



Certificate of Need Program

NEW OR ADDITIONAL LONG TERM CARE BED APPLICATION*

Applicant's Completeness Checklist and Table of Contents

Project Name: _____

Project No: _____

Project Description: _____

Done Page N/A Description

Divider I. Application Summary:

- _____ 1. Applicant Identification and Certification (Form MO 580-1861)
- _____ 2. Representative Registration (From MO 580-1869)
- _____ 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.

Divider II. Proposal Description:

- _____ 1. Provide a complete detailed project description.
- _____ 2. Provide a timeline of events for the project, from CON issuance through project competition.
- _____ 3. Provide a legible city or county map showing the exact location of the proposed facility.
- _____ 4. Provide a site plan for the proposed project.
- _____ 5. Provide preliminary schematic drawings for the proposed project including the location of each bed.
- _____ 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- _____ 7. Provide the proposed gross square footage.
- _____ 8. Document ownership of the project site, or provide an option to purchase.
- _____ 9. Define the community to be served (service area: 2025 population, area, rationale).
- _____ 10. Provide 2025 population projections for the 15-mile radius service area.
- _____ 11. Identify specific community problems or unmet needs the proposal would address.
- _____ 12. Provide historical utilization for each of the past three (3) years and utilization projections through the first three (3) **FULL** years of operation of the new LTC beds.
- _____ 13. Provide the methods and assumptions used to project utilization.
- _____ 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- _____ 15. Provide copies of any petitions, letters of support or opposition received.

Divider III. Service Specific Criteria and Standards:

- _____ 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.
- _____ 2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.
- _____ 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
- _____ 4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
- _____ 5. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.
- _____ 6. If the project is to add beds to an existing facility, has the facility received any patient care class I deficiencies within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.

Divider IV. Financial Feasibility Review Criteria and Standards:

- _____ 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data".
- _____ 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- _____ 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) **FULL** years beyond project completion.
- _____ 4. Document how patient charges are derived.
- _____ 5. Document responsiveness to the needs of the medically indigent.
- _____ 6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?
- _____ 7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions is Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission?

*Use for RCF/ALF, ICF/SNF and LTCH beds