

From: [Heather Westenhaver](#)
To: [Fick, Mackinze](#)
Subject: RE: CON Application Review
Date: Wednesday, November 27, 2024 10:33:07 AM
Attachments: [Updated Utilization and 2023.pdf](#)

Hi Mackinze,

See attached for updated utilization and additional information. Let me know if there is anything else you need.

Thanks and have a Happy Thanksgiving!

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Sent: Tuesday, November 26, 2024 7:24 AM
To: Heather Westenhaver <hwestenhaver@americareusa.net>
Subject: RE: CON Application Review

Heather,

Although it isn't a hard deadline, the items are needed as soon as possible. If additional information is received late, the committee is made aware. Thanks!

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: Heather Westenhaver <hwestenhaver@americareusa.net>
Sent: Monday, November 25, 2024 8:43 PM
To: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Subject: RE: CON Application Review

No problem! I'll send this to our home office now and hopefully I can have an updated sheet back to you by Wednesday. Is that a hard deadline, or would it be acceptable to get that back to you Monday or Tuesday of next week if needed?

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

Sent: Monday, November 25, 2024 9:50 AM
To: Heather Westenhaver <hwestenhaver@americareusa.net>
Subject: RE: CON Application Review

Heather,

I apologize for the typo on my end, the correct number for 2023 should be 7,530 (1,727, 1,817, 1,647, and 1,697). As for 2022, it was a miscalculation on my end - thank you for catching that!

Mackinzey Fick

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From: Heather Westenhaver <hwestenhaver@americareusa.net>
Sent: Friday, November 22, 2024 12:41 PM
To: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Subject: RE: CON Application Review

Hi Mackinzey,

I'm looking at Scott's con survey submissions and I'm still coming up with 7,762 for 2022 (1,794 + 1,839 + 2,003 + 2,126). Can you confirm if I'm doing my math correctly, or where the 7,759 mentioned below is coming from?

Thanks,

From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Wednesday, November 20, 2024 1:33 PM
To: Heather Westenhaver <hwestenhaver@americareusa.net>
Subject: RE: CON Application Review
Importance: High

Heather,

After further review, some items are still needed.

- Based on CON Survey submissions, utilization for year 2022 reflects 7,759 and year 2023 reflects 7,530. This does not match the # provided in the application. **Provide updated revenues and expenses forms if utilization is changed OR provide updated CON**

submissions for all quarters.

We reviewed the population-based need calculation presented in the CON application and the population we arrived at is 8,154 (attached). We found 128 (50 CON Approved & 78 Licensed) ALF/RCF beds in the 15-mile radius (attached). Therefore, we calculated a bed need of 75 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 Wednesday, November 27th, 2024.

Mackinzey Fick

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

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OFFICE: 573-751-6403

FAX: 573-751-7894

EMAIL: mackinzey.fick@health.mo.gov

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

From: Heather Westenhaver <hwestenhaver@americareusa.net>

Sent: Monday, November 18, 2024 4:19 PM

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

Subject: RE: CON Application Review

Hi Mackinzey,

I believe this answers your questions below. If there is anything else I'm missing, please let me know.

- 1. Provide 2028 utilization. **Attached.**
- 2. Based on CON Survey submissions, utilization for year 2021 reflects 3,288, year 2022 reflects 2,126 and year 2023 reflects 7,550. This does not match the # provided in the application. Provide updated revenues and expenses forms if utilization is changed OR provide updated CON submissions for all quarters. **We have updated our updated CON submissions for all quarters.**
- 3. Since project cost is \$0, will there be no expenses for resident beds or furniture? **Correct - there will not be a cost for resident beds or furniture.**
- 4. Provide revenues and expense for year 2028. **attached**
- 5. Provide revenues and expenses for previous 3 years (21-23) **attached (sorry about that, not sure what happened to my scans in our original application, but all the info should be there this time).**

Thanks!

From: Fick, Mackinzezy <Mackinzezy.Fick@health.mo.gov>
Sent: Thursday, November 14, 2024 7:22 AM
To: Heather Westenhaver <hwestenhaver@americareusa.net>
Subject: RE: CON Application Review

Heather,

Yes, that is correct. You would just submit then to me (a word document is acceptable) and our office would re-enter those into the system. Thank you!

Mackinzezy Fick

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

From: Heather Westenhaver <hwestenhaver@americareusa.net>
Sent: Wednesday, November 13, 2024 8:55 PM
To: Fick, Mackinzezy <Mackinzezy.Fick@health.mo.gov>
Subject: RE: CON Application Review

Hi Mackinzezy – we looked into the 2021 and 2022 census, and it seems our submissions must have been submitted incorrectly... it's almost as if the facility missed a few quarters. I wanted to make sure I understood correctly, to update this, we would re-submit those quarterly census reports? Would we give those to you, or have the facility submit as they normally would?

Thanks,



Heather Westenhaver
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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Friday, November 8, 2024 4:02 PM
To: Heather Westenhaver <hwestenhaver@americareusa.net>
Subject: CON Application Review

Heather,

After review of application #6161 RS, some additional information is needed.

- Provide 2028 utilization.
- Based on CON Survey submissions, utilization for year 2021 reflects 3,288, year 2022 reflects 2,126 and year 2023 reflects 7,550. This does not match the # provided in the application. Provide updated revenues and expenses forms if utilization is changed OR provide updated CON submissions for all quarters.
- Since project cost is \$0, will there be no expenses for resident beds or furniture?
- Provide revenues and expense for year 2028.
- Provide revenues and expenses for previous 3 years (21-23).

This information is needed by Monday, November 18th, 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

Quarter 1 2021

Capacity	30 RCF Beds	0 ALF Beds	30
Days in This Quarter	90		
Licensed ROD	2700		
Unavailable Liscened and Available RODs	0		
Total Number of Licensed and Available RODs	2700		
Number of Occupied RODs	1641		
Number of RODs Vacant and Available for Residents	-2700		
Occupancy percentage	60.78%		

Name and Title Scott Kaligian, LNHA Regional Director of Operations
Telephone 573-218-8523
Email. skaligain@americareusa.net

Quarter 2 2021

Capacity	30 RCF Beds	0 ALF Beds	30
Days in This Quarter	91		
Licensed ROD	2730		
Unavailable Liscened and Available RODs	0		
Total Number of Licensed and Available RODs	2730		
Number of Occupied RODs	1817		
Number of RODs Vacant and Available for Residents	-2730		
Occupancy percentage	66.56%		

Name and Title Scott Kaligian, LNHA Regional Director of Operati
Telephone 573-218-8523
Email. skaligain@americareusa.net

Quarter 3 2021

Capacity	30 RCF Beds	0 ALF Beds	30
Days in This Quarter	92		
Licensed ROD	2760		
Unavailable Liscened and Available RODs	0		
Total Number of Licensed and Available RODs	2760		
Number of Occupied RODs	1647		
Number of RODs Vacant and Available for Residents	-2760		
Occupancy percentage	59.67%		

Name and Title Scott Kaligian, LNHA Regional Director of Operati
Telephone 573-218-8523
Email. skaligain@americareusa.net

Quarter 4 2021

Capacity	30 RCF Beds	0 ALF Beds	30
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Days in This Quarter	92
Licensed ROD	2760
Unavailable Liscened and Available RODs	0
Total Number of Licensed and Available RODs	2760
Number of Occupied RODs	1697
Number of RODs Vacant and Available for Residents	-2760
Occupancy percentage	61.49%

Name and Title	Scott Kaligian, LNHA Regional Director of Operati
Telephone	573-218-8523
Email.	skaligain@americareusa.net

La Bonne Maison – Assisted Living By Americare

Email Listed that is receiving notifications about the survey currently: LABONNE@AMERICAREUSA.NET

Quarter 1 2022:

CON SURVEY RCF/ALF

RCF/ALF Help

Capacity: 30 RCF Beds: 0 ALF Beds: 30

Days In This Quarter: 90 Survey Quarter: 1

A. Licensed RODs: 2700 Survey Year: 2022

B. Unavailable Licensed RODs: ~~6190~~ 0 End Of Cycle: 3/31/2022

C. Total Number of Licensed and Available RODs: 2700 Survey Not Submitted:

D. Number of Occupied RODs: 1794

E. Number of RODs Vacant and Available For Residents: 906

Occupancy Percentage: 64.40 %

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Name and Title: ~~Survey Not Submitted~~ Scott Kaligian LNHA, RDS

Telephone Number: 573 218-8523 E-mail Address: Skaligian@americareusa.net

Quarter 2 2022:

CON SURVEY RCF/ALF

RCF/ALF Help

Capacity: 30 RCF Beds: 0 ALF Beds: 30

Days In This Quarter: 91 Survey Quarter: 2

A. Licensed RODs: 2730 Survey Year: 2022

B. Unavailable Licensed RODs: 0 End Of Cycle: 6/30/2022

C. Total Number of Licensed and Available RODs: 2730 Survey Not Submitted:

D. Number of Occupied RODs: 1839

E. Number of RODs Vacant and Available For Residents: 891

Occupancy Percentage: 67.36 %

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Name and Title: ~~Survey Not Submitted~~ Scott Kaligian, LNHA, RDS

