

From: [Brandon M. Hall](#)
To: [Fick, Mackinzey](#)
Subject: FW: CON 6141 [IWOV-IDOCS.FID2378801]
Date: Monday, September 30, 2024 10:14:24 AM
Attachments: [2024 9.26 TKH Project Descriptin and Cost Review Letter for the CON.pdf](#)
[2024 9.26 SM LTAC at CHNE Provided and Calculated Construction Cost Summary - CON.pdf](#)

Hi Mackinzey,

Did the below go through to you by chance? It should have last Weds., but I couldn't find it in our system as actually sent.

Relatedly, attached, please find the couple other items we were awaiting.

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

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
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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 10:22 PM
To: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Cc: Jonathan F. Dalton <jdalton@atllp.com>
Subject: RE: CON 6141 [IWOV-IDOCS.FID2378801]

Mackinzey,

Please see the below and attached and let us know if you have any further questions or concerns. Otherwise, we will be back in touch asap on the couple of items denoted below.

1. Provide a contact correction form.
Please see attached signed Form 1861.
2. Provide 3rd party documentation or methods and assumptions for the budget.
We have requested a letter but have not received the letter back yet. We will provide same

as soon as possible.

3. Line 20-21 on the proposed project budget state renovations will be done, however the proposed project budget states construction? Which is correct and provide the corresponding answers on the budget form.

It's renovations. Please see attached and updated.

4. Provide a more detailed timeline.

Renovation – beginning in December 2024, and going through April 2025;
Installation – 2 weeks following renovation, still in April 2025;
Calibration & training – 2 weeks following installation, May 2025; and
First patient – May 2025.

5. Page 7 states state plans are not applicable to the project. Please explain.

Site Plans are not applicable here, as the site is already developed and built. Here, there are to be renovations of an existing structure.

6. The square footage within the schematics states 18,098, however the budget form states 17,059. Please advise and correct on the corresponding forms.

The forms are correct as are—17,059 is the correct usable square footage. Only the schematics should have both numbers included.

7. It appears the schematics only include 27 beds. Does the isolation room count as a day-to-day patient room as well?

Yes, correct, the isolation room is also a day-to-day room.

8. The letter from Michael Mumma 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.

In this case, the company is public, so it files public disclosures regarding its assets, which demonstrate documentation. See attached.

9. Provide a response for divider 2, question 12 as it appears the document is not attached.

See attached Form 1865.

10. Provide revenues and expenses form for years 2021-2023.

We are in the process of confirming information on these years and will supplement with additional information as soon as possible.

11. Provide revenues and expenses form for year 2028.

Utilization and revenues for 2028 should be:

	2028
Amount of Utilization	9,198
Average Charge	18,998
Gross Revenue	174,743,604
Revenue Deductions	153,774,372
Operating Revenue	20,969,232
Other Revenue	52
Total Revenue	20,969,284
Salaries	11,237,946

Fees	117,369
Supplies	1,329,105
Other	4,293,559
Direct Expenses	16,977,979
Depreciation	2,086,299
Interest	273,080
Rent/Lease	736,993
Overhead	568,677
Indirect Expenses	3,665,049
Total Expenses	20,643,028
Net Income (Loss)	326,257

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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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, September 10, 2024 9:40 AM
To: Brandon M. Hall <BHall@atllp.com>
Cc: Jonathan F. Dalton <jdalton@atllp.com>
Subject: CON 6141
Importance: High

CAUTION: EXTERNAL EMAIL

Jon,

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

1. Provide a contact correction form.
2. Provide 3rd party documentation or methods and assumptions for the budget.
3. Line 20-21 on the proposed project budget state renovations will be done, however the proposed project budget states construction? Which is correct and provide the corresponding answers on the budget form.
4. Provide a more detailed timeline.
5. Page 7 states state plans are not applicable to the project. Please explain.
6. The square footage within the schematics states 18,098, however the budget form states 17,059. Please advise and correct on the corresponding forms.
7. It appears the schematics only include 27 beds. Does the isolation room count as a day to day patient room as well?
8. The letter from Michael Mumma 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.
9. Provide a response for divider 2, question 12 as it appears the document is not attached.
10. Provide revenues and expenses form for years 2021-2023.
11. Provide revenues and expenses form for year 2028.

**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.

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>

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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, Project Number, Project Address, County. Values: Select Specialty Hospital, 6141 HS, 11133 Dunn Road St Louis, MO 63136, St. Louis County

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

Table with 3 columns: List All Owner(s), Address, Telephone Number. Includes Intensiva Hospital of Greater St. Louis, Inc., d/b/a Select Specialty Hospital.

3. Ownership (Check applicable category.)

Checkboxes for Nonprofit Corporation, Individual, City, District, Partnership, Corporation (checked), County, Other.

4. Certification

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
(B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
(C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
(D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
(E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
(F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

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, Title, Telephone Number, Fax Number, E-mail Address, Signature of Contact Person, Date of Signature. Values: Jon Dalton, Attorney, 314.342.8079, N/A, JDalton@atllp.com, [Signature], 9.05.2024

Select Medical Construction Estimate

St. Louis Christian Hospital LTAC

Budget prepared on 11/24/2023

TKH: Budget Received 9/25/2024 and Reviewed 9/26/2024

9/26/2024

SM Provided Construction estimate

Division	Description	SF	Provided \$/SF	Calculated Value of Provided Information	Provided Low	Provided High	Calculated Ave Cost
00	Procurement and Contracting Requirements		---	---	---	---	---
01	General Requirements and Conditions	17,059	\$39.71	\$677,412.89	\$677,469.00	\$880,710.00	
02	Existing Conditions	17,059	\$31.50	\$537,358.50	\$537,359.00	\$698,566.00	
03	Concrete	---	---	---	---	---	
04	Masonry	---	---	---	---	---	
05	Metals	---	---	---	---	---	
06	Woods, Plastics and Compositied	17,059	\$14.00	\$238,826.00	\$238,826.00	\$310,474.00	
07	Thermal and Moisture Protection	---	---	---	---	---	
08	Openings	17,059	\$7.39	\$126,066.01	\$126,000.00	\$163,800.00	
09	Finishes	17,059	\$41.14	\$701,807.26	\$701,807.00	\$912,349.00	
10	Specialties	17,059	\$1.25	\$21,323.75	\$21,400.00	\$27,820.00	
11	Equipment	17,059	\$2.46	\$41,965.14	\$42,000.00	\$54,600.00	
12	Furnishings	17,059	\$1.50	\$25,588.50	\$25,589.00	\$33,265.00	
13	Special Construction	---	---	---	---	---	
14	Conveying Equipment	---	---	---	---	---	
21	Fire Suppression	17,059	\$2.50	\$42,647.50	\$42,648.00	\$55,442.00	
22	Plumbing	17,059	\$58.58	\$999,316.22	\$999,316.00	\$1,299,111.00	
23	Heating, Ventilation, and Air Conditioning (HVAC)	17,059	\$49.81	\$849,708.79	\$849,709.00	\$1,104,621.00	
25	Integrated Automation	---	---	---	---	---	
26	Electrical	17,059	\$38.99	\$665,130.41	\$665,130.00	\$864,670.00	
27	Communications	17,059	\$4.13	\$70,453.67	\$70,500.00	\$91,650.00	
28	Electronic Safety and Security	17,059	\$1.50	\$25,588.50	\$25,589.00	\$33,265.00	
31	Earthwork	---	---	---	---	---	
32	Exterior Improvements	---	---	---	---	---	
33	Utilities	---	---	---	---	---	
99	Other	---	---	---	---	---	
Subtotal				\$5,023,193.14	\$5,023,342.00	\$6,530,343.00	
	Commercial Liability Insurance and Performance Bond (3%)			\$150,700.00	\$150,700.00	\$195,910.00	
	Design Development Contingency	---	---	---	---	---	
	Escalation	---	---	---	---	---	
	Construction Contingency	---	---	---	---	---	
	SDI - Subcontractor Default Insurance	---	---	---	---	---	
	General Conditions, Fee and Insurances	---	---	---	---	---	
	Unforeseen Conditions (10%)	---	---	\$502,319.31	\$502,334.00	\$653,034.00	34*%
	Contractor Fee (5%)	---	---	\$276,275.62	\$276,284.00	\$359,169.00	35+41*%
	Administrative Office Fit Out	2,500	\$50.00	\$125,000.00	\$125,000.00	\$162,500.00	

Total "Hard" Construction	\$344.46	\$6,077,488.08	\$6,077,660.00	\$7,900,956.00	\$6,989,308.00	
Select Medical Provided Total	\$356.27		\$6,077,659.00	\$7,900,957.00	\$6,989,308.00	
Difference Total vs. Provided Totals		(\$11.81)	\$1.00	(\$1.00)	\$0.00	
Submitted CON Cost	17,059				\$6,989,307.00	\$409.71
Difference to CON						(\$1.00)

	A	B	C	D	E	F	G	H	J	K
1			Project Name:	St Louis Christian Hospital						
2			Date:	11/24/2023						
3			Project Square Footage:	17,059						
4			Number of Beds	28						
5										
6		Code	Description		%	Units	\$/Unit	Total		
7										
8			0 Division 00 – Procurement and Contracting Requirements			17,059	\$ -	\$ -		\$ -
11			1 Division 01 – General Requirements and Conditions			17,059	\$ 39.71	\$ 677,469		\$ 880,710
22			2 Division 02 – Existing Conditions			17,059	\$ 31.50	\$ 537,359		\$ 698,566
29			3 Division 03 – Concrete			17,059	\$ -	\$ -		\$ -
34			4 Division 04 – Masonry			17,059	\$ -	\$ -		\$ -
40			5 Division 05 – Metals			17,059	\$ -	\$ -		\$ -
46			6 Division 06 – Wood, Plastics, and Composites			17,059	\$ 14.00	\$ 238,826		\$ 310,474
58			7 Division 07 – Thermal and Moisture Protection			17,059	\$ -	\$ -		\$ -
65			8 Division 08 – Openings			17,059	\$ 7.39	\$ 126,000		\$ 163,800
76			9 Division 09 – Finishes			17,059	\$ 41.14	\$ 701,807		\$ 912,349
120			10 Division 10 – Specialties			17,059	\$ 1.25	\$ 21,400		\$ 27,820
134			11 Division 11 – Equipment			17,059	\$ 2.46	\$ 42,000		\$ 54,600
140			12 Division 12 – Furnishings			17,059	\$ 1.50	\$ 25,589		\$ 33,265
143			13 Division 13 – Special Construction			17,059	\$ -	\$ -		\$ -
148			14 Division 14 – Conveying Equipment			17,059	\$ -	\$ -		\$ -
153			21 Division 21 – Fire Suppression			17,059	\$ 2.50	\$ 42,648		\$ 55,442
158			22 Division 22 – Plumbing			17,059	\$ 58.58	\$ 999,316		\$ 1,299,111
170			23 Division 23 – Heating, Ventilating, and Air Conditioning (HVAC)			17,059	\$ 49.81	\$ 849,709		\$ 1,104,621
185			25 Division 25 – Integrated Automation			17,059	\$ -	\$ -		\$ -
188			26 Division 26 – Electrical			17,059	\$ 38.99	\$ 665,130		\$ 864,670
198			27 Division 27 – Communications			17,059	\$ 4.13	\$ 70,500		\$ 91,650
204			28 Division 28 – Electronic Safety and Security			17,059	\$ 1.50	\$ 25,589		\$ 33,265
209			31 Division 31 – Earthwork			17,059	\$ -	\$ -		\$ -
210			32 Division 32 – Exterior Improvements			17,059	\$ -	\$ -		\$ -
211			33 Division 33 – Utilities			17,059	\$ -	\$ -		\$ -
212			99 Division 99 - Other			17,059	\$ -	\$ -		\$ -
213			Commercial General Liability Insurance, Other Insurances (pollution liability, etc) and Performance Bonds	3%				\$ 150,700		\$ 195,910
214			DESIGN DEVELOPMENT CONTINGENCY					\$ -		\$ -
215			ESCALATION					\$ -		\$ -
216			CONSTRUCTION CONTINGENCY					\$ -		\$ -
217			SDI - Subcontractor Default Insurance					\$ -		\$ -
218			GENERAL CONDITIONS, FEE, & INSURANCES					\$ -		\$ -
219			Unforeseen Conditions	10%				\$ 502,334		\$ 653,034
220			Contractor Fee	5%				\$ 276,284		\$ 359,169
221			Administrative Office Suite Fit Out			2,500	\$ 50.00	\$ 125,000		\$ 162,500
222			Total Hard Construction:					\$ 356.27	\$ 6,077,659	463.15 \$ 7,900,957



September 26, 2024

Mr. Nikolay Belfer
Select Medical
Design and Construction
4716 Old Gettysburg Road,
Mechanicsburg, Pennsylvania, 17065

Re.: Probable construction cost for CIRH at Christian Hospital Northeast
Conversion of existing 5th Floor to a 28 Bed LTAC Unit

Dear Nick,

The purpose of this letter is to provide a project description, and our opinion of the provided construction estimate for the above-referenced project at CHNE.

Project Description:

This project proposes moderate renovation of the fifth floor at CHNE, an existing Medical – Surgical Unit to accommodate a 28 bed LTAC unit for Select Medical. The renovation area of the project totals 17,059 square feet. The existing and proposed unit has a 2-hour floor to floor separation consistent with the 2015 IBC construction type 1A.

Construction Estimate:

Based on our review of the provided construction cost estimate and comparison to projects of similar scope and size, we find the projected construction cost of \$6,989,307, equaling \$409.71 per square for the renovation project is sufficient.

Sincerely,

Michael P. Tchoukaleff, AIA
TKH, Principal



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.

From: [Brandon M. Hall](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON 6141 [IWOV-IDOCS.FID2378801]
Date: Friday, October 11, 2024 11:07:11 PM
Attachments: [Select - Form 1861 \(Signed\).pdf](#)
[Select Revised Budget Form.pdf](#)
[Select - Form1865 \(2028\).pdf](#)

Hi Mackinzey,

Please see the below and attached. Please let me know if you have any questions or concerns. Otherwise, I will be back in touch next week on the final remaining items.

- Provide a contact correction form.
Please see attached signed Form 1861.
- How will the project be financed? Provide an updated project budget with this information as well.
Please see attached. There will be financing.
- The letter from Michael Mumma 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. This is needed regardless of whether the company is public or private.
Select has requested such a letter from its bank. We hope to provide same by Monday.
- Provide revenues and expenses form for year 2028 using the form MO 580-1865.
Please see attached Form 1865 for 2028.
- Provide revenues and expenses form for years 2021-2023.
I am still awaiting this. The employee in charge of these has been on leave, and is slated to be back on 10.15.24. I will provide a follow up as soon as I can thereafter.

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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Bhall@atllp.com

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Please consider the environment before printing this email.

From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Thursday, October 3, 2024 3:54 PM
To: Brandon M. Hall <BHall@atllp.com>
Subject: RE: CON 6141 [IWOV-IDOCS.FID2378801]

Brandon,

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

- Provide a contact correction form.
- How will the project be financed? Provide an updated project budget with this information as well.
- The letter from Michael Mumma 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. This is needed regardless of whether the company is public or private.
- Provide revenues and expenses form for year 2028 using the form MO 580-1865.
- Provide revenues and expenses form for 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 Thursday, October 10, 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: Monday, September 30, 2024 10:14 AM
To: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Subject: FW: CON 6141 [IWOV-IDOCS.FID2378801]

Hi Mackinzey,

Did the below go through to you by chance? It should have last Weds., but I couldn't find it in our system as actually sent.

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** Select Specialty Hospital**Project #:** 6141 HS**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.

	<u>2028</u>	<u>Year</u> <u>20??</u>	<u>20??</u>
Amount of Utilization:*	9,198	0	0
Revenue:			
Average Charge**	\$18,998	\$0	\$0
Gross Revenue	\$174,743,604	\$0	\$0
Revenue Deductions	153,774,372	0	0
Operating Revenue	20,969,232	0	0
Other Revenue	52	0	0
TOTAL REVENUE	\$20,969,284	\$0	\$0
Expenses:			
Direct Expenses			
Salaries	11,237,946	0	0
Fees	117,369	0	0
Supplies	1,329,105	0	0
Other	4,293,559	0	0
TOTAL DIRECT	\$16,977,979	\$0	\$0
Indirect Expenses			
Depreciation	2,086,299	0	0
Interest***	273,080	0	0
Rent/Lease	736,993	0	0
Overhead****	568,677	0	0
TOTAL INDIRECT	\$3,665,049	\$0	\$0
TOTAL EXPENSES	\$20,643,028	\$0	\$0
NET INCOME (LOSS):	\$326,256	\$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 6141 [IWOV-IDOCS.FID2378801]
Date: Monday, October 21, 2024 8:51:53 PM
Attachments: [CON Form 1865 2021-2023 Town and Country.pdf](#)
[Select Specialty Hospital - MO 580-1870 Contact Person Correction.pdf](#)
[Select Revised Budget Form \(10.16.24\).pdf](#)
[SELECT Bank Reference JPMS 17 Oct 2024.pdf](#)

Mackinzey,

Responses in red below and please see attached.

Let me know if you have any further questions, concerns, or if there is anything else you need.

Thank you!



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
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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 6141 [IWOV-IDOCS.FID2378801]

Brandon,

After review, some additional information is needed.

- Provide a contact correction form. I have attached the correct form for you to use.
- **Please see the attached.**
- Provide an updated project budget sheet with updated financing. The financing portion has been blank the last two submissions.
- **Please see the attached revised Budget form.**
- Page 7 states site plans are not applicable to the project. Regardless if the facility is built, these are still needed.

Respectfully, what is this basis for this? It does not make sense, and does it seem to be required under the regulations. Under the regulations (19 CSR 60-50.430 (4)(B)(3)) an applicant must submit preliminary schematics showing the location of beds, but those regulations do not explicitly require site plans. Further, here, the space is within a hospital's campus. Select is not having its own site plans done for the existing hospital owned by someone else. There would also be no reason why the hospital would give them to us. Here, we provided schematics for the layout of the beds, in accordance with the regulations.

- Provide revenues and expenses form for years 2021-2023. Until these are received, the analysis will reflect these have not been submitted to our office.
- **Please see attached.**
- The letter from Michael Mumma 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. This is needed regardless of whether the company is public or private. Until this is received, the analysis will reflect this has not been documented.
- **Please see the attached Bank reference letter.**

We reviewed the population-based need calculation presented in the CON application and the population we arrived at is 990,180 (attached). We agree with the LTCH facilities in the 15-mile radius. Therefore, we calculated a bed need of 23 LTCH beds within 15 miles of the site.

As mentioned previously, we agree with these numbers.

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

Mackinzezy 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: mackinzezy.fick@health.mo.gov

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

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

Sent: Friday, October 11, 2024 11:03 PM

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

Subject: RE: CON 6141 [IWVOV-IDOCS.FID2378801]

Hi Mackinzezy,

Please see the below and attached. Please let me know if you have any questions or concerns. Otherwise, I will be back in touch next week on the final remaining items.



Certificate of Need Program

CONTACT PERSON CORRECTION

Date

Is the "Contact Person" information below correct? Yes No (*correct below*)

Project Name

Project Number

Contact Person (*Name/Association*)

Title

Address (*Street/City/State/Zip Code*)

Telephone Number

Fax Number

E-mail Address

INSTRUCTIONS TO THE APPLICANT:

- According to recent information in the Certificate of Need Records, the individual listed above is the "Contact Person" for this project who will be the primary representative responsible for all monitoring and reporting related to this project.
- If this information is correct, check "Yes" in the box above.
- If this information IS NOT correct, check "No" in the box above, and enter the correct information in the appropriate spaces provided below.
- **In either case, the applicant must sign at the bottom of this form to certify that this response is true and accurate as of the date posted above.**

Please type or print legibly corrected "Contact Person" information below:

Contact Person (*Name*)

Title

Address (*Street/City/State/Zip Code*)

Telephone Number

Fax Number

E-mail Address

Applicant (*Print or Type Name*)

Applicant (*Signature*)

Jonathan Dalton

Date

J.P.Morgan

October 17, 2024

Mackinzev Fick
Assistant Program Coordinator, Certificate of Need
Department of Health and Senior Services
920 Wildwood Drive, P.O. Box 570
Jefferson City, MO 65102
Email: mackinzev.fick@health.mo.gov

RE: Bank Reference Letter for Select Medical Corporation's proposal in connection with
CON 6141 [IWOV-IDOCS.FID2378801]

Dear Ms. Fick:

Select Medical Corporation ("Select", the "Company"), has requested us, J.P. Morgan Securities LLC ("JPMS" or "we") to issue this letter (this "Bank Reference Letter") to you (the "Recipient") in connection with Select's participation and response to the above referenced proposal (the "Purpose").

We are pleased to confirm our banking relationship with Select which has been in place for over 20 years. We, or our affiliate(s), have provided Select with products and services including but not limited to deposit accounts and treasury services, financing and standby letters of credit. JPMorgan Chase Bank, N.A., our affiliate, agents Select's \$550 million unsecured Revolving Credit Facility (RCF) of which approximately 11% is funded today leaving approximately \$490 million available for draw/use by Select and its subsidiaries.

Our dealings with Select and its subsidiaries have always been conducted in a satisfactory manner.

Sincerely,

DocuSigned by:
Sue Herzog
FD72222059254D8...

By _____

Susan F. Herzog, Executive Director
J.P. Morgan Securities LLC
383 Madison Avenue
New York, NY 10179
917-721-3049

Cc: Lydia Ahern, J.P. Morgan Securities LLC
Joel T. Viet, SVP Treasurer, Select Medical

The information in this Bank Reference Letter is provided at the request of the Company as an accommodation to the Recipient's request in connection with the Purpose. The Recipient is hereby advised that the information provided herein is furnished on the condition that it is strictly confidential; that no liability or responsibility whatsoever in connection herewith shall attach to JPMS or any of its officers, employees, agents, or affiliates; that this Bank Reference Letter makes no representation regarding the general condition of the Company, its management, or its future ability to meet its obligations, and that any information provided is subject to change without notice

Certificate Of Completion

Envelope Id: 5048DDF5DB5B497E81345A65C94DDEA2	Status: Completed
Subject: Complete with DocuSign: SELECT Bank Reference Letter 17 Oct 2024.pdf	
Source Envelope:	
Document Pages: 1	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Disabled	Envelope Originator:
Envelopeld Stamping: Disabled	Sue Herzog
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	383 Madison Ave
	New York, NY 10179
	susan.f.herzog@jpmorgan.com
	IP Address: 159.53.110.144


Record Tracking

Status: Original	Holder: Sue Herzog	Location: DocuSign
10/17/2024 4:33:12 PM	susan.f.herzog@jpmorgan.com	
Security Appliance Status: Connected	Pool: JPMC Security Pool	

Signer Events

Sue Herzog
susan.f.herzog@jpmorgan.com
ED
JPMorgan Treasury Services NAM
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

FD72222059254D8...
Signature Adoption: Pre-selected Style
Using IP Address: 159.53.174.141

Timestamp

Sent: 10/17/2024 4:33:39 PM
Viewed: 10/17/2024 4:34:18 PM
Signed: 10/17/2024 4:34:30 PM
Freeform Signing

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/17/2024 4:33:39 PM
Certified Delivered	Security Checked	10/17/2024 4:34:18 PM
Signing Complete	Security Checked	10/17/2024 4:34:30 PM
Completed	Security Checked	10/17/2024 4:34:30 PM
Payment Events	Status	Timestamps

From: [Brandon M. Hall](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON 6141 [IWOV-IDOCS.FID2378801]
Date: Tuesday, October 29, 2024 8:17:08 AM
Attachments: [Select Revised Budget Form \(10.28.24\).pdf](#)
[CON Form 1865 2021-2023 Select \(Updated 10.28.24\).pdf](#)

Mackinzey,

Please see the attached two items for this. Please note, yesterday, Select did reach out to the hospital to ask for a site plan. If we are able to obtain it, I will provide it subsequently.

Please just let me know if you need anything else on this project.

Thank you again,



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: 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 6141

CAUTION: EXTERNAL EMAIL

Brandon,

Just following up on this information needed between this and the attached email. 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 2:56 PM

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

Subject: CON 6141

Importance: High

Brandon,

Can you explain what the renovations for this project consist of? Are they constructing a new wing or renovating/converting a specific floor? If it's a specific floor, what is currently on that floor and what will happen to those services?

This information is needed as soon as possible. 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>

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From: [Fick, Mackinze](#)
To: [Brandon M. Hall](#)
Subject: RE: CON 6141 [IWOV-IDOCS.FID2378801]
Date: Wednesday, October 23, 2024 2:54:00 PM

Brandon,

To follow up on your responses, please see the comments in blue below. For other information not directly responded to, I will reach out with any other additional questions I have.

Thank you.

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

EMAIL: mackinze.fick@health.mo.gov

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

From: Brandon M. Hall <BHall@atllp.com>
Sent: Wednesday, October 23, 2024 2:19 PM
To: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Cc: Jonathan F. Dalton <jdalton@atllp.com>
Subject: RE: CON 6141 [IWOV-IDOCS.FID2378801]

Mackinze,

Further responses in red below.

Please let me know any questions or concerns.

Thanks again,



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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Please consider the environment before printing this email.

From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Tuesday, October 22, 2024 8:26 AM
To: Brandon M. Hall <BHall@atllp.com>
Subject: RE: CON 6141 [IWOV-IDOCS.FID2378801]
Importance: High

Brandon,

After additional review I need one more item of additional information. I am adding it below and apologize this was not included on the initial email.

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: Tuesday, October 22, 2024 8:00 AM
To: Brandon M. Hall <BHall@atllp.com>
Subject: RE: CON 6141 [IWOV-IDOCS.FID2378801]
Importance: High

Brandon,

Thank you for this information. I have reviewed this and need the following information.

- The financial letter issued states Select plans to utilize a line of credit, which would be considered a loan. If this is correct then a revised proposed project budget is needed. If it is not, **you will need to submit an auditor's statement OR financial statements showing Select has the available unrestricted funds.**

Mackinzey, the goalposts seem to keep moving on this. The last letter provided access to over \$490 million, and was provided by a financial institution, per the regulations. Nowhere in the regulations are specific financial statements called for. That said, Select is public, and has also previously provided public accounting snapshots and records. In the past, the staff has routinely accepted something as simple as a letter serving as an affidavit from the

company's CFO attesting that the company has sufficient funds. That was done all the way until this last Spring. While we understand the staff currently moving in line with the regulations, at some point, there has to be a reasonable way to satisfy the request and despite numerous efforts here, we are still at impasse. Please advise. My question/concern did not state the documentation was insufficient, however I was asking that the money within the financing portion be moved from unrestricted funds to loans.

