

Tennessee Health Facilities Commission Quick Reference Guide

Community Portal – Letter of Intent

Letters of Intent Certificate of Need

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** 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).

Home Applications 🔻 Payments N				•
	My Letter of Intent My Certificate of Need			New Application
Dashboard				
D All Applications	D Open Applications	O Closed Applications	D Applications Under Review	D Supplemental Information Required
Count of Applications	Open	Applications Closed Applications Applications Un	nder Review	

2. 3.	Click the Application Type drop-down menut of application to begin. Click Apply.	o select the type		This flow will focus on the Certificate of Nee The Relocation Exemption application will b section.	ed application type.
	Home Applications v Payments My Letter of Intent My Co	ertificate of Need			Scott Vance 🔹 •
	Dashboard	Select the application type * indicates required field * Application Type Select Application Type	e	* Application Type Select Application Type Certificate of Need Relocation Exemption	ed
			Can	tel Apply	

nplete all required infor	mation.	All fields marked with an * are required.
IIC IIC		Scott Vance 🛃 -
Home Applications v Payments	My Letter of Intent My Certificate of Need	New Application
Basic Information	Basic Information	Application Name : PAR-0000002148
Project Cost	* indicates required field	
, Accounter	Please complete every requested field. Use the accom application. For general instructions, <u>click here</u>	panying worksheet to assist in calculating the estimated project cost. All fields will populate similar field in the accompanying
	* Project Name	
	Enter Project Name	*State
	Enter Street or Route	
	*County	*City
	Enter County	Enter City
	*Zip Enter Zip	*Facility Type
	*Owner Name	* Ownership Type
	Enter Owner Name	
	* Management Name	
	*Project Description	
	Enter Project Description	
	* Anticipated date of publication	* Anticipated date of submitting CoN application
	Enter Anticipated data of publication	Enter Anticipated date of submitting CoN application

5.	Click on the drop-down arrow under the simultaneous review
	question.

6. Select Yes, if there is simultaneous review.

- If an application has been submitted for the same service, service area, location, or facility, you must select yes to simultaneous review.
- Once you select yes and click Save and Next, the application will be updated. This will mean you will have till the 16th to the end of the month to complete your application.

New York Contraction of the second se		Imran Chowdhury 🕰 👻
Home Applications 🕶 Payments My Letter of Inte	nt My Certificate of Need	New Application
	*Management Name	
	· · · · · · · · · · · · · · · · · · ·	
	* Project Description	
	enter Project Description	1
	*Anticipated date of publication	*Anticipated date of submitting CoN application
	Enter Anticipated date of publication	Enter Anticipated date of submitting CoN application
	* Are you seeking to submit this application for Simultaneous Review?	
	No	
	Clear	
	Yes	* Contact Person First Name
	No	Imran
	*Contact Person Last Name	* Company Name
	Chowdhury	MTX Group Inc
	*Contact Company Address	*Contact Email ID
	4102 Admiralty way, Irving, Alaska, 75061	imran.chowdhury@mtxb2b.com
	* Name of Newspaper(s) Enter Name of Newspaper(s)	
		Cancel Save & Next
© 2022 HFC All Rights Reserved		Contact Us Privacy & Terms

-

7. 8. 9.	Enter the information that is revealed Answer the questions that follow. Click Upload File.	If you se an expla	lect No , to any of the additional nation to why it is marked as No	questions, you will enter	
	TEC.				Imran Chowdhury 🛃 -
	Home Applications	My Certificate of Need			New Application
		* Project Description Enter Project Description			7
		* Anticipated date of publication		*Anticipated date of submitting CoN application	
		Enter Anticipated date of publication	i	Enter Anticipated date of submitting CoN application	
		Yes *Simultaneous Review justification (Please include the explanate Salesforce Sans 12 B I U Salesforce Sans	on for similarity of service area, location → □ → □ = → □ = ○ □ □ I_*	n, facility and service area to be provided)	
		* Does the applicant verify compliance with the procedural req • Yes No * Was the Notice of Simultaneous Review received by the origin • Yes No * Please upload confirmation that the Notice was received by the	uirements for a simultaneous review p hal applicant between the sixteenth an e original applicant between the sixteen	er Health Facilities Commission Administrative Rule 0720-1002? d last day of the month of publication? th day and last of the month of publication by the original applicant.	
		Upload File Contact Details			
		* Contact Person Title		* Contact Person First Name	
		* Contact Person Last Name Chowdhury		* Company Name	
				· · · · · · · · · · · · · · · · · · ·	

	Imran Chowdhury 📤 -
ome Applications 👻 Payments My Letter of Intent My Certificate of Need	New Application
Project Description Enter Project Description *Articipated date of publication Enter Anticipated date of publication *Are you seeking to submit this application for Simultaneous Review? Vec Upload File * Upload File * Upload File * Vec Vec	*Anticipated date of submitting CoN application Inter Anticipated date of submitting
* Contact Person Title	* Contact Person First Name
Enter Contact Person Title	Imran
* Contact Person Last Name	*Company Name
Chowdhury	MIX Group inc

