

Executive Summary

Wynn Hospital is submitting this Administrative Review Certificate of Need (C.O.N.) Application that seeks approval for the certification and construction of an extension clinic to be located in a new Medical Office Building (MOB) currently under construction across the street from the new campus of the Hospital in downtown Utica. The proposed extension clinic will be located at 601 State Street, Utica (Oneida County), New York 13502. The extension clinic will be known as “MVHS State Street MOB” and will be certified for the services of “Medical Services – Primary Care” and “Medical Services – Other Medical Specialties.”

Through this project, the Hospital will relocate and consolidate three (3) outpatient clinics and imaging services from their current locations in the community to the proposed MOB. In addition, blood draw services will be included at the site.

DASNY will undertake the drawing review for this project.

WYNN HOSPITAL

SITE INFORMATION – HOSPITAL

Alternate contact: Lou Aiello

Email address: laiello1@mvhealthsystem.org

Type of Application: Establishment Construction Administrative Limited

Total Project Cost:

\$9,782,087

Operator Information:

MVHS, Inc. / Mohawk Valley Health System
111 Hospital Drive
Utica, New York 13502
PFI #15478

Project Site Information:

MVHS State Street MOB
601 State Street
Utica, New York 13502
PFI #To Be Determined

Site Proposal Summary (maximum of 1,000 characters):

Wynn Hospital is submitting this Administrative Review Certificate of Need (C.O.N.) Application that seeks approval for the certification and construction of an extension clinic to be located in a new Medical Office Building (MOB) currently under construction across the street from the new campus of the Hospital in downtown Utica. Through this project, the Hospital will relocate and consolidate three (3) outpatient clinics and Imaging Center services from their current locations in the community to the proposed MOB extension clinic. In addition, blood draw services will be included at the site. The proposed extension clinic will be located at 601 State Street, Utica (Oneida County), New York 13502. The extension clinic will be known as “MVHS State Street MOB” and will be certified for the services of “Medical Services – Primary Care” and “Medical Services – Other Medical Specialties.”

Modify Name/Address:

N/A

Beds:

N/A

Services:

Category	Current	Add	Remove	Proposed
Medical Services - Other Medical Specialties		X		X
Medical Services - Primary Care		X		X

Remove Site:

N/A

**New York State Department of Health
Health Equity Impact Assessment Requirement Criteria**

Effective June 22, 2023, a Health Equity Impact Assessment (HEIA) will be required as part of Certificate of Need (CON) applications submitted by facilities (Applicant), pursuant to Public Health Law (PHL) § 2802-b and corresponding regulations at Title 10 New York Codes, Rules and Regulations (NYCRR) § 400.26. This form must be used by the Applicant to determine if a HEIA is required as part of a CON application.

Section A. Diagnostic and Treatment Centers (D&TC) - This section should only be completed by D&TCs, all other Applicants continue to Section B.

NOT APPLICABLE

Table A.

Diagnostic and Treatment Centers for HEIA Requirement	Yes	No
Is the Diagnostic and Treatment Center's patient population less than 50% patients enrolled in Medicaid and/or uninsured (combined)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Diagnostic and Treatment Center's CON application include a change in controlling person, principal stockholder, or principal member of the facility?	<input type="checkbox"/>	<input type="checkbox"/>

- ***If you checked "no" for both questions in Table A, you do not have to complete Section B - this CON application is considered exempt from the HEIA requirement. This form with the completed Section A is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section A, along with the CON application to acknowledge that a HEIA is not required.***
- ***If you checked "yes" for either question in Table A, proceed to Section B.***

Section B. All Article 28 Facilities

Table B.

Construction or equipment	Yes	No
<p>Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following:</p> <ul style="list-style-type: none"> a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? <p><i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and less than or equal to \$6,000 for all other facilities are eligible for a Limited Review.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Establishment of an operator (new or change in ownership)		
<p>Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, <u>AND</u> will result in one or more of the following:</p> <ul style="list-style-type: none"> a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity		
<p>Is the project a transfer of ownership in the facility that will result in one or more of the following:</p> <ul style="list-style-type: none"> a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Acquisitions		
<p>Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following:</p> <ul style="list-style-type: none"> a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Other Changes to the Operating Certificate		
	Yes	No

<p>Is the project a request to amend the operating certificate that will result in one or more of the following:</p> <ul style="list-style-type: none"> a. Elimination of services or care; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or; d. Change in location of services or care? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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*Calculate the percentage change from the number of certified/authorized beds and/or certified/authorized services (as indicated on the facility's operating certificate) specific to the category of service or care. For example, if a residential health care facility adds two ventilator-dependent beds and the facility had none previously, this would exceed the 10% threshold. If a hospital removes 5 out of 50 maternity certified/authorized beds, this would meet the 10% threshold.

- **If you checked "yes" for one or more questions in Table B,** the following HEIA documents are required to be completed and submitted along with the CON application:
 - HEIA Requirement Criteria with Section B completed
 - HEIA Conflict-of-Interest
 - HEIA Contract with Independent Entity
 - HEIA Template
 - HEIA Data Tables
 - Full version of the CON Application with redactions, to be shared publicly

- **If you checked "no" for all questions in Table B,** this form with the completed Section Bis the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.

Events

Events (Sum)

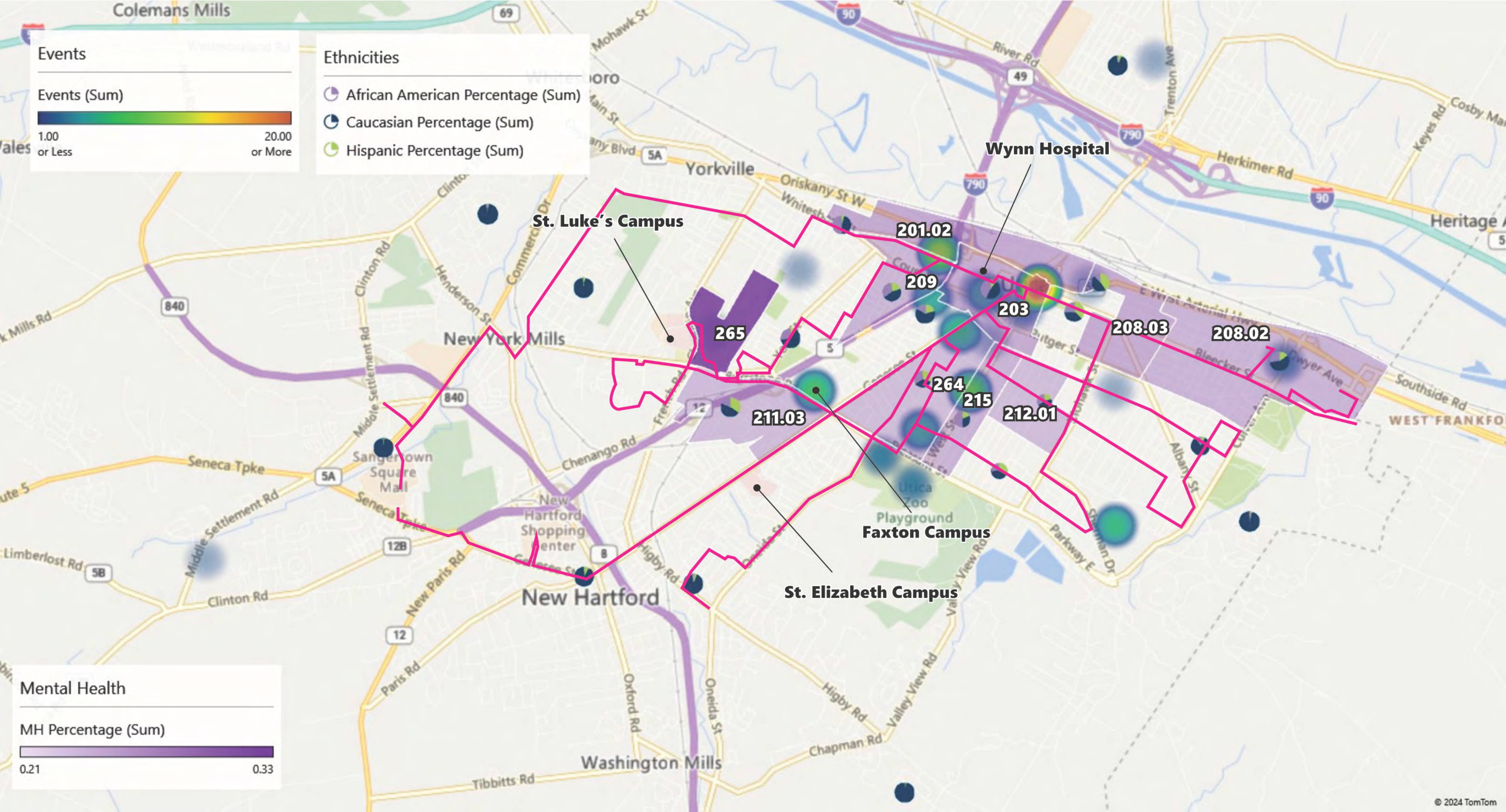


Ethnicities

- African American Percentage (Sum)
- Caucasian Percentage (Sum)
- Hispanic Percentage (Sum)

Mental Health

MH Percentage (Sum)



Events

Events (Sum)

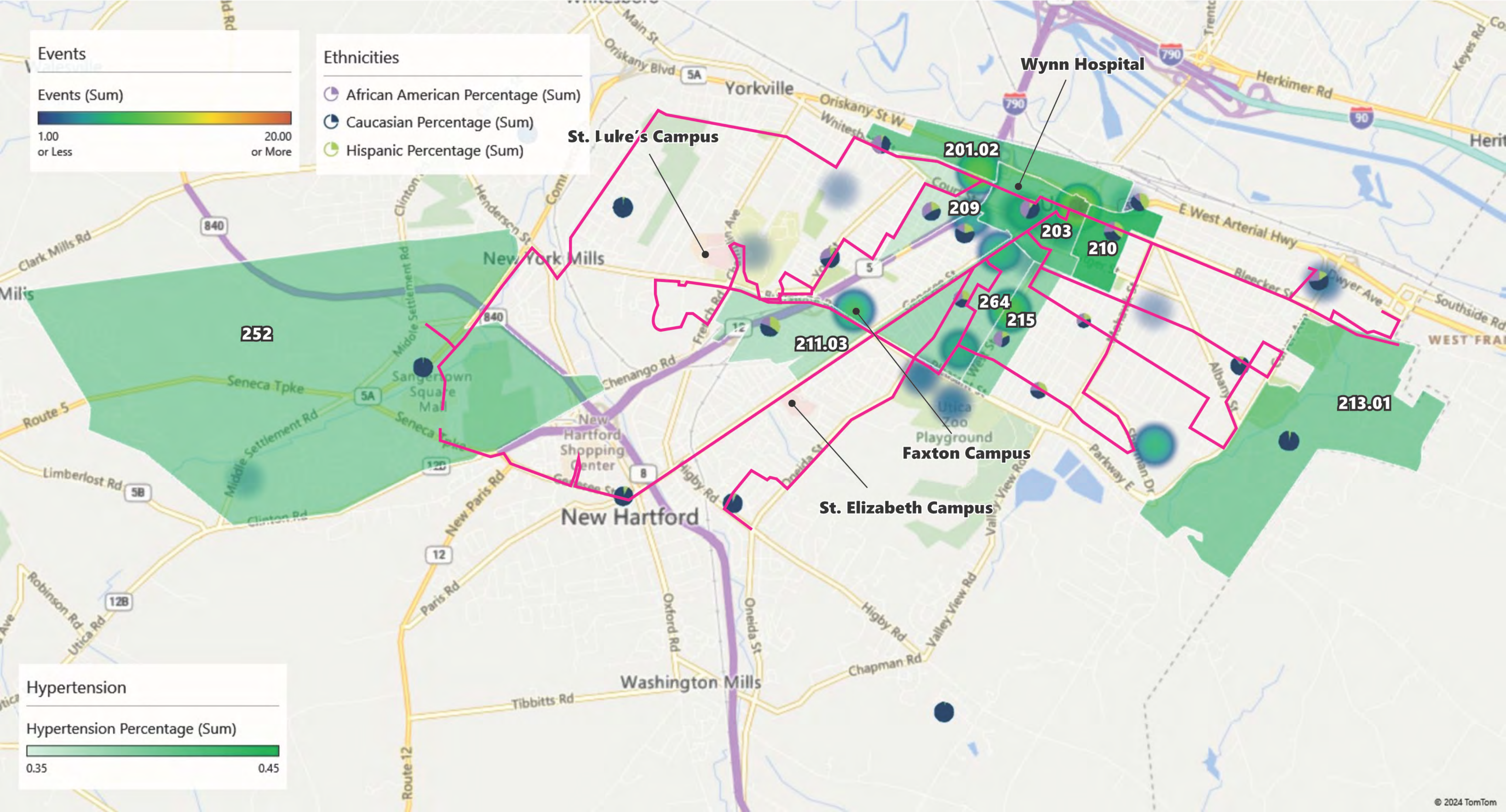


Ethnicities

- African American Percentage (Sum)
- Caucasian Percentage (Sum)
- Hispanic Percentage (Sum)

Hypertension

Hypertension Percentage (Sum)



Events

Events (Sum)

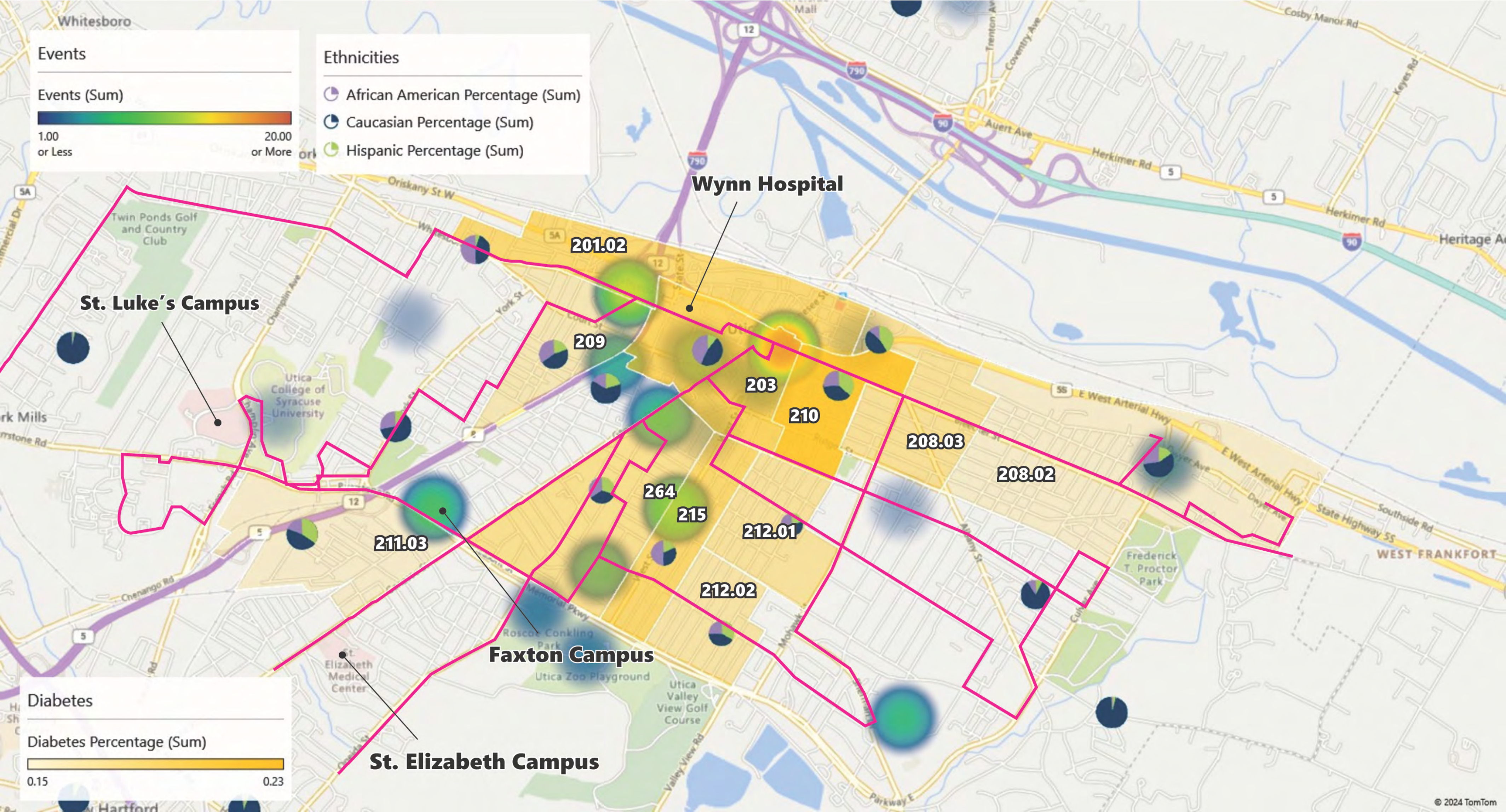


Ethnicities

- African American Percentage (Sum)
- Caucasian Percentage (Sum)
- Hispanic Percentage (Sum)

Diabetes

Diabetes Percentage (Sum)



Events

Events (Sum)

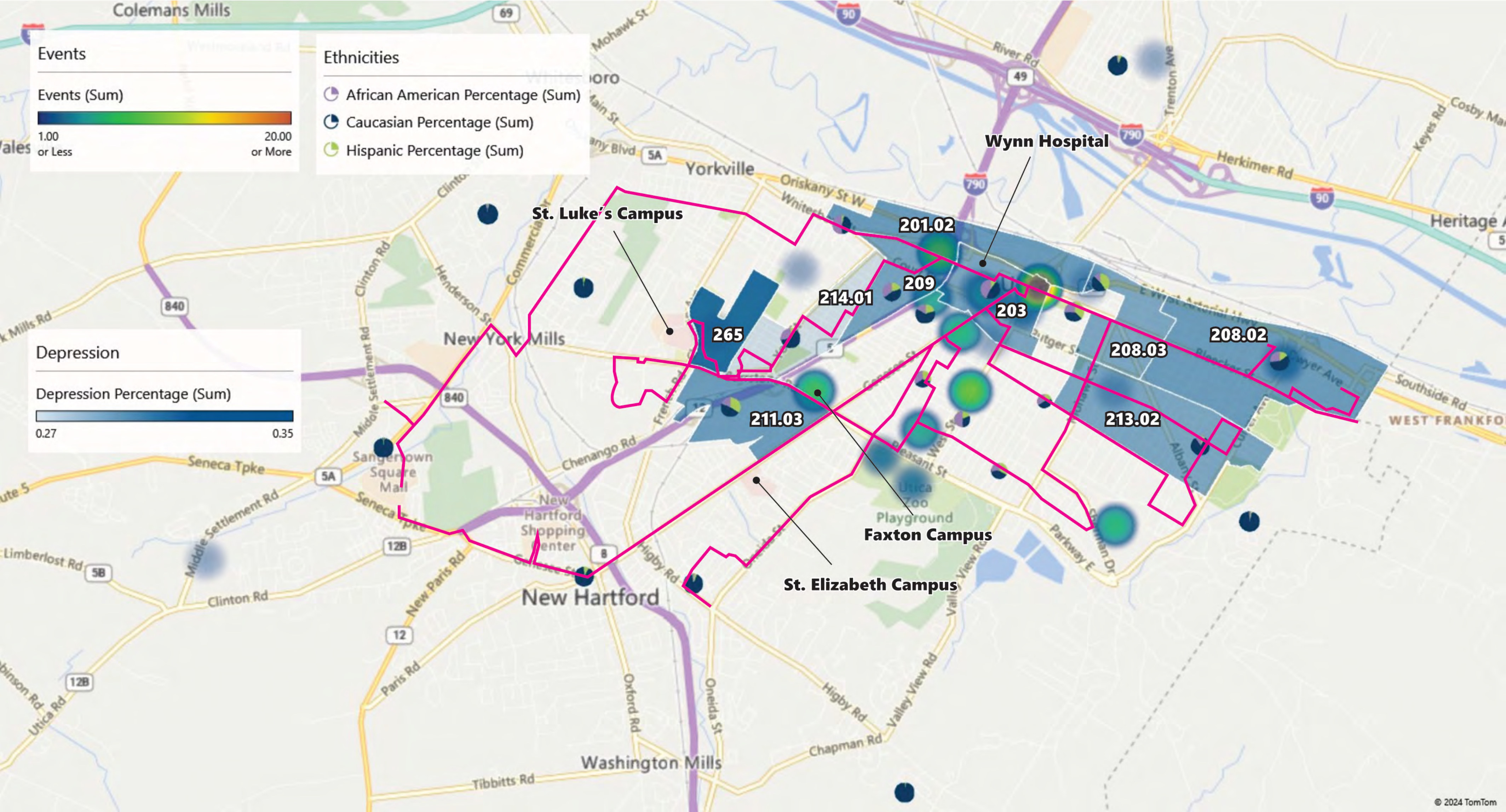


Ethnicities

- African American Percentage (Sum)
- Caucasian Percentage (Sum)
- Hispanic Percentage (Sum)

Depression

Depression Percentage (Sum)



Events

Events (Sum)

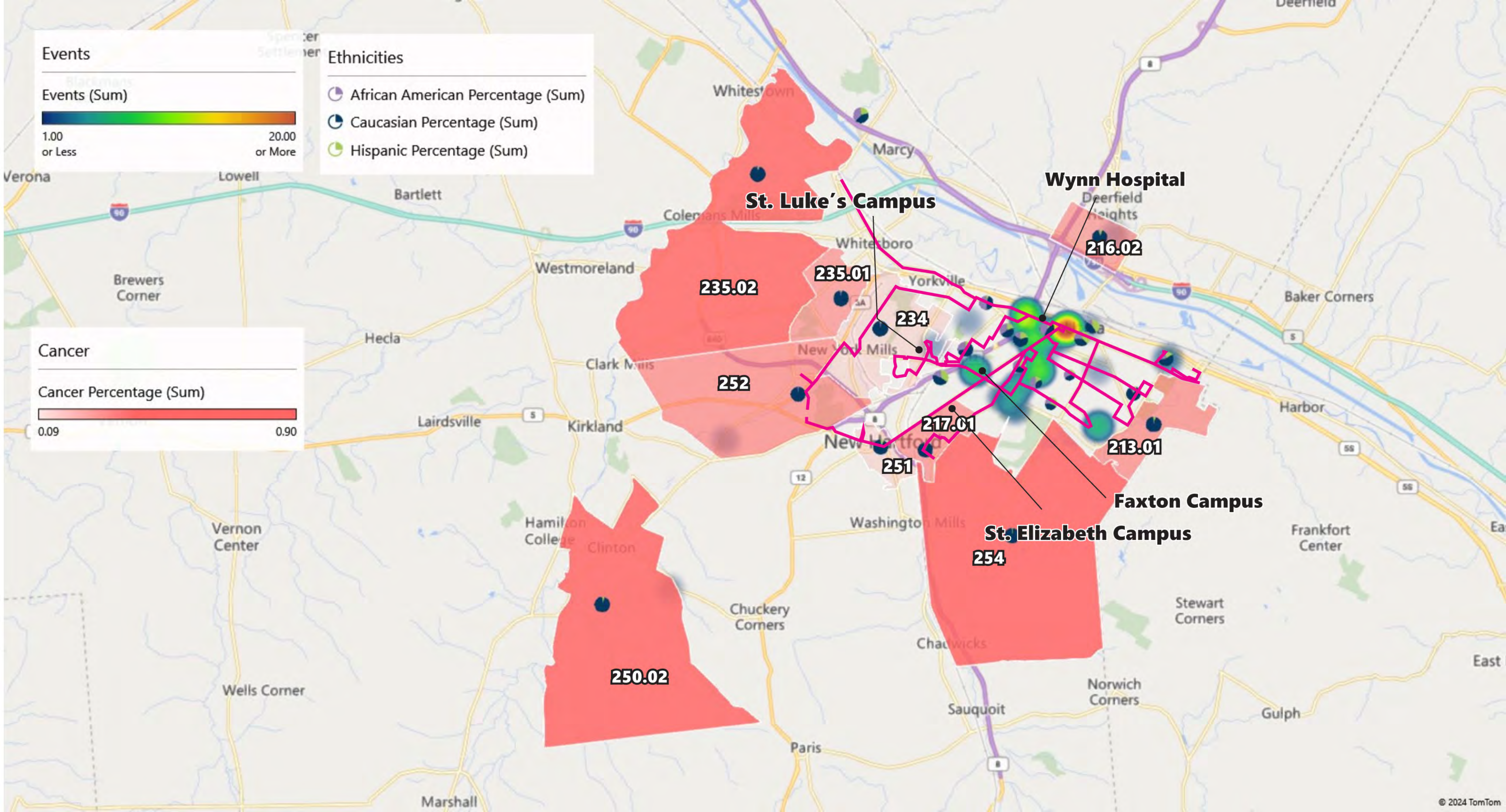


Ethnicities

- African American Percentage (Sum)
- Caucasian Percentage (Sum)
- Hispanic Percentage (Sum)

Cancer

Cancer Percentage (Sum)



St. Luke's Campus

Wynn Hospital

216.02

235.02

235.01

234

252

217.01

251

213.01

Faxon Campus

St. Elizabeth Campus

254

250.02

Events

Events (Sum)

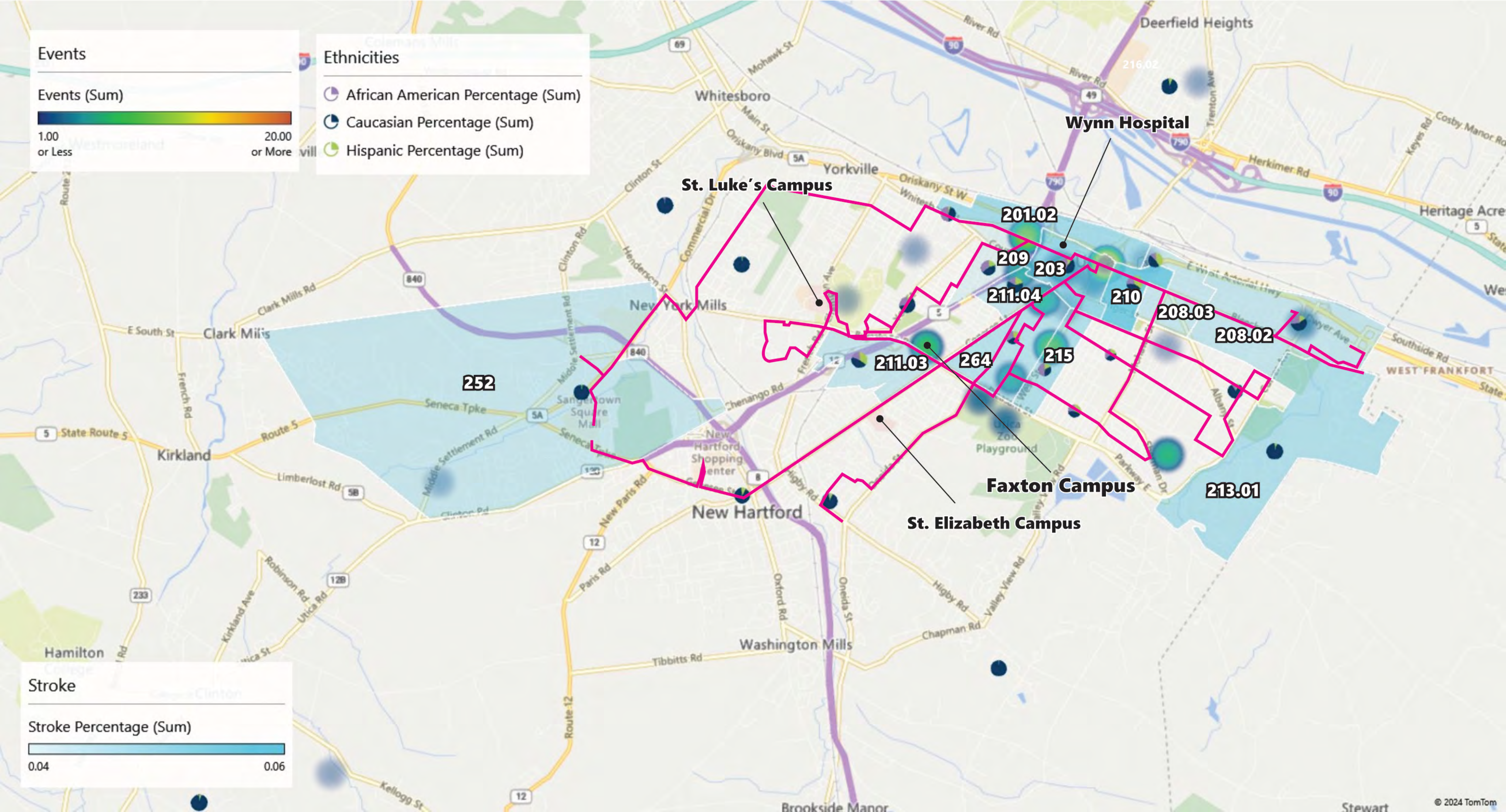


Ethnicities

- African American Percentage (Sum)
- Caucasian Percentage (Sum)
- Hispanic Percentage (Sum)

Stroke

Stroke Percentage (Sum)



252

201.02

209

203

211.04

210

208.03

208.02

211.03

264

215

213.01



Dear Community Member,

Mohawk Valley Health System (MVHS) is committed to its mission to provide excellence in healthcare for the community. This includes a commitment to health equity, which entails everyone having fair and just opportunity to attain their highest level of health, regardless of background.

MVHS, in partnership with HMJ Consulting, will be conducting a Health Equity Impact Assessment (HEIA) for its upcoming Service Relocation. The HEIA report will seek to understand the scope and potential impact of the service changes to you and your community members. As part of this effort, we are reaching out to community partners for your perspective.

Service Relocation Details (See Relocation Reference on next page)

Through this upcoming project, the Hospital will relocate and consolidate three (3) specialty physician and imaging services from their current locations to the proposed extension clinic (of Wynn Hospital - Downtown) will be located at 601 State Street, Utica , New York 13502 (Oneida).

- **Imaging services.** Currently, imaging services are available at the Faxton Campus, 1676 Sunset Avenue, Utica. These services include: One (1) CT scanner, one (1) PET/CT scanner, two (2) x-ray units, one (1) fluoroscopy unit and six (6) ultrasound units. All of these services (with updated and more equipment) will be moved except for two ultrasound units which will remain at the Faxton campus for the Women’s Health Services department.

The imaging services available at the Wynn Hospital will include: (1) CT scanner, one (1) PET/CT scanner, two (2) x-ray units, one (1) fluoroscopy unit and seven (7) ultrasound units (including four (4) diagnostic ultrasound rooms and three (3) procedural ultrasound rooms).

- **Physician Services.** The following specialty physician services will be moved:
 - **Cardiothoracic Surgery** – moving from the now-vacant Marian Medical Building on the campus at St. Elizabeth Medical Center (2211 Genesee St, Utica)
 - **Stroke and Endovascular Services** – moving from the Professional Office Building of the St. Luke’s Campus (1658 Champlin Ave, Utica.)
 - **Surgical Services, including GI endoscopy, trauma and general surgery** – moving from the Professional Office Building of St. Luke’s Campus

Thank you for your consideration and willingness to share your perspective with us,
Hilda M. Jordan & Brandon Wilks
HMJ Consulting

Contact us with additional comments or questions at: brandon@hmjequityconsulting.com

MVHS Relocation Reference

1. Services moving



2. Definitions

- **Cardio Thoracic Surgery:** procedures to address issues in your chest, such as your heart, lungs and throat cancer.. Likely to diagnose with: CT scan, X-ray, or Ultrasound.
- **Endovascular Surgery:** procedures to repair blood vessels and remove any clots to restore blood flow and prevent damage to your brain, heart, limbs and lungs.
- **GI Endoscopy:** procedure to diagnose and treat problems involving your food pipe, stomach, and the first part of your small intestine. X-rays are often part of the procedure.
- **Trauma surgery:** procedures for patients that have critical injuries or illnesses - such as blunt or penetrating trauma, serious burns, or organ and respiratory failure
- **Ultrasound:** used to study a developing fetus (unborn baby), a person's abdominal and pelvic organs, muscles and tendons, or their heart and blood vessels.
- **CT Scan:** used to investigate tumors, internal bleeding or other internal injuries
- **X-ray:** used to examine bones and joints for fractures and breaks, most commonly
- **PET Scan:** used to assess cancers, brain and heart-related diseases
- **Fluoroscopy:** used to examine how the stomach and intestines are working properly



Survey/Focus Group Conversation

NPS: How likely are you to recommend Wynn Hospital to others in your community?

0	1	2	3	4	5	6	7	8	9	10
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Not Likely

Highly Likely

Please share with us your experience(s) with Wynn Hospital that informs your rating?

Empowerment: How comfortable are you with receiving treatment and other health-related services at Wynn Hospital?

0	1	2	3	4	5	6	7	8	9	10
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Not Comfortable

Very Comfortable

Accessibility: Do you find it difficult to get to or find services at Wynn Hospital?

- Yes
- No

If yes, please share more about these challenges. If no, please share about resources you find helpful.

Transportation: Which are you likely to use when going to Wynn Hospital? **(Select all that apply)**

- Personal Car
- Carpool or Family Member/Friend
- Rideshare Services (Lyft, Uber, Taxi ...)
- Public Transportation (Bus, Train, Shuttle...)
- Non-Emergency Transportation (Medicaid Shuttle...)
- Not listed: **(please specify)** _____

Success: Do you believe the service relocation will be beneficial for your health?

- Yes
- No

Overall: Do you believe the service relocation will be beneficial for the community?

- Yes
- No

What should the Hospital consider to increase benefits to the community during this relocation?

Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent?	If other, please describe
Mackenzie Shorter - American Heart Association	March '24	community leaders	
Lisa McCarthy - Alzheimer's Association	March '24	community leaders	
Sonia Martinez - Mohawk Valley Latino Association/ Utica Onei	March '24	community leaders	
Megan Graziano - Oneida County Health Department	March '24	community leaders	
Jennifer VanWagoner - The Center	March '24	community leaders	
Jackie Nelson - NAACP, Rome Branch	March '24	community leaders	
Alex Hanna - MVHS - Community health Nurses	March '24	community leaders	
Tracy Lebert - MVHS - Community health Nurses	March '24	community leaders	
Mackenzie Shorter - American Heart Association	April '24	community leaders	
Lisa McCarthy - Alzheimer's Association	April '24	community leaders	
Sonia Martinez - Mohawk Valley Latino Association/ Utica Onei	April '24	community leaders	
Megan Graziano - Oneida County Health Department	April '24	community leaders	
Jennifer VanWagoner - The Center	April '24	community leaders	
Jackie Nelson - NAACP, Rome Branch	April '24	community leaders	
Alex Hanna - MVHS - Community Health Nurses	April '24	employees/organizations repre	Community Nurse
Tracy Lebert - MVHS - Community Health Nurses	April '24	employees/organizations repre	Community Nurse
MVHS Employee - A	April '24	employees/organizations representing	employees of the
MVHS Employee - B	April '24	employees/organizations representing	employees of the
MVHS Employee - C	April '24	employees/organizations representing	employees of the
MVHS Employee - D	April '24	employees/organizations representing	employees of the
MVHS Employee - E	April '24	employees/organizations representing	employees of the
Jimmy Donnelson - Health Foundation	April '24	public health experts	
Sophia Kaufman - John Hopkins University	April '24	public health experts	
Mia Bladin - Health Foundation	April '24	public health experts	
Morgan Buchanan - Yale University	April '24	public health experts	
Olanrewaju Adisa - Duke Univerity	April '24	public health experts	
The Center Survey Response - 1	April '24	residents of the project's service area	
The Center Survey Response - 2	April '24	residents of the project's service area	
The Center Survey Response - 3	April '24	residents of the project's service area	
The Center Survey Response - 4	April '24	residents of the project's service area	

Community Nurses Survey Response - 9	April '24	residents of the project's service area
Community Nurses Survey Response - 10	April '24	residents of the project's service area
Community Nurses Survey Response - 11	April '24	residents of the project's service area
Community Nurses Survey Response - 12	April '24	residents of the project's service area
Community Nurses Survey Response - 13	April '24	residents of the project's service area
Community Nurses Survey Response - 14	April '24	residents of the project's service area
Community Nurses Survey Response - 15	April '24	residents of the project's service area
MVHS Employee Survey Response - 1	April '24	employees/organizations representing employees of the
MVHS Employee Survey Response - 2	April '24	employees/organizations representing employees of the
MVHS Employee Survey Response - 3	April '24	employees/organizations representing employees of the
MVHS Employee Survey Response - 4	April '24	employees/organizations representing employees of the

Is this person/group a resident of the project's service area?	Method of engagement (I.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?
no		Yes	No
no		Yes	No
Unknown	Yes	Yes	No
Unknown		Yes	No
no		Yes	No
Unknown		Yes	No
Unknown		Yes	No
Unknown		Yes	No
no	Phone call, Community Forum	Yes	No
no	Phone call, Community Forum	Yes	No
Unknown	Community Forum	Yes	No
Unknown	Email	Yes	yes
no	Phone call, Community Forum, Survey Distribution	Yes	No
Unknown	Community Forum	Yes	No
Unknown	Community Forum; Survey Distribution	Yes	No
Unknown	Community Forum; Survey Distribution	Yes	No
Unknown	Focus Group	Yes	No
Unknown	Focus Group	Yes	No
Unknown	Focus Group	Yes	No
Unknown	Focus Group	Yes	No
Unknown	Focus Group	Yes	No
no	Interview; Focus Group	Neutral	No
no	Interview; Focus Group	Neutral	No
no	Focus Group	Neutral	No
no	Interview; Focus Group	Neutral	No
no	Interview; Focus Group	Neutral	No
yes		Yes	yes
yes		Yes	No
yes		No	yes
yes		No	Yes

yes
yes
yes
yes
yes
yes
yes
Unknown
Unknown
Unknown
Unknown

Yes	No
	No
Yes	No
	No
	No
	No
Yes	No
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

If a statement was provided (250 word max), please include below:

The Oneida County Health Department is supportive of improving efficacy and quality services available to Oneida County residents.

What should the Hospital consider to increase benefits to the community during this relocation: Provide parking space.
What should the Hospital consider to increase benefits to the community during this relocation: Traffic Safety
What should the Hospital consider to increase benefits to the community during this relocation: Parking

hospital is sometimes not easy to find parking spots and I don't feel comfortable using the parking services.

reputation of Wynn by fixing the problems before moving new things inside. Faxton is in a good location for all

What should the Hospital consider to increase benefits to the community during this relocation: No good

for non English speaker clients.

Willing to understand different cultures such as food, emotion, and language.

Outreach program and education for community.

Stop denying there are problems with the hospital and work on these issues. Improve on your services.

Yes, I highly recommend to add more specializations so we don't have to take a long trip for a specialist.

Provide enough parking space.

community know of the services provided.
emergency service is very slow and different.
service is very slow and difficult, please improve the service.
service is very slow and difficult, improve service.
doctors.
doctors
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

There is nowhere to park. hey should have made sure that the parking garage was done before opening the hospital. i feel like it was rushed. What shc

Parking is challenging

parking is chaos. Fire the people incharge

My family was not pleased, they had a hard time finding things and finding a parking spot

Location is beneficial to bus lines and demographics

This will be a huge upgrade for our patients - parking is better, way finding is much improved

Centralized services in a convenient location

New state of the art facility with state of the art equipment to treat patients

ould the Hospital consider to increase benefits to the community during this relocation: make sure parking garage is done. Acknowledge that there are problems at

nd fix them

New York State Department of Health

Health Equity Impact Assessment Conflict-of-Interest

This Conflict-of-Interest form must be completed in full, signed by the Independent Entity, and submitted with the Health Equity Impact Assessment.

Section 1 – Definitions

Independent Entity means individual or organization with demonstrated expertise and experience in the study of health equity, anti-racism, and community and stakeholder engagement, and with preferred expertise and experience in the study of health care access or delivery of health care services, able to produce an objective written assessment using a standard format of whether, and if so how, the facility's proposed project will impact access to and delivery of health care services, particularly for members of medically underserved groups.

Conflict of Interest shall mean having a financial interest in the approval of an application or assisting in drafting any part of the application on behalf of the facility, other than the health equity assessment.

Section 2 – Independent Entity

What does it mean for the Independent Entity to have a conflict of interest? For the purpose of the Health Equity Impact Assessment, if one or a combination of the following apply to the Independent Entity, the Independent Entity **HAS** a conflict of interest and must **NOT** perform the Health Equity Impact Assessment:

- The Independent Entity helped compile or write any part of the Certificate of Need (CON) application being submitted for this specific project, other than the Health Equity Impact Assessment (for example, individual(s) hired to compile the Certificate of Need application for the facility's project cannot be the same individual(s) conducting the Health Equity Impact Assessment);
- The Independent Entity has a financial interest in the outcome of this specific project's Certificate of Need application (i.e. individual is a member of the facility's Board of Directors or advisory board); or
- The Independent Entity has accepted or will accept a financial gift or incentive from the Applicant above fair market value for the cost of performing the Health Equity Impact Assessment.

Section 3 – General Information

A. About the Independent Entity

1. Name of Independent Entity: Hilda M Jordan Consulting LLC D/b/a HMJ Consulting

2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)? No

If yes, indicate the name of the organization:

3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)?

Yes

4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity performed any work for the Applicant in the last 5 years?

This is the first engagement between HMJ Consulting and the Mohawk Valley Health System, no prior work has been performed.

Section 4 – Attestation

I, Hilda M. Jordan, having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Hilda M Jordan Consulting LLC D/b/a HMJ Consulting, do hereby attest that the Health Equity Impact Assessment for project C.O.N. 21238 - (PROJECT NAME) provided for Mohawk Valley Health System (APPLICANT) has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

I further attest that the information provided by the INDEPENDENT ENTITY in the Health Equity Impact Assessment is true and accurate to the best of my knowledge, and fulfills the intent of the Health Equity Impact Assessment requirement.

Signature of Independent Entity:

A handwritten signature in black ink, appearing to read 'Hilda M. Jordan', is written over a horizontal line. The signature is stylized and cursive.

Date: 04/30/2024



1. Title of project	CON 21238
2. Name of Applicant	Mohawk Valley Healthcare System (MVHS)
3. Name of Independent Entity, and lead contacts	HMJ Consulting Hilda M. Jordan Brandon Wilks
4. Description of the Independent Entity's qualifications	Our team of consultants with over 10+ years combined in organizational strategy, community engagement and DEI - and engaged health equity experts and medical researchers from leading university institutions (Yale, Duke, John Hopkins) and health-focused foundations.
5. Date the HEIA started	March, 26th 2024
6. Date the HEIA concluded	April 29, 2024

7. Executive summary of project (250 words max)	<p>The MVHS will relocate and consolidate three (3) outpatient clinics and imaging services from their current locations throughout the City of Utica to the proposed MOB, an extension of the Wynn Hospital-Downtown. These services include Cardio & Thoracic Surgery, Neuro-Interventional Surgery, Trauma Surgery, and Imaging in addition to blood draw services. The relocation is intended to provide greater efficiency, access to care and coordination across patients through a centralized downtown location. The sentiment from MVHS staff and employees directly working in these departments are largely positive with emphasis on the state-of-the-art equipment that will be accessible to all patients. We connected with local community leaders who represent agencies or organizations of medically underserved populations of Immigrant/ Refugee, Racial and Ethnic Minorities,</p>
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Older adults, Women, and People with disabilities in Oneida County who agreed with the project. They noted that developing accessibility with translation on signage, continuation of support staff such as translators, multilingual and culturally responsive greeters, as well as partner organizations to provide education on the new sites will be critical to building trust among patients. We engaged more than 70 local residents who noted structural accessibility of parking, continuity of care and translation as the greatest mitigation areas for this project.

8. Executive summary of HEIA findings (500 words max)

Our HEIA processes included multiple focus groups, working sessions, and interviews with local community partners and health equity experts to better understand the belief system and logistical changes for the patients through this relocation. We were particularly mindful of the language, educational, and accessibility barriers, throughout this time-sensitive project so we distributed a survey through our community partners and nurses to collect direct resident input.

We sought to center the individual experiences of navigating a new facility from the perspective of the local community members. We focused on residents from the City of Utica and more rural parts of Oneida County as their community leadership was most responsive to our focus group and survey invitations. With additional time we would engage additional outreach measures to better understand the intersectional experiences of Black women, Black older adults, and those living within walking distance to the facility. The responses gathered directionally showed a belief in the positive benefits of the relocation and identified opportunities for improving the patient experience.

From our conversation we believe that the relocation and consolidation of services has the potential to enhance health equity for its patients and the medically underserved populations of Oneida County by 1) increasing overall imaging capacity, 2) enabling greater access for patients traveling by private and public transportation, and 3) increasing efficiency, coordination and continuity of care. Some unintended impacts rely heavily on the organizational management plan to ensure continuous communication amongst departments, the addition of signage, the availability of culturally responsive trained staff and the need to correct prior existing negative experiences with Wynn Hospital.



Introduction

The following Health Equity Impact Assessment (HEIA) will be examining health equity consequences that may arise from the relocation and consolidation of three (3) specialty physician and imaging services from their current locations across Utica, NY to the proposed extension clinic of Wynn Hospital - Downtown. These specialties include: Cardiothoracic Surgery, Stroke and Endovascular Services, and General and Trauma Surgery. Given the selected services, we anticipate their relocation impacting all patients in MVHS. Given the diversity of Utica, NY, the patient usage and Community Health Needs Assessment data available, we focused our health equity efforts on the particular experiences and needs of the medically underserved groups of racial and ethnic minorities, immigrants and refugees, women, older adults, immigrants, and persons with disabilities.

Health Equity

From secondary research and discussions with health equity experts, we reached the working definition of health equity to be: the removal of barriers to enable a fair and just opportunity to high-quality healthcare.¹ This can involve investing in social determinants such as accessibility of healthcare services, nutritious food options, comprehensive education, reliable housing and other healthy lifestyle choices, or direct engagement with community resources, policies and neighborhood institutions. The New York State Legislature focuses on reducing “measurable differences in health status, access to care, and quality of care as determined by race, ethnicity, sexual orientation, a preferred language other than English, gender expression, disability status, aging population, immigration, and socioeconomic status.”

Advancing health equity in Oneida County for medically underserved groups, requires transportation and communication considerations that rely heavily on structural and interpersonal relationship building. In the 2022-2024 Oneida County Community

¹ This definition was derived from a review of Robert Wood Johnson Health Equity Framework and definitions from the CDC, NIH, and Medicare/ Medicaid.



Needs Health Assessment (CNHA) completed by Oneida County Health Department, MVHS and Rome Health, Oneida County residents named lack of transportation as one of the primary barriers impacting health. In this CNHA it was noted that about 4% of the workforce in the County does not have access to a vehicle. With more than 40 languages spoken in the City of Utica and only 20% of the population holding a bachelor's degree, language accessibility is a considerable equity factor. In a diverse population, such as Oneida County, neighborhood institutions and organizations are pivotal for sharing trustworthy information and resource opportunities.

Scoping

For over 150 years, the Mohawk Valley Region has been served by three hospitals, which eventually collaborated, merged, and formed the Mohawk Valley Health System (MVHS) in March 2014. Following this amalgamation, MVHS initiated a thorough evaluation of existing operations across its facilities, aiming to streamline clinical and building services and eliminating duplicates. In October 2023, MVHS unveiled the Wynn Hospital, a state-of-the-art regional medical center revitalizing downtown Utica, offering modern and accessible healthcare services to Oneida County and the Mohawk Valley. To optimize operational efficiency, patient experiences, and staffing, acute care services were consolidated at the new hospital and the two legacy hospitals were closed. The centralized, downtown Wynn Hospital location aims to be a one-stop centralized shop for comprehensive healthcare services for Oneida County and stands equipped as one of the few state-of-the-art facilities in the neighboring region.

The following diagram shows the movement of the **Cardiothoracic Surgery** – moving from the now-vacant Marian Medical Building on the campus at St. Elizabeth Medical Center (2211 Genesee St, Utica), **Stroke and Endovascular Services** – moving from the Professional Office Building of the St. Luke's Campus (1658 Champlin Ave, Utica.), and **Surgical Services, including GI endoscopy, trauma and general surgery** – moving from the Professional Office Building of St. Luke's Campus to the Wynn Hospital- Downtown. In terms of recent relocations, Women's Health Services moved to Faxton Campus in 2023.



The relocation plan does not include any disruption of services and during the move any imaging or consultation with specialists can continue to occur. This is important since the adequacy of service capacity in the downtown Utica community is a pressing concern. Analysis of data from County Health Rankings Roadmaps reveals disparities between Oneida County and the rest of New York State in healthcare provider-to-population ratios, designating it as a Health Professional Shortage Area (HPSA) by the US Health Resources and Services Administration (HRSA) in all three categories with moderately high scores: primary care (17/25), mental health (18/25), and dental (17/25). In addition, several census tracts in the service area are designated as Medically Underserved Areas (MUAs), further highlighting the need for increased healthcare resources.

MVHS Medical Group operates 40 primary and specialty care medical offices throughout the service area. Without MVHS, including its full service hospital and



outpatient offices, Utica residents would not have access to critical healthcare services including stroke, trauma, and endovascular services. There are no other acute care or emergency care facilities in the city of Utica. The next closest acute care facilities are: the 171-bed Rome Memorial Hospital (Rome, 16 miles/20 minutes), 261-bed Oneida Health Hospital (Oneida: 27 miles/33 minutes), 25-bed Bassett/Little Falls Hospital (Little Falls, 27 miles/30 minutes), 180-bed Mary Imogene Bassett Hospital (Cooperstown, 41 miles/53 minutes), and 502-bed Crouse Hospital (Syracuse, 55 miles/56 minutes).

MVHS follows 2807-k and are in accordance with the regulation based on MVHS' I.S.O., cost report, and financial statement audits. Beyond filing the required paperwork and abiding by the regulations in 2807-k, MVHS exceeds the suggested 300% of the FPL in their Financial Assistance program (up to 325%), which allow patients to apply for financial assistance up to 240 days post-discharge (compared to the stated regulation of at least 90 days). Additionally, MVHS backdates 240 days from financial assistance acceptance (regulation does not require any backdating beyond the DOS the patient applied for).

MVHS does not expect there to be a change in indigent care amounts based on this move. The move is not far enough to change the demographics or the patient population of the offices and services being moved. Also, since the services moving are elective and referral driven, the relocation will not be limiting any access to those patients seeking establishment with a PCP or initial consultations. MVHS has contributed \$2,161,417.14 to financial assistance in 2023. Of this \$2.61M, \$603,880 was written off for uninsured patients. The Applicant's total terminal Bad Debt (Self Pay accounts only) for 2023 was \$12,346,818. Insured individuals who are sent to bad debt accounted for \$6,119,693 in 2023.

There are no active patient-related civil rights access complaints at this time.



Medically Underserved Group

In order to assess the potential impacts the relocation would have on unique health equity needs of the various Medically Underserved Groups, our teams reviewed 2023 data on the utilization of specific services by racial/ethnic groups, insights from Community Health Needs Assessment and Community Service Plan (CNHA) from 2019 and 2022, population density maps of impacted service areas that provide racial breakdowns and rates of different medical illnesses. From the population density maps (See Appendix 1) we identified census tracts 201.02, 203, 210, 264, and 215 as areas with the highest number of health events and percentages of health needs regarding hypertension, diabetes, and strokes, which coincide with the highest African American and Hispanic populations. This aligned with the utilization data available.

It was difficult to compile utilization data for specific demographic groups beyond race and ethnicity, such as gender, disability, age and income. Therefore, we prioritized the groups based on the relevancy of the specific relocated services to their healthcare needs, that were responsive. During our process, we engaged groups of internal stakeholders and external community partners to understand the potential impact on staff and the community. Represented in our groups were organization leaders, advocates, and healthcare providers for Oneida County residents. With the data in hand, we did our best to assess the relevance of specific medically underserved groups to the relocation plans, based on input and direction from these partners

While the relocation of these services has the potential to impact all medically underserved population patients, this report's focus will be on the following groups:

- Racial and Ethnic Minorities
- Immigrants
- Women
- Older Adults
- Persons with Disabilities

Potential Impacts/ Meaningful Engagement



The following themes reflect the main health equity impact anticipated, for all groups:

Utilization:

Based on the information collected, we anticipate a general positive impact on increasing the accessibility of healthcare services for many patients, in particular Medically Underserved Groups. The centralized, downtown location intersects service areas with a high-density of racial/ethnic minorities, as well as, patients in the region experiencing hypertension, diabetes, depression and stroke (See Appendix 1). We don't anticipate a decrease in utilization, as Wynn Hospital stands as one of the main options for health services in the region of Oneida County. Our community partners even speculated an increase in utilization of services as having a singular central location for their health needs may improve the completion rate of follow up appointments, especially for people with disabilities and older adults.

Transportation:

The centralization of imaging and other specialty services with the existing Wynn Hospital - downtown will provide access to quality healthcare and increase accessibility by transportation whether private or public. One of the immediate benefits the relocation provides is its proximity to two major highways for patients traveling by car, multiple bus routes for public transportation commuters, and proximity to affordable public housing within walking distance in the nearby service areas. From our discussions with community partners and through survey responses, the majority of patients travel by either private car or carpool which is aided by the proximity to two major highways and valet parking on site. Those who rely on public transportation are supported by the proximity to multiple bus routes and stops. The previous locations were accessible via a singular bus route, whereas the Wynn Hospital- Downtown facility exists 0.4 miles from the public transportation's dispatching hub and along 2 different service lines. For a visual of the public bus accessibility, see Appendix 1.



Coordinated Care:

In addition, a successful organizational integration of the MOB and its relocated services with the rest of the Wynn operations can produce benefits such as increased coordination and continuity of care.² This relocation plans to increase the accessibility to high-quality healthcare services for all patients, including those identified as Medically Underserved Groups. In our engagement with physicians and internal stakeholders to the projects the planned relocation has strong positive support. From our survey many welcomed the change with expectations for improved efficiency and quality of care for patients, noting ease of access of centralized services and availability to schedule appointments from one same location.

For each of the Medically Underserved groups identified, we anticipate tangible positive consequences from the planned relocation. To assess the impact, we engaged with multiple public health departments, listed in the required HEIA Data Tables (See Appendix 3). This including representatives from the American Hearts Association, the Alzheimer's Association, the Oneida County Health Department, and other community partners identified by the Applicant, MVHS. In addition, we engaged a select group of health equity experts from leading research and medical institutions, including Duke University, John Hopkins, and health-focused Foundations. We engaged the various community partners by joining a standing cadence of working sessions, created a summary of the relocation and survey to be distributed amongst their community constituents, and interviews with select community partners closest to the constituents viewed as most potentially impacted (See Appendix 2). We deployed surveys through community nurses and community partners, in particular The Mohawk Valley Resource Center for Refugees who collected 62 completed surveys from ethnic minorities, immigrants and refugees. It was especially important to engage this group given the unique history of resettling close to 16,500 refugees in the impacted service area, which increases the cultural diversity and complexity to consider in our health equity assessment. We also met with an internal group of impacted physicians, community nurses, and other MVHS staff to discuss the impact of the relocation.

² Supporting the continuum of care was raised as a priority in the Community Needs Health Assessment and Community Service Plan completed for Oneida County in partnership with Oneida County Health Department, Rome Health and Mohawk Valley Health System.



From our engagement across all of these various groups, there was general enthusiasm and high expectations for the relocation to provide benefits to the patients and broader community. The following paragraphs walk through potential unintended impacts on unique health equity needs for prioritized Medically Underserved Groups identified in the above section.

Health Experts - Potential Risk & Mitigation

While most of our discussions and engagement with community partners, health equity experts and other stakeholders aligned with the hypothesis of positive impacts for all patients, including Medically Underserved Groups, there were three themes of risk that we will speak to mitigating. These three themes include discontinuous care, discomfort and mistrust, and accessibility structural and linguistic.

- **Discontinuous Care.** The integration of the relocated services next to the hospital may suffer from typical organizational challenges such as silos, lack of coordination, and increased inefficiencies in managing the increased patient load. This threatens the benefits of creating a continuity of care and can increase patient wait times, which would drive patient dissatisfaction and counter potential positive belief effects.
- **Discomfort and Mistrust.** Given the unique population of Oneida County, there's a host of diverse cultural nuances for staff to navigate and accommodate. One example multiple community partners emphasized was the distinction between Eastern and Western medicine for resettled refugees. Failure to adopt culturally-responsive practices can create bad patient experiences that drive negative perceptions of the hospital
- **Accessibility - Structural and Linguistic.** There were no reported architectural barriers for patients to navigate given the relocation. However, limited parking capacity could be exacerbated by the centralization and consolidation of services. In addition, there may be additional barriers to navigate such as language differences and limited education for new patients to find the right services in a timely manner.



Racial and Ethnic Minorities - Discomfort & Mistrust

Minority populations, compared to their relative population rates in Oneida County, are overrepresented in utilization of several of the services being centralized - in particular Black and Hispanic patients utilization of Stroke and Emergency services. According to the CNHA, Black and Hispanic populations disproportionately account for patients involved in assault incidents making the accessibility of trauma and emergency surgery important. Racial and Ethnic Minorities will benefit in accessibility and transportation health equity needs as the centralized location resides in census tracts with the highest rates of minority populations and public transportation lines. One unintended impact of this consolidation is the impact of health belief based on perceptions of care from an individual's personal experience or their family and peers. With the consolidation, health beliefs and perceptions that may have been isolated to locations and services outside of the Wynn Hospital, will now impact patients' sense of access and quality of care with services at the sole hospital. In our focus groups with community leaders we learned that there are mixed patient experiences that must be further analyzed by racial identity. Hispanic patients were reflected in conversations with their organizational leader to be generally pleased with the physical accessibility of the building, but seeking additional translation signage and directions on how to navigate different departments and parking. We would encourage further community survey and engagement to disaggregate and analyze the health beliefs of African Americans regarding the consolidation of these services.

Immigrants and Refugees - Language and Cultural Barriers

A unique subset of the racial and ethnic minority population to consider are refugees and immigrants, given the resettlement of over 16,500 refugees in the area. Discussions with community partners identified several unintended consequences for this population. The state-of-the-art facility and resources can deliver high-quality healthcare and through signaling an investment into health to the broader community, encourage more personal beliefs on adopting healthier lifestyle choices. This aligns with research into health belief models and the ancillary effects investments by health systems can have on the environment and community. At the same time though, such a large institutional presence can feel intimidating to newcomers. This will raise the



importance to which the community perceives the Wynn Hospital in a positive manner where healthcare is accessible, available and accommodating to patients from different cultures. In a survey of refugees and immigrants completed for this project, 45% of respondents were highly likely (NPS > 7) to recommend Wynn Hospital to their peers. In the same survey, 60% agreed that the service relocation would be beneficial for their health and 64% agreed that the relocation would be beneficial to their community. For a review of the outreach and survey, see Appendix 2.

Women, infants, and children - Imaging & Maternal Health Services

One of the priorities from the community priorities from the CNHA included improving health outcomes for women, infants and children. The planned change will increase imaging capacity between the Faxton campus and the Wynn Hospital, including multiple ultrasounds remaining at the Faxton campus. The Faxton Campus will operate as a centralized hub specializing in women and maternal health services. One of the unintended consequences for this group will be potential discontinuous care between the two locations of Faxton and the Wynn Hospital if coordination between the sites decrease as a result of the centralization of many of the services. The health belief paradigm is quite important amongst this group as patients of different racial identities reflected differences in birthing experience and subsequent paperwork.

Older adult population (55+) - Imaging/Cardiology Services

The elderly population represents a large constituency for MVHS. One of the largest populations in Oneida County are residents between the ages of 55-64. Between 2019 and 2023, it was projected that the aged 65+ population would increase by 11%. One of the community priorities from the CNHA included improving continuum of care, especially for the elderly population. This population faces multiple challenges to accessing equitable healthcare that threaten their independence as they navigate loss of independence and disabilities. One of the unintended consequences of a relocation could be a disruption of their travel and care routine - which is relatively more dependent on familiarity and a network of support from care providers and family members. Being able to provide education to their caregivers and individuals will be critical in ensuring patient comfort with the acute services. That being said, the



centralization of multiple services and coordination across various providers in one or two buildings enable a continuum of care that supports positive health outcomes.

People with disabilities - Facility Accessibility

In the last community assessment, it was estimated that nearly a quarter of the Oneida County population is living with a disability, with the most common being mobility disabilities. Facility development, as well as operational planning, will have to take this group into consideration and allocate necessary additional resources to ensure healthcare remains accessible. The relocation's potential disruption of routine will uniquely impact people with disabilities, especially those with cognitive impairments or the need to coordinate their care with services or dependents. A concern for all patients, though in particular for those with mobility challenges, is parking availability and accessibility. In surveys collected from community members, parking was a pain point raised in their general experience driving negative perceptions of the accessibility and quality of care. The hospital does offer valet services, free parking and has multiple projects ongoing to increase its capacity in the coming years.

Additional Considerations

While the following two groups are not included in the priority focus of this report given the limited data available, our experts did emphasize it was important to consider the impact of this relocation on 1) low-income patients and 2) rural patients. Rural patients may be hesitant to travel to a downtown location for their healthcare services due to the perceived distance and real discomfort with downtown. For both groups, the centralization of services can become a barrier to accessing care due to the perceived increased cost financially. However the encouragement to engage with a revitalized downtown district can have positive impacts for most social determinants such as social community building and access to other resources. The hospital does offer valet services, free parking, and has multiple projects in the work to increase its capacity in the coming years.



Mitigation

In order to address barriers to accessing healthcare services such as cultural and language differences, the MVHS has plans to engage its existing set of community partners to support the roll out and integration of services. MVHS has weekly meetings with community partners and plans for the rollout to include multiple written communications, information shared across social media, and even open houses for community members to learn more about the Hospital and its services. There's also multiple direct engagement opportunities with the broader community through nutrition and diabetes education programs and participation in task forces and community partnerships with local human services organizations addressing health disparities.

In addition to these efforts, we would recommend the following initiatives to improve access to high quality health care and to mitigate the risk identified above:

Formalized organizational change management planning

In the business world, it is well documented that change can be very difficult and exacerbate existing organizational gaps and pain points. As with any organization, there may be underlying organizational challenges that this change will only bring to surface that should be identified and addressed proactively. The internal stakeholder working group can ensure then that the roll out plan also includes initiatives to address these potential issues or adapted to minimize their risks. We'd recommend implementing a formal change readiness assessment to identify these gaps and pain points that have the most likelihood of threatening the positive impacts intended for the relocation, with particular emphasis on:

- Parking availability - a reoccurring pain point raised through surveys, of which there are plans to address through increasing the parking capacity through projects such as a parking garage.
- Targeted outreach, including surveys, focus groups, community meetings to prioritized groups:



- Groups that face language barriers in accessing care, such as refugees, immigrants, and ethnic minorities.
- Black racial/ethnic groups
- Home care facilities and other community partners supporting elderly adults and those with disabilities
- An additional group to target would be women, in particular expecting mothers such as Mohawk Valley Prenatal & Maternity Support - to ensure that the Faxton Campus continues to deliver quality care during the transition and ensures coordinated care with the Wynn Hospital for these patients.
- There's also the potential to host focus groups and community meetings where participants respond to survey questions in-person, while having translation services or health navigators available that can translate the content, sentiment and intentions behind the different questions.

Staff training to increase cultural competency and awareness

From the surveys collected, we identified directional relationships between patients who commented having a negative experience or hearing about negative experiences from peers and families with having lower scored responses on other survey items. These survey items included likelihood to recommend the hospital to peers, sense of accessibility and perception of health benefits from the relocation. These results signal that there's an opportunity for MVHS to proactively mitigate these negative experiences to build more trusting relationships with the community and deliver positive patient experiences. It's important to remember that a patient's experiences are informed by various touch points with the MVHS staff from first entering the hospital to leaving and planning for follow ups. In order to address risk of patient discomfort and mistrust, MVHS as an institution and its various staff members would benefit from heightened cultural awareness and competency training and developing a continued interpreter relationship - whereby patients are assigned to the same or shared cluster of interpreters.

Increased education and accessibility-focused resources



The identified medically underserved groups have various potential accessibility challenges that could create barriers to accessing quality healthcare. One area of concern raised by community partners were cultural and language differences. To overcome this, we would recommend increasing and updating hospital signage and resources to reflect the diversity of languages within the community. Increasing accessibility may also include overcoming digital literacy gaps of different populations, and finding multiple channels of communication for patients to receive their information and potentially on-site access to computers. In addition, we'd recommend increased coordination with community partners, health navigators, local nursing or retirement homes, and other critical stakeholders to support with overcoming cultural differences and coordination issues.

Monitoring

MVHS currently uses standard Press Ganey patient satisfaction surveys that are sent to patients after their visit to provide feedback on their experience. There are patient surveys available online and through paper to provide reviews on their experience with the quality of care and the opportunity to suggest organizational improvements. As an organization, MVHS also continues to participate in several community partnerships to understand the shifting needs amongst the surrounding region and to assess health equity opportunities.

We recommend developing and regularly deploying an evergreen survey to monitor important social determinants of health outcomes and track priorities for improving patients' access to quality healthcare across the various demographics served in the region. The survey design should support the collection of information on social determinants for health and provide insight on demographic groups in this report.

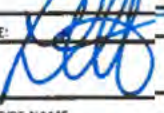
**New York State Department of Health
Certificate of Need Application**

Schedule 1

Acknowledgement and Attestation

I hereby certify, under penalty of perjury that I am duly authorized to subscribe and submit this application on behalf of the applicant: MVHS, Inc. Mohawk Valley Health System, Inc.

I further certify that the information contained in this application and its accompanying schedules and attachments are accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with the provisions of articles 28, 36 and 40 of the public health law and implementing regulations, as applicable.

SIGNATURE: 	DATE
	1/2/24
PRINT OR TYPE NAME	TITLE
Lou Aiello	SVP/Chief Financial Officer Mohawk Valley Health System

General Information

	YES	NO	Title of Attachment
Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	N/A – Administrative Review C.O.N.
Is the applicant part of an "established PHL Article 28" network" as defined in section 401.1(j) of 10 NYCRR? If yes, attach a statement that identifies the network and describes the applicant's affiliation. Attach an organizational chart.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Please refer to the Schedule 1 Attachment

Contacts

The Primary and Alternate contacts are the only two contacts who will receive email notifications of correspondence in NYSE-CON. **At least one of these two contacts should be a member of the applicant.** The other may be the applicant's representative (e.g., consultant, attorney, etc.). What is entered here for the Primary and Alternate contacts should be the same as what is entered onto the General Tab in NYSE-CON.

Primary Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Frank M. Cicero, President	Cicero Consulting Associates	
	BUSINESS STREET ADDRESS		
	925 Westchester Avenue, Suite 201		
	CITY	STATE	ZIP
	White Plains	New York	10604
	TELEPHONE	E-MAIL ADDRESS	
(914) 682-8657	conadmin@ciceroassociates.com		

Alternate Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Lou Aiello, SVP/Chief Financial Officer	Mohawk Valley Health System	
	BUSINESS STREET ADDRESS		
	111 Hospital Drive		
	CITY	STATE	ZIP
	Utica	New York	13502
	TELEPHONE	E-MAIL ADDRESS	
(315) 917-8203	laiello1@mvhealthsystem.org		

New York State Department of Health Certificate of Need Application

Schedule 1

The applicant must identify the operator's chief executive officer, or equivalent official.

CHIEF EXECUTIVE	NAME AND TITLE		
	Darlene Stromstad, FACHE, President and CEO, Mohawk Valley Health System		
	BUSINESS STREET ADDRESS		
	111 Hospital Drive		
	CITY	STATE	ZIP
	Utica	New York	13502
	TELEPHONE	E-MAIL ADDRESS	
(315) 624-6002	dstromst@mvhealthsystem.org		

The applicant's lead attorney should be identified:

ATTORNEY	NAME		FIRM	BUSINESS STREET ADDRESS
	N/A			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

If a consultant prepared the application, the consultant should be identified:

CONSULTANT	NAME		FIRM	BUSINESS STREET ADDRESS
	Mr. Frank M. Cicero		Cicero Consulting Associates	925 Westchester Avenue, Suite 201
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	White Plains, New York 10604		(914) 682-8657	conadmin@ciceroassociates.com

The applicant's lead accountant should be identified:

ACCOUNTANT	NAME		FIRM	BUSINESS STREET ADDRESS
	N/A			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

Please list all Architects and Engineer contacts:

Architect #1 – Imaging

ARCHITECT and/or ENGINEER	NAME		FIRM	BUSINESS STREET ADDRESS
	Kelly M. Yahi, AIA		Dwyer Architectural	120 East Washington Street Suite 822
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	Syracuse, New York 13202		(315) 473-1800	kellyyahi@dwyerarch.com

Architect #2 – Clinics and Blood Draw Lab

ARCHITECT and/or ENGINEER	NAME		FIRM	BUSINESS STREET ADDRESS
	Bryce T. Bixby, AIA		Foit Albert Associates, Architect, Engineering and Surveying, P.C.	295 Main Street
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	Buffalo, New York 14203		(716) 856-3933 x258	bbixby@foit-albert.com

**New York State Department of Health
Certificate of Need Application**

Schedule 1

Other Facilities Owned or Controlled by the Applicant N/A

Establishment (with or without Construction) Applications only

NYS Affiliated Facilities/Agencies

Does the applicant legal entity or any related entity (parent, member or subsidiary corporation) operate or control any of the following in New York State?

FACILITY TYPE - NEW YORK STATE	FACILITY TYPE	
Hospital	HOSP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nursing Home	NH	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagnostic and Treatment Center	DTC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Midwifery Birth Center	MBC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licensed Home Care Services Agency	LHCSA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certified Home Health Agency	CHHA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hospice	HSP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adult Home	ADH	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assisted Living Program	ALP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Long Term Home Health Care Program	LTHHCP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Enriched Housing Program	EHP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Maintenance Organization	HMO	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Health Care Entity	OTH	Yes <input type="checkbox"/> No <input type="checkbox"/>

Upload as an attachment to Schedule 1, the list of facilities/agencies referenced above, in the format depicted below:

Facility Type	Facility Name	Operating Certificate or License Number	Facility ID (PFI)
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Out-of-State Affiliated Facilities/Agencies

In addition to in-state facilities, please upload, as an attachment to Schedule 1, a list of all health care, adult care, behavioral, or mental health facilities, programs or agencies located outside New York State that are affiliated with the applicant legal entity, as well as with parent, member and subsidiary corporations, in the format depicted below.

Facility Type	Name	Address	State/Country	Services Provided
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In conjunction with this list, you will need to provide documentation from the regulatory agency in the state(s) where affiliations are noted, reflecting that the facilities/programs/agencies have operated in substantial compliance with applicable codes, rules and regulations for the past ten (10) years (or for the period of the affiliation, whichever is shorter). More information regarding this requirement can be found in Schedule 2D.

WYNN HOSPITAL

SCHEDULE 1 ATTACHMENT

ARTICLE 28 NETWORK DESCRIPTION

AND

PROJECT NARRATIVE

WYNN HOSPITAL

ARTICLE 28 NETWORK STATEMENT

MVHS, Inc. is the co-operator, along with Mohawk Valley Health System, of the following two (2) hospital campuses:

- Wynn Hospital (Operating Certificate #3202003H; PFI #15478)
- Faxton St. Luke's Healthcare Campus (Operating Certificate #3202003H; PFI #0599)

WYNN HOSPITAL

PROJECT NARRATIVE

Introduction

Wynn Hospital is submitting this Administrative Review Certificate of Need (C.O.N.) Application that seeks approval for the certification and construction of an extension clinic to be located in a new Medical Office Building (MOB) currently under construction across the street from the new campus of the Hospital in downtown Utica.¹ The proposed extension clinic will be located at 601 State Street, Utica (Oneida County), New York 13502. The extension clinic will be known as “MVHS State Street MOB” and will be certified for the services of “Medical Services – Primary Care” and “Medical Services – Other Medical Specialties.”

Project Background

Through this project, the Hospital will relocate and consolidate three (3) outpatient clinics and Imaging Center services from their current locations in the community to the proposed MOB extension clinic. In addition, blood draw services will be included at the site. A brief description of these services is as follows:

Relocation of Three (3) Outpatient Clinics

Through this project, the Hospital will relocate three (3) outpatient clinics to the proposed MOB from their current locations on the Faxton St. Luke’s Healthcare St. Luke’s Division (Faxton St. Luke’s) campus (PFI #0599) and the “St. Elizabeth’s Community Health System Campus” extension clinic (PFI #0598).² These outpatient clinics and their current locations are as follows:

¹ Wynn Hospital was constructed under Project No. 172305-C. Please refer to **Appendix I** for a map showing the Wynn Hospital campus and the proposed site of the MOB/extension clinic.

² Upon the implementation of Project No. 1723025-C, a total of 24 inpatient physical medicine and rehabilitation beds, as well as several outpatient services (including the medical offices of the Neuro-Interventional Surgery/Stroke and

- Cardio & Thoracic Surgery – currently located at the St. Elizabeth’s Community Health System Campus extension clinic
- Neuro-Interventional Surgery/Stroke – currently located on the Faxton St. Luke’s campus
- Trauma Surgery – currently located on the Faxton St. Luke’s campus

The St. Elizabeth’s Community Health System Campus extension clinic is located 2.4 miles and nine (9) minutes’ non-emergent travel time from the proposed extension clinic. The Faxton St. Luke’s campus is located 3.2 miles and eight (8) minutes’ non-emergent travel time from the proposed extension clinic. Please refer to **Appendix II** for a map of the service relocations associated with this project. Furthermore, because other outpatient clinic services will remain on both the St. Luke’s campus and the St. Elizabeth’s Community Health System Campus extension clinic, there will be no changes to the operating certificates of those sites as a result of this project. Closure Plans for the above-noted service relocations are currently being developed by the Hospital in accordance with the August 29, 2023 Facility Closure Plan Guidelines from the State Health Department.

Relocation of Imaging Services

The proposed extension clinic will include a new Imaging Center with one (1) CT scanner, one (1) PET/CT scanner, two (2) x-ray units, one (1) fluoroscopy unit and seven (7) ultrasound units (including four (4) diagnostic ultrasound rooms and three (3) procedural ultrasound rooms). Imaging services are currently provided at the MVHS Faxton Medical Campus extension clinic (PFI #0597), which is located at 1676 Sunset Avenue, Utica (Oneida County), New York 13502. The current Imaging Center services include one (1) CT scanner, one (1) PET/CT scanner, two (2) x-ray units, one (1) fluoroscopy unit and six (6) ultrasound units. All imaging services at the MVHS Faxton Medical Campus extension clinic, except for two (2) ultrasound units that will remain at the site for

Trauma Surgery services), remained on the St. Luke’s campus. In addition, the implementation of Project No. 172305-C resulted in the St. Elizabeth hospital campus being converted into an outpatient extension clinic.

use by the obstetrics clinic at that location, will close upon the implementation of this project. Nevertheless, there will be no change to the operating certificate of the MVHS Faxton Medical Campus extension clinic as a result of the implementation of this project.

In short, this project will result in no change to the total numbers of CT scanners, PET/CT scanners, x-ray units and fluoroscopy units operated by the Hospital; it will only result in an increase of three (3) ultrasound units (i.e., from six (6) ultrasound units to nine (9) ultrasound units (two (2) units will remain at the MVHS Faxton Medical Campus extension clinic and seven (7) units will be used at the proposed MVHS State Street MOB extension clinic)).

The MVHS Faxton Medical Campus extension clinic is located 1.7 miles and six (6) minutes' non-emergent travel time from the proposed extension clinic. Please refer to **Appendix II** for a map of the service relocations associated with this project.

General Project Information

Wynn Hospital has partnered with a developer to construct the three-(3)-story, 94,237-square-foot MOB that will house both Article 28 and non-Article 28 services in separate and distinct spaces. The proposed extension clinic services will be located on parts of the following floors (please see note below regarding the other services on the floor):

- 1st Floor – Imaging Center (10,082 SF) and Blood Draw (1,743 SF)
- 3rd Floor – Cardio & Thoracic Surgery, Neuro-Interventional Surgery/Stroke and Trauma Surgery (7,365 SF)

No surgical services will be provided at the proposed extension clinic; only pre- and post-surgical medical visits, as well as blood draw and imaging services, will be provided. As documented in the architectural items under **C.O.N. Schedule 6**, the Imaging Center will include three (3) procedural

ultrasound rooms that will offer ultrasound-related procedures such as paracentesis, thoracentesis, ultrasound-facilitated catheter-directed thrombolysis and temporary catheter removals. Furthermore, the Neuro-Interventional Surgery/Stroke service includes one (1) procedure room that will provide only minor, non-invasive procedures such as ultrasound imaging, transcranial doppler procedures and EEG readings. None of these procedures requires a level of sterility found in an operating room or procedure room for surgical procedures.

It should be noted that through Project No. 231380-B, Mohawk Valley Surgery Center (MVSC) was approved to establish and construct a freestanding ambulatory surgery center (FASC) within separate and distinct space on the third floor of the same MOB building that is the subject of this C.O.N. Application. Mohawk Valley Health System, which is the co-operator (along with MVHS, Inc.) of Wynn Hospital, is the sole member of MVSC. That FASC project is separate and apart from this Hospital extension clinic project. In addition, there will be other non-Article 28 services located in the MOB on the 1st, 2nd and 3rd floors within separate and distinct spaces; those spaces are not part of this project. Please refer to the **Schedule 6 Attachment** for the architectural documents related to this project.

Upon the implementation of this project, the extension clinic will be operational Monday through Friday from 8:00am to 4:30pm. The days and hours of operation of the extension clinic will be expanded, if needed, based upon demand at this location. There will be no disruption in care or to the continuity of care for the patients who receive the above-noted services in their current locations.

Site Control

Through this project, Mohawk Valley Health System will lease the proposed extension clinic space from the Landlord, Central Utica Building, LLC, through an arm's-length agreement. Please refer to the **Schedule 9 Attachment** for the executed Space Lease Agreement, the First Amendment to the Lease, Documentation of Rent Reasonableness and a Landlord-Tenant Affidavit.

Public Need for the Proposed Extension Clinic

The need for the relocation and consolidation of the three (3) outpatient clinics and imaging services from their current locations to the proposed extension clinic is described in detail as follows:

First, MVHS expects to sell the building on the Faxton St. Luke’s campus in which the Neuro-Interventional Surgery/Stroke and Trauma Surgery services are currently located, so those services will need to be relocated before the building is sold. In addition, the building in which the Cardio & Thoracic Surgery services are currently located is leased by the Hospital and the lease has expired, leaving the Hospital with a month-to-month lease with the current owner of the building, which is not a desirable situation.

Second, the need for the relocation and consolidation of the three (3) outpatient clinics is driven by the large and growing patient volume experienced by the Hospital for these services. To this end, the combined visit volume for the three (3) clinics grew significantly between 2020 and 2023, as documented in the following table:

Table B. Total Number of Clinic Visits 2020-2023, Mohawk Valley Health System

	2020	2021	2022	2023*	2020-2023
Cardio & Thoracic Surgery Visits	1,529	1,981	2,084	1,524	-0.3%
Neuro-Interventional Surgery/Stroke Visits	1,125	1,339	1,298	1,256	11.6%
Trauma Surgery Visits	843	1,340	1,665	1,812	114.9%
TOTAL	3,497	4,660	5,047	4,592	31.3%

* Based upon annualized data through August 30, 2023.
Source: Internal Data, Mohawk Valley Health System

Per the data above, from 2020 to 2023, total visit volume at the three (3) combined clinics increased by 31.3%, representing an average annual growth rate of 10.4%. The current spaces that house these outpatient clinics are unable to efficiently accommodate such a large and growing visit volume. Although the number of combined exam rooms for these three (3) clinics will remain the same (i.e.,

there are 12 exam rooms at the existing sites and there will be 12 exam rooms at the proposed site for these services), the consolidation of these three (3) clinics into the same suite will result in an optimized layout and improved operational efficiencies for staff, patients and visitors. For example, instead of having three (3) separate check-in and registration areas (which currently occurs because the clinics are located in separate locations), the consolidated suite will have only one (1) check-in and registration area. Furthermore, because the three (3) clinics will be consolidated, nurses and medical assistants can work together to care for all patients of the consolidated clinics. This is particularly helpful when a staff member calls in sick and it is difficult to find a replacement. This consolidated staffing model is an ideal solution to the staff shortages experienced by MVHS. Last, the placement of the extension clinic across the street from the Wynn Hospital campus will benefit doctors who take call and must sometimes travel to the Wynn Hospital campus during the day for trauma and ED consults. Being located directly across the street from the Wynn Hospital campus, instead of being either 2.4 or 3.2 miles away (which is the distance of the existing clinics to the Wynn Hospital campus), will be much more convenient for these doctors who will be able to immediately return to the clinic to continue treating patients.

Third, the existing Imaging Center is located at the MVHS Faxon Medical Campus extension clinic, within an old and outdated building that was originally built in 1977 and lacks adequate parking. Since that time, there have been no significant interior renovations to the building. Furthermore, the main parking lot for patients seeking services at the Imaging Center building is small and is located about 1,000 feet from the building, resulting in the need for patients (some of whom have mobility issues and are specifically seeking Imaging Center services because of those issues) to walk a considerable distance. Parking for staff is located even further away and across a major street, which can be dangerous during wintertime when slippery conditions occur. Parking at the proposed extension clinic will be located directly next to the MOB.

Fourth, from the patient's perspective, wayfinding within the existing Imaging Center building is

difficult. In fact, patients are often seen asking for directions to the Imaging Center. The proposed Imaging Center that will be placed within the State Street MOB extension clinic has been designed with patient wayfinding in mind. Lastly, the close proximity of the proposed extension clinic to the Wynn Hospital campus will allow imaging staff to seamlessly transition between providing care within the Radiology Department at the Wynn Hospital campus and the Imaging Center at the proposed State Street MOB extension clinic.

Demographic Analysis

The primary service area (PSA) for this project is comprised of Oneida County. This county contains the two (2) hospital campuses of the applicant (Wynn Hospital and St. Luke’s), as well as many of the Hospital’s extension clinics. Per data from the U.S. Census Bureau, the PSA showed the following population characteristics, as compared to New York State (NYS) overall:

Table A. Population Demographics of the City of Utica, Primary Service Area and New York State Overall, 2021

	City of Utica	Oneida County PSA	New York State
2021 Population, Estimate	64,723	232,024	20,114,745
% Individuals Aged 18 and Under	25.2%	21.4%	21.0%
% Individuals Aged 45 and Over	37.8%	45.5%	42.9%
% Individuals Aged 65 and Over	15.0%	18.7%	16.6%
Percent White, Non-Hispanic	56.6%	81.1%	54.7%
Percent Black, Non-Hispanic	14.5%	5.7%	13.9%
Percent Asian, Non-Hispanic	11.0%	4.0%	8.6%
Percent Other Racial Minority Group Members, Non-Hispanic	5.0%	2.9%	3.6%
Percent Hispanic/Latino	12.9%	6.3%	19.2%
Percent Racial/Ethnic Minority Group Members	43.4%	18.9%	45.3%
Percent Foreign-Born	21.2%	8.4%	22.0%
Median Household Income	\$61,641	\$61,773	\$75,157
Percent Living At or Below Federal Poverty Level	28.0%	14.5%	13.5%
Insurance Coverage – Civilian, Non-Institutional Population			
Public Health Insurance Coverage	59.4%	45.4%	39.9%
No Health Insurance Coverage	5.5%	3.9%	5.3%
Public or No Health Insurance Coverage	64.9%	49.3%	45.2%

* Source: U.S. Census Bureau. All data represents 2021 data.

Oneida County is located in Central New York and had a population of 232,024 in 2021.³ The two (2) largest cities in Oneida County are Utica (with a 2021 population of 64,723) and Rome (with a 2021 population of 31,974). The Hospital's patients generally come from 45 towns and villages covering 1,257 square miles surrounding the facilities. About two-thirds (67%) of the County's population resides in urban/suburban areas, while the remaining one-third (33%) resides in rural areas.

Of the total PSA population, 81.1% were non-Hispanic White, 6.3% were Hispanic/Latino, 5.7% were non-Hispanic Black, 4.0% were non-Hispanic Asian and 2.9% were some other race or combination of races. Furthermore, in the City of Utica, 56.6% were non-Hispanic White, 12.9% were Hispanic/Latino, 14.5% were non-Hispanic Black, 11.0% were non-Hispanic Asian and 5.0% were some other race or combination of races. In 2021, the demographics of the City of Utica were fairly similar to that of New York State overall.

In 2021, 18.7% of the PSA residents and 15.0% of the City of Utica residents were age 65 and over, as compared to 16.6% of all NYS residents. In 2021, 45.5% of the PSA residents and 37.8% of the City of Utica residents were aged 45 and over, as compared to 42.9% of all NYS residents.

Furthermore, in 2021, 14.5% of the PSA residents were living at or below the Federal Poverty Level (FPL), as compared to 13.5% of all NYS residents. More to the point, however, is the fact that 28.0% of the population of the City of Utica were living at or below the FPL in 2021. Likewise, the median household income of the Oneida County PSA (\$61,773) and the City of Utica (\$61,641) were each about 82% of the median household income of NYS overall (\$75,157).

Lastly, as per the table above, 49.3% of the total civilian non-institutionalized population in the Oneida County PSA had coverage through either public health insurance or had no insurance at all,

³ U.S. Census Bureau. American Factfinder. <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

as compared to 45.2% of peer NYS residents. Importantly, 64.9% of the peer population in the City of Utica had coverage through either public health insurance or had no insurance at all. Given the fact that the City of Utica had a slightly younger population than New York State overall, but a much higher percentage of its population on public health insurance or having no insurance at all, it can be deduced that Utica residents who have public health insurance are more likely to be covered by Medicaid than New York State residents.

Also important is the fact that Oneida County is the home to one of the largest refugee resettlement agencies in the country, The Center (formerly known as the Mohawk Valley Resource Center for Refugees). Since the 1980s, this entity has resettled more than 16,500 individuals in Utica, with ethnicities and nationalities including Vietnamese, Russian, Bosnian, Somali (Bantu), Burmese and Nepali. To this end, foreign-born residents constituted 8.4% of the PSA and 21.2% of the Utica population in 2021. Furthermore, 13.1% of the PSA residents and 32.1% of Utica residents aged five (5) and older spoke a language other than English in 2021, which is reflective of the large number of immigrants settling into Utica and the surrounding region.⁴

Given these statistics, the proposed extension clinic is expected to have a substantial impact on the under-insured and uninsured populations within Oneida County. In short, the PSA population demonstrates characteristics (such as being of a minority group, being poor and/or being foreign-born) found in populations that are traditionally medically underserved and that often demonstrate disproportionately adverse health outcomes, which is the case in the PSA (see below).

Health Professional Shortage Area

Per the Health Resources and Services Administration (HRSA), the proposed extension clinic site is federally designated as a Health Professional Shortage Area for Primary Care (ID #1365582751),

⁴ Ibid.

Mental Health (ID #7366214590) and Dental (ID #6361319974) services. Lastly, the address at which the extension clinic will be located is designated as a Medically Underserved Area.

Poor Health Outcomes/Statistics

Access to comprehensive, high-quality health care services is important for improving poor health outcomes and promoting health, preventing and managing diseases, improving quality of life and achieving health equity. Per the 2018 Community Health Indicator Reports (CHIRS) – County Level for Oneida County, residents of the PSA experience a number of poor health outcomes. For the PSA, chronic conditions (particularly respiratory, cardiovascular, kidney and diabetes) drive preventable admissions and are associated with higher-than-average mortality rates among the target population, and resource gaps exacerbate these concerns. More than half of these individuals have a co-morbid chronic condition. In addition, a number of these health outcomes for the residents of Oneida County have become worse over the past few years. Please refer to **Appendix III** for documentation of poor health of PSA residents. The proposed MVHS State Street MOB extension clinic will provide access to more efficient medical specialty services and imaging services with new, state-of-the-art equipment, which are critical for preventing and managing diseases and improving population health.

Prevention Quality Indicator Rates

Developed by the Agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators (PQIs) are a set of measures that can be used to identify “ambulatory care sensitive” conditions (ACSCs) in adult populations. These are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. Please refer to **Appendix IV** of this Project Narrative for a complete table showing PQI-related inpatient admission rates for all PQI conditions individually, for the PSA. The proposed extension clinic will help to ensure that patients seeking treatment for ACSCs receive the appropriate level of care, resulting in faster treatment and a reduction in the overreliance on the costly inpatient setting.

Program Management

Wynn Hospital embraces a program of service to reach an underserved population and an operating philosophy that embodies the principle that comprehensive, coordinated, high-quality care is the right of every person, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic. Services provided through the overall project will be sensitive to the needs of the population and responsive to the desires of the Hospital's patients.

The general operations of the extension clinic will adhere to the standards required under 10 New York Codes, Rules and Regulations. The Hospital's standards of patient care emphasize accuracy and timeliness of diagnosis and referral to appropriate medical practitioners. All existing policies and procedures in place at the Hospital will be incorporated into the operation of the extension clinic, which will be operated under the same high standards of care currently in practice at the Hospital.

All administrative aspects of the extension clinic will be directed by an individual who is qualified for such duties by education and experience. The Quality Assurance (QA) Program associated with the extension clinic will be administered by the Chief Medical Officer of Mohawk Valley Health System, Fred L. Talarico, M.D., F.A.C.C. Please refer to **Appendix V** for the curriculum vitae of Dr. Talarico. The QA Program and operational protocols will be followed for the proposed extension clinic. The QA Program ensures that patients receive the highest level of quality. There are continuing education activities to provide staff with the opportunity to learn the newest technology, techniques and protocols in the provision of services at the extension clinic.

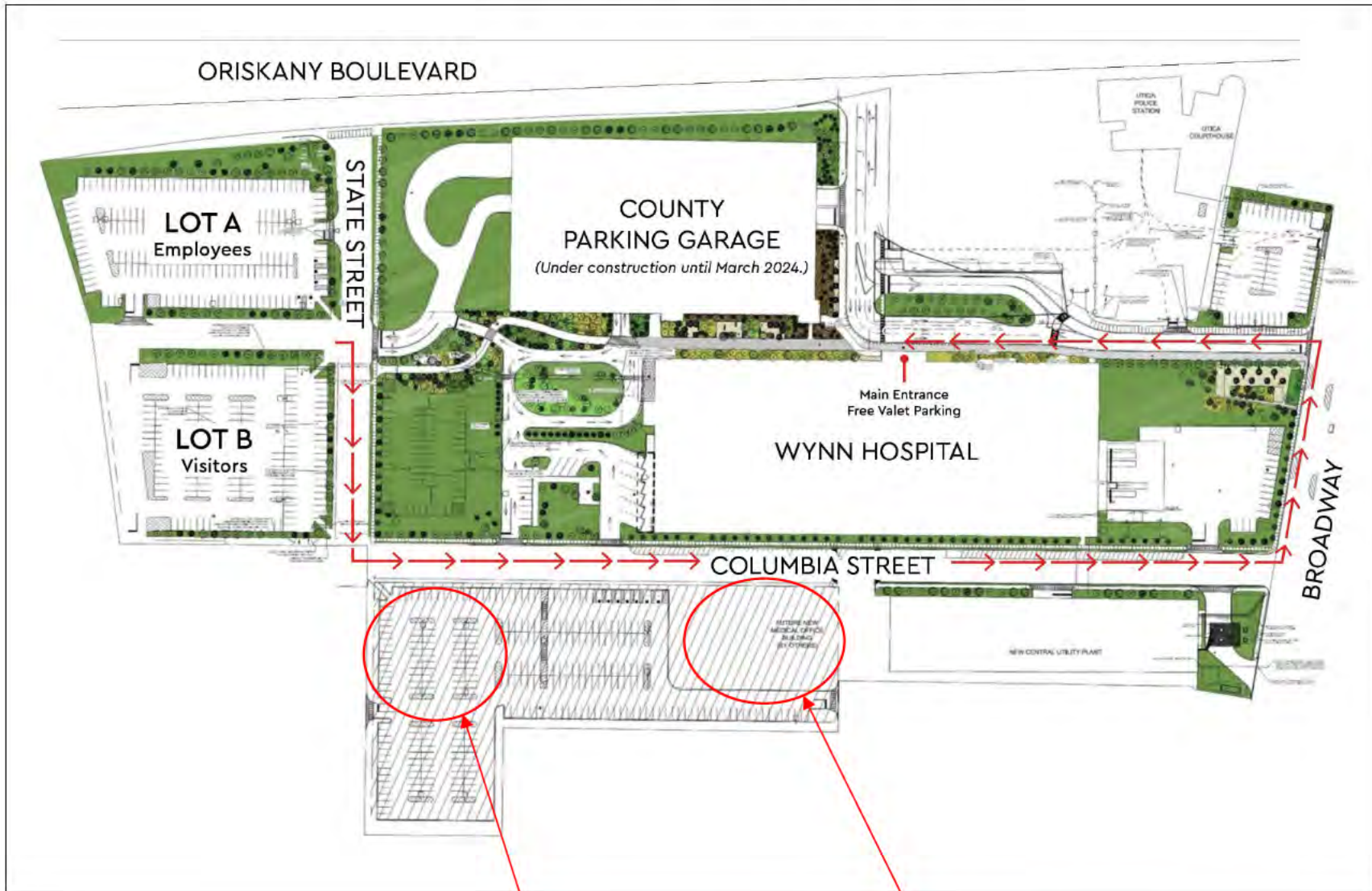
APPENDIX I

WYNN HOSPITAL

MAP OF PROPOSED MOB/EXTENSION CLINIC SITE

WYNN HOSPITAL

MAP OF PROPOSED MOB/EXTENSION CLINIC SITE



Proposed MOB/Extension Clinic

This will be parking instead of the MOB/Extension Clinic (this site map was prepared before the final determination of the location of the MOB/Extension Clinic).

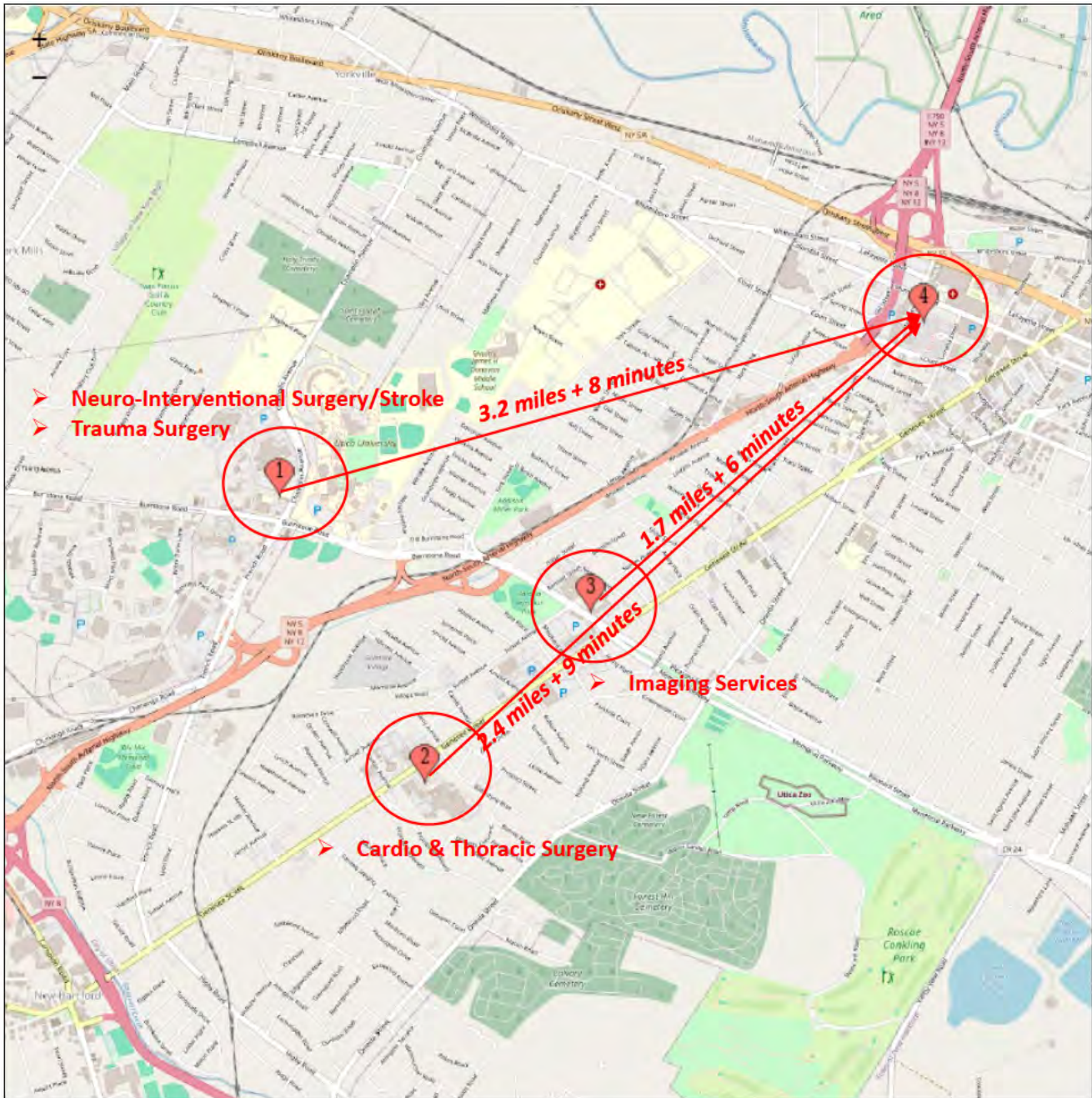
APPENDIX II

WYNN HOSPITAL

MAP OF SERVICE RELOCATIONS

WYNN HOSPITAL

MAP OF SERVICE RELOCATIONS



Site #1 – Faxton St. Luke's Healthcare St. Luke's Division (PFI #0599)
1656 Champlin Avenue, Utica, New York 13502

Site #2 – St. Elizabeth's Community Health System Campus (PFI #0598)
2209 Genesee Street, Utica, New York 13501

Site #3 – MVHS Faxton Medical Campus (PFI #0597)
1676 Sunset Avenue, Utica, New York 13502

Site #4 – Proposed MVHS State Street MOB (Extension Clinic)
601 State Street, Utica, New York 13502

APPENDIX III

WYNN HOSPITAL

POOR HEALTH OUTCOMES

WYNN HOSPITAL

POOR HEALTH OUTCOMES

County Health Assessment Indicators

Per the Community Health Indicator Reports (CHIRS) from the NYSDOH, residents of Oneida County experience poor health outcomes that support the need for continued service provision through the Mohawk Valley Health System. Following are supporting statistics:

Cardiovascular Disease

- ✓ The three-(3)-year average (2018-2020), crude mortality rate due to cardiovascular disease for residents of Oneida County was 338.1 deaths/100,000, as compared to 287.4/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted mortality rate due to cardiovascular disease for residents of Oneida County was 222.4 deaths/100,000, as compared to 216.8/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), premature mortality rate due to cardiovascular disease for residents of Oneida County was 132.3 deaths/100,000, as compared to 108.5/100,000 for residents of New York State overall. Premature death is defined as the death of an individual aged 35-64.
- ✓ The three-(3)-year average (2018-2020), pre-transport mortality rate due to cardiovascular disease for residents of Oneida County was 197.0 deaths/100,000, as compared to 177.7/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), crude hospitalization rate due to cardiovascular disease for residents of Oneida County was 176.6 admissions/10,000, as compared to 148.3/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted hospitalization rate due to cardiovascular disease for residents of Oneida County was 128.7 admissions/10,000, as compared to 118.8/10,000 for residents of New York State overall.

Diseases of the Heart

- ✓ The three-(3)-year average (2018-2020), crude mortality rate due to diseases of the heart for residents of Oneida County was 258.8 deaths/100,000, as compared to 231.9/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), premature mortality rate due to diseases of the heart for residents of Oneida County was 105.2 deaths/100,000, as compared to 87.9/100,000 for residents of New York State overall. Premature death is defined as the death of an individual aged 35-64.

- ✓ The three-(3)-year average (2018-2020), pre-transport mortality rate due to diseases of the heart for residents of Oneida County was 154.3 deaths/100,000, as compared to 150.9/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), crude hospitalization rate due to diseases of the heart for residents of Oneida County was 121.1 admissions/10,000, as compared to 99.9/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted hospitalization rate due to diseases of the heart for residents of Oneida County was 87.7admissions/10,000, as compared to 79.5/10,000 for residents of New York State overall.

Coronary Heart Disease

- ✓ The three-(3)-year average (2018-2020), premature mortality rate due to coronary heart disease for residents of Oneida County was 72.4 deaths/100,000, as compared to 70.0/100,000 for residents of New York State overall. Premature death is defined as the death of an individual aged 35-64.
- ✓ The three-(3)-year average (2018-2020), crude hospitalization rate due to coronary heart disease for residents of Oneida County was 37.6 admissions/10,000, as compared to 29.2/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted hospitalization rate due to coronary heart disease for residents of Oneida County was 27.9 deaths/10,000, as compared to 23.2/10,000 for residents of New York State overall.

Heart Attack (Acute Myocardial Infarction)

- ✓ The three-(3)-year average (2018-2020), crude mortality rate due to heart attack for residents of Oneida County was 42.0 deaths/100,000, as compared to 29.5/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted mortality rate due to heart attack for residents of Oneida County was 28.1 deaths/100,000, as compared to 22.4/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), crude hospitalization rate due to heart attack for residents of Oneida County was 21.2 admissions/10,000, as compared to 15.7/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted hospitalization rate due to heart attack for residents of Oneida County was 15.9 admissions/10,000, as compared to 12.6/10,000 for residents of New York State overall.

Congestive Heart Failure

- ✓ The three-(3)-year average (2018-2020), crude mortality rate due to congestive heart failure for residents of Oneida County was 18.5 deaths/100,000, as compared to 14.4/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted mortality rate due to congestive heart failure for residents of Oneida County was 11.4 deaths/100,000, as compared to 10.6/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), premature mortality rate due to congestive heart failure for residents of Oneida County was 3.1 deaths/100,000, as compared to 2.4/100,000 for residents of New York State overall. Premature death is defined as the death of an individual aged 35-64.
- ✓ The three-(3)-year average (2018-2020), pre-transport mortality rate due to congestive heart failure for residents of Oneida County was 10.3 deaths/100,000, as compared to 8.3/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), potentially preventable hospitalization rate due to heart failure for adult (18+) residents of Oneida County was 45.4 admissions/10,000, as compared to 39.5/10,000 for adult residents of New York State overall.

Cerebrovascular Disease (Stroke)

- ✓ The three-(3)-year average (2018-2020), crude mortality rate due to stroke for residents of Oneida County was 49.4 deaths/100,000, as compared to 32.0/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted mortality rate due to stroke for residents of Oneida County was 31.8 deaths/100,000, as compared to 24.3/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), premature mortality rate due to stroke for residents of Oneida County was 16.4 deaths/100,000, as compared to 10.9/100,000 for residents of New York State overall. Premature death is defined as the death of an individual aged 35-64.
- ✓ The three-(3)-year average (2018-2020), pre-transport mortality rate due to stroke for residents of Oneida County was 23.5 deaths/100,000, as compared to 14.0/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), crude hospitalization rate due to stroke for residents of Oneida County was 33.1 admissions/10,000, as compared to 26.1/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted hospitalization rate due to stroke for residents of Oneida County was 23.8 admissions/10,000, as compared to 20.9/10,000 for residents of New York State overall.

Hypertension

- ✓ The three-(3)-year average (2018-2020), crude hospitalization rate due to hypertension without heart failure for adult (18+) residents (for any diagnosis) of Oneida County was 547.6 admissions/10,000, as compared to 460.9/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), Emergency Department visit rate due to hypertension for adult (18+) residents (based on any diagnosis) of Oneida County was 1,088.3 visits/10,000, as compared to 1,021.6/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), Emergency Department visit rate due to hypertension for adult (18+) residents of Oneida County was 33.0 visits/10,000, as compared to 29.6/10,000 for residents of New York State overall.
- ✓ A total of 30.7% of adult residents of Oneida County were told they have high blood pressure, as compared to 27.6% of all residents of New York State.

Chronic Kidney Disease

- ✓ The three-(3)-year average (2018-2020), crude hospitalization rate due to chronic kidney disease for residents of Oneida County was 176.0 admissions/10,000, as compared to 154.8/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted hospitalization rate due to chronic kidney disease for residents of Oneida County was 124.7 admissions/10,000, as compared to 122.9/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), crude Emergency Department visit rate due to chronic kidney disease (based on any diagnosis) of Oneida County was 187.4 visits/10,000, as compared to 178.3/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted percentage of adults in Oneida County with cardiovascular disease (heart attack, coronary heart disease, or stroke) was 7.7 as compared to 6.4 for residents of New York State overall.

Diabetes

- ✓ A total of 12.1% of adult (age 18+) residents of Oneida County were diagnosed with diabetes by a physician, as compared to 10.2% for New York State overall.
- ✓ The three-(3)-year average (2018-2020), crude mortality rate due to diabetes for residents of Oneida County was 32.5 deaths/100,000, as compared to 24.6/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted mortality rate due to diabetes for residents of Oneida County was 24.7 deaths/100,000, as compared to 19.2/100,000 for residents of New York State overall.

- ✓ The three-(3)-year average (2018-2020), crude hospitalization rate due to diabetes (as a primary diagnosis) for residents of Oneida County was 26.1 admissions/10,000, as compared to 21.2/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted hospitalization rate due to diabetes (as a primary diagnosis) for residents of Oneida County was 23.2 admissions/10,000, as compared to 18.7/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), crude hospitalization rate due to diabetes (as any diagnosis) for residents of Oneida County was 303.5 admissions/10,000, as compared to 259.2/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted hospitalization rate due to diabetes (as any diagnosis) for residents of Oneida County was 231.7 admissions/10,000, as compared to 210.4/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), potentially preventable hospitalization rate due to short-term complication from diabetes for residents of Oneida County aged 18+ was 11.2 admissions/10,000, as compared to 7.1/10,000 for residents of New York State overall.

Health Risks and Behaviors

- ✓ A total of 70.2% of adult residents of Oneida County are overweight or obese (with a BMI of 25 or higher). This was higher than the 63.5% of residents who are overweight or obese in New York State overall.
- ✓ A total of 33.4% of adult residents of Oneida County are obese (with a BMI of 30 or higher), as compared to 29.2% of all New York State adult residents.
- ✓ Approximately 22.8% of adult residents of Oneida County smoke, as compared to 12.5% of adult residents of New York State overall.

Chronic Lower Respiratory Disease

- ✓ The three-(3)-year average (2018-2020), crude mortality rate due to chronic lower respiratory disease for residents of Oneida County was 68.9 deaths/100,000, as compared to 35.6/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted mortality rate due to chronic lower respiratory disease for residents of Oneida County was 45.5 deaths/100,000, as compared to 27.3/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), crude hospitalization rate due to chronic lower respiratory disease for residents of Oneida County was 30.2 admissions/10,000, as compared to 24.0/10,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2018-2020), age-adjusted hospitalization rate due to chronic lower respiratory disease for residents of Oneida County was 23.3 admissions/10,000, as compared to 20.7/10,000 for residents of New York State overall.

Asthma

- ✓ A total of 11.0% of adult residents of Oneida County were diagnosed with asthma by a physician, as compared to 10.1% for New York State overall.

Cancer

- ✓ The three-(3)-year average (2016-2018), crude incidence rate of all cancers for residents of Oneida County was 695.6 cases/100,000, as compared to 600.0/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), age-adjusted incidence rate of all cancers for residents of Oneida County was 516.6 cases/100,000, as compared to 483.7/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude mortality rate due to all cancers for residents of Oneida County was 231.4 deaths/100,000, as compared to 173.1/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), age-adjusted mortality rate due to all cancers for residents of Oneida County was 162.7 deaths/100,000, as compared to 135.1/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude incidence rate of oral cavity and pharynx cancer for residents of Oneida County was 16.4 cases/100,000, as compared to 14.3/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), age-adjusted incidence rate of oral cavity and pharynx cancer for residents of Oneida County was 12.0 cases/100,000, as compared to 11.4/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude mortality rate due to oral cavity and pharynx cancer for residents of Oneida County was 3.9 deaths/100,000, as compared to 2.8/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), age-adjusted mortality rate due to oral cavity and pharynx cancer for residents of Oneida County was 2.6 deaths/100,000, as compared to 2.1/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude incidence rate of colon and rectum cancer for residents of Oneida County was 47.4 cases/100,000, as compared to 45.7/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude mortality rate due to colon and rectum cancer for residents of Oneida County was 17.6 deaths/100,000, as compared to 14.9/100,000 for residents of New York State overall.

- ✓ The three-(3)-year average (2016-2018), age-adjusted mortality rate due to colon and rectum cancer for residents of Oneida County was 12.2 deaths/100,000, as compared to 11.7/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude incidence rate of lung and bronchus cancer for residents of Oneida County was 100.9 cases/100,000, as compared to 73.3/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), age-adjusted incidence rate of lung and bronchus cancer for residents of Oneida County was 71.4 cases/100,000, as compared to 56.9/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude mortality rate due to lung and bronchus cancer for residents of Oneida County was 61.1 deaths/100,000, as compared to 38.5/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), age-adjusted mortality rate due to lung and bronchus cancer for residents of Oneida County was 43.0 deaths/100,000, as compared to 29.7/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude incidence rate of female breast cancer for residents of Oneida County was 171.6 cases/100,000, as compared to 170.8/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude mortality rate due to ovarian cancer for residents of Oneida County was 11.6 deaths/100,000, as compared to 8.7/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude incidence rate of ovarian cancer for residents of Oneida County was 15.4 cases/100,000, as compared to 14.1/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), age-adjusted incidence rate of ovarian cancer for residents of Oneida County was 11.6 cases/100,000, as compared to 11.3/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude mortality rate due to ovarian cancer for residents of Oneida County was 10.1 deaths/100,000, as compared to 8.7/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), age-adjusted mortality rate due to ovarian cancer for residents of Oneida County was 6.9 deaths/100,000, as compared to 6.3/100,000 for residents of New York State overall.

- ✓ The three-(3)-year average (2016-2018), crude incidence rate of prostate cancer for residents of Oneida County was 206.0 cases/100,000, as compared to 168.5/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), age-adjusted incidence rate of prostate cancer for residents of Oneida County was 149.3 cases/100,000, as compared to 134.5/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude mortality rate due to prostate cancer for residents of Oneida County was 19.8 deaths/100,000, as compared to 18.2/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude incidence rate of late-stage prostate cancer for residents of Oneida County was 35.6 cases/100,000, as compared to 32.4/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), age-adjusted incidence rate of late-stage prostate cancer for residents of Oneida County was 26.7 cases/100,000, as compared to 26.2/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), crude mortality rate due to melanoma cancer for residents of Oneida County was 4.2 deaths/100,000, as compared to 1.9/100,000 for residents of New York State overall.
- ✓ The three-(3)-year average (2016-2018), age-adjusted mortality rate due to melanoma cancer for residents of Oneida County was 3.1 deaths/100,000, as compared to 1.5/100,000 for residents of New York State overall.
- ✓ 62.6% of women aged between 50-74 years in Oneida County had a mammogram between October 1, 2018 and December 31, 2020.


APPENDIX IV

WYNN HOSPITAL

PREVENTION QUALITY INDICATOR (PQI) STATISTICS

WYNN HOSPITAL

PREVENTION QUALITY INDICATOR (PQI) STATISTICS

 Shading represents a statistic for which the observed rate is higher than the expected rate.

Oneida County – All Payers Data (2020)

PQI #	PQI Name	Observed Rate per 100,000 people	Expected Rate Per 100,000 People	Observed rate as % of expected
PQI_01	Diabetes Short-Term Complications	102.63	56.66	181.13%
PQI_03	Diabetes Long-Term Complications	102.63	91.05	112.72%
PQI_05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	309.51	221.29	139.87%
PQI_07	Hypertension	52.14	44.84	116.28%
PQI_08	Heart Failure	395.52	331.09	119.46%
PQI_11	Bacterial Pneumonia	184.17	116.57	157.99%
PQI_12	Urinary Tract Infection	75.44	105.09	71.79%
PQI_14	Uncontrolled Diabetes	41.6	32.77	126.95%
PQI_15	Asthma in Younger Adults	15.72	19.74	79.64%
PQI_16	Lower-Extremity Amputation among Patients with Diabetes	27.18	25.3	107.43%
PQI_91	Prevention Quality Acute Composite	259.61	221.66	117.12%
PQI_92	Prevention Quality Chronic Composite	908.65	716.99	126.73%
PQI_S01	Prevention Quality All Diabetes Composite	255.18	191	133.60%
PQI_S02	Prevention Quality All Circulatory Composite	447.67	375.93	119.08%
PQI_S03	Prevention Quality All Respiratory Composite	205.81	150.15	137.07%
PQI_90	Prevention Quality Overall Composite	1,168.27	938.64	124.46%

APPENDIX V

WYNN HOSPITAL

CURRICULUM VITAE – CHIEF MEDICAL OFFICER

CURRICULUM VITAE

I. PERSONAL DATA

Name: Fred L. Talarico, M.D.
Address: 2115 Genesee Street
Utica, NY 13501
Phone: (315) 733-1148 (Office)

II. EDUCATION

	<u>INSTITUTION</u>	<u>DEGREE</u>	<u>DATE</u>
1.)	Notre Dame High School	Diploma	1966-1970
2.)	Boston University Boston, Mass	B.S. - Biology & Political Science	1970-1975
3.)	Autonomous University of Guadalajara Guadalajara, Mexico	M.D.	1975-1979

III. POST GRADUATE EDUCATION

1.)	Fifth Pathway Mt. Sinai School of Medicine New York, New York		1979-1980
2.)	Pediatric Internship/Residency Program Chairman - Dr. Elliot Ellis Buffalo Children's Hospital State University of New York, Buffalo		1980-1982
3.)	Internal Medicine Residency Program		1982-1984

Chairman – Dr. James Nolan
 State University of New York, Buffalo
 Erie County Medical Center
 Veteran's Administration Medical Center
 Buffalo General Hospital
 Buffalo, New York

- 4.) Cardiology Fellowship 1984-1986
 Chairman – Dr. Francis Klocke
 State University of New York, Buffalo
 Erie County Medical Center
 Veteran's Administration Medical Center
 Buffalo General Hospital
 Buffalo, New York

IV. CERTIFYING EXAMINATIONS

<u>EXAM</u>	<u>RESULTS</u>	<u>YEAR</u>
1.) Pediatric Written Board Exam	Passed	1983
2.) Internal Medicine Board Exam	Passed	1985
3.) Oral Pediatric Examination	--	Pending
4.) Cardiovascular Board Exam	Passed	1986

V. OTHER EXAMINATIONS

<u>EXAM</u>	<u>RESULTS</u>	<u>YEAR</u>
1.) Part 1 National Boards	Passed	1977
2.) ECFMG Examination	Passed	1978
3.) FLEX	Passed	1980

VI. STATE LICENSE

1.) New York State – License Number	144506	11/80
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VII. CLINICAL APPOINTMENTS

- 1.) Clinical Assistant Professor of Medicine 1984-1986
 State University of New York School of Medicine
 Buffalo, New York

- 2.) Clinical Instructor of Medicine 1981-1984
 State University of New York School of Medicine
 Buffalo, New York

VIII. OTHER EXPERIENCE

- 1.) Emergency Room Physician – Part-time 1981-1982
 Columbus Hospital
 Buffalo, New York
- 2.) Physician for the SIDS Western New York 1981-1982
 Chapter Parent Group
- 3.) Emergency Room Physician – Part-time 1983-1984
 Veterans Administration Hospital Medical Center
 Buffalo, New York
- 4.) House Physician – Part-time 1983-1984
 Veterans Administration Medical Center
 Buffalo, New York
- 5.) Emergency Room Physician – Part-time 1984-1985
 Kenmore Mercy Hospital
 Buffalo, New York
- 6.) Emergency Room Physician – Part-time 1982-1984
 Our Lady of Victory Hospital
 Lackawana, New York

IX. PRIVATE PRACTICE EXPERIENCE

Solo Practice 1986 – present	Cardiovascular & Preventive Medicine 2115 Genesee Street Utica, NY 13501 Phone (315) 733-1148 Fax (315) 733-0985
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Active Staff 1986 – present	St. Elizabeth Medical Center 2209 Genesee Street Utica, NY 13501
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Courtesy Staff 1986 – present	St. Luke's Memorial Hospital Center Champlin Ave. Utica, NY 13502
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Faxton Hospital
Sunset Ave. Utica, NY 13502

X. RESEARCH INTEREST

- 1.) Was involved in a nationwide cooperative study comparing a new intravenous thrombolytic agent from Beacham Research Laboratory with intracoronary Streptokinase.
- 2.) Involved in research assessing the effect of angioplasty on exercise testing prior to and after the procedure.

XI. PROFESSIONAL AFFILIATIONS

- 1.) American College of Physicians 1984
- 2.) American Medical Association Member 1985 - present
- 3.) American College of Cardiology
Affiliate-In-Training 1985
- 4.) Five County Medical Society 1986 - present
- 5.) New York State Medical Society 1986 - present
- 6.) American Heart Association 1989
- 7.) CNY Fellowship Society Academy
of Medicine 1999 - present

XII. LECTURES

- 1.) Congestive Heart Failure 1986 - present
Coronary Care Course
St. Elizabeth/St. Luke's/Faxton
- 2.) Endocarditis & Prophylaxis 1987
Grand Rounds
St. Elizabeth Medical Center
- 3.) Pediatric EKG 1987
St. Elizabeth Medical Center
Pediatric Staff

- 4.) Moderator
Heart Day
CNY Academy of Medicine 1987
- 5.) Evolution of Cardiology 1988 - present
St. Elizabeth Medical Center
- 6.) Ventricular Arrhythmias & Treatment 1988 - present
Grand Rounds
St. Elizabeth Medical Center
- 7.) Antiarrhythmic Drug Therapy 1988 - present
Grand Rounds
St. Elizabeth Medical Center
- 8.) Atrial Fibrillation 1988 - present
Grand Rounds
St. Elizabeth Medical Center
- 9.) Wolf-Parkinson-White 1988
Grand Rounds
St. Elizabeth Medical Center
- 10.) Cardiac Trauma 1996
Grand Rounds
St. Elizabeth Medical Center
- 11.) EKG Course for Family 1986 - present
Practice Residents
St. Elizabeth Medical Center
- 12.) Shock 1996 - present
Coronary Care Course - Nursing (presented annually)
St. Elizabeth/St. Luke's/Faxton
- 13.) Cardiac Disease & the Male Patient 1999
General Public
St. Elizabeth Medical Center
- 14.) EKG Course for Registered Nurses on 2001
Critical Care Units
St. Elizabeth Medical Center
- 15.) Lecture - Risk Reduction in Cardiovascular 2001
Disease, HOPE trial

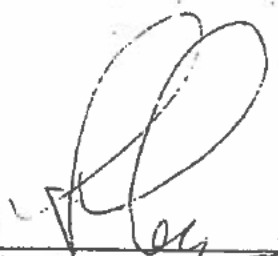
- 16.) Lecture - Beta Blockade therapy; CHF (Coreg) 2001
- 17.) Lecture - Plavix and Antithrombotic Treatment 2001
- 18.) Precepting Family Practice residents & medical students
Bassett - St. Elizabeth Medical Center 2001

XIII. AWARDS

- 1.) St. Elizabeth Hospital Family Practice
Residency Program 1993
The Distinguished Faculty Award
- 2.) Utica College of Syracuse University 1996-97
Play Writing Contest
1st Place "Heaven, Inc."

XIV. OTHER

- 1.) Licensed Private Pilot 1995



FRED L. TALARICO, M.D.

Working Capital Financing Plan

1. Working Capital Financing Plan and Pro Forma Balance Sheet:

This section should be completed in conjunction with the monthly Cash Flow. The general guidelines for working capital requirements are two months of first year expenses for changes of ownership and two months' of third year expenses for new establishments, construction projects or when the first year budget indicates a net operating loss. Any deviation from these guidelines must be supported by the monthly cash flow analysis. If working capital is required for the project, all sources of working capital must be indicated clearly. Borrowed funds are limited to 50% of total working capital requirements and cannot be a line of credit. Terms of the borrowing cannot be longer than 5 years or less than 1 year. If borrowed funds are a source of working capital, please summarize the terms below, and attach a letter of interest from the intended source of funds, to include an estimate of the principal, term, interest rate and payout period being considered. Also, describe and document the source(s) of working capital equity.

Titles of Attachments Related to Borrowed Funds	Filenames of Attachments
Example: <i>First borrowed fund source</i>	Example: <i>first bor fund.pdf</i>
<u>N/A</u>	

In the section below, briefly describe and document the source(s) of working capital equity

Working capital needs for this project will be funded using existing cash equity from ongoing operations. Please refer to the **Schedule 5 Attachment** for the Monthly Cash Flow Analysis and to the **Schedule 9 Attachment** for the Financial Narrative, a recent 2023 Internal Financial Statement of Mohawk Valley Health System and the June 30, 2022 Audited Financial Statement of Mohawk Valley Health System. Mohawk Valley Health System is the co-operator (along with MVHS, Inc.) of Wynn Hospital.

2. Pro Forma Balance Sheet

This section should be completed for all new establishment and change in ownership applications. On a separate attachment identified below, provide a pro forma (opening day) balance sheet. If the operation and real estate are to be owned by separate entities, provide a pro forma balance sheet for each entity. Fully identify all assumptions used in preparation of the pro forma balance sheet. If the pro forma balance sheet(s) is submitted in conjunction with a change in ownership application, on a line-by-line basis, provide a comparison between the submitted pro forma balance sheet(s), the most recently available facility certified financial statements and the transfer agreement. Fully explain and document all assumptions.

Titles of Attachments Related to Pro Forma Balance Sheets	Filenames of Attachments
<i>Example: Attachment to operational balance sheet</i>	<i>Example: Operational_bal_sheet.pdf</i>
<u>N/A</u>	

WYNN HOSPITAL

SCHEDULE 5 ATTACHMENT

MONTHLY CASH FLOW ANALYSIS

WYNN HOSPITAL

CERTIFY AND CONSTRUCT AN EXTENSION CLINIC

MONTHLY CASH FLOW ANALYSIS

Month	1	2	3	4	5	6	7	8	9	10	11	12
Starting Cash	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████
Monthly Revenue	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████
Monthly Expenses	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████
Remaining Cash	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████

Note: Starting cash in the first month represents the amount of Cash & Cash Equivalents in the recent Internal Financial Statement provided as part of this Application.

Schedule 6 Architectural/Engineering Submission

Contents:

- Schedule 6 – Architectural/Engineering Submission

**THIS SCHEDULE 6 DOCUMENT IS FOR THE
THREE (3) CLINICS AND BLOOD DRAW SERVICES**

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
 - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over \\$15 Million, or Projects Requiring a Waiver](#) (PDF)
 - [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY](#), (PDF) (Not to Be Submitted with Self-Certification Projects)
 - [Architect's Letter of Certification for Completed Projects](#) (PDF)
 - [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](#) (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
 - [FEMA Elevation Certificate and Instructions.pdf](#)
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
 - [Physicist's Letter of Certification](#) (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from p[REDACTED] drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
 - [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](#)
 - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
 - Attachments must be labeled accordingly when uploading in NYSE-CON.
 - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
 - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

Architecture/Engineering Narrative

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. **Incomplete responses will not be accepted.**

Project Description	
Schedule 6 submission date: 7/14/2023	Revised Schedule 6 submission date: N/A Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? Not Applicable If so, what is the original CON number? N/A	
Intent/Purpose: Through this project, Mohawk Valley Health System will relocate and consolidate three (3) outpatient clinics to the proposed Medical Office Building, which will also include a blood draw lab. Spaces under this application include a first floor blood draw lab and a suite of three medical groups on the third floor. The three medical groups consist of Cardio & Thoracic Surgery, Neuro-Interventional Surgery/Stroke and	

New York State Department of Health Certificate of Need Application

Schedule 6

<p>Trauma Surgery. The Cardio/Neuro/Trauma Suite will offer medical-only services; no surgical procedures will be performed in this space.</p>	
<p>Site Location: 601 State Street, Utica NY 13502</p>	
<p>Brief description of current facility, including facility type: Not Applicable</p>	
<p>Brief description of proposed facility: 3-Story medical office building, Type IIB Construction.</p>	
<p>Location of proposed project space(s) within the building. Note occupancy type for each occupied space. Blood lab (Business Occupancy) is on the first floor (grade level). The Cardio/Neuro/Trauma Suite (Business Occupancy) is on the third-floor level.</p>	
<p>Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: One separated occupancy will occur on the third floor. An ambulatory surgery center on that floor has been approved as part of a separate CON application (Project No. 231380-B). The ambulatory surgical center is separated from other spaces with 1-hour rated construction. An imaging suite on the first floor is the same occupancy as the medical office spaces and blood draw laboratory. The imaging suite is part of this CON Application, but submitted using a separate set of forms because documentation was handled by a different architect.</p>	
<p>If this is an existing facility, is it currently a licensed Article 28 facility?</p>	<p>Not Applicable</p>
<p>Is the project space being converted from a non-Article 28 space to an Article 28 space?</p>	<p>Not Applicable</p>
<p>Relationship of spaces conforming with Article 28 space and non-Article 28 space: Separated tenant spaces within the same building shell.</p>	
<p>List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. 2018 FGI being utilized.</p>	
<p>Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. Project is a new build-out. There are no existing conditions.</p>	<p>No</p>
<p>Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, fire protection, plumbing, etc. The building will have packaged rooftop AC, air cooled units with gas heat connected to medium pressure supply VAV boxes and low-pressure duct return vertical risers. Spill air fans will be provided as required to meet NYS energy code. The building will be connected to domestic water service. The building will be connected to the municipal sewer system. Natural gas fired water heaters will be used to supply hot water. A hot water recirculation pump and piping will be utilized. An 8-inch fire water service will be fed from municipal water. A manual wet standpipe system will be provided in each stair tower to supply sprinklers throughout the building. 480/277V, 3 Phase electrical service will be provided to the building from a pad-mounted transformer. Each tenant space will have 480/277V distribution panels. Life safety and stand by power will be provided by a pad-mounted diesel generator. Automatic transfer switches will be provided for all required systems. All lighting will be LED fixtures. Exterior lighting will be through wall packs and pole mounted fixtures.</p>	
<p>Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. Not Applicable – This is a new building.</p>	
<p>Describe existing and or new work for fire detection, alarm, and communication systems: Not Applicable – This is a new building.</p>	

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Certificate of Need Application**

Schedule 6

If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov , and describe the work to mitigate damage and maintain operations during a flood event. Not Applicable	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. No – not as part of this component of the overall project. As noted above, an imaging suite is part of the overall C.O.N. Application, although it is being submitted using a separate set of architectural documents because documentation of the imaging center is being handled by a different architect.	
Does the project comply with ADA? If no, list all areas of noncompliance. None	
Other pertinent information: Additional Mohawk Valley Health System spaces within this building are being filed by a different design team. An imaging suite on the first floor is included in this CON but covered by a separate set of forms. A separate CON application has been filed for the ambulatory surgical spaces on the third floor (Project No. 231380-B).	
Project Work Area	Response
Type of Work This is a new building. None of the options listed in the "Response" column apply.	Choose an item.
Square footages of existing areas, existing floor and or existing building.	Not Applicable.
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	Blood lab is 1,743 gross sf. Including the reception area. The Cardio/Neuro/Trauma Suite is 7,365 gross sf.
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (000)
Building Height	44 Feet
Building Number of Stories	Three (3)
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Not Applicable
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 38 New Business Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Ambulatory Surgery Center on third floor (separate CON application submission – Project No. 231380-B).	Yes
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Not Applicable	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. Not Applicable	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Not Applicable	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Not Applicable	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Not Applicable	No

New York State Department of Health Certificate of Need Application

Schedule 6

Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Not Applicable	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Not Applicable	Not Applicable
Changes in the number of occupants? If yes, what is the new number of occupants? Not Applicable	Not Applicable
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? EES Type I - Emergency Generator	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Yes
Does the existing EES system have the capacity for the additional electrical loads? Not Applicable	Not Applicable
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Not Applicable	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Not Applicable	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems? Not Applicable	Not Applicable
Does the project involve a pool?	No

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION	Title of Attachment	File Name in PDF format
•	•	Architectural/Engineering Narrative	A/E Narrative.PDF
•	•	Functional Space Program	SpaceProgram.PDF
•	•	Architect/Engineer Certification Form	A/E Cert Form. PDF
•	•	FEMA BFE Certificate	FEMA BFE Cert.PDF
•	•	Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF

Schedule 6 Architectural/Engineering Submission

Contents:

- Schedule 6 – Architectural/Engineering Submission

**THIS SCHEDULE 6 DOCUMENT IS FOR THE
IMAGING CENTER SERVICES**

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
 - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over \\$15 Million, or Projects Requiring a Waiver](#) (PDF)
 - [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY](#), (PDF) (Not to Be Submitted with Self-Certification Projects)
 - [Architect's Letter of Certification for Completed Projects](#) (PDF)
 - [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](#) (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
 - [FEMA Elevation Certificate and Instructions.pdf](#)
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
 - [Physicist's Letter of Certification](#) (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
 - [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](#)
 - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
 - Attachments must be labeled accordingly when uploading in NYSE-CON.
 - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
 - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

Architecture/Engineering Narrative

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. **Incomplete responses will not be accepted.**

Project Description	
Schedule 6 submission date: 10/25/2023	Revised Schedule 6 submission date: N/A
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? N/A	
Intent/Purpose: Mohawk Valley Health System will be leasing space in the new Medical Office Building at 601 State St. in Utica, NY for a new Outpatient Radiology Center.	
Site Location: 601 State St. Utica, NY 13502	

**New York State Department of Health
Certificate of Need Application**

Schedule 6

Brief description of current facility, including facility type: Not Applicable, construction of new building	
Brief description of proposed facility: New medical office building is a three-story, steel-framed (type IIB) construction building.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. The Outpatient Radiology Center will be located on the first floor of the building and is a Business Occupancy.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: The building is primarily Business occupancy. However, an Ambulatory Surgery Center proposed on the third floor under Project No. 231380-B (Ambulatory Care occupancy) is separated by 1-hour barriers.	
If this is an existing facility, is it currently a licensed Article 28 facility?	Not Applicable
Is the project space being converted from a non-Article 28 space to an Article 28 space?	Not Applicable
Relationship of spaces conforming with Article 28 space and non-Article 28 space: New Outpatient Radiology Center is separated from remainder of building with a 1-hour rated fire barrier.	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. 2018 FGI being utilized.	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. Refer to attached MEP Narrative.	No
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. Project is a new build-out.	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. Refer to attached MEP Narrative.	
Describe existing and or new work for fire detection, alarm, and communication systems: Refer to attached MEP Narrative.	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov , and describe the work to mitigate damage and maintain operations during a flood event. Not Applicable	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. Yes, the project contains (2) X-Ray machines, (1) Fluoroscopy machine, (1) CT machine, and (1) PET/CT machine within the suite. Seven (7) ultrasound units will also be included in the Imaging Center, although they are not radiation-producing equipment.	
Does the project comply with ADA? Yes If no, list all areas of noncompliance. N/A	
Other pertinent information: Additional spaces occupied by Mohawk Valley Health System (including a blood draw lab and three (3) clinics) within this building and as part of this CON are being submitted by a separate architectural team. A separate CON application has been filed for the ambulatory surgery space on the third floor (Project No. 231380-B).	

**New York State Department of Health
Certificate of Need Application**

Schedule 6

Project Work Area	Response
Type of Work – NEW CONSTRUCTION	
Square footages of existing areas, existing floor and or existing building.	94,237 SF
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	10,082 SF
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the building
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (000)
Building Height	44 Feet
Building Number of Stories	3
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Not Applicable
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 38 New Business Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Other suites within the building will be Business occupancies. An Ambulatory Surgery suite (Ambulatory Care occupancy) is located on the third floor of the building (separate CON submission – Project No. 231380-B).	Yes
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? N/A	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. The Radiology project does not contain shell space; however the building project does contain shell space for future tenant fit outs.	Yes
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text.	Not Applicable
Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.	Not Applicable
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Emergency generator (EES Type 1)	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Yes
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Not Applicable
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description.	No

**New York State Department of Health
Certificate of Need Application**

Schedule 6

If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	No

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION	Title of Attachment	File Name in PDF format
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form. PDF
•		FEMA BFE Certificate	FEMA BFE Cert.PDF
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF

WYNN HOSPITAL

SCHEDULE 6 ATTACHMENT

ARCHITECTURAL DOCUMENTATION * **

Three (3) Clinics and Blood Draw Lab

1. Architectural Narrative
2. Functional Space Program
3. PDF of Architect/Applicant Letter of Certification
4. PDF of Schematic Drawing

Imaging Clinic

1. Architectural and MEP Narratives
2. Functional Space Program
3. PDF of Architect/Applicant Letter of Certification
4. PDF of Physicist Letter of Certification
5. PDF of Schematic Drawing

*** Note that this project includes two (2) separate components (Clinics/Blood Draw and Imaging Clinic) that were completed by separate architects. Two (2) C.O.N. Schedule 6 documents, along with component-specific architectural documents, are being submitted through this Application.**

**** DASNY will undertake the drawing review for this project.**

Central Utica Building
Mohawk Valley Health System
Certificate of Need
Schematic Design Phase Submission
July 14, 2023

INTRODUCTION

Through this project, Mohawk Valley Health System (MVHS) will relocate and consolidate three (3) outpatient clinics to the proposed Medical Office Building, which will also include a blood draw lab. Spaces under this application include a first-floor blood draw lab and a suite of three medical groups on the third floor. The three medical groups consist of Cardio & Thoracic Surgery, Neuro-Interventional Surgery/Stroke and Trauma Surgery. The Cardio/Neuro/Trauma Suite will offer medical-only services; no surgical procedures will be provided at this site.

All spaces under this application will be new tenant buildouts within a new three-story office building located at 601 State Street. The blood draw space will be constructed within a tenant space on the first floor at ground level. The other three departments will occupy a single tenant space on the third floor. Neither space is over 50 percent of the floor area on its respective floor.

Total square footage of the new building is 94,237 gross square feet. The overall building height is 44 feet at the principal roof line. The building will not include a basement. It does not qualify as a high-rise building. The building is designed and will be constructed with a NFPA-13 sprinkler system throughout.

Description of the work (General):

Work under spaces covered by this Architectural Narrative does not include imaging equipment. A separate Architectural submission will be part of this CON Application for imaging equipment. There are no beds. The project was designed using the 2018 FGI in effect at project inception. There are otherwise no associated existing waivers or requests for equivalencies from referenced standards. There are no temporary spaces involved with the project.

Core and shell will be constructed along with proposed tenant build outs. Project phasing does not apply to the spaces in this application. All tenant build out spaces under this application will be constructed at the same time as the building shell. Buildouts for some currently unassigned adjacent tenant spaces, may occur in a later phase.

The building includes both Article 28 and Non-Article 28 tenant spaces. Other known tenants within the building include additional MVHS Article 28 spaces covered under a separate portion of this CON application (for imaging services), an ambulatory surgery center (covered by Project No. 231380-B, which is currently under review by the Department), as well as non-Article 28, private medical offices of Central New York Cardiology. Some of the other tenant spaces in this mixed-use building have not been assigned but are anticipated to become additional medical office space.

The project site is not located within a flood plain. No flood mitigation strategies are required or proposed.

The project is designed to comply with 2010 ADA Standards. Referenced codes and standards are per current NYSDOH requirements, including 2018 FGI for Design and Construction of Outpatient Facilities, 2012 Life Safety Code (NFPA 101), 2020 New York State Building Code, 2020 New York State Fire Code, 2020 New York State Energy Code, 2017 National Electrical Code (NFPA 90), 2016 Fire Alarm Code (NFPA 72) and other code-referenced standards for various sub-systems.

BLOOD DRAW LAB

The Blood Draw Lab occupies a 1,743 gross square foot tenant space on the first-floor level (grade level). The function of the lab is to collect patient blood and urine samples. Some of the people patronizing the blood lab will be clients of other building tenants. Other people patronizing the blood draw lab will come from referrals from outside the building. There is easily accessible car drop-off space outside the entrance and ample parking. There will be a reception desk at the entry to the Blood Lab that allows patients to speak with an employee of MVHS if needed.

Samples are packaged for pick-up by a testing facility elsewhere throughout the day. There is a separate entrance for pick-up of samples from the main patient entrance. The separate entrance has a secure area, not accessible by patients, that will be used for refrigerating samples while they are waiting to be picked-up. This space has easy access to the blood draw sample processing space. The blood draw lab includes reception and waiting area, four (4) phlebotomy rooms, one (1) Waiting Exam Room for patient observation when needed, two (2) single-occupant toilet rooms, one (1) combined supply/specimen processing room and associated staff space.

Phlebotomy Rooms: These rooms include a hand washing sink, cabinetry to store supplies, privacy curtains, LED lighting, a computer, and printer.

Waiting Exam Room: This room is used as a holding room for testing that requires a patient to be monitored. The space includes two larger chairs, a flat screen monitor with cable, and close access to the reception area and toilet. The room is centrally located so that staff can check in on a patient as needed.

Combined Supply/Specimen Processing Room: This space is used for printing and affixing labels to specimens and for packaging specimens for pick up. It is located near the sample pick-up entry and adjacent to the patient toilets. The toilets have pass-thrus for samples that allow for samples to come directly to the processing space. This space is equipped with storage for supplies, LED lighting, and power for computers and printers.

Additional toilet rooms and a break area is available in building common space on this floor.

CARDIO/NEURO/TRAUMA

This single suite occupies a 7,365 gross square foot tenant space on the third floor. The purpose of this facility is to see patients for follow-up appointments after procedures done elsewhere with providers from those departments. The suite includes three groups. The three groups are Cardio & Thoracic Surgery, Neuro-Interventional Surgery/Stroke and Trauma Surgery. There is a shared Waiting Room and Reception for the suite. There is a toilet located off the main entry for patients and a Consult Room for private conversations between the patient and provider.

Other shared spaces include one (1) triage space to check blood pressure/weight, separate dirty and clean holding rooms, storage room, and shared Nurse Station that is centrally located.

Staff working in this suite will also have shared access to a Breakroom and Conference Room for meetings. There is one (1) single-occupant patient toilet room in the suite and a separate single-occupant toilet room for staff. Additional toilet rooms and water are available in building common space on this floor.

The Cardio & Thoracic Surgery Group has four (4) Exam Rooms along with associated offices, and work spaces for Doctors, Nurses, and Physician Assistants. Providers will use the Exam Rooms for follow-up appointments after procedures are done outside this space. The Exam Rooms will include an exam table, casework for supplies, a hand washing sink, and wall mounted computer station. There will be space for a patient to sit and room for a caregiver if needed.

The Neuro-Interventional Surgery/Stroke Group has five (5) Exam Rooms, one (1) Procedure Room, along with associated offices, and work spaces for Doctors and Nurse Practitioners. Providers will use the Exam Rooms for follow-up appointments after procedures are done outside this space. The Exam Rooms will include an exam table, casework for supplies, a hand washing sink, and wall mounted computer station. There will be space for a patient to sit and room for a caregiver if needed. The Procedure Room is designed as slightly larger than Exam Rooms with more space for equipment and more stringent lighting controls. All equipment used in procedure rooms is on casters. This room will have a hand washing sink and computer station. Non-invasive procedures such as ultrasound imaging, transcranial doppler and EEG readings will be performed in this space. There are no requirements for medical gas in this space.

The Trauma Surgery service has three (3) Exam Rooms along with associated offices, and work spaces for Doctors, Nurses, and Physician Assistants. Providers will use the Exam Rooms for follow-up appointments after procedures are done outside this space. The Exam Rooms will include an exam table, casework for supplies, a hand washing sink, and wall mounted computer station. There will be space for a patient to sit and room for a caregiver if needed.

CENTRAL UTICA BUILDING

FGI #	Space	Proposed			Notes
		Quantity	Area Per Room	Total Net Area (NSF)	
Public Spaces					
2.1-6.2.2	Reception	2	75	150	2 Receptionists
2.1-2.9	Waiting Room	15	20	300	15 chairs with space to distance
2.1-3.10	Public Toilet	1			Off Waiting Room in suite
				Total	450

Cardio & Thoracic Surgery Group					
2.1-2.7	Exam Room	4	120	480	
	Write Up Station	1	50	50	Located in exam room
2.1-6.3.3	Medical Doctor Office	2	100	200	Doubles as tele-medicine space
2.1-3.8.3	Physician Assistant Space	6	50	300	Shared space, people move back and forth from hospital
2.1-6.3.3	Nurse Navigator/Admin Office	1	100	100	Handles CT group scheduling
2.1-6.3.3	Lead Office Coordinator	1	100	100	Accepts all packages
				Total	1230

Trauma Surgery					
2.1-2.7	Exam Room	3	120	360	
	Write Up Space	1	50	50	Located in exam room
2.1-6.3.3	Medical Doctor Office	1	100	100	Doubles as tele-medicine space
2.1-3.8.3	Physician Assistant Space	1	50	50	Shares with Endo coordinator
	Coordinator Office	1	100	100	
				Total	660

Neuro-Interventional Surgery/Stroke					
2.1-2.7	Exam Room	4	120	480	
2.1-3.2.2	Procedure Room	1	150	150	Ultrasound capable
	Write Up Space	1	50	50	Located in procedure room
2.1-6.3.3	Medical Doctor Office	2	100	200	Doubles as tele-medicine space
2.1-6.3.3	Nurse Practitioner	2	50	100	1 Shared office with two desks
	Coordinator	0	50	0	
				Total	980

Lab					
2.1-4.1.8.2	Drawing Room	4	90	360	
2.1-3.2.1	Exam Room	1	100	100	
2.1-4.1.2.1	Supply/Processing Room	1	150	150	
2.1-6.2.4	Toilet	2	60	120	Off public corridor in a multi-tenant building is permitted
2.1-4.1.8.3	Waiting Room	1	200	200	
				Total	930

General Support					
2.1-2.8	Triage Space	1	60	60	Shared by all groups within the suite
	Consult Room (Small Conference Room)	1	120	120	Shared by all groups within the suite
2.1-3.8.11.3	Clean Supply Room	2	75	150	Shared by all groups within the suite
2.1-3.8.12.3	Dirty Storage Room	2	75	150	Shared by all groups within the suite
2.1-6.3	Managers Office	2	100	200	
2.1-6.3.3	Shared Coordinator	1	100	100	Shared by all groups within the suite
2.1-3.8.2	Shared Nurse Station	3	75	225	Exam Rm 'Documentation area' provided with writing surface and electronic device storage
				Total	1005

Staff Support					
	Staff Toilet	1	60	60	
	Conference Room (12-14 people)	1	450	450	Used for Staff Meetings.
2.1-6.4.1	Breakroom	1	300	300	
2.1-6.4.2	Staff Lockers				Storage for staff's personal belongings
				Total	810

Admin Support					
2.1-6.3	Managers Office	2	100	200	
	Equipment Supply	1	42	42	
2.1-6.3.3	Data Manager	1	103	93	
	IT/Data	1	57	57	
				Total	200

Original Program	**Current Program NSF Total	6,265	**This number does NOT account for Circulation Space, Elevators, Bathrooms
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KATHY HOCHUL
Governor

**JAMES V. McDONALD, M.D.,
M.P.H.**
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

**CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS
ARCHITECTS & ENGINEERS**

(For projects not meeting the prerequisites for Self-Certification submission.)

Date: July 14, 2023

CON Number: To Be Determined

Facility Name: Utica Medical Office Building (Mohawk Valley Health System)

Facility ID Number: To Be Determined

Facility Address: 601 State Street, Utica NY 13502

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure, and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the design and preparation of construction documents, including drawings and specifications for the aforementioned project. During the course of construction, periodic site observation visits will be performed, and the necessary standard of care, noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals associated with the aforementioned project.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. 712 (Standards of Construction for General Hospital Facilities)
 - b. 713 (Standards of Construction for Nursing Home Facilities)
 - c. 714 (Standards of Construction for Adult Day Health Care Program Facilities)
 - d. 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 - e. 716 (Standards of Construction for Rehabilitation Facilities)
 - f. 717 (Standards of Construction for New Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:
2018 FGI being utilized for this project.

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY.

Utica Medical Office Building

Project Name:

Location: 601 State Street, Utica NY 13502

Description: Tenant build-out blood draw lab and a separate suite containing Cardio and Thoracic Surgery, Trauma Surgery, and Neuro-Interventional Surgery/Stroke, within a 93,000 gross square foot, new three-story office building.



Bryce T. Bixby
Signature of Architect or Engineer

Bryce T. Bixby, AIA
Name of Architect or Engineer (Print)
026982

Professional New York State License Number
295 Main Street, Buffalo, NY 14203

Business Address

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

Louis Aiello
Authorized Signature for Applicant

9/27/23

Date

Louis Aiello Sr. VP/CFD
Name (Print) Title

Notary signing required for the applicant

STATE OF NEW YORK)

County of Oneida)

)
) SS:
)

On the 27 day of September 2023 before me personally appeared Louis Aiello, to me known, who being by me duly sworn, did depose and say that he/she resides at 119 Hidden Pond Road, Ilion NY, that he/she is the Sr. VP/CFD of the Mohawk Valley Health System, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) *Tina Marie Collea*



TINA MARIE COLLEA
NOTARY PUBLIC
STATE OF NEW YORK
Registration No. 01CO6407802
Qualified in Oneida County
My Commission Expires
July 13, 2024

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION



MVHS – Outpatient Radiology Suite Fit-Out Architectural Narrative

Mohawk Valley Health System is leasing space on the ground floor of a newly constructed, three-story Medical Office Building for an outpatient radiology suite. The building itself is not an Article-28 facility, however the suite operated by MVHS will be. This project is part of a larger MVHS extension clinic project that includes other article 28 clinic space (see note below). The MVHS suite is separated from other non-Article 28 tenants.

Clinically, the new Radiology suite is approximately 10,000 sf and will feature (2) diagnostic X-Ray rooms, (1) Fluoroscopy room, (1) CT, (1) PET/CT, (4) ultrasound rooms and (3) ultrasound procedure rooms. The suite will also have its own waiting and registration area as well as all other required staff and patient support spaces.

Architecturally, all spaces are designed per:

- New York State Building Code (NYSBC) v. 2020
- NFPA 101 Life Safety Code v. 2012
- Guidelines for Design and Construction of Outpatient Facilities v. 2018.

Note:

- Dwyer Architectural is responsible for the design of the Radiology suite, other spaces under this CON are design and certified by another Architectural firm.
- A separate CON application (Project No. 231380-B) has been submitted by Mohawk Valley Health System for the construction on an Ambulatory Surgery Center on the third floor of this building and is not associated with this CON submission.

MVHS RADIOLOGY SUITE

Design Development Report

IPD #21-3995
November 30, 2022

DESIGN OVERVIEW

The Radiology Suite will be provided with a separate air handling system dedicated to the Radiology Suite; separate from the medical office building systems.

CODES, REGULATIONS AND STANDARDS

- The 2020 edition of the Building Code of New York State.
- The 2020 edition of the Mechanical Code of New York State.
- The 2020 edition of the Energy Conservation Code of New York State.
- The 2020 edition of the Plumbing Code of New York State.
- The 2020 edition of the Fire Code of New York State.
- The 2010 edition of NFPA 13 Standard for the Installation of Sprinkler Systems.
- The 2011 edition of NFPA 70 National Electric Code.
- The 2010 edition of NFPA 72 National Fire Alarm Code.
- The 2012 edition of NFPA 90A Standard for the Installation of Air-Conditioning and Ventilating Systems.
- The 2012 edition of NFPA 99 Health Care Facilities Code.
- The 2012 edition of NFPA 101 Life Safety Code.
- The 2010 edition of NFPA 110 Standards for Emergency and Standby Power Systems.
- The 2018 edition of "Guidelines for Design and Construction of Outpatient Facilities" (Facility Guidelines Institute).
- ANSI/ASHRAE/ASHE Standard 170: Ventilation of Health Care Facilities, 2017 edition, as adopted by the 2018 FGI Guidelines.
- ANSI/ASHRAE Standard 188, Legionellosis: Risk Management for Building Water Systems.

MECHANICAL SYSTEMS

Design Criteria:

Indoor Conditions:

- | | | |
|----|----------------------------|----------------------|
| a. | Heating: | 70 deg F DB |
| b. | Cooling: | 75 deg F DB / 45% RH |
| c. | Cooling (Radiology Rooms): | 68 deg F DB / 55% RH |

Outdoor Conditions:

- | | | |
|----|---------------|---------------------------|
| a. | Summer: | 88 deg F DB / 72 deg F WB |
| b. | Winter: | -6 deg F DB |
| c. | Climate Zone: | 6A |

Air-Handling System:

A new packaged rooftop unit shall be provided to serve the Radiology Suite, with dedicated return/relief air fans for economizer control. Variable frequency drives shall be provided for the supply, return and exhaust fans, modulating the fan speeds to maintain static pressure setpoints and building pressurization.

The rooftop air-handling unit shall be configured with MERV-8 pre-filters and Merv-14 final filter section. UVC emitters at the cooling coils use Ultraviolet-C energy to eliminate surface and airborne mold, viruses, and bacteria.

The outside air intakes of the new air handling units shall meet or exceed the requirement of ASHRAE 170 for a minimum of 25'-0" separation from cooling towers and all vent and exhaust discharges. The intakes shall also comply with the minimum requirement of 3'-0" above the roof.

Heating Source:

New hot-water mains shall be extended from the boilers located in the third-floor mechanical room and extended to the RTU pre-heat coil and the reheat coils located in the Radiology Suite.

Cooling Source:

The new rooftop unit with integral Dx cooling shall deliver 55 deg. F supply air to the air terminal units throughout the project areas, allowing each space to maintain space temperature setpoints.

Air Distribution:

New variable-air-volume (VAV) air terminals with hot-water reheat coils shall be provided to serve the various spaces throughout the Radiology Suite. The air terminals will function as constant-air-volume (CAV) devices but allow the system to reduce airflow down to 50 percent of the design airflow during unoccupied modes. During occupied modes, the air-terminal units will provide the airflow to each zone to satisfy the space temperature requirements as well as the code-required air-change rates and dilution requirements. The DDC control valves serving the integral hot water reheat coils will modulate heating, as required to meet the space temperature set points without overcooling. The return air systems shall be fully ducted.

Exhaust Air/Ventilation:

A new roof-mounted, centrifugal, down-blast type exhaust fan shall be provided to meet the general exhaust requirements of the Radiology Suite serving spaces such as Lobby/Waiting Rooms, Toilet Rooms, Soiled Utility Rooms and Janitor Closets, etc.

Humidification:

A steam-distribution assembly shall be located within the supply air duct. The humidifier shall be connected to gas-fire steam generators, located in the third-floor mechanical room.

Humidity levels shall be monitored in the main return air ductwork of rooftop unit; all sensor locations shall be used to control the humidifiers. The controls shall include shutting off the function of the humidifier when the seasonal conditions allow.

Controls and Energy Management:

The temperature control system shall be a direct digital control (DDC) control system, designed for temperature control and energy management.

A dewpoint-based economizer control and associated sensors shall be provided for the rooftop unit to offer free-cooling during favorable conditions without impacting the humidity levels within the building.

Airflow-measuring stations will be provided on the supply air, return air, and outside air of the air-handling units to ensure the proper amount of outside air is being provided during reduced load conditions.

Occupied and Unoccupied mode shall be established by the DDC system. Occupancy sensors shall be installed in the Procedure Rooms.

Testing and Balancing:

The supply, return and outside air at the air handling units shall be balanced to design conditions, including the exhaust fans and all individual supply, return and exhaust registers and diffusers. The design air flow rates and room pressurization shall meet the requirements of ASHRAE 170-2017.

The hydronic heating systems shall be balanced to the design flow rates, including the pumps, and the terminal equipment.

Commissioning:

All systems will be commissioned to satisfy current code requirements.

PLUMBING SYSTEMS

General Project Description:

New plumbing systems shall be provided, including sanitary drainage and vents, domestic cold-water, hot-water and hot-water recirculation.

Domestic water systems shall be extended from a utility meter located in a mechanical room on the first floor, and routed through the building, to various devices located throughout the Radiology Suite.

Medical gas systems include oxygen, medical vacuum and medical compressed air including zone valve boxes and associated controls and alarms.

Domestic Water Systems:

Domestic cold-water shall be extended from a utility meter located in a mechanical room located in a mechanical room on the first floor.

Domestic hot water shall be extended from the domestic hot water heaters located in the third-floor mechanical room and routed to the various fixtures throughout the Radiology Suite.

A new hot water recirculation system shall be piped as a recirculation loop located within the suite.

Sanitary and Vent Systems:

New sanitary and vent systems shall be installed to accommodate the waste from the new fixtures located on the suite.

The plumbing systems shall be provided with sanitary piping separate from the building storm water drainage systems. The new sanitary mains shall be run within the structure and connect to the common sanitary system within the building.

Storm System:

The building storm system shall be separate from the new sanitary system and shall be coordinated with the air handling unit outside air intakes, therefore modifications to the building storm system are not required for this project.

Plumbing Fixtures:

Public lavatory and sink faucets will be supplied with 4" blade handles. Flush valves shall be dual-flush type for the wall hung water closets and urinals will be utilized.

Exam Room sinks shall be 19" x 18" x 7-5/8" deep, 18-gauge stainless steel and mounted in the countertop.

Sink faucets in the staff areas shall be supplied with 4" blade handles and gooseneck spouts.

Clinic service sinks located in Soiled Utility Rooms will have manual flush valves, bedpan washer and faucet with 6" inch wrist blades.

Surgical scrub sink shall be wall mounted, 18-gauge stainless steel with hands-free faucets with foot pedals or sensor faucet.

Water closets and urinals in the staff areas shall be floor mounted with water closet flush valves having manual, dual-flush capability. Water closets, urinals, and lavatories shall be white vitreous china.

Drinking fountains shall be wall mounted bi-level type.

Floor drains will be provided in all staff toilet rooms and every public toilet room.

Safety Equipment:

As the architect develops the floor plans and space functions, a quick-drench emergency deluge shower and face and eyewash devices shall be provided where required by OSHA 29 CFR 1910 (Occupational Safety and Health Standards) and ANSI/ISEA Z358.1 (Emergency Eyewash and Shower Equipment). An emergency deluge shower is required for the Nuc. Med Hot Lab. Eyewash devices are planned for the Nuclear Med Hot Lab.

Medical Gases:

New medical-gas piping will be installed for the suites based on the requirements of the FGI Guidelines and the Owner's requirements. These services will be piped from various locations within the Radiology Suite. The oxygen service will be connected to an oxygen manifold located in a medical gas room on the third floor.

The medical-air and medical-vacuum services will be connected to the air compressor and vacuum pump located in the mechanical room on the third floor.

One zone valve box, controls and a local alarm panel shall be provided for the Radiology Suite.

Two Master alarm panels shall be provided: One shall be within the office or workspace of the individual responsible for the maintenance of the medical gases and the other within an area of continuous observation.

The new medical gas outlets required for this project include the following:

- Procedure: (1) Oxygen, (1) Vacuum
- Class 2 Imaging Room: (2) Oxygen, (2) Vacuum, (1) Med Air
- Nuc. Med Uptake Cubicles: (1) Oxygen, (1) Vacuum
- PET CT: (1) Oxygen, (1) Vacuum

Commissioning:

All systems will be commissioned to satisfy current code requirements.

FIRE PROTECTION SYSTEMS

General Project Description:

The scope of work includes extending the building's automatic wet sprinkler system that will protect all spaces within the Radiology Suite, with all systems connected to the hospital's centrally supervised fire alarm system.

Fire Protection System:

The entire area within the scope of the project shall be provided with a fire protection sprinkler system, which shall originate from the existing fire-protection system/service entrance. The wet sprinkler fire protection systems shall be designed and installed to meet the requirements of a Light Hazard Occupancy Classification as defined by NFPA 13, as well as the 2020 Building and Fire Codes of New York State.

The sprinkler system shall include quick-response sprinkler heads, wet risers, tamper switches, flow switches, etc. Concealed sprinkler heads will be provided in finished ceiling areas and upright heads will be installed in areas that do not contain a ceiling.

ELECTRICAL AND TELECOMMUNICATIONS SYSTEMS

General Project Description:

The Radiology Suite requires various electrical systems. Required electrical systems include normal power distribution, data/communications, general lighting, emergency lighting, exit lighting, fire alarm, nurse call, telephone, and security. All systems shall meet the code requirements and standards applicable to the occupancy.

Normal Power Distribution:

The Radiology Suite will have a 480/277V main distribution panelboard (NDPH1B). Power for NDPH1B will originate in the main service switchboard in the building's first floor electric room. This service switchboard will be provided as part of the landlord's scope. A dedicated demand meter shall be provided at the service switchboard for the Radiology Suite. A feeder will be routed from the service switchboard to the Radiology Suite MDP.

One new 480/277V branch panelboard for lighting and other miscellaneous 277V or 480V loads. A step-down transformer and one three-section 120/208V branch panelboard to feed receptacles and other miscellaneous 120V or 208V loads. Panelboards shall have thermal magnetic bolt-on type breakers, copper bus bars and copper ground bars; cover shall have hinged door.

Radiology equipment will be fed from the NDPH1B; each radiology space receiving a dedicated feeder.

Large HVAC equipment will be fed directly from the NDPH1B.

Circuit breakers, disconnect switch, control devices and circuiting shall be provided for proposed HVAC and plumbing equipment.

Essential Electrical System:

The Radiology Suite and the associated equipment does not require essential electrical power. The radiology equipment and support systems shall be provided with integral UPS'.

Power Outlets and Circuiting:

All receptacles serving patient-care areas shall be duplex, Hospital Specification Grade 20-Amp duplex type. Receptacles shall be labelled according to the branch circuit feeding them and shall be color coded for quick recognition of source. Receptacles will be located throughout the space for general convenience use and designated equipment.

Ground fault circuit interrupter receptacles will be provided in accordance with NEC 210 requirements. All receptacles designated for use with computers and/or electrically sensitive equipment will be surge-suppression type.

In corridors, receptacles will be provided on maximum 50' centers, and within 25' of the corridors. Various receptacles throughout the work area will either be connected to normal power, critical branch power or equipment branch power depending on the desired function of the equipment that the receptacles serve.

All branch circuiting will include a separate neutral and ground conductor.

Branch circuiting will be extended to the receptacles to meet the National Electric Code and additional specific requirements as required to meet the equipment to be served.

All branch circuit and system wiring concealed in walls or above ceilings will be installed in EMT conduit with set screw fittings.

Flexible metallic conduit may be used for light fixture whips, maximum 6' lengths, and to fish receptacle circuiting in existing walls. Where MC cable is for final connection to equipment, it shall be type HCF-MC

Equipment Connections:

Electrical Power and Control wiring for Radiology equipment will be provided based on selected manufacturer's installation instructions

Electrical power connections and wiring shall be provided for all mechanical, plumbing, and fire protection equipment.

Lighting and Controls:

Lighting throughout the building shall be LED, 4000K color temperature, minimum 80 CRI. All drivers will be energy-efficient electronic with less than 20% THD.

Lighting fixtures will be a mixture of suspended and/or recessed direct/indirect fixtures, lensed troffers, industrial enclosed, interior wall mounted fixtures, and LED recessed downlight fixtures.

The lighting will be controlled by local switches or dimmer switches and occupancy sensors. Daylight system will be provided where required by the New York State Energy Code

Light levels in each space will be designed in accordance with IES requirements and recommendations. All lighting fixtures to be DLC or Energy Star-rated and LED.

Recessed 2x2 lighting fixtures shall be provided for offices, toilet rooms, corridors, and circulation spaces. Recessed 2x4 lighting fixtures shall be provided in the general patient-care areas. Light fixtures in these areas shall be dimmable.

Aesthetically pleasing pendant LED lighting fixtures shall be provided for the entrance Lobby and Waiting areas. Utility-type space lighting will be controlled by wall mounted occupancy sensor.

LED exit lighting fixtures with red and white lettering shall be installed to accommodate the floor plan and egress routing and will have integral battery packs with self-testing/diagnostic function. Exit light fixtures shall be provided with photo luminaire egress path markings.

Emergency lighting will be via normal lighting serving area by equipping strategic fixtures with microinverters. Emergency lighting will be provided in corridors, stairwells, public areas, utility rooms, restrooms and in all patient care areas.

Corridor and public space lighting will include night lighting. Remaining non-emergency lighting fixtures will be controlled by occupancy sensors and connected to the normal power distribution system.

Fire Alarm System:

The initiation and notification devices will be located per NFPA 72 and Fire Code of New York State.

The fire alarm devices shall be connected to the building addressable fire alarm system. The fire detection and alarm system shall be individually addressable devices and electrically supervised, devices include:

- manual pull stations, smoke detectors, duct-mounted smoke detectors, heat detectors, fire/smoke dampers control, and notification devices.
- Sprinkler system waterflow detection and valve position tamper switches.
- Door-holding controls, including releasing of doors.
- Provisions for fan shutdown relays and automatic control of air-handling systems under fire conditions (wiring to air-handling systems control under BMS).

Fire alarm circuitry shall be installed in red EMT conduit

Data Network and Communications Systems:

Workstation locations within the Radiology Suite shall be provided with boxes and raceways for voice/data conductors and outlets. Wall boxes will be two-gang type with 1-inch conduits extended to above accessible corridor ceilings.

One IDF shall be located within the Radiology Suite, containing a floor mounted data rack, patch panels, and cable management.

CATV drops will be provided in the main lobby, waiting areas and selected group rooms.

Nurse-Call Systems:

A new nurse-call system shall be provided within the Radiology Suite, separate from the rest of the medical office suites within the building. The associated types of devices shall be provided as required by code; the new nurse call devices anticipated to be required for this project include the following:

- Nurse/Control Station: (1) Nurse Master Station
- Patient Rooms: (1) Patient Station, (1) Staff Assist
- Toilet Rooms: (1) Patient Station

Nurse-call devices shall be installed at each patient station. The devices shall be connected to a new Master Station be located at the Nurses' station; all with lamp indicator notification device outside each space for quick identification of call location(s).

The system will be circuited with low voltage/data conductors in conduit.

Security Systems:

A new security system shall be provided to accommodate the Radiology Suites. Door access control and cameras shall be provided at the entry doors into the Radiology Suites and other areas as determined by the Owner.

Commissioning:

All systems will be commissioned to satisfy current code requirements.

End of narrative

ROOM AREA USE SUMMARY

FGI 2018 EDITION, OUTPATIENT FACILITIES

CHAPTER 2.3 SPECIFIC REQUIREMENTS FOR OUTPATIENT IMAGING FACILITIES

FGI SECTION	ROOM TYPE/DESCRIPTION	ROOM NUMBER	COMMENTS
2.3-3.2	PATIENT CARE AND DIAGNOSTIC AREAS - IMAGING SERVICES		
2.3.3.2 / 2.1.3.5.3.1	CT SCANNER	T101.41	CLASS 1 IMAGING ROOM
2.3.3.2 / 2.1.3.5.3.2	CT CONTROL	T101.42	
2.3.3.2 / 2.1.3.5.4.2	RADIOGRAPHY (X RAY)	T101.8, .9	CLASS 1 IMAGING ROOM
2.3.3.2 / 2.1.3.5.4.1(3)(a)	RADIOGRAPHY (X RAY) CONTROL	T101.8A, .9A	SHIELDED CONTROL ALCOVE
2.3.3.2 / 2.1.3.5.4.3	FLUOROSCOPY	T101.44	CLASS 1 IMAGING ROOM
2.3.3.2 / 2.1.3.5.4.3(4)	FLUOROSCOPY CONTROL	T101.44A	SHIELDED ALCOVE
2.3.3.2 / 2.1.3.5.4.3 (1)	FLUOROSCOPY TOILET	T101.44B	
	RADIOGRAPHY TECH WORK AREA	T101.18	
2.3.3.2 / 2.1.3.5.6.1	ULTRASOUND	T101.21, .24, .28, .31	CLASS 1 IMAGING ROOM
2.3.3.2 / 2.1.3.5.6.1	ULTRASOUND, PROCEDURES	T101.15, .16, .17	CLASS 2 IMAGING ROOM; NO ACCESS TO TOILET ROOM REQUIRED FOR PROCEDURES PERFORMED 2.1.3.5.10.2(2)(a)
2.3.3.2 / 2.1.3.5.6.2	ULTRASOUND TOILET	T101.22, .29	
	ULTRASOUND TECH WORK AREA	T101.23, .30	
	ULTRASOUND PROCEDURE SUPPORT	T101.26	
2.3.3.2 / 2.1.3.5.7.1 (5)	NUCLEAR IMAGING DOSE ADMINISTRATION	T101.53, .54, .56, .57	COMBINED DOSE ADMIN. AND PATIENT UPTAKE PER 2.1-3.5.7.1(5)(c)
2.3.3.2 / 2.1.3.5.7.3 (2)	PET/CT SCANNER	T101.40	
2.3.3.2 / 2.1.3.5.7.3 (3)	PET/CT CONTROL	T101.42	
2.3.3.2 / 2.1.3.5.7.3 (4)	PET/CT SYSTEM COMPONENT	T101.40A	
2.3.3.2 / 2.1.3.5.7.3 (6)	PATIENT UPTAKE/COOL DOWN	T101.53, .54, .56, .57	COMBINED DOSE ADMIN. AND PATIENT UPTAKE PER 2.1-3.5.7.1(5)(c)
2.3.3.2 / 2.1.3.5.7.3 (6)(c)	"HOT" PATIENT TOILET	T101.58	
2.3-3.2 / 2.1-3.5.8	SUPPORT AREAS FOR IMAGING SERVICES		
2.3.3.2 / 2.1.3.5.8.2	RECEPTION W/ CONTROL DESK	T101.2	
2.3.3.2 / 2.1.3.5.8.3	DOCUMENTATION AREA	T101.13, .25, .23, .30, .42	
2.3.3.2 / 2.1.3.5.8.4	CONSULTATION AREA	T101.35, .36	
2.3.3.2 / 2.1.3.5.8.8	MEDICATION SAFETY ZONE	T101.49	MEDICATION PREPARATION ROOM 2.1-3.8.8.2(1)
2.3.3.2 / 2.1.3.5.8.11	CLEAN WORKROOM	T101.43	
2.3.3.2 / 2.1.3.5.8.12	SOILED WORKROOM	T101.61	
2.3.3.2 / 2.1.3.5.8.14	ENVIRONMENTAL SERVICES	T101.48	
2.3.3.2 / 2.1.3.5.8.15	PRE AND POST PROCEDURE PATIENT CARE	T101.59A, .59B	PATIENT BAYS
2.3.3.2 / 2.1.3.5.8.16	CONTRAST MEDIA PREP	T101.49	PREPARED W/IN MEDICATION PREPARATION ROOM
2.3.3.2 / 2.1.3.5.8.18	IMAGE READING ROOMS	T101.32	
2.3.3.2 / 2.1.3.5.8.19	PROCESSING ULTRASOUND PROBES	T101.26	SELF-CONTAINED, AUTOMATIC HIGH-LEVEL DISINFECTION UNIT
2.3.3.2 / 2.1.3.5.8.22	HOTLAB	T101.52	
2.3-3.2 / 2.1-3.5.9	SUPPORT AREAS FOR IMAGING SERVICES STAFF		
2.3.3.2 / 2.1.3.5.9.1	STAFF LOUNGE	T101.38	
2.3.3.2 / 2.1.3.5.9.1(2)	SECURING STAFF BELONGING	T101.39A	
2.3.3.2 / 2.1.3.5.9.2	STAFF TOILET	T101.37, .46	
2.3.3.2 / 2.1.3.5.9.4	STAFF CHANGING	T101.39B, .39C	
2.3-3.2 / 2.1-3.5.10	SUPPORT AREAS FOR IMAGING PATIENTS		
2.3.3.2 / 2.1.3.5.10.2	PATIENT TOILET	T101.19, .47	
2.3.3.2 / 2.1.3.5.10.3	PATIENT CHANGING	T101.60A, .60B	
2.3.3.2 / 2.1.3.5.10.4	PATIENT WAITING AREA	T101.60	
2.3-4	PATIENT SUPPORT FACILITIES		
2.3-4.2 / 2.1-4.4.3.1	SOILED LINEN HOLDING	T101.61	
2.3-4.2 / 2.1-4.4.3.2	CLEAN LINEN HOLDING	T101.43	
2.3-5	BUILDING SUPPORT FACILITIES		
2.3-5 / 2.1-5.1.2	RECEIVING	T101.2	
2.3-5 / 2.1-5.2.1.3	REGULATED MEDICAL WASTE HOLDING	T101.6	
2.3-5.3 / 2.1-5.3	ENVIRONMENTAL SERVICES	T101.48	
2.3-6 / 2.1-6	PUBLIC AND ADMINISTRATIVE AREAS		
2.3.6 / 2.1.6.2.2	RECEPTION	T101.1; T102.2	INCLUDES PROVISIONS FOR TELEPHONE ACCESS 2.1-6.2.5
2.3.6 / 2.1.6.2.3	WAITING ROOM	T101.1	INCLUDES PROVISIONS FOR DRINKING WATER 2.1-6.2.6; INCLUDES WHEELCHAIR STORAGE 2.1-6.2.7
2.3.6 / 2.1.6.2.4	PUBLIC TOILET	C100.5, .6	PUBLIC TOILETS LOCATED OFF MAIN LOBBY OF MULTI-TENANT BUILDING
2.3.6 / 2.1.6.3.3	GENERAL OR INDIVIDUAL OFFICE SPACE	T101.35, .36	
2.3.6 / 2.1.6.3.6	EQUIPMENT AND SUPPLY STORAGE	T101.50	
2.3-8	BUILDING SYSTEMS		
2.3.8 / 2.1.8.5.2	ELECTRICAL	T101.25	

OUTPATIENT RADIOLOGY CENTER

MOHAWK VALLEY HEALTH SYSTEM

DWYER PROJECT NO. 21 029

12.02.22

dwyer
ARCHITECTURAL



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D.,
M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS ARCHITECTS & ENGINEERS

(For projects not meeting the prerequisites for Self-Certification submission.)

Date: 10/18/2023

CON Number: To Be Determined

Facility Name: Utica Medical Office Building

Facility ID Number: To Be Determined

Facility Address: 601 State Street Utica, NY

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure, and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the design and preparation of construction documents, including drawings and specifications for the aforementioned project. During the course of construction, periodic site observation visits will be performed, and the necessary standard of care, noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals associated with the aforementioned project.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code – 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. 712 (Standards of Construction for General Hospital Facilities)
 - b. 713 (Standards of Construction for Nursing Home Facilities)
 - c. 714 (Standards of Construction for Adult Day Health Care Program Facilities)
 - d. 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 - e. 716 (Standards of Construction for Rehabilitation Facilities)
 - f. 717 (Standards of Construction for New Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:

Project is designed utilizing the FGI 2018 Guidelines

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

Effective January 03, 2023

Page 1 of 2

5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY.

Project Name: Mohawk Valley Health System – Outpatient Radiology Center

Location: Utica Medical Office Building 601 State Street Utica, NY

Description: outpatient radiology clinic within a new medical office building



Kelly M. Yahi
Signature of Architect or Engineer

Kelly M. Yahi
Name of Architect or Engineer (Print)
041501

Professional New York State License Number
Dwyer Architectural | 120 E. Washington St. Suite 822 Syracuse NY 13202
Business Address

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

12/19/23

Date

Louis Aiello
Authorized Signature for Applicant

Louis Aiello

Sr. VP / CFO

Name (Print)

Title

Notary signing required for the applicant

STATE OF NEW YORK

County of Oneida

)
) SS:
)

On the 19th day of Dec 2023 before me personally appeared Louis Aiello, to me known, who being by me duly sworn, did depose and say that he/she resides at Frankfort NY, that he/she is the Sr VP / CFO of the MVHS, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation

(Notary)

Karen A. Burton

KAREN A. BURTON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01BU6251652
Qualified in Oneida County
My Commission Expires 11-21-2027

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

Effective January 03, 2023

Page 2 of 2



**PHYSICIST LETTER OF CERTIFICATION
FOR
DIAGNOSTIC RADIOGRAPHY, COMPUTED TOMOGRAPHY (CT) FACILITIES,
INTERVENTIONAL IMAGING, RADIATION THERAPY FACILITIES, PROTON THERAPY,
NUCLEAR MEDICINE AND/OR MAGNETIC IMAGING FACILITIES**

Date: **8/30/23**

CON Number: **To Be Determined**

Facility Name: **Utica Medical Office Building**

Facility ID Number: **To Be Determined**

Facility Address: **601 State Street, Utica, NY 13502**

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure, and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237
To The New York State Department of Health:

I hereby certify that for:

- A. Diagnostic Radiography, Computed Tomography (CT) Facilities, Interventional Imaging and Radiation Therapy Facilities;
 - 1. I have been retained by the aforementioned facility, to provide medical physicists services, in conjunction with the construction documents prepared by a NYS Licensed Architect/Engineer.
 - 2. I have exercised due diligence and, to the best of my knowledge, information and belief, the radiation protection designed and specified for the above-referenced project is in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR 711.2 including but not limited to Section 2.2-3.4 (Imaging) and (2) Section 2.2-3.5 (Interventional Imaging, of the 2014 Guidelines for Design and Construction of Hospital and Health Care Facilities and that the radiation exposure to the public and staff is designed to be as low as is reasonably achievable (ALARA), based on the work load provided to me by the facility for the proposed equipment and sound radiation protection principles.
 - 3. Further, I agree to ensure that a current report detailing the extent of the radiation protection by the facility and the design of the protection systems will be made available to the Regional Office staff of the NYS Department of Health during the final inspection of the facility. I have informed the applicant that such report must be maintained on site as a permanent record.
- B. Magnetic Resonance Imaging (MRI) Facilities, Interventional and Intraoperative MRI (I-MRI) Facilities;
 - 1. I further certify that I have exercised due diligence and, to the best of my knowledge, information and belief the MRI magnetic shielding and radio frequency shielding as designed and specified are in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR

711.2, including but not limited to Section 2.2-3.4 (Imaging) and (2) Section 2.2-3.5 (Interventional Imaging, of the 2014 Guidelines for Design and Construction of Hospital and Health Care Facilities.

- 2. I have reviewed the manufacturer's certifications accompanying all relevant equipment to ensure that such certifications satisfy all the requirements for patient, operator, and public safety.
- 3. I agree to submit an Architectural floor plan identifying the proposed MRI location, delineating all areas of the room and including the 5 Gauss line in three-dimensional planes, demonstrating that the electromagnetic and radio frequency environment is appropriate for the locations indicated are being submitted simultaneously with this Letter of Certification.

C. Description (Circle applicable facility type):

Diagnostic Radiography, Computed Tomography (CT) Facilities, Interventional Imaging, Radiation Therapy Facilities,
 Proton Therapy, Nuclear Medicine, Magnetic Resonance Imaging (MRI) Facilities

Jason R. Sherman
 Signature of Medical Physicist

Jason R. Sherman, MS, DABR
 Name of Medical Physicist (Print)

Upstate Medical Physics, PC 1290 Blossom Drive, Victor, NY 14564
 Business Address
 585-924-0350
 Business Telephone

The undersigned applicant understands and agrees that, notwithstanding this Medical Physicist certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

[Signature]
 Authorized Signature for Applicant

1/2/24
 Date

Louis Aiello Sr. Vice President / CFO
 Name (Print) Title

Notary signing required for the applicant

STATE OF NEW YORK)
 County of Oneida) SS:
)

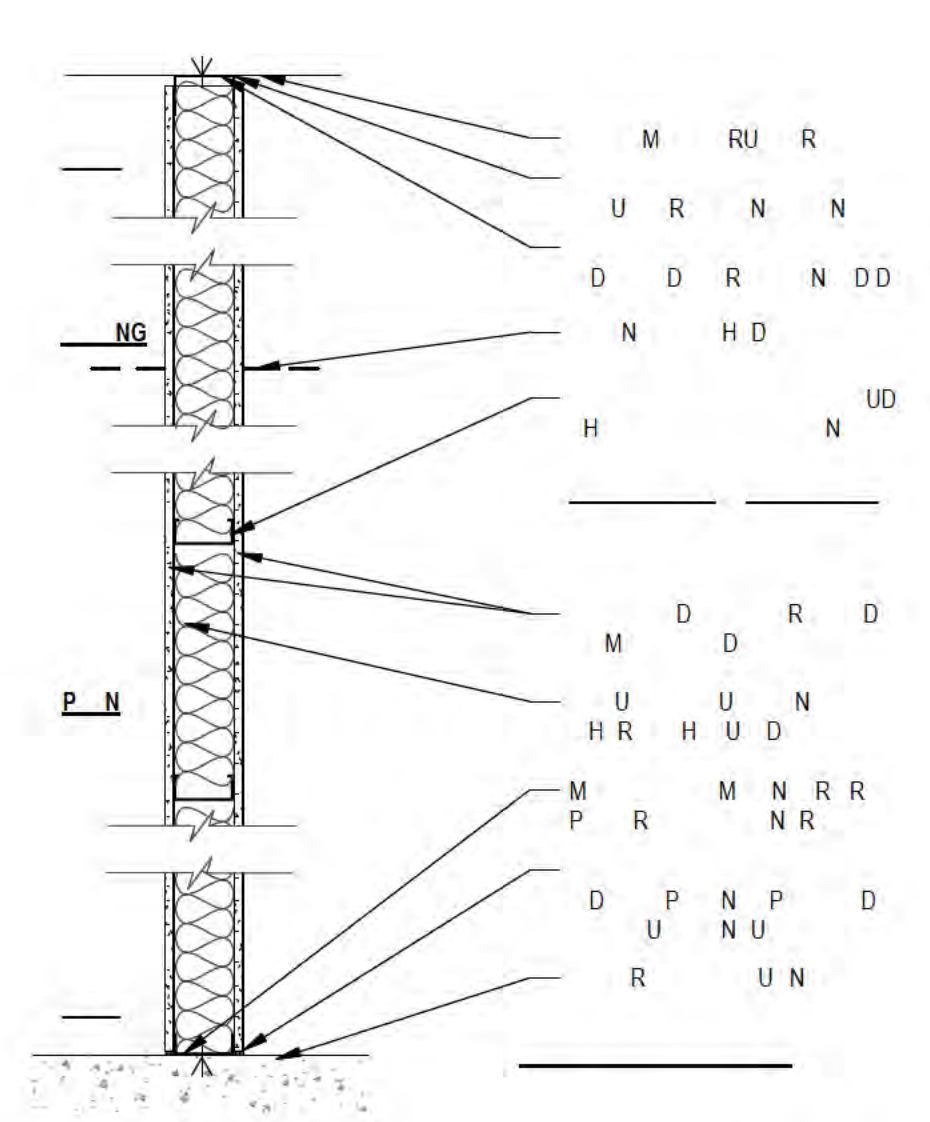
On the 2nd day of Jan 2024 before me personally appeared Louis Aiello, to me known, who being by me duly sworn, did depose and say that he/she is the SVP/CFO of the MVHS, Inc, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) Karen A. Burton

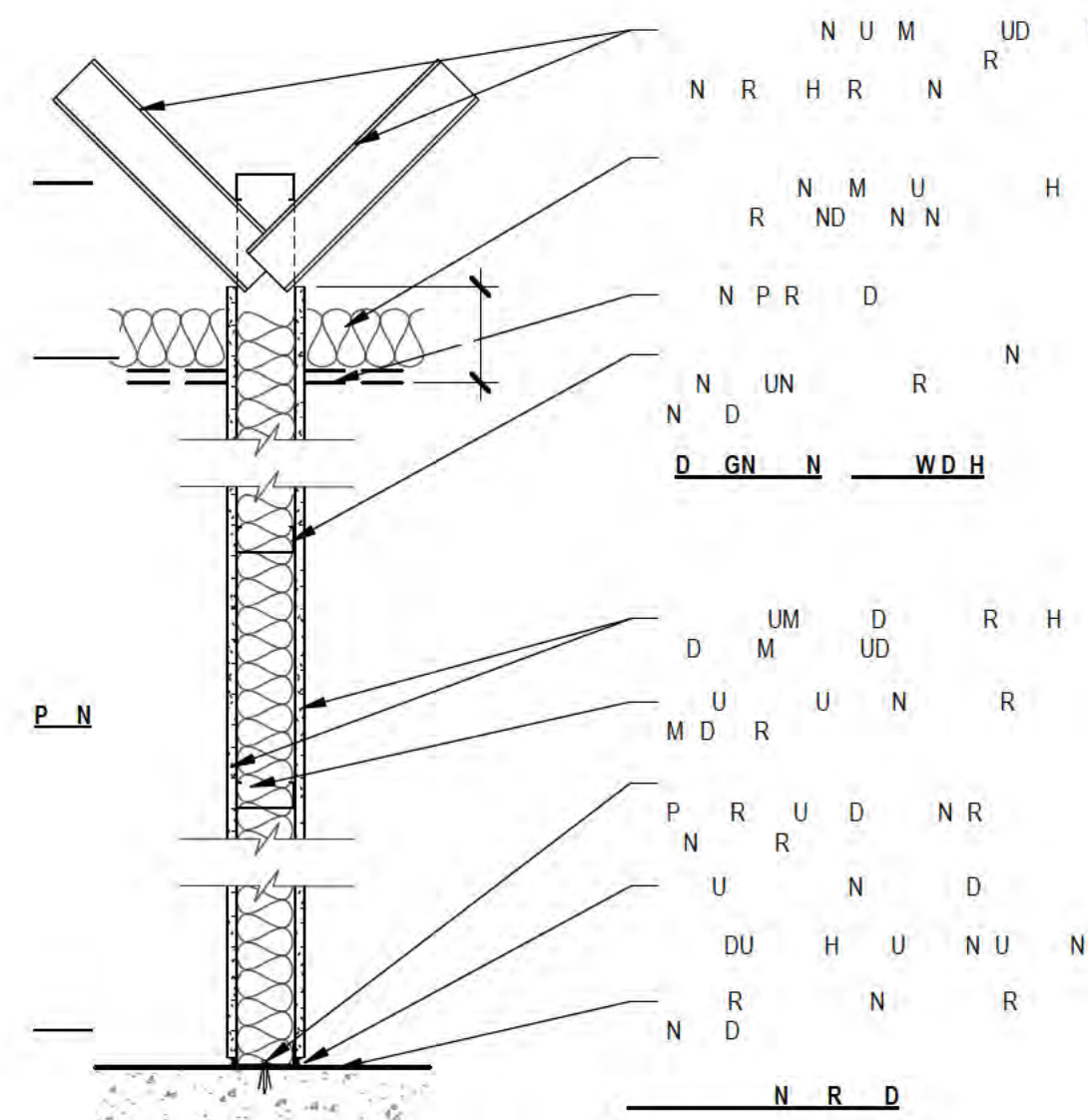
KAREN A. BURTON
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01BU6251652
 Qualified in Oneida County
 My Commission Expires 11-21-2027

PHYSICIST LETTER OF CERTIFICATION

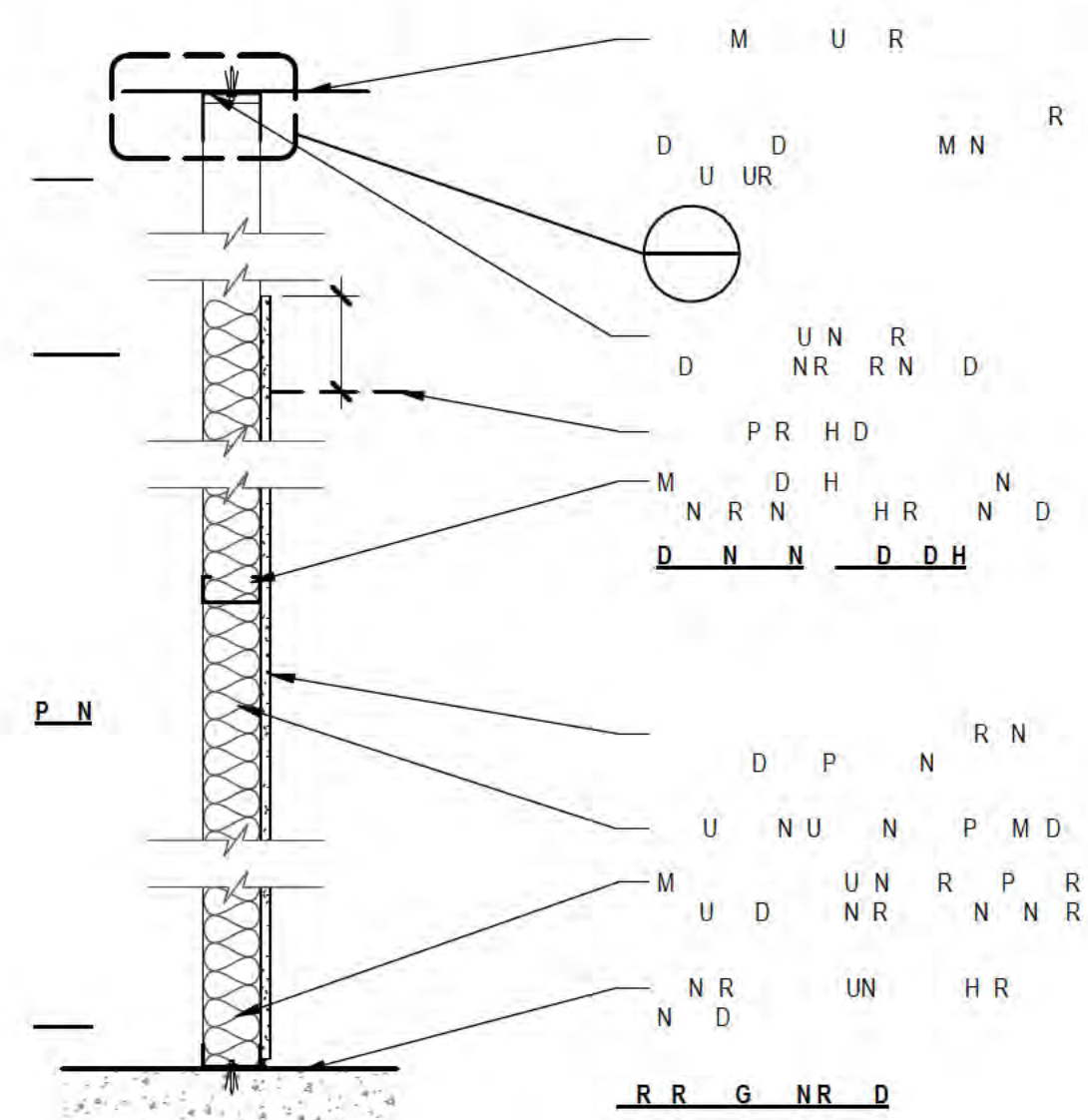
INTERIOR PARTITION TYPES



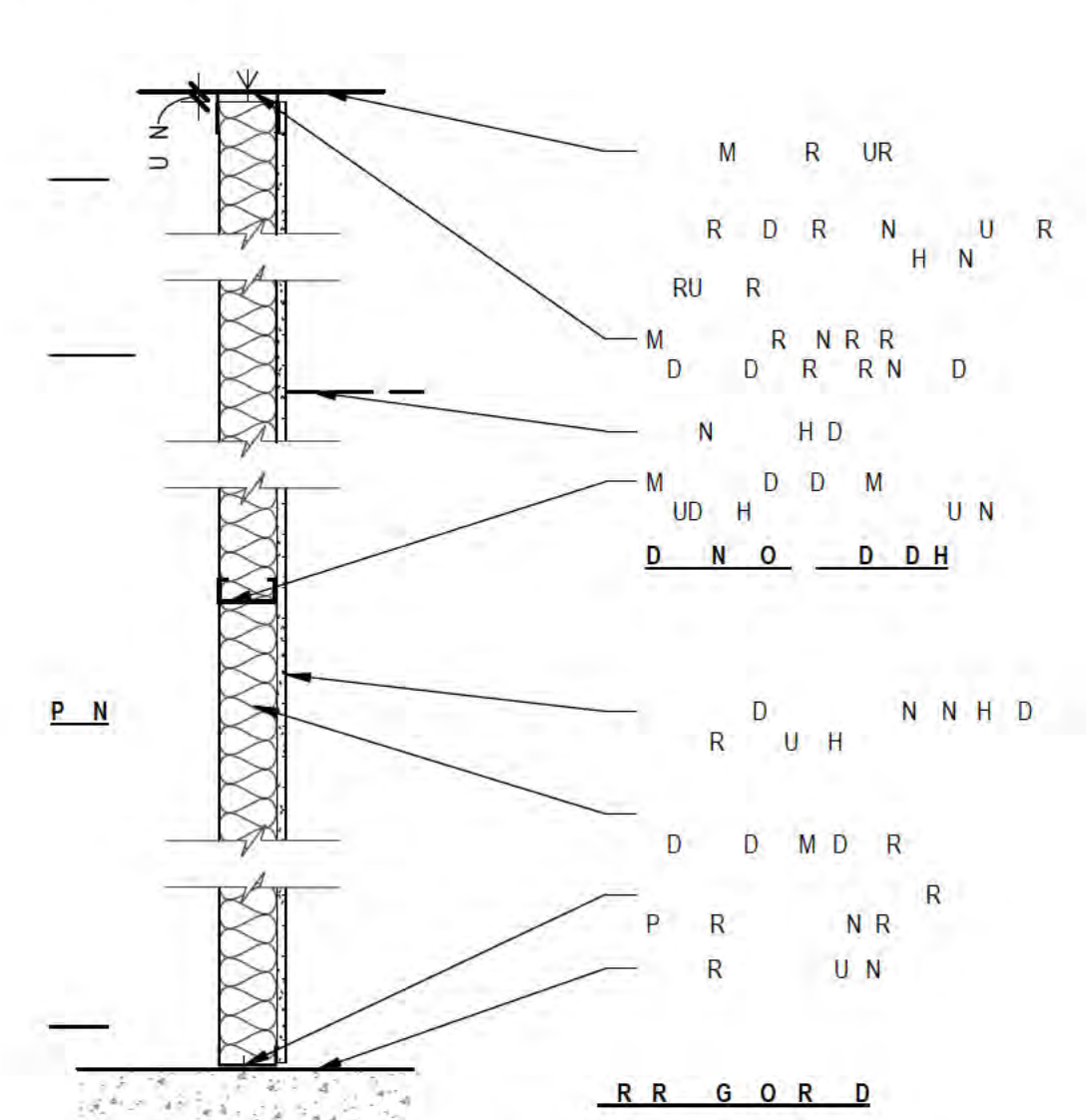
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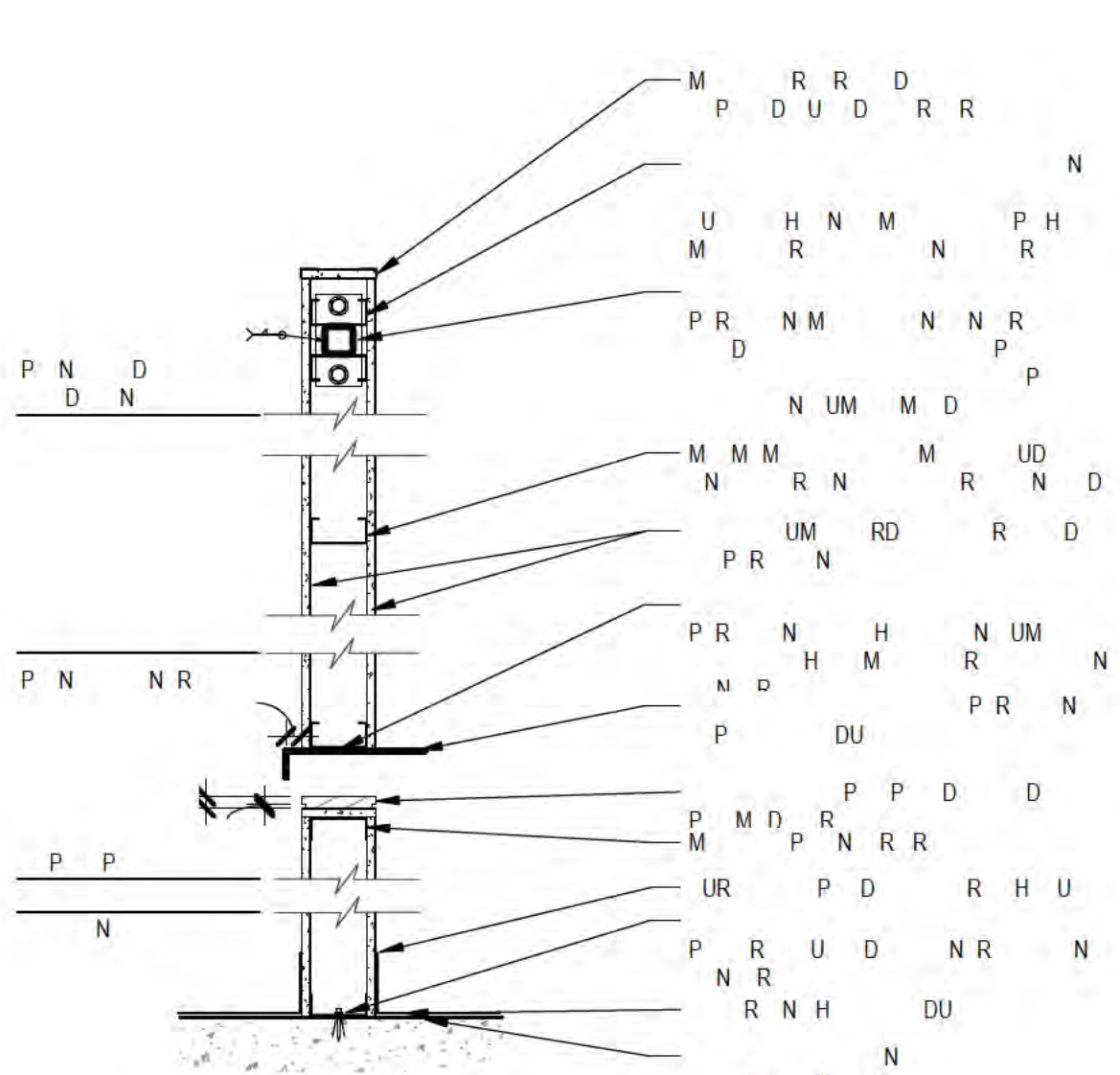
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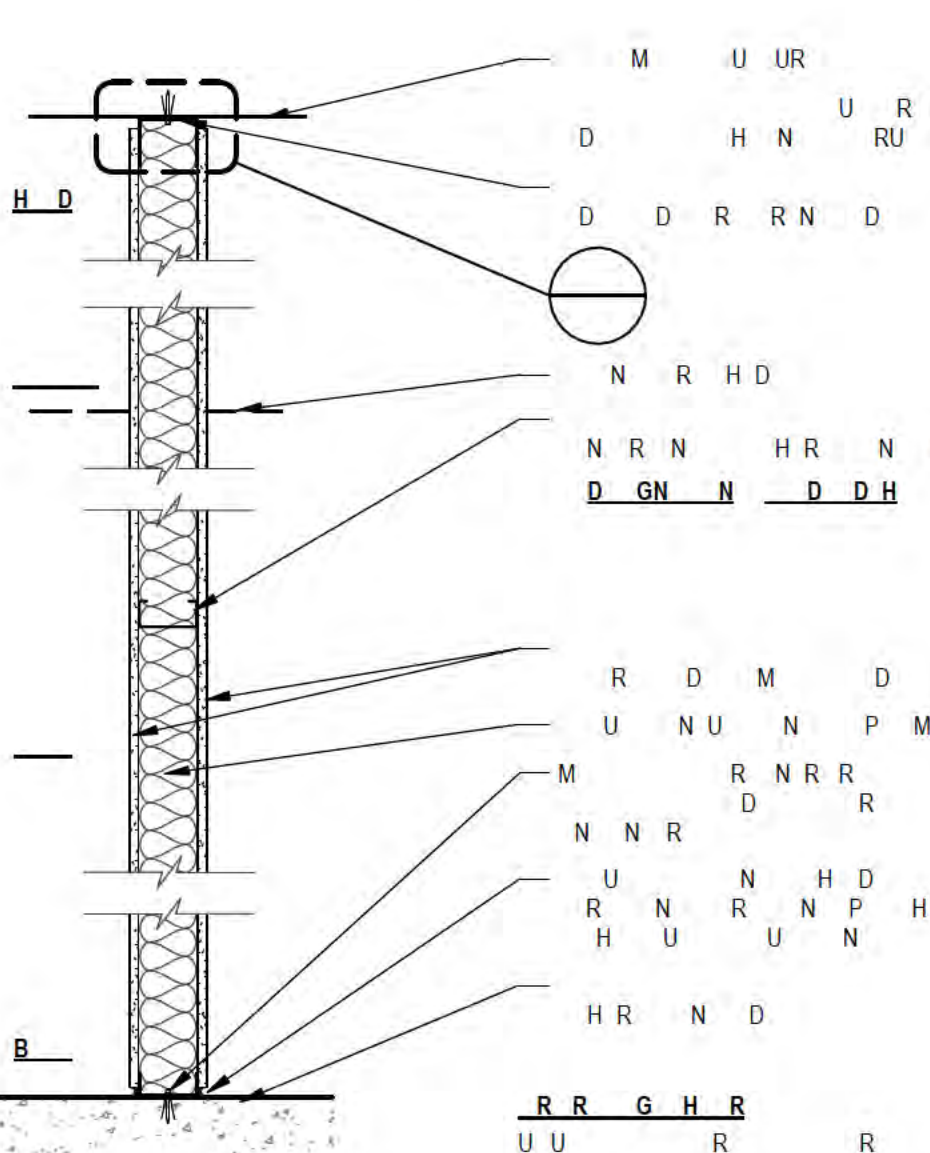
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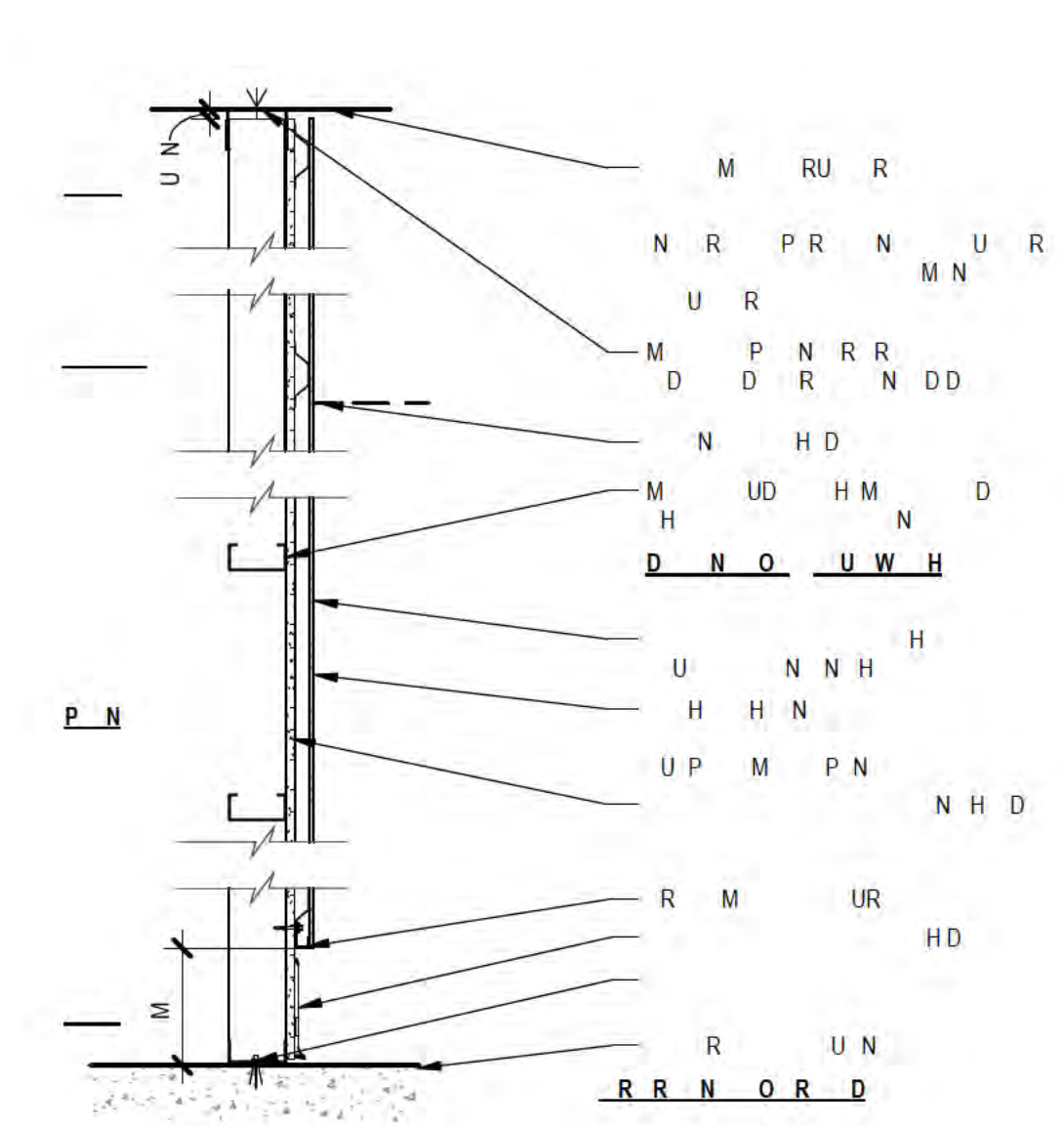
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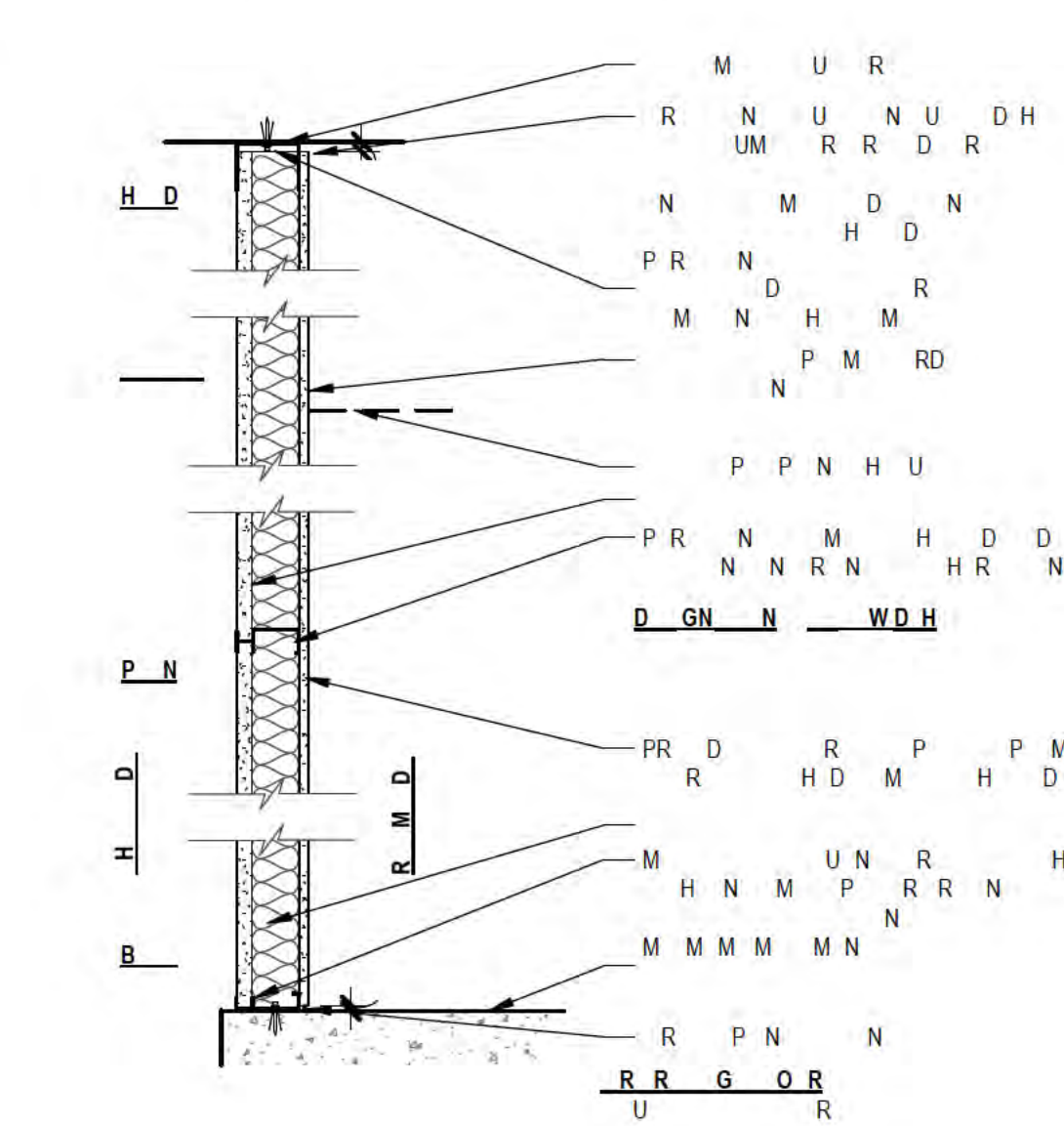
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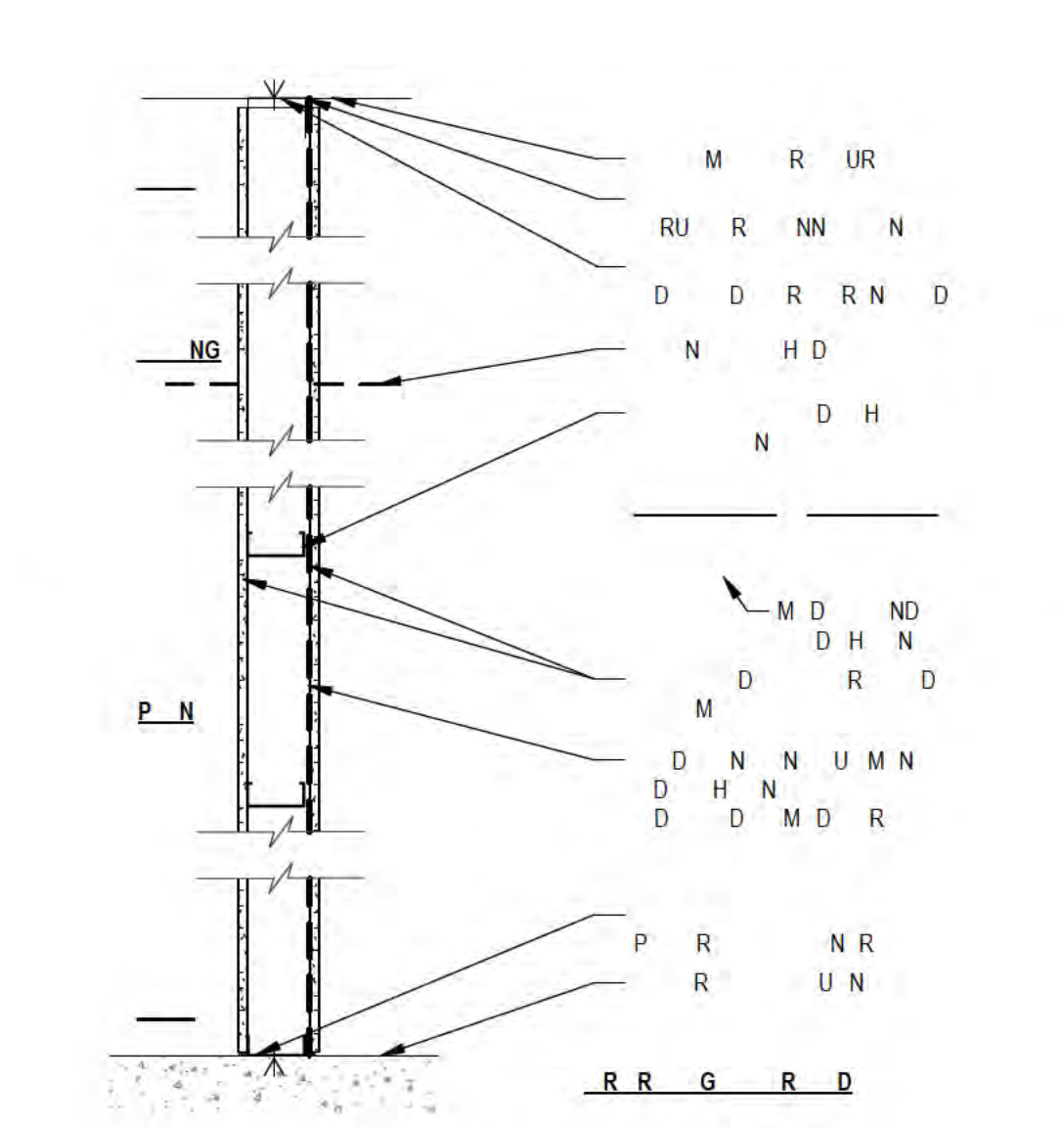
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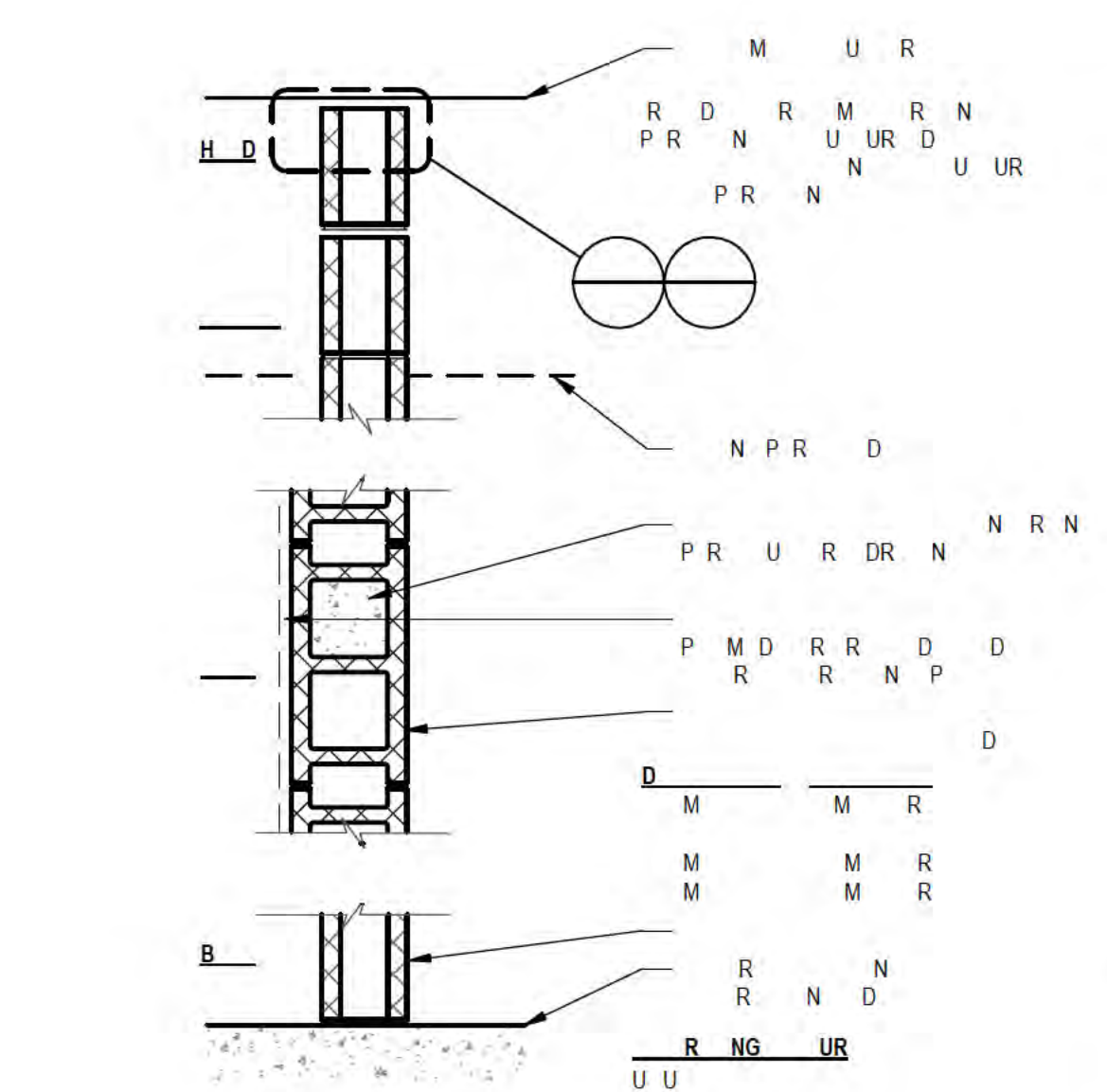
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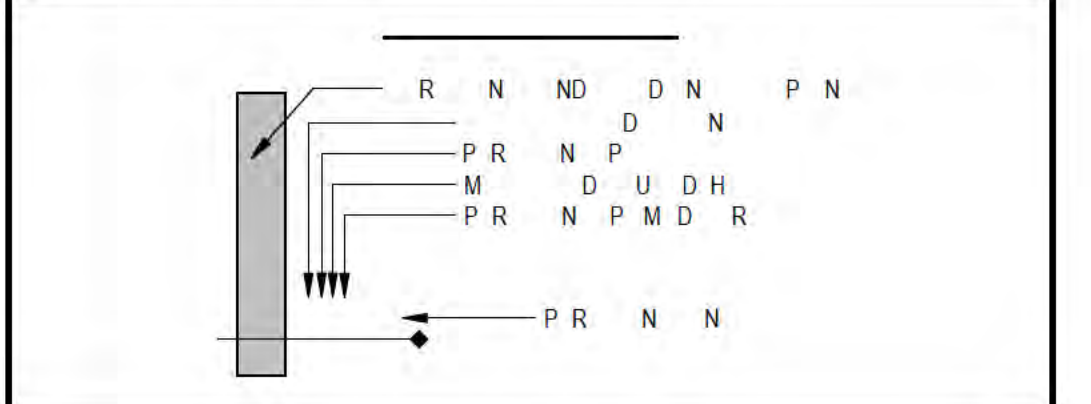


P G U H G H U R R N G



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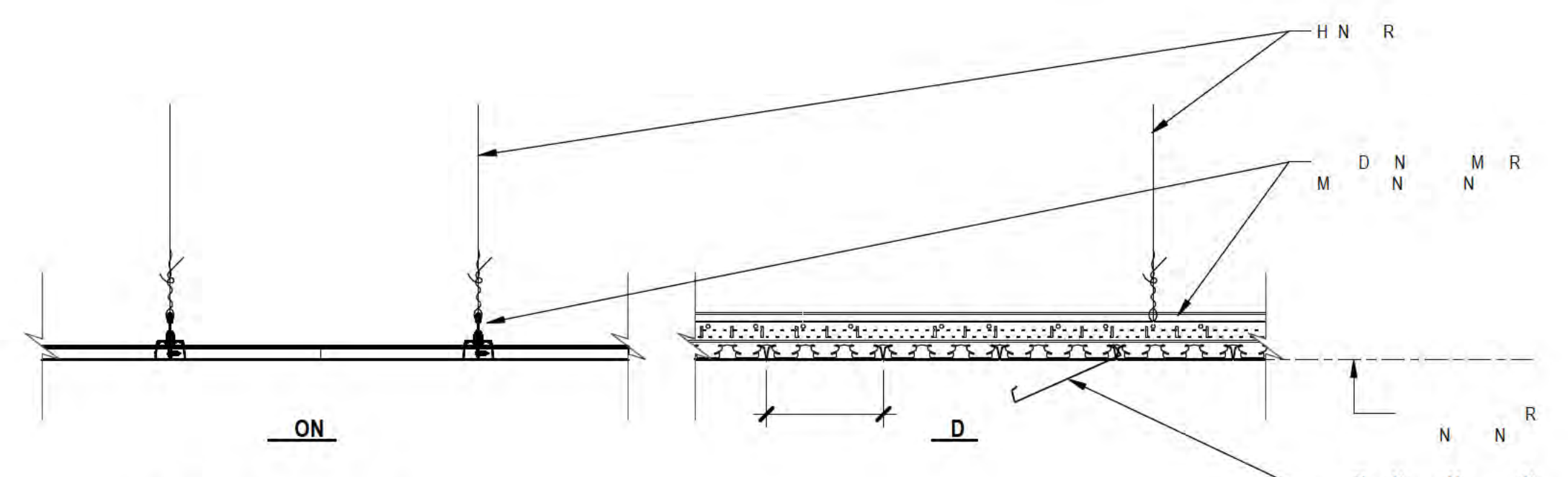


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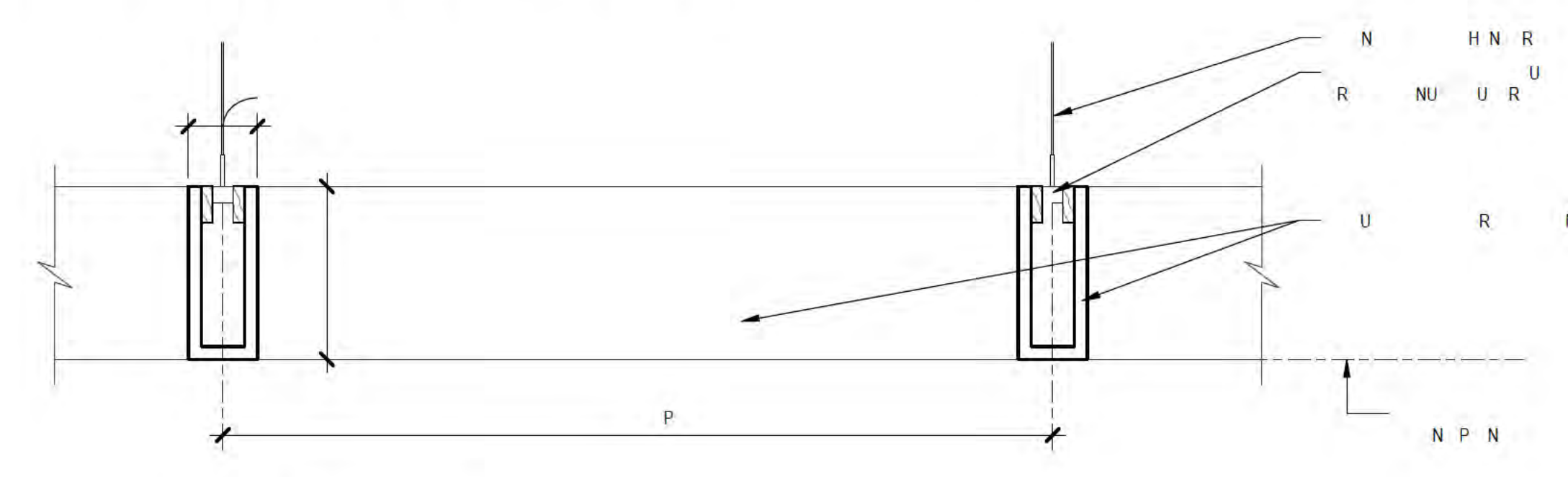
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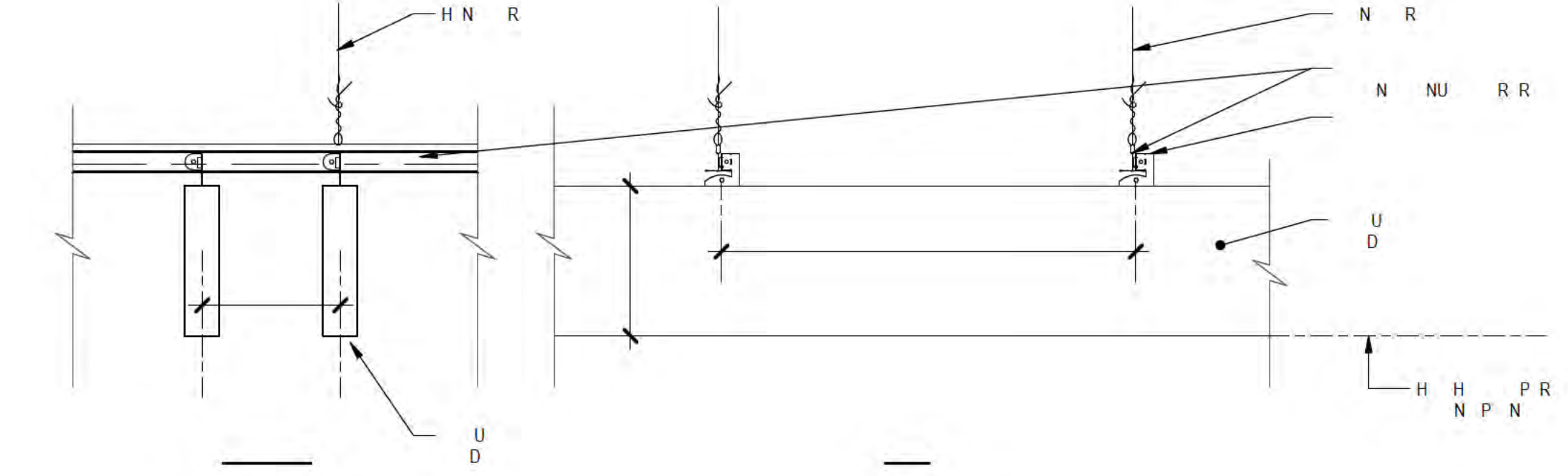
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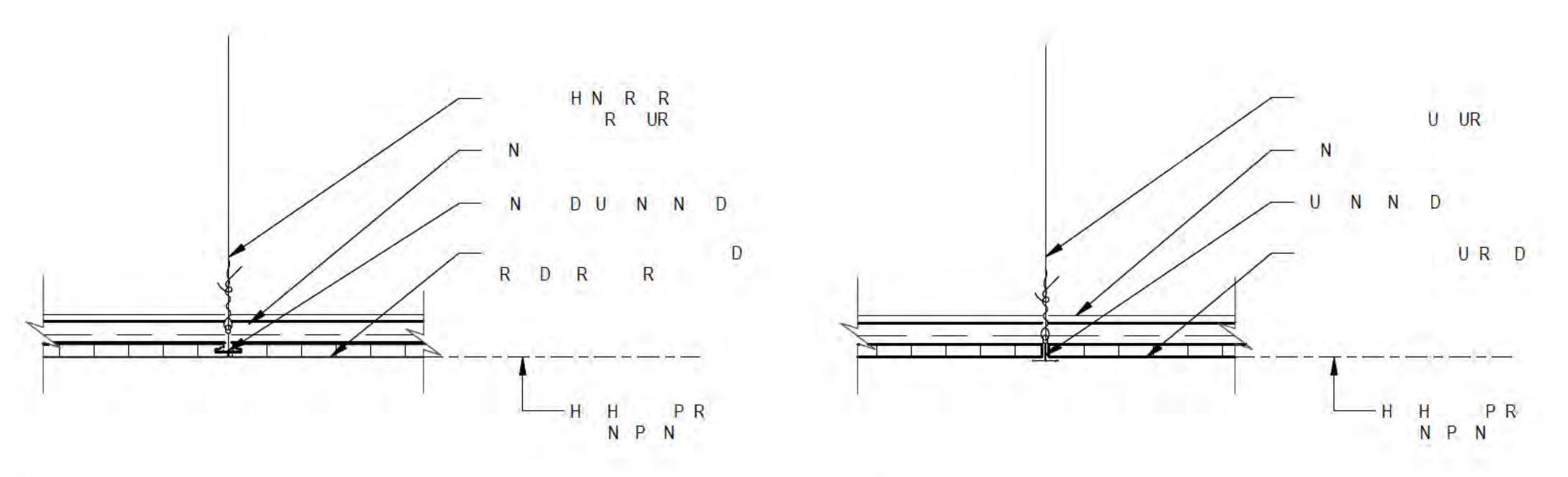
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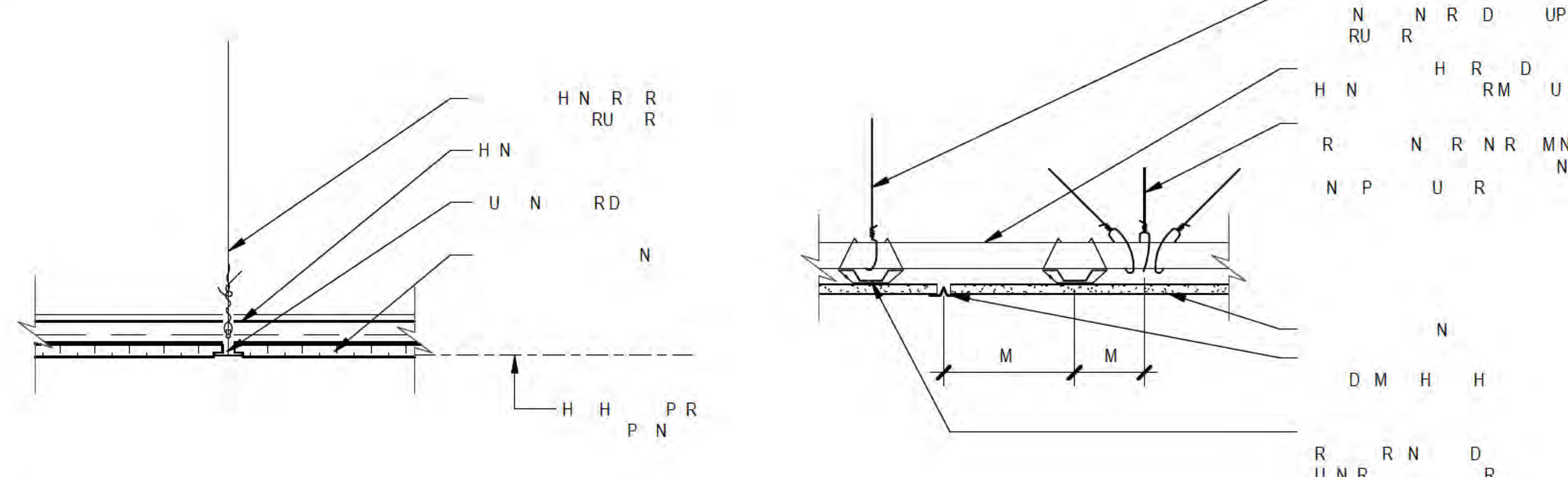
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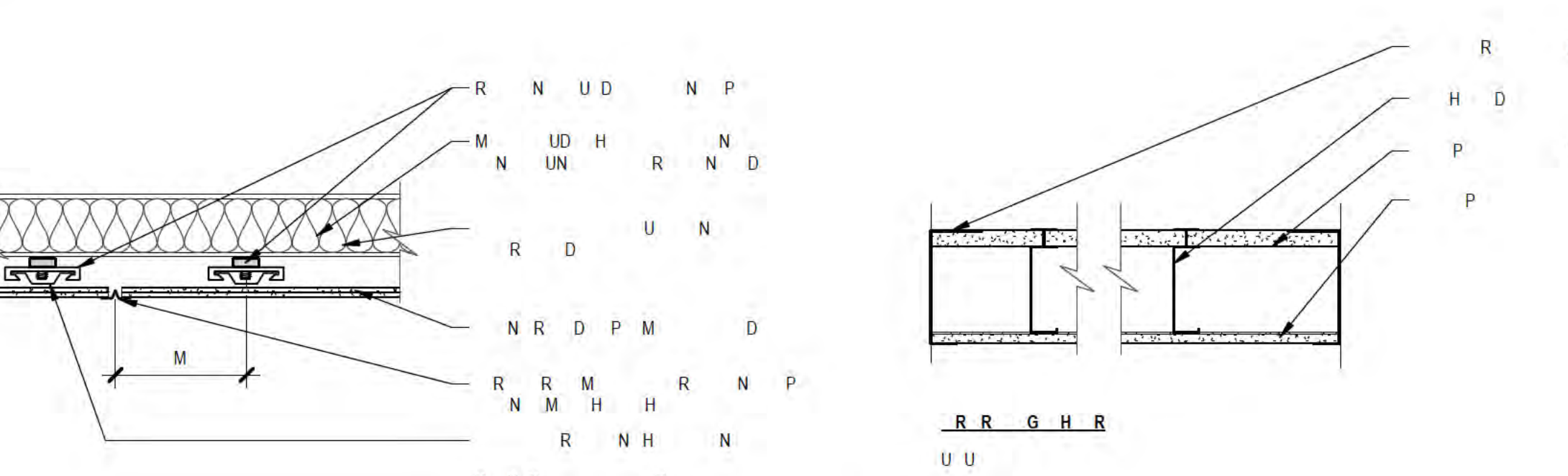
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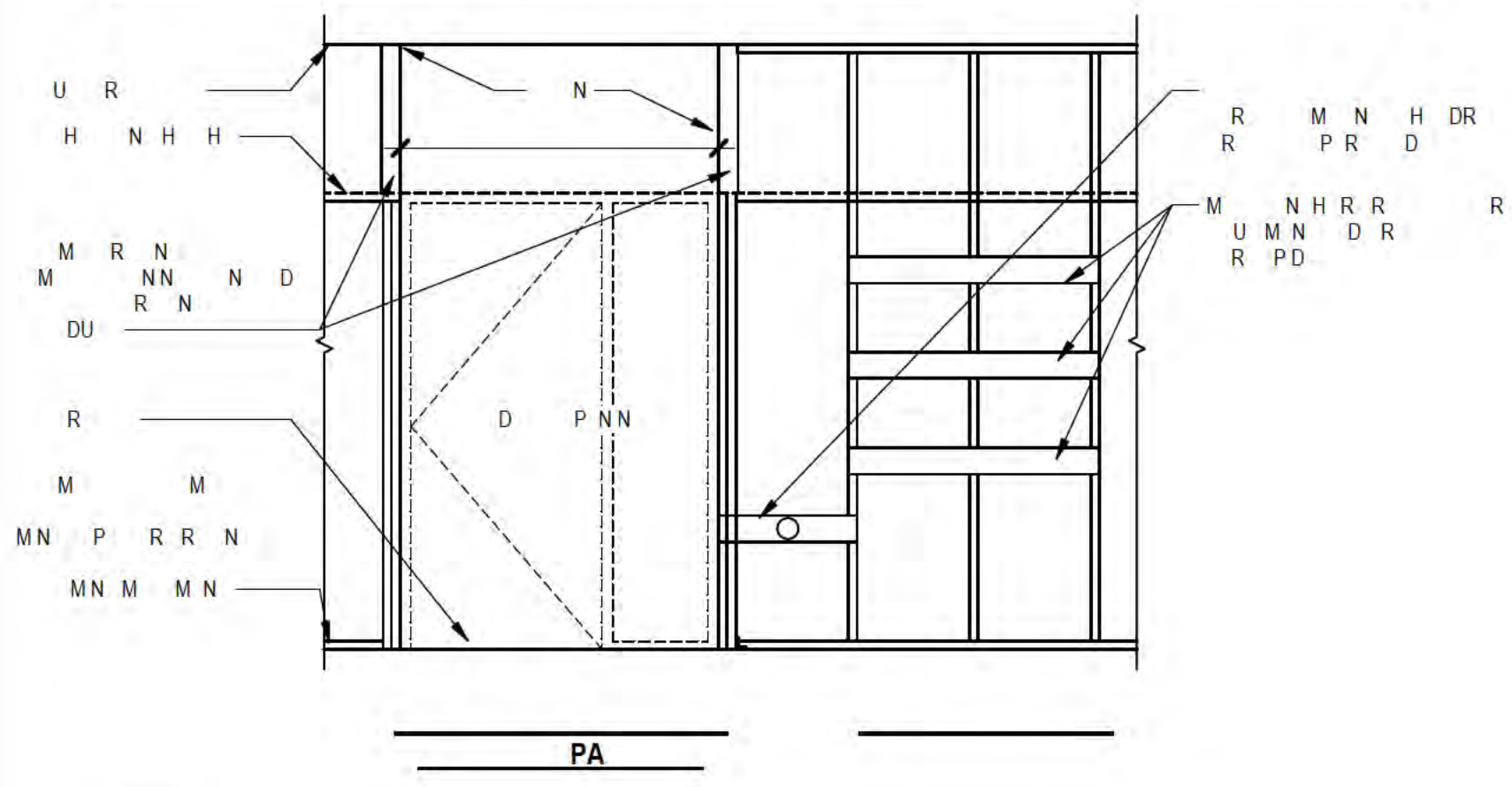
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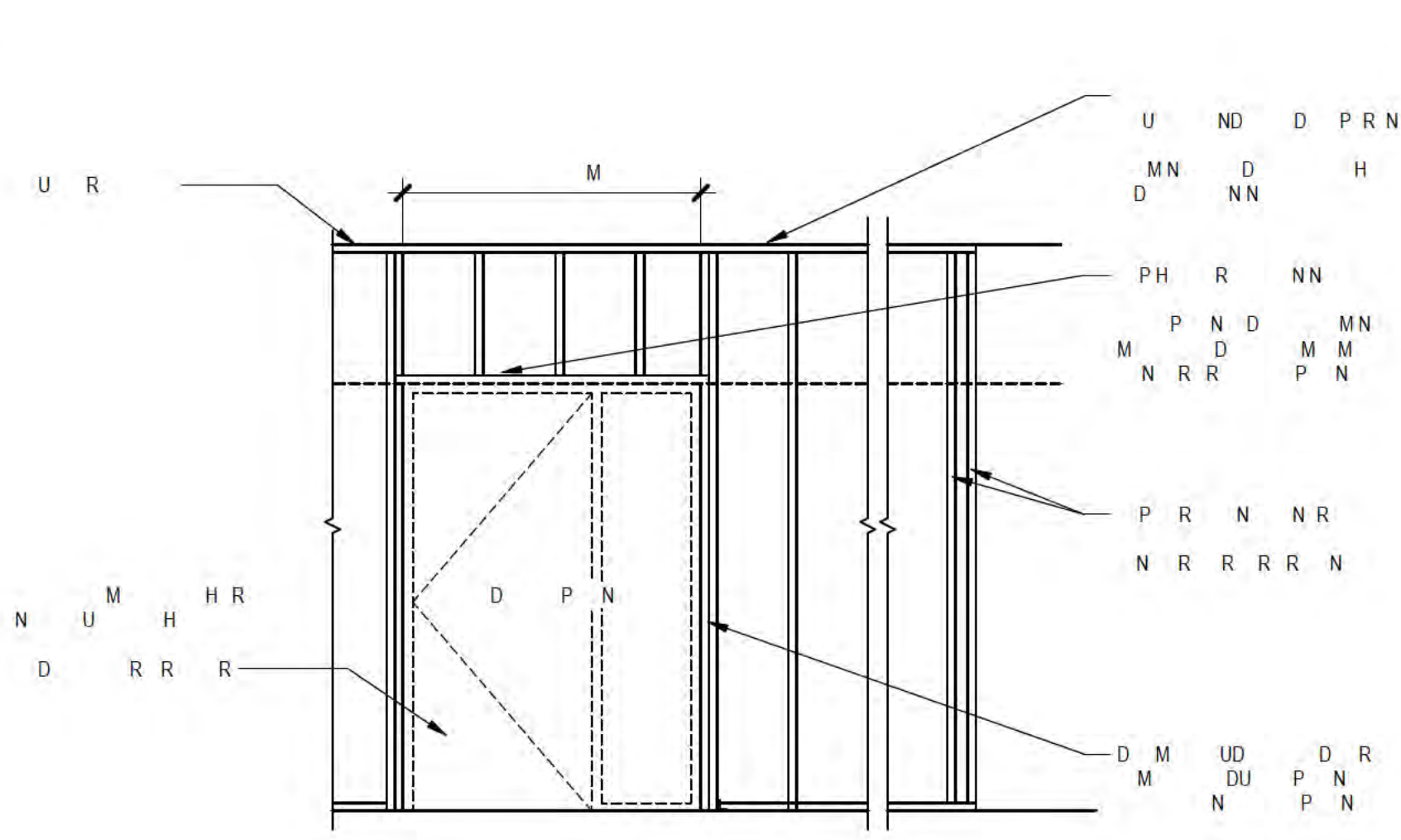
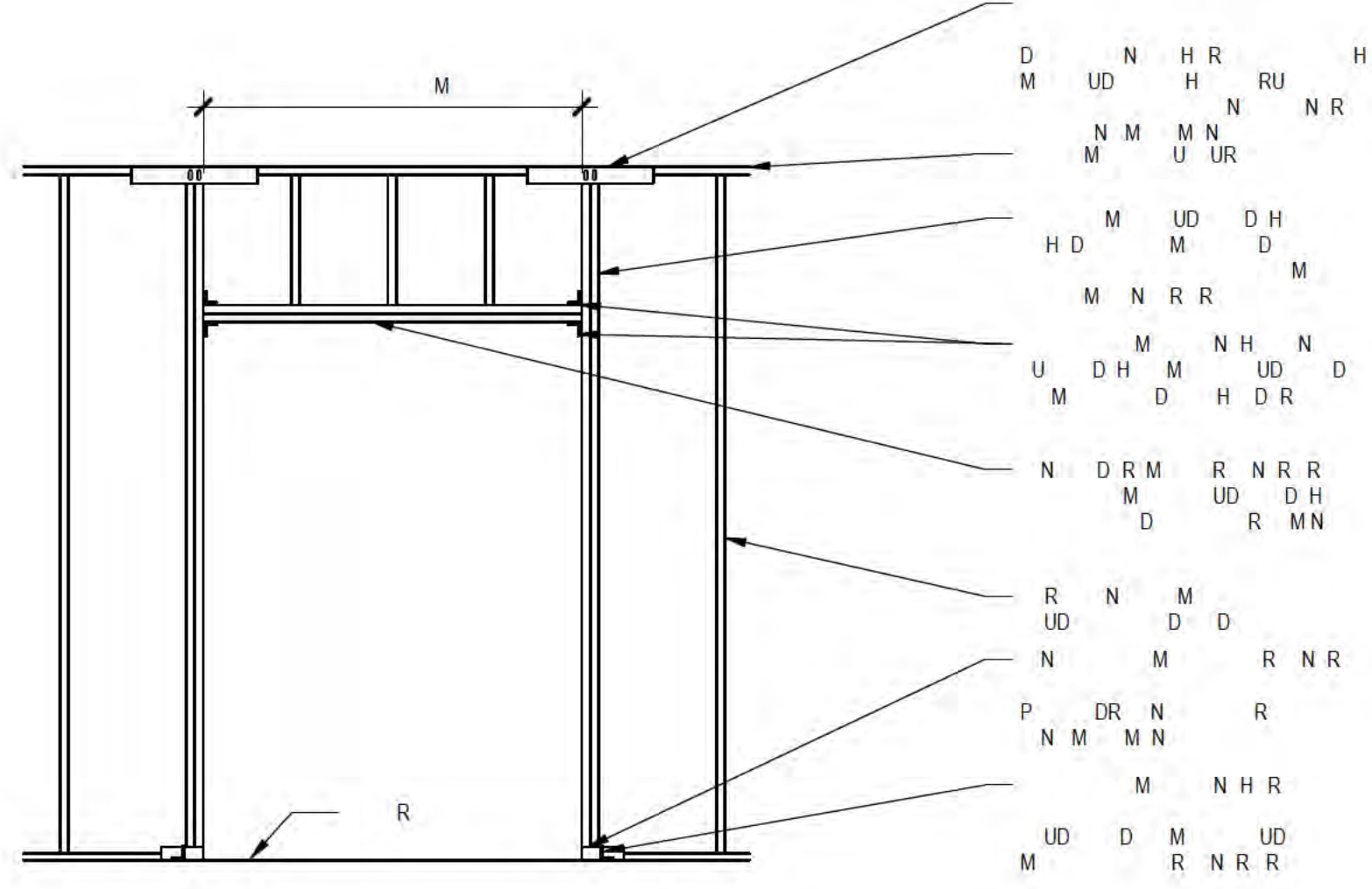
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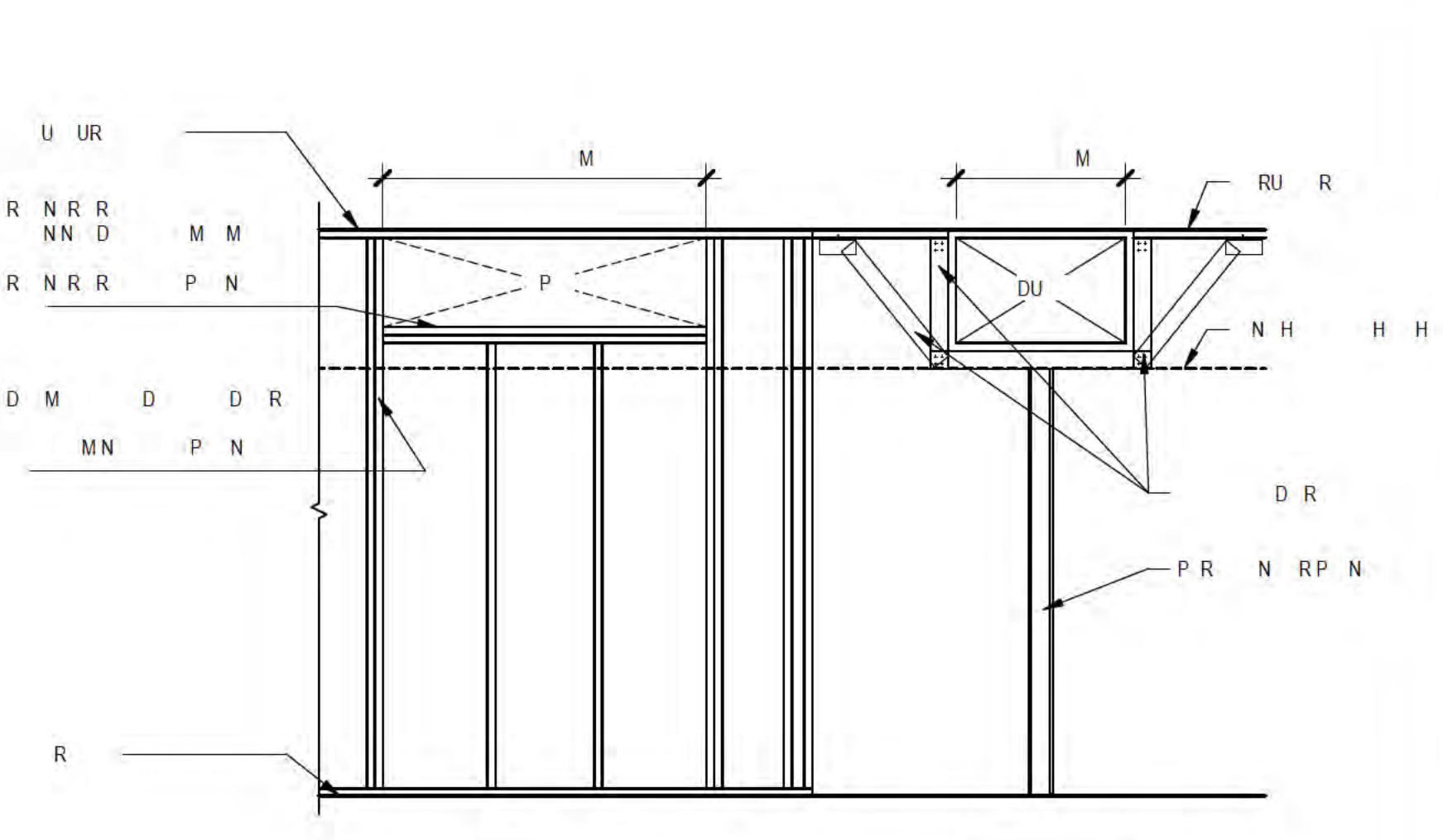
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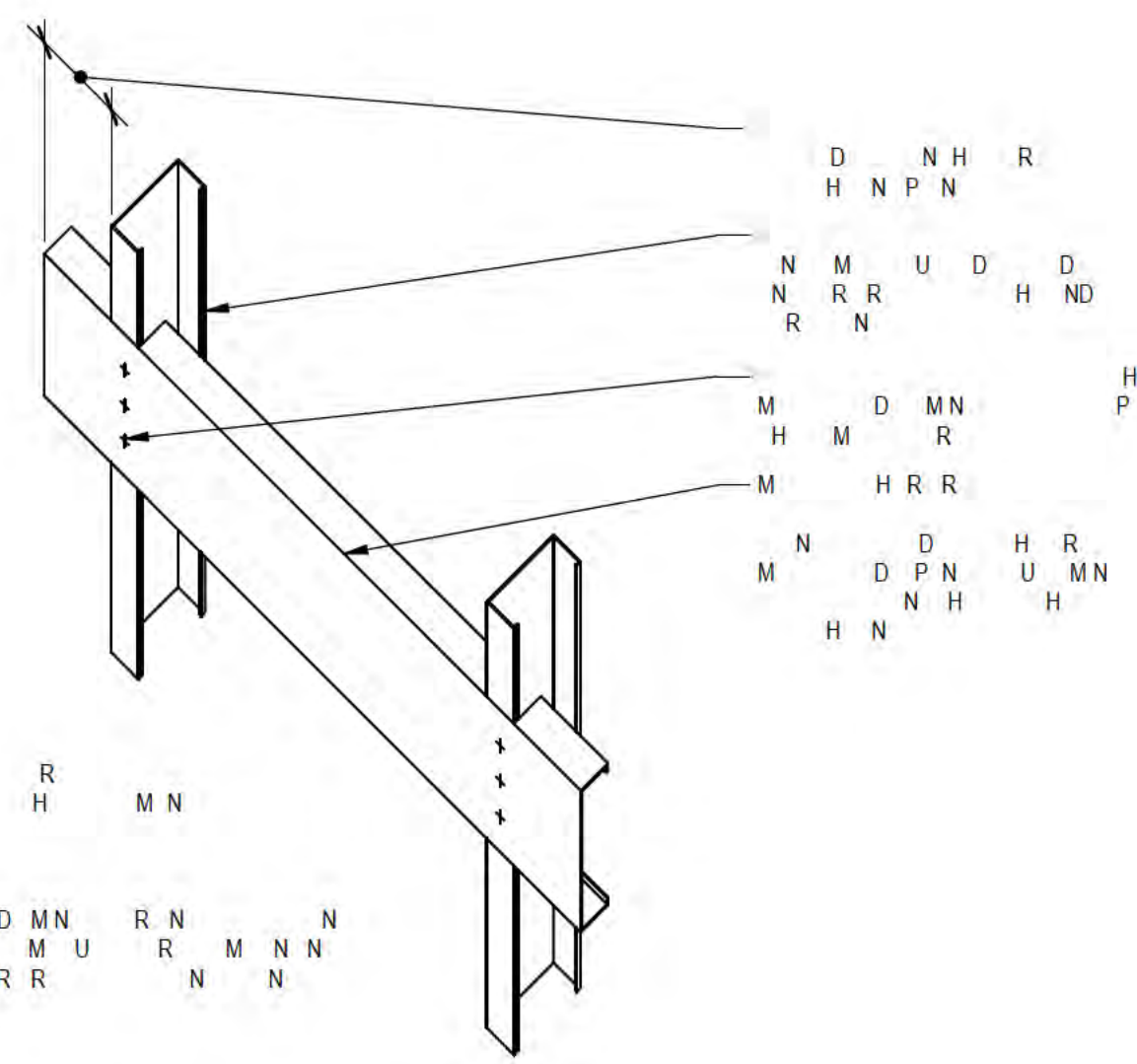


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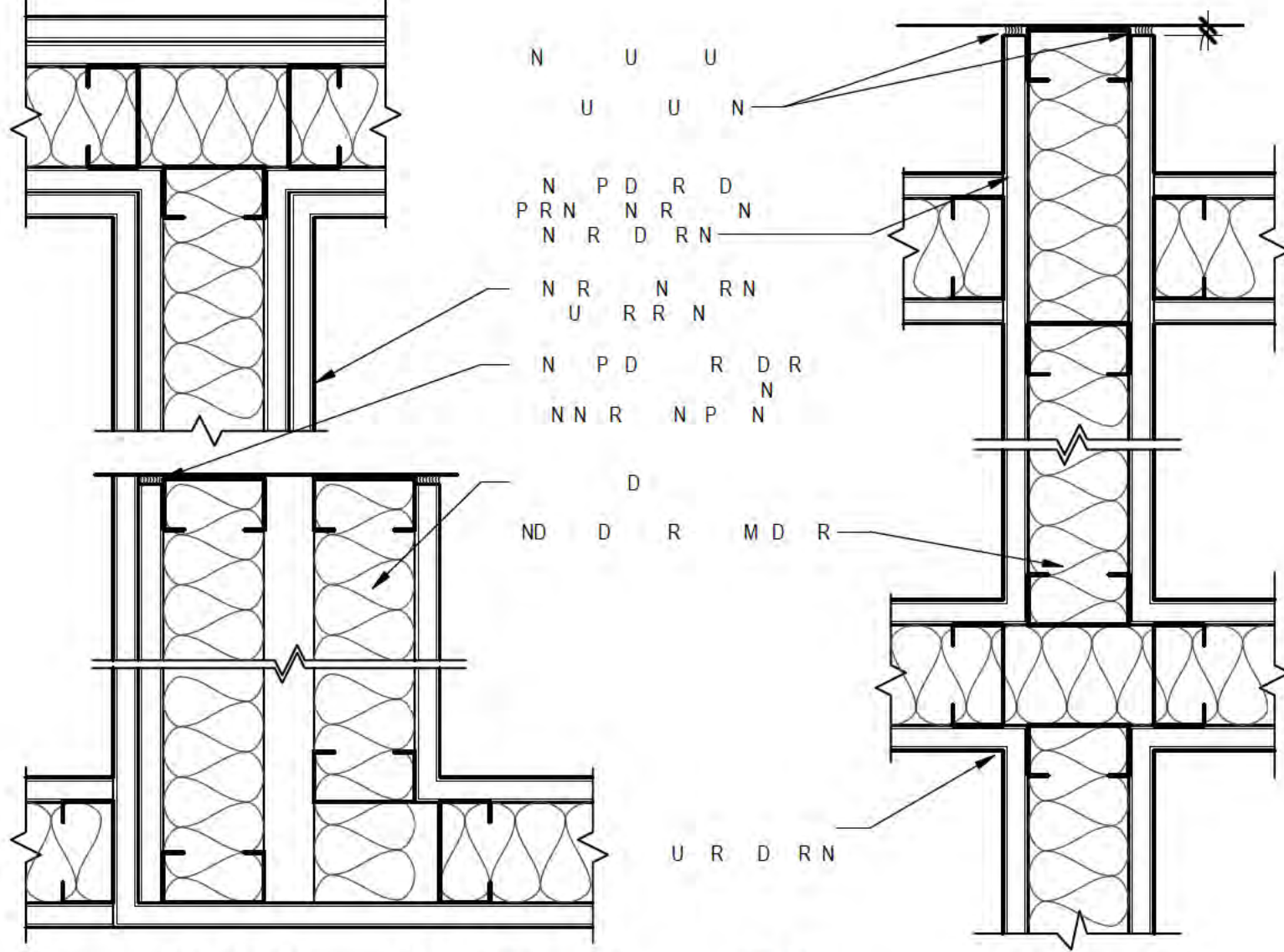
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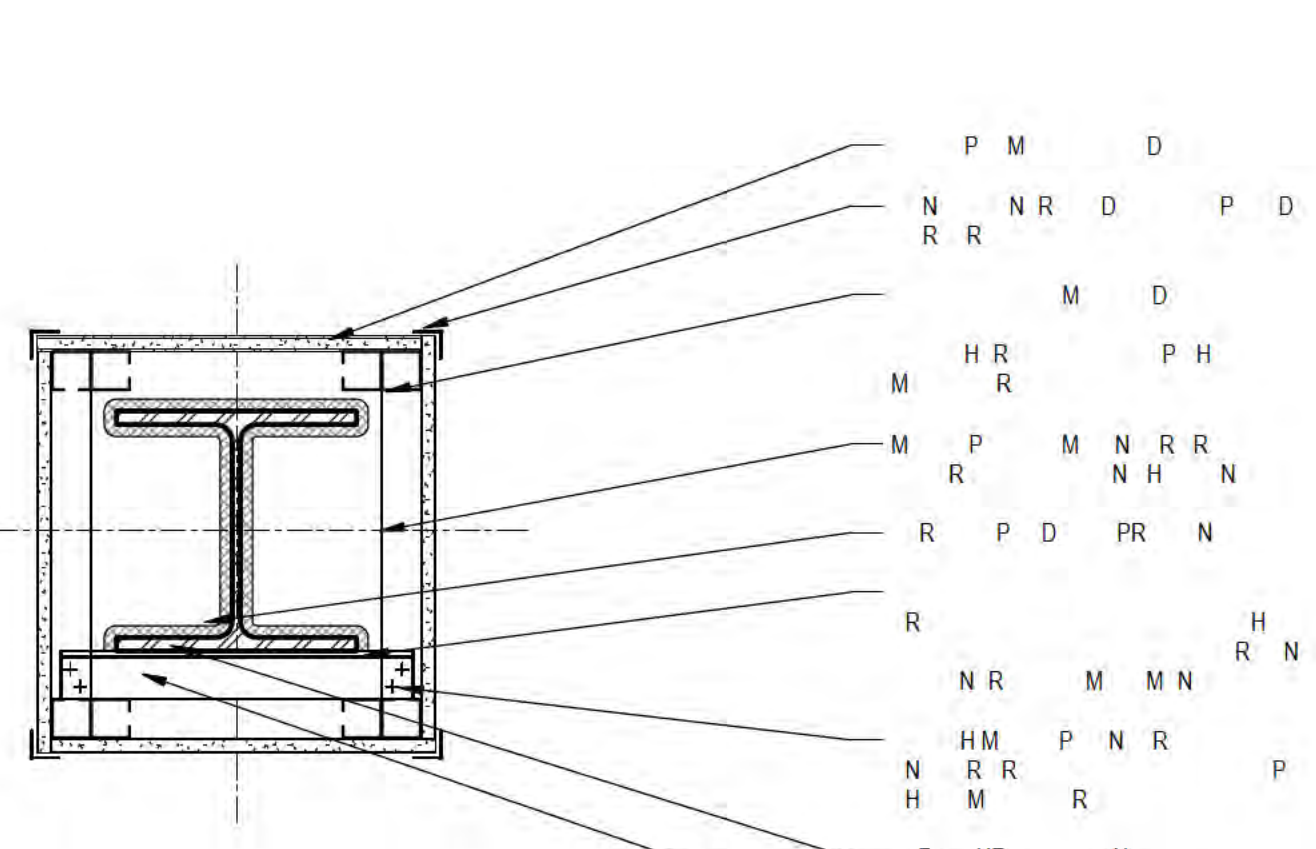
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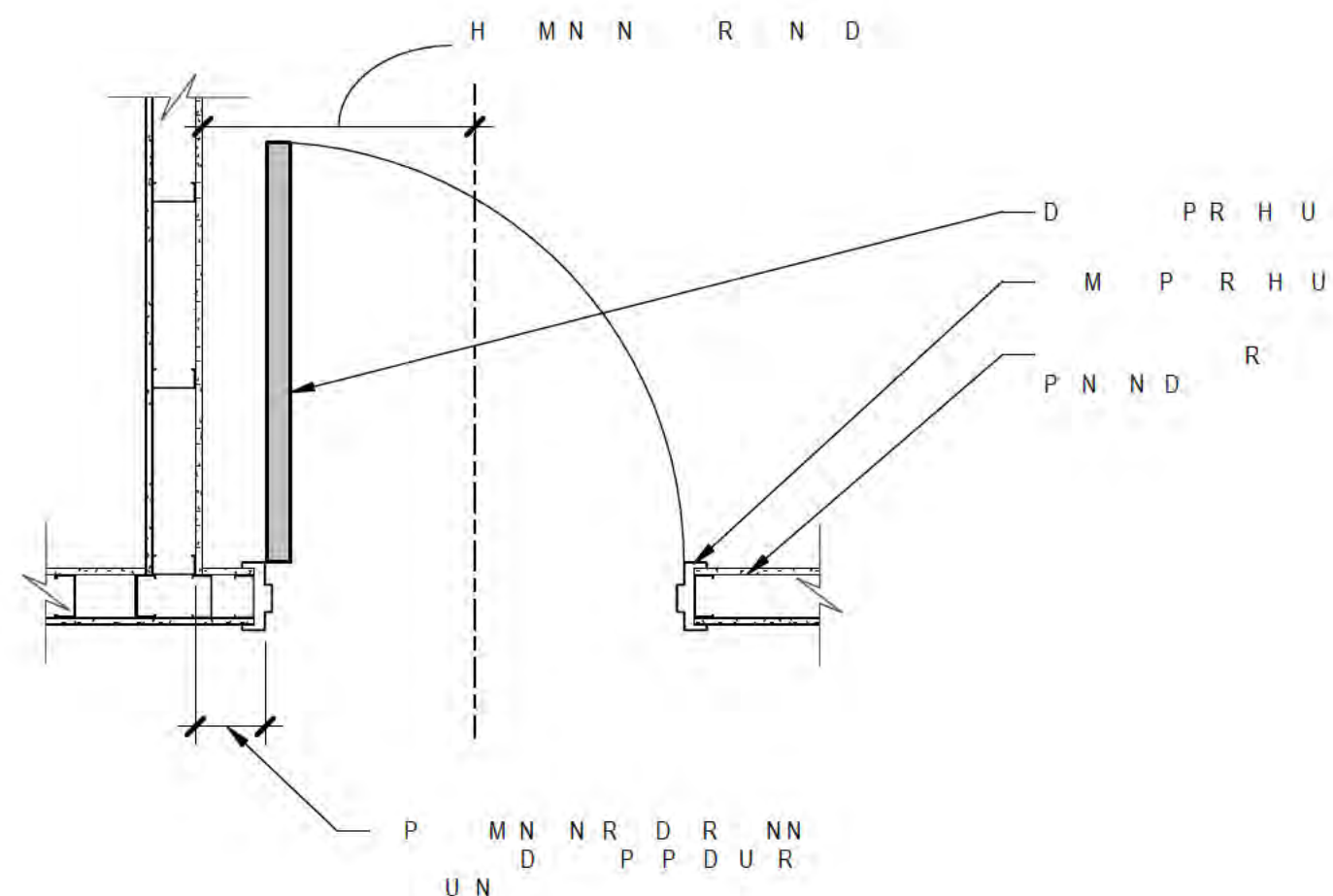


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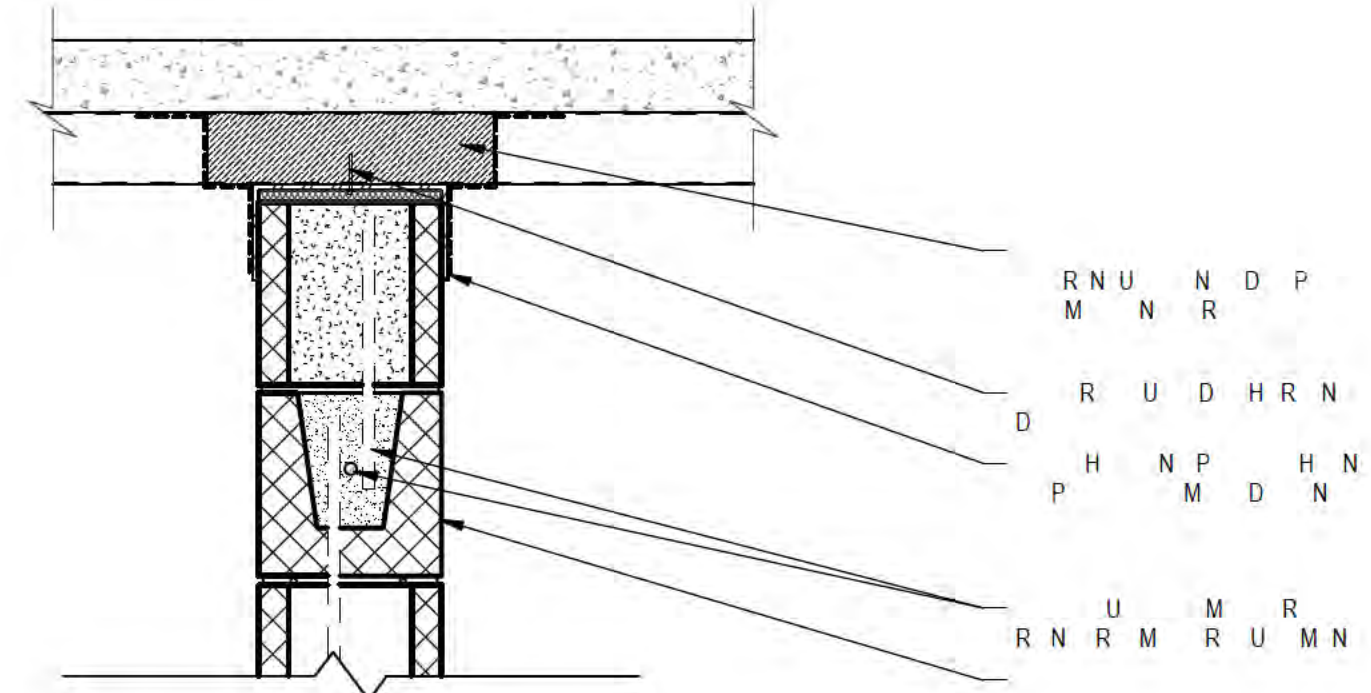
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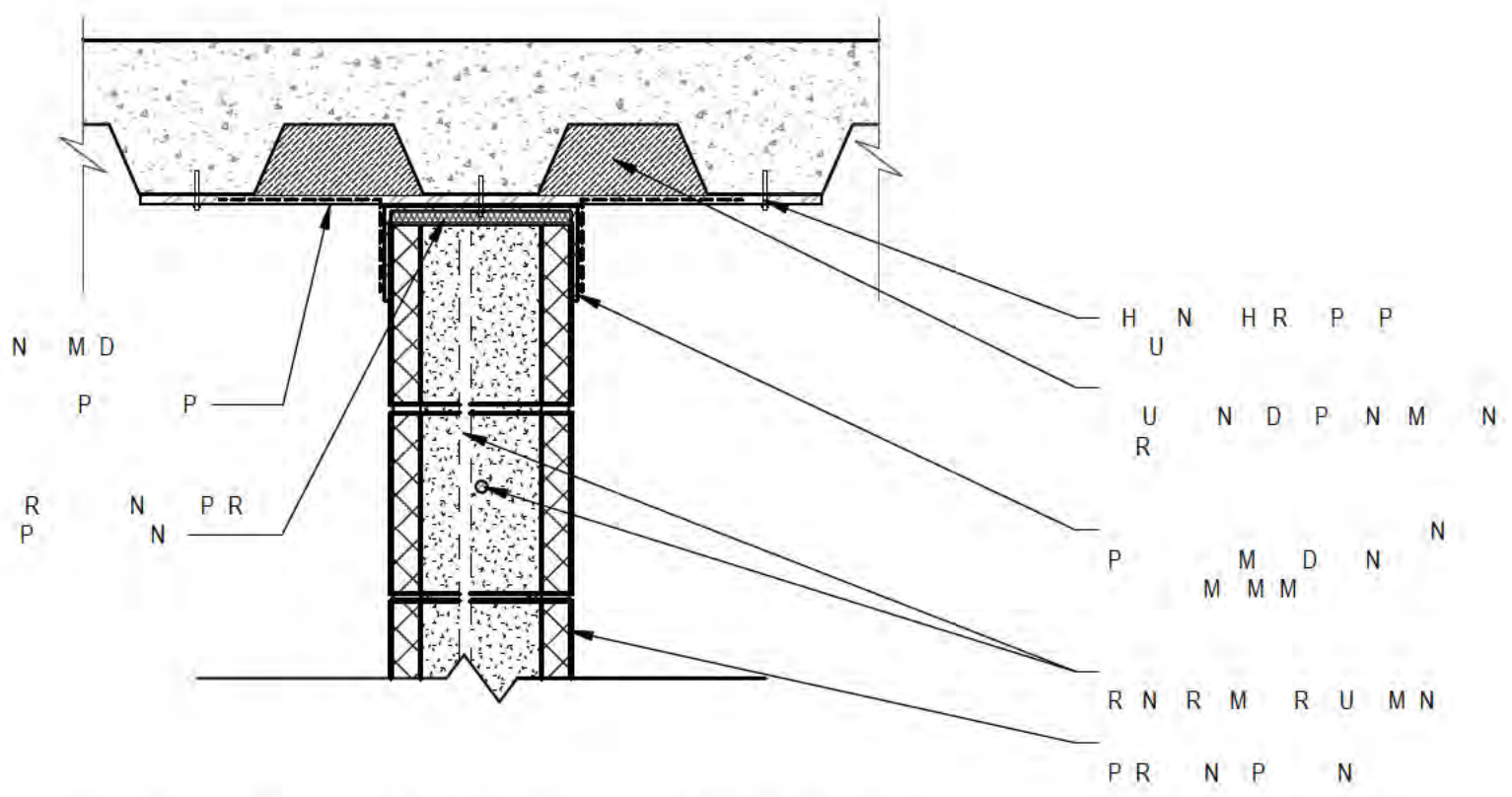
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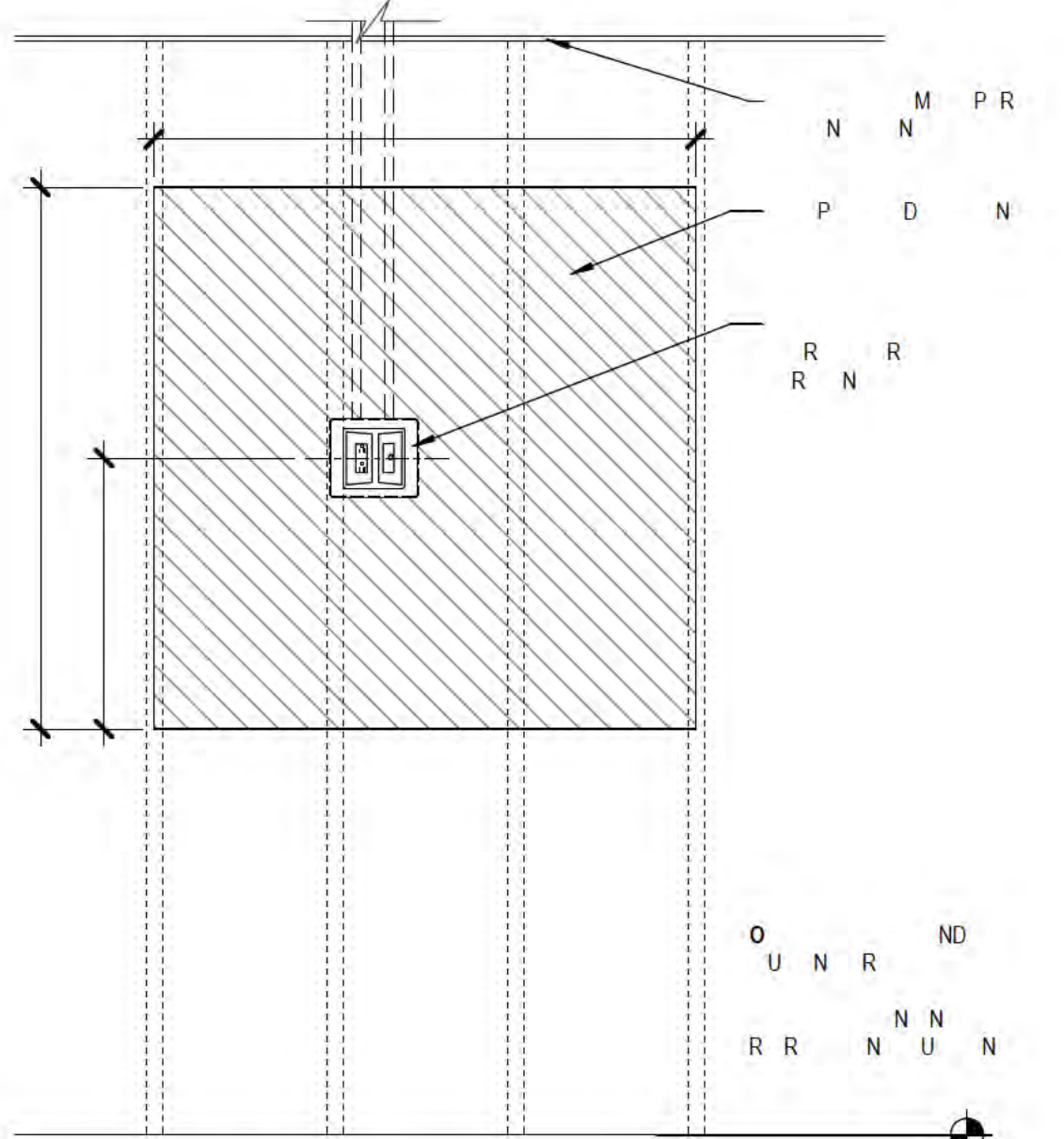


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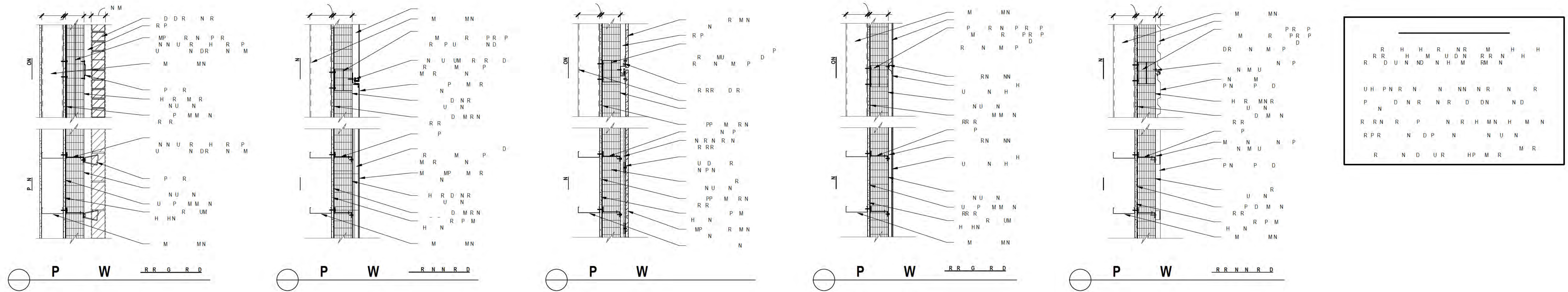


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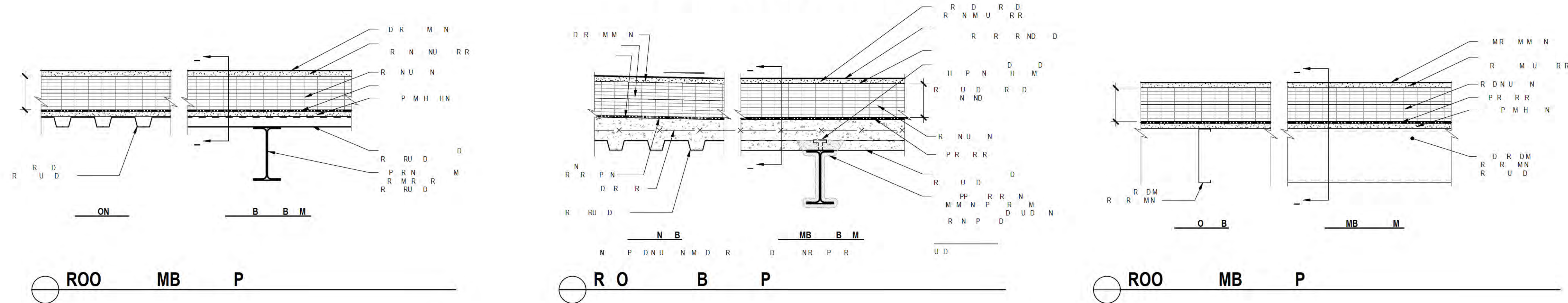
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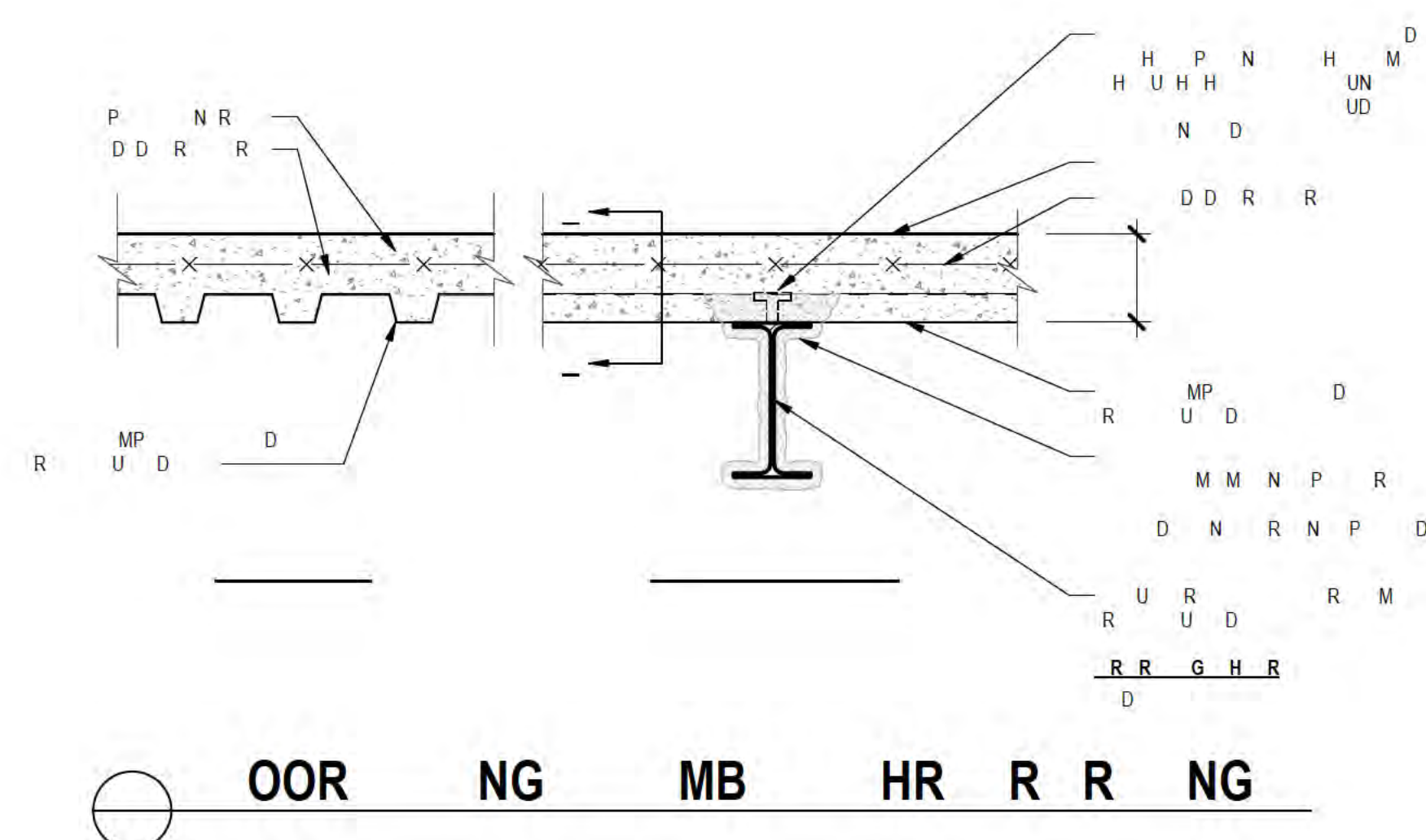
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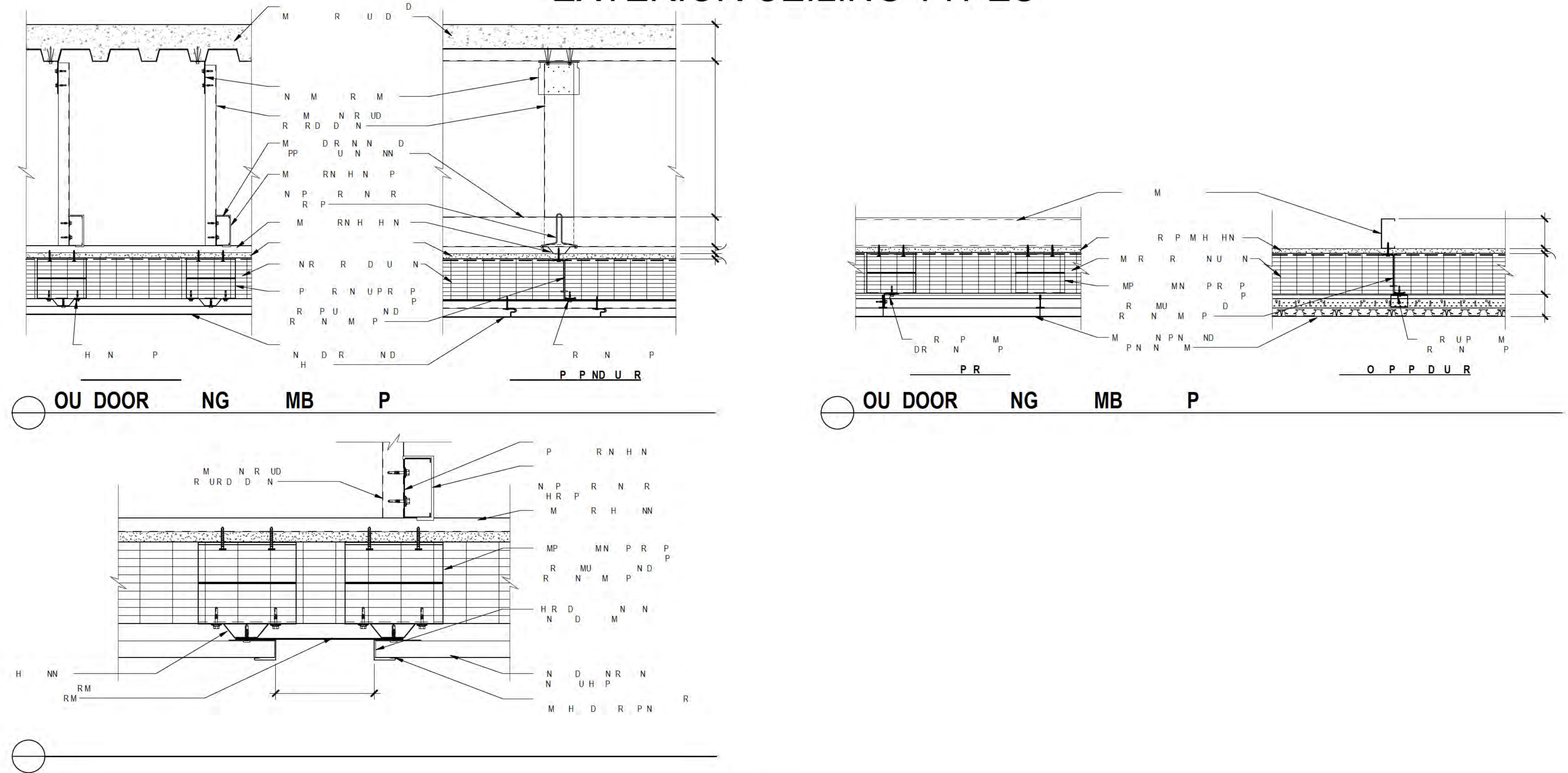
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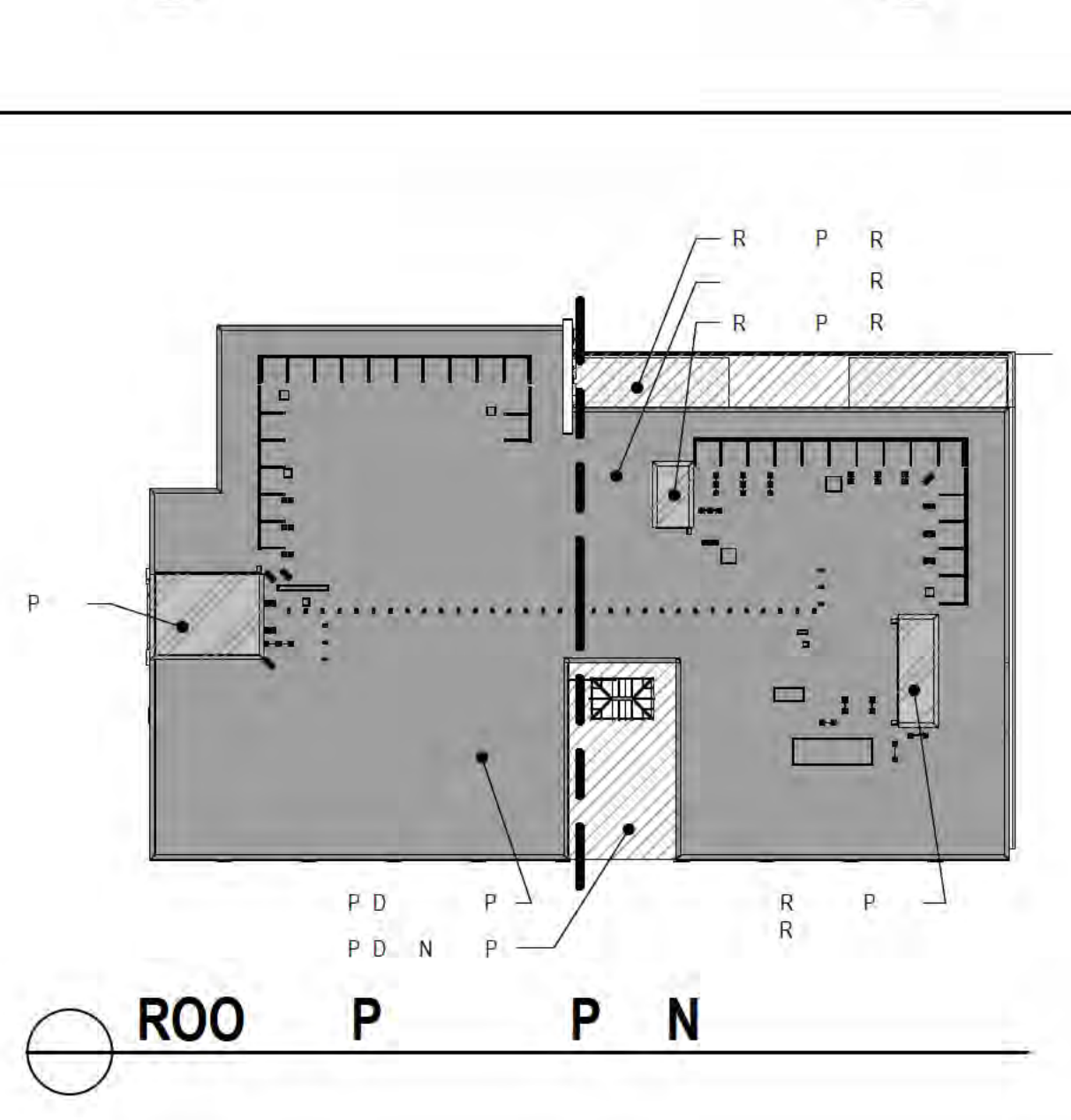
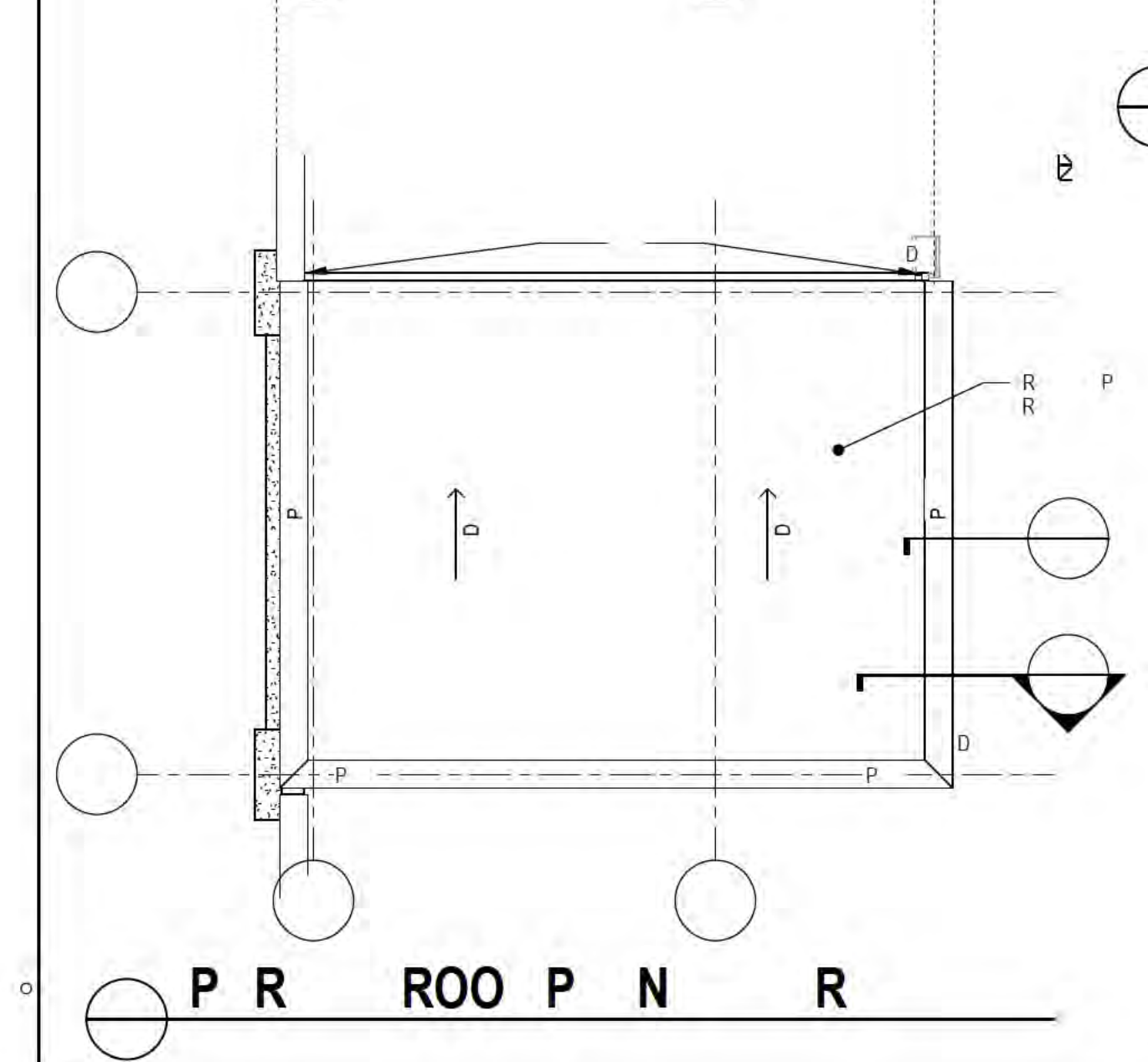
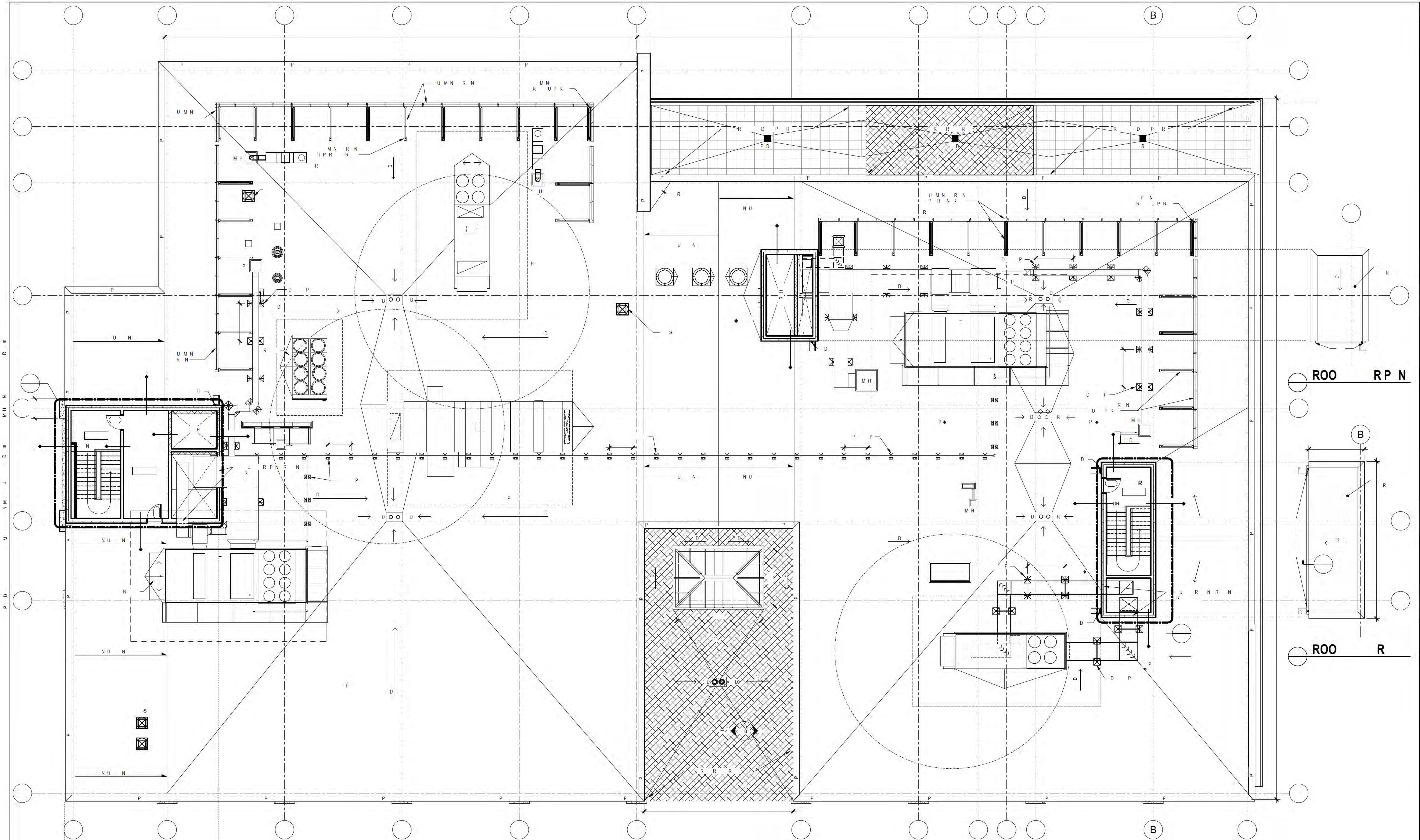
FLOOR/CEILING ASSEMBLY



EXTERIOR CEILING TYPES



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	U N	U M N P R	R P
	P N R NP	PH	R P R N
	N P	R P DM P	U N
	P P N R R R	P P	P D N H
	M H N DU	P P R P R	DR N D D
	P N R N U N	U R U P R	D N DR N D D
	P N U R		R R R N

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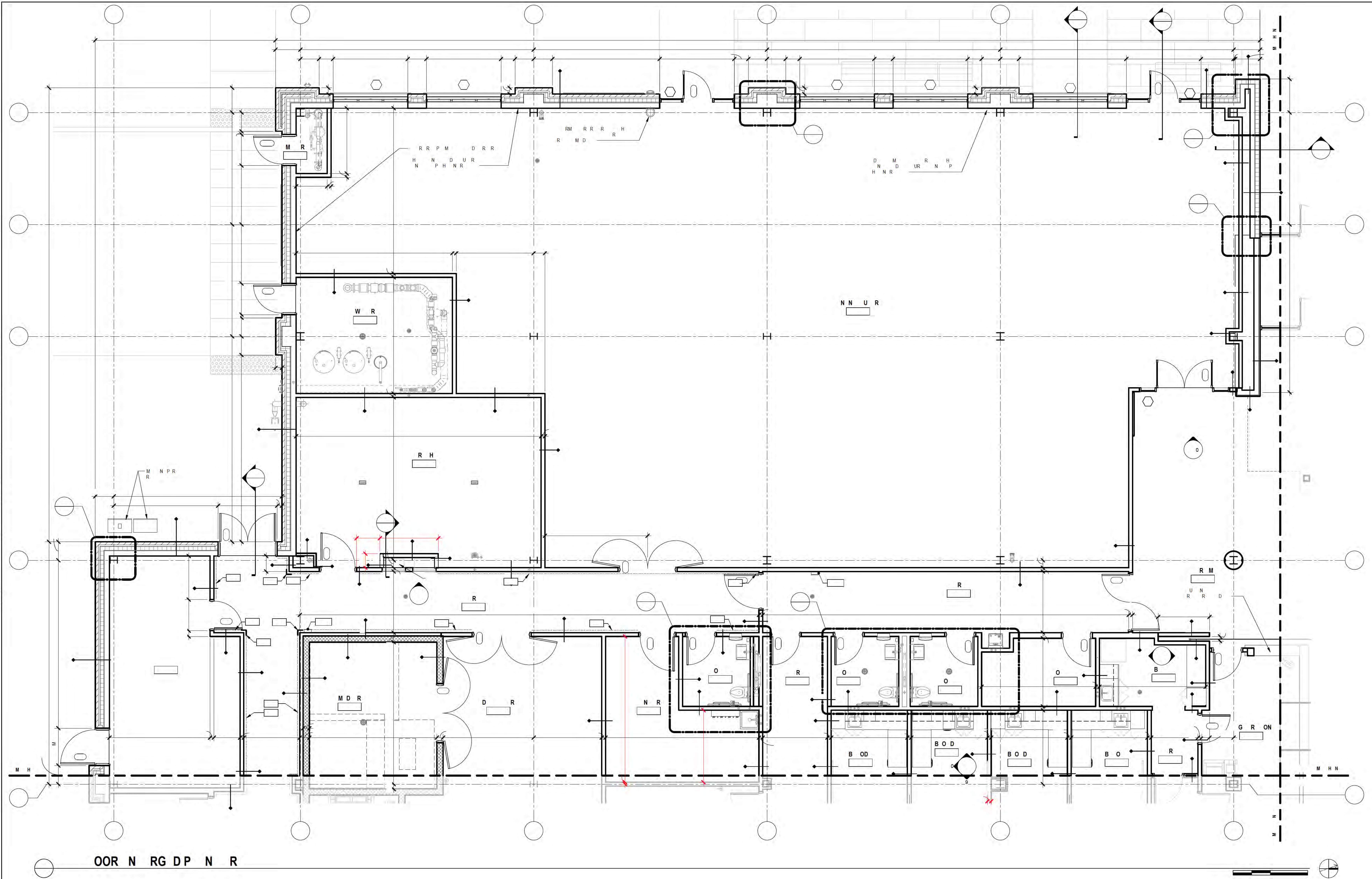
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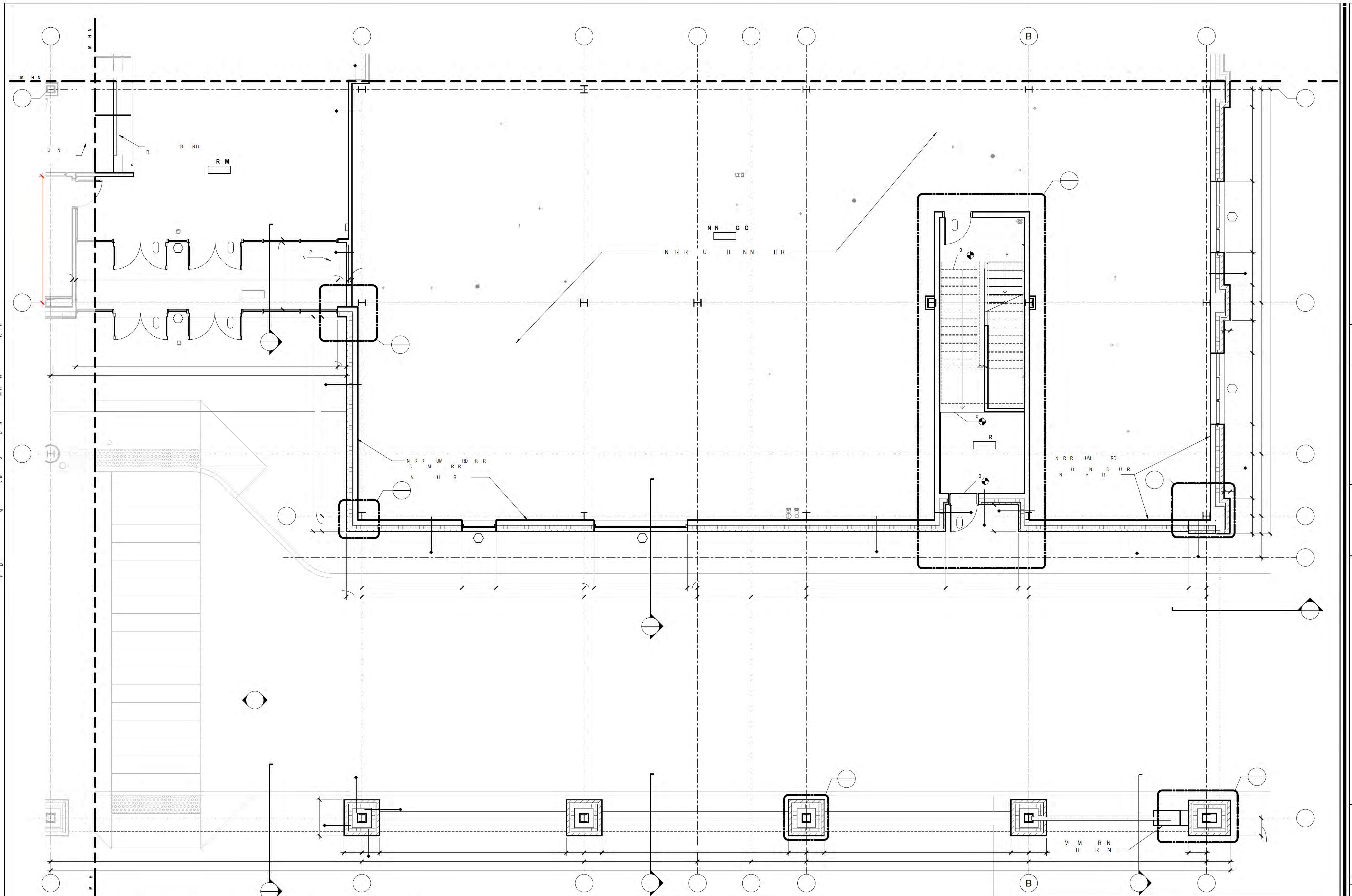
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O R P N G N D

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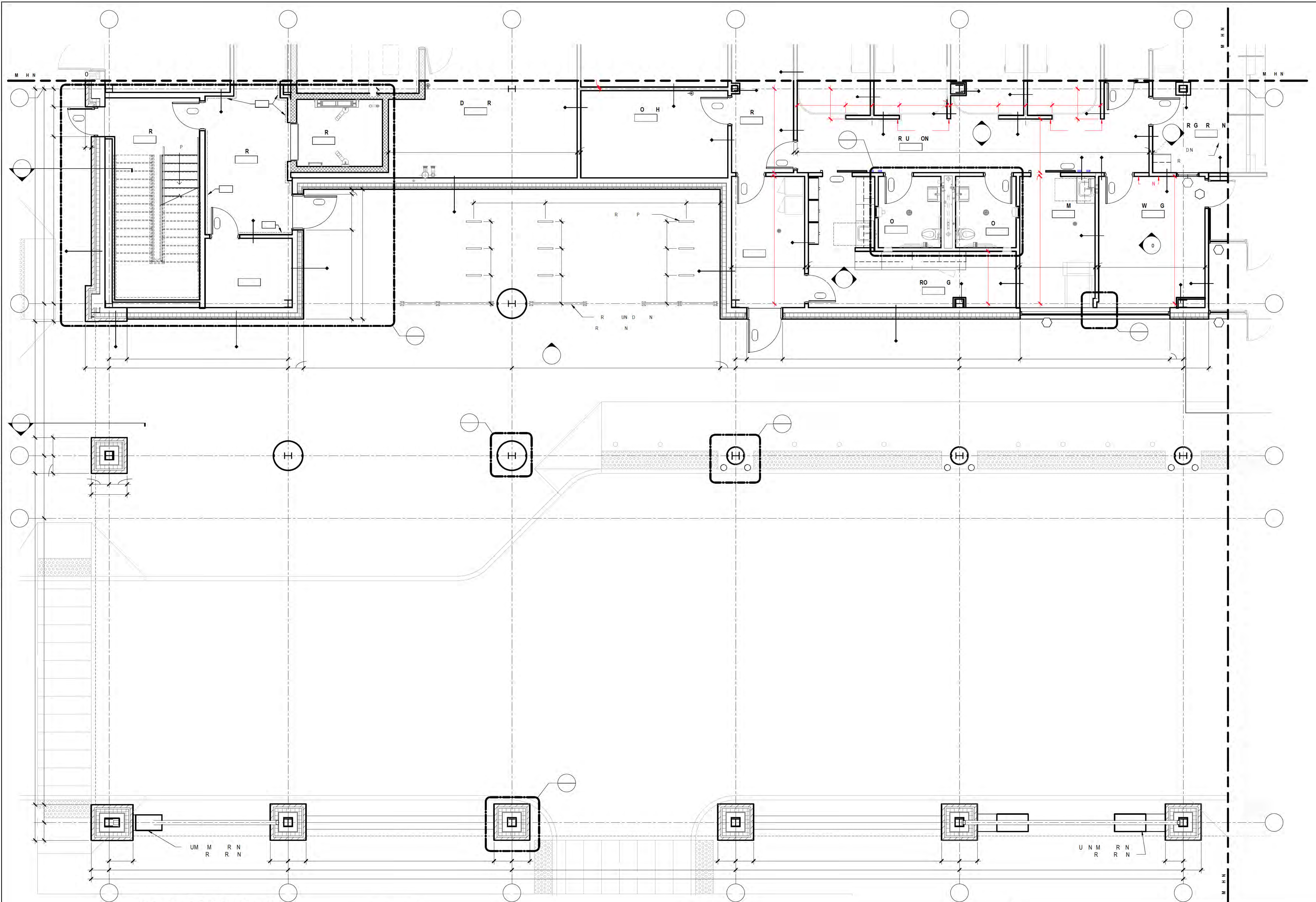
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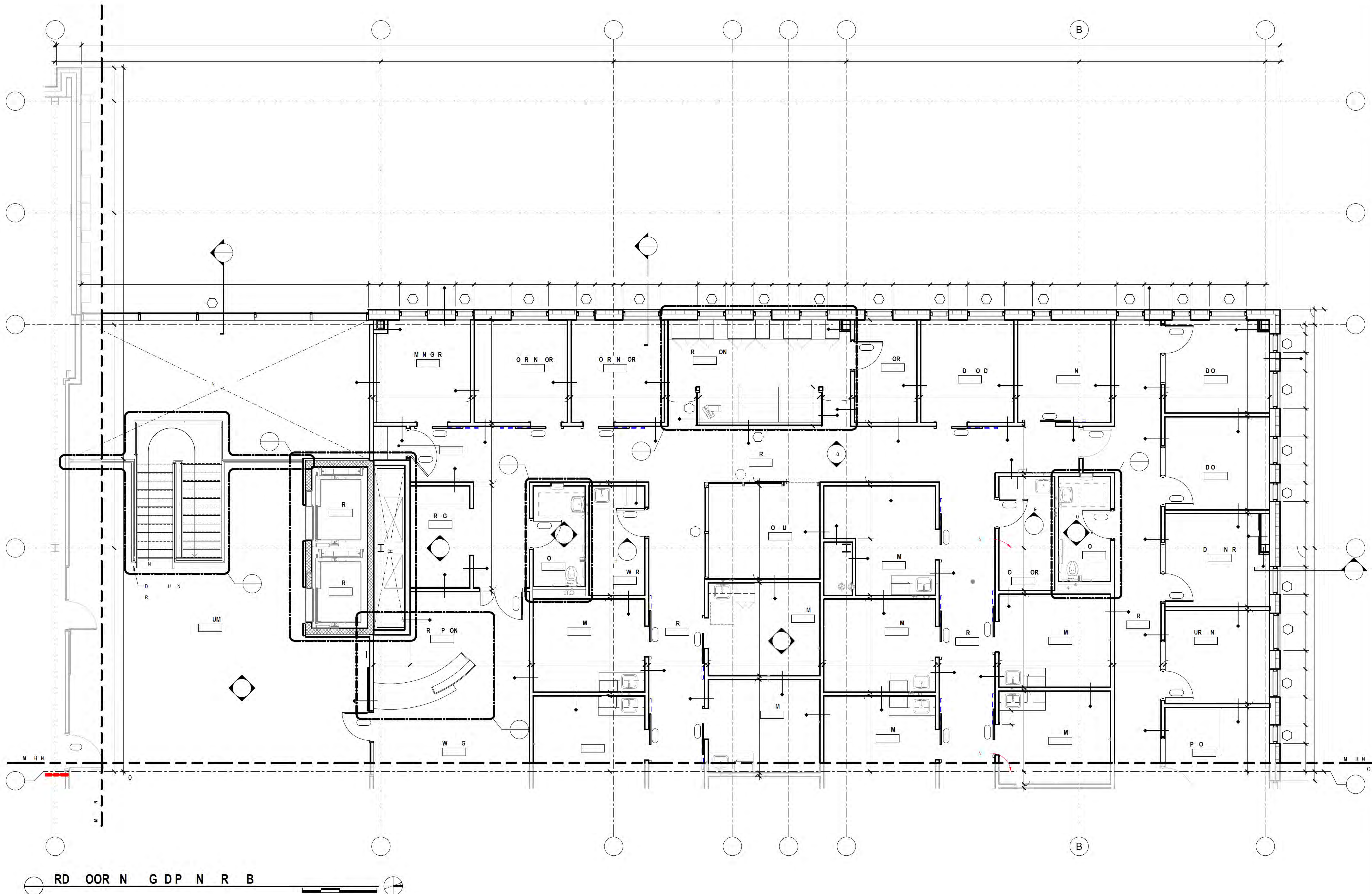
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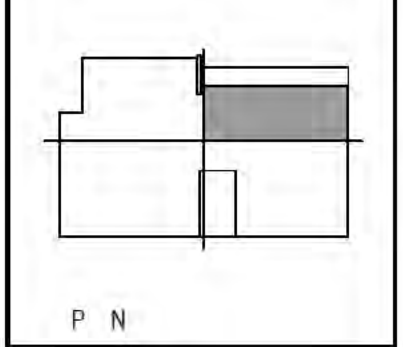
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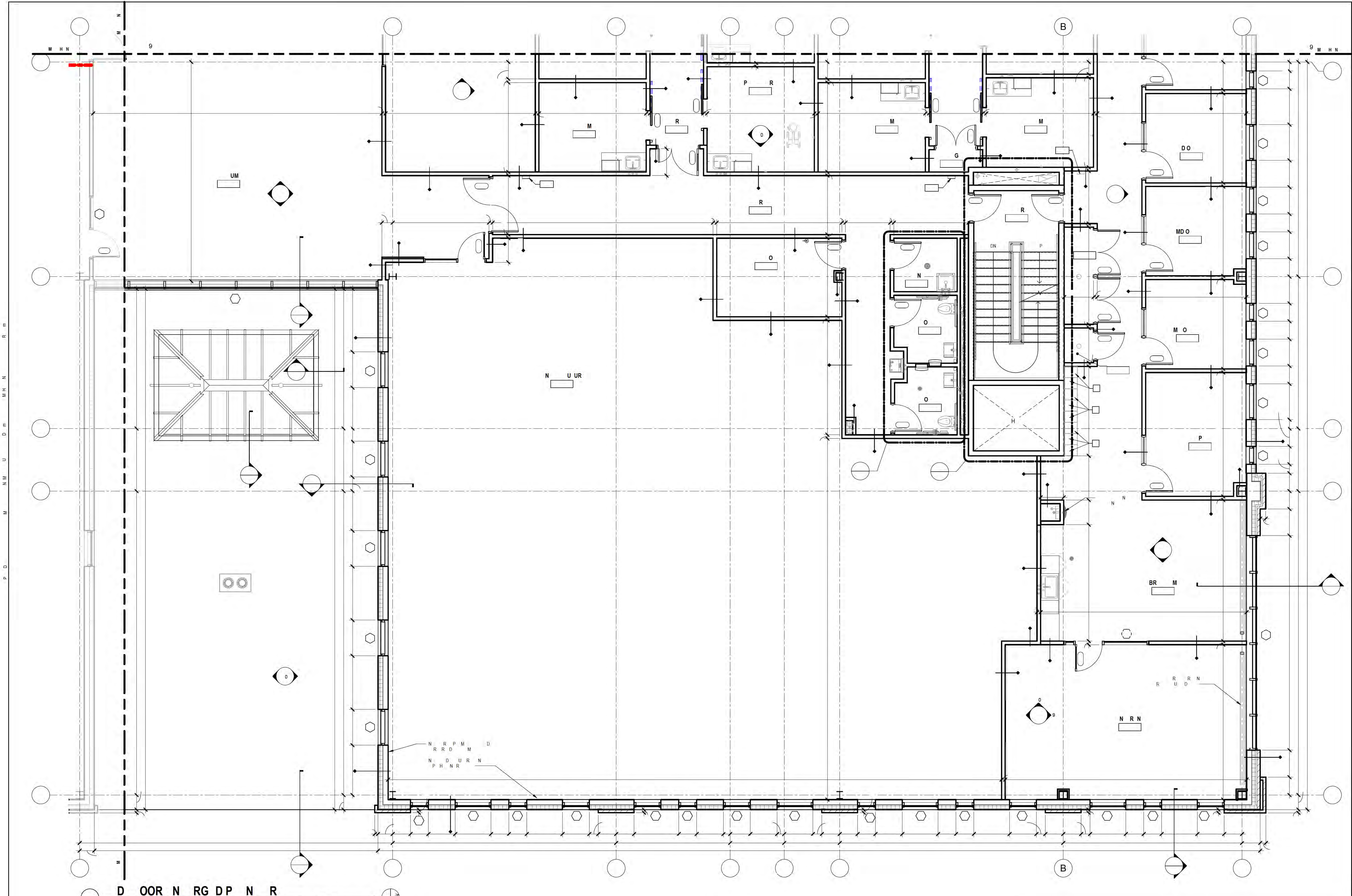


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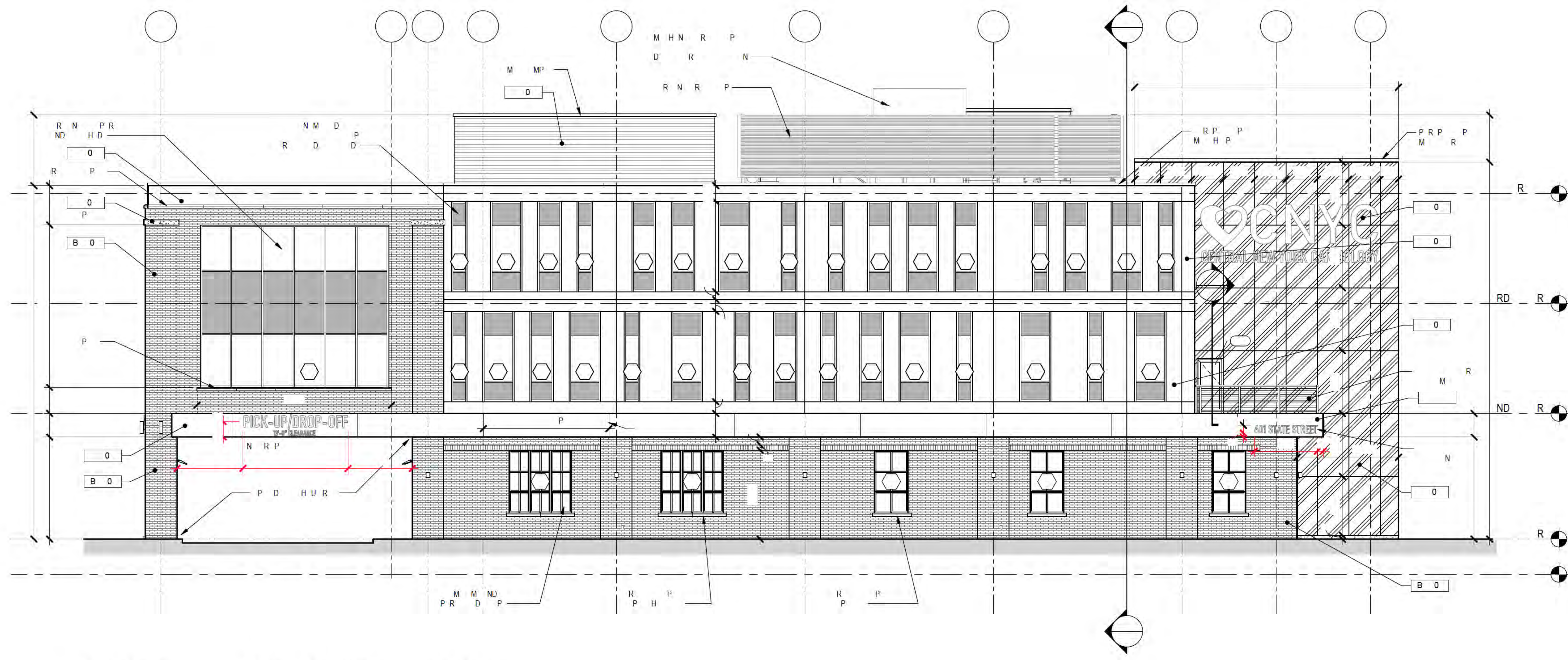
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BU DNG ON O UMB N R H



BU DNG ON W

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R		M R	P D U R R D	
N		N R R N	N N D R	
P		PR	D N R R N	
R		M R N	U D R H U	
P		P N	N H H R	
P		M M	R U U N D	
P		M P N	P D U R R	
P		M P N	R R H M	
M		M	P D U R H	
M		M R	R M H	
M		M R M	P D U R	
M		D M	H D D	
		M R	R R R U	
		M R R M	R U	
			P N R	

NO

D R R N R D R H R P D U

H R H U R D R R N R R

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P P R R D D N R H M H D N M R R

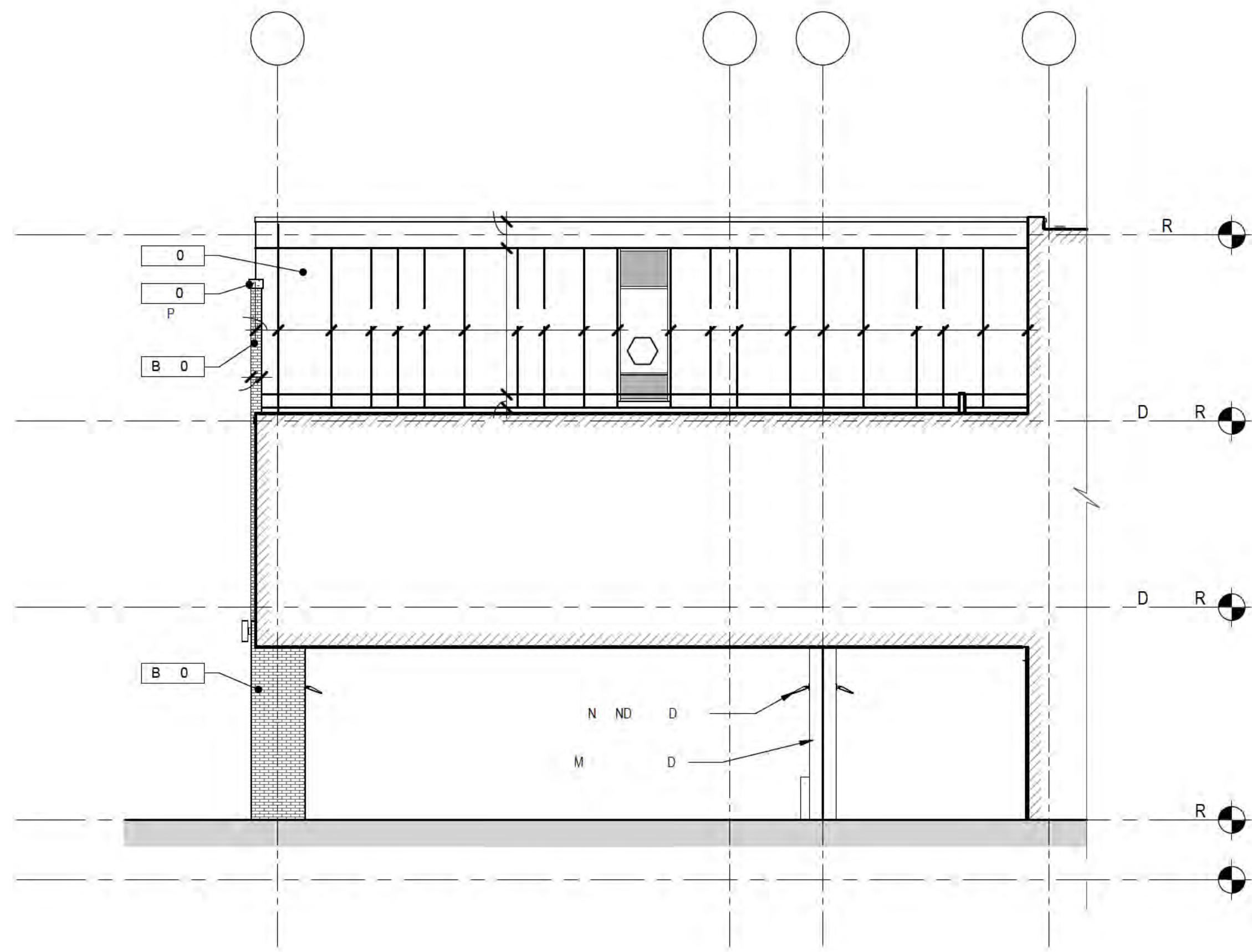
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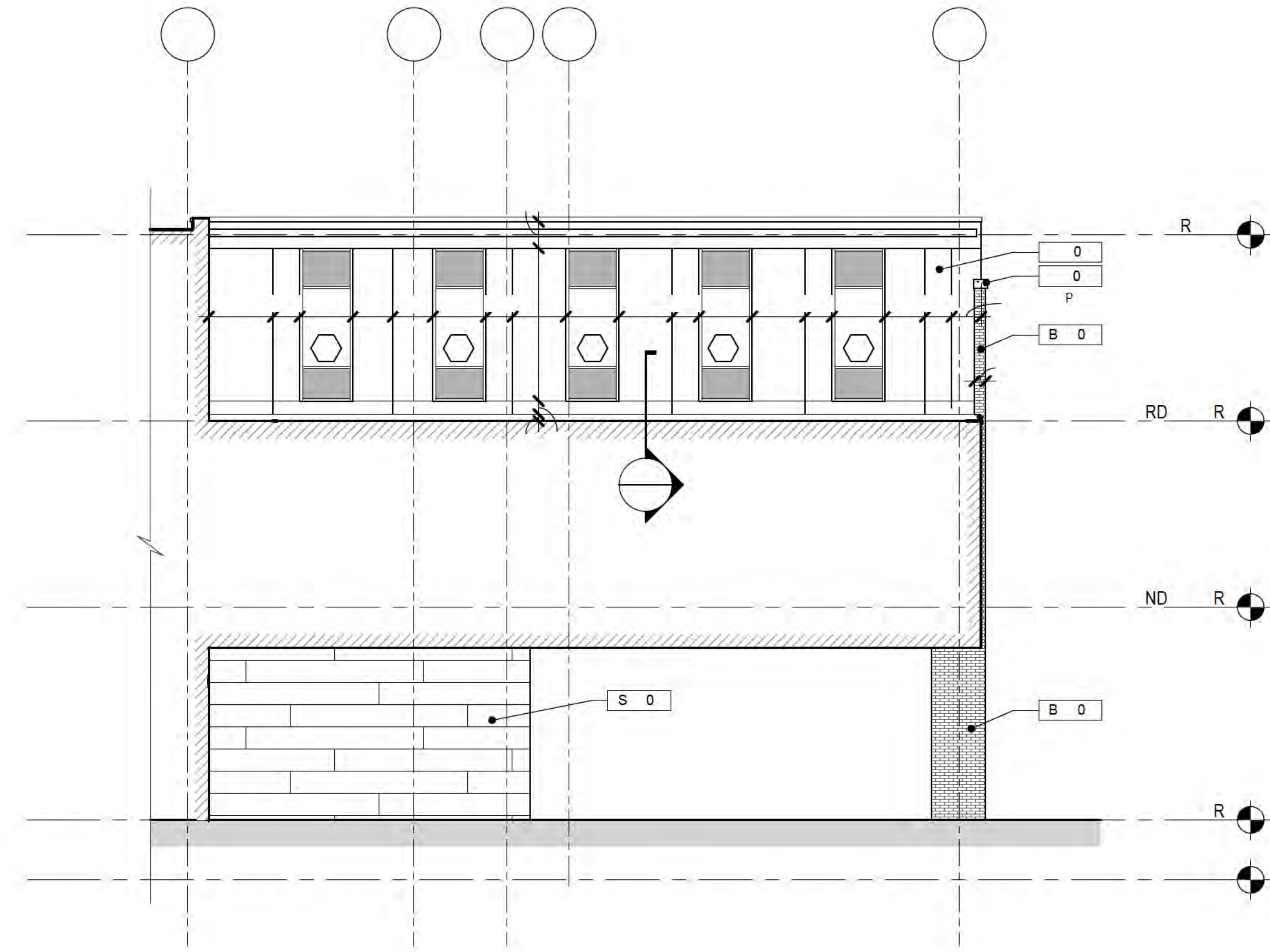
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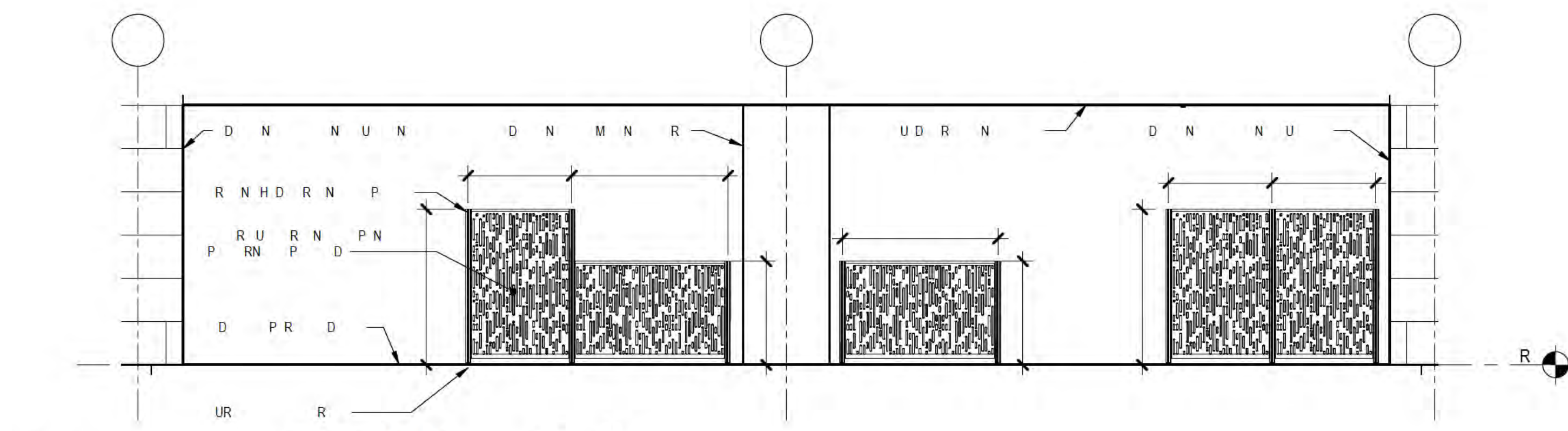
P D M N U D M M H N R B



○ B DG OU H ND N



○ B DG NOR H ND N



○ URN H NG R N

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R			M R	P	D	R	R	D
N			R N R N	N	N	D	R	
P			PR	N R	U	D	R	H U
R			M R N	M	R	U	U	ND
P			M M	P	D	R	R	
P			M P N	P	D	R	H	M
P			N D	P	D	R		
M			M	R	P	D	M	H D P N
M			M R M	R	P	D	R	U
M			D M	P	D	R	U	
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				P	N	R		

