



Mill Creek Village
Project #6110 RS

Certificate of Need Application
Add 9 ALF beds
Columbia, MO



Project Name: _____

Project No: _____

Project Description: _____

Done	Page	N/A	Description
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Divider I. Application Summary:

1. Applicant Identification and Certification (Form MO 580-1861)
2. Representative Registration (Form MO 580-1869)
3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.
4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.
5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.
6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.
7. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.
8. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.

Divider II. Proposal Description:

1. Provide a complete detailed project description.
2. Provide a timeline of events for the project, from CON issuance through project completion.
3. Provide a legible city or county map showing the exact location of the proposed facility.
4. Provide a site plan for the proposed project.
5. Provide preliminary schematic drawings for the proposed project.
6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
7. Provide the proposed square footage.
8. Document ownership of the project site, or provide an option to purchase.
9. Define the community to be served.
10. Provide 2025 population projections for the 15-mile radius service area.
11. Identify specific community problems or unmet needs the proposal would address.
12. Provide historical utilization for each of the past three (3) **FULL** years and utilization projections through the first three (3) **FULL** years of operation of the new LTC beds.
13. Provide the methods and assumptions used to project utilization.
14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
15. Provide copies of any petitions, letters of support or opposition received.
16. Document that providers of similar health services in the proposed 15-mile radius have been notified of the application by a public notice in the local newspaper.
17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

Divider III. Service Specific Criteria and Standards:

1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.
2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.
3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
5. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.
6. If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.

Divider IV. Financial Feasibility Review Criteria and Standards:

1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) **FULL** years beyond project completion.
4. Document how patient charges are derived.
5. Document responsiveness to the needs of the medically indigent.
6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?
7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission.

Divider I:

APPLICATION SUMMARY



Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the Letter of Intent for this project, without exception.

1. Project Location (Attach additional pages as necessary to identify multiple project sites.)

Table with 2 columns: Title of Proposed Project (Mill Creek Village), Project Number (6110 RS), Project Address (1990 W. Southhampton Drive / Columbia / MO / 65203), County (Boone)

2. Applicant Identification (Information must agree with previously submitted Letter of Intent.)

Table with 3 columns: List All Owner(s), Address, Telephone Number. Includes entries for Columbia II, LLC and Americare at Mill Creek Village Assisted Living, LLC.

3. Ownership (Check applicable category.)

- Ownership options: Nonprofit Corporation, Partnership, Individual, Corporation, City, County, District, Other.

4. Certification

In submitting this project application, the applicant understands that:

- List of conditions (A-F) regarding review process, community need, and CON validity.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

5. Authorized Contact Person (Attach a Contact Person Correction Form if different from the Letter of Intent.)


Table with 3 columns: Name of Contact Person (Heather Westenhaver), Title (Development Assistant), Telephone Number (573-442-5188), Fax Number (573-442-5277), E-mail Address (hwestenhaver@americareusa.net), Signature of Contact Person, Date of Signature (6/19/24)



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for **each** project presented.)

Project Name Mill Creek Village		Number 6110 RS
(Please type or print legibly.)		
Name of Representative Heather Westenhaver		Title Development Assistant
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Americare Senior Living		Telephone Number 573-442-5188
Address (Street/City/State/Zip Code) 214 N Scott St, Sikeston, MO 63801		
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)		
Name of Individual/Agency/Corporation/Organization being Represented Americare Senior Living		Telephone Number 573-471-1113
Address (Street/City/State/Zip Code) 214 N Scott St, Sikeston, MO 63801		
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral		Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: _____		_____
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i></p>		
Original Signature 		Date 6/19/24

MO 580-1869 (11/01)



Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

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

- 1. New Construction Costs *** _____
- 2. Renovation Costs *** _____
- 3. Subtotal Construction Costs (#1 plus #2)** _____
- 4. Architectural/Engineering Fees _____
- 5. Other Equipment (not in construction contract) _____
- 6. Major Medical Equipment _____
- 7. Land Acquisition Costs *** _____
- 8. Consultants' Fees/Legal Fees *** _____
- 9. Interest During Construction (net of interest earned) *** _____
- 10. Other Costs *** _____
- 11. Subtotal Non-Construction Costs** (sum of #4 through #10) _____
- 12. Total Project Development Costs** (#3 plus #11) _____ ******

FINANCING:

- 13. Unrestricted Funds _____
- 14. Bonds _____
- 15. Loans _____
- 16. Other Methods (specify) _____
- 17. Total Project Financing** (sum of #13 through #16) _____ ******

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

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

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.

DETAILED COST BREAKDOWN

Budget	Description
Construction	\$0 No construction will take place for this project
Architect/Engineering	\$0 n/a
Other Equipment	\$0 n/a
Medical Equipment	\$0 n/a
Land Acquisition	\$0 The land is already owned
Consultants'/Legal Fees	\$0 n/a
Interest During Construction	\$0 n/a
Other	\$0 n/a
Total	\$0

Divider I:
APPLICATION SUMMARY

- 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.**

See attachment I-3.

- 5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.**

NO - The license of the proposed operator or any affiliate of the proposed operator has NOT been revoked within the previous 5 years.

- 6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.**

N/A

- 7. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.**

NO - The Medicare/Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has NOT been revoked within the previous 5 years.

- 8. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.**

N/A

Attachment I - 4

Missouri Business Filings



John R. Ashcroft
Missouri Secretary of State

MISSOURI ONLINE BUSINESS FILING

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Limited Liability Company Details as of 6/19/2024

Required Field *

File Documents - select the filing from the "Filing Type" drop-down list, then click FILE ONLINE.

File Registration Reports - click FILE REGISTRATION REPORT.

Copies or Certificates - click FILE COPIES/CERTIFICATES.

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Amended Certificate of Registration of a Foreign LLC

General Information	Filings	Principal Office Address	Contact(s)
Name	AMERICARE AT MILL CREEK VILLAGE ASSISTED LIVING, LLC	Principal Office Address	1209 ORANGE STREET WILMINGTON, DE 19801
Type	Limited Liability Company	Charter No.	FL001413308
Domesticity	Foreign	Home State	DE
Registered Agent	CSC-LAWYERS INCORPORATING SERVICE COMPANY 221 BOLIVAR STREET JEFFERSON CITY, MO 65101	Status	Active
Date Formed	5/29/2015		
Duration	Perpetual		

Attachment I – 4 (continued)

Missouri Business Filings (continued)



John R. Ashcroft
Missouri Secretary of State

MISSOURI ONLINE BUSINESS FILING

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Limited Liability Company Details as of 6/19/2024

Required Field *

File Documents - select the filing from the "Filing Type" drop-down list, then click FILE ONLINE.

File Registration Reports - click FILE REGISTRATION REPORT.

Copies or Certificates - click FILE COPIES/CERTIFICATES.

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Create Filing
Amended Certificate of Registration of a Foreign LLC

[FILE ONLINE](#)

General Information	Filings	Principal Office Address	Contact(s)
Name	COLUMBIA II, LLC	Principal Office Address	
Type	Limited Liability Company	Charter No.	FL001410408
Domesticity	Foreign	Home State	DE
Registered Agent	CSC-LAWYERS INCORPORATING SERVICE COMPANY 221 BOLIVAR STREET JEFFERSON CITY, MO 65101	Status	Active
Date Formed	7/7/2014		
Duration	Perpetual		

Divider II:

PROPOSAL DESCRIPTION

Divider II:
PROPOSAL DESCRIPTION

1. Provide a complete detailed project description

The Mill Creek ALF project involves the addition of nine (9) new ALF beds. The project does not include a physical addition and has a cost of \$0. Currently, Mill Creek Assisted Living has 46-units and is licensed for 50-beds. Upon completion, Mill Creek Assisted Living will still have 46-units but will be licensed for 59-beds.

This limited capacity restricts our ability to offer semi-private accommodations, which have become increasingly desired by our consumers. As inflation and living costs continue to rise, many consumers are seeking more affordable housing options, including semi-private rates and accommodations. Expanding our bed capacity will not only address this financial concern, but it will also provide an essential service option for couples seeking to stay together in a semi-private setting.

Services: The facility will continue to be professionally managed and operated in the same manner as it has been. It will provide a comfortable residential environment for its residents, compassionate care, supervision of their diets, assistance in their personal care needs, medication management, the supervision of their health care under the direction of a physician, and protective oversight, in accordance with Missouri law governing assisted living facilities.

2. Provide a timeline of events for the project, from the issuance of the CON through project completion

September 9, 2024 Approval by CON
September 10, 2024 New beds available for use / Project Completion

3. Provide a legible city or county map showing the exact location of the proposed facility.

See Attachment II-3.

4. Provide a site plan for the proposed project.

See Attachment II-4.

5. Provide preliminary schematic drawings for the proposed project

See Attachment II-5:

6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.

n/a

7. Provide the proposed gross square footage

Arbors = 11,495 sf
Assisted living = 25,770 sf
Total = 37,265 sf (existing)

8. Document ownership of the project site

See attachment II-8

9. Define the community to be served.

The proposed additional beds will serve those members of the Columbia community (primarily those aged 65+) who are in need of some assistance with the activities of daily living, but who do not need to or want to give up all of their independence. Residents will have high-end living amenities in a smaller setting. The existing facility will also continue to serve those persons with (and the families of those persons with) dementia and Alzheimer’s-related illnesses and will be able to provide them with the specialized care that is necessary.

10. Provide 2025 population projections for the 15-mile radius service area.

The projected population age 65 years and old is 26,474 in the 15-mile radius service area.

See Attachment II-10.

11. Identify specific community problems or unmet needs the proposal would address.

Currently, Mill Creek Village offers 46 units with 50 beds, meaning only four units can be occupied by semi-private residents. This limited capacity restricts our ability to offer these semi-private accommodations, which have become increasingly desired by our consumers. As inflation and living costs continue to rise, many consumers are seeking more affordable housing options, including semi-private rates and accommodations. Expanding our bed capacity will not only address this financial concern, but it will also provide an essential service option for couples seeking to stay together in a semi-private setting.

Americare has also found that Assisted Living residents appreciate having a more intimate environment that allows for closer connections with staff and other residents and helps to preserve maximum independence and functional capabilities. The facility currently offers their residents several amenities that distinguish them from the competition, including: rooms with private baths and showers, restaurant style dining with a full menu, no “institutional-like” long hallways, individualized laundry services, full-time lifestyle coordinator, and (2) full-time licensed nurses present 40+ hours per week and available 24 hours per day.

12. Provide historical utilization for each of the past three (3) years and utilization projections through the first three (3) full years of operation of the new LTC beds.

The historical utilization rates for the past three full years of operation are as follows:

Year	Patient Days	Occupancy %
2022	14,856 Days	81.4%
2023	15,195 Days	83.3%
2024*	17,133 Days	94.8%

The projected utilization rates for the first three full years of operation are as follows:

Year	Patient Days	Occupancy %
2025	20,440 Days	94.2%
2026	21,170 Days	98.3%
2027	21,170 Days	98.3%

13. Provide the methods and assumptions used to project utilization

The projected utilization is based on Americare’s experience in like markets, as well as it’s experience at the Mill Creek Assisted Living campus, and Americare’s other Columbia campuses.

* 2024 census is actual 6/9/2024 YTD annualized

14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.

As inflation and living expenses rise, we have witnessed trends in consumer preferences through our existing residents and those on our wait lists. Many are seeking more affordable housing options, including semi-private rates, therefore offering both semi-private and private accommodations helps us to meet the ever-changing needs and preferences of the consumer. This also allows us to offer accommodations for couples wishing to stay together in a semi-private setting.

15. Provide copies of any petitions, letters of support, or opposition received.

n/a

16. Document that providers of similar health services in the proposed 15-mile radius have been notified of the application by a public notice in the local newspaper.

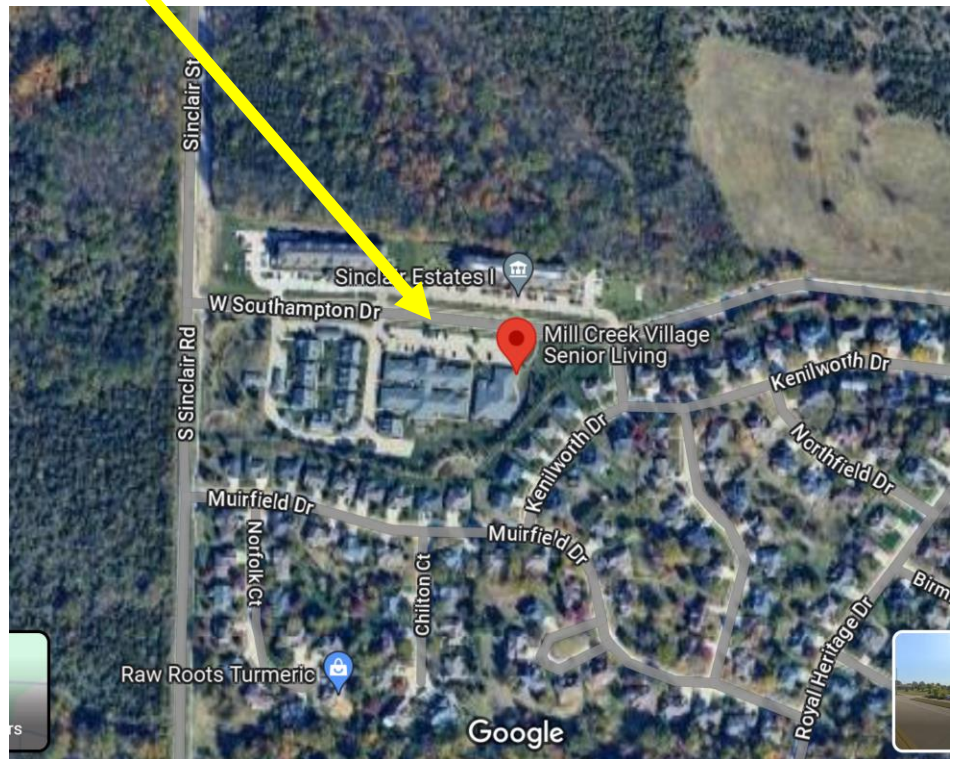
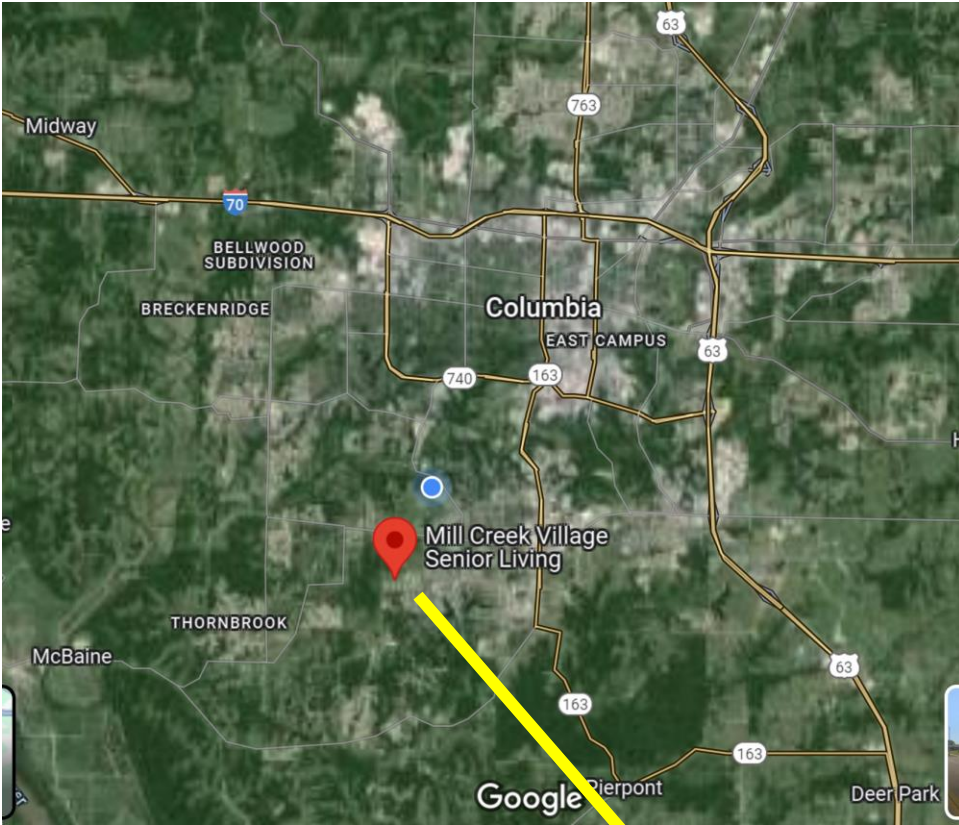
See Attachments II-16.

17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

See Attachments II-17.

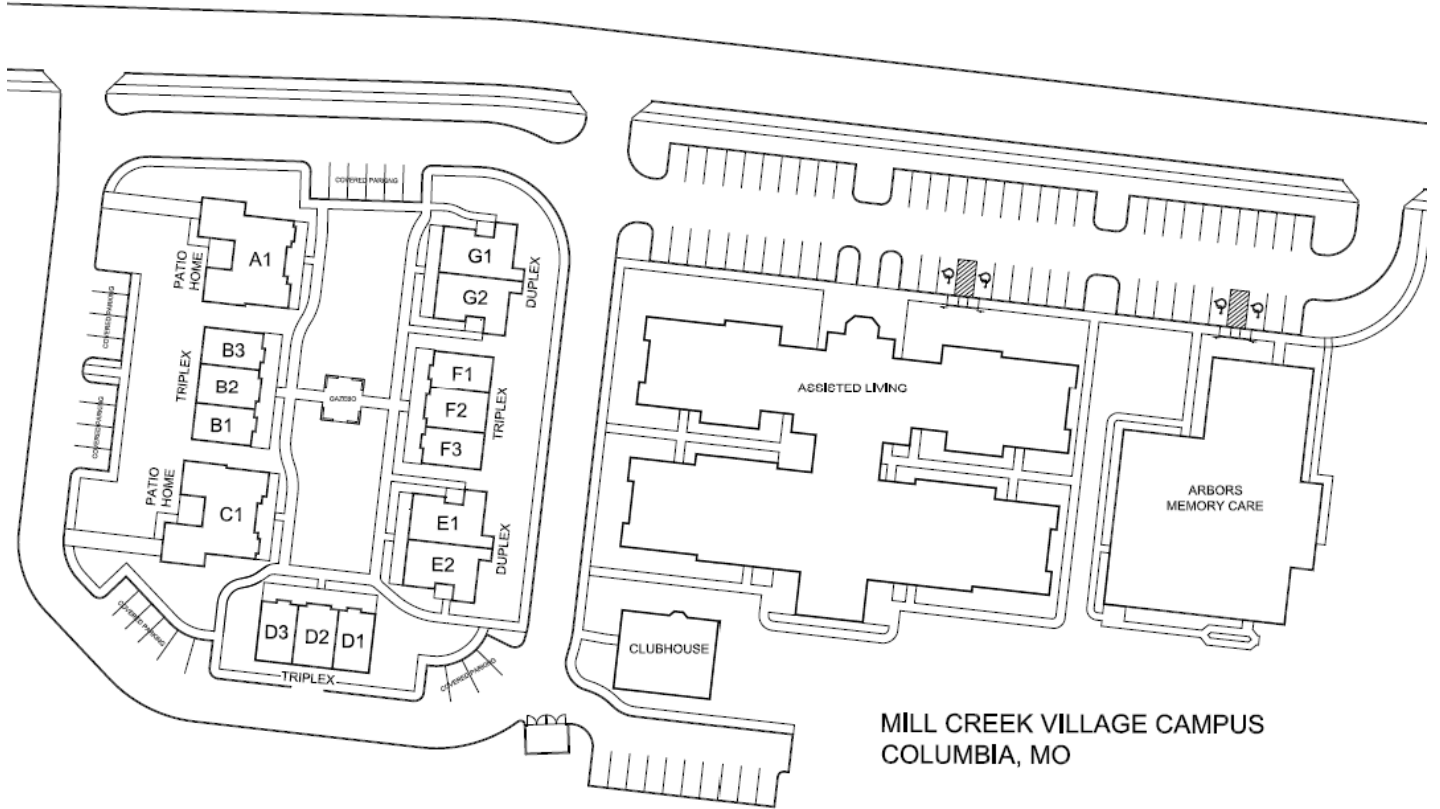
Attachment II – 3

Mill Creek Village Assisted Living – City Map



Attachment II – 4

Mill Creek Village Assisted Living – Full Site Plan



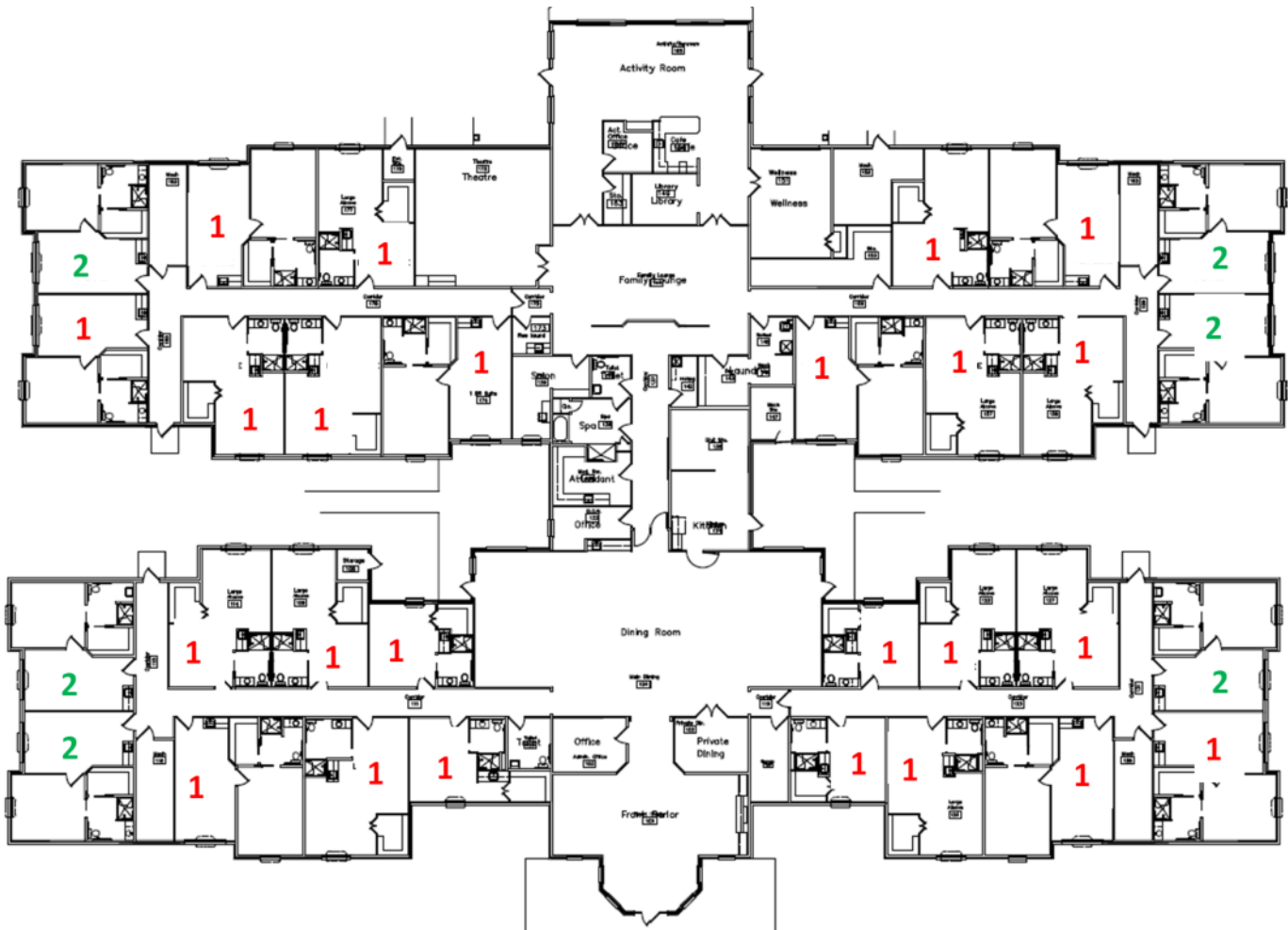
Attachment II – 5

Schematic Drawings

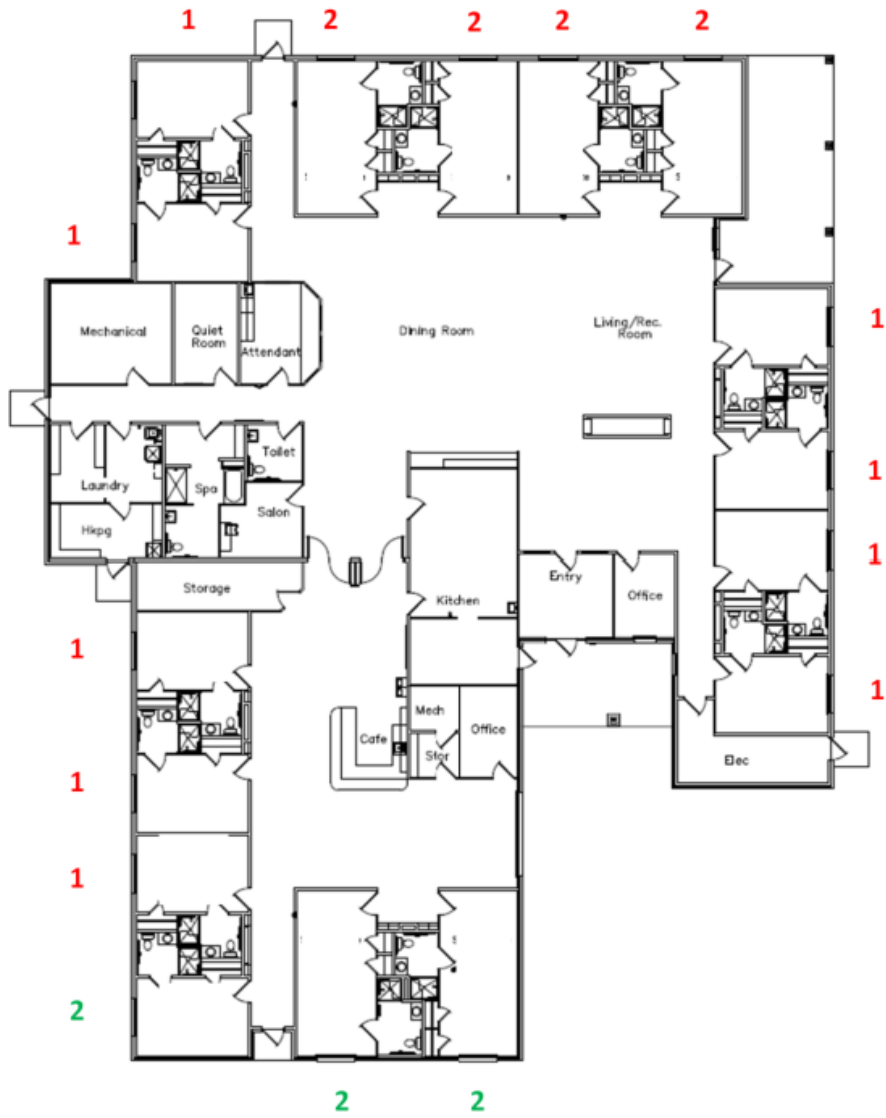
	Current Beds	Projected Beds
Assisted Living	30	36
Arbors (Memory Care)	20	23

Units containing the additional 9 beds are noted in green on the schematic

Mill Creek Assisted Living



Mill Creek Arbors (Memory Care)



Attachment II – 8

Documentation of ownership of the project site

Parcel Information Viewer

Parcel Number, Owner's Name, or Property Address:

columbia ii

168000090210001

Owner	COLUMBIA II LLC
Address	214 N SCOTT ST
Care Of	C/O PROJECT DEV AMERICARE
City, State, Zip	SIKESTON, MO 63801
School	COLUMBIA (C1)
Legal Description	HERITAGE VILLAGE PLAT NO. 2 LOT 201
Deeded Acreage	8.21
Parcel	16-800-00-09-021.00 01

Full Real Estate Summary
Click plus icon above to view full real estate summary

