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 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, 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).


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.
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
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
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: ________________________________________________