



Certificate of Need Program

EXPEDITED LTC BED REPLACEMENT/EXPANSION APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: _____ Project No: _____

Project Description: _____

Done Page N/A Description

Divider I. Application Summary:

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

Divider II. Proposal Description:

- 1. Provide a complete detailed project description.
2. Provide a timeline of events for the project, from the issuance of the CON through project completion.
3. Provide preliminary schematic drawings for the proposed project.
4. Provide the existing and proposed gross square footage.
5. Document ownership of the project site.

Divider III. Community Need Criteria and Standards:

- 1. If the proposal is to relocate RCF/ALF beds within 6-mile radius in accordance with §197.318.4(4) provide the following:
2. If the proposal is to replace one-half of a qualifying licensed facility's beds within a 30-mile radius in accordance with §197.318.5 provide the following:
3. If the proposal is to replace a facility in its entirety at a single site within a 15-mile radius in accordance with §197.318.6 provide the following:
4. If the proposal is to expand under provisions of §197.318.4(1) and the effort to purchase has been successful provide:
5. If the proposal is to expand under provisions of §197.318.4(1) and effort(s) to purchase have been unsuccessful, provide Purchase Agreement Form(s) (MO 580-2352) verifying unsuccessful effort(s) to purchase.