

WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #3

Do Not Mark In this Box

FILED
16.0 SEP 11 PM 3:37
OFFICE OF THE SECRETARY OF STATE
300 STATE STREET
CHARLOTTE, NC 28202

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE
AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

AGENCY: Health Care Cost Review Authority TITLE NUMBER: 65

CITE AUTHORITY W. Va. Code §§ 16-2D-5(j), 16-2D-8

AMENDMENT TO AN EXISTING RULE: YES NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

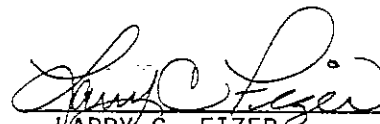
TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 18

TITLE OF RULE BEING PROPOSED: Conversion Of Acute Care Beds To

100 Skilled Nursing Care Beds

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE MAKING REVIEW COMMITTEE FOR THEIR REVIEW.


LARRY C. FIZER
Chairman

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Conversion Of Acute Care Beds To 100 Skilled Nursing Beds

Type of Rule: X Legislative Interpretive Procedural

Agency Health Care Cost Review Authority Address 100 Dee Drive, Suite 201
Charleston, WV 25311

1. Effect of Proposed Rule	ANNUAL		FISCAL YEAR		
	Increase	Decrease	Current	Next	Thereafter
Estimated Total Cost	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Personal Services	0	0	0	0	0
Current Expense	0	0	0	0	0
Repairs and Alterations	0	0	0	0	0
Equipment	0	0	0	0	0
Other	0	0	0	0	0

2. Explanation of above estimates.

N/A

3. Objectives of these rules:

To permit certain hospitals to convert excess acute care beds to medicare certified only skilled nursing beds.

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

N/A

B. Economic Impact on Political Subdivisions; Specific Industries;
Specific groups of citizens.

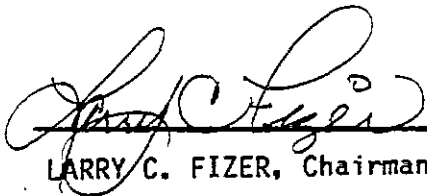
Hospitals should be able to reduce their costs pursuant to this rule.

C. Economic Impact on Citizens/Public at Large.

The cost savings experienced by the hospitals should result in a reduction in the cost of health care.

Date July 16, 1990

Signature of Agency Head or Authorized Representative


LARRY C. FIZER, Chairman

DATE: September 11, 1990

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: Health Care Cost Review Authority

LEGISLATIVE RULE TITLE: Conversion Of Acute Care Beds To 100 Skilled
Nursing Care Beds

1. Authorizing statute(s) citation W. Va. Code §§ 16-2D-5(j),

16-2D-8

2. a. Date filed in State Register with Notice of Hearing:

July 16, 1990

b. What other notice, including advertising, did you
give of the hearing?

Publication in HCCRA newsletter (circulation approximately 1,000;

to providers, payors and other interested persons); publication in

Charleston Gazette and Daily Mail on July 21 and July 28, 1990.

c. Date of hearing (s): August 16, 1990

d. Attach list of persons who appeared at hearing, comments
received, amendments, reasons for amendments.

Attached X

No comments received

e. Date you filed in State Register the agency approved
proposed Legislative Rule following public hearing:
(be exact)

September 11, 1990

f. Name and phone number of agency person to contact
for additional information:

Marianne K. Stonestreet, General Counsel

343-3701

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

N/A

b. Date of hearing: _____

c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

d. Attach findings and determinations and reasons:

Attached _____

TITLE 65
WEST VIRGINIA LEGISLATIVE RULE
HEALTH CARE COST REVIEW AUTHORITY

SERIES 18

Title: CONVERSION OF ACUTE CARE BEDS TO
 100 SKILLED NURSING CARE BEDS

§ 65-18-1 General

1.1. Scope - This rule establishes the criteria and standards for certificate of need review for the conversion statewide of acute care beds to 100 skilled nursing care beds which are medicare certified only by licensed hospitals as provided by W. Va. Code § 16-2D-5(j).

