

From: [Brandon M. Hall](#)
To: [Fick, Mackinzey](#)
Subject: FW: CON 6129 [IWOV-IDOCS.FID5523547]
Date: Friday, September 27, 2024 2:02:38 PM
Attachments: [Levering Revised Budget Form rev.pdf](#)
[Timeline of events from CON issuance through completion.pdf](#)
[Updated Floor Plan.pdf](#)
[Revised 1865.pdf](#)
[Confirmation Ticket CC 173401.pdf](#)
[Levering - Revised form1865 \(2025\).pdf](#)
[L & L Property Improvement letter.pdf](#)
[Revised First Mid Bank letter.pdf](#)
[Revenue expenses and utilization years 2026 and 2027 - Qs 5 and 11.docx](#)

Mackinzey,

Forwarding with two additional attached letters and updated notes below.

Best regards,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group
7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847
MAIN PHONE: 314.621.5070 | MAIN FAX: 314.621.5065
DIRECT: 314.342.8092 | Extension: 7492 | CELL: 518.727.8805
Bhall@atllp.com
www.armstrongteasdale.com
Always exceed expectations through teamwork and excellent client service.

Please consider the environment before printing this email.

From: Brandon M. Hall
Sent: Wednesday, September 25, 2024 8:11 PM
To: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>; Jonathan F. Dalton <jdalton@atllp.com>
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Mackinzey,

Responses below, in red.

1. Provide 3rd party documentation or methods and assumptions for the budget.
Please see attached L&L Property Letter.
2. #18-19 and #21 must be completed on the proposed project budget form.
Please see revised budget PDF.
3. Provide a more detailed timeline.
Please see Timeline of Events Document.
4. It appears the schematics only show 166 beds. Please advise.
The number of beds is 179. Please see updated floor plan.

5. Utilization years 2026 and 2027 appear to be at 100%. Is this correct? If so, provide an explanation as to why you feel this is accurate.
Please see Revenue and Expenses and Utilization document, attached.
6. The revenues/expenses do not match the provided supporting documentation. Please advise.
Please see Revenue and Expenses and Utilization document, attached.
7. Are fiscal years being used for utilization and revenues/expenses?
Jan. 1 – Dec. 31 is the company's year.
8. The newspaper documentation appears to not be sufficient. 19 CSR 60-50.430 Application Package (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 from the applicant. The public notice shall include a contact person's name and phone number and/or email for the project.
Per Alison's instructions, we ran another ad. Please see attached confirmation ticket.
9. The letter from First Mid Bank & Trust does not appear to be sufficient documentation for unrestricted funds. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project.
Please see attached revised letter from Bank.
10. The 2025 Utilization listed in Divider II, #12 and the 2025 Utilization listed on the Revenues & Expenses form do not match; these should match. Revise and resubmit corresponding documents.
Please see Revised Form 1865 (2025).
11. Revenues/expenses years 2026 and 2027 appear to be at 100%. Is this correct? If so, provide an explanation as to why you feel this is accurate.
Please see Revenue and Expenses and Utilization document, attached.
12. Provide utilization and revenues and expenses form for the RCF beds in years 2021-2023.
See revised 1865.

Please let us know if you have any questions or concerns or if there is anything else we can provide.

Best regards,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group
7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847
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Please consider the environment before printing this email.

From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>

Sent: Tuesday, September 10, 2024 9:40 AM

To: Jonathan F. Dalton <jdalton@atltp.com>

Cc: Brandon M. Hall <BHall@atltp.com>

Subject: CON 6129

Importance: High

CAUTION: EXTERNAL EMAIL

Jon,

After review of the application, some additional information is needed.

1. Provide 3rd party documentation or methods and assumptions for the budget.
2. #18-19 and #21 must be completed on the proposed project budget form.
3. Provide a more detailed timeline.
4. It appears the schematics only show 166 beds. Please advise.
5. Utilization years 2026 and 2027 appear to be at 100%. Is this correct? If so, provide an explanation as to why you feel this is accurate.
6. The revenues/expenses do not match the provided supporting documentation. Please advise.
7. Are fiscal years being used for utilization and revenues/expenses?
8. The newspaper documentation appears to not be sufficient. 19 CSR 60-50.430 Application Package (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 from the applicant. The public notice shall include a contact person's name and phone number and/or email for the project.
9. The letter from First Mid Bank & Trust does not appear to be sufficient documentation for unrestricted funds. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project.
10. The 2025 Utilization listed in Divider II, #12 and the 2025 Utilization listed on the Revenues & Expenses form do not match; these should match. Revise and resubmit corresponding documents.
11. Revenues/expenses years 2026 and 2027 appear to be at 100%. Is this correct? If so, provide an explanation as to why you feel this is accurate.
12. Provide utilization and revenues and expenses form for the RCF beds in years 2021-2023.

**The population, number of beds and need calculation have not been verified by staff. If there is a discrepancy, we will notify you.*

This information is needed by Wednesday, September 25, 2024.

L & L Property Improvement
302 West Front Street
Syracuse, MO 65354
(660) 287-6742

September 23, 2024

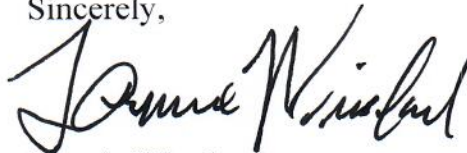
Ms. Alison Dorge
Program Coordinator
Missouri Certificate of Need Program
P.O. Box 570
Jefferson City, MO 65102

Dear Ms. Dorge:

I am a general contractor and owner of L & L Property Improvement. I have experience working Term Care providers, and I am planning to do the necessary renovation work at Levering Regional Health Care Center. Having reviewed the revised budgets, I agree that the proposed budget, including \$36,500 budgeted for small repairs throughout the facility, are reasonable based on my experience and current market conditions.

Please let me know if there is anything else I can do or provide to be helpful.

Sincerely,

A handwritten signature in black ink, appearing to read "Lannie Wineland". The signature is fluid and cursive, written over the printed name below it.

Lannie Wineland



Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

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

1. New Construction Costs ***	\$0
2. Renovation Costs ***	\$36,500
3. Subtotal Construction Costs (#1 plus #2)	\$36,500
4. Architectural/Engineering Fees	\$1,000
5. Other Equipment (not in construction contract)	\$8,000
6. Major Medical Equipment	\$0
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$7,000
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$0
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$16,000
12. Total Project Development Costs (#3 plus #11)	\$52,500 **

FINANCING:

13. Unrestricted Funds	\$52,500
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$0
17. Total Project Financing (sum of #13 through #16)	\$52,500 **

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	31,874
21. Renovated Space Costs Per Square Foot *****	\$1

* 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.

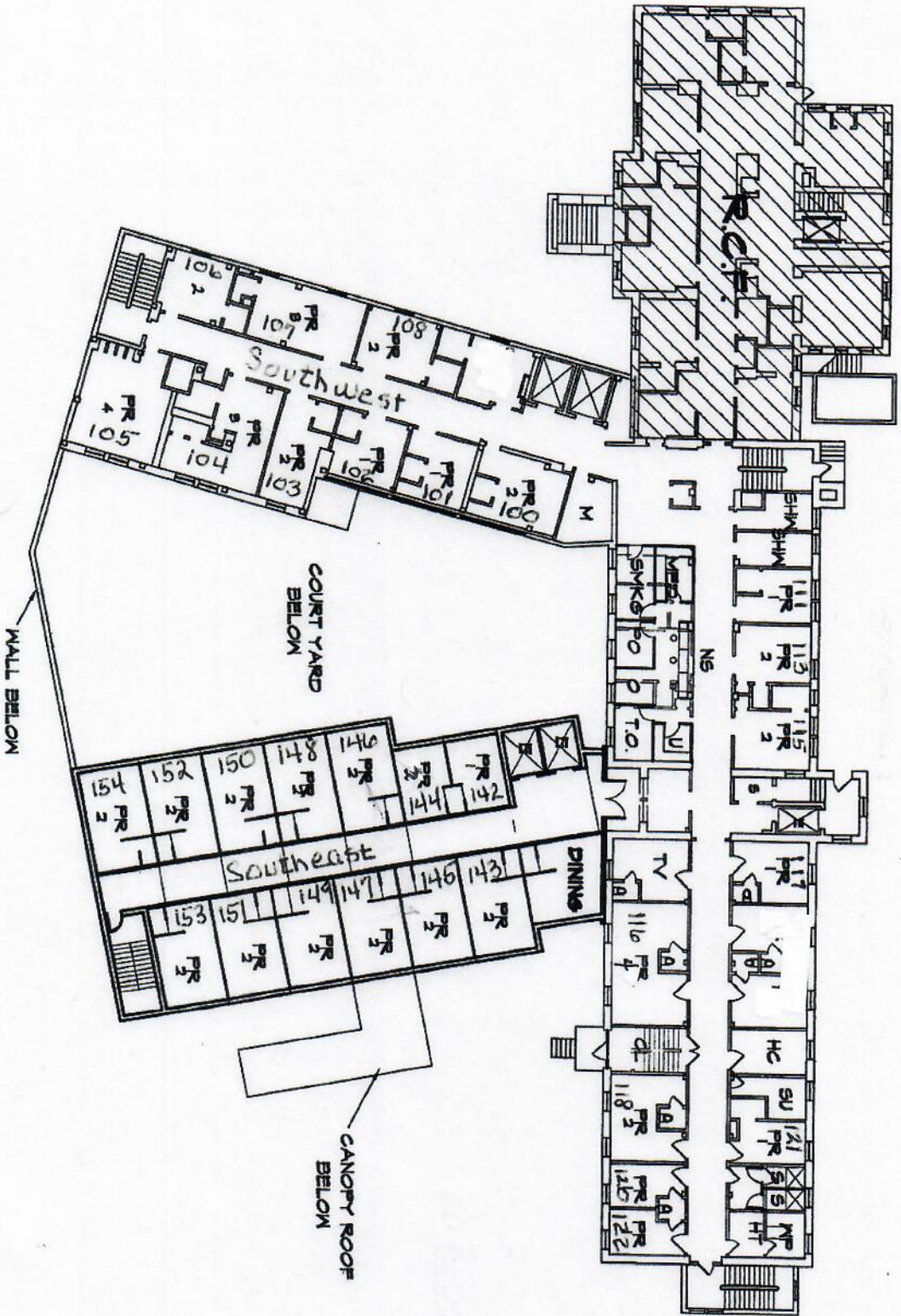
Timeline of events from CON issuance through completion

The beds have been used for SNF residents. Once the conversion is approved, the facility will make the minor repairs necessary to prepare for the new RCF residents. These repairs should take no more than 60 days. Once the repairs are completed, the facility will be ready to begin admitting new RCF residents. We believe that half of the new beds will be filled within 6 months of the completion of the repairs with the remaining beds being filled before the end of year one.

