

**From:** [Fick, Mackinzey](#)  
**To:** ["Bunker Residential Home"](#)  
**Subject:** CON 6104  
**Date:** Monday, May 13, 2024 4:36:00 PM

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Julia,

After reviewing your application, some additional information is needed.

- Divider two, question 12, states to see the attachment. Utilization for year 21, 22, 23, 25, 26, and 27 should be listed here – these should also match the utilization numbers listed on the revenues and expenses form.
- Provide a copy of the public notice regarding the proposed project published in a local newspaper (19 CSR 60-50.430 (6) Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper of general circulation before it was filed with the CON Program by the applicant.)
- The CON application is to increase by 3 beds for a total of 15 beds, however the schematics appear to show 16 beds. Please advise.
- I am unable to verify the information listed on the revenues and expenses form. Please double check this, rise the numbers and send back.

**This information is needed by Thursday, May 23, 2024.**

*Mackinzey Fick* (Name change from Lux to Fick)

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

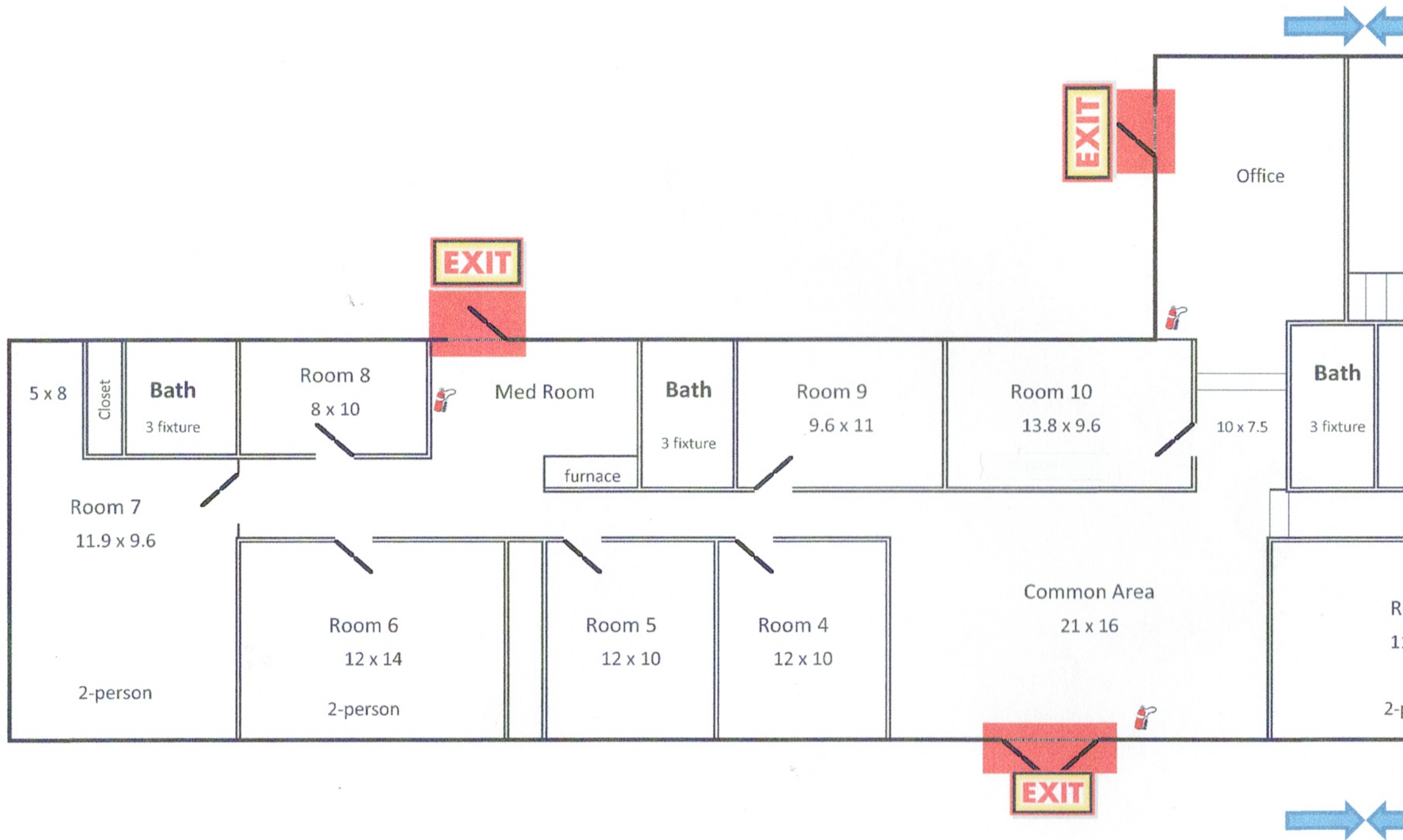
Jefferson City, MO 65102

OFFICE: 573-751-6403

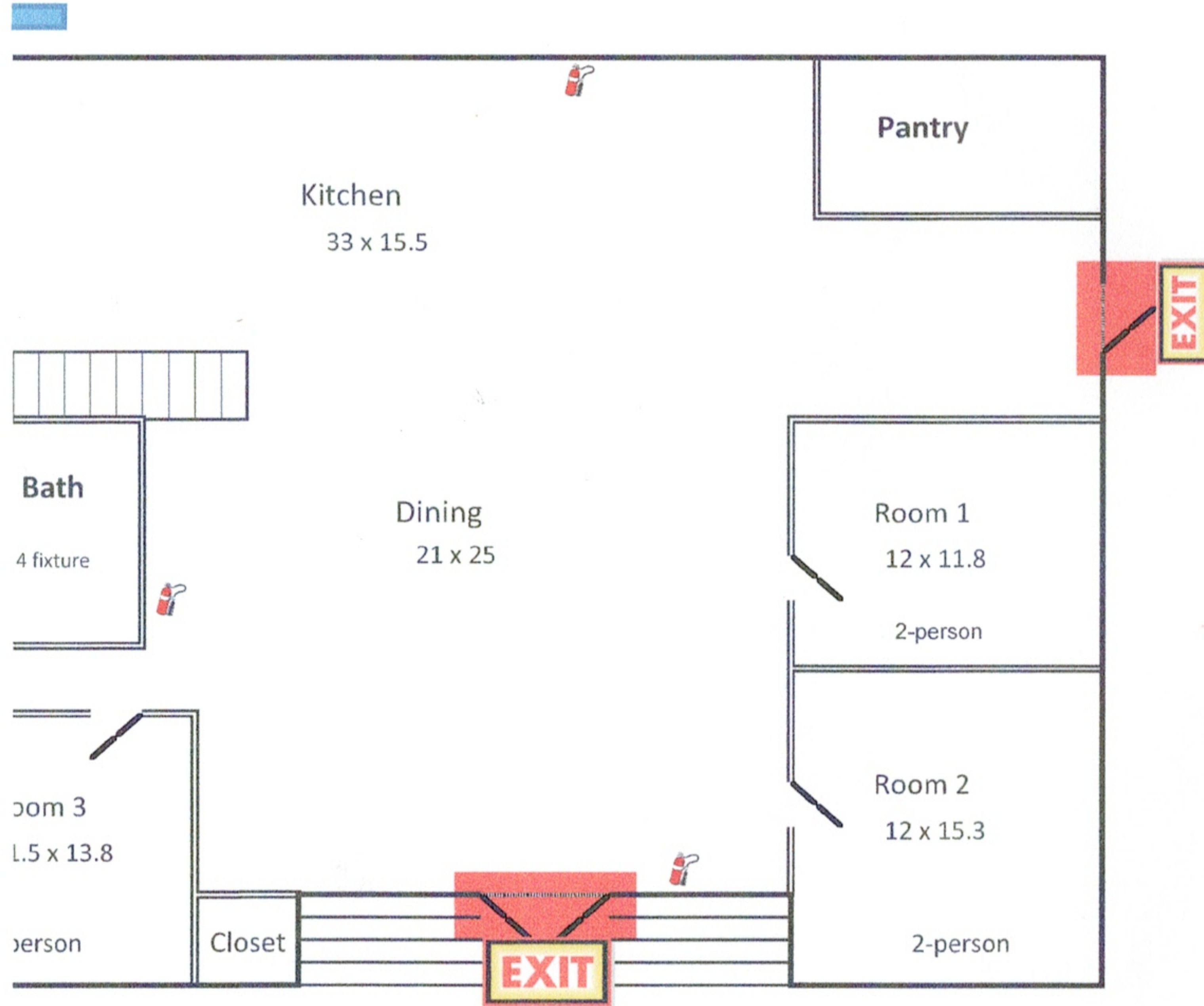
FAX: 573-751-7894

EMAIL: [mackinzey.fick@health.mo.gov](mailto:mackinzey.fick@health.mo.gov)

<http://health.mo.gov/information/boards/certificateofneed/index.php>



Bunker Residential Home (page 1)



Bunker Residential Home (page 2)

**From:** [Fick, Mackinzey](#)  
**To:** ["Bunker Residential Home"](#)  
**Subject:** RE: 6104RS  
**Date:** Thursday, May 16, 2024 2:33:00 PM

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Julia,

After reviewing your additional information, some items are still needed.

- Provide a copy of the public notice regarding the proposed project published in a local newspaper (19 CSR 60-50.430 (6) Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper of general circulation before it was filed with the CON Program by the applicant.)
- Explain why the revenues and expenses form does not reflect any indirect expenses.
- Explain why the reveunes and expenses form does not reflect any revenue deductions.
- Based on CON Survey submissions, utilization for year 2021 reflects 3,445, year 2022 reflects 3,710, and year 2023 reflects 3,527. This does not match the numbers provided in the application. Please advise.

**This information is needed by Thursday, May 23, 2024.**

*Mackinzey Fick* (Name change from Lux to Fick)

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102

OFFICE: 573-751-6403

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EMAIL: [mackinzey.fick@health.mo.gov](mailto:mackinzey.fick@health.mo.gov)

<http://health.mo.gov/information/boards/certificateofneed/index.php>

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**From:** Bunker Residential Home <bunkerresidential@gmail.com>

**Sent:** Wednesday, May 15, 2024 9:52 AM

**To:** Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>

**Subject:** 6104RS

Utilization:

<u>Year</u>	<u>Utilization</u>
2021	3445
2022	3710
2023	3527
2024	4914
2025	5475
2026	5475



# SERVICE-SPECIFIC REVENUES AND EXPENSES

**Project Title:**

**Project #:**

## Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

*Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.*

**Year**

	_____	_____	_____
<b>Amount of Utilization:*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Revenue:</b>			
Average Charge**	_____	_____	_____
Gross Revenue	_____	_____	_____
Revenue Deductions	=====	=====	=====
Operating Revenue	=====	=====	=====
Other Revenue	=====	=====	=====
<b>TOTAL REVENUE</b>	=====	=====	=====
<b>Expenses:</b>			
Direct Expenses			
Salaries	_____	_____	_____
Fees	_____	_____	_____
Supplies	_____	_____	_____
Other	=====	=====	=====
TOTAL DIRECT	=====	=====	=====
Indirect Expenses			
Depreciation	_____	_____	_____
Interest***	_____	_____	_____
Rent/Lease	_____	_____	_____
Overhead****	=====	=====	=====
TOTAL INDIRECT	=====	=====	=====
<b>TOTAL EXPENSES</b>	=====	=====	=====
<b>NET INCOME (LOSS):</b>	=====	=====	=====

\*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

\*\*Indicate how the average charge/procedure was calculated.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** Bunker Residential Home**Project #:** 6104RS**Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion**

*Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.*

	<b>Year</b>		
	<u>2024</u>	<u>2025</u>	<u>2026</u>
<b>Amount of Utilization:*</b>	4,914	4,914	5,110
<b>Revenue:</b>			
Average Charge**	\$41	\$45	\$50
Gross Revenue	\$201,474	\$221,130	\$255,500
Revenue Deductions	23,159	24,589	25,891
Operating Revenue	178,315	196,541	229,609
Other Revenue	77,978	79,478	80,124
<b>TOTAL REVENUE</b>	<b>\$256,293</b>	<b>\$276,019</b>	<b>\$309,733</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	201,198	211,035	225,987
Fees	981	1,105	1,213
Supplies	1,362	1,498	1,520
Other	32,878	33,057	34,359
<b>TOTAL DIRECT</b>	<b>\$236,419</b>	<b>\$246,695</b>	<b>\$263,079</b>
Indirect Expenses			
Depreciation	3,879	3,879	3,879
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
<b>TOTAL INDIRECT</b>	<b>\$3,879</b>	<b>\$3,879</b>	<b>\$3,879</b>
<b>TOTAL EXPENSES</b>	<b>\$240,298</b>	<b>\$250,574</b>	<b>\$266,958</b>
<b>NET INCOME (LOSS):</b>	<b>\$15,995</b>	<b>\$25,445</b>	<b>\$42,775</b>

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\*\*Indicate how the average charge/procedure was calculated.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** Bunker Residential Home**Project #:** 6104RS**Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion**

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	<b>Year</b>		
	<u>2027</u>	<u>2028</u>	<u>2029</u>
<b>Amount of Utilization:*</b>	5,475	0	0
<b>Revenue:</b>			
Average Charge**	\$55	\$0	\$0
Gross Revenue	\$301,125	\$0	\$0
Revenue Deductions	26,015	0	0
Operating Revenue	275,110	0	0
Other Revenue	81,356	0	0
<b>TOTAL REVENUE</b>	<b>\$356,466</b>	<b>\$0</b>	<b>\$0</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	245,628	0	0
Fees	2,357	0	0
Supplies	2,459	0	0
Other	42,318	0	0
<b>TOTAL DIRECT</b>	<b>\$292,762</b>	<b>\$0</b>	<b>\$0</b>
Indirect Expenses			
Depreciation	3,879	0	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
<b>TOTAL INDIRECT</b>	<b>\$3,879</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL EXPENSES</b>	<b>\$296,641</b>	<b>\$0</b>	<b>\$0</b>
<b>NET INCOME (LOSS):</b>	<b>\$59,825</b>	<b>\$0</b>	<b>\$0</b>

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\*\*Indicate how the average charge/procedure was calculated.

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\*\*\*\*Indicate how overhead was calculated.



**AFFIDAVIT OF PUBLICATION**  
STATE OF MISSOURI )  
COUNTY OF DENT ) SS.

Date: May 21, 2024

(Space above for recording information)

I, Donald D. Dodd, being duly sworn according to law, state that I am the Publisher of The Salem News, a weekly/daily newspaper of general circulation in the County of Dent, State of Missouri, where located; which newspaper has been admitted to the Post Office as periodical class matter in the City of Salem, Missouri, the city of publication; which newspaper has been published regularly and consecutively for a period of three years and has a list of bona fide subscribers, voluntarily engaged as such who have paid or agreed to pay a stated price for a subscribers, voluntarily engaged as such who have paid or agreed to pay a stated price for subscription for a definite period of time, and that such newspaper has complied with the provisions of Section 493.050, Revised Statutes of Missouri 2000, and Section 59.310, Revised Statutes of Missouri 2000. The affixed notice appeared in said newspaper in the following consecutive issues:

1st  
Insertion: Vol. CVIII, No. 9, 21st day of May, 2024

*Donald D. Dodd*

Publisher's Signature

Subscribed and sworn to before me on this 21st day of May, 2024.

*Felicia D. Dodd*

Notary Public  
My commission expires March 30, 2026



**CERTIFICATE OF NEED PUBLIC NOTICE**

Reynolds County Executive Board for Developmental Disabilities Services/Bunker Residential Home 500 Culler Avenue, Bunker, MO 63629 currently is licensed as an RCF with a total of 12 beds. Plans are to add additional 3-beds for a total of 15 beds and to remain and RCF. Pending Certificate of Need approval application from the Missouri Health Facilities Review Committee. **This Application (project #6104RS) will file on May 23, 2024.**

(Published in The Salem News May 21, 2024)

## **CERTIFICATE OF NEED PUBLIC NOTICE**

**Reynolds County Executive Board for Developmental Disabilities Services/Bunker Residential Home 500 Culler Avenue, Bunker, MO 63629** currently is licensed as an RCF with a total of 12 beds. Plans are to add additional 3-beds for a total of 15 beds and to remain and RCF. Pending Certificate of Need approval application from the Missouri Health Facilities Review Committee. **This Application (project #6104RS) will file on May 23, 2024.**

(Published in The Salem News May 21, 2024)



Bunker Residential Home <bunkerresidential@gmail.com>

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## Legal Ad Proof for Bunker Residential Home

2 messages

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**Kara Gearhart** <kara@thesalemnewsonline.com>  
To: "bunkerresidential@gmail.com" <bunkerresidential@gmail.com>


Mon, May 20, 2024 at 10:28 AM

Good morning,

Please see attached legal ad proof. Please let me know if you would like to make changes or you approve. We need an approval by 1:00pm today, please.

Thank you,

**KARA GEARHART**  
Graphic Design  
P. 573.729.4126

 **Bunker Residential Home-Public Notice.pdf**  
17K

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**Bunker Residential Home** <bunkerresidential@gmail.com>  
To: Kara Gearhart <kara@thesalemnewsonline.com>

Mon, May 20, 2024 at 11:04 AM

Looks good, please proceed.

Thank You  
Julia Parker  
Manager  
Bunker Residential Home  
573-689-1392  
[Quoted text hidden]

**From:** [Bunker Residential Home](#)  
**To:** [Fick, Mackinzey](#)  
**Subject:** Re: CON 6104  
**Date:** Thursday, May 23, 2024 3:28:47 PM

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Yes, I agree.

On Thu, May 23, 2024 at 3:18 PM Fick, Mackinzey <[Mackinzey.Fick@health.mo.gov](mailto:Mackinzey.Fick@health.mo.gov)> wrote:

We reviewed the population-based need calculation presented in the CON application and the population we arrived at is 1,423 (attached). We agreed with the applicants total RCF/ALF bed count of 12. Therefore, we calculated **a bed need of 23 ALF/RCF beds** within 15 miles of the site. Please let me know if you agree or disagree with our findings.

*Mackinzey Fick* (Name change from Lux to Fick)

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102

OFFICE: 573-751-6403

FAX: 573-751-7894

EMAIL: [mackinzey.fick@health.mo.gov](mailto:mackinzey.fick@health.mo.gov)

<http://health.mo.gov/information/boards/certificateofneed/index.php>