



## Determinations for Replacement of Equipment

### This is a determination request for:

(Please check appropriate box)

- Replacement of Like Equipment Exemption**  
*Note: There must be a previously existing CON*

#### **R.61-15 Section 104.1.a Exemption Determinations**

The replacement of like equipment for which a Certificate of Need has been issued and the replacement does not result in a material change in service or a new service.

OR

- Replacement of Like Equipment with Similar Capabilities Non-Applicability (NA)**

#### **R.61-15 Section 105.1.a Determinations of Non-Applicability**

A written determination of non-applicability from the Department is required for the replacement of like equipment with similar capabilities as defined by the Department in Section 103.16, which states: Like equipment with similar capabilities means medical equipment in which functional and technological capabilities are identical to the equipment to be replaced; and the replacement equipment is to be used for the same or similar diagnostic, therapeutic, or treatment purposes as currently in use; and does not constitute a material change in service or a new service.

### Each determination request must include:

1. Valid vendor quote or vendor estimate of Fair Market Value
2. Any construction and installation costs with valid documentation
3. Total Project Cost statement to include any freight, rigging, installation, and/or de-installation costs
4. Documentation of the disposition of the existing equipment
- a. Copy of any previously existing CON certificate or issuance letter (Required for an Exemption) for the equipment to be replaced or the original piece of equipment
- b. Copy of N/A approval letter under which original/existing piece of equipment was approved (Required)
- c. Copy of Exemption approval letter under which original/existing piece of equipment was approved (Required)
5. Side by side comparison of the existing unit versus the proposed unit. This comparison should include, but not be limited to functional and technical capabilities, diagnostic, therapeutic and treatment purposes
6. Listing of existing patient volumes and procedures performed on existing unit
7. Listing of proposed patient volumes and proposed procedures to be performed on proposed unit
8. Floor plan of affected area(s). If construction is part of the proposal, please remit both "before" and "after" floor plans. The floor plans should contain enough detail to be a stand-alone plan outlining the specific area of the facility in which the unit is to be located