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

PROPOSED AMENDMENT

19 CSR 60-50.300 Definitions for the Certificate of Need Process. The committee is amending sections (1)-(18), adding new sections (1) and (15), deleting sections (16) and (18), and renumbering as needed.

PURPOSE: The committee is amending this rule to define the terms "Affiliate" and "Request to relicense," remove verbiage requiring replacement equipment to submit a full CON application and related organizations, add clarity for non-applicability 10/10% rule and service area requirements, and includes a CON form within the rule rather than incorporating it by reference.

(1) Affiliate means an organization that has interest of five percent (5%) or more control over or is controlled by, or has any direct financial interest in the organization applying for a project including, without limitation, an underwriter, guarantor, parent organization, management company, joint venturer, partner, or general partner.

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

*[(2)]***(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.

*[(3)]***(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.

*[(4)]***(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.

*[(5)]***(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 *[(11)]* **(12)** of this rule *[which holds a Certificate of Need (CON) previously granted by the Missouri Health Facilities Review Committee (committee). An applicant for the replacement of major medical equipment not previously approved by the committee shall apply for a full review]*.

*[(6)]***(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.

*[(7)]***(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.

*[(8)]***(9)** Health care facility means those described in section 197.366, RSMo.

*[(9)]***(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**.

*[(10)]***(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.

*[(11)]***(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.

*[(12)]***(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 *[patient]* **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 nonsubstantive project.

*[(13)]***(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.

*[(14)]***(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.

*[(15)]***(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.

[(16) Related organization means an organization that is associated or affiliated with, has control over or is controlled by, or has any direct financial interest in, the organization applying for a project including, without limitation, an underwriter, guarantor, parent organization, joint venturer, partner, or general partner.]

*[(17)]***(18) For new hospitals or major medical equipment projects,** *[S]***s**ervice 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.

[(18) The following form cited in this rule is incorporated by reference and published by the Certificate of Need Program (CONP), February 1, 2013, and may be downloaded from http://health.mo.gov/information/boards/certificateofneed/forms.php, obtained by emailing a written request to CONP@health.mo.gov, or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri, 65102 (573) 751-6403. This rule does not include any later amendments or additions.

(A) Proposed Project Budget (Form MO 580-1863).]

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. Subtotal Construction Costs (#1 plus #2)	$0
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. Subtotal Non-Construction Costs (sum of #4 through #10	$0
12. Total Project Development Costs (#3 plus #11)	$0 **
FINANCING:	
13. Unrestricted Funds	
14. Bonds	
15. Loans	
16. Other Methods (specify)	
17. Total Project Financing (sum of #13 through #16)	$0 **
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. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed June 29, 2022.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

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

PROPOSED AMENDMENT

19 CSR 60-50.400 Letter of Intent Process. The committee is amending sections (3), (4), and (5), and paragraph (6)(E)2.; and removing section (8).

PURPOSE: The committee is amending this rule to restructure wording for LTC bed expansion and replacement application requirements, change the word patient to resident, and to include certain CON forms within the rule rather than incorporating them by reference.

(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.]* **An LTC bed expansion in accordance with section 197.318.4(1)-(3) requires an expedited CON application regardless of the amount of capital expenditure. An LTC bed replacement in accordance with section 197.318.4-6 requires an expedited CON application if the capital expenditure for such bed replacement exceeds six hundred thousand dollars ($600,000).**

(4) When an LOI for a**n** 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 *[patient]* **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 a**n** LTC Facility Expansion Certification (Form MO 580-2351*[, incorporated by reference]*), **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 a**n** 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:

(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

[(8) The following forms cited in this rule are incorporated by reference and published by the Certificate of Need Program (CONP), May 1, 2012, and may be downloaded from http://health.mo.gov/information/boards/certificateofneed/forms.php, obtained by emailing a written request to CONP@health.mo.gov, or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri 65102, (573) 751-6403. This rule does not include any later amendments or additions.

(A) LTC Facility Expansion Certification (Form MO 580-2351).

(B) Purchase Agreement (Form MO 580-2352).

(C) Periodic Progress Report (Form MO 580-1871).]

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 chargeble 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
	Project Number
Address	Date CON Issued
Project Description	Approved Cost

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

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

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

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

☐ Yes ☐ No **3. Are the projected final costs within the limits approved?**

If "No" and costs are above 10% of approved amount, then submit a cost over-run application.

$_____Estimated final project cost

☐ Yes ☐ No **4. Are there any changes in the services or programs as approved in the application?**

If "Yes" explain in detail and provide replacement pages for the approved application.

☐ Yes ☐ No **5. Has the project contact person changed?**

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.)*

MO 580-1871 (08/06)

Certificate of Need Program

PERIODIC PROGRESS REPORT

Project Budget/Expenditures	Report Period:_____to_____		
Description	**Application**	**This Period**	**Project to-date**
1. General Construction Costs	0	0	0
2. Renovation Costs	0	0	0
3. Subtotal Construction Costs	**$0**	**$0**	**$0**
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
11. Subtotal Non-construction Costs	**$0**	**$0**	**$0**
12. TOTAL Project Development Costs	**$0**	**$0**	**$0**
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 ☐ ICF/SNF *(check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility)*

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: _____ _____

MO 580-2351 (07/09)

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 ☐ ICF/SNF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)

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 ☐ ICF/SNF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)

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: _____ _____

MO 580-2352 (05/12)

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed June 29, 2022.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

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

PROPOSED AMENDMENT

19 CSR 60-50.410 Letter of Intent Package. The committee is amending section (1) and subsection (2)(A), deleting sections (4) and (7), and renumbering the remaining sections accordingly.

PURPOSE: The committee is amending this rule to remove verbiage related to a statute that is no longer effective and to include certain CON forms within the rule rather than incorporating them by reference.

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

(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**;

[(4) If an exemption is sought pursuant to section 197.314(1) , RSMo, for a sixty- (60-) bed stand-alone facility designed and operated exclusively for the care of residents with Alzheimer's disease or dementia and located in a tax increment financing district established prior to 1990 within any county of the first classification with a charter form of government containing a city with a population of over three hundred fifty thousand (350,000) and which district also has within its boundaries a skilled nursing facility (SNF), applicants shall submit documentation that the health care facility would meet all of these provisions.]

*[(5)]***(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.

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

[(7) The following forms cited in this rule are incorporated by reference and published by the Certificate of Need Program (CONP), December 13, 2019 and may be downloaded from http://health.mo.gov/information/boards/certificateofneed/forms.php, obtained by emailing a written request to CONP@health.mo.gov, or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri, 65102 (573) 751-6403. This rule does not include any later amendments or additions.

(A) Letter of Intent (Form MO 580-1860).

(B) Proposed Expenditures (Form MO 580-2375).]

Certificate of Need Program

LETTER OF INTENT

1. Project Information *(Attach additional pages as necessary to identify multiple project sites.)*

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)*

2. Applicant Identification *(Attach additional pages as necessary to list all owners and operators.)*

List All Owner(s): *(List corporate entity.)*	Address (Street/City/State/Zip Code)	Telephone Number

List All Operator(s): *(List entity to be licensed or certified.)*	Address (Street/City/State/Zip Code)	Telephone Number

3. Type of Review

Full Review:
- New Hospital
- New/Add LTC Beds*
- New/Add LTCH Beds/Eqpt.
- New/ Additional Equipment

Expedited Review:
- 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

Non-Applicability Review:
(See 7. Applicability next page)

4. Project Description *(Information should be brief but sufficient to understand scope of project.)*

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.

☐ Bed need standard is met. *(Attach documentation.)* -OR- ☐ Special exceptions apply. *(Attach explanation.)*

Key: LTC = Long-Term Care; LTCH = Long-Term Care Hospital; RCF/ALF = Residential Care Facility/Assisted Living Facility

5. Estimated Project Cost: $_____

6. Authorized Contact Person Identification *(List only one person who would be the main contact person for the project)*

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 (03/20)

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.

MO 580-1860 (03/20)

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)	_____
9.	**Total Capital Costs** (sum of #1 thru #8)	$0

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)	_____
15.	**Total Medical Equipment Costs** (sum of #10 thru #14)	$0

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. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed June 29, 2022.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

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

PROPOSED AMENDMENT

19 CSR 60-50.420 Review Process. The committee is amending section (2) and subsections (1)(A) and (1)(B).

PURPOSE: The committee is amending this rule to add a time frame for CON application submissions and remove verbiage regarding expedited applications and location change from the LOI submission to the CON application filing.

(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 *[equipment replacement applications, and expedited long-term care (LTC) facility renovation or modernization]* applications, the tenth day of each month, or the next business day thereafter if that day is a holiday or weekend;

(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, *[or location,]* shall not be considered a CON application and shall be subject to the following provisions:

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****. Amended: Filed June 29, 2022.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via email at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

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

PROPOSED AMENDMENT

19 CSR 60-50.430 Application Package. The committee is amending section (6), paragraphs (2)(C)4. and (2)(B)1.-7., subsections (3)(A), (3)(B), (3)(C), and (4)(C), paragraphs (4)(C)1. and 4(C)2., subparagraph (4)(C)2.D., adding new section (7) and subsection (4)(D), deleting section (8) and renumbering as needed.

PURPOSE: The committee is amending this rule to add equipment application requirements, require MO SOS business registration documentation, require long-term care project affiliate and Medicare and/or Medicaid certification information, update DHSS bureau name information, decrease population estimate percentages, update form reference and add public notice requirements.

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

(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**).

(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

(4) The Proposal Description shall include documents which*[:]*—

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

*[(C)]***(D)** Proposals for new hospitals*[,]* **or** new or additional long-term care (LTC) beds*[, or new major medical equipment]* must define the community to be served*[:]*—

1. Describe the service area(s) population using year 2025 populations and projections provided by the Bureau of *[Vital Statistics]* **Health Care Analysis and Data Dissemination (BHCADD),** which can be obtained by contacting:

Chief, Bureau of *[Vital Statistics Section of Epidemiology for Public Health Practice (SEPHP)*
Division of Community and Public Health]
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 *[SEPHP]* **BHCADD**. Information requests should be made to *[SEPHP]* **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 *[SEPHP]* **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 *[Bureau of Vital Statistics]* **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 *[ten]* **five** percent (*[10]***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)*[(C)]***(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)*[(C)]***(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";

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

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

*[(F)]***(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;

*[(G)]***(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

*[(H)]***(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.

(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 *[by]* **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.

*[(7)]***(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.

[(8) The following forms cited in this rule are incorporated by reference and published by the Certificate of Need Program (CONP), December 13, 2019, and may be downloaded from http://health.mo.gov/information/boards/certificateofneed/forms.php, obtained by emailing a request to CONP@health.mo.gov, or acquired in person at the CONP Office, 3418 Knipp Drive, Suite F, Jefferson City, Missouri, 65102 (573) 751-6403. This rule does not include any later amendments or additions.

(A) New Hospital Application (Form MO 580-2501).

(B) New or Additional Long-Term Care (LTC) Bed Application (Form MO 580-2502).

(C) New or Additional Equipment Application (Form MO 580-2503).

(D) Expedited LTC Bed Replacement/Expansion Application (Form MO 580-2504).

(E) Expedited LTC Renovation/Modernization Application (Form MO 580-2505).

(F) Equipment Replacement Application (Form MO 580-2506).

(G) Applicant Identification and Certification (Form MO 580-1861).

(H) Representative Registration (Form MO 580-1869).

(I) Proposed Project Budget (Form MO 580-1863).]

Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

*The information provided must match the **Letter of Intent** for this project, without exception.*

1. Project Location *(Attach additional pages as necessary to identify multiple project sites.)*

Title of Proposed Project	Project Number
Project Address *(Street/City/State/Zip Code)*	County

2. Applicant Identification *(Information must agree with previously submitted Letter of Intent.)*

List All Owner(s): *(List corporate entity.)*	Address (Street/City/State/Zip Code)	Telephone Number

List All Operator(s): *(List entity to be licensed or certified.)*	Address (Street/City/State/Zip Code)	Telephone Number

3. Ownership *(Check applicable category.)*

☐ Nonprofit Corporation	Δ Individual	Δ City	Δ District
☐ Partnership	Δ Corporation	Δ County	Δ Other_____

4. Certification

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:

5. Authorized Contact Person *(Attach a Contact Person Correction Form if different from the Letter of Intent.)*

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. **Subtotal Construction Costs** (#1 plus #2)	$0
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. **Subtotal Non-Construction Costs** (sum of #4 through #10	$0
12. **Total Project Development Costs** (#3 plus #11)	$0**
FINANCING:	
13. Unrestricted Funds	
14. Bonds	
15. Loans	
16. Other Methods (specify)	
17. **Total Project Financing** (sum of #13 through #16)	$0**
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 **each** 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:

- Δ Support
- Δ Oppose
- Δ Neutral

Relationship to Project:

- Δ None
- Δ Employee
- Δ Legal Counsel
- Δ Consultant
- Δ Lobbyist
- Δ 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: *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.*

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 (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.

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: 2025 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 2025 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.

MO 580-2502 (03/20)