Map controls: Zoom to Neighborhood, Zoom to Location, Print, Link, Map Legend, Help, Show Layer List, 300 ft scale bar.

Attachment II – 10

15-mile Population Projections

POPULATION 65+			Project Number:			Project Address:			1990 W Southampton Dr, Columbia, MO 65203 (38.901252, -92.370844)				
Zip In Radius	Pop in Zip	City in Zip	City Pop	% of City in ZIP	City Pop in ZIP	Total Cities' Pop in Zip	Zip Pop W/O Cities' Pop	% of Zip Area in Radius	Zip Pop in Radius W/O Cities' Pop	% City in Zip & Radius	City Pop in Zip & Radius	Total Cities' Pop in Zip & Radius	Zip Pop w City Pop in Zip & Radius
1	65010	1,325			0	0	1,325	100%	1,325	100%	0	0	1,325
					0						0		
					0						0		
2	65018	1,604	California	1,102	100%	1,102	1,102	10%	50	0%	0	0	50
					0						0		
					0						0		
3	65023	385	Center St. Martins	83	100%	83	83	30%	91	0%	0	0	91
				219	0%	0				0%	0		
						0					0		
4	65039	524	Hartsburg	31	100%	31	31	60%	296	100%	31	31	327
					0						0		
					0						0		
5	65046	237	James Lupus	109	100%	109	116	90%	109	100%	109	116	225
				7	100%	7				100%	7		
						0					0		
6	65063	609	New Bloomfield	88	100%	88	88	10%	52	0%	0	0	52
						0					0		
						0					0		
7	65068	197	Prairie Home	99	100%	99	99	60%	59	100%	99	99	158
					0						0		
					0						0		
8	65201	4,922			0	0	4,922	100%	4,922	30%	0	0	4,922
					0					100%	0		
					0						0		
9	65202	7,784	Columbia	15,812	30%	4,744	4,744	90%	2,736	30%	4,744	4,744	7,480
					0						0		
					0						0		
10	65203	10,405			0	0	10,405	100%	10,405	40%	0	0	10,405
					0					100%	0		
					0					100%	0		
11	65215	0			0	0	0	100%	0	0%	0	0	0
					0						0		
					0						0		
12	65233	2,389	Boonville	1,691	100%	1,691	1,746	20%	129	0%	0	0	129
			Windsor Place	55	100%	55				0%	0		
						0					0		
13	65240	2,054			0	0	2,054	0%	0	0%	0	0	0
					0						0		
					0						0		
14	65248	999	Fayette	587	100%	587	587	10%	41	0%	0	0	41
					0						0		
					0						0		
15	65251	4,094	Fulton	2,135	100%	2,135	2,135	20%	392	0%	0	0	392
					0						0		

Attachment II – 16

Documentation of newspaper announcement

From: Columbia MO Legals <legalads@columbiatribune.com>
Sent: Tuesday, May 28, 2024 8:40 AM
To: Will Montgomery <wmontgomery@americareusa.net>
Subject: Thank you for placing your order with us.

