

(D) RELOCATION.

(1) A CERTIFICATE OF NEED IS REQUIRED BEFORE A HEALTH CARE FACILITY IS MOVED TO ANOTHER SITE.

(2) THIS SUBSECTION DOES NOT APPLY IF THE STATE AGENCY ADOPTS LIMITS FOR RELOCATIONS AND THE PROPOSED RELOCATION DOES NOT EXCEED THOSE LIMITS.

(E) CHANGE IN SERVICES.

(1) A CERTIFICATE OF NEED IS REQUIRED BEFORE THE TYPE OR SCOPE OF ANY HEALTH CARE SERVICE IS CHANGED IF THE HEALTH CARE SERVICE IS OFFERED:

(I) BY A HEALTH CARE FACILITY;

(II) IN SPACE THAT IS LEASED FROM A HEALTH CARE FACILITY; OR

(III) IN SPACE THAT IS ON LAND LEASED FROM A HEALTH CARE FACILITY.

(2) THIS SUBSECTION DOES NOT APPLY IF:

(I) THE STATE AGENCY ADOPTS LIMITS FOR CHANGES IN HEALTH CARE SERVICES AND THE PROPOSED CHANGE WOULD NOT EXCEED THOSE LIMITS;

(II) THE PROPOSED CHANGE WOULD INCREASE OR DECREASE THE VOLUME OF ONE PATIENT SERVICE AND, DURING A 2-YEAR PERIOD, THE CHANGE IS LESS THAN 25 PERCENT OF THAT VOLUME; OR

(III) THE PROPOSED CHANGE WOULD ADD A NEW HEALTH CARE SERVICE AND, DURING A 1-YEAR PERIOD, THE ANNUAL OPERATING REVENUE THAT WOULD RESULT FROM THE ADDITION IS LESS THAN \$75,000.

(F) BED CAPACITY.

(1) A CERTIFICATE OF NEED IS REQUIRED BEFORE THE BED CAPACITY OF A HEALTH CARE FACILITY IS CHANGED.

(2) THIS SUBSECTION DOES NOT APPLY TO AN INCREASE IN BED CAPACITY IF, DURING A 2-YEAR PERIOD, THE INCREASE WOULD NOT EXCEED THE LESSER OF 10 PERCENT OF THE TOTAL BED CAPACITY OR 10 BEDS.

(G) CAPITAL EXPENDITURES.

(1) A CERTIFICATE OF NEED IS REQUIRED BEFORE ANY OF THE FOLLOWING CAPITAL EXPENDITURES ARE MADE BY OR ON BEHALF OF A HEALTH CARE FACILITY: