Application Number: 192194
Facility Name: Planned Parenthood of the [redacted]
Project Description: Certify [redacted] Services at an existing extension clinic located at 35 West William Street, Corning

Created By: Robert Timber , Architectural and Engineering Review **on** 07/02/2020
Correspondence Type: Request for Additional Information
Recipient: Applicant
Correspondence Visible To: All
Message:
The Bureau of Architecture & Engineering Review has reviewed your submission. Comments may be viewed at the NYSDOH ProjNet site (www.ProjNet.org). Please respond to the open comments on ProjNet within 14 days. For any changes to previously submitted drawings, make all corrections obvious by bubbling the revisions.

To ensure a timely review of your responses, after completing your written responses on ProjNet, please reply to THIS message in NYSE-CON to initiate an automatic notice to the assigned reviewer. You are to attach to that message any corresponding or revised drawings in PDF format. Drawings are not to be uploaded to ProjNet. In the event there are revisions to Schedule 6 items other than drawings (e.g., Architectural Narrative, Certification Letter, etc.), these revised documents are to be labeled as revisions and are to be additionally uploaded to the "Application" tab in NYSE-CON.

Any questions may be addressed to Robert Timber, 518-402-0904 or robert.timber@health.ny.gov

[redacted]

Created By: Architectural and Engineering Review **on** 07/27/2020 **Waiting for Information**
Correspondence Type: Request for Additional Information
Recipient: McNamara, Meghan Kathleen
Correspondence Visible To: All
Message:
All RFI responses are acceptable. Please enter the responses in the ProjNet.org site so the RFI comments there may be closed out for record purposes.

Should you have any issues logging in or using the ProjNet site; please feel free to contact me.

Regards,

Robert Timber, 518-402-0904 or robert.timber@health.ny.gov

[redacted]

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

August 24, 2020

Ms. [redacted]
Operations Manager
Planned Parenthood of the [redacted]
35 West William Street
Corning, New York 14830

Re: 192194-L
Planned Parenthood of the [redacted]
(Steuben County)
Certify [redacted] Services at an existing extension clinic located at 35 West William Street, Corning

Dear [redacted]:

The Department of Health approves the above application in accordance with the limited review provisions set forth in 10 NYCRR section 710.1(c)(3).

The Department approves this application with the enclosed condition(s).

In accordance with 10 NYCRR 710.9, upon completion of the project an onsite inspection may be conducted by the Department to assure that all aspects of the project are in accordance with the governing codes and regulations. In order to ensure reimbursement and/or receive a revised operating certificate, **you must contact the Regional Office using the "Regional Office" tab in NYSE-CON**. The "Regional Office" tab enables applicants to propose pre-opening survey dates and request Department staff to schedule surveys. Additionally, the tab enables entry of applicant contact information and electronic communications during the pre-opening process. If appropriate, the Regional Office will schedule an on-site visit within sixty (60) days of receiving your request. If you have any questions, please contact your Regional Office.

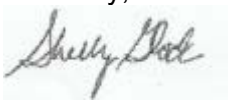
You are responsible for ensuring that this project complies with all applicable statutes, codes, rules and regulations. Should violations be found when reviewing documents, or at the time of on-site inspections or surveys, you will be required to correct them. Additional costs incurred to address any violations will not be eligible for reimbursement without the prior approval of the Department. Also, in accordance with 10 NYCRR section 710.5, any change in the scope of this project requires prior approval from the Department and may require a new or amended application.

You are responsible for ensuring this project is completed within **one** year from the date of this letter. Failure to complete the project within the prescribed time shall constitute an abandonment of the project by the applicant and an expiration of the approval.

Certificate of Need staff are interested in your experience with the CON process for this project. Please take a short survey to let us know how we are doing. The web address to the survey is https://www.surveymonkey.com/s/9Y6258P

If you have additional questions or need further assistance, please contact the Bureau of Project Management at (518) 402-0911.

Sincerely,



Shelly Glock
Deputy Director
Center for Health Care Facility
Planning, Licensure, and Finance

Enclosure

CONDITIONS:

1. This project must be completed within one year from the date of this letter. Failure to complete the project within the prescribed time shall constitute an abandonment of the project by the applicant and an expiration of the approval. [PMU]
2. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]

BEDS AND/OR SERVICES APPROVED:

Site	PFI	
Planned Parenthood [redacted] at Corning 35 West William Street Corning, NY 14830	**2803**	**Certify:** Medical Services - Primary Care [redacted] O/P **[ADD]**

Application Number: 192194

Facility Name: Planned Parenthood of the [redacted]

Project Description: Certify [redacted] Services at an existing extension clinic located at 35 West William Street, Corning

Executive Summary

We would like to add [redacted] Services to our Operating Certificate at 35 W. William St., Corning , NY.

Application Number: 192194
Facility Name: Planned Parenthood of the [redacted]
Project Description: Certify [redacted] Services at an existing extension clinic located at 35 West William Street, Corning

Revision Reason:	Revised: May 14, 2020 - Add architectural review of physical plant		
Submission Type:	Application - Limited Review - Service Delivery		
Project Status:	Project Complete	**Project Status Date:**	10/26/2020
Review Level:	Limited	**Received Date:**	10/14/2019
Total Project Cost:	$0.00	**Initial Review Date:**	11/05/2019
		Acknowledgment Date:	11/07/2019

Main Site Information

Facility Name:	Planned Parenthood of the [redacted]	**Facility ID:**	[redacted]
Physical Address:	[redacted]		
		Facility Type:	Diagnostic and Treatment Center
County:	[redacted]	**Region:**	Finger Lakes
Current Operator:	Planned Parenthood of the [redacted]	**Operating Certificate Number:**	5401205R
		Current Operator County:	

Contact Information

Name:	[redacted]	**Title:**	Operations Manager
Email:	[redacted]	**Address:**	35 West William Street Corning , NY 14830
Phone:	[redacted]		
Fax:			

Alternate Contact Information

Name:	[redacted]	**Email:**	[redacted]

Other

Withdrawn Date:			
SubBatch1:	30	**SubBatch2:**	OZ
CON Codes List:			

Application Number: 192194
Facility Name: Planned Parenthood of the [redacted]
Project Description: Certify [redacted] Services at an existing extension clinic located at 35 West William Street, Corning

Created By: William Fidell , Certification and Surveillance - Hospital Services **on** 01/29/2020
Correspondence Type: Request for Additional Information
Recipient: Applicant
Correspondence Visible To: All
Message:
Does your request include [redacted]

Created By: Applicant **on** 02/24/2020
Correspondence Type: Request for Additional Information
Recipient: Certification and Surveillance - Hospital Services
Correspondence Visible To: All
Message:
Dear Mr. William Fidell,

Please be advised that this request does seek to provide [redacted] services. Please advise if there is any additional information needed to proceed with the review of the application.

Thank you,

Meghan K. McNamara, Esq.

Application Number: 192194
Facility Name: Planned Parenthood of the [redacted]
Project Description: Certify [redacted] Services at an existing extension clinic located at 35 West William Street, Corning

Created By: Barbara DelCogliano , Project Management **on** 02/24/2020
Correspondence Type: Request for Additional Information
Recipient: Applicant
Correspondence Visible To: All
Message:
Good morning,

Given the request for [redacted] services, including [redacted], you must submit the LRA Schedule 6 and all corresponding attachments so the physical plant can be assessed. Let me know if you have any questions.

Barbara DelCogliano

518.402.0911

Created By: Applicant **on** 05/15/2020
Correspondence Type: Request for Additional Information
Recipient: Project Management
Correspondence Visible To: All
Message:
As requested in the Department's February 24, 2020 request for additional information, the LRA Schedule 6 and corresponding attachments have been submitted. Please advise if there is any additional infiormation needed.

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

May 18, 2020

Ms. [redacted]
Operations Manager
Planned Parenthood of the [redacted]
35 West William Street
Corning, New York 14830

Re: 192194-L
Planned Parenthood of the [redacted]
(Steuben County)
Certify [redacted] Services at an existing extension clinic located at 35 West William Street, Corning

Dear [redacted]

We have received your **revision** to the CON application referenced above and it is being distributed to all reviewing units via a copy of this letter.

Revised: May 14, 2020 - Add architectural review of physical plant

Subsequent to this letter, you may receive requests for additional information from OHSM and/or the Health Systems Agency. Please note that you must respond within the time frame allotted or risk withdrawal of the application from further processing.

Please note that due to the ongoing COVID-19 pandemic, review of your application may be delayed.

Should you require assistance regarding this application, please contact the Bureau of Project Management at (518) 402-0911.

Sincerely,

Barbara DelCogliano
Deputy Director
Division of Planning and Licensure

BD/DVC/nm

NYSE-CON All Sites Information with History

Folder:	Current
Submission Number:	192194
Facility Name:	Planned Parenthood of the [redacted]
Project Description:	Certify [redacted] Services at an existing extension clinic located at 35 West William Street, Corning

Site Information

Facility ID:	2803
SiteType:	Diagnostic and Treatment Center Extension Clinic
Site Name:	Planned Parenthood [redacted] [redacted] at Corning
Physical Address:	35 West William Street, Corning, NY 14830
County:	STEUBEN
Site Added:	10/14/2019 11:58:41 AM

Site Proposal Summary: To add [redacted] Services to the Operating Certificate.

Summary Modified: 10/14/2019 11:58:41 AM

Services Information	Last Modified on 11/04/2019 08:56:54 AM
Service Category	**Proposed Change**
[redacted] O/P	Add

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

November 7, 2019

Ms. [redacted]
Operations Manager
Planned Parenthood of the [redacted]
35 West William Street
Corning, New York 14830

Re: 192194-L
Planned Parenthood of the [redacted]
(Steuben County)
Certify [redacted] Services at an existing extension clinic located at 35 West William Street, Corning

Dear [redacted]

The above referenced limited review application (LRA), for which you have been designated the contact person, has been received by the Bureau of Project Management (BPM) for processing in accordance with 10 NYCRR 710.1(c)(5)-(7).

The BPM acknowledges receipt of the application and requisite fee, and has forwarded the LRA to the necessary reviewing units for continued processing. Any questions for clarification or additional information regarding this application will come directly from the reviewing unit(s).

The review and approval of your project, as required by the Public Health Law, must be obtained from the Director of the Center for Health Care Facility Planning, Licensure, and Finance prior to implementing this project.

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

Sincerely,

Barbara DelCogliano
Deputy Director
Division of Planning and Licensure

BD/DVC/nm

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

COMPLETED CONSTRUCTION CERTIFICATION LETTER FOR ARCHITECTS & ENGINEERS

Date: May 4, 2020
CON Number: 192194
Facility Name: Planned Parenthood of Greater New York
Facility ID Number: 2803
Facility Address: 35 West Williams Street, Corning, NY 14830

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

To The New York State Department of Health:

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 have been completed, 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 is designed and constructed, in accordance with the programmatic requirements for the referenced construction project, in accordance with design development drawings, and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.

3. The aforementioned construction project has been designed and constructed in compliance with all applicable local, state and federal codes, statutes, and regulations, and all 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. X 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 any components of this project that are inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), have been brought to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health for compliance resolution.

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 pre-opening inspection for this project. 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: Planned Parenthood of Greater New York

Location: 35 West Williams Street, Corning, NY 14830

Description: Relocate, expand, and improve quality of existing Article 28 DTC

Signature of NYS Licensed Architect/Engineer

Name of Architect/Engineer (Print)
Grace N. Chiang

Professional New York State License Number
017544

Business Address
217 North Aurora Street, Ithaca, NY 14850

Architectural or Engineering Professional Seal

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.

[redacted]cant

5/11/2020 — Date

[redacted] President & CEO — Name (Print) Title

Notary required for the Applicant

STATE OF NEW YORK)
) SS:
County of New York)

On the 11th day of May 2020, before me personally appeared [redacted], to me known, who being by me duly sworn, did depose and say that he/she resides at [redacted], that he/she is the President & CEO of the Planned Parenthood of Greater New York, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) Lisa M Williams

Schedule 6 - CON Form Regarding Architectural/Engineering Submission

Contents:

New York State Department of Health Certificate of Need Application

Schedule 6

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles- 28, 36 & 40, i.e., Hospitals, D&TCs, RHCFs, CHHAs, LTHHCPs and Hospices.

Instructions

- Provide Narrative using format below.
- Provide Architect/Engineering Certification Form
  List of Architectural or Engineering Certification Forms
  - Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Full Review Projects, 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
  - FEMA BFE Certificate
- Functional Space Program: A record of the key environment of care considerations and facility functional and operational parameters that drive the space program for a project. Note: The governing body or its delegate develops the functional program, which is intended to inform the designers of record, authority having jurisdiction, and users of the facility. The size and complexity of the project will determine the length and complexity of the functional program.
- Provide Architecture/Engineering Drawings in PDF format for review. Refer to Electronic Review Guidance Document for instructions for providing drawings for CON review.
- Provide Physicist's Report and the supporting information including drawings, details and supporting information.
  - Physicist's Letter of Certification (PDF)
- Required attachments must be submitted as separate documents and labeled accordingly.
- If any of the attachments require to be updated, provide an updated Schedule 6 form with the revised dates indicated on the form, in the date column.
- Do not combine the narrative, A/E Cert Form and FEMA BFE Certificate into one document.
- Refer to the Contingent Approval or Contingency Satisfaction for Submission Table requirements listed below.

Format

- Refer to "NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews" located on the NYSDOH Website. (Drawing files less than 100 MB can be uploaded into one file and bookmarked in PDF format.)

"Architecture/Engineering Narrative"

Narrative shall include but not limited to the following information. Please address all items in the narrative located in the response column.

Description
Intent/Purpose: The facility is seeking approval to add [redacted] services to the to existing reproductive health service offerings.

New York State Department of Health Certificate of Need Application

Schedule 6

Site Location: 35 W. William St., Corning, NY 14830

Brief description of current facility, including Facility Type:

Originally constructed in 1964, the two-story platform framed precast concrete cored slab over cinder block structure with a facing brick veneer and built up roof. The ground floor is 4,192 square feet and contains the outpatient clinic. The 2,270 square foot second floor is administration and support for the clinic.

The entire building was renovated and an addition was added to provide improved circulation to the second floor before the facility opened in 2019

Brief description of proposed facility:

During the building renovation and construction of the clinic in 2019, all required services for supporting [redacted] were constructed. Procedures will occur in [redacted] has room for two patients post procedure. Soiled Holding 114 Clean Storage 115, and Med 117 will also provide support as required.

Cleanable finishes, HVAC, Fire Alarm, Sprinklers, and a Nurse Call system were installed during the renovation. The facility is fully ADA compliant.

Location of proposed spaces or spaces. (Occupancy type for each occupied space.)

[redacted]

Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Please describe the required smoke and fire separations between occupancies:

N/A, the facility is a single occupancy.

Relationship of spaces conforming with Article 28 space and Non-Article 28 space:

Article 28 space on [redacted] floor, Non-Article 28 space on [redacted] floor

List all Exceptions to the NYSDOH referenced standards.
(Also, to be noted on the exceptions portion of the Architecture/Engineering Certification Form.

N/A

List all Requests for equivalencies.
(Also, to be noted on the exceptions portion of the Architecture/Engineering Certification Form.

N/A

Describe scope of work involved in building system upgrades and or replacements, fire protection systems, HVAC systems, Sprinkler, etc.

N/A. No additional work or upgrades are required.

Is the work involved associated with a waiver provided by NYSDOH and or CMS?
If yes, provide waiver number.

No waiver associated with this work.

Fire Detection, Alarm and Communication System:

Describe existing system:
Describe proposed system:
Describe existing system: Code compliant addressable fire detection system, NFPA 13 sprinkler system, and telecommunication system were installed in 2019.

Describe proposed system: No changes are proposed.	
Provide a FEMA BFE Certificate from the FEMA website link www.fema.gov if located in a flood zone. What type of work will be associated to mitigate damage and provide the ability to maintain operations if located in a Flood Zone? Zone X – levee protection	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe equipment. No major imaging equipment will be used. Providers will perform non-diagnostic ultrasounds using portable machines.	
If yes, provide Physicist's Report and the respective drawings and information shall be submitted for review at the Design Development phase of review. N/A	
Compliance with ADA. ADA compliant bathrooms, entryways, hallways, and elevator	
Any other additional information?	
Description	**Response**
Type of Work:	
Square footages of existing areas of work, existing floor and or existing building.	Existing 1st Floor: 4,192 gsf Existing 2nd Floor: 2,270 gsf
Square footages of the proposed work area or areas.	No work required
Does the area of work exceed more than 50% of the area, floor or building?	Less than 50%
Square Footage of Proposed Spaces.	Not Applicable
Sprinklered	Sprinklered throughout
Construction Types for the Existing Building and or Proposed Building (NFPA 101 per occupancy, NFPA 220)	Type II (000)
Building Height	25'-8"
Number of Stories	2
Is the proposed Article 28 space located in a basement or underground building?	Grade Level
Is the proposed Article 28 space windowless space, area or building?	No
Is the building a High Rise?	No
Does the high-rise building have a generator?	No
What is the occupancy of this project per NFPA 101 Life Safety Code Handbook?	Chapter 38 Business/ Chapter 39 Existing Business
List other occupancies that are relevant to this project: Not Applicable	
Will the project construction be phased?	Not Applicable
If yes, how many phases and what is the duration for each phase? Click or tap here to enter text.	
Does the project contain shell space?	Not Applicable
Will spaces be temporarily relocated during the construction of this project.	Not Applicable
If yes, where will the temporary space be? Click or tap here to enter text.	
Does the temporary space meet the current DOH referenced standards?	Not Applicable
Will spaces be permanently relocated to allow the construction of this project.	Not Applicable
If yes, where will this space be? Click or tap here to enter text.	
Does the proposed temporary space meet the current DOH referenced standards?	Not Applicable

Is there a companion CON associated with the temporary space? If so, provide the associated CON number. Click or tap here to enter text.	Not Applicable
Which edition of FGI is being used for this project?	2014 Edition of FGI
Changes in bed capacity?	Increase
Changes in the number of occupants? If yes, what is new number of occupants? Click or tap here to enter text.	No
Does the facility have an EES system? If yes, what type? Click or tap here to enter text.	No
Is the existing EES Type 1 and does it meet the current referenced standards?	Not Applicable
Does the project involve Operating Room alterations, renovations or rehabilitation?	No
Does the project involve a pool?	No

REQUIRED ATTACHMENT TABLE			
CONTINGENT APPROVAL	**CONTINGENCY APPROVAL**	**Title of Attachment**	**Attachment File Name in PDF format**
□	□	Architectural/Engineering Narrative	A/E Narrative.PDF
□	□	Architect/Engineer Certification Form	A/E Cert Form. PDF

□	□	FEMA BFE Certificate	FEMA BFE Certificate.PDF
□	□	Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
□	□	Site Plans	SP100.PDF
□	□	Life Safety Code Plans (Floor plans and reflected ceiling plans.)	LSC100.PDF
□	□	Architectural Floor Plans, Roof Plans and Details	A100.PDF
□	□	Exterior Elevations and Building Sections	A200.PDF
□	□	Vertical Circulation	A300.PDF
□	□	Reflected Ceiling Plans and Details	A400.PDF
Optional	□	Wall Sections and Details	A500.PDF
Optional	□	Interior Elevations, Enlarged Plans and Details	A600.PDF
	□	Fire Protection	FP100.PDF
	□	Mechanical Systems	M100.PDF
	□	Electrical Systems	E100.PDF
	□	Plumbing Systems	P100.PDF
	□	Physicist's Report and the respective drawings and information	X100.PDF

Schedule 6 - CON Form Regarding Architectural/Engineering Submission

Contents:

New York State Department of Health Certificate of Need Application

Schedule 6

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

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- Provide FEMA BFE Certificate
  - FEMA BFE Certificate
- Functional Space Program: A record of the key environment of care considerations and facility functional and operational parameters that drive the space program for a project. Note: The governing body or its delegate develops the functional program, which is intended to inform the designers of record, authority having jurisdiction, and users of the facility. The size and complexity of the project will determine the length and complexity of the functional program.
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"Architecture/Engineering Narrative"

Narrative shall include but not limited to the following information. Please address all items in the narrative located in the response column.

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Intent/Purpose: The facility is seeking approval to add [redacted] services to the to existing reproductive health service offerings.

New York State Department of Health Certificate of Need Application

Schedule 6

Site Location: 35 W. William St., Corning, NY 14830
Brief description of current facility, including Facility Type: Originally constructed in 1964, the two-story platform framed precast concrete cored slab over cinder block structure with a facing brick veneer and built up roof. The ground floor is 4,192 square feet and contains the outpatient clinic. The 2,270 square foot second floor is administration and support for the clinic. The entire building was renovated and an addition was added to provide improved circulation to the second floor before the facility opened in 2019
Brief description of proposed facility: During the building renovation and construction of the clinic in 2019, all required services for supporting [redacted] were constructed. Procedures will occur in [redacted] has room for two patients post procedure. Soiled Holding 114 Clean Storage 115, and Med 117 will also provide support as required. Cleanable finishes, HVAC, Fire Alarm, Sprinklers, and a Nurse Call system were installed during the renovation. The facility is fully ADA compliant.
Location of proposed spaces or spaces. (Occupancy type for each occupied space.) [redacted]
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Please describe the required smoke and fire separations between occupancies: N/A, the facility is a single occupancy.
Relationship of spaces conforming with Article 28 space and Non-Article 28 space: Article 28 space on 1st floor, Non-Article 28 space on second floor
List all Exceptions to the NYSDOH referenced standards. (Also, to be noted on the exceptions portion of the Architecture/Engineering Certification Form. N/A
List all Requests for equivalencies. (Also, to be noted on the exceptions portion of the Architecture/Engineering Certification Form. N/A
Describe scope of work involved in building system upgrades and or replacements, fire protection systems, HVAC systems, Sprinkler, etc. N/A. No additional work or upgrades are required.
Is the work involved associated with a waiver provided by NYSDOH and or CMS? If yes, provide waiver number. No waiver associated with this work.
Fire Detection, Alarm and Communication System: Describe existing system: Describe proposed system: Describe existing system: Code compliant addressable fire detection system, NFPA 13 sprinkler system, and telecommunication system were installed in 2019.

Describe proposed system: No changes are proposed.	
Provide a FEMA BFE Certificate from the FEMA website link www.fema.gov if located in a flood zone. What type of work will be associated to mitigate damage and provide the ability to maintain operations if located in a Flood Zone? Zone X – levee protection	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe equipment. No major imaging equipment will be used. Providers will perform non-diagnostic ultrasounds using portable machines.	
If yes, provide Physicist's Report and the respective drawings and information shall be submitted for review at the Design Development phase of review. N/A	
Compliance with ADA. ADA compliant bathrooms, entryways, hallways, and elevator	
Any other additional information?	
Description	**Response**
Type of Work:	
Square footages of existing areas of work, existing floor and or existing building.	Existing 1st Floor: 4,192 gsf Existing 2nd Floor: 2,270 gsf
Square footages of the proposed work area or areas.	No work required
Does the area of work exceed more than 50% of the area, floor or building?	Less than 50%
Square Footage of Proposed Spaces.	Not Applicable
Sprinklered	Sprinklered throughout
Construction Types for the Existing Building and or Proposed Building (NFPA 101 per occupancy, NFPA 220)	Type II (000)
Building Height	25'-8"
Number of Stories	2
Is the proposed Article 28 space located in a basement or underground building?	Grade Level
Is the proposed Article 28 space windowless space, area or building?	No
Is the building a High Rise?	No
Does the high-rise building have a generator?	No
What is the occupancy of this project per NFPA 101 Life Safety Code Handbook?	Chapter 38 Business/ Chapter 39 Existing Business
List other occupancies that are relevant to this project: Not Applicable	
Will the project construction be phased?	Not Applicable
If yes, how many phases and what is the duration for each phase? Click or tap here to enter text.	
Does the project contain shell space?	Not Applicable
Will spaces be temporarily relocated during the construction of this project.	Not Applicable
If yes, where will the temporary space be? Click or tap here to enter text.	
Does the temporary space meet the current DOH referenced standards?	Not Applicable
Will spaces be permanently relocated to allow the construction of this project.	Not Applicable
If yes, where will this space be? Click or tap here to enter text.	
Does the proposed temporary space meet the current DOH referenced standards?	Not Applicable

Is there a companion CON associated with the temporary space? If so, provide the associated CON number. Click or tap here to enter text.	Not Applicable
Which edition of FGI is being used for this project?	2014 Edition of FGI
Changes in bed capacity?	Increase
Changes in the number of occupants? If yes, what is new number of occupants? Click or tap here to enter text.	No
Does the facility have an EES system? If yes, what type? Click or tap here to enter text.	No
Is the existing EES Type 1 and does it meet the current referenced standards?	Not Applicable
Does the project involve Operating Room alterations, renovations or rehabilitation?	No
Does the project involve a pool?	No

REQUIRED ATTACHMENT TABLE			
CONTINGENT APPROVAL	**CONTINGENCY APPROVAL**	**Title of Attachment**	**Attachment File Name in PDF format**
□	□	Architectural/Engineering Narrative	A/E Narrative.PDF
□	□	Architect/Engineer Certification Form	A/E Cert Form. PDF

□	□	FEMA BFE Certificate	FEMA BFE Certificate.PDF
□	□	Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
□	□	Site Plans	SP100.PDF
□	□	Life Safety Code Plans (Floor plans and reflected ceiling plans.)	LSC100.PDF
□	□	Architectural Floor Plans, Roof Plans and Details	A100.PDF
□	□	Exterior Elevations and Building Sections	A200.PDF
□	□	Vertical Circulation	A300.PDF
□	□	Reflected Ceiling Plans and Details	A400.PDF
Optional	□	Wall Sections and Details	A500.PDF
Optional	□	Interior Elevations, Enlarged Plans and Details	A600.PDF
	□	Fire Protection	FP100.PDF
	□	Mechanical Systems	M100.PDF
	□	Electrical Systems	E100.PDF
	□	Plumbing Systems	P100.PDF
	□	Physicist's Report and the respective drawings and information	X100.PDF

Responses to DOH BAER July 2, 2020 Request for Additional Information

1. **The AE Narrative states the facility was renovated in 2019. Was this project submitted for CON review, and if so, what was the CON number?**

   Yes. CON# 171262.

2. **Please explain why the words, "I hereby certify that" (under the salutation) were deleted from the AE Certification form. DOH forms may not be altered. Please resubmit an unaltered form.**

   Please find enclosed an updated Architectural Certification.

3. **Dwg. G100:**

   - **2nd Floor – The common path of travel is not depicted correctly.**

     This has been corrected.

   - **2nd Floor – Dimension the clear width of the "corridor" outside of Mechanical 3 Rm #205.**

     This has been added.

4. **FGI 3.1-3.2.3.2(2): Illustrate an exam table in [redacted] and indicate clearances around the table.**

   See revised drawing enclosed.

5. **FGI 3.1-3.2.1: What provisions will the facility have to preserve patient privacy in [redacted]**

   Privacy curtains indicated in all patient spaces.

6. **FGI 3.1-5.2.3.2: Where is clean linen stored?**

   Clean Storage 115, note added.

7. **FGI 3.1-5.4.1.3: Does the facility have any provisions for storage of medical waste?**

   Haz Mat 118, note added.

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

COMPLETED CONSTRUCTION CERTIFICATION LETTER FOR ARCHITECTS & ENGINEERS

Date: July 23, 2020
CON Number: 192194
Facility Name: Planned Parenthood of Greater New York
Facility ID Number: 2803
Facility Address: 35 West Williams Street, Corning, NY 14830

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architecture 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 have been completed, 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 is designed and constructed, in accordance with the programmatic requirements for the referenced construction project, in accordance with design development drawings, and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.

3. The aforementioned construction project has been designed and constructed in compliance with all applicable local, state and federal codes, statutes, and regulations, and all 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. X 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 any components of this project that are inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), have been brought to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health for compliance resolution.

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 pre-opening inspection for this project. 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: Planned Parenthood of Greater New York

Location: 35 West Williams Street, Corning, NY 14830

Description: Relocate, expand, and improve quality of existing Article 28 DTC

Signature of NYS Licensed Architect/Engineer

Name of Architect/Engineer (Print)
Grace N. Chiang

Professional New York State License Number
017544

Business Address
217 North Aurora Street, Ithaca, NY 14850

Architectural or Engineering Professional Seal

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-plant construction or alterations have been completed. [redacted] ther or not physical

Authorized Signature for Applicant

7/23/20 — Date

[redacted] — Name (Print)

COO — Title

Notary required for the Applicant

STATE OF NEW YORK)
) SS:
County of New York)

On the 23rd day of July 2020, before me personally appeared [redacted] to me known, who being by me duly sworn, did depose and say that he/she resides a [redacted] e

Chief Operating Officer of the Planned Parenthood of Greater New York the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) Lisa M Williams

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

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

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

COMPLETED CONSTRUCTION CERTIFICATION LETTER FOR ARCHITECTS & ENGINEERS

Date: July 23, 2020
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Facility ID Number: 2803
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NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architecture and Engineering Review
ESP, Corning Tower, 18th Floor
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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 have been completed, 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 is designed and constructed, in accordance with the programmatic requirements for the referenced construction project, in accordance with design development drawings, and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.

3. The aforementioned construction project has been designed and constructed in compliance with all applicable local, state and federal codes, statutes, and regulations, and all 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. X 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 any components of this project that are inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), have been brought to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health for compliance resolution.

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 pre-opening inspection for this project. 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: Planned Parenthood of Greater New York

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Description: Relocate, expand, and improve quality of existing Article 28 DTC

Signature of NYS Licensed Architect/Engineer

Name of Architect/Engineer (Print)
Grace N. Chiang

Professional New York State License Number
017544

Business Address
217 North Aurora Street, Ithaca, NY 14850

Architectural or Engineering Professional Seal

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.

[redacted]
Authorized Signature for Applicant

7/23/20 — Date

[redacted] — Name (Print)

COO — Title

Notary required for the Applicant

STATE OF NEW YORK)
) SS:
County of New York)

On the 23rd day of July 2020, before me personally appeared [redacted] to me known, who being by me duly sworn, did depose and say that he/she resides at [redacted]

Chief Operating Officer of the Planned Parenthood of Greater New York the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) Lisa M Williams

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 8

Staffing

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year of implementation	Third Year of implementation
Health Providers:**			
Nurse Practitioner	.5	.5	.5
Physician Assistant	1	1	1
Physician	.1	.1	.1
Support Staff*:**			
Medical Associate	3	3	3
LPN	2	2	2
Center Manager	1	1	1
Director of Clinical Services	.25	.25	.25
Director of Clinical Informatics	.25	.25	.25
Vice President for Patient Services	.25	.25	.25
Operations Manager	.25	.25	.25
Administrative and Operations Support Specialist	.25	.25	.25
Total Number of Employees	8.85	9.35	9.35

* Last complete year prior to submitting application

** "Health Providers" includes all providers serving patients at the site. A Health Provider is any staff who can provide a billable service – physician, dentist, dental hygienist, podiatrist, physician assistant, physical therapist, etc.

*** All other staff.

Describe how the number and mix of staff were determined:

Per PPFA healthcare delivery staffing standards, for every FTE provider, we strive to support them with a minimum 2:1 ratio in the clinic; additionally, we provide patient support at the front desk and administrative and facilities support for the site. Ratios are based on hours of operation and productive hours providing services to patients. We anticipate the addition of a .5 FTE for additional support in the coming year as we plan to expand site hours.

PLEASE COMPLETE THE FOLLOWING:

1. Are staff paid and on Payroll? ☐ Yes ☐ No

2. Provide copies of contracts for any independent contractor.

3. Please attach the Medical Doctors C.V.

4. Is this facility affiliated with any other facilities? ☐ Yes ☐ No
   (If yes, please describe affiliation and/or agreement.)

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 10

Impact of Limited Review Application on Operating Certificate (services specific to the site)

Instructions:
"Current" Column: Mark "x" in the box only if the service currently appears on the operating certificate (OpCert) not including requested changes
"Add" Column: Mark "x" in the box this CON application seeks to add.
"Remove" Column: Mark "x" in the box this CON application seeks to decertify.
"Proposed" Column: Mark "x" in the box corresponding to all the services that will ultimately appear on the OpCert.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
Family Planning O/P		☒	☐	☐	☐
[redacted] O/P		☐	☒	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
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		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

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

☒ No

☐ Yes (*Enter CON numbers to the right*) ______ ______ ______

(Rev. 7/7/2010)

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 12

Assurances

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 (Title 10).

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 insure 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.

10/9/19
Date

[redacted]
Signature

[redacted]
Name (Please Type)

Operations Manager
Title (Please Type)

Limited Review Application

State of New York Department of Health
Office of Primary Care and Health Systems Management

LRA Cover Sheet

Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite "Construction". If so, and ***total*** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). ***Please read the LRA Instructions to ensure submission of an appropriate and complete application:***

☐ **Minor Construction** – Minor construction project with total project costs of up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities, if not relating to clinical space – check "Non-Clinical" box below).

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, and 6.

☐ **Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities. (**NOT** necessary for "1-for-1" replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limited review and CON review for one for one equipment replacement)
Necessary LRA Schedules: Cover Sheet, 2, 3, 4, and 5.

☐ **Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities; or convert beds within approved categories. (*If construction associated, also check "Construction" above.*)
Necessary LRA Schedules: Cover Sheet, 2, 6, 7, 8, 10, and 12. ****If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms). If proposing to convert beds within approved categories, an LRA Schedule 6 and all supporting documentation are required to confirm appropriate space for the new use.*

☐ **Cardiac Services** – Project by an appropriately certified facility to add electrophysiology (EP) services; or add, upgrade or replace a cardiac catheterization laboratory or equipment. (*If construction associated, also check "Construction" above.*)

Necessary LRA Schedules: Cover Sheet, 2, 7, 8, 10, and 12.

☐ **Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area which involve a total project cost up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities. (*If construction associated, also check "Construction" above.*)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, 6 and 7. Also include a Closure Plan for vacating extension clinic.

☐ **Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for "part-time clinic". (*If construction associated, also check "Construction" above.*)

Necessary LRA Schedules: Cover Sheet, 2, 8, 10, 11, and 12.

OPERATING CERTIFICATE NO.	CERTIFIED OPERATOR	TYPE OF FACILITY
5401205R	Planned Parenthood of the [redacted]	

OPERATOR ADDRESS – STREET & NUMBER		PFI	NAME AND TITLE OF CONTACT PERSON
[redacted]			[redacted] Operations Manager
CITY	COUNTY	ZIP	STREET AND NUMBER
[redacted]	[redacted]		
PROJECT SITE ADDRESS – STREET & NUMBER		PFI	CITY / STATE / ZIP
35 W. William St.			[redacted]
CITY	COUNTY	ZIP	TELEPHONE NUMBER / FAX NUMBER
Corning	Steuben	14830	[redacted]
TOTAL PROJECT COST: $ 0			CONTACT E-MAIL: [redacted]

Limited Review Application

Schedule LRA 7

State of New York Department of Health
Office of Primary Care and Health Systems Management

Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
Revenues			
Service Revenue	686,715	686,715	$686,715.00
Grants Funds	192,863	192,863	$192,863.00
Foundation			
Other	8,500	8,500	$8,500.00
Fees			
Other Income			
(1) Total Revenues	$888,078	$888,078	$888,078
Expenses			
Salaries and Wage Expense	334,454	334,454	$334,454.00
Employee Benefits	81,042	81,042	$81,042.00
Professional Fees	25,399	25,399	$25,399.00
Medical & Surgical Supplies	114,488	114,488	$114,488.00
Non-Medical Equipment	4,325	4,325	$4,325.00
Purchased Services	118,562	118,562	$118,562.00
Other Direct Expense	81,242	81,242	$81,242.00
Utilities Expense	5,800	5,800	$5,800.00
Interest Expense			
Rent Expense	0	0	$0.00
Depreciation Expense			
Other Expenses			
(2) Total Expense	$768,905	$768,905	$768905
Net Total - (1-2) →	***$***119,173	***$***119,173	***$***119,173

(Rev. 7/2015)

Limited Review Application

Schedule LRA 7A

State of New York Department of Health
Office of Primary Care and Health Systems Management

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

Patient Days ☐ Patient discharges ☐

Inpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Patient Days or dis-charges	Net Revenue*		Patient Days or dis-charges	Net Revenue*		Patient Days or dis-charges	Net Revenue*	
			%	Dollars ($)		% based on days or discharges	Dollars-$		% based on days or discharges	Dollars-$
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total			100%			100%			100%	

Outpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Visits	Net Revenue*		Visits	Net Revenue*		Visits	Net Revenue*	
			%	Dollars ($)		%	Dollars ($)		%	Dollars ($)
Commercial	Fee for Service	1247		265654	1247		265654	1247		265654
	Managed Care	28		6470	28		6470	28		6470
Medicare	Fee for Service	43		2150	43		2150	43		2150
	Managed Care									
Medicaid	Fee for Service	1779		366964	1779		366964	1779		366964
	Managed Care	49		13561	49		13561	49		13561
Private Pay		258		31917	258		31917	258		31917
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total		3404	100%	686715		100%	686715	3404	100%	686715

Total of Inpatient and Outpatient Services				686715			686715			686715

	Title of Attachment	Filename of attachment
1. In an attachment, provide the basis and supporting calculations for all revenues by payor.	Corning Revenue Spread	Corning Revenue Spread
2. In an attachment, provide the basis for charity care.		

*Net of Deductions from Revenue

Limited Review Application

Schedule LRA 7

State of New York Department of Health
Office of Primary Care and Health Systems Management

Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
Revenues			
Service Revenue	686,715	686,715	$686,715.00
Grants Funds	192,863	192,863	$192,863.00
Foundation			
Other	8,500	8,500	$8,500.00
Fees			
Other Income			
(1) Total Revenues	$888,078	$888,078	$888,078
Expenses			
Salaries and Wage Expense	334,454	334,454	$334,454.00
Employee Benefits	81,042	81,042	$81,042.00
Professional Fees	25,399	25,399	$25,399.00
Medical & Surgical Supplies	114,488	114,488	$114,488.00
Non-Medical Equipment	4,325	4,325	$4,325.00
Purchased Services	118,562	118,562	$118,562.00
Other Direct Expense	81,242	81,242	$81,242.00
Utilities Expense	5,800	5,800	$5,800.00
Interest Expense			
Rent Expense	0	0	$0.00
Depreciation Expense			
Other Expenses			
(2) Total Expense	$768,905	$768,905	$768905
Net Total - (1-2) →	***$***119,173	***$***119,173	***$***119,173

(Rev. 7/2015)

Limited Review Application

Schedule LRA 7A

State of New York Department of Health
Office of Primary Care and Health Systems Management

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

Patient Days ☐ Patient discharges ☐

Inpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Patient Days or dis-charges	Net Revenue*		Patient Days or dis-charges	Net Revenue*		Patient Days or dis-charges	Net Revenue*	
			%	Dollars ($)		% based on days or discharges	Dollars-$		% based on days or discharges	Dollars-$
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total			100%			100%			100%	

Outpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Visits	Net Revenue*		Visits	Net Revenue*		Visits	Net Revenue*	
			%	Dollars ($)		%	Dollars ($)		%	Dollars ($)
Commercial	Fee for Service	1247		265654	1247		265654	1247		265654
	Managed Care	28		6470	28		6470	28		6470
Medicare	Fee for Service	43		2150	43		2150	43		2150
	Managed Care									
Medicaid	Fee for Service	1779		366964	1779		366964	1779		366964
	Managed Care	49		13561	49		13561	49		13561
Private Pay		258		31917	258		31917	258		31917
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total		3404	100%	686715		100%	686715	3404	100%	686715

Total of Inpatient and Outpatient Services				686715			686715			686715

	Title of Attachment	Filename of attachment
1. In an attachment, provide the basis and supporting calculations for all revenues by payor.	Corning Revenue Spread	Corning Revenue Spread
2. In an attachment, provide the basis for charity care.		

*Net of Deductions from Revenue