1.2. Authority - W. Va. Code §§ 16-2D-5(j), 16-2D-8.

1.3. Filing Date _____.

1.4. Effective Date _____.

§ 65-18-2 Introduction

This rule implements Enrolled House Bill 4820 which was passed by the Legislature on March 10, 1990, and became effective ninety (90) days from passage. That bill created a new code section, W. Va. § Code 16-2D-5(j). This new section authorizes the state agency to promulgate rules for the certificate

of need review of applications for the conversion by hospitals of acute care beds to skilled care beds which are only medicare certified.

§ 65-18-3 Definitions

As used in these regulations, all terms have the same meaning as provided in the definition section (West Virginia Code section two, article two-d, chapter sixteen) of the statutes. Verbatim definitions, therefore, are not repeated here. Definitions set forth below amplify and clarify the statutory definitions or define terms not specifically set forth in the statute.

3.1. Acute-care bed complement - The number of licensed hospital beds designated for acute care services exclusive of SNF and/or ICF long-term care beds and personal care beds.

3.2. Licensed bed capacity - The total number of hospital beds currently authorized for a hospital to operate by the Division of Health and Human Resources.

3.3. Skilled nursing bed - A long-term care bed designated as an SNF (skilled nursing facility bed) and certified as such under Medicare Title XVIII reimbursement.

3.4. Hospital Based Skilled Nursing Care Region (HBSNCR) - The basic unit of analysis for the examination of a Certificate of Need application that proposes to convert acute care beds to medicare skilled nursing care beds as provided by W. Va. Code §16-2D-5(j).

3.5. Potentially Unnecessarily Duplicative (PUD) - The state agency, in considering the relationship of applications to each other, shall consider the extent to which proposals are unnecessarily duplicative of each other, and where the potential for such unnecessary duplication exists, the state agency shall conduct its review of such applications so as to make a comparative analysis which shall be included in the decision or decisions. The determination that applications are potentially unnecessarily duplicative shall be made before the review cycle begins.

§ 65-18-4 Review Procedures and Process

4.1. Letters of intent and preapplication conference.

Letters of intent must be filed not less than fifteen days prior to submitting an application, and shall contain sufficient information to inform the state agency of the name of the hospital, location, number of beds, scope, cost and timing of the project. In response to a letter of intent the state agency shall

forward an application form to the hospital. The state agency shall provide a preapplication conference if requested by the hospital in a timely manner.

4.2. Application required for Certificate of Need. Information required shall include the following:

- (a) Identification of the applicant;
- (b) Authorization to pursue project;
- (c) Description of project;
- (d) Timetable for implementation of the project;
- (e) Analysis of the need for the project;
- (f) Policies for patient admission and provision of fully or partially uncompensated care;
- (g) Analysis of alternatives to the project;
- (h) Analysis of the project's relationship to the existing long term skilled care services in the area;

(i) Analysis of the relationship of the project to the hospital's long-range plan;

(j) Analysis of competitive factors;

(k) Relationship of project to licensure, certification, accreditation and safety standards;

(l) Availability of resources and manpower;

(m) Preliminary financial feasibility study - the hospital must demonstrate that the proposed project is financially feasible and at a minimum provide the following:

(1) Statements of (a) revenues and expenses, (b) balance sheet, (c) statement of changes in fund balances, and (d) statement of cash flow for the last two years. Audited financial statements shall be submitted, if available;

(2) Preliminary financial feasibility study and cash flow statements for the proposed medicare skilled nursing care unit for a three year period including, at a minimum, pro forma financial statements for the current fiscal year and three future years along with all assumptions upon which the projections were based.

(3) Impact analysis or study that demonstrates the effect of the proposed project on the hospital's overall financial condition.