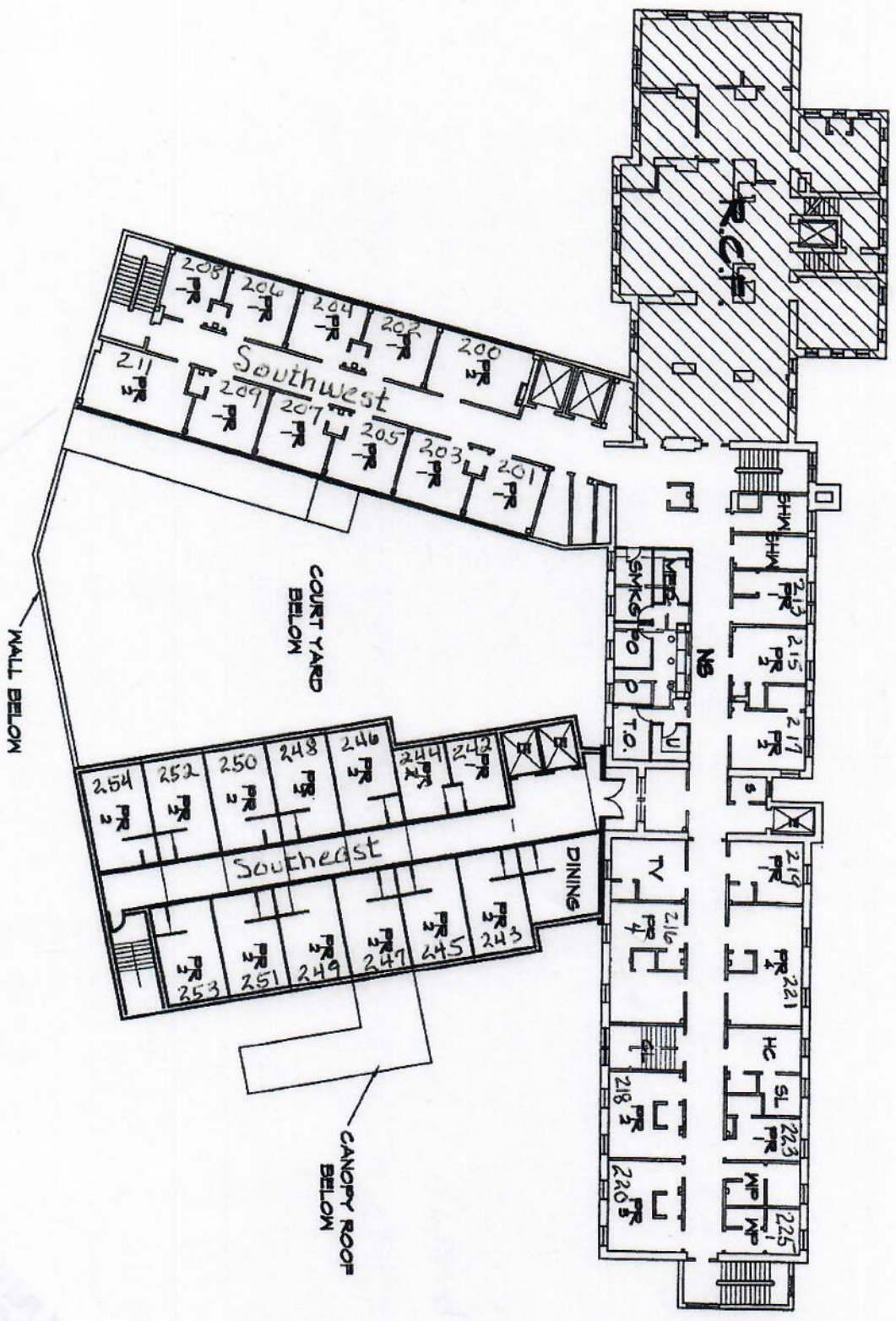
LEVERING REGIONAL HEALTH CARE CENTER
HANNIBAL, MISSOURI

FIRST FLOOR PLAN

1/32" = 1'-0"



SECOND FLOOR PLAN
 1/32" = 1'-0"



Revenue/expenses years 2026 and 2027 at 100%

Levering Regional Health Care Center has historically had waiting lists for its services. Since 2023, the RCF unit has average above 34 for the 35 bed unit. Since we opened the new SNF beds in 2012, our utilization in those beds was at near maximum capacity after year one. In summary, the historical utilization of beds in Levering has been near capacity for both SNF and RCF beds.



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		
	<u>2021</u>	<u>2022</u>	<u>2023</u>
Amount of Utilization:*	12,307	12,226	12,441
Revenue:			
Average Charge**	\$37	\$37	\$46
Gross Revenue	\$455,359	\$452,362	\$572,286
Revenue Deductions	0	0	0
Operating Revenue	455,359	452,362	572,286
Other Revenue	0	0	0
TOTAL REVENUE	\$455,359	\$452,362	\$572,286
Expenses:			
Direct Expenses			
Salaries	242,947	274,873	292,787
Fees	0	0	0
Supplies	0	0	0
Other	138,000	139,226	219,551
TOTAL DIRECT	\$380,947	\$414,099	\$512,338
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	48,000	47,601	58,671
Overhead****	0	0	0
TOTAL INDIRECT	\$48,000	\$47,601	\$58,671
TOTAL EXPENSES	\$428,947	\$461,700	\$571,009
NET INCOME (LOSS):	\$26,412	-\$9,338	\$1,277

*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.

Order Confirmation CC 173401

Display

Customer: ARMSTRONG TEASDALE LLP **Acc.Id:** 8012154
Rep: 65 - Cynthia Skibinskie **Ad No:** CC 173401
Order No: **Auth By:** Tanya Stuart
Size: 2.1 X 1.0 **Location:** Legal-Hannible Courier Post
Tag Line:
Colour:

Schedule	09/25/2024	To	09/25/2024			
Issue	Edition	Rundate	Price	Tax	Total	
1	HCP	09/25/2024	23.84	0.00	23.84	

No of Issues: 1
Total Pre Tax: 23.84
Total Tax: 0.00
Total inc Tax: 23.84

Printed on: 09/20/2024 12:26:04
Printed by: CYNTHIAS

PUBLIC NOTICE
Levering Associates, LLC and Levering Regional Health Care Center, LLC propose to convert 179 skilled nursing (SNF) beds to 179 residential care (RCF) beds, to be located at 1734 Market Street, Hannibal, MO 63401, pending Certificate of Need approval of application #6129 RS at the November 18, 2024, Missouri Health Facilities Review Committee meeting. Questions and comments may be submitted to jdalton@atllp.com.
173401 - September 25, 2024

September 26, 2024

To Whom It May Concern:

This letter is to verify that the below-named company maintains a checking account with First Mid Bank & Trust as shown below. They have been an active account holder of this financial institution since October of 2007 with no holds or stop payments and is available for debit and credit transactions. The business name and address as well as the account and routing number for ACH debits and credits are listed below:

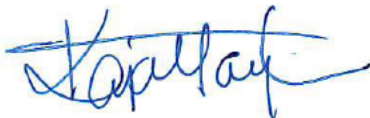
The checking account has sufficient funds to complete the project that is budgeted at \$52,500.

Business Name: Levering Regional Health Care
Address: 1869 Craig Park Ct., Saint Louis, MO 63146

Account Number: [REDACTED]
Bank Routing Number: [REDACTED]

Please keep this information confidential and if you have any questions, please contact me, Kajal Taylor, Treasury Management Officer at 314-582-1170.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kajal Taylor", written over a horizontal line.

Kajal Taylor | Assistant Vice President
Treasury Management Officer
12501 Olive Blvd. | Creve Coeur, MO 63141
(Office) 314-582-1170
Kajal.Taylor@Firstmid.com

From: [Brandon M. Hall](#)
To: [Fick, Mackinze](#)
Cc: [Jonathan F. Dalton](#)
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]
Date: Friday, October 11, 2024 8:23:36 PM
Attachments: [Levering - Revised Form 1865.pdf](#)

Mackinze,

Please see below, in red, and attached.

Please let me know if you have any questions or concerns.

Best regards,

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Sent: Friday, October 4, 2024 3:20 PM
To: Brandon M. Hall <BHall@atllp.com>
Cc: Jonathan F. Dalton <jdalton@atllp.com>
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]
Importance: High

Brandon,

Thank you for this information. After review, I need some additional documentation.

- The proposed project budget within the application states the square footage will be 95,118, however the updated proposed project budget states the square footage is 31,874. Can you explain why there was such a big change in square footage?
The 95,118 is the total square footage of the building. Only 31,874 feet of the building will have renovations completed.
- It appears the schematics only show 178 beds. Please advise.
We show 179. Please let me know if it would be preferred to have a call and do a share screen or if you would like the 179 to be indexed another way.
- The 2025 Utilization listed in Divider II, #12 and the 2025 Utilization listed on the Revenues & Expenses form do not match; these should match. Revise and resubmit corresponding documents.
See attached revised Form 1865.
- The 2023 Utilization listed on the Revenues & Expenses form and supporting documentation do not match. Please advise.
I am awaiting follow up response on this and hope to have it to you by Monday.

**The population, number of beds and need calculation have not been verified by staff. If there is a discrepancy, we will notify you.*

This information is needed by Friday, October 11, 2024

Mackinzey 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

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

From: Brandon M. Hall <BHall@atllp.com>

Sent: Friday, September 27, 2024 1:58 PM

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

Subject: FW: CON 6129 [IWOV-IDOCS.FID5523547]

Mackinzey,

Forwarding with two additional attached letters and updated notes below.

Best regards,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group

7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847

MAIN PHONE: 314.621.5070 | MAIN FAX: 314.621.5065

DIRECT: 314.342.8092 | Extension: 7492 | CELL: 518.727.8805

Bhall@atllp.com

www.armstrongteasdale.com

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From: Brandon M. Hall

Sent: Wednesday, September 25, 2024 8:11 PM

To: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>; Jonathan F. Dalton <jdalton@atllp.com>

Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Mackinzey,

From: [Brandon M. Hall](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]
Date: Monday, October 21, 2024 8:32:11 PM
Attachments: [Levering Floor Plan.pdf](#)
[Levering - Revised Form 1865.pdf](#)

Mackinzey,

Please see the attached floor plan with identified number of beds showing 179.