- As for the site plan documentation, 19 CSR 60-50.430(4)(B)2 states A legible street or road map showing the exact location of the facility or health service, and a copy of the site plan showing the relation of the project to existing structures and boundaries. Please advise how this is not required within the CON application?

We acknowledge at that provision, but our point is still that it is not applicable here because there is no "site plan showing the relation of the project to existing structures." The project is going inside of existing hospital campus space. If your preference is for the hospital's site plans, noting that the hospital isn't being approved, my understanding is that the hospital might not be willing to hand its site plans over to us. That said, if necessary, we can ask and see what we can provide.

- Based on LTCH Survey submissions, utilization for year 2021 reflects 11,070, year 2022 reflects 10,986, and year 2023 reflects 11,784. This does not match the # provided in the application. Provide updated revenues and expenses forms if utilization is changed or provide new LTCH submissions if they were reported incorrectly.

We have sent this one to Select's team and requested clarification. We will provide a response as soon as possible.

This information is needed by Wednesday, October 23, 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: Monday, October 21, 2024 8:48 PM

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

Subject: RE: CON 6141 [IWOV-IDOCS.FID2378801]

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** Town and Country Relocation**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:*	11,070	10,986	11,784
Revenue:			
Average Charge**	\$10,173	\$10,774	\$13,489
Gross Revenue	\$112,617,927	\$118,366,772	\$158,953,898
Revenue Deductions	88,621,180	100,068,340	133,262,901
Operating Revenue	23,996,747	23,136,106	25,690,997
Other Revenue	600	543	130
TOTAL REVENUE	\$23,997,347	\$23,136,649	\$25,691,127
Expenses:			
Direct Expenses			
Salaries	13,689,846	14,498,641	13,541,315
Fees	59,420	82,220	111,168
Supplies	1,511,833	1,518,816	1,691,189
Other	3,948,442	3,400,894	4,372,671
TOTAL DIRECT	\$19,209,541	\$19,500,571	\$19,716,343
Indirect Expenses			
Depreciation	1,176,523	1,191,518	1,137,743
Interest***	353,576	332,943	318,509
Rent/Lease	811,949	835,789	927,065
Overhead****	481,068	616,228	717,944
TOTAL INDIRECT	\$2,823,116	\$2,976,478	\$3,101,261
TOTAL EXPENSES	\$22,032,657	\$22,477,049	\$22,817,604
NET INCOME (LOSS):	\$1,964,690	\$659,600	\$2,873,523

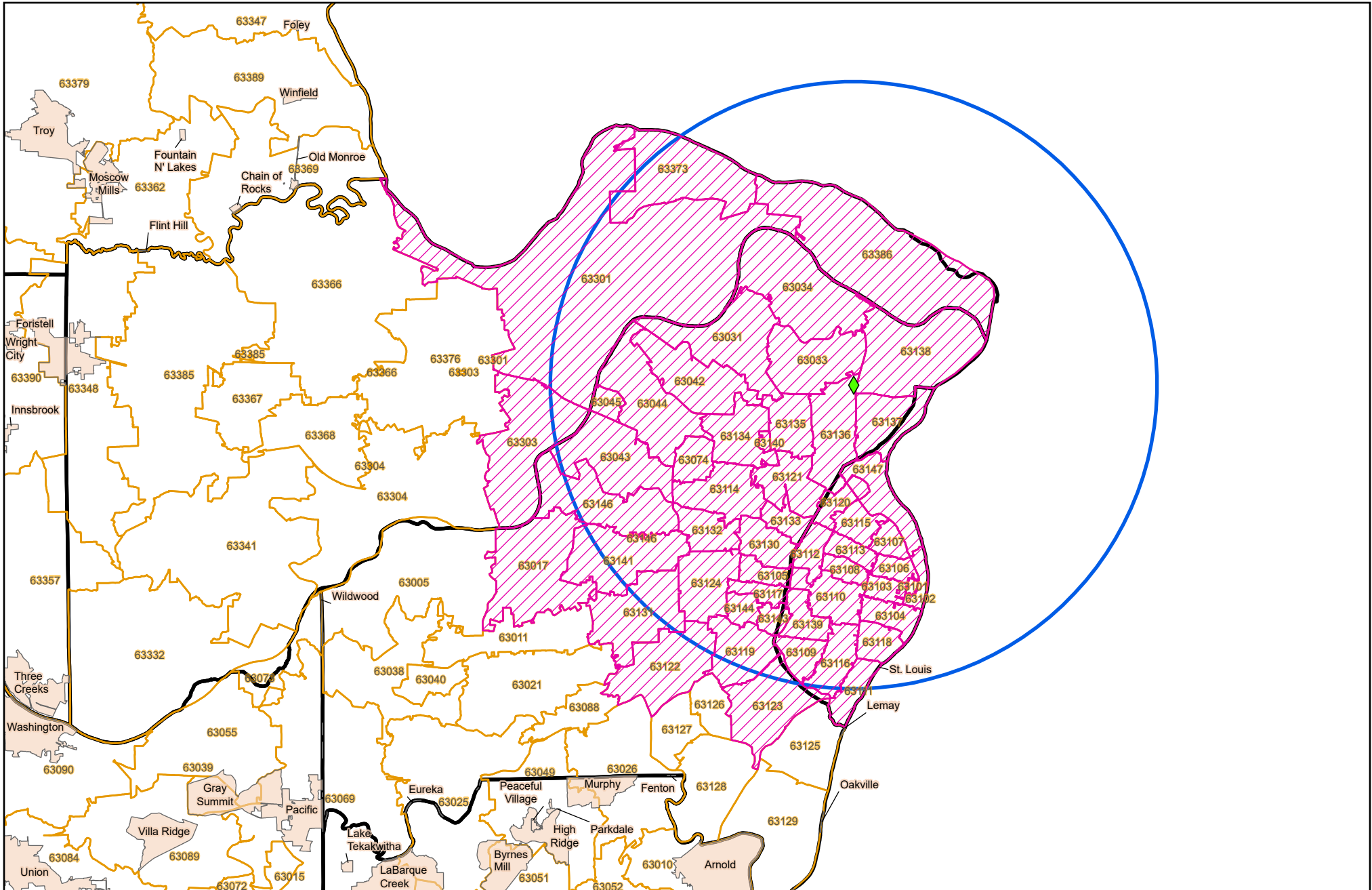
*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

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

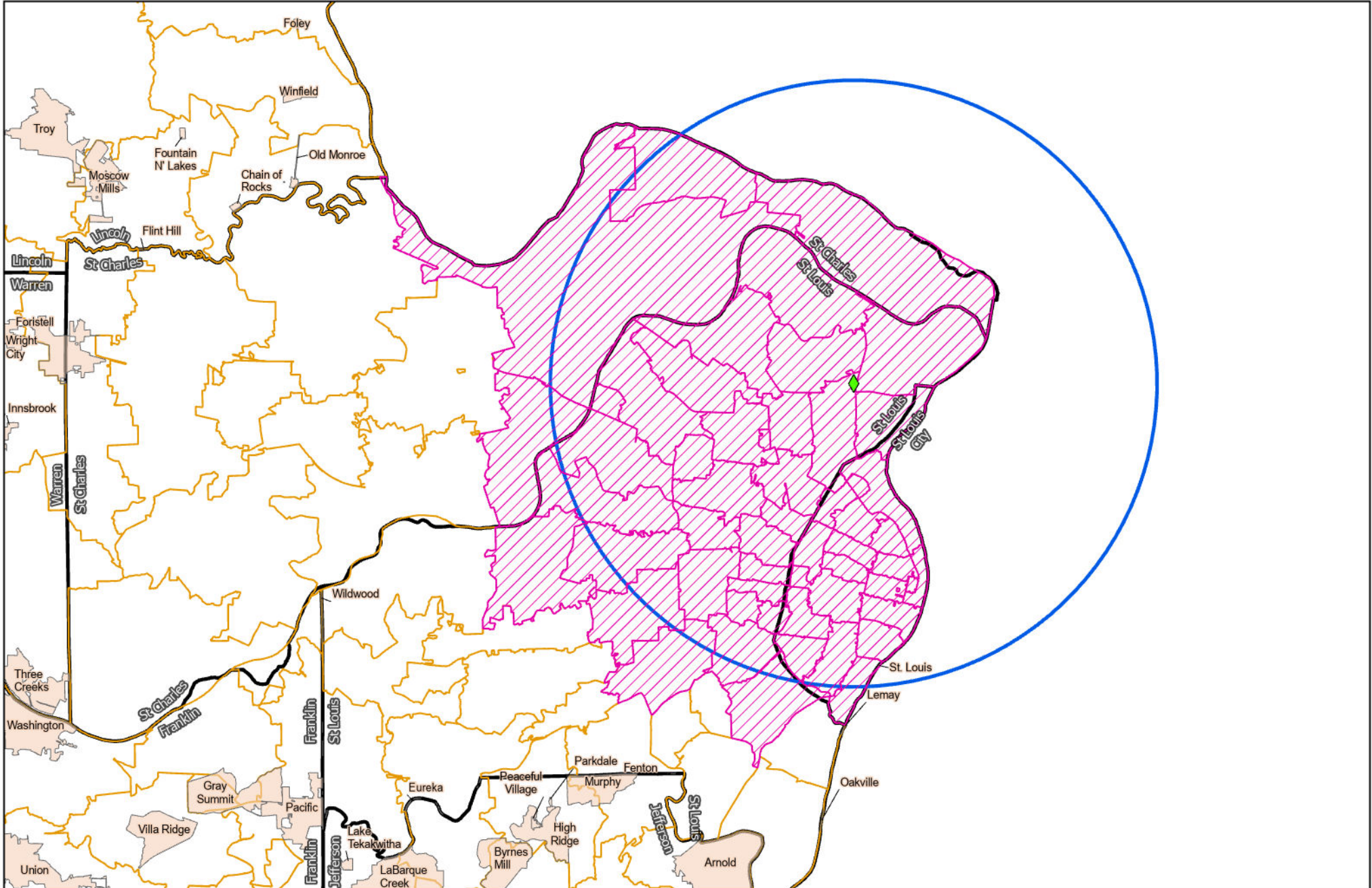
***Only on long term debt, not construction.

****Indicate how overhead was calculated.

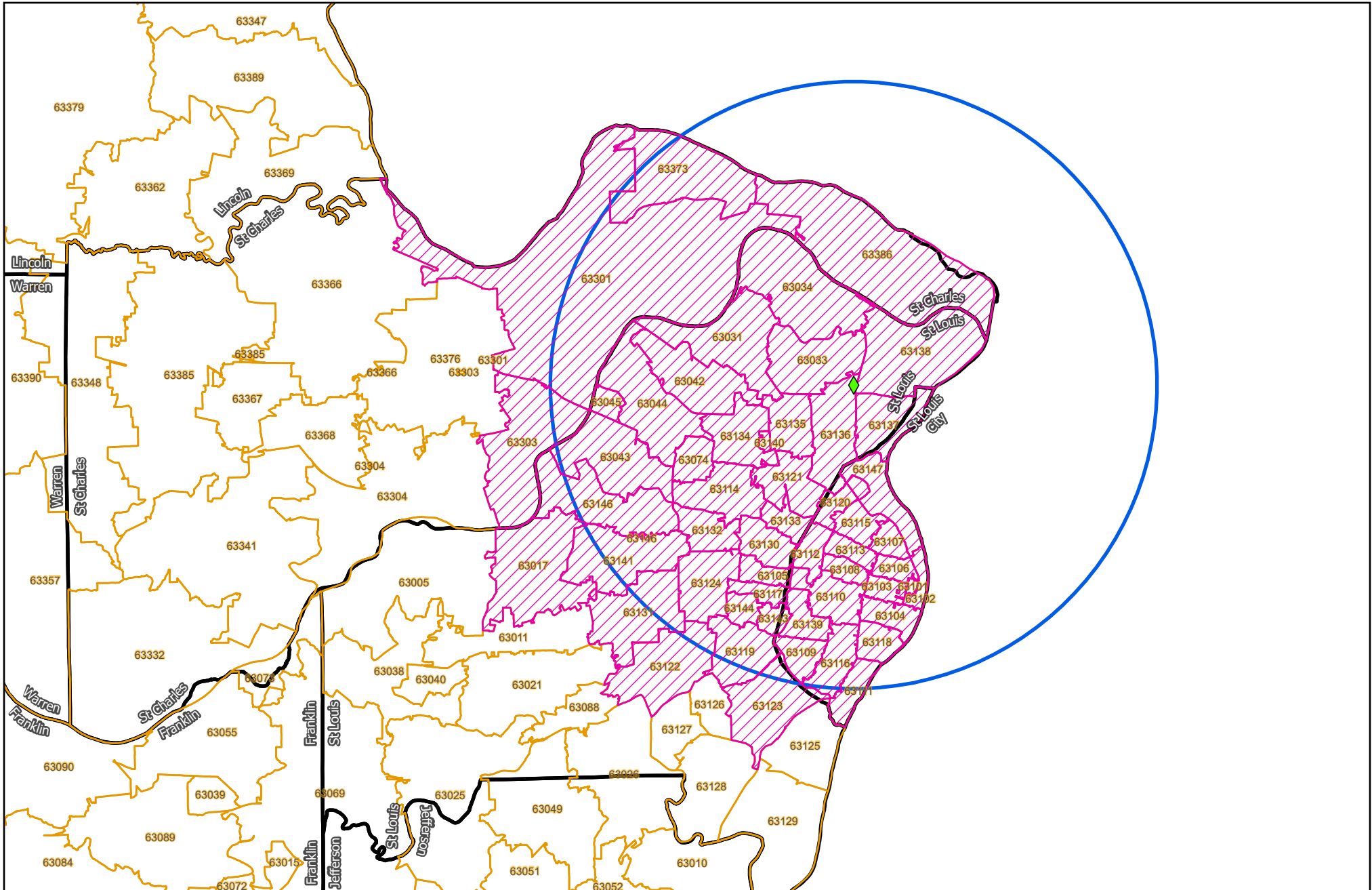
CON 15 Mile Radius
11133 Dunn Rd
Saint Louis, MO 63136-6119
(Lat: 38.775984 & Long: -90.238963)



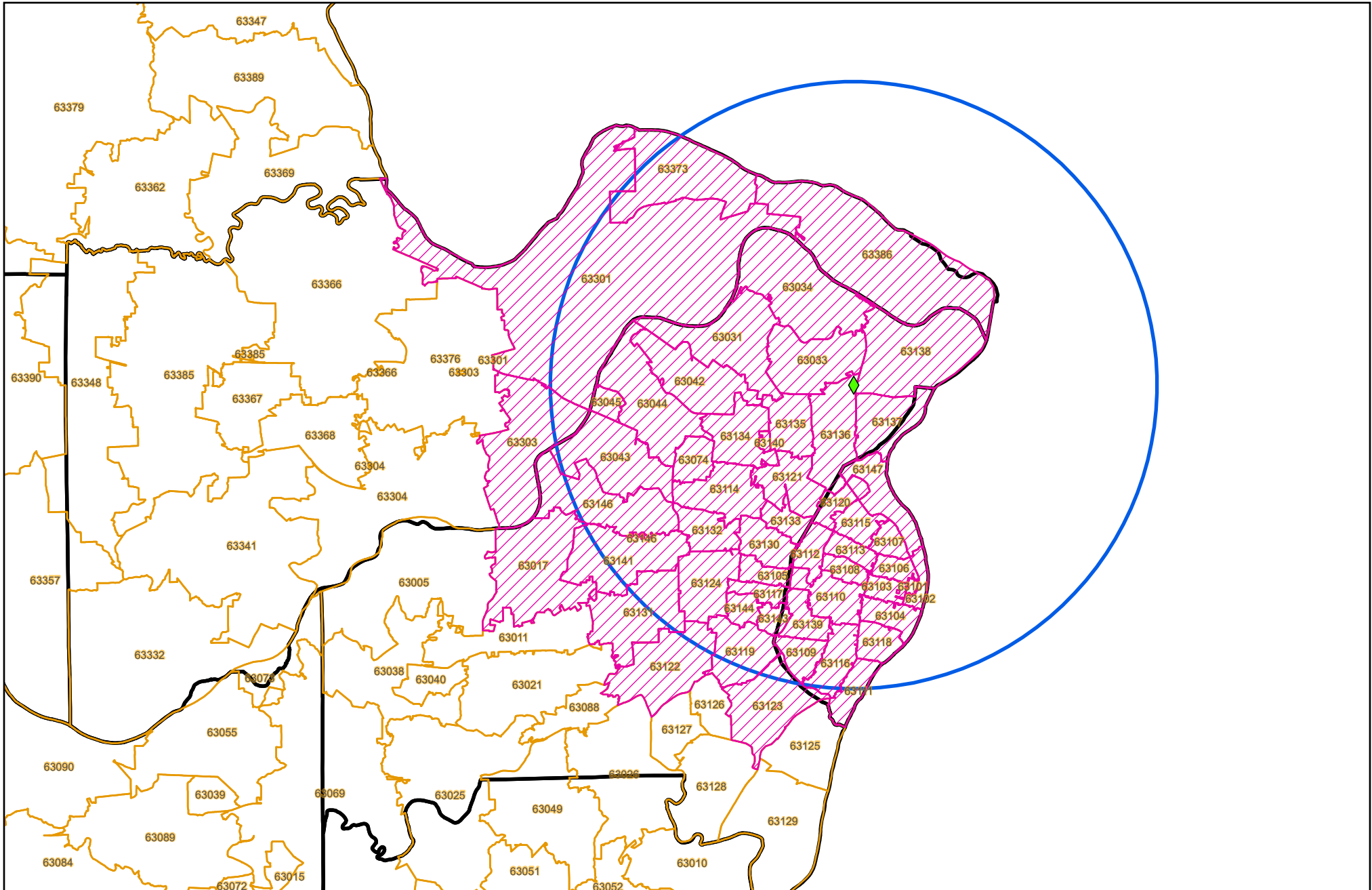
CON 15 Mile Radius
11133 Dunn Rd
Saint Louis, MO 63136-6119
(Lat: 38.775984 & Long: -90.238963)



CON 15 Mile Radius
11133 Dunn Rd
Saint Louis, MO 63136-6119
(Lat: 38.775984 & Long: -90.238963)



CON 15 Mile Radius
11133 Dunn Rd
Saint Louis, MO 63136-6119
(Lat: 38.775984 & Long: -90.238963)



Department of Health & Senior Services - Certificate of Need

Missouri Population Data & Maps Order Form Certificate of Need (CON)

Please allow up to 15 business days for the population data and maps to be prepared.

Should you have questions, please contact the CONP staff at conp@health.mo.gov or 573-751-6403.

Please complete this form to request Missouri population data and maps for a Letter of Intent (LOI) or application. Applicable fees are published on the Fee Schedule located at <https://health.mo.gov/data/pdf/feeschedule.pdf>. Invoices will be distributed via email once the request has been filled. Payment must be received in full before the requested information may be released. This form should be emailed to Andrew.Hunter@health.mo.gov, faxed to 573-526-4102, or mailed to:

Order Date: 10/25/24

(Today's Date)

CON Request
Bureau of Health Care Analysis and Data Dissemination
Missouri Department of Health and Senior Services
930 Wildwood Drive, PO Box 570, Jefferson City, MO 65109
Phone: 573-522-2808

REQUESTOR INFORMATION		
Last Name	First Name	Title
Hall	Brandon	Attorney
Organization's Name	Address 1	Address 2
Armstrong Teasdale LLP	7700 Forsyth Blvd 1800	
City	State	Zip Code
St. Louis	MO	63105
Telephone Number	Fax Number	E-Mail Address <small>(Required-order will be emailed.)</small>
(314) 621-5070		bhall@atllp.com
Requestor Type <small>(Please check.)</small>		
<input type="checkbox"/> Consulting Firm	<input type="checkbox"/> Hospital	<input type="checkbox"/> Business/Industry
<input type="checkbox"/> Long-Term Care Facility	<input type="checkbox"/> Non-Profit Organization	
<input checked="" type="checkbox"/> Other:		

Project Site *If exact address is known, please provide the United States Postal Service (USPS) address.*

Number & Street	City	Zip Code
11133 Dunn Road MO 63136	St Louis	63136

- OR - if the exact address is unknown (do not provide both or your form will be rejected),

please provide: _____ / _____
Latitude Longitude

POPULATION DATA & MAP REQUEST			
CON Project	Type of Population	Area	Selection
New LTC Beds	Projected 65+ population for year 2025	15-mile radius of project site	<input type="checkbox"/>
New LTCH Beds	Projected total population for year 2025	15-mile radius of project site	<input checked="" type="checkbox"/>
New/Replacement Hospital	Projected total population for year 2025	Applicant's geographic service area (usually a set of counties*)	<input type="checkbox"/>
Major Medical Equipment	Projected total population for year 2025	Applicant's geographic service area (usually a set of counties*)	<input type="checkbox"/>
Data in Addition to the Required Data Above <small>(Describe information needed):</small>			

***For geographic service area population requests, please list the Missouri counties requested:**

St. Louis _____

Indicate special instructions if any:

Six-Quarter Occupancy of Long Term Care Hospital Facility Licensed and Available Beds

Type	County	Facility Name	Address	City	Zip	CON App	Lic. Beds	1st Qtr '23 Pat Days			2nd Qtr '23 Pat Days			3rd Qtr '23 Pat Days			4th Qtr '23 Pat Days			1st Qtr '24 Pat Days			2nd Qtr '24 Pat Days				
								Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup
LH	Boone	Landmark Hospital of Columbia	604 Old Hwy. 63 North	Columbia	65201	0	39	3510	2342	66.7%	3549	2018	56.9%	3588	1904	53.1%	3588	2181	60.8%	3549	1905	53.7%	3588	2353	65.6%		
Subtotals for Boone								0	39	3510	2342	66.7%	3,549	2018	56.9%	3,588	1904	53.1%	3,588	2181	60.8%	3,549	1905	53.7%	3,588	2353	65.6%
LH	Buchanan	Heartland Long Term Acute Care Hospital	5325 Faraon St., 2nd Floor	St. Joseph	64506	0	41	3690	1798	48.7%	3731	1835	49.2%	3772	1860	49.3%	3772	1738	46.1%	3731	1880	50.4%	3772	1734	46.0%		
Subtotals for Buchanan								0	41	3690	1798	48.7%	3731	1835	49.2%	3772	1860	49.3%	3772	1738	46.1%	3731	1880	50.4%	3772	1734	46.0%
LH	Girardeau	Landmark Hospital of Cape Girardeau	3255 Independence Street	Cape Girardeau	63703	0	30	2700	1995	73.9%	2730	1461	53.5%	2760	1389	50.3%	2760	1827	66.9%	2730	1855	67.9%	2760	1960	66.9%		
Subtotals for Cape Girardeau								0	30	2700	1995	73.9%	2730	1461	53.5%	2760	1389	50.3%	2730	1827	66.9%	2730	1855	67.9%	2730	1827	66.9%
LH/AL	Clay	Kindred Hospital Northland	500 NW 68th Street	Kansas City	64118	0	50	4500	2831	62.9%	4550	2582	56.7%	3864	2453	63.5%	3864	2867	74.2%	4550	2906	63.9%	4600	3029	65.8%		
Subtotals for Clay								0	50	4500	2831	62.9%	4550	2582	56.7%	3864	2453	63.5%	3864	2867	74.2%	4550	2906	63.9%	4600	3029	65.8%
LH	Greene	Select Spec. Hosp-Springfield	1630 E. Primrose Street	Springfield	65804	0	44*	5400	3154	58.4%	4004	2696	67.3%	4048	2938	72.6%	4048	2633	65.0%	4004	2689	67.2%	4048	2334	57.7%		
Subtotals for Greene								0	44	5400	3154	58.4%	4004	2696	67.3%	4048	2938	72.6%	4048	2633	65.0%	4004	2689	67.2%	4048	2334	57.7%
LH	Newton	Landmark Hospital of Joplin	2040 W. 32nd Street	Joplin	64804	0	30	2520	1923	76.3%	2548	1833	66.2%	2760	1468	53.2%	2760	1505	66.2%	2699	1563	57.9%	2668	1639	66.2%		
Subtotals for Newton								0	30	2520	1923	76.3%	2700	1787	66.2%	2760	1468	53.2%	2700	1787	66.2%	2699	1563	57.9%	2700	1787	66.2%
LH	St. Charles	Select Spec. Hosp-St. Louis	300 1st Capitol Drive, Units 1A & 1B	St. Charles	63301	0	33	2970	2696	90.8%	3003	2639	87.9%	3036	2474	81.5%	3036	2608	85.9%	3003	2526	84.1%	3036	2585	85.1%		
Subtotals for St. Charles								0	33	2970	2696	90.8%	3003	2639	87.9%	3036	2474	81.5%	3036	2608	85.9%	3003	2526	84.1%	3036	2585	85.1%
LH	St. Louis	Kindred Hospital - St. Louis South	10018 Kennerly Road, Hyland Bldg. 3rd Floor	St. Louis	63128	0	38	3420	2360	69.0%	3458	2081	60.2%	3496	2003	57.3%	3496	1962	56.1%	3458	1985	57.4%	3496	2273	65.0%		
LH	St. Louis	Select Specialty Hospital-Town & Country	3015 N Ballas Rd.	St. Louis	63131	0	38	3420	3094	90.5%	3458	2916	84.3%	3496	2858	81.8%	3496	2916	83.4%	3458	3124	90.3%	3496	3209	91.8%		
Subtotals for St. Louis								0	76	6840	5454	79.7%	6916	4997	72.3%	6992	4861	69.5%	6992	4878	69.8%	6916	5109	73.9%	6992	5482	78.4%
LH	St. Louis City	Kindred Hospital - St. Louis	4930 Lindell Blvd.	St. Louis	63108	0	60	5400	2247	41.6%	5460	2110	38.6%	5520	1853	33.6%	5520	1933	35.0%	5460	2417	44.3%	5520	2433	44.1%		
Subtotals for St. Louis City								0	60	5400	2247	41.6%	5460	2110	38.6%	5520	1853	33.6%	5520	1933	35.0%	5460	2417	44.3%	5520	2433	44.1%
GRAND TOTAL								0	403	37530	24440	65.1%	36643	22125	60.4%	36340	21200	58.3%	36250	22452	61.9%	36642	22850	62.4%	36986	23564	63.7%

LH: Long Term Acute Care Hospital
AL: CON Approved but Unlicensed

Last updated August 5, 2024

(An empty field signifies "no information" either because the facility is closed or recently opened-see facility name for special notes .)

