

## Overview of Sample State Plans' Contents – Criteria/Standards/Methodologies

	<i>State</i>						
	HI	IL	KY	MS	NC	SC	VA
<b><i>CON standards/criteria/methodology for:</i></b>							
<i>Long-term care</i>	X	X	X	X	X	X	X
<i>Mental health care:</i>							
<i>Acute psych beds</i>	X	X	X	X	X	X	X
<i>Chemical dependency</i>	X		X	X	X	X	X
<i>PRTF beds/services</i>			X	X			
<i>Long-term residential treatment</i>		X		X	X	X	
<i>Perinatal/Obstetric/ Neonatal services/beds</i>	X	X	X	X		X	X
<i>Acute care beds</i>	X	X	X	X	X	X	X
<i>ORs</i>					X		
<i>ICU beds</i>		X					X
<i>Pediatric LTACH beds</i>		X				X	X
<i>Therapeutic radiation services</i>	X		X	X	X	X	X
<i>Diagnostic imaging services</i>	X		X	X	X	X	X
<i>Cardiac services</i>							
<i>Cardiac cath</i>	X	X	X	X	X	X	X
<i>Angioplasty</i>	X	X	X	X	X	X	X
<i>Open heart surgery</i>	X	X	X	X	X	X	X
<i>Ambulatory care (OP and freestanding)</i>	X	X	X	X	X	X	X
<i>Emergency Services</i>						X	X
<i>Rehab/Rehab beds</i>	X	X	X	X	X	X	X
<i>Home health</i>			X	X	X	X	
<i>Renal dialysis</i>	X	X	X	X	X		
<i>Lithotripsy</i>	X				X		X
<i>Organ transplant</i>		X	X		X		X
<i>Hospice</i>			X		X	X	
<i>New technology</i>			X				

Samples of Other State Plans' Inventories and Criteria/Standards/Methodologies

Sample Inventory – Illinois

Planning Regions and Areas	Categories of Service	Existing Beds	Total Beds Needed	Additional Beds Needed	Existing Excess Beds
REGION A	MEDICAL-	18,641	12,369	171	6,443
	SURGICAL/PEDIATRICS	2,017	1,302	150	865
	OBSTETRICS/GYNECOLOGY	2,519	2,622	156	53
	INTENSIVE CARE				
PLANNING AREA A-01	MEDICAL-	3,323	1,653	0	1,670
	SURGICAL/PEDIATRICS	274	122	0	152
	OBSTETRICS/GYNECOLOGY	410	400	0	10
	INTENSIVE CARE				
PLANNING AREA A-02	MEDICAL-	2,036	1,235	0	801
	SURGICAL/PEDIATRICS	244	74	0	170
	OBSTETRICS/GYNECOLOGY	414	389	0	25
	INTENSIVE CARE				
PLANNING AREA A-03	MEDICAL-	2,425	1,266	0	1,159
	SURGICAL/PEDIATRICS	302	158	0	144
	OBSTETRICS/GYNECOLOGY	254	265	11	0
	INTENSIVE CARE				
PLANNING AREA A-04	MEDICAL-	3,037	2,137	0	900
	SURGICAL/PEDIATRICS	245	161	0	84
	OBSTETRICS/GYNECOLOGY	311	343	32	0
	INTENSIVE CARE				
PLANNING AREA A-05	MEDICAL-	1,158	1,014	0	144
	SURGICAL/PEDIATRICS	182	103	0	79
	OBSTETRICS/GYNECOLOGY	212	216	4	0
	INTENSIVE CARE				

## **Sample Policy Statement/Criteria/Standards -- Mississippi**

### **Policy Statement Regarding Certificate of Need Applications for the Acquisition of Open-Heart Surgery Equipment and/or the Offering of Open-Heart Surgery Services**

1. **Service Areas:** The need for open-heart surgery equipment/services shall be determined using the nine designated Cardiac Catheterization/Open-Heart Surgery Planning Areas (CC/OHSPAs) presented in this chapter of the Plan. Map 5-2 shows the CC/OHSPAs.
2. **CC/OHSPA Need Determination:** The need for open-heart surgery equipment/services within a given CC/OHSPA shall be determined independently of all other CC/OHSPAs.
3. **Pediatric Open-Heart Surgery:** Because the number of pediatric patients requiring open-heart surgery is relatively small, the provision of open-heart surgery for neonates, infants, and young children shall be restricted to those facilities currently providing the service.
4. **Present Utilization of Open-Heart Surgery Equipment/Services:** The Mississippi State Department of Health shall consider utilization of existing open-heart surgery equipment/services and the presence of valid CONs for open-heart surgery equipment/services within a given CC/OHSPA when reviewing CON applications. The MSDH shall not consider utilization of equipment/services at any hospital owned and/or operated by the state or its agencies when reviewing CON applications. The Mississippi State Department of Health may collect and consider any additional information it deems essential, including information regarding access to care, to render a decision regarding any application.
5. **CON Application Analysis:** At its discretion, the Department of Health may use market share analysis and other methodologies in the analysis of a CON application for the acquisition or otherwise control of open-heart surgery equipment and/or the offering of open-heart surgery services. The Department shall not rely upon market share analysis or other statistical evaluations if they are found inadequate to address access to care concerns.
6. **Minimum CC/OHSPA Population:** A minimum population base of 100,000 in a CC/OHSPA (as projected by the Division of Health Planning and Resource Development) is required before such equipment/services may be considered. The total population within a given CC/OHSPA shall be used when determining the need for services. Population outside an applicant's CC/OHSPA will be considered in determining need only when the applicant submits adequate documentation acceptable to the Mississippi State Department of Health, such as valid patient origin studies.
7. **Minimum Caseload:** Applicants proposing to offer adult open-heart surgery services must be able to project a caseload of at least 150 open-heart surgeries per year.
8. **Residence of Medical Staff:** Open-heart surgery must be under the control of and performed by personnel living and working within the specific hospital area. No site shall be approved for the provision of services by traveling teams.

### **Certificate of Need Criteria and Standards for the Acquisition or Otherwise Control of Open-Heart Surgery Equipment and/or the Offering of Open-Heart Surgery Services**

The Mississippi State Department of Health will review applications for a Certificate of Need for the acquisition or otherwise control of open-heart surgery equipment and/or the offering of open-heart surgery services under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-

193, Mississippi Code of 1972, as amended. The MSDH will also review applications for Certificate of Need according to the general criteria listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures and plans of the Mississippi State Department of Health; and the specific criteria and standards listed below. The acquisition or otherwise control of open-heart surgery equipment is reviewable if the equipment cost in excess of \$1,500,000. The offering of open-heart surgery services is reviewable if the proposed provider has not provided those services on a regular basis within twelve (12) months prior to the time such services would be offered.

**1. Need Criterion: The applicant shall document a minimum population base of 100,000 in the CC/OHSPA where the proposed open-heart surgery equipment/service is to be located. Division of Health Planning and Resource Development population projections shall be used.**

2. Minimum Procedures: The applicant shall demonstrate that it will perform a minimum of 150 open-heart surgeries per year by its third year of operation.

3. Impact on Existing Providers: An applicant proposing to acquire or otherwise control open-heart surgery equipment and/or offer open-heart surgery services shall document that each facility offering open-heart surgery services which is (a) in the CC/OHSPA and (b) within 45 miles of the applicant, has performed a minimum of 150 procedures per year for the two most recent years as reflected in data supplied to and/or verified by the Mississippi State Department of Health. No hospital owned and/or operated by the state or its agencies shall be considered an existing unit in the CC/OHSPA under this section. The Mississippi State Department of Health may collect and consider any additional information it deems essential, including information regarding access to care, to render a decision regarding any application.

4. Staffing Standards: The applicant shall document that it has, or can obtain, the ability to administer the proposed services, provide sufficiently trained and experienced professional staff, and evaluate the performance of the programs. Department of Health staff shall use guidelines presented in *Optimal Resources for Examination of the Heart and Lungs: Cardiac Catheterization and Radiographic Facilities*, published under the auspices of the Inter-Society Commission for Heart Disease Resources, and *Guidelines and Indications for Coronary Artery Bypass Graft Surgery: A Report of the American College of Cardiology/American Heart Association Task Force on Assessment of Diagnostic and Therapeutic Cardiovascular Procedures (Subcommittee on Coronary Artery Bypass Graft Surgery)*, published under the auspices of the American College of Cardiology, as resource materials when reviewing these items in an application.

5. Staff Residency: The applicant shall certify that medical staff performing open-heart surgery procedures shall reside within forty-five (45) minutes normal driving time of the facility. The applicant shall document that proposed open-heart surgery procedures shall not be performed by traveling teams.

6. Recording and Maintenance of Data: Applicants shall provide, as required under licensure standards, written assurance that they will record and maintain utilization data for open-heart surgeries (e.g., morbidity data, number of open-heart surgeries performed and mortality data, all reported by race, sex, and payor status) and make such data available to the Mississippi State Department of Health annually.

7. Regulatory Approval: Before utilizing or providing the equipment or service, the applicant desiring to provide the open-heart surgery equipment or service shall have CON approval or written evidence that the equipment or service is exempt from CON approval as determined by the Mississippi State Department of Health. Each specified piece of equipment must be exempt from or have CON approval.

## **Sample Methodology – Illinois**

### **Medical-Surgical Bed Need**

Bed need for Medical-Surgical/Pediatrics is calculated by first calculating a three-year average utilization of Medical-Surgical/Pediatrics services in the area for three age groups: 0-14 years, 15-64 years, and 65+ years. These age group average utilizations are divided by the planning area base year population estimate for each age group to produce age group utilization rates. The age group utilization rates are multiplied by the projected planning area populations for each age group ten (10) years from the base year to calculate projected patient days for each age group. These are added to produce a projected total Medical-Surgical utilization.

Next, a migration adjustment factor is calculated for the planning area. This is done by subtracting the number of patients from outside the planning area receiving services at area hospitals (in-migration) from the number of area residents receiving services at hospitals outside the planning area (outmigration). The difference between these figures is multiplied by the State average for length of stay for Medical-Surgical/Pediatrics patients to calculate migration patient days. This is multiplied by an adjustment factor of 0.50. If out-migration exceeds in-migration, the adjusted migration days are added to the projected patient days for the area. If in-migration exceeds out-migration, the adjusted days are deducted from the projected patient days for the planning area.

The migration-adjusted projected patient days for the planning area are divided by 365 (days in projection year) to find the projected Average Daily Census for Medical-Surgical /Pediatrics services for the planning area. The Average Daily Census is divided by the target occupancy rate for additional beds (determined by the number of Medical-Surgical/Pediatrics beds in the planning area, illustrated above) to calculate the projected number of medical-Surgical/pediatrics beds needed in the planning area.