*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**

1st Quarter Survey Opens April 1 and due on the 15th- facilities report occupancy during 1/1 to 3/31

2nd Quarter Survey Opens July 1 and due on the 15th- facilities report occupancy during 4/1 to 6/30

3rd Quarter Survey Opens October 1 and due on the 15th- facilities report occupancy during 7/1 to 9/30

4th 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 1st 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 for your office staff to access in case staff are out of the office or resign etc.**

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Dear Facility Administrator,

The Certificate of Need (CON) Quarterly Survey is now open and is due by the 15th 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@dhs.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.

Per 19 CSR 10-82.010 (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 370
Jefferson City, MO 65102
(573)751-6403, Fax: (573)751-7894
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.
QUESTIONS?

CON Program Staff:

- Alison Dorge, Program Coordinator
  573-751-6700
  alison.dorge@health.mo.gov
- Kayci Hoover-Doss, Assistant Program Coordinator
  573-751-6403
  kayci.hoover-doss@health.mo.gov

- Please send questions regarding the CON Quarterly Occupancy Survey to consurvey@health.mo.gov.