

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 73—Missouri Board of Nursing Home  
Administrators  
Chapter 2—General Rules**

**PROPOSED AMENDMENT**

**13 CSR 73-2.015 Fees.** The board is amending subsections (1)(B) and (1)(C) and section (2).

*PURPOSE: This amendment removes the dollar amounts set for the national and state exams and replaces it with language stating that fees will be determined by the national association. Beginning January 1, 2000 Missouri will no longer control those fees but will transmit fees from the candidate to the national association.*

(1) The following fees are *[established]* **required** by the Board of Nursing Home Administrators:

(B) *[National and State Exam Fee or National Exam Fee (when taken on one of the designated quarterly testing dates) \$150.00]*

**National exam fee and computer administration fee for the national exam as fixed by the National Association of Board of Examiners of Long Term Care Administrators (NAB);**

(C) *[State Exam Fee for Reciprocity Candidates and for Candidates Needing to Retake the State Exam \$50.00]*  
**State exam fee and computer administration fee for the state exam as fixed by the National Association of Board of Examiners of Long Term Care Administrators;**

(2) *[All fees/Fees listed in (1)(A) and (D)–(H) must be made payable to the [director of revenue] Division of Aging in the form of a cashier's check, company check or money order. Fees listed in (1)(B) and (C) must be made payable to the National Association of Board of Examiners of Long Term Care Administrators (NAB).*

*AUTHORITY: section 344.070 RSMo [Supp. 1993] Supp. 1998. Original rule filed Jan. 3, 1992, effective May 14, 1992. Amended: Filed March 4, 1993, effective Aug. 9, 1993. Emergency amendment filed Nov. 17, 1999, effective Dec. 11, 1999, expires June 7, 2000. Amended: Filed Nov. 1, 1999.*

*PUBLIC ENTITY COST: This proposed amendment is estimated to cost state agencies or political subdivisions less than \$500 in the aggregate.*

*PRIVATE ENTITY COST: The private entity cost for this proposed amendment is estimated at \$50,062 for NAB and State Exam Candidates, \$23,290 for NAB Exam Candidates, and \$16,055 for State Exam Candidates in the aggregate for the life of the rule. A detailed fiscal note, which estimates the cost of compliance with this amendment, has been filed with the secretary of state.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, 615 Howerton Court, P.O. Box 1337, Jefferson City, MO 65102, (573) 751-3511. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled*

**Board of Nursing Home Administrators  
FISCAL NOTE  
PRIVATE ENTITY COST**

**I. RULE NUMBER**

**Title:** 13 - Department of Social Services

**Division:** 73 - Missouri Board of Nursing Home Administrators

**Chapter:** 2 - General Rules

**Type of Rulemaking:** Proposed Amendment

**Rule Number and Name:** 13 CSR 73-2.015

Prepared October 1, 1999 by the Board of Nursing Home Administrators of the Department of Social Services, Division of Aging.

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected: Nursing Home Administrator Examination Candidates	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
307	NAB and State Exams <sup>1</sup>	\$50,062.00
274	NAB Exams <sup>2</sup>	\$23,290.00
247	State Exams <sup>3</sup>	\$16,055.00

**III. WORKSHEET**

Nursing Home Administrator Examination Fee increase includes, per candidate: \$85 for the national examination and a new fee of \$115 for the state exam. Fees for the reciprocity candidate taking only the state exam and the candidate retaking the state exam will increase \$65.00. The increase per category is as follows: 1) the NAB-and-State-Exam candidate, \$200; 2) NAB-Exam-only candidate, \$85.00, and; 3) State-Exam-only candidate, \$65.00.

<sup>1</sup> Candidates who took the national and state exam on a regularly scheduled test date.

<sup>2</sup> Candidates who took the national exam only for a second/third time.

<sup>3</sup> Candidates who took the state exam only for a second/third time and reciprocity candidates required to only take the state exam.

#### **IV. ASSUMPTIONS**

The number of entities by class are based on actual figures from FY98 and FY99, and projected figures for FY 2000. Not included in this fiscal note are the unmeasurable savings for each candidate surrounding the option to test in 5 Missouri locations instead of 1. These savings include; mileage, meals and hotel expenses. After January 1, 2000, candidates can reasonably travel to the testing center, complete the exam(s) and return home in 1 day. The savings will be even greater for reciprocity candidates because of the ability to take the State Exam at any approved testing facility (Sylvan Center) in the United States.

The estimated aggregate cost does not reflect the potential for less retakes because the candidate can take the exams on different dates. This allows candidates to focus their studies on one exam at a time which can reduce the failure rate. In addition, FY98 includes an unusually high number of candidates (25% higher) compared to the trend from previous fiscal years, FY99 and, the projected figures for FY 2000.

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 73—Missouri Board of Nursing Home**  
**Administrators**  
**Chapter 2—General Rules**

**PROPOSED AMENDMENT**

**13 CSR 73-2.020 Procedures And Requirements For Licensure Of Nursing Home Administrators.** The board is amending section (3) and deleting the forms following the rule in the *Code of State Regulations*.

*PURPOSE: This amendment removes the exam fee amount and revises the language to prepare for computer-based testing to be implemented January 1, 2000.*

(3) The applicant, **shall be eligible to take the examination upon submission of the National Association of Boards of Examiners for Long Term Care Administrators (NAB) Application Form for Computerized Testing**, payment of *[an examination] the required fees [of one hundred fifty dollars (\$150)]* and satisfactory completion of sections (1) and (2) of this rule. *I, shall be registered for the examination(s). The increase in the fee from one hundred dollars (\$100) will be effective for applicants who register for the April 11, 1990 examination and any examination after that. The fee will remain one hundred dollars (\$100) for examinations taken prior to the April 11, 1990 test date.]*

*AUTHORITY: section 344.070 RSMo [Supp. 1993] Supp 1998. Original rule filed March 5, 1974, effective March 15, 1974. Rescinded and readopted: Filed May 13, 1980, effective Aug. 11, 1980. Amended: Filed April 14, 1983, effective July 11, 1983. Amended: Filed Oct. 16, 1985, effective March 14, 1986. Amended: Filed Oct. 1, 1987, effective Jan. 14, 1988. Amended: Filed Dec. 4, 1989, effective March 1, 1990. Emergency amendment filed Nov. 17, 1999, effective Dec. 11, 1999, expires June 7, 2000. Amended: Filed Nov. 1, 1999.*

*PUBLIC ENTITY COST: This proposed amendment is estimated to cost state agencies or political subdivisions less than \$500 in the aggregate.*

*PRIVATE ENTITY COST: The private entity cost for this proposed amendment is estimated at \$50,062 for NAB and State Exam Candidates, \$23,290 for NAB Exam Candidates, and \$16,055 for State Exam Candidates in the aggregate for the life of the rule. A detailed fiscal note, which estimates the cost of compliance with this amendment has been filed with the secretary of state.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, 615 Howerton Court, P.O. Box 1337, Jefferson City, MO 65102, (573) 751-3511. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled*

**Board of Nursing Home Administrators  
FISCAL NOTE  
PRIVATE ENTITY COST**

**I. RULE NUMBER**

**Title:** 13 - Department of Social Services

**Division:** 73 - Missouri Board of Nursing Home Administrators

**Chapter:** 2 - General Rules

**Type of Rulemaking:** Proposed Amendment

**Rule Number and Name:** 13 CSR 73-2.020

Prepared October 1, 1999 by the Board of Nursing Home Administrators of the Department of Social Services, Division of Aging.

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected: Nursing Home Administrator Examination Candidates	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
307	NAB and State Exams <sup>1</sup>	\$50,062.00
274	NAB Exams <sup>2</sup>	\$23,290.00
247	State Exams <sup>3</sup>	\$16,055.00

**III. WORKSHEET**

Nursing Home Administrator Examination Fee increase includes, per candidate: \$85 for the national examination and a new fee of \$115 for the state exam. Fees for the reciprocity candidate taking only the state exam and the candidate retaking the state exam will increase \$65.00. The increase per category is as follows: 1) the NAB-and-State-Exam candidate, \$200; 2) NAB-Exam-only candidate, \$85.00, and; 3) State-Exam-only candidate, \$65.00.

<sup>1</sup> Candidates who took the national and state exam on a regularly scheduled test date.

<sup>2</sup> Candidates who took the national exam only for a second/third time.

<sup>3</sup> Candidates who took the state exam only for a second/third time and reciprocity candidates required to only take the state exam.

#### **IV. ASSUMPTIONS**

The number of entities by class are based on actual figures from FY98 and FY99, and projected figures for FY 2000. Not included in this fiscal note are the unmeasurable savings for each candidate surrounding the option to test in 5 Missouri locations instead of 1. These savings include; mileage, meals and hotel expenses. After January 1, 2000, candidates can reasonably travel to the testing center, complete the exam(s) and return home in 1 day. The savings will be even greater for reciprocity candidates because of the ability to take the State Exam at any approved testing facility (Sylvan Center) in the United States.

The estimated aggregate cost does not reflect the potential for less retakes because the candidate can take the exams on different dates. This allows candidates to focus their studies on one exam at a time which can reduce the failure rate. In addition, FY98 includes an unusually high number of candidates (25% higher) compared to the trend from previous fiscal years, FY99 and, the projected figures for FY 2000.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 73—Missouri Board of Nursing Home  
Administrators  
Chapter 2—General Rules**

**PROPOSED AMENDMENT**

**13 CSR 73-2.070 Examination** The board is amending the rule by deleting section (2), renumbering section (3), adding new sections (3)–(7), renumbering sections (4)–(7), and deleting section (8).

*PURPOSE: This amendment is needed to describe the new procedures for examination brought about by the move from a paper-and-pencil exam to computer-based testing (CBT). The exam is controlled by the National Association of Boards of Examiners of Long Term Care Administrators (NAB) and all states must implement CBT on January 1, 2000.*

*[(2) Administration of examinations shall be scheduled at least quarterly if one (1) or more applicants are awaiting examination.]*

*[(3)] (2) [Applicants shall receive written notice of the date, time and place of examination.]* The examination must be taken within twelve (12) months of the written notice of board evaluation and qualification. Failure to do so will cause full reapplication to be necessary.

**(3) Qualified applicants will be eligible to take the national and/or state examination through the testing service by following the procedures set forth in sections (4)–(7) of this rule.**

**(4) Applicants must submit the National Association of Boards of Examiners of Long Term Care Administrators (NAB) Application Form for Computerized Testing and the required fees to the board office. The applicant will receive from the testing service an authorization letter including a list of testing center vendors, each center's toll-free telephone number and instructions on the scheduling process.**

**(5) Applicants must schedule to sit the examination within sixty (60) days of the date on the testing service's authorization letter.**

**(6) Failure to schedule and sit the examination(s) within the sixty (60)-day period will cause the applicant's name to be removed from the eligibility list kept by the testing service. Applicants may reschedule by resubmitting the NAB Application Form and paying any required fees.**

**(7) Applicants must comply with all criteria and requirements established by the board, the National Association of Board of Examiners of Long Term Care Administrators (NAB), the testing service and the testing center.**

*[(4)] (8) Individuals making initial application for licensure, within twenty-one (21) days of a board meeting date, may be required to wait until a subsequent date to be evaluated.*

*[(5)] (9) Applicants shall obtain a passing score on the examination(s) administered by the board. The passing score shall be based upon the scale score passing point of one hundred thirteen (113) on the federal portion of the examination and seventy-five percent (75%) on the state portion of the examination.*

*[(6)] (10) If an applicant fails to make a passing grade on one or both of the required examinations, the applicant may make application for reexamination and [may be retested at the next reg-*

*ularly scheduled examination] pay the required fees. If the applicant fails only one (1) of the required examinations and then fails to retake and pass the examination within a twelve (12)-month period, the applicant shall be required to take and pass both examinations before the board will issue the applicant a license. [The application for reexamination must be received by the board at least twenty-eight (28) days in advance of the scheduled examination time in order to allow sufficient opportunity for preparation.]*

*[(7)] (11) If an applicant fails the examination a third time, the applicant must complete a course of instruction prescribed and approved by the board. After completion of the board-prescribed course of instruction, the applicant may reapply for board-approved examination(s). No applicant shall be licensed by the board after a third licensure examination failure unless the applicant successfully completes the board-prescribed course of instruction and passes the board-approved examination(s). With regard to any nationally certified examination required for licensure, no examination scores from other states shall be recognized by the board after the applicant has failed for a third time to pass the examination.*

*[(8) Each application for reexamination must be accompanied by an examination fee of one hundred fifty dollars (\$150) which is nonrefundable.]*

*AUTHORITY: section 344.070, RSMo Supp. 1998. Original rule filed May 13, 1980, effective Aug. 11, 1980. Amended: Filed Oct. 16, 1985, effective March 14, 1986. Amended: Filed Oct. 1, 1987, effective Jan. 14, 1988. Amended: Filed Dec. 4, 1989, effective March 1, 1990. Emergency amendment filed Dec. 13, 1991, effective Dec. 23, 1991, expired April 20, 1992. Amended: Filed Jan. 3, 1992, effective May 14, 1992. Amended: Filed April 30, 1998, effective Oct. 30, 1998. Amended: Filed March 1, 1999, effective Aug. 30, 1999. Emergency amendment filed Nov. 17, 1999, effective Dec. 11, 1999, expires June 7, 2000. Amended: Filed November 1, 1999.*

*PUBLIC ENTITY COST: This proposed amendment is estimated to cost state agencies or political subdivisions less than \$500 in the aggregate.*

*PRIVATE ENTITY COST: The private entity cost for this proposed amendment is estimated at \$50,062 for NAB and State Exam Candidates, \$23,290 for NAB Exam Candidates, and \$16,055 for State Exam Candidates in the aggregate for the life of the rule. A detailed fiscal note, which estimates the cost of compliance with this amendment has been filed with the secretary of state.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, 615 Howerton Court, P.O. Box 1337, Jefferson City, MO 65102, (573) 751-3511. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Board of Nursing Home Administrators  
FISCAL NOTE  
PRIVATE ENTITY COST**

**I. RULE NUMBER**

**Title:** 13 - Department of Social Services

**Division:** 73 - Missouri Board of Nursing Home Administrators

**Chapter:** 2 - General Rules

**Type of Rulemaking:** Proposed Amendment

**Rule Number and Name:** 13 CSR 73-2.070

Prepared October 1, 1999 by the Board of Nursing Home Administrators of the Department of Social Services, Division of Aging.

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected: Nursing Home Administrator Examination Candidates	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
307	NAB and State Exams <sup>1</sup>	\$50,062.00
274	NAB Exams <sup>2</sup>	\$23,290.00
247	State Exams <sup>3</sup>	\$16,055.00

**III. WORKSHEET**

Nursing Home Administrator Examination Fee increase includes, per candidate: \$85 for the national examination and a new fee of \$115 for the state exam. Fees for the reciprocity candidate taking only the state exam and the candidate retaking the state exam will increase \$65.00. The increase per category is as follows: 1) the NAB-and-State-Exam candidate, \$200; 2) NAB-Exam-only candidate, \$85.00, and; 3) State-Exam-only candidate, \$65.00.

<sup>1</sup> Candidates who took the national and state exam on a regularly scheduled test date.

<sup>2</sup> Candidates who took the national exam only for a second/third time.

<sup>3</sup> Candidates who took the state exam only for a second/third time and reciprocity candidates required to only take the state exam.



#### **IV. ASSUMPTIONS**

The number of entities by class are based on actual figures from FY98 and FY99, and projected figures for FY 2000. Not included in this fiscal note are the unmeasurable savings for each candidate surrounding the option to test in 5 Missouri locations instead of 1. These savings include; mileage, meals and hotel expenses. After January 1, 2000, candidates can reasonably travel to the testing center, complete the exam(s) and return home in 1 day. The savings will be even greater for reciprocity candidates because of the ability to take the State Exam at any approved testing facility (Sylvan Center) in the United States.

The estimated aggregate cost does not reflect the potential for less retakes because the candidate can take the exams on different dates. This allows candidates to focus their studies on one exam at a time which can reduce the failure rate. In addition, FY98 includes an unusually high number of candidates (25% higher) compared to the trend from previous fiscal years, FY99 and, the projected figures for FY 2000.

**Title 16—RETIREMENT SYSTEMS**  
**Division 10—The Public School Retirement System of Missouri**  
**Chapter 4—Membership and Creditable Service**

**PROPOSED AMENDMENT**

**16 CSR 10-4.014 Reinstatement and Credit Purchases.** The board is adding subsection (9)(C) and relettering the remaining subsections.

*PURPOSE: This amendment clarifies the use of supplemental credit in the final average salary period.*

(9) The purchase of creditable service pursuant to section 169.577, RSMo shall be administered as follows:

**(C) The salary used in calculating the cost of creditable service purchased pursuant to section 169.577, RSMo, is not “compensation payable to a member” as that phrase is used in section 169.010(8), RSMo, and shall not be used in determining final average salary;**

**/(C)/(D)** Credit purchased shall be used for all purposes except vesting;

**/(D)/(E)** Interest shall be charged on the unpaid balance of the purchase cost from the date of election until payment is made in full;

**/(E)/(F)** A purchase shall be made only in increments of one-tenth (1/10) year and may not exceed four-tenths (4/10) year. Multiple elections are allowed, and a member may again elect to purchase credit for the same period of time for which the member previously applied but for which payment in full was not made within the time allowed by law; and

**/(F)/(G)** If the total payments made within the time allowed by law are insufficient to purchase all the credit for which the member applied, proportional credit shall be allowed based upon the ratio between the amount due for the entire period for which election to purchase was made and the total amount of the payments applied to reduce the principal amount due, but only in increments of one-tenth (1/10) year.

*AUTHORITY: section 169.020, RSMo [Supp. 1997] Supp. 1998. Original rule filed June 23, 1998, effective Jan. 30, 1999. Amended: Filed Oct. 25, 1999.*

*PUBLIC ENTITY COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.*

*PRIVATE ENTITY COST: This proposed amendment will not cost private entities more than \$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 Public School and Non-Teacher School Employee Retirement Systems of Missouri, Joel Walters, Executive Director, P.O. Box 268, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 16—RETIREMENT SYSTEMS**  
**Division 10—The Public School Retirement System of Missouri**  
**Chapter 6—The Nonteacher School Employee Retirement System of Missouri**

**PROPOSED AMENDMENT**

**16 CSR 10-6.045 Reinstatement and Credit Purchases.** The board is amending section (9).

*PURPOSE: This amendment clarifies the use of supplemental credit in the final average salary period.*

(9) The purchase of creditable service [provided by section 1 of Senate Bill 378 enacted by the first session of the 88th General Assembly] pursuant to section 169.577, RSMo, shall be administered as follows:

**(C) The salary used in calculating the cost of creditable service purchased pursuant to section 169.577, RSMo, is not “compensation paid to a member” as that phrase is used in section 169.600(7), RSMo, and shall not be used in determining final average salary;**

**/(C)/(D)** Credit purchased shall be used for all purposes except vesting;

**/(D)/(E)** Interest shall be charged on the unpaid balance of the purchase cost from the date of election until payment is made in full;

**/(E)/(F)** A purchase shall be made only in increments of one-tenth (1/10) year and may not exceed four-tenths (4/10) year. Multiple elections are allowed, and a member may again elect to purchase credit for the same period of time for which the member previously applied but for which payment in full was not made within the time allowed by law;

**/(F)/(G)** If the total payments made within the time allowed by law are insufficient to purchase all the credit for which the member applied, proportional credit shall be allowed based upon the ratio between the amount due for the entire period for which election to purchase was made and the total amount of the payments applied to reduce the principal amount due, but only in increments of one-tenth (1/10) year. The amount of partial payments not used to purchase credit or pay interest shall be refunded; and

**/(G)/(H)** Election to purchase credit must be made on a form provided by the board of trustees.

*AUTHORITY: section 169.610, RSMo [1994] Supp. 1998. Original rule filed June 15, 1994, effective Nov. 30, 1994. Amended: Filed June 14, 1995, effective Dec. 30, 1995. Amended: Filed Aug. 15, 1996, effective Feb. 28, 1997. Amended: Filed Oct. 24, 1996, effective April 30, 1997. Amended: Filed Oct. 25, 1999.*

*PUBLIC ENTITY COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.*

*PRIVATE ENTITY COST: This proposed amendment will not cost private entities more than \$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 Public School and Non-Teacher School Employee Retirement Systems of Missouri, Joel Walters, Executive Director, P.O. Box 268, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

**PROPOSED AMENDMENT**

**19 CSR 60-50.300 Definitions for the Certificate of Need Process.** The committee is adding a new section (3) and renumbering the remaining sections.

*PURPOSE: This proposed amendment adds a definition for “charity care” to the list of definitions of terms used in the Certificate of Need (CON) review process.*

**(3) Charity care means uncompensated care given by a health care facility to indigent and medically indigent people as part of a written mission or policy, and it does not include accounts written off as “bad debts” or third party adjustments, including those for Medicare and Medicaid.**

**[(3)](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.

**[(4)](5) 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 above-/ground construction approved by the committee.

**[(5)](6) Health care facility means any premises as defined in section 197.305(8), RSMo.**

**[(6)](7) Health maintenance organizations means entities as defined in section 354.400(6), RSMo, except for activities directly related to the provision of insurance only.**

**[(7)](8) Interested party means any licensed health care provider or other affected person who has expressed an interest in the Certificate of Need (CON) process or a CON application.**

**[(8)](9) Major medical equipment means any device or collection of devices and startup costs acquired over a twelve (12)-month period, including equipment, shipping, installation, supplies, and taxes, with an aggregate cost in excess of the expenditure minimum, when the project is intended to provide imaging, diagnostic, treatment, preventive or other health services.**

**[(9)](10) 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;

(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 of a similar nature;

(C) The acquisition of minor x-ray units, computed tomography units, mammography units, and fluoroscopy units, adult day care centers, hospices, and home health care services;

(D) 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; or

(E) Expenditures required to resolve the “Year 2000 Compliance Problem” for computers as part of or related to medical equipment. Documentation from a competent third party is required to verify that the project is required solely to solve the “Year 2000 Compliance Problem” along with an itemized equipment list of computers and/or medical equipment affected.

**[(10)] (11) 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.**

**[(11)](12) Predevelopment costs mean expenditures as defined in section 197.305(15), 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.**

**[(12)](13) Related organization means an organization that is associated or affiliated with, has control over or is controlled by, or has any direct financial interest in, the organization applying for a project including, without limitation, an underwriter, guarantor, parent organization, joint venturer, partner or general partner.**

**[(13)](14) Service area means—**

(A) A review area which is the geographic region within the fifteen (15)-mile radius of the proposed site; and

(B) A geographic region in excess of the fifteen (15)-mile review area appropriate to the proposed service, documented by the applicant and approved by the committee.

*AUTHORITY: section 197.320, RSMo [Supp. 1997] Supp. 1999. 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 Oct. 19, 1999.*

*PUBLIC ENTITY COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.*

*PRIVATE ENTITY COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support or in opposition to this proposed amendment with Thomas R. Piper, Director, Certificate of Need Program, P.O. Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication in the Missouri Register. No public hearing has been scheduled.*

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

**PROPOSED AMENDMENT**

**19 CSR 60-50.310 Guidelines for Specific Health Services.** The committee is amending subsection (2)(B) and adding a new section (7) and renumbering the remaining sections.

*PURPOSE: This proposed amendment adds a new definition for “diagnostic imaging center” to the list of terms of health services reviewed in the Certificate of Need (CON) review process.*

(2) Acute care means medical treatment rendered to individuals whose illnesses or health problems are of a short-term and episodic nature and is provided in a variety of hospital settings which are individually defined as—

(B) Long-term acute care means services to patients requiring an average length of stay greater than twenty-five (25) days (these beds are licensed as a separate long-term acute care hospital facility as described in 42 CFR section 412.23[e];

**(7) Diagnostic imaging center** means a structure or portion of a structure housing any professional or business undertaking, whether for profit or not for profit, which offers or proposes to offer any clinical radiological diagnostic health service in a setting which is not part of a hospital which, at a minimum, uses a specialized collection of imaging equipment made up of any two (2) or more of mammography, X-ray, computerized axial tomography, positron emission tomography, fluoroscopy, ultrasound, magnetic resonance imaging (MRI) and related imaging services, and includes related support areas including patient processing, waiting, records, storage, counselling, and other patient support functions.

**[(7)](8) Excimer laser** means a specialized collection of equipment used to correct low to moderate myopia (nearsightedness) through a procedure called photorefractive keratectomy (PRK). This procedure removes microscopic layers of corneal tissue from the surface of the cornea to change its shape and improve the focus of light images, using at least the following components:

- (A) Excimer laser system;
- (B) Patient chair;
- (C) Physician's stool;
- (D) Bottles of argon, fluoride, and other gases;
- (E) Visionkey cards for PRK;
- (F) Slit lamp;
- (G) Topography system;
- (H) Micro keratome; and
- (I) Other miscellaneous supplies/equipment.

**[(8)](9) Gamma knife** means a specialized type of equipment used to perform stereotactic radiosurgery on small brain tumors and vascular malformations which utilizes multiple Cobalt-60 gamma radiation sources which are focused through a collimator helmet, using at least the following recommended components:

- (A) Radiation unit with collimator helmets;
- (B) Operating table;
- (C) Control panel;
- (D) Computer system; and

**[(F)](E) Support equipment** including *[magnetic resonance imaging (MRI)]*, CT and angiography.

**[(9)](10) Hemodialysis** means a process whereby a patient's blood is run through a machine that acts as an artificial kidney. Patients are connected to the machine two (2) to three (3) times per week for approximately four (4) to six (6) hours per session, using at least the following recommended components:

- (A) Dialysis machine;
- (B) Blood pressure module;
- (C) Dialysis chair;
- (D) Reverse osmosis water system; and
- (E) Crash cart-defibrillator/monitor.

**[(10)](11) Hospital** means an establishment as defined in the Hospital Licensing Law, section 197.020.2, RSMo.

**[(11)](12) Lithotripsy** means a treatment technique using shock waves or ultrasonic waves to break up calculi (kidney stones) for excretion (two [(2)] common treatment modalities currently are extracorporeal shock wave lithotripsy and percutaneous lithotripsy), using at least the following recommended components:

- (A) Lithotripter system;
- (B) Nephroscope;
- (C) Ultrasonic probe;
- (D) Support equipment (includes an X-ray imager); and
- (E) Vehicle (if mobile).

**[(12)](13) Magnetic resonance imaging (MRI)** means a diagnostic technique that provides high quality cross-sectional images of organs and structures within the body without X-rays or other radi-

ation, through the absorption or emission of electromagnetic energy by nuclei in a static magnetic field after excitation by a suitable radiofrequency magnetic field, using at least the following recommended components:

- (A) MRI gantry (electromagnets);
- (B) Device electronics and controller;
- (C) Central processing unit (MRI computer);
- (D) Display console (TV screen);
- (E) Keyboard; and
- (F) Vehicle (if mobile).

**[(13)](14) Positron emission tomography (PET)** means a diagnostic technique based on the detection of positrons (positively charged particles) that are emitted by labeled substances introduced into the body. PET scanning produces three [(3)]-dimensional images that reflect the metabolic and chemical activity of tissues being studied and depicts molecular function by the local concentration of an injected radionuclide which decays to a stable form by emitting a positron which a computer processes to produce an image on a TV screen, using at least the following recommended components:

- (A) PET gantry (radiation detectors);
- (B) Device electronics and controller;
- (C) Central processing unit (PET computer);
- (D) Display console (TV screen);
- (E) Keyboard;
- (F) Line printer; and
- (G) Cyclotron (an on-site medical cyclotron for radionuclide production and a chemistry unit for labeling radiopharmaceuticals; or an on-site rubidium-82 generator; or access to a supply of cyclotron-produced radiopharmaceuticals from an off-site medical cyclotron and radiopharmaceutical production facility within a two (2)-hour air transport radius; and a diagnostic imaging unit).

**[(14)](15) Radiation therapy** means a treatment technique for cancer and other diseases using X-radiation or other sources of radioactivity in which resultant ionizing radiation retards the progress of the disease, using at least the following recommended components:

- (A) Linear accelerator;
- (B) Simulator with radiographic/fluoroscopic capabilities;
- (C) Treatment planning computer;
- (D) Dosimetry equipment;
- (E) Block cutting machine;
- (F) X-ray film processor; and
- (G) Other (includes calibration equipment).

**[(15)](16) Radiation therapy utilization** shall be expressed in terms of patient visits.

**[(16)](17) Surgery** means the treatment of disease, injury, or deformity by manual or instrumental operations and is practiced in a variety of settings which individually mean:—

(A) Ambulatory surgical facility means an establishment as defined in section 197.200(1), RSMo./;

(B) Open heart surgery means any operation on the heart which uses extracorporeal circulation, such as coronary artery bypass surgery, cardiac transplantation, cardiac valve repair or replacement, correction of other acquired or congenital heart defects, and/or removal of a cardiac tumor; the services are provided using at least the following recommended components in addition to a normal operating room:

1. Heart-lung bypass unit;
2. Back-up heart-lung bypass unit;
3. Intra-aortic balloon pump;
4. Ventilator for pulmonary support;
5. Open heart surgery instruments;
6. Special operating room lights for open heart surgery;
7. Ability to perform renal dialysis or kidney dialysis;

- 8. Cardiac surgery post-operative intensive care unit; and
- 9. Cardiac catheterization and angiographic facility; and
- (C) All other surgery means—

- 1. Scheduled procedures provided to patients who remain in the hospital more than twenty-four (24) hours; or
- 2. Procedures performed in operating rooms also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility.

[(17)](18) Residential care facility I means any premises as defined in section 198.006(15), RSMo.

[(18)](19) Residential care facility II means any premises as defined in section 198.006(16), RSMo.

[(19)](20) Intermediate care facility means any premises as defined in section 198.006(8), RSMo.

[(20)](21) Skilled nursing facility means any premises as defined in section 198.006(17), RSMo.

