

FALL PROVIDER MEETING 2019

CERTIFICATE OF NEED (CON) Quarterly Occupancy Survey Review



Alison Dorge, CON Program Coordinator
Kayci Hoover-Doss, Assistant Program Coordinator

**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.



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.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.

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

Capacity: SNF Beds: ICF Beds:

Days In This Quarter:

A. Licensed RODs:

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: %

Medicare/Medicaid Beds:

Medicaid Only:

Survey Quarter:

Survey Year:

End Of Cycle:

Medicaid Beds In Facility:

F. Medicaid Certified RODs:

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:

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

Name and Title:

Telephone Number: E-mail Address:

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

OCCUPANCY FOR 90 DAYS

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

DAYS 1-45		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- 1 Available beds- 1 Unavailable beds- 1	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- 0 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 Licensed beds- 2 Occupied beds- 0 Available beds- 0 Unavailable beds- 2	Room #3 Semi-private room Licensed beds- 2 Occupied beds- 1 Available beds- 2 Unavailable beds- 0	Room #6 Semi-private room 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

Totals for Days 46-90

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

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

Capacity: SNF Beds: ICF Beds:

Days In This Quarter:	<input type="text" value="90"/>	Medicare/Medicaid Beds:	<input type="text" value="10"/>
A. Licensed RODs:	<input type="text" value="1080"/>	Medicaid Only:	<input type="text" value="2"/>
B. Unavailable Licensed RODs:	<input type="text" value="225"/>	Survey Quarter:	<input type="text" value="1"/>
C. Total Number of Licensed and Available RODs:	<input type="text" value="855"/>	Survey Year:	<input type="text" value="2019"/>
D. Number of Occupied RODs:	<input type="text" value="630"/>	End Of Cycle:	<input type="text" value="03/31/2019"/>
E. Number of RODs Vacant and Available For Residents:	<input type="text" value="225"/>		
Occupancy Percentage:	<input type="text" value="73.7"/> %		
Medicaid Beds In Facility:	<input type="text" value="12"/>		
F. Medicaid Certified RODs:	<input type="text" value="1080"/>		
G. Unavailable Medicaid Certified RODs:	<input type="text" value="225"/>		
H. Total Number of Licensed Available Medicaid RODs:	<input type="text" value="855"/>		
I. Number Of RODs Occupied by Medicaid Vendor Recipients or Applicants for Medicaid Pending:	<input type="text" value="630"/>		
J. Number Of RODs Used by Non-Medicaid Recipients:	<input type="text" value="0"/>		
K. Number Of RODs Vacant And Available:	<input type="text" value="225"/>		

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

Name and Title:

Telephone Number: E-mail Address:

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.

