

From: [Lamb, Amy](#)
To: [Lux, Mackinzey](#)
Subject: RE: CON 6094 HT
Date: Wednesday, April 24, 2024 4:28:42 PM

Hi Mackinzey,

- The amount in the budget form \$650,000 is correct, apologies for that.
- I will check on the additional fee as I thought it had been submitted. Can you provide me the breakdown of the additional fee that gets us to the calculation of \$209.00? When I did the math it was the \$10 for the missing amount and then \$20 for the increase in the project budget (0.01% of \$200,000).

Thanks,
Amy

From: Lux, Mackinzey <Mackinzey.Lux@health.mo.gov>
Sent: Wednesday, April 24, 2024 1:29 PM
To: Lamb, Amy <alamb@saint-lukes.org>
Subject: RE: CON 6094 HT

Amy,

After reviewing the additional information, I have some additional questions.

- The proposed project budget states the construction costs will be \$650,000. However, your email states \$660,000. Which is correct?
- We have not received the additional fee and this was needed the week the application was submitted. After the increase of the project budget plus the originally missing amount, the fee needed is \$209.99.

This information is needed by Tuesday, April 30, 2024.

Mackinzey Lux

Assistant Program Coordinator, Certificate of Need
Department of Health and Senior Services
920 Wildwood Drive, P.O. Box 570
Jefferson City, MO 65102
OFFICE: 573-751-6403
FAX: 573-751-7894

EMAIL: mackinzey.lux@health.mo.gov

<http://health.mo.gov/information/boards/certificateofneed/index.php>

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From: [Lamb, Amy](#)
To: [Lux, Mackinzezy](#)
Subject: RE: CON 6094 HT
Date: Wednesday, April 24, 2024 11:53:08 AM
Attachments: [Project Budget Form Updated Final #7.pdf](#)
[PEET A - Linear Accelerator Equipment Switch Out.pdf](#)

Hi Mackinzezy,

I've compiled answers to your questions regarding CON #6094 HT.

- Provide a service area for the staff analysis.
 - The community served by the Cancer Institute is defined as the population residing within the primary service area which includes 7 counties: Cass, Clay, Jackson, and Platte Counties in Missouri, and Johnson, Wyandotte, and Leavenworth Counties in Kansas.
- Provide 3rd party documentation or methods and assumptions for the renovation costs.
 - Please find attached the construction quote we have for the construction costs. Per our construction director, we typically add 10% based on historical experience to budget the total cost which brings the total to \$660,000.
- It appears the trade in value was deducted from the total project cost. If this is correct, please provide a revised project budget sheet with the amount included and an additional fee.
 - I've updated the total project cost from \$4,556,716 to \$4,756,716 to remove the trade in value of \$200K. See attached for the updated project budget form.
- Additional fee for the project as a whole (\$10) and an additional fee if the trade in value was deducted.
 - I've talked to the operational director for this project and I believe they have submitted the additional fees of \$30 for the change in project cost and the project as a whole. Let me know if you have not seen this yet.

Thank you,
Amy

From: Lux, Mackinzezy <Mackinzezy.Lux@health.mo.gov>
Sent: Wednesday, April 17, 2024 3:56 PM
To: Lamb, Amy <alamb@saint-lukes.org>
Subject: CON 6094 HT

Amy,

After reviewing everything for 6094 HT, I need some additional information.

- Provide a service area for the staff analysis.
- Provide 3rd party documentation or methods and assumptions for the renovation costs.
- It appears the trade in value was deducted from the total project cost. If this is correct, please provide a revised project budget sheet with the amount included and an additional fee.
- Additional fee for the project as a whole (\$10) and an additional fee if the trade in value was

deducted.

This information is needed by Tuesday, April 30, 2024.

Mackinzey Lux

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PEET A - Linear Accelerator Equipment Switchout
Kansas City, MO
April 18, 2024

Schematic Design Estimate



Preparations for new Varian Linear Accelerator

<i>Item</i>	<i>Description</i>	<i>Cost</i>
1	General Requirements	61,686
2	Allowances	81,101
3	Demolition and Protection	9,918
4	Cast in Place Concrete	15,007
5	Structural and Miscellaneous Steel	86,008
6	Rough Carpentry	5,480
7	Finish Carpentry and Millwork	35,092
8	Doors, Frames and Hardware	28,017
9	Plaster and Drywall Systems	24,080
10	Ceilings	5,277
11	Flooring	17,080
12	Painting and Coatings	5,080
13	Specialties	6,098
14	Equipment and Furnishings	4,072
15	Fire Protection	4,114
16	Plumbing	10,116
17	HVAC Systems	15,323
18	Electrical	146,423
	Subtotal	<hr/> 559,972
	Permits, Bonds and Insurance	18,123
	Fee	26,014
	Total	<hr/> \$604,110



Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

(Fill in every line, even if the amount is "\$0".)

- 1. New Construction Costs *** _____
- 2. Renovation Costs *** _____
- 3. Subtotal Construction Costs (#1 plus #2)** _____
- 4. Architectural/Engineering Fees _____
- 5. Other Equipment (not in construction contract) _____
- 6. Major Medical Equipment _____
- 7. Land Acquisition Costs *** _____
- 8. Consultants' Fees/Legal Fees *** _____
- 9. Interest During Construction (net of interest earned) *** _____
- 10. Other Costs *** _____
- 11. Subtotal Non-Construction Costs** (sum of #4 through #10) _____
- 12. Total Project Development Costs** (#3 plus #11) _____ ******

FINANCING:

- 13. Unrestricted Funds _____
- 14. Bonds _____
- 15. Loans _____
- 16. Other Methods (specify) _____
- 17. Total Project Financing** (sum of #13 through #16) _____ ******

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.