

1 Cabinet for Health and Family Services

2 Office of Health Policy

3 (New administrative regulation)

4 900 KAR 6:055. Certificate of Need Forms.

5 RELATES TO: KRS 216B.010-216B.130, 216B.330-216B.339, 216B.455, 216B.990

6 STATUTORY AUTHORITY: KRS 194A.030, 194A.050, 216B.040(2)(a)1, 216B.330

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.040(2)(a)1 requires the

8 Cabinet for Health and Family Services to administer Kentucky's Certificate of Need

9 Program and to promulgate administrative regulations as necessary for the program.

10 This administrative regulation establishes the forms necessary for the orderly

11 administration of the Certificate of Need Program.

12 Section 1. Definitions. (1) "Administrative escalation" means an approval from the
13 cabinet to increase the capital expenditure authorized on a previously issued certificate
14 of need.

15 (2) "Cabinet" is defined by KRS 216B.015(5).

16 Section 2. Forms. (1) OHP – Form 1, Letter of Intent, shall be filed by all applicants
17 for a certificate of need.

18 (2) OHP - Form 2A, Certificate of Need Application, shall be filed by applicants for a
19 certificate of need other than ground ambulance providers or change of location,
20 replacement, or cost escalation.

21 (3) OHP - Form 2B, Certificate of Need Application For Ground Ambulance Service,

1 shall be filed by applicants for a certificate of need for ground ambulance providers.

2 (4) OHP - Form 2C, Certificate of Need Application For Change of Location,
3 Replacement, Cost Escalation, or Acquisition, shall be filed by applicants for a
4 certificate of need for change of location, replacement, cost escalation or acquisition.

5 (5) OHP - Form 3, Notice of Appearance, shall be filed by persons that wish to
6 appear at a hearing.

7 (6) OHP - Form 4, Witness List, shall be filed by persons that elect to call witnesses
8 at a hearing.

9 (7) OHP - Form 5, Exhibit List, shall be filed by persons that elect to introduce
10 evidence at a hearing.

11 (8) OHP - Form 6, Cost Escalation Form, shall be filed by facilities that elect to
12 request an administrative escalation.

13 (9) OHP - Form 7, Request for Advisory Opinion, shall be filed by anyone electing to
14 request an advisory opinion.

15 (10) OHP - Form 8, Certificate of Need Six Month Progress Report, shall be filed by
16 a holder of a certificate of need whose project is not fully implemented.

17 (11) OHP - Form 9, Notice of Intent to Acquire a Health Facility or Health Service,
18 shall be submitted a person proposing to acquire an existing licensed health
19 facility/service.

20 (12) OHP - Form 10A, Notice of Addition or Establishment of a Health Service or
21 Equipment, shall be filed by any health facility which adds equipment or makes an
22 addition to a health service for which there are review criteria in the State Health Plan
23 but for which a certificate of need is not required.

1 (13) OHP – Form 10B, Notice of Termination of a Health Service or Reduction of
2 Bed Capacity, shall be filed by a health facility which reduces or terminates a health
3 service, or reduces bed capacity.

4 (14) OHP - Form 11, Application for Certificate of Compliance for a Continuing Care
5 Retirement Community (CCRC), shall be filed by a facility to obtain a certificate of
6 compliance as a continuing care retirement community.

7 Section 3. Incorporation by Reference. (1) The following material is incorporated by
8 reference:

9 (a) "OHP – Form 1, Letter of Intent", (05/2009);

10 (b) "OHP – Form 2A, Certificate of Need Application", (05/2009);

11 (c) "OHP – Form 2B, Certificate of Need Application For Ground Ambulance
12 Providers", (05/2009);

13 (d) "OHP – Form 2C, Certificate of Need Application For Change of Location,
14 Replacement, Cost Escalation, or Acquisition ", (05/2009);

15 (e) "OHP – Form 3, Notice of Appearance", (05/2009);

16 (f) "OHP – Form 4, Witness List", (05/2009);

17 (g) "OHP – Form 5, Exhibit List", (05/2009);

18 (h) "OHP – Form 6, Cost Escalation Form", (05/2009);

19 (i) "OHP – Form 7, Request for Advisory Opinion", (05/2009);

20 (j) "OHP – Form 8, Certificate of Need Six Month Progress Report", (05/2009);

21 (k) "OHP – Form 9, Notice of Intent to Acquire a Health Facility or Health Service",
22 (05/2009);

23 (l) "OHP – Form 10A, Notice of Addition or Establishment of a Health Service or

1 Equipment", (05/2009);

2 (m) "OHP – Form 10B, Notice of Termination of a Health Service or Reduction of
3 Bed Capacity", (05/2009); and

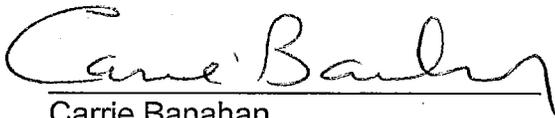
4 (n) "OHP – Form 11, Application for Certificate of Compliance for a Continuing Care
5 Retirement Community (CCRC)", (05/2009).

