



Certificate of Need Program  
**LETTER OF INTENT**

<b>1. Project Information</b> <i>(Attach additional pages as necessary to identify multiple project sites.)</i>		
Title of Proposed Project		County
Project Address <i>(Street/City/State/Zip Code or Plat map if no address)</i>		
<b>2. Applicant Identification</b> <i>(Attach additional pages as necessary to list all owners and operators.)</i>		
<b>List All Owner(s):</b> <i>(List corporate entity.)</i>		
Address (Street/City/State/Zip Code)		Telephone Number
<b>List All Operator(s):</b> <i>(List entity to be licensed or certified.)</i>		
Address (Street/City/State/Zip Code)		Telephone Number
<b>3. Type of Review</b>	<b>4. Project Description</b> <i>(Information should be brief but sufficient to understand scope of project.)</i>	
<b>Full Review:</b> <input type="checkbox"/> New Hospital <input type="checkbox"/> New/Add LTC Beds* <input type="checkbox"/> New/Add LTCH Beds/Eqpt. <input type="checkbox"/> New/ <input type="checkbox"/> Additional Equipment <input type="checkbox"/> Replacement Equipment not previously approved  <b>Expedited Review:</b> <input type="checkbox"/> 6-mile RCF/ALF Replacement <input type="checkbox"/> 15-mile LTC Replacement <input type="checkbox"/> 30-mile LTC Replacement <input type="checkbox"/> LTC Bed Expansion <input type="checkbox"/> LTC Renov./Modernization <input type="checkbox"/> Equipment Replacement previously approved  <b>Non-Applicability Review:</b> <input type="checkbox"/> (See 7. Applicability next page)	<p><i>Include the number of long-term care beds to be added or replaced, square footage of new construction and/or renovation, services affected, and major medical equipment to be acquired or replaced. If requesting a non-applicability letter, also complete the next page of this form.</i></p> <p><i>*If new or additional long-term care beds, provide the average occupancy of all licensed and available beds in the appropriate category within the fifteen-mile radius, check one of the following, and attach applicable documentation or explanation.</i>  <input type="checkbox"/> Bed need standard is met. <i>(Attach documentation.)</i> -OR- <input type="checkbox"/> Special exceptions apply. <i>(Attach explanation.)</i></p>	
<b>Key:</b> LTC = Long-Term Care; LTCH = Long-Term Care Hospital; RCF/ALF = Residential Care Facility/Assisted Living Facility		
<b>5. Estimated Project Cost:</b> \$ _____		
<b>6. Authorized Contact Person Identification</b> <i>(List only one person, regardless of number of owners/operators.)</i>		
Name of Contact Person		Title
Contact Person Address <i>(Company/Street/City/State/Zip Code)</i>		
Telephone Number	Fax Number	E-mail Address
Signature of Contact Person		Date of Signature



## LETTER OF INTENT

### 7. Applicability (Check the box below to indicate the rationale for the exemption or waiver being sought.)

**A Proposed Expenditure form is required even if the project cost is "\$0".**

- If proposed expenditures are **less than the minimums** in §197.305(6), attach supporting documentation to illustrate how each of those amounts were determined, such as schematic drawings, equipment quotes, and contactor estimates.
- §197.305(9)(e) for additional long term care beds in the same category (certified as RCF/ALF, ICF or SNF) in a RCF/ALF, nursing home, or acute care hospital costing less than \$600,000, and are 10 beds or 10% of that facility's existing capacity, whichever is less.

If the proposal meets one of the **exemptions** or **exceptions** below, then check the appropriate box, and attach detailed documentation substantiating compliance with the statutory provisions as set out in Rule 19 CSR 60-50.410:

- §197.312 for an RCF/ALF previously owned and operated by the city of St. Louis; or
- If the proposal meets the definition of **"nonsubstantive projects"** in §197.305(10) and 19 CSR 60-50.300(13) for a **waiver** from review, complete both pages of this form as the first step in the process, and provide the rationale as to why the proposal should be deemed to be "nonsubstantive" in the space below.
- If the proposal meets the definition of **"purchase"** or **"replacement"** in §197.318(4) and 19 CSR 60-50.450(3-4) for an **exception** from review, complete both pages of this form, and provide the rationale in the space below, including attached schematics and other documentation as to why the proposal should be deemed to be "nonapplicable".

*Explain the rationale for the non-applicability letter request.*