



Tennessee Health Facilities Commission User Guide

# Certificate of Need Application Process

# Certificate of Need Process

# Note for Adding an External User

## Information

Please note, in order to add an external user (consultant) to view/work on the application, you must send an email to [alecia.l.craighead@tn.gov](mailto:alecia.l.craighead@tn.gov) requesting access.

You must include the following information in your email:

- Application Number (for the application you want to share)
- External user's name
- External user's email address

To remove access to an external user, an email must be sent to the email above stating you would like to remove the external user (please include the information listed above).

Enter your **User Name**.

Enter your **Password**.

For information on registration and resetting password, view the full Community portal user guide.



### Don't have an Account ?

To create your account, use the Registration link below to fill in your information. Once finished, use your log-in credentials to access your account.

[Register →](#)

### Contact Us ?

If there are any questions regarding the sign in or registration process, please contact staff at **615-741-2364** or email at [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

## LOGIN

Hello there, login to the screen below

Required fields are marked with an asterisk \*

\* User Name ⓘ

imran.chowdhury+1@mtxb2b.com.tnhfc

\* Password

.....

[Forgot Password?](#)

LOGIN

or

Don't have an account? [Create Account](#)

1. From the Dashboard, click on **All Applications**.

For information on Letter of Intent, please review the full Community portal user guide or LOI quick reference guide.

The screenshot displays the Health Utilities Commission (HUC) dashboard. At the top left is the HUC logo. The user's name, Imran Chowdhury, is shown in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main dashboard area features five summary cards: 'All Applications' (1), 'Open Applications' (1), 'Closed Applications' (0), 'Applications Under Review' (1), and 'Supplemental Information Required' (0). The 'All Applications' card is highlighted with a red border. Below these cards is a 'Count of Applications' section with a donut chart. The chart is divided into four segments: Open Applications (pink, 1), Closed Applications (orange, 0), Applications Under Review (yellow, 1), and Supplemental Information Required (teal, 0).

Category	Count
All Applications	1
Open Applications	1
Closed Applications	0
Applications Under Review	1
Supplemental Information Required	0

Count of Applications

- Open Applications
- Closed Applications
- Applications Under Review
- Supplemental Information Required

# CoN Application

## Key Points

Find the **Certificate Of Need –LOI** application.

Click on the 3 dots under **Actions**.

The screenshot shows the HFC dashboard for user Imran Chowdhury. The navigation bar includes Home, Applications, Payments, My Letter of Intent, My Certificate of Need, and a New Application button. The main content area is titled 'All Applications' and contains a search bar and a dropdown menu. Below this is a table of applications:

APPLICATION NUMBER	PROJECT NAME	APPLICATION TYPE	CERTIFICATE NUMBER	STATUS	CREATED DATE	ACTIONS
PAR-0000000605	Test Project	Certificate Of Need - LOI	-	Submitted	2/6/2023	View ⋮

The 'View' button and the three-dot menu icon in the 'ACTIONS' column are highlighted with a red box. A blue badge with the number '1' is visible in the bottom right corner of the table area. The footer contains the copyright notice '© 2022 HFC | All Rights Reserved' and links for 'Contact Us | Privacy & Terms'.

# CoN Application

## Instructions

Click on **Start CON**

To create the certificate Of Need application you do not need the LOI to be accepted. LOI must be accepted once it is time to make payments.

## Key Points

The screenshot displays the 'All Applications' page of the Health Facilities Commission (HFC) web application. The user is logged in as Imran Chowdhury. The page features a navigation bar with links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. Below the navigation bar, the page title is 'All Applications' and a breadcrumb trail shows 'Dashboard > All Applications'. A search bar and a filter dropdown (set to 'All') are present. The main content area contains a table with the following data:

APPLICATION NUMBER	PROJECT NAME	APPLICATION TYPE	CERTIFICATE NUMBER	STATUS	CREATE
PAR-000000605	Test Project	Certificate Of Need - LOI	-	Submitted	2/6/2023

A dropdown menu is open over the 'CREATE' column of the first row, showing three options: 'Download', 'Start CON' (highlighted with a red box), and 'Withdraw'. The 'Start CON' option is the focus of the instruction provided in the 'Instructions' section.

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Enter the **Website Address** of the Facility, Agency, or Institution.

Click **Save and Next**.

- You will begin the application with Facility, Agency, or Institution.
- Notice all but Website Address have been auto-populated as they were captured in the LOI.
- Please note your application name can be found on the top right of the application.

The screenshot displays the 'Facility, Agency, or Institution' form within the Health Facilities Commission (HFC) application portal. The user is identified as Imran Chowdhury. The application name is PAR-000000606. The form includes the following fields:

- \* Project Name:** Test Project
- \* Street or Route:** test 123
- \* County:** Test County
- \* City:** TEst
- \* State:** Tennessee
- \* Zip:** 12345
- \* Website Address:** Enter Website Address

A note at the bottom of the form states: "Note: The facility's name and address must be the name and address of the project and must be consistent with the Publication of Intent." The form has 'Cancel' and 'Save and Next' buttons at the bottom right.



Complete the required fields for 2A.  
Click **Save and Next**.

- Once you are on the second page, you are able to click on the **Previous** button to go back to the other page.
- Click **Save and Next** to continue the application.
- Click **Cancel** if you need to close the application.

The screenshot displays the 'Contact Person' form within a web application. The interface includes a top navigation bar with 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is located in the top right. A sidebar on the left lists various application steps, with 'Contact Person' highlighted. The main form area is titled 'Contact Person' and contains a sub-section '2A. Contact Person Available for Responses to Questions'. The form fields are as follows:

* Indicates required field	
* First Name	* Last Name
Imran	Chowdhury
* Title	
Test	
* Company Name	* Email Address
Test	imran.chowdhury+1@mtxb2b.com
* Street or Route	* City
Test street	Test
* State	* Zip
Tennessee	12345
* Association With Owner	* Phone Number
Tester	123-123-1234

At the bottom of the form, there are three buttons: 'Previous' (highlighted with a red box), 'Cancel' (highlighted with a red box), and 'Save & Next' (highlighted with a red box).

Answer the required fields.  
Click **Save and Next**.

Some questions will have boxes that will allow you to choose multiple answers. Select all that apply.

The screenshot displays the 'Institution Details' page of the CoN Application system. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button and the user's name 'Imran Chowdhury'. A sidebar on the left lists various application steps, with 'Institution Details' currently selected. The main content area is titled 'Institution Details' and shows the application name 'PAR-000000606'. A red asterisk indicates a required field. Below this, a text box prompts the user to 'Check appropriate box(es) - more than one response may apply'. A list of checkboxes follows, with a red box highlighting the first five items: 'Establish New Health Care Institution', 'Relocation', 'Change in Bed Complement', 'Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)', and 'Initiation of MRI Service'. Other checkboxes include 'MRI Unit Increase', 'Satellite Emergency Department', 'Addition of Therapeutic Catheterization', 'Positron Emission Tomography (PET) Service', and 'Initiation of Health Care Service as Defined in STCA 68-11-1607(3)'. Below the list is a dropdown menu for '\* 5A. Type Of Institution'. At the bottom, there are 'Previous', 'Cancel', and 'Save & Next' buttons.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Application Name : PAR-000000606

\* indicates required field

Check appropriate box(es) - more than one response may apply

\* 4A. Purpose of Review

- Establish New Health Care Institution
- Relocation
- Change in Bed Complement
- Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- Initiation of MRI Service
- MRI Unit Increase
- Satellite Emergency Department
- Addition of Therapeutic Catheterization
- Positron Emission Tomography (PET) Service
- Initiation of Health Care Service as Defined in STCA 68-11-1607(3)

\* 5A. Type Of Institution

Previous Cancel Save & Next

Answer the required fields for the remainder of the application.  
Click Save and Next for the pages you complete.

Fields that are shaded grey are pre-populated and cannot be edited.  
Review the full Community portal user guide for a full breakdown of the application process.

The screenshot displays the 'Owner/Management Information' section of the CoN Application web portal. The page header includes the HIC logo, navigation links (Home, Applications, Payments, My Letter of Intent, My Certificate of Need), and a 'New Application' button. A user profile for 'Imran Chowdhury' is visible in the top right. The left sidebar shows a progress indicator with steps: Facility, Agency, or Institution; Contact Person; Institution Details; Owner/Management Information (current step); Facility Information; Executive Summary; Project Cost; General Criteria; Consumer Advantage; Quality Standards; Development Schedule; Proof of Publication; Document Upload; and Payment. The main content area is titled 'Owner/Management Information' and shows the 'Application Name : PAR-000000606'. A red asterisk indicates required fields. The section is divided into two parts: 6A. Name of Owner of the Facility, Agency, or Institution, and 7A. Type of Ownership of Control. Form fields include Name (pre-filled with 'test'), Phone Number, Street or Route, City, State (dropdown), and Zip. The 'Type of Ownership of Control' dropdown is pre-filled with 'Sole Proprietorship'. A text box below the dropdown provides instructions: 'Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>. If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)'. A second text box at the bottom of the section is partially visible, starting with 'Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's'.

Answer the required fields.

Click **Save and Next**.

The screenshot displays the 'CoN Application' web interface. At the top left is the 'Health Facilities Commission' (HFC) logo. The user 'Imran Chowdhury' is logged in, as shown in the top right. A navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', with a 'New Application' button on the right. A sidebar on the left lists application steps: Facility, Agency, or Institution; Contact Person; Institution Details; Owner/Management Information; Facility Information; **Executive Summary** (highlighted); Project Cost; General Criteria; Consumer Advantage; Quality Standards; Development Schedule; Proof of Publication; Document Upload; and Payment. The main content area is titled 'Executive Summary' and shows the application name 'PAR-000000606'. A red asterisk indicates a required field. A warning message states: 'Please fill all the required fields marked with asterisk(\*)'. Below this, the '1E. Overview' section contains a text area with a rich text editor toolbar (font: Salesforce Sans, size: 12, bold, italic, underline, strikethrough, bulleted list, numbered list, indent, outdent, link, unlink, insert image) and a description prompt: '\*Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes'. Further down are three more required text fields: '\*Ownership Structure', '\*Service Area', and '\*Existing Similar Service Providers'.

Click on the image icon.

- On the application you will come across **Rich Text** fields. Here you may add images to provide better descriptions to your response.
- Please note, **do not** copy and paste images onto the rich text fields only use the image icon.

The screenshot displays the 'CoN Application' web interface. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is visible on the right. The left sidebar shows a progress list with 'Executive Summary' selected. The main content area is titled 'Executive Summary' and contains a rich text editor. A red box highlights the image icon in the editor's toolbar, with a blue arrow pointing to it. The rich text editor includes a font dropdown (Salesforce Sans), a size dropdown (12), and various formatting icons (bold, italic, underline, link, unlink, list, indent, outdent, undo, redo). Below the editor, there are several required text input fields: '1E. Overview' with a description prompt, 'Ownership Structure', 'Service Area', 'Existing Similar Service Providers', and 'Project Cost'. The application name 'PAR-0000000606' is displayed in the top right corner of the main content area.

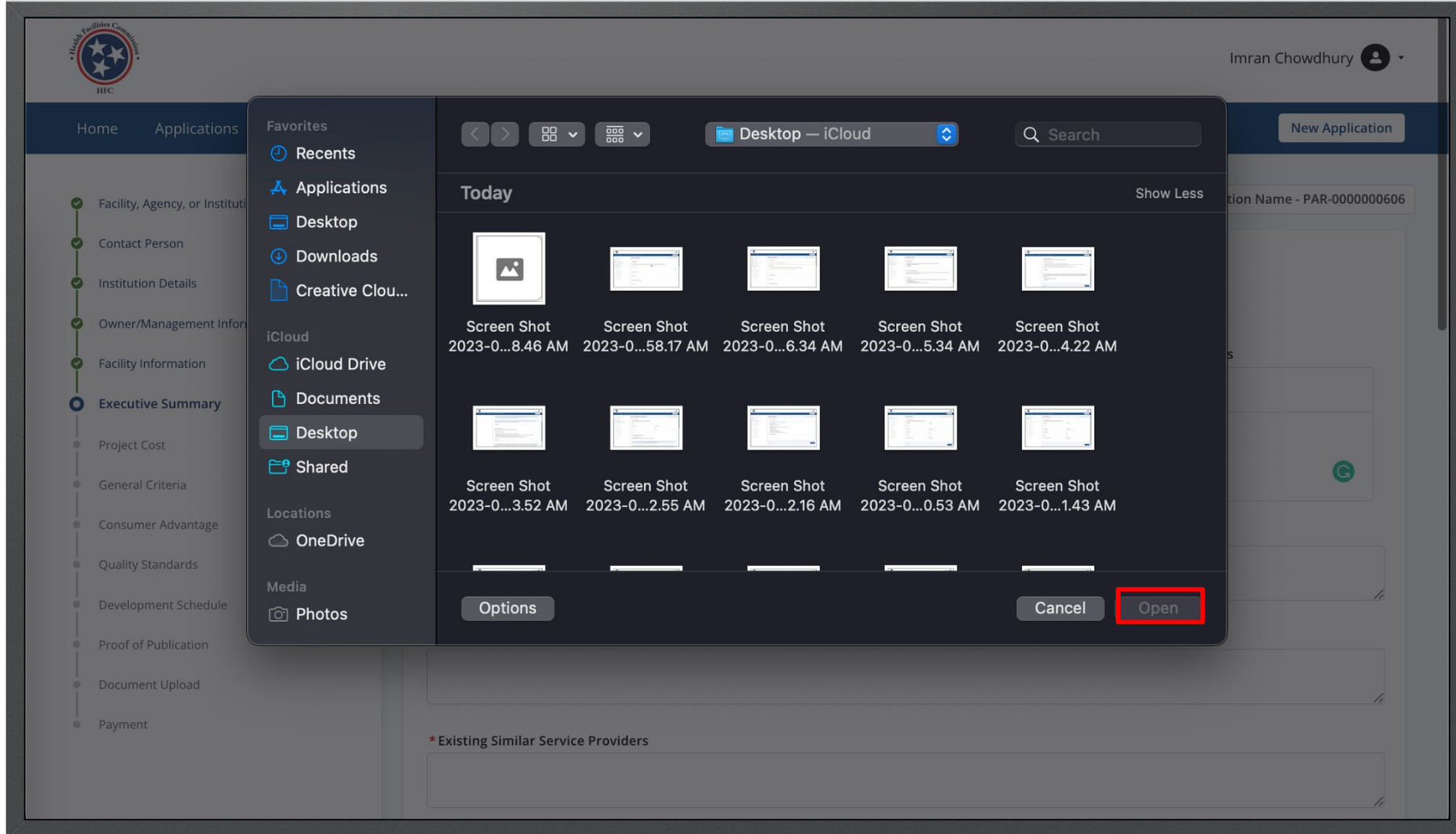
## Instructions

Select the image file you want to upload.

Click **Open**.

Please note this image is based on the device you are using not the application. You may see a different view than this image.

## Key Points



You can add multiple images to the rich text field. You can view the image as it will now populate on the field.

The screenshot displays the 'CoN Application' web interface. At the top left is the 'Health Facilities Commission' logo. The user 'Imran Chowdhury' is logged in, as shown in the top right. A navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. A sidebar on the left lists application sections: Facility, Agency, or Institution; Contact Person; Institution Details; Owner/Management Information; Facility Information; Executive Summary (selected); Project Cost; General Criteria; Consumer Advantage; Quality Standards; Development Schedule; Proof of Publication; Document Upload; and Payment. The main content area is titled 'Executive Summary' and shows 'Application Name - PAR-000000606'. A red asterisk indicates a required field. The section '1E. Overview' contains a rich text editor with a toolbar and a text area labeled 'Test Description' containing an image placeholder. Below this are input fields for '\*Ownership Structure' and '\*Service Area'.



Read the **General Criteria** information.

Read the information on this page to understand the correct information that is required. Once you are done proceed to 1N.

The screenshot displays the Health Facilities Commission (HFC) application portal. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', with a 'New Application' button on the right. The user 'Imran Chowdhury' is logged in. A sidebar on the left lists application steps, with 'General Criteria' selected. The main content area is titled 'General Criteria' and shows the application name 'PAR-000000606'. A warning box states: 'Please fill all the required field marked with asterisk(\*)'. Below this, a text box explains that the certificate of need is granted only if the proposed action meets quality standards and has a positive effect on consumers. It also mentions that additional criteria are prescribed in Chapter 11 of the Agency Rules. A section titled 'Need' contains a text box stating that responses will determine if the project provides needed health care. A footnote at the bottom explains that responses should be provided as attachments to the applicable criteria and standards, with a link to a template.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need **New Application**

Application Name - PAR-000000606

**General Criteria**

\* indicates required field

⚠ Please fill all the required field marked with asterisk(\*)

In accordance with TCA §68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers." In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

**Need**

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

\*1N. Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. [https://www.tn.gov/content/dam/tn/hsda/documents/Magnetic\\_Resonance\\_Imaging.docx](https://www.tn.gov/content/dam/tn/hsda/documents/Magnetic_Resonance_Imaging.docx) ( Attachment 1N, see template here )



# CoN Application

Instructions

Answer the required fields.

These questions are **Rich Text** fields. (Go to slide 40 for more information)

Key Points

The screenshot shows a web application interface for the Health Facilities Commission (HFC). The header includes the HFC logo, the user name "Imran Chowdhury", and a navigation menu with "Home", "Applications", "Payments", "My Letter of Intent", and "My Certificate of Need". A "New Application" button is located in the top right corner.

The main content area contains two rich text fields for questions:

- \*1N.** Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. [https://www.tn.gov/content/dam/tn/hsda/documents/Magnetic\\_Resonance\\_Imaging.docx](https://www.tn.gov/content/dam/tn/hsda/documents/Magnetic_Resonance_Imaging.docx) ( Attachment 1N, see template here )
- \*2N.** Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties bordering the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project.Please include a discussion of the inclusion of counties in the border states, if applicable. (Attachment 2N)

Each rich text field includes a toolbar with options for font style (Salesforce Sans), size (12), bold (B), italic (I), underline (U), strikethrough (ABC), bulleted list, numbered list, indent, outdent, link, unlink, and insert link.

Below the second rich text field, there is a text box with the instruction: "Complete the following utilization tables for each county in the service area, if applicable."

Underneath, there is a section titled "Historical Utilization (Not Applicable to a new facility)" with a dropdown menu labeled "\* Choose if Applicable or Not Applicable".

# CoN Application

## Instructions

Select the drop-down under **Historical Utilization**.  
Select a **Unit Type**.  
Use the Drop down under **Most Recent Year** to select a year.  
Click **Add a County**.

- You will have to option to choose Applicable or not Applicable from the drop-down. If you choose **Applicable**, you will need to provide more information.
- When you click on **Add a County** you will receive a box to add more information.

## Key Points

The screenshot shows the 'Historical Utilization' section of the application form. The form includes a navigation bar with 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is in the top right. The main content area has a header: 'Complete the following utilization tables for each county in the service area, if applicable.' Below this is the 'Historical Utilization (Not Applicable to a new facility)' section. It contains a dropdown menu for '\* Choose if Applicable or Not Applicable' with 'Applicable' selected. Below that is the 'Historical Utilization' section with a '\* Unit Type' dropdown menu where 'Procedures' is selected. Below that is a '\* Most Recent Year' dropdown menu. At the bottom, there is an 'Add a County' button and a table with columns: 'COUNTY NAME', 'ZIP CODE', 'HISTORICAL UTILIZATION', and '% OF TOTAL'. The 'Add a County' button is highlighted with a red box.

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Complete the following utilization tables for each county in the service area, if applicable.

Historical Utilization (Not Applicable to a new facility)

\* Choose if Applicable or Not Applicable  
Applicable

Historical Utilization

\* Unit Type  
 Procedures  
 Cases  
 Patients  
 Other

\* Most Recent Year

Add a County

COUNTY NAME	ZIP CODE	HISTORICAL UTILIZATION	% OF TOTAL
-------------	----------	------------------------	------------

Add County

# CoN Application

## Instructions

Enter the required Fields.

Click **Save**.

The screenshot displays the 'Add a County' modal form. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, 'Imran Chowdhury', is shown in the top right. The navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', with a 'New Application' button on the right. A dropdown menu is set to 'Applicable' under the heading '\* Choose if Applicable or Not Applicable'. The modal form contains the following fields:

- \* indicates required field
- \* County Name (dropdown menu)
- Zip Code (text input with 'Placeholder' text)
- \* Historical Utilization (text input)

At the bottom of the modal, there are two buttons: 'Cancel' and 'Save'. The 'Save' button is highlighted with a red border. Below the modal, the 'Projected Utilization' section is partially visible, featuring a '\* Unit Type' label and a list of checkboxes: 'Procedures' (checked), 'Cases', 'Patients', and 'Other'.

# CoN Application

## Key Points

You are able to **Edit** or **Delete** the county under **Action**.

You may add more than 1 county.

The screenshot displays the user interface for the CoN Application. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, Imran Chowdhury, is shown in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area contains several form fields: a dropdown for 'Choose if Applicable or Not Applicable' (set to 'Applicable'), a section for 'Historical Utilization' with radio buttons for 'Procedures' (checked), 'Cases', 'Patients', and 'Other', and a dropdown for 'Most Recent Year'. Below these is a table with the following data:

ZIP CODE	HISTORICAL UTILIZATION	% OF TOTAL	ACTION
12345	12.00	100	<a href="#">Edit</a> <a href="#">Delete</a>
<b>TOTAL</b>	<b>12.00</b>	<b>100.00 %</b>	

The 'ACTION' column for the row with ZIP CODE 12345 is highlighted with a red box, showing the 'Edit' and 'Delete' options.

Select a **Unit Type** under Projected Utilization.  
Use the Drop-down under **Year 1** to select a year.  
Click **Add a County**.

When you click on **Add a County** you will receive a box to add more information.

The screenshot shows the 'Projected Utilization' section of the application. It includes a list of unit types with checkboxes, a year selection dropdown, and a table for adding counties. The 'Add County' button is highlighted with a red box. Below the table, there is a text area for describing demographics with a rich text editor toolbar.

**Projected Utilization**

\*Unit Type

- Procedures
- Cases
- Patients
- Other

\*Year 1

**Add a County**

COUNTY NAME	ZIP CODE	PROJECTED UTILIZATION	% OF TOTAL
-------------	----------	-----------------------	------------

**Add County**

\*3N. A. Describe the demographics of the population to be served by the proposal.

- Use this chart as an example

Rich text editor toolbar: Salesforce Sans, 12, B, I, U, text color, background color, bulleted list, numbered list, indent, outdent, link, unlink, insert image.

# CoN Application

## Instructions

Enter the required Fields.

Click **Save**.

The screenshot shows a web application interface for a CoN Application. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, Imran Chowdhury, is displayed in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area is titled 'Projected Utilization' and features a modal form titled 'Add a County'. This form includes a legend stating '\* indicates required field'. It contains three input fields: a dropdown for '\* County Name', a text field for 'Zip Code' with a 'Placeholder' value, and a text field for '\* Projected Utilization'. At the bottom of the form are two buttons: 'Cancel' and 'Save'. The 'Save' button is highlighted with a red rectangular box. Below the form, there is a section for '\*3N. A. Describe the demographics of the population to be served by the proposal.' with a sub-point 'Use this chart as an example'. At the very bottom, a rich text editor toolbar is visible, showing options for font (Salesforce Sans), size (12), bold, italic, link, and other formatting tools.

# CoN Application

## Instructions

You are able to **Edit** or **Delete** the county under **Action**.

You may add more than 1 county.

The screenshot displays the user interface for the CoN Application. At the top left is the Health Facilities Commission (HFC) logo. The user's name, Imran Chowdhury, is shown in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. Below the navigation bar, there are checkboxes for 'Patients' and 'Other', and a dropdown menu for '\*Year 1'. The main content area features a table with the following data:

ZIP CODE	PROJECTED UTILIZATION	% OF TOTAL	ACTION
12345	12.00	100	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<b>TOTAL</b>	<b>12.00</b>	<b>100.00%</b>	

Below the table, there is a section for '\*3N. A. Describe the demographics of the population to be served by the proposal.' with a bullet point: 'Use this chart as an example'. At the bottom, there is a rich text editor with a toolbar containing options for font style (Salesforce Sans), size (12), bold, italic, underline, link, and other formatting tools.

