**Section 1110.215 Neonatal Intensive Care**

This Section contains Review Criteria that pertain to the Neonatal Intensive Care category of service.

a) Staffing

1) The applicant must document that the personnel possessing proper credentials in the following categories are available to staff the service:

A) Full-time Neonatal Director – a neonatologist.

B) Full-time Subspecialty Obstetrical Director – an obstetrician certified by the American Board of Obstetrics and Gynecology in the subspecialty of Maternal and Fetal Medicine or a licensed osteopathic physician with equivalent training and experience and certified by the American Osteopathic Board of Obstetrics and Gynecology.

C) Other neonatologists and obstetricians sufficient in number to serve the projected number of maternal and neonatal patients to be served by the facility and to ensure adequate back-up to the neonatal and obstetrical directors so that there will be continuity of patient care and consultation. Backup neonatologists and obstetricians shall have credentials equivalent to those of Neonatal and Obstetrical Directors.

D) Full-time Nurse-Director of the obstetric-newborn nursing service who is experienced in perinatal nursing, with a master's degree.

E) Other nurses adequate in number to serve the projected number of maternal and neonatal patients to be served by the facility.

F) Obstetric anesthesia services under the direct supervision of a board-certified anesthesiologist with training in maternal, fetal and neonatal anesthesia shall be available 24 hours a day. The directors of obstetric anesthesia services shall ensure the backup supervision of their services when they are unavailable.

G) One or more licensed social workers with perinatal/neonatal experience.

H) Respiratory therapists with experience in neonatal care and adequate in number to ensure availability of a minimum of one respiratory therapist for every 4 patients on mechanical ventilators.

I) Registered dietician with experience in perinatal nutrition.

2) Documentation shall include a narrative explanation of how positions will be filled.

b) Need for Additional Beds. The applicant must document that the proposed neonatal intensive care beds are needed. Bed need may be documented by any of the following:

1) no neonatal intensive care services exist within the planning area;

2) that for each of the last 2 years for which data is available, the yearly occupancy rate for the service at the affiliated perinatal center has exceeded the target occupancy rate;

3) existing providers of the service within the planning area cannot provide care to a patient caseload due to a limitation on funding for care providing; or

4) that for each of the last 2 years for which data is available, the yearly occupancy rate for the service at the applicant facility has exceeded the target occupancy rate.

c) Obstetric Service. The applicant must document the availability within the facility of an obstetric service capable of providing care to high-risk mothers. Documentation must include a detailed assessment of obstetric service capability. This requirement does not apply to a facility dedicated to the care of children.