

Welcome

to the **MDCH Certificate of Need Survey Website**
<http://www.mi-data.org>

General Comments for 2009

All facilities must complete a facility specific survey. If you do not see your individual facility identified, please contact Andrea Moore of MDCH-CON at (517) 241-3345.

Do not combine data from multiple sites. Each site must submit its own survey even if the site is part of a multi-site health system. In addition, a site must complete a survey even if the CON approved service is not yet operational.

Survey support staff is available weekdays from 7:00 a.m. to 3:00 p.m. via the telephone at 313-873-5354. Inquiries can also be e-mailed to surveys@semha.org.

A login Username and Password are required to use the site. Please contact support staff if you are having difficulties in the login process.

Prior to completing the individual beds/service sections, **Section A must be completed first in order to activate other appropriate sections.** Required sections are determined by the Yes (Y) or No (N) responses made in Section A CON Covered Services.

You may **Save** a survey section and return to change or complete that section at a later date prior to submission, (enter an N at the end of a section, then click Save). Please note to make a change to a survey that has been marked submitted (enter a Y at the end of the section, then click Save), you need to contact the survey support staff (above) to unlock the section.

After entering data in a survey section you can:

Save: Records the entries or changes to a section.

Reset: Changes all field values to the initial values.

Feedback: Enables user to note comments or explanation of information submitted.

Logout: Enables the user to log off the web site.

Surveys: Returns user to the main page (Sections A - S)

Please do not use commas, decimal points or any non-numeric character in numeric fields.

Section I: Air Ambulance Services should be completed by helicopter operators only. Hospitals that receive transports should provide that information in Section H: Emergency Services.

Note: Each section must be **submitted** separately, and the survey is only complete when **all required** sections are submitted. The 2009 survey must be completed by **Monday, April 12, 2010.**