SECTION II.
REQUIREMENTS FOR COMPLETION OF NARRATIVE SECTION (F AND M) OF CERTIFICATE OF NEED APPLICATION

1. STATE HEALTH PLANNING REQUIREMENTS

A. DESCRIPTION/PROJECT NARRATIVE

1. Provide an executive summary of the project (Section F). This shall be limited to 3 pages.

RESPONSE:

See Certificate of Need Application (Section F).

2. Describe the proposed project, in detail, and relate it to existing services such as changes in square footage, changes in equipment, deficiencies corrected, effect on length of stay, improved patient care, reduced cost, and improved patient safety.

RESPONSE:

Monmouth Medical Center ("MMC") plans to relocate and enhance select services via development of a new Acute Care facility on the Vogel Medical Campus ("VMC") in the Tinton Falls section of Fort Monmouth. The project will result in an overall reduction of 180 medical surgical beds, in keeping with current day utilization trends, while services like intensive care, observation beds, obstetrical, surgical and outpatient treatment areas will increase in line with current and projected medical treatment patterns. The new facility will contain 252 relocated acute care beds, including:

- Medical/surgical beds,
- Obstetrical beds,
- Neonatal beds
- Pediatric beds,
- ICU/CCU beds, and
- Pediatric Intensive Care beds.

The Tinton Falls facility will be supported by a new Emergency Department, surgical and intervention services and an array of diagnostic imaging services. As an expansion of the Monmouth Medical Center Campus in Long Branch, the planned Vogel Medical Campus is centrally located within the communities currently served by the Medical Center. The development of the Vogel Medical Campus is part of MMC's mission to create an integrated network of services throughout the region to assist patients in maintaining their health and addressing their current and future medical needs.

MMC is also supported by RWJBH's expansive network of primary and specialty care providers throughout the region. Recent additions include:

- MMC and its Unterberg Children's Hospital opened the Ann Vogel Family Care and Wellness Center at the Monmouth Mall in Eatontown. The Center also provides the outstanding outpatient offerings of the Children's Specialized Hospital;
- Since 2018, Monmouth Heart Specialists in Eatontown have provided comprehensive cardiovascular care, connecting the community with RWJBH Cardiac surgeons who utilize innovative approaches to care and state of the art technology; and,
- MMC partnered with Monmouth University to open the Linda Grunin Simulation Lab and Learning Center in West Long Branch, providing high-tech hands-on learning experiences for medical residents, students and staff.

These projects are needed investments in MMC's communities' health and provide greater opportunities for residents to receive extraordinary care close to where they live.

The design of the VMC will occur in a phased approach. Phase I, is a four-story 147,000 square foot outpatient services building which broke ground in June 2023. Phase 1 will include the Cancer Center and Ambulatory Care Pavilion comprised of physician offices, radiation therapy, medical oncology and infusion, phlebotomy, pharmacy, imaging and surgical services to bring advanced outpatient care closer to home for patients. This new state of the art outpatient facility is made possible by a $50 million donation from local philanthropists Sheldon, and the late Anne Vogel.

The Cancer Center will provide comprehensive cancer care in partnership with Rutgers Cancer Institute of New Jersey. As the state's only comprehensive cancer center designated by the National Cancer Institute, patients will have access to innovative treatment options, including precision medicine, immunotherapy, clinical trials and care informed by the latest research, all in one convenient location. Ancillary and support services needed by cancer patients will also be located on site. The Cancer Center and Ambulatory Care Pavilion are scheduled to open in 2026.

Phase II of the campus development program, and the subject of this Certificate of Need, includes the relocation of select acute care services to Tinton Falls. Plans call for construction of this phase to begin in 2027 with project completion expected in 2029. The new site will be operated in conjunction with MMC's current site, which will continue to support the Long Branch community.

This new inpatient campus will be established as an integral part of Monmouth Medical Center, covered by the same Medicare/Medicaid provider number and therefore subject to the same conditions of participation. The new campus location would also have the same NPI number. The new campus will be governed by the same Board and contain a single medical staff. All employees will be employees of Monmouth Medical Center.

The Long Branch Hospital Campus will continue to provide key services including a full service Emergency Department, outpatient services, a 48 bed medical surgical/observation unit to include at least 12 acuity adaptable beds capable of providing intensive care, all inpatient and outpatient behavioral health services, surgical services with general anesthesia and supporting longer than 24 hour recovery in the Cranmer Surgery Center with four operating rooms, clinics, and a full array of imaging services. MMC remains committed to the residents and City of Long Branch. This commitment extends to supporting the creation of a vibrant community around the hospital services provided at the Long Branch campus. A shuttle/van service will be provided from the Long Branch site to the Fort Monmouth site for easy access of patients, their families/caregivers and staff who may rely on public transportation.

The Long Branch Hospital will maintain its current emergency department capabilities and level of service. It will be open 24 hours a day for 7 days of the week and capable of pediatric and psychiatric emergency services. Mobile Health services (MICU, ALS) would continue to cover the Long Branch Hospital campus.

Psychiatric beds will also remain on the Long Branch campus and there will be no diminishment in the number of psychiatric beds as these are governed by specific Certificate of Need rules. The Long Branch Hospital will provide the highest level of behavioral health services with a best care environment with integrated medical services for the patient and families. MMC will continue to pursue recognition as a behavioral health Center of Excellence.

The existing facilities at the Long Branch Hospital will continue to be upgraded with quality and technologically advanced care while the Tinton Falls campus is being constructed.

The creation of a vibrant Long Branch community is exemplified by the establishment of a MMC partnership, in April 2021, with the City of Long Branch and Major John Pallone to house a new Health, Wellness and Technology Center through a donation of property from MMC. Through this donation and partnership, new centers will be developed, including fitness center, nutrition education and kitchen, health and wellness services, a technology center and an expansive park. This partnership will ensure

city facilities will carry us into the future and that our communities will have access to important health, wellness and safety resources. MMC also supported the creation of a new Boys and Girls Club location in Long Branch. MMC will continue working with a variety of community partners to plan the redevelopment and modernization of areas surrounding the Long Branch hospital campus that complement hospital services and enhance offerings and access for the City's residents.

Phase II of the project will result in the construction of a modern state of the art facility capable of providing the technological advancements that patients and patient safety advocates have come to expect. The facility and central utility plant will comprise a total of 810,480 building gross square feet, as explained more fully in the section entitled **Description of the Project.** Infrastructure and site constraints at the current site are the driving force behind the decision to relocate services beyond the Long Branch Campus.

The new facility will be designed for maximum flexibility in use and will enhance MMC's commitment to patient and staff safety, innovation and customer service. The principles of population health, wellness and sustainability will be key tenants of the design and execution of the project to ensure effective stewardship of resources, and of the environment.

Recent advances in patient safety, experience in treating COVID-19 patients, the need to right size for today's technology and provide single patient rooms for safety, the aging infrastructure, and the constraints to building on the existing campus, all support the proposal to expand acute care to the Fort Monmouth site. The remaining MMC Campus will be able to reorganize services within the newer, most functional buildings and spaces to ensure enhanced adjacencies and the development of private patient rooms to ensure the same level of quality and safety is provided to all patients.

This Certificate of Need Application is seeking Department of Health approval for relocation of select acute care services to the Fort Monmouth site in Tinton Falls. The application will demonstrate that attempts to modernize the aging facility on a campus too small to accommodate the functions of a modern, technologically based hospital would be a poor investment of capital dollars. The proposed expansion to Tinton Falls will allow MMC to construct a modern, state of the art facility to accommodate the inpatient beds that will serve residents of the area for generations to come, while also maintaining key services and capacity in Long Branch. A description of MMC, its parent system, the planning process, the project and its impact on stakeholders and the community follows.

THE APPLICANT – MONMOUTH MEDICAL CENTER

Monmouth Medical Center, founded in 1887, is a licensed 514 bed, regional tertiary care teaching hospital located in Long Branch, in Monmouth County, New Jersey. MMC also operates a hospital, Monmouth Medical Center Southern Campus ("MMC-SC"), in Lakewood, Ocean County, New Jersey. MMC functions as a major referral center for MMC-SC for obstetrical, pediatric, tertiary and specialty care services. As part of the larger RWJ Barnabas Health, MMC is one of New Jersey's largest academic medical centers.

The hospital operates the Unterberg Children's Hospital, a designated children's hospital for Ocean and Monmouth Counties. In addition to providing specialty care to pediatric patients, MMC delivers more babies annually than all other hospitals in Monmouth and Ocean Counties combined and at more than 6,500 births, it is among the largest obstetrical programs in the state. MMC was recognized as one of the only 384 U.S hospitals by Newsweek Magazine in 2023 as a Best Maternity Care Hospital.

Monmouth Medical Center (MMC) was recently named to the 2024 Newsweek list of World's Best Hospitals, marking the third consecutive year the hospital has been on this listing, which recognized the best medical institutions among 2,400 across 30 countries. MMC is one of 414 U.S. hospitals – and among just six New Jersey hospitals named. MMC is recognized as a magnet hospital by the American Nurses Credentialing Center as a reflection of is nursing professionalism, teamwork and superiority in

patient care. In partnership with Rutgers Cancer Institute of New Jersey, MMC is the only facility in Monmouth and Ocean Counties designated by the American College of Surgeons Commission on cancer as an Academic Comprehensive Cancer Program. A full list of hospital awards and accreditors can be found on pages 8-11.

MMC is also recognized as a leader in robotics and other advanced minimally invasive procedures as well as in bariatric surgery, joint and spine surgery. MMC patients have access to the regions' top cariologists and the worlds' nationally recognized RWJ Barnabas Heart Centers. MMC also offers a comprehensive array of behavioral health services for children and adults.

MMC-SC is a 241-bed fully accredited non-profit acute care hospital dedicated to providing the finest medical and healthcare services to the residents of Ocean County and surrounding areas. MMC-SC serves a diverse urban population including a proportionately higher mix of elderly and uninsured/underinsured communities.

RWJ BARNABAS HEALTH

RWJ Barnabas Health ("RWJBH") is the largest, most comprehensive academic health system in the state, with a core service area covering 9 counties and over 5 million people. The system includes 12 general acute care hospitals, 3 acute care children's hospitals, a children's specialized hospital, a network of outpatient centers, an acute psychiatric hospital and the state's largest behavioral health network, two trauma centers, a satellite emergency department, ambulatory care centers, geriatric centers, ambulatory surgery centers, physical therapy centers, comprehensive home care and hospice programs, fitness and wellness centers, retail pharmacy centers, an affiliated medical group with a large network of practice locations, multi-site imaging centers, accountable care organizations and community wellness programs.

RWJBarnabas Health is one of New Jersey's largest private employers – with more than 40,000 employees and 7,000 physicians – and routinely captures national awards for outstanding quality and safety. RWJBH, in partnership with Rutgers University, is New Jersey's largest academic health care system. The collaboration aligns RWJBH with Rutgers' education, research and clinical activities, including those at the Rutgers Cancer Institute of New Jersey – the state's only National Cancer Institute (NCI)-designated Comprehensive Cancer Center – and Rutgers University Behavioral Health Care.

COMMUNITY BENEFIT

Monmouth Medical Center is committed to keeping its community healthy and offers an extensive array of community outreach programs and services for the benefit of the community residents and employees. MMC operates the department of community health & wellness, which is designed to promote health and health awareness for the community.

The Department of Community Health & Wellness has a philosophy and promotes a way of life that allows individuals to reach their full potential for optimal well-being. Recognizing that individuals have become increasingly health conscious and are seeking new ways to improve their health and prevent illness, MMC's department of community health education has developed multiple programs to assist the community in fulfilling their health goals.

In 2022, MMC and MMC-SC provided over $57,500,000 million in uncompensated care, attributable to Charity care, bad debt and Medicare/Medicaid shortfalls. In addition, MMC provided a significant number of different community health programs, health services and screenings, cash and in-kind contributions to community organizations, and health professions education that benefited more than 68,500 individuals, at a cost of over $26,200,000 million. This 2022 total community benefit of over $83,822,000 was greater than $5.5 million over the amount provided in 2020.

MMC Centers of Excellence

MMC Campus

MMC's recognized medical services centers of excellence include, but are not limited to, the following:

1. The Unterberg Children's Hospital at MMC ("Children's Hospital")

The Unterberg Children's Hospital at MMC offers the community renowned medical expertise in the care of children that only a leading academic medical center can provide. The Children's Hospital has more than 140 pediatric specialists in 26 fields of medicine. The Hospital offers exceptional care in virtually every area of pediatric medicine. In addition to being among the best in New Jersey in providing specialized neonatal care, with a 54-bed regional perinatal center with a level III neonatal intensive care unit, the Children's Hospital at MMC newborn nursery cares for more than 6,500 babies each year.

2. The Eisenberg Family Center

MMC delivers nearly 6,500 babies annually - the most in Monmouth and Ocean Counties and has built one of the safest obstetrical programs in the nation. The Labor and Delivery Unit at Monmouth Medical Center offers at least two attending Ob/Gyn physicians and Ob/Gyn resident physicians on site 24 hours a day, seven days a week, 365 days a year. This is in addition to an attending anesthesiologist, a neonatal intensive care specialist and full hospital support staff. On-call neonatal and perinatal sub-specialists are available 24 hours a day for immediate consultation. MMC was a pioneer in New Jersey in offering a full-time Laborist Program. This distinctive program increases patient safety with 'round-the-clock Laborist physicians who are board certified obstetricians with advanced life support in Certification in Obstetrics to monitor patients and perform deliveries on an "as needed" basis. MMC developed one of the first Obstetrical response Teams in the state, ready to respond to all obstetrical emergencies.

MMC has been a Level III Regional Perinatal Center since the designation was initiated over 40 years ago. In 2014, MMC introduced Perinatal and Mood Anxiety Disorders Program, making it the first and only hospital in New Jersey to offer a dedicated treatment center where new and expectant mothers can receive comprehensive care for perinatal mood and anxiety disorder (PMAD).

The vast majority of the more than 50 obstetrician/gynecologists who serve as attending physicians on MMC's medical staff are board certified or eligible in the discipline. Many also hold certification in such specialties as maternal-fetal medicine (perinatology), reproductive endocrinology and infertility, uro-gynecology and gynecologic oncology. In addition, MMC's skilled and dedicated nursing staff is trained to assist mothers and their childbirth partners during labor and delivery and to instruct new parents and other family members in newborn care.

3. Psychiatric Centers/program

MMC has the largest psychiatric program in Monmouth County, with a total of 44 beds within voluntary and involuntary adult inpatient units and 19 beds in its inpatient children's crisis intervention service, where children and adolescents with acute emotional, behavioral or psychiatric problems are treated. In addition, its psychiatric emergency screening service ("PESS") is the state-designated service for Monmouth County. MMC also provides outpatient behavioral care to a significant number of patients through its partial hospitalization, intensive outpatient programs, traditional outpatient care and an early intervention support services program ("EISS").

4. Leon Hess Cancer Center

MMC stands at the forefront of providing the most extensive array of highly advanced cancer services, delivered by a multidisciplinary team of specialists in a caring and supportive environment. For decades, MMC's leadership role in oncology services has been broadened through the ongoing expansion of state-of-the-art programs and technologies offered in all areas of cancer prevention, detection and treatment. The Leon Hess Cancer Center at MMC brings together a host of specialists and a vast array of services to make care more convenient, efficient and effective. It features comprehensive multidisciplinary medical services that are led by teams of major physician specialists including medical, surgical and radiation oncology.

Together, these cancer specialists, in consultation with each patient's primary care physician and in conjunction with the hospitals' cancer care management team, work to create the most appropriate and effective plan of treatment. MMC is accredited at the highest designation by the Commission on Cancer of the American College of Surgeons as a Academic Comprehensive Cancer Program. The Commission on Cancer recognizes cancer care programs for their commitment to providing comprehensive high-quality, and multidisciplinary patient-centered care.

5. Jacqueline M. Wilentz Comprehensive Breast Cancer Center

Additionally, The Jacqueline M. Wilentz Comprehensive Breast Center was the first in Monmouth and Ocean counties to be granted full accreditation designation by The National Accreditation Program for Breast Centers ("NAPBC") for "providing the highest quality evaluation and management of patients with breast disease." The center also is one of two New Jersey facilities and among a handful in the nation to be recognized as a certified quality breast center of excellence, the highest certification level offered by the National Quality Measures of Breast Centers ("NQMBC").

6. The Valerie Fund Children's Center

The Valerie Fund Children's Center at MMC is one of eight hospital-based programs in the tri-state area that provides comprehensive medical services to children with childhood cancers such as leukemia, lymphomas and neuroblastomas, and blood disorders such as sickle cell anemia and white cell abnormalities. Children and young adults (birth to 21 years of age) with leukemia and other cancers are treated according to the most advanced therapeutic protocols. Patients receive treatment on an outpatient basis from a team of specialists, including pediatric hematologists/ oncologists, surgeons, radiologists, nurses, social workers, counselors and child life specialists. Among the Valerie fund's services is red blood cell apheresis – a sophisticated exchange/transfusion of red blood cells for patients with sickle cell disease.

7. Neuroscience Services

Monmouth Medical Center offers access to world-class specialists in Neurology and Neurosurgery for treatment of brain, spine and neuromuscular conditions. Working as a team with neuro-oncologists and radiation oncologists, patients with brain cancer and cancers of the central nervous system have access to the best available therapies and the most promising clinical trials, right here in New Jersey.

The interdisciplinary spine program provides expert care from neurologists, neurosurgeons and orthopedic specialists. Our dedicated centers for stroke, spasticity and dystonia, epilepsy, and neuromuscular conditions including ALS/Muscular Dystrophy are among New Jersey's best. MMC offers pediatric neurology through geriatric care including dementia and Alzheimer's Disease.

8. The Anna Greenwall Geriatric Program

Established in 1984, Monmouth Medical Center's Anna Greenwall Geriatric Program is a leader in elderly care in central New Jersey. The Anna Greenwall Geriatric Program is widely recognized for its emphasis on coordination of health and social services for the elderly and their families, with a focus on comprehensive care and education. It offers:

The cornerstone of the Anna Greenwall Geriatric Program is the Geriatric Health Center. The center offers comprehensive evaluation for adults 65 and older. The center's dedicated team of physicians, social workers and nurses evaluates each patient, and works with families to design a care plan that meets the specific needs of each patient. Primary and consultative services are available for older adults suffering from multiple concurrent medical conditions, decline in mobility, changes in gait and falls, memory loss and confusion, depression and behavioral changes, poly pharmacy/medication management and frailty.

Social workers are available to provide supportive counseling to patients and their families regarding caregiver stress and coping with the emotional challenges of aging. Additionally, social workers provide information and referral services to age-related agencies to the community at large. A social-work-led caregiver support group is run monthly. The group is geared toward providing education and support to caregivers of patients with dementia.

The Geriatric Health Center/Monmouth Memory Institute has fellowship trained geriatricians and a dedicated advanced practice nurse who provide both primary care and consultative services for older adults at all levels of care. Consultation by the geriatricians is available on the hospital's impatient units. Partnering with the hospitalist and the primary care provider, MMC's dedicated geriatric specialists offer comprehensive initial assessments and then continue to evaluate these patients throughout their hospital stay.

The Geriatric Emergency Medicine ("GEM") Unit at MMC provides Emergency Department patients 65 and older access to an interdisciplinary team of specially trained geriatric medicine caregivers who work with referring physicians, a dedicated pharmacist and consults with a board-certified geriatrician. The GEM Unit features treatment rooms designed to provide older adults with an atmosphere that meets their needs. These features include lower beds equipped with safety alarms to prevent falls, controlled lighting, larger TV screens, reduced noise levels, anti-slip flooring and an age-specific call-bell system.

9. The Cranmer Ambulatory Surgery Center

The center provides a full spectrum of inpatient and same-day surgical services using the most modern technology available. The facility includes four full-service operating rooms, three minor procedure rooms and a three-tiered graduated recovery area, respecting the individual needs of adult and pediatric patients.

The one-story, 19,000-square-foot building is equipped to perform all types of same-day surgical procedures, including arthroscopic, laparoscopic and laser techniques. Every aspect of the center has been designed to provide the ultimate in efficiency and comfort for patients and their families, while offering the highest quality medical care.

10. Robotic Surgery Program

MMC created the region's first robotic surgery program. The robotic surgery system combines computer and robotic technologies with the skills of MMC's surgeons to create a new category of

surgical treatment, making it possible to perform more technically demanding surgeries, such as prostatectomy, using a minimally invasive approach. MMC offers robotic surgery for the removal of a variety of cancerous tumors as well as for benign conditions. The robotic surgery system offers patients better outcomes, less pain, less scarring, less blood loss, lower rate of infection, shorter hospital stays and a quicker return to normal activities than conventional surgery. A recent addition of the DaVinci ION robotic bronchoscopy platform bringing thoracic surgery to a new level of performance for the benefit of our patients.

MMC was the first hospital in Central and Southern New Jersey to introduce Mako robotic-assisted total and partial knee and hip replacement surgery. Mako surgery is performed using a surgeon-controlled robotic arm system that enables accurate alignment and placement of implants.

MMC-SC Campus

MMC-SC's recognized medical services and centers of excellence include, but are not limited to, the following:

1. The James & Sharon Maida Geriatrics Institute

MMC-SC has long been a leader in geriatric medicine, which specifically addresses the unique care needs of older adults. The James and Sharon Maida Geriatrics Institute provides integrated inpatient and outpatient geriatric services for patients 65 and older in one convenient location.

With our many interlinked services, the experts at the geriatrics institute provide individualized care recommendations to ensure that patients receive the special care they require, without interfering with their independence. And our geriatric team works closely with that patient and his/her loved one's primary care physician to make sure that all patient and family needs are met. With the expert treatment available at our state-of-the-art outpatient practice, older adults can live the fullest life possible.

MMC-SC's multidisciplinary team also includes nurses, social workers, nutritionists, pharmacists, health educators, physical therapists, occupational therapists, speech therapists and audiologists, all who specialize in the care of seniors and are available to accommodate the needs of patients as they transition from inpatient to outpatient care.

Complementing the geriatrics institute are the geriatric emergency medicine (GEM) unit, created to meet the more complex needs of seniors in emergency care, the acute care for elders (ACE) unit, an inpatient unit utilizing an interdisciplinary approach to collaboratively develop a patient-centered care plan, and the better health program, which offers courses and more to men and women 55 and older who want to improve their health and well-being.

2. Cancer Services

Monmouth Medical Center-Southern Campus (MMC-SC) provides a comprehensive range of medical treatments for all stages and types of cancer. These advanced techniques are enhanced with valuable support services like oncology nursing and navigation, nutritional counseling, home care, rehabilitation, social services, pastoral counseling and hospice care to meet the physical, emotional and spiritual needs of patients and family members. Cancer services provided include screening services, an outpatient infusion unit, ongoing rehabilitation program and a wide range of support services including diagnosis specific support groups, educational workshops, strength

building classes, yoga, Qi-Gong, opportunities for socialization and special lectures emphasizing wellness and mind body connection.

3. Psychiatric Centers/Program

MMC-SC has the largest psychiatric program in Ocean County, with a total of 60 beds within voluntary and involuntary adult inpatient units located in a free-standing facility in Toms River, NJ. In addition, its psychiatric emergency screening service ("PESS") is the state-designated service for Ocean County. Crisis Intervention, stabilization and treatment are all provided. Mobile outreach to those in Ocean County experiencing acute psychiatric distress and traumatic incident debriefing are provided as well. MMC-SC also offers intensive outpatient programs and traditional outpatient care.

Accomplishments/Milestones/Recognition/Awards

MMC is accredited by the joint commission under the hospital accreditation standards and behavioral health standards and is the recipient of numerous awards and honors including, but not limited to, the following:

- U.S. News and World Report: RWJ Barnabas Health Children's Hospitals were named among the best Children's Hospitals for 2023-2024 for urology. The urology ranking recognizes four hospital practices based at the Bristol Myers Squibb Children's Hospital, but it also provides care at three other RWJ Barnabas Health hospitals – with Children's Hospital of New Jersey at Newark Beth Israel Medical Center, MC Mullen Children's Center a Cooperman Barnabas Medical Center, and the Unterberg Children's Hospital at Monmouth Medical Center.
- Monmouth Medical Center is the only hospital in the region to receive an "A" Hospital Safety score by the Leapfrog Group for 17 consecutive rating periods through Spring 2023.
- MMC was also named a top teaching hospital by the Leapfrog Group in 2021.
- Monmouth Medical Center has been named to the 2024 Newsweek list of World's Best Hospitals, marking the third consecutive year the hospital has been on this listing, which recognized the best medical institutions among 2,400 across 30 countries and one of 414 of the more than 6,000 U.S. hospitals and only 6 so named in New Jersey.
- Ranked among just 148 U.S. hospitals named to the digital platform Money's inaugural list of the Best Hospitals in America.
- Ranked among the top 10 New Jersey hospitals in the U.S. News and World Report rankings for 2022-2023 with top honors as "high performers" for chronic pulmonary disease and heart and kidney failure.
- Designated as a NICHE (Nurses Improving Care for Health System Elder's) Hospital.
- Named to the College of Healthcare Information Management Executives' Digital Health Most Wired Recognition, achieving a Performance Excellence Level 9.
- Named a leader in LGBTQ healthcare equality by the HRC Foundation.
- Holds a platinum level designation for Hospital organ donation from the Health Resources & Services Administration ("HRSA").

