



LETTER OF INTENT

1. Project Information <i>(attach additional pages as necessary to identify multiple project sites.)</i>		
Title of Proposed Project		County
Project Address <i>(Street/City/State/Zip Code or plat map, if no address)</i>		
2. Applicant Identification <i>(attach additional pages as necessary to list all owners and operators)</i>		
List All Owner(s): <i>(list corporate entity)</i>	Address <i>(Street/City/State/Zip Code)</i>	Telephone Number
List All Operator(s): <i>(list entity to be licensed or certified)</i>	Address <i>(Street/City/State/Zip Code)</i>	Telephone Number
3. Type of Review	4. Project Description <i>(information should be brief but sufficient to understand scope of project)</i>	
<p>Full Review:</p> <p><input type="checkbox"/> New Hospital</p> <p><input type="checkbox"/> New/Add LTC Beds</p> <p><input type="checkbox"/> New/Add LTCH Beds/eqpt</p> <p><input type="checkbox"/> New/Additional Equipment</p> <p><input type="checkbox"/> Replacement Equipment not previously approved</p> <p>Expedited Review:</p> <p><input type="checkbox"/> 6-mile RCF/ALF Replacement</p> <p><input type="checkbox"/> 15-mile LTC Replacement</p> <p><input type="checkbox"/> 30-mile LTC Replacement</p> <p><input type="checkbox"/> LTC Bed Expansion</p> <p><input type="checkbox"/> LTC Renov./Modernization</p> <p><input type="checkbox"/> Equipment Replacement</p> <p>Non-Applicability Review:</p> <p><input type="checkbox"/> <i>(See 7. Applicability next page)</i></p>	<p><i>Project description to include the number of long-term care beds to be added, deleted or replaced, square footage of new construction and/or renovation, services affected, and major medical equipment to be acquired or replaced. If applying for a non-applicability review, also complete the next page of this form.</i></p>	
Legend: LTC = Long-Term Care; LTCH = Long-Term Care Hospital; RCF/ALF = Residential Care and Assisted Living Facility		
5. Estimated Project Cost: \$ _____		
6. Authorized Contact Person Identification <i>(only one per project, regardless of number of owners/operators)</i>		
Name of Contact Person		Title
Contact Person Address <i>(Company/Street/City/State/Zip Code)</i>		
Telephone Number	Fax Number	E-mail Address
Signature of Contact Person		Date of Signature



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7. Applicability *(check the box below to indicate the rationale for the exemption or waiver being sought)*

- If proposed expenditures are **less than the minimums** in §197.305(6), then attach a Proposed Expenditures form and all necessary supporting documentation to illustrate how those amounts were determined, such as schematic drawings, equipment quotes, and contractor estimates.
- §197.305(10)(e) for additional long term care beds in the same category (certified as RCF/ALF, ICF or SNF) in a RCF/ALF, nursing home, or acute care hospital costing less than \$600,000, and are 10 beds or 10% of that facility's existing capacity, whichever is less.

If the proposal meets one of the **exemptions** or **exceptions** below, then check the appropriate box, explain how the proposal qualifies, and attach detailed documentation substantiating compliance with the statutory provisions as set out in Rule 19 CSR 60-50.410:

- §197.312 for an RCF/ALF previously owned and operated by the city of St. Louis; or
- §197.314(1) for a long term care facility in a tax increment financing (TIF) district with a skilled nursing facility (SNF);
- If the proposal meets the definition of **"nonsubstantive projects"** in §197.305(11) and 19 CSR 60-50.300(13) for a **waiver** from review, complete both pages of this form as the first step in the process, and provide the rationale as to why the proposal should be deemed to be "nonsubstantive" in the space below.
- If the proposal meets the definition of **"purchase"** or **"replacement"** in §197.318(8) and 19 CSR 60-50.450(3-4) for an **exception** from review, complete both pages of this form, plus the Proposed Expenditures form on the next page, and provide the rationale in the space below, including attached schematics and other documentation as to why the proposal should be deemed to be "nonapplicable".

Explain the rationale for the exemption, exception, or waiver being sought: