

## APPLICATION SUBMISSION PROCEDURES

Applicants wanting to submit a Certificate of Need application may do so in accordance with Regulation 61-15, "Certification of Need of Health Facilities and Services." It is advised that the applicant read and understand Regulation 61-15 and the current South Carolina Health Plan.

Regulation 61-15 now states in section 301 "The application shall be submitted utilizing the web-based application available on the Department's website or by such other means the Department may provide." DHEC is currently accepting digital or physical applications.

The applicant shall:

- Download the digital application from the DHEC website: <https://scdhec.gov/healthcare-quality/certificate-need-con>. Complete the application including required and supporting documentation as appendices.
- Include public notification documentation in accordance with [R. 61-15](#), Section 201.
- Submit the application via email to [coninfo@dhec.sc.gov](mailto:coninfo@dhec.sc.gov).
- Mail the \$500 non-refundable filing fee within twenty (20) calendar days of the public notification. **Checks shall be made payable to "South Carolina Department of Health and Environmental Control" or "SC DHEC."**

OR, The applicant shall:

- Provide one (1) copy, on 8.5" x 11" paper, one side only, 3-hole punched on the left side, of the application. Tab each attachment that will be incorporated after the document.
- The \$500 non-refundable filing fee must be included within twenty (20) calendar days of the public notification. **Checks shall be made payable to "South Carolina Department of Health and Environmental Control" or "SC DHEC."**
- Include public notification documentation in accordance with [R.61-15](#), Section 201.

**Submit via US Mail or Postal Service to:**

S.C. DHEC Healthcare Quality  
Certificate of Need Program  
2600 Bull Street  
Columbia, SC 29201

**Hand deliver to:**

Columbia Mills Building (Co-located with  
the SC State Museum)  
301 Gervais Street  
Columbia, SC 29201

By checking this box, I confirm that I've read the above information and understand that an application will not be deemed complete without following one of the above procedures.

## CERTIFICATE OF NEED APPLICATION

### SECTION 201. Public Notification

1. Within twenty (20) calendar days prior to submission of an application, the applicant shall publish notification that an application is to be submitted to the Department in the legal section of a daily newspaper serving the area where the project is to be located for three (3) consecutive days. The notification must contain at least the following information:

- a. that a Certificate of Need is being applied for;
- b. a description of the scope and nature of the project; and
- c. the estimated project capital cost.

### Part A. Application

(1) Document that the applicant has published notification of this project in a local newspaper as required by Section 201 of these Regulations. Applicant **must** attach a document(s) for this section.

(2) Describe the project setting forth the proposed change in services or facilities in as much detail as possible. State whether the project will change the existing licensed or survey bed capacity, will encompass the development of a new service, or result in the discontinuance of an existing service. If a new facility is proposed, list all services to be provided.

(3) Provide the total cost of the project, indicating design fees, land cost, interest cost, construction cost, equipment cost, and any other cost involved in the project. Provide an estimate of the construction cost from a licensed architect or engineer; in the case of equipment, valid/current estimate from a vendor is acceptable. Applicant may attach a document(s) for to this section.

(4) State the specific location of the facility or service and/or equipment, including, where applicable, specific areas of an existing facility to be affected by the project. Provide room numbers of all patient rooms affected. Sufficient detail should be provided to allow the Department to visually inspect the site. The number of private and semi-private patient rooms shall be identified.

(5) Provide details regarding any proposed construction and/or renovations. Discuss alternatives to new construction and why these alternatives were rejected. For a multi-floor project, construction and/or renovation must be described, by floor, to include any additions and/or deletions made to each floor. Provide evidence that the applicant has adequately planned for any temporary move or relocation of any department, facility, or services, which may be necessary during the construction period. Document that plans exist to assure adequate protection (from fire, noise, dust, etc.) and continuation of all services during the proposed construction period.

(6) If a replacement facility or ancillary service is being constructed, describe plans for disposition of the existing facility or ancillary service area upon completion of the project.

(7) Provide a timetable for development and completion of the project to include, at a minimum, the date of site acquisition, date of architectural contract, architectural design schedule, date of closing for financing, date of valid construction contract, date that all necessary permits (grading, building, sewer, etc.) will be obtained, and date of start of construction. The timetable shall be presented in one month increments commencing with the month following receipt of the Certificate of Need and ending with the execution of a contract or purchase order for equipment only projects.

(8) Provide the following ownership information:

(a) Proposed name of facility;

(b) Name and address of licensee or prospective licensee. (Note: The licensee is defined as the legal entity who, or whose governing body, has the ultimate responsibility and authority for the conduct of the facility or service; the owner of the business. The licensee must be the entity to whom the Certificate of Need is issued.)