- Designated a magnet recognized hospital by the American Nurses Credentialing Center.
- One of 34 U.S. Hospitals to be honored by the Emergency Nurses Association with their Lantern Award, which recognizes exceptional emergency departments.
- Accredited by the Forum for shared Governance, joining 90+ organizations internationally who strive to elevate nursing within their institutions.
- Won the American Nurses Leadership Center's Commission on accreditation Practice Transition Program accreditation for 2020-2023.
- MMC's New Graduate Residency Program was awarded accreditation with destination, the highest recognition by the American Nurses Credentialing Center's Accrediting program.
- MMC was named by Money and Leapfrog to their lists of Best Hospital's for Maternity Care.
- MMC was named to Newsweek's 2023 list of Best Maternity Care Hospitals, one of only 384 U.S. hospitals.
- Recognized by Healthgrades for Excellence in Women's care, receiving the 2022 Obstetrics and Gynecology Excellence Award and Labor & Delivery Excellence Award. MMC has received these two Healthgrades destinations for 7 consecutive years, ranking MMC among the top 5% of hospital's evaluated for both obstetrics and gynecology, and labor and delivery.
- MMC is one of 3 New Jersey hospitals chosen to launch TeamBirth, a statewide initiative designed to enhance birthing experiences and improve outcomes.
- Designated as a Primary Stroke Center by the N.J. Department of Health.
- One of nine Institutions for "Healthcare Improvement" Mentor Sites For Heart Failure.
- Received the "Get with the Guidelines" Heart failure Gold Plus Quality Achievement Award from the American Heart Association's Get With The Guidelines Performance Achievement Awards.
- Accreditation through a voluntary program of the Intersocietal Commission for the Accreditation of Echocardiography Laboratories ("ICAEL"), the hospital's noninvasive echocardiographic lab received special recognition for 25 consecutive years of excellence.
- Designated as a Intersocietal Accreditation Commission ("IAC") accredited vein center.
- Both cardiac and pulmonary rehabilitation programs are certified by the American Association of Cardiovascular and Pulmonary Rehabilitation.
- The Leon Hess Cancer Center is the only facility in Monmouth County to be designated by the American College of Surgeons Commission of Cancer as an Academic Comprehensive Cancer Program.
- The Jacqueline M. Willentz Comprehensive Breast Cancer Center holds accreditation from the National Accreditation Programs for Breast Centers (NAPBC). The Willentz Center is the first in the region to be granted full NAPBA accreditation designated for "providing the highest quality evaluation and management of patients with breast disease."

- The Willentz Center quality designations also includes certification as a Quality Breast Center of Excellence, the highest certification level offered by the National Quality Measurer for Breast Center's ("NWMBC"). It is one of just two New Jersey facilities among a handful in the nation to achieve this top national certification, and is among a handful of breast imaging centers across the nations designated a Breast Imaging Center of Excellence by the American College of Radiology ("ACR") commission on quality and safety and the Commission on Breast Imaging.

- Accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program for exceptional patient outcomes in bariatric surgery.

- Joint Commission Disease Specific Certification in stroke, hip and knee replacement and spine surgery.

- Sleep Disorder Center is the first in Monmouth County to earn accreditation from the American Academy of Sleep Medicine

MMC-SC Campus

MMC-SC's Lakewood Campus is accredited by the Joint Commission and has also been recognized with distinguished awards for clinical excellence including, but not limited to, the following:

- Earned "A" score in hospital safety from the Leapfrog Group throughout 2023.

- Four-star rating from the Center's for Medicare & Medicaid Services (CMS) – the highest hospital rating in New Jersey.

- Recognized as a mentor hospital by the New Jersey Hospital Engagement Network (HEN).

- Awarded the Joint Commission Gold Seal of approval for the chest pain and heart failure program in disease specific management programs for demonstrating continuous compliance with Joint Commission performance standards.

- Designation as a NICHE (Nurses improving Call for Healthsysem Elders) hospital.

- Successful re-accreditation with the College of American Pathology, American Association for Blood Banks, and Intersocietal Accreditation Commission in Echocardiography in Adult Transthoracic and Adult Transesophageal Echocardiography.

- Awarded a Gold Seal of Accreditation in ultrasound by the American College of Radiology.

- Accreditation by American College of Radiology in MRI and Nuclear Medicine.

- NJ Sharing Network Platinum Level Recognition for increasing enrollment in the NJ state donor registry and spreading the life-saving message of organ and tissue donation.

- "Most Wired" recognition from the College of Healthcare Information Management Executives.

- Wound Care Center is a dual recipient of RestorixHealth Council Destination and Patient Satisfaction Awards.

VISION AND GUIDING PRINCIPLES

MMC began a Master Facility Planning process in 2008. Unfortunately, the recession that followed resulted in the decision to only make necessary and urgent improvements in mechanical engineering and patient care areas while the larger, more expansive plans were put on hold.

In 2016, recognizing the growing need to deal with both immediate and long-term facility issues, MMC began working with its Board of Trustees, Medical Staff, Community Stakeholders and staff to develop a long-range master facility plan that would meet the changing needs of the community. MMC has reviewed multiple options and considered a variety of solutions. At that time, it became apparent that the plan to expand services to Fort Monmouth represented the most logical, viable and sustainable option that was considered. A Certificate of Need was originally planned for submission in 2020 but the advent of the COVID-19 Pandemic caused postponement of the submission until this time.

As part of the planning process, the following vision and guiding principles were developed as guidelines for the design and development of the new acute care facility.

Vision for the new MMC Facility

Monmouth Medical Center is committed to being a leader in designing unparalleled new ways for delivering health care. MMC provides quality-driven, safe, efficient, cost-effective and responsible health care services that meet and exceed the expectations of our community.

Guiding Principles

Flexible space and sustainable care improvements.
Models of care delivery continue to evolve. The care environment must be flexible and adaptable to respond to the change. The new MMC will be designed to accommodate new care models and technologies, with the flexibility to change across the Long Branch and the Tinton Falls campuses over time. The link between human health and the health of our environment are intertwined, and for that reason we are committed to sustainable design solutions that improve patient care and the environment.
Enhanced patient, staff and visitor experience.
MMC is recognized as a provider of quality and compassionate care. We care about our patients, staff and visitors, and the quality of their experience. Involving patients and families, we will build upon this legacy to develop environments that ensure an even better experience in the future.

Creating healthier communities & more affordable access.
As an integral part of the Central New Jersey Health Care Community, MMC has played a vital role in the health of our community. We will continue to enhance the health of the population by partnering with individuals and groups to ensure that all residents have access to the services, education and preventative strategies they need to maintain and enhance their health and well-being.

Ensuring a culture of patient safety & security.
We will continue to strive for integrated success and high reliability practices that support patient safety and lead to positive clinical patient outcomes. We will ensure that the built environment designed to support and enhance patient safety. All inpatient rooms will be designed as private rooms to support infection control practices, as well as patient privacy. The advent of COVID-19 has enhanced the need for healthier buildings and provided opportunities to employ new strategies for infection prevention.

FACILITY BACKGROUND

MMC is located on 13.75 acres at 300 Second Avenue, in Long Branch, New Jersey, sandwiched between commercial and residential areas. Access to the campus is through the town of Long Branch from the Garden State Parkway to the West, NJ 36 to the North, and Rt 71 to the South. NJ

transit has a station across the street from the Medical Center. Accessing the campus is somewhat difficult due to the location.

MMC is currently licensed for 514 beds and has been serving residents of the region at the current site for nearly 110 years. From humble beginnings, the hospital now provides a broad array of acute, tertiary, ambulatory and essential services. The majority of the buildings currently in use are over 50 years old.

The main hospital complex has a number of named buildings as it was constructed over time. The age of the facility is a significant problem for continued upkeep of engineering systems and renovations of space for current treatment methods. The older buildings have hazardous materials such as asbestos in some areas. The configuration of the floor plates of the buildings severely limits the ability to repurpose existing interior areas and rearrange the facility for better efficiency. Outpatient areas are dispersed across the campus, are not in convenient locations and lack adequate parking near entry points.

As a result of the existing campus constraints on the main MMC site, MMC leased an 82,000 square foot building in Eatontown on the campus of Monmouth Mall near the Garden State Parkway which is now home to a new outpatient care pavilion. This 4-story outpatient facility named the Ann Vogel Family Care and Wellness Center, offers medical offices, laboratory services, an urgent care center, a wellness center, audiology, psychiatry and psychological services, PT, OT and speech therapy, maternal fetal medicine, lactation counseling, a perinatal mood anxiety disorders clinic, gynecology and pediatric subspecialty services for cardiology, endocrinology, gastroenterology, surgery, urology, pulmonary medicine and infectious diseases. Many of the services above are provided by our affiliate, Children's Specialized Hospital, also located in the building.

Throughout the years MMC has continued to make critical infrastructure upgrades and to upgraded/renovated or make additions to several areas, including the cancer center, operating rooms, inpatient units and labor and delivery to improve the patient environment and the level of services offered, but many areas are in need of modernization and many building are well beyond their useful life. In an effort to gain a better understanding of the strategic and infrastructure need of MMC, a strategic and long-range master planning process was initiated in 2016. The process sought to also identify how best to deal with the problems inherent in the 100+ year-old campus given MMC strategic focus of embracing and responding to new models of health care, developing a robust wellness program to improve the health of people served, increasing geographic access, providing cutting edge technology, meeting the growing need for convenient access to outpatient services, offering an exceptional patient experience and being the best place to work.

EXISTING CONDITIONS

HOK, a global design, architecture, engineering and planning firm was selected to undertake the development of MMC's long range master facility plan. As an initial step in the process HOK evaluated the campus and its overall facilities. In its report, HOK indicated that MMC facilities rate "below standard" or "undesirable" overall, when evaluated based on functional and physical qualities of the space. This analysis was based on the following benchmarks:

- Industry space standards
- Departmental adjacencies/locations
- Departmental organization and flow
- Quality of interior
- Flexibility for change

Space Benchmarks

Key rooms and/or dimensions meet the functional and intent of operations, do not present hazards or inhibit use or efficiency.

Findings:
Most inpatient, procedure, imaging and emergency department areas are below current benchmarks. When inpatient rooms meet minimum design standards, these rooms are often below current industry standards and inadequate for current operations in the existing facility.

Adjacency/Location

Direct adjacency to short dedicated horizontal and vertical connection supporting best practice patient care are in place. Examples include surgery to surgery ICU, and Emergency Department to diagnostic imaging.

Findings:
Many of the program components have been designed to fit, rather than designed to meet best practice adjacency relationships. Surgery and ICU are far apart. LDR and NICU are inappropriately separated. Many outpatient areas are spread across the Campus with limited access, parking and difficult wayfinding from the main entrance. Many public spaces are upstairs from the main entry, creating access and flow problems. Inefficient elevator locations, stairs and ramps also contribute to difficulties in connecting outpatient departments.

Process & Flow

Space is organized effectively to meet the ongoing process in a cost-effective manner being patient focused with proper adjustments, adequate access to equipment, staff, technology and communication systems.

Findings:
Internal wayfinding between different entry points is challenging. Specific areas of inefficient flow are in the ED, which is ineffectively organized due to being fit into the existing infrastructure, the surgery ICU flow and the OB-LDR-NICU flow, which has problems with crossing of public and newborn traffic patterns. Medical surgical units are scattered throughout the campus, often on insufficient floor plates grouped in inefficient unit arrangements. Outpatient services are also scattered without clearly defined, easily accessible entry points and little to no connection to other public areas of the facilities.

Quality of Interior

Space is of good quality, having adequate lighting levels, with moderate to high level of finishes and adequate staff and patient amenities.

Findings:
The aging facility is difficult to maintain in a high-quality interior environment. Many of the actual patient care areas are beyond their useful life. Recent renovation of some patient care areas has improved the interior quality of those areas. Older buildings have abundant daylight, but small room sizes, inefficient mechanical systems, and confusing circulation. All of these factors contribute to the constant recognition of the age of the facility.

Flexibility for Change

Space is considered cost effective to modify, reuse and/or change, having adequate ceiling heights and ETF heights, minimal structural impediments, good access to medical gases, and served well from mechanical and electrical systems.

Findings:
Only the Todd building is designed such that it could be repurposed. The Stanley building has limited reuse potential because of floor heights. The remainder of the facility consists of uneven floor plates, oddly shaped wings, which do not lend themselves to repurposing. The age of the facility and degradation of the infrastructure systems do not support reuse for most of the other buildings.

Specific conclusions cited the following issues:

- Facility infrastructure is at or near failure, requiring immediate upgrade
- Current facility is inefficient in terms of use of square footage and operating costs associated with maintenance and operations
- Fragmentation, poor patient flow and inefficient unit sizes increase the cost of providing clinical care
- Facility is inadequate in terms of providing modern care, especially in ICUs and surgical suites
- Lack of private rooms, fragmentation of services, limited patient privacy and overall cosmetic conditions are significant patient and provider dissatisfiers

Key issues identified in the assessment of the campus included:

- The campus is small in size for a 500+ bed hospital and other non-hospital building. The site holds multiple buildings beyond the Medical Center including apartments, community connection and a Ronald McDonald house.
- There is limited access to the west due to the adjacent railroad. Location is proximal to the shore, limiting access to the facility.
- Most of the site is surrounded residential neighborhoods, with narrow streets that create difficulty accessing the site.
- While the campus has numerous entry points, there is limited parking adjacent to most entries. Parking for the transit stop can compete with staff and visitor parking.
- The garage is a large capacity structure, but there is limited surface parking adjacent to key service entry points.
- The new Cancer Center entry does not link into an overall unified public space experience for the campus.

With regard to the facility overall the following factors were noted, and deficiencies identified:

- Much of the campus is made up of aging facilities with the original buildings over 100 years old (1914) and a majority of the buildings 50+ years old.
- The west half of the campus is considered severely deficient, most other spaces are fair to poor in terms of room sizes, adjacencies, flexibility and quality of interiors.
- The campus is made of multiple building expansions over time.
- The external organization is convoluted with too many elevator banks without clear definition between public / patient / materials movement.
- Patient units are disconnected, and semi-private configurations are maintained on some units.

- Outpatient services are dispersed across the campus and not in convenient locations.
- Lack of coherent identity and location for key service lines, including cancer services and mother/children's services.
- Only a limited area of the Stanley & Todd building has opportunities for vertical expansion.
- Internal travel distance and transfer time between key departments is problematic.
- Despite recent additions and upgrades, many areas are in need of modernization.

The overall findings of the Departmental evaluation noted the following issues and deficiencies:

- Overall quality of patient care space is below current planning standard
- Most diagnostic and treatment services are undersized and inefficiently organized due to existing building constraints
- Some patient rooms do not conform to minimum FGI guidelines for bed clearances, even in single patient rooms
- Several of the inpatient centers have been renovated in the past several years, which are beneficial for the patient experience. However, this creates a disparity in interior environments and in some cases created small units that are not ideal departmentally.
- Location and size of the following services are problematic:
  - Central Sterile
  - Emergency Department
  - Cancer Treatment (inpatient and outpatient)
  - Behavioral Health (inpatient)
  - Surgery/Peri-Op/PACU
  - Radiology
  - Inpatient Dialysis
  - Cardiac Cath Lab
  - LDR/Obstetrics/NICU/PICU

An assessment of engineering structures was undertaken by AKF, a firm providing global engineering and design services, which found most of the engineering systems are at the end of their useful life and have current priority maintenance and/or repair and replacement issues. The following specific issues were identified, and recommendations were provided:

HVAC:

- The steam system is original to the hospital and has been extended to serve various buildings. The boilers, piping, steam PRV stations, traps and various condensate transfer pumps are at the end of their useful life
- Air handling units (AHU) are in fair condition with some preheat cores replaced. They were installed in 1978 and are nearing the end of their useful lives

Fire Protection Systems:

- All systems are original to the building and in fair condition

Electrical Systems:

- Transformers and switchgear are approximately 60 years old and transformers are showing signs of leaking. Switchgear parts are no longer available due to age of equipment. This is a critical area in need of replacement
- Existing emergency generators are old and could fail at any time. This is a critical area in need of replacement
- Medium voltage feeders are 30 to 60 years old. Either they are replaced as transformers and gear are upgraded, or they will fail under emergency conditions
- Older emergency generators need to be replaced

- Sanitary and storm systems are original to the building and are in fair condition

Plumbing Systems:

- Domestic hot and cold water systems are original to the building and in fair condition
- Medical vacuum systems are original to the building and reaching their end of life cycle

Most recently (Fall of 2023), a major storm affecting much of the East Coast resulted in water infiltration through windows, floors, and roofs, causing breaks in the outer walls of the facility. The third floor of the Alexander Pavilion Building was shut down so that windows, floors and roof repairs could be made and the hospital temporarily closed the adult voluntary Behavioral Health unit to allow for ready access and to use this as an opportunity to provide a refresh for the unit. This was not the only affected area as work is needed to repair the facades, roofs and windows throughout the campus. Other anticipated repairs include new dampers. Due to the age of many of the buildings on campus, infrastructure repairs are a continual and costly concern that must be addressed to ensure a safe environment for patients.

PLANNING PROCESS

Board and Community Involvement and Support

In 2008, MMC completed a master facilities plan which identified building issues and deficiencies. The recession put all but necessary repairs and renovations on hold. A long range master facility plan was restarted eight years later in 2016.

MMC's Board of Trustees was and is actively engaged in the development and execution of MMC's strategic planning activities. MMC's local Board consists of 8 community members from Ocean County and 35 community members from Monmouth County, representing the towns and localities served by the Medical Center. Community members include civil- community-based organizations and individuals.

The Board has been appraised of all aspects of the 2016 long-range planning process, including the assessment of all buildings, infrastructure, campus and mechanical and engineering systems. The Board has also approved the development of several options and alternatives to deal with the current campus deficiencies and gave its approval both to the purchase of a 36-acre parcel of land at Fort Monmouth and for the development of an outpatient center and the potential expansion of acute care services to the area. Earlier this year, after considerable study, input from internal stakeholders and community residents, the board gave its approval for submission of this Certificate of Need. See Appendix 1.

Beginning with the decision to purchase a property on the Fort Monmouth site, the announcement in 2020, of the $50 million dollar donation from the Vogel Family and the decision to begin construction of the outpatient center, MMC has developed and executed a communication strategy aimed at sharing project information with both internal and external stakeholders and to seek their input and counsel.

Internal communication platforms and meetings have been held extensively to ensure front line staff, medical staff and management and board members have adequate information and the opportunity to ask questions or voice concerns. A micro-site within the hospital's website, meetings with community and civic leaders and community organizations along with press releases are currently being used to ensure that the community is updated on project progress. The outpatient construction site has signage and a number for residents to call regarding questions or concerns.

Internal input gathered through direct communication with the community has yielded information which has been used in the design and redevelopment of both the Long Branch and Tinton Falls Campus sites. MMC will ensure that it effectively communicates its plans throughout the construction process. See section entitled **Expansion and Redevelopment Plan.**

Medical Staff and Community Involvement

MMC involves its medical staff in the planning of the new Medical Campus to both inform staff and to seek their advice and guidance. Members of the Hospital's medical staff have Board-level appointments and as such participate in strategic discussions. The Board's Strategic Planning Committee has membership from the Medical Staff where Hospital's modernization and program development discussions are held. Members of the medical staff also get monthly and quarterly project updates from the administration at Medical Executive and Medical staff meetings.

As plans for the new Medical Campus were being developed, the medical staff were actively involved. Preliminary construction documents for the new medical facility were fully developed with the members of the medical staff representing various medical and surgical departments working with architects and engineers to evaluate the impact of building design options on workflow and patient care. MMC's administration, architects and engineers will continue to work with medical, nursing and departmental design teams on detailed construction documents for the proposed new Medical Center in Fort Monmouth.

DESCRIPTION OF THE PROJECT

MMC is submitting a Certificate of Need (CON) for phase 2 of their new Vogel Medical Campus development, to be located in Tinton Falls, New Jersey. Phase 2 will relocate select acute care services at Monmouth Medical Center to a new building. The new facility will include emergency services, predominantly inpatient acute care programs, surgical services, diagnostic imaging, and the required support programs. The phase 2 building will be approximately 777,720 BGSF with two inpatient pavilions and seven (7) functional stories in height plus an additional basement level. There is an attached central utility plant that is approximately 32,760 BGSF.

Phase II of the new Vogel Medical Campus comprises the relocated acute care services and expanded emergency services. The hospital building connects with Phase I Cancer Center and Ambulatory Care Pavilion. The narrative below is a description of the planned hospital facility.

Ground Floor
The ground floor level incorporates building support and ancillary services. There will be a connection to the Vogel Cancer Center and Ambulatory Pavilion located adjacent to the proposed hospital at this level. Support services included are Core Lab, Kitchen / Dietary, Facilities, materials Management, Morgue, and the Central Utility Plant.

First Floor
Main entry to the hospital will be on the first floor and is proposed to be located at the northern side. There will be a patient drop off area with a covered canopy. Directly off the vestibule entrance will be a support zone for valet parking services. Patients and visitors will be received by a greeter upon entering a Lobby area and have access to general waiting, reception, registration functions and public restrooms. Other public areas and amenities located on the first floor include Information Kiosks, Retail Pharmacy and Gift Shop.

Two public elevator banks are provided each serving the Inpatient Pavilions. One elevator bank has a direct connection to the Women's and Children's Pavilion (Pavilion A) and the other public elevator bank (Pavilion B) has vertical connections to the acute care nursing units and interventional platform. Service elevators are provided for both pavilions for all support functions to be used independent of the public elevators. For the purpose of this narrative, the inpatient towers and public elevator banks will be referred to as Pavilion A and Pavilion B.

Emergency Department. The Emergency Department has a dedicated ambulance entrance with a vestibule located on the southside of the building. Walk-in entry is on the west side with parking adjacent to the entrance. The emergency department consist of five (5) triage rooms and forty (40) regular treatment rooms. Two (2) treatment rooms are sized for bariatrics. The Emergency Department is providing space for a separate pediatric area. There will also be a separate dedicated psychiatric evaluation screening service ("PESS") with seven (7) treatment rooms. Space for eighteen (18) treatment / observation beds with their own dedicated toilet room will also be provided.

Imaging. Imaging is located adjacent to the Emergency Department for optimum workflow to adjacent modalities. Those modalities include four (4) General Radiology, one (1) Dexascan, four (4) Ultrasound, two (2) Fluoroscopy, three (3) MRI, three (3) CT scan, one (1) PET CT, one (1) SPECT CT and three (3) Nuclear Cameras.

The Diagnostic imaging department also include the following rooms and testing areas; four (4) Echo Rooms, one (1) EKG room, two (2) Stress Test / Cardiac, one (1) Stress Test / Tilt and three (3) EEG Procedure Rooms.

Breast Cancer. A comprehensive Breast Center will be located on the first floor off the public lobby and adjacent to the imaging department. The Breast Center includes one (1) stereotactic biopsy room, one (1) ultrasound biopsy room, four (4) ultrasound rooms and six (6) mammography rooms. Patients utilizing the Breast Center will have access to the Imaging Department for their diagnostic needs. The Breast Center is located adjacent to the Imaging Department with the ability to share staff resources and additional diagnostic tests for the Breast Center patient through discreet corridor access.

Second Floor

Dining / Cafeteria. Dining and Cafeteria services will be located on the second floor. The dining areas will have views to the first-floor level below. The cafeteria will feature various meal stations and adequate seating will be provided for both staff and visitors.

Interventional Unit. The Interventional Unit is located on the second floor and easily accessed by the Pavilion B elevators from the first-floor lobby. The Interventional Suite will accommodate ten (10) General Operating Rooms, two (2) Specialty Operating Rooms, two (2) Hybrid Operating Rooms, two (2) Procedure Rooms that are ERCP capable, and one (1) Bronchoscopy Procedure Room. Thirty-eight (38) flexible Prep / Stage II Recovery / PACU Rooms will support the Interventional Unit. Sixteen (16) Prep / Stage Recovery Rooms will support the Interventional Radiology and Cardiac Cath Procedures.

Women's Services. The LDR / C-Section Suite and the Post Partum Unit are located on the second floor and are accessed by the public elevators dedicated to the Women's and Children's Pavilion (Pavilion A) from the first-floor lobby. There will be six (6) Triage Rooms, six (6) Antepartum Rooms and twenty-two (22) Labor Delivery Recovery rooms ("LDR"). The LDRs are adjacent to a three (3) room C-Section Suite that has off stage access to the surgical suite for additional volume needs.

Third Floor

Administration and Conference. The new hospital will contain ten (10) conference rooms that will be arranged in a flexible layout that may be configured into larger rooms as needed. The conference rooms are located on the third floor adjacent to the public elevators and can be used by other public events and entities in addition to administrative needs.

The adjacent administrative suite will contain offices for the executive C-Suite and flexible work areas for other system leaders.

Information Technology. Information Technology is also located on the third floor and has adjacencies to the conference center and administrative departments.

Central Sterile Processing (CSP). CSP is located on the third floor directly above the surgical suite. The three (3) zone CSP has a dedicated elevator connection to the second floor for transport of soiled and clean materials.

