

**From:** [Hill, Richard W.](#)  
**To:** [Fick, Mackinze](#)  
**Subject:** RE: CON 6194  
**Date:** Monday, April 21, 2025 9:01:28 AM  
**Attachments:** [image001.png](#)  
[Budget - 4-21-25\(3139168.3\).pdf](#)

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Mackinze:

Please see remainder below in red. Thanks!

Rich

RICHARD W. HILL  
Attorney at Law  
DIRECT: 314 436.8317  
CELL: 314 749 2396  
[rhill@lashlybaer.com](mailto:rhill@lashlybaer.com)  
Licensed in Missouri

**L A S H L Y   &   B A E R ,   P . C .**

*Attorneys at Law*

714 Locust Street St. Louis, MO 63101-1699 TEL: 314 621.2939  
20 East Main Street Belleville, IL 62220-1602 TEL: 618 233.5587  
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**From:** Hill, Richard W.  
**Sent:** Wednesday, April 16, 2025 11:03 AM  
**To:** Fick, Mackinze <[Mackinze.Fick@health.mo.gov](mailto:Mackinze.Fick@health.mo.gov)>  
**Subject:** RE: CON 6194

Mackinze:

Please see below in red. Otherwise, I'll get you the remainder of the information by the due date (hopefully sooner). Thanks!

Rich

RICHARD W. HILL  
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**From:** Fick, Mackinzey <[Mackinzey.Fick@health.mo.gov](mailto:Mackinzey.Fick@health.mo.gov)>

**Sent:** Tuesday, April 15, 2025 3:20 PM

**To:** Hill, Richard W. <[RHill@lashlybaer.com](mailto:RHill@lashlybaer.com)>

**Subject:** CON 6194

**Importance:** High

Rich,

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

- Complete line items 20-21 within the proposed project budget. **See attached.**
- The trade in should not be deducted from the units cost. Provide a new budget sheet including the trade in cost and an additional fee of \$7.50. **The deduction of \$7,500 for the trade in was not included in the CON Budget. Please see Budget Detail, Table 3, Line item 4, Columns E and F. You'll also note that the total Column F (CON Budget) is higher than the total on the quoted amount from the manufacturer in Column C.**
- When was the existing unit acquired? **The unit was acquired in 2006 and first used in 2007.**

**This information is needed by Thursday, April 24<sup>th</sup>, 2025.**



*Mackinzey 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

✉: [mackinzey.fick@health.mo.gov](mailto:mackinzey.fick@health.mo.gov) | ☎: 573-751-6403

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# 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 ***	\$673,533
<b>3. Subtotal Construction Costs</b> (#1 plus #2)	<b>\$673,533</b>
4. Architectural/Engineering Fees	\$71,180
5. Other Equipment (not in construction contract)	\$0
6. Major Medical Equipment	\$1,705,946
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$0
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$1,349,341
<b>11. Subtotal Non-Construction Costs</b> (sum of #4 through #10)	<b>\$3,126,467</b>
<b>12. Total Project Development Costs</b> (#3 plus #11)	<b>\$3,800,000 **</b>

#### FINANCING:

13. Unrestricted Funds	\$3,800,000
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$0
<b>17. Total Project Financing</b> (sum of #13 through #16)	<b>\$3,800,000 **</b>

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	1,014
21. Renovated Space Costs Per Square Foot *****	\$664

\* 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:** [Hill, Richard W.](#)  
**To:** [Fick, Mackinzey](#)  
**Subject:** RE: 6194 HT  
**Date:** Tuesday, May 13, 2025 11:03:13 AM  
**Attachments:** [image001.png](#)

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Mackinzey:

Please see below. Thanks!

Clay, Platte, Jackson and Ray counties.

Rich

RICHARD W. HILL  
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**From:** Fick, Mackinzey <[Mackinzey.Fick@health.mo.gov](mailto:Mackinzey.Fick@health.mo.gov)>  
**Sent:** Monday, May 12, 2025 9:48 AM  
**To:** Hill, Richard W. <[RHill@lashlybaer.com](mailto:RHill@lashlybaer.com)>  
**Subject:** 6194 HT  
**Importance:** High

Rich,

Can you provide the service area of this project for the staff analysis?

Thank you!



*Mackinzey 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

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