

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 (MDHHS-CONProjects@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, 4th Floor
P.O. Box 30195
Lansing, MI 48909

Applicant Must Complete SECTIONS 2-5

SECTION 1 - DHHS USE		<p>EXPEDITED PROCESSING REQUEST</p> <p>Michigan Department of Health and Human Services</p> <p>CERTIFICATE OF NEED</p> <p>3rd Floor-Lewis Cass Building 320 South Walnut Street Lansing, Michigan 48913</p> <p>Phone: (517) 241-3344 – Fax: (517) 241-2962</p>	
CON Number			
Facility Number			
Date Submitted			
<p>AUTHORITY: PA 368 of 1978, as amended</p> <p>COMPLETION: 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>	

SECTION 2			
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 & Number or P.O. Box)</i>		City	State ZIP Code

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

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

