

# CERTIFICATE OF NEED (CON)

# MISSOURI HEALTH FACILITIES REVIEW COMMITTEE (MHFRC)

## **2 Senate Members, 2 Representative Members, and 5 Non-Legislative Members**

- Chair, Senator Lincoln Hough (R)
- Vice Chair, Deborah Peterson (R)
- Senator Doug Beck (D)
- Representative Ben Baker (R)
- Representative Steve Butz (D)
- Dr. Patrice Komoroski (I)
- Michael Prost (R)
- 2 Non-Legislative Vacancies

## **MHFRC Legal Counsel**

- Asst. Attorney General, James Klahr

## **CON Program Staff**

- Alison Dorge, CON Program Coordinator
- Mackinzey Lux, Asst. Program Coordinator
- Vacant, Administrative Support Asst.

# LTC PROJECTS

## **197.366 RSMo**

The term "health care facilities" in sections 197.300 to 197.366 shall mean:

(1) Facilities licensed under chapter 198; (RCF/ALF/ICF/SNF)

## **LTC Project Types & Expenditure Minimums requiring a CON:**

- New LTC facility: >\$600,000
- Add LTC beds of more than 10% bed capacity to existing facility: >\$600,000
- Renovate/modernize LTC facility: >\$600,000
- Replace all or portion of LTC beds: >\$600,000
- Purchase LTC beds: \$0
- Major Medical Equipment in LTC: >\$400,000

## **CRITERIA & STANDARDS FOR NEW/ADDITIONAL LONG-TERM CARE BEDS**

### **New LTC facility or to add LTC beds to existing LTC facility:**

- Projected population & existing beds within a 15-mile radius of proposed location
- SNF/ICF bed rate: 53 per 1,000 65+ 2025 population
- RCF/ALF bed rate: 25 per 1,000 65+ 2025 population

Bed need/surplus =

Net bed need – Existing beds (licensed & approved)

Ex:  $(.025 \times 172,581) 4,314 - 5,265 = -951$  bed surplus

## **CRITERIA & STANDARDS FOR LONG-TERM CARE **BED PURCHASE (LTC EXPANSION)****

- Purchase same category of care beds at any LTCF in State of Missouri
- Purchasing Facility has had no patient care class I deficiencies in 18 months and maintained 90% average occupancy for recent 6 quarters of licensed beds
- # of Beds sold at selling facility remain unlicensed for 5 years

## **CRITERIA & STANDARDS FOR LONG-TERM CARE **BED REPLACEMENT****

- Relocate RCF/ALF beds within 6 miles.
- Replace 1/2 of facility's beds within 30 miles.
- Replace entire facility within 15 miles.
  - Replaced only at one site
  - Both facilities have same owner(s)
  - Existing facility's beds to be replaced will not be used later for long-term care.

## **CON APPLICATION & REVIEW PROCESS**

- Process follows CON review Calendar.
- Applicant files Letter of Intent.
- Application & Fee (1/10 of 1%, \$1,000 min.) is submitted.
- Application checklist according to project type is used.
- Staff reviews application & collects additional information.
- Staff creates analysis (if applicable, includes need calculation).
- Analysis is sent to Committee.
- Analysis, application, additional information, communications, & representative list are posted on CON website.
- If expedited review, a ballot is sent. If full review, proposal is heard at a meeting.

# NON-APPLICABILITY LTC PROJECTS

- *A Non-Applicability Review means to document that a CON is not required.*
- **LTC Bed increase of 10/10% of total bed capacity**, whichever is less over a 2 year period:
  - Less than \$600,000 to accomplish project;
  - No patient care class I deficiencies within the last 18 months;
  - Maintained 85% average occupancy of licensed beds for previous 6 quarters.
- **Establish, renovate or replace a LTC facility less than \$600,000**
- **Non-substantive:**
  - An expenditure which is required solely to meet federal or state requirements or involves predevelopment costs or the development of a health maintenance organization;
  - 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
  - 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.

# RULEMAKING

- Bed need calculation
- Occupancy requirements (75-80%)
- Staffing requirements
- New CON applicants notify LTC facilities in 15-mile radius

# CON SURVEY

*\*Per 19 CSR 30-82.010 (8), every skilled nursing facility, intermediate care facility, residential care facility and assisted living facility issued a license or temporary operating permit by the department shall submit the required certificate of need quarterly surveys to the department on or before the fifteenth day of the first month following the previous Social Security quarter.*

