



# Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

November 10, 2017

Ms. Patricia Smyth  
Cicero Consulting Associates  
701 Westchester Avenue, Suite 210W  
White Plains, New York 10604

Re: 172305-C  
Faxton-St Lukes Healthcare St Lukes Division  
(Oneida County)  
Construct a new 373-bed replacement hospital  
on a 25-acre parcel in Utica

Dear Ms. Smyth:

The above referenced Certificate of Need application, for which you have been designated the contact person, has been received by the Bureau of Project Management for processing and has been distributed to all necessary reviewing units and, if operating, your local health systems agency, in accordance with 10 NYCRR 710. Please refer to the enclosed Important Notice for further information with respect to this process.

The mandatory review of your project for the criteria required by the Public Health Law may determine that the proposal is not approvable. Therefore, prior to entering into any contractual commitments or commencing construction, the final determination of the Director of the Offices of Primary Care and Health Systems Management or the Public Health and Health Planning Council must be obtained.

If you have any questions regarding this project, please do not hesitate to contact me or my staff at (518) 402-0911.

Sincerely,

Barbara DelCogliano  
Deputy Director  
Division of Planning and Licensure

Enclosure  
BD/MRC/ss

## **IMPORTANT NOTICE**

**TO:** Applicants

**FROM:** Bureau of Project Management

**SUBJECT:** Additional Information Concerning the Processing of Your  
CON Application

All correspondence from the Department of Health (DOH) will be directed to the contact person identified in this application. Should the contact person change during processing, written notification should be made to the Bureau of Project Management. Please identify all subsequent submissions (correspondence, plans, additional information, etc.) with the assigned project number.

You may receive requests for additional information from DOH. Please respond within the time frame noted to assure that further processing is not delayed. You may also voluntarily submit any additional information which you believe might facilitate the review of your proposal, unless specific deadlines have otherwise been established. If timely, the submission of additional information will not result in a disruption of the processing of the application unless such information represents a substantial change in the proposal, thereby revising the project. If your application is required to be presented at the Public Health and Health Planning Council, the transmission of additional information must be received sufficiently in advance of the application's presentation to enable distribution and review, since it is the desire of DOH not to defer action on applications that are scheduled for council meetings.

Questions or comments with respect to this application should be addressed to the Bureau of Project Management at (518) 402-0911.

Revised: 12/30/2010