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Administrative Law Division

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This week's publication includes documents submitted by the following agencies:

Coal Mine Health and Safety

Environmental Protection, Secretary's Office

Health Care Authority

Insurance Commission

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RULES FILED FOR PUBLIC COMMENT THIS WEEK

AGENCY	RULE/TYPE	AUTHORITY	HEARING/COMMENT PERIOD/LOCATION
Coal Mine Health and Safety (36-57)	Proximity Detection Systems and Haulage Safety Generally Legislative Exempt	§§22A-6-4, 22A-6-5	Written Comments Only September 14, 2022, 5:00 pm Mallory Yates Hicks 106 Dee Drive Charleston, WV 25311 Mallory.k.yates@wv.gov

NO EMERGENCY RULES FILED THIS WEEK

AGENCY	RULE/TYPE	AUTHORITY	EFFECTIVE DATE	DATE NOTICE OF HEARING

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GUIDE FOR USING THE RULE MONITOR IN THE STATE REGISTER

Column	1.	Agency Name, (Title and Series Number)
Column	2.	Rule Title, Price and Type
Column	3.	Date Notice of Public Hearing or Comment Period Filed
Column	4.	Date of Public Hearing or Last Date Comments Will Be Received
Column	5.	Date Emergency Rule Filed, Emergency Amendments Filed, Emergency Rule Decision (ERD) Number & Date ERD Filed (Effective Date of Emergency Rule)
Column	6.	Date Agency Approved Legislative Rules Filed.
Column	7.	Date Review by the Legislative Rule-Making Review Committee & Action Taken **Please Note** The Board of Education, Board of Trustees & Board of Directors File Their Rules With the Educational Over-Sight Committee
Column	8.	Legislative Action
Column	9.	Date Agency Final Files Legislative, Procedural or Interpretive Rules. This is the Final Step for Procedural & Interpretive Rules
Column	10.	Date Rule is Effective

- Emergency rules will not have a "Notice" date until the agency files one, but the rule will appear in Columns 1, 2 & 5. An Agency must file for either a public hearing or public comment period either before filing as an emergency or no more than 30 days after filing the rule as an emergency
- If more than one date appears in a column, it means the agency has repeated that step (ex. - holding an additional public hearing)

CROSS REFERENCE OF RULE MONITOR TITLE NUMBERS AND AGENCIES

TITLE NUMBER		NAME OF AGENCY
TITLE	1	ACCOUNTANCY
TITLE	2	ARCHITECTS
TITLE	3	BARBERS AND COSMETOLOGISTS
TITLE	4	CHIROPRACTIC EXAMINERS
TITLE	5	DENTISTRY
TITLE	6	FUNERAL SERVICE EXAMINERS
TITLE	7	PROFESSIONAL ENGINEERS
TITLE	10	LICENSED PRACTICAL NURSES
TITLE	11	MEDICINE
TITLE	14	OPTOMETRY
TITLE	15	PHARMACY
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TITLE	17	PSYCHOLOGISTS
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TITLE	26	VETERINARY MEDICINE
TITLE	27	COUNSELING
TITLE	29	SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
TITLE	30	RESPIRATORY CARE
TITLE	31	DIETITIANS
TITLE	32	ACUPUNCTURE
TITLE	33	WASTE MANAGEMENT, DIV. OF WATER AND WASTE MGMT.
TITLE	35	OIL AND GAS
TITLE	36	COAL MINE HEALTH AND SAFETY
TITLE	38	MINING AND RECLAMATION
TITLE	42	LABOR
TITLE	45	AIR QUALITY
TITLE	47	WATER RESOURCES, DIV. OF WATER AND WASTE MGMT.
TITLE	56	MINERS' HEALTH, SAFETY AND TRAINING
TITLE	58	NATURAL RESOURCES
TITLE	60	ENVIRONMENTAL PROTECTION – SECRETARY'S OFFICE
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TITLE	64	HEALTH
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TITLE	69	HEALTH AND HUMAN RESOURCES
TITLE	76	SENIOR SERVICES
TITLE	78	HUMAN SERVICES
TITLE	81	STATE POLICE
TITLE	87	FIRE COMMISSION
TITLE	89	PUBLIC DEFENDER SERVICES
TITLE	90	CORRECTIONS
TITLE	91	MOTOR VEHICLES
TITLE	94	REGIONAL JAIL AND CORRECTIONAL FACILITY AUTHORITY
TITLE	110	TAX DEPARTMENT
TITLE	112	TREASURER
TITLE	114	INSURANCE COMMISSION
TITLE	126	EDUCATION
TITLE	127	SECONDARY SCHOOLS ACTIVITIES COMMISSION
TITLE	133	HIGHER EDUCATION POLICY COMMISSION
TITLE	135	COMMUNITY AND TECHNICAL COLLEGE EDUCATION
TITLE	143	PERSONNEL
TITLE	144	TOURISM
TITLE	145	DEVELOPMENT OFFICE
TITLE	146	STATE ELECTION COMMISSION
TITLE	148	ADMINISTRATION
TITLE	149	CRIME, DELINQUENCY AND CORRECTIONS
TITLE	150	PUBLIC SERVICE COMMISSION
TITLE	153	SECRETARY OF STATE
TITLE	155	AUDITOR
TITLE	157	HIGWAYS
TITLE	164	SCHOOL BUILDING AUTHORITY
TITLE	174	REAL ESTATE COMMISSION
TITLE	175	ALCOHOL BEVERAGE CONTROL COMMISSION
TITLE	176	ALCOHOL BEVERAGE CONTROL COMMISSION - BEER
TITLE	177	ATHLETIC COMMISSION
TITLE	178	RACING COMMISSION
TITLE	179	LOTTERY COMMISSION
TITLE	190	REAL ESTATE APPRAISER LICENSING & CERTIFICATION BOARD

RULE MONITOR

AGENCY/SERIES NUMBER	RULE	NOTICE	HEARING	EMER RULE	AGENCY APPROVED	LRMRC/LOCEA ACTION	LEGIS	FINAL FILE	EFFECTIVE
Accountancy (1-01)	Board Rules and Rules of Professional Conduct Legislative	5/12/2022	7/1/2022		7/27/2022				
Acupuncture (32-05)	Advertising by Licensed Acupuncturists Legislative	6/29/2022	7/29/2022		7/29/2022				
Acupuncture (32-06)	Standards of Practice of Acupuncture by Licensed Acupuncturists Legislative	6/30/2022	7/30/2022		7/30/2022				
Acupuncture (32-09)	Continuing Education Requirements Legislative	6/29/2022	7/29/2022		7/29/2022				
Administration (148-01)	Purchasing Legislative	6/28/2022	7/28/2022	6/13/2022 Approved 6/13/2022	7/28/2022				
Agriculture (61-02)	WV Apiary Law Legislative	6/2/2022	7/2/2022		7/18/2022				
Agriculture (61-08B)	Schedule of Charges for Inspection Services: Fruit Legislative	4/12/2022	5/11/2022		5/12/2022				
Agriculture (61-14A)	Rules Dealing with Noxious Weeds Legislative	3/30/2022 Hearing Notice 5/5/2022	4/29/2022 Hearing Date 6/9/2022		6/14/2022				
Agriculture (61-15)	Grade "A" Pasteurized Milk Legislative	6/14/2022	7/14/2022		7/21/2022				
Agriculture (61-30)	Hemp Products Legislative	6/28/2022	7/28/2022		7/28/2022				
Agriculture (61-31)	Livestock Care Standards Legislative	6/2/2022	7/2/2022		7/18/2022				
Agriculture (61-36)	Farm to Food Bank Tax Credit Legislative	4/18/2022	5/18/2022		5/18/2022				
Agriculture (61-38)	Farmers Markets Legislative	6/24/2022	7/24/2022		7/25/2022				
Air Quality (45-16)	Standards of Performance for New Stationary Sources Legislative	6/1/2022	7/5/2022		7/21/2022				
Air Quality (45-30)	Requirements for Operating Permits Legislative	6/1/2022	7/5/2022		7/21/2022				

RULE MONITOR

AGENCY/SERIES NUMBER	RULE	NOTICE	HEARING	EMER RULE	AGENCY APPROVED	LRMRC/LOCEA ACTION	LEGIS	FINAL FILE	EFFECTIVE
Air Quality (45-34)	Emission Standards for Hazardous Air Pollutants Legislative	6/1/2022	7/5/2022		7/21/2022				
Air Quality (45-40)	Control of Ozone Season Nitrogen Oxides Emissions Legislative	6/1/2022	7/5/2022		7/21/2022				
Alcohol Beverage Control Comm. (175-06)	Bailment Policies and Procedures Legislative						SB312	7/1/2022	9/28/2022
Athletic Commission (177-01)	Regulation of Boxing Legislative	6/3/2022	7/5/2022		7/26/2022				
Athletic Commission (177-02)	Regulation of Mixed Martial Arts Legislative	6/7/2022	7/8/2022		7/27/2022				
Auditor (155-03)	Standards for Voluntary Payroll Deductions Legislative	6/27/2022	7/27/2022		7/29/2022				
Auditor (155-10)	Rules for Electronic Filing of Forfeiture Data for Law Enforcement Agencies Procedural	6/27/2022	7/27/2022						
Coal Mine Health and Safety (36-23)	Surface Construction Operations Within the Coal Mining Industry of the State of WV Legislative Exempt	2/17/2022	4/4/2022						
Coal Mine Health and Safety (36-57)	Proximity Detection Systems and Haulage Safety Generally Legislative Exempt	8/12/2022	9/14/2022						
Community & Technical College Education (135-02)	Finance Legislative	6/10/2022	7/13/2022	6/10/2022 Effective 6/10/2022	7/22/2022				
Community & Techncial College Education (135-27)	Workforce Development: Learn and Earn, Technical Program Development, and WV Advance Rapid Response Grants Legislative	6/10/2022	7/13/2022		7/21/2022				
Community & Techncial College Education (135-52)	Annual Reauthorization of Degree-Granting Institutions Legislative	6/13/2022	7/15/2022		7/21/2022				

RULE MONITOR

AGENCY/SERIES NUMBER	RULE	NOTICE	HEARING	EMER RULE	AGENCY APPROVED	LRMRC/LOCEA ACTION	LEGIS	FINAL FILE	EFFECTIVE
Conservation Agency (63-01)	Operation of WV State Conservation Committee and Conservation Districts Legislative	5/2/2022	6/16/2022		7/12/2022				
Conservation Agency (63-04)	Conservation District Accounting and Auditing Standards Legislative	5/2/2022	6/16/2022		7/12/2022				
Counseling (27-14)	Telehealth and Interstate Telehealth Registration for Licensed Professional Counselors and Licensed Marriage and Family Therapists Legislative	12/6/2021	1/14/2022	1/10/2022 Approved 1/13/2022	1/26/2022				
Dentistry (5-09)	Application Procedures for Licensure or Certificate Procedural	7/22/2022	8/23/2022						
Dentistry (5-15)	Dental Recovery Networks Legislative	6/16/2022	7/18/2022		7/22/2022				
Economic Development, WV Dept. of (145-15)	Small Business Innovation Research and Small Business Technology Transfer Matching Funds Program Legislative	6/28/2022	7/28/2022		7/29/2022				
Education (126-008)	Drug-Free Workplace (Policy 1461) Legislative Exempt	6/9/2022	7/11/2022					8/11/2022	9/12/2022
Education (126-016)	Regulations for the Education of Students with Exceptionalities (Policy 2419) Legislative Exempt	4/14/2022	5/16/2022						
Education (126-022)	Regulations for Driver Education and Student Licensing (Policy 2422.2) Legislative Exempt	6/9/2022	7/11/2022					8/11/2022	9/12/2022
Education (126-025A)	Standards for Basic and Specialized Health Care Procedures and Standards for the Possession and Use of Medical Cannabis by a Student (Policy 2422.7) Legislative Exempt	6/9/2022	7/11/2022					8/11/2022	9/12/2022
Education (126-035)	Instructional Resources (Policy 2445.40) Legislative Exempt	7/14/2022	8/15/2022						

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AGENCY/SERIES NUMBER	RULE	NOTICE	HEARING	EMER RULE	AGENCY APPROVED	LRMRC/LOCEA ACTION	LEGIS	FINAL FILE	EFFECTIVE
Education (126-172)	Handbook on Planning School Facilities (Policy 6200) Legislative Exempt	7/14/2022	8/15/2022						
Emergency Management (170-07)	National Flood Insurance Program Legislative	6/29/2022	7/28/2022		7/29/2022				
Environmental Protection, Secretary's Office (60-10)	Purchasing Procedure Procedural	8/19/2021	9/20/2021						
THE ABOVE RULE FILING EXPIRED 3/20/2022									
Environmental Protection, Secretary's Office (60-11)	Rules for Reclamation of Solar and Wind Electricity Generating Facilities Legislative	6/27/2022	7/28/2022		7/29/2022				
Financial Institutions, Div. of (106-23)	Rule Pertaining to Money Transmission Services Legislative	6/3/2022	7/5/2022		7/27/2022				
Fire Commission (87-03)	Hazardous Substance Emergency Response Training Programs Legislative	6/28/2022	7/28/2022		7/29/2022				
Fire Commission (87-05, repeal)	Certification of Home Inspectors Legislative	6/29/2022	7/29/2022		7/29/2022				
Fire Commission (87-08)	Volunteer Firefighters' Training, Equipment, and Operating Standards Legislative	6/28/2022	7/28/2022		7/29/2022				
Fire Marshal (103-01)	Certification of Electrical Inspectors Legislative	6/28/2022	7/28/2022		7/29/2022				
Fire Marshal (103-03)	Supervision of Fire Protection Work Legislative	6/28/2022	7/28/2022		7/29/2022				
Fire Marshal (103-05)	Electrician Licensing Rules Legislative	6/28/2022	7/28/2022		7/29/2022				
Fire Marshal (103-07)	Certification of Home Inspectors Legislative	6/29/2022	7/29/2022		7/29/2022				
Funeral Service Examiners (6-01)	Funeral Director, Embalmer, Apprentice, Courtesy Card Holders and Funeral Establishment Requirements Legislative	6/27/2022	7/27/2022	7/27/2022 Approved 8/11/2022	7/27/2022				

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AGENCY/SERIES NUMBER	RULE	NOTICE	HEARING	EMER RULE	AGENCY APPROVED	LRMRC/LOCEA ACTION	LEGIS	FINAL FILE	EFFECTIVE
Funeral Service Examiners (6-02)	Crematory Requirements Legislative	6/27/2022	7/27/2022		7/27/2022				
Funeral Service Examiners (6-07)	Fee Schedule Legislative	6/27/2022	7/27/2022	7/27/2022 Approved 8/11/2022	7/27/2022				
Health (64-26)	Procedures Pertaining to the Dangerousness Assessment Advisory Board Legislative	2/4/2022 5/11/2022	3/7/2022 6/10/2022	2/4/2022 Approved 2/4/2022	3/8/2022				
Health (64-73)	Basic Public Health Service Standards for Local Boards of Health Legislative	6/27/2022	7/27/2022		7/28/2022				
Health (64-84)	Medical Examiner Requirements for Postmortem Inquiries Legislative	6/23/2022	7/25/2022	6/23/2022 Effective 8/4/2022	7/25/2022				
Health (64-110)	Medical Cannabis Program – Growers/Processors Legislative	6/22/2022	7/22/2022		7/22/2022				
Health (64-112)	Medical Cannabis Program – Dispensaries Legislative	6/22/2022	7/22/2022		7/22/2022				
Health and Human Resources (69-10)	WV Clearance for Access: Registry and Employment Screening Legislative	6/23/2022	7/25/2022		7/25/2022				
Health and Human Resources (69-19)	Core Behavioral Health Crisis Services System Legislative	6/24/2022	7/26/2022	6/24/2022 Effective 8/5/2022	7/27/2022				
Health Care Authority (65-34)	Uniform Billing Database Legislative	6/29/2022	7/29/2022		7/29/2022				
Higher Education Policy Commission (133-02)	Higher Education Finance Policy Legislative	6/13/2022	7/13/2022	6/13/2022 Effective 6/13/2022	7/29/2022				
Higher Education Policy Commission (133-10)	Policy Regarding Program Review Procedural	6/13/2022	7/13/2022					8/2/2022	9/2/2022

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Higher Education Policy Commission (133-11)	Submission of Proposals for Academic Programs at Public Regional Institutions and the Monitoring and Discontinuance of Existing Programs Procedural	6/13/2022	7/13/2022					8/2/2022	9/2/2022
Higher Education Policy Commission (133-32)	Tuition and Fee Policy Legislative	6/13/2022	7/13/2022		7/29/2022				
Higher Education Policy Commission (133-52)	Annual Reauthorization of Degree-Granting Institutions Legislative	6/13/2022	7/13/2022		7/29/2022				
Highways (157-02)	Disposal, Lease and Management of Real Property and Appurtenant Structures and Relocation Assistance Legislative	6/8/2022	7/8/2022		7/21/2022				
Highways (157-03, repeal)	Construction and Reconstruction of State Roads Legislative	6/10/2022	7/11/2022		7/21/2022				
Human Services (78-01)	Child Care Centers Licensing Legislative	6/24/2022	7/25/2022		7/27/2022				
Human Services (78-03)	Minimum Licensing Requirements for Residential Child Care and Treatment Facilities for Children and Transitioning Adults and Vulnerable and Transitioning Youth Group Homes and Programs in WV Legislative	6/22/2022	7/22/2022		7/27/2022				
Human Services (78-18)	Family Child Care Facility Licensing Legislative	6/23/2022	7/25/2022		7/27/2022				
Human Services (78-19)	Family Child Care Home Registration Legislative	6/23/2022	7/25/2022		7/27/2022				
Human Services (78-20)	Informal and Relative Family Child Care Home Legislative	6/23/2022	7/25/2022		7/27/2022				
Human Services (78-21)	Out of School Time Child Care Legislative	6/23/2022	7/25/2022		7/27/2022				
Human Services (78-25, repeal)	Goals for Foster Children Legislative	8/9/2022	9/8/2022						

RULE MONITOR

AGENCY/SERIES NUMBER	RULE	NOTICE	HEARING	EMER RULE	AGENCY APPROVED	LRMRC/LOCEA ACTION	LEGIS	FINAL FILE	EFFECTIVE
Human Services (78-28)	Deemed Head Start Child Care Center Licenses Legislative	6/23/2022	7/22/2022		7/27/2022				
Insurance Comm. (114-11B)	Suitability in Annuity Transactions Legislative	6/2/2022	7/5/2022		7/19/2022				
Insurance Comm. (114-99)	Pharmacy Auditing Entities and Pharmacy Benefit Managers Legislative	6/2/2022	7/5/2022		7/19/2022				
Insurance Comm. (114-103)	Bail Bondsmen in Criminal Cases Legislative	7/7/2022	8/8/2022	7/1/2022 Approved 8/11/2022	8/17/2022				
Labor (42-19)	WV Board of Manufactured Housing Construction and Safety Legislative	6/23/2022	7/25/2022		7/26/2022				
Labor (42-32)	Supervision of Plumbing Work Legislative	6/29/2022	7/29/2022		7/29/2022				
Labor (42-34)	Regulation of HVAC Work Legislative	6/29/2022	7/29/2022		7/29/2022				
Landscape Architects (9-01)	Registration of Landscape Architects Legislative	6/30/2022	7/30/2022		7/30/2022				
Lottery Comm. (179-09)	WV Lottery Sports Wagering Rule Legislative	6/2/2022	7/3/2022		7/21/2022				
Medicine (11-01A)	Licensing of Physicians and Podiatric Physicians and Disciplinary Procedures for Applicants, Licensees, Credential Holders Legislative	6/24/2022	7/25/2022	6/24/2022 Effective 8/5/2022	7/27/2022				
Medicine (11-01B)	Licensure, Practice Requirements, Disciplinary and Complaint Procedures, Continuing Education, Physician Assistants Legislative	6/24/2022	7/25/2022	6/24/2022 Effective 8/5/2022	7/27/2022				
Medicine (11-08)	Collaborative Pharmacy Practice Legislative	6/29/2022	7/29/2022	7/29/2022 Approved 8/11/2022	7/29/2022				
Medicine (11-16)	Prohibiting Sexual Misconduct by Health Care Practitioners Legislative	6/24/2022	7/25/2022		7/28/2022				
Mining and Reclamation (38-03)	Rules for Quarrying and Reclamation Legislative	4/6/2022	5/11/2022		5/26/2022				

RULE MONITOR

AGENCY/SERIES NUMBER	RULE	NOTICE	HEARING	EMER RULE	AGENCY APPROVED	LRMRC/LOCEA ACTION	LEGIS	FINAL FILE	EFFECTIVE
Motor Vehicles (91-01)	Administrative Due Process Legislative	6/29/2022	7/29/2022		7/30/2022				
Motor Vehicles (91-04)	Examination and Issuance of Drivers License Legislative	6/28/2022	7/28/2022		7/30/2022				
Motor Vehicles (91-05)	Denial, Suspension, Revocation, Disqualification, Restriction, Nonrenewal, Cancellation, Administrative Appeals and Reinstatement of Driving Privileges Legislative	6/29/2022	7/28/2022		7/30/2022				
Natural Resources (58-12)	Commercial Whitewater Outfitters Legislative	6/28/2022	7/27/2022		7/29/2022				
Natural Resources (58-27)	Special Motorboating Regulations Legislative	6/28/2022	7/27/2022		7/29/2022				
Optometry (14-12)	Optometric Telehealth Practice Legislative	6/29/2022	7/29/2022		7/30/2022				
Osteopathic Medicine (24-02)	Osteopathic Physician Assistants Legislative	6/28/2022	7/28/2022	6/28/2022 ERD by 8/9/2022	7/29/2022				
Pharmacy (15-01)	Licensure and Practice of Pharmacy Legislative	6/29/2022	7/29/2022		7/29/2022				
Pharmacy (15-02)	Rules for the Uniform Controlled Substances Act Legislative	6/28/2022	7/28/2022		7/29/2022				
Pharmacy (15-07)	Registration of Pharmacy Technicians Legislative	6/28/2022	7/28/2022		7/29/2022				
Pharmacy (15-15)	Regulations Governing Pharmacy Permits Legislative	6/28/2022	7/28/2022		7/29/2022				
Pharmacy (15-19)	Inspections Legislative	2/3/2022	3/7/2022	1/6/2022 Approved 1/7/2022	4/4/2022				
Pharmacy (15-20)	Donated Drug Repository Program Legislative	6/28/2022	7/28/2022		7/29/2022				
Public Service Commission (150-38)	Rule for the Government of Pole Attachments Legislative Exempt	6/16/2022	8/1/2022						

RULE MONITOR

AGENCY/SERIES NUMBER	RULE	NOTICE	HEARING	EMER RULE	AGENCY APPROVED	LRMRC/LOCEA ACTION	LEGIS	FINAL FILE	EFFECTIVE
Public Service Commission (150-40)	Trench Sharing Rule Legislative Exempt	6/16/2022	8/1/2022						
Racing Commission (178-01)	Thoroughbred Racing Legislative	5/28/2021	6/28/2021		7/28/2021	Modified & Approved 12/8/2021 Filed 12/8/2021	Bundled SB312	5/27/2022	8/27/2022
Registered Professional Nurses (19-03)	Requirements for Registration and Licensure and Conduct Constituting Professional Misconduct Legislative	5/18/2022	6/16/2022	8/5/2022 Approved 8/11/2022	7/27/2022				
Registered Professional Nurses (19-07)	Advanced Practice Registered Nurse Licensure Requirements Legislative	5/16/2022	6/15/2022		7/26/2022				
Registered Professional Nurses (19-08)	Limited Prescriptive Authority in Nurses in Advanced Practice Legislative	5/16/2022	6/15/2022		7/26/2022				
Registered Professional Nurses (19-11)	Continuing Education and Competence Legislative	5/17/2022	6/15/2022		7/26/2022				
Registered Professional Nurses (19-12)	Fees for Services Rendered by the Board Legislative	5/17/2022	6/16/2022		7/26/2022				
Registered Professional Nurses (19-14)	Practitioner Requirements for Accessing the WV Controlled Substances Monitoring Program Database Legislative	5/16/2022	6/15/2022		7/26/2022				
Registered Professional Nurses (19-16)	Telehealth Practice; Requirements; Definitions Legislative	5/16/2022	6/15/2022		7/26/2022				
Secondary School Activities Comm. (127-01)	Constitution Legislative Exempt	5/12/2022	6/13/2022					7/14/2022	9/12/2022
Secondary School Activities Comm. (127-02)	Athletics, Provisions Governing Eligibility Legislative Exempt	5/12/2022	6/13/2022					7/14/2022	9/12/2022
Secondary School Activities Comm. (127-03)	Provisions Governing Contests Legislative Exempt	5/12/2022	6/13/2022					7/14/2022	9/12/2022
Secondary School Activities Comm. (127-05)	Band and Other Activities Legislative Exempt	5/12/2022	6/13/2022					7/14/2022	9/12/2022

RULE MONITOR

AGENCY/SERIES NUMBER	RULE	NOTICE	HEARING	EMER RULE	AGENCY APPROVED	LRMRC/LOCEA ACTION	LEGIS	FINAL FILE	EFFECTIVE
Secretary of State (153-13)	Early Voting In-Person Satellite Precincts Legislative	6/30/2022	7/31/2022		8/1/2022				
Secretary of State (153-22)	Filing Procedures for Political Party Executive Committee Membership Lists Procedural	6/2/2022	7/5/2022					7/27/2022	8/26/2022
Secretary of State (153-25)	Combined Voter Registration and Driver Licensing Fund Legislative	6/27/2022	7/28/2022		7/29/2022				
Secretary of State (153-53)	Election Processes and Absentee Eligibility During State of Emergency			3/20/2020 Effective 3/20/2020					
Secretary of State (153-54)	Administrative Procedures for the Nonpublic Funding for Election Administration Fund Legislative	6/30/2022	7/31/2022	6/2/2022 Effective 7/14/2022	8/1/2022				
Sec. of WV DHHR and WV Insurance Commissioner (114A-03)	All-Payer Claims Database – Submission Manual Legislative	6/28/2022	7/28/2022		7/29/2022				
Senior Services (76-04)	WV State Plan for Aging Programs Interpretive	3/14/2022	4/13/2022					4/14/2022	10/1/2022
State Police (81-10)	WV State Police Professional Standards Investigations, Employee Rights, Early Identification System, Psychological Assessment and Progressive Discipline Legislative	6/29/2022	7/28/2022		7/29/2022				
Tax (110-01J)	Valuation of Producing and Reserve Oil, Natural Gas Liquids, and Natural Gas for Ad Valorem Property Tax Purposes Legislative	6/13/2022	7/13/2022	6/13/2022 Approved 7/1/2022	7/29/2022				
Tax (110-13X)	WV Film Industry Investment Act Legislative	6/3/2022	7/3/2022		7/26/2022				
Tax (110-28)	Municipal Sales and Use Tax Administration Legislative	6/3/2022	7/3/2022		7/26/2022				
Treasurer (112-05)	Enforcement of the Uniform Unclaimed Property Act Legislative	6/27/2022	7/27/2022		7/29/2022				

RULE MONITOR

AGENCY/SERIES NUMBER	RULE	NOTICE	HEARING	EMER RULE	AGENCY APPROVED	LRMRC/LOCEA ACTION	LEGIS	FINAL FILE	EFFECTIVE
Treasurer (112-15)	WV College & Jumpstart Savings Programs Bd. Of Trustees Bylaws Procedural	7/12/2022	8/11/2022						
Treasurer (112-18)	Hope Scholarship Program Legislative	2/9/2022	3/11/2022	2/9/2022 Effective 3/23/2022 Admendment 4/22/2022 Effective 6/3/2022	4/21/2022				
Treasurer (112-20)	Jumpstart Savings Program Legislative	5/19/2022	6/20/2022	5/20/2022 Effective 7/1/2022 Amendment 8/4/2022 Approved 8/11/2022	7/22/2022				
Waste Management, Div. of Water & Waste Mgmt. (33-10)	Recycling Assistance Grant Program Legislative	6/29/2022	7/29/2022		7/29/2022				
Waste Management, Div. of Water & Waste Mgmt. (33-13)	Reclamation of Abandoned and Dilapidated Properties Grant Program Legislative	6/28/2022	7/28/2022		7/29/2022				

LEGISLATIVE RULES FILED PER THE SUNSET PROVISION W. Va. Code §29A-3-19 and 29A-3A-20							
AGENCY/SERIES NUMBER	**RULE/SUNSET DATE**	**REQUEST**	**AGENCY APPROVED**	**LRMRC/LOCEA ACTION**	**LEGIS**	**FINAL FILE**	**EFFECTIVE**
Administration 148-06	Parking 8/1/2023	10/14/2021	10/15/2021				
Agriculture 61-23D	Inspection of Nontraditional, Domesticated Animals 8/1/2023	11/15/2021	11/15/2021				
Community & Technical College Education 135-12	Capital Project Management 6/8/2023	6/13/2022	6/13/2022				
Community & Technical College Education 135-55	Human Resources Administration 7/9/2023	6/13/2022	6/13/2022				
Crime Delinquency and Correction (149-03)	Protocol for Law Enforcement Response to Domestic Violence 6/30/2023	6/28/2022	7/29/2022				
Health and Human Resources 69-13	Development of Methodologies to Examine Needs for Substance Use Disorder Treatment Facilities within the State 3/22/2023	12/3/2021	6/22/2022				
Higher Education Policy Commission 133-12	Capital Project Management 6/4/2023		6/14/2022	Approved 6/12/2022			
Higher Education Policy Commission 133-42	West Virginia Higher Education Grant Program 8/5/2022		6/14/2022 Emergency 8/2/2022 Effective 8/2/2022	Approved 6/12/2022			
Higher Education Policy Commission 133-55	Human Resources Administration 6/4/2023		6/14/2022	Approved 6/12/2022			
Highways 157-02	Disposal, Lease and Management of Real Property and Appurtenant Structures and Relocation Assistance 4/6/2023	12/17/2021					
Labor 42-35	Registration of Service Persons and Service Agencies 3/30/2023	11/30/2021	11/30/2021				
Labor 42-36	Registration of Weighing and Measuring Devices Used by Businesses in Commercial Transactions 3/30/2023	11/29/2021	11/30/2021				