NO

D R R N R D R H R P D U

HRH U RD RR N R R

ND DR R

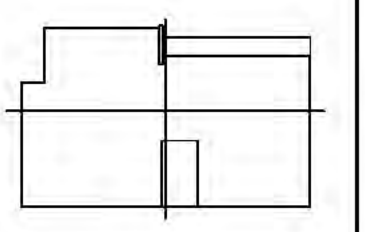
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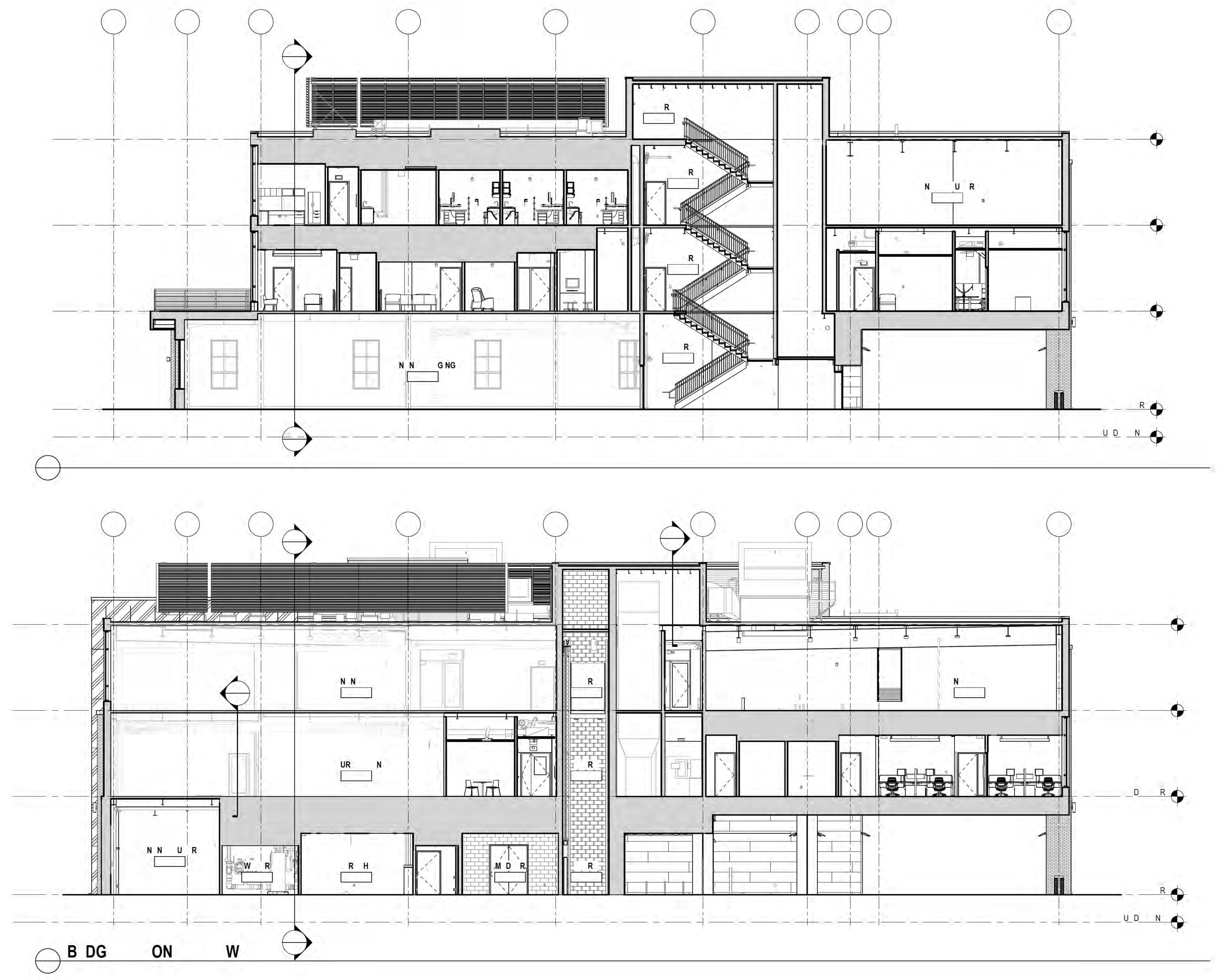
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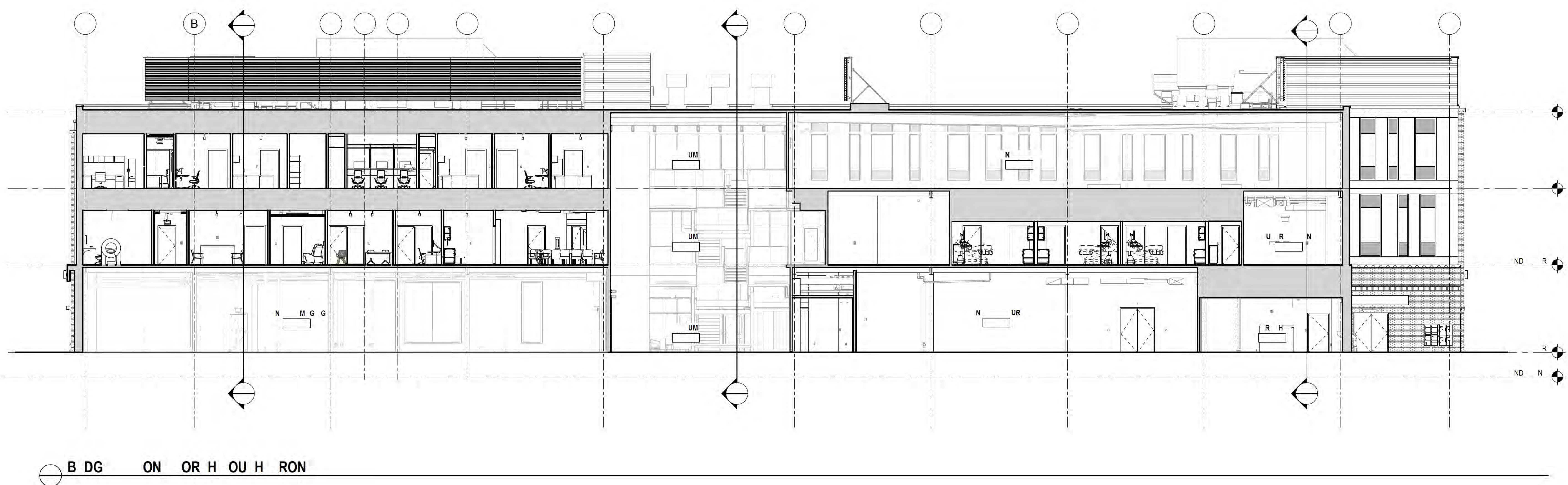
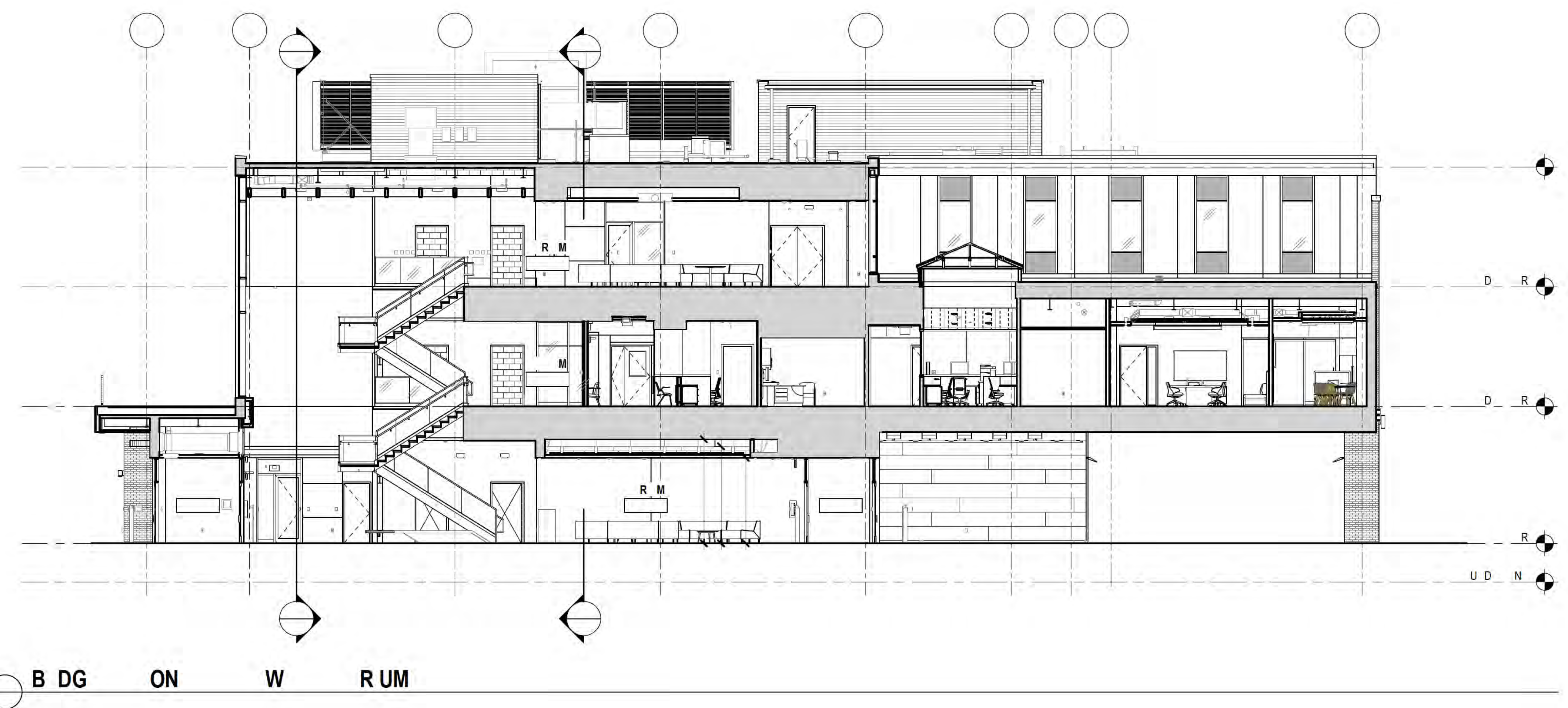
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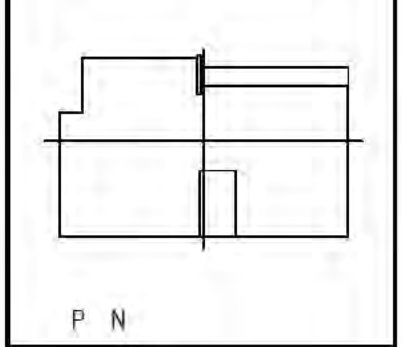
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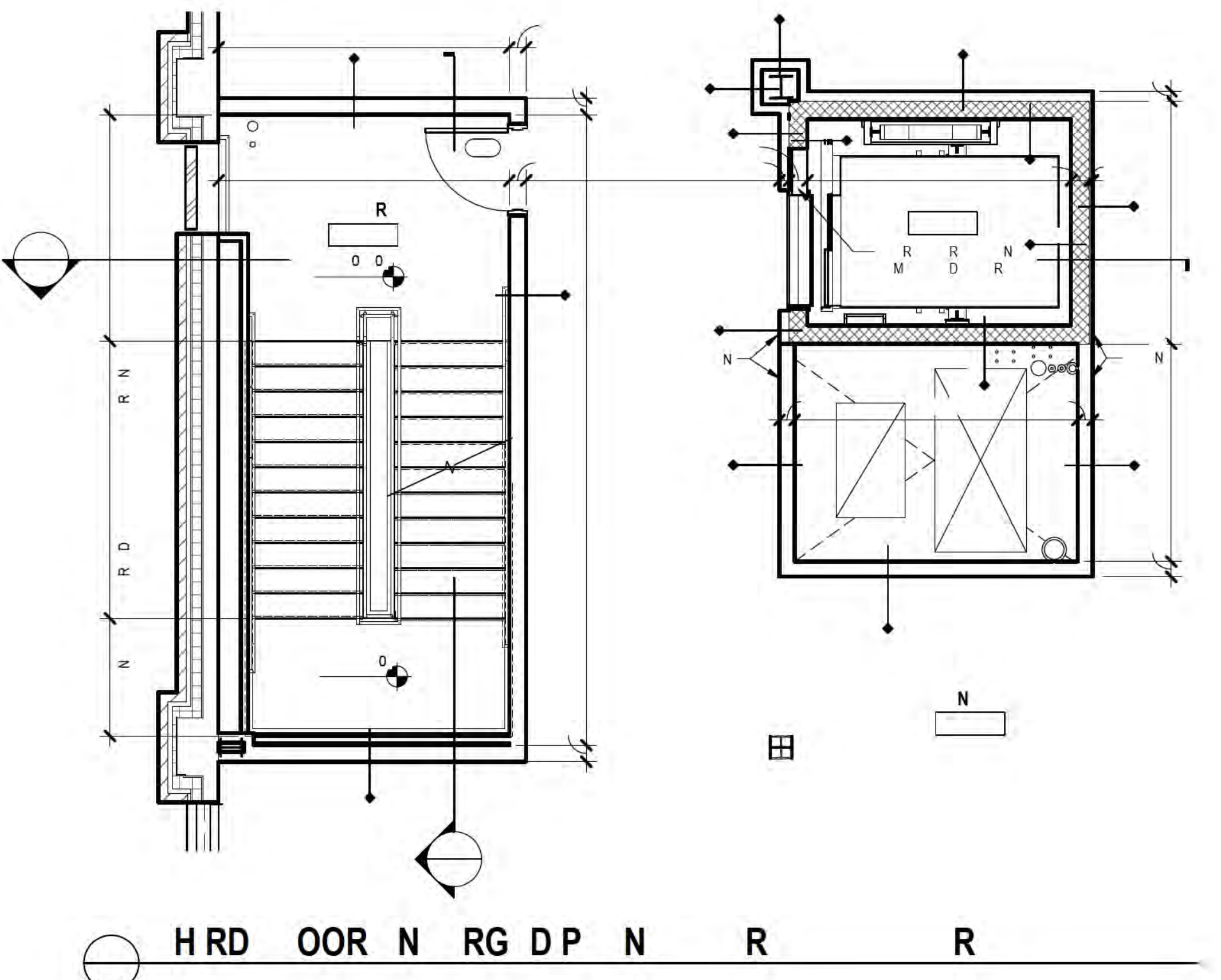
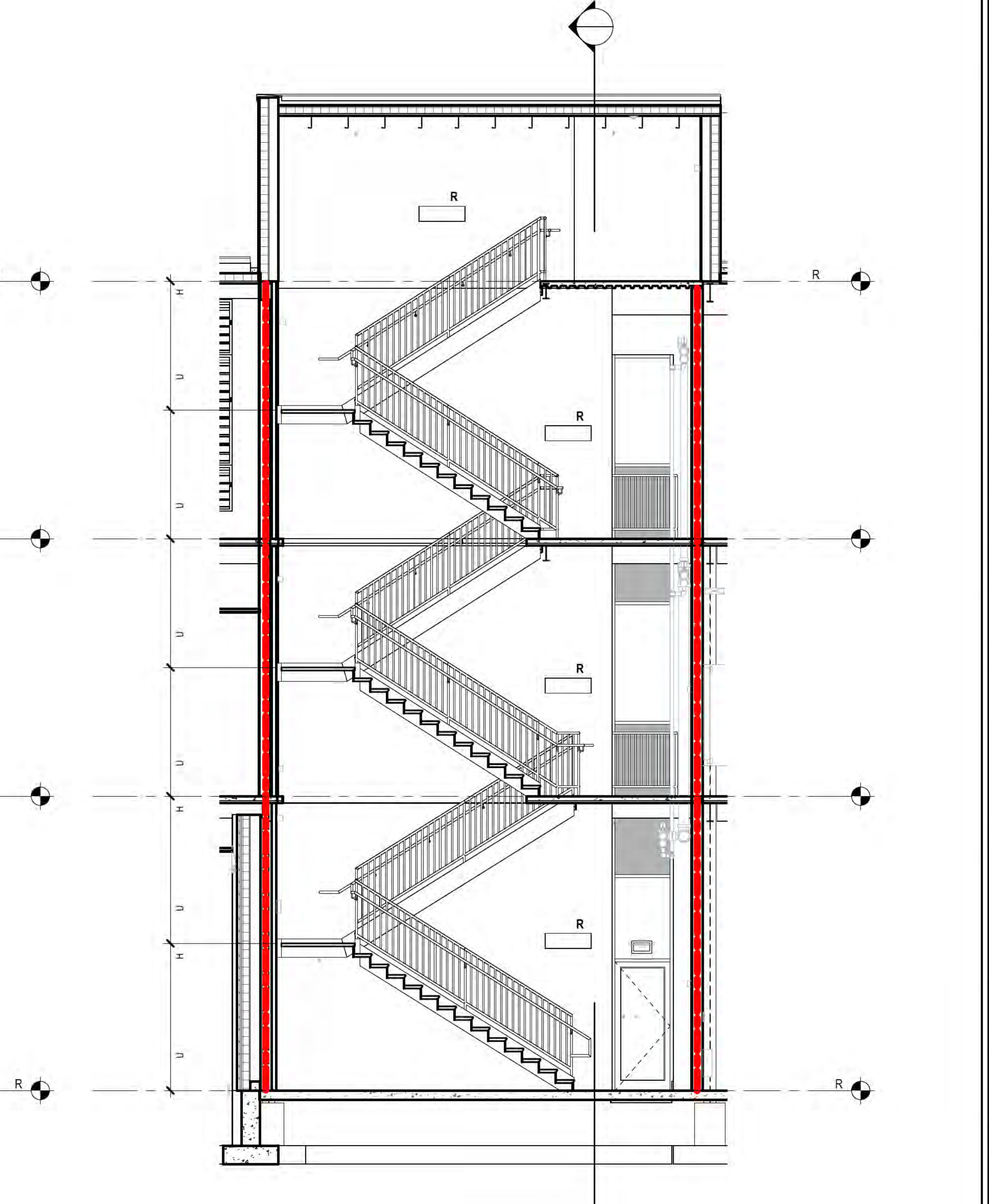
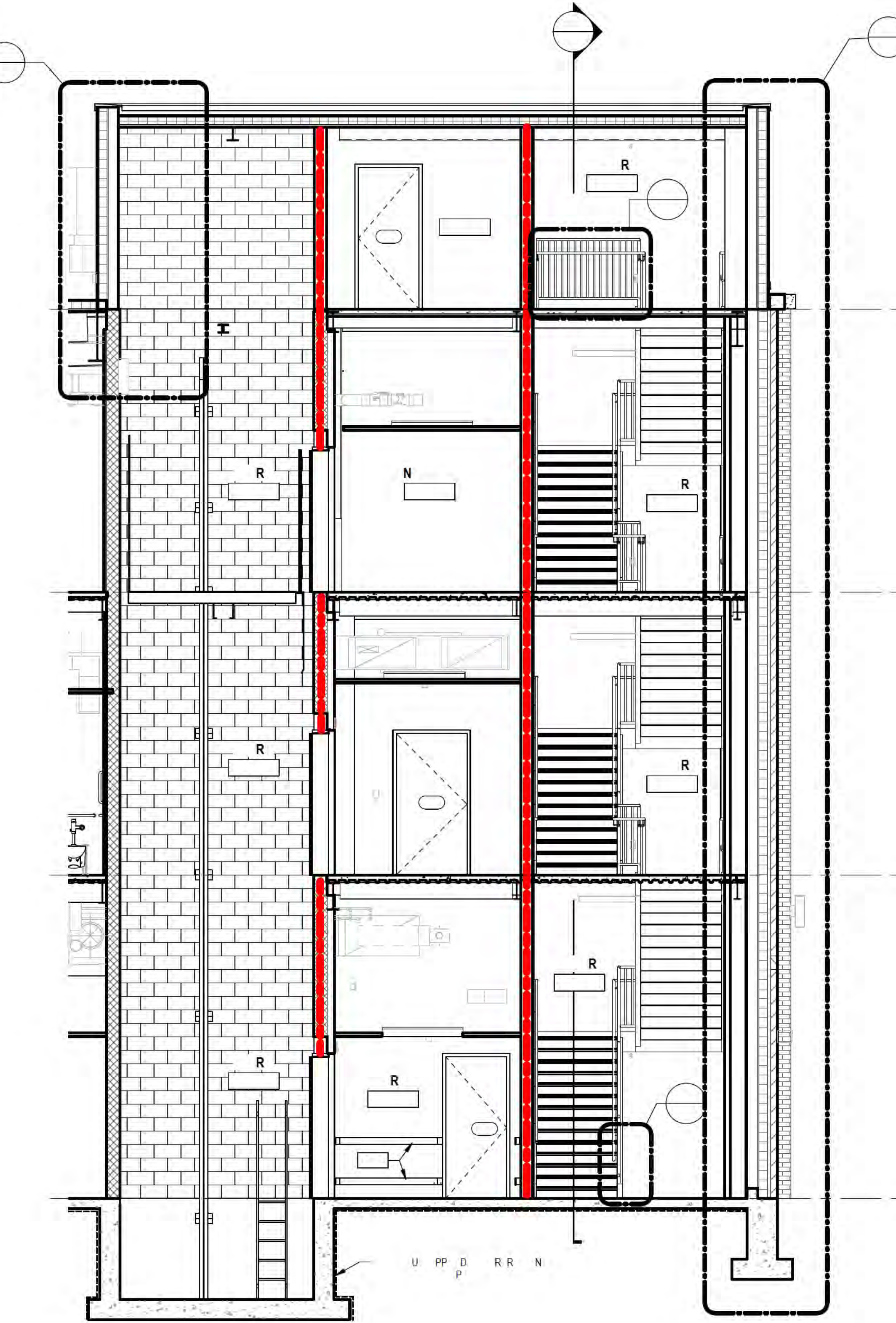
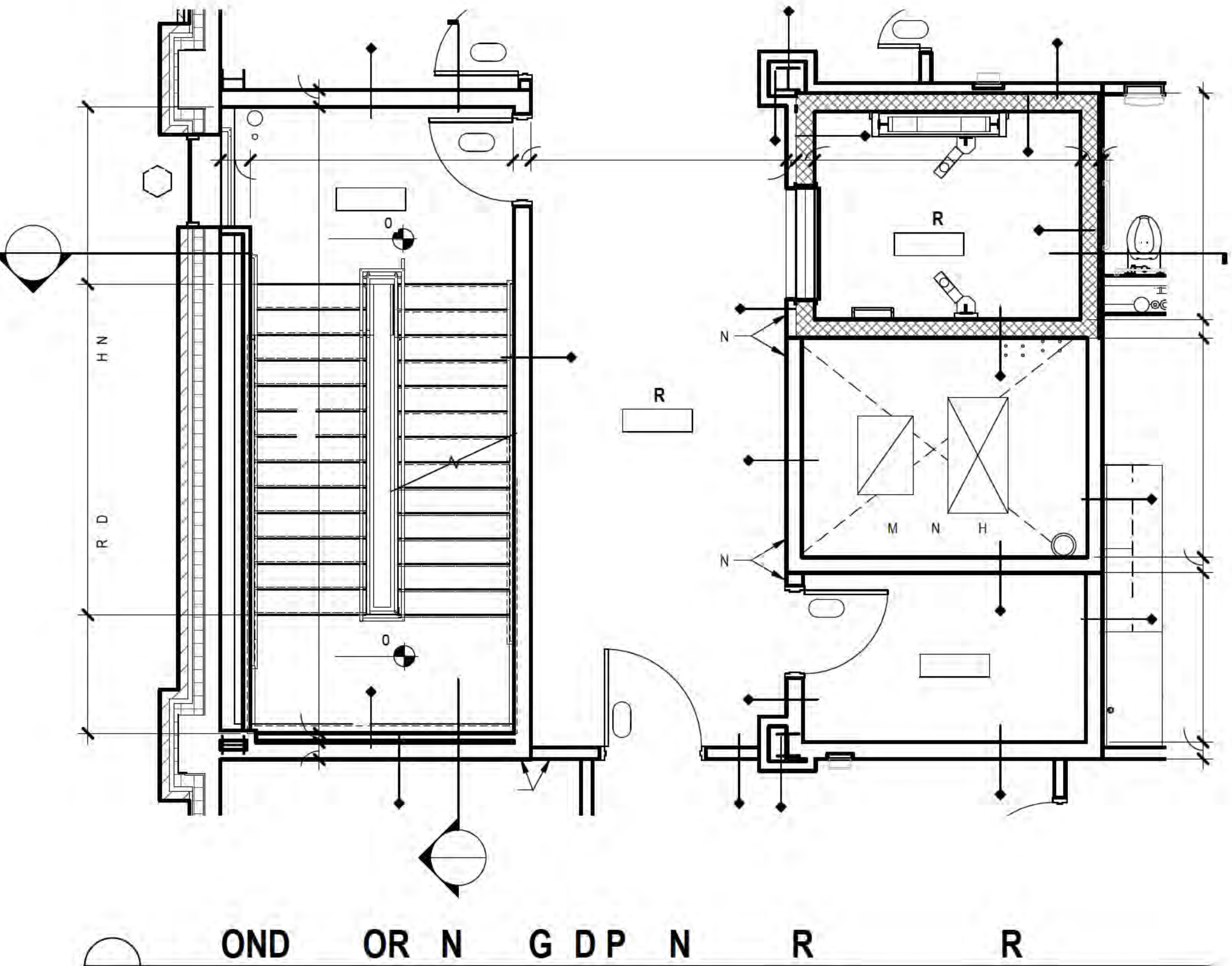
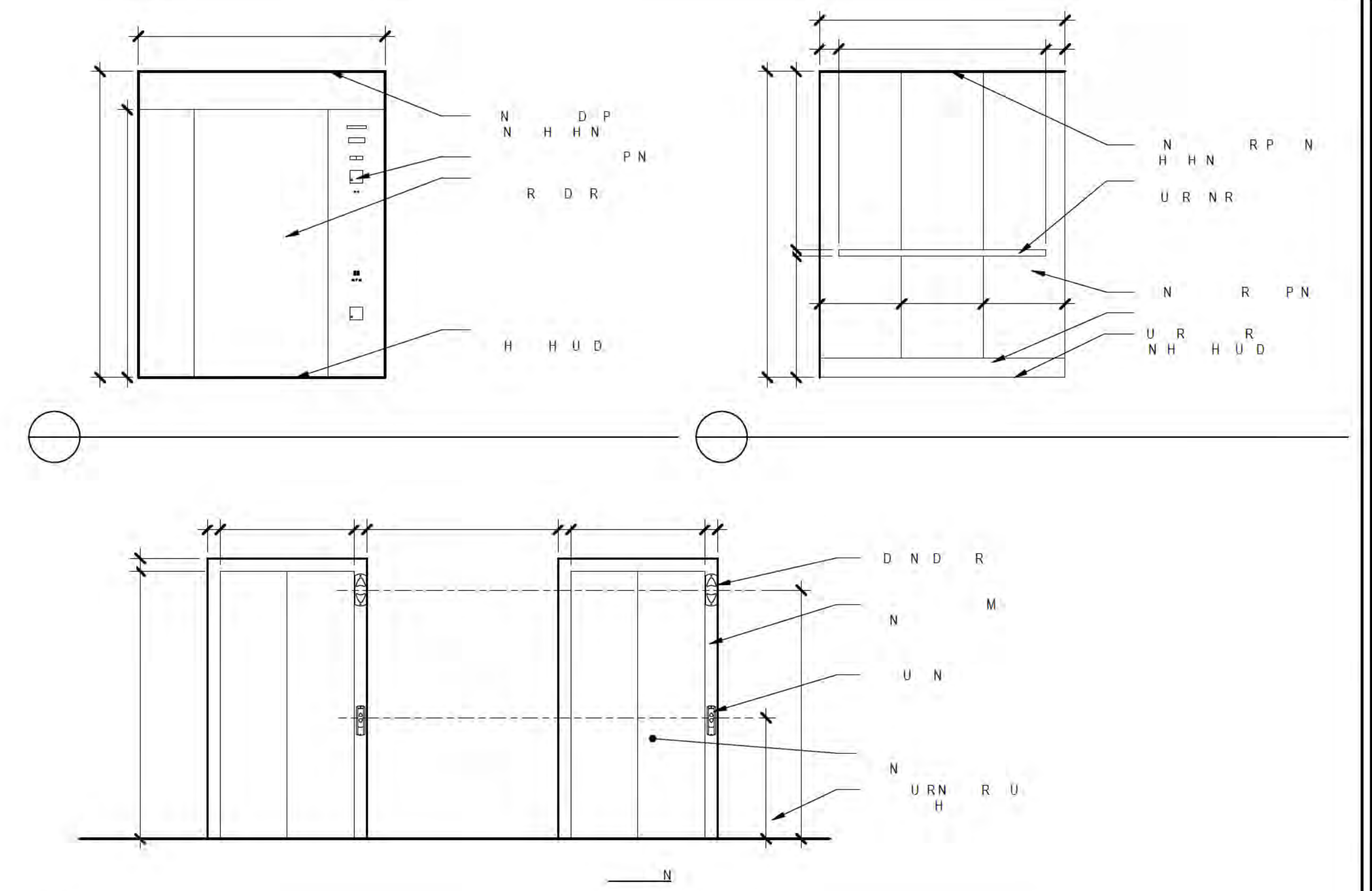
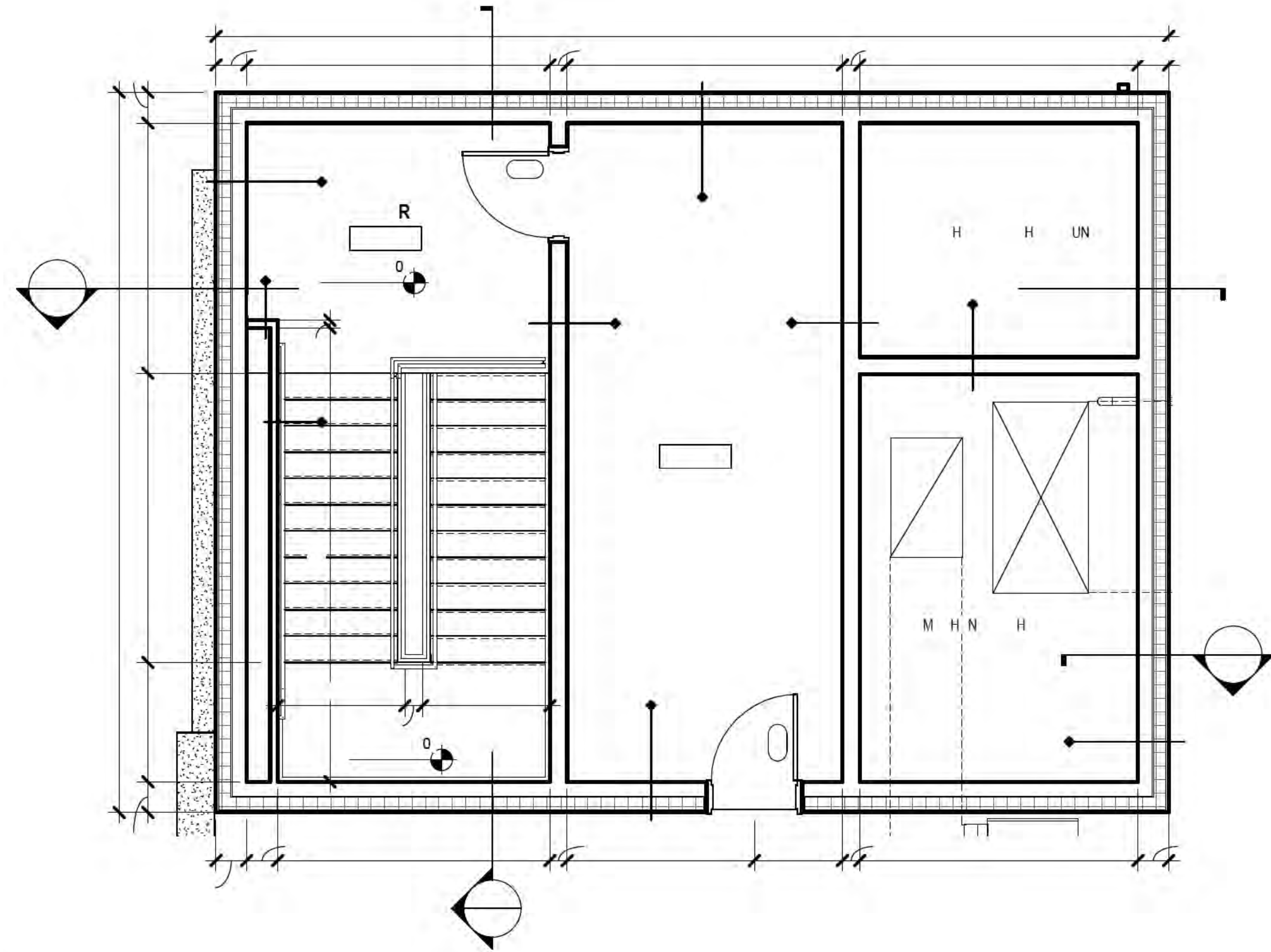
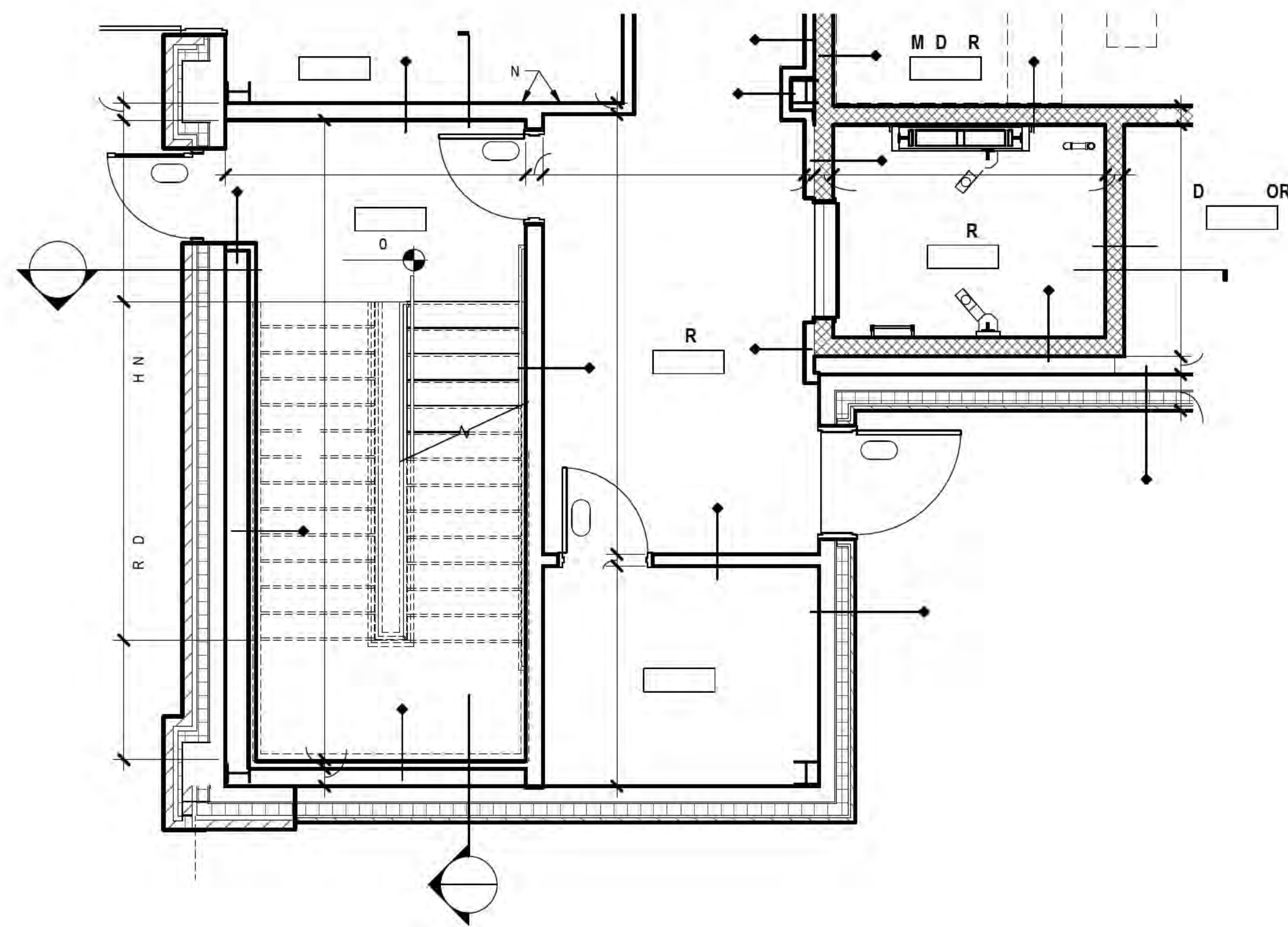


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ON OU H R ND R

ON U H R

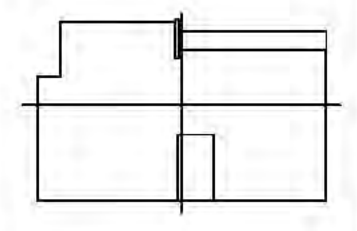
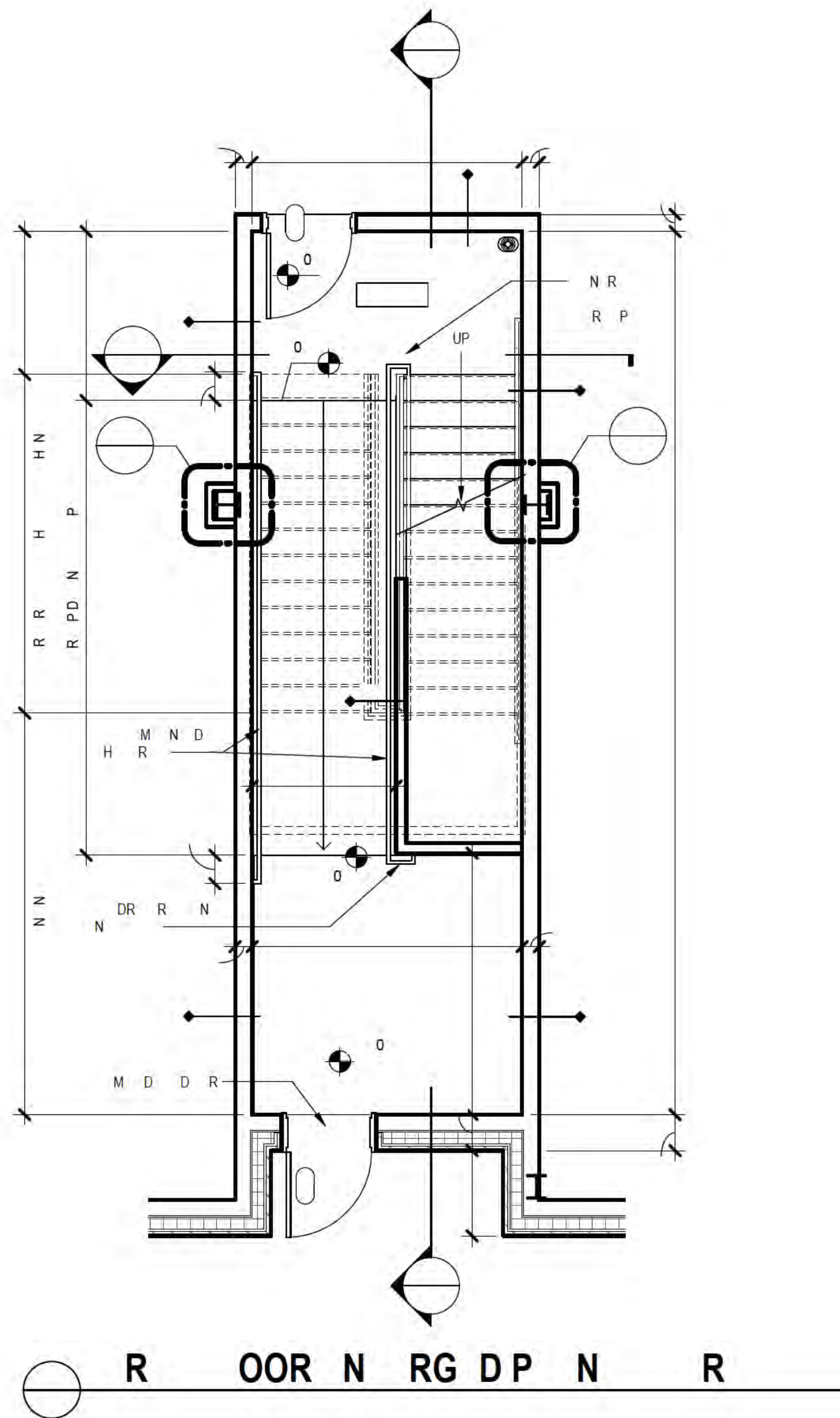
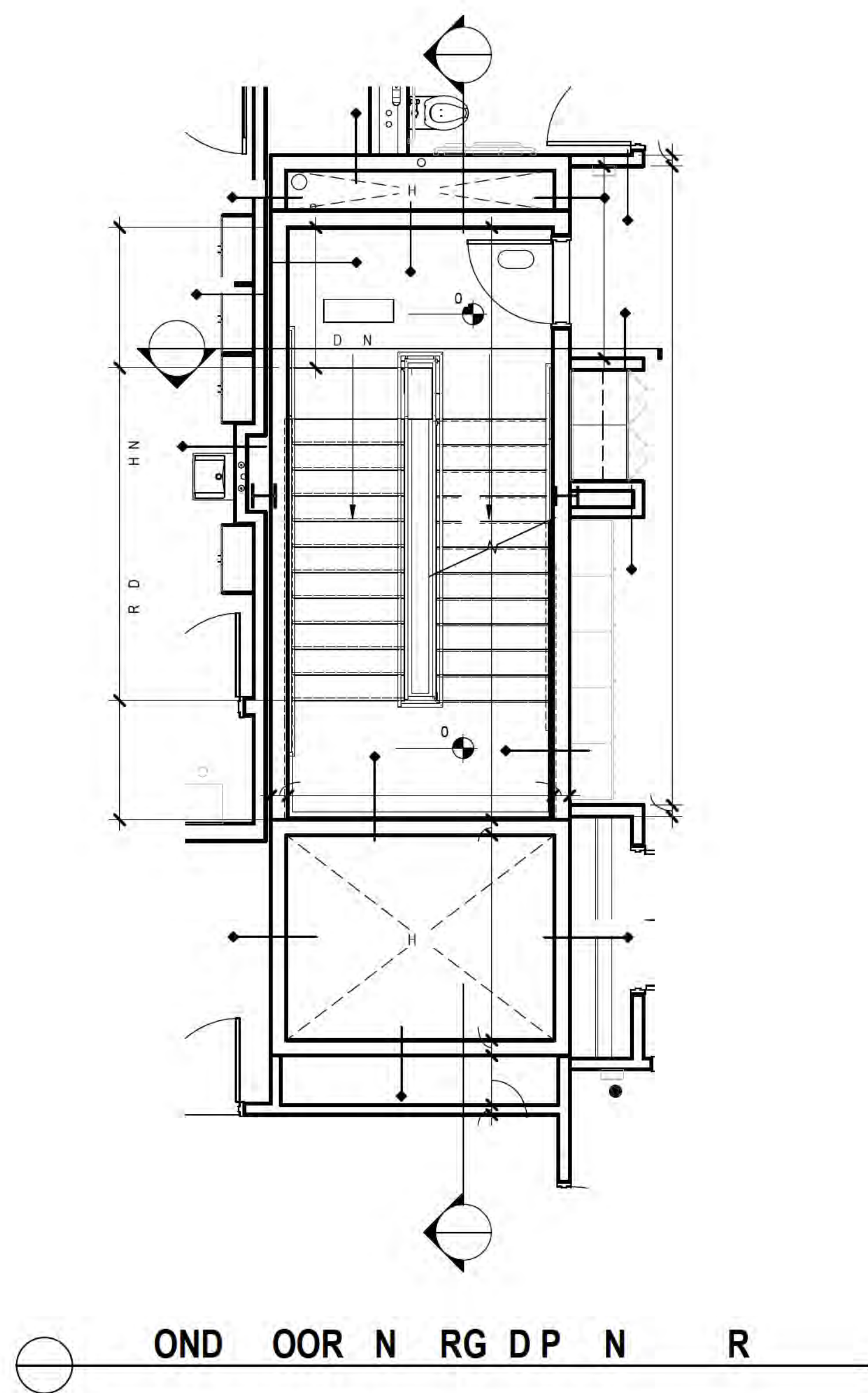


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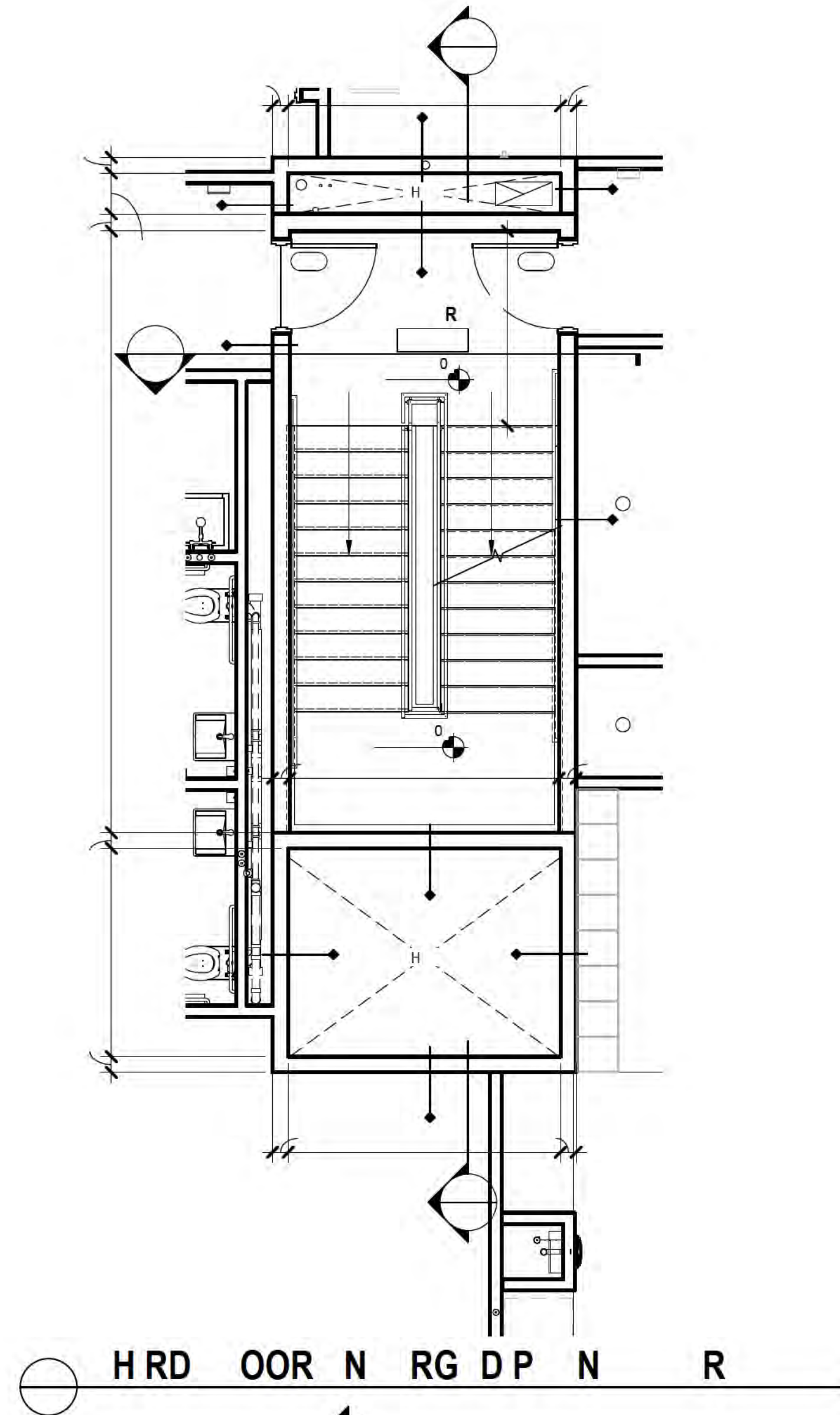
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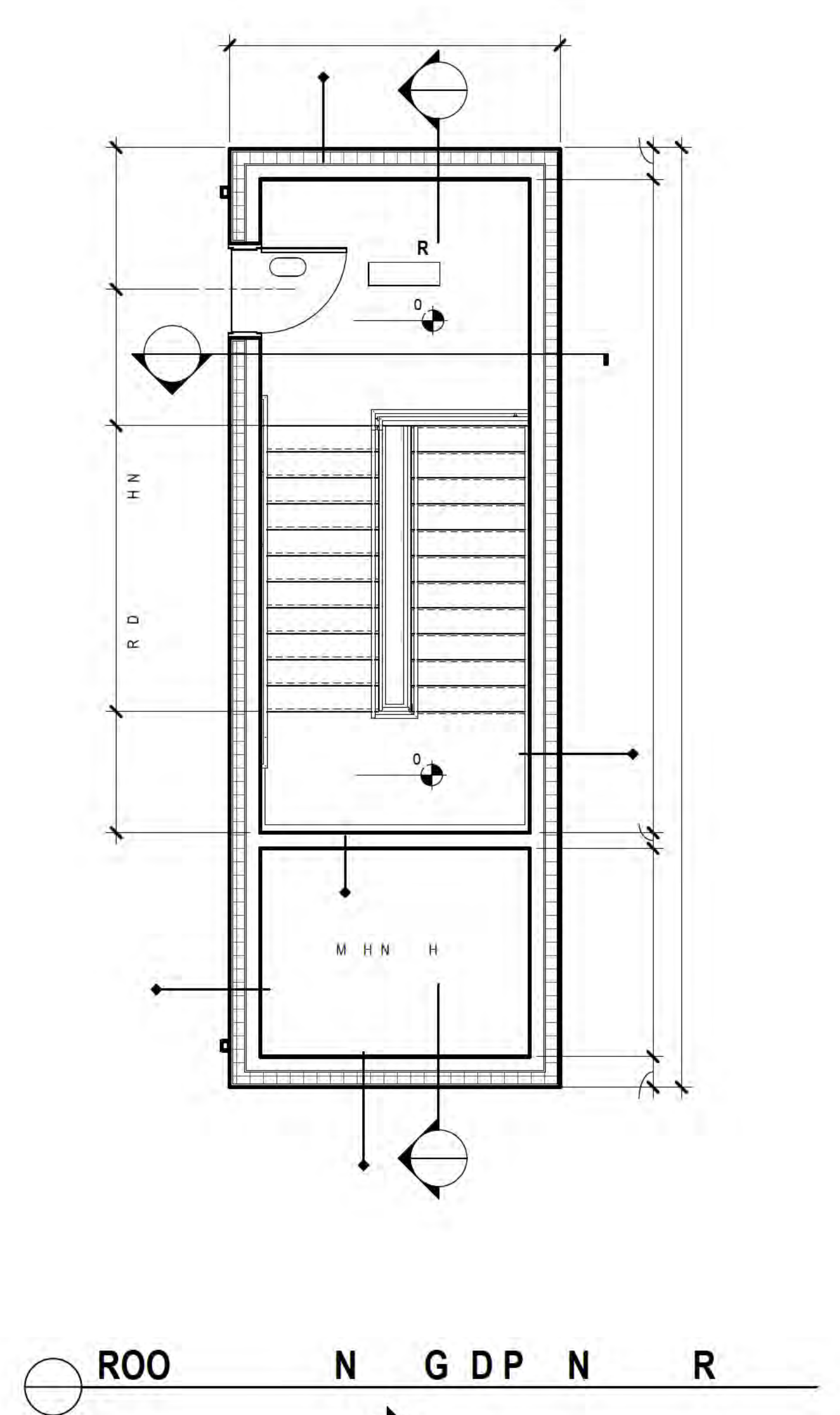
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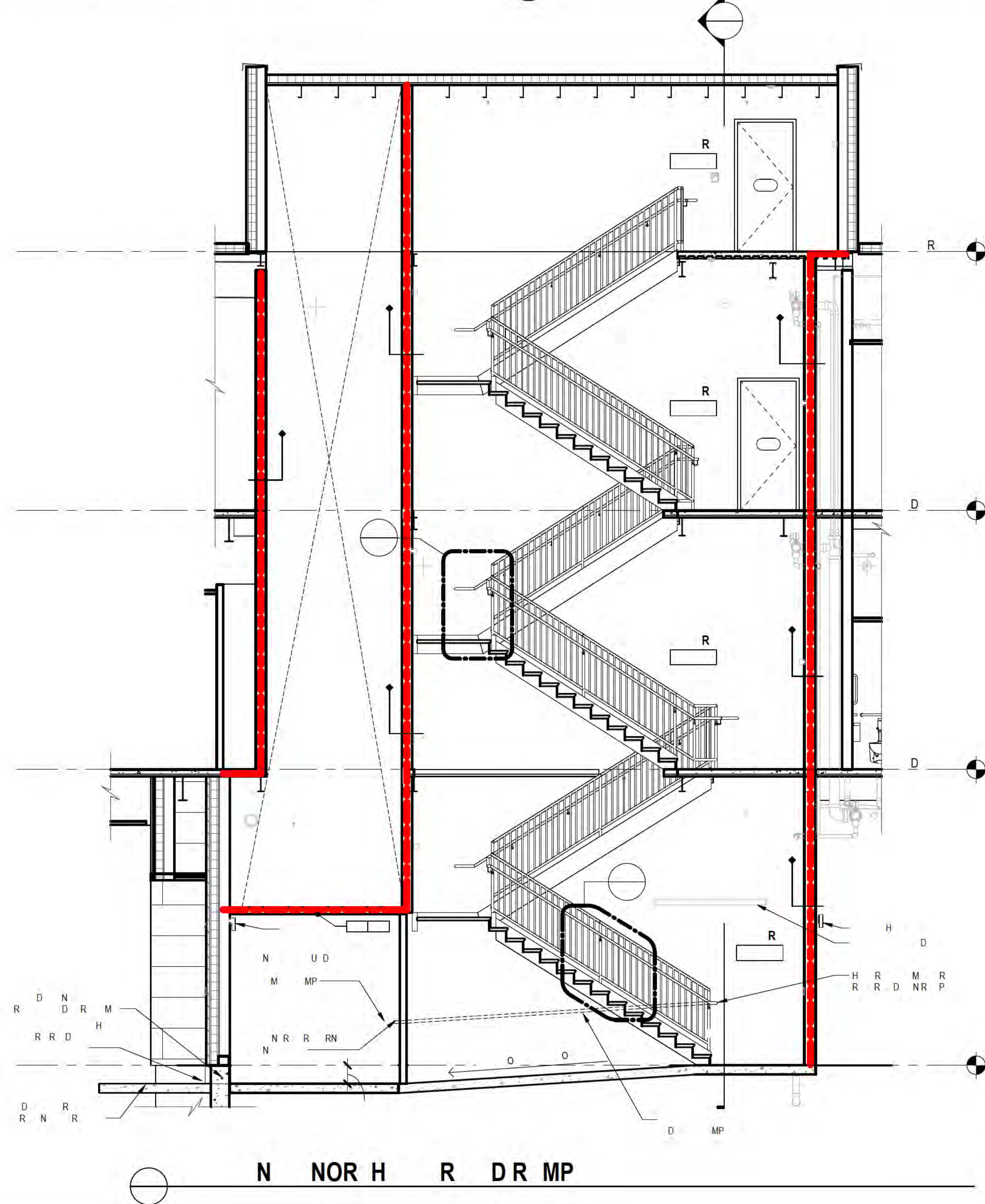
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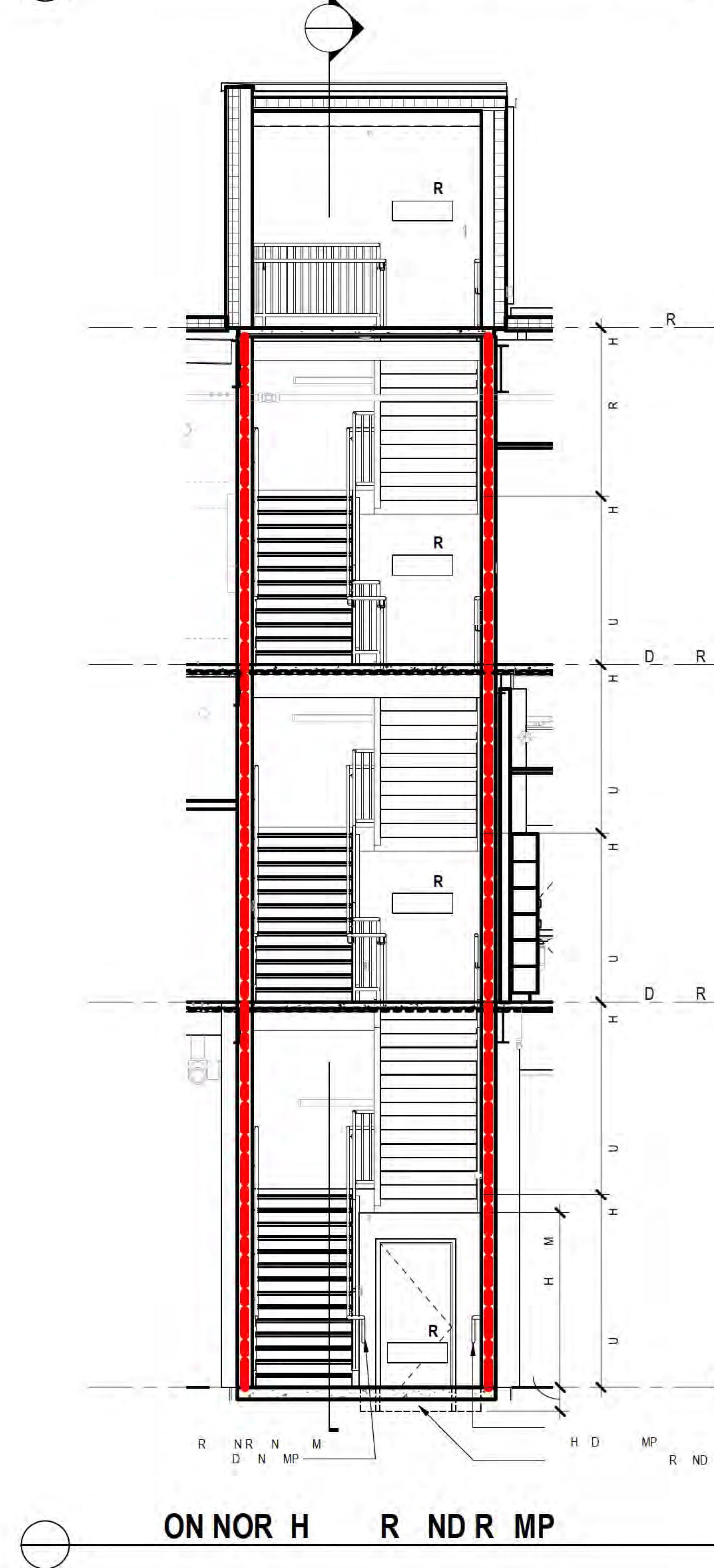
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ROO N G DP N R

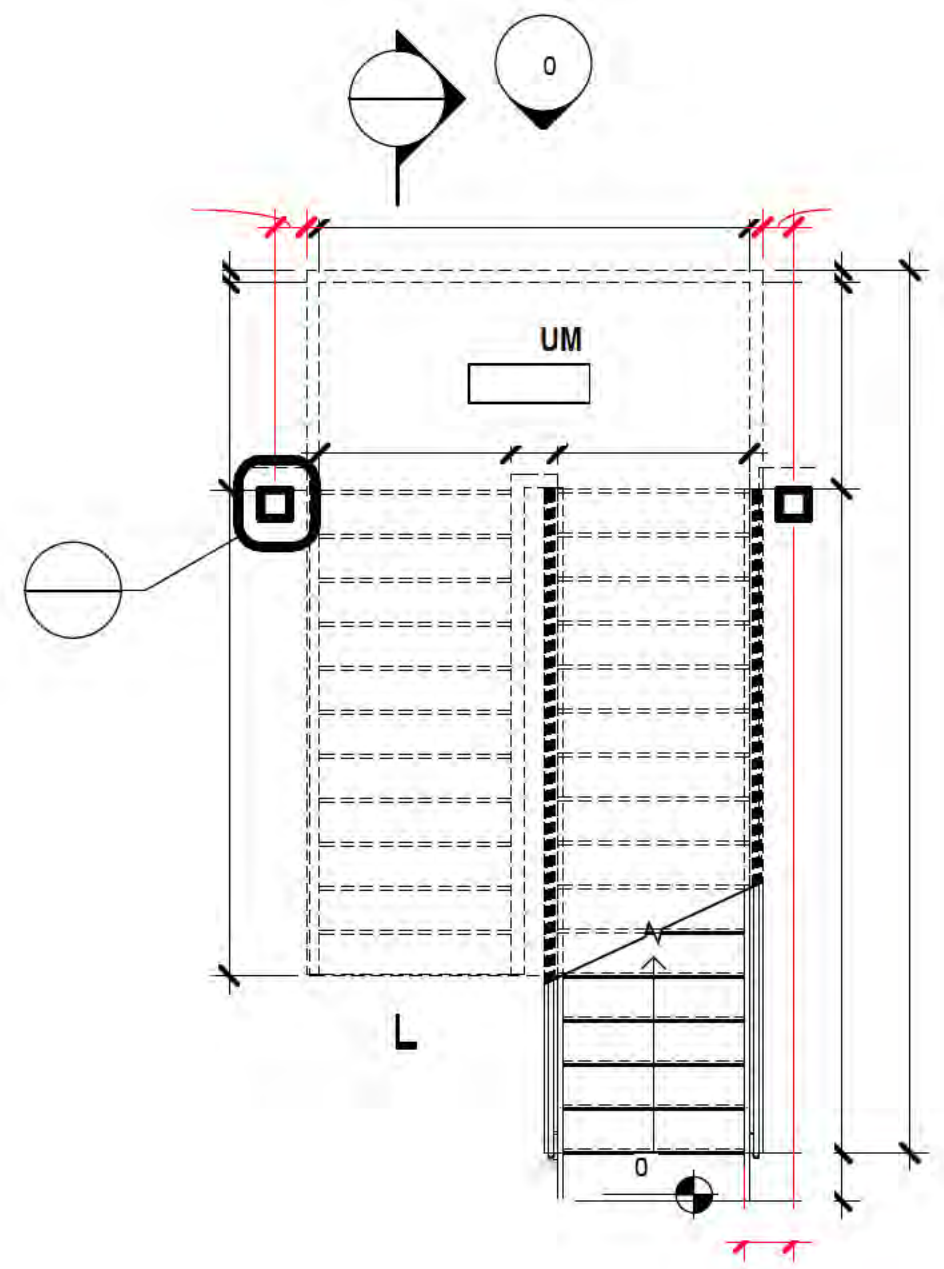


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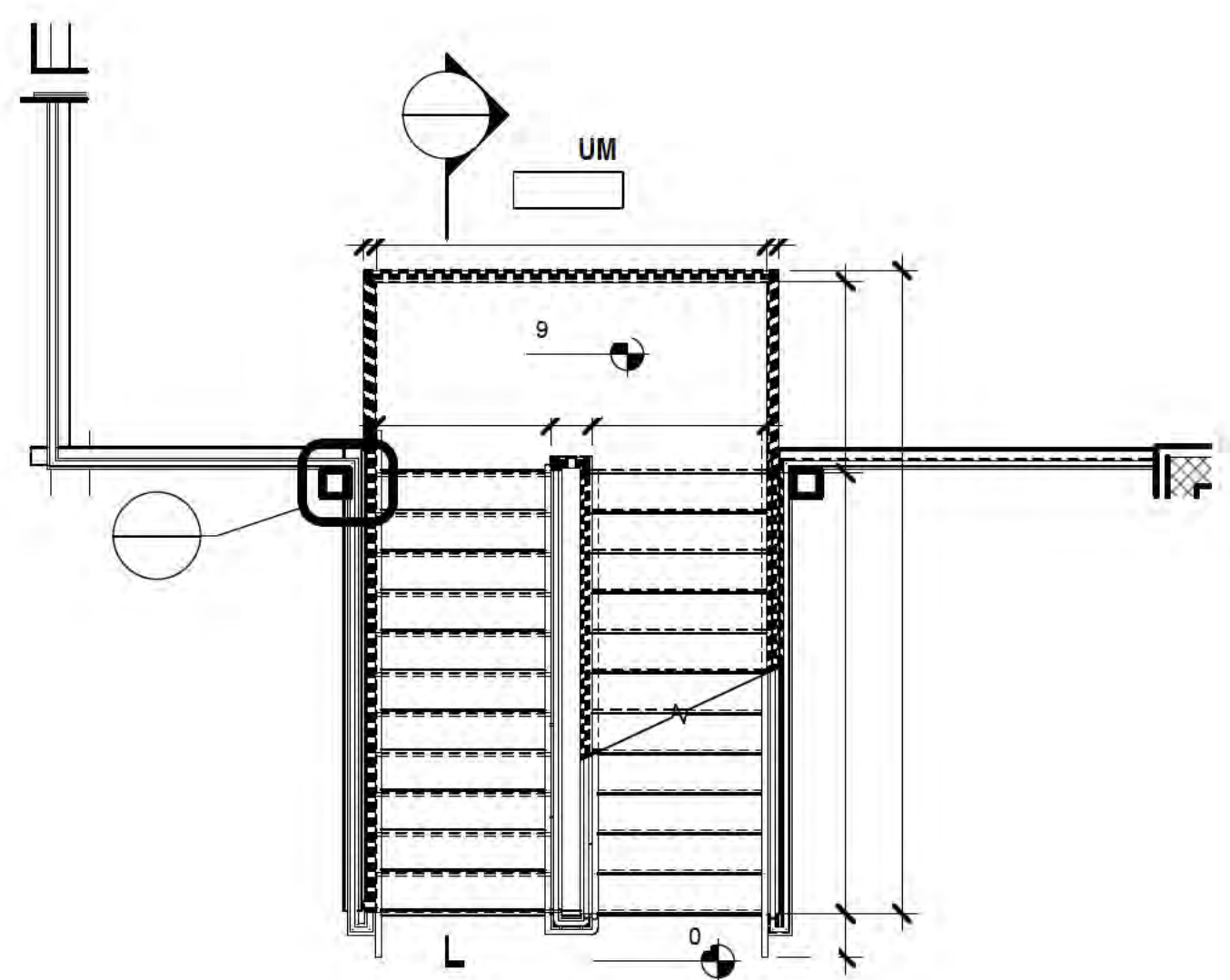


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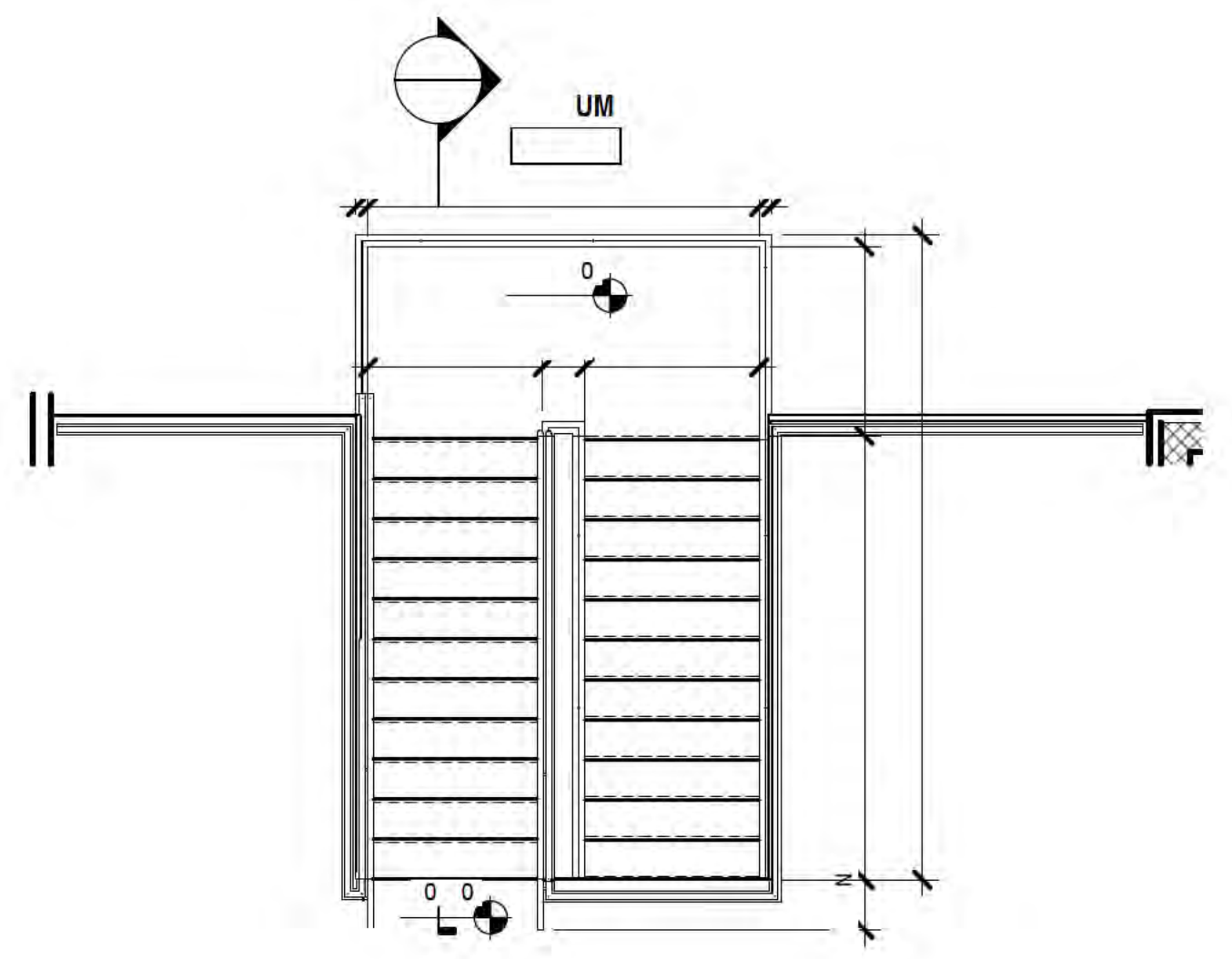
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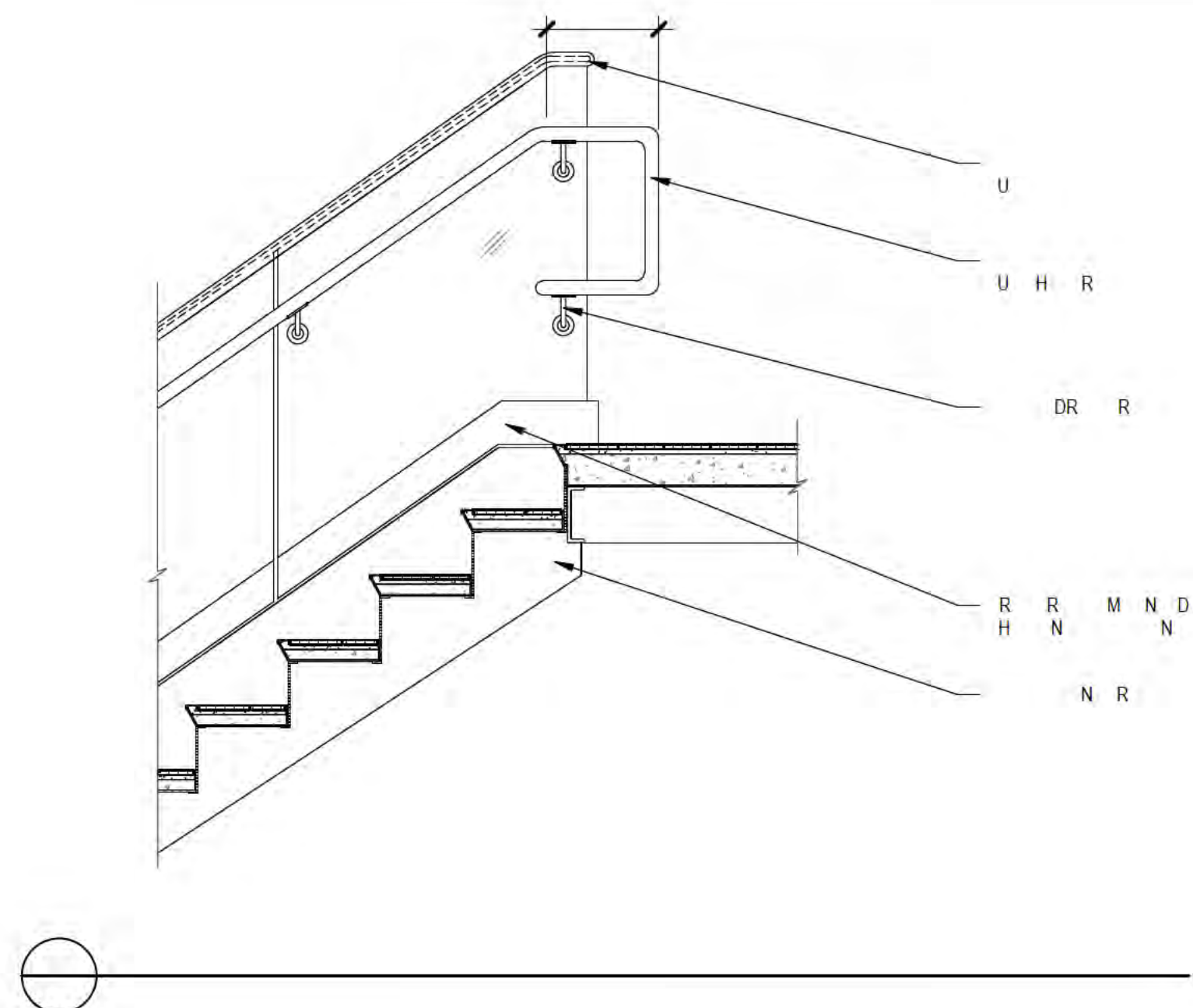
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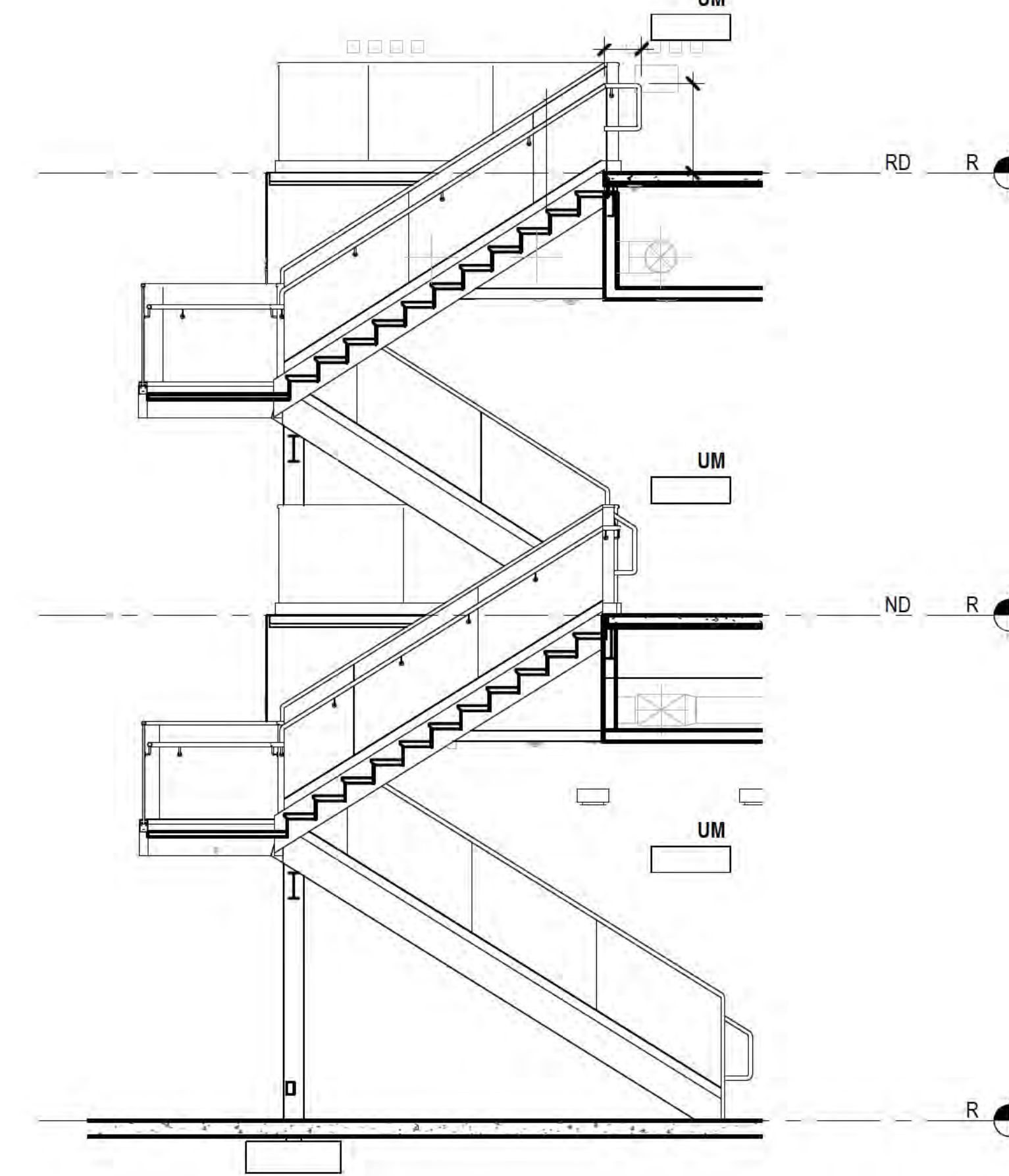
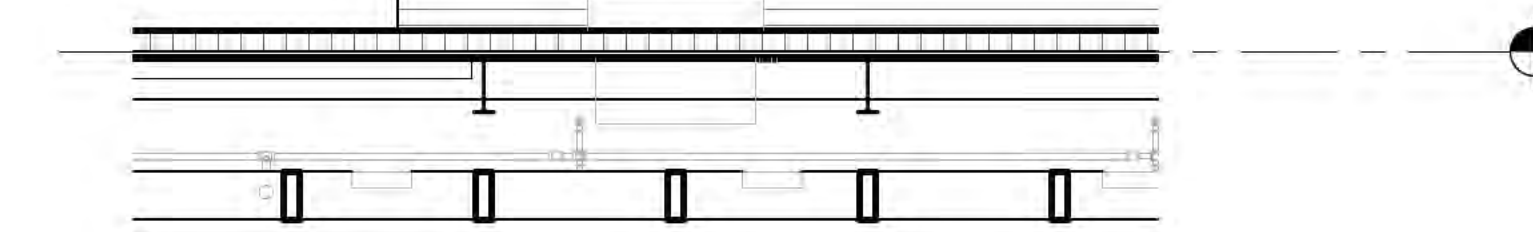
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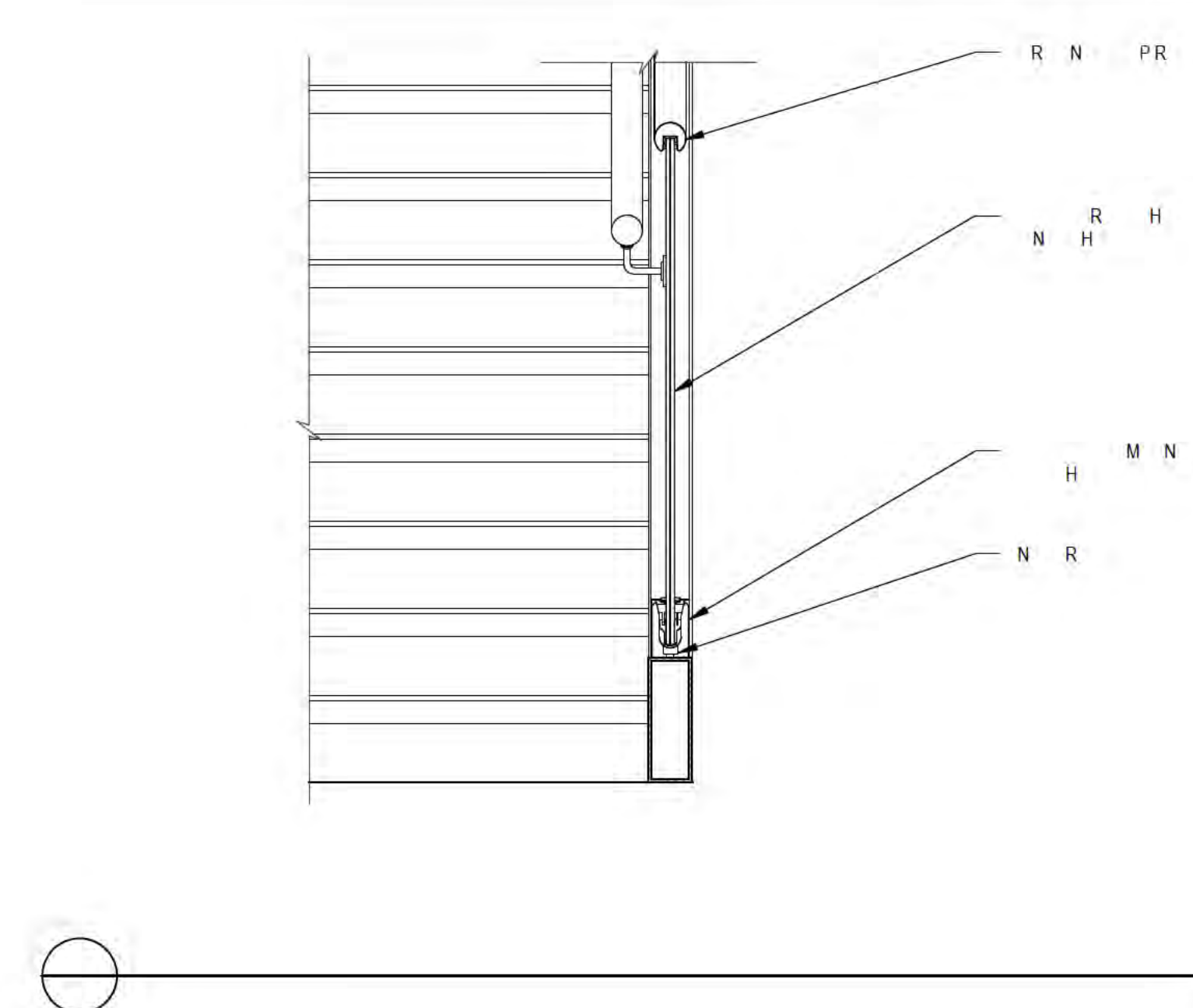
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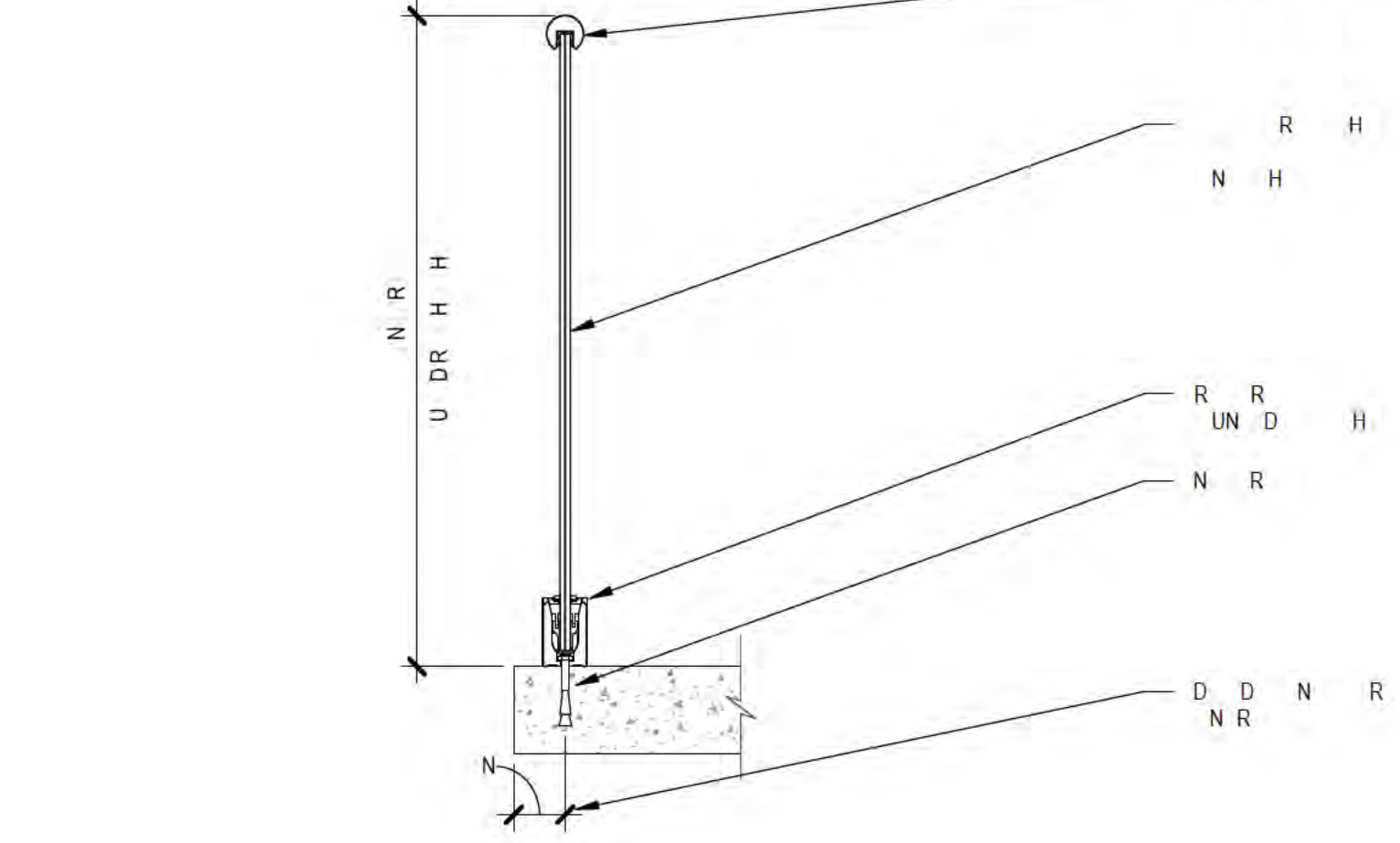
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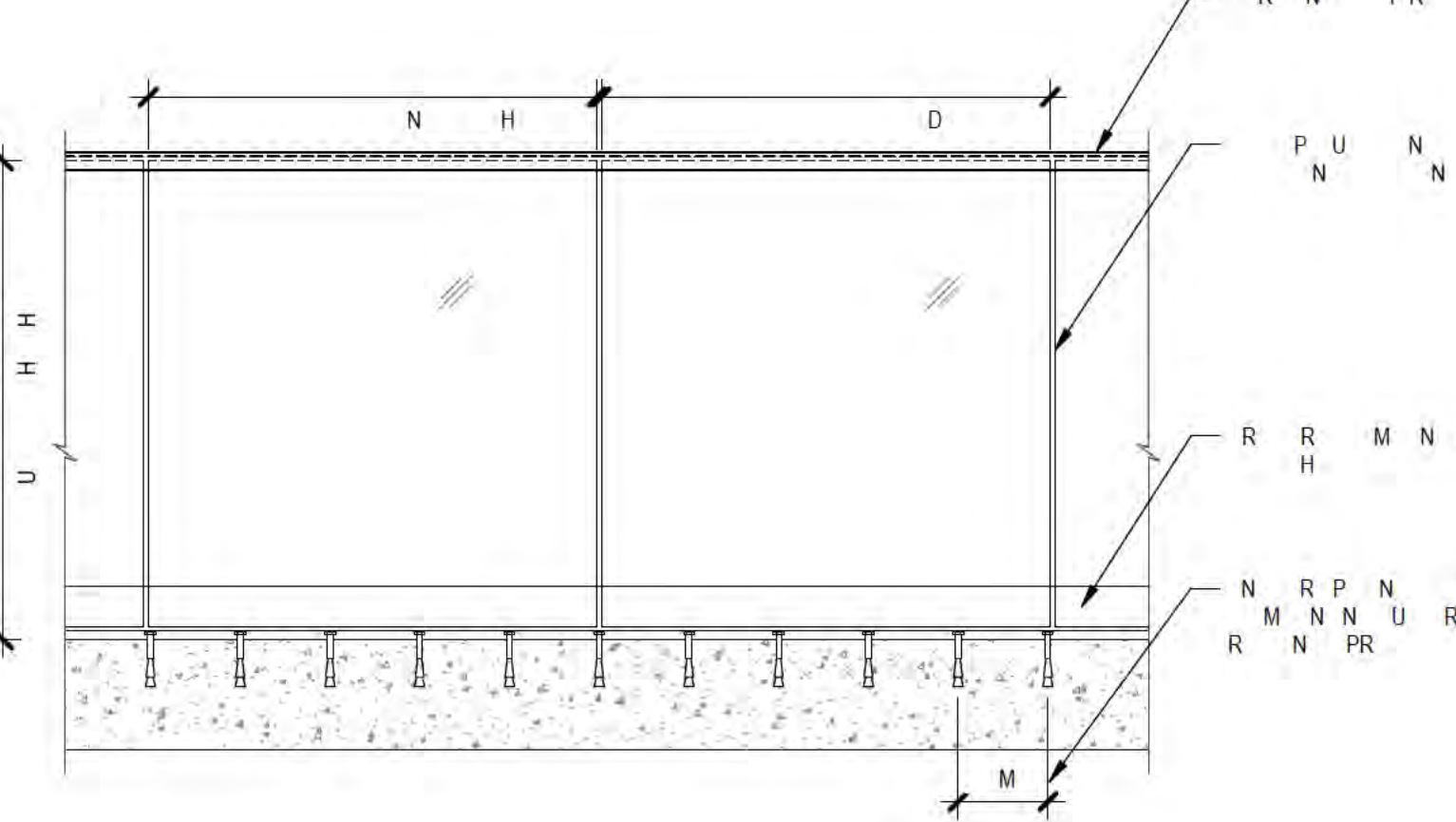
ON OBB R



G GU RD M



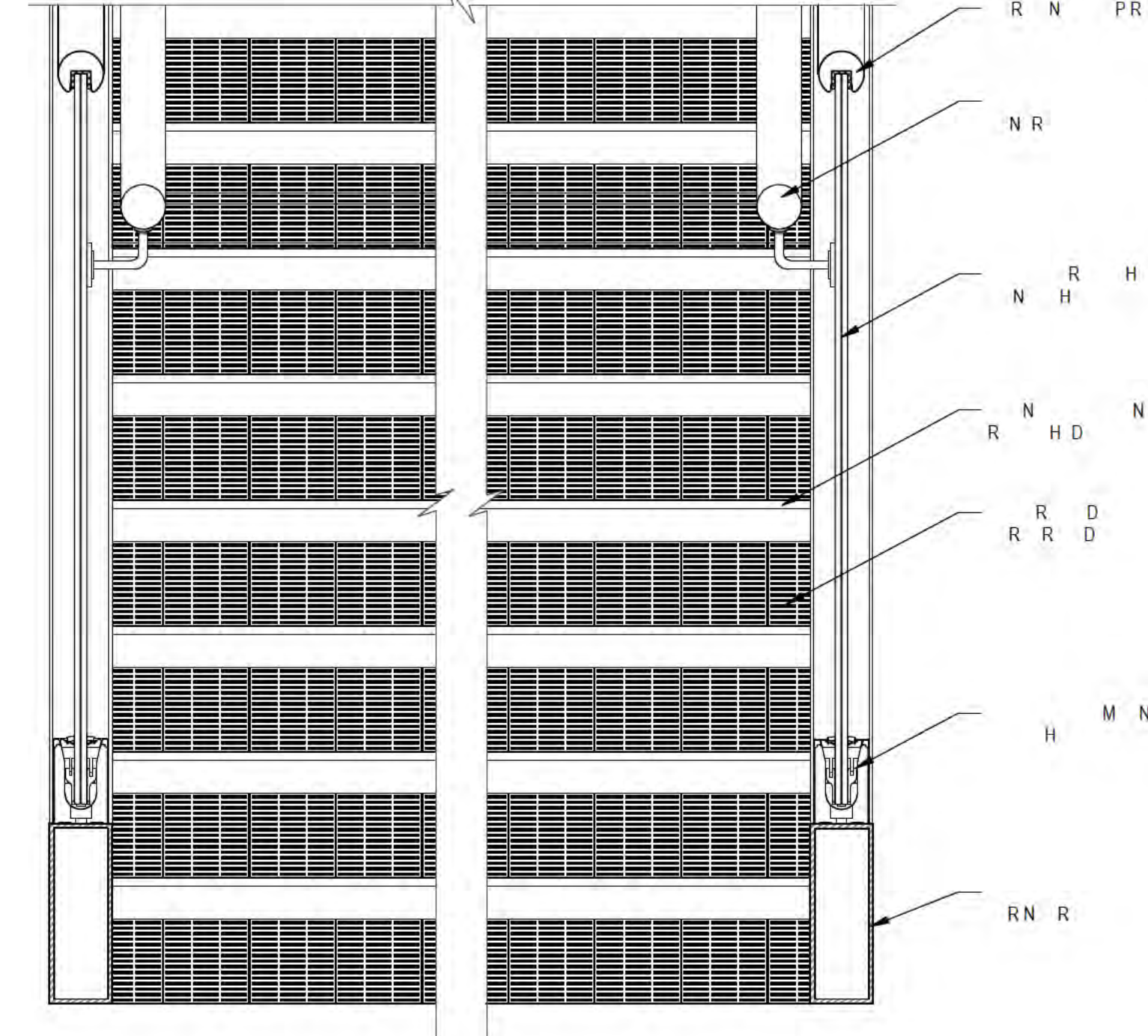
G GUR DR ON UR MOUN



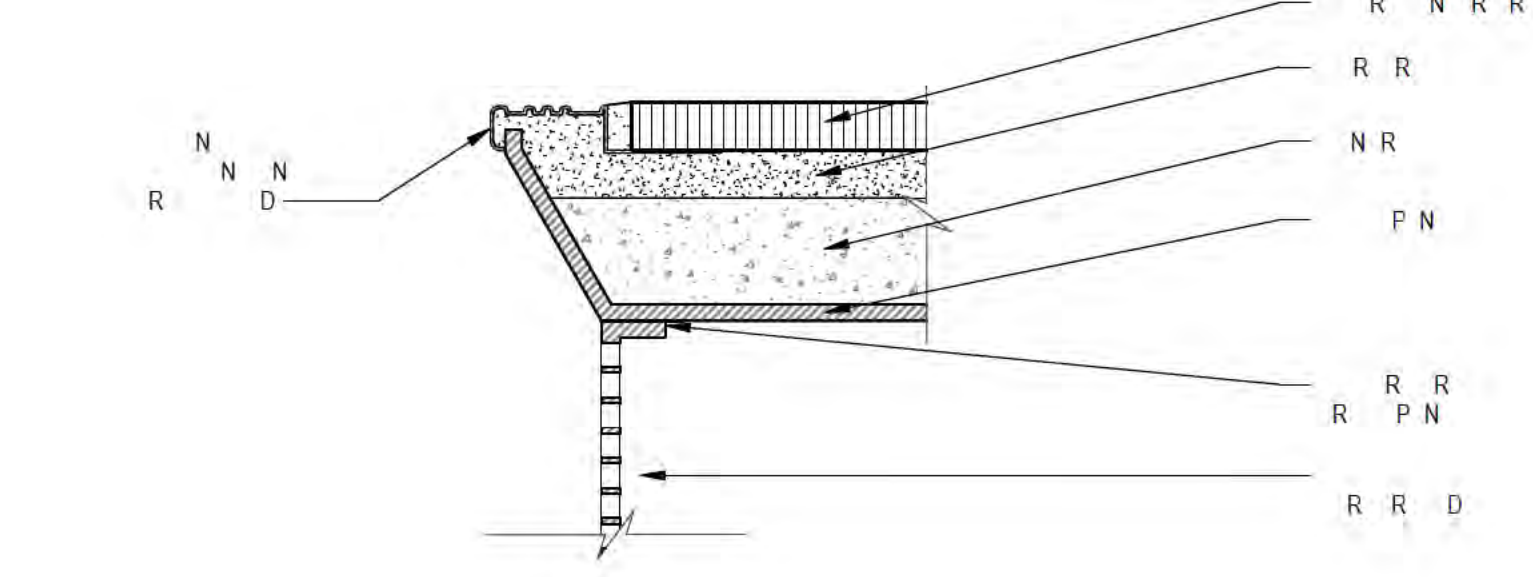
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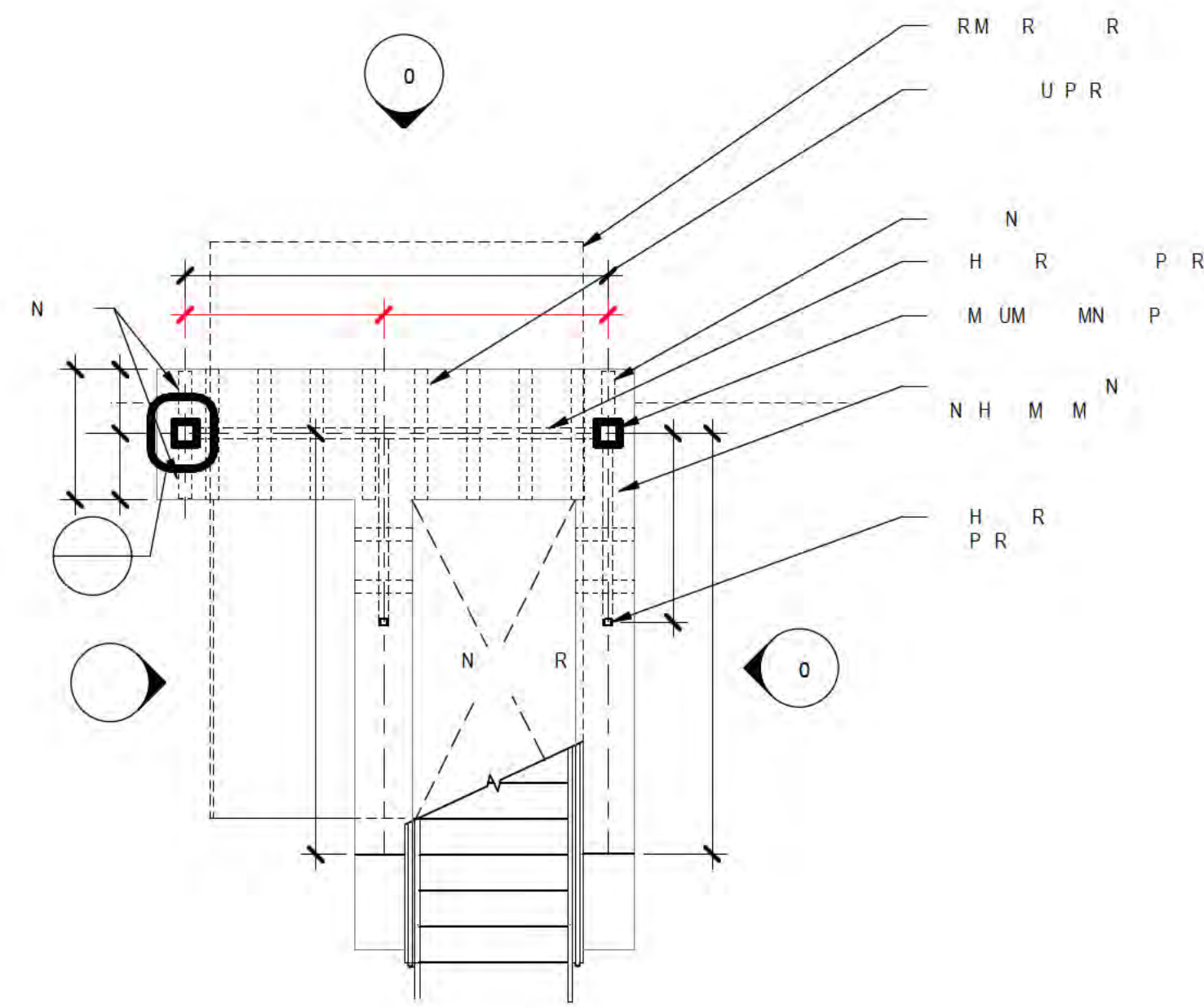
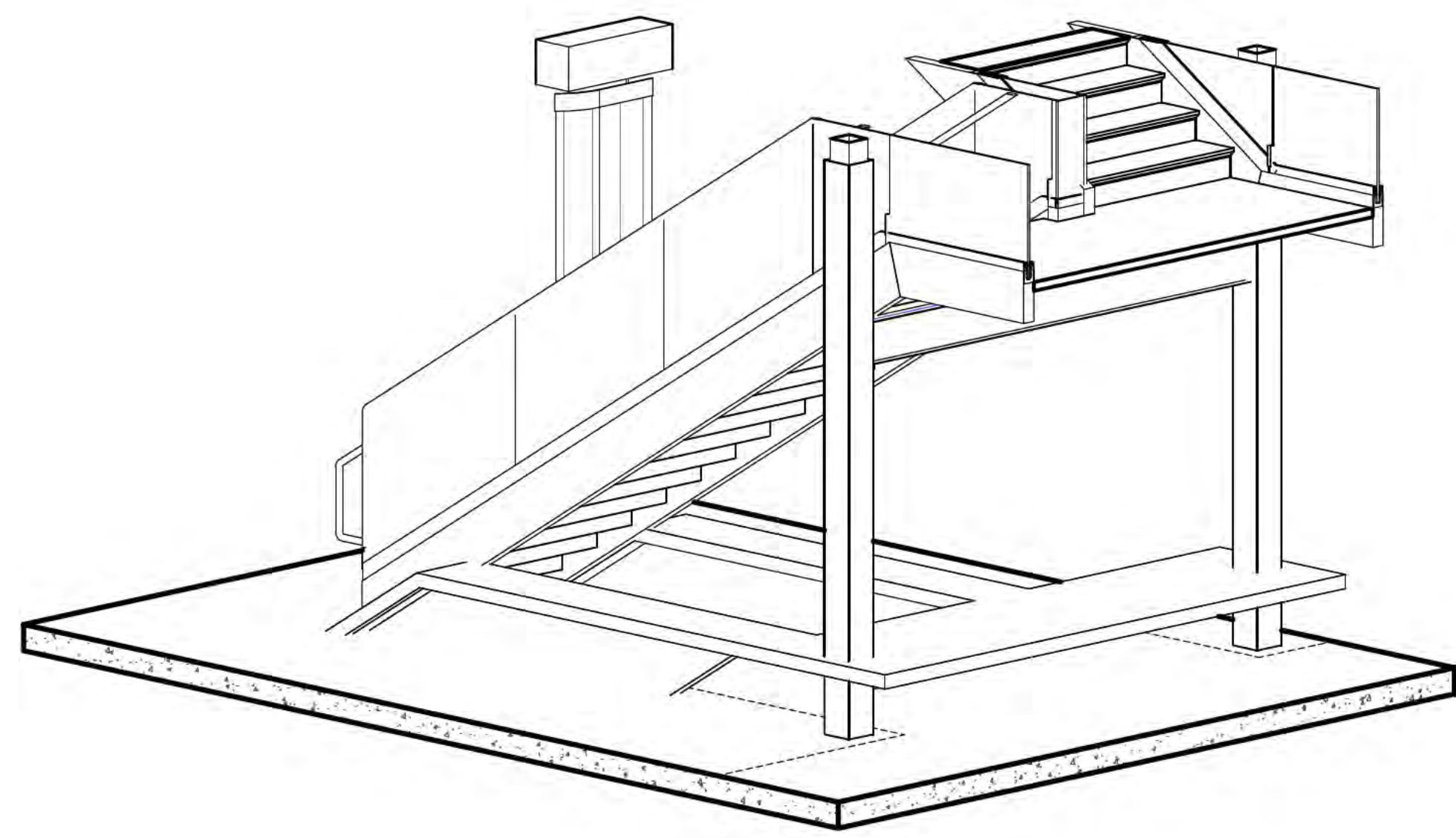
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G R NG R D ON

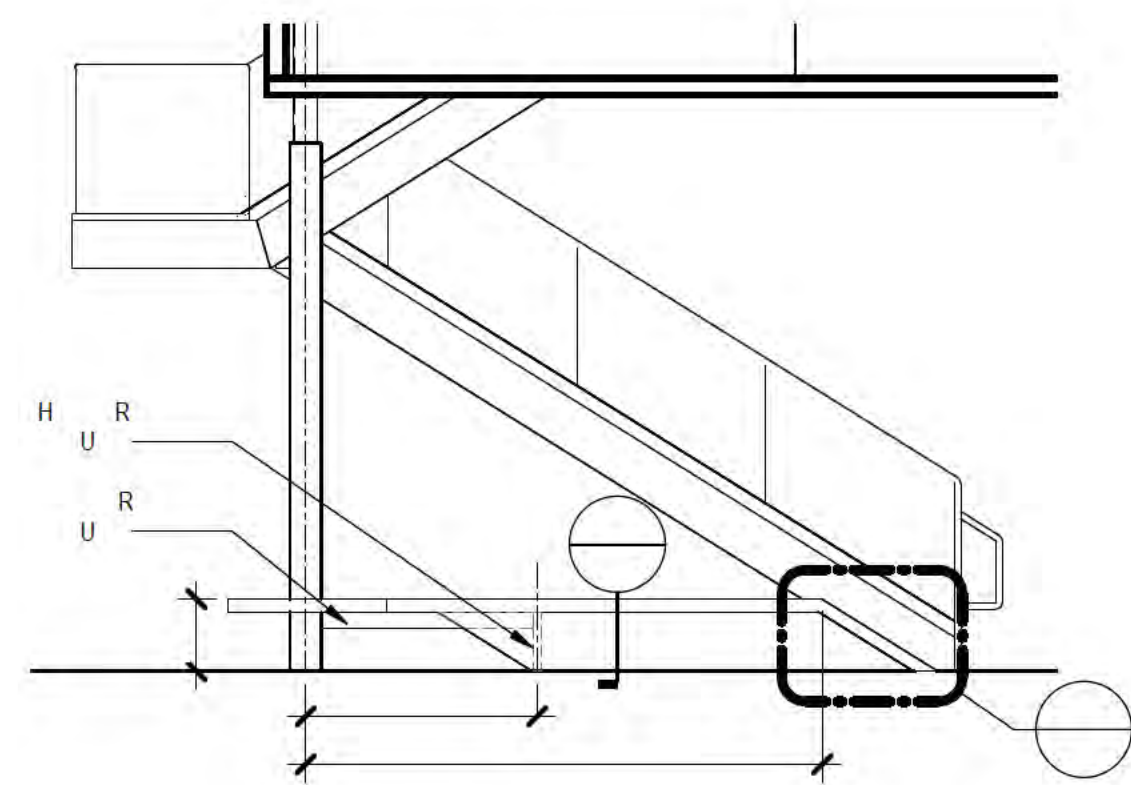
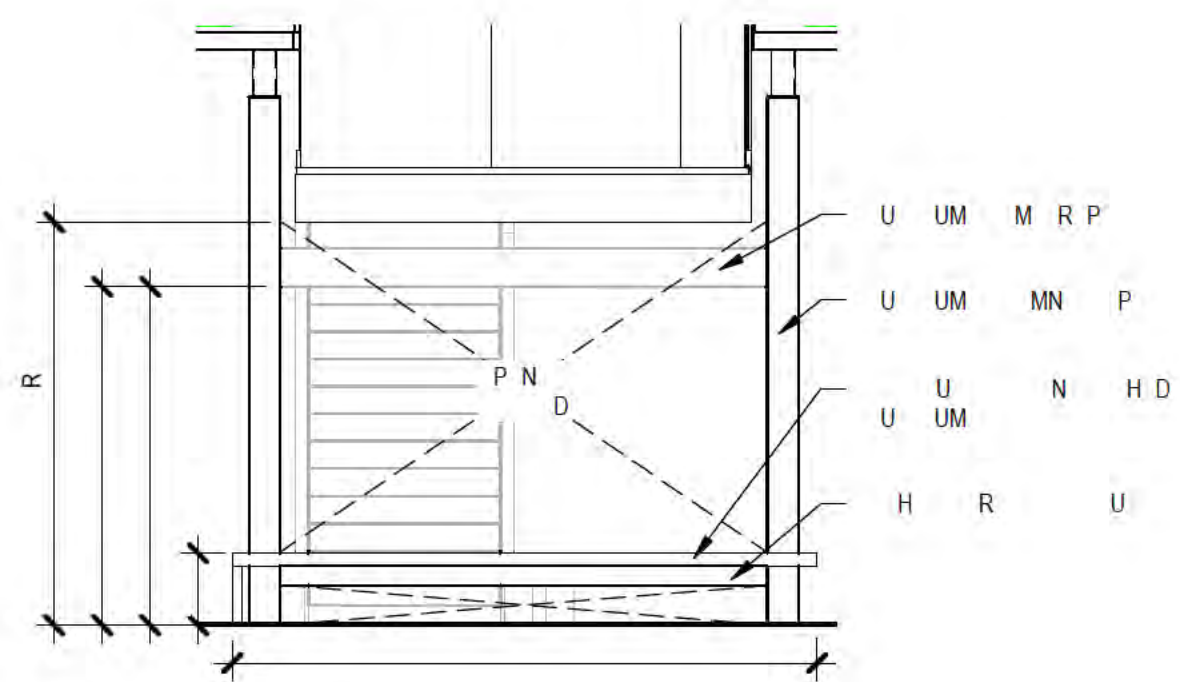
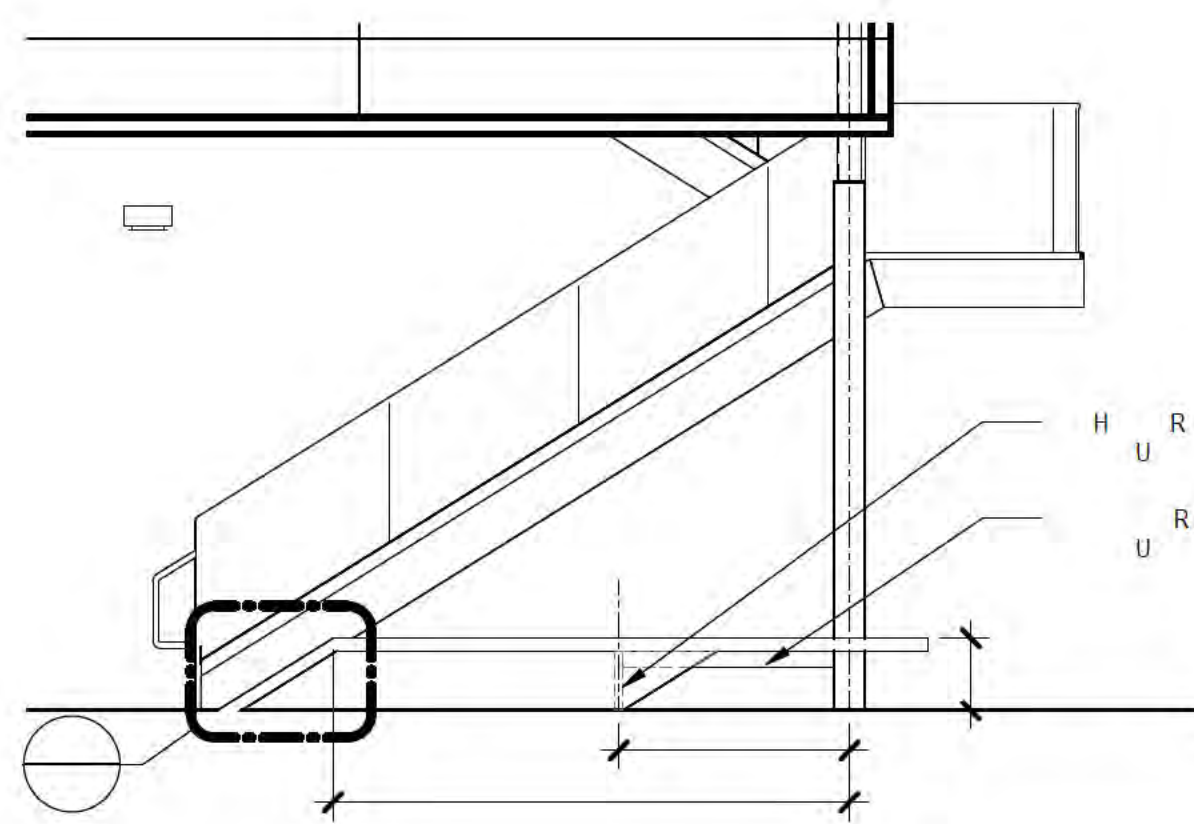


RNO NGD



○ D RUM RB N H

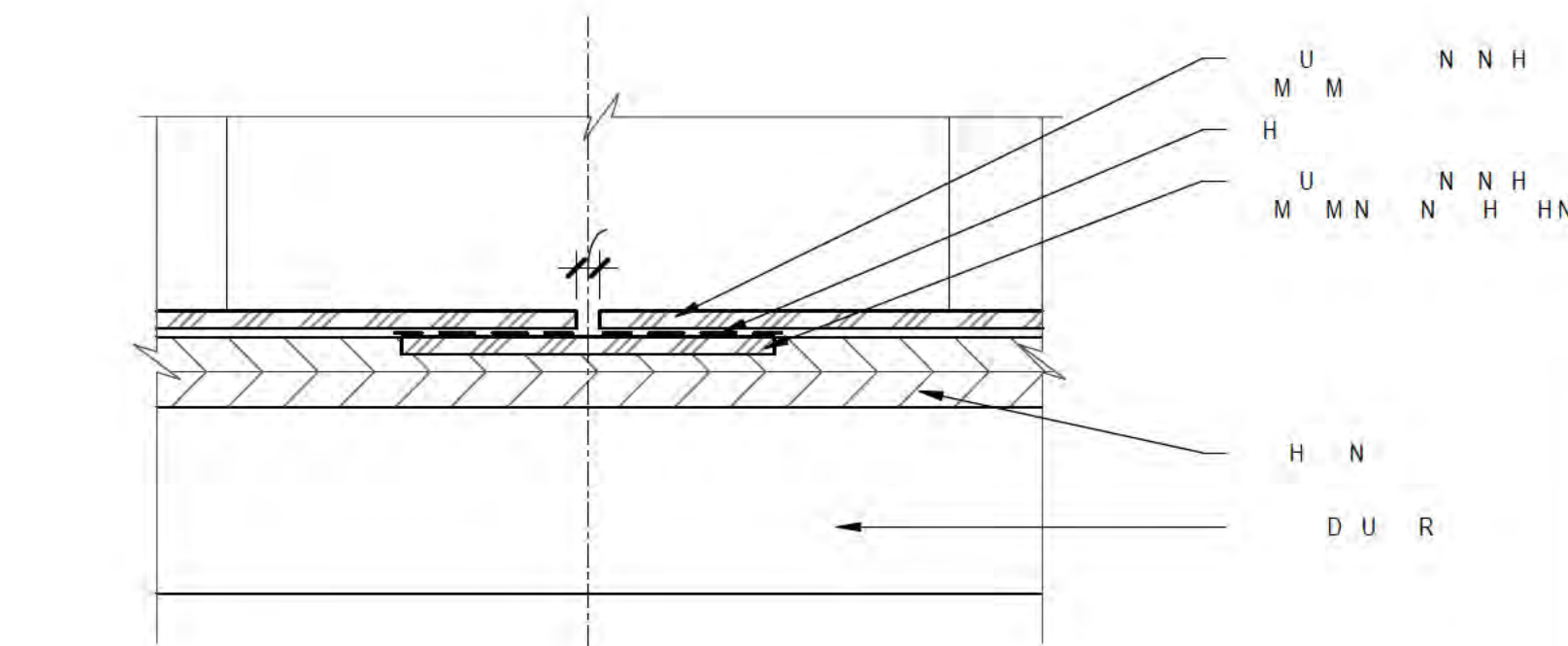
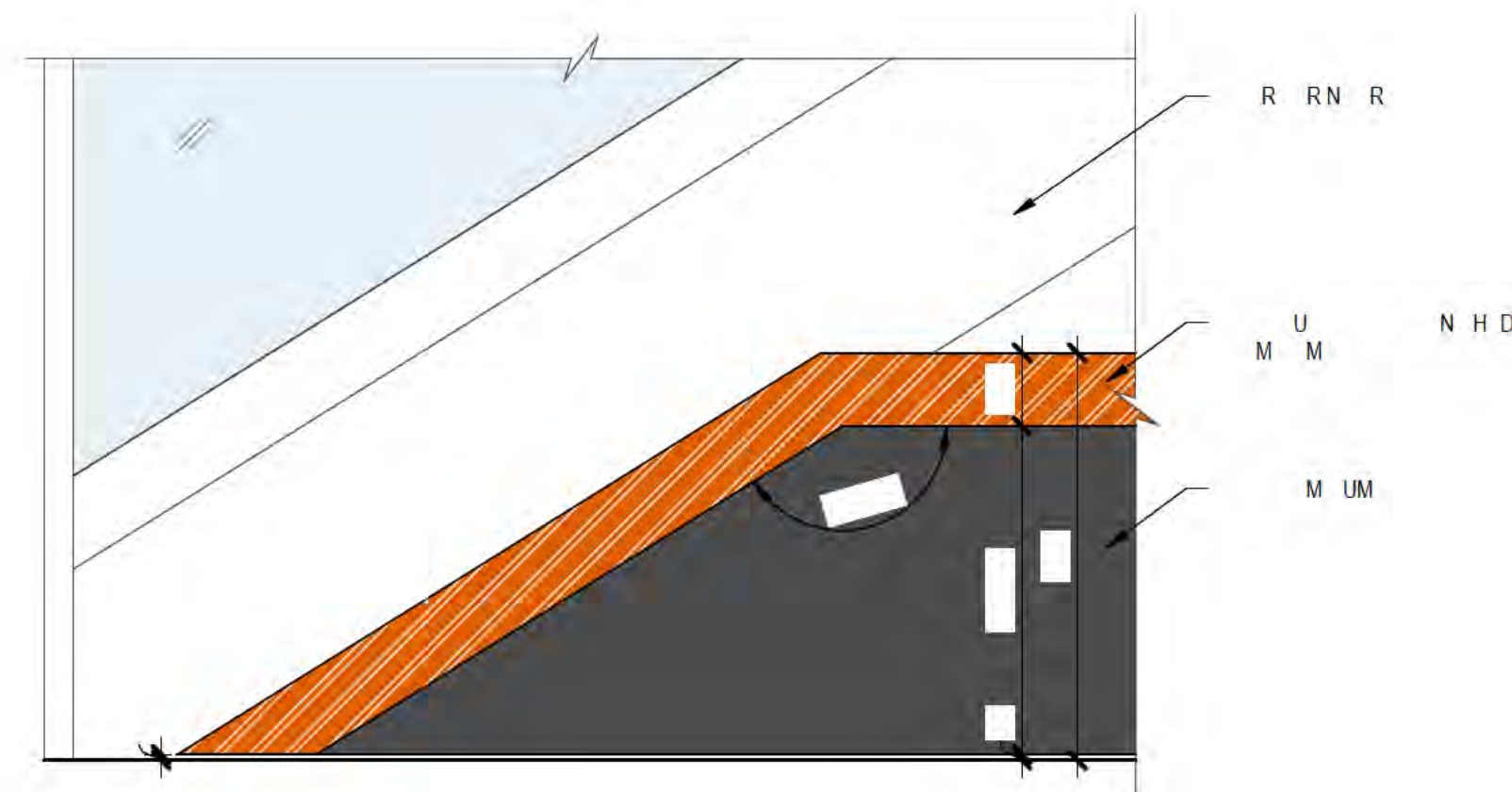
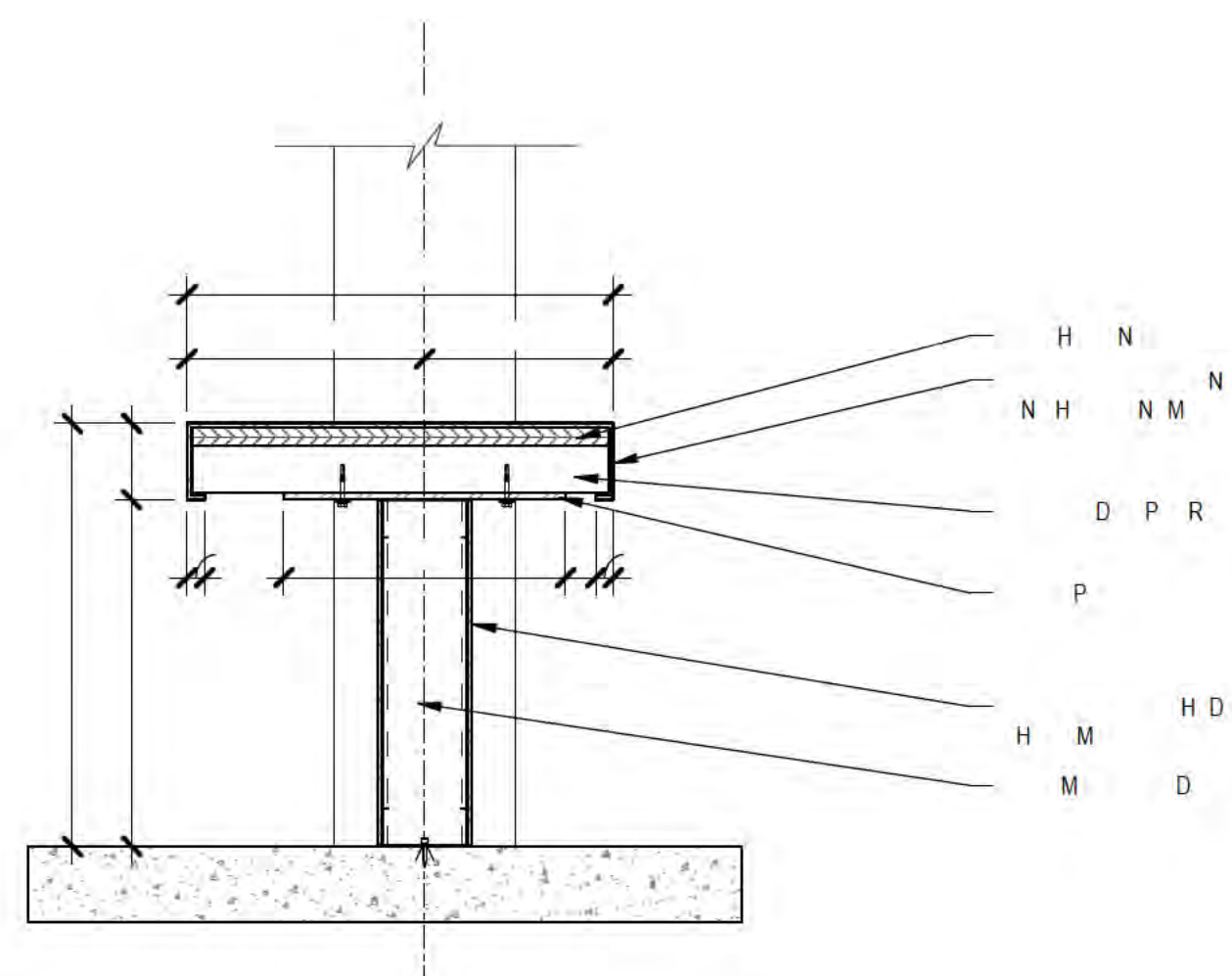
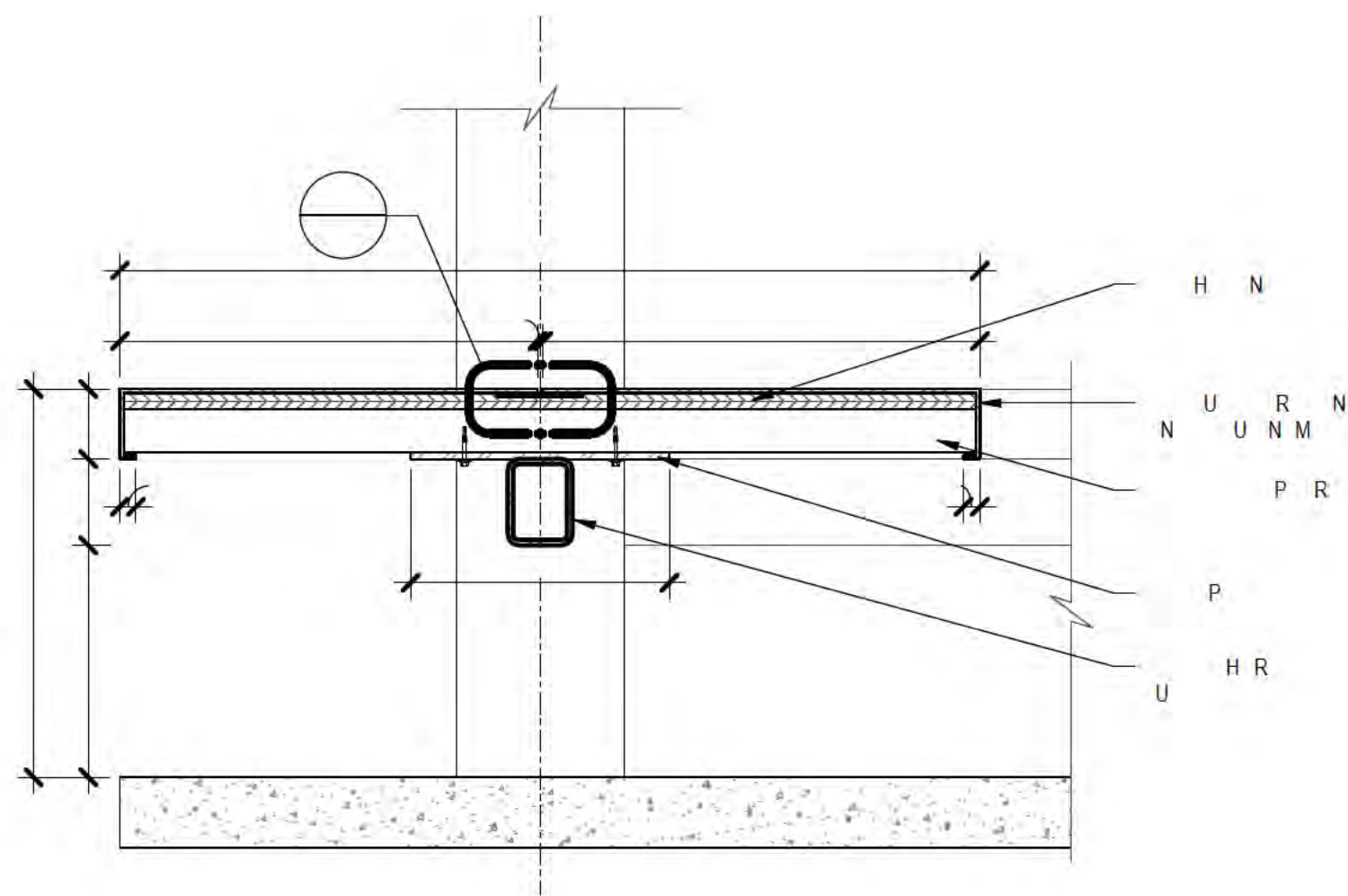
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○ RUMB N H NOR H

○ RUMB N H

○ RUMB N H OU H



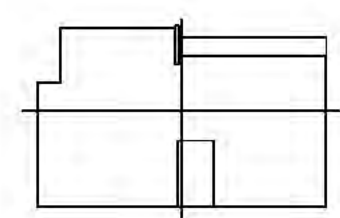
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○ ON RUMB N H

○ ON RUMB N H R RMN ON

○ D U R N UM R N ON

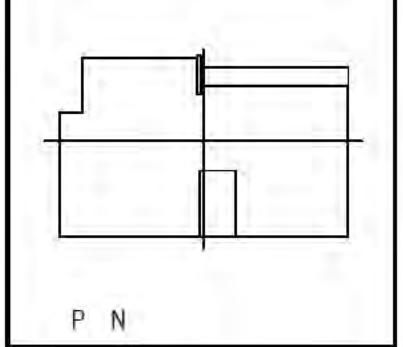
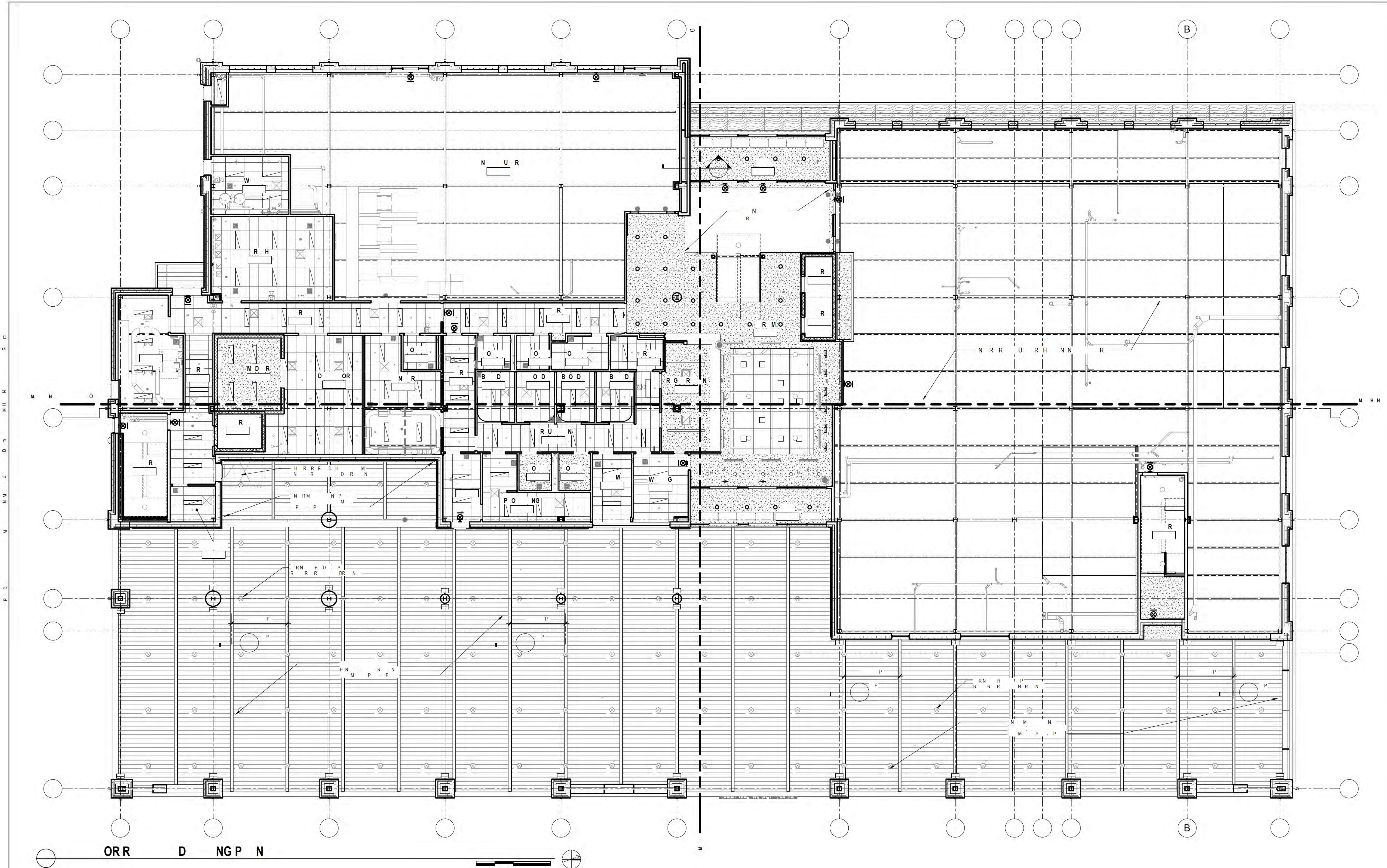
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M A O S S O

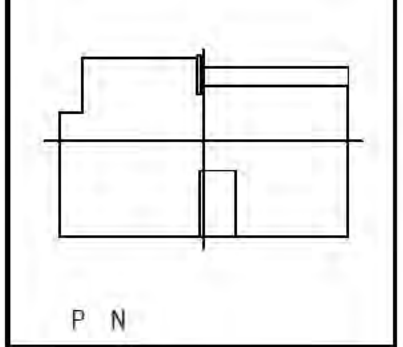
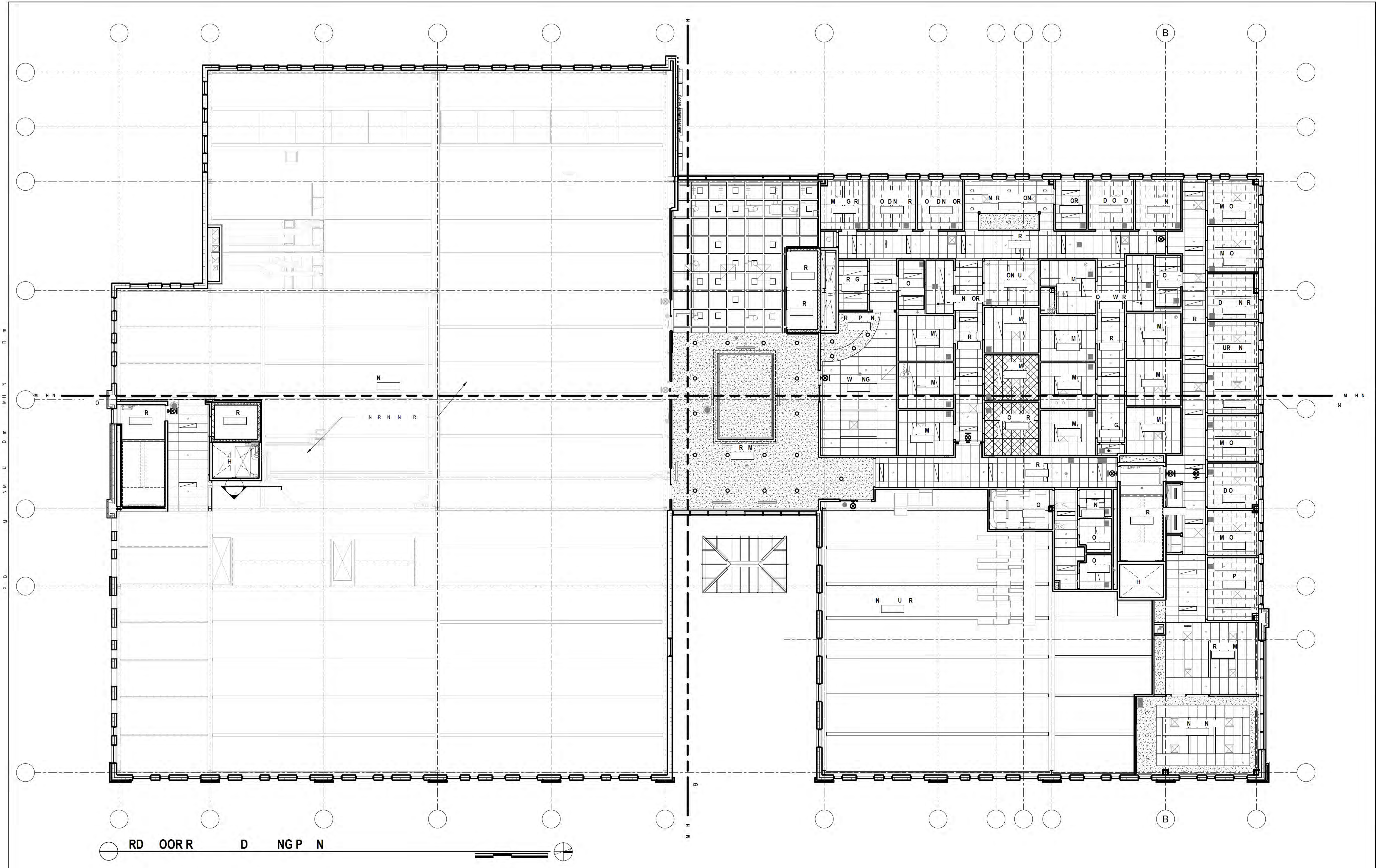
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	R M D N N		
	N H H P		
	R N PR D		

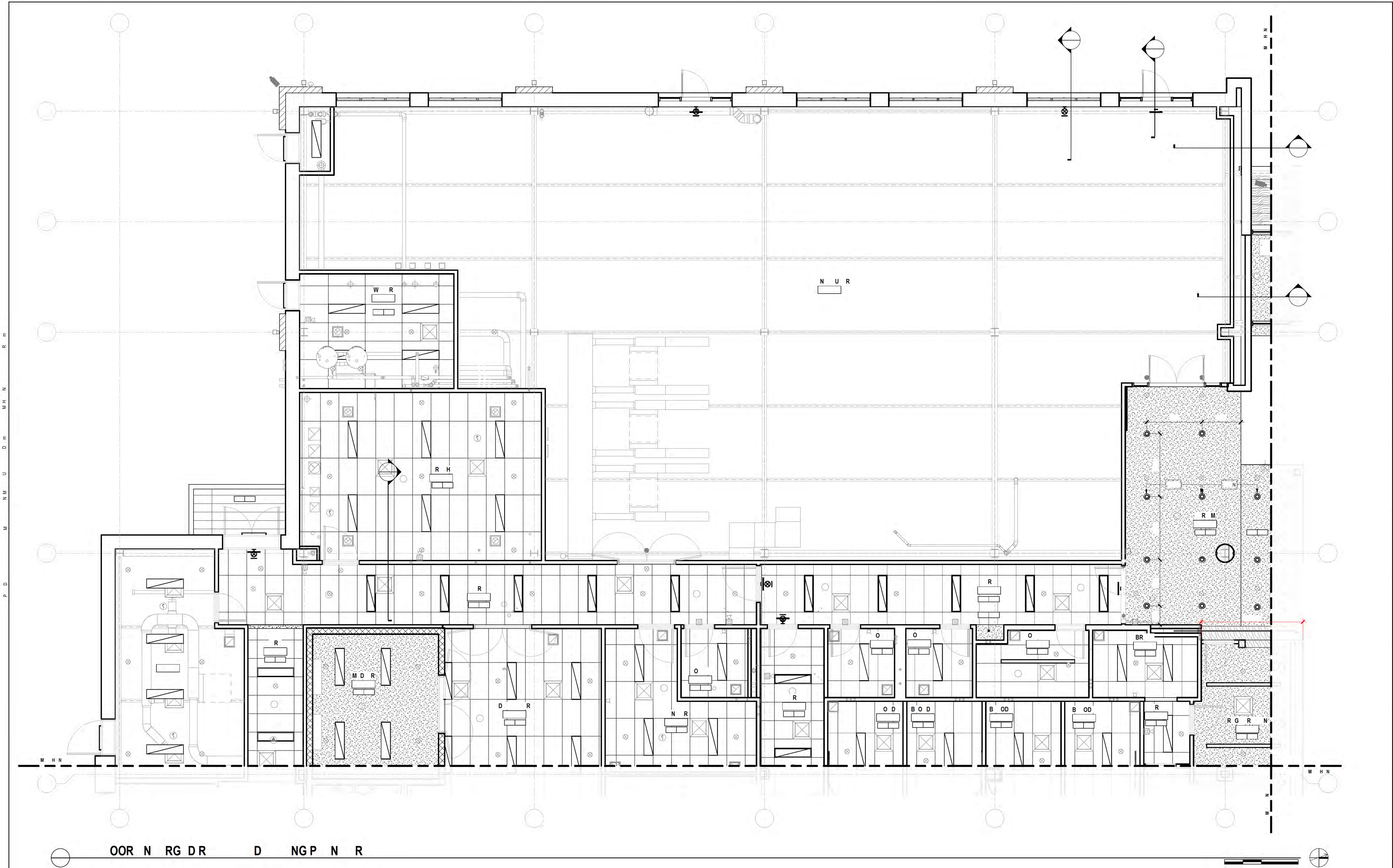
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M A O S S O
 V A O S S O

GP N G ND	
M H N R M N H H N P	M N NR RN R MDN N NHHP NHDP N D
R R R H R D U U R N R R D U R N R R R R N M N R R N N M R R P R M R R N H N H U R P	U N P D D R N H N H U R P N N H M N H U R P M R R H N H U R P R N R N

NGP NO
P N H N D H H N H R D N H R D N N U N U M D M N N P R D R H N N D R M N H M H D N P R D R H N N D R M N R R N P R U D D M D N N R R N M N H U P N D U N N N R U N D R M D N P N R N U N U R R N N R P N H N R P D M H N R P M N U M N R R H R H R N N M N M H N R R M N U N U N M D U N D P D U R H U R M R N H N N R D N M R P R N M D D R N N N R N R R R H R N R N R N D N R U N R P R R R N R R M R R R N R N P N N R M N R R U R R N



OOR N RG DR D NGP N R

BO	D R ON	MO G	D P N	BO G	D RP N
M H N		□ ○ □	RRN RD	▬▬▬	HURP N
R MN M MUM RMR RDD	RMDN N	⊗ ⊗ ⊗	URN R	▬▬▬ MP	R H NHU RP
□	N H H P	⊠ ⊠ ⊠	RRNM NRN	▬▬▬	HURP N
⊗ ⊗	R N H PR N D	▬▬▬ P P P P	N M R P UNDRND NPN RPRNHN NHU	▬▬▬ MP	HURP N M RRN

NGP	NO
N H N D H H N H R D N H R D N	NUNUNMDMN NMR NUNDRDRMPD
NUNUNMDMN NMR NUNDRDRMPD	N N R N R N R N M H D
R N U N H H H U D N D M R M R R	N N R N R N R N M H D
P D N M R H N P N R N N U R R N N	U P P R P D D U N D R N M N M N N R P N D
R P N H N R P D M H N R P M N U M N R N H R	M H N R R H R R P R D P R N H N M H M
R N H H R R P R D P R N H N M H M	U M N N H N N R D N M R P R N M D D
DR N DR P N D N N D N D R D R N R N	R N R N P N N R M N R R U R R R N

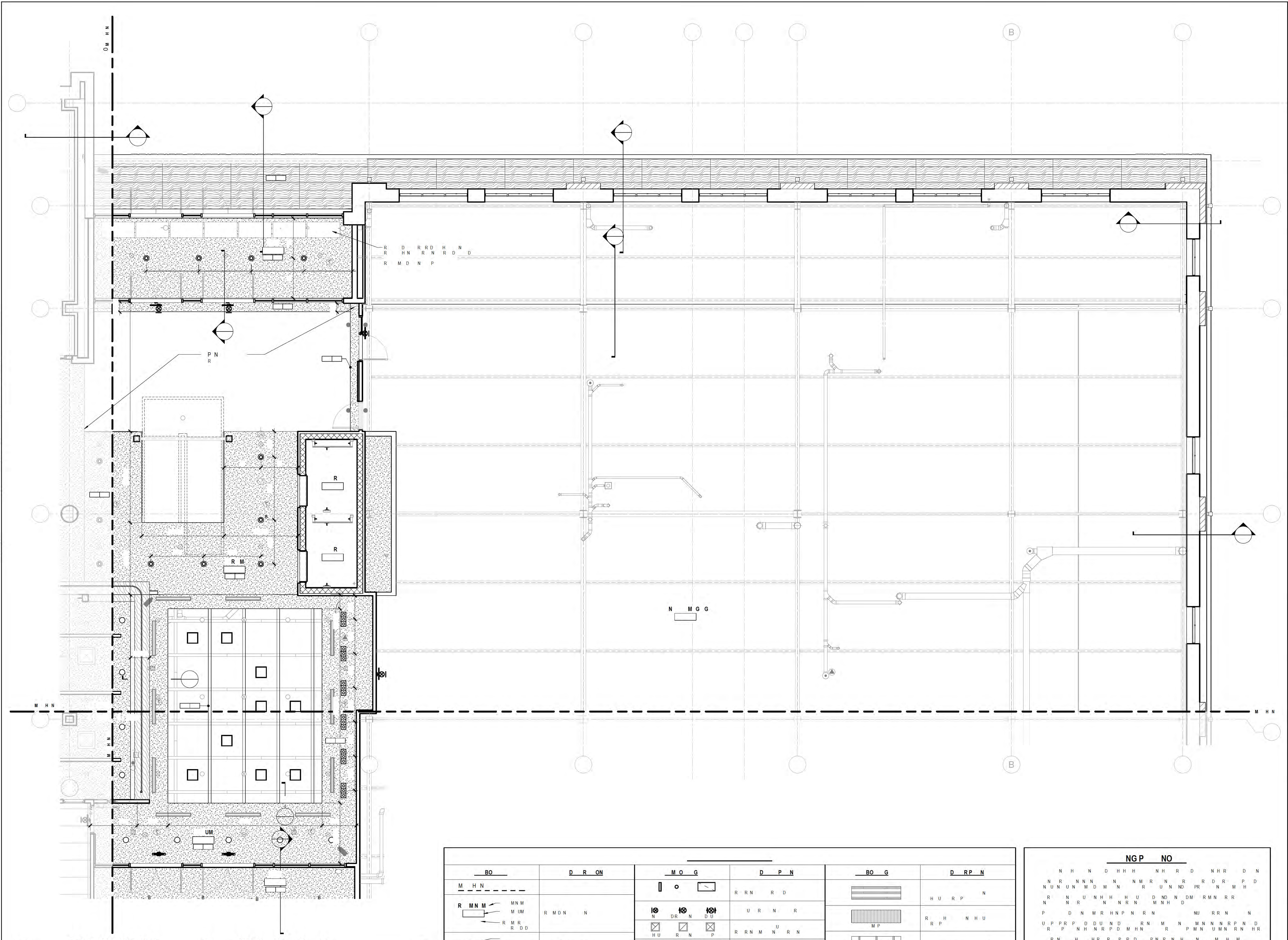
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P D M N M U D M M H N R B

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OOR N RG DR D NGP N R B

R R D R R D H N
H N R R N R D D
R M D N P

N M G G

BO	D R ON	M O G	D P N	BO G	D R P N
M H N		□ ○ ▭	RRN RD	▬▬▬	HURP N
R MN M MUM RMR RDD	RMDN N	⊗ ⊗ ⊗	URN R	▬▬▬▬▬	R H NHU
▬▬▬	N H H P	▬▬▬ ▬▬▬	RRNM N RN	▬▬▬▬▬	HURP N
⊗ ⊗	N H PR N D	▬▬▬ ▬▬▬ ▬▬▬	N M R P UNDR ND NPN R P R N H N H U	▬▬▬▬▬	R M RR N

NGP	NO
N H N D H H N H R D N H R D N	N R U N H H H U D N D M R M R R
N R U N M D M N N M R N R D R P D	N N R N N R N M N H D R M N R R
N N R N N R N R N M N H D R M N R R	P D N M R H N P N R N N U R R N N
N N R N N R N R N M N H D R M N R R	U P P R P D D U N D R N M N M N N R P N D
N N R N N R N R N M N H D R M N R R	R P N H N R P D M H N R P M N U M N R N H R
N N R N N R N R N M N H D R M N R R	R N H H R R P R D P N R N H N M H M
N N R N N R N R N M N H D R M N R R	M H N R R N M N U N M D U N D P D U R H
N N R N N R N R N M N H D R M N R R	U M N N H N N R D N M R P R N M D D
N N R N N R N R N M N H D R M N R R	DR N DR P ND N N D N H N D R D N R N
N N R N N R N R N M N H D R M N R R	D N R U N R P R N R R N R N M R R
N N R N N R N R N M N H D R M N R R	R N R N P N N R M N R R U R R N

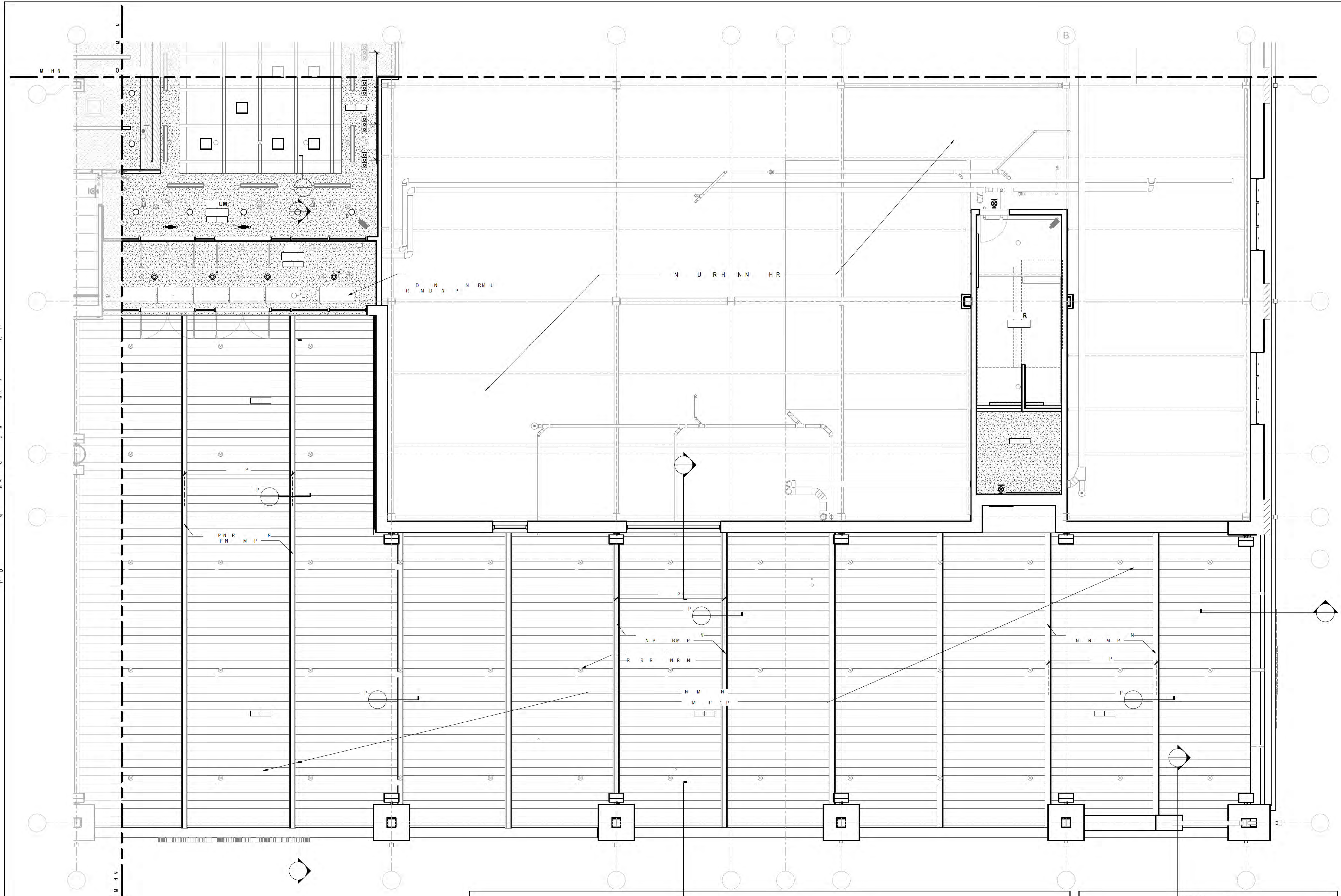
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S M A O S S O

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P D M N M U D M M H N R



BO	D R O N	M O G	D P N	BO G	D R P N
M H N	R M D N N	RRN R D	U R N R	H U R P N	
R M N M MUM RMR RDD	N H H P	URN DU HU R N P	RRNM NRN	R P N H U	
N P	N H PR N D	N M R P U N D R N D N P N R P R N H N H U		H U R P N	
				M P	R M R R N

NGP	NO
N H N D H H N H R D N H R D N	N R N N N N M R N R R D R M P D
N U N U N M D M N R U N D R N M H	R P N H N R P D M H N R P M N U M R N H R
R N U N H H H U D N D M R M R R	N N R N R N M N H D
P D N M R H N P N R N N U R R N N	
U P P R P D D U N D R N M N M N N R P N D	
R P N H N R P D M H N R P M N U M R N H R	
R N H H R R P R D P N R N H M H M	
M H N R R M N U N U N M D U N D U R H	
U M N N H N N R D N M R P R N M D D	
DR N DR P N D N N D N H N D R D N R N	
D N R U N R P R N R R N R R M R R	
R N R N P N N R M N R R U R R R N	

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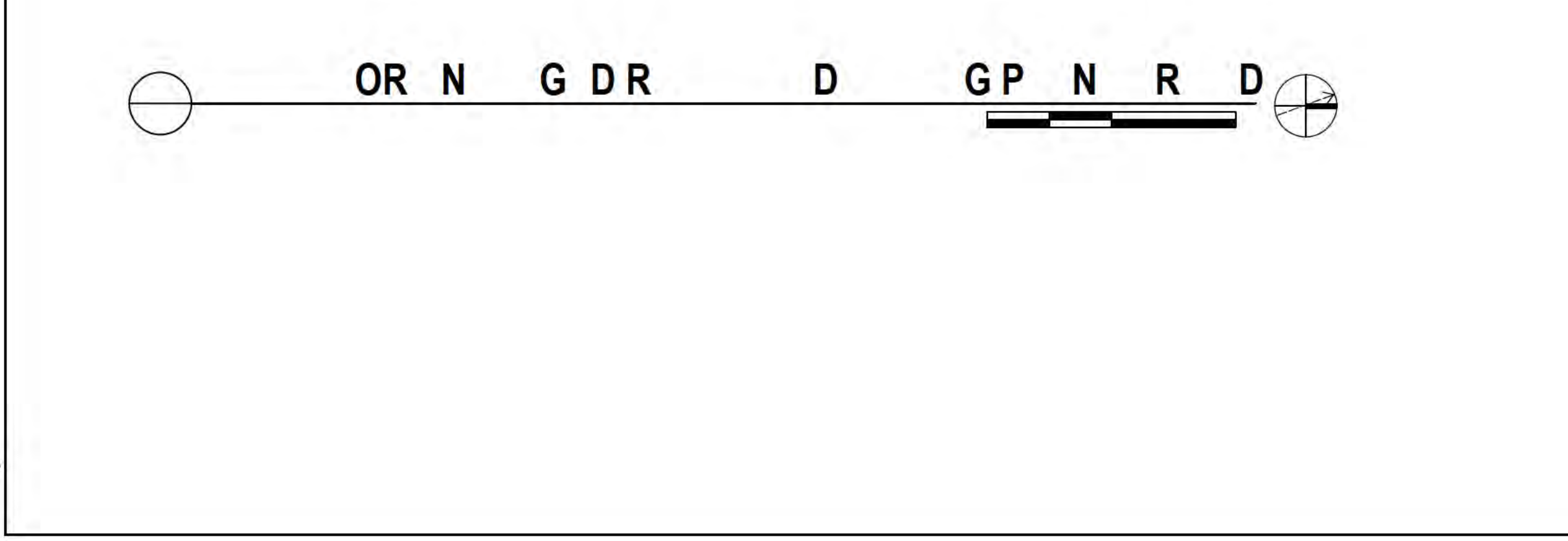
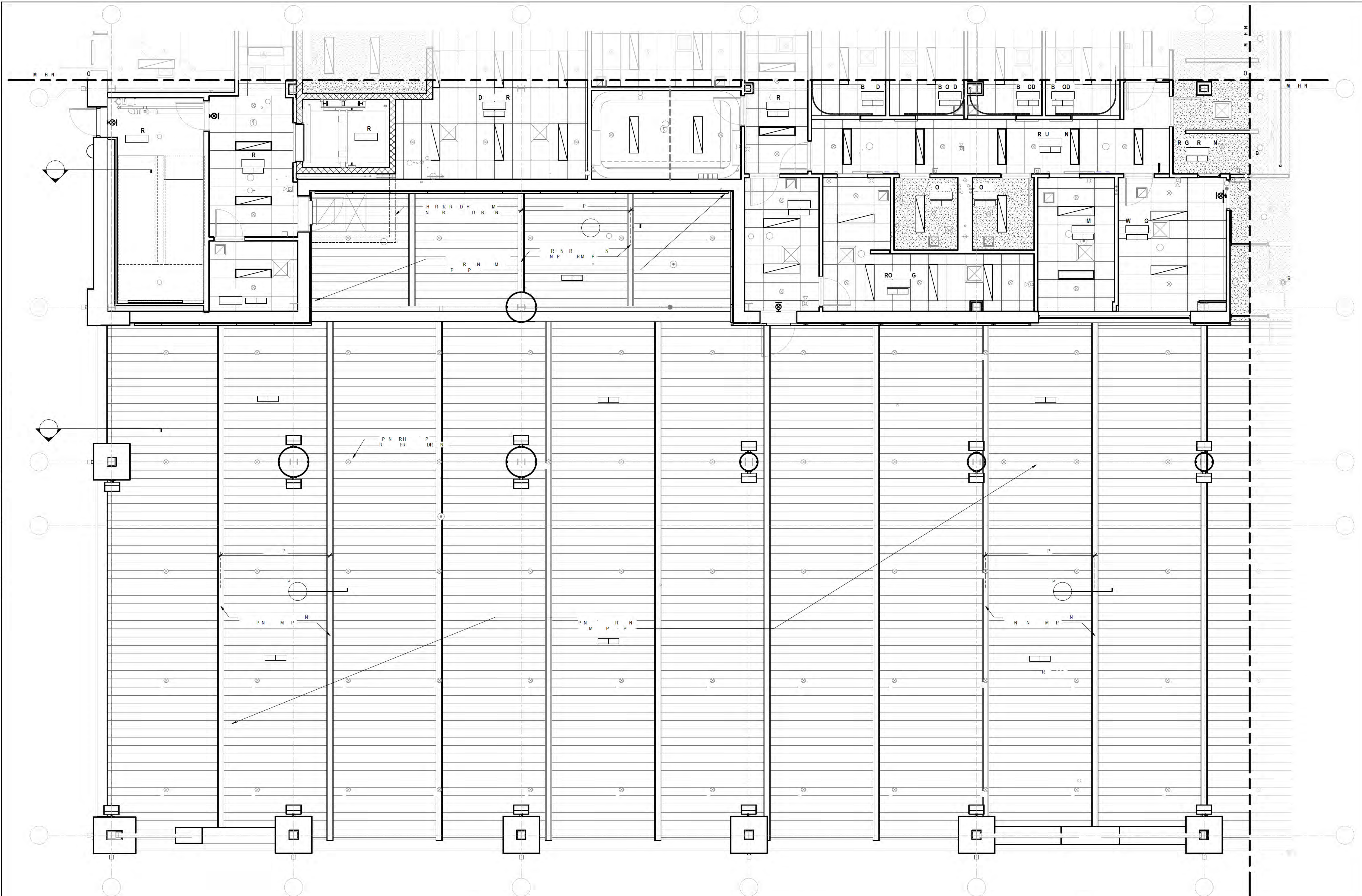
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M_H N		RRN R D	
R MN	MUM RMDN N	UR R R N	
	RDD	RRNM N R N	
	NHP	N M R R P	
	R N H D N D	UNDR ND NPN	
	R N PR D	M R N H N H U	

NGP NO	
P N H N D H H H N H R D N H R D N	
N U N M D M N R U N D P R N M H	
M H D N P R D R H N N M R M R R	
N N R N R R N M N H D	
P D N M R H N P R R N N U R R N N	
R R U N D R M D N	
R P N H N R P D M H N R P M N U M N R R H R	
H R N N M N	
M H N R R M N U N M D U N D P D U R H	
U M N H N N R D N M R P R N M D D	
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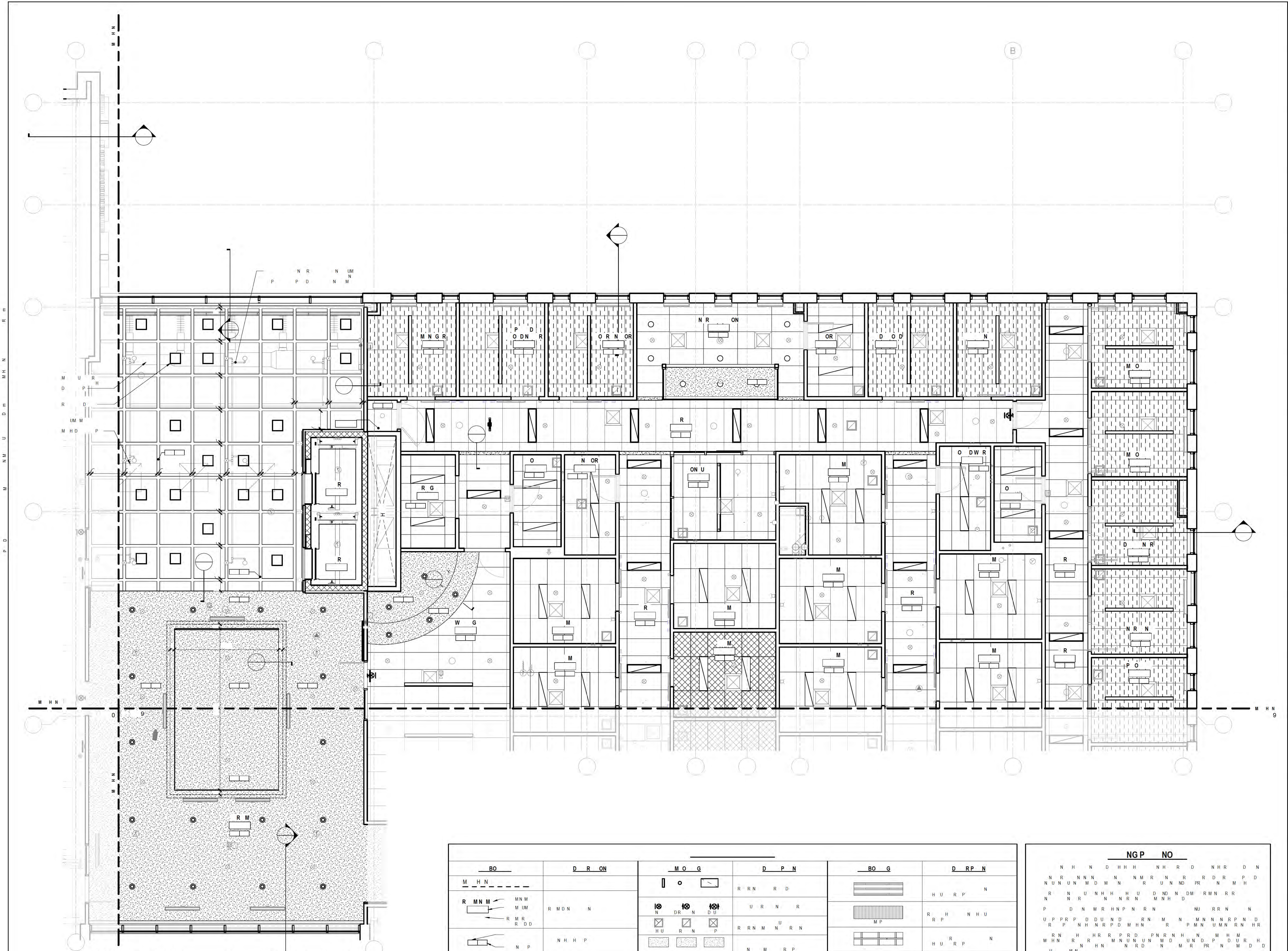
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BO	D R ON	MO G	D P N	BO G	D R P N
M H N		○ □	RRN RD	▬▬▬	HURP N
R MN M	R MDN N	⊗ DR N DU	URN R	▬▬▬	R H NHU
	N H H P	⊠ R N P	RRNM N RN	▬▬▬	HURP N
	R N H PR N D	▬▬▬	N M R P	▬▬▬	R M RR N
		▬▬▬	UNDR ND NPN	▬▬▬	
		▬▬▬	RRN NH N NHU	▬▬▬	

NGP	NO
N H N D H H N H R D N H R D N	
N N R U N M D M N N M R N R D R D P D	
N N R N R N R N R N M N H	
R N U N H H H U D N D M R M N R R	
N N R N R N R N M N H D	
P D N M R H N P N R N N U R R N N	
U P P R P D D U N D R N M N M N R P N D	
R P N H N R P D M H N R P M N U M N R N H R	
R N H H R R P R D P N R N H N M H M	
M H N R R H N M N U N M D U N D P D U R H	
U M N N H N N R D N M R P R N M D D	
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R N R N P N N R M N R R U R R R N	

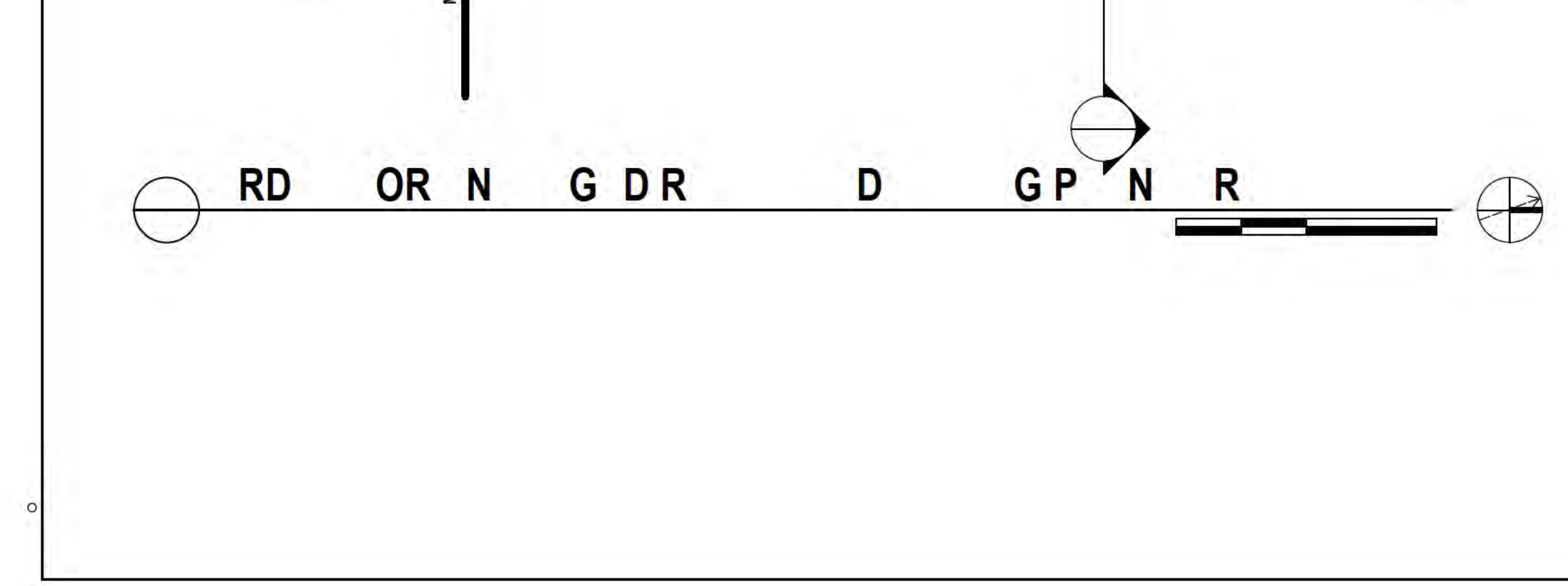
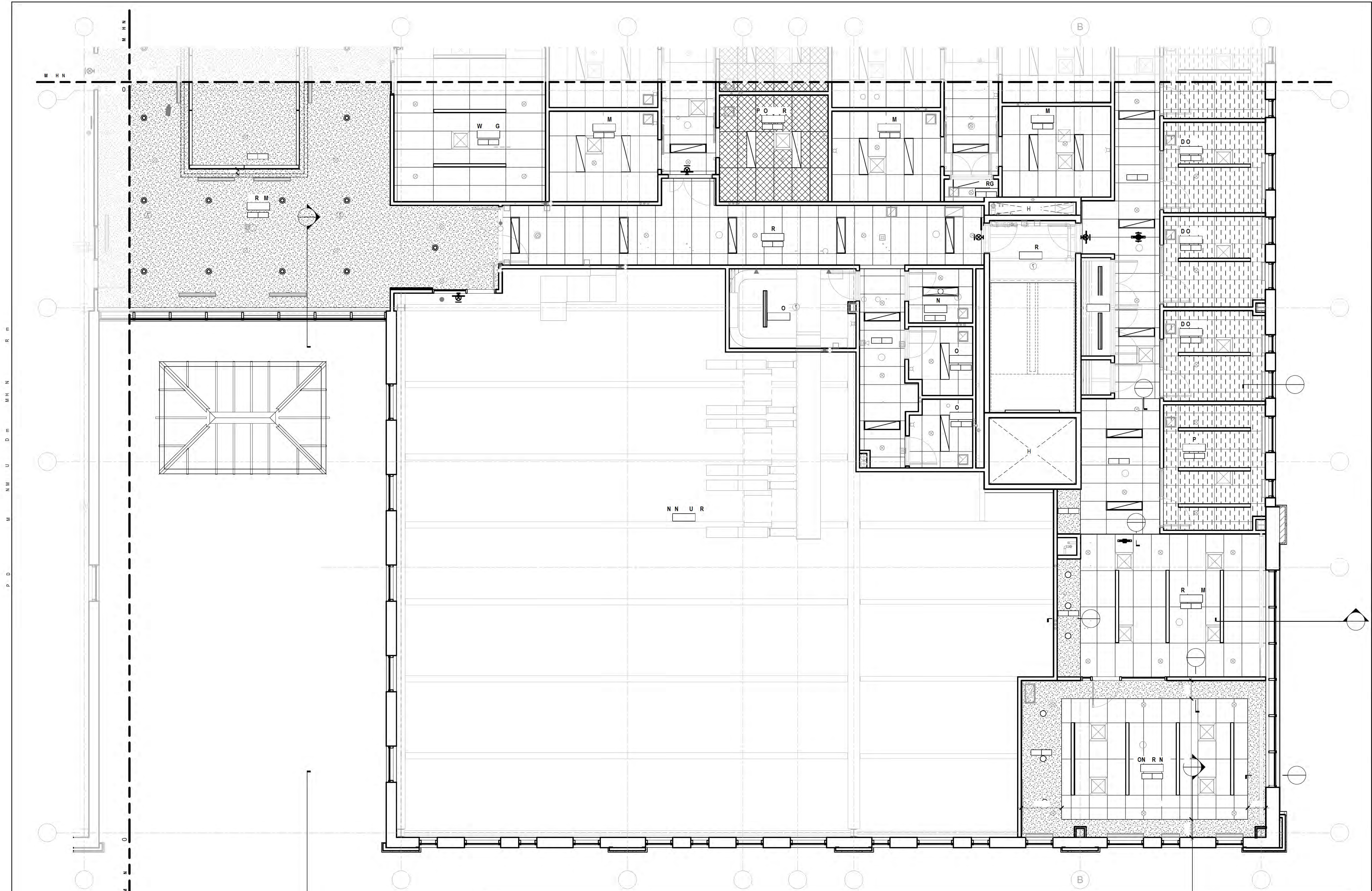
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BO	D R ON	MO G	D P N	BO G	D R P N
M H N		○ □	RRN RD	▬▬▬	HURP N
R MNM MUM RMR RDD	RMDN N	⊗ DRN DU	URN R	▬▬▬	R H NHU
□	N H H P	⊠ R N P	RRNM URN	▬▬▬	HURP N
⊗ ⊗	N H PR N D	▬▬▬	N M R P	▬▬▬	R M RR N
		▬▬▬	UNDRND NPN	▬▬▬	
		▬▬▬	RRRNH NHU	▬▬▬	

NGP	NO
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NUNUNMDMNNMRNRDRDRMPD	NNRNRNRNMMND
RNRUNH H H U DNDMDRMRNR	P D NMRHNPNRN NU RRN N
NNRNRNRNMMND	UPPRPDDUND RNM N MNNRPNDR
P D NMRHNPNRN NU RRN N	RPNHNRPD MHN R PMN UMRNRH
UPPRPDDUND RNM N MNNRPNDR	RN H HRRRPRD PRNH M H M
RPNHNRPD MHN R PMN UMRNRH	MHNRRRNUNUNMD UNDPDRH
RN H HRRRPRD PRNH M H M	UMN N H N NR D N M R PRN M D D
MHNRRRNUNUNMD UNDPDRH	DRNDRPNDRNNDNNDNRDRDRNRN
UMN N H N NR D N M R PRN M D D	DNRUNRPRNRNRNRNRNRNRNR
DRNDRPNDRNNDNNDNRDRDRNRN	RNRNPNNRNRNRNRNRNRNRNR
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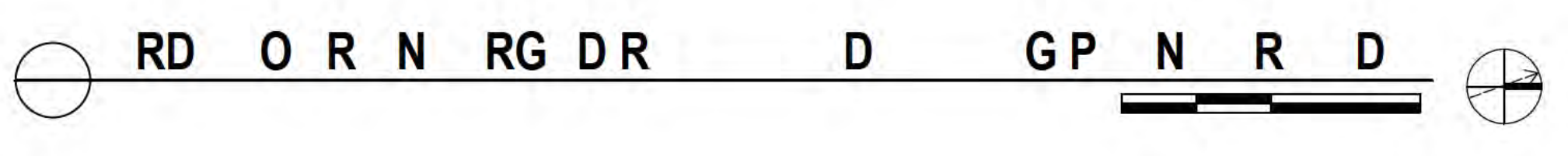
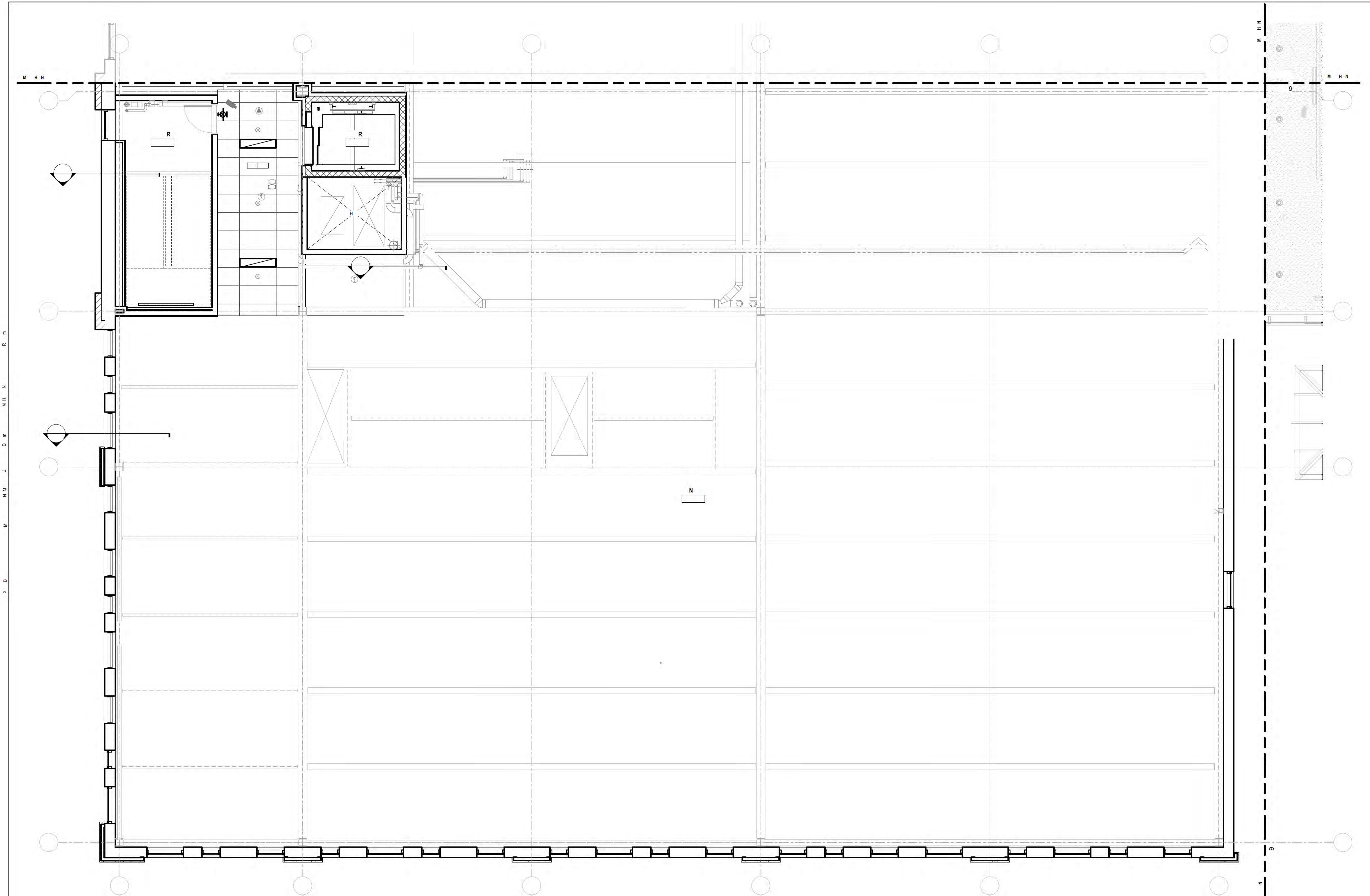
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BO	D R ON	MO G	D P N	BO G	D RP N
M H N		□ ○ □	RRN RD	▨	HURP N
R MN M MUM RMR RDD	R MDN N	⊗ DR N DU	URN R	▨	R H NHU
□	N H H P	⊗ R N P	RRNM N RN	▨	HURP N
⊗ ⊗	R N H PR N D	▨ ▨ ▨ ▨	N M R P UNDR ND NPN R P R N H N H U	▨	R M RR N

NGP	NO
N H N D H H	N H R D N H R D N
NUNUN M DM N	N M R N R R D R M P D
R N U N H H H U	D N D N D M R M R R
N N R N R N	M N H D R M N R R
P D N M R H N P N R N	N U R R N N
U P P R P D D U N D	R M N M N N R P N D
R P N H N R P D M H N	R M N U M N R N H R
R N H H R R P R D	P N R N H N M H M
M H N R R R N U N U N	M D U N D P D U R H
U M N	N R D N M R P R N M D D
DR N DR P	N D N N D N H D R D N R N
D N R U	N R P R N R R N R R R
R N R N P	N N R M N R R U R R R N

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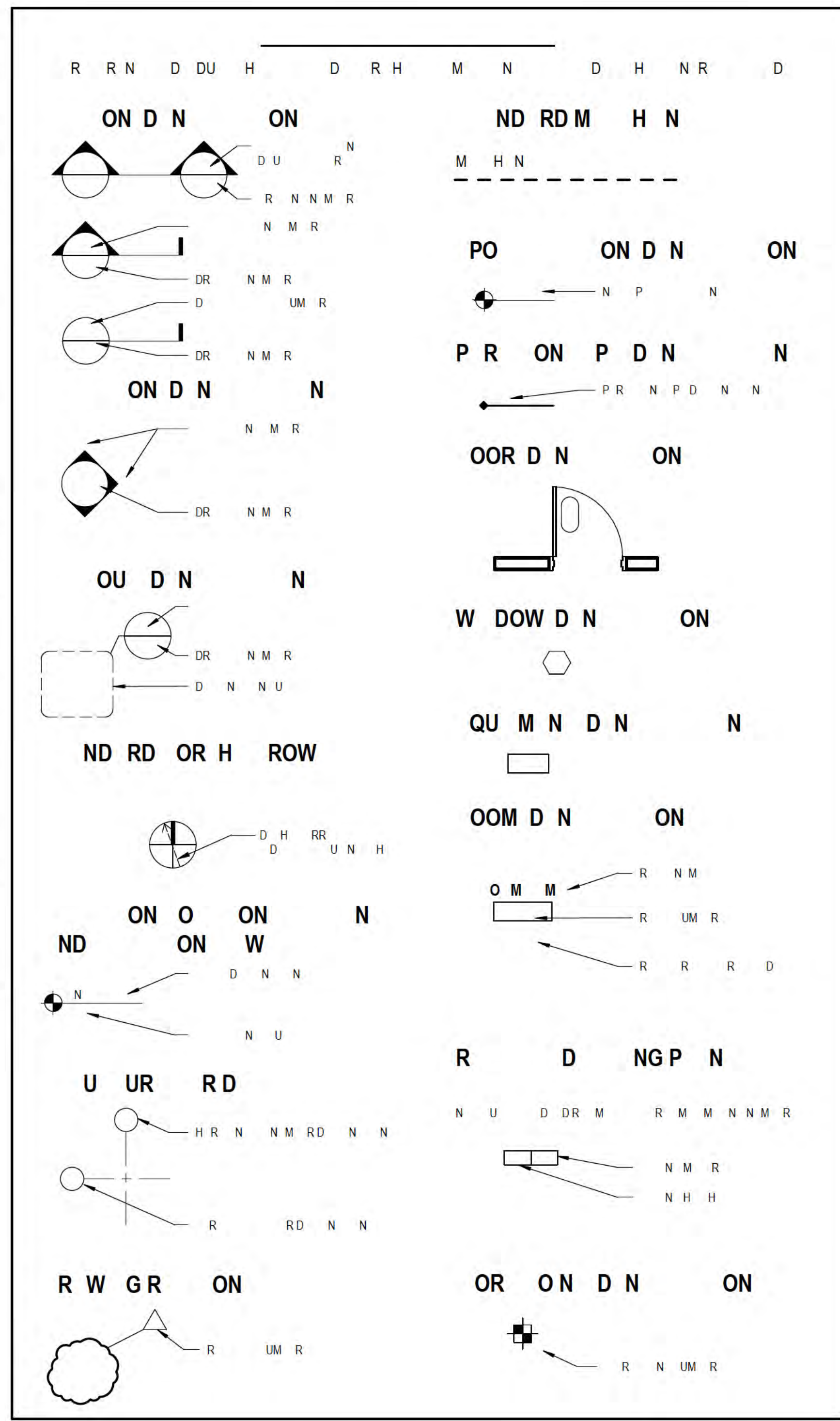
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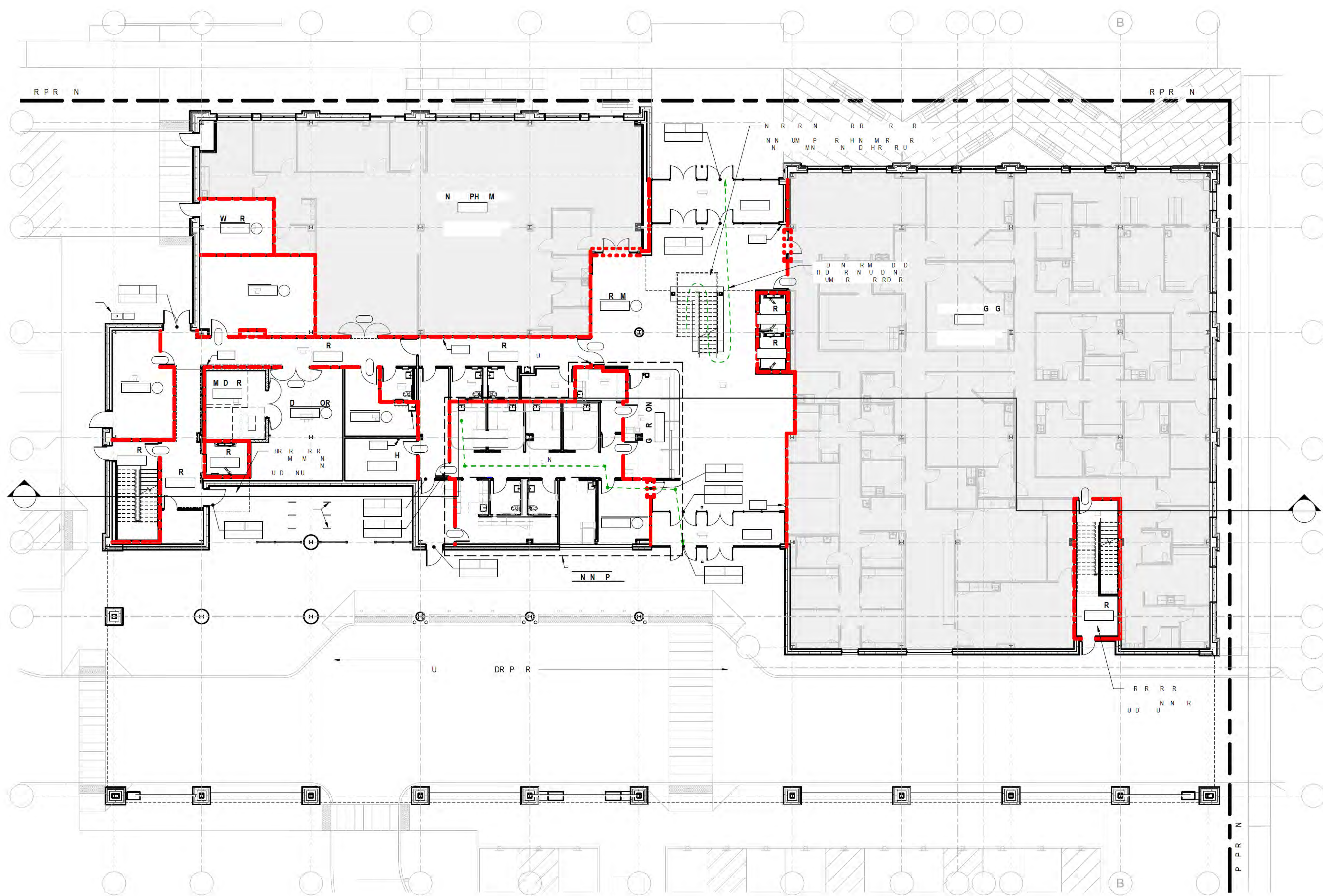
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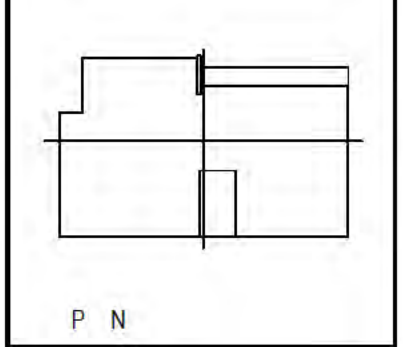
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	O R	D			
OD	N H N	M N			
R					
OR					M P N
NR BO MU					
ND HRD	N H N	N H N			
BM R	N H N	N H N			
NU ON	N H N	M N	N H N		
M	N H N	N	N H N		
H G	N H N	M N			





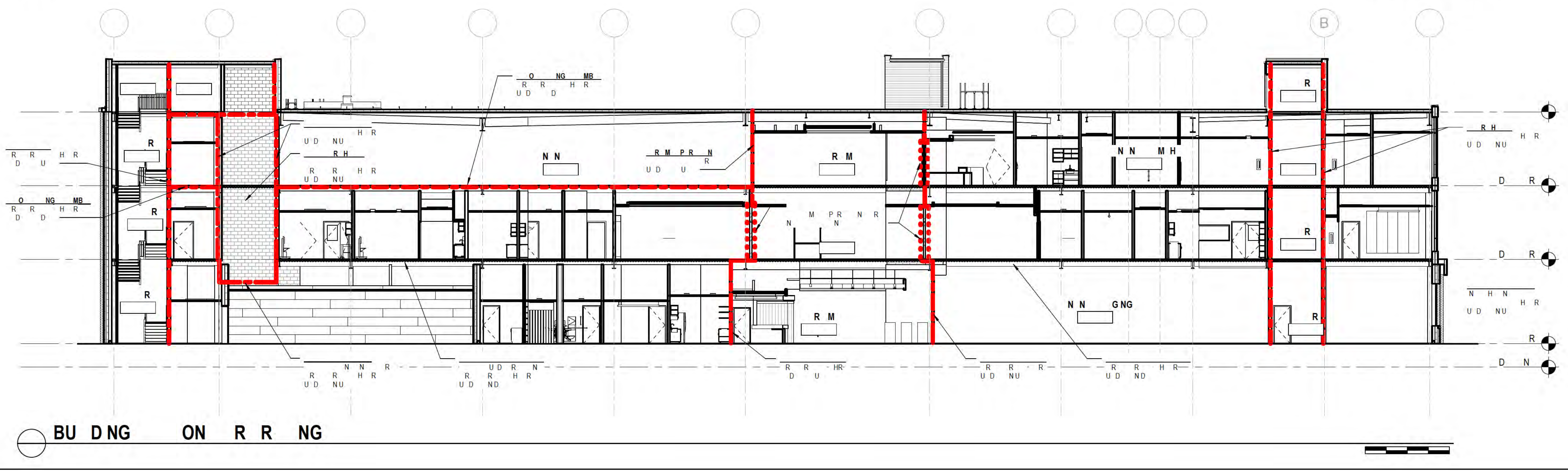
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	R N R N
	D R R D M P N
	R D P R N U R R N
	P N R R D N N
	U R R N
	D N N D D R P H D N P P H
	R N U D N
	R R U P P H
	M N D N P P N
	M D R

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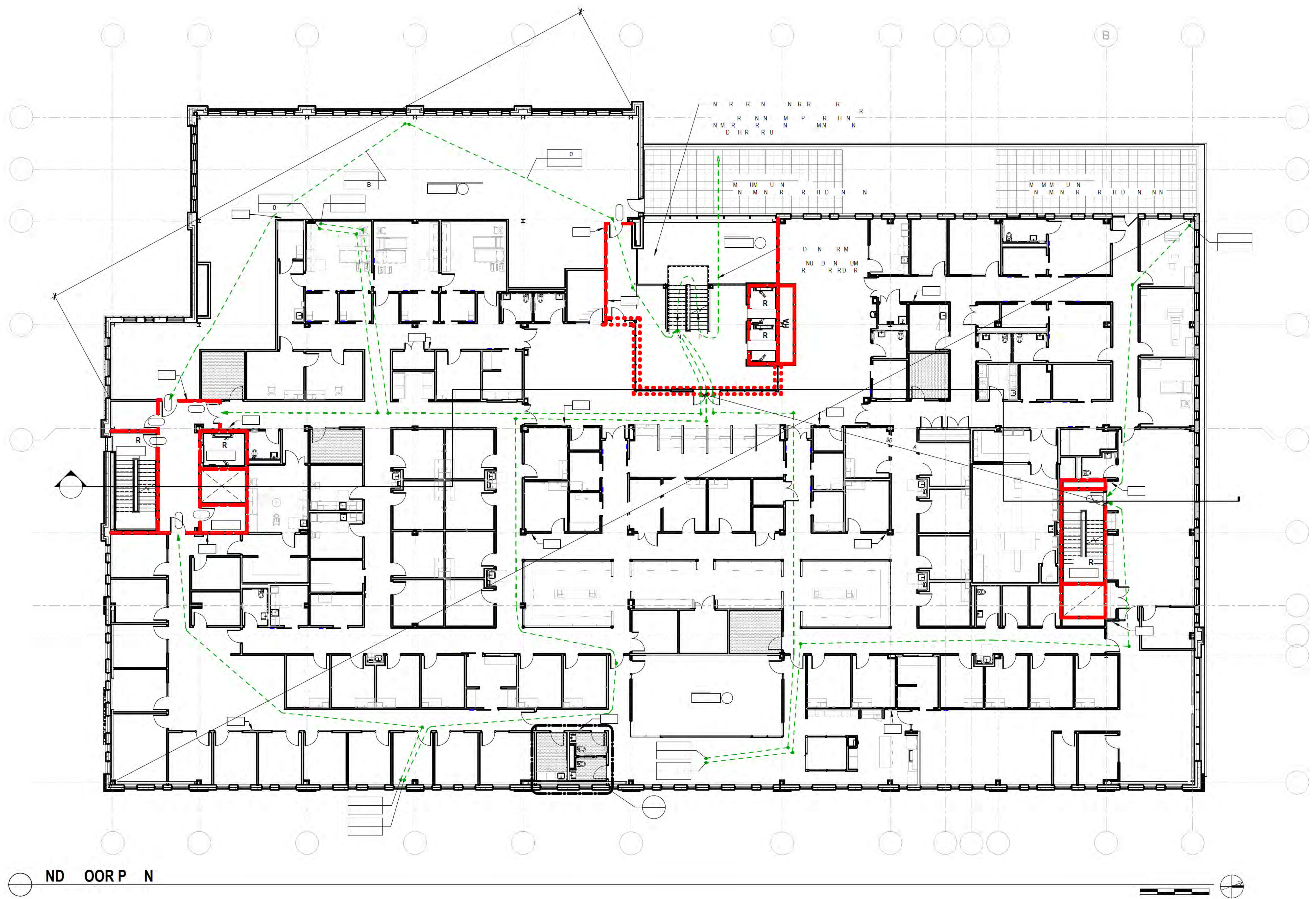


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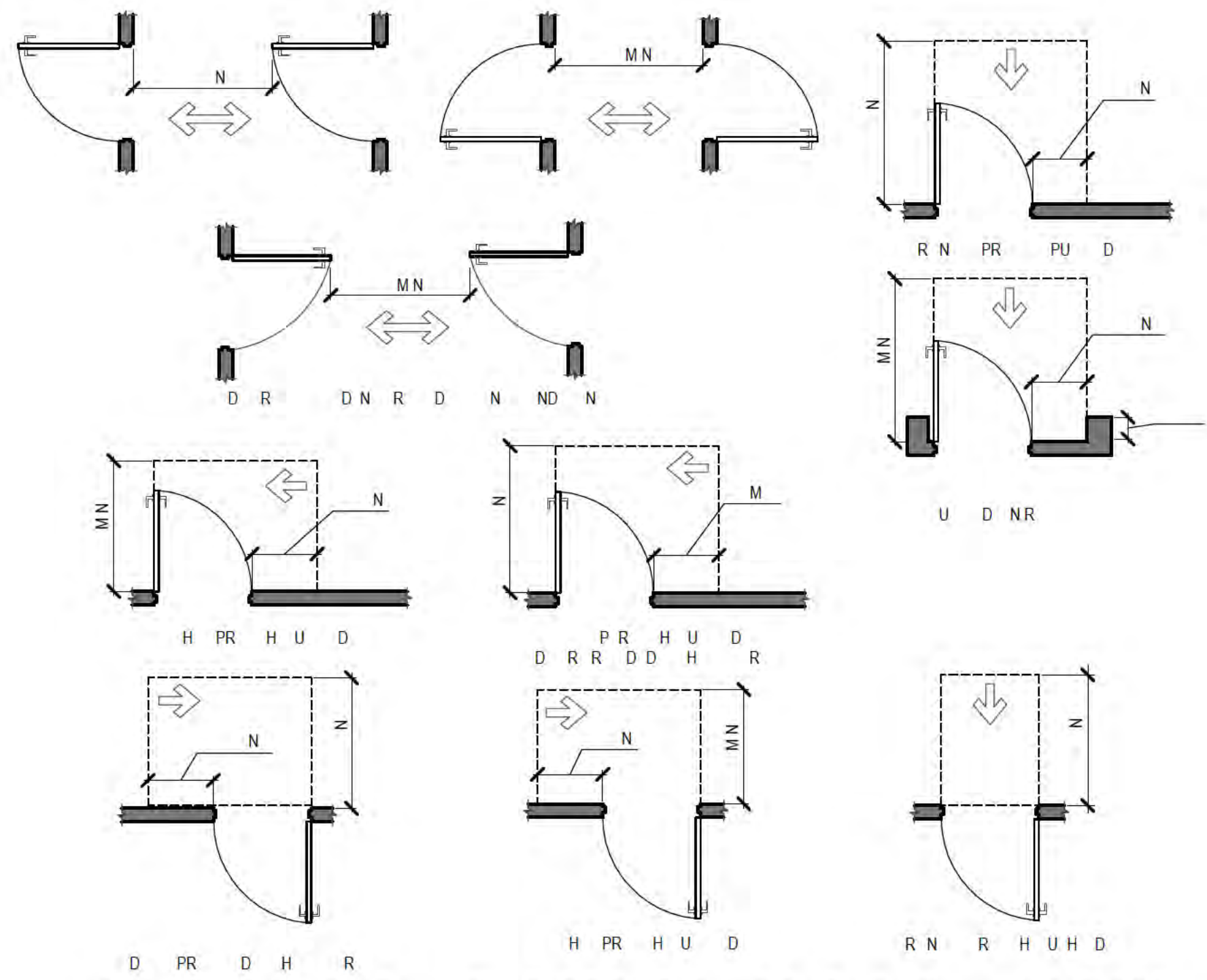
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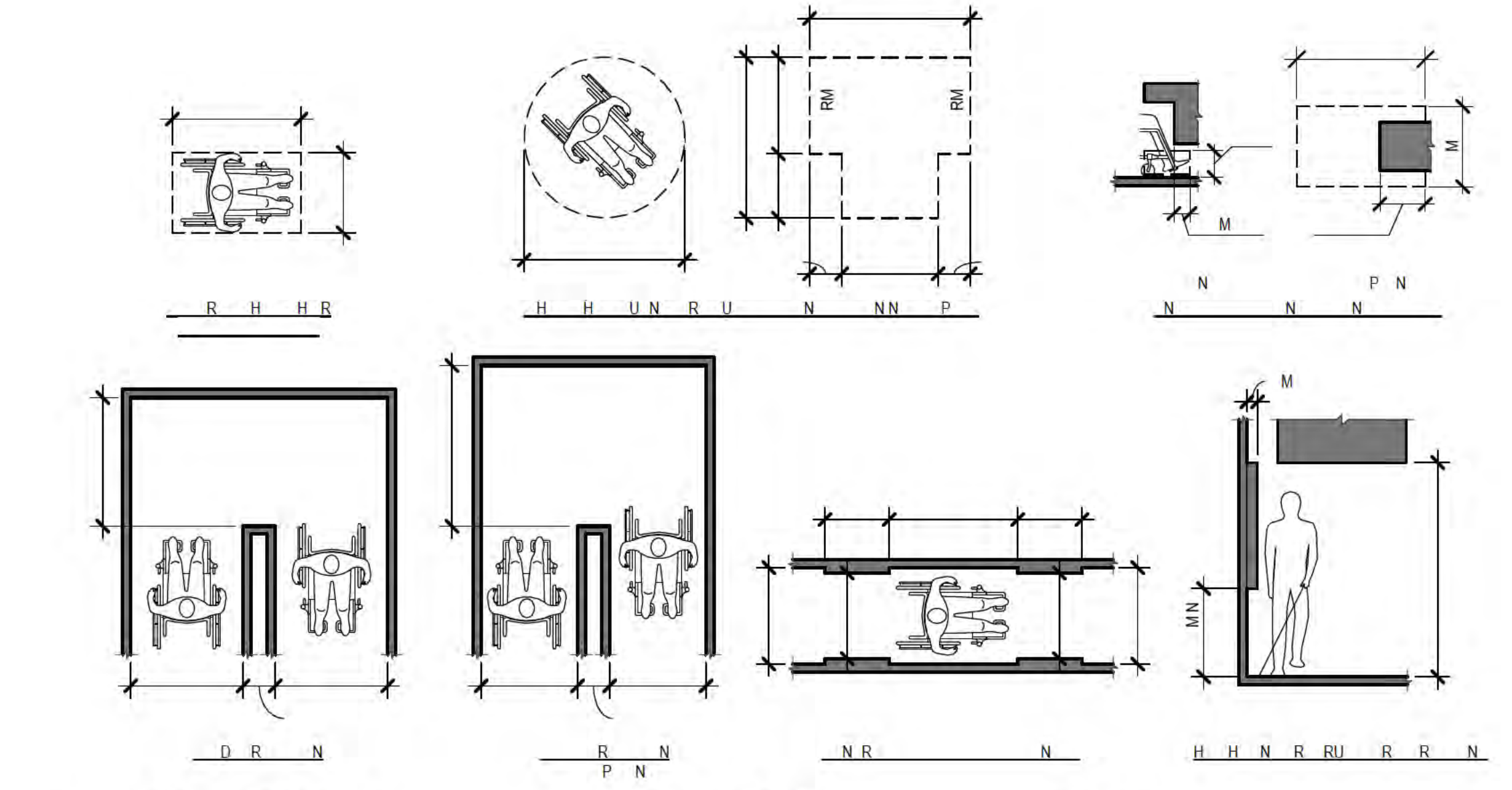
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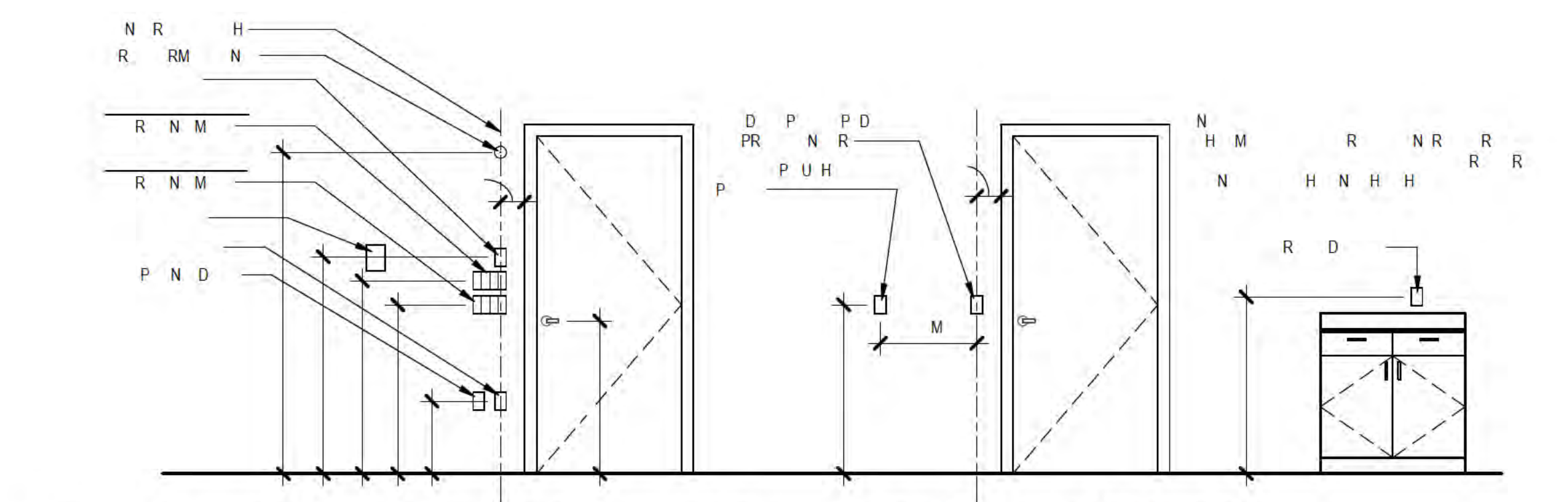
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Y B A	P



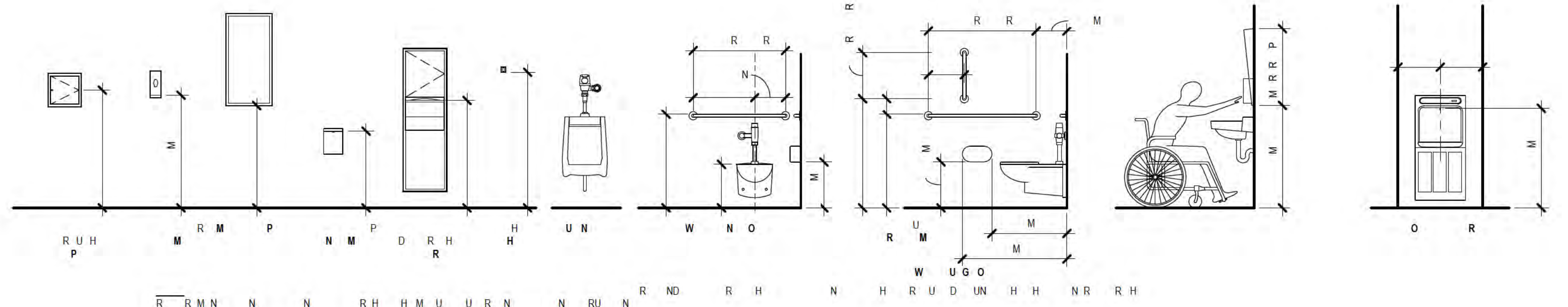
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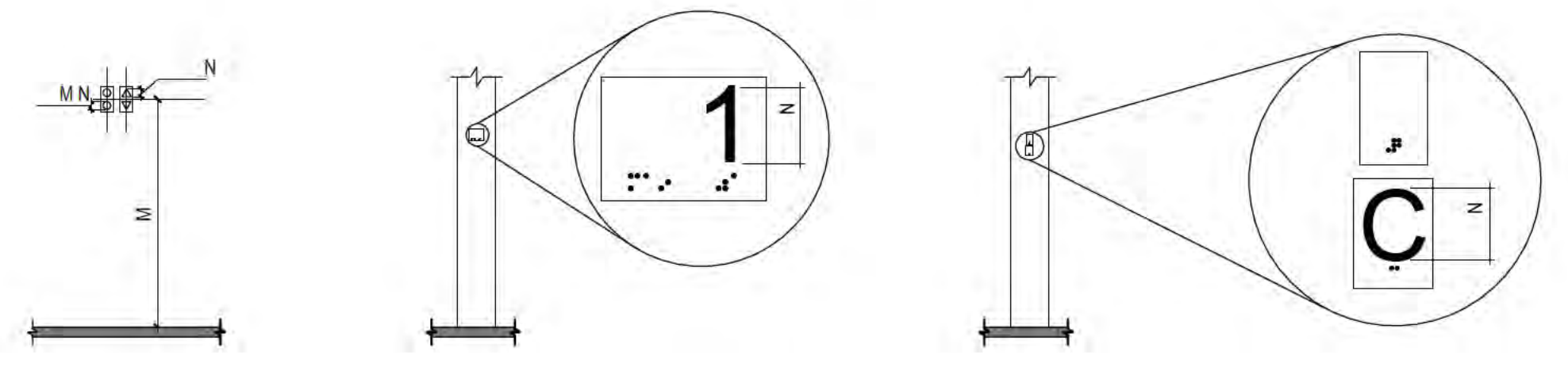
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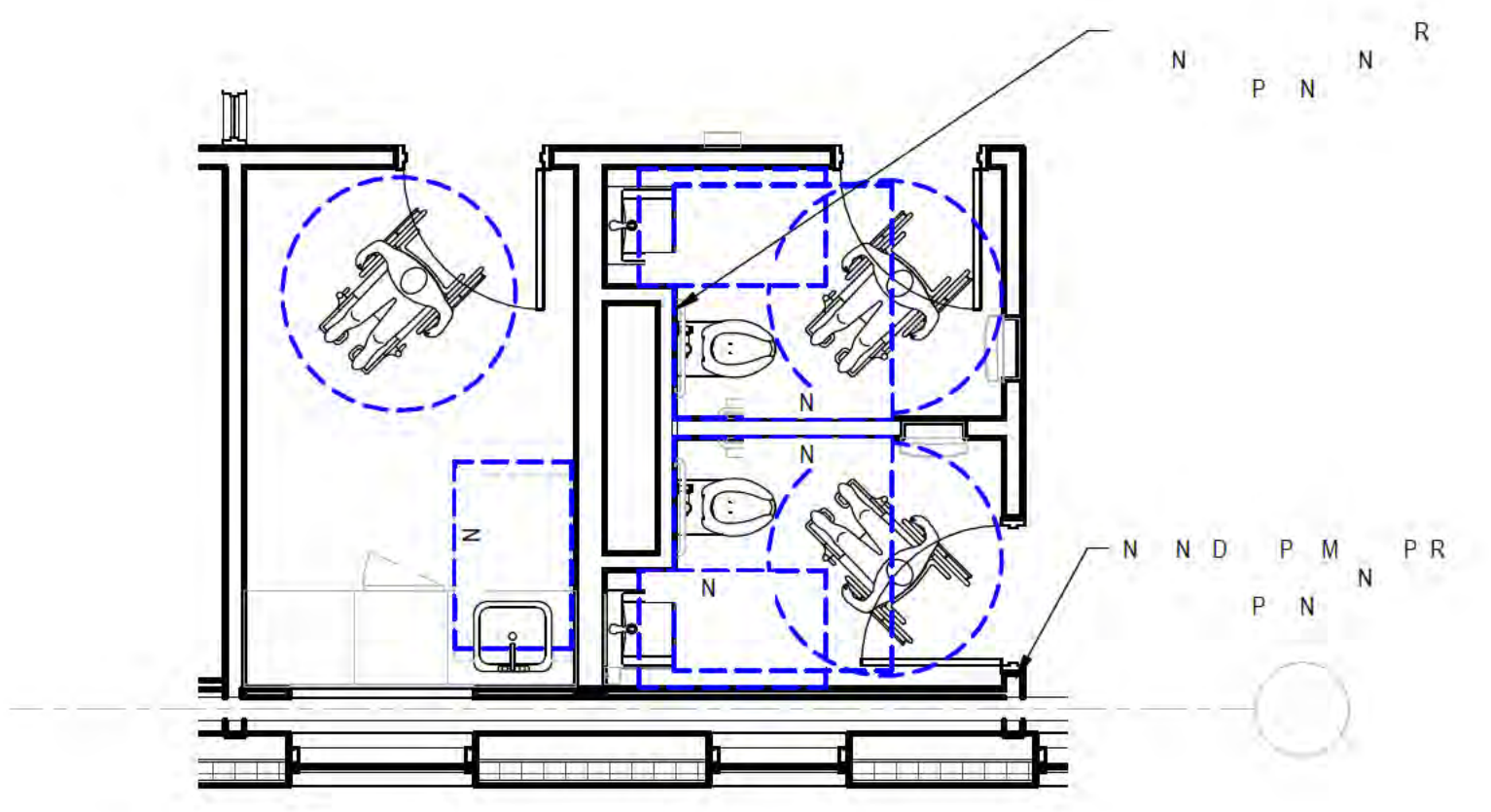
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OD OMP N MOUN GH DM N ON

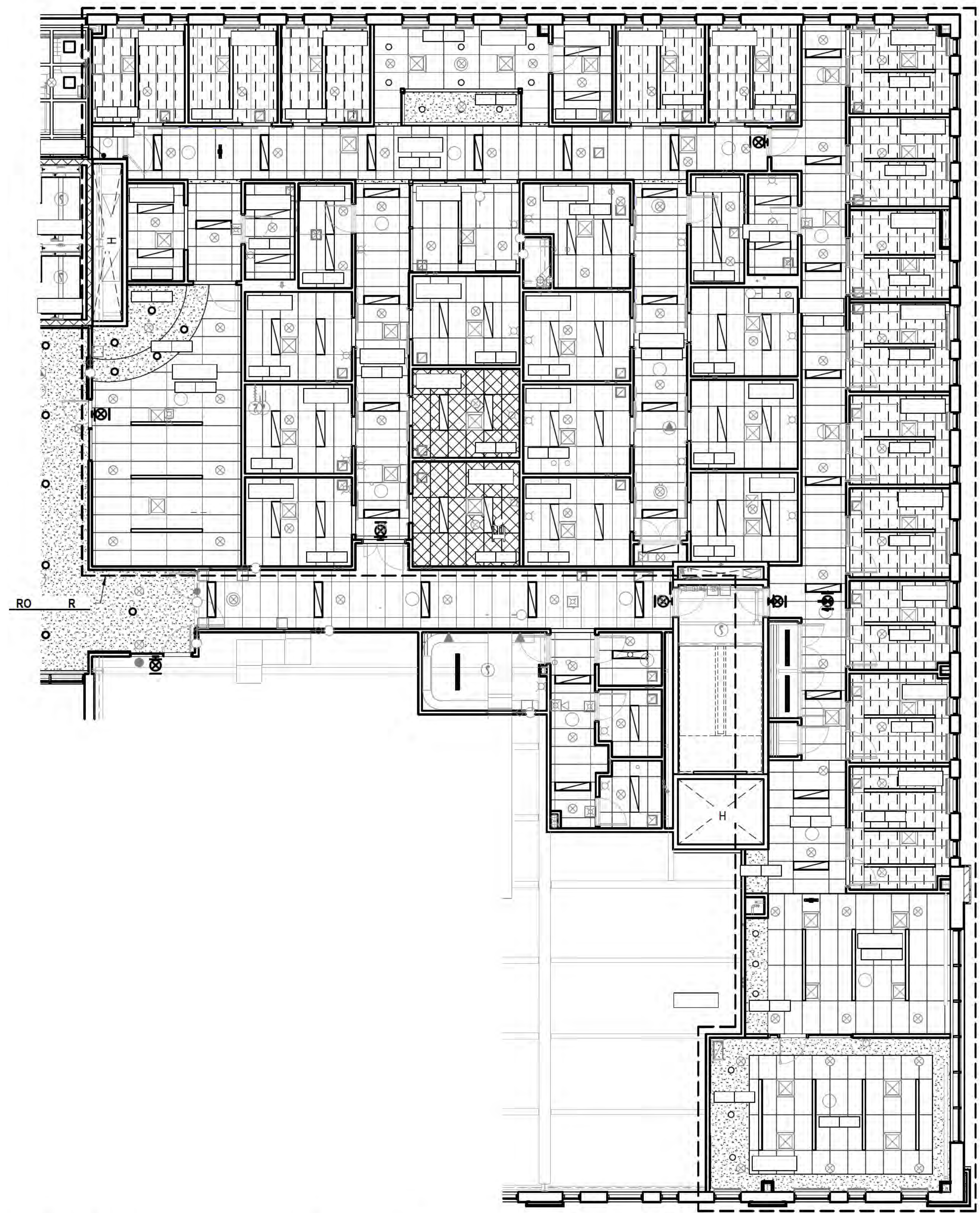


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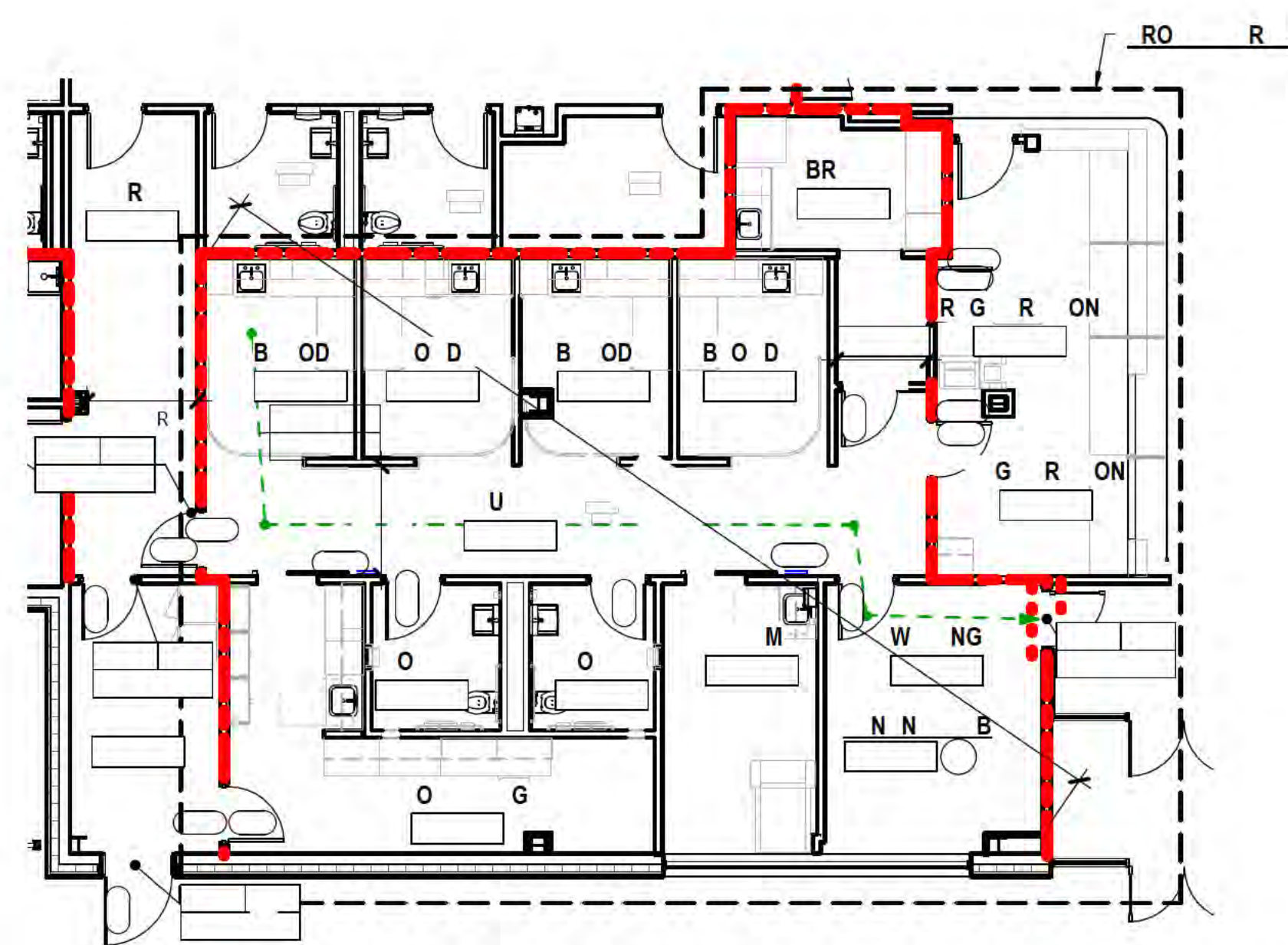




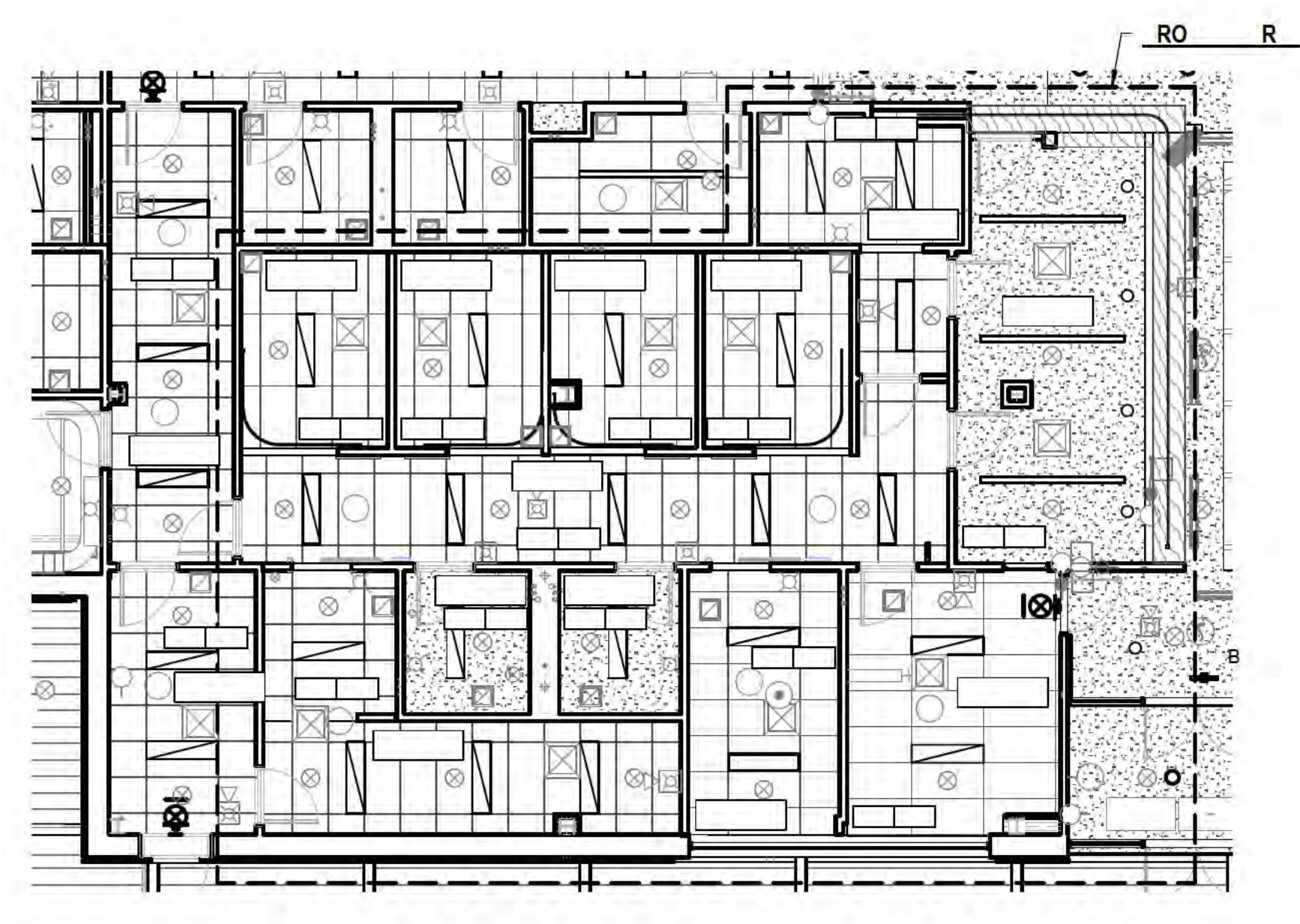
D OOR P N N RG D



D OOR R D NGP N R B

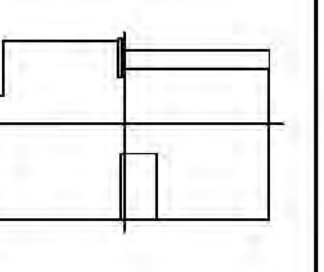


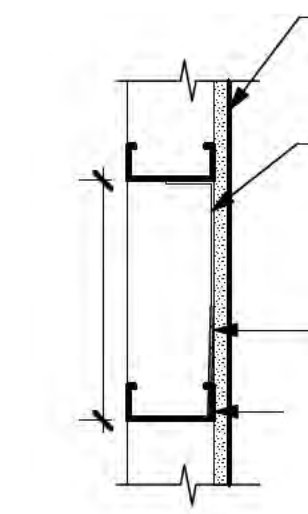
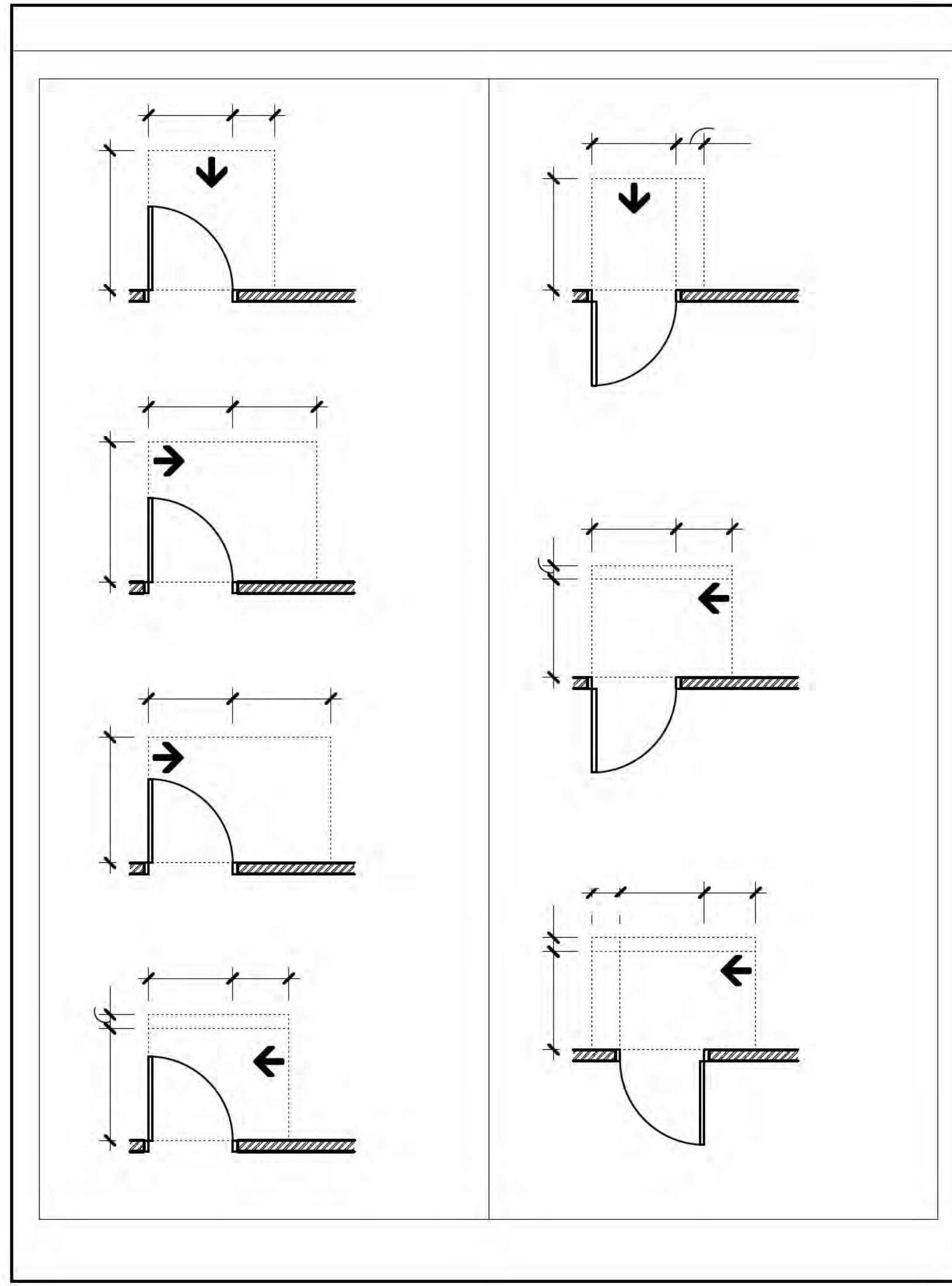
OOR P N P N N RG D



OR R D NGP N R D

OD OMP N M O G ND	
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	R M D P N
	D R P N R N R R N
	D R R D P N R R P
	R R D R H R R R N
	R N P R D N N
	H R R R N
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	R P H D N
	M R D N
	R P P D
	U N D N R N P P N
	M D P R





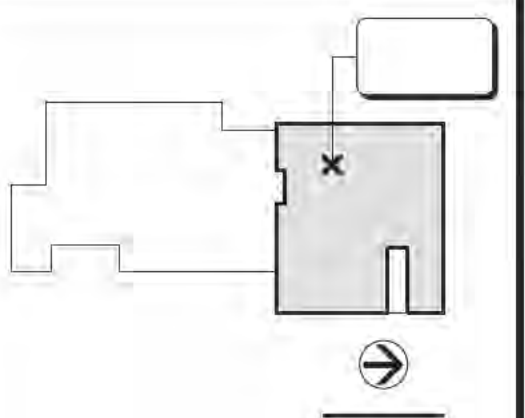
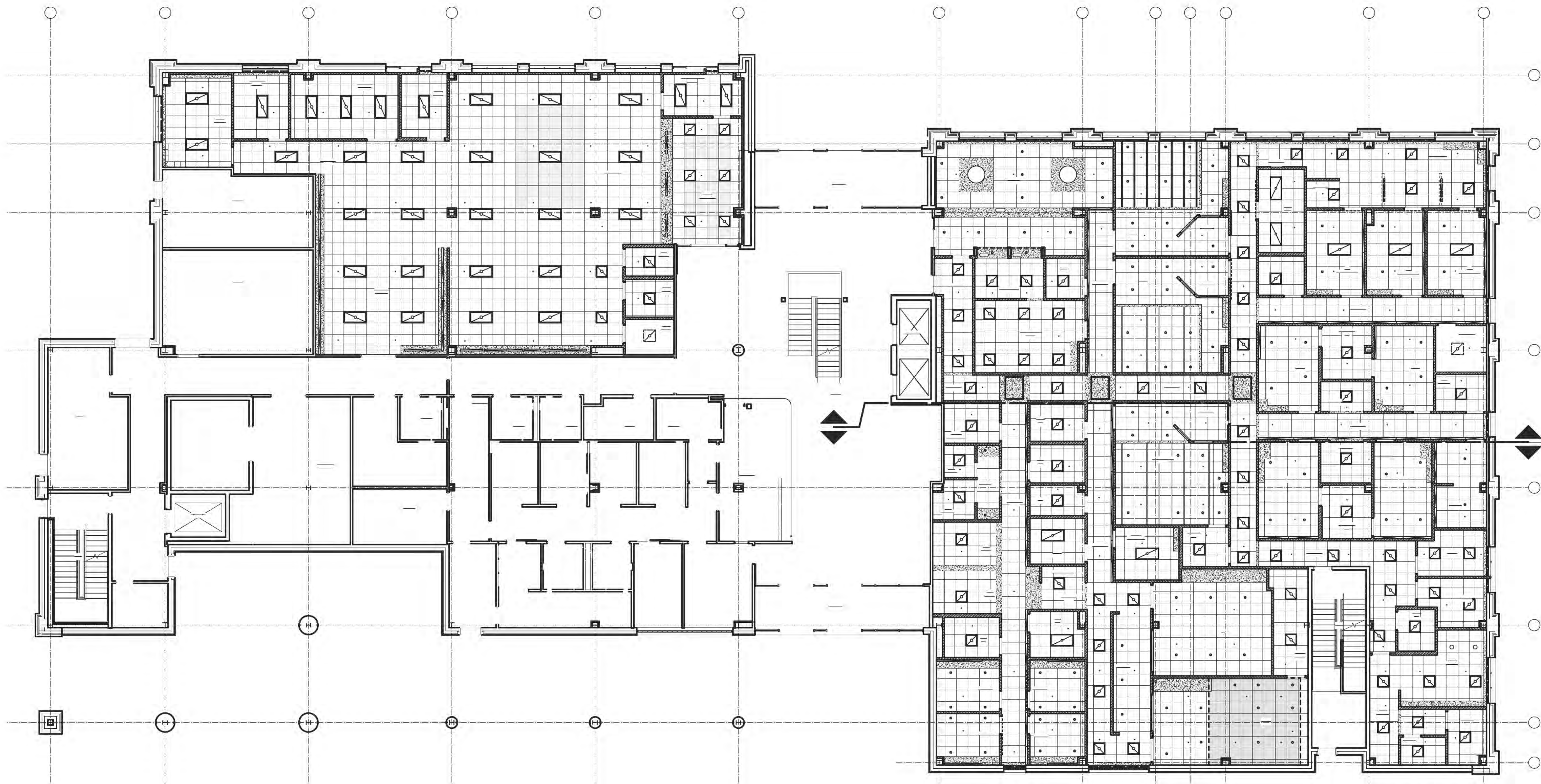
○ P C L A C P A E N H O D T L

A large grid of architectural symbols and patterns used for material and hardware specification. The grid is organized into two main columns. The left column contains various patterns and symbols, including hatching, cross-hatching, and geometric shapes. The right column contains symbols for hardware, such as hinges, handles, and locks. The symbols are arranged in a systematic manner, likely corresponding to a legend or key.

MOH WK VAL Y
H AL H YS EM
OU P TE T
R D O L O G C E N E R

6 1 S A E T R E T
U C A Y 1 5 2

S M B O S A D D O O R
C E A A N E S



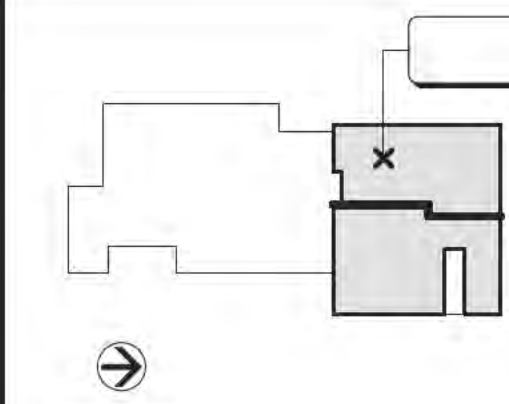
MOH WKVA LY
H AL H YS EM
OU P TE T
R DOLOG CEN ER

6 1 S A E TR ET
U CA Y 1 5 2

1 T LOOR OV RA L
R F E T D C E I G
P AN

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LO R

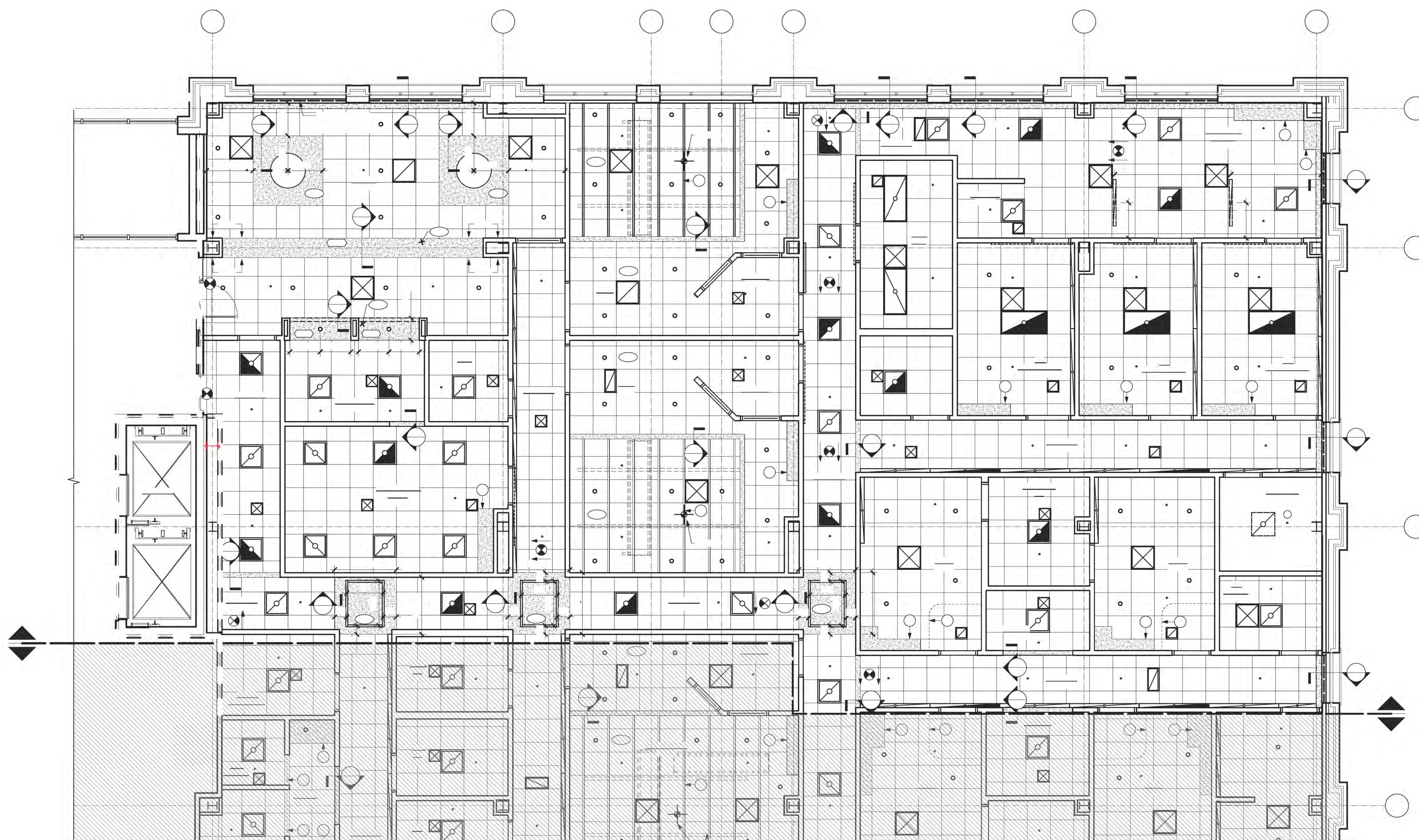


MOH WKVA L Y
H AL H YS EM
OU P T E T
R D O L O G C E N E R

6 1 S A E T R E T
U C A Y 1 5 2

P R I L T L O O R
L E S F Y E L C T D
C I N G P A N A R A A

A211



ATA I T O O R F S F T R F C E C E N G L N A E A

LO R

○

○

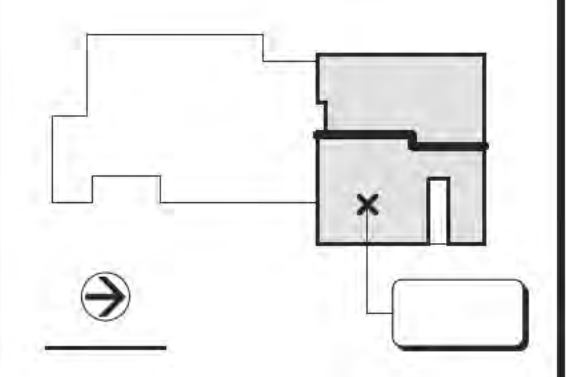
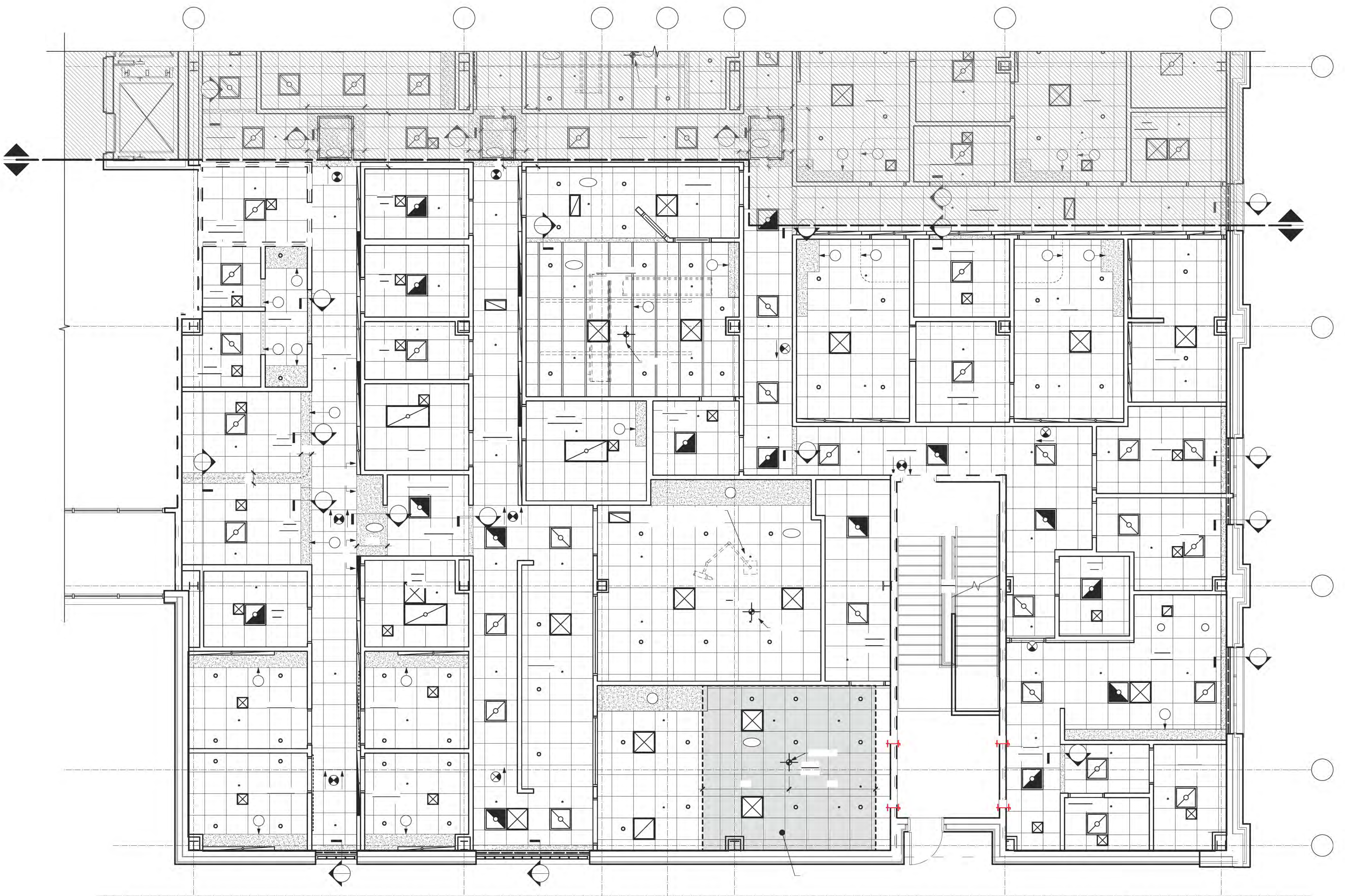
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MOH WKVALY
HALHYS EM
OUP TET
R DOLOG CEN ER

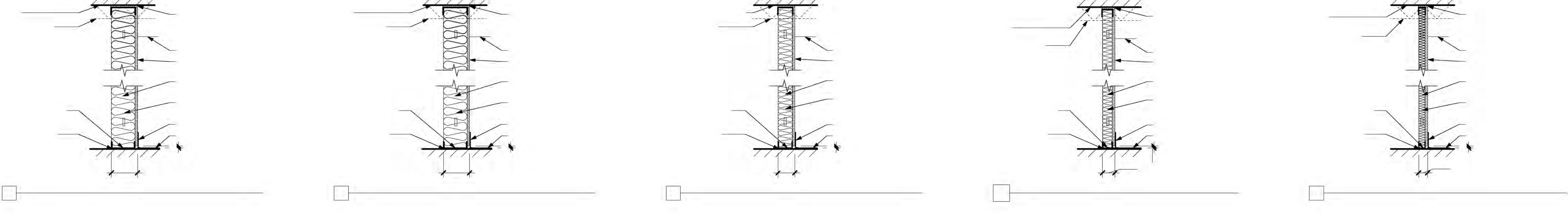
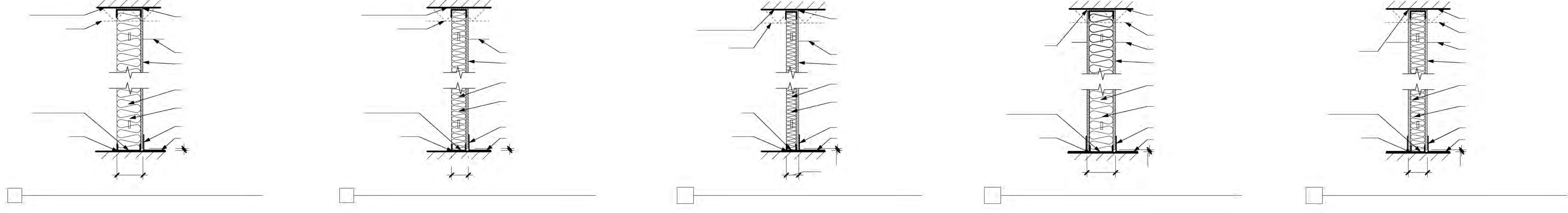
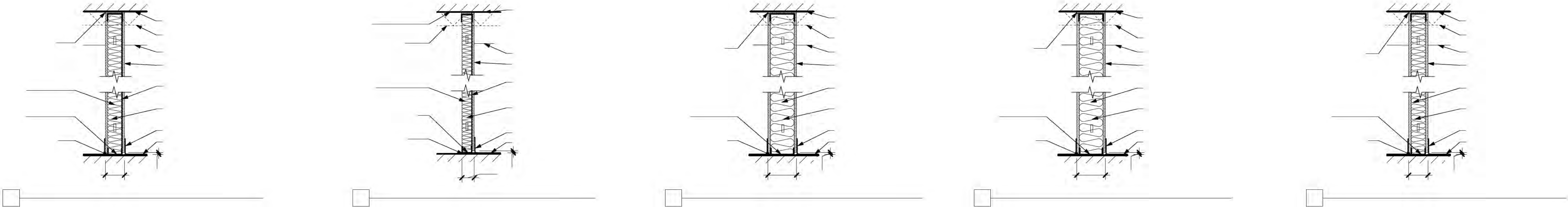
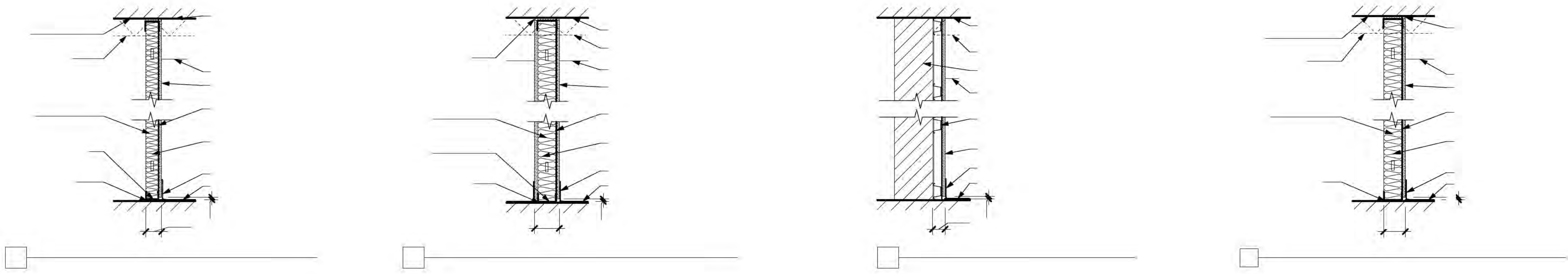
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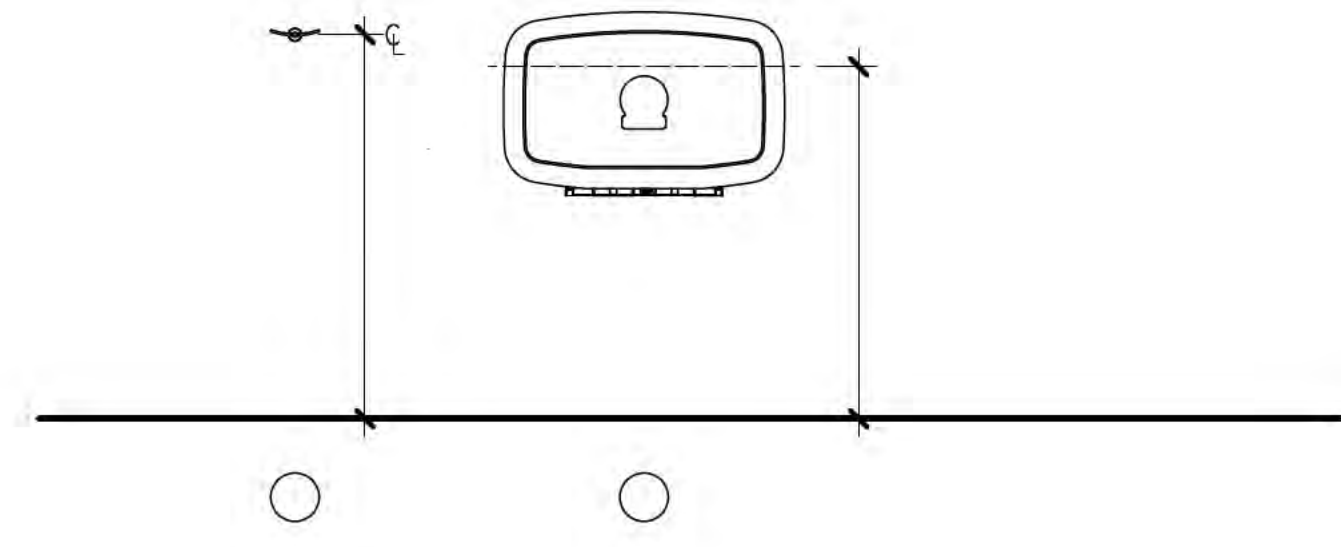
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LES FY ELCT D
C I NG P AN AR AB

MOH WKVALY
HALHYS EM
OUP TET
R DOLOG CEN ER

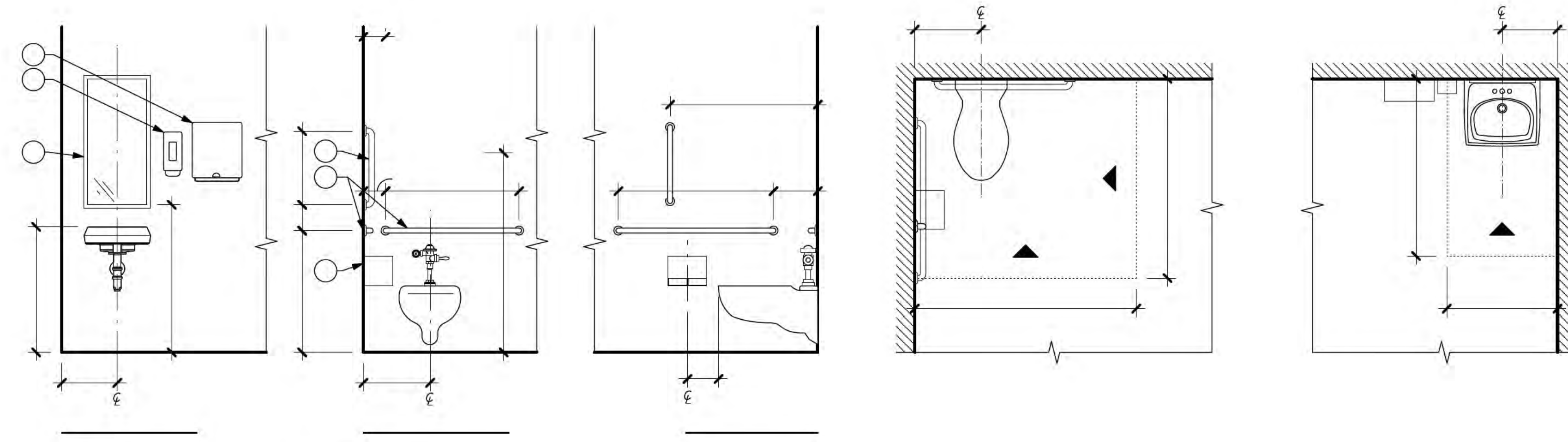
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UCA Y152

PRI ONTP S

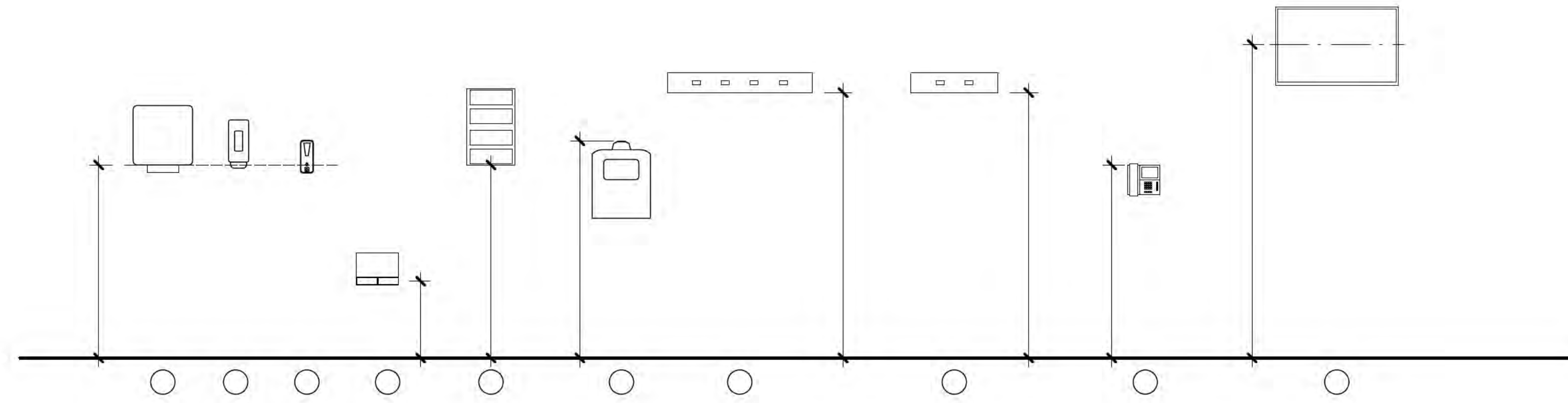




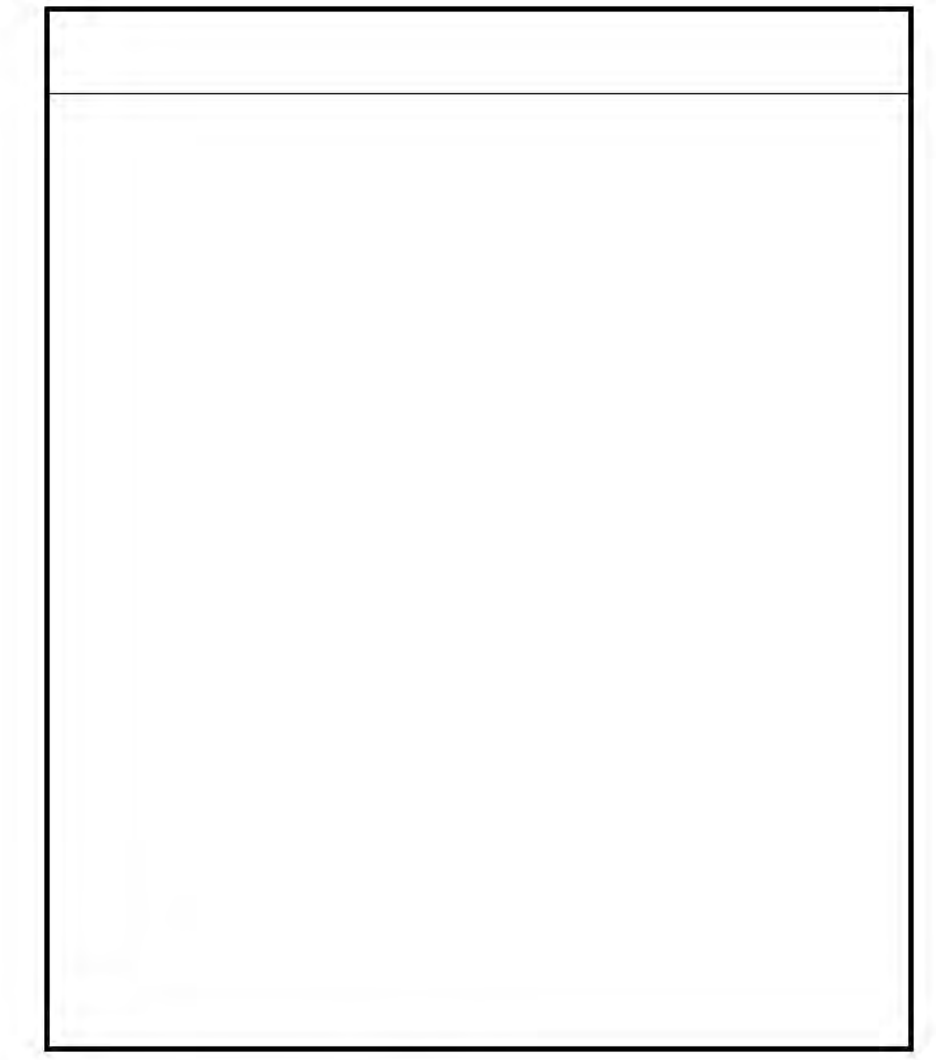
Y I A M O N N G E G T S F I E S



P C L L M N G I U E A N T I T C C S O E S

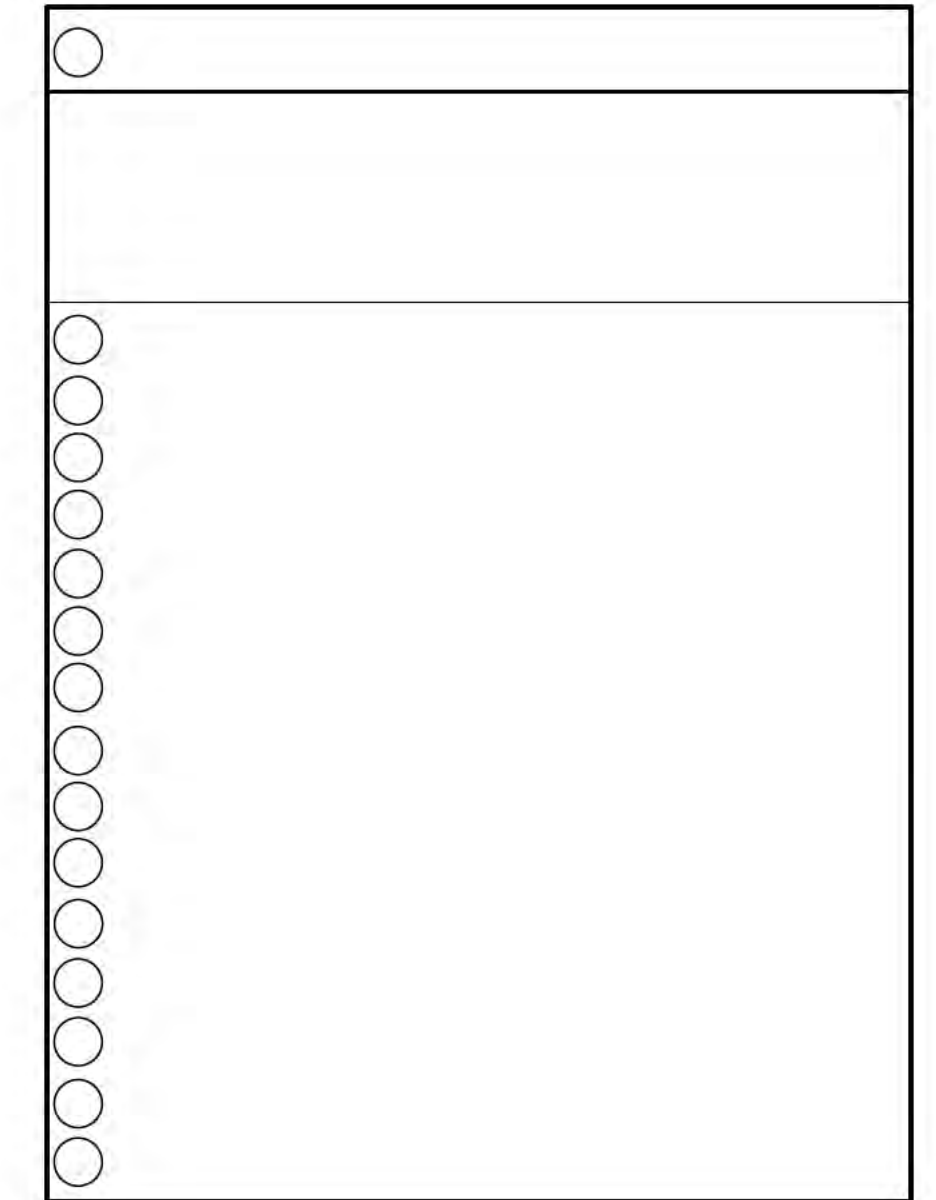


Y C A M O N N G E G S F I E S



M L W O R K E E N D

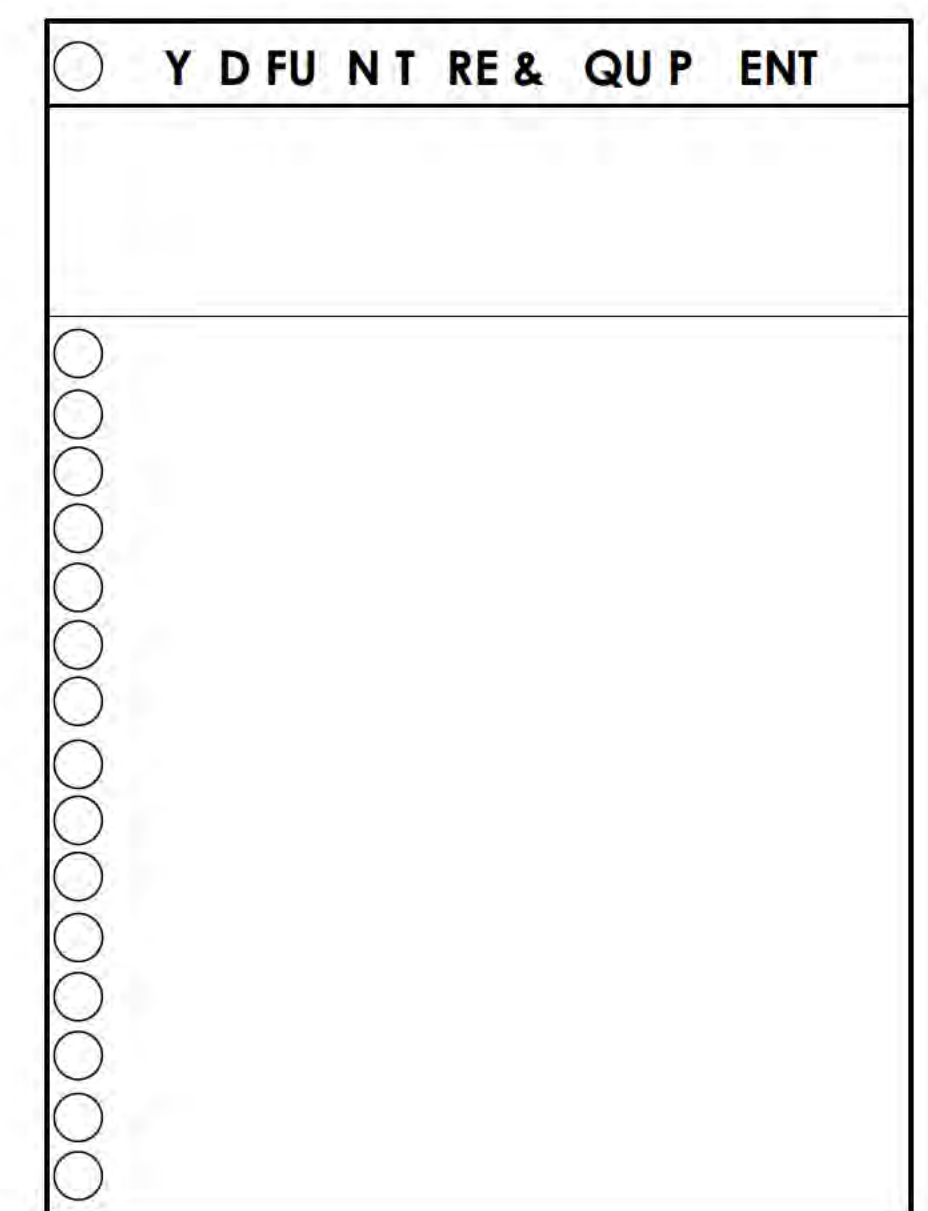
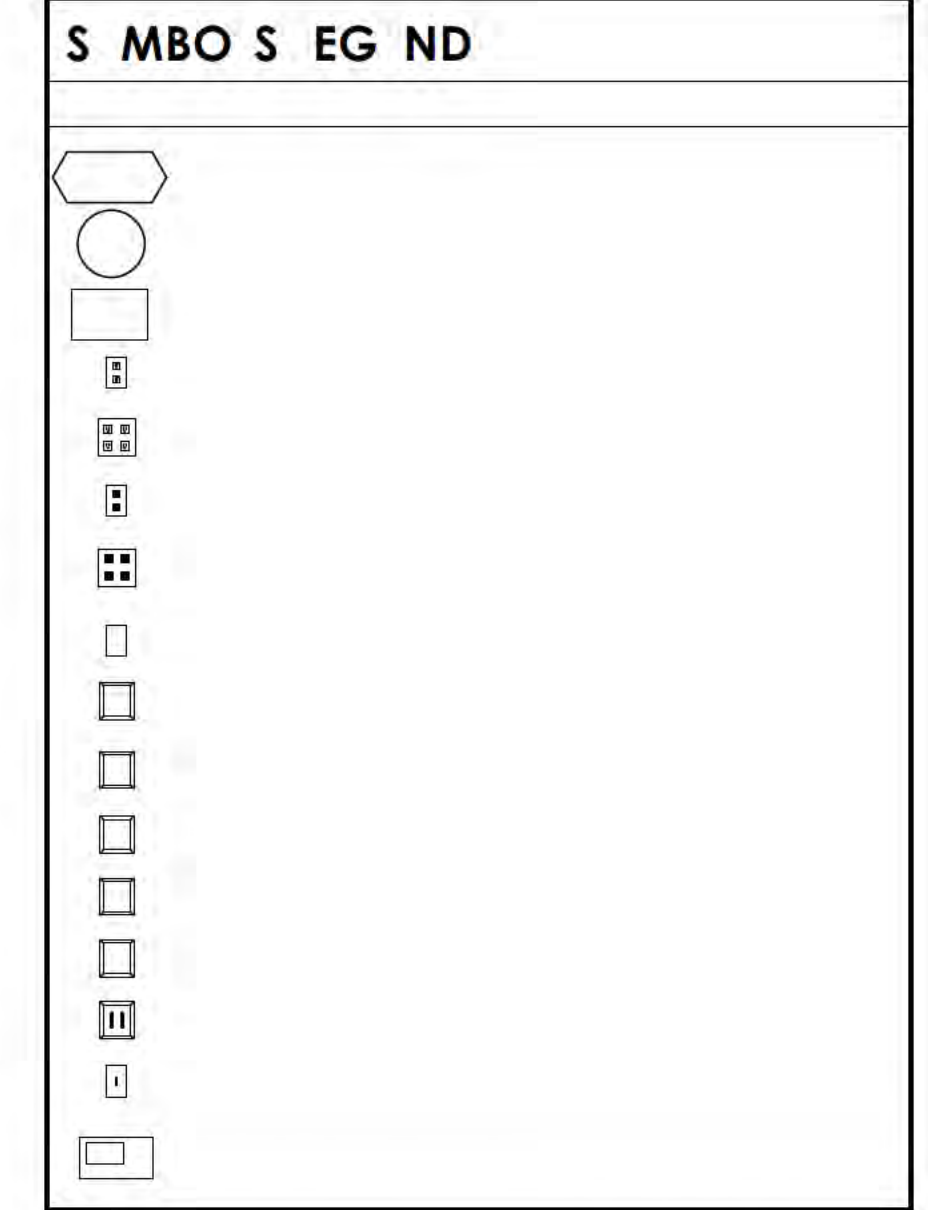
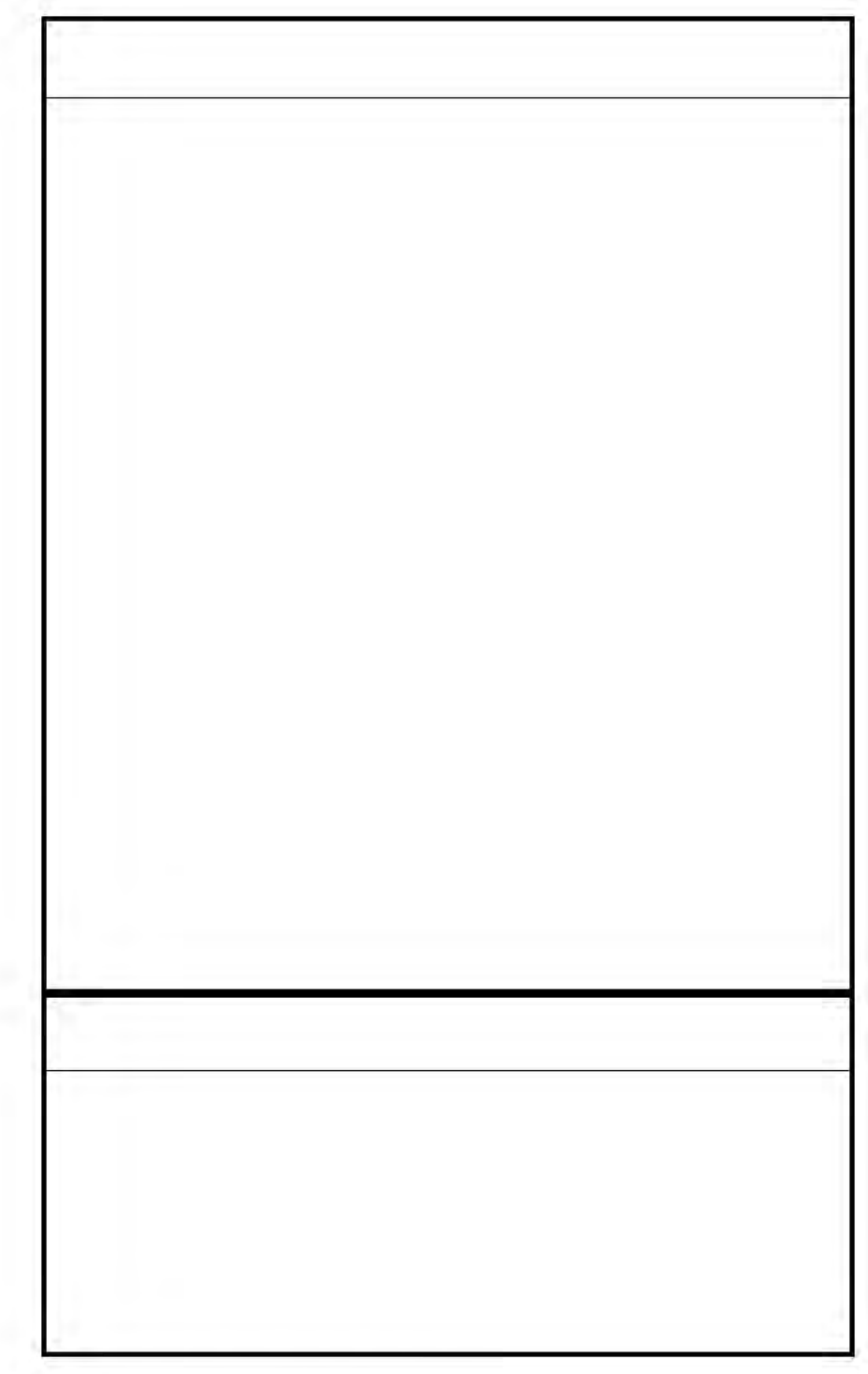
S M B O S E G N D



MOH WK VAL Y
H AL H YS EM
O U P T E T
R D O L O G C E N E R

6 1 S A E T R E T
U C A Y 1 5 2

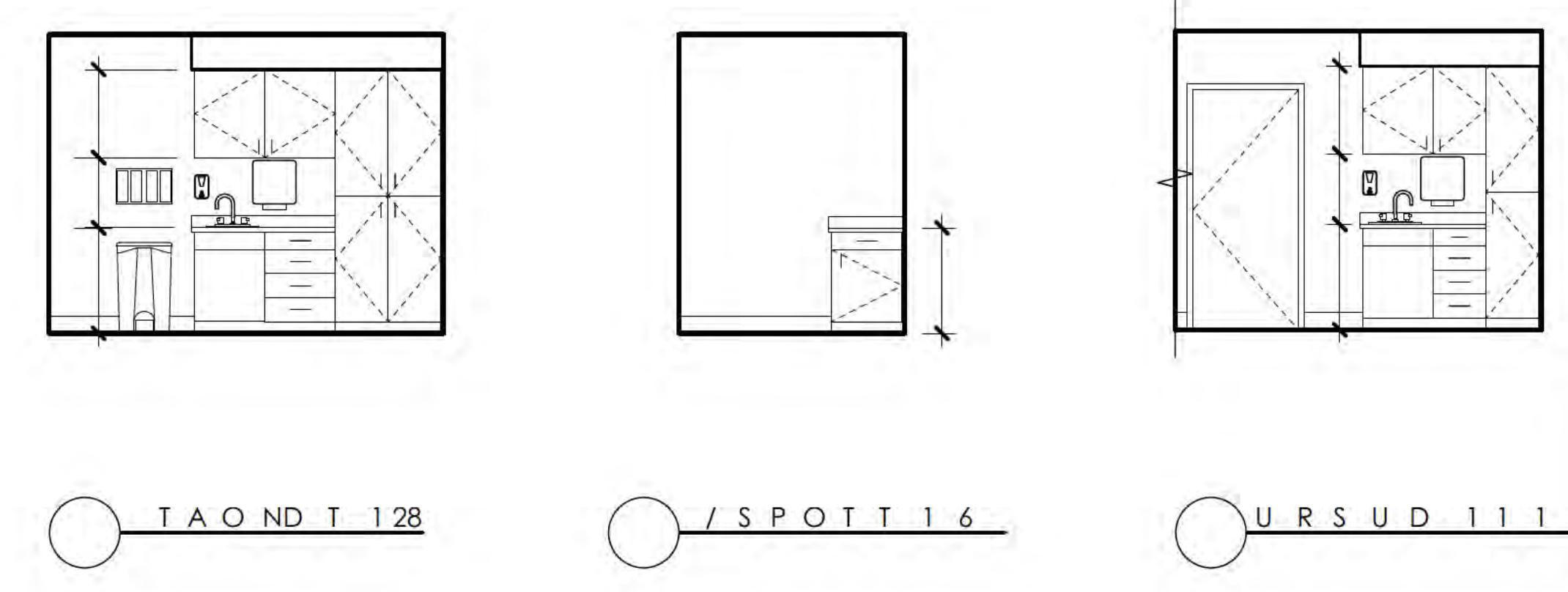
N T R O R L V A O N S
D T I S



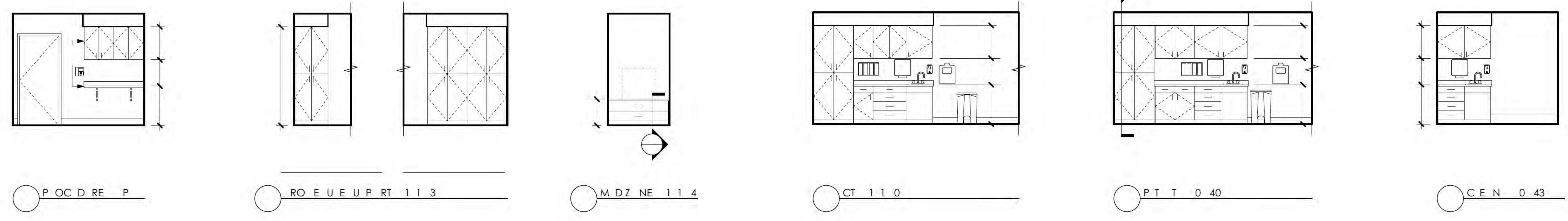
MOH WKVALY
HALHYS EM
OUP TET
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UCA Y152

NT ROR L VA ONS
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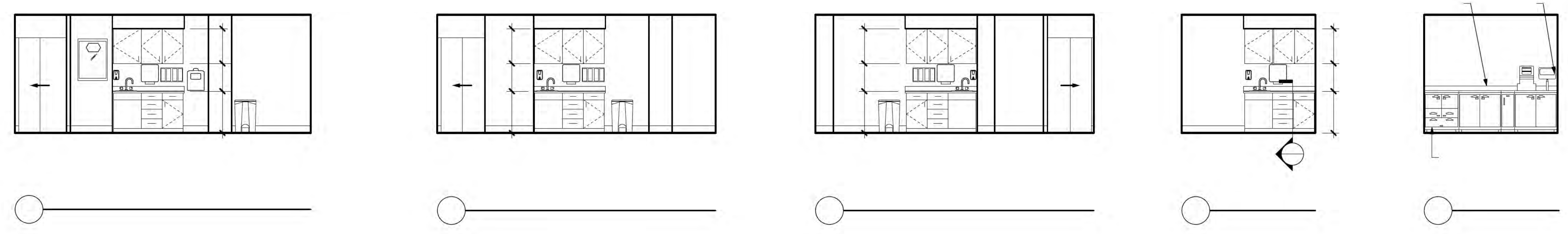
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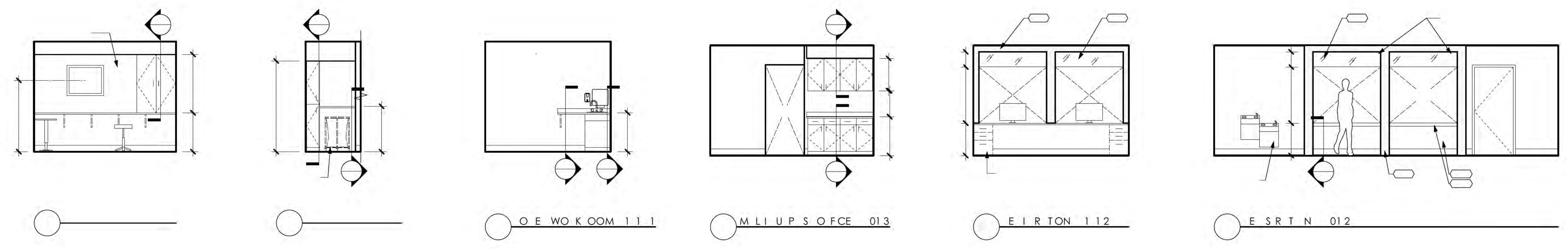
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Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues

Contents:

Schedule LRA 4/Schedule 7 - Environmental Assessment

Environmental Assessment

Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	Yes	No
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds? NOT APPLICABLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	Yes	No
2.1	Does the project involve physical alteration of ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Part III.		Yes	No	
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Agency Name:		City of Utica Planning Board	
	Contact Name:		Brian Thomas	
	Address:		1 Kennedy Plaza	
	State and Zip Code:		New York 13502	
	E-Mail Address:		bthomas@cityofutica.com	
	Phone Number:		315-792-0781	
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	Agency Name:			
	Contact Name:			

	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.	Yes	No	
	Agency Name:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.	Yes	No	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Part IV.	Storm and Flood Mitigation			
	Definitions of FEMA Flood Zone Designations			
	Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.			
	Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.	Yes	No	
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Moderate to Low Risk Area	Yes	No	
	Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:			
	B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.	<input type="checkbox"/>	

C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	<input type="checkbox"/>	
High Risk Areas		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	<input type="checkbox"/>	
A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	<input type="checkbox"/>	
AH	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	<input type="checkbox"/>	
AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	<input type="checkbox"/>	
A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
High Risk Coastal Area		Yes	No
Zone	Description		
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
Zone V	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
Undetermined Risk Area		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, which floodplain?	100 Year	<input type="checkbox"/>	
		500 Year	<input type="checkbox"/>	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

[FEMA Elevation_Certificate_and Instructions](#)

**New York State Department of Health
 Certificate of Need Application
 Schedule 8A Summarized Project Cost and Construction Dates**

This schedule is required for all Establishment Applications and Full or Administrative Review Construction Applications.

1.) Project Cost Summary data:

	Total	Source
Project Description:		
Project Cost	\$9,750,834	Schedule 8b, column C, line 8
Total Basic Cost of Construction	\$9,750,834	Schedule 8B, column C, line 6
Total Cost of Moveable Equipment	\$3,113,987	Schedule 8B, column C, line 5.1
Cost/Per Square Foot for New Construction	N/A	Schedule 10
Cost/Per Square Foot for Renovation Construction	\$295.30	Schedule 10
Total Operating Cost	\$13,036,640	Schedule 13C, column B
Amount Financed (as \$)	\$0	Schedule 9
Percentage Financed as % of Total Cost	0%	Schedule 9
Depreciation Life (in years)	5	New Moveable Equipment
Depreciation Life (in years)	20	Leasehold Improvement/Other

2) Construction Dates

Anticipated Start Date	7/1/2022 (on or before)*	Schedule 8B
Anticipated Completion Date	5/1/2024 (on or before)*	

** Note: Construction for the new building began on July 1, 2022 by a 3rd party developer and the building is expected to be completed on or before May 1, 2024.*

New York State Department of Health

Certificate of Need Application

Schedule 8B - Total Project Cost - For Projects without Subprojects.

For Article 28, 36, and 40 Establishment & Construction Requiring Full, Administrative or Limited Review
 For Limited Review, escalation amounts may be entered as "0".

Constants:	Value	Comments:
Design Contingency - New Construction	10.00%	Normally 10%
Construction Contingency - New Construction	5.00%	Normally 5%
Design Contingency - Renovation Work	N/A	Normally 10%
Construction Contingency - Renovation Work	N/A	Normally 10%
Construction Start Date:	7/1/2022 (on or before)*	as mm/dd/yyyy
Midpoint of Construction Date:	6/1/2023 (on or before)*	as mm/dd/yyyy
Completion of Construction Date:	5/1/2024 (on or before)*	as mm/dd/yyyy
Year used to compute Current Dollars:	2024	

** Note: Construction for the new building began on July 1, 2022 by a 3rd party developer and the building is expected to be completed on or before May 1, 2024.*

Subject of attachment:	Attachment Number	Filename of attachment - PDF
For new construction and addition, at the schematic stage the design contingency will be normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment	N/A	N/A
For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment	N/A	N/A

**New York State Department of Health
 Certificate of Need Application
 Schedule 8B - Total Project Cost - For Projects without Subprojects.**

	A	B	C
Item	Project Cost in	Escalation amount	Estimated
Source:	Schedule 10 Col .7	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$5,666,824	\$0	\$5,666,824
2.2 Renovation & Demolition	\$0	\$0	\$0
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$0	\$0	\$0
3.1 Design Contingency	\$566,682	\$0	\$566,682
3.2 Construction Contingency	\$283,341	\$0	\$283,341
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$0	\$0	\$0
4.4 Construction Manager Fees	\$0	\$0	\$0
4.5 Other Fees (Consultant, etc.)	\$120,000	\$0	\$120,000
Subtotal (Total 1.1 thru 4.5)	\$6,636,847	\$0	\$6,636,847
5.1 Movable Equipment (from Sched 11)	\$3,113,987	\$0	\$3,113,987
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5)	\$9,750,834	\$0	\$9,750,834
7.1 Financing Costs (Points etc)	\$0		\$0
7.2 Interim Interest Expense: <input type="text"/> At <input type="text"/> for <input type="text"/> months	\$0		\$0
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$9,750,834	\$0	\$9,750,834
Application fees:			
9.1 Application Fee \$2,000. Only applies to Article 28.	\$2,000		\$2,000
9.2 Additional Processing Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See website for applicable fees. (Line 8, multiplied by the appropriate percentage.). Enter Multiplier, i.e., .25%=0.0025 <input type="text" value="0.30%"/>	\$29,253		\$29,253
10 Total Project Cost with CON fees	\$9,782,087	\$0	\$9,782,087

Schedule 9 Proposed Plan for Project Financing:

I. Summary of Proposed Financial plan

Check all that apply and fill in corresponding amounts.

	Type	Amount
<input checked="" type="checkbox"/>	A. Lease	N/A
<input checked="" type="checkbox"/>	B. Cash	\$9,782,087
<input type="checkbox"/>	C. Mortgage, Notes, or Bonds	
<input type="checkbox"/>	D. Land	
<input type="checkbox"/>	E. Other	
<input checked="" type="checkbox"/>	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	\$9,782,087

If refinancing is used, please complete area below.

<input type="checkbox"/>	Refinancing	
<input type="checkbox"/>	Total Mortgage/Notes/Bonds (Sum E + Refinancing)	

II. Details

A. Leases

	N/A	Title of Attachment
1. List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable.	<input checked="" type="checkbox"/>	
2. Attach a copy of the proposed lease(s).	<input type="checkbox"/>	Please refer to the Schedule 9 Attachment
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	<input type="checkbox"/>	Please refer to the Schedule 9 Attachment
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment.	<input checked="" type="checkbox"/>	
5. If applicable, identify separately the total square footage to be occupied by the Article 28 facility and the total square footage of the building.	<input type="checkbox"/>	Article 28 = 19,190 GSF Total Building = 94,237 GSF
6. Attach two letters from independent realtors verifying square footage rate.	<input type="checkbox"/>	Please refer to the Schedule 9 Attachment
7. For all capital leases as defined by FASB Statement No. 13, "Accounting for Leases", provide the net present value of the monthly, quarterly or annual lease payments.	<input checked="" type="checkbox"/>	

**New York State Department of Health
Certificate of Need Application**

Schedule 9

B. Cash

Type	Amount
Accumulated Funds	\$9,782,087
Sale of Existing Assets	
Gifts (fundraising program)	
Government Grants	
Other	
TOTAL CASH	\$9,782,087

	N/A	Title of Attachment
1. Provide a breakdown of the sources of cash. See sample table above.	<input type="checkbox"/>	See Table Above
2. Attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date. If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented to improve operations. In establishment applications for Residential Health Care Facilities , attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date for the subject facility and all affiliated Residential Health Care Facilities . If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented (or to be implemented in the case of the subject facility) to improve operations.	<input type="checkbox"/>	Please refer to the Schedule 9 Attachment
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	<input type="checkbox"/>	Please refer to the Schedule 9 Attachment
4. Attach a full and complete description of the assets to be sold, if applicable.	<input checked="" type="checkbox"/>	
5. If amounts are listed in "Gifts (fundraising program)": <ul style="list-style-type: none"> • Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges. • If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan. • Provide a history of recent fund drives, including amount pledged and amount collected 	<input checked="" type="checkbox"/>	

**New York State Department of Health
Certificate of Need Application**

Schedule 9

	N/A	Title of Attachment
6. If amounts are listed in "Government Grants": <ul style="list-style-type: none"> List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted. Provide documentation of eligibility for the funds. Attach the name and telephone number of the contact person at the awarding Agency(ies). 	<input checked="" type="checkbox"/>	
7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability.	<input checked="" type="checkbox"/>	
8. Current Department policy expects a minimum equity contribution of 10% of total project cost (Schedule 8b line 10) for all Article 28 facilities with the exception of Residential Health Care Facilities that require 25% of total project cost (Schedule 8b, line 10). Public facilities require 0% equity.	<input type="checkbox"/>	Equity Requirement Met
9. Provide an equity analysis for member equity to be provided. Indicate if a member is providing a disproportionate share of equity. If disproportioned equity shares are provided by any member, check this box <input type="checkbox"/>	<input checked="" type="checkbox"/>	

C. Mortgage, Notes, or Bonds N/A

	Total Project	Units
Interest		%
Term	N/A	Years
Payout Period		Years
Principal		\$

	N/A	Title of Attachment
1. Attach a copy of a letter of interest from the intended source of permanent financing that indicates principal, interest, term, and payout period.	<input checked="" type="checkbox"/>	
2. If New York State Dormitory Authority (DASNY) financing, then attach a copy of a letter from a mortgage banker.	<input checked="" type="checkbox"/>	
3. Provide details of any DASNY bridge financing to HUD loan.	<input checked="" type="checkbox"/>	
4. If the financing of this project becomes part of a larger overall financing, then a new business plan inclusive of a feasibility package for the overall financing will be required for DOH review prior to proceeding with the combined financing.	<input checked="" type="checkbox"/>	

**New York State Department of Health
Certificate of Need Application**

Schedule 9

D. Land N/A

Provide details for the land including but not limited to; appraised value, historical cost, and purchase price. See sample table below.

	Total Project
Appraised Value	
Historical Cost	N/A
Purchase Price	
Other	

	N/A	Title of Attachment
1. If amounts are listed in "Other", attach documentation and a description as applicable.	<input checked="" type="checkbox"/>	
2. Attach a copy of the Appraisal. Supply the appraised date and the name of the appraiser.	<input checked="" type="checkbox"/>	
3. Submit a copy of the proposed purchase/option agreement.	<input checked="" type="checkbox"/>	
4. Provide an affidavit indicating any and all relationships between seller and the proposed operator/owner.	<input checked="" type="checkbox"/>	

E. Other N/A

Provide listing and breakdown of other financing mechanisms.

	Total Project
Notes	
Stock	N/A
Other	

	N/A	Title of Attachment
Attach documentation and a description of the method of financing	<input checked="" type="checkbox"/>	

F. Refinancing N/A

	N/A	Title of Attachment
1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining.	<input checked="" type="checkbox"/>	

**New York State Department of Health
Certificate of Need Application**

Schedule 9

<p>2. Attach a description of the mortgage to be refinanced. Provide full details of the existing debt and refinancing plan inclusive of original and current amount, term, assumption date, and refinancing fees. The term of the debt to be refunded may not exceed the remaining average useful life of originally financed assets. If existing mortgage debt will not be refinanced, provide documentation of consent from existing lien holders of the proposed financing plan.</p>	<input checked="" type="checkbox"/>	
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WYNN HOSPITAL

SCHEDULE 9 ATTACHMENT

FINANCIAL DOCUMENTS

1. Financial Narrative
2. 2023 Recent Internal Financial Statement
3. 2022 Audited Financial Statement
4. Space Lease Agreement
5. First Amendment to Space Lease
6. Documentation of Rent Reasonableness
7. Landlord-Tenant Affidavit

WYNN HOSPITAL

FINANCIAL NARRATIVE

Introduction

Wynn Hospital is submitting this Administrative Review Certificate of Need (C.O.N.) Application that seeks approval for the certification and construction of an extension clinic to be located in a new Medical Office Building (MOB) currently under construction across the street from the new campus of the Hospital in downtown Utica.¹ The proposed extension clinic will be located at 601 State Street, Utica (Oneida County), New York 13502. The extension clinic will be known as “MVHS State Street MOB” and will be certified for the services of “Medical Services – Primary Care” and “Medical Services – Other Medical Specialties.”

Project Background

Through this project, the Hospital will relocate and consolidate three (3) outpatient clinics and imaging services from their current locations in the community to the proposed MOB. To this end, Wynn Hospital has partnered with a developer to construct the three-(3)-story, 94,237-square-foot MOB that will house both Article 28 and non-Article 28 services in separate and distinct spaces. The proposed extension clinic services will be located on the following floors:

- 1st Floor – Imaging Center (10,082 SF) and Blood Draw (1,743 SF)
- 3rd Floor – Cardio & Thoracic Surgery, Neuro-Interventional Surgery/Stroke and Trauma Surgery (7,365 SF)

¹ Wynn Hospital was constructed under Project No. 172305-C. Please refer to **Appendix I** for a map showing the Wynn Hospital campus and the proposed site of the MOB/extension clinic.

It should be noted that through Project No. 231380-B, Mohawk Valley Surgery Center (MVSC) was approved to establish and construct a freestanding ambulatory surgery center (FASC) within separate and distinct space on the third floor of the same MOB building that is the subject of this C.O.N. Application. Mohawk Valley Health System, which is the co-operator (along with MVHS, Inc.) of Wynn Hospital, is the sole member of MVSC. That FASC project is separate and apart from this Hospital extension clinic project. In addition, there will be other non-Article 28 services located in the MOB on the 1st, 2nd and 3rd floors within separate and distinct spaces; those spaces are not part of this project. Please refer to the **Schedule 6 Attachment** for the architectural documents related to this project.

Site Control

Through this project, Mohawk Valley Health System will lease the proposed extension clinic space from the Landlord, Central Utica Building, LLC, through an arm's-length agreement. Please refer to the **Schedule 9 Attachment** for the executed Space Lease Agreement, the First Amendment to the Lease, Documentation of Rent Reasonableness and a Landlord-Tenant Affidavit.

Project Funding

The Total Project Cost for this project is \$9,782,087, which will be funded entirely through existing cash equity of the Hospital. Please refer to **this Attachment** for a recent 2023 Internal Financial Statement and the 2022 Audited Financial Statement of Mohawk Valley Health System, which is the co-operator (along with MVHS, Inc.) of Wynn Hospital.

Working capital needs for this project will be funded using existing cash equity from ongoing operations. Please refer to **this Attachment** for a recent 2023 Internal Financial Statement and the 2022 Audited Financial Statement of Mohawk Valley Health System, which is the co-operator (along with MVHS, Inc.) of Wynn Hospital.

Basis for Utilization, Revenues and Expenses

The projected utilization and staffing for this project are based upon the experience of Mohawk Valley Health System (MVHS), the co-operator of Wynn Hospital (along with MVHS, Inc.), in providing the same outpatient services that will be relocated and consolidated to the proposed extension clinic site. Likewise, the operating expenses and revenues for this project are based on the utilization projections for the project, which are based upon the experience of MVHS in providing the same outpatient services that will be relocated and consolidated to the proposed extension clinic site. Please refer to the backup Operating Budget documentation under the **Schedule 13 Attachment** for additional information.

ANDREW DERMINIO
NYS LICENSED REAL ESTATE SALESPERSON

June, 7th, 2023

Mohawk Valley Health System
656 Champlin Avenue
Utica, NY 13502

Dear Mr. Aiello and MVHS,

This will confirm that rent of approximately \$27.50 per square foot for the approximately 14,500 square feet of space at 601 State Street, Utica, New York is fair and reasonable based upon my experience.

I am a licensed real estate agent in Oneida County, New York and am knowledgeable of the rental prices in the proposed area.

Please feel free to contact me if you require any additional information.

Sincerely,


Andrew Derminio



Andrew Derminio, NYS Licensed Real Estate Salesperson | Lic# 10401300347
Call/Text (315) 272-7419 | Office (315) 896-1009
andrewofriverhills@gmail.com | www.AndrewDerminio.com
54 Franklin Square, Utica, NY 13502



June 7, 2023

Louis Aiello
Sr. Vice President, Chief Financial Officer
Mohawk Valley Health System

Dear Mr. Aiello:

This will confirm that rent of approximately \$27.00 per square foot for the approximately 14,500 square feet of space at 601 State Street, Utica, New York is fair and reasonable based upon my experience.

I am a Licensed Associate Real Estate Broker in New York and am knowledgeable of the rental prices in the proposed area.

Please feel free to contact me if you require any additional information.

Sincerely,

A handwritten signature in blue ink that reads "Carole Iseneker". The signature is fluid and cursive.

Carole Iseneker
LICENSED ASSOCIATE REAL ESTATE BROKER

**New York State Department of Health
 Certificate of Need Application
 Schedule 10 - Space & Construction Cost Distribution**

For Article 28, 36, and 40 Construction Projects Requiring Full, Administrative or Limited Review completing this table are found in Schedule 10 lookups sheet.(see tab below)

*Codes for

Indicate if this project is: New Construction: Renovation:


A		B	C	D	E	F	G	H	I
Location					Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. Current (un-escalated)	(F x G) Construction Cost TOTAL Current sch.8B col.A (un-escalated)	Alterations, Scope of work
Sub project	Building	Floor	section	Functional Code					
---	Main	1	---	---	Medical Services - Primary Care (Blood Draw)	1,743	\$357.13	\$622,470	B
---	Main	3	---	---	Medical Services - Other Medical Specialties (Neuro/Cardio/Trauma Suite)	7,365	\$211.05	\$1,554,354	B
---	Main	1	---	---	Medical Services - Other Medical Specialties (Imaging Services - x-ray, fluoroscopy, CT, PET/CT, ultrasound)	10,082	\$346.16	\$3,490,000	B
Totals for Whole Project:						19,190	\$295.30	\$5,666,824	B

**New York State Department of Health
 Certificate of Need Application
 Schedule 10 - Space & Construction Cost Distribution**

If additional sheets are necessary, go to the toolbar, select "Edit", select "Move or copy sheet", make sure the "create a copy" box is checked, and select this document as the destination for the copy then select "OK". An additional worksheet will be

1. If New Construction is Involved, is it "freestanding?"	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A
2. Check the box that best describes the location of the facilities affected by this project:	Dense Urban <input type="checkbox"/>	Other metropolitan or suburban <input checked="" type="checkbox"/>	Rural <input type="checkbox"/>

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator engineer.

 DATE		'12/24	
PRINT NAME	TITLE		
Louis Aiello	SVP/Chief Financial Officer		
NAME OF FIRM			
Mohawk Valley Health System			
STREET & NUMBER			
111 Hospital Drive			
CITY	STATE	ZIP	PHONE NUMBER
Utica	NY	13502	(315) 917-8203

WYNN HOSPITAL

SCHEDULE 11 ATTACHMENT

NEW MOVEABLE EQUIPMENT LIST

WYNN HOSPITAL

CERTIFY AND CONSTRUCTION AN EXTENSION CLINIC

NEW MOVEABLE EQUIPMENT LIST

Item	Quantity	Unit Cost	Total Cost
Chairs - Side Chairs; Task Chairs; Stools; Guest Chairs	84	\$359	\$30,156
Table - End Tables; Coffee Tables; Desks; Mobile Pedestal	50	\$379	\$18,950
Delivery Cost of Chairs/Tables			\$9,609
Siemens Multix Impact C	1	\$390,205	\$390,205
Siemens Symbia S-Series	1	\$219,073	\$219,073
Siemens P500	1	\$31,250	\$31,250
Siemens Somatom Go.Top - CT Scanner	1	\$627,329	\$627,329
Siemens Biograph Mct-syngo.via	1	\$1,358,415	\$1,358,415
Siemens Fluoroscopy Liminous Agile AMX	1	\$429,000	\$429,000
TOTAL			\$3,113,987

**New York State Department of Health
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Schedule 13A

Schedule 13 A. Assurances from Article 28 Applicants

Article 28 applicants seeking combined establishment and construction or construction-only approval must complete this schedule.

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to ensure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

Date

1/2/24



Signature:

Louis Aiello

Name (Please Type)

SVP/Chief Financial Officer
Mohawk Valley Health System

Title (Please type)

**New York State Department of Health
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Schedule 13B

Schedule 13 B. Staffing

Table 13B - 1: See "Schedules Required for Each Type of CON" to determine when this form is required. Use the "Other" categories for providers, such as dentists, that are not mentioned in the staff categories. If a project involved multiple sites, please create a staffing table for each site.

Total Project Subproject number

A	B	C	D
	Number of FTEs to the Nearest Tenth		
Staffing Categories	Current Year*	First Year of Implementation	Third Year of Implementation
1. Management & Supervision		1.00	1.00
2. Technician & Specialist		4.30	4.30
3. Registered Nurse			
4. Licensed Practical Nurses		3.00	3.00
5. Aides, Orderlies & Attendants			
6. Physicians		3.00	3.00
7. PGY Physicians	N/A	6.00	6.00
8. Physician's Assistants	---		
9. Nurse Practicioners	Certify New	3.00	3.00
10. Nurse Midwife	Extension		
11. Social Workers and Psychologist**	Clinic		
12. Physical Therapists and PT Assistants			
13. Occupational Therapists and OT Assistants			
14. Speech Therapists and Speech Assistants			
15. Other Therapists (Respiratory Therapist)			
16. Infection Control, Environment and Food Service			
17. Clerical & Other Administrative		4.00	4.00
18. Other (specify)			
19. Other (specify)			
20. Other (specify)			
21. Total Number of Employees		24.30	24.30

*Last complete year prior to submitting application.

**Use only for RHCF and D and T Center proposals

Describe how the number and mix of staff were determined:

The number and mix of staff were based upon the experience of Mohawk Valley Health System (MVHS), the co-operator of Wynn Hospital (along with MVHS, Inc.), in providing the same outpatient services that will be relocated and consolidated to the proposed extension clinic site.

Please refer to the Schedule 13 Attachment for additional information.

Schedule 13 B-2. Medical/Center Director and Transfer Agreements

NOT APPLICABLE

All diagnostic and treatment centers and midwifery birth centers should complete this section when requesting a new location. DTCs are required to have a Medical Director who is a physician. MBCs may have a Center Director who is a physician or a licensed midwife.

Medical/Center Director	
Name of Medical/Center Director:	
License number of the Medical/Center Director	

	Not Applicable	Title of Attachment	Filename of attachment
Attach a copy of the Medical/Center Director's curriculum vitae	<input type="checkbox"/>		

Transfer & Affiliation Agreement	
Hospital(s) with which an affiliation agreement is being negotiated	
<ul style="list-style-type: none"> o Distance in miles from the proposed facility to the Hospital affiliate. 	
<ul style="list-style-type: none"> o Distance in minutes of travel time from the proposed facility to the Hospital affiliate. 	
<ul style="list-style-type: none"> o Attach a copy of the letter(s) of intent or the affiliation agreement(s), if appropriate. 	N/A <input type="checkbox"/> Attachment Name:
Name of the nearest Hospital to the proposed facility	
<ul style="list-style-type: none"> o Distance in miles from the proposed facility to the nearest hospital. 	
<ul style="list-style-type: none"> o Distance in minutes of travel time from the proposed facility to the nearest hospital. 	

Schedule 13 B-3. AMBULATORY SURGERY CENTERS ONLY - Physician Commitments

Upload a spreadsheet or chart as an attachment to this Schedule of all practitioners, including surgeons, dentists, and podiatrists who have expressed an interest in practicing at the Center. The chart must include the information shown in the template below.

Additionally, upload copies of letters from each practitioner showing the number and types of procedures he/she expects to perform at the Center per year.

NOT APPLICABLE

Practitioner's Name	License Number	Specialty/(s)	Board Certified or Eligible?	Expected Number of Procedures	Hospitals where Physician has Admitting Privileges	Title and File Name of attachment
----------------------------	-----------------------	----------------------	-------------------------------------	--------------------------------------	---	--

Schedule 13 C. Annual Operating Costs

See "Schedules Required for Each Type of CON" to determine when this form is required. One schedule must be completed for the total project and one for each of the subprojects. Indicate which one is being reported by checking the appropriate box at the top of the schedule.

Use the below tables or upload a spreadsheet as an attachment to this Schedule that matches the structure of the tables (Attachment Title:) to summarize the first and third full year's total cost for the categories, which are affected by this project. The first full year is defined as the first 12 months of full operation after project completion. Year 1 and 3 should represent projected total budgeted costs expressed in current year dollars. Additionally, you must upload the required attachments indicated below.

Required Attachments

	Title of Attachment	Filename of Attachment
1. In an attachment, provide the basis for determining budgeted expenses, including details for how depreciation and rent / lease expenses were calculated.	Please refer to the Schedule 13 Attachment	N/A
2. In a sperate attachment, provide the basis for interest cost. Separately identify, with supporting calculations, interest attributed to mortgages and working capital	N/A	N/A

Total Project or Subproject Number

Table 13C - 1

	a	b	c
Categories	Current Year*	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)		5/1/2024	5/1/2026
1. Salaries and Wages		\$4,838,515	\$4,838,515
1a. FTEs		24.30	24.30
2. Employee Benefits		\$1,059,629	\$1,059,629
3. Professional Fees	N/A		
4. Medical & Surgical Supplies	---	\$1,493,721	\$1,538,533
5. Non-med., non-surg. Supplies	Certify New	\$72,072	\$74,234
6. Utilities	Extension Clinic	\$6,475	\$6,669
7. Purchased Services**		\$3,393,944	\$3,495,762
8. Other Direct Expenses		\$638,357	\$657,508
9. Subtotal (total 1-8)		\$11,502,713	\$11,670,850
10. Interest (details required below)			
11. Depreciation (details required below)		\$956,202	\$956,202
12. Rent / Lease (details required below)		\$577,725	\$601,065
13. Total Operating Costs		\$13,036,640	\$13,228,117

Please refer to the Schedule 13 Attachment for additional information.

Table 13C - 2

	a	b	c
INPATIENT Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)			
1. Salaries and Wages			
1a. FTEs			
2. Employee Benefits			
3. Professional Fees			
4. Medical & Surgical Supplies	N/A	N/A	N/A
5. Non-med., non-surg. Supplies	---	---	---
6. Utilities	Certify New	Outpatient	Outpatient
7. Purchased Services	Extension Clinic	Extension	Extension
8. Other Direct Expenses		Clinic Project	Clinic Project
9. Subtotal (total 1-8)			
10. Interest (details required below)			
11. Depreciation (details required below)			
12. Rent / Lease (details required below)			
13. Total Operating Costs			

Table 13C - 3

	a	b	c
OUTPATIENT Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)		5/1/2024	5/1/2026
1. Salaries and Wages		\$4,838,515	\$4,838,515
1a. FTEs		24.30	24.30
2. Employee Benefits		\$1,059,629	\$1,059,629
3. Professional Fees		\$0	\$0
4. Medical & Surgical Supplies	N/A	\$1,493,721	\$1,538,533
5. Non-med., non-surg. Supplies	---	\$72,072	\$74,234
6. Utilities	Certify New	\$6,475	\$6,669
7. Purchased Services	Extension Clinic	\$3,393,944	\$3,495,762
8. Other Direct Expenses		\$638,357	\$657,508
9. Subtotal (total 1-8)		\$11,502,713	\$11,670,850
10. Interest (details required below)		\$0	\$0
11. Depreciation (details required below)		\$956,202	\$956,202
12. Rent / Lease (details required below)		\$577,725	\$601,065
13. Total Outpatient Operating Costs		\$13,036,640	\$13,228,117

Any approval of this application is not to be construed as an approval of any of the above indicated current or projected operating costs. Reimbursement of any such costs shall be in accordance with and subject to the provisions of Part 86 of 10 NYCRR. Approval of this application does not assure reimbursement of any of the costs indicated therein by payers under Title XIX of the Federal Social Security Act (Medicaid) or Article 43 of The State Insurance Law or by any other payers.

Please also refer to the Schedule 13 Attachment for additional information.

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Schedule 13 D: Annual Operating Revenues

See “Schedules Required for Each Type of CON” to determine when this form is required. If required, one schedule must be completed for the total project and one for each of the subprojects. Indicate which one is being reported by checking the appropriate box at the top of the schedule.

Use the below tables or upload a spreadsheet as an attachment to this Schedule (Attachment Title:) to summarize the current year’s operating revenue, and the first and third year’s budgeted operating revenue (after project completion) for the categories that are affected by this project.

Table 1. Enter the current year data in column 1. This should represent the total revenue for the last complete year before submitting the application, using audited data. Project the first and third year’s total budgeted revenue in current year dollars

Tables 2a and 2b. Enter current year data in the appropriate block. This should represent revenue by payer for the last complete year before submitting the application, using audited data.

Indicate in the appropriate blocks total budgeted revenues (i.e., operating revenues by payer to be received during the first and third years of operation after project completion). As an attachment, provide documentation for the rates assumed for each payer. Where the project will result in a rate change, provide supporting calculations. For managed care, include rates and information from which the rates are derived, including payer, enrollees, and utilization assumptions.

The Total of Inpatient and Outpatient Services at the bottom of Tables 13D-2A and 13D-2B should equal the totals given on line 10 of Table 13D-1.

Required Attachments

	N/A	Title of Attachment	Filename of Attachment
1. Provide a cash flow analysis for the first year of operations after the changes proposed by the application, which identifies the amount of working capital, if any, needed to implement the project.	<input type="checkbox"/>	Please refer to the Schedule 5 Attachment	N/A
2. Provide the basis and supporting calculations for all utilization and revenues by payor.	<input type="checkbox"/>	Utilization and revenues by payor were based upon the experience of the applicant in providing outpatient services to its patients.	N/A
3. Provide the basis for charity care revenue assumptions used in Year 1 and 3 Budgets ((Table 13D-2B). <i>If less than 2%, provide a reason why a higher level of charity care cannot be achieved and remedies that will be implemented to increase charity care.</i>	<input type="checkbox"/>	Charity Care revenues were based upon the experience of the applicant in providing outpatient services to its patients.	N/A

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Schedule 13D

Table 13D - 1

	a	b	c
Categories	Current Year	Year 1 Total Revenue Budget	Year 3 Total Revenue Budget
Start date of year in question:(m/d/yyyy)		5/1/2024	5/1/2026
1. Inpatient Services			
2. Outpatient Services		\$14,756,866	\$14,904,606
3. Ancillary Services			
4. Total Gross Patient Care Services Rendered	N/A	\$14,756,866	\$14,904,606
5. Deductions from Revenue	---		
6. Net Patient Care Services Revenue	Certify	\$14,756,866	\$14,904,606
7. Other Operating Revenue (Identify sources)	New Extension		
	Clinic		
8. Total Operating Revenue (Total 1-7)		\$14,756,866	\$14,904,606
9. Non-Operating Revenue			
10. Total Project Revenue		\$14,756,866	\$14,904,606

Please also refer to the Schedule 13 Attachment for additional information.

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Schedule 13D

Table 13D – 2A

Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days or Patient Discharges

Inpatient Services Source of Revenue		Total Current Year		First Year Total Budget			Third Year Total Budget			
		(A) Patient Days or dis- charges	Net Revenue		(C) Patient Days or dis- charges	Net Revenue		(E) Patient Days or dis- charges	Net Revenue	
			(B) Dollars (\$)	\$ per Patient Day or dis- charge (B)/(A)		(D) Dollars (\$)	\$ per Patient Day or dis- charge (D)/(C)		(F) Dollars (\$)	\$ per Patient Days or dis- charges (F)/(E)
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service		N/A		N/A		N/A			
	Managed Care		Certify New		Outpatient		Outpatient			
Medicaid	Fee for Service		Extension		Extension		Extension			
	Managed Care		Clinic		Clinic Project		Clinic Project			
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total										

Please also refer to the Schedule 13 Attachment for additional information.

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Schedule 13D

Table 13D – 2B

Various outpatient services may be reimbursed as visits or procedures. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Visits (V) or Procedures (P)

Outpatient Services Source of Revenue		Total Current Year			First Year Total Budget			Third Year Total Budget		
		(A) V/P	Net Revenue		(C) V/P	Net Revenue		(E) V/P	Net Revenue	
			(B) Dollars (\$)	\$ per V/P (B)/(A)		(D) Dollars (\$)	\$ per V/P (D)/(C)		(F) Dollars (\$)	\$ per V/P (F)/(E)
Commercial	Fee for Service			40,757	\$7,040,045	\$172.73	41,165	\$7,110,520	\$172.73	
	Managed Care									
Medicare	Fee for Service			28,798	\$2,929,306	\$101.72	29,086	\$2,958,601	\$101.72	
	Managed Care		N/A	30,159	\$3,192,983	\$105.87	30,461	\$3,224,956	\$105.87	
Medicaid	Fee for Service		Certify New	15	\$207	\$13.80	15	\$207	\$13.80	
	Managed Care		Extension	24,050	\$1,485,344	\$61.76	24,291	\$1,500,228	\$61.76	
Private Pay			Clinic	12	\$347	\$28.92	12	\$347	\$28.92	
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other				1,562	\$108,634	\$69.55	1,578	\$109,747	\$69.55	
TOTAL				125,353	\$14,756,866	\$117.72	126,608	\$14,904,606	\$117.72	
Total of Inpatient and Outpatient Services					\$14,756,866			\$14,904,606		

Please also refer to the Schedule 13 Attachment for additional information.

WYNN HOSPITAL

SCHEDULE 13 ATTACHMENT

FINANCIAL DOCUMENTS

1. Calculation of Depreciation
2. Calculation of Rent

WYNN HOSPITAL

CERTIFY AND CONSTRUCT AN EXTENSION CLINIC

CALCULATION OF DEPRECIATION

Calculation of Depreciation

	<u>Amount</u>	<u>Depreciation Life</u> <u>(in Years)</u>	<u>Depreciation</u> <u>Amount</u>
New Moveable Equipment	\$3,113,987	5	\$622,797
Building/Other	\$6,668,100	20	\$333,405
Total	\$9,782,087		\$956,202

WYNN HOSPITAL

CERTIFY AND CONSTRUCT AN EXTENSION CLINIC

CALCULATION OF RENT

	<u>Year 1</u>	<u>Year 3</u>
Base Rent* **	\$527,725	\$549,045
Additional Rent ***	\$50,000	\$52,020
Total Rent	\$577,725	\$601,065

* Represents a 2% annual increase for the Base Rent, per the Space Lease.

** Calculated at \$27.50/sf per the Space Lease times 19,190 square feet.

*** Estimated by the applicant, based upon its experience. The applicant has also assumed a 2% annual increase for the Additional Rent.

Schedule 16 A. Hospital Program Information

See “Schedules Required for Each Type of CON” to determine when this form is required.

Instructions: Briefly indicate how the facility intends to comply with state and federal regulations specific to the services requested, such as cardiac surgery, bone marrow transplants. For clinic services, please include the hours of service for each day of operation, name of the hospital providing back-up services (indicating the travel time and distance from the clinic) and how the facility intends to provide quality oversight including credentialing, utilization and quality assurance monitoring.

The proposed extension clinic will be operated in compliance with applicable Federal and State regulations, including Title 10 of New York Codes, Rules and Regulations.

The general operations of the extension clinic will adhere to the standards required under 10 New York Codes, Rules and Regulations. The Hospital’s standards of patient care emphasize accuracy and timeliness of diagnosis and referral to appropriate medical practitioners. All existing policies and procedures in place at the Hospital will be incorporated into the operation of the extension clinic, which will be operated under the same high standards of care currently in practice at the Hospital.

All administrative aspects of the proposed extension clinic will be directed by an individual who is qualified for such duties by education and experience. The Quality Assurance (QA) Program associated with the extension clinic will be administered by the Chief Medical Officer of Mohawk Valley Health System, Kent Hall, M.D. Please refer to **Appendix V** of the Project Narrative (found under the **Schedule 1 Attachment**) for the curriculum vitae of Dr. Hall. The QA Program and operational protocols will be followed for the extension clinic. The QA Program ensures that patients receive the highest level of quality. There are continuing education activities to provide staff with the opportunity to learn the newest technology, techniques and protocols in the provision of services at the extension clinic.

To ensure that all services are appropriate to an individual’s needs, the Hospital will use its existing, comprehensive utilization review and monitoring program for its proposed extension clinic. The appropriate utilization of the services will be monitored through the QA Program, under the supervision of the Medical Director.

The ability to pay will not be a factor in the process of accepting patients. Every effort will be made to ensure that appropriate payment is made, but in no circumstance will a patient be refused treatment. All services will be offered to those in need of care who satisfy admission requirements, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic.

Please refer to the following enclosure for statements affirmatively attesting to the “separate and distinct” requirements for the proposed Center.

Please refer to the Project Narrative (under the **Schedule 1 Attachment**) for additional information.

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Schedule 16A

For Hospital-Based -Ambulatory Surgery Projects: N/A

Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category

For Hospital-Based -Ambulatory Surgery Projects: N/A

Please provide the following information:

Number and Type of Operating Rooms:

- Current:
- To be added:
- Total ORs upon Completion of the Project:

Number and Type of Procedure Rooms:

- Current:
- To be added:
- Total Procedure Rooms upon Completion of the Project:

**RE: WYNN HOSPITAL
(Oneida County)
Certify and Construct an Extension Clinic at 601 State Street, Utica**

Applicant Confirmations

- Wynn Hospital will put in place signage that will denote that the Hospital's proposed extension clinic is separate and distinct from any other entity located at 601 State Street, Utica (Oneida County), New York 13502. This will be accomplished by clearly identifying the operations of the Hospital with its standard logo and signage.
- Wynn Hospital confirms that the staffing for the extension clinic will be separate and distinct from any other entity at the location.
- Wynn Hospital confirms that the extension clinic will be located in a self-contained space on the 1st and 3rd floors at 601 State Street, Utica (Oneida County), New York 13502. Please refer to the architectural drawings for this project, which attest to this.
- Wynn Hospital confirms that the extension clinic will be used exclusively for the purpose stated in this application.

Schedule 16 B. Community Need

See “Schedules Required for Each Type of CON” to determine when this form is required.

Public Need Summary:

Briefly summarize on this schedule why the project is needed. Use additional paper, as necessary. If the following items have been addressed in the project narrative, please cite the relevant section and pages.

1. Identify the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.)

The primary service area (PSA) for this project is comprised of Oneida County. This county contains the two (2) hospital campuses of the applicant (Wynn Hospital and St. Luke’s), as well as many of the Hospital’s extension clinics. Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

2. Provide a quantitative and qualitative description of the population to be served. Data may include median income, ethnicity, payor mix, etc.

Oneida County is located in Central New York and had a population of 232,024 in 2021.¹ The two (2) largest cities in Oneida County are Utica (with a 2021 population of 64,723) and Rome (with a 2021 population of 31,974). The Hospital’s patients generally come from 45 towns and villages covering 1,257 square miles surrounding the facilities. About two-thirds (67%) of the County’s population resides in urban/suburban areas, while the remaining one-third (33%) resides in rural areas.

Of the total PSA population, 81.1% were non-Hispanic White, 6.3% were Hispanic/Latino, 5.7% were non-Hispanic Black, 4.0% were non-Hispanic Asian and 2.9% were some other race or combination of races. Furthermore, in the City of Utica, 56.6% were non-Hispanic White, 12.9% were Hispanic/Latino, 14.5% were non-Hispanic Black, 11.0% were non-Hispanic Asian and 5.0% were some other race or combination of races. In 2021, the demographics of the City of Utica were fairly similar to that of New York State overall.

In 2021, 18.7% of the PSA residents and 15.0% of the City of Utica residents were age 65 and over, as compared to 16.6% of all NYS residents. In 2021, 45.5% of the PSA residents and 37.8% of the City of Utica residents were aged 45 and over, as compared to 42.9% of all NYS residents.

Furthermore, in 2021, 14.5% of the PSA residents were living at or below the Federal Poverty Level (FPL), as compared to 13.5% of all NYS residents. More to the point, however, is the fact that 28.0% of the population of the City of Utica were living at or below the FPL in 2021. Likewise, the median household income of the Oneida County PSA (\$61,773) and the City of Utica (\$61,641) were each about 82% of the median household income of NYS overall (\$75,157).

Lastly, as per the table above, 49.3% of the total civilian non-institutionalized population in the Oneida County PSA had coverage through either public health insurance or had no insurance at all, as compared to 45.2% of peer NYS residents. Importantly, 64.9% of the peer population in the City of Utica had coverage through either public health insurance or had no insurance at all. Given the fact that the City of Utica had a slightly younger population than New York State overall, but a much higher percentage of its population on public health insurance or having no insurance at all, it can be deduced that Utica residents who have public health insurance are more likely to be covered by Medicaid than New York State residents.

¹ U.S. Census Bureau. American Factfinder. <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.
DOH 155-D
(11/2019)

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Schedule 16B

Also important is the fact that Oneida County is the home to one of the largest refugee resettlement agencies in the country, The Center (formerly known as the Mohawk Valley Resource Center for Refugees). Since the 1980s, this entity has resettled more than 16,500 individuals in Utica, with ethnicities and nationalities including Vietnamese, Russian, Bosnian, Somali (Bantu), Burmese and Nepali. To this end, foreign-born residents constituted 8.4% of the PSA and 21.2% of the Utica population in 2021. Furthermore, 13.1% of the PSA residents and 32.1% of Utica residents aged five (5) and older spoke a language other than English in 2021, which is reflective of the large number of immigrants settling into Utica and the surrounding region.²

Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

3. Document the current and projected demand for the proposed service in the population you plan to serve. If the proposed service is covered by a DOH need methodology, demonstrate how the proposed service is consistent with it.

The proposed extension clinic is not covered by a DOH need methodology.

Through this project, the Hospital will relocate and consolidate three (3) outpatient clinics and Imaging Center services from their current locations in the community to the proposed MOB extension clinic. In addition, blood draw services will be included at the site. To this end, there is already demand for these services, which are all already provided by the Hospital. Please refer to the applicant’s response to Question #4 below and please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

4. (a) Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

The need for the relocation and consolidation of the three (3) outpatient clinics and imaging services from their current locations to the proposed extension clinic is described in detail as follows:

First, MVHS expects to sell the building on the Faxon St. Luke’s campus in which the Neuro-Interventional Surgery/Stroke and Trauma Surgery services are currently located, so those services will need to be relocated before the building is sold. In addition, the building in which the Cardio & Thoracic Surgery services are currently located is leased by the Hospital and the lease has expired, leaving the Hospital with a month-to-month lease with the current owner of the building, which is not a desirable situation.

Second, the need for the relocation and consolidation of the three (3) outpatient clinics is driven by the large and growing patient volume experienced by the Hospital for these services. To this end, the combined visit volume for the three (3) clinics grew significantly between 2020 and 2023, as documented in the following table:

Total Number of Clinic Visits 2020-2023, Mohawk Valley Health System

	2020	2021	2022	2023*	2020-2023
Cardio & Thoracic Surgery Visits	1,529	1,981	2,084	1,524	-0.3%
Neuro-Interventional Surgery/Stroke Visits	1,125	1,339	1,298	1,256	11.6%
Trauma Surgery Visits	843	1,340	1,665	1,812	114.9%
TOTAL	3,497	4,660	5,047	4,592	31.3%

* Based upon annualized data through August 30, 2023.

Source: Internal Data, Mohawk Valley Health System

² Ibid.
DOH 155-D
(11/2019)

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Schedule 16B

Per the data above, from 2020 to 2023, total visit volume at the three (3) combined clinics increased by 31.3%, representing an average annual growth rate of 10.4%. The current spaces that house these outpatient clinics are unable to efficiently accommodate such a large and growing visit volume. Although the number of combined exam rooms for these three (3) clinics will remain the same (i.e., there are 12 exam rooms at the existing sites and there will be 12 exam rooms at the proposed site for these services), the consolidation of these three (3) clinics into the same suite will result in an optimized layout and improved operational efficiencies for staff, patients and visitors. For example, instead of having three (3) separate check-in and registration areas (which currently occurs because the clinics are located in separate locations), the consolidated suite will have only one (1) check-in and registration area. Furthermore, because the three (3) clinics will be consolidated, nurses and medical assistants can work together to care for all patients of the consolidated clinics. This is particularly helpful when a staff member calls in sick and it is difficult to find a replacement. This consolidated staffing model is an ideal solution to the staff shortages experienced by MVHS. Last, the placement of the extension clinic across the street from the Wynn Hospital campus will benefit doctors who take call and must sometimes travel to the Wynn Hospital campus during the day for trauma and ED consults. Being located directly across the street from the Wynn Hospital campus, instead of being either 2.4 or 3.2 miles away (which is the distance of the existing clinics to the Wynn Hospital campus), will be much more convenient for these doctors who will be able to immediately return to the clinic to continue treating patients.

Third, the existing Imaging Center is located at the MVHS Faxon Medical Campus extension clinic, within an old and outdated building that was originally built in 1977 and lacks adequate parking. Since that time, there have been no significant interior renovations to the building. Furthermore, the main parking lot for patients seeking services at the Imaging Center building is small and is located about 1,000 feet from the building, resulting in the need for patients (some of whom have mobility issues and are specifically seeking Imaging Center services because of those issues) to walk a considerable distance. Parking for staff is located even further away and across a major street, which can be dangerous during wintertime when slippery conditions occur. Parking at the proposed extension clinic will be located directly next to the MOB.

Fourth, from the patient's perspective, wayfinding within the existing Imaging Center building is difficult. In fact, patients are often seen asking for directions to the Imaging Center. The proposed Imaging Center that will be placed within the State Street MOB extension clinic has been designed with patient wayfinding in mind. Lastly, the close proximity of the proposed extension clinic to the Wynn Hospital campus will allow imaging staff to seamlessly transition between providing care within the Radiology Department at the Wynn Hospital campus and the Imaging Center at the proposed State Street MOB extension clinic.

Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

(b) Will the proposed project serve all patients needing care regardless of their ability to pay or the source of payment? If so, please provide such a statement.

Through this proposed project, the Hospital will continue to serve all patients in need of care, regardless of their ability to pay or the source of payment. Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

5. Describe where and how the population to be served currently receives the proposed services.

Patients who will be served at the extension clinic are already patients of the Hospital at various locations in the community. The proposed extension clinic will allow the Hospital to consolidate several outpatient services into a single, convenient site located directly across the street from the recently opened Wynn Hospital campus. Please refer to the applicant's response to Question #4 above and please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

6. Describe how the proposed services will be address specific health problems prevalent in the service area, including any special experience, programs or methods that will be implemented to address these health issues.

Access to comprehensive, high-quality health care services is important for improving poor health outcomes and promoting health, preventing and managing diseases, improving quality of life and achieving health equity. Per the 2018 Community Health Indicator Reports (CHIRS) – County Level for Oneida County, residents of the PSA experience a number of poor health outcomes. For the PSA, chronic conditions (particularly respiratory, cardiovascular, kidney and diabetes) drive preventable admissions and are associated with higher-than-average mortality rates among the target population, and resource gaps exacerbate these concerns. More than half of these individuals have a co-morbid chronic condition. In addition, a number of these health outcomes for the residents of Oneida County have become worse over the past few years. Please refer to Appendix III of the Project Narrative (found under the Schedule 1 Attachment) for documentation of poor health of PSA residents. The proposed MVHS State Street MOB extension clinic will provide access to more efficient medical specialty services and imaging services with new, state-of-the-art equipment, which are critical for preventing and managing diseases and improving population health.

Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

ONLY for Hospital Applicants submitting Full Review CONs

NOT APPLICABLE – ADMINISTRATIVE REVIEW C.O.N. APPLICATION

Non-Public Hospitals

7. (a) Explain how the proposed project advances local Prevention Agenda priorities identified by the community in the most recently completed Community Health Improvement Plan (CHIP)/Community Service Plan (CSP). *Do not submit the CSP.* Please be specific in which priority(ies) is/are being addressed.

(b) If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.

8. Briefly describe what interventions you are implementing to support local Prevention Agenda goals.

9. Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?

10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?

11. In your most recent Schedule H form submitted to the IRS, did you report any Community Benefit spending in the Community Health Improvement Services category that supports local Prevention Agenda goals? (Y/N question)

ONLY for Hospital Applicants submitting Full Review CONs

NOT APPLICABLE – ADMINISTRATIVE REVIEW C.O.N. APPLICATION

Public Hospitals

12. Briefly summarize how you are advancing local public health priorities identified by your local health department and other community partners.

13. Briefly describe what interventions you are implementing to support local public health priorities.

14. Have you engaged local community partners, including the local health department, in your efforts to address local public health priorities?

15. What data are you using to track progress in addressing local public health priorities?

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

NOT APPLICABLE – INITIAL C.O.N. APPLICATION SUBMISSION

C. Impact of CON Application on Hospital Operating Certificate

Note: If the application involves an extension clinic, indicate which services should be added or removed from the certificate of the extension clinic alone, rather than for the hospital system as a whole. If multiple sites are involved, complete a separate 16C for each site.

TABLE 16C-1 AUTHORIZED BEDS

LOCATION:
<i>(Enter street address of facility)</i>

Category	Code	Current Capacity	Add	Remove	Proposed Capacity
AIDS	30		<input type="checkbox"/>	<input type="checkbox"/>	
BONE MARROW TRANSPLANT	21		<input type="checkbox"/>	<input type="checkbox"/>	
BURNS CARE	09		<input type="checkbox"/>	<input type="checkbox"/>	
CHEMICAL DEPENDENCE-DETOX *	12		<input type="checkbox"/>	<input type="checkbox"/>	
CHEMICAL DEPENDENCE-REHAB *	13		<input type="checkbox"/>	<input type="checkbox"/>	
COMA RECOVERY	26		<input type="checkbox"/>	<input type="checkbox"/>	
CORONARY CARE	03		<input type="checkbox"/>	<input type="checkbox"/>	
INTENSIVE CARE	02		<input type="checkbox"/>	<input type="checkbox"/>	
MATERNITY	05		<input type="checkbox"/>	<input type="checkbox"/>	
MEDICAL/SURGICAL	01		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL CONTINUING CARE	27		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL INTENSIVE CARE	28		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL INTERMEDIATE CARE	29		<input type="checkbox"/>	<input type="checkbox"/>	
PEDIATRIC	04		<input type="checkbox"/>	<input type="checkbox"/>	
PEDIATRIC ICU	10		<input type="checkbox"/>	<input type="checkbox"/>	
PHYSICAL MEDICINE & REHABILITATION	07		<input type="checkbox"/>	<input type="checkbox"/>	
PRISONER				<input type="checkbox"/>	
PSYCHIATRIC**	08		<input type="checkbox"/>	<input type="checkbox"/>	
RESPIRATORY				<input type="checkbox"/>	
SPECIAL USE				<input type="checkbox"/>	
SWING BED PROGRAM				<input type="checkbox"/>	
TRANSITIONAL CARE	33		<input type="checkbox"/>	<input type="checkbox"/>	
TRAUMATIC BRAIN INJURY	11		<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL			<input type="checkbox"/>	<input type="checkbox"/>	

*CHEMICAL DEPENDENCE: Requires additional approval by the Office of Alcohol and Substance Abuse Services (OASAS)

**PSYCHIATRIC: Requires additional approval by the Office of Mental Health (OMH)

Does the applicant have previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(Enter CON number(s) to the right)</i>			
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**New York State Department of Health
Certificate of Need Application**

Schedule 16C

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

TABLE 16C-2 LICENSED SERVICES FOR HOSPITAL CAMPUSES

LOCATION:				
<i>(Enter street address of facility)</i>				
	<u>Current</u>	<u>Add</u>	<u>Remove</u>	<u>Proposed</u>
MEDICAL SERVICES – PRIMARY CARE ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY SURGERY				
MULTI-SPECIALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – PAIN MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC CATHETERIZATION				
ADULT DIAGNOSTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTROPHYSIOLOGY (EP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC DIAGNOSTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC INTERVENTION ELECTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERCUTANEOUS CORONARY INTERVENTION (PCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC SURGERY ADULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC SURGERY PEDIATRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH O/P ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINIC PART-TIME SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPREHENSIVE PSYCH EMERGENCY PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPILEPSY COMPREHENSIVE SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING HOME HEMODIALYSIS ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

² A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

⁴ DIALYSIS SERVICES require additional approval by Medicare

⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators

⁶ PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

⁷ Must be certified for Home Hemodialysis Training & Support

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

TABLE 16C-2 LICENSED SERVICES (cont.)	Current	Add	Remove	Proposed
RADIOLOGY-THERAPEUTIC ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, ACUTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPLANT				
HEART - ADULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART - PEDIATRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIDNEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁵RADIOLOGY – THERAPEUTIC includes Linear Accelerators

The Sites Tab in NYSE-CON has replaced the beds and services Tables of Schedule 16C. The Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

**TABLE 16C-3 LICENSED SERVICES FOR
HOSPITAL EXTENSION CLINICS and OFF-CAMPUS EMERGENCY DEPARTMENTS**

LOCATION: <i>(Enter street address of facility)</i>	Check if this is a mobile van/clinic <input type="checkbox"/>			
	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY SURGERY				
SINGLE SPECIALTY -- GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – PAIN MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MULTI-SPECIALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH O/P ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING HOME HEMODIALYSIS ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY-THERAPEUTIC ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR OFF-CAMPUS EMERGENCY DEPARTMENTS ONLY⁸				
EMERGENCY DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

² A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

⁴ DIALYSIS SERVICES require additional approval by Medicare

⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators

⁶ PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

⁷ Must be certified for Home Hemodialysis Training & Support

⁸ OFF-CAMPUS EMERGENCY DEPARTMENTS must meet all relevant Federal Conditions of Participation for a hospital per CMS S&C-08-08

END STAGE RENAL DISEASE (ESRD) N/A

TABLE 16C-3(a) CAPACITY	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

If application involves dialysis service with existing capacity, complete the following table:

TABLE 16C-3(b) TREATMENTS	Last 12 mos	2 years prior	3 years prior
CHRONIC DIALYSIS			

All Chronic Dialysis applicants must provide the following information in compliance with 10 NYCRR 670.6.

1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.

N/A

2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons, and residents of remote rural areas.

N/A

3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.

N/A

4. Provide evidence that the facility is willing to and capable of safely serving patients.

N/A

5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

N/A

a	b	d	f
	Current Year Visits*	First Year visits*	Third Year visits*
CERTIFIABLE SERVICES			
MEDICAL SERVICES - PRIMARY CARE			
MEDICAL SERVICES - OTHER MEDICAL SPECIALTIES		3,380	3,414
AMBULATORY SURGERY			
SINGLE SPECIALTY - GASTROENTEROLOGY			
SINGLE SPECIALTY - OPHTHALMOLOGY			
SINGLE SPECIALTY - ORTHOPEDICS			
SINGLE SPECIALTY - PAIN MANAGEMENT			
SINGLE SPECIALTY - OTHER			
MULTI-SPECIALTY			
CARDIAC CATHETERIZATION	N/A		
ADULT DIAGNOSTIC	---		
ELECTROPHYSIOLOGY	Certify New		
PEDIATRIC DIAGNOSTIC	Extension Clinic		
PEDIATRIC INTERVENTIONAL ELECTIVE			
PERCUTANEOUS CORONARY INTERVENTION (PCI)			
CERTIFIED MENTAL HEALTH O/P			
CHEMICAL DEPENDENCE - REHAB			
CHEMICAL DEPENDENCE - WITHDRAWAL O/P			
CLINIC PART-TIME SERVICES			
CLINIC SCHOOL-BASED SERVICES			
CLINIC SCHOOL-BASED DENTAL PROGRAM			
COMPREHENSIVE EPILEPSY CENTER			
COMPREHENSIVE PSYCH EMERGENCY PROGRAM			
DENTAL			
EMERGENCY DEPARTMENT			
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT			
HOME HEMODIALYSIS TRAINING & SUPPORT			
INTEGRATED SERVICES - MENTAL HEALTH			
INTEGRATED SERVICES - SUBSTANCE USE DISORDER			
LITHOTRIPSY			
METHADONE MAINTENANCE O/P			
RADIOLOGY-THERAPEUTIC			
RENAL DIALYSIS, CHRONIC			
OTHER SERVICES			
Laboratory Phlebotomy Draw Station		72,000	72,720
Diagnostic Radiology		49,973	50,474
Total		125,353	126,608

Note In the case of an extension clinic, the service estimates in this table should apply to the site in question, not to the hospital or network as a whole.

* The 'Total' reported MUST be the SAME as those on Table 13D-4.

Schedule 16E. Utilization/Discharge and Patient Days

Service (Beds) Classification	Current Year		1st Year		3rd Year	
	Start date:		Start date:		Start date:	
	Discharges	Patient Days	Discharges	Patient Days	Discharges	Patient Days
AIDS						
BONE MARROW TRANSPLANT						
BURNS CARE						
CHEMICAL DEPENDENCE - DETOX						
CHEMICAL DEPENDENCE - REHAB						
COMA RECOVERY						
CORONARY CARE						
INTENSIVE CARE		N/A		N/A		N/A
MATERNITY		---		---		---
MED/SURG		Certify New		Outpatient		Outpatient
NEONATAL CONTINUING CARE		Extension		Extension		Extension
NEONATAL INTENSIVE CARE		Clinic		Clinic		Clinic
NEONATAL INTERMEDIATE CARE						
PEDIATRIC						
PEDIATRIC ICU						
PHYSICAL MEDICINE & REHABILITATION						
PRISONER						
PSYCHIATRIC						
RESPIRATORY						
SPECIAL USE						
SWING BED PROGRAM						
TRANSITIONAL CARE						
TRAUMATIC BRAIN-INJURY						
OTHER (Well Baby Nursery + CPEP)						
TOTAL						

Note: Prior versions of this table referred to "incremental" changes in discharges and days. The table now requires the full count of discharges and days.

**New York State Department of Health
Certificate of Need Application**

Schedule 16F

Schedule 16 F. Facility Access NOT APPLICABLE

See "Schedules Required for Each Type of CON" to determine when this form is required.

Complete Table 1 to indicate the method of payment for inpatients and for inpatients and outpatients who were transferred to other health care facilities for the calendar year immediately preceding this application.

Start date of year for which data applies (m/c/yyyy):

Table 1. Patient Characteristics	Total Number of Inpatients	Number of Patients Transferred		
		Inpatient	OPD	ER
Payment Source				
Medicare				
Blue Cross				
Medicaid				
Title V				
Workers' Compensation				
Self Pay in Full				
Other (incl. Partial Pay)				
Free				
Commercial Insurance				
Total Patients				

Complete Table 2 to indicate the method of payment for outpatients.

Table 2. Outpatient Characteristics	Emergency Room		Outpatient Clinic		Community MH Center	
	Visits	Visits Resulting in Inpatient Admissions	Visits	Visits Resulting in Inpatient Admissions	Visits	Visits Resulting in Inpatient Admissions
Primary Payment Source						
Medicare						
Blue Cross						
Medicaid						
Title V						
Workers' Compensation						
Self Pay in Full						
Other (incl. Partial Pay)						
Free						
Commercial Insurance						
Total Patients						

A. Attach a copy of your discharge planning policy and procedures.

B. Is your facility a recipient of federal assistance under Title VI or XVI of the Public Health Service Act (Hill-Burton)?

Yes No

If yes, answer the following questions and attach the most recent report on Hill-Burton compliance from the Federal Department of Health and Human Services.

**New York State Department of Health
Certificate of Need Application**

Schedule 16F

1. Is your facility currently obligated to provide uncompensated service under the Public Health Service Act?

Yes No

If yes, provide details on how your facility has met such requirement for the last three fiscal years - including notification of the requirement in a newspaper of general circulation. Also, list any restricted trusts and endowments that were used to provide free, below-cost or charity care services to persons unable to pay.

2. With respect to all or any portion of the facility which has been constructed, modernized, or converted with Hill-Burton assistance, are the services provided therein available to all persons residing in your facility's service area without discrimination on the basis of race, color, national origin, creed, or any basis unrelated to an individual's need for the service or the availability of the needed service in the facility?

Yes No

If no, provide an explanation.

3. Does the facility have a policy or practice of admitting only those patients who are referred by physicians with staff privileges at the facility?

Yes No

4. Do Medicaid beneficiaries have full access to all of your facility's health services?

Yes No

If no, provide a list of services where access by Medicaid beneficiaries is denied or limited.

NOT APPLICABLE