

A-18

APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE, CONTINUED

New Jersey Department of Health
 Office of Certificate of Need and Healthcare Facility Licensure
 PO Box 358
 Trenton, NJ 08625-0358

APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE

<p>→ IMPORTANT: Complete and forward an original and two (2) copies to the above address. Please retain a copy for your records. ←</p>			
FOR STATE USE ONLY			
Team	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Amount Received	
Facility ID No.	Date Received ____ / ____ / ____	License Application Fee	\$ _____
		Biennial Inspection Fee	\$ _____
		TOTAL	\$ _____
Reviewer Signature			Date
Type of Application <input type="checkbox"/> New Facility - CN # _____ <input checked="" type="checkbox"/> New Facility CN Exempt (N.J.S.A. 26:2H7a) <input type="checkbox"/> Amendment Facility ID No. _____		Type of Amendment <input type="checkbox"/> Bed/Service Addition <input type="checkbox"/> Bed/Service Reduction <input type="checkbox"/> Transfer of Ownership (Licensed facilities as provided for at N.J.S.A. 26:2H7a and N.J.A.C. 8:333.3(b) only) <input type="checkbox"/> Relocation <input type="checkbox"/> Change in Name of Operating Entity <input type="checkbox"/> Change in Name of Facility	
Official Name of Facility *		Operating Entity/Operator *	
Neurology Center for Epilepsy and Seizures		Amor Mehta MD - Neuro Ctr for Epilepsy & Seizures, LLC	
Site Address	County	Street Address	
479 CR 520 - Bldg B, Suite B102	Monmouth	9 Linden Lane	
City	State	Zip Code	City
Marlboro	NJ	07746	Rumson
Telephone Number	Fax Number	Telephone Number	
(732) 856-5999	(732) 800-0662	(732) 856-5999	
Name of Facility Administrator/Director/CEO		Name of Management Company, If Applicable (Submit copy of management agreement.)	
Amor R. Mehta, MD			
Title		Address	
Neurologist/Epileptologist - President and CEO			
Name of Contact Person		City	State
Amor R. Mehta, MD			
Telephone Number		Telephone Number	
(732) 856-5999		() _____	
Name of Emergency Contact Person		Name of Management Company Contact Person	
Philana Sun			
Emergency Telephone Number		Title	
(908) 625-0945 or (917) 639-1430			

* The official name of facility and operating entity will appear on the license. Please provide complete and accurate information. Please complete the application as to the name, address and telephone number for both the facility and operator even when the information is the same. As used in this application, "operator" or "operating entity" refers to the person or entity which is the holder of the facility license (i.e., licensee) and which has the ultimate responsibility for the provision of health care services.

Name of Facility	Neurology Center for Epilepsy and Seizures
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APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE, CONTINUED

Beds and Services	New Facility Proposed Capacity/ Services	Current Licensed Capacity/ Services	Total Change (+) or (-)	Revised Capacity/ Services
Lithotripter - Fixed				
- Mobile				
- Transportable				
Positron Emission Tomography - Fixed				
- Portable				
- CT Unit				
Hyperbaric Chamber				
Gamma Knife				
Designations - CPCBasic				
- CPCIntermediate				
- CPCIntensive				
- Regional Perinatal Center				
- Children's Hospital				
- Level I Trauma				
- Level II Trauma				
HospitalBased Off-Site Ambulatory Care Facility *				
Residential Substance Abuse Treatment Beds				
- Extended Care Adult				
- Extended Care Adult Female				
- Extended Care Adult Male				
- Extended Care Juvenile				
- Extended Care Juvenile Female				
- Extended Care Juvenile Male				
- Halfway House Adult				
- Halfway House Adult Female				
- Halfway House Adult Male				
- Halfway House Juvenile				
- Halfway House Juvenile Female				
- Halfway House Juvenile Male				
- Long Term Adult				
- Long-Term Adult Female				
- Long-Term Adult Male				
- Long-Term Juvenile				
- Long-Term Juvenile Female				
- Long-Term Juvenile Male				
- Short-Term Adult				
- Short-Term Adult Female				
- Short-Term Adult Male				
- Short-Term Juvenile				
- Short-Term Juvenile Female				
- Short-Term Juvenile Male				
- Non-Hosp. Based Detox. Adult				
- Non-Hosp. Based Detox. Adult Female				
- Non-Hosp. Based Detox. Adult Male				
- Non-Hosp. Based Detox. Juvenile				
- Non-Hosp. Based Detox. Juvenile Female				
- Non-Hosp. Based Detox. Juvenile Male				
Long Term Care Beds **				
SubAcute Beds **				
Adult Day Health Care Slots **				