Please also see the attached revised form 1865 with updated 2025 numbers.

Finally, on the 2023 numbers, I am still awaiting an explanation and any revisions. I should have a follow up response on that inquiry for you tomorrow.

Please let me know if you have any further questions, concerns, or if there is anything else we can do to be helpful.

Best regards,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group
7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847
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Bhall@atllp.com
www.armstrongteasdale.com

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Please consider the environment before printing this email.

From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Tuesday, October 15, 2024 3:48 PM
To: Brandon M. Hall <BHall@atllp.com>
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Brandon,

After review, some additional information is needed.

- It appears the schematics only show 178 beds. In the application, the first floor showed a total of 65 beds, and the second and third floor showed 59 beds. The supplemental information shows 60, 59 and 59. Please see attached items for work.
- The 2025 Utilization listed in Divider II, #12 and the 2025 Utilization listed on the Revenues &

Expenses form do not match; these should match. The utilization stated in Divider II was 63,875 (175*365) and the Revenues/Expenses state 65,335. Revise and resubmit corresponding documents.

- The 2023 Utilization listed on the Revenues & Expenses form and supporting documentation do not match. Please advise.

We reviewed the population-based need calculation presented in the CON application and the population we arrived at is 6,614 (attached). We found 202 (0 CON Approved & 202 Licensed) ALF/RCF beds in the 15-mile radius (attached). Therefore, we calculated a bed surplus of 36 ALF/RCF beds within 15 miles of the site. Please let me know if you agree or disagree with our findings.

This information is needed by Monday, October 21, 2024.

Mackinzey 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

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

From: Brandon M. Hall <BHall@atllp.com>

Sent: Friday, October 11, 2024 7:59 PM

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

Cc: Jonathan F. Dalton <jdalton@atllp.com>

Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Mackinzey,

Please see below, in red, and attached.

Please let me know if you have any questions or concerns.

Best regards,

From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>

Sent: Friday, October 4, 2024 3:20 PM

To: Brandon M. Hall <BHall@atllp.com>

Cc: Jonathan F. Dalton <jdalton@atllp.com>

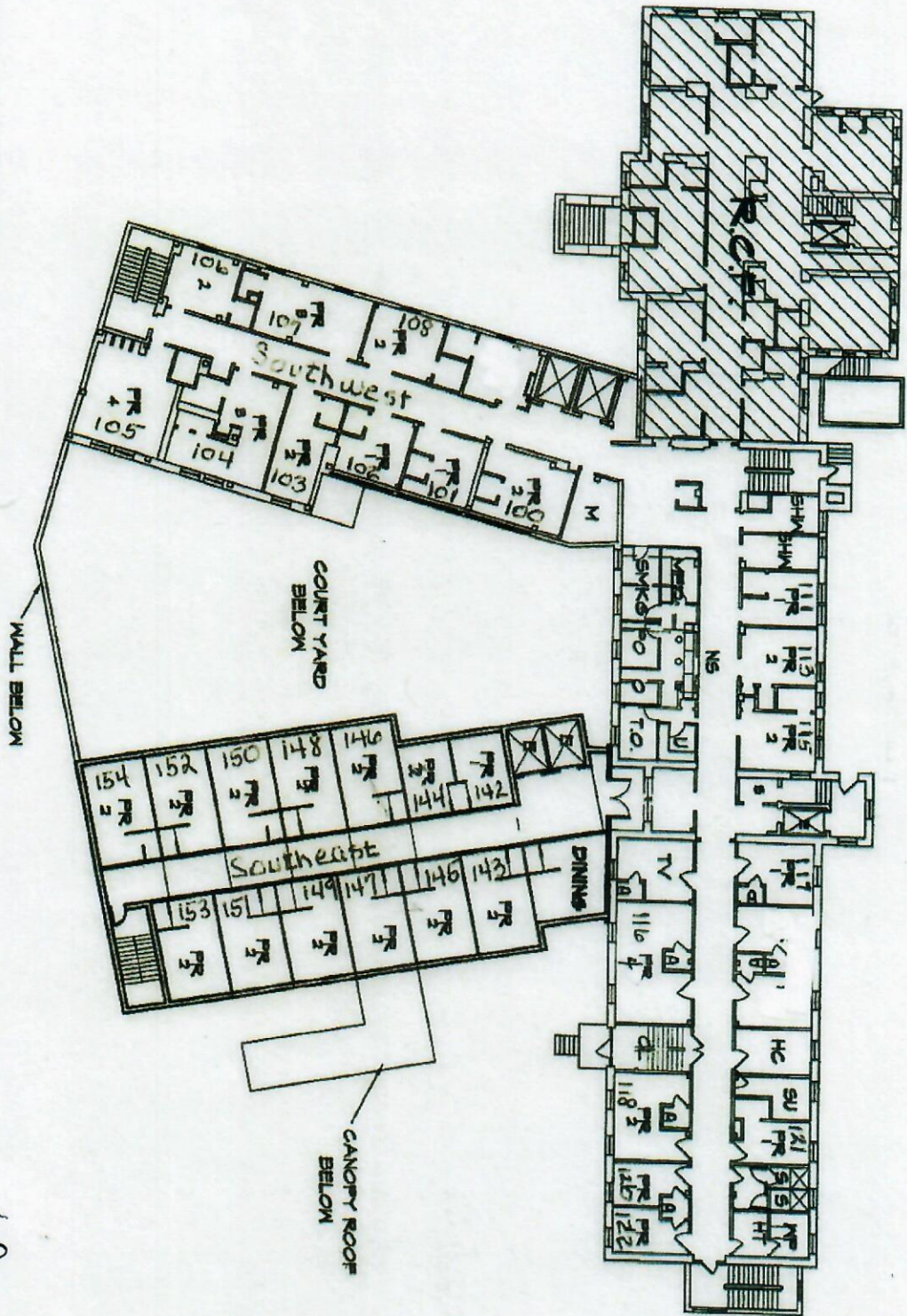
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Importance: High

LEVERING REGIONAL HEALTH CARE CENTER
HANNIBAL, MISSOURI

FIRST FLOOR PLAN

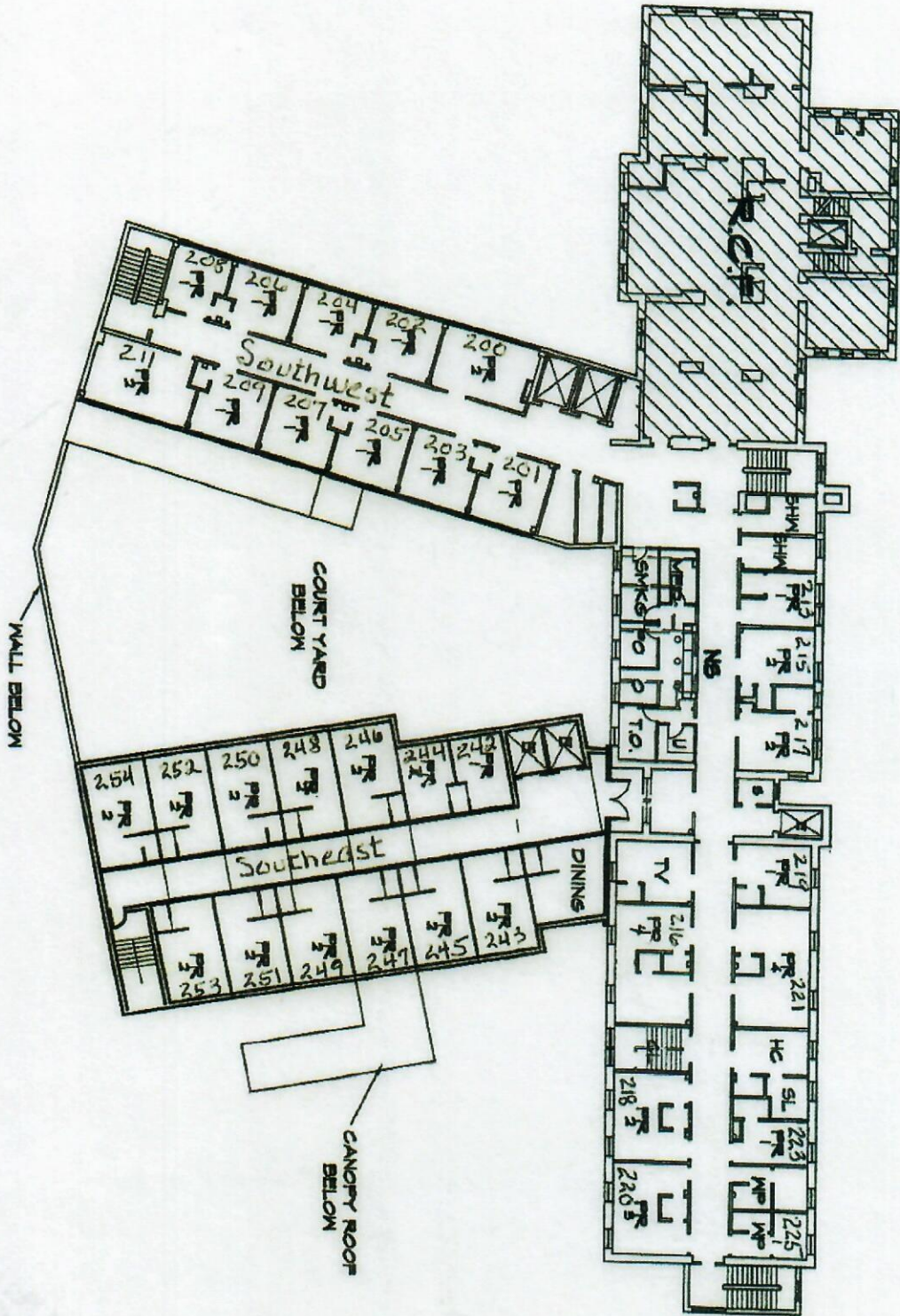
1/32" = 1'-0"