4.3. Amendments to applications during review.

An applicant may amend its application during the first fifteen (15) days of the batch review cycle, either increasing or decreasing the number of beds it proposes to convert.

4.4. Review for completeness.

(a) Within fifteen days of receipt of the application, the state agency shall determine if the application is complete. The state agency may request additional information. Declaration of an application as being complete means that sufficient information is in the application for the state agency to make an informed decision, not that the information in the application warrants an approval of the application.

(b) The state agency shall not accept an application from a hospital subject to the financial disclosure provisions of W. Va. Code, § 16-5F-1 et seq. until such facility has filed all reports required therein.

(c) Applications for the conversion of acute care bed to medicare skilled nursing care beds, shall be reviewed in cycles beginning every (4) months or until the 100 beds have been approved. On the last working day of the week containing the first day of the months of January, May and September, the state agency shall collect all the applications determined to be complete since the previous collection. A sixty (60) day review cycle shall then begin on the applications in accordance with W. Va. Code, §§ 16-2D-7(g) and (h). Notification of the beginning of the review shall include whether the application is potentially unnecessarily duplicative of other applications.

(d) If, after a review has began, the state agency requires additional information from the applicant, such person shall be provided at least ten days to submit the information and the state agency shall, at the request of such person, extend the review period by ten days. This extension applies to all other applications which have been deemed to be potentially unnecessarily duplicative of the application subject to the extension of the review period.

(e) The state agency may conduct a hearing on the application in accordance with W. Va. Code, § 16-2D-7(l).

(f) To be effective, a request for a public hearing during the review of an application must be in writing and received by the state agency within thirty days of the date of notification of the beginning of the review as provided

in W. Va. Code § 16-2D-7(g). The request shall be addressed to: General Counsel, West Virginia Health Care Cost Review Authority, Certificate of Need Program, 100 Dee Drive, Suite 201, Charleston, West Virginia 25311.

(g) If a public hearing is not conducted during the review of an application, the state agency shall close the review of the application on the thirty-first day of the review. The state agency may extend the file closing for good cause.

4.5. Holds and extensions on review periods.

(a) Holds - at any time during a review of an application, the state agency may grant an applicant's request that a hold be put on the running of the review period on its application. The state agency may not grant a hold on the running of the review period in cases where the application has been deemed to be potentially unnecessarily duplicative without the concurrence of the other potentially unnecessarily duplicative applicants. An application under review and placed on hold for a period of more than one year shall be considered withdrawn, and a new letter of intent and application must be filed if the applicant desires to pursue the project.

(b) Extensions - If the state agency finds it is not practicable to complete a review on an application within the time provided in Section 4.3(c) of

these rules, the state agency may extend the review process for a maximum of thirty days.

(c) File closing date extensions - If an application is put on hold or the review period is extended, the state agency may extend the file closing date, and if the file closing date has passed when the review is extended or the hold is imposed, the state agency may reopen the file and reestablish the file closing date.

(d) If a public rehearing is scheduled or if a file closing date is extended or reestablished, or if a hold or extension is put on a review, all affected persons shall be notified of the reasons.

4.6. Reconsideration Requests

An affected person may request in writing a public hearing for purposes of reconsideration of the state agency decision in accordance with W. Va. Code, § 16-2D-7(r). The request shall be addressed to General Counsel, West Virginia Health Care Cost Review Authority, Certificate of Need Program, 100 Dee Drive, Suite 201, Charleston, West Virginia 25311. A request for a reconsideration hearing that does not show good cause within the meaning of W. Va. Code, § 16-2D-7(r) shall be denied.

§ 65-18-5 Criteria and Standards

Statement of Purpose: In order to ensure an appropriate supply of health services to the citizens of West Virginia while discouraging unnecessary duplication and high costs, the Health Care Cost Review Authority shall conduct a through public review and evaluation of proposed projects.

