

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 is amending section (1) and subsection (2)(A), deleting section (4) and (7), and renumbering the remaining sections accordingly.

PURPOSE: The committee is amending this rule to remove verbiage related to a statute that is no longer effective and to include certain CON forms within the rule rather than incorporating them by reference.

(1) The Letter of Intent (LOI) (Form MO 580-1860), **included herein**, shall be completed as follows:

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

(A) Proposed Expenditures (Form MO 580-2375), **included herein**;

[(4) If an exemption is sought pursuant to section 197.314(1), RSMo, for a sixty- (60-) bed stand-alone facility designed and operated exclusively for the care of residents with Alzheimer's disease or dementia and located in a tax increment financing district established prior to 1990 within any county of the first classification with a charter form of government containing a city with a population of over three hundred fifty thousand (350,000) and which district also has within its boundaries a skilled nursing facility (SNF), applicants shall submit documentation that the health care facility would meet all of these provisions.]

[[5]4] If the LOI relates to new or additional long-term care beds, applicant shall submit documentation of the need for such beds and the average occupancy of all licensed beds in the appropriate category within the fifteen- (15-) mile radius of the project site.

[[6]5] The LOI must have an original signature for the contact person 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://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 2016. 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 Aug. 9, 2019, effective March 30, 2020.*

**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.*



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LETTER OF INTENT

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.



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PROPOSED EXPENDITURES

(Completed for non-applicability letter requests.)

CAPITAL COSTS:

Dollars

(Round cost up to the nearest dollar and fill every line even if the amount is "\$0".)

Description

- 1. New Construction Costs _____
- 2. Renovation Costs _____
- 3. Architectural/Engineering Fees _____
- 4. Equipment (not in construction contract) _____
- 5. Land Acquisition Costs _____
- 6. Consultants' Fees/Legal Fees _____
- 7. Interest During Construction (net of interest earned) _____
- 8. Other Costs (describe what this includes) _____
- 9. **Total Capital Costs** (sum of #1 thru #8) _____

MEDICAL EQUIPMENT COSTS:

Dollars

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

Description

- 10. Equipment (fixed and movable) _____
- 11. Shielding (if not included in equipment bid quote) _____
- 12. Installation (if not included in equipment bid quote) _____
- 13. Software (if not included in equipment bid quote) _____
- 14. Other (describe what this includes) _____
- 15. **Total Medical Equipment Costs** (sum of #10 thru #14) _____

MO 580-2375 (09/12)

Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

Provide documentation in the form of construction bids, quotes, price list, appraisal, option to purchase, etc.