11.	Select an image	e or more and click o	pen.		You can en together b	ter a document o	one at a time or ac	dd all of them ng.
	Home Application	Favorites Pavorites Recents Applications Desktop Downloads Creative Clou Cloud Creative Clou Cloud Documents Documents Desktop Shared Locations OneDrive Network Media	C Cloud Drive > C De	Reference of the second	TN CON - QRG - Letters22.pptx Screen Shot 2023-01.48 PM	Calk	earch Screen Shot 2023-031.02 PM Screen Shot 2023-06.23 PM Screen Shot 2023-06.23 PM	ran Chowdhury 🕑 -
			Contact Details * Contact Person Title Enter Contact Person Title * Contact Person Last Name Chowdhury		+c	ontact Person First Name aran ompany Name TX Group Inc		

1

Interview Inter	· B ·
Imran Chowdhur Home Applications Payments My Letter of Intent My Certificate of Need New App	ication
Home Applications - Payments My Letter of Intent My Certificate of Need	lication
* Project Description Enter Project Description	4
* Anticipated date of publication * Anticipated date of publication Enter Anticipated date of publication Enter Anticipated date of publication Enter Anticipated date of submitting CoN application	
Upload File *	
0720-10027	
*Was the Notice of Simultaneous Review received by the original applicant between the sixteenth and last day of the month of publication? Yes No *Please upload confirmation that the Notice was received by the original applicant between the sixteenth day and last of the month of publication by the original applicant. Upload File	
Contact Details * Contact Person Title * Contact Person First Name	
Enter Contact Person Title	
* Contact Person Last Name * Company Name Chowdhury MTX Group Inc	

Com	plete all require	ed inform	nation.		All fields	marked with an * are required.	
Click	Save & Next.						
	Hilder Contraction of the second seco						Scott Vance 🛃 •
Но	lome Applications 🔻	Payments	My Letter of l	ntent My Certificate of Need			New Application
				* Management Name	•		
				* Project Description			
				* Anticipated date of publication		*Anticipated date of submitting CoN application	
				Contact Details		Litter Anacipated date of submitting Cov application	
				*Contact Person Title		*Contact Person First Name	
				Enter Contact Person Title		Scott	
				* Contact Person Last Name		* Company Name	
				Vance		MTX	
				*Contact Company Address		*Contact Email ID	
				1925 Lynx Lane, Fairbanks, Alaska, 99709	4	scott.vance@mtxb2b.com	
				*Name of Newspaper			
				Enter Name of Newspaper			
						[Cancel Save & Next
	2022 HEC All Dights Deserved						Contact Us Privacy & Terms

A CONTRACT OF CONTRACT.		Scott Vance 🛃 •
Home Applications v Payments My Letter of In	ntent My Certificate of Need	New Application
Basic Information	Project Cost	Application Name : PAR-000002148
Project Cost Attestation	A. Construction and equipment acquired by purchase:	
	1. Architectural and Engineering Fees	
	2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	
	3. Acquisition of Site	
	4. Preparation of Site	
	5. Total Construction Costs	
	6. Contingency Fund	
	7. Fixed Equipment (Not included in Construction Contract)	
	8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)	
	9. Other (Specify) Specify Construction	
	Total	\$0.00
	B. Acquisition by gift, donation, or lease:(For Fair market value and lease value for land and	d/or equipment calculation information,click here)

15. Complete all required information.

16. Click Save & Next.

		Scott Vance 🕰 🔹
Home Applications 🔻 Payments My Letter of In	tent My Certificate of Need	New Application
	Total	\$0.00
	C. Financing Costs and Fees:	
	1. Interim Financing	
	2. Underwriting Costs	
	3. Reserve for One Year's Debt Service	
	4. Other (Specify) Specify Financing	
	Total	\$0.00
	D. Estimated Project Cost (A + B + C)	\$0.00
	E. CON Filing Fee	\$3,000.00
	F. Total Estimated Project Cost (D + E)	\$3,000.00
	Previous	Cancel Save & Next
© 2022 HFC All Rights Reserved		Contact Us Privacy & Terms

SU	17)	Check the attestation box.		• Your name and date will be auto-populated in the gray fields.		
Instructio	18)	Click Submit .				
		2 Contraction of the second se			Scott Vance 🕰 -	
		Home Applications ▼ Payments My Le ● Basic Information ● Project Cost ● Attestation	Attestation * indicates required field am the applicant or his/her/its legal agent, duly swear the Rules of the Health Facilities Commission, and T.C.A. Commission are true and complete. Name Scott Vance	hat this project will be completed in accordance with the application, that the applicant has \$68-11-1601, et seq., and the responses to this application or any other questions deemed Date 12-14-2022	Application Name : PAR-0000002150 sread the directions to this application, appropriate by the Health Facilities Image: Cancel Submit	

19. To return to the dashboard, click Back To Home .	 You can download your application file by clicking the Download button.
THE REPORT OF TH	Scott Vance 🗷 •
Home Applications ▼ Payments My Letter of Intent My Certificate of Need Acknowledgement	New Application

Key Points

W

"upbite Ca				
				Scott Vance -
Home Applications v Payments	My Letter of Intent My Certificate of Need			New Application
Dashboard				
D	E	\otimes	٦	
2 All Applications	2 Open Applications	O Closed Applications	Applications Under Review	O Supplemental Information Required
Count of Applications	Oper	n Applications Closed Applications Applications U Supplemental Information Required	Inder Review	

• Your application will appear under the **Applications Under Review** tile.

Letters of Intent Relocation Exemption

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** 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).

1.	From the Dashboard,	click Ne	w Application.
----	---------------------	----------	----------------

HFC						Scott Vance 🕰 -
Home	Applications Payment	s My Letter of Intent	My Certificate of Need			New Application
Dashb	oard					
	D All Applications	Ope	D n Applications	O Closed Applications	C O Applications Under Review	D Supplemental Information Required
Count o	f Applications		Ope	en Applications Closed Applications Applications Supplemental Information Required	Under Review	

2. 3.	Click the Application Type drop-down menu t of application to begin. Click Apply.	o select the type	•	This flow will focus on the Relocation Exem The Certificate of Need application was det section.	ption application type ailed in the previous
	Home Applications • Payments My Letter of Intent My Ce	rtificate of Need			Scott Vance 🕒 -
	Count of Applications	Select the application type * indicates required field * Application Type Select Application Type		* Application Type Select Application Type Certificate of Need Relocation Exemption	ed
			Canc	el Apply	

· ·					
			Scott Vance 😫 🗸		
Home Applications 🕶 Payments	My Letter of Intent My Certificate of Need		New Application		
O Basic Information	Basic Information		Application Name : PAR-000002149		
Attestation	* Indicates required field				
	Please complete every requested field. All fields will popula	ld. All fields will populate similar field in the accompanying request. For general instructions, <u>click here</u>			
	* Project Name				
	Enter Project Name				
	* Street or Route	*County			
	Enter Street or Route	Enter County			
	*City	* State			
	Enter City		-		
	* Zip Enter Zip	* Facility Type			
	*Owner Name	* Ownership Type			
	enter Owner Name		•		
	*Management Name	•			
	*Relocation Description				
	Enter Relocation Description				
	*Anticipated Date of RE Filing	* Publication date	h		

Complete all required information.	Ň	• All fields	s marked with an * are requ	uired.
Click Save & Next.				
				Scott Vance 🝳 •
Home Applications 🔻 Payments My Letter o	f Intent My Certificate of Need			New Application
	* Management Name * Relocation Description Enter Relocation Description	*		
	*Anticipated Date of RE Filing Enter Anticipated Date of RE Filing	Ê	* Publication date	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Contact Details *Contact Person Title Enter Contact Person Title		*Contact Person First Name	
	*Contact Person Last Name Vance		*Company Name	
	*Contact Company Address 1925 Lynx Lane, Fairbanks, Alaska, 99709		*Contact Email ID scott.vance@mtxb2b.com	
	* Name of Newspaper Enter Name of Newspaper	<i>n</i>		
				Cancel Save & Next
© 2022 HFC All Rights Reserved				Contact Us Privacy & Terms

7. Check the attestation box.8. Click Submit.		Your name and date wil	ll be auto-populated in the gray fields.
THE REPORT OF TH			Scott Vance 2 •
Home Applications 🕶 Payments My Lette	er of Intent My Certificate of Need		New Application
• Attestation	Indicates required field Inditent required field Inditent required field Inditent requ	is true, complete, and correct to the best of my knowledge and belie liable to cancellation. Date	ef. I understand that in the event of my information being found
	Scott Vance Previous	12-14-2022	Cancel Submit

9. To return to the dashboard, cli	ck Back To Home .	You can download your application file by clie button.	cking the Download
			Scott Vance 🛃 -
Home Applications v Payments M	y Letter of Intent My Certificate of Need		New Application
Acknowledgement			
	Thank you for submitting Letter is acc	r of Intent, you will be notified if it eptable.	
			·

41



Applications Nymetrix My Letter of Intern My Certificate of Need Certificate of Need Dashboard Image: Control of Applications Image: Control of					Scott Vance 🛃 🗸
<image/>	Home Applications v Payments	My Letter of Intent My Certificate of Need			New Application
	Dashboard				
Count of Applications	2 All Applications	Den Applications	Closed Applications	L Applications Under Review	D Supplemental Information Required
Cised Applications Applications Under Review	Count of Applications				
		Oper	n Applications Closed Applications Applications Supplemental Information Required	Under Review	



This concludes the Quick Reference Guide for Letters of Intent

THANK YOU