

900 KAR 6:055. Certificate of need forms.

RELATES TO: KRS 216B.015

STATUTORY AUTHORITY: KRS 216B.040(2)(a)1

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.040(2)(a)1 requires the Cabinet for Health and Family Services to administer Kentucky's Certificate of Need Program and to promulgate administrative regulations as necessary for the program. This administrative regulation establishes the forms necessary for the orderly administration of the Certificate of Need Program.

Section 1. Definitions.

(1) "Administrative escalation" means an approval from the cabinet to increase the capital expenditure authorized for a certificate of need project.

(2) "Cabinet" is defined by KRS 216B.015(6).

Section 2. Forms.

(1) CON - Form 2A, Certificate of Need Application, shall be filed by an applicant for a certificate of need unless the application is for ground ambulance services, change of location, replacement, cost escalation, or acquisition.

(2) CON - Form 2B, Certificate of Need Application For Ground Ambulance Service, shall be filed by an applicant for a certificate of need for a ground ambulance service.

(3) CON - Form 2C, Certificate of Need Application For Change of Location, Replacement, Cost Escalation, or Acquisition, shall be filed by an applicant for a certificate of need for change of location, replacement, cost escalation, or acquisition.

(4) CON - Form 3, Notice of Appearance, shall be filed by a person who wishes to appear at a hearing.

(5) CON - Form 4, Witness List, shall be filed by a person who elects to call a witness at a hearing.

(6) CON - Form 5, Exhibit List, shall be filed by a person who elects to introduce evidence at a hearing.

(7) CON - Form 6, Cost Escalation Form, shall be filed by a facility that elects to request an administrative escalation.

(8) CON - Form 7, Request for Advisory Opinion, shall be filed by anyone electing to request an advisory opinion.

(9) CON - Form 8, Certificate of Need Six Month Progress Report, shall be filed by a holder of a certificate of need whose project is not fully implemented.

(10) CON - Form 9, Notice of Intent to Acquire a Health Facility or Health Service, shall be submitted by a person proposing to acquire an existing licensed health facility or service.

(11) CON - Form 10A, Notice of Addition of a Health Service or Equipment, shall be filed by any health facility that adds equipment or makes an addition to a health service for which there are review criteria in the State Health Plan but for which a certificate of need is not required.

(12) CON - Form 10B, Notice of Termination or Reduction of a Health Service or Reduction of Bed Capacity, shall be filed by a health facility that reduces or terminates a health service or reduces bed capacity.

(13) CON - Form 10C, Notice of Relocation of Acute Care Beds or Redistribution of Beds by Licensure Category, shall be filed by any hospital that relocates acute care beds to another acute care hospital under common ownership in the same area development district, including an outpatient health care center operated by the hospital and licensed pursuant to 902 KAR 20:074; or that redistributes beds among its existing licensure categories within the same hospital, including an outpatient health care center operated by the hospital and licensed pursuant to 902 KAR 20:074.

(14) CON - Form 11, Application for Certificate of Compliance for a Continuing Care Retirement Community (CCRC), shall be filed by a facility to obtain a certificate of compliance as a continuing care retirement community.

Section 3. Incorporation by Reference.

(1) The following material is incorporated by reference:

- (a) CON - Form 2A, "Certificate of Need Application", 12/2020;
- (b) CON - Form 2B, "Certificate of Need Application For Ground Ambulance Service", 12/2020;
- (c) CON - Form 2C, "Certificate of Need Application For Change of Location, Replacement, Cost Escalation, or Acquisition", 12/2020;
- (d) CON - Form 3, "Notice of Appearance", 12/2020;
- (e) CON - Form 4, "Witness List", 12/2020;
- (f) CON - Form 5, "Exhibit List", 12/2020;
- (g) CON - Form 6, "Cost Escalation Form", 12/2020;
- (h) CON - Form 7, "Request for Advisory Opinion", 12/2020;
- (i) CON - Form 8, "Certificate of Need Six Month Progress Report", 12/2020;
- (j) CON - Form 9, "Notice of Intent to Acquire a Health Facility or Health Service", 12/2020;
- (k) CON - Form 10A, "Notice of Addition of a Health Service or Equipment", 12/2020;
- (l) CON - Form 10B, "Notice of Termination or Reduction of a Health Service or Reduction of Bed Capacity", 12/2020;
- (m) CON - Form 10C, "Notice of Relocation of Acute Care Beds or Redistribution of Beds By Licensure Category", 12/2020; and
- (n) CON - Form 11, "Application for Certificate of Compliance for a Continuing Care Retirement Community (CCRC)", 12/2020.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Cabinet for Health and Family Services, Office of Inspector General, Division of Certificate of Need, 275 East Main Street 5E-A, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.

(36 Ky.R. 230; Am. 803; eff. 10-21-2009; 42 Ky.R. 542; 1574; 1781; eff. 12-16-2015; 43 Ky.R. 1302; eff. 3-31-2017; 47 Ky.R. 1683, 2417, 2591; eff. 6-16-2021.)