

A. PROJECT IDENTIFICATION

1. Applicant /CON Action No.
Applicant Address
Authorized Representative
2. Service District/Subdistrict/County

B. PUBLIC HEARING *To be completed by agency staff.*

C. PROJECT SUMMARY (*s. 408.037(1), F. S.*)

If the project is an addition to an existing health care facility, also provide the facility's existing bed complement and services offered.

Please indicate in this original submission if a partial award is being requested. **Partial award** requests should include any narrative or tabular information (schedules) which differs from that for the main proposal. (*Rule 59C-1.008(5), F.A.C.*)

D. REVIEW PROCEDURE *To be completed by agency staff.*

E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA

The following indicate the level of conformity of the proposed project(s) with the criteria and application content requirements found in sections 408.035 and 408.037, Florida Statutes; and applicable rules of the State of Florida; Chapters 59C-1 and 59C-2, Florida Administrative Code.

Agency rules may require the applicant to provide information or documentation for the specific type of project proposed. Please refer to the facility-specific rules found in Rules 59C-1.034-.037 of the Florida Administrative Code, and be sure that your responses include any supplemental information required for the type of project being proposed.

1. FIXED NEED POOL

Does the project proposed respond to need as published by a fixed need pool? Or does the project proposed seek beds or facilities in excess of the fixed need pool? (If so, provide any needs analysis or other justification supporting the number of beds or facility sought. The facility-specific agency rules describe the documentation necessary when the need pool shows no numeric need).

[*Rule 59C-1.008(2), F.A.C.*]

2. AGENCY RULE PREFERENCES

Does the project respond to preferences stated in agency rules? *Please indicate how each applicable hospice preference is met.* [*Rule 59C-1.0355(4)(e) F.A.C.*]

3. STATUTORY REVIEW CRITERIA

- a. Is need for the project evidenced by the availability, quality of care, accessibility and extent of utilization of existing health care facilities and health services in the applicant's service area? [s. 408.035(1), (2) and (5), F. S.]
- b. Does the applicant have a history of providing quality of care? Has the applicant demonstrated the ability to provide quality care? Is the applicant a Gold Seal Program nursing facility that is proposing to add beds to an existing nursing home? Please discuss your licensure history within and outside of Florida, and discuss any accreditation(s) held. [s. 408.035(3) and (10), F. S.]
- c. What resources, including health personnel, management personnel, and funds for capital and operating expenditures, are available for project accomplishment and operation? Please include the following in your response:
- a detailed listing of the needed capital expenditures (Schedule 1);
 - a complete listing of all capital projects (Schedule 2);
 - source of funds (Schedule 3);
 - a detailed financial projection, including a statement of the projected revenue and expenses for the first two years of operation; and a statement of the assumptions made (Schedules 7, 7A; or 7B; and 8 or 8A); and
 - an audited financial statement of the applicant. [s. 408.035(4) and 408.037(1)(b) and (c), F. S.]
- d. Will the proposed project foster competition to promote quality and cost-effectiveness? Please discuss the effect of the proposed project on any of the following:
- applicant facility;
 - current patient care costs and charges (if an existing facility);
 - reduction in charges to patients; and
 - extent to which proposed services will enhance access to health care for the residents of the service district. [s. 408.035(5) and (7), F. S.]
- e. What is the immediate and long term financial feasibility of the proposal? [s.408.035(6), F.S.]
- f. Are the proposed costs and methods of construction reasonable? Do they comply with statutory and rule requirements? Please address those items found in "Architectural Criteria" (Schedule 9). [s. 408.035(8), F. S.; Ch. 59A-4, 59A-26 or 59A-38, F. A. C.]
- g. Does the applicant have a history of providing health care services to Medicaid patients and the medically indigent? Does the applicant propose to provide health care services to Medicaid patients and the medically indigent? [s. 408.035(9), F. S.]