



**WEST VIRGINIA
SECRETARY OF STATE**

NATALIE E. TENNANT

ADMINISTRATIVE LAW DIVISION

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OFFICE OF
WEST VIRGINIA SECRETARY OF STATE

**FORM 1 -- NOTICE OF A PUBLIC HEARING OR COMMENT PERIOD ON A PROPOSED RULE
(Page 1)**

AGENCY **Health Care Authority**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE No TITLE-SERIES **65-29**
RULE NAME **Exemption From Certificate of Need**

CITE AUTHORITY **§16-2D-4, §16-2D-11 and §16-29B-8(a)(1)**

COMMENTS LIMITED TO
Written

DATE OF PUBLIC HEARING

LOCATION OF PUBLIC HEARING

DATE WRITTEN COMMENT PERIOD ENDS
Monday, July 11, 2016 5:00 PM

WRITTEN COMMENTS MAY BE MAILED TO
**Marianne Kapinos
General Counsel
Health Care Authority
100 Dee Drive
Charleston, WV 25311**

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes
Marianne Kapinos -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



Title-Series: 65-29



Rule Id: 10148



Document: 27569



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**FORM 1 -- NOTICE OF A PUBLIC HEARING OR COMMENT PERIOD ON A PROPOSED RULE
(Page 2)**

AGENCY **Health Care Authority**
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RULE NAME **Exemption From Certificate of Need**

CITE AUTHORITY **§16-2D-4, §16-2D-11 and §16-29B-8(a)(1)**

PROVIDE A BRIEF SUMMARY OF YOUR PROPOSAL

This legislative rule establishes the general criteria and procedures for an exemption from Certificate of Need.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes

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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 1)

AGENCY **Health Care Authority**
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RULE NAME **Exemption From Certificate of Need**

CITE AUTHORITY **§16-2D-4, §16-2D-11 and §16-29B-8(a)(1)**

PRIMARY CONTACT

Marianne Kapinos
100 Dee Drive

Charleston, STATE ZIP

SECONDARY CONTACT

Cynthia Dellinger
100 Dee Drive

Charleston, STATE SECONDARY ZIP SECONDARY

Marianne Kapinos -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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CITE AUTHORITY **§16-2D-4, §16-2D-11 and §16-29B-8(a)(1)**

SUMMARIZE IN A CLEAR AND CONCISE MANNER WHAT IMPACT THIS MEASURE WILL HAVE ON COSTS AND REVENUES OF STATE GOVERNMENT.

There is no effect.

Marianne Kapinos -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 2)

AGENCY **Health Care Authority**
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RULE NAME **Exemption From Certificate of Need**

CITE AUTHORITY **§16-2D-4, §16-2D-11 and §16-29B-8(a)(1)**

FISCAL NOTE DETAIL -- SHOW OVER-ALL EFFECT IN ITEM 1 AND 2 AND, IN ITEM 3, GIVE AN EXPLANATION OF BREAKDOWN BY FISCAL YEAR, INCLUDING LONG-RANGE EFFECT.

Effect Of Proposal	Current Increase/Decrease (use ' - ')	Next Increase/Decrease (use ' - ')	Fiscal Year (Upon Full Implementation)
ESTIMATED TOTAL COST	0	0	0
PERSONAL SERVICES	0	0	0
CURRENT EXPENSES	0	0	0
REPAIRS AND ALTERATIONS	0	0	0
ASSETS	0	0	0
OTHER	0	0	0
ESTIMATED TOTAL REVENUES	0	0	0

Marianne Kapinos -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 3)

AGENCY **Health Care Authority**
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RULE NAME **Exemption From Certificate of Need**

CITE AUTHORITY **§16-2D-4, §16-2D-11 and §16-29B-8(a)(1)**

3. EXPLANATION OF ABOVE ESTIMATES (INCLUDING LONG-RANGE EFFECT). PLEASE INCLUDE ANY INCREASE OR DECREASE IN FEES IN YOUR ESTIMATED TOTAL REVENUES.

There is no effect.

Marianne Kapinos -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 4)

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CITE AUTHORITY **§16-2D-4, §16-2D-11 and §16-29B-8(a)(1)**

PLEASE IDENTIFY ANY AREAS OF VAGUENESS, TECHNICAL DEFECTS, REASONS THE PROPOSED RULE WOULD NOT HAVE A FISCAL IMPACT, AND OR ANY SPECIAL ISSUES NOT CAPTURED ELSEWHERE ON THIS FORM.

There are none.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Marianne Kapinos -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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FORM 12 -- BRIEF SUMMARY AND STATEMENT OF CIRCUMSTANCES (Page 1)

AGENCY **Health Care Authority**
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RULE NAME **Exemption From Certificate of Need**

CITE AUTHORITY **§16-2D-4, §16-2D-11 and §16-29B-8(a)(1)**

SUMMARIZE IN A CLEAR AND CONCISE MANNER CONTENTS OF CHANGES IN RULE AND STATEMENT OF CIRCUMSTANCES REQUIRING THE RULE.

HB 4365, effective June 10, 2016, directs the Health Care Authority to promulgate emergency rules to effectuate the purpose of the legislation. This is one of the rules mandated by the legislation

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes
Marianne Kapinos -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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TITLE 65
LEGISLATIVE RULE
HEALTH CARE AUTHORITY

SERIES 29
EXEMPTION FROM CERTIFICATE OF NEED

§65-29-1. General.

1.1. Scope. -- This legislative rule establishes the general criteria and procedures for applying for an exemption from Certificate of Need.

1.2. Authority. -- W. Va. Code §§16-2D-4, 16-2D-11 and 16-29B-8(a)(1).

1.3. Filing Date. --

1.4. Effective Date. --

1.5 Sunset Date. -- This rule will sunset 5 years after the rule becomes effective.

§65-29-2. Definitions.

As used in this legislative rule, all terms that are defined in section 2 of the Act have those same meanings which are in some cases further clarified in this rule. All terms not defined in the Act have the following meanings unless the context expressly requires otherwise.

2.1. "Act" mean the West Virginia Health Care Authority Certificate of Need Act, W. Va. Code §16-2D-1 et seq.

2.2. "Authority" mean the West Virginia Health Care Authority which is designated to administer the Certificate of Need program by W. Va. Code §16-29B-11.

2.3. "Verification" means a statement made under oath before a notary public that the information is knowingly provided and is true and correct.

§65-29-3. Application.

3.1. An application for an exemption shall, at a minimum, include the following:

3.1.1. Name, address and contact information for the applicant;

3.1.2. Name, address and contact information for the person making the application;

3.1.3. A copy of the governing body's approval of the proposal and its written authorization empowering specified individuals to sign the application and to act on its behalf; and

3.1.4. A detailed description of the project, including but not limited to:

- 3.1.4.a. The capital expenditure;
- 3.1.4.b. The location of the proposal;
- 3.1.4.c. A detailed statement of the services to be provided;
- 3.1.4.d. The exemption for which the applicant is applying with the appropriate Code citation;
- 3.1.4.e. A statement of the circumstances justifying approval of the exemption; and
- 3.1.4.f. A timetable for implementation of the project, including the obligation for any capital expenditure.

§65-29-4. Fee.

The application must be accompanied by a nonrefundable fee of \$1,000. Failure to file the required fee with the application is grounds for denial of the exemption.

§65-29-5. Review Process.

5.1. Upon receipt of the exemption application and fee, the Authority shall review the application to determine if the application contains all of the information required by Section 3 of this rule. Failure to provide the required information is grounds for denial of the exemption application.

5.2. Once the application is deemed complete, the Authority will provide notice to the public of its receipt of the application on its website.

5.3. An affected party may not file an objection to the exemption request.

5.4. The Authority may not conduct an administrative hearing to review the application.

5.5. The Authority must either approve or deny the application within forty five days, or sixty days if the time period is extended. The applicant may request or agree with the Authority to a fifteen day extension of this timeframe.

5.6. If the Authority does not approve or deny the application within forty-five days, or sixty days if the time period is extended, the exemption is deemed approved.

§65-29-6. Appeals.

6.1. An appeal of the Authority's decision may be filed with the Office of Judges in accordance with W.Va. Code §16-2D-16.

6.2. In lieu of an appeal, the applicant may refile an application with the Authority.

§65-29-7. Substantial Compliance Review.

The Authority shall conduct a substantial compliance review of all new health services for which it has issued an exemption in accordance with W. Va. C.S.R. §65-7-16.

