Certificate of Need

Progress Report Form

County: Date of Progress Report:

Facility: Facility ID #:

Project ID #: Effective Date of Certificate:

Project Description:

### Status of the Project

### Describe in detail the steps taken to complete the project since the CON was issued or since the last progress report was submitted. Inadequate responses to this question will result in the certificate holder being asked to redo the progress report.

### Identify all changes to this project approved after the issuance of the certificate, including:

### Cost Overruns and/or Changes of Scope (Include the Project ID #s);

### Material Compliance determinations; and

### Declaratory Rulings

### If the project is not going to be developed exactly as approved (including the previously approved changes identified in #2 above), describe all differences between the project as approved and the project as currently proposed. Such changes include, but are not limited to, changes in the:

### Site;

### Design of the facility;

### Number or type of beds to be developed;

### Medical equipment to be acquired;

### Proposed charges; and

### Capital cost of the project.

### Pursuant to N.C. Gen. Stat. § 131E-181(d), the Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) cannot determine that a project is complete until “*the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of need application.”* To document that new or replacement facilities, new or additional beds or dialysis stations, new or replacement equipment or new services have been licensed and certified, provide copies of correspondence from the appropriate sections within the Agency and the Centers for Medicare and Medicaid Services (CMS).

### B. Timetable

### 1. Complete the following table. The first column must include the timetable dates found on the certificate of need. If the Agency has previously authorized an extension of the timetable in writing, you may substitute the dates from that letter in the first column.

### 2. Are you requesting a timetable extension? 🗌 Yes 🗌 No If the answer is yes, enter your proposed completion dates in the third column of the table below. Proposed completion dates are contingent upon Agency approval.

### 3. Explain the reason(s) for the delay in development:

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Milestones** | **Projected Completion Date from Certificate** | **Actual Completion Date** | **Proposed Completion Date\*** |
| **mm/dd/yyyy** | **mm/dd/yyyy** | **mm/dd/yyyy** |
| Financing Obtained |  |  |  |
| Drawings Completed |  |  |  |
| Land Acquired |  |  |  |
| Construction / Renovation Contract(s) Executed |  |  |  |
| 25% of Construction / Renovation Completed  (25% of the cost is in place) |  |  |  |
| 50% of Construction / Renovation Completed |  |  |  |
| 75% of Construction / Renovation Completed |  |  |  |
| Construction / Renovation Completed |  |  |  |
| Equipment Ordered |  |  |  |
| Equipment Installed |  |  |  |
| Equipment Operational |  |  |  |
| Building / Space Occupied |  |  |  |
| Licensure Obtained |  |  |  |
| **Services Offered (Required)** |  |  |  |
| Medicare and / or Medicaid Certification Obtained |  |  |  |
| Facility or Service Accredited |  |  |  |
| Final Annual Report Due |  |  |  |

\*Proposed completion dates are contingent upon Agency approval.

### C. Medical Equipment Projects – If the project involves the acquisition of any of the following equipment: 1) major medical equipment as defined in N.C. Gen. Stat. § 131E-176(14o); 2) the specific equipment listed in G.S. 131-176(16); or 3) equipment that creates a diagnostic center as defined in N.C. Gen. Stat. § 131E-176(7a), provide the following information for each piece or unit of equipment:

### 1) Manufacturer

### 2) Model

### 3) Date Acquired

### D. Capital Expenditure

1. What is the total approved capital cost of the project indicated on the certificate of need? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Complete the table below and provide supporting documentation, which may include:

a. Copies of executed purchase orders for major medical equipment (as defined in N.C. Gen. Stat. 131E-176(14o)), MRIs, PET scanners, Cath equipment, linacs or simulators, etc. If you previously provided them, you do not need to provide another copy.

b. If applicable, copies of the Contractors Application for Payment [AIA G702] with Schedule of Values [AIA G703].

|  |  |  |
| --- | --- | --- |
|  | Capital Expense Since Last Report | Total Cumulative Capital Expenditure |
| Purchase Price of Land |  |  |
| Closing Costs |  |  |
| Site Preparation |  |  |
| Construction/Renovation Contract(s) |  |  |
| Landscaping |  |  |
| Architect / Engineering Fees |  |  |
| Medical Equipment |  |  |
| Non-Medical Equipment |  |  |
| Furniture |  |  |
| Consultant Fees (specify) |  |  |
| Financing Costs |  |  |
| Interest during Construction |  |  |
| Other (specify) |  |  |
| **Total Capital Cost** |  |  |

3. What is the projected remaining capital expenditure required to complete the project? $\_\_\_\_\_\_\_\_\_\_\_\_

4. Will the total actual capital cost of the project exceed 115% of the approved capital expenditure on the certificate of need? If yes, explain the reasons for the difference.

### E. Certification – The undersigned hereby certifies that the responses to the questions in this progress report and the attached documents are correct to the best of his or her knowledge and belief. In addition, I acknowledge that incomplete progress report forms will not be accepted and must be resubmitted upon notification from the Agency Project Analyst.

Signature:

Name and Title

Telephone Number

Email address