



Certificate of Need Program
EQUIPMENT REPLACEMENT APPLICATION

- Expedited review if equipment to be replaced was CON-approved.
- Full review if equipment was not CON-approved.

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 the type/brand of the existing equipment and the replacement equipment.
- _____ 2. Provide a listing with itemized costs of the medical equipment to be acquired and bid quotes.
- _____ 3. Provide a timeline of events for the project, from CON issuance through project completion.

Divider III. Service Specific Criteria and Standards:

- _____ 1. Describe the financial rationale for the proposed replacement equipment.
- _____ 2. Document if the existing equipment has exceeded its useful life.
- _____ 3. Describe the effect the replacement unit would have on quality of care.
- _____ 4. Document if the existing equipment is in constant need of repair.
- _____ 5. Document if the lease on the current unit has expired.
- _____ 6. Describe the technological advances provided by the new unit.
- _____ 7. Describe how patient satisfaction would be improved.
- _____ 8. Describe how patient outcomes would be improved.
- _____ 9. Describe what impact the new unit would have on utilization.
- _____ 10. Describe any new capabilities that the new unit would provide.
- _____ 11. By what percent will this replacement increase patient charges.

(If replacement equipment was not previously approved, also complete Divider IV below.)

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.