

From: [Lasater, Joseph Ross](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON #6135
Date: Wednesday, January 15, 2025 3:21:21 PM
Attachments: [image001.png](#)
[form1869 - Representative Registration \(RL\).pdf](#)

Mackinzey,

My answers are below in red. If you have any additional questions, please let me know.

Thank you,

Ross Lasater MBA, RT(R)(CT)
Director of Imaging & Cardiology
Director of Central Scheduling

Phone: (573) 472-7341

Email: jlasater@missouridelta.com



MISSOURI DELTA
FOCUSED ON THE FUTURE OF HEALTHCARE

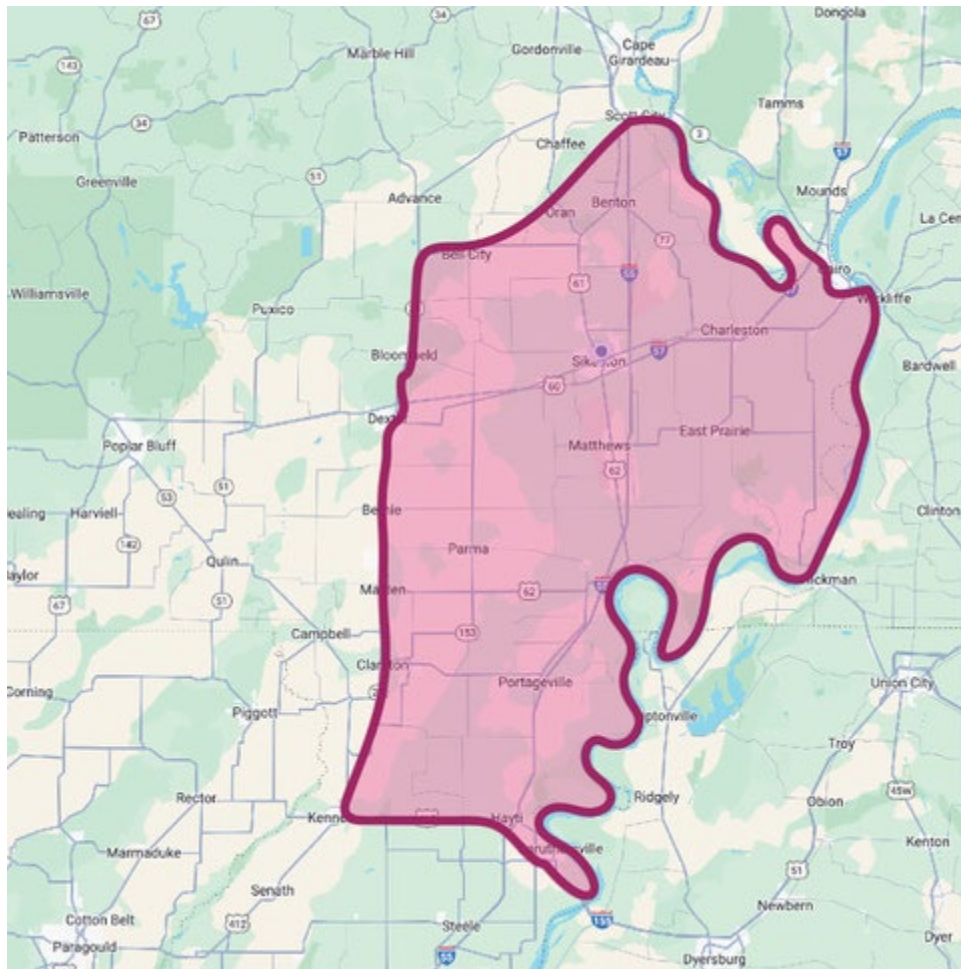
From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Tuesday, January 14, 2025 4:56 PM
To: Lasater, Joseph Ross <jlasater@missouridelta.com>
Subject: CON #6135

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Ross,

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

- Provide a service area for the staff analysis. – See below.



- Provide a registered representative form for Ross Lasater. – See attached.
- On the proposed project budget sheet #21, I calculate \$572. Advise. – The correct amount is \$572. The amount of renovation costs increased since original application and calculation of costs per square foot was not updated.
- What will happen to the existing unit? – Trade in to the vendor. (GE)
- The GE Healthcare quote is dated 8/26/24. Provide new/updated quotes. – This quote/pricing is locked in by PO (contingent on CON approval). Do we still need an updated quote?
- The Bayer quote is dated valid until 1/31/25. Will this be valid at the time of the CON? – Same as above answer.
- The Bayer quote states \$41,541 but the proposed project budget states \$40,745. Advise. \$41,541 is the correct amount. The amount increased since original application.

This information is needed by Friday, January 24th, 2025.

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



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name Missouri Delta Medical Center - MRI Replacement	Number #6135 HT
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(Please type or print legibly.)

Name of Representative Ross Lasater	Title Director of Imaging Services
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Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Missouri Delta Medical Center	Telephone Number 573-472-7341
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Address (Street/City/State/Zip Code) 1008 N Main 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 Missouri Delta Medical Center	Telephone Number (573) 471-1600
--	---

Address (Street/City/State/Zip Code) 1008 N. Main / Sikeston, MO 63801
--

Check one. Do you:

- Support
- Oppose
- Neutral

Relationship to Project:

- None
- Employee
- Legal Counsel
- Consultant
- Lobbyist
- Other (explain):

Other Information:

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: *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.*

Original Signature 	Date 01/15/2025
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From: [Lasater, Joseph Ross](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON #6135
Date: Thursday, January 16, 2025 9:58:49 AM
Attachments: [image001.png](#)

Thank you for your help with this. Below are the set of counties of Missouri Delta's service area.

- Scott, Mississippi, New Madrid, Stoddard, Dunklin, and Pemiscot.

Thank you,

Ross Lasater MBA, RT(R)(CT)
Director of Imaging & Cardiology
Director of Central Scheduling

Phone: (573) 472-7341
Email: jlasater@missouridelta.com



MISSOURI DELTA
FOCUSED ON THE FUTURE OF HEALTHCARE

From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Thursday, January 16, 2025 9:26 AM
To: Lasater, Joseph Ross <jlasater@missouridelta.com>
Subject: RE: CON #6135

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Ross,

After reviewing the additional information, some clarification is needed.

- Provide a service area for the staff analysis. This is normally a set of counties or zip codes.

Additionally, for the quote situation, I am fine with the responses provided. If for any reason I need a new quote, I will reach back out.

This information is needed by Friday, January 24th, 2025.

Thank you!

Mackinzey Fick

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

From: [Lasater, Joseph Ross](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON 1635
Date: Thursday, January 23, 2025 8:41:18 AM
Attachments: [image001.png](#)
[form1863 - Proposed Project Budget - Corrected 1.22.25.pdf](#)

Mackinzey,

Payment has been made.

Attached is the updated Proposed Project Budget Sheet.

Thank you,

Ross Lasater MBA, RT(R)(CT)
Director of Imaging & Cardiology
Director of Central Scheduling

Phone: (573) 472-7341

Email: jasater@missouridelta.com



From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Tuesday, January 21, 2025 3:39 PM
To: Lasater, Joseph Ross <jasater@missouridelta.com>
Subject: CON 1635

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Ross,

After continuous review of the application, some additional items are needed.

- Provide an updated proposed project budget sheet with the Bayer amount of \$41,541. Additionally, an additional fee of \$0.79 is needed.

This information is needed by Friday, January 24th, 2025.

Mackinzey Fick

Assistant Program Coordinator, Certificate of Need



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.