

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

PROPOSED AMENDMENT

19 CSR 60-50.430 Application Package. The committee is amending subsection (4)(D)1.

PURPOSE: The committee is amending this rule to remove the actual projected population year, which will prevent the necessity to continuously amend this rule in the future.

(4) The Proposal Description shall include documents which—

(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 **projected** year [2025] populations [*and projections*] provided by the Bureau of Health Care Analysis and Data Dissemination (BHCADD), which can be obtained by contacting:

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

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

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 Rescinded and readopted: Filed June 29, 1999, effective Jan. 30, 2000.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 Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002.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.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 920 Wildwood Drive, Jefferson City, MO 65109 or via e-mail at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*



Certificate of Need Program

NEW HOSPITAL 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.
- _____ 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.

Divider II. Proposal Description:

- _____ 1. Provide a complete detailed project description.
- _____ 2. Provide the proposed number of licensed beds by medical specialty.
- _____ 3. Provide a timeline of events for the project, from CON issuance through project competition.
- _____ 4. Provide a legible city or county map showing the exact location of the proposed facility.
- _____ 5. Provide a site plan for the proposed project.
- _____ 6. Provide preliminary schematic drawings for the proposed project.
- _____ 7. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- _____ 8. Provide the proposed square footage.
- _____ 9. Document ownership of the project site, or provide an option to purchase.
- _____ 10. Define the community to be served (service area: [2025] **projected** population, area, rationale).
- _____ 11. Provide utilization projections through the first three (3) **FULL** years of operation of the new beds
- _____ 12. Identify specific community problems or unmet needs the proposal would address.
- _____ 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.
- _____ 16. 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.
- _____ 17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

Divider III. Service Specific Criteria and Standards:

- _____ 1. Document the methodology utilized to determine the need for the proposed hospital.
- _____ 2. 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%).
- _____ 3. Discuss the impact the proposed hospital would have on utilization of other hospitals in the geographic service area.
- _____ 4. Document the unmet need in the geographic service area for each type of bed being proposed according to the population-based need formula

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.



Project Name: _____

Project No: _____

Project Description: _____

Done	Page	N/A	Description
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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.
- _____ 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.
- _____ 5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.
- _____ 6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.
- _____ 7. 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 5 years.
- _____ 8. 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 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.

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.
- _____ 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- _____ 7. Provide the proposed square footage.
- _____ 8. Document ownership of the project site, or provide an option to purchase.
- _____ 9. Define the community to be served.
- _____ 10. Provide [2025] **projected** 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.
- _____ 16. 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.
- _____ 17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

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 a Notice of Noncompliance 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 are Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission.