

General Information and Instructions APPLICATION FOR CERTIFICATE OF NEED

Michigan Department of Health & Human Services

CERTIFICATE OF NEED
South Grand Building
333 S. Grand Avenue, 4th Floor
Lansing, Michigan 48933
(517) 241-3344 - Fax (517) 241-2962

AUTHORITY: PA 368 of 1978, as amended. COMPLETION: Is required to obtain a Certificate of Need. If not completed, a Certificate of Need will not be issued.	The Department of Health & Human Services is an equal opportunity employer, services and programs provider.
--	---

GENERAL INFORMATION:

The Certificate of Need (CON) application is a collection of paper forms and/or online forms assigned and utilized by the Department in conducting reviews of proposed projects subject to Part 222 of PA 368 of 1978, as amended. Responses must be completed only on forms as assigned by the Department.

The review of a CON application will be conducted in accordance with Part 222 of PA 368 of 1978, as amended, and the CON Administrative Rules in effect at the time of the review.

Please note that according to Section 20164(2) of Act 368, a CON is not transferable and shall state the persons, buildings, and properties to which it applies. Applications for licensure or certification because of transfer of ownership or essential ownership interest shall not be acted upon until satisfactory evidence is provided of compliance with Part 222.

Contact Numbers:

General Information(517) 241-3344
Project Review Coordinator(517) 241-3348
Financial Data(517) 284-8971

INSTRUCTIONS:

1. Read all instructions and review forms prior to completing an application.
2. Application forms and type of review are determined based on information supplied in the Letter of Intent (CON-149). Please ensure that information provided in the Letter of Intent is complete. Pursuant to R 325.9201, only forms provided by the Department shall be used in the filing of a valid application.
3. If the project has changed since the Letter of Intent (CON-149) was filed, please note what changes were made in a cover letter. Such changes may require completion of additional forms.
4. When the Department deems an application complete the Department shall be conducted using the information submitted up to the date the application was deemed complete (R 325.9201).
5. All application forms and response to the assigned CON Review Standards must be complete. If a question is not applicable, state your rationale.
6. An applicant must respond to Section 22225 in its entirety, when assigned, for an application to be deemed a valid submission (Refer to form CON-200-A for instructions on addressing the review standards).

7. For forms submitted in paper, arrange forms in ascending numerical order of form numbers. Refer to LOI Routing Records (CON-004 and CON-005) for the appropriate order of assembly.
8. Place and label tabs between each form and supporting documents submitted with an application.
9. The documents required under the CON – Document Request Index Section in forms CON-004 and CON-005 should be the last section of the application packet and numbered according to the instructions identified in item 11.
10. For paper or online applications, consecutively number each page (including all attachments and exhibits) on the upper right corner.
11. Please enter the page number in the far right column or indicate “online” in the LOI Routing Record (form CON-004 and CON-005). A routing record must be submitted with all applications, paper or online.
12. Application pages must be size 8.5 by 11.0 inches. Whenever possible, other documents must be reduced or enlarged to that size. All pages must be 3-hole punched.
13. A CON application, online or paper, will not be deemed submitted until the appropriate fee is received by the Department. Make checks payable to: State of Michigan. Mail with application to address below. The fee schedule is determined by the total project costs as follows:
 - \$3,000 fee for capital expenditures of \$0 through \$500,000
 - \$8,000 fee for capital expenditures of more than \$500,000 but less than \$4,000,000
 - \$11,000 fee for capital expenditures of \$4,000,000 or more but less than \$10,000,000
 - \$15,000 fee for capital expenditures of \$10,000,000 or more.
15. The application and its attachments must be prepared as follows:
 - 3 copies (3-hole punched) for DHHS with at least one set containing original signatures
 - 1 copy for the regional CON review agency (if applicable)
 - 1 copy for your own records

CON applications must be mailed to:

**PROJECT REVIEW COORDINATOR
CERTIFICATE OF NEED
MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES
333 S. GRAND AVENUE, 4TH FLOOR
P.O. BOX 30195
LANSING, MI 48933**

SPECIAL NOTE:

Applications are considered to be submitted only if all of the following occur:

1. The application is received at the above address before 4:00 p.m. on or before a designated application date (see CON web page for guidance on submission to CON regional review agency, as applicable).
2. The application includes the appropriate fee.
3. An application must include responses to Section 22225 (substantive/potential comparative).
4. The legal entity in the application must agree with the legal entity on the filed Letter of Intent form.
5. Proof of Medicaid participation (i.e., copy of enrollment agreement, recent Medicaid cost report, Turnaround Form (Report Number PE-200), letter from Medicaid accepting recent cost report, etc.) must be submitted (see Advisory on Web site).