

From: [Jordan, Jill](#)
To: [Fick, Mackinzey](#)
Cc: [Mowry, Jill](#)
Subject: RE: CON Application Review
Date: Thursday, November 14, 2024 10:02:45 AM
Attachments: [image001.png](#)
[St. Mary's daVinci CON #6118 HS additional questions 11.8.24 \(2\).docx](#)

Hi Mackinzey,

Please see the attached document with the additional information needed. Please let us know if there is anything else you need.

Jill Jordan

Executive Assistant to

Steven Scott, President

Misty Jones, Chief Operating Officer

Kate Martin, VP Operations

Mission Action Team Chair

SSM Health St. Mary's Hospital - St. Louis

6420 Clayton Road

St. Louis, MO 63117

Phone: 314-768-8075

Jill.Jordan@ssmhealth.com

ssmhealth.com



From: Fick, Mackinzey [mailto:Mackinzey.Fick@health.mo.gov]

Sent: Friday, November 8, 2024 4:02 PM

To: Jordan, Jill <Jill.Jordan@ssmhealth.com>

Subject: CON Application Review

CAUTION: This email originated from outside of the SSM Health organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Think this message could be malicious? Click the Report button or forward it to Phishing@ssmhealth.com

Jill,

After review of application #6118 HS, some additional information is needed.

- Provide a new timeline.
- Statue 197.315.4. states If any person proposes to develop any new institutional health care service without a certificate of need as required by sections 197.300 to 197.366, the committee shall notify the attorney general, and he shall apply for an injunction or other appropriate legal action in any court of this state against that person. Please advise why the CON timeline indicates the new equipment will be implemented prior to CON approval.

- Provide the projects service area. This is usually a set of counties or zip codes.
- Provide a clearer copy of the newspaper article.
- Provide utilization and number of units for facilities with similar services.
- The proposed project budget states \$2,397,000, however the documentation provided states the unit was \$2,246,250. What is the difference in costs? Please advise.
- Provide revenues and expenses for years 2027 and 2028.
- The utilization and revenues/expenses do not match, they should match. Please revise and resubmit whichever is incorrect.

This information is needed by Monday, November 18th, 2024.

Mackinzezy Fick

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: mackinzezy.fick@health.mo.gov

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

Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

From: [Mowry, Jill](#)
To: [Fick, Mackinzev](#); [Jordan, Jill](#)
Subject: RE: CON Application Review
Date: Wednesday, November 20, 2024 3:20:26 PM
Attachments: [image001.png](#)
[image002.png](#)
[St. Mary's daVinci CON #6118 HS additional questions 11.8.24.docx](#)
[SM-SL daVinci MO 580-1863 Proposed Project Budget.2024pdf.pdf](#)

Hello Mackinzev,

Please find the updated Budget proposal form and the updated additional clarification document with your questions regarding application #6118 HS. Below are the specific answers for your questions listed below.

1. PLACE HOLDER

	2021	2022	2023	2024 (Annl)
Robotic Cases				
SLUH Robotic cases	219	201	222	262
SLUH Robotic Utilization rate	22%	41%	48%	64%
SLUH OR rate	77%	79%	85%	88%

2. Provide an updated proposed project budget sheet with the new cost. The proposed expenditures form is for non-applicability requests.



Certificate of Need Program

PROPOSED PROJECT BUDGET

<u>Description</u>	<u>Dollars</u>
COSTS:* <i>(Fill in every line, even if the amount is "\$0".)</i>	
1. New Construction Costs ***	\$0
2. Renovation Costs ***	
3. Subtotal Construction Costs (#1 plus #2)	\$0
4. Architectural/Engineering Fees	
5. Other Equipment (not in construction contract)	
6. Major Medical Equipment	\$2,246,250
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)	\$2,246,250
12. Total Project Development Costs (#3 plus #11)	\$2,246,250 **
FINANCING:	
13. Unrestricted Funds	\$2,246,250
14. Bonds	
15. Loans	
16. Other Methods (specify)	
17. Total Project Financing (sum of #13 through #16)	\$2,246,250 **
18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	0
21. Renovated Space Costs Per Square Foot *****	\$0

* 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.

Please advise if you have additional questions.

Thank you,
Jill Mowry

From: Fick, Mackinzezy <Mackinzezy.Fick@health.mo.gov>
Sent: Friday, November 15, 2024 11:23 AM
To: Jordan, Jill <Jill.Jordan@ssmhealth.com>
Cc: Mowry, Jill <Jill.Mowry@ssmhealth.com>
Subject: RE: CON Application Review

CAUTION: This email originated from outside of the SSM Health organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Think this message could be malicious? Click the Report button or

forward it to Phishing@ssmhealth.com

Jill,

After reviewing, some additional information is still needed.

- Provide St. Louis University Hospital utilization for years 2021 and 2022.
- Provide an updated proposed project budget sheet with the new cost. The proposed expenditures form is for non-applicability requests.

This information is needed by Friday, November 22nd, 2024.

Mackinze Fick

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: mackinze.fick@health.mo.gov

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

From: Jordan, Jill <Jill.Jordan@ssmhealth.com>

Sent: Thursday, November 14, 2024 10:00 AM

To: Fick, Mackinze <Mackinze.Fick@health.mo.gov>

Cc: Mowry, Jill <Jill.Mowry@ssmhealth.com>

Subject: RE: CON Application Review

Hi Mackinze,

Please see the attached document with the additional information needed. Please let us know if there is anything else you need.

Jill Jordan

Executive Assistant to

Steven Scott, President

Misty Jones, Chief Operating Officer

Kate Martin, VP Operations

Mission Action Team Chair

SSM Health St. Mary's Hospital - St. Louis

6420 Clayton Road

St. Louis, MO 63117

Phone: 314-768-8075

Jill.Jordan@ssmhealth.com



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.

St. Mary’s Hospital CON application #6118 HS

Additional information request email dated 11/8/2024

1. Provide a new timeline.
 - a. System capital approved from SSM Health to proceed on May 10, 2024
 - b. Missouri CON LOI submitted and approved in May 2024
 - c. Intuitive informed us they have a unit ready will deliver early in June 2024
 - d. Installation completed July 2024 - No construction or prep needed to support the unit with dual console and could allow residents to begin using it August.
 - e. Although plan was to work through CON application submission in parallel to project planning with goal to gain CON approval prior to new unit being delivered, unanticipated delays in final submission/acceptance of full application pushed back CON to Nov 2024 with anticipated CON acceptance in Jan 2025.

2. Please advise why the CON timeline indicates the new equipment will be implemented prior to CON approval.

Originally planned to run the CON application process in parallel to the project planning. Project moved quicker than planned and staffing resources to complete the CON process were unexpectedly delayed missing the Sept full app submission date. Full application was submitted to the state on Oct 2, 2024 and we were asked to hold it and resubmit on Oct 30, 2024.

3. Provide the projects service area. This is usually a set of counties or zip codes.

Township	Zip Codes		Township	Zip Codes
St. Louis City	63103		Bevo Mill/Tower Grove	63116
Lafayette Square and Soulard	63104		Richmond Heights	63117
Clayton	63105		Benton Park (St. Louis City)	63118
St. Louis City	63106		Webster Groves	63119
Hyde Park (North STL)	63107		Pine Lawn (North City)	63120
Central West End	63108		Clayton	63124
St. Louis Hills/South Hampton	63109		University City	63130
Forest Park (St. Louis City)	63110		Pagedale	63133
Crondelet (St. Louis City)	63111		Clifton Heights	63139
Wellston (St. Louis City)	63112		Maplewood	63143
St. Louis City	63113		Brentwood	63144
St. Louis City (North City)	63115		St. Louis City (North City)	63147

4. Provide a clearer copy of the newspaper article.

WEDNESDAY, SEPTEMBER 4, 2024 | M1

CLASSIFIED

Dogs

Pincher Pups, Black & shot, Worming, Dew and Tails done, \$700. 704-6903

Beaver Pups! 8 wks, AKC, wormed, shots, pedicured parents on site, \$1000; 636-485-0887

Poodle Pups. AKC. & 6 Females. Cream, & Red, Health Wmty. \$750 (573) 619-3357

Merchandise Wanted

Ball, Coming to Missouri, Postcards & Memorabilia, 203-767-2407

Historian will pay top \$\$ in-Japanese WW II relics \$369

Garage Sales

Springfield Heights
Antique Run / Springtree
Vision Garage Sale
located between
Stitt & Ameling Rd off
Ant Run Dr or Rule Ave
on, **Saturday, Sept 7**
25+ families -
something for everyone!

Public Notices

The Circuit Court of
Missouri County, Missouri

Anthony Lamar Kelley Jr.

45L-DR00788
.40

Notice for Change of
Name of Minor Child

Anthony Lamar Kelley
is the Petitioner in this
case by Next Friend.

Public Notices

has filed consent to Minor Child's
Change of Name
is the father of Petitioner

The court finds that the change of
name would be proper and would
not be detrimental to the interests
of any other person.

The name of Petitioner is changed
as follows:
From **Anthony Lamar Kelley**
To **J' Aiden Isaiah Alexander**
Birth Date 11/07/2019

Change of Birth Records
It is further ordered that the Division
of Health and Senior Services,
Bureau of Vital Statistics for the
State of Missouri alter the birth
certificate of Petitioner to reflect
this judgment. This judgment shall
be mailed by the Petitioner to the
Division of Health and Senior
Services.

Notice
Notice of the change of name shall
be published at least once each
week for three consecutive weeks
in the following newspaper of
general circulation: St. Louis
Countian

Court Costs
Court Costs are to be paid from the
court cost deposit(s) previously
posted.

/s/
Judge
Date 04/24/24

NOTICE OF PUBLIC SALE

Transport Funding, LLC.
Overland Park, Kansas will offer
the following property at public sale
at Arrow Truck Sales, Inc.
2100 Liebler Rd.,

Troy, IL 62294 on 09/13/2024
commencing at 10:00am
**2016 VOLVO VNL780 I
RAISED ROOF SLEEPER
4V4NC9EHXGN955406**

The property may be inspected by
appointment prior to the sale.

Public Notices

NOTICE OF PUBLIC SALE

Transport Funding, LLC.
Overland Park, Kansas will offer
the following property at public sale
at Arrow Truck Sales, Inc.
2100 Liebler Rd.,

Troy, IL 62294 on 09/16/2024
commencing at 10:00am
**2017 INTL PROSTAR I
MID ROOF SLEEPER
3HSDJAPR6HN638837**

The property may be inspected by
appointment prior to the sale.

Inquiries:
618-667-1236
Cash sales only.

Notice of Self Storage Sale

Please take notice TriLink Storage
Hazelwood located at 8784 Per-
shall Rd Hazelwood, MO 63042
intends to release for sale by
auction the personal property stor-
ed from the below listed units. The
sale will occur as an online auction
via www.storageauctions.com on 9
/11/2024 at 10:00AM. Unit #307;
Unit #318; Unit #706; Unit #762;
Unit #763; Unit #805; Unit #808;
Unit #810. This sale or units may
be withdrawn at any time without
notice. Certain terms and condi-
tions apply. See manager for
details.

SSM Health is applying for two
certificates of needs from Missouri
Health facilities review committee.
One to support adding a DaVinci Xi
dual console surgical robot to
support the growth of the academic
surgical needs at SSM Health St.
Mary's Hospital - St. Louis. The
second is to relocate the existing
single console DaVinci Xi to SSM
Health St. Clare Hospital - Fenton
to support the increasing robotic
surgery needs of the incoming
surgeons.

Bids and Proposals

NOTICE TO CONTRACTORS

5. Provide utilization and number of units for facilities with similar services.
- St. Louis University Hospital - 2023 = 222 cases and Annualized 2024 = 314 cases
 - DePaul Hospital – 2023 = 537 cases and annualized 2024 = 565 cases
 - We inquired to both Barnes Hospital and Mercy requesting their case volumes but they declined to share.
6. The proposed project budget states \$2,397,000, however the documentation provided states the unit was \$2,246,250. What is the difference in costs? Please advise.
Original project budget was an estimate as we hadn't received final number with system discounts which brought it down to the actual price \$2,246,250. We've updated the Budget proposal form to read the correct number as well as the LOI document (attached).



2024 SM-SL daVinci
 CON form1860 LOI.u



SM-SL DaVinci CON
 updated 11.8.24 Fut



Certificate of Need Program

PROPOSED EXPENDITURES

(Completed for non-applicability letter requests.)

CAPITAL COSTS:	Dollars
<i>(Round cost up to the nearest dollar and fill every line even if the amount is "\$0".)</i>	
Description	
1. New Construction Costs	\$0
2. Renovation Costs	0
3. Architectural/Engineering Fees	0
4. Equipment (not in construction contract)	2,246,250
5. Land Acquisition Costs	0
6. Consultants' Fees/Legal Fees	0
7. Interest During Construction (net of interest earned)	0
8. Other Costs (describe what this includes)	0
9. Total Capital Costs (sum of #1 thru #8)	\$2,246,250

MEDICAL EQUIPMENT COSTS:	Dollars
<i>(Fill in every line even if the amount is "\$0".)</i>	
Description	
10. Equipment (fixed and movable)	\$0
11. Shielding (if not included in equipment bid quote)	0
12. Installation (if not included in equipment bid quote)	0
13. Software (if not included in equipment bid quote)	0
14. Other (describe what this includes)	0
15. Total Medical Equipment Costs (sum of #10 thru #14)	\$0

MO 880-2375 (09/12)

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

7. Provide revenues and expenses for years 2027 and 2028.



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: SSM Health St. Mary's - St. Louis Day		Project #: #6118 HS	
Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion			
	Year		
	2025	2026	2027
Amount of Utilization:*	388	400	406
Revenue:			
Average Charge**	\$57,151	\$58,437	\$59,751
Gross Revenue	\$22,174,445	\$23,374,608	\$24,259,045
Revenue Deductions	17,561,791	18,512,300	19,212,760
Operating Revenue	4,612,654	4,862,308	5,046,285
Other Revenue	0	0	0
TOTAL REVENUE	\$4,612,654	\$4,862,308	\$5,046,285
Expenses:			
Direct Expenses			
Salaries	1,512,474	1,621,622	1,711,784
Fees	898,044	962,852	1,016,386
Supplies	1,495,389	1,603,303	1,692,447
Other	511,033	547,911	578,375
TOTAL DIRECT	\$4,416,940	\$4,735,688	\$4,998,992
Indirect Expenses			
Depreciation	167,047	167,047	167,047
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	1,115,167	1,195,643	1,262,121
TOTAL INDIRECT	\$1,282,214	\$1,362,690	\$1,429,168
TOTAL EXPENSES	\$5,699,154	\$6,098,378	\$6,428,160
NET INCOME (LOSS):	-\$1,086,500	-\$1,236,070	-\$1,381,875

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.
 **Indicate how the average charge/procedure was calculated.

8. The utilization and revenues/expenses do not match, they should match. Please revise and resubmit whichever is incorrect.

	2021	2022	2023	2024	2025	2026	2027
SMHC MAIN OR	Historical			Yr 1	Yr 2	Yr 3	Yr 4
Cardiothoracic	2	6	11	11	11	11	11
General	57	64	150	157	162	167	167
Gynecology	61	97	106	102	105	108	111
Gynecology Oncology	6	23	32	34	34	35	35
Obstetrics	0	0	2	2	2	2	2
Thoracic	5	12	20	22	22	23	24
Urology	20	35	49	50	52	53	55
TOTALS	151	237	370	378	388	400	406

9. Provide St. Louis University Hospital utilization for years 2021 and 2022. Access to the robot is often blocked due to other emergent surgical needs. You can see, the total OR Utilization is consistently above 80% hence the need for St. Mary's.

Robotic Robotic Cases	2021	2022	2023	2024 (Annl)
SLUH cases	219	201	222	262
SLUH Robotic Utilization rate	22%	41%	48%	64%
SLUH OR Utilization rate	77%	79%	85%	88%

10. Provide an updated proposed project budget sheet with the new cost.



Certificate of Need Program

PROPOSED PROJECT BUDGET

<u>Description</u>	<u>Dollars</u>
COSTS:*	<i>(Fill in every line, even if the amount is "\$0".)</i>
1. New Construction Costs ***	\$0
2. Renovation Costs ***	
3. Subtotal Construction Costs (#1 plus #2)	\$0
4. Architectural/Engineering Fees	
5. Other Equipment (not in construction contract)	
6. Major Medical Equipment	\$2,246,250
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)	\$2,246,250
12. Total Project Development Costs (#3 plus #11)	\$2,246,250 **
FINANCING:	
13. Unrestricted Funds	\$2,246,250
14. Bonds	
15. Loans	
16. Other Methods (specify)	
17. Total Project Financing (sum of #13 through #16)	\$2,246,250 **
18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	0
21. Renovated Space Costs Per Square Foot *****	\$0

* 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.

From: [Mowry, Jill](#)
To: [Jordan, Jill](#); [Fick, Mackinze](#)
Subject: RE: #6118 HS
Date: Wednesday, January 8, 2025 12:05:10 PM
Attachments: [image001.png](#)

Hello Mackinze and Jill J.,

Below is the clarification for your questions:

- The revenues and expenses forms show a continue loss in revenue. How is sustainable?
 - **Robotic Surgery is now considered the standard of care for many procedures and specialties in addition to being demanded by both providers and patients. If we don't offer robotic surgery we are at high risk to:**
 - **Not being able to recruit specialists to serve the community**
 - **not meeting the patient demands and losing patients to competitors who are often strapped with robotic capacity leading to potential delay in care**
 - **We recognize a robotic surgical platform isn't a profit driving strategy but it is a required service in the future of medicine. We (in parallel to our colleagues in the industry) plan to subsidize with other more profitable services to offset any potential losses associated with a robotic surgical platform. SSM also has an initiative to improve our payor contract renewals to support a stronger reimbursement for surgical services as we're currently the lowest in the region.**
 - **Of all the specialties that utilize the technology, Bariatrics is a "robotic technology must have" for certain patient level BMI's for surgery to occur. Our surgical Bariatric program is one of the profitable services planned for the robot and the goal is to exceed our growth projections which would bring us favorable bottom line.**
- Questions 9 states "Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input." N/A is not an acceptable answer, as the applicant is required to get input on projects. If this didn't occur, please state so.
 - **Confirmed during negotiations with updating payor contracts in 2023 it become evident that robotic surgery is considered "standard of care" for the future and a necessary service.**
 - **Our General Surgery, OB-GYN, Urology and Bariatric provider offices have been monitoring requests for robotic surgical technology options in addition to the number of patients referred to or lost to other hospitals. Both have reached a level that became a greater loss to the organization if we didn't choose to move forward.**

Thank you,

Jill

Jill M. Mowry | Market Director – Strategy and Business Development
SSM Health – St. Louis Region
Executive Assistant: Kathy Zingrich | 636-496-2601

1015 Bowles Ave.
Fenton, MO 63126
Office: 636-496-2520
Cell: 314-960-0006
Jill.mowry@ssmhealth.com
ssmhealth.com



From: Jordan, Jill <Jill.Jordan@ssmhealth.com>
Sent: Monday, January 6, 2025 12:21 PM
To: Mowry, Jill <Jill.Mowry@ssmhealth.com>
Subject: FW: #6118 HS
Importance: High

Hi Jill M – please see below regarding the CON.

Jill Jordan

Executive Assistant to

Kim Henrichsen, Interim President
Misty Jones, Chief Operating Officer
Kate Martin, VP Operations

Mission Action Team Chair

SSM Health St. Mary's Hospital - St. Louis

6420 Clayton Road
St. Louis, MO 63117
Phone: 314-768-8075
Jill.Jordan@ssmhealth.com
ssmhealth.com



From: Fick, Mackinzey [<mailto:Mackinzey.Fick@health.mo.gov>]
Sent: Monday, January 6, 2025 12:17 PM
To: Jordan, Jill <Jill.Jordan@ssmhealth.com>
Subject: #6118 HS
Importance: High

CAUTION: This email originated from outside of the SSM Health organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Think this message could be malicious? Click the Report button or

forward it to Phishing@ssmhealth.com

Jill,

After final review of everything, some additional information is still needed.

- The revenues and expenses forms show a continue loss in revenue. How is sustainable?
- Questions 9 states “Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.” N/A is not an acceptable answer, as the applicant is required to get input on projects. If this didn’t occur, please state so.

This information is needed by Friday, January 10th, 2025.

Mackinzey Fick

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.fick@health.mo.gov

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

Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.