

National Directory State Certificate of Need Programs Health Planning Agencies 2016



American Health Planning Association

National Directory State Certificate of Need Programs Health Planning Agencies

2016



Twenty-fourth Edition

© 2016

American Health Planning Association

www.ahpanet.org





American Health Planning Association

3040 Williams Drive, Suite 200

Fairfax, Virginia 22031

Phone: 703-573-3100 Fax: 703-573-3101

e-mail: AHPAnet@aol.com Web: AHPAnet.org

September 30, 2016

Colleagues and Subscribers:

This is the 24th edition of the American Health Planning Association's (AHPA) national directory.

AHPA appreciates the interest and assistance of all of those who contributed information and otherwise helped in the development of the directory. Your cooperation and help are essential. They make it possible for AHPA to compile the most current health planning and certificate of need data available.

We hope you find the directory useful. As always, your views, comments and suggestions are welcome. They should be sent to AHPA at ahpanet@aol.com.

Sincerely,

Arthur Maples, President
AHPA

Table of Contents

Section I

States With Certificate of Need

Alabama	5	Maine	30	Ohio	54
Alaska	7	Maryland	32	Oklahoma	56
Arkansas	9	Massachusetts	34	Oregon	58
Connecticut	11	Michigan	36	Rhode Island	61
Delaware	13	Mississippi	38	South Carolina	63
Dist. of Columbia	15	Missouri	40	Tennessee	65
Florida	17	Montana	42	Vermont	67
Georgia	19	Nebraska	44	Virginia	69
Hawaii	21	Nevada	46	Washington	71
Illinois	23	New Jersey	48	West Virginia	73
Iowa	25	New York	50	Wisconsin	75
Kentucky	27	North Carolina	52		
Louisiana	29				

Section II

States Without Certificate of Need

Arizona	78	Kansas	80	Pennsylvania	83
California	78	Minnesota	81	South Dakota	83
Colorado	79	New Hampshire	81	Texas	84
Idaho	79	New Mexico	82	Utah	84
Indiana	80	North Dakota	82	Wyoming	85

Section III

Regional Health Planning Agencies & Coalitions

Florida	87	New York	90	Virginia	91
---------	----	----------	----	----------	----

Section IV

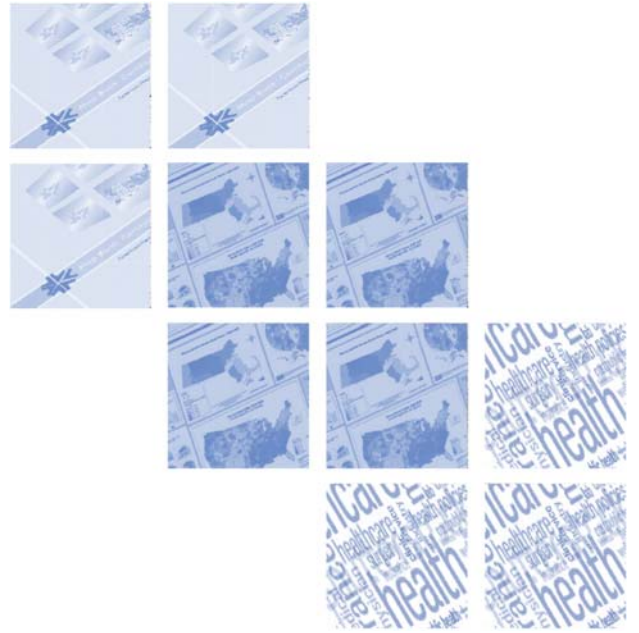
Planning Support Information & Data

State Population Estimates	93
Selected Health Service, Facility and Use Data Tables	94

Section V

Appendices

Certificate of Need Coverage Summary Matrix	113
Certificate of Need Timeline	114
Certificate of Need Fees	115
Certificate of Need Review Thresholds	116
Patient Level Data Programs	117
Order Form	118



Section I

States with Certificate of Need

Alabama

Program Title	Certificate of Need
Agency	<p>State Health Planning and Development Agency 100 North Union Street, Suite 870 Montgomery, Alabama 36104 Phone: 334-242-4103; Fax: 334.242.4113</p> <p>Alva M. Lambert</p>
Website	http://www.shpda.alabama.gov
Program Description: Key Elements, Processes	<p>Letter of Intent (LOI): 30 days to review and determine if CON is required. May request additional information if the LOI is incomplete. Application may be submitted within 30 to 180 days after letter of intent is filed. Completeness check: 15 days. Applicants have 30 days to respond to request for additional information. Staff analysis of application and recommendation(s) provided within 55 days, unless review period is extended. Batch processing may be applied to competing applications. The CON Review Board makes the final decision on the application. The Review Board hears the application between 90 and 120 days after the application is deemed complete. Decisions are usually made at the end of the hearing. Court appeals of Review Board decisions are permissible.</p> <p>CON Process forms: http://www.shpda.alabama.gov/condivision/forms.aspx?sm=d_a CON Process Flow Chart: http://www.shpda.alabama.gov/documents/conforms/CON%20Process%20Files/Old/CON%20Process_frame.htm</p> <p>New notification rules regarding meetings of the SHCC and its Committees were adopted by the SHCC and took effect March 8, 2013. Information regarding the new notification rules can be found at: http://www.shpda.alabama.gov/meetings/SHCC/shccmeetings.aspx</p>
Filing Fees	One percent of project cost (maximum \$21,373)
Capital Expenditure Review Thresholds	<p>Capital: \$5,613,667 Equipment: \$2,806,834 New Service: Any Amount*</p>

Alabama

Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery/(ASCs) Burn Care Services/Beds Cardiac Catheterization Laboratories Renal Dialysis Services/Stations Radiation Therapy/ Gamma Knife Home Health Care Services Hospice Services/Beds Long Term Care/Nursing Home Beds Long Term Acute Care Beds	NICU Services/Beds Inpatient Obstetrics/Beds Open Heart Surgery Organ Transplantation Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Substance Abuse Beds Swing Beds
Moratoria	Moratorium on Nursing Homes & Inpatient Hospice Beds	
Legislative Authority, Changes	Act 294, which contains recent important amendments to Alabama's Certificate of Need Law (2012). Public Notice of the changes enacted by this law can be found at: http://shpda.state.al.us/Public%20Notice%20Act-294.pdf .	
Health Plans	State Health Plan announcements, proposed and approved amendments, statistical updates: http://www.shpda.alabama.gov/Announcements/SHP/shpanouncements.aspx?sm=f_c	
Patient Level Data, All Payers Claims Data, Health Statistics	Hospital data reports: http://www.shpda.alabama.gov/documents/data/prices/HospitalReports.pdf County Health Profiles: http://www.adph.org/healthstats/	
Health Planning Initiatives	Health Care Data Ordering and Pricing Information: http://www.shpda.alabama.gov/datadivision/pricing.aspx?sm=c_a	
Health System Reform, Health Insurance Exchange, Related Information	Information can be found at: http://www.aldoi.gov/Consumers/HealthInsReform.aspx Exchange: https://www.healthcare.gov/	
Notes	*Any amount: annual operating cost above \$1,122,733.	

Alaska

Program Title	Certificate of Need	
Agency	Alaska Department of Health & Social Services DHSS/HCS/ORR/Certificate of Need Program 3601 C Street, Suite 978, Anchorage, AK 99503-5936 Phone: 907-754-3428; Fax: 907-334-2220 Alexandria Hicks, Coordinator Alexandria.Hicks@alaska.gov	
Website	http://dhss.alaska.gov/dhcs/Pages/CertificateOfNeed/default.aspx	
Program Description: Key Elements, Processes	<p>Potential applicants unsure whether a CON is required should submit a letter of intent and have the Department make a determination. A CON application may be submitted at any time. The Department has 30 days maximum to review the application for completeness, A letter of intent for a competing application must be submitted within 25 days after the publication of the receipt of a new application. Competing projects are given 60 days after the first application is declared complete to submit an application. Once all applications are declared complete, CON staff has 60 days to review them and submit an analysis to the Commissioner of Health. The Commissioner has 45 days to make a determination. Judicial appeals are permitted.</p> <p>Additional information and application packet: http://dhss.alaska.gov/dhcs/Pages/CertificateOfNeed/CON-Application-and-Standards.aspx </p>	
Filing Fees	For an activity valued at \$2,500,000 or less, \$2,500; for an activity valued at more than \$2,500,000, a fee equal to .1 percent of the estimated cost, up to a maximum fee of \$75,000.	
Capital Expenditure Review Thresholds	Capital: \$1,550,000 Equipment: \$1,550,000* New Service: \$1,550,000*	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories CT Scanners Renal Dialysis Services/Stations Radiation Therapy/Gamma Knife Renal Lithotripsy/Lithotripters Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	MRI Scanners NICU Services/Beds Inpatient Obstetrics/Beds Open Heart Surgery Organ Transplantation PET Scanners Psychiatric Service Beds Radiation Therapy/LINACs Sub-Acute Care Beds
Moratoria	None	

Alaska

Legislative Authority, Changes

Statutes: <http://www.legis.state.ak.us/basis/statutes.asp#18.07.031>
Contact agency for additional information

Health Plans

Planning review standards:
<http://dhss.alaska.gov/dhcs/Documents/CertificateOfNeed/Standards.pdf>

Medicaid State Health Plan:
<http://dhss.alaska.gov/Commissioner/Pages/MedicaidStatePlan/default.aspx>

Patient Level Data, All Payers Claims Data, Health Statistics

Alaska Health Facilities Data Reporting Program (HFDR) collects inpatient and outpatient discharge data:
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/DischargeData.aspx>
http://dhss.alaska.gov/dph/HealthPlanning/Documents/Health%20Facilities%20Data%20Reporting/Health_Facilities_Reporting_Program_Guidelines_6-4-2015.pdf

Alaska Health Care Commission has been investigating the development of an APCD: <http://dhss.alaska.gov/ahcc/Pages/focus/all-payer.aspx>

Health Planning Initiatives

Tribal Medicaid Outreach and Linkage Plan
Alaska's Plan to Promote the Health of People with Disabilities

Health System Reform, Health Insurance Exchange, Related Information

Exchange: <https://www.healthcare.gov/>

Information at:
<http://commerce.alaska.gov/insurance/Insurance/healthReform.html>

Notes

*Projects must be a "health facility" as defined by statute regardless of location and cost above the review threshold. Conversions to long term care facilities/beds are reviewed regardless of cost.

Hospitals include two military, six PHS/ANH, three rural primary care, and two psychiatric facilities.

Arkansas

Program Title	Permit of Approval	
Agency	Arkansas Health Services Permit Agency Freeway Medical Tower 5800 West 10th Street, Suite 805 Little Rock, Arkansas 72204 Phone: 501-661-2509; Fax: 501-661-2399 Tracy L. Steele, Director Tracy.Steele@arkansas.gov	
Website	http://www.arhspa.org/	
Program Description: Key Elements, Processes	There is no Letter of Intent (LOI) requirement. Permit of Approval (POA) applications may be submitted (and accepted) quarterly, on or by November 1, February 1, May 1, and August 1. If complete, review of the application will be initiated the following month, on December 1, March 1, June 1, or September 1. Decisions are rendered by February 28, May 30, August 30, and November 30. The Health Services Permit Commission makes final POA decisions. Court appeals of final Commission decisions are permissible. Application forms and additional information: http://www.arhspa.org/apps_forms.html	
Filing Fees	\$3,000 per application	
Capital Expenditure Review Thresholds	Capital: \$1,000,000 (Nursing Homes) Equipment: N/A New Service: N/A	
Covered Services, Facilities, Medical Equipment	Assited Living Facilities Home Health Care Services Hospice Services/Beds Long Term Care/Nursing Home Beds	ICF/MR Facilities Psychiatric Beds
Moratoria	ICF/MR Facilities	
Legislative Authority, Changes	Rule Book: Rules & Regulations Contact Agency for specifics	
Health Plans	FY2015 Bed Need (October 2015) http://www.arhspa.org/bed_need.html	

Arkansas

Patient Level
Data, All Payers
Claims Data,
Health Statistics

Arkansas Hospital Discharge Data System:

<http://www.healthy.arkansas.gov/programsServices/healthStatistics/Pages/HospitalDischarge.aspx>

Arkansas All-Payer Claims Database: <https://www.arkansasapcd.net/Home/>

Health Planning
Initiatives

Department of Health provides hospital discharge and vital statistics data to Agency and general public. Population data is provided by the University of Arkansas at Little Rock. Department of Human Services provides long term care and mental health data.

Health System
Reform, Health
Insurance
Exchange,
Related
Information

Arkansas Health Connector

<http://www.arhealthconnector.org/>

Notes

Assisted living and residential care are two separate categories of long term care facilities. Both are subject to review. However, there is a moratorium on residential care facilities. Psychiatric Residential Facilities for Child & Adolescent are subject to review; not Psychiatric Hospitals generally. Hospice agencies and facilities are subject to review. The 12 psychiatric facilities identified are for children and adolescents.

Connecticut

Program Title	Certificate of Need	
Agency	CT Office of Health Care Access (OHCA) 410 Capitol Avenue MS13HCA, POB 340308 Hartford, CT 06134-0308 Phone: 860-418-7000; Fax: 860-418-7053 Kimberly Martone, Director of Operations Kimberly.Martone@ct.gov	
Website	www.ct.gov/ohca	
Program Description: Key Elements, Processes	Applicant submits proposal based on forms published on website. The Office of Health Care Access (OHCA) has 30 calendar days to review. If additional information is requested, applicant must provide requested information by the 60th day. Decision rendered within 90 days of application being deemed complete by OHCA. For more details: http://www.ct.gov/dph/cwp/view.asp?a=3902&q=564018&dphNav=http://www.ct.gov/dph/lib/dph/ohca/publications/2015/2015_certificate_of_need_guide.docx CON status and decisions: http://www.ct.gov/dph/cwp/view.asp?a=3902&q=558934&dphNav=52593	
Filing Fees	\$500 per application	
Capital Expenditure Review Thresholds	Capital: NA Equipment: NA New Service: NA	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories CT Scanners Hospice Services/Beds Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	MRI Scanners Open Heart Surgery PET Scanners Psychiatric Beds Radiation Therapy/LINACs Substance Abuse Beds
Moratoria	Statewide moratorium on Long Term Care (nursing home facilities).	
Legislative Authority, Changes	Deregulated capital expenditure thresholds, removal of additional function or service, elimination of termination of services. Statutes contain distinct list of proposals covered by CON as well as those that do not require CON. OHCA Statutes & Regulations: http://www.ct.gov/dph/cwp/view.asp?a=3902&q=277032&dphNav=52607	

Connecticut

Health Plans	Statewide Health Care Facilities and Services Plan. (2014/2015 Update): http://www.ct.gov/dph/lib/dph/ohca/publications/2014/final_2014_facilities_plan_-_2_24_15.pdf ; Household Issue Survey Briefs; Statewide Healthcare Facilities Utilization Study (annual)
Patient Level Data, All Payers Claims Data, Health Statistics	Inpatient Discharges and Emergency Room Visits: http://www.ct.gov/dph/cwp/view.asp?a=3902&q=578530 All Payer Claims Database Advisory Group: http://www.ct.gov/hix/cwp/view.asp?a=4299&q=523252
Health Planning Initiatives	OCHA is evaluating cardiac services need, utilization and capacity questions
Health System Reform, Health Insurance Exchange, Related Information	Access Health CT: http://www.ct.gov/hix/site/default.asp Information: http://healthreform.ct.gov/ohri/site/default.asp
Notes	CON activity available online at www.ct.gov/ohca . Major medical equipment covered includes only CT, MRI, PET and PET/CT.

Delaware

Program Title	Certificate of Public Review Program													
Agency	The Delaware Health Care Commission Margaret O'Neill Building, Third Floor, 410 Federal Street - Suite 7 Dover, Delaware 19001 Phone: 302-739-2730; Fax: 302-739-6927 Michelle Amadio, Executive Director Michelle.Amadio@state.de.us													
Website	http://dhss.delaware.gov/dhss/dhcc/hrb/cprphome.html													
Program Description: Key Elements, Processes	A Letter of Intent is required. Certificate of Public Review is required for (1) the construction, or other establishment of a health care facility, (2) the acquisition of a nonprofit health care facility, (3) any capital expenditure by or on behalf of a health care facility (excluding medical office buildings) in excess of \$5,800,000, (4) a change in bed capacity of a health care facility that increases the number of beds by more than 10 beds or licensed bed capacity by more than 10 percent, (5) the acquisition of certain defined major medical equipment. Replacement of major medical equipment with similar equipment is not subject to review.													
Filing Fees	<table><tr><th>Capital Expenditure</th><th>Filing Fee</th></tr><tr><td>Less than \$500,000</td><td>\$100</td></tr><tr><td>\$500,000 to \$999,999</td><td>\$750</td></tr><tr><td>\$1,000,000 to \$4,999,999</td><td>\$3,000</td></tr><tr><td>\$5,000,000 to \$9,999,999</td><td>\$7,500</td></tr><tr><td>\$10,000,000 and over</td><td>\$10,000</td></tr></table>	Capital Expenditure	Filing Fee	Less than \$500,000	\$100	\$500,000 to \$999,999	\$750	\$1,000,000 to \$4,999,999	\$3,000	\$5,000,000 to \$9,999,999	\$7,500	\$10,000,000 and over	\$10,000	
Capital Expenditure	Filing Fee													
Less than \$500,000	\$100													
\$500,000 to \$999,999	\$750													
\$1,000,000 to \$4,999,999	\$3,000													
\$5,000,000 to \$9,999,999	\$7,500													
\$10,000,000 and over	\$10,000													
Capital Expenditure Review Thresholds	Capital: \$5,800,000 Equipment: \$5,800,000 New Service: N/A													
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories Renal Lithotripsy/Lithotripters Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	PET Scanners Psychiatric Beds Radiation Therapy/LINACs												
Moratoria	No additional hospitals offering medical/surgical or obstetrical beds shall be established for five years beginning in 2014.													

Delaware

Legislative Authority, Changes

TITLE 16:Health and Safety
Hospitals and Other Health Facilities
CHAPTER 93: <http://delcode.delaware.gov/title16/c093/index.shtml>

Health Plans

Statewide Health Plan (Revision Planned for 2016)

Patient Level Data, All Payers Claims Data, Health Statistics

The Delaware Health Information Network (DHIN): <http://dhin.org/>

Delaware Health Statistics Center Hospital Discharge Data:
http://www.dhss.delaware.gov/dhss/dph/hp/hosp_dis_data.html

Nursing Home Utilization:
<http://dhss.delaware.gov/dhss/dhcc/hrb/nursutilizationstat.html>

Health Planning Initiatives

Review is required for ownership changes of: nonprofit hospitals, nursing homes, freestanding birthing centers, emergency care centers and surgery centers. Need criteria in place for freestanding surgery centers. Charity care policy and implementation requirements for freestanding health canterers included in Health Resources Management Plan. Division of Services for Aging and Adults with Disabilities is involved with efforts to plan for system reforms needed to accommodate the aging population.

Health System Reform, Health Insurance Exchange, Related Information

Affordable Care Act:
<http://www.delawareinsurance.gov/health-reform/ACA.shtml>
Delaware's Health Insurance Exchange Basic Research Packet:
<http://dhss.delaware.gov/dhcc/exchangepacket.html>

Notes

Application Kit: <http://dhss.delaware.gov/dhss/dhcc/hrb/files/cprappkit.pdf>
Activity Reports: <http://dhss.delaware.gov/dhss/dhcc/hrb/cprpmonact.html>

Notice of Intent without submission of actual application expires in 180 days.

District of Columbia

Program Title	Certificate of Need	
Agency	State Health Planning & Development Agency 899 North Capitol Street, N. E. , 2nd Floor Washington, D. C. 20002 Phone: 202-442-5875; Fax: 202-442-4822/33 Amha Selassie, Director amha.selassie@dc.gov	
Website	http://doh.dc.gov/service/certificate-need	
Program Description: Key Elements, Processes	<p>The process to obtain a Certificate of Need involves (1) submission of a letter of intent and a copy of a notice published in a newspaper, (2) a pre-application conference with the SHPDA staff, (3) submission of the application, (4) review by SHPDA staff, (5) review by the Project Review Committee (PRC), (5) review by the Statewide Health Coordinating Council (SHCC), and (6) decision by the SHPDA Director. Public hearings are normally held only by request. Any interested person (including the applicant) may, during the first 30 days of the review period, request that a public hearing be held. The SHPDA may also decide to hold a public hearing if there is no request.</p> <p>For more details see: http://doh.dc.gov/service/certificate-need; http://doh.dc.gov/service/how-obtain-certificate-need</p>	
Filing Fees	3% of capital expenditure; \$5,000 minimum; \$300,000 maximum	
Capital Expenditure Review Thresholds	Capital: \$2,500,000 Equipment: \$1,500,000/\$250,000* New Service: Any Amount	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Burn Care Services/Beds Cardiac Catheterization Laboratories CT Scanners Renal Dialysis Services/Stations Radiation Therapy/Gamma Knife Home Health Care Services Hospice Services/Beds Renal Lithotripsy/Lithotripters Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds Medical Buildings	MRI Scanners NICU Services/Beds Inpatient Obstetrics/Beds Open Heart Surgery Organ Transplantation PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Sub-Acute Beds Substance Abuse Beds Swing Beds Ultra Sound Services

District of Columbia

Moratoria	None
Legislative Authority, Changes	<p>DCSHPDA Statutes: http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/SH_PDA_Statutes.pdf</p> <p>Contact Agency for additional information</p>
Health Plans	Comprehensive Health Plan
Patient Level Data, All Payers Claims Data, Health Statistics	<p>2015 Utilization Report: http://www.dcha.org/wp-content/uploads/2015-Utilization-Web.pdf</p> <p>The District of Columbia makes their hospital discharge data available through the online HCUP Central Distributor: https://www.distributor.hcup-us.ahrq.gov/Databases.aspx</p>
Health System Reform, Health Insurance Exchange, Related Information	<p>Health Benefit Exchange Authority: http://hbx.dc.gov/</p> <p>Information: http://healthreform.dc.gov/DC/Health+Reform</p>
Notes	<p>*A capital expenditure of \$1.5 million or more by a health care facility or by or on behalf of any private group practice of diagnostic radiology or radiation therapy to acquire major medical equipment.</p> <p>A single piece of diagnostic or therapeutic equipment which is acquired by lease, purchase, donation, or other comparable arrangement by or on behalf of a physician or group of physicians, or an independent owner or operator of the equipment, and for which the cost or value is in excess of \$250,000.</p>

Florida

Program Title	Certificate of Need	
Agency	Agency for Health Care Administration/Certificate of Need 2727 Mahan Drive, Building 3 Tallahassee, Florida 32308-5407 Phone: 850-412-4401; Fax: 850-488-1261 Marisol Fitch, Supervisor marisol.fitch@ahca.myflorida.com	
Website	http://ahca.myflorida.com/mchq/CON_FA	
Program Description: Key Elements, Processes	There are four CON batching cycles during a Calendar year: two for Hospital Beds and Facilities and two for Other Beds and Programs. Most projects are reviewed on a competitive batching cycle review basis. A letter of intent must be filed with the CON Office at least 30 days before an application is filed. A letter of intent is not required for projects that will be given a non-competitive, expedited review. More information available at: http://ahca.myflorida.com/MCHQ/CON_FA/Batching/index.shtml CON Rules: https://www.flrules.org/gateway/ruleNo.asp?id=59C-1.012	
Filing Fees	\$10,000 plus 0.015% of project cost; maximum of \$50,000	
Capital Expenditure Review Thresholds	Capital: NA Equipment: N/A New Service: * See note below.	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Hospice Services/Beds ICF/MR Facilities/DD* Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds Pediatric Open Heart Surgery Pediatric Cardiac Catheterization	NICU Services/Beds* Organ Transplantation Inpatient Rehabilitation/Beds Psychiatric Beds Sub-Acute Beds Substance Abuse Beds
Moratoria	Moratorium through June 2017 on the issuance of Certificates of Need for additional community nursing home beds.*	
Legislative Authority, Changes	Statute: http://ahca.myflorida.com/MCHQ/CON_FA/Rules/statutes.shtml Several services were deregulated in 2004. Approval process for new acute care hospitals was streamlined in 2008. Additional information on the AHCA web site.	
Health Plans	Contact Agency	

Florida

Patient Level Data, All Payers Claims Data, Health Statistics

The Agency for Health Care Administration collects inpatient discharge, outpatient and ambulatory, and emergency room data from acute, short-term psychiatric, long-term psychiatric and comprehensive rehabilitation hospitals in Florida: <http://healthdatastore.com/data/florida-hospital-data/ahca-inpatient-discharge-data/>

Health Planning Initiatives

http://ahca.myflorida.com/MCHQ/CON_FA/index.shtml

Health System Reform, Health Insurance Exchange, Related Information

Information:

<http://www.floir.com/Sections/LandH/FederalHCReform.aspx>

Exchange: <https://www.healthcare.gov/>

Notes

* Pursuant to Section 408.0436, F.S. (Limitation on nursing home certificates of need), new community nursing home beds may not be approved as the maximum allowable number of additional nursing home beds, statewide, had been reached, as authorized by the Florida Legislature on February 19, 2016. The statute will be repealed on July 1, 2017.

Pediatric Cardiac Catheterization and Open Heart Services are subject to review.

ICF/DD: Intermediate Care Facility for the Developmentally Disabled

NICU: Level II and III/Neonatal Intensive Care

Local health plans published by Florida's nine Local Health Councils. Vital statistics data is available through the FDH. All other data can be obtained through AHCA.

Georgia

Program Title	Certificate of Need	
Agency	Healthcare Facility Regulation Division 2 Peachtree Street, NW, 5th Floor Atlanta, GA 30303-3159 Phone: 404-656-0409; Fax: 404-656-0654 Rachel L. King, JD, Executive Director rking@dch.ga.gov	
Website	http://dch.georgia.gov/hfr-health-planning	
Program Description: Key Elements, Processes	As outlined in O.C.G.A. 31-6-43; Georgia Comp Rules & Regulations 111-2-2-.07 Review Procedures which can be found at: http://dch.georgia.gov/00/channel_title/0,2094,31446711_60673344,00.html . Applications & forms: http://dch.georgia.gov/con-applications-and-forms	
Filing Fees	1.Applications with a total project cost from zero to \$1,000,000.00, the fee shall be \$1,000.00 2. Applications with a total project cost greater than \$1,000,000.00, the fee shall be one-tenth of one percent (.001) of the total cost but not to exceed \$50,000.00 3. For the review of cost overruns the fee shall be computed as shown above for the amount of the overrun only.	
Capital Expenditure Review Thresholds	Capital: \$ 2,903,530 * Equipment: \$1,246,165 New Service: Any Amount	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories* Radiation Therapy/Gamma Knife Home Health Care Services ICF/MR Facilities Renal Lithotripsy/Lithotripters Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	NICU Services/Beds Inpatient Obstetrics/Beds Open Heart Surgery PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation Beds Substance Abuse Beds
Moratoria	None	
Legislative Authority, Changes	CON Rules: http://dch.georgia.gov/state-health-plans-and-con-rules	

Georgia

Health Plans

Statewide Health Plan; Weekly tracking reports
Current Need Projections for CON-Regulated Services:
<http://dch.georgia.gov/need-projections>

Patient Level Data, All Payers Claims Data, Health Statistics

Georgia Oasis: <https://oasis.state.ga.us/>
Georgia hospital discharge data is available through the online HCUP Central
Distributor: <https://www.distributor.hcup-us.ahrq.gov/Databases.aspx>

Health Planning Initiatives

Health Planning Surveys: <http://dch.georgia.gov/health-planning-surveys>
Planning areas: <http://dch.georgia.gov/planning-area-maps>

Health System Reform, Health Insurance Exchange, Related Information

Critical Access Hospitals and Health Care Reform:
http://dch.georgia.gov/sites/dch.georgia.gov/files/imported/vgn/images/portal/cit_1210/62/63/164325864Critical%20AccessHospitalsHealthCareReform.pdf

Exchange: <https://www.healthcare.gov/>
Information: <http://healthcarereform.georgia.gov/>

Notes

* Cardiac Catheterization Laboratories: only therapeutic laboratories are subject to review.

CT Scanners, High Tech, MRI Scanners, PET, advanced imaging equipment are reviewable when their value exceeds the equipment capital expenditure threshold.

Expenditure threshold of \$5,807,061 for hospital /physician joint ventures.

For details on thresholds see: <http://dch.georgia.gov/con-thresholds>

Hawaii

Program Title	Certificate of Need	
Agency	State Health Planning & Development Agency 1177 Alakea Street, Room 402 Honolulu, Hawaii 96813 Phone: 808-587-0788; Fax: 808-587-0783 Ramala Radcliff, Administrator SHPDA@doh.hawaii.gov	
Website	http://www.shpda.org	
Program Description: Key Elements, Processes	The agency is service oriented and recommends all potential applicants to visit the agency website or contact staff directly for timely, accurate information on the application and review process. Public notice is given as required by law and regulation. Application reviews typically range between three weeks and three months, with most handled in less than 60 days. Standard flow chart for CON application process: http://health.hawaii.gov/shpda/files/2013/07/shhsfp09_Page_46.jpg	
Filing Fees	Base fee of \$200, plus 0.1% of the total capital cost up to \$1.0 million, plus .05% of the costs of the project above \$1.0 million	
Capital Expenditure Review Thresholds	Capital: \$4,000,000 Equipment: \$1,000,000 New Service: Any Amount	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Burn Care Services/Beds Cardiac Catheterization Laboratories CT Scanners Renal Dialysis Services/Stations Radiation Therapy/Gamma Knife Home Health Care Services Hospice Services/Beds ICF/MR Facilities Renal Lithotripsy/Lithotripters Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	MRI Scanners NICU Services/Beds Inpatient Obstetrics/Beds Open Heart Surgery Organ Transplantation PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Sub-Acute Beds Substance Abuse Beds Swing Beds Ultra Sound Services
Moratoria	None	

Hawaii

Legislative Authority, Changes	The applicable statutes and rules: http://health.hawaii.gov/shpda/agency-resources-and-publications/
Health Plans	Health Services and Facilities Plan: http://health.hawaii.gov/shpda/files/2013/07/shhsfp09.pdf Health Policy Guidebook, SHPDA Council Members Guidebook, Health Performance Plan, Biosciences Report, Facilities Use Data Report
Patient Level Data, All Payers Claims Data, Health Statistics	Hawaii's Health Care Data Center: https://hhic.org/products-services-overview Hawaii Health Data Warehouse: http://hhdw.org/
Health Planning Initiatives	Health Care Utilization Reports: http://health.hawaii.gov/shpda/agency-resources-and-publications/health-care-utilization-reports-and-survey-instructions/
Health System Reform, Health Insurance Exchange, Related Information	Health Connector: http://hawaiihealthconnector.com/Home_Page.html General information: http://cca.hawaii.gov/ins/affordable-care-act-in-hawaii/
Notes	There are six Sub Advisory Councils: Hawaii County SAC, Kauai County SAC, Tri-Isle SAC (Maui, Molokai, and Lanai), Honolulu SAC, Windward Oahu SAC, and West Oahu SAC. Data-Driven Decision-Making. CON decisions: http://health.hawaii.gov/shpda/certificate-of-need-applications-and-decisions/

Illinois

Program Title	Certificate of Need	
Agency	Illinois Department of Public Health 525 W. Jefferson St., 4th Floor Springfield, Illinois 62761 Phone: 217-782-0845; Fax: 217-785-4308 Courtney Avery, Administrator courtney.avery@illinois.gov	
Website	http://www.hfsrb.illinois.gov/	
Program Description: Key Elements, Processes	Ten-day completeness review begins with the receipt of an application. Review period ranges between 60 and 120 days. It begins when the application is deemed complete. There is an opportunity for public hearings, which are held if necessary. Department of Health staff submits recommendation to the Health Facilities and Services Review Board (State Board). The State Board makes a decision within 120 days unless the applicant (or the State Board) extends the review period or modifies the application. Administrative and judicial reviews of State Board decisions are permissible. Information and forms: http://www.hfsrb.illinois.gov/hfsrb_forms.htm	
Filing Fees	0.22% of total clinical costs and 1/2 total non-clinical costs; minimum of \$2,500; Maximum of \$100,000	
Capital Expenditure Review Thresholds	Capital: \$12,950,881 (Hospitals); \$7,320,061 (Long Term Care) \$3,378,491 (All Other) Equipment: NA New Service: Any Amount	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories Renal Dialysis Services/Stations ICF/MR Facilities Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	NICU Services/Beds Inpatient Obstetrics/Beds Open Heart Surgery Organ Transplantation Psychiatric Beds Inpatient Rehabilitation/Beds Sub-Acute Beds Swing Beds
Moratoria	None	
Legislative Authority, Changes	Adopted amendments 2015: http://www.hfsrb.illinois.gov/pdf/77%20IAC%201130_Amndmnts_ADOPTIO_N_Ill%20%20Reg%20_5-12-15.pdf http://www.hfsrb.illinois.gov/pdf/77%20IAC%201130_Amndmnts_ADOPTIO_N_Ill%20%20Reg%20_5-12-15.pdf	

Illinois

Health Plans

Statewide Health Needs Assessment, Illinois Health Care Facilities Plan

Patient Level Data, All Payers Claims Data, Health Statistics

Facility Profiles and Summary Sheets for hospitals, long term care facilities, ambulatory surgery facilities and ESRD facilities::

<https://www.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Pages/default.aspx>

Illinois Hospital Report Card and Consumer Guide to Health Care:

<http://www.healthcarereportcard.illinois.gov/>

Community Health Profiles/Peer County Reports:

http://iquery.illinois.gov/dataquery/REPORT_County.aspx?ReportTypeID=1

Health Planning Initiatives

State Health Improvement Plan to be developed and submitted to Governor and Legislature every four years. Inventories:

http://hfsrb.illinois.gov/hfsrbinvent_data.htm

Health System Reform, Health Insurance Exchange, Related Information

Get Covered: <https://getcovered.illinois.gov/en>

Other information: <http://insurance2.illinois.gov/hiric/hie.asp>

Notes

News and announcements:

http://www.hfsrb.illinois.gov/hfpb_annouce.htm#ProgressReports

Iowa

Program Title	Certificate of Need	
Agency	<p>CON Program, IDPH 321 E. 12th Street Lucas State Office Building Des Moines, Iowa 50319 Phone: 515-281-4344; Fax: 515-281-4958</p> <p>Becky Swift bswift@idph.state.ia.us</p>	
Website	http://idph.iowa.gov/cert-of-need	
Program Description: Key Elements, Processes	<p>Letter of Intent (LOI), which is valid for one year, must be filed 30 days before submitting application. Completeness check: 15 days. May request additional information if the application is incomplete. Public notice issued when application is accepted as complete, with written notice to affected parties (defined in Code). Health Facilities Council makes final CON decisions. Decisions due within 90 days of acceptance as complete. Staff provides written report to Council 10 days before meeting at which the proposal is to be considered. Public hearing and review agenda published at least 10 days before Council meetings. Administrative and judicial reviews of Council decisions are permissible. Contact agency for additional information.</p>	
Filing Fees	0.3% of capital expenditure; minimum fee of \$600 and maximum fee of \$21,000	
Capital Expenditure Review Thresholds	<p>Capital: \$1,500,000 Equipment: \$1,500,000 New Service: \$500,000</p>	
Covered Services, Facilities, Medical Equipment	<p>Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories ICF/MR Facilities Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds</p>	<p>Open Heart Surgery Organ Transplantation Radiation Therapy/LINACs</p>
Moratoria	None	
Legislative Authority, Changes	<p>Iowa 2015 code: http://idph.iowa.gov/Portals/1/userfiles/50/2015%20Iowa%20Code.pdf</p>	
Health Plans	<p>Healthy Iowans: https://idph.iowa.gov/healthy-iowans/plan Behavioral Health Plan: https://idph.iowa.gov/bh/iowa-plan</p>	

Iowa

Patient Level Data, All Payers Claims Data, Health Statistics

The IHA Statewide Inpatient Database contains patient-level discharge data for all acute discharges including newborns from Iowa community hospitals:
<https://www.ihaonline.org/Information/Inpatient-Outpatient-Database>

Health Planning Initiatives

Iowa Comprehensive Cancer Control Program:

<https://idph.iowa.gov/ccp/cancer-plan>

Strategic Operational Plan:

https://idph.iowa.gov/Portals/1/Files/PlanningServices/strategic_plan.pdf?ver=2015-05-13-111156-000

Health System Reform, Health Insurance Exchange, Related Information

Exchange: <https://www.healthcare.gov/>

Information: <http://www.iid.state.ia.us/node/6767399>

Consumer Advocate: <http://insuranceca.iowa.gov/>

Notes

Annual summary FY 2015 CON activity:

<http://idph.iowa.gov/Portals/1/userfiles/96/FY15PROJ.pdf>

Kentucky

Program Title	Certificate of Need	
Agency	Office of Health Policy Development, Cabinet for Health & Family Services 275 E.Main St., 4W-E Frankfort, Kentucky 40621 Phone: 502-564-9592; Fax: 502-564-0302 Diona G. Mullins, Policy Advisor	
Website	http://www.chfs.ky.gov/ohp/con/	
Program Description: Key Elements, Processes	For genral agency information, upcoing meetings and reviews see our newsletter: http://www.chfs.ky.gov/ohp/con/news.htm Forms: http://www.chfs.ky.gov/ohp/con/forms.htm Contact agency directly for detailed application and review process and procedures.	
Filing Fees	CON application fee is based upon 0.5% of the estimated capital expenditure with a minimum fee of \$1,000 and a maximum fee of \$25,000.	
Capital Expenditure Review Thresholds	Capital: \$2,746,439 Equipment: \$2,746,439 New Service: N/A	
Covered Services, Facilities, Medical Equipment *	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories Home Health Care Services Hospice Services/Beds ICF/MR Facilities Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	MRI Scanners NICU Services/Beds Open Heart Surgery Organ Transplantation PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Substance Abuse Beds
Moratoria	None	
Legislative Authority, Changes	On February 5, 2015, the following amended regulations became effective: 900 KAR 6:060 Timetable for submission of CON 900 KAR 6:065 CON application process Changes include, but are not limited to, the following: <ul style="list-style-type: none"> • Nonsubstantive review applications shall be batched monthly. (See revised Batching Cycle/Timetable on OHP website.) • A letter of intent is not required for a nonsubstantive review application. • CON applications may be deferred a maximum of 2 times (or if the application has previously been deferred prior to February 5, 2015, the application may be deferred one (1) additional time.) An application filed to alleviate an emergency shall not be deferred. 	

Kentucky

Health Plans

Statewide Health Plan 2015 - 2107:

<https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fwww.chfs.ky.gov%2FNR%2Frdonlyres%2F58373C1F-6DC1-404A-AD04-24BC0132EE9D%2F0%2F20152017StateHealthPlanAmendedafterComments.doc>

Patient Level Data, All Payers Claims Data, Health Statistics

Health Care Information Center: <http://chfs.ky.gov/ohp/healthdata/>

Public Use Data Sets: <http://chfs.ky.gov/ohp/healthdata/Data+Requests.htm>

Health Planning Initiatives

Utilization reports are available for hospitals, LTC facilities, home health, hospice, ambulatory surgery facilities from Health Data Branch or Health Policy & Analysis Branch, Dept. of Planning & Analysis branch, Kentucky DOH.

Health System Reform, Health Insurance Exchange, Related Information

Health Kynect: <http://healthbenefitexchange.ky.gov/Pages/home.aspx>

Benefind: <https://benefind.ky.gov/>

Notes

Lithotripsy is covered for mobile units. RCF for Personal care or freestanding facility. CON Modernization: <http://www.chfs.ky.gov/ohp/con/conmod.htm>

Louisiana

Program Title	Facility Need Review
Agency	<p>Louisiana Bureau of Health Services Financing Health Standards Section, P. O. Box 3767 Baton Rouge, Louisiana 70821-3767 Phone: 225-342-5457; Fax: 225-342-3893</p> <p>James Taylor jhtaylor@dhh.la.gov</p>
Website	http://new.dhh.louisiana.gov/index.cfm/directory/detail/717
Program Description: Key Elements, Processes	Louisiana relies on a request for proposals (RFP) planning process where possible. Contact agency directly for detailed application and review process and procedures.
Filing Fees	\$200 non-refundable application fee; \$10 per bed for participation in Medicaid program
Capital Expenditure Review Thresholds	<p>Capital: N/A Equipment: N/A New Service: Any LTC or ICF/MR Project</p>
Covered Services, Facilities, Medical Equipment	<p>Assisted Living Facilities ICF/MR Facilities Long Term Care/Nursing Home Beds</p>
Moratoria	Moratorium on long term care nursing facilities and ICF/DD
Legislative Authority, Changes	<p>Administrative code 2012: http://new.dhh.louisiana.gov/assets/medicaid/hss/docs/FNR/FNR_LAC_081212_Gen_Provisions.docx</p>
Health Plans	Statewide Health Plan
Patient Level Data, All Payers Claims Data, Health Statistics	<p>Louisiana Hospital Inpatient Discharge Database : http://dhh.louisiana.gov/index.cfm/page/2192/n/461</p> <p>Enhancing the Current Initiatives</p>
Health System Reform, Health Insurance Exchange, Related Information	<p>Health Louisiana: https://www.myplan.healthy.la.gov/LASelfService/en_US/home.html Exchange: https://www.healthcare.gov/</p> <p>Facility Need Review is for Medicaid program participation by long term nursing facilities, Adult Residential (community based providers) and ICF/MR facilities</p>
Notes	LTC and ICF/MR projects reviewed for participation in Medicaid program and licensing

Maine

Program Title **Certificate of Need**

Agency
 Division of Licensure & Regulatory Services
 11 State House Station
 Augusta, Maine 04333-0011
 Phone: 207-287-9338; Fax: 207-287-5807

Phyllis Powell, Director
 Phyllis.Powell@maine.gov

Website http://www.maine.gov/dhhs/dlrs/c_o_n/

Program Description: Key Elements, Processes
 Letter of Intent (LOI) must be filed at least 30 days before application is filed. Public informational meeting is optional. A public hearing must be requested within 30 days following the public informational meeting or public notice of application. Public comment periods after application received and Staff analysis available. Decision by Commissioner of DHHS are due within 90 days of the date of application. Reconsideration of the Commissioner's decision must be requested within 30 days of the Commissioner's decision letter. Administrative and judicial reviews of the Commissioner's decision are permissible.

Filing Fees
 \$1,000 per \$1,000,000 (any portion); Minimum \$5,000/\$1,000 for Nursing Homes; Maximum \$250,000

Capital Expenditure Review Thresholds

Covered Projects	Threshold
Capital Expenditures – new or existing hospitals; other existing healthcare facilities, excluding nursing facilities	\$10,806,759
Nursing Facility: capital expenditures – new or existing nursing facility; expenditures related to nursing services	\$5,403,379
New Nursing Facility - new nursing facility	\$5,000,000
New Healthcare Facility –kidney disease treatment center including a freestanding hemodialysis facility; rehabilitation facility; ambulatory surgical facility; independent radiological service center; independent cardiac catheterization center or cancer treatment center (excludes hospitals or nursing facilities)	\$3,000,000
Major Medical Equipment	\$3,458,163
New Health Service - capital expenditures	\$3,242,028

Maine

Covered Services, Facilities, Medical Equipment

Hospitals/Acute Care Beds
Ambulatory Surgery (ASCs)
Burn Care Services/Beds
Cardiac Catheterization Laboratories
CT Scanners
Renal Dialysis Services/Stations
Radiation Therapy/Gamma Knife
Renal Lithotripsy/Lithotripters
Long Term Care/Nursing Home Beds
Long Term Acute Care Hospital Beds
MRI Scanners

NICU Services/Beds
Inpatient Obstetrics/Beds
Open Heart Surgery
Organ Transplantation
PET Scanners
Psychiatric Beds
Radiation Therapy/LINACs
Inpatient Rehabilitation/Beds
Substance Abuse Beds
Swing Beds
Ultra Sound Services

Moratoria

Contact Agency

Legislative Authority, Changes

Rules & Statue: http://www.maine.gov/dhhs/dlrs/c_o_n/#rules

Health Plans

Annual CON Report: <http://www.maine.gov/dhhs/dlrs/reports/>
2015 Reviews: http://www.maine.gov/dhhs/dlrs/c_o_n/2015/index.shtml

Patient Level Data, All Payers Claims Data, Health Statistics

Hospital Inpatient and Outpatient Data:
https://mhdo.maine.gov/inpatient_outpatient.htm
Maine Health Care All Payers Claims Database:
<https://mhdo.maine.gov/claims.htm>

Health Planning Initiatives

Contact Agency

Health System Reform, Health Insurance Exchange, Related Information

Exchange: <https://www.healthcare.gov/get-coverage>
Health Reform:
http://www.maine.gov/pfr/insurance/federal_health_care_reform/index.htm

Notes

Review criteria are in statute; review guidelines are used rather than standards. 2015 CON review information can be found at:
http://www.maine.gov/dhhs/dlrs/c_o_n/2012/index.shtml

Maryland

Program Title	Certificate of Need	
Agency	Maryland Health Care Commission Center for Health Care Facilities Planning & Development 4160 Patterson Avenue Baltimore, Maryland 21215-2299 Phone: 410-764-3261; Fax: 410-358-1311 Kevin McDonald kevin.mcdonald@maryland.gov	
Website	http://mhcc.dhmf.maryland.gov/certificateofneed/Pages/default.aspx	
Program Description: Key Elements, Processes	Batched/scheduled review for most facilities and services with six month cycle. Letter of Intent required. Application reviewed within 90 to 150 days after docking (completed application) in most cases. Applications for new nursing homes, home health agencies, and hospice programs accepted only if reviews for specific geographic areas are scheduled. Decisions made by 15 member Commission after recommendation issued by staff or an appointed reviewer (one of the 15 Commissioners) in the case of contested and/or comparative reviews. Denied applicants may request reconsideration by Commission for good cause. This is only an administrative appeal prior to circuit court.	
Filing Fees	No CON filing fee. Annual assessment fee paid by health care providers and payers fund the Maryland Health Care Commission and the Health Services Cost Review Commission (hospital rate regulator).	
Capital Expenditure Review Thresholds	Capital: \$11,900,000 for hospitals/\$5,900,000 for all other facilities (annually updated based on inflation index) Equipment: N/A New Service: Any	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs)* Burn Care Services/Beds Cardiac Catheterization Laboratories* Open Heart Surgery Home Health Care Services Hospice Services/Beds Inpatient Obstetric Services Inpatient Pediatric Services	Inpatient Psychiatric Services Intermediate Care Facilities (MR & Substance Abuse) Medical Rehabilitation NICU Services/ Beds Nursing Homes Operating Rooms Organ Transplantation Special Hospitals

Maryland

Moratoria

For some facilities and services, if need projections in the State Health Plan indicate no need for additional service capacity, CON applications proposing additional capacity will not be accepted and docketed for review.

Legislative Authority, Changes

Legislation inquiries to Erin Dorrien, Chief, Government & Public Affairs, 410-764-3284 (erin.dorrien@maryland.gov)
Regulation inquiries to Paul Parker, Director, Health Planning & Development, 410-764-3261 (paul.parker@maryland.gov)

Health Plans

MHCC develops policy analyses and reports related to the range of health-related responsibilities within its statutory mandate and as requested by the Governor and/or General Assembly. See www.mhcc.maryland.gov for material of this type.

Patient Level Data, All Payers Claims Data, Health Statistics

Link for publically available data:

http://mhcc.maryland.gov/mhcc/pages/apcd/apcd_data_release/apcd_data_release.aspx

The Maryland Medical Care Data Base (MCDB) is Maryland's All Payer Claims Database (APCD):

http://mhcc.maryland.gov/mhcc/pages/apcd/apcd_mcdb/apcd_mcdb.aspx

Health Planning Initiatives

For acute care, contact Eileen Fleck, Chief, Acute Care Policy & Planning, eileen.fleck@maryland.gov (410-764-32870)

For long-term care, contact Linda Cole, Chief, Long-Term Care Policy & Planning, linda.cole@maryland.gov (410-764-3337)

For other information see the Commission website,

<http://www.mhcc.maryland.gov/> for updates.

Health System Reform, Health Insurance Exchange, Related Information

Maryland Health Insurance Exchange:

<https://www.marylandhealthconnection.gov>

Other:

<http://www.maryland.gov/pages/residents.aspx?view=Health%20and%20Wellness>

Notes

*ASCs with 2 or more operating rooms are covered. Cardiac Catheterization Laboratories: PCI only

Maryland has separate capital expenditure thresholds for hospitals (currently \$11.9 million) and for all other regulated facilities (currently \$5.9 million). Requirement for hospital capital expenditure exceeding threshold can be waived if the hospital does not seek significant additional budgeted revenue over the life of the project to assist in paying for the capital expenditure.

Massachusetts

Program Title	Determination of Need Program															
Agency	Determination of Need Program Mass Department of Public Health, 99 Chauncy Street, 2nd Floor Boston, MA 02111 Phone: 617-753-7340; Fax: 617-753-7349 Darrell Villaruz, Interim Manager Determination of Need Program Darrell.Villaruz@state.ma.us															
Website	http://www.mass.gov/dph/don															
Program Description: Key Elements, Processes	Application is filed with fee. Project number assigned and logged. Filing fee processed. Public and analyst files created. Application reviewed for completeness/acceptance. Application may be withdrawn if deficiencies are not corrected. Application accepted and entered into MIS. Application assigned to analyst and evaluated. Staff analysis submitted to Commissioner of Health or Public Health Council. Decision letter issued. Permanent public file created. Administrative and judicial reviews of Council decisions are permissible. Actions on applications are usually by Delegated Review approved by the Commissioner, or by the Public Health Council if there is disagreement among the applicant, Program staff and or the parties of record about the project. Contact program staff for detailed information.*															
Filing Fees	O.1% of capital cost, with minimum of \$250															
Capital Expenditure Review Thresholds	<table><tr><th>Project Type</th><th>Threshold</th></tr><tr><td>Total capital expenditure (including equipment) for long term care facilities and clinics</td><td>\$1,901,869</td></tr><tr><td>Equipment for long term care facilities and clinics</td><td>\$950,935</td></tr><tr><td>Capital expenditure (excluding major movable equipment) for hospitals and comprehensive cancer centers</td><td>\$17,826,988</td></tr><tr><td>Outpatient service expenditures and acquisitions other than new technology or innovative services</td><td>\$29,076,449</td></tr><tr><td>Nursing, Rest Homes and Clinics</td><td>\$841,542</td></tr><tr><td>Medical, diagnostic, or therapeutic equipment acquired for location other than on the premises of a hospital, long term care facility, or clinic</td><td>\$264,063</td></tr></table>		Project Type	Threshold	Total capital expenditure (including equipment) for long term care facilities and clinics	\$1,901,869	Equipment for long term care facilities and clinics	\$950,935	Capital expenditure (excluding major movable equipment) for hospitals and comprehensive cancer centers	\$17,826,988	Outpatient service expenditures and acquisitions other than new technology or innovative services	\$29,076,449	Nursing, Rest Homes and Clinics	\$841,542	Medical, diagnostic, or therapeutic equipment acquired for location other than on the premises of a hospital, long term care facility, or clinic	\$264,063
Project Type	Threshold															
Total capital expenditure (including equipment) for long term care facilities and clinics	\$1,901,869															
Equipment for long term care facilities and clinics	\$950,935															
Capital expenditure (excluding major movable equipment) for hospitals and comprehensive cancer centers	\$17,826,988															
Outpatient service expenditures and acquisitions other than new technology or innovative services	\$29,076,449															
Nursing, Rest Homes and Clinics	\$841,542															
Medical, diagnostic, or therapeutic equipment acquired for location other than on the premises of a hospital, long term care facility, or clinic	\$264,063															

Massachusetts

Covered Services, Facilities, Medical Equipment	<p> Ambulatory Surgery (ASCs) Renal Lithotripsy/Lithotripters Radiation Therapy/Gamma Knife Long Term Care/Nursing Home Beds MRI Scanners NICU Services/Beds Open Heart Surgery </p>	<p> Organ Transplantation PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Substance Abuse Beds </p>
Moratoria	Contact DON staff for information	
Legislative Authority, Changes	<p> Regs: http://www.mass.gov/eohhs/docs/dph/regs/105cmr100.pdf Contact Agency for additional information </p>	
Health Plans	<p> Statewide Health Plan; Guidelines and Policy Advisories: http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/don/guidelines-bulletins-and-memorandums.html </p>	
Patient Level Data, All Payers Claims Data, Health Statistics	<p> Massachusetts Acute Hospital Case Mix Database: http://www.chiamass.gov/case-mix-data/ Utilization Analysis: http://www.chiamass.gov/utilization-analysis/ Massachusetts All-Payer Claims Database: http://www.chiamass.gov/ma-apcd/ </p>	
Health System Reform, Health Insurance Exchange, Related Information	<p> Cardiac: http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/ppgi/initiatives/cardiac-services.html; MA Chart book Series; Vital and service-specific statistics. MassHealth: http://www.mass.gov/eohhs/gov/departments/masshealth/ http://dirigohealth.maine.gov/Pages/employer_land.html Health Reform: http://www.maine.gov/pfr/insurance/federal_health_care_reform/index.htm </p>	
Notes	<p> * Citizens of the Commonwealth of Massachusetts can form a ten-taxpayer group(s) as a party of record to comment and request a public hearing on applications for projects proposed in their community. Other parties of record include state agencies concerned about the service under consideration or project costs. </p>	

Michigan

Program Title	Certificate of Need	
Agency	<p>Physical Address (★) Michigan Department of Human Services South Grand Building, 4th Floor 333 S. Grand Avenue Lansing MI 48933</p> <p>Abigail Mitchell, MitchellA7@michigan.gov ConWebTeam@michigan.gov</p>	
Website	http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5106---,00.html	
Program Description: Key Elements, Processes	<p>Letter of Intent (LOI) initiates application process. Application submitted after Letter of Intent. Completeness check: 15 days. Applicants have 15 days to respond to requests for information. Non-substantive reviews may take up to 45 days, substantive 120 days, and comparative 150 days. Analysis and decision is made within 45-150 days. Judicial review of the decision is made after 15 days, if appealed.</p> <p>Workflow chart: http://www.michigan.gov/documents/mdch/Appl_Process_Overview_Revision_63228_7_492666_7.pdf</p> <p>CON brochure: http://www.michigan.gov/documents/mdch/2015_CONb_Brochure_488915_7.pdf</p>	
Filing Fees	<p>\$3,000 for projects costing up to \$500,000 \$8,000 for projects costing more than \$500,000 but less than \$4,000,000 \$11,000 for projects costing more than \$4,000,000 but less than \$10,000,000 \$15,000 for projects costing \$10,000,000 or more</p>	
Capital Expenditure Review Thresholds	<p>Capital: \$3,180,000 (indexed annually) Equipment: Any New Service: Any clinical</p>	
Covered Services, Facilities, Medical Equipment	<p>Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories CT Scanners Radiation Therapy/Gamma Knife Renal Lithotripsy/Lithotripters Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds</p>	<p>MRI Scanners NICU Services/Beds Open Heart Surgery Organ Transplantation PET Scanners Psychiatric Beds Radiation Therapy/LINACs Swing Beds</p>

Michigan

Moratoria	None
Legislative Authority, Changes	<p>Administrative Rules: http://www.michigan.gov/documents/mdch/CON_Administrative_Rules.2_229951_7.pdf</p> <p>Public Health Code: http://www.legislature.mi.gov/(S(e3xvy12be2mnlx4c1kfy2rd))/documents/mcl/pdf/mcl-368-1978-17-222.pdf and http://www.michigan.gov/documents/mdch/Part_mcl-368-1978-17-201_420126_7.pdf</p>
Health Plans	<p>Statewide Health Plan: http://www.michigan.gov/documents/mdhhs/2015-Strategic-Plan_517551_7.pdf</p> <p>Michigan Rural Health Strategic Plan: http://www.michigan.gov/documents/mdch/Plan_4-15-08_FinalwCover_232037_7.pdf</p>
Patient Level Data, All Payers Claims Data, Health Statistics	<p>Michigan Inpatient Database and the Michigan Outpatient Database: http://www.datakoala.com/productinfo.htm</p> <p>Michigan Data Collaborative (MDC) is an all payers data collection (voluntary): https://www.michigandatacollaborative.org/MDC/#/home</p>
Health Planning Initiatives	State Innovation Model (SIM): http://michigan.gov/difs/0,5269,7-303-12902_35510-310214--,00.html
Health System Reform, Health Insurance Exchange, Related Information	<p>Information: http://www.michigan.gov/difs/0,5269,7-303-12902_35510_59739-310214--,00.html</p> <p>Exchange: https://www.healthcare.gov/</p>
Notes	<p>*MAILING ADDRESS</p> <p>Michigan Department of Health & Human Services Certificate of Need Evaluation Section South Grand Building, 4th Floor P. O. Box 30195 Lansing MI 48909</p>

Mississippi

Program Title	Certificate of Need	
Agency	Mississippi State Department of Health 570 E. Woodrow Wilson, P.O. Box 1700 Jackson, MS 39215-1700 Phone: 601-576-7874; Fax: 601-576-7530 Keisi D.V. Ward keisi.ward@msdh.state.ms.us	
Website	http://msdh.ms.gov/msdhsite/_static/30,0,84.html	
Program Description: Key Elements, Processes	Letter of Intent (LOI) initiates application process. Need to file a CON application is determined within 30 days and 180 days of the filing of the LOI. Completeness check within 15 days of application filing. Applicant has 15 days to respond. Public notice is given and there is a public comment period of 30 days. Staff analysis and recommendation are completed within 45 days. Public hearing may be requested within 20 days of the staff analysis. If no hearing is requested the State Health Officer makes final CON decision with 90 days. Administrative and judicial reviews of the State Health Officer's decision are permissible.	
Filing Fees	0.5% of project cost; Minimum of \$1,000; Maximum of \$25,000	
Capital Expenditure Review Thresholds	Capital: \$2,000,000/\$5,000,000(nonclinical) Equipment: \$1,500,000 New Service: Any amount	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories Renal Dialysis Services/Stations Radiation Therapy/Gamma Knife Home Health Care Services Hospice Services/Beds ICF/MR Facilities Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	MRI Scanners Open Heart Surgery PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Substance Abuse Beds Swing Beds
Moratoria	Home Health Agencies; Long Term Care/Nursing Home Beds	
Legislative Authority, Changes	Contact Agency	

Mississippi

Health Plans

Statewide Health Plan 2015

http://msdh.ms.gov/msdhsite/_static/19,0,184,665.html

Patient Level Data, All Payers Claims Data, Health Statistics

Hospital Discharge Data System:

http://msdh.ms.gov/msdhsite/_static/31,0,348.html

County Health Data: http://msdh.ms.gov/msdhsite/_static/31,0,211.html

Health Planning Initiatives

Staff Reviews 2014: http://msdh.ms.gov/msdhsite/_static/30,0,84,633.html

Staff Reviews 2015: http://msdh.ms.gov/msdhsite/_static/30,0,84,674.html

Health System Reform, Health Insurance Exchange, Related Information

Small business exchange: <https://www.onemississippi.com/>

Individuals: <https://www.healthcare.gov/>

Information: http://msdh.ms.gov/msdhsite/_static/44,0,236,628.html

Notes

Weekly Updates: http://msdh.ms.gov/msdhsite/_static/30,0,84,673.html

Missouri

Program Title	Certificate of Need	
Agency	CON Program, Department of Health & Senior Services PO Box 570 3418 Knipp Dr., Suite F Jefferson City, MO 65102 Phone: 573-751-6403; Fax: 573-751-7894 Karla Houchins CONP@health.mo.gov	
Website	http://health.mo.gov/information/boards/certificateofneed/	
Program Description: Key Elements, Processes	Letter of Intent (LOI) initiates application process. If a full CON application is required, it may be submitted between 30 and 180 days of the LOI filing. Completeness check: 15 days. Applicants have 15 days to respond to requests for information. Public notice is given. Interested parties have 30 days to request a public hearing. Staff analysis and recommendation are provided within 100 days of acceptance of application, unless the review period is extended. The Missouri Health Facilities Review Committee makes final CON decisions. The Committee decision is usually made in approximately 70 days. Administrative and judicial reviews of the Commissioner's decision are permissible. Administrative appeals decisions are usually made within 30 days.	
Filing Fees	0.1% of project cost. Minimum \$1,000. No maximum.	
Capital Expenditure Review Thresholds	Capital: \$600,000 LTC/\$1,000,000 All Other* Equipment: \$400,000 LTC/\$1,000,000 New Service: \$1,000,000	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Cardiac Catheterization Laboratories CT Scanners Radiation Therapy/Gamma Knife ICF/MR Facilities Renal Lithotripsy/Lithotripters Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	MRI Scanners PET Scanners Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Assisted Living Facilities
Moratoria	None	
Legislative Authority, Changes	Regulations: http://health.mo.gov/information/boards/certificateofneed/laws.php Contact Agency for more detailed information	

Missouri

Health Plans	<p>Injury Strategic Plan: http://health.mo.gov/living/families/injuries/pdf/MO-IVPP-State-Plan15-16.pdf</p> <p>State Plan on Aging: http://health.mo.gov/seniors/seniorservices/pdf/state-plan-on-aging.pdf</p> <p>Health Improvement Plan: http://health.mo.gov/data/pdf/mohealthimproveplan.pdf</p>
Patient Level Data, All Payers Claims Data, Health Statistics	<p>Patient Abstract System: http://health.mo.gov/data/patientabstractsystem/ http://health.mo.gov/data/mica/D_C_DofCMICA/</p> <p>Community Data Profiles: http://health.mo.gov/data/communitydatapfiles/</p>
Health Planning Initiatives	Center for Local Public Health Services (CLPHS), Division of Community Health (DCH), Center for Emergency Response & Terrorism.
Health System Reform, Health Insurance Exchange, Related Information	<p>Exchange: https://www.healthcare.gov/</p> <p>Information: http://insurance.mo.gov/consumers/health/lhindex.php</p>
Notes	<p>*600,000 for long term care, including RCF, and \$1,000,000 for acute care and other settings.</p> <p>\$400,000 for long term care; \$0 for Long Term Care Hospitals (LTCH). CON applications for hospitals include equipment. CON applications for LTC include residential care.</p>

Montana

Program Title	Certificate of Need	
Agency	<p>QAD, Department of Public Health & Human Services 2401 Colonial Drive P.O. Box 202953 Helena, Montana 59620-2953 Phone: 406-444-9519; Fax: 406-444-1742</p> <p>Leslie Howe Certificate of Need Program Manager lhowe@mt.gov</p>	
Website	http://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/CertificateofNeed.aspx	
Program Description: Key Elements, Processes	<p>Letter of Intent (LOI) initiates application process. It is published on the 10th of the month following receipt. Additional information may be required if LOI is incomplete. Application must be filed within 120 days of publication of the LOI. Competing applications must be filed within 90 days of publication of the LOI. Completeness check: 20 days. Applicants have 15 days to respond. Public notice of the application is given. Analysis and decision are completed within 90 days of acceptance of the application. The Director, Department of Health and Human Services, makes final CON decisions. Administrative and judicial reviews of the Director's decision are permissible. Contact agency for more detailed information.</p>	
Filing Fees	0.3% of project cost; minimum = \$500	
Capital Expenditure Review Thresholds	<p>Capital: \$1,500,000 Equipment: N/A New Service: \$150,000</p>	
Covered Services, Facilities, Medical Equipment	<p>Ambulatory Surgery (ASCs) Home Health Care Services ICF/MR Facilities Long Term Care/Nursing Home Beds</p>	<p>Inpatient Rehabilitation/Beds Substance Abuse Beds Swing Beds</p>
Moratoria	None	
Legislative Authority, Changes	<p>Administrative rules: http://www.mtrules.org/gateway/ChapterHome.asp?Chapter=37%2E106; Contact Agency for details on legislation.</p>	

Montana

Health Plans

Statewide Health Plan:

<http://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/CertificateofNeed/LBSHCFP.aspx>

Patient Level Data, All Payers Claims Data, Health Statistics

Montana Hospital DischargeData System:

<http://dphhs.mt.gov/publichealth/Epidemiology/OESS-MHDDS.aspx>
<http://www.mtha.org/index.htm>

The All Payer Claims Database Project: Montana Medicaid Pilot:

<http://www.bber.umt.edu/pubs/health/medicaid%20Phase%20II%20Report%20Final.pdf>

Health Planning Initiatives

Public Health Improvement Task Force, Comprehensive State Health Agency, Montana County Health Profiles, and Montana Health Agenda

Health System Reform, Health Insurance Exchange, Related Information

Individual Exchange: <https://www.healthcare.gov/>

Governor's Council: <http://dphhs.mt.gov/SIM>

Notes

CON coverage of inpatient services includes only rehabilitation services and chemical dependency services. CON activity reports:
<http://dphhs.mt.gov/qad/Licensure/Health%20Care%20Facility%20Licensure.certificate%20of%20need.aspx>

Nebraska

Program Title	Certificate of Need
Agency	DHHS Licensure Unit PO Box 94986 Lincoln, Nebraska 68509 Phone: 402-471-4963; Fax: 402-471-3577 Heidi Burklund heidi.burklund@nebraska.gov
Website	http://dhhs.ne.gov/publichealth/Pages/crl_need.aspx
Program Description: Key Elements, Processes	Limited CON program that focuses on long-term care services and rehabilitation beds. Contact agency to determine whether a CON application is required, as well as for detailed application and review procedures.
Filing Fees	\$1,000 per application
Capital Expenditure Review Thresholds	Capital: Any Long Term Care Equipment: N/A New Service: N/A
Covered Services, Facilities, Medical Equipment	Long Term Care/Nursing Home Beds Rehabilitation Beds
Moratoria	Long Term Care/Nursing Home Beds and Rehabilitation Beds
Legislative Authority, Changes	Major Legislative Changes to CON law in 1997; regulations governing hospitals were revised in 2006 and nursing homes were revised in 2007 and 2009.
Health Plans	Statewide Health Plan: http://www.nitc.nebraska.gov/ehealth_council/documents/NebStrategicHealthPlanV6Aug2012.pdf Public Health Improvement Plan: http://dhhs.ne.gov/publichealth/Documents/2013%20SHIP%20Plan%20Final.pdf
Patient Level Data, All Payers Claims Data, Health Statistics	Hospital Discharge Data: http://dhhs.ne.gov/publichealth/DataCenter/Pages/HospitalDischargeData.aspx http://www.nebraskahospitals.org/health_data/nhis.html
Health Planning Initiatives	Statewide Health Needs Assessment: http://dhhs.ne.gov/publichealth/Documents/NE%20Statewide%20Health%20Needs%20Assessment%20Public%20Comment.pdf Healthy People 2020

Nebraska

Health System
Reform, Health
Insurance
Exchange,
Related
Information

Exchange: <https://www.healthcare.gov/>

Study: <http://www.doi.nebraska.gov/aca/index.html>

Notes

Any long term care or rehabilitation bed increase exceeding 10 beds or 10% of capacity, whichever is less, over a two year period.

Nevada

Program Title	Letter of Approval
Agency	<p>Bureau of Health Planning & Statistics, Nevada State Health Division 4126 Technology Way, 2nd Floor, NE Carson City, Nevada 89706 Phone: 775-684- 4041; Fax: 775-684-4156</p> <p>Laura Hale, Manager ljhale@health.nv.gov</p>
Website	http://dpbh.nv.gov/Programs/Certificate_of_Need/Certificate_of_Need_-_Home/
Program Description: Key Elements, Processes	<p>CON review applies only to new health facility construction in counties with less than 100,000 population or in an incorporated city or unincorporated town whose population is less than 25,000 that is located in a county whose population is 100,000 or more and costing more than \$2.0 million*. Counties without a hospital within 45 minutes travel time of the nearest trauma center are exempt from CON review for new hospitals. CON review is required for new medical helicopter services. A Letter of Intent (LOI) initiates the review process. The LOI will be acknowledged within 15 days. If CON review is required, a pre-application conference, which may be by telephone, will be scheduled. If an application is deemed insufficient, it will be denied. When accepted as complete, a public hearing will be scheduled within 45 days. Notice of the public hearing will include the identity of the applicant; the place of the hearing and the date by which written information from interested persons must be submitted. The Director of the Department of Health and Human Services makes final CON decisions. Within 30 days after the public hearing, the Director will issue a letter of approval or disapproval.</p>
Filing Fees	\$9,500 for any project; CON review is required only for "new construction projects" in counties with less than 100,000 population or in an incorporated city or unincorporated town whose population is less than 25,000 that is located in a county whose population is 100,000 or more.
Capital Expenditure Review Thresholds	<p>Capital: \$2,000,000 Equipment: NA New Service: NA</p>

Nevada

Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) ICF/MR Facilities Long Term Care/Nursing Home Beds
Moratoria	None
Legislative Authority, Changes	Regulations: https://www.leg.state.nv.us/nrs/NRS-439A.html Contact agency for additional information
Health Plans	Rural Health Plan: http://med.unr.edu/Documents/unsom/statewide/reports/Nevada_Rural_Health_Plan_-_April_2008.pdf Statewide Health Plan; BRFFS
Patient Level Data, All Payers Claims Data, Health Statistics	Nevada Compare Care: http://www.nevadacomparecare.net/index.php Center for Health Information Analysis for Nevada: http://www.chiaunlv.com/index.php
Health Planning Initiatives	Shortage Area Designations (HPSAs and MUA/Ps)
Health System Reform, Health Insurance Exchange, Related Information	Silver State Exchange: https://www.nevadahealthlink.com/sshix/ Health Reform & Coverage Information: http://doi.nv.gov/Healthcare-Reform/
Notes	*New legislation added the language for incorporated cities or unincorporated towns.

New Jersey

Program Title	Certificate of Need	
Agency	Office of Certificate of Need & Health Care Facility Licensure 171 Jersey Street, Building 5, 1st Floor PO Box 358 Trenton, New Jersey 08625 Phone: 609-292-5690; Fax: 609-292-3780 John Calabria john.calabria@doh.state.nj.us	
Website	http://www.state.nj.us/health/healthfacilities/certificate-need/	
Program Description: Key Elements, Processes	Most CON applications are submitted in response to a call for service-specific applications issued by the Commissioner. Reviews focus on the track record of the applicant/respondent, financial feasibility, and community need. Staff prepares analysis and makes recommendation to the State Health Planning Board. The Commissioner of Health and Senior Services makes final CON decisions. Expedited review of applications, where applicable, focuses on the track record of applicants and financial feasibility. Administrative and judicial reviews of the Commissioner's decision are permissible.	
Filing Fees	\$7,500 + 0.25% of total project cost for projects of \$1,000,000 or more; minimum \$7,500 if project cost is under \$1,000,000	
Capital Expenditure Review Thresholds	Capital: \$1,000,000 Equipment: \$1,000,000 New Service: Any	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Burn Care Services/Beds Cardiac Catheterization Laboratories Home Health Care Services ICF/MR Facilities Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	NICU Services/Beds Open Heart Surgery Organ Transplantation Psychiatric Beds Inpatient Rehabilitation/Beds
Moratoria	LTC applications subject to the issuance of a call for applications	
Legislative Authority, Changes	Contact Agency	
Health Plans	Statewide Health Improvement Plan: http://www.state.nj.us/health/accreditation/documents/ship2012-2015.pdf	

New Jersey

Patient Level
Data, All Payers
Claims Data,
Health Statistics

Hospital Discharge Data:

<https://www26.state.nj.us/doh-shad/query/UBQueryTechNotes.html>

Health Planning
Initiatives

Consumer Reports and Guides:

<http://www.state.nj.us/health/healthfacilities/reportcards.shtml>

Health System
Reform, Health
Insurance
Exchange,
Related
Information

Exchange: <https://www.healthcare.gov/>

Information:

http://www.state.nj.us/dobi/division_consumers/insurance/ppaca.html

Notes

Details on CON applications and decisions can be found at:

<http://www.nj.gov/health/bc/state-health-planning-board/>

https://healthapps.state.nj.us/forms/subforms_iframe.aspx?pro=healthfacilities#need-care

New York

Program Title **Certificate of Need**

Agency Div of Health Facility Planning, State Dept. of Health
Hedley Park Place
433 River Street
Troy, New York 12180
Phone: 518-402-0966; Fax: 518-402-0971

Christopher Delker
cons@health.ny.gov

Website <http://www.nyhealth.gov/facilities/cons/>

Program Description: Key Elements, Processes Review tracks and level of intensity vary considerably, depending on the nature, size and cost of the application. Applications may be handled administratively or reviewed by statewide review council. Contact agency to determine whether a CON application is required, as well as for detailed application and review procedures that may apply.

Filing Fees

Type of Review	Facility/Agency	Application Fee	Construction Fee
Establishment - Non Construction (includes all transfers of ownership or control)	Hospital, Nursing Homes	\$3,000	N/A
	D&TCs, Certified Home Health Agency, Licensed Home Care Services, Hospice	\$2,000	N/A
	Safety Net D&TCs	\$1,000	N/A
Construction - Full Review	Hospital, Nursing Homes, D&TCs	\$2,000	.55% x costs
Construction - Full Review	Safety Net D&TCs	\$1,250	.45% x costs
Construction - Full Review (Change in service area, construction with significant cost, change in capacity, change in service delivery)	Certified Home Health Agency, Long Term Home Health Care Program, Hospice	\$2,000	.30% x cost
Construction - Administrative	Hospital, Nursing Home, D&TCs	\$2,000	.30% x cost
Construction - Administrative	Safety Net D&TCs	\$1,250	.25 % x cost
Construction - Administrative (CHHA: SHRPC declines review; Hospice: lower cost than full)	Certified Home Health Agency, Long Term Home Health Care Program, Hospice	\$2,000	.30% x co

Capital Expenditure Review Thresholds

Capital: \$50,000,000 Hospitals/\$25,000,000 Other*
Equipment: \$6,000,000
New Service: Any

Additional information on CON requirements:

http://www.health.ny.gov/regulations/recently_adopted/docs/2015-09-30_con_requirements.pdf

New York

Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery/(ASCs) Assisted Living Facilities Burn Care Services/Beds Cardiac Catheterization Laboratories CT Scanners Home Health Care Services Hospice Services/Beds Long Term Care/Nursing Home Beds Long Term Acute Care Beds MRI Scanners NICU Services/Beds	Inpatient Obstetrics/Beds Open Heart Surgery Organ Transplantation PET Scanners Renal Lithotripsy/Lithotripters Renal Dialysis Services/Stations Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Substance Abuse Beds Swing Beds
Moratoria	None	
Legislative Authority, Changes	Eliminated CON for most non-clinical infrastructure projects and for one-for-one replacements of equipment. Changed notification process, without need for Department of Health approval.	
Health Plans	Contact Agency	
Patient Level Data, All Payers Claims Data, Health Statistics	Hospital Inpatient Discharges: https://health.data.ny.gov/Health/Hospital-Inpatient-Discharges-SPARCS-De-Identified/rmwa-zns4/data New York All Payer Database: http://www.health.ny.gov/technology/all_payer_database/	
Health Planning Initiatives	The New York State Health Innovation Plan http://www.health.ny.gov/technology/innovation_plan_initiative/	
Health System Reform, Health Insurance Exchange, Related Information	NY State of Health: http://healthbenefitexchange.ny.gov/ http://www.healthcarereform.ny.gov/	
Notes	*Proposals that have total project costs of up to \$15M and do not exceed \$25M (\$50M for general hospitals) and 10% of annual operating budget thresholds as defined in 10 NYCRR Section 710.1(c)(3), are eligible for an administrative review and do not require a recommendation from the Public Health and Health Planning Council. For more information: http://www.health.ny.gov/regulations/nycrr/title_10/	

North Carolina

Program Title	Certificate of Need	
Agency	CON Section, Division of Health Service Regulation, DHHS 2704 Mail Service Center Raleigh, NC 27699-2704 Phone: 919-855-3873; Fax: 919-715-4413 Martha Frisone Martha.Frisone@dhhs.nc.gov	
Website	http://www.dhhs.state.nc.us/dhsr/coneed/index.html	
Program Description: Key Elements, Processes	Letter of Intent (LOI) initiates application process. Application filed. Completeness check: 5 days. Public comment period: first 30 days of the review period. Local public hearing held within 20 days of end of public comment period. Staff analysis and decision issued within 150 days. Administrative and judicial reviews of the decision are permissible. Appeals must be filed within 30 days. Administrative Law judge has 270 days (from date of appeal) to make decision. (See web site for more details: http://www.dhhs.state.nc.us/dhsr/coneed/index.html).	
Filing Fees	Capital expenditures: \$5,000 + 0.3% of project costs over \$1.0 million; maximum of \$50,000.	
Capital Expenditure Review Thresholds	Capital: \$2,000,000 Equipment: \$750,000 New Service: Any Amount	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Assited Living Facilities Burn Care Services/Beds* Cardiac Catheterization Laboratories CT Scanners* Home Health Care Services Hospice Services/Beds ICF/MR Facilities Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	MRI Scanners NICU Services/Beds Open Heart Surgery Organ Transplantation PET Scanners Psychiatric Beds Renal Lithotripsy/Lithotripters Radiation Therapy/LINACs Radiation Therapy/Gamma Knife Renal Dialysis Services/Stations Inpatient Rehabilitation/Beds Substance Abuse Beds
Moratoria	None	

North Carolina

Legislative Authority, Changes	Contact Agency for details
Health Plans	State Medical Facilities Plan published each year SMFP 2016: http://www2.ncdhhs.gov/dhsr/ncsmfp/index.html
Patient Level Data, All Payers Claims Data, Health Statistics	Hospital Discharge Data: http://www2.thecarolinascenter.org/NCMED/hospital.asp 2016 County Health Data Book: http://www.schs.state.nc.us/data/databook/
Health Planning Initiatives	Need Determinations: http://www2.ncdhhs.gov/dhsr/mfp/needdeterminations.html Monthly Reports: http://www2.ncdhhs.gov/dhsr/coneed/conmthly.html
Health System Reform, Health Insurance Exchange, Related Information	Exchange: https://www.healthcare.gov/get-coverage/ Information: http://www.ncdoi.com/Smart/HCR_About.aspx
Notes	*Burn intensive care services. CT scanners subject to review if capital expenditure exceeds \$500,000 for building and all diagnostic equipment, or if CT scanner alone exceeds \$750,000

,

Ohio

Program Title	Certificate of Need
Agency	<p>Division of Quality Assurance 246 High Street Columbus, Ohio 43215 Phone: 614-466-3325; Fax: 614-752-4157</p> <p>Joel Kaiser CON@odh.ohio.gov</p>
Website	http://www.odh.ohio.gov/odhprograms/dspc/certn/certneed1.aspx
Program Description: Key Elements, Processes	<p>Applications received. Completeness check: 30 days. Applicants have 90 days to respond. When application deemed complete, public notice published. Requests for informational hearing must be filed within 15 days of notice of completeness. An objection and request for a hearing must be filed within 30 days of notice of completeness. If no objection filed, Director's decision rendered within 60 days. If objection(s) filed, a public hearing is held. After receiving hearing examiner's report, Director's decision rendered within 40 days.</p> <p>Forms: http://www.odh.ohio.gov/forms/formfinder.aspx?nonPost=t&category=Area&phrase=certificate%20of%20need&display=program%20/%20area</p>
Filing Fees	The CON fee has been increased from 0.9% of the capital cost of the project to 1.5%. The minimum fee has increased from \$3000 to \$5000. The maximum fee remains \$20,000 (\$3,000 maximum for non-capital projects).
Capital Expenditure Review Thresholds	<p>Capital: \$2,000,000*</p> <p>Equipment: N/A</p> <p>New Service: N/A</p>
Covered Services, Facilities, Medical Equipment	Long Term Care/Nursing Home Beds
Moratoria	Prohibition on adding new nursing home beds; Psychiatric facilities
Legislative Authority, Changes	<p>http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/dspc/certificate%20of%20need/frequentlyaskedquestions.pdf</p> <p>Contact Agency for more detailed information</p>
Health Plans	<p>Statewide Health Improvement Plan: http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/lhd/Ohio%202012-14%20SHIP.ashx</p> <p>Statewide Health Plan</p>

Ohio

Patient Level
Data, All Payers
Claims Data,
Health Statistics

Ohio Hospital Compare: <http://publicapps.odh.ohio.gov/facilityinformation/>
Hospital Charge & Utilization:
<http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/HospitalDRG>

Health Planning
Initiatives

2015-2017 ODH Strategic Plan &
2015-2016 State Health Improvement Plan Addendum
http://www.odh.ohio.gov/default.aspx#tipdetail_3

Health System
Reform, Health
Insurance
Exchange,
Related
Information

Exchange:
<https://www.healthcare.gov/get-coverage/>
Information:
<http://www.healthcarereform.ohio.gov/Pages/default.aspx>

Oklahoma

Program Title	Certificate of Need	
Agency	<p>Health Facility Systems, OSDH 1000 NE 10th Street Oklahoma City, Oklahoma 73117-1299 Phone: 405-271-6868; Fax: 405-271-7360</p> <p>Darlene Simmons darlen@health.state.ok.gov</p>	
Website	https://www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Health_Facility_Systems_/index.html	
Program Description: Key Elements, Processes	<p>Applications received. Completeness check: 15 days. After application accepted there is a 20-day public comment period. Administrative reviews are completed within 45 days. Standard reviews completed within 90 days. Administrative and judicial reviews of the Commissioner's decision are permissible. Administrative hearings are set within 30 days. Final agency decisions are rendered within 45 days after reconsideration request. Judicial appeals must be filed within 30 days of a final decision.</p> <p>Long Term Care: https://www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Health_Facility_Systems_/Nursing_Home_Certificate_of_Need/</p> <p>Psychiatric/Substance Abuse: https://www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Health_Facility_Systems_/Nursing_Home_Certificate_of_Need/</p>	
Filing Fees	<p>For psychiatric and chemical dependence facilities the fee is three quarters of one percent (.75%) of the capital cost of the project. The minimum fee is \$1,500; the maximum is \$10,000 for psychiatric and chemical dependency facilities. For long -term care facilities the fee is one percent (1%) of the capitol cost. The minimum fee is \$1,000 and no maximum is set for long - term care projects</p>	
Capital Expenditure Review Thresholds	<p>Capital: \$1,000,000 Equipment: N/A New Service: Any covered service proposal to increase beds</p>	
Covered Services, Facilities, Medical Equipment	<p>ICF/MR Facilities Long Term Care/Nursing Home Beds</p>	<p>Psychiatric Beds Sub-Acute Beds</p>
Moratoria	None	

Oklahoma

Legislative Authority, Changes

Long Term Care Act: <https://www.ok.gov/health2/documents/HRDS-HFS-LTC%20CON%20act.pdf>.

Health Plans

Contact Agency for more details

Patient Level Data, All Payers Claims Data, Health Statistics

Hospital Discharge & Outpatient/ASC Surgery Data: https://www.ok.gov/health/Data_and_Statistics/Center_For_Health_Statistics/Health_Care_Information/Hospital_Discharge_&_Outpatient_ASC_Surgery_Data/index.html

My Health Care Access (Voluntary APCD): <http://myhealthaccess.net>; <http://myhealthaccess.net/who-we-serve/population-health/>

Health Planning Initiatives

Long Term Care Reports: www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Health_Facility_Systems_/Nursing_Home_Occupancy_Reports/

Health System Reform, Health Insurance Exchange, Related Information

Exchange: <https://www.healthcare.gov/get-coverage/>

Information: <http://www.ok.gov/oid/>

Oregon

Program Title **Certificate of Need**

Agency Certificate of Need Program, OR Health Division
800 NE Oregon St., Suite 930
Portland, Oregon 97232
Phone: 971-673-1108; Fax: 971-673-1299

Jana Fussell
jana.fussell@state.or.us

Website <http://public.health.oregon.gov/ProviderPartnerResources/HealthcareProvidersFacilities/CertificateNeed/Pages/index.aspx>

Program Description: Key Elements, Processes Expedited and standard reviews are available. Review timelines and procedures vary. Contact agency to determine whether a CON application is required, as well as for the detailed application and review procedures that may apply.

Filing Fees

<i>Range of Project Costs and Fee Schedule</i>			
Project Costs Over	But Not Over	The Fee is	Plus
<u><i>Non-Expedited or Abbreviated Review</i></u>			
\$ 0	\$500,000	\$13,500	\$0
\$ 500,000	\$1,500,000	\$13,500	2.1% of costs over \$500,000
\$ 1,500,000	\$5,000,000	\$34,500	0.6% of costs over \$1,500,000
\$ 5,000,000	\$10,000,000	\$55,500	0.3% of costs over \$5,000,000
\$ 10,000,000	\$100,000,000	\$70,500	0.006% of costs over \$10,000,000
\$ 100,000,000	\$300,000,000	\$75,900	0.0045% of costs over \$100,000,000
\$ 300,000,000	\$500,000,000	\$84,990	0.003% of costs over \$300,000,000
\$ 500,000,000	ABOVE	\$90,900	\$0
<u><i>Expedited Review</i></u>			
\$ 0	\$500,000	\$9,000	\$0
\$ 500,000	\$1,500,000	\$9,000	1.4% of costs over \$500,000
\$ 1,500,000	\$5,000,000	\$23,000	0.4% of costs over \$1,500,000
\$ 5,000,000	\$10,000,000	\$37,000	0.2% of costs over \$5,000,000
\$ 10,000,000	\$100,000,000	\$47,000	0.004% of costs over \$10,000,000

Oregon

Filing Fees (continued))	Project Costs Over	But Not Over	The Fee is	Plus
	\$ 100,000,000	\$300,000,000	\$50,600	0.003% of costs over \$100,000,000
	\$ 300,000,000	\$500,000,000	\$56,600	0.002% of costs over \$300,000,000
	\$ 500,000,000	ABOVE	\$60,660	\$0
	<i><u>Abbreviated Review</u></i>			
	\$ 0	\$500,000	\$5,000	\$0
	\$ 500,000	\$1,500,000	\$5,000	1% of costs over \$500,000
	\$ 1,500,000	ABOVE	\$15,000	\$0
Capital Expenditure Review Thresholds	Capital: Any LTC/New Hospital Equipment: N/A New Service: Any LTC/New Hospital			
Covered Services, Facilities, Medical Equipment	Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds★		Hospice Services/Beds★ Swing Beds	
Moratoria	None			
Legislative Authority, Changes	Statute: http://public.health.oregon.gov/ProviderPartnerResources/HealthcareProvidersFacilities/CertificateNeed/Pages/statutes.aspx Contact agency for more information			
Health Plans	Statewide Health Improvement Plan: https://public.health.oregon.gov/About/Pages/HealthImprovement.aspx Statewide Health Information Technology Plan: http://www.oregon.gov/oha/OHPR/HITOC/docs/Oregon's_Strategic_Plan_for_Health_IT.pdf Statewide Health Plan			
Patient Level Data, All Payers Claims Data, Health Statistics	Office of Health Analytics: http://www.oregon.gov/oha/analytics/Pages/index.aspx All Payers Data: http://www.oregon.gov/oha/analytics/Pages/All-Payer-All-Claims.aspx			
Health Planning Initiatives	Oregon State Health Profile http://public.health.oregon.gov/About/Pages/HealthStatusIndicators.aspx			

Oregon

Health System
Reform, Health
Insurance
Exchange,
Related
Information

Exchanges:

<http://www.oregonhealthcare.gov/index-3.html> and <https://www.healthcare.gov/>

Information:

<http://insurance.oregon.gov/consumer/federal-health-reform/federalhealthreform-oregon.html>

Notes

*Service requires Certificate of Need if it's a new hospital or freestanding inpatient facility

Rhode Island

Program Title	Certificate of Need	
Agency	<p>Rhode Island Department of Health Center for Health Systems Policy and Regulation Three Capitol Hill, Room 410 Providence, RI 02908 Phone: 410-222-2788</p> <p>Michael K. Dexter, Chief michael.dexter@health.ri.gov</p>	
Website	http://health.ri.gov/programs/detail.php?pgm_id=1012	
Program Description: Key Elements, Processes	<p>Letter of Intent must be filed 45 days in advance of application deadlines. Two review cycles annually: applications must be submitted by January 10 or June 10. State agency staff conduct a completeness review and notify applicants within 10 business days of any deficiencies. Applicants have 14 days to satisfy and deficiencies and resubmit the application. Applications are processed through public review before the Health Services Council with a written recommendation to the Director within 115 days. The Director's final decision is to be issued within five days upon receipt of the recommendation of the Health Services Council. Administrative and judicial reviews of the Director's decision are permissible. CON Rules & Regulations (RIGL 23 -15 – CON) are available at: http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7122.pdf</p>	
Filing Fees	<p>Non-tertiary/specialty CON: \$500 plus 0.25% of total capital expenditure; Tertiary/Specialty CON \$10,000 plus 0.25% of total capital expenditure; & up to \$23,463 in fees to the applicant for any consultants that may be engaged by the state agency.</p>	
Capital Expenditure Review Thresholds	<p>Capital: \$5,720,877 Equipment: \$2,451,805 New Service: 1,634,536</p>	
Covered Services, Facilities, Medical Equipment	<p>Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories CT Scanners Radiation Therapy/Gamma Knife Home Health Care Services Hospice Services/Beds Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds</p>	<p>MRI Scanners NICU Services/Beds Freestanding Emergency Care Facilities Open Heart Surgery Organ Transplantation PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds</p>

Rhode Island

Moratoria	<p>Moratorium on nursing home beds in place since 1996, pursuant to RIGL 23-17-44. More information at:</p> <p>http://www.health.state.ri.us/statutes/TITLE23/23-17/23-17-44.htm</p>
Legislative Authority, Changes	None
Health Plans	<p>2015 Statewide Health Inventory</p> <p>http://www.health.ri.gov/data/healthinventory/</p>
Patient Level Data, All Payers Claims Data, Health Statistics	<p>HealthFacts RI, Rhode Island's All-Payer Claims Database:</p> <p>http://health.ri.gov/data/healthfactsri/</p> <p>Health Care Reporting:</p> <p>http://health.ri.gov/programs/detail.php?pgm_id=137</p>
Health Planning Initiatives	<p>2015 Statewide Health Inventory</p> <p>http://www.health.ri.gov/data/healthinventory/</p>
Health System Reform, Health Insurance Exchange, Related Information	<p>Rhode Island Health Source:</p> <p>http://healthsourceri.com/mobile/</p> <p>Insurance Commissioner: http://www.ohic.ri.gov/</p>
Notes	<p>Certificate of Need requirement for inpatient obstetrics/beds is determined by the capital/operating expense and not as a category in and of itself.</p> <p>A change in ownership, control, or lesse of a health care facility in RI requires approval by the Department of Health as a Change in Effective Control (RIGL Chapter 23-17). This includes hospitals, nursing homes, organized ambulatory care facilities, outpatient kidney dialysis facilities, hospice care facilities, freestanding emergency care facilities, home health care providers, freestanding ambulatory surgical centers. See also hospital conversions requirements in RIGL 23-17.14:</p> <p>http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-17.14/INDEX.HTM</p>

South Carolina

Program Title	Certificate of Need	
Agency	DHEC, Health Facilities & Services Development 2600 Bull Street Columbia, South Carolina 29201 Phone: 803-545-4200; Fax: 803-545-4579 Sam Phillips, CON Director coninfo@dhec.sc.gov	
Website	http://www.scdhec.gov/Health/FHPP/HealthFacilityRegulationsLicensing/CertificateOfNeed/	
Program Description: Key Elements, Processes	Application review check: 30 days. Applicants have 30 days to respond to requests for additional information. There may be a 2nd round of additional questions followed by 30 days to respond to requests for additional information. The application is deemed complete and the application fee is assessed. Public Notice is published in the State Register in the next available cycle. Analysis of the application and decision are completed within 120 days and cannot be made later than 150 days. Appeals must be filed within 10 days to a designated Administrative Law Judge.	
Filing Fees	Initial Filing Fee: \$500 for all applications; Application Fee: 0.005 of total project cost up to \$1.4 M up to maximum \$7,000; Issuance Fee: \$7,500 for projects greater than \$1.4M.	
Capital Expenditure Review Thresholds	Capital: \$2,000,000 Equipment: \$600,000 New Service: \$1,000,000	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories Radiation Therapy/Gamma Knife Home Health Care Services Hospice Services/Beds ICF/MR Facilities Renal Lithotripsy/Lithotripters Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	MRI Scanners NICU Services/Beds Open Heart Surgery PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Sub-Acute Beds Substance Abuse Beds
Moratoria	None	
Legislative Authority, Changes	Regulations: http://www.scdhec.gov/Health/FHPP/HealthFacilityRegulationsLicensing/CertificateOfNeed/SCCONRegulations/ Contact agency for more details	

South Carolina

Health Plans

Statewide Health Plan 2015:

<http://www.scdhec.gov/Health/docs/FinalSHP.pdf>

Patient Level Data, All Payers Claims Data, Health Statistics

Health Utilization - Online Query System:

<http://rfa.sc.gov/healthcare/utilization>

County Health Indicators:

<http://www.scdhec.gov/Health/SCPublicHealthStatisticsMaps/HealthCounty/>

Health Planning Initiatives

Contact Agency

Health System Reform, Health Insurance Exchange, Related Information

Exchange: <https://www.healthcare.gov/get-coverage/>

Health Reform:

<https://www.scdhhs.gov/sites/default/files/health-reform-20130814.pdf>

Tennessee

Program Title	Certificate of Need	
Agency	TN Health Services & Development Agency 500 Deaderick Street, Suite 850 Nashville, Tennessee 37243 Phone: 615-741-2364; Fax: 615-741-9884 Melanie M. Hill melanie.hill@tn.gov	
Website	http://www.tennessee.gov/hsda	
Program Description: Key Elements, Processes	Letter of Intent (LOI) initiates application process. LOI notice is published in local newspaper between the 1st and 10th of the month. Applications must be filed within 5 days of publication of the LOI filing. Completeness check: 15 days. Applicants have 60 days to respond to requests for information. Staff analysis completed within 60 days. Decisions are rendered within 30 days of publication of staff analysis. Administrative and judicial reviews of the Commissioner's decision are permissible. Administrative review appeals must be filed within 15 days of agency decision.	
Filing Fees	\$5.75 per \$1,000 estimated capital expenditure; in no case shall the fee be less than \$15,000 and no more than \$95,000	
Capital Expenditure Review Thresholds	Capital: \$5,000,000 Hospital/\$2,000,000 Other Equipment: \$2,000,000 New Service: Any amount with bed change or new service	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Burn Care Services/Beds Cardiac Catheterization Laboratories Home Health Care Services Hospice Services/Beds ICF/MR Facilities Renal Lithotripsy/Lithotripters Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	MRI Scanners NICU Services/Beds Open Heart Surgery PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Sub-Acute Beds Substance Abuse Beds Swing Beds
Moratoria	None	
Legislative Authority, Changes	One member added to Health Services and Development Agency (Ambulatory Surgical treatment center representative added)	

Tennessee

Health Plans

Statewide Health Plan 2014:

http://www.tennessee.gov/assets/entities/hsda/attachments/2014_State_Health_Plan_FINAL.pdf

Statewide Health Statistics; Plans specific to diseases or services.

Patient Level Data, All Payers Claims Data, Health Statistics

Hospital Discharge Data System: <https://www.tn.gov/health/article/statistics-hdds>

Health Statistics: <https://www.tn.gov/health/section/statistics>

<http://www.tennessee.gov/hsda/article/medical-equipment-statistics>

Health Planning Initiatives

Community Assessment; Numerous statistical reports.

CON criteria and standards: <http://www.tennessee.gov/hsda/article/hsda-criteria-and-standards>;

Publications and reports: <http://www.tennessee.gov/hsda/section/hsda-publications-and-reports>

Health System Reform, Health Insurance Exchange, Related Information

Exchange: <https://www.healthcare.gov/get-coverage/>

Information:

<http://www.tn.gov/commerce/article/ins-health-insurance-information>

Notes

Freestanding, mobile services, equipment, etc., are categorized together. CT, gamma and cyber knives are covered if the cost exceeds major medical equipment threshold of \$2.0 million.; Discontinuance of OB is covered

More information on covered services can be found at:

<http://www.tennessee.gov/hsda/topic/certificate-of-need-basics> or contact agency staff for details

For information on projects submitted and reviewed see:

<http://www.tennessee.gov/hsda/topic/hsda-other-reports>

Vermont

Program Title	Certificate of Need	
Agency	<p>Green Mountain Care Board 89 Main Street Montpelier, VT 05620-3601 Phone: 802-828-2918; Fax: 802-828-2177 gmcboard@vermont.gov</p> <p>Donna Jerry, Senior Health Policy Analyst Donna.Jerry@Vermont.gov</p>	
Website	http://gmcboard.vermont.gov/	
Program Description: Key Elements, Processes	<p>Letter of Intent (LOI) or submission of an application initiates application process. Public notice in newspaper(s) is filed by the Applicant when LOI or application is filed. Staff has 90 days to review each application. When application is ruled complete, a public hearing is scheduled before the Green Mountain Care Board (GMCB). The GMCB makes final CON decision. Appeals go directly to the State Supreme Court.</p>	
Filing Fees	0.125% of project cost; minimum of \$250 and maximum of \$20,000	
Capital Expenditure Review Thresholds	<p>Capital: \$3,000,000 Hospital/\$1,500,000 Other Equipment: \$1,000,000 New Service: \$500,000*</p>	
Covered Services, Facilities, Medical Equipment	<p>Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Burn Care Services/Beds Cardiac Catheterization Laboratories CT Scanners Renal Dialysis Services/Stations Radiation Therapy/Gamma Knife Home Health Care Services Hospice Services/Beds ICF/MR Facilities Renal Lithotripsy/Lithotripters Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds</p>	<p>MRI Scanners NICU Services/Beds Inpatient Obstetrics/Beds Open Heart Surgery Organ Transplantation PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Sub-Acute Beds Substance Abuse Beds Swing Beds Ultra Sound Services</p>
Moratoria	None	
Legislative Authority, Changes	<p>Statute: http://legislature.vermont.gov/statutes/chapter/18/221 http://legislature.vermont.gov/statutes/section/18/221/09405</p>	

Vermont

Health Plans

State Health Improvement Plan

Healthy Vermont 2020: <http://healthvermont.gov/hv2020/>

Patient Level Data, All Payers Claims Data, Health Statistics

Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES): <http://gmcboard.vermont.gov/hit/vhcures>

Vermont Hospital Utilization Reports and Discharge Data Sets: <http://www.healthvermont.gov/research/hospital-utilization/index.aspx>

Health Planning Initiatives

Contact Green Mountain Care Board at 802-828-2177 or 802-951-0142

Health System Reform, Health Insurance Exchange, Related Information

Vermont Health Connect: <http://info.healthconnect.vermont.gov/>

Notes

*Annual operating expense threshold for existing or new service is \$500,000. Capital review thresholds are \$3.0 million for hospitals and \$1.5 million for all other facilities.

Virginia

Program Title	Certificate of Public Need	
Agency	Division of Certificate of Public Need, VA Department of Health 9960 Maryland Drive, Suite 401 Richmond, Virginia 23233 Phone: 804-367-2126; Fax: 804-527-4501 Peter Boswell, Director Peter.Boswell@vdh.virginia.gov	
Website	http://www.vdh.virginia.gov/olc/copn/	
Program Description: Key Elements, Processes	Letter of Intent (LOI) initiates application process. LOI is valid for one year. Completeness check: 10 days. Applicants have 30 days to respond. Public notice given, and public hearing held, by regional planning agency, which advises State on the application. Regional hearing, analysis, and recommendation completed within 60 days. State staff (DCOPN) analysis and recommendation completed within 90 days. If both recommendations are positive, the application is sent directly to the Commissioner of Health. If one or both recommendations are negative, a state-level informal fact finding conference (IFFC) is held. The Commissioner of Health makes final CON decisions. Administrative and judicial reviews of the Commissioner's decision are permissible.	
Filing Fees	1.0% of project cost; \$1,000 minimum; \$20,000 maximum	
Capital Expenditure Review Thresholds	Capital: \$17,095,823 Equipment: Any Amount* New Service: Any Amount*	
Covered Services, Facilities, Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories CT Scanners Radiation Therapy/Gamma Knife ICF/MR Facilities Renal Lithotripsy/Lithotripters Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	MRI Scanners NICU Services/Beds Inpatient Obstetrics/Beds Open Heart Surgery Organ Transplantation PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds
Moratoria	None	

Virginia

Legislative Authority, Changes

A number of proposals to change the Virginia Certificate of Public Need (COPN) were considered during the 2015 legislative session and during the recently completed (2016) legislative session. After lengthy debate and substantial maneuvering, all of the bills that would have phased out or substantially reduced the scope of the program were consolidated into two bills (House Bill 193 and House Bill 350 during the 2016 session and “continued” to the 2017 session of the Virginia General Assembly. Presumably the issue will be revisited in January of 2017. The substance of the bills considered and those continued can be found at <https://lis.virginia.gov/cgi-bin/legp604.exe?161+sbj+032>.

Review of non-bed hospital capital expenditures above the capital expenditure threshold was eliminated 2014.

Health Plans

State Medical Facilities Plan (SMFP) contains COPN planning standards. Other plans: State Health Improvement Plan; Minority.

Patient Level Data, All Payers Claims Data, Health Statistics

Annual health facility licensing survey data and patient level data (inpatient) available through Virginia Health Information: <http://www.vhi.org/>

All Payers Claims Database: <http://www.vhi.org/apcd/>

Health Planning Initiatives

Request for Applications (RFA) process for nursing home beds.

Health System Reform, Health Insurance Exchange, Related Information

Exchange: <https://www.healthcare.gov/get-coverage/>

Information: http://www.dss.virginia.gov/benefit/healthcare_reform.cgi

Notes

* Any amount for services and equipment subject to COPN regulation.

Washington

Program Title **Certificate of Need**

Agency
 Certificate of Need Program, Department of Health
 310 Israel Road SE, MS 47852
 Tumwater, Washington 98504
 Phone: 360-236-2955; Fax: 360-236-2901

Janis Sigman
 janis.sigman@doh.wa.gov

Website
<http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/CertificateofNeed/>

Program Description: Key Elements, Processes
 Letter of Intent (LOI) initiates application process. LOI is valid for six months for non-concurrent review and 30 days for concurrent reviews. LOIs must be filed a minimum of 30 days before the application for non-concurrent review and during the published submission period for concurrent reviews. Completeness check: 15 working days for non-current reviews and concurrent review. Applicants have 45 days to respond for non-concurrent reviews. Public comment period: 45 days for non-current reviews and concurrent reviews. Public hearing may be requested. Staff analysis and recommendation completed within 45 days. The review period varies by type of review, from 50 days (expedited). The Department of Health makes the final CON decisions. Administrative and judicial reviews of the decision are permissible. Administrative appeals must be requested within 28 days of the decision

Filing Fees

Facility Type	Review Fee
Ambulatory surgical centers/facilities	\$20,427
Amendments to issued Certificates of Need	\$12,874
Emergency review	\$8,286
Home health agency	\$24,666
Hospice agency	\$21,968
Hospice care center	\$12,874
Hospital (excluding transitional care units (TCUs), ambulatory surgical centers/facilities, home health, hospice and kidney disease treatment centers)	\$40,470
Kidney disease treatment centers	\$25,054
Nursing homes (including continuing care retirement communities (CCRCs) and TCUs)	\$46,253

See more details below in additional information.

Capital Expenditure Review Thresholds

Capital: Nursing Home*
Equipment: N/A
New Service: Any Amount

Washington

Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery/(ASCs) Burn Care Services/Beds Cardiac Catheterization Laboratories Renal Dialysis Services/Stations Home Health Care Services Hospice Services/Beds Term Care/Nursing Home Beds Long Term Acute Care Beds	NICU Services/Beds Inpatient Obstetrics/Beds Open Heart Surgery Organ Transplantation Psychiatric Beds Inpatient Rehabilitation/Beds Long Sub-Acute Beds Swing Beds																
Moratoria	Nursing Home Beds include 1,580 Banked (Alternate Use) & 2,158 Beds Banked - Full facility																	
Legislative Authority, Changes	Contact Agency																	
Health Plans	Public Health Improvement Plan & Health of Washington State																	
Patient Level Data, All Payers Claims Data, Health Statistics	Washington State MONAHRQ: http://www.wamonahrq.net Health Care Data Resources: http://www.ofm.wa.gov/healthcare/dataresources/																	
Health Planning Initiatives	Health reform required development of a Public Health Improvement Plan (PHIP); PHIP still under development in some areas																	
Health System Reform, Health Insurance Exchange, Related Information	Exchange: http://www.insurance.wa.gov/your-insurance/health-insurance/individuals-families/health-plans-rates/																	
Notes	<p>★ Nursing home review threshold increased to 2,527,433 million for 2014. Other services covered by CON: sale/purchase/lease of hospitals; Tertiary health care services; Adult elective PCI w/o on-site Open Heart Surgery. Additional details on fees:</p> <p>Exemption Requests (nonrefundable fee)</p> <table><tr><th>Facility Type</th><th>Review Fee</th></tr><tr><td>Continuing care retirement communities (CCRCs)/health maintenance organizations (HMOs)</td><td>\$8,286</td></tr><tr><td>Bed banking/conversions</td><td>\$1,347</td></tr><tr><td>Determinations of reviewability</td><td>\$1,925</td></tr><tr><td>Hospice care center</td><td>\$1,733</td></tr><tr><td>Nursing home replacement/renovation authorizations</td><td>\$1,733</td></tr><tr><td>Nursing home capital threshold under RCW 70.38.105(4)(e) (excluding replacement/renovation authorizations)</td><td>\$1,733</td></tr><tr><td>Rural hospital/rural healthcare facility</td><td>\$1,733</td></tr></table>		Facility Type	Review Fee	Continuing care retirement communities (CCRCs)/health maintenance organizations (HMOs)	\$8,286	Bed banking/conversions	\$1,347	Determinations of reviewability	\$1,925	Hospice care center	\$1,733	Nursing home replacement/renovation authorizations	\$1,733	Nursing home capital threshold under RCW 70.38.105(4)(e) (excluding replacement/renovation authorizations)	\$1,733	Rural hospital/rural healthcare facility	\$1,733
Facility Type	Review Fee																	
Continuing care retirement communities (CCRCs)/health maintenance organizations (HMOs)	\$8,286																	
Bed banking/conversions	\$1,347																	
Determinations of reviewability	\$1,925																	
Hospice care center	\$1,733																	
Nursing home replacement/renovation authorizations	\$1,733																	
Nursing home capital threshold under RCW 70.38.105(4)(e) (excluding replacement/renovation authorizations)	\$1,733																	
Rural hospital/rural healthcare facility	\$1,733																	

West Virginia

Program Title	Certificate of Need	
Agency	West Virginia Health Care Authority 100 Dee Drive Charleston, West Virginia 25311 Phone: 304-558-7000; Fax: 304-559-7001 Timothy E. Adkins tadkins@hcawv.org	
Website	http://www.hca.wv.gov/Pages/default.aspx	
Program Description: Key Elements, Processes	Unless otherwise exempt, all health care providers must obtain a CON before (1) adding or expanding health care services, (2) making a capital expenditure of more than \$3,165,746, (3) acquiring medical equipment valued at \$3,165,746 or more, or (4) developing or acquiring new health care facilities. A Letter of Intent (LOI) initiates the process. The LOI must contain sufficient information to advise the board of the nature, scope, cost and timing of the project, as well as the location and name of the proposed applicant. Accepted applications are reviewed in accordance with adopted plans and review criteria and standards. The Health Care Cost Review Board makes final CON decisions.	
Filing Fees	Minimum \$1000; 0.1% of cost of the project based on the type of facility, type of application, and rate assessment.	
Capital Expenditure Review Thresholds	Capital: \$3,165,746 Equipment: \$3,165,746 New Service: Any amount (23 services)	
Covered Services, Facilities, Medical Equipment	Hospitals/Acute Care Beds Ambulatory Surgery (ASCs) Cardiac Catheterization Laboratories CT Scanners Renal Dialysis Services/Stations Home Health Care Services Hospice Services/Beds ICF/MR Facilities Long Term Care/Nursing Home Beds Long Term Acute Care Hospital Beds	MRI Scanners NICU Services/Beds Inpatient Obstetrics/Beds Open Heart Surgery Organ Transplantation PET Scanners Psychiatric Beds Radiation Therapy/LINACs Inpatient Rehabilitation/Beds Substance Abuse Beds
Moratoria	Moratorium of ICF/MR facilities since 1987	

West Virginia

Legislative Authority, Changes

On March 3, 2015, the Governor approved the updated Certificate of Need Standards End Stage Renal Disease (ESRD), and Megavoltage Radiation Therapy Services/Units (MRT)

Contact the Secretary of State's Office, Administrative Law Division by calling (304) 558-6000 and requesting the most recent CON law and regulations. You may also access the Secretary of State's web site:

<http://www.sos.wv.gov/Pages/default.aspx>

Health Plans

Statewide Health Plan

Patient Level Data, All Payers Claims Data, Health Statistics

West Virginia Health Care Authority Database:

<http://www.hcawv.org/vs5HealthIQ2/>

<http://www.hca.wv.gov/data/Pages/default.aspx>

County Health Data:

<http://www.wvdhhr.org/bph/hsc/statserv/CountyData.asp>

Health Planning Initiatives

Healthcare-Associated Infections Program
Primary Care Pilot Program

Health System Reform, Health Insurance Exchange, Related Information

Exchange:

<http://bewv.wvinsurance.gov/>

Notes

Any medical equipment acquisition, in addition to those identified as specifically covered by CON, valued at more than \$3,165,746 is subject to review. Any other acquisition is subject to review. Contact Health Care Authority staff for detailed information.

Wisconsin

Program Title	Resource Allocation Program-Long Term Care
Agency	<p>Resource Allocation Program Division of Long Term Care PO Box 7851 Madison, Wisconsin 53707 Phone: 608-267-0243; Fax: 608-264-7720</p> <p>Neal Brandt neal.brandt@wisconsin.gov</p>
Website	https://docs.legis.wisconsin.gov/statutes/statutes/150/I/01/9
Program Description: Key Elements, Processes	Letter of intent initiates review. If review is required there is an application completeness check, followed by public notice, public meeting, analysis, staff recommendation, public hearing if necessary. Appeals and resubmission of applications are permissible.
Filing Fees	0.37% of project cost; minimum \$1,850; maximum \$37,000; Note: only a few nursing home projects are reviewed.
Capital Expenditure Review Thresholds	<p>Capital: \$1,500,000 Equipment: \$600,000 New Service: Any defined long term care</p>
Covered Services, Facilities, Medical Equipment	<p>ICF/MR Facilities Long Term Care/Nursing Home Beds</p>
Moratoria	Long Term Care/Nursing Home Beds
Legislative Authority, Changes	October 1997 law changes eliminated CON regulation of many long term care services; however, new nursing homes, nursing home beds, and nursing home services are subject to review.
Health Plans	State Health Plan: https://www.dhs.wisconsin.gov/hw2020/index.htm
Patient Level Data, All Payers Claims Data, Health Statistics	<p>WHIO Health Datamart: http://wisconsinhealthinfo.org</p> <p>Patient Discharge Data: http://www.wha.org/patientDischargeData.aspx</p>
Health Planning Initiatives	Health and demographic information available from the Bureau of Health Information

Wisconsin

Health System
Reform, Health
Insurance
Exchange,
Related
Information

Exchange:

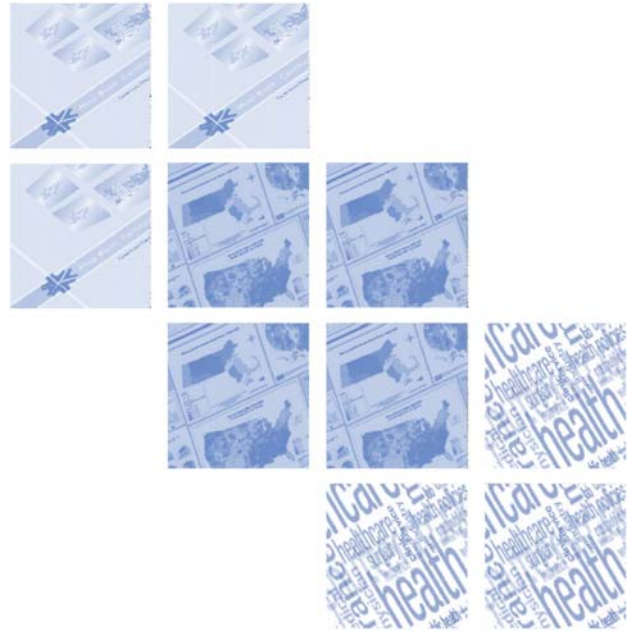
<https://www.healthcare.gov/get-coverage/>

Information

<http://oci.wi.gov>

Notes

★ Other Guidance: Annual State Medical Facilities Plan



Section II

States without Certificate of Need

Arizona

Agency	Office of Health Systems Development 1740 W. Adams, Room 410 Phoenix, Arizona 85007 602-542-1436 Patricia Tarango, Bureau Chief tarangp@azdhs.gov
Website	www.azdhs.gov/hsd
Legislative/ Health Reform/ Exchange	Exchange: https://www.healthcare.gov/ Information: https://insurance.az.gov/consumers/help-health-insurance/affordable-care-act-obamacare
Health Plans/ Health Planning Initiatives	Healthy Arizona Strategic Plan: http://www.azdhs.gov/phs/healthyaz2010/strtg.htm) 2010-2015 Strategic Plan for Substance Abuse and Suicide: http://www.azdhs.gov/bhs/prevention/pdf/DBHSPreventionStrategicPlan2010.pdf
Patient Level Data, All Payers Data, Health Statistics	Hospital Discharge Data: http://www.azdhs.gov/preparedness/public-health-statistics/hospital-discharge-data/index.php
Other Information	Arizona Health Care Cost Containment System (AHCCCS): https://www.azahcccs.gov ; Nursing Care Institutions Cost Reporting: www.azdhs.gov/plan/crr/cr/nursing_homes.htm

California

Agency	Office of Statewide Health Planning & Development 400 R Street, Suite 310 Sacramento, California 95811-6213 916-326-3600 David M. Carlisle, Director OSHPPDO@oshpd.ca.gov
Website	www.oshpd.ca.gov/
Legislative/ Health Reform/ Exchange	Exchange: http://www.coveredca.com/ Information: http://www.dhcs.ca.gov/individuals/Pages/AffordableCareActLinks.aspx
Health Plans/ Health Planning Initiatives	Strategic Plan and Implementation Plan: http://www.dhcs.ca.gov/Pages/DHCSStrategicPlanandImplementationPlan.aspx
Patient Level Data, All Payers Data, Health Statistics	Patient level: http://www.oshpd.ca.gov/HID/Products/PatDischargeData/PublicDataSet/index.html California Healthcare Performance Information System (CHPI): http://www.chpis.org
Other Information	Healthcare Atlas - Interactive Maps: www.gis.oshpd.ca.gov/atlas/healthcareatlas/mapframeset.aspx

Colorado

Agency	<p>Department of Health & Environment 4300 Cherry Creek Drive S Denver, Colorado 80246-1530 303-692-3397</p> <p>Martha E. Rudolph, Director of Environmental Programs martha.rudolph@state.co.us</p>
Website	www.cdphe.state.co.us/
Legislative/ Health Reform/ Exchange	<p>Accountable Care Collaborative (ACC): Medicare-Medicaid Program: https://www.colorado.gov/pacific/hcpf/accountable-care-collaborative-acc-medicare-medicaid-program</p> <p>Exchange: http://www.colorado.gov/HealthReform</p>
Health Plans/ Health Planning Initiatives	Strategic Plan 2010: http://www.cdphe.state.co.us/ic/StrategPlanInt2009-2010.pdf
Patient Level Data, All Payers Data, Health Statistics	<p>Colorado All Payer Claims Database: http://civhc.org</p> <p>Hospital utilization data: http://www.cha.com/Resources/Colorado-Hospital-Utilization-Data.aspx</p>
Other Information	<p>Colorado injury hospitalizations: www.cdphe.state.co.us/cohid/injury.html</p> <p>Environmental Health Data</p>

Idaho

Agency	<p>Idaho Department of Health & Welfare P. O. Box 83720 Boise, Idaho 83720-0036 208-334-6996</p> <p>Jane Smith, Public Health Administrator smithj2@idhw.state.id.us</p>
Website	www.healthandwelfare.idaho.gov/
Legislative/ Health Reform/ Exchange	<p>Information: http://www.doi.idaho.gov/consumer/HCreform/FedReform.aspx</p> <p>Exchange: https://www.idaho.gov/agency/health-insurance-exchange-your-health-idaho</p> <p>Exchange Board: https://gov.idaho.gov/priorities/Exchange.html</p>
Health Plans/ Health Planning Initiatives	<p>Health Plan 2010 - 2015: http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=VV2-M0SUGWk%3d&tabid=134&mid=1195</p> <p>Get Healthy Idaho: Measuring and Improving Population Health, July 2015</p> <p>Idaho Coordinated Chronic Disease Plan 2014-2019</p>
Patient Level Data, All Payers Data, Health Statistics	Idaho Health Data Exchange: http://www.idahohde.org/
Other Information	<p>Maternal & Infant Home Visiting Needs Assessment: http://healthandwelfare.idaho.gov/Portals/0/Health/Idaho%20Needs%20Assessment.pdf</p>

Indiana

Agency	<p>Health Care Regulatory Services, Indiana DOH 2 North Meridian Street 4A Indianapolis, Indiana 46204-3006 317- 233-7948</p> <p>Burton Garten, Director of Program Development bgarten@isdh.in.gov</p>
Website	www.in.gov/isdh/
Legislative/ Health Reform/ Exchange	<p>Exchange: https://www.healthcare.gov/</p> <p>Information: http://www.in.gov/aca/</p>
Health Plans/ Health Planning Initiatives	<p>State Health Plan; Minority Health Plan: http://www.in.gov/isdh/23416.htm</p> <p>Indiana's Public Data Utility: http://www.stats.indiana.edu/topic/health.asp</p>
Patient Level Data, All Payers Data, Health Statistics	<p>Hospital Guide & Public Data (Inpatient, Aggregated Data): https://secure.in.gov/isdh/20624.htm</p>
Other Information	<p>STATS Indiana: Indiana's Public Data Utility http://www.stats.indiana.edu/topic/health.asp</p>

Kansas

Agency	<p>Bureau of Community Health Services, Kansas DOH&E 1000 SW Jackson, Suite 340 Topeka, Kansas 66212-1365 785-296-1200</p> <p>Ashley Goss, Director agoss@kdheks.gov</p>
Website	http://www.kdheks.gov/olrh/index.html
Legislative/ Health Reform/ Exchange	<p>Exchange: https://www.healthcare.gov/</p> <p>Information: http://www.ksinsurance.org/consumers/healthreform/aca.htm</p>
Health Plans/ Health Planning Initiatives	<p>Kansas Health Assessment and Improvement Plan: http://www.healthykansans2020.com/KHAIP.shtml</p> <p>The Kansas Asthma Plan, Rural Health Network Plan, The Community Health Intervention Process (CHIPr), Kansas Pandemic Influenza Response Plan</p>
Patient Level Data, All Payers Data, Health Statistics	<p>Data Analytic Interface (DAI): http://www.kdheks.gov/hcf/data_consortium/default.htm</p>
Other Information	<p>Registered Nurse Shortages Predicted in the US and Kansas for 2010 and 2020; Primary Care Data Base; Research Summaries from the Bureau: http://www.kdheks.gov/phi/research.html</p>

Minnesota

Agency	<p>Policy Quality & Compliance Bureau, MN DOH 85 E. 7th Place, Suite 460; POB 64975 St. Paul, Minnesota 55164-0975 651-201-4819</p> <p>James Golden, Division Director, Health Policy james.golden@health.state.mn.us</p>
Website	www.health.state.mn.us/
Legislative/ Health Reform/ Exchange	<p>Legislative Session Information: http://www.health.state.mn.us/divs/opa/2015session.html</p> <p>MNSure Exchange: https://www.mnsure.org/</p> <p>Information: http://www.health.state.mn.us/healthreform/</p>
Health Plans/ Health Planning Initiatives	<p>Minnesota State Oral Health Plan;MDH Pandemic Influenza Plan; MDH Emergency Preparedness Plans;Strategic Plan: http://www.health.state.mn.us/about/strategic/index.html</p>
Patient Level Data, All Payers Data, Health Statistics	<p>Minnesota Health Care Claims Reporting System: http://www.health.state.mn.us/healthreform/allpayer/index.html</p> <p>Stats: http://www.health.state.mn.us/macros/topics/stats.html</p>
Other Information	<p>MIDAS: Minnesota Injury Data Access System; Health Care Cost Information System (HCCIS):www.health.state.mn.us/divs/hpsc/dap/hccis/hospdata.htm.</p> <p>Health Workforce Data and Reports: www.health.state.mn.us/divs/orhpc/workforce/data.html</p>

New Hampshire

Agency	<p>Division of Public Health Services 29 Hazen Drive Concord, New Hampshire 03301 603-271-4669/603-271-4612</p> <p>Montero, Jose T., MD, Director jose.montero@dhhs.nh.gov</p>
Website	http://www.dhhs.nh.gov/dphs/index.htm
Legislative/ Health Reform/ Exchange	<p>Exchange: https://www.healthcare.gov/</p> <p>Information:http://www.nh.gov/insurance/consumers/fedhealthref.htm</p>
Health Plans/ Health Planning Initiatives	<p>New Hampshire State Health Improvement Plan 2013-2020: http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf</p>
Patient Level Data, All Payers Data, Health Statistics	<p>Hospital Discharge Data: http://www.dhhs.nh.gov/dphs/hsdm/hospital/index.htm</p> <p>New Hampshire Comprehensive Health Care Information System (CHIS): https://nhchis.com</p>
Other Information	<p>NH Health WISDOM</p> <p>NH Environmental Public Health Tracking Program</p>

New Mexico

Agency	<p>New Mexico Health Policy Commission 1190 S. St. Francis Dr., Suite N3060 Santa Fe, New Mexico 87505 505-476-1733</p> <p>Elisha Leyba-Tercero, Economist elisha.leyba-tercero@state.nm.us</p>
Website	www.health.state.nm.us/
Legislative/ Health Reform/ Exchange	<p>CentennialCare (Medicaid): http://www.insurenemexico.state.nm.us/default.aspx</p> <p>New Mexico Be Well Exchange: http://www.bewellnm.com/</p> <p>Federal: https://www.healthcare.gov/</p>
Health Plans/ Health Planning Initiatives	The NMDOH Strategic Health Plan 2017- 2019: https://nmhealth.org/publication/view/plan/2229/
Patient Level Data, All Payers Data, Health Statistics	<p>New Mexico Hospital Inpatient Discharge Data: https://ibis.health.state.nm.us/query/selection/hidd/HIDDSelection.html</p> <p>Indicator Based Information System for Public Health (NM-IBIS): https://ibis.health.state.nm.us/about/Welcome.html</p>
Other Information	<p>County Financing of Health Care; Health Status: https://nmhealth.org/data/view/general/1632/</p>

North Dakota

Agency	<p>North Dakota Department of Health 600 East Boulevard Avenue Bismark, North Dakota 58505-0200 701-328-2352; 701-328-1890</p> <p>Darleen Bartz, Chief, Health Resources Section dbartz@nd.gov</p>
Website	www.ndhealth.gov/
Legislative/ Health Reform/ Exchange	<p>Exchange: https://www.healthcare.gov/</p> <p>Information: http://nd.gov/ndins/healthcarereform/</p>
Health Plans/ Health Planning Initiatives	<p>Biennial Report: http://www.ndhealth.gov/publications/bienrpt/BiennialReport2013-2015.pdf?v=3</p> <p>Dashboard: http://www.ndhealth.gov/StrategicPlanning/</p>
Patient Level Data, All Payers Data, Health Statistics	<p>Health Data Resources: http://www.ndhealth.gov/HealthData/</p> <p>Community Health Profiles: http://www.ndhealth.gov/HealthData/CommunityHealthProfiles/</p>
Other Information	Information on Health Facilities: www.ndhealth.gov/HF/

Pennsylvania

Agency	<p>Health Planning & Assessment, PA DOH P. O. Box 90, 801 H&W Building Harrisburg, Pennsylvania 17108-0090 717-783-8804</p> <p>Michael Huff, Deputy Secretary mhuff@state.pa.us</p>
Website	http://www.health.pa.gov/Pages/default.aspx#.V-Q7JTXRtGk
Legislative/ Health Reform/ Exchange	<p>Exchange: https://www.healthcare.gov/</p> <p>Information: http://www.portal.state.pa.us/portal/server.pt/community/health_insurance/9189/federal_health_insurance_reform/713453</p>
Health Plans/ Health Planning Initiatives	<p>State Health Improvement Plan 2015 – 2020: http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/State-Health-Improvement-Plan.aspx#.V-Q7eTXRtGk</p>
Patient Level Data, All Payers Data, Health Statistics	<p>Pennsylvania Health Care Cost Containment Council: http://www.phc4.org/default.htm</p> <p>Services & Data Requests: http://www.phc4.org/services/datarequests/datadescriptions.htm</p>
Other Information	<p>EpiQMS - Epidemiologic Query and Mapping System: http://www.statistics.health.pa.gov/StatisticalResources/EpiQMS/Pages/default.aspx#.V-Q7xjXRtGk</p>

South Dakota

Agency	<p>SD Department of Health 600 East Capitol Avenue Pierre, South Dakota 57501-2536 605-773-3361</p> <p>Doneen Hollingsworth, Secretary of Health doneen.hollingsworth@state.sd.us</p>
Website	http://doh.sd.gov/
Legislative/ Health Reform/ Exchange	<p>Exchange: https://www.healthcare.gov/</p> <p>Information: http://healthreform.sd.gov/</p>
Health Plans/ Health Planning Initiatives	<p>Primary Care Assessment Plan: http://doh.sd.gov/documents/providers/ruralhealth/2014-15PrimaryCareAssessment.pdf</p>
Patient Level Data, All Payers Data, Health Statistics	<p>Health Data and Statistics: http://doh.sd.gov/statistics/default.aspx</p>
Other Information	<p>South Dakota Hospital PricePoint: www.sdpricepoint.org</p> <p>Infectious disease surveillance: www.doh.sd.gov/ID/site.aspx</p>

Texas

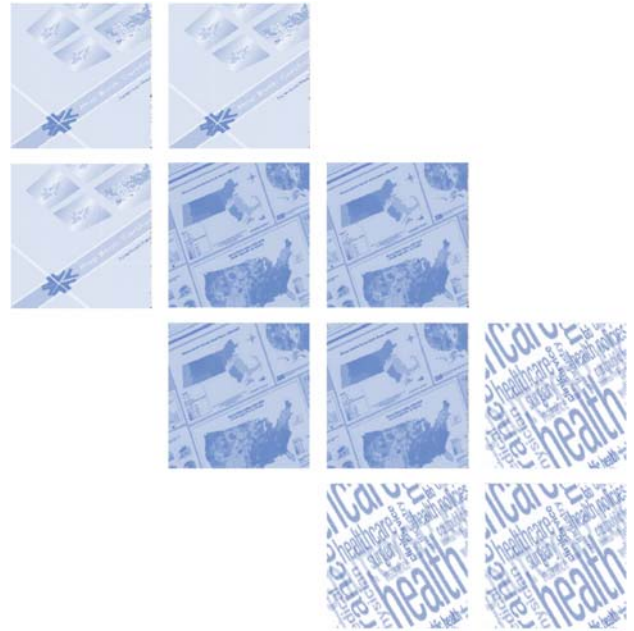
Agency	Center for Health Statistics, Texas DSHS 1100 W. 49th Street Austin, Texas 78756 (512) 776-7261 Bobby Schmidt, Project Director SHCC@dshs.state.tx.us
Website	www.dshs.state.tx.us/chs/
Legislative/ Health Reform/ Exchange	Exchange: https://www.healthcare.gov/ Information: http://www.tdi.texas.gov/pubs/consumer/cb105.html
Health Plans/ Health Planning Initiatives	Texas State Health Plan/Reports & Publications: http://www.dshs.texas.gov/chs/shcc/reports/SHCC-Reports---Publications.doc
Patient Level Data, All Payers Data, Health Statistics	Texas Health Care Information Collection (THCIC): http://dshs.texas.gov/thcic/default.shtm
Other Information	Portal for data query at www.dshs.state.tx.us/CHS/default.shtm Volume & Mortality Indicators (Inpatient): http://www.dshs.texas.gov/THCIC/Publications/Hospitals/IQIReport/IQIReport.shtm

Utah

Agency	Utah Department of Health P.O. Box 141000 Salt Lake City, Utah 84114-1000 801-538-6111 Joseph Miner, MD, MSPH, Executive Director dnsundwall@utah.gov
Website	www.health.utah.gov/
Legislative/ Health Reform/ Exchange	Individual Exchange: https://www.healthcare.gov/ Utah's Small Business Health Insurance Marketplace: http://www.avenueh.com/ Information: https://insurance.utah.gov/health/reform.php
Health Plans/ Health Planning Initiatives	Utah Statewide Strategic Plan: http://health.utah.gov/about/documents/StrategicPlan_2014.pdf EMS Strategic Plan: https://health.utah.gov/ems/about/strategic_plan.pdf
Patient Level Data, All Payers Data, Health Statistics	Utah All-Payer Claims Database: http://health.utah.gov/hda/apd/index.php Query Builder for Inpatient Hospital Discharge Query Module for Utah Counties and Local Health Districts: http://ibis.health.utah.gov/query/builder/hddb/HDDBCntyHosp/CountHosp.html
Other Information	Teen Driving Initiative: https://www.health.utah.gov/vipp/pdf/MotorVehicle/TeenDrivingPlan.pdf

Wyoming

Agency	Wyoming Department of Health 117 Hathaway Building Cheyenne, Wyoming 82002 307-777-7656 Stefan Johansson, Administrator Policy, Research and Evaluation
Website	https://health.wyo.gov/
Legislative/ Health Reform/ Exchange	Exchange: https://www.healthcare.gov/ General Information: http://doi.wyo.gov/consumers/types-of-insurance/health-insurance/affordable-care-act
Health Plans/ Health Planning Initiatives	Needs Assessment: https://health.wyo.gov/publichealth/ems/needsassessment/ EMS Plan: https://health.wyo.gov/wp-content/uploads/2016/04/26-17072_StrategicPlanFeb2015.pdf
Patient Level Data, All Payers Data, Health Statistics	Checkpoint: http://www.wyocheckpoint.org/Home_main.aspx Quick Stats - EMS Reports: https://health.wyo.gov/publichealth/ems/ems-data/
Other Information	Policy, Research And Evaluation Reports and Presentations: https://health.wyo.gov/admin/dupre/reports/



Section III

Regional Agencies

Big Bend Council, Inc.

Agency	Big Bend Council, Inc. 403 East 11 th Street Panama City, Florida 32401	Michael Hill, Executive Director 850-872-4128 mikehill@nwbbhc.org
Website	http://www.healthcouncils.net/home	
CON Review, Planning Projects, Publications	Community Health and Assessments and Priorities http://healthcouncils.net/yahoo_site_admin/assets/docs/Big_Bend_Community_Health_Assessments_and_Priorities.1854625.pdf	
Expertise, Special Projects, Grant Administration	Hospital Services Rehabilitation Services Maternal & Child Services Primary Care AIDS	Planning Methods Underserved Populations HRSA, 330(e) new start FQHC applications

Broward Regional Health Planning Council

Agency	Broward Regional Health Planning Council 200 Oakwood Lane, Suite 100 Hollywood, Florida 33020	Mike Delucca, President 954-561-9681 mdelucca@brhpc.org
Website	www.brhpc.org	
CON Review, Planning Projects, Publications	CON Review; Broward County Health Plan: http://www.brhpc.org/publications/health-plan/	
Expertise, Special Projects, Grant Administration	Ambulatory Care EMS Services Hospital Services LTC Services Maternal & Child Services Primary Care Rehabilitation Services	Planning Methods AIDS Substance Abuse Services Underserved Populations Community Access Program (CAP) Coord. HCAP Disease Mgmt Prog Regional Disaster Planning

Health Council of East Central Florida

Agency	Health Council of East Central Florida 5931 Brick Court, Suite 164 Winter Park, Florida 32792	Ken Peach, Executive Director 407-977-1610 kpeach@hcecf.org
Website	www.hcecf.org	
CON Review, Planning Projects, Publications	Community Health Profiles http://www.healthcouncilecf.org/community-health-profiles/ MAPP process for East Central Florida	
Expertise, Special Projects, Grant Administration	Hospital Services LTC Services Primary Care Planning Methods Underserved Populations Healthy Navigator; MedNet(c)	AIDS HOPWA Ryan White Planning Council support Compassionate Drug Program Planning & Administrative Functions for Healthy Start Programs

Health Council of South Florida

Agency	Health Council of South Florida 8095 NW 12th Street, Suite 300 Miami, Florida 33126	Marisel Losa, President 305-592-1452 mlosa@healthcouncil.org
Website	www.healthcouncil.org	
CON Review, Planning Projects, Publications	Projects: http://www.healthcouncil.org/projects/ Annual Reports, Miami-Dade County Health Report Card, Community Profiles & Snapshots; Immigrant Health Managed Care Guide	
Expertise, Special Projects, Grant Administration	Ambulatory Care EMS Services Hospital Services Transportation for Disadvantaged LTC Services Maternal & Child Services	AIDS Primary Care Planning Methods Rural Health Rehabilitation Services Trauma Care

Suncoast Health Council

Agency	Suncoast Health Council/Health Council of West Central Florida 9600 Koger Blvd., Suite 221 St. Petersburg, Florida 33702	Elizabeth Rugg, Executive Director 727-217-7070 erugg@healthcouncils.org
Website	www.suncoasthealthcouncil.org	
CON Review, Planning Projects, Publications	CON Review; Publications: http://suncoasthealthcouncil.org/data-and-publications/ Programs: http://suncoasthealthcouncil.org/current-programs/ Needs assessments, community health profiles	
Expertise, Special Projects, Grant Administration	Ambulatory Care EMS Services Hospital Services Rehabilitation Services Planning Methods LTC Services Maternal & Child Services	Primary Care AIDS Substance Abuse Services Underserved Populations Program design Database design Rural Health

Northwest Florida Health Council

Agency	Northwest Florida Health Council 403 East 11 th Street Panama City, Florida 32401	Michael Hill, Executive Director 850 872-4128 mikehill@nwbbhc.org
Website	www.healthcouncils.net	
CON Review, Planning Projects, Publications	Community Health and Assessments and Priorities http://healthcouncils.net/yahoo_site_admin/assets/docs/NW_FL_Community_Health_Assessments_and_Priorities.1854658.pdf	
Expertise, Special Projects, Grant Administration	Hospital Services Planning Methods Underserved Populations LTC Services	Primary Care Rehabilitation Services Rural Health HRSA, 330(e) new start FQHC applications

Health Planning Council of Northeast Florida

Agency	Health Planning Council of Northeast Florida 4201 Baymeadows Rd, Ste. 2 Jacksonville, Florida 32217	Deanna McDonald, CEO 904-438-4300 deanna_mcdonald@hpcnef.org
Website	www.hpcnef.org/	
CON Review, Planning Projects, Publications	Local Health Plan; Facility Plan]; Specific Service Plan Special Studies; Northeast Florida Counts!, Health Needs Assessments	
Expertise, Special Projects, Grant Administration	Ambulatory Care EMS Services Hospital Services Rehabilitation Services Planning Methods LTC Services	AIDS Rural Health Maternal & Child Services Primary Care Substance Abuse Services Underserved Populations

Health Planning Council of Southwest Florida

Agency	Health Planning Council of Southwest Florida 8961 Daniels Center Drive, Suite 401 Fort Myers, Florida 33912	Executive Director 239-433-6700 (Ft. Myers) 239- 487-5400 (Sarasota) ceo@hpcswf.com
Website	www.hpcswf.com	
CON Review, Planning Projects, Publications	Health Planning: http://www.hpcswf.com/health-planning-services/ Navigator: http://www.hpcswf.com/navigator-project/ Early Steps: http://www.hpcswf.com/early-steps/ ; Community Health Assessment	
Expertise, Special Projects, Grant Administration	Ambulatory Care EMS Services Hospital Services Rehabilitation Services LTC Services Maternal & Child Services	AIDS Primary Care Rural Health Substance Abuse Services Underserved Populations Planning Methods

Health Council of Southeast Florida (Frm: Treasurecoast)

Agency	Health Council of Southeast Florida 600 Sandtree Drive , Suite 101 Palm Beach Gardens, Florida 33403	Andrea Stephenson, Executive Director 561-844-4220 astephenson@tchealthcouncil.org
Website	www.hcsef.org/	
CON Review, Planning Projects, Publications	Publications & Reports: http://www.hcsef.org/county-health-profiles Initiatives: http://www.hcsef.org/initiatives ; Needs Assessments; Hospital & Nursing Home Utilization	
Expertise, Special Projects, Grant Administration	Primary Care Rehabilitation Services Planning Methods Rural Health LTC Services	Maternal & Child Services Substance Abuse Services Underserved Populations Fiscal administration of Ryan White & HOPWA Programs

Well Florida Council

Agency	Well Florida Council 1785 NW 80th Blvd. Gainesville, Florida 32606	Jeff Feller, Chief Operations Officer 352-313-6500 jfeller@wellflorida.org
Website	www.wellflorida.org	
CON Review, Planning Projects, Publications	Programs: http://wellflorida.org/about-us/our-programs/ Strategic Plan 2010 -2015,service utilization studies; program evaluations and community needs assessments	
Expertise, Special Projects, Grant Administration	Ambulatory Care EMS Services Hospital Services LTC Services Maternal & Child Primary Care	AIDS Underserved Populations Services provided include management of Ryan White services Administration of local health programs Technical support for Healthy Start coalition

HealtheConnections (Frm: Central NY York Health Systems Agency)

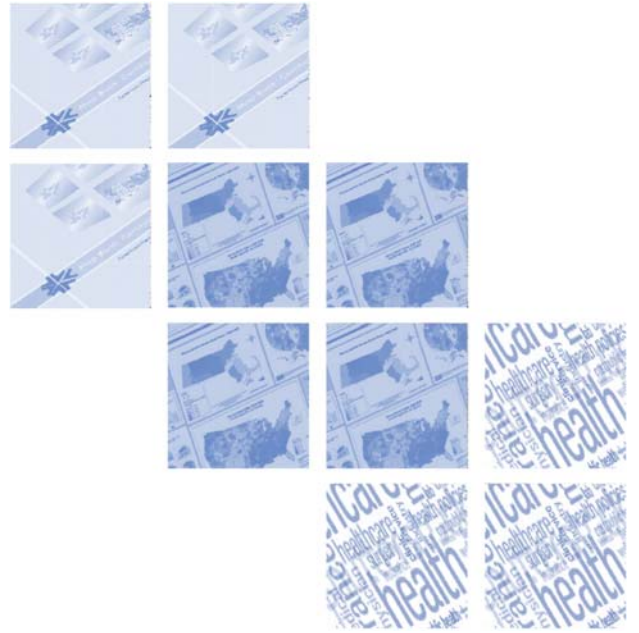
Agency	HealtheConnections (Frm: Central NY York Health Systems Agency) 109 South Warren Street, Suite 500 East Syracuse, New York 13057	Rob Hack, CEO 315- 671-2241 rhack@healtheconnections.org
Website	www.healtheconnections.org	
CON Review, Planning Projects, Publications	Services: http://www.healtheconnections.org/what-we-do/ http://www.healtheconnections.org/map/#/	
Expertise, Special Projects, Grant Administration	Data Use Standards Ambulatory Care EMS Services Hospital Services LTC Services Planning Methods	AIDS Rural Health Substance Abuse Services Underserved Populations Managed Care Maternal & Child Primary Care Rehabilitation Services

Finger Lakes Health Systems Agency

Agency	Finger Lakes Health Systems Agency 1150 University Avenue Rochester, New York 14607	Trilby de Jung, J.D., CEO 585-224-3101 trilbydejung@flhsa.org
Website	www.flhsa.org	
CON Review, Planning Projects, Publications	Practice Transformation: http://www.flhsa.org/initiatives/practice-transformation Data Insights: http://www.flhsa.org/data/insight Publications: http://www.flhsa.org/publications	
Expertise, Special Projects, Grant Administration	EMS Services AIDS Planning Methods LTC Services Primary Care	Rural Health Underserved Populations Maternal & Child Services Population specific analyses Rehabilitation Services

Health Systems Agency of Northern Virginia

Agency	Health Systems Agency of Northern Virginia 3040 Williams Drive, Suite 200 Fairfax, VA 22031	Dean Montgomery Executive Director 703-573-3100 hsanv@aol.com
Website	www.hsanv.org	
CON Review, Planning Projects, Publications	CON Review; Facility/Resident Profiles Aging Population in Northern Virginia*; Teenage Health in Northern Virginia* (*on behalf of Northern Virginia Foundation)	
Expertise, Special Projects, Grant Administration	Hospital Services Ambulatory Services LTC Services Primary Care Rehabilitation Services Patient Level Analysis	Planning Methods Maternal & Child Services Underserved Populations Population Specific Analyses (e.g., small area analyses, surveys, patient migration patterns)



Section IV

Selected Data Tables

U. S. Population By State and Age Group, 2015										
Age Group										
State	0-18	19-25	26-34	35-44	45-54	55-64	65+	75+	85+	Total population
Alabama	1,187,100	467,000	570,400	566,600	610,100	650,700	716,000	298,696	81,901	4,768,000
Alaska	192,600	71,500	98,800	85,200	86,200	94,600	66,700	26,219	5,098	695,700
Arizona	1,727,500	647,700	753,000	851,600	867,700	844,000	965,700	419,937	111,546	6,657,200
Arkansas	735,700	264,700	356,800	334,900	369,000	372,700	462,100	188,610	53,047	2,896,000
California	9,709,700	4,096,100	4,821,300	5,277,200	5,442,300	4,466,600	4,888,100	1,865,279	647,138	38,701,300
Colorado	1,346,300	506,500	707,200	725,400	652,900	702,500	736,600	249,484	72,766	5,377,400
Connecticut	843,000	308,000	415,600	421,200	570,800	524,000	495,200	204,747	86,209	3,577,900
Delaware	215,800	83,900	106,300	116,600	123,000	130,500	153,400	59,609	17,424	929,500
District of Columbia	123,800	75,300	144,500	94,900	80,700	61,900	75,800	29,786	10,140	656,900
Florida	4,391,100	1,722,800	2,222,100	2,302,400	2,934,200	2,633,500	3,524,900	1,471,496	484,045	19,731,100
Georgia	2,614,600	874,000	1,313,200	1,351,500	1,310,300	1,232,000	1,269,500	475,572	118,893	9,965,100
Hawaii	338,300	140,300	162,500	156,200	181,400	163,600	223,200	79,384	34,818	1,365,400
Idaho	466,700	151,200	184,700	185,300	233,800	178,300	210,200	89,570	25,591	1,610,200
Illinois	3,136,200	1,244,700	1,720,200	1,510,800	1,678,200	1,620,900	1,886,900	694,912	244,506	12,797,900
Indiana	1,723,500	567,100	786,900	801,700	766,100	858,800	973,300	366,375	117,763	6,477,500
Iowa	793,900	251,600	403,100	325,900	409,600	412,100	484,600	190,843	76,953	3,080,800
Kansas	748,100	311,000	314,700	337,000	364,900	386,600	390,700	158,562	60,542	2,853,000
Kentucky	1,036,300	435,400	476,400	563,100	605,300	517,000	682,300	258,613	74,516	4,315,700
Louisiana	1,163,400	490,200	595,600	505,900	653,700	591,100	556,600	248,457	69,016	4,556,500
Maine	276,600	92,000	118,400	170,800	208,300	192,100	241,600	92,997	29,228	1,299,600
Maryland	1,450,700	537,300	740,600	743,000	850,400	818,500	798,300	306,164	105,980	5,938,900
Massachusetts	1,503,800	664,000	886,200	779,100	883,700	901,000	1,040,200	379,466	153,118	6,658,100
Michigan	2,249,100	990,600	1,085,800	1,227,600	1,473,800	1,397,400	1,482,100	583,452	197,780	9,906,400
Minnesota	1,360,400	448,800	698,900	676,300	731,200	683,900	818,900	296,101	107,673	5,418,500
Mississippi	757,700	308,000	335,700	370,100	380,900	421,300	391,600	170,108	44,765	2,965,300
Missouri	1,514,000	496,900	633,000	819,300	793,000	769,900	935,300	367,713	120,562	5,961,300
Montana	240,500	96,000	109,000	117,500	118,500	169,200	158,500	64,408	21,134	1,009,100
Nebraska	493,400	187,200	224,300	229,600	250,200	233,600	262,700	103,915	38,968	1,881,000
Nevada	701,600	252,300	346,400	397,200	383,700	340,200	402,100	154,649	35,901	2,823,400
New Hampshire	279,500	136,900	134,500	156,800	211,400	195,500	205,000	77,943	25,100	1,319,700
New Jersey	2,118,000	886,200	1,103,900	1,051,600	1,321,600	1,177,700	1,280,300	496,965	186,362	8,939,300
New Mexico	526,700	200,900	246,700	233,200	249,900	246,600	331,300	122,725	33,281	2,035,200
New York	4,499,700	1,917,100	2,620,300	2,441,200	2,660,100	2,496,600	3,044,400	1,097,282	411,481	19,679,400
North Carolina	2,447,400	988,100	985,500	1,310,000	1,414,100	1,249,300	1,441,400	555,773	156,006	9,835,800
North Dakota	182,700	72,600	113,700	87,700	78,400	103,000	95,300	40,181	16,918	733,400
Ohio	2,769,500	1,121,500	1,270,000	1,395,500	1,572,200	1,554,900	1,852,000	693,623	242,768	11,535,600
Oklahoma	1,022,700	362,600	423,500	470,600	468,800	453,700	539,800	225,312	64,920	3,741,700
Oregon	930,300	347,500	466,000	523,900	461,000	516,100	717,400	237,921	81,907	3,962,300
Pennsylvania	2,887,300	1,250,200	1,412,800	1,469,400	1,700,100	1,755,200	2,152,000	803,800	318,968	12,627,100
Rhode Island	227,200	112,500	114,700	130,000	153,600	157,300	152,900	61,089	28,438	1,048,200
South Carolina	1,143,600	420,000	581,300	599,400	655,400	619,700	744,900	293,091	75,636	4,764,300
South Dakota	217,400	81,200	116,900	88,000	102,000	107,300	134,000	48,413	20,033	846,800
Tennessee	1,576,600	597,400	816,300	804,700	823,900	855,700	1,027,400	387,082	103,222	6,502,000
Texas	7,466,600	2,708,700	3,419,200	3,614,400	3,285,900	3,029,700	3,162,800	1,174,141	339,196	26,687,400
Utah	948,100	286,200	387,500	435,500	288,500	266,500	317,100	114,324	31,439	2,929,400
Vermont	126,500	48,600	78,300	75,000	86,200	100,900	101,500	38,834	13,154	617,000
Virginia	2,030,800	771,700	983,700	1,132,900	1,182,600	1,047,500	1,109,500	441,997	130,962	8,258,800
Washington	1,764,700	624,600	884,400	889,600	927,500	979,600	1,014,600	365,654	124,184	7,085,000
West Virginia	388,400	178,600	201,400	223,500	243,900	268,800	320,900	131,626	37,078	1,825,500
Wisconsin	1,380,500	561,000	648,700	668,800	822,400	783,500	882,400	332,032	120,219	5,747,200
Wyoming	143,300	51,700	73,900	72,800	73,200	83,200	73,900	30,488	9,204	572,000
United States	78,118,600	30,508,200	38,415,000	39,918,800	42,796,400	40,417,100	45,994,000	17,665,420	5,817,496	20,847,391

Source: U.S. Census Bureau, July 2015 Current Population Survey (CPS: Annual Social and Economic Supplement)

U. S. Community Hospitals (Acute Care) Licensed Facilities 2005 - 2014										
	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
<i>States with CON</i>										
Alabama	108	109	109	109	109	108	105	102	97	96
Alaska	19	22	22	22	22	22	22	23	22	22
Connecticut	35	36	35	34	35	35	34	35	33	32
Delaware	6	6	6	6	7	7	7	7	7	7
District of Columbia	11	11	11	10	10	10	11	11	11	11
Florida	203	205	203	200	211	210	210	213	212	211
Georgia	146	149	147	147	153	152	154	153	144	142
Hawaii	24	25	24	23	25	25	26	23	25	25
Illinois	191	191	190	190	191	189	189	188	189	189
Iowa	115	116	117	117	118	118	118	118	118	118
Kentucky	105	105	104	104	105	104	106	106	106	104
Maine	37	37	37	37	37	37	37	37	35	35
Maryland	50	50	50	49	50	49	47	48	50	50
Massachusetts	78	80	80	78	75	78	79	79	82	79
Michigan	144	146	142	143	153	158	156	153	151	148
Mississippi	93	94	94	95	98	97	96	99	99	97
Missouri	119	119	119	117	123	125	122	120	123	122
Nevada	30	32	33	33	35	35	36	38	38	37
New Hampshire	28	28	28	28	28	28	28	28	28	28
New Jersey	80	80	79	73	73	74	73	73	77	75
New York	206	203	203	202	194	189	185	182	177	174
North Carolina	115	115	114	113	116	115	117	117	117	116
Rhode Island	11	11	11	11	11	11	11	11	11	11
South Carolina	62	63	66	67	69	70	67	66	69	70
Tennessee	127	130	130	133	137	137	134	133	130	125
Vermont	14	14	14	14	14	14	14	14	14	14
Virginia	88	87	88	87	90	90	89	89	93	93
Washington	85	86	88	87	86	87	86	85	90	90
West Virginia	57	57	56	56	56	56	56	55	55	54
<i>States without CON</i>										
Arizona	62	67	66	66	71	72	73	70	72	72
Arkansas	87	85	84	84	86	86	85	84	84	81
California	361	357	357	355	352	343	343	345	347	344
Colorado	70	71	73	75	78	81	80	82	82	82
Idaho	39	39	38	39	39	41	41	40	40	40
Indiana	113	113	114	114	123	123	125	125	123	121
Kansas	134	131	129	128	132	133	130	132	130	133
Louisiana	131	128	132	129	130	128	126	127	122	122
Minnesota	132	133	131	131	130	132	133	132	131	131
Montana	54	54	52	52	48	48	48	48	50	50
Nebraska	85	87	85	85	86	87	88	86	87	89
New Mexico	37	37	36	35	36	37	36	36	37	37
North Dakota	40	40	41	41	41	41	41	41	40	40
Ohio	166	170	171	171	181	183	183	183	183	182
Oklahoma	109	110	112	113	115	116	113	115	116	114
Oregon	58	58	58	58	58	58	58	59	59	59
Pennsylvania	197	191	188	187	201	194	196	194	190	185
South Dakota	51	52	52	51	53	53	53	53	54	53
Texas	418	415	417	409	426	428	426	420	424	417
Utah	43	43	43	41	43	44	44	46	47	47
Wisconsin	121	124	124	124	126	126	124	125	129	129
Wyoming	24	24	24	24	24	24	24	24	24	23
United States	4,919	4936	4,927	4,897	5,010	5,008	4,985	4,973	4,974	4,926
Notes: Data are for community hospitals, which represent 85% of all hospitals. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.										
Source: American Hospital Association Annual Surveys 2005 - 2014, AHA 2015.										

U. S. Community Hospitals (Acute Care)										
Beds per 1,000 Population										
2005 - 2014										
	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
<u>States with CON</u>										
Alabama	3.4	3.4	3.4	3.4	3.3	3.3	3.2	3.2	3.1	3.1
Alaska	2.2	2.1	2.3	2.3	2.3	2.2	2.2	2.1	2.1	2.2
Connecticut	2.2	2.2	2.3	2.1	2.3	2.3	2.3	2.2	2.2	2.2
Delaware	2.4	2.3	2.5	2.6	2.4	2.4	2.4	2.4	2.2	2.2
District of Columbia	6.2	6.1	6.2	5.8	5.7	5.8	5.7	5.9	5.6	5.4
Florida	2.9	2.9	2.8	2.8	2.9	2.9	2.8	2.8	2.7	2.7
Georgia	2.8	2.7	2.7	2.7	2.6	2.6	2.6	2.6	2.5	2.4
Hawaii	2.5	2.4	2.3	2.3	2.4	2.3	2.3	1.9	2.0	2.0
Illinois	2.7	2.7	2.7	2.7	2.7	2.6	2.6	2.5	2.5	2.5
Iowa	3.7	3.6	3.5	3.5	3.5	3.4	3.3	3.3	3.2	3.1
Kentucky	3.7	3.6	3.5	3.4	3.3	3.3	3.3	3.2	3.2	3.2
Maine	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.6	2.5
Maryland	2.1	2.0	2	2.1	2.1	2.1	2.0	2.0	2.1	2.0
Massachusetts	2.5	2.5	2.5	2.6	2.4	2.4	2.4	2.4	2.5	2.4
Michigan	2.6	2.6	2.6	2.5	2.5	2.6	2.6	2.6	2.5	2.5
Mississippi	4.5	4.4	4.5	4.4	4.5	4.4	4.4	4.3	4.3	4.2
Missouri	3.3	3.3	3.2	3.1	3.2	3.2	3.1	3.1	3.1	3.1
Nevada	2.0	1.9	1.9	2	2	1.9	1.9	2	2.0	2.0
New Hampshire	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.1	2.1
New Jersey	2.5	2.5	2.5	2.5	2.4	2.4	2.4	2.3	2.4	2.3
New York	3.3	3.3	3.3	3.3	3.1	3.1	3.1	3	2.9	2.8
North Carolina	2.8	2.7	2.6	2.6	2.5	2.4	2.4	2.4	2.3	2.2
Rhode Island	2.2	2.2	2.3	2.3	2.3	2.4	2.4	2.3	2.1	2.1
South Carolina	2.7	2.7	2.7	2.7	2.8	2.7	2.7	2.6	2.7	2.5
Tennessee	3.5	3.5	3.3	3.5	3.4	3.3	3.3	3.1	3.1	3.1
Vermont	2.4	2.2	2.1	2.2	2.1	2.1	2.1	1.9	1.9	1.9
Virginia	2.3	2.3	2.3	2.2	2.3	2.2	2.2	2.2	2.2	2.2
Washington	1.8	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.8	1.7
West Virginia	4.1	4.0	4	4.1	4.1	4.1	3.9	4.0	3.8	3.7
<u>States without CON</u>										
Arizona	1.9	2.0	1.9	1.9	2.0	2.0	2.1	2.1	2.0	2.0
Arkansas	3.5	3.4	3.3	3.4	3.4	3.3	3.2	3.2	3.2	3.1
California	2.0	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.8	1.8
Colorado	2.0	2.1	2	2.0	2.0	2.1	2.0	2.0	2.0	2.0
Idaho	2.5	2.3	2.3	2.4	2.2	2.2	2.1	2.1	2.1	2.0
Indiana	3.0	2.8	2.9	2.7	2.8	2.7	2.7	2.7	2.6	2.6
Kansas	3.8	3.7	3.6	3.6	3.7	3.6	3.5	3.5	3.5	3.5
Louisiana	3.8	3.4	3.7	3.6	3.6	3.5	3.4	3.4	3.4	3.2
Minnesota	3.2	3.1	3.1	3	3.0	3.0	2.9	2.8	2.7	2.7
Montana	4.7	4.6	4.3	4.2	3.9	3.9	3.7	3.6	3.7	3.6
Nebraska	4.2	4.3	4.2	4.2	4.1	4.1	4.0	3.6	3.6	3.5
New Mexico	1.9	1.8	1.8	1.9	2.0	2.0	1.9	2.0	1.8	1.8
North Dakota	5.6	5.5	5.6	5.5	5.4	5.2	5.0	4.6	4.0	4.3
Ohio	2.9	2.9	2.9	2.9	2.9	3.0	3.0	2.9	2.9	2.9
Oklahoma	3.1	3.1	3	3.0	3.0	3.1	3.0	3.0	3.0	2.9
Oregon	1.8	1.8	1.8	1.8	1.8	1.7	1.7	1.8	1.7	1.7
Pennsylvania	3.2	3.2	3.2	3.2	3.2	3.1	3.1	3.1	3.0	3.0
South Dakota	6.0	5.6	5.5	5.3	5.1	5.1	5.0	5.0	4.9	4.8
Texas	2.6	2.5	2.5	2.4	2.5	2.5	2.4	2.4	2.3	2.3
Utah	1.9	1.8	1.8	1.7	1.8	1.8	1.8	1.8	1.8	1.8
Wisconsin	2.6	2.6	2.5	2.5	2.4	2.4	2.4	2.3	2.2	2.2
Wyoming	4.0	4.0	4	4.0	3.9	3.7	3.5	3.5	3.3	3.1
United States	2.8	2.8	2.7	2.7	2.7	2.6	2.6	2.6	2.5	2.4
Note:Data are for community hospitals; about 85% of all hospitals. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included										
Source: AHA Annual Surveys 2005 - 2014; mid year population estimates, U. S. Census Bureau.										

U. S. Community Hospitals (Acute Care)										
Admissions per 1,000 Population										
2005 - 2014										
	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
<u>States with CON</u>										
Alabama	158	155	149	150	147	141	134	130	133	130
Alaska	69	77	77	83	85	82	80	76	78	72
Connecticut	111	116	116	113	114	116	114	112	109	105
Delaware	124	123	123	124	118	115	113	110	113	112
District of Columbia	254	241	238	232	233	231	218	213	205	193
Florida	134	133	131	131	130	132	130	131	123	124
Georgia	106	105	102	101	99	97	99	97	95	93
Hawaii	91	90	87	86	86	86	81	76	79	77
Illinois	125	124	124	125	125	121	120	118	111	107
Iowa	122	122	122	123	125	118	112	111	106	103
Kentucky	146	148	146	144	142	138	140	137	132	127
Maine	115	115	115	115	113	114	110	109	105	101
Maryland	119	122	123	124	126	126	122	117	106	102
Massachusetts	125	124	130	131	124	124	126	127	118	112
Michigan	118	119	119	120	122	122	122	121	117	114
Mississippi	147	142	143	143	146	140	136	132	127	125
Missouri	144	144	142	142	141	138	137	136	129	129
Nevada	100	100	99	95	95	93	89	92	91	90
New Hampshire	90	90	91	93	94	93	91	93	90	88
New Jersey	127	128	128	125	125	126	121	119	113	109
New York	131	131	133	132	130	130	129	128	119	115
North Carolina	118	117	115	113	113	110	109	107	103	100
Rhode Island	116	118	120	121	121	120	117	115	106	105
South Carolina	122	124	120	118	117	116	113	109	104	103
Tennessee	140	139	140	158	138	136	131	126	126	125
Vermont	85	83	81	80	83	82	79	78	77	73
Virginia	103	103	102	102	102	101	97	97	94	93
Washington	85	86	87	89	88	88	87	84	86	82
West Virginia	164	161	156	158	156	154	150	152	143	139
<u>States without CON</u>										
Arizona	109	112	108	107	110	107	111	108	96	93
Arkansas	139	137	133	129	131	132	127	124	119	116
California	97	95	95	90	95	93	92	90	85	82
Colorado	95	89	88	88	90	89	89	85	77	77
Idaho	91	91	97	89	89	84	84	81	78	74
Indiana	117	115	115	109	115	111	111	113	107	103
Kansas	121	120	121	117	117	112	107	105	100	102
Louisiana	154	137	147	147	143	142	138	133	122	121
Minnesota	123	124	123	122	123	118	111	111	104	100
Montana	115	114	113	112	107	104	98	95	94	91
Nebraska	121	122	122	121	121	117	114	110	107	104
New Mexico	86	89	83	86	88	91	90	84	80	84
North Dakota	138	138	139	139	139	143	140	137	131	125
Ohio	129	132	135	134	134	133	131	130	126	124
Oklahoma	129	129	127	126	127	120	114	112	107	102
Oregon	95	92	93	93	92	85	84	89	86	83
Pennsylvania	149	150	150	151	151	146	142	139	128	124
South Dakota	134	132	123	126	127	126	124	124	121	117
Texas	112	109	108	103	106	106	102	99	95	93
Utah	90	90	86	85	83	81	81	84	79	78
Wisconsin	109	111	109	109	110	108	103	100	99	96
Wyoming	100	101	103	102	99	96	88	81	77	71
United States	119	119	118	118	117	116	114	112	106	104
Notes: Data are for community hospitals, which represent 85% of all hospitals. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.										
Source: American Hospital Association Annual Surveys 2005 - 2014, AHA 2015; mid year population estimates, U. S. Census Bureau.										

U. S. Community Hospitals (Acute Care) Inpatient Days per 1,000 Population 2005 - 2014										
Jurisdiction	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
<i>States with CON</i>										
Alabama	810	798	775	767	754	735	697	679	697	688
Alaska	435	461	450	493	504	485	480	470	512	511
Connecticut	643	660	659	608	656	667	640	588	596	582
Delaware	774	760	785	777	700	676	645	637	582	596
District of Columbia	1,771	1,711	1,674	1,545	1,617	1,547	1,532	1,542	1,464	1,403
Florida	696	696	689	677	662	661	647	648	617	619
Georgia	683	678	666	658	636	616	632	621	604	608
Hawaii	694	670	658	621	658	596	607	523	542	528
Illinois	661	647	632	631	628	602	588	575	533	531
Iowa	799	783	763	758	751	727	675	672	648	630
Kentucky	817	811	770	752	750	722	723	701	689	674
Maine	624	643	648	638	641	624	609	613	589	581
Maryland	573	570	565	577	583	571	546	539	534	513
Massachusetts	691	682	689	681	640	635	635	631	625	610
Michigan	622	635	618	623	635	635	629	625	597	578
Mississippi	955	921	931	917	955	881	861	844	835	839
Missouri	765	763	763	733	738	711	700	694	672	669
Nevada	534	526	525	497	497	496	480	500	496	493
New Hampshire	499	495	491	501	503	495	474	482	475	475
New Jersey	681	681	673	646	646	639	617	605	581	561
New York	959	946	960	951	923	894	888	868	811	794
North Carolina	716	702	691	670	651	617	612	604	582	553
Rhode Island	615	637	641	636	633	622	590	582	543	521
South Carolina	696	725	712	682	658	649	648	616	600	576
Tennessee	793	801	791	873	787	762	720	698	697	676
Vermont	559	537	528	542	529	517	488	496	484	460
Virginia	597	595	578	565	571	555	537	542	537	532
Washington	397	394	390	399	406	399	391	383	396	384
West Virginia	942	916	880	914	917	906	870	880	836	827
<i>States without CON</i>										
Arizona	485	493	490	480	498	486	493	480	436	426
Arkansas	746	722	692	673	694	677	653	641	614	596
California	512	504	504	469	493	476	467	454	430	421
Colorado	467	451	454	446	448	445	443	424	408	400
Idaho	479	452	463	437	421	406	400	382	378	363
Indiana	652	601	603	554	600	574	579	571	556	541
Kansas	774	754	735	730	743	715	686	670	656	651
Louisiana	856	755	838	803	759	783	735	712	664	662
Minnesota	786	784	767	756	741	708	677	672	626	613
Montana	1,125	1,095	1,095	999	934	892	856	831	808	782
Nebraska	923	1,000	945	913	877	864	798	713	715	707
New Mexico	410	419	392	388	408	420	402	414	370	393
North Dakota	1,210	1,209	1,196	1,208	1,161	1,162	1,066	1,025	911	872
Ohio	674	680	675	676	678	671	659	644	616	618
Oklahoma	673	661	645	652	669	651	622	597	577	560
Oregon	407	410	409	410	410	376	361	380	370	363
Pennsylvania	828	820	815	825	824	783	769	758	716	682
South Dakota	1,350	1,326	1,297	1,266	1,250	1,237	1,146	1,161	1,106	1,077
Texas	587	571	557	536	553	548	528	510	498	493
Utah	394	385	376	380	373	360	353	353	338	336
Wisconsin	606	597	576	566	564	553	521	503	489	478
Wyoming	780	828	821	809	778	756	707	667	639	617
<i>United States</i>	<i>673</i>	<i>665</i>	<i>657</i>	<i>645</i>	<i>650</i>	<i>628</i>	<i>612</i>	<i>600</i>	<i>577</i>	<i>566</i>

Notes: Data are for community hospitals, which represent 85% of all hospitals. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.

Source: American Hospital Association Annual Surveys 2005 - 2014, AHA 2015; mid year population estimates, U. S. Census Bureau.

U. S. Community Hospitals (Acute Care) Hospital Emergency Room Visits per 1,000 Population 2005 - 2014										
Jurisdiction	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
<u>States with CON</u>										
Alabama	448	459	478	487	486	486	482	479	472	484
Alaska	385	492	901	481	477	425	415	435	350	413
Connecticut	406	415	419	417	435	457	464	458	452	441
Delaware	392	393	449	397	415	444	452	460	477	482
District of Columbia	675	615	677	784	740	763	712	736	746	755
Florida	390	388	397	388	389	403	401	397	431	456
Georgia	392	403	389	393	396	415	422	411	422	408
Hawaii	258	264	266	264	280	296	268	266	286	305
Illinois	389	393	398	394	399	412	418	421	408	409
Iowa	361	377	378	390	410	409	401	416	418	415
Kentucky	545	536	521	543	546	538	549	538	519	528
Maine	541	553	576	545	592	601	595	576	599	580
Maryland	389	386	410	407	403	426	425	423	429	392
Massachusetts	449	446	488	494	477	473	481	468	481	472
Michigan	411	414	428	444	443	455	461	473	493	486
Mississippi	552	573	569	595	576	583	574	592	600	600
Missouri	445	452	453	456	480	483	479	491	494	491
Nevada	260	295	280	293	298	311	303	302	333	320
New Hampshire	434	475	461	471	472	474	507	514	529	485
New Jersey	349	354	376	366	387	400	382	393	403	404
New York	395	396	411	425	417	437	416	432	438	435
North Carolina	408	436	434	449	451	453	446	461	476	469
Rhode Island	400	424	440	459	470	477	470	516	497	484
South Carolina	404	410	437	429	434	476	314	361	330	459
Tennessee	502	514	462	528	521	524	492	486	520	520
Vermont	421	412	420	418	491	575	564	473	482	522
Virginia	390	382	401	394	397	406	406	420	439	438
Washington	334	342	337	362	363	377	340	340	335	346
West Virginia	624	642	432	647	652	671	652	656	628	639
<u>States without CON</u>										
Arizona	304	345	336	335	334	324	349	339	312	309
Arkansas	444	455	451	457	454	469	471	474	486	456
California	280	262	283	274	275	286	293	294	315	327
Colorado	292	322	314	318	328	343	332	338	356	357
Idaho	344	357	349	348	341	333	312	327	366	384
Indiana	422	414	429	485	476	468	491	483	476	494
Kansas	342	349	353	361	368	370	357	363	390	404
Louisiana	548	476	494	511	535	546	553	535	559	589
Minnesota	306	335	332	332	339	356	345	361	357	357
Montana	318	333	352	371	358	366	361	370	371	365
Nebraska	316	315	313	355	359	383	383	389	371	376
New Mexico	381	385	400	330	388	413	409	411	397	457
North Dakota	400	415	413	429	451	469	524	597	454	487
Ohio	472	488	509	516	523	538	553	564	560	571
Oklahoma	385	403	435	447	452	473	469	488	486	479
Oregon	319	334	339	347	352	343	320	363	356	363
Pennsylvania	426	434	450	464	478	477	482	488	490	488
South Dakota	279	287	282	284	297	296	318	306	345	347
Texas	354	358	354	353	363	381	386	386	393	389
Utah	342	323	306	341	314	311	301	304	306	355
Wisconsin	338	356	375	376	367	368	380	373	365	382
Wyoming	426	430	430	435	440	434	410	402	401	398
United States	383	387	396	401	404	415	411	415	423	428
Notes: Data are for community hospitals, which represent 85% of all hospitals. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.										
Source: American Hospital Association Annual Surveys 2005 - 2014, AHA 2015; mid year population estimates, U. S. Census Bureau.										

U. S. Community Hospitals (Acute Care) Outpatient Visits per 1,000 Population 2005 - 2014										
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
States with CON										
Alabama	1,826	1,659	1,748	1,769	1,928	1,952	1,839	1,817	1,720	1,756
Alaska	2,023	2,513	2,621	2,611	2,461	2,530	2,497	2,439	1,860	2,414
Connecticut	2,002	2,041	2,225	2,156	2,305	2,324	2,311	2,378	2,579	2,360
Delaware	2,248	2,219	2,158	2,126	1,919	1,971	1,986	2,038	2,258	2,253
District of Columbia	2,933	2,834	2,748	4,023	3,993	4,022	3,836	3,958	3,988	4,026
Florida	1,287	1,255	1,260	1,287	1,326	1,342	1,287	1,279	1,227	1,287
Georgia	1,502	1,511	1,475	1,441	1,463	1,464	1,471	1,506	1,604	1,531
Hawaii	1,471	1,499	1,473	1,463	1,568	1,666	1,609	1,456	1,534	1,614
Illinois	2,229	2,250	2,314	2,385	2,413	2,486	2,535	2,464	2,547	2,596
Iowa	3,280	3,405	3,463	3,533	3,467	3,642	3,616	3,370	3,433	3,474
Kentucky	2,144	2,123	2,097	2,246	2,253	2,346	2,401	2,412	2,394	2,442
Maine	3,131	3,262	3,198	3,569	3,860	4,370	4,493	4,632	5,386	5,891
Maryland	1,246	1,208	1,251	1,300	1,428	1,455	1,447	1,502	1,589	1,508
Massachusetts	2,971	2,932	3,037	3,036	3,127	3,239	3,317	3,375	3,302	3,255
Michigan	2,745	2,589	2,784	2,769	2,799	2,939	3,063	3,137	3,291	3,426
Mississippi	1,453	1,407	1,455	1,516	1,706	1,587	1,544	1,604	1,657	1,670
Missouri	2,810	2,969	2,799	2,888	3,161	3,209	3,302	3,362	3,614	3,633
Montana	3,124	3,059	3,065	3,169	3,258	3,416	3,537	3,516	941	1,049
Nevada	1,048	1,083	958	1,035	1,115	1,063	987	986	3,813	3,700
New Hampshire	2,284	2,894	2,951	3,115	3,380	3,567	3,628	3,791	1,752	1,733
New Jersey	2,041	1,933	1,961	1,979	2,094	2,117	1,816	1,791	2,865	2,887
New York	2,579	2,668	2,802	2,754	2,700	2,776	2,767	2,770	1,996	1,978
North Carolina	1,793	1,937	1,941	1,961	1,918	1,953	1,912	1,930	1,941	1,915
Rhode Island	1,985	2,313	2,299	2,427	2,500	2,500	2,491	2,134	1,405	1,559
South Carolina	1,678	1,372	1,407	1,371	1,316	1,386	1,375	1,374	1,834	1,819
Tennessee	1,741	1,959	1,788	1,920	1,802	1,840	1,798	1,705	4,918	5,019
Vermont	3,661	3,979	4,028	4,465	5,323	5,397	5,356	4,923	1,914	1,984
Virginia	1,597	1,758	1,787	1,677	1,708	1,796	1,717	1,742	1,914	1,984
Washington	1,626	1,597	1,629	1,731	1,733	1,727	1,751	1,826	1,787	1,734
West Virginia	3,335	3,371	3,435	3,562	3,645	3,673	3,589	3,645	3,720	3,843
States without CON										
Arizona	942	1,138	1,063	1,154	1,187	1,077	1,267	1,322	1,319	1,252
Arkansas	1,761	1,791	1,810	1,847	1,734	1,747	1,719	1,637	1,728	1,712
California	1,324	1,356	1,488	1,257	1,336	1,306	1,385	1,398	1,404	1,395
Colorado	1,511	1,582	1,524	1,595	1,704	1,763	1,634	1,694	1,667	1,588
Idaho	1,742	1,903	1,847	1,913	1,925	1,988	2,012	2,547	2,964	3,185
Indiana	2,491	2,626	2,621	2,635	2,665	2,717	2,886	2,841	2,800	2,908
Kansas	2,144	2,163	2,230	2,305	2,333	2,387	2,336	2,437	2,450	2,464
Louisiana	2,303	2,176	2,324	2,429	2,507	2,754	2,719	2,086	2,089	2,308
Minnesota	1,870	1,842	1,961	1,896	1,913	2,047	2,084	2,018	2,152	2,193
Nebraska	2,260	2,213	2,296	2,367	2,597	2,593	2,498	3,551	3,707	3,402
New Mexico	2,649	2,448	2,237	2,086	2,140	2,311	2,246	2,690	2,547	2,431
North Dakota	2,906	2,936	2,681	2,733	2,643	3,652	4,560	2,211	2,150	2,710
Ohio	2,668	2,733	2,851	2,885	2,853	2,966	3,100	4,307	3,229	3,408
Oklahoma	1,513	1,527	1,491	1,458	1,491	1,511	1,504	3,110	3,220	3,352
Oregon	2,188	2,191	2,237	2,183	2,262	2,326	2,400	1,592	1,717	1,641
Pennsylvania	2,696	2,814	2,879	2,959	3,060	3,006	3,033	2,423	2,643	2,722
South Dakota	2,039	2,120	2,248	2,247	2,309	2,387	2,501	2,974	2,977	2,985
Texas	1,444	1,410	1,364	1,360	1,433	1,454	1,516	2,567	2,679	3,888
Utah	1,949	1,927	1,931	1,876	1,945	1,966	1,973	1,532	1,518	1,514
Wisconsin	2,148	2,302	2,245	2,334	2,524	2,640	2,566	2,080	2,131	2,518
Wyoming	1,819	1,985	1,880	1,830	1,893	1,948	1,946	1,972	2,169	2,132
United States	1,946	1,971	2,007	2,000	2,050	2,091	2,105	2,106	2,145	2,174
Notes: Data are for community hospitals, which represent 85% of all hospitals. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.										
Source: American Hospital Association Annual Surveys 2005 - 2014, AHA 2015; mid year population estimates, U. S. Census Bureau.										

U. S. Community Hospitals Bed Capacity 1980 - 2014		
Year	Beds	Beds Per 1,000 Population
1980	988,287	4.36
1981	1,001,801	4.37
1982	1,011,989	4.37
1983	1,018,452	4.36
1984	1,016,987	4.31
1985	1,000,598	4.21
1986	978,283	4.07
1987	956,529	3.95
1988	944,276	3.86
1989	932,185	3.78
1990	926,436	3.72
1991	922,822	3.66
1992	919,505	3.61
1993	917,847	3.56
1994	901,056	3.46
1995	871,976	3.32
1996	862,352	3.25
1997	853,287	3.19
1998	839,988	3.11
1999	829,575	3.04
2000	823,560	2.93
2001	825,966	2.85
2002	820,653	2.85
2003	813,307	2.80
2004	808,127	2.75
2005	802,311	2.73
2006	802,658	2.68
2007	800,892	2.65
2008	808,069	2.65
2009	805,593	2.62
2010	804,943	2.60
2011	803,490	2.59
2012	800,452	2.55
2013	794,275	2.50
2014	786,874	2.43
Source: American Hospital Association Directory & Surveys, 1980 - 2015; Health, United States, 1980 - 2015; US Census Bureau, 1980-2014 Population Estimates.		

U. S. Community Hospitals Inpatient Service Trends 1980 - 2013						
Year	Admissions	Admissions per 1,000 Population	Inpatient Days	Inpatient Days per 1,000 Population	Inpatient Surgeries	ALOS
1980	36,143,445	159.5	273,085,130	1205.4	15,714,062	7.6
1981	36,438,232	158.8	278,405,882	1213.3	15,674,633	7.6
1982	36,379,446	157.0	278,043,093	1200.2	15,532,578	7.6
1983	36,151,780	154.6	273,196,906	1168.5	15,130,404	7.6
1984	35,155,462	149.1	256,603,081	1088.1	14,378,580	7.3
1985	33,448,631	140.6	236,619,446	994.5	13,161,996	7.1
1986	32,378,796	134.8	229,447,826	955.5	12,222,470	7.1
1987	31,600,817	130.4	227,014,903	937.0	11,691,429	7.2
1988	31,452,835	128.6	226,875,042	927.9	11,383,578	7.2
1989	31,116,048	126.1	225,436,505	913.4	10,989,409	7.2
1990	31,181,046	125.3	225,971,653	908.4	10,844,916	7.2
1991	31,064,283	123.2	222,858,470	883.9	10,693,243	7.2
1992	31,033,557	121.7	221,047,104	866.8	10,552,378	7.1
1993	30,748,051	119.3	215,888,741	837.6	10,181,703	7.0
1994	30,718,136	118.0	207,180,278	796.0	9,833,938	6.7
1996	31,098,959	117.2	193,747,004	730.4	9,545,612	6.2
1997	31,576,960	118.0	192,504,015	719.2	9,509,081	6.1
1998	31,811,673	117.8	191,430,450	709.0	9,735,705	6.0
1999	32,359,042	118.7	191,884,270	703.7	9,539,593	5.9
2000	33,089,467	117.6	192,420,368	683.7	9,729,336	5.8
2001	33,813,589	118.7	194,106,316	681.6	9,779,583	5.7
2002	34,478,280	119.6	196,690,099	682.1	10,105,010	5.7
2003	34,782,742	119.6	196,649,769	676.2	9,940,922	5.7
2004	35,086,061	119.5	197,564,172	672.8	10,050,346	5.6
2005	35,238,673	118.8	197,073,770	666.4	10,097,271	5.6
2006	35,777,659	118.2	196,366,512	655.9	10,095,683	5.6
2007	35,345,986	117.2	195,549,348	645.0	10,189,630	5.5
2008	35,760,750	116.5	194,457,832	633.3	10,234,843	5.4
2009	35,527,377	115.7	192,656,804	627.5	10,100,980	5.4
2010	35,149,427	113.7	189,593,349	613.5	9,954,827	5.4
2011	34,565,723	111.9	177,326,872	612.5	9,867,672	5.4
2012	33,767,981	109.4	171,295,637	600.7	9,854,921	5.2
2013	32,511,394	105.8	169,335,926	557.0	9,803,465	5.1
Source: American Hospital Association Directory & Annual Surveys, 1980 - 2014; Health, United States, 1980 - 2014; US Census Bureau, 1980- 2014 Population Estimates.						

U. S. Community Hospitals Outpatient Service Use 1980 - 2014			
Year	Outpatient Visits	Visits per 1,000 Person	Outpatient Surgeries
1980	202,274,528	892.9	3,053,604
1981	202,554,317	882.7	3,561,573
1982	247,930,332	1,070.2	4,061,061
1983	210,038,878	898.4	4,714,504
1984	211,941,487	898.7	5,529,661
1985	218,694,236	919.2	6,951,359
1986	231,853,914	965.5	8,246,665
1987	244,495,134	1,009.1	9,126,205
1988	268,290,801	1,097.3	10,027,560
1989	284,815,681	1,153.9	10,350,871
1990	300,514,516	1,208.0	11,069,952
1991	321,044,324	1,273.4	11,711,808
1992	347,847,202	1,364.1	12,307,594
1993	366,533,432	1,422.0	12,624,292
1994	382,780,358	1,470.6	13,154,838
1995	413,748,403	1,574.6	13,462,304
1996	439,863,107	1,658.3	14,023,651
1997	450,140,010	1,681.8	14,678,290
1998	474,193,468	1,756.3	15,593,614
1999	495,346,286	1,816.5	15,845,492
2000	521,404,976	1,852.8	16,383,374
2001	538,480,378	1,890.8	16,684,726
2002	556,404,212	1,929.5	17,361,176
2003	563,186,046	1,936.6	17,165,616
2004	571,569,334	1,946.4	17,351,490
2005	584,428,736	1,976.1	17,445,527
2006	599,553,025	2,002.5	17,235,141
2007	603,330,374	2,000.2	17,146,334
2008	619,363,427	2,050.1	17,177,328
2009	641,953,442	2,091.0	17,357,534
2010	651,823,713	2,107.8	17,357,177
2011	662,348,287	2,108.7	17,834,672
2012	679,894,261	2,148.7	17,945,656
2013	689,964,567	2,163.5	18,034,884
2014	693,454,098	20,174.0	18,105,449
Source: American Hospital Association Directory, 1980 - 2015; Health, United States, 1980 - 2014; US Census Bureau, 1980- 2014 Population Estimates.			

U. S. Community Hospitals RevenueTrend: Inpatient vs Outpatient 1980 - 2014		
Year	Gross Revenue Percent Outpatient	Gross Revenue Percent Inpatient
1980	13.1%	86.9%
1981	13.2%	86.8%
1982	13.4%	86.6%
1983	13.7%	86.3%
1984	14.0%	86.0%
1985	16.3%	83.7%
1986	18.7%	81.3%
1987	19.1%	80.9%
1988	21.3%	78.7%
1989	21.6%	78.4%
1990	23.2%	76.8%
1991	24.4%	75.6%
1992	25.7%	74.3%
1993	27.1%	72.9%
1994	28.6%	71.4%
1995	30.2%	69.8%
1996	31.9%	68.1%
1997	33.4%	66.6%
1998	33.8%	66.2%
1999	34.7%	65.3%
2000	35.3%	64.7%
2001	35.4%	64.6%
2002	35.7%	64.3%
2003	35.9%	64.1%
2004	36.2%	63.8%
2005	37.3%	62.7%
2006	37.6%	62.4%
2007	37.8%	62.2%
2008	38.7%	61.3%
2009	41.2%	58.8%
2010	41.9%	58.1%
2011	42.2%	57.8%
2012	42.5%	57.5%
2013	42.5%	57.5%
2014	42.7%	57.3%
Source: American Hospital Association Directory & Surveys, 1980 - 2014; AHA Trendwatch 2000 - 2014; Health, United States, 1980 - 2014; US Census Bureau, 1980- 2014 Population Estimates.		

U. S. Community Hospitals Urban-Rural Distribution 1980 - 2014				
Year	All Hospitals (1)	Urban	Rural	Part of Health System (2)
1980	5,830	2,955	2,875	-
1981	5,813	3,048	2,765	-
1982	5,801	3,041	2,760	-
1983	5,783	3,070	2,713	-
1984	5,759	3,063	2,696	-
1985	5,732	3,058	2,674	-
1986	5,678	3,040	2,638	-
1987	5,611	3,012	2,599	-
1988	5,533	2,984	2,549	-
1989	5,455	2,958	2,497	-
1990	5,384	2,924	2,460	-
1991	5,342	2,921	2,421	-
1992	5,292	3,007	2,285	-
1993	5,261	3,012	2,249	-
1994	5,229	2,993	2,236	-
1995	5,194	2,958	2,236	-
1996	5,134	2,908	2,226	-
1997	5,057	2,852	2,205	-
1998	5,015	2,816	2,199	-
1999	4,956	2,767	2,189	2,524
2000	4,915	2,740	2,175	2,542
2001	4,908	2,742	2,166	2,580
2002	4,927	2,749	2,178	2,606
2003	4,895	2,729	2,166	2,626
2004	4,919	2,916(3)	2,003(3)	2,668
2005	4,936	2,927	2,009	2,716
2006	4,927	2,926	2,001	2,755
2007	4,997	2,990	2,007	2,730
2008	5,010	3,012	1,998	2,868
2009	5,008	3,011	1,997	2,921
2010	4,985	2,998	1,987	2,941
2011	4,985	3,008	1,977	3,015
2012	4,973	3,005	1,968	3,127
2013	4,974	3,046	1,928	3,189
2014	4,926	3,031	1,895	3,206
<p>Source: American Hospital Association Directory & Surveys, 1980 - 2015; AHA Trendwatch, 2000 - 2014; Health, United States, 1980 - 2014; US Census Bureau, 1980- 2014 Population Estimates.</p> <p>(1) All nonfederal, short-term general and special hospitals whose facilities are available to the public.</p> <p>(2) Data collected on health systems before 1999 are not comparable and are therefore not presented.</p> <p>(3) Data on the number of urban and rural hospitals in 2004 and beyond were collected using coding different from previous years.</p>				

Certified Nursing Facilities Capacity and Use, 2014				
Jurisdiction	Facilities	Patients	Beds	Occupancy*
<i>States with CON Regulation of Nursing Homes</i>				
Alabama	226	22,743	117	86.2%
Alaska	18	622	39	89.8%
Arkansas	228	17,596	107	72.1%
Connecticut	229	24,203	121	87.5%
Delaware	46	4,281	106	88.3%
District of Columbia	19	2,523	146	91.2%
Florida	687	73,275	121	88.4%
Georgia	288	27,517	112	85.6%
Hawaii	26	2,221	99	88.7%
Illinois	761	72,542	130	77.3%
Iowa	442	24,849	78	79.7%
Kentucky	287	23,386	94	87.3%
Louisiana	280	25,873	126	75.0%
Maine	103	6,175	67	90.0%
Maryland	228	24,513	123	88.1%
Massachusetts	414	41,044	116	86.8%
Michigan	434	39,447	107	85.0%
Mississippi	204	16,139	91	87.4%
Missouri	512	38,409	108	72.5%
Montana	83	4,564	81	67.8%
Nebraska	218	12,011	73	76.3%
Nevada	53	4,788	115	79.2%
New Hampshire	76	6,775	99	90.0%
New Jersey	364	45,242	144	86.3%
New York	628	105,131	187	90.1%
North Carolina	410	35,969	107	83.7%
Ohio	933	74,828	95	84.4%
Oklahoma	308	18,938	94	66.5%
Oregon	132	7,079	90	60.0%
Rhode Island	84	8,020	104	92.0%
South Carolina	168	14,697	103	87.2%
Tennessee	306	27,504	115	78.8%
Vermont	37	2,690	86	84.8%
Virginia	287	28,457	113	88.4%
Washington	220	17,063	96	80.9%
West Virginia	117	8,852	87	86.8%
Wisconsin	387	27,171	87	80.9%
<i>States without CON Regulation for Nursing Homes</i>				
Arizona	138	11,118	116	70.2%
California	1,178	97,970	98	86.1%
Colorado	214	16,347	96	79.9%
Idaho	78	3,901	76	65.5%
Indiana	528	39,028	114	76.6%
Kansas	339	18,046	74	80.7%
Minnesota	377	26,616	80	89.9%
New Mexico	72	5,453	96	78.6%
North Dakota	80	5,603	76	92.6%
Pennsylvania	697	79,442	126	90.5%
South Dakota	111	6,374	63	91.7%
Texas	1,211	93,086	113	70.5%
Utah	97	5,522	86	66.1%
Wyoming	38	2,340	78	79.3%
United States	15,401	1,347,983	109	82.3%
Source: Online Survey, Certification, and Reporting system (OSCAR), Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, 2015				
*State occupancy is calculated by dividing the sum of all facility patients in the state occupying certified beds by the sum of all the certified beds in the state. OSCAR data reflects patients who occupy a certified bed.				

Certified Nursing Facilities Total Residents and Percent by Age Group, 2014								
		Percent						
Jurisdiction	Residents	0-21	22-30	31-64	65-74	75-84	85-94	95+
<i>States with CON Regulation of Nursing Homes</i>								
Alabama	22,884	0.5	0.5	15.0	17.0	29.7	31.3	6.0
Alaska	582	0.2	0.2	20.3	20.6	30.1	24.4	4.3
Arkansas	17,816	0.0	0.2	13.3	15.6	28.6	34.9	7.3
Connecticut	25,313	0.1	0.2	11.8	13.1	24.7	39.3	10.8
Delaware	4,264	0.6	0.3	12.9	14.6	27.6	36.0	8.0
District of Columbia	2,624	0.1	0.2	19.8	20.3	24.2	27.7	7.7
Florida	76,276	0.3	0.2	13.4	15.9	28.2	34.7	7.3
Georgia	34,067	0.1	0.2	16.2	18.8	28.5	30.1	6.1
Hawaii	3,772	0.8	0.3	9.0	12.8	23.8	42.5	10.8
Illinois	74,326	0.1	0.7	21.2	14.7	23.9	32.1	7.3
Iowa	24,963	0.2	0.2	8.5	10.6	24.9	43.9	11.7
Kentucky	23,129	0.4	0.2	12.3	16.2	30.0	33.9	6.9
Louisiana	25,505	0.1	0.3	19.4	18.0	28.4	28.9	4.8
Maine	6,409	0.1	0.1	9.1	12.4	28.8	41.6	7.9
Maryland	25,346	0.1	0.4	16.9	16.1	26.6	32.7	7.3
Massachusetts	43,156	0.2	0.2	11.0	12.6	25.9	40.1	10.0
Michigan	40,766	0.1	0.1	12.3	14.6	27.1	37.5	8.4
Mississippi	15,884	0.1	0.3	16.9	18.4	28.9	29.7	5.8
Missouri	38,180	0.1	0.6	17.0	14.6	26.3	33.7	7.7
Montana	4,681	0.1	0.2	12.1	15.3	26.9	36.9	8.6
Nebraska	12,288	0.3	0.3	11.4	11.8	25.8	40.0	10.5
Nevada	4,839	0.4	0.6	20.3	20.0	27.5	27.0	4.2
New Hampshire	6,960	0.2	0.2	7.6	12.5	28.1	41.4	10.1
New Jersey	47,227	0.7	0.3	14.3	14.6	26.1	35.9	8.2
New York	109,830	0.5	0.3	13.5	14.6	26.6	35.8	8.7
North Carolina	37,604	0.0	0.2	13.6	16.7	28.9	33.9	6.8
Ohio	78,785	0.1	0.3	17.8	15.5	26.7	33.1	6.6
Oklahoma	19,228	0.1	0.3	16.4	16.4	28.2	32.4	6.2
Oregon	7,947	0.8	0.3	16.1	18.2	27.4	30.8	6.4
Rhode Island	8,221	0.0	0.1	8.6	11.3	24.5	44.2	11.3
South Carolina	17,033	0.0	0.1	11.2	17.3	29.8	34.8	6.8
Tennessee	31,083	0.0	0.3	13.5	16.9	30.0	33.3	6.0
Vermont	2,804	0.1	0.1	8.1	13.2	28.6	40.3	9.7
Virginia	29,309	0.3	0.3	13.9	16.1	28.3	34.3	6.9
Washington	17,590	0.1	0.3	15.4	16.5	25.9	34.0	7.7
West Virginia	9,669	0.1	0.2	13.4	15.5	29.6	35.1	6.2
Wisconsin	29,004	0.0	0.2	9.2	12.0	26.3	41.6	10.7
<i>States without CON Regulation for Nursing Homes</i>								
Arizona	12,424	0.3	0.5	19.6	19.2	27.2	28.0	5.2
California	105,541	0.5	0.7	19.1	17.0	25.6	30.5	6.5
Colorado	16,378	0.0	0.2	14.4	15.2	26.5	35.9	7.9
Idaho	4,184	0.1	0.4	15.1	17.1	28.6	32.1	6.5
Indiana	40,103	0.4	0.3	12.4	14.6	28.1	36.5	7.7
Kansas	18,485	0.0	0.2	12.1	12.1	26.0	39.9	9.7
Minnesota	27,797	0.1	0.2	9.8	11.5	25.2	41.3	11.8
New Mexico	5,990	0.0	0.3	15.6	16.5	29.0	32.6	6.1
North Dakota	5,662	0.0	0.2	7.9	9.2	24.4	45.2	13.2
Pennsylvania	81,276	0.1	0.2	11.0	13.1	26.9	40.0	8.7
South Dakota	6,347	0.0	0.1	8.3	10.5	26.1	42.7	12.3
Texas	98,195	0.1	0.3	15.5	16.5	28.9	32.5	6.3
Utah	5,616	0.5	0.6	23.0	19.0	26.6	26.1	4.1
Wyoming	2,387	0.1	0.0	9.0	12.3	29.2	39.1	10.1
United States	1,409,749	0.2	0.3	14.5	15.2	27.1	35.0	7.7
Nursing Home Data Compendium 2014, Centers for Medicare and Medicaid Services, 2015								

Certified Nursing Facilities Average Number of Patients per Facility and ADL Dependence, 2014				
Jurisdiction	Facilities	Patients	State Average Patients per Facility	Percent with one or more ADLs
<i>States with CON Regulation of Nursing Homes</i>				
Alabama	226	22,743	101	77.7
Alaska	18	622	35	75.8
Arkansas	228	17,596	77	69.9
Connecticut	229	24,203	106	80.7
Delaware	46	4,281	93	81.4
District of Columbia	19	2,523	133	80.6
Florida	687	73,275	107	84.1
Georgia	288	27,517	96	80.0
Hawaii	26	2,221	85	90.0
Illinois	761	72,542	95	66.0
Iowa	442	24,849	56	73.7
Kentucky	287	23,386	81	83.9
Louisiana	280	25,873	92	66.0
Maine	103	6,175	60	94.7
Maryland	228	24,513	108	86.6
Massachusetts	414	41,044	99	86.0
Michigan	434	39,447	91	81.9
Mississippi	204	16,139	79	74.2
Missouri	512	38,409	75	62.8
Montana	83	4,564	55	72.2
Nebraska	218	12,011	55	73.7
Nevada	53	4,788	90	81.1
New Hampshire	76	6,775	89	80.7
New Jersey	364	45,242	124	81.8
New York	628	105,131	167	83.4
North Carolina	410	35,969	88	84.5
Ohio	933	74,828	80	80.7
Oklahoma	308	18,938	61	61.5
Oregon	132	7,079	54	84.6
Rhode Island	84	8,020	95	79.1
South Carolina	168	14,697	87	88.0
Tennessee	306	27,504	90	83.2
Vermont	37	2,690	73	89.0
Virginia	287	28,457	99	82.5
Washington	220	17,063	78	88.4
West Virginia	117	8,852	76	80.3
Wisconsin	387	27,171	70	82.8
<i>States without CON Regulation of Nursing Homes</i>				
Arizona	138	11,118	81	81.1
California	1,178	97,970	83	81.4
Colorado	214	16,347	76	77.3
Idaho	78	3,901	50	83.2
Indiana	528	39,028	74	82.0
Kansas	339	18,046	53	67.3
New Mexico	377	26,616	71	81.9
Minnesota	72	5,453	76	71.8
North Dakota	80	5,603	70	81.7
Pennsylvania	697	79,442	114	87.3
South Dakota	111	6,374	57	72.8
Texas	1,211	93,086	77	75.6
Utah	97	5,522	57	84.9
Wyoming	38	2,340	62	68.9
United States	15,401	1,347,983	88	79.6
Source: Nursing Home Data Compendium 2014, Centers for Medicare and Medicaid Services, 2015				

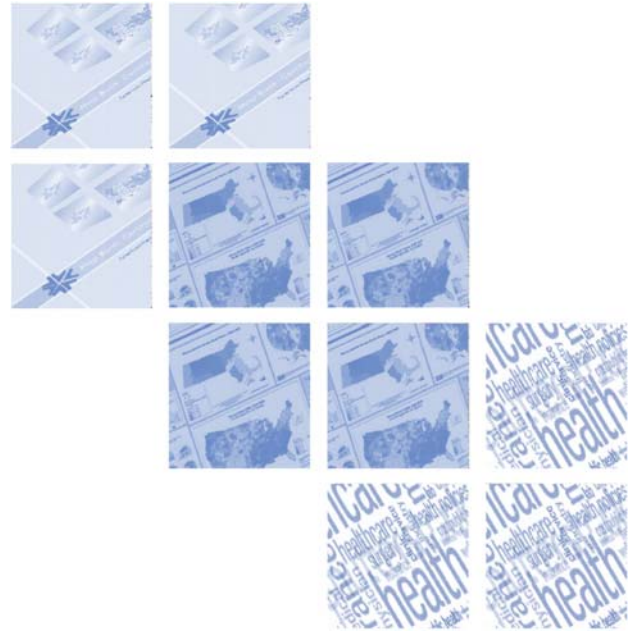
Health Centers and Clinics					
By Type and State, 2014					
State	Facilities			Service Volumes	
	Rural Health Clinics	FQHC Service Sites	Federally Funded FQHC	FQHC Patients	FQHC Patient Encounters
Alabama	99	14	131	330,401	1,002,538
Alaska	2	25	168	100,595	467,092
Arizona	21	17	137	438,260	1,635,078
Arkansas	76	12	99	163,797	563,715
California	285	129	1,247	3,412,961	14,767,846
Colorado	54	18	190	498,828	1,996,735
Connecticut	0	13	199	327,165	1,600,236
Delaware	0	3	13	40,274	144,910
District of Columbia	0	5	44	150,671	752,476
Florida	150	48	429	1,128,651	4,291,035
Georgia	94	29	179	338,996	1,068,633
Hawaii	2	14	75	146,484	675,409
Idaho	45	11	76	138,434	521,222
Illinois	210	42	540	1,153,336	4,086,562
Indiana	65	19	108	364,112	1,250,500
Iowa	152	14	91	179,599	601,552
Kansas	167	16	50	162,573	505,600
Kentucky	187	21	134	315,593	1,194,973
Louisiana	127	25	139	276,720	960,815
Maine	41	19	135	182,546	844,119
Maryland	0	16	141	302,229	1,362,400
Massachusetts	1	36	299	659,521	3,339,695
Michigan	181	33	201	558,059	2,072,728
Minnesota	88	16	82	174,593	644,309
Mississippi	176	21	197	299,488	895,604
Missouri	382	24	200	442,058	1,601,540
Montana	54	17	90	97,214	364,014
Nebraska	132	6	36	64,376	247,953
Nevada	12	3	26	70,014	190,560
New Hampshire	14	10	51	70,884	291,949
New Jersey	0	20	130	483,113	1,728,585
New Mexico	9	15	149	290,202	1,166,185
New York	9	57	611	1,689,989	7,769,221
North Carolina	89	33	201	454,675	1,564,511
North Dakota	55	4	16	31,608	108,478
Ohio	33	36	204	508,333	1,740,076
Oklahoma	51	18	84	162,871	555,135
Oregon	71	29	208	323,148	1,537,795
Pennsylvania	71	40	257	680,017	2,271,608
Rhode Island	0	8	49	146,040	602,128
South Carolina	108	19	161	325,015	1,169,483
South Dakota	56	6	45	54,743	195,692
Tennessee	90	26	187	367,754	1,253,325
Texas	300	68	405	1,124,022	4,208,847
Utah	16	12	40	123,116	409,671
Vermont	14	8	58	132,768	549,688
Virginia	38	25	144	286,604	60,656
Washington	122	25	254	836,637	3,291,558
West Virginia	52	27	243	383,485	1,446,762
Wisconsin	67	16	96	284,072	1,118,145
Wyoming	16	5	10	19,896	62,769
United States	4084	12,021	91,701	21,296,540	82,752,116
Source: Centers for Medicare and Medicaid Services, Rural Health Center, Medicare Certified Rural Health Clinics as of 1/2015, available at http://www.cms.hhs.gov/center/rural.asp ; National Association of Community Health Centers, Incorporated (NACHC); Uniform Data System, Bureau of Primary Health Care, Health Resources and Services Administration, Department of Health and Human Services, 2015. Note: Health centers known as "FQHC Look-Alikes" are not included here because they do not receive federal health center grants and do not report to the Bureau of Primary Health Care. There are approximately 100 FQHC Look-Alikes in the U.S.					

Certified Nursing Facilities Capacity and Use: Average Beds Per Facility & Distribution by Type of Ownership, 2014						
Jurisdiction	Facilities	Licensed Beds	Average Beds per Facility	Corporation (For-Profit)	Corporation (Non-Profit)	Government
<i>States with CON Regulation of Nursing Homes</i>						
Alabama	226	228	117	81.0%	13.0%	6.0%
Alaska	18	16	39	6.0%	56.0%	39.0%
Arkansas	228	232	107	85.0%	12.0%	4.0%
Connecticut	229	231	121	77.0%	20.0%	1.0%
Delaware	46	45	106	67.0%	24.0%	9.0%
District of Columbia	19	19	146	47.0%	53.0%	0.0%
Florida	687	682	121	72.0%	25.0%	2.0%
Georgia	288	357	112	66.0%	29.0%	5.0%
Hawaii	26	48	99	46.0%	23.0%	31.0%
Illinois	761	770	130	72.0%	25.0%	3.0%
Iowa	442	444	78	54.0%	43.0%	4.0%
Kentucky	287	284	94	73.0%	23.0%	3.0%
Louisiana	280	280	126	74.0%	15.0%	5.0%
Maine	103	107	67	70.0%	29.0%	1.0%
Maryland	228	230	123	71.0%	27.0%	2.0%
Massachusetts	414	422	116	72.0%	27.0%	1.0%
Michigan	434	425	107	71.0%	20.0%	8.0%
Mississippi	204	204	91	69.0%	10.0%	12.0%
Missouri	512	512	108	72.0%	18.0%	6.0%
Montana	83	83	81	46.0%	36.0%	18.0%
Nebraska	218	219	73	49.0%	29.0%	22.0%
Nevada	53	51	115	74.0%	13.0%	11.0%
New Hampshire	76	76	99	61.0%	25.0%	14.0%
New Jersey	364	364	144	72.0%	23.0%	4.0%
New York	628	632	187	55.0%	38.0%	6.0%
North Carolina	410	415	107	79.0%	18.0%	3.0%
Ohio	933	951	95	79.0%	19.0%	2.0%
Oklahoma	308	311	94	85.0%	13.0%	2.0%
Oregon	132	137	90	80.0%	17.0%	3.0%
Rhode Island	84	84	104	77.0%	23.0%	0.0%
South Carolina	168	189	103	77.0%	15.0%	6.0%
Tennessee	306	322	115	79.0%	15.0%	5.0%
Vermont	37	38	86	62.0%	32.0%	3.0%
Virginia	287	284	113	69.0%	27.0%	3.0%
Washington	220	227	96	72.0%	22.0%	6.0%
West Virginia	117	125	87	72.0%	21.0%	7.0%
Wisconsin	387	390	87	52.0%	34.0%	13.0%
<i>States without CON Regulation for Nursing Homes</i>						
Arizona	138	146	116	82.0%	16.0%	2.0%
California	1,178	1,231	98	83.0%	14.0%	3.0%
Colorado	214	214	96	72.0%	16.0%	7.0%
Idaho	78	77	76	54.0%	13.0%	14.0%
Indiana	528	514	114	45.0%	24.0%	31.0%
Kansas	339	340	74	52.0%	35.0%	13.0%
Minnesota	377	379	80	30.0%	62.0%	8.0%
New Mexico	72	72	96	69.0%	22.0%	7.0%
North Dakota	80	83	76	3.0%	95.0%	3.0%
Pennsylvania	697	708	126	54.0%	41.0%	4.0%
South Dakota	111	110	63	35.0%	59.0%	5.0%
Texas	1,211	1,197	113	86.0%	10.0%	4.0%
Utah	97	99	86	78.0%	12.0%	6.0%
Wyoming	38	39	78	34.0%	18.0%	39.0%
United States	15,401	15,643	109	69.0%	24.0%	6.0%
Source: Online Survey, Certification, and Reporting system (OSCAR), Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, 2015 *State occupancy is calculated by dividing the sum of all facility patients in the state occupying certified beds by the sum of all the certified beds in the state. OSCAR data reflects patients who occupy a certified bed.						

Hospice Care Number of Hospices, Persons Served, & Covered Days of Care Used by Medicare Beneficiaries, 2013				
<i>Jurisdiction</i>	<i>Number of Hospices</i>	<i>Persons Served</i>	<i>Visits</i>	<i>Covered Days of Care per Persons Served</i>
<u>States with CON Regulation of Hospice</u>				
Alabama	110	27,364	2,520,935	92
Arkansas	51	13,668	872,048	64
Connecticut	32	12,936	645,771	50
Delaware	8	5,081	438,911	87
Florida	41	108,828	7,816,198	72
Hawaii	9	4,227	269,147	64
Kentucky	24	15,938	950,292	60
Maryland	27	18,138	1,044,128	58
Mississippi	116	15,326	1,412,932	92
New York	49	45,838	2,519,871	55
North Carolina	84	40,114	2,890,315	72
Oregon	48	18,608	1,096,347	59
Rhode Island	8	5,344	340,942	64
South Carolina	91	25,516	2,309,686	91
Tennessee	57	26,026	1,746,258	67
Vermont	11	1,881	112,939	60
Washington	31	23,245	1,370,912	59
West Virginia	20	9,368	662,870	71
<u>States without CON Regulation of Hospice</u>				
Alaska	3	682	34,423	51
Arizona	84	34,025	2,883,415	85
California	348	112,332	7,998,166	71
Colorado	61	18,510	1,365,092	74
District of Columbia	4	1,587	117,295	74
Georgia	177	40,778	3,517,295	87
Idaho	42	6,785	589,148	87
Illinois	111	46,994	2,877,389	61
Indiana	85	26,760	1,711,903	64
Iowa	84	17,193	1,069,144	62
Kansas	65	13,084	886,599	68
Louisiana	139	21,108	1,714,944	82
Maine	20	6,149	382,504	62
Massachusetts	72	25,748	1,735,029	68
Michigan	104	48,786	3,119,477	64
Minnesota	65	19,906	1,231,810	62
Missouri	109	29,515	2,231,004	76
Montana	27	4,007	266,932	67
Nebraska	41	7,875	470,769	60
Nevada	24	10,468	884,000	85
New Hampshire	23	5,348	327,969	62
New Jersey	57	32,658	2,120,031	65
New Mexico	41	8,703	675,645	78
North Dakota	14	1,834	94,480	52
Ohio	125	63,053	4,562,623	73
Oklahoma	133	19,666	1,723,498	88
Pennsylvania	191	64,798	4,386,691	68
South Dakota	15	2,660	131,255	50
Texas	410	93,361	7,627,458	82
Utah	81	10,369	891,850	87
Virginia	83	27,229	1,877,178	69
Wisconsin	68	25,669	1,771,617	69
Wyoming	18	1,274	70,696	56
United States	3,741	1,266,360	90,367,831	72
Sources: Table 8.3 Medicare and Medicaid Statistical Supplement, 2014 ;Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information. Available at: http://www.cms.hhs.gov/MedicareMedicaidStatSupp/LT/list.asp .				

Home Health Total Persons Served and Visits Medicare Home Health Services, 2013					
<i>Jurisdiction</i>	<i>Total Persons Served in Thousands</i>	<i>Persons Served per 1,000 Enrollees</i>	<i>Total Visits in Thousands</i>	<i>Visits per Person Served</i>	<i>Visits per 1,000 Enrollees</i>
<i>States with CON Regulation of Home Health</i>					
Alabama	70	99	2,395	34	3,406
Arkansas	35	74	1,232	36	2,641
District of Columbia	6	81	157	26	2,117
Hawaii	3	23	47	17	381
Kentucky	60	90	1,978	33	2,976
Maryland	59	76	1,312	22	1,701
Mississippi	55	119	2,282	41	4,921
Montana	6	42	137	22	899
New Jersey	95	80	2,106	22	1,772
New York	179	85	7,446	42	3,519
North Carolina	104	80	2,446	23	1,888
Rhode Island	13	102	341	27	2,737
South Carolina	51	74	1,279	25	1,859
Vermont	9	85	273	29	2,448
Washington	40	52	848	21	1,118
West Virginia	22	73	607	27	2,001
<i>States without CON Regulation of Home Health</i>					
Alaska	2	33	53	22	726
Arizona	36	56	827	23	1,297
California	277	85	7,290	26	2,236
Colorado	32	71	986	30	2,178
Connecticut	51	109	1,983	39	4,252
Delaware	12	76	272	24	1,781
Florida	339	142	14,328	42	5,989
Georgia	84	82	2,636	31	2,569
Idaho	12	67	359	31	2,058
Illinois	192	111	6,161	32	3,553
Indiana	61	71	1,982	33	2,310
Iowa	25	53	611	25	1,320
Kansas	24	59	692	29	1,738
Louisiana	74	136	3,680	50	6,759
Maine	19	80	438	23	1,850
Massachusetts	105	114	3,294	31	3,576
Michigan	150	115	3,997	27	3,067
Minnesota	32	73	706	22	1,588
Missouri	65	81	1,576	24	1,940
Nebraska	14	57	364	25	1,431
Nevada	23	86	760	33	2,813
New Hampshire	20	88	513	26	2,255
New Mexico	16	67	559	34	2,294
North Dakota	4	41	77	19	779
Ohio	113	88	3,629	32	2,835
Oklahoma	65	121	3,591	55	6,717
Oregon	21	54	442	21	1,117
Pennsylvania	141	96	3,529	25	2,403
South Dakota	4	35	104	24	831
Tennessee	80	98	3,222	40	3,924
Texas	346	137	18,044	52	7,175
Utah	19	94	876	47	4,396
Virginia	88	85	2,510	28	2,411
Wisconsin	34	52	785	23	1,198
Wyoming	4	44	113	32	1,396
United States	3,390	93	115,875	34	3,169

Table 7.3 Medicare and Medicaid Statistical Supplement, 2014 Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information. Available at: <http://www.cms.hhs.gov/MedicareMedicaidStatSup/LT/list.asp>.



Section V

Appendices

Summary of Certificate of Need Coverage: Selected Services, 2016																										Capital Expenditure Review Thresholds (Dollars)			
		Hospital/Inpatient Care Beds	Ambulatory Surgery (ASCS)	Burn Care Services/Beds	Cardiac Catheterization Laboratories	CT Scanners	Radiation Therapy/Gamma Knives	Home Health Care Services	Hospice Services/Beds	ICF/MR Facilities	Long Term Acute Care Hospital Beds	Renal Lithotripsy/Lithotripters	Long Term Care/Nursing Home Beds	MRI Scanners	NICU Services/Beds	Inpatient Obstetrics/Beds	Open Heart Surgery	PET Scanners	Psychiatric Services/Beds	Radiation Therapy/LINACs	Inpatient Rehabilitation/Beds	Renal Dialysis Services/Stations	Residential Care/Assisted Living	Subacute Services	Substance Abuse Services/Beds	Swing Beds	Ultra Sound Services		
State																													
Alabama		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Alaska		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Arkansas		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Connecticut		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Delaware		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dist. of Columbia		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Florida		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Georgia		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hawaii		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Illinois		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Iowa		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kentucky		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Louisiana		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Maine		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Maryland		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Massachusetts		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Michigan		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mississippi**		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Missouri		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Montana		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nebraska		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nevada		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
New Jersey		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
New York		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
North Carolina		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ohio		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Oklahoma		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Oregon		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rhode Island		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
South Carolina		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tennessee		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Vermont		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Virginia		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Washington		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
West Virginia		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wisconsin		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

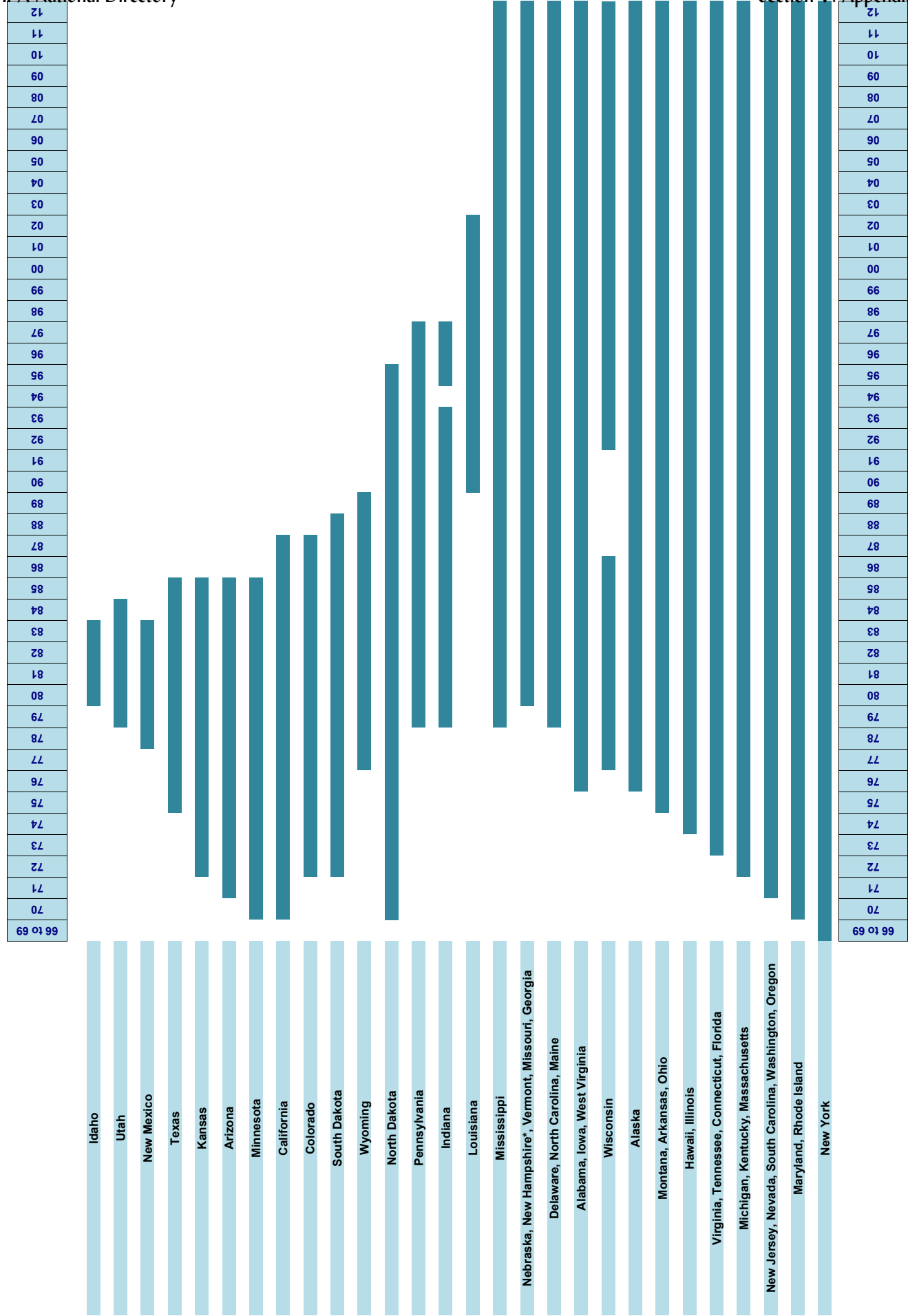
Source: AHPA, 2016.

* For more detailed information refer to the information on the individual state's page. Section 1 as well as the state's web site.

**Medical office buildings and CT scanners may be subject to CON regulation in some atypical circumstances.

State CON Program Duration & Timelines 1966 - 2016

AHPA National Directory



Section V: Appendices

Source: National Survey of State Planning & CON Programs, AHPA, 2016.

* CON law sunset as of June 2016 in New Hampshire.

**State Certificate of Need Programs
Certificate of Need Filing/Review Fees, 2016**

State	
Alabama	One percent of project cost (maximum \$21,373)
Alaska	\$2,500 minimum; .1% of total up to \$75,000
Arkansas	\$3,000 per application
Connecticut	Flat fee of \$500
Delaware	<\$0.5 M = \$100; \$0.5 to \$1.0 M = \$750; \$1.0 to \$5.0 M = \$3,000; \$5.0M tp \$10M = \$7,500; > \$ 10.0 M = \$10,000
District of Columbia	3% of capital expenditure; \$5,000 minimum; \$300,000 maximum
Florida	\$10,000 plus 0.015% of project cost; maximum of \$50,000
Georgia	<\$1.0 million = \$1,000; >\$1,000,000 +0.1% of project cost, with maximum of \$50,000
Hawaii	Base fee of \$200, plus 0.1% of the total capital cost up to \$1.0 million, plus .05% of the costs of the project above \$1.0 million
Illinois	0.22% of total clinical costs and 1/2 total non-clinical costs; minimum of \$2,500; Maximum of \$100,000
Iowa	0.3% of capital expenditure; minimum fee of \$600 and maximum fee of \$21,000
Kentucky	CON application fee is based upon 0.5% of the estimated capital expenditure with a minimum fee of \$1,000 and a maximum fee of \$25,000.
Louisiana	\$200 non-refundable application fee; \$10 per bed for participation in Medicaid program
Maine	\$1,000 per \$1,000,000 (any portion); Minimum \$5,000/\$1,000 for Nursing Homes; Maximum \$250,000
Maryland	No CON fee. Annual facility user fee based on revenue and admissions for hospitals and nursing homes.
Massachusetts	0.1% of capital cost, with minimum of \$250
Michigan	\$3,000 for projects costing up to \$500,000; \$8,000 for projects costing more than \$500,000 but less than \$4,000,000; \$11,000 for projects costing more than \$4,000,000 but less than \$10,000,000; \$15,000 for projects costing \$10,000,000 or more
Mississippi	0.5% of project cost; Minimum of \$1,000; Maximum of \$25,000
Missouri	0.1% of project cost. Minimum \$1,000. No maximum;
Montana	0.3% of project cost; minimum = \$500
Nebraska	\$1,000 per application
Nevada	\$9,500 for any project; CON review is required only for "new construction projects" in counties with less than 100,000 population
New Jersey	\$7,500 + 0.25% of total project cost for projects of \$1,000,000 or more; minimum \$7,500 if project cost is under \$1,000,000
New York	See state summary pages for complete fee list.
North Carolina	Capital expenditures: \$5,000 + 0.3% of project costs over \$1.0 million; maximum of \$50,000.
Ohio	The CON fee has been increased from 0.9% of the capital cost of the project to 1.5%. The minimum fee has increased from \$3000 to \$5000. The maximum fee remains \$20,000 (\$3,000 maximum for non-capital projects)
Oklahoma	For psychiatric and chemical dependence facilities the fee is three quarters of one percent (.75%) of the capital cost of the project. The minimum fee is \$1,500; the maximum is \$10,000 for psychiatric and chemical dependency facilities. For long -term care facilities the fee is one percent (1%) of the capital cost. The minimum fee is \$1,000 and no maximum is set for long -term care projects
Oregon	See state summary pages for complete fee list.
Rhode Island	Non-tertiary/specialty CON: \$500 plus 0.25% of total capital expenditure; Tertiary/Specialty CON \$10,000 plus 0.25% of total capital expenditure; & up to \$23,463 in fees to the applicant for any consultants that may be required by the state agency
South Carolina	Initial Filing Fee: \$500 for all applications; Application Fee: 0.005 of total project cost up to \$1.4 M maximum; Issuance Fee: \$7,500 for projects greater than \$1.4M.
Tennessee	\$5.75 per \$1,000 estimated capital expenditure; in no case shall the fee be less than \$15,000 and no more than \$95,000
Vermont	0.125% of project cost; minimum of \$250 and maximum of \$20,000
Virginia	1.0% of project cost; \$1,000 minimum; \$20,000 maximum
Washington	Variable based on service: ASC \$17,392, amendments \$10,961, Emergency \$7,055, Exemptions \$1,147 - \$7,055 , HmHlth \$21,000, NH \$39,380, Hospital \$34,457, Hospice Care Centers \$10,961, Kidney Disease Treatment Centers \$21,331. See state summary page for details..
West Virginia	Minimum \$1000; 0.1% of cost of the project based on the type of facility, type of application, and rate assessment
Wisconsin	0.37% of project cost; minimum \$1,850; maximum \$37,000; Note: only a few nursing home projects are reviewed

State Certificate of Need Capital Expenditure Review Thresholds (Dollars), 2016			
State	Facility (Dollars)	Equipment (Dollars)	New Services (Dollars)
Alabama	5,613,667	2,806,834	Any Amount*
Alaska	1,550,000*	1,550,000*	1,550,000*
Arkansas	1,000,000 (Nursing Homes)	N/A	N/A
Connecticut	N/A	N/A	Any Amount
Delaware	5,800,000	5,800,000	N/A
Dist. of Columbia	2,500,000	1,500,000;250,000*	Any Amount
Florida	N/A	N/A	* See note below.
Georgia	2,903,530*	1,246,165	Any Amount
Hawaii	4,000,000	1,000,000	Any Amount
Illinois	12,950,881 (Hospitals); 7,320,061 (LTC); 3,378,491 (Other)	N/A	Any Amount*
Iowa	1,500,000	1,500,000	500,000
Kentucky	2,746,439	2,746,439	N/A
Louisiana	N/A	N/A	Any LTC or ICF/MR Project
Maine	10,806,759 (Health Care Facilities); 5,403,379 (Nursing Homes)*	3,458,163*	3,000,000*
Maryland	11,750,000/5,850,000 *	N/A	Any
Massachusetts	17,826,988 (Hospitals)*	1,901,869*	Any Amount*
Michigan	3,180,000 (indexed annually)	Any	Any clinical
Mississippi	2,000,000/5,000,000(nonclinical)	1,500,000	Any amount
Missouri	600,000 LTC/1,000,000 All Others*	400,000 LTC/1,000,000 All Others *	1,000,000
Montana	1,500,000	N/A	150,000
Nebraska	Any Long Term Care*	N/A	N/A
Nevada	2,000,000	NA	NA
New Jersey	1,000,000	1,000,000	Any
New York	50,000,000 Hospitals/25,000,000 Other*	6,000,000	Any
North Carolina	2,000,000	750,000	Any Amount
Ohio	2,000,000 *	N/A	N/A
Oklahoma	1,000,000	N/A	Any covered service proposal to increase beds
Oregon	Any LTC/New Hospital	N/A	Any LTC/New Hospital
Rhode Island	5,720,877	2,451,805	1,634,536
South Carolina	2,000,000	600,000	1,000,000
Tennessee	5,000,000 (Hospitals); 2,000,000(Other)	2,000,000	Any amount with bed change
Vermont	3,000,000*	1,000,000	500,000*
Virginia	17,095,823	Any Amount*	Any Amount*
Washington	Varies by service*	N/A	Any Amount
West Virginia	3,165,746	3,165,746	Any amount (23 services)
Wisconsin	1,500,000	600,000	Any defined long term care
N/A = Not Applicable *See notes on individual state pages for full details			

State Patient Level Hospital Data Collection Programs						
	<u>Authority</u>		<u>Collection Agency Type</u>			<u>Notes</u>
	<u>Mandated Collection</u>	<u>Voluntary Collection</u>	<u>State Agency</u>	<u>Hospital Association</u>	<u>Other Private Organization</u>	
Jurisdiction						
Alabama (6)		X				Quarterly Survey of Discharges
Alaska	X		X	X		Collection moved from hospital association to state
Arkansas (1)	X		X			
Arizona	X		X			
California (1)	X		X			
Colorado (2)		X		X		
Connecticut (4)	X		X			
Delaware (1)	X		X			
District of Columbia	X			X		
Florida (1)	X		X			
Georgia (3)	X			X		
Hawaii (2)		X			X	
Idaho						No Program
Illinois (4)	X		X			
Indiana (3)	X			X		Limited Public Release
Iowa (3)	X			X		Limited Public Release
Kansas (5)	X			X		
Kentucky (1)	X		X			
Louisiana (1)	X		X			
Maine (1)	X		X			Collects Payer Claims Data
Maryland (1)	X					Collects Outpatient Claims Data
Massachusetts (1)	X		X			
Michigan (2)		X		X		Limited Public Release
Minnesota (5)		X		X		Limited Public Release
Mississippi (1)		X	X			Quarterly Survey of Discharges
Missouri (4)	X		X			Limited Public Release
Montana (2)		X		X		No Public Release
Nebraska (2)		X		X		
Nevada (1)	X		X			
New Hampshire (1)	X		X			
New Jersey (1)	X		X			
New Mexico (1)	X		X			
New York (1)	X		X			
North Carolina (3)	X			X		
North Dakota (1)	X		X			
Ohio (2)		X		X		No Public Release
Oklahoma (1)	X		X			
Oregon (1)	X		X			
Pennsylvania (1)	X		X			
Rhode Island (1)	X		X			
South Carolina (1)	X		X			
South Dakota (2)		X		X		
Tennessee (3)	X			X		
Texas (1)	X		X			
Utah (1)	X		X			
Vermont (4)	X		X			
Virginia (3)	X				X	Virginia Health Information
Washington (1)	X		X			
West Virginia (1)	X		X			
Wisconsin (3)	X			X		
Wyoming (2)		X		X		
Totals	38	10	29	17	2	
Source: All Payers Claims Data Council; State Patient Level Websites; Virginia Health Information; 2016 2016						
(1) Mandate: State agency or state-affiliated agency collects and distributes data under mandate.						
(2) Voluntary: Hospital Association or other private agency collects data without state mandate, with voluntary participation by hospitals.						
(3) State mandate with delegated authority to nonstate agency: State agency contracts with independent private agency to implement mandate.						
(4) Two systems: Both the state and the hospital association collect hospital discharge data statewide.						
(5) State mandate not implemented--hospital association collects membership data voluntarily.						
(6) Collect quarterly a representative sample of discharges for a set of DRGs.						



American Health Planning Association

Request for National Directory

Order Form			
Edition <i>(if not specified will assume most recent)</i>		Number of Copies <i>(@ \$125 per copy *)</i>	Amount Due
	2016	# _____	\$ _____
	2012	# _____	\$ _____
	Earlier Editions(Specify):	# _____	\$ _____
			Total: \$ _____
<p><i>Mail this form with check (payable to AHPA) for the amount shown above to:</i> Dean Montgomery American Health Planning Association 3040 Williams Drive, Suite 200 Fairfax, Virginia 22031 Phone: 703-573-3100</p> <p>Or email to Dean Montgomery at: Email: ahpanet@aol.com</p>			
<i>We will send the copy (ies) to the address you provide below:</i>			
Name:			
Title:			
Organization:			
Address:			
City:			
State:			
Zipcode:			
Phone:			
Fax:			
Email:			
Federal Express #: _____			
<i>(For Earliest Delivery)</i>			
*Discounts available for public interest use or multiple copies			



American Health Planning Association

www.ahpanet.org

AHPAnet@aol.com

703-573-3100