

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 proposes to amend sections (1), (1)(A-B)(D)-G), (2), (2)(A-C), (3), (6) and (7), and add subsection (2)(D).

PURPOSE: This committee proposes to amend this rule for statute updates and expand items to be included on the Letter of Intent.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The Letter of Intent (LOI) (Form MO 580-1860, [*incorporated by reference*]) shall be completed as follows:

(A) Project Information: sufficient information to identify the intended service, such as [*construction, renovation, new or replacement equipment*] **the name of the existing or proposed facility, whichever is applicable**, and address or **if address is unknown or not yet established, a specific description or the latitude and longitude** [*plat map*] identifying a specific site rather than a general area (county designation alone is not sufficient);

(B) Applicant Identification: the full legal name of all owner(s) and operator(s) which compose the applicant[*(s)*] who, singly or jointly, propose to develop, offer, lease, or operate a new institutional health service within Missouri; provide the corporate entity, not individual names, of the corporate board of directors or the facility administrator;

(D) Project Description: information which provides details of the number **and type** of beds to be added, deleted, or replaced, square footage of new construction and/or renovation, services affected, and equipment to be acquired. If an application for new or additional long-term care beds, confirm that the bed need standard has been met or that special exceptions exist. If a replacement project, information which provides details of the facilities or equipment to be replaced, including name, location, distance from the current site, and its final disposition. **If replacing equipment previously approved, provide the CON project number of existing equipment;**

(E) Estimated Project Cost: total proposed expenditures necessary to achieve the application's objectives—not required for long-term care (LTC) bed expansions pursuant to section [*197.318.8(1)*] **197.318.4(1)**, RSMo;

(F) Authorized Contact Person Identification: the full name, title, address (including association), telephone number, email, fax number, **signature, and date of signature;**

(G) Applicability: page 2 of the LOI must be filled out by applicants requesting a non-applicability review to provide the reason and rationale for the [*exemption or exception being sought*] **non-applicability review request;** and

(2) If a non-applicability review is sought, **the** applicant[*s*] shall submit the following additional information:

- (A) Proposed Expenditures (Form MO 580-2375[, *incorporated by reference*]) [*including i*];
- (B) Information which details all methods and assumptions used to estimate project costs.

Documentation of costs may be requested;

- ([B]C) Schematic drawings and evidence of site control, with appropriate documentation; and
- ([C]D) In addition to the above information, for exceptions or exemptions, documentation of other provisions in compliance with the Certificate of Need (CON) statute, as described in sections (3) through (6) below of this rule.

(3) If an exemption is sought for a residential care or assisted living facility (RCF/ALF) pursuant to section 197.312, RSMo, **the** applicant[s] shall submit documentation that this facility had previously been owned or operated for or, on behalf of St. Louis City.

(6) The LOI must have an original signature for the contact person [*including*] **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://www.dhss.mo.gov/CON/Forms.html>, *obtained by mailing a written request with a self-addressed stamped envelope to CONP, PO Box 570, Jefferson City, MO 65102-0570*] **<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).

AUTHORITY: section 197.320, RSMo 2000. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency rescission and rule filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Amended: Filed June 9, 2003, effective Nov. 30, 2003. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed August 9, 2019.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999*

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 e-mail 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.*