

## Creation of a Low-Acuity Unit within Stony Brook University Hospital's Emergency Department September 11, 2023

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**Background:** In February 2023, Stony Brook University Hospital (SBUH) held a meeting with various internal departments (including Emergency Medicine, Quality, Nursing and Planning) and the New York State Department of Health's Bureau of Architectural & Engineering Review (BAER) to address the issue of overcrowding and limited capacity in the Emergency Department. During this discussion, the BAER suggested that SBUH consider implementing the new FGI 2022 standards for low-acuity patient rooms.

- In response, SBUH has developed a proposal to establish seven (7) new low-acuity treatment/exam cubicles, complete with the necessary supplemental support spaces. This plan involves reconfiguring and renovating certain areas of the Emergency Department's current triage area.

**About Stony Brook Medicine (SBM):** Stony Brook Medicine integrates and elevates all of Stony Brook University's health-related initiatives: education, research and patient care. It includes five Health Sciences schools; Dental Medicine, Health Technology and Management, Medicine, Nursing and Social Welfare as well as Stony Brook University Hospital (SBUH), Stony Brook Southampton Hospital (SBSH), Stony Brook Eastern Long Island Hospital (SBELIH), Stony Brook Children's Hospital and more than 200 community-based healthcare settings throughout Suffolk County.

**About Stony Brook University Hospital:** Stony Brook University Hospital (SBUH) is Long Island's premier academic medical center. With 628 beds, SBUH serves as the region's only tertiary care center and is home to the Stony Brook Heart Institute, Stony Brook Cancer Center, Stony Brook Children's Hospital, Stony Brook Neurosciences Institute, and Stony Brook Digestive Disorders Institute. SBUH also encompasses Suffolk County's only Level 4 Regional Perinatal Center, state-designated AIDS Center, state-designated Comprehensive Psychiatric Emergency Program, state-designated Burn Center, the Christopher Pendergast ALS Center of Excellence, and Kidney Transplant Center. It is home of the nation's first Pediatric Multiple Sclerosis Center. In 2022, SBUH delivered world class medical care to 31,775 (excluding newborns) inpatients, 103,890 emergency room patients and more than 1,000,000 outpatients.

**Stony Brook University Hospital's Emergency Department:** Stony Brook University Hospital's Emergency Department is Suffolk County's only Level 1 Trauma Center for both adults and children. In 2022, SBUH emergency room had over 100,000 visits and each year those numbers continue to grow. The hospital provides 24/7 access to in-house (as opposed to on-call), board-certified emergency medicine, critical care and trauma specialists. The emergency room consists of:

- the critical care unit, that sees the highest acuity patients;
- the acute care unit, that sees Level 2 (Emergency), Level 3 (Urgent) and Level 4 (Semi-urgent) patients with varying chief complaints and non-critical patients with traumatic injuries;
- the clinical decision unit, that sees patients under observation who do not warrant immediate admission and can be observed and assessed for a longer period of time before discharge, and,
- the Pediatric Emergency Department, which is entirely devoted to seeing patients under the age of 18.

**Regional Emergency Department Visits, Treat and Release and Admissions by Hospital 2023 YTD:** Nassau Suffolk Hospital Council reported for CY 2022 and YTD 2023 that Stony Brook had Suffolk County's greatest number of emergency room visits (108,890 and 54,746 respectively), treat and release total (72,541 and

35,355 respectively), and admission from the ED (26,260 and 12, 947 respectively). Our top two Suffolk County competitors are Good Samaritan (Catholic Health) and South Shore University Hospital (Northwell Health) both located in the Southwest, most densely populated, region of Suffolk County.

|                |                                 | Emergency Department Visits |         |         | Treat & Release from ED |         |         | Admissions from ED |         |         |
|----------------|---------------------------------|-----------------------------|---------|---------|-------------------------|---------|---------|--------------------|---------|---------|
| County         | Hospital                        | 2023 YTD (June)             | 2022    | 2021    | 2023 YTD (June)         | 2022    | 2021    | 2023 YTD (June)    | 2022    | 2021    |
| Suffolk County | Good Samaritan                  | 43,304                      | 91,111  | 83,803  | 32,161                  | 68,966  | 63,769  | 11,143             | 22,145  | 20,034  |
|                | Huntington                      | 27,404                      | 56,036  | 52,299  | 19,848                  | 41,424  | 38,140  | 7,473              | 14,391  | 13,982  |
|                | Long Island Community Hospital  | 23,009                      | 47,789  | 47,600  | 17,343                  | 36,824  | 35,573  | 4,089              | 7,894   | 7,961   |
|                | Mather Hospital                 | 18,585                      | 38,799  | 36,810  | 13,786                  | 28,733  | 27,202  | 3,585              | 7,814   | 7,581   |
|                | Peconic Bay                     | 18,883                      | 37,662  | 33,948  | 14,151                  | 28,409  | 26,134  | 4,130              | 8,048   | 7,814   |
|                | South Shore University          | 40,219                      | 79,509  | 86,335  | 31,531                  | 62,238  | 68,543  | 6,789              | 13,659  | 13,708  |
|                | St. Catherine                   | 11,437                      | 24,960  | 23,970  | 6,576                   | 15,316  | 14,711  | 4,861              | 9,644   | 9,259   |
|                | St. Charles                     | 9,023                       | 20,185  | 20,139  | 6,416                   | 14,630  | 14,297  | 2,607              | 5,555   | 5,842   |
|                | Stony Brook                     | 54,746                      | 108,890 | 103,550 | 35,355                  | 72,541  | 65,572  | 12,947             | 26,260  | 26,093  |
|                | Stony Brook Eastern Long Island | 3,016                       | 6,730   | 6,956   | 2,127                   | 5,004   | 4,906   | 889                | 1,726   | 2,050   |
|                | Stony Brook Southampton         | 10,216                      | 23,873  | 22,660  | 7,964                   | 18,931  | 18,480  | 1,487              | 3,335   | 3,080   |
| Total          |                                 | 259,842                     | 535,544 | 518,070 | 187,258                 | 393,016 | 377,327 | 60,000             | 120,471 | 117,404 |

Source: Nassau Suffolk Hospital Council LOS Report

Stony Brook Emergency Department’s operations leadership conducted a review of Emergency Department throughput for low acuity patients and determined that implementing a formal physician in triage (PIT) process with dedicated space and resources could further reduce wait times in our Emergency Department.

**Low-Acuity Treatment Areas:** Below is the purpose, rationale and types of patients to be seen in the proposed Low-Acuity Unit (LAU) directly from the 2022 FGI Guidelines for Healthcare Facilities, A2.2-3.1.3.6 (6) Low-acuity patient treatment area.

**Purpose:** Efficient space use in emergency departments is paramount in caring for increasing patient volumes and sustaining operational success. Low-acuity patient treatment stations provide a functional option that accommodates the needs of patients who do not require a gurney or bed.

**Rationale:** Evidence shows that low-acuity treatment stations result in shorter door-to-provider times and reduce Emergency Department throughput for all patients. This is because those with minor

injuries or conditions not requiring a gurney or bed do not have to wait for an available gurney, bed, or treatment room and are cared for in a more efficient space.

Patient type: Types of patients appropriate to be seen in a low-acuity patient treatment station may include ESI Level 5, ESI Level 4, and some ESI Level 3 patients as identified in the Emergency Severity Index (ESI) from the Emergency Nurses Association as well as patients with less urgent needs (e.g., patients needing prescription renewals or care for minor lacerations or sprained ligaments).

Stony Brook intends to develop policy and procedure for the proposed unit as described above.

**Architectural Overview:** The proposed architectural plan for level four (4) of the main hospital includes the construction of seven (7) new low-acuity treatment/exam cubicles and the necessary support areas. To accommodate this expansion, certain areas will be reconfigured and renovated, such as the triage, triage waiting, cashier, and vending machine areas. The existing clean storage room will be relocated to a vacant X-ray room, while the cashier and vending machines will be moved to nearby lobby and vestibule spaces. Additionally, the current cashier space will be transformed into a new area for EKG services. The renovation work will involve the removal of interior partitions, millwork, and flooring, as well as the installation of suspended ceilings, lighting, fire safety systems, and the necessary electrical, plumbing, and HVAC components.

There will be no disruption to services during or after the construction project. The main focus of the construction will be the conversion of a sub waiting room and EKG room into low acuity bays. Before starting the construction of the new clinical area, we will relocate these functions to ensure a smooth transition. To accommodate patients during the construction, an alternative area for waiting will be set up. At the end of the construction, the triage waiting area will be back in use. Once the construction is finished, there will be additional capacity within the Emergency Department, allowing for improved access to care.

**Total Project Cost and Financial Projections:** The total project cost of \$516,588 includes \$327,509 in construction including escalation, design and construction contingencies, \$185,540 in moveable equipment and telecommunications and \$3,539 in CON processing fees. A further breakdown of costs associated with the project are listed below:

| Item               | Cost          |
|--------------------|---------------|
| Renovation         | \$ 274,757.00 |
| Contingency        | \$ 52,752.00  |
| Moveable Equipment | \$ 165,540.00 |
| Telecommunications | \$ 20,000.00  |
| CON Fees           | \$ 3,539.00   |
| Total Project Cost | \$ 516,588.00 |

While the project is anticipated to enhance departmental efficiencies, it is not expected to result in an increase in emergency room visits, inpatient discharges, overall operating costs, or revenue. However, slight increases in staffing within the RNs and Aids, Orderlies, and Attendants categories are projected for years two and three of the project.

**Who We Serve<sup>1</sup>:** Stony Brook University Hospital’s relevant service area is Suffolk County. Suffolk County has 911.5 square miles of land area and a population estimated at 1,518,798 residents. The county consisting of 515,409 households with an average household income of \$158,175. The high population count and proximity to New York City has resulted in a diverse economy, including industry, science, agriculture, fishery and tourism.

|                          | Market 2023 | National 2023 | Market 2028 | National 2028 |
|--------------------------|-------------|---------------|-------------|---------------|
| Average Age and Income   | Population  | Population    | Population  | Population    |
| Average Age              | 41.9        | 40.2          | 42.7        | 41.0          |
| Average Household Income | \$158,175   | \$104,972     | \$179,967   | \$118,759     |

Gender is divided 50.7% female and 49.3% male.

| Population and Gender | Market 2023 Population | Market 2023 % of Total | Market 2028 Population | Market 2028 % of Total | Market Population % Change | National 2023 % of Total |
|-----------------------|------------------------|------------------------|------------------------|------------------------|----------------------------|--------------------------|
| Female Population     | 771,137                | 50.77%                 | 774,237                | 50.75%                 | 0.40%                      | 50.76%                   |
| Male Population       | 747,661                | 49.23%                 | 751,363                | 49.25%                 | 0.50%                      | 49.24%                   |
| Total                 | 1,518,798              | 100.00 %               | 1,525,600              | 100.00 %               | 0.45 %                     | 100.00 %                 |

Ages 18-44 make up the largest subset of the population at 32.69%, although the greatest % growth from 2023 to 2028 is projected in the 65+ cohort at 13.25%.

| Age Groups | Market 2023 Population | Market 2023 % of Total | Market 2028 Population | Market 2028 % of Total | Market Population % Change | National 2023 % of Total |
|------------|------------------------|------------------------|------------------------|------------------------|----------------------------|--------------------------|
| 00-17      | 307,476                | 20.24%                 | 298,199                | 19.55%                 | (3.02 %)                   | 21.77%                   |
| 18-44      | 496,443                | 32.69%                 | 496,507                | 32.55%                 | 0.01%                      | 35.59%                   |
| 45-64      | 427,184                | 28.13%                 | 405,085                | 26.55%                 | (5.17 %)                   | 24.70%                   |
| 65-UP      | 287,695                | 18.94%                 | 325,809                | 21.36%                 | 13.25%                     | 17.94%                   |
| Total      | 1,518,798              | 100.00 %               | 1,525,600              | 100.00 %               | 0.45 %                     | 100.00 %                 |

The ethnicity profile is considerably White Non-Hispanic at 61.09%, followed by Hispanic at 23.72%, Black Non-Hispanic at 6.95%, Asian & Pacific Island Non- Hispanic at 4.31%, and all other ethnic categories are 3.92%.

| Ethnicity/Race | Market 2023 Population | Market 2023 % of Total | Market 2028 Population | Market 2028 % of Total | Market Population % Change | National 2023 % of Total |
|----------------|------------------------|------------------------|------------------------|------------------------|----------------------------|--------------------------|
|----------------|------------------------|------------------------|------------------------|------------------------|----------------------------|--------------------------|

<sup>1</sup> Sg2 Market Snapshot



|                                  |           |          |           |          |          |          |
|----------------------------------|-----------|----------|-----------|----------|----------|----------|
| Asian & Pacific Is. Non-Hispanic | 65,514    | 4.31%    | 67,090    | 4.40%    | 2.41%    | 6.31%    |
| Black Non-Hispanic               | 105,594   | 6.95%    | 104,796   | 6.87%    | (0.76 %) | 12.09%   |
| Hispanic                         | 360,228   | 23.72%   | 407,454   | 26.71%   | 13.11%   | 19.88%   |
| White Non-Hispanic               | 927,859   | 61.09%   | 877,970   | 57.55%   | (5.38 %) | 56.03%   |
| All Others                       | 59,603    | 3.92%    | 68,290    | 4.48%    | 14.57%   | 5.69%    |
| Total                            | 1,518,798 | 100.00 % | 1,525,600 | 100.00 % | 0.45 %   | 100.00 % |

**In Conclusion:** Stony Brook University Hospital is facing overcrowding and limited capacity issues in its Emergency Department. To address this, the proposed solution will establish a low-acuity unit specifically designed for treating patients with minor injuries or conditions that do not require a gurney or bed. The hospital has already observed positive results with their informal Physician in Triage (PIT) process, and by formalizing this process and providing dedicated space and resources, patient outcomes could be further improved and wait times reduced. In conclusion, the implementation of the new unit holds significant potential to alleviate the challenges faced by the Emergency Department and offer better care to our patients.

# Schedule 1

## All CON Applications

### Contents:

- **Acknowledgement and Attestation**
- **General Information**
- **Contacts**
- **Affiliated Facilities/Agencies**

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

**Schedule 1**

**Acknowledgement and Attestation**

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant:

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

|   |                                  |
|---|----------------------------------|
| SIGNATURE:<br><i>Carol A. Gomes</i>                   | DATE<br>10/24/2023               |
| PRINT OR TYPE NAME<br>Carol A. Gomes, MS, FACHE, CPHQ | TITLE<br>Chief Executive Officer |

**General Information**

Title of Attachment:

|   |   |    |
|---|---|----|
| Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.   | YES <input type="checkbox"/> NO <input type="checkbox"/>            | na |
| Is the applicant part of an "established PHL Article 28* network" as defined in section 401.1(j) of 10 NYCRR? If yes, attach a statement that identifies the network and describes the applicant's affiliation. Attach an organizational chart. | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |    |

**Contacts**

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

|                        |  |                                 |       |
|------------------------|--|---------------------------------|-------|
| <b>Primary Contact</b> | NAME AND TITLE OF CONTACT PERSON   | CONTACT PERSON'S COMPANY        |       |
|                        | Carol Gomes, MS, FACHE, CPHQ - CEO                                       | Stony Brook University Hospital |       |
|                        | BUSINESS STREET ADDRESS  |                                 |       |
|                        | Health Science Center, Level 4, Rm 215 – Stony Brook University Hospital |                                 |       |
|                        | CITY   | STATE                           | ZIP   |
|                        | Stony Brook  | NY                              | 11794 |
|                        | TELEPHONE  | E-MAIL ADDRESS                  |       |
| 631-444-9975           | Carol.gomes@stonybrookmedicine.edu                                       |                                 |       |

|                          |   |                          |       |
|--------------------------|---|--------------------------|-------|
| <b>Alternate Contact</b> | NAME AND TITLE OF CONTACT PERSON          | CONTACT PERSON'S COMPANY |       |
|                          | Nicole Schuessling                        | Stony Brook Medicine     |       |
|                          | BUSINESS STREET ADDRESS                   |                          |       |
|                          | 31 Research Way                           |                          |       |
|                          | CITY                                      | STATE                    | ZIP   |
|                          | East Setauket                             | NY                       | 11733 |
|                          | TELEPHONE                                 | E-MAIL ADDRESS           |       |
| 631-444-4500             | Nicole.Schuessling@stonybrookmedicine.edu |                          |       |

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

**Schedule 1**

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

|                        |  |                                    |                |
|------------------------|--|------------------------------------|----------------|
| <b>CHIEF EXECUTIVE</b> | NAME AND TITLE   |                                    |                |
|                        | Carol Gomes, MS, FACHE, CPHQ, Chief Executive Officer                    |                                    |                |
|                        | BUSINESS STREET ADDRESS  |                                    |                |
|                        | Health Science Center, Level 4, Rm 215 – Stony Brook University Hospital |                                    |                |
|                        | CITY   | STATE                              | ZIP            |
|                        | Stony Brook  | NY                                 | 11794          |
|                        | TELEPHONE  |                                    | E-MAIL ADDRESS |
| 631-444-9975           |  | Carol.gomes@stonybrookmedicine.edu |                |

The applicant's lead attorney should be identified:

|                        |                  |              |                              |                             |
|------------------------|------------------|--------------|------------------------------|-----------------------------|
| <b>ATTORNEY</b>        | NAME             |              | FIRM                         | BUSINESS STREET ADDRESS     |
|                        | Suzanne V. Shane |              |                              | 328 Administration Building |
|                        | CITY, STATE, ZIP |              | TELEPHONE                    | E-MAIL ADDRESS              |
| Stony Brook, NY, 11794 |                  | 631-632-6110 | Suzanne.Shane@stonybrook.edu |                             |

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

|                   |                  |  |           |                         |
|-------------------|------------------|--|-----------|-------------------------|
| <b>CONSULTANT</b> | NAME             |  | FIRM      | BUSINESS STREET ADDRESS |
|                   |                  |  |           |                         |
|                   | CITY, STATE, ZIP |  | TELEPHONE | E-MAIL ADDRESS          |
|                   |                  |  |           |                         |

The applicant's lead accountant should be identified:

|                    |                  |              |                       |                         |
|--------------------|------------------|--------------|-----------------------|-------------------------|
| <b>ACCOUNTANT</b>  | NAME             |              | FIRM                  | BUSINESS STREET ADDRESS |
|                    | Shannon Flood    |              | Fust Charles Chambers | 5784 Widewaters Pkwy    |
|                    | CITY, STATE, ZIP |              | TELEPHONE             | E-MAIL ADDRESS          |
| Syracuse, NY 13214 |                  | 315-446-3600 | www.fcc-cpa.com       |                         |

Please list all Architects and Engineer contacts:

|                                  |                  |  |           |                         |
|----------------------------------|------------------|--|-----------|-------------------------|
| <b>ARCHITECT and/or ENGINEER</b> | NAME             |  | FIRM      | BUSINESS STREET ADDRESS |
|                                  |                  |  |           |                         |
|                                  | CITY, STATE, ZIP |  | TELEPHONE | E-MAIL ADDRESS          |
|                                  |                  |  |           |                         |

|                                  |                  |  |           |                         |
|----------------------------------|------------------|--|-----------|-------------------------|
| <b>ARCHITECT and/or ENGINEER</b> | NAME             |  | FIRM      | BUSINESS STREET ADDRESS |
|                                  |                  |  |           |                         |
|                                  | CITY, STATE, ZIP |  | TELEPHONE | E-MAIL ADDRESS          |
|                                  |                  |  |           |                         |

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

**Schedule 1**

**Other Facilities Owned or Controlled by the Applicant**  
*Establishment (with or without Construction) Applications only*

**NYS Affiliated Facilities/Agencies**

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

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

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

| Facility Type | Facility Name | Operating Certificate or License Number | Facility ID (PFI) |
|---------------|---------------|---|-------------------|
|---------------|---------------|---|-------------------|

**Out-of-State Affiliated Facilities/Agencies**

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

| Facility Type | Name | Address | State/Country | Services Provided |
|---------------|------|---------|---------------|-------------------|
|---------------|------|---------|---------------|-------------------|

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

# Schedule 5 Working Capital Plan

## Contents:

- **Schedule 5 - Working Capital Plan**

**Working Capital Financing Plan**

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

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

| Titles of Attachments Related to Borrowed Funds | Filenames of Attachments           |
|---|------------------------------------|
| Example: <i>First borrowed fund source</i>      | Example: <i>first_bor_fund.pdf</i> |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |

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

Stony Brook University Hospital does not borrow for working capital purposes. SBUH uses retained earnings or net assets to fund start-up costs related to working capital. Stony Brook's financial statements are attached for the Department's consideration.



**2. Pro Forma Balance Sheet**

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

| <b>Titles of Attachments Related to Pro Forma Balance Sheets</b> | <b>Filenames of Attachments</b>           |
|--|---|
| <i>Example: Attachment to operational balance sheet</i>          | <i>Example: Operational_bal_sheet.pdf</i> |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Financial Statements and  
Required Supplementary Information

December 31, 2022

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

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## INDEPENDENT AUDITOR'S REPORT

To the Audit Committee  
State University of New York:

### Opinion

We have audited the accompanying financial statements of Stony Brook University Hospital (the Hospital), a department of Stony Brook Campus (the Campus) of the State University of New York (the University), as of and for the year ended December 31, 2022, and the related notes to the financial statements, as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of December 31, 2022, and the changes in its financial position and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Hospital and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Emphasis of Matters

As discussed in note 1, the financial statements of the Hospital are intended to present the financial position, changes in financial position, and cash flows of only that portion of the financial reporting entity of the University that is attributable to the transactions of the Hospital. They do not purport to, and do not, present fairly the financial position of the University as of December 31, 2022, the changes in its financial position, or its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

As discussed in note 2(b) to the financial statements, the Hospital has changed its method for accounting for leases due to adoption of Governmental Accounting Standards Board (GASB) 87, Leases, as of January 1, 2022. Our opinion is not modified with respect to this matter.

Audit Committee  
Page 2 of 3

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Audit Committee  
Page 3 of 3

### **Required Supplementary Information**

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and the required supplementary information be presented to supplement the basic financial statements. Such information is the responsibility of management and although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

May 31, 2023

*Fust Charles Chambers LLP*

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management's Discussion and Analysis (Unaudited)

December 31, 2022

Our discussion and analysis of Stony Brook University Hospital's (the "Hospital") financial performance provides an overview of the financial activities as of and for the year ended December 31, 2022 with comparative information as of and for the year ended December 31, 2021. This discussion and analysis has been prepared by management and should be read in conjunction with the Hospital's audited financial statements and related notes thereto, which follow this section. Unless otherwise indicated, all dollar amounts are in thousands.

(1) Introduction

Stony Brook University Hospital is an academic and regional medical center with a mission to provide excellence in patient care, education, research, and community service. The Hospital is operated as a department of the Stony Brook Campus (the "Campus") of the State University of New York ("SUNY"). SUNY is a corporation created in the Education Department of the State of New York (the "State"). Cash received by the Hospital from collection of accounts receivable or other sources is remitted to the State. The Hospital has recorded in the accompanying financial statements those assets, liabilities, revenues and expenses which it believes reflect its financial position and results of operations and changes in financial position. The remaining accounts of the Health Sciences Center or any of its constituent parts of other affiliated institutions are not included. The Health Sciences Center is composed of the Schools of Dental Medicine, Medicine, Nursing, Health Technology and Management, and Social Welfare, (collectively, "Health Sciences Center"). The Health Sciences Center educates the individuals who will comprise the health care community of tomorrow and contributes to the knowledge base of the health sciences. The Hospital's financial position should be viewed as part of SUNY and the State and not as an independent entity.

The Hospital is located in Suffolk County, New York and provides a full range of inpatient and outpatient services. As a department of the Campus, the Hospital is not subject to federal or state income taxes.

In accordance with the Southampton Hospital Association Integration and Affiliation Agreement (SHA IAA), on August 1, 2017 (the Closing Date), SUNY, on behalf of the Hospital, acquired certain assets of SHA and assumed certain liabilities pursuant to a lease agreement. In accordance with the SHA IAA and the lease agreement, Southampton Hospital surrendered its Article 28 license on the Closing Date and all operations of Southampton Hospital, a 125 bed hospital, were transferred to SUNY and are being operated by the Hospital under the name Stony Brook Southampton Hospital.



**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management's Discussion and Analysis (Unaudited)

December 31, 2022

(1) Introduction, Continued

On April 22, 2019, the New York State Supreme Court in Suffolk County approved the Integration and Affiliation Agreement (ELIHA IAA) with Eastern Long Island Hospital Association (ELIHA). The final closing date of the transaction was July 1, 2019 (the Closing Date). In accordance with the ELIHA IAA, SUNY, on behalf of the Hospital, acquired certain assets of ELIHA and assumed certain liabilities pursuant to a lease agreement. In accordance with the ELIHA IAA and the lease agreement, ELIHA surrendered its Article 28 license on the Closing Date and all operations of Eastern Long Island Hospital, a 90 bed hospital, were transferred to SUNY and are being operated by the Hospital under the name Stony Brook Eastern Long Island Hospital.

(2) Financial Highlights

- The Hospital's net position increased \$4.8 million in 2022, and decreased \$59.7 million in 2021.
- Operating revenues increased \$116 million.
- State appropriations (exclusive of professional liability appropriation) increased \$25.8 million in 2022, primarily due to the debt service appropriations from the State of New York.
- Operating expenses, excluding professional liability expenses paid by the State, increased \$86.8 million in 2022.
- Pension expense decreased by \$23.5 million, overall net pension liability was reduced by \$126.2 million, during 2022, primarily for employees of the Hospital that participate in the New York State Employees' Retirement System (ERS).
- The Hospital adopted GASB No. 87, *Leases*, as of January 1, 2022. The adoption of this statement resulted in an increase in lease obligations of approximately \$36,404, related lease assets of approximately \$34,214 and a decrease in net position of approximately \$2,190.

(3) Overview of Financial Statements

The Hospital's audited financial statements consist of a balance sheet, statement of revenues, expenses and changes in net position, and statement of cash flows which have been prepared in conformity with accounting principles generally accepted in the United States of America as prescribed by the Governmental Accounting Standards Board ("GASB"). These financial statements and related notes provide information about the Hospital's activities for the calendar year ending December 31, 2022.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management's Discussion and Analysis (Unaudited)

December 31, 2022

(3) Overview of Financial Statements, Continued

The Hospital is a department of the Stony Brook Campus of SUNY. The financial statements of the Hospital are intended to present the financial position, changes in financial position and cash flows of only that portion of the financial reporting entity of the Stony Brook Campus of SUNY attributable to the transactions of the Hospital. They do not purport to, and do not, present fairly the financial position of the Stony Brook Campus of SUNY, changes in its financial position or its cash flows.

The Balance Sheet and the Statement of Revenues, Expenses and Changes in Net Position

These statements report information about the Hospital's resources and its activities that present the financial results and financial position, as of and for the calendar year ended December 31, 2022. These statements include all assets, deferred outflows of resources, liabilities, deferred inflows of resources and revenues and expenses using the accrual basis of accounting.

The Statement of Cash Flows

This statement reports cash receipts, cash payments and net changes in cash resulting from operating, investing and financing activities. It describes sources of cash, uses of cash and the changes in cash balances during the calendar year ended December 31, 2022.

