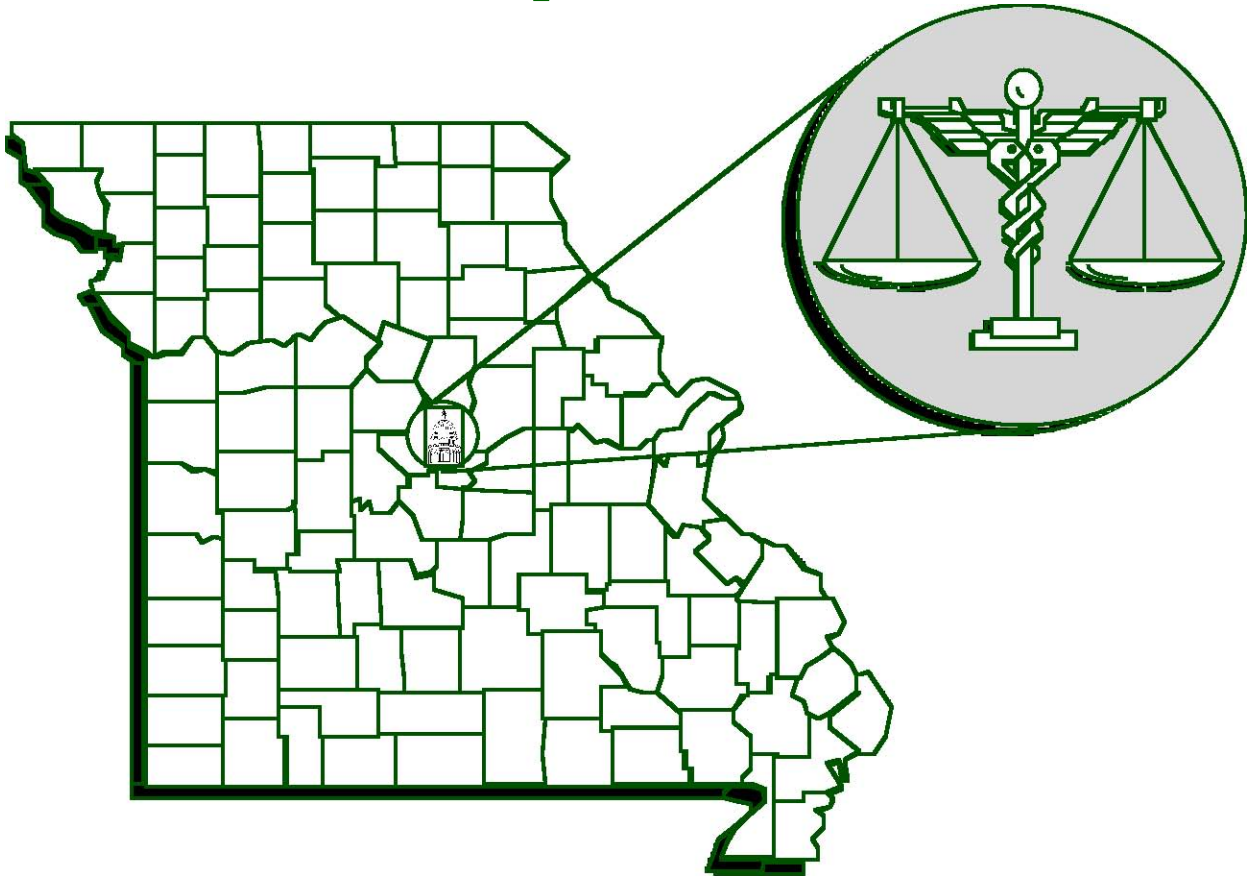


Missouri Health Facilities Review Committee

Certificate of Need Meeting Compendium



February 3, 2025

**State Capitol Building
Joint Committee Room #117
Jefferson City, MO**



MHFRC

Missouri Health Facilities Review Committee

P.O. Box 570, Jefferson City, MO 65102

Voice: (573) 751-6403 Fax: (573) 751-7894

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

Representative Ben Baker, Chair Representative Steve Butz, Vice Chair
Senator Doug Beck Senator Sandy Crawford Dr. Patrice Komoroski Michael J. Prost

Memorandum to the Missouri Health Facilities Review Committee

From: Alison Dorge, Program Coordinator
Certificate of Need Program
alison.dorge@health.mo.gov

Date: January 13, 2025

Subject: February 3, 2025, Certificate of Need Meeting

This Compendium is being posted in preparation for our Certificate of Need (CON) meeting scheduled to be held on February 3, 2025 starting at 10:00 a.m., in Joint Committee Room #117 at the state capitol in Jefferson City, MO. Attendees may choose to join the CON meeting in person or by phone. Call-in #: **1-469-998-7961**; Meeting number (access code): **362 899 864#**

There are eleven full CON applications under New Business, one non-applicability request under Non-Applicability, and six Previous Business items. The staff analyses for the applications and applicant requests are included in this compendium. The applications, applicant requests, and additional information can be accessed from our website at health.mo.gov/information/boards/certificateofneed/calendars.php.

Please send Mackinzey an email at mackinzey.fick@health.mo.gov stating whether or not you will attend the meeting by **January 27, 2025**. It is important that you confirm your attendance to ensure a quorum. If you need a hotel reservation for Sunday night, let her know that as well so arrangements can be made.

Feel free to contact me if you have questions regarding any agenda item. I look forward to our Certificate of Need meeting.

Committee Business

Missouri Health Facilities Review Committee
Certificate of Need Meeting
February 3, 2025, 10:00 a.m.
Joint Committee Room #117, State Capitol Building, Jefferson City OR
Call-in #: **1-469-998-7961**; Meeting number (access code): **362 899 864#**

Tentative Agenda

A. Committee Business

1. Review and Perfect Agenda
2. Approve Minutes

B. New Business

1. #6117 HS: SSM Health St. Clare Hospital
Fenton (St. Louis County)
\$1,359,519, Acquire robotic surgery unit
2. #6118 HS: SSM Health St. Mary's - St. Louis
St. Louis (St. Louis City)
\$2,246,250, Acquire robotic surgery unit
3. #6155 HS: Orthopedic & Sports Medicine Center, LLC dba Platte City Imaging
Platte City (Platte County)
\$1,186,311, Acquire MRI
4. #6154 HS: Heartland Regional Medical Center
St. Joseph (Buchanan County)
\$5,112,000, Acquire two additional robotic surgery units
5. #6159 HS: Mercy Hospital St. Louis
St. Louis (St. Louis County)
\$2,536,000, Acquire additional robotic surgery unit
6. #6156 HS: North Kansas City Hospital
North Kansas City (Clay County)
\$3,258,638, Acquire two additional IR units
7. #6161 RS: La Bonne Maison Assisted Living
Sikeston (Scott County)
\$0, Add 6 ALF beds
8. #6157 HS: The University of Kansas Hospital Authority – Liberty
Liberty (Clay County)
\$4,700,000, Acquire linear accelerator
9. #6137 DS: Scotland County Nursing Home District
Memphis (Scotland County)
\$4,553,500, Establish 68-bed ICF & 28-bed RCF
10. #6160 HS: Missouri Baptist Medical Center
St. Louis (St. Louis County)
\$2,757,992, Acquire additional MRI unit
11. #6158 HS: Broadway Arches – Behavioral Health Facility
St. Louis (St. Louis City)
\$13,699,519, Establish 72-bed behavioral health/psychiatric hospital

C. Non-Applicability Request

1. #6165 HA: St. Louis Recovery Hospital
St. Louis (St. Louis City)
\$963,230, Establish 41-bed psychiatric and substance abuse treatment hospital

D. Previous Business

1. #6000 RS: Aspen Valley Senior Homes – North Crest
Washington (Franklin County)
\$1,436,500, Cost overrun on CON to establish a 12-bed ALF
2. #5955 RS: Hampton Manor Lake Ozark
Lake Ozark (Camden County)
\$18,000,000, Fourth extension on CON to establish 107-bed ALF
3. #5323 RS: Palestine Legacy Residences
Kansas City (Jackson County)
\$5,471,250, Sixteenth extension on CON to establish 39-bed ALF
4. #5840 RS: Majestic Residences at Old Hawthorne
Columbia (Boone County)
\$6,648,303, Seventh extension on CON to establish 36-bed ALF
5. #6062 DS: Redbud Village
Versailles (Morgan County)
\$25,000,000, Second extension on CON to establish a 24-bed SNF and a 24-bed ALF
6. #6060 RS: Aspen Valley Senior Homes – New Haven
New Haven (Franklin County)
\$1,718,200, Second extension on CON to establish a 12-bed ALF

E. Management Issues

1. Non-Applicability Letters Issued
2. Activity Schedules
3. CON Rulemaking Proposals
4. Other

Except to the extent disclosure is otherwise required by law, the Missouri Health Facilities Review Committee (Committee) is authorized to close meetings, records and votes to the extent they relate to the following: 610.021.(1), (3), (13), and (14) RSMo.

The Committee may go into closed session at anytime during the meeting. If the meeting is closed, the appropriate section will be announced to the public with a motion and vote recorded in open session minutes.

Missouri Health Facilities Review Committee
Certificate of Need Meeting
November 18, 2024

Minutes

Roll Call:

Presiding: Rep. Ben Baker, Chair

Members Present: Sen. Sandy Crawford (phone)
Andrew Grimm (phone)
Dr. Patrice (Pat) Komoroski
Michael Prost

Program Staff: Alison Dorge, Mackinzey Lux, Marie Bergesch

Recorder: Mackinzey Lux

Legal Counsel: Clayton Weems, Assistant Attorney General

Chairman Baker called the meeting to order at 10:00 a.m. He declared that a quorum was present and welcomed everyone to the meeting.

Chairman Baker asked if there were any changes to the agenda, there were none. There was a motion by Mr. Prost, and a second by Sen. Crawford. A voice vote was taken, and the agenda was approved.

The meeting minutes from the October 1, 2024, Certificate of Need meeting were reviewed. There was a motion by Mr. Prost and a second by Sen. Crawford to approve the minutes as presented. A voice vote was taken, and the minutes were approved.

New Business

**#6140 HS: Mercy Hospital South
St. Louis (St. Louis County)
\$3,375,000, Acquire additional linear accelerator**

MOTION: A motion was made by Dr. Komoroski, and seconded by Mr. Prost, to approve the project as presented.

A roll call vote was taken:

Komoroski	Yes
Prost	Yes
Grimm	Yes
Crawford	Yes

The motion carried, and the project was approved.

**#6145 RS: Cedarhurst of Tesson Heights
St. Louis (St. Louis County)
\$3,779,783, Add 29 ALF beds**

MOTION: A motion was made by Dr. Komoroski, and seconded by Sen. Crawford, to approve the project as presented.

A roll call vote was taken:

Komoroski	Yes
Prost	Yes
Grimm	Yes
Crawford	Yes

The motion carried, and the project was approved.

**#6141 HS: Select Specialty Hospital
St. Louis (St. Louis County)
\$9,960,128, Establish/Relocate 28-bed LTCH**

MOTION: A motion was made by Mr. Prost, and seconded by Dr. Komoroski, to approve the project as presented.

A roll call vote was taken:

Prost	Yes
Grimm	Yes
Crawford	Yes
Komoroski	Yes

The motion carried, and the project was approved.

**#6121 HS: Lake Regional Imaging Center
Osage Beach (Camden County)
\$2,311,711, Acquire PET/CT unit (PT to FT)**

MOTION: A motion was made by Sen. Crawford, and seconded by Dr. Komoroski, to approve the project as presented.

A roll call vote was taken:

Grimm	Yes
Crawford	Yes
Komoroski	Yes
Prost	Yes

The motion carried, and the project was approved.

**#6129 RS: Levering Regional Health Center
Hannibal (Marion County)
\$52,500, Add 179 RCF beds**

MOTION: A motion was made by Mr. Prost, and seconded by Dr. Komoroski, to approve the project as presented.

A roll call vote was taken:

Grimm	Yes
Prost	Yes
Komoroski	Yes
Crawford	Yes

The motion carried, and the project was approved.

**#6124 HS: Southwest Children's, LLC
Springfield (Greene County)
\$3,169,900, Establish 66-bed pediatric hospital (hospital-within-a hospital)**

MOTION: A motion was made by Sen. Crawford, and seconded by Dr. Komoroski, to approve the project as presented.

A roll call vote was taken:

Prost	Yes
Komoroski	Yes
Crawford	Yes
Grimm	Yes

The motion carried, and the project was approved.

**#6138 HS: Barnes-Jewish Hospital
St. Louis (St. Louis City)
\$2,809,154, Acquire an additional Hybrid OR**

MOTION: A motion was made by Mr. Prost, and seconded by Dr. Komoroski, to approve the project as presented.

A roll call vote was taken:

Komoroski	Yes
Crawford	Yes
Grimm	Yes
Prost	Yes

The motion carried, and the project was approved.

**#6136 RS: New Hope Assisted Living
Poplar Bluff (Butler County)
\$1,300,000 Add 15 ALF beds**

MOTION: A motion was made by Dr. Komoroski, and seconded by Mr. Prost, to approve the project as presented.

A roll call vote was taken:

Crawford	Yes
Grimm	Yes
Prost	Yes
Komoroski	Yes

The motion carried, and the project was approved.

Chairman Baker called for a recess at 10:54 a.m. The meeting resumed at 11:00 a.m.

Previous Business

**#6008 RS: St. Louis Assisted Living Solutions, LLC
Wentzville (St. Charles County)
\$2,791,000, Second extension on CON to establish a 16-bed ALF**

MOTION: A motion was made by Dr. Komoroski, and seconded by Mr. Prost, to approve the request as presented.

A roll call vote was taken:

Crawford	Yes
Prost	Yes
Komoroski	Yes
Grimm	Yes

The motion carried, and the request was approved.

**#5847 RS: Hampton Manor of Wentzville
Wentzville (St. Charles County)
\$14,011,000, Involuntary Forfeiture on CON to establish 85-bed ALF**

MOTION: A motion was made by Mr. Prost, and seconded by Dr. Komoroski to rescind the request as presented.

A roll call vote was taken:

Crawford	Yes
Prost	Yes
Komoroski	Yes
Grimm	Yes

The motion carried, and the request was rescinded.

**#6050 HT: Missouri Cancer Associates
Columbia (Boone County)
\$2,010,733, Second extension on CON to replace PET/CT scanner**

MOTION: A motion was made by Dr. Komoroski, and seconded by Mr. Prost, to approve the request as presented.

A roll call vote was taken:

Crawford	Yes
Grimm	Yes
Komoroski	Yes
Prost	Yes

The motion carried, and the request was approved.

**#5971 RS: Topwood Home, LLC
Manchester (St. Louis County)
\$13,850,000, Fourth extension on CON to establish 75-bed ALF**

MOTION: A motion was made by Dr. Komoroski, and seconded by Mr. Grimm to approve two extensions.

A roll call vote was taken:

Crawford	Yes
Grimm	Yes
Komoroski	Yes
Prost	Yes

The motion carried, and two extensions were approved.

Management Issues

The Committee reviewed the list of Non-Applicability letters issued. There was a motion by Dr. Komoroski, and seconded by Mr. Prost to confirm the letters. A voice vote was taken and the letters were confirmed.

There was a motion made by Dr. Komoroski and a second by Mr. Prost to adjourn. A voice vote was taken and the meeting adjourned at 11: 34 p.m.

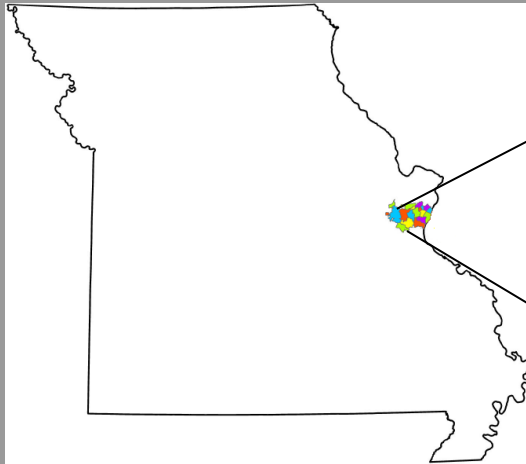
I, Chair of the Missouri Health Facilities Review Committee, certify that the Committee has on this day reviewed and approved these minutes of the November 18, 2024 Certificate of Need Meeting.

Representative Ben Baker, Chair

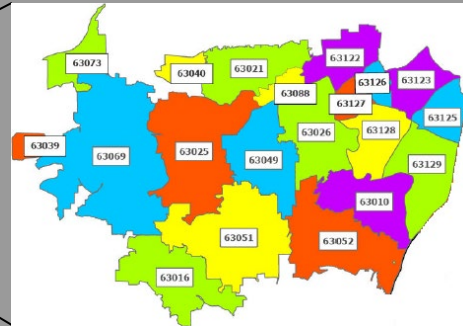
Date

New Business

Acquire Robotic Surgery Unit



Location in Missouri



View of Primary Service Area

Applicant: SSM Health St. Louis (owner/operator)

Contact Person: Jill Mowry, 636-496-2520
Jill.mowry@ssmhealth.com

Location: 1015 Bowles Ave.
Fenton, 63026 (St. Louis County)

Cost: \$1,359,519

Appl. Rec'd: October 30, 2024

100 Days Ends: February 7, 2025 (30-Day Extension: March 9, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(1) Documented
- Financial Feasibility 19 CSR 60-50.470(2-4) . Documented

#6117 HS: SSM Health St. Clare Hospital

APPLICATION SUMMARY:

The application summary was **complete**.

PROPOSAL DESCRIPTION:

The detailed project description and community awareness and support were **documented**.

The applicant proposes to **acquire a robotic surgery system**. It is an existing da Vinci Xi surgical robot moved from St. Mary's Hospital, that was originally purchased in 2021. The project includes the equipment, software, and all necessary accessories.

The equipment was installed and implemented in October of 2024.

A public notice was placed in the *St. Louis Dispatch* for public awareness. The applicant also sent a letter regarding the proposal to the facilities with similar services in the geographic service area. No letters expressing support or opposition of the project has been received.

COMMUNITY NEED CRITERIA AND STANDARDS:

A need according to the Criteria and Standards for "Equipment and New Hospitals" was **documented**.

The applicant defined the primary service area as twenty-three MO zip codes: 63010, 63016, 63021, 63025, 63026, 63039, 63040, 63049, 63051, 63052, 63053, 63057, 63069, 63073, 63088, 63122, 63123, 6125, 63126, 63127, 63128, 63129, and 63151.

For new units, a minimal annual utilization standard of 240 procedures for existing Robotic Surgery Units in the service area applies. Based on the two confirmed units in the service area and utilization obtained by the applicant and the CON office, both units operated over the utilization threshold, therefore the utilization standard **has been met**.

Location	City	# of Units	Utilization
Mercy Hospital South	St. Louis	2	597 in 2021, 871 in 2022, and 1083 in 2023
Total		2	

The applicant stated that the availability of the proposed unit would increase utilization and projects the number of procedures (Urology, Colorectal, Bariatrics & General) for the first three full years beyond project completion to be to be 159, 240, and 300 respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

The project was financed with unrestricted funds. A copy of the DaVinci payment from 2022 was included in the application as well as payments made for the renovations.

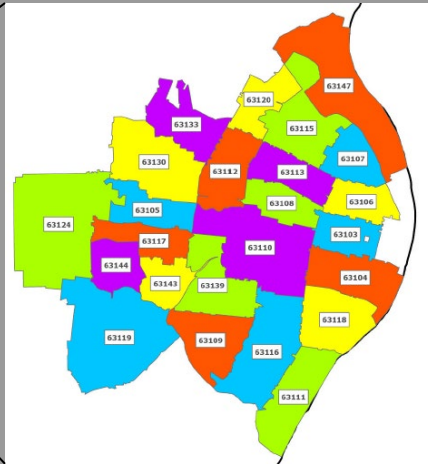
ADDITIONAL INFORMATION:

Additional information was required and is included with the electronic copy of the application on the CON website.

Acquire Robotic Surgery Unit



Location in Missouri



View of Primary Service Area

Applicant: SSM Health St. Louis (owner/operator)

Contact Person: Jill Jordan, 314-768-8075
Jill.jordan@ssmhealth.com

Location: 6420 Clayton Rd.
St. Louis, 63117 (St. Louis City)

Cost: \$2,246,250

Appl. Rec'd: October 30, 2024

100 Days Ends: February 7, 2025 (30-Day Extension: March 9, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(1)..**Partially Documented**
- Financial Feasibility 19 CSR 60-50.470(2-4) . Documented

#6118 HS: SSM Health St. Mary's – St. Louis

APPLICATION SUMMARY:

The application summary was **complete**.

PROPOSAL DESCRIPTION:

The detailed project description and community awareness and support were **documented**.

The applicant proposes to **acquire a robotic surgery system**. It would be a new Da Vinci Xi surgical robot to replace the older model that was moved to SSM St. Clare's hospital. The project includes the equipment and software.

The equipment was installed and implemented in June of 2024.

A public notice was placed in the *St. Louis Dispatch* for public awareness. The applicant also sent a letter regarding the proposal to the facilities with similar services in the geographic service area. No letters expressing support or opposition of the project has been received.

COMMUNITY NEED CRITERIA AND STANDARDS:

A need according to the Criteria and Standards for "Equipment and New Hospitals" was **partially documented**.

The applicant defined the primary service area as twenty-four zip codes: 63103, 63104, 63105, 63106, 63107, 63108, 63109, 63110, 63111, 63112, 63113, 63115, 63116, 63117, 63118, 63119, 63120, 63124, 63130, 63133, 63139, 63143, 63144, and 63147.

For new units, a minimal annual utilization standard of 240 procedures for existing Robotic Surgery Units in the service area applies. Based on the nine confirmed units in the service area and utilization obtained by the applicant and the CON office, one unit operated over the utilization threshold by the 3rd year, therefore the utilization standard **has been partially met**.

Location	City	# of Units	Utilization
Barnes-Jewish Hospital	St. Louis	7*	Unable to obtain information
SSM Health St. Louis University	St. Louis City	1	219 in 2021, 201 in 2022, and 222 in 2023
SSM Health St. Mary's – St. Louis	St. Louis	1	151 in 2021, 237 in 2022, and 370 in 2023
Total		9	

*Units based on CON report and additional information from past projects.

The utilization of the unit that operated previously at the applicant's location was 145 in 2021, 237 in 2022, and 320 in 2023. The applicant stated that the availability of the proposed unit would increase utilization and projects the number of procedures for the first three full years beyond project completion to be to be 388, 400, and 406 respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

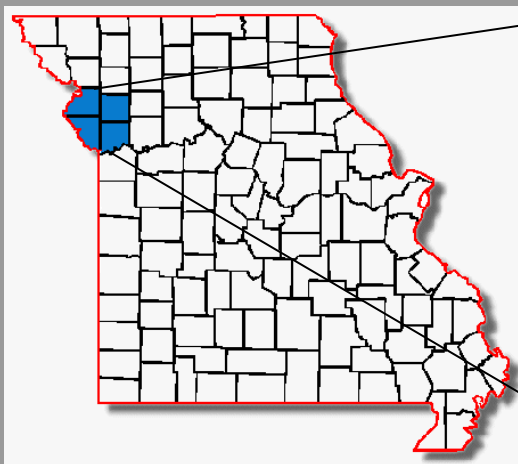
The project was financed with unrestricted funds. A copy of the DaVinci payment from June of 2024 was included in the application.

ADDITIONAL INFORMATION:

Additional information was required and is included with the electronic copy of the application on the CON website.

**#6155 HS: Orthopedic & Sports Medicine Center, LLC dba
Platte City Imaging**

Acquire MRI Unit



Location in Missouri



View of Service Area

Applicant: Orthopedic & Sports Medicine Center, LLC (owner/operator)

Contact Person: Matthew Cannella, 917-670-5668
mcannella@osmcortho.com

Location: 1305 Plaza Court, Suites A-C
Platte City, 64079 (Platte County)

Cost: \$1,186,311

Appl. Rec'd: October 31, 2024

100 Days Ends: February 8, 2025 (30-Day Extension: March 10, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(1)..**Partially Documented**
- Financial Feasibility 19 CSR 60-50.470(2-4) . Documented

#6155 HS: Orthopedic & Sports Medicine Center, LLC dba Platte City Imaging

APPLICATION SUMMARY:

The application summary was **complete**.

PROPOSAL DESCRIPTION:

The detailed project description and community awareness and support were **documented**.

The applicant proposes to **purchase a new magnetic resonance imaging (MRI) unit** to be located within the new orthopedic facility in Platte City, MO. The proposed unit would be a FujiFilm Echelon Synergy 1.5T Open MRI. The project includes equipment and construction necessary for the unit.

Construction of the suite is expected to commence fall of 2024 and installation of the new equipment is expected by summer of 2025.

The applicant provided a copy of a public newspaper announcement posted in the *Platte County Citizen*, the *News Press Now*, the *Courier Tribune*, and the *Clinton County Leader*. The applicant also sent a letter regarding the proposal to facilities with similar services in the geographic service area. No letters of support or opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

A need according to the Criteria and Standards for “Equipment and New Hospitals” was **partially documented**.

The applicant defined the primary service area as four counties: Buchanan, Clay, Clinton, and Platte.

For new units, a minimal annual utilization standard of 2,000 procedures for existing MRIs in the service area applies. Based on the twenty-six confirmed units in the service area and utilization obtained by the applicant and the CON office, all but two units operated over the utilization threshold by the 3rd year, therefore the utilization standard has **been partially met**.

Location	City	# of Units	Utilization
Heartland Regional Medical Center	St. Joseph	2	6,369 in 2021, 6,450 in 2022, and 6,611 in 2023
Mosaic Life Care at St. Joseph-Radiology & Outpatient Imaging	St. Joseph	1	2,879 in 2021, 2,906 in 2022, and 2,757 in 2023
Open MRI of St. Joseph	St. Joseph	1	2,688 in 2021, 2,861 in 2022, and 3,147 in 2023
Diagnostic Imaging	Kansas City	2	3,497 in 2021, 3,348 in 2022, and 3,237 in 2023
Diagnostic Imaging Center – North	Kansas City	1	4,521 in 2021, 4,471 in 2022, and 4,365 in 2023
Element Medical Imaging	Kansas City	1	Unable to obtain information

#6155 HS: Orthopedic & Sports Medicine Center, LLC dba Platte City Imaging

Excelsior Springs Hospital	Excelsior Springs	1*	Unable to obtain information
Liberty Hospital	Liberty	2	5,192 in 2021, 5,740 in 2022, and 5,733 in 2023
NKCH Medical Imaging	Kansas City	1	2,033 in 2021, 2,120 in 2022, and 2,876 in 2023
North Kansas City Hospital	North Kansas City	3	19,397 in 2021, 20,192 in 2022, and 20,416 in 2023
Cameron Regional Medical Center	Cameron	1	1,042 in 2021, 1,114 in 2022, and 1,140 in 2023
Northland Medical Imaging Center	Kansas City	1	1,661 in 2021, 1,856 in 2022, and 2,004 in 2023
St. Luke's North Hospital	Kansas City	1	3,634 in 2021, 3,931 in 2022 and 4,766 in 2023
Total		26	

** Unit is mobile*

The applicant projects the number of procedures for the first three full years beyond project completion to be 3,531, 3,739, and 4,154 respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

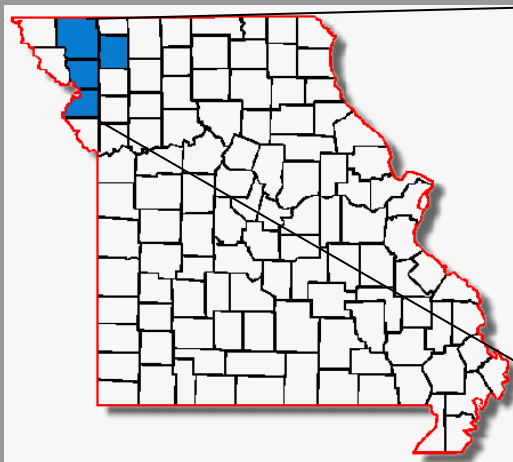
The application included a letter from Nodaway Valley Bank stating they are interested in financing the project.

ADDITIONAL INFORMATION:

Additional information was required from the applicant and is included with the project application on the CON website.

#6154 HS: Heartland Regional Medical Center

Acquire two additional Robotic Surgery Units



Location in Missouri



View of Primary Service Area

Applicant: Heartland Regional Medical Center (owner)
Heartland Regional Medical Center dba Mosaic Life Care (operator)

Contact Person: Tony Claycomb, 816-271-1312
Tony.claycomb@mymlc.com

Project Address: 5325 Faraon Street
St. Joseph, 64506 (Buchanan County)

Cost: \$5,112,000

Appl. Rec'd: October 31, 2024
100 Days Ends: February 8, 2025 (30-Day Extension: March 10, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(2).....Documented
- Financial Feasibility 19 CSR 60-50.470(2-4) . Documented

#6154 HS: Heartland Regional Medical Center

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description and community awareness and support were **documented**.*

The applicant proposes to **acquire a second and third robotic surgery system**. It would be a DaVinci Xi surgical system. The project includes the equipment, accessory upgrades, and software.

The applicant expects the equipment to be installed during March of 2025.

The public was notified of the project through an announcement in the *St. Joseph News-Press* making the public aware of the project. There were no facilities within the applicants primary service area to send letters which was verified by the CON office, however the applicant notified facilities with similar services in their secondary service area. The application included four letters of support and no opposition has been received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for "Equipment and New Hospitals" was **documented**.*

The applicant defined the primary service area as four Missouri counties: Andrew, Buchanan, Gentry, and Nodaway.

For additional robotic surgery systems units, an optimum annual utilization standard of 240 procedures by the third year applies. The applicant's number of procedures using the one existing unit during the three previous years of operation was 212, 290 and 519 respectively. Therefore, **the utilization standard has been met**.

The applicant projects the number of procedures for all three robotic units in years 2026, 2027 and 2028 to be 768, 806, and 846, respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

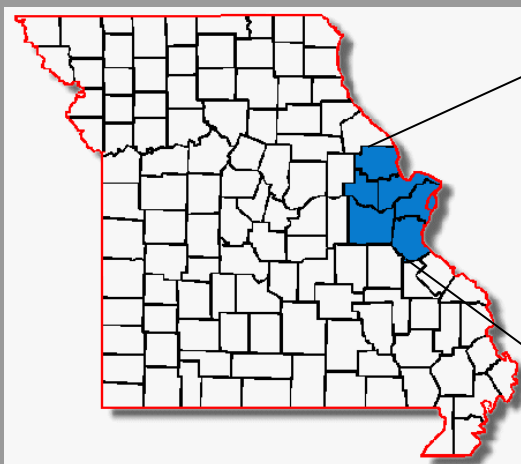
*Financial feasibility of the project was **documented**.*

The applicant provided its most recent audited financial statements to document sufficient funding.

ADDITIONAL INFORMATION:

A small amount of additional information was required and is included with the electronic copy of the application on the CON website.

**Acquire an additional
Robotic Surgery System**



Location in Missouri



View of Primary Service Area

Applicant: Mercy Health East Communities (owner)
Mercy Hospital St. Louis (operator)

Contact Person: Denise Scoffic, 314-251-1917
Denise.scoffic@mercy.net

Project Address: 615 S New Ballas Rd.
St. Louis, 63141 (St. Louis County)

Cost: \$2,536,000

Appl. Rec'd: November 1, 2024

100 Days Ends: February 9, 2025 (30-Day Extension: March 11, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(2)..... Documented
- Financial Feasibility 19 CSR 60-50.470(2-4) . Documented

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description and community awareness and support were **documented**.*

The applicant proposes to **acquire a fourth robotic surgery system**. It would be a DaVinci DV 5 surgical system. The project includes the equipment, accessories, and software.

The applicant expects the equipment to be installed during February of 2025.

The public was notified of the project through an announcement in the *St. Louis Post Dispatch* making the public aware of the project. The applicant also sent a letter regarding the proposal to facilities with similar services in the geographic service area. The application included three letters of support and no opposition has been received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for “Equipment and New Hospitals” was **documented**.*

The applicant defined the primary service area as seven Missouri counties; Franklin, Jefferson, Lincoln, St. Charles, St. Louis City, St. Louis County, and Warren.

For additional robotic surgery systems, an optimum annual utilization standard of 240 procedures by the third year applies. The applicant’s number of procedures using the three existing units during fiscal years 2022, 2023 and 2024 was 1,000, 1,167 and 1,276 respectively. Therefore, **the utilization standard has been met**.

The applicant stated that the availability of the proposed unit would increase utilization and projects the number of procedures for fiscal years 2026, 2027 and 2028 to be 1,983, 2,008, and 2,028, respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

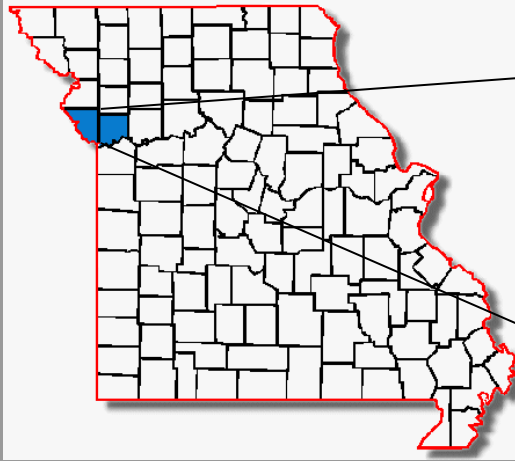
The applicant provided consolidated balance sheets to document sufficient funding is available.

ADDITIONAL INFORMATION:

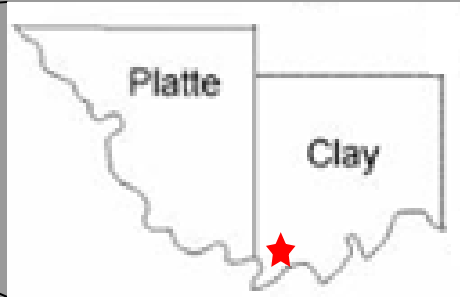
Additional information was required and is included with the electronic copy of the application on the CON website.

#6156 HS: North Kansas City Hospital

Acquire Two Additional IR Planes



Location in Missouri



View of Service Area

Applicant: Board of Trustees of North Kansas City (owner)
North Kansas City Hospital (operator)

Contact Person: Jennifer Kozinn, 816-691-2038
Jennifer.kozinn@nkch.org

Location: 2800 Clay Edwards Drive
North Kansas City, 64116 (Clay County)

Cost: \$3,258,638

Appl. Rec'd: November 1, 2024

100 Days Ends: February 9, 2025 (30-Day Extension: March 11, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3).....Documented
- Detailed Description.....19 CSR 60-50.430(4).....Documented
- Community Need.....19 CSR 60-50.440(2).....Documented
- Financial Feasibility.....19 CSR 60-50.470(2-4).....Documented

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description and community awareness and support were **documented**.*

The applicant proposes to **acquire two additional interventional radiology (IR) plane imaging units**. The IR planes will be the Siemens ARTIS Icono Ceiling IR Pro model. The project includes both planes and construction of a new two-room suite.

The applicant anticipates the construction to commence in March of 2025 and the new units to be installed in December of 2025.

An announcement of the project was published in the *Kansas City Star* making the public aware of the project. The applicant also sent a letter regarding the proposal to the facilities with similar services in the geographic service area. Two letters of support and no letters of opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for “Equipment and New Hospitals” was **documented**.*

The applicant defined the primary service area as two counties within Missouri: Clay and Platte.

For additional units, an optimum utilization standard applies. However, there are currently no CON standards for interventional radiology (IR) planes.

The applicant’s existing suite performed 2,769, 2,931 and 3,148 procedures for years 2021, 2022 and 2023, respectively. The projected annual utilization for all three interventional radiology suites for years 2026, 2027 and 2028 is: 4,848, 5,091 and 5,346 procedures, respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

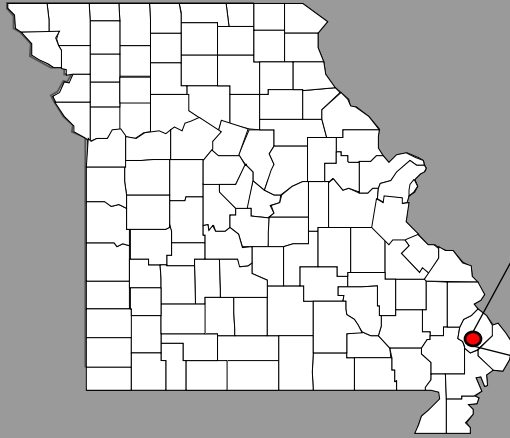
The applicant provided a letter from Commerce Bank stating the applicant has sufficient funds for the project.

ADDITIONAL INFORMATION:

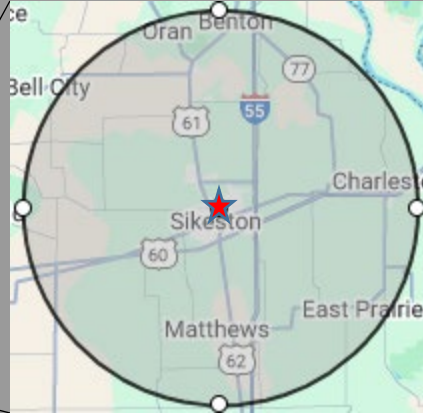
No additional information was required from the applicant at this time.

#6161 RS: La Bonne Maison Assisted Living

Add 6 Assisted Living Facility Beds



Location in Missouri



View of Service Area

Applicant: Sikeston I, LLC (owner)
Americare at La Bonne Maison Assisted Living, LLC (operator)

Contact Person: Heather Westenhover, 573-442-5188
hwestenhaver@americareusa.net

Location: 226 Plaza Drive
Sikeston, 63801 (Scott County)

Cost: \$0

Appl. Rec'd: November 1, 2024
100 Days Ends: February 9, 2025 (30-Day Extension: March 11, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.450(1) Documented
- Financial Feasibility 19 CSR 60-50.470(1-4) . Documented

#6161 RS: La Bonne Maison Assisted Living

APPLICATION SUMMARY:

The application summary was **complete**.

PROPOSAL DESCRIPTION:

The detailed project description and community awareness and support were **documented**.

The applicant proposes to **add 6 assisted living facility (ALF) beds to an existing 30-bed ALF**. This project does not require any new construction or renovations. The application states that this change will allow the facility to offer more cohabitating spaces. Six rooms would become converted to semi-private. After project completion, there would be 22 private rooms and 7 semi-private rooms.

The applicant expects the beds to become licensed following CON approval.

An announcement of the project was placed in the *Standard-Democrat* making the public aware of the project. The applicant also sent a letter regarding the proposal to the facilities in the 15-mile radius. No letters of support or opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

A need according to the Criteria and Standards for "Long-Term Care" was **documented**.

For additional long-term care beds, the population-based need formula **[Unmet Need = (S x P) – U]** applies as follows:

Where: S = Service-specific need rate of 25 beds per 1,000 population aged 65+
P = Year 2025 population age 65+ in the 15-mile radius
U = Number of existing licensed (78) and approved (50) ALF/RCF beds in the 15-mile radius (8 licensed beds were reported as unavailable.)

Unmet need = $(0.025 \times 8,154) - 128 = \mathbf{75\text{-bed need}}$

The Committee's practice has been to consider the occupancy of all other long-term care beds of the same licensure category in the proposed service area. According to the survey data for the 1st quarter of 2023 through the 2nd quarter of 2024 (copy attached), the average available bed occupancy for all of the facilities within the 15-mile radius was **54.2%, 59.7%, 54.3%, 72.9%, 74.9%, and 75.7%**, respectively.

The applicant stated that utilization for the existing beds for years 2021, 2022, 2023 was 62.1%, 70.8%, and 68.7% respectively. The applicant projected utilization for years 2026, 2027, and 2028 to be 91.6%, 94.4%, and 96.9%, respectively.

The facility has not received a notice of noncompliance within the past 18 months.

#6161 RS: *La Bonne Maison Assisted Living*

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

The cost of this project is \$0; therefore, documentation of financing was not applicable.

ADDITIONAL INFORMATION:

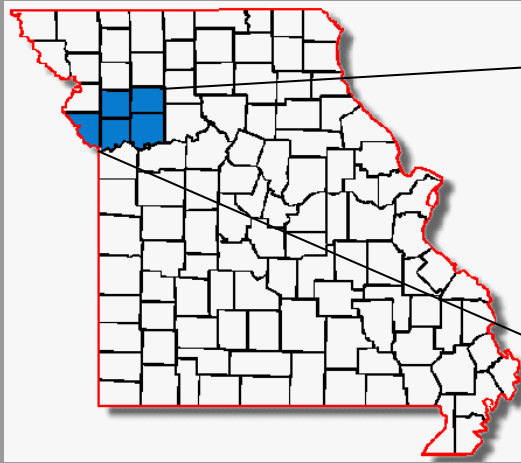
Additional information was required from the applicant and is included with the electronic copy of the application on the CON website.

Six-Quarter Occupancy of Residential Care and Assisted Living Facility Licensed and Available Beds

County	Facility Name	Address	City	Zip	CON APP	Licensed Beds			1st Qtr 2023	2nd Qtr 2023	3rd Qtr 2023	4th Qtr 2023	1st Qtr 2024	2nd Qtr 2024*			Average Occup %
						ALF	RCF	TOTAL	Occup %	Occup %	Occup %	Occup %	Occup %	Pat Days	Occup Days	Occup %	
Mississippi	Twins Place Residential Care Facility (Closed 4/10/23)	506 S. Main St.	Charleston	63834	0	0	0	0	0.0%								0.0%
Subtotal for Mississippi						Number of Units in Subtotal: 1			0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%
Scott	Arbors At Westridge Place - Memory Care By Americare, The	539 North West St	Sikeston	63801	0	28	0	28	59.0%	70.2%	69.3%	62.4%	72.1%	1,820	1,281	70.4%	67.1%
Scott	Big Prairie Assisted Living, LLC (Closed 9/23/23)	411 North Kingshighway	Sikeston	63801	0	0	0	0	39.2%	33.5%	20.9%						31.1%
Scott	Colonial Manor, LLC	907 West Malone St	Sikeston	63801	0	20	0	20	88.5%	86.2%	71.9%	85.8%	93.4%	1,820	1,622	89.1%	85.7%
Scott	La Bonne Maison - Assisted Living By Americare	226 Plaza Dr	Sikeston	63801	0	30	0	30	64.0%	66.6%	72.8%	71.6%	64.4%	2,730	1,919	70.3%	68.3%
Subtotal for Scott						Number of Units in Subtotal: 4			0	58.4%	59.7%	54.3%	72.9%	6,370	4,822	75.7%	64.3%
Stoddard	Essex Manor, LLC (CON Approved 11/06/17)	24898 State Hwy AB	Essex	63846	50	0	0	0									
Subtotal for Stoddard						Number of Units in Subtotal: 1			50	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%
GRAND TOTALS:						Number in State: 6			50	54.2%	59.7%	54.3%	72.9%	6,370	4,822	75.7%	63.3%

Printed by the Certificate of Need Program. (An empty field signifies "no information" either because the facility recently opened, is closed, or did not submit a report for the quarter. See facility name for special notes.)

Acquire Linear Accelerator



Location in Missouri



View of Service Area

Applicant: The University of Kansas Hospital Authority (owner/operator)

Contact Person: Richard Hill, 314-621-2939
rhill@lashlybaer.com

Location: 2529 Glenn Hendren Drive
Liberty, 64068 (Clay County)

Cost: \$4,700,000

Appl. Rec'd: November 1, 2024
100 Days Ends: February 9, 2025 (30-Day Extension: March 11, 2025)

Summary: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description.....19 CSR 60-50.430(4)..... Documented
- Community Need.....19 CSR 60-50.440(1) Documented
- Financial Feasibility.....19 CSR 60-50.470(2-4)..... Documented

#6157 HS: The University of Kansas Hospital Authority – Liberty

APPLICATION SUMMARY:

The application summary was **complete**.

PROPOSAL DESCRIPTION:

The detailed project description and community awareness and support were **documented**.

The applicant proposes to **acquire a Varian TrueBeam linear accelerator** as well as the associated CT simulator necessary for treatment. The project includes the equipment, installation, and other related items.

The applicant anticipates the new unit to be delivered in June of 2025 and become operational in August of 2025.

An announcement of the project was published in the *Kansas City Star* making the public aware of the project. The applicant also sent a letter regarding the proposal to the facilities with similar services in the geographic service area. One letter of support and no letters of opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

A need according to the Criteria and Standards for “Equipment and New Hospitals” was **documented**.

The applicant defined the primary service area as five counties within Missouri: Caldwell, Clay, Clinton, Platte, and Ray.

For new units, a minimal annual utilization standard of 3,500 procedures for existing linear accelerators in the service area applies. Based on the 3 confirmed units in the service area and utilization obtained by the applicant and the CON office, all units operated over the utilization threshold, therefore the utilization standard **has been met**.

Location	City	# of Units	Utilization
University of Kansas City Cancer Center – North	Kansas City	1	7,283 in 2021, 6,777 in 2022, and 5,937 in 2023
North Kansas City Hospital	North Kansas City	1	5,037 in 2021, 4,133 in 2022, and 4,434 in 2023
St. Luke’s Radiation Therapy – Liberty	Liberty	1	4,393 in 2021, 5,401 in 2022, and 5,722 in 2023
Total		3	

* Units based on CON report and additional information from past projects.

The applicant projects the number of procedures with the new system for the first three years following project completion to be 5,000, 5,250 and 5,513 treatments respectively.

#6157 HS: *The University of Kansas Hospital Authority – Liberty*

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

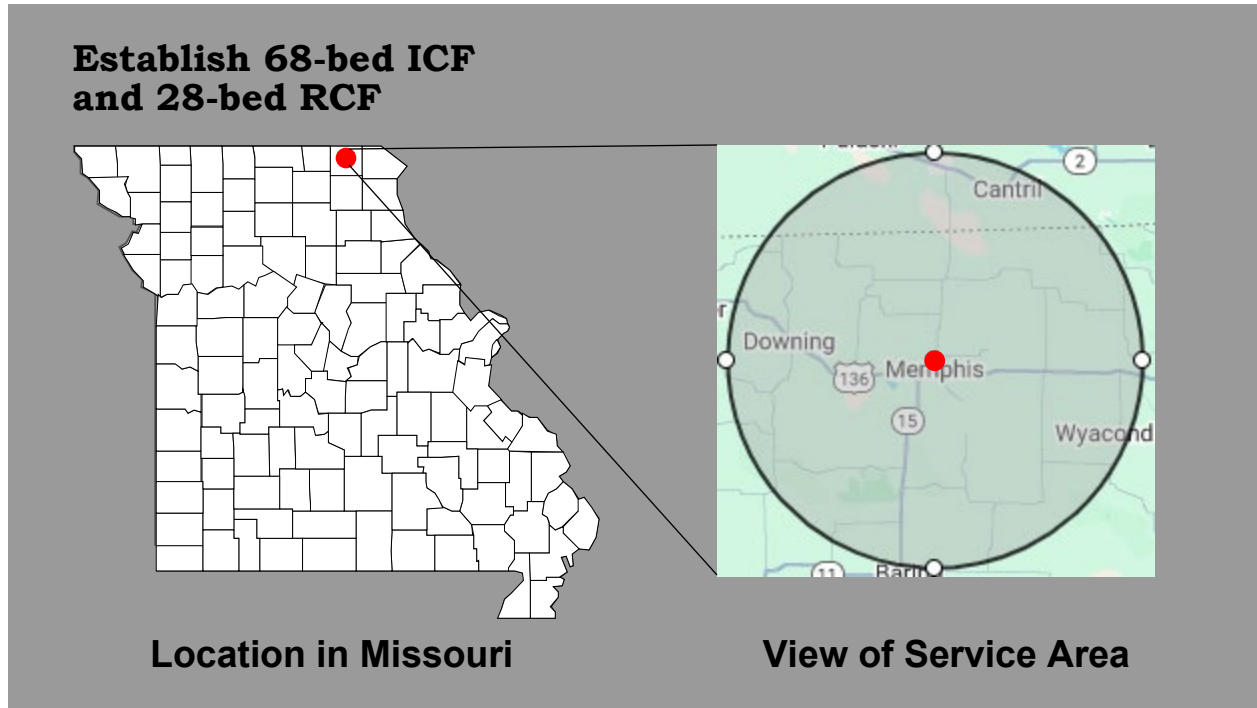
*Financial feasibility of the project was **documented**.*

The applicant provided a consolidated balance sheet documenting sufficient funds would be available for the project.

ADDITIONAL INFORMATION:

Additional information was required from the applicant. It is included with the electronic copy of the application on the CON website.

#6137 DS: Scotland County Nursing Home District



Applicant: Scotland County Nursing Home District (owner/operator)

Contact Person: Emily Solum, 573-761-1120
Emily.solum@huschblackwell.com

Project Address: 434 East Sigler Ave.
Memphis, 63555 (Scotland County)

Cost: \$4,553,500

Appl. Rec'd: November 1, 2024

100 Days Ends: February 9, 2025 (30-Day Extension: March 11, 2025)

Conclusions: *Based on the following Certificate of Need Rules:*

- Application Summary 19 CSR 60-50.430(3) Documented
- Detailed Description 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.450(1)(A) & (1B).. Documented
- Financial Feasibility..... 19 CSR 60-50.470(1-4) Documented

#6137 DS: Scotland County Nursing Home District

APPLICATION SUMMARY:

The application summary was **complete**.

PROPOSAL DESCRIPTION:

The detailed project description and community awareness and support were **documented**.

The applicant proposes to **establish a 68-bed intermediate care facility (ICF) and a 28-bed residential care facility (RCF)**. This would be accomplished through the renovations of a 51,480 square-foot building of which 39,750 square feet would be used for the ICF. The RCF space consisting of 11,630 square feet does not require renovations at this time. After project completion, the ICF would have 30 private rooms and 19 semi-private rooms. The RCF would have 20 private rooms and 4 semi-private rooms.

The applicant expects renovations to start in March of 2025 and be completed in July of 2025. The applicant expects the facility to become licensed in August of 2025.

An announcement was placed in the *Memphis Democrat Newspaper* making the public aware of the project. The applicant stated there were no facilities within their service area to send letters which was verified by the CON office. Nineteen letters in support and no letters of opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

A need according to the Criteria and Standards for "Long-Term Care" was **documented**.

For additional long-term care beds, the population-based need formula **[Unmet Need = (S x P) - U]** applies as follows:

For the ICF:

Where: S = Service-specific need rate of 53 beds per 1,000 population aged 65+
P = Year 2025 population age 65+ in the 15-mile radius
U = Number of existing licensed (0) and approved (0) ICF/SNF beds in the 15-mile radius (0 licensed beds were reported as unavailable.)

Unmet need = $(0.053 \times 1,308) - 0 = \mathbf{69\text{-bed need}}$

The Committee's practice has been to consider the occupancy of all other long-term care beds of the same licensure category in the proposed service area. According to the survey data for the 1st quarter of 2023 through the 2nd quarter of 2024, there were no existing facilities within the service area.

The applicants' projected utilization for the first three years after completion is 47%, 79.4%, and 89.4%, respectively.

For the RCF:

Where: S = Service-specific need rate of 25 beds per 1,000 population aged 65+
P = Year 2015 population age 65+ in the 15-mile radius
U = Number of existing licensed (0) and approved (0) ALF/RCF beds in the 15-mile radius (0 licensed beds were reported as unavailable.)

Unmet need = $(0.025 \times 1,308) - 0 = \mathbf{32\text{-bed need}}$

The Committee's practice has been to consider the occupancy of all other long-term care beds of the same licensure category in the proposed service area. According to the survey

#6137 DS: Scotland County Nursing Home District

data for the 1st quarter of 2023 through the 2nd quarter of 2024, there were no existing facilities within the service area.

The applicants' projected utilization for the first three years after completion is 32.1%, 35.7%, and 42.7%, respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

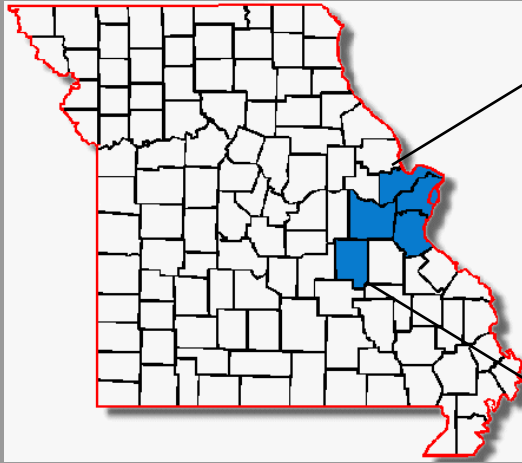
The application included a copy of the August 6th ballot decision to grant the Scotland County Nursing Home \$4.8 million in bonds. A letter from McLIneyAndCompany was received showing sufficient funds are in the process of being transferred over.

ADDITIONAL INFORMATION:

A small amount of additional information was required and is included with the electronic application on the CON website.

#6160 HS: Missouri Baptist Medical Center

Acquire Additional MRI Unit



Location in Missouri



View of Service Area

Applicant: Missouri Baptist Medical Center (owner/operator)

Contact Person: Greg Bratcher, 314-323-1231
gbratcher@bjc.org

Location: 3015 N Ballas Road
St. Louis, 63131 (St. Louis County)

Cost: \$2,757,992

Appl. Rec'd: November 1, 2024

100 Days Ends: February 9, 2025 (30-Day Extension: March 11, 2025)

Conclusions: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(2) Documented
- Financial Feasibility 19 CSR 60-50.470(2-4) . Documented

#6160 HS: Missouri Baptist Medical Center

APPLICATION SUMMARY:

*The application summary was **complete**.*

PROPOSAL DESCRIPTION:

*The detailed project description and community awareness and support were **documented**.*

The applicant proposes to **acquire a fifth magnetic resonance imaging (MRI) unit**. It would be a Siemens Magnetom Vida 3-Tesla MRI. The project includes the equipment, software, and shielding. The applicant expects the unit to be delivered in fall of 2025.

The applicant's service area consists of six Missouri counties: Crawford, Franklin, Jefferson, St. Charles, St. Louis, and St. Louis City.

The public was notified of the project through an announcement in the *St. Louis Post Dispatch*. The applicant also sent a letter regarding the proposal to facilities with similar services in the geographic service area. No letters of support or of opposition were received.

COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for "Equipment and New Hospitals" was **documented**.*

For additional MRI units, an optimum annual utilization standard of 3,000 procedures applies. The applicant's number of scans using the four existing units in years 2021, 2022 and 2023 were 14,018, 14,727, and 17,180 respectively. Therefore, the utilization standard **has been met**.

The projected annual utilization for all five MRIs in the first three years following project completion is: 20,068, 20,734, and 21,074 scans respectively.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

*Financial feasibility of the project was **documented**.*

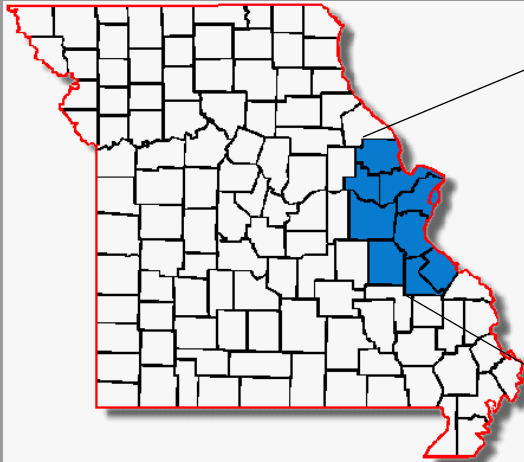
The project would be financed with unrestricted funds. A copy of federal 990 forms for BJC HealthCare was submitted documenting sufficient funds. Overall charges would rise between 2-3% due to inflation.

ADDITIONAL INFORMATION:

A small amount of additional information was required from the applicant. It is included with the electronic copy of the application on the CON website.

#6158 HS: *Broadway Arches – Behavioral Health Facility*

Establish 72-Bed Behavioral Health Hospital



Location in Missouri



View of Service Area

Applicant: Broadway Arches Realty, LLC (owner)
Broadway Arches Operating Co, LLC (operator)

Contact Person: Emily Solum, 573-761-1120
Emily.solum@huschblackwell.com

Project Address: 5500 South Broadway
St. Louis, 63111 (St. Louis City)

Cost: \$13,699,519

Appl. Rec'd: November 1, 2024
100 Days Ends: February 9, 2025 (30-Day Extension: March 11, 2025)

Conclusions: *Based on the following Certificate of Need Rules:*

- Application Summary..... 19 CSR 60-50.430(3) Documented
- Detailed Description..... 19 CSR 60-50.430(4) Documented
- Community Need 19 CSR 60-50.440(4).....**Partially Documented**
- Financial Feasibility 19 CSR 60-50.470(1-4) . Documented

#6158 HS: *Broadway Arches – Behavioral Health Facility*

APPLICATION SUMMARY:

The application summary was **complete**.

PROPOSAL DESCRIPTION:

The detailed project description was **complete**.

The applicant proposes to **establish a 72-bed adult psychiatric hospital**. The project would be accomplished through renovations of an existing 60,716 square-foot building. Twenty-two rooms will be semi-private while the remaining twenty-eight rooms will be private.

The applicant expects renovations to begin June of 2025 and the project to be completed and operational by March of 2026.

The public was notified of the project through an announcement in the *St. Louis Post-Dispatch* making the public aware of the project. The applicant also sent a letter regarding the proposal to the facilities with similar services in the geographic service area. Three letters of support and no opposition has been received.

COMMUNITY NEED CRITERIA AND STANDARDS:

A need according to the Criteria and Standards for “New Hospitals” was **partially documented**.

The new hospital addresses the region’s crisis in behavioral health by providing inpatient behavioral health focusing on the following conditions: depression, schizophrenia, and bipolar disorder. The applicants’ service area consists of ten Missouri counties: Franklin, Jefferson, Lincoln, St. Charles, St. Genevieve, St. Francois, St. Louis, St. Louis City, Warren, and Washington.

According to the Criteria and Standards for new hospitals, the occupancy of other hospitals in the geographic service should exceed 80%. The hospitals in the proposed service area with psychiatric beds are listed below. Based on the occupancy data provided by the applicant and obtained by the CON office, one hospital met the occupancy requirement. Therefore, this standard has **been partially met**.

Hospital	City	# Psych Beds	Occupancy
CenterPointe Hospital	St. Charles	125 <i>**unknown adult psychiatric beds</i>	80% in 2020, 86% in 2021, 80% in 2022. Data provided by applicant.
SSM Health St. Joseph Hospital – St. Charles	St. Charles	22 <i>**22/22 adult psychiatric beds</i>	66.1% in 2021, 71.8% in 2022, 65.1% in 2023
SSM Health St. Joseph Hospital – Wentzville	Wentzville	70 <i>**39/70 adult psychiatric beds</i>	75.6% in 2021, 79.2% in 2022, 79.5% in 2023

#6158 HS: Broadway Arches – Behavioral Health Facility

SSM Health DePaul Hospital – St. Louis	Bridgeton	124 <i>**96/124 adult psychiatric beds</i>	66.7% in 2021, 69.2% in 2022, 78.5% in 2023
Maryland Heights Center for Behavioral Health	Maryland Heights	20 <i>**unknown adult psychiatric beds</i>	Unable to obtain information
SSM Health St. Mary’s Hospital – St. Louis	Richmond Heights	46 <i>**unknown adult psychiatric beds</i>	CON office unable to obtain 2021, 2022 or 2023.
Mercy Hospital South	St. Louis	74 <i>**52/74 adult psychiatric beds</i>	57.3% in 2022, 61.4% in 2023, 66.9% in 2024
Mercy Hospital St. Louis	St. Louis	51 <i>**28/51 adult psychiatric beds</i>	45.3% in 2022, 39.1% in 2023, 57.9% in 2024
Barnes – Jewish Hospital	St. Louis	46 <i>**46/46 adult psychiatric beds</i>	56% in 2021, 63.3% in 2022, 60% in 2023
Barnes – Jewish Hospital Psychiatric Care	St. Louis	50 <i>**25/50 adult psychiatric beds</i>	50.3% in 2021, 59.5% in 2022, 52.4% in 2023
SSM Health Saint Louis University Hospital	St. Louis	40 <i>**40/40 adult psychiatric beds</i>	58% in 2021, 64.1% in 2022, 60.6% in 2023
St. Louis Children’s Hospital	St. Louis	14 <i>**0/14 adult psychiatric beds</i>	68% in 2021, 73% in 2022, 73% in 2023
Total		682	

The population-based need formula **[Unmet Need = (R x P) – U]** applies as follows:

- Where: R = Service-specific need rate of 1 psychiatric bed per 2,080 population
- P = Year 2025 population in the service area
- U = Number of existing beds in the service area

Unmet need = (0.0004807 x 2,247,232) – 682 = **398-bed need**

**If St. Louis Children’s Hospital with 14 beds was removed from the need calculation, the bed need would be 412.*

The applicant projected utilization for first three years following project completion to be 0.08%, 43.1%, and 79.7% respectively. This is based on several factors including historical utilization at other New Vista locations.

FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

Financial feasibility of the project was documented.

The applicant provided a letter from Meridian Capital Group, LLC stating they are interested in financing the project.

ADDITIONAL INFORMATION:

A small amount of additional information was required from the applicant and is included with the electronic application on the CON website.

Non Applicability Request

#6165 HA: *St. Louis Recovery Hospital*

- Project Title:** Establish 41-bed Psychiatric & Substance Abuse Treatment Hospital
- Applicants:** St. Louis Recovery Hospital, LLC (owner/operator)
- Contact Person:** Donn Herring, 314-333-3966
Dherring@spencerfane.com
- Location:** 3933 S. Broadway
St. Louis, 63118 (St. Louis City)
- Cost:** \$963,230 (capital)
- LOI Received:** October 14, 2024 (completed December 31, 2024)
- Description:** This project is to establish a 41-bed psychiatric & substance abuse treatment hospital. The applicant is leasing a previously licensed hospital (South City Hospital) and plans to utilize portions of the first, second and all of the fifth floor of the existing building. Seventeen rooms would be semi-private and seven rooms would be private. The square footage of the area is approximately 35,543 square feet. No new construction or renovations are required. Project costs include land acquisition fees, furniture, software and medical equipment.
- Summary:** *Based on the following Certificate of Need Rules:*
The proposed establishment of a 41-bed hospital at a cost of \$963,230 qualifies under §197.305(6)(c) for capital expenditures for new institutional health services costing less than \$1,000,000.
- Conclusion:** Therefore, since the information in this Letter of Intent has documented that the proposed project is not a new institutional health service, a Certificate of Need will not be required.

Previous Business

Previous Business

Item #1

#6000 RS: Aspen Valley Senior Homes – North Crest

Washington (Franklin County)

\$1,436,500, Cost overrun on CON to establish a 12-bed ALF

Contact Person: Mike Oligschlaeger, 636-346-1649, olig1@yahoo.com

On May 1, 2023, a CON was issued to EMBEE Enterprises, LLC (owner) and Aspen Valley Senior Homes, LLC (operator) to establish a 12-bed assisted living facility (ALF) at 2694 Fox Crest, Washington, MO 63090, at a cost of \$1,436,500. This would be accomplished through the construction of a 6,040 square-foot building. The building will contain 12 private suites with a ½ bath in each room. The facility became licensed in June of 2024.

On October 31, 2024, a request was received for a cost overrun. The final project cost is estimated to be \$1,779,767 which is \$343,267 over the approved project cost. The applicant states that the majority of these additional costs came from an increase in construction costs and other changes such as a more efficient HVAC system and additional drywall required for licensure.

Category	Proposed Cost	Approved Cost	Cost Difference
Construction Costs	\$1,406,029	\$1,169,000	\$237,029
Architectural/Engineering Fees	\$42,000	\$20,000	\$22,000
Other Equipment	\$44,068	\$57,000	-\$12,932
Major Medical Equipment	\$0	\$0	\$0
Land Acquisition Costs	\$100,893	\$100,000	\$893
Consultant/Legal Fees	\$3,500	\$0	\$3,500
Interest During Construction	\$71,375	\$33,000	\$38,375
Other Costs	\$111,902	\$57,500	\$54,402
Total	\$1,779,767	\$1,436,500	\$343,267

Item #2

#5955 RS: Hampton Manor Lake Ozark

Lake Ozark (Camden County)

\$18,000,000, Fourth extension on CON to establish 107-bed ALF

Contact Person: Jon Dalton, 314-342-8092, jdalton@atllp.com

On September 12, 2022, a CON was issued to Investors Lands Holding of Lake Ozark, LLC (owner) and Hampton Manor of Lake Ozark, LLC (operator) to establish a 107-bed ALF at 38.1910618, -92.6673272, Lake Ozark, MO 65049 at a cost of \$18,000,000. This would be accomplished through the construction of a single story, 66,000 square-foot building. Fifty-one units would be licensed for one bed each and twenty-eight units would be licensed for two beds each. Thirty-one beds would be dedicated to memory care services. The application stated construction would commence in September of 2022 and be completed in April of 2023. Facility licensure would occur in May of 2023.

On December 3, 2024, a request was received for a fourth extension to March 12, 2025. The applicant stated that the project is experiencing significant delays relating to the site including sewer, plumbing, electricity, and other key utilities at the site associated with local land use regulations and related matters. It is unknown at this time when construction will begin. As of progress reporting to September 12, 2024, the applicant has incurred a total cost of \$1,325,327 in architectural/engineering and land acquisition costs.

Extension Request History

Request Rec'd	Reason for Request	Decision
3/24/23	Construction Delays	3/24/23-Extension to 9/12/23
10/11/23	Site Delays	1/8/24- Two extensions to 9/12/24

The applicant is in compliance with progress reporting requirements for the project at this time. However, CON records indicate that all reports have been late in the past. *On November 25, 2024,

Previous Business

CONP sent the applicant a forfeiture notice due to noncompliance with PPR and capital expenditure statute requirements that were due to CON on 9/12/24.

Item #3

#5323 RS: Palestine Legacy Residences

Kansas City (Jackson County)

\$5,471,250, Sixteenth extension on CON to establish 39-bed ALF

Contact Person: Brian Collins, 816-651-6422, brian@dromara.com

On November 7, 2016, a CON was issued to PEDC ALF, LLC (owner) and PEDC ALF Operator, LLC (operator) to establish a 39-bed ALF at 3640 Benton Boulevard, Kansas City, MO 64128 at a cost of \$9,259,235. This would be accomplished by renovating two floors of an historic three-story building. The facility would consist of 38,879 square feet and all rooms would be private. The application stated construction would be completed by November of 2018.

On May 6, 2019, a site change to 2626 East 35th Street, Kansas City, MO 64128 and a decrease in project cost to \$5,471,250 were approved.

On December 6, 2024, a request was received for a sixteenth extension to May 7, 2025. The applicant stated that issues relating to the site, like remediation/demolition contracting delays, are currently being addressed but have not been resolved. The construction permit is expected to be issued in June of 2025 and construction to commence thereafter. Approximately 50% of financing is approved and additional approvals require identification of a debt lender and NMTC lender. Two additional extensions are anticipated. As of progress reporting to November 7, 2024, the applicant has incurred a total cost of \$931,167.

Extension Request History

Request Rec'd	Reason for Request	Decision
1/29/18	Land acquisition	1/29/18-Extension to 11/7/17
1/29/18	Land acquisition	3/5/18-Two extensions to 11/7/18
1/28/19	Financing issues	3/4/19-Two extensions to 11/7/19
10/4/19	Financing issues	11/4/19-Two extensions to 11/7/20
10/9/20	Financing issues	11/9/20-Two extensions to 11/7/21
10/7/21	Financing issues	11/8/21- Two extensions to 11/7/22
10/3/22	Financing issues	11/10/22- Two extensions to 11/7/23
10/4/23	Site Delays	11/6/23- Two extensions to 11/7/24

The applicant is in compliance with progress reporting requirements for the project at this time. However, CON records indicate that reports have been late in the past.

Item #4

#5840 RS: Majestic Residences at Old Hawthorne

Columbia (Boone County)

\$6,648,303, Seventh extension on CON to establish 36-bed ALF

Contact Person: Joseph Greaves, 573-442-2727, joe.greaves@centraldevelopmentgroup.com

On May 24, 2021, a CON was issued to Central MO RAL, INC (owner/operator), to establish a 36-bed assisted living facility (ALF) to be located at 38.929970, -92.255040, Columbia, MO 65201, at a cost of \$6,648,303. This would be accomplished through construction of three, single story, 7,028 square-foot buildings. Each building would house 12 private units and be equipped for memory care services. The application stated that construction would commence in July of 2021 and be completed in October of 2022.

On December 6, 2024, a request was received for a seventh extension to May 24, 2025. The applicant stated the project has experienced delays in securing financing. The applicant is currently working to renegotiate terms with another equity partner. No additional extensions are being requested at this time. According to the last PPR, as of November 24, 2024, the applicant has incurred a total cost of \$320,150 in architectural/engineering, legal, and other fees.

Previous Business

Extension Request History

Request Rec'd	Reason for Request	Decision
11/24/21	Delays on financing and permits due to COVID-19	11/24/21-Extension to 5/24/22
6/6/22	Construction Delays	7/11/22- Extension to 11/24/22
12/26/22	Financing Delays	3/6/23- Extension to 5/24/2023
5/26/23	Financing Delays	9/12/23- Extension to 11/24/23
11/29/23	Financing Delays	1/8/24- Extension to 5/24/24
5/21/24	Financing Delays	7/29/24- Extension to 11/24/24

The applicant is in compliance with progress reporting requirements for the project at this time. Also, CON records indicate that reports have been late in the past.

Item #5

#6062 DS: Redbud Village

Versailles (Morgan County)

\$25,000,000, Second extension on CON to establish a 24-bed SNF and a 24-bed ALF

Contact Person: Steve Cohen, 913-927-0229, stevecohen82@gmail.com

On January 8, 2024, a CON was issued to Beulah Mennonite Church (owner) and Redbud Village Management Group, LLC (operator) to establish a 24-bed SNF and a 24-bed ALF at 626 N Monroe St, Versailles, MO 65804 at a cost of \$25,000,000. This would be accomplished through the construction of a 51,426 square-foot building of which 15,100 square feet would be used for the SNF, 15,100 square feet would be used for the ALF and 21,226 would be shared licensed space. Also included in the building would be independent living apartments. The application stated that construction would start in July 2024 and be completed in July 2025.

On December 13, 2024, a request was received for a second extension to July 8, 2025. The applicant stated that issues relating to financing are currently being addressed by seeking additional churches and members to sponsor the project. Preliminary financing has been secured through banks, but the Mennonite community wishes to minimize that use and build equity via tithing to prevent permanent financing. As of progress reporting to January 8, 2025, the applicant has incurred a total cost of \$242,954 in architectural/engineering, land acquisition, and legal costs.

Extension Request History

Request Rec'd	Reason for Request	Decision
7/23/24	Financing Delays	7/23/24-Extension to 1/8/25

The applicant is in compliance with progress reporting requirements for the project at this time.

Item #5

#6060 RS: Aspen Valley Senior Homes – New Haven

New Haven (Franklin County)

\$1,718,200, Second extension on CON to establish a 12-bed ALF

Contact Person: Mike Oligschlaeger, 636-346-1649, mike@aspenvalleyseniorhomes.com

On January 8, 2024, a CON was issued to Embee Enterprises, LLC (owner) and Aspen Valley Senior Homes, LLC (operator) to establish a 12-bed ALF at 306 Hancock Street, New Haven, MO 63068 at a cost of \$1,718,200. This would be accomplished through the construction of a 6,390 square-foot building. The building will contain 12 private suites with a ½ bath in each room and offer memory care services. The application stated that construction would start in March of 2024 and be completed in September of 2024.

On December 30, 2024, a request was received for a second extension to July 8, 2025. The applicant stated that the company was waiting to begin this project until #6000 RS was complete (licensed June of 2024). Groundbreaking and site work began in mid-December and above-ground construction is not anticipated until February of 2025. Financing on the project has not been fully secured but the applicant anticipates full commitment by February of 2025. As of progress reporting to January 8, 2025, the applicant has incurred a total cost of \$143,734 in architectural/engineering costs, general construction costs, interest, and land acquisition costs.

Previous Business

Extension Request History

Request Rec'd
7/24/24

Reason for Request
Project Delays

Decision
7/24/24-Extension to 1/8/25

The applicant is in compliance with progress reporting requirements for the project at this time.

Management Issues

CON Non-Applicability Letters
Issued October 29, 2024 - January 10, 2025
(Sorted by issue date)

Project Information				Decription		Dates	Decision	Applicant	
Number	Project Name			Proposed Activity		LOI Rec'd	Issue Date	Owner Name	Phone No.
	Address	City	Zip	County	Original Proj Cost		Decision	Operator Name	
6163 HA	The Princeton Senior Living 1701 SE Oldham Parkway Lee's Summit 64081			Add 6 ALF beds (10/10%) Jackson	\$0	10/11/2024	11/06/2024 Not Applicable	Lee's Summit Senior Community, LLC Same as Owner	573-818-7030
6164 RA	The Westbury Senior Living 550 Stone Valley Parkway Columbia 65203			Add 6 ALF beds (10/10%) Boone	\$0	10/11/2024	11/06/2024 Not Applicable	Columbia Senior Living, LLC Same as Owner	573-818-7030
6181 RA	The Wellington Senior Living 1051 Kent St Liberty 64068			Add 6 ALF beds (10/10%) Clay	\$0	12/04/2024	12/17/2024 Not Applicable	Liberty Senior Community Same as Owner	573-818-7030
6183 RA	Jackson Creek Memory Care 19400 E 40th Street South Independence 64057			Establish 35-bed ALF Jackson	\$0	12/13/2024	12/23/2024 Not Applicable	19400 East 40th St South Independence MC LLC	724-575-0696

Total Non-Applicability 4

Type of Project: H-Hospital R-Residential Care/Assisted Living
N-Skilled Nursing/Intermediate Care A-Applicability
F-Freestanding

LOI Rec'd. - Letter of Intent Received
Issue Date - Letter signed by Chair

Missouri Health Facilities Review Committee
Certificate of Need Expedited Ballot Meeting
February 21, 2025

Tentative Agenda

1. #6178 HT: Phelps Health MOB
Rolla (Phelps County)
\$1,157,334, Replace CT
2. #6180 HT: Phelps Health Hospital
Rolla (Phelps County)
\$1,667,988, Replace CT
3. #6135 HT: Missouri Delta Medical Center
Sikeston (Scott County)
\$2,315,837, Replace MRI
4. #6182 HT: St. Luke's Hospital of Kansas City
Kansas City (Jackson County)
\$2,119,686, Replace CV lab - X-Ray system
5. #6179 HT: SSM Health St. Mary's – St. Louis
St. Louis (St. Louis City)
\$3,306,303, Replace catheterization lab

Missouri Health Facilities Review Committee
Certificate of Need Meeting
March 3, 2025, 10:00 a.m.
TBD

Tentative Agenda

A. Committee Business

1. Review and Perfect Agenda
2. Approve Minutes

B. New Business

1. #6172 HS: Mercy Hospital Washington
Washington (Franklin County)
\$1,940,814, Acquire robotic surgery unit
2. #6175 HS: Missouri Baptist Sullivan Hospital
Sullivan (Crawford County)
\$1,986,000, Acquire robotic surgery unit
3. #6176 HS: Parkland Health Center
Farmington (St. Francois County)
\$1,986,000, Acquire robotic surgery unit
4. #6174 HS: St. Luke's Hospital
Chesterfield (St. Louis County)
\$3,000,000, Acquire additional robotic surgery unit
5. #6177 RS: 417 ResCare
Springfield (Greene County)
\$3,276,0130, Establish 14-bed ALF

C. Previous Business

**Previous Business items will be added to the agenda tentatively on February 11, 2025.*

D. Management Issues

1. Non-Applicability Letters Issued
2. Activity Schedules
3. CON Rulemaking Proposals
4. Other

Except to the extent disclosure is otherwise required by law, the Missouri Health Facilities Review Committee (Committee) is authorized to close meetings, records and votes to the extent they relate to the following: 610.021.(1), (3), (13), and (14) RSMo.

The Committee may go into closed session at anytime during the meeting. If the meeting is closed, the appropriate section will be announced to the public with a motion and vote recorded in open session minutes.

Missouri Health Facilities Review Committee
Certificate of Need Expedited Ballot Meeting
March 27, 2025

Tentative Agenda

**Application deadline for this review cycle is February 13, 2025.*

Missouri Health Facilities Review Committee
Certificate of Need Expedited Ballot Meeting
April 24, 2025

Tentative Agenda

**Application deadline for this review cycle is March 13, 2025.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program

19 CSR 60-50.200 Purpose and Structure

PURPOSE: This rule describes the purpose of the Certificate of Need (CON) statute and the structure of the Missouri Health Facilities Review Committee.

(1) The Certificate of Need (CON) statute, sections 197.300–197.366, RSMo, became effective September 28, 1979, except those sections which were not effective until October 1, 1980 or later. CON had its origin in the federal Public Law 93-641, 1974, and was initially intended to address issues of need, cost, and distribution of health services, as well as other factors which impact the health of the population.

(2) The purpose of the CON statute is to achieve the highest level of health for Missourians through cost containment, reasonable access, and public accountability. The goals are to—

- (A) Review proposed health care services;
- (B) Contain health costs;
- (C) Promote economic value;
- (D) Evaluate competing interests;
- (E) Prevent unnecessary duplication; and
- (F) Disseminate health-related information to affected parties.

(3) The CON statute is administered by the nine (9)-member Missouri Health Facilities Review Committee (committee). Five (5) members are appointed by the governor, two (2) by the president pro tem of the senate, and two (2) by the speaker of the house, each serving two (2)-year terms or until replaced.

(4) On behalf of the committee, the CON Program provides technical and administrative services as shown in rule 19 CSR 60-50.900.

AUTHORITY: section 197.320, RSMo 2000. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Oct. 1, 2010, effective May 30, 2011.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.300 Definitions for the Certificate of Need Process

PURPOSE: This rule defines the terms used in the Certificate of Need (CON) review process.

(1) Affiliate means an organization:

- (A) That owns five percent (5%) or more of the ownership interests in the operator; or
- (B) In which the operator owns five percent (5%) or more of the ownership interests. Affiliates include, without limitation, a parent organization, joint venture, partner, or general partner.

(2) Applicant means all owner(s) and operator(s) of any new institutional health service.

(3) By or on behalf of a health care facility includes any expenditures made by the facility itself as well as capital expenditures made by other persons that assist the facility in offering services to its patients/residents.

(4) Cost means—

- (A) Price paid or to be paid by the applicant for a new institutional health service to acquire, purchase, or develop a health care facility or major medical equipment; or
- (B) Fair market value of the health care facility or major medical equipment as determined by the current selling price at the date of the application as quoted by builders or architects for similar facilities, or normal suppliers of the requested equipment; or
- (C) Fair market value of the existing land(s) and building(s) to be converted as determined by the current selling price at the date of the application or a current appraisal.

(5) Construction of a new hospital means the establishment of a newly licensed facility at a specific location under the Hospital Licensing Law, section 197.020.2, RSMo, as the result of building, renovation, modernization, and/or conversion of any structure ~~not licensed as a hospital~~.

(6) Expedited application means a shorter than full application and review period as defined in 19 CSR 60-50.420 and 19 CSR 60-50.430 for any long-term care ~~expansion or~~ replacement as defined in section 197.318.4.-6., RSMo, long-term care renovation and modernization, or the replacement of any major medical equipment as defined in section ~~(132)~~ of this rule.

(7) Full review means the complete analytical period for applications as described in 19 CSR 60-50.420 and 19 CSR 60-50.430 for the development of health care facilities and acquisition of major medical equipment.

(8) Generally accepted accounting principles pertaining to capital expenditures include, but are not limited to—

(A) Expenditures related to acquisition or construction of capital assets;

(B) Capital assets are investments in property, plant, and equipment used for the production of other goods and services approved by the committee; and

(C) Land is not considered a capital asset until actually converted for that purpose with commencement of aboveground construction approved by the committee.

(9) Health care facility means those described in section 197.366, RSMo.

(10) Health care facility expenditure includes the capital value of new construction or renovation costs, architectural/engineering fees, equipment not in the construction contract, land acquisition costs, consultants/legal fees, interest during construction, predevelopment costs as defined in section 197.305(12), RSMo, in excess of one hundred fifty thousand dollars (\$150,000), any existing land and building converted to the applicant's medical use for the first time, and any other capitalizable costs incurred over a twelve- (12-) month period as listed on the "Proposed Project Budget" (Form MO 580-1863), included herein.

~~(11) LTC bed expansion review means a facility licensed pursuant to chapter 198 may increase its licensed bed capacity by submitting a Letter of Intent documenting the expansion, certification from the department of health and senior services and health facilities review committee that the facility has had no patient care class I deficiencies within the last eighteen (18) months, and has maintained a ninety-percent (90%) average occupancy rate for the previous six (6) quarters as shown by CON's most recent Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds only report published on the CON website.~~

~~(124)~~ Health maintenance organizations means entities as defined in section 354.400(10), RSMo, except for activities directly related to the provision of insurance only.

~~(132)~~ Major medical equipment means any piece of equipment and collection of functionally related devices acquired to operate the equipment and additional related costs such as software, shielding, and installation, acquired over a twelve- (12-) month period with an aggregate cost of one (1) million dollars or more, when the equipment is intended to provide the following diagnostic or treatment services and related variations, including, but not limited to:

(A) Cardiac catheterization;

(B) Computed tomography;

(C) Gamma knife;

(D) Lithotripsy;

(E) Magnetic resonance imaging;

(F) Linear accelerator;

(G) Positron emission tomography/computed tomography; or

(H) Evolving technology.

(143) Non-applicability review means a Letter of Intent process to document that a CON is not needed for a proposal when the capital expenditure is less than the expenditure minimum in section 197.305(6), RSMo; the proposal is to increase the number of beds by ten (10) or ten percent (10%) of total bed capacity, whichever is less, over a two- (2-) year period since any long-term care beds were last licensed, the facility has had no resident care class I deficiencies within the last eighteen (18) months and has maintained at least an eighty-five percent (85%) average occupancy rate for the previous six (6) quarters as shown by CON's most recent Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds report published on the CON website, and the capital expenditure is less than the expenditure minimum in section 197.305(6), RSMo; an exemption or exception is found in accordance with section 197.312, RSMo; or the proposal meets the definition of a non-substantive project.

(154) Nonsubstantive project includes but is not limited to at least one (1) of the following situations:

(A) An expenditure which is required solely to meet federal or state requirements or involves predevelopment costs or the development of a health maintenance organization;

(B) The construction or modification of nonpatient care services, including parking facilities, sprinkler systems, heating or air-conditioning equipment, fire doors, food service equipment, building maintenance, administrative equipment, telephone systems, energy conservation measures, land acquisition, medical office buildings, and other projects or functions of a similar nature; or

(C) Expenditures for construction, equipment, or both, due to an act of God or a normal consequence of maintenance, but not replacement, of health care facilities, beds, or equipment.

(165) "Request to relicense," a health care facility licensed under Chapter 197 or Chapter 198 that ceases offering health services may seek verification to relicense the facility within twelve (12) months from the date of closure under the same general licensure conditions at the time the facility ceased offering health services. Beds must be relicensed in the same category of care at the time of closure and cannot exceed the licensed bed capacity at the time of closure.

(176) Offer, when used in connection with health services, means that the applicant asserts having the capability and the means to provide and operate the specified health services.

(187) Predevelopment costs mean expenditures as defined in section 197.305(12), RSMo, including consulting, legal, architectural, engineering, financial, and other activities directly related to the proposed project, but excluding the application fee for submission of the application for the proposed project.

(19) Substantial capital expenditure means significant progress completed towards the above-ground construction or renovations approved within in a CON application has been achieved. When applicants incur capital expenditures exceeding ten percent of their approved construction or renovation costs, and provide supporting documentation, such capital expenditures shall be presumed substantial except for good cause shown.

(2048) For new hospitals or major medical equipment projects, service area means a geographic region made up of an area such as a county or contiguous areas such as a set of contiguous counties or zip codes, appropriate to the proposed service, documented by the applicant and approved by the committee. For long-term care projects, the fifteen- (15-) mile radius calculation must be used.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency amendment filed Oct. 20, 1998, effective Oct. 30, 1998, expired April 27, 1999. Amended: Filed Oct. 20, 1998, effective April 30, 1999. Amended: Filed Jan. 4, 2000, effective July 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Emergency rescission and rule filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed April 12, 2004, effective Nov. 30, 2004. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.310 Guidelines for Specific Health Services (Rescinded June 30, 2002)

AUTHORITY: section 197.320, RSMo Supp. 1999. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Amended: Filed Oct. 19, 1999, effective May 30, 2000. Emergency rescission filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded: Filed Dec. 14, 2001, effective June 30, 2002.

19 CSR 60-50.400 Letter of Intent Process

PURPOSE: This rule delineates the process for submitting a Letter of Intent to begin the Certificate of Need (CON) review process and outlines the projects subject to CON review.

(1) Applicants shall submit by mail, fax, or email a Letter of Intent (LOI) to begin the Certificate of Need (CON) review process so that it is received at the CON office at least thirty (30) days prior to the submission of the CON application and will remain valid in accordance with the following time frames:

(A) ~~For full reviews, expedited equipment replacements, expedited long-term care (LTC) renovation or modernization reviews, and expedited LTC facility replacement reviews, an~~ LOI is valid for six (6) months. ~~;~~ and

(B) ~~For expedited LTC bed expansion reviews in accordance with section 197.318.4, RSMo, an LOI is valid for twenty-four (24) months.~~

(2) Once filed, a LOI may be amended, except for project address, not later than ten (10) days in advance of the CON application filing, or it may be withdrawn at any time without prejudice.

(3) A LTC bed ~~expansion or~~ replacement sought pursuant to sections 197.318.4 through 197.318.6, RSMo, requires a CON application if the capital expenditure for such bed ~~expansion or~~ replacement exceeds six hundred thousand dollars (\$600,000) but allows for shortened information requirements and review time frames.

~~(4) When an LOI for an LTC bed expansion is filed, the Certificate of Need Program (CONP) staff shall immediately review that facility's average licensed bed occupancy for the most recent six (6) consecutive calendar quarters, and request certification that the facility had no resident care Class I deficiencies within the last eighteen (18) months from the Division of Regulation and Licensure (DRL), Department of Health and Senior Services, through an LTC Facility Expansion Certification (Form MO-580-2351), included herein, to verify compliance with occupancy and deficiency requirements pursuant to section 197.318.4(1), RSMo. Occupancy data shall be taken from the CON's most recent Six-Quarter Occupancy of Intermediate-Care and Skilled-Nursing Facility (or Residential-Care and Assisted-Living-Facility) Licensed-Beds report published on the CON website.~~

~~(5) For an LTC bed expansion, the sellers and purchasers shall be defined as the owner(s) and operator(s) of the respective facilities, which includes building, land, and license. On the Purchase Agreement (Form MO 580-2352), included herein, both the owner(s) and operator(s) of the purchasing and selling facilities shall sign.~~

(46) The CONP staff, as an agent of the Missouri Health Facilities Review Committee (committee), will review LOIs according to the following provisions:

(A) Major medical equipment is reviewed as an expenditure on the basis of cost, regardless of owners or operators, or location (mobile or stationary);

(B) The CONP staff shall test the LOI for applicability in accordance with statutory provisions for expenditure minimums, exemptions, and exceptions;

(C) If the test verifies that a statutory exception or exemption is met on a proposed project, or the proposed cost is below all applicable expenditure minimums, the committee chair may issue a Non-Applicability CON letter indicating the application review process is complete; otherwise, the CONP staff shall add the proposal to a list of Non-Applicability proposals to be considered at the next regularly scheduled committee meeting;

(D) If an exception or exemption is not verified, and if the proposal is above any applicable expenditure minimum, then a CON application will be required for the proposed project;

(E) A Non-Applicability CON letter will be valid subject to the following conditions:

1. Any change in the project scope, including change in type of service, cost, operator, ownership, or site, could void the effectiveness of the letter and require a new review; and

2. Final project costs with third-party verification must be provided on a Periodic Progress Report (Form MO 580-1871), included herein; and

(F) A CON application must be made if—

1. The project involves the development of a new hospital costing one (1) million dollars or more, except for a facility licensed under Chapter 197, RSMo, meeting the requirements described in 42 CFR, section 412.23(e);

2. The project involves the acquisition or replacement of major medical equipment in any setting not licensed under Chapter 198, RSMo, costing one (1) million dollars or more;

3. The project involves the acquisition or replacement of major medical equipment for a health care facility licensed under Chapter 198, RSMo, costing four hundred thousand dollars (\$400,000) or more;

4. The project involves the acquisition of any equipment or beds in a long-term care hospital meeting the requirements found in 42 CFR section 412.23(e) at any cost;

5. The project involves a capital expenditure for renovation or modernization, but not additional beds, by or on behalf of an existing health care facility licensed under Chapter 198, RSMo, costing six hundred thousand dollars (\$600,000) or more; or

6. The project involves additional LTC (licensed or certified residential care facility, assisted living facility, intermediate care facility, or skilled nursing facility) beds licensed under Chapter 198, RSMo, ~~costing six hundred thousand dollars (\$600,000) or more, or that either—~~

A. Costs six hundred thousand dollars (\$600,000) or more; or

B. Exceeds ten (10) beds or ten percent (10%) of that facility's existing licensed capacity, whichever is less.

~~7. The project involves the expansion of an existing health care facility as described in subdivisions (1) and (2) of section 197.366, RSMo, that either—~~

~~A. Costs six hundred thousand dollars (\$600,000) or more; or~~

~~B. Exceeds ten (10) beds or ten percent (10%) of that facility's existing licensed capacity, whichever is less.~~

(57) Nonsubstantive projects are waived from review by the authority of section 197.330.1(8), RSMo, and any applicant seeking such a determination shall submit information through the LOI process. A project meeting the definition of a nonsubstantive project shall be posted for review on the CON website at least twenty (20) days in advance of the committee meeting when the project is scheduled to be confirmed by the committee.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency amendment filed Nov. 16, 1995, effective Nov. 26, 1995, expired May 23, 1996. Amended: Filed Nov. 15, 1995, effective April 30, 1996. Emergency amendment filed Nov. 26, 1996, effective Dec. 6, 1996, expired June 3, 1997. Emergency rescission filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, terminated Sept. 21, 1997. Emergency rule filed Sept. 11, 1997, effective Sept. 21, 1997, expired March 19, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Emergency amendment filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed April 12, 2004, effective Nov. 30, 2004. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.410 Letter of Intent Package

PURPOSE: This rule provides the information requirements and the details of how to complete the Letter of Intent package to begin the Certificate of Need (CON) review process.

(1) The Letter of Intent (LOI) (Form MO 580-1860), included herein, shall be completed as follows:

(A) Project Information: sufficient information to identify the intended service, such as the name of the existing or proposed facility, whichever is applicable, and address or if address is unknown or not yet established, a specific description or the latitude and longitude identifying a specific site rather than a general area (county designation alone is not sufficient);

(B) Applicant Identification: the full legal name of all owner(s) and operator(s) which compose the applicant who, singly or jointly, propose to develop, offer, lease, or operate a new institutional health service within Missouri; provide the corporate entity, not individual names, of the corporate board of directors or the facility administrator;

(C) Type of Review: the applicant shall indicate if the review is for a full review, expedited review, ~~or a~~ non-applicability review, or a LTC bed expansion review pursuant to section 197.318.4;

(D) Project Description: information which provides details of the number and type of beds to be added, ~~deleted/removed~~, or replaced, square footage of new construction and/or renovation, services affected, and equipment to be acquired. ~~If an application for new or additional long-term care beds, confirm that the bed need standard has been met or that special exceptions exist.~~ If a replacement project, information which provides details of the facilities or equipment to be replaced, including name, location, distance from the current site, and its final disposition. If replacing equipment previously approved, provide the CON project number of existing equipment;

(E) Estimated Project Cost: total proposed expenditures necessary to achieve the application's objectives—not required for long-term care (LTC) bed expansions pursuant to section 197.318.4(1), RSMo;

(F) Authorized Contact Person Identification: the full name, title, address (including association), telephone number, email, fax number, signature, and date of signature;

(G) Applicability: page 2 of the LOI must be filled out by applicants requesting a non-applicability review or LTC bed expansion pursuant to section 197.318.4, to provide the reason and rationale for the non-applicability or LTC bed expansion review request; and

~~(H) Special Exceptions: if the LOI indicates that special exceptions apply, applicant shall attach a separate sheet with a complete explanation of all reasons for such special exceptions.~~

(2) If a non-applicability review is sought, the applicant shall submit the following additional information:

(A) Proposed Expenditures (Form MO 580-2375), included herein;

(B) Information which details all methods and assumptions used to estimate project costs. Documentation of costs may be requested;

(C) Schematic drawings and evidence of site control, with appropriate documentation; ~~and~~

(D) Evidence of submission of architectural plans to the Division of Regulation and Licensure Engineering Consultation Unit, Department of Health and Senior Services, for long-term care projects and other facilities; and

(E) In addition to the above information, for exceptions or exemptions, documentation of other provisions in compliance with the Certificate of Need (CON) statute, as described in sections (3) through ~~(86)~~ below of this rule.

(3) If a LTC bed expansion review is sought pursuant to section 197.318.4, the applicant shall submit the following additional information:

(A) Purchase Agreement (Form MO 580-2352), included herein;

(B) Schematic drawings and evidence of site control, with appropriate documentation;

(4) When an LOI for a LTC bed expansion review pursuant to section 197.318.4 is filed, the Certificate of Need Program (CONP) staff shall immediately review that facility's average licensed bed occupancy for the most recent six (6) consecutive calendar quarters, and request certification that the facility had no patient care Class I deficiencies within the last eighteen (18) months from the Division of Regulation and Licensure (DRL), Department of Health and Senior Services, through a LTC Facility Expansion Certification (Form MO 580-2351, incorporated by reference), to verify compliance with occupancy and deficiency requirements pursuant to section 197.318.4(1), RSMo. Occupancy data shall be taken from the CON's most recent Six-Quarter Occupancy of Intermediate Care and Skilled Nursing Facility (or Residential Care and Assisted Living Facility) Licensed Beds only report published on the CON website.

(5) For a LTC bed expansion review pursuant to section 197.318.4; the sellers and purchasers shall be defined as the owner(s) and operator(s) of the respective facilities, which includes building, land, and license. On the Purchase Agreement (Form MO 580-2352), both the owner(s) and operator(s) of the purchasing and selling facilities shall sign

(6) Upon staff verification that the statutory requirements are met described in sections (3) through (5) above in this rule, staff will notify the applicant and request the applicant to submit either:

(A) If an agreement is reached by the selling and purchasing entities, provide a copy of the selling facility's reissued license verifying surrender of beds sold; or

(B) If no agreement is reached by the selling and purchasing entities and effort(s) to purchase have been unsuccessful, provide Purchase Agreement Form(s) (MO 580-2352), included herein, and additional documentation verifying unsuccessful effort(s) to purchase.

(7) If an exemption is sought for a residential care or assisted living facility (RCF/ALF) pursuant to section 197.312, RSMo, the applicant shall submit documentation that this facility had previously been owned or operated for or on behalf of St. Louis City.

(4) If the LOI relates to new or additional long-term care beds, applicant shall submit documentation of the need for such beds and the average occupancy of all licensed beds in the appropriate category within the fifteen (15) mile radius of the project site.

(85) The LOI must have an original signature for the contact person, which can be an electronic signature.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency rescission and rule filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Amended: Filed June 9, 2003, effective Nov. 30, 2003. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.420 Review Process

PURPOSE: This rule delineates the process for submitting a Certificate of Need (CON) application for a CON review.

(1) The Certificate of Need (CON) filing deadlines are as follows:

(A) For full applications, at least seventy-one (71) days but not more than one hundred (100) days prior to each Missouri Health Facilities Review Committee (committee) meeting;

(B) For expedited applications, the tenth day of each month or date set by program staff, or the next business day thereafter if that day is a holiday or weekend;

(C) For non-applicability and LTC bed expansion reviews, the Letter of Intent (LOI) filing may occur at any time.

(2) A CON application filing that does not substantially conform with the LOI, including but not limited to any change in owner(s), operator(s), project site, increase in requested beds, or scope of services, shall not be considered a CON application and shall be subject to the following provisions:

(A) The Certificate of Need Program (CONP) staff shall return any nonconforming submission; or

(B) The committee may issue an automatic denial unless the applicant withdraws the attempted application.

(3) All filings must be received at the principal office of the committee during regular business hours. The CONP staff, as an agent of the committee, shall provide notification of applications received through publication of the Application Review Schedule (schedule) as follows:

(A) For full and expedited applications, the schedule shall include the filing date of the application, a brief description of the proposed service, the time and place for filing comments and requests for a public hearing, and the tentative date of the meeting at which the application is scheduled for review. Publication of the schedule shall occur within two (2) business days after the filing deadline. The publication of the schedule shall be posted on the CON website; and is conducted through the following actions:

~~1. The schedule shall be submitted to the secretary of state's office for publication in the next regularly scheduled Missouri Register;~~

~~2. The schedule shall be posted on the CON website; and~~

~~3. The schedule shall be emailed to all affected persons who have registered with the CONP staff as having an interest in such CON applications; and~~

(B) For non-applicability reviews, the listing of non-applicability letters to be confirmed shall be posted on the CON website at least twenty (20) days prior to each scheduled meeting of the committee where confirmation is to take place.

~~(4) The CONP staff shall review CON applications relative to the Criteria and Standards in the order filed. If a full application has met all Criteria and Standards, and is not contested within thirty (30) days after filing, then its review may be conducted according to the expedited application process.~~

~~(45) If an application is incomplete, the CONP staff shall notify the applicant in writing or by email within fifteen-twenty (20+5) calendar days of filing a full or expedited application, or within five (5) working days of filing an expedited application.~~

~~(56) Verbal information or testimony shall not be considered part of the application.~~

~~(67) Subject to statutory time constraints, the CONP staff shall post its written analysis on the CON website and immediately notify the committee of the posting by ~~mail or~~ email as follows:~~

~~(A) For full CON applications, the CONP staff shall post the analysis and immediately notify the committee at least twenty (20) days in advance of the first committee meeting following the seventieth day after the CON application is filed. The written analysis of the CONP staff shall be sent to the applicant no less than fifteen (15) days before the meeting;~~

~~(B) For expedited applications which meet all statutory and rules requirements and which have no opposition, the CONP staff shall send its written analysis to the committee and the applicant within two (2) working days following the expiration of the thirty- (30-) day public notice waiting period or the date upon which any required additional information is received, whichever is later; and~~

(C) Expedited applications which do not meet all statutory and rules requirements or those which have opposition will be considered at the earliest scheduled committee meeting where the written analysis by the CONP staff can be sent to the committee and the applicant at least seven (7) days in advance.

~~(8) See rule 19 CSR 60-50.600 for a description of the CON decision process which shall apply to all face-to-face, videographic, telephonic, computerized, and other meeting venues.~~

(89) An applicant may withdraw an application without prejudice by written notice by mail or email at any time prior to the committee's decision. Later submission of the same application or an amended application shall be handled as a new application with a new fee.

~~(9) An applicant may decrease the number of beds requested in the CON application and provide an applicable explanation at least ten (10) calendar days before the scheduled CON meeting.~~

(10) In addition to using the Community Need Criteria and Standards as guidelines, the committee may also consider other factors to include, but not be limited to, the needs of residents based upon religious considerations, residents with HIV/AIDS, or mental health diagnoses, and special exceptions to the Community Need Criteria and Standards.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Emergency amendment filed Dec. 16, 2002, effective Jan. 1, 2003, expired Jan. 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.430 Application Package

PURPOSE: This rule provides the information requirements and the application format of how to complete a Certificate of Need (CON) application for a CON review.

(1) A Certificate of Need (CON) application package shall be accompanied by an application fee which shall be a nonrefundable minimum amount of one thousand dollars (\$1,000) or one-tenth of one percent (0.1%), which may be rounded up to the nearest dollar, of the total project cost, whichever is greater, made payable to the "Missouri Health Facilities Review Committee."

(2) A written application package consisting of an electronic file in PDF format or a paper original shall be prepared and organized as follows:

(A) The CON Applicant's Completeness Checklists and Table of Contents shall be used as follows:

1. Include at the front of the application;
2. Check the appropriate "done" boxes to assure completeness of the application;
3. Number all pages of the application sequentially and indicate the page numbers in the appropriate blanks;
4. Check the appropriate "N/A" box if an item in the Review Criteria is "not applicable" to the proposal type; and
5. Restate the Review Criteria (preferably in bold type) and answer all Review Criteria items.

(B) The application package shall be based on one (1) of the following CON Applicant's Completeness Checklists and Table of Contents appropriate to the proposed project type, as follows:

1. New Hospital Application (Form MO 580-2501), included herein. Use this for a new or replacement hospital project;

2. New or Additional Long-Term Care (LTC) Bed Application (Form MO 580-2502), included herein. Use this form for a Residential Care Facility project, Assisted Living Facility project, Intermediate Care Facility project, or Skilled Nursing Facility project or Long-Term Care Hospital project;

3. New or Additional Long-Term Care Hospital (LTCH) Bed Application (also use Form MO 580-2502), included herein;

4. New or Additional Equipment Application (Form MO 580-2503), included herein;

5. Expedited LTC Bed Replacement-~~Expansion~~ Application (Form MO 580-2504), included herein;

6. Expedited LTC Renovation/Modernization Application (Form MO 580-2505), included herein; or

7. Equipment Replacement Application (Form MO 580-2506), included herein.

(C) The application shall be divided into these sections:

1. Divider I. Application Summary;

2. Divider II. Proposal Description;

3. Divider III. Service-Specific Criteria and Standards; and

4. Divider IV. Financial Feasibility (only required for full applications-~~or expedited replacement equipment applications which do not currently hold a valid CON~~).

(D) Support Information shall be included at the end of each section to which it pertains, and shall be referenced in the section narrative. For applicants anticipating having multiple applications in a year, master file copies of such things as maps, population data (if applicable), board memberships, IRS Form 990, or audited financial statements may be submitted once, and then referred to in subsequent applications, as long as the information remains current.

(E) The application package shall document the need or meet the additional information requirements in 19 CSR 60-50.450(4)-(5) for the proposal by addressing the applicable Community Need Criteria and Standards using the standards in 19 CSR 60-50.440 through 19 CSR 60-50.460 plus providing additional documentation to substantiate why any proposed alternative Criteria and Standards should be used.

(3) An Application Summary shall be composed of the completed forms in the following order:

(A) Applicant Identification and Certification (Form MO 580-1861), included herein. Additional specific information about board membership may be requested, if needed.

1. Provide documentation from the Missouri Secretary of State that the proposed owner(s) and proposed operator(s) are registered to do business in Missouri.

2. For new or additional long-term care bed and new hospital projects—

A. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years;

B. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose license was revoked;

C. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years; and

D. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked;

(B) A completed Representative Registration (Form MO 580-1869), included herein, for the contact person and any others as required by section 197.326.1, RSMo;

(C) A detailed Proposed Project Budget (Form MO 580-1863), included herein; and

(D) An attachment which details how each line item was determined, including all methods and assumptions used.— If a third-party vendor or contractor was used to determine costs, provide documentation of costs. Documentation of costs may be requested.

(4) The Proposal Description shall include documents which—

(A) Provide a complete detailed description and scope of the project, and identify all institutional services or programs which will be directly affected by this proposal;

(B) Describe the developmental details including:

1. A timeline of anticipated events for the proposal from the time of the CON application review through project completion, including the commencement and completion of new construction or renovation, or purchase and installation of equipment;

2. 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;

3. Preliminary schematics for the project on an eight and one-half inch by eleven inch (8 1/2" × 11") format (not required for replacement equipment projects). The function for each space, including the location of each existing and proposed bed before and after construction or renovation, shall be clearly identified and all space shall be assigned;

4. Evidence of submission of architectural plans to the Division of Regulation and Licensure, Department of Health and Senior Services, for long-term care projects and other facilities (not required for equipment projects);

5. For long-term care proposals, existing and proposed gross square footage for the entire facility and for each institutional service or program directly affected by the project. If the project involves relocation, identify what will go into vacated space;

6. Documentation that the proposed owner owns the project site, or that the proposed owner has an executed option to purchase or lease the site; and

7. Proposals which include major medical equipment shall include an equipment list with prices and also documentation in the form of bid quotes, purchase orders, catalog prices, or other sources to substantiate the proposed equipment costs;

(C) Proposals for major medical equipment must define the community to be served and geographic service area;

(D) Proposals for new hospitals or new or additional long-term care (LTC) beds must define the community to be served—

1. Describe the service area(s) population using year 2025 populations and projections provided by the Bureau of Health Care Analysis and Data Dissemination (BHCADD), which can be obtained by contacting:

Chief, Bureau of Health Care Analysis and
Data Dissemination (BHCADD)
Department of Health and Senior Services
PO Box 570, Jefferson City, MO 65102
Telephone: (573) 751-6272

There will be a charge for any of the information requested, and seven to fourteen (7–14) days should be allowed for a response from BHCADD. Information requests should be made to BHCADD such that the response is received at least two (2) weeks before it is needed for incorporation into the CON application;

2. Use the maps and population data received from BHCADD with the CON Applicant's Population Determination Method to determine the estimated population for LTC projects, as follows:

A. Utilize all of the population for zip codes entirely within the fifteen- (15-) mile radius for LTC beds or geographic service area for hospitals and major medical equipment;

B. Reference a state highway map (or a map of greater detail) to verify population centers (see BHCADD) within each zip code overlapped by the fifteen- (15-) mile radius or geographic service area;

C. Categorize population centers as either "in" or "out" of the fifteen- (15-) mile radius or geographic service area and remove the population data from each affected zip code categorized as "out";

D. Estimate, to the nearest five percent (5%), the portion of the zip code area that is within the fifteen- (15-) mile radius or geographic service area by "eyeballing" the portion of the area in the radius (if less than five percent (5%), exclude the entire zip code);

E. Multiply the remaining zip code population (total population less the population centers) by the percentage determined in subparagraph (4)(D)2.D. (Due to numerous complexities, population centers will not be utilized to adjust overlapped zip code populations in Jackson, Clay, St. Louis, and St. Charles counties or St. Louis City; instead, the total population within the zip code will be considered uniform and multiplied by the percentage determined in subparagraph (4)(D)2.D.);

F. Add back the population center(s) "inside" the radius or region for zip codes overlapped; and

G. The sum of the estimated zip codes, plus those entirely within the radius, will equal the total population within the fifteen- (15-) mile radius or geographic service area;

Commented [DA1]: Population data will be updated in regs once current rulemaking is effective

3. Provide other statistics, such as studies, patient origin, or discharge data, Hospital Industry Data Institute's information, or consultants' reports, to document the size and validity of any proposed user-defined "geographic service area";

(E) Identify specific community problems or unmet needs which the proposed or expanded service is designed to remedy or meet;

(F) Provide historical utilization for each existing service affected by the proposal for each of the past three (3) full years;

(G) Provide utilization projections through at least three (3) full years beyond the completion of the project for all proposed and existing services directly affected by the project;

(H) If an alternative methodology is added, specify the method used to make need forecasts and describe in detail whether projected utilizations will vary from past trends; and

(I) Provide the current and proposed number of licensed beds by type for projects which would result in a change in the licensed bed complement of the LTC facility.

(5) Document that consumer needs and preferences have been included in planning this project. Describe how consumers have had an opportunity to provide input into this specific project, and include in this section all petitions, letters of acknowledgement, support or opposition received.

(6) Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper of general circulation before it was filed with the CON Program from the applicant. The public notice shall include a contact person's name and phone number and/or email for the project.

(7) For proposed full or expedited CON applications, excluding equipment replacement applications, document that administrators or directors of all affected facilities in the proposed fifteen- (15-) mile radius or service area were addressed letters regarding the application.

(8) In addition to using the Community Need Criteria and Standards as guidelines, the committee may also consider other factors to include, but not be limited to, the needs of residents based upon religious considerations, residents with HIV/AIDS, or mental health diagnoses, and special exceptions to the Community Need Criteria and Standards.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency rescission and rule filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Amended: Filed June 9, 2003, effective Nov. 30, 2003. Emergency amendment filed June 8, 2005, effective July 1, 2005, expired Dec. 30, 2005. Amended: Filed June 8, 2005, effective Dec. 30, 2005. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.440 Criteria and Standards for Equipment and New Hospitals

PURPOSE: This rule lists the service-specific criteria and standards used in the Certificate of Need (CON) review process.

(1) For new units or services in the service area, use the following:

(A) Provide the minimum annual utilization for each of the other providers in the service area for the most recent three (3) full years, if applicable. The provider(s) should achieve at least the following community need rates as follows by the final year:

1. Magnetic resonance imaging procedures: 2,000
2. Positron emission tomography/computed tomography procedures: 1,000
3. Lithotripsy treatments: 1,000
4. Linear accelerator treatments: 3,500
5. Cardiac catheterization procedures (include coronary angioplasties): 500
6. Gamma knife treatments: 200
7. Computed tomography: 3,500
8. Robotic surgery system: 240

(B) For long-term care hospitals (such as a hospital-within-a-hospital or long-term acute care hospital), the applicant should comply with the standards as described in 42 CFR, section 412.23(e), and the bed need should meet the applicable population-based bed need methodology in 19 CSR 60-50.450;

(C) Alternate methodologies may also be provided.

(2) For additional units or services, provide the applicant's annual utilization for the most recent three (3) full years, if applicable. The applicant should achieve at least the following community need rates as follows, by the final year:

- (A) Magnetic resonance imaging procedures: 3,000
- (B) Positron emission tomography/computed tomography procedures: 1,000
- (C) Lithotripsy treatments: 1,000
- (D) Linear accelerator treatments: 6,000
- (E) Cardiac catheterization procedures: 750
- (F) Gamma knife treatments: 200
- (G) Computed tomography: 4,000
- (H) Robotic surgery system: 240

(3) For replacement equipment, utilization standards are not used, but rather the following questions shall be answered:

- (A) What is the financial rationale for the replacement?
- (B) How has the existing unit exceeded its useful life in accordance with American Hospital Association guidelines?
- (C) How does the replacement unit affect quality of care, utilization, and operational efficiencies compared to the existing unit?
- (D) Is the existing unit in constant need of repair?
- (E) Has the current lease on the existing unit expired?
- (F) What technological advances and capabilities will the new unit include?
- (G) How will patient satisfaction be improved?
- (H) How will the new unit improve outcomes and/or clinical improvements?
- (I) By what percentage will this replacement increase patient charges?

(4) For the construction of a new hospital, the following questions shall be answered:

- (A) What methodology was utilized to determine the need for the proposed hospital?
- (B) Provide the most recent three (3) full years of evidence that the average occupancy of the same type(s) of beds at each other hospital in the proposed service area exceeds eighty percent (80%).
- (C) What impact would the proposed hospital have on utilization of other hospitals in the service area?
- (D) What is the unmet need according to the following population-based bed need formula using (Unmet

Need = $(R \times P) - U$, where:

P = Year 2025 population in the service area;

U = Number of licensed and approved beds in the service area; and

R = Community need rate of one (1) bed per population in the service area as follows:

1. Medical/surgical bed: 570
2. Pediatric bed: 8,330
3. Psychiatric bed: 2,080
4. Substance abuse/chemical dependency bed: 20,000
5. Inpatient rehabilitation bed: 9,090
6. Obstetric bed: 5,880

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.450 Criteria and Standards for Long-Term Care

PURPOSE: This rule outlines the criteria and standards against which a project involving a long-term care facility would be evaluated in a Certificate of Need (CON) review.

(1) The following population-based long-term care bed need methodology for the fifteen- (15-) mile radius shall be used to determine the need:

(A) Approval of additional intermediate care facility/skilled nursing facility (ICF/SNF) beds will be based on:

1. A service area need determined to be fifty-three (53) beds per one thousand (1,000) year 2025 population age sixty-five (65) and older minus the current supply of ICF/SNF beds shown in the most recent Six-Quarter Occupancy of Hospital and Nursing Home Licensed and Available Beds report as provided by the Certificate of Need Program (CONP) which includes licensed and Certificate of Need (CON)-approved beds;

(B) Approval of additional residential care facilities/assisted living facilities (RCF/ALF) beds will be based on:

1. A service area need determined to be twenty-five (25) beds per one thousand (1,000) year 2025 population age sixty-five (65) and older minus the current supply of RCF/ALF beds shown in the most recent Six-Quarter Occupancy of Residential Care and Assisted Living Facility Licensed and Available Beds as provided by the CONP which includes licensed and CON-approved beds; and

(C) Approval for Long-Term Care Hospital (LTCH) beds, as described in 42 CFR, section 412.23(e), will be based on a service area need determined to be one-tenth (0.1) bed per one thousand (1,000) year 2025 population minus the current supply of LTCH beds shown in the most recent Six-Quarter Occupancy of Long-Term Care Hospital Facility Licensed and Available Beds as provided by the CONP which includes licensed beds and CON-approved beds.

(D) If the project is to add beds to an existing long-term care facility, the applicant shall state whether or not the facility received any resident care Class I deficiencies within the last eighteen (18) months as a result of a survey, inspection, or complaint investigation and the reason for and status of the deficiencies.

(2) Replacement Chapter 198 beds may qualify for an exception to the LTC bed minimum occupancy requirements (MOR) plus shortened information requirements and review time frames if an applicant proposes to—

(A) Relocate RCF/ALF beds within a six (6)-mile radius pursuant to section 197.318.4(4), RSMo;

(B) Replace one-half (1/2) of its licensed beds within a thirty (30)-mile radius pursuant to section 197.318.5, RSMo; or

(C) Replace a facility in its entirety within a fifteen (15)-mile radius pursuant to section 197.318.6, RSMo, under the following conditions:

1. The existing facility's beds shall be replaced at only one (1) site;

2. The existing facility and the proposed facility shall have the same owner(s), regardless of corporate structure; and

3. The owner(s) shall stipulate in writing that the existing facility's beds to be replaced will not be used later to provide long-term care services by any person or entity; or if the facility is operated under a lease, both the lessee and the owner of the existing facility shall stipulate the same in writing.

~~(3) An LTC bed expansion involving a Chapter 198 facility may qualify for shortened information requirements and review time frames. The applicant shall submit the following information:~~

~~(A) If an effort to purchase has been successful pursuant to section 197.318.4(1), RSMo, a Purchase Agreement (Form MO 580-2352), included herein, between the selling and purchasing facilities, and a copy of the selling facility's reissued license verifying the surrender of the beds sold; or~~

~~(B) If an effort to purchase has been unsuccessful pursuant to section 197.318.4(1), RSMo, a Purchase Agreement (Form MO 580-2352), included herein, between the selling and purchasing facilities which documents the "effort(s) to purchase" LTC beds.~~

(34) An exception to the CON application filing fee will be recognized for any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS).

(45) For LTC renovation or modernization projects which do not include increasing the number of beds, the applicant shall document the following, if applicable:

(A) The proposed project is needed to comply with current facility code local, state, or federal government requirements for licensure, certification, or accreditation;

(B) Operational efficiencies will be attained through reconfiguration of space and functions;

(C) The methodologies used for determining need and the reallocation of space and functions; and

(D) The benefits to the facility because of its age or condition.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed June 29, 1999, effective July 9, 1999, expired Jan. 5, 2000. Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Emergency amendment filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.460 Criteria and Standards for Evolving Technology

PURPOSE: This rule outlines the criteria and standards against which a project involving new technology would be evaluated in a Certificate of Need (CON) review.

(1) For evolving technology not currently available in the state or not in general usage in the state, the following shall be documented:

(A) The medical effects shall be described and documented in published scientific literature;

(B) The degree to which the objectives of the technology have been met in practice;

(C) Any side effects, contraindications or environmental exposures;

(D) The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;

(E) Food and Drug Administration approval;

(F) The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal; and

(G) Explain the degree of partnership, if any, with other institutions for the joint use of and financing of the evolving technology.

AUTHORITY: section 197.320, RSMo 2000. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.470 Criteria and Standards for Financial Feasibility

PURPOSE: This rule outlines the criteria and standards against which a project involving a health care facility would be evaluated relative to the financial feasibility of the project in a Certificate of Need (CON) review.

(1) Proposals for any new hospital, skilled nursing facility, intermediate care facility, residential care facility, or assisted living facility construction must include documentation that the proposed costs per square foot are reasonable when compared to the latest RS Means Cost Data Percentile Limit Total New Construction Project Costs (Form MO 580-1866), included herein, available from the Certificate of Need Program (CONP). Any proposal with costs in excess of the three-fourths (3/4) percentile must include justification for the higher costs.

(2) Proposals must 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 including the amount of financing, or an auditor's statement that unrestricted funds are available for the project. Written financial statements from an applicant's employee will not be acceptable to document financial feasibility unless that statement is notarized by a notary public. The committee may, at its own discretion, choose to reject any documentation that does not comply with this provision.

(3) Document financial feasibility by including—

(A) The Service-Specific Revenues and Expenses (Form MO 580-1865), included herein, as a financial pro forma for each revenue generating service affected by the project for the past three (3) full years projected through three (3) full years beyond project completion; and

(B) For existing services, a copy of the latest available audited financial statements or the most recent Internal Revenue Service (IRS) 990 Form or similar IRS filing for facilities not having individual audited financial statements.

(4) Show how the proposed service will be affordable to the population in the proposed service area:

(A) Document how the proposal would impact current patient charges, and disclose the method for deriving charges for this service, including both direct and indirect components of the charge; and

(B) Demonstrate that the proposed service will be responsive to the needs of the medically indigent through such mechanisms as fee waivers, reduced charges, sliding fee scales, or structured payments.

(5) If the proposal is for a new skilled nursing or intermediate care facility, provide the percentage of the admissions that would be Medicaid eligible on the first day of admission or become Medicaid eligible within ninety (90) days of admission.

(6) If the proposal is to add new long-term beds to an existing skilled nursing or intermediate care facility, provide the percentage of the admissions that is Medicaid eligible on the first day of admission or becomes Medicaid eligible within ninety (90) days of admission.

AUTHORITY: section 197.320, RSMo 2016. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Amended: Filed Oct. 19, 1999, effective April 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.480 Criteria and Standards for Alternatives
(Rescinded June 30, 2002)

AUTHORITY: section 197.320, RSMo Supp. 1997. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded: Filed Dec. 14, 2001, effective June 30, 2002.

19 CSR 60-50.500 Additional Information

PURPOSE: This rule describes the process for submitting additional information and for requesting a public hearing on Certificate of Need (CON) applications in the CON review process.

- (1) Additional information requested by the Missouri Health Facilities Review Committee (committee) shall be submitted within the time frame specified by the committee.
- (2) If an application is determined to be incomplete, the applicant shall be notified within ~~fifteen~~ twenty (15) calendar days after filing a full or expedited application ~~or within five (5) working days after filing of an expedited application~~. The applicant's written response shall be received within ten (10) calendar days after receipt of notification.
- (3) Support, neutral, and opposing information submitted by affected persons shall be received at the committee's principal office at least three (3) full business days before the scheduled meeting of the committee.
- (4) Copies of any additional information sent directly to the committee by applicants or affected persons shall also be sent to the Certificate of Need Program (CONP) for file copies.
- (5) When a request in writing or email is filed by any affected person within thirty (30) calendar days from the date of publication of the Application Review Schedule, the committee or CONP staff shall hold a public hearing on any application under the following conditions:
 - (A) The hearing may be conducted in the city of the proposed project if monetarily feasible;
 - (B) The CONP staff will present the introductions and orientation for the public hearing;
 - (C) The applicant may have up to fifteen (15) minutes for a presentation at the public hearing;
 - (D) Any person may present written testimony and up to five (5) minutes of verbal testimony at the public hearing; and
 - (E) The testimony shall become a part of the record of the review.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.600 Certificate of Need Decisions

PURPOSE: This rule describes the process for making decisions on Certificate of Need (CON) applications in the CON review process.

- (1) Decisions on full Certificate of Need (CON) applications and contested expedited applications shall be subject to the following:
 - (A) Parliamentary procedures for all face-to-face, videographic, telephonic, and computerized meetings shall follow Robert's Rules of Order, incorporated by reference, newly revised edition, 10th edition, published October 2000, Perseus Publishing, 11 Cambridge Center, Cambridge, MA 02142. This rule does not include any later amendments or additions;
 - (B) The CON Program's analysis becomes the findings of fact for the Missouri Health Facilities Review Committee (committee) decision except to the extent that it is expressly rejected, amended, or replaced by the committee in which case the minutes of the committee will contain the changes and become the amended findings of fact of the committee. The committee's final vote becomes conclusion of law; and
 - (C) A final decision is rendered on any application after each committee member present is given the opportunity to vote and the chair announces the passage or defeat of the motion on the floor. The chair or acting chair shall vote only in case of a tie.

(2) Decisions on expedited CON applications shall be subject to the following:

(A) In the case of qualifying expedited review applications, committee members will receive a ballot in addition to the written analysis. Members may vote either to approve the application or to have it placed on the next formal meeting agenda for consideration;

(B) Ballots may be returned to the CON office by either mail, email, or fax, but must be received within seven (7) business days from the date they were emailed to committee members; and

(C) A final decision to approve the application will be rendered if all ballots received by the cut-off date (at least five (5) ballots are required) signify a vote to approve the project. If the vote is not unanimous, the application will be subject to the provisions of section (1) of this rule.

(3) The committee shall make a decision on an application within one hundred thirty (130) calendar days after the date the application is filed and subsequently notify the applicant by providing either a legal certificate or denial letter by mail and email.

*AUTHORITY: section 197.320, RSMo 2016. *Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.700 Post-Decision Activity

PURPOSE: This rule describes the procedure for filing Periodic Progress Reports after approval of Certificate of Need (CON) applications, CONs subject to forfeiture, and the procedure for requesting a cost overrun.

(1) Applicants who have been granted a Certificate of Need (CON) or a Non-Applicability CON letter shall file reports by mail or email with the Missouri Health Facilities Review Committee (committee), using Periodic Progress Report (Form MO 580-1871), included herein. A report shall be filed within ten (10) days following the end of each six- (6-) month period after CON approval, or issuance of a Non-Applicability CON letter, until the project is complete which includes the licensing of all new beds, installation of equipment, and/or completion of renovations. All Periodic Progress Reports must contain a complete and accurate accounting of all expenditures for the report period. Final project costs with third-party verification must be provided on a Periodic Progress Report (Form MO 580-1871), included herein.

(2) Applicants who have been granted a CON and fail to incur a capital expenditure within six (6) months may request an extension of six (6) months by submitting a written request to the committee outlining the reasons for the failure, with a listing of the actions to be taken within the requested extension period to insure compliance. The Certificate of Need Program (CONP) staff on behalf of the committee will analyze the request and grant an extension, if appropriate. Applicants may request additional extensions by submitting a completed Request for Extension (Form MO 580-1872), included herein, and must provide financial information plus other documentation describing delays.

(3) A Non-Applicability or LTC bed expansion pursuant to 197.318.4 CON letter is valid for six (6) months from the date of issuance. Failure to incur a capital expenditure or purchase the proposed equipment within that time frame shall result in the Non-Applicability CON letter becoming null and void. The applicant may request one (1) six (6)-month extension unless otherwise constrained by statutory changes. Failure to file the required Periodic Progress Report shall result in the Non-Applicability or LTC bed expansion CON letter becoming null and void.

(4) A CON shall be subject to forfeiture for failure to—

(A) Incur a project-specific capital expenditure within twelve (12) months after the date the CON was issued through substantial initiation of project aboveground construction by any of the following: installation of structural support; installation of structural steel; installation of framing; or establishing foundations and a wall. ~~or~~ For major medical equipment, applicants must provide a copy of the signed lease/purchase of the proposed equipment which includes the date of purchase, delivery, installation and operational date or proof of physical equipment delivery. For renovation projects, applicants must initiate the detailed renovations outlined in the approved project description. For bed projects with a project cost of zero (0) dollars, the applicant must document appropriate department licensure of the approved bed(s). ~~since a~~ capital expenditure, according to generally accepted accounting principles, must be applied to a capital asset; or

(B) File the required Periodic Progress Report.

(5) If the CONP staff finds that a CON may be subject to forfeiture—

(A) Not less than thirty (30) calendar days prior to a committee meeting, the CONP shall notify the applicant in writing of the possible forfeiture, the reasons for it, and its placement on the committee agenda for action; and

(B) After receipt of the notice of possible forfeiture, the applicant may submit information to the committee within ten (10) calendar days to show compliance with this rule or other good cause as to why the CON shall not be forfeited.

(6) If the committee forfeits a CON, or a Non-Applicability or LTC bed expansion pursuant to 197.318.4(1) CON letter becomes null and void, CONP staff shall notify all affected state agencies of this action.

(7) Cost overrun review procedures implement the CON statute section 197.315.7, RSMo. Immediately upon discovery that a project's actual costs would exceed approved project costs by more than ten percent (10%), the applicant shall apply for approval of the cost variance. A nonrefundable fee in the amount of one-tenth of one percent (0.1%) of the additional project cost above the approved amount made payable to "Missouri Health Facilities Review Committee" shall be required. The information requirements for a cost overrun review are required as follows:

(A) Amount and justification for cost overrun shall document—

1. Why and how the approved project costs would be exceeded, including a detailed listing of the areas involved;

2. Any changes that have occurred in the scope of the project as originally approved; and

3. The alternatives to incurring this overrun that were considered and why this particular approach was selected; and

(B) Provide a Proposed Project Budget (Form MO 580-1863), included herein, and budget detail including all methods and assumptions used. Documentation of costs may be requested.

(8) Applicants may request a project owner change. The information requirements for an owner change review are as follows:

(A) Reason for owner change;

(B) Statement as to whether or not the proposed owner is an affiliate of the current owner, and explanation of relationship;

(C) Evidence that the existing owner agrees to the change. This can be a statement or a contract;

(D) Documentation that the proposed owner owns the site, or has an executed option to purchase or lease the real property;

(E) Documentation that the proposed owner(s) is registered to do business in Missouri;

(F) Documentation that sufficient financing would be available to assure completion of the project; and

(G) Provide a complete and signed Applicant Identification and Certification (Form MO 580-1861), included herein, with the proposed owner listed.

(9) Applicants may request a project operator change. The information requirements for an operator change review are as follows:

(A) Reason for operator change;

(B) Statement as to whether or not the proposed operator is an affiliate of the current operator, and explanation of relationship;

(C) Evidence that the existing operator agrees to the change. This can be a statement or a contract;

(D) Documentation that the proposed operator(s) is registered to do business in Missouri;

(E) The proposed operator must provide a brief explanation of their ability and experience operating a long-term care facility.

1. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.

2. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose license was revoked.

3. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.

4. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked; and

(F) Provide a complete and signed Applicant Identification and Certification (Form MO 580-1861), included herein, with the proposed operator listed.

(10) Applicants may request a project site change. The information requirements for a site change review are as follows:

(A) Reason for site change;

(B) Documentation the proposed site is within fifteen (15) miles as the crow flies of the existing site;

(C) Documentation that the owner owns the site, or has an executed option to purchase or lease the real property;

(D) Documentation of the cost of the proposed site;

(E) 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;

(F) Statement as to whether or not the project cost would change. If the project cost would change, submit a revised -proposed budget and fee if applicable;

(G) Provide the population-based long-term care bed need methodology for the fifteen- (15-) mile radius of the proposed site;

(H) Provide a complete and signed Applicant Identification and Certification (Form MO 580-1861), included herein, with the proposed site listed;

(I) List of any additional changes to the project as originally presented to the committee, such as—

1. Decrease in the number of beds. If a decrease, how many beds would be licensed;

2. Change to the building structure(s). If there would be a change, a description of the change(s), the total square footage, and revised schematics of the proposed building(s) with all use of space marked; and

3. The timeline of events for the project, from site change approval through project completion;

(J) Statement of how consumers were made aware of the proposed site change. All feedback received from consumers regarding the proposed site; and

(K) Documentation that sufficient financing would be available to assure completion of the project.

(11) Any applicant who requests an owner, operator or site change or cost overrun must still comply with sections (1) and (2) of this rule.

(12) At any time during the process from Letter of Intent to project completion, the applicant is responsible for notifying the committee of any change in the designated contact person. If a change is necessary, the applicant must file a Contact Person Correction (Form MO 580-1870), included herein.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Amended: Filed Oct. 19, 1999, effective April 30, 2000. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency rescission and rule filed Dec. 16, 2002, effective Jan. 1, 2003, expired June 29, 2003. Amended: Filed June 9, 2003, effective Nov. 30, 2003. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.800 Meeting Procedures

PURPOSE: This rule describes the meeting format and protocol in a Certificate of Need (CON) review meeting.

- (1) The regular meetings of the Missouri Health Facilities Review Committee (committee) to consider Certificate of Need (CON) applications shall be held approximately every eight (8) weeks according to a schedule adopted by the committee before the beginning of each calendar year and modified periodically to reflect changes. A copy of this calendar may be obtained from the CON Program (CONP) staff or CON website.
- (2) All new information not previously in the application, shall be received by the CONP staff at least thirty (30) calendar days before the scheduled meeting with one (1) exception. An applicant shall have no less than ~~ten-two~~ (2+0) business days to respond to the findings of the staff and adverse information received from other parties. An applicant shall respond in writing to an inquiry from a committee member. The response shall be provided to the committee for consideration and a copy shall be sent to the CON office.
- (3) Requests for the addition of agenda items including CON modification and extension requests shall be received by the CONP staff at least thirty-five (35) calendar days before the scheduled meeting.
- (4) Any committee member may request that an item be added to the agenda up to forty-eight (48) hours before the scheduled meeting, exclusive of weekends and holidays when the principal office is closed.
- (5) The tentative agenda for each committee meeting shall be released at least twenty (20) calendar days before each meeting.
- (6) The committee may give the applicant and affected persons an opportunity to make brief presentations at the meeting according to the Missouri Health Facilities Review Committee Meeting Format and Missouri Health Facilities Review Committee Meeting Protocol. The applicant and affected persons shall conform to the following procedures:
 - (A) The applicant's presentation shall be a key points summary based on the written application and shall not exceed ten (10) minutes inclusive of all presenters with five (5) minutes additional time for summation;
 - (B) Others in support or opposition to the applicant's project (such as political representatives, citizens of the community and other providers) shall be categorized as unrelated parties and shall appear after the applicant's presentation;
 - (C) Regardless of the number of presenters involved in the presentation, individual presentations by unrelated parties in support of, neutral, or in opposition to the applicant's project shall not exceed three (3) minutes each;
 - (D) No new material shall be introduced with the exception of materials or information provided in response to the CONP staff or at the request of a committee member;
 - (E) Rebuttals by applicants of presentations by affected persons are generally allowed;
 - (F) All presenters shall complete and sign a Representative Registration (Form MO 580-1869), included herein, and give it to the sign-in coordinator prior to speaking;
 - (G) The reserved area in the hearing room may be used by an applicant only during the applicant's presentation and then vacated for the next group (individuals waiting to present shall remain clear of the podium and staff area until specifically called by the chairman); and
 - (H) Prescribed time limits shall be monitored by the timekeeper, and presenters shall observe the timekeeper's indications of lapsed time to ensure that each presenter has an opportunity to present within the allotted time.
- (7) Additional meetings of the committee may be held periodically. These meetings may include educational workshops for members to gain knowledge, meetings with organizations for cooperative purposes, discussion of rules, seeking legal advice from counsel, and other issues.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed Aug. 9, 2019, effective March 30, 2020. Amended: Filed June 29, 2022, effective Jan. 30, 2023.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

19 CSR 60-50.900 Administration

PURPOSE: This rule describes the duties and responsibilities of the Certificate of Need (CON) Program staff.

- (1) The role of the Missouri Health Facilities Review Committee (committee) includes the following:
 - (A) Make specific decisions about applications, applicability and administrative matters;
 - (B) Make policy decisions to include the development of rules; and
 - (C) Oversee operations of the Certificate of Need Program (CONP) staff.
- (2) The role of the CONP staff includes the following:
 - (A) Act as an agent of the committee; and
 - (B) Perform administrative tasks.
- (3) The CONP staff shall be staffed as follows:
 - (A) The committee shall employ a CONP coordinator and additional staff to perform the duties assigned to it by law;
 - (B) The committee shall designate the CONP coordinator, or his/her designee, to perform any administrative functions that may be required of the committee by law; and
 - (C) The CONP staff shall be housed at the principal office of the committee.
- (4) The committee shall maintain its principal office in Jefferson City where the CONP staff will:
 - (A) Accept letters of intent, applications and any other written communication related to the conduct of the CONP;
 - (B) Accept service of legal process;
 - (C) Maintain its records; and
 - (D) Post all notices required by law.
- (5) The CONP staff shall provide technical assistance to potential applicants.
- (6) The committee and CONP staff shall post information on the CONP website containing the status of reviews being conducted, the reviews completed since the last report, and the decisions made, plus an annual summary of activities for the past calendar year.

AUTHORITY: section 197.320, RSMo 2016. Original rule filed June 2, 1994, effective Nov. 30, 1994. Emergency rescission and rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Rescinded and readopted: Filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Emergency amendment filed Aug. 14, 2006, effective Aug. 28, 2006, expired Feb. 23, 2007. Amended: Filed Aug. 14, 2006, effective March 30, 2007. Amended: Filed Aug. 9, 2019, effective March 30, 2020.*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

Incomplete Projects Report
(sorted by Approval Date)

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
1011 NS	Garden View of Chesterfield Establish 240-Bed SNF	St. Louis	St. Louis	06/26/1986	\$11,735,000	79%		06/12/91: Transfer of ownership approved (formerly Barnes Continuing Care Corp.) 1/92: Project reported at 79% complete. 130/240 beds licensed
3765 NS	Frene Valley Geriatric & Rehab Center Replace 30 SNF beds	Hermann	Gasconade	06/21/2005	\$2,000,000	5%		1/9/23: Contact Correction. Previously was Tom Vaughn <tom.vaughn@huschblackwell.com>
3815 NS	Crescent Care, LLC Replace 264-bed SNF	St. Louis	St. Louis	09/21/2005	\$18,198,322	4%		Facility to be replaced: Tower Village (264-bed SNF), 4518 Blair Ave., St. Louis 63107, St. Louis City 11/20/06: Second extension 03/26/07: Third extension 12/03/07: Fourth extension 06/02/08: Fifth extension 12/08/08: Sixth extension 2009: Applicant documented above ground construction in 2009. 04/03/23: Contact Person updated. Was Thomas Vaughn <tom.vaughn@huschblackwell.com>
4050 RS	Chateau Girardeau Add 18 ALF beds/renovate facility	Cape Girardeau	Cape Girardeau	06/04/2007	\$2,629,629	50%		05/09: 11 of 18 beds are complete and licensed. 4/3/23: Contact Person Change. Was Thomas Vaughn <tom.vaughn@huschblackwell.com>
4170 RS	MH-Brookview, LLC (prev. Mackenzie Place) Establish 44-bed ALF	Maryland Heights	St. Louis	03/31/2008	\$7,300,000	5%		06/01/09: Change of owner/operator to MHBrookview, LLC, change of site, and reduction in project cost. 01/09/12: Multiple ext. to 03/30/12. 02/04/13: CON modified from 77-bed to 44 and \$12,597,650 to 7,300,000.
4307 RS	The Gardens at Barry Road Add 148 ALF beds	Kansas City	Platte	02/02/2009	\$27,000,000	20%		05/10/10: 2nd ext. to 08/01/10 09/13/10: 3rd ext. to 02/01/11 05/09/11: 4th ext. to 08/01/11 09/12/11: 5th ext. to 03/12/12. Owner/operator change to BSLC II. 10/04/11: Closed on financing 09/26/11. 2/21/14: 40 beds licensed
4479 NP	Columbia Manor Care Center Purchase 40 SNF beds- Expansion	Columbia	Boone	03/24/2010	\$2,924,500	0%		3/24/23: Rcvd Contact Correction. Was Thomas Vaughn <tom.vaughn@huschblackwell.com> 12/19/23: Rcvd Contact Correction. Was Emily Solum <emily.solum@huschblackwell.com> 1/8/24: Owner/Operator change approved; previously Columbia Manor, Inc (Owner/Operator)

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
4516 RS	The Lumiere of Chesterfield (Previously Establish 51-bed ALF)	Chesterfield	St. Louis	07/12/2010	\$14,400,000	99%		1/24/11: 1st ext to 7/11/11 9/12/11: 2nd ext. to 1/12/12 5/7/12: 3rd ext. to 9/12/12 10/15/12: 4th ext. to 3/12/13 1/4/16: Multiple exts to 3/12/16 & operator change (was Chesterfield Senior Care, LLC) 5/2/16: 11th ext to 9/12/16 & owner change (prev. Vision Ventures, LLC), operator change (Prev. Covenant Senior Care, LLC) & site change (prev 17655 Wild Horse Creek Rd) 3/6/17: MHFRC changed numbering of exts. & approved 2nd & 3rd ext to 9/12/17 11/6/17: 4th & 5th exts to 9/12/18 & site change (Pr16580 Wild Horse Creek Road) 11/9/18- 6th & 7th ext to 9/12/19. 11/4/19-8th & 9th Ext to 9/12/20, Rich Hill stated if no cap exp by 9/2020, they will voluntarily forfeit the project. 7/13/20-10th ext to 3/12/21 10/31/22: 8/26/22: admin change to address, was 16125 Chesterfield Parkway 11/10/22: C/O approved was \$8,213,069 8/16/24: 2nd Name Change - Prev Shelbourne Senior Living (Previously Chesterfield Senior Care)
4739 RS	Avalon Memory Care LLC Establish 60-bed ALF	St. Louis	St. Louis	03/05/2012	\$5,399,868	79%		08/24/12: 1st ext. to 03/05/13. 05/06/13: 2nd extension to 09/05/13. 09/09/13: 3rd extension to 03/05/14. 03/10/14: 4th extension to 09/05/14. 09/08/14: 5th extension to 03/05/15. 03/02/15: 6th extension to 9/5/15
4773 NT	The Maples Health and Rehabilitation Replace 135-bed SNF	Springfield	Greene	07/09/2012	\$12,053,505	89%		Facility is licensed for 120 beds. Phase II of plan is not complete
5026 RS	Benton House of Staley Hills Establish 95-bed ALF	Kansas City	Clay	05/05/2014	\$10,200,000	92%		12/12/14: 1st ext 7-13-15 2nd ext to 11-5-15 3/7/16-3rd ext to 5/5/16 7/11/16 4th ext to 11/5/16 10/22/24: Contact person changed from Craig Elmore jjedcoe@aol.com
5091 RS	The Gables at Brady Circle Establish 80-bed ALF	St. Louis	St. Louis	11/03/2014	\$1,625,000	97%		5/3/15-1st ext to 11/3/15 6/18/24 Contact changed from Tom Piper macquest@mac.com

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5208 RS	St. Louis Altnheim ALF Memory Care Establish 30 bed ALF	St. Louis	St. Louis	09/14/2015	\$2,485,000	76%		9/1/22: Contact Correction Person rec'd. Originally Rich Hill <rhill@lashlybaer.com> 6/18/24 Contact Correction Person rcvd previously Thomas Piper macquest@mac.com
5234 DS	Copper Rock Village Establish 90-bed SNF and 60-bed ALF	Rogersville	Webster	01/04/2016	\$17,063,685	71%		7/22/16-1st ext to 1/4/17 3/6/17: 2nd & 3rd ext to 1/4/18 3/5/18: 4th & 5th ext to 1/4/19 1/10/23: Contact update. Contact was Thomas Vaughn <tom.vaughn@huschblackwell.com>
5323 RS	Palestine Legacy Residences Establish 39-bed ALF	Kansas City	Jackson	11/07/2016	\$5,471,250	17%	11/07/2024	1/29/18-1st ext. to 11/7/17 3/5/18: 2nd & 3rd ext. to 11/7/18 3/4/19: 4th & 5th ext to 11/7/19 5/6/19- site change approved, prev location was 3640 Benton Boulevard, project cost decreased from 9,259,235 11/4/19-6th & 7th ext to 11/7/20. 11/9/20- 8th & 9th ext to 11/7/21. 11/8/21: 10th & 11th ext to 11/7/22 11/10/22: 12th & 13th ext to 11/7/23 11/6/23: 14th & 15th ext to 11/7/24 10/21/24: Contact change from Craig Elmore jjedcoe@aol.com
5433 RS	Springhouse Village Establish 85-bed ALF	Rogersville	Greene	05/01/2017	\$13,582,500	0%	05/01/2025	11/9/17-1st ext to 5/1/18 9/10/18-2nd & 3rd ext to 5/1/19 5/6/19- 4th & 5th Ext to 5/1/20 7/13/20-6th & 7th ext to 5/1/21 5/24/21-8th, 9th & 10th ext to 11/1/22 2/23/22-Contact person changed from Thomas R. Piper 11/10/22: 11th, 12th, & 13th ext to 5/1/24 5/6/24: 14th Ext Denied 7/29/24: Involuntary forfeiture rescinded, 14th & 15th ext to 5/1/25
5446 RS	Mount Carmel Senior Living Establish 10-bed ALF	O'Fallon	St. Charles	07/10/2017	\$1,607,270	99%		1/17/18-1st ext to 7/10/18 7/18/18-2nd & 3rd ext to 7/10/19 7/8/19: 4th & 5th ext to 7/10/20 7/13/20-6th ext to 1/10/21 3/1/21-7th ext to 7/10/21, decreased number of beds from 32
5492 HA	Farmington Hospital and Behavioral Clinic Establish 48-bed Psychiatric Hospital	Farmington	St. Francois	11/06/2017	\$756,005	62%		

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5493 NA	Farmington Nursing Center Establish 101-bed SNF	Farmington	St. Francois	11/06/2017	\$505,005	63%		NA Letter re-issued on 4/11/2019, previously to establish 65-bed SNF
5509 RS	Essex Manor, LLC Establish 50-bed RCF	Essex	Stoddard	11/06/2017	\$302,000	98%		7/30/18-1st Ext to 11/6/18 11/9/18-2nd & 3rd ext to 11/6/19 11/4/19-4th ext to 5/6/20 7/13/20-5th & 6th ext to 5/6/21 5/24/21-7th & 8th ext to 5/6/22 9/12/22- 9th Ext to 11/06/22, Owner and Op change approved; previously Essex Manor, LLC (owner&operator); project cost decreased to \$302,000 5/30/24: Contact changed from Thomas Piper macquest@mac.com
5556 RS	Garden Villas of Meramec Valley Establish 60-bed ALF	Fenton	St. Louis	03/05/2018	\$14,580,000	0%	09/05/2025	4/30/19-1st ext to 3/5/19 7/8/19: 2nd & 3rd ext to 3/5/2020 3/2/20: 4th ext to 9/5/20 1/4/21: 5th & 6th exts to 9/5/21 11/8/21: 7th & 8th exts to 9/5/22 11/10/22: 9th, 10th, & 11th ext to 3/5/24 5/6/24: 12th, 13th & 14th Ext to 9/5/25
5668 HS	Cox Monett Hospital New/Replace 25-bed Hospital	Monett	Barry	03/04/2019	\$44,803,200	99%		9/6/19-granted 1st extension to 3/4/2020 *Contact person changed 10/18/22, was Christopher Breite
5666 RS	Vantage Pointe at Adworth Drive Establish 71-bed ALF	Mehlville	St Louis	03/04/2019	\$14,553,243	1%	03/04/2025	11/18/19-1st Ext granted to 3/4/2020 3/2/20-2nd & 3rd Exts granted to 3/4/2021 5/24/21-4th & 5th Exts granted to 3/4/22 3/7/22:6th Ext to 9/4/22 9/12/22: 7th & 8th Ext to 9/4/23 11/6/23: 9th ext to 3/4/24 5/6/24: 10th& 11th Ext to 3/4/25 5/8/24: Contact Person Correction; was Tom Piper (macquest@mac.com)
5703 RS	The Preserve Village Establish 105-bed ALF	Branson	Taney	09/09/2019	\$15,806,500	1%	03/09/2025	4/28/20- 1st Ext granted to 9/9/20 11/9/20- 2nd & 3rd exts to 9/9/21 11/8/21- 4th & 5th exts to 9/9/22 2/23/22-Contact person changed from Thomas R. Piper 9/12/22: 6th & 7th ext to 9/9/23 9/12/23: 8th, 9th & 10th ext to 3/9/25

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5717 RS	Springhouse Village Add 20-ALF beds	Rogersville	Greene	11/04/2019	\$2,125,550	0%	05/04/2025	5/29/20: 1st ext to 11/04/20 11/9/20: 2nd ext to 5/4/21 5/24/21-3rd, 4th & 5th ext to 11/4/22 2/23/22-Contact person changed from Thomas R. Piper 11/10/22: 6th, 7th, & 8th ext to 5/4/24 5/6/24: 9th Ext denied 7/29/24: Involuntary forfeiture rescinded, 9th & 10th ext to 5/4/25 10/28/24: Contact Change from Elizabeth Link lizlink7@gmail.com
5707 RS	Poplar Bluff II - Assisted Living by Americare Establish 34-bed ALF	Poplar Bluff	Butler	01/06/2020	\$5,258,412	0%	07/06/2025	1/6/20-applicant stated that River Mist would forfeit 17 ALF beds within 6 months of licensure of Poplar Bluff II. 7/27/20: Sent email 1st Ext req. 1/4/21: 2nd ext to 7/6/21 7/12/21: 3rd & 4th ext to 7/6/22 7/11/22: 5th & 6th ext to 7/6/23 7/24/23: 7th & 8th ext to 7/6/24 7/24/24: 9th & 10th ext to 7/6/25
5797 RS	St. Charles Senior Living Community Establish 68-bed ALF	St. Charles	St. Charles	09/14/2020	\$16,870,389	2%		3/19/21: 1st ext to 9/14/21-emailed 9/14/21-2nd ext to 3/14/22 4/25/22- 3rd ext to 9/14/22 11/10/22- 4th and 5th ext to 9/14/23
5813 RS	The Cottages of St. Louis County Establish an 80-bed ALF	Florissant	St. Louis	01/04/2021	\$10,000,000	0%	01/04/2025	7/27/21: 1st Ext to 1/4/22 3/7/22: 2nd & 3rd Ext to 1/4/23 3/6/23: 4th & 5th Ext to 1/4/24 3/4/24: 6th & 7th Ext to 1/4/25 5/28/24: Contact person changed from Thomas Piper macquest@mac.com
5817 RS	Harmony Homes Establish 80-bed ALF	Maryland Heights	St. Louis	01/04/2021	\$10,707,830	5%	07/04/2025	7/9/21- 1st ext to 1/4/2022 1/4/22- 2nd and 3rd ext to 1/4/23 3/7/22: Site Change approved, previously 600 North Ballas Road, Kirkwood, MO. 63122 11/10/22: Site Change approved, previously 1889 & 1903 Ross Avenue & 12435 & 12440 Devine Dr., Maryland Heights, MO. 63146 1/9/23: 4th and 5th ext to 1/4/24 3/4/24: 6th Ext to 7/4/24 10/01/24: 7th & 8th Ext to 7/4/25
5811 RS	Bowling Green Residential Care Add 20 RCF beds	Bowling Green	Pike	01/04/2021	\$51,000	99%		2/15/23- Breakdown of cost is saved in compliance folder, still need license showing the added beds.

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5799 DS	The Baptist Home at Ashland Establish 20-bed ALF & 40-bed SNF	Ashland	Boone	03/01/2021	\$13,338,832	70%		10/29/21: 1st ext to 03/01/2022 9/12/22: 2nd & 3rd Ext to 3/01/23 3/6/23: 4th Ext to 9/1/23 9/12/23: 5th ext to 3/1/24
5812 NS	Ignite Medical Resort St. Peters Establish 91-bed SNF	St. Peters	St. Charles	03/01/2021	\$26,000,000	9%		8/27/21: 1st ext to 03/01/2022 11/8/21: owner change approved; previous owner was St. Peters Senior Partners, LLC 3/7/22: 2nd Ext to 9/1/22 9/12/22: 3rd Ext to 3/1/23 3/6/23: 4th & 5th Ext to 3/1/24 11/6/23: CO approved, prev cost: \$22,000,000 3/4/24: 6th Ext to 9/1/24
5830 RS	Jefferson City-Assisted Living by Americare Establish 40-bed ALF	Jefferson City	Cole	03/01/2021	\$5,506,601	0%	03/01/2025	9/9/21: 1st ext to 03/01/2022 3/7/22: 2nd & 3rd Ext to 3/1/23 3/6/23: 4th & 5th Ext to 3/6/24 3/4/24: 6th & 7th Ext to 3/1/25
5840 RS	Majestic Residences at Old Hawthorne Establish 36-bed ALF	Columbia	Boone	05/24/2021	\$6,648,303	0%	11/24/2024	11/24/2021: Contact Person change, previously Barbara Bailey --bbaileysss9@gmail.com 11/24/21: 1st ext to 5/24/22 7/11/22: 2nd ext to 11/24/22 3/6/23: 3rd ext to 5/24/23 7/24/23: 4th ext deferred to 9/12/23 9/12/23: 4th ext to 11/24/23 1/8/24: 5th ext to 5/24/24 7/29/24: 6th ext to 11/24/24
5848 RS	Hampton Manor of O'Fallon Establish 107-bed ALF	O'Fallon	St. Charles	05/24/2021	\$15,000,000	60%		
5860 RS	Cedarhurst of Wentzville Establish 80-bed ALF	Wentzville	St. Charles	07/12/2021	\$15,600,000	65%		1/13/22: 1st Ext to 7/12/22 7/11/22: 2nd ext to 1/12/23 1/9/23: 3rd ext to 7/12/23
5880 RS	Hampton Manor of St. Peters Establish 98-bed ALF	St. Peters	St. Charles	09/14/2021	\$16,089,000	97%		4/21/22: 1st ext to 9/14/22 10/01/24: Owner & operator change approved; Ow/OP previously Investors Lands Holding of St. Peters LLC
5879 DS	CCRC of Lee's Summit Establish 106-bed ALF and 40-bed SNF	Lee's Summit	Jackson	01/04/2022	\$29,729,097	72%		7/21/22: 1st ext to 1/04/23 1/9/23: 2nd, 3rd and 4th ext to 7/4/24

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5893 RS	The Emerson at St. Peters Establish 22-bed ALF	St. Peters	St. Charles	01/04/2022	\$6,650,722	20%		6/23/22: 1st Ext to 1/4/23 10/01/24: Operator Change approved, previously Watermark St. Peters, LLC
5917 RS	Mason Pointe Care Center Add 24 ALF beds	Chesterfield	St. Louis	03/07/2022	\$1,670,513	99%		12/27/2021 - Rec'd Contact Person change. Paul Ogier (Paul.Ogier@LSSLiving.org) to Emily Solum 1/18/22-applicant requested decrease in beds from 35 to 24 ALF beds
5924 HT	Centerpoint Medical Center Replace Cardiac Cath Lab	Independence	Jackson	03/24/2022	\$3,098,460	0%		To replace #3630 HS 9/22/22: 1st ext req to 3/24/23 5/1/23: 2nd Ext to 9/24/23
5927 RS	Glenfield Memory Care Add 36 ALF beds	Cottleville	St. Charles	04/25/2022	\$5,151,850	95%		11/1/22: 1st ext req to 4/25/23 5/1/23: 2nd Ext to 10/25/23 11/6/23: 3rd ext to 4/25/24
5932 NS	The Baptist Homes Smithville Establish 48-bed SNF	Smithville	Clay	07/11/2022	\$6,401,123	99%		9/12/23: C/O approved, previous amount \$5,183,394
5954 RS	NWKC Senior Community, LLC Establish 79-bed ALF	Kansas City	Platte	09/12/2022	\$19,439,276	37%		3/14/23:1st Ext Granted to 9/12/23 10/4/23: contact person changed from Paul Brothers 11/6/23: 2nd & 3rd ext to 9/12/24, CO also approved.. Prev.\$16,607,558 4/30/24: Rec'd Contact Correction, prev. Cody Hagan <chagan@gravesgarrett.com> 7/29/24: Owner change approved, prev NWKC Senior Community, LLC
5929 NS	Eagles Nest Nursing Home Establish 40-bed SNF	St. Louis	St. Louis City	09/12/2022	\$6,720,385	0%	09/12/2025	4/5/23: 1st extension to 9/12/23 11/6/23: 2nd & 3rd ext to 9/12/24 & site change approved, prev site: 4101 North Grand Blvd, St. Louis, 63107 5/28/24 Contact changed from Thomas Piper macquest@mac.com 10/01/24: 4th & 5th ext to 9/12/25
5933 RS	Hampton Manor of Republic Establish 107-bed ALF	Republic	Greene	09/12/2022	\$16,000,000	23%		
5955 RS	Hampton Manor of Lake Ozark Establish 107-bed ALF	Lake Ozark	Camden	09/12/2022	\$18,000,000	0%	09/12/2024	3/24/23: 1st extension to 9/12/23 1/8/24: 2nd & 3rd Ext to 9/12/24
5963 NT	Mason Pointe Care Center Ren/Mod 256-bed SNF	Chesterfield	St. Louis	09/21/2022	\$16,838,176	75%		

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5969 NT	Westfield Nursing Center Replace 82-bed SNF (15-mile replacement)	Sikeston	New Madrid	11/10/2022	\$11,500,000	40%		5/9/23: 1st Ext to 11/10/23
5971 RS	Topwood Home, LLC Establish 75-bed ALF	Manchester	St. Louis	11/10/2022	\$13,850,000	0%	11/10/2025	6/23/23: 1st Ext to 11/10/2023 1/8/24: 2nd & 3rd Ext to 11/10/24 11/18/24: 4th & 5th Ext to 11/10/25
5970 DS	St. Louis Altenheim Add 23 ALF beds and 25 SNF beds	St. Louis	St. Louis City	11/10/2022	\$2,124,000	0%		6/21/23: 1st ext to 11/10/23 11/6/23: 2nd & 3rd ext to 11/10/24 6/18/24 Contact person changed previously Thomas Piper macquest@mac.com
5998 RA	The Baptist Home DBA Baptist Homes of Establish 12-bed RCF	Adrian	Bates	01/19/2023	\$207,411	99%		
5989 HT	Barnes Jewish Hospital Replace MRI	St. Louis	St. Louis City	01/23/2023	\$10,834,000	35%		
5988 RT	Capetown Assisted Living Replace 5 ALF beds (6-mile replacement)	Cape Girardeau	Cape Girardeau	01/23/2023	\$1,208,700	0%	01/23/2025	5 ALF beds replaced from Auburn Creek 7/24/23: 1st Extension to 01/23/2024 3/4/24: 2nd & 3rd Ext to 1/23/25
6000 RS	Aspen Valley Senior Homes - North Crest Establish 12-bed ALF	Washington	Franklin	05/01/2023	\$1,436,500	99%		11/15/23: 1st Ext to 5/1/2024
5995 NS	Premium Apartments (Prev. JP Advance Establish 150-bed SNF	Kansas City	Clay	05/01/2023	\$1,500,000	5%	05/01/2025	12/11/23: 1st Ext to 5/01/24 5/29/24: Contact changed from Thomas Piper macquest@mac.com 7/29/24: Owner change approved, prev Community Healthcare, LLC and 2nd & 3rd ext to 5/1/25
6003 HS	UHS of Kansas City, LLC - Behavioral Establish 120-bed behavioral health hospital	Independence	Jackson	05/01/2023	\$63,932,911	0%	05/01/2025	11/9/23: 1st ext to 5/01/23 5/6/24: 2nd & 3rd Ext to 5/1/25
5999 HS	Harrison County Community Hospital New/Replace 14-bed Critical Access Hospital	Bethany	Harrison	05/01/2023	\$63,200,000	5%		10/24/23: Contact Change from Craig Elmore <jjedcoe@aol.com> 10/25/2023: 1st Ext to 5/1/24 5/6/24: 2nd Ext to 11/1/24
6004 RS	Neurological Transitional Center Establish 12-bed ALF	O'Fallon	St. Charles	05/01/2023	\$9,655,000	60%		11/28/23: 1st Ext to 5/1/24 5/2/24 : Cap exp met

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6015 NS	Windsor Estates of St. Charles Add 15 SNF beds	St. Charles	St. Charles	07/24/2023	\$1,385,000	57%		9/12/23: Owner & Operator change approved; previously Windsor- St. Charles Property, LLC (owner) & Windsor Estates of St. Charles SNAL, LLC (operator)
6018 DS	The Baptist Home at Ashland Add 20 ALF beds and 14 SNF beds	Ashland	Boone	07/24/2023	\$102,000	0%		1/24/24: 1st Ext to 7/24/24
6005 HS	Heartland Regional Medical Center Acquire Bi-Plane Unit	St. Joseph	Buchanan	07/24/2023	\$3,179,802	40%		
6011 HS	Pershing Memorial Hospital Acquire MRI	Brookfield	Linn	07/24/2023	\$1,628,509	0%	01/24/2025	2/27/24: 1st Ext to 7/24/24 10/01/24: 2nd ext to 1/24/25
6040 HT	Barnes-Jewish Hospital Replace linear accelerator (Vault 3)	St. Louis	St. Louis City	08/21/2023	\$3,571,428	0%	02/21/2025	Will replace #4113 HT 4/22/24: Staff approved 1st ext to 8/21/24 10/01/24: 2nd Ext to 2/21/25
6008 RS	St. Louis Assisted Living Solutions LLC Establish 16-bed ALF	Wentzville	St. Charles	09/12/2023	\$2,791,000	0%	03/12/2025	3/13/24: 1st Ext to 9/12/24 10/01/24: Ext defered to 11/18/24 meeting 11/18/24: 2nd Ext to 3/12/25
6030 RS	Zebra Hitch Senior Living Establish 134-bed ALF	Lee's Summit	Jackson	09/12/2023	\$42,000,000	0%	09/12/2025	3/12/24: 1st Ext to 9/12/24 10/01/24: 2nd & 3rd Ext to 9/12/25
6031 HS	Emergency Care Hospital - Independence Establish 3-bed emergency care hospital	Independence	Jackson	09/12/2023	\$24,401,000	5%		3/12/24: 1st Ext to 9/12/24
6020 HT	Lafayette Regional Health Center Replace MRI	Lexington	Lafayette	09/21/2023	\$1,806,394	0%		3/22/24: Staff granted 1st ext to 9/21/24
6050 HT	Missouri Cancer Associates Replace PET/CT scanner	Columbia	Boone	10/23/2023	\$2,010,733	0%	04/23/2025	4/25/24: Staff approved 1st ext to 10/23/24 11/18/24: 2nd Ext to 4/23/25
6068 HT	Barnes-Jewish Hospital Replace electrophysiology lab	St. Louis	St. Louis City	12/27/2023	\$1,147,941	99%		Will replace #3591 HT
6069 HT	Christian Hospital Replace MRI	St.Louis	St. Louis	12/27/2023	\$1,885,927	99%		Will replace #2838 HS
6070 DT	The King's Daughters Home Renovate/Modernize RCF and ICF (Therapy Center Addition)	Mexico	Audrain	12/27/2023	\$1,465,868	95%		3/28/24: Contact changed from Eric Westues <eric@westhues.com>

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
6060 RS	Aspen Valley Senior Homes - New Haven Establish 12-bed ALF	New Haven	Franklin	01/08/2024	\$1,718,200	0%	01/08/2025	7/25/24 Staff granted 1st ext to 1/8/25
6061 HS	Mercy Hospital - Springfield Acquire an additional robotic surgery unit	Springfield	Greene	01/08/2024	\$1,870,857	99%		10/11/23: LOI was amended to reflect 1 unit instead of 2
6062 DS	Redbud Village Establish a 24-bed SNF and a 24-bed ALF	Versailles	Morgan	01/08/2024	\$25,000,000	0%	01/08/2025	6/18/24 Contact changed from Thomas Piper macquest@mac.com Staff granted 1st ext req to 1/8/25
6064 HS	Mercy Hospital Jefferson Acquire a robotic surgery unit	Festus	Jefferson	01/08/2024	\$2,173,711	99%		
6058 HT	Mercy Hospital- Springfield Replace tomotherapy	Springfield	Greene	01/22/2024	\$2,884,000	70%		Will replace #4112 HT
6071 HS	Missouri Baptist Medical Center Acquire hybrid OR	St. Louis	St. Louis	03/04/2024	\$1,917,827	80%		
6046 HS	Mercy Hospital - Springfield Acquire additional PET/CT unit	Springfield	Greene	03/04/2024	\$1,298,886	0%	03/04/2025	9/5/24 1st ext req approved by staff to 3/4/25
6081 HT	Cape Radiology Group I, LLC Replace MRI	Cape Girardeau	Cape Girardeau	03/26/2024	\$1,516,286	0%		Replacing #3822 FS
6093 HT	Mosaic Medical Center - Albany Replace MRI	Albany	Gentry	04/22/2024	\$1,342,494	81%		
6087 HT	Barnes-Jewish St. Peters Hospital Replace CT scanner	St. Peters	St. Charles	04/22/2024	\$2,452,750	0%		
6080 HT	Missouri Baptist Medical Center Replace cardiac cath lab	St. Louis	St. Louis	04/22/2024	\$1,334,207	0%		
6085 RS	Arnold Senior Living Establish 78-bed ALF	Arnold	Jefferson	05/06/2024	\$20,186,230	0%	05/06/2025	4/30/24: Rec'd Contact Correction, prev. Cody Hagan <chagan@gravesgarrett.com> 11/6/24: Staff approved 1st ext req
6086 HS	Barnes-Jewish Hospital Acquire addtl MRI unit	Chesterfield	St. Louis City	05/06/2024	\$2,029,749	0%		

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
6084 HS	St. Luke's RAYUS Radiology-St. Peters Acquire addtl MRI	St. Peters	St. Charles	05/06/2024	\$2,578,286	99%		
6088 HS	Barnes-Jewish St. Peters Hospital Acquire addtl robotic surgery unit	St. Peters	St. Charles	05/06/2024	\$2,460,750	0%		
6089 HS	Barnes-Jewish West County Hospital Acquire Globus robotic system	St. Louis	St. Louis	05/06/2024	\$2,400,000	0%		
6091 RS	Bishop Spencer Place Add 21 ALF beds	Kansas City	Jackson	05/06/2024	\$9,851,333	30%		
6116 RA	Equilibrium Ranch Add 1 RCF bed	Cuba	Crawford	05/24/2024	\$0	0%		
6095 HT	St. Luke's Hospital Replace LINAC	Chesterfield	St. Louis	05/24/2024	\$2,611,158	0%		Will replace #4529 HT
6114 HT	Christian Hospital Northwest Replace MRI	Florissant	St. Louis County	07/25/2024	\$2,111,042	0%		Will replace 3420
6115 HT	Barnes-Jewish Hospital Replace EP Lab	St. Louis	St. Louis City	07/25/2024	\$2,131,288	0%		Will replace 4662
6112 HT	Saint Luke's North Hospital Replace MRI	Kansas City	Platte	07/25/2024	\$4,313,647	0%		Will replace 3910 HA
6100 HS	Mercy Hospital Joplin Add addtl robotic surgery unit	Joplin	Newton	07/29/2024	\$2,150,750	0%		
6107 HS	SSM Health St. Joseph St. Charles Acquire MRI unit	O'Fallon	St. Charles	07/29/2024	\$1,110,752	0%		
6106 HS	Mercy Hospital Wentzville Establish 75-bed hospital	Wentzville	St. Charles	07/29/2024	\$635,177,720	0%		
6105 HS	CoxHealth Rehabilitation Hospital Establish 63-bed rehabilitation hospital	Ozark	Christian	07/29/2024	\$52,155,171	0%		
6104 RS	Bunker Residential Home Add 3 RCF beds	Bunker	Reynolds	07/29/2024	\$0	0%		

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
6103 RS	Harvey's Home for Assisted Living and Establish 17-bed ALF	Smithville	Clay	07/29/2024	\$2,669,681	0%		
6083 HS	St. Mary's Surgical Center Acquire robotic surgery unit	Blue Springs	Jackson	07/29/2024	\$2,600,750	0%		
6102 RS	Lake George Senior Living Add 10 ALF beds	Columbia	Boone	07/29/2024	\$900,000	0%		
6096 HS	SSM Health St. Joesph St. Charles Acquire robotic surgery system	St. Charles	St. Charles	07/29/2024	\$1,685,000	0%		
6108 HS	Barnes - Jewish Siteman Cancer Center Acquire addtl CT, PET/CT & MRI unit	St. Louis	St. Louis City	07/29/2024	\$12,583,511	0%		
6109 HS	Saint Luke's Hospital Acquire addtl hybrid OR	Kansas City	Jackson	07/29/2024	\$5,069,178	0%		
6142 HA	Orthopedic & Sports Medicine Center Acquire CT Scanner	St. Joseph	Buchanan	08/12/2024	\$753,612	0%		
6143 HA	Orthopedic & Sports Medicine Center Replace MRI	St. Joseph	Buchanan	08/12/2024	\$745,157	0%		
6144 NA	The King's Daughters Home Add 3 ICF beds (10/10%)	Mexico	Audrain	08/12/2024	\$0	0%		
6147 RA	Parkside Manor Add 4 ALF beds	Bowling Green	Pike	08/19/2024	\$650	0%		
6127 HT	Saint Luke's Hospital Replace Interventional Radiology Biplane Angiography Unit	Kansas City	Jackson	08/21/2024	\$2,575,209	0%		
6132 DT	Fountainbleau Lodge Renovation and Modernization of SNF & ALF	Cape Girardeau	Cape Girardeau	09/19/2024	\$1,195,427	0%		10/22/24: Contact Change from Craig Elmore jjedcoe@aol.com
6131 HT	Mercy Hospital - Springfield Replace MRI	Springfield	Greene	09/19/2024	\$2,051,269	0%		To replace 4075 HS
6130 HT	North Kansas City Hospital Replace MRI	North Kansas City	Clay	09/19/2024	\$1,709,090	0%		To replace #4184 HT

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6123 HS	St. Louis Children's Hospital/KVC Mental Establish 77-bed pediatric psychiatric hospital	St. Louis	St. Louis	10/01/2024	\$66,640,170	0%		
6120 HS	Hannibal Regional Healthcare System Acquire linear accelerator	Kirkville	Adair	10/01/2024	\$6,986,291	0%		
6122 RS	The Grand Royale Add 52 ALF beds	Gladstone	Clay	10/01/2024	\$25,000	0%		
6110 RS	Mill Creek Village-Assisted Living by Add 9 ALF beds	Columbia	Boone	10/01/2024	\$0	0%		
6099 NS	St. Louis Altenheim Add 46 SNF beds	St. Louis	St. Louis City	10/01/2024	\$1,150,000	0%		9/9/24 Contact Change from Tom Piper macquest@mac.com
6101 HS	Boone Health Acquire two addtl robotic surgery units	Columbia	Boone	10/01/2024	\$5,072,000	0%		
6125 HS	Saint Luke's Radiation Therapy - Liberty, Relocate linear accelerator	Kansas City	Platte	10/01/2024	\$1,674,364	0%		
6119 RS	Friendship Village Assisted Living & Add 28 ALF beds	St. Louis	St. Louis	10/01/2024	\$8,095,719	0%		
6153 FA	Gateway Cancer Treatment Center Replace Linear Accelerator (act of god, facility was flooded)	St. Louis	St. Louis	10/10/2024	\$2,353,598	0%		10/15/24: Contact person changed from Craig Elmore jjedcoe@aol.com
6146 HT	Missouri Baptist Medical Center Replace MRI	St. Louis	St. Louis	10/24/2024	\$2,194,027	0%		Will replace #3768 HS
6128 HT	Phelps Health Waynesville Medical Plaza Replace MRI	Waynesville	Pulaski	10/24/2024	\$2,087,209	0%		
6163 HA	The Princeton Senior Living Add 6 ALF beds (10/10%)	Lee's Summit	Jackson	11/06/2024	\$0	0%		
6164 RA	The Westbury Senior Living Add 6 ALF beds (10/10%)	Columbia	Boone	11/06/2024	\$0	0%		

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Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
6140 HS	Mercy Hospital South Acquire additional linear accelerator	St. Louis	St. Louis	11/18/2024	\$3,375,000	0%		
6141 HS	Select Specialty Hospital Establish/Relocate 28-bed LTCH	St. Louis	St. Louis	11/18/2024	\$9,960,128	0%		
6121 HS	Lake Regional Imaging Center Acquire PET/CT unit (PT to FT)	Osage Beach	Camden	11/18/2024	\$2,311,711	0%		
6138 HS	Barnes-Jewish Hospital Acquire an additional Hybrid OR	St. Louis	St. Louis City	11/18/2024	\$2,809,154	0%		
6136 RS	New Hope Assisted Living Add 15 ALF beds	Poplar Bluff	Butler	11/18/2024	\$1,300,000	0%		
6145 RS	Cedarhurst of Tesson Heights Add 29 ALF beds	St. Louis	St. Louis	11/18/2024	\$3,779,783	0%		9/6/24: Contact change rec'd, previous contact was Aly Ricci <aricci@cedarhurstliving.com>
6124 HS	Southwest Children's, LLC Establish 66-bed pediatric hospital-within-a hospital	Springfield	Greene	11/18/2024	\$3,169,900	0%		
6129 RS	Levering Regional Health Center Add 179 RCF beds	Hannibal	Marion	11/18/2024	\$52,500	0%		
6150 HT	The Children's Mercy Hospital Replace CT	Kansas City	Jackson	11/21/2024	\$2,976,532	0%		Will replace #3380 HS
6151 HT	Cox South Replace IR Room	Springfield	Greene	11/21/2024	\$3,892,223	0%		
6152 NT	Friendship Village Chesterfield Renovate/Modernize 90-bed SNF	Chesterfield	St. Louis	11/21/2024	\$2,498,790	0%		
6181 RA	The Wellington Senior Living Add 6 ALF beds (10/10%)	Liberty	Clay	12/17/2024	\$0	0%		
6183 RA	Jackson Creek Memory Care Establish 35-bed ALF	Independence	Jackson	12/23/2024	\$0	0%		
6166 HT	St. Luke's RAYUS Radiology - Winghaven Replace MRI	O'Fallon	St. Charles	12/27/2024	\$2,600,000	0%		

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6167 HT	North Kansas City Hospital Replace LINAC	North Kansas City	Clay	12/27/2024	\$4,162,491	0%		Will replace 4902 HT
6168 HT	SSM Health St. Joseph Lake Saint Louis Replace MRI	Lake St. Louis	St. Charles	12/27/2024	\$3,407,227	0%		
6169 HT	Northeast Regional Medical Center Replace MRI	Kirkville	Adair	12/27/2024	\$1,911,737	0%		Will replace 4096 HT

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