- **CON Quarterly Survey Timeline**

- 1<sup>st</sup> Quarter Survey Opens **April 1** and due on the 15th- *facilities report occupancy during 1/1 to 3/31*
- 2<sup>nd</sup> Quarter Survey Opens **July 1** and due on the 15th- *facilities report occupancy during 4/1 to 6/30*
- 3<sup>rd</sup> Quarter Survey Opens **October 1** and due on the 15th- *facilities report occupancy during 7/1 to 9/30*
- 4<sup>th</sup> Quarter Survey Opens **January 1** and due on the 15th- *facilities report occupancy during 10/1 to 12/31*
- **\*\*A facility that recently opened or closed will be surveyed only if it is operational for the full quarter.**

## CON Quarterly Survey Reminders

A reminder will be sent on the 1<sup>st</sup> day of every Quarter, to the email address provided on the last survey, notifying the facility that the CON Quarterly Survey is now open. **Please let our office know of any changes to the facility contact information.** Otherwise, the facility may not receive the reminder email. The email will include the Facility Number and Personal Identification Number (PIN) to log in to the CON website.

**Suggestion: create a generic facility email i.e.**  
**[CONSURVEY@health.mo.gov](mailto:CONSURVEY@health.mo.gov) for your office staff to access in case**  
**staff are out of the office or resign etc.**

Dear Facility Administrator,

The Certificate of Need (CON) Quarterly Survey is now open and is **due by the 15<sup>th</sup> of this month.**

Use the Facility Number and Personal Identification Number (PIN) listed below to log into the CON online survey system utilizing this link:  
[consurvey.dhss.mo.gov/CONFacility](https://consurvey.dhss.mo.gov/CONFacility).

**Facility Name:** Certificate of Need Facility (SNF)

**Facility Number:** 12345

**PIN:** 7746149

If you are unable to access the online survey or have questions, please contact the Certificate of Need Program staff at (573)751-6403, or send an email to [consurvey@health.mo.gov](mailto:consurvey@health.mo.gov).

*Per 19 CSR 30-82.010 (8), every skilled nursing facility, intermediate care facility, residential care facility and assisted living facility issued a license or temporary operating permit by the department shall submit the required certificate of need quarterly surveys to the department on or before the fifteenth day of the first month following the previous Social Security quarter.*

Thank you for your cooperation.

***Certificate of Need Program Staff***

Missouri Department of Health and Senior Services

Division of Regulation and Licensure

3418 Knipp Drive, Suite F

P.O. Box 570

Jefferson City, MO 65102

(573)751-6403, Fax: (573)751-7894

Facility Name:	Certificate of Need Facility		
Facility Number:	00123		
Phone Number:	(573) 751-6700	County:	COLE
Mailing Address			
Street:	3418 Knipp Drive		
City:	Jefferson City	Zip:	65109
Physical Address			
Street:	3418 Knipp Drive		
City:	Jefferson City	Zip:	65109

## CON SURVEY SNF/ICF

[x](#)

Capacity:	12	SNF Beds:	12	ICF Beds:		
Days In This Quarter:						90
A. Licensed RODs:						1080
B. Unavailable Licensed RODs:						
C. Total Number of Licensed and Available RODs:						
D. Number of Occupied RODs:						
E. Number of RODs Vacant and Available For Residents:						
Occupancy Percentage:						%
Medicaid Beds In Facility:						12
F. Medicaid Certified RODs:						1080
G. Unavailable Medicaid Certified RODs:						
H. Total Number Of Licensed Available Medicaid RODs:						
I. Number Of RODs Occupied by Medicaid Vendor Recipients or Applicants for Medicaid Pending:						
J. Number Of RODs Used by Non-Medicaid Recipients:						
K. Number Of RODs Vacant And Available:						

☐ I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Name and Title:	→					
Telephone Number:	→		E-mail Address:	→		

[Help](#)[Submit New Survey](#)

## **Commonly Asked Questions**

### **What is a ROD (Residence Occupancy Day)?**

A ROD is a day that a bed is licensed. (For example, a facility that is licensed for 25 beds would have 2,300 RODs for a quarter that consists of 92 days. (25 x 92.)

### **What is an Unavailable Licensed ROD?**

An Unavailable Licensed ROD is a licensed bed that was unavailable for occupancy (of any resident) on a given day.

**How is the day counted if the licensed bed is occupied?** The day is counted as an Occupied ROD and Available.

### **How is the day counted if the resident is in the hospital or in physical therapy?**

The day is counted as an Occupied ROD and Available.




### **How is the day counted if the resident has left or has become deceased?**

If the resident occupied the licensed bed for a part of the day, it would be counted as an Occupied ROD. If the bed was not occupied for a part of the day and is not available for occupancy within 24 hours, it is counted as an Unavailable Licensed ROD.













**How is the day counted if the licensed bed is not being utilized because the room which is licensed for two beds is being used as a private room?** It is counted as an Unavailable Licensed ROD.