LEGISLATIVE RULES FILED PER THE SUNSET PROVISION W. Va. Code §29A-3-19 and 29A-3A-20							
AGENCY/SERIES NUMBER	**RULE/SUNSET DATE**	**REQUEST**	**AGENCY APPROVED**	**LRMRC/LOCEA ACTION**	**LEGIS**	**FINAL FILE**	**EFFECTIVE**
Natural Resources 58-11	Hunting, Fishing, and Other Outfitters and Guides 5/7/2023	11/30/2021	11/30/2021				
Natural Resources 58-64	Miscellaneous Permits and Licenses 5/7/2023	11/30/2021	11/30/2021				
Psychologists 17-06	Code of Ethics 7/1/2023	2/3/2022					
Public Service Commission 150-37	Rules Governing the Occupancy of Customer-Provided Conduit 8/1/2022	5/6/2021	8/6/2021	Modified & Approved 8/19/2021 Filed 8/24/2021	Bundled SB334		
Risk and Insurance Management 115-07	Patient Injury Compensation Fund 5/1/2022	4/21/2021					
Tax 110-13DD	Farm-To-Food Bank Tax Credit 8/1/2023	3/23/2022	3/25/2022				
Tax 110-22	Property Transfer Tax 8/1/2023	3/23/2022	3/25/2022				
Tax 110-28	Municipal Sales and Service and Use Tax Administration 8/1/2023	3/23/2022	3/25/2022				
Tax 110-42	Personnel Rule for the Tax Division 8/1/2023	3/10/2022	3/25/2022				

WEST VIRGINIA SECRETARY OF STATE

MAC WARNER

ADMINISTRATIVE LAW DIVISION

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8/12/2022 2:24:38 PM

Office of West Virginia Secretary Of State

LEGISLATIVE

NOTICE OF PUBLIC COMMENT PERIOD

AGENCY: Coal Mine Health And Safety

TITLE-SERIES: 36-57

RULE TYPE: Legislative Exempt

Amendment to Existing Rule: Yes

Repeal of existing rule: No

RULE NAME: Proximity Detection Systems and Haulage Safety Generally

CITE STATUTORY AUTHORITY: W.Va. Code 22A-6-4 and 22A-6-5

COMMENTS LIMITED TO:

Written

DATE OF PUBLIC HEARING:

LOCATION OF PUBLIC HEARING:

DATE WRITTEN COMMENT PERIOD ENDS: 09/14/2022 5:00 PM

COMMENTS MAY BE MAILED OR EMAILED TO:

NAME: Mallory Yates Hicks

ADDRESS: 106 Dee Drive, Charleston, WV, 25311

EMAIL: mallory.k.yates@wv.gov

PLEASE INDICATE IF THIS FILING INCLUDES:

RELEVANT FEDERAL STATUTES OR REGULATIONS: No

(IF YES, PLEASE UPLOAD IN THE SUPPORTING DOCUMENTS FIELD)

INCORPORATED BY REFERENCE: No

(IF YES, PLEASE UPLOAD IN THE SUPPORTING DOCUMENTS FIELD)

WEST VIRGINIA SECRETARY OF STATE

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ADMINISTRATIVE LAW DIVISION

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8/17/2022 2:22:36 PM

Office of West Virginia Secretary Of State

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

AGENCY: Insurance Commission

TITLE-SERIES: 114-103

RULE TYPE: Legislative

Amendment to Existing Rule: Yes

Repeal of existing rule: No

RULE NAME: 114-103 Bail Bondsmen In Criminal Cases

PRIMARY CONTACT

NAME: Victor Mullins

ADDRESS: 900 Pennsylvania Ave 8th Floor

Charleston, WV 25302

EMAIL: victor.a.mullins@wv.gov

PHONE NUMBER: 304-414-8026

CITE STATUTORY AUTHORITY: W.Va. Code 33-2-10, 51-10-8

EXPLANATION OF THE STATUTORY AUTHORITY FOR THE LEGISLATIVE RULE, INCLUDING A DETAILED SUMMARY OF THE EFFECT OF EACH PROVISION OF THE LEGISLATIVE RULE WITH CITATION TO THE SPECIFIC STATUTORY PROVISION WHICH EMPOWERS THE AGENCY TO ENACT SUCH RULE PROVISION:

W.Va. Code 51-10-8, updated in 2021, requires the Insurance Commissioner to promulgate and propose legislative rules for promulgation to carry out the intent, administration, and enforcement of Article 10, Chapter 51 of the West Virginia Code regarding bail bondsmen.

IS THIS FILING SOLELY FOR THE SUNSET PROVISION REQUIREMENTS IN W. VA. CODE §29A-3-19(e)? #Error

IF YES, DO YOU CERTIFY THAT THE ONLY CHANGES TO THE RULE ARE THE FILING DATE, EFFECTIVE DATE AND AN EXTENSION OF THE SUNSET DATE? No

DATE eFiled FOR NOTICE OF HEARING OR PUBLIC COMMENT PERIOD: 7/7/2022

DATE OF PUBLIC HEARING(S) OR PUBLIC COMMENT PERIOD ENDED: 8/8/2022

COMMENTS RECEIVED: No

(IF YES, PLEASE UPLOAD IN THE COMMENTS RECEIVED FIELD COMMENTS RECEIVED AND RESPONSES TO COMMENTS)

PUBLIC HEARING: No

WEST VIRGINIA
SECRETARY OF STATE
MAC WARNER
ADMINISTRATIVE LAW DIVISION

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2022 AUG 12 A 10:04

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

PROCEDURAL

EXPIRATION OF FILING OF PROCEDURAL RULE

AGENCY: Environmental Protection, Secretary's Office

TITLE NUMBER: 60

SERIES NUMBER OF RULE BEING PROPOSED: 10

TITLE OF RULE BEING PROPOSED: Purchasing Procedure

THE ABOVE RULE EXPIRED March 20, 2022 DUE TO THE AGENCY NOT FINAL FILING AFTER THE CONCLUSION OF THE HEARING/PUBLIC COMMENT PERIOD WITHIN SIX MONTHS AFTER THE CLOSE OF THE PUBLIC COMMENT AS REQUIRED BY W. VA. CODE §29A-3-8. IF YOU WANT TO CONTINUE THE RULE MAKING PROCESS ON THIS RULE, YOU MUST RESUBMIT THE ENTIRE RULE AND ASSOCIATED FORMS WITH THE SECRETARY OF STATE FOR ANOTHER HEARING/PUBLIC COMMENT PERIOD.

Maureen Lewis

DIRECTOR, ADMINISTRATIVE LAW DIVISION

Orders Report

Docket Number	Agency	Respondent	Date Rendered
[illegible]	Health Care Authority	Cabell Huntington Hospital, Inc.	8/12/2022
[illegible]	Health Care Authority	United Hospital Center, Inc.	8/12/2022
[illegible]	Health Care Authority	Charleston Area Medical Center, Inc.	8/12/2022
[illegible]	Health Care Authority	Stonerise Home Health Services II, LLC	8/12/2022
[illegible]	Health Care Authority	Pocahontas Memorial Hospital	8/4/2022
[illegible]	Health Care Authority	Williamson Health and Wellness Center, Inc.	8/4/2022
[illegible]	Health Care Authority	Charleston Area Medical Center, Inc.	8/4/2022
[illegible]	Health Care Authority	Lotus Recovery Center of Berkeley Springs LLC	7/29/2022
[illegible]	Health Care Authority	Pocahontas Memorial Hospital	7/29/2022
[illegible]	Health Care Authority	Ronceverte Physician Group, LLC	7/29/2022
[illegible]	Health Care Authority	Joseph Jefferds Sinclair, MD	7/29/2022
[illegible]	Health Care Authority	United Hospital Center, Inc.	7/29/2022
[illegible]	Health Care Authority	Kindred Healthcare Operating, LLC	7/21/2022
[illegible]	Health Care Authority	Braley & Thompson, Inc.	7/21/2022
[illegible]	Health Care Authority	RSCR West Virginia, Inc.	7/21/2022
[illegible]	Insurance Commission	Fidelity & Guaranty Life Insurance Company	8/12/2022
[illegible]	Insurance Commission	American Modern Property & Casualty Insurance Company	8/12/2022
[illegible]	Insurance Commission	Esurance Property & Casualty Insurance Company	8/12/2022
[illegible]	Insurance Commission	Pepsi-Cola Metropolitan Bottling Company, Inc	8/12/2022
[illegible]	Insurance Commission	SWVA, INC	8/12/2022
[illegible]	Insurance Commission	Toyota Motor Manufacturing West Virginia	8/15/2022

WEST VIRGINIA ETHICS COMMISSION ADVISORY OPINIONS	
NO.	**OPINION SOUGHT**
2022-17	A County Board of Education ("BOE") Member asks several questions relating to two proposed state constitutional amendments affecting boards of education that will be on the ballot in the general election. His questions are whether: 1. BOE members may take a public position at a duly convened public meeting favoring or opposing state constitutional amendments affecting the school system; 2. BOE members, in their official or private capacities, may advocate for the passage or defeat of proposed state constitutional amendments; 3. BOE superintendents, in their official or private capacities, may advocate for the passage or defeat of state constitutional amendments; 4. BOEs may form, join, or participate in an organization created for the purpose of advocating for the passage or defeat of proposed state constitutional amendments; 5. BOEs may use public funds to educate the public about the state constitutional amendments, and 6. BOEs may use public funds to advocate for the passage or defeat of the proposed state constitutional amendments.

WEST VIRGINIA ETHICS COMMISSION CONTRACT EXEMPTION	
NO.	**OPINION SOUGHT**
2022-01	The Wyoming County Health Department requests a short-term extension of Contract Exemption 2019-01 to continue contracting with Family Healthcare Associates Inc.

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
WV Health Care Authority

FILED
2022 AUG 15 P 12: 20
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SECRETARY OF STATE

OTHER

Bill J. Crouch
Cabinet Secretary

Barbara Skeen
Interim Executive Director

NOTICE OF PUBLIC COMMENT PERIOD

Proposed Certificate of Need Standards

The West Virginia Health Care Authority (Authority) has scheduled a public comment period to receive comments on the following proposed Certificate of Need Standards:

- Addition of Acute Care Beds
- Operating Rooms
- Renovation-Replacement of Acute Care Facilities and Services

Written comments may be submitted In care of Tiffany Dempsey, Secretary, West Virginia Health Care Authority, 100 Dee Drive, Charleston, WV 25311, or via email to Tiffany.D.Dempsey@wv.gov no later than 4:00 p.m., September 14, 2022. Copies of the proposed Standards set forth above have been filed with the Secretary of State (SOS). The Standards may be viewed at the Authority's website, www.hca.wv.gov , or copies may be obtained by contacting the Authority at (304) 558-7000.

FILED
2022 AUG 15 P 12: 21
OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

Approved by Governor XXXXX

ADDITION OF ACUTE CARE BEDS

I. DEFINITIONS

A. Acute Care: Inpatient hospital care provided to patients requiring immediate and continuous attention of short duration. Acute care includes, but is not limited to, medical, surgical, obstetric, pediatric, psychiatric, ICU and CCU care in a hospital.

B. Acute Care Bed: Any licensed inpatient bed dedicated to the use of patients requiring acute care.

C. Admission Rate: The number of patients entering into the hospital for acute care services per 1,000 population.

D. Average Daily Census: The average number of licensed acute care beds in the hospital that are used by inpatients.

E. Average Length of Stay: The average number of days a patient stays in the hospital.

F. Bed: A general measure of hospital size and capacity.

G. Capital Expenditure: Those expenditures as defined in W. Va. Code § 16-2D-2, including a series of expenditures exceeding the expenditure minimum and determined by the Health Care Authority (Authority) to be a single capital expenditure subject to review.

H. Coronary Care Unit (CCU): A special unit of the hospital set to provide maximum surveillance and support of vital functions and definitive therapy to patients with acute or potentially reversible life-threatening impairment of the cardiovascular system.

I. Critical Access Hospital (CAH): A hospital designated as such by the West Virginia Office of Rural Health Policy in conformance with the requirements of the Medicare Rural Hospital Flexibility Program.

J. Discharge Planning: A coordinated effort to ensure that each patient to be discharged from a health care facility has a planned program of needed continuing care and follow up that seeks optimum functioning of that patient and the earliest practicable discharge.

K. Discharge Rate: The number of patients who have received acute care services discharged per 1,000 population.

L. Inpatient: A patient who has been admitted to the hospital for an overnight stay or longer.

M. Intensive Care Unit (ICU): Care provided in a specially licensed unit set up for the purpose of providing maximum surveillance and support of vital functions and definitive therapy for patients suspected of having acute, or potentially reversible life-threatening impairment of single or multiple vital systems (pulmonary, cardiovascular, renal or nervous systems). Such a unit requires special equipment and specially trained staff.

N. Level I Obstetrical Unit: A hospital obstetric unit, the function of which is to provide services primarily for uncomplicated maternity and newborn patients.

O. Level II Obstetrical Unit: A hospital obstetric and neonatal unit, the function of which is to provide a full range of maternal and newborn services for uncomplicated births and for the majority of complicated obstetrical problems and certain neonatal illnesses.

P. Level III Obstetrical Unit: A hospital obstetric and neonatal unit, the function of which is to provide care for normal births but especially for all the serious types of maternal-fetal and neonatal illnesses and abnormalities.

Q. Levels of Care: A system of categorizing services according to complexity and sophistication. Normally, acute care is divided into three levels: primary, secondary, and tertiary, with the primary level being comprised of the most basic services and the tertiary level being comprised of the most complex services.

R. Licensed Beds: The basic index of hospital capacity, consisting of the beds in each hospital which are licensed for acute care use. In the case of state-operated acute care facilities, it is the number set up and staffed.

S. Long Term Acute Care Hospital (LTACH): An acute care hospital that provides care for patients who have been in an intensive care or short-term acute care setting and who require an extended length of stay (greater than twenty-five days). LTACHs are often referred to as a "hospital within a hospital".

T. Neonatal: A term used to refer to an infant less than 29 days old.

OTHER

U. Observation Services: Services ordered by a patient's physician and provided by a hospital on the hospital's premises. These services include the use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary for a possible admission to the hospital as an inpatient. Observation beds are not licensed acute care beds.

V. Observation Equivalent Days: The total observation hours divided by 24. Observation equivalent days may be added to acute care days to demonstrate peak occupancy.

W. Obstetric: The branch of medicine that deals with the care of women before, during, and directly after childbirth.

X. Occupancy Rate: The average percentage of licensed beds in a hospital or one of its units that are filled as of midnight each day. To demonstrate peak occupancy, the hospital may also document the occupancy rate at a different time of the day.

Y. Outpatient: A patient who is not admitted to the hospital for an overnight stay.

Z. Patient Flow: A hospital's pattern of patient admissions and discharges.

AA. Patient Origin Study: A special study of a hospital's patient flow designed to determine the particular geographic areas from which an institution draws its patients and the institutions to which residents from an area go for hospitalization.

BB. Pediatric: The branch of medicine that deals with the care of children under 14 years of age.

CC. Peer Review: The evaluation of health professionals and their performance by their peers. This term relates to programs such as utilization review and professional review organizations.

DD. Projected Bed Supply: For a given future year, licensed acute care beds, plus any beds set up and staffed with state sanction at Welch Emergency Hospital, over and above the licensed number plus or minus any addition or deletion of beds approved or not required to be approved through the certificate of need process plus or minus the changes in bed supply proposed by an applicant or applicants for a certificate of need in a study area.

EE. Psychiatric: The branch of medicine concerned with mental disorder.

FF. Swing Beds: Beds used in small rural hospitals that may be used interchangeably as either general/medical/surgical beds or skilled nursing beds.

Reimbursement is based upon the specific type of care provided. Swing bed days may be added to acute care days to demonstrate peak occupancy.

GG. Use Rate: The number of acute care inpatient days utilized in a twelve (12) month period expressed in terms of days per 1,000 population.

II. CURRENT INVENTORY

A current inventory of existing acute care beds, by specialty unit, may be obtained from the Authority.

III. NEED METHODOLOGY

The Authority will not approve an application for additional acute care beds if the resulting number of licensed acute care beds for the hospital is equal to or exceeds 160% of the average daily census for licensed acute beds for the last twelve (12) month period. The Authority may grant an exception to the 160% average daily census requirement if the applicant has experienced significant fluctuations in its occupancy levels and (a) the applicant is the sole hospital in a county or (b) the applicant has exceeded an 85% acute care occupancy level for two consecutive months during the past twelve (12) months. In determining the average daily census, the hospital may adjust for observation equivalent days and swing bed days. The Authority, in its discretion, may also take into consideration data submitted by the hospital to demonstrate the impact of a distinct part unit on the hospital's average daily census.

IV. QUALITY

A. An applicant which proposes to add acute care beds to an existing facility must demonstrate compliance with applicable licensing and certification requirements. In the case of a new facility or a facility which is being renovated to meet regulatory, licensure or certification standards, the applicant must demonstrate that a substantive and detailed plan exists to show how the facility will come into compliance with applicable regulatory, licensure and certification requirements.

B. The applicant must document the ability to recruit and employ any additional professional personnel required to staff the additional beds.

C. For approval, the proposal must involve the provision of space and related equipment for ancillary and support services shown to be appropriate for the projected patient load of the hospital. A configuration that allows for flexible use by both inpatients and outpatients will generally be considered the desirable alternative when it can be achieved with reasonable increases in construction cost.

OTHER

D. The applicant must demonstrate that the physical layout for the new beds is conducive to efficient staffing and transportation of patients to appropriate ancillary services.

V. CONTINUUM OF CARE

A. The applicant must demonstrate that the proposal under consideration is a less costly or more appropriate alternative to provide the needed services to the population.

B. The applicant must demonstrate that it has in place effective utilization review, quality assurance, peer review, and discharge planning processes.

VI. COST

A. The applicant must demonstrate financial feasibility.

B. The applicant shall submit reliable, probative and substantial evidence to demonstrate that the proposed square footage, construction cost per square foot and cost of fixed equipment for all nursing units, ancillary services and support areas directly affected by the proposal are appropriate and reasonable.

In preparing this objective analysis, the applicant must show that it has given prudent consideration to internal and external factors that will impact the operating environment of the hospital upon completion of the project.

The factors to be considered must include:

1. Trends in the demand for specific hospital services and recent demographic and/or medical practice changes that are likely to modify the trends.

2. The forecast of demand for the hospital's services based upon the most probable assumptions. The applicant must submit a comprehensive listing of the assumptions underlying the forecast.

3. If the physical layout of the hospital, following completion of the project, will be conducive to efficient staffing and transportation of patients.

4. If the physical layout of the hospital, following completion of the project, will seek to maximize the amount of net usable square footage available for patient care.

5. A search of the literature and an architect's certification regarding the amount of net usable square feet required for the performance of hospital activities at projected volume levels. The literature search shall include, but not be limited to, the requirements for state licensing and JCAHO Accreditation.

6. If the cost per square foot for the project compares to the normal cost of good quality hospital construction as evidenced by recognized trade journals. Where practicable, the applicant should reference recognized trade journals such as Means Square Foot Costs, BOECKH, Engineering News Record or Marshall and Swift. In determining normal cost adjustment, consideration should be given for the hospital departments involved, terrain, geographic area and other factors relevant to the source(s) utilized.

7. If the facility design and construction methods employed in the proposal will allow for flexibility to accommodate future changes in the mix of inpatient versus outpatient utilization at the hospital and the mix of services by the hospital.

8. How an existing hospital will accommodate disruption of normal operations during the period of construction and how savings in operating cost relate to increased capital cost incurred to minimize such disruptions.

9. The steps the hospital is taking to transfer inactive storage and other non-patient activities to less expensive off site areas.

10. Such other factors as may be requested by the Authority.

VII. ACCESSIBILITY

The proposal shall not adversely affect the continued viability of a Critical Access Hospital (CAH) or the continued viability of an existing hospital or health care service that serves a population of at least 10,000 not having thirty (30) minutes driving time access to another hospital.

VIII. ALTERNATIVES

A. Communities or entities considering the addition of new acute care beds to serve a population that is not presently accessible to a hospital within 30 minutes driving time shall first consider less costly alternatives to the construction of a new hospital that would secure or improve access to needed services. Except for CAHs, new hospitals shall be considered only when there is a proposed service area population of at least 5,000 not within 30 minutes driving time to other existing hospitals and the applicant presents reliable, probative and substantial evidence that the facility is

OTHER

reasonably expected to attract the projected market share that will support the occupancy rate.

B. An applicant for the construction of new beds must demonstrate that it has explored the consolidation of services (through merger of facilities or sharing of services) to make maximum economic use of all existing beds in the region and that the addition of the acute care beds constitutes the most economic alternative.

C. The applicant must demonstrate that the project is the superior alternative, after considering in significant detail, the cost and effectiveness of the following alternatives:

1. Maintaining extant facilities;

2. The alternative project, if any, which is likely to result in the greatest increases in operating and cost efficiencies;

3. The alternative project, if any, which would use the lowest cost construction methods complying with licensing, accreditation, and building code requirements;

4. A combined analysis of items two and three above considering and analyzing the trade-offs between increases in operational efficiency juxtaposed with lower cost construction alternatives;

5. Merger, consolidation of facilities or sharing of services, and/or delivery of the service in an alternative setting;

6. Closure of the service; or,

7. Other alternatives suggested by the Authority.

IX. SPECIALIZED ACUTE CARE

An applicant which proposes to develop or expand specialized acute care beds will not be considered for approval by the Authority if the resulting number of licensed acute care beds for the hospital is equal to or exceeds 160% of the average daily census of the hospital's licensed acute care beds for the last twelve (12) month period.

Notwithstanding this requirement, a hospital may change its bed complement, within its approved licensed beds, among specialized units for services that are currently offered by the hospital and which do not constitute the addition of a new institutional health service, or the deletion of an existing health service.

In addition to the criteria set forth elsewhere for the addition of acute care beds, proposals involving specialized acute care units must comply with the following.

A. Tertiary Pediatric Care Units: An application for the addition of beds to expand or create a tertiary pediatric care unit shall be in substantial compliance with the following guidelines.

Tertiary pediatric care units will be operated in only three West Virginia hospitals: West Virginia University Hospitals, Inc., Charleston Area Medical Center, and Cabell-Huntington Hospital.

B. Obstetric Units: An application for the addition of beds to expand or create an obstetric unit shall be in substantial compliance with the following guidelines.

1. Level II and Level III obstetric units shall perform at least 1,100 deliveries per year.

2. Level I obstetric units shall perform at least 750 deliveries per year.

3. New Level I obstetric units may be considered for approval based upon less than 750 deliveries per year if the absence of the service would result in a population of at least 5,000 being more than 30 minutes normal driving time from another obstetric unit.

4. Level I and Level II units shall have policies defining the level of birth risk and newborn complications that they will attempt to serve, as opposed to patients they will refer to higher level facilities.

C. Critical Care Units: Any proposal to expand or create an intensive care unit (ICU) or a coronary care unit (CCU) (collectively referred to as critical care units), shall be in substantial compliance with the following guidelines:

1. An ICU or CCU shall be staffed with qualified personnel under the direction of one or more appropriately trained on-site physicians. A hospital offering ICU or CCU services shall have a physician on-site for immediate consultation twenty-four hours a day. A CCU shall have a cardiologist or internist with adequate training in cardiology available for immediate consultation twenty-four hours a day.

2. Hospitals providing ICU or CCU services shall have in place with surrounding hospitals established protocols for the referral of stabilized patients. Hospitals which do not have ICU or CCU should have protocols to see that patients requiring such service be transferred as soon as possible after stabilization.

OTHER

D. Psychiatric Units: An application for the addition of beds to expand or create an acute psychiatric inpatient unit shall be in substantial compliance with the following guidelines.

1. A unit within a general acute care facility shall be specifically designated for the treatment of psychiatric patients and shall be designed to accommodate the special privacy, security and treatment requirements of the patients.

2. The applicant must demonstrate that each patient will have a treatment plan which includes a prioritization of major problems, stated in specific terms with clear, concise and realistic goals and coordinated treatment modalities.

3. The applicant must clearly demonstrate that individuals requiring inpatient treatment will be discharged as soon as they are able to function in a less restrictive setting.

X. LONG-TERM ACUTE CARE HOSPITAL

A. Host hospital: An existing general acute care facility that has excess acute care beds and space for the development of an LTACH. The host hospital would receive rent/lease payments from the LTACH for the existing space.

B. An application to create a Long-Term Acute Care Hospital (LTACH) shall be in substantial compliance with the following guidelines:

1. The host hospital must de-license any acute care beds used in the development of the LTACH. If the LTACH ceases to exist, terminates its services, or does not offer services for a period of twelve months, the beds de-licensed by a host hospital to establish the LTACH revert back to the host hospital.

2. a. The development of a LTACH shall be limited to existing space within an existing general acute care facility. Space within the existing acute care facility shall be specifically designated for the LTACH and shall be designed to accommodate the treatment requirements of the LTACH patients.

   b. An applicant, as part of a project for renovation or replacement of an existing facility, may demonstrate that the development of the LTACH in newly constructed space is more cost effective than the development of the LTACH in existing space. The space shall be specifically designated for the LTACH and shall be designed to accommodate the treatment requirements of the LTACH patients. If

the LTACH ceases to exist, terminates its services, or does not offer its services for a period of twelve months, the beds de-licensed by the host hospital to establish the LTACH revert back to the hospital.

3. The applicant shall delineate the service area for the LTACH by documenting the expected areas from which it is expected to draw patients. The applicant may submit documentation on the expected service area based upon national data or statistics, or upon projections generally relied on by professionals engaged in health planning or the development of health services.

4. The applicant shall document expected utilization for the service to be provided. The applicant shall consider the number of discharges from acute care facilities within the proposed service area that have an average length of stay greater than twenty-five (25) days in making its utilization projections.

5. After establishing expected utilization or demand, the applicant shall document the number of existing LTACH providers within the service area and the extent to which the demand is being met by existing LTACH providers.

6. The applicant must clearly demonstrate that individuals requiring inpatient treatment will be discharged as soon as they are able to function in a less restrictive setting.

7. New LTACH beds that would result in an increase in total licensed beds above 160% of the average daily census will not be approved. Excess acute care beds within an existing acute care facility must be converted to fill any unmet need for additional LTACH beds.

8. A LTACH shall not be less than 10 beds.

XI. DATA SOURCE

Data regarding patient origin by county and relevant population data may be obtained from the Authority. CON applicants should inquire of the Authority regarding the data currently being used. Applicants must use data approved by the Authority; however, they may propose the use of alternate data sources by submitting clear and convincing evidence documenting changes in circumstances that would cause the proposed data to be found to be more accurate than the data adopted by the Authority.

OTHER

RENOVATION-REPLACEMENT OF ACUTE CARE FACILITIES AND SERVICES

Exemption from Certificate of Need (CON) which requires the submission of information to the Health Care Authority (Authority).

A Renovation-Replacement of Acute Care Facilities and Services that meets the following criteria will not be required to address the standards below.

West Virginia Code § 16-2D-11(b)(10) states:

Renovations within a hospital, only if the renovation cost is more than the expenditure minimum. The renovations may not expand the health care facility's current square footage, incur a substantial change to the health services, or a substantial change to the bed capacity.

The exemption application is available on the Authority's website at: https://hca.wv.gov/certificateofneed/Pages/Exemptions.aspx.

A Renovation-Replacement of Acute Care Facilities and Services that does not qualify for the above exemption must submit an expedited application that addresses the standards below.

I. DEFINITIONS

A. Acute Care: Inpatient hospital care provided to patients requiring immediate and continuous attention of short duration. Acute care includes, but is not limited to, medical, surgical, obstetric, pediatric, psychiatric, ICU and CCU care in a hospital.

B. Acute Care Bed: Any licensed inpatient bed dedicated to the use of patients requiring acute care.

C. Admission Rate: The number of patients entering the hospital for acute care services per 1,000 population.

D. Average Daily Census: The average number of licensed acute care beds in the hospital that are used by inpatients.

E. Average Length of Stay: The average number of days a patient stays in the hospital.

F. Bed: A general measure of hospital size and capacity.

G. Capital Expenditure: Those expenditures as defined in W.Va. Code § 16-2D-2, including a series of expenditures exceeding the expenditure minimum and determined by the Health Care Authority to be a single capital expenditure subject to review.

H. Coronary Care Unit (CCU): A special unit of the hospital equipped to provide maximum surveillance and support of vital function and definitive therapy to patients with acute or potentially reversible life-threatening impairment of the cardiovascular system.

I. Critical Access Hospital (CAH): A hospital designated as such by the West Virginia Office of Rural Health Policy in conformance with the requirements of the Medicare Rural Hospital Flexibility Program.

J. Discharge Planning: A coordinated effort to ensure that each patient to be discharged from a health care facility has a planned program of needed continuing care and follow up that seeks optimum functioning of that patient and the earliest practicable discharge.

K. Discharge Rate: The number of patients who have received acute care services discharged per 1,000 population.

L. Inpatient: A patient who has been admitted to the hospital for an overnight stay or longer.

M. Intensive Care Unit (ICU): Care provided in a specially licensed unit set up for the purpose of providing maximum surveillance and support of vital functions and definitive therapy for patients suspected of having acute, or potentially reversible life-threatening impairment of single or multiple vital systems (pulmonary, cardiovascular, renal or nervous systems). Such a unit requires special equipment and specially trained staff.

N. Level I Obstetrical Unit: A hospital obstetric unit, the function of which is to provide services primarily for uncomplicated maternity and newborn patients.

O. Level II Obstetrical Unit: A hospital obstetric and neonatal unit, the function of which is to provide a full range of maternal and newborn services for uncomplicated births and for the majority of complicated obstetrical problems and certain neonatal illnesses.

P. Level III Obstetrical Unit: A hospital obstetric and neonatal unit, the function of which is to provide care for normal births but especially for all the serious types of maternal-fetal and neonatal illnesses and abnormalities.

Q. Levels of Care: A system of categorizing services according to complexity and sophistication. Normally, acute care is divided into three levels: primary,

OTHER

secondary, and tertiary, with the primary level being comprised of the most basic services and the tertiary level being comprised of the most complex services.

R. Licensed Beds or Hospital Beds: The basic index of hospital capacity, consisting of the beds in each hospital which are licensed for acute care use. In the case of state-operated acute care facilities, it is the number set up and staffed.

S. Neonatal: A term used to refer to an infant less than 29 days old.

T. Observation Services: Services ordered by a patient's physician and provided by a hospital on the hospital's premises. These services include the use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary for a possible admission to the hospital as an inpatient. Observation beds are not licensed acute care beds.

U. Observation Equivalent Days: The total observation hours divided by 24. Observation equivalent days may be added to acute care days to demonstrate peak occupancy.

V. Obstetrics: The branch of medicine that deals with the care of women before, during, and directly after childbirth.

W. Occupancy Rate: The average percentage of licensed beds in a hospital or one of its units that are filled as of midnight each day. To demonstrate peak occupancy, the hospital may also document the occupancy rate at a different time of the day.

X. Outpatient: A patient who is not admitted to the hospital for an overnight stay.

Y. Patient Flow: A hospital's pattern of patient admissions and discharges.

Z. Patient Origin Study: A special study of hospital's patient flow designed to determine the particular geographic areas from which an institution draws its patients and the institutions to which residents from an area go for hospitalization.

AA. Pediatric: The branch of medicine that deals with the care of children under 14 years of age.

BB. Peer Review: The evaluation of health professionals and their performance by their peers. This term relates to programs such as utilization review and professional review organizations.

CC. Psychiatric: The branch of medicine connected with mental disorder.

DD. Replacement: A project for the erection, construction, creation or other acquisition of a physical plant or facility. All beds in the replacement facility must be located within the same county or within fifteen (15) miles of the original facility.

EE. Renovation: A project for modernization, improvement, alteration or upgrading of an existing physical plant or equipment.

FF. Swing Beds: Beds used in small rural hospitals that may be used interchangeably as either general/medical/surgical beds or skilled nursing beds. Reimbursement is based upon the specific type of care provided. Swing bed days may be added to acute care days to demonstrate peak occupancy.

II. NEED METHODOLOGY

The Authority will consider for approval proposals for renovation or replacement of hospital facilities or services if the applicant submits reliable, probative, and substantial evidence that the project is necessary. Such necessity may only be proven by establishing one or more the following:

1. The service(s) provided by the applicant requires space, or the facility requires replacement or renovation to meet minimum requirements documented by written recommendations from appropriate accreditation or licensing agencies or documentation based upon comparisons to the minimum departmental square footage requirements of comparable services.

2. There are significant operating problems that can most effectively be corrected by the proposed replacement or renovation as documented by data regarding specific projected cost savings that would be achieved if the project were completed, and the proposed level of investment is appropriate in relation to such projected cost savings.

3. The replacement or renovation is being proposed to correct deficiencies that place the facility's patients' or employees' health and safety at significant risk. Such deficiencies must be demonstrated by reference to the minimum requirements of licensing, regulatory, and accrediting organizations.

III. QUALITY

The applicant making the proposal for renovation or replacement for hospital facilities or services must be in compliance with applicable licensing or certification organization requirements or have in place a substantive and detailed plan to come into compliance with applicable licensing or certification requirements.

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IV. CONTINUUM OF CARE

A. The applicant must demonstrate that the replacement or renovation under consideration is the most cost effective or otherwise most appropriate alternative to provide the needed services to the population to be served.

B. The applicant must demonstrate that it has an effective utilization review, peer review, quality assurance and discharge planning process.

V. COST

A. The applicant must demonstrate that the project is the superior alternative, after considering in significant detail the costs and effectiveness of the following alternatives:

1. Maintaining extant facilities;

2. The alternative project, if any, which is likely to result in the greatest increases in operating and cost efficiencies;

3. The alternative project, if any, which would use the lowest cost construction methods complying with licensing, accreditation, and building code requirements;

4. A combined analysis of items two and three above considering and analyzing the trade-offs between increases in operational efficiency juxtaposed with lower cost construction alternatives;

5. Merger, consolidation of facilities or sharing of services, and/or delivery of the service in an alternative setting; or

6. Closure of the service and/or such other alternative as may be suggested by the Authority.

B. The applicant shall submit reliable, probative and substantial evidence to demonstrate that the proposed square footage, construction cost per square foot and cost of fixed equipment for all nursing units, ancillary services and support areas directly affected by the replacement and/or renovation are appropriate and reasonable for the types and volumes of patients which are projected to utilize the hospital's services in the fifth year following completion of the project.

In preparing this objective analysis, the applicant must show that it has given prudent consideration to internal and external factors that will impact the operating environment of the hospital upon completion of the project.

The factors to be considered must include:

1. Trends in the demand for specific hospital services and recent demographic and/or medical practice changes that are likely to modify the trends.

2. The forecast of demand for the hospital's services based upon the most probable assumptions. The applicant must submit a comprehensive listing of the assumptions underlying the forecast.

3. If the physical layout of the hospital, following completion of the replacement or renovation, will be conducive to efficient staffing and transportation of patients.

4. If the physical layout of the hospital, following completion of the replacement of renovation, will seek to maximize the amount of net usable square footage available for patient care.

5. A search of the literature and an architect's certification regarding the amount of net usable square feet required for the performance of hospital activities at projected volume levels. The literature search shall include, but not be limited to, the requirements for state licensing or JCAHO Accreditation.

6. How the cost per square foot for replacement projects compares to the normal cost of good quality hospital construction as evidenced by recognized trade journals. For renovations, the applicant must consider how the cost per square foot for renovation of hospital areas compares to – and should not exceed – the normal cost of replacement. Where practicable, the applicant should reference recognized trade journals, such as Means Square Foot Costs, BOECKH, Engineering News Record or Marshall and Swift. In determining normal cost adjustment, consideration should be given for the hospital departments involved, terrain, geographic area and other factors relevant to the source(s) utilized.

7. If the facility design and construction methods employed in the proposal will allow for flexibility to accommodate future changes in the mix of inpatient versus outpatient utilization at the hospital and the mix of services by the hospital.

8. How the hospital will accommodate disruption of normal operations during the period of construction and how savings in operating cost relate to increased capital cost incurred to minimize such disruptions.

OTHER

9. The steps the hospital is taking to transfer inactive storage and other non-patient activities to less expensive off site areas.

10. Such other factors as may be requested by the Authority.

VI. SPECIALIZED ACUTE CARE

A hospital may change its bed complement, within its approved licensed beds, among specialized units for services that are currently offered by the hospital and which do constitute the addition of a new institutional health service, or the deletion of an existing health service.

In addition to the criteria set forth elsewhere for the replacement or renovation of acute care facilities, proposals involving specialized acute care units must comply with the following requirements:

A. Tertiary Pediatric Care Unit: An application for the replacement or renovation of a tertiary pediatric care unit shall be in substantial compliance with the following:

Tertiary pediatric care units will be operated in only three West Virginia hospitals: West Virginia University Hospitals, Inc., Charleston Area Medical Center, and Cabell-Huntington Hospital.

B. Obstetric Unit: An application for the replacement or renovation of obstetric unit beds shall be in substantial compliance with the following guidelines.

1. Level II and Level III obstetric units shall perform at least 1100 deliveries per year.

2. Level I obstetric units shall perform at least 750 deliveries per year.

3. New Level I obstetric units may be considered for approval based upon less than 750 deliveries per year if the absence of the service would result in a population of at least 5000 being more than 30 minutes normal driving time from another obstetric unit.

C. Critical Care Unit: An application for the replacement or renovation of Intensive Care Unit (ICU) beds or Coronary Care Unit (CCU) beds (collectively referred to as critical care units) shall be in substantial compliance with the following guidelines.

1. An ICU or CCU shall be staffed with qualified personnel under the direction of one or more appropriately trained on-site physicians. A hospital offering ICU or CCU services shall have a physician on-site for immediate consultation twenty-four hours a day. A CCU shall have a

cardiologist or internist with adequate training in cardiology available for immediate consultation twenty-four hours a day.

2. Hospitals providing ICU or CCU services shall have in place with surrounding hospitals established protocols for the referral of stabilized patients. Hospitals which do not have ICU or CCU should have protocols to see that patients requiring such service be transferred as soon as possible after stabilization.

D. Psychiatric Unit: An application for the replacement or renovation of psychiatric beds shall be in substantial compliance with the following guidelines:

1. A unit within a general acute care facility shall be specifically designated for the treatment of psychiatric patients and shall be designed to accommodate the special privacy, security and treatment requirements of the patients.

2. The applicant must demonstrate that each patient will have a treatment plan which includes a prioritization of major problems, stated in specific terms, with clear, concise and realistic goals and coordinated treatment modalities.

3. The applicant must clearly demonstrate that individuals requiring inpatient treatment will be discharged as soon as they are able to function in a less restrictive setting.

VII. ACCESSIBILITY

The proposal shall not adversely affect the continued viability of a critical access hospital (CAH) or the continued viability of an existing hospital or health care service that serves a population of at least 10,000 not having thirty (30) minutes driving time access to another hospital.

OTHER

2) Inpatient Surgery, Scheduled surgical services provided to patients who will stay in the hospital overnight.

II. CURRENT INVENTORY

A current inventory may be obtained from the Authority.

III. NEED METHODOLOGY

Proposals involving the building of new surgical services, or the replacement or renovation of existing surgical capacity at the facility (based on the criteria set forth below) which would duplicate existing under-utilized surgical capacity and are likely to lead to increases in the total cost of health care to a community may be denied by the Authority. In addition to meeting the 40 hour utilization minimum for new operating rooms at the facility, the applicant must submit reliable, probative and substantial evidence documenting that it is not practical for the existing operating rooms at the facility to be utilized to achieve the required patient surgical requirements.

A. For New Operating Suites: Additional inpatient surgical suites shall not be added unless all existing comparable operating rooms at the facility are utilized on average for surgery at least 40 hours per week, including billable hours, reasonable turn-around time, and reasonable open heart standby time while therapeutic catheterization procedures are performed, based on the most recent 12 month study period for which data is available.