[(21)](22) Long-term care hospital means an establishment as described in 42 CFR section 412.23(e).

*AUTHORITY: section 197.320, RSMo [Supp. 1997] 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.*

*PUBLIC ENTITY COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.*

*PRIVATE ENTITY COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support or in opposition to this proposed amendment with Thomas R. Piper, Director, Certificate of Need Program, P.O. Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication in the Missouri Register. No public hearing has been scheduled.*

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

**PROPOSED AMENDMENT**

**19 CSR 60-50.470 Criteria and Standards for Financial Feasibility.** The committee is amending subsection (3)(B) and adding a new section (5).

*PURPOSE: This rule lists the financial feasibility Criteria and Standards used in the Certificate of Need (CON) review process. The proposed amendment adds the word "Service" before "Specific Revenues and Expenses" in subsection (3)(B) and adds a new section (5) to identify special forms incorporated into this rule by reference.*

- (3) Document financial feasibility by including:
  - (B) The **Service-Specific Revenues and Expenses** (Form MO 580-1865) for each revenue generating service affected by the project for the past three (3) years projected through three (3) years beyond project completion;

**(5) Special forms are furnished by the CON Program and incorporated into this rule by reference as follows:**

- (A) Form MO 580-1863
- (B) Form MO 580-1864
- (C) Form MO 580-1865
- (D) Form MO 580-1866
- (E) Form MO 580-1867
- (F) Form MO 580-1868

*AUTHORITY: section 197.320, RSMo [Supp. 1997] 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.*

*PUBLIC ENTITY COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.*

*PRIVATE ENTITY COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support or in opposition to this proposed amendment with Thomas R. Piper, Director, Certificate of Need Program, P.O. Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication in the Missouri Register. No public hearing has been scheduled.*

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

**PROPOSED AMENDMENT**

**19 CSR 60-50.700 Post-Decision Activity.** The committee is amending section (6) and adding a new section (8).

*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. The proposed amendment changes the phrase "Department of Health-MHFRC" after the word "Missouri" in section (6) and adds a new section (8) to identify special forms incorporated into this rule by reference.*

(6) 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%), an 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 cost made payable to "Missouri [Department of Health-MHFRC] Health Facilities Review Committee" shall be required. The original and eleven (11) copies of the information requirements for a cost overrun review are required as follows:

**(8) Special forms are furnished by the CON Program and incorporated into this rule by reference as follows:**

- (A) Form MO 580-1863
- (B) Form MO 580-1864
- (C) Form MO 580-1865
- (D) Form MO 580-1866
- (E) Form MO 580-1867
- (F) Form MO 580-1868
- (G) Form MO 580-1870
- (H) Form MO 580-1871

*AUTHORITY: section 197.320, RSMo [Supp. 1997] Supp. 1999. 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, 1997. Amended: Filed Oct. 19, 1999.*

*PUBLIC ENTITY COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.*

*PRIVATE ENTITY COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support or in opposition to this proposed amendment with Thomas R. Piper, Director, Certificate of Need Program, P.O. Box 570, Jefferson City, MO 65102. To be considered, comments must be received by within thirty days after publication in the **Missouri Register**. No public hearing has been scheduled.*



Certificate of Need Program

**PROPOSED PROJECT BUDGET**

**Description**

**Dollars**

*(fill in every line even if the amount is "0")*

**COSTS:\***

- 1. New Construction Costs \*\*\* \$ \_\_\_\_\_
- 2. Renovation Costs \*\*\* \_\_\_\_\_
- 3. **Subtotal Construction Costs** (#1 plus #2) \_\_\_\_\_
- 4. Architectural/Engineering Fees\*\*\* \_\_\_\_\_
- 5. Other Equipment (not in construction contract) \_\_\_\_\_
- 6. Major Medical Equipment \_\_\_\_\_
- 7. Land Acquisition Costs\*\*\* \_\_\_\_\_
- 8. Consultants' Fees/Legal Fees\*\*\* \_\_\_\_\_
- 9. Interest During Construction (net of interest earned) \*\*\* \_\_\_\_\_
- 10. Other Costs\*\*\*\* \_\_\_\_\_
- 11. **Subtotal Non-construction Costs** (sum of #4 thru #10) \_\_\_\_\_
- 12. **Total Project Development Costs** (#3 plus #11) \$ \_\_\_\_\_ \*\*

**FINANCING:**

- 13. Unrestricted Hospital Funds for Project \_\_\_\_\_
- 14. Funds Provided Through Fund Raising Activities \_\_\_\_\_
- 15. Short Term Loans (less than 5 years) \_\_\_\_\_
- 16. Long Term Loans \_\_\_\_\_
- 17. Bonds \_\_\_\_\_
- 18. Leases \_\_\_\_\_
- 19. Other Methods (specify) \_\_\_\_\_
- 20. **Total Project Financing** (sum of #13 thru #19) \$ \_\_\_\_\_ \*\*

21. New Construction Total Square Footage	_____
22. New Construction Costs Per Square Foot *****	\$ _____
23. Renovated Space Total Square Footage	_____
24. Renovated Costs Per Square Foot *****	\$ _____

*\*Attach additional page(s) to provide details of how each line item was determined, including all methods and assumptions used.*

*\*\*These amounts should be the same.*

*\*\*\*Capitalizable items to be recognized as capital expenditures after project completion.*

*\*\*\*\*Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care or a tractor trailer used for a mobile unit, determined by original cost, current book value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.*

*\*\*\*\*\*Divide new construction costs by total new construction square footage.*

*\*\*\*\*\*Divide renovation costs by total renovation square footage.*



Certificate of Need Program

**INSTITUTION'S INCOME STATEMENT**

**Historical Financial Data for Latest Three Years plus Projections Through Three Years Beyond Project Completion**

*(Use a sufficient number of copies of this form to cover entire period.)*    19 \_\_    19 \_\_    19 \_\_

**Revenue:**

Gross Patient Charges			
Inpatient	_____	_____	_____
Outpatient	_____	_____	_____
Total	_____	_____	_____
Less Deductions			
Charity Care	_____	_____	_____
Third Party Loss	_____	_____	_____
Total Deductions	_____	_____	_____
Net Patient Service Revenue	_____	_____	_____
Other Operating Revenues	_____	_____	_____
Total Operating Revenues	_____	_____	_____

