TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60 – Missouri Health Facilities Review Committee
Chapter 50 – Certificate of Need Program

EMERGENCY AMENDMENT

19 CSR 60-50.430 Application Package. The committee is amending paragraph (4)(B)4 and updating form MO 580-2501.

PURPOSE: The committee and department are amending this rule to remove the requirement of evidence that architectural plans have been submitted to the department for CON projects that are not in a long-term care facility.

EMERGENCY STATEMENT: This emergency amendment removes the requirement of evidence that architectural plans have been submitted to the Department's Engineering Consulting Unit (ECU) for CON projects that are not in a long-term care facility. The Fiscal Year 2027 budget reduces funding for the Department's Division of Regulation and Licensure. As a result, the Department is reducing activities that are not statutorily required, including the review and approval of plans for certain types of healthcare facilities. The Department's existing rules, which carry the force of law, currently mandate the ECU functions being eliminated. This creates an irresolvable legal conflict for both the Department and its stakeholders operating under these rules because the review and approval process will no longer be conducted. This conflict becomes operative July 1, 2026 – a date certain. The standard rulemaking process under section 536.021, RSMo cannot be completed before that date, leaving every healthcare facility with an active or planned construction project without a coherent, lawful regulatory framework. This emergency amendment satisfies both bases for emergency rulemaking under section 536.025, RSMo. First, leaving the existing rules intact after July 1, 2026 creates regulatory uncertainty for facilities, architects, engineers, and contractors operating under those rules – directly implicating public health and safety for facilities serving vulnerable patient populations. Second, there is a compelling governmental interest in maintaining a consistent regulatory framework that does not violate the Department's own binding rules. This amendment does not alter substantive healthcare facility obligations; it conforms the Department's procedural role to its operational capacity. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, will be published in the September 1, 2026, issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed July 23, 2026, becomes effective August 6, 2026, and expires February 1, 2027.*

(4) The Proposal Description shall include documents which –

(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;

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 (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 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 the proposed square footage.
__ _____ __ 8. Document ownership of the project site or provide an option to purchase.
__ _____ __ 9. Define the community to be served (service area: projected population, area, rationale).
__ _____ __ 10. Provide utilization projections through the first three (3) **FULL** years of operation of the new beds
__ _____ __ 11. Identify specific community problems or unmet needs the proposal would address.
__ _____ __ 12. Provide the methods and assumptions used to project utilization.
__ _____ __ 13. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
__ _____ __ 14. Provide copies of any petitions, letters of support or opposition received.
__ _____ __ 15. 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.
__ _____ __ 16. 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.

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. For intervening history, please consult the ***Code of State Regulations.*** *Emergency amendment filed: July 23, 2026, effective Aug. 6, 2026, expires Feb.1, 2027. An emergency and proposed amendment covering the same material will be published in the September 1, 2026, of the* ***Missouri Register.***

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency amendment is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency amendment is effective.