

Division of Health Care Administration
89 Main Street, Drawer 20, Montpelier, Vermont 05620-3101

Certificate of Need Application Form

Name of Applicant _____
Date of Application _____
Project Title _____
Address Street 1 _____
Street 2 _____
City/Town _____
State _____
Zip Code _____
Telephone number _____
FAX _____
E-mail address _____

Project Type & Amount: [To check applicable box(es), point cursor and click on checkbox.]

Non-Hospital Categories

- Construction, development, purchase, renovation, or other establishment of a health care facility, or any capital expenditure by or on behalf of a health care facility, for which the capital cost exceeds \$1,500,000.
- A change from one licensing period to the next in the number of licensed beds of a health care facility through addition or conversion, or through relocation from one physical facility or site to another.
- Offering any home health service.
- The purchase, lease, or other comparable arrangement of a single piece of diagnostic or therapeutic equipment for which the cost, or in the case of a donation, the value, is in excess of \$1,000,000.¹
- Offering of a health care service or technology having an annual operating expense which exceeds \$500,000 for either of the next two budgeted fiscal years, if the service or technology was not offered or employed by the health care facility within the previous three fiscal years.
- A project which is exempt from the requirements above solely because the cost or value does not exceed financial thresholds, if the cost or value is greater than \$750,000 or, in the case of medical equipment, \$500,000 and if the commissioner finds that the proposed development:
 1. may be inconsistent with the health resource allocation plan;
 2. has the potential for significantly increasing utilization or rates; or
 3. may substantially change the type, scope or volume of service.
- Material Change.
- Change to previous Certificate of Need.

¹ For purposes of this subdivision, the purchase or lease of one or more articles of medical equipment which are necessarily interdependent in the performance of their ordinary functions or which would constitute any health care facility as determined by the commissioner, are considered together in calculating the amount of an expenditure.

Certificate of Need Application Form

Project Type & Amount, continued

Hospital Categories

- Construction, development, purchase, renovation, or other establishment of a health care facility, or any capital expenditure by or on behalf of a health care facility, for which the capital cost exceeds \$3,000,000.
- The purchase, lease, or other comparable arrangement of a single piece of diagnostic or therapeutic equipment for which the cost, or in the case of a donation, the value, is in excess of \$1,000,000. ²
- Offering a health care service or technology having an annual operating expense which exceeds \$500,000 for either of the next two budgeted fiscal years, if the service or technology was not offered or employed by the hospital within the previous three fiscal years.
- Change from one licensing period to the next in the number of licensed beds of a health care facility through addition or conversion, or through relocation from one physical facility or site to another.
- Material Change.
- Change to previous Certificate of Need

Proposed Capital Expenditure (Total from Table I in application) \$ _____

Proposed Lease Amount (payment times term) \$ _____

Please note:

The Chief Executive Officer of the applying entity must sign and attach verification form 'A'.

² See footnote 1.