

National Directory * State Certificate of Need Programs * Health Planning Agencies * 2011 South Carolina

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Health Plans & Data

Statewide Health Plan: Yes **Local Health Plan:** No **Date of Last Plan:** 2004 - 2005
Health/Medical Plan: Yes **Specific Service Plan:** No
Other Health Plans: No
Local health planning entities (e.g.; HSAs; labor or other coalitions): No

Public Data

Ambulatory Care Data: Yes	Hospital Discharge Data: Yes	Mental Health Data: Yes	Vital Statistics Data: Yes
Cost/Charge Data: Yes	Long Term Care Data: Yes	Quality Data: No.	Population Data: Census Data in Section IV
Other Health Data: No			

Other Planning, Data, Information, Programs & Initiatives: Not Reported (NR)

Legislative Initiatives

Legislative changes in health planning, data or regulation in the last year: South Carolina Act No. 278 of 2010 amended S.C. Code Ann. Section 44-7-110 et seq. and took effect July 1, 2010. As authorized by the Act, the Department is proposing to amend R.61-15 to implement applicable provisions of the Act. A brief summary is incl

Health Reform Legislation: Not Applicable

CON Duration & Moratoria

Certificate of Need in Place (Dates) : 1971-Present

Comments on Moratoria:

New Bed Moratoria

Hospital Bed Moratorium: No
LTC Moratorium: No
Other Moratoria: No

Selected Service Inventories

Number of Facilities

Hospitals: 101
Nursing Homes: 197
Assisted Living/Res Care Facilities: 480
Psych Facilities: 28

Number of Beds

Hospitals: 14,929
Nursing Homes: 20,021
Assisted Living/Res Care Facilities: 16,930
Psych Facilities: 2,118

High Tech Equipment

CTs: NR
MRIs: NR
PETs: 27
Gamma Knives: 2
Lithotripters: NR
Linear Accelerators: 56

Note: See Section IV for current state population information, for selected historical states health facility and health service inventories and use data , and for selected health service capacity and use trends.

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Certificate of Need Basics

<p>Name of Program: Certificate of Need</p> <p>CON Website: http://www.scdhec.gov/hr/cofn</p> <p>FY 2010 Budget: \$316,666 FY 2010 Staff: 7</p> <p>Review Period (standard # of days to process application) : 150</p> <p>Final Decision Making Authority: Board of Health & Environmental Control</p>	<p><u>Guidance</u></p> <p>Rules & Regulations: Yes</p> <p>Statute: Yes</p> <p>Criteria & Standards: Yes</p> <p>Other Guidance.: No</p>	<p><u>CON Activity Reports</u></p> <p>Monthly: Yes</p> <p>Quarterly: No</p> <p>Yearly: No</p> <p>CON Fees: Initial Filing Fee: \$500 for all applications; Application Fee: 0.005 of total project cost up to \$1.4 M maximum; Issuance Fee: \$7,500 for projects greater than \$1.4M.</p>
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Certificate of Need Review Volume

<i>FY 2010</i>	<u>Hospitals</u>	<u>Long Term Care</u>	<u>Freestanding</u>	<u>Mobile Services</u>	<u>Total</u>
No. Applications	22	8	11	0	41
Total Dollars	\$567,915,662	\$33,495,789	\$27,795,216	\$0	\$629,206,667
Approved Dollars	\$340,987,359	\$33,495,789	\$27,795,216	\$0	\$398,458,364

Certificate of Need Review Process

Published assessments/evaluations of the results on the effectiveness of CON regulation: No

Process (Summary): Application review check: 30 days. Applicant have 30 days to respond to requests for additional information. There may be a 2nd round of additional questions followed by 30 days to respond to requests for additional information. The application is deemed complete and the application fee is assessed. Public Notice is published in the State Register in the next available cycle. Analysis of the application and decision are completed within 120 days and cannot be made later than 150 days. Appeals must be filed within 10 days to a designated Administrative Law Judge.

Certificate of Need Review Thresholds and Coverage

Dollar Thresholds

Capital Threshold: \$2,000,000
Equipment Capital Threshold: \$600,000
New Service Threshold: \$1,000,000

Major Medical Equipment Review:

Hospital: Yes **Mobile:** Yes
Freestanding: Yes **None:** No

State reviews changes of owners or operators for nursing homes or hospitals or other health services: Yes

Certificate of Need Review Services Covered

Acute Care/Hospital Beds: Yes	Home Health: Yes	Nursing Homes/Beds : Yes	Rehabilitation: Yes
Air Ambulance: No	ICF/MR : Yes	Obstetrical: No	Renal Dialysis: No
Ambulatory Surgery Centers : Yes	Lithotripsy : Yes	Open Heart: Yes	Resident. Care/Assist. Living: No
Burn Care : No	LTAC : Yes	Organ Transplant : No	Subacute Care: Yes
Cardiac Cath : Yes	Medical Office Buildings : No	PET Scanners: Yes	Substance Abuse: Yes
CT Scanners : No	MRI Scanners : Yes	Psychiatric Beds: Yes	Swing Beds: No
Gamma Knives : Yes	Mobile High Tech : Yes	Radiation Therapy : Yes	Ultra Sound : No
Hospice: Yes	NICU: Yes	Other: Inpatient Hospice Only	

Notes: