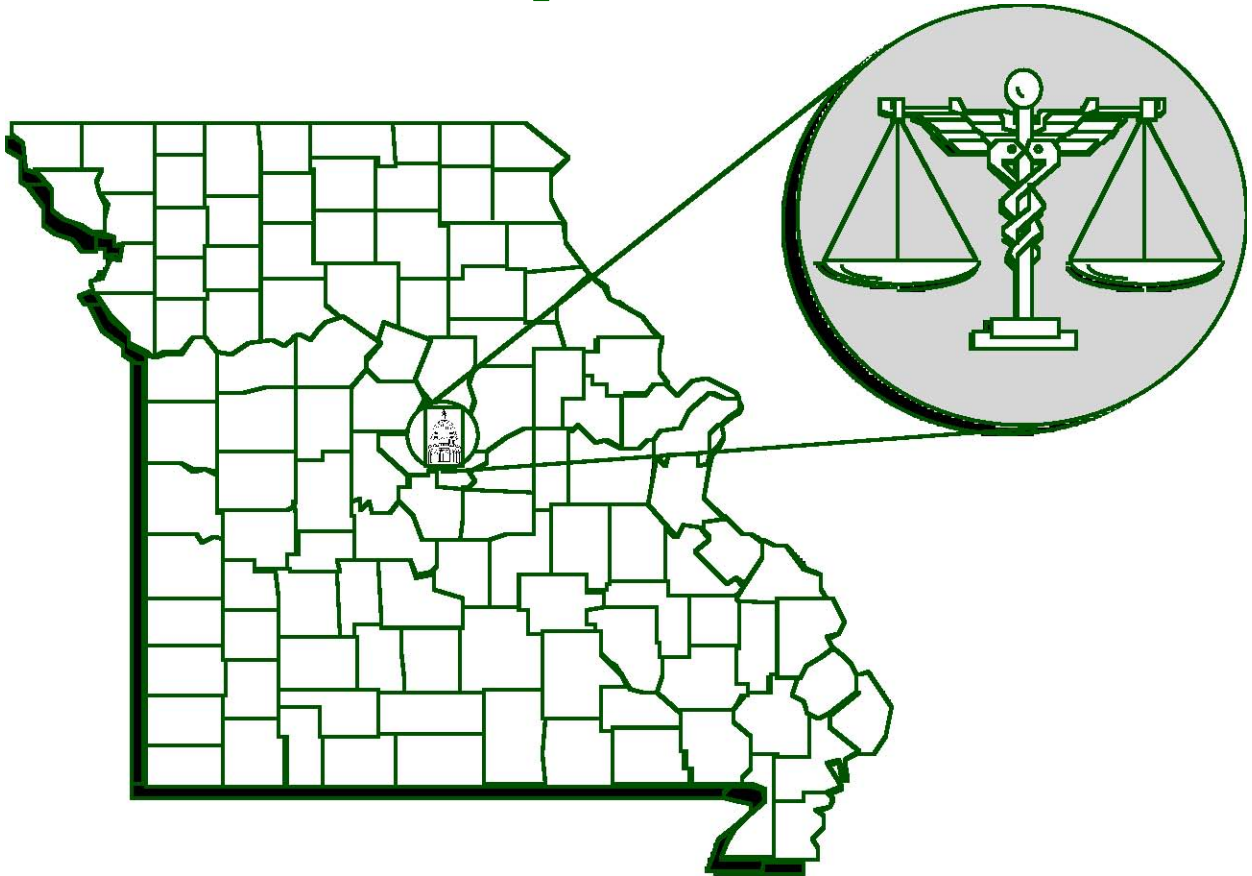


# **Missouri Health Facilities Review Committee**

## **Certificate of Need Meeting Compendium**



**May 5, 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](mailto:alison.dorge@health.mo.gov)

**Date:** April 15, 2025

**Subject:** May 5, 2025, Certificate of Need Meeting

This Compendium is being posted in preparation for our Certificate of Need (CON) meeting scheduled to be held on May 5, 2025 starting at 9:00 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): **695 984 23#**

There are four full CON applications under New Business, and seven 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](http://health.mo.gov/information/boards/certificateofneed/calendars.php).

Please send Mackinzey an email at [mackinzey.fick@health.mo.gov](mailto:mackinzey.fick@health.mo.gov) stating whether or not you will attend the meeting by **April 29, 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**  
May 5, 2025, 9:00 a.m.  
Joint Committee Room #117, State Capitol Building, Jefferson City  
Call-in #: **1-469-998-7961**; Meeting number (access code): **695 984 23#**

**Tentative Agenda**

**A. Committee Business**

1. Review and Perfect Agenda
2. Approve Minutes

**B. Old Business**

1. #6191 HT: Saint Francis Medical Center  
Cape Girardeau (Cape Girardeau County)  
\$9,123,411, Replace two linear accelerators

**C. New Business**

1. #6173 HS: Boone Health  
Columbia (Boone County)  
\$2,434,941, Acquire an additional CT scanner
2. #6185 HS: Missouri Delta Medical Center  
Sikeston (Scott County)  
\$2,248,206, Acquire cardiac catheterization lab
3. #6184 HS: Select Specialty Hospital – St. Louis Central  
St. Louis (St. Louis City)  
\$10,574,072, Establish a 60-bed LTCH
4. #6187 HS: Saint Luke’s East Hospital  
Lee’s Summit (Jackson County)  
\$7,158,500, Acquire an additional linear accelerator

**D. Previous Business**

1. #5813 RS: Smart Senior Living of St. Louis County (Prev. The Cottages of St. Louis County)  
Florissant (St. Louis County)  
\$10,000,000, Involuntary forfeiture on CON to establish an 80-bed ALF
2. #5817 RS: Harmony Homes  
Kirkwood (St. Louis County)  
\$10,707,830, Site and owner change on CON to establish an 80-bed ALF
3. #6008 RS: St. Louis Assisted Living Solutions, LLC  
Wentzville (St. Charles County)  
\$2,791,000, Third extension on CON to establish a 16-bed ALF
4. #5932 NS: The Baptist Homes Smithville  
Smithville (Clay County)  
\$6,401,123, Voluntary forfeiture on CON to establish 48-bed SNF
5. #5995 NS: Premium Apartments, LLC (Prev. JP Advance Care, LLC)  
Kansas City (Clay County)  
\$1,500,000, Fourth extension on CON to establish 150-bed SNF
6. #5703 RS: The Preserve Village  
Branson (Taney County)  
\$15,806,500, Voluntary forfeiture on CON to establish a 105-bed ALF

7. #6085 RS: Arnold Senior Living  
Arnold (Jefferson County)  
\$20,186,230, Second extension on CON to establish a 78-bed ALF

**E. Management Issues**

1. Non-Applicability Letters Issued
2. CON Rule Proposals Discussion
3. Activity Schedules
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**  
March 3, 2025

**Minutes**

**Roll Call:**

Presiding: Rep. Ben Baker, Chair

Members Present: Sen. Sandy Crawford  
Rep. Butz  
Sen. Beck  
Michael Prost

Program Staff: Alison Dorge, Mackinzey Fick, Marie Bergesch

Recorder: Mackinzey Fick

Legal Counsel: Brad Neckermann, DHSS Attorney

Chairman Baker called the meeting to order at 10:33 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 Rep. Butz, and a second by Mr. Prost. A voice vote was taken, and the agenda was approved.

The meeting minutes from the February 3, 2025, Certificate of Need meeting were reviewed. There was a motion by Sen. Crawford and a second by Mr. Prost to approve the minutes as presented. A voice vote was taken, and the minutes were approved.

**New Business**

**#6172 HS: Mercy Hospital Washington  
Washington (Franklin County)  
\$1,940,814, Acquire robotic surgery unit**

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

A roll call vote was taken:

Butz	Yes
Prost	Yes
Beck	Yes
Crawford	Yes

The motion carried, and the project was approved.

**#6175 HS: Missouri Baptist Sullivan Hospital  
Sullivan (Crawford County)  
\$1,986,000, Acquire robotic surgery unit**

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

A roll call vote was taken:

Prost	Yes
Beck	Yes
Crawford	Yes
Butz	Yes

The motion carried, and the project was approved.

**#6176 HS: Parkland Health Center  
Farmington (St. Francois County)  
\$1,986,000, Acquire robotic surgery unit**

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

A roll call vote was taken:

Beck	Yes
Crawford	Yes
Butz	Yes
Prost	Yes

The motion carried, and the project was approved.

**#6174 HS: St. Luke's Hospital  
Chesterfield (St. Louis County)  
\$3,000,000, Acquire additional robotic surgery unit**

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

A roll call vote was taken:

Prost	Yes
Beck	Yes
Crawford	Yes
Butz	Yes

The motion carried, and the project was approved.

**#6177 RS: 417 ResCare  
Springfield (Greene County)  
\$3,276,013, Establish 14-bed ALF**

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

A roll call vote was taken:

Beck	Yes
Crawford	Yes
Butz	Yes
Prost	Yes

The motion carried, and the project was approved.

**Previous Business**

**#5988 RT: Capetown Assisted Living  
Cape Girardeau (Cape Girardeau County)  
\$1,208,700, Fourth extension on CON to replace 5 ALF beds (6-mile replacement)**

MOTION: A motion was made by Rep. Butz, and seconded by Sen. Crawford, to approve two extensions.

A roll call vote was taken:

Butz	Yes
Prost	Yes
Beck	Yes
Crawford	Yes

The motion carried, and two extensions were approved.

**#5666 RS: Vantage Pointe at Adworth Drive  
Mehlville (St. Louis County)  
\$14,553,243, Voluntary forfeiture on CON to establish 71-bed ALF**

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

A roll call vote was taken:

Butz	Yes
Crawford	Yes
Beck	Yes
Prost	Yes

The motion carried, and the request was approved.



**#5813 RS: Smart Senior Living of St. Louis County (Prev. The Cottages of St. Louis County)  
Florissant (St. Louis County)  
\$10,000,000, Eighth extension on CON to establish an 80-bed ALF**

MOTION: A motion was made by Rep. Butz, and seconded by Sen. Beck, to deny the request presented.

A roll call vote was taken:

Crawford	Yes
Butz	Yes
Prost	Yes
Beck	Yes

The motion carried, and the request was denied.

**#5830 RS: Jefferson City-Assisted Living by Americare  
Jefferson City (Cole County)  
\$5,506,601, Eighth extension on CON to establish 40-bed ALF**

MOTION: A motion was made by Rep. Butz, and seconded by Sen. Crawford to approve two extensions.

A roll call vote was taken:

Beck	No
Crawford	Yes
Prost	No
Butz	Yes

Tiebreaker:

Baker	Yes
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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 Rep. Butz, and seconded by Mr. Prost to confirm the letters. A voice vote was taken and the letters were confirmed.

Alison Dorge and the Committee discussed CON rule proposals would be reviewed at the May CON meeting.

There was a motion made by Sen. Crawford and a second by Mr. Prost to adjourn. A voice vote was taken and the meeting adjourned at 11:01 a.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 March 3, 2025 Certificate of Need Meeting.

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Representative Ben Baker, Chair

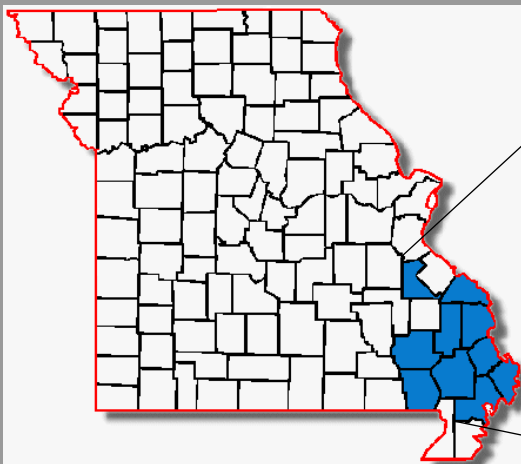
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Date

# Old Business

## #6191 HT: Saint Francis Medical Center

### Replace Two Linear Accelerators



**Location in Missouri**



**View of Service Area**

**Applicant:** Saint Francis Medical Center (owner/operator)

**Contact Person:** Gordon L. Glaus, 573-331-4529  
*gglaus@sfmc.net*

**Project Address:** 211 St. Francis Drive  
Cape Girardeau, 63703 (Cape Girardeau County)

**Cost:** \$9,123,411

**Appl. Rec'd:** March 13, 2025

**100 Days Ends:** June 21, 2025 (30-Day Extension: July 21, 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(3) ..... Documented

# #6191 HT: Saint Francis Medical Center

## APPLICATION SUMMARY:

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

## PROPOSAL DESCRIPTION:

*The detailed project description was **complete**.*

The applicant proposes to **replace two linear accelerators**. Certificate of Need (5474 HS) and (4365 HS) were issued in October of 2017 and in July of 2009 for the current units. The existing units are an Elekta Synergy linear accelerator and an Elekta Infinity linear accelerator. The replacement units would be a Varian TrueBeam Base System 120 MLC and a Varian Edge Base system HD120 MLC.

The applicant expects construction of vault one to commence in July of 2025 and vault two in January of 2026. Delivery and installation of the Edge is expected in October of 2025 and the TrueBeam is expected during May of 2026. The existing units will be traded in upon installation.

## COMMUNITY NEED CRITERIA AND STANDARDS:

*Compliance with the Criteria and Standards for “equipment” was **documented**.*

The Infinity is scheduled to reach end of life on May 27, 2026, while guaranteed support ended May 1, 2024. The Synergy is scheduled to reach end of life on May 1, 2030, while guaranteed support ends May 1, 2027. With the existing system aging, repairs are required causing more frequent interruptions for scheduled patient treatments. The applicant stated that between both units, an average of 57 repair requests have happened between 2022-2024.

The Varian TrueBeam and Edge systems have new technical innovations to improve treatment precision, offer faster delivery times, and enhance imaging capabilities. Additionally, the new units have advanced safety features which include real-time tumor tracking, high definition multi-leaf collimation allowing for more accurate tumor targeting while minimizing radiation exposure, and HyperArc/RapidArc technologies.

The applicant expects utilization to increase with the replacement equipment and states there would be no direct increase in patient charges.

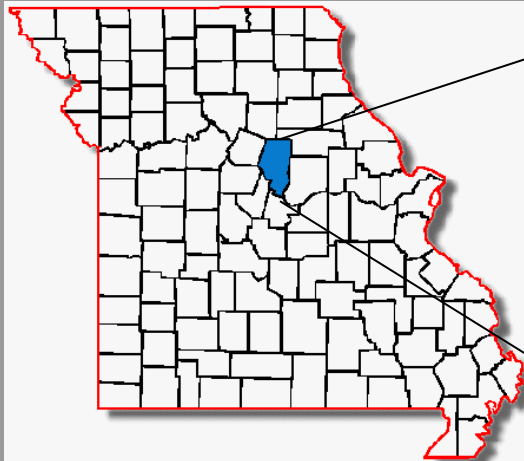
## ADDITIONAL INFORMATION:

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

# New Business

## #6173 HS: Boone Health

### Acquire Additional CT Scanner



Location in Missouri



View of Service Area

**Applicant:** CH Allied Services, Inc. (owner)  
Boone Hospital Center (operator)

**Contact Person:** Danielle Atterberry, 573-815-3499  
*Dg22928@boone.health*

**Project Address:** 1600 E Broadway  
Columbia, 65201 (Boone County)

**Cost:** \$2,434,941

**Appl. Rec'd:** February 15, 2025  
**100 Days Ends:** May 26, 2025 (30-Day Extension: June 25, 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

# #6173 HS: Boone Health

## 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 third computed tomography (CT) scanner**. It would be a Siemens Somatom Drive CT scanner. Renovations will be done to the former CT Scanner room to meet the specs for the new scanner requirements. The project includes major medical equipment, renovations, and other equipment. The applicant plans to have the new equipment installed by August of 2025.

The applicant's service area consists of one Missouri county: Boone.

The public was notified of the project through an announcement in the *Columbia Daily Tribune* and a notification listed on their website. The applicant also sent a letter regarding the proposal to the facilities with similar services in the geographic service area. Six 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**.*

For additional CT scanners, an optimum annual utilization standard of 4,000 scans applies. Currently, the applicant has two CT scanners. The applicant's average number of scans using the existing units in years 2022, 2023 and 2024 were 28,551, 30,285, and 34,813 respectively. Therefore, the utilization standard **has been met**.

The projected annual utilization for three CT's in 2026, 2027 and 2028 is: 37,317, 38,929, and 40,653 scans respectively.

## FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

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

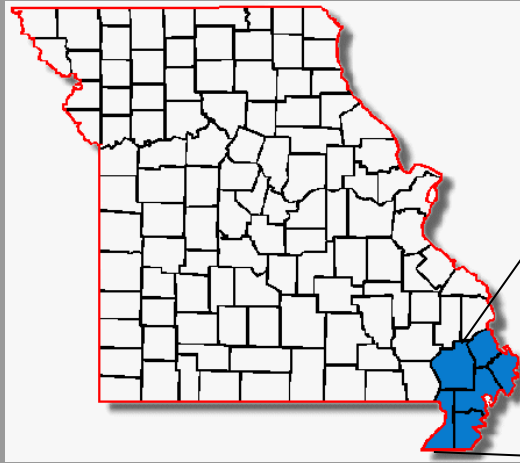
The applicant provided a letter from Central Trust Company documenting sufficient funds are available to support the project.

## ADDITIONAL INFORMATION:

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

## #6185 HS: Missouri Delta Medical Center

### Acquire a Cardiac Cath Lab



Location in Missouri



View of Service Area

**Applicant:** Missouri Delta Medical Center (owner/operator)

**Contact Person:** Ross Lasater, 573-472-7341  
[jlaser@missouridelta.com](mailto:jlaser@missouridelta.com)

**Location:** 1008 N Main St.  
Sikeston, 63801 (Scott County)

**Cost:** \$2,248,206

**Appl. Rec'd:** February 20, 2025

**100 Days Ends:** May 31, 2025 (30-Day Extension: June 30, 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



### 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 cardiac catheterization and vascular lab**. The unit would be a Philips Allura Xper FD20 R8.2. The project includes equipment and renovation necessary for the unit/suite to operate. Installation of the new equipment is expected by August of 2025.

The public was notified of the project through an announcement in the *Standard Democrat* making the public aware of the project. There were no facilities within the applicant's 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. No letters of support or 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 six counties: Dunklin, Mississippi, New Madrid, Pemiscot, Scott and Stoddard.

For new units, a minimal annual utilization standard of 500 procedures for existing catheterization labs in the service area applies. The area does not currently have a catheterization lab; therefore, the criteria and standards have been **documented**.

The applicant stated that the availability of the proposed unit would eliminate the patient to drive over 45 minutes for these services and projects the number of procedures for the first three full years beyond project completion to be 452, 486, and 520 respectively.

### FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

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

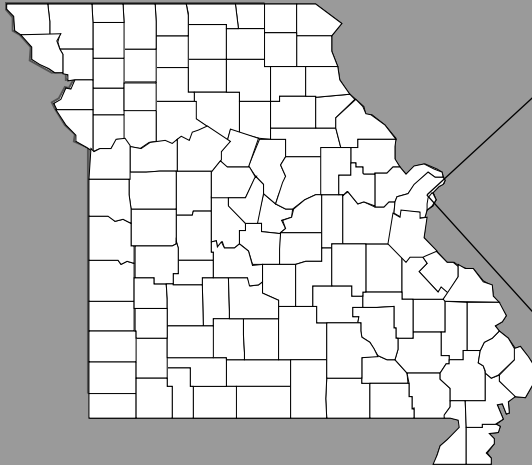
The application included a letter from First State Community Bank documenting that sufficient funds are available to support the project.

### ADDITIONAL INFORMATION:

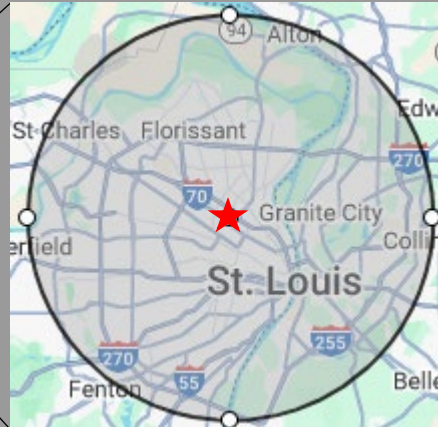
*Additional information was required from the applicant and is included with the project application on the CON website.*

## #6184 HS: *Select Specialty Hospital – St. Louis Central*

### Establish 60-bed Long-term Care Hospital



**Location in Missouri**



**View of Service Area**

**Applicant:** Intensiva Hospital of Greater St. Louis, Inc. (owner)  
Intensiva Hospital of Greater St. Louis, Inc. dba Select Specialty  
Hospital - St. Louis (operator)

**Contact Person:** Kathy Butler, 314-516-2661  
[kbutler@ubglaw.com](mailto:kbutler@ubglaw.com)

**Project Address:** 4930 Lindell Blvd.  
St. Louis, 63108 (St. Louis City)

**Cost:** \$10,574,072

**Appl. Rec'd:** February 21, 2025  
**100 Days Ends:** June 1, 2025 (30-Day Extension: July 1, 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(1) .... **Not Documented**
- Financial Feasibility ..... 19 CSR 60-50.470(1-4) . Documented

## #6184 HS: *Select Specialty Hospital – St. Louis Central*

### APPLICATION SUMMARY:

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

### PROPOSAL DESCRIPTION:

*The detailed project description was **complete**.*

The applicant proposes to **establish a 60-bed long-term care hospital (LTCH)**. The project includes renovations of an existing 39,760 sq ft building previously licensed as an LTCH (Kindred Hospital-St. Louis) Four rooms would be licensed for one bed each and twenty-eight beds would be licensed for two beds each. Kindred discharged their last patient on February 28, 2025, and Select's lease will begin on May 6, 2025, upon CON approval. Renovations of the facility are expected to commence once the facility has been licensed. The first patient would be admitted in July of 2025.

Select's LTCH beds would serve patients with acute and highly complex needs, and many of the patients require long-term stays weaning from ventilators or have complex issues related to comprehensive wound care, infection control prevention, medication review and antibiotic stewardship, or speech and swallow problems.

The public was notified of the project through an announcement in the *St. Louis Dispatch* and *STL Today*. 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 letters of opposition have been received.

### COMMUNITY NEED CRITERIA AND STANDARDS:

*A need according to the Criteria and Standards for "Long Term Care" was **not 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 0.1 beds per 1,000 population

P = Year 2030 population in the 15-mile radius

U = Number of existing licensed (136) and approved (0) LTCH beds in the 15-mile radius (0 licensed beds were reported as unavailable.)

Unmet need =  $(0.0001 \times 1,072,966) - 136 = \mathbf{28\text{-bed surplus}}$

*\*\* The population-based need formula includes Kindred's 60 beds – no new LTCH beds would be added to the service area.*

The Committee's practice has been to consider the occupancy of all long-term care beds of the same licensure category in the 15-mile service area. According to the survey data for the 3rd quarter of 2023 through the 4th quarter of 2024 (copy attached), the average available bed occupancy for the facilities in the service area was **53.7%, 54.4%, 60.8%, 64%, 56.3%, and 54.9%**, respectively.

## **#6184 HS: *Select Specialty Hospital – St. Louis Central***

The applicant's projected utilization for the proposed LTCH beds for years 2026, 2027 and 2028 is 43.3%, 50.0% and 59.8% respectively.

### **FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:**

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

The applicant provided consolidated financial statements documenting that sufficient funds are available to support the project.

### **ADDITIONAL INFORMATION:**

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

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

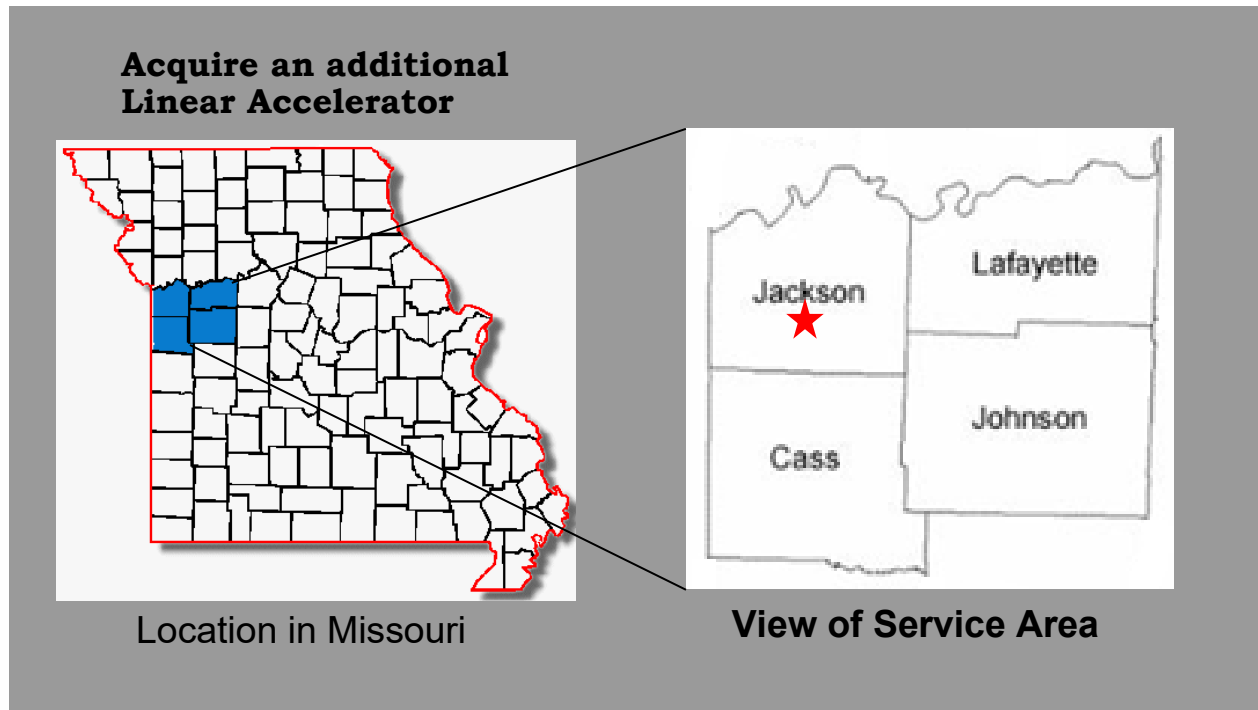
						CON App	Lic. Beds	3rd Qtr '23 Pat Days			4th Qtr '23 Pat Days			1st Qtr '24 Pat Days			2nd Qtr '24 Pat Days			3rd Qtr '24 Pat Days			4th Qtr '24 Pat Days		
Type	County	Facility Name	Address	City	Zip			Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%	Avail.	Occup	%
LH	St. Louis	Kindred Hospital - St. Louis South	10018 Kennerly Road, Hyland Bldg, 3rd Floor	St. Louis	63128	0	38	3496	2003	57.3%	3496	1962	56.1%	3458	1985	57.4%	3458	2273	65.7%	3496	2065	59.1%	3496	1998	57.2%
LH	St. Louis	Select Specialty Hospital-Town & Country	3015 N Ballas Rd.	St. Louis	63131	0	38	3496	2858	81.8%	3496	2916	83.4%	3458	3124	90.3%	3458	3209	92.8%	3496	3087	88.3%	3496	3071	87.8%
Subtotals for St. Louis						0	76	6992	4861	69.5%	6992	4878	69.8%	6916	5109	73.9%	6916	5482	79.3%	6992	5152	73.7%	6992	5069	72.5%
LH	St. Louis City	Kindred Hospital - St. Louis	4930 Lindell Blvd.	St. Louis	63108	0	60	5520	1853	33.6%	5520	1933	35.0%	5460	2417	44.3%	5460	2433	44.6%	5520	1897	34.4%	5520	1797	32.6%
Subtotals for St. Louis City						0	60	5520	1853	33.6%	5520	1933	35.0%	5460	2417	44.3%	5460	2433	44.6%	5520	1897	34.4%	5520	1797	32.6%
GRAND TOTAL						0	136	12512	6714	53.7%	12512	6811	54.4%	12376	7526	60.8%	12376	7915	64.0%	12512	7049	56.3%	12512	6866	54.9%

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

Last updated January 31, 2025

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

## #6187 HS: Saint Luke's East Hospital



**Applicant:** Saint Luke's East Hospital (owner/operator)

**Contact Person:** Amy Lamb, 816-599-9264  
[alamb@saintlukeskc.org](mailto:alamb@saintlukeskc.org)

**Project Address:** 100 NE St. Luke's Blvd  
Lee's Summit, 64086 (Jackson County)

**Cost:** \$7,158,500

**Appl. Rec'd:** February 21, 2025  
**100 Days Ends:** June 1, 2025 (30-Day Extension: July 1, 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

## #6187 HS: Saint Luke's East 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 second linear accelerator**. It would be a Varian TrueBeam linear accelerator. The project includes the unit, renovations of the suite, architectural fees. The applicant expects the equipment to be operational by the second quarter of 2026.

The applicant's service area consists of four Missouri counties: Cass, Jackson, Johnson, and Lafayette.

The public was notified of the project through an announcement in the *Kansas City Star*. The applicant also sent a letter regarding the proposal to the facilities with similar services in the geographic service area. No letters of support or opposition have been received.

### COMMUNITY NEED CRITERIA AND STANDARDS:

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

For additional linear accelerator units, an optimum annual utilization standard of 6,000 procedures applies. The applicant's number of procedures using the existing unit during years 2022, 2023 and 2024 was 18,864, 19,654 and 21,894 respectively. Therefore, **the utilization standard has been met**.

The projected annual utilization for both linear accelerators for years 2027, 2028 and 2029 is: 26,858, 28,233, and 29,510 procedures respectively.

### FINANCIAL FEASIBILITY CRITERIA AND STANDARDS:

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

The applicant provided consolidated financial statements from Ernest & Young, LLP documenting that sufficient funds are available to support the project.

### ADDITIONAL INFORMATION:

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

# Previous Business



# Previous Business

## Item #1

**#5813 RS: Smart Senior Living of St. Louis County (Prev. The Cottages of St. Louis County) Florissant (St. Louis County)**

**\$10,000,000, Involuntary forfeiture on CON to establish an 80-bed ALF**

Contact Person: Laurie Rogers, 916-412-4291, lrogersre@gmail.com

On January 4, 2021, a CON was issued to Florissant SSL, LLC (owner) and Innovative Living of Missouri, LLC (operator) to establish an 80-bed assisted living facility (ALF) at 1475 Carla Dr. Florissant, MO 63033, at a cost of \$10,000,000. This would be accomplished by constructing five single-story cottages consisting of 42,020 total square-feet. In the addition, each cottage would be licensed for eight private rooms and four semi-private rooms each. The application stated construction would commence in 2nd quarter of 2021 and be completed in 3rd quarter of 2022.

At the March 4, 2024 CON meeting, the applicant requested two extensions stating they have incurred over \$150,000 recently for architect/engineering/attorney costs and over \$600k spent on land acquisition. Contractors were able to renegotiate construction pricing to be more in line with the applicant budget and price point. Financing not currently secured due to high interest rates and redoing project budget. Plans to break ground October 1, 2024 and construction will take 16-18 months to build five homes.

On January 24, 2025, a request was received for an eighth extension due to high costs of construction and interest rates have delayed development. At the March 3, 2025 CON Meeting, the MHFRC denied the applicants request for an eighth extension, and therefore, this project was placed for an involuntary forfeiture. On March 3, 2025, CON staff sent the project contact person, Laurie Rogers, an email notice of possible forfeiture due to the failure to incur capital expenditure through above ground construction and the MHFRC denying their eighth extension request. On March 13, 2025, CON staff sent a certified letter of possible forfeiture due to the failure to incur capital expenditure through above ground construction and the MHFRC denying their eighth extension request. On March 24, 2025, CON staff called to discuss the possible forfeiture. The contact person has yet to acknowledge receipt of the possible forfeiture notice.

### Extension Request History

Request Rec'd	Reason for Request	Decision
7/27/21	COVID-19 Delays	7/27/21-Extension to 1/4/22
12/17/21	COVID-19 Delays	3/7/22- Two extensions to 1/4/23
1/24/23	COVID-19 Delays	3/6/23- Two extensions to 1/4/24
1/30/24	Cost & Financing Delays	3/4/24-Two extensions to 1/4/25

The applicant is not in compliance with progress reporting requirements for the project at this time. CON records indicate that all reports have been late in the past.

## Item #2

**#5817 RS: Harmony Homes**

**Kirkwood (St. Louis County)**

**\$10,707,830, Site and owner change on CON to establish an 80-bed ALF**

Contact Person: Jonathan F. Dalton, 314-621-5070, jdalton@atllp.com

On January 4, 2021, a CON was issued to Harmony Homes Holdings 1, LLC (owner) and Live with Harmony LLC, (operator) to establish an 80-bed assisted living facility (ALF) at 600 North Ballas Road, Kirkwood, MO 63122, with a project cost of \$10,707,830. Six buildings consisting of 45,464 total square-feet would be constructed with four 16-bed buildings and two 8-bed buildings. Each 16-bed building would be licensed for 12 private rooms and 2 semi-private rooms. Each 8-bed building would be licensed for 6 private rooms and 1 semi-private room. The application stated construction on building one would commence in May of 2021 and the total project would be completed in May of 2022.

On March 7, 2022, a project site change to 1889 Ross Avenue; 1903 Ross Avenue; 12435 Devine Drive; 12440 Devine Drive was approved.

# Previous Business

On November 10, 2022, a project site change to 200 Plum Avenue; 43 Monima Drive; 201 Old Dorsett Rd; 203 Old Dorsett Rd; 209 Old Dorsett Rd; 307 Old Dorsett Rd; 309 Old Dorsett Rd was approved.

On February 24, 2025, a request was received for a site change to 211 Midland Avenue, Maryland Heights, MO 63043, which is less than one mile from the existing location. The request for site change is due to significant site challenges including basin retention work. The applicant provided an updated timeline of events stating that the construction would begin May of 2025. The population-based need formula for the proposed site indicates a 167 ALF/RCF bed surplus in the applicant's 15-mile radius. On April 14, 2025, a request was received for an owner change. The proposed owner is Harmony4Him, LLC. The rationale for this ownership change is due to internal corporate restructuring. The proposed owner is an affiliated entity.

## Extension Request History

<b>Request Rec'd</b>	<b>Reason for Request</b>	<b>Decision</b>
7/8/21	Covid-19 pandemic delays	7/9/21-Extension to 1/4/22
12/8/21	Site delays	1/4/22- Two Extensions to 1/4/23
12/5/22	Site delays	1/9/23-Two Extensions to 1/4/24
1/22/24	Site delays	3/4/24-Extension to 7/4/24
8/6/24	Site delays	10/01/24-Two extensions to 7/4/25

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

## **Item #3**

### **#6008 RS: St. Louis Assisted Living Solutions, LLC**

#### **Wentzville (St. Charles County)**

#### **\$2,791,000, Third extension on CON to establish a 16-bed ALF**

Contact Person: Melanie Claborn, 314-707-9122, [melanie@stlouissolutionsfirm.com](mailto:melanie@stlouissolutionsfirm.com)

On September 12, 2023, a CON was issued to St. Louis Assisted Living Solutions, LLC (owner/operator), to establish a 16-bed assisted living facility (ALF) to be located at 740 Peine Road, Wentzville, MO 63385, at a cost of \$2,791,000. This would be accomplished through the construction of a one-story, 8,760 square-foot building. According to the schematics, all sixteen units would be for single occupancy. The application stated construction would commence in November of 2023 and be completed in July of 2024.

At the November 18, 2024 CON meeting, the applicant requested one additional extension. The applicant stated there were delays finding a new architect/engineer. Above ground construction is anticipated to start as soon as they receive the go ahead.

On March 10, 2025, a request was received for a third extension to September 12, 2025. The applicant stated the project has completed significant land preparation and the construction loan was closed on in January of 2025. Sitework for foundations will commence in April of 2025. No additional extensions are anticipated. According to the last PPR, as of March 12, 2025, the applicant has incurred a total cost of \$365,582.

## Extension Request History

<b>Request Rec'd</b>	<b>Reason for Request</b>	<b>Decision</b>
3/13/24	Financing delays	3/13/24-Extension to 9/12/24
8/5/24	Site Delays	11/18/24-Extension to 3/12/25

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

# Previous Business

## Item #4

**#5932 NS: The Baptist Homes Smithville**

**Smithville (Clay County)**

**\$6,401,123, Voluntary forfeiture on CON to establish 48-bed SNF**

*Contact Person: Andy Braams, 573-469-9445, abraams@bhbm.org*

On July 11, 2022, a CON was issued to The Baptist Home (owner) and The Baptist Home dba The Baptist Homes Smithville (operator) to establish a 48-bed skilled nursing facility (SNF) at 106 Hospital Drive, Smithville, MO 64089, at a cost of \$5,183,394. This would be accomplished through renovations of the existing 32,859 square-foot, single-story building, formerly known as Smithville Living Center. Schematics show 32 rooms would be private and eight rooms would be semi-private. Construction would commence in July of 2022 and be completed in March of 2023. Licensure is expected to occur in April of 2023.

On September 12, 2023, a cost overrun was approved.

On March 21, 2025, a request for a voluntary forfeiture of the project was received. The applicant is requesting approval to forfeit this project due to unexpected licensing requirements for the facility and has received non-applicability approval to convert the SNF to an ALF. The applicant preserves the right to apply for a new CON in the future.

## Item #5

**#5995 NS: Premium Apartments, LLC (Prev. JP Advance Care, LLC)**

**Kansas City (Clay County)**

**\$1,500,000, Fourth extension on CON to establish 150-bed SNF**

*Contact Person: Kim Heard, 816-698-6266, kimheardconsulting@outlook.com*

On May 1, 2023, a CON was issued to Community Healthcare, LLC (owner) and JP Advance Care, LLC (operator) to establish 150-bed skilled nursing facility (SNF), located at 724 NE 79<sup>th</sup> Terrace, Kansas City, MO 64118, at a cost of \$1,500,000. This would be accomplished through renovations of a single story, 32,238 square-foot building. All rooms would be licensed for two beds each and be located on the first floor and basement of the building. The application stated that renovations would commence in July of 2023 and be completed in September of 2023.

On July 29, 2024, a project owner change to Premium Apartments, LLC was approved. Also at the July CON meeting, the applicant discussed decreasing number of CON approved SNF beds and a possible cost overrun in the future if project costs exceed 10% of the budget.

On March 21, 2025, a request was received for a fourth extension to November 1, 2025. The applicant stated an additional extension is needed due to delays in renovations from vandalism and water in the basement, which has been remediated. No additional extensions should be needed. According to the last PPR, as of November 1, 2024, the project has incurred a total cost of \$1,041,688 in land acquisition costs, renovations, and other costs.

### Extension Request History

<b>Request Rec'd</b>	<b>Reason for Request</b>	<b>Decision</b>
12/11/23	Construction Delays	12/11/23-Extension to 5/1/24
5/22/24	Owner Delays	7/29/24-Two extensions to 5/1/25

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.

# Previous Business

## Item #6

### #5703 RS: The Preserve Village

#### Branson (Taney County)

#### **\$15,806,500, Voluntary forfeiture on CON to establish a 105-bed ALF**

Contact Person: Elizabeth Link, 618-407-3502, lizlink7@gmail.com

On September 9, 2019, a CON was issued to The Preserve Senior Living, LLC (owner) and Foster Senior Living (operator) to establish a 105-bed assisted living facility (ALF) at 36.635267, -93.286184, Branson, MO 65616, at a cost of \$15,806,500. This would be accomplished by constructing a single story, 91,896 square-foot building with 83 private units and 11 semi-private units. Thirty-four beds would be dedicated to memory care services. The application stated construction would begin in October of 2019 and be completed in July of 2021.

On March 25, 2025, a request for a voluntary forfeiture of the project was received. The applicant is requesting approval to forfeit this project due to overall budget increases and preserves the right to apply for a new CON in the future.

## Item #7

### #6085 RS: Arnold Senior Living

#### Arnold (Jefferson County)

#### **\$20,186,230, Second extension on CON to establish a 78-bed ALF**

Contact Person: Paul Brothers, 816-285-3884, pbrothers@gravesgarrett.com

On May 6, 2024, a CON was issued to Arnold Senior Living, LLC (owner/operator), to establish a 78-bed assisted living facility (ALF) to be located at 38.418639, -90.412996, Arnold, MO 63010, at a cost of \$20,186,230. This would be accomplished through the construction of a 54,129 square-foot two-story building. Fifty-eight units would be standard assisted living care, and twenty units would be for specialized memory care that would be co-located with a new independent living facility. After project completion, there would be 21 private studio rooms, 17 private one-bedrooms, 6 semi-private one-bedrooms, 4 semi-private two-bedrooms, 16 private memory care studios and 2 semi-private memory care rooms. Construction would commence in Spring of 2025 and be completed in Spring of 2027.

On March 31, 2025, a request was received for a second extension to November 6, 2025. The applicant stated the project has experienced several delays regarding land preparation. The applicant continues to await annexation of the property. Sitework will commence during 1<sup>st</sup> quarter of 2026. Two additional extensions are anticipated. According to the last PPR, as of March 12, 2025, the applicant has incurred a total cost of \$127,861 in legal and architectural fees, land acquisition, and other costs.

#### Extension Request History

<b>Request Rec'd</b>	<b>Reason for Request</b>	<b>Decision</b>
11/6/24	Land preparation delays	11/6/24-Extension to 5/6/2025

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

# Management Issues

**CON Non-Applicability Letters**  
**Issued February 8, 2023 - April 6, 2023**  
**(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	
6198 RA	The Baptist Home Smithville			Establish 48-bed ALF		03/21/2025	04/04/2025	The Baptist Home	573-557-0506
	106 Hospital Dr	Smithville	64089	Clay	\$0		Not Applicable	Baptist Homes Smithville	

Total Non-Applicability 1

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

**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 (1~~32~~) 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 requesting 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.

~~(12)~~ Health maintenance organizations means entities as defined in section 354.400(10), RSMo, except for activities directly related to the provision of insurance only.

~~(13)~~ 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.

(14) Major medical equipment to be replaced shall mean a piece of existing and operational, if applicable, major medical equipment. If the existing equipment to be replaced has not operated in over six (6) months, a CON application must be made if the project cost is ~~exceeding~~ one (1) million dollars or more.



OR

(14) Major medical equipment to be replaced shall mean a piece of existing and operational, if applicable, major medical equipment that currently holds prior CON approval. If the existing equipment to be replaced has not operated in over six (6) months, a CON application must be made if the project cost is exceeding one (1) million dollars or more. Equipment to be replaced that does not currently hold a valid CON must submit a CON application for new equipment if costing one (1) million dollars or more.

OR

(14) Major medical equipment to be replaced shall mean a piece of existing and operational, if applicable, major medical equipment that currently holds prior CON approval. If the existing equipment to be replaced has not operated in over six (6) months, a CON application must be made if the project cost is exceeding one (1) million dollars or more. Equipment to be replaced that was purchased under the CON threshold and does not hold a valid CON issued since 2010 must submit a CON application for new equipment if costing one (1) million dollars or more.

(153) 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.

(164) 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.

(175) "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.

(186) 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.

(197) 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.

(20) Substantial initiation capital expenditure means significant progress completed towards the above-ground construction or renovations approved within 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.

**Commented [AD1]:** Added 2/4/25

Or we remove section 14 and utilize addition in **19 CSR 60-50.440** for replacement equipment without a CON

**Commented [AD2]:** Or remove section (20) and utilize first amended **19 CSR 60-50.700(4)(A)**

OR

(20) Substantial initiation capital expenditure means significant progress completed towards the above-ground construction or renovations approved within a new hospital or long-term care CON application has been achieved. When applicants approved after January 1, 2026, incur capital expenditures exceeding five percent of their approved construction or renovation costs, and provide supporting documentation, such capital expenditures shall be presumed substantial except for good cause shown.

OR

(20) Substantial initiation capital expenditure means significant progress completed towards the above-ground construction, equipment purchase, or renovations approved within a new hospital or long-term care CON application has been achieved. Applicants approved after January 1, 2026, should incur the following to meet substantial initiation capital expenditure: fifteen (15) percent of their approved construction, equipment purchase, or renovation costs if such costs are between one thousand (1,000) and nine-hundred and ninety-nine thousand (999,999); ten (10) percent of their approved construction, equipment purchase, or renovation costs if such costs are between one (1) million and four million and nine-hundred and ninety-nine thousand (4,999,999); eight (8) percent of their approved construction, equipment purchase, or renovation costs if such costs are between five (5) million and twenty-five (25) million, and five (5) percent of their approved construction, equipment purchase, or renovation costs if such costs are over twenty-five (25) million. Applicants must provide supporting documentation of expenditures incurred; such capital expenditures shall be presumed substantial except for good cause shown

(2148) 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 development of a new LTC facility (licensed or certified residential care facility, assisted living facility, intermediate care facility, or skilled nursing facility) licensed under Chapter 198, RSMo 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;

(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, 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, 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 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 requesting 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, 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.

(73) 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 new, additional, and replacement 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 2030 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;

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, **with a valid CON**, 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 replacement equipment without a valid CON, address the following utilization standard in addition to section (3) of this rule:

(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) If specific utilization standards are not listed, provide documentation to justify the replacement equipment.

(54) 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:

**Commented [AD3]:** Keep if removing proposed 19 CSR 60-50.300(14)

(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.

(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 ~~ffteen-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-five (53) 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 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 initiation of project aboveground construction by any of the following: installation of structural support; installation of structural steel; installation of framing; establishing foundations and a wall, or For hospital and long-term care proposals involving construction, project-specific capital expenditure shall be met through documentation of construction plans approved by the department, documentation of secured financing for the project, a legally binding construction contract has been signed, specifically indicating the beginning and completion dates for the project, construction materials and equipment are visibly on site, and initiation of project above ground construction by any of the following: installation of structural support; installation of structural steel; installation of framing; establishing foundations and a wall. 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

**Commented [AD4]:** Keep this section if removing 19 CSR 60-50.300(20) amendments.

**Commented [AD5]:** Or remove this and add "Documentary proof that a progress payment of at least one percent of the total construction cost as set out in the contract has been paid by the applicant to the contractor (This payment exclusive of any site preparation cost)."

OR

(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. 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). A capital expenditure, according to generally accepted accounting principles, must be applied to a capital asset; or

(B) File the required Periodic Progress Report.

**Commented [AD6]:** Proceed with this section amendments if keeping **19 CSR 60-50.300(20)**

(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, 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~~ three (340)-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.*

Missouri Health Facilities Review Committee  
**Certificate of Need Expedited Ballot Meeting**  
May 22, 2025

**Tentative Agenda**

1. #6193 HT: SSM Health St. Mary's Hospital  
Jefferson City (Cole County)  
\$2,125,432, Replace MRI
2. #6195 HT: SSM RAYUS Radiology  
Bridgeton (St. Louis County)  
\$1,739,735, Replace MRI
3. #6194 HT: The University of Kansas Hospital Authority - Liberty  
Liberty (Clay County)  
\$3,800,000, Replace hybrid OR

Missouri Health Facilities Review Committee  
**Certificate of Need Expedited Ballot Meeting**  
June 25, 2025

**Tentative Agenda**

*\*Application deadline for this review cycle is May 14, 2025.*

Missouri Health Facilities Review Committee  
**Certificate of Need Meeting**  
July 14, 2025, 10:00 a.m.  
**TBD**

**Tentative Agenda**

**A. Committee Business**

1. Review and Perfect Agenda
2. Approve Minutes

**B. New Business**

*\*New business deadline for this review cycle is May 2, 2025.*

**C. Previous Business**

*\*Previous business deadline for this review cycle is June 9, 2025.*

**D. Management Issues**

1. Non-Applicability Letters Issued
2. Activity Schedules
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**  
July 24, 2025

**Tentative Agenda**

*\*Application deadline for this review cycle is June 12, 2025.*

**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)

**Incomplete Projects Report  
(sorted by Approval Date)**

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

**Incomplete Projects Report  
(sorted by Approval Date)**

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5208 RS	St. Louis Altenheim 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%	11/07/2025	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 2/3/25: 16th & 17th ext to 11/7/25
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

**Incomplete Projects Report  
(sorted by Approval Date)**

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
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
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
5492 HA	Farmington Hospital and Behavioral Clinic Establish 48-bed Psychiatric Hospital	Farmington	St. Francois	11/06/2017	\$756,005	62%		
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
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
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

**Incomplete Projects Report  
(sorted by Approval Date)**

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
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
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
5813 RS	Smart Senior Living 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 3/3/25: 8th ext denied, placed on 5/5 mtg for forfeiture
5811 RS	Bowling Green Residential Care Add 20 RCF beds	Bowling Green	Pike	01/04/2021	\$51,000	50%		2/15/23- Breakdown of cost is saved in compliance folder, still need license showing the added beds.
5830 RS	Jefferson City-Assisted Living by Americare Establish 40-bed ALF	Jefferson City	Cole	03/01/2021	\$5,506,601	0%	03/01/2026	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 3/3/25: 8th & 9th Ext to 3/1/26

**Incomplete Projects Report  
(sorted by Approval Date)**

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5812 NS	Ignite Medical Resort St. Peters Establish 91-bed SNF	St. Peters	St. Charles	03/01/2021	\$26,000,000	43%		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
5799 DS	The Baptist Home at Ashland Establish 20-bed ALF & 40-bed SNF	Ashland	Boone	03/01/2021	\$13,338,832	80%		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
5848 RS	Hampton Manor of O'Fallon Establish 107-bed ALF	O'Fallon	St. Charles	05/24/2021	\$15,000,000	75%		
5840 RS	Majestic Residences at Old Hawthorne Establish 36-bed ALF	Columbia	Boone	05/24/2021	\$6,648,303	0%	05/24/2025	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 2/3/25: 7th ext to 5/24/25
5860 RS	Cedarhurst of Wentzville Establish 80-bed ALF	Wentzville	St. Charles	07/12/2021	\$15,600,000	83%		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 1/27/25: Contact change from Nick Dwyer ndwyer@dover-development.com
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
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

**Incomplete Projects Report  
(sorted by Approval Date)**

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
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
5933 RS	Hampton Manor of Republic Establish 107-bed ALF	Republic	Greene	09/12/2022	\$16,000,000	34%		
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
5954 RS	NWKC Senior Community, LLC Establish 79-bed ALF	Kansas City	Platte	09/12/2022	\$19,439,276	77%		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
5963 NT	Mason Pointe Care Center Ren/Mod 256-bed SNF	Chesterfield	St. Louis	09/21/2022	\$16,838,176	85%		
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
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



**Incomplete Projects Report  
(sorted by Approval Date)**

Number	Project Name	City	County	Approval Date	Project Cost	% Complete	End of Extension	Comments
5988 RT	Capetown Assisted Living Replace 5 ALF beds (6-mile replacement)	Cape Girardeau	Cape Girardeau	01/23/2023	\$1,208,700	0%	01/23/2026	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 3/3/25: 4th & 5th Ext to 1/23/26
5989 HT	Barnes Jewish Hospital Replace MRI	St. Louis	St. Louis City	01/23/2023	\$10,834,000	35%		
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
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
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
6000 RS	Aspen Valley Senior Homes - North Crest Establish 12-bed ALF	Washington	Franklin	05/01/2023	\$1,779,767	99%		11/15/23: 1st Ext to 5/1/2024 2/3/25: CO approved, prev cost: \$1,436,500
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
6018 DS	The Baptist Home at Ashland Add 20 ALF beds and 14 SNF beds	Ashland	Boone	07/24/2023	\$102,000	40%		1/24/24: 1st Ext to 7/24/24
6015 NS	Windsor Estates of St. Charles Add 15 SNF beds	St. Charles	St. Charles	07/24/2023	\$1,385,000	89%		9/12/23: Owner & Operator change approved; previously Windsor- St. Charles Property, LLC (owner) & Windsor Estates of St. Charles SNAL, LLC (operator)
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
6008 RS	St. Louis Assisted Living Solutions LLC Establish 16-bed ALF	Wentzville	St. Charles	09/12/2023	\$2,791,000	2%	03/12/2025	3/13/24: 1st Ext to 9/12/24 10/01/24: Ext deferred to 11/18/24 meeting 11/18/24: 2nd Ext to 3/12/25

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6031 HS	Emergency Care Hospital - Independence Establish 3-bed emergency care hospital	Independence	Jackson	09/12/2023	\$24,401,000	25%		3/12/24: 1st Ext to 9/12/24
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
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>
6060 RS	Aspen Valley Senior Homes - New Haven Establish 12-bed ALF	New Haven	Franklin	01/08/2024	\$1,718,200	0%	07/08/2025	7/25/24 Staff granted 1st ext to 1/8/25 2/3/25: 2nd ext to 7/8/25
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%	01/08/2026	6/18/24 Contact changed from Thomas Piper macquest@mac.com  Staff granted 1st ext req to 1/8/25 2/3/25: 2nd & 3rd ext to 1/8/26
6064 HS	Mercy Hospital Jefferson Acquire a robotic surgery unit	Festus	Jefferson	01/08/2024	\$2,173,711	99%		
6046 HS	Mercy Hospital - Springfield Acquire additional PET/CT unit	Springfield	Greene	03/04/2024	\$1,298,886	99%		9/5/24 1st ext req approved by staff to 3/4/25
6071 HS	Missouri Baptist Medical Center Acquire hybrid OR	St. Louis	St. Louis	03/04/2024	\$1,917,827	80%		
6093 HT	Mosaic Medical Center - Albany Replace MRI	Albany	Gentry	04/22/2024	\$1,342,494	81%		
6084 HS	St. Luke's RAYUS Radiology-St. Peters Acquire addtl MRI	St. Peters	St. Charles	05/06/2024	\$2,578,286	99%		
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
6091 RS	Bishop Spencer Place Add 21 ALF beds	Kansas City	Jackson	05/06/2024	\$9,851,333	30%		

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6115 HT	Barnes-Jewish Hospital Replace EP Lab	St. Louis	St. Louis City	07/25/2024	\$2,131,288	1%		Will replace 4662
6114 HT	Christian Hospital Northwest Replace MRI	Florissant	St. Louis County	07/25/2024	\$2,111,042	95%		Will replace 3420
6112 HT	Saint Luke's North Hospital Replace MRI	Kansas City	Platte	07/25/2024	\$4,313,647	10%		Will replace 3910 HA
6102 RS	Lake George Senior Living Add 10 ALF beds	Columbia	Boone	07/29/2024	\$900,000	0%	07/29/2025	1/29/25: 1st Ext Req approved by staff
6109 HS	Saint Luke's Hospital Acquire addtl hybrid OR	Kansas City	Jackson	07/29/2024	\$5,069,178	0%		
6083 HS	St. Mary's Surgical Center Acquire robotic surgery unit	Blue Springs	Jackson	07/29/2024	\$2,600,750	0%	07/29/2025	2/25/25 - 1st ext req approved by staff
6106 HS	Mercy Hospital Wentzville Establish 75-bed hospital	Wentzville	St. Charles	07/29/2024	\$635,177,720	0%	07/29/2025	1/28/25: 1st Ext Req approved by staff
6105 HS	CoxHealth Rehabilitation Hospital Establish 63-bed rehabilitation hospital	Ozark	Christian	07/29/2024	\$52,155,171	15%		
6103 RS	Harvey's Home for Assisted Living and Establish 17-bed ALF	Smithville	Clay	07/29/2024	\$2,669,681	0%	07/29/2025	1/23/25: 1st Ext Granted by staff
6143 HA	Orthopedic & Sports Medicine Center Replace MRI	St. Joseph	Buchanan	08/12/2024	\$745,157	99%		
6142 HA	Orthopedic & Sports Medicine Center Acquire CT Scanner	St. Joseph	Buchanan	08/12/2024	\$753,612	99%		
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%		
6131 HT	Mercy Hospital - Springfield Replace MRI	Springfield	Greene	09/19/2024	\$2,051,269	0%	09/19/2025	To replace 4075 HS 3/19/25: 1st ext req approved by staff

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<b>Number</b>	<b>Project Name</b>	<b>City</b>	<b>County</b>	<b>Approval Date</b>	<b>Project Cost</b>	<b>% Complete</b>	<b>End of Extension</b>	<b>Comments</b>
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
6130 HT	North Kansas City Hospital Replace MRI	North Kansas City	Clay	09/19/2024	\$1,709,090	0%	09/19/2025	To replace #4184 HT 3/19/25: 1st ext req approved by staff
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
6122 RS	The Grand Royale Add 52 ALF beds	Gladstone	Clay	10/01/2024	\$25,000	0%		
6120 HS	Hannibal Regional Healthcare System Acquire linear accelerator	Kirksville	Adair	10/01/2024	\$6,986,291	0%	10/01/2025	4/9/25: 1st ext req granted by staff
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%		
6119 RS	Friendship Village Assisted Living & Add 28 ALF beds	St. Louis	St. Louis	10/01/2024	\$8,095,719	0%	10/01/2025	4/11/25: 1st ext req approved by staff
6125 HS	Saint Luke's Radiation Therapy - Liberty, Relocate linear accelerator	Kansas City	Platte	10/01/2024	\$1,674,364	0%		
6101 HS	Boone Health Acquire two addtl robotic surgery units	Columbia	Boone	10/01/2024	\$5,072,000	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	99%		
6164 RA	The Westbury Senior Living Add 6 ALF beds (10/10%)	Columbia	Boone	11/06/2024	\$0	0%		

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6163 HA	The Princeton Senior Living Add 6 ALF beds (10/10%)	Lee's Summit	Jackson	11/06/2024	\$0	0%		
6124 HS	Southwest Children's, LLC Establish 66-bed pediatric hospital-within-a hospital	Springfield	Greene	11/18/2024	\$3,169,900	0%		
6121 HS	Lake Regional Imaging Center Acquire PET/CT unit (PT to FT)	Osage Beach	Camden	11/18/2024	\$2,311,711	0%		
6129 RS	Levering Regional Health Center Add 179 RCF beds	Hannibal	Marion	11/18/2024	\$52,500	0%		
6136 RS	New Hope Assisted Living Add 15 ALF beds	Poplar Bluff	Butler	11/18/2024	\$1,300,000	0%		
6138 HS	Barnes-Jewish Hospital Acquire an additional Hybrid OR	St. Louis	St. Louis City	11/18/2024	\$2,809,154	0%		
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%		
6150 HT	The Children's Mercy Hospital Replace CT	Kansas City	Jackson	11/21/2024	\$2,976,532	0%		Will replace #3380 HS
6152 NT	Friendship Village Chesterfield Renovate/Modernize 90-bed SNF	Chesterfield	St. Louis	11/21/2024	\$2,498,790	0%		
6151 HT	Cox South Replace IR Room	Springfield	Greene	11/21/2024	\$3,892,223	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%		
6169 HT	Northeast Regional Medical Center Replace MRI	Kirksville	Adair	12/27/2024	\$1,911,737	0%		Will replace 4096 HT

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6168 HT	SSM Health St. Joseph Lake Saint Louis Replace MRI	Lake St. Louis	St. Charles	12/27/2024	\$3,407,227	0%		
6167 HT	North Kansas City Hospital Replace LINAC	North Kansas City	Clay	12/27/2024	\$4,162,491	0%		Will replace 4902 HT
6166 HT	St. Luke's RAYUS Radiology - Winghaven Replace MRI	O'Fallon	St. Charles	12/27/2024	\$2,600,000	0%		
6171 HT	Poplar Bluff Regional Medical Center Replace Robotic Surgery System	Poplar Bluff	Butler	01/21/2025	\$1,781,000	0%		
6170 HS	SSM Health - St. Clare Hospital Replace Cardiac Cath Lab	Fenton	St. Louis	01/21/2025	\$2,715,316	0%		
6117 HS	SSM Health St. Clare Hospital Acquire robotic surgery unit	Fenton	St. Louis	02/03/2025	\$1,359,519	0%		
6190 RA	Close to Paradise Assisted Living II Establish 10-bed ALF	Springfield	Greene	02/03/2025	\$558,180	0%		
6165 HA	St. Louis Recovery Hospital Establish 41-bed psychiatric and substance abuse treatment hospital	St. Louis	St. Louis City	02/03/2025	\$963,230	0%		
6154 HS	Heartland Regional Medical Center Acquire two additional robotic surgery units	St. Joseph	Buchanan	02/03/2025	\$5,112,000	0%		
6118 HS	SSM Health St. Mary's - St. Louis Acquire robotic surgery unit	St. Louis	St. Louis City	02/03/2025	\$2,246,250	0%		
6137 DS	Scotland County Nursing Home District Establish 68-bed ICF & 28-bed RCF	Memphis	Scotland	02/03/2025	\$4,553,500	0%		
6155 HS	Orthopedic & Sports Medicine Center, LLC Acquire MRI	Platte City	Platte	02/03/2025	\$1,186,311	0%		
6156 HS	North Kansas City Hospital Acquire two additional IR units	North Kansas City	Clay	02/03/2025	\$3,258,638	0%		
6157 HS	The University of Kansas Hospital Acquire linear accelerator	Liberty	Clay	02/03/2025	\$4,700,000	0%		

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6158 HS	Broadway Arches - Behavioral Health Establish 72-bed behavioral health hospital	St. Louis	St. Louis City	02/03/2025	\$13,699,519	0%		
6159 HS	Mercy Hospital St. Louis Acquire additional robotic surgery system	St. Louis	St. Louis County	02/03/2025	\$2,536,000	0%		11/1/24: Contact Correctionrec'd, previously Emily Combs <emily.combs@mercy.net>
6160 HS	Missouri Baptist Medical Center Acquire additional MRI unit	St. Louis	St. Louis County	02/03/2025	\$2,757,992	0%		
6161 RS	La Bonne Maison Assisted Living Add 6 ALF beds	Sikeston	Scott	02/03/2025	\$0	0%		
6180 HT	Phelps Health Hospital Replace CT	Rolla	Phelps	02/21/2025	\$1,667,988	0%		
6135 HT	Missouri Delta Medical Center Replace MRI	Sikeston	Scott	02/21/2025	\$2,316,633	0%		Will replace #4693 HT
6182 HT	St. Luke's Hospital of Kansas City Replace CV Lab	Kansas City	Jackson	02/21/2025	\$2,119,686	0%		3/14/25: Contact change from Audrey Hill ahill@saintlukeskc.org
6179 HT	SSM Health St. Mary's - St. Louis Replace Cath Lab	St. Louis	St. Louis City	02/21/2025	\$3,306,303	0%		Will replace #4234 HT
6178 HT	Phelps Health MOB Replace CT	Rolla	Phelps	02/21/2025	\$1,157,334	0%		
6174 HS	St. Luke's Hospital Acquire additional robotic surgery unit	Chesterfield	St. Louis	03/03/2025	\$3,000,000	0%		
6177 RS	417 ResCare Establish 14-bed ALF	Springfield	Greene	03/03/2025	\$3,276,013	0%		
6175 HS	Missouri Baptist Sullivan Hospital Acquire robotic surgery unit	Sullivan	Crawford	03/03/2025	\$1,986,000	0%		
6172 HS	Mercy Hospital Washington Acquire robotic surgery system	Washington	Franklin	03/03/2025	\$1,940,814	0%		
6176 HS	Parkland Health Center Acquire Robotic Sugery unit	Farmington	St. Francois	03/03/2025	\$1,986,000	0%		

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6198 RA	The Baptist Home Smithville Establish 48-bed ALF	Smithville	Clay	04/04/2025	\$0	0%		

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