

Rules Development -- Comments Form

(fill-in all lines that are applicable)

Date:

Name:

Organization:

Address:

Email Address:

Telephone:

Contact Information: (if different than above):

I/We submit the attached comments regarding the review and/or revision of the State Board's rules in the following areas (check all that apply):

General:

- Administrative Rules including Board organization, meetings, rules of conduct, public hearings, appeals processes
- Rules and Applications including organization and structure; specific application types
- Needs Assessments
- Financial Assessments

Service/Facility Specific:

- Inpatient hospital
- Invasive Cardiac Services
- Inpatient long term care beds
- Alternative Health Care Delivery

Criteria/Standard Specific:

- Facility Criteria
- Financial Assessments
- Utilization Criteria
- Population/Planning Areas

Other Areas