



**Certificate of Need Batching Review Cycle Notification for  
Neonatal Intermediate Care Services  
October 1, 2024**

**Please Note the Filing Procedures Below.** This notice is issued in compliance with Ga. Comp. R. & Regs. r. 111-2-2-.08(1) of the Batching Review Process and in accordance with O.C.G.A. § 31-6-43(e).

The Department of Community Health, Office of Health Planning, **will** accept and review Certificate of Need applications for new or expanded Neonatal Intermediate Care Services for providers in the State Service Delivery Region (SSDR), as outlined herein. A map of the SSDRs is attached at page 4. Pursuant to Ga. Comp. R. & Regs. r. 111-2-2-.24(3)(a)2, the Department shall authorize the submission of applications for new or expanded Neonatal Intermediate Care Services as follows:

State Service Delivery Region 10 – Projected Net Beds: 7

The Department’s next assessment of need for new or expanded Neonatal Intermediate Care Services will occur on or around **March 31, 2025**.

The Department **is not** soliciting and **will not** accept applications for new or expanded Neonatal Intermediate Care Services filed pursuant to the exceptions to the need methodology referenced in Ga. Comp. R. & Regs. r. 111-2-2-.24(3)(b).

**All** applications must be submitted in accordance with all provisions of Ga. Comp. R. & Regs. r. 111-2-2-.06(1), 111-2-2-.08(1), and 111-2-2-.24, pursuant to O.C.G.A. § 31-6-43.

**Notices of Intent**

Pursuant to Ga. Comp. R. & Regs. r. 111-2-2-.06(1) and 111-2-2-.08(1), all parties interested in applying must notify the Department in writing of that party’s intent to apply using the Letter of Intent Form found on the Department’s website at [www.dch.georgia.gov/con-applications-and-forms](http://www.dch.georgia.gov/con-applications-and-forms). The Department will not accept any notices of intent submitted by either telephone, mail, facsimile, or e-mail pursuant to Ga. Comp. R. & Regs. r. 111-2-2-.08(1)(c)1. Notices of intent must be submitted electronically at <https://dch.georgia.gov/office-health-planning-applications-and-requests-forms-0>. **In-person filings are no longer accepted.** Pursuant to Ga. Comp. R. & Regs. r. 111-2-2-.08(1)(c)2, the notice of intent is due and must be received by the Department no later than the close of business (5:00 P.M.) on **Thursday, October 31, 2024**.

*In the event that the Department fails to receive the notice of intent by the stated deadline, the interested party is automatically disqualified from applying during this batching cycle in accordance with Ga. Comp. R. & Regs. r. 111-2-2-.08(1)(c)4.*

**Submitting the Certificate of Need Application**

Pursuant to Ga. Comp. R. & Regs. r. 111-2-2-.08(1)(d), to participate in this review cycle, any interested party must have, in the Department's office, subject to a properly submitted notice of intent to apply, a properly submitted application. The application is due and must be received no later than **12:00 P.M. on Monday, November 25, 2024**. **No exceptions to this requirement will be made.** Any application received after the deadline is precluded from participating in the current batching cycle. For purposes of batching only and pursuant to Ga. Comp. R. & Regs. r. 111-2-2-.08(1)(e), an application will only be deemed properly submitted if the following requirements, in addition to the requirements of Ga. Comp. R. & Regs. r. 111-2-2-.06(5), are met:

A signed copy of the application, and correct filing fee are submitted in the proper form pursuant to Ga. Comp. R. & Regs. r. 111-2-2-.06(3)(a).

- The application must include (at Appendix A) a documented statement from the Office of Health Planning certifying that all required data surveys have been submitted to the Department and are complete.
- All of the items and information addressed in the Completeness Checklist are provided, as certified, in the "Application Certification" on page 39 of the original application. Please include a current **Certificate of Existence** in addition to any other required authorizing documents. Please note that completion of the Completeness Checklist does not mean that your application is indeed complete as the Department will need to verify the adequacy and completeness of the materials provided.
- Pursuant to Ga. Comp. R. & Regs. r. 111-2-2-.06(5)(b)7, the applicant must file a copy of the Certificate of Need application with the office of the County Commissioner of the county in which the project exists or is proposed. The applicant shall submit with the application, in Appendix A, an exact copy of the letter addressed and submitted to the County Commission that accompanied the submittal of the application to the County Commission.

### **Filing Fees**

Pursuant to Ga. Comp. R. & Regs. r. 111-2-2-.06(4), payment of a filing fee is required, except as otherwise indicated. The amount of the filing fee is determined by the cost of a proposed project according to the following schedule.

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

In accordance with Ga. Comp. R. & Regs. r. 111-2-2-.06(4)(c), the Department will accept payment of the filing fee by credit/debit card via the electronic payment system on the Department's website, as available, or by **certified** check, or money order made payable to the State of Georgia.

Payment of the filing fee must be **received** by the Department no later than the application deadline in order for an application to be deemed complete and accepted for review. **Submission of a copy of a certified check or money order that will be remitted to the Department does not constitute receipt of payment.** Failure to provide payment of the appropriate fee by the deadline will result in the application being deemed incomplete and not accepted for review. For the purposes of batching only, an application that is not deemed

to be properly submitted and complete by the application deadline, as discussed above, will not be accepted, but will be disqualified from the batching review. Ga. Comp. R. & Regs. r. 111-2-2-.08(1)(f).

### **Application Forms**

All applications must be submitted electronically through the Department's website at <https://dch.georgia.gov/office-health-planning-applications-and-requests-forms-0>. **In-person filings are no longer accepted.**

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

*The Department will not accept any information or documents by telephone or facsimile in accordance with Ga. Comp. R. & Regs. r. 111-2-2-.06(6).*

### **Batching Cycle Review Process, generally**

Pursuant to Ga. Comp. R. & Regs. r. 111-2-2-.08(1)(g), the batching review cycle will last 120 days. As a result, no party participating in the review process, including the Department, shall either request or be granted an extension of time past the 120th day. The first day of the batching review cycle is the day upon which all properly submitted applications are deemed to be received. Additional deadlines will be provided during the review of each application.

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

# STATE SERVICE DELIVERY REGIONS

Amended Effective July 1, 2005

