

ADDENDUM
to form 2272-A-E

**MUST BE SUBMITTED FOR THE ESTABLISHMENT OF A NEW FACILITY OR A
CHANGE IN OWNERSHIP**

(1) Operating Certificate # 3202207R (new) PFI# 0602 (old)

(2) Name of Facility Planned Parenthood Mohawk Hudson, Inc.

Street Address 1424 Genesee Street

City Utica Zip Code 13502 County Oneida

Telephone # (315) 724 - 6146 Operator Federal ID# [REDACTED]

(3) Administrator's Name [REDACTED]

(4) **TRANSFER/AFFILIATION AGREEMENTS**

- | | |
|---|--|
| <input checked="" type="checkbox"/> Hospital | <input type="checkbox"/> Home Health Agency |
| <input type="checkbox"/> Residential Health Care Facility | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Diagnostic and Treatment Center | <input type="checkbox"/> Mental Hospital |
| | <input type="checkbox"/> Other (Please specify)
_____ |



10/25/99

Sal Cerqua
Senior Health Care Fiscal Analyst
New York State Department of Health
Bureau of Financial Analysis and Review
Hedley Park Place, 6th Floor
433 River Street
Troy, New York 12180

Re: 991143 - E
Planned Parenthood Mohawk Hudson, Inc.
(Oneida County)

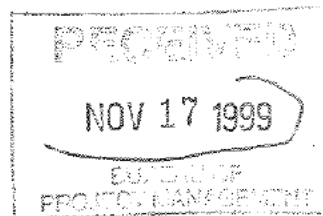
Dear Mr. Cerqua:

I am writing to offer you assurances that all landlords leasing facilities to [redacted] and [redacted] are aware of the merger. They are also aware, and we would like to assure the New York State Department of Health as well, that all rights and responsibilities assigned to either [redacted] or [redacted] under those leases will be reassigned to the new affiliate, Planned Parenthood Mohawk Hudson.

I hope this answers any questions raised about the matter of lease assignment. Please contact me if you require further clarification.

Sincerely,

[redacted signature]
President/CEO





STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

November 12, 1999

[REDACTED]
President
[REDACTED]

1424 Genesee Street
Utica, New York 13502

Re: 991143-E
PLANNED PARENTHOOD MOHAWK
HUDSON, INC.
MERGE [REDACTED]

(ONEIDA COUNTY)

Dear [REDACTED]

I am pleased to inform you that, based on action taken at its meeting on October 22, 1999, the Public Health Council proposes to approve the above-referenced application providing the conditions as set forth in the attached resolution are first fulfilled. Pursuant to Section 600.4 of Title 10 (Health) of the Official Compilation of Codes Rules and Regulations of the State of New York documentation to satisfy the contingencies imposed by the Council shall be submitted within the prescribed timeframe noted in the attached resolution.

This letter should not be construed as approval to file a certificate of incorporation, a certificate of amendment to a certificate of incorporation, a restated certificate of incorporation, or an application for authority with the Secretary of State in connection with this application. Public Health Council approval is not to be construed as approval of property costs or lease submitted in support of the application. Such approval is not to be construed as an assurance or recommendation that property costs or lease amounts as specified in the application will be reimbursable under third party payor reimbursement guidelines.

Sincerely,

Wayne M. Osten
Director

Office of Health Systems Management

Enclosure

RESOLUTION

RESOLVED, that the Public Health Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 22nd day of October, 1999, having considered any advice offered by the Regional Health Systems Agency, the State Hospital Review and Planning Council, the staff of the New York State Department of Health, and the Establishment Committee of this Council and after due deliberation, hereby proposes to approve the following application to establish Planned Parenthood Mohawk Hudson, Inc. as surviving corporation in the merger of Planned Parenthood Association of the Mohawk Valley, Inc., and Planned Parenthood Health Services of Northeastern New York, Inc., and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

991143

FACILITY/APPLICANT:

Planned Parenthood Mohawk Hudson , Inc.
(Oneida County)

APPROVAL CONTINGENT UPON:

1. Submission of executed lease assignments that are acceptable to the Office of Health Systems Management. (BFA)

APPROVAL CONDITIONAL UPON:

N/A

Documentation submitted to satisfy the above-referenced contingencies (4 copies) should be submitted within sixty (60) days to:

Mr. Dominick F. Testo
Director
Information and Technology Services Group
NYS Department of Health
Hedley Building - 6th Floor
433 River Street
Troy, New York 12180-2299

991143

PLANNED PARENTHOOD MOHAWK HUDSON, INC.

UTICA - ONEIDA COUNTY

Establishment application submitted on April 6, 1999 by PLANNED PARENTHOOD MOHAWK HUDSON, INC.

Planned Parenthood Mohawk Hudson, Inc., a voluntary corporation, requests Article 28 approval for the merger of [REDACTED] and [REDACTED]. [REDACTED] will be the surviving corporation and then the name will be changed to Planned Parenthood Mohawk Hudson, Inc. This new organization will cover 12 counties in upstate New York (Oneida, [REDACTED] counties) and offer health services at 13 centers.

There are no immediate plans for additions to physical plants or services.

This merger will assist in adapting to the competitive health care environment. Merger of the two entities will bring together diverse staff expertise, to provide for improved, responsive service delivery.

Recommendations

Health Systems Agency

There will be no HSA review of this application.

Office of Health Systems Management

Approval contingent upon:

1. Submission of executed lease assignments that are acceptable to the Office of Health Systems Management. (BFA)

State Council Recommendation

October 7, 1999

The OHSM recommendation was adopted.

Office of Health Systems Management Staff Analysis

991143 - PLANNED PARENTHOOD MOHAWK HUDSON
UTICA - ONEIDA COUNTY

Need Analysis

BACKGROUND

[REDACTED] Inc. ([REDACTED]) is a licensed diagnostic and treatment center located at 1424 Genesee Street, Utica.

[REDACTED] operates three extension sites at the following locations:

[REDACTED] [REDACTED] [REDACTED]

[REDACTED] is licensed to provide the following services:

- [REDACTED]
- Health education
- Primary medical care
- Cancer detection
- Outpatient surgery
- Social work service
- Family planning
- Part-time clinics
- Venereal disease

[REDACTED] is a licensed diagnostic and treatment center located at [REDACTED]

[REDACTED] operates eight extension sites at the following locations:

[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

[REDACTED] is licensed to provide the following services:

- [REDACTED]
- Health education
- Prenatal
- Venereal disease
- Cancer detection
- Immunology
- Primary medical care
- Family planning
- Outpatient surgery
- Ultrasound

ANALYSIS AND CONCLUSION

The application requests approval to merge [REDACTED] Inc. and [REDACTED], into a single entity to be called Planned Parenthood Mohawk Hudson, Inc.

The new organization will cover twelve counties in upstate New York (Oneida, [REDACTED] counties. The new entity will encompass thirteen health care centers.

The applicant claims that the merger is beneficial for the following reasons:

- The merger will nearly double the financial assets of the individual affiliates.
- The merger will help guarantee the survival of both organizations in a complex, competitive market.
- The combination of operations will improve service delivery.

From a need perspective, approval is recommended.

Programmatic Analysis

I. BACKGROUND

[REDACTED] Inc. (Utica), and [REDACTED] request approval to merge into a single entity to be called Planned Parenthood Mohawk Hudson, Inc.

The Utica facility also operates three extension clinics in Oneida, [REDACTED] and [REDACTED]. The [REDACTED] facility operates eight extension sites in [REDACTED] and [REDACTED].

II. PROGRAM REVIEW DESCRIPTION

A. Services

There are no programmatic changes to services proposed concurrent with this application at any of the sites operated by either of the existing facilities. Scope and nature of all proposed services offered at each site include [REDACTED] cancer prevention, prenatal, primary medical care, venereal disease, outpatient surgery, family planning, health education, ultrasound, and social work.

B. Staffing

There are no changes to staffing proposed concurrent with this application. Current staffing consists of 63 FTEs at the [REDACTED] facility and 13 FTEs at the Utica facility including physicians, social workers, physician assistants, and registered and licensed practical nurses under the supervision of a medical director.

C. Back-up Support Services and Off-hour Coverage

Emergency, inpatient and back-up support services are and will continue to be provided under terms of an affiliation agreement with [REDACTED] which is [REDACTED] minutes travel time from the [REDACTED] and [REDACTED] which is [REDACTED] minutes from the [REDACTED] facility. Answering services, with access to center staff, are provided to address patient concerns during hours when the facilities are closed.

D. Compliance with applicable codes, rules and regulations

The governing body and medical staff will develop, maintain, and periodically review a list of policies and procedures that will ensure that services performed at the facility will conform with generally accepted standards of practice. The facility's admissions policy will include anti-discrimination provisions regarding age, race, creed, color, national origin, marital status, sex, sexual orientation, religion, disability, or source of payment. All services will be performed in accordance with all applicable federal and state codes, rules and regulations, including standards for credentialing, nursing, patient admission and discharge, a medical records system, emergency care, and quality assurance.

III. DIRECTORS/RESPONSIVENESS TO COMMUNITY NEED

The number of Directors will be a minimum of 20 and a maximum of 40. Currently there are 34.

The Board of Directors and offices held are as follows:

<u>NAME</u>	<u>OFFICE HELD</u>
	Co-Chair
	Co-Vice Chair
	Treasurer
	Secretary

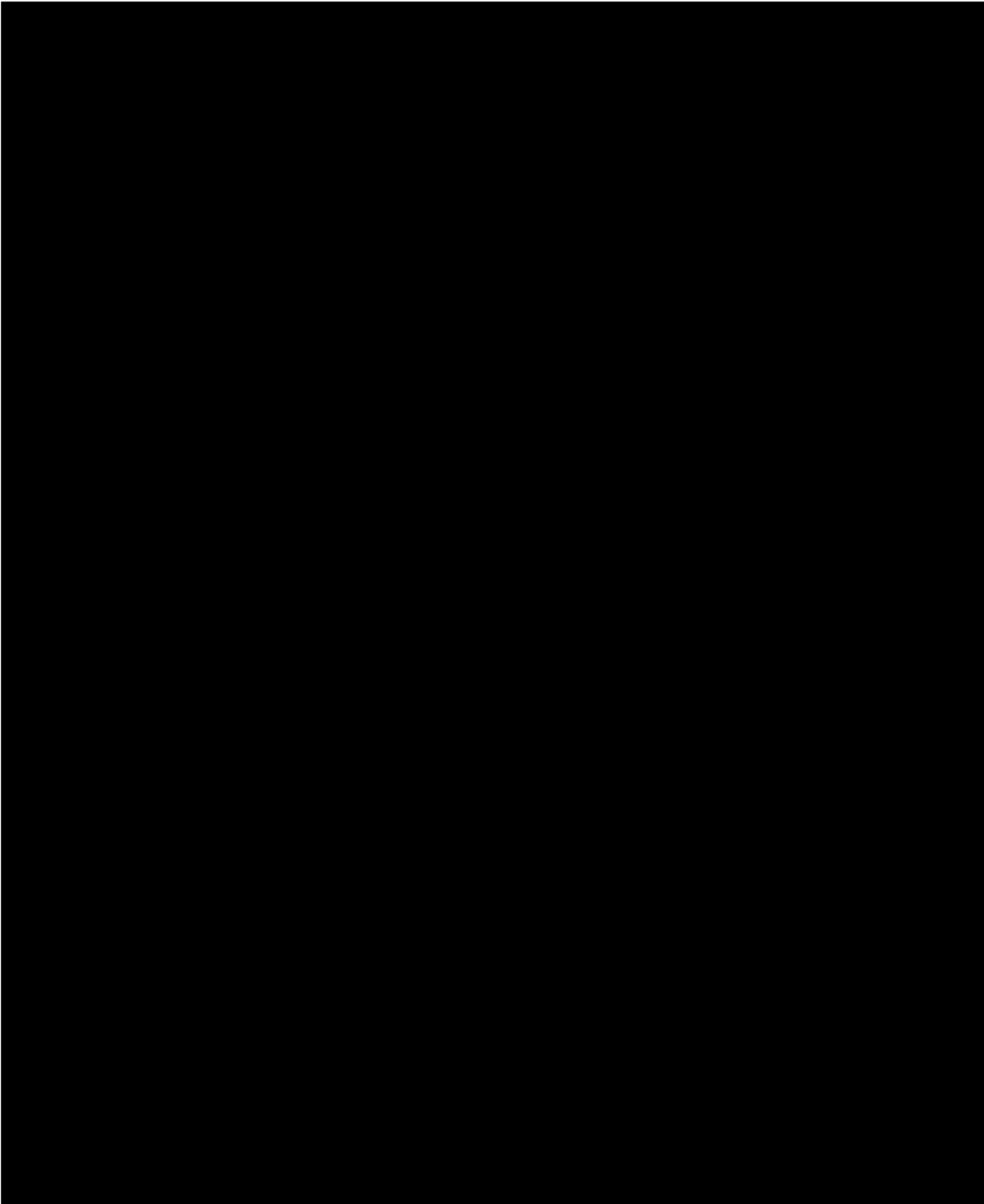
To ensure the Center continues to be responsive to community needs, the Center anticipates forming an advisory board that will meet three times per year. The board will be representative of two groups: the patients who use the centers and the communities where they are located. The board will include minority representatives, as well as women and the handicapped.

Characteristics of the governing body that reflect responsiveness to community needs include board members who live and work in the facility's service area and the use of a patient satisfaction measurement tool that provides continuous, ongoing feedback to the organization for the total quality management improvement program and planning discussions. In addition, input from members of the medical staff and patients provide the basis for additional services and free or reduced fee care to eligible patients.

IV. PERSONAL CHARACTER AND COMPETENCE

Staff of the Bureau of Hospital and Primary Care Services reviewed the disclosure information contained in the certificate of need application which was submitted by the board of directors of the applicant corporation regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, and a record of legal actions. This review revealed the following pertinent information:

<u>NAME</u>	<u>WORK HISTORY</u>
	



None of the members of the Board of Directors disclosed a record of legal actions, past or pending.

In addition, the Bureau of Licensure of Nursing Home Administrators indicated no issues with the licensure of [REDACTED], a nursing home administrator and the Education Department indicated no issues with the licensure of the certified social worker associated with this project.

Based on this information, staff from the Bureau of Hospital and Primary Care Services concluded that those proposed for the officers of the corporation are persons of good moral character who are of such character, experience, competence and standing as to give reasonable assurance of their ability to conduct the affairs of the corporation so as to provide proper care for the patients to be served by the proposed facility.

V. ASSOCIATED FACILITY HISTORIES

Each of the above, disclosed service on the board of directors of either [REDACTED] Inc., or [REDACTED] Inc. No other ownership/operator associations were disclosed with other medical care facilities, other than the private practice of medicine.

The review of the surveillance history of these facilities found that there were no cited violations that threatened or resulted in direct, significant harm to the health, safety, or welfare of patients/residents and that any of the relatively minor citations were promptly corrected with appropriate remedial action. Based on this information, staff concluded that the facilities have provided a substantially consistent high level of care as defined in New York State Public Health Law 2801(a)(3) and 10NYCRR 600.2 over the past 10 years.

From a programmatic perspective, approval is recommended.

Financial Analysis

MERGER AGREEMENT

The applicant has provided an executed copy of the merger agreement, which is summarized as follows:

Parties:

[REDACTED]
Inc. and [REDACTED]

[REDACTED] Inc.

Surviving Corporation:

The name of the surviving corporation is [REDACTED]

[REDACTED] Inc., of which then the name will be changed to

Planned Parenthood Mohawk Hudson, Inc.
Assets Merged: All assets will be merged.
Liabilities Merged: All liabilities will be merged.

OCCUPANCY ARRANGEMENTS

The applicant has provided the location of the sites they occupy, which are summarized as follows:

[REDACTED] Inc.

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$15,281 annually
Term: 5 years ending July 31, 2002

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$17,500 annually
Term: 5 years ending March 31, 2004

Address: [REDACTED]
Lessor: J.M. Montrich, Inc.
Base Rental: \$10,800 annually
Term: 5 years ending November 30, 2003

[REDACTED] Inc.

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$28,428 annually
Term: 5 years ending May 31, 2000

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$13,800 annually
Term: 5 years ending September 30, 2000

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$7,200 annually
Term: 5 years ending December 31, 2001

Address: [REDACTED]
Lessor: [REDACTED]

Base Rental: \$6,900 annually
Term: 5 years ending June 30, 2001

Address: [REDACTED]
The consent from the mortgagee is not required.

Address: [REDACTED]
There is no mortgage on the site.

Address: [REDACTED]
There is no mortgage on the site.

Address: [REDACTED]
The consent from the mortgagee is not required.

Address: 1424 Genesee Street, Utica
There is no mortgage on the site.

The applicant has indicated that the landlords consent is not required for the leases and there are no consents required from the mortgagees. As a contingency to approval, the applicant must submit executed lease assignments for the sites.

ESTIMATED OPERATING BUDGET

The applicant has submitted an operating budget, in 1999 dollars, for the first and third year of operation subsequent to the merger:

	<u>YEAR ONE</u>	<u>YEAR THREE</u>
Utilization: (visits)	44,598	47,542
(procedures)	2,062	2,153
Revenues:		
Medicaid	\$1,820,760	\$1,820,760
Commercial Insurance	1,531,101	1,852,632
Self Pay	<u>1,108,601</u>	<u>1,183,026</u>
Total Patient Revenues	\$4,460,462	\$4,856,418
Other Revenue	110,288	110,288
Gifts, Legacies and Requests	525,000	570,000
Grant Revenue	<u>3,623,896</u>	<u>3,623,896</u>
Total Revenues	\$8,719,646	\$9,160,602
Expenses:		
Salaries and Wages	\$4,622,506	\$4,853,632
Employee Benefits	932,500	979,125
Purchased Contracts	342,607	359,737
Supplies	542,532	569,658
General Costs	1,557,846	1,635,739
Capital Costs	<u>585,058</u>	<u>614,311</u>

Total Expenses	\$8,583,049	\$9,012,202
Excess of Revenues over Expenses	\$ 136,057	\$ 148,400
Cost Per Visit/Procedure	\$ 183.94	\$ 181.55

Utilization by payor source for the first and third year are projected as follows:

	<u>YEAR ONE</u>	<u>YEAR THREE</u>
Medicaid	34.95%	32.82%
Commercial Insurance	19.40%	20.03%
Self Pay	45.65%	47.15%

CAPABILITY AND FEASIBILITY

In accordance with the terms of the merger agreement, the surviving entity will assume the assets and liabilities of PPAMH. There are working capital requirements associated with the merger, since there are no planned operational changes. Thus, there are no significant issues of capability associated with the application. Presented as BFA Attachment A, is the balance sheet of Planned Parenthood Mohawk Hudson, Inc., as of the first day of operation after the merger, which indicates a net asset balance of \$2,995,052.

The issue of feasibility is centered on the applicant's ability to offset expenses with revenues. The applicant projects an excess of revenues over expenses of \$136,057 and \$148,400 for the first and third year of operation. Revenue projections are based on current reimbursement rates of [REDACTED] which will be the surviving corporation. The applicant also receives grant funding from New York State and the federal Title X program, of which is expected to continue on current levels.

Presented as BFA Attachments B and C, are the 1997 and 1998 certified financial statements of [REDACTED] Inc., and the 1998 certified financial statements of [REDACTED] Inc., respectively. As shown on Attachment B, [REDACTED] Inc., had a change in net assets of \$19,136 and \$29,777 during 1997 and 1998, respectively; and maintained positive working capital and fund balances over the period. As shown on Attachment C, [REDACTED] Inc., achieved an increase in net assets of \$30,202 and \$217,431 during 1997 and 1998, respectively and also maintain positive fund and working capital balances.

The proposed merger is extended to improve the applicant's ability to be responsive to the changes in the health care market.

From a financial perspective, contingent approval is recommended.

Attachments

- BFA Attachment A - Balance Sheet of Planned Parenthood
Mohawk Hudson, Inc.
- BFA Attachment B - The 1997 and 1998 certified financial statements of
[REDACTED] Inc.
- BFA Attachment C - The 1998 certified financial statements of [REDACTED]
[REDACTED] Inc.
- BFA Attachment D - Establishment Checklist for Ambulatory Care Sites

Balance Sheet Of Planned Parenthood
Mohawk Hudson, Inc. Subsequent To The Merger.

ASSETS

Cash	\$1,776,821
Accounts Receivable	820,154
Pledges Receivable	3,320
Inventory, Prepaid Expenses, Other Current Assets	179,180
Land, Building & Equipment	1,350,689

TOTAL ASSETS \$4,130,164

LIABILITIES

Payables & Other Current Liabilities	\$802,068
Deferred Revenue	32,103
Mortgages	300,941

TOTAL LIABILITIES \$1,135,112

NET ASSETS \$2,995,052

[REDACTED] INC.
Statements of Financial Position
December 31, 1998 and 1997

	1998	1997
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 302,915	\$ 66,884
Accounts receivable, net of allowances	158,267	125,767
Grants receivable	7,042	343,479
Prepaid expenses	15,643	16,516
Inventories	16,501	14,997
Total current assets	<u>500,368</u>	<u>567,643</u>
Property and equipment:		
Land	42,893	42,893
Buildings	480,000	480,000
Building improvements	176,456	176,456
Vehicles	38,750	38,750
Equipment	231,699	240,275
Total	969,798	978,374
Less accumulated depreciation	499,538	474,314
Property and equipment, net	<u>470,260</u>	<u>504,060</u>
Assets whose use is limited:		
Cash	-	27,118
Investments	491,485	395,926
Total	<u>491,485</u>	<u>423,044</u>
Total Assets	<u>\$ 1,462,113</u>	<u>\$ 1,494,747</u>

LIABILITIES AND NET ASSETS

Current liabilities:		
Accounts payable	\$ 155,851	\$ 163,625
Accrued expenses	74,309	69,392
Total current liabilities	<u>230,160</u>	<u>233,017</u>
Net assets	<u>1,231,953</u>	<u>1,261,730</u>
Total Liabilities and Net Assets	<u>\$ 1,462,113</u>	<u>\$ 1,494,747</u>

██████████ INC.

Statements of Activities
For the years ended December 31, 1998 and 1997

	1998	1997
Revenues:		
Patient fees	\$ 791,232	\$ 837,123
Private grants	8,375	-
Grant - Family Planning	1,042,108	763,581
Grant - W.I.C.	451,881	444,913
Grant - Community Based Adolescent Pregnancy Prevention Program	-	181,946
Grant - Mohawk Valley Perinatal	-	2,114
Grant - CBAPP	6,057	-
Federated fund raising contributions	6,667	8,555
Contributions	47,192	48,775
Investment income	38,757	56,360
Other income	1,425	3,144
Total revenues	<u>2,393,694</u>	<u>2,346,511</u>
Expenses:		
Salaries	1,256,202	1,154,350
Payroll taxes and benefits	113,419	108,849
Employee benefits	76,122	70,523
Laboratory	172,586	117,940
Professional fees	8,998	7,526
Outside services	150,147	167,993
Travel	13,664	11,911
Office supplies	18,645	21,176
Contraceptives and medical consumables	186,166	190,268
Education supplies and materials	24,715	16,693
Occupancy	105,286	72,977
Insurance	34,360	34,229
Minor equipment	8,351	3,875
Maintenance	34,028	33,238
Telephone	27,798	27,755
Postage and printing	27,947	28,308
Conferences and training	10,016	10,783
Dues and fees	46,163	46,672
Patient recruitment	75	87,599
Bad debts	40,314	54,644
Miscellaneous	14,003	4,795
Depreciation	54,466	55,271
Total expenses	<u>2,423,471</u>	<u>2,327,375</u>
Change in net assets	(29,777)	19,136
Net assets, beginning of year	<u>1,261,730</u>	<u>1,242,594</u>
Net assets, end of year	<u>\$ 1,231,953</u>	<u>\$ 1,261,730</u>

See notes to financial statements.

INC.
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 1998
(WITH COMPARATIVE TOTALS FOR 1997)

	<u>1998</u>	<u>1997</u>
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 751,780	\$ 354,030
Investments	230,641	213,152
Unrestricted – Unconditional Promises to Give	3,320	6,115
Accounts Receivable, Net	654,845	691,900
Inventory	99,419	95,652
Prepaid Expenses	<u>41,008</u>	<u>41,223</u>
Total Current Assets	1,781,013	1,402,072
 LAND, BUILDING AND EQUIPMENT, NET	 880,429	 895,823
 OTHER ASSETS		
Deposits	4,063	3,915
Financing Costs, Net	<u>2,546</u>	<u>4,347</u>
 TOTAL ASSETS	 <u>\$2,668,051</u>	 <u>\$2,306,157</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	\$ 146,303	\$ 121,307
Accrued Expenses and Payroll Withholdings	139,220	216,295
Cash Advances – New York State	260,174	44,657
Current Portion – Long Term Debt	31,342	216,013
Deferred Income	<u>32,103</u>	<u>15,490</u>
Total Current Liabilities	609,142	613,762
 OTHER LIABILITIES – LONG TERM DEBT, NET OF CURRENT PORTION	 <u>295,810</u>	 <u>146,727</u>
 TOTAL LIABILITIES	 <u>904,952</u>	 <u>760,489</u>
 NET ASSETS		
UNRESTRICTED:		
Designated by Board for Endowment Purposes	277,355	211,100
Designated by Board for Career Development	10,000	10,000
Undesignated, as Restated	<u>1,456,332</u>	<u>1,299,880</u>
Total Unrestricted Net Assets	1,743,687	1,520,980
TEMPORARILY RESTRICTED NET ASSETS	<u>19,412</u>	<u>24,688</u>
 TOTAL NET ASSETS	 <u>1,763,099</u>	 <u>1,545,668</u>
 TOTAL LIABILITIES AND NET ASSETS	 <u>\$2,668,051</u>	 <u>\$2,306,157</u>

See notes to financial statements.

INC.
STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 1998
(WITH COMPARATIVE TOTALS FOR 1997)

	<u>UNRESTRICTED</u>	<u>TEMPORARILY RESTRICTED</u>	<u>1998</u>	<u>1997</u>
PUBLIC SUPPORT AND REVENUE				
Public Support:				
Contributions	\$ 312,360	\$ -	\$ 312,360	\$ 255,750
Foundation Grants	90,898	17,365	108,263	23,450
Government Grants				
New York State	2,038,518	-	2,038,518	1,683,871
County	22,765	-	22,765	18,856
Total Public Support	<u>2,464,541</u>	<u>17,365</u>	<u>2,481,906</u>	<u>1,981,927</u>
Revenue:				
Medicaid	1,376,421	-	1,376,421	1,280,000
Sale of Medical and and Contraceptive Supplies	591,968	-	591,968	638,597
Patient Fees	1,275,204	-	1,275,204	1,284,086
Training and Education Programs	16,902	-	16,902	28,991
Investment Return	45,750	-	45,750	41,127
Miscellaneous Income	5,038	-	5,038	6,605
Total Revenue	<u>3,311,283</u>	<u>-</u>	<u>3,311,283</u>	<u>3,279,406</u>
Net Assets Released from Restrictions:				
Restrictions Satisfied by Payment	<u>22,641</u>	<u>(22,641)</u>	<u>-</u>	<u>-</u>
TOTAL SUPPORT AND REVENUE	<u>5,798,465</u>	<u>(5,276)</u>	<u>5,793,189</u>	<u>5,261,333</u>
EXPENSES				
Program Services	4,750,089	-	4,750,089	4,479,818
Management and General	719,224	-	719,224	632,690
Fund Raising	<u>106,445</u>	<u>-</u>	<u>106,445</u>	<u>118,623</u>
TOTAL EXPENSES	<u>5,575,758</u>	<u>-</u>	<u>5,575,758</u>	<u>5,231,131</u>
INCREASE (DECREASE) IN NET ASSETS	222,707	(5,276)	217,431	30,202
NET ASSETS BEGINNING OF YEAR, AS RESTATED	<u>1,520,980</u>	<u>24,688</u>	<u>1,545,668</u>	<u>1,515,466</u>
NET ASSETS END OF YEAR	<u>\$1,743,687</u>	<u>\$19,412</u>	<u>\$1,763,099</u>	<u>\$1,545,668</u>

See notes to financial statements.

ESTABLISHMENT CHECKLIST FOR AMBULATORY CARE SITES

PLANNED PARENTHOOD MOHAWK HUDSON, INC.

NATURE OF APPLICATION:

☐ PRIMARY CARE☒ SPECIALTYIF SPECIALTY-TYPE:

AUSPICE:

☒ NON PROFIT☐ PROPRIETARY☐ PUBLIC

AFFILIATIONS:

UNIT COST:

	<u>YEAR ONE</u>	<u>YEAR THREE</u>
OPERATING	\$171.40	\$169.19
CAPITAL	12.54	12.36
TOTAL	\$183.94	\$181.53

PAYOR SOURCE:

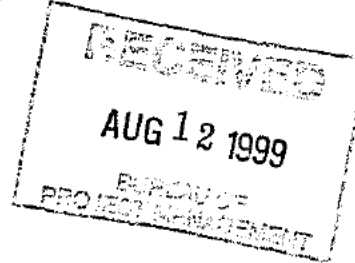
	<u>YEAR ONE</u>	<u>YEAR THREE</u>
MEDICAID-M/C	N/A	N/A
MEDICAID-FFS	34.95%	32.82%
MEDICARE-M/C	N/A	N/A
MEDICARE-FFS	N/A	N/A
COMMERCIAL	19.40%	20.03%
SELF PAY	45.65%	47.15%



Central New York Health Systems Agency, Inc.
101 Intrepid Lane
Syracuse, New York 13205-2549
Telephone: (315) 492-8557 Fax: (315) 492-8563



August 9, 1999



Mr. Robert J. Stackrow, Director
Bureau of Project Management
NYS Department of Health, OHSM
433 Rivers Street, Suite 303
Troy, NY 12180-0911

RE: CNYHSA #8-103, NYS #991143-E
Planned Parenthood Mohawk Hudson
(Oneida County)
Merge [REDACTED]

[REDACTED] &
[REDACTED]

Dear Mr. Stackrow:

The Central New York Health Systems Agency, Inc. (CNYHSA) acknowledges receipt of the above-referenced proposal. The CNYHSA has no recommendation concerning this proposal and will not be reviewing it pursuant to 10 NYCRR 710.

Should you have any questions, please do not hesitate to contact us.

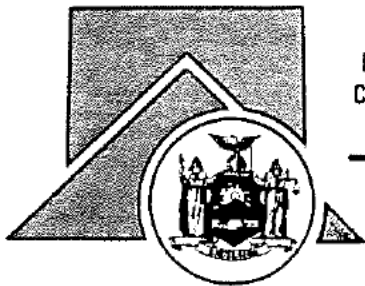
Sincerely,

William L. Conole
President

WLC:TJB/pr

c: Norman Andrzejewski
[REDACTED], President

ALTQ 12/17/92



STATE OF NEW YORK
DEPARTMENT OF HEALTH
CORNING TOWER BUILDING
ALBANY, N.Y. 12237

PUBLIC HEALTH COUNCIL

October 6, 1999

President

1424 Genesee Street
Utica, New York 13502

Re: 991143-E

PLANNED PARENTHOOD MOHAWK
HUDSON
(ONEIDA COUNTY)
MERGE

AND

Dear :

The above referenced project is scheduled for review by the Establishment Committee of the Public Health Council on October 13, 1999. The meeting is open to the public and will be held at 10:00 am at the New York State Department of Health, Meeting Room 3, Concourse, Empire State Plaza, Albany, N.Y. 12237.

The Committee will consider the recommendations of the local Health Systems Agency, the Office of Health Systems Management and the State Hospital Review and Planning Council in its proceedings.

Subsequently, the recommendation of the Committee will be forwarded to the full Public Health Council for final decision. The Public Health Council will meet at 10:00 am on October 22, 1999, at 5 Penn Plaza, Meeting Room 302, 3rd Floor, New York, N.Y. 10001. It is anticipated that the project will be reviewed by the Public Health Council at that time. The Public Health Council meeting is also open to the public, but public comment and participation is not allowed.

Should you have any questions regarding this meeting, please feel free to contact me at (518) 402-0911.

Sincerely,

Dominick F. Testo
Director
Information and Technology Services Group



State Hospital Review and Planning Council

433 River Street • Suite 303 • Troy, New York 12180-2299 • 518-433-6311

Antonia C. Novello, M.D., M.P.H.
Commissioner

James D. Durante
Chairman

September 16, 1999

██████████
President
██

1424 Genesee Street
Utica, New York 13502

Re: 991143 - E
PLANNED PARENTHOOD MOHAWK HUDSON, INC.
ONEIDA COUNTY
MERGE TWO AFFILIATES INTO ONE

Dear ██████████

Please be advised that the above captioned application has been scheduled for review by the Project Review Committee of the State Hospital Review and Planning Council on Thursday, September 23, 1999. The meeting will begin at approximately 11:00 A.M. at the New York State Department of Health, 5 Penn Plaza, Third Floor, Meeting Room 302, New York City. A copy of the exhibit to be reviewed at the meeting is enclosed.

Subsequently, the application will be considered by the State Hospital Review and Planning Council on October 7, 1999 at 9:30 A.M. in Meeting Room 302 at the same location. Both meetings are open to the public. The recommendation of the State Council and the health systems agency involved will be presented to the Public Health Council for a final decision.

Sincerely,

Donna W. Peterson
Executive Secretary

991143 Programmatic Analysis

PLANNED PARENTHOOD MOHAWK HUDSON, INC.

September 9, 1999

I. BACKGROUND

Planned Parenthood Association of the Mohawk Valley, Inc. (Utica), and [REDACTED] Inc. [REDACTED] request approval to merge into a single entity to be called Planned Parenthood Mohawk Hudson, Inc.

The Utica facility also operates three extension clinics in Oneida, [REDACTED] and [REDACTED]. The [REDACTED] facility operates eight extension sites in [REDACTED] and [REDACTED].

II. PROGRAM REVIEW DESCRIPTION

A. Services

There are no programmatic changes to services proposed concurrent with this application at any of the sites operated by either of the existing facilities. Scope and nature of all proposed services offered at each site include [REDACTED] cancer prevention, prenatal, primary medical care, venereal disease, outpatient surgery, family planning, health education, ultrasound, and social work.

B. Staffing

There are no changes to staffing proposed concurrent with this application. Current staffing consists of 63 FTEs at the [REDACTED] facility and 13 FTEs at the Utica facility including physicians, social workers, physician assistants, and registered and licensed practical nurses under the supervision of a medical director.

C. Back-up Support Services and Off-hour Coverage

Emergency, inpatient and back-up support services are and will continue to be provided under terms of an affiliation agreement with [REDACTED] which is [REDACTED] minutes travel time from the [REDACTED] and [REDACTED] which is [REDACTED] minutes from the [REDACTED] facility. Answering services, with access to center staff, are provided to address patient concerns during hours when the facilities are closed.

D. Compliance with applicable codes, rules and regulations

The governing body and medical staff will develop, maintain, and periodically review a list of policies and procedures that will ensure that services performed at the facility will conform with generally accepted standards of practice. The facility's admissions policy will include anti-discrimination provisions regarding age, race, creed, color, national origin, marital status, sex, sexual orientation, religion, disability, or source of payment. All services will be performed in accordance with all applicable federal and state codes, rules and regulations, including standards for credentialing, nursing, patient admission and discharge, a medical records system, emergency care, and quality assurance.

III. DIRECTORS/RESPONSIVENESS TO COMMUNITY NEED

The number of Directors will be a minimum of 20 and a maximum of 40. Currently there are 34.

The Board of Directors and offices held are as follows:

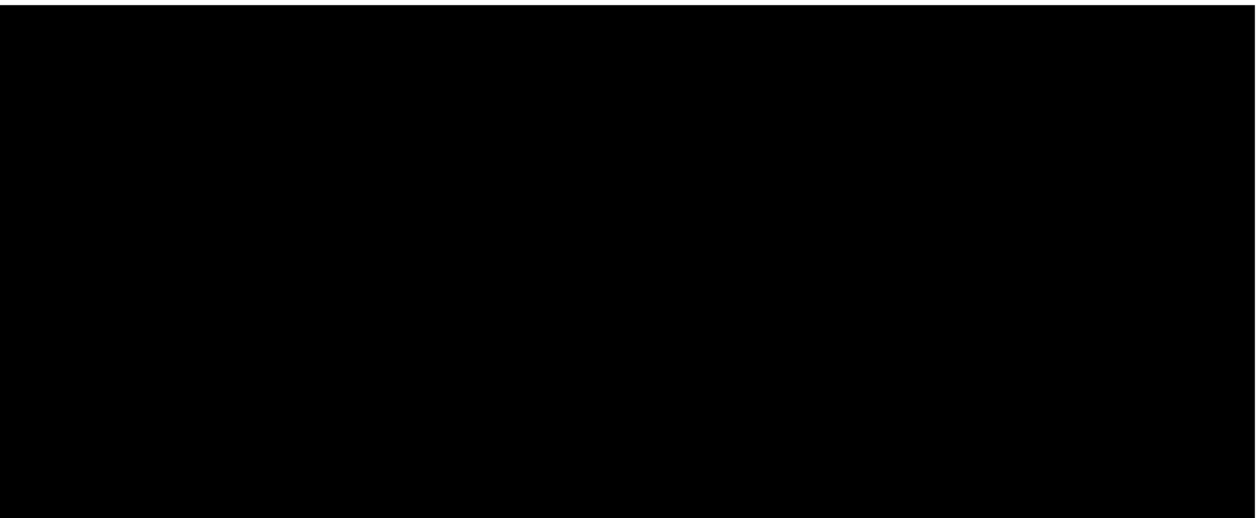
NAME	OFFICE HELD
	Co-Chair
	Co-Vice Chair
	Treasurer
	Secretary

To ensure the Center continues to be responsive to community needs, the Center anticipates forming an advisory board that will meet three times per year. The board will be representative of two groups: the patients who use the centers and the communities where they are located. The board will include minority representatives, as well as women and the handicapped.

Characteristics of the governing body that reflect responsiveness to community needs include board members who live and work in the facility's service area and the use of a patient satisfaction measurement tool that provides continuous, ongoing feedback to the organization for the total quality management improvement program and planning discussions. In addition, input from members of the medical staff and patients provide the basis for additional services and free or reduced fee care to eligible patients.

IV. PERSONAL CHARACTER AND COMPETENCE

Staff of the Bureau of Hospital and Primary Care Services reviewed the disclosure information contained in the certificate of need application which was submitted by the board of directors of the applicant corporation regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, and a record of legal actions. This review revealed the following pertinent information:



None of the members of the Board of Directors disclosed a record of legal actions, past or pending.

In addition, the Bureau of Licensure of Nursing Home Administrators indicated no issues with the licensure of [REDACTED], a nursing home administrator and the Education Department indicated no issues with the licensure of the certified social worker associated with this project.

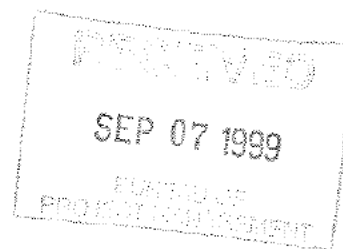
Based on this information, staff from the Bureau of Hospital and Primary Care Services concluded that those proposed for the officers of the corporation persons of good moral character who are of such character, experience, competence and standing as to give reasonable assurance of their ability to conduct the affairs of the corporation so as to provide proper care for the patients to be served by the proposed facility.

V. ASSOCIATED FACILITY HISTORIES

Each of the above disclosed service on the board of directors of either [REDACTED] Inc. or [REDACTED] Inc. No other ownership/operator associations were disclosed with other medical care facilities, other than the private practice of medicine.

The review of the surveillance history of these facilities found that there were no cited violations that threatened or resulted in direct, significant harm to the health, safety, or welfare of patients/residents and that any of the relatively minor citations were promptly corrected with appropriate remedial action. Based on this information, staff concluded that the facilities have provided a substantially consistent high level of care as defined in New York State Public Health Law 2801(a)(3) and 10NYCRR 600.2 over the past 10 years.

From a programmatic perspective, approval is recommended.



MEMO

TO: [REDACTED]
FROM: [REDACTED]
DATE: September 3, 1999

Re: 991143E
Planned Parenthood Mohawk Hudson, Inc.

Listed below are the responses to your questions raised in our telephone conversation on August 31, 1999.

1. What are the full-time equivalent medical staff numbers for [REDACTED]
[REDACTED] and [REDACTED]
[REDACTED] = 63
[REDACTED] = 13
2. Who are the Board of Directors Co-Vice-Chairs?
[REDACTED] and [REDACTED]
3. What members of the Boards of Directors of [REDACTED]
[REDACTED] and [REDACTED]
[REDACTED] are no longer serving?
A statement is attached.
4. Completion of Schedule 20 for [REDACTED].
Since [REDACTED] is no longer on the [REDACTED]
[REDACTED] Board of Directors, I have not included Schedule 20.

Please feel free to call with any further questions.

[REDACTED]

The following people are no longer serving on the Boards of Directors of [REDACTED]
[REDACTED] and [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

President/CEO

CERTIFICATE NO. 3202202R

PFI NO. 0602

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

EFFECTIVE DATE 09/29/97

DIAGNOSTIC & TREATMENT CENTER

OPERATING CERTIFICATE

EXPIRATION DATE **NONE**

PLANNED PARENTHOOD ASSOCIATION OF

1424 GENESEE STREET
UTICA NY 13502

OPERATOR VOLUNTARY CORPORATION

HAS BEEN GRANTED THIS OPERATING CERTIFICATE PURSUANT TO ARTICLE 28
OF THE PUBLIC HEALTH LAW FOR THE SERVICE(S) SPECIFIED:

HEALTH EDUCATION
PRIMARY MEDICAL CARE

CANCER DETECTION
OUTPATIENT SURGERY
SOCIAL WORK SERVICE

FAMILY PLANNING
PART TIME CLINICS
VENEREAL DISEASE

OTHER AUTHORIZED LOCATION(S) 3

James P. [Signature]
AREA ADMINISTRATOR

Barbara A. DeMond, MD
COMMISSIONER

Review Date: August 25, 1999

991143-E Planned Parenthood Mohawk Hudson, Inc. (Oneida County)

FINDINGS: Contingent Approval

The applicant has demonstrated the capability to proceed in a financially feasible manner; contingent upon:

Submission of executed lease assignments that are acceptable to the Office of Health Systems Management. (BFA)

DESCRIPTION

The applicant, Planned Parenthood Mohawk Hudson, Inc., a voluntary corporation, requests Article 28 approval for the merger of [REDACTED] Inc. and [REDACTED] Inc. [REDACTED] Inc., will be the surviving corporation and then the name will be changed to Planned Parenthood Mohawk Hudson, Inc. This new organization will cover 12 counties in upstate New York (Oneida, [REDACTED] [REDACTED] counties) and offer health services at 13 centers.

There are no immediate plans for additions to physical plants or services.

This merger will assist in adapting to the competitive health care environment. Merger of the two entities will bring together diverse staff expertise, to provide for improved, responsive service delivery.

MERGER AGREEMENT

The applicant has provided an executed copy of the merger agreement, which is summarized as follows:

Parties: [REDACTED] Inc. and [REDACTED] Inc.

Surviving Corporation: The name of the surviving corporation is [REDACTED] Inc. of which then the name will be changed to Planned Parenthood Mohawk Hudson, Inc.

Assets Merged: All assets will be merged.

Liabilities Merged: All liabilities will be merged.

OCCUPANCY ARRANGEMENTS

The applicant has provided the location of the sites that they occupy, which are summarized as follows:

[REDACTED] Inc.

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$15,281 annually
Term: 5 years ending July 31, 2002

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$17,500 annually
Term: 5 years ending March 31, 2004

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$10,800 annually
Term: 5 years ending November 30, 2003

[REDACTED] Inc.

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$28,428 annually
Term: 5 years ending May 31, 2000

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$13,800 annually
Term: 5 years ending September 30, 2000

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$7,200 annually
Term: 5 years ending December 31, 2001

Address: [REDACTED]
Lessor: [REDACTED]
Base Rental: \$6,900 annually
Term: 5 years ending June 30, 2001

Address: [REDACTED]
The consent from the mortgagee is not required.

Address: [REDACTED]
There is no mortgage on the site.

Address: [REDACTED]
There is no mortgage on the site.

Address: [REDACTED]
The consent from the mortgagee is not required.

Address: [REDACTED]
There is no mortgage on the site.

The applicant has indicated that the landlords consent is not required for the leases and there are no consents required from the mortgagees. As a contingency to approval, the applicant must submit executed lease assignments for the sites.

ESTIMATED OPERATING BUDGET

The applicant has submitted an operating budget, in 1999 dollars, for the first and third year of operation subsequent to the merger:

	<u>YEAR ONE</u>	<u>YEAR THREE</u>
Utilization: (visits)	44,598	47,542
(procedures)	2,062	2,153
Revenues:		
Medicaid	\$1,820,760	\$1,820,760
Commercial Insurance	1,531,101	1,852,632
Self Pay	<u>1,108,601</u>	<u>1,183,026</u>
Total Patient Revenues	\$4,460,462	\$4,856,418
Other Revenue	110,288	110,288
Gifts, Legacies and Requests	525,000	570,000
Grant Revenue	<u>3,623,896</u>	<u>3,623,896</u>
Total Revenues	\$8,719,646	\$9,160,602
Expenses:		
Salaries and Wages	\$4,622,506	\$4,853,632
Employee Benefits	932,500	979,125
Purchased Contracts	342,607	359,737
Supplies	542,532	569,658
General Costs	1,557,846	1,635,739
Capital Costs	<u>585,058</u>	<u>614,311</u>
Total Expenses	\$8,583,049	\$9,012,202
Excess of Revenues over Expenses	\$ 136,057	\$ 148,400
Cost Per Visit/Procedure	\$ 183.94	\$ 181.55

Utilization by payor source for the first and third year are projected as follows:

	<u>YEAR ONE</u>	<u>YEAR THREE</u>
Medicaid	34.95%	32.82%
Commercial Insurance	19.40%	20.03%
Self Pay	45.65%	47.15%

CAPABILITY AND FEASIBILITY

In accordance with the terms of the merger agreement, the surviving entity will assume the assets and liabilities of PPAMH. There are working capital requirements associated with the merger, since there are no planned operational changes. Thus, there are no significant issues of capability associated with the application. Presented as BFA Attachment A is the balance sheet of Planned Parenthood Mohawk Hudson, Inc. as of the first day of operation after the merger, which indicates a net asset balance of \$2,995,052.

The issue of feasibility is centered on the applicant's ability to offset expenses with revenues. The applicant projects an excess of revenues over expenses of \$136,057 and \$148,400 for the first and third year of operation. Revenue projections are based on current reimbursement rates of [REDACTED] which will be the surviving corporation. The applicant also receives grant funding from New York State and the federal Title X program, of which is expected to continue on current levels.

Presented as BFA Attachments B and C are the 1997 and 1998 certified financial statements of [REDACTED] Inc. and the 1998 certified financial statements of [REDACTED] Inc., respectively. As shown on Attachment B, [REDACTED] Inc. had a change in net assets of \$19,136 and \$(29,777) during 1997 and 1998, respectively; and maintained positive working capital and fund balances over the period. As shown on Attachment C, [REDACTED] Inc. achieved an increase in net assets of \$30,202 and \$217,431 during 1997 and 1998, respectively and also maintain positive fund and working capital balances.

The proposed merger is extended to improve the applicant's ability to be responsive to the changes in the health care market. Thus, based on the preceding, it appears subject to the noted contingency, it appears that the applicant has demonstrated the capability to proceed in a financially feasible manner; and approval is recommended.

SUPPORTING DATA

BFA Attachment A - Balance Sheet of Planned Parenthood Mohawk Hudson,

- Inc.
BFA Attachment B - The 1997 and 1998 certified financial statements of [REDACTED]
- Inc.
BFA Attachment C - The 1998 certified financial statements of [REDACTED],
[REDACTED]
- Inc.
BFA Attachment D - Establishment Checklist for Ambulatory Care Sites.

Balance Sheet Of Planned Parenthood
Mohawk Hudson, Inc. Subsequent To The Merger.

ASSETS

Cash	\$1,776,821
Accounts Receivable	820,154
Pledges Receivable	3,320
Inventory, Prepaid Expenses, Other Current Assets	179,180
Land, Building & Equipment	1,350,689

TOTAL ASSETS	\$4,130,164

LIABILITIES

Payables & Other Current Liabilities	\$802,068
Deferred Revenue	32,103
Mortgages	300,941

TOTAL LIABILITIES	\$1,135,112
NET ASSETS	\$2,995,052

[REDACTED] INC.
Statements of Financial Position
December 31, 1998 and 1997

ASSETS

1998

1997

Current assets:

Cash and cash equivalents	\$ 302,915	\$ 66,884
Accounts receivable, net of allowances	158,267	125,767
Grants receivable	7,042	343,479
Prepaid expenses	15,643	16,516
Inventories	16,501	14,997
Total current assets	<u>500,368</u>	<u>567,643</u>

Property and equipment:

Land	42,893	42,893
Buildings	480,000	480,000
Building improvements	176,456	176,456
Vehicles	38,750	38,750
Equipment	231,699	240,275
Total	<u>969,798</u>	<u>978,374</u>
Less accumulated depreciation	<u>499,538</u>	<u>474,314</u>
Property and equipment, net	<u>470,260</u>	<u>504,060</u>

Assets whose use is limited:

Cash	-	27,118
Investments	491,485	395,926
Total	<u>491,485</u>	<u>423,044</u>

Total Assets

\$ 1,462,113 \$ 1,494,747

LIABILITIES AND NET ASSETS

Current liabilities:

Accounts payable	\$ 155,851	\$ 163,625
Accrued expenses	74,309	69,392
Total current liabilities	<u>230,160</u>	<u>233,017</u>

Net assets

1,231,953 1,261,730

Total Liabilities and Net Assets

\$ 1,462,113 \$ 1,494,747

██████████ INC.

Statements of Activities
For the years ended December 31, 1998 and 1997

	1998	1997
Revenues:		
Patient fees	\$ 791,232	\$ 837,123
Private grants	8,375	-
Grant - Family Planning	1,042,108	763,581
Grant - W.I.C.	451,881	444,913
Grant - Community Based Adolescent Pregnancy Prevention Program	-	181,946
Grant - Mohawk Valley Perinatal	-	2,114
Grant - CBAPP	6,057	-
Federated fund raising contributions	6,667	8,555
Contributions	47,192	48,775
Investment income	38,757	56,360
Other income	<u>1,425</u>	<u>3,144</u>
Total revenues	<u>2,393,694</u>	<u>2,346,511</u>
Expenses:		
Salaries	1,256,202	1,154,350
Payroll taxes and benefits	113,419	108,849
Employee benefits	76,122	70,523
Laboratory	172,586	117,940
Professional fees	8,998	7,526
Outside services	150,147	167,993
Travel	13,664	11,911
Office supplies	18,645	21,176
Contraceptives and medical consumables	186,166	190,268
Education supplies and materials	24,715	16,693
Occupancy	105,286	72,977
Insurance	34,360	34,229
Minor equipment	8,351	3,875
Maintenance	34,028	33,238
Telephone	27,798	27,755
Postage and printing	27,947	28,308
Conferences and training	10,016	10,783
Dues and fees	46,163	46,672
Patient recruitment	75	87,599
Bad debts	40,314	54,644
Miscellaneous	14,003	4,795
Depreciation	<u>54,466</u>	<u>55,271</u>
Total expenses	<u>2,423,471</u>	<u>2,327,375</u>
Change in net assets	(29,777)	19,136
Net assets, beginning of year	<u>1,261,730</u>	<u>1,242,594</u>
Net assets, end of year	<u><u>\$ 1,231,953</u></u>	<u><u>\$ 1,261,730</u></u>

See notes to financial statements.

INC.
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 1998
(WITH COMPARATIVE TOTALS FOR 1997)

	<u>1998</u>	<u>1997</u>
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 751,780	\$ 354,030
Investments	230,641	213,152
Unrestricted – Unconditional Promises to Give	3,320	6,115
Accounts Receivable, Net	654,845	691,900
Inventory	99,419	95,652
Prepaid Expenses	<u>41,008</u>	<u>41,223</u>
Total Current Assets	1,781,013	1,402,072
 LAND, BUILDING AND EQUIPMENT, NET	 880,429	 895,823
 OTHER ASSETS		
Deposits	4,063	3,915
Financing Costs, Net	<u>2,546</u>	<u>4,347</u>
 TOTAL ASSETS	 <u>\$2,668,051</u>	 <u>\$2,306,157</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	\$ 146,303	\$ 121,307
Accrued Expenses and Payroll Withholdings	139,220	216,295
Cash Advances – New York State	260,174	44,657
Current Portion – Long Term Debt	31,342	216,013
Deferred Income	<u>32,103</u>	<u>15,490</u>
Total Current Liabilities	609,142	613,762
 OTHER LIABILITIES – LONG TERM DEBT, NET OF CURRENT PORTION	 <u>295,810</u>	 <u>146,727</u>
 TOTAL LIABILITIES	 <u>904,952</u>	 <u>760,489</u>
 NET ASSETS		
UNRESTRICTED:		
Designated by Board for Endowment Purposes	277,355	211,100
Designated by Board for Career Development	10,000	10,000
Undesignated, as Restated	<u>1,456,332</u>	<u>1,299,880</u>
Total Unrestricted Net Assets	1,743,687	1,520,980
TEMPORARILY RESTRICTED NET ASSETS	<u>19,412</u>	<u>24,688</u>
 TOTAL NET ASSETS	 <u>1,763,099</u>	 <u>1,545,668</u>
 TOTAL LIABILITIES AND NET ASSETS	 <u>\$2,668,051</u>	 <u>\$2,306,157</u>

See notes to financial statements.

INC.
STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 1998
(WITH COMPARATIVE TOTALS FOR 1997)

	<u>UNRESTRICTED</u>	<u>TEMPORARILY RESTRICTED</u>	<u>1998</u>	<u>1997</u>
PUBLIC SUPPORT AND REVENUE				
Public Support:				
Contributions	\$ 312,360	\$ -	\$ 312,360	\$ 255,750
Foundation Grants	90,898	17,365	108,263	23,450
Government Grants				
New York State	2,038,518	-	2,038,518	1,683,871
County	<u>22,765</u>	<u>-</u>	<u>22,765</u>	<u>18,856</u>
Total Public Support	<u>2,464,541</u>	<u>17,365</u>	<u>2,481,906</u>	<u>1,981,927</u>
Revenue:				
Medicaid	1,376,421	-	1,376,421	1,280,000
Sale of Medical and and Contraceptive Supplies	591,968	-	591,968	638,597
Patient Fees	1,275,204	-	1,275,204	1,284,086
Training and Education Programs	16,902	-	16,902	28,991
Investment Return	45,750	-	45,750	41,127
Miscellaneous Income	<u>5,038</u>	<u>-</u>	<u>5,038</u>	<u>6,605</u>
Total Revenue	<u>3,311,283</u>	<u>-</u>	<u>3,311,283</u>	<u>3,279,406</u>
Net Assets Released from Restrictions:				
Restrictions Satisfied by Payment	<u>22,641</u>	<u>(22,641)</u>	<u>-</u>	<u>-</u>
TOTAL SUPPORT AND REVENUE	<u>5,798,465</u>	<u>(5,276)</u>	<u>5,793,189</u>	<u>5,261,333</u>
EXPENSES				
Program Services	4,750,089	-	4,750,089	4,479,818
Management and General	719,224	-	719,224	632,690
Fund Raising	<u>106,445</u>	<u>-</u>	<u>106,445</u>	<u>118,623</u>
TOTAL EXPENSES	<u>5,575,758</u>	<u>-</u>	<u>5,575,758</u>	<u>5,231,131</u>
INCREASE (DECREASE) IN NET ASSETS	222,707	(5,276)	217,431	30,202
NET ASSETS BEGINNING OF YEAR, AS RESTATED	<u>1,520,980</u>	<u>24,688</u>	<u>1,545,668</u>	<u>1,515,466</u>
NET ASSETS END OF YEAR	<u>\$1,743,687</u>	<u>\$19,412</u>	<u>\$1,763,099</u>	<u>\$1,545,668</u>

See notes to financial statements.

ESTABLISHMENT CHECKLIST FOR AMBULATORY CARE SITES

PLANNED PARENTHOOD MOHAWK HUDSON, INC.

NATURE OF APPLICATION:

☐ PRIMARY CARE

☒ SPECIALTY

IF SPECIALTY-TYPE:

AUSPICE:

☒ NON PROFIT

☐ PROPRIETARY

☐ PUBLIC

AFFILIATIONS:

UNIT COST:

	<u>YEAR ONE</u>	<u>YEAR THREE</u>
OPERATING	\$171.40	\$169.19
CAPITAL	12.54	12.36
TOTAL	\$183.94	\$181.53

PAYOR SOURCE:

	<u>YEAR ONE</u>	<u>YEAR THREE</u>
MEDICAID-M/C	N/A	N/A
MEDICAID-FFS	34.95%	32.82%
MEDICARE-M/C	N/A	N/A
MEDICARE-FFS	N/A	N/A
COMMERCIAL	19.40%	20.03%
SELF PAY	45.65%	47.15%

June 29, 1999

Sal Cerqua
Senior Health Care Fiscal Analyst
New York State Department of Health
Bureau of Financial Analysis and Review
Hedley Park Place, 6th Floor
433 River Street
Troy, New York 12180

Re: 991143 - E
Planned Parenthood Mohawk Hudson, Inc.
(Oneida County)

Dear Mr. Cerqua:

This packet contains answers prepared in response to your questions. Due to the length and nature of the responses, questions 1 through 7 are dealt with as attachments to this cover letter.

Question 8: For all sites owned, provide any consents from the mortgagee if necessary, in relation to this merger.

Answer: No consents are required by any of our mortgagees.

Please contact either [REDACTED] or [REDACTED]
[REDACTED] if you need clarification.

Sincerely,

[REDACTED]
President/CEO
[REDACTED] Inc.

[REDACTED]
President/CEO
[REDACTED]

Response to Question #1

1. Provide supporting calculations for all reimbursement rate assumptions.

and [REDACTED] each receive grant funding from New York State and the federal Title X program to provide family planning services to low income women. The funding, which is expected to remain static, subsidizes the family planning care for women who do not qualify for Medicaid and do not have health insurance.

Medicaid rates are expected to remain frozen and Medicaid patient numbers will be static during the period covered by these calculations. [REDACTED] will be the surviving corporation in the merger, thus making the [REDACTED] Medicaid rate the surviving rate for Planned Parenthood Mohawk Hudson. The additional Medicaid revenues reflected in the calculations for the first full year of operation and the third full year of operation are the result of this change.

The calculations assume that patient numbers other than Medicaid will remain static in the first full year of operation and will then grow by 10% through the third year of operation.

In the first full year of operation, commercial insurance rates in many cases have been adjusted to reflect [REDACTED] higher rates. These rates reflect modest increases by the third full year of operation.

Fee schedule rates change in the first full year of operation to reflect the differences between the current [REDACTED] and [REDACTED] fee schedules. Those rates remain relatively static into the third full year of operation.

Question 1: 1999 Revenue Streams: Provide supporting calculations for all reimbursement rate assumptions

Current Year		Visits	Rate	Revenue
Medicaid				
Family Planning		2,932	63.46	186,065
Family Planning		5,785	99.38	574,913
HIV		1,289	57.71	74,388
HIV	*	2,820	68.16	192,211
	-- Regular	256	248.06	63,503
	-- Regular	837	310.24	259,671
	-- HMO	58	527.34	30,586
Family Planning -- HMO		262	143.71	37,652
PCAP		2,238	126.77	283,711
Primary Care		181	99.38	17,988
HIV Primary Care	*	1	71.16	71
Total		16,659		1,720,760
Commercial Insurance				
BC/BS Family Planning		521	42.49	22,137
BC/BS		32	243.75	7,800
All Others -- Family Planning		1,675	29.4	49,245
All Others -- Family Planning		6,021	147.27	886,713
All Others		70	197.14	13,800
All Others		370	683	252,710
All Others -- Primary Care	*	364	34.79	12,664
Total		9,053		1,245,068
Fee Schedule				
Full Fee -- Family Planning		648	31.89	20,665
Full Fee -- Family Planning (PPHSNNY)		405	165	66,825
Partial Fee -- Family Planning		8,463	31.87	269,716
Partial Fee -- Family Planning		11,163	56.05	625,686
Full Fee		203	312.55	63,448
Full Fee		236	429	101,244
Full Fee -- Primary Care	*	179	39.48	7,067
Total		21,297		1,154,650

* = average rate

Question 1: continued

First Full Year of Operation			
	Visits	Rate	Revenue
Medicaid			
Family Planning	8,368	99.38	831,612
HIV	4,109	68.16	280,069
██████ – Regular	1,093	310.24	339,092
██████ – HMO	58	526.96	30,564
Family Planning – HMO	262	143.71	37,652
PCAP	2,238	126.77	283,711
Primary Care	181	99.38	17,988
HIV Primary Care	1	71.16	71
Total	16,310		1,820,760
Commercial Insurance			
BC/BS Family Planning	521	147.27	76,728
BC/BS ██████	32	243.75	7,800
All Others – Family Planning	7,696	147.27	1,133,390
All Others – ██████	440	683	300,520
All Others – Primary Care	364	34.79	12,664
Total	9,053		1,531,101
Fee Schedule			
Full Fee – Family Planning	1,053	59.25	62,390
Partial Fee – Family Planning	19,626	44	863,544
Full Fee – ██████	439	400	175,600
Full Fee – Primary Care	179	39.48	7,067
Total	21,297		1,108,601

Third Full Year of Operation			
	Visits	Rate	Revenue
Medicaid			
Family Planning	8,368	99.38	831,612
HIV	4,109	68.16	280,069
██████ – Regular	1,093	310.24	339,092
██████ – HMO	58	526.96	30,564
Family Planning – HMO	262	143.71	37,652
PCAP	2,238	126.77	283,711
Primary Care	181	99.38	17,988
HIV Primary Care	1	71.16	71
Total	16,310		1,820,760
Commercial Insurance			
BC/BS Family Planning	573	162	92,840
BC/BS ██████	35	268.13	9,438
All Others – Family Planning	8,466	162	1,371,402
All Others – ██████	484	751.30	363,629
All Others – Primary Care	400	38.27	15,323
Total	9,958		1,852,632
Fee Schedule			
Full Fee – Family Planning	1,158	59.25	68,629
Partial Fee – Family Planning	21,589	42.31	913,414
Full Fee – ██████	483	400	193,160
Full Fee – Primary Care	197	39.73	7,823
Total	23,427		1,183,026

Response to Question #2

Certificate of Need Application

Schedule **8**

For Establishment/Construction Requiring Full Review*

Inpatient and Outpatient Services Utilization

Service Classification (1)	Utilization Measure (2)	Current Year	1st Full Year After Project Implementation	3rd Full Year After Project Implementation	Percent Out- Patient (6)
		to MO/YR (3)	to MO/YR (4)	to MO/YR (5)	
Medicaid					
Family Planning	Visits		14,977	14,977	100
██████████	Procedures		1,151	1,151	100
Primary Care	Visits		182	182	100
Insurance					
Family Planning	Visits		8,217	9,039	100
██████████	Procedures		472	519	100
Primary Care	Visits		364	400	100
Self Pay					
Family Planning	Visits		20,679	22,747	100
██████████	Procedures		439	483	100
Primary Care	Visits		179	197	100
TOTAL			46,660	49,695	100

*Last complete year prior to submitting application

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Response to Question #3

Response to Question #4

Question 4: Provide the pro forma balance sheet of Planned Parenthood Mohawk Hudson, Inc. Identify all assumptions utilized in its preparation.

Balance Sheet Planned Parenthood Mohawk Hudson

Assets

Cash, Cash Equivalents and Investments		1,776,821
Accounts Receivable, Net		820,154
	Government	362,274
	Client Accounts	492,880
Allowance for Uncollectable Client Accounts		35,000
Pledges Receivable, Net		3,320
Inventory, Prepaid Expenses, Other Current Assets		179,180
Land, Building & Equipment		1,350,689
Total Assets		4,130,164

Liabilities

Payables & Other Current Liabilities	802,068
Deferred Revenue	32,103
Mortgages	300,941
Total Liabilities	1,135,112

Net Assets

Unrestricted, Other than LBE	2,975,640
Temporarily Restricted	19,412
Subtotal: Expendable	2,995,052
Land, Building & Equipment	
Permanently Restricted	
Total: All Net Assets	2,995,052

Prepared 6/24/99 using [REDACTED] and [REDACTED] audits from 12 months ending 12/31/98

Response to Question #5

5. What is your strategic plan relative to providing diagnostic and treatment services in an escalating managed care environment? Provide a complete answer and indicate any current or proposed managed care contracts.

Both [REDACTED] and [REDACTED] have been aware for a number of years that managed care would have a major impact on the provision of health care services in New York State. Our strategic plan has been to contract with as many managed care organizations as possible so that all patients have access to our services. We will continue to approach new managed care organizations as they move into the area.

Current managed care contracts include the following:

Blue Cross/Blue Shield
Blue Shield HMOs
Capital District Physicians Health Net
Capital District PHP
CHP Capital Area
CHP
Compre-Care HUM
Empire BC/BS
GHI
HMO Blue
MetraHealth
MVP
Nova Medical Care
Northcare
Prepaid Health Plan
WellCare

Negotiations are underway with US Healthcare.

CERTIFICATE OF INCORPORATION OF

[REDACTED]
[REDACTED], PURSUANT TO
THE MEMBERSHIP CORPORATIONS LAW

WE, the undersigned, all being persons of full age, at least two-thirds being citizens of the United States, and at least one being a resident of the State of New York, desiring to form a membership corporation pursuant to the Membership Corporations Law of the State of New York, do hereby make, sign, acknowledge and file this Certificate of Incorporation.

First. The name of the proposed corporation is

"[REDACTED]";

Second. The purposes for which it is to be formed are as follows:

A. To provide leadership for the universal acceptance of family planning as an essential element of responsible parenthood, stable family life and social harmony -- through education for family planning; the provision of the necessary services; and the promotion of research in the field of human reproduction and to perform all other acts which may be required to carry out the above purposes.

B. To own and acquire land and to construct and erect buildings and to own and acquire personal property, records, rights, statistics, and any other property which in the opinion of the membership shall be necessary to carry out the purposes for which this corporation is formed.

Third. The territory in which its operations are to be conducted is the entire United States and its possessions and all foreign countries of the World.

Fourth. The principal office of the Corporation shall be located in the City of [REDACTED] County of [REDACTED] and State of New York.

Fifth. The number of Directors of the Corporation shall be not less than three (3) nor more than thirty-six (36).

Sixth. The names and places of residence of the persons to be Directors of the said Corporation until its first annual meeting, at least one of whom is a citizen of the United States and a resident of the State of New York:

[REDACTED]
[REDACTED]
[REDACTED]

This Certificate is executed in triplicate, and each is an original for all purposes.

IN WITNESS WHEREOF, We have hereunto set our hands and seals this 26th day of October, 1961.

STATE OF NEW YORK :
COUNTY OF SCHENECTADY : ss

On this 26th day of October, Nineteen Hundred and Sixty-one before me, the subscriber, personally appeared

[REDACTED]
to me personally known and known to me to be the same persons described in and who executed the within Instrument, and they severally acknowledged to me that they executed the same.

[Signature]
Notary Public

STATE OF NEW YORK :
 : ss
COUNTY OF SCHENECTADY :

On this 30th day of October, Nineteen Hundred and
Sixty-one before me, the subscriber, personally appeared



██████████ ██████████ ██████████ ██████████ ██████████ ██████████

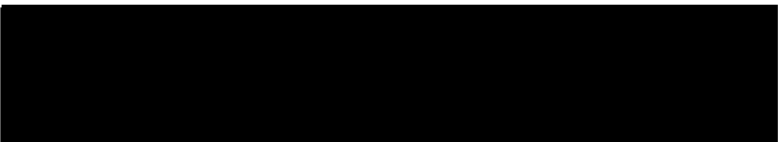
to me personally known and known to me to be the same persons
described in and who executed the within Instrument, and they
severally acknowledged to me that they executed the same.

Robert B. Smith

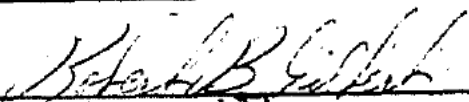
Notary Public

STATE OF NEW YORK :
 : ss
COUNTY OF SCHENECTADY :

 , being duly sworn,
deposes and says that he is the attorney for the subscribers
to the annexed Certificate of Incorporation, and that no
previous application for the approval of the Certificate by
any Justice of the Supreme Court has ever been made.


Sworn to before me this

30th day of October, 1961.


Notary Public

I, CHARLES M. HUGHES, a Justice of the Supreme
Court, Fourth Judicial District, hereby approve the foregoing
Certificate of Incorporation.

151 Charles M. Hughes

Justice of the Supreme Court

November 2
Dated ~~October~~, 1961.

991143 Need Analysis

PLANNED PARENTHOOD MOHAWK HUDSON

FINDING

Staff finds evidence of need for the application as proposed.

BACKGROUND

[REDACTED] Inc. ([REDACTED]) is a licensed diagnostic and treatment center located at 1424 Genesee Street, Utica, New York.

[REDACTED] operates three extension sites at the following locations:

[REDACTED] [REDACTED] [REDACTED]

[REDACTED] is licensed to provide the following services:

- [REDACTED]
- Health education
- Primary medical care
- Cancer detection
- Outpatient surgery
- Social work service
- Family planning
- Part-time clinics
- Venereal disease

[REDACTED] Inc. ([REDACTED]) is a licensed diagnostic and treatment center located at 414 Union Street, [REDACTED] New York.

[REDACTED] operates eight extension sites at the following locations:

[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

[REDACTED] is licensed to provide the following services:

- [REDACTED]
- Health education
- Prenatal
- Venereal disease
- Cancer detection
- Immunology
- Primary medical care
- Family planning
- Outpatient surgery
- Ultrasound

ANALYSIS AND CONCLUSION

The application requests approval to merge [REDACTED] Inc. and [REDACTED] Inc. into a single entity to be called Planned Parenthood Mohawk Hudson, Inc.

The new organization will cover twelve counties in upstate New York (Oneida, [REDACTED] [REDACTED] counties. The new entity will encompass thirteen health care centers.

The applicant claims that the merger is beneficial for the following reasons:

- The merger will nearly double the financial assets of the individual affiliates.
- The merger will help guarantee the survival of both organizations in a complex, competitive market.
- The combination of operations will improve service delivery.

From a need perspective, approval is recommended.



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

May 19, 1999

President
[Redacted]
1424 Genesee Street
Utica, New York 13502

RE: 991143 E
PLANNED PARENTHOOD MOHAWK HUDSON
(ONEIDA COUNTY)
MERGE [Redacted]

AND [Redacted]

Dear [Redacted]:

Review of the above application has revealed the need for the additional information requested in the enclosure. Please submit an original and six copies of your response to Robert J. Stackrow, Director, Bureau of Project Management, New York State Department of Health, Suite 303, 433 River Street, Troy, New York, 12180-2299 within 30 days of the date of this letter in accordance with 10 NYCRR 710.3(a). In preparing answers to the questions, please repeat each question and then provide the answer.

Processing of your application by the review unit which has requested this additional information cannot continue until the information is received and reviewed. Also, if this project requires review by the State Hospital Review and Planning Council, such review may have to be delayed if the requested information is not received promptly. Accordingly, you are encouraged to submit your response at your earliest opportunity. In this regard, be advised that a single faxed response to this request does not constitute a full and complete response and will not enable further processing.

If you have any question on the information being requested, please contact the individual identified on the enclosure.

Sincerely,

Robert J. Stackrow
Director
Bureau of Project Management

cc: [Redacted]

May 18, 1999

991143-E
Planned Parenthood
Mohawk Hudson, Inc.
(Oneida County)

The following questions have been prepared by the Bureau of Financial Analysis and Review. If additional information is needed, please contact Sal Cerqua at (518) 402-0953.

- 1) Provide supporting calculations for all reimbursement rate assumptions.
- 2) Provide Schedule 8, broken down by payor source, for the first and third year.
- 3) Provide the certification of incorporation of Planned Parenthood Mohawk Hudson, Inc.
- 4) Provide the pro forma balance sheet of Planned Parenthood Mohawk Hudson, Inc. Identify all assumptions utilized in its preparation.
- 5) What is your strategic plan relative to providing diagnostic and treatment services in an escalating managed care environment? Provide a complete answer and indicate any current or proposed managed care contracts.
- 6) Provide the 1997 and 1998 certified financial statements of [REDACTED] Inc. and [REDACTED] Inc.
- 7) Provide a description of all the leased sites, which should include the following: the address, lessor, base rental and the term. Indicate if landlord's consent is required for any of the sites.
- 8) For all sites owned, provide any consents from the mortgagee if necessary, in relation to this merger.



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York

April 27, 1999

[REDACTED]
President
[REDACTED]
[REDACTED]

1424 Genesee Street
Utica, New York 13502

RE: 991143 E
PLANNED PARENTHOOD MOHAWK HUDSON
(ONEIDA COUNTY)
MERGE [REDACTED]
[REDACTED]
AND [REDACTED]
[REDACTED] TO FORM PLANNED
PARENTHOOD MOHAWK HUDSON

Dear [REDACTED]:

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

The mandatory review of your project for the criteria of public need, financial feasibility, and character and competence as required by the Public Health Law may determine that the proposal is unapprovable. Therefore, prior to entering into any contractual commitments or commencing construction, the final determination of the Director of the OHSM, or Public Health Council if establishment is involved, must be obtained.

Sincerely,

Robert J. Stackrow
Director
Bureau of Project Management

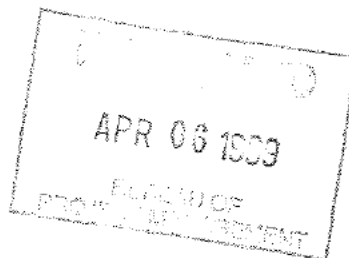
Enclosure



9 copies
No fee

April 2, 1999

New York State Department of Health
Office of Health Systems Management
Mr. Robert Stackrow, Director
Bureau of Project Management – Room 1717
Empire State Plaza, Corning Tower
Albany, New York 12237



Dear Mr. Stackrow:

Enclosed you will find the full review Certificate of Need Application in order to merge our two affiliates, [REDACTED]

[REDACTED] Inc. ([REDACTED]) and [REDACTED]
[REDACTED] Inc. ([REDACTED]) Nine copies of the application are enclosed.

The new affiliate, Planned Parenthood Mohawk Hudson, will cover twelve counties in New York State with thirteen health centers. As stated in the CON application, there will be no additional costs as a result of this merger.

If you have any questions, please call either of us at the following numbers:

[REDACTED] ([REDACTED]) or [REDACTED] ([REDACTED])

Sincerely,

[REDACTED]

Executive Director
[REDACTED]

[REDACTED]

President/CEO
[REDACTED]

BOARD OF DIRECTORS' LIST

OFFICERS

CHAIR



SECRETARY



1ST VICE CHAIR



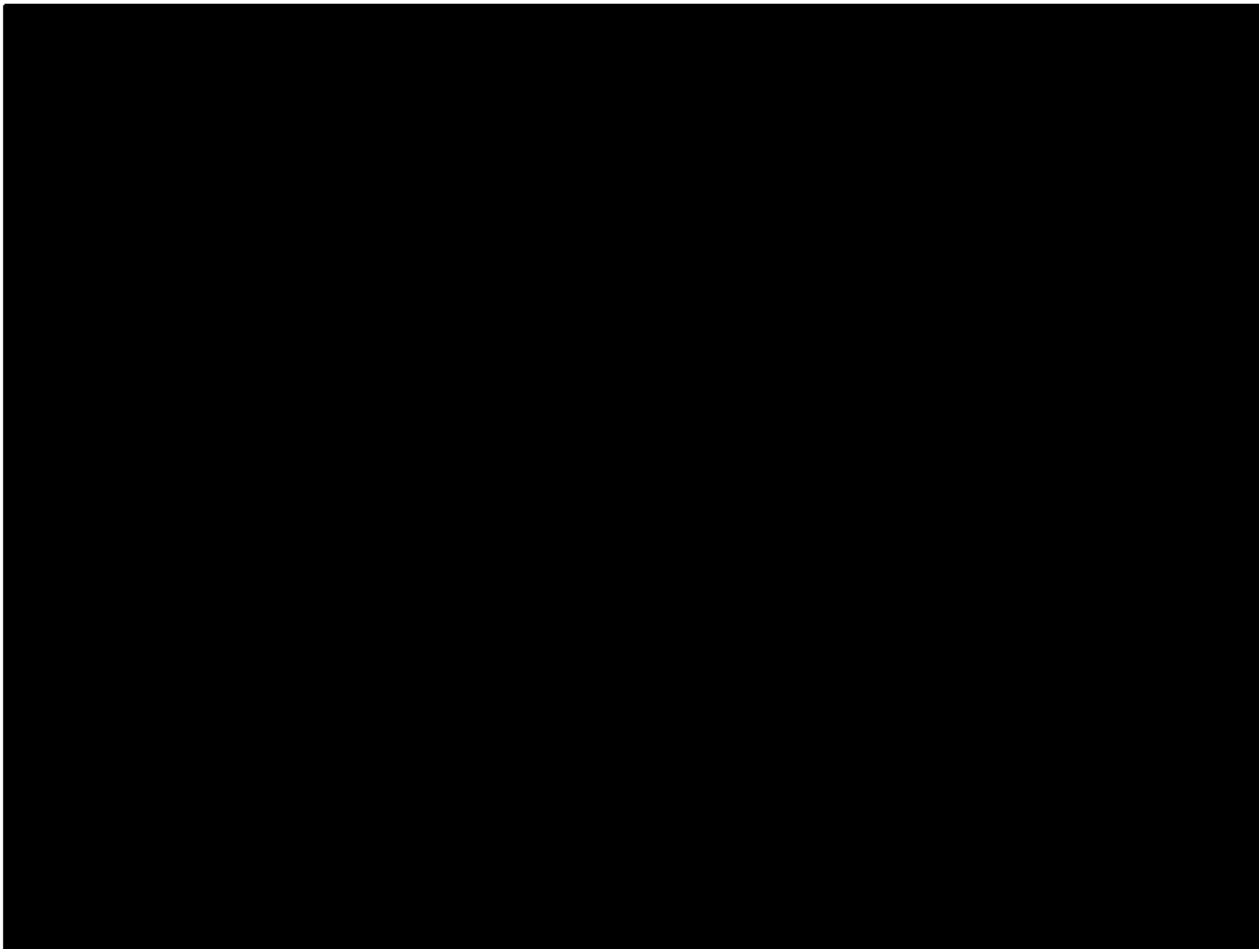
TREASURER



2ND VICE CHAIR



MEMBERS



PLANNED PARENTHOOD ASSOCIATION OF THE MOHAWK VALLEY
BOARD OF DIRECTORS' LIST

OFFICERS

PRESIDENT



SECRETARY



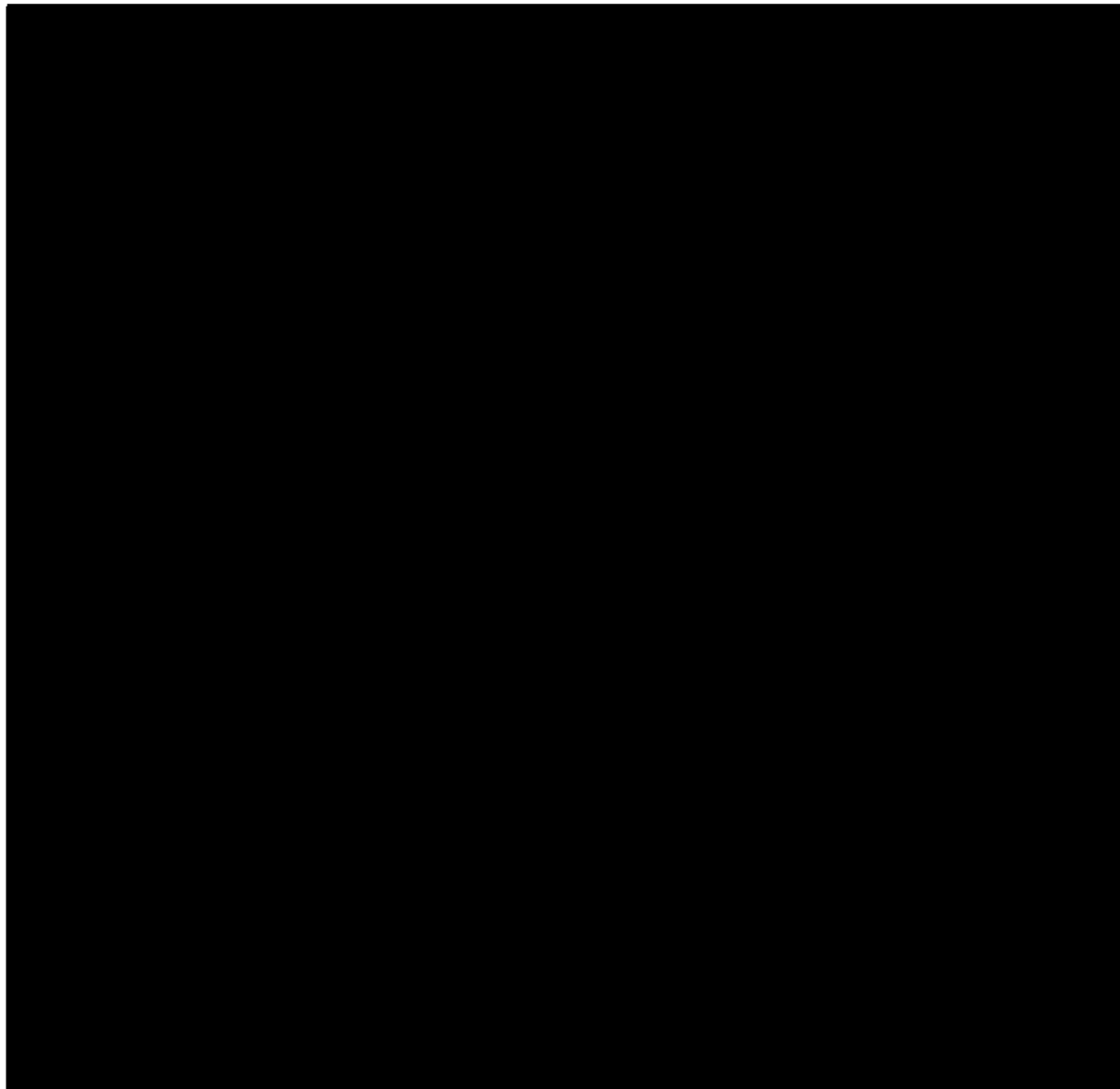
VICE PRESIDENT



TREASURER



MEMBERS



Certificate of Need Application

For Establishment/Construction Requiring Full Review*

General Information
Page 1 of 2

General Information

991143

I Facility Identification

OPERATING CERTIFICATE NO.	FACILITY NAME	PHONE NO.
	Mohawk Valley	832
FACILITY ADDRESS — STREET & NUMBER		NAME AND TITLE OF CONTACT PERSON
1424 Genesee Street		(President) or (Exec. Director)
CITY	COUNTY	ZIP
Utica	Oneida	13502
NAME OF OPERATOR		STREET AND NUMBER
same as above		1424 Genesee Street
CITY	STATE	ZIP
Utica	NY	13502
STREET AND NUMBER		TELEPHONE NUMBER
CITY	STATE	ZIP
NAME OF ADMINISTRATOR		
or		
Address of the site/location of the proposed activity: (attach sketch if appropriate)		

II Project Outline

Total Project Description: Merging two family planning agencies: and PPHSNNY

Facility Type Code J

CODE	PROPOSED SOLUTION/ACTION	CODE	FUNCTIONAL AREAS/SERVICES BED TYPES AFFECTED	MFP RANKING
(1)	(2)	(3)	(4)	(5)
A	Establishment	401	O/P	
		404	Cancer Detection	
		418	Prenatal O/P	
		419	Primary Medical Care O/P	
		429	Venereal Disease O/P	
		415	Outpatient Surgery	
		471	Family Planning O/P	
		472	Health Education O/P	
		411	Immunology	
		508	Ultrasound	
		479	Social Work Service O/P	

III Board Resolution and Authorizing Signature

- Board resolution for Corporation Applicants... ☒ Attached ☐ Not Required

• Authorizing Signature: The undersigned hereby certifies under penalty of perjury I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto, except that relating to Schedule 10, Space and Construction Cost Distribution, Schedule 16, Assurances, Schedule 17, Environmental Assessment, and Schedules 19 through 24 of the Establishment Section (which must be individually certified), is accurate, true and complete in all material respects. I further acknowledge that the application will be processed pursuant to the provisions of Article 28 of the Public Health Law and the pertinent regulations adopted thereto including, but not limited to Parts 600, 709 and 710 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.

3/24/99

3/24/99

DATE

SIGNATURE

PRINT OR TYPE NAME

TITLE

EXECUTIVE DIRECTOR

PRESIDENT/CEO

* Do not use the master copy. Photocopy master and then complete copy.