# CoN Application

## Instructions

Click **Add a CoN**.

When you click on **Add a CoN** you will receive a box to add more information.

## Key Points

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

\*7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

Salesforce Sans 12 B I U

CON NUMBER	PROJECT NAME	PROJECT STATUS	DATE APPROVED	EXPIRATION DATE	PERCENT OF OWNERSHIP
------------	--------------	----------------	---------------	-----------------	----------------------

[Add CoN](#) [Click here for outstanding CoN List](#)

[Previous](#) [Cancel](#) [Save & Next](#)



# CoN Application

## Instructions

Enter the required Fields.

Click **Save**.

The screenshot displays the 'Add a CON' modal form within a web application. The modal contains the following fields:

- \* CON Number
- \* Project Name
- \* Project Status
- \* Date Approved
- \* Expiration Date
- Percent Of Ownership

The 'Save' button is highlighted with a red box. Below the modal, a table header is visible with columns: CON NUMBER, PROJECT NAME, PROJECT STATUS, DATE APPROVED, EXPIRATION DATE, and PERCENT OF OWNERSHIP. A link 'Click here for outstanding CoN List' is located below the table header. At the bottom of the page, there are buttons for 'Previous', 'Cancel', and 'Save & Next'.

# CoN Application

## Instructions

You are able to **Edit** or **Delete** the CoN under **Action**.

You may add more than 1 CoN.

The screenshot displays the HFC CoN Application interface. At the top left is the HFC logo. The navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The main content area features a text editor with a toolbar and a table of CoN entries. The table has columns for 'PROJECT NAME', 'PROJECT STATUS', 'DATE APPROVED', 'EXPIRATION DATE', 'PERCENT OF OWNERSHIP', and 'ACTION'. A red box highlights the 'ACTION' column, which contains a dropdown menu with 'Edit' and 'Delete' options. Below the table is a 'CoN' button and a 'Click here for' link. At the bottom, there are 'Previous', 'Cancel', and 'Save & Next' buttons.

PROJECT NAME	PROJECT STATUS	DATE APPROVED	EXPIRATION DATE	PERCENT OF OWNERSHIP	ACTION
Test	Draft	02-09-2023	02-16-2023		<a href="#">Click here for</a> Edit Delete

# CoN Application

## Instructions

Click **Click here** to download the outstanding CoN List.  
Click **Save and Next**.

You may view outstanding CoN Lists. Once you click on the link you will see a spreadsheet has been downloaded.

## Key Points

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need New Application

\*7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

Salesforce Sans 12 B I U [Rich Text Toolbar]

Add a CON

CON NUMBER	PROJECT NAME	PROJECT STATUS	DATE APPROVED	EXPIRATION DATE	PERCENT OF OWNERSHIP
AB1234-123	Test	Draft	02-09-2023	02-16-2023	



Add CoN

[Click here](#) for outstanding CoN List

HFC-Outstandin....xlsx

Show All

Answer the required fields.


 Imran Chowdhury 

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Application Name : PAR-000000606

**Consumer Advantage**

**\* indicates required field**

 Please fill all the required field marked with asterisk(\*)

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area

**\*1C. List all transfer agreements relevant to the proposed project.**

**\*2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant**

- Aetna Health Insurance Company
- Ambetter of Tennessee Ambetter
- Blue Cross Blue Shield of Tennessee
- Blue Cross Blue Shield of Tennessee Network S
- Blue Cross Blue Shiled of Tennessee Network P
- BlueAdvantage
- Bright HealthCare
- Cigna PPO
- Cigna Local Plus
- Cigna HMO - Nashville Network
- Cigna HMO - Tennessee Select

Facility, Agency, or Institution

Contact Person

Institution Details

Owner/Management Information

Facility Information

Executive Summary

Project Cost

General Criteria

**Consumer Advantage**

Quality Standards

Development Schedule

Proof of Publication

Document Upload

Payment



# CoN Application

Instructions

Answer the required fields.








Notice these fields are Rich Text. (View slide 40 for more information).

Key Points








 Imran Chowdhury 

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)








**\*3C. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.**

Salesforce Sans 12 B I U       

**\*4C. Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.**

Salesforce Sans 12 B I U       

**\*5C. Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.**

Salesforce Sans 12 B I U       

**\*6C. Historical and Projected Data Charts**

Enter the data in the text fields.

Under Historical Data Chart, you must add the last 3 years that are available for eh facility or agency.

The screenshot displays the 'Historical Data Chart' section of the application. At the top, there is a text box with the instruction: 'Give information for the last three (3) years for which complete data are available for the facility or agency.' Below this, the section is titled 'Historical Project Only' with a 'Not Applicable' checkbox. The main data entry area is a table with columns for '\* Year 1', '\* Year 2', and '\* Year 3'. The rows include 'A. Utilization Data' with dropdown menus for each year, '\* Specify Unit of Measure' with radio buttons for 'Procedures', 'Case', 'Patients', and 'Other', and 'B. Revenue from Services to Patients' with rows for '\* Inpatient Services', '\* Outpatient Services', '\* Emergency Services', and '\* Other Operating Revenue' (with a 'Please Specify' text box). The bottom row shows 'Total Gross Operating Revenue' with values of '\$0.00' for each year.

	* Year 1	* Year 2	* Year 3
A. Utilization Data	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Specify Unit of Measure	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Procedures <input type="checkbox"/> Case <input type="checkbox"/> Patients <input type="checkbox"/> Other			
B. Revenue from Services to Patients			
* Inpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Outpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Emergency Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Other Operating Revenue	<input type="text"/> Please Specify	<input type="text"/>	<input type="text"/>
Total Gross Operating Revenue	\$0.00	\$0.00	\$0.00

# CoN Application

## Instructions

Enter the data in the text fields.  
Click **Save**.

Use the **Save** button located after the table to save your data before proceeding to Historical Total Facility. Please note clicking **Save** only saves the table data and not the information you may have provided for the entire page

## Key Points

The screenshot shows the user interface for the CoN Application. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, Imran Chowdhury, is displayed in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area features a table with three columns for data entry. The table includes rows for Emergency Services, Other Operating Revenue (with an 'n/a' input field), Total Gross Operating Revenue, and a section for Deductions from Gross Operating Revenue, which includes Contractual Adjustments, Provision for Charity Care, and Provisions for Bad Debt. Total Deductions and Net Operating Revenue are also calculated. A 'Save' button is highlighted with a red box at the bottom right of the table. Below the table, there is a section for 'Historical Total Facility' with a 'Not Applicable' checkbox.

* Emergency Services		\$1,200.00	\$1,200.00
* Other Operating Revenue	n/a	\$1,200.00	\$1,200.00
Total Gross Operating Revenue		\$4,800.00	\$4,800.00
C. Deductions from Gross Operating Revenue			
* Contractual Adjustments		\$1,200.00	\$1,200.00
* Provision for Charity Care		\$1,200.00	\$1,200.00
* Provisions for Bad Debt		\$1,200.00	\$1,200.00
Total Deductions		\$3,600.00	\$3,600.00
Net Operating Revenue		\$1,200.00	\$1,200.00

Save

Historical Total Facility  Not Applicable

# CoN Application

## Instructions

Enter the data in the text fields.  
Click **Save**.

If this portion is not applicable click on the **Not Applicable** check box.

## Key Points

The screenshot shows a web application interface for the Health Facilities Commission (HFC). The user is Imran Chowdhury. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is visible. The main content area is titled 'Historical Total Facility' and contains a table for data entry. A red box highlights a 'Not Applicable' checkbox in the top right corner of the table area.

Historical Total Facility			
	*Year 1	*Year 2	*Year 3
<b>A. Utilization Data</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Specify Unit of Measure	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Procedures			
<input type="checkbox"/> Case			
<input type="checkbox"/> Patients			
<input type="checkbox"/> Other			
<b>B. Revenue from Services to Patients</b>			
*Inpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Outpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Emergency Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Other Operating Revenue <input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Gross Operating Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>C. Deductions from Gross Operating Revenue</b>			
*Contractual Adjustments	<input type="text"/>	<input type="text"/>	<input type="text"/>



Enter the data in the text fields.

Click **Save**.

The screenshot displays the 'Projected Data Chart' section of the CoN Application. At the top left is the Health Facilities Commission (HFC) logo. The top right shows the user name 'Imran Chowdhury' with a profile icon. A navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The main content area is titled 'Projected Data Chart' and contains a text box for providing information for the two years following the proposal. Below this is a table for 'Projected Project Only' data.

		* Year 1	* Year 2
A. Utilization Data		<input type="text"/>	<input type="text"/>
* Specify Unit of Measure	<input type="checkbox"/> Procedures <input type="checkbox"/> Case <input type="checkbox"/> Patients <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
B. Revenue from Services to Patients			
* Inpatient		<input type="text"/>	<input type="text"/>
* Outpatient		<input type="text"/>	<input type="text"/>
* Emergency Services		<input type="text"/>	<input type="text"/>
* Other Operating Revenue	<input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text"/>
Total Gross Operating Revenue		\$0.00	\$0.00

# CoN Application

## Instructions

Enter the data in the text fields.

Click **Save**.

Use the **Save** button located after the table to save your data before proceeding to Projected Total Facility. Please note clicking **Save** only saves the table data and not the information you may have provided for the entire page

## Key Points

The screenshot shows a web application interface for the Health Facilities Commission (HFC). The user is logged in as Imran Chowdhury. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is visible in the top right. The main content area contains a table with the following structure:

* Outpatient	<input type="text"/>	<input type="text"/>
* Emergency Services	<input type="text"/>	<input type="text"/>
* Other Operating Revenue	<input type="text" value="Please Specify"/>	<input type="text"/>
<b>Total Gross Operating Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>C. Deductions from Gross Operating Revenue</b>		
* Contractual Adjustments	<input type="text"/>	<input type="text"/>
* Provision for Charity Care	<input type="text"/>	<input type="text"/>
* Provisions for Bad Debt	<input type="text"/>	<input type="text"/>
<b>Total Deductions</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Net Operating Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>

A red box highlights the 'Save' button located at the bottom right of the table.

# CoN Application

## Instructions

Enter the data in the text fields.  
Click **Save**.

If this portion is not applicable click on the **Not Applicable** check box.

## Key Points

The screenshot displays the 'Projected Total Facility' section of the CoN Application form. At the top right of the form area, there is a checkbox labeled 'Not Applicable' which is highlighted with a red border. Below this, the form is organized into sections: 'A. Utilization Data' with dropdown menus for '\* Year 1' and '\* Year 2'; a list of checkboxes for '\* Specify Unit of Measure' (Procedures, Case, Patients, Other); 'B. Revenue from Services to Patients' with input fields for '\* Inpatient', '\* Outpatient', '\* Emergency Services', and '\* Other Operating Revenue' (with a 'Please Specify' field); and 'C. Deductions from Gross Operating Revenue' with an input field for '\* Contractual Adjustments'. The 'Total Gross Operating Revenue' is currently set to '\$0.00' for both years.

	* Year 1	* Year 2
A. Utilization Data	<input type="text"/>	<input type="text"/>
* Specify Unit of Measure	<input type="text"/>	<input type="text"/>
B. Revenue from Services to Patients		
* Inpatient	<input type="text"/>	<input type="text"/>
* Outpatient	<input type="text"/>	<input type="text"/>
* Emergency Services	<input type="text"/>	<input type="text"/>
* Other Operating Revenue	<input type="text"/>	<input type="text"/>
Total Gross Operating Revenue	\$0.00	\$0.00
C. Deductions from Gross Operating Revenue		
* Contractual Adjustments	<input type="text"/>	<input type="text"/>

Enter the required Fields.

The screenshot displays the user interface for a CoN Application. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, Imran Chowdhury, is shown in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area shows a form for 'Net Operating Revenue' with two input fields set to '\$0.00' and a 'Save' button. Below this is a section for '7C. Project's Average Gross Charge, Average Deduction from Operating Revenue, and Average Net Charge'. This section contains a table with columns for 'A. Utilization Data', 'Previous Year to Most Recent Year', 'Most Recent Year', 'Recent Year', 'Year One', and 'Year Two'. The table has three rows: 'Gross Charge(Gross Operating Revenue/Utilization Data)', 'Deduction from Revenue (Total Deduction/Utilization Data)', and 'Average Net Charge(Net Operating Revenue/Utilization Data)'. Each cell in the table contains a text input field with a value. Below the table is a text area for '\*8C. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.' with a rich text editor toolbar.

A. Utilization Data	Previous Year to Most Recent Year	Most Recent Year	Recent Year	Year One	Year Two
Gross Charge(Gross Operating Revenue/Utilization Data)	\$400.00	\$400.00	\$400.00	\$0.00	\$0.00
Deduction from Revenue (Total Deduction/Utilization Data)	\$300.00	\$300.00	\$300.00	\$0.00	\$0.00
Average Net Charge(Net Operating Revenue/Utilization Data)	\$100.00	\$100.00	\$100.00	\$0.00	\$0.00

# CoN Application

## Instructions

Enter the required Fields.

Notice 10C. Must match the information for the tables above in order to continue.

## Key Points

The screenshot shows the user interface for the CoN Application. At the top left is the logo for the Health Services Commission (HSC). The navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The user's name, Imran Chowdhury, is displayed in the top right corner.

The main content area displays a table for Notice 10C, which requires reporting the estimated gross operating revenue for the first and second years of the project, broken down by payor classification. The table has columns for Payor Source, Year 1 (Gross and % of Total), and Year 2 (Gross and % of Total). The 'Total' row shows \$0.00 for both years and 0% for both years. The 'Charity Care' row is currently empty.

**\*10C. Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.**

Payor Source	Year 1		Year 2	
	Gross	% of Total	Gross	% of Total
Medicare/Medicare Managed Care	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
TennCare/Medicaid	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
Commercial/Other Managed Care	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
Self-Pay	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
Other (Specify) <input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
<b>Total</b>	<input type="text" value="\$0.00"/>	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text" value="0"/>
Charity Care	<input type="text"/>		<input type="text"/>	

**\*Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.**

# CoN Application

## Instructions

Enter the required Fields.

Click **Save and Next**.

Health Services Commission  
HSC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need **New Application**

Medicare/Medicare Managed Care	<input type="text"/>	<input type="button" value="0"/>	<input type="text"/>	<input type="button" value="0"/>
TennCare/Medicaid	<input type="text"/>	<input type="button" value="0"/>	<input type="text"/>	<input type="button" value="0"/>
Commercial/Other Managed Care	<input type="text"/>	<input type="button" value="0"/>	<input type="text"/>	<input type="button" value="0"/>
Self-Pay	<input type="text"/>	<input type="button" value="0"/>	<input type="text"/>	<input type="button" value="0"/>
Other (Specify) <input type="text" value="Please Specify"/>	<input type="text"/>	<input type="button" value="0"/>	<input type="text"/>	<input type="button" value="0"/>
Total	<input type="button" value="\$0.00"/>	<input type="button" value="0"/>	<input type="button" value="\$0.00"/>	<input type="button" value="0"/>
Charity Care	<input type="text"/>		<input type="text"/>	

\*Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.

# CoN Application

## Instructions

- Click on **Add Position** to create a new position information.
- Enter the required fields.
- Click **Save and Next**.

- Once you click on the position buttons you will receive a pop-up to add information on the position click save to continue.
- You may add more than 1 position.
- If there is no contractual staff then put it as 0.

## Key Points

The screenshot shows the 'Add Position' form in the CoN Application system. The form is titled 'Add Position' and is part of a larger application process. The user is Imran Chowdhury. The form includes a table for 'B. Non-Patient Care Positions' and summary rows for 'Total Direct Patient Care Positions', 'Total Non-Patient Care Positions', 'Total Employees(A+B)', and 'Total Staff(A+B+C)'. A red box highlights the 'Add Position' button.

POSITION CLASSIFICATION	EXISTING FTES	PROJECTED FTE'S	ACTION
12	1	1	▼

Total Direct Patient Care Positions	12	12	
<input type="checkbox"/> Non Patient Care Not Applicable			
<b>B. Non-Patient Care Positions</b>			
Total Non-Patient Care Positions	1	1	
Total Employees(A+B)	13	13	
* C. Contractual Staff	<input type="text" value="1"/>	<input type="text" value="1"/>	
Total Staff(A+B+C)	14	14	

\* If applicable, please discuss below contractual positions. If no contractual staff will be employed, please explain.

Buttons: Previous, Cancel, Save & Next

Click on **Upload Files**.

On this page you will upload files as documents.  
Follow the steps to upload a file.

The screenshot shows the 'Document Upload' page for application PAR-0000000606. The left sidebar contains a progress indicator with 13 steps, where 'Document Upload' is the current step. The main content area lists four required attachments, each with an 'Upload Files' button. The first button is highlighted with a red box.

DOCUMENT NAME	UPLOAD	ACTIONS
*Attachment - Medical Equipment	<a href="#">Upload Files</a>	
*Attachment - State Map with Counties Highlight the counties in the project's service area.	<a href="#">Upload Files</a>	
*Attachment 10A - Floor plan If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page.  Patient care rooms (Private or Semi-private) Ancillary areas Other (Specify)	<a href="#">Upload Files</a>	
*Attachment 2N - County level map Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable.	<a href="#">Upload Files</a>	



## Instructions

Select the image file you want to upload.

Click **Open**.

Please note this image is based on the device you are using not the application. You may see a different view than this image.

## Key Points

The screenshot shows a web application interface for a 'CoN Application'. The user is logged in as 'Imran Chowdhury'. The interface includes a sidebar with a progress indicator for various steps: Facility, Agency, or Institution; Contact Person; Institution Details; Owner/Management Information; Facility Information; Executive Summary; Project Cost; General Criteria; Consumer Advantage; Quality Standards; Development Schedule; Proof of Publication; Document Upload (current step); and Payment. The 'Document Upload' step is active, and a file selection dialog box is open over it. The dialog box shows the 'Desktop' folder selected, displaying a grid of screenshot files. The file 'Screen Shot 2023-0...7.55 AM' is selected. The 'Open' button at the bottom right of the dialog is highlighted with a red box. Below the dialog, the text for the 'Attachment 2N - County level map' is visible, along with an 'Upload Files' button.

If the file is in correct you can delete it by clicking **Delete**.  
Provide all the required files.

You may also download the file to view what was uploaded.  
You can upload spreadsheets, documents, text, pdf, and jpg.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Application Name : PAR-0000000606

**Document Upload**

\* indicates required field

DOCUMENT NAME	UPLOAD	ACTIONS
*Attachment - Medical Equipment	Screen Shot 2023-02-06 at 11.27.55 AM	<a href="#">Download</a>   <a href="#">Delete</a>
*Attachment - State Map with Counties Highlight the counties in the project's service area.	<a href="#">Upload Files</a>	
*Attachment 10A - Floor plan If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page.  Patient care rooms (Private or Semi-private) Ancillary areas Other (Specify)	<a href="#">Upload Files</a>	
*Attachment 2N - County level map Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the	<a href="#">Upload Files</a>	

Facility, Agency, or Institution  
Contact Person  
Institution Details  
Owner/Management Information  
Facility Information  
Executive Summary  
Project Cost  
General Criteria  
Consumer Advantage  
Quality Standards  
Development Schedule  
Proof of Publication  
**Document Upload**  
Payment

# CoN Application

## Instructions

Provide all the required files.

Click **Save and Next**.

The screenshot displays the user interface for the CoN Application. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, Imran Chowdhury, is shown in the top right corner. A navigation bar contains links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area lists several attachments with 'Upload Files' buttons:

- Attachment 3A - Proof of publication
- Attachment 3N.B. Service area demographic chart (with a note about a template and a link)
- Attachment 5N - Existing & Approved Unimplemented Services Utilization (with a note to submit 3 years of information)
- Attachment 6N - 3 Year Utilization
- Attachment 8C - Charges of Service
- Attachment 9C
- Additional Documents

At the bottom of the form, there are three buttons: 'Previous', 'Cancel', and 'Save & Next'.

View the **Payment** page.

The screenshot displays the 'Payment' page of the CoN Application system. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, 'Imran Chowdhury', is shown in the top right corner. A navigation bar contains links for 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The application name 'PAR-000000606' is displayed in the top right of the main content area. On the left, a vertical list of steps is shown, with 'Payment' at the bottom, indicated by a blue circle. The main content area features an illustration of two credit cards and a large box stating the 'Filing Fee' is '\$3,000.00'.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Application Name - PAR-000000606

Payment

- ✓ Facility, Agency, or Institution
- ✓ Contact Person
- ✓ Institution Details
- ✓ Owner/Management Information
- ✓ Facility Information
- ✓ Executive Summary
- ✓ Project Cost
- ✓ General Criteria
- ✓ Consumer Advantage
- ✓ Quality Standards
- ✓ Development Schedule
- ✓ Proof of Publication
- ✓ Document Upload
- **Payment**

Filing Fee  
**\$3,000.00**

# CoN Application

## Key Points

If the LOI has not been accepted, you will not be able to pay/submit the application. Once the LOI is accepted the error message at the bottom of the application will not be visible.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

- Consumer Advantage
- Quality Standards
- Development Schedule
- Proof of Publication
- Document Upload
- Payment

Filing Fee  
**\$3,000.00**

I am the applicant or his/her/its legal agent, duly swear that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Facilities Commission, and T.C.A. §68-11-1601, et seq., and the responses to this application or any other questions deemed appropriate by the Health Facilities Commission are true and complete.

**You cannot submit the CON application until the LOI is Accepted**


[Previous](#) [Cancel](#) [Pay / Submit](#)

# CoN Application

## Instructions

Click on the **Attestation** check box.

Health Facilities Commission  
HFC

Imran Chowdhury 

Home Applications ▾ Payments My Letter of Intent My Certificate of Need [New Application](#)

- ✓ Project Cost
- ✓ General Criteria
- ✓ Consumer Advantage
- ✓ Quality Standards
- ✓ Development Schedule
- ✓ Proof of Publication
- ✓ Document Upload
- **Payment**

Filing Fee  
**\$3,000.00**

I am the applicant or his/her/its legal agent, duly swear that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Facilities Commission, and T.C.A. §68-11-1601, et seq., and the responses to this application or any other questions deemed appropriate by the Health Facilities Commission are true and complete.

[Previous](#) [Cancel](#) [Pay / Submit](#)

# CoN Application

Instructions

Once you are complete, click **Pay/Submit**.

You will get additional fields that are auto populated you may not edit these

Key Points

The screenshot shows the user interface for the Health Facilities Commission (HFC) CoN Application. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', with a 'New Application' button on the right. The user is logged in as 'Imran Chowdhury'. A sidebar on the left lists application steps: Quality Standards, Development Schedule, Proof of Publication, Document Upload, and Payment (which is the current step). The main content area displays a 'Filing Fee' of '\$3,000.00'. Below this is a declaration: 'I am the applicant or his/her/its legal agent, duly swear that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Facilities Commission, and T.C.A. §68-11-1601, et seq., and the responses to this application or any other questions deemed appropriate by the Health Facilities Commission are true and complete.' There are input fields for 'Name' (Imran Chowdhury) and 'Date' (02-06-2023). At the bottom, there are 'Previous', 'Cancel', and 'Pay / Submit' buttons. The 'Pay / Submit' button is highlighted with a red box.




Enter your **Bank Account Information**.

Enter your **Billing Information**.

Click **Continue**.


Once you click continue you are able to pay the application fee and submit the application.



### Certificate of Need

### Payment Entry

Payment Method: E-Check

Bank Account Information		Billing Information	
Type of Check	<input type="text" value="E-Check Personal"/>	Name	<input type="text"/>
Routing Number	<input type="text"/>	Address	<input type="text"/>
Account Number	<input type="text"/>	City	<input type="text"/>
Re-enter Account Number	<input type="text"/>	State	<input type="text" value="Tennessee"/>
		Zip	<input type="text"/>
		Phone	<input type="text"/>
		Email	<input type="text"/>





This concludes the QRG for the Certificate of Need Application Process

# THANK YOU