

59C-1.008 Certificate of Need Application Procedures.

(1) Letters of Intent and applications subject to comparative review shall be accepted in two batching cycles annually each for hospice programs and freestanding inpatient hospice facilities and for nursing homes and intermediate care facilities for the developmentally disabled (ICF/DD), as specified in paragraph (g) of this subsection. The category “hospice” includes proposals for new hospice programs and hospice inpatient facilities. The category “nursing homes and ICF/DDs” includes proposals for community nursing home projects unless the project meets criteria in Section 408.036(2) or Section 408.036(3), F.S., and intermediate care facilities for the developmentally disabled.

(a) through (e) No change.

(f) Certificate of Need Application Submission.

An application for a Certificate of Need shall be submitted on AHCA Forms 3150-0001, ~~August 2024 August 2021~~ Application For A Certificate of Need, which includes a Cover Page, Schedules A, B, C, D, D-1, 1, 2, 3, 4, 5, 6, 6A, 7, 7A, 7B, 8, 8A, 9, 10 and 11, which are incorporated by reference herein <http://www.flrules.org/Gateway/reference.asp?No=Ref-13972>. An application for a transfer of a Certificate of Need shall be submitted on AHCA Form 3150-0003, ~~August 2024 August 2021~~ Transfer Of A Certificate of Need which includes Schedules 1(TRN), 10(TRN), 11(TRN), 12(TRN), B(TRN), D(TRN), D-1(TRN), in addition to a Cover (TRN) Page, which are incorporated by reference herein <http://www.flrules.org/Gateway/reference.asp?No=Ref-13973>. Paper copies or copies on electronic media of AHCA Form 3150-0001, ~~August 2024 August 2021~~ Application For A Certificate of Need, or AHCA Form 3150-0003, ~~August 2024 August 2021~~ Transfer of A Certificate of Need, and the Schedules may be obtained from:

Agency for Health Care Administration
Certificate of Need
2727 Mahan Drive, Mail Stop #28
Tallahassee, FL 32308

Electronic versions of AHCA Forms 3150-0001 and 3150-0003 and the Schedules are also available at <https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-health-facility-regulation/certificate-of-need-and-commercial-managed-care-unit/certificate-of-need-con-program-overview/application>
http://ahca.myflorida.com/MCHQ/CON_FA/Application/index.shtml.

1. through 3. No change.

(g) through (i) No change.

(2) through (6) No change.

Rulemaking Authority 408.034(3), (8), 408.15(8) FS. Law Implemented 408.033, 408.034, 408.035, 408.036, 408.037, 408.038, 408.039, 408.040, 408.042 FS. History—New 1-1-77, Amended 11-1-77, 9-1-78, 6-5-79, 2-1-81, 4-1-82, 7-29-82, 9-6-84, Formerly 10-5.08, Amended 11-24-86, 3-2-87, 6-11-87, 11-17-87, 3-23-88, 5-30-90, 12-20-90, 1-31-91, 9-9-91, 5-12-92, 7-1-92, 8-9-92, Formerly 10-5.008, Amended 4-19-93, 6-23-94, 10-12-94, 10-18-95, 2-12-96, 7-18-96, 9-16-96, 11-4-97, 7-21-98, 12-12-00, 4-2-01, 1-10-02, 6-26-03, 12-13-04, 9-28-05, 10-9-07, 4-21-10, 2-13-12, 8-15-13, 10-29-15, 10-17-19, 12-30-20, 8-28-22, _____.