* In addition to the application to amend the hospital's license, a separate license application, with applicable fee, must be submitted for each ambulatory care facility, as well as documentation of compliance with N.J.A.C. 8:43G-2.11.
 ** For record keeping purposes only, license is issued by Long Term Care Licensing Program.

SECTION II AMBULATORY CARE FACILITY				
Services Provided	New Facility Proposed Capacity/ Services	Current Licensed Capacity/ Services	Total Change (+) or (-)	Revised Capacity/ Services

APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE, CONTINUED

Ambulatory Surgery Operating Rooms			
Birth Center			
Community Based Primary Care			
Community Based Primary Care Satellite			
Comprehensive Outpatient Rehabilitation			
Computerized Axial Tomography - Fixed			
- Mobile			
Drug Abuse Treatment (Outpatient)			
Drug Abuse Treatment (Methadone Maintenance)			
Lithotripter - Fixed			
- Mobile *			
- Transportable			
Family Planning			
Family Planning Satellite			
Home Health Agency **			
Home Health Agency Branch Office **			
Hospice			
Hospice Branch Office			
Hyperbaric Chamber			
Magnetic Resonance Imaging - Open			
- Closed			
- Mobile *			
- Portable			
Renal - Chronic Hemodialysis Stations			
- Chronic Peritoneal			
- CAPD/Home Training			
Linear Accelerator			
Positron Emission Tomography - Fixed			
- Portable			
- CT Unit (Comb.)			
Sleep Lab(s)			
Other Services (specify):			
Continuous Video EEG Monitoring Unit	8 beds		N.A (new)

* Identify name of manufacturer, serial number, and all locations served by mobile MRI/Lithotripter/PET Scanner.

** Identify Home Health Agency service area:

SECTION III OPERATING ENTITY

Type of Operating Entity

- | | | |
|--|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation For Profit * |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Professional Association | <input type="checkbox"/> Corporation Nonprofit * |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Government Agency | (Attach list of the names and addresses of board of directors/trustees) |

* NOTE: If the corporate entity is a wholly-owned subsidiary, please identify the parent corporation:

Name and Title of Individual or Current Registered Agent Upon Whom Orders May be Served (Must be NJ Resident)

Amor R. Mehta, MD

Residence Address	City	State	Zip Code
9 Linden Lane	Rumson	NJ	07760

SECTION III OPERATING ENTITY, CONTINUED

PRINCIPALS IN OPERATING ENTITY

Attach a list of the names and addresses of partners/stockholders and identify 100% of the ownership, except that for publicly held corporations, identify each principal who has a 10% or greater interest in the corporation. Applicants for transfer of ownership shall provide information for the PROPOSED operator.

1. Have any of the principals of the operating entity ever applied, directly or indirectly, for health care facility approval in New Jersey, or any other state, which was denied or revoked?

APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE, CONTINUED

Yes No
 If Yes, indicate whom and give details (attach additional sheets if necessary):

2. Do any of the principals of the operating entity have an ownership, operational or management interest in any other licensed health care facility in New Jersey, or any other state?
 Yes No
 If Yes, explain the nature of the interest and give name and address of each facility:

3. Have any principals of the operating entity ever been found guilty of a criminal or administrative charge of resident/patient fraud, abuse and/or neglect? Have any of these ever been indicted for the same charge?
 Yes No
 If Yes, explain in detail (attach additional sheets if necessary):

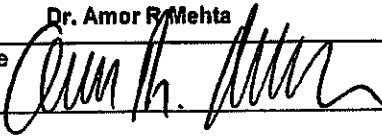
4. Have any principals of the operating entity ever been indicted for or convicted of a felony crime?
 Yes No
 If Yes, explain in detail (attach additional sheets if necessary):

AFFILIATED HEALTH CARE FACILITIES

Identify the name, address and Medicare Provider Number of all health care facilities, both in New Jersey and in any other state, which are owned, operated or managed by the applicant, any principals or any corporate entity related to the applicant (e.g. parent or subsidiary) which is similar or related to the service which is the subject of the application. If licensed outofstate facilities are listed, submit track record reports for the preceding 12 months from the respective state agencies responsible for licensing those facilities. Attach additional sheets as necessary.

Name and Address of Facility	Medicare Provider Number
Amor Mehta MD - Neurology Center for Epilepsy and Seizures, LLC 479 CR 520 - Building B, Suite B101 Marlboro, NJ 07746	740188 - PTAN 1174006233 - NPI

APPLICATION FOR NEW OR AMENDED ACUTE CARE FACILITY LICENSE, CONTINUED

CERTIFICATION	
<p>I, <u>Amor R. Mehta, MD</u> of full age, hereby certify that I am employed with <u>Neurology Ctr for Epilepsy & Sz</u> in the capacity of <u>President/CEO and owner</u> and am duly authorized to make the representations contained within this application for licensure on behalf of the applicant and to bind the applicant thereto; that the facility has been and will be operated in accordance with all applicable laws, rules and regulations, both state and federal; and that all information supplied in this application, including any and all attachments, are true, accurate and correct to the best of my knowledge. I am aware that if any of the information contained in this application, including any and all attachments, are willfully false or misleading, I and the applicant may be subject to civil and/or criminal penalties in accordance with applicable laws and/or other licensure enforcement activity, including, but not limited to facility loss of license in accordance with N.J.A.C. 8:43E.</p>	
Name of Operator or Authorized Representative <input checked="" type="checkbox"/> Mr. <u>Dr. Amor R. Mehta</u> <input type="checkbox"/> Ms.	Title <u>Owner/President/CEO</u>
Signature 	Date <u>2/16/2021</u>
FOR TRANSFER OF OWNERSHIP	
Name of Proposed Operator or Authorized Representative <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Title
Signature	Date
Name of Current Operator or Authorized Representative <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Title
Signature	Date


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NEUROLOGY CENTER FOR EPILEPSY AND SEIZURES

**CONTINUOUS VIDEO ELECTROENCEPHALOGRAPHY (EEG) MONITORING
UNIT**

**DESCRIPTION OF PROPOSED AMBULATORY CARE FACILITY (other) &
SUPPLEMENT TO APPLICATION FOR AMBULATORY CARE FACILITY LICENSE**

I) Video EEG Monitoring Definition – continuous video EEG monitoring is a medical/neurological diagnostic service that involves the usage of video telemetry equipment synchronized with continuous EEG telemetry of a patient who is suspected of having a epileptic related condition or condition that may mimic an epileptic condition.

The proposed diagnostic service is:

A) Performed by a EEG technologist who continuously attends to a maximum of four patients undergoing a study at once.

B) Supervised by a New Jersey licensed board-certified neurologist and board-certified epileptologist (board certified neurologist with double board certification/board eligibility in epilepsy and/or clinical neurophysiology by the American Board of Psychiatry and Neurology) who reads and interprets the study

II) Proposed Ambulatory Care Facility Purpose – to operate a licensed independent medical diagnostic unit that performs the service of continuous video EEG monitoring studies on patients age 5 and over for periods of 12 to 96 hours where a maximum of eight (8) patients are continuously monitored by a total of at least 2 EEG technologists (maximum of 4 EEG technologists) at a time – with each technologist observing up to a maximum of 4 patients at a time.

A) Each patient is boarded in a private room that is hardwired with medical grade video EEG monitoring equipment (ceiling mounted video camera(s) and EEG equipment)

B) Each patient is screened prior to admission by a New Jersey licensed and board certified neurologist and/or epileptologist who works at Neurology Center for Epilepsy and Seizures, LLC as being appropriate for the procedure to be performed at the proposed Facility. Patients with a medical history suggesting a concern for patient safety or possible complications will be referred to acute care hospitals for continuous video EEG monitoring.

C) Continuous video EEG monitoring at the proposed Facility is less costly than acute care hospital facility where continuous video EEG monitoring has traditionally been performed

D) Continuous video EEG monitoring at the proposed Facility is a safe alternative to acute care hospital facility during the current COVID pandemic and presents significantly less risk for nosocomial infections in an ambulatory care setting for elective procedures.

E) The proposed Facility will be fully staffed and monitored by well-regarded physician – Amor Mehta, MD – with known reputation for excellence in patient care in New Jersey

III) Location – 479 CR 520 – Building B, Suite B102, Marlboro, NJ 07746

A) Building is a medical office building that was built in 2019 and owned by SFC Enterprises, Inc (President/CEO – Salvatore Cannizzaro) and facility will be leased by Amor Mehta MD – Neurology Center for Epilepsy and Seizures, LLC (the owner/operator of the proposed facility)

B) Facility will require new construction/renovation within the medical office building to fit the proposed service and the proposed construction plans will be submitted to the Health Plan Review Program of the Division of Consumer Affairs for review and approval.

IV) Ownership and Financial Arrangements – the proposed Facility will be owned by Amor Mehta MD – Neurology Center for Epilepsy and Seizures, LLC dba Neurology Center for Epilepsy and Seizures (Federal Tax ID: 83-1177547)

A) *Amor R. Mehta, MD – Owner & President/CEO since inception in 2018*

- 1) Bachelor of Science (BS) – Northwestern University 2002
- 2) Doctor of Medicine (MD) – New York Medical College 2007
- 3) Internship (Internal Medicine/Neurology) – UMDNJ-NJMS 2008
- 4) Residency (Neurology) – New York University School of Medicine/Langone Medical 2011
- 5) Fellowship (Clinical Neurophysiology/EEG/Epilepsy) – NYUSOM/Langone Medical 2012
- 6) Fellowship (Adult and Pediatric Epilepsy) – NYUSOM/Langone Medical 2013

B) The Facility will operate as same tax ID as the related physician practice – referring physicians/providers will only be those who are employed by the physician practice

V) Diagnostic/Clinical Services Rendered – Only diagnostic procedures will be performed at the Facility – continuous video EEG monitoring where maximum of eight (8) patients will be monitored via video EEG telemetry by a minimum of 2 and a maximum of 4 EEG technologists

A) The services to be rendered at this proposed Facility are not listed in NJ administrative code 8:43A-2.2 but, if so, would be most similar to the regulatory standards similar to a “sleep center” except patients may stay longer than 24 hours and the equipment used is different than what is used in a sleep center.

B) Given that the services in the proposed facility are not listed in the code – application is for Ambulatory Care Facility – “Other” category and application fee is assumed to be \$3500 with subsequent yearly renewal fees assumed to be \$2500 and biannual inspection fees of \$1,000, unless otherwise determined by the Commissioner of Division of Consumer Affairs

C) No medical services other than the diagnostic services described herein will be provided at the Facility. Likewise, no nursing, pharmaceutical, counseling, laboratory or radiological, or surgical services will be provided at the Facility.

