

## WHAT IS THE CON PROGRAM?

Certificate of Need (CON) is a state regulatory program intended to balance cost, quality, and access issues, and ensure that only needed services and facilities are developed in Michigan.

Michigan's CON program was enacted in 1972 and is administered by the Department of Community Health. The CON program is governed by Part 222 of PA 368 of the Public Acts of 1978, as amended.

Go to <http://www.michigan.gov/con> for additional information.

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## WHAT IS COVERED BY THE CON PROGRAM?

An entity (health facility, physician, group practice, etc.) proposing any of the following types of projects must obtain a CON, regardless of the capital expenditure proposed:

- ▶ Increase in the number of licensed beds or the relocation of licensed beds from one site to another.
- ▶ Acquisition of an existing health facility.
- ▶ Operation of a new health facility.
- ▶ Initiation, replacement, or expansion of covered clinical services. (See the list of review standards.)
- ▶ Short-term nursing care program (Swing Beds)

In addition, capital expenditure projects (construction, renovation, etc.) that involve a health facility require a CON. The capital expenditure threshold is indexed annually by the Department based on the Consumer Price Index. The threshold effective January 1, 2009, is \$2,932,500 for clinical service areas.

For purposes of CON, a health facility is defined as

- ▶ a hospital
- ▶ a psychiatric hospital or unit
- ▶ a nursing home
- ▶ a freestanding surgical outpatient facility
- ▶ an HMO (only for limited projects)

Determinations of whether a project requires CON approval, whether a project complies with applicable requirements, or whether other requirements apply must be obtained *in writing* from the Department.

## REVIEW STANDARDS

The CON Commission, an 11-member independent body appointed by the Governor, has approved CON review standards for determining the need and ongoing quality assurance standards for the following:

- ▶ Air Ambulances (helicopters)
- ▶ Cardiac Catheterization Services
- ▶ Computed Tomography (CT) scanners
- ▶ Hospital Beds
- ▶ Magnetic Resonance Imaging (MRI)
- ▶ Megavoltage Radiation Therapy (MRT)
- ▶ Neonatal Intensive Care Units (NICU)
- ▶ Nursing Home/Hospital Long-Term Care beds
- ▶ Open Heart Surgery
- ▶ Positron Emission Tomography (PET) scanners
- ▶ Psychiatric Beds
- ▶ Surgical Services
- ▶ Transplantation Services: bone marrow, including peripheral stem cell; heart/lung & liver; and pancreas
- ▶ Urinary Lithotripters

The CON Commission is responsible for developing and approving review standards used by the Department to regulate covered health facilities and services. The Commission is not involved in making decisions in the review of CON applications.

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## REVIEW TYPES

**Nonsubstantive:** Projects not requiring a full review, requiring less information, and processed more quickly. Examples of projects that may be reviewed on a nonsubstantive basis are equipment replacements and addition of mobile host sites.

**Substantive:** Projects requiring a full review, but on an individual basis, such as initiation of an MRI service.

**Comparative:** Applications competing for project types for which the need is limited: beds, and transplantation services (excluding pancreas). Applications subject to Comparative review must be filed on the first working day of February, June, or October of each year.

## HOW DOES THE CON PROCESS WORK?

- ▶ An applicant files a Letter of Intent (LOI) with the Department and regional review agency, if any. Based on LOI information, the Department notifies the applicant of required application forms for the project.
- ▶ The applicant files completed application with the Department and regional review agency, if any.
- ▶ Within 15 days of receipt of an application, the Department reviews it for completeness and requests any necessary additional information.
- ▶ The applicant has 15 days to submit the requested information to the Department.
- ▶ The Department deems the application complete and determines the review type.
- ▶ A proposed decision is issued within the deadlines for each review type:

Nonsubstantive - 45 days  
Substantive - 120 days  
Comparative - 150 days

- ▶ If the proposed decision is an approval, a final decision is issued by the Department Director within five (5) days.
- ▶ If the proposed decision is a disapproval, the applicant has 15 days to request a hearing.
- ▶ If a hearing is not requested, a final decision is issued by the Department Director.
- ▶ If requested, the hearing must begin within 90 days, unless waived by the applicant.
- ▶ A final decision is issued by the Department Director following the hearing.
- ▶ Letters of intent, nonsubstantive and substantive applications can be filed online in addition to amendments, emergency CONs and swing beds applications. In addition, the application fee can be paid online. Potential comparative applications must be filed by submitting a paper copy only. For more information, visit [www.michigan.gov/con](http://www.michigan.gov/con).

## WHAT ARE CON'S OBJECTIVES?

- ▶ Promote and assure the availability and accessibility of quality health services at a reasonable cost and within a reasonable geographic proximity for all people of the state.
- ▶ Promote and assure appropriate differential consideration of the health care needs of residents in rural counties in ways that do not compromise the quality and affordability of health care services for those residents.

## GENERAL INFORMATION

An entity (health facility, physician group practice, etc.) considering a health care project should contact the CON Program Review Section before proceeding to determine if the project requires a CON.

The review of CON applications is governed by the CON law, administrative rules, and applicable review standards.

Applicants with a CON-approved project must contact the relevant licensing, evaluation, or certification agencies to determine requirements applicable to the operation of the project.

## CON APPLICATION FEE

Project Costs	Fee
< = \$500,000	\$1,500
> \$500,000 and < \$4,000,000	\$5,500
> = \$4,000,000	\$8,500

## CONTACT INFORMATION

### DEPARTMENT OF COMMUNITY HEALTH

#### CON Program Review Section

517-241-3344 Phone  
517-241-2962 Fax

#### CON Policy Section (Commission)

517-335-6708 Phone  
517- 241-1200 Fax

#### Health Facilities Licensing & Certification Division (Hospital & Surgical Facilities)

517-241-4160

#### Division of Nursing Home Monitoring

517-334-8477

#### Health Facilities Engineering Section

517-241-3408

#### Radiation Safety Section

517-241-1989

#### Bureau of Construction Codes & Fire Safety

517-241-9328

## CON WEB SITE

<http://www.michigan.gov/con>

*Michigan Department  
of Community Health*



Jennifer M. Granholm, Governor  
Janet Olszewski, Director

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# Michigan's Certificate of Need Program



2009

*Balancing Cost, Quality, and Access*