

Schedule 1

All CON Applications

Contents:

- Acknowledgement and Attestation
- General Information
- Contacts
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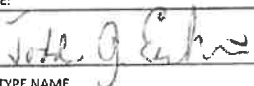
**New York State Department of Health
Certificate of Need Application**

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: TJE

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
	05/14/2024
PRINT OR TYPE NAME	TITLE
Todd J Eicher	Director of Procurement and Facilities

General Information

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"/>	Title of Attachment: Schedule 1 Signed Minutes
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	Schedule 1 Article 28 Network

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	
	Todd Eicher – Director of Procurement and Facilities	Hudson Headwaters Health Network	
	BUSINESS STREET ADDRESS		
	9 Carey Road		
	CITY	STATE	ZIP
	Queensbury	NY	12804
	TELEPHONE	E-MAIL ADDRESS	
518-761-0300 Ext 31552	leicher@hhhn.org		

Alternate Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Cathleen Traver – VP Of Planning and Grants	Hudson Headwaters Health Network	
	BUSINESS STREET ADDRESS		
	9 Carey Road		
	CITY	STATE	ZIP
	Queensbury	NY	12804
	TELEPHONE	E-MAIL ADDRESS	
518-761-0300 Ext 31631	ctraver@hhhn.org		

**New York State Department of Health
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The applicant must identify the operator's chief executive officer, or equivalent official.

CHIEF EXECUTIVE	NAME AND TITLE		
	David Slingerland M.D.		
	BUSINESS STREET ADDRESS		
	9 Carey Road		
	CITY	STATE	ZIP
	Queensbury	NY	12804
TELEPHONE		E-MAIL ADDRESS	
518-761-0300		dslingerland@hohn.org	

The applicant's lead attorney should be identified:

ATTORNEY	NAME	FIRM	BUSINESS STREET ADDRESS
	Matthew Henderson	Hudson Headwaters Health Network	9 Carey Road
	CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS
	Queensbury, NY 12804	518-761-0300	mhenderson@hohn.org

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

CONSULTANT	NAME	FIRM	BUSINESS STREET ADDRESS
	CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS

The applicant's lead accountant should be identified:

ACCOUNTANT	NAME	FIRM	BUSINESS STREET ADDRESS
	Jenny Falco, Controller	Hudson Headwaters Health Network	9 Carey Road
	CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS
	Queensbury, NY 12804	518-761-0300	falco@hohn.org

Please list all Architects and Engineer contacts:

ARCHITECT and/or ENGINEER	NAME	FIRM	BUSINESS STREET ADDRESS
	Richard Wagner	Holt Architects, P.C	132 East Jefferson Street
	CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS
	Syracuse NY 13202	607 273-7600 ext. 214	rjw@holt.com

ARCHITECT and/or ENGINEER	NAME	FIRM	BUSINESS STREET ADDRESS
	Mike Dussault	Engineering Ventures PC	414 Union Street
	CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS
	Schenectady, NY 12305	518 630-9614	miked@engineeringventures.com

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Other Facilities Owned or Controlled by the Applicant

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

Schedule 1

Additional Sheet

FACILITY NAME:	PFI	Certificate #	FACILITY TYPE
1 Warrensburg Health Center	1326	5660200R	DTC
2 Tucker Clinical Services Center	6700	5660200R	DTC
3 Bolton Health Center	3400	5660200R	DTC
4 Chester - Horicon Health Center	1345	5660200R	DTC
5 Fort Edward - Kingsbury Health Center	9182	5660200R	DTC
6 Health Center at Broad Street	3793	5660200R	DTC
7 Indian Lake Health Center	1354	5660200R	DTC
8 Moreau Family Health Center	5928	5660200R	DTC
9 Moriah Health Center	6783	5660200R	DTC
10 Champlain Health Center	9182	5660200R	DTC
11 North Country Obstetrics and Gynecology	9506	5660200R	DTC
12 North Creek Health Center	1344	5660200R	DTC
13 Hudson Headwaters Pediatric and Adolescent Health	7115	5660200R	DTC
14 Schroon Lake Health Center	4550	5660200R	DTC
15 Health Center at Broad Street	9843	5660200R	DTC
16 Ticonderoga Health Center	4707	5660200R	DTC
17 West Mountain Health Services Buildings 1 and 2	9308	5660200R	DTC
18 Plattsburgh Family Health	10249	5660200R	DTC
19 Hadley-Luzerne Student Health	10333	5660200R	DTC
20 Saranac Lake Family Health	10439	5660200R	DTC
21 Tupper Lake Family Health	13948	5660200R	DTC
22 Larose Family Health		5660200R	DTC
23 Malone Family Health		5660200R	DTC



**Board of Directors Meeting
January 25, 2024
Minutes**

Board Members		Management Staff		Guests
Dr. Patti Auer	Present	Dr. Burgos		Mr. Rebmann
Mr. Bruce Carr	Present	Ms. Coombes		Ms. Spokane
Ms. Vicki Demarse-Giroux	Present	Ms. Hammond		
Mr. Tom Dodd	Present	Mr. Henderson		
Ms. Deana Ketchum	Present	Ms. Hermance		
Mr. James Morris	Present	Ms. Mills		
Mr. Robert Nemer	Present	Ms. Pasco		
Ms. Donna Nichols	Present	Dr. Slingerland		
Mr. Kevin Porpora	Present	Ms. Silvestri		
Mr. Peter Reale	Present	Ms. Szablewski		
Mr. Harry Robinson	Present			
Dr. Christine Rowe-Button	Present			
Mr. Darren Woods	Present			

The monthly meeting of the Hudson Headwaters Health Network Board of Directors was held on January 25, 2024. This meeting was held at the George Purdue Administrative Building, 9 Carey Road, Queensbury, New York. A quorum was declared, and Ms. Nichols called the meeting to order at 4:01 p.m.

I. MINUTES

On a motion by Mr. Porpora, duly seconded, the Minutes of the December 21, 2023, meeting of the Board of Directors were approved by unanimous vote of the Board.

Topic: Malone Building Site and Property Allowance

Discussion: Dr. Slingerland updated the Board on the purchase of property in the Alice Hyde Hospital campus in Malone. The Network hired an independent appraiser to value the 2.44 acres of real estate on the hospital campus and the appraisal determined the value to be around \$550,000. At \$225,410 per acre, this value seemed very high for vacant land that was locked in the hospital campus with no direct access to town roads, and that had severe grades

that resulted in the property having three distinct levels. The appraiser admitted that there were no decent comparable local properties and used comparables from other locations hours away. Dr. Slingerland informed the Board that for the sake of comparison, the land the Network purchased for Moreau Family Health center was approximately \$122,790 per acre and for the land purchased for West Mountain Family Health center was approximately \$130,000 per acre. We also looked at some non-medical buildings available in Malone, and even with the buildings included the average cost per acre for these buildings was only \$122,523. The purchase contract required the Network and Alice Hyde to mutually agree to a purchase price based on the appraisals, so Dr. Slingerland presented all of this information to Alice Hyde's leadership and negotiated a price of \$275,000 for the 2.44 acres of real property on the hospital campus, approximately \$112,704 per acre.

Dr. Slingerland, Ms. Pasco and Mr. Henderson answered numerous questions from the Board to their satisfaction. Dr. Slingerland asked the Board to approve the purchase price for the real property on the Alice Hyde Hospital campus.

Dr. Slingerland also informed the Board that the Network had reached out to the individuals who live next to the real property we will purchase from Alice Hyde to see if any of them would be interested in selling their homes to the Network. Two of the three neighbors responded positively and asked the Network to make an offer. These houses are to the west of the property the Network will purchase from Alice Hyde and are located directly on a town road. Purchasing these houses would give the Network additional room for building and parking, plus more land for green space. They would also allow the Network direct access to the town road meaning we would not have to rely completely on easements over hospital land to access the new property. Dr. Slingerland stated the Network priced out the houses online, one at 177 Park Street and the other at 181 Park Street, and the estimated fair market value for the house at 177 Park Street is approximately \$90,000 and for the house at 181 Park Street is approximately \$140,000. The owner of the third house at first was not interested in selling, but just reached out to the Network this week and said they had reconsidered. That house is located at 173 Park Street.

Dr. Slingerland and Ms. Pasco answered the Board's questions about the three private properties, and then Dr. Slingerland asked the Board for approval to negotiate the purchase of all three properties, with authority to offer up to \$150,000 for 177 Park Street, up to \$200,000 for 181 Park Street, and up to \$200,000 for 173 Park Street.

Action: After reviewing and discussing, on a motion by Mr. Morris, duly seconded, the Board unanimously approved the purchase price of \$275,000 for the 2.44 acres of land on the Alice Hyde Hospital campus, as presented.

Action: After reviewing and discussing, on a motion by Mr. Porpora, duly seconded, the Board unanimously authorized the Network to negotiate the purchase of the three private houses on Park Street, Malone, and to offer up to \$200,000 for 173 Park Street, \$150,000 for 177 Park Street, and \$200,000 for 181 Park Street, as presented.

Topic: Contractor Bids for Hudson Headwaters Family Health at Lake Placid

Discussion: Ms. Pasco presented the construction bids for the renovations of the building that will house our new Family Health at Lake Placid health center to the Board. Requests



**Board of Directors Meeting
December 21, 2023
Minutes**

Board Members		Management Staff		Guests
Dr. Patti Auer	Present	Dr. Borges		
Mr. Bruce Carr	Present	Ms. Coombes		
Ms. Vicki Demarse-Giroux	Excused	Ms. Corney		
Mr. Tom Dodd	Present	Ms. Falco		
Ms. Deana Ketchum	Present	Ms. Hammond		
Mr. James Morris	Present	Mr. Henderson		
Mr. Robert Nemer	Present	Ms. Hermance		
Ms. Donna Nichols	Excused	Ms. Mills		
Mr. Kevin Porpora	Present	Ms. Pasco		
Mr. Peter Reale	Present	Ms. Rubin		
Mr. Harry Robinson	Excused	Ms. Silvestri		
Dr. Christine Rowe-Button	Present	Mr. Tournier		
Mr. Darren Woods	Present	Dr. Slingerland		

The monthly meeting of the Hudson Headwaters Health Network Board of Directors was held on December 21, 2023. This meeting was held at the George Purdue Administrative Building, 9 Carey Road, Queensbury, New York. A quorum was declared, and Mr. Dodd called the meeting to order at 6:03 p.m.

I. MINUTES

On a motion by Dr. Rowe-Button, duly seconded, the Minutes of the November 16, 2023 meeting of the Board of Directors were approved by unanimous vote of the Board.

Topic: Holt Architects Proposal – New Malone

Discussion: Mr. Tournier presented the Board with a proposal to engage Holt Architects for the design of the new health center at Malone. We are currently working with Holt on the new Salem health center and have been very satisfied with the design and work product along with their responsiveness and speed. Holt has solid prior experience in designing medical facilities which is one of the reasons they were chosen for the Salem project. It is anticipated that the Salem health center design will be the basis for the Malone project, so senior leadership believes it is in the Network's best interests to engage Holt as the architect for the new Malone health center project.

Senior leadership has worked on a few different versions of the new Malone health center design with Holt in order to keep the cost of the project around \$10 million. Holt's first proposal was for a much larger facility with an estimated project cost of over \$15 million. The architect fee is \$840,000 to design a health center of approximately 12,500 square feet with 15 exam rooms. The estimated total project cost to construct the new health center is \$10,923,000. This size health center will allow the Network to provide care to approximately 10,000 patients (compared to the present leased space in Malone with only six exam rooms). Ms. Pasco stated that in order to reduce the scope of work for this project, the new health

center will not have a hospital-based lab space (unlike our other new health centers in Glens Falls and Salem). Senior leadership determined the lab space was not a necessity as the new health center will be located on the Alice Hyde Hospital campus with easy access to nearby lab services. The estimated timeline would be for construction to commence by November 2024 and be completed by November 2025.

Mr. Tournier, Ms. Pasco, and Dr. Slingerland answered several questions from the Board regarding the new Malone health center project. Mr. Tournier then asked the Board to approve the Holt architect contract for the new Malone health center in the amount of \$840,000.

Action: After reviewing and discussing, on a motion by Dr. Rowe-Button, duly seconded, the Board unanimously authorized the Network to engage Holt as architect for the new Malone Health Center and approved the Holt architect contract in the amount of \$840,000 for the design of the new Malone health center, as presented.

Schedule 5 Working Capital Plan

Contents:

- **Schedule 5 - Working Capital Plan**

Working Capital Financing Plan

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

This section should be completed in conjunction with Schedule 13. 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>

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

The source is working capital from operations.

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>
	2024 YTD MARCH FS and HHHN Audit Results 2022

Schedule 6 Architectural/Engineering Submission

Contents:

- Schedule 6 – Architectural/Engineering Submission

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: 4/26/2024	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? Click here to enter text.	
Intent/Purpose: New Construction	
Site Location: Malone, NY	
Brief description of current facility, including facility type:	

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N/A, this is a new facility	
Brief description of proposed facility: Hudson Headwaters Health Network is a Federally Qualified Health Center, that is planning to build a new Outpatient Primary Care Medical Office Building in Malone, New York.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. 100% business occupancy	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: N/A	
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: N/A	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. None	
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. Please see attached project narrative for building systems information	Yes
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. Please see attached project narrative for building systems information	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. Please see attached project narrative for building systems information	
Describe existing and or new work for fire detection, alarm, and communication systems: Please see attached project narrative for building systems information	
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. N/A	
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	
Does the project comply with ADA? If no, list all areas of noncompliance. Will comply	
Other pertinent information: N/A	
Project Work Area	Response
Type of Work – NEW CONSTRUCTION	Addition
Square footages of existing areas, existing floor and or existing building.	N/A
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	13,550 SF
Does the work area exceed more than 50% of the smoke compartment, floor or building? – NEW CONSTRUCTION	Exceeds 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	35' – 0"
Building Number of Stories	1

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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?	Grade Level
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. Click here to enter text.	No
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	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. Click here to enter text.	No
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? Click here to enter text.	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable
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. Click here to enter text.	No
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

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Schedule 6

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
			CEMA A/E 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
			A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
			A500.PDF
			A600.PDF
			A700.PDF
			A800.PDF
			A900.PDF
			A1000.PDF



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

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

Date: April 24th, 2024

CON Number:

Facility Name: Hudson Headwaters Health Network

Facility ID Number: 1326

Facility Address: Hudson Headwaters Health Network, Malone, New York 12953

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:

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

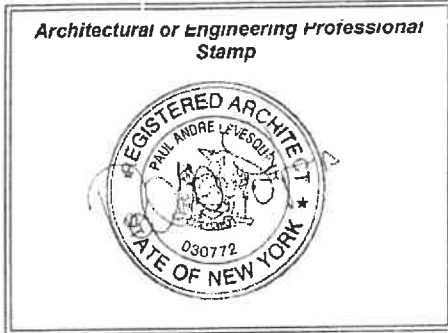
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered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

Project Name: Hudson Headwaters Health Network Salem, New York - Malone Family Medicine

Location: On Pierpont Street in Malone, Franklin County, New York

Description: Hudson Headwaters Health Network is a Federally Qualified Health Center Organization planning to build a new Outpatient Primary Care and Outpatient Lab Medical Office Building in Malone, New York. The primary function of the building is to provide Outpatient clinical services.



Paul A. Levesque II

Signature of Architect or Engineer

Paul A. Levesque II

Name of Architect or Engineer (Print)

030772

Professional New York State License Number

HOLT Architects, 619 West State Street, Ithaca, NY 14850

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.

