



**State of New Jersey**  
**DEPARTMENT OF HEALTH**  
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[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

JUDITH M. PERSICILLI, RN, BSN, MA  
*Commissioner*

November 3, 2021

**VIA ELECTRONIC & FIRST-CLASS MAIL**

Todd Way  
President, Central Region  
Hackensack Meridian Health  
Raritan Bay Medical Center-Perth Amboy Division  
530 New Brunswick Avenue  
Perth Amboy, NJ 08861

Re: CN# ER 2021-04226-12;01  
Raritan Bay Medical Center-Perth  
Amboy Division  
Conversion of 8 Adult Acute Voluntary  
Psychiatric Beds to 8 Adult Acute  
Involuntary Psychiatric Beds  
Total Project Cost: \$0.00  
Expiration Date: November 3, 2026

Dear Mr. Way:

Please be advised that the Department of Health (Department) is approving the Expedited Review Certificate of Need application for Raritan Bay Medical Center - Perth Amboy Division (Applicant), which was received on May 1, 2021. This approval is being made pursuant to N.J.A.C. 8:33-3.9(d)(2)(i), for the conversion of eight adult acute voluntary psychiatric beds (Open) to eight adult acute involuntary psychiatric beds (Closed), at the Raritan Bay Medical Center – Perth Amboy Division, a general acute care hospital located at 530 New Brunswick Avenue, Perth Amboy, Middlesex County, New Jersey. Applicant is currently licensed for sixteen open beds and ten closed beds. The project involves the conversion of eight of the applicant's sixteen open beds, to eight closed beds. The applicant noted that it has identified a greater need for closed beds and that the conversion of these beds from open to closed will enable it to provide the appropriate type of behavioral health inpatient care required by its community. Upon approval, the applicant will submit a license application to convert the eight open beds to eight closed beds for their immediate use. This conversion will not require any construction or renovation and there will be no disruption of services to current patients. This application is being approved at the total project cost as noted above.

The services proposed in this application are subject to expedited review pursuant to N.J.A.C. 8:33-5.1(a)(4) and, therefore, a statistical bed need methodology is not required. The Department believes that the criterion regarding the availability of facilities or services which may serve as alternatives or substitutes is not applicable inasmuch as the services in this application will have a minimal impact on the health care system as a whole. The need for sufficient special equipment and services is not applicable, as this application is for the aforementioned conversion with regard to adult acute psychiatric beds, and the change in designation from "open" to "closed" beds, does not require any special equipment or additional staff. The facility will realize economies of scale from the operation of joint central services as it shares common ownership with other facilities in New Jersey.

The Department has taken into consideration the applicable regulations for the services subject to expedited review (i.e., N.J.A.C. 8:33-5.3), and finds that the applicant has provided an appropriate project description. The project description includes information as to the total project cost, operating costs and revenues, services affected, equipment involved, source of funds, utilization statistics, and justification for the proposed project (N.J.A.C. 8:33-5.3(a)(1)); assurance that all residents of the area, particularly the medically underserved, will have access to services (N.J.A.C. 8:33-5.3(a)(2)); and documentation that it will meet appropriate licensing and construction standards (N.J.A.C. 8:33-5.3(a)(3)(i)). In addition, the applicant has demonstrated a track record of substantial compliance with the Department's licensing standards (N.J.A.C. 8:33-5.3(a)(3)(ii)).

Please be advised that this approval is limited to the application as presented and reviewed. The application, related correspondence and any completeness questions and responses are incorporated herein and made a part of this approval. An additional review by the Department may be necessary if there is any change in scope, as defined at N.J.A.C. 8:33-3.9. However, a change in cost of an approved certificate of need is exempt from certificate of need review subject to the following:

1. The applicant shall file a signed certification as to the final total project cost expended for the project at the time of the application for licensure for the beds/services with the Certificate of Need and Healthcare Facility Licensure Program.
2. Where the actual total project cost exceeds the certificate of need approved total project cost and is greater than \$1,000,000, the applicant shall remit the additional certificate of need application fee due to the Certificate of Need and Healthcare Facility Licensure Program. The required additional fee shall be 0.25 percent of the total project cost in excess of the certificate of need approved total project cost.
3. The Department will not issue a license for beds/services until the additional fee is remitted in full.

The Department, in approving this application, has relied solely on the facts and information presented. The Department offers no opinion as to whether the proposed ownership or business organization is in compliance with the Codey Act, Board of Medical Examiners' administrative rules, the federal anti-referral (Stark) and federal anti-kickback laws. The Department has not undertaken an independent investigation of such information. If material facts have not been disclosed or have been misrepresented as part of this application, the Department may take appropriate administrative regulatory action to rescind the approval or refer the matter to the Office of the Attorney General.

Any approval granted by this Department relates to certificate of need and/or licensing requirements only and does not imply acceptance by a reimbursing entity. This letter is not intended as an approval of any arrangement affecting reimbursement or any remuneration involving claims for health care services.

This approval is not intended to preempt in any way the authority of any municipality to regulate land use within its borders and shall not be used by the applicant to represent that the Department has made any findings or determination relative to the use of any specific property.

Please be advised that services may not commence until a license has been issued by the Certificate of Need and Healthcare Facility Licensure Program to operate this facility. A survey by Department staff will be required prior to commencing services.

The Department looks forward to working with the applicant to provide high quality of care to your patients. If you have any questions concerning this Certificate of Need approval, please do not hesitate to contact Antonella Ventura, Quality Assurance Coordinator via email at [Antonella.Ventura@doh.nj.gov](mailto:Antonella.Ventura@doh.nj.gov).

Sincerely,



Robin C. Ford, MS  
Deputy Commissioner  
Health Systems

cc: Donna Getcliffe, Hackensack Meridian Health (Electronic Mail)  
Fred Jacobs, DOH (Electronic Mail)  
Michael J. Kennedy, DOH (Electronic Mail)  
Kim Hansen, DOH (Electronic Mail)  
Antonella Ventura, DOH (Electronic mail)  
Intake Unit, DOH (Electronic mail)