6 (2) This material may be inspected, copied, or obtained, subject to applicable
7 copyright law, at the Cabinet for Health and Family Services, Office of Health Policy,
8 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to
9 4:30 p.m.

900 KAR 6:055

This is to certify that the Executive Director of the Office of Health Policy has reviewed and recommended this administrative regulation prior to its adoption, as required by KRS 156.070(4)

APPROVED:



Carrie Banahan
Executive Director
Office of Health Policy

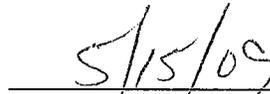


Date

APPROVED:



Janie Miller
Secretary
Cabinet for Health and Family Services



Date

900 KAR 6: 055

A public hearing on this administrative regulation shall, if requested, be held on July 21, 2009, at 9:00 a.m. in the Public Health Auditorium located on the First Floor, 275 East Main Street, Frankfort, Kentucky 40621. Individuals interested in attending this hearing shall notify this agency in writing by July 14, 2009, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. The hearing is open to the public. Any person who attends will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to attend the public hearing, you may submit written comments on the proposed administrative regulation. You may submit written comments regarding this proposed administrative regulation until close of business July 31, 2009. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to:

CONTACT PERSON: Jill Brown, Office of Legal Services, 275 East Main Street 5 W-B, Frankfort, KY 40621, (502) 564-7905, Fax: (502) 564-7573

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation: 900 KAR 6:055

Contact Person: Carrie Banahan or Shane O'Donley, 564-9592

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the guidelines for forms used by the cabinet for the certificate of need program. Formerly 900 KAR 6:050 established the requirements necessary for the orderly administration of the certificate of need program. Due to the large size of that administrative regulation, LRC staff requested that it be separated into several smaller regulations. Therefore, this new administrative regulation was drafted to include information specific to the forms used by the cabinet for the certificate of need program. This regulation creates no substantive change to current policies.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to comply with the content of the authorizing statute, 216B.010-216B.130, 216B.330-216B.339, 216B.455, 216B.990.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the content of 216B.010-216B.130, 216B.330-216B.339, 216B.455, 216B.990 by establishing the forms necessary for the certificate of need program

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists in the effective administration of 216B.010-216B.130, 216B.330-216B.339, 216B.455, 216B.990 by establishing the forms necessary for the certificate of need program.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This is a new administrative regulation

(b) The necessity of the amendment to this administrative regulation: This is a new administrative regulation

(c) How the amendment conforms to the content of the authorizing statutes: This is a new administrative regulation

(d) How the amendment will assist in the effective administration of the statutes: This is a new administrative regulation

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This administrative regulation affects about 100 entities annually wishing to participate in the certificate of need program.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: As entities currently submitting an application for certificate of need must complete the necessary forms, no new action will be required of regulated entities to comply with this amendment.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): As entities currently submitting an application for certificate of need must complete the necessary forms, no cost will be required of regulated entities to comply with this amendment.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): This administrative regulation will provide potential health care providers with a mechanism to establish health care facilities and services in compliance with KRS 216B.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: No additional costs will be incurred to implement this amendment as we already used certification of need forms as part of our normal operations.

(b) On a continuing basis: No additional costs will be incurred to implement this amendment on a continuing basis.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The source of funding to be used for the implementation and enforcement of this administrative regulation will be from Office of Health Policy's existing budget. As stated above, the certificate of need forms are already used as part of our normal operations so no additional funding will be required.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new or by the change if it is an amendment: No increase in fees or funding will be necessary to implement this administrative regulation.

(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: This administrative regulation does not increase any fees.

(9) TIERING: Is tiering applied? (explain why or why not) Tiering is not applicable as compliance with this administrative regulation applies equally to all individuals or entities regulated by it.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Regulation No. 900 KAR 6:055

Contact Person: Carrie Banahan or
Shane O'Donley

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)?

Yes X No

If yes, complete questions 2-4.

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? This administrative regulation affects the Office of Health Policy within the Cabinet for Health and Family Services.

3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. 216B.010-216B.130, 216B.330-216B.339, 216B.455, 216B.990.

4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? This administrative regulation will not generate revenue for the Office of Health Policy.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? This administrative regulation will not generate revenue for the Office of Health Policy

(c) How much will it cost to administer this program for the first year? No additional costs will be incurred to implement this regulation.

(d) How much will it cost to administer this program for subsequent years? No additional costs will be incurred to implement this regulation on a continuing basis.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): Expenditures (+/-): Other Explanation:

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF HEALTH POLICY

900 KAR 6:055

Certificate of Need Forms

Summary of Material Incorporated by Reference

1. Form "OHP – Form 1, Letter of Intent", (05/2009). This form contains two (2) pages. The purpose of this form is to provide entities with a mechanism to notify the Office of Health Policy of the intent to file an application for Certificate of Need. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.
2. Form "OHP – Form 2A, Certificate of Need Application", (05/2009). This form contains twenty (20) pages. The purpose of this form is to provide entities with a mechanism to file a Certificate of Need Application for other than Ground Ambulance, or Change of Location, Replacement, Cost Escalation, or Acquisition. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.
3. Form "OHP – Form 2B, Certificate of Need Application For Ground Ambulance Providers", (05/2009). This form contains eighteen (18) pages. The purpose of this form is to provide entities with a mechanism to file a Certificate of Need Application for Ground Ambulance. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.
4. Form "OHP – Form 2C, Certificate of Need Application For Change of Location, Replacement, Cost Escalation, or Acquisition ", (05/2009). This form contains fourteen (14) pages. The purpose of this form is to provide entities with a mechanism to file a Certificate of Need Application Change of Location, Replacement, Cost Escalation, or Acquisition. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.
5. Form "OHP Form – 3, Notice of Appearance", (05/2009). This form contains one (1) page. The purpose of this form is to provide entities with a mechanism to notify the Cabinet of the desire to appear at a hearing. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.

6. Form "OHP – Form, Witness List", (05/2009). This form contains one (1) page. The purpose of this form is to provide entities with a mechanism to identify witnesses that will appear at a hearing. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.
7. Form "OHP – Form 5, Exhibit List", (05/2009). This form contains one (1) page. The purpose of this form is to provide entities with a mechanism to enter exhibits for a hearing. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.
8. Form "OHP – Form 6, Cost Escalation Form", Revised (05/2009). This form contains three (3) pages. The purpose of this form is to provide entities with a mechanism to request an administrative escalation. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.
9. Form "OHP – Form 7, Request for Advisory Opinion", (05/2009). This form contains three (3) pages. The purpose of this form is to provide entities with a mechanism to request an advisory opinion. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.
10. Form "OHP – Form 8, Certificate of Need Six Month Progress Report", (05/2009). This form contains eighteen (18) pages. The purpose of this form is to provide entities with a mechanism to submit their six month progress reports. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.
11. Form "OHP – Form 9, Notice of Intent to Acquire a Health Facility or Health Service ", (05/2009). This form contains three (3) pages. The purpose of this form is to provide entities with a mechanism to notify the Office of Health Policy of their intent to acquire a health facility or health service. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.
12. Form "OHP – Form 10A, Notice of Addition or Establishment of a Health Service or Equipment", 05/2009. This form contains one (1) page. The purpose of this form is to provide entities with a mechanism to notify the Office of Health Policy of the addition or establishment of a health service or equipment. This is a new form.

13. Form "OHP – Form 10B, Notice of Termination of a Health Service or Reduction of Bed Capacity", 05/2009. This form contains one (1) page. The purpose of this form is to provide entities with a mechanism to notify the Office of Health Policy of the termination of a health service or reduction of bed capacity. This is a new form.
14. Form "OHP – Form 11, Application for Certificate of Compliance for a Continuing Care Retirement Community (CCRC)", Revised (05/2009). This form contains three (3) pages. The purpose of this form is to provide entities with a mechanism to apply for a certificate of compliance for a continuing care retirement community. The form was revised so that the font and numbering system were standard for all OHP forms, and to specify the Office of Health Policy rather than the Office of Certificate of Need.

The total number of pages of Material Incorporated by Reference in this administrative regulation is eighty-nine (89) pages.