The goal of the Certificate of Need Program is to provide for the continued orderly development of the health care system in West Virginia through a public review of proposed applications that are evaluated in accordance with established Criteria and Standards. The purpose of the Criteria and Standards is twofold: (1) To serve as guidelines in the continued orderly development of the health care system in West Virginia in accordance with the Certificate of Need statute; and (2) To promote cost-effective alternatives to higher-cost services.

5.1. On a statewide basis a maximum of one hundred skilled nursing care beds which are medicare certified only may be approved through the conversion of acute care beds at existing hospitals that have no skilled nursing care beds.

(a) There shall be five "Hospital Based Skilled Nursing Care Regions".

(1) Hospital Based Skilled Nursing Care Region (HBSNCR) I is composed of McDowell, Wyoming, Raleigh, Mercer, Summers, Logan, Mingo, Wayne, Lincoln, Cabell, Mason, and Monroe Counties and includes the following hospitals:

Beckley Appalachian Regional Hospital

Raleigh General Hospital

Bluefield Regional Hospital

Humana Hospital - St. Lukes

Princeton Community Hospital

St. Mary's Hospital

Williamson Memorial Hospital

Cabell Huntington Hospital

Guyan Valley Hospital

Logan General Hospital

Man Appalachian Regional Hospital.

(2) Hospital Based Skilled Nursing Care Region (HBSNCR) II is composed of Putnam, Kanawha, Clay, Webster, Boone, Roane, Fayette, Nicholas, Greenbrier, and Pocahontas Counties and includes the following hospitals:

Charleston Area Medical Center

Putnam General Hospital

Boone Memorial Hospital
St. Francis Hospital
Thomas Memorial Hospital
Humana Hospital - Greenbrier Valley
Plateau Medical Center
Richwood Area Medical Center
Pocahontas Memorial Hospital
Webster County Memorial Hospital.

(3) Hospital Based Skilled Nursing Care Region (HBSNCR) III is composed of Jackson, Calhoun, Gilmer, Wood, Wirt, Ritchie, Pleasants, Braxton, Lewis, Upshur, Barbour, Taylor, Tucker, and Randolph Counties and includes the following hospitals:

Braxton County Memorial Hospital
Camden-Clark Memorial Hospital
Jackson General Hospital
St. Joseph's - Parkersburg
Broadus Hospital
Davis Memorial Hospital
Stonewall Jackson Memorial Hospital.

(4) Hospital Based Skilled Nursing Care Region (HBSNCR) IV is composed of Pendleton, Harrison, Marion, Monongalia, Preston, Grant, Hardy, Mineral, Hampshire, Morgan, Berkeley and Jefferson Counties and includes the following hospitals:

City Hospital
Jefferson Memorial Hospital
Monongalia General Hospital
Potomac Valley Hospital
West Virginia University Hospital
Preston Memorial Hospital.

(5) Hospital Based Skilled Nursing Care Region (HBSNCR) V is composed of Tyler, Wetzel, Marshall, Ohio, Brooke and Hancock Counties and includes the following hospitals:

Ohio Valley Medical Center
Reynolds Memorial Hospital
Sistersville General Hospital
Wetzel County Hospital
Wheeling Hospital
Weirton Osteopathic Hospital.

(b) There shall be a minimum of ten beds and a maximum of twenty-five beds per unit.

(c) The hospital must convert at least one acute care bed into one medicare certified only skilled nursing care bed. All acute care beds converted shall be permanently deleted from the hospital's acute care bed complement and the hospital may not thereafter add, by conversion or otherwise, acute care beds to its bed complement without satisfying the requirements of W. Va. Code, § 16-2D-3(d) for which purposes such an addition, whether by conversion or otherwise, shall be considered a substantial change to the bed capacity of the hospital notwithstanding the definition of that term found in W. Va. Code, § 16-2D-2(ee).

(d) Priority shall be given to proposals by hospitals located 25 miles or more from a hospital based medicare skilled nursing care unit.

(e) Priority shall be given to proposals by hospitals located in nursing home service areas with no medicare certified skilled nursing care beds.

(f) The hospital must use existing space for the medicare certified only skilled nursing care beds. Under no circumstances shall the hospital construct new space, lease or acquire additional space for the purpose of developing a skilled nursing care unit.

HCCRA
Leg. Rule, 16-2D
Series 18, Sec. 5

(g) The hospital must provide evidence that an acute care patient prior to transfer to the medicare skilled nursing care unit, will be notified of the existence of facilities with skilled nursing care beds which are located in or near the patient's county of residence and of the availability of admission to such nursing facility.

(h) The hospital must demonstrate a need for the number of medicare skilled nursing care beds proposed for the distinct-part unit.

§ 65-18-6 Fee

The fee to be paid by a hospital upon filing an application shall equal \$100.00 for each proposed medicare certified only skilled nursing bed. A waiver of fees may be obtained if the hospital meets the criteria specified in W. Va. CSR § 65-10-5. A refund shall not be paid for any reason unless the applicant meets the criteria specified in W. Va. CSR § 65-10-6.1.



Gaston Caperton
Governor

Taunja Willis Miller
Secretary

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
HEALTH CARE COST REVIEW AUTHORITY

Larry C. Fizer
Chairman

Board Members
Walter J. Dale
Don M. Keesling

MEMORANDUM

TO: Legislative Rule-Making Review Committee

FROM: Health Care Cost Review Authority

Re: Proposed Legislative Rule: Conversion Of
Acute Care Beds To 100 Skilled Nursing Care Beds

DATE: September 11, 1990

No amendments were made to the proposed legislative rule following the public comment period and the public hearing. Only one person attended the public hearing and she chose not to speak at the hearing. Only one written comment was received by the HCCRA and it was from Cabell Huntington Hospital. Cabell Huntington Hospital (CHH) raises the issue of allocation of beds, however, the HCCRA cannot address this issue in the rule itself, but must wait until all applications have been received. The second issue raised by CHH concerns the classification of the beds. The HCCRA notes there is no legal classification of "subacute" skilled nursing care beds. Medicare beds are called skilled nursing beds and medicaid beds are called intermediate care beds and these are the classifications which the HCCRA must utilize.

A task force was created to develop and approve this rule. The task force members include Mr. Bob Whitler from the West Virginia Hospital Association, Mr. Paul Nusbaum, health care consultant and chairman of the HCPC, and Dr. David K. Brown, Chairman of the Commission on Aging. The proposed legislative rule contains a consensus of the ideas and opinions of this task force and has received its approval. Accordingly, as a result of the lack of comments received on this rule by the HCCRA and the consensus and approval of the task force created to develop this rule, it is the opinion of the HCCRA that further amendment to this proposed legislative rule is unnecessary.

MKS/jmh



Gaston Caperton
Governor

Taunja Willis Miller
Secretary

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
HEALTH CARE COST REVIEW AUTHORITY

Larry C. Fizer
Chairman

Board Members
Walter J. Daie
Don M. Keesling

MEMORANDUM

TO: Legislative Rule-Making Review Committee

FROM: Health Care Cost Review Authority

Re: Brief Summary Of Proposed Legislative Rule:
Conversion Of Acute Care Beds To 100 Skilled Nursing Care Beds;
and Statement Of Circumstances Requiring The Rule

DATE: September 11, 1990

The proposed legislative rule creates an exception to the moratorium on intermediate care facility/skilled nursing facility (ICF/SNF) nursing home beds. Pursuant to this rule existing acute care hospitals with no skilled nursing beds may apply to the HCCRA for a certificate of need to convert acute care beds to skilled nursing beds provided the skilled beds are medicare certified only. On a statewide basis a maximum of 100 acute care beds may be converted to skilled beds. Enrolled H. B. 4820 was passed by the Legislature on March 10, 1990, and became effective ninety (90) days from passage. This bill created W. Va. Code, § 16-2D-5(j). This subsection creates an exception to the moratorium as referenced above and further requires the HCCRA to adopt rules which implement this subsection.

