

# CERTIFICATE OF NEED

## **ADVISORY**

### Michigan Department of Community Health

CERTIFICATE OF NEED  
Lewis Cass Building  
320 S. Walnut St.  
Lansing, Michigan 48913  
(517) 241-3344 - Fax (517) 241-2962

#### **Medicaid Participation:**

Verification of Medicaid participation is required for all applicants at the time of application submission, excluding applications for nursing homes and HLTCU beds. Proof of participation may include any official correspondence from the Medicaid program that demonstrates participation, including enrollment agreement, recent Medicaid cost report, Turnaround Form (PE-200), cost report acceptance letter, and remittance advice.

For non-licensed health facilities (i.e., imaging centers), proof of Medicaid participation may include documentation from individual physicians affiliated with the proposed project.

Central Service Coordinators (CSC), who may not be a direct provider of the covered clinical service as an applicant, must provide proof of Medicaid participation from at least two (2) host sites at the time of application submission and for all host sites of the proposed route prior to a proposed decision.