

Project Name: Golden Valley Memorial Hospital DistrictProject No: 6197HSProject Description: Acquire DaVinci Surgical Robot System

Done	Page	N/A	Description
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**Divider I. Application Summary:**

- |   |       |   |
|---|-------|---|
| ✓ | 3     | 1. Applicant Identification and Certification (Form MO 580-1861)                            |
| ✓ | 4 - 6 | 2. Representative Registration (From MO 580-1869)   |
| ✓ | 7     | 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs. |

**Divider II. Proposal Description:**

- |   |         |   |
|---|---------|---|
| ✓ | 8       | 1. Provide a complete detailed project description and include equipment bid quotes.  |
| ✓ | 9       | 2. Provide a timeline of events for the project, from CON issuance through project completion.  |
| ✓ | 9       | 3. Provide a legible city or county map showing the exact location of the project.  |
| ✓ | 9       | 4. Define the community to be served and provide the geographic service area for the equipment.   |
| ✓ | 10      | 5. Provide other statistics to document the size and validity of any user-defined geographic service area.  |
| ✓ | 11      | 6. Identify specific community problems or unmet needs the proposal would address.  |
| ✓ | 12      | 7. Provide the historical utilization for each of the past three years and utilization projections through the first three (3) <b>FULL</b> years of operation of the new equipment. |
| ✓ | 12      | 8. Provide the methods and assumptions used to project utilization.   |
| ✓ | 12      | 9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.                         |
| ✓ | 17 - 21 | 10. Provide copies of any petitions, letters of support or opposition received.   |
| ✓ | 22 - 23 | 11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.                |
| ✓ | 24 - 26 | 12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.   |

**Divider III. Service Specific Criteria and Standards:**

- |   |  |
|---|--|
| ✓ | 1. For new units, address the minimum annual utilization standard for the proposed geographic service area.  |
| ✓ | 2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.  |
| ✓ | 3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit. |
| ✓ | 4. For evolving technology address the following:  |
| ✓ | - Medical effects as described and documented in published scientific literature;  |
| ✓ | - The degree to which the objectives of the technology have been met in practice;  |
| ✓ | - Any side effects, contraindications or environmental exposures;  |
| ✓ | - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;          |
| ✓ | - Food and Drug Administration approval;   |
| ✓ | - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;  |
| ✓ | - The degree of partnership, if any, with other institutions for joint use and financing.  |

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- |   |         |   |
|---|---------|---|
| ✓ | 28 - 35 | 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available. |
| ✓ | 36 -37  | 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) <b>FULL</b> years beyond project completion.                                   |
| ✓ | 28      | 3. Document how patient charges are derived.  |
| ✓ | 28      | 4. Document responsiveness to the needs of the medically indigent.  |

**DIVIDER I**  
**APPLICATION SUMMARY**

**1. Applicant Identification and Certification Form  
(Form MO 580-1861)**

Attached

**1. Representative Registration (Form MO 580-1869)**

Attached

**2. Proposed Project Budget (Form 580-1863)**

Attached



## Certificate of Need Program

# APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the **Letter of Intent** for this project, without exception.

### 1. Project Location (Attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project Golden Valley Memorial Hospital District	Project Number 6197 HS
Project Address (Street/City/State/Zip Code) 1600 N. 2nd Street Clinton, Missouri 64735	County Henry

### 2. Applicant Identification (Information must agree with previously submitted Letter of Intent.)

List All Owner(s): <small>(List corporate entity.)</small>	Address (Street/City/State/Zip Code)	Telephone Number
Golden Valley Memorial Hospital District	1600 N. 2nd St. Clinton, MO 64735	660-885-5511
(a statutory hospital district pursuant to RSMO 206.010 et seq)		
<small>(List entity to be licensed or certified.)</small>		
List All Operator(s):	Address (Street/City/State/Zip Code)	Telephone Number
Same as above		

### 3. Ownership (Check applicable category.)

- |  |                                      |                                 |  |
|--|--------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Individual  | <input type="checkbox"/> City   | <input checked="" type="checkbox"/> District |
| <input type="checkbox"/> Partnership           | <input type="checkbox"/> Corporation | <input type="checkbox"/> County | <input type="checkbox"/> Other _____         |

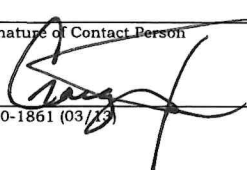
### 4. Certification

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

### 5. Authorized Contact Person (Attach a Contact Person Correction Form if different from the Letter of Intent.)

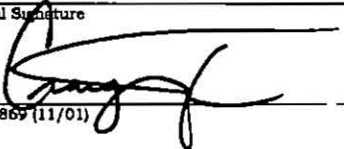
Name of Contact Person Craig Thompson	Title Chief Executive Officer
Telephone Number 660-890-7103	Fax Number 660-885-8496
E-mail Address craig.thompson@gvmh.org	
Signature of Contact Person 	Date of Signature 04/24/2025



## Certificate of Need Program

# REPRESENTATIVE REGISTRATION

(A registration form must be completed for **each** project presented )

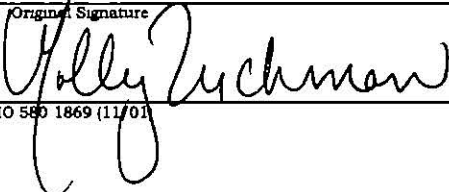
Project Name Golden Valley Memorial Hospital District		Number 6197 HS
(Please type or print legibly )		
Name of Representative Craig Thompson		Title Chief Executive Officer
Firm/Corporation/Association of Representative (may be different from below e.g. law firm consultant other) Golden Valley Memorial Hospital District		Telephone Number 660 890-7103
Address (Street/City/State/Zip Code) 1600 North 2nd Street Clinton Missouri 64735		
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each )		
Name of Individual/Agency/Corporation/Organization being Represented Golden Valley Memorial Hospital District		Telephone Number 660-890 7103
Address (Street/City/State/Zip Code) 1600 North 2nd Street Clinton Missouri 64735		
<p>Check one Do you</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information</p> <p>_____</p> <p>_____</p>		<p>Relationship to Project</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain)</p> <p>_____</p> <p>_____</p>
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i></p>		
Original Signature 		Date April 21 2025

MO 580-1869 (11/01)



## Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

<i>(A registration form must be completed for <b>each</b> project presented )</i>	
<b>Project Name</b> Golden Valley Memorial Hospital District	<b>Number</b> 6197 HS
<i>(Please type or print legibly )</i>	
<b>Name of Representative</b> Molly Teichman	<b>Title</b> Chief Operating Officer
<b>Firm/Corporation/Association of Representative (may be different from below e.g. law firm consultant other)</b> Golden Valley Memorial Hospital District	<b>Telephone Number</b> 660-890 7106
<b>Address (Street/City/State/Zip Code)</b> 1600 North 2nd Street Clinton Missouri 64735	
<b>Who's interests are being represented?</b> <i>(If more than one, submit a separate Representative Registration Form for each )</i>	
<b>Name of Individual/Agency/Corporation/Organization being Represented</b> Golden Valley Memorial Hospital District	<b>Telephone Number</b> 660 890 7104
<b>Address (Street/City/State/Zip Code)</b> 1600 North 2nd Street Clinton Missouri 64735	
<b>Check one Do you</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral  <b>Other Information</b>  _____  _____	<b>Relationship to Project</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain)  _____  _____
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</i></p>	
<b>Original Signature</b> 	<b>Date</b> 4-21-25

MO 580 1869 (11/01)



## Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

(A registration form must be completed for <b>each</b> project presented.)	
Project Name Golden Valley Memorial Hospital District	Number 6197 HS
(Please type or print legibly.)	
Name of Representative Tammy Nadler	Title Chief Financial Officer
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Golden Valley Memorial Hospital District	Telephone Number 660-890-7104
Address (Street/City/State/Zip Code) 1600 North 2nd Street Clinton Missouri 64735	
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)	
Name of Individual/Agency/Corporation/Organization being Represented Golden Valley Memorial Hospital District	Telephone Number 660-890-7104
Address (Street/City/State/Zip Code) 1600 North 2nd Street Clinton Missouri 64735	
<div>Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral</div> <div>Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):</div> <div>Other Information: _____ _____</div> <div>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</i></div>	
Original Signature <i>Tammy Nadler</i>	Date 4.21.25

**PROPOSED PROJECT BUDGET****Description****Dollars****COSTS:\****(Fill in every line, even if the amount is "\$0".)*

1. New Construction Costs ***	0
2. Renovation Costs ***	0
<b>3. Subtotal Construction Costs</b> (#1 plus #2)	<b>\$0</b>
4. Architectural/Engineering Fees	0
5. Other Equipment (not in construction contract)	0
6. Major Medical Equipment	2,536,000.
7. Land Acquisition Costs ***	0
8. Consultants' Fees/Legal Fees ***	0
9. Interest During Construction (net of interest earned) ***	0
10. Other Costs ***	0
<b>11. Subtotal Non-Construction Costs</b> (sum of #4 through #10)	<b>\$2,536,000 \$0</b>
<b>12. Total Project Development Costs</b> (#3 plus #11)	<b>\$2,536,000 \$0 **</b>

**FINANCING:**

13. Unrestricted Funds	\$2,536,000
14. Bonds	0
15. Loans	0
16. Other Methods (specify)	0
<b>17. Total Project Financing</b> (sum of #13 through #16)	<b>\$2,536,000 \$0 **</b>

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.

## DIVIDER II PROPOSAL DESCRIPTION

### 1. Provide a complete detailed project description and include equipment bid quotes.

Golden Valley Memorial Hospital District d/b/a Golden Valley Memorial Healthcare (“GVMH”) is a leading not-for-profit, healthcare organization with a 56-bed hospital, 24/7 emergency department, rehabilitation and wellness services and physician services. GVMH has more than 80 providers, 11 specialty areas, 1,050 employees and cares for approximately 1,200 people per day.

To enhance its ability to meet the needs of its patients, GVMH seeks to acquire a da Vinci Robotic Surgical System (Model IS5000/ the “da Vinci 5”) to make state-of-the-art minimally invasive robotic surgery available to patients in its service area.

“Robotic Surgery” is a minimally invasive surgical technique where specialized robotic systems assist surgeons in performing procedures with greater precision and control.<sup>1</sup> Robotic surgery systems consist of robotic arms equipped with surgical instruments, a surgical console operated by the surgeon, and a high-definition vision system that provide a magnified 3D view of the surgical site.<sup>2</sup> The combination of the surgeon’s skills with the robotic technology enhances the quality and safety of procedures.<sup>3</sup> For example, the robotic arms provide the surgeon with enhanced dexterity because they can rotate 360 degrees and mimic the natural movements of a surgeon’s hands with significant reduced tremors.<sup>4</sup> A 3D visualization of the surgical field greatly benefits surgeons by improving their ability to navigate anatomical structures safely and accurately.<sup>5</sup>

Robotic surgical systems are used to provide general surgery, gynecological surgery, urological surgery, cardiac surgery, orthopedic surgery, and head and neck surgery. The benefits of robotic surgery for patients are numerous: their precision reduces the risk of complications and post-operative issues; they allow smaller incisions resulting in less blood loss, pain and risk of infection; they are associated with shorter hospital stays and faster recovery times thereby reducing costs and allowing patients to return to their normal activities sooner.

Currently, the term “robotic surgery” is often used synonymously with the da Vinci surgical system, which was first made commercially available in 2001.<sup>6,7</sup> The da Vinci 5 is the most recent version of the system and is the sole source of this level of technology. It features

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<sup>1</sup> Reddy K, Gharde P, Tayade H, Patil M, Reddy LS, Surya D. *Advancements in Robotic Surgery: A Comprehensive Overview of Current Utilizations and Upcoming Frontiers*. Cureus. 2023 Dec 12;15(12):e50415. doi: 10.7759/cureus.50415. PMID: 38222213; PMCID: PMC10784205.

<sup>2</sup> See Footnote 1

<sup>3</sup> See Footnote 1

<sup>4</sup> See Footnote 1

<sup>5</sup> See Footnote 1

<sup>6</sup> Patrick Probst, M.D., *A Review of the Role of Robotics in Surgery: To DaVinci and Beyond!* Missouri Medicine, 120:5 389-390 September/October 2023.

<sup>7</sup> See Footnote 1.



numerous upgrades such as a wider range of ergonomic settings offering more comfort to the surgeon. It also has enhanced 3D imaging with better color and resolution and offers a “force feedback” mechanism which allows for less force on tissue, where appropriate. Other improvements allow for reduced procedure time and better data analytics.

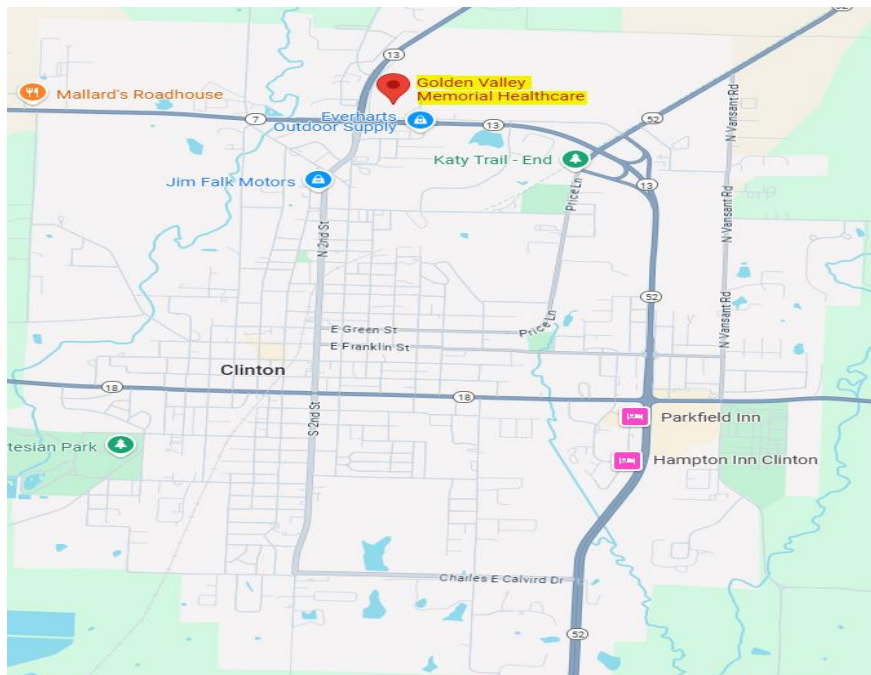
GVMH would acquire the da Vinci 5 system through a purchase agreement. The current value of the system is \$2,536,000.00. **See Attachment 1.**

- 2. Provide a timeline of events for the project, from CON issuance through project completion.**

<b><u>Action</u></b>	<b><u>Date</u></b>
<b>Order System</b>	<b>08.01.2025</b>
<b>Delivery of System</b>	<b>11.01.2025</b>
<b>First Patient</b>	<b>01.01.2026</b>

- 3. Provide a legible city or county map showing the exact location of the project.**

The da Vinci 5 would be located in GVMH at 1600 N. 2<sup>nd</sup> Street, Clinton, Missouri 64735. A Map with the location of GVMH is below.



- 4. Define the community to be served and provide the geographic service area for the equipment.**

GVMH’s primary service area includes the counties of Henry, Benton, and St. Claire. GVMH’s also serves patients outside of these counties, including patients residing in the

following cities: Garden City, Freeman, Archie, Creighton, East Lynne, Holden, Centerview, Leeton, Chilhowee, Green Ridge, Butler, Adrian, and Rich Hill.

The 2030 population projection for this service area is set forth in the table below.

<b>GVMH Service Area 2030 Population Projection*</b>	
<b>County</b>	<b>2030 County Projection</b>
Benton	21,761
Henry County	22,806
St. Clair County	9,974
<b>Total County</b>	<b>54,541</b>
<b>City</b>	<b>2030 City Projection</b>
Adrian	1806
Archie	1284
Butler	4306
Centerview	170
Chilhowee	283
Creighton	318
East Lynne	287
Freeman	512
Garden City	1510
Green Ridge	770
Holden	2342
Leeton	535
Rich Hill	1216
<b>Total City</b>	<b>15,339</b>
<b>Total Projected Population</b>	<b>69,880</b>
<p><b>*Source:</b> Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services. Received March 21, 2025</p>	

**5. Provide other statistics to document the size and validity of any user-defined geographic service area.**

GVMH determines its service area based upon the location of the main hospital campus (Henry County) as well as the location of its satellite clinics (i.e. Henry, Benton and St Clair counties).

## 6. Identify specific community problems or unmet needs the proposal would address.

GVMH and its service area sit in rural Missouri.<sup>8</sup> The most recent *Health in Rural Missouri Biennial Report* highlights the challenges facing rural Missourians in accessing hospitals, specialty care, and primary care services.<sup>9</sup> Compared to their urban counterparts, rural residents have lower incomes and generally must travel long distances to obtain specialty care. This often results in a lack of access to or less consistent care for Missouri's vulnerable populations.

Access to specialist care is of particular concern in the field of obstetrics and maternal health. Missouri is one of the worst states for maternal mortality rates, ranking 44<sup>th</sup> in the nation. While maternal mortality rates are affected by many factors, provider access limitations in can cause dangerous delays in care for rural residents.<sup>10</sup> In Missouri, 41.7% of counties are defined as "maternity care deserts"<sup>11</sup> (areas lacking birthing centers and obstetric providers), compared to 32.6% of counties in the U.S. overall. Henry County, where GVMH sits, is currently classified as having "low" access to maternal care. A maternity desert would be created if GVMH were to discontinue obstetrical services.

GVMH's ability to recruit OB/GYN physicians is essential to maintaining labor and delivery services. Currently, there are no robotic surgery systems utilized in GVMH's service area.<sup>12</sup> The availability of the da Vinci 5 system would serve as an important tool for GVMH's successful recruitment of OB/GYNs and other specialists to the service area. Multiple medical specialties now incorporate training modules and robotic skills courses into their curriculum and require residents to have robotic platform specific training in order to complete their residency.<sup>13</sup> The da Vinci robotic surgical system is used to perform surgeries in the nation's 100 largest residency programs, with 100% of the gynecology and general surgery programs utilizing da Vinci systems.<sup>14</sup> As a result, many incoming specialists now have an expectation that the latest technology, including robotic surgical systems, will be available to them in their practice. Therefore, the availability of a robotic surgical system is an important incentive for bringing OB/GYN and other surgical specialists to treat residents in GVMH's service area thereby ensuring that specialty services are available to patients.

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<sup>8</sup> *Health in Rural Missouri Biennial Report, 2022-2023* (pg. 6) published by Missouri Department of Health & Senior Services

<sup>9</sup> See Footnote 8

<sup>10</sup> Williams, A. (2019, December). *Maternal Mortality: Missouri's Birth Story*. Trajectories. Missouri Hospital Association. Available at: [https://www.mhanet.com/mhaimages/SQL/Trajectories/Trajectories\\_Dec2019\\_Maternal%20Mortality.pdf](https://www.mhanet.com/mhaimages/SQL/Trajectories/Trajectories_Dec2019_Maternal%20Mortality.pdf)

<sup>11</sup> Fontenot, J, Lucas, R, Stoneburner, A, Brigance, C, Hubbard, K, Jones, E, Mishkin, K. *Where You Live Matters: Maternity Care Deserts and the Crisis of Access and Equity in Missouri*. March of Dimes. 2023. Available at: <https://www.marchofdimes.org/peristats/reports/missouri/maternity-care-deserts>

<sup>12</sup> DHSS Inventory of Major Medical Equipment in Missouri <https://health.mo.gov/information/boards/certificateofneed/pdf/eqptinv.pdf>

<sup>13</sup> Patrick Probst, M.D., *A Review of the Role of Robotics in Surgery: To DaVinci and Beyond!* Missouri Medicine, 120:5 390 September/October 2023.

<sup>14</sup> Intuitive Surgical internal data.

7. **Provide the historical utilization for each of the past three years\* and utilization projections through the first three (3) FULL years of operation of the new equipment.**

Projected Utilization of da Vinci 5			
2025 (Partial Year)	2026	2027	2028
N/A	260	285	310

Because the equipment will be new, there is no historical utilization data. Projected utilization data is in the Table above.

8. **Provide the methods and assumptions used to project utilization.**

GVMH reviewed the current surgeries being performed, by provider, to estimate the volume that would be moved to the da Vinci 5 in addition to new procedures the providers desire to offer if the da Vinci 5 is purchased. GVMH also estimated increased volume if there is successful recruitment of a second OB/GYN provider.

9. **Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.**

GVMH routinely conducts consumer engagement activities to ensure that all of its services and programs are aligned with the needs of the community. For example, every three years, GVMH conducts a formal Community Health Needs Assessment in collaboration with the county health department. This process involves soliciting feedback from residents, community leaders, and providers through conducting town halls and completion of online surveys to identify needs and priorities.

10. **Provide copies of any petitions, letters of support or opposition received.**

**See Attachment 2**

Letter of Support from Hayli Wade, GVMH Birthing Center Director  
Letter of Support from Krista Yeggy, DO, FACOOG  
Letter of Support from Jim Kalberloh, State Representative, District 126  
Letter of Support from Rodger Reedy, State Representative, District 57

To date, no letters of opposition have been received.

11. **Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.**

**See Attachment 3**

**12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.**

Written notification of GVMH's intent to acquire the da Vinci 5 was provided to Laura Smith, Chief Executive Officer of Ellett Memorial Hospital located at 610 North Ohio Avenue, Appleton City, Missouri. Ellett Memorial is the only potential affected provider in GVMH's service area and does not currently have any surgical robotic system.

A copy of the notification to Ellett Memorial is at **Attachment 4.**

**Divider II**

**Attachment 1**

**Quote**

Proposal Creation Date: 4/17/2025  
Proposal Expiration Date: 6/30/25

Golden Valley Memorial Hospital  
1600 N 2nd St  
Clinton, Missouri, 64735-1197

At the request of your Intuitive sales professional, I am pleased to present this lease proposal (Q-00079939) under the following terms and conditions for the equipment listed below. I look forward to being of assistance on this project.

Lessee Golden Valley Memorial Hospital  
Lessor INTUITIVE SURGICAL LEASING

#### Equipment

Part Number	Qty	Equipment	Price	Subtotal	Include in Lease
<b>Systems</b>					
	1	Da Vinci 5 Single Console System (Fluorescence Imaging Included): One (1): da Vinci 5® System Console One (1): Integrated Simulator One (1): da Vinci 5® System Tower One (1): Integrated Intuitive HUB One (1): Integrated Insufflator One (1): Integrated E-200 Generator One (1): CO2 Tank Kit One (1): da Vinci 5® System Patient Cart One (1): da Vinci 5® Operating System Software Package (including Integrated table motion) Vision Equipment Accessories Training Instruments da Vinci 5 ® System Documentation	\$ 2,500,000.00	\$ 2,500,000.00	Yes
<b>Upgrades</b>					
	1	Da Vinci E-200 Generator (Backup)	\$ 25,000.00	\$ 25,000.00	Yes
<b>Freight</b>					
	1	System Freight - Central (AR, IA, IL, KS, LA, MN, MO, ND, NE, OK, SD, TX, WI)	\$ 11,000.00	\$ 11,000.00	Yes
<b>Total</b>					<b>\$ 2,536,000.00</b>

Part Number	Qty	Year	Equipment	Price	Subtotal	Include in Lease
<b>Service</b>						
	1	1.0	da Vinci 5-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-Warranty (Included)	\$ 0.00	\$ 0.00	Yes
	1	6.0	da Vinci 5-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-After Warranty Service (Annual)	\$ 195,000.00	\$ 195,000.00	No
	1	1.0	SERVICE PLAN : E-200 BACKUP-Warranty (Included)	\$ 0.00	\$ 0.00	Yes
	1	6.0	SERVICE PLAN : E-200 BACKUP-After Warranty Service (Annual)	\$ 0.00	\$ 0.00	No
<b>Digital Subscription</b>						
	1	1.0	MY INTUITIVE+ SUBSCRIPTION-Subscription (Included)	\$ 0.00	\$ 0.00	Yes
	1	1.0	MY INTUITIVE+ SUBSCRIPTION-Subscription Fee-(Annually Recurring)	\$ 70,000.00	\$ 70,000.00	No

## Lease Details and Special Conditions

Equipment: IS5000 DA VINCI SYSTEM

Equipment Price: 2,536,000.00

Term Structure: 84

Option At Lease Expiration:

Assuming the Lessee is not in default, the Lessee has the option to purchase the equipment for its then Fair Market Value.

Periodical Lease Payments		
From Period (Months)	To Period (Months)	Total Payment Amount
1	6	\$ 0.00
7	84	\$ 34,833.02

### Special Conditions

After the 6th Periodical Lease Payment and with sixty (60) days' written notice, Lessee will have a one-time option to purchase the Equipment for the Original Equipment Cost, as described above (the "Purchase Option"). If Lessee exercises this Purchase Option, upon full execution of an agreement for this Purchase Option, this Lease Agreement shall terminate. For the avoidance of doubt, Lessee remains responsible for any Periodical Lease Payments payable prior to Lessee's exercise of this Purchase Option.

Provided an Event of Default has not occurred, after the thirtieth (30th) Periodical Lease Payment and on each anniversary date of Acceptance thereafter, Lessee will have the option to upgrade the Equipment at a price to be mutually agreed upon by the Parties (the "Upgrade Option"). To exercise the Upgrade Option, Lessee must provide written notice to Lessor at least sixty (60) days prior to the anniversary date of Acceptance. If Lessee exercises the Upgrade Option, service shall be purchased on the upgraded equipment. If Lessor does not receive notice regarding the Upgrade Option, the Lease Agreement shall continue as described herein.

Provided an Event of Default has not occurred, the Fair Market Value of the Equipment at the end of the Lease Period shall not exceed \$395,616.00.

### ADJUSTMENTS TO BASE LEASE PAYMENTS

The Base Lease Payments quoted in this proposal reflect current money market rates as indicated by the yield to maturity for the LIBOR/SWAP Index. For any movement in the Index prior to the lease Commencement Date, the Lessor reserves the right to adjust the Base Lease Payments in order to preserve its economics.

### BUSINESS AND CREDIT INFORMATION

Lessee will make available to Lessor any business information, including but not limited to last two annual financial statements, interim financial statements, organizational documents, and other documents as may be reasonably requested by the Lessor.

### GENERAL

The lease will be a net lease in which the Lessee will be responsible for all expenses relating to the Equipment and the transaction, including, without limitation, Equipment maintenance, insurance coverage, payment of sales or property taxes, recording fees and other expenses relating to the purchase, possession, lease and use of the Equipment. This proposal is an expression by Lessor of its interest in considering a lease transaction on the general terms and conditions outlined above. This proposal is not intended to and does not create any binding legal obligation on the part of either party. THIS LETTER IS NOT, AND IS NOT TO BE CONSTRUED AS, A COMMITMENT BY LESSOR TO ENTER INTO THE PROPOSED LEASE TRANSACTION. The Lessor shall not be obligated to provide any lease financing until the satisfactory completion of its due diligence, credit approval, the receipt of all requisite approvals by Lessor's management, and the prior execution and delivery of final legal documentation in form and substance acceptable to Lessor, including acceptance of the Equipment by the Lessee.

All other terms and conditions notwithstanding, this proposal will expire on 9/30/25.

Thank you for the opportunity to submit this proposal. Should you have any questions or require further information, please feel free to contact me at [jennifer.klepper@intusurg.com](mailto:jennifer.klepper@intusurg.com).

Sincerely,

*Jennifer Klepper*

Jennifer Klepper  
Intuitive Surgical, Inc.



**Divider II**

**Attachment 2**

**Letters of Support**



1600 N. Second Street | Clinton, MO 64735  
660.885.5511 | gvmh.org

March 3, 2025

Certificate of Need Committee  
Jefferson City, MO

**RE: Certificate of Need Support for Golden Valley Memorial Hospital**

Dear Committee Member,

The Golden Valley Memorial Hospital Birthing Center is pleased to support Golden Valley Memorial Hospital's application for a Certificate of Need (CON) to acquire a DaVinci Surgical Robotic System. The proposal put forth by Golden Valley Memorial Hospital (GVMH) is a vital investment in maternal and obstetric care within Western Missouri.

Families in our region encounter considerable obstacles in obtaining maternal and obstetric services. These challenges are frequently exacerbated by the difficulties in attracting qualified maternal health professionals, resulting in several counties in Western Missouri becoming increasingly underserved in terms of maternal care. Unfortunately, this lack of access has led to disturbingly high rates of maternal morbidity across the area. As one of the few local hospitals featuring a birthing center, GVMH is committed to enhancing maternal health outcomes and expanding the provision of high-quality care for mothers and infants.

To facilitate the recruitment of additional healthcare providers and to bolster GVMH's capacity to offer advanced OBGYN services, the hospital is seeking federal funding to acquire a state-of-the-art robotic surgical system. Such systems are currently utilized by the nation's top 100 largest residency programs in gynecology, making it essential for GVMH to obtain a similar system to effectively recruit new practitioners. A Certificate of Need (CON) is necessary for GVMH to proceed with this essential acquisition, recruit more OBGYN providers to Western Missouri, and increase access to life-saving maternal healthcare.

In light of this, I wholeheartedly endorse Golden Valley Memorial Healthcare's CON application for the procurement of a surgical robot. Thank you for considering this important request.

Sincerely,

**Hayli Wade**  
**Birthing Center Director**



1600 N. Second Street | Clinton, MO 64735  
660.885.5511 | gvmh.org

**RE: Certificate of Need Support for Golden Valley Memorial Hospital**

Dear Committee Member,

I am pleased to support Golden Valley Memorial Hospital's application for a Certificate of Need (CON) to acquire a DaVinci Surgical Robotic System. The request submitted by Golden Valley Memorial Hospital (GVMH) is a vital investment in women's healthcare in western Missouri.

Families across our region face significant challenges in accessing gynecologic care. These challenges are often driven by difficulties recruiting OBGYN physicians, with several counties in western Missouri entirely lacking access to OBGYN care. This not only negatively affects women's quality of life when they lack access to treatment for common conditions such as endometriosis, PCOS, and abnormal uterine bleeding, but I have been seeing many women who have developed gynecologic cancers due to delays and lack of access to care. As one of the few local hospitals with an OBGYN physician, GVMH is dedicated to improving women's healthcare.

In order to recruit additional OBGYN physicians and enhance GVMH's ability to provide advanced OBGYN services, the hospital is pursuing federal investment in the procurement of an advanced robotic surgical system. As the only OBGYN physician at GVMH, this purchase would also aid in retention of current services, prevent physician burnout through OBGYN recruitment, and expand the available GYN services offered. Robotic surgical systems have quickly become a primary method of surgical training during residency programs, making it a necessity for GVMH to have a similar system to effectively recruit new physicians. A CON is required for GVMH to move forward with this purchase, recruit additional OBGYN physicians to western Missouri, and expand the availability of maternal and gynecologic health care.

I strongly support Golden Valley Memorial Healthcare's CON application for the acquisition of a surgical robot. I appreciate your consideration of this request.

Sincerely,

**Krista Yeggy, DO, FACOOG**  
**Obstetrics and Gynecology**



**CAPITOL OFFICE**

State Capitol - Room 410B  
201 West Capitol Avenue  
Jefferson City, MO 65101-  
6806

Tele: 573-751-5388

E-Mail:

Jim.Kalberloh@house.mo.gov

**COMMITTEES**

Budget

Consent and Procedure

Corrections and Public  
Institutions

Special Committee on Rural  
Issues, Vice-Chairman

Sub. Committee on

Appropriations –

Agriculture, Conservation,  
Natural Resources, and  
Economic Development

**MISSOURI HOUSE OF REPRESENTATIVES****JIM KALBERLOH**

State Representative

District 126

April 8, 2025

Missouri Department of Health and Senior Services  
Missouri Health Facilities Review Committee  
Certificate of Need Program  
P.O. Box 570  
Jefferson City, MO 65102

**RE: Certificate of Need Support for Golden Valley Memorial Hospital**

Dear Committee Members:

I am pleased to support Golden Valley Memorial Hospital's application for a Certificate of Need (CON) to acquire a DaVinci Surgical Robotic System. The request submitted by Golden Valley Memorial Hospital (GVMH) is a critical investment in maternal and obstetric care in Western Missouri.

Families across our region face significant challenges in accessing maternal and obstetric care. These challenges are often driven by difficulties recruiting trained maternal health providers, with several counties in Western Missouri rapidly becoming maternal care deserts. Tragically, this lack of access has contributed to alarmingly high maternal morbidity rates throughout the region. As one of the few local hospitals with a birthing center, GVMH is dedicated to improving maternal health outcomes and expanding high-quality care for mothers and infants.

In order to recruit additional providers and enhance GVMH's ability to provide advanced OBGYN services, the hospital is pursuing federal investment in procuring an advanced robotic surgical system. Robotic surgical systems are in use among the nation's top 100 largest residency programs in gynecology, making it a necessity for GVMH to have a similar system to effectively recruit new providers. A CON is required for GVMH to move forward with this critical purchase, recruit additional OBGYN providers to Western Missouri, and expand the availability of life-saving maternal health care.

With this in mind, I strongly support Golden Valley Memorial Healthcare's CON application for the acquisition of a surgical robot. I appreciate your consideration of this critical request.

Sincerely,



Jim Kalberloh

**CAPITOL OFFICE**

State Capitol  
201 West Capitol Avenue, 411-2  
Jefferson City, MO 65101-6806  
Tele: (573) 751-3971  
E-Mail:  
Rodger.Reedy@house.mo.gov



**COMMITTEES**

**Chair:**  
Elections  
**Member:**  
Local Government  
Pensions  
Special Committee on Rural  
Issues  
Joint Committee on Public  
Employee Retirement

**MISSOURI HOUSE OF REPRESENTATIVES**

**Rodger Reedy**

State Representative  
District 57

April 7, 2025

Missouri Health Facilities Review Committee  
Certificate of Need Program  
Missouri Department of Health and Senior Services  
PO Box 570  
Jefferson City, MO 65102

**RE: Certificate of Need Support for Golden Valley Memorial Hospital**

Dear Committee Member,

Representative Rodger Reedy is pleased to support Golden Valley Memorial Hospital's application for a Certificate of Need (CON) to acquire a DaVinci Surgical Robotic System. The request submitted by Golden Valley Memorial Hospital (GVMH) is a critical investment in maternal and obstetric care in Western Missouri.

Families across our region face significant challenges in accessing maternal and obstetric care. These challenges are often driven by difficulties recruiting trained maternal health providers, with several counties in Western Missouri rapidly becoming maternal care deserts. Tragically, this lack of access has contributed to alarmingly high maternal morbidity rates throughout the region. As one of the few local hospitals with a birthing center, GVMH is dedicated to improving maternal health outcomes and expanding high-quality care for mothers and infants.

In order to recruit additional providers and enhance GVMH's ability to provide advanced OBGYN services, the hospital is pursuing federal investment in the procurement of an advanced robotic surgical system. Robotic surgical systems are in use among the nation's top 100 largest residency programs in gynecology, making it a necessity for GVMH to have a similar system to effectively recruit new providers. A CON is required for GVMH to move forward with this critical purchase, recruit additional OBGYN providers to Western Missouri, and expand the availability of life-saving maternal health care.

With this in mind, I strongly support Golden Valley Memorial Healthcare's CON application for the acquisition of a surgical robot. I appreciate your consideration of this critical request.

Sincerely,

A handwritten signature in cursive script that reads "Rodger L. Reedy".

Rodger Reedy  
Missouri State Representative (57<sup>th</sup> District)

**Divider II**

**Attachment 3**

**Public Notice**



**KUSTOM KAT CONTRACTORS, LLC**

Darren W. Palmer, Clinton, MO  
kustomkatllc.com



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- Cell: (660) 885-1433
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## Veteran's Pancake Breakfast

**Saturday, April 26, 2025 • 8 am to 11 am  
Farrington Park, Windsor MO - Pavilion A.**

Sponsored by VFW Post 2610, Windsor  
Veterans service information officer will be available.

## PUBLIC NOTICE

Golden Valley Memorial Hospital District  
will apply to the Missouri Health Facilities  
Review Committee to acquire a Da Vinci  
surgical robot at its main campus.

Call Craig Thompson with questions  
or concerns at 660.890.7103.



**Golden  
Valley  
Memorial**  
HEALTHCARE

gvmh.org | @choosegvmh

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# **Divider II**

## **Attachment 4**

### **Notice to Affected Providers**



**From:** Craig Thompson <[craig.thompson@gvmh.org](mailto:craig.thompson@gvmh.org)>  
**Sent:** Monday, April 14, 2025 1:55 PM  
**To:** Laura Smith <[Laura.Smith@ellettmemorial.com](mailto:Laura.Smith@ellettmemorial.com)>  
**Cc:** Craig Thompson <[craig.thompson@gvmh.org](mailto:craig.thompson@gvmh.org)>  
**Subject:** [External] [Possible SPAM] Certificate of Need Filing Notice  
**Importance:** Low

^^ This email came from an EXTERNAL source. Use caution when opening attachments or clicking links. ^^

Laura,

I apologize for not connecting in person when I saw you at the MHA Board Meeting last Friday. I had hoped to provide a heads up about this email. Golden Valley Memorial Hospital District is applying to the Missouri Health Facilities Review Committee to add a Da Vinci surgical robot in one of our operating rooms at our main campus. Missouri Certificate of Need rules require that we notify hospitals within our service area of the application. If you have any questions or concerns about the project, please let me know. The addition of the surgical robot is a key aspect of the maternal health collaborative that Ellett Memorial had previously provided a letter of support for.



**Golden  
Valley  
Memorial**  
HEALTHCARE

[\[linkprotect.cudasvc.com\]](https://linkprotect.cudasvc.com)

[f](#) [v](#) [in](#) [@](#) [\[instagram.com\]](https://instagram.com)

**Craig Thompson**  
Chief Executive Officer

1600 N 2nd St | Clinton, MO 64735

660.890.7102

[gvmh.org](https://gvmh.org) [\[linkprotect.cudasvc.com\]](https://linkprotect.cudasvc.com)

**From:** Laura Smith <[Laura.Smith@ellettmemorial.com](mailto:Laura.Smith@ellettmemorial.com)>  
**Sent:** Monday, April 14, 2025 2:06 PM  
**To:** Craig Thompson <[craig.thompson@gvmh.org](mailto:craig.thompson@gvmh.org)>  
**Subject:** RE: [External] [Possible SPAM] Certificate of Need Filing Notice

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Craig,

Thank you for your email informing us about the application for the Da Vinci surgical robot. We appreciate being included in the process and are grateful for your transparency.

Integrating this advanced technology—especially as a vital part of the maternal health collaborative—promises to enhance patient care across our service area. We value the opportunity to be part of such progressive initiatives and look forward to staying connected as the project progresses.

Please let us know if there are any more details or if we might help you with this application. We're eager to support efforts that improve outcomes for our community.

Thank you once again for including us.

*Laura Smith RN, CEO*  
*Ellett Memorial Hospital*  
*610 N Ohio Street*  
*Appleton City, Missouri 64724*  
*O. 660-476-5211*  
*C. 417-321-2364*  
[Laura.smith@ellettmemorial.com](mailto:Laura.smith@ellettmemorial.com)  
<https://www.ellettmemorial.com/index.html> [ellettmemorial.com]

**DIVIDER III**  
**SERVICE SPECIFIC CRITERIA AND STANDARDS**

- 1. For new units, address the minimum annual utilization standard for the proposed geographic service area.**

Not applicable. There are no other providers that offer robotic surgery in GVMH's service area. Please refer to Item # 8 in Divider II for an explanation of the anticipated utilization rates.

- 2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.**

Not applicable. 19 CSR 60-50.440(1)(A)(8) provides expected utilization rates for robotic surgery.

- 3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.**

Not applicable – GVMH is seeking to acquire new equipment (not additional units/equipment).

- 4. For evolving technology address the following:**

Not applicable. Robotic surgery is a well-established technology.

- **Medical effects as described and documented in published scientific literature;**
- **The degree to which the objectives of the technology have been met in practice;**
- **Any side effects, contraindications or environmental exposures;**
- **The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;**
- **Food and Drug Administration approval;**
- **The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;**
- **The degree of partnership, if any, with other institutions for joint use and financing.**

**DIVIDER IV**  
**FINANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS**

- 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.**

FORVIS, LLP conducted the external audit for GVMH, for fiscal year ending March 31, 2024 and 2023. The Balance Sheets and Statements of Revenues, Expenses, and Changes in Net Position demonstrate that GVMH has sufficient funds available to acquire the equipment.

See Attachment 1.

- 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) FULL years beyond project completion.**

See Attachment 2.

*Indicate how the average charge/procedure was calculated.*

GVMH bases its financial calculations on budgeted revenue and expense for the surgery department for fiscal year 2026.

*Indicate how overhead was calculated.*

In addition to salaries, the cost of supplies and disposables has been estimated.

- 3. Document how patient charges are derived.**

GVMH bases its numbers (charges, revenues, and expenses) on budgeted revenue and expense for surgery department for fiscal 2026. This factors in the cost of supplies and disposables for the da Vinci 5.

- 4. Document responsiveness to the needs of the medically indigent.**

GVMH has a Financial Assistance Policy and shares details about this Policy on its statements, collection letters, website, and through signs at registration. Also, the Business Office, Registration, Social Services and other departments give out applications and tell patients that help is available. GVMH provides care to anyone who comes to the Emergency Room regardless of whether they can pay or not. GVMH's charity care write off for FY 25 was \$6.7M or 1.3% of total gross charges.

# **Divider IV**

## **Attachment 1**

### **Audited Balance Sheet & Statements of Revenues, Expenses, and Changes in Net Position**

## Independent Auditor's Report

Board of Directors  
Golden Valley Memorial Hospital District  
Clinton, Missouri

### ***Opinion***

We have audited the financial statements of Golden Valley Memorial Hospital District as of and for the years ended March 31, 2024 and 2023, and the related notes to the financial statements, which collectively comprise Golden Valley Memorial Hospital District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of Golden Valley Memorial Hospital District as of March 31, 2024 and 2023, and the changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of Golden Valley Memorial Hospital District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Emphasis of Matter***

As discussed in *Note 1* to the financial statements, in fiscal year 2024, Golden Valley Memorial Hospital District adopted Governmental Accounting Standards Board (GASB) Statement No. 96, *Subscription-Based Information Technology Arrangements*. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Golden Valley Memorial Hospital District's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Golden Valley Memorial Hospital District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Golden Valley Memorial Hospital District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

### ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

***Supplementary Information***

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise Golden Valley Memorial Hospital District's basic financial statements. The patient accounts receivable and allowance for uncollectible accounts schedules are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied by us in the audit of the basic financial statements, and accordingly, we do not express an opinion on it or provide any assurance on it.

**FORVIS, LLP**

Springfield, Missouri  
May 23, 2024



# Golden Valley Memorial Hospital District

## Balance Sheets

March 31, 2024 and 2023

### Assets

	2024	2023 (Restated - Note 1)
<b>Current Assets</b>		
Cash and cash equivalents	\$ 12,923,739	\$ 14,643,656
Patient accounts receivable, net of allowance; 2024 – \$12,132,390; 2023 – \$10,054,496	18,837,622	14,998,734
Other receivables	3,971,596	6,621,983
Pledges receivable	392,572	528,596
Estimated amounts due from third-party payors	982,555	1,717,877
Leases receivable	232,892	224,125
Supplies	3,301,402	3,298,258
Prepaid expenses	2,907,283	2,085,496
Total current assets	43,549,661	44,118,725
<b>Noncurrent Cash and Investments</b>		
Held by trustee for workers' compensation	491,003	477,805
Held by trustee for debt service	1,920,627	1,800,356
Internally designated	56,515,539	56,298,100
Restricted by donors for capital acquisitions and specific operating activities	1,040,376	3,924,649
Externally restricted by donors	80,165	80,165
	60,047,710	62,581,075
<b>Capital Assets, Net</b>	88,249,919	75,625,728
<b>Other Assets</b>		
Leases receivable	1,228,660	1,421,473
Subscription assets, net	753,164	765,481
Other	1,305,004	2,383,128
Total other assets	3,286,828	4,570,082
Total assets	\$ 195,134,118	\$ 186,895,610

	<b>2024</b>	<b>2023 (Restated - Note 1)</b>
<b>Current Liabilities</b>		
Current maturities of long-term debt	\$ 1,932,563	\$ 2,014,932
Current maturities of subscription liabilities	331,014	272,698
Accounts payable	5,823,050	7,065,873
Accrued payroll	2,729,631	2,144,882
Accrued vacation pay	3,388,070	3,173,501
Deferred revenue	-	681,500
Payroll taxes payable and other accrued expenses	2,836,141	2,461,469
Total current liabilities	17,040,469	17,814,855
<b>Long-Term Debt</b>	31,656,135	33,578,067
<b>Subscription Liabilities</b>	268,333	442,665
<b>Other Long-Term Liabilities</b>	1,288,000	1,234,745
Total liabilities	50,252,937	53,070,332
<b>Deferred Inflows of Resources</b>		
Leases	1,461,552	1,645,598
<b>Net Position</b>		
Net investment in capital assets	54,208,607	39,529,288
Restricted - expendable for		
Capital acquisitions	1,195,372	5,479,318
Specific operating activities	1,578,411	1,373,886
Restricted nonexpendable	80,165	80,165
Unrestricted	86,357,074	85,717,023
Total net position	143,419,629	132,179,680
Total liabilities, deferred inflows of resources, and net position	\$ 195,134,118	\$ 186,895,610

**Golden Valley Memorial Hospital District**  
**Statements of Revenues, Expenses, and Changes in Net Position**  
**Years Ended March 31, 2024 and 2023**

	<b>2024</b>	<b>2023 (Restated - Note 1)</b>
<b>Operating Revenues</b>		
Net patient service revenue, net of provision for uncollectible accounts; 2024 – \$10,601,000, 2023 – \$9,212,000	\$ 154,000,578	\$ 139,797,846
Other	11,394,451	14,547,567
Total operating revenues	165,395,029	154,345,413
<b>Operating Expenses</b>		
Nursing services	25,101,664	22,448,441
Other professional services	75,383,309	68,475,846
General services	6,330,237	5,749,381
Administrative services	46,154,735	40,110,189
Depreciation and amortization	9,335,270	8,924,990
Total operating expenses	162,305,215	145,708,847
<b>Operating Income</b>	3,089,814	8,636,566
<b>Nonoperating Revenues (Expenses)</b>		
Noncapital gifts	204,001	340,647
Investment income (loss)	3,315,446	(652,448)
Loss on disposal of capital assets	(13,396)	(32,170)
Interest expense	(1,012,229)	(1,064,697)
CARES Act and other grant revenue	335,087	5,147,585
Total nonoperating revenues	2,828,909	3,738,917
<b>Excess of Revenues Over Expenses Before Capital Grants and Gifts</b>	5,918,723	12,375,483
<b>Capital Grants and Gifts</b>	5,321,226	4,772,098
<b>Increase in Net Position</b>	11,239,949	17,147,581
<b>Net Position, Beginning of Year</b>	132,179,680	115,032,099
<b>Net Position, End of Year</b>	\$ 143,419,629	\$ 132,179,680

# **Divider IV**

## **Attachment 2**

### **Form 1865 Revenue And Expenses**

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** Golden Valley Memorial Hospital Distr **Project #:** 6197 HS**Historical Financial Data for Latest Three Full Years plus  
Projections Through Three Full Years Beyond Project Completion**

Use an individual form for each affected service with a  
sufficient number of copies of this form to cover entire period,  
and fill in the years in the appropriate blanks.

	<b>Year</b>		
	<u>CY 2026</u>	<u>CY 2027</u>	<u>CY 2028</u>
<b>Amount of Utilization:*</b>	<u>260</u>	<u>285</u>	<u>310</u>
<b>Revenue:</b>			
Average Charge**	<u>\$12,300</u>	<u>\$12,670</u>	<u>\$13,050</u>
Gross Revenue	<u>\$3,198,000</u>	<u>\$3,610,950</u>	<u>\$4,045,500</u>
Revenue Deductions	<u>2,142,662</u>	<u>2,419,340</u>	<u>2,710,490</u>
Operating Revenue	<u>1,055,338</u>	<u>1,191,610</u>	<u>1,335,010</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL REVENUE</b>	<b><u>\$1,055,338</u></b>	<b><u>\$1,191,610</u></b>	<b><u>\$1,335,010</u></b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	<u>183,823</u>	<u>205,529</u>	<u>228,029</u>
Fees	<u>0</u>	<u>0</u>	<u>0</u>
Supplies	<u>1,087,530</u>	<u>1,192,155</u>	<u>1,296,730</u>
Other	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL DIRECT</b>	<b><u>\$1,271,353</u></b>	<b><u>\$1,397,684</u></b>	<b><u>\$1,524,759</u></b>
Indirect Expenses			
Depreciation	<u>362,286</u>	<u>362,286</u>	<u>362,286</u>
Interest***	<u>0</u>	<u>0</u>	<u>0</u>
Rent/Lease	<u>0</u>	<u>0</u>	<u>0</u>
Overhead****	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL INDIRECT</b>	<b><u>\$362,286</u></b>	<b><u>\$362,286</u></b>	<b><u>\$362,286</u></b>
<b>TOTAL EXPENSES</b>	<b><u>\$1,633,639</u></b>	<b><u>\$1,759,970</u></b>	<b><u>\$1,887,045</u></b>
<b>NET INCOME (LOSS):</b>	<b><u>-\$578,301</u></b>	<b><u>-\$568,360</u></b>	<b><u>-\$552,035</u></b>

\*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.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.