Telephone Number: 573-218-8525 E-mail Address: Skaligian@americareusa.net

Quarter 3 2022:

CON SURVEY RCF/ALF

RCF/ALF Help

Capacity: 30 RCF Beds: 0 ALF Beds: 30 Update Number of Beds

Days In This Quarter: 92 Survey Quarter: 3

A. Licensed RODs: 2760 Survey Year: 2022

B. Unavailable Licensed RODs: 0 End Of Cycle: 9/30/2022

C. Total Number of Licensed and Available RODs: 2760 Survey Not Submitted:

D. Number of Occupied RODs: 2003

E. Number of RODs Vacant and Available For Residents: 757

Occupancy Percentage: 72.57 %

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Name and Title: Survey Not Submitted Scott Kaligian, LNHHA, RDO

Telephone Number: 573-218-8523 E-mail Address: skaligian@americareusa.net

Update Survey

Quarter 4 2022:

CON SURVEY RCF/ALF

RCF/ALF Help

Capacity: 30 RCF Beds: 0 ALF Beds: 30 Update Number of Beds

Days In This Quarter: 92 Survey Quarter: 4

A. Licensed RODs: 2760 Survey Year: 2022

B. Unavailable Licensed RODs: 0 End Of Cycle: 12/31/2022

C. Total Number of Licensed and Available RODs: 2760 Survey Not Submitted:

D. Number of Occupied RODs: 2126

E. Number of RODs Vacant and Available For Residents: 634

Occupancy Percentage: 77.02 %

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Name and Title: Scott Kaligian, LNHHA, RDO

Telephone Number: 573-218-8523 E-mail Address: skaligian@americareusa.net

Insert New Survey

**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>2028</u>	<u>20??</u>	<u>20??</u>
Amount of Utilization:*	12,775	0	0
Revenue:			
Average Charge**	\$190	\$0	\$0
Gross Revenue	\$2,427,250	\$0	\$0
Revenue Deductions	0	0	0
Operating Revenue	2,427,250	0	0
Other Revenue	0	0	0
TOTAL REVENUE	\$2,427,250	\$0	\$0
Expenses:			
Direct Expenses			
Salaries	800,000	0	0
Fees	185,000	0	0
Supplies	190,000	0	0
Other	180,000	0	0
TOTAL DIRECT	\$1,355,000	\$0	\$0
Indirect Expenses			
Depreciation	20,000	0	0
Interest***	0	0	0
Rent/Lease	366,000	0	0
Overhead****	0	0	0
TOTAL INDIRECT	\$386,000	\$0	\$0
TOTAL EXPENSES	\$1,741,000	\$0	\$0
NET INCOME (LOSS):	\$686,250	\$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.

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

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

Year	Patient Days	Occupancy %
2021	6,802 Days	62%
2022	7,762 Days	71%
2023	7,530 Days	69%

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

Year	Patient Days	Occupancy %
2025	11,680 Days	89%
2026	12,045 Days	92%
2027	12,410 Days	94%
2028	12,775 Days	97%

**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>202</u>	<u>2023</u>
Amount of Utilization:*	6,802	7,762	7,530
Revenue:			
Average Charge**	\$148	\$151	\$162
Gross Revenue	\$1,006,696	\$1,172,062	\$1,219,860
Revenue Deductions	0	0	0
Operating Revenue	<u>1,006,696</u>	<u>1,172,062</u>	<u>1,219,860</u>
Other Revenue	<u>50,000</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$1,056,696</u>	<u>\$1,172,062</u>	<u>\$1,219,860</u>
Expenses:			
Direct Expenses			
Salaries	490,000	550,000	560,000
Fees	120,000	130,000	100,000
Supplies	90,000	80,000	120,000
Other	80,000	90,000	105,000
TOTAL DIRECT	<u>\$780,000</u>	<u>\$850,000</u>	<u>\$885,000</u>
Indirect Expenses			
Depreciation	10,000	10,000	10,000
Interest***	0	0	0
Rent/Lease	366,000	366,000	366,000
Overhead****	0	0	0
TOTAL INDIRECT	<u>\$376,000</u>	<u>\$376,000</u>	<u>\$376,000</u>
TOTAL EXPENSES	<u>\$1,156,000</u>	<u>\$1,226,000</u>	<u>\$1,261,000</u>
NET INCOME (LOSS):	<u>-\$99,304</u>	<u>-\$53,938</u>	<u>-\$41,140</u>

*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.