



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

New Applications
Pending Review/Incomplete Applications
Pending Review/Complete Applications
Pending Review/Complete/Joined
Applications
Recently Approved Applications
Recently Denied Applications
Applications Withdrawn by Applicant
Applications Withdrawn by Department
Appealed CON Projects
Appealed Determinations
Requests for LNR for Establishment of
Physician-Owned
Ambulatory Surgery Facilities
Requests for LNR for Diagnostic or
Therapeutic Equipment
Requests for Miscellaneous Letters of
Determination
Requests for Extended
Implementation/Performance Period
Health Planning Review Board Members
Rule Changes effective 12/12/2006
Peachtree Street Construction Bulletin

DIVISION OF HEALTH PLANNING

CERTIFICATE OF NEED

Tracking And Appeals Report

Week of December 11, 2006

Georgia Department of Community Health
Division of Health Planning
2 Peachtree Street
5th Floor
Atlanta, Georgia 30303-3159

(404) 656-0655
(404) 656-0654 Fax
www.dch.georgia.gov

New Applications

2006-147 Oncology Therapies of West Paces-Piedmont

Relocation of Radiation Therapy Center (DTRC)

Filed: 12/6/2006

Site: 1575 Northside Drive, NW, Atlanta, GA 30318 (Fulton County)

Contact: Davis Dunbar Manager, Planning 404-355-6881

Estimated Cost: \$2,008,276

2006-148 Habersham County Medical Center

Expand, Renovate and Update Several HCMC Departments

Filed: 12/7/2006

Site: 541 Historic Highway 441 North, Demorest, GA 30535 (Habersham County)

Contact: James Peterson CFO 706-499-6914

Estimated Cost: \$38,592,602

Pending Review/Incomplete Applications

2006-105 WellStar Kennestone Hospital

Expand Cardiac Catheterization Services

Filed: 10/26/2006 Deemed Incomplete: 11/9/2006

Site: GA (Cobb County)

Contact: Caroline Aultman 770-792-1542

Estimated Cost: \$6,150,471

2006-107 Merrill Gardens at Dunwoody

PCH Increase of Licensed Beds by 37

Filed: 10/27/2006 Deemed Incomplete: 11/13/2006

Site: 1460 South Johnson Ferry Road, Atlanta, GA 30319 (DeKalb County)

Contact: Peggy Peters 770-845-6483

Estimated Cost: \$0

2006-108 The Emory Clinic

Addition of Extracranial Stereotactic Radiosurgery Program

Filed: 11/1/2006 Deemed Incomplete: 11/13/2006

Site: 1365 Clifton Road, NE, Atlanta, GA 30322 (DeKalb County)

Contact: Mike Mason 404-778-5639

Estimated Cost: \$16,950

2006-109 Dogwood Forest of Alpharetta

PCH Increase Licensed Beds from 43 to 115

Filed: 11/7/2006 Deemed Incomplete: 11/22/2006

Site: 253 North Main Street, Alpharetta, GA 30004 (Fulton County)

Contact: Alfred Holbrook, III 678-566-0034

Estimated Cost: \$9,431,100

2006-139 Tanner Medical Center/Carrollton

Expansion of Pre-Approved Parking Lot

Filed: 11/13/2006 Deemed Incomplete: 1/29/2006

Site: 705 Dixie Street, Carrollton, GA 30117 (Carroll County)

Contact: Taylor Powers 770-838-8688

Estimated Cost: \$3,499,063

2006-140 Northeast Georgia Medical Center

Replacement Hospital Facility

Filed: 11/15/2006 Deemed Incomplete: 12/1/2006

Site: 743 Spring Street, Gainesville, GA 30501 (Hall County)

Contact: Tracy Vardeman 770-535-3562

Estimated Cost: \$209,213,000

2006-142 St. Mary's Hospital

Construction of Medical Office Building (MOB)

Filed: 11/21/2006 Deemed Incomplete: 12/6/2006

Site: 2470 Daniell's Bridge Road, Athens, GA 30306 (Oconee County)

Contact:

Estimated Cost: \$5,090,726

2006-143 St. Mary's Health Care System d/b/a St Mary's Hospital

Purchase of a MRI and CT Scanner for MOB

Filed: 11/28/2006 Deemed Incomplete: 12/12/2006

Site: 1230 Baxter Street, Athens, GA 30606 (Oconee County)

Contact: Jonathan Johnson Executive Director 706-546-7269

Estimated Cost: \$2,793,082

2006-144 The Emory Clinic Orthopaedic and Spine Center

DTRC To Acquire a Replacement MRI

Filed: 11/28/2006 Deemed Incomplete: 12/12/2006

Site: 59 Executive Park South, Atlanta, GA 30329 (DeKalb County)

Contact: Mike Mason Operations Administrator 404-778-0019

Estimated Cost: \$2,433,046

2006-145 Palmyra Medical Centers

Develop 33 bed LTAC Hospital

Filed: 11/28/2006 Deemed Incomplete: 12/12/2006

Site: 2000 Palmyra Road, Albany, GA 31702 (Dougherty County)

Contact: Teresa Johnston Director of Planning and Development 770-772-4345

Estimated Cost: \$3,975,234

2006-146 North Fulton Health Center

Replacement of Outpatient Clinical Services Center

Filed: 11/30/2006 Deemed Incomplete: 12/14/2006

Site: 1200 Grimes Bridge Road, Roswell, GA 30075 (Fulton County)

Contact: Joseph Taylor VP, Amulatory Care 404-616-4830

Estimated Cost: \$3,264,423

Pending Review/Complete Applications

2006-065 WellStar Paulding Surgery Center

The Development of a Freestanding Ambulatory Surgery Center

Filed: 7/11/2006 Deemed Incomplete: 7/25/2006 Deemed Complete: 8/24/2006

60th Day Deadline: 10/23/2006

Decision Deadline: 12/22/2006 Extended Deadline: 12/22/2006

Site: SW Corner of Hwy 278 and West Hiram Pky, Hiram, GA 30141 (Paulding County)

Contact: Marsha Burke President 770-792-5023

Estimated Cost: \$7,924,525

2006-067 The Woods Assisted Senior Living

To Expand it's 26 bed PCH to a 40 bed PCH

Filed: 7/11/2006 Deemed Incomplete: 7/25/2006 Deemed Complete: 9/25/2006

60th Day Deadline: 11/24/2006

Decision Deadline: 12/24/2006

Site: 1401 Old Macon Road, Griffin, GA 30223 (Spalding County)

Contact: Ramsey Jennings LLC Member 706-884-5000

Estimated Cost: \$1,430,000

2006-068 Northside Alpharetta Cancer Treatment Center

Expand 1st Floor of MOB and add a Linear Accelerator (DTRC)

Filed: 7/11/2006 Deemed Incomplete: 7/25/2006 Deemed Complete: 9/21/2006

60th Day Deadline: 11/20/2006

Decision Deadline: 12/20/2006 Extended Deadline: 1/19/2007
Site: 3400 B Old Milton Parway, Alpharetta, GA 30005 (Fulton County)
Contact: Fslr L. McCord, MD General Manager 770-350-0126
Estimated Cost: \$5,423,734

2006-070 Endoscopy Center

Develop FreeStanding Amb Surg Center Specializing in Gastroenterology
Filed: 7/14/2006 Deemed Incomplete: 7/26/2006 Deemed Complete: 9/27/2006
60th Day Deadline: 11/26/2006
Decision Deadline: 12/26/2006
Site: 205 Graefe Street, Griffin, GA 30224 (Spalding County)
Contact: Carolyn P. Arbuckle Bus. Development Dir. 770-467-6260
Estimated Cost: \$1,562,350

2006-072 Effingham Hospital Imaging Center

To Establish a Multi-Modality Outpatient Imaging Ctr w/ CT & MRI
Filed: 7/18/2006 Deemed Incomplete: 8/1/2006 Deemed Complete: 9/5/2006
60th Day Deadline: 11/4/2006
Decision Deadline: 12/4/2006 Extended Deadline: 1/4/2007
Site: Hwy 21 & Goshen Road, Rincon, GA (Effingham County)
Contact: Norma Jean Mrogan Chief Exec Officer 912-754-0160
Estimated Cost: \$6,494,010

2006-074 Gwinnett Medical Center

Construct New Acute Care Patient Tower/ Add 129 Beds to 300 Beds
Filed: 7/21/2006 Deemed Incomplete: 8/3/2006 Deemed Complete: 9/29/2006
60th Day Deadline: 11/28/2006
Decision Deadline: 12/28/2006
Site: 1000 Medical Center Boulevard, Lawrenceville, GA 30045 (Gwinnett County)
Contact: Mark M. Mullin 678-442-4193
Estimated Cost: \$88,383,039

2006-076 Gwinnett Medical Center

Major Renovation of its Existing Surgical Services Suite
Filed: 7/31/2006 Deemed Incomplete: 8/11/2006 Deemed Complete: 10/6/2006
60th Day Deadline: 12/5/2006
Decision Deadline: 1/4/2007
Site: 1000 Medical Center Boulevard, Lawrenceville, GA 30045 (Gwinnett County)
Contact:
Estimated Cost: \$21,723,366

2006-077 Southeast Georgia Surgery Center, LLC

Establish A Freestanding Limited Purpose ASC
Filed: 8/1/2006 Deemed Incomplete: 8/15/2006 Deemed Complete: 10/16/2006
60th Day Deadline: 12/15/2006
Decision Deadline: 1/14/2007
Site: 16819 Hwy 67 South, Statesboro, GA 30458 (Bulloch County)
Contact: Michael Kleinpeter CEO 912-644-5370
Estimated Cost: \$1,361,775

2006-079 Peachtree Hills Place

Development of CCRC/12PCH-Beds, 24 Sheltered Nursing Beds, 274 IL
Filed: 8/2/2006 Deemed Incomplete: 8/15/2006 Deemed Complete: 10/6/2006
60th Day Deadline: 12/5/2006
Decision Deadline: 1/4/2007
Site: 25 Technology Parkway South , Ste 201, Norcross, GA 30092 (Fulton County)
Contact: Kevin W.Isakson 770-417-1788
Estimated Cost: \$18,259,750

2006-082 The Gardens at Royal Oaks

Increase PCH Licensed Capacity from 42-Beds to 48-Beds

Filed: 8/15/2006 Deemed Incomplete: 8/30/2006 Deemed Complete: 9/27/2006

60th Day Deadline: 11/26/2006

Decision Deadline: 12/26/2006

Site: 1220 Broadrick Drive, Dalton, GA 30720 (Whitfield County)

Contact: Anne Reagan 770-275-8899

Estimated Cost: \$0

2006-083 Albany Endoscopy Center, Inc

Conversion to Limited Purpose Freestanding ASC

Filed: 8/18/2006 Deemed Incomplete: 8/31/2006 Deemed Complete: 10/12/2006

60th Day Deadline: 12/11/2006

Decision Deadline: 1/10/2007

Site: 1009 North Monroe, Albany, GA 31701 (Dougherty County)

Contact: Lucille Lott 229-438-8685

Estimated Cost: \$10,000

2006-085 Coliseum Same Day Surgery Center

Addition of One Operating Room

Filed: 8/22/2006 Deemed Incomplete: 9/6/2006 Deemed Complete: 10/16/2006

60th Day Deadline: 12/15/2006

Decision Deadline: 1/14/2007

Site: 340 Hospital Drive, Macon, GA 31217 (Bibb County)

Contact: Kay Meadows 478-742-1671

Estimated Cost: \$159,000

2006-087 Southern Regional Medical Center

Establish Outpatient Imaging Center in Medical Office Building

Filed: 8/31/2006 Deemed Incomplete: 9/13/2006 Deemed Complete: 10/6/2006

60th Day Deadline: 12/5/2006

Decision Deadline: 1/4/2007

Site: 11 Upper Riverdale Road, SW, Riverdale, GA 30274 (Clayton County)

Contact: Paul Casbergue 770-991-8141

Estimated Cost: \$11,732,818

2006-088 Surgery Center at Mt. Zion

Relocation of Ambulatory Surgery Center (ASC) to MOB

Filed: 8/31/2006 Deemed Incomplete: 9/14/2006 Deemed Complete: 10/4/2006

60th Day Deadline: 12/3/2006

Decision Deadline: 1/2/2007

Site: 4000 Corporate Center Drive, Morrow, GA 30287 (Clayton County)

Contact: Paul Casbergue 770-991-8342

Estimated Cost: \$11,053,900

2006-089 Joan Glancy Memorial Hospital

Replace Open MRI Unit

Filed: 9/5/2006 Deemed Incomplete: 9/18/2006 Deemed Complete: 10/20/2006

60th Day Deadline: 12/19/2006

Decision Deadline: 1/18/2007

Site: GA (Gwinnett County)

Contact: Mark Mullin 678-442-4193

Estimated Cost: \$2,363,355

2006-091 Doctor's Hospital of Augusta

Facility Renovation and Expansion of Hospital

Filed: 9/13/2006 Deemed Complete: 9/26/2006

60th Day Deadline: 11/25/2006

Decision Deadline: 12/25/2006

Site: GA 30309 (Richmond County)

Contact: Kenneth Wicker 706-651-6104
Estimated Cost: \$55,921,550

2006-092 WellStar Douglas Hospital
Addition of MRI in Medical Office Building
Filed: 9/15/2006 Deemed Incomplete: 9/29/2006 Deemed Complete: 10/13/2006
60th Day Deadline: 12/12/2006
Decision Deadline: 1/11/2007
Site: GA (Douglas County)
Contact: Deborah L Pesta 770-792-1541
Estimated Cost: \$4,411,200

2006-094 Tift Regional Medical Center
To Replace Existing MRI
Filed: 9/18/2006 Deemed Incomplete: 9/28/2006 Deemed Complete: 11/6/2006
60th Day Deadline: 1/5/2007
Decision Deadline: 2/4/2007
Site: Tifton, GA (Tift County)
Contact: Douglas Hurt 229-353-6107
Estimated Cost: \$2,697,393

2006-095 Saint Joseph's
To Establish a New 12 Bed Neuro ICU unit
Filed: 9/22/2006 Deemed Incomplete: 10/6/2006 Deemed Complete: 11/2/2006
60th Day Deadline: 1/1/2007
Decision Deadline: 1/31/2007
Site: 11705 Mercy Blvd, Savannah, GA 31419 (Chatham County)
Contact: Lissa Alvarez 912-819-5294
Estimated Cost: \$4,831,025

2006-096 Toccoa Assisted Living Management Corporation
To Establish a 48 Room, 96 Bed PCH
Filed: 9/25/2006 Deemed Incomplete: 10/10/2006 Deemed Complete: 11/30/2006
60th Day Deadline: 1/29/2007
Decision Deadline: 2/28/2007
Site: 242 Rothell Road, Toccoa, GA 30577 (Stephens County)
Contact: James P. Anderson 864-505-3535
Estimated Cost: \$541,306

2006-098 Open MRI & Imaging of Snellville
Relocation of Existing DTRC
Filed: 9/27/2006 Deemed Incomplete: 10/11/2006 Deemed Complete: 11/2/2006
60th Day Deadline: 1/1/2007
Decision Deadline: 1/31/2007
Site: 2151 Fountain Drive, Snellville, GA 30078 (Gwinnett County)
Contact: Raif Erim 770-300-0101
Estimated Cost: \$2,049,637

2006-100 Open MRI & Imaging of Northeast Georgia, LLC
Existing DTRC To Add MRI Equipment and Replace CT
Filed: 10/3/2006 Deemed Incomplete: 10/16/2006 Deemed Complete: 11/13/2006
60th Day Deadline: 1/12/2007
Decision Deadline: 2/11/2007
Site: 425 Broad Street, Suite 102, Gainesville, GA 30501 (Hall County)
Contact:
Estimated Cost: \$2,503,554

2006-101 Cobblestone at Park Springs
PCH Increase of Licensed Bed Capacity by 15 Beds
Filed: 10/6/2006 Deemed Complete: 10/20/2006

60th Day Deadline: 12/19/2006
Decision Deadline: 1/18/2007
Site: 600 Springhouse Circle, Stone Mountain, GA 30087 (DeKalb County)
Contact: Kevin Isakson 770-417-1788
Estimated Cost: \$0

2006-102 Dogwood Forest of Acworth
To Construct a Personal Care Home (PCH) with 115 Licensed Beds
Filed: 10/11/2006 Deemed Incomplete: 10/25/2006 Deemed Complete: 12/13/2006
60th Day Deadline: 2/11/2007
Decision Deadline: 3/13/2007
Site: 4461 South Main Street, Acworth, GA 30101 (Cobb County)
Contact: Alfred Holbrook III 678-566-0034
Estimated Cost: \$38,430,900

2006-103 Medical Center of Central Georgia
Purchase of a Bi-Plane Unit
Filed: 10/11/2006 Deemed Incomplete: 10/25/2006 Deemed Complete: 11/15/2006
60th Day Deadline: 1/14/2007
Decision Deadline: 2/13/2007
Site: 777 Hemlock Street, Macon, GA 31201 (Bibb County)
Contact: Marvin Noles 478-633-1450
Estimated Cost: \$3,447,051

2006-104 Tara Plantation
To Increase Bed Capacity by 16 PCH Licensed Beds
Filed: 10/23/2006 Deemed Incomplete: 11/6/2006 Deemed Complete: 11/28/2006
60th Day Deadline: 1/27/2007
Decision Deadline: 2/26/2007
Site: 440 Tribble Gap Road, Cumming, GA 30040 (Forsyth County)
Contact: Josh Coughlin 770-552-9788
Estimated Cost: \$140,767

2006-106 Houston Medical Center
Expansion & Renovation, Add 18 Beds
Filed: 10/26/2006 Deemed Complete: 11/9/2006 Deemed Complete: 11/9/2006
60th Day Deadline: 1/8/2007
Decision Deadline: 2/7/2007
Site: 1601 Watson Boulevard, Warner Robins, GA 31093 (Houston County)
Contact: Grady WI Philips, III 478-542-7740
Estimated Cost: \$72,198,382

2006-141 The Sanctuary
PCH to Increase Beds From 60 Beds to 72 Beds
Filed: 11/20/2006 Deemed Incomplete: 12/6/2006 Deemed Complete: 12/14/2006
60th Day Deadline: 2/12/2007
Decision Deadline: 3/14/2007
Site: 3401 Blue Springs Road, Kennesaw, GA 30144 (Cobb County)
Contact:
Estimated Cost: \$331,894

Pending Review Complete/Joined Applications

2006-110 Camellia Home Health
Expand Home Health Service Area SDR 3 Batching (Joined 111) HHA
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 1339 Canton Road, Suite E, Marietta, GA 30066 (Cobb County)

Contact: Wilford A. Payne, III, President 601-582-6031
Estimated Cost: \$65,000

2006-111 Southern Regional Med Center d/b/a Southern Regional Homecare
Expand Home Health Service Area SDR 3 Batching (Joined 110) HHA
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 224 East College Street, Griffin, GA 30224 (Spalding County)
Contact: Paul Casbergue 770-991-8141
Estimated Cost: \$28,000

2006-112 CareSouth Homecare Professionals
Expand Home Health Service Area SDR 4 Batching (Joined 113-115) HHA
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 4555 Woodruff Road, Unit C, Columbus, GA 31904 (Muscogee County)
Contact: Kelly C. Tripp, General Counsel 706-854-7428
Estimated Cost: \$62,300

2006-113 Camellia Home Health of West Georgia
Establish New Home Health Agency SDR 4 (Joined 112,114-115) Batching
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 235 Highway 19 South, Zebulon, GA 30295 (Pike County)
Contact: Wilford A. Payne, III 601-582-6031
Estimated Cost: \$55,000

2006-114 Nightingale
Establish New Home Health Agency SDR 4 (Joined 112-113, 115) Batching
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: GA (Spalding County)
Contact: Newell D. Yarborough, Jr., Consultant 912-925-5896
Estimated Cost: \$61,855

2006-115 United Home Care of Griffin
Expand Home Health Service Area SDR 4 Batching (Joined 112-114) HHA
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 109 West Oak Street, Griffin, GA 30223 (Spalding County)
Contact: Scott Shull, Vice President 770-925-4788
Estimated Cost: \$228,363

2006-116 Camellia Home Health of East Georgia
Establish New Home Health Agency SDR 5 (Joined 117-122) Batching HHA
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 1431 Capital Avenue, Unit 117, Watkinsville, GA 30677 (Oconee County)
Contact: Wilford A. Payne, President 601-582-6031
Estimated Cost: \$65,000

2006-117 Healthfield Home Health
Expand Home Health Service Area SDR 5 Batching (Joined 116, 118-122)
Filed: 11/13/2006 Deemed Complete: 11/13/2006

Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 384 Northyards Boulevard, Suite 300, Atlanta, GA 30313 (Fulton County)
Contact: Robert Radics, Area VP Operations 770-951-6100
Estimated Cost: \$35,970

2006-118 Newton Medical Home Health
Expand Home Hlth Service Area SDR5 Batching (Joined 116-117,119-122)
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 4186 Mill Street, Covington, GA 30014 (Newton County)
Contact: Troy Brooks, Assist Administrator, Fiscal Services 770-385-4426
Estimated Cost: \$14,000

2006-119 Nightingale
Establish New Home Hlth Agency SDR5 (Joined 116-118,120-122) Batching
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: GA (Chatham County)
Contact: Newell D. Yarborough, Jr. 912-925-5896
Estimated Cost: \$65,792

2006-120 Oconee Area Home Care Services
Establish New Home Hlth Agency SDR5 (Joined 116-119,121-122) Batching
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: GA (Clarke County)
Contact: Debra Sherrer, Administrator 706-613-5494
Estimated Cost: \$10,000

2006-121 TriStar Home Health
Establish New Home Hlth Agency SDR5 (Joined 116-120, 122) Batching
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: GA (Cobb County)
Contact: Barbara L. Rasmussen, President & CEO 770-331-8719
Estimated Cost: \$77,500

2006-122 United Home Care of North East Georgia
Establish New Home Hlth Agency SDR5 (Joined 116-121) Batching
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: GA (Gwinnett County)
Contact: Scott Shull, Vice President 770-925-4788
Estimated Cost: \$228,363

2006-123 Amedisys Home Health of Macon
Expand Home Health Service Area SDR 6 Batching (Joined 124-129) HHA
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 440 Martin Luther King Jr. Boulevard, Macon, GA 31201 (Bibb County)
Contact: Jeffrey Jeter, Esq., Vice-President 225-292-2031
Estimated Cost: \$125,000

2006-124 CareSouth Homecare Professionals

Establish New Home Health Agency SDR 6 (Joined 123, 125-129) Batching

Filed: 11/13/2006 Deemed Complete: 11/13/2006

Joined: 11/13/2006 60th Day Deadline: 1/12/2007

Decision Deadline: 3/13/2007

Site: GA (Richmond County)

Contact: Kelly C. Tripp, General Counsel 706-855-5533

Estimated Cost: \$55,500

2006-125 Gentiva Health Services

Establish New Home Hlth Agency SDR6 (Joined 123-124,126-129) Batching

Filed: 11/13/2006 Deemed Complete: 11/13/2006

Joined: 11/13/2006 60th Day Deadline: 1/12/2007

Decision Deadline: 3/13/2007

Site: GA (Fulton County)

Contact: Robert Radics, Area VP Operations 770-951-6100

Estimated Cost: \$45,264

2006-126 Nightingale Home Health

Establish New Home Hlth Agency SDR6 (Joined 123-125,127-129) Batching

Filed: 11/13/2006 Deemed Complete: 11/13/2006

Joined: 11/13/2006 60th Day Deadline: 1/12/2007

Decision Deadline: 3/13/2007

Site: GA (Chatham County)

Contact: Newell D. Yarborough, Jr., Consultant 912-925-5896

Estimated Cost: \$70,352

2006-127 Premier Home Health Care

Establish New Home Hlth Agency SDR6 (Joined 123-126,128-129) Batching

Filed: 11/13/2006 Deemed Complete: 11/13/2006

Joined: 11/13/2006 60th Day Deadline: 1/12/2007

Decision Deadline: 3/13/2007

Site: GA (Houston County)

Contact: Deborah Meade 478-328-3206

Estimated Cost: \$68,000

2006-128 TriStar Home Health

Establish New Home Hlth Agency SDR6 (Joined 123-127, 129) Batching

Filed: 11/13/2006 Deemed Complete: 11/13/2006

Joined: 11/13/2006 60th Day Deadline: 1/12/2007

Decision Deadline: 3/13/2007

Site: GA (Cobb County)

Contact: Barbara L. Rasmussen, CEO, Owner 770-331-8719

Estimated Cost: \$80,500

2006-129 United Home Care

Establish New Home Health Agency SDR 6 (Joined 123-128) Batching

Filed: 11/13/2006 Deemed Complete: 11/13/2006

Joined: 11/13/2006 60th Day Deadline: 1/12/2007

Decision Deadline: 3/13/2007

Site: GA (Bibb County)

Contact: Scott Shull, Vice President 770-925-4788

Estimated Cost: \$228,363,000

2006-130 Amedisys Home Health of Macon

Expand Home Health Service Area SDR 8 Batching (Joined 131-132) HHA

Filed: 11/13/2006 Deemed Complete: 11/13/2006

Joined: 11/13/2006 60th Day Deadline: 1/12/2007

Decision Deadline: 3/13/2007

Site: 440 Martin Luther King Jr. Boulevard, Macon, GA 31201 (Bibb County)

Contact: Jeffrey Jeter, Esq., Vice-President 225-292-2031
Estimated Cost: \$125,000

2006-131 Inrepid USA Healthcare Services

Establish New Home Health Agency SSDR 8 (Joined 130,132) Batching
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 1610-D East Forsyth Street, Americus, GA 31709 (Sumter County)
Contact: Newell D. Yarborough, Jr. 912-925-5896
Estimated Cost: \$70,000

2006-132 United Home Care

Establish New Home Health Agency SSDR 8 (Joined 130-131) Batching
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: GA (Gwinnett County)
Contact: Scott Shull, Vice President 770-925-4788
Estimated Cost: \$228,363

2006-133 Amedisys Home Health of Brunswick

Establish New Home Health Agency SSDR 12 (Joined 133-138) Batching
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 3696 Community Road, Brunswick, GA 31520 (Glynn County)
Contact: Jeffrey Jeter, Esq. 225-292-2031
Estimated Cost: \$185,000

2006-134 Gentiva Health Services - Savannah

Expand Home Health Service Area SSDR 12 Batching (Joined 133,135-138)
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 329 Commercial Drive, Suite 130, Savannah, GA 31406 (Chatham County)
Contact: Robert Radics, Area V.P. Operations 770-951-6100
Estimated Cost: \$38,269

2006-135 Island Health Care

Expand Hme Hlth Service Area SSDR12 Batching (Joined 133-134,136-138)
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 233 Bull Street, Savannah, GA 31401 (Chatham County)
Contact: Newell D. Yarborough, Jr., Consultant 912-925-5896
Estimated Cost: \$20,000

2006-136 Island Health Care

Expand Hme Hlth Service Area SSDR12 Batching (Joined 133-135,137-138)
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: 233 Bull Street, Savannah, GA 31401 (Chatham County)
Contact: Newell D. Yarborough, Jr., Consultant 912-925-5896
Estimated Cost: \$20,000

2006-137 Harmony Home Health of Coastal Georgia

Establish New Hme Hlth Agency SSDR12 Batching (Joined 133-136, 138)
Filed: 11/13/2006 Deemed Complete: 11/13/2006

Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: GA (Glynn County)
Contact: Deborah Meade, Member 478-328-3206
Estimated Cost: \$68,000

2006-138 United Home Care-Coastal Georgia
Establish New Home Health Agency SDR12 Batching (Joined 133-137)
Filed: 11/13/2006 Deemed Complete: 11/13/2006
Joined: 11/13/2006 60th Day Deadline: 1/12/2007
Decision Deadline: 3/13/2007
Site: GA (Gwinnett County)
Contact: Scott Shull, Vice President 770-925-4788
Estimated Cost: \$228,363

Recently Approved Applications

2006-086 Northside Hospital-Forsyth
Increase Inpatient Bed Capacity from 85 Beds to 89 Beds
Filed: 8/28/2006 Deemed Incomplete: 9/12/2006 Deemed Complete: 9/15/2006
60th Day Deadline: 11/14/2006
Decision Deadline: 12/14/2006
APPROVED: 12/14/2006
Site: 1200 Northside Forsyth Drive, Cumming, GA 30041 (Forsyth County)
Contact: Brian J. Toporek Senior Planner 404-851-6821
Estimated Cost: \$0

2006-090 Administrative MOB
Phoebe Putney Proposition to Construct MOB
Filed: 9/11/2006 Deemed Incomplete: 9/22/2006 Deemed Complete: 10/23/2006
Decision Deadline: 12/7/2006
APPROVED: 11/30/2006
Site: 613 N. Jackson Street, Albany, GA 31701 (Dougherty County)
Contact: Lori Jenkins 229-312-1432
Estimated Cost: \$10,974,000

2006-097 Southern Regional Health System, Inc.
Construction of Medical Office Building
Filed: 9/25/2006 Deemed Complete: 10/11/2006
Decision Deadline: 11/25/2006
APPROVED: 11/21/2006
Site: GA (Clayton County)
Contact: Paul Casbergue 770-991-8141
Estimated Cost: \$3,852,065

2006-099 University Hospital & Med Center Evans Campus Professional Office Bldg #4
Construction of Medical Office Building and Parking Garage
Filed: 10/4/2006 Deemed Complete: 10/19/2006
Decision Deadline: 12/3/2006
APPROVED: 11/29/2006
Site: Evans, GA (Columbia County)
Contact:
Estimated Cost: \$13,421,055

Recently Denied Applications

2006-066 Lee County Surgery Center
Development of Freestanding Multi-Specialty Ambulatory Surgery Center

Filed: 7/11/2006 Deemed Incomplete: 7/25/2006 Deemed Complete: 8/10/2006
60th Day Deadline: 10/9/2006
Decision Deadline: 12/8/2006 Extended Deadline: 12/8/2006
DENIED: 12/8/2006
Site: Old Leesburg Road Highway 19, Leesburg (Lee County)
Contact: Bud Wethington, CEO 229-434-2101
Estimated Cost: \$9,270,332

Applications Withdrawn by Applicant

none

Applications Withdrawn by Department

none

Appealed CON Projects

2004-022 N.Atlanta Diagnostic and Cardiovascular Center d/b/a Global Diagnostic,LLC (Fulton)
Establishment of Diagnostic Imaging Service

Agency Decision: Approved 8/31/2004.