General Information Section*

General Information
Page 2 of 2

IV Project & Subproject Cost

TOTAL	SUB PROJECT 1	SUB PROJECT 2	SUB PROJECT 3
Project/Subproject Cost (from schedule 4A or 4B, column (3), line 8)			
\$	\$	\$	\$
Total Basic Cost of Construction (from schedule 4A or 4B, column (3), line 6)			
\$	\$	\$	\$
Total Cost of Moveable Equipment (from schedule 4A, or 4B, column (3), line 5)			
\$	\$	\$	\$
Cost/SF New Construction (from schedule 10)			
\$	\$	\$	\$
Cost/SF Renovation Construction (from Schedule 10)			
\$	\$	\$	\$
Total Incremental Operating Cost Current 1st to 1st to 3rd (from schedule 6A, 6B, or 6C)			
\$	\$	\$ 408,717	\$ 429,152
Type of Financing (from schedule 5)			
\$	\$	\$	\$
Percentage Financed (from schedule 5)			
\$	\$	\$	\$
Depreciation Life			
\$	\$	\$	\$

V Construction Dates

Anticipated Construction Start Date

(from Schedule 4A)

N/A, / /

Anticipated Construction Completion Date

(from Schedule 4A)

/ /

VI General Questionnaire

- | | | |
|--|-----|----|
| | YES | NO |
|--|-----|----|
- Do all of the components and solutions contained in this project appear in the 1983 Capital Needs Assessment Inventory (CNA) or Services Capital Needs Inventory (SCNI)? X
If yes, enter year
If no, explain in attachment # (emergency, minor entity...).
 - Have you submitted a Long Range Capital Plan to the Bureau of Architectural and Engineering Review? X
If yes, date of submission
If no, explain in attachment # N/A
 - Is this proposal consistent with the Long Range Capital Plan? X
If no, explain in attachment #
 - Have you submitted a debt capacity study to the Department? X
If yes, date of submission
 - Have all the solutions contained in this project been ranked in the Regional/State Medical Facility Plan? X
Note: This issue must be addressed in Schedule 3.
 - Has a site visit been conducted by the Office of Health Systems Management? X
If yes, date of last site visit 1997
 - Has the Capital, Architectural and Program Alternatives (CAPA) review process with the Office of Health Systems Management been completed? X
If no, and if the total basic cost of construction of your proposal exceeds \$15,000,000, contact this Department before filing an application.
 - Have you submitted an Architectural Alternative Report to the Department? X
If yes, date of submission

Certificate of Need Application

For Establishment/Construction Requiring Full Review*

Schedule **1**

Checklist of Schedules

Schedule No.	Schedule Name	Submitted	Not Required
1	Checklist of Schedules	X	
2	Project Narrative	X	
3	Community Need	X	
4A	Total Project Cost		X
4B	Subproject Cost		X
5	Proposed Plan for Project Financing		X
6A	Annual Operating Costs		X
6B	RHCF Statement of Functional Expenses		X
6C	D & T Center Annual Allocation of Operating Costs	X	
7A	Annual Operating Revenues		X
7B	RHCF Analysis of Net Patient Revenue & Total Operating Revenue		X
7C	D & T Center Statement of Revenue	X	
8	Inpatient & Outpatient Services Utilization		X
9	Utilization/Discharge & Patient Days		X
10	Space and Construction Cost Distribution		X
10A	RHCF Space and Construction Cost Distribution		X
11A	Architectural Submission		X
11B	Construction Timetable		X
11C	Architectural Alternatives		X
12	Moveable Equipment		X
13A	Certified Services		X
13B	RHCF Rehabilitation & Non-Occupant Services		X
14	Bed Components		X
15	Staffing		X
16	Assurances	X	
17	Environmental Assessment		X
18	Facility Access		X
19	Personal Financial Statement	X	
20	Personal Qualifying Information	X	
21	Disclosure of Applicant's and Relatives' Interests in Other Facilities	X	
22	Corporation, Bank and/or Savings and Loan Association with a Real Property Interest in the Facility	X	
23	Partnership, Syndication and/or Other Group with a Real Property Interest in the Facility		X
24	Private Person with a Real Property Interest in the Facility	X	

Certificate of Need Application

Schedule **2**

For Establishment/Construction Requiring Full Review *

Project Narrative

[REDACTED] Inc. and [REDACTED] Inc. propose to merge into a single entity to be called Planned Parenthood Mohawk Hudson. This new organization will cover 12 counties in upstate New York (Oneida, [REDACTED] counties) and offer health services at 13 centers.

Merger will nearly double the financial assets of the individual affiliates and bring together diverse staff expertise. That combination will improve the possibilities for investment in creative, responsive service delivery.

Merger between two health affiliates will help guarantee the survival of both in a complex, competitive health care environment.

There are no immediate plans for additions to physical plants or services. There are no construction additions or deletions.

* Do not use the master copy. Photocopy master and then complete copy.

Certificate of Need Application

For Establishment/Construction Requiring Full Review*

Schedule **3**

Page 1 of 2

Community Need

Public Need Summary:

Briefly summarize on this schedule. In the space provided, why the project is needed. Append additional narrative as necessary; however this summary must be completed, as applicable.

1. Describe the relationship to the most recently adopted Medical Facility Plan

Not applicable

2. Identify the relevant service area.

The areas to be served are [REDACTED], Oneida, [REDACTED], and [REDACTED] counties.

3. Describe qualitatively the characteristics of the population to be served. (see 8. next page).

This new affiliate will serve predominately poor women aged 15-44 years old in the twelve counties mentioned above. The large geographic spread of this new organization will encompass urban, suburban, and rural communities. The population per square mile in this region is sparse with significant pockets of poverty.

4. Indicate the proposed demand for this service, currently and five years into the future.

The most recent information from the Alan Guttmacher Institute indicates that only 34% of the 66,000 women in need of publicly supported contraceptive services are currently being served at public family planning clinics in the 12 counties served by this new affiliate. That leaves a target population of greater than 40,000 women. Five years into the future, significant numbers of women will still require publicly supported reproductive health services at the clinics run by the two merging affiliates.

(Continued next page)

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Public Need Summary*

Schedule **3**

Page 2 of 2

5. Describe where and how the population to be served currently receives the service(s) proposed. The target population is currently being served in numerous ways and at several location. A full range of reproductive health services is being provided at medical centers in Oneida, [REDACTED] and [REDACTED] WIC clinics are held at 20 locations in [REDACTED] and [REDACTED] counties. Community education programs are held at hundreds of locations including schools, clubs, prisons, churches, etc.
6. Indicate the benefits to the target population from this project.

The target population can expect to receive greater consistency of medical services over a broader geographic spread. They can also expect access to a greater number of services eventually.

7. Describe the consequences to the population to be served if this project is not implemented.

The target population will still be served by the two agencies -- just not as effectively. Without the merger, the target population can expect two less stable organizations with greater limitations on their capacity to meet community needs.

8. A. Total Population Distribution (See factor #3 of instructions)						
Current Year (1999)				5 Year Projection (2004)		
Age	Male	Female	TOTAL	Male	Female	TOTAL
0-4 Years						
5-9 Years						
10-14 Years	38,567	35,862	74,429	39,338	36,579	75,967
15-44 Years	233,370	219,801	453,171	238,037	224,197	462,234
45-64 Years						
65+ Years						
TOTAL						

B. Ambulatory Care Service Registrants

(See factor #10 of instructions)

Ambulatory Care Service Registrants	Registrant Rate Per 1,000 Population	Number of Registrants Projected
First Year		
Second Year		
Third Year		

* Do not use the master copy.
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Certificate of Need Application

Schedule **6C**

For Establishment/Construction Requiring Full Review*

Page 1 of 4

D & T Center Annual Allocation of Operating Costs

This schedule consists of 4 pages (9 columns and lines 328-384)
to be completed for the current, first and third year of operation.

Set No: 1

See Page 2 of this schedule

Current year for both

1999

Inc.

	Salary and Wages (II)	Employee Benefits (2)	Purchased Contract & Services (3)	Supplies (4)	Line No.
TOTAL ADJUSTED COSTS	4,402,387	888,095	326,292	516,697	328
I. Core Cost Centers					
a. Administration	731,610	144,751	58,975	17,320	329
b. Facility					330
c. Patient Transportation					331
Subtotal	731,610	144,751	58,975	17,320	332
II. Patient Care Cost Centers					
a. Multi-service, Child Health					
1. Medical					333
2. Dental					334
3. Laboratory					335
4. X-Ray					336
5. Pharmacy					337
6. Mental Health					338
7. Rehab. Therapies					339
8. Other Health	338,680	61,946	2,600	10,000	340
TOTAL (I & IIa)	1,070,290	206,697	61,575	27,320	341
b. Family Planning					
1. Reproductive Health Care	2,565,954	515,898	30,592	428,752	342
2. Laboratory					343
3. Pregnancy Counseling					344
4. Community Service	620,087	135,439	137,075	19,335	345
TOTAL (I & IIb)	3,917,651	796,088	226,642	465,407	346
c. [REDACTED]					
1. Medical					347
2. Laboratory					348
3. Other Surgical & Related Services					349
4. Intake & Screening					350
TOTAL (I & IIc)					351
d. Cerebral Palsy & Rehab.					
1. Medical					352
2. Dental					353
3. Speech & Hearing					354

Columns continue with column 5 on page 1 of this schedule.
Lines continue with line 355 on pages 3 and 4 of this schedule.

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

NYS DOH/OHSM Certificate of Need Application
D & T Center Annual Allocation of Operating Costs
 Columns 5 through 9; Lines 328 through 354 *

Schedule **6C**

Page 2 of 4

Set No: 1

This data is identified as SET NO. 1

Enter a data Set Number in the box at left (see arrow) on each of the four pages of this schedule. Enter the identifying information for that data set in this enclosure. Check box for the appropriate year.

☒ Current Year Ended 12 / 99

☐ First Year Ended ____ / ____ ☐ Third Year Ended ____ / ____

Line No.	General Costs	Donations	Total Before Distribution	Distribution of Facility Costs	Total After Distribution	
	(5)	(6)	(7)	(8)	(9)	
328	1,441,986	41,677	7,617,134	557,198	8,174,332	TOTAL ADJUSTED COSTS
						I. Core Cost Centers
329	460,703		1,413,359	105,880	1,519,239	a. Administration
330						b. Facility
331						c. Patient Transportation
332	460,703		1,413,359	105,880	1,519,239	Subtotal
						II. Patient Care Cost Centers
						a. Multi-service, Child Health
333						1. Medical
334						2. Dental Service
335						3. Laboratory
336						4. X-Ray
337						5. Pharmacy
338						6. Mental Health
339						7. Rehab. Therapies
340	18,014		431,240	46,148	477,388	8. Other Health
341	478,717		1,844,599	152,028	1,996,627	TOTAL (I & IIa)
						b. Family Planning
342	301,375	41,677	3,884,248	290,412	4,174,660	1. Reproductive Health Care
343						2. Laboratory
344						3. Pregnancy Counseling
345	322,394		1,234,330	73,672	1,308,002	4. Community Service
346	1,084,472	41,677	6,531,937	469,964	7,001,901	TOTAL (I & IIb)
						c. [REDACTED]
347						1. Medical
348						2. Laboratory
349						3. Other Surg. & Related Serv.
350						4. Intake & Screening
351						TOTAL (I & IIc)
						d. Cerebral Palsy & Rehab.
352						1. Medical
353						2. Dental
354						3. Speech & Hearing

Columns 1 to 4 appear in pages 1 and 3 of this schedule.
 Lines continue on pages 3 and 4.

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NYS DOH/OHSM Certificate of Need Application
D & T Center Annual Allocation of Operating Costs

Schedule **6C**

Columns 1 through 4; Lines 355 to 384 *

Page 3 of 4

Set No: 1

See Page 2 of this schedule

	Salary and Wages (1)	Employee Benefits (2)	Purchased Contract & Services (3)	Supplies (4)	Line No.
d. Cerebral Palsy & Rehab. (continued)					
4. Physical Therapy					355
5. Occupational Therapy					356
6. Other Therapies					357
7. Mental Health					358
8. Medical Social Services					359
TOTAL (I & II d)					360
e. Methadone Maint. Treatment Program					
1. Medical					361
2. Mental Health					362
3. Dispensing					363
TOTAL (I & II e)					364
f. Hemodialysis					
1. Medical					365
2. Chronic Dialysis					366
3. Home Dialysis					367
4. Peritoneal Dialysis					368
TOTAL (I & II f)					369
g. Dental					
1. Dental Services					370
2. Dental Laboratory					371
TOTAL (I & II g)					372
h. Speech & Hearing					
1.					373
2.					374
3.					375
TOTAL (I & II h)					376
i. Drug Free					
1.					377
2.					378
3.					379
TOTAL (I & II i)					380
j. Hemophilia					
1.					381
2.					382
3.					384
TOTAL (I & II j)					389

Columns 5 to 9 continue on pages 2 and 4.
 Line 389 is the last line.

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NYS DOH/OHSM Certificate of Need Application
D & T Center Annual Allocation of Operating Costs
 Columns 5 through 9; Lines 355 to 384 *

Schedule **6C**

Page 4 of 4

Set No: 1

See Page 2 of this schedule

Line No.	General Costs (5)	Donations (6)	Total Before Distribution (7)	Distribution of Facility Costs (8)	Total After Distribution (9)	
						Cerebral Palsy & Rehab. (cont.)
355						4. Physical Therapy
356						5. Occupational Therapy
357						6. Other Therapies
358						7. Mental Health
359						8. Medical Social Services
360						TOTAL (I & IId)
						e. Methadone Maint. Treat. Prog.
361						1. Medical
362						2. Mental Health
363						3. Dispensing
364						TOTAL (I & IIe)
						f. Hemodialysis
365						1. Medical
366						2. Chronic Dialysis
367						3. Home Dialysis
368						4. Peritoneal Dialysis
369						TOTAL (I & IIIf)
						g. Dental
370						1. Dental Services
371						2. Dental Laboratory
372						TOTAL (I & IIg)
						h. Speech & Hearing
373						1.
374						2.
375						3.
376						TOTAL (I & IIh)
						i. Drug Free
377						1.
378						2.
379						3.
380						TOTAL (I & IIi)
						j. Hemophilia
381						1.
382						2.
384						3.
389						TOTAL (I & IIj)

End of Schedule

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Certificate of Need Application

Schedule **6C**

For Establishment/Construction Requiring Full Review*

Page 1 of 4

D & T Center Annual Allocation of Operating Costs

This schedule consists of 4 pages (9 columns and lines 328-384)
to be completed for the current, first and third year of operation.

Set No: 2

See Page 2 of this schedule

1st year ended 12/2000

	Salary and Wages (1)	Employee Benefits (2)	Purchased Contract & Services (3)	Supplies (4)	Line No.
TOTAL ADJUSTED COSTS	4,622,506	932,500	342,607	542,532	328
I. Core Cost Centers					
a. Administration	768,191	151,989	61,924	18,186	329
b. Facility					330
c. Patient Transportation					331
Subtotal	768,191	151,989	61,924	18,186	332
II. Patient Care Cost Centers					
a. Multi-service, Child Health					
1. Medical					333
2. Dental					334
3. Laboratory					335
4. X-Ray					336
5. Pharmacy					337
6. Mental Health					338
7. Rehab. Therapies					339
8. Other Health	355,614	65,043	2,730	10,500	340
TOTAL (I & IIa)	1,123,805	217,032	64,654	28,686	341
b. Family Planning					
1. Reproductive Health Care	2,694,252	541,693	32,122	450,190	342
2. Laboratory					343
3. Pregnancy Counseling					344
4. Community Service	651,091	142,211	143,929	20,302	345
TOTAL (I & IIb)	4,113,534	835,892	237,974	488,677	346
c. [REDACTED]					
1. Medical					347
2. Laboratory					348
3. Other Surgical & Related Services					349
4. Intake & Screening					350
TOTAL (I & IIc)					351
d. Cerebral Palsy & Rehab.					
1. Medical					352
2. Dental					353
3. Speech & Hearing					354

Columns continue with column 5 on page 1 of this schedule.
Lines continue with line 355 on pages 3 and 4 of this schedule.

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NYS DOH/OHSM Certificate of Need Application
D & T Center Annual Allocation of Operating Costs

Schedule **6C**

Columns 5 through 9; Lines 328 through 354 *

Page 2 of 4

Set No: 2

This data is identified as SET NO. 2

Enter a data Set Number in the box at left (see arrow) on each of the four pages of this schedule. Enter the identifying information for that data set in this enclosure. Check box for the appropriate year.

☐ Current Year Ended ____ / ____

☒ First Year Ended 12 / 2000 ☐ Third Year Ended ____ / ____

Line No.	General Costs (5)	Donations (6)	Total Before Distribution (7)	Distribution of Facility Costs (8)	Total After Distribution (9)	
328	1,514,085	43,761	7,997,991	585,058	8,583,049	TOTAL ADJUSTED COSTS
329	483,738		1,484,027	111,174	1,595,201	I. Core Cost Centers
330						a. Administration
331						b. Facility
332	483,738		1,484,027	111,174	1,595,201	c. Patient Transportation.
						Subtotal
						II. Patient Care Cost Centers
333						a. Multi-service, Child Health
334						1. Medical
335						2. Dental Service
336						3. Laboratory
337						4. X-Ray
338						5. Pharmacy
339						6. Mental Health
340	18,915		452,802	48,455	501,257	7. Rehab. Therapies
341	502,653		1,936,829	159,629	2,096,458	8. Other Health
						TOTAL (I & IIa)
						b. Family Planning
342	316,444	43,761	4,078,460	304,933	4,383,393	1. Reproductive Health Care
343						2. Laboratory
344						3. Pregnancy Counseling
345	338,514		1,296,047	77,356	1,373,402	4. Community Service
346	1,138,696	43,761	6,858,534	493,462	7,351,996	TOTAL (I & IIb)
						c. [REDACTED]
347						1. Medical
348						2. Laboratory
349						3. Other Surg. & Related Serv.
350						4. Intake & Screening
351						TOTAL (I & IIc)
						d. Cerebral Palsy & Rehab.
352						1. Medical
353						2. Dental
354						3. Speech & Hearing

Columns 1 to 4 appear in pages 1 and 3 of this schedule.
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NYS DOH/OHSM Certificate of Need Application
D & T Center Annual Allocation of Operating Costs

Schedule **6C**

Columns 1 through 4; Lines 355 to 384 *

Page 3 of 4

Set No: 2

See Page 2 of this schedule

	Salary and Wages	Employee Benefits	Purchased Contract & Services	Supplies	Line No.
	(1)	(2)	(3)	(4)	
d. Cerebral Palsy & Rehab. (continued)					
4. Physical Therapy					355
5. Occupational Therapy					356
6. Other Therapies					357
7. Mental Health					358
8. Medical Social Services					359
TOTAL (I & IId)					360
e. Methadone Maint. Treatment Program					
1. Medical					361
2. Mental Health					362
3. Dispensing					363
TOTAL (I & IIe)					364
f. Hemodialysis					
1. Medical					365
2. Chronic Dialysis					366
3. Home Dialysis					367
4. Peritoneal Dialysis					368
TOTAL (I & IIIf)					369
g. Dental					
1. Dental Services					370
2. Dental Laboratory					371
TOTAL (I & IIg)					372
h. Speech & Hearing					
1.					373
2.					374
3.					375
TOTAL (I & IIh)					376
i. Drug Free					
1.					377
2.					378
3.					379
TOTAL (I & IIIi)					380
j. Hemophilia					
1.					381
2.					382
3.					384
TOTAL (I & IIIj)					389

Columns 5 to 9 continue on pages 2 and 4.
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NYS DOH/OHSM Certificate of Need Application
D & T Center Annual Allocation of Operating Costs
 Columns 5 through 9; Lines 355 to 384 *

Schedule **6C**

Page 4 of 4

Set No: 2

See Page 2 of this schedule

Line No.	General Costs (5)	Donations (6)	Total Before Distribution (7)	Distribution of Facility Costs (8)	Total After Distribution (9)	
						Cerebral Palsy & Rehab. (cont.)
355						4. Physical Therapy
356						5. Occupational Therapy
357						6. Other Therapies
358						7. Mental Health
359						8. Medical Social Services
360						TOTAL (I & II d)
						e. Methadone Maint. Treat. Prog.
361						1. Medical
362						2. Mental Health
363						3. Dispensing
364						TOTAL (I & II e)
						f. Hemodialysis
365						1. Medical
366						2. Chronic Dialysis
367						3. Home Dialysis
368						4. Peritoneal Dialysis
369						TOTAL (I & II f)
						g. Dental
370						1. Dental Services
371						2. Dental Laboratory
372						TOTAL (I & II g)
						h. Speech & Hearing
373						1.
374						2.
375						3.
376						TOTAL (I & II h)
						i. Drug Free
377						1.
378						2.
379						3.
380						TOTAL (I & II i)
						j. Hemophilia
381						1.
382						2.
384						3.
389						TOTAL (I & II j)

End of Schedule

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Certificate of Need Application

Schedule **6C**

For Establishment/Construction Requiring Full Review*

Page 1 of 4

D & T Center Annual Allocation of Operating Costs

This schedule consists of 4 pages (9 columns and lines 328-384)
to be completed for the current, first and third year of operation.

Set No: 3

See Page 2 of this schedule 3rd year ended 12/2002

	Salary and Wages	Employee Benefits	Purchased Contract & Services	Supplies	Line No.
	(1)	(2)	(3)	(4)	
TOTAL ADJUSTED COSTS	4,853,632	979,125	359,737	569,658	328
I. Core Cost Centers					
a. Administration	806,600	159,588	65,020	19,095	329
b. Facility					330
c. Patient Transportation					331
Subtotal	806,600	159,588	65,020	19,095	332
II. Patient Care Cost Centers					
a. Multi-service. Child Health					
1. Medical					333
2. Dental					334
3. Laboratory					335
4. X-Ray					336
5. Pharmacy					337
6. Mental Health					338
7. Rehab. Therapies					339
8. Other Health	373,395	68,295	2,867	11,025	340
TOTAL (I & IIa)	1,179,995	227,883	67,886	30,120	341
b. Family Planning					
1. Reproductive Health Care	2,828,964	568,778	33,728	472,699	342
2. Laboratory					343
3. Pregnancy Counseling					344
4. Community Service	683,646	149,321	151,125	21,317	345
TOTAL (I & IIb)	4,319,210	877,687	249,873	513,111	346
c. [REDACTED]					
1. Medical					347
2. Laboratory					348
3. Other Surgical & Related Services					349
4. Intake & Screening					350
TOTAL (I & IIc)					351
d. Cerebral Palsy & Rehab.					
1. Medical					352
2. Dental					353
3. Speech & Hearing					354

Columns continue with column 5 on page 1 of this schedule.
Lines continue with line 355 on pages 3 and 4 of this schedule.

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NYS DOH/OHSM Certificate of Need Application
D & T Center Annual Allocation of Operating Costs
 Columns 5 through 9; Lines 328 through 354 *

Schedule **6C**

Page 2 of 4

Set No: 3

This data is identified as SET NO. 3

Enter a data Set Number in the box at left (see arrow) on each of the four pages of this schedule. Enter the identifying information for that data set in this enclosure. Check box for the appropriate year.

☐ Current Year Ended ____ / ____
☐ First Year Ended ____ / ____ ☒ Third Year Ended 12 / 2002

Line No.	General Costs (5)	Donations (6)	Total Before Distribution (7)	Distribution of Facility Costs (8)	Total After Distribution (9)	
328	1,589,790	45,949	8,397,890	614,311	9,012,201	TOTAL ADJUSTED COSTS
						I. Core Cost Centers
329	507,925		1,558,228	116,733	1,674,961	a. Administration
330	390,380		390,380			b. Facility
331						c. Patient Transportation
332	898,305		1,948,608	116,733	1,674,961	Subtotal
						II. Patient Care Cost Centers
						a. Multi-service, Child Health
333						1. Medical
334						2. Dental Service
335						3. Laboratory
336						4. X-Ray
337						5. Pharmacy
338						6. Mental Health
339						7. Rehab. Therapies
340	19,860		475,442	50,878	526,320	8. Other Health
341	918,165		2,424,050	167,611	2,201,281	TOTAL (I & IIa)
						b. Family Planning
342	332,266	45,949	4,282,383	320,179	4,602,563	1. Reproductive Health Care
343						2. Laboratory
344						3. Pregnancy Counseling
345	355,439		1,360,849	81,223	1,442,072	4. Community Service
346	1,586,010	45,949	7,591,841	518,135	7,719,596	TOTAL (I & IIb)
						c. [REDACTED]
347						1. Medical
348						2. Laboratory
349						3. Other Surg. & Related Serv.
350						4. Intake & Screening
351						TOTAL (I & IIc)
						d. Cerebral Palsy & Rehab.
352						1. Medical
353						2. Dental
354						3. Speech & Hearing

Columns 1 to 4 appear in pages 1 and 3 of this schedule.
 Lines continue on pages 3 and 4.

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NYS DOH/OHSM Certificate of Need Application
D&T Center Annual Allocation of Operating Costs

Columns 1 through 4; Lines 355 to 384 *

Schedule **6C**

Page 3 of 4

Set No: 3

See Page 2 of this schedule

	Salary and Wages (1)	Employee Benefits (2)	Purchased Contract & Services (3)	Supplies (4)	Line No.
d. Cerebral Palsy & Rehab. (continued)					
4. Physical Therapy					355
5. Occupational Therapy					356
6. Other Therapies					357
7. Mental Health					358
8. Medical Social Services					359
TOTAL (I & IId)					360
e. Methadone Maint. Treatment Program					
1. Medical					361
2. Mental Health					362
3. Dispensing					363
TOTAL (I & IIe)					364
f. Hemodialysis					
1. Medical					365
2. Chronic Dialysis					366
3. Home Dialysis					367
4. Peritoneal Dialysis					368
TOTAL (I & IIIf)					369
g. Dental					
1. Dental Services					370
2. Dental Laboratory					371
TOTAL (I & IIg)					372
h. Speech & Hearing					
1.					373
2.					374
3.					375
TOTAL (I & IIh)					376
i. Drug Free					
1.					377
2.					378
3.					379
TOTAL (I & IIIi)					380
j. Hemophilia					
1.					381
2.					382
3.					384
TOTAL (I & IIj)					389

Columns 5 to 9 continue on pages 2 and 4.
 Line 389 is the last line.

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

NYS DOH/OHSM Certificate of Need Application
D & T Center Annual Allocation of Operating Costs
 Columns 5 through 9; Lines 355 to 384 *

Schedule **6C**

Page 4 of 4

Set No: 3

See Page 2 of this schedule

Line No.	General Costs (5)	Donations (6)	Total Before Distribution (7)	Distribution of Facility Costs (8)	Total After Distribution (9)	
						Cerebral Palsy & Rehab. (cont.)
355						4. Physical Therapy
356						5. Occupational Therapy
357						6. Other Therapies
358						7. Mental Health
359						8. Medical Social Services
360						TOTAL (I & II d)
						e. Methadone Maint. Treat. Prog.
361						1. Medical
362						2. Mental Health
363						3. Dispensing
364						TOTAL (I & II e)
						f. Hemodialysis
365						1. Medical
366						2. Chronic Dialysis
367						3. Home Dialysis
368						4. Peritoneal Dialysis
369						TOTAL (I & II f)
						g. Dental
370						1. Dental Services
371						2. Dental Laboratory
372						TOTAL (I & II g)
						h. Speech & Hearing
373						1.
374						2.
375						3.
376						TOTAL (I & II h)
						i. Drug Free
377						1.
378						2.
379						3.
380						TOTAL (I & II i)
						j. Hemophilia
381						1.
382						2.
384						3.
389						TOTAL (I & II j)

End of Schedule

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Certificate of Need Application

For Establishment/Construction Requiring Full Review *

Schedule **7C**

Diagnostic & Treatment Center Statement of Revenue

1999 current year for
Planned Parenthood Health
Services of Northeastern
NY and Planned Parenthood
Association of the Mohawk
Valley.

I. Patient Revenue	a. Medicaid	1,720,760
	b. Medicare	
	c. Blue Cross	
	d. Self Pay	2,399,729
	e. Private Insurance	
	f. Capitation Plan Revenue	
	g. Ordered Ambulatory Services	
	h. Other (specify)	
	TOTAL	4,120,489
II. Other Operating Revenue	a. Sale of Literature	1,220
	b. Sale of X-Ray Silver	
	c. Sale of Supplies to Other than Patients	
	d. Telephone	
	e. Other	109,068
	TOTAL	110,288
III. Non Operating Revenue	a. Gifts, Legacies, and Bequests	501,570
	b. Grants:	
	Community Health Center (Section 330)	
	Maternal and Child Health (Title V)	
	WIC Administrative Funds	477,387
	Primary Ambulatory Care Program	
	Local Health Assistance Funds	
	Family Planning	2,795,059
	Other Grants (Specify)	351,450
	c. Other Non-Operating Revenue	
	TOTAL	4,125,466
	TOTAL REVENUE (I, II and III)	8,356,243

F. Charges		Total Charges	Adjustments
	1. MEDICAID		
	2. MEDICARE		
	3. BLUE CROSS		
	4. SELF PAY		
	5. PRIVATE INSURANCE		
	6. OTHER		
	TOTAL		

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Certificate of Need Application

Schedule **7C**

For Establishment/Construction Requiring Full Review *

Diagnostic & Treatment Center Statement of Revenue

1st year 2000

I. Patient Revenue	a. Medicaid	1,820,760
	b. Medicare	
	c. Blue Cross	
	d. Self Pay	2,639,702
	e. Private Insurance	
	f. Capitation Plan Revenue	
	g. Ordered Ambulatory Services	
	h. Other (specify)	
	TOTAL	4,460,462
II. Other Operating Revenue	a. Sale of Literature	1,220
	b. Sale of X-Ray Silver	
	c. Sale of Supplies to Other than Patients	
	d. Telephone	
	e. Other	109,068
	TOTAL	110,288
III. Non Operating Revenue	a. Gifts, Legacies, and Bequests	525,000
	b. Grants:	
	Community Health Center (Section 330)	
	Maternal and Child Health (Title V)	
	WIC Administrative Funds	477,387
	Primary Ambulatory Care Program	
	Local Health Assistance Funds	
	Family Planning	2,795,059
	Other Grants (Specify)	351,450
	c. Other Non-Operating Revenue	
	TOTAL	4,148,896
	TOTAL REVENUE (I, II and III)	8,719,646

F. Charges		Total Charges	Adjustments
	1. MEDICAID		
	2. MEDICARE		
	3. BLUE CROSS		
	4. SELF PAY		
	5. PRIVATE INSURANCE		
	6. OTHER		
	TOTAL		

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Certificate of Need Application

Schedule **7C**

For Establishment/Construction Requiring Full Review *

Diagnostic & Treatment Center Statement of Revenue

3rd year 2002

I. Patient Revenue	a. Medicaid	1,820,760
	b. Medicare	
	c. Blue Cross	
	d. Self Pay	3,035,658
	e. Private Insurance	
	f. Capitation Plan Revenue	
	g. Ordered Ambulatory Services	
	h. Other (specify)	
	TOTAL	4,856,417
II. Other Operating Revenue	a. Sale of Literature	1,220
	b. Sale of X-Ray Silver	
	c. Sale of Supplies to Other than Patients	
	d. Telephone	
	e. Other	109,068
	TOTAL	110,288
III. Non Operating Revenue	a. Gifts, Legacies, and Bequests	570,000
	b. Grants:	
	Community Health Center (Section 330)	
	Maternal and Child Health (Title V)	
	WIC Administrative Funds	477,387
	Primary Ambulatory Care Program	
	Local Health Assistance Funds	
	Family Planning	2,795,059
	Other Grants (Specify)	351,450
	c. Other Non-Operating Revenue	
	TOTAL	4,193,896
	TOTAL REVENUE (I, II and III)	9,160,602

F. Charges		Total Charges	Adjustments
	1. MEDICAID		
	2. MEDICARE		
	3. BLUE CROSS		
	4. SELF PAY		
	5. PRIVATE INSURANCE		
	6. OTHER		
	TOTAL		

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Certificate of Need Application

For Establishment/Construction Requiring Full Review *

Schedule 16

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 all required submissions, which shall conform to the standards of construction and equipment pursuant to 10 NYCRR.

(C) The applicant will assure to the commissioner that final contract documents and specifications are consistent with all previous approvals and shall conform to the standards of construction and equipment of 10 NYCRR, prior to contracting for construction, unless otherwise provided for in 10 NYCRR 710.7.

(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 or engineering supervision and inspection at the construction site to insure that the completed work conforms with 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 which are not in compliance with 10 NYCRR 711.4 through 711.8, or other pertinent provisions of 10 NYCRR Chapter 5 Subchapter C, unless a waiver is granted to specific provisions by the commissioner, under 10 NYCRR 711.9.

(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 10 NYCRR 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 the application is not to be construed as an approval of, nor does it provide assurance of, reimbursement of any costs identified in the application. Reimbursement for all costs shall be in accordance with and subject to the provisions of Part 86 of 10 NYCRR.

3/24/99

3/24/99

President/CEO

PRINT OR TYPE NAME

Executive Director

TITLE

* Do not use the master copy. Photocopy master and then complete copy.

Certificate of Need Application

For Establishment/Construction Requiring Full Review*

Schedule **22**

Corporation, Bank, or Savings & Loan Association With a Real Property Interest in the Facility

I Facility Name

Inc.

OPERATING CERTIFICATE NO.

II Description of Organization and Interest in Facility Above

Organization Type: Check One <input type="checkbox"/> Privately held Corporation <input type="checkbox"/> Savings and Loan Assn. <input type="checkbox"/> Publicly Traded Corporation <input checked="" type="checkbox"/> Bank <input type="checkbox"/> Not-for-Profit Corp.		Organization Name and Address Evergreen Bank, N.A. 1 Old Loudon Road Latham, New York 12110 c/o Tom Rice
Land interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the LAND on which the Facility is Located. <input checked="" type="checkbox"/> (Directly/Indirectly) in the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in part by the LAND on which the Facility is Located.	Building interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input checked="" type="checkbox"/> (Directly/Indirectly) in the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in part by the BUILDING on which the Facility is Located.	Equipment interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input checked="" type="checkbox"/> (Directly/Indirectly) in the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in part by the EQUIPMENT used in the Facility.

III Persons with an Interest

Name: Last, First, M.I./Nature of Interest	
Address	
Name: Last, First, M.I./Nature of Interest	
Address	
Name: Last, First, M.I.	
Address	

IV Fiscal Transactions - Persons/Facility

Name: Last, First, M.I.
see attached \$3,836.77/month Descriptive Attachment # Note #050078070104043
Name: Last, First, M.I.
Descriptive Attachment #
Name: Last, First, M.I.
Descriptive Attachment #

V Certification

The undersigned hereby certifies, under penalty of perjury, that the information contained herein and attached hereto is accurate, true and complete in all material respects.

* Do not use the master copy. Photocopy master and then complete copy of this schedule is required.

~~THIS~~ IS NOTIFICATION THAT YOUR PAYMENT IS COMING DUE ACCORDING TO THE TERMS SPECIFIED BELOW:

NOTE NUMBER	PRINCIPAL BALANCE	PRINCIPAL DUE	1,683.07
050 078 0701040438	302,623.57	INTEREST DUE	2,153.70
00000062		FEES DUE	0.00
INT RATE	DUE DATE	PREV PAST DUE	0.00
8.26000	01/01/99	TOTAL AMT DUE	3,836.77

ORIG INTEREST RATE 8.26000

CYCLE BEGINNING RATE 8.26000

ATTN FINANCE DEPT

ENTERED 0002 1998

OFFICER TEK
DATE OF NOTICE 12/21/98
SAVE THIS PORTION FOR YOUR RECORDS

EVERGREEN BANK, N.A.
234 GLEN STREET, P.O. BOX 3326
GLENS FALLS, NY

12801

Certificate of Need Application

For Establishment/Construction Requiring Full Review*

Schedule **23**

Partnership/Syndication and Other Group With Real Property Interests in the Facility

I Facility Name

OPERATING CERTIFICATE NO.

II Description of Association and Interest in Facility Above

Association Type: Check one <input type="checkbox"/> Partnership <input type="checkbox"/> Syndication <input type="checkbox"/> Other Group		Association Name and Address _____ _____ _____	
Land interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage. Note. Deed of Trust or other Obligation secured in whole or in part by the LAND on which the Facility is Located.	Building interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage. Note. Deed of Trust or other Obligation secured in whole or in Part by the BUILDING on which the Facility is Located.	Equipment interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage. Note. Deed of Trust or other Obligation secured in whole or in Part by the EQUIPMENT used in the Facility.	

III Persons with an Interest

Name: Last, First, M.I./Nature of Interest	
Address _____	
Name: Last, First, M.I./Nature of Interest	
Address _____	
Name: Last, First, M.I.	
Address _____	

IV Fiscal Transactions - Persons/Facility

Name: Last, First, M.I.
Descriptive Attachment # _____
Name: Last, First, M.I.
Descriptive Attachment # _____
Name: Last, First, M.I.
Descriptive Attachment # _____

V Certification

The undersigned hereby certifies, under penalty of perjury, that the information contained herein and attached hereto is accurate, true and complete in all material respects.

* Do not use the master copy. Photocopy master and then complete copy of this schedule is required.

Certificate of Need Application

Schedule **24**

For Establishment/Construction Requiring Full Review *

Private Person Operating as an Individual With Real Property Interest in the Facility

I Facility Name

[REDACTED] Inc.

Operating Certificate No. [REDACTED]

II Individual and his/her
Interest in the Facility

Name and Address
[REDACTED]
[REDACTED]
[REDACTED]

Land	Building	Equipment
interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in part by the LAND on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input checked="" type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the BUILDING on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the EQUIPMENT used in the Facility.

III Fiscal Transactions

\$17,500

IV Certification

The undersigned hereby certifies that the information contained herein and attached is true and correct.

Signature [REDACTED]

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Certificate of Need Application

Schedule **24**

For Establishment/Construction Requiring Full Review *

Private Person Operating as an Individual With Real Property Interest in the Facility

I Facility Name

[REDACTED] Inc.

Operating Certificate No. [REDACTED]

II Individual and his/her
Interest in the Facility

Name and Address
[REDACTED]
[REDACTED]
[REDACTED]

Land	Building	Equipment
interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in part by the LAND on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input checked="" type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the BUILDING on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the EQUIPMENT used in the Facility.

III Fiscal Transactions

\$15,281

IV Certification

The undersigned hereby certifies, under penalty of perjury, that the information contained herein and attached her

Signature [REDACTED]

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Certificate of Need Application

Schedule **24**

For Establishment/Construction Requiring Full Review *

Private Person Operating as an Individual With Real Property Interest in the Facility

I Facility Name

[REDACTED] Inc.

Operating Certificate No. [REDACTED]

II Individual and his/her
Interest in the Facility

Name and Address
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Land	Building	Equipment
interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in part by the LAND on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input checked="" type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the BUILDING on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the EQUIPMENT used in the Facility.

III Fiscal Transactions

\$10,800

IV Certification

The undersigned hereby certifies under penalty of perjury that the information contained herein and attached is true and correct.

Signature: [REDACTED]

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Certificate of Need Application

Schedule **24**

For Establishment/Construction Requiring Full Review*

Private Person Operating as an Individual With Real Property Interest in the Facility

I Facility Name

[Redacted] Inc.

Operating Certificate No. [Redacted]

II Individual and his/her
Interest in the Facility

Name and Address
[Redacted]
[Redacted]
[Redacted]

Land	Building	Equipment
Interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in part by the LAND on which the Facility is Located.	Interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input checked="" type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the BUILDING on which the Facility is Located.	Interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the EQUIPMENT used in the Facility.

III Fiscal Transactions

\$2,369/month rent.

IV Certification

The undersigned hereby certifies under penalty of perjury, that the information contained herein and attached is true and correct.

Signature

[Redacted Signature]

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Certificate of Need Application

Schedule **24**

For Establishment/Construction Requiring Full Review*

Private Person Operating as an Individual With Real Property Interest in the Facility

I Facility Name

[REDACTED] Inc.

Operating Certificate No.

[REDACTED]

II Individual and his/her
Interest in the Facility

Name and Address
[REDACTED]
[REDACTED]
[REDACTED]

Land	Building	Equipment
interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in part by the LAND on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input checked="" type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the BUILDING on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the EQUIPMENT used in the Facility.

III Fiscal Transactions

\$1,150/month rent.

IV Certification

The undersigned hereby certifies, under penalty of perjury, that the information contained herein and attached hereto is accurate, true and complete in all material respects.

Signature

[REDACTED]

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Certificate of Need Application

Schedule **24**

For Establishment/Construction Requiring Full Review*

Private Person Operating as an Individual With Real Property Interest in the Facility

I Facility Name

[Redacted] Inc.

Operating Certificate No. [Redacted]

II Individual and his/her
Interest in the Facility

Name and Address
[Redacted]
[Redacted]
[Redacted]

Land	Building	Equipment
interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in part by the LAND on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input checked="" type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the BUILDING on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the EQUIPMENT used in the Facility.

III Fiscal Transactions

\$575/month rent.

IV Certification

The undersigned hereby certifies, under penalty of perjury, that the information contained herein and attached hereto is accurate, true and complete in all material respects.

Signature

[Redacted] agent 2/1/89

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Certificate of Need Application

Schedule **24**

For Establishment/Construction Requiring Full Review *

Private Person Operating as an Individual With Real Property Interest in the Facility

I Facility Name

[Redacted] Inc.

Operating Certificate No. [Redacted] 1R

II Individual and his/her
Interest in the Facility

Name and Address
[Redacted]
[Redacted]
[Redacted]

Land	Building	Equipment
interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the LAND on which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in part by the LAND on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input checked="" type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in the BUILDING in which the Facility is Located. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the BUILDING on which the Facility is Located.	interest <input type="checkbox"/> (Directly/Indirectly) Lessee in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) Lessor in a (Lease/Sublease) of the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in the EQUIPMENT used in the Facility. <input type="checkbox"/> (Directly/Indirectly) in a Mortgage, Note, Deed of Trust or other Obligation secured in whole or in Part by the EQUIPMENT used in the Facility.

III Fiscal Transactions

\$600/month rent.

IV Certification

The undersigned hereby certifies that the information contained herein and attached hereto is true and correct.

Signature

[Redacted Signature]

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Certificate of Need Application

For Establishment/Construction Requiring Full Review *

Attachments

Schedule # Gen. Info

Attachment # 1 Title Directors and Members Resolutions Page #

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

[REDACTED]
[REDACTED] Inc.

CERTIFICATE OF RESOLUTION OF DIRECTORS

I, the undersigned Secretary of [REDACTED]
[REDACTED] Inc., do hereby certify that:

At a meeting of the Directors of [REDACTED]
[REDACTED] Inc., held on the 7th day of December, 1998, in the City of
[REDACTED] New York,

Upon motion duly made, seconded and carried, the following resolutions were adopted by the affirmative vote of a majority of the Board of Directors, a quorum being present at such time:

RESOLVED, that the plan of merger of [REDACTED]
[REDACTED] Inc. into [REDACTED]
Inc., a copy of which is annexed hereto, be and the same is hereby adopted and approved, and it is further

RESOLVED, that such plan be submitted for approval by vote of the members of this corporation entitled to vote thereon at a special meeting called for that purpose for the 7th day of December, 1998, notice of which meeting has been given to each member, together with a copy of said plan of merger.

I FURTHER CERTIFY that as of the date hereof the above "Resolutions" are in full force and effect and have not been amended, repealed or rescinded.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Board this 26th day of January, 1999.

[REDACTED]
[REDACTED], Secretary

[REDACTED], Inc.

CERTIFICATE OF RESOLUTION OF DIRECTORS

I, the undersigned Secretary of [REDACTED]
Inc., do hereby certify that:

At a meeting of the Directors of [REDACTED]
[REDACTED] held on the 23rd day of November, 1998, in the City of Utica, New York,

Upon motion duly made, seconded and carried, the following resolutions were adopted by the affirmative vote of a majority of the Board of Directors, a quorum being present at such time:

RESOLVED, that the plan of merger of [REDACTED]
[REDACTED] Inc. into [REDACTED]
Inc., a copy of which is annexed hereto, be and the same is hereby adopted and approved, and it is further

RESOLVED, that such plan be submitted for approval by vote of the members of this corporation entitled to vote thereon at a special meeting called for that purpose on the 23rd day of November, 1998, notice of which meeting has been given to each member, whether or not entitled to vote, together with a copy of said plan of merger.

I FURTHER CERTIFY that as of the date hereof the above "Resolutions" are in full force and effect and have not been amended, repealed or rescinded.

IN WITNESS WHEREOF, I have hereunto set my hand this 27th day of January, 1999.

[REDACTED]
[REDACTED] Secretary

Inc.

CERTIFICATE OF RESOLUTION OF MEMBERS

I, the undersigned Secretary of [REDACTED], do hereby certify that:

At a Special Meeting of the Members of [REDACTED] Inc., held on the 7th day of December, 1998, in the City of [REDACTED] New York,

Upon motion duly made, seconded and carried, the following resolutions were adopted by the affirmative vote of two-thirds of the members casting votes, the votes cast in favor of these resolutions being at least equal to the quorum and all members casting votes being entitled to vote thereon:

RESOLVED, that the Plan of Merger of [REDACTED] Inc. into [REDACTED] Inc., and approved and adopted by resolution of the Board of Directors of this corporation on the 7th day of December, 1998, be and the same is hereby approved and adopted in all respects by the members of this corporation this 7th day of December, 1998, and be it further

RESOLVED, that the President or Chair of the Board of this corporation is hereby authorized to take all necessary actions to effectuate the aforesaid merger and to execute and deliver to the Department of State a certificate of merger pursuant to the Not-for-Profit Corporation Law of the State of New York.

I FURTHER CERTIFY that as of the date hereof the above "Resolutions" are in full force and effect and have not been amended, repealed or rescinded.

IN WITNESS WHEREOF, I have hereunto set my hand this 26th day of January, 1999.

[REDACTED], Secretary

[REDACTED] Inc.

CERTIFICATE OF RESOLUTION OF MEMBERS

I, the undersigned Secretary of [REDACTED]
[REDACTED] Inc., do hereby certify that:

At a Special Meeting of the Members of [REDACTED]
[REDACTED] Inc., held on the 23rd day of November, 1998, in the City of Utica, New
York,

Upon motion duly made, seconded and carried, the following resolutions were
adopted by the affirmative vote of two-thirds of the voting members casting votes, the
votes cast in favor of these resolutions being at least equal to the quorum and all members
casting votes being entitled to vote thereon:

RESOLVED, that the Plan of Merger of [REDACTED]
[REDACTED] Inc. into [REDACTED]
Inc., and approved and adopted by resolution of the Board of Directors of this corporation
on the 23rd day of November, 1998, be and the same is hereby approved and adopted in all
respects by the voting members of this corporation this 23rd day of November, 1998, and
be it further

RESOLVED, that the President of this corporation is hereby authorized to take all
necessary actions to effectuate the aforesaid merger and to execute and deliver to the
Department of State a certificate of merger pursuant to the Not-for-Profit Corporation Law
of the State of New York.

I FURTHER CERTIFY that as of the date hereof the above "Resolutions" are in
full force and effect and have not been amended, repealed or rescinded.

IN WITNESS WHEREOF, I have hereunto set my hand this 27th day of
January, 1999.

[REDACTED]
Secretary

Sample Typical Schedule Selections By Facility Type

This appendix illustrates how full review application schedule submissions may differ for different types of applications and different types of facilities. The schedules to be used are listed at the left. The columns in the center indicate which schedules would typically be submitted for each numbered sample. A symbol (•) indicates that the

schedule would be submitted and a blank indicates no submission. A description of each application type, with a number to correspond with the chart sample, appears to the right of the chart. It should be noted that these are typical examples; — the actual detail of each real application will determine schedule usage.

Schedule No.	Schedule Name	Hospitals							RHCfs				D & T Centers		
		1	2	3	4	5	6	7	1	2	3	4	1	2	3
	General Information Section														
1	Checklist of Schedules	•	•	•	•	•	•	•	•	•	•	•	•	•	•
2	Project Narrative	•	•	•	•	•	•	•	•	•	•	•	•	•	•
3	Community Need	•	•	•	•	•	•	•	•	•	•	•	•	•	•
4A	Total Project Cost	•	•	•	•	•	•	•	•	•	•	•	•	•	•
4B	Subproject Cost	•	•	•	•	•	•	•	•	•	•	•	•	•	•
5	Proposed Plan for Project Financing	•	•	•	•	•	•	•	•	•	•	•	•	•	•
6A	Annual Operating Costs	•	•	•	•	•	•	•	•	•	•	•	•	•	•
6B	RHCF Statement of Functional Expenses	•	•	•	•	•	•	•	•	•	•	•	•	•	•
6C	D & T Center Annual Allocation of Operating Costs	•	•	•	•	•	•	•	•	•	•	•	•	•	•
7A	Annual Operating Revenues	•	•	•	•	•	•	•	•	•	•	•	•	•	•
7B	RHCF Analysis of Net Patient Revenue & Total Operating Revenue	•	•	•	•	•	•	•	•	•	•	•	•	•	•
7C	D & T Center Statement of Revenue	•	•	•	•	•	•	•	•	•	•	•	•	•	•
8	Inpatient & Outpatient Services Utilization	•	•	•	•	•	•	•	•	•	•	•	•	•	•
9	Utilization/Discharge & Patient Days	•	•	•	•	•	•	•	•	•	•	•	•	•	•
10	Space and Construction Cost Distribution	•	•	•	•	•	•	•	•	•	•	•	•	•	•
10A	RHCF Space and Construction Cost Distribution	•	•	•	•	•	•	•	•	•	•	•	•	•	•
11A	Architectural Submission	•	•	•	•	•	•	•	•	•	•	•	•	•	•
11B	Construction Timetable	•	•	•	•	•	•	•	•	•	•	•	•	•	•
11C	Architectural Alternatives	•	•	•	•	•	•	•	•	•	•	•	•	•	•
12	Moveable Equipment	•	•	•	•	•	•	•	•	•	•	•	•	•	•
13A	Certified Services	•	•	•	•	•	•	•	•	•	•	•	•	•	•
13B	RHCF Rehabilitation & Non-Occupant Services	•	•	•	•	•	•	•	•	•	•	•	•	•	•
14	Bed Components	•	•	•	•	•	•	•	•	•	•	•	•	•	•
15	Staffing	•	•	•	•	•	•	•	•	•	•	•	•	•	•
16	Assurances	•	•	•	•	•	•	•	•	•	•	•	•	•	•
17	Environmental Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•
18	Facility Access	•	•	•	•	•	•	•	•	•	•	•	•	•	•
19	Personal Financial Statement	•	•	•	•	•	•	•	•	•	•	•	•	•	•
20	Personal Qualifying Information	•	•	•	•	•	•	•	•	•	•	•	•	•	•
21	Disclosure of Applicant's and Relatives' Interests in Other Facilities	•	•	•	•	•	•	•	•	•	•	•	•	•	•
22	Corporation, Bank and/or Savings and Loan Association with a Real Property Interest in the Facility	•	•	•	•	•	•	•	•	•	•	•	•	•	•
23	Partnership, Syndication and/or Other Group with a Real Property Interest in the Facility	•	•	•	•	•	•	•	•	•	•	•	•	•	•
24	Private Person with a Real Property Interest in the Facility	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	TOTAL SUBMITTED	23	15	17	13	22	10	15	29	21	16	16	23	15	23

Hospitals

1. Merger.
2. Add a CT scanner.
3. Add cardiac catheterization services. Minor renovations are needed, as well as equipment. Cost is under \$8 million.
4. Convert 20 Med/Surg beds to Alcohol Rehab beds.
5. Major modernization over \$15 million. Facility has completed CAPA process.
6. Change in ownership due to death of one partner.
7. Increase in capacity by 11 psychiatric beds. Minor renovation to house the beds.

Residential Health Care Facilities

1. Establish new RHCF consisting of 150 SNF, 50 HRF beds. Construct new building; add Physical Therapy, Respiratory Therapy.
2. Add 30 SNF beds, erect wing to house, and add equipment. No CAPA conducted.
3. Renovation to replace boiler, air conditioning and venting system making it more efficient.
4. Establish new operator by stock transfer (proprietary facility).

D & T Centers

1. Establish free standing ambulatory surgery center. Building will be leased; renovations must be done; equipment will be purchased.
2. Change in ownership.
3. Establish a D & T Center, including construction of new building.

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

OPERATING CERTIFICATE

Diagnostic and Treatment Center Extension Clinic

Planned Parenthood Utica Health Center

1424 Genesee Street

Utica, New York 13502

Operator: Planned Parenthood of Greater New York, Inc.

Operator Class: Voluntary Not for Profit Corporation

Effective Date: 01/01/2020
Expiration Date: NONE

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law to operate an Extension Clinic at the above site for the service(s) specified.

Medical Services - Primary Care

Bel

Howard Zucker M.D.