**Operating Expenses:**

Labor Costs	_____	_____	_____
Supplies and Other	_____	_____	_____
Professional Fees	_____	_____	_____
Depreciation and Amortization	_____	_____	_____
Interest	_____	_____	_____
Bad Debts	_____	_____	_____
Total Expenses	_____	_____	_____
Income From Operations	_____	_____	_____

**Non-operating Gains:**

Investment Income	_____	_____	_____
Donations	_____	_____	_____
Gain (Loss) on Disposition of Assets	_____	_____	_____
Other	_____	_____	_____
Net Non-operating Gains	_____	_____	_____

Revenue (Loss) Before Extraordinary Item(s)	_____	_____	_____
Extraordinary Gain (Loss)	_____	_____	_____

**Excess (Shortage) of Revenue Over Expenses**

_____	_____	_____
-------	-------	-------





Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES**

**Historical Financial Data for Latest Three Years plus Projections Through Three Years Beyond Project Completion**

*(Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period.)*    19 \_\_                      19 \_\_                      19 \_\_

<b>Amount of Utilization:*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Revenue:</b>			
Average Charge**	_____	_____	_____
Gross Revenue	_____	_____	_____
Revenue Deductions	=====	=====	=====
Operating Revenue	=====	=====	=====
Other Revenue	=====	=====	=====
<b>TOTAL REVENUE</b>	=====	=====	=====
<b>Expenses:</b>			
Direct Expense			
Salaries	_____	_____	_____
Fees	_____	_____	_____
Supplies	_____	_____	_____
Other	=====	=====	=====
TOTAL DIRECT	=====	=====	=====
Indirect Expense			
Depreciation	_____	_____	_____
Interest***	_____	_____	_____
Overhead****	=====	=====	=====
TOTAL INDIRECT	=====	=====	=====
<b>TOTAL EXPENSE</b>	=====	=====	=====
<b>NET INCOME (LOSS):</b>	=====	=====	=====

\* Utilization will be measured in "patient days" in nursing home or hospital beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.  
 \*\* Indicate how the average charge/procedure was calculated.  
 \*\*\* Only on long term debt, not construction.  
 \*\*\*\* Indicate how overhead was calculated.



Certificate of Need Program

**DETAILED INSTITUTIONAL CASH FLOWS**

**Historical Financial Data for Latest Three Years plus Projections Through Three Years Beyond Project Completion**

*(Use a sufficient number of copies of this form to cover entire period.)*      19 \_\_      19 \_\_      19 \_\_

Net Cash Flows from Operating Activities and Nonoperating Gains and Losses:

Net Income	_____	_____	_____
Depreciation and Amortization	_____	_____	_____
Provision for Bad Debts	_____	_____	_____
Net Change in Assets and Liabilities	_____	_____	_____
Other (specify)	=====	=====	=====

**Net Cash Provided by Operating Activities and Nonoperating Gains**

_____	_____	_____
-------	-------	-------

Cash Flows from Investing Activities:

Purchases of Property and Equipment	_____	_____	_____
Proceeds from Disposition of Property	_____	_____	_____
Proceeds from Disposition of Equipment	_____	_____	_____
Increase in Assets Whose Use is Limited	_____	_____	_____
Decrease (Increase) in Investments	_____	_____	_____
Decrease (Increase) in Notes Receivable	_____	_____	_____
Other (specify)	=====	=====	=====

**Net Cash Used in Investing Activities**

_____	_____	_____
-------	-------	-------

Cash Flows from Financing Activities:

Issuance of Long-term Debt	_____	_____	_____
Defeasance of Long-term Debt	_____	_____	_____
Payments on Long-term Debt	_____	_____	_____
Payments on Capital Leases	_____	_____	_____
Fund Balance Transfers	_____	_____	_____
Other (specify)	=====	=====	=====

**Net Cash Used in Financing Activities**

_____	_____	_____
-------	-------	-------

Increase (Decrease) in Cash and Cash Equivalents

_____	_____	_____
-------	-------	-------

Cash and Cash Equivalents, Beginning of Year

=====	=====	=====
-------	-------	-------

**CASH AND CASH EQUIVALENTS, END OF YEAR**

_____	_____	_____
-------	-------	-------



Certificate of Need Program

**REIMBURSEMENT SOURCES FOR LATEST YEAR**

Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Charges
Medicare	_____	_____	(-) _____	(=) _____
Medicaid	_____	_____	(-) _____	(=) _____
Blue Cross	_____	_____	(-) _____	(=) _____
Private Insurance	_____	_____	(-) _____	(=) _____
Managed Care*	_____	_____	(-) _____	(=) _____
Charity**	_____	_____	(-) _____	(=) _____
Self-Pay	_____	_____	(-) _____	(=) _____
Other	_____	_____	(-) _____	(=) _____

\* Includes Health Maintenance Organizations and Preferred Provider Organizations.

\*\* Do not include bad debts, discounts or other non-collectables on this line.



Certificate of Need Program

**DEPRECIATION SCHEDULE**

**For All Items Acquired Through Proposed Project**

<b>General Identifier</b>	<b>Year It Will Enter Service</b>	<b>Useful Life</b>	<b>Cost</b>	<b>Yearly Depreciation</b>
---------------------------	-----------------------------------	--------------------	-------------	----------------------------



Certificate of Need Program

**CONTACT PERSON CORRECTION**

Date
------

Is the "Contact Person" information below correct?  Yes  No (*correct below*)

Project Name	Project Number
--------------	----------------

Contact Person ( <i>Name/Title/Association</i> )	Telephone Number
--	------------------

Address (*Street/City/State/Zip Code*)

**INSTRUCTIONS TO THE APPLICANT:**

- According to recent information in the Certificate of Need records, the individual listed above is the "Contact Person" for this project who will be the primary representative responsible for all monitoring and reporting related to this project.
- If this information is correct, check "Yes" in the box above.
- If this information IS NOT correct, check "No" in the box above, and enter the correct information in the appropriate spaces provided below.
- In either case, the applicant must sign at the bottom of this form to certify that this response is true and accurate as of the date posted above.

