

# *Certificate of Need*

## *Application Template*

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*An electronic copy of this document may be obtained at [http://www.maine.gov/dhhs/dlrs/c\\_o\\_n/index.shtml](http://www.maine.gov/dhhs/dlrs/c_o_n/index.shtml) or by contacting HealthCare Oversight at (207)287-9215.*

**Department of Health and Human Services  
Division of Licensing and Regulatory Services  
State House, Augusta, ME  
Certificate of Need APPLICATION**

**Date:**

**Project Title:**

**Contact Person:**

**Applicant Name:**

**Applicant Address:**

**Telephone:**

**E-mail:**

**Copies of all notices, correspondence and decisions relating to this project's CON Application should also be copied to the following third party\*:**

**Name:**

**Company:**

**Address:**

**Telephone:**

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**E-mail:**

**\*This does not give CONU the authority or obligation to communicate directly with this third party.**

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Signature

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Date

## **I. Abstract**

Please include an abstract of the project, not to exceed one to two (1-2) page(s) in length.

**From Applicant**

## **II. Fit, Willing and Able**

Relevant criterion for inclusion in this section are specific to the determination that the applicant is fit, willing and able to provide the proposed services at the proper standard of care as demonstrated by, among other factors, whether the quality of any health care provided in the past by the applicant or a related party under the applicant's control meets industry standards.

### **From Applicant**

### **III. Economic Feasibility**

Relevant criterion for inclusion in this section are specific to the determination that the economic feasibility of the proposed services is demonstrated in terms of the:

- a. Capacity of the applicant to support the project financially over its useful life, in light of the rates the applicant expects to be able to charge for the services to be provided by the project; and
- b. The applicant's ability to establish and operate the project in accordance with existing and reasonably anticipated future changes in federal, state and local licensure and other applicable or potentially applicable rules.

#### **From Applicant**

## **IV. Public Need**

Relevant criterion for inclusion in this section are specific to the determination there is a public need for the proposed services as demonstrated by certain factors, including, but not limited to:

- Whether, and the extent to which, the project will substantially address specific health problems as measured by health needs in the area to be served by the project;
- Whether the project will have a positive impact on the health status indicators of the population to be served;
- Whether the services affected by the project will be accessible to all residents of the area proposed to be served; and
- Whether the project will provide demonstrable improvements in quality and outcome measures applicable to the services proposed in the project.

### **From Applicant**

## **V. Orderly and Economic Development**

Relevant criteria for inclusion in this section are specific to the determination that the proposed services are consistent with the orderly and economic development of health facilities and health resources for the State as demonstrated by:

- The impact of the project on total health care expenditures after taking into account, to the extent practical, both the costs and benefits of the project and the competing demands in the local service area and statewide for available resources for health care;
- The availability of state funds to cover any increase in state costs associated with utilization of the project's services; and
- The likelihood that more effective, more accessible or less costly alternative technologies or methods of service delivery may become available.

### **From Applicant**

## **VI. Outcomes and Community Impact**

Relevant criteria for inclusion in this section are specific to the determination that the project ensures high-quality outcomes and does not negatively affect the quality of care delivered by existing service providers.

### **From Applicant**

## **VII. Service Utilization**

Relevant criterion for inclusion in this section are specific to the determination that the project does not result in inappropriate increases in service utilization, according to the principles of evidence-based medicine adopted by the Maine Quality Forum.

### **From Applicant**