

National Directory * State Certificate of Need Programs * Health Planning Agencies * 2010
Maine

Key Contact

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Certificate of Need

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Health Plans & Data

Statewide Health Plan. Yes **Local Health Plan.** No **Date of Last Plan. . .** No
Health/Medical Plan. No **Specific Service Plan. . .** No

Other Health Plans:

Yes, State Health Plan for Maine

Local health planning entities (e.g.; HSAs; labor or other coalitions). . . No

Availability of Public Data:

Ambulatory Care Data. . . No **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.** Yes (See Section IV)
Other Health Data. Yes, Manpower and Population Data

Other Planning, Data, Information, Programs & Initiatives:

Not Reported (NR)

Legislative Information

Legislative changes in health planning, data or regulation in the last year:

Capital Investment Fund Established in 2006 (to limit expenditures)

Health Reform Legislation:

Dirigo Health and Capital Investment Fund. Contact Trish Riley, Director, Governor's Office for Health Policy and Finance: 207-624-7442; email trish.riley@maine.gov.

CON Duration & Moratoria

Certificate of Need in Place (Dates) . . . 1978-Present

Comments on Moratoria:

Contact CON staff

New Bed Moratoria:

Hospital Bed Moratorium. . . Yes
LTC Moratorium. Yes
Other Moratoria. No

Selected Service Inventories

Number of Facilities:

Hospitals. . . 37
Nursing Homes. . . 193
Assisted Living/Res Care Facilities. . . 709
Psych Facilities. . . 4

Number of Beds:

Hospital Beds. . . 3,635
Nursing Home Beds. . . 9,043
Assisted Living/Res Care Beds. . . 9,150
Psych Beds. . . 403

High Tech Equipment:

CTs. . . 50 **MRIs. . .** 40 **PETs. . .** 3
Gamma Knives. . . 0
Lithotripters. . . 4
Linear Accelerators. . . 12

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

Name of Program: Certificate of Need

CON Website:

http://www.maine.gov/dhhs/dlrs/c_o_n/

FY 2009 Budget: \$526,000

FY 2009 CON Staff: 4.5

Review Period (standard # of days to process application) :

150

Final Decision Making Authority:

Commissioner, Department of Health & Human Services

Guidance:

Statute..... Yes
 Rules & Regulations... Yes
 Criteria & Standards... Yes
 Other Guidance..... Yes

CON Activity Reports

Monthly..... Yes
 Quarterly..... No
 Yearly..... Yes

CON Fees:

\$1,000 per \$1,000,000 (any portion); Minimum \$5,000; Maximum \$250,000

Certificate of Need Review Volume

Activity in 2009:	Hospitals	Long Term Care	Freestanding	Mobile Services	TOTAL
No. Applications	6	3	0	0	9
Total Dollars	\$247,577,853	\$9,883,504	\$0	\$0	\$257,461,357
Approved Dollars	\$241,631,603	\$670,504	\$0	\$0	\$242,302,107

Certificate of Need Review Process

Published assessments/evaluations of the results on the effectiveness of CON regulation:

Letter of Intent (LOI) must be filed at least 90 days before the review cycle begins. There are two CON project review cycles: The large project review cycle begins January 1 of each year; the small project review cycle begins April 1 annually. Applications must be received and determined complete before the start of the applicable review cycle. Public informational meeting is held on each complete application. A public hearing must be requested within 30 days following the public informational meeting. Staff analysis and decision by Commissioner are due within 150 days of the start of the review cycle. Administrative and judicial reviews of the Commissioner's decision are permissible. Reconsideration of the Commissioner's decision must be requested within 30 days of the Commissioner's decision letter.

Certificate of Need Review Thresholds and Coverage

Dollar Thresholds:

Capital Threshold: \$3,100,000*
 Equipment Capital Threshold: \$1,600,000*
 New Service Threshold: \$140,098

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

Air Ambulance..... Yes	Hospice..... No	Nursing Homes/Beds... Yes	Rehabilitation..... Yes
Amb Surgery Centers.. Yes	Hospitals/Beds..... Yes	NICU..... Yes	Renal Dialysis..... Yes
Burn Care..... Yes	ICF/MR..... No	Obstetrical..... Yes	Residential Care/
Cardiac Cath..... Yes	Lithotripsy..... Yes	Open Heart..... Yes	Assisted Living..... No
Business Computers... No	LTAC..... Yes	Organ Transplant..... Yes	Subacute Care..... No
CT Scanners..... Yes	Med Office Bldgs..... No	PET Scanners..... Yes	Substance Abuse..... Yes
Gamma Knives..... Yes	MRI Scanners..... Yes	Psychiatric Beds..... Yes	Swing Beds..... Yes
Home Health..... No	Mobile High Tech.... Yes	Rad Therapy/Linacs.... Yes	Ultra Sound..... Yes

Other Services Covered : No

Notes:

* Replacement Equipment Threshold is \$2,000,000. Review criteria are in statute; review guidelines are use rather than standards.