Appealed By: Northside Hospital, 9/3/2004 and Diagnostic Imaging of Atlanta, 9/3/2004.

Hearing Officer: Melvin Goldstein

Hearing Date: Hearing held 11/15-17/2004.

Hearing Decision: In his final decision on 2/18/2005, the Hearing Officer ordered that Global Diagnostic be granted a CON. Diagnostic Imaging of Atlanta filed objections to Hearing Officer's decision, 3/21/05. Northside Hospital filed objections to Hearing Officer's decision, 3/23/05. Due to scheduling difficulties, Review Board Vice-Chair granted an extension for the initial time period for review, 4/7/2005. Arguments before full Review Board scheduled for 5/13/2005 at 10:00 am.

Review Board Decision: Arguments before full Review Board was held on 5/13/2005. Review Board issued an Order on 5/25/2005 adopting the Hearing Officer's decision and affirming the Department's decision to issue a CON to Global.

Appealed to Superior Court: Diagnostic Imaging of Atlanta appealed the Review Board's decision to the Superior Court, 6/24/2005.

Superior Court Decision: Superior Court issues order reversing the Department's decision to grant a CON to Global, 11/30/2005.

Appealed to Appeals Court: The Department has petitioned the Court of Appeals for discretionary appeal of the Superior Court's order, 12/30/2005. The Court of Appeals accepts the Department's discretionary appeal petition, 1/24/2006. Appellants' Briefs due on 5/17/2006; Appellees' Briefs due on 6/06/2006. Oral arguments before the Court of Appeals are set in this case for Thursday, 9/21/2006 at 9:45 am and will take place at Mercer University Law Schools's Moot Courtroom in Macon.

Additional Information: Petitions for judicial review will be heard before Judge Tuscan on 11/18/2005 at 10:30 am. Oral argument will be 30 minutes for each party.

2005-035 Coastal Behavioral Health (Chatham)

To Establish Free-Standing Inpatient Hospital for Adult Psych. Care

Agency Decision: Denied, 10/12/2005

Appealed By: Applicant, 11/2/2005

Hearing Officer: Ellwood Oakley

Hearing Date: Hearing scheduled to begin Monday, 2/20/2006 at 9:00 am. Hearing date re-scheduled to 2/27-3/1/2006. Hearing date postponed. New date to be determined. Hearing scheduled for 4/17-4/19/2006. Hearing continued, new date to be determined. Hearing scheduled 9/11-12/2006, at 9 am. Hearing continued to January 2007.

2005-038 Hughston Surgical Institute, LLC (Muscogee)

New LP-ASC Facility

Agency Decision: Denied, 10/14/2005

Appealed By: Applicant, 11/1/2005.

Hearing Officer: William Joy

Hearing Date: Hearing tentatively scheduled for 4/12/2006-4/14/2006 at 10 am.

Hearing Decision: Hearing Officer affirms the decision of the Department of Community Health to deny a Certificate of Need to Hughston Surgical Institute. Hughston files request for oral argument before the Health Planning Review Board. 8/7/2006. Review Board extends timeframe and schedules meeting for September 25, 2006, at 11am.

Review Board Decision: Review Board issues Order upholding Hearing Officer's Decision to affirm the Department's denial of a CON to Hughston, 10/3/2006.

Appealed to Superior Court: Hughston petitions Superior Court of Muscogee County for review of Review Board's decision, 11/2/2006.

Superior Court Decision: Pending

Additional Information: 11/10/2005, The Surgery Center, LLC, requests to intervene. Hughston requests motion to remand, 12/16/2005. Hearing on Motion to Remand scheduled for 2/6/2006 at 2:00pm in the 40th floor Board Room. Motion to Remand denied by Hearing Officer, 2/15/2006.

2005-073 Radiotherapy Clinics of Georgia (DeKalb)

Development of Radiation Therapy Center

Agency Decision: Denied, 3/8/2006

Appealed By: Applicant, 3/22/2006; Preston Ridge Radiation Center, Inc. d/b/a Northlake Cancer Treatment Center seeks to intervene in the hearing, 3/28/2006. Department files motion for partial summary judgment, 6/14/2006. Piedmont Fayette Hospital requests to intervene, 6/15/2006.

Hearing Officer: Melvin M. Goldstein, Esq.

Hearing Date: Hearing date set for 8/29-30/2006. Hearing to continue 9/6-7/2006.

Hearing Decision: Hearing Officer issues final decision 11/18/2006 upholding the Department's decision to deny a Certificate of Need to RCOG.

2005-093 Amedisys Home Health of Southwest Georgia (Colquitt)

2005-094 TriStar Healthcare, Inc. d/b/a TriStar Home Health (Cobb)

2005-095 Archbold Health Services, Inc. d/b/a Archbold Home Health Services (Thomas)

2005-096 Colquitt Regional Health, Inc. d/b/a Colquitt Home Care Services (Colquitt)

2005-098 Visiting Nurses Association of Southwest Georgia (Decatur)

2005-099 Healthfield of Southwest Georgia, Inc. (Mitchell)

Establish New Home Health Agency - SDDR 10 - Batching

Agency Decision: TriStar and Healthfield, approved, 3/20/2006; Amedisys, Archbold, Colquitt, and VNA, denied, 3/20/2006

Appealed By: Amedisys, Archbold, Colquitt, and VNA request initial administrative hearing in opposition to the approval of Healthfield and TriStar and to appeal the denial of each of their applications, 4/19/2006.

Hearing Officer: William Joy, Esq.

Hearing Date: Hearing date set for 8/15-17/2006. Hearing Date Postponed. Hearing Officer issues Order to Remand decision back to the Department for additional consideration, 8/10/2006. Remand decision issued 8/25/2006. TriStar, Archbold, Colquitt, and VNA request initial administrative hearing in opposition to the approval of Healthfield on Remand, 9/22/2006. Hearing scheduled for 1/8-10/2007.

Hearing Decision: Pending

2006-010 Northside Hospital-Forsyth (Forsyth)

Constr Womens Ctr/Level 2 Maternity Serv/Incr 7-Beds

Agency Decision: Approved, 5/16/2006.

Appealed By: Chestatee Regional Hospital, North Fulton Regional Hospital, and Emory Dunwoody Medical Center request initial administrative hearing in opposition to the approval, 6/13/2006, 6/14/2006, and 6/15/2006 respectively. Ellwood F. Oakley, III, Esq. is assigned as Hearing Officer, 7/5/2006.

Hearing Officer: Ellwood Oakley, III, Esq.

Hearing Date: Hearing scheduled for 10/2-5/2006 and 10/10-11/2006 at 9 am. Chestatee Regional withdraws request for hearing, 9/25/2006.

Hearing Decision: Hearing Officer issues decision affirming the Department's approval of Northside Forsyth's CON application, 12/14/2006.

2006-034 Henry Medical Center (Henry)

2006-046 Cancer Treatment Center at Henry County, LLC d/b/a Georgia Center for Total Cancer Care (Henry)

2006-051 Preston Ride Radiation Center, Inc. d/b/a Northlake Cancer Treatment Center (DeKalb)

2006-034 Establish Rad Ther Services/Purchase Medical Equip

2006-046 Develop a Freestanding Radiation Therapy Center

2006-051 Relocation of Cancer Treatment Center

Agency Decision: Henry Medical Center and Northlake applied to establish radiation therapy services in SDDR 3 and both were approved 9/27/2006. GCTCC applied for the same service in the same SDDR and was denied, 9/27/2006.

Appealed By: GCTCC requests initial administrative hearing in opposition to the approval of Henry Medical Center, to appeal the denial of its application, and to request intervention in any other appeal requested with respect to these projects, 10/26/2006. Northlake requests initial administrative hearing in opposition to the approval of Henry Medical Center, requests intervention in any appeal of Northlake's approval, and requests intervention in any other appeal requested with respect to these projects, 10/26/2006. Henry Medical Center requests initial administrative appeal of Northlake's approval, and requests intervention in any other appeal requested in respect to its project, 10/27/2006. Institute for Radiation Therapy, Inc., Griffin Regional Radiation Therapy Center, Inc., Frank A. Critz, MD d/b/a Radiotherapy Clinics of Georgia-Covington and Frank A. Critz, MD d/b/a Radiotherapy Clinics of Georgia-Rockdale request an initial administrative appeal hearing, 10/26/2006 in opposition to Henry Medical Center's approval and request to intervene in any appeal associated with Georgia Center for Total Cancer Care. Ellwood F. Oakley, III, Esq. is assigned Hearing Officer, 11/16/2006.

Hearing Officer: Ellwood F. Oakley, III, Esq.

Hearing Date: TBA

2006-045 Fayette Community Hospital, Inc. d/b/a Piedmont Fayette Hospital (Fayette)

Expan. of Cancer Serv/Radiation Therapy/ Purch. LA

Agency Decision: approved, 9/28/2006.

Appealed By: GCTCC requests initial administrative hearing in opposition to the approval of Fayette and to request intervention in any other appeal requested with respect to these projects, 10/26/2006.

Institute for Radiation Therapy, Inc. and Newnan Regional Radiation Therapy Center, Inc. request an initial administrative appeal hearing in opposition to Fayette's approval, 10/26/2006. Ellwood F. Oakley, III, Esq. is assigned Hearing Officer, 11/16/2006.

Hearing Officer: Ellwood F. Oakley, III, Esq.

Hearing Date: TBA

Appealed Determinations

1995-092-CAN Southern Crescent Rehabilitation & Retirement Center

Requested hearing on 10/26/2004 for the purpose of contesting a Notice of Cancellation issued by the Department. Hearing Officer is Walter Van Heiningen. Hearing scheduled 9/13/2005. Hearing held 9/13/2005. 11/7/2005, Hearing Officer issues decision affirming the Department's cancellation of Applicant's CON. Southern Crescent files petition for judicial review on 12/5/2005. Southern Crescent requests Commissioner Review of Hearing Officer's initial determination. 2/16/2006, the Office of the Commissioner issues a Final Administrative Order upholding the findings of the hearing officer. Southern Crescent files petition for judicial review 5/16/2006.

DET-2003-020-CAN Piedmont Hospital-Fayette Community Hospital

Requested hearing on 11/12/2004 to contest cancellation of Determination Letter of 2/13/2003. Hearing Officer is Ellwood Oakley. Hearing scheduled for 3/7/2005 at 9:00 am. Hearing postponed. New hearing date pending.

ICC-2005-002 Southern Plantation of Ga., Inc.

Requested hearing to contest monetary penalty which the Department imposed due to a shortfall in the indigent and charity care commitment, June 20, 2005. Sabrina R. Scott is Hearing Officer.

LNR-ASC-2005011 Specialty Spine Intervention Center, PC

2/27/2006, Specialty Spine Intervention Center, PC requests administrative hearing pursuant to the APA

regarding the denial of its request for letter of non-reviewability to establish a physician owned, single specialty, office-based ambulatory surgery center. 3/8/2006, Clifford M. Weiss, Esq. is appointed as the Hearing Officer. Hearing scheduled for 06/14-15/2006. Hearing rescheduled to 8/23-24/2006.

Requests for LNR for Establishment of Physician-Owned Ambulatory Surgery Facilities

LNR-ASC-2006-009 Houston Orthopaedic Surgery and Sports Medicine, PC

Establish a physician-owned, single specialty, ambulatory surgery center

Site: 3051 Watson Boulevard, Warner Robins, Georgia 31093

Number of OR's: 2 **Specialty:** Orthopaedics

Physician(s) authorization requested: 6

Project costs as submitted: \$1,520,691.88

Request received: 6/15/2006

Contact Person: Daniel J. Mohan, Esq. (404) 504-7610

Determination: Letter Issued **Determination Date:** 12/1/2006

LNR-ASC-2006-011 Retina Consultants, PC d/b/a The Retina Eye Center

Establish a physician-owned, single specialty, ambulatory surgery center

Site: 3520 Walton Way Extension, Augusta, Richmond County, Georgia 30909

Number of OR's: 1 **Specialty:** Ophthalmology

Physician(s) authorization requested: 2

Project costs as submitted: \$1,538,000

Request received: 8/11/2006

Contact Person: Roger A. Cochran, PHD (770) 698-0415

Determination: Letter Issued **Determination Date:** 12/1/2006

LNR-ASC-2006-012 Atlanta Sports Medicine and Orthopaedic Center

Establish a physician-owned, single specialty, ambulatory surgery center

Site: 3200 Downwood Circle, Suite 500, Atlanta, Georgia

Number of OR's: 3 **Specialty:** Orthopedics

Physician(s) authorization requested: 4

Project costs as submitted: \$1,499,139.96

Request received: 8/15/2006

Contact Person: Clyde Reese, III, Esq. (404) 658-6088

Determination: Letter Issued **Determination Date:** 12/1/2006

LNR-ASC-2006-013 Dr. Jon T. Middleton, DPM, PC

Establish a physician-owned, single specialty, ambulatory surgery center

Site: 679 Hospital Road, Commerce, Georgia 30529

Number of OR's: 1 **Specialty:** Podiatry

Physician(s) authorization requested: 1

Project costs as submitted: \$279,025.00

Request received: 8/22/2006

Contact Person: Steven W. Greenberg (770) 599-8888

Determination: Letter Issued **Determination Date:** 12/1/2006

LNR-ASC-2006-014 Cartersville OB/GYN Associates, PC

Establish a physician-owned, single specialty, ambulatory surgery center

Site: 958-A Joe Frank Harris Parkway, Cartersville, Georgia

Number of OR's: 2 **Specialty:** OB/GYN

Physician(s) authorization requested: 1

Project costs as submitted: \$976,408.00

Request received: 8/23/2006

Contact Person: Everette Jenkins (678) 625-4720

Determination: Pending **Determination Date:**

LNR-ASC-2006-015 Westside Endoscopy Center, PC

Establish a physician-owned, single specialty, ambulatory surgery center

Site: 3825 Medical Park Drive, Austell, Georgia

Number of OR's: 2 **Specialty:** Gastroenterology

Physician(s) authorization requested: 1

Project costs as submitted: \$1,541,112

Request received: 11/1/2006

Contact Person: Edward C. Luke, Jr. (770) 951-8427

Determination: Pending **Determination Date:**

LNR-ASC-2006-016 Southern Orthopaedic Specialists, LLC

Establish a physician-owned, single specialty, ambulatory surgery center

Site: 1075 Satellite Boulevard, Suite 100, Suwanee, Georgia 30024

Number of OR's: 2 **Specialty:** Orthopedics

Physician(s) authorization requested: 14

Project costs as submitted: \$1,575,424.67

Request received: 11/20/2006

Contact Person: Melissa P. Malcom, Esq. (770) 957-1199

Determination: Pending **Determination Date:**

LNR-ASC-2006-017 Neurological Institute of Savannah, PC

Establish a physician-owned, single specialty, ambulatory surgery center

Site: 1 Jackson Boulevard, Suite 101, Savannah, Georgia 31405

Number of OR's: 2 **Specialty:** neurosurgery

Physician(s) authorization requested: 9

Project costs as submitted: \$1,330,833.25

Request received: 11/21/2006

Contact Person: Gayle R. Evans (770) 794-4944

Determination: Pending **Determination Date:**

Requests for LNR for Diagnostic or Therapeutic Equipment

LNR-EQT 2006-021 Outpatient Imaging, LLC, Newnan, Coweta County, Georgia

Request to acquire by purchase a fixed-based GE Medical Systems 2002 GoldSeal 1.5T HiSpeed LX MRI Scanner for use in freestanding multi-modality imaging center

Request Received: 6/27/2006

Contact Person: Holly Sailors (770) 834-0751

Determination: Pending

Determination Date:

LNR-EQT 2006-027 Cowles Clinic Services, LLC, Greensboro, Greene County, Georgia

Request to acquire by operational lease a fixed-based Toshiba Aquilion 32 Fast Whole Body CT Scanner for use in freestanding multi-modality imaging center

Request Received: 8/7/2006

Contact Person: Bruce L. Kirby, CEO (706) 454-0027

Determination: Letter Issued

Determination Date: 12/1/2006

LNR-EQT 2006-028 Cartersville Diagnostic Center, LLC, Cartersville, Bartow County, Georgia

Request to acquire by purchase a fixed-based GE LightSpeed Plus CT Scanner for use in freestanding multi-modality imaging center

Request Received: 8/11/2006

Contact Person: Richard L. Gray (706) 354-1036

Determination: Pending

Determination Date:

LNR-EQT 2006-029 Ear Nose and Throat Clinic of Coffee County, Douglas, Coffee County, Georgia

Request to acquire by capital lease a fixed-based Aperio NewTom 3G 12" CT Scanner for use in practice-based imaging

Request Received: 8/16/2006

Contact Person: Jeffrey L. Silveira, MD (912) 384-2200

Determination: Letter Issued

Determination Date: 12/1/2006

LNR-EQT 2006-030 Reed Imaging Services, LLC, Cartersville, Bartow County, Georgia

Request to acquire by capital lease a fixed-based Picker Eclipse MRI Scanner and a free-standing Picker PQ5000 CT scanner for use in freestanding multi-modality imaging center

Request Received: 8/31/2006

Contact Person: Michael D. Reed, MD (770) 386-4347

Determination: Letter Issued

Determination Date: 12/1/2006

LNR-EQT 2006-031 All-Lee, LLC, Albany, Dougherty County, Georgia

Request to acquire by purchase a fixed-based General Electric HiSpeed CT/I CT Scanner for use in practice-based imaging

Request Received: 9/6/2006

Contact Person: Alan Moree (229) 438-7100

Determination: Letter Issued

Determination Date: 12/1/2006

LNR-EQT 2006-032 Elite MRI of Laurens, LLC, Macon, Bibb County, Georgia

Request to acquire by purchase a fixed-based Hitachi Airis Elite Open Permanent Magnet System for use in practice-based imaging

Request Received: 9/7/2006

Contact Person: Lou Paladino (843) 449-9962

Determination: Letter Issued

Determination Date: 12/1/2006

LNR-EQT 2006-033 Southern Orthopaedics & Sports Medicine, PC, Brunswick, Glynn County, Georgia

Request to acquire by capital lease a fixed-based Siemens Magnetom Concerto MRI unit for use in freestanding single-modality imaging center

Request Received: 9/21/2006

Contact Person: Ralph W. Morales, DO (912) 265-9006

Determination: Letter Issued

Determination Date: 12/1/2006

LNR-EQT 2006-034 AmScan Radiology Associates, LLC, Conyers, Rockdale County, Georgia

Request to acquire by operational lease a mobile Philips Medical Diamond Select 1.5T Intera MRI unit for use in freestanding multi-modality imaging center

Request Received: 10/2/2006

Contact Person: Pankesh Kadam (678) 509-0121

Determination: Letter Issued

Determination Date: 12/1/2006

LNR-EQT 2006-035 Ear Nose & Throat Specialists, LLC, Conyers, Rockdale County, Georgia

Request to acquire by purchase a fixed-based Aperio NT9000 CT scanner for use in practice-based imaging

Request Received: 10/10/2006

Contact Person: Lynda Kimm (770) 922-5458 x204

Determination: Pending

Determination Date:

LNR-EQT 2006-036 Coastal Imaging, LLC, Savannah, Chatham County, Georgia

Request to acquire by purchase a fixed-based GE GS Class Signa MRI 1.5T Highspeed for use in practice-based imaging

Request Received: 10/11/2006

Contact Person: Michael Kleinpeter (912) 695-1761

Determination: Pending

Determination Date:

LNR-EQT 2006-037 Phoebe Memorial Hospital, Inc., Albany, Dougherty County, Georgia

Request to acquire by purchase a fixed-based GE RTE Digital radiography x-ray for use in hospital-based imaging

Request Received: 10/11/2006

Contact Person: Lori Jenkins (229) 312-1432

Determination: Pending

Determination Date:

LNR-EQT 2006-038 Ear, nose & Throat Associates of Savannah, LLC, Savannah, Chatham County, Georgia

Request to acquire by purchase a fixed-based Xoran Technologies MiniCAT for use in practice-based imaging

Request Received: 10/18/2006

Contact Person: Chris N. Lane, CEO (912) 629-4545

Determination: Letter Issued

Determination Date: 12/1/2006

LNR-EQT 2006-039 Memorial Hospital, Bainbridge, Decatur County, Georgia

Request to acquire by operational lease a fixed-based Siemens MR Magnetom Symphony 1.5T Syngo System 2002 for use in hospital-based imaging

Request Received: 11/9/2006

Contact Person: Howard E. Fagin, PhD (770) 395-9550

Determination: Letter Issued

Determination Date: 12/1/2006

LNR-EQT 2006-040 Northeast Georgia Medical Center, Inc., Gainesville, Hall County, Georgia

Request to acquire by purchase a fixed-based GE GoldSeal LightSpeed 16 PRO 100 CT Scanner for use in hospital-based imaging

Request Received: 11/17/2006

Contact Person: Chad T. Bolton (678) 897-6640

Determination: Pending

Determination Date:

LNR-EQT 2006-041 Interventional Spine and Pain Management Center, PC, Conyers, Rockdale County, Georgia

Request to acquire by lease a mobile OEC 9900 Elite Mobile C-ARM ESP and a Stryker RF Generator for use in freestanding ambulatory surgery center

Request Received: 11/22/2006

Contact Person: Crystal Blackwell (770) 385-7985

Determination: Pending

Determination Date:

LNR-EQT 2006-042 Gamma1 LLC, Savannah, Chatham County, Georgia

Request to acquire by operational lease a fixed GE Healthcare GoldSeal LightSpeed 16 CT scanner for use in freestanding multi-modality imaging center

Request Received: 12/5/2006

Contact Person: Norman Thomson, III, MD (912) 352-9729

Determination: Pending

Determination Date:

LNR-EQT 2006-043 Associated in Orthopaedics and Sports Medicine, PC, Dalton, Whitfield County, Georgia

Request to acquire by operational lease a fixed Hitachi AIRIS II 0.3T Open Permanent Magnet for use in practice-based imaging

Request Received: 12/7/2006

Contact Person: Lee Gray (706) 226-5533

Determination: Pending

Determination Date:

LNR-EQT 2006-044 Dr. Osh & Associates Foot & Leg Clinic, PC, Warner Robins, Houston County, Georgia

Request to acquire by capital lease a mobile GE Signa Horizon LX 1.0 Magnet for use in mobile imaging DTRC

Request Received: 12/11/2006

Contact Person: Dr. Evaristus Oshiokpekhai (478) 328-6466

Determination: Pending

Determination Date:

Requests for Miscellaneous Letters of Determination

DET-2006-058 Don R. Connell, M.D., Statesboro, Bulloch County, Georgia

Request for determination regarding multi-specialty clinic formation

Request Received: 8/21/2006

Contact Person: Don R. Connell, MD (912) 764-5656

Determination: Reviewable as Proposed

Determination Date: 12/1/2006

DET-2006-060 Candler Hospital, Inc., Savannah, Chatham County, Georgia

Request for determination regarding replacement of mammography machines

Request Received: 10/2/2006

Contact Person: Mark C. McDermott, Esq. (912) 819-5293

Determination: Pending

Determination Date:

DET-2006-062 Wood Partners, LLC, Marietta, Cobb County, Georgia

Request for determination regarding whether creation of a Forsyth County retirement home facility is governed by CON and, if so, does the project as proposed require a CON

Request Received: 10/3/2006

Contact Person: D. J. Jeyaram, Esq. (404) 495-3656

Determination: Non-Reviewable as Proposed

Determination Date: 12/1/2006

DET-2006-063 Joan Glancy Memorial Hospital, Duluth, Gwinnett County, Georgia

Request for determination regarding replacement of mammography unit

Request Received: 10/11/2006

Contact Person: Mark M. Mullin (678) 442-4193

Determination: Pending

Determination Date:

DET-2006-064 Radiology Associates of Savannah, Savannah, Chatham County, Georgia

Request for determination regarding authorization to operate MRI unit upon acquisition of an existing imaging center with a certificate of need exemption

Request Received: 10/25/2006

Contact Person: Clyde L. Reese, III, Esq. (404) 658-6088

Determination: Pending

Determination Date:

DET-2006-065 North Fulton Medical Center, Inc. d/b/a North Fulton Regional Hospital

Request for determination regarding replacement of MRI

Request Received: 11/7/2006

Contact Person: Jim Price (770) 751-2500

Determination: Non-Reviewable as Proposed

Determination Date: 12/1/2006

DET-2006-066 Northeast Georgia Primary Care, Inc. d/b/a The Braselton Clinic, Gainesville, Hall County, Georgia

Request for determination regarding development of non-sterile endoscopy procedures room in physician practice space at a cost under the CON threshold

Request Received: 11/17/2006

Contact Person: Chad T. Bolton (678) 897-6640

Determination: Pending

Determination Date:

DET-2006-067 Northeast Georgia Medical Center, Inc., Gainesville, Hall County, Georgia

Request for determination regarding replacement of CON approved CT scanner

Request Received: 11/17/2006

Contact Person: Chad T. Bolton (678) 897-6640

Determination: Pending

Determination Date:

DET-2006-068 Tift County Hospital Authority d/b/a Tift Regional Medical Center, Tifton, Tift County, Georgia

Request for determination replacement of radiation oncology simulator

Request Received: 11/21/2006

Contact Person: Douglas Hurt (229) 353-6107

Determination: Pending

Determination Date:

DET-2006-069 Interventional Spine and Pain Management Ambulatory Surgical Center, PC, Conyers, Rockdale Cou

Request for determination regarding capital expenditure below threshold

Request Received: 11/22/2006
Contact Person: Robin J. Fowler (404) 538-9211
Determination: Pending

Determination Date:

DET-2006-070 UHS of Anchor, LP d/b/a Anchor Hospital, Atlanta, Clayton County, Georgia
Request for determination regarding exempt increase in bed capacity

Request Received: 12/6/2006
Contact Person: Jennifer Morgan (678) 251-3200
Determination: Pending

Determination Date:

DET-2006-071 Floyd Healthcare Resources, Inc. d/b/a The Specialty Hospital, Rome, Floyd County, Georgia

Request for determination regarding increase in bed capacity

Request Received: 12/8/2006
Contact Person: J. Mark Fall (706) 509-4152
Determination: Pending

Determination Date:

DET-2006-072 Decatur Health Care Center, Inc. Tucker, DeKalb County, Georgia

Request for determination regarding 4 bed ward replacement

Request Received: 12/12/2006
Contact Person: Dana W. Karschner (770) 939-8721
Determination: Pending

Determination Date:

Requests for Extended Implementation/Performance Period

2005-020 St. Joseph's Hospital of Atlanta, Inc.

The Addition of an Eighth Cardiac Catheterization Lab

Request to extend performance period

Site: 5665 Peachtree Dunwoody Road, NE, Atlanta (Fulton)

Project Approved: 7/27/2005

Request Received: 11/15/2006

Contact: Heather Dexter (404) 851-4951 **Approved Cost:** \$2,908,418

Determination: Approved, 12/1/2006 **Extended Performance Period:** 4/27/2007

2005-014 Tift Regional Medical Center

The Expansion, Relocation and Addition of Six Beds to the ICU

Request to extend performance period

Site: 901 East 18th Street, Tifton (Tift)

Project Approved: 6/21/2005

Request Received: 11/17/2006

Contact: Sarah Thompson (229) 353-6102 **Approved Cost:** \$15,143,629

Determination: Approved, 12/1/2006 **Extended Performance Period:** 7/31/2007

2005-030 Tift Regional Medical Center

To Construct a New Facility Replacing Occupational Health Clinic

Request to extend performance period

Site: 901 East 18th Street, Tifton (Tift)

Project Approved: 8/24/2005

Request Received: 11/16/2006

Contact: Sarah Thompson (229) 353-6102 **Approved Cost:** \$1,777,476

Determination: Approved, 12/1/2006 **Extended Performance Period:** 2/1/2007

2005-043 Newton Medical Center

Construction/Expansion/Development of 10-Bed Patient Observation Unit

Request to extend performance period

Site: 5126 Hospital Drive, Covington (Newton)

Project Approved: 11/10/2005

Request Received: 11/21/2006

Contact: Troy Brooks (770) 385-4426 **Approved Cost:** \$8,179,135
Determination: Approved, 12/1/2006 **Extended Performance Period:** 8/10/2007

2006-007 Hillandale Oncology Facility Partners, LLC

Construction of Medical Office Building (MOB)
Request to extend implementation period
Site: Corner of DeKalb Medical Parkway, Lithonia (DeKalb)
Project Approved: 4/12/2006
Request Received: 10/10/2006

Contact: Donald Fears (404) 501-5790 **Approved Cost:** \$5,543,447
Determination (revised): Approved, 12/1/2006 **Extended Implementation period:** 10/12/2007

2005-078 Phoebe Putney Memorial Hospital

Construction of Medical Office Building
Request to extend Effective period
Site: 417 Third Avenue, Albany (Dougherty)
Project Approved: 1/26/2006
Request Received: 12/4/2006

Contact: Lori Jenkins (229) 312-1432 **Approved Cost:** \$46,131,482
Determination: Approved, 12/14/2006 **Extended Implementation Period:** 7/26/2007

HEALTH PLANNING REVIEW BOARD MEMBERS

Lamont Belk
556 N. McDonough Street
Suite 700
Decatur, GA 30030

Paul O. Farr
Barnes, Farr & Nesmith
P.O. Box 1043
Americus, GA 31709

William S. Atkins, Sr.
862 Summit Way
Blairsville, GA 30512

Larry C. Hogan
1005 N. Parkwood Rd
Decatur, GA 30030

Beauty Baldwin
1055 Fairview Club Circle
Dacula, GA 30019

Michael A. Kaigler
Chatham County Human
Resources Department
124 Bull Street, Suite 310
Savannah, GA 31401

Gwendolyn D. Dykes
P.O. Box 3908
Duluth, GA 30096-0061

J. Lamar Raulerson
191 Flatwoods Farm Road
Lake Park, GA 31636

Rule Changes effective December 12, 2006

RULES OF DEPARTMENT OF COMMUNITY HEALTH HEALTH PLANNING

CHAPTER 111-2-2 CERTIFICATE OF NEED

TABLE OF CONTENTS

111-2-2-.26 Specific Review Considerations for Psychiatric and Substance Abuse Inpatient

Programs.

111-2-2-.34 Specific Review Considerations for Traumatic Brain Injury Facilities.

111-2-2-.35 Specific Review Considerations for Comprehensive Inpatient Physical Rehabilitation Services.

111-2-2-.36 Specific Review Considerations for Long Term Care Hospitals.

111-2-2-.26 Specific Review Considerations for Psychiatric and Substance Abuse Inpatient Programs.

(1) Applicability.

- (a) A Certificate of Need shall be required prior to the establishment of a new or the expansion of an existing acute care adult psychiatric and/or substance abuse inpatient program. An application for Certificate of Need for a new or expanded acute care adult psychiatric and/or substance abuse inpatient program shall be reviewed under the General Review Considerations of Rule 111-2-2-.09 and the service-specific review considerations of this Rule. For purposes of these rules, a service, facility, or program approved as an acute care adult psychiatric and/or substance abuse inpatient program may offer both acute care psychiatric and acute care substance abuse inpatient care, acute care substance abuse inpatient care alone, or acute care psychiatric inpatient care alone. A facility approved to offer acute care adult psychiatric and/or substance abuse inpatient services may not offer an acute care pediatric psychiatric and/or substance abuse inpatient program, nor any type of extended care psychiatric and/or substance abuse program without first obtaining a certificate of need.
- (b) A Certificate of Need shall be required prior to the establishment of a new or the expansion of an existing acute care pediatric psychiatric and/or substance abuse inpatient program. An application for Certificate of Need for a new or expanded acute care pediatric psychiatric and/or substance abuse inpatient program shall be reviewed under the General Review Considerations of Rule 111-2-2-.09 and the service-specific review considerations of this Rule. For purposes of these rules, a service, facility, or program approved as an acute care pediatric psychiatric and/or substance abuse inpatient program may offer both acute care psychiatric and acute care substance abuse inpatient care, acute care substance abuse inpatient care alone, or acute care psychiatric inpatient care alone. A facility approved to offer acute care pediatric psychiatric and/or substance abuse inpatient services may not offer an acute care adult psychiatric and/or substance abuse inpatient program, nor any type of extended care psychiatric and/or substance abuse program without first obtaining a certificate of need.
- (c) A Certificate of Need shall be required prior to the establishment of a new or the expansion of an existing extended care adult psychiatric and/or substance abuse inpatient program. An application for Certificate of Need for a new or expanded extended care adult psychiatric and/or substance abuse inpatient program shall be reviewed under the General Review Considerations of Rule 111-2-2-.09 and the service-specific review considerations of this Rule. For purposes of these rules, a service, facility, or program approved as an extended care adult psychiatric and/or substance abuse inpatient program may offer both extended care psychiatric and extended care substance abuse inpatient care, extended care substance abuse inpatient care alone, or extended care psychiatric inpatient care alone. A facility approved to offer extended care adult psychiatric and/or substance abuse inpatient services may not offer an extended care pediatric psychiatric and/or substance abuse inpatient program, nor any type of acute care psychiatric and/or substance abuse program without first obtaining a certificate of need.

- (d) A Certificate of Need shall be required prior to the establishment of a new or the expansion of an existing extended care pediatric psychiatric and/or substance abuse inpatient program. An application for Certificate of Need for a new or expanded extended care pediatric psychiatric and/or substance abuse inpatient program shall be reviewed under the General Review Considerations of Rule 111-2-2-.09 and the service-specific review considerations of this Rule. For purposes of these rules, a service, facility, or program approved as an extended care pediatric psychiatric and/or substance abuse inpatient program may offer both extended care psychiatric and extended care substance abuse inpatient care, extended care substance abuse inpatient care alone, or extended care psychiatric inpatient care alone. A facility approved to offer extended care pediatric psychiatric and/or substance abuse inpatient services may not offer an extended care adult psychiatric and/or substance abuse inpatient program, nor any type of acute care psychiatric and/or substance abuse program without first obtaining a certificate of need.

(2) **Definitions.**

- (a) "Acute care psychiatric and/or substance abuse inpatient program," for purposes of these Rules, means a psychiatric or substance abuse program, as defined in 111-2-2-.26(1)(a), that provides acute and/or emergency stabilization and other treatment for acute episodes. An acute care program provides medically oriented evaluation, diagnosis, stabilization, and short-term treatment using individual and/or group therapies as well as other treatment activities. Two acute care programs are defined: adult psychiatric and/or substance abuse and pediatric psychiatric and/or substance abuse.
- (b) "Adult," for purposes of these Rules, means a person 18 years of age and over or an emancipated person.
- (c) 'Expansion' or 'Expanded' means the addition of beds to an existing CON-authorized or grandfathered psychiatric and/or substance abuse inpatient program. A CON-authorized or grandfathered freestanding psychiatric and/or substance abuse hospital may increase its bed capacity by the lesser of ten percent of existing capacity or 10 beds if it has maintained an average occupancy of 85 percent for the previous twelve calendar months provided that there has been no such increase in the prior two years and provided that the capital expenditures associated with the increase do not exceed the Capital Expenditure Threshold. If such an increase exceeds the Capital Expenditure Threshold, the increase will be considered an expansion for which a Certificate of Need shall be required under these Rules.
- (d) "Extended care psychiatric and/or substance abuse inpatient program," for purposes of these Rules, means a psychiatric or substance abuse program, as defined in rule 111-2-2-.26(1)(a), that focuses on self-help and basic living skills to enhance the patient's abilities to perform successfully in society upon discharge by emphasizing psycho-social, vocational and/or prevocational, and educational components in its treatment plan. The program is designed to treat people who do not require acute care and who usually have already had at least one acute care admission. Due to this design, the staffing of extended care programs is different from that of acute care programs by having proportionately more therapeutic activities, educational, and social work staff and proportionately fewer nurses and physicians. Two extended care programs are defined: adult psychiatric and/or substance abuse and pediatric psychiatric and/or substance abuse.

- (e) "Freestanding psychiatric and/or substance abuse hospital," for purposes of these Rules, means a self-contained hospital which provides only psychiatric and/or substance abuse treatment and is licensed as a separate hospital, either as a specialized hospital or specialized hospital/intensive residential treatment facility.
- (f) "Inpatient" means services that are provided to patients admitted to a short-stay general hospital, specialized hospital, or specialized hospital/intensive residential treatment facility.
- (g) 'New' means a psychiatric and/or substance abuse inpatient program that has not offered a similar program in the prior twelve months. Adult programs and pediatric programs and acute care programs and extended care programs shall each be considered independent programs such that a provider seeking to add a program not offered by that provider in the previous twelve months shall be considered to be offering a new program for which a Certificate of Need must be obtained. For purposes of these rules, an existing program which proposes to be relocated to a location more than three miles from its present location shall be considered "new".
- (h) "Pediatric," for purposes of these Rules, means a person 17 years of age and under or persons age 21 or under as clinically indicated.
- (i) 'Planning Region', means one of the twelve state service delivery regions established by O.C.G.A. § 50-4-7.
- (j) "Psychiatric and/or substance abuse inpatient program," for purposes of these Rules, means an organized entity with a specific plan and intent to serve a special population via designated staff in designated beds in a licensed hospital. Such a program provides services on a 24-hour, seven days per week basis. The characteristics of a program shall include:
 - 1. a clear, distinct plan which includes admission policies and criteria, treatment protocol, etc.; and
 - 2. appropriately trained personnel for the age and disability group to be served by the program; and
 - 3. all of the beds in a program are designated for patients in that specific program.
- (k) "Psychiatric and/or substance abuse service," for purposes of these Rules, means any combination of organized psychiatric and substance abuse programs in a hospital.
- (l) "Public sector bed," for purposes of these Rules, means a bed located in state owned and operated psychiatric and substance abuse regional hospitals which are maintained by the Department of Human Resources, Division of Mental Health, Mental Retardation, and Substance Abuse.
- (m) "Similar existing and approved program," for purposes of these Rules, means an approved or existing organized program as defined in 111-2-2-.26(1)(a) that provides services to the same age group (adults or pediatric), , and for the same treatment model (acute or extended).

(3) **Standards.**

- (a) An application for a new or expanded psychiatric and/or substance abuse inpatient program(s) shall provide sufficient documentation of the need for such program(s) in the planning area. In the case of an application for an expanded psychiatric and/or substance abuse inpatient program, the applicant shall justify the need for the expansion by, at a minimum, documenting that the expansion program has achieved an occupancy rate of 80 percent for an adult program or an occupancy rate of 70 percent for a pediatric program for the most recent 12 months prior to submitting an application, except that a pediatric program which has obtained an occupancy rate of 65 percent may be permitted to expand if such program demonstrates clinical reasons why 70 percent occupancy is not attainable.
- (b) An application for a new or expanded psychiatric and/or substance abuse inpatient program(s) in an existing hospital involving an increase in the maximum evaluated bed capacity of the hospital shall not be approved unless the applicant provides sufficient documentation that it is not appropriate to convert existing hospital beds to beds designated for the proposed program(s) or to close existing hospital beds.
- (c) An application for a new acute psychiatric and/or substance abuse program(s) in a proposed or Certificate-of-Need approved new hospital shall not be approved unless the total number of beds in the hospital is determined as needed by application of the Department 's appropriate bed need methodology for new hospitals unless the hospital commits that the beds to be added in excess of the appropriate bed need as calculated by the short stay bed need methodology will be utilized solely for one of the types of programs identified in 111-2-2-.26(2)(a) and (2)(d). Such beds added in excess of the appropriate bed need shall not be used for any other service or program. Should a hospital cease to offer inpatient psychiatric and/or substance abuse program(s), any and all beds obtained by this provision shall be relinquished and deducted from the hospital's CON-authorized and licensed bed capacities.
- (d) An applicant for a new or expanded psychiatric and/or substance abuse inpatient program(s) shall document that the establishment or expansion of its program(s) will not have an adverse impact on similar existing and approved programs in its planning region. State-owned and -operated psychiatric and substance abuse regional hospitals shall not be required to document this standard.
 - 1. Accounting for market share and future population growth, an applicant for a new or expanded adult psychiatric and/or substance abuse inpatient program(s) shall have an adverse impact on similar existing and approved programs if it will:
 - (i) decrease annual utilization of a similar existing program, whose current utilization is at or above 85%, to a projected annual utilization of less than 75% within the first twenty-four months following the acceptance of the applicant's first patient; or
 - (ii) decrease annual utilization of a similar existing program, whose current utilization is below 85%, by 10 percent over the twenty-four months following the acceptance of the applicant's first patient.
 - 2. Accounting for market share and future population growth, an applicant for a new or expanded pediatric psychiatric and/or substance abuse inpatient program(s) shall have an adverse impact on similar existing and approved programs if it will:

- (i) decrease annual utilization of a similar existing program, whose current utilization is at or above 85%, to a projected annual utilization of less than 80% within the first twenty-four months following the acceptance of the applicant's first patient; or
 - (ii) decrease annual utilization of a similar existing program, whose current utilization is below 85%, by 5 percent over the twenty-four months following the acceptance of the applicant's first patient.
- (e) A new psychiatric and/or substance abuse inpatient program(s) shall have the following minimum bed sizes based on type of program offered:
 - 1. The minimum bed size of a new acute psychiatric and/or substance abuse program is eight beds.
 - 2. The minimum bed size of a new extended care psychiatric and substance abuse inpatient program is eight beds.
 - 3. The minimum bed size of a new freestanding psychiatric and/or substance abuse hospital primarily providing acute care and licensed as a specialized hospital is 50 beds.
 - 4. The minimum bed size of a new freestanding psychiatric and/or substance abuse hospital primarily providing extended care and licensed as a specialized hospital or a specialized hospital/intensive residential treatment facility is 50 beds.
 - 5. The minimum number of designated beds in the aggregate of any and all acute psychiatric and/or substance abuse programs in a general hospital is ten beds.
 - 6. The minimum number of designated beds in the aggregate of any and all extended care psychiatric and substance abuse inpatient programs in a general hospital is ten beds.
- (f) An applicant for a new psychiatric and/or substance abuse inpatient program(s) shall demonstrate the intent to meet the standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) applicable to the type of program to be offered within 12 months of offering the new program. Extended care programs may demonstrate their intent to meet the standards of the Council on the Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA) in lieu of JCAHO.
- (g) An applicant for an expanded psychiatric and/or substance abuse inpatient program(s) shall be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for the type of program which the applicant seeks to expand prior to application. The applicant must provide proof of such accreditation. Extended care programs may be accredited by the Council on the Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA) in lieu of JCAHO.
- (h) An applicant for a new freestanding psychiatric hospital or intensive residential treatment facility shall demonstrate the intent to meet the licensure Rules of the Georgia Department of Human Resources for such facilities.

- (i) An applicant for an expanded freestanding psychiatric hospital or intensive residential treatment facility shall demonstrate a lack of uncorrected deficiencies as documented by letter from the Georgia Department of Human Resources.
- (j) An applicant for a new or expanded psychiatric and/or substance abuse inpatient program(s) shall provide documentation that the applicant has no uncorrected history of conditional level Medicare and Medicaid certification deficiencies in the past three years.
- (k) An applicant for a new or expanded psychiatric and/or substance abuse inpatient program(s) shall provide sufficient documentation that the proposal is consistent with the following quality standards:
 - 1. The program(s) shall maintain standards for the review and improvement of quality. To document such standards, the program(s) must submit quality improvement policies.
 - 2. The program(s) shall maintain standards to ensure the continuity of patient care. To document such standards, the program(s) must submit policies governing admissions and availability of adequate discharge planning.
- (l) An applicant for a new or expanded freestanding psychiatric and/or substance abuse inpatient program(s) shall document the existence of referral arrangements, including transfer agreements, with an acute-care hospital(s) within the planning region to provide emergency medical treatment to any patient who requires such care. If the nearest acute-care hospital is in an adjacent planning region, the applicant may document the existence of transfer agreements with that hospital in lieu of such agreements with a hospital located within the planning region.
- (m) An applicant for a new or expanded acute or extended care psychiatric and/or substance abuse program(s) shall document that the program(s) will be financially accessible by:
 - 1. providing sufficient documentation that unreimbursed services for indigent and charity patients in a new or expanded program(s) will be offered at a standard which meets or exceeds three percent of annual gross revenues for the program after provisions have been made for bad debt, and Medicaid and Medicare contractual adjustments have been deducted. If an applicant, or any facility in Georgia owned or operated by the applicant's parent organization, received a Certificate-of-Need for a hospital program(s) or service(s) or a total facility and the CON included an expectation that a certain level of unreimbursed indigent and/or charity care would be provided in the program(s), service(s), or hospital(s), the applicant shall provide sufficient documentation of the facility's(ies') provision of such care. An applicant's history, or the history of any facility in Georgia owned or operated by the applicant's parent organization, of not following through with a specific CON expectation of providing indigent and/or charity care at or above the expected level will constitute sufficient justification to deny an application; and
 - 2. agreeing to participate in the Medicare and Medicaid programs, whenever these programs are available to the facility.
- (n) **Reserved.**

- (o) An applicant for a new or expanded psychiatric and/or substance abuse inpatient program(s) shall agree to provide the Department with requested information and statistical data related to the operation of such a program(s) on a yearly basis, or as needed, and in a format requested by the Department.

Authority: O.C.G.A. §§ 31-5A et. seq.

111-2-2-.34 Specific Review Considerations for Traumatic Brain Injury Facilities.

(1) **Applicability.** The following Rules apply to Traumatic Brain Injury Facilities defined herein as providing transitional living programs and/or life long living programs.

- (a) A Certificate of Need shall be required prior to the establishment of a new or the expansion of an existing Transitional Living Program. An application for Certificate of Need for a new or expanded Transitional Living Program shall be reviewed under the General Review Considerations of Rule 111-2-2-.09 and the service-specific review considerations of this Rule.
- (b) A Certificate of Need shall be required prior to the establishment of a new or the expansion of an existing Life Long Living Program. An application for Certificate of Need for a new or expanded Life Long Living Program shall be reviewed under the General Review Considerations of Rule 111-2-2-.09 and the service-specific review considerations of this Rule.

(2) **Definitions.**

- (a) 'Expansion' or 'Expanded Service' means increasing the number of beds in an existing Traumatic Brain Injury Facility or program; or an existing Traumatic Brain Injury Facility or program which makes expenditures which exceed the capital expenditure threshold; or an existing Traumatic Brain Injury Facility or program which seeks to add a program which it currently does not offer.
- (b) "Life Long Living Program" means such treatment and rehabilitative care as shall be delivered to traumatic brain injury clients who have been discharged from a more intense level of rehabilitation, but who cannot live at home independently, and who require on-going lifetime support. Such clients are medically stable, may have special needs, but need less than 24 hour per day medical support.
- (c) 'New' means a facility that has not operated as a Traumatic Brain Injury Facility in the previous twelve months. For purposes of these rules, an existing Traumatic Brain Injury Facility or program which proposes to be relocated to a location more than three miles from its present location shall be considered "new".
- (d) "Official State Health Component Plan" means the document related to Traumatic Brain Injury Facilities developed by the Department, established by the Georgia State Health Strategies Council and signed by the Governor of Georgia.
- (e) "Planning Region" means one of the twelve state service delivery regions established by O.C.G.A. § 50-4-7.
- (f) "Transitional Living Program" means such treatment and rehabilitative care as shall be delivered to traumatic brain injury clients who require education and training for

independent living with a focus on compensation for skills which cannot be restored. Such care prepares clients for maximum independence, teaches necessary skills for community interaction, works with clients on pre-vocational and vocational training and stresses cognitive, speech, and behavioral therapies structured to the individual needs of clients. Such clients are medically stable, may have special needs, but need less than 24 hour per day medical support.

- (g) "Traumatic Brain Injury" means a traumatic insult to the brain and its related parts resulting in organic damage thereto that may cause physical, intellectual, emotional, social, or vocational changes in a person. It shall also be recognized that a person having a traumatic brain injury may have organic damage or physical or social disorders, but shall not be considered mentally ill.
- (h) "Traumatic Brain Injury Facility" means a building or place which is devoted to the provision of residential treatment and rehabilitative care in a transitional living program or a life long living program for periods continuing for 24 hours or longer for persons who have traumatic brain injury. Such a facility is not classified by the Office of Regulatory Services of the Georgia Department of Human Resources or the Department as a hospital, nursing home, intermediate care facility or personal care home.

(3) **Standards.**

- (a) The need for a new or expanded transitional living program shall be established through the application of the demand-based need methodology as follows:

- 1. Step 1 – Calculate the Projected Number of Transitional Living Program Clients

- (i) Projected Total TBI Discharges - Project the number of TBI discharges in the planning horizon year (the third year) by multiplying the projected resident population in the service area by the statewide hospital discharge rate for acute care hospitals for patients with traumatic brain injury (TBI) diagnoses as determined by using the following ICD-9 diagnosis codes or by using updated codes if applicable: 800.1 to 800.4, 800.6 to 800.9, 801, 803.1 to 803.4, 803.6 to 803.9, 804.1 to 804.41, 804.6 to 804.9, 850.1 to 850.9, 851, 852, 853, 854, 907.0 to 907.11, 907.3 to 907.9.

- [Projected Resident Population X TBI Discharge Rate = Projected TBI Discharges]

- (ii) Projected Transitional Living Clients - Project the number of clients for Transitional Living Programs in the planning horizon year by multiplying the projected total TBI discharges by the estimated percent demand for transitional living which is two percent.

- [Projected TBI Discharges X .02 = Projected Transitional Living Clients]

- 2. Step 2 – Calculate the Projected Transitional Living Program Client Days of Care. The Projected Transitional Living Clients from Step 1 are multiplied by the expected average length of stay for a Transitional Living Program which is 300 days.

[Projected Transitional Living Clients X 300 Days = Projected Transitional Living Program Days of Care]

3. Step 3 – Calculate the Projected Number of Beds Needed for Transitional Living Programs

- (i) Projected Transitional Living Program Clients' Average Daily Census – Divide the Transitional Living Program client days from Step 2 by 365 days per year.

[Transitional Living Client Days / 365 = Projected Average Daily Census]

- (ii) Projected Number of Transitional Living Program Beds Needed – Divide the Average Daily Census by the Optimal Occupancy rate of 85 percent to determine the number of beds. Round fractions up to a whole bed.

[Projected Average Daily Census / .85 = Projected Transitional Living Program Beds]

(b) The need for a new or expanded Life Long Living Program shall be determined through the application of the demand-based need methodology as follows:

1. Step 1 – Estimate the number of Current Life Long Living Program Client Candidates

- (i) Estimated Prevalence Rate for TBI Clients Currently - Multiply the TBI discharge rate by 4. The TBI discharge rate should be determined by using the following ICD-9 diagnosis codes or by using updated codes if applicable: 800.1 to 800.4, 800.6 to 800.9, 801, 803.1 to 803.4, 803.6 to 803.9, 804.1 to 804.41, 804.6 to 804.9, 850.1 to 850.9, 851, 852, 853, 854, 907.0 to 907.11, 907.3 to 907.9.

- (ii) Estimated Current Life Long Living Candidates - Multiply the current estimated population in the service area by the estimated prevalence rate for TBI clients and then apply the demand factor for Life Long Living by multiplying by 0.5.

2. Step 2 – Project the number of New Clients for Life Long Living Programs. For each service area, project new clients for life long living for year one of the three year planning period by multiplying the projected service area population by the hospital discharge rate for Georgia acute care hospitals for patients with traumatic brain injury (TBI) diagnoses as determined using the following ICD-9 diagnosis codes or by using updated codes if applicable: 800.1 to 800.4, 800.6 to 800.9, 801, 803.1 to 803.4, 803.6 to 803.9, 804.1 to 804.41, 804.6 to 804.9, 850.1 to 850.9, 851, 852, 853, 854, 907.0 to 907.11, 907.3 to 907.9

3. Step 3 – Make an Annual Attrition Adjustment. Adjust for annual attrition due to death or discharge to another setting. The estimated existing clients (Step 1) are added to the projected new clients (Step 2) for life long living to

determine clients for year one. This number is multiplied by a ten percent attrition rate to account for death of clients or discharge to another setting.

4. Steps 4 and 5 – Estimating Clients for Life Long Living in Following Years. Estimate client numbers for year two of the planning period by repeating Steps 1 through 3 using projected population figures provided by the Office of Planning and Budget. Estimate client numbers for year three of the planning period by repeating Steps 1 through 3 using the appropriate population estimates.
- (c) An applicant for a new or expanded Traumatic Brain Injury Facility or program shall document that the establishment or expansion of its Facility or program will not have an adverse impact on existing and approved programs of the same type in its Planning Region. An applicant for a new or expanded Traumatic Brain Injury Facility or program shall have an adverse impact on existing and approved facilities or programs of the same type if it will:
1. decrease annual utilization of an existing facility or program, whose current utilization is at or above 85%, to a projected annual utilization of less than 75% within the first twelve months following the acceptance of the applicant's first patient; or
 2. decrease annual utilization of an existing facility or program, whose current utilization is below 85%, by ten percent over the twelve months following the acceptance of the applicant's first patient.

The applicant shall provide evidence of projected impact by taking into account existing planning region market share of facilities or programs of the same type and future population growth or by providing sufficient evidence that the current population is underserved by the existing Traumatic Brain Injury facility or program of the same type within the planning region.

- (d) The Department may grant an exception to the need methodologies of 111-2-2-.34(3)(a) and (3)(b) to remedy an atypical barrier to the services of a Traumatic Brain Injury Facility or program based on cost, quality, financial access or geographic accessibility.
- (e) Minimum bed size for a Traumatic Brain Injury Facility or program is six beds; A Life Long Living Program may not exceed thirty beds, except that an applicant for a new or expanded Life Long Living Program may be approved for total beds to exceed 30 beds only if the applicant provides documentation satisfactory to the Department that the program design, including staffing patterns and the physical plant, are such as to promote services which are of high quality, are cost-effective and are consistent with client needs.
- (f) An applicant for a new or expanded Traumatic Brain Injury Facility shall demonstrate the intent to meet the standards of the Commission on Accreditation of Rehabilitation Facilities (CARF) which apply to post acute brain injury programs and residential services within twenty-four (24) months of accepting its first patient. An applicant for an expanded Traumatic Brain Injury Facility or program shall be CARF-certified as of the date of its application and shall furnish proof of the certification as a part of the Certificate of Need application process.

- (g) An applicant for a new or expanded Traumatic Brain Injury Facility shall demonstrate the intent to meet the licensure Rules of the Georgia Department of Human Resources for such facilities. An applicant for an expanded Traumatic Brain Injury Facility or program shall demonstrate a lack of uncorrected deficiencies as documented by letter from the Georgia Department of Human Resources.
- (h) An applicant for a new or expanded Traumatic Brain Injury Facility shall have written policies and procedures for utilization review. Such review shall consider the rehabilitation necessity for the service, quality of client care, rates of utilization and other considerations generally accepted as appropriate for review.
- (i) An applicant for a new or expanded Traumatic Brain Injury Facility shall document the existence of referral arrangements, including transfer agreements, with an acute care hospital within the planning region to provide emergency medical treatment to any patient who requires such care. If the nearest acute-care hospital is in an adjacent planning region, the applicant may document the existence of transfer agreements with that hospital in lieu of such agreements with a hospital located within the planning region.
- (j) An applicant for a new or expanded Traumatic Brain Injury Facility shall document that the Facility will be financially accessible by:
 - 1. providing sufficient documentation that un-reimbursed services for indigent and charity patients in a new or expanded Facility shall be offered at a standard which meets or exceeds three percent of annual gross revenues for the Facility after provisions have been made for bad debt and Medicaid/Medicare contractual adjustments have been deducted. If an applicant, or any facility owned or operated by the applicant's parent organization, received a Certificate of Need (CON) for a Traumatic Brain Injury Facility and the CON included an expectation that a certain level of un-reimbursed indigent and/or charity care would be provided in the Facility(ies), the applicant shall provide sufficient documentation of the Facility's provision of such care. An applicant's history, or the history of any facility owned or operated by the applicant's parent organization, of not following through with a CON expectation of providing indigent and/or charity care at or above the level agreed to will constitute sufficient justification to deny an application; and
 - 2. agreeing to participate in the Medicare and Medicaid programs, whenever these programs are available to the Facility.
- (k) **Reserved.**
- (l) An applicant for a new or expanded Traumatic Brain Injury Facility shall document an agreement to provide the Department requested information and statistical data related to the operation of such a Facility and to report that information and statistical data to the Department on a yearly basis, and as needed, in a format requested by the Department and in a timely manner.

Authority: O.C.G.A. §§ 31-5A et. seq., 31-6 et. seq.

111-2-2-.35 Specific Review Considerations for Comprehensive Inpatient Physical Rehabilitation Services.

(1) Applicability.

- (a) A Certificate of Need shall be required prior to the establishment of a new or the expansion of an existing Comprehensive Inpatient Physical Rehabilitation Adult Program. An application for Certificate of Need for a new or expanded Comprehensive Inpatient Physical Rehabilitation Adult Program shall be reviewed under the General Review Considerations of Rule 111-2-2-.09 and the service-specific review considerations of this Rule.
- (b) A Certificate of Need shall be required prior to the establishment of a new or the expansion of an existing Comprehensive Inpatient Physical Rehabilitation Pediatric Program. An application for Certificate of Need for a new or expanded Comprehensive Inpatient Physical Rehabilitation Pediatric Program shall be reviewed under the General Review Considerations of Rule 111-2-2-.09 and the service-specific review considerations of this Rule.

(2) Definitions.

- (a) 'Adults' means persons eighteen (18) years of age and over. However, a CON-authorized or grandfathered Comprehensive Inpatient Physical Rehabilitation Adult Program will not be in violation of the CON laws and regulations if it provides service to a patient older than fifteen years if the provider has determined that such service is medically necessary, provided that the treatment days and patient census associated with patients sixteen and seventeen years of age do not exceed 10 percent of annual treatment days and annual census, respectively. Rehabilitation programs specifically focused towards treatment of spinal cord injuries and disorders and which existed prior to the effective date of this version of Rule 111-2-2-.35 shall not be subject to the adult age limitations; such programs may treat any patient aged twelve and over.
- (b) 'Comprehensive Inpatient Physical Rehabilitation Programs' means rehabilitation services, which have been classified by Medicare as an inpatient rehabilitation facility pursuant to 42 C.F.R. §412.23(b)(2), provided to a patient who requires hospitalization, which provides coordinated and integrated services that include evaluation and treatment, and emphasizes education and training of those served. The program is applicable to those individuals who require an intensity of services which includes, as a minimum, physician coverage 24 hours per day, seven days per week, with daily (at least five days per week) medical supervision, complete medical support services including consultation, 24-hour-per-day nursing, and daily (at least five days per week) multidisciplinary rehabilitation programming for a minimum of three hours per day. For regulatory purposes, the definition includes a program which asserts its intent to be Medicare-classified as an inpatient rehabilitation facility no later than twenty-four (24) months after accepting its first patient. If a program, which has been awarded a CON pursuant to this rule, has not been so classified by Medicare within the timeframe outlined above, the CON issued to that entity shall be revoked.
- (c) 'Expansion' and 'Expanded' mean the addition of beds to an existing CON-authorized or grandfathered Comprehensive Inpatient Physical Rehabilitation Program. However, a CON-authorized or grandfathered provider of Comprehensive Inpatient Physical Rehabilitation in a freestanding rehabilitation hospital may increase the bed capacity of an existing program by the lesser of ten percent of existing capacity or 10 beds if it has maintained an average occupancy of 85 percent for the previous twelve calendar

months provided that there has been no such increase in the prior two years and provided that the capital expenditures associated with the increase do not exceed the capital expenditure threshold. If such an increase exceeds the capital expenditure threshold, the increase will be considered an expansion for which a Certificate of Need shall be required under these Rules.

- (d) 'Freestanding Rehabilitation Hospital' means a specialized hospital organized and operated as a self-contained health care facility that provides one or more rehabilitation programs and which has been classified as an inpatient rehabilitation facility by the Medicare program pursuant to 42 C.F.R. §412.23(b)(2). For regulatory purposes, the definition includes a hospital which asserts its intent to be Medicare-classified as an inpatient rehabilitation facility no later than twenty-four (24) months after accepting its first patient. If an entity, which has been awarded a CON pursuant to this rule, has not been so classified by Medicare within the timeframe outlined above, the CON issued to that entity shall be revoked. An entity, which has had its CON revoked pursuant to this rule, shall not have the authority to operate as a general acute care hospital.
- (e) 'New' means a Program that has not been classified by the Medicare program as a rehabilitation hospital or program in the previous twelve months. Adult programs described in 111-2-2-.35(1)(a) and pediatric programs described in 111-2-2-.35(1)(b) shall be considered independent programs such that a provider seeking to add a program not offered by that provider in the previous twelve months shall be considered to be offering a new program for which a Certificate of Need must be obtained. For purposes of these rules, an existing program which proposes to be relocated to a location more than three miles from its present location shall be considered "new".
- (f) 'Official State Health Component Plan' means the document related to Physical Rehabilitation Programs and Services developed by the Department, established by the Georgia Health Strategies Council and signed by the Governor of Georgia.
- (g) 'Pediatric' means persons seventeen years of age and under. However, a CON-authorized or grandfathered Comprehensive Inpatient Rehabilitation Pediatric Program will not be in violation of the CON laws and regulations if it provides service to a patient younger than twenty-two years if the provider has determined that such service is medically necessary, provided that the treatment days and patient census associated with patients eighteen, nineteen, twenty, and twenty-one years of age do not exceed 10 percent of annual treatment days and annual census, respectively. Rehabilitation programs specifically focused towards treatment of spinal cord injuries and disorders and which existed prior to the effective date of this version of Rule 111-2-2-.35 shall not be subject to the pediatric age limitations; such programs may treat any patient aged twelve and over.
- (h) 'Planning Region' means one of the four sub-state regions for Physical Rehabilitation Programs and Services as follows:

1. Rehabilitation Region 1, including the following counties:

Dade, Walker, Catoosa, Whitfield, Murray, Gilmer, Fannin, Union, Towns, Rabun, Stephens, Habersham, White, Lumpkin, Dawson, Pickens, Gordon, Chattooga, Floyd, Bartow, Cherokee, Forsyth, Hall, Banks, Franklin, Hart, Elbert, Madison, Jackson, Barrow, Gwinnett, Fulton, Cobb, Paulding, Polk, Haralson, Carroll, Douglas, DeKalb, Rockdale, Walton, Oconee, Clarke,

Oglethorpe, Greene, Morgan, Newton, Butts, Henry, Clayton, Fayette, Coweta, Heard, Troup, Meriwether, Pike, Spalding, Lamar, and Upson

2. Rehabilitation Region 2, including the following counties:

Wilkes, Lincoln, Columbia, McDuffie, Warren, Taliaferro, Hancock, Glascock, Putnam, Jasper, Monroe, Jones, Baldwin, Washington, Jefferson, Richmond, Burke, Screven, Jenkins, Emmanuel, Johnson, Treutlen, Montgomery, Wheeler, Telfair, Wilcox, Dodge, Laurens, Pulaski, Bleckley, Houston, Peach, Twiggs, Wilkinson, Bibb, and Crawford

3. Rehabilitation Region 3, including the following counties:

Harris, Talbot, Taylor, Muscogee, Chattahoochee, Marion, Schley, Macon, Dooly, Sumter, Webster, Stewart, Quitman, Randolph, Terrell, Lee, Crisp, Ben Hill, Irwin, Turner, Worth, Dougherty, Calhoun, Clay, Early, Baker, Mitchell, Colquitt, Miller, Cook, Tift, Berrien, Lanier, Echols, Lowndes, Brooks, Thomas, Grady, Decatur, and Seminole

4. Rehabilitation Region 4, including the following counties:

Effingham, Bulloch, Candler, Toombs, Tattnall, Evans, Bryan, Chatham, Liberty, Long, Wayne, Appling, Jeff Davis, Coffee, Bacon, Pierce, Brantley, McIntosh, Glynn, Camden, Charlton, Ware, Atkinson, and Clinch

(3) **Service Specific Review Standards.**

(a) The need for a new or expanded Comprehensive Inpatient Physical Rehabilitation Program shall be determined and applied as follows:

1. The need for new or expanded Comprehensive Inpatient Physical Rehabilitation Adult Program in a planning region shall be determined using the following demand-based need projection:

- (i) Determine the comprehensive inpatient physical rehabilitation utilization rate per 1,000 for the current year for each planning region by dividing the total number of inpatient physical rehabilitation discharges from licensed providers of inpatient rehabilitation in the planning region for patients aged 18 and over by current year projected resident population (aged 18 and over) for the planning region and multiplying by 1,000. The source of current year discharge data for purposes of this rule include data collected pursuant to O.C.G.A. § 31-7-280(c)(14), or in the Department's discretion, discharge data collected on the most recent Annual Hospital Questionnaire. The source for current and horizon year resident population shall be resident population projections from the Governor's Office of Planning and Budget. For the first Horizon Year projection using this rule, and for the first horizon year projection only, the utilization rate per 1,000 for each planning region shall be reduced by 16 percent to account for anticipated utilization reduction after full implementation of the Center for Medicare and Medicaid Services' (CMS) 75% rule.

- (ii) Calculate the projected horizon year discharges for each planning region by multiplying the planning region utilization rate obtained in Step (i) by the horizon year resident population projection (aged 18 and over) for that planning region.
 - (iii) Determine the comprehensive inpatient physical rehabilitation average length of stay for the current year for each planning region by dividing the total number of inpatient physical rehabilitation discharge days of care from licensed providers of inpatient rehabilitation in the planning region for patients aged 18 and over by the current year inpatient rehabilitation discharges determined in Step (i).
 - (iv) Multiply the projected discharges obtained in Step (ii) by the current year's average length of stay (aged 18 and over) determined in Step (iii) to determine the horizon year projected patient days for each planning region.
 - (v) Divide the product obtained in Step (iv) by the number of calendar days in the horizon year to obtain the average projected daily census in each planning region.
 - (vi) Divide the result obtained in Step (v) by .85 to determine the number of projected beds utilizing an 85% capacity standard for each planning region.
 - (vii) Determine the current inventory of comprehensive inpatient physical rehabilitation beds for adults in the planning region from Departmental data. For all CIPR providers, which have been licensed as a Rehabilitation Hospital by the Department of Human Resources, the current inventory of CIPR beds shall reflect the number of beds reported as CON-authorized in the Facility Inventory prior to the date of adoption of these rules augmented from that time forward only by increases in bed capacity approved through the CON process (or by exemptions thereto) and by decreases due to a provider ceasing to provide such services for a period in excess of 12 months. For purposes of this rule, the initial inventory shall not include the beds of licensed Long Term Care Hospitals; the beds of such facilities shall be included in the applicable Long Term Care Hospital inventory.
 - (viii) If the projected bed need in Step (vi) is greater than the current inventory of adult CIPR beds in the planning region, the application for the Certificate of Need should reflect a number of beds equal to or lesser than the resulting unmet bed need.
2. The need for new or expanded Comprehensive Inpatient Physical Rehabilitation Pediatric Program in a planning region shall be determined using the following demand-based need projection:
- (i) Determine the comprehensive inpatient physical rehabilitation utilization rate per 1,000 for the current year for each planning region by dividing the total number of inpatient physical rehabilitation discharges from licensed providers of inpatient

rehabilitation in the planning region for patients aged 17 and under by current year resident population (aged 17 and under) for the planning region. The source of current year discharge data for purposes of this rule include data collected pursuant to O.C.G.A. § 31-7-280(c)(14), or in the Department's discretion, discharge data collected on the most recent Annual Hospital Questionnaire.

- (ii) Calculate the projected horizon year discharges for each planning region by multiplying the planning region utilization rate obtained in Step (i) by the horizon year resident population projection (aged 17 and under) for that planning region.
- (iii) Determine the comprehensive inpatient physical rehabilitation average length of stay for the current year for each planning region by dividing the total number of inpatient physical rehabilitation discharge days of care from licensed providers of inpatient rehabilitation in the planning region for patients aged 17 and under by the current year inpatient rehabilitation discharges determined in Step (i)
- (iv) Multiply the projected discharges obtained in Step (ii) by the current year's average length of stay (aged 17 and under) determined in Step (iii) to determine the horizon year projected patient days for each planning region.
- (v) Divide the product obtained in Step (iv) by the number of calendar days in the horizon year to obtain the average projected daily census in each planning region.
- (vi) Divide the result obtained in Step (v) by .85 to determine the number of projected beds utilizing an 85% capacity standard for each planning region.
- (vii) Determine the current inventory of comprehensive inpatient physical rehabilitation beds for pediatric patients in the planning region from Departmental data. For all CIPR providers, which have been licensed as a Rehabilitation Hospital by the Department of Human Resources, the current inventory of CIPR beds shall reflect the number of beds reported as CON-authorized in the Facility Inventory prior to the date of adoption of these rules augmented from that time forward only by increases in bed capacity approved through the CON process (or by exemptions thereto) and by decreases due to a provider ceasing to provide such services for a period in excess of 12 months. For purposes of this rule, the initial inventory shall not include the beds of licensed Long Term Care Hospitals; the beds of such facilities shall be included in the applicable Long Term Care Hospital inventory.
- (viii) If the projected bed need in Step (vi) is greater than the current inventory of pediatric CIPR beds in the planning region, the application for the Certificate of Need should reflect a number of beds equal to or lesser than the resulting unmet bed need.

(b) An applicant for a new or expanded Comprehensive Inpatient Physical Rehabilitation Program shall document that the establishment or expansion of its program will not have an adverse impact on existing and approved programs of the same type in its planning region. An applicant for a new or expanded Comprehensive Inpatient Physical Rehabilitation Program shall have an adverse impact on existing and approved programs of the same type if it will:

1. decrease annual decrease annual utilization of an existing program, whose current utilization is at or above 85%, to a projected annual utilization of less than 75% within the first twelve months following the acceptance of the applicant's first patient; or
2. decrease annual utilization of an existing program, whose current utilization is below 85%, by 10 percent over the twelve months following the acceptance of the applicant's first patient.

(c) The Department may grant the following exceptions:

1. The Department may grant an exception to the need methodology of 111-2-2-.35(3)(a)1 and to the adverse impact standard of 111-2-2-.35(3)(b) for an applicant proposing a program to be located in a county with a population of less than 75,000 and to be located a minimum of 50 miles away from any existing program in the state.
2. The Department may grant an exception to the need methodologies of either 111-2-2-.35(3)(a)1 or 111-2-2-.35(3)(a)2 and to the adverse impact standard of 111-2-2-.35(3)(b) to remedy an atypical barrier to Comprehensive Inpatient Physical Rehabilitation Programs based on cost, quality, financial access or geographic accessibility or if the applicant's annual census demonstrates 30 percent out of state utilization for the previous two years.
3. The Department may grant an exception to the need methodologies of 111-2-2-.35(3)(a)(1) or 111-2-2-.35(3)(a)(2) in a planning area which has no existing provider provided that the applicant demonstrates a need for the service based on patient origin data.

(d) A new Comprehensive Inpatient Physical Rehabilitation Program shall have the following minimum bed sizes based on type of program offered:

1. A new Comprehensive Inpatient Physical Rehabilitation Adult Program shall have a minimum bed size of 20 beds in a freestanding rehabilitation hospital already offering another Comprehensive Inpatient Physical Rehabilitation Program, 20 beds ~~or~~ in an acute-care hospital, and 40 beds for a new freestanding rehabilitation hospital not already offering another Comprehensive Inpatient Physical Rehabilitation Program.
2. A new Comprehensive Inpatient Physical Rehabilitation Pediatric Program shall have a minimum of 10 beds in a freestanding rehabilitation hospital already offering another Comprehensive Inpatient Physical Rehabilitation Program, 10 beds in an acute-care hospital, and 40 beds for a new freestanding rehabilitation hospital not already offering another Comprehensive Inpatient Physical Rehabilitation Program.

- (e) An applicant for a new Comprehensive Inpatient Physical Rehabilitation Program shall demonstrate the intent to meet the standards of the Commission on Accreditation of Rehabilitation Facilities (CARF) applicable to the type of Program to be offered within 18 months of offering the new service.
- (f) An applicant for an expanded Comprehensive Inpatient Physical Rehabilitation Program shall be accredited by the Commission on Accreditation of Rehabilitation Facilities ("CARF") for the type of Program which the applicant seeks to expand prior to application. The applicant must provide proof of such accreditation.
- (g) An applicant for a new freestanding rehabilitation hospital shall demonstrate the intent to meet the licensure Rules of the Georgia Department of Human Resources for such hospitals.
- (h) An applicant for an expanded freestanding rehabilitation hospital shall demonstrate a lack of uncorrected deficiencies as documented by letter from the Georgia Department of Human Resources.
- (i) An applicant for a new or expanded Comprehensive Inpatient Physical Rehabilitation Program shall have written policies and procedures for utilization review. Such review shall consider, but is not limited to, factors such as medical necessity, appropriateness and efficiency of services, quality of patient care, and rates of utilization.
- (j) An applicant for a new or expanded freestanding rehabilitation hospital shall document the existence of referral arrangements, including transfer agreements with an acute-care hospital(s) within the planning region to provide emergency medical treatment to any patient who requires such care. If the nearest acute-care hospital is in an adjacent planning region, the applicant may document the existence of transfer agreements with that hospital in lieu of such agreements with a hospital located within the planning region.
- (k) An applicant for a new or expanded Comprehensive Inpatient Physical Rehabilitation Program shall foster an environment that assures access to services to individuals unable to pay and regardless of payment source or circumstances by the following:
 - 1. providing evidence of written administrative policies and directives related to the provision of services on a nondiscriminatory basis;
 - 2. providing a written commitment that un-reimbursed services for indigent and charity patients in the service will be offered at a standard which meets or exceeds three percent of annual gross revenues for the service after Medicare and Medicaid contractual adjustments and bad debt have been deducted; and
 - 3. providing documentation of the demonstrated performance of the applicant, and any facility in Georgia owned or operated by the applicant's parent organization, of providing services to individuals unable to pay based on the past record of service to Medicare, Medicaid, and indigent and charity patients, including the level of un-reimbursed indigent and charity care.
- (l) **Reserved.**
- (m) An applicant for a new or expanded Comprehensive Inpatient Physical Rehabilitation Program shall agree to provide the State Health Department with requested

information and statistical data related to the operation of such a Program on a yearly basis, or as needed, and in a format requested by the Department.

Authority: O.C.G.A. §§ 31-5A et. seq., 31-6 et. seq.

111-2-2-36 Specific Review Considerations for Long Term Care Hospitals.

(1) **Applicability.** A Certificate of Need shall be required prior to the establishment of a new or the expansion of an existing Long Term Care Hospital. An application for Certificate of Need for a new or expanded Long Term Care Hospital shall be reviewed under the General Review Considerations of Rule 111-2-2-.09 and the service-specific review considerations of this Rule.

(2) Definitions.

- (a) 'Expansion' or 'Expanded' means the addition of beds to an existing CON-authorized or grandfathered Long Term Care Hospital. A CON-authorized or grandfathered Long Term Care Hospital may increase the bed capacity of an existing hospital by the lesser of ten percent of existing capacity or 10 beds if it has maintained an average occupancy of 85 percent for the previous twelve calendar months provided that there has been no such increase in the prior two years and provided that the capital expenditures associated with the increase do not exceed the Capital Expenditure Threshold. If such an increase exceeds the Capital Expenditure Threshold, the increase will be considered an expansion for which a Certificate of Need shall be required under these Rules.
- (b) 'Free-standing LTCH' or 'Free-standing LTACH' means a Long Term Care Hospital organized and operated as a self-contained health care facility.
- (c) 'Hospital-within-a-Hospital LTCH' or 'Hospital-within-a-Hospital LTACH' means a Long Term Care Hospital co-located within the same building or the same campus as another CON-Authorized hospital.
- (d) 'Long Term Care Hospital' or 'LTCH' or 'Long Term Acute Care Hospital' or 'LTACH' means a hospital that is classified as a long term hospital by the Medicare program pursuant to 42 CFR 412.23(e). These hospitals typically provide extended medical and rehabilitative care for patients who are clinically complex and may suffer from multiple acute or chronic conditions. Services typically include comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management. For regulatory purposes, the definition includes a hospital which asserts its intent to be Medicare-classified as a long term hospital within twenty-four (24) months of accepting its first patient. If an entity, which has been awarded a CON pursuant to this rule, has not been so classified by Medicare within this timeframe, the CON issued to that entity shall be revoked. An entity, which has had its CON revoked pursuant to this rule, shall not have the authority to operate as a general acute care hospital. However, an acute care hospital, which has been awarded a CON to convert acute care beds for use as a long term care hospital, may again use such beds for acute care if such beds have not been Medicare-classified as a long term care hospital within twenty-four (24) months of accepting its first patient. Furthermore, a hospital that has been approved through the certificate of need process to use all of its short-stay beds for a Freestanding LTCH shall have such beds removed from the official inventory of available short-stay beds when the LTCH is certified by Medicare; provided, however, that the hospital's beds will revert to the

official inventory of available short-stay beds at any point that the facility ceases to be certified by Medicare as an LTCH.

- (e) 'New' means a hospital that has not been classified by the Medicare program as a long term hospital in the previous twelve months. For purposes of these rules, an existing hospital which proposes to be relocated to a location more than three miles from its present location shall be considered "new".
- (f) 'Occupancy Rate' means the ratio of beds occupied by inpatients as reported on the most recent Annual Hospital Questionnaire divided by the total licensed beds.
- (g) 'Official State Health Component Plan' means the document related to Long Term Care Hospitals developed by the Department, established by the Georgia Health Strategies Council and signed by the Governor of Georgia.
- (h) 'Planning Region' means one of the four sub-state regions for Long Term Care Hospitals, as follows:

1. LTCH Region 1, including the following counties:

Dade, Walker, Catoosa, Whitfield, Murray, Gilmer, Fannin, Union, Towns, Rabun, Stephens, Habersham, White, Lumpkin, Dawson, Pickens, Gordon, Chattooga, Floyd, Bartow, Cherokee, Forsyth, Hall, Banks, Franklin, Hart, Elbert, Madison, Jackson, Barrow, Gwinnett, Fulton, Cobb, Paulding, Polk, Haralson, Carroll, Douglas, DeKalb, Rockdale, Walton, Oconee, Clarke, Oglethorpe, Greene, Morgan, Newton, Butts, Henry, Clayton, Fayette, Coweta, Heard, Troup, Meriwether, Pike, Spalding, Lamar, and Upson

2. LTCH Region 2, including the following counties:

Wilkes, Lincoln, Columbia, McDuffie, Warren, Taliaferro, Hancock, Glascock, Putnam, Jasper, Monroe, Jones, Baldwin, Washington, Jefferson, Richmond, Burke, Screven, Jenkins, Emmanuel, Johnson, Treutlen, Montgomery, Wheeler, Telfair, Wilcox, Dodge, Laurens, Pulaski, Bleckley, Houston, Peach, Twiggs, Wilkinson, Bibb, and Crawford

3. LTCH Region 3, including the following counties:

Harris, Talbot, Taylor, Muscogee, Chattahoochee, Marion, Schley, Macon, Dooly, Sumter, Webster, Stewart, Quitman, Randolph, Terrell, Lee, Crisp, Ben Hill, Irwin, Turner, Worth, Dougherty, Calhoun, Clay, Early, Baker, Mitchell, Colquitt, Miller, Cook, Tift, Berrien, Lanier, Echols, Lowndes, Brooks, Thomas, Grady, Decatur, and Seminole

4. LTCH Region 4, including the following counties:

Effingham, Bulloch, Candler, Toombs, Tattnall, Evans, Bryan, Chatham, Liberty, Long, Wayne, Appling, Jeff Davis, Coffee, Bacon, Pierce, Brantley, McIntosh, Glynn, Camden, Charlton, Ware, Atkinson, and Clinch

(3) **Service-Specific Review Standards.**

- (a) The need for new or expanded Long Term Care Hospital in a LTCH planning region shall be determined using the following need projection:

1. Determine the total discharges from general acute care hospitals less LTCH discharges, and less perinatal and neonatal discharges, and less psychiatric and substance abuse discharges, and less comprehensive inpatient physical rehabilitation discharges for the planning region in which the Long Term Care Hospital is or will be located. The source of discharge data for purposes of this rule include data collected pursuant to O.C.G.A. § 31-7-280(c)(14), or in the Department's discretion, discharge data collected on the most recent Annual Hospital Questionnaire.
2. Calculate the discharge rate for each planning region by dividing the number of current acute care discharges obtained in Step 1 in each planning region by the corresponding year's resident population projection from the Governor's Office of Planning and Budget in each planning region.
3. Calculate the projected discharges for each planning region by multiplying the discharge rate obtained in Step 2 by the horizon year resident population projection for that planning region and then reduce that figure by 6 percent to account for overlap with rehabilitation facilities.
4. Calculate gross beds needed in the horizon year as follows:
 - (i) Multiply the projected discharges obtained in Step 3 by a utilization factor of 1.3% to determine the projected number of acute care discharge who may benefit from services at a LTCH.
 - (ii) Multiply the product obtained in Step 4(i) by the average LTCH length of stay for the most recent previous three-year period. Beginning with the first need calculation and continuing until the third complete year of survey data collected pursuant to this rule, the Department shall use 28.1 as a proxy for the average LTCH length of stay for the previous three years.
 - (iii) Divide the product obtained in Step 4(ii) by 365 to determine the projected daily LTCH census.
 - (iv) Divide the result obtained in Step 4(iii) by .85 to determine the number of projected LTCH beds utilizing an 85% capacity standard.
5. Determine the current inventory of LTCH beds in the planning region from Departmental data. For all long term care hospital providers, which have been licensed as a Long Term Care Hospital by the Department of Human Resources, the current inventory of LTCH beds shall reflect the number of beds reported as CON-authorized in the Facility Inventory prior to the date of adoption of these rules augmented from that time forward only by increases in bed capacity approved through the CON process (or by exemptions thereto) and by decreases due to a provider ceasing to provide such services for a period in excess of 12 months. For purposes of this rule, the initial inventory shall not include the beds of licensed rehabilitation hospitals even if such hospitals have a reported average length of stay of greater than 25 days for Medicare patients; the beds of such facilities shall continue to be included in the applicable Comprehensive Inpatient Physical Rehabilitation inventory.

6. If the projected LTCH bed need in Step 4(iv) is greater than the current inventory of LTCH beds in the planning region, the application for the Certificate of Need should reflect a number of beds equal to or lesser than the resulting unmet bed need.
- (b) An applicant for a new or expanded Long Term Care Hospital shall document that the establishment or expansion of its hospital will not have an adverse impact on an existing and approved long term care hospital in its planning region. An applicant for a new or expanded Long Term Care Hospital shall have an adverse impact on existing and approved hospitals of the same type if it will:
1. decrease annual utilization of an existing hospital, whose current utilization is at or above 85%, to a projected annual utilization of less than 75% within the first twelve months following the acceptance of the applicant's first patient; or
 2. decrease annual utilization of an existing hospital, whose current utilization is below 85%, by ten percent over the twelve months following the acceptance of the applicant's first patient.

The applicant shall provide evidence of projected impact by taking into account existing planning region market share of hospitals of the same type and future population growth or by providing sufficient evidence that the current population is underserved by the existing Long Term Care Hospitals within the planning region.

- (c) The Department may grant an exception to the need methodology of 111-2-2-.36(3)(a) and to the adverse impact standard of 111-2-2-.36(3)(b) for an applicant proposing a program to be located in a county with a population of less than 75,000 and to be located a minimum of 50 miles away from any existing program in the state; or to remedy an atypical barrier to the services of an Long Term Care Hospital based on cost, quality, financial access or geographic accessibility. The Department may grant an exception to the need methodologies of either 111-2-2-.36(3)(a) and to the adverse impact standard of 111-2-2-.36(3)(b) if the applicant's annual census demonstrates 30 percent out of state utilization for the previous two years.
- (d) A new or expanded Long Term Care Hospital shall have the following minimum bed sizes:
1. A new freestanding LTCH shall have a minimum bed size of forty (40) beds.
 2. A new Hospital-within-a-Hospital LTCH shall have a minimum bed size of twenty (20) beds.
 3. The minimum number of beds for the expansion of an existing Long Term Care Hospital, including satellite locations, shall be ten (10) beds or ten percent (10%) of the total current licensed bed total of current Long Term Care Hospital, whichever is less.
- (e) An applicant for a new Long Term Care Hospital shall demonstrate the intent to meet the standards of the Joint Commission on the Accreditation of Healthcare Organizations within twenty-four (24) months of accepting its first patient. An applicant for an expanded Long Term Care Hospital shall be JCAHO-certified as of the date of its application and shall furnish proof of the certification as a part of the Certificate of Need application process.

- (f) An applicant for a new Long Term Care Hospital shall demonstrate the intent to meet the Licensure Rules of the Georgia Department of Human Resources for such hospitals. An applicant for an expanded Long Term Care Hospital shall demonstrate a lack of uncorrected deficiencies as documented by letter from the Georgia Department of Human Resources.
- (g) An applicant for a new or expanded Long Term Care Hospital shall have written policies and procedures for utilization review. Such review shall consider, but is not limited to, factors such as medical necessity, appropriateness and efficiency of services, quality of patient care, and rates of utilization.
- (h) An applicant for a new or expanded Long Term Care Hospital shall document the existence of referral arrangements, including transfer agreements, with an acute-care hospital(s) within the planning region to provide emergency medical treatment to any patient who requires such care. If the nearest acute-care hospital is in an adjacent planning region, the applicant may document the existence of transfer agreements with that hospital in lieu of such agreements with a hospital located within the planning region.
- (i) An applicant for a new or expanded Long Term Care Hospital shall foster an environment that assures access to services to individuals unable to pay and regardless of payment source or circumstances by the following:
 1. providing evidence of written administrative policies and directives related to the provision of services on a nondiscriminatory basis;
 2. providing a written commitment that un-reimbursed services for indigent and charity patients in the service will be offered at a standard which meets or exceeds three percent of annual gross revenues for the service after Medicare and Medicaid contractual adjustments and bad debt have been deducted;
 3. providing documentation of the demonstrated performance of the applicant, and any facility in Georgia owned or operated by the applicant's parent organization, of providing services to individuals unable to pay based on the past record of service to Medicare, Medicaid, and indigent and charity patients, including the level of un-reimbursed indigent and charity care;
 4. providing documentation of current or proposed charges and policies, if any, regarding the amount or percentage of charges that charity patients, self pay patients, and the uninsured will be expected to pay; and
 5. agreeing to participate in the Medicare and Medicaid programs if such programs reimburse for such services.
- (j) **Reserved.**
- (k) An applicant for a new or expanded Long Term Care Hospital shall agree to provide the Department with requested information and statistical data related to the operation of such a Program on a yearly basis, or as needed, and in a format requested by the Department.

Authority: O.C.G.A. §§ 31-5A et. seq., 31-6 et. seq.

IMPORTANT INFORMATION FROM:



PEACHTREE STREET BRIDGE REPLACEMENT AT FIVE POINTS

PROJECT CONSISTS OF 0.19 KILOMETER (0.12 mile) OF BRIDGE RECONSTRUCTION AND APPROACHES ON PEACHTREE STREET OVER THE CSX RAILROAD (BETWEEN UNDERGROUND ATLANTA AND THE FIVE POINTS MARTA STATION). FOR MORE INFORMATION VISIT THE GEORGIA DOT WEBSITE BELOW OR CALL (770) 986-1011:

<http://www.dot.state.ga.us/specialsubjects/roadconstruction/peachtreestbridge/index.shtml>

- **ATTENTION:** Peachtree Street will be closed to vehicle traffic beginning at 6:00 a.m. on Sunday, July 23, 2006 between Alabama Street and Marietta Street/Decatur Street and will remain closed throughout the duration of the project. The projected re-open date is Monday, February 26, 2008.
- Detours will be in place throughout the duration of the project. Message boards located at strategic points around the project will direct traffic through the detours. (See map detail on the back of this page for detour routes.)
- Some bus routes will be adjusted. For more information on any changes to the bus routes, visit the web site or call the appropriate transit agency below:
MARTA: <http://www.itsmarta.com> (404) 848-5000
Cobb Community Transit: <http://www.cobbdot.org/cct.htm> (770) 427-4444
Gwinnett County Transit: <http://www.gctransit.com> (770) 822-5010
GRTA Xpress: <http://www.xpressga.com> (404) 463-4782
- Pedestrian detours will also be in place.
- Peachtree Street entrances to the No. 2 Peachtree Street Building, the Wachovia Bank Building and the 5 Points Plaza Building will be closed during construction, however, entrances to those buildings along adjacent streets will be available. MARTA's Five Points Station Peachtree Street Entrance will remain open throughout construction.
- There will be an aesthetically pleasing security fence, as well as concrete barrier around the work area. A 5-foot pedestrian passage will be maintained, but limited, around the exterior of the security fence. No pedestrian traffic will be allowed underneath the bridge during construction.
- Lower Wall Street will be closed throughout the construction phase. A temporary loading dock for the No. 2 Peachtree Street building will be provided on Lower Wall Street on the northwest side of the Peachtree Street Bridge.
- If you have questions please email:

mark.mckinnon@dot.state.ga.us

Thank you for your patience and continued support.

