

**Applicant Must Complete SECTIONS 2-5**

<b>SECTION 1 - DHHS USE</b>	
CON Number	<b>EXPEDITED PROCESSING REQUEST</b> <b>Michigan Department of Health and Human Services</b> <b>CERTIFICATE OF NEED</b> South Grand Building 333 South Grand Avenue, 4 <sup>th</sup> Floor Lansing, Michigan 48933 Phone: (517) 241-3344 – Fax: (517) 241-2962
Facility Number	
Date Submitted	
<b>AUTHORITY: PA 368 of 1978, as amended</b> <b>COMPLETION:</b> Please complete this form and submit to the Department.	<i>The Department of Health and Human Services is an equal opportunity employer, services and programs provider.</i>

<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)*

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<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

**SECTION 5 – Instructions and Certification**

**INSTRUCTIONS**

- 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 in 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.

**CERTIFICATION**

***An Expedited Processing Request shall not be considered received by the Department until the following conditions, as applicable, are met:***

- The applicant agrees to submit the Expedited Processing Request by a separate e-mail at the time of application submission and at least ***30 days prior to the Requested Proposed Decision Date.***
- The applicant agrees to pay the Expedited Processing Fee of \$1,000 and the fee has been received by the Department.

**CERTIFICATION OF ACCEPTANCE**

<i>Signature of Authorized Agent :</i>	<i>Date Signed:</i>
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**EXPEDITED PROCESSING REQUEST NOTIFICATIONS**

- The Department shall not charge the Expedited Processing Fee if the Request has been denied.
- The Expedited Processing Request is subject to approval by the CON Evaluation Section Manager. The Department shall respond to the Expedited Processing Request within **15** working days of the date of receipt, either granting or denying the request.
- The Department’s decision to deny an Expedited Processing Request shall not be subject to Appeal.

<b>DECISION</b>	
<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>
<i>Date of Decision:</i>	<i>For the Department of Health and Human Services by:</i>