Michigan Department of Health & Human Services
Certificate of Need

Lewis Cass Building
320 S. Walnut St.
Lansing, Michigan 48933
Phone: (517) 241-3344 - Fax (517) 241-2962

AUTHORITY: PA 368 of 1978, as amended **COMPLETION:** Is voluntary, but is required to obtain a Certificate of Need. If not completed, a Certificate of Need will not be issued.	The Department of Health & Human Services is an equal opportunity employer, services and programs provider.

SUBSTANTIVE LETTER OF INTENT (LOI) ROUTING RECORD

Facility Name: _____

CON Number: _____

Based on information supplied by the applicant on the Letter of Intent, forms have been assigned through the online system (CON E-Serve). Please use this form as an index by selecting the assigned documents/forms and submit with the CON application.

APPLICATION COMPONENTS REQUIRED

Applicant must download the selected forms that are not available through the online system from www.michigan.gov/con, see "Electronic Forms" link.
If you are unable to download any form, call (517) 241-3348 or 3344.

THIS FORM MUST BE RETURNED AS PART OF YOUR APPLICATION.

APPLICATION COMPONENTS REQUIRED WITH ALL APPLICATIONS
(* Must be completed by the applicant)

Form No.	Form Required	Item	Form Description	Application Page No. *
	☒		CON Commission Work Plan	
CON-100- Instructions	☒		General Information and Instructions for Application for CON	
CON-100	☒		Application for CON – All Applicants	
CON-105	☒		Project Summary	
DOCUMENT REQUEST INDEX	**Required** ☐	**Item** A.	Copy of current valid license.	
	☐	B.	« FILED » Certificate of Assumed Name, if any, applicable to this project.	
	☐	C.	« FILED » document that authorizes business entity to conduct business in the State of Michigan.	
	☐	D.	« FILED » copy of Articles of Incorporation, Limited Liability Company, Proof of Partnership, or Proof of Sole Proprietorship.	
	☐	E.	Existing and proposed site plans, as applicable.	
	☐	F.	Existing and proposed floor plans (simple line drawings), as applicable.	
	☐	G.	Copy of Applicant's proposed purchase/lease agreement(s), as applicable.	
	☐	H.	Copy of vendor quotation(s) for the Applicant signed by vendor—no more than six months old.	
	☐	I.	Copy of Applicant's current Radiation Safety Registration Certificate.	
	☐	J.	Verification of Medicaid Participation, excluding applications for Nursing Home and HLTCU Beds. Central Service Coordinators for mobile networks must provide proof of Medicaid participation for at least two (2) host sites at the time the application is submitted to the Department and for all host sites prior to a decision. A new provider not currently enrolled in Medicaid shall submit a signed affidavit certifying that proof of Medicaid participation will be provided to theDepartment within six (6) months from the offering of services if a CON is approved.	
	☐	L.	Copy of Service Agreement(s) between Central Service Coordinator and Host Site for mobile networks.	
	☐	M.	Copy of current and proposed Route Schedules for the mobile network.	
	☐	N.	Copy of Legal Description for parcel of land for the proposed site, when a postal address is not assigned to the site.	
	☐	O.	Copy of Audited Financial Statements for existing providers including balance sheet, income statement, statement of cash flow, and footnotes to the financial statements. If not available, provide Reviewed Financial Statements.	

APPLICATION COMPONENTS REQUIRED WITH ALL APPLICATIONS
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DOCUMENT REQUEST INDEX	Required	Item		
	☐	P.	For new providers, if Audited Financial Statements are not available, provide unaudited current financial statements including a balance sheet, income statement, statement of cash flow and any notes. New entities must provide a current balance sheet, a projected income/cash flow statement for the first year of operation, and any notes to the financial statements.	
	☐	Q.	For change of ownership projects, provide a letter from the current licensee or CON holder of the licensed health facility or CON-covered service, stating the intent to transfer ownership to the applicant.	