Below is an illustration of a 12-bed LTC Facility with 6 rooms to help you get a better understanding of the difference between available and unavailable beds. *(All rooms built to double-occupancy standards)*

**Key**

-  Resident  
 Available Bed  
 Unavailable Bed













**DAYS 1-45**

Room #1 Semi-private room   Licensed beds- 2 Occupied beds- 2 Available beds- 2 Unavailable beds- 0	Room #4 Private room   Licensed beds- 2 Occupied beds- 1 Available beds- 1 Unavailable beds- 1
Room #2 Semi-private room   Licensed beds- 2 Occupied beds- 2 Available beds- 2 Unavailable beds- 0	Room #5 Semi-private room   Licensed beds- 2 Occupied beds- 0 Available beds- 2 Unavailable beds- 0
Room #3 Semi-private room   Licensed beds- 2 Occupied beds- 1 Available beds- 2 Unavailable beds- 0	Room #6 Semi-private room  <i>used for storage</i>  Licensed beds- 2 Occupied beds- 0 Available beds- 0 Unavailable beds- 2

**Totals for Days 1-45**

Licensed Beds: 12  
 Available Beds: 9x45=405  
 Unavailable Beds: 3x45=135  
 Occupied Beds: 6x45=270

**DAYS 46-90**

Room #1 Semi-private room   Licensed beds- 2 Occupied beds- 2 Available beds- 2 Unavailable beds- 0	Room #4 Private room   Licensed beds- 2 Occupied beds- 2 Available beds- 2 Unavailable beds- 0
Room #2 Semi-private room   Licensed beds- 2 Occupied beds- 2 Available beds- 2 Unavailable beds- 0	Room #5 Semi-private room   Licensed beds- 2 Occupied beds- 1 Available beds- 2 Unavailable beds- 0
Room #3 Semi-private room   Licensed beds- 2 Occupied beds- 1 Available beds- 2 Unavailable beds- 0	Room #6 Semi-private room  <i>used for storage</i>  Licensed beds- 2 Occupied beds- 0 Available beds- 0 Unavailable beds- 2

**Totals for Days 46-90**

Licensed Beds: 12  
 Available Beds: 10x45=450  
 Unavailable Beds: 2x45=90  
 Occupied Beds: 8x45=360

**OCCUPANCY FOR 90 DAYS**

Licensed RODs: 1080  
 Available RODs: 855  
 Unavailable RODs: 225  
 Occupied RODs: 630  
 Occupancy: 73.7% (630 occupied/855 available)

Facility Name:	Certificate of Need Facility		
Facility Number:	00123		
Phone Number:	(573) 751-6700	County:	COLE
Mailing Address			
Street:	3418 Knipp Drive	Zip:	65109
City:	Jefferson City		
Physical Address			
Street:	3418 Knipp Drive	Zip:	65109
City:	Jefferson City		

## CON SURVEY SNF/ICF ✕

Capacity:	12	SNF Beds:	12	ICF Beds:		
Days In This Quarter:						90
A. Licensed RODs:						1080
B. Unavailable Licensed RODs:						225
C. Total Number of Licensed and Available RODs:						855
D. Number of Occupied RODs:						630
E. Number of RODs Vacant and Available For Residents:						225
Occupancy Percentage:						73.7 %
Medicaid Beds In Facility:						12
F. Medicaid Certified RODs:						1080
G. Unavailable Medicaid Certified RODs:						225
H. Total Number Of Licensed Available Medicaid RODs:						855
I. Number Of RODs Occupied by Medicaid Vendor Recipients or Applicants for Medicaid Pending:						630
J. Number Of RODs Used by Non-Medicaid Recipients:						0
K. Number Of RODs Vacant And Available:						225
Medicare/Medicaid Beds:						10
Medicaid Only:						2
Survey Quarter:						1
Survey Year:						2019
End Of Cycle:						03/31/2019
<input checked="" type="checkbox"/> I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE						
Name and Title:		Alison Dorge, Program Coordinator				
Telephone Number:		(573) 751-6700	E-mail Address:		alison.dorge@health.mo.gov ✕	
					Help	Submit New Survey

# QUESTIONS?

## CON Program Staff:

- Alison Dorge, Program Coordinator, 573-751-6700 or [alison.dorge@health.mo.gov](mailto:alison.dorge@health.mo.gov)
  - Mackinzey Lux, Asst. Program Coordinator, 573-751-6403 or [mackinzey.lux@health.mo.gov](mailto:mackinzey.lux@health.mo.gov)
  - Vacant, Administrative Support Assistant, 573-526-8553
- 
- Please send general CON questions to [CONP@health.mo.gov](mailto:CONP@health.mo.gov) and questions regarding the CON Quarterly Occupancy Survey send to [consurvey@health.mo.gov](mailto:consurvey@health.mo.gov)