RWJBarnabas HEALTH

MARK E. MANIGAN
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Vice President, System Development and Planning

Via Electronic and Overnight

September 19, 2025

Mr. Michael Kennedy, J.D.
Executive Director
Certificate of Need and Licensing
New Jersey Department of Health, State of New Jersey
120 South Stockton Street, 3rd Floor
Trenton, NJ 08608

Re: Monmouth Medical Center
Certificate of Need #2024-04352-13;01

Dear Mr. Kennedy:

Thank you for reviewing our application and subsequent Completeness Question responses for the proposal for an existing general hospital to relocate the majority of its acute care services to a new campus. We have reviewed the completeness questions dated September 11, 2025, and our responses are provided in a questions and answer format as ***Attachment A***.

Enclosed in the overnight mailing are five (5) hard copies.

We appreciate the Department's consideration of our application to enhance the existing services offered by Monmouth Medical Center to the many communities seeking care at our facilities. Should you have any questions or require additional information, please do not hesitate to contact Mr. Carney or me directly at (732) 418-8054 or Tamara.Cunningham@rwjbh.org.

Sincerely,

Tamara Cunningham

cc: Jeff Kasko, Team Leader, DOH
Eric Carney, President and Chief Executive Officer,
Monmouth Medical Center and Monmouth Medical Center Southern Campus
Bailey Warmack, Director System Development and Planning, RWJBH

CERTIFICATE OF NEED REVIEW - 5th Set of Completeness Questions

NAME OF APPLICANT:	**Monmouth Medical Center**
CERTIFICATE OF NEED NUMBER:	**2024-04352-13;01**
NAME OF REVIEWER:	Jeff Kaska
REVIEWER'S TELEPHONE NUMBER:	(609) 292-6552
REVIEWER'S EMAIL ADDRESS:	jeff.kasko@doh.nj.gov

A revised Certificate of Need ("CN") application has been submitted by Monmouth Medical Center ("MMC") to relocate most services from its existing acute care hospital facility in Long Branch to a new acute care hospital building located five miles away on the old Fort Monmouth campus in Tinton Falls. The proposed result would be the operation of a new acute care hospital campus in Tinton Falls and a second facility remaining in Long Branch operating as a hospital-based offsite facility of the relocated hospital.

The N.J. Department of Health ("Department"), Division of Certificate of Need and Licensing, issued the following questions regarding this application on September 11, 2025. The applicant provides its response below in Q & A format and acknowledges that this submission will be made part of the CN application record.

1) The response to the Department's previous question about required services at a general hospital, specifically morgue and autopsy facilities, states that there will be morgue facilities at the new Tinton Falls/Fort Monmouth hospital. Please confirm that RWJ plans to provide a morgue AND an autopsy room and services at the new Tinton Falls hospital.

Response:
Confirmed; aligned with N.J.A.C. §8:43G 2.12 and § 8:43G-25 regulations and MMC current processes, the location at the Tinton Falls hospital will include both a morgue as well as an autopsy space and services.

2) Responses to the Department's previous questions regarding the types and number of beds at both facilities need clarification. An observation unit is listed for Long Branch, but not for Tinton Falls. Please explain how and where you will observe Tinton Falls Emergency Department (ED) patients who are not admitted (but may stay in observation for up to 48 hours).

Response:
As referenced in the CN original narrative, an observation unit with eighteen (18) patient rooms will be collocated with the Emergency Department ("ED") located at the Tinton Falls location. MMC is familiar with and will comply with the September 7, 2016, Department of Health memorandum on observation beds, including the 48-hour limit on observation beds and noted exceptions.

3) Please also clarify what would happen during an ED surge at either planned facility, when no observation beds are available to patients that need further assessments or observation in determining the need for admission to the hospital. Where would overflow ED observation patients at Tinton Falls be sent? And where would overflow ED observation patients at Long Branch be sent?

Observation services are also provided in licensed Medical/Surgical beds as permitted by N.J.A.C. §8:43G-32.23. MMC currently uses a scattered observation service bed model and plans to operate similarly in the Tinton Falls location. Moving observation patients from the ED into a patient bed can expand available ED capacity.

In a surge situation where observation patients exceed the ED and inpatient capacity, existing patients would be assessed for appropriate care settings. Observation patients that are able to be discharged home with follow up care will be discharged accordingly with nurse follow up calls and direction as to next care requirements if awaiting test results. Observation patients, along with ED patients, needing to remain in a hospital setting will be reviewed in conjunction with the facility surge plan executed with its affiliate partners including the Mobile Health team and hospital partners. If there is capacity and it is appropriate to the patient care needs, the facility would first seek to accommodate surge capacity at its alternate campus location, Tinton Falls or Long Branch, then as necessary, execute its surge plan if the surge need extends beyond its campus facilities.

As described in the response to the 4th set of Completeness Questions received June 19, 2025, Mobile Health operates a Patient Transfer Center providing a one call solution for transferring patients into and between any and all of the acute care hospitals in the RWJBarnabas Health system. The Mobile health Team works with the Satellite Emergency Department ("SED") in Bayonne and their Surge Plan is attached as ***Attachment 1***.

For this proposed project, the surge plan would follow The Mobile Health team's standard transfer process. Once either facility determines it is hitting an operational threshold, or that they have a patient requiring a higher level of care, the attending physician at the SED or ED would place a call to the RWJBarnabas Health Patient Transfer Center ("PTC") at 732-926-4111. The Patient Transfer Center Registered Nurse ("RN") Coordinator will complete an intake from the sending provider and follow the normal transfer process of:

- Identifying the closest most appropriate facility with capabilities and capacity to take the patient.
- Connect the sending provider with an accepting provider for medical acceptance.
- Depending on the acuity of the patient and urgency of surge needs, the PTC would start to mobilize transport resources to the SED.
- The PTC will continue to facilitate the remaining logistics of the case including securing a bed or landing location at accepting facility for the patient, providing contact information for RN to RN hand off, ensuring the appropriate transport team the clinical information required to safely transport the patient, and provide updated estimate time of arrival for the sending and receiving teams.

If the number of patients requiring transfer exceed the normal volume, the Patient Transfer Center will escalate to the administrator on call ("AOC") who would mobilize leadership of the PTC, Mobile Health EMS, and On Time to ensure we can divert the appropriate number of resources to the requisite facility to support the physical movement of the patients.

EXHIBIT A
GUIDELINES AND PROCEDURES FOR TRANSFER

A. Procedures

1. Transferring Facility shall contact the Receiving Facility's Transfer Center regarding the management, consultation, and transport of patients requiring intermediate and /or intensive care services (i.e. telephone co-management or total management).
2. Prior to any transfer, Transferring Facility shall:
   a. Complete a transfer report in a form acceptable to the Receiving Facility;
   b. Make every reasonable effort to contact the Receiving Facility and follow the transfer protocol outlined by the Receiving Facility
   c. A copy of the transfer report shall accompany the patient to the Receiving Facility. The transfer report shall include but not be limited to:
      (i) Current medical findings and diagnosis;
      (ii) Name and contact information (name, address, cell telephone number and home and business telephone number, and relationship to the patient) of the individual(s) best able to provide key clinical information, and consent for procedures;
      (iii) Rehabilitative potential and physical status;
      (iv) Emotional and ambulation status;
      (v) Summary of prior course of treatment, including recent physician progress notes;
      (vi) Current prescribed medications and dosage;
      (vii) Dietary needs and restrictions;
      (viii) Pertinent administrative information including Medicare/Medicaid status and third-party payer information; and
      (ix) Nursing information.
   d. In addition to the foregoing information, Transferring Facility shall provide the following information:
      (i) Whether the patient has executed an advance directive (i.e., a living will, durable power of attorney);
      (ii) If applicable and if known, the name, address and home and business telephone number of the patient's attorney-in-fact (financial and/or durable) and/or the patient's legal guardian;
      (iii) Name and telephone number of the patient's attending physician; and
      (iv) Such other pertinent information as the transferring Institution may possess or the receiving Institution may request.
3. The Receiving Facility agrees to accept referrals of patients from Transferring Facility provided that (a) appropriate accommodations are available at the Receiving Facility; (ii) the patient satisfies the applicable requirements of the

Receiving Facility; and (iii) Transferring Facility and Receiving Facility follow the agreed upon guidelines and procedures.

4. Patients transferred to Receiving Facility will be promptly returned to the Transferring Facility when the patient's condition dictates, in the Receiving Facility's sole discretion.
5. The Receiving Facility's attending physician will provide reports of the patient's condition and progress to the referring physician, as required. Sudden or unusual changes in the patient's condition will be reported separately.