# TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control _		Department				Health	Planning	and	Development	
Agency Rule No.		Certificate of N 410-1-7		eview Board	)	······································				
		ling of a Certi		of Need App	lication					
	N	ew X	A	mend	Rep	eal	A	Adopt b	y Reference	
Would the	ahsense	e of the propos	sad rul	a cianificantl	u harm ar a	n dan aau th				
		Tare, or safety		e significanti	y marm or e	ndanger u	ie	NO		
		le relationship			s police pov	ver and the	e	*****		
protection of the public health, safety, or welfare?						<del></del>	YES	<del></del>		
Is there another, less restrictive method of regulation available that could adequately protect the public?								NO		
		rule have the						NO		
								140		
Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?							NO	Market alexandra de la companya del companya de la companya del companya de la co		
		e rulemaking as their primar					of,	YES_	***************************************	
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Does the proposed rule have an economic impact?								YES		
If the proponote prepare	sed rule ed in ac	e has an econo ecordance with	omic ii h subse	mpact, the prection (f) of S	oposed rule Section 41-2	is required 2-23, <u>Cod</u>	d to be acco	mpani na 197	ed by a fiscal 5.	
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Certification	n of Au	thorized Offic	cial							
Chapter 22,	Title 4	tached propos 1, <u>Code of Al</u> Procedure Di	abama	<u>1975</u> , and th	nat it conform	ms to all a	pplicable fi	e requi	irements of quirements of	
Signature o	f certify	ying officer _	al	va 7	n. L	ambe	ct			
Date 5										

DATE FILED (STAMP)

## ECONOMIC IMPACT STATEMENT FOR APA RULE (Section 41-22-23 (f))

Contro	ol No	_ Department or Agency		Ith Planning and Development Agency tificate of Need Review Board.
Rule N	No & Title:	410-1-706 Filing		
New_		Amend X	Repeal	Adopt by Reference
····	Т	his rule has no economic imp	pact.	
X	Т	his rule has an economic imp	pact, as explain	ed below:*
1.	NEED/EX	XPECTED BENEFIT OF RU	JLE:	
	Developm	nent Agency's operations. T	he fee increase	fund the State Health Planning and s are either required or authorized by Act obert Bentley on May 8, 2012.
2.	AND FEA			S THE MOST EFFECTIVE, EFFICIENT, SOURCES AND ACHIEVING THE
	None			
3.	EFFECT	OF THIS RULE ON COMP	ETITION:	
	None			
4.		OF THIS RULE ON COST- APHICAL AREA WHERE T		ND DOING BUSINESS IN THE TO BE IMPLEMENTED:
	None			

<sup>\*</sup> The rule imposes small filing fee increases on certain health care providers. It is not anticipated that such increases will have a material economic impact on health care delivery.

# APA-6

5.	EFFECT OF THIS RULE ON EMPLOYMENT IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:
	None
6.	SOURCE OF REVENUE TO BE USED FOR IMPLEMENTING AND ENFORCING THIS RULE:
	None
7.	THE SHORT-TERM/LONG-TERM ECONOMIC IMPACT OF THIS RULE ON AFFECTED PERSONS, INCLUDING ANALYSIS OF PERSONS WHO WILL BEAR THE COSTS AND THOSE WHO WILL BENEFIT FROM THE RULE:
	None
8.	UNCERTAINTIES ASSOCIATED WITH THE ESTIMATED BENEFITS AND BURDENS OF THE RULE, INCLUDING QUALITATIVE/QUANTITATIVE BENEFITS AND BURDEN COMPARISON:
	None
9.	THE EFFECT OF THIS RULE ON THE ENVIRONOMENT AND PUBLIC HEALTH:  None
10.	DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE RULE IS NOT IMPLEMENTED:
	None



### STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870 MONTGOMERY, ALABAMA 36104

## **NOTICE OF INTENDED ACTION**

AGENCY NAME:

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

(Certificate of Need Review Board)

RULE NO. & TITLE: 410-1-7-.06 Filing of a Certificate of Need Application

#### INTENDED ACTION:

The State Health Planning and Development Agency and the Certificate of Need Review Board propose to amend the above-styled section of the *Alabama Certificate of Need Program Rules and Regulations*.

#### SUBSTANCE OF PROPOSED ACTION:

This amendment will require the filing of a formal application as a prerequisite for the issuance of a Certificate of Need. The amendment also provides for an increase in the maximum filing fees for Certificate of Need applications, pursuant to Act 2012-294, which was signed into law by Governor Bentley on May 8, 2012, and an increase in the minimum filing fees for such applications, as authorized by Act 20120-294. The amendment also corrects a scrivener's error in paragraph (1)(b).