I. HEALTH FACILITY APPLICATION COMPONENTS

Form No.	Form Required	Form Description	Application Page No.*
CON-205	☐	Review Standards for Psychiatric Beds and Services	
CON-214	☐	Review Standards for Hospital Beds	
CON-217	☐	Review Standards for Nursing Home and Hospital Long-Term-Care Unit (HLTCU) Beds	
CON-217-A	☐	NH and HLTCU Certification Report	
CON-217-B	☐	NH and HLTCU Culture Change Model Worksheet	
CON-700	☐	Inpatient Bed Utilization Report	
CON-720	☐	Hospice Days of Care Report	

II. COVERED CLINICAL SERVICES

Form No.	Form Required	Form Description	Application Page No. *
CON-202	☐	Review Standards for Urinary Extracorporeal Shock Wave Lithotripsy (UESWL) Services/Units	
CON-204	☐	Review Standards for Neonatal Intensive Care Services/Beds	
CON-206	☐	Review Standards for Surgical Services	
CON-208	☐	Review Standards for Open Heart Surgery Services	
CON-209	☐	Review Standards for Heart, Lung and Liver Transplantation Services	
CON-210	☐	Review Standards for Cardiac Catheterization Services	

II. COVERED CLINICAL SERVICES - continued			
Form No.	**Form Required**	**Form Description**	**Application Page No. ***
CON-210-C	☐	Historical Utilization Report AMI Cases Eligible for Primary PCI	
CON-210-D	☐	Historical Utilization Report Interventional Cardiologist Cases	
CON-211	☐	Review Standards for Megavoltage Radiation Therapy (MRT) Services	
CON-212	☐	Review Standards for Computed Tomography (CT) Scanner Services	
CON-213	☐	Review Standards for Magnetic Resonance Imaging (MRI) Services	
CON-219	☐	Data Format for Computer File with Referring Doctor Commitments of Available MRI Adjusted Procedures for MRI	
CON-220	☐	Referring Doctor Commitment of Available MRI Adjusted Procedures	
CON-220-A	☐	Certification for Referring Doctor Commitment of Available MRI Adjusted Procedures	
CON-221	☐	Open Heart Surgery MIDB Authorization	
CON-222	☐	Open Heart Surgery Data Verification and Utilization Report	
CON-226	☐	Review Standards for Pancreas Transplantation Services	
CON-227	☐	Review Standards for Positron Emission Tomography (PET) Scanner Services	
CON-228	☐	Review Standards for Air Ambulance Services	
CON-229	☐	Review Standards for Bone Marrow Transplantation (BMT) Services	
CON-230-A	☐	Lithotripsy Data Release Authorization	
CON-602	☐	Megavoltage Radiation Therapy Staffing Report	
CON-704	☐	Surgical Utilization Report	
CON-704-A	☐	Surgical Physician Commitment	
CON-706	☐	CT Scanner Utilization Report	
CON-706-A	☐	CT Scanner Physician Commitment	
CON-707	☐	MRT Utilization Report	
CON-707-A	☐	MRT Governing Body Resolution	
CON-715	☐	Lithotripsy Utilization Report	
CON-716	☐	Cardiac Catheterization Utilization Worksheet	
CON-732	☐	Determination of PET Equivalents	
CON-732-A	☐	Worksheet for Computing PET Equivalents	
CON-733	☐	PET Scanner Data Verification	
CON-733-A	☐	PET Scanner – Sample Governing Body Resolution for Withdrawal of Data Commitments	

III. Physical Plant Design and Financial Aspects of Project

Form No.	Form Required	Form Description	Application Page No.*
CON-800	☐	Physical Design of Project Report	
CON-801	☐	Facility Area Report	
CON-802	☐	Physical Design Report – Long-Term Care Facility	
CON-803	☐	Facility Area Report – Long-Term Care Facility	
CON-804	☐	Physical Design Report	
CON-1000	☐	Equipment Report	
CON-1001	☐	Major Equipment Report	
CON-1100	☐	General Financing Questions	
CON-1105	☐	Grants and Appropriations	
CON-1108	☐	Hospital Utilization Statistics	
CON-1110	☐	Statement of Revenue and Expense – Hospital	
CON-1114	☐	Statement of Revenue and Expense – Nursing Home	
CON-1118	☐	Statement of Revenue and Expense – FSOFs, ASCs, Freestanding Services, Other	
CON-1200	☐	Financed Projects – CON	
CON-1202	☐	Debt Service Coverage Report	
CON-1203	☐	Projected Debt Service Requirements (Amortization)	