

Certificate of Need Program

LETTER OF INTENT

1. Project Information (Attack	h additional pages as nece	essary to identify multiple pro	ject sites.)	
Title of Proposed Project (Name of existing or pro		County		
	1.6': /2: . /7' . 0. 1. '5			
Project Address (Street/City/State/Zip Code or I	atitude and Longitude wit	n City/State/Zip Code if no a	issigned address)	
2. Applicant Identification	(Attach additional pages	as necessary to list all owne	rs 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/0	City/State/Zip Code)	Telephone Number
	T			
3. Type of Review	4. Project Description (Information should be brief but sufficient to understand scope of project.			
Full Review:	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			
New Hospital	replacing equipment pre	viously approved, provide the	e CON project number of the exi	
New/Add LTC Beds*	requesting a non-applica	ibility letter, also complete th	e next page of this form.	
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	*If new or additional lor	ag-term care heds, provide th	ae average occupancy of all lic	ensed and available beds in
Non-Applicability Review: (See 7. Applicability next page)	*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	•	•		
5. Estimated Project Cost:	\$			
6. Authorized Contact Pers	on Identificatio	n (List only one person u	who would be the main conto	ıct 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	
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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.			