MKS/jmh



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Building 3, Capitol Complex
Charleston, WV 25305

Gaston Caperton
Governor

September 7, 1990

The Honorable Ken Hechler
Secretary of State
State Capitol Complex
Building 1, Room 157-K
Charleston, West Virginia 25305

Re: HCCRA Rule: Conversion of Acute Care Beds
to 100 Skilled Nursing Care Beds

Dear Secretary Hechler:

Enclosed please find a proposed rule of the Health Care Cost Review Authority regarding conversion of acute care beds to 100 skilled nursing care beds. I hereby approve this rule for filing.

Very truly yours,

A handwritten signature in cursive script, reading "Taunja Willis Miller".

Taunja Willis Miller, Secretary
Department of Health and Human Resources

TWM/jah

Enclosure

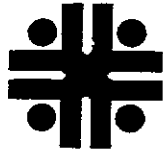
cc: Legislative Rule-Making Review Committee

WV HEALTH CARE COST REVIEW AUTHORITY
MEETING REGISTRATION

Date of Meeting: August 16, 1990

Nature of Meeting: HB4820, Conversion of Acute Care Beds to 100 Skilled Care Beds

	Individual's Name:	Name of Organization:	Do you wish to speak? Y or N
1	<i>James (Burke)</i>	<i>Ohio Valley Medical Center</i>	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			



CABELL HUNTINGTON HOSPITAL

August 16, 1990

West Virginia Health Care Cost Review Authority (HCCRA)
100 Dee Drive, Suite 201
Charleston, WV 25311

RE: Legislative Rule for Conversion of Acute Care Beds
to 100 Skilled Nursing Care Beds (Legislative Rule)

HAND DELIVERED

Dear HCCRA:

Thank you for providing the opportunity to comment on the above referenced legislative rule. Before commenting specifically on the Legislative Rule, we would like to commend the Legislature and the Health Care Planning Council (HCPC) for enabling the conversion of acute care beds to skilled nursing care services. With the increasingly aging population, the prospective payment system encouraging more timely discharge of Medicare patients from the acute care setting, and the excess capacity of acute care beds across the State, the conversion of acute care beds to skilled nursing care beds represents a major innovation in meeting Medicare patients' health care needs in a more appropriate, more effective, and less costly manner.

Now to comments on the Legislative Rule. Several aspects of Section 5 appear to be unclear and confusing. First, Section 5.1 divides the State into five (5) Hospital Based Skilled Nursing Care Regions (HBSNCRs). Section 5.1 also prescribes that up to 100 acute care beds will be converted to skilled nursing care statewide. Section 5, however, does not appear to prescribe how the HBSNCRs come into play with respect to allocation of the 100 beds. Will 20 acute care beds in each of the five (5) HBSNCRs be authorized for conversion to skilled nursing care? Or will the conversions be authorized based primarily on each hospital's justification of their proposed project irrespective of whether each HBSNCR receives an allocation of an equal number of the skilled nursing care beds? In other words, could HBSNCR I be allocated 0 beds, HBSNCR II 25 beds, HBSNCR III 50 beds, HBSNCR IV 0 beds, and HBSNCR V 25 beds? If this is the case, the issue of competing applications becomes confusing.

RECEIVED

AUG 16 1990

Certificate of Need

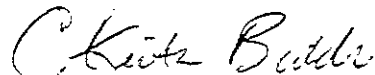
For example, applications from the same HBSNCR will presumably be considered as "potentially unnecessarily duplicative". Therefore, it is likely that a hearing will be held on these competing applications. If, however, the allocation of skilled nursing care beds is to be made irrespective of whether each HBSNCR receives an equal portion of the beds, then each hospital's application is, in reality, competing with every other hospital's application in the State. As a result, each hospital's application could be competing on a regional and statewide basis. The hearing process of competing applications could become quite confusing.

Second, the list of hospitals in Section 5.1 includes only those hospitals which do not currently operate hospital based skilled nursing care units. It should be noted that many of the hospitals which are not listed operate traditional long-term skilled nursing care units providing chronic long-term care with average lengths of stay of one (1) to two (2) years rather than "subacute" skilled nursing care units providing restorative care with average lengths of stay generally between 20 and 100 days. The Legislative Rule does not seem to make a distinction between traditional long-term skilled nursing care and "subacute" skilled nursing care. If the concept of the Legislative Rule is to enable development of "subacute" skilled nursing care beds, then it appears that the only "existing" units in State are at United Hospital Center in Clarksburg, Weirton Medical Center in Weirton, and possibly at existing short-term swing bed units elsewhere in the State. If this is the case, there are implications for interpretation of the priority criteria of Section 5.1.(d).

In summary, these questions require clarification: "Is the term 'hospital based skilled nursing care unit' to be synonymous with the term 'subacute skilled nursing care unit'? Or is the term 'hospital based skilled nursing care' to be inclusive of both long-term skilled nursing care and 'subacute' skilled nursing care."

Once again, thank you for the opportunity to comment on the Legislative Rule. Should you have any questions regarding these comments, please call.

Sincerely,



C. Keith Biddle
Director of Planning

cc: W. Don Smith, II, President

TITLE 65
WEST VIRGINIA LEGISLATIVE RULE
HEALTH CARE COST REVIEW AUTHORITY

SERIES 18

Title: CONVERSION OF ACUTE CARE BEDS TO
100 SKILLED NURSING CARE BEDS

Transcript of proceedings had or testimony
adduced in the above-styled case before the WV Health Care
Cost Review Authority, in the office of WV HCCRA, 100 Dee
Drive, Charleston, Kanawha County, West Virginia, on the 16th
day of August, 1990, at 9:33 a.m., and ending at 9:34 a.m.,
pursuant to notice duly given to all interested parties.

BEFORE: MARIANNE STONESTREET, HEARING EXAMINER

Action Court Reporting
V. Ann Woofar
Post Office Box 4449
Charleston, West Virginia 25364
304/925-5588

ORIGINAL

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

P R O C E E D I N G S

(9:30 A.M.)

EXAMINER STONESTREET: This is a public hearing held pursuant to notice that was published for the date of the public hearing to be August 16, 1990, at 9:30 a.m. This is a public hearing on a proposed Legislative Rule Conversion Of Acute Care Beds To 100 Skilled Nursing Beds.

My name is Marianne Stonestreet. I'm General Counsel to the Board of HCCRA. I have a sign up sheet here, where no one has asked to speak. I will again ask the audience if there's anyone here who chooses to make a comment?

(No response.)

There being none, would the record so indicate. That being the case, we will conclude this public hearing.

(WHEREUPON, the hearing was concluded at 9:34 a.m.)

REPORTER'S CERTIFICATE

STATE OF WEST VIRGINIA

KANAWHA COUNTY, to wit:

I, Jacky Spearman King, a Notary Public within and for the State of West Virginia at Large, duly commissioned and qualified, do hereby certify that the foregoing is, to the best of my skill and ability, a true and accurate transcript of all the proceeding as set forth in the caption hereof; and that previous to the commencement of the examination of the witnesses, they were duly sworn by me to testify the whole truth and nothing but the truth concerning the matter in controversy.

I do further certify that I am not connected by blood or marriage with any of the parties to this action, am not a relative or employee or attorney or counsel of any of the parties, nor am I a relative or employee of such attorney or counsel, or financially interested in the action, or interested directly or indirectly in the matter of controversy.

Given under my hand this 26th day of August, 1990.

Jacky Spearman King

Jacky Spearman King
Reporter and Notary Public

My commission expires March 21, 2000.