*Select Specialty Hosp-Springfield was licensed for 60 LTCH beds; decreased to 44 LTCH beds effective 1/24/23; 1st qtr 2023 surveyed on 60 LTCH beds.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	POPULATION 65+			Project Number:			Project Address:			11133 Dunn Rd, St. Louis, MO 63136					
2		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
3	1	63017	13,256				0	0	13,256	0%	0		0	0	0
4							0						0		
5							0						0		
6	2	63031	8,868				0	0	8,868	100%	8,868		0	0	8,868
7							0						0		
8							0						0		
9	3	63033	9,034				0	0	9,034	100%	9,034		0	0	9,034
10							0						0		
11							0						0		
12	4	63034	3,488				0	0	3,488	100%	3,488		0	0	3,488
13							0						0		
14							0						0		
15	5	63042	3,250				0	0	3,250	100%	3,250		0	0	3,250
16							0						0		
17							0						0		
18	6	63043	4,338				0	0	4,338	100%	4,338		0	0	4,338
19							0						0		
20							0						0		
21	7	63044	2,127				0	0	2,127	100%	2,127		0	0	2,127
22							0						0		
23							0						0		
24	8	63045	2				0	0	2	100%	2		0	0	2
25							0						0		
26							0						0		
27	9	63074	2,490				0	0	2,490	100%	2,490		0	0	2,490
28							0						0		
29							0						0		
30	10	63101	163				0	0	163	100%	163		0	0	163
31							0						0		
32							0						0		
33	11	63102	210				0	0	210	100%	210		0	0	210
34							0						0		
35							0						0		
36	12	63103	1,284				0	0	1,284	100%	1,284		0	0	1,284
37							0						0		
38							0						0		
39	13	63104	1,928				0	0	1,928	100%	1,928		0	0	1,928
40							0						0		
41							0						0		
42	14	63105	3,337				0	0	3,337	100%	3,337		0	0	3,337
43							0						0		
44							0						0		
45	15	63106	1,629				0	0	1,629	100%	1,629		0	0	1,629
46							0						0		
47							0						0		
48	16	63107	1,561				0	0	1,561	100%	1,561		0	0	1,561

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
49							0						0		
50							0						0		
51	17	63108	3,609				0	0	3,609	100%	3,609		0	0	3,609
52							0						0		
53							0						0		
54	18	63109	4,568				0	0	4,568	100%	4,568		0	0	4,568
55							0						0		
56							0						0		
57	19	63110	1,872				0	0	1,872	100%	1,872		0	0	1,872
58							0						0		
59							0						0		
60	20	63111	2,924				0	0	2,924	100%	2,924		0	0	2,924
61							0						0		
62							0						0		
63	21	63112	3,097				0	0	3,097	100%	3,097		0	0	3,097
64							0						0		
65							0						0		
66	22	63113	2,123				0	0	2,123	100%	2,123		0	0	2,123
67							0						0		
68							0						0		
69	23	63114	5,569				0	0	5,569	100%	5,569		0	0	5,569
70							0						0		
71							0						0		
72	24	63115	3,629				0	0	3,629	100%	3,629		0	0	3,629
73							0						0		
74							0						0		
75	25	63116	5,923				0	0	5,923	100%	5,923		0	0	5,923
76							0						0		
77							0						0		
78	26	63117	1,477				0	0	1,477	100%	1,477		0	0	1,477
79							0						0		
80							0						0		
81	27	63118	2,265				0	0	2,265	100%	2,265		0	0	2,265
82							0						0		
83							0						0		
84	28	63119	7,912				0	0	7,912	80%	6,330		0	0	6,330
85							0						0		
86							0						0		
87	29	63120	1,435				0	0	1,435	100%	1,435		0	0	1,435
88							0						0		
89							0						0		
90	30	63121	4,501				0	0	4,501	50%	2,251		0	0	2,251
91							0						0		
92							0						0		
93	31	63122	8,923				0	0	8,923	10%	892		0	0	892
94							0						0		
95							0						0		
96	32	63123	12,048				0	0	12,048	15%	1,807		0	0	1,807
97							0						0		
98							0						0		
99	33	63124	3,583				0	0	3,583	100%	3,583		0	0	3,583
100							0						0		
101							0						0		
102	34	63130	4,873				0	0	4,873	100%	4,873		0	0	4,873
103							0						0		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
104							0						0		
105	35	63131	4,319				0	0	4,319	30%	1,296		0	0	1,296
106							0						0		
107							0						0		
108	36	63132	2,907				0	0	2,907	100%	2,907		0	0	2,907
109							0						0		
110							0						0		
111	37	63133	1,140				0	0	1,140	100%	1,140		0	0	1,140
112							0						0		
113							0						0		
114	38	63134	1,885				0	0	1,885	100%	1,885		0	0	1,885
115							0						0		
116							0						0		
117	39	63135	2,955				0	0	2,955	100%	2,955		0	0	2,955
118							0						0		
119							0						0		
120	40	63136	6,546				0	0	6,546	100%	6,546		0	0	6,546
121							0						0		
122							0						0		
123	41	63137	3,105				0	0	3,105	100%	3,105		0	0	3,105
124							0						0		
125							0						0		
126	42	63138	2,696				0	0	2,696	100%	2,696		0	0	2,696
127							0						0		
128							0						0		
129	43	63139	3,362				0	0	3,362	100%	3,362		0	0	3,362
130							0						0		
131							0						0		
132	44	63140	18				0	0	18	100%	18		0	0	18
133							0						0		
134							0						0		
135	45	63141	5,599				0	0	5,599	80%	4,479		0	0	4,479
136							0						0		
137							0						0		
138	46	63143	985				0	0	985	100%	985		0	0	985
139							0						0		
140							0						0		
141	47	63144	1,510				0	0	1,510	100%	1,510		0	0	1,510
142							0						0		
143							0						0		
144	48	63146	7,541				0	0	7,541	90%	6,787		0	0	6,787
145							0						0		
146							0						0		
147	49	63147	1,678				0	0	1,678	100%	1,678		0	0	1,678
148							0						0		
149							0						0		
150	50	63301	12,949				0	0	12,949	70%	9,064		0	0	9,064
151							0						0		
152							0						0		
153	51	63303	10,084				0	0	10,084	10%	1,008		0	0	1,008
154							0						0		
155							0						0		
156	52	63373	107				0	0	107	90%	96		0	0	96
157							0						0		
158							0						0		

2025 Population Projections

Zip Codes

Zip	County	Total Population	65+ Population
63017	St. Louis	41,340	13,256
63031	St. Louis	47,070	8,868
63033	St. Louis	41,893	9,034
63034	St. Louis	18,606	3,488
63042	St. Louis	19,243	3,250
63043	St. Louis	22,497	4,338
63044	St. Louis	7,205	2,127
63045	St. Louis	5	2
63074	St. Louis	14,872	2,490
63101	St. Louis city	3,366	163
63102	St. Louis city	2,955	210
63103	St. Louis city	8,201	1,284
63104	St. Louis city	17,236	1,928
63105	St. Louis	20,058	3,337
63106	St. Louis city	12,047	1,629
63107	St. Louis city	8,098	1,561
63108	St. Louis city	21,117	3,609
63109	St. Louis city	23,480	4,568
63110	St. Louis city	13,722	1,872
63111	St. Louis city	18,020	2,924
63112	St. Louis city	17,297	3,097
63113	St. Louis city	9,373	2,123
63114	St. Louis	34,811	5,569
63115	St. Louis city	16,050	3,629
63116	St. Louis city	38,529	5,923
63117	St. Louis	8,298	1,477
63118	St. Louis city	21,984	2,265
63119	St. Louis	33,275	7,912
63120	St. Louis city	7,521	1,435
63121	St. Louis	24,334	4,501
63122	St. Louis	38,977	8,923
63123	St. Louis	49,163	12,048
63124	St. Louis	10,563	3,583
63130	St. Louis	26,952	4,873
63131	St. Louis	16,622	4,319
63132	St. Louis	14,040	2,907
63133	St. Louis	8,048	1,140
63134	St. Louis	12,562	1,885
63135	St. Louis	20,327	2,955
63136	St. Louis	44,514	6,546
63137	St. Louis	20,308	3,105
63138	St. Louis	18,860	2,696
63139	St. Louis city	19,750	3,362

63140	St. Louis	193	18
63141	St. Louis	21,295	5,599
63143	St. Louis	8,879	985
63144	St. Louis	8,903	1,510
63146	St. Louis	29,044	7,541
63147	St. Louis city	9,252	1,678
63301	St. Charles	51,703	12,949
63303	St. Charles	50,083	10,084
63373	St. Charles	568	107
63386	St. Charles	501	107
		1,053,610	206,789



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.

From: [Brandon M. Hall](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON 6141 [IWOV-IDOCS.FID2378801]
Date: Wednesday, October 30, 2024 1:48:07 PM

Mackinzey,

They are renovating an existing floor and wing that it currently be used for supplies and records only. All “construction” will be in the form of renovations, with no new construction, and no other services or personnel are being moved or replaced.

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

Thanks again,



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: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Wednesday, October 23, 2024 2:56 PM
To: Brandon M. Hall <BHall@atllp.com>
Subject: CON 6141
Importance: High

CAUTION: EXTERNAL EMAIL

Brandon,

Can you explain what the renovations for this project consist of? Are they constructing a new wing or renovating/converting a specific floor? If it's a specific floor, what is currently on that floor and what will happen to those services?

This information is needed as soon as possible. Thank you.

From: [Brandon M. Hall](#)
To: [Dorge, Alison](#)
Cc: [Fick, Mackinze](#)
Subject: RE: Site Plan [IWOV-IDOCS.FID2378801]
Date: Monday, November 4, 2024 12:36:56 PM
Attachments: [image004.png](#)
[image005.png](#)
[CHNE Site Plan.pdf](#)
[CHNE Campus Overview_Color.pdf](#)

Hi Alison and Mackinze,

Please see the attached site plan for Select (really, Christian Hospital).

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

Best regards,



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: Dorge, Alison <Alison.Dorge@health.mo.gov>
Sent: Tuesday, October 29, 2024 9:14 AM
To: Brandon M. Hall <BHall@atllp.com>
Subject: Site Plan

CAUTION: EXTERNAL EMAIL

Brandon,
 Just realized I never sent you the site plan we discussed last week. Here is what we would look for in the Select project:

BUILDING DATA	
USE GROUP	
NATIONAL LEADSHIP	
NO PROPOSED USE CHANGE	
CONSTRUCTION TYPE	
FED. REG. LA	
FIRE RISK	
AUTOMATIC SPRINKLER SYSTEM	
ELEVATOR	
FIRE ALARM	
ELEVATOR	
BUILDING USE	HEALTH CARE
HEIGHT ABOVE GRADE	10 FT
EXISTING ABOVE GRADE	10 FT
BUILDING SF	100,000 SF
ELEVATOR SHAFT	
THIRD FLOOR	14,000 SF
FOURTH FLOOR	10,000 SF
SIXTH FLOOR	10,000 SF
CODES	
ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH: - AMERICAN BUILDING CODE 2018 - INTERNATIONAL BUILDING CODE 2018 - INTERNATIONAL PLUMBING CODE 2018 - NATIONAL ELECTRIC CODE 2017 - NATIONAL FIRE ALARM CODE 2018 - INTERNATIONAL MECHANICAL CODE 2018 - INTERNATIONAL FIRE CODE 2018 - MINNESOTA FIRE CODE 2018 - IBC 2018 - WITH ALL CODES - FACILITY OWNER'S INSTITUTE GUIDELINES FOR DESIGN AND CONSTRUCTION OF HOSPITAL FACILITIES AND DESIGN DATA AND REQUIREMENTS & ANY OTHER APPLICABLE STATE, FEDERAL, LOCAL, CODES, LAWS, REGULATIONS & REQUIREMENTS WHICH SHALL TAKE PRECEDENCE OVER ANYTHING NOTED ON THESE DRAWINGS.	
SHEET SCHEDULE	
SHEET	DESCRIPTION
001	SHEET INDEX
002	CONCEPT PLAN
003	CONCEPT PLAN
004	CONCEPT PLAN
005	CONCEPT PLAN
006	CONCEPT PLAN
007	CONCEPT PLAN
008	CONCEPT PLAN
009	CONCEPT PLAN
010	CONCEPT PLAN

Alison Dorge



Regulatory Compliance Manager
Certificate of Need & Supplemental Health Care Service Agencies
Missouri Department of Health and Senior Services
✉: Alison.Dorge@health.mo.gov | ☎: 573-751-6700 or 573-418-4602

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Medical Office Building 1

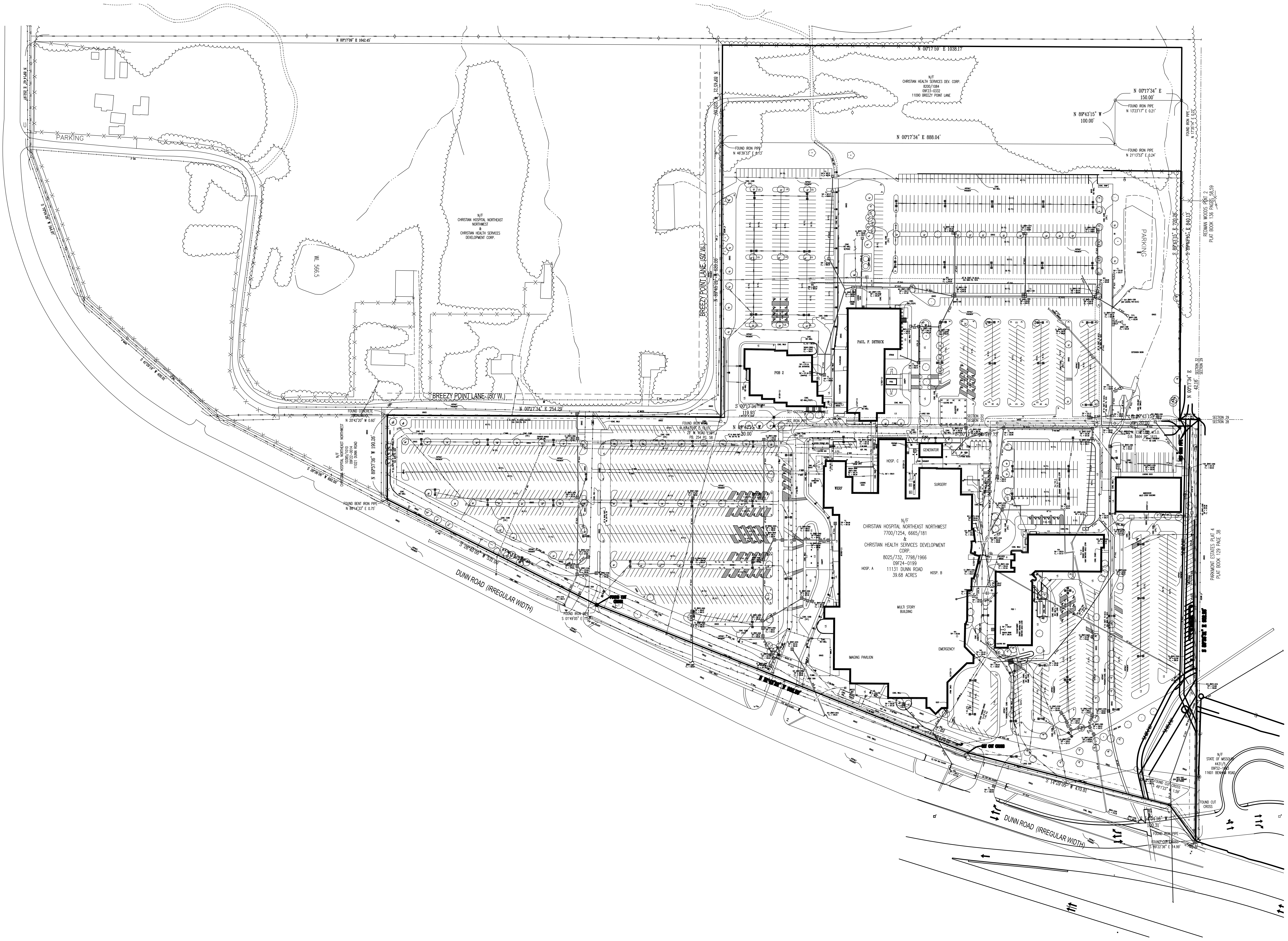


Christian Hospital



Deluxe Dermatology - Christian Hospital





N/F
CHRISTIAN HOSPITAL NORTHEAST
NORTHWEST
CHRISTIAN HEALTH SERVICES
DEVELOPMENT CORP.

N/F
CHRISTIAN HOSPITAL NORTHEAST NORTHWEST
7700/1254, 6665/181
&
CHRISTIAN HEALTH SERVICES DEVELOPMENT
CORP.
8025/732, 7798/1966
0924-0199
HOSP. A 11131 DUNN ROAD
39.66 ACRES HOSP. B

REDMAN WOODS, PRAT. 2
PLAT BOOK 138 PAGE 58.59

PARKMOUNT ESTATES, PRAT. 4
PLAT BOOK 123 PAGE 38

N/F
STATE OF MISSOURI
4437/5
0932-1162
11801 BENTLEY ROAD