

**Do Not Staple Form**

**COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF INSPECTOR GENERAL  
DIVISION OF CERTIFICATE OF NEED**

**Certificate of Need Six Month Progress Report  
CON – Form 8**

**NAME AND ADDRESS OF FACILITY, PROGRAM, or SERVICE AS LISTED ON CERTIFICATE OF NEED (CON):**

**CON NUMBER:**

**DATE CON APPROVED:**

**NAME AND ADDRESS OF LEGAL APPLICANT:**

**PERSON TO CONTACT:**

**NAME:  
TITLE:  
EMAIL ADDRESS:  
TELEPHONE #:  
MAILING ADDRESS:**

**SUMMARY OF PROPOSAL AS LISTED ON CON:**

1. (Note: If this is the first progress report since the issuance of the certificate of need, do not provide a response to Question 1. Proceed to Question 2.)

Refer to Attachment A (for non-long term care bed projects) or Attachment B (for long term care bed projects) for KRS 216B.086 and 900 KAR 6:100 certificate of need implementation requirements. Summarize below the implementation requirements listed in Attachment A or B that have been met and have been previously documented in prior progress reports. Resubmission of documentation (i.e. copy of purchase order, construction contract, copy of license, etc.) that a specific requirement was previously met is not required. If no response is provided to this question, it is assumed that the CON holder has not documented completion of any of the requirements listed in the applicable Attachment A or B.

2. Refer to Attachment A (for non-long term care bed projects) or Attachment B (for long term care bed projects) for KRS 216B.086 and 900 KAR 6:100 certificate of need implementation requirements.

Document specific actions taken to implement the certificate of need since the last progress report (or since issuance of the certificate of need, if this is the first progress report). If a requirement in Attachment A or B has been met in the previous six months, mark the applicable requirement box in Attachment A or B and provide evidence that the requirement has been met. If no action has been taken to implement the certificate of need in the previous six months, please indicate. Failure to provide a response to this question shall result in the progress report being deemed incomplete.

3. **Has a financial commitment been obtained? Yes ( ) No ( ) N/A ( )**  
If yes, specify name of lender and provide evidence of financial commitment.
  
4. **Please provide detailed explanation of the extenuating circumstances or problems encountered implementing the certificate of need.**
  
  
  
  
  
  
  
  
  
  
5. **Has the certificate of need project been completed? If yes, the page titled Total Cost of Completed Project shall be completed and signed.**  
Yes ( ) No ( )
  
6. **Has a license or authority to occupy letter (if a license is not required) been issued by the Office of the Inspector General, Division of Health Care, or the Kentucky Board of Emergency Medical Services? If yes, provide a copy.**  
Yes ( ) No ( )
  
7. **Please provide expected date of completion. If this date differs from the original date of completion noted in the approved certificate of need application, please provide explanation. If this date differs from the expected date of completion noted in the last progress report, please provide an explanation.**
  
  
  
  
  
  
  
  
  
  
8. **Are any changes contemplated in the scope of the project? If yes, explain contemplated changes.**  
Yes ( ) No ( )

9. Has the proposed capital expenditure for your project escalated from the amount indicated on your certificate of need or do you anticipate that the capital expenditure will escalate from the amount indicated on your certificate of need?

Yes (     ) No (     ) If yes, please explain.

I hereby declare to the best of my knowledge that the information provided above is true and accurate.

\_\_\_\_\_  
(Authorized Signature and Date)

\_\_\_\_\_  
(Name – Print)

\_\_\_\_\_  
(Title)

**Submit Progress Report To:**  
OFFICE OF INSPECTOR GENERAL  
DIVISION OF CERTIFICATE OF NEED  
275 EAST MAIN STREET 5EA  
FRANKFORT, KY 40621  
Phone: (502) 564-9592  
Email: [CON@ky.gov](mailto:CON@ky.gov)  
Fax: (502) 564-6546

**TOTAL COST OF COMPLETED PROJECT**  
**(To be submitted with final progress report)**

1. A copy of license or authority to occupy letter received from the Office of Inspector General, Division of Health Care, or license received from Kentucky Board of Emergency Medical Services shall be submitted with the final progress report.

2. Complete the following cost breakdown.

**A. Predevelopment Costs:**

- a. Preliminary and programming costs \$ \_\_\_\_\_
- b. Site acquisition \$ \_\_\_\_\_
- c. Architectural and engineering costs \$ \_\_\_\_\_

**B. Physical Plant Costs:**

- d. Construction or renovation costs *(including fixed equipment)* \$ \_\_\_\_\_
- e. Building *(purchase price or fair market value, if leased\*)* \$ \_\_\_\_\_
- f. Site improvement costs \$ \_\_\_\_\_

**C. Other**

- g. Financing costs *(e.g. underwriter's discount fees, etc.)* \$ \_\_\_\_\_
- h. Interest during construction \$ \_\_\_\_\_
- i. Contingency *(e.g. change orders, etc.)* \$ \_\_\_\_\_
- j. Other *(specify)* \$ \_\_\_\_\_

**D. Equipment (Include FMV\* if leased)**

- k. New \$ \_\_\_\_\_
  - l. Replacement \$ \_\_\_\_\_
- Total** \$ \_\_\_\_\_

\*Fair market value shall be calculated by multiplying the annual lease payment by seven.

I hereby declare to the best of my knowledge that the information provided above is true and accurate.

\_\_\_\_\_  
(Authorized Signature) (Date)

\_\_\_\_\_  
(Name – Print) (Title)

## ATTACHMENT A PROGRESS REPORT REQUIREMENTS FOR NON-LONG TERM CARE BED\* PROJECTS

\* Long term care beds are defined by 900 KAR 6:100 as nursing home beds, intermediate care beds, skilled nursing beds, nursing facility beds, and Alzheimer nursing home beds.

### CHECK BOX IF REQUIREMENT HAS BEEN MET AND EVIDENCE IS PROVIDED IN THIS PROGRESS REPORT

1. **THE FOLLOWING PROGRESS IS REQUIRED FOR 1<sup>ST</sup> PROGRESS REPORT (6 MONTHS AFTER CON ISSUANCE):**

Addition of new services or expansion of existing services that do not involve construction, renovation, or the installation of equipment, submit:

- plans for implementation of the project

Purchase of equipment only, submit:

- copy of the purchase order

Acquisition of real property, submit:

- evidence of an option to acquire the site

Construction or renovation projects, submit:

- evidence that schematic plans have been submitted to the Public Protection Cabinet, Department of Housing, Buildings and Construction

2. **IN ADDITION TO THE REQUIREMENTS NOTED IN 1. ABOVE, THE FOLLOWING PROGRESS IS REQUIRED FOR 2<sup>ND</sup> PROGRESS REPORT (12 MONTHS AFTER CON ISSUANCE):**

Bed conversion projects, submit:

- documentation that all beds are licensed by the Office of Inspector General

Addition of new services or expansion of existing services that do not involve construction, renovation, or the installation of equipment, submit:

- documentation of approval for licensure and occupancy by the Office of Inspector General or the Kentucky Board of Emergency Medical Services

Construction or renovation projects, submit:

- schedule for project completion
- evidence of preliminary negotiation with a financial agency
- evidence of preliminary negotiation with contractors

**3. IN ADDITION TO THE REQUIREMENTS NOTED IN 1. AND 2. ABOVE, THE FOLLOWING PROGRESS IS REQUIRED FOR 3<sup>RD</sup> PROGRESS REPORT (18 MONTHS AFTER CON ISSUANCE):**

Construction or renovation projects, submit:

- copy of deed or lease of land
- documentation of final enforceable financing agreement, if applicable
- documentation that final plans have been submitted to the Public Protection Cabinet, Department of Housing, Buildings and Construction
- documentation that final plans have been submitted to the Office of Inspector General
- enforceable contract with a construction contractor

Purchase of equipment only, submit

- evidence of approval for licensure (or authority to occupy by the Office of Inspector General or the Kentucky Board of Emergency Medical Services)

**4. IN ADDITION TO THE REQUIREMENTS NOTED IN 1., 2., AND 3. ABOVE, THE FOLLOWING PROGRESS IS REQUIRED FOR 4<sup>TH</sup> PROGRESS REPORT (24 MONTHS AFTER CON ISSUANCE):**

All Projects, submit:

- evidence that final plans have been approved by the Public Protection Cabinet
- evidence that final plans have been approved by the Office of Inspector General
- evidence that construction has begun

**5. IN ADDITION TO THE REQUIREMENTS NOTED IN 1., 2., 3., AND 4. ABOVE, THE FOLLOWING PROGRESS IS REQUIRED FOR 5<sup>TH</sup> PROGRESS REPORT (30 MONTHS AFTER CON ISSUANCE):**

All Projects, submit:

- documentation that construction or renovation is progressing according to schedule

**6. IN ADDITION TO THE REQUIREMENTS NOTED IN 1., 2., 3., 4., AND 5. ABOVE, THE FOLLOWING PROGRESS IS REQUIRED FOR 6<sup>TH</sup> PROGRESS REPORT (36 MONTHS AFTER CON ISSUANCE):**

All Projects, submit:

- documentation that project has been approved for licensure or occupancy by the Office of Inspector General (submit copy of license if required)

**7. 900 KAR 6:100 REQUIRES THE FOLLOWING IF PROJECT IS NOT COMPLETE AFTER THE 6<sup>TH</sup> PROGRESS REPORT:**

All Projects, submit:

- written statement showing cause why the certificate should not be revoked
- revised schedule for implementation and proof that the project shall be completed on the revised schedule

## ATTACHMENT B PROGRESS REPORT REQUIREMENTS FOR LONG TERM CARE BED\* PROJECTS

\* Long term care beds are defined by 900 KAR 6:100 as nursing home beds, intermediate care beds, skilled nursing beds, nursing facility beds, and Alzheimer nursing home beds.

### CHECK BOX IF REQUIREMENT HAS BEEN MET AND EVIDENCE IS PROVIDED IN THIS PROGRESS REPORT

1. **THE FOLLOWING PROGRESS IS REQUIRED FOR 1<sup>ST</sup> PROGRESS REPORT (6 MONTHS AFTER CON APPROVAL):**

All Projects, submit:

- copy of the deed or lease of land for projects requiring acquisition of real property
- evidence that final plans have been submitted to the Public Protection Cabinet, Department of Housing, Buildings and Construction
- evidence that final plans have been submitted to the Office of Inspector General

2. **IN ADDITION TO THE REQUIREMENTS NOTED IN 1. ABOVE, THE FOLLOWING PROGRESS IS REQUIRED FOR 2<sup>ND</sup> PROGRESS REPORT (12 MONTHS AFTER CON APPROVAL):**

Projects involving conversion of beds, submit:

- documentation that all beds are licensed by the Office of the Inspector General

Construction projects, submit:

- schedule for project completion with projected dates
- documentation of final financing
- documentation of final plan approval by the Public Protection Cabinet, Department of Housing, Buildings and Construction
- documentation of final plan approval by the Office of Inspector General
- submit enforceable construction contract

3. **IN ADDITION TO THE REQUIREMENTS NOTED IN 1. AND 2. ABOVE, THE FOLLOWING PROGRESS IS REQUIRED FOR 3<sup>RD</sup> PROGRESS REPORT (18 MONTHS AFTER CON APPROVAL):**

- Submit documentation that construction or renovation is progressing according to schedule

4. **IN ADDITION TO THE REQUIREMENTS NOTED IN 1., 2., AND 3. ABOVE, THE FOLLOWING PROGRESS IS REQUIRED FOR 4<sup>TH</sup> PROGRESS REPORT (24 MONTHS AFTER CON APPROVAL):**

- Submit documentation that the project has been appropriately licensed by the Office of the Inspector General

5. **IN ADDITION TO THE REQUIREMENTS NOTED IN 1., 2., 3., AND 4. ABOVE, THE FOLLOWING PROGRESS IS REQUIRED FOR 5<sup>TH</sup> PROGRESS REPORT (30 MONTHS) , 6<sup>TH</sup> PROGRESS REPORT (36 MONTHS), and 7<sup>TH</sup> PROGRESS REPORT**

- Certificate of need holder shall show good cause as to why a project failed to meet its timetables in order to be granted a six (6) month extension. 900 KAR 6:100 states a project shall be deemed to show "good cause" if the project can be completed within the additional six (6) month period.