

**Certificate of Need
Activity Report - Decisions 10/1/2015 to 10/31/2015**

Final Decision Date	CON ID	Facility ID	Facility Name	City	County	Project Description	Decision	Project Cost
10/06/2015	15-0186	50-0070	ST JOHN MACOMB-OAKLAND	WARREN	MACOMB	REPLACE FIXED MRI UNIT	CONDITIONAL-AP	\$2,448,704
10/06/2015	15-0235	63-0160	BEAUMONT HOSPITAL, TROY	TROY	OAKLAND	REPLACE 1 FIXED MRI UNIT	CONDITIONAL-AP	\$3,107,720
10/12/2015	15-0164	82-6018	ST. MARY MERCY LIVONIA	LIVONIA	WAYNE	LITH NETWORK NO. 103	CONDITIONAL-AP	\$54,000
10/12/2015	15-0236	47-4021	CARETEL INNS OF BRIGHTON	BRIGHTON	LIVINGSTON	REPLACE 20 NH BEDS INTO NEW	APPROVED	\$1,818,528
10/14/2015	15-0263	63-C797	MICHIGAN RESONANCE	PONTIAC	OAKLAND	MRI NETWORK NO. 73 [NOTICE]	APPROVED	\$0
10/14/2015	15-0262	50-C628	MICHIGAN RESONANCE IMAGING/M	MT CLEMENS	MACOMB	MRI NETWORK NO. 73 [NOTICE]	APPROVED	\$0
10/15/2015	15-0334	50-0111	SELECT SPECIALTY HOSPITAL-	MOUNT	MACOMB	FIRE ALARM REPLACEMENT	WAIVED/NOT REVIEWABLE	\$218,746
10/20/2015	15-0206	70-C008	HOLLAND MEDICAL IMAGING	HOLLAND	OTTAWA	REPLACE FIXED CT SCANNER	APPROVED	\$454,500
10/21/2015	15-0266	50-C691	HENRY FORD MACOMB HEALTH	SHELBY	MACOMB	MRI NETWORK NO. 34 [NOTICE]	APPROVED	\$0
10/21/2015	15-0143	74-0020	PORT HURON HOSPITAL	PORT HURON	ST CLAIR	PET NETWORK NO. 126 [NOTICE]	APPROVED	\$5,000
10/22/2015	15-0343	21-C001	VALLEY MED FLIGHT, INC.	ESCANABA	DELTA	USE BACKUP HELICOPTER	WAIVED/NOT REVIEWABLE	\$0
10/22/2015	15-0344	15-0021	CHARLEVOIX AREA HOSPITAL	CHARLEVOIX	CHARLEVOIX	STOCK TRANSFER OF CHARLEVOIX	WAIVED/NOT REVIEWABLE	\$0
10/23/2015	15-0170	47-0020	SAINT JOSEPH MERCY LIVINGSTON	HOWELL	LIVINGSTON	REPLACE ALL 3 ORS & RENOVATE	APPROVED	\$15,367,934
10/23/2015	14-0180	63-C071	CHILDREN'S SPECIALTY CENTER OF	TROY	OAKLAND	INITIATE FIXED CT SCANNER	APPROVED	\$614,586
10/23/2015	15-0251	11-0050	LAKELAND HOSPITAL, ST JOSEPH	ST JOSEPH	BERRIEN	REPLACE 1 CT SCANNER	APPROVED	\$1,750,000
10/30/2015	15-0173	82-4370	AUTUMNWOOD OF LIVONIA	LIVONIA	WAYNE	RELOCATE 6 BEDS TO CAMELOT	APPROVED	\$0
10/30/2015	15-0172	82-4400	CAMELOT HALL CONVALESCENT	LIVONIA	WAYNE	REPLACE 114-BED NH [>2MI], ADD	APPROVED	\$11,340,000
10/30/2015	15-0197	70-0010	NORTH OTTAWA COMMUNITY	GRAND HAVEN	OTTAWA	MRI NETWORK NO. 187 [NOTICE]	APPROVED	\$0
10/30/2015	15-0110	63-4009	WELLBRIDGE OF CLARKSTON	CLARKSTON	OAKLAND	NEW NH 90-BEDS FR LAHSER HILLS	APPROVED	\$10,800,000
10/30/2015	15-0166	47-4001	REGENCY AT HOWELL	HOWELL	LIVINGSTON	ADD 20 NH BEDS [PA-47]	APPROVED	\$2,000,000

**Certificate of Need
Activity Report - Decisions 10/1/2015 to 10/31/2015**

Final Decision Date	CON ID	Facility ID	Facility Name	City	County	Project Description	Decision	Project Cost
10/30/2015	15-0314	25-C044	GLTR MRI	FLINT	GENESEE	MRI NETWORK NO. 210 [NOTICE]	APPROVED	\$0
10/30/2015	15-0252	11-0070	LAKELAND HOSPITAL, NILES	NILES	BERRIEN	REPLACE 1 CT SCANNER	CONDITIONAL- AP	\$1,670,000
10/1/2015 - 10/31/2015 Decisions		22				10/1/2015 - 10/31/2015 Costs	\$51,649,718	
YTD Decisions		309				YTD Costs	\$2,350,016,309	