

PUBLIC NOTICE

HEALTH

DIVISION OF CERTIFICATE OF NEED AND LICENSING

Notice of Invitation for Certificate of Need

**Applications on an Expedited Review Basis for Additional Long-Term Care Beds
Designated for Residents Diagnosed with Huntington's Disease**

Take notice that, under the State fiscal year (SFY) 2016 Appropriations Act, the New Jersey Department of Human Services was appropriated funding for nursing home medical assistance recipients suffering from Huntington's Disease. Specifically, the SFY 2016 Appropriations Act provides that:

Of the amounts appropriated for Payments for Medical Assistance Recipients - Nursing Homes, \$1,000,000 shall be allocated to funding additional beds for patients suffering from Huntington's Disease, pursuant to the issuance of a certificate of need call by the Department of Health for such additional beds.

See Page b-99 of the Appropriations Handbook.

As set forth at N.J.S.A. 26:2H-7, the Department of Health (Department) awards certificates of need for the construction or expansion of health care facilities and for the initiation of new health care services within the State; it does not issue certificates of need for disease-specific long-term care beds. However, because the above-referenced Appropriations Act provision requires the Department to issue a certificate of

need call for additional beds for patients suffering from Huntington's Disease, the Department is issuing such a Call in order to effectuate that provision of the statute.

Therefore, in accordance with the SFY 2016 Appropriations Act, the Department hereby publishes notice that long-term care facilities are invited to submit certificate of need (CN) applications on an expedited review basis for designation of additional long-term care beds to be used exclusively for residents who have been diagnosed with Huntington's Disease.

For purposes of this Call, the term "additional beds" is defined as existing licensed long-term care beds that are to be used exclusively for residents suffering from Huntington's Disease and for which the facility is not currently receiving an enhanced Medicaid rate. The term "special services" as used in this Call refers to services that are provided to residents suffering from Huntington's Disease that are not generally required by long-term care residents who are not suffering from Huntington's Disease.

The funding set forth in the SFY 2016 Appropriations Act for additional beds that are the subject of this Call is only available to fund additional beds during the current State fiscal year. The funding appropriated for the additional beds that are the subject of this Call will be allocated by the Department of Human Services upon the completion of this CN process.

Notwithstanding the general information accompanying the Certificate of Need Application – Expedited Review, applications responsive to this Call must be received by the Department on or before March 15, 2016. Documentation of an acceptable out-of-State track record shall not be required; however, the Department shall require an

attestation from the applicant stating that all out-of-State facilities it owns, operates, or manages are in substantial compliance with all state and Federal requirements.

Certificate of Need applications shall be filed in accordance with the Certificate of Need Application and Review Process, N.J.A.C. 8:33, and shall be in compliance with all applicable statutory provisions and certificate of need and licensing rules as set forth at N.J.A.C. 8:39.

Geographic areas to be served: Statewide.

Date application is due: March 15, 2016.

Application forms may be downloaded from the Department's website at <http://www.state.nj.us/health/forms/cn-19.pdf>. One completed application in electronic media, and 10 paper copies of the application and supporting documentation, must be submitted on or before the due date to:

Mailing Address:

New Jersey Department of Health
Office of Certificate of Need and Healthcare Facility Licensure
PO Box 358
Trenton, NJ 08625-0358

Overnight Services (DHL, FedEx, UPS):

New Jersey Department of Health
Office of Certificate of Need and Healthcare Facility Licensure
25 South Stockton Street, 2nd Floor
Trenton, NJ 08611-2425

Each applicant shall provide the following with its application:

- (1) The total number of residents suffering from Huntington's Disease for whom the facility has provided special services within the last five years, broken down by year;
- (2) A detailed description of the special services the facility has provided to residents suffering from Huntington's Disease in the past five years;
- (3) A detailed description of the special services and equipment the facility is currently providing to residents suffering from Huntington's Disease;
- (4) A detailed description of the types of special services and equipment the facility intends to provide to residents suffering from Huntington's Disease in the event the facility's application is granted;
- (5) The total number of additional beds the facility proposes to dedicate to Huntington's Disease residents in the event the facility's application is granted; and
- (6) A description of all staff qualifications the facility proposes to require in the event the facility's application is granted.