

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 60-50.700 Post-Decision Activity. The committee proposes to amend sections (1-3), (7), (7)(B), and (8-9) and adding subsection (9)(D).

PURPOSE: The committee proposes to amend periodic progress reporting requirements and requiring an extension form to be filled out when submitting an extension request.

(1) Applicants who have been granted a Certificate of Need (CON) or a Non-Applicability CON letter shall file reports by mail or email with the Missouri Health Facilities Review Committee (committee), using Periodic Progress Report (Form MO 580-1871[, *incorporated by reference*]). A report shall be filed [by] **within ten (10) days following** the end of each six (6)-month period after CON approval, or issuance of a Non-Applicability CON letter, until **the project is complete which includes the licensing of all new beds, installation of equipment and/or completion of renovations** [*construction and/or expenditures are complete*]. All Periodic Progress Reports must contain a complete and accurate accounting of all expenditures for the report period. **Final project costs with third-party verification must be provided on a Periodic Progress Report (Form MO 580-1871).**

(2) Applicants who have been granted a CON and fail to incur a capital expenditure within six (6) months may request an extension of six (6) months by submitting a [*letter*] **written request** to the committee outlining the reasons for the failure, with a listing of the actions to be taken within the requested extension period to insure compliance. The Certificate of Need Program (CONP) staff on behalf of the committee will analyze the request and grant an extension, if appropriate. Applicants may request additional extensions **by submitting a completed Request for Extension form (MO 580-1872)**, and must provide [*additional*] financial information plus other documentation describing delays.

(3) A Non-Applicability CON letter is valid for six (6) months from the date of issuance. Failure to incur a capital expenditure or purchase the proposed equipment within that time frame shall result in the Non-Applicability CON letter becoming null and void. The applicant may request one (1) six (6)-month extension unless otherwise constrained by statutory changes. **Failure to file the required Periodic Progress Report shall result in the Non-Applicability CON letter becoming null and void.**

(7) Cost overrun review procedures implement the CON statute section 197.315.7, RSMo. Immediately upon discovery that a project's actual costs would exceed approved project costs by more than ten percent (10%), [*an*] **the applicant shall apply for approval of the cost variance.** A nonrefundable fee in the amount of one-tenth of one percent (0.1%) of the additional project cost above the approved amount made payable to "Missouri Health Facilities Review Committee" shall be required. [*The original and eleven (11) copies or electronic version of t*]The information requirements for a cost overrun review are required as follows:

(B) Provide a Proposed Project Budget (Form MO 580-1863[, *incorporated by reference*]).

(8) At any time during the process from Letter of Intent to project completion, the applicant is responsible for notifying the committee of any change in the designated contact person. If a change is necessary, the applicant must file a Contact Person Correction (Form MO 580-1870[, *incorporated by reference*]).

(9) The following forms cited in this rule are incorporated by reference and published by the Certificate of Need Program (CONP), [October 1, 2009] **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 acquire 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) Periodic Progress Report (Form MO 580-1871).

(B) Extension Request (Form MO 580-1872).

([B] C) Proposed Project Budget (Form MO 580-1863).

([C] D) Contact Person Correction (Form MO 580-1870).

AUTHORITY: section 197.320, RSMo 2000. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Amended: Filed Oct. 19, 1999, effective April 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 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.*