



Health and Human Services

## Certificate of Need Extension Request

Certificate of Need extensions are required for projects not completed within one year from the original approval. According to our records this project has not been completed. Please complete this form and submit it no less than 30 days prior to the expiration of your Certificate of Need - either original approval date or most recent extension date. If this project has been completed, or will be completed by the expiration of the approval, please inform this office and include the completion date and final dollar total for the project. Thank you for your cooperation.

### Applicant

Central Iowa Radiation Therapy

### Address

1025 SE Tallgrass Lane, Waukee, Iowa 50262

### County

Dallas

### Project Description

Establishment of a freestanding radiation therapy center

### Originally Approved Project Cost

\$10,282,050.00

### New Project Cost - if applicable

### Cost Overrun information

641 IAC 202.14(2) - An increase in the actual cost of the project over and above that originally approved shall automatically generate a rereview by the council if the increase exceeds the originally approved amount by:

- a. Fifteen percent for projects up to \$999,999.99;
- b. Twelve percent for projects from \$1,000,000.00 to \$4,999,999.99;
- c. Eight percent for projects \$5,000,000.00 and over.

An increase in the approved cost that falls below the above percentages shall be reported to the department.

### Original Approval Date - Date the CON meeting was held.

5/16/2024

### Do you have a cost overrun?

No

**Original Completion Date**

12/1/2027

**Projected Completion Date**

12/1/2027

**Length of Extension Requested - Up to 12 months**

12 Months (maximum allowable)

**Describe the work completed to date and the work yet to be completed.**

Central Iowa Radiation Therapy engaged architects on the design of the expanded space at its Waukee location. The retained architects have started initial design planning for the space.

**Explain any completion delays from the date projected in your application and describe what those delays have been.**

Given the planned project completion date at the end of 2027, Central Iowa Radiation Therapy sought to put in place an immediate option to meet the needs of its patients requiring radiation oncology. To this end, Central Iowa Radiation Therapy entered into an agreement to utilize radiation oncology space, staff, and equipment at MercyOne Clive Richard Deming Cancer Center - Radiation Oncology. The arrangement ensures that patients have access to advanced radiation oncology services delivered in a convenient local setting while the expanded site is under construction in Waukee. Following completion of its radiation therapy center in Waukee, Central Iowa Radiation Therapy anticipates continuing to provide radiation therapy services in Clive as well as Waukee.

**Have any aspects of your project changed since approval (projected costs, number of beds, services, ownership, location, etc.)? If so, please explain.**

No

**On what date(s) did you sign (or do you anticipate signing) necessary contracts and/or financing agreements. Please provide a list.**

Central Iowa Radiation Therapy engaged an architectural firm in March 2024.

**How much of the approved amount have you spent to date?**

\$9,000.00

**Provide a breakdown of all expenditures.**

\$9,000.00 to architect

**Name**

Craig Sieverding

**Title**

CLO

**Date of form completion**

10/30/2025

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