

Certificate of Need (CON) Electronic Application



- Regulation 60-15, Section 301 states: "The application shall be submitted utilizing the web-based application available on the Department's website or by such other means the Department may provide."
- The applicant can utilize the web-based application; OR
- The applicant can download the digital application from the website and submit via email to <u>CONinfo@dph.sc.gov</u>

Regulation 60-15



The link below for Regulation 60-15, *Certification of Need for Health Facilities and Services,* provides information on the facilities and services requiring a Certificate of Need (CON).

https://dph.sc.gov/sites/scdph/files/Library/Regulations/R.61-15.pdf

Certificate of Need (CON) Fees



• Initial Filing Fee

- Five hundred dollar (\$500.00) non-refundable fee due at time of application submission
- Application Fee
 - One half of one percent (.5% or .005) of the total project cost payable when the application is deemed complete

• Issuance Fee

• Seven thousand five hundred dollars (\$7,500.00) paid if the total project cost is one million four hundred thousand dollars (\$1,400,000.00) or greater



Certificate of Need for Health Facilities and Services



Proposal Prepared By:			Part A Part B	Part C Part D			
Henry Yetta	CEO	Test Organizatio	Test Organization				
Name	Title	Organization					
555 Test St		Columbia	SC	29201			
Address		City	State	Zip Code			
(555) 555-5555		testemail@test.com					
Telephone Number	Fax Number	E-mail					

The Applicant hereby certifies that the information contained in this Application, including all assurances and attachments, are correct to the best of their knowledge and belief.

Henry Yetta 2/5/2025 1:15:06 PM Applicant's Signature

- Applicant clicks on the link to access the Web-Based CON application: https://liquidoffice.dhec.sc.gov/lfserver/CON-Process
- Web-Based CON application opens and can be completed by the applicant.
 - The applicant **MUST** complete and sign the *Proposal Prepared by* section prior to completing the questionnaire in Part A .

When the applicant clicks on the signature box, they will be prompted to select "OK" to approve and move forward in the application process.

liquidoffice.dhec.sc.gov says

I, Henry Yetta, on 2/5/2025, 1:15:06 PM, hereby affirm that I approve this document. Role: User Form: Certificate of Need Signature Field: PB_sig Signature Description: Applicant's Signature



• When starting Part B of the application, there will be comment boxes, with an unlimited number of characters, associated with each question.

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- There are attachment buttons allowing the applicant to upload documents for each question, if needed.
- Once an attachment has been uploaded, the applicant will indicate by completing the checkbox next to the attachment button.

(11) Demonstrate that the proposed project is needed or projected as necessary to meet an identified need of the public. This shall address at a minimum: identification of the target population; the degree of unmet need; projected utilization of the proposed facility or service; utilization of existing facilities and services; past utilization of existing similar services within the facility; and justification that the proposed project will not unnecessarily duplicate existing entities. The applicant must show all assumptions, data sources, and methodologies used. The applicant must use population statistics consistent with those generated by the Office of Revenue and Fiscal Affairs. Applicant must attach a document (s) to this section.



- When an applicant has entered information in the application and is ready to save, they will need to scroll to the bottom of the application and click "Save Progress and Email PIN to Preparer."
 - The applicant, completing the *Prepared by* section, will receive an email containing a PIN number and additional instructions for sharing with other collaborators.
 - The applicant will forward the email to additional collaborators, if needed, to complete sections of the application.
- The applicant can click the button, Part A, B, C, or D, at the top of any page to access the section needing completion.
- As the applicant is completing the CON application, they will be able to view attachments previously uploaded in the document. These will be located at the bottom of the application in the "Previous Attachments" box.

Previous Attachments: Publishing_Notice--test(3)

- If an uploaded attachment needs to be deleted, it must be in the "Current Attachments" box at the bottom of the application.
- The applicant can attach replacement documents by selecting "Attach" located beside the appropriate question. Please note, documents can be added at any time to a question within the application.
- Previously uploaded attachments cannot be removed once the application has been saved. Attachments that are visible in the "Current Attachments Box" can be removed prior to saving the application.



- When the applicant has completed information and is ready to save, they will need to scroll to the bottom of the application and click "Save Progress and Email PIN to Preparer." The applicant, completing the *Prepared by* section, will receive an email each time updates have been completed within the application.
- If the applicant selects, "Close Application," any additions or changes made will not save.
- When the applicant is ready to submit the CON application, he/she will complete the signature at the bottom of the application, select "Submit Finalized form and Pay," and click submit.





- eCheck
- Credit Card

When selecting eCheck payment, the applicant will incur a \$1.00 portal fee and \$2.50 eCheck fee. When selecting credit card payment, the applicant will incur a \$1.00 portal fee and 1.7% credit card fee. eCheck credit Card

 Applicants will be redirected to the SC.GOV payment portal to provide payment details for the CON initial filing fee, after submitting the CON application.



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 Applicants receive immediate on-screen confirmation once the initial filing fee payment is initiated. A confirmation email will be sent if an email address has been provided during the CON application submission.

following	amounts will be remitted back to the 50	Department of Pub	ilic Health (DPH).			
U	Description	Unit Price	Quantity	Amount	Transaction Summary	
5000	Certificate Of Need Filing Fee	\$500.00	1	\$500.00	Certificate Of Need Filing Fee \$500.00	
			Total	\$500.00	Total \$501.00	
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		Select State				
IP/Postal	Code *					
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mail * 🍘						



- If payment is successful, the submitted CON application will proceed with further processing.
- If payment does not process, the application will not move forward.

 The CON Program will receive an email notification to <u>CONinfo@dph.sc.gov</u> containing information on the submitted application, following successful initial filing fee payment.



New CON Application Received: 512

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Hello CON Team,

A new Certificate of Need application has been received!

Record ID: 512 Facility Name: Test County: CHESTERFIELD Facility Type: Hospital Purpose of Review: New Facility

Please click the button below to view the newly submitted Certificate of Need application.

Certificate of Need

Please click the button below to view the newly submitted Certificate of Need application.

AppXtender

INSTRUCTIONS:

- 1. Click the button above to access Liquid Office.
- 2. Use your DPH credentials to log in.
- Find and double click the appropriate form.
- a. Review and make edits if necessary.
- 4. To Accept for Filing

 a. Select Accept for Filing from the submit menu.
 b. Click GO.
- 5. To Not Accept for Filing,
 - a. Select Not Accepted for Filing from the submit menu.
 b. Click GO.
- 6. To Return to the Sender for additional information,
 - a. Select Additional Information Needed from the submit menu.
 b. Click GO.

Healthcare Quality SC Department of Public Health

Following receipt of the application, the CON Program will select one (1) of the three (3) options in the submission drop-down menu.

- Accepted for Filing
- Not Accepted for Filing
- Additional Information Needed

Additional Information Ne 🗸	Submit
Accepted for Filing	
Not Accepted for Filing	No
Additional Information Neede	ed

- If the CON program selects "Accepted for Filing," the application will be accepted.
- The applicant will receive an email, with the completed application, informing he/she the application was accepted for filing.



Certificate of Need Application 512 has been accepted for filing!

Hello Henry Yetta,

Your Certificate of Need application has been accepted for filing!

Attached is a PDF of the completed application with attachments for your records.

Within 15 calendar days of publication in the State Register of acceptance for filing, the Department may request additional information as may be necessary to complete the application.

If you have additional questions regarding your application, please email us at CONinfo@dph.sc.gov. Healthcare Quality SC Department of Public Health

- If the CON program selects "Not Accepted for Filing," the application will be rejected.
- The applicant will receive an email with the reason for rejection, with the option to make application edits and resubmit.



Certificate of Need Application 512: Not Accepted for Filing

Hello Henry Yetta,

Unfortunately your Certificate of Need application is not accepted for filing at this time due to:

No PHI needed. Please resubmit with no PHI and the correct information.

Please feel free to click the link below and resubmit with the above requested documentation.

Get Started

INSTRUCTIONS:

1. Click the button above to access the application.

2. Edit any field necessary.

3. Add any attachments using the buttons next to the appropriate questions.

Multiple documents and pictures are able to be uploaded via the same button.

If you have additional questions regarding your application, please email us at CONinfo@dph.sc.gov.

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- The applicant will receive an email explaining what additional information is needed.
- The email contains instructions on how to make edits to the application.



Information Needed for Certificate of Need Application 512

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Hello Henry Yetta,

Your Certificate of Need application is being reviewed and the following additional information is required:

This is from the Notes box on the form that only the CON team can see. Anything in this box will be put into the Not Accepted for Filing or Additional Information Needed email.

Please click the button below to access and edit your Certificate of Need application.

Certificate of Need Application

INSTRUCTIONS:

Click the button above to access the application.
 Edit any field necessary.

 Add any attachments using the buttons next to the appropriate questions.
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Multiple documents and pictures are able to be uploaded via the same button.

If you have additional questions regarding your application, please email us at CONinfo@dph.sc.gov.

Healthcare Quality SC Department of Public Health

CONTACT US

Certificate of Need (CON)

Phone: (803) 545-4200 Email: <u>CONinfo@dph.sc.gov</u>