Laura Pasco, CEO

Authorized Signature for Applicant

5/10/24
Date

Laura Pasco

Name (Print)

CEO

Title

Notary signing required for the applicant

STATE OF NEW YORK

County of Warren

)
) SS:
)

On the 10 day of May 2024 before me personally appeared Laura Pasco, to me known, who being by me duly sworn, did depose and say that he/she is the CEO of the Hudson Headwaters Health Network, 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) Kimberly Kitchner

KIMBERLY M. KITCHNER
Notary Public, State of New York
No. 01K16335150
Qualified in Washington County
Commission Expires Jan. 4, 2028

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	<input 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:	Village of Malone	
	Contact Name:	Brian P. Lamondie (Code Enforcement Office)	
	Address:	343 West Main Street	
	State and Zip Code:	Malone, NY 12953	
	E-Mail Address:	blamondie@villageofmalone-ny.com, info@villageofmalone-ny.com	
	Phone Number:	(518) 483-4570	
	Agency Name:	Town of Malone	
	Contact Name:	Mike McMahon (Code Enforcement Office)	
	Address:	27 Airport Road	
	State and Zip Code:	Malone, NY 12953	
	E-Mail Address:	code@malonetown.com	
	Phone Number:	(518) 483-4740	
	Agency Name:	NYSDEC	
Contact Name:	Regional Permit Administrator - Region 5		

	Address:	1115 NYS Route 86, PO Box 296		
	State and Zip Code:	Ray Brook, NY 12977-0296		
	E-Mail Address:	dep.r5@dec.ny.gov		
	Phone Number:	518-897-1234		
	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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Agency Name:			
	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 <input type="checkbox"/>	No <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

Schedule 9 Project Financing

Contents:

- Schedule 9 - Proposed Plan for Project Financing

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 type="checkbox"/>	A. Lease	\$
<input checked="" type="checkbox"/>	B. Cash	\$11686816
<input type="checkbox"/>	C. Mortgage, Notes, or Bonds	\$
<input type="checkbox"/>	D. Land	\$
<input type="checkbox"/>	E. Other	\$
<input type="checkbox"/>	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	\$11686816

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 checked="" type="checkbox"/>	
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/>	
6. Attach two letters from independent realtors verifying square footage rate.	<input checked="" type="checkbox"/>	
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
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B. Cash

Type	Amount
Accumulated Funds	\$11686816
Sale of Existing Assets	\$
Gifts (fundraising program)	\$
Government Grants	\$
Other	\$
TOTAL CASH	\$11686816

	N/A	Title of Attachment
1. Provide a breakdown of the sources of cash. See sample table above.	<input type="checkbox"/>	2024 YTD OCT FS and Audited 2022
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"/>	2024 YTD OCT FS and Audited 2022
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/>	
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

	Total Project	Units
Interest	NA	%
Term	NA	Years
Payout Period	NA	Years
Principal	NA	\$

	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**

D. Land

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	\$
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

Provide listing and breakdown of other financing mechanisms.

	Total Project
Notes	NA
Stock	NA
Other	NA

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

F. Refinancing

	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"/>	
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.	<input checked="" type="checkbox"/>	

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

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

Indicate if this project is: New Construction: Renovation:

Location				Functional Code	Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction cost per SF	Total construction cost	Alterations, Scope of work
Sub project	Building	Floor	section						
		1st		419	Primary Medical Care O/P	13550	\$535.00	\$7,250,000	C
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				
					#N/A				

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

A	B	C	D	E	F	G	H	I	
Location				Functional Code	Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction cost per SF	Total construction cost	Alterations, Scope of work
Sub project	Building	Floor	section						
					#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				
Totals for Whole Project:						13550	535	7250000	

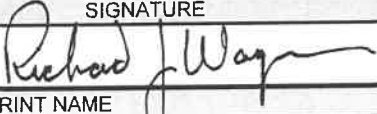
**New York State Department of Health
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 Schedule 10 - Space & Construction Cost Distribution**

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 added to this spreadsheet

1. If New Construction is Involved, is it "freestanding?"	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
---	--	--------------------------------

	Dense Urban	Other metropolitan or suburban	Rural
2. Check the box that best describes the location of the facilities affected by this project:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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,

SIGNATURE		DATE	
		5/13/2024	
PRINT NAME		TITLE	
Richard J. Wagner		Principal Associate	
NAME OF FIRM			
HOLT Architects, P.C.			
STREET & NUMBER			
619 W. State St., Suite A			
CITY	STATE	ZIP	PHONE NUMBER
Ithaca	NY	14850	607-273-7600 x214

Schedule 13

All Article 28 Facilities

Contents:

- **Schedule 13 A - Assurances**
- **Schedule 13 B - Staffing**
- **Schedule 13 C - Annual Operating Costs**
- **Schedule 13 D - Annual Operating Revenue**

**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

5/14/2024

Laura Pasco CFO

Signature:

Laura Pasco

Name (Please Type)

EVP/ Chief Financial Officer

Title (Please type)

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

Schedule 13B

Schedule 13 B-1. Staffing

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 involves multiple sites, please create a staffing table for each site.

