

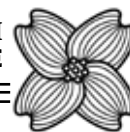


RULES OF  
**Department of Health and  
Senior Services**  
**Division 60—Missouri Health Facilities  
Review Committee**  
**Chapter 50—Certificate of Need Program**

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**TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR  
SERVICES**

**Division 60 – Missouri Health Facilities Review  
Committee**

**Chapter 50 – Certificate of Need Program**

**19 CSR 60-50.010 State Health Planning and Development  
Agency (SHPDA)**

(Rescinded January 12, 1990)

*AUTHORITY: section 197.310, RSMo 1986. This rule previously filed as 13 CSR 60-1.010 and 19 CSR 30-50.010. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

**19 CSR 60-50.011 Certificate of Need (CN) Definitions**

(Rescinded November 30, 1994)

*AUTHORITY: sections 197.318, RSMo Supp. 1992 and 197.320, RSMo 1986. Emergency rule filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Original rule filed July 3, 1989, effective Jan. 12, 1990. Amended: Filed Feb. 4, 1993, effective July 8, 1993. Rescinded: Filed June 2, 1994, effective Nov. 30, 1994.*

**19 CSR 60-50.020 Missouri Health Facilities Review  
Committee**

(Rescinded January 12, 1990)

*AUTHORITY: sections 197.310 and 197.320, RSMo 1986. This rule was previously filed as 13 CSR 60-1.020 and 19 CSR 30-50.020. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

**19 CSR 60-50.021 CN Program Administration**

(Rescinded November 30, 1994)

*AUTHORITY: section 197.320, RSMo 1986. Emergency rule filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Original rule filed July 3, 1989, effective Jan. 12, 1990. Amended: Filed Nov. 16, 1990, effective June 10, 1991. Amended: Filed April 6, 1992, effective Sept. 6, 1992. Emergency amendment filed July 30, 1992, effective Aug. 9, 1992, expired Dec. 6, 1992. Amended: Filed July 30, 1992, effective April 8, 1993. Amended: Filed April 14, 1993, effective Oct. 10, 1993. Rescinded: Filed June 2, 1994, effective Nov. 30, 1994.*

**19 CSR 60-50.030 Review of Health Projects Under SSA-1122  
Program**

(Rescinded January 12, 1990)

*AUTHORITY: sections 197.305(2), 197.310(1)6, 197.320 and 536.043, RSMo 1986, P.L. 9-603, 42 U.S.C. 1320a-1; 42 CFR 100; 42 CFR 122, 42 CFR 123 and section 1122 of the Federal Social Security Act. This rule was previously filed as 13 CSR 60-2.010 and 19 CSR 30-50.030. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2,*

*1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

**19 CSR 60-50.031 Certificate of Need (CN) Applications**

(Rescinded November 30, 1994)

*AUTHORITY: section 197.320, RSMo 1986. Emergency rule filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Original rule filed July 3, 1989, effective Jan. 12, 1990. Amended: Filed Jan. 3, 1990, effective March 26, 1990. Amended: Filed Nov. 16, 1990, effective July 8, 1991. Emergency amendment filed July 30, 1992, effective Aug. 9, 1992, expired Dec. 6, 1992. Amended: Filed July 14, 1992, effective April 8, 1993. Amended: Filed July 30, 1992, effective April 8, 1993. Amended: Filed Feb. 4, 1993, effective July 8, 1993. Rescinded: Filed June 2, 1994, effective Nov. 30, 1994.*

**19 CSR 60-50.040 Definitions Relating to Certificate of Need**

(Rescinded January 12, 1990)

*AUTHORITY: sections 197.305 and 197.320, RSMo 1986. This rule was previously filed as 13 CSR 60-3.010 and 19 CSR 30-50.040. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Amended: Filed: Oct. 19, 1983, effective May 11, 1984. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

**19 CSR 60-50.041 Information Added to CN Application**

(Rescinded November 30, 1994)

*AUTHORITY: section 197.320, RSMo 1986. Emergency rule filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Original rule filed July 3, 1989, effective Jan. 12, 1990. Emergency amendment filed July 30, 1992, effective Aug. 9, 1992, expired Dec. 6, 1992. Amended: Filed July 30, 1992, effective April 8, 1993. Rescinded: Filed June 2, 1994, effective Nov. 30, 1994.*

**19 CSR 60-50.050 Certificate of Need Necessary**

(Rescinded January 12, 1990)

*AUTHORITY: sections 197.315.1, 197.315.7, 197.315.12, 197.315.14, 197.320 and 197.340, RSMo 1986. This rule was previously filed as 13 CSR 60-3.020 and 19 CSR 30-50.050. Emergency rule Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency amendment filed Feb. 9, 1983, effective March 1, 1983, expired June 28, 1983. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

**19 CSR 60-50.051 Information on MHFRC Meetings**

(Rescinded November 30, 1994)

*AUTHORITY: section 197.320, RSMo 1986. Emergency rule filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Original rule filed July 3, 1989, effective Jan. 12, 1990. Amended: Filed Nov. 16, 1990, effective June 10, 1991. Emergency amendment filed July 30, 1992, effective Aug. 9, 1992, expired Dec. 6, 1992. Amended:*



*Filed July 30, 1992, effective April 8, 1993. Rescinded: Filed June 2, 1994, effective Nov. 30, 1994.*

**19 CSR 60-50.060 Waiver of Certificate of Need**  
(Rescinded January 12, 1990)

*AUTHORITY sections 197.320 and 197.330(9), RSMo 1986. This rule was previously filed as 13 CSR 60-3.030 and 19 CSR 30-50.060. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

**19 CSR 60-50.061 Certificate of Need Decisions**  
(Rescinded November 30, 1994)

*AUTHORITY: section 197.320, RSMo 1986. Emergency rule filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Original rule filed July 3, 1989, effective Jan. 12, 1990. Amended: Filed Nov. 16, 1990, effective June 10, 1991. Emergency amendment filed July 30, 1992, effective Aug. 9, 1992, expired Dec. 6, 1992. Amended: Filed July 14, 1992, effective April 8, 1993. Rescinded: Filed June 2, 1994, effective Nov. 30, 1994.*

**19 CSR 60-50.070 Issuance and Penalties**  
(Rescinded January 12, 1990)

*AUTHORITY: sections 197.315.2, 197.315.3, 197.315.4, 197.315.5, 197.315.6 and 197.320, RSMo 1986. This rule was previously filed as 13 CSR 60-3.040 and 19 CSR 30-50.070. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

**19 CSR 60-50.071 Post-Decision Review**  
(Rescinded November 30, 1994)

*AUTHORITY: section 197.320, RSMo 1986. Emergency rule filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Original rule filed July 3, 1989, effective Jan. 12, 1990. Amended: Filed Nov. 16, 1990, effective June 10, 1991. Amended: Filed Feb. 4, 1993, effective July 8, 1993. Rescinded: Filed June 2, 1994, effective Nov. 30, 1994.*

**19 CSR 60-50.080 Certificate of Need Application Process**  
(Rescinded January 12, 1990)

*AUTHORITY: sections 197.315.8, 197.315.10, 197.320, 197.325, 197.330(1), 197.330(3), 197.330.4, 197.330.5 and 197.330.6, RSMo 1986. This rule was previously filed as 13 CSR 60-3.050 and 19 CSR 30-50.080. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

**19 CSR 60-50.081 Criteria and Standards**  
(Rescinded November 30, 1994)

*AUTHORITY: section 197.320, RSMo 1986. Emergency rule filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Original rule filed July 3, 1989, effective Jan. 12, 1990. Amended: Filed March 16, 1990, effective June 28, 1990. Amended: Filed July 17, 1990, effective Dec. 31, 1990. Amended: Filed Nov. 16, 1990, effective June 10, 1991. Amended: Filed April 6, 1992, effective Sept. 6, 1992. Emergency amendment filed July 30, 1992, effective Aug. 9, 1992, expired Dec. 6, 1992. Amended: Filed July 14, 1992, effective April 8, 1993. Amended: Filed July 30, 1992, effective April 8, 1993. Amended: Filed April 14, 1993, effective Oct. 10, 1993. Rescinded: Filed June 2, 1984, effective Nov. 30, 1994.*

**19 CSR 60-50.090 Nonsubstantive Review**  
(Rescinded January 12, 1990)

*AUTHORITY: sections 197.320 and 197.330(3), RSMo 1986. This rule was previously filed as 13 CSR 60-3.060 and 19 CSR 30-50.090. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

**19 CSR 60-50.100 Public Hearings, Reconsideration Hearings**  
(Rescinded January 12, 1990)

*AUTHORITY: sections 197.320 and 197.330(3), RSMo 1986. This rule was previously filed as 13 CSR 60-3.070 and 19 CSR 30-50.100. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

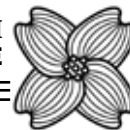
**19 CSR 60-50.110 Appeals**  
(Rescinded January 12, 1990)

*AUTHORITY sections 197.320 and 197.335, RSMo 1986. This rule was previously filed as 13 CSR 60-3.080 and 19 CSR 30-50.110. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

**19 CSR 60-50.120 Annual Report, Public Access**  
(Rescinded January 12, 1990)

*AUTHORITY: section 197.320, RSMo 1986. This rule was previously filed as 13 CSR 60-3.090 and 19 CSR 30-50.120. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

**19 CSR 60-50.130 Forfeiture of Certificate**  
(Rescinded January 12, 1990)



*AUTHORITY: sections 197.315.9 and 197.320, RSMo 1986. This rule was previously filed as 13 CSR 60-3.100 and 19 CSR 30-50.130. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

#### **19 CSR 60-50.140 Adoption of Criteria**

(Rescinded January 12, 1990)

*AUTHORITY: sections 197.300–197.365 and 536.043, RSMo 1986. This rule was previously filed as 13 CSR 60-3.100 and 19 CSR 30-50.140. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

#### **19 CSR 60-50.150 Criteria and Written Findings for Review of Certificate of Need Applications**

(Rescinded January 12, 1990)

*AUTHORITY: sections 197.315 and 197.320, RSMo 1986. This rule was previously filed as 13 CSR 60-4.010 and 19 CSR 30-50.150. Emergency rule filed Nov. 20, 1980, effective Dec. 1, 1980, expired April 1, 1981. Original rule filed Sept. 11, 1980, effective April 2, 1981. Amended: Filed May 3, 1988, effective Aug. 11, 1988. Emergency rescission filed July 3, 1989, effective July 13, 1989, expired Nov. 9, 1989. Rescinded: Filed July 3, 1989, effective Jan. 12, 1990.*

#### **19 CSR 60-50.200 Purpose and Structure**

*PURPOSE: This rule describes the purpose of the Certificate of Need (CON) statute and the structure of the Missouri Health Facilities Review Committee.*

(1) The Certificate of Need (CON) statute, sections 197.300–197.366, RSMo, became effective September 28, 1979, except those sections which were not effective until October 1, 1980 or later. CON had its origin in the federal Public Law 93-641, 1974, and was initially intended to address issues of need, cost, and distribution of health services, as well as other factors which impact the health of the population.

(2) The purpose of the CON statute is to achieve the highest level of health for Missourians through cost containment, reasonable access, and public accountability. The goals are to –

- (A) Review proposed health care services;
- (B) Contain health costs;
- (C) Promote economic value;
- (D) Evaluate competing interests;
- (E) Prevent unnecessary duplication; and
- (F) Disseminate health-related information to affected parties.

(3) The CON statute is administered by the nine (9)-member Missouri Health Facilities Review Committee (committee). Five (5) members are appointed by the governor, two (2) by the president pro tem of the senate, and two (2) by the speaker of the house, each serving two (2)-year terms or until replaced.

(4) On behalf of the committee, the CON Program provides technical and administrative services as shown in rule 19 CSR 60-50.900.

*AUTHORITY: section 197.320, RSMo 2000.\* Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Oct. 1, 2010, effective May 30, 2011.*

*\*Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

#### **19 CSR 60-50.300 Definitions for the Certificate of Need Process**

*PURPOSE: This rule defines the terms used in the Certificate of Need (CON) review process.*

(1) Affiliate means an organization:

(A) That owns five percent (5%) or more of the ownership interests in the operator; or

(B) In which the operator owns five percent (5%) or more of the ownership interests. Affiliates include, without limitation, a parent organization, joint venture, partner, or general partner.

(2) Applicant means all owner(s) and operator(s) of any new institutional health service.

(3) By or on behalf of a health care facility includes any expenditures made by the facility itself as well as capital expenditures made by other persons that assist the facility in offering services to its patients/residents.

(4) Cost means –

(A) Price paid or to be paid by the applicant for a new institutional health service to acquire, purchase, or develop a health care facility or major medical equipment; or

(B) Fair market value of the health care facility or major medical equipment as determined by the current selling price at the date of the application as quoted by builders or architects for similar facilities, or normal suppliers of the requested equipment; or

(C) Fair market value of the existing land(s) and building(s) to be converted as determined by the current selling price at the date of the application or a current appraisal.

(5) Construction of a new hospital means the establishment of a newly licensed facility at a specific location under the Hospital Licensing Law, section 197.020.2, RSMo, as the result of building, renovation, modernization, and/or conversion of any structure not licensed as a hospital.

(6) Expedited application means a shorter than full application and review period as defined in 19 CSR 60-50.420 and 19 CSR 60-50.430 for any long-term care expansion or replacement as defined in section 197.318.4.-6., RSMo, long-term care renovation and modernization, or the replacement of any major medical equipment as defined in section (12) of this rule.

(7) Full review means the complete analytical period for applications as described in 19 CSR 60-50.420 and 19 CSR 60-50.430 for the development of health care facilities and



acquisition of major medical equipment.

(8) Generally accepted accounting principles pertaining to capital expenditures include, but are not limited to –

(A) Expenditures related to acquisition or construction of capital assets;

(B) Capital assets are investments in property, plant, and equipment used for the production of other goods and services approved by the committee; and

(C) Land is not considered a capital asset until actually converted for that purpose with commencement of aboveground construction approved by the committee.

(9) Health care facility means those described in section 197.366, RSMo.

(10) Health care facility expenditure includes the capital value of new construction or renovation costs, architectural/engineering fees, equipment not in the construction contract, land acquisition costs, consultants'/legal fees, interest during construction, predevelopment costs as defined in section 197.305(12), RSMo, in excess of one hundred fifty thousand dollars (\$150,000), any existing land and building converted to the applicant's medical use for the first time, and any other capitalizable costs incurred over a twelve- (12-) month period as listed on the "Proposed Project Budget" (Form MO 580-1863), included herein.

(11) Health maintenance organizations means entities as defined in section 354.400(10), RSMo, except for activities directly related to the provision of insurance only.

(12) Major medical equipment means any piece of equipment and collection of functionally related devices acquired to operate the equipment and additional related costs such as software, shielding, and installation, acquired over a twelve- (12-) month period with an aggregate cost of one (1) million dollars or more, when the equipment is intended to provide the following diagnostic or treatment services and related variations, including, but not limited to:

(A) Cardiac catheterization;

(B) Computed tomography;

(C) Gamma knife;

(D) Lithotripsy;

(E) Magnetic resonance imaging;

(F) Linear accelerator;

(G) Positron emission tomography/computed tomography; or

(H) Evolving technology.

(13) Non-applicability review means a Letter of Intent process to document that a CON is not needed for a proposal when the capital expenditure is less than the expenditure minimum in section 197.305(6), RSMo; the proposal is to increase the number of beds by ten (10) or ten percent (10%) of total bed capacity, whichever is less, over a two- (2-) year period since any long-term care beds were last licensed, the facility has had no resident care class I deficiencies within the last eighteen (18) months and has maintained at least an eighty-five percent (85%) average occupancy rate for the previous six (6) quarters as shown by CON's most recent Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds report published on the CON website, and the capital expenditure is less than the expenditure minimum in section 197.305(6), RSMo; an exemption or exception is found in accordance with

section 197.312, RSMo; or the proposal meets the definition of a non-substantive project.

(14) Nonsubstantive project includes but is not limited to at least one (1) of the following situations:

(A) An expenditure which is required solely to meet federal or state requirements or involves predevelopment costs or the development of a health maintenance organization;

(B) The construction or modification of nonpatient care services, including parking facilities, sprinkler systems, heating or air-conditioning equipment, fire doors, food service equipment, building maintenance, administrative equipment, telephone systems, energy conservation measures, land acquisition, medical office buildings, and other projects or functions of a similar nature; or

(C) Expenditures for construction, equipment, or both, due to an act of God or a normal consequence of maintenance, but not replacement, of health care facilities, beds, or equipment.