### TIME, PLACE, MANNER OF PRESENTING VIEWS:

In response to this Proposed Rule, all interested persons are invited to submit data, views, comments and/or arguments, orally or in writing. Any and all such data, comments, arguments and/or requests to orally address the Certificate of Need Review Board shall be made in writing on or before July 6, 2012, and shall be made to:

Nicole Horn, Executive Secretary State Health Planning and Development Agency P. O. Box 303025 Montgomery, Alabama 36130-3025

On July 18, 2012, at 10:00 a.m., the Certificate of Need Review Board shall conduct a public hearing in the State Capitol, Capitol Auditorium, 600 Dexter Avenue, Montgomery, Alabama, at which time it shall consider the Proposed Amendment, along with all written and oral submissions respecting the Proposed Amendment. Only those interested persons who have made timely written requests will be afforded the opportunity to speak.

Copies of the proposed changes are available for review at 100 North Union Street, RSA Union Building, Suite 870, Montgomery, Alabama. Phone (334) 242-4103 or visit the office Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding State holidays.

# FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: July 6, 2012

**CONTACT PERSON AT AGENCY:** 

Nicole Horn 100 North Union Street RSA Union, STE 870 Montgomery, AL 36104 (334) 242-4103

Alva M. Lambert, Executive Director

## 410-1-7-.06 Filing of a Certificate of Need Application

- (1) Formal application for a Certificate of Need review shall be made on the appropriate forms provided by the State Agency, or reasonable facsimile thereof. Information required for review may vary depending on the nature of the proposal. The filing of a formal application with the Agency shall be a prerequisite for the issuance of a Certificate of Need.
  - (a) The applicant will submit the original and twelve (12) copies of the application to the Agency. In addition, applicants for a certificate of need for substance abuse treatment facilities or psychiatric beds shall also provide proof of publication of notice of the application once a week for two consecutive weeks in a newspaper of general circulation in the areas(s) affected, in such size and using such forms as provided by the Agency, and submit proof of publication to the Agency no later than the 30<sup>th</sup> day of the review cycle. Where publication has occurred within the thirty day deadline but the newspaper failed to provide a notarized proof of publication, counsel may provide copies of the actual publication along with a notarized certificate from counsel or an employee of the applicant attesting to the newspaper and publication date. Failure to provide proof of publication by the 30<sup>th</sup> day of the review cycle will deem the application incomplete, and it will be dismissed from the review cycle in accordance with Rule 410-1-7-.07.
  - (b) Each application for a Certificate of Need except as provided below shall be accompanied by a nonrefundable fee of one percent of the estimated cost of the proposed cost of the new institutional health service, or a maximum of \$12,4000.00 indexed and a minimum of \$3,52,000.00.
    - 1. An applicant, other than a rural hospital as defined by the Health Care Financing Administration, who has had an average daily census comprised of fifty percent (50%) or more Medicaid patients within the last year prior to the filing of the application must pay a filing fee of one half three-quarters of one percent of the cost of the proposed cost of the new institutional health service with a maximum of \$84,000.00 and a minimum of \$31,5000.00.
    - 2. A rural hospital applicant who has had an average daily census comprised of thirty percent (30%) or more Medicaid/Medicare patients within the last year prior to the filing of the application must pay a filing fee of one-half three-quarters of one percent of the estimated cost of the proposed cost of the new institutional health service with a maximum of \$62,000.00 and a minimum of \$1,500.00.
  - (c) The application shall include a sworn statement as to the validity of the facts stated therein and shall be notarized by an official authorized to administer oaths in the State of Alabama.

- (d) The filing fee is not refundable after the fee has been tendered to the State Agency.
- (e) Any provisions of this regulation notwithstanding, a filing fee shall not be required at the time of the filing of the application if the Statewide Health Coordinating Council has not met and reviewed and/or revised the State Health Plan in the year proceeding the filing of the application unless and until the Statewide Health Coordinating Council shall subsequently meet and review and/or revise the State Health Plan. In said instances where the annual review comes after the initial filing of an application, the applicant shall have 30 days in which to pay the requisite filing fee as established at the time of filing.
- (2) The State Agency will have fifteen (15) days in which to determine whether the application is complete or incomplete. The 15-day period shall begin on the first working day following the date the application is received by the Agency; provided, however, that where an application is subject to the batching rules, the 15-day period shall begin on the 61st day of the batching cycle.

Author: Alva M. Lambert

Statutory Authority: §§ 22-21-267, -271, -275, Code of Alabama, 1975, Act 2003-331.

History: Amended: Filed February 12, 1996; effective March 18, 1996. Amended: Filed September 26, 2003; effective October 31, 2003. Amended: Filed May 3, 2005; effective June 7, 2005. Amended: Filed August 18, 2011; effective September 22, 2011.