B. For Renovation or Replacement of existing Operating Suites: Hospitals that are in the process of renovation and/or replacement are not required to address the OR standards as long as the number of ORs in the facility does not increase. Rural hospitals shall be permitted to maintain one major operating room and one minor procedure room.

IV. QUALITY

The applicant making the proposal for operating rooms (suites) must be in compliance with applicable licensing and/or certification organization requirements or have in place a substantive and detailed plan to come into compliance with applicable licensing and/or certification requirements.

V. CONTINUUM OF CARE

The applicant should demonstrate that the proposal under consideration is a less costly or more appropriate alternative to provide the needed services to the population, including a discussion of the availability of other services (such as day surgical services) in the area and information concerning any cooperative agreements the applicant may

DRAFT

Approved by Governor XXXX

OTHER

OPERATING ROOMS

Exemption from Certificate of Need (CON) which requires the submission of information to the Health Care Authority (Authority).

Those providing Operating Room (OR) services, which meet the following criteria, will not be required to address the standards below.

West Virginia Code § 16-2D-11(b)(10) states:

Renovations within a hospital, only if the renovation cost is more than the expenditure minimum. The renovations may not expand the health care facility's current square footage, incur a substantial change to the health services, or a substantial change to the bed capacity.

The exemption application is available on the Authority's website at: https://hca.wv.gov/certificateofneed/Pages/Exemptions.aspx.

In addition to the standards set forth elsewhere in the replacement and/or renovation of acute care facilities, proposals involving operating room suites must comply with the following:

The intent of this standard is to provide a vehicle for the CON Review which is mandated for new construction of operating room beds, hereinafter referred to interchangeably as operating rooms, operating suite beds, or surgical suite beds. In instances where such expenditures are below the threshold, they shall not be reviewable, except when expenditures over a two (2) year period exceed the expenditure ceiling. If the expenditures over a two year period exceed the expenditure ceiling, and the health facility's square footage will not be expanded, the facility will be eligible for the exemption above.

I. DEFINITIONS

A. Primary Service Area: Same as for Acute Care Bed Standard.

B. Two Types of Facilities:

1) Outpatient Surgery is defined as surgical services provided to patients who are not anticipated to remain in the hospital overnight. The surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within the outpatient care facility.

have regarding the transfer of patients in instances in which a higher level of care is warranted.

The applicant must demonstrate that they have in place an effective utilization review, quality assurance, peer review, and discharge planning process. The applicant must demonstrate a willingness to participate in utilization management programs sponsored by peer review or managed care organizations.

VI. COST

The applicant must demonstrate financial feasibility of the project.

VII. ACCESSIBILITY

Accessibility to inpatient operating suites should be such that the continued viability of an existing hospital's operating/surgical department that serves a population of at least 10,000 (within 30 minutes travel time) is not unduly adversely affected.

FILED
WV SECRETARY OF STATE
AUGUST 15, 2022 11:14 AM

OTHER

WEST VIRGINIA HEALTH CARE AUTHORITY
CERTIFICATE OF NEED
100 Dee Drive
Charleston, West Virginia 25311-1600

August 15, 2022

LEGAL NOTICE

The West Virginia Health Care Authority announces the following Certificate of Need activities for the week ending **August 12, 2022**.

CERTIFICATE OF NEED APPLICATIONS RECEIVED

August 8, 2022 - Berkeley Medical Center, Martinsburg, Berkeley County, CON File #22-9-12470-P, for the relocation of outpatient rehabilitation services currently located on the hospital's campus to a new site off campus, thereby creating an ambulatory health care facility; capital expenditure: $295,000.

August 11, 2022 - Charleston Area Medical Center, Inc., Charleston, Kanawha County, CON File #22-3-12471-P, for the development of an ambulatory health care facility at Unit #2, 2851 Charleston Road, Poca, Putnam County; capital expenditure: $150,000.

NOTICES OF PUBLIC COMMENT PERIOD

CON Standards Public Comment

The West Virginia Health Care Authority has scheduled a public comment period to receive comments on the following proposed Certificate of Need Standards:

- **Computed Tomography (CT) Services**
- **Fixed Magnetic Resonance Imaging (MRI) Services**
- **Megavoltage Radiation Therapy (MRT) Services/Units**
- **Positron Emission Tomography (PET)**

Written comments may be submitted to Barbara Skeen, Interim Executive Director, Health Care Authority, 100 Dee Drive, Charleston, WV 25311 or via email at Barbara.I.Skeen@wv.gov. Comments must be received no later than 4:00 p.m. on **August 17, 2022**. Copies of the proposed Standards set forth above have been filed with the Secretary of State. The Standards are available for viewing on the Authority's website, www.hca.wv.gov, under "News and Announcements". Copies may also be obtained by contacting the Authority at (304) 558-7000.

CON Standards Public Comment

The West Virginia Health Care Authority has scheduled a public comment period to receive comments on the following proposed Certificate of Need Standards:

- **Addition of Acute Care Beds**
- **Operating Rooms**
- **Renovation-Replacement of Acute Care Facilities & Services**

Written comments may be submitted to Tiffany Dempsey, Secretary, Health Care Authority, 100 Dee Drive, Charleston, WV 25311 or via email at Tiffany.D.Demspey@wv.gov. Comments must be received no later than 4:00 p.m. on **September 14, 2022**. Copies of the proposed Standards set forth above have been filed with the Secretary of State. The Standards will be available for viewing on the Authority's website, www.hca.wv.gov, under "News and Announcements" within the next day or two. Copies may also be obtained by contacting the Authority at (304) 558-7000.

PROJECT DETERMINED NOT REVIEWABLE

August 12, 2022 - Stonerise Home Health Service II, LLC, Charleston, Kanawha County, CON File #22-7-12468-X, for the complete office relocation of the Weston office from 456 Market Place Mall, Suite B, Weston, Lewis County to 2828 Old Rt. 33 Side B, Horner, Lewis County, West Virginia; capital expenditure: $1,000.

PROJECT EXEMPT FROM REVIEW

August 9, 2022 - Q&A Associates, Inc., Davis, Tucker County, CON File #22-7-12473-X, for the development of a licensed behavioral health center. Q&A Associates, Inc. has an administrative office at 155 Bensland Road, Davis, Tucker County, and will provide behavioral health services through support and life skills coaching at Applewood Transitions for Young Women located in Davis, Tucker County; The Journey WV for Young Men located in Harmon, Randolph County; and, Cabin Mountain Living Center located in Harmon, Randolph County.

CERTIFICATE OF NEED APPROVALS ISSUED

August 12, 2022 - Charleston Area Medical Center, Inc., Charleston, Kanawha County, CON File #22-1-12452-P, for the development of an ambulatory health care facility providing pediatric endocrinology services at 252 Rural Acres Drive, Beckley, Raleigh County; capital expenditure: $150,000.

August 12, 2022 - Cabell Huntington Hospital, Inc., Huntington, Cabell County, CON File #22-2-12454-A, for the acquisition of the membership interests of Pleasant Valley Hospital, Inc.; capital expenditure: $49,600,000.

NOTICE OF CONDITIONAL SUBSTANTIAL COMPLIANCE

The following project has been implemented in conditional substantial compliance pending the submission of final cost figures:

August 12, 2022 - United Hospital Center, Inc., Bridgeport, Harrison County, CON File #19-6-11770-H, for the construction of a five-story addition to the hospital; capital expenditure: $17,670,000.

Further information may be obtained on any of the above-referenced projects by contacting Barbara Skeen, Director, Certificate of Need Division.

OTHER

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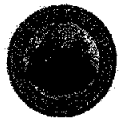
WV SECRETARY OF STATE
AUGUST 16, 2022 02:19 PM



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
WV Health Care Authority

Bill J. Crouch
Cabinet Secretary

Barbara Skeen
Interim Executive Director

NOTICE OF REVIEW

FOR IMMEDIATE RELEASE

August 16, 2022

NEWS ITEM

The Health Care Authority (Authority), pursuant to the Certificate of Need program, has declared complete and accepted for review the expedited applications referenced below:

August 1, 2022 - Akkary Center for Weight Management & Surgical Services, LLC d/b/a Akkary Surgery Center, Morgantown, Monongalia County, CON File #21-6-12254-P, for the development of an ambulatory surgical center through the addition of general anesthesia services at its existing facility located at 1100 Fort Pierpont Drive, Morgantown; capital expenditure: $7,000.

August 12, 2022 - Berkeley Medical Center, Martinsburg, Berkeley County, CON File #22-9-12470-P, for the relocation of outpatient rehabilitation services currently located on the hospital's campus to a new site off campus, thereby creating an ambulatory health care facility; capital expenditure: $295,000.

August 15, 2022 - Charleston Area Medical Center, Inc., Charleston, Kanawha County, CON File #22-3-12471-P, for the development of an ambulatory health care facility at Unit #2, 2851 Charleston Road, Poca, Putnam County; capital expenditure: $150,000.

An application that has been declared complete is one in which there is sufficient information for the Authority to make an informed decision. It does not mean that the approval of the application is warranted.

The review cycle begins on **August 15, 2022**.

OTHER

On or before **September 14, 2022**, any affected person has the right to request that the Authority hold a public hearing on the projects as part of the review. If a public hearing is conducted during the course of the review, a notice of hearing, specifying the date, time and location of the hearing, will be issued to affected persons.

If no public hearing is requested, the file closing date will be **September 19, 2022**. After that date, no further information or evidence will be accepted by the Authority for the remainder of the review of the applications.

The Decision on the projects referenced above will be issued by the Authority after it has reviewed the contents of the case files of the projects, including the application, additional information submitted to the Authority during the review, and the record of any Authority public hearing. If there is no request for public hearing, the Decisions will be issued on or before **October 14, 2022**.

A press release will be issued after the decisions are made. Anyone wishing to be directly notified of the Decisions should submit a written request to Barbara Skeen, Director, Certificate of Need, Health Care Authority, 100 Dee Drive, Charleston, West Virginia, 25311-1600. Further information on any project referenced in this news release may be obtained by contacting the Certificate of Need office at telephone number (304) 558-7000.

8/16/22
Date

Barbara Skeen
Barbara Skeen, Director, Certificate of Need
Health Care Authority