



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 completion.
- \_\_\_\_\_ 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 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 service area 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.