(15) "Request to relicense," a health care facility licensed under Chapter 197 or Chapter 198 that ceases offering health services may seek verification to relicense the facility within twelve (12) months from the date of closure under the same general licensure conditions at the time the facility ceased offering health services. Beds must be relicensed in the same category of care at the time of closure and cannot exceed the licensed bed capacity at the time of closure.

(16) Offer, when used in connection with health services, means that the applicant asserts having the capability and the means to provide and operate the specified health services.

(17) Predevelopment costs mean expenditures as defined in section 197.305(12), RSMo, including consulting, legal, architectural, engineering, financial, and other activities directly related to the proposed project, but excluding the application fee for submission of the application for the proposed project.

(18) For new hospitals or major medical equipment projects, service area means a geographic region made up of an area such as a county or contiguous areas such as a set of contiguous counties or zip codes, appropriate to the proposed service, documented by the applicant and approved by the committee. For long-term care projects, the fifteen- (15-) mile radius calculation must be used.



Certificate of Need Program

**PROPOSED PROJECT BUDGET**

**Description**

**Dollars**

**COSTS:\***

(Fill in every line, even if the amount is "\$0".)

- |  |                                   |
|--|-----------------------------------|
| 1. New Construction Costs ***                                      | _____                             |
| 2. Renovation Costs ***  | _____                             |
| <b>3. Subtotal Construction Costs</b> (#1 plus #2)                 | <u>          \$0          </u>    |
| 4. Architectural/Engineering Fees                                  | _____                             |
| 5. Other Equipment (not in construction contract)                  | _____                             |
| 6. Major Medical Equipment   | _____                             |
| 7. Land Acquisition Costs ***                                      | _____                             |
| 8. Consultants' Fees/Legal Fees ***                                | _____                             |
| 9. Interest During Construction (net of interest earned) ***       | _____                             |
| 10. Other Costs ***  | _____                             |
| <b>11. Subtotal Non-Construction Costs</b> (sum of #4 through #10) | <u>          \$0          </u>    |
| <b>12. Total Project Development Costs</b> (#3 plus #11)           | <u>          \$0 **          </u> |

**FINANCING:**

- |   |                                   |
|---|-----------------------------------|
| 13. Unrestricted Funds                                      | _____                             |
| 14. Bonds   | _____                             |
| 15. Loans   | _____                             |
| 16. Other Methods (specify)                                 | _____                             |
| <b>17. Total Project Financing</b> (sum of #13 through #16) | <u>          \$0 **          </u> |

- |  |       |
|--|-------|
| 18. New Construction Total Square Footage        | _____ |
| 19. New Construction Costs Per Square Foot ***** | _____ |
| 20. Renovated Space Total Square Footage         | _____ |
| 21. Renovated Space Costs Per Square Foot *****  | _____ |

\* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

\*\* These amounts should be the same.

\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovation square footage.

MO 580-1863 (02/13)



*AUTHORITY: section 197.320, RSMo 2016.\* Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency amendment filed Oct. 20, 1998, effective Oct. 30, 1998, expired April 27, 1999. Amended: Filed Oct. 20, 1998, effective April 30, 1999. Amended: Filed Jan. 4, 2000, effective July 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Emergency rescission and rule filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed April 12, 2004, effective Nov. 30, 2004. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

*\*Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

**19 CSR 60-50.310 Guidelines for Specific Health Services**  
(Rescinded June 30, 2002)

*AUTHORITY: section 197.320, RSMo Supp. 1999. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Amended: Filed Oct. 19, 1999, effective May 30, 2000. Emergency rescission filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded: Filed Dec. 14, 2001, effective June 30, 2002.*

**19 CSR 60-50.400 Letter of Intent Process**

*PURPOSE: This rule delineates the process for submitting a Letter of Intent to begin the Certificate of Need (CON) review process and outlines the projects subject to CON review.*

(1) Applicants shall submit by mail, fax, or email a Letter of Intent (LOI) to begin the Certificate of Need (CON) review process so that it is received at the CON office at least thirty (30) days prior to the submission of the CON application and will remain valid in accordance with the following time frames:

(A) For full reviews, expedited equipment replacements, expedited long-term care (LTC) renovation or modernization reviews, and expedited LTC facility replacement reviews, an LOI is valid for six (6) months; and

(B) For expedited LTC bed expansion reviews in accordance with section 197.318.4, RSMo, an LOI is valid for twenty-four (24) months.

(2) Once filed, a LOI may be amended, except for project address, not later than ten (10) days in advance of the CON application filing, or it may be withdrawn at any time without prejudice.

(3) A LTC bed expansion or replacement sought pursuant to sections 197.318.4 through 197.318.6, RSMo, requires a CON application if the capital expenditure for such bed expansion or replacement exceeds six hundred thousand dollars (\$600,000) but allows for shortened information requirements and review time frames.

(4) When an LOI for an LTC bed expansion is filed, the Certificate of Need Program (CONP) staff shall immediately review that facility's average licensed bed occupancy for the most recent

six (6) consecutive calendar quarters, and request certification that the facility had no resident care Class I deficiencies within the last eighteen (18) months from the Division of Regulation and Licensure (DRL), Department of Health and Senior Services, through an LTC Facility Expansion Certification (Form MO 580-2351), included herein, to verify compliance with occupancy and deficiency requirements pursuant to section 197.318.4(1), RSMo. Occupancy data shall be taken from the CON's most recent Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds report published on the CON website.

(5) For an LTC bed expansion, the sellers and purchasers shall be defined as the owner(s) and operator(s) of the respective facilities, which includes building, land, and license. On the Purchase Agreement (Form MO 580-2352), included herein, both the owner(s) and operator(s) of the purchasing and selling facilities shall sign.

(6) The CONP staff, as an agent of the Missouri Health Facilities Review Committee (committee), will review LOIs according to the following provisions:

(A) Major medical equipment is reviewed as an expenditure on the basis of cost, regardless of owners or operators, or location (mobile or stationary);

(B) The CONP staff shall test the LOI for applicability in accordance with statutory provisions for expenditure minimums, exemptions, and exceptions;

(C) If the test verifies that a statutory exception or exemption is met on a proposed project, or the proposed cost is below all applicable expenditure minimums, the committee chair may issue a Non-Applicability CON letter indicating the application review process is complete; otherwise, the CONP staff shall add the proposal to a list of Non-Applicability proposals to be considered at the next regularly scheduled committee meeting;

(D) If an exception or exemption is not verified, and if the proposal is above any applicable expenditure minimum, then a CON application will be required for the proposed project;

(E) A Non-Applicability CON letter will be valid subject to the following conditions:

1. Any change in the project scope, including change in type of service, cost, operator, ownership, or site, could void the effectiveness of the letter and require a new review; and

2. Final project costs with third-party verification must be provided on a Periodic Progress Report (Form MO 580-1871), included herein; and

(F) A CON application must be made if –

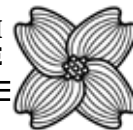
1. The project involves the development of a new hospital costing one (1) million dollars or more, except for a facility licensed under Chapter 197, RSMo, meeting the requirements described in 42 CFR, section 412.23(e);

2. The project involves the acquisition or replacement of major medical equipment in any setting not licensed under Chapter 198, RSMo, costing one (1) million dollars or more;

3. The project involves the acquisition or replacement of major medical equipment for a health care facility licensed under Chapter 198, RSMo, costing four hundred thousand dollars (\$400,000) or more;

4. The project involves the acquisition of any equipment or beds in a long-term care hospital meeting the requirements found in 42 CFR section 412.23(e) at any cost;

5. The project involves a capital expenditure for renovation or modernization, but not additional beds, by or on behalf of an existing health care facility licensed under Chapter 198, RSMo,



costing six hundred thousand dollars (\$600,000) or more;

6. The project involves additional LTC (licensed or certified residential care facility, assisted living facility, intermediate care facility, or skilled nursing facility) beds licensed under Chapter 198, RSMo, costing six hundred thousand dollars (\$600,000) or more; or

7. The project involves the expansion of an existing health care facility as described in subdivisions (1) and (2) of section 197.366, RSMo, that either –

A. Costs six hundred thousand dollars (\$600,000) or more; or

B. Exceeds ten (10) beds or ten percent (10%) of that facility's existing licensed capacity, whichever is less.

(7) Nonsubstantive projects are waived from review by the authority of section 197.330.1(8), RSMo, and any applicant seeking such a determination shall submit information through the LOI process. A project meeting the definition of a nonsubstantive project shall be posted for review on the CON website at least twenty (20) days in advance of the committee meeting when the project is scheduled to be confirmed by the committee.



Certificate of Need Program

**PERIODIC PROGRESS REPORT**

**Instructions for Completion (see attached blank forms)**

- Purpose:** To gather uniform data regarding the progress and compliance of approved Certificate of Need (CON) projects in accordance with §197.300 to §197.366 RSMo; and to provide data to develop, implement and manage a database for project tracking, monitoring, notification and follow-up.
- Used by:** Missouri Health Facilities Review Committee, CON Program Staff, and Project Contact Person.
- General:** Periodic Progress Reports (PPRs) must provide all requested data and information in a complete, concise and legible manner. Each PPR must indicate if it is an Intermediate or Final Report. PPRs which are incomplete, illegible and/or contain mathematical discrepancies may be returned to the Contact Person for appropriate corrective action.
- Project ID:** Any changes in this information must be brought to the attention of the CON Program Staff immediately upon occurrence.
- Add'l. Info.:** *Additional information MUST be attached to **substantiate** answers to the individual questions. All final PPRs must include documentation which substantiates all claims and expenditures.*

**Individual Questions:**

1. **Have capital expenditures been incurred for the proposed construction and/or medical equipment?** A capital expenditure shall be deemed to have occurred if the applicant has at least one or more of the following:

- **Construction expenditures** assignable to a capital asset in accordance with generally accepted accounting principles and which are not chargeable to pre-development or operating costs, which may be documented by a signed AIA construction contract with starting and ending dates; and above-ground construction;
- **Purchase Orders (POs)** which are signed and which include the date of purchase, delivery, installation and operational date; or
- **Acquisition** of medical equipment or property by lease, transfer, or purchase which has been authorized by the applicant and includes the date of the lease, the annual cost, cost and date of buy-out; purchase date, delivery installation and operational dates; and transfer date, current value, installation and operational date.

If the answer to this question is "Yes," then attach copies of the appropriate signed construction contract (include pictures of construction activity), purchase order, or lease agreement (with original signatures).

If capital expenditure or expenditure for medical equipment has not been incurred, provide a detailed explanation and include the steps being taken to correct the situation within the time constraints of §197.315.9 RSMo. Indicate the nature, costs and the date that a capital expenditure will be incurred.

2. **Are the expenditures for this reporting period/project-to-date included?**

List all project expenditures, by category, incurred during the reported period and project-to-date on the **Project Budget/Expenditures** form.

3. **Are the projected final costs within the limits approved?** *(Self-explanatory)*

Using current costs and expenditures, extrapolate final project costs to the project completion date. If total costs will exceed those approved by the Committee by more than 10%, specify and explain the area and category involved. Also, indicate the estimated filing date for your cost-overrun application.

4. **Are there any changes in the services or programs as approved in the application?**  
*(Explain any changes)*

5. **Has the project contact person changed?**

If "Yes," enclose a new CON Contact Person Correction Form.

6. **Percentage of Construction or installation complete.**

*(If the expenditures and construction/installation are both 100% complete, provide a final report.)*



Certificate of Need Program

**PERIODIC PROGRESS REPORT**

Type of Progress Report:

- ☐ Intermediate  
☐ Final

All applicants granted a Certificate of Need (CON) by the Missouri Health Facilities Review Committee are required to submit periodic progress reports until such time as the project is complete (§197.315 (8) RSMo). These reports **must** be filed with the CON Program staff after the end of **each six (6) month reporting period** following the issuance of a CON.

Name of Project	Report Period
Address	Project Number
	Date CON Issued
Project Description	Approved Cost

- ☐ Yes **1. Have capital expenditures been incurred for the proposed construction through aboveground construction, renovations or lease/purchase of the proposed equipment?**  
☐ No

\_\_\_\_\_ Date aboveground construction or renovations commenced, or equipment purchased.  
Provide documentation (i.e. photos, copy of AIA contract and/or purchase order).

- ☐ Yes **\*2. Are the expenditures for this reporting period/project to-date included?**  
☐ No

\_\_\_\_\_ % Percent of the total approved project amount that has been expended to date.

- ☐ Yes **3. Are the projected final costs within the limits approved?**  
☐ No *If "No" and costs are above 10% of approved amount, then submit a cost over-run application.*  
\$ \_\_\_\_\_ Estimated final project cost

- ☐ Yes **4. Are there any changes in the services or programs as approved in the application?**  
☐ No *If "Yes" explain in detail and provide replacement pages for the approved application.*

- ☐ Yes **5. Has the project contact person changed?**  
☐ No *If "Yes," enclose a new Contact Person Correction Form (MO 580-1870).*

**\*6. Construction or installation is \_\_\_\_\_ % complete.** (Not the same as expenditures to-date.)

*\*If Items 2 and 6 are both 100% complete, signify this as the **Final Report** and submit documentation of final costs.*

Describe the status and progress of the project to-date. Clearly explain expenditures, delays, changes in project progress, or lack of progress. (Use additional pages as needed.)



Certificate of Need Program

**PERIODIC PROGRESS REPORT**

<b>Project Budget/Expenditures</b>		Report Period: _____ to _____	
<b>Description</b>	<b>Application</b>	<b>This Period</b>	<b>Project to-date</b>
1. General Construction Costs	0	0	0
2. Renovation Costs	0	0	0
<b>3. Subtotal Construction Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
4. Architectural/Engineering Fees	0	0	0
5. Other Equipment (not in construction contract)	0	0	0
6. Major Medical Equipment	0	0	0
7. Land Acquisition Costs	0	0	0
8. Consultants' Fees/Legal Fees	0	0	0
9. Interest During Construction	0	0	0
10. Other Costs	0	0	0
<b>11. Subtotal Non-construction Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>12. TOTAL Project Development Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Square footage of New Construction	0	0	0
Square footage of Renovation	0	0	0
Total square footage for Project	0	0	0
Costs per square foot: New Construction	0	0	0
Costs per square foot: Renovation	0	0	0
Name of Contact Person		Title	
Telephone Number	Fax Number	E-mail Address	

MO 580-1871 (07/09)



LTC Facility Expansion  
**CERTIFICATION**

by the Division of Regulation and Licensure (DRL)

**Part I: Facility Information**

Name of Facility: \_\_\_\_\_

Address (no PO Box): \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

Number and Type of Beds: \_\_\_\_\_ ☐ RCF/ALF (check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility)  
☐ ICF/SNF

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

Project Number: \_\_\_\_\_

**Part II: Quarterly RCF/ALF/ICF/SNF Bed Occupancy Rate**

**Occupancy statistics** for this facility for the most recent six consecutive calendar quarters prior to the LOI date shown above:

(circle appropriate quarter, insert the Calendar Year (CY), and complete information below)

Qtr 1 2 3 4 CY \_\_\_\_: \_\_\_\_%      Qtr 1 2 3 4 CY \_\_\_\_: \_\_\_\_%      Qtr 1 2 3 4 CY \_\_\_\_: \_\_\_\_%

Qtr 1 2 3 4 CY \_\_\_\_: \_\_\_\_%      Qtr 1 2 3 4 CY \_\_\_\_: \_\_\_\_%      Qtr 1 2 3 4 CY \_\_\_\_: \_\_\_\_%

Six-quarter average: \_\_\_\_ %

☐ Yes ☐ No For expansion through the **purchase** of beds, based on the DRL Quarterly Survey Data, the 90% bed occupancy requirement has been met.

☐ Yes ☐ No For expansion through the **addition** of beds, based on the DRL's Quarterly Survey Data, the 92% bed occupancy requirement has been met for under 40 LTC beds, or 93% for 40 bed or more LTC beds (see above).

**Part III: Deficiencies**

☐ Yes ☐ No For expansion through the **purchase** or **addition** of beds, based on the DRL's annual facility survey, the above-named facility has not had any final Class I patient care deficiencies during the past 18 months.

**Part IV: Certification of Information**

Statement: The above information is an accurate representation of the findings by the DRL in accordance with appropriate CON rules.

Signature: \_\_\_\_\_

Title/Date: \_\_\_\_\_



Certificate of Need Program

**PURCHASE AGREEMENT**

**Part 1: Purchasing Facility Information**

Name of Facility: \_\_\_\_\_

Address (no PO Box): \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

Number/Type of Licensed Beds: \_\_\_\_\_  
☐ RCF/ALF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)  
☐ ICF/SNF

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

**Part II: Selling Facility Information**

Name of Facility: \_\_\_\_\_

Address (no PO Box): \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

Number/Type Licensed Beds: \_\_\_\_\_  
☐ RCF/ALF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)  
☐ ICF/SNF

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

**Part III: Value of Consideration**

Monetary Value of Purchase: \$ \_\_\_\_\_ No./Type Beds: \_\_\_\_\_

Terms of Purchase: \_\_\_\_\_  
*(Add more pages as necessary to describe the sale.)*

**Part IV: Certification of Information**

☐ Yes ☐ No The above Purchaser and Seller have agreed to these purchase terms.

**Purchaser Signature:** \_\_\_\_\_

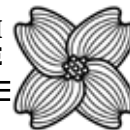
Title/Date: \_\_\_\_\_

**Seller(s) Signature(s):** \_\_\_\_\_

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

Title/Date: \_\_\_\_\_



*AUTHORITY: section 197.320, RSMo 2016.\* Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency amendment filed Nov. 16, 1995, effective Nov. 26, 1995, expired May 23, 1996. Amended: Filed Nov. 15, 1995, effective April 30, 1996. Emergency amendment filed Nov. 26, 1996, effective Dec. 6, 1996, expired June 3, 1997. Emergency rescission filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, terminated Sept. 21, 1997. Emergency rule filed Sept. 11, 1997, effective Sept. 21, 1997, expired March 19, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Emergency amendment filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed April 12, 2004, effective Nov. 30, 2004. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

*\*Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

#### 19 CSR 60-50.410 Letter of Intent Package

*PURPOSE: This rule provides the information requirements and the details of how to complete the Letter of Intent package to begin the Certificate of Need (CON) review process.*

(1) The Letter of Intent (LOI) (Form MO 580-1860), included herein, shall be completed as follows:

(A) Project Information: sufficient information to identify the intended service, such as the name of the existing or proposed facility, whichever is applicable, and address or if address is unknown or not yet established, a specific description or the latitude and longitude identifying a specific site rather than a general area (county designation alone is not sufficient);

(B) Applicant Identification: the full legal name of all owner(s) and operator(s) which compose the applicant who, singly or jointly, propose to develop, offer, lease, or operate a new institutional health service within Missouri; provide the corporate entity, not individual names, of the corporate board of directors or the facility administrator;

(C) Type of Review: the applicant shall indicate if the review is for a full review, expedited review, or a non-applicability review;

(D) Project Description: information which provides details of the number and type of beds to be added, deleted, or replaced, square footage of new construction and/or renovation, services affected, and equipment to be acquired. If an application for new or additional long-term care beds, confirm that the bed need standard has been met or that special exceptions exist. If a replacement project, information which provides details of the facilities or equipment to be replaced, including name, location, distance from the current site, and its final disposition. If replacing equipment previously approved, provide the CON project number of existing equipment;

(E) Estimated Project Cost: total proposed expenditures necessary to achieve the application's objectives – not required for long-term care (LTC) bed expansions pursuant to section 197.318.4(1), RSMo;

(F) Authorized Contact Person Identification: the full name, title, address (including association), telephone number, email, fax number, signature, and date of signature;

(G) Applicability: page 2 of the LOI must be filled out by applicants requesting a non-applicability review to provide the reason and rationale for the non-applicability review request; and

(H) Special Exceptions: if the LOI indicates that special exceptions apply, applicant shall attach a separate sheet with a complete explanation of all reasons for such special exceptions.

(2) If a non-applicability review is sought, the applicant shall submit the following additional information:

(A) Proposed Expenditures (Form MO 580-2375), included herein;

(B) Information which details all methods and assumptions used to estimate project costs. Documentation of costs may be requested;

(C) Schematic drawings and evidence of site control, with appropriate documentation; and

(D) In addition to the above information, for exceptions or exemptions, documentation of other provisions in compliance with the Certificate of Need (CON) statute, as described in sections (3) through (6) below of this rule.

(3) If an exemption is sought for a residential care or assisted living facility (RCF/ALF) pursuant to section 197.312, RSMo, the applicant shall submit documentation that this facility had previously been owned or operated for or on behalf of St. Louis City.

(4) If the LOI relates to new or additional long-term care beds, applicant shall submit documentation of the need for such beds and the average occupancy of all licensed beds in the appropriate category within the fifteen- (15-) mile radius of the project site.

(5) The LOI must have an original signature for the contact person, which can be an electronic signature.



Certificate of Need Program

**LETTER OF INTENT**

<b>1. Project Information</b> <i>(Attach additional pages as necessary to identify multiple project sites.)</i>		
Title of Proposed Project (Name of existing or proposed facility)		County
Project Address (Street/City/State/Zip Code or Latitude and Longitude with City/State/Zip Code if no assigned address)		
<b>2. Applicant Identification</b> <i>(Attach additional pages as necessary to list all owners and operators.)</i>		
<b>List All Owner(s):</b> <i>(List corporate entity.)</i>	Address (Street/City/State/Zip Code)	Telephone Number
<b>List All Operator(s):</b> <i>(List entity to be licensed or certified.)</i>	Address (Street/City/State/Zip Code)	Telephone Number
<b>3. Type of Review</b>	<b>4. Project Description</b> <i>(Information should be brief but sufficient to understand scope of project.)</i>	
<b>Full Review:</b> New Hospital New/Add LTC Beds* New/Add LTCH Beds/Eqpt. New/ Additional Equipment <b>Expedited Review:</b> 6-mile RCF/ALF Replacement 15-mile LTC Replacement 30-mile LTC Replacement LTC Bed Expansion LTC Renov./Modernization Equipment Replacement previously approved Equipment Replacement not previously approved <b>Non-Applicability Review:</b> (See 7. Applicability next page)	Include the number and type of long-term care beds to be added or replaced, square footage of new construction and/or renovation, services affected, and major medical equipment to be acquired or replaced. If replacing equipment previously approved, provide the CON project number of the existing equipment. If requesting a non-applicability letter, also complete the next page of this form.  *If new or additional long-term care beds, provide the average occupancy of all licensed and available beds in the appropriate category within the fifteen-mile radius, check one of the following, and attach applicable documentation or explanation. <input type="checkbox"/> Bed need standard is met. <i>(Attach documentation.)</i> -OR- <input type="checkbox"/> Special exceptions apply. <i>(Attach explanation.)</i>	
<b>Key:</b> LTC = Long-Term Care; LTCH = Long-Term Care Hospital; RCF/ALF = Residential Care Facility/Assisted Living Facility		
<b>5. Estimated Project Cost:</b> \$ _____		
<b>6. Authorized Contact Person Identification</b> <i>(List only one person who would be the main contact person for the project)</i>		
Name of Contact Person		Title
Contact Person Address (Company/Street/City/State/Zip Code)		
Telephone Number	Fax Number	E-mail Address
Signature of Contact Person		Date of Signature

MO 580-1860 (11/22)



Certificate of Need Program

**LETTER OF INTENT**

**7. Applicability** *(Check the box below to indicate the rationale for the exemption or waiver being sought.)*

**A Proposed Expenditure form (MO 580-2375) is required even if the project cost is "\$0".**

- ☐ If proposed expenditures are **less than the minimums** in §197.305(6), attach supporting documentation to illustrate how each of those amounts were determined, such as schematic drawings, equipment quotes, and contractor estimates.
- ☐ §197.305(9)(e) for additional long term care beds in the same category (certified as RCF/ALF, ICF or SNF) in a RCF/ALF, nursing home, or acute care hospital costing less than \$600,000, and are 10 beds or 10% of that facility's existing capacity, whichever is less. The facility must have had no patient care class I deficiencies within the last 18 months and has maintained at least an 85% average occupancy rate for the previous 6 quarters.

If the proposal meets one of the **exemptions** or **exceptions** below, then check the appropriate box, and attach detailed documentation substantiating compliance with the statutory provisions as set out in Rule 19 CSR 60-50.410:

- ☐ §197.312 for an RCF/ALF previously owned and operated by the city of St. Louis; or
- ☐ If the proposal meets the definition of "**nonsubstantive projects**" in §197.305(10) and 19 CSR 60-50.300(13) for a **waiver** from review, complete both pages of this form as the first step in the process, and provide the rationale as to why the proposal should be deemed to be "nonsubstantive" in the space below.
- ☐ If the proposal meets the definition of "**purchase**" or "**replacement**" in §197.318(4) and 19 CSR 60-50.450(4) for an **exception** from review, complete both pages of this form, and provide the rationale in the space below, including attached schematics and other documentation as to why the proposal should be deemed to be "nonapplicable".

*Explain the rationale for the non-applicability letter request.*



Certificate of Need Program

**PROPOSED EXPENDITURES**

(Completed for non-applicability letter requests.)

**CAPITAL COSTS:**

**Dollars**

(Round cost up to the nearest dollar and  
fill every line even if the amount is "\$0".)

**Description**

- |  |                      |
|--|----------------------|
| 1. New Construction Costs                                | _____                |
| 2. Renovation Costs                                      | _____                |
| 3. Architectural/Engineering Fees                        | _____                |
| 4. Equipment (not in construction contract)              | _____                |
| 5. Land Acquisition Costs                                | _____                |
| 6. Consultants' Fees/Legal Fees                          | _____                |
| 7. Interest During Construction (net of interest earned) | _____                |
| 8. Other Costs (describe what this includes)             | _____                |
| <br>9. <b>Total Capital Costs</b> (sum of #1 thru #8)    | <br>_____ <b>\$0</b> |

**MEDICAL EQUIPMENT COSTS:**

**Dollars**

(Fill in every line even if the amount is "\$0".)

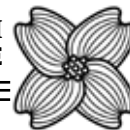
**Description**

- |  |                      |
|--|----------------------|
| 10. Equipment (fixed and movable)                                  | _____                |
| 11. Shielding (if not included in equipment bid quote)             | _____                |
| 12. Installation (if not included in equipment bid quote)          | _____                |
| 13. Software (if not included in equipment bid quote)              | _____                |
| 14. Other (describe what this includes)                            | _____                |
| <br>15. <b>Total Medical Equipment Costs</b> (sum of #10 thru #14) | <br>_____ <b>\$0</b> |

MO 580-2375 (09/12)

Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

Provide documentation in the form of construction bids, quotes, price list, appraisal, option to purchase, etc.



*AUTHORITY: section 197.320, RSMo 2016.\* Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency rescission and rule filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Amended: Filed June 9, 2003, effective Nov. 30, 2003. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

*\*Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

### 19 CSR 60-50.420 Review Process

*PURPOSE: This rule delineates the process for submitting a Certificate of Need (CON) application for a CON review.*

(1) The Certificate of Need (CON) filing deadlines are as follows:

(A) For full applications, at least seventy-one (71) days but not more than one hundred (100) days prior to each Missouri Health Facilities Review Committee (committee) meeting;

(B) For expedited applications, the tenth day of each month, or the next business day thereafter if that day is a holiday or weekend;

(C) For non-applicability reviews, the Letter of Intent (LOI) filing may occur at any time.

(2) A CON application filing that does not substantially conform with the LOI, including any change in owner(s), operator(s), or scope of services, shall not be considered a CON application and shall be subject to the following provisions:

(A) The Certificate of Need Program (CONP) staff shall return any nonconforming submission; or

(B) The committee may issue an automatic denial unless the applicant withdraws the attempted application.

(3) All filings must be received at the principal office of the committee during regular business hours. The CONP staff, as an agent of the committee, shall provide notification of applications received through publication of the Application Review Schedule (schedule) as follows:

(A) For full and expedited applications, the schedule shall include the filing date of the application, a brief description of the proposed service, the time and place for filing comments and requests for a public hearing, and the tentative date of the meeting at which the application is scheduled for review. Publication of the schedule shall occur within two (2) business days after the filing deadline. The publication of the schedule is conducted through the following actions:

1. The schedule shall be submitted to the secretary of state's office for publication in the next regularly scheduled *Missouri Register*;

2. The schedule shall be posted on the CON website; and

3. The schedule shall be emailed to all affected persons who have registered with the CONP staff as having an interest in such CON applications; and

(B) For non-applicability reviews, the listing of non-applicability letters to be confirmed shall be posted on the CON website at least twenty (20) days prior to each scheduled meeting of the committee where confirmation is to take place.

(4) The CONP staff shall review CON applications relative to the Criteria and Standards in the order filed. If a full application has met all Criteria and Standards, and is not contested within thirty (30) days after filing, then its review may be conducted according to the expedited application process.

(5) If an application is incomplete, the CONP staff shall notify the applicant in writing or by email within fifteen (15) calendar days of filing a full application or within five (5) working days of filing an expedited application.

(6) Verbal information or testimony shall not be considered part of the application.

(7) Subject to statutory time constraints, the CONP staff shall post its written analysis on the CON website and immediately notify the committee of the posting by mail or email as follows:

(A) For full CON applications, the CONP staff shall post the analysis and immediately notify the committee at least twenty (20) days in advance of the first committee meeting following the seventieth day after the CON application is filed. The written analysis of the CONP staff shall be sent to the applicant no less than fifteen (15) days before the meeting;

(B) For expedited applications which meet all statutory and rules requirements and which have no opposition, the CONP staff shall send its written analysis to the committee and the applicant within two (2) working days following the expiration of the thirty- (30-) day public notice waiting period or the date upon which any required additional information is received, whichever is later; and

(C) Expedited applications which do not meet all statutory and rules requirements or those which have opposition will be considered at the earliest scheduled committee meeting where the written analysis by the CONP staff can be sent to the committee and the applicant at least seven (7) days in advance.

(8) See rule 19 CSR 60-50.600 for a description of the CON decision process which shall apply to all face-to-face, videographic, telephonic, computerized, and other meeting venues.

(9) An applicant may withdraw an application without prejudice by written notice by mail or email at any time prior to the committee's decision. Later submission of the same application or an amended application shall be handled as a new application with a new fee.

(10) In addition to using the Community Need Criteria and Standards as guidelines, the committee may also consider other factors to include, but not be limited to, the needs of residents based upon religious considerations, residents with HIV/AIDS, or mental health diagnoses, and special exceptions to the Community Need Criteria and Standards.

*AUTHORITY: section 197.320, RSMo 2016.\* Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002.*



*Emergency amendment filed Dec. 16, 2002, effective Jan. 1, 2003, expired Jan. 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

*\*Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

### **19 CSR 60-50.430 Application Package**

*PURPOSE: This rule provides the information requirements and the application format of how to complete a Certificate of Need (CON) application for a CON review.*

(1) A Certificate of Need (CON) application package shall be accompanied by an application fee which shall be a nonrefundable minimum amount of one thousand dollars (\$1,000) or one-tenth of one percent (0.1%), which may be rounded up to the nearest dollar, of the total project cost, whichever is greater, made payable to the "Missouri Health Facilities Review Committee."

(2) A written application package consisting of an electronic file in PDF format or a paper original shall be prepared and organized as follows:

(A) The CON Applicant's Completeness Checklists and Table of Contents shall be used as follows:

1. Include at the front of the application;
2. Check the appropriate "done" boxes to assure completeness of the application;
3. Number all pages of the application sequentially and indicate the page numbers in the appropriate blanks;
4. Check the appropriate "N/A" box if an item in the Review Criteria is "not applicable" to the proposal type; and
5. Restate the Review Criteria (preferably in bold type) and answer all Review Criteria items.

(B) The application package shall be based on one (1) of the following CON Applicant's Completeness Checklists and Table of Contents appropriate to the proposed project type, as follows:

1. New Hospital Application (Form MO 580-2501), included herein. Use this for a new or replacement hospital project;
2. New or Additional Long-Term Care (LTC) Bed Application (Form MO 580-2502), included herein. Use this form for a Residential Care Facility project, Assisted Living Facility project, Intermediate Care Facility project, or Skilled Nursing Facility project or Long-Term Care Hospital project;
3. New or Additional Long-Term Care Hospital (LTCH) Bed Application (also use Form MO 580-2502), included herein;
4. New or Additional Equipment Application (Form MO 580-2503), included herein;
5. Expedited LTC Bed Replacement/ Expansion Application (Form MO 580-2504), included herein;
6. Expedited LTC Renovation/Modernization Application (Form MO 580-2505), included herein; or
7. Equipment Replacement Application (Form MO 580-2506), included herein.

(C) The application shall be divided into these sections:

1. Divider I. Application Summary;
2. Divider II. Proposal Description;
3. Divider III. Service-Specific Criteria and Standards; and
4. Divider IV. Financial Feasibility (only required for full applications or expedited replacement equipment applications

which do not currently hold a valid CON).

(D) Support Information shall be included at the end of each section to which it pertains, and shall be referenced in the section narrative. For applicants anticipating having multiple applications in a year, master file copies of such things as maps, population data (if applicable), board memberships, IRS Form 990, or audited financial statements may be submitted once, and then referred to in subsequent applications, as long as the information remains current.

(E) The application package shall document the need or meet the additional information requirements in 19 CSR 60-50.450(4)-(5) for the proposal by addressing the applicable Community Need Criteria and Standards using the standards in 19 CSR 60-50.440 through 19 CSR 60-50.460 plus providing additional documentation to substantiate why any proposed alternative Criteria and Standards should be used.

(3) An Application Summary shall be composed of the completed forms in the following order:

(A) Applicant Identification and Certification (Form MO 580-1861), included herein. Additional specific information about board membership may be requested, if needed.

1. Provide documentation from the Missouri Secretary of State that the proposed owner(s) and proposed operator(s) are registered to do business in Missouri.

2. For long-term care projects –

A. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years;

B. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose license was revoked;

C. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years; and

D. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked;

(B) A completed Representative Registration (Form MO 580-1869), included herein, for the contact person and any others as required by section 197.326.1, RSMo;

(C) A detailed Proposed Project Budget (Form MO 580-1863), included herein; and

(D) An attachment which details how each line item was determined, including all methods and assumptions used. Documentation of costs may be requested.

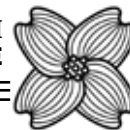
(4) The Proposal Description shall include documents which –

(A) Provide a complete detailed description and scope of the project, and identify all institutional services or programs which will be directly affected by this proposal;

(B) Describe the developmental details including –

1. A timeline of anticipated events for the proposal from the time of the CON application review through project completion, including the commencement and completion of new construction or renovation, or purchase and installation of equipment;

2. A legible street or road map showing the exact location of the facility or health service, and a copy of the site plan showing the relation of the project to existing structures and



boundaries;

3. Preliminary schematics for the project on an eight and one-half inch by eleven inch (8 1/2" × 11") format (not required for replacement equipment projects). The function for each space, including the location of each existing and proposed bed before and after construction or renovation, shall be clearly identified and all space shall be assigned;

4. Evidence of submission of architectural plans to the Division of Regulation and Licensure, Department of Health and Senior Services, for long-term care projects and other facilities (not required for equipment projects);

5. For long-term care proposals, existing and proposed gross square footage for the entire facility and for each institutional service or program directly affected by the project. If the project involves relocation, identify what will go into vacated space;

6. Documentation that the proposed owner owns the project site, or that the proposed owner has an executed option to purchase or lease the site; and

7. Proposals which include major medical equipment shall include an equipment list with prices and also documentation in the form of bid quotes, purchase orders, catalog prices, or other sources to substantiate the proposed equipment costs;

(C) Proposals for major medical equipment must define the geographic service area;

(D) Proposals for new hospitals or new or additional long-term care (LTC) beds must define the community to be served –

1. Describe the service area(s) population using projected year populations provided by the Bureau of Health Care Analysis and Data Dissemination (BHCADD), which can be obtained by contacting –

Chief, Bureau of Health Care Analysis and  
Data Dissemination (BHCADD)  
Department of Health and Senior Services  
PO Box 570, Jefferson City, MO 65102  
Telephone: (573) 751-6272

There will be a charge for any of the information requested, and seven to fourteen (7–14) days should be allowed for a response from BHCADD. Information requests should be made to BHCADD such that the response is received at least two (2) weeks before it is needed for incorporation into the CON application;

2. Use the maps and population data received from BHCADD with the CON Applicant's Population Determination Method to determine the estimated population for LTC projects, as follows:

A. Utilize all of the population for zip codes entirely within the fifteen- (15-) mile radius for LTC beds or geographic service area for hospitals and major medical equipment;

B. Reference a state highway map (or a map of greater detail) to verify population centers (see BHCADD) within each zip code overlapped by the fifteen- (15-) mile radius or geographic service area;

C. Categorize population centers as either "in" or "out" of the fifteen- (15-) mile radius or geographic service area and remove the population data from each affected zip code categorized as "out";

D. Estimate, to the nearest five percent (5%), the portion of the zip code area that is within the fifteen- (15-) mile radius or geographic service area by "eyeballing" the portion of the area in the radius (if less than five percent (5%), exclude the entire zip code);

E. Multiply the remaining zip code population (total

population less the population centers) by the percentage determined in subparagraph (4)(D)2.D. (Due to numerous complexities, population centers will not be utilized to adjust overlapped zip code populations in Jackson, Clay, St. Louis, and St. Charles counties or St. Louis City; instead, the total population within the zip code will be considered uniform and multiplied by the percentage determined in subparagraph (4)(D)2.D.);

F. Add back the population center(s) "inside" the radius or region for zip codes overlapped; and

G. The sum of the estimated zip codes, plus those entirely within the radius, will equal the total population within the fifteen- (15-) mile radius or geographic service area;

3. Provide other statistics, such as studies, patient origin, or discharge data, Hospital Industry Data Institute's information, or consultants' reports, to document the size and validity of any proposed user-defined "geographic service area";

(E) Identify specific community problems or unmet needs which the proposed or expanded service is designed to remedy or meet;

(F) Provide historical utilization for each existing service affected by the proposal for each of the past three (3) full years;

(G) Provide utilization projections through at least three (3) full years beyond the completion of the project for all proposed and existing services directly affected by the project;

(H) If an alternative methodology is added, specify the method used to make need forecasts and describe in detail whether projected utilizations will vary from past trends; and

(I) Provide the current and proposed number of licensed beds by type for projects which would result in a change in the licensed bed complement of the LTC facility.

(5) Document that consumer needs and preferences have been included in planning this project. Describe how consumers have had an opportunity to provide input into this specific project, and include in this section all petitions, letters of acknowledgement, support or opposition received.

(6) Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper of general circulation before it was filed with the CON Program from the applicant. The public notice shall include a contact person's name and phone number and/or email for the project.

(7) For proposed full or expedited CON applications, excluding equipment replacement applications, document that administrators or directors of all affected facilities in the proposed fifteen- (15-) mile radius or service area were addressed letters regarding the application.

(8) In addition to using the Community Need Criteria and Standards as guidelines, the committee may also consider other factors to include, but not be limited to, the needs of residents based upon religious considerations, residents with HIV/AIDS, or mental health diagnoses, and special exceptions to the Community Need Criteria and Standards.

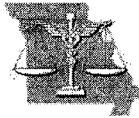


Certificate of Need Program

**APPLICANT IDENTIFICATION AND CERTIFICATION**

<i>The information provided must match the <b>Letter of Intent</b> for this project, without exception.</i>			
<b>1. Project Location</b> <i>(Attach additional pages as necessary to identify multiple project sites.)</i>			
Title of Proposed Project		Project Number	
Project Address <i>(Street/City/State/Zip Code)</i>		County	
<b>2. Applicant Identification</b> <i>(Information must agree with previously submitted Letter of Intent.)</i>			
<b>List All Owner(s):</b> <i>(List corporate entity.)</i>		Address <i>(Street/City/State/Zip Code)</i>	
		Telephone Number	
<b>List All Operator(s):</b> <i>(List entity to be licensed or certified.)</i>		Address <i>(Street/City/State/Zip Code)</i>	
		Telephone Number	
<b>3. Ownership</b> <i>(Check applicable category.)</i>			
<input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Individual <input type="checkbox"/> City <input type="checkbox"/> District			
<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> County <input type="checkbox"/> Other _____			
<b>4. Certification</b>			
In submitting this project application, the applicant understands that:			
(A) The review will be made as to the community need for the proposed beds or equipment in this application;			
(B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;			
(C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;			
(D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;			
(E) Notification will be provided to the CON Program staff if and when the project is abandoned; and			
(F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.			
We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:			
<b>5. Authorized Contact Person</b> <i>(Attach a Contact Person Correction Form if different from the Letter of Intent.)</i>			
Name of Contact Person		Title	
Telephone Number	Fax Number	E-mail Address	
Signature of Contact Person		Date of Signature	

MO 580-1861 (03/13)



Certificate of Need Program

**PROPOSED PROJECT BUDGET**

**Description**

**Dollars**

**COSTS:\***

(Fill in every line, even if the amount is "\$0".)

- |  |                                  |
|--|----------------------------------|
| 1. New Construction Costs ***                                      | _____                            |
| 2. Renovation Costs ***  | _____                            |
| 3. <b>Subtotal Construction Costs</b> (#1 plus #2)                 | <u>          \$0          </u>   |
| 4. Architectural/Engineering Fees                                  | _____                            |
| 5. Other Equipment (not in construction contract)                  | _____                            |
| 6. Major Medical Equipment   | _____                            |
| 7. Land Acquisition Costs ***                                      | _____                            |
| 8. Consultants' Fees/Legal Fees ***                                | _____                            |
| 9. Interest During Construction (net of interest earned) ***       | _____                            |
| 10. Other Costs ***  | _____                            |
| 11. <b>Subtotal Non-Construction Costs</b> (sum of #4 through #10) | <u>          \$0          </u>   |
| 12. <b>Total Project Development Costs</b> (#3 plus #11)           | <u>          \$0**          </u> |

**FINANCING:**

- |   |                                  |
|---|----------------------------------|
| 13. Unrestricted Funds                                      | _____                            |
| 14. Bonds   | _____                            |
| 15. Loans   | _____                            |
| 16. Other Methods (specify)                                 | _____                            |
| 17. <b>Total Project Financing</b> (sum of #13 through #16) | <u>          \$0**          </u> |

- |  |       |
|--|-------|
| 18. New Construction Total Square Footage        | _____ |
| 19. New Construction Costs Per Square Foot ***** | _____ |
| 20. Renovated Space Total Square Footage         | _____ |
| 21. Renovated Space Costs Per Square Foot *****  | _____ |

\* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

\*\* These amounts should be the same.

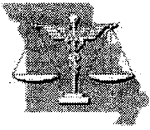
\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovation square footage.

MO 580-1863 (02/13)



Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

(A registration form must be completed for <b>each</b> project presented.)	
Project Name	Number
(Please type or print legibly.)	
Name of Representative	Title
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Address (Street/City/State/Zip Code)	
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)	
Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
Address (Street/City/State/Zip Code)	
Check one. Do you: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: _____ _____	_____ _____
I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</i>	
Original Signature	Date

MO 580-1869 (11/01)



Certificate of Need Program

**NEW HOSPITAL APPLICATION**

Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done Page N/A Description

**Divider I. Application Summary:**

- \_\_\_\_\_ 1. Applicant Identification and Certification (Form MO 580-1861)
- \_\_\_\_\_ 2. Representative Registration (Form MO 580-1869)
- \_\_\_\_\_ 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.
- \_\_\_\_\_ 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.

**Divider II. Proposal Description:**

- \_\_\_\_\_ 1. Provide a complete detailed project description.
- \_\_\_\_\_ 2. Provide the proposed number of licensed beds by medical specialty.
- \_\_\_\_\_ 3. Provide a timeline of events for the project, from CON issuance through project competition.
- \_\_\_\_\_ 4. Provide a legible city or county map showing the exact location of the proposed facility.
- \_\_\_\_\_ 5. Provide a site plan for the proposed project.
- \_\_\_\_\_ 6. Provide preliminary schematic drawings for the proposed project.
- \_\_\_\_\_ 7. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- \_\_\_\_\_ 8. Provide the proposed square footage.
- \_\_\_\_\_ 9. Document ownership of the project site, or provide an option to purchase.
- \_\_\_\_\_ 10. Define the community to be served (service area: projected population, area, rationale).
- \_\_\_\_\_ 11. Provide utilization projections through the first three (3) **FULL** years of operation of the new beds
- \_\_\_\_\_ 12. Identify specific community problems or unmet needs the proposal would address.
- \_\_\_\_\_ 13. Provide the methods and assumptions used to project utilization.
- \_\_\_\_\_ 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- \_\_\_\_\_ 15. Provide copies of any petitions, letters of support or opposition received.
- \_\_\_\_\_ 16. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
- \_\_\_\_\_ 17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

**Divider III. Service Specific Criteria and Standards:**

- \_\_\_\_\_ 1. Document the methodology utilized to determine the need for the proposed hospital.
- \_\_\_\_\_ 2. Provide the most recent three (3) **FULL** years of evidence that the average occupancy of the same type(s) of beds at each other hospital in the proposed service area exceeds eighty percent (80%).
- \_\_\_\_\_ 3. Discuss the impact the proposed hospital would have on utilization of other hospitals in the geographic service area.
- \_\_\_\_\_ 4. Document the unmet need in the geographic service area for each type of bed being proposed according to the population-based need formula

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- \_\_\_\_\_ 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
- \_\_\_\_\_ 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- \_\_\_\_\_ 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) **FULL** years beyond project completion.
- \_\_\_\_\_ 4. Document how patient charges are derived.
- \_\_\_\_\_ 5. Document responsiveness to the needs of the medically indigent.



Certificate of Need Program

**NEW OR ADDITIONAL LONG TERM CARE BED APPLICATION** *(Use for RCF/ALF, ICF/SNF and LTCH beds)*  
Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done Page N/A Description

**Divider I. Application Summary:**

- \_\_\_\_\_ 1. Applicant Identification and Certification (Form MO 580-1861)
- \_\_\_\_\_ 2. Representative Registration (From MO 580-1869)
- \_\_\_\_\_ 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.
- \_\_\_\_\_ 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.
- \_\_\_\_\_ 5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.
- \_\_\_\_\_ 6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.
- \_\_\_\_\_ 7. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.
- \_\_\_\_\_ 8. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.

**Divider II. Proposal Description:**

- \_\_\_\_\_ 1. Provide a complete detailed project description.
- \_\_\_\_\_ 2. Provide a timeline of events for the project, from CON issuance through project competition.
- \_\_\_\_\_ 3. Provide a legible city or county map showing the exact location of the proposed facility.
- \_\_\_\_\_ 4. Provide a site plan for the proposed project.
- \_\_\_\_\_ 5. Provide preliminary schematic drawings for the proposed project.
- \_\_\_\_\_ 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- \_\_\_\_\_ 7. Provide the proposed square footage.
- \_\_\_\_\_ 8. Document ownership of the project site, or provide an option to purchase.
- \_\_\_\_\_ 9. Define the community to be served.
- \_\_\_\_\_ 10. Provide projected population projections for the 15-mile radius service area.
- \_\_\_\_\_ 11. Identify specific community problems or unmet needs the proposal would address.
- \_\_\_\_\_ 12. Provide historical utilization for each of the past three (3) years and utilization projections through the first three (3) **FULL** years of operation of the new LTC beds.
- \_\_\_\_\_ 13. Provide the methods and assumptions used to project utilization.
- \_\_\_\_\_ 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- \_\_\_\_\_ 15. Provide copies of any petitions, letters of support or opposition received.
- \_\_\_\_\_ 16. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
- \_\_\_\_\_ 17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

**Divider III. Service Specific Criteria and Standards:**

- \_\_\_\_\_ 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.
- \_\_\_\_\_ 2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.
- \_\_\_\_\_ 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
- \_\_\_\_\_ 4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
- \_\_\_\_\_ 5. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.
- \_\_\_\_\_ 6. If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- \_\_\_\_\_ 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
- \_\_\_\_\_ 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- \_\_\_\_\_ 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) **FULL** years beyond project completion.
- \_\_\_\_\_ 4. Document how patient charges are derived.
- \_\_\_\_\_ 5. Document responsiveness to the needs of the medically indigent.
- \_\_\_\_\_ 6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?
- \_\_\_\_\_ 7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission.