

Certificate of Need (CON) Application Received

Thank you for submitting your Certificate of Need (CON) application to the Iowa Department of Health and Human Services (HHS). We confirm receipt of your application, which qualifies for a summary review under Iowa Code sections 135.61–135.78 and Iowa Administrative Code (IAC) 481—Chapters 2202 and 2203. The application will now undergo a streamlined departmental review to assess completeness and compliance.

NOTE: Your application number is 26ME09. This # is used to process your payment.

Electronic Payment Instructions

To ensure timely processing of your application, please submit the CON application fee, which ranges from \$600 to \$21,000 based on project cost (0.3% of the anticipated project cost). $\$2,510,910 \times 0.003 = \$7,533$. You will pay \$7,533.

- Set Up Payment:** Payments are processed electronically using the following Routing #: 121000248 and Account #: 6846030000000003. All payments submitted to this account are income payments only.
- Submit Payment:** Submit your payment electronically using the routing and account numbers above. Include your project name Hegg Memorial Hospital – Equip. and reference number 26ME09 to link the payment to your submission.
- Confirmation:** Please retain your payment receipt for your records and send a copy of payment confirmation to the program. Payment confirmation is required before the review process can continue.

Note: Ensure payment is submitted promptly to avoid delays. Contact HHS for assistance with payment setup.

Next Steps and Timelines

The summary review process is designed for qualifying applications and is more expedited than the standard CON process. Review involves Department evaluation of compliance with Iowa rules and requirements.

1. Initial Review (30–45 days):

- Description:** HHS staff review your application for completeness and compliance with Iowa Code and IAC requirements. The application is checked against the Letter of Intent (LOI) submitted at least 30 days prior. If discrepancies exist (e.g., facility name, sponsor, or project cost), the application may be rejected.
- Action Required:** Respond promptly to any requests for additional information or clarification.
- Note:** Affected parties, including competitors, will be able to view active applications on the HHS CON website.

2. Final Decision (Within 5–15 days of Department Review):

- Description:** Upon completion of the initial department review, HHS will issue a written decision to approve, modify, or deny your CON application. Approved projects must comply with all CON program requirements.

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- **Action Required:** If approved, submit project progress reports as directed. If denied, the decision letter will outline appeal or resubmission instructions.

Total Estimated Timeline:

The summary review and final decision process lasts approximately **60 days**, contingent on application completeness and timely applicant responses.

We appreciate your dedication to improving healthcare services in Iowa. You will be notified of any updates or additional requirements as your application advances.

Respectfully,

Ashleigh Sheehy, MJ, MPA

Compliance Operations Specialist

Division of Compliance and Administration

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