(c) Complete title of the licensee's governing body.

(d) Name, title and mailing address of presiding officer of the governing body.

(e) Name and mailing address of all persons and/or legal entities having any ownership interest or owner's equity of the licensee to include a schedule of percent and type ownership claim of each.

(f) Name and mailing address of all persons and/or legal entities claiming liabilities of the licensee or of the facility or service for which this Certificate of Need is requested to include a schedule of percent and type of claim of each.

(g) Provide a listing which identifies all officers of the licensee.

(h) Is the land and/or building on/in which the proposed facility or service is to be conducted owned by the applicant? YES. NO. If no, provide information on the land and building similar to that required in (b) through (g) above.

(i) Has the licensee engaged an entity other than an employee of the licensee to manage or operate the facility or service? YES. NO. If yes, provide information similar to that required in (b) through (g) above.

(j) Is there any agreement, contract, option, understanding, intent or other arrangement that will effect a change in any of the information requested and/or provided in (b) through (g) above. YES. NO. If yes, provide information similar to that required in (b) through (g) above.

(k) Provide a complete listing of all existing licensed health care facilities and/or services and Certificates of Need in which the proposed licensee currently has an ownership interest, to include names and addresses of each facility or service. In the cases of Certificates of Need for undeveloped facilities and services, provide the name, address, and telephone number of a contact person representing the authority which issued the Certificate of Need.

(l) Should the licensee be a subsidiary corporation, provide a diagram of the licensee's relationship to the parent corporation and list the name and address of the parent corporation as well as the corporation which has ultimate control. In addition, please provide the name and mailing address of all persons and/or legal entities having ownership interest of five percent or more or any person with any agreement, contract, option, arrangement, or intent to acquire ownership interest of five percent or more, of all corporations in the corporate organizational structure which have ultimate control of the licensee.

(9) Provide documentation that the applicant has sought cooperative agreements such as transfer agreements with other facilities, as applicable.

(10) Indicate the means by which a person will have access to the facility's services (i.e. physician referral, self admission, etc). Identify the specific facilities or agencies the applicant expects to receive referrals from (i.e. hospitals, home health agencies, etc). Describe any limitations placed on admissions.

(11) Demonstrate that the proposed project is needed or projected as necessary to meet an identified need of the public. This shall address at a minimum: identification of the target population; the degree of unmet need; projected utilization of the proposed facility or service; utilization of existing facilities and services; past utilization of existing similar services within the facility; and justification that the proposed project will not unnecessarily duplicate existing entities. The applicant must show all assumptions, data sources, and methodologies used. The applicant must use population statistics consistent with those generated by the Office of Revenue and Fiscal Affairs. Applicant **must** attach a document(s) for this section.

(12) Discuss alternative facilities and/or services considered including the advantages and disadvantages of each alternative. Include a statement as to why this project alternative was adopted.

(13) Discuss any serious problems, such as costs, availability, or accessibility in obtaining care of the type proposed, experienced by patients in the absence of this project.

(14) Where a project affects an increase or decrease in bed capacity, provide annual occupancy rates for the facility based on licensed beds, for the past three years by category (i.e. general acute, psychiatric, nursing home, etc.).

(15) Identify the method of financing the cost of the project, including the start-up costs. Provide documentation that the applicant can obtain such financing. Alternative sources and/or methods of financing must be identified and the method chosen demonstrated to be the most feasible option. Applicant may attach a document(s) for to this section.

(16) For an addition to an existing facility or service, provide a current annual budget and at least a three fiscal year projected budget for both the overall facility and the proposed project. The projections must be developed by an accountant. For a new facility or service, provide a projected annual budget for not less than three fiscal years following the completion of the proposed project. The projections must be attested to by an accountant. These budgets must at a minimum include how proposed charges, proposed cost of service, utilization, depreciation, reimbursement rates and contractual adjustments were calculated. Any assumptions made in the application must be specifically noted. Applicant **must** attach a document(s) for this section.

(17) Provide a list of proposed charges for the project. The charges provided may be used for comparison with the average charges in the final completion report as required in Section 607.3.b. Applicant may attach a document(s) for this section.

(18) Document that the proposed project is economically feasible, both immediately and long-term. In the case of existing facilities, indicate what impact the proposed project will have on patient charges and cost per unit of service.

(19) State how the project will foster cost containment and improve quality of care through the promotion of such services as ambulatory and home health care, preventive health care, promotion of shared services, economies of scale, and design and construction economies.

(20) In the case of projects involving additional long-term care beds, discuss how the plans of other agencies, organizations, or programs responsible for providing and financing long-term care have been considered.

(21) Provide a three-year projected manpower budget in full-time equivalents (FTE's) detailing the existing and proposed nursing, other professional, and non-professional personnel required for the staffing of the new project. Applicant may attach a document(s) for this section.

(22) Provide the number of existing and proposed medical staff by specialty, to include physicians employed by, or with admission privileges to, the facility. Include the name of the Chief of the Medical Staff, if available. Applicant may attach a document(s) for this section.

(23) Indicate those physicians who have expressed a willingness to utilize the proposed services or to refer patients to the facility for the provision of services. Applicant may attach a document(s) for this section.

(24) Discuss the availability of health manpower resources for the provision of the proposed services, including the contemplated program and plan for recruiting and training personnel.

(25) Describe the previous experience of the applicant in the proposed health care field. If the applicant has no prior experience, specify the anticipated sources of technical assistance, either from specific individuals or organizations.

(26) Discuss the impact of the project on the clinical training programs of health professional schools, particularly the extent to which these schools will have access to the services for training.

(27) Provide documentation of policies and procedures to assure the quality of healthcare services by addressing patient safety and quality indicators, as applicable. Documents may include, but are not limited to, measures of patient care, patient safety, healthcare-acquired infections and the following of best practices established by recognized organizations. \*Applicable quality standards in the South Carolina Health Plan must be addressed.\* Applicant **must** attach a document(s) for this section.

(28) Provide any additional information that would assist the department in evaluating this project. Applicant may attach a document(s) for this section.



## Part B. Programmatic Documents

Provide adequate programmatic documents in support of the various elements of the proposed project. These documents will include as appropriate:

- (1) An Indigent Care Plan as required by the Board of Health and Environmental Control. Applicant may attach a document(s) for this section. It shall address at a minimum, the following:
  - (a) The existing and proposed admission and treatment policies of the facility or agency with regard to race, sex, creed, national origin, and ability to pay.
  - (b) The proposed admission and treatment policies of the facility or agency with respect to admission and care of indigent patients including those patients unable to pay at the time of admission and those whose benefits expire while in the care of the facility or agency.
  - (c) In existing facilities or agencies, provide the amount, in dollars and percent of gross revenues, that the facility or agency provided in indigent care during the past three fiscal years. NOTE: Indigent care does not include bad debt; contractual adjustments; or care which is reimbursed by a governmental program (Medicare, Medicaid, county indigent program), church, or philanthropic organization.
  - (d) Provide the proposed amount of indigent care the facility or agency projects to provide during the existing fiscal year and next fiscal year. This projection should be expressed in both dollars and a percent of gross revenues.
  - (e) A discussion of why the above figures are adequate or inadequate for the needs of the community; the need of indigent care within the proposed service area; and any solutions, remedial plans or proposals by the facility or agency to better address the indigent care problem in the service area. Include any initiatives or undertakings the facility or agency has begun to address the indigent care problem in the proposed service area.
  - (f) Describe any Board or Advisory Board established to implement or control the indigent problem at the facility or agency. Include the Board's functions, responsibilities, and limitations.
- (2) A map of sufficiently large scale to be meaningful, indicating the location of the project site and its geographical area. Applicants **must** attach a document(s) for this section.
- (3) A plot plan of the project site showing existing buildings, roads, parking areas, walks, service and entrance courts, existing utilities (electricity, telephone, water, railroads, sewer, gas, etc.) and other natural land features necessary for adequate analysis of site conditions. Applicants **must** attach a document(s) for this section.
- (4) A legal description of the project site indicating its physical characteristics and existing easements. Applicants **must** attach a document(s) for this section.
- (5) A square foot program of space and/or equipment elements, and scale drawings describing the existing space and proposed alterations and additions. Applicants **must** attach a document(s) for this section. **Document must be PDF or high resolution .png/.jpeg.**

(6) Documentation from the appropriate zoning authorities that the proposed site is or can be zoned for the intended use. Applicants **must** attach a document(s) for this section.

(7) Documentation from appropriate sources that utilities supplied to the site are adequate for the project to include electricity, gas, water, and sewerage. Applicants **must** attach a document(s) for this section.

(8) Endorsement from the community that the project is desirable. This may include but is not limited to members of the medical community, citizen's groups, governmental elected officials, and other health and social service disciplines in the community. Applicants **must** attach a document(s) for this section.

(9) Documentation that the proposed project has been approved by the health facility's planning committee and governing body. Applicants **must** attach a document(s) for this section.