VI) Clinical Personnel – will be registered Electroencephalography (EEG) technologists and physicians/mid-level practitioners who are employed by the physician practice – each clinical personnel in the Facility is currently certified by the American Hospital Association or American Red Cross for basic life support and at least one clinical person with such certification will be on site at all times during operation of Facility.

A) Current Neurologists/Epileptologists

1) Amor R. Mehta, MD

2) Hannah W. Klein, MD PhD

B) Current Advanced Practice Nurse

1) Heather Black, DNP APN

C) Current Registered EEG Technologists

1) Amber Tedesco, rEEGT

- 2) David Jannarrone, rEEGT
- 3) Sangita Patel, rEEGT
- D) Current EEG Technologists
 - 1) David Rybczyk
 - 2) Daniel Friedwald

VII) Non-clinical Personnel – Medical assistants, practice manager/administrator

VIII) Hours of Operation – 24 hours daily & 7 days weekly except for major Holidays

IX) Reason for Why Ambulatory Care Facility Licensing is Requested – the proposed Facility will provide services to which NJAC 8:43A-32 (Other Services) applies in that continuous video EEG monitoring uses technology and processes for which the Department of Health has no specific licensing standards.

A) All manufacturer specifications for the equipment/technology will be provided when required by Department of Health

B) Up-to-date documentation of compliance with the specifications for the equipment/technology will be maintained and described

C) Applicant seeks guidance from Department of Health with functional review of proposed Facility, physical plant plans, policies and procedures, licensing protocols and applicable rules and regulations

X) Description of How Procedure is performed

A patient who has previously been evaluated at the affiliated physician practice will be admitted to the video EEG monitoring unit between 6 AM – 8 PM and will stay in the facility for a minimum of 12 hours (1/2 day) and a maximum of 96 hours (4 days).

During the period that the patient is in the continuous video EEG monitoring unit, he/she will stay in a private room that is ADA accessible and modeled to be close to a central monitoring station where the EEG technologists on duty will be monitoring the video EEG telemetry screens, observing for any sudden clinical changes in a patient's behavior (see proposed construction plans). There will be a small lounge area with a refrigerator, television, kitchenette that will be accessible to patients and there will be a separate counter where patients can get an individually wrapped/packaged snack or refreshment. Patients will have access to

at least 2 dedicated restrooms (one full bathroom, one half bathroom) all of which are ADA accessible.

During the patient's stay in the video EEG monitoring unit, each study will be monitored and interpreted by a supervising physician, as of now Dr. Amor Mehta or Dr. Hannah Klein. Any sudden patient clinical events of concern will be attended to by the monitoring EEG technologist and the advanced practice nurse and/or the physician in charge of the patient's neurological care will be notified immediately of any events.

Dr. Mehta and Dr. Klein are on the medical staff and have full admitting privileges at Jersey Shore Medical Center (Neptune, NJ) and at CentraState Medical Center (Freehold, NJ) (both within 10-20 minutes' drive from the proposed facility) and arrangements will be that patients will be brought to either hospital should unexpected medical emergencies that require more advanced level of care occur during a patient's monitoring stay.

The patient will initially wait in a small waiting room at the entrance to the proposed diagnostic Facility until a staff member can greet the patient and bring the patient to his/her video EEG monitoring room where he/she will put the belongings down (patient's will be told to bring a small back of loose fitting clothing and daily items of hygiene/oral care). The patient will then proceed to an EEG set-up room that can hold two patients on separate stretchers while they are being connected to EEG electrodes affixed to each patient's scalp for the duration of the monitoring study. It will take approximately 30 minutes – 60 minutes to connect a patient with electrodes affixed to the scalp using a medical grade adhesive. The patient will then go to his/her room and the study will commence.

The patient will then have the opportunity to lie down in a hospital bed, sit in a medical-grade reclining chair or desk chair. Verizon Fios television, high-speed WIFI, Netflix and/or Apple TV will be available for each room. Patients will be fed breakfast, lunch or dinner with appropriate meals ordered from local restaurants and/or food that patients bring individually.

Patients will be at the Facility for monitoring only and if the patients are already on antiepileptic medications, they will be instructed to continue taking the medications as usual. Patients who require antiepileptic medication tapers to characterize known clinical seizures that are associated with transient alterations in cardiorespiratory function will not be admitted to the proposed Facility and these patients will utilize acute care hospital facilities for the video EEG monitoring necessary.

The patients will always be attended to by the EEG technologists performing the diagnostic studies and by non-clinical staff members who assist in helping patients maintain their comfort during the prolonged study.

During nocturnal hours, patients will be continuously observed by the on-duty EEG technologists – of which there will be a minimum of 2 at a time. The supervising neurologist/epileptologist and administrator will be available during off-hours/nocturnal hours via telephone and one EEG technologist per shift will serve as the designated administrator on site (in charge EEG technologist on duty) during the time that the supervising neurologist and/or administrator of the facility is not on site.

After the designated time of the continuous video EEG monitoring study is completed, the patient will have the EEG electrodes removed by the on-duty EEG technologists. The patient will have the opportunity to shower in the on-site full restroom prior to discharge from the facility.

Within 7 days of completion of the continuous video EEG monitoring study, the report of the study interpretation will be available for the patient and supervising neurologist as well as for other clinicians.

Under no circumstances will any medical care be rendered other than necessary emergent medical care that may need to be rendered should there be an unforeseen patient clinical event that requires emergent medical intervention by the clinical staff. Unlike an acute care hospital-based video EEG monitoring unit, antiepileptic medications will neither be started nor tapered.

XI) Construction Plans – attached to this application is the proposed architectural rendering of the proposed Facility – with labels to indicate functionality.

A) The proposed Facility will be attached but wholly separated from and closed off from the medical office of the physician practice.

B) The proposed Facility will be in a separate mailing address and will be physically separate from the physician practice.

C) The proposed Facility will be accessible 24 hours a day but will not be able to be accessed from the adjacent medical office nor will have access to the adjacent medical office during times that the medical office is closed.

D) The patients will be boarded in a secure location that is only accessible by key fob/electronic security lock during all operating hours.

E) Plans will meet all Marlboro township rules, regulation and/or requirements

F) Concurrent application with township of Marlboro for a zoning variance to allow for the boarding of patients within the proposed facility for > 24 hours is being undertaken

G) The proposed construction plan/architectural plan is attached to this application and will concurrently be submitted to the Health Plan Review – Division of Codes and Standards at the Department of Consumer Affairs

XII) Application for Waiver – while there is no licensing standards for the proposed continuous video EEG monitoring facility, and application for waiver of part of the rules as defined in NJAC 8:43A-1.1 & 8:43A-1.3 is submitted with the licensing application.

A) The proposed services provided at the proposed Facility for which licensing is sought in this application will provide diagnostic services to persons who come to the facility and depart after a minimum of 12 hours of continuous video EEG monitoring.

B) Given the nature of how continuous video EEG monitoring is performed and given that the durations of the recordings are often > 24 hours (on average, most patients will be expected to have 24 – 72 hour studies), most patients will not be able to be discharged on the same day as they are admitted – which is way an application for waiver of the rules may be necessary. Guidance from the Department of Consumer Health is sought in this regard.

Dr. Mehta is available at any time to discuss the proposed application and look forward to collaborating with the Department of Health in this application for licensure of a proposed Ambulatory Care Facility that will perform neurological diagnostic services of continuous video EEG monitoring.

APPLICATION FOR WAIVER (continued)

New Jersey Department of Health
Office of Certificate of Need and Healthcare Facility Licensure
P.O. Box 358
Trenton, NJ 08625-0358

APPLICATION FOR WAIVER

(Requests for more than one waiver may not be combined. An Application for Waiver form must be completed for each waiver requested).

