

GENHOSPCOM Committee

Agenda

June 12, 2026, at 8:45 a.m.

Perimeter Center, Training Room 1

9960 Mayland Drive, Henrico, VA 23233

1. Roll Call
2. Review Meeting Minutes
3. Meeting Adjournment

DRAFT

Meeting Minutes
SHSP TF – GENHOSP Committee
May 29, 2026, 9:00 a.m.
Perimeter Center

Task Force Members in Attendance (alphabetical by last name): Ms. Amanda Dulin (Chair); Mr. Micheal Desjadon (absent); Mr. Paul Dreyer (virtual); Mr. Paul Hedrick; Mr. Neil Rolfes

Staff in Attendance (alphabetical by last name): Ms. Mikayla Ferguson, SHSP TF Planner; Mr. Geoff Garner, Senior Policy Analyst (virtual); Ms. Casey Miller, Policy Analyst

Ms. Dulin welcomed the committee and called the meeting to order at 9:02 am.

Ms. Miller called the roll.

Quorum was established.

There were no public comments.

The committee reviewed the meeting minutes from April 28th.

Mr. Dreyer called to correct the word “rational” to “rationale” in the minutes from the LTACH section. In the next meeting, it is typed as “virtual” and was corrected to “in person”.

With the adjusted verbiage, the committee approved and accepted the minutes.

The committee moved to the red lined version.

The committee clarified that under the need for new service it should read as follows:

- a. 80% at midnight census for medical/surgical beds ~~or pediatric beds~~;
- b. 65% at midnight census for intensive care beds or pediatric beds.
- c. 70% at midnight census for obstetric care beds.

The committee used the reproductive age of women as set by Weldon Cooper.

The committee reviewed the new addition of obstetric beds and calculations.

Mr. Dreyer called attention to the line, “OBBURI - ...as determine in subdivision 1”, should read “determined”.

The committee and the COPN team discussed the types of beds and the thresholds. The committee wants to ensure the protection of pediatric beds. They discussed the percentage of the excess for each bed. To avoid ambiguity in the current language, the committee made a change to a previously removed line to read, “or the purposes of this part, “underutilized” means less than 80% average annual occupancy for medical/surgical ~~or pediatric beds~~, when the relocation involves such beds and less than 65% average annual occupancy for intensive care beds ~~and pediatric beds~~, and 70% for obstetric beds when relocation involves such beds”.

Ms. Miller recapped the changes made to the red-lined version.

The committee revisited the LTACH section.

The committee agreed to include the term, “in the planning district” to provide additional clarity. It was then removed, as it was already written. They moved to approve the word from “excess” to “underutilized”. Underutilized is used throughout the other sections within this standard.

The committee approved all changes and agreed to meet at 8:45 am for 5 minutes virtually to approve the meeting minutes.

The committee adjourned at 10:10 am.

General Hospital

Part VI. Inpatient Bed Requirements

12VAC5-230-520. Travel time.

Inpatient beds should be within 30 minutes driving time one way under normal conditions of 95% of the population of a health planning district using a mapping software as determined by the commissioner.

12VAC5-230-530. Need for new service.

A. No new inpatient beds should be approved in any health planning district unless:

1. The resulting number of beds for each bed category contained in this article does not exceed the number of beds projected to be needed for that health planning district for the fifth planning horizon year; and

2. The average annual occupancy based on the number of beds in the health planning district for the relevant reporting period is:

a. 80% at midnight census for medical/surgical beds ~~or pediatric beds~~;

b. 65% at midnight census for intensive care beds ~~or pediatric beds~~.

c. 70% at midnight census for obstetric care beds.

~~B. For proposals to convert under-utilized beds that require a capital expenditure with an expenditure exceeding the threshold amount as determined using the formula contained in subsection C of this section, consideration may be given to such proposal if:~~

~~1. There is a projected need in the applicable category of inpatient beds; and~~

~~2. The applicant can demonstrate that the average annual occupancy of the converted beds would meet the utilization standard for the applicable bed category by the first year of operation.~~

For the purposes of this part, "underutilized" means less than 80% average annual occupancy for medical/surgical ~~or pediatric beds~~, when the relocation involves such beds

and less than 65% average annual occupancy for intensive care beds and pediatric beds, and 70% for obstetric beds when relocation involves such beds.

~~C. The capital expenditure threshold referenced in subsection B of this section shall be adjusted annually using the percentage increase listed in the Consumer Price Index for All Urban Consumers (CPI-U) for the most recent year as follows:~~

~~$A \times (1+B)$~~

~~where:~~

~~A = the capital expenditure threshold amount for the previous year~~

~~and~~

~~B = the percent increase for the expense category "Medical Care" listed in the most recent year available of the CPI-U of the U.S. Bureau of Labor Statistics.~~

~~Statutory Authority~~

~~§ 32.1-102.2 of the Code of Virginia.~~

12VAC5-230-540. Need for medical/surgical beds.

The number of medical/surgical beds projected to be needed in a health planning district shall be computed as follows:

1. Determine the use rate for the medical/surgical beds for the health planning district using the formula:

$BUR = (IPD/PoP)$

Where:

BUR = the bed use rate for the health planning district.

IPD = the sum of total inpatient days in the health planning district for the most recent five years for which inpatient day data has been reported by VHI; and

PoP = the sum of total population 18 years of age and older in the health planning district for the same five years used to determine IPD as reported by a demographic program as determined by the commissioner.

2. Determine the total number of medical/surgical beds needed for the health planning district in five years from the current year using the formula:

$$\text{ProBed} = ((\text{BUR} \times \text{ProPop})/365)/-0.80$$

Where:

ProBed = The projected number of medical/surgical beds needed in the health planning district for five years from the current year.

BUR = the bed use rate for the health planning district determined in subdivision 1 of this section.

ProPop = the projected population 18 years of age and older of the health planning district five years from the current year as reported by a demographic program as determined by the commissioner.

3. Determine the number of medical/surgical beds that are needed in the health planning district for the five planning horizon years as follows:

$$\text{NewBed} = \text{ProBed} - \text{CurrentBed}$$

Where:

NewBed = the number of new medical/surgical beds that can be established in a health planning district, if the number is positive. If NewBed is a negative number, no additional medical/surgical beds should be authorized for the health planning district.

ProBed = the projected number of medical/surgical beds needed in the health planning district for five years from the current year determined in subdivision 2 of this section.

CurrentBed = the current inventory of licensed and authorized medical/surgical beds in the health planning district.

12VAC5-230-550. Need for pediatric beds.

The number of pediatric beds projected to be needed in a health planning district shall be computed as follows:

1. Determine the use rate for pediatric beds for the health planning district using the formula:

PBUR = (PIPD/PedPop)

Where:

PBUR = The pediatric bed use rate for the health planning district.

PIPD = The sum of total pediatric inpatient days in the health planning district for the most recent five years for which inpatient days data has been reported by VHI; and

PedPop = The sum of population under 18 years of age in the health planning district for the same five years used to determine PIPD as reported by a demographic program as determined by the commissioner.

2. Determine the total number of pediatric beds needed to the health planning district in five years from the current year using the formula:

ProPedBed = ((PBUR x ProPedPop)/365)/~~0.80~~ 0.65

ric beds needed in the health planning district for five years from the current year.

PBUR = The pediatric bed use rate for the health planning district determined in subdivision 1 of this section.

ProPedPop = The projected population under 18 years of age of the health planning district five years from the current year as reported by a demographic program as determined by the commissioner.

3. Determine the number of pediatric beds needed within the health planning district for the fifth planning horizon year as follows:

NewPedBed – ProPedBed – CurrentPedBed

Where:

NewPedBed = the number of new pediatric beds that can be established in a health planning district, if the number is positive. If NewPedBed is a negative number, no additional pediatric beds should be authorized for the health planning district.

ProPedBed = the projected number of pediatric beds needed in the health planning district for five years from the current year determined in subdivision 2 of this section.

CurrentPedBed = the current inventory of licensed and authorized pediatric beds in the health planning district.

12VAC5-230-560. Need for intensive care beds.

The projected need for intensive care beds in a health planning district shall be computed as follows:

1. Determine the use rate for ICU beds for the health planning district using the formula:

$$\text{ICUBUR} = (\text{ICUPD}/\text{Pop})$$

Where:

ICUBUR = The ICU bed use rate for the health planning district.

ICUPD = The sum of total ICU inpatient days in the health planning district for the most recent five years for which inpatient day data has been reported by VHI; and

Pop = The sum of population 18 years of age or older for adults or under 18 for pediatric patients in the health planning district for the same five years used to determine ICUPD as reported by a demographic program as determined by the commissioner.

2. Determine the total number of ICU beds needed for the health planning district, including bed availability for unscheduled admissions, five years from the current year using the formula:

$$\text{ProICUBed} = ((\text{ICUBUR} \times \text{ProPop})/365)/0.65$$

Where:

ProICUBed = The projected number of ICU beds needed in the health planning district for five years from the current year;

ICUBUR = The ICU bed use rate for the health planning district as determined in subdivision 1 of this section;

ProPop = The projected population 18 years of age or older for adults or under 18 for pediatric patients of the health planning district five years from the current year as reported by a demographic program as determined by the commissioner.

3. Determine the number of ICU beds that may be established or relocated within the health planning district for the fifth planning horizon planning year as follows:

$$\text{NewICUB} = \text{ProICUBed} - \text{CurrentICUBed}$$

Where:

NewICUBed = The number of new ICU beds that can be established in a health planning district, if the number is positive. If NewICUBed is a negative number, no additional ICU beds should be authorized for the health planning district.

ProICUBed = The projected number of ICU beds needed in the health planning district for five years from the current year as determined in subdivision 2 of this section.

CurrentICUBed = The current inventory of licensed and authorized ICU beds in the health planning district.

12VAC5-230-### Need for obstetric beds.

The projected need for obstetric beds in a health planning district shall be computed as follows:

1. Determine the use rate for OB beds for the health planning district using the formula:

$$\text{OBBUR} = (\text{OBD}/\text{Pop})$$

Where:

OBBUR = The OB bed use rate for the health planning district.

OBD = The sum of total OB inpatient days in the health planning district for the most recent five years for which inpatient day data has been reported by VHI; and

Pop = The sum of population 15 - 44 female age reproductive year patients in the health planning district for the same five years used to determine OBD as reported by a demographic program as determined by the commissioner.

2. Determine the total number of OB beds needed for the health planning district, including bed availability for unscheduled admissions, five years from the current year using the formula:

$$\text{ProOBBed} = ((\text{OBBUR} \times \text{ProPop})/365) - 0.80 \text{ } 0.70$$

Where:

ProOBBed = The projected number of OB beds needed in the health planning district for five years from the current year;

OBBUR = The OB bed use rate for the health planning district as determined in subdivision 1 of this section;

ProPop = The projected population 15 - 44 female age reproductive year patients of the health planning district five years from the current year as reported by a demographic program as determined by the commissioner.

3. Determine the number of OB beds that may be established or relocated within the health planning district for the fifth planning horizon planning year as follows:

$\text{NewOBB} = \text{ProOBBed} - \text{CurrentOBBed}$

Where:

NewOBBed = The number of new OB beds that can be established in a health planning district, if the number is positive. If NewOBBed is a negative number, no additional OB beds should be authorized for the health planning district.

ProOBBed = The projected number of OB beds needed in the health planning district for five years from the current year as determined in subdivision 2 of this section.

CurrentOBBed = The current inventory of licensed and authorized OB beds in the health planning district.

12VAC5-230-570. Expansion or relocation of services.

A. Proposals to relocate beds to a location not contiguous to the existing site should be approved only when:

1. Off-site replacement is necessary to correct life safety or building code deficiencies;
2. The population currently served by the beds to be moved will have reasonable access to the beds at the new site, or to neighboring inpatient facilities;
3. The number of beds to be moved off-site is taken out of service at the existing facility;
4. The off-site replacement of beds results in:
 - a. A decrease in the licensed bed capacity;
 - b. A substantial cost savings, cost avoidance, or consolidation of underutilized facilities; or
 - c. Generally improved operating efficiency in the applicant's facility or facilities; and

5. The relocation results in improved distribution of existing resources to meet community needs.

B. Proposals to relocate beds within a health planning district where underutilized beds are within 30 minutes driving time one way under normal conditions of the site of the proposed relocation should be approved only when the applicant can demonstrate that the proposed relocation will not materially harm existing providers.

12VAC5-230-580. Long-term acute care hospitals (LTACHs).

A. LTACHs will not be considered as a separate category for planning or licensing purposes. All LTACH beds remain part of the inventory of inpatient hospital beds.

B. A LTACH shall only be approved if an existing hospital converts existing medical/surgical beds to LTACH beds or if there is an identified need for LTACH beds [occupancy averaging at least 80% for LTACHs within the planning district for the most recently reported year by VHI] within a health planning district. New LTACH beds that would result in an increase in total licensed beds above 165% of the average daily census for the health planning district will not be approved. Excess Underutilized inpatient beds within an applicant's existing acute care facilities must be converted to fill any unmet need for additional LTACH beds.

C. If an existing or host hospital converts existing beds for use as LTACH beds, those beds must be delicensed from the bed inventory of the existing hospital. If the LTACH ceases to exist, terminates its services, or does not offer services for a period of 12 months within its first year of operation, the beds delicensed by the host hospital to establish the LTACH shall revert back to that host hospital.

If the LTACH ceases operation in subsequent years of operation, the host hospital may reacquire the LTACH beds by obtaining a COPN, provided the beds are to be used exclusively for their original intended purpose and the application meets all other applicable project delivery requirements. Such an application shall not be subject to the standard batch review cycle and shall be processed as allowed under Part VI ([12VAC5-220-280](#) et seq.) of the Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations.

~~D. The application shall delineate the service area for the LTACH by documenting the expected areas from which it is expected to draw patients.~~

~~E. A LTACH shall be established for 10 or more beds.~~

F. A LTACH shall become certified by the Centers for Medicare and Medicaid Services (CMS) as a long-term acute care hospital and shall not convert to **an acute care hospital for patients needing a length of stay of less than 25 days** without obtaining a certificate of public need.

~~1. If the LTACH fails to meet the CMS requirements as a LTACH within 12 months after beginning operation, it may apply for a six-month extension of its COPN:~~

~~2. If the LTACH fails to meet the CMS requirements as a LTACH within the extension period, then the COPN granted pursuant to this section shall expire automatically.~~

12VAC5-230-590. Staffing.

Inpatient services should be under the direction or supervision of one or more qualified physicians.

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