



E000917

AREA DESIGNATION PLAN
Requirements, Instructions and Format

I. BACKGROUND

The purpose of the Area Designation Plan requirements document is to explain and describe in some detail what each State must submit in the way of its proposed service area designations, its so-called Area Designation Plan proposal. The requirements, instructions and format specified, and the maps, information, and data supplied in response thereto, will of necessity be closely tied to the substantive area designation requirements as set forth in the legislation as finally enacted and our elaboration thereon. (See draft Area Designation Requirements document dated 12/9/74.)

It is probable that those Area Designation Plan requirements will be issued both (1) separately and (2) as part of a broader Area Designation Guidelines document. It will be made available not only to States, Governors and their designees, which must submit Area Designation Plan proposals, but also to CHPs, RMPs, and upon requests, others.

It probably will be initially sent, along with other materials, to each Governor's designee. The letters and materials to designees probably cannot be sent out before February 1 at the earliest. However, the Area Designation Plan requirements must be ready in final draft form by the first of the month.

The barebones substance of what is proposed is outlined below in Part II. It is subject to change and revision as well as fleshing out. As noted above, however, this will have to be completed within the next two weeks.

II. AREA DESIGNATION PLAN PROPER

A. General

Each State's Area Designation Plan proposal should be submitted to the appropriate RO at one time as a complete package. It should include all materials, information, and justifications required by these instructions.

Submissions must include a covering letter signed by the Governor (not a delegate). The Governor's letter should specify that the material submitted constitutes his official designation of health service areas for the State pursuant to the legislation.

The deadline for submission will be 90 days from the date of the letter officially notifying Governors of the initiation of the area designation process (or 120 days from the date of legislative enactment). The required number of copies to be submitted remains to be determined.

All materials which States are requested to submit in connection with their health service area designations are either specifically required by the legislation or related to determining that proposed areas meet requirements. It is proposed that the material generally be grouped in terms of (1) overall or Statewide, (2) each proposed area, (3) any waiver requests, and (4) appendices, including copies of comments received.

B. Overall/Statewide

The following maps, information, data and other materials would be required.

1. Maps of designated areas: A legible map or maps showing the boundaries of each health service area proposed to be included in whole or in part within the State. The map or maps should, in addition,

show (a) the counties or equivalent political subdivisions included in each area, (b) SMSA's and (c) PSRO areas.

2. Consultation: A summary description of the process and procedures followed in obtaining consultation on proposed health service areas; State & local groups, interests, and organizations generally consulted; substance of the comments received, including a resume of actions taken with respect thereto; and the location of files where all comments received are filed and available for inspection. (Submission of copies of the actual comments received from CHP agencies, EHSDS projects & RMPS, would be required; see Section E below.)
3. Special justification where the health service areas proposed (a) are not well coordinated with PSRO areas and/or (b) do not include centers for highly specialized services. (It is optional whether such special justification is included in this overall section or itemized in Section C below.)

C. By Health Service Area

Each area proposed should have a numerical designation and an indication of some on the map(s) submitted. The following information or data should be supplied for each health service area designated.

1. Population & Area: (a) 1973 population; (b) W.S. Census Bureau estimate of population projection for 1980; (c) 1970-73 population change; and (d) total area in square miles. (All current population figures are to be based on census bureau population estimates for 1973. These are the most recent figures available nationally by county.)

2. SMSAs: Any SMSAs included in whole or in part.
3. Centers of highly specialized services: Name and location of (a) medical schools, (b) academic health centers, (c) major speciality facilities, and (d) major hospitals. (Since the legislation only requires a center "to the extent practicable," failure of an area to have such a center does not require waiver request. Where a center is absent in any area, however, an explanation of how the people residing within this area will receive such specialized services e.g., affiliation agreements with facilities in adjoining areas, must be included.)
4. Health Facilities & Manpower: Summary data as to (a) the number of non-Federal, short-term hospitals and hospital beds; (b) physicians; and (c) nurses.
5. Relationship to Other Areas: Specifically (a) State planning & development districts; (b) COGs; (c) areawide CHPs; (d) RMPs; (e) EHSDS if applicable; and (f) PSROs. (The legislation only requires that health service areas be "appropriately coordinated... to the maximum extent feasible" with other areas. If they are not, an explanation of the reasons therefore should be included, but it does require a waiver request.)
6. Other Relevant Data and Information: This probably should include (a) name & location of major VA, PHS, and military facilities and approximate coverage of major prepaid plans presently. It might also include (c) special characteristics of the area such

as major vacation populations, these are a disproportionate number of aged.

D. Waiver Requests

In the event any areas are proposed for which waivers are being requested, additional information and justification must be supplied. Any area (1) with a current population of less than 500,000 except if it is one encompassing an entire State with a lesser population and/or (2) that splits or divides an SMSA, requires a waiver.

All waiver requests will be reviewed, closely scrutinized in terms of certain specific factors or conditions. In the case of proposed areas with a population less than 500,000 these include:

1. Rate of population growth in recent years.
2. Low population density over a large geographic area.
3. Major geographical barriers or natural isolation.
4. Sufficiency of health facilities, manpower, resources, and services within the area to generally meet the needs of its residents.
5. Present hospital (or health services) utilization and referral patterns.
6. Whether the area is essentially a self-contained economic trade area.
7. Special population characteristics that have a district areal dimension (e.g., reservation Indians).
8. Reasonable assurance or evidence to indicate that the HSA serving the area would be able to obtain sufficient matching and/or other funds to support a minimum required professional staff of five(5), that the Federal grant of \$.50 per/capita and other

funds would equal or exceed \$200,000 annually.

Where the area proposed would split or divide an SMSA the specific factors or conditions that would be looked at particularly include:

1. In the case of inter-State SMSAs, degree to which its population is overwhelmingly (e.g., 80% or more) in one State; or conversely, where only a small fraction of its population is in one State or another.
2. Also in the case of inter-State SMSAs, extent of cooperation (or non-cooperation) in other endeavors or efforts in recent years.
3. In the case of intra-State SMSAs, extent to which its is coterminous with existing PSRO areas.
4. Extent to which it is coterminous with: (a) existing health planning areas (e.g., CHP, EHSDS, RMP) and/or (b) Department of Commerce defined economic trade areas.
5. High degree of acceptability to local elected officials, health providers, consumer groups, and others in the area proposed.

Therefore, the basis for each waiver request should be explicit in terms of the above or other special factors or conditions. Appropriate but germane and specific information and data (as opposed to assertions or generalities) in the way of justification and explanation of each requested waiver must be submitted as part your proposed Area Designation Plan.

E. Appendices

States would be encouraged to place high-volume "marginal" kinds of supporting data information, and materials in an appendix to their Area Designation Plan proposals. In addition, though, several items would be prescribed for inclusion therein. For example:

1. Comments: A listing, by name, of all the groups, interests, and organizations from whom comments had been solicited. Also, the copies of (a) all comments from CHP agencies and RMPs, and (b) those specifically relevant or addressed to waiver requests.

2. Interstate areas: Documentary or supporting evidence or certification that the Governors involved or their designees have consulted and agreed on the interstate area (e.g., exchange of letters, formal interstate agreements).

It is quite probable that fewer copies of the appendix would be required than their plan proper.