

**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 60-50.450 Criteria and Standards for Long-Term Care.** The committee is amending subsection (1)(D), (3)(A), (3)(B) and section (6), deleting section (5) and (7), and renumbering the remaining sections accordingly.

*PURPOSE: The committee is amending this rule to remove verbiage related to a demonstration project that is no longer effective, word updates, and to include a CON form within the rule rather than incorporating it by reference.*

(1) The following population-based long-term care bed need methodology for the fifteen (15)-mile radius shall be used to determine the need:

(D) If the project is to add beds to an existing long-term care facility, the applicant shall state whether or not the facility received any [*patient*] **resident** care Class I deficiencies within the last eighteen (18) months as a result of a survey, inspection or complaint investigation and the reason for and status of the deficiencies.

(3) A LTC bed expansion involving a Chapter 198 facility may qualify for shortened information requirements and review time frames. The applicant shall submit the following information:

(A) If an effort to purchase has been successful pursuant to section 197.318.4(1), RSMo, a Purchase Agreement (Form MO 580-2352), **included herein**, between the selling and purchasing facilities, and a copy of the selling facility's reissued license verifying the surrender of the beds sold; or

(B) If an effort to purchase has been unsuccessful pursuant to section 197.318.4(1), RSMo, a Purchase Agreement (Form MO 580-2352), **included herein**, between the selling and purchasing facilities which documents the "effort(s) to purchase" LTC beds.

*[(5) Any newly-licensed Chapter 198 facility established as a result of the Alzheimer's and dementia demonstration projects pursuant to Chapter 198, RSMo, or aging-in-place pilot projects pursuant to Chapter 198, RSMo, as implemented by the Division of Regulation and Licensure (DRL), may be licensed by the DRL until the completion of each project. If a demonstration or pilot project receives a successful evaluation from the DRL and a qualified Missouri school or university, and meets the DRL standards for licensure, this will ensure continued licensure without a new CON.]*

[[6]5) For LTC renovation or modernization projects which do not include increasing the number of beds, the applicant [*should*] **shall** document the following, if applicable:

(A) The proposed project is needed to comply with current facility code local, state, or federal government requirements for licensure, certification, or accreditation;

(B) Operational efficiencies will be attained through reconfiguration of space and functions;

(C) The methodologies used for determining need and the reallocation of space and functions; and

(D) The benefits to the facility because of its age or condition.

*[(7) The following form cited in this rule is incorporated by reference and published by the Certificate of Need Program (CONP), May 1, 2012, 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](mailto: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) Purchase Agreement (Form MO 580-2352).]

*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. Emergency amendment filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. 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 Aug. 9, 2019, effective March 30, 2020.*

*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](mailto: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.*



Certificate of Need Program

**PURCHASE AGREEMENT**

**Part 1: Purchasing Facility Information**

Name of Facility: \_\_\_\_\_

Address (no PO Box): \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

Number/Type of Licensed Beds: \_\_\_\_\_

RCF/ALF

ICF/SNF

(Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

**Part II: Selling Facility Information**

Name of Facility: \_\_\_\_\_

Address (no PO Box): \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

Number/Type Licensed Beds: \_\_\_\_\_

RCF/ALF

ICF/SNF

(Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

**Part III: Value of Consideration**

Monetary Value of Purchase: \$ \_\_\_\_\_ No./Type Beds: \_\_\_\_\_

Terms of Purchase: \_\_\_\_\_

*(Add more pages as necessary to describe the sale.)*

**Part IV: Certification of Information**

Yes  No The above Purchaser and Seller have agreed to these purchase terms.

**Purchaser Signature:** \_\_\_\_\_

Title/Date: \_\_\_\_\_

**Seller(s) Signature(s):**

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

Title/Date: \_\_\_\_\_