

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
 Certificate of Need
Project Implementation Progress Report (PIPR)
Authority: Act 368, P.A. 1978 & P.L. 92-603

Applicant:	
Certificate of Need (CON) No:	CON Effective Date*:
Facility Name:	Facility No:
Facility Address:	

* "Effective Date" means the date the MDHHS Director signed the final decision letter. If stipulations apply; the date the applicant or its agent signed.

Project Description (see opening paragraph in the CON recent approval/amendment letter-limit 200 characters):

The CON Program monitors completion of CON-approved projects. Please complete and return:

- Once a project is 100% complete.
- Within 12 months from the effective date, even if the project is not 100% complete.
- Failure to file a timely PIPR in accordance with the Rules may result in enforcement action.

Project Summary

Documents, as applicable, must be maintained on file by the applicant. The Department reserves the right to request documents if the project is selected for auditing purposes.

Project operational and 100% complete: **Yes**

Operational Date: (mm/dd/yyyy)

"Operational date" means start of operation for this project, performance of the first billable patient procedure, scan, admission or date bed NH/HB license updated.

Completion Date: (mm/dd/yyyy)

"Completion date" includes start of operation for this project [same as above] or final completion of this phased project.

All of the following items are on file with applicant/facility (as applicable):

- Copy of vendor purchase order(s) for covered clinical equipment that shall include date of installation of equipment within 24 months of effective date (R 325.9103).
- Certification from the vendor that the equipment has been installed.
- Copy of signed equipment lease(s).
- Copy of signed space lease(s).
- Copy of signed purchase agreement(s).
- Copy of signed service agreement(s).
- Radiation Machine Registration Report
- DEQ Certification
- HFES Permit for Construction/Occupancy Approval
- FSOF/ASC License
- Hospital License
- Nursing Home License
- Psych Inpatient Unit License
- Proof of Medicaid participation
- Patient Log - Date of 1st billable admission/procedure/scan: (mm/dd/yyyy)

All mobile host sites must submit a copy of HIPAA compliant patient log, and indicate the mobile Network number on patient log.

Project NOT 100% complete: Projected Operational Date: (mm/dd/yyyy)
 "Operational date" means performance of the first billable procedure, scan, surgery, treatment, etc. An "operational date" cannot be later than the "completion date."
 Projected Completion Date: (mm/dd/yyyy)
 "Completion date" includes start of operation, completion of construction and/or renovation, etc. A "completion date" cannot be earlier than the "operational date."
 Percentage of Completion to Date: %

Submit the following with PIPR (as applicable):

Projected Construction Start Date: (mm/dd/yyyy)
 Copy of signed construction contract. Must clearly identify the project's location and project description as stated in the CON approval/amendment letter.

Projected Installation Date of Equipment: (mm/dd/yyyy)
 Copy of signed contract to purchase or lease covered clinical equipment. Must clearly identify the equipment as stated in the CON approval/amendment letter along with the date that the equipment will be installed [R 325.9103(b)].

Documentation to substantiate that the facility footings were poured within 24 months from the effective date (R325.9417). **Date of facility footings:** (mm/dd/yyyy)

Preliminary Project Schedule Notice to Proceed/Letter of Engagement

Project Details – Indicate below additional comments or changes that deviate from the approved CON or most recent amendment letter. (Limit 150 characters) Use separate sheet if necessary.

COVERED CLINICAL EQUIPMENT

OR

LICENSED BEDS

Please indicate make/mode of approved and final covered clinical equipment in appropriate column

Please indicate # of licensed hospital, psych or nursing home beds added, replaced, or relocated in appropriate column

Approved* <small>*Refer to recent CON approval/amendment letter</small>	Final

*A change in the approved covered clinical equipment requires an Amendment to be filed [R325.9413]
 ***Effective 10/15/2013, a \$500 amendment fee is required upon amendment submission [MCL 333.20161(3)(d)]*

Lease Terms	*Approved Years/Months <small>*Refer to CON recent approval/amendment letter</small>	Final Years/Months	Date of Executed Lease (mm/dd/yyyy)
Space			
Equipment			
Service Agreement (CSC/Host site)			

*An increase in lease term requires an Amendment to be filed [R325.9413]****

Construction/Renovation Area	*Approved (sf) <small>*Refer to CON approval/amendment letter</small>	Final (sf)
Total Area Renovated or Remodeled		
Total New Construction		

*An increase in Renovation/Construction square footage requires an Amendment to be filed. [R325.9413]****

PROJECT COSTS

Categories	Approved Costs*	Final Costs
1. New Construction - Clinical		
2. New Construction - Non Clinical		
3. Renovation and Remodeling - Clinical		
4. Renovation and Remodeling - Non Clinical		
5. Architect/Engineering Fees		
6. Contingencies		
7. Feasibility Study/Surveys		
8. Site Preparation		
9. Fixed Medical Equipment		
10. Fixed Non-Medical Equipment		
11. Covered Clinical Equipment Cost (PET, MRI, CT, etc.) Lease Term: (if applicable)		
12. Moveable Equipment (Medical and Non-Medical)		
13. Fees (Consulting, Legal, Banking, etc.)		
14. Space Lease Cost – Lease Term:		
15. Land Purchase		
16. Building Purchase		
17. Interest During Construction		
18. Other (Specify)		
19. Other (Specify)		
20. Other (Specify)		
21. Other (Specify)		
22. Other (Specify)		
TOTAL PROJECT COSTS		

* Approved Project Costs MUST match amounts in the CON approval/amendment letter.

Administrative Rule 325.9415 requires an amendment to be filed if there is an increase in project costs in excess of 15% of the approved project costs up to \$1,000,000.00 and 10% of the approved project costs in excess of \$1,000,000.00.

****Effective 10/15/2013, a \$500 amendment fee is required upon amendment submission [MCL 333.20161(3)(d)]*

SOURCES OF FUNDS

Categories	Approved Sources of Funds*	Final Sources of Funds
1. Unrestricted Cash		
2. Designated Funds		
3. Restricted Funds		
4. Mortgages/Loans (FHA, HUD, etc.)		
5. Bond Issue		
6. Other Funds (i.e., grants, etc.)		
7. Capital/Operating Lease		
8. Gift, Bequests, Donations, and Pledges		
9. Interest Income During Construction		
10. Other (<i>Specify</i>)		
11. Other (<i>Specify</i>)		
12. Other (<i>Specify</i>)		
TOTAL SOURCES OF FUNDS		

* Approved Sources of Funds MUST match amounts in the CON approval/amendment letter.

Administrative Rule 325.9413(2) requires an amendment to be filed if there is a change in the method and terms of financing.

Certification and Contact Information

By submission of this form, I certify that all the information provided above have been verified and accurately reflect the outcome of the proposed approved project to date.

Name:

Email address:

Telephone No.:

Extension:

Fax No.:

Date: (mm/dd/yyyy)

Return to: Michigan Department of Health & Human Services
 Certificate of Need Evaluation Section
 333 South Grand Avenue, 4th Floor, P.O. Box 30195
 Lansing, Michigan 48933 or
 Email: tuttleg@michigan.gov

Note: Resave PIPR document with your CON No. in the title (i.e., CON No. 99-9999 PIPR) and send to above email address.