THANK YOU for your ad submission!

This is your confirmation that your order has been submitted. Below are the details of your transaction. Please save this confirmation for your records.

We appreciate you using our online self-service ads portal, available 24/7. Please continue to visit Columbia Daily Tribune's online Classifieds [HERE](#) to place your legal notices in the future.

Changes and/or cancellations may not be honored up to 2 business days prior to your first publication date.

Job Details Order Number: LCLM0108450 Classification: Public Notices Package: General Package Base amount: \$48.23 Service fee: \$1.92 Cash/Check/ACH ◆ Discount: -\$0.00 Total payment: \$50.15 As an incentive for customers, we provide a discount off the total order cost equal to the 3.99% service fee if you pay with Cash/Check/ACH. Pay by Cash/Check/ACH and save! In no event are service fees refundable. Payment Type: visa	Schedule for ad number LCLM01084500 Fri May 31, 2024 Columbia Daily Tribune All Zones
Account Details Will Montgomery 2082 W. Southampton Dr. Columbia, MO ◆ 65203 573-864-9717 wmontgomery@americareusa.net Americare Senior Living Credit Card - visa *****9535	Americare Seeks Certificate of Need Approval in Columbia Email: wmontgomery@americareusa.net PHONE: (573) 442-5188 FOR IMMEDIATE RELEASE AMERICARE SEEKS CERTIFICATE OF NEED APPROVAL IN COLUMBIA Americare Senior Living of Sikeston, Missouri is seeking certificate of need approval from the State of Missouri's Health Facilities Review Committee (HFRC). Americare is requesting the addition of 9 beds to its Mill Creek Village Campus at 1990 and 1980 W. Southampton Dr., Columbia, MO 65203,

which currently consists of a combined total of 50 beds between the assisted living and designated memory care facilities. There will be no new construction at this location; the request is solely for a bed increase to accommodate the needs and preferences of the consumer. Americare plans to present its proposal to the Committee on September 9, 2024 in Jefferson City. Established in 1981, Americare is headquartered in Sikeston, Missouri and operates 11 skilled nursing communities and 52 assisted living communities throughout the state.

Publication
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Attachment II – 17

Documentation of letter to facilities within 15-mile radius



Americare™

Subject: Notification of Planned Bed Capacity Increase at Mill Creek Village Campus

Attention Administrator,

I am writing to inform you that Mill Creek Village Campus by Americare plans to increase its bed capacity by a total of 9 beds. Currently, our campus has 50 beds, and this increase will expand our total bed count to 59 beds. Specifically, 6 beds will be allocated to our assisted living facility, and 3 beds will be allocated to our assisted living memory care facility. These changes will affect the facilities located at 1990 and 1980 W Southampton Drive, Columbia, MO 65203, pending Certificate of Need approval from the Missouri Health Facilities Review Committee.

The application for this project (project #6110 RS) will be filed in June 2024. For more information, please contact us at wmontgomery@americareusa.net.

Thank you for your attention to this matter.

Best regards,



Will Montgomery
Sr. VP Of Development
Americare Senior Living



573-471-1113 * www.americareusa.net * 214 N Scott St. Sikeston, MO 63801

Divider III:

SERVICE SPECIFIC CRITERIA AND STANDARDS

Divider III:
SERVICE SPECIFIC CRITERIA AND STANDARDS

- 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.**

n/a

- 2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.**

The population data provided by the Department of Health and Senior Services (“DHSS”) is included in Divider II and the Attachments are included within this application. Also included in Divider II and the Attachments are the zip code percentage adjustments made by the applicant to calculate the population inside the Service Area.

According to the DHSS existing RCF and ALF facilities inside the 15-mile radius, the population-based need formula shows there is a surplus of 2 beds.

- 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.**

n/a

- 4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer’s, mental health, or other specialty beds.**

Per 19 CSR 60-50.420 (10), “in addition to using the Community Need Criteria and Standards as guidelines,” the Committee “may also consider other factors to include... mental health diagnoses and special exceptions to the Community Need Criteria and Standards for new or additional long-term care beds.”

Among the “alternate need methodology” and “special exceptions” that apply to this project are the following.

Need for Memory Care Services

There is an unmet need in the 15-Mile Radius for high-quality assisted living coupled with Memory Care services. In an area with a 65+ population of 26,474, only 126 of the-RCF/ALF and CON approved beds in the 15-Mile Radius are currently designated as Special Care Units to provide Memory Care services. Only 6 of the 13 ALFs in the 15-Mile Radius currently offer designated Memory Care services.

According to current statistics from the Alzheimer’s Association, more than 5 million Americans are currently living with the disease and every 67 seconds someone in the U.S. develops Alzheimer’s disease. Memory care services will be in increasing demand not just in the next few years, but for decades to come.