**Please type or print legibly corrected "Contact Person" information below:**

Contact Person ( <i>Name/Title</i> )	Telephone Number
--------------------------------------	------------------

Address (*Association/Street/City/State/Zip Code*)

Applicant (*Print or Type Name*)

Applicant ( <i>Signature</i> )	Date
--------------------------------	------

Comments or Additional Information:



Certificate of Need Program

## PERIODIC PROGRESS REPORT

### Instructions for Completion (see attached blank forms)

- Purpose:** To gather uniform data regarding the progress and compliance of approved Certificate of Need (CON) projects in accordance with §197.300 to §197.366 RSMo; and to provide data to develop, implement and manage a database for project tracking, monitoring, notification and follow-up.
- Used by:** Missouri Health Facilities Review Committee, CON Program Staff, and Project Contact Person.
- General:** Periodic Progress Reports (PPRs) must provide all requested data and information in a complete, concise and legible manner. Each PPR must indicate if it is an Intermediate or Final Report. PPRs which are incomplete, illegible and/or contain mathematical discrepancies may be returned to the Contact Person for appropriate corrective action.
- Project ID:** Any changes in this information must be brought to the attention of the CON Program Staff immediately upon occurrence.
- Add'l. Info.:** *Additional information MUST be attached to **substantiate** answers to the individual questions. All final PPRs must include documentation which substantiates all claims and expenditures.*

### Individual Questions:

- 1. Have capital expenditures been incurred for the proposed construction and/or medical equipment?** The project is obligated A capital expenditure shall be deemed to have occurred if the applicant has at least one or more of the following:

- **Construction expenditures** assignable to a capital asset in accordance with generally accepted accounting principles and which are not chargeable to pre-development or operating costs, which may be documented by a signed AIA construction contract with starting and ending dates; and above-ground construction;
- **Purchase Orders (POs)** which are signed and which include the date of purchase, delivery, installation and operational date; or
- **Acquisition** of medical equipment or property by lease, transfer, or purchase which has been authorized by the applicant and includes the date of the lease, the annual cost, cost and date of buy-out; purchase date, delivery installation and operational dates; and transfer date, current value, installation and operational date.

If the answer to this question is "Yes," then attach copies of the appropriate signed construction contract (include pictures of construction activity), purchase order, or lease agreement (with original signatures).

If capital expenditure or expenditure for medical equipment has not been incurred, provide a detailed explanation and include the steps being taken to correct the situation within the time constraints of §197.315.9 RSMo. Indicate the nature, costs and the date that a capital expenditure will be incurred.

- 2. Are the expenditures for this reporting period/project-to-date included?**

List all project expenditures, by category, incurred during the reported period and project-to-date on the **Project Budget/Expenditures** form, **which must be notarized.**

- 3. Are the projected final costs within the limits approved? (Self-explanatory)**

Using current costs and expenditures, extrapolate final project costs to the project completion date. If total costs will exceed those approved by the Committee by more than 10%, specify and explain the area and category involved. Also, indicate the estimated filing date for your cost-overrun application.

- 4. Are there changes in the services or programs approved? (Explain any changes)**

- 5. Has the project contact person changed?** If "Yes," enclose a new CON Contact Person Correction Form.

- 6. Construction or installation is \_\_\_\_\_ % complete.**

*(If the project expenditures and construction are both 100% complete, provide a **final** project budget and expenditure report.)*



Certificate of Need Program

**PERIODIC PROGRESS REPORT**

Type of Progress Report:
<input type="checkbox"/> Intermediate
<input type="checkbox"/> Final

All applicants granted a Certificate of Need (CON) by the Missouri Health Facilities Review Committee are required to submit periodic progress reports until such time as the project is complete (§197.315 (8) RSMo). These reports **must** be filed with the CON Program staff after the end of **each six (6) month reporting period** following the issuance of a CON.

Name of Project	Report Period
	Project Number
Address	Date CON Issued
	Approved Cost
Project Description	Contact Person
	Telephone

- Yes **1. Capital expenditures have been incurred for construction and/or medical equipment.**  
 No \_\_\_\_\_ Date construction started or equipment purchased. Provide copy of AIA contract and/or purchase order.
- Yes **\*2. Expenditures for this reporting period and project-to-date are included.**  
 No \_\_\_\_\_ % of the total approved project amount that has been expended to date.
- Yes **3. There are changes in the final costs of the project.**  
 No *If "Yes," explain in detail and provide replacement pages for the approved application.*  
\$ \_\_\_\_\_ Estimated final project cost
- Yes **4. There any changes in the services or programs approved scope of the project.**  
 No *If "Yes" explain in detail and provide replacement pages for the approved application.*
- Yes **5. The project contact person changed.**  
 No *If "Yes," enclose a new Contact Person Correction Form (MO 580-1870).*
- \*6. \_\_\_\_\_ % of the construction or installation is complete.**  
**\_\_\_\_\_ % of the installation is complete.**

*\*If Items 2 and 6 are both 100% complete, signify this as the **Final Report** and submit documentation of final costs.*

Description of progress to date. Clearly explain expenditures, delays, changes in project progress, or lack of progress, of the approved project (use additional pages as needed):

<b>Project Budget/Expenditures</b>	Report Period: _____ to _____		
Description	Application	This Period	Project-to-date
1. General Construction Costs			
2. Site Work			
<b>3. Subtotal Construction Costs</b>			
4. Architectural/Engineering Fees			
5. Fixed Equipment			
6. Movable Equipment			
7. Land Acquisition			
8. Consultants' Fees/Legal Fees			
9. Interest During Construction			
10. Other Costs			
<b>11. Subtotal Non-construction Costs</b>			
<b>12. TOTAL Project Development Costs</b>			
Square footage: New Construction			
Renovated Space			
Total Project			
Costs per square foot: New Construction			
Renovated Space			

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

Comes now \_\_\_\_\_ who, first being sworn, verifies that the foregoing expenditures constitute a full and complete accounting of the expenditures for this project.

\_\_\_\_\_  
(Authorized Contact Person Signature)\*\*

Subscribed and sworn before me, a Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

(Seal)

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires \_\_\_\_\_