(10) For the facilities or services not licensed by the Department of Health and Environmental Control, provide documentation of coordination and support from the appropriate licensing agency. Applicants may attach a document(s) for this section.

### **Part C. Assurances**

The applicant must furnish written assurance of each of the following where applicable:

(1) That the applicant has or will have a fee simple title or such other estate or interest in the site including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.

(2) That approval by the department of the final drawings and specifications, which will be prepared by an architect and/or engineer legally registered under the laws of the State of South Carolina, will be obtained.

(3) That the applicant will submit to the Department for prior approval, changes that substantially alter the scope of work, function, utilities, major items of equipment, safety or cost of the facility during construction.

(4) That the applicant will cause the project to be completed in accordance with the Certificate of Need application.

(5) That the applicant will cause the project to be completed in accordance with approved plans and specifications by maintaining competent and adequate architectural and engineering services throughout the construction administration phase of the project. That, at the completion of the project, the architect of record shall be required to issue a statement that to the best of his knowledge and belief, based upon available records, supplemental documents, and periodic observation of the work, the project was constructed according to those documents

(6) That the facility will be operated and maintained in accordance with the standards prescribed by law and regulations for the maintenance and operation of such facilities.

(7) That the applicant understands that the Certificate of Need shall become void at the end of the specified time period from the date of issuance unless otherwise extended under Chapter 6 of these regulations.

(8) That the Department or its authorized representatives may at any time during the course of construction and upon the completion of the project make an on-site inspection of the construction and equipment to check for compliance of the construction in accordance with the application for which the Certificate of Need was issued.

(9) That the controlling interest in any health care facility shall not be sold or leased or otherwise disposed of unless the Certificate of Need has been fulfilled.

(10) That the applicant will notify the Department in writing that the contractual agreement has been completed. For a construction project, the letter shall indicate that a construction contract specifying the beginning and completion dates of the project, has been signed by both parties. For services projects, the letter must indicate that equipment purchase orders with estimated delivery dates have been properly negotiated.

(11) That the applicant will notify the Department in writing of the date that a new or expanded service has been implemented, completed or terminated.

(12) That the applicant will provide quarterly progress reports and a final completion report which contain the information required by Section 607 of these regulations.

**By signing and dating, the Applicant certifies all assurances will be met.**

**Part D. Questionnaire**

Proposal Prepared By:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The Applicant hereby certifies that the information contained in this Application, including all assurances and attachments, are correct to the best of his knowledge and belief.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Name of Facility**

**2. County**

**3. Address, City, State, Zip Code**

**4. Type of Facility:**

**5. Purpose of Review:**

**6. Management**

A. Name of Administrator

B. County

C. Address, City, State, Zip Code

D. Telephone:

E. Fax Number

F. Email

**7. Licensee**

A. Name of Licensee

B. Address, City, State, Zip Code

**8. Ownership or Control of the Facility**

(Attach a list of names and addresses of the owners of the facility, indicating percent of ownership of each owner, the person responsible for the proposal, and the attorney(s) representing the proposal).

Choose the appropriate information regarding ownership:

Specify for F. Government or G. Other:

**9. Proposed Site of the Property**

A. Owned      B. Leased

C. Length of Site Lease

D. Option      E. Length of Option

F. Name and Address of Owner(s) of Real Property

**10. Total Bed Capacity for Which Application is Made**

Type of Beds	New Facility Only	Existing Beds	Existing Facilities	Bed Total
			# Gained or Lost	
A. Medical/Surgical				
B. Pediatrics				
C. Substance Abuse				
D. Psychiatric				
E. Rehabilitation				
F. Nursing Care				
G. ICU/CCU				
H. Other				
I. TOTAL				

**11. Construction and Site**

A. Type of Construction      B. Number of Buildings Pertaining to Project

C. Number of Stories Pertaining to Project      D. Size of the Site in Acres

E. Size of the Project Site in Acres      F. Square Footage of the Project

G. Anticipated Date of Beginning Construction      H. Anticipated Date of Licensing or Project Completion

I. Anticipated Date for Submission of Final Completion Report

**12. Zoning of Construction Site**

**13. Costs (Provide Estimated Signed Cost Statement from Either the Architect or Engineer)**

A. Land Cost      B. Construction Cost

C. Architect's/Engineer's Fee

D. Equipment Costs (to include taxes)

1) Fixed Equipment      2) Movable Equipment

E. Financing Cost During Construction

F. Other Costs (Specify)

G. Total Project Cost

H. Construction and Equipment Cost

1) Per Square Foot      2) Per Bed