



Certificate of Need Program
NEW OR ADDITIONAL EQUIPMENT APPLICATION
 Applicant's Completeness Checklist and Table of Contents

Project Name: _____ Project No: _____

Project Description: _____

Done Page N/A Description

Divider I. Application Summary:

- _____ 1. Applicant Identification and Certification (Form MO 580-1861)
- _____ 2. Representative Registration (From MO 580-1869)
- _____ 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.

Divider II. Proposal Description:

- _____ 1. Provide a complete detailed project description and include equipment bid quotes.
- _____ 2. Provide a timeline of events for the project, from CON issuance through project competition.
- _____ 3. Provide a legible city or county map showing the exact location of the project.
- _____ 4. Define the community to be served.
- _____ 5. Provide 2025 population projections for the proposed geographic service area.
- _____ 6. Provide other statistics to document the size and validity of any user-defined geographic service area.
- _____ 7. Identify specific community problems or unmet needs the proposal would address.
- _____ 8. Provide the historical utilization for each of the past three years and utilization projections through the first three (3) **FULL** years of operation of the new equipment.
- _____ 9. Provide the methods and assumptions used to project utilization.
- _____ 10. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- _____ 11. Provide copies of any petitions, letters of support or opposition received.

Divider III. Service Specific Criteria and Standards:

- _____ 1. For new units, address the need formula for the proposed geographic service area.
- _____ 2. For new units, address the minimum annual utilization standard for the proposed geographic service area.
- _____ 3. For any new unit where specific need and utilization standards are not listed, provide the methodology for determining need.
- _____ 4. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
- _____ 5. For evolving technology address the following:
 - _____ - Medical effects as described and documented in published scientific literature;
 - _____ - The degree to which the objectives of the technology have been met in practice;
 - _____ - Any side effects, contraindications or environmental exposures;
 - _____ - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
 - _____ - Food and Drug Administration approval;
 - _____ - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;
 - _____ - The degree of partnership, if any, with other institutions for joint use and financing.

Divider IV. Financial Feasibility Review Criteria and Standards:

- _____ 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- _____ 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
- _____ 3. Document how patient charges are derived.
- _____ 4. Document responsiveness to the needs of the medically indigent.