

From: [Steven Pozaric](#)
To: [Fick, Mackinze](#)
Cc: [Jonathan F. Dalton](#)
Subject: RE: CON 6162 [IMAN-IDOCS.937.77.FID5356868]
Date: Tuesday, March 25, 2025 4:54:37 PM
Attachments: [image003.png](#)
[CVL CON - form 1865 Historical.pdf](#)
[Exhibit 1.3 CVL CON - form1863 - updated.pdf](#)

Mackinze:

Please see my responses below. Can you please confirm receipt?

If you have any other questions or would like to discuss, please let us know.

Thanks

Steve



**Armstrong
Teasdale**

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LINKEDIN: [Steven Pozaric](#)

Please consider the environment before printing this email.

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Sent: Tuesday, March 18, 2025 12:06 PM
To: Jonathan F. Dalton <jdalton@atllp.com>
Cc: Steven Pozaric <SPOZARIC@atllp.com>
Subject: CON 6162

CAUTION: EXTERNAL EMAIL

Jon,

After review of your application some additional information is needed.

- Provide a service area for the staff analysis.

SEP: The counties which primarily compose Lake Regional's service area are Camden, Miller, Morgan, Laclede and Pulaski.

- Provide a new project budget sheet with #18 and #19 completed.

SEP: Please see the attached file Exhibit 1.3 CVL CON – form 1863-updated.

- It appears the trade in discount was deducted. Provide a new proposed project budget and

the additional fee (\$9.82).

SEP: Please see the attached file Exhibit 1.3 CVL CON – form 1863-updated. Lake Regional will be paying or has already paid the additional fee.

- Provide Angela's response regarding the quote.

SEP: Per our conversation, I understand our original submittal is satisfactory on this point.

- Provide revenues and expenses for year 2022-2024.

SEP: Please see the attached file CVL CON- form 1865 Historical

This information is needed by Wednesday, March 26th, 2025.



Mackinze Fick

Assistant Program Coordinator

Certificate of Need Agency :

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

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinze.fick@health.mo.gov | ☎: 573-751-6403

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Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Cath Lab Imaging Equipment Lake R₆ **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		
	2022	2023	2024
Amount of Utilization:*	877	867	875
Revenue:			
Average Charge**	\$34,339	\$35,764	\$37,112
Gross Revenue	\$30,115,303	\$31,007,388	\$32,473,000
Revenue Deductions	22,285,324	22,945,467	24,030,020
Operating Revenue	7,829,979	8,061,921	8,442,980
Other Revenue	0	0	0
TOTAL REVENUE	\$7,829,979	\$8,061,921	\$8,442,980
Expenses:			
Direct Expenses			
Salaries	741,375	645,720	705,101
Fees	180,144	214,921	342,321
Supplies	1,998,792	1,904,821	2,227,187
Other	0	0	0
TOTAL DIRECT	\$2,920,311	\$2,765,462	\$3,274,609
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	1,168,124	1,106,184	1,309,843
TOTAL INDIRECT	\$1,168,124	\$1,106,184	\$1,309,843
TOTAL EXPENSES	\$4,088,435	\$3,871,646	\$4,584,452
NET INCOME (LOSS):	\$3,741,544	\$4,190,275	\$3,858,528

*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.



Certificate of Need Program

Exhibit I.3

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.