Total Project or Subproject number

A		B	C	D
		Number of FTEs to the Nearest Tenth		
Staffing Categories		Current Year*	First Year Total Budget	Third Year Total Budget
1.	Management & Supervision	1.0	3.0	3.0
2.	Technician & Specialist			
3.	Registered Nurses	2.7	5.0	5.0
4.	Licensed Practical Nurses	0.5	8.0	8.0
5.	Aides, Orderlies & Attendants			
6.	Physicians	0.1	5.0	5.0
7.	PGY Physicians			
8.	Physicians' Assistants			
9.	Nurse Practitioners	0.8	2.0	2.0
10.	Nurse Midwife			
11.	Social Workers and Psychologist**		1.0	1.0
12.	Physical Therapists and PT Assistants			
13.	Occupational Therapists and OT Assistants			
14.	Speech Therapists and Speech Assistants			
15.	Other Therapists and Assistants			
16.	Infection Control, Environment and Food Service			
17.	Clerical & Other Administrative	1.2	7.0	7.0
18.	Other Care Manager		1.0	1.0
19.	Other			
20.	Other			
21.	Total Number of Employees	6.3	32.	32.0

*Last complete year prior to submitting application

**Only for RHCF and D&TC proposals

Describe how the number and mix of staff were determined:

Staffing models were determined based on clinical rooms and practice size.

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

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:	William Borgos
License number of the Medical/Center Director	227478

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

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. 	

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Schedule 13B

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.

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
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Schedule 17 CON Forms Specific to Diagnostic and Treatment Centers Article 28

Contents:

- **Schedule 17 A - D&TC Program Information**
- **Schedule 17 B - D&TC Community Need**
- **Schedule 17 C - Impact of CON Application on D&TC Operating Certificate**

**New York State Department of Health
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Schedule 17A

Schedule 17 A - Diagnostic and Treatment Center Program Information.

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

Instructions: In the space below, briefly indicate how the facility intends to comply with state and federal regulations. If the application involves conversion of an existing practice, state who owns the practice and how the conversion will be done. If there are other entities utilizing the same space or resources, please state exactly how the space and resources will be allocated. Also, provide a description of the other entities.

Hudson Headwaters is a New York State Department of Health Article 28 Diagnostic and Treatment Center. Since 1981, Hudson Headwaters Health Network has also been recognized by the US Health Resources and Service Administration's Bureau of Primary Health Care as a Federally-Qualified Health Center (FQHC) under the Health Center Consolidation Act (Section 330 of the Public Health Service Act). Of the 23 health centers that Hudson Headwaters currently operates, those who are eligible have achieved the highest level of recognition as patient-centered medical homes (PCMHs) from the National Committee on Quality Assurance; PCMH is the New York State standard for high-quality primary care. Given this, Hudson Headwaters is very familiar with the requirements and expectations of relevant state and federal regulations and has well-established policies for ensuring compliance.

For this proposal, Hudson Headwaters will be the owner and operator of D&TC Article 28 primary services in Malone, NY. The dominant primary care center in the region is Community Health Center of the North Country. However, FQHC patients account for 11% of the total population & 34% of the low-income population. Hudson Headwaters already serves 11% of the FQHC patients from the region, some of who travel up to 60-90 minutes round trip to Champlain, Plattsburgh and Saranac Lake while others are served in our newly established practice in Malone which opened in December 2023. The existing site is leased space on the Alice Hyde Medical Center campus and consists of 5 exam and treatment rooms with additional support and administrative space. The data shows there is a need for additional primary care access in the region. CHC of the North Country and Hudson Headwaters have agreed on a coordinated approach to ensure patient needs are met while respecting the resources and capacity of both FQHCs.

For D&TC -Ambulatory Surgery Projects:
Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category

For D&TC -Ambulatory Surgery Projects:
Please provide the following information:

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Schedule 17A

Number and Type of Operating Rooms:

- Current: 0
- To be added: 0
- Total ORs upon Completion of the Project: **0**

Number and Type of Procedure Rooms:

- Current: **0** exam and treatment rooms
- To be added: 15
- Total Procedure Rooms upon Completion of the Project: **15**

Schedule 17 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 proposed services area primarily draws patients from fourteen zip code tabulation areas (ZCTAs) as defined by the Health Center Program GeoCare Navigator (formerly UDS Mapper). Those fourteen ZCTAs, encompassing a 20-mile radius around the town of Malone, are 12914, 12916, 12917, 12920, 12923, 12926, 12930, 12934, 12937, 12955, 12953, 12957, 12966, and 12969. The region is recognized by the US Bureau of Health Workforce as a significant Health Professional Shortage Area, with the town of Malone having a primary care score of 14, a dental care score of 18, and a behavioral health score of 13.

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

The current population of the fourteen ZCTAs served by the existing facility is estimated to be 32,721, of whom 10623 are considered to be low-income (i.e., approximately 32% of the population served has a household income that is 200% or less of the federal poverty level). There is little ethnic and racial diversity of patients which mirrors small cities and towns in the Adirondack region of upstate New York, with approximately 86% of patients being White Non-Hispanic, 4.5% Hispanic or Latinx, 7% Black or African-American, and 2.5% of mixed or another ethnicity. Of patients from the area currently served by Hudson Headwaters Health Network, 33% are on Medicaid, 25% are on Medicare or dual-eligible, 41% have commercial health insurance, and 1% are self-pay or uninsured. Residents of Franklin County with an associate's degree or higher is 33.6%, significantly lower than the upstate NY percentage, 46.8%, and NYS as a whole, 46.3%. The mean household income of Franklin County is \$69,689, significantly less than upstate NY average, \$97,962, and NYS as a whole, \$105,304. The data suggests there is a predominance of low-income and other medically underserved groups in the service area. As a Federally-Qualified Health Center, Hudson Headwaters provides primary care to all patients regardless of ability to pay, offers free or sliding-scale treatment to low-income patients, and provides enrollment services for those in need of insurance coverage.

3. Document the current and projected demand for the proposed services. If the proposed services are covered by a DOH need methodology, demonstrate how the proposed service is consistent with it.

As mentioned previously, CHC of the North Country currently operates a small primary care clinic in the town of Malone. Based on 2022 data, CHC of the North Country serves approximately 3,233 patients from the region (30% of the low income population). As of 2022, an additional 395 patients (4% of low income population) are seen for care at one of Hudson Headwaters centers in the region (i.e., Champlain Family Health, Plattsburgh Family Health, or Saranac Family Health). As of the submission of this CON, the newly established Family Health at Malone which opened in December 2023 serves 443 unique patients. The number of low-income patients with access to primary care is significantly below the 75% target proposed by the federal Health Resources and Services Administration. In addition, the University of Vermont Health Network also operates primary care practices on and around the Alice Hyde campus in Malone and four additional outreach clinics in the towns Chateaugay, Moira, Fort Covington, and St. Regis Falls. The number of patients served by these providers falls significantly below current needs, particularly for low-income patients in the region.

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

**New York State Department of Health
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Schedule 17B

The project represents Hudson Headwaters' ongoing commitment as a federally-qualified health center and safety net provider to offer advanced primary services to all patients in the region regardless of their ability to pay. Through this proposal, in strategic partnership with CHC of the North Country and the University of Vermont Health Network, Hudson Headwaters will expand primary care capacity in the region to ensure that patients have access to care locally. Moreover, through the relationship with the University of Vermont and the location of the health center on the Alice Hyde campus, patients will have access to ancillary services such as lab, imaging and specialty care.

(b) Describe how this project is consistent with your facility's Community Service Implementation Plan (voluntary not-for-profit hospitals) or strategic plan (other providers).

Hudson Headwaters' strategic planning process supports the continued provision of advanced primary care services in the region, with a special commitment to traditionally underserved populations. This proposal is a continuation of that effort by providing patient access to primary care in a medically underserved region of the state as demonstrated through documented community need, including Franklin County Public Health's most recent Community Health Needs Assessment.

(c) 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.

As a Federally-Qualified Health Center established under Section 330 of the federal Public Health Service Act, Hudson Headwaters is committed to serving all patients in the area regardless of their ability to pay or source of payment. As federally-funded nonprofit health center, Hudson Headwaters is paid by public and private payers based on the FQHC Prospective Payment System (PPS) for medically-necessary primary health services and qualified preventive health services furnished by a practitioner. We also offer a sliding fee program to all eligible patients and provide those who lack insurance with enrollment services free of charge.

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

CHC of the North Country currently operates a primary care clinic in the town of Malone. Based on 2022 data, CHC of the North Country serves approximately 3,233 patients from the region (30% of the low income population). As of 2022, an additional 395 patients (4% of low income population) are seen for care at one of Hudson Headwaters centers in the region (i.e., Champlain Family Health, Plattsburgh Family Health, or Saranac Family Health, approximately 60-90 minutes by car each way). As of the submission of this CON, the newly established Family Health at Malone which opened in December 2023 serves 443 unique patients. The University of Vermont Health Network also operates primary care practices around the Alice Hyde campus in Malone and four additional outreach clinics in the towns Chateaugay, Moira, Fort Covington, and St. Regis Falls. However, the number of patients served by these providers falls significantly below current needs, particularly for low-income patients in the region.

ONLY For Applicants Seeking Permanent Life

**New York State Department of Health
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Schedule 17B

Diagnostic and Treatment Centers seeking approval for a Permanent Life MUST provide the following information:

Instructions: In the space below, please provide detailed information on the **most recent CON application** that was approved for the limited life.

- i. CON number:
- ii. Date of approval:
- iii. Number of years of limited life approved for:
- iv. OpCert number and dates:
- v. Please provide a table with information on projections by payor for year 1 and year 3 **as reported on the approved CON**. (Please identify the projections in terms of **visits or procedures**).
- vi. Please provide a table with information on actual utilization by payor for each year since the implementation of the approved CON.

Note: Please use the same category of payors for actual utilization as those used for projections in item 'v' above. Also, use the same category (i.e., **visits or procedures**) for actual utilization as those used for projections in item 'v' above.

- vii. Did you achieve those projections reported in item 'v' above?
If not, please give reasons for not meeting those projections.
How do you plan to improve this shortfall?

Quality and Accreditation:

- 1. Please cite relevant accreditations, certifications or awards attained by the applicant which build confidence in services of high quality. Examples include certification as a Federally Qualified Neighborhood Health Center.

Hudson Headwaters has been recognized by the US Health Resources and Service Administration's Bureau of Primary Health Care as a Federally-Qualified Health Center under the Health Center Consolidation Act (Section 330 of the Public Health Service Act). Recently, Hudson Headwaters was recognized by the Department of Health and Human Services, Health Resources and Services Administration (HRSA) as a National Quality Leader. As a part of the Community Health Quality Recognition(CHQR) badge program which honors health centers across the country that have attained the best overall clinical quality performance, Hudson Headwaters was awarded badges for Health Center Quality Leader, Advancing HIIT for Quality, COVID-19 Public Health Champion, and Addressing Social Risk Factors in 2023.

In addition, all of Hudson Headwaters qualifying clinical sites have achieved the highest level of recognition as patient-centered medical homes (PCMHs) from the National Committee on Quality Assurance.

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Schedule 17B

2. Describe relevant programs or resources the applicant will bring to the new facility. Include existing programs that have proven track records at the applicant's other sites, if applicable, as well as programs the applicant plans for the future. Such programs include:
 - a. Programs specially tailored to the health needs of the population of the service area.
 - b. Grant funded programs.
 - c. Scholarships or fellowships.

The site will provide a full range of primary care services, including family medicine, integrated behavioral health, medical and social care management and support, translation services, and outreach and enrollment services for those who lack health insurance. The center will also provide active referrals for specialty services as necessary, including dental care, emergency care, and substance use disorder treatment.

As is offered to patients at all Hudson Headwaters health centers, free or sliding fee treatment is available to low-income patients (i.e., those patients that have a household income that is 200% or less of the federal poverty level).

3. Describe the applicant's experience or track record serving similar populations:

Hudson Headwaters has been serving patients in the Glens Falls, Adirondacks and North Country for over 40 years, starting with a single health center in the Town of Chester-Horicon. Since its incorporation as a federally-qualified health center in 1981, it has expanded to include 23 independent health centers and one mobile health center serving patients across a 7,400-square-mile region of Northeastern New York. In 2023, Hudson Headwaters served 112,000 unique patients through 475,000 in-person and telehealth visits. The population to be served at the Malone facility is similar to the existing population of Hudson Headwaters' patients, half of whom qualify for publicly supported programs like Medicare and Medicaid.

Primary and Specialty Care Services Review Criteria: Expansion of Services

When a CON application proposes conversion of a group or solo medical practice to Article 28 status, the applicant must provide a written analysis of the effect of the proposal on the following factors:

1. The full time equivalent (FTE) number of primary care physicians and specialists, by specialty, engaged in the practice after the conversion compared with the number before conversion.

Not Applicable

2. The (FTE) number of non-physician providers of primary care and specialty care, by specialty, such as Physician Assistants, Certified Nurse Practitioners, Physical Therapists, and Dental Assistants after the conversion compared with the number before conversion.

Not Applicable

3. The number of primary care and specialty visits, by specialty, after the conversion compared with the number before conversion.

Not Applicable

4. The array of services to underserved clients after the conversion compared with the number before conversion.

Not Applicable

Target Population and Service Area:

New York State Department of Health Certificate of Need Application

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All applications involving primary care services must provide a written analysis that clearly demonstrates that the proposal meets at least one of the following criteria. For criteria that do not apply, enter "not applicable":

1. The proposed clinic is in an underserved area as indicated by location in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).

By definition, as a Federally-Qualified Health Center, Hudson Headwaters provides diagnostic and treatment services to a largely underserved community. The Health Professional Shortage Area (HPSA) score for the proposed address 14 for primary care, 13 for mental care, and 18 for dental care. Based on current patterns for patients in and around Malone, we expect that approximately 58% of the patients we serve at the Malone facility will be covered under Medicare or Medicaid.

2. The population to be served exhibits poor health status, as measured by factors such as high levels of inpatient discharges for ambulatory care sensitive conditions (ACSC), incidences of diseases and conditions in excess of standards in Healthy People 2010 or other pertinent indicators.

Not Applicable

3. The primary care services of the proposed clinic will be targeted to a group or population with special needs or conditions that make it difficult for them to obtain adequate primary care in clinics or physician practices serving the general population. Examples of such needs and conditions are:
- Developmental disabilities.
 - HIV.
 - Alcohol Substance Abuse.
 - Health needs relating to aging.
 - Mental Health needs.
 - Homelessness
 - Linguistic or cultural barriers in obtaining access to primary care.

The proposed health center will provide primary care to underserved subpopulations of the greater Malone area such as rural, low income individuals and individuals who are eligible for/receive public assistance, including women, children and older adults.

Capacity of Existing Primary Care Providers

The project narrative should describe existing primary care services in the proposed service area. The narrative should include the number and location of existing D&TCs, extension clinics and part-time clinics and a summary of primary care services available through private practices. The narrative should indicate whether travel time and transportation are factors in access to primary care. Examples of travel related issues include topography, seasonal weather conditions, and availability of public transportation. Applicants are not expected to describe the volume of services delivered by existing providers, since they will rarely have access to such data, but the project narrative should indicate that the applicant is reasonably familiar with the overall availability of primary care in the targeted area.

In instances where the target area is likely to already have significant primary care resources, the CON proposal will be reviewed for the following need related factors:

- The ratio of primary care physicians to population in the proposed service area. HPSA uses a ratio of 1.0 FTE physicians to 3000 persons; Medicaid Managed Care uses a ratio of 1 to 1500.
- The number of primary care physicians in the proposed service area who are "active" in serving the Medicaid population. This is often measured as physicians who are reimbursed \$5000 or more per year by Medicaid.
- The annual number of primary care visits per person by Medicaid eligible persons in the proposed service area. An average lower than 2.0 visits per person is often considered a problem.
- The percentage of the Medicaid population that is enrolled in Managed care will be taken into account where appropriate.
- The current volume of primary care visits to existing D&TC and Extension clinics.

Not all of the above criteria need be evaluated for all applications. The number will vary depending on the type and location of services proposed and on how thoroughly the application addresses need in the project narrative and the related schedules.

CHC of the North Country currently operates a primary care clinic in the town of Malone. Based on 2022 data, CHC of the North Country serves approximately 3,233 patients from the region (30% of the low income population). As of 2022, an additional 395 patients (4% of low income population) were seen for care at one of Hudson Headwaters centers in the region (i.e., Champlain Family Health, Plattsburgh Family Health, or Saranac Family Health, approximately 60 minutes or more by car each way). As of the submission of this CON, the newly established Family Health at Malone which opened in December 2023 serves 443 unique patients. The University of Vermont Health Network also operates primary care practices around the Alice Hyde campus in Malone and four additional outreach clinics in the towns Chateaugay, Moira, Fort Covington, and St. Regis Falls. The number of patients served by these providers falls significantly below current needs, particularly for low-income patients in the region.

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The total number of patients receiving care by the existing and fragile system of primary care is well below what is needed for a region of 32,721 individuals.

While travel time and transportation for existing primary care patients in the region is not a concern, the geographic isolation of the region and lack of comprehensive public transportation is a concern. Thus, Hudson Headwaters will collaborate with local social service partners to provide non-emergency medical transportation to those who need it.

While not a medically underserved area (MUA), it is a health professional shortage area with an HPSA score of 14 for primary care, 13 for mental care, and 18 for dental care.

Need Review for Specialty Clinics:

Applications not involving primary care services must also provide a written analysis that clearly demonstrates that the need exists for the proposed services

4. Is the proposed clinic in an underserved area as indicated by location in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA)?

Not Applicable (Not a Specialty Clinic)

5. Describe in very specific terms the patients who require the specialty services, including the number of patients and their specific health problems, and how the proposed facility will meet their needs better than existing providers.

Not Applicable (Not a Specialty Clinic)

6. In the case of Dental clinics, is the application supported by the local Health Department? Is the proposal supported by the Department of Health's Bureau of Dental Services? Is the applicant participating in current dental health initiatives? Has the applicant consulted with resources such as the New York State Oral Health Technical Assistance Center?

Not Applicable (Not a Specialty Clinic)

Impact of Proposed CON on Diagnostic & Treatment Center Operating Certificate

The Sites Tab in NYSE-CON has replaced the Authorized Services Table of Schedule 17C. The Authorized Services Table in Schedule 17C is only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

TABLE 17C-1 AUTHORIZED CERTIFIED SERVICES

Instructions:
For applications requesting changes to more than one location, complete a separate Table 17-C-1 for each location

LOCATION: <small>(Enter street address of facility)</small>	<input type="checkbox"/> MOBILE CLINIC DESIGNATION (217) Check box only if extension clinic is mobile <small>(A mobile clinic must be an extension clinic with a fixed main site)</small>
---	--

	Existing	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"/>
ABORTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADULT DAY HEALTH - AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY SURGERY				
MULTI-SPECIALTY ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – GASTROENTEROLOGY ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY -- PAIN MANAGEMENT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY -- OTHER (SPECIFY) ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIRTHING SERVICE O/P	<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"/>
CT SCANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL O/P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING AND SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING AND 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 O/P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAGNETIC RESONANCE IMAGING (MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P	<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 O/P ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 17C-1(a)&(b) below] ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAUMATIC BRAIN INJURY PROGRAM O/P	<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 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

END STAGE RENAL DISEASE (ESRD)

TABLE 17C-1(a) CAPACITY	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

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

TABLE 17C-1(b) PROCEDURES	Last 12 mos	2 years prior	3 years prior
CHRONIC DIALYSIS			

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

END STAGE RENAL DISEASE

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.

Not Applicable

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.

Not Applicable

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.

Not Applicable

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

Not Applicable

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.

Not Applicable

Table 17C-2 - Projected Utilization of Services:

The number of projected "visits" should be listed in this table for each existing or proposed certified service. Visits should be estimated for the current, first and third year of the project. This table should contain visit estimates for services at this site alone, not for the applicant's other sites.

	Current Year Visits*	First Year Visits*	Third Year Visits*
CERTIFIABLE SERVICES			
MEDICAL SERVICES – PRIMARY CARE	1,960	24,535	26,029
MEDICAL SERVICES – SPECIALTIES			
ABORTION			
ADULT DAY HEALTH - AIDS			
AMBULATORY SURGERY – GASTROENTEROLOGY			
AMBULATORY SURGERY – OPHTHALMOLOGY			
AMBULATORY SURGERY – ORTHOPEDICS			
AMBULATORY SURGERY -- PAIN MANAGEMENT			
AMBULATORY SURGERY -- OTHER SPECIALTY			
AMBULATORY SURGERY -- MULTI-SPECIALTY			
BIRTHING SERVICE O/P			
CLINIC PART TIME SERVICES			
CLINIC SCHOOL BASED SERVICES			
CLINIC SCHOOL BASED DENTAL PROGRAM			
CT SCANNER			
DENTAL O/P			
HOME HEMODIALYSIS TRAINING AND SUPPORT			
HOME PERITONEAL DIALYSIS TRAINING AND SUPPORT			
INTERGRATED SERVICES – MENTAL HEALTH			
INTEGRATED SERVICES – SUBSTANCE USE DISORDER			
LITHOTRIPSY O/P			
MAGNETIC RESONANCE IMAGING (MRI)			
METHADONE MAINTENANCE			
NURSING HOME HEMODIALYSIS			
RADIOLOGY – THERAPEUTIC			
RENAL DIALYSIS, CHRONIC			
TRAUMATIC BRAIN INJURY PROGRAM O/P			
UPGRADED DTC SERVICES			
OTHER SERVICES			
Total	1,960	24,535	26029

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