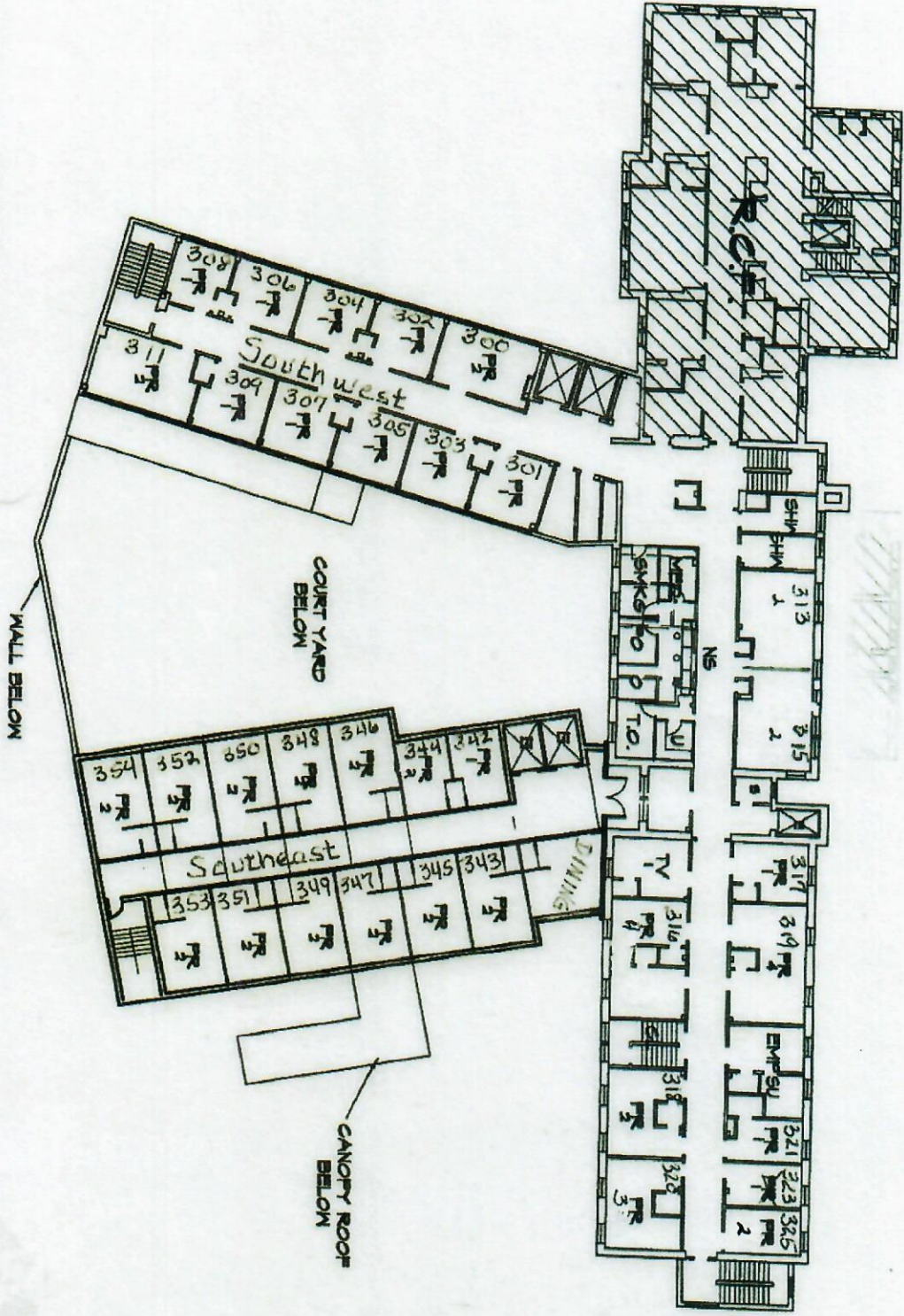
60

LEVERING REGIONAL HEALTH CARE CENTER
 HANNIBAL, MISSOURI

SECOND FLOOR PLAN
 1/32" = 1'-0"



LEVERING REGIONAL HEALTH CARE CENTER
HANNIBAL, MISSOURI



THIRD FLOOR PLAN
1/32" = 1'-0"



From: [Brandon M. Hall](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]
Date: Tuesday, October 29, 2024 8:10:15 AM
Attachments: [Levering 2023 form1865.pdf](#)

Mackinzey,

Please see the attached revised for 2023. I tried to redo all three years, but we are having issues with the form letting us populate in all spaces, so since you were only worried about 2023, I figured this would be easier and quicker.

Please let me know if you have any further questions or concerns.

Best regards,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group
7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847
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www.armstrongteasdale.com

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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Monday, October 28, 2024 11:13 AM
To: Brandon M. Hall <BHall@atllp.com>
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Brandon,

Just following up on this information needed. The compendium goes out tomorrow so it is needed by 8am. Thank you.

Mackinzey 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

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

From: Fick, Mackinzey

Sent: Wednesday, October 23, 2024 2:32 PM

To: Brandon M. Hall <BDHall@atllp.com>

Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Brandon,

The question below states that the supporting documentation does not what you provided in the Revenues & Expenses. You provided supporting documentation that year 2023's utilization was 12,443 while the revenues and expenses form states 12,441. If the revenues and expenses form is incorrect, please provide a revised one.

Mackinzey 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

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

From: Brandon M. Hall <BDHall@atllp.com>

Sent: Wednesday, October 23, 2024 2:05 PM

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

Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Mackinzey,

On this, can you help me with what isn't matching up for 2023? I note that the Service Specific Revenues form for 2022-24 shows that 2023 had 12,441 patient days for utilization, at \$46 per day, and that 2023 was the only year of the three in that form that was (slightly) profitable. We are struggling to figure out what that does not match up with and what we need to revise and submit to you and would appreciate your guidance.

Please let me know if you have any questions or concerns.

Best regards,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group
7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847
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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Tuesday, October 22, 2024 9:55 AM
To: Brandon M. Hall <BHall@atllp.com>
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Thank you, Brandon. I will let you if I need any additional information and continue to wait for the 2023 documents.

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

From: Brandon M. Hall <BHall@atllp.com>
Sent: Monday, October 21, 2024 8:29 PM
To: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Mackinzey,

Please see the attached floor plan with identified number of beds showing 179.

Please also see the attached revised form 1865 with updated 2025 numbers.

Finally, on the 2023 numbers, I am still awaiting an explanation and any revisions. I should have a

follow up response on that inquiry for you tomorrow.

Please let me know if you have any further questions, concerns, or if there is anything else we can do to be helpful.

Best regards,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group
7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847
MAIN PHONE: 314.621.5070 | MAIN FAX: 314.621.5065
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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Tuesday, October 15, 2024 3:48 PM
To: Brandon M. Hall <BHall@atllp.com>
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Brandon,

After review, some additional information is needed.

- It appears the schematics only show 178 beds. In the application, the first floor showed a total of 65 beds, and the second and third floor showed 59 beds. The supplemental information shows 60, 59 and 59. Please see attached items for work.
- The 2025 Utilization listed in Divider II, #12 and the 2025 Utilization listed on the Revenues & Expenses form do not match; these should match. The utilization stated in Divider II was 63,875 (175*365) and the Revenues/Expenses state 65,335. Revise and resubmit corresponding documents.
- The 2023 Utilization listed on the Revenues & Expenses form and supporting documentation do not match. Please advise.

We reviewed the population-based need calculation presented in the CON application and the population we arrived at is 6,614 (attached). We found 202 (0 CON Approved & 202 Licensed) ALF/RCF beds in the 15-mile radius (attached). Therefore, we calculated a bed surplus of 36 ALF/RCF beds within 15 miles of the site. Please let me know if you agree or disagree with our findings.

This information is needed by Monday, October 21, 2024.

Mackinzey 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

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

From: Brandon M. Hall <BHall@atllp.com>

Sent: Friday, October 11, 2024 7:59 PM

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

Cc: Jonathan F. Dalton <jdalton@atllp.com>

Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Mackinzey,

Please see below, in red, and attached.

Please let me know if you have any questions or concerns.

Best regards,

From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>

Sent: Friday, October 4, 2024 3:20 PM

To: Brandon M. Hall <BHall@atllp.com>

Cc: Jonathan F. Dalton <jdalton@atllp.com>

Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]

Importance: High

Brandon,

Thank you for this information. After review, I need some additional documentation.

- The proposed project budget within the application states the square footage will be 95,118, however the updated proposed project budget states the square footage is 31,874. Can you explain why there was such a big change in square footage?
The 95,118 is the total square footage of the building. Only 31,874 feet of the building will have renovations completed.
- It appears the schematics only show 178 beds. Please advise.
We show 179. Please let me know if it would be preferred to have a call and do a share screen or if you would like the 179 to be indexed another way.



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		
	<u>2023</u>	<u>20??</u>	<u>20??</u>
Amount of Utilization:*	12,443	0	0
Revenue:			
Average Charge**	\$46	\$0	\$0
Gross Revenue	\$572,378	\$0	\$0
Revenue Deductions	0	0	0
Operating Revenue	572,378	0	0
Other Revenue	0	0	0
TOTAL REVENUE	\$572,378	\$0	\$0
Expenses:			
Direct Expenses			
Salaries	292,787	0	0
Fees	0	0	0
Supplies	0	0	0
Other	219,551	0	0
TOTAL DIRECT	\$512,338	\$0	\$0
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	58,671	0	0
Overhead****	0	0	0
TOTAL INDIRECT	\$58,671	\$0	\$0
TOTAL EXPENSES	\$571,009	\$0	\$0
NET INCOME (LOSS):	\$1,369	\$0	\$0

*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.

From: [Brandon M. Hall](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]
Date: Wednesday, October 30, 2024 1:46:07 PM
Attachments: [Levering - Revised Form 1865 \(10.30.24\).pdf](#)

Hi Mackinzey,

My apologies again for the delays—I've been going as fast as I can with things.

On this project, the revised utilization for 2026 will be 97%, or 207 beds filled; for 2027, revised utilization will be 98%, or 209 beds filled. Please the attached revised Revenues and Expenses form reflecting same. Upon your review, please let me know if you have any questions, concerns, or if there is anything else I can do to be helpful.

Best regards,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group
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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Tuesday, October 29, 2024 8:39 AM
To: Brandon M. Hall <BHall@atllp.com>
Subject: RE: CON 6129 [IWOV-IDOCS.FID5523547]
Importance: High

Brandon,

I was under the impression that year 2026 and 2027 utilization also needed to be updated. Do you have that information for me?

Mackinzey Fick

Assistant Program Coordinator, Certificate of Need
Department of Health and Senior Services



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

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

*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.