

From: [Hinze, Katey](#)
To: [Fick, Mackinze](#)
Cc: [Solum, Emily](#)
Subject: RE: CON Application Review
Date: Friday, November 15, 2024 4:08:02 PM
Attachments: [image001.png](#)
[4871-5216-7930.1 Scotland RCF & ICF - Second Application Fee Receipt.pdf](#)
[4873-3947-0330.2 Scotland RCF & ICF - Updated Proposed Project Budget Form.pdf](#)

Hi Mackinze,

Please see the attached updated proposed project budget form and receipt for the additional application fee based on the updated budget.

Thank you!

Katey Hinze 📧

Attorney

Direct: 573-761-1146

Katey.Hinze@huschblackwell.com

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

Sent: Friday, November 8, 2024 4:03 PM

To: Solum, Emily <Emily.Solum@huschblackwell.com>

Subject: CON Application Review

[EXTERNAL EMAIL]

Emily,

After review of application #6137 DS, some additional information is needed.

- The proposed project budget states the total cost is \$4,553,000, however the third party documentation states the total cost is \$4,553,500. Please advise. If needed submit an updated proposed project budget sheet and additional fee.

**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 Monday, November 18th, 2024.

Mackinze 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



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 ***	\$4,085,000
3. Subtotal Construction Costs (#1 plus #2)	\$4,085,000
4. Architectural/Engineering Fees	\$175,000
5. Other Equipment (not in construction contract)	\$0
6. Major Medical Equipment	\$0
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$293,500
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$0
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$468,500
12. Total Project Development Costs (#3 plus #11)	\$4,553,500 **

FINANCING:

13. Unrestricted Funds	\$0
14. Bonds	\$4,553,500
15. Loans	\$0
16. Other Methods (specify)	\$0
17. Total Project Financing (sum of #13 through #16)	\$4,553,500 **

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	39,750
21. Renovated Space Costs Per Square Foot *****	\$103

* 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.

----- Forwarded message -----

From: <noreply@ncr.com>

Date: Wed, Nov 13, 2024 at 9:59 AM

Subject: Payment Receipt

To: <shultzta@scmhnet.com>

**Missouri: Health and Senior Services
Payment Receipt**

Thank You for Your Payment

Please save this Confirmation Number for your personal records.

Customer Name

Scotland County Care Center c/o Tara Shultz

Effective Date

11/13/2024 9:59 AM Central Standard Time

Confirmation Number

21528241

Payment Method Amount

Visa ***** 4033 \$1.27

Item	Payment
CON Application Fee	\$1.00
Transaction Fee:	\$0.27
Total Amount Paid:	\$1.27

Payment Details

CON Application Fee

Project Number: 6137 DS - Project Name: Scotland County Nursing Home District - Project

Description: ICF/RCF Reopening - Scotland County Care Center c/o Tara Shultz - \$1.00

A Transaction Fee has been included in the total amount paid for this transaction.


From: [Hinze, Katey](#)
To: [Fick, Mackinze](#)
Cc: [Solum, Emily](#)
Subject: RE: CON Application Review
Date: Monday, November 25, 2024 10:32:00 AM
Attachments: [image001.png](#)
[4937-7716-7104.1 Scotland RCF & ICF - Financing Letter.pdf](#)

Hi Mackinze,

Please see the attached letter, which documents sufficient financing for the project.

We agree with your findings regarding the need calculation for the ICF and RCF.

Thank you!

Katey Hinze 
Attorney
Direct: [573-761-1146](tel:573-761-1146)
Katey.Hinze@huschblackwell.com

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Sent: Wednesday, November 20, 2024 1:33 PM
To: Hinze, Katey <Katey.Hinze@huschblackwell.com>
Cc: Solum, Emily <Emily.Solum@huschblackwell.com>
Subject: RE: CON Application Review
Importance: High

[EXTERNAL EMAIL]

Katey/Emily,

After further review, some items are still needed.

- The election results from August 6th do 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. In past situations like this, our office has accepted a CD, loan, or bank statements. If you have any questions about this requirement, please let me know.

For the SNF/ICF: We reviewed the population-based need calculation presented in the CON application and the population we arrived at is 1,308 (attached). We agree with your number of beds in the applicants 15-mile radius. Therefore, we calculated a bed need of 69 SNF/ICF beds within 15 miles of the site. Let me know if you agree or disagree with our findings.

For the ALF/RCF: We reviewed the population-based need calculation presented in the CON application and the population we arrived at is 1,308 (attached). We agree with your number of beds in the applicants 15-mile radius. Therefore, we calculated a bed need of 32 ALF/RCF beds within 15 miles of the site. Let me know if you agree or disagree with our findings.



November 22, 2024

Ms. Tara Linn Shultz
Scotland County Nursing Home District
434 E Sigler Avenue
Memphis, MO 63555

RE: Funds available for construction December 12, 2024

Dear Ms. Shultz:

We are preparing for the closing of your General Obligation bond voted August 2024. The bonds have been successfully underwritten by Country Club Bank. On December 12, County Club Bank will deliver to your bank account no less than \$4,708,000 in funds available for construction. We will be requesting, in the near future, wire instructions from your bank and will also need your bank contact.

In additions to funds available for construction, we will have capitalized the first year's interest and will have \$172,666 deposited into your principal and interest account on December 12th as well.

Congratulations on your successful financing.

Please feel free to use this letter to demonstrate funds availability.

Sincerely,

A handwritten signature in black ink, appearing to be 'G. Joseph McLiney'. The signature is written over the printed name and title.

G. Joseph McLiney
Senior Managing Director