



**Certificate of Need Batching Review Cycle Notification  
for Home Health Agencies  
September 24, 2010**

This notice is issued in compliance with Rule 111-2-2-.08(1), Batching Review Process and in accordance with O.C.G.A. § 31-6-43(e).

The Department of Community Health, Division of Health Planning, **will** accept and review Certificate-of-Need applications for new or expanded Home Health Services for certain counties in one or more State Service Delivery Regions (SSDR), as outlined herein. A map of the SSDR planning regions is attached at page 5. Pursuant to Rule 111-2-2-.32(3)(b), the Division shall authorize the submission of applications for expanded Home Health Services if the net numerical unmet need in a given planning area is 250 patients or more, or the submission of applications for new Home Health Services if the net numerical unmet need in a given planning area is 500 patients or more.

The net numerical unmet need in the following State Service Delivery Regions exceeds 500 patients, authorizing the Division to consider applications for both **new and expanded** Home Health Services in these regions:

- State Service Delivery Region 3 – Net Numerical Unmet Need: 580
- State Service Delivery Region 12 – Net Numerical Unmet Need: 844

The net numerical unmet need in the following State Service Delivery Region exceeds 250 patients but is less than 500 patients, authorizing the Division to consider applications only for **expanded** Home Health Services in these regions.

- State Service Delivery Region 7 – Net Numerical Unmet Need: 454

An applicant must propose to provide service only within a geographic service area, as defined in the rules and component plan, comprised of a county or group of counties, each which reflects a numerical unmet need, and contained within the given planning area for which the Division has authorized the submission of applications. Applicants should note that the definition of *geographic service area* is different for an applicant seeking to provide expanded services and an applicant seeking to provide new services. The following counties reflect numerical unmet need, noted in parenthesis, and are the only counties potentially eligible for new or expanded services, as authorized in the SSDRs as noted above. Applicants must propose to provide services in one or more of the counties reflecting unmet need, to equal or exceed the total number of patients at or above the level required for new or expanded Home Health Services. Please note that the net numerical need is the sum of only those counties with unmet need and this total will exceed the net numerical unmet need for a given State Service Delivery Region, due to the omission of those counties that reflect a service surplus within the SSDR.

**NEW and EXPANDED HOME HEALTH SERVICES**

State Service Delivery Region 3

Cherokee (219)	Fayette (486)
Cobb (1,878)	Gwinnett (2,748)
Douglas (121)	

**New and EXPANDED HOME HEALTH SERVICES**

State Service Delivery Region 12

Bryan (66)	Liberty (32)
Bulloch (16)	Long (30)
Chatham (298)	McIntosh (11)
Effingham (358)	Screven (34)

**EXPANDED HOME HEALTH SERVICES ONLY**

State Service Delivery Region 7

Burke	(142)	Jefferson	(51)
Columbia	(632)	Jenkins	(49)
Glascocock	(39)	Lincoln	(31)
Hancock	(26)	Washington	(115)

The Department of Community Health, Division of Health Planning, **will** accept and review Certificate-of-Need applications for the need exception pursuant to rule 111-2-2-.32(3)(c)1.

The Division’s next assessment of need for new or expanded Home Health Services will occur no later than **March 24, 2011**.

**All** applications must be submitted in accordance with all provisions of Rule 111-2-2-.08(1) and 111-2-2-.32, pursuant to O.C.G.A. § 31-6-43.

**Notices of Intent**

All parties interested in applying under the numerical need provisions must notify the Division of that party’s intent to apply. The notice must be in writing and must address specifically whether the applicant intends to apply for a new or expanded service, the applicant’s current service area (if applicable), the proposed geographic service area, and the proposed county or counties to be served. The Division will not accept any notices of intent submitted by either telephone, facsimile or e-mail pursuant to Rule 111-2-2-.08(1)(c)1. Pursuant to Rule 111-2-2-.08(1)(c)2, the notice of intent is due by **Sunday, October 24, 2010** and must be received by the Division no later than the close of business (5:00 P.M.) on **Monday, October 25, 2010** (Rollover Day).

*In the event that the Division fails to receive the notice of intent with the required information by the stated deadline, the interested party is automatically disqualified from applying during this batching cycle in accordance with Rule 111-2-2-.08(1)(c)4.*

**Submitting the Certificate -of-Need Application**

Pursuant to Rule 111-2-2-.08(1)(d), to participate in this review cycle, any interested party must have, in the Division’s office, subject to a properly submitted notice of intent to apply, a properly submitted application no later than 12:00 P.M. on **Tuesday, November 23, 2010**. For the purposes of batching only and pursuant to Rule 111-2-2-.08(1)(e), an application will be deemed properly submitted if the following requirements are met:

- A signed original application, one (1) signed copy of the original application, and the correct filing fee are submitted in the proper form pursuant to Rule 111-2-2-.06(3)(a).
- The application must include (at Appendix A) a documented statement from the Division of Health Planning certifying that all required data surveys have been submitted to the Division and are complete.
- All of the items and information addressed in the Completeness Checklist are provided, as certified, in the “Application Certification” on page 39 of the original application. Please include a current **Certificate of Existence** in addition to any other required authorizing documents.
- Pursuant to Rule 111-2-2-.06(5)(b)8, the applicant must file another copy of the Certificate-of-Need application with the office of the county governing authority in the county where the existing or proposed agency will have its main administrative office. The applicant shall submit with the application, in Appendix A, an exact copy of the letter addressed and submitted to the County Commission that accompanied the submittal of the application to the County Commission.

## Filing Fees

Pursuant to Rule 111-2-2-.06(4), payment of a filing fee is required at the time the Certificate-of-Need application and one (1) copy are submitted to the Division. The amount of a filing fee is determined by the cost of a proposed project according to the following schedule.

- \$1,000 for projects with total costs of zero to \$1,000,000;
- One-tenth of one percent (0.001) of the total project costs for projects costing more than \$1,000,000; provided that,
- No filing fee shall exceed \$50,000.

In accordance with Rule 111-2-2-.06(4)(c), the Division will accept **only certified checks or money orders** made payable to the State of Georgia.

## Application Forms

All necessary application forms are available from the Department's website. Notices of Intent should be submitted to the following address:

Certificate of Need Batching Notices of Intent  
Department of Community Health  
Division of Health Planning  
Two Peachtree Street, NW, 5<sup>th</sup> Floor  
Atlanta, Georgia 30303-3142

The Certificate of Need Application Form and the Home Health Services Component Plan and Rules can be accessed from the Certificate of Need Section of the Department's website at [www.dch.georgia.gov](http://www.dch.georgia.gov).

***The Division will not accept any information or documents by telephone or facsimile in accordance with Rule 111-2-2-.06(6).***

## Batching Cycle Review Procedures

Pursuant to Rule 111-2-2-.08(1)(g), the batching review cycle will last 120 days. As a result, no party participating in the review process, including the Division, shall either request or be granted an extension of time past the 120th day. The first day of the batching review cycle is the day upon which all properly submitted applications are deemed to be received.

On or before the sixtieth (60th) day of the batching review cycle, the Division shall provide the applicant(s) an opportunity to meet with the Division. The Division will describe any issues with the application and provide an opportunity to the applicant(s) to amend or withdraw the application or to submit additional information. Any and all additional information must be submitted on or before the seventy-fifth (75th) day of the batching review cycle.

The deadline for interested parties (including, but not limited to, competing applicant(s) and/or existing competing health care facilities) to submit notices of opposition shall be the sixtieth (60th) day of the batching review cycle. Any notices of opposition that are received after the sixtieth (60th) day of the batching review cycle shall not be considered by the Division in its review of the pertinent application(s) and the notice(s) shall not become part of the master file compiled for the pertinent application(s). Such notice must be submitted pursuant to the requirements of Rule 111-2-2-.08(1)(g)4. No earlier than the ninetieth (90th) day of the batching review cycle, those parties who are opposed to an application will be given an opportunity to meet with the Department at a time and place specified by the Department after a review of the opposition notices.

Letters of support for a particular application must be submitted pursuant to and in compliance with 111-2-2-.06(6), and can be submitted no later than the one hundredth (100th) day of the batching review cycle.

The last day for the applicant(s) to submit final amendments and responses to the opposition comments made orally and submitted in writing at the opposition meeting is the 110th day of the batching review cycle pursuant to Rule 111-2-2-.08(1)(g)5.

No later than the 120th day of the batching review cycle, the Division shall provide written notification of its decision to issue or deny a Certificate of Need to the pertinent applicant(s), pursuant to Rule 111-2-2-.08(1)(g)6 and in accordance with the review considerations in Rule 111-2-2-.32.

# STATE SERVICE DELIVERY REGIONS

Amended Effective July 1, 2005

