

# CERTIFICATE OF NEED

## ***ADVISORY***

### Michigan Department of Health and Human Services

#### CERTIFICATE OF NEED

South Grand Building  
333 S. Grand Avenue  
Lansing, Michigan 48933  
(517) 241-3344 -Fax (517) 241-2962

### **CON Fees - Expedited Processing**

MCL 20161(3)(c): *If required by the Department, the applicant shall pay \$1,000.00 for a Certificate of Need application that receives expedited processing at the request of the applicant.*

- This form must be submitted via a separate e-mail to Project Coordinator ([mitchella7@michigan.gov](mailto:mitchella7@michigan.gov)).
- The Requested Proposed Decision Date must be specified. If the Department is unable to meet the requested date, an alternate decision date can be proposed.
- If the expedited processing request is approved by the Department, the applicant is responsible for submitting all requested additional information on a timely manner; otherwise, the application will be subject to the full review period.
- The Expedited Processing Fee can be submitted online at the time of application submission, or by a check mailed to the Department, at:

MDHHS Certificate of Need Evaluation Section  
South Grand Building, 4<sup>th</sup> Floor  
P.O. Box 30195  
Lansing, MI 48909

**Applicant Must Complete SECTIONS 2-5**

|   |  |  |  |
|---|--|--|--|
| <b>SECTION 1 - DHHS USE</b>   |  | <p><b>EXPEDITED PROCESSING REQUEST</b></p> <p><b>Michigan Department of Health and Human Services</b></p> <p><b>CERTIFICATE OF NEED</b></p> <p>3<sup>rd</sup> Floor-Lewis Cass Building<br/>320 South Walnut Street<br/>Lansing, Michigan 48913</p> <p>Phone: (517) 241-3344 – Fax: (517) 241-2962</p> |  |
| CON Number  |  |  |  |
| Facility Number   |  |  |  |
| Date Submitted  |  |  |  |
| <p><b>AUTHORITY: PA 368 of 1978, as amended</b><br/> <b>COMPLETION:</b> Please complete this form and submit to the Department.</p> |  | <p><i>The Department of Health and Human Services is an equal opportunity employer, services and programs provider.</i></p>  |  |

|   |  |      |                   |
|---|--|------|-------------------|
| <b>SECTION 2</b>  |  |      |                   |
| 1. Legal Name of Applicant <i>(Must be exactly the same as Section 2 on Letter of Intent)</i> |  |      |                   |
| 2. Current Name of Facility   |  |      | County            |
| 3. Proposed Name of Facility  |  |      |                   |
| 4. Current Facility Address <i>(Street &amp; Number or P.O. Box)</i>                          |  | City | State    ZIP Code |

**SECTION 3 - Justification for Expedited Processing Request:** *(Attach additional sheets as necessary)*

|   |   |
|---|---|
| <b>SECTION 4 – Requested Proposed Decision Due Date and Review Type (check one):</b>                                |   |
| Requested (Expedited) Proposed Decision Due Date <b>(Must be at least 30 days from submission of this request):</b> |   |
| <input type="checkbox"/> Non-Substantive Review   | <input type="checkbox"/> Substantive Review |