Net Position

The Hospital's net position is the difference between its assets and deferred outflows of resources, less its liabilities and deferred inflows of resources reported in the balance sheet. The Hospital's net position was \$263.9 million and \$259.1 million at December 31, 2022 and December 31, 2021, respectively. The prior year's net position has been restated by \$2.2 million due to adoption of accounting principle for GASB No. 87, Leases. Table 1 below summarizes the Hospital's assets, deferred outflows of resources, liabilities, deferred inflows of resources and net position.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management's Discussion and Analysis (Unaudited)

December 31, 2022

(3) Overview of Financial Statements, Continued

Net Position, Continued

Table 1: Assets, Deferred Outflows of Resources, Liabilities, Deferred Inflows of Resources and Net Position

|                                      | <u>2022</u>       | <u>2021</u>       |
|--------------------------------------|-------------------|-------------------|
| Assets:                              |                   |                   |
| Current and other assets             | \$ 992,941        | \$ 911,236        |
| Capital and lease assets, net        | <u>718,504</u>    | <u>744,170</u>    |
| Total assets                         | 1,711,445         | 1,655,406         |
| Deferred outflows of resources       | 246,379           | 350,150           |
| Liabilities:                         |                   |                   |
| Long-term debt and lease obligations | 383,405           | 417,787           |
| Other liabilities                    | <u>868,752</u>    | <u>913,933</u>    |
| Total liabilities                    | 1,252,157         | 1,331,720         |
| Deferred inflows of resources        | 441,718           | 414,672           |
| Net position:                        |                   |                   |
| Net investment in capital assets     | 268,583           | 285,970           |
| Unrestricted                         | <u>(4,634)</u>    | <u>(26,806)</u>   |
| Total net position                   | <u>\$ 263,949</u> | <u>\$ 259,164</u> |

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management's Discussion and Analysis (Unaudited)

December 31, 2022

(3) Overview of Financial Statements, Continued

The change in current assets is:

|  | <u>2022</u>       | <u>2021</u>       | <u>Increase<br/>(decrease)</u> |
|--|-------------------|-------------------|--------------------------------|
| Current assets:  |                   |                   |                                |
| Cash and cash held by the State  | \$ 12,885         | \$ 107,977        | \$ (95,092)                    |
| Patient accounts receivable, net of allowance for<br>doubtful accounts | 233,585           | 187,420           | 46,165                         |
| Estimated disproportionate share receivable                            | 193,131           | 127,205           | 65,926                         |
| Inventories  | 29,415            | 30,066            | (651)                          |
| Prepaid expenses and other current assets                              | 34,908            | 35,448            | (540)                          |
| Due from State of New York   | 15,408            | -                 | 15,408                         |
| Due from State of New York - professional liability                    | <u>8,800</u>      | <u>9,700</u>      | <u>(900)</u>                   |
|  | <u>\$ 528,132</u> | <u>\$ 497,816</u> | <u>\$ 30,316</u>               |

2022 Current Assets

Overall cash balance decreased by \$95 million, primarily due to \$109 million of repayments to Centers for Medicare & Medicaid Services (CMS) Accelerated and Advance Payment Program and \$100 million increase in staffing costs due to hiring of contract nurses, overtime payments and union contractual obligations. In addition the Hospital paid \$12 million of FICA deferrals. These reductions were offset by approximately \$35 million of increased patient services cash collections due to revenue cycle improvements, enhanced contract rates and denials management. In addition, the State of New York provided \$26 million in debt service payments and the Hospital deferred \$59 million of New York State Health Insurance Program (NYSHIP) bills. Patient accounts receivable increased \$46 million as a result of a decrease in accounts receivable reserves from revenue cycle improvements. Disproportionate share receivable has increased \$65.9 million due to the increase in payment cap from \$230 million to \$305 million for the State of New York's 2023/24 budget for the SUNY Hospitals. This will allow the State to resume its historical cycle of fully paying reconciliation payments three years after the cost report is filed. Due from State of New York increased \$15.4 million as a result of the New York State Health Care and Mental Hygiene Worker Bonus (HWB) Program.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management's Discussion and Analysis (Unaudited)

December 31, 2022

(3) Overview of Financial Statements, Continued

The change in non-current assets and deferred outflows of resources is:

|   | <u>2022</u>         | <u>2021</u>         | <u>Increase<br/>(decrease)</u> |
|---|---------------------|---------------------|--------------------------------|
| Non-current assets:   |                     |                     |                                |
| Assets whose use is limited:  |                     |                     |                                |
| Internally designated   | \$ 440              | \$ 440              | \$ -                           |
| Lease proceeds  | 34,884              | 41,957              | (7,073)                        |
| Estimated disproportionate share receivable, net of current portion         | 75,725              | 134,318             | (58,593)                       |
| Due from State of New York - professional liability, net of current portion | 210,316             | 222,371             | (12,055)                       |
| Long-term patient accounts receivable, net                                  | 4,811               | 2,278               | 2,533                          |
| Capital and lease assets, net   | 718,504             | 744,170             | (25,666)                       |
| Other assets  | 14,106              | 12,056              | 2,050                          |
| Pension asset, net  | <u>124,527</u>      | <u>-</u>            | <u>124,527</u>                 |
| Total non-current assets  | 1,183,313           | 1,157,590           | 25,723                         |
| Deferred outflows of resources  | <u>246,379</u>      | <u>350,150</u>      | <u>(103,771)</u>               |
| Total non-current assets and deferred outflows of resources                 | <u>\$ 1,429,692</u> | <u>\$ 1,507,740</u> | <u>\$ 78,048</u>               |

2022 Non-current assets and Deferred Outflows of Resources

Lease proceeds decreased \$7.1 million due to equipment purchases made through Tax-Exempt Equipment Leasing Program (TELP). The non-current DSH receivable decreased due to the anticipated collection timing of outstanding DSH receivables and a corresponding increase of \$65.9 million to the current DSH receivable. Lease assets and capital assets (net of depreciation and amortization) decreased \$25.7 million, primarily due to 2022 capital purchases of \$63.2 million offset by current period depreciation and amortization of \$93.8 million. Due from NYS, professional liability decreased \$12.1 million due to a decrease in malpractice case claims reported by the NYS Attorney General's Office. The Hospital has a pension asset of \$124.5 million and the deferred outflows of resources decreased \$103.8 million due to actuarial determined valuations in accordance with GASB No. 68, *Accounting and Financial Reporting for Pensions*. See note 7 to the accompanying financial statements for the related pension disclosures.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management's Discussion and Analysis (Unaudited)

December 31, 2022

(3) Overview of Financial Statements, Continued

The change in current liabilities is:

|   | <u>2022</u>       | <u>2021</u>       | <u>Increase<br/>(decrease)</u> |
|---|-------------------|-------------------|--------------------------------|
| Current liabilities:  |                   |                   |                                |
| Current maturities of long-term debt and lease obligations          | \$ 29,097         | \$ 43,012         | \$ (13,915)                    |
| Accounts payable, accrued expenses and other                        | 143,288           | 135,771           | 7,517                          |
| Accrued salaries and wages  | 85,799            | 63,464            | 22,335                         |
| Accrued employee benefits   | 71,799            | 69,124            | 2,675                          |
| Accrued interest  | 5,157             | 4,254             | 903                            |
| Due to State of New York - professional liability                   | 8,800             | 9,700             | (900)                          |
| Due to State of New York  | 100,638           | 43,499            | 57,139                         |
| Due to third-party payors   | 26,771            | 33,295            | (6,524)                        |
| Current portion of Medicare Accelerated and Advance Payment Program | -                 | 109,236           | (109,236)                      |
| Due to CPMP   | <u>13,281</u>     | <u>37,822</u>     | <u>(24,541)</u>                |
| Total current liabilities   | <u>\$ 484,630</u> | <u>\$ 549,177</u> | <u>\$ (64,547)</u>             |

2022 Current liabilities

The decrease of \$13.9 million in current maturities of long-term debt is primarily attributable to the repayments on the current portion of debt and lease obligations. Accrued salaries and wages increased \$22.3 million primarily due to union contractual obligations and New York State Health Care and Mental Hygiene Worker Bonus (HWB) Program. Due to State of New York increased by \$57.1 million as a result of outstanding health insurance and worker's compensation premiums. Medicare advance current liability decreased by \$109.2 million due to CMS claim recoupments which ended September 2022. Due to CPMP decreased by \$24.5 million as a result of increased payments made towards outstanding balances.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management's Discussion and Analysis (Unaudited)

December 31, 2022

(3) Overview of Financial Statements, Continued

The change in non-current liabilities and deferred inflows of resources is:

|   | <u>2022</u>         | <u>2021</u>         | <u>Increase<br/>(decrease)</u> |
|---|---------------------|---------------------|--------------------------------|
| Long-term debt  | \$ 280,972          | \$ 300,352          | \$ (19,380)                    |
| Lease obligations   | 102,433             | 117,435             | (15,002)                       |
| Accrued employee benefits, net of current portion                         | 57,260              | 54,686              | 2,574                          |
| Due to State of New York - professional liability, net of current portion | 210,316             | 222,371             | (12,055)                       |
| Due to third-party payors, net of current portion                         | 40,595              | 34,169              | 6,426                          |
| Due to State of New York, net of current portion                          | 75,951              | 51,864              | 24,087                         |
| Net pension liability   | -                   | 1,666               | (1,666)                        |
| Total non-current liabilities   | <u>767,527</u>      | <u>782,543</u>      | <u>(15,016)</u>                |
| Deferred inflows of resources   | <u>441,718</u>      | <u>414,672</u>      | <u>27,046</u>                  |
| Total non-current liabilities and deferred inflows of resources           | <u>\$ 1,209,245</u> | <u>\$ 1,197,215</u> | <u>\$ 12,030</u>               |

2022 Non-current liabilities and deferred inflows of resources

Long-term debt decreased \$19.4 million due to 2022 bond issuances of \$15.6 million offset by New York Power Authority loan reclassification of \$22.3 million to Due to State of New York and principal debt appropriations of \$12.3 million. The New York State Department of Budget prepaid approximately \$21.4 million of New York Power Authority (NYPA) debt on behalf of the Hospital. This remains an obligation of the Hospital to the State of New York. Lease obligations decreased \$15 million primarily due to Tax Exempt Leasing Program (TELP) payments of \$9.5 million and \$4.6 million payment on lease agreements related to Eastern Long Island and Southampton IAA affiliation agreements. Net pension liability decreased \$1.7 million and deferred inflows of resources increased \$27 million due to actuarial determined valuations in accordance with GASB No. 68, Accounting and Financial Reporting for Pensions. See note 7 to the accompanying financial statements for the related pension disclosures.



**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management's Discussion and Analysis (Unaudited)

December 31, 2022

(4) Changes in Net Position

Table 2 below summarizes the Hospital's revenues, expenses and changes in net position between 2022 and 2021.

Table 2: Summary of Revenues, Expenses and Changes in Net Position

|   | <u>2022</u>      | <u>2021</u>        |
|---|------------------|--------------------|
| Operating revenues:   |                  |                    |
| Net patient service revenue - (net of provision for bad debts of approximately \$114,000 in 2022 and \$108,000 in 2021) | \$ 1,701,028     | \$ 1,564,119       |
| Disproportionate share revenue  | 214,862          | 235,284            |
| Other operating revenues  | <u>23,416</u>    | <u>23,984</u>      |
| Total operating revenues  | <u>1,939,306</u> | <u>1,823,387</u>   |
| Operating expenses:   |                  |                    |
| Salaries and wages  | 901,292          | 844,765            |
| Employee benefits   | 275,241          | 260,826            |
| Pension expense   | 20,089           | 43,601             |
| Supplies and other expenses   | 714,536          | 680,828            |
| Professional liability  | (11,270)         | (8,993)            |
| Depreciation and amortization   | <u>93,779</u>    | <u>90,283</u>      |
| Total operating expenses  | <u>1,993,667</u> | <u>1,911,310</u>   |
| Operating loss  | <u>(54,361)</u>  | <u>(87,923)</u>    |
| Non-operating revenues (expenses):  |                  |                    |
| State of New York appropriations, net   | 63,362           | 37,552             |
| State of New York professional liability appropriation  | (11,270)         | (8,993)            |
| Interest expense on capital-related debt  | (16,208)         | (15,793)           |
| Interest income   | 2,260            | 1,212              |
| Coronavirus relief assistance   | 17,520           | 8,712              |
| Other gains   | <u>-</u>         | <u>27</u>          |
| Total non-operating revenues, net   | <u>55,664</u>    | <u>22,717</u>      |
| Excess (deficiency) of revenues over expenses   | 1,303            | (65,206)           |
| Capital contributions   | <u>3,482</u>     | <u>5,506</u>       |
| Increase (decrease) in net position   | <u>\$ 4,785</u>  | <u>\$ (59,700)</u> |

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management's Discussion and Analysis (Unaudited)

December 31, 2022

(4) Changes in Net Position, Continued

Overall, operating revenues increased 6% in 2022. In year 2022, Net patient service revenue increases were primarily attributable to significant revenue cycle improvements, improved case mix index as well increases in contract rates. Disproportionate Share revenue decreased by 9% in 2022 primarily due to a \$30 million reserve adjustment to reflect potential reductions to Federal Medicaid DSH allotments to the States under the Affordable Care Act.

State of New York appropriations increased \$23.5 million in 2022. The increase was primarily due to debt service appropriations by the State of New York.

In 2022, salaries and wages increased 7%. The increase was attributable to contractual increases and overtime costs related to workforce shortages.

Employee benefits (including pension expense) were 33% of salaries and wages in 2022. In 2015, the Hospital adopted GASB No. 68, *Accounting and Financial Reporting for Pensions*. As compared to the cash contributions into the plan each year, the net effect of the GASB No. 68, *Accounting and Financial Reporting for Pensions* implementation resulted in a decrease of \$23.5 million in 2022 pension expense. See note 7 to the accompanying financial statements for the related pension disclosures.

In 2022, supplies and other expenses increased 5%. Approximately 2% of the increase is due to increases in contract nurses. The remaining 3% increase is due to increases in Physician support.

(5) Capital and Lease Assets and Debt Administration

At December 31, 2022 and 2021, the Hospital had \$718 million and \$744 million, respectively, invested in capital and lease assets, net of accumulated depreciation and amortization, as detailed in Table 3 below.

Table 3: Capital and Lease Assets

|                               | <u>2022</u>             | <u>2021</u>             |
|-------------------------------|-------------------------|-------------------------|
| Land                          | \$ 21                   | \$ 21                   |
| Land improvements             | 30,246                  | 30,246                  |
| Building                      | 867,406                 | 858,389                 |
| Equipment                     | 626,725                 | 598,982                 |
| Construction in progress      | 39,166                  | 26,980                  |
|                               | <hr/> 1,563,564         | <hr/> 1,514,618         |
| Accumulated depreciation      | (926,221)               | (853,158)               |
| Lease assets, net             | <hr/> 81,161            | <hr/> 82,710            |
| Capital and lease assets, net | <hr/> <u>\$ 718,504</u> | <hr/> <u>\$ 744,170</u> |

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management’s Discussion and Analysis (Unaudited)

December 31, 2022

(5) Capital and Lease Assets and Debt Administration, Continued

At December 31, 2022, the Hospital has \$281 million of long-term bonds outstanding which represents the Hospital’s allocated portion of the outstanding bonds payable to the Dormitory Authority of the State of New York and Empire State Development. During 2022, the Hospital recorded new bond issuances of approximately \$15.6 million offset by principal debt appropriations of \$12.3 million. Additionally, the New York State Department of Budget prepaid approximately \$21.4 million of New York Power Authority (NYPA) debt on behalf of the Hospital. This remains an obligation of the Hospital to the State of New York.

Table 4: Long-Term Debt and Lease Obligations

|                      | <u>2022</u>       | <u>2021</u>       |
|----------------------|-------------------|-------------------|
| Bonds                | \$ 280,972        | \$ 276,977        |
| NYPA                 | -                 | 23,375            |
| Leases               | <u>102,433</u>    | <u>117,435</u>    |
| Total long-term debt | 383,405           | 417,787           |
| Add current portion  | <u>29,097</u>     | <u>43,012</u>     |
| Total debt           | <u>\$ 412,502</u> | <u>\$ 460,799</u> |

(6) Economic Outlook

The Hospital continues to serve a significant number of patients in its community who are uninsured, under-insured or covered by Medicare and Medicaid programs. As a result, the Hospital’s continued viability is directly linked to appropriate levels of funding from Medicare, Medicaid and the Medicaid DSH programs. The significant payment lags from the NYS Medicaid DSH and FEMA programs has forced the hospital to borrow \$140 million in April 2023 from the University in order to pay for ongoing operational expenses. The New York State Department of Health has proposed limits on funds it will contribute towards DSH funding for the State’s public hospitals. In recent years, Medicare and Medicaid DSH payments were significantly reduced as part of various federal legislative actions, and while the impact of some of these reductions have been delayed, they have not been eliminated.

With the pressure to reduce the federal budget deficit, we also anticipate that both the federal and state governments will be under pressure to reduce their overall spending in future years. These spending reductions could result in significant cuts to Medicare and Medicaid rates and the State’s Support for Costs of State Sponsorship, having a negative impact on overall revenue.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Management's Discussion and Analysis (Unaudited)

December 31, 2022

(6) Economic Outlook, Continued

Although the impacts of COVID-19 have lessened, we remain in a period of uncertainty due to high rates of inflation, shortage of nursing and other staff, increasing labor costs and supply chain disruptions. Due to these and other uncertainties regarding the stability of the economy, the pandemic could continue to materially affect the Hospital's ability to conduct its operations, the cost of its operations and the generation of net patient service revenue, and such effects could be consequential to the healthcare system.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Balance Sheet

December 31, 2022

*(in thousands of dollars)*

Assets and Deferred Outflows of Resources

Current assets:

|   |               |
|---|---------------|
| Cash and cash held by the State   | \$ 12,885     |
| Patient accounts receivable, net of allowance for doubtful<br>accounts of approximately \$414,000 | 233,585       |
| Estimated disproportionate share receivable   | 193,131       |
| Due from State of New York  | 15,408        |
| Due from State of New York - professional liability   | 8,800         |
| Inventories   | 29,415        |
| Prepaid expenses and other current assets   | <u>34,908</u> |

Total current assets 528,132

Assets whose use is limited:

|  |               |
|--|---------------|
| Internally designated  | 440           |
| Lease proceeds   | 34,884        |
| Estimated disproportionate share receivable, net<br>of current portion         | 75,725        |
| Long-term patient accounts receivable, net                                     | 4,811         |
| Due from State of New York - professional liability,<br>net of current portion | 210,316       |
| Pension asset, net   | 124,527       |
| Lease assets, net  | 81,161        |
| Capital assets, net  | 637,343       |
| Other assets   | <u>14,106</u> |

Total assets 1,711,445

Deferred outflows of resources 246,379

Total assets and deferred outflows of resources \$ 1,957,824

Liabilities, Deferred Inflows of Resources and Net Position

|  |                            |
|--|----------------------------|
| Current liabilities:   |                            |
| Current maturities of long-term debt and leases                      | \$ 29,097                  |
| Accounts payable, accrued expenses and other                         | 143,288                    |
| Accrued salaries and wages   | 85,799                     |
| Accrued employee benefits  | 71,799                     |
| Accrued interest   | 5,157                      |
| Due to State of New York - professional liability                    | 8,800                      |
| Due to State of New York   | 100,638                    |
| Due to third-party payors  | 26,771                     |
| Due to Clinical Practice Management Plan ("CPMP")                    | 13,281                     |
|  | <hr/>                      |
| Total current liabilities  | 484,630                    |
|  | <hr/>                      |
| Long-term obligations, net of current maturities:                    |                            |
| Accrued employee benefits  | 57,260                     |
| Due to State of New York - professional liability                    | 210,316                    |
| Due to third-party payors  | 40,595                     |
| Due to State of New York   | 75,951                     |
| Long-term debt   | 280,972                    |
| Lease obligations  | 102,433                    |
|  | <hr/>                      |
| Total liabilities  | 1,252,157                  |
|  | <hr/>                      |
| Commitments, contingencies and uncertainties (notes 3 and 12)        |                            |
| Deferred inflows of resources  | 441,718                    |
|  | <hr/>                      |
| Total liabilities and deferred inflows of resources                  | 1,693,875                  |
|  | <hr/>                      |
| Net position:  |                            |
| Net investment in capital assets                                     | 268,583                    |
| Unrestricted   | (4,634)                    |
|  | <hr/>                      |
| Total net position   | 263,949                    |
|  | <hr/>                      |
| Total liabilities, deferred inflows of resources<br>and net position | \$ <u><u>1,957,824</u></u> |

See accompanying notes to the financial statements.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Statement of Revenues, Expenses and Changes in Net Position

Year ended December 31, 2022

*(in thousands of dollars)*

Operating revenues:

|   |               |
|---|---------------|
| Net patient service revenue (net of provision for bad debts of approximately \$114,000) | \$ 1,701,028  |
| Disproportionate share revenue  | 214,862       |
| Other operating revenues  | <u>23,416</u> |

|                          |                  |
|--------------------------|------------------|
| Total operating revenues | <u>1,939,306</u> |
|--------------------------|------------------|

Operating expenses:

|                               |               |
|-------------------------------|---------------|
| Salaries and wages            | 901,292       |
| Employee benefits             | 275,241       |
| Pension expense               | 20,089        |
| Supplies and other expenses   | 714,536       |
| Professional liability        | (11,270)      |
| Depreciation and amortization | <u>93,779</u> |

|                          |                  |
|--------------------------|------------------|
| Total operating expenses | <u>1,993,667</u> |
|--------------------------|------------------|

|                |                 |
|----------------|-----------------|
| Operating loss | <u>(54,361)</u> |
|----------------|-----------------|

Non-operating revenues (expenses):

|  |               |
|--|---------------|
| State of New York appropriations, net                  | 63,362        |
| State of New York professional liability appropriation | (11,270)      |
| Interest expense on capital-related debt               | (16,208)      |
| Interest income  | 2,260         |
| Nonoperating grants                                    | <u>17,520</u> |

|                                   |               |
|-----------------------------------|---------------|
| Total non-operating revenues, net | <u>55,664</u> |
|-----------------------------------|---------------|

|                                  |       |
|----------------------------------|-------|
| Excess of revenues over expenses | 1,303 |
|----------------------------------|-------|

|                       |              |
|-----------------------|--------------|
| Capital contributions | <u>3,482</u> |
|-----------------------|--------------|

|                          |       |
|--------------------------|-------|
| Increase in net position | 4,785 |
|--------------------------|-------|

|  |                |
|--|----------------|
| Net position at the beginning of year, as restated | <u>259,164</u> |
|--|----------------|

|                                 |                          |
|---------------------------------|--------------------------|
| Net position at the end of year | <u><u>\$ 263,949</u></u> |
|---------------------------------|--------------------------|

See accompanying notes to the financial statements.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Statement of Cash Flows

Year ended December 31, 2022

*(in thousands of dollars)*

|   |                  |
|---|------------------|
| Cash flows from operating activities:                     |                  |
| Services to patients                                      | \$ 1,652,232     |
| Disproportionate share and pool payments, net             | 207,529          |
| Medicare advances   | (109,236)        |
| Other receipts  | 23,772           |
| Salaries and wages  | (861,112)        |
| Employee benefits   | (217,132)        |
| Supplies and other expenses                               | <u>(731,998)</u> |
| Net cash used in operating activities                     | <u>(35,945)</u>  |
| Cash flows from noncapital financing activities:          |                  |
| Nonoperating grants                                       | 2,112            |
| Repayments of other long-term obligations                 | <u>(2,737)</u>   |
| Net cash used in noncapital financing activities          | <u>(625)</u>     |
| Cash flows from capital and related financing activities: |                  |
| Purchases of capital assets                               | (63,237)         |
| Change in assets whose use is limited                     | 7,073            |
| Proceeds from issuance of long-term debt                  | 15,649           |
| Repayments on debt obligations and leases                 | (43,846)         |
| Interest paid on capital debt and leases                  | (13,134)         |
| Capital advances from the State, net                      | 8,455            |
| Capital appropriations from the State                     | 24,776           |
| Capital contributions received                            | <u>3,482</u>     |
| Net cash used in capital and related financing activities | <u>(60,782)</u>  |
| Cash flows provided by investing activities -             |                  |
| Interest income   | <u>2,260</u>     |
| Net decrease in cash and cash held by the State           | (95,092)         |
| Cash and cash held by the State:                          |                  |
| Beginning of year   | <u>107,977</u>   |
| End of year   | <u>\$ 12,885</u> |



**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Statement of Cash Flows, Continued

*(in thousands of dollars)*

|   |                    |
|---|--------------------|
| Reconciliation of operating loss to net cash used in operating activities:        |                    |
| Operating loss  | \$ (54,361)        |
| Adjustments to reconcile operating loss to net cash used in operating activities: |                    |
| Depreciation and amortization   | 93,779             |
| Provision for bad debts   | 113,531            |
| Professional liability  | (11,270)           |
| Other noncash transactions  | 37,533             |
| Changes in operating assets and liabilities:                                      |                    |
| Patient accounts receivable   | (162,229)          |
| Estimated disproportionate share receivable                                       | (7,333)            |
| Due to/from third-party payors, net   | (98)               |
| Medicare advances   | (109,236)          |
| Inventories, prepaid expenses and other current assets                            | 1,191              |
| Other assets  | (2,050)            |
| Accrued salaries and employee benefits  | 26,527             |
| Accounts payable, accrued expenses, and other obligations                         | 8,294              |
| Due to/from State of New York, net  | 51,247             |
| Change in pension obligations   | 3,071              |
| Due to/from Clinical Practice Management Plan ("CPMP"), net                       | <u>(24,541)</u>    |
| Net cash used in operating activities   | <u>\$ (35,945)</u> |

See accompanying notes to the financial statements.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

December 31, 2022

*(in thousands of dollars)*

(1) Organization

Stony Brook University Hospital (the “Hospital”) is operated as a department of the Stony Brook Campus (the “Campus”) of the State University of New York (the “University” or “SUNY”). The University is a corporation within the Education Department of the State of New York (the “State”). Cash received by the Hospital from collection of accounts receivable or other sources is remitted to the State (see cash and cash held by the State). Expenditures of the Hospital are paid by the State. In addition, expenses related to certain general, professional and administrative services incurred by the Health Sciences Center, a unit of the University, are allocated to the Hospital based on various statistics and other data reflective of the Hospital’s use of such services. The financial statements are intended to present the financial position, changes in financial position and cash flows of only that portion of the financial reporting entity of SUNY attributable to the transactions of the Hospital. They do not purport to, and do not present fairly the financial position of SUNY, changes in its financial position or its cash flows. The accounts of the Health Sciences Center or any of its constituent parts or other affiliated institutions are not included. The Health Sciences Center is composed of the Schools of Dental Medicine, Medicine, Nursing, Health Technology and Management and Social Welfare. The Health Sciences Center educates the individuals who will comprise the health care community of tomorrow and contributes to the knowledge base of the health sciences. The Hospital’s financial position should be viewed as part of the University and not as an independent entity.

The Hospital is located in Suffolk County, New York and provides a full range of inpatient and outpatient services. As a department of the Campus, the Hospital is not subject to federal or state income taxes.

In accordance with the Southampton Hospital Association Integration and Affiliation Agreement (SHA IAA), on August 1, 2017 (the Closing Date), SUNY, on behalf of the Hospital, acquired certain assets of SHA and assumed certain liabilities pursuant to a lease agreement. In accordance with the SHA IAA and the lease agreement, Southampton Hospital surrendered its Article 28 license on the Closing Date and all operations of Southampton Hospital, a 125 bed hospital, were transferred to SUNY and are being operated by the Hospital under the name Stony Brook Southampton Hospital (Southampton). The lease terminates after fifty years, but may be terminated earlier by SUNY given two years prior written notice if Southampton fails to meet certain financial benchmarks as stipulated in the agreement, or by mutual agreement.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

*(in thousands of dollars)*

(1) Organization, Continued

In conjunction with the SHA IAA, the Hospital acquired control of Meeting House Lane Medical Practice (“Practice”). The Practice, whose sole shareholder is the Chief Medical Officer at Southampton, is a separate not-for-profit physician group that formed in 2008 to provide healthcare services to the Southampton community and support the operations of Southampton. The financial activity of the Practice is not significant, but is included within these financial statements with all intercompany activity eliminated.

As part of the transaction, SHA entered into an Asset Purchase Agreement (APA) with Staffco of Brooklyn, LLC (Staffco), a registered professional employer organization. As part of the APA, on the Closing Date Staffco assumed certain liabilities related to the management of SHA’s employees and offered employment to substantially all of the SHA employees. In accordance with the SHA IAA, SUNY, on behalf of the Hospital, entered into a professional employer agreement with Staffco to assume the cost of the former SHA employees and lease all employee post-transaction related costs to operate Southampton campus.

On April 22, 2019, the New York State Supreme Court in Suffolk County approved the Integration and Affiliation Agreement (ELIHA IAA) with Eastern Long Island Hospital Association (ELIHA). The final closing date of the transaction was July 1, 2019 (the Closing Date). In accordance with the IAA, SUNY, on behalf of the Hospital, acquired certain assets of ELIHA and assumed certain liabilities pursuant to a lease agreement. In accordance with the ELIHA IAA and the lease agreement, ELIHA surrendered its Article 28 license on the Closing Date and all operations of Eastern Long Island Hospital, a 90 bed hospital, were transferred to SUNY and are being operated by the Hospital under the name Stony Brook Eastern Long Island Hospital (ELIH). The lease terminates after fifty years, but may be terminated earlier by SUNY given two years prior written notice if ELIH fails to meet certain financial benchmarks as stipulated in the agreement, or by mutual agreement.

In conjunction with the ELIHA IAA, the Hospital acquired control of East End Physician Services, P.C. (“EEPS”). EEPS, whose sole shareholder is the Chief Medical Officer at ELIH, is a separate not-for-profit physician group that formed in 2012 to provide healthcare services to the Eastern Long Island community and support the operations of ELIH. The financial activity of EEPS is not significant, but is included within these financial statements with all intercompany activity eliminated.

As part of the transaction, ELIHA entered into an Asset Purchase Agreement (APA) with Staffco. As part of the APA, on the Closing Date Staffco assumed certain liabilities related to the management of ELIHA’s employees and offered employment to substantially all of the ELIHA employees. In accordance with the ELIHA IAA, SUNY, on behalf of the Hospital, entered into a professional employer agreement with Staffco to assume the cost of the former ELIHA employees and lease all employee post-transaction related costs to operate the ELIH campus.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

*(in thousands of dollars)*

(1) Organization, Continued

Assets and liabilities assumed by the Hospital from ELIHA, Staffco, and EEPS resulted in a loss on the transaction of \$10,724, recorded as a deferred outflow of resources on the balance sheet during 2019 in accordance with Governmental Accounting Standards Board (GASB) Statement No. 69. The deferred outflow of resources is being amortized over 22 years. The lease obligation to ELIHA has been recorded as a lease obligation (see note 10).

(2) Summary of Significant Policies

The following is a summary of the significant accounting policies:

(a) Basis of Presentation

The accompanying financial statements of the Hospital have been prepared on the accrual basis of accounting and in conformity with accounting principles generally accepted in the United States of America as prescribed by the Governmental Accounting Standards Board (GASB) and the American Institute of Certified Public Accountants' "Audit and Accounting Guide for Health Care Entities," under the economic resources measurement focus. Reported expenses include the direct expenses of the Hospital and an allocation of costs from (and to) other units of the University for services provided to and shared with the Hospital. Reported revenue includes net transfers from the State representing its support to the Hospital for the costs of state sponsorship (see note 4 for details regarding this support).

(b) New Accounting Pronouncement

In June 2017, the GASB issued Statement No. 87, *Leases* ("GASB No. 87"). GASB No. 87 establishes standards of accounting and financial reporting by lessees and lessors. GASB No. 87 requires a lessee to recognize a lease liability and an intangible right-to-use lease asset at the commencement of the lease term, with certain exceptions, and will require a lessor to recognize a lease receivable and a deferred inflow of resources at the commencement of the lease term, with certain exceptions. The Hospital adopted GASB No. 87 as of January 1, 2022. The adoption of this statement resulted in an increase in lease obligations of approximately \$36,404, related lease assets of approximately \$34,214 and a decrease to net position of approximately \$2,190 related to leases in which the Hospital is the lessee.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

*(in thousands of dollars)*

(2) Summary of Significant Policies, Continued

(c) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expense during the reporting period. The most significant estimates relate to the allowance for doubtful accounts, contractual allowances, coronavirus relief assistance, amounts due to or due from third-party payors including disproportionate share receivable, allocations from the University and the State, the actuarially determined proportionate share of the net pension liability, estimated employee benefit costs, and reserves for professional liabilities. Actual results could differ from those estimates.

(d) Cash and Cash Held by the State

The Hospital considers all highly liquid investments with original maturities of three months or less to be cash equivalents, excluding assets whose use is limited. Cash and cash held by the State represent funds held by or on behalf of the University and designated by the University for the Hospital. Such funds include an allocation of the University's cash and deposits with New York State. Deposits with New York State represent University funds held in the State Treasury. The available cash balance in the University's designated accounts beyond immediate need is pooled with other State funds for short-term investment purposes.

The pooled balances are limited to legally-stipulated investments which include: obligations of or guaranteed by the United States, obligations of New York and its political subdivisions; and repurchase agreements. These investments are held by the State's agent in its name on behalf of the University.

The funds allocated by the University in its records for the Hospital are interest-bearing to the Hospital and are immediately available for disbursement by the State on behalf of the Hospital, subject to appropriation authorization.

The University does not have a formal policy for collateral requirements for cash deposits. The New York State comprehensive annual financial report reflects the standard defining risk disclosures for deposits held in the State treasury. Deposits not held in the State treasury that are not covered by a depository insurance are a) uncollateralized b) collateralized with securities held by a pledging financial institution or c) collateralized with securities held by a pledging financial institution's trust department or agency but not in the University or affiliate's name.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

*(in thousands of dollars)*

(2) Summary of Significant Policies, Continued

(d) Cash and Cash Held by the State, Continued

At December 31, 2022, the Hospital had cash balances in a financial institution that exceed Federal Deposit Insurance Corporation limits. Management believes that the credit risk related to those deposits is minimal.

(e) Assets Whose Use is Limited

Assets whose use is limited include assets set aside for specific purposes under internal designation or terms of agreements. Assets whose use is limited total \$35,324 as of December 31, 2022. Specific purpose funds primarily include unexpended escrow funds for equipment leases and internally designated funds for future capital projects.

(f) Inventories

Inventories are stated at the lower of average cost or market on a first-in, first-out basis.

(g) Net Patient Service Revenue and Patient Accounts Receivable

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under the provisions of case payment and cost reimbursement formulae. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

(h) Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. During 2022, costs incurred by the Hospital for the provision of charity care were based on a ratio of the Hospital's costs to gross charges which approximated \$8,510.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

*(in thousands of dollars)*

(2) Summary of Significant Policies, Continued

(i) Capital Assets

Capital assets are stated on a historical cost basis. Maintenance and repairs are charged to expense and betterments are capitalized. Depreciation of capital assets is computed using the straight-line method over the estimated useful lives of the assets ranging from 2 to 40 years or the lease term of the related asset, whichever is shorter, which generally conform with guidelines established by the American Hospital Association. Depreciation for major moveable assets is calculated based upon the actual number of months in use for Hospital operations during the year. Depreciation for other capital assets is calculated using a half-year convention. Upon sale or retirement of capital assets, the costs and related accumulated depreciation are eliminated from the accounts and the resulting gain or loss, if any, is reported in the statement of revenues, expenses and changes in net position.

All capital assets are owned by New York State and are remitted back to the State, upon retirement and/or disposal at book value. The Hospital evaluates its capital assets for impairment whenever events or changes in circumstances indicate the carrying amount of the capital asset may not be recoverable.

The Health Sciences Center is comprised of three interconnecting buildings: the Hospital, the Clinical Sciences building and the Basic Science building. A free-standing power plant services the Health Sciences Center. The recently constructed Medicine and Research Translation building (MART) and Hospital Bed Tower total approximately 465,000 square feet of which 265,000 square feet is used for Hospital operations. Recorded capital assets include the costs of the Hospital's buildings and related land, land improvements and fixed equipment and all moveable equipment used in Hospital operations. Recorded capital assets do not include the costs of the Basic and Clinical Sciences buildings, parts of which are used in Hospital operations, the power plant or the garages.

(j) Leases

The Hospital is party to multiple leases of nonfinancial assets as a lessee. The Hospital recognizes a lease liability and an intangible right-to-use lease asset in the financial statements.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

*(in thousands of dollars)*

(2) Summary of Significant Policies, Continued

(j) Leases, Continued

At the commencement of a lease, the Hospital initially measures the lease liability at the present value of payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made. The lease asset is initially measured as the initial amount of the lease liability, adjusted for lease payments made at or before the lease commencement date, plus certain initial direct costs. Subsequently, the lease asset is amortized on a straight-line basis over its useful life.

Key estimates and judgments related to leases include how the Hospital determines (1) the discount rate used to discount the expected lease payments to present value, (2) lease term, and (3) lease payments. The Hospital uses the interest rate charged by the lessor as the discount rate. When the interest rate charged by the lessor is not provided, the Hospital generally uses its estimated incremental borrowing rate as the discount rate for leases. The lease term includes the noncancellable period of the lease. Lease payments included in the measurement of the lease liability are composed of fixed payments and purchase option price that the Hospital is reasonably certain to exercise.

The Hospital monitors changes in circumstances that would require a remeasurement of its leases and will remeasure lease assets and liabilities if certain changes occur that are expected to significantly affect the amount of any lease liability.

(k) Long-Term Patient Accounts Receivable

Long-term patient accounts receivable consist of patient accounts receivable which are expected to be collected in greater than one year. As of December 31, 2022, patient accounts receivable, maintained by the New York State Attorney General are approximately \$4,811.

(l) Accrued Employee Benefits

The Hospital's employees are permitted to accumulate unused vacation and sick leave time up to certain maximum amounts. The Hospital accrues the estimated expense related to vacation pay based on pay rates currently in effect. At eligible retirement, any unused sick leave credits may be used to pay for the employee's share of post-employment health insurance payments. The Hospital accrues an estimated liability for these anticipated termination payments.



**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

*(in thousands of dollars)*

(2) Summary of Significant Policies, Continued

(m) Employee Health and Welfare Benefits

The State provides health insurance coverage and survivor benefits for retired Hospital employees and their survivors. The cost of such benefits is included on an allocated basis in the employee benefit rate as determined by the State. Employee health and welfare benefit expense includes approximately \$117,087 in 2022 for active and retired employee's health insurance.

(n) Estimated Professional Liability Costs

The provision for estimated medical professional liability claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported (see note 12).

(o) Deferred Outflows of Resources and Deferred Inflows of Resources

Deferred outflows of resources are defined as a consumption of net assets by the Hospital that is applicable to a future reporting period. Deferred inflows of resources are defined as an acquisition of net assets by the Hospital that is applicable to a future reporting period.

Deferred outflows and deferred inflows of resources include amounts related to changes in the net pension liability or asset of the Hospital's proportionate share in the cost sharing pension plans. Deferred outflows of resources also include the net loss (liabilities assumed in excess of assets assumed) as part of the ELIHA IAA, the Hospital's contribution to the cost sharing pension plan subsequent to the measurement date, and losses resulting from refinancing of debt which represents the difference between the reacquisition price and the net carrying amount of the old debt and is amortized over the life of the related debt.

(p) Net Position

Net position is the difference between assets and deferred outflows of resources and liabilities and deferred inflows of resources. Net investment in capital assets consists of capital and lease assets including restricted capital assets (if any), less accumulated depreciation and amortization and any outstanding debt related to the acquisition, construction or improvement of the assets. When the Hospital has both restricted and unrestricted resources available to finance a particular program, it is the Hospital's practice to use restricted resources before unrestricted resources.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

*(in thousands of dollars)*

(2) Summary of Significant Policies, Continued

(q) Grants and Contributions

The Hospital receives grants as well as contributions from private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific non-capital purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses as capital contributions.

(r) Performance Indicator

The statement of revenues, expenses and changes in net position includes excess of revenues over expenses as the performance indicator. Transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as operating revenues and expenses. All other activities are reported as non-operating activities.

(s) Subsequent Events

Subsequent events have been evaluated through May 31, 2023, the date in which the financial statements were available to be issued.

(3) Coronavirus (COVID-19) Pandemic

*Pandemic*

In March 2020, the World Health Organization declared the COVID-19 outbreak a pandemic and the United States federal government declared COVID-19 a national emergency. The COVID-19 pandemic resulted in various restrictive measures mandated by New York State such as limits on elective surgeries, social distancing, quarantines and shelter-in-place orders.

The Hospital continues to address the challenges and impacts of the COVID-19 pandemic including protecting the health and safety of employees and patients as well as assessing the availability of personal protective equipment, ICU beds, and other needed supplies to be better positioned for potential surges and comply with regulations. Although the impacts of COVID-19 have lessened, the Hospital remains in a period of uncertainty due to high rates of inflation, shortage of nursing and other staff, increasing labor costs and supply chain disruptions. Because of these and other uncertainties, the Hospital cannot estimate the length or severity of the pandemic's impact on the business. Any further decreases in cash flows and operating performance may have an impact on significant accounting estimates, including provision for bad debts related to uninsured patient accounts and potential impairments of long-lived assets.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

(in thousands of dollars)

(3) Coronavirus (COVID-19) Pandemic, Continued

*Centers for Medicare and Medicaid Services Expanded Accelerated and Advance Payments Program*

In April 2020, the Hospital received \$194,000 in payments under the CMS Expanded Accelerated and Advance Payments Program. In accordance with the program, recoupment began in April 2021. All amounts initially advanced were recouped prior to December 31, 2022.

(4) Transactions with the University and the State of New York

University

The Hospital provides funds to the Stony Brook School of Medicine (“SOM”), as well as the eighteen not-for-profit professional corporations operated as part of the Clinical Practice Management Plan (“CPMP”), in order to support the mission of the University. CPMP is a medical practice plan established for the faculty of the SOM. The Hospital pays for physician leadership, teaching and supervision, hospitalists, physician extenders, quality initiatives, program support, Medicaid indigent losses and clinical faculty investments for new hires. CPMP physicians treat patients in the Hospital’s facilities and bill the patients directly for the services rendered. The Hospital bills a facility usage charge to CPMP to partially offset the direct and indirect costs incurred by the Hospital in staffing, supplying and servicing the facilities used by CPMP.

In addition, the Hospital purchases its utilities, food services, shared administrative services and public safety from the Campus.

The amounts in the following table reflect the transactions with the SOM, CPMP and Campus for the year ended December 31, 2022:

|                              |    |         |
|------------------------------|----|---------|
| Physician services           | \$ | 150,303 |
| Split line salary funding    |    | 97,632  |
| Facility rental income       |    | (4,955) |
|                              |    | 242,980 |
|                              |    |         |
| Plant and utilities          |    | 24,613  |
| Food services                |    | 12,959  |
| Administrative services      |    | 9,720   |
| Public safety                |    | 5,389   |
| Other                        |    | 3,469   |
|                              |    | 56,150  |
|                              |    |         |
| Campus funding               |    | 56,150  |
|                              |    | 56,150  |
|                              |    |         |
| Total shared service funding | \$ | 299,130 |

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

(in thousands of dollars)

(4) Transactions with the University and the State of New York, Continued

State

The State of New York funds benefits expense for certain employees and provides support for certain other activities. During 2022, the Hospital also received debt service appropriations from the State of New York. The reported net appropriations representing this support from the State is classified as non-operating revenues and includes the following amounts for the year ended December 31, 2022:

|  |                    |
|--|--------------------|
| Professional liability claims (note 12)  | \$ <u>(11,270)</u> |
| Debt service                             | 25,829             |
| Transfers for costs of State sponsorship | <u>37,533</u>      |
|  | \$ <u>63,362</u>   |

The recorded appropriation receivable and amounts due to New York State at December 31, 2022 consisted of the following:

|  |                     |
|--|---------------------|
| Due from State of New York - grant receivable                      | \$ <u>15,408</u>    |
| Due from State of New York - professional liability                | <u>\$ 219,116</u>   |
| Due to State of New York - STIP                                    | (5,800)             |
| Due to State of New York - STIP interest                           | (6,016)             |
| Due to State of New York - fringe benefits                         | (71,300)            |
| Due to State of New York - retirement plans                        | (6,822)             |
| Due to State of New York - cash overdraft                          | (13,907)            |
| Due to State of New York - capital advances                        | (29,676)            |
| Due to State of New York - NYPA loans                              | (23,413)            |
| Due to State of New York - debt service paid on behalf of Hospital | <u>(19,655)</u>     |
|  | \$ <u>(176,589)</u> |

At June 30, 2001, the State University of New York converted the Hospital's outstanding balances due to the State of New York for employee benefits and debt service into an informal Short-Term Interest Pool (STIP) loan. Interest is accrued at the average daily short-term interest rate as provided by the Office of the State Comptroller. During 2022, interest was accrued at rates ranging from 0.098% to 4.002%. During 2022, no payments were made by the Hospital.

During 2022, the State of New York advanced the Hospital funds of \$17,920. During 2022, the Hospital used bond proceeds to repay \$8,387. The Hospital anticipates repaying the remaining advance from 2023 bond proceeds.

**STONY BROOK UNIVERSITY HOSPITAL,  
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Notes to Financial Statements

*(in thousands of dollars)*

(4) Transactions with the University and the State of New York, Continued

State, Continued

During 2010, the State University of New York formed two limited liability companies, Stony Brook Business Ventures, LLC (“SBBV”) and SB Administrative Services LLC, enabling the Hospital and Health Sciences Center to participate in healthcare networks and other joint and cooperative arrangements with public, non-profit or business entities, including, but not limited to, furnishing, directly or indirectly, management and administrative services to healthcare providers, practitioners, institutions and managed-care entities and to engage in other activities in support of their educational, teaching and research missions. SBBV has the contractual rights to borrow up to \$25.5 million plus accrued interest through September 15, 2030 from the Hospital in order to fund its startup and working capital costs. Interest accrues from the date the principal amount is disbursed at the New York State short-term investments program rate (1.55% at December 31, 2022) plus one percent. SBBV has granted the Hospital a continuing first priority security interest in and to substantially all of its assets excluding leased property. As of December 31, 2022, \$20 million was outstanding on the loan. The Hospital has recorded a reserve on the loan of approximately \$14.9 million at December 31, 2022. The loan and reserve are included with other assets in the accompanying financial statements.

During 2021, \$19,655 of certain bonds were paid by New York State on behalf of the Hospital, which the Hospital is obligated to repay to New York State. The Hospital also had an existing loan agreement with the New York Power Authority (NYPA) to develop and implement energy conservation improvements at Hospital facilities and ultimately reduce energy consumption and related expenses. During 2022, New York State paid off the debt services on the loans on behalf of the Hospital, which the Hospital is obligated to repay.

In 2023, the University of New York advanced the Hospital \$140,000 to support ongoing operations. The advance is not subject to specific repayment terms, but the amount is expected to be repaid during 2023.

(5) Net Patient Service Revenue, Accounts Receivable, Allowance for Doubtful Accounts

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from established charges. Payment arrangements include prospectively determined rates per discharge or visit, reimbursed costs, discounted charges and per diem payments.

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*(in thousands of dollars)*

(5) Net Patient Service Revenue, Accounts Receivable, Allowance for Doubtful Accounts,  
Continued

Billings relating to services rendered are recorded as net patient service revenue and patient accounts receivable in the period in which the service is performed, net of contractual and other allowances that represent differences between gross charges and the estimated receipts under such programs. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

The process for estimating the ultimate collection of receivables involves significant assumptions and judgments. The Hospital has implemented a monthly standardized approach to estimate and review the collectibility of receivables based on the payor classification and the period from which the receivables have been outstanding. The use of historical collection and payor reimbursement experience are an integral part of the estimation process of reserves for doubtful accounts. Revision in the allowance for doubtful accounts estimates are recorded as an adjustment to the provision for bad debts.

A summary of the payment arrangements with major third-party payors follows:

- Medicare: Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient psychiatric services, capital, medical education costs and disproportionate share costs related to Medicare beneficiaries are paid based on an estimated tentative calculation. The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary.
- Non-Medicare Payments: The New York Health Care Reform Act of 1996, as updated, governs payments to hospitals in New York State. Under this system, hospitals and all non-Medicare payors, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospital's payment rates. If negotiated rates are not established, payors are billed at hospital's established charges. Medicaid, workers' compensation and no-fault payors pay hospital rates promulgated by the New York State Department of Health ("DOH") on a prospective basis. Adjustments to current and prior years' rates for these payors will continue to be made in the future.

The current Medicaid, Medicare and other third-party payor programs are based upon extremely complex laws and regulations that are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

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*(in thousands of dollars)*

(5) Net Patient Service Revenue, Accounts Receivable, Allowance for Doubtful Accounts,  
Continued

Additionally, noncompliance with such laws and regulations could result in fines, penalties and exclusion from such programs. The Hospital is not aware of any allegations of noncompliance that could have a material adverse effect on the financial statements and believes that it is in compliance with all applicable laws and regulations.

Revenue from the Medicare and Medicaid programs, inclusive of Managed Care programs, accounted for approximately 46% of the Hospital's net patient service revenue for the year ended December 31, 2022.

The Hospital's cost reports have been audited and finalized by the Medicare fiscal intermediary through December 31, 2017.

The Hospital has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payors for potential adjustments to current and prior year payment rates, resulting from audit and final settlements. Differences between the estimates and the amounts settled are recorded in the year of settlement.

Due to changes in estimates of third-party receivables and payables during 2022, the Hospital recorded a net increase in net patient service revenue of approximately \$19,900, as a result of third-party payor reimbursement rate settlements or changes in estimates relating to prior rate years.

*Medicaid Disproportionate Share Revenue*

Congress created the Medicaid Disproportionate Share (DSH) program to ensure that safety net hospitals would have adequate reimbursement rates to continue to provide services to their patients. New York State (NYS) Medicaid DSH payments are matched in the same fashion as ordinary Medicaid payments. For NYS, the match is split between the State and the Federal government. The Federal government caps the amount of dollars that it will contribute to each State's Medicaid DSH program. The State cap is measured on a cash basis. The Hospital's DSH revenue is recorded on an accrual basis.

In order for any payments to be made to NYS hospitals for the Medicaid DSH program, such amounts must be approved in the annual NYS budget. The Medicaid DSH program is part of the NYS Department of Health's (DOH) budget. The NYS Medicaid DSH program allows the Hospital to claim reimbursement for losses from serving Medicaid and self-pay patients. The Hospital files a cost report annually to claim the reimbursement from Medicaid.

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(in thousands of dollars)

(5) Net Patient Service Revenue, Accounts Receivable, Allowance for Doubtful Accounts, Continued

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements.

Significant concentrations of the current portion of patient accounts receivable by payor at December 31, 2022 are as follows:

Patient Accounts Receivable

|                                      |                          |
|--------------------------------------|--------------------------|
| Governmental related programs        | \$ 170,229               |
| Health maintenance organizations     | 165,801                  |
| Commercial insurance carriers        | 181,078                  |
| Other                                | <u>130,492</u>           |
| Total patient accounts receivable    | 647,600                  |
| Less allowance for doubtful accounts | <u>(414,015)</u>         |
| Patient accounts receivable, net     | <u><u>\$ 233,585</u></u> |

(6) Capital and Lease Assets

The historical cost of capital assets and capital asset activities for the year ended December 31, 2022 is as follows:

|                                      | <u>2021</u>       | Additions/<br><u>other</u> | <u>Retirements</u> | <u>2022</u>       |
|--------------------------------------|-------------------|----------------------------|--------------------|-------------------|
| Depreciable assets:                  |                   |                            |                    |                   |
| Land improvements                    | \$ 30,246         | \$ -                       | \$ -               | \$ 30,246         |
| Buildings and leasehold improvements | 858,390           | 9,023                      | (6)                | 867,407           |
| Fixed equipment                      | 104,666           | 1,474                      | -                  | 106,140           |
| Movable equipment                    | <u>494,315</u>    | <u>33,893</u>              | <u>(7,624)</u>     | <u>520,584</u>    |
|                                      | <u>1,487,617</u>  | <u>44,390</u>              | <u>(7,630)</u>     | <u>1,524,377</u>  |
| Less accumulated depreciation:       |                   |                            |                    |                   |
| Land improvements                    | (18,302)          | (1,196)                    | -                  | (19,498)          |
| Buildings and leasehold improvements | (368,996)         | (33,526)                   | -                  | (402,522)         |
| Fixed equipment                      | (64,066)          | (6,522)                    | -                  | (70,588)          |
| Movable equipment                    | <u>(401,794)</u>  | <u>(39,443)</u>            | <u>7,624</u>       | <u>(433,613)</u>  |
|                                      | <u>(853,158)</u>  | <u>(80,687)</u>            | <u>7,624</u>       | <u>(926,221)</u>  |
| Nondepreciable assets:               |                   |                            |                    |                   |
| Land                                 | 21                | -                          | -                  | 21                |
| Construction in progress             | <u>26,980</u>     | <u>12,186</u>              | <u>-</u>           | <u>39,166</u>     |
|                                      | <u>\$ 661,460</u> | <u>\$ (24,111)</u>         | <u>\$ (6)</u>      | <u>\$ 637,343</u> |



**STONY BROOK UNIVERSITY HOSPITAL,  
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(in thousands of dollars)

(6) Capital and Lease Assets

The Hospital is a lessee for various noncancellable leases for non-financial assets. A summary of lease asset activity for the year ended December 31, 2022 is as follows:

|                                      | <u>2021</u>      | Additions/<br><u>other</u> | <u>Retirements</u> | <u>2022</u>      |
|--------------------------------------|------------------|----------------------------|--------------------|------------------|
| Lease assets:                        |                  |                            |                    |                  |
| Buildings and leasehold improvements | \$ 96,743        | \$ 2,570                   | \$ -               | \$ 99,313        |
| Equipment and other                  | 64,642           | 7,387                      | -                  | 72,029           |
|                                      | <u>161,385</u>   | <u>9,957</u>               | <u>-</u>           | <u>171,342</u>   |
| Less accumulated amortization:       |                  |                            |                    |                  |
| Buildings and leasehold improvements | (40,845)         | (7,306)                    | -                  | (48,151)         |
| Equipment and other                  | (37,830)         | (4,200)                    | -                  | (42,030)         |
|                                      | <u>(78,675)</u>  | <u>(11,506)</u>            | <u>-</u>           | <u>(90,181)</u>  |
|                                      | <u>\$ 82,710</u> | <u>\$ (1,549)</u>          | <u>\$ -</u>        | <u>\$ 81,161</u> |

(7) Retirement Plans

The Hospital offers state administered retirement plans: the New York State Employees Retirement System (“ERS”) and an Optional Retirement Program (“ORP”). Obligations of employers and employees to contribute and benefits to employees under these plans are governed by the New York State Retirement and Social Security Law (“NYSRSSL”) and Education Law and may only be amended by the Legislature with the Governor’s approval. As set forth in the NYSRSSL, the Comptroller of the State of New York (“Comptroller”) serves as sole trustee and administrative head of the various plans. The Comptroller shall adopt and may amend rules and regulations for the control of the funds.

New York State Employees’ Retirement System (ERS)

ERS is a cost-sharing, multiple-employer, defined benefit public plan administered by the State Comptroller. The Hospital reports the net pension liability or asset for employees of the Hospital that participate in the ERS pension plan.

The plan offers a wide range of programs and benefits. ERS benefits vary based on the date of membership, years of credited service and final average salary, vesting of retirement benefits, death and disability benefits, and optional methods of benefit payments. ERS provides a permanent annual cost-of-living increase to both current and future retired members meeting certain eligibility requirements. Participating employers are required under law to contribute to the plan on an actuarially determined rate. The ERS rate is determined annually by the State Comptroller and the average contribution rate for the fiscal year ended March 31, 2022 was approximately 16.2 percent of payroll.

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(7) Retirement Plans, Continued

New York State Employees' Retirement System (ERS), Continued

ERS provides retirement benefits as well as death and disability benefits through a range of programs. For those members joining prior to January 1, 2010 benefits generally vest after five years of credited service. For those joining after January 1, 2010, benefits generally vest after 10 years of credited service. The NYSRSSL provides that all participants in ERS are jointly and severally liable for any actuarial unfunded amounts. Such amounts are collected through annual billings to all participating employers. Employees who joined ERS after July 27, 1976 and before January 1, 2010, and have less than ten years of service or membership are required to contribute 3.0 percent of their salary. Those joining on or after January 1, 2010 and before April 1, 2012 are required to contribute 3.5 percent of their annual salary for their entire working career. Those joining on or after April 1, 2012 are required to contribute between 3.0 percent and 6.0 percent, dependent upon their salary, for their entire working career. Employee contributions are deducted from their salaries and remitted on a current basis to ERS.

For ERS, the long-term expected rate of return on pension plan investments was determined in accordance with Actuarial Standard of Practice (ASOP) No. 27, *Selection of Economic Assumptions for Measuring Pension Obligations*. ASOP No. 27 provides guidance on the selection of an appropriate assumed investment rate of return. Consideration was given to the expected future real rates of return (expected returns, net of pension plan investment expense and inflation) for each major asset class as well as historical investment data and plan performance. The projection of cash flows used to determine the discount rate assumed that contributions from plan members will be made at the current member contribution rates and that contributions from participating employers will be made at statutorily required rates, actuarially determined. Based on these assumptions, the fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability. ERS used a discount rate of 5.9% for 2022. Employer contributions made to the ERS during 2022 were approximately \$59,488.

The Hospital recognized a net pension asset of \$124,641 for its proportionate share of the ERS net pension asset at December 31, 2022. The Hospital's proportionate share of the net pension asset was determined consistent with the manner in which contributions to the pension plan are determined and was based on the ratio of the Hospital's total projected long-term contribution effort to the total ERS projected long-term contribution effort from all employers.

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(in thousands of dollars)

(7) Retirement Plans, Continued

New York State Employees' Retirement System (ERS), Continued

The net pension asset at December 31, 2022 was measured as of March 31, 2022, and was determined by an actuarial valuation as of April 1, 2021, with update procedures used to roll forward the total pension asset to March 31, 2022. The proportionate share of the net pension asset for ERS was 1.52 percent measured at March 31, 2022. For the year ended December 31, 2022, the Hospital recognized pension expense related to ERS of \$2,614. At December 31, 2022, the Hospital reported deferred outflows and deferred inflows of resources related to ERS from the following sources:

|   | <u>Deferred<br/>outflows of<br/>resources</u> | <u>Deferred<br/>inflows of<br/>resources</u> |
|---|---|--|
| Differences between expected and actual experience  | \$ 9,439                                      | \$ 12,243                                    |
| Net difference between projected and actual earnings on<br>pension plan investments                                 | -   | 408,146                                      |
| Changes of assumptions  | 208,011                                       | 3,510  |
| Changes in proportion and differences between<br>employer contributions and proportionate share of<br>contributions | 15,044  | 16,455                                       |
|   | \$ 232,494                                    | \$ 440,354                                   |

Amounts reported as deferred outflows of resources and deferred inflows of resources, related to pensions will be recognized in pension expense as follows:

|                       |             |
|-----------------------|-------------|
| Year ending March 31: |             |
| 2023                  | \$ (33,534) |
| 2024                  | (46,828)    |
| 2025                  | (106,211)   |
| 2026                  | (21,287)    |

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Notes to Financial Statements

*(in thousands of dollars)*

(7) Retirement Plans, Continued

New York State Employees' Retirement System (ERS), Continued

The actuarial valuation as of April 1, 2021, with update procedures used to roll forward the total pension asset to March 31, 2022, included the following actuarial assumptions.

| Assumptions                                    |  |
|--|--|
| Actuarial cost method                          | Entry age normal   |
| Inflation                                      | 2.7%   |
| Salary scale                                   | 4.4%   |
| Investment rate of return, including inflation | 5.9% compounded annually, net of investment expenses   |
| Cost of living adjustments                     | 1.4% annually  |
| Decrements                                     | Developed from each Plan's 2020 experience study for the period April 1, 2015 through March 31, 2020 |
| Mortality improvement                          | Society of Actuaries Scale MP-2020   |
| Discount rate                                  | 5.9%   |

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Notes to Financial Statements

(in thousands of dollars)

(7) Retirement Plans, Continued

New York State Employees' Retirement System (ERS), Continued

Best estimates of arithmetic real rates of return for each major asset class included in the ERS target asset allocation as of March 31, 2022 are as follows:

| <u>Asset class</u>            | <u>Target<br/>allocation</u> | <u>Long-term<br/>expected real<br/>rate of<br/>return*</u> |
|-------------------------------|------------------------------|--|
| Domestic equities             | 32%                          | 3.30%  |
| International equities        | 15                           | 5.85   |
| Private equities              | 10                           | 6.50   |
| Real estate                   | 9                            | 5.00   |
| Opportunistic/absolute return | 3                            | 4.10   |
| Credit                        | 4                            | 3.78   |
| Real assets                   | 3                            | 5.58   |
| Fixed income                  | 23                           | -  |
| Cash                          | 1                            | (1.00)   |
|                               | <hr/>                        |  |
| Total                         | 100%                         |  |
|                               | <hr/> <hr/>                  |  |

\* Real rates of return are net of a long-term inflation assumption of 2.5%.

*Sensitivity of the net pension liability (asset) to changes in the discount rate.* The following presents the net pension liability (asset) of the Hospital, calculated using the discount rate of 5.9 percent as well as what the Hospital's net pension liability (asset) would be if it were calculated using a discount rate that is 1 percentage point lower (4.9%) and 1 percentage point higher (6.9%) than the current year rate:

|                               | 1% decrease<br><u>(4.9%)</u> | Current<br>discount<br><u>(5.9%)</u> | 1% increase<br><u>(6.9%)</u> |
|-------------------------------|------------------------------|--------------------------------------|------------------------------|
| Net pension liability (asset) | \$ 320,824                   | \$ (124,641)                         | \$ (497,250)                 |

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*(in thousands of dollars)*

(7) Retirement Plans, Continued

New York State Employees' Retirement System (ERS), Continued

The ERS retirement system issues a publicly available financial report that includes financial statements and supplementary information and provides detailed information about the pension plan's fiduciary net position. The report may be obtained at [http://www.osc.state.ny.us/retire/about\\_us/financial\\_statements\\_index.php](http://www.osc.state.ny.us/retire/about_us/financial_statements_index.php).

The ERS plan allows participating employers to amortize a portion of their annual pension costs. The amounts amortized will be paid back with interest over 10 years. The Hospital participates in this program and the total pension payable included in due to New York State at December 31, 2022 was \$6,822. The total pension payable will be paid back with interest ranging from 3.15% to 3.21% per annum through 2026.

New York State Police and Fire Retirement System (PFRS)

Hospital employees also participate in the New York State Police and Fire Retirement System ("PFRS"). The Hospital recognized a net pension liability of approximately \$114 for its proportionate share of the PFRS plan at December 31, 2022. For the year ended December 31, 2022, the Hospital recognized pension expense of approximately \$46 related to PFRS.

Optional Retirement Program (ORP)

Hospital employees may also participate in an Optional Retirement Program (ORP) under IRS Section 401(a), which is a multiple-employer, defined contribution plan administered by separate vendors - TIAA-CREF, Fidelity, AIG, and VOYA. ORP employer and employee contributions are dictated by State law. The ORP provides benefits through annuity contracts and provides retirement and death benefits to those employees who elected to participate in an ORP. Benefits are determined by the amount of individual accumulations and the retirement income option selected. All benefits generally vest after the completion of one year of service if the employee is retained thereafter. Employer contributions are not remitted to an ORP plan until an employee is fully vested. As such there are no forfeitures reported by these plans if an employee is terminated prior to vesting. Employees who joined an ORP after July 27, 1976, and have less than ten years of service or membership are required to contribute 3 percent of their salary. Those joining on or after April 1, 2012 are required to contribute between 3 percent and 6 percent, dependent upon their salary, for their entire working career. Employer contributions range from 8.0 percent to 15 percent depending upon when the employee was hired.

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Notes to Financial Statements

*(in thousands of dollars)*

(7) Retirement Plans, Continued

Optional Retirement Program (ORP), Continued

Employee contributions are deducted from their salaries and remitted on a current basis to the respective ORP. Hospital employer contributions of \$16,334 and employee contributions of \$3,186 were made for the year ended December 31, 2022.

For ORP, the employer contributions are equal to 100 percent of the required contributions under each of the respective plans. For ERS, employer contributions were less than the required contributions with the difference deferred as allowed under the plan.

The ORP financial reports can be obtained by requesting them from their respective corporate offices.

(8) Other Post-Employment Benefits (OPEB)

The State, on behalf of the Hospital, provides health insurance coverage for eligible retired Hospital employees and their survivors as part of the New York State Health Insurance Program (“NYSHIP”). NYSHIP offers comprehensive benefits through various providers consisting of hospital, medical, mental health, substance abuse and prescription drug programs. The State administers NYSHIP and has the authority under Article XI of Civil Service Law to establish and amend the benefit provisions offered. NYSHIP is considered a single employer defined benefit plan offered by SUNY to its participants, is not a separate trust, and no assets are accumulated to satisfy premiums. The State’s policy is that the State/SUNY is responsible for recording the actuarially determined liability under GASB No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other than Pensions* and therefore the Hospital has not recorded a liability in the accompanying financial statements.

(9) Related-Party Transactions

As described in note 1, as part of the affiliations with Southampton and ELIH, the Hospital entered into lease agreements with Staffco to provide professional and non-professional staffing, as a registered Professional Employer Organization under the New York Professional Employer Act. Staffco is responsible for providing all routine administrative and human resources functions with respect to the employment of Staffco employees at Southampton and ELIH. Staffco is also responsible for paying wages and employment taxes, providing vacation and other benefits, and maintaining all benefit plans under which Staffco employees at Southampton and ELIH are entitled to participate.

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*(in thousands of dollars)*

(9) Related-Party Transactions, Continued

During 2022, expenses incurred by the Hospital for Staffco employees approximated \$198,444 and have been recorded as salaries and wages and employee benefits within the statement of revenues, expenses, and changes in net position. At December 31, 2022, amounts due to Staffco of \$29,754 are recorded in accrued salaries and wages and accrued employee benefits.

(10) Long-Term Debt and Lease Obligations

The Hospital was constructed and substantially equipped by the State University Construction Fund as agent for the New York State Housing Finance Agency. The Dormitory Authority of the State of New York (DASNY) and Empire State Development (ESD) issue general obligation bonds, a portion of which is used to finance the construction projects of the Hospital as well as other SUNY institutions and State related projects. Certain amounts of the bonds sold (Series 1993A through Series 2021AB) have been assigned to the Hospital from which certain amounts have been expended. General obligation bonds are primarily termed at thirty years, payable in semi-annual installments including interest ranging between 1.03% and 5.50%. Debt covenants on bond obligations are the responsibility of the State and are measured at the State level.

As of December 31, 2022, outstanding bond activity was as follows:

|                          | 2021       | Increase  | Decrease    | 2022       |
|--------------------------|------------|-----------|-------------|------------|
| New York State:          |            |           |             |            |
| General obligation bonds | \$ 269,629 | \$ 15,075 | \$ (20,256) | \$ 264,448 |
| Unamortized bond premium | 27,876     | 573       | (2,226)     | 26,223     |
| Less current portion     | (20,528)   | -         | 10,829      | (9,699)    |
|                          | \$ 276,977 | \$ 15,648 | \$ (11,653) | \$ 280,972 |

The decrease of the general bond obligations in the table was due to an appropriation from the State of New York of the required debt service obligations. In 2023, the Hospital will also receive an appropriation for their required debt service obligations as approved in the New York State budget.



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*(in thousands of dollars)*

(10) Long-Term Debt and Lease Obligations, Continued

The Hospital's principal and interest on outstanding bonds as of December 31, 2022 is as follows:

| <u>Year ending December 31:</u> | <u>Principal</u>  | <u>Interest</u>   | <u>Total payments</u> |
|---------------------------------|-------------------|-------------------|-----------------------|
| 2023                            | \$ 9,699          | \$ 7,490          | \$ 17,189             |
| 2024                            | 7,564             | 7,577             | 15,141                |
| 2025                            | 11,540            | 9,321             | 20,861                |
| 2026                            | 5,957             | 10,278            | 16,235                |
| 2027                            | 11,804            | 9,852             | 21,656                |
| 2028 – 2032                     | 49,740            | 43,189            | 92,929                |
| 2033 – 2037                     | 33,210            | 32,619            | 65,829                |
| 2038 – 2042                     | 41,018            | 24,722            | 65,740                |
| 2043 – 2047                     | 51,159            | 13,936            | 65,095                |
| 2048 - 2052                     | 42,757            | 1,192             | 43,949                |
|                                 | <u>\$ 264,448</u> | <u>\$ 160,176</u> | <u>\$ 424,624</u>     |

As described in note 1, during 2017 the Hospital entered into a lease agreement with SHA for use of SHA's property and equipment to operate Southampton. In accordance with the lease, the Hospital assumed responsibility to make principal and interest payments on SHA's various net liabilities including bonds, mortgage loans payable and lease obligations. The bonds mature at various dates through 2029, the mortgage loans are payable through 2022, and the lease obligations are payable through 2025.

As described in note 1, during 2019 the Hospital entered into a lease agreement with ELIHA for use of ELIHA's property and equipment to operate Eastern Long Island Hospital. In accordance with the lease, the Hospital assumed responsibility to make principal and interest payments on ELIHA's various net liabilities including bonds and loans payable. The bonds mature at various dates through 2043 and the loans are payable through 2025.

The Hospital, in conjunction with DASNY and commercial lenders, also participates in the DASNY's Tax-Exempt Equipment Leasing Program ("TELP") for financing equipment. Leases are issued through a third party, and the Hospital is responsible for payments of principal and interest. Unexpended amounts are included in assets whose use is limited.

**STONY BROOK UNIVERSITY HOSPITAL,  
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*(in thousands of dollars)*

(10) Long-Term Debt and Lease Obligations, Continued

A summary of changes in the total lease obligations during the year ended December 31, 2022 is as follows:

|                      | <u>2021</u>       | <u>Increase</u> | <u>Decrease</u>    | <u>2022</u>       |
|----------------------|-------------------|-----------------|--------------------|-------------------|
| Lease obligations    | \$ 139,034        | \$ 4,074        | \$ (21,277)        | \$ 121,831        |
| Less current portion | <u>(21,599)</u>   | <u>-</u>        | <u>2,201</u>       | <u>(19,398)</u>   |
|                      | <u>\$ 117,435</u> | <u>\$ 4,074</u> | <u>\$ (19,076)</u> | <u>\$ 102,433</u> |

A summary of future minimum lease principal and interest payments under leases as of December 31, 2022 is as follows:

| <u>Year ending December 31:</u> | <u>Principal</u>  | <u>Interest</u>  | <u>Total payments</u> |
|---------------------------------|-------------------|------------------|-----------------------|
| 2023                            | \$ 19,398         | \$ 2,830         | \$ 22,228             |
| 2024                            | 21,484            | 2,415            | 23,899                |
| 2025                            | 18,753            | 1,965            | 20,718                |
| 2026                            | 17,581            | 1,674            | 19,255                |
| 2027                            | 7,552             | 1,379            | 8,931                 |
| 2028 - 2032                     | 23,752            | 3,913            | 27,665                |
| 2033 - 2037                     | 7,849             | 1,694            | 9,543                 |
| 2038 - 2042                     | <u>5,462</u>      | <u>564</u>       | <u>6,026</u>          |
|                                 | <u>\$ 121,831</u> | <u>\$ 16,434</u> | <u>\$ 138,265</u>     |

The Hospital also had existing loan agreements with NYPA to develop and implement energy conservation improvements at Hospital facilities and ultimately reduce energy consumption and related expenses. During 2022, the State of New York paid off the debt services on the loans on behalf of the Hospital, which the Hospital is obligated to repay to the State of New York.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

*(in thousands of dollars)*

(11) Other Non-Current Liabilities

A schedule of changes in the Hospital's other non-current liabilities for 2022 is as follows:

|   | January 1,<br><u>2022</u> | <u>Additions</u> | <u>Reductions</u>   | December 31,<br><u>2022</u> | Amounts<br>due within<br><u>one year</u> |
|---|---------------------------|------------------|---------------------|-----------------------------|--|
| Due to State of New York                | \$ 95,363                 | \$ 81,226        | \$ -                | \$ 176,589                  | \$ 100,638                               |
| Estimated professional liability claims | 232,071                   | -                | (12,955)            | 219,116                     | 8,800                                    |
| Accrued employee benefits               | 123,810                   | 5,249            | -                   | 129,059                     | 71,799                                   |
| Net pension liability                   | 1,666                     | -                | (1,666)             | -                           | -  |
| Due to third-party payors               | 67,464                    | -                | (98)                | 67,366                      | 26,771                                   |
| Medicare advance                        | <u>109,236</u>            | <u>-</u>         | <u>(109,236)</u>    | <u>-</u>                    | <u>-</u>                                 |
| Total non-current liabilities           | <u>\$ 629,610</u>         | <u>\$ 86,475</u> | <u>\$ (123,955)</u> | <u>\$ 592,130</u>           | <u>\$ 208,008</u>                        |

(12) Commitments and Contingencies

Professional Liability

In the normal course of business professional liability claims have been asserted against the Hospital by various claimants and other claims may be asserted arising from services provided to patients in the past. The Hospital, through the State, is self-insured relative to medical professional liability.

Records related to professional liability claims and litigation are maintained centrally by the State. All settlements of claims are paid from the judgment and claims account of the State. The Hospital records the costs related to professional liability losses based upon an evaluation made by the State Attorney General's Office. The Hospital employs the services of an actuary to estimate the ultimate cost of the settlement of such potential claims (asserted and unasserted). The estimated professional and general liability for claims and expenses at December 31, 2022 is approximately 219,116. In 2022, the Hospital recorded income of approximately \$11,270 for changes in the professional liability reserve and settlements of certain claims. Corresponding amounts were also recorded as transfers from the State (see note 4).

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

*(in thousands of dollars)*

(12) Commitments and Contingencies, Continued

Professional Liability, Continued

The State is contingently liable in connection with claims and other legal actions involving the Hospital, including those currently in litigation arising in the normal course of the Hospital activities. The Hospital does not carry professional liability insurance and, instead, administers these types of cases in the same manner as all other claims against the State involving the Hospital activities in that any settlements of judgments and claims are paid by the State from an account established for this purpose.

The health care industry is subject to numerous laws and regulations at federal, state and local governments. Compliance with these laws and regulations are subject to government review and interpretation.

Litigation

The University and the Hospital, at any given time, are involved in a number of federal and state legal actions and proceedings. A number of cases are pending against the State in the Court of Claims seeking damages in tort or contract cases involving the University, some of which may involve the Hospital. Upon the basis of information presently available, University Counsel believes there are substantial defenses in connection with these claims. Any settlements in excess of insurance coverage, including those relating to asserted and unasserted professional liability claims, would be paid from the judgment and claims account of the State.

Collective Bargaining Agreements

Staffco is responsible to make and the Hospital is responsible to reimburse Staffco for payments to multiemployer defined benefit pension plans under the terms of a collective bargaining agreement that covers union employees at Southampton and ELIH. The risks of participating in the multiemployer plan are different from a single-employer plan in the following aspects: assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers; if an employer chooses to stop participating in some of its multiemployer plans, the employer may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability. As of December 31, 2022, the Hospital has not recorded a withdrawal liability related to Staffco's participation in the multiemployer defined benefit pension plan.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Notes to Financial Statements

*(in thousands of dollars)*

(12) Commitments and Contingencies, Continued

Retirement Plans for Employees of the Southampton Hospital Association and Eastern Long Island Hospital

As part of the affiliation and lease agreements with SHA and ELIHA described in note 1, the Hospital has agreed to make all future required contributions to the Retirement Plans for Employees of the Southampton Hospital Association, a non-governmental, fully frozen defined benefit pension plan and Eastern Long Island Hospital Association, a non-governmental, defined benefit pension plan frozen to new entrants. As of December 31, 2022, the Hospital has estimated and recorded a liability of \$2,000 based on the projected and discounted future funding requirements.

(13) Fair Value of Financial Instruments

The estimated fair value amounts of the Hospital's financial instruments have been determined by the Hospital using appropriate market information and valuation methodologies. Considerable judgment is required to develop the estimates of fair value, thus, the estimates provided herein are not necessarily indicative of the amounts that could be realized in a current market exchange.

The carrying value of cash and cash held by the State, patient accounts receivable, assets whose use is limited, accounts payable, amounts due to/from third-party payors, accrued expenses and all other current payables approximates their fair value.

DASNY and ESD issue bonds on behalf of the Hospital. DASNY and ESD have numerous separate maturities of bonds which would have to be separately valued and, secondly, the unique circumstances affecting the State make it impractical to estimate the fair value of bonds. Additionally, considering the restrictive nature of the bond issuer, it is management's opinion that such disclosure would not enhance the usefulness of the financial statements.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Required Supplementary Information - Schedule of the Hospital's Proportionate Share  
of the ERS Net Pension Liability (Asset)

(Unaudited)

*(Amounts in millions)*

|  | <u>2022</u> | <u>2021</u> | <u>2020</u> | <u>2019</u> | <u>2018</u> | <u>2017</u> | <u>2016</u> | <u>2015</u> |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <i>Proportion of the net pension liability (asset)</i>   | 1.52%       | 1.38%       | 1.35%       | 1.29%       | 1.26%       | 1.19%       | 1.17%       | 1.17%       |
| <i>Proportionate share of the net pension liability (asset)</i>  | \$(124.6)   | \$1.4       | \$356.9     | \$91.1      | \$40.7      | \$ 111.6    | \$ 187.6    | \$ 139.5    |
| <i>Covered-employee payroll</i>  | \$444.9     | \$410.6     | \$373.7     | \$341.5     | \$317.5     | \$ 298.3    | \$ 278.1    | \$ 263.2    |
| <i>Proportionate share of the net pension liability (asset) as a % of its covered-employee payroll</i> | (28.0)%     | 0.3%        | 95.5%       | 26.7%       | 12.8%       | 37.4%       | 67.5%       | 15.0%       |
| <i>Pension plan's fiduciary net position as a % of the total pension liability (asset)</i>             | 103.7%      | 99.9%       | 86.4%       | 96.3%       | 98.2%       | 94.7%       | 90.7%       | 97.9%       |

*Changes in benefit terms.* There were no significant legislative changes in benefits for the April 1, 2021 and 2020 actuarial valuation.

*Schedule is intended to show information for 10 years. Additional years will be displayed as they become available.*

See accompanying independent auditor's report.

**STONY BROOK UNIVERSITY HOSPITAL,  
STONY BROOK UNIVERSITY**

Required Supplementary Information - Schedule of Employer Contributions for the ERS Plan

(Unaudited)

*(Amounts in millions)*

|  | <u>2022</u> | <u>2021</u> | <u>2020</u> | <u>2019</u> | <u>2018</u> | <u>2017</u> | <u>2016</u> | <u>2015</u> |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Contractually required contribution (1)                                  | \$58.6      | \$48.9      | \$44.9      | \$42.8      | \$ 41.9     | \$ 40.4     | \$ 43.8     | \$ 48.9     |
| Contributions in relation to the contractually required contribution (2) | \$58.6      | \$48.9      | \$44.9      | \$42.8      | \$ 41.9     | \$ 40.4     | \$ 43.8     | \$ 48.9     |
| Contribution excess (deficiency)   | -           | -           | -           | -           | -           | -           | -           | -           |
| Covered-employee payroll (3)   | \$444.9     | \$410.6     | \$373.7     | \$341.5     | \$317.5     | \$298.3     | \$278.1     | \$263.2     |
| Contribution as a percentage of covered-employee payroll                 | 13.2%       | 11.9%       | 12.0%       | 12.5%       | 13.1%       | 13.5%       | 15.2%       | 18.6%       |

(1) The contractually required contribution includes normal costs, adjustments made to record the reconciliation of projected salary to actual salary and miscellaneous accounting adjustments.

(2) The contributions in relation to the contractually required contribution reflects payments.

(3) Total payroll of covered employees for fiscal year ended June 30.

*Schedule is intended to show information for 10 years.  
Additional years will be displayed as they become available.*

See accompanying independent auditor's report.

# **Schedule 6 Architectural/Engineering Submission**

## **Contents:**

- **Schedule 6 – Architectural/Engineering Submission**



# New York State Department of Health Certificate of Need Application

## Schedule 6

### Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

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

#### Instructions

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

#### Architecture/Engineering Narrative

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

|   |   |
|---|---|
| <b>Project Description</b>  |   |
| Schedule 6 submission date:<br>8/7/2023   | Revised Schedule 6 submission date:<br>Click to enter a date. |
| Does this project amend or supersede prior CON approvals or a pending application? No<br>If so, what is the original CON number? Not applicable |   |
| Intent/Purpose:<br>Convert a portion of the Emergency Departments Triage suite into a 7 bay Low Acuity Patient Treatment area                   |   |
| Site Location:<br>Stony Brook University Hospital, Level 4  |   |

# New York State Department of Health Certificate of Need Application

## Schedule 6

|   |                            |
|---|----------------------------|
| Brief description of current facility, including facility type:<br>Located in a compliant Article 28 Hospital   |                            |
| Brief description of proposed facility:<br>The facility is currently a Hospital and will remain a Hospital after the Low Acuity suite is implemented  |                            |
| Location of proposed project space(s) within the building. Note occupancy type for each occupied space.<br>Level 4, Hospital  |                            |
| Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies:<br>N/A  |                            |
| If this is an existing facility, is it currently a licensed Article 28 facility?  | Yes                        |
| Is the project space being converted from a non-Article 28 space to an Article 28 space?  | No                         |
| Relationship of spaces conforming with Article 28 space and non-Article 28 space:<br>All A-28   |                            |
| List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3.<br>Proposed suite is designed to FGI 2022 Section 2.8-3.4.8 Low Acuity Patient Treatment area   |                            |
| Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care, other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below.<br>Click here to enter text. | No                         |
| Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc.<br>Existing building systems within the proposed space and overall building systems including HVAC, Electrical, Fire protection, plumbing, etc. are compliant with current requirements for existing building standards   |                            |
| Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. no work is required in the building systems<br>Existing building systems will remain after the completion of the project   |                            |
| Describe existing and or new work for fire detection, alarm, and communication systems:<br>Existing building systems will remain after the completion of the project  |                            |
| If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from <a href="http://www.fema.gov">www.fema.gov</a> , and describe the work to mitigate damage and maintain operations during a flood event. Not in a flood zone  |                            |
| Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted.... No imaging equipment required for this project<br>Click here to enter text.  |                            |
| Does the project comply with ADA? If no, list all areas of noncompliance.<br>Yes  |                            |
| Other pertinent information:<br>No additional information   |                            |
| <b>Project Work Area</b>  | <b>Response</b>            |
| Type of Work  | Renovation                 |
| Square footages of existing areas, existing floor and or existing building.   | 621 s.f.                   |
| Square footages of the proposed work area or areas.<br>Provide the aggregate sum of the work areas.   | 621 s.f.                   |
| Does the work area exceed more than 50% of the smoke compartment, floor or building?  | Less than 50% of the floor |

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

**Schedule 6**

|   |   |
|---|---|
| Sprinkler protection per NFPA 101 Life Safety Code  | Sprinklered throughout                          |
| Construction Type per NFPA 101 Life Safety Code and NFPA 220  | Type II (000)                                   |
| Building Height   | 289.0'  |
| Building Number of Stories  | 19  |
| Which edition of FGI is being used for this project?  | 2018 Edition of FGI                             |
| Is the proposed work area located in a basement or underground building?  | Not Applicable                                  |
| Is the proposed work area within a windowless space or building?  | Yes   |
| Is the building a high-rise?  | No  |
| If a high-rise, does the building have a generator?   | Yes   |
| What is the Occupancy Classification per NFPA 101 Life Safety Code?   | Chapter 20 New Ambulatory Health Care Occupancy |
| Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Click here to enter text. | No  |
| Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.   | No  |
| Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. Click here to enter text.          | No  |
| Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.                                  | No  |
| Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.                              | Not Applicable                                  |
| Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.  | No  |
| Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.   | No  |
| Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text.  | Not applicable                                  |
| Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.  | No  |
| Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Click here to enter text.  | Not Applicable                                  |
| If an existing EES Type 1, does it meet NFPA 99 -2012 standards?  | Not Applicable                                  |
| Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.   | Not Applicable                                  |
| Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.                                   | No  |
| Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.  | No  |
| If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?  | Not Applicable                                  |
| Does the project involve a pool?  | No  |

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

**Schedule 6**

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



# Department of Health

**KATHY HOCHUL**  
Governor

**James V McDonald,**  
**M.D.,M.P.H.** Acting  
Commissioner

**Megan E. Baldwin**  
Acting Executive Deputy  
Commissioner

## CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS ARCHITECTS AND ENGINEERS

Date: July 1, 2023  
CON Number: TBD  
Facility Name: University Hospital  
Facility I.D: Number: 0245  
Facility Address: Health Sciences Center, Stony Brook, N.Y. 11794

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

To the New York State Department of Health:

I hereby certify that:

1. I am employed by the aforementioned facility, to provide Architectural services related to the design and preparation of construction documents, including drawings and specifications for the aforementioned project. During the course of construction, periodic site observation visits will be performed, and the necessary standard of care, progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals associated with the aforementioned project.

2. I have ascertained that, to the best of my knowledge, information and belief, the completed project will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.

3. The above-referenced construction project will, to the best of my knowledge, information and belief be designed constructed in compliance with the applicable local codes, Statutes and regulations and applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and parts:

- a.  712 (Standards of Construction for General Hospital Facilities)
- b. 713 (Standards of Construction for Nursing Home Facilities)
- c. 714 (Standards of Construction for Adult Day Care Program Facilities)
- d. 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
- e. 716 (Standards of Construction for Rehabilitation Facilities)
- f. 717 (Standards of Construction for Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:           This project will be designed to comply with FGI 2022, Section 2.8-3.4.8, Low Acuity Patient Treatment Area          .

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

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

This Certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents, on a CD, meeting the requirements of DSG-5 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY

**Project Name:** Create new Low Acuity exam suite  
**Location:** Level 4, Emergency Department, Hospital  
**Description:** Convert a portion of the existing ED Triage area and adjacent Storage room into a 7 bay Low Acuity suite

Architectural Stamp:



Architect or Engineer Signature:

*[Handwritten signature of Richard Monroe]*

Name of Architect or Engineer: Richard Monroe

Professional NY License number: 21928

Business Address: Health Sciences Center  
Stony Brook, N.Y. 11794

\*\*\*\*\*

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

*Carol Gomes*

Authorized Signature for Applicant

**10-04-2023**  
Date

Carol Gomes, MS, FACHE, CPHQ - CEO and COO  
Name (Print) Title

Notary signing required for the applicant:

STATE OF NEW YORK

County of Suffolk

) SS:  
)

On the 4 day of October 2023, before me personally appeared Carol A Gomes, to me known, who being by me duly sworn, did depose and say that he/she resides at 101 Nicolls Road, Stony Brook, N.Y. 11794, that he/she is the Chief Executive Officer of the Stony Brook University Hospital, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary)

*Jacqueline Noelle Nicoletto*

Jacqueline Noelle Nicoletto  
Notary Public, State of New York  
Registration No. 01N10003365  
Qualified in Suffolk County  
Commission Expires March 22, 2027



Use this form for survey citations involving Facility Guidelines Institute (FGI), Americans with Disabilities Act (ADA), or provisions under State Hospital Code, NYCRR Title 10, Parts 711-717.

**Provide a separate request form completed in its entirety for each citation for which a waiver is requested.**

A permanent waiver may be granted due to structural infeasibility or demonstrated hardship and where the deficiency is not detrimental to the health and safety of the occupants. Time limited waivers will not be granted for FGI, ADA and state regulation citations as corrective work must be promptly provided.

For a federal waiver or equivalency request for survey citations involving NFPA 101 or NFPA 99, see the *Waiver and Equivalency Submission Guidelines* at [www.health.ny.gov/facilities/cons/](http://www.health.ny.gov/facilities/cons/).

|  |  |                         |
|--|--|-------------------------|
| Date: 8/17/2023  | Survey Exit Date: permanent                    |                         |
| Licensed Operator: Stony Brook Medicine                  | Medicare Provider #: 33-0309                   | NYS Facility ID #: 0245 |
| Facility Contact Name: Richard Monroe                    | Facility Name: Stony Brook University Hospital |                         |
| Contact Title: Director, Hospital Architectural Services | Street Address: 101 Nicolls Road               |                         |
| Contact Email: Richard.monroe@stonybrookmedicine.edu     | City: Stony Brook                              | Zip Code: 11794-8006    |
| Contact Phone: 631-404-7054                              | County: Suffolk                                |                         |

|   |  |
|---|--|
| <b>Tag from Survey</b>  | N/A  |
| <b>Regulation Part or Code Section with edition year</b>                                | FGI 2022 Section 2.8-3.4.8, Low Acuity Patient Treatment area                      |
| <b>State the Regulation or Code Requirement</b>   | FGI 2022 Section 2.8-3.4.8, Low Acuity Patient Treatment area                      |
| <b>Describe the deficient condition and areas affected</b>                              | FGI 2018 does not include design standards for a Low Acuity Patient Treatment area |
| <b>Specify the reason for the standard to be waived</b>                                 | FGI 2018 does not include design standards for a Low Acuity Patient Treatment area |
| <b>Describe the alternative proposal or policy to ensure occupant health and safety</b> | No alternative option available  |

|                                       |  |  |
|---------------------------------------|--|--|
| <b>Signature of Licensed Operator</b> | Signature is the provider's assurance that the approved waiver will not limit the capacity to provide adequate care, and does not jeopardize patient or resident health and safety.  |  |
| <b>Required Documents</b>             | Submit all documentation (PDF format) in one email: <ul style="list-style-type: none"> <li>• Plan of Correction CMS-2567, approved by the NYSDOH Regional Office</li> <li>• This form (DOH-5223)</li> <li>• Supporting documentation and floor plans where applicable</li> </ul> |  |
| <b>Submit to</b>                      | <b>HOSPITAL, ASC, ESRD:</b><br><a href="mailto:BAERwaivers1861@health.ny.gov">BAERwaivers1861@health.ny.gov</a><br>Include the facility name in the email subject line.  | <b>NURSING HOME:</b><br><a href="mailto:LTCLSCwaivers@health.ny.gov">LTCLSCwaivers@health.ny.gov</a> and<br><a href="mailto:BAERwaivers1861@health.ny.gov">BAERwaivers1861@health.ny.gov</a><br>Include the facility name in the email subject line. |

**Information below to be completed by the Department.**

|                             |   |  |  |
|-----------------------------|---|--|--|
| <b>NYSDOH Waiver #</b>      |   |  |  |
| <b>Waiver Determination</b> | <input type="checkbox"/> <b>Approved</b>  | <input type="checkbox"/> <b>Approved with Conditions</b> | <input type="checkbox"/> <b>Denied</b> |
| <b>Waiver Requirements</b>  | <b>Conditions:</b> <ul style="list-style-type: none"> <li>• The facility must retain this waiver approval documentation.</li> <li>• Approved waivers are subject to subsequent surveys that will revisit circumstances as presented in the waiver request.</li> <li>• Future alterations affecting the waived provision must be brought to the Department's attention.</li> <li>• This waiver approval remains valid for the duration of the operating certificate.</li> <li>• The Department may revoke this approval if deficiencies are cited that indicate that the waiver adversely affects occupant health and safety or conditions affecting the waiver have changed.</li> </ul> |  |  |
| <b>NYSDOH Signature</b>     | Director, Bureau of Architecture and Engineering Review   | Date   |  |



# LOW ACUITY ED TRIAGE RENOVATION HOSPITAL LEVEL 4

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### FIRE PROTECTION

- FP-1 FIRE PROTECTION PLAN, DETAILS, LEGEND & NOTES

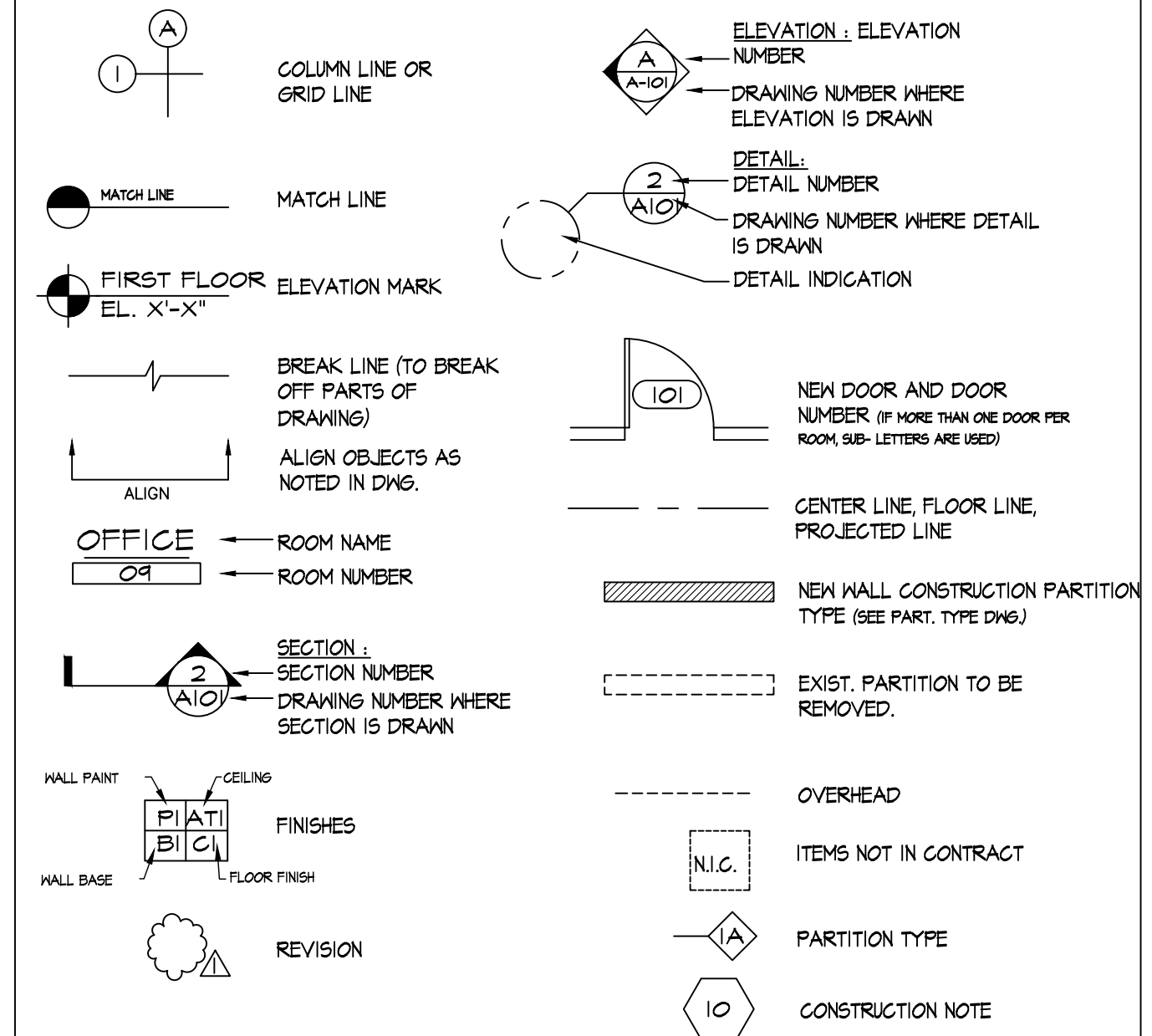
### MECHANICAL

- H-1 HVAC DETAILS, LEGENDS & NOTES
- H-2 HVAC DEMO PLAN
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- P-1 PLUMBING DETAILS, LEGEND & NOTES
- P-2 PLUMBING DEMO PLAN
- P-3 PLUMBING DOMESTIC WATER PLAN
- P-4 PLUMBING SANITARY PIPING PLAN

### TYPICAL SYMBOLS



### CODE COMPLIANCE NOTES:

1. ALL PENETRATIONS IN FULL HEIGHT FIRE WALLS EXTENDING TO STRUCTURE ABOVE WITHIN AND ABUTTING THE AREA OF NEW WORK WILL RECEIVE FIRE STOPPING SEALANT CONFORMING TO N.F.P.A. AND I.C.A.H.O. REQUIREMENTS. A GRAPHIC RECORD OF SEALED PENETRATIONS SHALL BE PREPARED BY INSTALLER AND CONVEYED TO THE OFFICE OF HSC ARCHITECTURAL SERVICES.
2. ALL EXISTING CORRIDOR AND FIRE SEPARATION WALLS WITHIN AND ABUTTING THE AREA OF NEW WORK SHALL BE MAINTAINED OR CORRECTED IN COMPLIANCE WITH MINIMUM 1 HOUR RATED CONSTRUCTION.
3. ALL FINISHES AND MATERIALS SHALL BE MINIMUM CLASS "A" FLAME SPREAD RATED.
4. A CAMPUS CONSTRUCTION PERMIT MUST BE ISSUED AND DISPLAYED AT THE JOB SITE PRIOR TO COMMENCEMENT OF ANY WORK.
5. CONSTRUCTION SHALL BE MONITORED AND COORDINATED THROUGH HOSPITAL ARCHITECTURAL SERVICES.
6. THE ALTERATION OF THIS MATERIAL IN ANY WAY UNLESS UNDER THE DIRECTION OF AND SIGNED BY A LICENSED PROFESSIONAL ENGINEER OR REGISTERED ARCHITECT, IS A VIOLATION OF ARTICLE 147 OF THE NEW YORK STATE EDUCATION LAW AND IS A CLASS "A" MISDEMEANOR.

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**FINAL APPROVAL OF  
DRAWINGS / SPECIFICATIONS**

PLEASE SIGN AND DATE

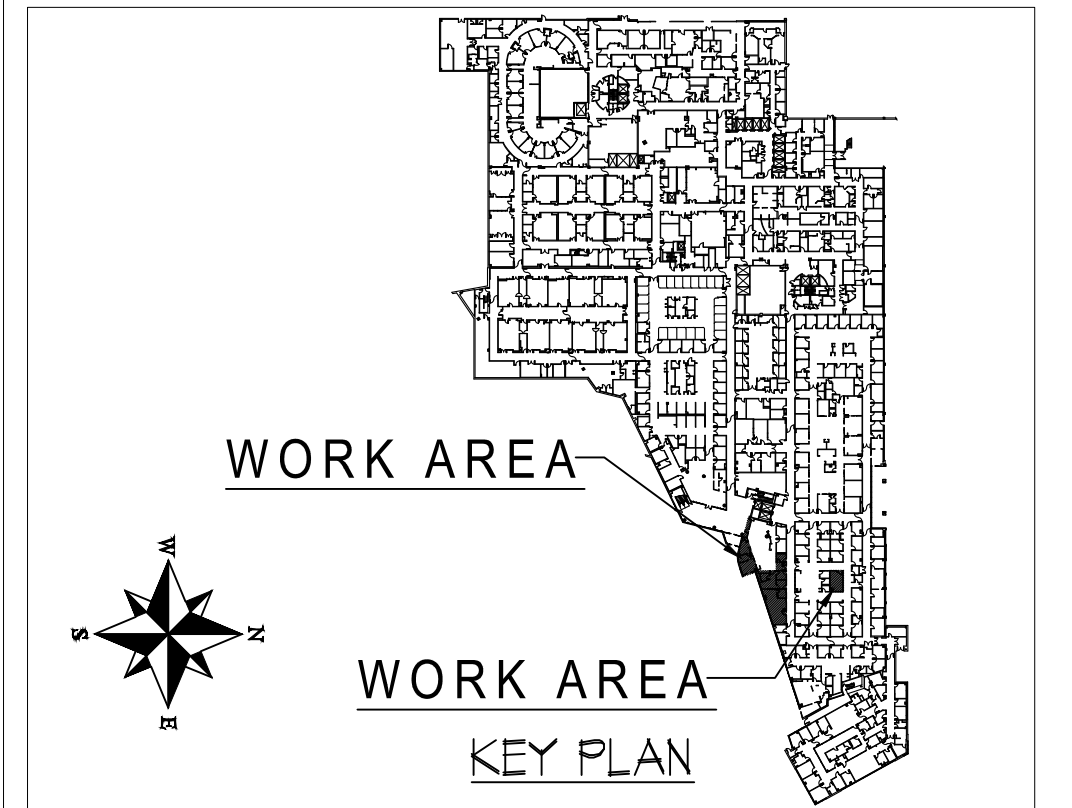
REQUESTORS \_\_\_\_\_

ENV. HEALTH SAFETY \_\_\_\_\_

CODE COMPLIANCE \_\_\_\_\_

INFECTION CONTROL \_\_\_\_\_

OTHER \_\_\_\_\_

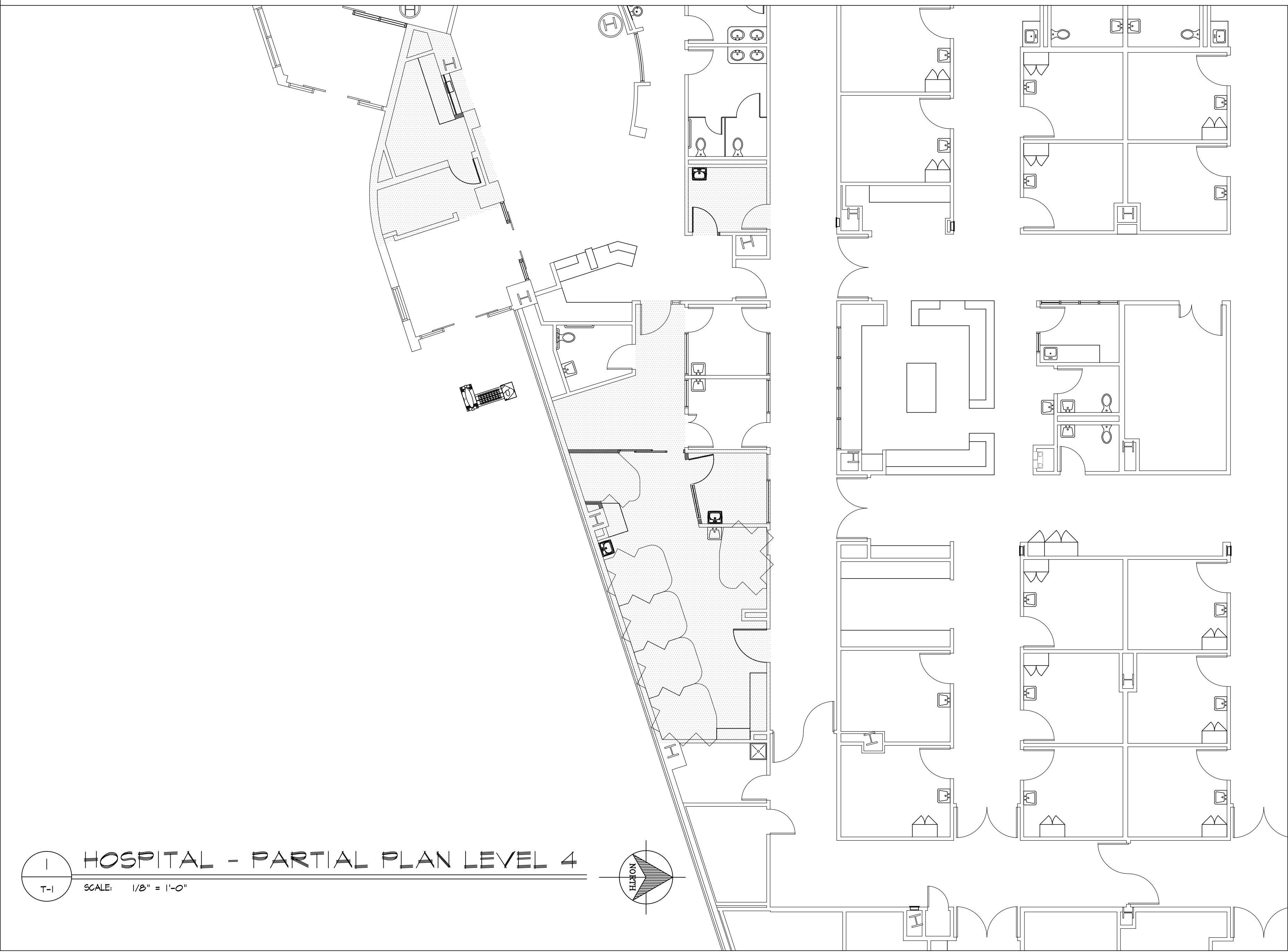


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H.S.C. L1-140  
Stony Brook, N.Y., 11794-8006  
(631) 444-XXXX

|                   |  |
|-------------------|--|
| DRAWN BY<br>JAS   | PROJECT TITLE<br>LOW ACUITY ED TRIAGE RENOVATION<br>HOSPITAL LEVEL 4 |
| CHECKED           | DWG. TITLE<br>TITLE SHEET  |
| DATE<br>6/12/23   | PROJECT NO.<br>24407   |
| SCALE<br>AS NOTED | DWG. NO.<br>T-1  |
|                   | SUNY NO.   |

### STANDARD ABBREVIATIONS

|                            |         |   |         |                        |        |
|----------------------------|---------|---|---------|------------------------|--------|
| Above                      | ABY     | Galvanized                                    | GALV    | Polyvinyl chloride     | PVC    |
| Above finished floor       | AFF     | Gauge   | GAUG    | Pounds per sq. ft.     | PSF    |
| Access panel               | AP      | Gas   | GC      | Pounds per sq. in.     | PSI    |
| Acoustical tile            | ACT     | General contractor                            | GCN     | Premolded filler       | PMF    |
| Air                        | A       | Generator                                     | GEN     | Property               | PROP   |
| Aluminum                   | ALUM    | Glass (glazing)                               | GL      | Quantity               | QTY    |
| Anodized                   | ANOD    | Gypsum wallboard                              | GR      | Quarry tile            | QT     |
| Architect (ural)           | ARCH    |   | GRB     |                        |        |
| Area drain                 | A/D     |   |         |                        |        |
| Average                    | AVG     | Handrail                                      | HDR     | Radius                 | RAD    |
| Basement                   | BSMT    | Hardware                                      | HDR     | Rain water             | RW     |
| Bearing                    | BRG     | Header  | HDR     | conductor              | RWC    |
| Bituminous                 | BIT     | Heating, Ventilating,<br>and Air Conditioning | HVAC    | Recess                 | REC    |
| Block                      | BLK     | Height  | HT      | Reference              | REF    |
| Blocking                   | BLKG    | High point                                    | HP      | Refrigerator(ed)       | REFR   |
| Board                      | BD      | Hollow core                                   | HC      | Register               | REG    |
| Bottom                     | BDOT    | Hollow metal                                  | HBM     | Reinforce(ed) (ment)   | REFIN  |
| British thermal units      | BTU     | Hose bib                                      | HB      | Resilient (Flooring)   | RES    |
| Building                   | BLDNG   | Hot water                                     | HW      | Return air             | RA     |
| Built-up roofing           | BUR     |   |         | Required               | REQ    |
| Bulletin board             | BB      | Incandescent                                  | INCAN   | Return                 | RET    |
|                            |         | inside diameter                               | ID      | Revision               | REV    |
|                            |         | insulation                                    | INSUL   | Right hand             | RH     |
|                            |         |   |         | Rough opening          | RO     |
| Cabinet                    | CAB     |   |         |                        |        |
| Carpet (ed)                | CCPT    | Janitor's Closet                              | JAN     | Sanitary               | SAN    |
| Caulk                      | CAULK   | Joint   | JB      | Sanitary Napkin        | SN     |
| Catch Basin                | CCB     | Joint box                                     | JB      | Dispenser/Disposal     | SD     |
| Ceiling                    | CEILING |   |         | Schedule               | SCH    |
| Center line                | CL      | Kitchen                                       | KIT     | Schedule               | SCH    |
| Ceramic tile               | CT      | Knock down                                    | KD      | Section                | SECT   |
| Chalkboard                 | CHED    | Knock out                                     | KO      | Sheet                  | SH     |
| Chamber                    | CHAM    |   |         | Shelving               | SHLVG  |
| Clean out                  | CCO     | Laboratory                                    | LAB     | Shower                 | SHWR   |
| Clear (ance)               | CLR     | Laminated                                     | LAM     | Similar                | SK     |
| Close                      | CLOS    | Lateral                                       | LAV     | Sketch                 | SKCH   |
| Column                     | COL     | Left hand                                     | LH      | Solid core             | SC     |
| Concrete                   | CCNC    | Light weight concrete                         | LWC     | Specification(s)       | SPEC   |
| Concrete masonry unit      | CMU     | Lighting panel                                | LP      | Sprinkler              | SPR    |
| Connect                    | CONN    | Linear feet                                   | LF      | Square foot            | SQ FT  |
| Construction               | CONSTR  | Locker  | LV      | Stainless steel        | SS     |
| Construction/control joint | CCJ     | Low point                                     | LP      | Standard               | STD    |
| Continuous or continu      | CONT    | Manager                                       | MGR     | Steel                  | STL    |
| Contractor                 | CONTR   | Manhole                                       | MH      | Storage                | STRG   |
| Convector                  | CONV    | Manufacturer                                  | MFR     | Structural             | STRUCT |
| Corner guard               | CG      | Masonry opening                               | M.O.    | Surface                | SURF   |
| Corridor                   | CCR     | Maximum                                       | MAX     | Suspension(ed)         | SUSP   |
| Counter                    | CTR     | Mechanic(al)                                  | MECH    | System                 | SYS    |
| Course                     | CRS     | Membrane                                      | MEMB    |                        |        |
|                            |         | Mezzanine                                     | MEZZ    | Tackboard              | TKBD   |
| Damp proofing              | DP      | Minimum                                       | MIN     | Telephone              | TEL    |
| Demolish(ing)              | DEMO    | Mirror  | MIR     | Tempered               | TEMP.  |
| Detail                     | DTL     | Miscellaneous                                 | MISC    | Terra cotta            | TC     |
| Diameter                   | DIA     | Mount (ed) (ing)                              | MTD     | Threshold              | THLD   |
| Diffuser                   | DIFF    | Noise reduction coefficient                   | NRC     | Toilet                 | TOIL   |
| Dimension                  | DIM     | Nominal                                       | NOM     | Top of curb            | TOC    |
| Dishwasher                 | DIX     | Not in contract                               | NIC     | Top of steel           | TOS    |
| Dishwasher                 | DIX     | Not to scale                                  | NTS     | Tread                  | TDR    |
| Dispenser                  | DISP    | Number  | NO.     | Typical                | TYP    |
| Door                       | DR      |   |         |                        |        |
| Down                       | DN      | Office  | OFF     | Vacuum (on notes)      | VAC    |
| Drain                      | DRN     | On center                                     | OC      | Varies                 | VAR    |
| Drawer                     | DRW     | Overflow Drain                                | OD      | Ventilation            | VENT   |
| Drawing                    | DRWG    | Opening                                       | OP      | Vent through roof      | VENTR  |
| Drinking fountain          | DF      | Opposite                                      | OPP     | Verify in field        | VIF    |
|                            |         | Opposite hand                                 | OH      | Vestibule              | VEST   |
| Each                       | EA      | Outside diameter or                           | OD      | Vinyl base             | VB     |
| Electric(al)               | EC      | diameter                                      | OD      | Vinyl Composition Tile | VCT    |
| Electric panelboard        | ECP     | Overall                                       | OA      | Vinyl Sheet Flooring   | VST    |
| Electric water cooler      | ECW     | Overhead                                      | OVHD    | Vinyl Wall Covering    | VWC    |
| Elevation                  | ELEV    | Painted (on plans & details)                  | PNT     | Vinyl tile             | VT     |
| Elevator                   | ELEV    | Painted (noted in schedules)                  | PNT     | Waste Receptacles      | WR     |
| Engineer(ing)              | ENG     | Paper Towel Dispenser                         | PTD     | Water                  | W      |
| Engine                     | ENG     | Panel   | PNL     | Water closet           | WC     |
| Equipment                  | EQUIP   | Parking                                       | PKG     | Waterproofing          | WP     |
| Existing                   | EXIST   | Partition                                     | PART    | Waterproofing          | WP     |
| Expansion joint            | EXP JT  | Particulate board                             | PART BD | Waterstripping         | WST    |
|                            |         | Pedestal                                      | PED     | Neatstrip              | NS     |
| Face of wall               | FW      | Plaster                                       | PLAS    | Window                 | WIN    |
| Finish(ed)                 | FIN     | Plaster                                       | PLAS    | Window opening         | WNO    |
| Fire extinguisher          | FEC     | Plate   | PLT     | Head                   | H      |
| Fire hose cabinet          | FHC     | Plumbing                                      | PLUMB   |                        |        |
| Fixture                    | FIXT    | Plywood                                       | PLYWD   |                        |        |
| Flammable                  | FLAM    |   |         |                        |        |
| Flooring                   | FLOR    |   |         |                        |        |
| Floor drain                | FLDR    |   |         |                        |        |
| Fluorescent                | FLUOR   |   |         |                        |        |
| Footing                    | FTG     |   |         |                        |        |
| Foundation                 | FOUN    |   |         |                        |        |
| Frame                      | FR      |   |         |                        |        |
| Furred (furring)           | FUR     |   |         |                        |        |



1 HOSPITAL - PARTIAL PLAN LEVEL 4  
SCALE: 1/8" = 1'-0"









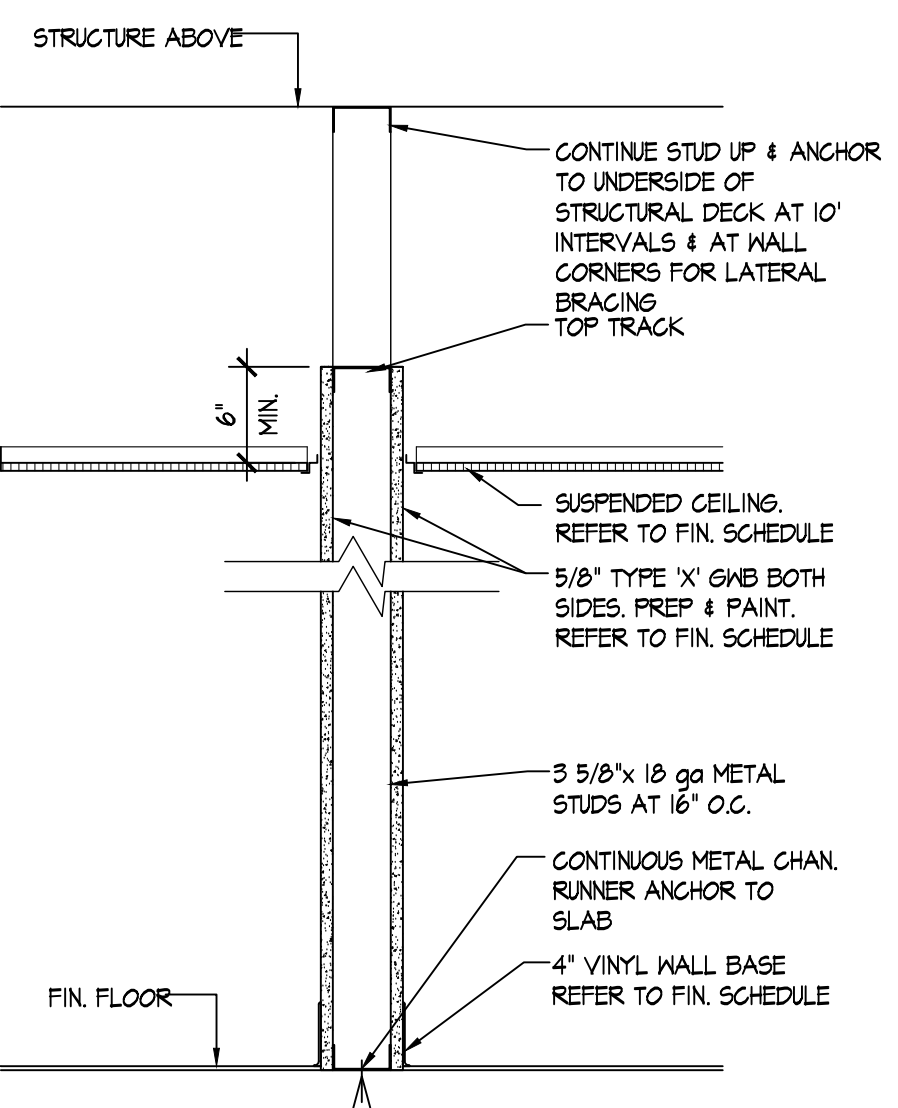
1 PART NEW WORK PLAN, L-4  
A-101 SCALE: 1/4" = 1'-0"

**NEW WORK KEY NOTES:**

1. NEW FRAMED PARTITION WITH 3/8" x 1 1/2" x 18ga METALS STUDS @ 6'oc w/ 1/2" TYPE X DRYWALL. PREP AND PAINT TO MATCH EXIST.
2. INFILL OPENING WITH FRAMING TO MATCH EXIST.
3. NEW HOLLOW METAL COMBINATION DOOR & WINDOW FRAME WITH NEW HD. DOOR & 1/2" LAMINATED SAFETY GLAZING.
4. NEW ALUMINUM & GLASS MANUAL SLIDING DOOR VERSAMAX MODEL VM52FSL-B BY AGSA ABLOY
5. NEW SINK REFER TO PLUMBING DWGS.
6. FRAME NEW OPENING FOR NEW HD DOOR & HM FRAME.
7. NEW CUBICLE CURTAINS & CEILING TRACK; HEADONLARK #1245, COLOR: GINGER BY INTERSPEC
8. NEW STRYKER TRURIZE CLINICAL CHAIR BY OTHERS
9. NEW PLAM MILLWORK. REFER TO MILLWORK DETAILS
10. SUPPLY STORAGE CABINET PLAM MILLWORK. REFER TO MILLWORK DETAILS
11. NEW WEAPONS DETECTOR BY OTHER
12. NEW VGT FLOORING REFER TO FINISH SCHEDULE

**PARTITION NOTES:**

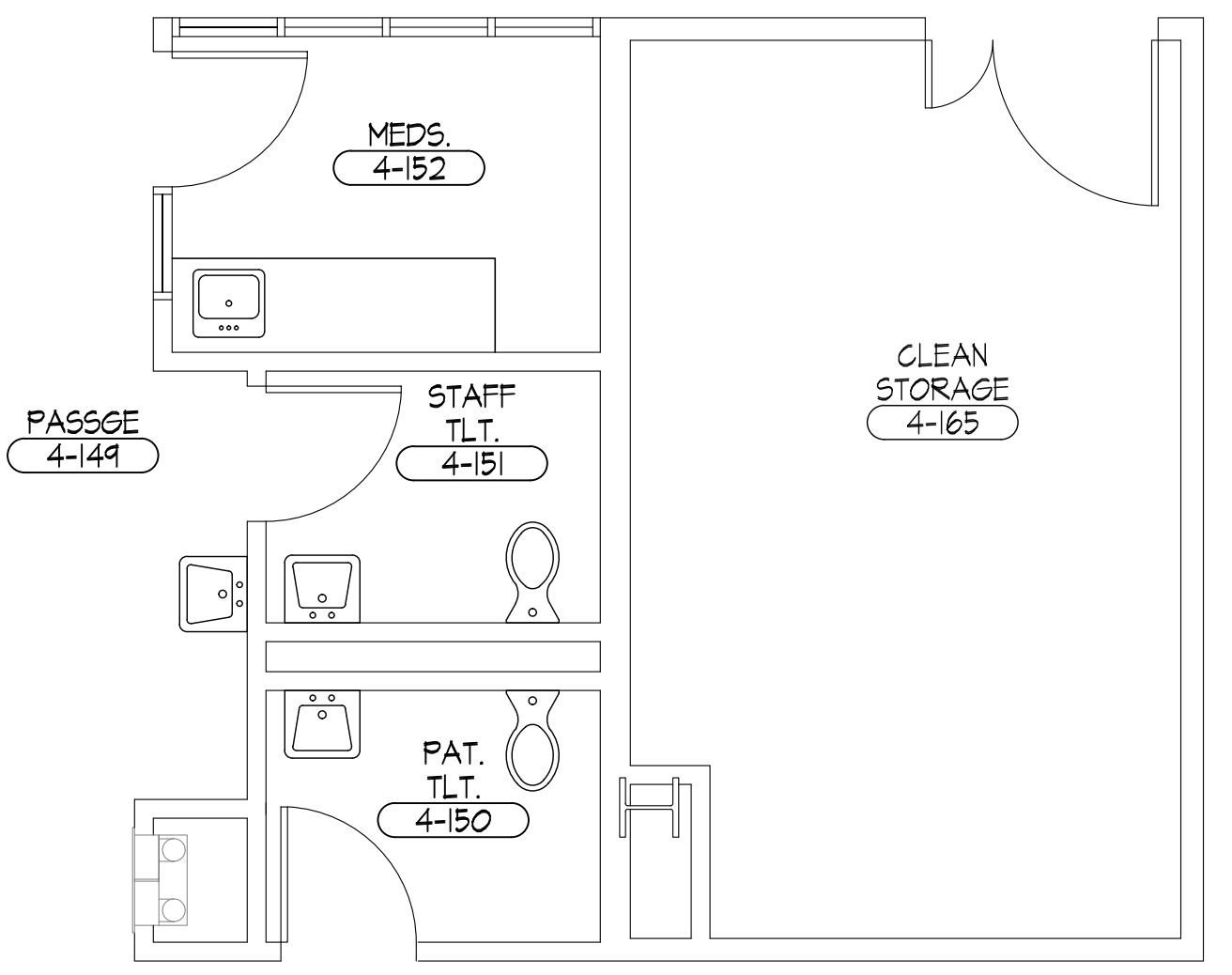
1. PROVIDE BLOCKING BEHIND ALL WALL MOUNTED CABINETS, ACCESSORIES AND EQUIPMENT ETC.
2. ALL INTERIOR STUDS SHALL BE 18 GAUGE. PROVIDE DOUBLE (BACK TO BACK) 18 GAUGE STUDS AT ALL DOOR JAMBS. INSTALL ADEQUATE STUD BLOCKING IN WALLS SCHEDULED TO RECEIVE HANGING MILLWORK.
3. ALL STUDS TO BE 16" O.C. UNLESS OTHERWISE NOTED.
4. SEAL ALL PENETRATIONS AT FIRE RATED PARTITIONS WITH U.L. APPROVED MATERIALS TO MAINTAIN FIRE RATING OF ASSEMBLY.
5. ALL DIMENSIONS ON PLANS ARE TO FACE OF PARTITION UNLESS OTHERWISE NOTED.
6. PERIMETER OF ALL PARTITIONS WITH SOUND ATTENUATION BLANKETS, SHALL BE 'CAULKED' WITH ACOUSTICAL SEALANT ON BOTH SIDES TOP AND BOTTOM.
7. FULLY SEAL PARTITIONS AROUND DUCT, PIPING AND CONDUIT PENETRATIONS.
8. PROVIDE CONTINUOUS ACOUSTICAL (NON-HARDENING) CAULKING BEADS ON EACH SIDE OF THE BOTTOM STUD RAILER AT THE THREE-WAY INTERSECTION BETWEEN THE RUNNER, FLOOR AND DRYWALL.
9. ACOUSTICAL CAULKING TO CLOSE GAPS BETWEEN SERVICE OUTLETS (ELECTRICAL, TELEPHONE, DATA, ETC.) AND DRYWALL.



GWB PARTITION  
NTS

**GENERAL CONSTRUCTION NOTES:**

1. PATCH EXISTING SURFACES TO MATCH ADJACENT WHERE EXISTING WALLS, BUILT-IN EQUIPMENT & M/E/P SERVICES HAVE BEEN REMOVED. AT SHAFT WALLS, FLOORS & CEILING SLAB, MAINTAIN FIRE RATING. FIRE SEAL ALL NEW AND EXISTING PENETRATIONS IN EXISTING RATED WALLS & ASSEMBLIES. FIREPROOF ALL STRUCTURAL STEEL WHERE DISTURBED.
2. PATCH AND FIRE STOP EXISTING HOLES IN FLOOR WHERE EXISTING SERVICES AND PLUMBING WERE MOVED. REFER TO M/E/P DRAWINGS FOR LOCATIONS.
3. ALL FINISHED SURFACES SHALL BE PREPARED AS PER THE RESPECTIVE MANUFACTURERS REQUIREMENTS. REFER ALSO TO THE FINISH PLAN FINISHES AND LOCATIONS



2 PART NEW WORK PLAN, L-4  
A-101 SCALE: 1/4" = 1'-0"

**FINISH LEGEND**

| SURFACE   | LABEL | MATERIAL                       | MANUFACTURER   | PRODUCT INFO                                      | REMARKS                |
|-----------|-------|--------------------------------|----------------|---|------------------------|
| WALL      | PT-1  | PAINT                          | BENJAMIN MOORE | AC-41 ACADIA WHITE, EGGSHELL                      |                        |
| WALL      | PT-2  | PAINT                          | BENJAMIN MOORE | HC-05 FAIRVIEW TAUPE, EGGSHELL                    |                        |
| FLOOR     | VGT-1 | VINYL COMPOSITION TILE         | MANNINGTON     | ESSENTIALS #288 BRICK                             | MATCH EXISTING PATTERN |
| FLOOR     | VGT-2 | VINYL COMPOSITION TILE         | MANNINGTON     | ESSENTIALS #104 BROWNSTONE                        | MATCH EXISTING PATTERN |
| FLOOR     | VGT-3 | VINYL COMPOSITION TILE         | ARMSTRONG      | #54234 - SILK                                     | MAIN FIELD TILE        |
| FLOOR     | VGT-4 | VINYL COMPOSITION TILE         | MANNINGTON     | ESSENTIALS #125 WHEAT                             | MATCH EXISTING PATTERN |
| WALL BASE | B-1   | RUBBER WALL BASE               | JOHNSONITE     | #80 - FAWN  |                        |
| MILLWORK  | PL-1  | PLASTIC LAMINATE               | ABET LAMINATI  | FRINT, SOFT, TEXTURED WHITE                       |                        |
| MILLWORK  | PL-2  | PLASTIC LAMINATE               | WILSONART      | #D488 - PEARL DUST                                |                        |
| CEILING   | CLG-1 | ACOUSTICAL CEILING TILE & GRID | ARMSTRONG      | #839A - TUNDRA WHITE, PRELUDE XL 1/2" EXPOSED TEE |                        |

**CODE COMPLIANCE NOTES:**

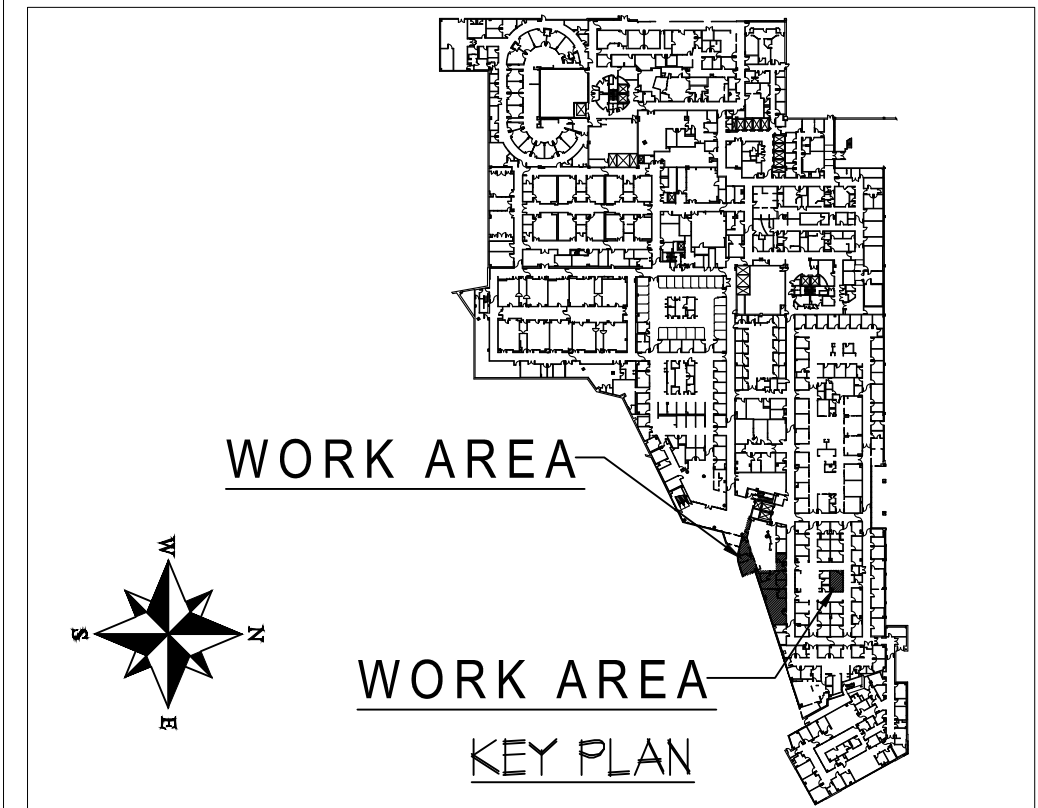
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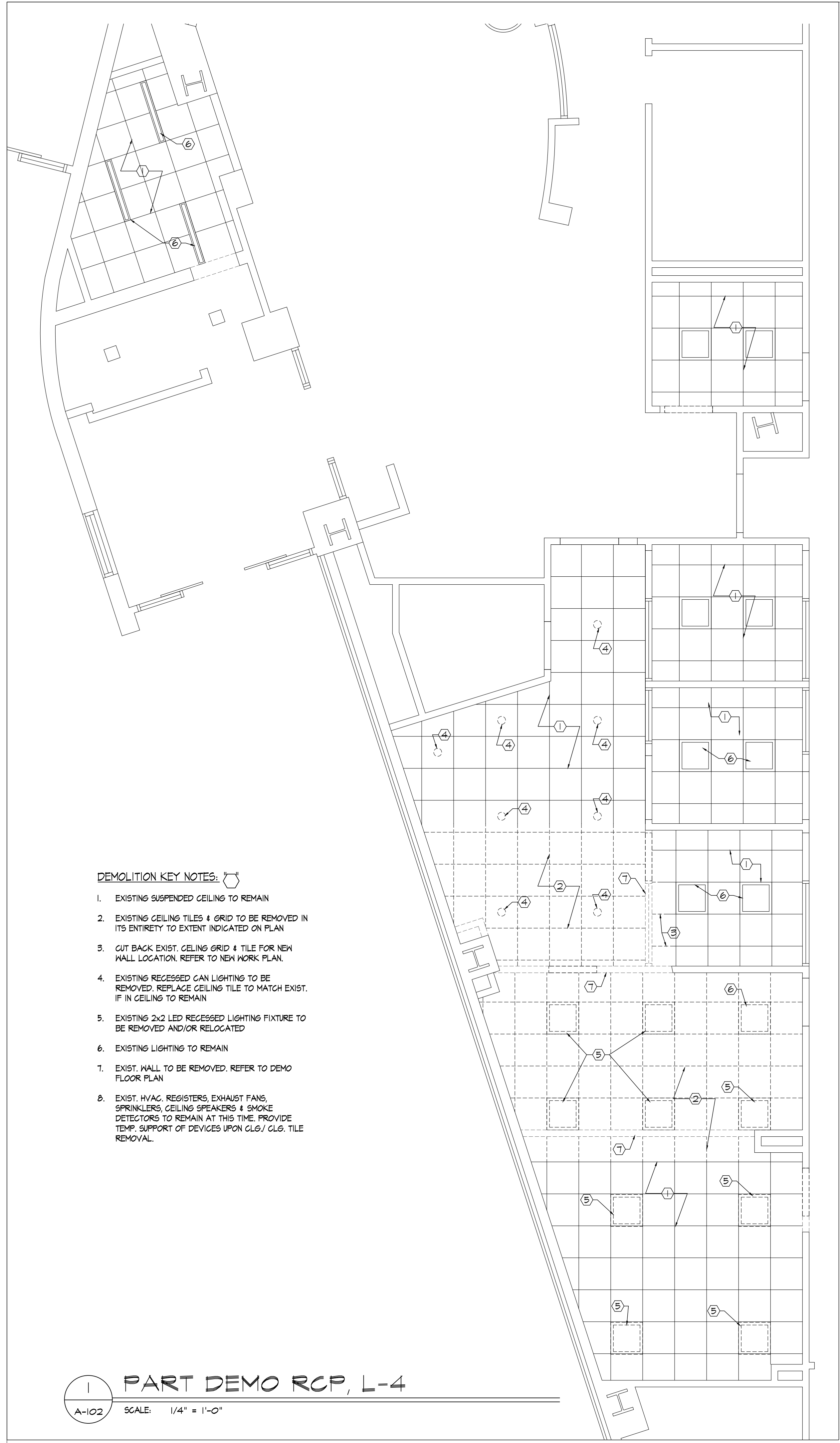
REQUESTORS \_\_\_\_\_  
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 Stony Brook, N.Y., 11794-8006  
 (631) 444-XXXX

DRAWN BY: JAS  
 CHECKED: \_\_\_\_\_  
 DATE: 6/12/23  
 SCALE: AS NOTED

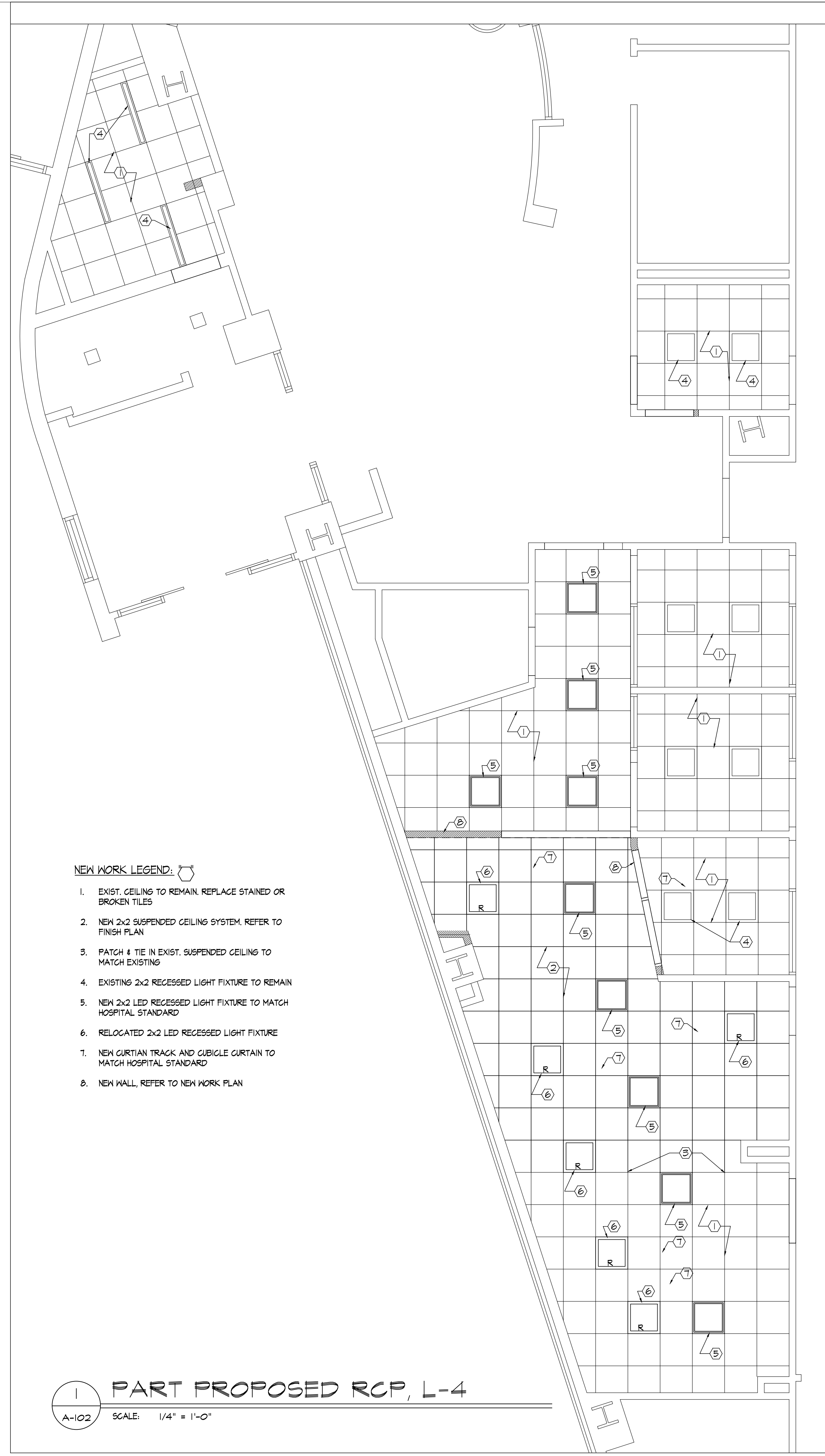
PROJECT TITLE: LOW ACUITY ED TRIAGE RENOVATION HOSPITAL LEVEL 4  
 DWG. TITLE: NEW WORK PLAN, NOTES, PART. TYPE & FINISH SCHEDULE  
 PROJECT NO.: 24407  
 DWG. NO.: A-101  
 SUNY NO.: \_\_\_\_\_



**DEMOLITION KEY NOTES:**

1. EXISTING SUSPENDED CEILING TO REMAIN
2. EXISTING CEILING TILES & GRID TO BE REMOVED IN ITS ENTIRETY TO EXTENT INDICATED ON PLAN
3. CUT BACK EXIST. CEILING GRID & TILE FOR NEW WALL LOCATION. REFER TO NEW WORK PLAN.
4. EXISTING RECESSED CAN LIGHTING TO BE REMOVED. REPLACE CEILING TILE TO MATCH EXIST. IF IN CEILING TO REMAIN
5. EXISTING 2x2 LED RECESSED LIGHTING FIXTURE TO BE REMOVED AND/OR RELOCATED
6. EXISTING LIGHTING TO REMAIN
7. EXIST. WALL TO BE REMOVED. REFER TO DEMO FLOOR PLAN
8. EXIST. HVAC REGISTERS, EXHAUST FANS, SPRINKLERS, CEILING SPEAKERS & SMOKE DETECTORS TO REMAIN AT THIS TIME. PROVIDE TEMP. SUPPORT OF DEVICES UPON CLG./ CLG. TILE REMOVAL.

**1 PART DEMO RCP, L-4**  
 SCALE: 1/4" = 1'-0"



**NEW WORK LEGEND:**

1. EXIST. CEILING TO REMAIN. REPLACE STAINED OR BROKEN TILES
2. NEW 2x2 SUSPENDED CEILING SYSTEM. REFER TO FINISH PLAN
3. PATCH & TIE IN EXIST. SUSPENDED CEILING TO MATCH EXISTING
4. EXISTING 2x2 RECESSED LIGHT FIXTURE TO REMAIN
5. NEW 2x2 LED RECESSED LIGHT FIXTURE TO MATCH HOSPITAL STANDARD
6. RELOCATED 2x2 LED RECESSED LIGHT FIXTURE
7. NEW CURTAIN TRACK AND CUBICLE CURTAIN TO MATCH HOSPITAL STANDARD
8. NEW WALL, REFER TO NEW WORK PLAN

**1 PART PROPOSED RCP, L-4**  
 SCALE: 1/4" = 1'-0"

**CODE COMPLIANCE NOTES:**

1. ALL PENETRATIONS IN FULL HEIGHT FIRE WALLS EXTENDING TO STRUCTURE ABOVE WITHIN AND ABUTTING THE AREA OF NEW WORK WILL RECEIVE FIRE STOPPING SEALANT CONFORMING TO N.F.P.A. AND J.C.A.H.O. REQUIREMENTS. A GRAPHIC RECORD OF SEALED PENETRATIONS SHALL BE PREPARED BY INSTALLER AND CONVEYED TO THE OFFICE OF HSC ARCHITECTURAL SERVICES.
2. ALL EXISTING CORRIDOR AND FIRE SEPARATION WALLS WITHIN AND ABUTTING THE AREA OF NEW WORK SHALL BE MAINTAINED OR CORRECTED IN COMPLIANCE WITH MINIMUM 1 HOUR RATED CONSTRUCTION.
3. ALL FINISHES AND MATERIALS SHALL BE MINIMUM CLASS "A" FLAME SPREAD RATED.
4. A CAMPUS CONSTRUCTION PERMIT MUST BE ISSUED AND DISPLAYED AT THE JOB SITE PRIOR TO COMMENCEMENT OF ANY WORK.
5. CONSTRUCTION SHALL BE MONITORED AND COORDINATED THROUGH HOSPITAL ARCHITECTURAL SERVICES.
6. THE ALTERATION OF THIS MATERIAL IN ANY WAY UNLESS UNDER THE DIRECTION OF AND SIGNED BY A LICENSED PROFESSIONAL ENGINEER OR REGISTERED ARCHITECT, IS A VIOLATION OF ARTICLE 141 OF THE NEW YORK STATE EDUCATION LAW AND IS A CLASS "A" MISDEMEANOR.

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| ISSUE FOR CONSTRUCTION |      |
| NO.                    | DATE |
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**FINAL APPROVAL OF DRAWINGS / SPECIFICATIONS**

PLEASE SIGN AND DATE

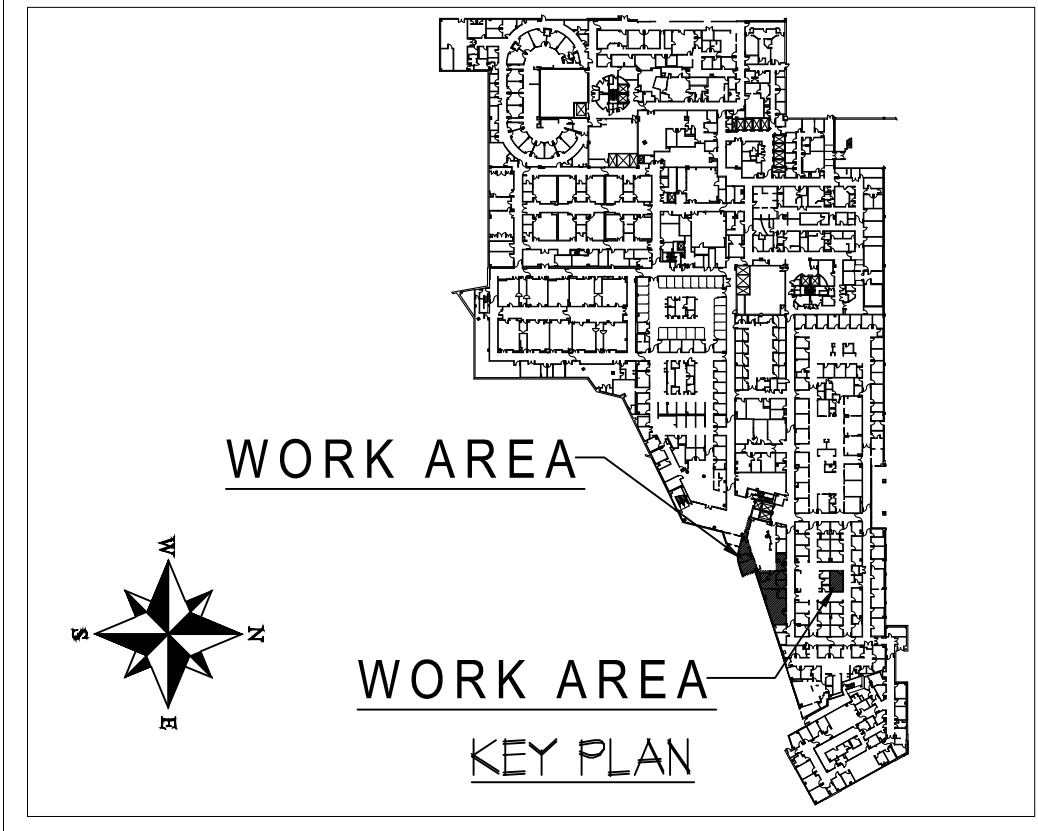
REQUESTORS \_\_\_\_\_

ENV. HEALTH SAFETY \_\_\_\_\_

CODE COMPLIANCE \_\_\_\_\_

INFECTION CONTROL \_\_\_\_\_

OTHER \_\_\_\_\_



Office of Architectural Services  
 H.S.C. L1-140  
 Stony Brook, N.Y., 11794-8006  
 (631) 444-XXXX

|                   |  |                   |          |
|-------------------|--|-------------------|----------|
| DRAWN BY<br>JAS   | PROJECT TITLE<br>LOW ACUITY ED TRIAGE RENOVATION     | DWG. NO.<br>A-102 | SUNY NO. |
| CHECKED           | HOSPITAL LEVEL 4                                     |                   |          |
| DATE<br>6/12/23   | DWG. TITLE<br>DEMO & PROPOSED REFLECTED CEILING PLAN |                   |          |
| SCALE<br>AS NOTED | PROJECT NO.<br>24407                                 |                   |          |





















EXISTING EMERGENCY CRITICAL POWER PANEL

| PANEL: 4LCL4 (SECTION 1)                  |                | MOUNTING: SURFACE                     |           | LOCATION: ELECTRICAL EQUIPMENT ROOM 4-119 |                                  |
|---|----------------|---------------------------------------|-----------|---|----------------------------------|
| SERVICE: 120 / 208V 3 Ø, 4W, WIGROUND BUS |                | MAINS: 225A MAIN                      |           | SHORT CIRCUIT RATING: 10 KA RMS SYM       |                                  |
| BUS RATING: 225A                          |                |                                       |           |   |                                  |
| CKT. BKR.                                 | BRANCH CIRCUIT |                                       |           | CKT. BKR.                                 |                                  |
| AMPS TRIP                                 | POLE           | DESIGNATION                           | VOLT AMPS | NO  | AMPS TRIP                        |
| 20  | 1              | WIREMOLD OUTLETS EMT EQUIP ROOM       | 0         | 1 2 0                                     | RECEPTACLE IN ELEC. CLOSET 4-119 |
| 20  | 1              | WIREMOLD OUTLETS EMT EQUIP ROOM       | 0         | 3 4 0                                     | RECEPTACLES IN EXAM ROOM         |
| 20  | 1              | RECEPTACLES IN EMS BASE               | 0         | 5 6 0                                     | RECEPTACLES IN EXAM ROOM         |
| 20  | 1              | RECEPTACLE IN EMERGENCY FOLLOW-UP     | 0         | 7 8 0                                     | RECEPTACLES IN EXAM ROOM         |
| 20  | 1              | RECEPTACLE IN TRIAGE                  | 0         | 9 10 0                                    | RECEPTACLES IN EXAM ROOM         |
| 20  | 1              | (3 SEC DOORS) SPARE                   | 0         | 11 12 0                                   | RECEPTACLES IN EXAM ROOM         |
| 20  | 1              | LOW ACUITY 4-116 #1.2 & 3 RECEPTACLES | 0         | 13 14 0                                   | RECEPTACLES IN EXAM ROOM         |
| 20  | 1              | LOW ACUITY 4-116 #1.2 & 3 RECEPTACLES | 0         | 15 16 0                                   | RECEPTACLES IN EXAM ROOM         |
| 20  | 1              | LOW ACUITY 4-116 #4.5 & 6 RECEPTACLES | 0         | 17 18 0                                   | RECEPTACLES IN EXAM ROOM         |
| 20  | 1              | LOW ACUITY 4-116 #4.5 & 6 RECEPTACLES | 0         | 19 20 0                                   | RECEPTACLES IN EXAM ROOM         |
| 20  | 1              | LOW ACUITY 4-116 #6 RECEPTACLES       | 0         | 21 22 0                                   | RECEPTACLES IN EXAM ROOM         |
| 20  | 1              | LOW ACUITY 4-116 NURSE STA. RECEPT.   | 0         | 23 24 0                                   | RECEPTACLES IN EXAM ROOM         |
| 20  | 1              | SPARE                                 | 0         | 25 26 0                                   | RECEPTACLES IN EXAM ROOM         |
| 30  | 3              | SPD                                   | 0         | 27 28 0                                   | RECEPTACLES IN GYN EXAM ROOM     |
| 20  | 1              | SPARE                                 | 0         | 29 30 0                                   | RECEPTACLES IN GYN EXAM ROOM     |
| 20  | 1              | SPARE                                 | 0         | 31 32 0                                   | RECEPTACLES IN GYN EXAM RM 171   |
| 20  | 1              | REFRIGERATOR/FREEZER                  | 0         | 33 34 0                                   | RECEPTACLES IN GYN EXAM ROOM     |
| 20  | 1              | SPARE                                 | 0         | 35 36 0                                   | 2 UNDER COUNTER REFRIGERATORS    |
| 70  | 3              | PANEL 4LCL4A                          | 0         | 37 38 0                                   | (RECEP IN UTILITY ROOM) SPARE    |
|   |                |                                       | 0         | 39 40 0                                   | (ICE MACHINE) SPARE              |
|   |                |                                       | 0         | 41 42 0                                   | (MICROWAVE) SPARE                |
| SUBTOTAL:                                 |                | 0                                     |           | 0   |                                  |
| TOTAL:                                    |                | 0                                     |           | 0   |                                  |

EXISTING NORMAL POWER PANEL

| PANEL: 4LNL4 (SECTION 1)                  |                | MOUNTING: SURFACE        |           | LOCATION: ELECTRICAL EQUIPMENT ROOM 4-119 |                                 |
|---|----------------|--------------------------|-----------|---|---------------------------------|
| SERVICE: 120 / 208V 3 Ø, 4W, WIGROUND BUS |                | MAINS: 225AMP MAIN       |           | SHORT CIRCUIT RATING: 10 KA RMS SYM       |                                 |
| BUS RATING: 225A                          |                |                          |           |   |                                 |
| CKT. BKR.                                 | BRANCH CIRCUIT |                          |           | CKT. BKR.                                 |                                 |
| AMPS TRIP                                 | POLE           | DESIGNATION              | VOLT AMPS | NO  | AMPS TRIP                       |
| 20  | 1              | RECEPTACLE CORRIDOR      | 0         | 1 2 0                                     | REFRIGERATOR EMT EQUIP. RM.     |
| 20  | 1              | RECEPTACLE PHYS. CONSULT | 0         | 3 4 0                                     | MICROWAVE EMT EQUIP. RM.        |
| 20  | 1              | RECEPTACLE PHYS. CONSULT | 0         | 5 6 0                                     | COFFEE EMT EQUIP. RM.           |
| 20  | 1              | RECEPTACLE EXAM          | 0         | 7 8 0                                     | RECEPTACLE EMS BASE             |
| 20  | 1              | RECEPTACLE EXAM          | 0         | 9 10 0                                    | OUTLETS                         |
| 20  | 1              | RECEPTACLE EXAM          | 0         | 11 12 0                                   | OUTLETS                         |
| 20  | 1              | RECEPTACLE EXAM          | 0         | 13 14 0                                   | RECEPTACLE EMS BASE             |
| 20  | 1              | RECEPTACLE EXAM          | 0         | 15 16 0                                   | RECEPTACLE EMERG. FOLLOW UP     |
| 20  | 1              | RECEPTACLE EXAM          | 0         | 17 18 0                                   | RECEPTACLE EMERG. FOLLOW UP     |
| 20  | 1              | RECEPTACLE EXAM          | 0         | 19 20 0                                   | RECEPTACLE FILE                 |
| 20  | 1              | RECEPTACLE EXAM          | 0         | 21 22 0                                   | COPY MACHINE                    |
| 20  | 1              | RECEPTACLE GYN. EXAM     | 0         | 23 24 0                                   | OUTLETS                         |
| 20  | 1              | RECEPTACLE GYN. EXAM     | 0         | 25 26 0                                   | RECEPTACLE 4-193, 4-194         |
| 20  | 1              | RECEPTACLE CORR. & F1    | 0         | 27 28 0                                   | RECEPTACLE 4-193, 4-194, 4-140  |
| 20  | 1              | RECEPTACLE TOOL/SOIL     | 0         | 29 30 0                                   | RECEPTACLE 4-137A, 4-139, CORR. |
| 20  | 1              | 3 R & F1 - RAD           | 0         | 31 32 0                                   | RECEPTACLE 4-196                |
| 20  | 1              | 3 R & F1 - RAD           | 0         | 33 34 0                                   | RECEPTACLE 4-135                |
| 20  | 1              | RECEPTACLE CORR.         | 0         | 35 36 0                                   | RECEPTACLE 4-134                |
| 20  | 1              | RECEPTACLE CORR. COMP.   | 0         | 37 38 0                                   | RECEPTACLE BREAK RM.            |
| 20  | 1              | RECEPTACLE               | 0         | 39 40 0                                   | RECEPTACLE                      |
| 20  | 1              | RECEPTACLE TOILETS       | 0         | 41 42 0                                   | PEDS CEILING HEATER             |
| SUBTOTAL:                                 |                | 0                        |           | 0   |                                 |
| TOTAL:                                    |                | 0                        |           | 0   |                                 |

GENERAL NOTES:

1. REFER TO DRAWING E-001 FOR SYMBOL LIST, ABBREVIATIONS AND NOTES.

KEY NOTES:

- ELECTRICAL CONTRACTOR SHALL REMOVE THREE (3) EXISTING 1-POLE, 20AMP CIRCUIT BREAKERS AND FURNISH AND INSTALL ONE (1) 3-POLE, 20AMP CIRCUIT BREAKER FOR CONNECTION TO SPD. RETURN 20AMP CIRCUIT BREAKERS TO FACILITY.
- FURNISH AND INSTALL A SURGE PROTECTION DEVICE (SPD) SIMILAR TO SQUARE D, TYPE 2 SPD, 208Y/120V, 100KA/PHASE, LEDS & AUDIBLE ALARM, DRY CONTACTS, MODEL #56P02XD5E10A.
- ELECTRICAL CONTRACTOR SHALL REMOVE THREE (3) EXISTING 1-POLE, 20AMP CIRCUIT BREAKERS AND FURNISH AND INSTALL ONE (1) 3-POLE, 60AMP CIRCUIT BREAKER FOR CONNECTION TO PANELBOARD "4PGL4A". RETURN 20AMP CIRCUIT BREAKERS TO FACILITY.
- ELECTRICAL CONTRACTOR SHALL TRACE AND IDENTIFY EXISTING LOAD. UPON FINDING, CONTRACTOR TO UPDATE PANELBOARD SCHEDULE.
- ELECTRICAL CONTRACTOR SHALL TRACE AND CONFIRM EXISTING LOAD IS AS INDICATED. UPON FINDING EXISTING LOAD SHALL BE RELOCATED TO A SPARE BRANCH CIRCUIT IN PANELBOARD "4PGL4A". UPON TRANSFERRING LOAD, EXISTING PANELBOARD DIRECTORY SHALL BE UPDATED TO INDICATE "SPARE".

EXISTING EMERGENCY EQUIPMENT POWER PANEL

| PANEL: 4PGL4                              |                | MOUNTING: SURFACE                  |           | LOCATION: ELECTRICAL EQUIPMENT ROOM 4-004 |                                  |
|---|----------------|------------------------------------|-----------|---|----------------------------------|
| SERVICE: 120 / 208V 3 Ø, 4W, WIGROUND BUS |                | MAINS: 150A                        |           | SHORT CIRCUIT RATING: 10 KA RMS SYM       |                                  |
| BUS RATING: 150A                          |                |                                    |           |   |                                  |
| CKT. BKR.                                 | BRANCH CIRCUIT |                                    |           | CKT. BKR.                                 |                                  |
| AMPS TRIP                                 | POLE           | DESIGNATION                        | VOLT AMPS | NO  | AMPS TRIP                        |
| 20  | 1              | OUTLET 4-050                       | 0         | 1 2 0                                     | HEAT TRACE -- ROOF TOP           |
| 20  | 1              | NURSE STATION FAX                  | 0         | 3 4 0                                     | NURSE STATION PRINTER            |
| 20  | 1              | NURSE STATION PRINTER              | 0         | 5 6 0                                     | EXISTING LOAD                    |
| 20  | 1              | ROOF UNIT                          | 0         | 7 8 0                                     | HALLWAY OUTLETS / WATER FOUNTAIN |
| 30  | 3              | SPD                                | 0         | 9 10 0                                    | VAV                              |
|   |                |                                    | 0         | 11 12 0                                   | VAV                              |
|   |                |                                    | 0         | 13 14 0                                   | VAV                              |
| 60  | 3              | PANEL 4PGL4A IN ELEC. CLOSET 4-119 | 0         | 15 16 0                                   | HALLWAY OUTLETS                  |
|   |                |                                    | 0         | 17 18 0                                   | NURSE STATION FAX                |
|   |                |                                    | 0         | 19 20 0                                   | HALLWAY OUTLETS                  |
| 20  | 1              | SPARE                              | 0         | 21 22 0                                   | SPARE                            |
| 20  | 1              | GFI NEXT TO PANEL                  | 0         | 23 24 0                                   | SPARE                            |
| 20  | 1              | SPARE                              | 0         | 25 26 0                                   | SPARE                            |
| 20  | 1              | SPARE                              | 0         | 27 28 0                                   | SPARE                            |
| 20  | 1              | SPARE                              | 0         | 29 30 0                                   | SPARE                            |
| 20  | 1              | SPARE                              | 0         | 31 32 0                                   | SPARE                            |
| 20  | 1              | SPARE                              | 0         | 33 34 0                                   | SPARE                            |
| 20  | 1              | SPARE                              | 0         | 35 36 0                                   | SPARE                            |
| 20  | 1              | SPARE                              | 0         | 37 38 0                                   | SPARE                            |
| 20  | 1              | SPARE                              | 0         | 39 40 0                                   | SPARE                            |
| 20  | 1              | SPARE                              | 0         | 41 42 0                                   | SPARE                            |
| SUBTOTAL:                                 |                | 0                                  |           | 0   |                                  |
| TOTAL:                                    |                | 0                                  |           | 0   |                                  |

EXISTING NORMAL POWER PANEL

| PANEL: 4LNL4 (SECTION 2)                  |                | MOUNTING: SURFACE                     |           | LOCATION: ELECTRICAL EQUIPMENT ROOM 4-119 |                          |
|---|----------------|---------------------------------------|-----------|---|--------------------------|
| SERVICE: 120 / 208V 3 Ø, 4W, WIGROUND BUS |                | MAINS: MLO                            |           | SHORT CIRCUIT RATING: 10KA RMS SYM        |                          |
| BUS RATING: 225A                          |                |                                       |           |   |                          |
| CKT. BKR.                                 | BRANCH CIRCUIT |                                       |           | CKT. BKR.                                 |                          |
| AMPS TRIP                                 | POLE           | DESIGNATION                           | VOLT AMPS | NO  | AMPS TRIP                |
| 20  | 1              | RECEPTACLE WAIT TV'S                  | 0         | 43 44                                     | SPARE                    |
| 20  | 1              | RECEPTACLE PED EXAM TV'S              | 0         | 45 46 0                                   | SPARE                    |
| 20  | 1              | RECEPTACLE PED EXAM                   | 0         | 47 48 0                                   | RECEPTACLE CAB. HEATER   |
| 20  | 1              | RECEPTACLE PED EXAM                   | 0         | 49 50 0                                   | COPY MACHINE             |
| 20  | 1              | RECEPTACLE PED EXAM                   | 0         | 51 52 0                                   | RECEPTACLE WAIT          |
| 20  | 1              | RECEPTACLE CASHIER                    | 0         | 53 54 0                                   | RECEPTACLE WAIT          |
| 20  | 1              | RECEPTACLE LOBBY/WAIT                 | 0         | 55 56 0                                   | RECEPTACLE CORR. & 4-121 |
| 20  | 1              | RECEPTACLE LOBBY/WAIT                 | 0         | 57 58 0                                   | COFFEE MAKER             |
| 20  | 1              | RECEPTACLE LOBBY/WAIT                 | 0         | 59 60 0                                   | RECEPTACLE 4-120, 4-125  |
| 20  | 1              | RECEPTACLE LOBBY/WAIT                 | 0         | 61 62 0                                   | RECEPTACLE 4-126         |
| 20  | 1              | VENDING MACHINE                       | 0         | 63 64 0                                   | RECEPTACLE TREAT/SLEEP   |
| 20  | 1              | VENDING MACHINE & WAIT                | 0         | 65 66 0                                   | VENDING MACHINE          |
| 20  | 1              | CAB. HEATER                           | 0         | 67 68 0                                   | VENDING MACHINE          |
| 20  | 1              | CAB. HEATER                           | 0         | 69 70 0                                   | RECEPTACLE STORE         |
| 20  | 1              | LIGHTING                              | 0         | 71 72 0                                   | RECEPTACLE CONSULT       |
| 20  | 1              | VENDING MACHINE                       | 0         | 73 74 0                                   | VENDING MACHINE          |
| 20  | 1              | RECEPTACLE CHARTING                   | 0         | 75 76 0                                   | RECEPTACLE TRIAGE        |
| 20  | 1              | SENSOR TOILET                         | 0         | 77 78 0                                   | RECEPTACLE SUB. WAIT     |
| 20  | 1              | LOW ACUITY 4-116 #4.5 & 7 RECEPTACLES | 0         | 79 80 0                                   | RECEPTACLE ?????? EQUIP. |
| 20  | 2              | DENTAL KILN                           | 0         | 81 82 0                                   | VAL BOOT OUTSIDE L-4 EM. |
|   |                |                                       | 0         | 83 84 0                                   |                          |
| SUBTOTAL:                                 |                | 0                                     |           | 0   |                          |
| TOTAL:                                    |                | 0                                     |           | 0   |                          |

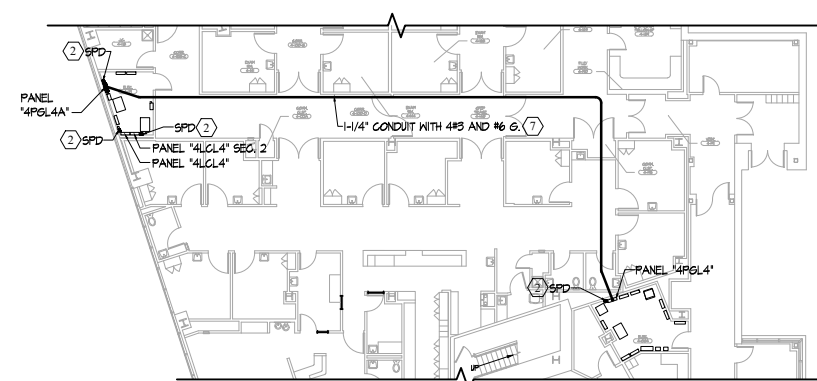
- ELECTRICAL CONTRACTOR SHALL TRACE AND CONFIRM EXISTING LOAD IS AS INDICATED. UPON FINDING EXISTING LOAD SHALL BE RELOCATED TO A SPARE BRANCH CIRCUIT IN NEAREST EXISTING EMERGENCY "LIFE SAFETY" PANELBOARD. UPON TRANSFERRING LOAD, EXISTING PANELBOARD DIRECTORY SHALL BE UPDATED TO INDICATE "SPARE".
- REFER TO DRAWING E-200, NOTE #4 FOR ADDITIONAL INFORMATION.
- REFER TO DRAWING E-200, NOTE #1 FOR ADDITIONAL INFORMATION.

EMERGENCY EQUIPMENT POWER PANEL

| PANEL: 4PGL4A                             |                | MOUNTING: SURFACE              |           | LOCATION: ELECTRICAL EQUIPMENT ROOM 4-119 |           |
|---|----------------|--------------------------------|-----------|---|-----------|
| SERVICE: 120 / 208V 3 Ø, 4W, WIGROUND BUS |                | MAINS: 60AMP                   |           | SHORT CIRCUIT RATING: 10 KA RMS SYM       |           |
| BUS RATING: 100A                          |                |                                |           |   |           |
| CKT. BKR.                                 | BRANCH CIRCUIT |                                |           | CKT. BKR.                                 |           |
| AMPS TRIP                                 | POLE           | DESIGNATION                    | VOLT AMPS | NO  | AMPS TRIP |
| 20  | 1              | CASHIER 4-102 RECEPTACLES      | 0         | 1 2                                       |           |
| 20  | 1              | VESTIBULE 4-101 METAL DETECTOR | 0         | 3 4 0                                     | SPD       |
| 30  | 2              | SPARE                          | 0         | 5 6                                       |           |
| 20  | 1              | SPARE                          | 0         | 7 8 0                                     | SPARE     |
| 20  | 1              | SPARE                          | 0         | 9 10 0                                    | SPARE     |
| 20  | 1              | SPARE                          | 0         | 11 12 0                                   | SPARE     |
| 20  | 1              | SPARE                          | 0         | 13 14 0                                   | SPARE     |
| 20  | 1              | SPARE                          | 0         | 15 16 0                                   | SPARE     |
| 20  | 1              | SPARE                          | 0         | 17 18 0                                   | SPARE     |
| 20  | 1              | SPARE                          | 0         | 19 20 0                                   | SPARE     |
| 20  | 1              | SPARE                          | 0         | 21 22 0                                   | SPARE     |
| 20  | 1              | SPARE                          | 0         | 23 24 0                                   | SPARE     |
| SUBTOTAL:                                 |                | 0                              |           | 0   |           |
| TOTAL:                                    |                | 0                              |           | 0   |           |

EXISTING EMERGENCY CRITICAL POWER PANEL

| PANEL: 4LCL4 (SECTION 2)                  |                | MOUNTING: SURFACE                         |           | LOCATION: ELECTRICAL EQUIPMENT ROOM 4-119 |   |
|---|----------------|---|-----------|---|---|
| SERVICE: 120 / 208V 3 Ø, 4W, WIGROUND BUS |                | MAINS: MLO                                |           | SHORT CIRCUIT RATING: 10KA RMS SYM        |   |
| BUS RATING: 225A                          |                |   |           |   |   |
| CKT. BKR.                                 | BRANCH CIRCUIT |   |           | CKT. BKR.                                 |   |
| AMPS TRIP                                 | POLE           | DESIGNATION                               | VOLT AMPS | NO  | AMPS TRIP                                 |
| 20  | 1              | RECEPTACLES IN ED ACUTE                   | 0         | 43 44 0                                   | RECEPTACLES FOR PYXIS MACHINE             |
| 20  | 1              | RECEPTACLES IN TRIAGE                     | 0         | 45 46 0                                   | RECEPTACLES FOR U.C. FRIGGS               |
| 20  | 1              | RECEPTACLES IN TRIAGE                     | 0         | 47 48 0                                   | RECEPTACLES FOR CORR. EQUIPMENT           |
| 20  | 1              | (DOOR LOCK RADIOLOGY) SPARE               | 0         | 49 50 0                                   | P TUBE STATION                            |
| 20  | 1              | SPARE                                     | 0         | 51 52 0                                   | RECEPTACLES FOR COPIER @ NURSES ST.       |
| 20  | 1              | (RECEPTACLE IN UTIL'S) SPARE              | 0         | 53 54 0                                   | RECEPTACLES @ NURSES STATION              |
| 20  | 1              | (4 CAMERAS IN LOBBY) SPARE                | 0         | 55 56 0                                   | RECEPTACLES @ NURSES STATION              |
| 20  | 1              | EXAM ROOM LIGHTING                        | 0         | 57 58 0                                   | RECEPTACLES @ NURSES STATION              |
| 20  | 1              | RECEPTACLES IN EMS CENTER                 | 0         | 59 60 0                                   | RECEPTACLES FOR CHARTING                  |
| 20  | 1              | RECEPTACLES IN EMS CENTER                 | 0         | 61 62 0                                   | RECEPTACLES @ NURSES STATION              |
| 20  | 1              | RECEPTACLES FOR MONITORS                  | 0         | 63 64 0                                   | REC                                       |
| 20  | 1              | TEMP HEAT 1 POLE                          | 0         | 65 66 0                                   | RECEPTACLES IN 4-143                      |
| 30  | 2              | TEMP HEAT 2 POLE                          | 0         | 67 68 0                                   | RECEPTACLES IN PEDS. EXAM ROOM            |
| 20  | 1              | SPARE                                     | 0         | 69 70 0                                   | RECEPTACLES IN PEDS. EXAM ROOM            |
| 20  | 1              | SPARE                                     | 0         | 71 72 0                                   | RECEPTACLES IN PEDS. EXAM ROOM            |
| 20  | 1              | P TUBE TRANSFER UNITS                     | 0         | 73 74 0                                   | RECEPTACLES IN PEDS. EXAM ROOM            |
| 20  | 1              | (RECEPTACLES IN READING ROOM 4-165) SPARE | 0         | 75 76 0                                   | RECEPTACLES IN PEDS. EXAM ROOM            |
| 20  | 1              | (RECEPTACLES IN READING ROOM 4-165) SPARE | 0         | 77 78 0                                   | RECEPTACLES IN PEDS. EXAM ROOM            |
| 50  | 1              | SPARE                                     | 0         | 79 80 0                                   | U/C FRIG. & 2 FRIGGS IN CLEAN UTIL RM     |
| 20  | 1              | SPARE                                     | 0         | 81 82 0                                   | (RECEP. FOR THE CASHIER) SPARE            |
| 20  | 1              | (RECEPTACLES IN ELECTRICAL CLOSET) SPARE  | 0         | 83 84 0                                   | (RECEPTACLES FOR THE SECURITY DESK) SPARE |
| SUBTOTAL:                                 |                | 0   |           | 0   |   |
| TOTAL:                                    |                | 0   |           | 0   |   |



1 ELECTRICAL PARTIAL POWER PLAN - CONDUIT ROUTING  
E-300 SCALE: 1/16" = 1'-0"

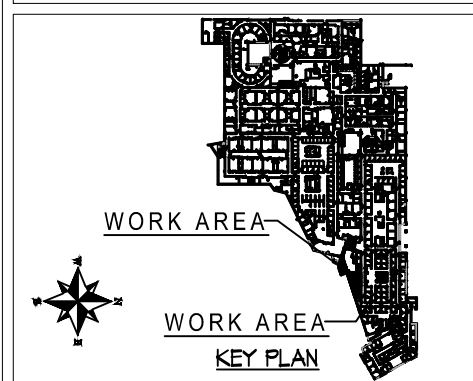
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- ALL FINISHES AND MATERIALS SHALL BE MINIMUM CLASS "A" FLAME SPREAD RATED.
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| NO. | DATE | ISSUE FOR CONSTRUCTION | REVISIONS |
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FINAL APPROVAL OF DRAWINGS / SPECIFICATIONS  
PLEASE SIGN AND DATE

REQUESTORS  
ENV. HEALTH SAFETY  
CODE COMPLIANCE  
INFECTION CONTROL  
OTHER



Office of Architectural Services  
H.S.C. L1-140  
Stony Brook, N.Y., 11794-8006  
(631) 444-XXXX























# **Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues**

## **Contents:**

**Schedule LRA 4/Schedule 7 - Environmental Assessment**

## Environmental Assessment

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

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



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

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

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

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

[FEMA Elevation Certificate and Instructions](#)

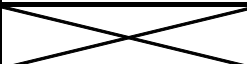


**New York State Department of Health  
Certificate of Need Application  
Schedule 8B - Total Project Cost - For Projects without Subprojects.**

This schedule is required for all Full or Administrative review applications except Establishment-Only application

| Constants                                   | Value      | Comments      |
|---|------------|---------------|
| Design Contingency - New Construction       | 0.00%      | Normally 10%  |
| Construction Contingency - New Construction | 0.00%      | Normally 5%   |
| Design Contingency - Renovation Work        | 0.00%      | Normally 10%  |
| Construction Contingency - Renovation Work  | 0.00%      | Normally 10%  |
| Anticipated Construction Start Date:        | 6/15/2024  | as mm/dd/yyyy |
| Anticipated Midpoint of Construction Date   | 12/15/2024 | as mm/dd/yyyy |
| Anticipated Completion of Construction Date | 6/15/2025  | as mm/dd/yyyy |
| Year used to compute Current Dollars:       |            |               |

| Subject of attachment  | Attachment Number | Filename of attachment<br>- PDF format preferred. |
|--|-------------------|---|
| For new construction and addition, at the schematic stage the design contingency will normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment. | na                |   |
| For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment.  | na                |   |

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

|  | A                               | B  | C                       |
|--|---------------------------------|--|-------------------------|
| Item   | Project Cost in Current Dollars | Escalation amount to Mid-point of Construction                                       | Estimated Project Costs |
| Source:  | Schedule 10 Col. H              | Computed by applicant  | (A + B)                 |
| 1.1 Land Acquisition   | \$0                             |    | \$0                     |
| 1.2 Building Acquisition   | \$0                             |  | \$0                     |
| 2.1 New Construction   | \$0                             | \$0  | \$0                     |
| 2.2 Renovation & Demolition  | \$263,762                       | \$10,995   | \$274,757               |
| 2.3 Site Development   | \$0                             | \$0  | \$0                     |
| 2.4 Temporary Utilities  | \$0                             | \$0  | \$0                     |
| 2.5 Asbestos Abatement or Removal  | \$0                             | \$0  | \$0                     |
| 3.1 Design Contingency   | \$26,376                        | \$0  | \$26,376                |
| 3.2 Construction Contingency   | \$26,376                        | \$0  | \$26,376                |
| 4.1 Fixed Equipment (NIC)  | \$0                             | \$0  | \$0                     |
| 4.2 Planning Consultant Fees   | \$0                             | \$0  | \$0                     |
| 4.3 Architect/Engineering Fees   | \$0                             | \$0  | \$0                     |
| 4.4 Construction Manager Fees  | \$0                             | \$0  | \$0                     |
| 4.5 Other Fees (Consultant, etc.)  | \$0                             | \$0  | \$0                     |
| Subtotal (Total 1.1 thru 4.5)  | \$316,514                       | \$10,995   | \$327,509               |
| 5.1 Movable Equipment (from Sched 11)  | \$165,540                       | \$0  | \$165,540               |
| 5.2 Telecommunications   | \$20,000                        | \$0  | \$20,000                |
| 6. Total Basic Cost of Construction (total 1.1 thru 5.2)   | \$502,054                       | \$10,995   | \$513,049               |
| 7.1 Financing Costs (Points etc)   | \$0                             |  | \$0                     |
| 7.2 Interim Interest Expense::<br>\$ <input type="text"/> At <input type="text"/> %<br>for <input type="text"/> months   | \$0                             |  | \$0                     |
| 8. Total Project Cost: w/o CON fees - Total 6 thru 7.2   | \$502,054                       | \$10,995   | \$513,049               |
| Application fees:  |                                 |  |                         |
| 9.1 Application Fee. Articles 28, 36 and 40. See Web Site.   | \$2,000                         |  | \$2,000                 |
| 9.2 <a href="#">Additional Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See Web Site for applicable fees. (Line 8, multiplied by the appropriate percentage.)</a> |                                 |  |                         |
| Enter Multiplier ie: .25% = .0025 --> <input type="text"/> 0.003   | \$1,506                         | \$33   | \$1,539                 |
| 10 Total Project Cost with fees  | \$505,560                       | \$11,028   | \$516,588               |

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

This schedule is required for all Full or Administrative review applications except Establishment-Only applications.

**1.) Project Cost Summary data:**

|   | <b>Total</b>    | <b>Source</b>                   |
|---|-----------------|---------------------------------|
| <b>Project Description:</b>                             |                 |                                 |
| <b>Project Cost</b>                                     | \$513,049       | Schedule 8b, column C, line 8   |
| <b>Total Basic Cost of Construction</b>                 | \$513,049       | Schedule 8B, column C, line 6   |
| <b>Total Cost of Moveable Equipment</b>                 | \$165,540       | Schedule 8B, column C, line 5.1 |
| <b>Cost/Per Square Foot for New Construction</b>        | na              | Schedule 10                     |
| <b>Cost/Per Square Foot for Renovation Construction</b> | \$808           | Schedule 10                     |
| <b>Total Operating Cost</b>                             | \$1,989,223,790 | Schedule 13C, column B          |
| <b>Amount Financed (as \$)</b>                          | \$0             | Schedule 9                      |
| <b>Percentage Financed as % of Total Cost</b>           | 0.00%           | Schedule 9                      |
| <b>Depreciation Life (in years)</b>                     | 15              |                                 |

**2) Construction Dates**

|                                    |           |             |
|------------------------------------|-----------|-------------|
| <b>Anticipated Start Date</b>      | 6/15/2024 | Schedule 8B |
| <b>Anticipated Completion Date</b> | 6/15/2025 |             |

# Schedule 9 Project Financing

## Contents:

- **Schedule 9 - Proposed Plan for Project Financing**

**Schedule 9 Proposed Plan for Project Financing:**

**I. Summary of Proposed Financial plan**

Check all that apply and fill in corresponding amounts.

|                          | Type   | Amount    |
|--------------------------|--|-----------|
| <input type="checkbox"/> | A. Lease   | \$        |
| <input type="checkbox"/> | B. Cash  | \$516,588 |
| <input type="checkbox"/> | C. Mortgage, Notes, or Bonds   | \$        |
| <input type="checkbox"/> | D. Land  | \$        |
| <input type="checkbox"/> | E. Other   | \$        |
| <input type="checkbox"/> | F. Total Project Financing (Sum A to E)<br>(equals line 10, Column C of Sch. 8b) | \$516888  |

If refinancing is used, please complete area below.

|                          |   |    |
|--------------------------|---|----|
| <input type="checkbox"/> | Refinancing   | \$ |
| <input type="checkbox"/> | Total Mortgage/Notes/Bonds<br>(Sum E + Refinancing) | \$ |

**II. Details**

**A. Leases**

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



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

**Schedule 9**

**B. Cash**

| Type                        | Amount           |
|-----------------------------|------------------|
| Accumulated Funds           | \$516588         |
| Sale of Existing Assets     | \$               |
| Gifts (fundraising program) | \$               |
| Government Grants           | \$               |
| Other                       | \$               |
| <b>TOTAL CASH</b>           | <b>\$,516588</b> |

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

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

**Schedule 9**

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

**C. Mortgage, Notes, or Bonds**

|               | <b>Total Project</b> | <b>Units</b> |
|---------------|----------------------|--------------|
| Interest      |                      | %            |
| Term          |                      | Years        |
| Payout Period |                      | Years        |
| Principal     |                      | \$           |

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

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

**Schedule 9**

**D. Land**

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

|                 | Total Project |
|-----------------|---------------|
| Appraised Value | \$            |
| Historical Cost | \$            |
| Purchase Price  | \$            |
| Other           |               |

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

**E. Other**

Provide listing and breakdown of other financing mechanisms.

|       | Total Project |
|-------|---------------|
| Notes |               |
| Stock |               |
| Other |               |

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

**F. Refinancing**

|   | N/A                      | Title of Attachment |
|---|--------------------------|---------------------|
| 1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining.   | <input type="checkbox"/> |                     |
| 2. Attach a description of the mortgage to be refinanced. Provide full details of the existing debt and refinancing plan inclusive of original and current amount, term, assumption date, and refinancing fees. The term of the debt to be refunded may not exceed the remaining average useful life of originally financed assets. If existing mortgage debt will not be refinanced, provide documentation of consent from existing lien holders of the proposed financing plan. | <input type="checkbox"/> |                     |





Low Activity Unit  
Moveable Equipment List

| Item              | Quantity        | Unit Cost   | Cost        | Years or expense             | Year 1 expense (under \$1,500) | Year 1 Depreciation | Year 2 Depreciation | Year 3 Depreciation |          |
|-------------------|-----------------|-------------|-------------|------------------------------|--------------------------------|---------------------|---------------------|---------------------|----------|
| Equipment         | 7               | \$7,500.00  | \$52,500.00 | 10                           |                                | \$2,625.00          | \$5,250.00          | \$5,250.00          |          |
| Equipment         | 7               | \$7,500.00  | \$52,500.00 | expense                      |                                |                     |                     |                     |          |
| Equipment         | 5               | \$500.00    | \$2,500.00  | expense                      | \$2,500.00                     |                     |                     |                     |          |
| Equipment         | 5               | \$500.00    | \$2,500.00  | expense                      | \$2,500.00                     |                     |                     |                     |          |
| Equipment         | 3               | \$750.00    | \$2,250.00  | expense                      |                                | \$5,000.00          | \$5,000.00          |                     |          |
| Equipment         | 4               | \$1,500.00  | \$6,000.00  | 2                            |                                |                     |                     |                     |          |
| Equipment         | 2               | \$1,200.00  | \$2,400.00  | expense                      | \$2,400.00                     |                     |                     |                     |          |
| Equipment         | 2               | \$1,200.00  | \$2,400.00  | expense                      | \$10,400.00                    | \$7,625.00          | \$10,250.00         | \$5,250.00          |          |
| Equipment         | Total           |             | \$72,900.00 |                              |                                |                     |                     |                     |          |
| Furniture/Artwork | 8               | \$8,800.00  | \$70,400.00 | 10                           |                                |                     |                     |                     |          |
| Furniture/Artwork | 8               | \$8,800.00  | \$70,400.00 | expense                      | \$700.00                       | \$3,520.00          | \$7,040.00          | \$7,040.00          |          |
| Furniture/Artwork | 2               | \$350.00    | \$700.00    | expense                      | \$2,000.00                     |                     |                     |                     |          |
| Furniture/Artwork | 4               | \$500.00    | \$2,000.00  | expense                      | \$400.00                       | \$1,250.00          | \$1,250.00          |                     |          |
| Furniture/Artwork | 1               | \$400.00    | \$400.00    | 2                            |                                | \$1,250.00          | \$8,280.00          | \$7,040.00          |          |
| Furniture/Artwork | 1               | \$2,500.00  | \$2,500.00  |                              |                                | \$3,100.00          |                     |                     |          |
| Furniture/Artwork | 1               | \$3,500.00  | \$3,500.00  |                              |                                | \$4,770.00          |                     |                     |          |
| Furniture/Artwork | Furniture Total |             | \$76,000.00 |                              |                                |                     |                     |                     |          |
| TI                | Quantity        | Unit Cost   | Cost        |                              |                                |                     |                     |                     |          |
| TI                | 1               | \$15,000.00 | \$15,000.00 | 5                            |                                | \$1,500.00          | \$3,000.00          | \$3,000.00          |          |
| TI                | 2               | \$2,500.00  | \$5,000.00  | 2                            |                                | \$2,500.00          | \$5,500.00          | \$3,000.00          |          |
| TI                | Total           |             | \$20,000.00 |                              | \$0.00                         | \$4,000.00          | \$8,500.00          | \$6,000.00          |          |
|                   |                 |             |             | Equipment Allowance (10%)    | \$16,640.00                    |                     |                     |                     |          |
|                   |                 |             |             | Total Equipment              | \$185,540.00                   | \$13,500.00         | \$18,059.00         | \$27,368.00         | \$3,328  |
|                   |                 |             |             | Equipment/Furniture          | \$185,540                      | \$13,500            | \$14,059            | \$21,858            | \$15,618 |
|                   |                 |             |             | TI                           | \$20,000                       | \$0                 | \$4,000             | \$5,500             | \$3,000  |
|                   |                 |             |             | Total Equipment              | \$185,540                      | \$13,500            | \$18,059            | \$27,368            | \$18,618 |
|                   |                 |             |             | Construction Rehab           | \$263,762                      | \$0                 | \$8,792             | \$17,584            | \$17,584 |
|                   |                 |             |             | Design Contingency 10%       | \$26,376                       | \$0                 | \$879               | \$1,758             | \$1,758  |
|                   |                 |             |             | Construction Contingency 10% | \$26,376                       | \$0                 | \$879               | \$1,758             | \$1,758  |
|                   |                 |             |             | Planning Fees                |                                |                     |                     |                     |          |
|                   |                 |             |             | Architect Fees               |                                |                     |                     |                     |          |
|                   |                 |             |             | Construction Manager Fees    | \$10,995                       | \$0                 | \$367               | \$733               | \$733    |
|                   |                 |             |             | Excavation                   |                                |                     |                     |                     |          |
|                   |                 |             |             | Other Fees                   |                                | \$0                 | \$10,098            | \$20,076            | \$20,076 |
|                   |                 |             |             | Total Construction           | \$327,509                      | \$0                 | \$10,098            | \$20,076            | \$20,076 |
|                   |                 |             |             | Total Project cost w/o Fees  | \$513,049                      | \$13,500            | \$28,097            | \$47,444            | \$38,694 |
|                   |                 |             |             | CON Fee (Admin)              | \$3,539                        |                     |                     |                     |          |
|                   |                 |             |             | (\$3,000* .3%)               |                                |                     |                     |                     |          |
|                   |                 |             |             | Total Project Cost           | \$516,588                      | \$27,000            | \$46,156            | \$74,812            | \$37,312 |
|                   |                 |             |             | Total Expense/Depreciation   |                                |                     |                     |                     |          |

Equipment Depreciation  
 <1,500 expense in Year 1  
 1,500 or more but less than 5,000 then Depreciate over 2 years  
 >5,000 depreciate over useful life

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

**Schedule 13A**

**Schedule 13 A. Assurances from Article 28 Applicants**

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

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

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

Date

10-04-2023

*Carol Gomes*

Signature:

Carol Gomes, MS, FACHE, CPHQ

Name (Please Type)

Chief Executive Officer and Chief Operating Officer

Title (Please type)

**Schedule 13 B. Staffing**

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

**Schedule 13B**

**Schedule 13 B-1. Staffing**

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

X Total Project    \_\_\_ Subproject number \_\_\_\_\_

| A   | B                                   | C                       | D                       |
|---|-------------------------------------|-------------------------|-------------------------|
|   | Number of FTEs to the Nearest Tenth |                         |                         |
| Staffing Categories                                 | Current Year*                       | First Year Total Budget | Third Year Total Budget |
| 1. Management & Supervision                         | 324.2                               | 324.2                   | 324.2                   |
| 2. Technician & Specialist                          | 708.4                               | 708.4                   | 708.4                   |
| 3. Registered Nurses                                | 2,239.9                             | 2,242.4                 | 2,242.9                 |
| 4. Licensed Practical Nurses                        | 80.1                                | 80.1                    | 80.1                    |
| 5. Aides, Orderlies & Attendants                    | 1,023.4                             | 1,025.9                 | 1,026.4                 |
| 6. Physicians                                       | 47.5                                | 47.5                    | 47.5                    |
| 7. PGY Physicians                                   | 647.9                               | 647.9                   | 647.9                   |
| 8. Physicians' Assistants                           | 28.5                                | 28.5                    | 28.5                    |
| 9. Nurse Practitioners                              | 105.3                               | 105.3                   | 105.3                   |
| 10. Nurse Midwife                                   |                                     |                         |                         |
| 11. Social Workers and Psychologist**               | 107.7                               | 107.7                   | 107.7                   |
| 12. Physical Therapists and PT Assistants           | 47.9                                | 47.9                    | 47.9                    |
| 13. Occupational Therapists and OT Assistants       | 15.0                                | 15.0                    | 15.0                    |
| 14. Speech Therapists and Speech Assistants         | 11.9                                | 11.9                    | 11.9                    |
| 15. Other Therapists and Assistants                 | 131.4                               | 131.4                   | 131.4                   |
| 16. Infection Control, Environment and Food Service | 67.3                                | 67.3                    | 67.3                    |
| 17. Clerical & Other Administrative                 | 737.5                               | 737.5                   | 737.5                   |
| 18. Other _____ Maintenance                         | 169.2                               | 169.2                   | 169.2                   |
| 19. Other _____ Housekeeping Aides                  | 108.7                               | 108.7                   | 108.7                   |
| 20. Other _____ All Other                           | 2,014.4                             | 2,014.4                 | 2,014.4                 |
| 21. Total Number of Employees                       | 8,616.4                             | 8,621.4                 | 8,622.4                 |



**Schedule 13 C. Annual Operating Costs**

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

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

**Required Attachments**

|  | Title of Attachment | Filename of Attachment |
|--|---------------------|------------------------|
| 1. In an attachment, provide the basis for determining budgeted expenses, including details for how depreciation and rent / lease expenses were calculated.              | [REDACTED]          | [REDACTED]             |
| 2. In a sperate attachment, provide the basis for interest cost. Separately identify, with supporting calculations, interest attributed to mortgages and working capital | [REDACTED]          | [REDACTED]             |