CN Ref. #	DCA Ref. #	Facility ID # (if currently licensed)
Name and Address of Facility: Neurology Center for Epilepsy and Seizures 479 CR 520 - Bldg B, Suite B102 Marlboro, New Jersey 07746		
Name, Address and Telephone Number of Owner, Chief Executive Officer (CEO), Chief Operating Officer (COO), or Administrator of the Existing or Proposed Facility: Amor R. Mehta, MD Neurologist/Epileptologist - President and CEO 9 Linden Lane Rumson, New Jersey 07760 732-856-5999		
Name, Address and Telephone Number of Architect: Michael Savarese Associates 34 Sycamore Avenue, Suite 1E, 2nd Floor Building 1 Little silver NJ 07739 Ph (732) 530-1424 ext. 206		
The owner, CEO, COO or Administrator of the existing or proposed health care facility hereby applies for a waiver to the following regulation (identify regulation by name, code citation (if applicable) and date (if applicable): N.J.A.C. 8:43A-1.3 "Ambulatory care facility" is defined as "a health care facility or a distinct part of a health care facility in which preventive, diagnostic, and treatment services are provided to persons who come to the facility to receive services and depart from the facility on the same day."		

- A. Provide the following information for each rule or part of rule for which a waiver is being requested. Attach additional sheets as necessary.

APPLICATION FOR WAIVER (continued)

1. Restate rule or part of rule for which a waiver is being requested and identify the specific rule citation.
N.J.A.C. 8:43A-1.3

"Ambulatory care facility" is defined as "a health care facility or a distinct part of a health care facility in which preventive, diagnostic, and treatment services are provided to persons who come to the facility to receive services and depart from the facility on the same day."

2. Describe the reasons for requesting a waiver, including a statement of the type and degree of hardship that would result upon compliance.

See attached

3. Describe an alternative proposal to ensure patient safety.

See attached

4. Is documentation attached to support the waiver request?

No Yes (Identify):


- B. Is the project currently under review by the Department of Community Affairs, Health Care Plan Review?

No Yes (Identify DCA Reviewer)

Pending

- C. Is the request for a waiver based on plan review comments by the Department of Community Affairs.

No Yes (Attach Comments)

Name of Owner, CEO, COO or Administrator Amor R. Mehta , MD	Title Neurologist/Epileptologist - President and CEO
Signature of Owner, CEO, COO or Administrator 	Date 2/24/2021

**Neurology Center for Epilepsy and Seizures
Request for Waiver**

- 2. Describe the reasons for requesting a waiver, including a statement of the type and degree of hardship that would result upon compliance.**

The proposed services provided at the proposed Ambulatory Care Facility for which licensing is sought involves continuous video EEG monitoring in order to diagnose and document epileptic seizures or other episodic disturbances of neurologic function.

Given the nature of how continuous video EEG monitoring is performed and given that the durations of the recordings are often greater than 24 hours (on average, most patients will be expected to have 24 – 72 hour studies), most patients will not be able to be discharged “on the same day” as they are admitted, as is stated in the definition of “ambulatory care facility” in N.J.A.C. 8:43A-1.3.

Continuous EEG monitoring in an ambulatory care facility related to a neurological medical practice that specializes in epilepsy disorders is a safe and cost effective alternative to the same monitoring and diagnosis traditionally performed in an inpatient setting an acute care hospital. The hardship of having to obtain such monitoring and diagnosis as an inpatient in a hospital is borne by the patient and can be relieved y such services performed in an ambulatory care facility.

While the services provided are different, the need for a patient to remain at the facility beyond “the same day” is analogous to a sleep center ambulatory care facility.

- 3. Describe an alternative proposal to ensure patient safety.**

As the only services performed at the proposed ambulatory care facility will be the non-invasive diagnostic procedure involving continuous video and EEG monitoring of patients. The EEG monitoring itself does not present any risk to the patient. Regardless of the low risk involved, the ambulatory care facility will conform to all applicable regulatory requirements with respect to patient safety and emergency services.