

New York State
Department of Health
Division of Home and Community Based Services

Request for Applications

*Establishment of New or Expansion of Existing Certified
Home Health Agencies in New York State*

KEY DATES

RFA Release Date: **January 25, 2012**

Questions Due: **February 3, 2012**

Applications Due: **March 9, 2012**
by 4 p.m.

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Health
Division of Home and
Community Based Services
875 Central Avenue
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I. Introduction

This request for applications (RFA) is to seek proposals from eligible applicants to establish new certified home health agencies (CHHAs) or expand existing CHHAs in New York State (NYS) either by geographic service area or by population served in the case of special needs, special pilot CHHAs and long term home health care programs. The Medicaid and Medicare programs are undergoing ambitious and forward-looking reforms. These reforms include new models of care and payment that emphasize care coordination, prevention, and performance. In 2011, the Medicaid Redesign Team (MRT) was tasked by Governor Cuomo to find ways to reduce costs and increase quality and efficiency in the Medicaid program. The proposals that came from this Team and the state fiscal year (SFY) 2012-2013 final state budget will impact the delivery of home health services in NYS. In an effort to reduce Medicaid expenditures and improve healthcare delivery, the MRT endorsed and the state legislature enacted into law a number of proposals that provide for cost savings, expanded access, and improved administrative efficiencies directly related to the provision of home health services. These initiatives drive the need for existing CHHAs to change their service delivery and practices. The future of home care is further impacted by changes to the home health landscape in recent years in terms of the availability of and access to home health services. In upstate regions, many CHHAs operated by counties have closed or are currently in the process of closing. This has resulted in decreased patient choice and the potential for limited or no access to home health services. The establishment of new CHHAs or the expansion of existing CHHAs will support the growing needs of consumers who require community based home health services. The expansion of home health providers in NYS will increase patient choice, improve access, improve continuity of care, improve the quality of home health services and enhance the efficiency of providing home health services to home health patients regardless of payer source. Through a competitive review process applicants will be selected to move forward through the certificate of need (CON) process.

On December 8, 2011, the Public Health and Health Planning Council adopted an amendment to Section 760.5 of Title 10, NYCRR. This emergency regulation authorizes the Commissioner of Health to issue a request for applications to establish new certified home health agencies, or expand the approved geographic service area and/or approved population of existing certified home health agencies. Public need will be found to exist for purposes of this amendment only if applicants demonstrate, by referring to the criteria established in section 709.1(a) of Title 10 NYCRR, that approval of the application will facilitate implementation of Medicaid Redesign Initiatives to shift Medicaid beneficiaries from traditional fee-for-service programs to managed care, managed long term care systems, integrated health systems or similar care coordination models or that approval will ensure access to certified home health agency services in counties with less than 2 existing CHHAs not including those operated by the county.

The timetable for implementation of the Medicaid Redesign Initiatives is relatively short and has been undertaken through an incremental approach. For example, the transition of long stay home health patients from fee-for-service home health services to

managed long term care programs has been focused in the five boroughs of New York City with implementation in the rest of the state to follow. Implementation of the Medicaid Redesign Initiatives by providers is one of the department's highest priorities. As such applications that facilitate Medicaid Redesign Initiatives, especially in areas of the state that have the highest number of Medicaid recipients receiving home health services, will be the Department's highest priority. Accordingly, applications addressing facilitation of MRT initiatives will be assessed prior to applications addressing access to services in counties with fewer than 2 CHHAs.

Applicants are further reminded that certificate of need applications that are submitted to the department for the change of ownership of an existing certified home health agency will continue to receive priority status for character and competence review and action by the department. Priority is given to these applications to ensure access to services for patients currently receiving home health services. This RFA process is not intended to supersede, undermine or interfere with the existing change of ownership process. There is no guarantee that through this review process a determination of need will be established in any specific geographic service area.

II. Background

Changes to the Social Services Law require Medicaid beneficiaries receiving home and community based services for over 120 days to become enrolled in Medicaid long term Managed Care plans or Care Coordination models. Home health services have historically been reimbursed through a fee-for-service reimbursement methodology. Fee-for-service payment mechanisms that incentivize volume are being phased out in favor of performance based payments that incentivize value and efficiency. In order to facilitate the transition of Medicaid cases from traditional fee-for-service programs to managed care, managed long term care plans, integrated health systems, and other types of care coordination models, the existing defined geographic service boundaries and approved populations need to be adjusted to accommodate the changes required for the initiatives to be successful in meeting both their continuity of care and financial objectives. These healthcare reforms demand a fundamental change in the clinical, organizational and financial paradigm for home health providers to participate effectively in new models of integrated care that emphasizes care coordination and performance for individual patients and the community.

In addition to state level changes, the Centers for Medicare and Medicaid Services (CMS) has implemented the Affordable Care Act (ACA) which has introduced far reaching changes in health care policy intended to strengthen the ability of the delivery system to achieve better care for individuals, better health for populations and lower costs through improvement. Governor Cuomo's Medicaid Redesign Team has embraced new strategies for delivering and paying for care that emphasize care coordination, prevention and performance. To succeed in this marketplace, providers along the continuum of care must integrate or collaborate with each other to improve the health of Medicare and/or Medicaid beneficiaries and accept payment arrangements that reward positive outcomes and lower

costs. The Report of the Brooklyn Health Systems Redesign Work Group to Dr. Shah, Commissioner of the New York State Department of Health, developed a set of findings, principles and tools to guide the reconfiguration of Brooklyn's health care delivery system. Although the report was focused on Brooklyn's health care system, the principles and tools are applicable to delivery systems around the state. These principles provide a template for the future development of the home health industry in New York. Home health providers must streamline operations and partner with other providers so that they can reduce operating costs, and unnecessary utilization while improving outcomes.

A CHHA provides part-time, intermittent health care and support services to individuals who need intermittent and skilled health care in their homes. CHHAs also provide long-term nursing and home health aide services, and either provide or arrange for other services including physical, occupational, and speech therapy, medical supplies and equipment, and social worker and nutrition services. CHHAs are certified to participate in the Medicare and Medicaid programs. As such, they must meet the Federal Conditions for Participation (COPs) for home health agencies. These regulations are found at 42 CFR Part 484. CHHAs also must meet all state regulatory requirements found in Title 10 Sections 402, 700, 760, 761, 762 and 763 pertaining to certified home health services. Services provided by CHHAs may be reimbursed by Medicare, Medicaid, private payment, and health insurers.

There are currently 29 managed long term care plans (MLTCPs) in NYS. MLTCPs are entities that have received a certificate of authority to provide, or arrange for, health and long term care services on a capitated basis for a population, age eighteen and over, which the plan is authorized to enroll. Of the existing MLTCPs, 14 do not have a CHHA or long term home health care program within their corporate structure. Under the final SFY 2011-2012 state budget, the department has the authority to approve up to a total of 75 certificates of authority. The existing 29 MLTCPs are facing an immediate influx of members who require home health services that may be provided by a CHHA.

Currently there are 130 CHHA providers certified under Article 36 of the Public Health Law (PHL). Of these providers, 57 are also approved to sponsor and operate a long term home health care program. In addition, there are 49 Article 28 sponsored and operated Long Term Home Health Care Programs in the state. Of the 130 CHHAs that currently exist, 32 are county operated agencies and 16 are sole providers within their county. In recent years, 17 county operated CHHAs have closed, and an additional 18 counties have indicated that they intend to close or have closure plans in place to occur over the next year. These closures have decreased patient choice for home health services and have made county residents dependent, in many cases, on a single privately operated agency for their home health care needs. One objective of this RFA is to increase the number of CHHAs in New York State in those areas where applicants can demonstrate that approval is necessary to ensure access. Applicants must demonstrate through a comprehensive analysis of the existing health care delivery system in the community that the establishment of additional home health agency capacity will address community needs. This must include an assessment of existing

services, health status and factors that impact health care access and patient services, in particular home health services.

A limited expansion of public need will ensure a sufficient number of CHHAs are available to provide services associated with service delivery and access changes. The intent of this RFA is to improve access, improve management of high cost and complex cases, and improve care coordination and the provision of home health services.

Applicants selected through this RFA to establish new certified home health agencies, or expand the approved geographic service area and/or approved population of existing certified home health agencies, must demonstrate need in accordance with the criteria set forth in subdivision (a) of Section 709.1 of Title 10. Further, applicants must demonstrate they will enhance care coordination, and increase quality and efficiency of providing home health services, improve patient choice and access as well as improve quality outcomes.

III. Who May Submit an Application

All applicants are advised that to become a CHHA one must meet the Federal Conditions for Participation (COPs) in Medicare/Medicaid as a home health agency and as such are advised to be familiar with these conditions to insure they have the ability both organizationally and financially to meet such terms prior to submitting an application. The eligible applicant must be a public, nonprofit or proprietary entity or subdivision of such an entity or organization.

Entities that have previously submitted a certificate of need (CON) application to establish a CHHA or expand an existing CHHA, other than change of ownership applications, are advised that they must submit a proposal to the department in response to this request for applications and they must submit a new updated, complete CON application to ensure consideration. This new updated, complete CON application must clearly indicate that it amends, supersedes, and replaces the previous CON application submitted to the department and reference the previous application by its assigned CON application project number. Failure to respond to this request for applications will result in their pending CON application to be considered inactive. As such, it will not be reviewed or considered for this or future proposals.

Additionally, although long term home health care programs sponsored by Article 28 hospitals or nursing homes must meet the COPs as a home health agency, they are not considered general purpose CHHAs in NYS. As such, if a LTHHCP is interested in expanding the population they serve as a New York State certified home health agency, they must submit an application in response to this proposal.

Applications submitted in response to this RFA, will be evaluated by the Department of Health based on the criteria contained herein. All applications will be presented to the Public Health and Health Planning Council for final recommendation and selection.

Applicants must also submit a complete CON application on forms described by the Department of Health and all associated fees required for such application in conjunction with this RFA. This CON application must be filed with the Department within 45 days of the due date of the RFA submission. The CON application is to be submitted no later than April 20, 2012 to be considered. Applicants are reminded that CON applications that are properly completed can be processed more quickly. Failure to submit a CON application in conjunction with this RFA will result in the applicant being disqualified.

Applicants are advised that selection of their application to move forward through the CON process does not guarantee that they will be approved to establish a CHHA or expand an existing CHHA. All applicants will be subject to character and competence and financial feasibility reviews as well as Public Health and Health Planning Council final approval.

IV. Application Requirements

Project Description

All applicants must submit a detailed description of their proposal and describe how it will meet the objectives of the department in advancing Medicaid Redesign initiatives and improving access to home health services. The applicant should clearly describe how their proposal, if approved, will enhance care coordination, ensure continuity of home health services for individuals currently receiving services, increase quality and efficiency of providing home health services, improve patient choice and access, improve cost effectiveness and efficiency and improve quality outcomes.

- The applicant must indicate if they plan to establish a CHHA or expand an existing CHHA and the geographic service area they propose to serve. Provide a list of counties you propose to serve which includes a geographic description of the service area. Please note: applicants must develop proposals to serve the entirety of each county in the proposed service area.
- All applicants must demonstrate public need for the establishment or the expansion of an existing CHHA. Public need will be found to exist only if the applicant can demonstrate, based on specific criteria that have been established in section 709.1(a) of Title 10 NYCRR that their project will facilitate the implementation of MRT initiatives and/or ensure access to services in counties with less than two CHHAs. Given the Department's current needs, priority will be given to those applications that demonstrate that approval of their proposal will facilitate the implementation of Medicaid Redesign Initiatives designed to shift Medicaid beneficiaries from traditional fee-for-service programs to managed long term care systems, integrated health systems or similar care coordination models with preference given to applications that propose to facilitate the implementation of the Medicaid Redesign

Initiatives in areas of the state that have the highest number of Medicaid recipients receiving home health services.

- Applicants should indicate if they have entered into a contract or responded to a request for proposals (RFP) or request for applications (RFA) to purchase an established CHHA. As stated previously, applicants are reminded that CON applications that are or have been submitted to the department for the change of ownership of an existing CHHA will continue to receive priority status for character and competence review and action by the department. Priority is historically given to these applications to ensure access to services for patients currently receiving home health services. This RFA process is not intended to supersede, undermine or interfere with the existing change of ownership process. Applicants are further reminded, there is no guarantee that through this review process a determination of need will be established in any specific geographic service area. It is incumbent upon the applicant to demonstrate need as specified.

Organizational Capacity

- Describe the organizational capacity and ability of your organization to successfully establish or expand a CHHA, using the factors described in 709.1(a) of Title 10 NYCRR and how the proposal will support the goals of the department in advancing Medicaid Redesign initiatives.
 - Provide a detailed organizational chart showing all parent and subsidiary entities.
 - Describe your proposed or existing relationships with local health departments and social services districts.
 - Describe the linkages that you have developed with other community service and health care providers that will complement, support, and/or supplement the total needs (e.g housing, social environmental or medical supports) for your proposed client base? How will you maintain current information of this nature for consumers?
 - Describe your primary sources of referral. Be specific in relation to your proposed service area.
 - Describe your use of health information technology which explains how clinical information is collected and communicated in a timely manner to clinicians and others. Also describe any health information technology initiatives that your agency is involved in that guides care coordination.
- Describe the home health care services you propose to provide.

Community Need

Describe community need and provide a description of the health needs of the community. The description must include how the establishment or expansion of an existing CHHA will improve health care outcomes such as reducing emergency room visits and hospital readmissions. The proposal should include how fragmentation of health care delivery will be reduced through enhanced care coordination and a reduction of inappropriate utilization of services. The applicant should demonstrate how approval of the proposal will build access to efficient and effective community-based systems of care through the development of an integrated health care system or formal relationships that coordinate patient care.

- Data should be submitted that provides documented information such as health status indicators, demographics, insurance status of the population, as well as data on service volume and utilization of health services. The description must include:
 - The current health care services available, including the availability of other home health care providers.
 - Any service gap analysis or marketing studies that have been conducted to support your proposal.
 - Current and projected population characteristics of the service area, including relevant health status indicators, socio-economic conditions, and any other pertinent information of the population you propose to serve.
 - The need of the population served or to be served for the services proposed to be offered or expanded.
 - How your proposal will meet the health needs of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services. Your description should briefly describe the manner in which the needs to low-income persons, racial and ethnic minorities, women, handicapped or disable persons and other potentially underserved groups will be addressed through this proposal.
 - The normative criteria for age and sex specific utilization rates to correct for unnecessary utilization of health care services.
 - A comparison of actual utilization of home care services in the geographic service area proposed to be served to the capacity in that service area. Take into consideration fluctuation of daily census for certain services, the geography of the service area, size of units and specialized service network describe standards for the facility and service utilization.

- The patterns of in and out migration for specific services and patient preferences or origin.
- How your program fits in the community's long-range plan and how you will evaluate the continued effectiveness of your program as it relates to this plan. Document the local source of information.
- A description of any education, training, community outreaches or support programs, which will be offered to increase public awareness and enhance the quality of services provided by your agency.
- How you determined that your program meets 'consumer needs' in the proposed service/catchment area and given the consumer alternatives and choices currently available why consumers would choose your agency.

Quality Assurance and Performance Improvement

Quality measures are used by the federal and state government to assess how well home health agencies care for patients with certain conditions. Any measures reported on must reflect accepted standards of health care quality. Home health quality measures are based on data collected on adult non-maternity home care patients receiving skilled services whose care is covered by Medicare or Medicaid. Outcome and Assessment Information quality data is submitted by home health agencies nationwide and is used to calculate the home health quality measures.

- Provide a description of how your agency will use agency specific data and implement an ongoing quality assessment and performance improvement program that includes collection and reporting of quality indicators, root cause analysis and identification and prioritization of opportunities for improvement and completion of performance improvement projects that lead to measurable and sustained improvement in performance.
- Applicants should describe the established benchmark evaluation process for selected quality measures and a process for evaluation of improvement.
- Provide a description of how your agency will develop partnerships to improve care transitions and decrease hospital or nursing home readmissions. The description should include the underlying causes of readmissions and the interventions necessary to improve transitional care.
- Provide a description of how your agency will improve communication, care coordination and information transfer across the health care continuum.

- Provide a description of any patient and other customer satisfaction surveys that will be conducted which includes identification of customer groups, e.g., patient, family caregivers, physicians, etc.; frequency of patient and customer satisfaction and a description of how survey findings will be incorporated into program improvements.

V. Application Content

Executive Summary

An executive summary must be included with the application and should not exceed 2 pages. The executive summary must be a brief description of the proposal and should clearly indicate how the proposal will facilitate Medicaid Redesign Initiatives or improve access to home health services in the geographic service area it proposes to serve.

Work plan

All applicants are required to develop and submit a detailed work plan with their proposal. Present major or significant tasks in chronological order. Provide for each task a start and end date. Include the titles of the individuals who will be responsible for the tasks. A listing of specific services or work products should be included. A specific date should be associated with each task.

General Application Format

The Application should include all sections as described in this RFA. Applications should not exceed 25 pages, including the executive summary. A list of attachments is required. Be complete and specific when responding.

A panel convened by the DOH will review and score the Applications from eligible applicants.

Applications should be concise, single-spaced, and use at least a 12 point type, including timeline and work plan. All pages must be numbered and should be in the following order:

- **Cover Page:** Use format as indicated in attachment 2. The Application Cover Page must be signed by an individual authorized to submit this application.
- **Table of Contents:** If the application includes any appendices or attachments, they and their page numbers should be included in the Table of Contents.
- **Executive Summary:** The summary should not exceed 2 pages.
- **Narrative Description:** Use the following outline.
 - **Project Description**
 - **Organizational Capability**

- **Community Need**
- **Quality Assurance and Performance Improvement**
- **Work plan**
- **Attachments**

VI. Review and Evaluation

All proposals will be evaluated based on how well it meets the objectives of the department in addressing and achieving the goals of the Medicaid Redesign initiatives and improving access to home health services based on the following technical criteria.

1. Applicant organization's capacity to successfully implement the Medicaid Redesign initiatives designed to shift Medicaid beneficiaries from traditional fee-for-service programs to managed long term care systems, integrated health systems or similar care coordination models. As well as, the applicant's capacity to enhance care coordination and to ensure continuity of home health services for individuals currently receiving services. Preference will be given to applications that propose to facilitate the implementation of the Medicaid Redesign Initiatives in areas of the state that have the highest number of Medicaid recipients receiving home health services.
2. Applicant's knowledge and experience in the provision of home health services.
3. The application's demonstration of public need using the criteria specified in Section 709.1(a) of Title 10 NYCRR for the purpose of establishment or expansion and how the proposal will support the goals of the department in advancing Medicaid Redesign initiatives
4. Potential of the approved application to produce efficiencies in the delivery of home care services to the home care population by incorporating strategies that streamline operations and partner with other providers to reduce operating costs, and inappropriate utilization while improving outcomes.
5. Applicant's description of community need and the health needs of the community supported by data that provides documented information such as health status indicators, demographics, insurance status of the population, as well as data on service volume and utilization of health services.
6. A comprehensive and effective quality assurance plan which describes how your agency will use agency specific data and implement an ongoing quality assessment and performance improvement program that includes collection and reporting of quality indicators, root cause analysis and identification and prioritization of

opportunities for improvement and completion of performance improvement projects that lead to measurable and sustained improvement in performance.

VII. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health's Division of Home and Community Based Services. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All questions must be submitted in writing to:

NYS Department of Health
Division of Home and Community Based Services
875 Central Avenue
Albany, New York 12206

Attention: Rebecca Fuller Gray, Director
Or via email at
e-mail: CHHARFP@health.state.ny.us.

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA.

This RFA has been posted on the Department's public website at: <http://www.health.ny.gov>

Questions and answers, as well as any updates and/or modifications, will also be posted on the Department's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

C. How to file your Applications

Applications in response to this RFA must be **received** at the following address by the date and time indicated on the cover sheet of this RFA.

New York State Department of Health
Office of Health Systems Management
Division of Home and Community Based Services
875 Central Avenue
Albany, New York 12206

Attention: Rebecca Fuller Gray

Applicants shall submit *one* original, signed application and *three* copies. Two flash drives of the application must also be submitted. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. **Applications will not be accepted via fax or e-mail.**

* It is the applicant's responsibility to see that applications are delivered to the address above prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the Department of Health's discretion.

The certificate of need application must be submitted utilizing the NYSE-CON system by April 20, 2012. The required \$2,000 application fee must reference the Certificate of Need (CON) project number and must be mailed to:

New York State Department of Health
Bureau of Project Management
Hedley Building 6th Floor
Troy, New York 12180

Information regarding the submission of a certificate of need application can be found on the department's web site at: <http://www.health.ny.gov/facilities/cons/>. Applicants are reminded that certificate of need applications that are properly completed can be processed more efficiently. When filling out a CON application, pay attention to each item requested, provide the requested information, and ensure that information in each schedule is consistent with all other schedules.

D. THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Allow prospective applicants to apply at a future date for establishment or expansion of service areas and populations.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.

6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Utilize any and all ideas submitted with the applications received.
12. Waive or modify minor irregularities in applications received after prior notification to the applicant.
13. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.

Attachment 1

Application Check Off Sheet

1. Application

- Cover Page
- Table of Contents
- Executive Summary
- Narrative Description including all sections
- Attachments

2. Packaging the Application

The package contains:

- One original, signed, Application
- Three copies of the Application
- Two Flash Drives of the Application

Application is scheduled to be delivered by 4:00 PM on the date shown on the RFA cover page.

Application package, shipping boxes and flash drives are clearly labeled:

Mail Application to:

New York State Department of Health
Office of Health Systems Management
Division of Home and Community Based Services
875 Central Avenue
Albany, New York 12206

Attention: Rebecca Fuller Gray

Attachment 2

Cover Page

Applicant Name _____

Applicant's Category: (Circle all applicable)

**CHHA, LHCSA, LTHHCP, Managed Long Term Care Program, Integrated Health System
Public Agency, Nonprofit Agency, Proprietary Agency**

Applicant's Address _____

List counties proposed to be served:

Contact Information

Name _____

Title _____

Phone _____ Fax _____

E-mail _____

Signature of an individual who has authority to submit this application:

Signature _____

Title, if signatory is different from contact person _____

709.1(a) of Title 10 NYCRR

The factors for determining public need for health services and medical facilities includes, but are not be limited to:

- (1) the current and projected population characteristics of the service area, including relevant health status indicators and socio-economic conditions of the population;
- (2) normative criteria for age and sex specific utilization rates to correct for unnecessary utilization for health services;
- (3) standards for facility and service utilization, comparing actual utilization to capacity, taking into consideration fluctuation of daily census for certain services, the geography of the service area, size of units, and specialized service networks;
- (4) the patterns of in and out migration for specific services and patient preference or origin;
- (5) the need that the population served or to be served has for the services proposed to be offered or expanded, and the extent to which all residents in the area, and in particular low-income persons, racial or ethnic minorities, women, handicapped persons, and other underserved groups and the elderly, will have access to those services;
- (6) in cases involving the reduction or elimination of a service including those involving the relocation of a facility or service, the extent to which need will be met adequately and the effect of the reduction, elimination, or relocation of the service or facility on the ability of the low-income persons, racial and ethnic minorities, women, handicapped person, and other underserved groups, and the elderly, to obtain needed health care;
- (7) the contribution of the proposed service or facility in meeting the health needs of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services (for example, low-income persons, racial and ethnic minorities, women, and handicapped persons). For the purpose of determining the extent to which the proposed service or facility will be accessible to such persons, the following shall be considered:
 - (i) the extent to which medically underserved populations currently use the applicant's services in comparison to the percentage of the population in the applicant's service area which is medically underserved, and the extent to which medically underserved populations are expected to use the proposed services if approved;
 - (ii) the performance of the applicant in meeting its obligation under the applicable civil rights statutes prohibiting discrimination on the basis of race, color, national origin, handicap, sex

Attachment 3

and age;

(iii) the extent to which Medicare, Medicaid and medically indigent patients are served by the applicant; and

(iv) the extent to which the applicant offers a range of means by which a person will have access to its services.