Within the 15-mile radius, there is a population of 26,474 individuals 65 and older. Given that approximately 10% of the 65+ population suffers from some form of Alzheimer’s or dementia (according to the Alzheimer’s Association), there are approximately 2,647 elderly in the 15-mile radius that may need memory care services. If just 10% of those that face these challenges seek care in an ALF setting, there is

a need for 264 memory care beds in the 15-mile radius. Currently there are only 126 memory care beds, showing a need for additional beds. This proposal would be adding 3 beds, therefore a small step to helping to fill that continuing need.

Families in need of memory care services constantly struggle with RCFs and ALFs that don't really want residents with dementia, and/or can't meet their needs. Accordingly, families often resort to placements in skilled nursing facilities, where costs are substantially higher and impact the Missouri Medicaid program.

Current Certificates of Need

In the Service Area, Certificates of Need for 76 beds are outstanding without any construction. These 76 beds should be excluded from the inventory of available beds because it is unlikely that they will be available in the market in the near future.

Ultimately, the True Reality of the Alternate Methodology Calculation is a 74 bed need.

Unmet Need = $662 (0.025 \times \text{Population}) - 588 (\text{actual beds, after approved beds are removed}) = 74 \text{ bed need}$

- 5. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.**

n/a

- 6. If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.**

Yes - on 4/3/2023 Mill Creek Village received a deficiency with 2 tags. The first - A7085 for debris / lime build up on our dishwasher doors and underneath and second - A7066 for debris and grease build up on the stove and oven doors. Both were corrected immediately and we were within compliance. Our annual licensure inspection was conducted on 12/19/2023 and we were deficiency free.

Divider IV:

FIANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS

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FIANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS

- 1. Document that the proposed costs per square foot are reasonable when compared to the latest “RS Means Construction Cost data”.**

n/a

- 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor’s statement indicating that sufficient funds are available.**

n/a

- 3. Provide Service-Specific Revenues and Expenses for the last three years and projected through three full years beyond project completion.**

See Attachment IV-3.

- 4. Document how patient charges are derived.**

Our charge structure is based on sound business practices using projected labor costs in a community, costs of projected service package, and variable cost projections based on other “like facilities” located in Missouri and Americare’s other facilities.

- 5. Document responsiveness to the needs of the medically indigent.**

The applicant will assist residents in obtaining any state, federal, or other governmental support available for those health care services that are authorized in an Assisted Living Facility. The assisted living and memory care beds in the proposed project do not qualify for Medicaid funding and thus would not impact Mo HealthNet. These services are paid for privately by the resident/family.

- 6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?**

n/a

- 7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission?**

n/a

Attachment IV – 3

Historical Expenses and Revenues



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Mill Creek Village

Project #: 6110 RS

**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		
	<u>2022</u>	<u>2023</u>	<u>2024</u>
Amount of Utilization:*	14,856	15,195	17,133
Revenue:			
Average Charge**	\$218	\$215	\$210
Gross Revenue	\$3,238,608	\$3,266,925	\$3,597,930
Revenue Deductions	0	0	0
Operating Revenue	3,238,608	3,266,925	3,597,930
Other Revenue	56,000	22,000	78,000
TOTAL REVENUE	\$3,294,608	\$3,288,925	\$3,675,930
Expenses:			
Direct Expenses			
Salaries	1,126,000	1,387,000	1,323,000
Fees	197,000	227,000	246,000
Supplies	259,000	261,000	240,000
Other	605,000	644,000	662,000
TOTAL DIRECT	\$2,187,000	\$2,519,000	\$2,471,000
Indirect Expenses			
Depreciation	5,000	6,000	18,000
Interest***	0	0	0
Rent/Lease	600,000	600,000	600,000
Overhead****	0	0	0
TOTAL INDIRECT	\$605,000	\$606,000	\$618,000
TOTAL EXPENSES	\$2,792,000	\$3,125,000	\$3,089,000
NET INCOME (LOSS):	\$502,608	\$163,925	\$586,930

*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.

Attachment IV – 3

Future Projections



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Mill Creek Village

Project #: 6110 RS

**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		
	<u>2025</u>	<u>2026</u>	<u>2027</u>
Amount of Utilization:*	20,440	21,170	21,170
Revenue:			
Average Charge**	\$220	\$230	\$240
Gross Revenue	\$4,496,800	\$4,869,100	\$5,080,800
Revenue Deductions	0	0	0
Operating Revenue	4,496,800	4,869,100	5,080,800
Other Revenue	70,000	75,000	80,000
TOTAL REVENUE	\$4,566,800	\$4,944,100	\$5,160,800
Expenses:			
Direct Expenses			
Salaries	1,700,000	1,750,000	1,800,000
Fees	300,000	315,000	325,000
Supplies	280,000	305,000	315,000
Other	770,000	805,000	825,000
TOTAL DIRECT	\$3,050,000	\$3,175,000	\$3,265,000
Indirect Expenses			
Depreciation	30,000	35,000	40,000
Interest***	0	0	0
Rent/Lease	600,000	600,000	600,000
Overhead****	0	0	0
TOTAL INDIRECT	\$630,000	\$635,000	\$640,000
TOTAL EXPENSES	\$3,680,000	\$3,810,000	\$3,905,000
NET INCOME (LOSS):	\$886,800	\$1,134,100	\$1,255,800

*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.