Total Project  
 Subproject Number \_\_\_\_\_

**Table 13C - 1**

|   | a               | b                   | c                   |
|---|-----------------|---------------------|---------------------|
| Categories                                | Current Year    | Year 1 Total Budget | Year 3 Total Budget |
| Start date of year in question (m/d/yyyy) | 1/1/2022        | 3/1/2025            | 3/1/2027            |
| 1. Salaries and Wages                     | \$888,623,948   | \$888,972,503       | \$889,042,214       |
| 1a. FTEs                                  | 8,616.4         | 8,621.4             | 8,622.4             |
| 2. Employee Benefits                      | \$292,852,324   | \$292,995,232       | \$293,023,813       |
| 3. Professional Fees                      | \$147,203,567   | \$147,203,567       | \$147,203,567       |
| 4. Medical & Surgical Supplies            | \$299,580,145   | \$299,580,145       | \$299,580,145       |
| 5. Non-med., non-surg. Supplies           | \$23,691,869    | \$23,691,869        | \$23,691,869        |
| 6. Utilities                              | \$26,600,605    | \$26,600,605        | \$26,600,605        |
| 7. Purchased Services                     | \$158,641,860   | \$158,641,860       | \$158,641,860       |
| 8. Other Direct Expenses                  | \$41,574,403    | \$41,601,403        | \$41,574,403        |
| 9. Subtotal (to 1-8)                      | \$1,878,768,722 | \$1,879,287,185     | \$1,879,358,477     |
| 10. Interest                              | \$16,208,093    | \$16,208,093        | \$16,208,093        |
| 11. Depreciation and Rent                 | \$93,682,356    | \$93,728,512        | \$93,739,668        |
| 12. Total Incremental Operating Costs     | \$1,988,659,171 | \$1,989,223,790     | \$1,989,306,238     |

check \$1,988,659,171

**Table 13C - 2**

|   | a                                   | b               | c               |
|---|-------------------------------------|-----------------|-----------------|
|   | Number of FTEs to the Nearest Tenth |                 |                 |
| Inpatient Categories                      | Current Year                        |                 |                 |
| Start date of year in question (m/d/yyyy) | 1/1/2023                            | 3/1/2025        | 3/1/2027        |
| 1. Salaries and Wages                     | \$538,285,103                       | \$538,285,103   | \$538,285,103   |
| 1a. FTEs                                  | 5,219.4                             | 5,219.4         | 5,219.4         |
| 2. Employee Benefits                      | \$177,395,673                       | \$177,395,673   | \$177,395,673   |
| 3. Professional Fees                      | \$89,168,751                        | \$89,168,751    | \$89,168,751    |
| 4. Medical & Surgical Supplies            | \$181,471,060                       | \$181,471,060   | \$181,471,060   |
| 5. Non-med., non-surg. Supplies           | \$14,351,380                        | \$14,351,380    | \$14,351,380    |
| 6. Utilities                              | \$16,113,351                        | \$16,113,351    | \$16,113,351    |
| 7. Purchased Services                     | \$96,097,512                        | \$96,097,512    | \$96,097,512    |
| 8. Other Direct Expenses                  | \$25,183,748                        | \$25,183,748    | \$25,183,748    |
| 9. Subtotal (to 1-8)                      | \$1,138,066,577                     | \$1,138,066,577 | \$1,138,066,577 |
| 10. Interest                              | \$9,818,073                         | \$9,818,073     | \$9,818,073     |
| 11. Depreciation and Rent                 | \$56,748,208                        | \$56,748,208    | \$56,748,208    |
| 12. Total Incremental Operating Costs     | \$1,204,632,858                     | \$1,204,632,858 | \$1,204,632,858 |

**Table 13C - 3**

|  | a                                   | b                    | c                    |
|--|-------------------------------------|----------------------|----------------------|
|  | Number of FTEs to the Nearest Tenth |                      |                      |
| Outpatient Categories                        | Current Year                        | Year 1 Total Budget  | Year 3 Total Budget  |
| Start date of year in question (m/d/yyyy)    | 1/1/2022                            | 3/1/2025             | 3/1/2027             |
| 1. Salaries and Wages                        | \$350,338,845                       | \$350,687,400        | \$350,757,111        |
| 1a. FTEs                                     | 3,397.0                             | 3,402.0              | 3,403.0              |
| 2. Employee Benefits                         | \$115,456,651                       | \$115,599,559        | \$115,628,140        |
| 3. Professional Fees                         | \$58,034,817                        | \$58,034,817         | \$58,034,817         |
| 4. Medical & Surgical Supplies               | \$118,109,086                       | \$118,109,086        | \$118,109,086        |
| 5. Non-med., non-surg. Supplies              | \$9,340,489                         | \$9,340,489          | \$9,340,489          |
| 6. Utilities                                 | \$10,487,254                        | \$10,487,254         | \$10,487,254         |
| 7. Purchased Services                        | \$62,544,349                        | \$62,544,349         | \$62,544,349         |
| 8. Other Direct Expenses                     | \$16,390,655                        | \$16,417,655         | \$16,390,655         |
| 9. Subtotal (to 1-8)                         | \$740,702,145                       | \$741,220,608        | \$741,291,900        |
| 10. Interest                                 | \$6,390,020                         | \$6,390,020          | \$6,390,020          |
| 11. Depreciation and Rent                    | \$36,934,148                        | \$36,980,304         | \$36,991,460         |
| <b>12. Total Incremental Operating Costs</b> | <b>\$784,026,313</b>                | <b>\$784,590,932</b> | <b>\$784,673,380</b> |

**Schedule 13 D: Annual Operating Revenues**

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

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

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

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

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

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

**Table 13D - 1**

|   | a                 | b                   | c                   |
|---|-------------------|---------------------|---------------------|
| Categories                                    | Current Year      | Year 1 Total Budget | Year 3 Total Budget |
| Start date of year in question (m/d/yyyy)     | 1/1/2022          | 3/1/2025            | 3/1/2027            |
| 1. Daily Hospital Services                    | \$2,274,178,005   | \$2,274,178,005     | \$2,274,178,005     |
| 2. Ambulatory Services                        | \$687,244,716     | \$687,244,716       | \$687,244,716       |
| 3. Ancillary Services                         | \$3,802,870,723   | \$3,802,870,723     | \$3,802,870,723     |
| 4. Total Gross Patient Care Services Rendered | \$6,764,293,444   | \$6,764,293,444     | \$6,764,293,444     |
| 5. Deductions from Revenue                    | (\$4,866,505,282) | (\$4,866,505,282)   | (\$4,866,505,282)   |
| 6. Net Patient Care Services Rendered         | \$1,897,788,162   | \$1,897,788,162     | \$1,897,788,162     |
| 7. Other Operating Revenue (Identify sources) |                   |                     |                     |
| DSH (included above)                          |                   |                     |                     |
| Other Revenue                                 | \$22,448,869      | \$22,448,869        | \$22,448,869        |
|   |                   |                     |                     |
| 8. Total Operating Revenue (Total 1-7)        | \$1,920,237,031   | \$1,920,237,031     | \$1,920,237,031     |
| 9. Non Operating Revenue                      | \$71,872,619      | \$71,872,619        | \$71,872,619        |
| 10. Total Project Revenue                     | \$1,992,109,650   | \$1,992,109,650     | \$1,992,109,650     |

**Table 13D - 3**

Patient Days  Patient Discharges

| Inpatient Services<br>Source of Revenue |                 | Total Current Year            |                        |                                    | First Year Total Budget          |                        |                                    | Third Year Total Budget       |                        |                                    |
|---|-----------------|-------------------------------|------------------------|------------------------------------|----------------------------------|------------------------|------------------------------------|-------------------------------|------------------------|------------------------------------|
|   |                 | Patient Days<br>or Discharges | Net Revenue*           |                                    | Patient Days<br>or<br>Discharges | Net Revenue*           |                                    | Patient Days or<br>Discharges | Net Revenue*           |                                    |
|   |                 |                               | Dollars (\$)           | \$ per Patient Day<br>or Discharge |                                  | Dollars (\$)           | \$ per Patient Day<br>or Discharge |                               | Dollars (\$)           | \$ per Patient Day or<br>Discharge |
| Commercial                              | Fee for Service | 9,404                         | \$332,574,081          | \$35,365                           | 9,404                            | \$332,574,081          | \$35,365                           | 9,404                         | \$332,574,081          | \$35,365                           |
|   | Managed Care    | 2,749                         | \$107,643,104          | \$39,157                           | 2,749                            | \$107,643,104          | \$39,157                           | 2,749                         | \$107,643,104          | \$39,157                           |
| Medicare                                | Fee for Service | 13,476                        | \$354,424,481          | \$26,300                           | 13,476                           | \$354,424,481          | \$26,300                           | 13,476                        | \$354,424,481          | \$26,300                           |
|   | Managed Care    | 3,105                         | \$83,693,041           | \$26,954                           | 3,105                            | \$83,693,041           | \$26,954                           | 3,105                         | \$83,693,041           | \$26,954                           |
| Medicaid                                | Fee for Service | 1,626                         | \$22,863,880           | \$14,061                           | 1,626                            | \$22,863,880           | \$14,061                           | 1,626                         | \$22,863,880           | \$14,061                           |
|   | Managed Care    | 8,303                         | \$101,953,774          | \$12,279                           | 8,303                            | \$101,953,774          | \$12,279                           | 8,303                         | \$101,953,774          | \$12,279                           |
| Private Pay                             |                 | 658                           | \$27,485,057           | \$41,771                           | 658                              | \$27,485,057           | \$41,771                           | 658                           | \$27,485,057           | \$41,771                           |
| OASAS                                   |                 |                               |                        |                                    |                                  |                        |                                    |                               |                        |                                    |
| OMH                                     |                 |                               |                        |                                    |                                  |                        |                                    |                               |                        |                                    |
| Charity Care                            |                 | 32                            | (\$5,471,163)          | (\$170,974)                        | 32                               | (\$5,471,163)          | (\$170,974)                        | 32                            | (\$5,471,163)          | (\$170,974)                        |
| Bad Debt                                |                 |                               | (\$45,293,846)         |                                    |                                  | (\$45,293,846)         |                                    |                               | (\$45,293,846)         |                                    |
| All Other (WC,NF,Govt)                  |                 | 1,982                         | \$133,363,494          | \$67,287                           | 1,982                            | \$133,363,494          | \$67,287                           | 1,982                         | \$133,363,494          | \$67,287                           |
| <b>Total</b>                            |                 | <b>41,335</b>                 | <b>\$1,113,235,903</b> | <b>\$26,932</b>                    | <b>41,335</b>                    | <b>\$1,113,235,903</b> | <b>\$26,932</b>                    | <b>41,335</b>                 | <b>\$1,113,235,903</b> | <b>\$26,932</b>                    |

Visits  Procedures

| Outpatient Services<br>Source of Revenue |                 | Total Current Year |                      |                | First Year Total Budget |                      |                | Third Year Total Budget |                      |                |
|--|-----------------|--------------------|----------------------|----------------|-------------------------|----------------------|----------------|-------------------------|----------------------|----------------|
|  |                 | Visits             | Net Revenue*         |                | Visits                  | Net Revenue*         |                | Visits                  | Net Revenue*         |                |
|  |                 |                    | Dollars (\$)         | \$ per V/P     |                         | Dollars (\$)         | \$ per V/P     |                         | Dollars (\$)         | \$ per V/P     |
| Commercial                               | Fee for Service | 136,161            | \$332,157,172        | \$2,439        | 136,161                 | \$332,157,172        | \$2,439        | 136,161                 | \$332,157,172        | \$2,439        |
|  | Managed Care    | 69,788             | \$115,732,051        | \$1,658        | 69,788                  | \$115,732,051        | \$1,658        | 69,788                  | \$115,732,051        | \$1,658        |
| Medicare                                 | Fee for Service | 187,093            | \$161,094,960        | \$861          | 187,093                 | \$161,094,960        | \$861          | 187,093                 | \$161,094,960        | \$861          |
|  | Managed Care    | 28,543             | \$29,306,514         | \$1,027        | 28,543                  | \$29,306,514         | \$1,027        | 28,543                  | \$29,306,514         | \$1,027        |
| Medicaid                                 | Fee for Service | 19,517             | \$19,925,037         | \$1,021        | 19,517                  | \$19,925,037         | \$1,021        | 19,517                  | \$19,925,037         | \$1,021        |
|  | Managed Care    | 133,694            | (\$12,308,211)       | (\$92)         | 133,694                 | (\$12,308,211)       | (\$92)         | 133,694                 | (\$12,308,211)       | (\$92)         |
| Private Pay                              |                 | 10,637             | \$47,443,738         | \$4,460        | 10,637                  | \$47,443,738         | \$4,460        | 10,637                  | \$47,443,738         | \$4,460        |
| OASAS                                    |                 |                    |                      |                |                         |                      |                |                         |                      |                |
| OMH                                      |                 |                    |                      |                |                         |                      |                |                         |                      |                |
| Charity Care                             |                 | 2,431              | (\$9,569,486)        | (\$3,936)      | 2,431                   | (\$9,569,486)        | (\$3,936)      | 2,431                   | (\$9,569,486)        | (\$3,936)      |
| Bad Debt                                 |                 |                    | (\$66,500,459)       |                |                         | (\$66,500,459)       |                |                         | (\$66,500,459)       |                |
| All Other (WC,NF,Govt)                   |                 | 36,561             | \$167,270,943        | \$4,575        | 36,561                  | \$167,270,943        | \$4,575        | 36,561                  | \$167,270,943        | \$4,575        |
| <b>Total</b>                             |                 | <b>624,425</b>     | <b>\$784,552,259</b> | <b>\$1,256</b> | <b>624,425</b>          | <b>\$784,552,259</b> | <b>\$1,256</b> | <b>624,425</b>          | <b>\$784,552,259</b> | <b>\$1,256</b> |

|  |         |                 |          |         |                 |          |         |                 |          |
|--|---------|-----------------|----------|---------|-----------------|----------|---------|-----------------|----------|
| Total of Inpatient and Outpatient Services | 665,760 | \$1,897,788,162 | \$28,188 | 665,760 | \$1,897,788,162 | \$28,188 | 665,760 | \$1,897,788,162 | \$28,188 |
|--|---------|-----------------|----------|---------|-----------------|----------|---------|-----------------|----------|

# **Schedule 16 CON Forms Specific to Hospitals Article 28**

## **Contents:**

- **Schedule 16 A - Hospital Program Information**
- **Schedule 16 B - Hospital Community Need**
- **Schedule 16 C - Impact of CON Application on Hospital Operating Certificate**
- **Schedule 16 D - Hospital Outpatient Departments**
- **Schedule 16 E - Hospital Utilization**
- **Schedule 16 F - Hospital Facility Access**

**Schedule 16 A. Hospital Program Information**

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

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

**NA**

For Hospital-Based -Ambulatory Surgery Projects:  
Please provide a list of ambulatory surgery categories you intend to provide.

| List of Proposed Ambulatory Surgery Category |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

For Hospital-Based -Ambulatory Surgery Projects:  
Please provide the following information:

Number and Type of Operating Rooms:

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

Number and Type of Procedure Rooms:

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

**Schedule 16 B. Community Need**

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

**Public Need Summary:**

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

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

**See "Who we serve" section of the project narrative**

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

**See "Who we serve" section of the project narrative**

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

**The current and projected demand for the proposed service within Suffolk County is great. Suffolk County saw a total of over 530,000 emergency room visits in 2022. Year to date, June 2023, Suffolk County has already seen 259,842 visits. Stony Brook University Hospital's Emergency Department is Suffolk County's only Level 1 Trauma Center for both adults and children. In 2022, SBUH emergency room had over 100,000 visits and each year those numbers continue to grow.**

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

**By providing cutting-edge emergency medical treatment to residents of all ages in Suffolk County, the project addresses and caters to the specific needs of the community.**

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

**Regardless of their ability to pay or payment source, Stony Brook University Hospital provides all patients in need of care.**

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

**There are a number of hospitals and urgent care facilities within Suffolk County that provide emergency medical care. This project does not plan to significantly increase**

**Stony Brook's current ED volume but instead provide more efficient and streamlined care.**

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

**The proposed services will addresses specific health problems prevalent in the region by providing timely and specialized treatments to patients in need. These include trauma and injuries, cardiovascular emergencies, respiratory emergencies, infectious diseases, emergency surgical interventions, pediatric emergencies, obstetric emergencies, and neurological emergencies.**



**ONLY for Hospital Applicants submitting Full Review CONs**

**Non-Public Hospitals**

7. (a) Explain how the proposed project advances local Prevention Agenda priorities identified by the community in the most recently completed Community Health Improvement Plan (CHIP)/Community Service Plan (CSP). *Do not submit the CSP*. Please be specific in which priority(ies) is/are being addressed.  
  
(b) If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.
8. Briefly describe what interventions you are implementing to support local Prevention Agenda goals.
9. Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?
10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?
11. In your most recent Schedule H form submitted to the IRS, did you report any Community Benefit spending in the Community Health Improvement Services category that supports local Prevention Agenda goals? (Y/N question)

***ONLY for Hospital Applicants submitting Full Review CONs***

***Public Hospitals***

12. Briefly summarize how you are advancing local public health priorities identified by your local health department and other community partners.
  
13. Briefly describe what interventions you are implementing to support local public health priorities.
  
14. Have you engaged local community partners, including the local health department, in your efforts to address local public health priorities?
  
15. What data are you using to track progress in addressing local public health priorities?

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**Schedule 16C**

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

**C. Impact of CON Application on Hospital Operating Certificate**

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

**TABLE 16C-1 AUTHORIZED BEDS**

|   |
|---|
| <b>LOCATION:</b><br>Stony Brook University Hospital - no changes in certified beds are planned for this proposal<br><i>(Enter street address of facility)</i> |
|---|

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

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

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

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

No       Yes (Enter CON number(s) to the right)

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**TABLE 16C-2 LICENSED SERVICES FOR HOSPITAL CAMPUSES**

| <b>LOCATION:</b>   |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| No new certified services are planned for this proposal<br><i>(Enter street address of facility)</i> |                          |                          |                          |                          |
|  | Current                  | Add                      | Remove                   | Proposed                 |
| MEDICAL SERVICES – PRIMARY CARE <sup>6</sup>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AMBULATORY SURGERY   |                          |                          |                          |                          |
| MULTI-SPECIALTY  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – GASTROENTEROLOGY  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – OPHTHALMOLOGY   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – ORTHOPEDICS   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – PAIN MANAGEMENT   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – OTHER (SPECIFY)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CARDIAC CATHETERIZATION  |                          |                          |                          |                          |
| ADULT DIAGNOSTIC   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTROPHYSIOLOGY (EP)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PEDIATRIC DIAGNOSTIC   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PEDIATRIC INTERVENTION ELECTIVE  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PERCUTANEOUS CORONARY INTERVENTION (PCI)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CARDIAC SURGERY ADULT  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CARDIAC SURGERY PEDIATRIC  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CERTIFIED MENTAL HEALTH O/P <sup>1</sup>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHEMICAL DEPENDENCE - REHAB <sup>2</sup>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHEMICAL DEPENDENCE - WITHDRAWAL O/P <sup>2</sup>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CLINIC PART-TIME SERVICES  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COMPREHENSIVE PSYCH EMERGENCY PROGRAM  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DENTAL   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EMERGENCY DEPARTMENT   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EPILEPSY COMPREHENSIVE SERVICES  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HOME PERITONEAL DIALYSIS TRAINING & SUPPORT <sup>4</sup>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HOME HEMODIALYSIS TRAINING & SUPPORT <sup>4</sup>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTEGRATED SERVICES – MENTAL HEALTH  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTEGRATED SERVICES – SUBSTANCE USE DISORDER   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LITHOTRIPSY  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| METHADONE MAINTENANCE O/P <sup>2</sup>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NURSING HOME HEMODIALYSIS <sup>7</sup>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

<sup>4</sup> DIALYSIS SERVICES require additional approval by Medicare

<sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators

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

<sup>7</sup> Must be certified for Home Hemodialysis Training & Support

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**Schedule 16C**

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

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

<sup>5</sup>RADIOLOGY – THERAPEUTIC includes Linear Accelerators

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**Schedule 16C**

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

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

| LOCATION:<br><small>(Enter street address of facility)</small>                      | Check if this is a mobile van/clinic <input type="checkbox"/> |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|
|   | Current   | Add                      | Remove                   | Proposed                 |
| MEDICAL SERVICES – PRIMARY CARE <sup>6</sup>  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AMBULATORY SURGERY  |   |                          |                          |                          |
| SINGLE SPECIALTY -- GASTROENTEROLOGY  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – OPHTHALMOLOGY  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – ORTHOPEDICS  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – PAIN MANAGEMENT  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – OTHER (SPECIFY)  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTI-SPECIALTY   | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CERTIFIED MENTAL HEALTH O/P <sup>1</sup>  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHEMICAL DEPENDENCE - REHAB <sup>2</sup>  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHEMICAL DEPENDENCE - WITHDRAWAL O/P <sup>2</sup>                                   | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DENTAL  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HOME PERITONEAL DIALYSIS TRAINING & SUPPORT <sup>4</sup>                            | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HOME HEMODIALYSIS TRAINING & SUPPORT <sup>4</sup>                                   | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTEGRATED SERVICES – MENTAL HEALTH   | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTEGRATED SERVICES – SUBSTANCE USE DISORDER  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LITHOTRIPSY   | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| METHADONE MAINTENANCE O/P <sup>2</sup>  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NURSING HOME HEMODIALYSIS <sup>7</sup>  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RADIOLOGY-THERAPEUTIC <sup>5</sup>  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] <sup>4</sup> | _____   | _____                    | _____                    | _____                    |
| TRAUMATIC BRAIN INJURY  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |   |                          |                          |                          |
| <b>FOR OFF-CAMPUS EMERGENCY DEPARTMENTS ONLY<sup>8</sup></b>                        |   |                          |                          |                          |
| EMERGENCY DEPARTMENT  | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

<sup>1</sup> A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.  
<sup>2</sup> A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.  
<sup>4</sup> DIALYSIS SERVICES require additional approval by Medicare  
<sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators  
<sup>6</sup> PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric  
<sup>7</sup> Must be certified for Home Hemodialysis Training & Support  
<sup>8</sup> OFF-CAMPUS EMERGENCY DEPARTMENTS must meet all relevant Federal Conditions of Participation for a hospital per CMS S&C-08-08

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**Schedule 16C**

**END STAGE RENAL DISEASE (ESRD)**

| <b>TABLE 16C-3(a) CAPACITY</b> | Existing | Add | Remove | Proposed |
|--------------------------------|----------|-----|--------|----------|
| CHRONIC DIALYSIS               |          |     |        |          |

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

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

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

1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.
  
2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons, and residents of remote rural areas.
  
3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.
  
4. Provide evidence that the facility is willing to and capable of safely serving patients.
  
5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

**Schedule 16 E. Utilization/discharge and patient days**

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

This schedule is for hospital inpatient projects only. This schedule is required if hospital discharges or patient days will be affected by  $\pm 5\%$  or more, or if this utilization is created for the first time by your proposal.

Include only those areas affected by your project. Current year data, as shown in columns 1 and 2, should represent the last complete year before submitting the application. Enter the starting and ending month and year in the column heading.

Forecast the first and third years after project completion. The first year is the first twelve months of operation after project completion. Enter the starting and ending month and year being reported in the column headings.

For hospital establishment applications and major modernizations, submit a summary business plan to address operations of the facility upon project completion. All appropriate assumptions regarding market share, demand, utilization, payment source, revenue and expense levels, and related matters should be included. Also, include your strategic plan response to the escalating managed care environment. Provide a complete answer and indicate the hospital’s current managed care situation, including identification of contracts and services.

***NOTE: Prior versions of this table referred to “incremental” changes in discharges and days. The table now requires the full count of discharges and days.***



Schedule 16 D. Hospital Outpatient Department - Utilization projections

| a  | b                       | d                     | f                     |
|--|-------------------------|-----------------------|-----------------------|
|  | Current Year<br>Visits* | First Year<br>Visits* | Third Year<br>Visits* |
| <b>CERTIFIABLE SERVICES</b>                  |                         |                       |                       |
| MEDICAL SERVICES – PRIMARY CARE              | 79,094                  | 79,094                | 70,094                |
| MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES | 30,151                  | 30,151                | 30,151                |
| AMBULATORY SURGERY                           | 82,265                  | 82,265                | 82,265                |
| SINGLE SPECIALTY -- GASTROENTEROLOGY         |                         |                       |                       |
| SINGLE SPECIALTY – OPHTHALMOLOGY             |                         |                       |                       |
| SINGLE SPECIALTY – ORTHOPEDICS               |                         |                       |                       |
| SINGLE SPECIALTY – PAIN MANAGEMENT           |                         |                       |                       |
| SINGLE SPECIALTY -- OTHER                    |                         |                       |                       |
| MULTI-SPECIALTY                              |                         |                       |                       |
| CARDIAC CATHETERIZATION                      |                         |                       |                       |
| ADULT DIAGNOSTIC                             |                         |                       |                       |
| ELECTROPHYSIOLOGY                            |                         |                       |                       |
| PEDIATRIC DIAGNOSTIC                         |                         |                       |                       |
| PEDIATRIC INTERVENTION ELECTIVE              |                         |                       |                       |
| PERCUTANEOUS CORONARY INTERVENTION (PCI)     |                         |                       |                       |
| CERTIFIED MENTAL HEALTH O/P                  |                         |                       |                       |
| CHEMICAL DEPENDENCE - REHAB                  | 3,380                   | 3,380                 | 3,380                 |
| CHEMICAL DEPENDENCE - WITHDRAWAL O/P         |                         |                       |                       |
| CLINIC PART-TIME SERVICES                    |                         |                       |                       |
| CLINIC SCHOOL-BASED SERVICES                 |                         |                       |                       |
| CLINIC SCHOOL-BASED DENTAL PROGRAM           |                         |                       |                       |
| COMPREHENSIVE EPILEPSY CENTER                |                         |                       |                       |
| COMPREHENSIVE PSYCH EMERGENCY PROGRAM        | 7,573                   | 7,573                 | 7,573                 |
| DENTAL                                       |                         |                       |                       |
| EMERGENCY DEPARTMENT                         | 113,609                 | 113,609               | 113,609               |
| HOME PERITONEAL DIALYSIS TRAINING & SUPPORT  |                         |                       |                       |
| HOME HEMODIALYSIS TRAINING & SUPPORT         |                         |                       |                       |
| INTEGRATED SERVICES – MENTAL HEALTH          |                         |                       |                       |
| INTEGRATED SERVICES – SUBSTANCE USE DISORDER |                         |                       |                       |
| LITHOTRIPSY                                  |                         |                       |                       |
| METHADONE MAINTENANCE O/P                    |                         |                       |                       |
| NURSING HOME HEMODIALYSIS                    |                         |                       |                       |
| RADIOLOGY-THERAPEUTIC                        |                         |                       |                       |
| RENAL DIALYSIS, CHRONIC                      | 8,034                   | 8,034                 | 8,034                 |
|  |                         |                       |                       |
|  |                         |                       |                       |
| <b>OTHER SERVICES</b>                        |                         |                       |                       |
| Referred Ambulatory                          | 298,601                 | 298,601               | 298,601               |
| Neuro-Psych Testing                          | 1,718                   | 1,718                 | 1,718                 |
|  |                         |                       |                       |
|  |                         |                       |                       |
|  |                         |                       |                       |
|  |                         |                       |                       |
| <b>Total</b>                                 | <b>624,425</b>          | <b>624,425</b>        | <b>624,425</b>        |

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

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

Schedule 16 E. Utilization/Discharge and Patient Days

| Service (Beds) Classification      | Current Year<br>Start date: 1/1/2022 |                | 1st Year<br>Start date: |                | 3rd Year<br>Start date: |                |
|------------------------------------|--------------------------------------|----------------|-------------------------|----------------|-------------------------|----------------|
|                                    | Discharges                           | Patient Days   | Discharges              | Patient Days   | Discharges              | Patient Days   |
| AIDS                               |                                      |                |                         |                |                         |                |
| BONE MARROW TRANSPLANT             |                                      |                |                         |                |                         |                |
| BURNS CARE                         | 108                                  | 813            | 108                     | 813            | 108                     | 813            |
| CHEMICAL DEPENDENCE - DETOX        | 843                                  | 2,446          | 843                     | 2,446          | 843                     | 2,446          |
| CHEMICAL DEPENDENCE - REHAB        | 280                                  | 5,550          | 280                     | 5,550          | 280                     | 5,550          |
| COMA RECOVERY                      |                                      |                |                         |                |                         |                |
| CORONARY CARE                      |                                      |                |                         |                |                         |                |
| INTENSIVE CARE                     | 1,267                                | 11,447         | 1,267                   | 11,447         | 1,267                   | 11,447         |
| MATERNITY                          | 4,721                                | 12,831         | 4,721                   | 12,831         | 4,721                   | 12,831         |
| MED/SURG                           | 25,665                               | 174,404        | 25,665                  | 174,404        | 25,665                  | 174,404        |
| NEONATAL CONTINUING CARE           |                                      |                |                         |                |                         |                |
| NEONATAL INTENSIVE CARE            | 924                                  | 13,266         | 924                     | 13,266         | 924                     | 13,266         |
| NEONATAL INTERMEDIATE CARE         |                                      |                |                         |                |                         |                |
| PEDIATRIC                          | 2,252                                | 9,584          | 2,252                   | 9,584          | 2,252                   | 9,584          |
| PEDIATRIC ICU                      | 295                                  | 1,724          | 295                     | 1,724          | 295                     | 1,724          |
| PHYSICAL MEDICINE & REHABILITATION |                                      |                |                         |                |                         |                |
| PRISONER                           |                                      |                |                         |                |                         |                |
| PSYCHIATRIC                        | 1,077                                | 16,380         | 1,077                   | 16,380         | 1,077                   | 16,380         |
| RESPIRATORY                        |                                      |                |                         |                |                         |                |
| SPECIAL USE                        |                                      |                |                         |                |                         |                |
| SWING BED PROGRAM                  |                                      |                |                         |                |                         |                |
| TRANSITIONAL CARE                  |                                      |                |                         |                |                         |                |
| TRAUMATIC BRAIN-INJURY             |                                      |                |                         |                |                         |                |
| OTHER (describe)                   | 3,903                                | 7,909          | 3,903                   | 7,909          | 3,903                   | 7,909          |
| <b>TOTAL</b>                       | <b>41,335</b>                        | <b>256,354</b> | <b>41,335</b>           | <b>256,354</b> | <b>41,335</b>           | <b>256,354</b> |

**NOTE: Prior versions of this table referred to “incremental” changes in discharges and days. The table now requires the full count of discharges and days.**