



CERTIFICATE OF NEED APPLICATION

Meadows of Pike County

Establish 40-Bed Assisted Living Facility

Project #5392 RS

submitted to

Missouri Health Facilities Review Committee



Certificate of Need Program

NEW OR ADDITIONAL LONG TERM CARE BED APPLICATION*

Applicant's Completeness Checklist and Table of Contents

Project Name: Meadows of Pike County Project No: 5392 RS

Project Description: Establish 40-Bed Assisted Living Facility

Done Page N/A Description

Divider I. Application Summary:

- 6 1. Applicant Identification and Certification (Form MO 580-1861).
7-8 2. Representative Registration (Form MO 580-1869).
9-15 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

Divider II. Proposal Description:

- 17 1. Provide a complete detailed project description.
21 2. Provide a timeline of events for the project, from the issuance of the CON through project completion.
22 3. Provide a legible city or county map showing the exact location of the proposed facility.
23 4. Provide a site plan for proposed project.
24 5. Provide preliminary schematic drawings for the proposed project.
25 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
17 7. Provide the proposed gross square footage.
26-31 8. Document ownership of the project site, or provide an option to purchase.
32-33 9. Define the community to be served.
35 10. Provide 2020 population projections for the 15-mile radius service area.
18 11. Identify specific community problems or unmet needs the proposal would address.
18 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.
19 13. Provide the methods and assumptions used to project utilization.
19 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
36-40 15. Provide copies of any petitions, letters of support or opposition received.

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.
42 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 person 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:

- 48 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data".
52-56 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditors statement indicating that sufficient funds are available.
57 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.
49 4. Document how patient charges are derived.
49 5. Document responsiveness to the needs of the medically indigent.
-- 6. For a proposed new skilled nursing or intermediate care facility, what percent 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 proposing to add beds, what percent of your admissions is Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission?

*Use for RCF/ALF, ICF/SNF and LTCH beds

DIVIDER I: Application Summary

Application Summary shall include the completed forms in the following order:

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

(see Attachment 2, preceded by amended Letter of Intent, see Attachment 1)

2. Representative Registration (Form MO 580-1869)

(see Attachments 3a and 3b)

3. Proposed Project Budget (Form MO 580-1863) and detail sheet

(see Attachments 4a -g)

DIVIDER I: Attachments



LETTER OF INTENT

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

Title of Proposed Project The Meadows of Pike County -- new 40-bed ALF	County Pike
Project Address <i>(Street/City/State/Zip Code or Flat map if no address)</i> 18120 Pike 312, Bowling Green, MO 63334	

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

List All Owner(s): <i>(List corporate entity.)</i>	Address <i>(Street/City/State/Zip Code)</i>	Telephone Number
Pike County Health Department, Home Health & Hospice	18120 Pike 312, Bowling Green, MO 63334	573-324-2111

List All Operator(s): <i>(List entity to be licensed or certified.)</i>	Address <i>(Street/City/State/Zip Code)</i>	Telephone Number
Pike County Senior Management, LLC	18120 Pike 312, Bowling Green, MO 63334	573-324-2111

3. Type of Review	4. Project Description <i>(Information should be brief but sufficient to understand scope of project.)</i>
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<p>Full Review:</p> <input type="checkbox"/> New Hospital <input checked="" type="checkbox"/> New/Add LTC Beds* <input type="checkbox"/> New/Add LTCH Beds/ Eqpt. <input type="checkbox"/> New/ <input type="checkbox"/> Additional Equipment <input type="checkbox"/> Replacement Equipment not previously approved <p>Expedited Review:</p> <input type="checkbox"/> 6-mile RCF/ALF Replacement <input type="checkbox"/> 15-mile LTC Replacement <input type="checkbox"/> 30-mile LTC Replacement <input type="checkbox"/> LTC Bed Expansion <input type="checkbox"/> LTC Renov./Modernization <input type="checkbox"/> Equipment Replacement previously approved <p>Non-Applicability Review:</p> <input type="checkbox"/> (See 7. Applicability next page)	<p><i>Include the number 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 requesting a non-applicability letter, also complete the next page of this form.</i></p> <p>This proposal is to establish a 40-bed assisted living facility (ALF) by constructing a new single-story structure of approximately 30,000 sq. ft.</p> <p>There is an existing need for at least 15 more RCF/ALF beds within the 15-mile radius, according to the CON bed need methodology.</p> <p>In addition, there is a Special Exception because there is no ALF in Bowling Green (the closest is 10 miles away in Louisiana), and the local RCF is always full. The local community wants to keep its elderly residents in the same community they lived in all of their lives.</p> <p><small>*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 checked="" type="checkbox"/> Bed need standard is met. <i>(Attach documentation.)</i> -OR- <input checked="" type="checkbox"/> Special exceptions apply. <i>(Attach explanation.)</i></small></p>
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Key: LTC = Long-Term Care; LTCH = Long-Term Care Hospital; RCF/ALF = Residential Care Facility/Assisted Living Facility

5. Estimated Project Cost: \$ 9,000,000

6. Authorized Contact Person Identification *(List only one person, regardless of number of owners/operators.)*

Name of Contact Person Thomas R. Piper	Title CEO
Contact Person Address <i>(Company/ Street/ City/State/Zip Code)</i> MacQuest Consulting, LLC, 1003 Boonville Road, Jefferson City, MO 65109	
Telephone Number 573-230-5350	Fax Number --
Signature of Contact Person 	E-mail Address macquest@mac.com
Date of Signature September 29, 2016	



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 The Meadows of Pike County -- new 40-bed ALF	Project Number 5392 RS
Project Address <i>(Street/City/State/Zip Code)</i> 18120 Pike 312, Bowling Green, MO 63334	County Pike

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

List All Owner(s): <i>(List corporate entity.)</i>	Address (Street/City/State/Zip Code)	Telephone Number
Pike County Health Department, Home Health & Hospice	18120 Pike 312, Bowling Green, MO 63334	573-324-2111
List All Operator(s): <i>(List entity to be licensed or certified.)</i>	Address (Street/City/State/Zip Code)	Telephone Number
Pike County Senior Management, LLC	18120 Pike 312, Bowling Green, MO 63334	573-324-2111

3. Ownership *(Check applicable category.)*

- Nonprofit Corporation
 Individual
 City
 District
 Partnership
 Corporation
 County
 Other _____

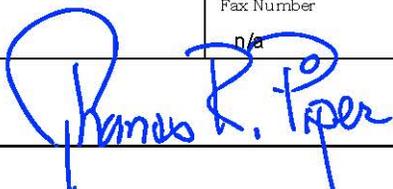
4. Certification

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 Thomas R. Piper	Title CEO, MacQuest Consulting, LLC
Telephone Number 573-230-5350	E-mail Address macquest@mac.com
Signature of Contact Person 	Date of Signature October 19, 2016



REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project represented)

Project Name The Meadows of Pike County -- new 40-bed ALF	Number 5392 RS
---	--------------------------

(Please type or print legibly)

Name of Representative Thomas R. Piper	Title CEO
--	---------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) MacQuest Consulting, LLC	Telephone Number 573-230-5350
--	---

Address (Street/City/State/Zip Code)
1003 Boonville Road, Jefferson City, MO 65109

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 The Meadows of Pike County	Telephone Number 573-324-2111
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Address (Street/City/State/Zip Code)
18120 Pike 312, Bowling Green, MO 63334

Check one. Do you:

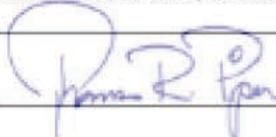
- Support
- Oppose
- Neutral

Relationship to Project:

- None
- Employee
- Legal Counsel
- Consultant
- Lobbyist
- 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 October 19, 2016
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REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project represented)

Project Name The Meadows of Pike County -- new 40-bed ALF	Number 5392 RS
--	--------------------------

(Please type or print legibly)

Name of Representative Chris Deeken	Title Director
--	-------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Pike County Health Department, Home Health & Hospice	Telephone Number 573-324-2111
---	----------------------------------

Address (Street/City/State/Zip Code)
18120 Pike 312, Bowling Green, MO 63334

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 The Meadows of Pike County	Telephone Number 573-324-2111
--	----------------------------------

Address (Street/City/State/Zip Code)
18120 Pike 312, Bowling Green, MO 63334

Check one. Do you:

- Support
- Oppose
- Neutral

Relationship to Project:

- None
- Employee
- Legal Counsel
- Consultant
- Lobbyist
- 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 October 4, 2016
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Certificate of Need Program

Attachment 4a

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

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

1. New Construction Costs ***	\$4,303,270
2. Renovation Costs ***	\$0
3. Subtotal Construction Costs (#1 plus #2)	\$4,303,270
4. Architectural/Engineering Fees	\$240,000
5. Other Equipment (not in construction contract)	\$147,880
6. Major Medical Equipment	\$0
7. Land Acquisition Costs *** (already owned by applicant)	\$607,697
8. Consultants' Fees/Legal Fees ***	\$69,000
9. Interest During Construction ***	\$142,500
10. Other Costs ****	\$347,840
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$1,554,917
12. Total Project Development Costs (#3 plus #11)	\$5,858,187 **

FINANCING:

13. Unrestricted Funds	\$0
14. Bonds	\$0
15. Loans	\$5,250,490
16. Other Methods (specify: <u>Land as Collateral</u>)	\$607,697
17. Total Project Financing (sum of #13 through #16)	\$5,858,187 **

18. New Construction Total Square Footage	31,336
19. New Construction Costs Per Square Foot *****	\$ 137.33
20. Renovated Space Total Square Footage	0
21. Renovated Space Costs Per Square Foot *****	\$0

* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs. For major medical equipment, refer to 19 CSR 60-50.300 (11) for inclusion of 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.

Proposed Project Budget Detail Sheet

1. New Construction Costs

\$4,303,270 represents the cost of new construction with the attached project estimate by **dial architects** (see *Attachment 4c*, which also includes other costs).

2. Renovation Costs

(not applicable)

4. Architectural/Engineering Fees

\$240,000 represents the estimated cost of architectural fees allocated to this new construction for this 40-bed assisted living facility structure by **dial architects** (see *Attachment 4c*).

5. Other Equipment (not in construction contract)

\$147,880 was allocated for furniture, laundry, dining and common areas.

6. Major Medical Equipment

(not applicable)

7. Land Acquisition Costs

\$607,697 is the value of the land already owned by the Applicant as shown in the Sale Contract and donated land Appraisal Report (see *Attachments 4d-g*).

8. Consultant's Fees/Legal Fees

\$69,000 for development fees from various entities.

9. Interest During Construction

\$142,500 has been allocated for construction interest.

10. Other Costs

\$347,840 has been estimated for surveys, permits, construction audit, loan commitment fee, appraisal, title insurance, marketing, sales salaries/commissions, promotional material and advertising.



14364 Manchester Road • Manchester Missouri 63011
636 230 0400 www.dialarchitects.com

October 24, 2016

Chris Deeken
1 Health Care Place
Bowling Green, MO 63334

Re: Pike County Health Department
Assisted Living Facility

Chris,

Per our recent conversation, I am providing the following information for the Certificate of Need application.

The project is currently designed as a single story, 40 bed facility of approximately 31, 336 square feet. Based upon the preliminary information that we have to date for this project I have developed the following budgetary numbers.

The overall project budget is currently at \$145.00 per square foot. This includes the building and all site work and allowances for landscaping, utilities, etc. Based on the designed square footage this equates to approximately \$4,500,000.

This is inclusive of design and engineering fees that are estimated at \$240,000.00.

Thank You,

A handwritten signature in blue ink, appearing to read "D.W. Dial", with a large, stylized flourish extending to the right.

David W. Dial
President
David W. Dial Architects, P.C.

CONTRACT FOR THE INSTALLMENT SALE OF REAL ESTATE

THIS CONTRACT, made and entered into this 24 day of MARCH, 2016

by and between James Henke and Nancy Henke, husband and wife and Ronald V. Henke and Donna C. Henke, Trustees of the Joint Revocable Trust dated JUNE 25, 2015, the Seller, Pike County Missouri Health Department, Home Health and Hospice, the Buyer, (the term Buyer and Seller, may be either singular or plural to whichever is evidenced by the signatures affixed below.)

WITNESSETH: For and in consideration of the mutual obligation of the parties hereto, the Seller hereby agrees to sell and convey unto the Buyer and the Buyer agrees to purchase from Seller, upon the terms and conditions hereinafter set forth, the following described real estate situated in the County of Pike, Missouri, to wit:

Described in Schedule A attached and designated as Parcel 2: a 7 acre tract of land located in Section 36, Township 53 North, Range 3 West.

which property is this day agreed to be sold to purchaser, subject to approval of seller by _____ m. of _____, 2016 and not otherwise (and if not so approved earnest deposit shall be returned to purchaser) for the total sale price of Three Hundred Twenty-seven Thousand and 12/100-----Dollars (\$327,696,12-) on the following terms:

- Earnest deposit made as per this receipt..... \$1000.00 to be deposited with Pike County Title Co.
- Cash to be paid on closing date of sale as hereinafter considered as first payment \$57,333.34 to be
- Seller to finance \$269,362.78 under the following terms

Four per cent (4%) interest shall be paid on the principal balance. Payments shall be made annually on the day of the anniversary of the closing date in the amount of \$58,333.34 over the next five years,

If not so approved earnest deposit shall be returned to purchaser.

CASH DUE FROM BORROWER ON DAY OF SALE TO BE IN THE FORM OF A CASHIER'S CHECK

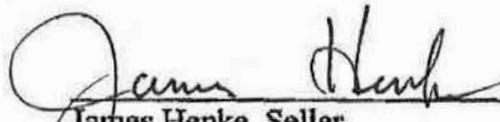
All of the General Sales Conditions and Closing Practices and any Financing or Special Agreements, all as set forth below and on the reverse side hereof, are hereby made a part of this contract.

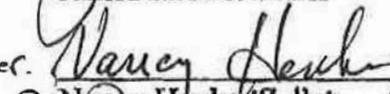
This agreement shall be construed under the laws of the State of Missouri.

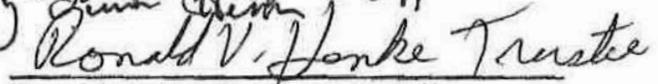
The sale of this contract shall be closed at the office of PIKE COUNTY TITLE COMPANY in Bowling Green, Missouri, on the 29th day of March, 2016, at 2:00 o'clock P.M. or at such other time and place as the parties may mutually agree. If there are defects in the title to the property which require correction, then the time of closing may be extended by the application of the provisions of the said General Closing Conditions and Sale Practices. Possession shall be delivered to the Buyer at the time of closing.

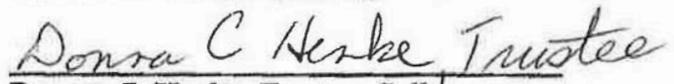
IN WITNESS WHEREOF, the parties hereto have executed this agreement the day and year first above written and acknowledge receipt of one copy of this contract.


Pike County Health Department,
Home Health and Hospice,
BY: Christopher Deeken administrator.
Buyer


James Henke, Seller


Nancy Henke, Seller
POA


Ronald V. Henke, Trustee, Seller


Donna, C. Henke, Trustee, Seller

SPECIAL AGREEMENTS:

Sellers agree to give ground to Pike County Missouri Health Department Home Health and Hospice or to the City of Bowling Green up to 1/4 of an acre for lift station.

Pike County Missouri Health Department, Home Health and Hospice will put in a lift station and James Henke and Nancy Henke, husband and wife and Ronald Henke and Donna Henke, husband and wife will be granted an easement and be given the right to hook to the lift station at no charge.

At the consummation of the above Sale Contract the Sellers named above agree to donate an additional parcel of land described in Schedule A attached and designated as Parcel 1: a 3 acre tract of land per legal description attached.

45 Hampel Rd
Moscow Mills, MO 63362

636-356-4554
Fax: 636-356-9291
appraisethis@centurytel.net

April 11, 2016

Mr. Jim Henke
216 Windrose
Troy, MO 63379

Re: Appraisal Report, Real Estate Appraisal
3.0 acres along Pike 312
Bowling Green,
Pike County, MO, 63334

File Name: 2016032901

Dear Mr. Henke:

At your request, I have prepared an appraisal for the above referenced property, which may be briefly described as follows:

The subject is a 3.0 acre tract of unimproved vacant land in the City of Bowling Green.

Please reference page 8 of this report for important information regarding the scope of research and analysis for this appraisal, including property identification, inspection, highest and best use analysis and valuation methodology.

I certify that I have no present or contemplated future interest in the property beyond this estimate of value. The appraiser has not performed any prior services regarding the subject within the previous three years of the appraisal date.

Your attention is directed to the Limiting Conditions and Assumptions section of this report (page 6). Acceptance of this report constitutes an agreement with these conditions and assumptions. In particular, I note the following:

Hypothetical Conditions:

- There are no hypothetical conditions for this appraisal.

Mr. Henke
April 11, 2016
Page 2

Extraordinary Assumptions:

- There are no Extraordinary Assumptions for this appraisal.

Based on the appraisal described in the accompanying report, subject to the Limiting Conditions and Assumptions, Extraordinary Assumptions and Hypothetical Conditions (if any), I have made the following value conclusion(s):

Current As Is Market Value:

The "As Is" market value of the Fee Simple estate of the property, as of March 29, 2016, is

Two Hundred Eighty Thousand Dollars (\$280,000)

The market exposure time preceding March 29, 2016 would have been 2 years and the estimated marketing period as of March 29, 2016 is 2 years.

Respectfully submitted,
Appraise This, LLC dba Humphrey Appraisal



Leslie Gruenloh,
MO-2005007717

DIVIDER II: Proposal Description

DIVIDER II: Proposal Description

Proposal description shall include documents which:

1. Provide a complete detailed project description.

This proposal is to establish a 40-bed assisted living facility (ALF) by constructing a new single-story structure of approximately 31,336 sq. ft.

2. Provide a timeline of events for the project, from the issuance of the CON through project completion.

(see *Attachment 5a*)

3. Provide a legible city or county map showing the exact location of the proposed facility.

(see *Attachment 5b*)

4. Provide site plan for the proposed project.

(see *Attachments 5c* <site plan>)

5. Provide preliminary schematic drawings for the proposed project.

(see *Attachment 5d* <facility schematic>)

6. Provide evidence that architectural plans have been submitted to the DHSS.

(see *Attachment 6*)

7. Provide the proposed gross square footage.

The proposed square footage of the new facility will be 31,336 square feet.

8. Document ownership of the project site, or provide an option to purchase.

Attached please find the 6-page copy of the General Warranty Deed, which documents the ownership of the real estate by Pike County Missouri Health Department, Home Health and Hospice (see *Attachment 7a-f*).

9. Define the community to be served.

The community to be served is primarily defined as the people aged 65 and over who reside within the 15-mile radius (see *Attachment 5a*) from this location who are in need of assisting living services.

10. Provide 2015 population projections for the 15-mile radius service area.

The applicant has adjusted the population data based on the applicable Rules process using the 2020 projections acquired from the Department of Health and Senior Services. The following tables and maps illustrate this information (see *Attachments 8a <DHSS 15-mile zip code and cities maps>*, *8b <DHSS 15-mile zip code populations>*, and *8c - 8d <2020 Population Projections & Bed Need>*).

11. Identify specific community problems or unmet needs the proposal would address.

When the community need methodology of 25 beds per one thousand population 65+ is applied to the 3,320 population of 65+ in the 15-mile radius, it results in a total RCF/ALF need of 83 beds. There are 68 licensed and no approved RCF/ALF beds in the same radius according to the CON published inventory. Thus, there is a need for 15 more RCF/ALF beds in this area.

12. Provide utilization projections through the first three years of operation of the new LTC beds.

Since this is a new residential care facility, there is no historical data. Projected utilization for the first three years is delineated by type of service and total:

<u>Year</u>	<u>Patient Days</u>
2019	4,603
2020	11,813
2021	12,569

13. Provide the methods and assumptions used to project utilization.

Utilization projections are based on extensive experience of the Consultant in numerous other assisted living facilities currently in operation in Missouri, and localized for this specific area.

14. Document that consumers needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.

The Applicant met with numerous residents and officials in the Bowling Green area in order to determine their perceptions of long-term care needs in this area. All were very supportive and encouraging.

Consumer needs in the community will be met by this 40-bed assisted living facility because the care model will focus on the basic care needs of the residents. These services are currently of limited availability in the area.

Interested persons were notified of this application via a newspaper Public Notice posted in the October 26, 2016, The Louisiana Press-Journal (see *Attachment 11g*).

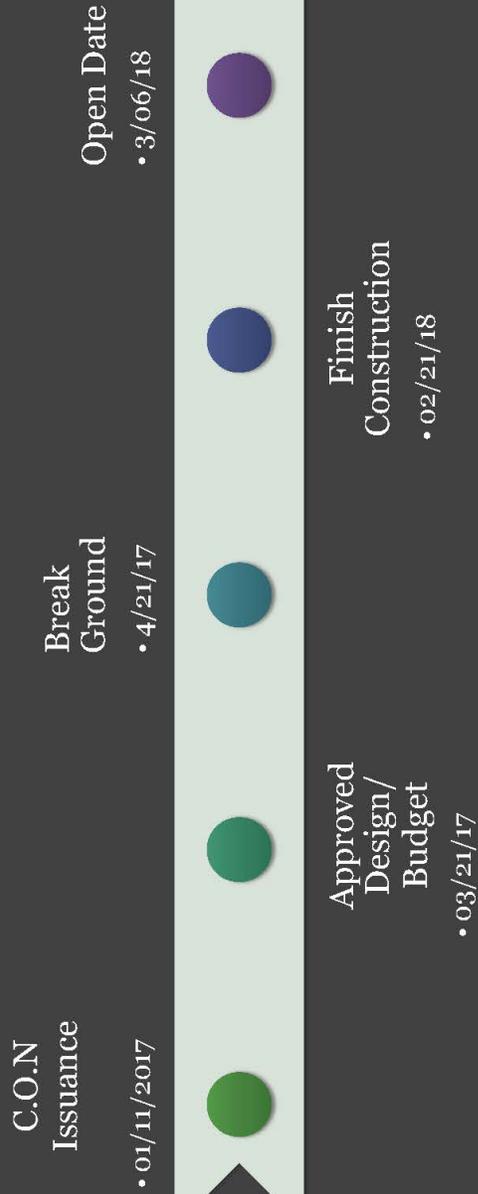
15. Provide copies of any petitions, letters of support or opposition received.

The following letters of support (see *Attachments 9a-e*):

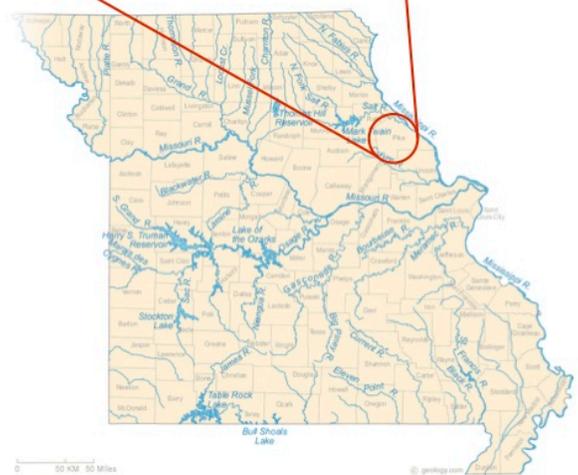
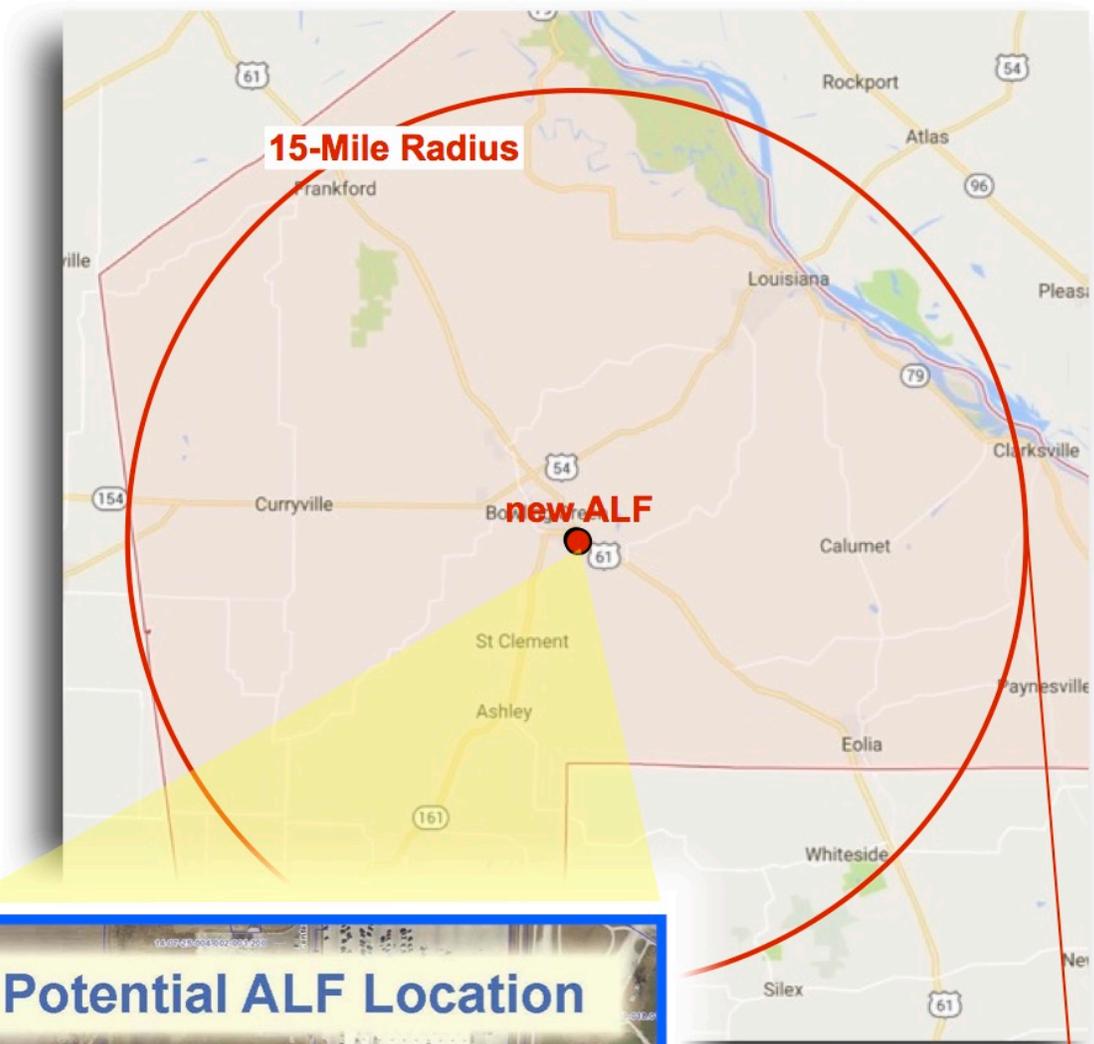
- Senator Brian Munzlinger, District 18
- Representative Jim Hansen, District 40
- Pike County Commission: Chris Gamm, Presiding Commissioner,
Curt Mitchell, Eastern Commissioner, Jim Luebrecht Western Cmsnr
- Justin Selle, CEO, Pike County Memorial Hospital
- Kim Holmes, Executive Director, Bowling Green Housing Authority

DIVIDER II: Attachments

Time Line of Development (The Meadows of Pike County)



Overview of Geographic Location of proposed Bowling Green ALF





Site Plan

PRELIMINARY SITE PLAN
1"=40'

©-31-2016

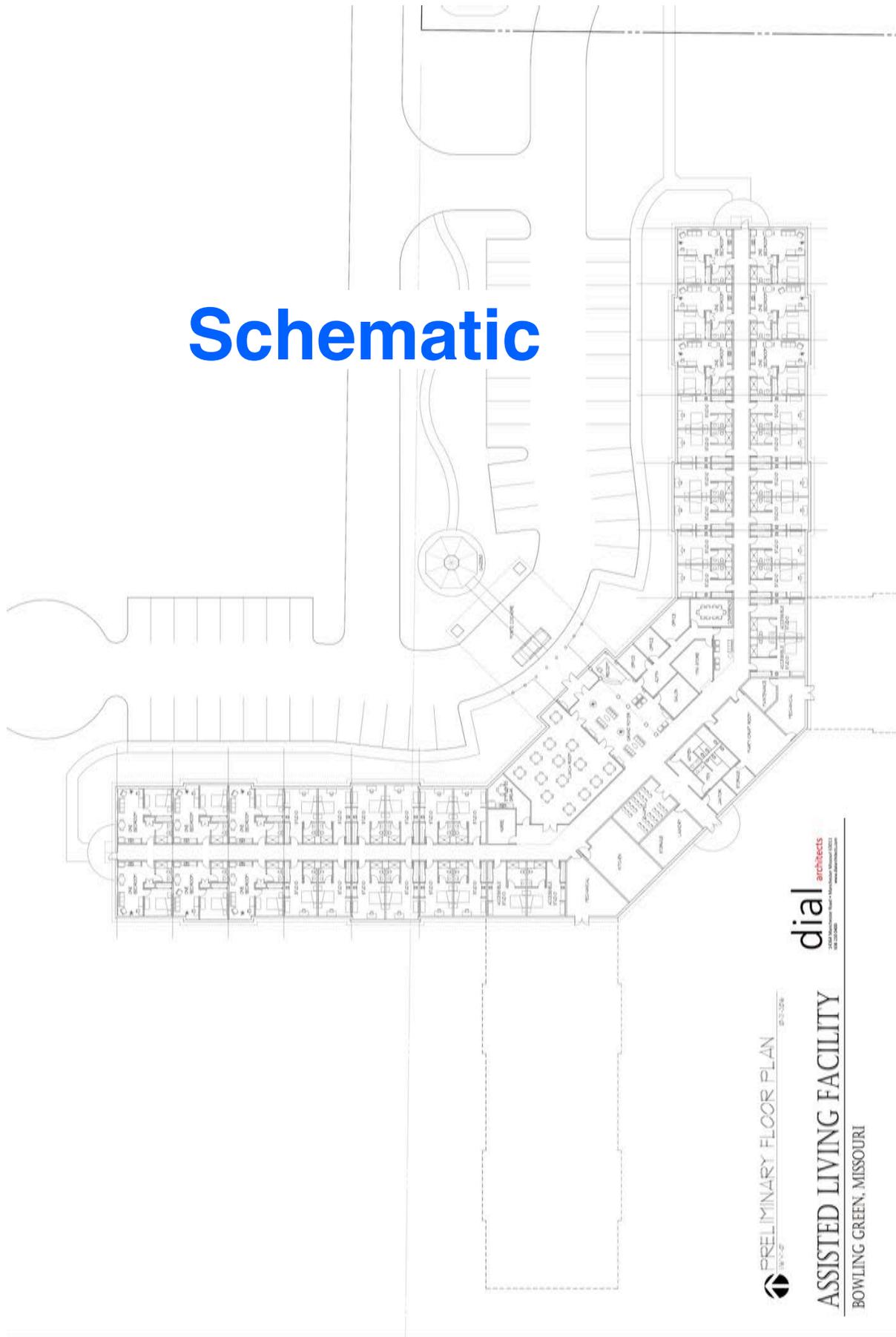


PIKE COUNTY CARE PARK

BOWLING GREEN, MISSOURI

dial architects
14364 Manchester Road • Manchester, Missouri 63011
636 230 0400
www.dialarchitects.com

Schematic



PRELIMINARY FLOOR PLAN 03-1-2016

dial architects
10000 N. 10th Street, Suite 100
Overland Park, MO 66213

ASSISTED LIVING FACILITY

BOWLING GREEN, MISSOURI

From: Tom Piper <macquest@mac.com>
Subject: Schematics for Meadows of Pike Co ALF
Date: October 24, 2016 at 12:59:43 PM CDT
To: David East <david.east@dhss.mo.gov>
Cc: Chris Deeken <deekenc@gmail.com>

David:

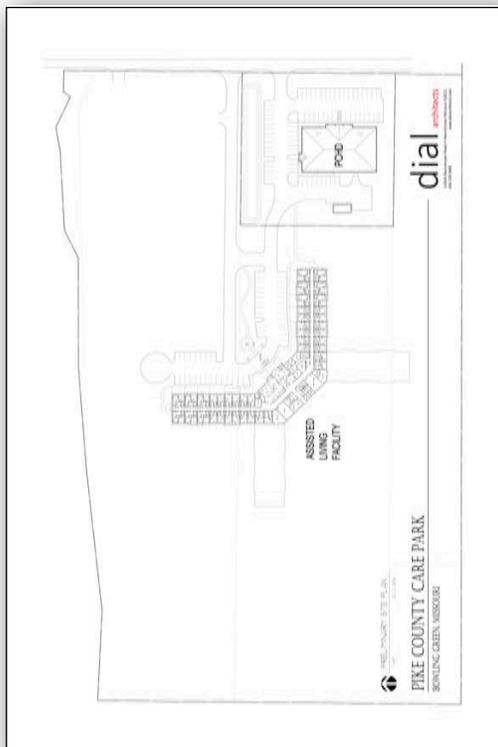
Please find attached a PDF version of the initial site plan and schematics for the proposed Meadows of Pike County 40-bed assisted living facility in Bowling Green.

This information is provided to you as part of the Certificate of Need application process. Once approved, the actual working drawings will be sent to you for more careful examination.

Best Wishes,

Tom

Thomas R. Piper, CEO
MacQuest Consulting, LLC
1003 Boonville Road
Jefferson City, MO 65109
ph: 573-230-5350



STATE OF MISSOURI
COUNTY OF PIKE

I hereby certify that this instrument was filed for record on the
29 day of March 20 16
at 11 o'clock 57 minutes A. M., and is Recorded in
Book 331, Page 8677.



Sherry McCarty, Recorder of Deeds

By Rhonda Niemeier
Deputy
\$ 30⁰⁰ ck

R/ PCT

GENERAL WARRANTY DEED

THIS INDENTURE, made on the 28th day of March, 2016, by and between **James L. Henke and Nancy L. Henke (by and through her Attorney-in-Fact James L. Henke), husband and wife**, of the County of Lincoln in the State of Missouri; and **Ronald V. Henke and Donna C. Henke, Trustees of The Ronald V. Henke and Donna C. Henke Joint Revocable Trust dated June 25, 2015**, of the County of St. Charles in the State of Missouri, hereinafter referred to as "**Grantors**"; and **Pike County Missouri Health Department, Home Health and Hospice**, of the County of Pike in the State of Missouri, hereinafter referred to as "**Grantee**". The mailing address of the Grantee is 1 Healthcare Place, Bowling Green, MO 63334.

WITNESSETH, that said Grantors, for and in consideration of the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION to them paid by the said Grantee, the receipt of which is hereby acknowledged, do by these presents, Grant, Bargain and Sell, Convey and Confirm, unto the said Grantee, its successors and assigns, the following described Lots, Tracts or parcels of land, lying, being and situate in the County of Pike and State of Missouri, to-wit:

A TRACT OF LAND LYING IN PART OF THE NORTHEAST QUARTER OF SECTION 36, TOWNSHIP 53 NORTH, RANGE 3 WEST OF THE FIFTH PRINCIPAL MERIDIAN, PIKE COUNTY, MISSOURI BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:
COMMENCING AT A FOUND IRON PIN AT THE NORTHEAST CORNER OF SAID NORTHEAST QUARTER; THENCE SOUTH 00 DEGREES 59 MINUTES 24 SECONDS WEST ALONG THE EAST LINE OF SAID NORTHEAST QUARTER A DISTANCE OF 813.16 FEET TO A #5 REBAR SET; THENCE LEAVING SAID EAST LINE NORTH 89 DEGREES 54 MINUTES 08 SECONDS WEST A DISTANCE OF 972.91 FEET TO THE TRUE POINT OF BEGINNING; THENCE CONTINUING NORTH 89 DEGREES 54 MINUTES 08 SECONDS WEST A DISTANCE OF 264.63 FEET TO A #5 REBAR SET; THENCE NORTH 00 DEGREES 38 MINUTES 45 SECONDS EAST A DISTANCE OF 437.46 FEET TO A #5 REBAR SET AT THE SOUTHWEST CORNER OF LOT 3 BOWLING GREEN TOWN CENTER; THENCE SOUTH 89 DEGREES 17 MINUTES 14 SECONDS EAST ALONG THE SOUTH LINE OF SAID LOT 3 A DISTANCE OF 906.83 FEET TO A #5 REBAR SET AT THE NORTHWEST CORNER OF A TRACT OF LAND AS DESCRIBED IN BOOK 330 AT PAGE 286; THENCE LEAVING SAID SOUTH LINE SOUTH 00 DEGREES 51 MINUTES 57 SECONDS WEST A DISTANCE OF 295.08 FEET TO A #5 REBAR SET AT THE SOUTHWEST CORNER OF A TRACT OF LAND AS DESCRIBED IN BOOK 330 AT PAGE 287; THENCE NORTH 89 DEGREES 19 MINUTES 41 SECONDS WEST A DISTANCE OF 641.07 FEET; THENCE SOUTH 00 DEGREES 39 MINUTES 03 SECONDS WEST A DISTANCE OF 139.09 FEET TO THE TRUE POINT OF BEGINNING, CONTAINING 7.00 ACRES, MORE OR LESS (304,864.4 SQUARE FEET, MORE OR LESS.
ALL AS PER SURVEY #16-006 AS MADE IN FEBRUARY 2016 BY NORMAN D. ELLERBROCK, MISSOURI PROFESSIONAL LAND SURVEYOR #2001011921.

TO HAVE AND HOLD the premises aforesaid, with all and singular the rights, privileges, appurtenances and immunities thereto belonging or in anywise appertaining unto the said Grantee, and unto its successors and assigns forever, the said Grantors hereby covenanting that they are lawfully seized of an indefeasible estate in fee simple in the premises herein conveyed; that they have good right to convey the same; that the premises are free and clear of any encumbrances done or suffered by them or those under whom they claim; and that they will Warrant and Defend the title to the said premises unto the said Grantee, and unto its successors and assigns forever against the lawful claims and demands of all persons whomsoever.

IN WITNESS WHEREOF, the said Grantors have hereunto set their hands this the day and year first above written.

James L. Henke
James L. Henke
Nancy L. Henke
Nancy L. Henke by James L. Henke, her Attorney-in-Fact

SEE SUPPLEMENTAL SIGNATURE PAGE ATTACHED HERETO AND MADE A PART HEREOF

STATE OF MISSOURI)
) SS.
COUNTY OF PIKE)

On this 28th day of March, 2016, before me personally appeared James L. Henke, husband of Nancy L. Henke, to me known to be the person described in and who executed the foregoing General Warranty Deed, and acknowledged that he executed the same as his free act and deed and for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.



Kenzie Hart
-Notary Public

STATE OF MISSOURI)
) SS.
COUNTY OF PIKE)

On this 28th day of March, 2016, before me personally appeared James L. Henke, Attorney-in-Fact for Nancy L. Henke, wife of James L. Henke, under Durable Power of Attorney dated November 12, 2002, and recorded in Book 327 Page 3592 of the Deed Records of Pike County, Missouri on November 13, 2002, to me known to be the person described in and who executed the foregoing General Warranty Deed, and acknowledged that he executed the same as his free act and deed in behalf of Nancy L. Henke for the purposes therein stated and further states that Nancy L. Henke is still living and the Durable Power of Attorney has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.



Kenzie Hart
-Notary Public

STATE OF MISSOURI
COUNTY OF PIKE

I hereby certify that this instrument was filed for record on the
6 day of April 20 16
at 10 o'clock 45 minutes A. M., and is Recorded in
Book 331, Page 8740.



Sherry McCarty, Recorder of Deeds

By Rhonda Niemeyer Deputy
\$ 30.00 cash

R/PCT

GENERAL WARRANTY DEED

THIS INDENTURE, made on the 6th day of April, 2016, by and between **James L. Henke and Nancy L. Henke (by and through her Attorney-in-Fact James L. Henke), husband and wife**, of the County of Lincoln in the State of Missouri; and **Ronald V. Henke and Donna C. Henke, Trustees of The Ronald V. Henke and Donna C. Henke Joint Revocable Trust dated June 25, 2015**, of the County of St. Charles in the State of Missouri, hereinafter referred to as "Grantors"; and **Pike County Missouri Health Department, Home Health and Hospice**, of the County of Pike in the State of Missouri, hereinafter referred to as "Grantee". The mailing address of the Grantee is 1 Healthcare Place, Bowling Green, MO 63334.

WITNESSETH, that said Grantors, for and in consideration of the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION to them paid by the said Grantee, the receipt of which is hereby acknowledged, do by these presents, Grant, Bargain and Sell, Convey and Confirm, unto the said Grantee, its successors and assigns, the following described Lots, Tracts or parcels of land, lying, being and situate in the County of Pike and State of Missouri, to-wit:

A tract of land lying in part of the Northeast Quarter of Section 36, Township 53 North, Range 3 West of the Fifth Principal Meridian, Pike County, Missouri being more particularly described as follows; Commencing at a found iron pin at the Northeast corner of said Northeast Quarter; thence South 00 degrees 59 minutes 24 seconds West along the East line of said Northeast Quarter a distance of 683.82 feet to a #5 rebar set and the True Point of Beginning; thence continuing along said East line South 00 degrees 59 minutes 24 seconds West a distance of 129.34 feet to a #5 rebar set; thence leaving said East line North 89 degrees 54 minutes 08 seconds West a distance of 972.91 feet; thence North 00 degrees 39 minutes 03 seconds East a distance of 139.09 feet; thence South 89 degrees 19 minutes 41 seconds East a distance of 973.63 feet to the True Point of Beginning, containing 3.00 acres, more or less (130,620.6 square feet, more or less) and being subject to all that portion now being used for county road purposes.

TO HAVE AND HOLD the premises aforesaid, with all and singular the rights, privileges, appurtenances and immunities thereto belonging or in anywise appertaining unto the said Grantee, and unto its successors and assigns forever, the said Grantors hereby covenanting that they are lawfully seized of an indefeasible estate in fee simple in the premises herein conveyed; that they have good right to convey the same; that the premises are free and clear of any encumbrances done or suffered by them or those under whom they claim; and that they will Warrant and Defend the title to the said premises unto the said Grantee, and unto its successors and assigns forever against the lawful claims and demands of all persons whomsoever.

IN WITNESS WHEREOF, the said Grantors have hereunto set their hands this the day and year first above written.

James L. Henke
James L. Henke
Nancy L. Henke by James L. Henke, her Attorney-in-Fact
Nancy L. Henke by James L. Henke, her Attorney-in-Fact

SEE SUPPLEMENTAL SIGNATURE PAGE ATTACHED HERETO AND MADE A PART HEREOF

STATE OF MISSOURI)
) SS.
COUNTY OF PIKE)

On this 6th day of April, 2016, before me personally appeared James L. Henke, husband of Nancy L. Henke, to me known to be the person described in and who executed the foregoing General Warranty Deed, and acknowledged that he executed the same as his free act and deed and for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.



Kenzie Hart
-Notary Public

STATE OF MISSOURI)
) SS.
COUNTY OF PIKE)

On this 6th day of April, 2016, before me personally appeared James L. Henke, Attorney-in-Fact for Nancy L. Henke, wife of James L. Henke, under Durable Power of Attorney dated November 12, 2002, and recorded in Book 327 Page 3592 of the Deed Records of Pike County, Missouri on November 13, 2002, to me known to be the person described in and who executed the foregoing General Warranty Deed, and acknowledged that he executed the same as his free act and deed in behalf of Nancy L. Henke for the purposes therein stated and further states that Nancy L. Henke is still living and the Durable Power of Attorney has not been revoked.

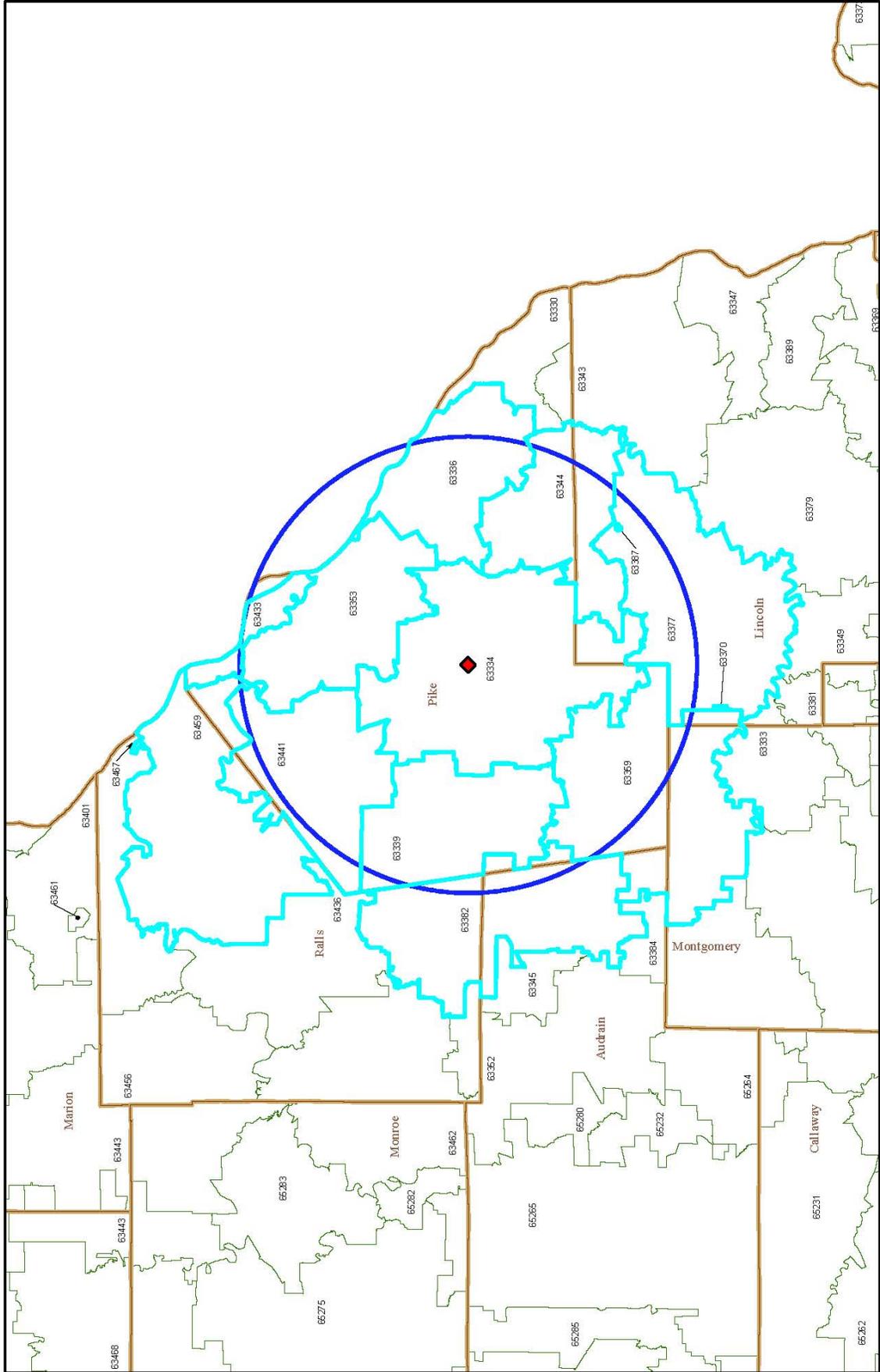
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.



Kenzie Hart
-Notary Public

CON 15 Mile Radius

18120 Pike 312
Bowling Green, MO 63334
(Lat: 39.329239 & Long: -91.181264)



2020 Population Projections for Bowling Green 63334

County Projections				City Projections				
Zip	County	Total Pop	65+ Pop	Zip	County	City	Total Pop	65+ Pop
63334	Pike	8,795	1,268	63334	Pike	Ashley	101	20
63336	Pike	1,095	253	63334	Pike	Bowling Green	6,489	877
63339	Pike	1,172	184	63334	Pike	St. Clement	88	14
63344	Pike	1,899	309	63334	Pike	Tarrants	25	7
63353	Pike	4,266	965	63336	Pike	Clarksville	424	109
63359	Montgom	1,259	279	63336	Pike	Paynesville	74	18
63377	Lincoln	3,010	511	63339	Pike	Curryville	209	33
63382	Audrain	5,050	867	63344	Pike	Eolia	554	92
63387	Lincoln	88	12	63344	Pike	Paynesville	74	18
63433	Pike	71	15	63353	Pike	Louisiana	3,154	775
63441	Pike	1,151	238	63359	Montgome	Middletown	138	41
63459	Ralls	4,366	844	63377	Lincoln	Silex	372	56
Totals		32,222	5,745	63377	Lincoln	Whiteside	82	12
				63382	Audrain	Vandalia	4,960	745
				63387	Lincoln	Whiteside	82	12
				63433	Pike	Ashburn	62	15
				63441	Pike	Frankford	308	58
				63459	Ralls	New London	956	174

Address: 18120 Pike 312, Bowling Green, MO 63334

Bed Need Calculations

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	POPULATION		65+ Population	City in Zip	City Pop	% of City in Zip	City Pop in ZIP	Total Cities' Pop in Zip	Zip Pop W/O Cities' Pop	% of Zip Area in Radius	Zip Pop in Radius W/O Cities' Pop	% City in Zip & Radius	City Pop in Zip & Radius	Total Cities' Pop in Zip & Radius	Zip Pop w City Pop in Zip & Radius
2			Pop in Zip												
3	1	63334	1,268	Ashley	20	100%	20	41	1,227	100%	1,227	100%	20	41	1,268
4				Bowling Green	877	100%									
5				St. Clement	14	100%	14						14		
6				Tarrants	7	100%	7						7		
7	2	63336	253	Clarksville	109	100%	109	109	144	70%	101	50%	55	55	155
9	3	63339	184	Curryville	33	100%	33	33	151	100%	151	100%	33	33	184
11	4	63344	309	Eolia	92	100%	92	110	199	80%	159	100%	92	92	251
12				Paynesville	18	100%							0	0	
13	5	63353	965	Louisiana	775	100%	775	775	190	100%	190	100%	775	775	965
15	6	63359	279	Middletown	41	100%	41	41	238	50%	119	0%	0	0	119
17	7	63377	511	Slieck	56	100%	56	56	455	30%	137	0%	0	0	137
18				Whiteside	12	0%	0						0	0	
19	8	63382	867	Vandalia	745	100%	745	745	122	10%	12	0%	0	0	12
21	9	63387	12	Whiteside	12	100%	12	12	0	100%	0	100%	12	12	12
23	10	63433	15	Ashburn	15	100%	15	15	0	70%	0	100%	15	15	15
25	11	63441	238	Frankford	58	100%	58	58	180	80%	144	100%	58	58	202
27	12	63459	844	New London	174	100%	174	174	670	0%	0	0%	0	0	0
29			5,745		3,058		2,169	2,169	3,576		2,240		1,081	1,081	3,320
30															
31															83



MISSOURI SENATE
BRIAN MUNZLINGER
DISTRICT 18

MISSOURI STATE CAPITOL, ROOM 319
JEFFERSON CITY, MISSOURI 65101
TELEPHONE: (573) 751-7985
WWW.SENATE.MO.GOV/MUNZLINGER

SERVING ADAIR, CHARITON, CLARK, KNOX,
LEWIS, LINN, MACON, MARION, PIKE, RALLS,
RANDOLPH, SCHUYLER, SCOTLAND &
SHELBY COUNTIES

October 27th, 2016

Missouri Health Facilities Review Committee
3418 Knipp Drive
PO Box 570
Jefferson City, MO 65102

Dear Committee,

The Pike County Health Department, Home Health and Hospice had applied for a Certificate of Need for Project Number #5392 R S. This project will be a new facility in Bowling Green, Missouri, which would include 40 assisted living facility beds.

I believe this facility will greatly benefit our community, particularly the elderly population and their families in Bowling Green and the surrounding area, if this facility meets the standards of a Certificate of Need. I support the application and encourage approval of the Pike County Health Department, Home Health and Hospice's application for a Certificate of Need for Project Number #5392 R S.

Sincerely,

A handwritten signature in cursive script that reads "Brian Munzlinger".

Brian Munzlinger
State Senator - District 18

CAPITOL OFFICE
State Capitol Room 405
201 West Capitol Avenue
Jefferson City, MO 65101-6806
Tele: (573) 751-4028
E-Mail: Jim.Hansen@house.mo.gov



Attachment 9b

COMMITTEES
Chairman:
Health Insurance
Member:
Insurance
Economic Development
Small Business
Emerging Issues

MISSOURI HOUSE OF REPRESENTATIVES

Jim Hansen

State Representative
District 40

10/18/16

Missouri Health Facilities Review Committee
3418 Knipp Drive
PO Box 570
Jefferson City, MO 65102

Dear Committee,

The Pike County Health Department, Home Health and Hospice has applied for a Certificate of Need for Project Number #5392 R S. This project will be a new facility in Bowling Green, Mo which would include 40 assisted living facility beds.

As state representative for the 40th District, I'm very familiar with the Pike County Health Department and the important work they do for my constituents. In fact, the department is one of the leading providers of home health and hospice care in the state of Missouri. I believe an assisted living facility will greatly benefit the community, particularly the elderly population and their families in Bowling Green and the surrounding area. I support their application and strongly encourage approval of the Pike County Health Department, Home Health and Hospice's application for a Certificate of Need for Project Number #5392 R S.

Sincerely,

A handwritten signature in cursive script that reads "Jim Hansen".

Representative Jim Hansen
District 40

Pike County Commission



CHRIS GAMM
PRESIDING COMMISSIONER

CURT MITCHELL
EASTERN COMMISSIONER

JIM LUEBRECHT
WESTERN COMMISSIONER

MELISSA KEMPKE
CLERK OF THE COUNTY COMMISSION

Phone: (573) 324-2412 or 324-5447 Fax: 324-5154

E-mail - pike@sos.mo.gov

115 West Main

Bowling Green, Missouri 63334

BARBARA LUCKETT
DEPUTY CLERK

DONNA WISS
DEPUTY CLERK

LAURA STUMBAUGH
DEPUTY CLERK

10/18/16

Missouri Health Facilities Review Committee
3418 Knipp Drive
PO Box 570
Jefferson City, MO 65102

Dear Committee,

The Pike County Health Department, Home Health and Hospice has applied for a Certificate of Need for Project Number #5392 R S. This project will be a new facility in Bowling Green, Mo which would include 40 assisted living facility beds.

The Pike County Commission believes this facility will greatly benefit our community, particularly the elderly population and their families in Bowling Green and the surrounding area. We support the application and encourage approval of the Pike County Health Department, Home Health and Hospice's application for a Certificate of Need for Project Number #5392 R S.

Sincerely,


Curt Mitchell


Chris Gamm


Jim Luebrecht



Pike County Memorial Hospital

Attachment 9d

2305 Georgia Street
Louisiana, Missouri 63353-2559
(573) 754-5531
FAX (573) 754-5874

10/18/16

Missouri Health Facilities Review Committee
3418 Knipp Drive
PO Box 570
Jefferson City, MO 65102

Dear Committee:

The Pike County Health Department, Home Health and Hospice has applied for a Certificate of Need for Project Number #5392 R S. This project will be a new facility in Bowling Green, Mo which would include 40 assisted living facility beds.

Pike County Memorial Hospital believes this facility will greatly benefit our community, particularly the elderly population and their families in Bowling Green and the surrounding area. We support the application and encourage approval of the Pike County Health Department, Home Health and Hospice's application for a Certificate of Need for Project Number #5392 R S.

Sincerely,

A handwritten signature in black ink, appearing to read 'Justin Selle'.

Justin Selle
CEO

Bowling Green Housing Authority

510 W Champ Clark Drive
Bowling Green, MO 63334
573-324-5203 fax: 573-324-3227
bghamo@ymail.com

10/24/16

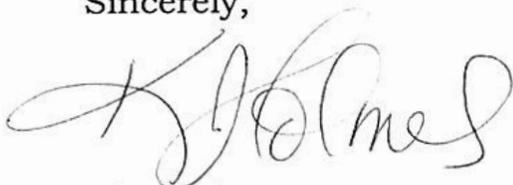
Missouri Health Facilities Review Committee
3418 Knipp Drive
PO Box 570
Jefferson City, MO 65102

Dear Committee,

The Pike County Health Department, Home Health and Hospice have applied for a Certificate of Need for Project Number #5392 R S. This project will be a new facility in Bowling Green, MO which would include 40 assisted living facility beds.

The Bowling Green Housing Authority, which has 75 elderly/disabled apartments, believes this facility will greatly benefit our community. This facility will particularly help the elderly population and their families in Bowling Green and the surrounding areas. We support the application and encourage approval of the Pike County Health Department, Home Health and Hospice's application for a Certificate of Need for Project Number #5392 R S.

Sincerely,



Kim Holmes
Executive Director

DIVIDER III: Community Need Criteria and Standards

DIVIDER III: Community Need Criteria and Standards

Document the following, if applicable:

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.

(not applicable)

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.

The population data provided by the Department of Health and Senior Services was included in Divider II. The percentage adjustments by the applicant to accommodate zip code population inside the 15-mile radius were also included in Divider II.

An inventory of existing and approved RCF and ALF facilities inside the 15-mile radius is provided (see *Attachment 10a*), as well as a map showing the location of these facilities (see *Attachment 10b*). Based on this data, there will be a need for at least 15 additional RCF/ALF beds in the 15-mile radius for the year 2020 as follows:

$$\text{Unmet Need} = (25 \times P) - U$$

Where:

25 = RCF/ALF need rate per 1,000 population age 65+

P = Year 2020 population in the 15-mile radius

U = Number of existing and approved beds in 15-mile radius

$$\text{Unmet Need} = (0.025 \times 3,320) - 68 = 15 \text{ RCF/ALF bed need}$$

3. Document any alternate need methodology used to determine the need for additional beds such as LTCH, Alzheimer's, mental health or other specialty beds.

There is a Special Exception because there is no ALF in Bowling Green (the closest is 10 miles away in Louisiana), and the local RCF is always full. The local community wants to keep its elderly residents in the same community they lived in all of their lives.

4. 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.

(not applicable)

5. 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.

(not applicable)

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.

(not applicable)

DIVIDER III: Attachments

**Inventory of Residential Care and Assisted Living Facilities
in the 15-Mile Radius around proposed RCF in Mexico 65265**

County	Facility Name	Address	City	Zip	ALF	RCF	Total	AVG
Pike	Bowling Green Residential Care	119 West Centennial Ave	Bowling Green	63334	0	24	24	95.1%
Pike	Lynn's Heritage House, Inc	800 Kelly Ln	Louisiana	63353	44	0	44	64.9%
TOTAL					44	24	68	

(information compiled September 15, 2016, based on information acquired from the Department of Health and Senior Services including quarterly licensed (including unavailable beds) occupancy rates for 1Q15 <Jan. 1 - Mar. 30, 2015> through 2Q16 <Apr. 1 - Jun.. 30, 2016> in right columns.

15-Mile Service Area for Bowling Green 63334 CON RCF/ALF Need Analysis



New Bowling Green ALF: 83 need - 68 supply = 15 bed unmet need

DIVIDER IV: Financial Feasibility Criteria and Standards

DIVIDER IV: Financial Feasibility Criteria and Standards

Document the following, if applicable:

- 1. Document that the proposed costs per square foot are reasonable when compared to the latest “RS Means Construction Cost data”.**

Actual new construction cost is \$137.33 per square foot (see *Attachment 4c*), which is considerably less than \$149.07 per square foot median for RS Means for the Missouri-Other area (see *Attachment 11a*).

- 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditors statement indicating that sufficient funds are available.**

Letters of interest from The Mercantile Bank of Louisiana MO, the Bank of Louisiana, Peoples Bank & Trust of Bowling Green, HNB National Bank of Bowling Green, and Community State Bank of Missouri in Bowling Green demonstrate substantial interest pending certificate of need approval (see *Attachments 11b-f*).

- 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) years beyond project completion.**

Since this is a new facility, there is no historical information.

This form attached for projections of 2019 to 2021 (see *Attachment 11g*).

4. Document how patient charges were derived.

Charges are based on extensive experience of the Consultants in numerous other facilities currently in operation in Missouri, and localized for this specific area.

5. Document responsiveness to the needs of the medically indigent.

Because this is a full-function assisted living facility which will not be eligible for public reimbursement such as Medicare or Medicaid, there are other provisions for discounted services. Residents with limited resources will also be referred to other services who provide indigent care.

Interested persons were notified of this application via newspaper Public Notice intended for the October 26, 2016, Louisiana Press-Journal (see *Attachment 11h*).

6. For a proposed new skilled nursing or intermediate care facility, what percent of your admissions would Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?

(not applicable)

7. For an existing skilled nursing or intermediate care facility proposing to add beds, what percent of your admissions is Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission?

(not applicable)

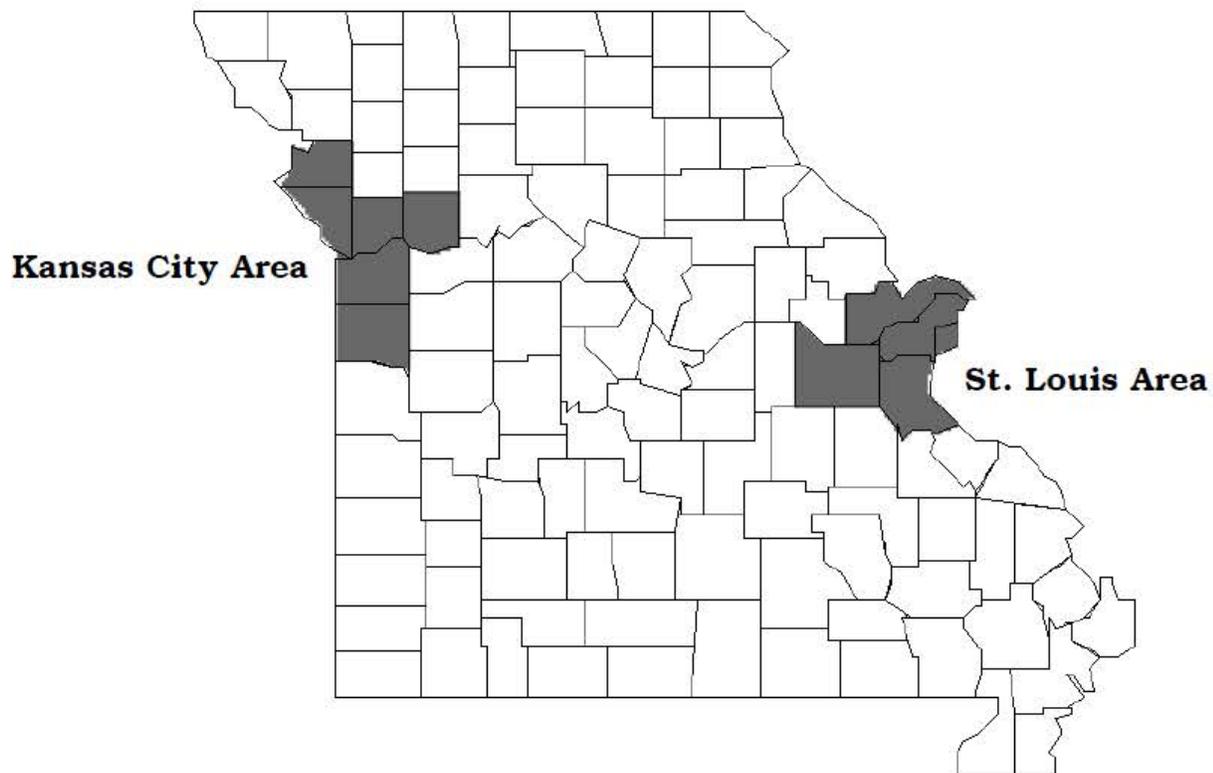
DIVIDER IV: Attachments

RS Means Cost Data

RS Means Cost Data Percentile Limits Total New Construction Project Costs*

Source: 2015 RS Means Building Construction Cost Data

<u>Type of Facility</u>	<u>Percentile</u>	<u>St. Louis Area</u>	<u>Kansas City Area</u>	<u>Missouri-Other</u>	<u>National</u>
Hospital Cost Per Sq. Ft.	3/4	364.59	366.72	343.64	355.00
	Median	264.97	266.51	249.74	258.00
Nursing Home Cost Per Sq. Ft.	3/4	202.32	203.50	190.70	197.00
	Median	162.27	163.21	152.94	158.00
Residential Care/Assisted Living Facility Cost Per Sq. Ft.	3/4	184.86	185.94	174.24	180.00
	Median	158.16	159.08	149.07	154.00



* Renovation costs should not exceed 70% of total new construction project costs.

The Mercantile Bank of Louisiana, MO

222 Georgia St.
P.O. Box 509
Louisiana, Missouri 63353-0509
Phone: 573-754-6221 Fax: 573-754-6883

October 18, 2016

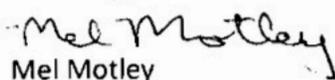
Pike County Health Department
Attention: Chris Deeken
1 Health Care Place
Bowling Green, Mo 63334

Re: Proposed Assisted Living Center
1 Health Care Place
Bowling Green, Mo 63334

Dear Mr. Deeken:

In regard to our phone conversation last week, The Mercantile Bank of Louisiana, Mo is providing this letter of interest in the financing of your proposed Assisted Living Center. It is our understanding that the final costs have not been determined, but the project estimates are around \$9,000,000.00. I know in the past, projects of this nature which benefit the County and surrounding communities, have received financing from multiple financial institutions in a joint effort of support. This also spreads the risk. Since we are a smaller Community Bank, our legal lending limit is approximately \$6 million dollars but we are interested in being a partner with other institutions in a viable project. Thanks for giving The Mercantile Bank of Louisiana, Mo the opportunity to review your loan request.

Sincerely,


Mel Motley
Sr. Vice President



Attachment 11c

October 18, 2016

Pike County Health Department
Attention: Chris Deeken
1 Health Care Place
Bowling Green, MO 63334

Dear Mr. Deeken:

Per your recent request, Bank of Louisiana is happy to provide this letter of interest with regards to the financing of your proposed Assisted Living Center in Bowling Green, Missouri. It is my understanding that your project will cost around \$9 million, but that final costs have not been determined.

Bank of Louisiana would welcome the opportunity to review your loan proposal.

Sincerely,

A handwritten signature in blue ink, appearing to read "B. Logan".

Benjamin J. Logan
Vice President



106 BUSINESS HWY 61 S., BOWLING GREEN, MO 63334
573-324-2525 FAX 573-324-5056
www.pbtc.net

September 15, 2016

Pike County Health Department
Attention: Chris Deeken
1 Health Care Place
Bowling Green, Missouri 63334

Dear Mr. Deeken:

Re: Proposed Assisted Living Center
1 Health Care Place
Bowling Green, MO 63334

Pursuant to our phone conversation today Peoples Bank & Trust is happy to provide this letter of interest with regards to the financing of your proposed Assisted Living Center. It is my understanding that your project will cost around \$7.5 million, but that final cost have not been determined.

Peoples Bank & Trust would welcome the opportunity to review your loan proposal. To give your proposal proper consideration we will require:

- 1) Complete plans and cost estimates for the proposed construction
- 2) Organization documents for the borrowing entity
- 3) Operating budget for the enterprise upon completion
- 4) Schedule of funds for initial equity injection
- 5) Lease up projection for the facility
- 6) Market research to document the need for the facility
- 7) Staffing plan for the proposed facility
- 8) Three year forecast of the operating income – expenses of the proposed facility.

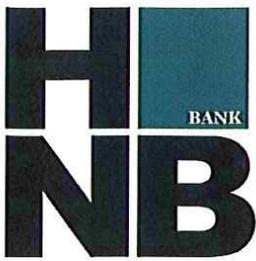
Final loan structure will be driven by the nature of the borrower (tax exempt versus tax obligate entity), Project construction time frame and ramp-up of proposed construction.

I look forward to working with you on this project.

Kindest regards,

A handwritten signature in blue ink that reads 'Larry W. Gamm'.

Larry W. Gamm
Vice President of Commercial Lending



September 21, 2016

Pike County Health Department
Home Health & Hospice
Chris Deeken, Administrator
1 Health Care Place
Bowling Green, Missouri 63334

Dear Chris,

Thank you for contacting HNB National Bank regarding the proposed Assisted Living Center in Bowling Green. It is my privilege to provide you with our letter of interest in financing your expansion. It is my understanding you are estimating the cost to be around \$9 million. I also understand that the final cost is still pending. HNB Bank would be happy to examine your proposal.

We are pleased to submit our current rates and terms:

- Current rates are between 4.0 – 4.5% on or 1 to 5 year ARM's.
- Amortizations are available from 1 to 20 years for commercial buildings.
- Closing costs are based on size of loan with additional pass through closing costs.

This letter is not a contract to extend financing, nor an offer to enter into a contract for such financing nor a commitment to obligate lender in anyway with the respect to any financing proposal summarized herein. You should not rely upon it as such.

Please feel free to get in touch with me at 573-324-6100 about any of the specifics of this quotation. Again, thank you for considering HNB National Bank for your largescale development project.

Sincerely,

Rick Van Horn
Vice President

Phone 573-324-2233
FAX: 573-324-2559
P O BOX 370
BOWLING GREEN MO 63334



www.c-s-b.com email: info@c-s-b.com

Attachment 11f

Phone 636-528-6088
FAX: 636-528-9031
101 COMMUNITY BANK PLAZA
TROY MO 63379

Community State Bank of Missouri

EARL J. NIEMEYER
Senior Vice President

October 25, 2016

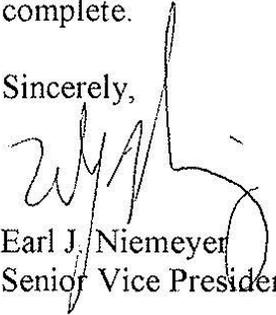
Mr. Christopher Deeken
Pike County Health Department
#1 Health Care Place
Bowling Green, MO 63334

Dear Mr. Deeken,

Community State Bank of Missouri has received five years of financial statements of the Pike County Health Department/Home Health and Hospice and drawings of a proposed assisted living facility the Department plans to construct. These were provided to the bank as the initial part of a loan application to finance the construction of the facility. The Bank will continue to evaluate the application as further required documentation is provided. If all required documentation meets bank standards for repayment ability, collateral position, and capital, a loan could be approved and closed for this facility.

Please contact me when a final loan amount is known and when a proposed cash flow is complete.

Sincerely,



Earl J. Niemeyer
Senior Vice President

EJN/dlo



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Historical Financial Data for Latest Three Years plus Projections Through Three Years Beyond Project Completion

(Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.)

Table with columns for 2019, 2020, and 2021. Rows include: Amount of Utilization, Revenue (Average Charge, Gross Revenue, Revenue Deductions, Operating Revenue, Other Revenue, TOTAL REVENUE), Expenses (Direct: Salaries, Fees, Supplies, Other; Indirect: Depreciation, Interest, Overhead; TOTAL INDIRECT, TOTAL EXPENSE), and NET INCOME (LOSS).

* Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

** Indicate how the average charge/procedure was calculated.

*** Only on long term debt, not construction.

**** Indicate how overhead was calculated.

THE LOUISIANA PRESS-JOURNAL

public notice  Inbox x



Chris Deeken <deekenc@gmail.com>
to [lpjbook](#)

9:29 AM (1 hour ago) ☆  

Thank you very much sorry for the short notice

"The Meadows of Pike County plans to establish a 40-bed assisted living facility at 18120 Pike 312, Bowling Green, MO 63334, pending certificate of need approval of their \$5,858,187 application from the Missouri Health Facilities Review Committee. This application (Proj. No. 5392 RS) will be filed on or before November 1, 2016."



Val Gilbert
to me

9:39 AM (56 minutes ago) ☆  

Got it!
Will work into this week's paper

—
Val Gilbert
Bookkeeper/Typesetter
Louisiana Press-Journal
[573-754-5566](tel:573-754-5566)
lpjbook@lcs.net

On 10/25/16 9:29 AM, "Chris Deeken" <deekenc@gmail.com> wrote:

(to be printed both online and in the local paper version)

**END of
CERTIFICATE OF NEED APPLICATION**

Meadows of Pike County

Establish 40-Bed Assisted Living Facility

Project #5392 RS