Pharmacy. The Pharmacy is located on the third floor directly above the materials storage area with a direct elevator connection for transport of goods. The pharmacy is also located directly below the Neonatal Intensive Care Unit. The pharmacy will also have connections to the bed floors and interventional platform through the service elevators. Pneumatic tube stations will also be provided in strategic areas for medication delivery.

Fourth Floor
Neonatal Intensive Care. The Neonatal Intensive Care Unit is located on the fourth floor directly above the LDR / C-Section Suite located in the Pavilion A. This unit is forty (40) beds comprised of a combination private, double, and four (4) bedded rooms.

Inpatient Nursing Unit. The fourth floor will also consist of a thirty-six (36) bed acuity adaptable Intensive Care Unit with public access from the Inpatient Pavilion B elevators at the first floor of the public lobby.

Fifth Floor
Acute Care Inpatient Nursing Unit. The fifth floor will consist of one (1) Acute Care Inpatient Unit and one (1) 32-bed postpartum unit with a 25-bay normal newborn nursery. This unit is accessible by the public elevators at Pavilion A.

Sixth Floor
Acute Inpatient Nursing Unit. The sixth floor will consist of one (1) Acute Care Inpatient Unit and one 32-bed postpartum unit with a 25-bay normal newborn nursery, accessible by the public elevators at Pavilion A.

Seventh Floor
Acute Inpatient Nursing Unit. The seventh floor will consist of one (1) 18-bed Acute Care Inpatient Unit located in Pavilion B.

Pediatric Unit. Adjacent to the Acute Care Inpatient Unit will be a 16-bed Pediatric Unit of which five (5) of the beds will licensed for Pediatric Intensive Care.

Inpatient Acute Care Units
The Inpatient Acute Care Units are designed to be adaptable for future changes in patient acuity. Each typical patient unit will have a total of thirty-six (36) beds and meet the unit size requirements of critical care. Floors Five and Six in Pavilion A will each have a 32 bed postpartum unit. Floors Four to Six in Pavilion B will each have a 36-bed Acute Care Nursing Unit. Floor Seven in the Pavilion

B will accommodate an 18-bed acute care unit and a 16-bed Pediatric Unit. The Pediatric Unit will also be sized to meet critical care standards to provide future flexibility for acuity.

These patient units will be accessed by the public elevators in their designated pavilion locations. They will also be accessed by the staff and have connections to support and ancillary functions through the corresponding support elevators that travel directly to the units.

Patient Care Areas
The units will be designed with an off-stage corridor that will access support areas to maintain the privacy and allow for support functions to occur without disrupting the patient. Each patient unit is supported by all the necessary spaces to allow the units to further be configured into units of 18-beds each.

Every patient unit has two (2) isolation rooms with the ante room configurations and meet the requirements for Airborne Isolation Room. Full bathrooms will be provided for each patient room (no central bathing) patient toilet and shower. A decentralized nursing station will be provided at each patient room with direct visibility through a vision panel from the corridor location into those rooms. These decentralized stations are in addition to the nursing station(s) provided in the core of each unit.

Neonatal Intensive Care Unit
The Neonatal Intensive Care Unit is designed to be adaptable for future flexibility providing a series of private, semiprivate, and multiple infant rooms pending census and population needs. Design features are similar to the adult inpatient unit providing on stage and off-stage corridors for separation of public and staff access and to allow for increase in patient privacy.

The Neonatal Intensive Care Unit is located on the fourth floor of the Pavilion A directly above the LDR | C- Section Suite. Public elevators located at Pavilion A on the first floor will allow for direct access to the unit. Separate service elevators have a direct connection from the LDR Suite below to the NICU. These elevators also have connections to the support and ancillary functions of the hospital. Public access is secured and controlled by security processes and staff.

Patient Care Areas
Upon the infant's arrival to the NICU the neonate may be taken to one of two (2) triage rooms for further assessment and preparation prior to disposition to their patient room. This triage room provides an additional area for assessment.

This unit is forty-one (40) beds comprised of a combination double, isolation, and four (4) bedded rooms to include both intermediate and intensive care beds. The plan calls for a combined unit of level II and level III beds which will be operated at the current licensed levels until the next CN call for NICU beds, at which time additional beds will be requested. The following is the composition of the key planning units:

- Six (6) private beds
- Eight (8) semiprivate beds
- Four (4) four beds
- Two (2) Isolation beds

Each patient unit and room meet the criteria as established. The unit has two (2) isolation rooms with ante room configurations that meet the requirements for Airborne Isolation Rooms. There is an additional (1) bed room to be utilized as family/education room.

Women's Services (Obstetrical Services)

Labor Delivery Recovery ("LDR")

The operational model for Obstetrical Services will be a Labor | Delivery | Recovery model in which after delivery the mother and infant will be transferred to the postpartum unit. The LDR is located on the second floor of Pavilion A adjacent to the C-Section Suite. The Postpartum Units are located on floors five and six. Design features are similar the adult inpatient acute care unit providing on stage and off-stage corridors for separation of public and staff access and to allow for increase in patient privacy.

Public elevators located in Pavilion A on the first floor will allow for direct access to the LDR unit. Separate service elevators have a direct connection from the LDR Suite to the NICU on the fourth floor. These elevators also have connections to the support and ancillary functions of the hospital. The location of the unit meets the requirements for Location. Public access is secured and controlled by security processes and meet the requirements for Security.

Patient Care Areas

Upon the mother's arrival to the LDR unit the patient will be taken to one of six (6) triage rooms for further assessment and preparation prior to disposition to their labor and delivery room. This triage area meets the requirements for Exam Treatment Room. The triage rooms have adjacent toilet rooms. The triage area is self-sufficient with a nursing station, documentation area, clean supply, soiled holding and medication room.

The LDR Unit has twenty-two (22) Labor Delivery and Recovery Rooms. The complete composition of the Obstetrical Unit includes the following:

- Six (6) Triage Rooms
- Twenty-Two (22) LDRs
- Six (6) Antepartum Rooms
- Three (3) C-Section ORs

Each Labor Delivery and Recovery Room meet the criteria established for space requirements. The unit has three (3) isolation rooms with the ante room configurations and meet the requirements established and the requirements for Airborne Isolation Rooms. LDR room has space allocated for its own infant resuscitation area and its own patient bathroom. Handwashing stations are provided in each patient room.

A decentralized documentation station will be provided between each Labor and Delivery Room and Ante Partum Room at the corridor location for a total of fourteen (14). These decentralized stations are in addition to the nursing station(s) provided in the core of the unit. Each Antepartum room is design to meet Space requirements for intensive care units.

C-Section Suite

The C- Section Suite is located on the second floor of Pavilion A adjacent to the LDR Unit and the Interventional Platform. The C-Section Operating rooms are located directly adjacent to the General Operating rooms of the interventional platform allowing for the flexibility to use to the adjacent operating rooms if the need should arise.

Public elevators located at Pavilion A on the first floor will allow for direct access to the LDR and C-Section Suite. Separate service elevators have a direct connection from the LDR Suite and C-Section to the NICU on fourth floor. These elevators also have connections to the support and ancillary functions of the hospital. The location of the unit meets the requirements for Location. Public

access is secured and controlled by security processes and staff and meet the requirements for Security.

Patient Care Areas

Upon the mother's arrival to the C-Section unit the patient will be taken to the prep recovery PACU area prior to the OR. This area is also located directly adjacent to the six (6) triage rooms for further assessment and preparation prior to disposition to the patient's labor and delivery room.
The C- Section Unit includes the following Key Planning units.

- Three (3) C-Section ORs
- Five (5) Prep/PACU/Recovery Rooms

Each C-Section OR meets the requirements for space. The C-Section ORs also include space for infant resuscitation. Three (3) scrub sinks are also provided prior to entry into each OR.

Postpartum Unit

The Postpartum Units are located on floors five and six of the Women's and Children's Pavilion. The units are two (2) thirty-two (32) beds for a total of sixty-four (64) private rooms. Each patient unit will have its own dedicated normal newborn nurseries. The model of care emphasizes rooming in, and the nurseries have been sized to reflect that model.

These patient units will be accessed by the public elevators in their designated pavilion locations. They will also be accessed by the staff and have connections to the support and ancillary function through the corresponding support elevators that travel directly to the units. Vertical connections from the LDR and C-Section OR are provided direct to the postpartum units from the second floor.

Patient Care Areas

The postpartum units will be designed similar to the acute care units with an off-stage corridor that will access support areas to maintain the privacy and allow for support functions to occur without disrupting the patient. The unit design will meet the space requirements for medical surgical units with the exception of the space requirements for the patient room.

Each patient unit and room will meet the criteria as established for postpartum room. Each postpartum unit has two (2) isolation rooms with the ante room configurations and meet the requirements for Airborne Isolation Rooms. Full bathrooms will be provided for each patient room (no central bathing) patient toilet and shower.

Normal Newborn Nursery

Patient Care Areas

The Normal Newborn Nurseries are located on each Postpartum Unit which meets the lactation requirements. There are 25 well borne bassinets located on each Postpartum Unit. Two (2) nurseries are provided on each unit, one nursery has space for eight (9) bassinets and the other has space for fifteen (12) bassinets and meet the space requirements for Newborn Nursery. There are also four (4) isolation rooms provided on each unit which comply with the requirements for Airborne Isolation Room.Emergency Department
The Emergency Department is located on the first floor of the proposed new building. There is immediate adjacency to the imaging department with direct access to diagnostic needs.

The Emergency Department is designed to be flexible and adaptable with census. Designed in pods of treatment rooms, each pod is self-sufficient with support areas and can close and open with

census fluctuations. There is a dedicated pod for pediatrics and a dedicated PESS unit. Integrated into the Emergency Department footprint is a treatment/observation unit. This unit will function as an extension of the department and will operationally focus on observation patients that require less than a 24 hour stay.

The walk-in entrance provides a covered entry and meets the requirements for Vehicular drop off and pedestrian entrance. A separate and distinct entry is provided for ambulance arrival which is protected with a covered canopy.

Separate service elevators have a direct connection to both patient towers and the surgical suite. There is a dedicated elevator adjacent to the ambulance entry for direct transport to the interventional and surgical procedure rooms.

Patient Care Areas

The composition of the treatment areas in the Emergency Department is as follows:

- Five (5) triage exam rooms
- Thirty-six (36) general exam treatment rooms
- Four (4) isolation rooms
- Two (2) bariatric rooms
- Two (2) resuscitation rooms
- Seven (7) behavioral health rooms (PESS)

One pod of treatment rooms is dedicated to Pediatrics and is located immediately adjacent to the walk-in entrance. The behavioral health rooms have a dedicated pod that has a distinct flow from entrance off the ambulance entry and a dedicated exit. Both specialty areas meet the requirements for Emergency department treatment areas.

Triage. The triage rooms are located immediately off the waiting area. Each triage room and the waiting area has direct visibility from the reception and nurses' station. There are five (5) triage areas provided, private rooms each with a handwashing station. The triage rooms are double sided with direct entry into the treatment area. Two (2) of the triage rooms are specifically for pediatrics.

Trauma Rooms. The project accommodates two (2) trauma rooms with one directly located off the ambulance entry.

General Treatment Rooms. The general treatment rooms meet the minimum size requirements of 120 square feet. All treatment rooms are private with their own handwashing station and storage area for supplies. Four (4) of the general treatment rooms serve as airborne isolation rooms with ante rooms and are distributed through the department. Each airborne isolation room has its own patient toilet. There are ten (10) patient toilet rooms provided.

Behavioral Health Rooms. The program includes a dedicated pod of seven (7) treatment spaces for behavioral health patients. This pod is self-sufficient with support areas and is separate from the other treatment zones. This pod of treatment rooms has two (2) patient toilet rooms.

Treatment/Observation Unit. The observation unit is collocated within the Emergency Department. There are eighteen (18) patient rooms provided with individual bathrooms and can function as a self-sufficient unit with its own support areas.

Diagnostic Imaging
Diagnostic Imaging will be located on the first floor with adjacencies to the public lobby and accessible by the emergency department, the breast center, and inpatient units for imaging needs. The department is located off the main lobby with public entry for outpatients that will need diagnostic testing and has a discrete entry from the breast center. The breast center will share the diagnostic modalities creating efficiencies in modality usage and staffing resources. All diagnostic imaging modalities and noninvasive cardiology testing services are grouped together to share support services and optimize efficiencies.

Patient Care Areas
The diagnostic imaging suite includes the following class one (1) imaging modalities:

- Four (4) General Radiology Rooms
- One (1) Dexascan
- Three (3) Ultrasound Rooms
- Two (2) Fluoroscopy Rooms
- Two (2) MRI 1.5T
- One (1) MRI 3 T
- Three (3) CT Scan
- One (1) PET CT
- One (1) SPECT CT
- Three (3) Nuclear Camera

The diagnostic imaging department also include the following testing areas:

- Four (4) Echo Rooms
- One (1) EKG
- Two (2) Stress Test | Cardiac
- One (1) Stress Test | Tilt
- Three (3) EEG Procedure Rooms

Breast Center
The Breast Center will be located on the first floor off of the public lobby with direct access to a secondary public lobby area that is at the first-floor level of Pavilion A. The Breast Center will provide diagnostic and screening services for Breast Health. This suite of spaces will also have a direct connection to the diagnostic imaging department for use of additional imaging modalities as required.

Patient Care Areas
The Breast Center will accommodate the following key program spaces:

- One (1) Stereotactic Biopsy
- Four (4) Ultrasound
- One (1) Ultrasound Biopsy
- Six (6) Mammography Rooms

Interventional Platform
The surgical operating rooms and the procedure rooms are all co-located in a consolidated platform referred to as the Interventional Platform. This procedural area can be accessed by the public from the elevators located on the first floor and by patients and staff through the service elevators in both inpatient towers. There is a dedicated elevator from the emergency department that allows access directly to the platform into a controlled zone.

Patient Care Areas

The Interventional Platform (Interventional Procedure Rooms and Surgical ORs) are located on the Second floor and contain the following Procedure rooms:

- Ten (10) General Operating Rooms (ORs)
- Two (2) Specialty Operating Rooms (ORs)
- Two (2) Hybrid Operating Rooms (ORs)
- Two (2) Cardiac Catheterization Labs
- Two (2) Interventional Radiology Procedure Rooms
- Two (2) Transesophageal Diagnostic Rooms
- One (1) ERCP Room

The following key supporting rooms are provided for each designated area:

General | Specialty and Hybrid Operating Rooms (ORs)

- Thirty-eight (38) Prep | Stage II Recovery | PACU

Cardiac Catheterization Lab | Interventional Radiology

- Sixteen (16) Prep | Stage II Recovery

The operating rooms meet the square footage and clearances required by code. While most cases will be inpatients, there will be patients that will arrive for same day surgery. Patients and families can access the surgical suite by taking the elevators from the main lobby to the second floor where they can immediately check-in at the reception. The pre and post care is designed with a separate PACU from the prep and recovery area. The PACU has restricted access and is designed with seventeen (17) private PACU rooms. The adjacent prep and recovery consist of private room model and is within the unrestricted area.

The PACU and prep recovery bays are designed to meet the requirements for Pre- and Post-Procedure Patient Care. Four (4) of the rooms have ante rooms for airborne infectious isolation. Two (2) of the prep | recovery rooms in the Cardiac Cath | Interventional area have ante rooms. All PACU and prep recovery rooms are equipped with a sliding door and curtains for additional privacy. All PACU and prep recovery rooms are equipped with a stretcher, overbed table, required medical gases, handwashing sink, physiological wall mounted monitor and a guest chair.

There are crash cart alcoves provided for the PACU and prep and recovery rooms. These alcoves are recessed to avoid the equipment encroaching into the minimum required corridor width. Locker room is provided to store all patient belongings.

The proposed plan calls for a decrease in acute care beds overall in keeping with current and future trends in hospital utilization. Over the last decade or more, hospitals across the nation as well as in New Jersey has seen utilization declines as care has shifted out of the hospital to outpatient care centers or to receipt of in-home care. Utilization experts predict that these trends will continue as medical innovation and reimbursement pressures drive care that can be safely delivered to alternative sites with the expectation that higher acuity patients will require inpatient care. The use of acuity adaptable bed design will ensure capacity to meet the highest acuity patient needs while building an infrastructure that is expected to operate more effectively and efficiently.

Current med/surg licensed capacity is overstated and under-utilized. The inpatient average daily census for medical/surgical inpatients was approximately 79 patients for 2022 as reported on the B2. This supports our decision to request a decrease of 180 medical surgical beds. Inpatient demand

projections show the proposed licensed capacity as being sufficient to meet future demand. Please see Question 5 for a full discussion of projected utilization of all inpatient services. The proposed changes in licensed capacity will enable a more effective and efficient utilization of beds.

As a result, the hospital proposes the following changes in licensed capacity.

Table 2.1 Current and Future Licensed Beds

Bed Category	Current Licensed Beds	Proposed Beds – Long Branch	Proposed Beds – Fort Monmouth	Proposed Beds – Total
Med/Surg	318	48*	90	138
Adult/ICU/CCU	28		36	36
Ob/Gyn	54		70	70
Pediatric	15		11	11
Ped/ICU	5		5	5
NICU	31		40	40
NICU Intensive	23			
NICU Intermediate	8			
Subtotal	451	48	252	300
Adult Psychiatric Closed	25	25		
Adult Psychiatric Open	19	19		
Peds Psychiatric Closed	19	19		
Total	514	111	252	363
Newborn Bassinets	36		50	50

* With Acuity-adaptable capacity for intensive care services

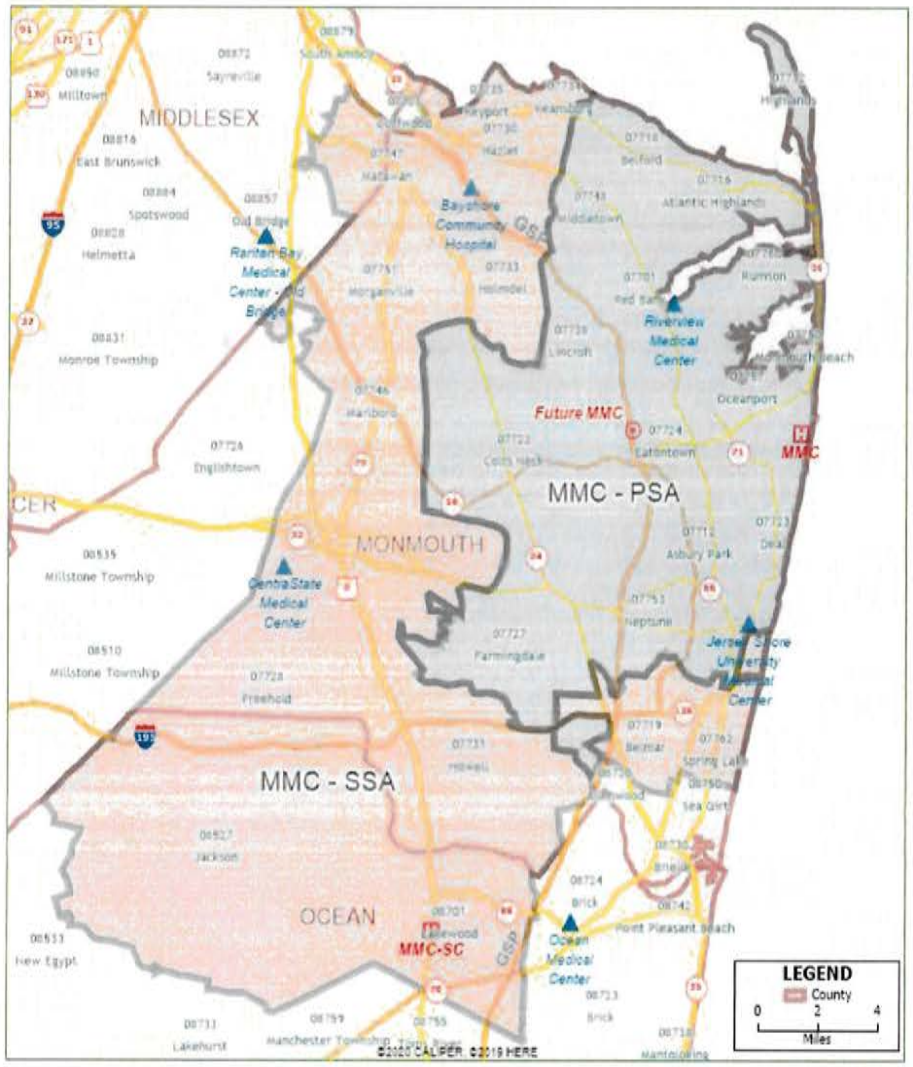
THE PROPOSED SITE

Fort Monmouth is a former installation of the US Army in Monmouth County, New Jersey. The former post comprises 1,126 acres spanning across Eatontown, Tinton Falls and Oceanport, and is 5 miles from the Atlantic Ocean. Originally opened in 1917, the post was selected for closure by the Base Realignment and Closure Commission in 2005. Most army functions and personnel were moved to facilities in Maryland and Ohio, and the post was officially closed in 2011.

In April 2006, Governor Jon Corzine signed into law the Fort Monmouth Economic Revitalization Act, which created the Fort Monmouth Revitalization Authority to create a plan for the redevelopment of Fort Monmouth once it closed. The plan was completed in 2008. In 2010 the Fort Monmouth Revitalization Authority was established to provide investment continuity and economic growth to the communities negatively impacted by the closure of Fort Monmouth. Private and government funding will result in the development of the Fort to house technology-based companies, educational institutions, hotels, restaurants, recreational and entertainment space, new housing complexes, retail space, and health and medical facilities.

The proposed site for the new hospital campus is on a parcel of the landmark Fort Monmouth property. The 36-acre site is located in Tinton Falls section of the site which once housed the Meyer Complex. The Meyer Complex served as a Cold War era research center. It is 5 miles from the MMC Long Branch Campus and is a location central to the Medical Center's service area. See Figure 2.1.

Figure 2.1



Between 2010 and 2017, as parcels of the Fort Monmouth site were being purchased, the Meyer Complex received no interest. At that time, the staff of the Fort Monmouth Economic Reintegration Authority, the agency responsible for redeveloping the Fort Meyer property and the New Jersey Economic Development Authority ("EDA") began to explore how the two authorities could work together to facilitate the demolition and redevelopment of the Meyer Center parcel. In September 2017 a resolution authorized the execution and purchase of the property to reposition the property for sale and redevelopment.

In February 2018, RWJBH submitted a proposal to the EDA to purchase the property to be developed with a state-of-the-art facility that would include an ambulatory care center, a Rutgers Cancer Institute of New Jersey Cancer Center, an office building, a system business office, and campus space for future medical and health facilities.

On June 21, 2023, MMC celebrated the groundbreaking of Phase I of the Vogel Medical Campus at Tinton Falls. The 5-story 150,000 square foot outpatient center is set to open in 2026. The new center will be designed to enhance patient experience by providing comprehensive same day surgery, on-site specialty physician offices and advanced diagnostic imaging. Multiple floors will be dedicated exclusively to state of the art cancer services offering a comprehensive oncology clinic and state of the art facilities for infusion and radiation therapy treatment in partnership with Rutgers Cancer Institute of New Jersey. Those in attendance at the groundbreaking included RWJ Barnabas Health leadership, Rutgers Cancer Institute of New Jersey, MMC senior leadership and board members, and various community stakeholders.

The submission of this certificate of need application, formally approved by the Board of Trustees, represents Phase II of the Medical Campus development. Pending approval by the Department of Health, it is anticipated that construction of the new acute care hospital will occur in 2027 with completion in 2029.

EXPANSION & REDEVELOPMENT COMMUNICATION PLAN

It is MMC's intention to continue the open and transparent dialogue it began with the announcement of the purchase of the Tinton Falls site. MMC has and will continue to work with employees, community residents and state, county and local officials as planning continues for the development of Phases I and II of the Vogel Medical Campus.

MMC has taken preliminary steps to notify, inform and create a discussion with internal and external stakeholders about its intention to expand acute care services in Tinton Falls and to redevelop the Long Branch site. These discussions have been fruitful, and ideas have been modified to ensure that the interests of all the communities the Medical Center serves are met.

These are first steps in what will be an ongoing communication plan that will span the entire period of regulatory approval, planning and design, construction and opening of the MMC's Vogel campus (currently estimated at 2029). MMC will utilize a variety of communication vehicles to ensure that information on the status of the relocation and MMC's plans are clearly and timely communicated to stakeholders.

Over time, MMC will utilize various communication vehicles, including:

- Dedicated Vogel Campus web page (rwjbh.org/loveyourfuture);
- Mailers to residents of Long Branch and Tinton Falls;
- Construction fence signage, with QR code leading to VMC web page and dedicated phone and email addresses for questions or concerns. Phone: 732-923-5399, email: vmc@rwjbh.org;
- Monthly and Quarterly questions & answers for all employees with President & CEO;
- President & CEO annual meetings with Mayors in Monmouth County;
- MMC Annual Public Meeting in June of 2024;
- Frequent community, stakeholder and donor events;
- Meetings with Tinton Falls City council members, superintendent of schools, NAACP president, Rotary Clubs and Chamber of Commerce
- Press conferences and news releases;
- Hospital magazine articles;
- Meetings with Board and physicians, and
- Mailings and memorandum to community physicians (with admitting privileges at MMC and MMC-Southern campus

Additional methods may also be used to ensure that information on the status of MMC's expansion and relocation are clearly communicated in a timely fashion.

FUTURE REDEVELOPMENT OF THE LONG BRANCH CAMPUS

MMC is a part of the fabric of Long Branch, having served the community for over 130 years. The decision to relocate select acute care functions to Tinton Falls was made with a view of how best to serve the residents of our Central Monmouth County service area in a manner assuring access and development of the most cost effective and efficient project.

Site constraints, poor renovation potential, highly inefficient and disruptive demolition and replacement process, an aging infrastructure and high on-site replacement costs are all factors that led to a conclusion that requires expansion to an additional site. Due to the paucity of sites of sufficient size, the site at Tinton Falls in the center of its service area and a mere five (5) miles from the existing campus presents an excellent relocation and modernization opportunity. This site places the hospital in the center of its service area, making it easily accessible to the majority of area residents.

The new hospital campus will operate in conjunction with the existing MMC Long Branch site assuring continued local support the Long Branch communities. The Long Branch site will continue to offer 48 medical surgical and observation beds which will include at least 12 rooms that are acuity adaptable for Intensive Care capacity, a full service Emergency Department, all inpatient and outpatient behavioral health services, imaging services, outpatient surgery and specialty clinic services, and operating rooms with surgical capability for patients requiring general anesthesia and more than 24 hours post op care. A van service will be available between the two sites for the benefit of patients, staff and family members/caregivers. The hospital is committed to creating a vibrant community village setting around the hospital services on the site.

In April 2021, MMC announced a partnership with the City of Long Branch and Mayor John Pallone to develop a new Innovation and Technology Center for the city through a donation of property from Monmouth Medical Center. Through this donation and partnership, new centers will be developed, including fitness center, nutrition education and kitchen, health and wellness services, a technology center and an expansive park (a copy of the City's press release in included as Appendix 8). The Medical Center is working with a variety of community partners to plan the redevelopment and modernization of areas in and surrounding he current campus that will complement the remaining hospital services and enhance the City of Long Branch. This investment is evidenced in the MMC's underwriting the creation of a new Boys and Girls Club location in Long Branch.

IMPACT ON THE COMMUNITY AND MEDICALLY UNDERSERVED

Site access will be substantially improved for residents of MMC's service area. Access has been a primary concern throughout the MMC's planning process because of the site constraints of the present location, lack of parking, narrow access roads, and poor access to major roads serving the region. The new site will be accessible via the Garden State Parkway and Rt 35. Transportation from the Long Branch site to the Tinton Falls site will be facilitated for patients and staff by a free van service. MMC will ensure that all persons including the medically indigent have access to the services provided at the new campus.

The Long Branch site will continue to serve the needs of patients throughout the construction phase, and will be upgraded and maintained with quality and technologically advanced care throughout the construction period. The new facility will provide greater overall efficiency, safety and the ability to better serve patients needing acute and ambulatory care. It will offer private room accommodations, to enhance patient safety, infection control, bedside technology, and privacy. In addition, emergency, inpatient beds, diagnostic treatment and surgical services, which are undersized by today's standards, will be rightsized to meet current treatment standards.

The Todd Building on the MMC campus is one of the newest buildings which contains some single, as well as semi private rooms which can be converted into single bedded rooms to ensure patient care and safety protocols are in alignment with the level of care at the Vogel Medical Center. The existing emergency department can easily continue to function, and the existing ICU can provide an opportunity to develop an acuity adaptable unit. Once the older acute care buildings are no longer in use, building maintenance costs will be substantially reduced and hospital-based facilities relocated in more suitable locations in terms of size and adjacencies. Working together, both campuses will provide central New Jersey residents with convenient, accessible and high-quality care.

MMC has provided, and will continue to provide, the medically indigent with access to medical care through primary, obstetrical and pediatric services provided through its partnership with Monmouth Family Health Center. A full range of medical and surgical specialty services including general surgery, orthopedics, pediatric orthopedics, endocrine, eye, ENT, urology and pain management will continue to be available on the current campus via outpatient clinics. The Monmouth Family Health Center has expressed its support of this project (see Appendix 2).

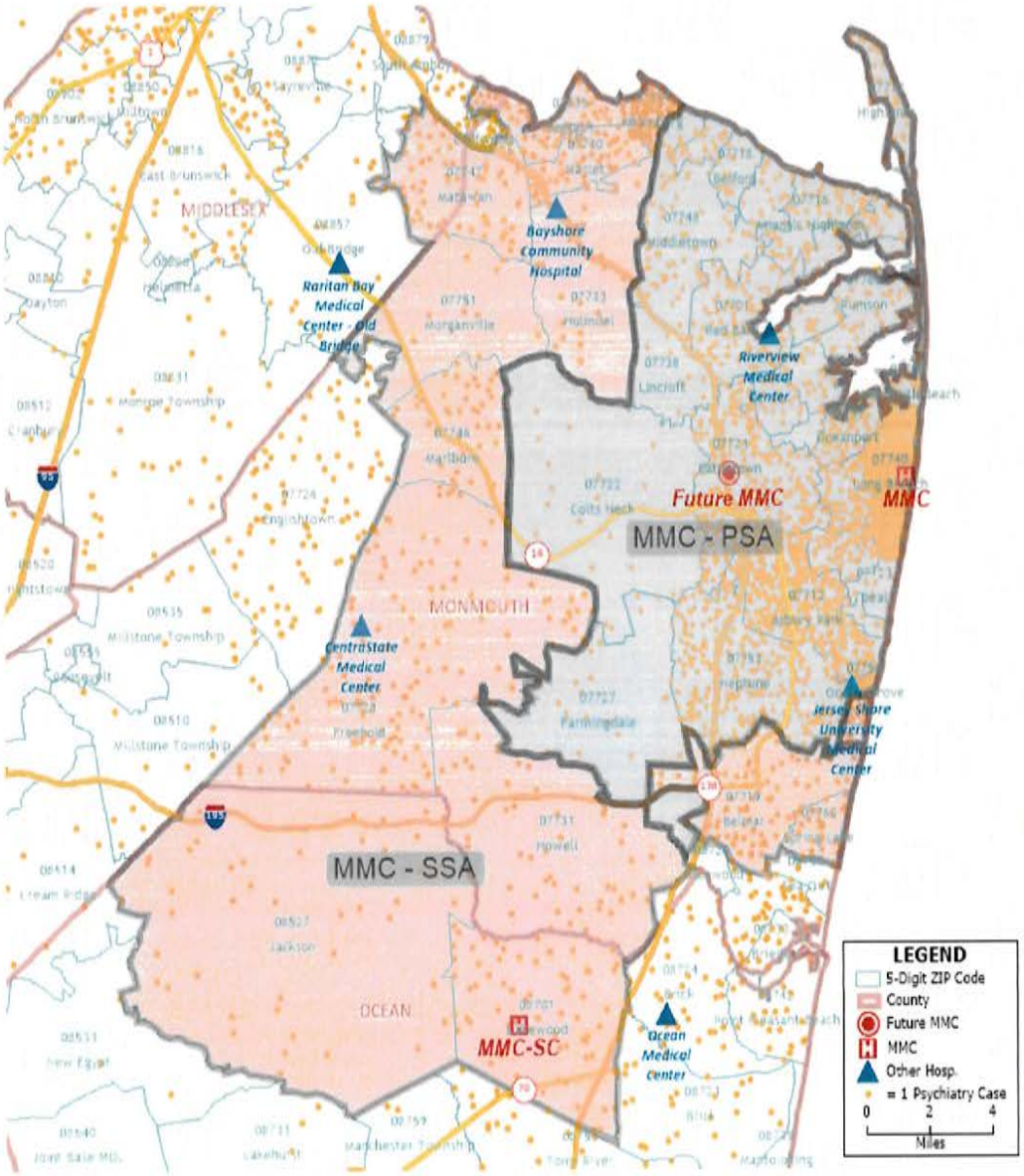
Community benefit programs will continue to be offered throughout the service area in line with MMC's commitment to maintaining and enhancing the health of all residents, including the underserved and underinsured and those most impacted by social disparities. Van service will be provided from the Long Branch site to the Fort Monmouth site for patients and staff who rely on public transportation.

SERVICE RELOCATION

The decision to relocate specific services to the Tinton Falls location was based upon an analysis of patient origin and market share data in order to ensure access to the communities MMC serves. Consideration was also given to relocating costs versus the costs of rebuilding the majority of medical/surgical beds on the current site.

Patient origin and market share statistics for 2022, the most recent data available show that the majority of patients using Behavioral Health Services reside in the towns of Long Branch and Asbury Park (26.5%) with 5% to less than 1% of patients coming from other surrounding towns.

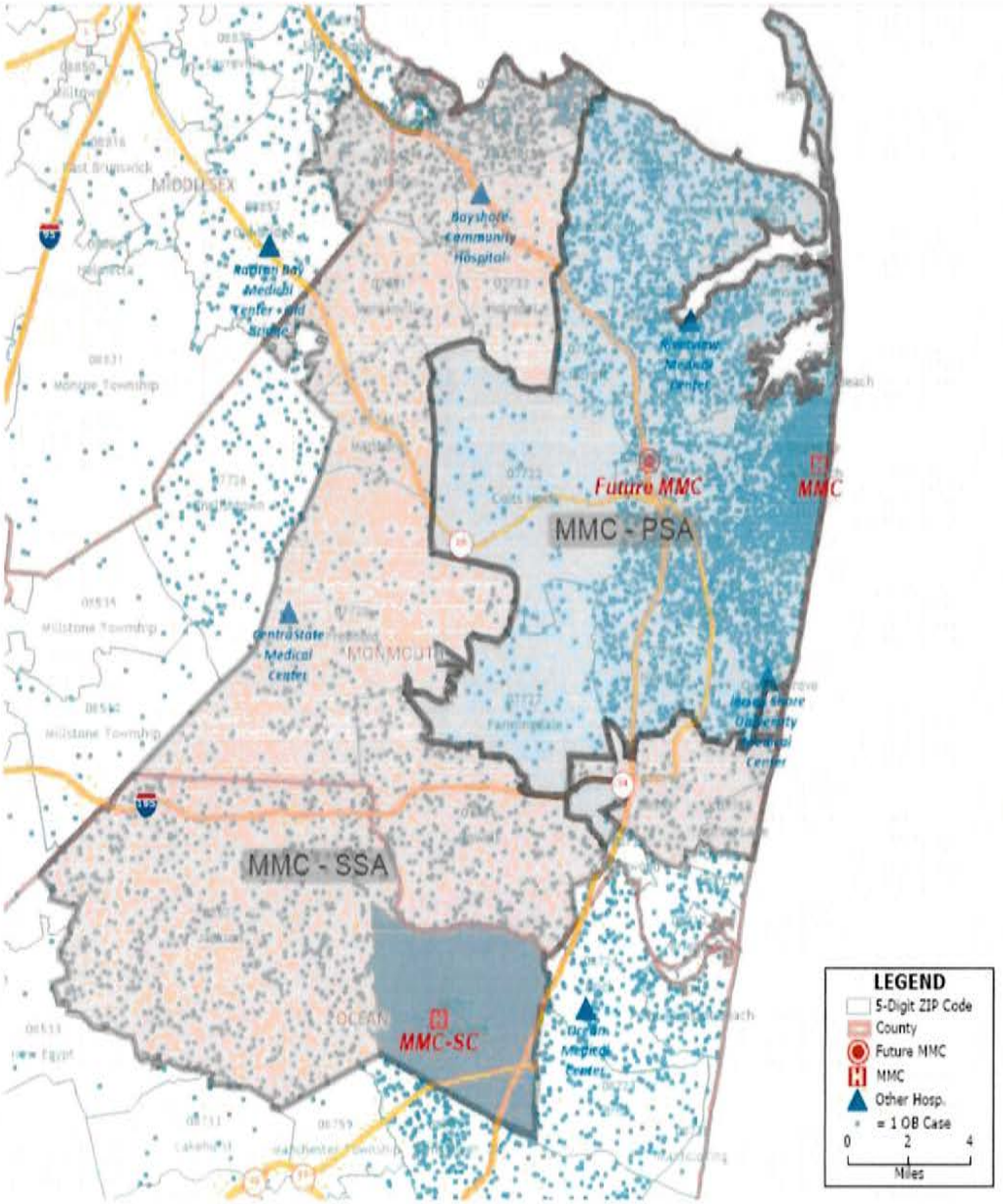
Figure 2.2 – Patient Origin Behavioral Health



With regard to OB cases, the majority of cases were from Lakewood zip code (nearly 50%). The next highest zip codes of patient origin is Jackson (08527) at 6.1% and Long Branch (07740) at 5.5%. Additionally, a review of market share data shows that 64% of all Lakewood patients and 82% of Long Branch patients choose to deliver at MMC. The new Fort Monmouth site is close to the

Garden State Parkway exit, which will provide enhanced access for patients in the Lakewood region, while also remaining within 5 miles of the current site.

Figure 2.3 – Patient Origin Obstetrics



As with Obstetrical services, the majority of pediatric patients originate from Lakewood (33.5%), followed by Long Branch (7.2%) and Jackson (4.5%). Additionally, MMC served 51% of all Pediatric inpatients from Lakewood and an 80% share of those residing in Long Branch.

Figure 2.4 – Patient Origin Pediatric

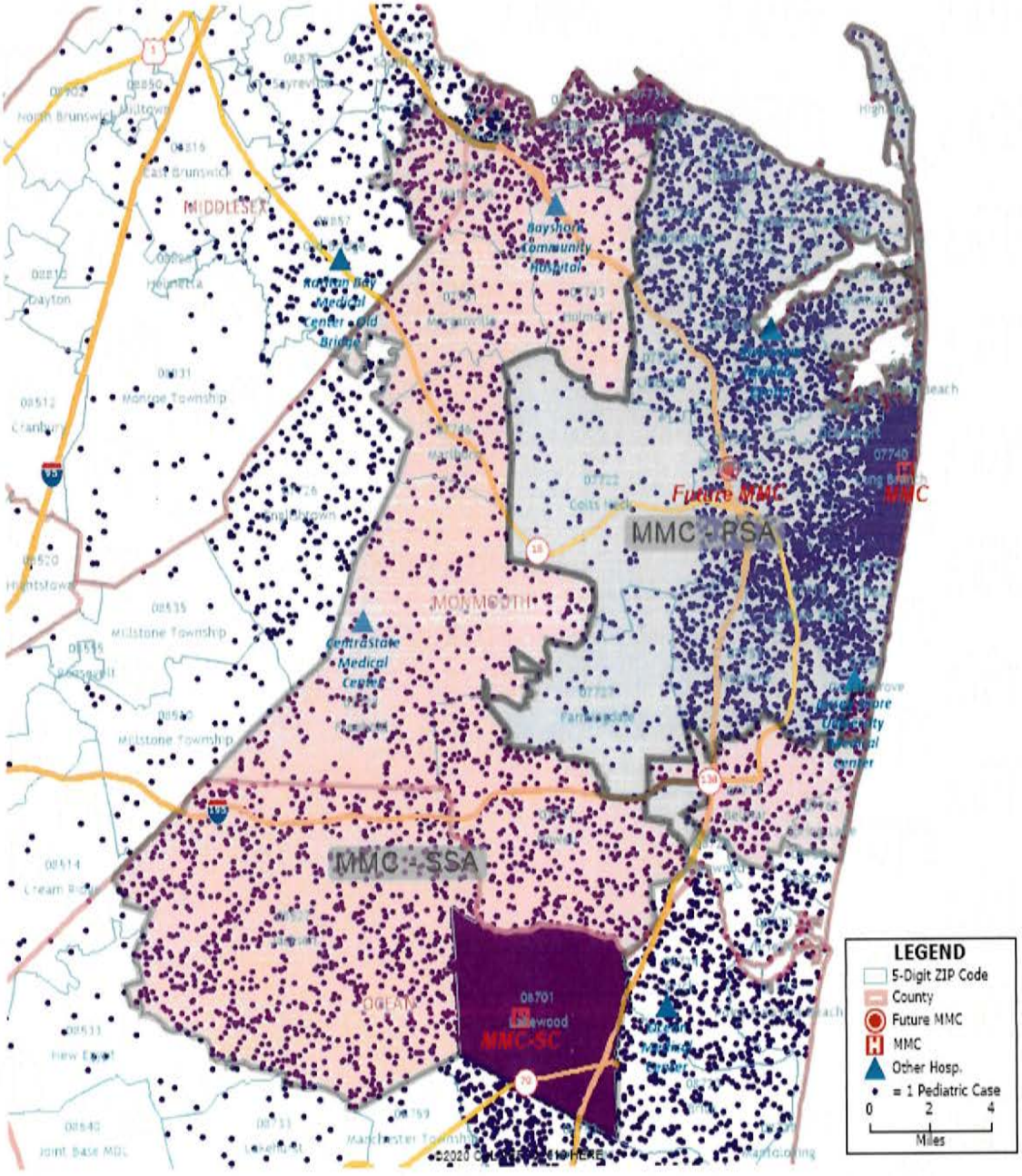
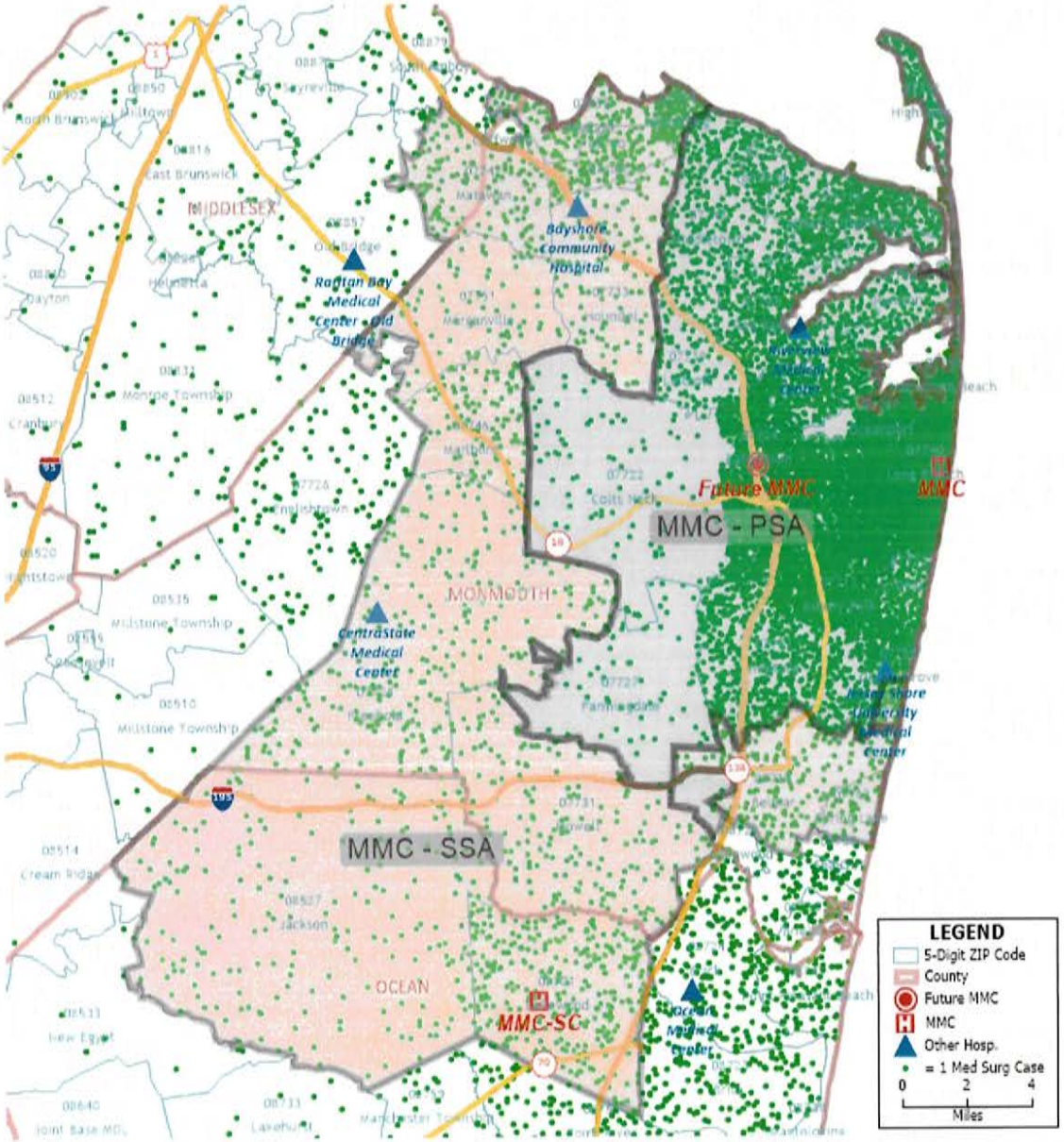


Figure 2.4 - Patient Origin Med/Surg



Nearly 24% of MMC med/surg patients originate from Long Branch while another 30.5% originate from 4 towns closer to the Fort Monmouth site. The remaining patients are scattered among the towns to the west of the proposed site. MMC believes that these data, combined with the cost inherent in rebuilding a large number of med/surg beds on the Long Branch campus confirmed the decision to relocate the majority of these beds to a new Fort Monmouth site.

IMPACT ON STAFF

The expansion is anticipated to have a positive impact on the hospital's employees. The facility will provide a state-of-the-art medical center for patients and be designed to enhance both staff efficiency and patient safety, building upon MMC's culture of safety and innovation. Since some services will remain on campus, including a satellite emergency department, observation and medical surgical units, clinics, inpatient and outpatient behavioral health, outpatient imaging and surgery, the Valerie Center, wound care and the sleep lab.

Once the new facility is functional, the smaller footprint of the MMC Campus can be developed with enhanced patient safety practices, improved adjacencies and greater efficiency. Nursing and technical staff, engineering and environmental services will continue to be needed to serve the Long Branch Campus, and there will be opportunities for staff living closer to the Long Branch site to remain at the current site, if they choose.

MMC does not anticipate any negative impact or loss of jobs for any staffing category once the expansion is complete. Staff have been supportive of the move and look forward to working in a health care facility designed to meet today's health care needs. As the project is currently modeled there will be increased staffing requirements for engineering, environmental services, security, outpatient services and ancillary services. These increases will be the result of expansion of services at two sites.

IMPACT ON THE STATE AND LOCAL ECONOMY

MMC's vision for the development of the Vogel Medical Campus is in line with the mission of the Fort Monmouth Economic Revitalization Authority, to innovate and transform to the benefit of its communities, while honoring a rich history. MMC is the oldest hospital in Monmouth and Ocean Counties, and one of the first hospitals in the nation dedicated to healing the sick. MMC continues this rich tradition today and is a vital public resource whose contributions extend beyond its health care mission. MMC is an economic engine, it provides jobs, income taxes, and spending that help sustain the community in good times and in bad.

MMC provides substantial contributions to the state and local economy by leveraging its health systems' economic power, in partnership with the community, to mutually benefit the long term well being of both. This is accomplished through RWJ Barnabas Health's mission to promote local economies through its **Hire, Buy, Invest Local** strategy. This means the system will use its purchasing power, and facilitate inclusive, local sourcing, to create and scale opportunities for its local and diverse communities to build wealth. It will create good jobs and clear career paths inside and outside the organization for members of its local communities. It will use its financial investments to lift up its local communities and neighborhoods, tackling their key social determinants of health such as education, access to healthy food, affordable housing, and safe living and neighborhood environment.

Between 2019 and 2022, this policy has resulted in the following investments in the state.

- $181.49 million total expenditure in New Jersey
- $55.48 million spent with small businesses in New Jersey
- $39.66 million spent with Women Owned businesses in New Jersey
- $82.34 million spent in minority owned businesses in New Jersey
- $4 million spent with Veteran owned businesses in New Jersey

With nearly 2,000 employees, MMC is the 6th largest employer in Monmouth County. Building a new campus in Tinton Falls will create hundreds of new construction jobs. In addition, as part of its agreement for the site's redevelopment, RWJ Barnabas Health has committed to creating more than 300 new jobs upon receiving receipt of occupancy for the new outpatient center alone. With development of the new hospital site additional job creation will occur across a number of job categories including nursing, engineering, environmental services, security and ancillary services. According to the Associated General Contractors of America, "An investment of $1.00 billion in construction of new health care structures in New Jersey beginning in 2023, and lasting for 10 years, would support total in-state spending at businesses in New Jersey of $1.80 billion in 2023 dollars, or an average of $180 million per year. This level of activity would support 1,002 full-time and part-time jobs per year. The economic and employment impacts are generated by direct investment, supply-chain purchase (indirect impacts), and spending throughout the state by employees and proprietors of affected business (induced impacts)."

Creating a new hospital site on the Fort Monmouth site will be a dynamic economic engine that attracts new businesses and housing to the area. As a magnet for new businesses and driver of economic growth, the new facility will play a key role in the revitalization of this historic site.

MMC is uniquely positioned to deliver successfully on this exciting project to provide an expanded campus central to its service area. MMC currently operates Monmouth Medical Center Southern Campus in Lakewood. There is broad support for providing a modernized acute care campus from the Board, physicians, staff, community partners and RWJBarnabas Health System and Affiliates. The System has extensive experience and expertise in delivering on construction and renovation projects. The RWJBarnabas Health Planning, Design and Construction team has an unwavering commitment to excellence. They have a proven track record of delivering exceptional healthcare projects on time, on scope, and within budget. The team is made up of over 30 diligent staff including architects and engineers amongst the executive directors, project managers, and support staff team that work seamlessly together. With their extensive experience they manage over 250 projects annually with an approximate total project budget of $2 billion dollars.

The team's ability to manage complex healthcare projects and solve any issues that arise during design or construction while maintaining a patient centered approach is a testament to their outstanding skills. Their tireless pursuit to exceed expectations makes them the right choice to support the Fort Monmouth Phase II project and can deliver exceptional results in a cost effective and efficient manner as they have proven to do so on countless other endeavors.

3. **Provide historical hospital volume data incorporating the last three complete calendar years preceding the date of filing the certificate of need application, as well as year-to-date data for the current year, and at a minimum include the following data components:**

- **a. Inpatient admissions by licensed bed category and total hospital (exclude same day surgery);**
- **b. Adjusted admission by total hospital;**
- **c. Patient days by licensed bed category and total hospital;**
- **d. Outpatient visits by department or service;**
- **e. Emergency room visits;**
- **f. Inpatient surgical procedures;**
- **g. Outpatient surgical procedures;**
- **h. Same day surgery;**
- **i. Same day medical admissions;**
- **j. Births;**
- **k. Year-to-date B-2 forms showing inpatient utilization for current year (see Appendix 3)**

Table 3.1

	2019	2020	2021	2022	2023 Q3
Impatient Admissions by Licensed Bed Category & Total Hospital					
Medical Surgical	8256	7052	7891	7165	5476
ICU/CCU	749	563	689	814	204
Pediatrics	1085	917	1022	890	415
OB/GYN	5889	6115	6432	6692	5041
(1) TOTAL HOSPITAL	18,539	16,926	18,351	17,669	12,677
Adjusted Admissions	20,148	18,402	19,806	18,927	16,903
Patient Days by Licensed Bed Category & Total Hospital					
Medical Surgical	30,061	27,814	32,025	28,819	22,459
ICU/CCU	4255	3248	3362	3301	2029
Pediatrics	2402	2203	2186	2111	1603
OB/GYN	15,241	13,305	15,380	15,303	12160
(1) TOTAL HOSPITAL	61,856	61,981	69,557	65,796	49,188
Outpatient Visits – private outpatient	N/A	N/A	N/A	N/A	N/A
Outpatient Visits - clinic					
Emergency Room Visits (2)	48,205	35,097	45,017	46,423	34,358
Inpatient Surgical Procedures	2699	2047	2166	2012	1514
Outpatient Surgical Procedures	138	91	98	79	92
Same Day Surgery	6241	5011	6376	6776	5616
Same Day Medical Admissions	2398	1896	2377	2542	1886
Births	5701	5914	6268	6539	4958

(1) Includes psychiatric admissions and patient days.
(2) Volume report includes observation.

4. **Provide an estimate of projected volume in all categories as listed in #3 above for each year inclusive from the time of application to that year which is two complete calendar years beyond estimated project completion. This estimate must be based upon historical data found in #3 above, using at a minimum, a straight-line projection and one or more of the following methodologies:**
   a. **Linear regression modeling;**
   b. **Constant volume;**
   c. **Official county-based volume projections and market share statistics published by the Department, if available;**
   d. **A methodology chosen by the applicant, but in each instance the assumptions utilized in making the projections must be clearly substantiated in the application.**

The following Table presents utilization at a constant volume.

Table 4.1

	2024	2025	2026	2027	2028	2029	2030	2031
Impatient Admissions by Licensed Bed Category & Total Hospital								
Medical Surgical	7302	7302	7302	7302	7302	7302	7302	7302
ICU/CCU	272	272	272	272	272	272	272	272
Pediatrics	554	554	554	554	554	554	554	554
OB/GYN	6722	6722	6722	6722	6722	6722	6722	6722
TOTAL HOSPITAL[1]	16,905	16,905	16,905	16,905	16,905	16,905	16,905	16,905
Adjusted Admissions	18,272	18,272	18,272	18,272	18,272	18,272	18,272	18,272
Patient Days by Licensed Bed Category & Total Hospital								
Medical Surgical	29,946	29,946	29,946	29,946	29,946	29,946	29,946	29,946
ICU/CCU	2706	2706	2706	2706	2706	2706	2706	2706
Pediatrics	2138	2138	2138	2138	2138	2138	2138	2138
OB/GYN	16,214	16,214	16,214	16,214	16,214	16,214	16,214	16,214
TOTAL HOSPITAL								
Outpatient Visits – private outpatient	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient visits - clinic	29,545	29,545	29,545	29,545	29,545	29,545	29,545	29,545
Emergency Room Visits	49,699	49,699	49,699	49,699	49,699	49,699	49,699	49,699
Inpatient Surgical Procedures	1348	1348	1348	1348	1348	1348	1348	1348
Outpatient Surgical Procedures	123	123	123	123	123	123	123	123
Same Day Surgery	7488	7488	7488	7488	7488	7488	7488	7488
Same Day Medical Admissions	2515	2515	2515	2515	2515	2515	2515	2515
Births	6611	6611	6611	6611	6611	6611	6611	6611

1. Includes psychiatric admissions

5. **Describe the present and anticipated need for the project in the hospital's service area using the historical and projected volume data provided in questions #3 and #4.**

The need and rationale for the expansion and redevelopment plan are detailed throughout this application. The decision to proceed with the relocation is the result of a process that included a thoughtful and balanced approach by the Medical Center and Board of Trustees and management, to ensure that MMC is prepared to adequately meet the health care needs of the community it serves for decades to come. The proposed new facility will benefit from the lessons learned from natural disasters such as hurricanes and other severe storms and epidemics such as COVID-19 and be designed to meet these challenges. The plan to expand is a rational and cost-effective approach to reach this goal, while seeking to ensure key services remain on the current campus.

The overall need for the project rests in the fact that the current campus, buildings, mechanical and electrical systems and support functions are insufficient in terms of space, design and infrastructure to support current and future demands for inpatient, emergency, diagnostic and treatment services of the community it serves. These issues have been documented throughout the application. Moreover, the current campus is ill-equipped to meet the programmatic requirements, patient safety benchmarks and the information and medical technology requirements necessary for modem medical care. For example, key hospital functions are housed in facilities that are over 50 years old and are undersized, poorly designed from a functional perspective to provide the level of convenience, patient experience, ease of accessibility for patients, and the cost efficiencies required by the current and likely future reimbursement environment. Plans to correct these deficiencies are limited, costly and would only provide a temporary "band-aid" to the problems.

As a result, the preferred and logical path forward is to locate services heavily used by communities outside of Long Branch to the Tinton Falls site. This site will provide enhanced access for the majority of the communities served by MMC and would allow for future expansion, if required.

In identifying the demand for inpatient beds, population projections, market share trends and utilization were reviewed and key assumptions underlying the data are presented below.

PROJECTION METHODOLOGY

An analysis of future utilization for MMC was undertaken to estimate the impact on the number of acute care beds required to serve residents of the service area. The study relied upon expected changes in population growth/decline, the disease burden for the service area, medical and technological advancements in care, as well as the impact of changing reimbursement policies and insurance coverage. Because these issues will continue to exert an impact on the use of inpatient and outpatient services into the future, the analysis utilized the bed demand for casting tool, the Market Demand Forecaster (MDF) version 2023, developed by Sg2. The MDF projects volume and patient days by service lines for planning purposes.

Sg2's forecasting tool starts with trends in the prevalence and incidence of underlying health conditions. The disease-based model, impact of Change®, analyzes patient level local market trends to project demand across inpatient and outpatient services. The Sg2 model incorporates local market assumptions to generate more regionalized projections.

The MDF tool generates estimates and projections based upon select factors that impact volume. The MDF national demand models are constructed from several data sources, including: HCUP National Inpatient Sample (NIS); Healthcare Cost and Utilization project (HCUP) 2019; Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2021;

the following 2021 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2023; and Sg2 Analysis, 2023.

The Sg2 Impact of Change (IoC) methodology considers various interconnected factors that influence utilization across inpatient and outpatient services. Its key aspects are:

1. **Disease-Based Forecasting:**
   - The IoC model beings by analyzing trends in the prevalence and incidence of underlying health conditions.
   - Patient-level data and local market trends are evaluated to project demand for health care services.
   - By focusing on specific disease groupings and procedures, the model provides insights into future volumes.

2. **Impact Factors:**
   - Sg2's experts annually assess and update a series of impact factors.
   - These factors reflect trends specific to disease categories and procedures.
   - They help forecast how variables such as patient acuity, site of care shifts, and alternative care models will influence health care volumes.

3. **Site of Care Shifts:**
   - Rising patient acuity and evolving care models drive changes in where health care services are delivered.
   - The IoC forecast considers virtual care settings, urgent care, retail clinics, offices and homes.
   - Approximately 26% of all evaluation and management (E&M) visits are projected to occur in virtual care settings by 2033.

4. **Utilization Trends:**
   - Inpatient volumes are expected to experience modest increases due to rising patient acuity.
   - Outpatient demand is likely to outpace population-based projections.
   - Utilization patterns vary across different service lines.

The impact forecast for MMC in its entirety is a modest increase of less than half a percent with an increase of 84 cases. The growth is in OB, neonatal and Behavioral Health. The Sg2 forecasts specific to its primary and secondary service area is slightly higher at 130 cases, a 0.7% increase, due to a drop in the decrease expected from the out of area market. The service area represents 83% of MMC's total discharges (see Figures 5.1, 5.2 and 5.3).

Figure 5.1 – Projected Inpatient Market Demand Change
MMC Service Area - All Patients

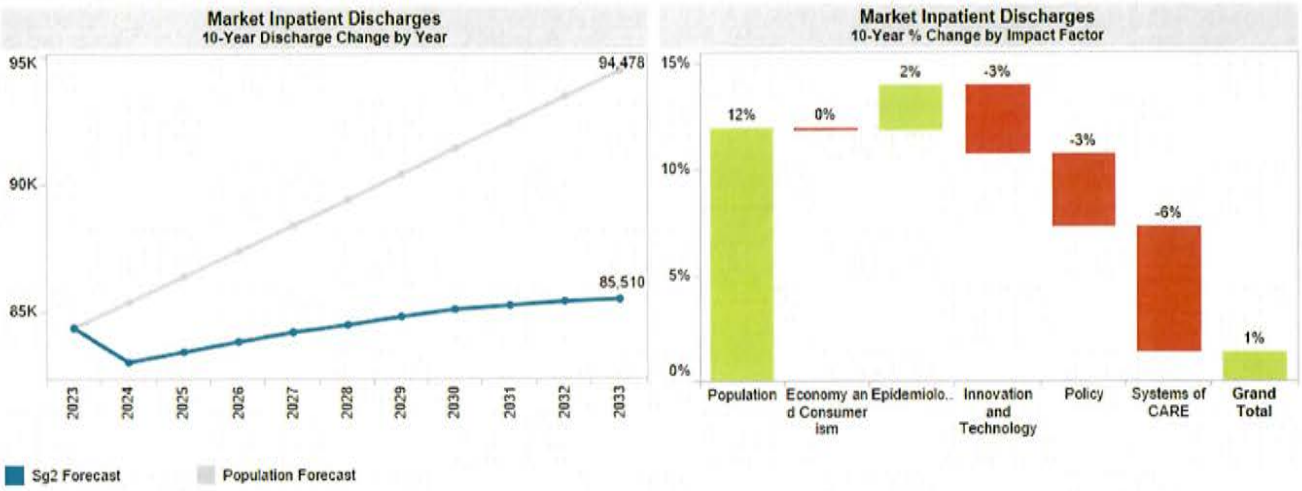


Figure 5.2 – Projected Inpatient Market Demand Change
MMC Service Area - Adult Patients

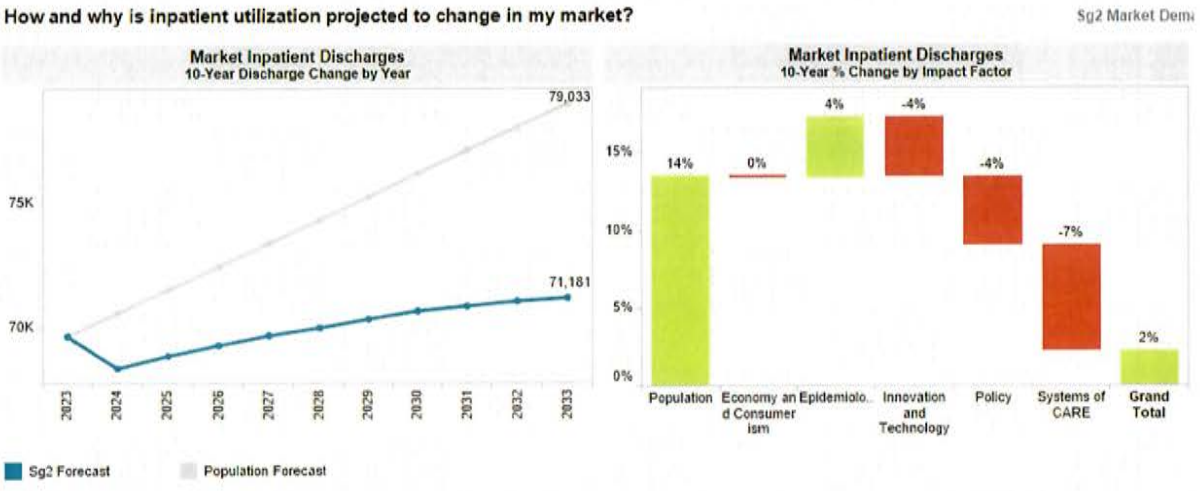
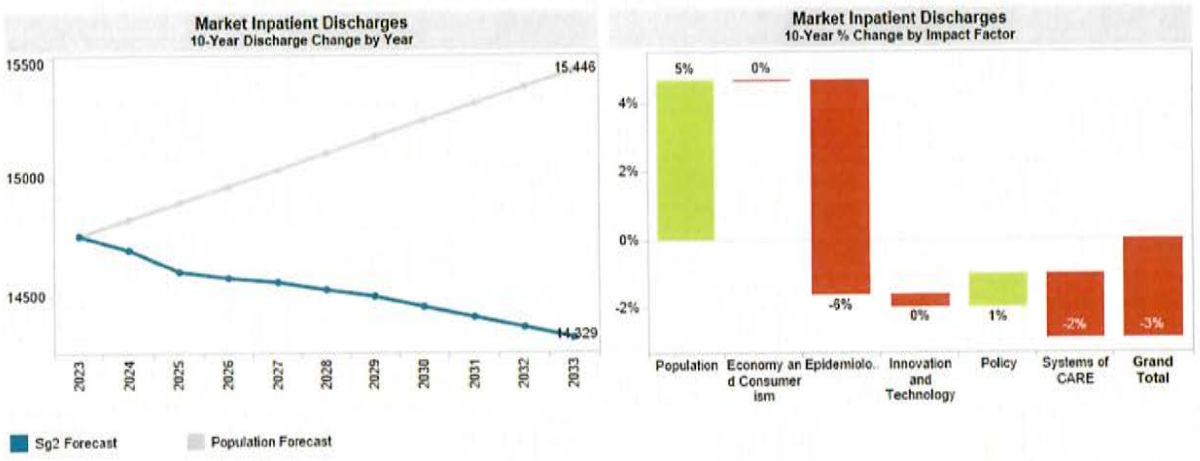


Figure 5.3 – Projected Inpatient Market Demand Change
MMC Service Area - Pediatric Patients (0-17)



The Sg2 IoC methodology projections for 2023-2033 projects increasing utilization in the outpatient procedures across all markets, including MMC. The Sg2 outpatient projection by service line for MMC's service area shows a 18.5% growth expectation. The Sg2 outpatient projection by site of service for MMC's service area shows hospital outpatient/ambulatory surgery expected to grow 10.8%, the major procedure growth at 19.2% and minor at 12.2%. For all sites of care, outpatient volumes are expected to increase significantly (See Figure 5.4 and Table 5.1).

Figure 5.4 – Projected Market Demand Change
MMC Service Area - All Patients

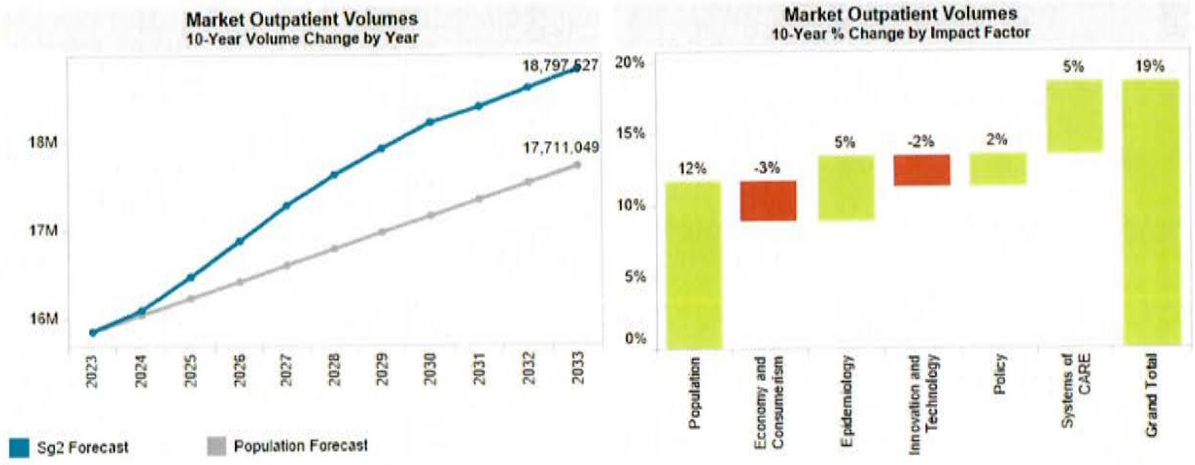


Table 2.8 – Projected Market Demand Change
MMC Service Area - All Patients

Procedure Group	First Year Volumes Dashboard	10-Year Volume Forecast	10-Year Percent Change	10-Year Forecasted Change
Visits - Urgent	129,770	120,966	-6.80%	-8,804
Standard Imaging - Nuclear Med/SPECT	27,126	24,169	-10.90%	-2,957
Advanced Imaging - PET	9,995	12,130	21.40%	2,135
Radiation Therapy	49,905	52,740	5.70%	2,835
Visits - Observation	58,504	63,946	9.30%	5,442
Advanced Imaging - MRI	94,730	107,271	13.20%	12,542
Visits - Emergent	225,429	238,444	5.80%	13,016
Procedures - Major	120,111	143,748	19.70%	23,637
Advanced Imaging - CT	173,584	200,102	15.30%	26,518
Endoscopy	156,670	184,130	17.50%	27,459
Standard Imaging - X-Ray	697,655	754,492	8.10%	56,837
Standard Imaging - US	435,995	522,694	19.90%	86,700
Post Acute Services	725,158	901,822	24.40%	176,664
Diagnostics	1,261,541	1,482,648	17.50%	221,107
Procedures - Minor	1,342,369	1,591,058	18.50%	248,689
Rehab	3,765,991	4,223,857	12.20%	457,867
Behavioral Health Services	1,488,594	1,981,053	33.10%	492,459
Visits - Evaluation and Management	5,093,741	6,192,255	21.60%	1,098,514
	15,856,868	18,797,525	18.55%	2,940,657

Source: Sg2 Analytics

The Sg2 projections were cross checked with volume projections for MMC's service area generated by the Health Care Advisory Board ("HCAB"), another national healthcare consultancy firm and think tank. Both were similar directionally with HCAB indicating a decline of 1.1% over the next 5 years and a growth of 0.3% over the next 10 years in the adult population with declines in the pediatric patient population. SG2 projected a mere decline of 0.3% in pediatric cases but had a lower base starting point. In both cases, projections tended to be in line with recent experience. These changes essentially place future inpatient volume at a stable level.

Patient days will be influenced by a number of factors which will increase patient days, including aging service area population with increased comorbidities, increased acuity and length of stay, increased number of patients with infections, and growth in neuroscience and behavioral health service lines. Factors influencing declines in patient days will include value-based measures focusing on reducing LOS and readmissions, vaccine usage, enhanced technology in the home setting, increase in community-based care, consumerism and pricing incentives, use of artificial intelligence, virtual health care, improved transitions in care, increase use of non-physician advanced practitioners and payers/insurers channeling patients to the lowest cost settings.

These trends are expected to increase ICU utilization. An aging population and the shift in sites of care for lower-acuity patients will increase the complexity of cases, further shifting the distribution of ICU and med/surg beds.

In addition to rising acuity levels of patients, hospitals can expect to see increasing emergency cases and increasing utilization of behavioral health patients which will continue to place stress on the throughput of the emergency department. Hospital outpatient department short stays and observation cases will contribute to an increased proportion of hospital activity. Observation cases will have an evolving role within the footprint of the hospital campus.

The use of acuity adaptable beds design will assure capacity to meet the highest acuity needs while building an infrastructure that is expected to operate more effectively and efficiently. Acuity adaptable bed, provision of med/surg observation beds and the fact that all beds are private and not gender dependent, will ensure sufficient capacity to meet our patients' current and future demands for services.

The projection models were used as guidelines in developing plans for the new facility. Also considered were factors increasing the use of ICU beds including the increased number of patients with a cardiac disease who need step down or intermediate care, as well as the growth in robotic and other sophisticated surgical procedures and the impact these trends will have on ICU/intermediate care utilization over time.

Long Branch will maintain 48 Medical/Surgical/observation licensed beds and at least 12 acuity adaptable rooms to provide intensive care capacity in order to continue to provide access to Long Branch residents. Psychiatric beds will also remain on the Long Branch campus and the hospital will continue to pursue enhanced quality and Center of Excellence status for psychiatric services. There will be no diminishment in the number of psychiatric beds as these are governed by specific Certificate of Need rules.

Medical surgical beds will be reduced from 318 beds to a total of 138 beds: 90 on the Vogel campus and 48 observation/med surgical beds on the Long Branch campus. Obstetrical beds will increase from 54 beds to 70 beds (64 post partum and 6 antepartum beds). A 16 Bed Pediatric Unit with acuity adaptable beds will be provided with licensed pediatrics beds reduced from 15 beds to 11 beds and sustaining 5 licensed PICU beds.

6. List all other institutions in your service area that provide similar services. Indicate the anticipated impact of this project on these other institutions.

MMC is a leading provider of medical services to its primary service area. As a result, there are no alternative facilities available to serve as alternatives or as substitutes for its services and facilities. MMC operates as one of the busiest maternity services in the state. The proposed new facility is in the same county, in the same planning region, and short distance from its current location. The proposed move will enhance access for residents who are dependent on MMC for acute care services, including the medically underserved. The new location will promote access for service area residents, emergency vehicles, and is closely accessible via Garden State Parkway and Rt 35.

The relocation of major acute care functions of MMC from Long Branch to Tinton Falls is expected to have no impact on facilities located in and around MMC's primary and secondary service area, as the project encompasses an expansion of sites without an addition of beds. MMC's current primary and secondary service area towns are identified in the Figure 6.1 and Table 6.1 below. The current

service area includes towns in Monmouth and Ocean Counties as MMC serves as a major referral source for specialty care for its sister hospital MMC-SC. Figure 6.2 and Table 6.2 identify the projected service area which was determined by identifying towns within a 15-minute drive time, as well as current patient origin and market share studies.

The new site is within the existing service area and just 5 miles from the current site. As a result, the only change in the current and projected service area is the movement of the towns of Colts Neck and Farmingdale from the secondary service area to the primary service area and the dropping of Englishtown from the secondary service area.

Figure 6.1: Monmouth Medical Center Current Primary & Secondary Service Areas

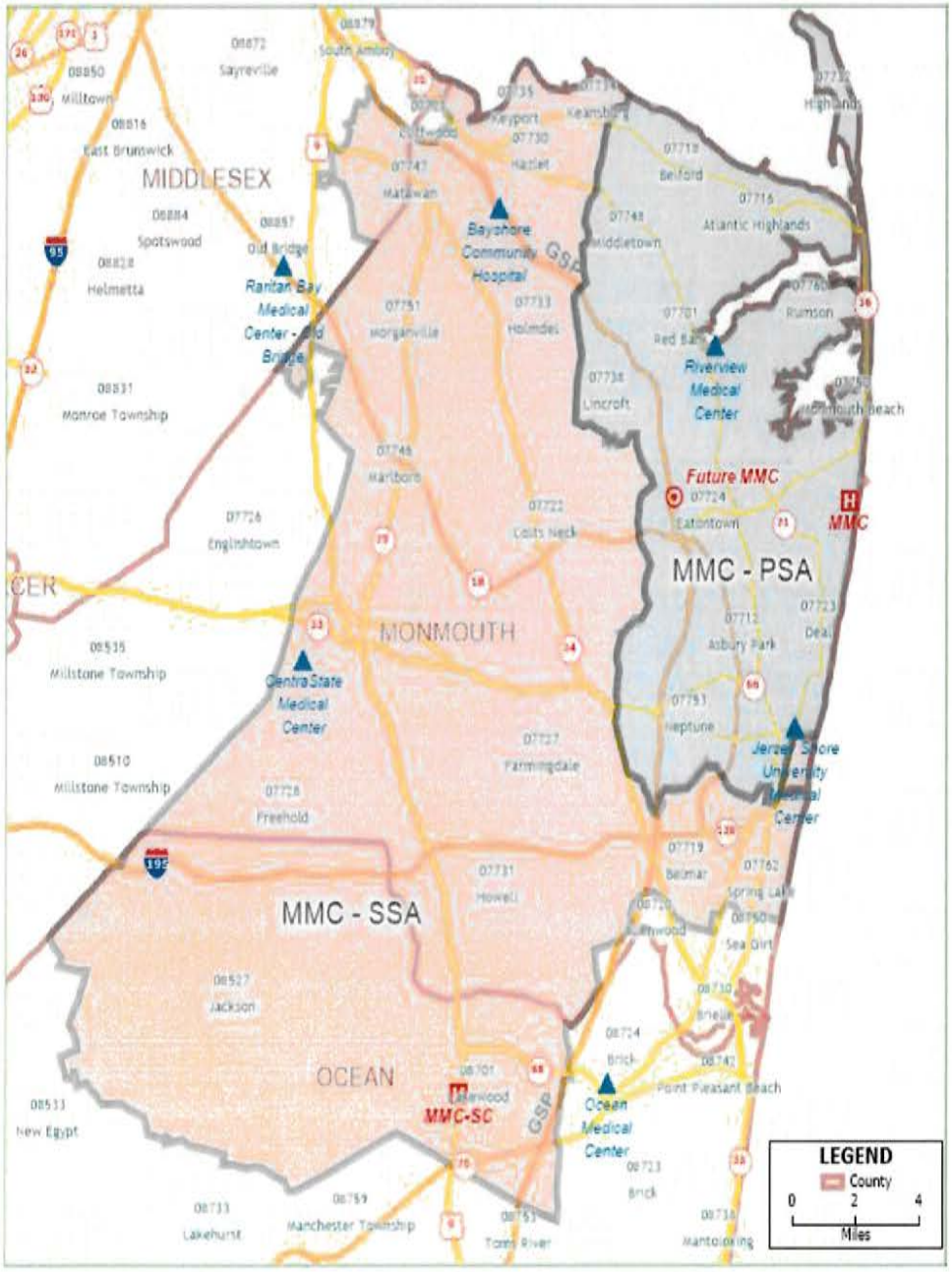


Table 6.1

MONMOUTH MEDICAL CENTER PRIMARY/SECONDARY SERVICE AREA

SERVICE AREA	ZIP CODE	NAME
Primary	07740	Long Branch
Primary	07712	Asbury Park
Primary	07724	Eatontown
Primary	07753	Neptune
Primary	07764	West Long Branch
Primary	07701	Red Bank
Primary	07757	Oceanport
Primary	07748	Middletown
Primary	07755	Oakhurst
Primary	07732	Highlands
Primary	07716	Atlantic Highlands
Primary	07760	Rumson
Primary	07750	Monmouth Beach
Primary	07739	Little Silver
Primary	07704	Fair Haven
Primary	07737	Leonardo
Primary	07723	Deal
Primary	07711	Allenhurst
Primary	07702	Shrewsbury
Primary	07703	Fort Monmouth
Primary	07738	Lincroft
Primary	07718	Belford
Primary	07758	Port Monmouth
Primary	07756	Ocean Grove
Primary	07754	Neptune
Primary	07752	Navesink
Secondary	08701	Lakewood
Secondary	07731	Howell
Secondary	07734	Keansburg
Secondary	07735	Keyport
Secondary	07719	Belmar
Secondary	07730	Hazlet
Secondary	07733	Holmdel
Secondary	07722	Colts Neck
Secondary	07727	Farmingdale
Secondary	07762	Spring lake
Secondary	07720	Bradley Beach
Secondary	07717	Avon by the Sea
Secondary	07746	Marlboro
Secondary	07728	Freehold
Secondary	07747	Matawan
Secondary	07751	Morganville
Secondary	08527	Jackson
Secondary	07726	Englishtown

Figure 6.2: Map of the Projected Primary and Secondary Service Area

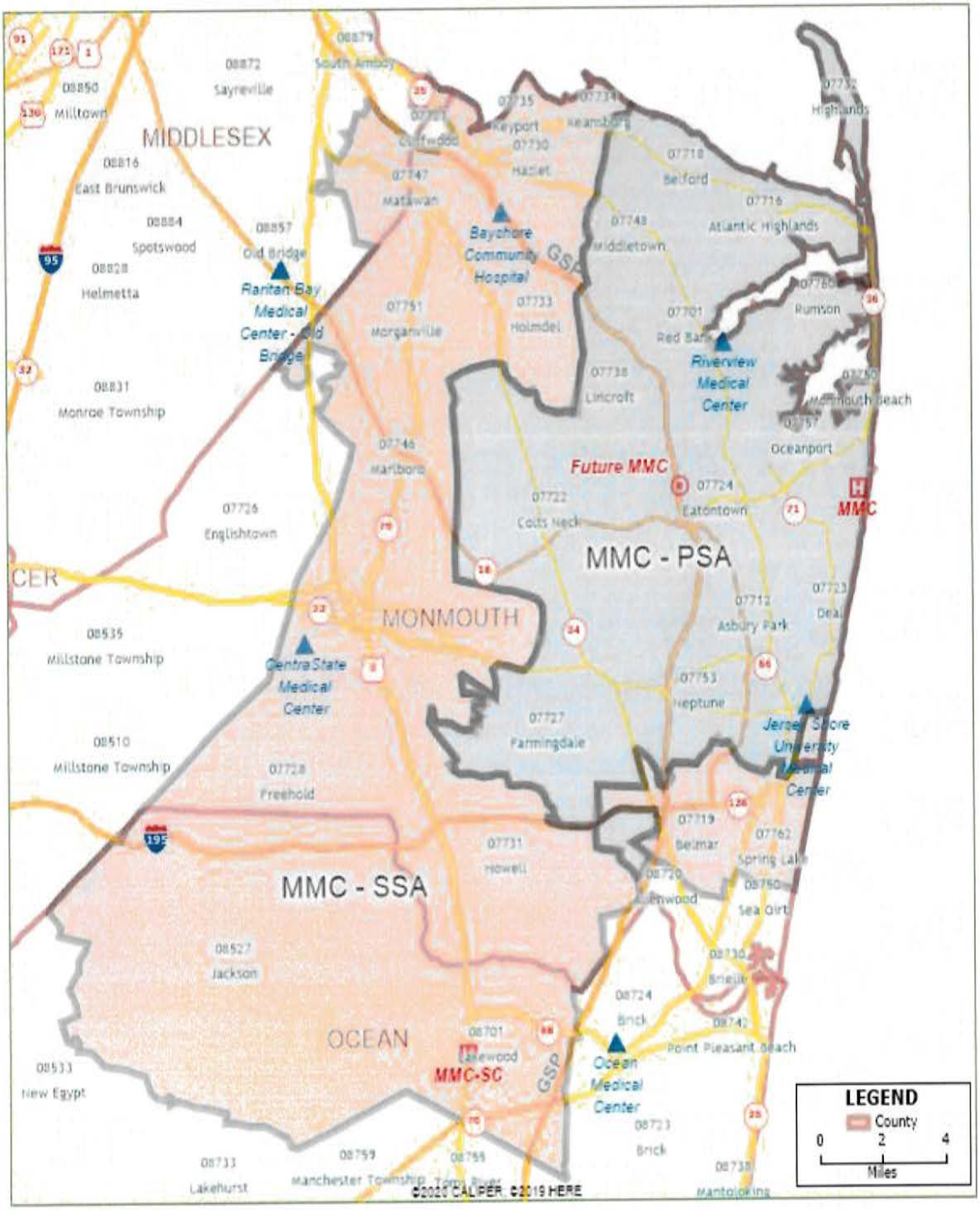


Table 6.2: Projected Monmouth Medical Center Primary and Secondary Service Area

MONMOUTH MEDICAL CENTER PROJECTED PRIMARY/SECONDARY SERVICE AREA					
SERVICE AREA	ZIP CODE	NAME	SERVICE AREA	ZIP CODE	NAME
Primary	07740	Long Branch	Primary	07738	Lincroft
Primary	07712	Asbury Park	Primary	07718	Belford
Primary	07724	Eatontown	Primary	07758	Port Monmouth
Primary	07753	Neptune	Primary	07756	Ocean Grove
Primary	07764	West Long Branch	Primary	07754	Neptune
Primary	07701	Red Bank	Primary	07722	Colts Neck
Primary	07757	Oceanport			
Primary	07748	Middletown	Secondary	07747	Matawan
Primary	07755	Oakhurst	Secondary	08701	Lakewood
Primary	07732	Highlands	Secondary	07731	Howell
Primary	07716	Atlantic Highlands	Secondary	07734	Keansburg
Primary	07760	Rumson	Secondary	07735	Keyport
Primary	07750	Monmouth Beach	Secondary	07719	Belmar
Primary	07739	Little Silver	Secondary	07730	Hazlet
Primary	07704	Fair Haven	Secondary	07733	Holmdel
Primary	07737	Leonardo	Secondary	07728	Freehold
Primary	07723	Deal	Secondary	08527	Jackson
Primary	07711	Allenhurst	Secondary	07762	Spring lake
Primary	07702	Shrewsbury	Secondary	07720	Bradley Beach
Primary	07703	Fort Monmouth	Secondary	07717	Avon by the Sea
Primary	07727	Farmingdale	Secondary	07746	Marlboro
			Secondary	07751	Morganville

There are 4 hospitals located in MMC's service area; Bayshore Medical Center, CentraState Medical Center, Jersey Shore Medical Center and Riverview Medical Center. Three of these hospitals, Riverview Medical Center, Jersey Shore medical Center and Bayshore Medical Center are all owned by Hackensack Meridian Health. CentraState Medical Center is owned by Atlantic Health System.

- Bayshore Medical Center is an affiliate of Hackensack Meridian health located to the North in Holmdel. It is a 211-bed medical/surgical facility providing a range of service for older residents of South Middlesex and Northern Monmouth County.
- CentraState Medical Center is a full-service community hospital located in Freehold, New Jersey. The campus contains a fitness center, a nursery, a short-term rehabilitation center, assisted living and ambulatory services center. The hospital also operates a rehabilitation and primary care services in off-campus locations. CentraState is part of Atlantic Health System.
- Riverview Medical Center is a 476-bed acute care community hospital located in Red Bank, New Jersey. It serves the Northern region of Monmouth County and Southern Middlesex County. Riverview Medical Center is an affiliate of Hackensack Meridian Health. The medical center provides assisted living, a nursing home and home care services in addition to acute care services.

- Jersey Shore University Medical Center, located in Neptune City, New Jersey, is an academic medical center and major teaching site for the Hackensack Meridian School of Medicine. The Medical Center is also an affiliate of Hackensack Meridian Health and serves the South-Central area of Monmouth County.

MMC Market Share of 27.3% in the primary service area is expected to remain stable over the course of the project.

7. Document the institution's past and current history in providing care to the indigent and how the proposed project will affect the applicant's ability to provide care for the indigent.

A central part of MMC's mission is providing care to the diverse communities it serves. MMC's commitment to minority groups the medically underserved and underinsured is evident in its continuing service to these communities at its Long Branch and its Lakewood Campuses. MMC admissions total approximately 18,000 annually, including nearly 6,500 births, approximately 47,000 emergency visits and nearly 181,000 outpatient visits. Over 46% of its patients are comprised of minority groups and approximately 31% of patients are in underinsured and uninsured payer groups. Medicare represents an additional 31% of patients served.

Monmouth Medical Center's Southern Campus (MMC-SC) services a diverse urban population, including a predominately higher mix of elderly and uninsured/underinsured communities. MMC serves approximately 32% inpatients, 17,400 emergency visits and over 62,900 outpatients. Over 36% of patients are minority and approximately 32% are underinsured or charity/self-pay patients. Medicare comprises an additional 44% of patient's payer classification. In total these MMC's two campus locations provided their communities with $57.6 million in uncompensated care 2022.

MMC works collaboratively and provides financial support to the Monmouth Family Health Center to provide general medicinal, obstetrical and pediatric services to the community. MMC provides a full range of medical and surgical subspecialty clinics directly to the community. Plans are to continue to offer clinic services in their current location.

In addition to providing access to inpatient, outpatient and emergency services to the area's medically indigent, MMC and MMC-SC operate a wide range of preventative health and wellness services in the community, many of which are targeted to the needs of women, minority and other medically underserved populations. In 2022, MMC campuses contributed $83.8 million towards education, support services, community-based screenings and contributions to local community groups and local charitable events that support access to care and health education. This was a $5.5 million contribution over the amount provided in 2020 and MMC does not anticipate any diminishment of its services to the underserved and uninsured as a consequence of the proposed project.

MMC's Department of Community Health & Social Impact Community Investment has developed multiple programs to assist the community in fulfilling their health goals and partnered with others in support of community wellness activities.

The LiveWell Center

Monmouth Medical Center's new LiveWell Center (LWC) at the Anne Vogel Family Care and Wellness Center, located at 200 Wyckoff Road in Eatontown, is a hub for all things health and

wellness for community members of all ages. All aspects of health are supported, from nutrition to chronic disease management, physical movement, and mental health.

With an emphasis on education, LWC offers workshops on nutrition, childbirth, postpartum, prevention of chronic diseases and much more. A state-of-the-art demonstration kitchen, managed by a registered dietitian, is uniquely equipped to assist with the community's healthy eating journeys. The LiveWell Center is equipped to provide virtual and hybrid programs in addition to in-person events. The LiveWell Center's education spaces offer a seating capacity of 100 for in-person programs and offers a variety of support groups and a smoking cessation program through the RWJ Barnabas Health Institute for Prevention and Recovery.

Parker Family Health Center
In 2023, MMC established an affiliation agreement with the Parker Family Health Center in Red Bank to provides weekly support with a nutritionist to provide one to one education for the prevention and management of diabetes and hypertension for pediatric and adult patients. The Parker Family Health Center is a not-for-profit organization staffed primarily by volunteer doctors and nurses that provide free primary care for uninsured patients. The center serves 1200 patients a year. The majority of patients are Hispanic and 60% suffer from chronic diseases.

Long Branch Public Housing Authority
MMC also partnered with the Long Branch Public Housing Authority through the Diversity, Equality, and Inclusion Department to provide supportive outpatient services and programs to promote quality health for senior/disabled residents of Kennedy Towers and Chester Arthur Apartments. Services are focused on the prevention and treatment of obesity and related chronic diseases and on referring residents to screenings for cancer to reduce late-stage diagnosis.

Local Area Food Pantries & Kitchens
MMC works with community soup kitchens and food pantries to provide education on hypertension, with blood pressure screenings and nutritional education. Navigations from MMC cancer services will be available in the future to schedule free screenings. A Food Community Recovery Grant provided $223,530 in 2022 for fresh produce, bread and shelf stable items. MMC distributed 7,160 boxes of fresh food through six community partners. A portion of the grant supported a bilingual nutritionists' salary to rotate through the sites to provide nutrition education and to distribute bilingual healthy recipes.

Soldier On
In 2022, MMC began a partnership with Soldier On in Tinton Falls. Soldier On provides transitional housing and supportive services to formerly homeless veterans. Through this partnership, MMC provides on-site health and nutritional education programs that bring veterans to programs at the LiveWell health Center and connects them to services like oncology and geriatrics. Soldier On uses its van service to transport veterans to the programs and services offered at the LiveWell Center.

Green Market
The LiveWell Center in Eatontown operates a Green Market to increase the flow of fresh fruit and vegetables to the community at affordable prices. The market purchases produce at wholesale prices and sells them back to the community at the same prices. In 2023, the LiveWell Center established a plot at the Eatontown Community Garden with all the produce being donated to the Eatontown food pantry.

Dental Residents
MMC dental residents provide dental education programs to youth from the Boys & Girls Club and provides free dental screenings to older adults and referrals to their dental clinic.

Monmouth County Division of Aging, Disability and Veteran Services
MMC works with the Monmouth County Division of Aging, Disability and Veteran Services to provide Ready-Go bags to vulnerable individuals registered with the office to increase emergency preparedness and assistance during a disaster.

In addition to these collaborations, MMC works with community religious and municipal agencies in furtherance of the community, health and wellness. These activities include, but are not limited to;

- Presentations by behavioral health clinicians on mental health for at risk groups
- Presentations by physicians and parents related to transgender and LGBTQ health care
- Nutritional education to address high rates of obesity in youth
- Cooking demonstrations to prepare healthy snacks, after an uptick in injuries tied to children's' preparing their own meals
- Providing bilingual nutrition education and education on bike safety at Healthy Kids Day
- Physician lectures and referrals to geriatric care at MMC for older adults living in affordable housing
- Blood pressure screenings for adults and referrals to care
- Water safety education for children due to increasing numbers of drownings in the area
- Presentations on cardiovascular health and diabetes
- Blood pressure screenings and referrals to local providers who provide congruent LGBTQ heath care at PRIDE evens
- Navigators at the LiveWell Center help individuals obtain emergency housing, SNAP/TANF/GA, Medicaid, family support and case management
- Presentations on healthy aging, geriatrics and nutrition

MMC is also a supporter of career and workforce development and works with Long Branch middle and high schools, the Boys and Girls Clubs, and Big Brothers and Big Sisters Workplace mentor programs with Long Branch High School to inform young people about careers in healthcare. MMC has entered into affiliation agreements to provide internships to Rutgers School of Public Health and Edward J Bloustein School of Planning and Public Policy.

MMC-SC Campus

MMC-SC in Lakewood is equally committed to keeping its community healthy and offers an extensive array of community outreach programs and services for the benefit of community residents and employees.

As an RWJ Barnabas Health facility, MMC-SC prides itself on recognizing the growing needs of the community and fulfilling those needs by providing new, specialized programs and services, many in collaboration with community based, faith based and civic organizations. Examples of community collaborations include:

Greater Bethel Church of God
MMC-SC made a 3 year commitment to support ongoing programming at the church's newly renovated Resource Center's food pantry and cooling center. MMC-SC provides blood pressure screenings, health education for the prevention and management of chronic diseases, nutritional programs and youth programs, as well as information specific to men's and women's health.

Parish of our Lady of Guardianship
MMC-SC provides blood pressure screenings, SafeKids pedestrian education, breast evaluation with free mammography screenings (through a grant) and a flu vaccine clinic in collaboration with the VNA, which supplies the vaccines.

CUNA
CUNA is a health service program for Hispanic pregnant and parenting moms and dads that provides linguistically and culturally appropriate prenatal and post-natal health and parenting information to support Latino families. MMC-SC donates infant car seats through Safe Kids funding, a program in childhood immunizations and pre- and post-natal nutritional education in Spanish on topics including childbirth education, summer safety and car seat safety.

MMC-SC provides a variety of community events in and around Lakewood at senior centers, faith-based organizations, schools and other community-based organizations focused on health and wellness. Examples include:

- Presentations on playground safety, water and summer safety for children and their families as part of the Safe Kids program of Monmouth and Ocean Counties
- Regular health education and nutritional programs on topics including mental health, aging and nutrition at senior affordable housing complexes
- Screenings and referrals to physicians for patients needing follow up care at senior centers and housing sites
- Presentations on pedestrian and bicycle safety
- Presentations by physicians to underinsured groups
- Supports STEM programs at the Greater Bethel Church of God for 30 children in grade K-5
- Provides discussions to educate young people about potential careers in health care

These various activities have reached over 23,000 residents. In keeping with its corporate motto to buy local etc., both MMC and MMC-SC support minority, female and veteran businesses in their communities.

8. **In the case of a reduction, elimination or relocation of a facility or service, describe the need that the population presently has for the service; as well as the extent to which that need will be met after the change, including alternative arrangements. Describe the effect of any reduction, elimination, or relocation on the ability of low-income persons, racial and ethnic minorities, women, handicapped persons, and other under-served groups to obtain needed health care.**

The project involves a site expansion and relocation of services to a site more central to the majority of towns in MMC's service area, it is not a reduction or elimination of services. The projected decrease in acute care beds is in line with current and projected utilization patterns. The Vogel Medical Campus is in close proximity to major throughfares such as the Garden State Parkway and Route 35, thereby enhancing access to the overall service area. The Long Branch campus will be retained as smaller but more cost-efficient site.

The Long Branch Campus will continue to provide much needed services to the Long Branch community. Medical, surgical and observation services with acuity adaptable beds capable of providing intensive care capacity, a full service emergency department, surgery, imaging, inpatient and outpatient behavioral health services and specialty clinics. MMC has been working with municipal and community based organizations to plan for the development of a community village to replace buildings that will no longer be in use. Plans to date call for the development of new facilities for the City of Long Branch with a new Health, Wellness and Technology Center featuring a brand new park by virtue of a gift from MMC to the City. See Appendix 8 for a copy of the City's press release. MMC has begun discussion with other community-based providers to create services that will complement the health services remaining on the campus.

To facilitate travel between the two campus sites for employees, and community residents, MMC will offer a free van service. The van service will ensure that low income, uninsured and underserved residents have access to services at the Fort Monmouth site. MMC leadership will also work with New Jersey transit to encourage development of bus services to the new site. The new location will allow MMC to develop a modern, state of the art campus designed from the perspective of enhancing patients, visitors and family experiences and creating operational efficiencies.

Medical/surgical beds will be reduced, but remain available while other services like observation areas at both sites, in-keeping care delivery patterns will increase in numbers.

9. Identify alternative approaches to the project which were considered and demonstrate in specific terms how the option selected, relative to all other alternatives, most effectively benefits the health care system through achieving capital and operating savings, increasing access, and/or improving quality of care.

During the master facility planning process a number of alternatives were considered to address the deficiencies uncovered. These included:

- Do nothing
- Renovate on site, and
- Replace on or off-site

The pros and cons of each option were reviewed. It became instantly obvious that the 'do nothing' option was unrealistic due to existing building deficiencies. It was also determined two near term issues had to be addressed; critical infrastructure upgrades and expansion of ambulatory services to improve access for patients. As a result, over the last 8 years, well over 32.5 million dollars has been spent in making repairs and upgrades to the buildings' infrastructure to ensure its integrity and ability to provide a safe environment for patients, visitors and staff. These infrastructure upgrades, new equipment and major repairs include:

Boiler replacements	Elevator upgrades
Generator replacements	Chiller replacements
Roofs	Façade repairs
ATS replacements	Garage repairs
Mechanical and lighting upgrades	Medical gases
Parking lot asphalt	BMS upgrade
Isolation valves	BH upgrades
Flooring replacements	Air handler and RTUs
Pneumatic tube upgrades	Fuel tank monitoring system

It also became readily apparent that none of the renovate or replace on site options would deal with two specific site concerns; site access and the site's location in a flood prone area.

The first option identified included limited renovation to solve issues related to some departmental areas (e.g. OB, surgery and ED) to improve adjacencies and patient flow. However, this would only allow for limited equipment upgrades, maintain semi private rooms, and poor unit configuration. Overall flow improvements would be limited to internal flow of departments within the renovated areas. The estimated cost for this option in 2016 dollars was $79-$86 million. A more extensive renovation option called for the same limited renovations and the addition of a new patient wing which would provide improved quality of space with all private rooms and improved unit configuration. Departmental flow and equipment upgrades would still be limited. The cost estimate for this plan in 2016 dollar was $234 million.

The next option reviewed was a phased approach to the replacement of the Todd, Cramer, Stanley and Greenwald buildings. This would result in new equipment, all private rooms, improved unit configurations as well as improved staff and patient flow with some efficiencies captured through the incremental replacement of existing systems. However, campus disruption resulting from major construction project spanning several years while maintaining a fully functional medical center was felt to be a major dissatisfier to patients and staff and create significant operational issues. This option would not solve critical access issues inherent to the existing site. As a result, the replacement costs were estimated at $713 million over 10-15 years for a phased replacement of the campus. Cost estimates for this option were not significantly lower than building on a new site, which was estimated at $800 million.

By constructing the facility on a new site, MMC would potentially achieve greater access for service area residents, avoid the inconvenience of local traffic patterns and the threat of being in a flood prone area. Construction time would be greatly reduced, patients, staff and visitors would not have to deal with the years-long on-site renovation and replacement, and a modern state of the art facility could be designed with the highest energy efficiency and conveniently located ambulatory services. This would result in all new equipment, all private rooms, ideal unit configuration and flexibility, and planned for ideal patient and staff flow.

As a result of the analysis, the recommendation was to construct a new facility at a new location that would carry MMC into the future. Based on the efficiencies to be achieved over the long term it was determined that this option made the most strategic and financial sense.

10. Efficient design is encouraged to promote significant life cycle operational cost savings. If the project involves new construction, please identify operational cost savings which may result from such construction.

RESPONSE:

Information gained from research, post-occupancy evaluations, industry standards, best-practices and lessons learned, have all informed the programming, planning and concept design of the Vogel Medical Campus to this point. It is anticipated that ongoing in-depth meetings with departmental design teams will further define and refine these efforts.

The new facility will incorporate many design concepts that will promote operational efficiency and improved patient environments. MMC has worked closely with the architectural firm HDR to ensure that the facility design supports the functions and activities of a modern health care facility and achieves operational and staffing efficiencies.

Patient flows for each major service and patient type were and continue to be analyzed to develop the most efficient relationships among departments (e.g. entry and intake, prep, holding and recovery, procedures, and beds). The new facility will feature a private room model accommodating flexibility in room assignment as well as being responsive to concerns for minimizing the risk of infections. Unit design will incorporate the broadest spectrum of needs of specific types of patients to enhance patient safety and outcomes.

The planned configuration will create a flexible environment to best serve patients who require medical, surgical, critical care, outpatient, diagnostic and/or emergent care. Taking advantage of the inherent ability to build in efficient design with new construction aids in the reduction of overall capital costs, equipment requirements and, in certain circumstances, staffing efficiencies.

The drive to lower operating costs will be a constant response to reimbursement imperatives. On the units, the "hunting and gathering" model used to provide medication and materials to the patient represents an inefficient use of clinical staff. Travel distances and tracking devices need to be understood in order to minimize nurses 'running'; and to guarantee patient safety regarding the delivery of medication. Nursing unit planning assessed both travel distances from nurse work areas to patient rooms to select optimal nurse distribution, and materials flow from vertical service lobby to storage to room, including the efficacy of corridor side supply. Bedside registration – both on nursing units and in the Emergency Department, will be integrated into work flow planning. The success of new facilities is only achieved when, through this understanding of work flow, designs are developed that not only support optimal efficiency but also deliver a facility that increases patient safety, supports patient and family satisfaction and enhances outcomes.

Constraints on current campus limit, MMC's ability to integrate future best practices in electronic health records and medical technologies. The expanded MMC hospital will incorporate an advanced information technology platform that can help improve efficiency in health care delivery in the follow key ways:

- Decentralized (bedside/patient-side) data entry – the electronic patient file;
- Tele-present technologies in operating rooms;
- Remote imaging and diagnosis;
- Information availability for quick access and decision; and
- Ready communication, documentation, confidentiality, empowerment.

Technological advances provide the opportunity to have fewer caregivers achieve greater efficiencies.

- Reduced length-of-stay by reducing invasiveness of procedures;
- Reduce the number of case mix adjusted FTEs per discharge;
- Reduce the risks of complications; and
- Increase patient satisfaction by decreasing recovery and healing time.

In addition to enhancing operational efficiency and improved patient environment, patient safety and clinical quality improvement are increasingly recognized as important factors in health care delivery. Thus, MMC is working to incorporate safety enhancing processes/procedures in all appropriate core services and functions.

With respect to facility planning, certain design elements are being considered, such as; air systems that employ the most advanced filtration of recirculated air or eliminating recirculation altogether which reduces nosocomial infection from airborne pathogens.

Lastly, new construction provides the opportunity to utilize best in class, energy efficient systems for power generation which will lower overall operating costs.

11. Indicate the conformance of the proposed project, if applicable, with appropriate State guidelines and regulations. In the case of regional services (e.g., cardiac diagnostic and surgical services, perinatal services, organ transplantation services, etc.) each provision of the applicable rule must be addressed.

RESPONSE:

N.J.A.C. 8:33

§ 8:33-1.1. Purpose and Scope

Informational, no comment.

§ 8:33-1.2 General statements of public policy and rules of general application

(a) - (b)

Informational, no comment.

(c) No certificates of need shall be issued unless the action proposed in the application for such certificate is necessary to provide required health care in the area(s) to be served, can be financially accomplished and maintained, licensed in accordance with applicable licensure regulations, will not have an adverse economic or financial impact on the delivery of or access to health care services in the region or Statewide, and will contribute to the orderly development of adequate and effective health care services. In making such determinations there shall be taken into consideration the availability of facilities or services which serve as alternatives or substitutes, the need for special equipment and services in the area, the adequacy of financial resources and sources of present and future revenues, the availability of sufficient human resources in the several professional disciplines, the accessibility to and availability of health care services to low income persons, and such other factors as may be established by regulation. In the case of an application by a health care facility established or operated by any recognized religious body or denomination, the needs of the members of such religious body or denomination for care and treatment in accordance with their religious or ethical convictions may be considered to be public need.

MMC is the leading provider of medical service in its service area. There are no facilities available to serve as alternatives or substitute for its facilities. The need for continuation of MMC services can be addressed by the fact that nearly a third of the primary service area are dependent on the Medical Center for acute care services. In addition to the other services it provides, MMC is the largest provider of maternity care services in the Monmouth and Ocean County region, delivering more babies than all the other hospitals combined.

If the Medical Center were to close, other area facilities would have to expand services to provide necessary resources for patients who would be left without a source of care. Not only would this be disruptive, it would be burdensome, costly and create access issues for the community.

The Medical Center's financial statement (see Appendix 4) and financial feasibility study (see Appendix 5), indicate there are adequate current and future financial resources to support the proposed project. MMC's parent organization, RWJ Barnabas Health, has adequate financial resources to ensure that financing can be obtained at favorable terms that will not negatively impact the network's financial standing.

No new services requiring additional specialized manpower are required for the implementation of the project. All staffing increases are related to the expansion and redevelopment of the Long

Branch Campus. MMC and RWJ Barnabas are confident in their ability to recruit the necessary employees to staff the project.

There are a number of provisions in place to ensure that low-income individuals are provided care. These will expand as necessary to meet the needs of service area residents following the completion of the project.

§ 8:33-1.2 General statements of public policy and rules of general application

(d) - (j)

Informational, no comment.

§ 8:33-1.3 Definitions

Informational, no comment.

Sub chapter 2 Applicability of Certificate of Need Review
§ 8:33-2.1 Types of Reviews

There will be two types of review of Certificate of Need applications: full review, as described in N.J.A.C. 8:33-4.1(a), an expedited review as described in N.J.A.C. 8:33-4.1(b). The full review process shall apply to all Certificate of need applications, not specifically identified herein as meeting the criteria for expedited review. The review process shall apply as specified in Exhibit 3 of the Appendix, incorporated herein by reference.

This Certificate of Need for site expansion of MMC requires a Certificate of Need full review.

§ 8:33-2.2 Determination of a health care facility or service

(a) – (b)

Informational, no comment.

§ 8:33-2.3 Reserved

§ 8:33-2.4 Reserved

Sub chapter 3 Types of Certificates of Need

§ 8:33-3.1 Initiation of Health Care Service

Not applicable.

§ 8:33-3.2 Termination/discontinuation of services or facilities or reduction of licensed bed capacity

(a) – (c)

Not applicable.

§ 8:33-3.3 Transfer of Health Care Facility

(a) – (m)

Not applicable.

§ 8:33-3.4 Changes in licensed beds and/or services

The following criteria will apply to changes in licensed beds.

(1) – (2)

Not applicable

3. For services for which there is no specific licensed bed complement, relocation is not permitted, unless the service is otherwise exempt from the certificate of need requirement in accordance with those rules. For services for which there is a specific licensed bed complement, the relocation of a portion of a facility's licensed beds or the entire service from one licensed facility (sending facility) to another (receiving facility) located within the same planning region requires a certificate of need and shall follow the expedited review process, unless the beds or service at issue are otherwise exempt from the certificate of need requirement in accordance with these rules. The application shall be considered pursuant to the following criteria:

i. The relocation shall take place within the same planning region where the sending facility is located;

MMC's expansion to Tinton Falls and the relocation of some services and beds requires that it be reviewed through the full review process. The new acute care campus for relocated services is located within the same county, the same planning region and is a short distance from the existing campus.

ii. The receiving facility shall already hold a license for the category of beds proposed for relocation. The Commissioner may, in the case of proposed bed relocations, waive this requirement when the receiving facility is the site of a general hospital proposed or approved for closure in the previous 12 months, if the Commissioner makes a finding that such approval will not reduce quality of care associated with the beds;

This Certificate of Need application requests the relocation by the same provider as the sender and the receiver of acute care services to a new location and the development of a new facility on this site. However, the original hospital site will continue to provide an emergency department, acute care services, inpatient and outpatient behavioral health services, clinics, imaging and outpatient surgery.

iii. The relocation shall not have an adverse impact on the ability of the population currently being served in the sending facility's service area to access the same types of service or bed complement as those proposed for relocation;

The proposed new facility will enhance access for the majority of communities served by the hospital. The hospital will remain in the same county and in the same planning region. The new location is accessible from major transportation routes, including the Garden State Parkway and Route 35. A van service will be available between the existing and new campus to facilitate access for patients and staff who utilize public transportation.

iv. The relocation shall not reduce access by the medically underserved and shall address the criteria set forth at N.J.A.C. 8:33-4.10(a);

Access for the medically underserved will continue to increase as necessary. The expansion will enhance access to acute care services in the majority of the towns in the region. The criteria set forth in N.J.A.C. 8:33-4.10(a) are addressed in question 14.

v. The relocation shall not have an adverse impact on quality of care at either the sending or receiving facility;

There will be no adverse impact on the quality of care following the relocation of select hospital services. Conversely, it is anticipated that the proposed project will have a positive effect on quality, as a result of design changes which are aimed at reducing nosocomial infections and improving safety at both sites.

vi. All minimum and maximum bed/unit size requirements (for example, six bed pediatric units, 10 bed obstetrics units, 240 bed long-term care facilities) shall be maintained at both the sending and receiving facilities; and

All minimum and maximum size bed unit requirements will be maintained.

vii. The relocation shall not violate a condition of a prior certificate of need approved for the establishment of the beds or services, unless the applicant presents evidence of substantial changes since imposition of the condition and the Commissioner makes a finding that the evidence warrants removal or modification of the condition.

The proposed expansion will not violate any prior certificate of need conditions.

4. The relocation of a portion of a health care facility's licensed beds or an entire service, whether the relocation has a bed-related component or not, from one licensed facility to another outside the same planning region shall not be permitted.

The proposed expansion/relocation is within the same planning region.

§ 8:33-3.5 Buildings

(a) The following shall apply to buildings.

1. Regardless of cost, a certificate of need is required for the facility establishment of a new health care facility, unless the facility type is specifically exempted from the certificate of need requirement pursuant to section 19 (N.J.S.A. 26:2H-7a) as amended by P.L. 1998 c.43, or otherwise exempted pursuant to this chapter, otherwise the certificate of need application will be subject to the full review process except as provided for at 8:33.5.10.

MMC is seeking approval for the relocation of some acute care services and a site expansion to a new campus via this certificate of need application.

2. Replacement at the same site of an existing licensed health care facility that is subject to the Certificate of need requirements shall be exempt from the Certificate of Need requirement, providing such replacement meets the following criteria:

i. The facility proposed is not licensed as a general hospital;

ii. The existing facility proposed is not adding beds or services within any licensure and/or health planning category that is subject to the Certificate of Need requirement to its total licensed bed or service compliment not previously offered by the applicant at the existing facility already approved by the Department Certificate of Need and Acute Licensure Program or Long Term Care Licensing and Certification Program, as applicable;

iii. All direct patient services in the exiting facility shall cease operation once the replacement facility is licensed, and

iv. The replacement facility shall be located at the existing site

Not applicable.

3. The relocation of an entire licensed health care facility that is subject to the certificate of need requirement to a new site outside the same planning region as the existing facility site shall not be permitted.

The proposed project is a partial relocation of services and is within the same planning area.

4. The relocation of an entire licensed health care facility that is subject to the certificate of need requirement to a location within the same planning region requires a certificate of need and shall follow the expedited review process, unless the facility is otherwise exempt from the certificate of need requirement in accordance with these rules, subject to the provisions set forth at N.J.A.C. 8:33-3.4(a)3i through vii and as follows:

i. The facility proposed for replacement or relocation is not licensed as a general hospital;

MMC is a licensed general hospital and is submitting a full review Certificate of Need.

ii. The existing facility proposed for relocation is not adding beds or services within any licensure and/or health planning category that is subject to the certificate of need requirement to its total licensed bed or service complement at the proposed replacement facility; and

MMC complies.

iii. All direct patient services in the existing facility shall cease operation once the replacement facility is licensed.

MMC is not being replaced. Some acute care services will be relocated and some will remain on the Long Branch Campus.

§ 8:33-3.6 Reserved

§ 8:33-3.7 Major Movable Equipment

Not applicable.

§ 8:33-3.8 Minor Movable Equipment

Not applicable.

§ 8:33-3.9 Change in Cost and Scope

Not applicable.

§ 8:33-3.10 Duration of Need of an Unimplemented Certificates of Need

Not applicable.

§ 8:33-3.11 Demonstration and Research Projects

(a) – (d)

Not applicable.

§ 8:33-4.1 Review Cycles and Submission Dates

(a) The full review process involves the review of a certificate of need application by the State Health Planning Board, as well as the Department. The Commissioner shall publish in the New Jersey Register in February of each year an anticipated schedule for receipt of certificate of need applications subject to full review procedures for a two-year period, including the current calendar year. The Commissioner may announce additional or special calls for certificate of need applications beyond those identified in the yearly notice or may delete announced calls from the yearly notice. Changes to the published schedule shall be published in the New Jersey Register. Wherever practical, the Commissioner shall provide notice in accordance with this section to allow for a minimum of 90 days between the date of publication of the Commissioner's notice inviting certificate of need applications and the date for submission of applications in response to the notice(s). The notice shall identify the needed service(s), proposed geographic area(s) to be served, the date the application is due, and the date the application is deemed complete for processing. The State Health Planning Board shall forward recommendations to the Commissioner within 90 days after the application is deemed complete for processing unless a fair hearing is requested by an applicant in accordance with the procedures identified at N.J.A.C. 8:33-4.14. For batches with fewer than 20 applications, a final agency decision will be rendered by the Commissioner no later than 120 days after receipt of recommendations from the State Health Planning Board or a decision from the Office of Administrative Law, as applicable. For batches with 20 or more applications, a final agency decision will be rendered by the Commissioner no later than 180 days after receipt of recommendations from the State Health Planning Board or a decision from the Office of Administrative Law, as applicable.

1. The full review process for non-batched applications shall include 12 review cycles. The beginning of each cycle shall be the first business day of each month.

The application is being submitted on the first business day of April 2024.

8:33-4.2 Development to the Application

2. - 6.

Informational, no comment.

8:33-4.3 Submission of Applicants

(a) – (b)

Informational, no comment.

§ 8:33-4.4 Certificate of need filing requirements

(a) An applicant shall document in the application that he or she owns the site where the facility, service, or equipment will be located, or has an ownership or lease option for such site, which option is valid at least through the certificate of need processing period. A duly executed copy of the deed, option or lease agreement for the site shall be submitted with the certificate of need application and include identification of site, terms of agreement, date of execution and signature of all parties to the transaction. If the site is optioned or leased by the applicant, a copy of the deed held by the current owner shall be required at the time of filing.

Please see Exhibit A.

(b) One hundred percent of the operation of the proposed facility, service or equipment shall be accounted for in the certificate of need application. Each and every principal involved in the proposal shall be identified by name, home address and percentage of interest, except that, if the operation is a publicly held corporation, each and every principal who has a 10 percent or greater interest in the corporation shall be identified by name, home address and percentage of interest. Where a listed principal has an operating interest in another health care facility, in this or any other state, identification of the principal(s), the health care facilities in which they have an operating interest, and the nature and amount of each interest shall be specified.

MMC is a not-for-profit health corporation.

(c) If the applicant is a registered corporation, the name and address of the registered agent shall be identified in the application.

This has been done.

(d) The operator of the proposed facility, service, or equipment shall file and sign the application. In the case of transfer of ownership, the proposed owner/operator is considered to be the applicant. However, both the current owner/operator and proposed owner/operator shall file and sign the application.

MMC's President and Chief Executive Officer has signed the application.

(e) If the applicant does not comply with all of the provisions in (a) through (d) above, the Department shall determine the application to be not acceptable for processing.

Descriptive, no comment.

8:33-4.5 Review of Completeness

Informational, no comment.

8:33-4.6 Modification of Applications

Informational, no comment.

8:33-4.7 Deferral of Applications

Informational, no comment.

8:33-4.8 Withdrawal of Applications

Informational, no comment.

8:33-4.9 General Criteria for Review

Please see narrative question 14.

8:33-4.10 Specific Criteria for Review

Please see narrative question 14.

8:33-4.11 Reserved

8:33-4.12 Reserved

8:33-4.13 Role of the State health Planning Board

Informational, no comment.

8:33-4.14 Reserved

8:33-4.15 Procedures for Commissioner's Review

Informational, no comment.

8:33-4.16 Conditions for Approval/Monetizing

Informational, no comment.

Sub Chapter 5 Expedited Review Process

Not applicable.

N.J.S.A. 26:2H et seq.

a) The availability of facilities or services which may serve as alternates or substitutes:

MMC is the leading provider of medical services in its primary service area. Therefore, there are no facilities available to serve as alternatives or substitutes for its services or facilities. MMC is the leading hospital for maternity care in Ocean and Monmouth Counties as well as being a leading provider of behavioral health care in Monmouth County. The proposed new facility is in the same region and in close proximity to the current site. The proposed move will enhance access for the majority of patients in the service area. The new location will promote access for service area residents and emergency vehicles and is easily accessible via the Garden State Parkway and Route 35.

If the Medical Center were to cease operations, other area hospitals would need to expand services and provide necessary resources for patients, who would be left without a source of care.

Based on market research findings, MMC ranked highest when service area residents were asked "If you had to choose one hospital for you or a family member, which hospital would you choose?"

b) The need for special equipment and services in the area:

There are no proposed changes in the scope of special services resulting from the relocation.

c) The possible economies and improvements in services to be anticipated from the operation of joint central services.

The site expansion of MMC and the relocation of a majority of operations to a new campus is part of a multiyear strategic and master facilities planning study. As identified in question 10, the proposed project will yield significant operational and staff efficiencies. In addition, a great deal of thought has been devoted to ensuring the facility will be able to incorporate the latest concepts for ensuring patient safety and improving clinical outcomes.

As part of a fully integrated delivery system, MMC has the ability to provide patient care and track outcomes across the continuum from outpatient care to post-acute care in an efficient manner.

d) The adequacy of financial resources and sources of present and future revenues:

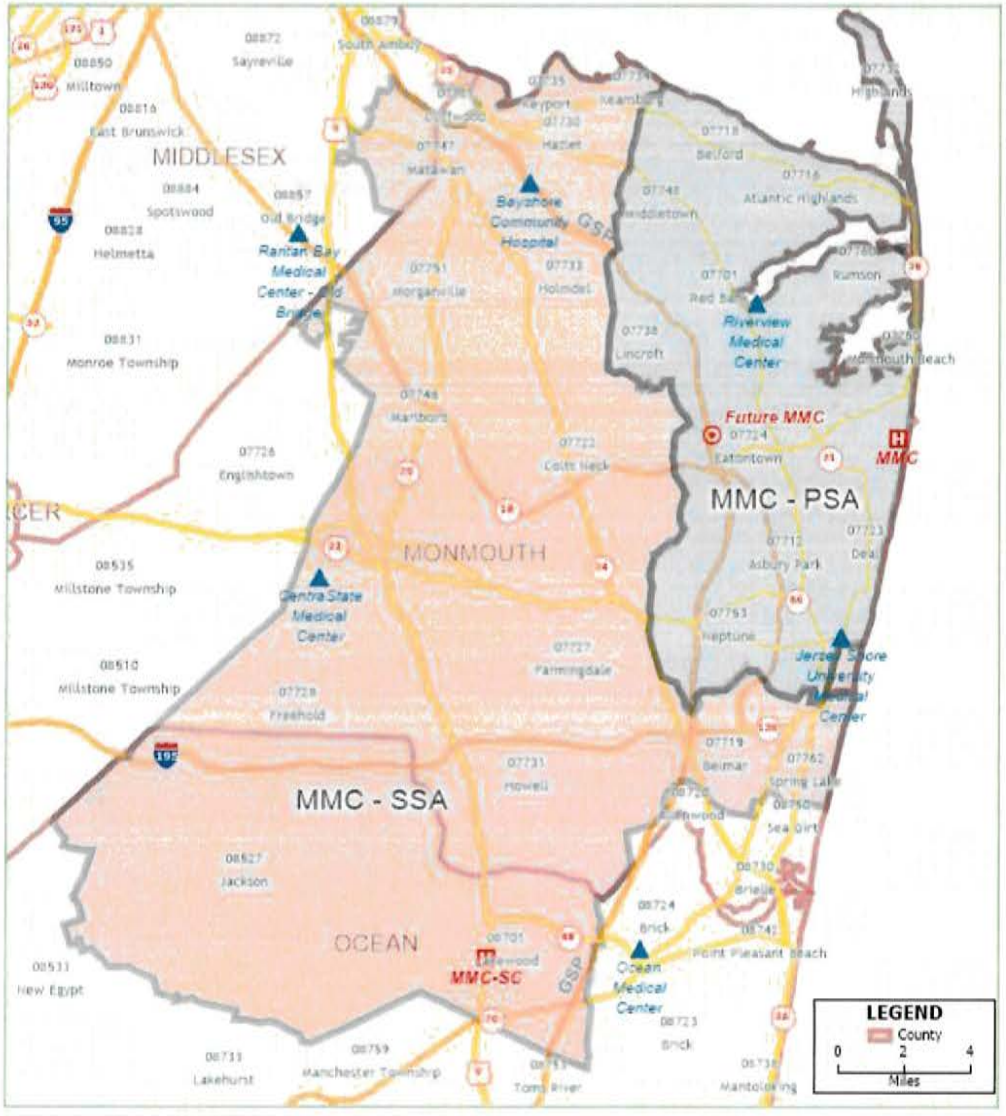
As noted in the documentation included in the application, the medical center's financial statement and the attached financial projections, MMC has the adequate financial resources to accomplish the project.

e) The availability of sufficient manpower in the several professional disciplines:

All staffing increases are related to increased staffing requirements for engineering, environmental ancillary services and programs, like the ED which are duplicative but will enhance access for the local community. MMC is confident in its ability to recruit the additional staff required to implement the project.

12. Attach a map of your patient service area including the location of your institution. Identify major service areas based on patient origin studies for inpatients and/or outpatients.

The current primary and secondary service area zip codes (defined by patient origin) are identified in the map below. The service area contains zip codes in Monmouth and Ocean Counties.



13. Provide a breakdown of total project costs into costs associated with each programmatic or functional component: i.e., by service, department, medical specialty, licensed bed category, or other logical category; and by floor or unit if possible (see Schedule A).

See Schedule A attached.

14. The certificate of need criteria identified in N.J.A.C. 8:33-4.9 and N.J.A.C. 8:33-4.10 must be addressed.

REGULATION

N.J.A.C. 8:33-4.9 (2016)

§ 8:33-4.9 General criteria for review

(a) No certificate of need shall be issued unless the action proposed in the application for such certificate is necessary to provide required health care in the area to be served, can be financially accomplished and licensed in accordance with applicable licensure regulations, will not have an adverse impact on access to health care services in the region or Statewide, and shall contribute to the orderly development of adequate and effective health care services. In making such determinations there shall be taken into consideration:

1. The availability of facilities or services which may serve as alternatives or substitutes;

MMC is the leading provider of medical services in its primary service area. Therefore, there are no facilities available to serve as alternatives or substitutes for its services or facilities. MMC is the leading hospital for maternity care in Ocean and Monmouth Counties. The proposed new facility is in the same region and in close proximity to the current site. The proposed move will enhance access for the majority of patients in the service area. The new location will promote access for service area residents and emergency vehicles and is easily accessible via the Garden State Parkway and Route 35.

If the Medical Center were to cease operations, other area hospitals would need to expand services and provide necessary resources for patients, who would be left without a source of care.

Based upon market research findings, MMC ranked highest when service area residents were asked: "If you had to choose one hospital for you or a family member, which hospital would you choose?"

2. The need for special equipment and services in the area;

There are no proposed changes in the scope of special services resulting from the relocation.

3. The adequacy of financial resources and sources of present and future revenues;

As noted in the documentation included in the application are the hospital's audited financials and the attached financial projections, MMC has adequate financial resources to accomplish the proposed project.

4. The availability of sufficient manpower in the several professional disciplines;

All staffing increases are related to increased staffing requirements for engineering, environmental ancillary services and programs, like the ED which are expansive but will enhance access for the

local community. MMC is confident in its ability to recruit the additional staff required to implement the project.

5. Other applicable requirements which are specified in any health planning rule adopted by the Department.

See question 11.

(b) It shall be the responsibility of the applicant to adequately and appropriately demonstrate that the proposed project meets the standards set forth in (a) above. It is not incumbent upon the reviewing agencies to demonstrate lack of need.

Descriptive, no comment.

(c) No certificate of need shall be granted to any facility that, during the course of the application process, fails to provide or fails to contractually commit to provide services to medically underserved populations residing or working in its service area as adjusted for indications of need. In addition, no certificate of need shall be granted to any facility that fails to comply with State and Federal laws regarding its obligation not to discriminate against low income persons, minorities, and disabled individuals.

MMC has been, and remains, committed to providing high quality medical services to all members of the community it serves. MMC currently complies and will continue to comply, with all state and federal laws pertaining to its obligation not to discriminate against low income persons, minorities and disabled individuals.

N.J.A.C. 8:33-4.10 (2016)

§ 8:33-4.10 Specific criteria for review

(a) Each applicant for a certificate of need shall show how the proposed project shall promote access to low income persons, racial and ethnic minorities, women, disabled persons, the elderly, and persons with HIV infections and other persons who are unable to obtain care. In determining the extent to which the proposed service promotes access and availability to the aforementioned populations, the applicant, where appropriate, shall address in writing the following:

1. The contribution of the proposed service in meeting the health-related needs of members of medically underserved groups as may be identified in the applicant's service area;

MMC will continue to provide services to members of medically underserved groups at the same or higher level, following and during implementation of this project as it currently does, and based upon the impact of state and federal policies impacting coverage for low income residents.

2. The extent to which medically underserved populations currently use the applicant's service or similar 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;

In 2022, approximately 69% of MMC's (Long Branch) inpatient and same day discharges, were patients who utilized Medicaid, Medicare, self-pay, charity care or were underinsured. The poverty rate in MMC's service area is approximately 10.1% well below the 69% using the hospital. The relocation to Tinton Falls will not impact the hospitals' commitment to serve this population.

3. The performance of the applicant in meeting its obligation, if any, under any applicable State and Federal regulations requiring provision of uncompensated care, community services, or access by minorities and handicapped persons to programs receiving Federal financial assistance (including the existence of any civil rights access complaints against the applicant);

MMC will continue to make its services available to the medically indigent, Medicare and Medicaid residents and other medically underinsured groups. MMC expects that these groups will be served at the same rate, or higher, levels (given their reported growth) after implementation of the project as they are currently.

4. How and to what extent the applicant will provide services to the medically indigent, Medicare recipients, Medicaid recipients and members of medically underserved groups;

MMC will continue to make its services available to the medically indigent, Medicaid and Medicare residents and other medically underserved groups. MMC anticipates that these groups will be served at the same or higher levels (given their growth), after the proposed project is implemented.

5. The extent to which the applicant offers a range of means by which its service (for example, outpatient services, admission by house staff, admission by personal physician) will be accessible and available to a person;

As noted in Question 7, the Medical Center provides a full array of primary and specialty care services including diagnostic and treatment services through its own clinics or in collaboration with Monmouth Family Health Center. In addition, patients can access inpatient care through referral from the clinic, ED or direct admission. Medically underserved patients admitted to the Medical Center are cared for by physicians of MMC's staff.

6. The amount of charity care, both free and below cost service, that will be provided by the applicant;

In 2022, MMC and MMC Southern Campus provided $57.6 million in charity care. This represents a $2.9 million increase over 2021. MMC anticipates continuing to provide care at this level or at higher levels, given the needs of the community.

7. Access by public or private transportation to the proposed project, including applicant-sponsored transportation services;

MMC will provide a van service between the Long Branch site and the Fort Monmouth site for patients and staff using public transportation.

8. As applicable, means of assuring effective communication between the staff of the proposed project and non-English speaking people and those with speech, hearing, or visual handicaps must be documented; and

See Appendix 6.

9. Where applicable, the extent to which the project will eliminate architectural barriers to care for handicapped individuals.

The new facility will be constructed in accordance with the latest building and construction codes, and in accordance with the most current architectural standards to ensure access for handicapped individuals.

(b) Each applicant for certificate of need shall demonstrate that the proposed project will maintain or enhance quality of care, can be financially accomplished and maintained, and licensed in accordance with applicable licensure regulations; how it shall address otherwise unmet needs in the planning region; that it shall not have an adverse impact on access to health care services; and that projected volume is reasonable. Evaluation of the applications shall include a review of:

1. Demographics of the area, particularly as related to the populations affected by the proposed project;

The population of the combined primary and secondary service area approximates 777,964 residents. 71% are white, 5% are black, 5% are Asian, and 3% are of mixed racial backgrounds and 1% are other. Those of Hispanic origin represent 14% of area residents.

2. Economic status of the service area, particularly as related to special health service needs of the population; and future facility cash flow;

Approximately 10.1%of the primary and secondary service area residents live in poverty. However, the median income for the area remains strong at $112,095.

3. Physician and professional staffing issues;

Members of the medical staff have been actively involved in the planning process and are supportive of the proposed relocation and development of a new physical plant. The needs of physicians with respect to the proximity to physicians' offices, site access and parking at the new location have been taken into consideration to ensure that access would be maintained.

4. Availability of similar services at other institutions in or near the service area;

There are 4 hospitals located in MMC's service area; Bayshore Medical Center, Centra State Medical Center, Jersey Shore Medical Center and Riverview Medical Center. Three of these hospitals, Riverview Medical Center, Jersey Shore medical Center and Bayshore Medical Center are all owned by Hackensack Meridian Health. Centra State Medical Center is an affiliate of Atlantic Health System.

- Bayshore Medical Center is an affiliate of Hackensack Meridian health located to the North in Holmdel. It is a 211-bed medical/surgical facility providing a range of service for older residents of South Middlesex and Northern Monmouth County.
- Centra State Medical Center is a full-service community hospital located in Freehold, New Jersey. It is an affiliate of Atlantic Health System. The campus contains a fitness center, a nursery, a short-term rehabilitation center, assisted living and ambulatory services center. The hospital also operates a rehabilitation and primary care services in off-campus locations.

- Riverview Medical Center is a 476-bed acute care community hospital located in Red Bank, New Jersey. It serves the Northern region of Monmouth County and Southern Middlesex County. Riverview Medical Center is part of Hackensack Meridian Health. The medical center provides assisted living, a nursing home and home care services in addition to acute care services.
- Jersey Shore University Medical Center, located in Neptune City, New Jersey, is an academic medical center and major teaching site for the Hackensack Meridian School of Medicine at Seton Hall University. The Medical Center is also an affiliate of Hackensack Meridian Health and serves the South-Central area of Monmouth County.

MMC's relocation is not additive to the current level of service in the region and therefore, it poses no threat to existing service providers.

5. Provider's historical and projected market shares;

MMC's market share for its primary service area is 27%. Market share is anticipated to remain stable and volume to increase over time due to increased development of residential areas on the Fort Monmouth site.

6. The immediate and long-term financial impact on the institution. This review shall assess:

i. Whether the method of financing identified is accurately calculated and economically feasible, and is the least cost method available;

MMC anticipates funding the project with available cash, proceeds from its fundraising campaigns and bond financing through the New Jersey Health Care Facilities Authority. This approach represents the least costly method of financing and will provide for adequate financial resources to complete the project and ensure long-term financial versatility for MMC.

ii. Impact of the proposed project on capital cost, operating cost, projected revenues, and charges for the year prior to the application and the two years following project completion;

See certificate of need application pages 11-12

iii. Impact of the proposed project on the provider's financial condition, as measured by financial statements, including balance sheets, income statements and cash-flow statements;

MMC's financial condition will not be adversely affected by the project. See Appendices 4 and 5.

7. Whether the applicant has demonstrated the ability to obtain the necessary capital funds;

MMC has sufficient access to necessary capital to ensure the successful completion of the proposed project. See Appendices 4 and 5.

8. Each applicant for certificate of need shall demonstrate how the proposed project shall comply with applicable rules and regulations governing the construction, modernization or renovation of the project. The applicant shall address the following:

i. A cost estimate of the project stated in those dollars which would be needed to complete the project over the anticipated period of construction, assuming that construction was to begin at the time of the certificate of need submission; and

Construction cost estimates have been developed to comply with this requirement.

ii. A detailed description of the project including square footage, construction type, current and proposed use of areas proposed for renovations, anticipated construction related circumstances, impact of asbestos abatement, accounting of all displaced department services areas, relocations and vacated areas.

See Schedule A.

(c) The Commissioner may request any additional information deemed necessary to establish that the proposed project will not adversely affect the State's health care system.

The applicant will comply with any and all requests for additional information.

(d) Each applicant for certificate of need shall demonstrate character and competence, quality of care, and an acceptable track record of past and current compliance with State licensure requirements, applicable Federal requirements, and State certificate of need requirements, including, but not limited to, the following:

1. The performance of the applicant in meeting its obligation under any previously approved certificate of need including full compliance with the cost and scope as approved, as well as all conditions of approval;

MMC is in compliance with conditions of previously approved certificates of need.

2. Applicants shall demonstrate the capacity to provide a quality of care which meets or surpasses the requirements contained in the applicable licensing standards for the facility. Evidence of the capacity to provide high quality care shall include (d)2i below and may, if applicable, also include (d)2ii through iv below:

i. A satisfactory record of compliance with licensure standards in existing health care facilities that are owned, operated, or managed, in whole or part, by the applicant. This may include reports issued by licensing agencies from other states, as well as from the Department. Applicants shall document their requests to licensing agencies in other states, where applicable, as well as the responses from those agencies. Applicants shall not be penalized for the failure of licensing agencies in other states to respond to their requests unless they failed to make the requests in a timely manner. In the event that an applicant is unable to obtain a written report from a licensing agency in another state, the applicant may submit, in lieu of the written report, an attestation that its compliance record in that state does not contain any violations of (d)3 through 5 below along with documentation of its efforts to obtain a written report;

MMC is in compliance with the licensing standards.

ii. Narrative descriptions or listings within the application of services, staffing patterns, policies and protocols addressing delivery of nursing, medical, pharmacy, dietary, and other services affecting residents' quality of care;

MMC is in compliance with all policies and protocols addressing deliver of the above care services.

iii. Documentation of compliance with the standards of accreditation of nationally recognized professional bodies; and

MMC is accredited by The Joint Commission and licensed by the New Jersey State Department of Health (see Exhibit 7).

iv. Where applicable, a recommendation by the State Department of Human Services' Division of Medical Assistance and Health Services and Division of Mental Health Services regarding the quality of and access to services provided by the applicant to Medicaid patients and patients who have been discharged from State and county psychiatric hospitals;

Not applicable.

3. The Department shall examine and evaluate the licensing track record of each applicant for the period beginning 12 months preceding submission of the application and extending to the date on which the Commissioner renders a decision with respect to the application, for the purpose of determining the capacity of an applicant to operate a health care facility in a safe and effective manner in accordance with State and Federal requirements. A certificate of need application may be denied where an applicant has not demonstrated such capacity, as evidenced by continuing violations or a pattern of violations of State licensure standards or Federal certification standards or by existence of a criminal conviction or a plea of guilty to a charge of fraud, patient or resident abuse or neglect, or crime of violence or moral turpitude. An application also may be denied where an applicant has violated any State licensing or Federal certification standards in connection with an inappropriate discharge or denial of admission. An applicant, for purposes of this rule, includes any person who was or is an owner or principal of a licensed health care facility, or who has managed, operated, or owned in whole or in part any health care facility, excluding individuals or entities who are limited partners with no managerial control or authority over the operation of the facility and who have an ownership interest of 10 percent or less in a corporation which is the applicant and who also do not serve as officers or directors of the applicant corporation;

MMC has and will continue to fully comply with state licensing standards and/or federal certification standards. MMC will comply with the Department's request(s) for any information that would facilitate the Department's examination and evaluation of its licensing track record.

4. A certificate of need application submitted by an applicant who was cited for any State licensing or Federal certification deficiency during the period identified in (d)3 above, which presented a serious risk to the life, safety, or quality of care of the facility's patients or residents, shall be denied, except in cases where the applicant has owned/operated the facility for less than 12 months and the deficiencies occurred during the tenure of the previous owner/operator. In any facility, the existence of a track record violation during the period identified in (d)3 above shall create a rebuttable presumption, which may be overcome as set forth below, that the applicant is unable to meet or surpass licensing standards of the State of New Jersey. Those applicants with track record violations which would result in denial of the application shall submit with their application any evidence tending to show that the track record violations do not presage operational difficulties and quality of care violations at the facility which is the subject of the application or in any other licensed long-term care category facility in New Jersey, which is operated or managed by the applicant. If, after review of the application and the evidence submitted to rebut a negative track record, the Commissioner denies the application, the applicant may request a hearing

which will be held in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1. At the Commissioner's discretion, the hearing shall be conducted by the Commissioner or transferred to the Office of Administrative Law. The purpose of the hearing is to provide the applicant with the opportunity to present additional evidence in conjunction with evidence already included with the initial application, for the purpose of demonstrating the applicant's operational history and capacity to deliver quality of care to patients or residents which meets or surpasses licensing standards of the State of New Jersey to the satisfaction of the Commissioner or his or her designee. The conclusion of that process with either a decision by the Commissioner or the Commissioner's acceptance or denial of an initial decision by an administrative law judge shall constitute a final agency decision. A serious risk to life, safety, or quality of care of patients or residents includes, but is not limited to, any deficiency in State licensure or Federal certification requirements (42 C.F.R. 488.400 et seq.) resulting in:

i. An action by a State or Federal agency to ban, curtail or temporarily suspend admissions to a facility or to suspend or revoke a facility's license;

MMC has not been and does not expect to be subject to any state or federal action to ban, curtail or temporarily suspend admission to and/or revocation of licensing of facilities operated by MMC.

ii. A decertification, termination, or exclusion from Medicaid or Medicare participation, including denial of payment for new admissions, imposed by the Department or by the Health Care Financing Administration, as a result of noncompliance with Medicaid or Medicare conditions of participation.

MMC fully complies with Medicaid and Medicare conditions of participation. MMC has not and does not expect to be subject to decertification, termination or exclusion from Medicaid or Medicare participation, including denial of payment, that would arise as a result of noncompliance with Medicaid or Medicare conditions or participation.

5. In addition to the conditions specified at (d)4 above, an application for a long-term care category service, including, but not limited to, a long-term care facility, assisted living residence, assisted living program or comprehensive personal care home, shall be denied upon a finding that any long-term care facility or hospital-based subacute care unit in New Jersey operated or managed by the applicant has, within the 12 months preceding submission of the application and extending to the date on which the Commissioner renders a decision with respect to the application, been the subject of one or more of the following:

i. A citation of any deficiency posing immediate jeopardy at a pattern or widespread scope level, or any deficiency causing actual harm at a widespread scope level, as described at 42 C.F.R. 488;

Not applicable.

ii. A determination that the provider is a "poor performer," on the basis of a finding of substandard quality of care or immediate jeopardy, as described at 42 C.F.R. 488, on the current survey and on a survey during one of the two preceding years. For the purposes of this subchapter, "substandard quality of care" means one or more deficiencies related to participation requirements under 42 C.F.R. 483.13, Resident behavior and facility practices, 42 C.F.R. 483.15, Quality of life, or 42 C.F.R. 483.25, Quality of care, which constitute either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm;

Not applicable.

iii. A citation of a deficiency based on a finding of substandard quality of care in two different areas on the same survey. Such facilities will be afforded an opportunity to correct the deficiencies by a date specified in the Departmental notice accompanying the statement of deficiencies. If substantial compliance is achieved in all areas, the waiting period, as that term is defined in (d)10 above, shall terminate with the next standard survey of the facility, if that survey indicates substantial compliance. The Department shall conduct another full survey within approximately nine months of the date of the previous full survey during which the deficiencies were cited. If the deficiencies have not been corrected by the date specified in the Departmental notice accompanying the statement of deficiency, the 12-month waiting period shall commence on the date on which the deficiencies are corrected and compliance is achieved;

Not applicable.

iv. A determination that the facility has failed to correct deficiencies which have been cited, and where this has resulted in a denial by the Health Care Financing Administration of payment for new admissions or a requirement by the Department to curtail admission.

Not applicable.

6. The criteria for denial of an application specified in (d)4 and 5 above shall also result in denial of the application if the criteria are found to have been true of any number of out-of-State facilities operated or managed by the applicant, within the 12 months preceding submission of the application and extending to the date on which the Commissioner renders a decision with respect to the application and with respect to any service which is similar or related to the proposed service, constituting at least five percent of all facilities operated or managed by the applicant or five facilities in total, whichever is less.

MMC does not own, operate or manage any out-of-state facilities. If, during the review of the application, MMC enters an ownership, operation or management arrangement of an out-of-state facility, MMC will comply with the Department criteria as noted in c (6).

7. In addition to the provisions of (d)1 through 6 above, and notwithstanding any express or implied limitations contained therein, the Commissioner may deny any application where he or she determines that the actions of the applicant at any facility operated or managed by the applicant constitute a threat to the life, safety, or quality of care of the patients or residents. In exercising his or her discretion under this rule, the Commissioner shall consider the following:

- **i. The scope and severity of the threat;**
- **ii. The frequency of occurrence;**
- **iii. The presence or absence of attempts at remedial action by the applicant;**
- **iv. The existence of any citations, penalties, warnings, or other enforcement actions by any governmental entity pertinent to the condition giving rise to the threat;**
- **v. The similarity between the service within which the threat arose and the service which is the subject of the application; and**

vi. **Any other factor which the Commissioner deems to be relevant to assessment of risk presented to patients or residents.**

MMC's application for relocation of the majority of patient care services from its current location in Long Branch, to the proposed location in Tinton Falls does not constitute a treat to the site safety and quality of care of the patients or residents of the service area. MMC will comply with requests for information and assurances that the Commissioner may deem necessary to exercise his or her discretion in determining MMC's compliance with this rule.

8. **For the purposes of this section, similarity or relatedness of any two services is determined by the inclusion of the two services together in one of the following categories:**

i. **The long-term care category, which includes but is not limited to long-term care facility, hospital-based subacute care unit, residential health care facility, alternate family care program, pediatric or adult day health care program, or assisted living provided through an assisted living residence, assisted living program or comprehensive personal care home.**

ii. **The general or special hospital category, which includes hospital services such as medical/surgical, pediatric, obstetric, cardiac, psychiatric, and intensive care/critical care, comprehensive rehabilitation, long term acute care, surgical services, magnetic resonance imaging and computerized tomography, extracorporeal shock wave lithotripsy, renal dialysis, positron emission tomography scanner, gamma knife, hyperbaric chamber, and birth centers.**

iii. **The ambulatory care and other category, which includes primary care, home health care, family planning, drug counseling, termination of pregnancy, birth centers, renal dialysis, magnetic resonance imaging, computerized axial tomography, extracorporeal shock wave lithotripsy, hyperbaric chamber, hospice, ambulatory surgery, and outpatient rehabilitation.**

iv. **The substance abuse treatment category, which includes residential alcohol treatment, residential drug treatment, and outpatient drug treatment.**

Informational, no comment.

9. **In evaluating track records pursuant to (d)3 through 8 above, the Department may consider any evidence of noncompliance with applicable licensure requirements provided by an official state licensing agency in any state other than New Jersey, or any official records from any agency of the State of New Jersey indicating the applicant's noncompliance with the agency's licensure or certification requirements in a facility the applicant owned, operated, or managed in whole or in part.**

MMC has, and will continue to, comply with all regulatory and statutory requirements regarding the health and safety of patients.

10. **Any person with a history of noncompliance with statutory or regulatory requirements which, as determined by the Department, threaten the life, safety or quality of care of patients shall be ineligible to file a certificate of need application until a waiting period of at least one year has elapsed, except as specified at (d)5iii above, during which time the person must have demonstrated a record of substantial compliance with licensing or**

regulatory standards. The one-year period shall be measured from the time of the last licensure or certification action indicating full compliance with regulatory standards.

MMC has, and will continue to, comply with all regulatory and statutory requirements regarding the health and safety of patients.

11. No certificate of need application will be approved for any applicant with existing non-waiverable violations of licensure standards at the time of filing, or before final disposition of the application or for an applicant with a history of noncompliance with licensing, statutory or regulatory standards which, as determined by the Department, threaten the life, safety or quality of care of patients. An exception shall be made in the case of applications submitted for the purpose of correcting recognized major licensure deficiencies. An exception to this provision may also be granted for applications submitted for the closure of a general hospital.

MMC is not currently subject to any violations of licensure standards and intends to fully comply with licensing, statutory and/or regulatory standards during and after the certificate of need process. MMC is not currently aware of any licensure, statutory and/or regulatory waivers that would be required to maintain the hospital's current and future compliance.

15. Identify (by certificate of need number and project description) all previously approved certificates of need which have not been completed and indicate the current status of each project.

All MMC previously approved Certificates of Need have been completed.

16. Identify (by certificate of need number) any conditions of certificate of need approval which have not been met and explain.

All MMC conditions of Certificate of Need approval have been met.

Construction requirements:

A. All cost estimates for new construction and/or renovations, should be submitted in those dollars which would be needed to complete the project over the anticipated period of construction, assuming that construction was to begin at the time of your Certificate of Need submission.

Construction/renovation cost estimates are submitted as requested above.

B. Provide proposed total "building gross square footage" of new construction. Indicate building's proposed design, number of stories and construction type. (Also see "H" if multiple areas are involved.)

See Schedule A.

C. Projects involving complete demolition of a structure(s) should indicate structure's total cubic feet, number of stories, gross square footage per floor and construction type.

Identify demolition cost estimate as a separate line item.

Not applicable as project relates to new construction.

D. Provide total square footage of area proposed for renovations. Indicate the current or most recent use and physical layout of the space. Provide a summary description of the renovations proposed and/or required, acknowledging all applicable construction trades. (Also see "H" if multiple areas are involved.)

The relocated hospital services will be in a new construction building of approximately 777,720 BGSF with two inpatient pavilions and seven (7) stories in height. There is an attached central utility plant that is approximately 32,760 BGSF. A parking garage is an additional 340,000 BGSF. The site has no existing structures.

E. Indicate any anticipated construction related circumstances and/or conditions (e.g.. asbestos, wetlands, CAFRA, fire suppression system) that may explain your new construction and/or renovation cost estimate being over or under an average estimate. Identify the associated cost effect anticipated.

The water table is low on the site and we have designed to address that site condition and is part of the construction costs contained therein.

F. Renovation projects involving asbestos abatement should provide the associated cost estimate as a separate line item, identifying the areas and total square/linear footage involved.

Not applicable

G. Provide description and/or listing of equipment items inclusive of the "fixed equipment not in construction contracts" line item(s) cost estimates (See pages 4, 5 and 6).

See pages 4,5 and 6 of the Application Form and related attachment

H. Projects with more than one department service area affected by new construction or renovations must complete Schedule A. Utilize a separate line item for each service area on a given floor/wing and for any change in use of an existing area. Square footage and construction/renovation hard cost totals of this form should reconcile with those amounts indicated on pages 1 and 2 of the Certificate of Need Application. Account for all displaced department service areas, relocations and vacated areas, even if there are no associated construction/renovation costs. (Change in cost/scope applicants are to provide update of space allocation forms previously submitted.) Indicate how this information was established.

Descriptive, see Schedule A.

I. Any applicant who is proposing a vertical expansion (additional floor(s) to an existing building) shall submit a certification, from an appropriate design professional, that the existing structure/affected building shall comply with the current code requirements for increase in size (floor area and/or height) and earthquake loads.

Not applicable.

J. In addition to the fire suppression system(s) that may be required by the State Uniform Construction Code, the proposed scope of work shall include those systems, as appropriate, after a review of N.J.A.C. 5:23-2.4 and 2.5, and in consideration that the Uniform Fire Code State of New Jersey will require that all hospitals be fully suppressed. Installation of compliant suppression system(s) and related construction cost(s) shall be included in the proposed project.

These costs are included.

K. The following architectural prints shall be submitted to visually indicate the entire scope of work as described in the written narrative:

- Site plan showing building footprint(s) (graphically differentiating existing structures to remain, those to be demolished and new construction) and compass orientation
- Floor Plan(s) – Projects $15 million and over (At 1/8" scale, single line showing door openings and windows, rooms/areas to be labeled to indicate use/service and numbered, new construction/renovation work to be graphically differentiated from existing work to remain).
- Projects under $15 million, 1/16" scale sketch.

See Floor Plan Exhibit E.

L. Change in cost/scope applications, for which the project is already under construction, must submit a copy of the signed contract with the Contractor and Architect (if not previously submitted to the New Jersey Department of Community Affairs). A copy of the most recent Contractor Requisition for Payment (Form AIA-G702) must be submitted with cost/scope application in addition to a reconciliation summary statement of same to agree with the total construction/renovation cost requested in the cost/scope application, acknowledging all incurred and anticipated change orders.

See Insert L

M. For change cost/scope applications, applicants are to itemize and explain all construction/renovation related cost changes (increase and/or decrease), noting those that are attributed to additional expanded project scope which were not in original Certificate of Need, those attributed to overruns (broken down as unanticipated-

unforeseen and/or unanticipated due to initial underestimate) and those related to deletion of any portion of the original approved project scope.

See Insert M.

List of Exhibits and Appendices

Exhibit A: Site Option/Deed
Exhibit B: Financial Feasibility Study
Exhibit C: Major Movable Equipment, Fixed Equipment and Minor Moveable
Exhibit D: Staffing
Exhibit E: Licensed Health Facilities

Appendix 1: Board Approval of Certificate of Need
Appendix 2: Letter of Support Monmouth Family Health Center
Appendix 3: B2
Appendix 4: Financial Statements
Appendix 5: RWJBarnabas Health Financial Letter and 3rd Party Credit
Appendix 6: Policies for Communication
Appendix 7: Joint Commission Accreditation and NJDOH License
Appendix 8: City of Long Branch Press Release
Appendix 9: Additional Letters of Support