

# **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	DATE
	April 17, 2024
PRINT OR TYPE NAME	TITLE
Dorothy M. Urschel	President & CEO

### General Information

Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Title of Attachment: Board Resolutions of AMHS and CMH
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"/>	AMHS Network Affiliation

### Contacts

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

Primary Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Kara Ritschdorff, Director of Hospital Regulatory Affairs	Albany Medical Center Hospital	
	BUSINESS STREET ADDRESS		
	43 New Scotland Avenue, MC-140		
	CITY	STATE	ZIP
	Albany	NY	12208
	TELEPHONE	E-MAIL ADDRESS	
518-262-8608	ritschk@amc.edu		

Alternate Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Michelle Zenker, Project Specialist	Albany Medical Center Hospital	
	BUSINESS STREET ADDRESS		
	43 New Scotland Avenue, MC-140		
	CITY	STATE	ZIP
	Albany	NY	12208
	TELEPHONE	E-MAIL ADDRESS	
518-262-3577	zenkerm@amc.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		
	Dorothy M. Urschel, President & CEO		
	BUSINESS STREET ADDRESS		
	71 Prospect Avenue		
	CITY	STATE	ZIP
	Hudson	NY	12534
	TELEPHONE	E-MAIL ADDRESS	
	518-828-8374	durschel@cmh-net.org	

The applicant's lead attorney should be identified:

<b>ATTORNEY</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	Matthew C. Jones, Esq.			43 New Scotland Avenue
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	Albany, NY 12208		518-262-3828	jonesm17@amc.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
	Bryan T. Mahoney, CPA			71 Prospect Avenue
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	Hudson, NY 12534		518-828-8090	bmahoney@cmh-net.org

Please list all Architects and Engineer contacts:

<b>ARCHITECT and/or ENGINEER</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	Margaret MulCahy, RA, NCARB		Hyman Hayes, LLC	800 Troy-Schenectady Rd., Ste. 103
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	Latham, NY 12110		518-452-3470	arenzi@hymanhayes.com

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

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

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

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

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

**RESOLUTION OF THE BOARD OF DIRECTORS  
OF  
ALBANY MED HEALTH SYSTEM  
REGARDING CONSTRUCTION OF AN AMBULATORY SURGERY CENTER**

**WHEREAS**, Albany Med Health System (“AMHS”), is the parent organization of The Columbia Memorial Hospital (“CMH”), and

**WHEREAS**, CMH currently provides primary and specialty outpatient medical services at the Greene Medical Arts Center, 159 Jefferson Heights, Catskill, New York (the “Site”); and

**WHEREAS**, in the interest of better serving its patients and furthering its mission, CMH seeks to construct a new multi-use ambulatory surgery center at the Site (the “Project”); and

**WHEREAS**, the Board of Trustees of CMH have adopted a resolution attached as Exhibit A (“CMH Resolution”) authorizing the hospital to proceed with the Project, including the filing of all necessary Certificates of Need with the NYS Department of Health, and

**WHEREAS**, the CMH Resolution has been considered and approved by the AMHS Finance Committee and recommended for approval by the Board of Directors; and

**WHEREAS**, the Board of Directors finds it desirable and in the best interest of AMHS and CMH to approve and authorize all actions necessary for CMH to move forward with the Project, including filing of all necessary Certificates of Need with the NYS Department of Health.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of AMHS as follows:

1. The CMH Resolution is hereby approved and CMH is authorized to proceed with the Project.
2. The Chief Executive Officer of AMHS, himself or through the agency of any corporate officer at the Senior Vice President level or above, may determine the appropriate time for issuance of Certificate of Need Applications, may file Certificate of Need applications and obtain Certificates of Need, may negotiate and discuss issues with the New York State Department of Health relating to any Application’s approval, may engage such consultants and advisors as may be necessary or appropriate, and may execute any documents or legal instruments in furtherance of the authority granted by and in accordance with the authorization intended to be granted by this resolution, and the management and employees of AMHS and CMH are authorized and directed to take such action consistent with this resolution to accomplish its intended purpose as in their judgment may be required, within the scope of applicable laws, regulations, bylaws and certificates of incorporation.
3. Ratification. The Board of Directors hereby approves, confirms and ratifies all acts and transactions of any officers, managers, employees or agents of AMHS and CMH that were taken with respect to the Project prior to and including the date of this resolution.
4. Effective Date. This resolution shall take effect immediately.

**EXHIBIT A**  
**RESOLUTION OF THE BOARD OF TRUSTEES**  
**OF**  
**THE COLUMBIA MEMORIAL HOSPITAL**

**WHEREAS**, The Columbia Memorial Hospital's ("CMH") currently provides primary and specialty outpatient medical services at the Greene Medical Arts Center, 159 Jefferson Heights, Catskill, New York (the "Site"); and

**WHEREAS**, in the interest of better serving its patients and furthering its mission, CMH seeks to construct a new multi-use ambulatory surgery center at the Site (the "Project"); and

**WHEREAS**, the Board finds it desirable and in the best interest of CMH to approve and authorize all actions necessary for CMH to proceed with the Project, including filing of all necessary Certificates of Need with the NYS Department of Health.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Trustees of CMH as follows:

1. CMH is hereby authorized to undertake and complete all actions necessary to proceed with the Project.
2. CMH's President and Chief Executive Officer, and Chief Financial Officer are each authorized in the name and on behalf of CMH, to negotiate, execute deliver and/or approve any documents necessary in connection with the Project.
3. CMH's President and Chief Executive Officer, and Chief Financial Officer are each authorized and instructed to take all necessary steps to prepare, or cause to be prepared, all such agreements, documents, certificates and instruments as in his or her judgment may be necessary or advisable in order to carry out the transactions contemplated hereby. Notwithstanding any provision of this resolution, CMH's President and Chief Executive Officer, and Chief Financial Officer shall have full authority and power on behalf of and in the name of CMH to negotiate, prepare, execute, deliver and approve all such documents and agreements with such terms and conditions as he or she deems appropriate in connection with the Project.
4. Ratification. The Board of Trustees hereby approves, confirms and ratifies all acts and transactions of any officers, managers, employees or agents of CMH that were taken with respect to the Project prior to and including the date of this resolution.
5. Effective Date. This resolution shall take effect upon approval of the Albany Med Health System Board of Directors.

**RESOLUTION OF THE BOARD OF TRUSTEES  
OF  
THE COLUMBIA MEMORIAL HOSPITAL**

**WHEREAS**, The Columbia Memorial Hospital's ("CMH") currently provides primary and specialty outpatient medical services at the Greene Medical Arts Center, 159 Jefferson Heights, Catskill, New York (the "Site"); and

**WHEREAS**, in the interest of better serving its patients and furthering its mission, CMH seeks to construct a new multi-use ambulatory surgery center at the Site (the "Project"); and

**WHEREAS**, the Board finds it desirable and in the best interest of CMH to approve and authorize all actions necessary for CMH to proceed with the Project, including filing of all necessary Certificates of Need with the NYS Department of Health.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Trustees of CMH as follows:

1. CMH is hereby authorized to undertake and complete all actions necessary to proceed with the Project.
2. CMH's President and Chief Executive Officer, and Chief Financial Officer are each authorized in the name and on behalf of CMH, to negotiate, execute deliver and/or approve any documents necessary in connection with the Project.
3. CMH's President and Chief Executive Officer, and Chief Financial Officer are each authorized and instructed to take all necessary steps to prepare, or cause to be prepared, all such agreements, documents, certificates and instruments as in his or her judgment may be necessary or advisable in order to carry out the transactions contemplated hereby. Notwithstanding any provision of this resolution, CMH's President and Chief Executive Officer, and Chief Financial Officer shall have full authority and power on behalf of and in the name of CMH to negotiate, prepare, execute, deliver and approve all such documents and agreements with such terms and conditions as he or she deems appropriate in connection with the Project.
4. Ratification. The Board of Trustees hereby approves, confirms and ratifies all acts and transactions of any officers, managers, employees or agents of CMH that were taken with respect to the Project prior to and including the date of this resolution.
5. Effective Date. This resolution shall take effect upon approval of the Albany Med Health System Board of Directors.

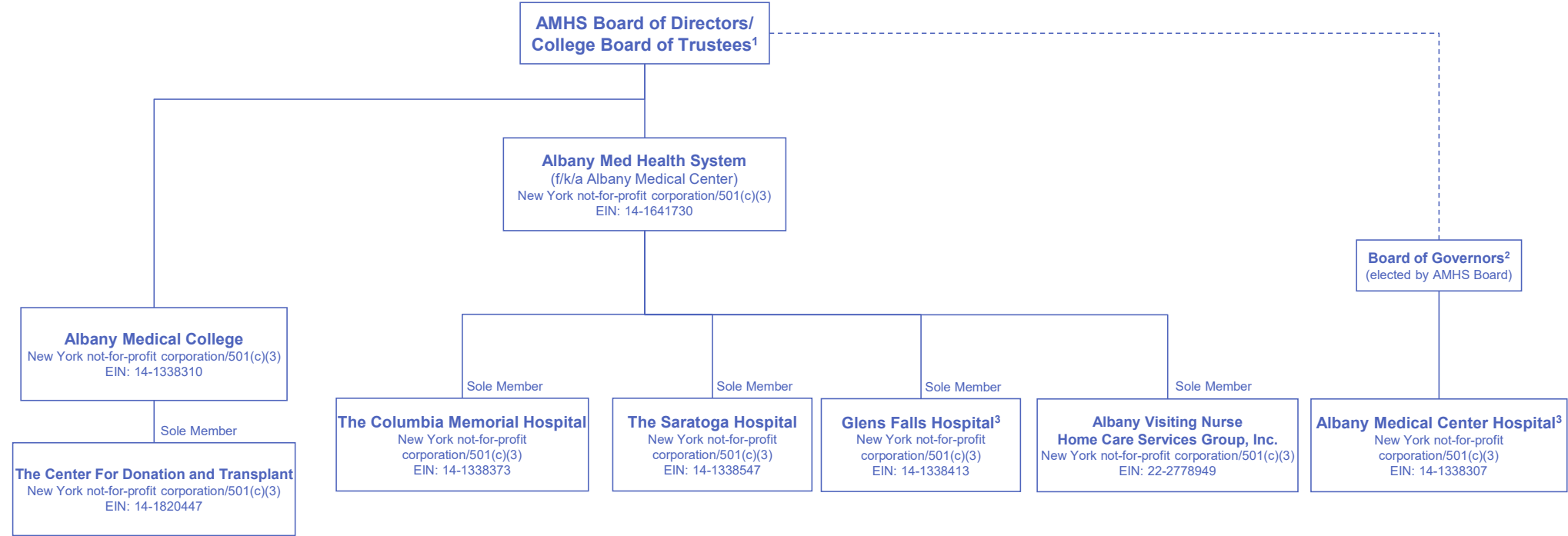
**SCHEDULE 1 – ATTACHMENT:  
OTHER FACILITIES OWNED/CONTROLLED BY APPLICANT**

NYS AFFILIATED FACILITIES/AGENCIES

<b>Facility Type</b>	<b>Facility Name</b>	<b>Operating Certificate/License #</b>	<b>Facility ID (PFI)</b>
Hospital	Albany Medical Center Hospital	0101000H	0001
Hospital	Columbia Memorial Hospital	1001000H	0146
Hospital	Saratoga Hospital	4501000H	0818
Hospital	Glens Falls Hospital	5601000H	1005



**Albany Med Health System  
Organizational Structure – April 1, 2024**



<sup>1</sup> Per the Bylaws of Albany Medical College and the Omnibus Resolution of the Liaison Committee of Trustees and Governors adopted by the Board of Directors of AMHS on January 19, 1983, the responsibility for the conduct of the College is vested in the College Board of Trustees, subject to the direction and control of the directors of AMHS.

<sup>2</sup> Per the Bylaws of Albany Medical Center Hospital and the Omnibus Resolution of the Liaison Committee of Trustees and Governors adopted by the Board of Directors of AMHS on January 19, 1983, the responsibility for the conduct of AMCH is vested in the AMCH Board of Governors, subject to the direction and control of the directors of AMHS.

<sup>3</sup> The Boards of Glens Falls Hospital and Albany Medical Center Hospital consist of the same individuals.

# **Schedule 5**

## **Working Capital Plan**

### **Contents:**

- **Schedule 5 - Working Capital Plan**

## Working Capital Financing Plan

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

This section should be completed in conjunction with Schedule 13. The general guidelines for working capital requirements are two months of first year expenses for changes of ownership and two months of third year expenses for new establishments, construction projects or when the first year budget indicates a net operating loss. Any deviation from these guidelines must be supported by the monthly cash flow analysis. If working capital is required for the project, all sources of working capital must be indicated clearly. Borrowed funds are limited to 50% of total working capital requirements and cannot be a line of credit. Terms of the borrowing cannot be longer than 5 years or less than 1 year. If borrowed funds are a source of working capital, please summarize the terms below, and attach a letter of interest from the intended source of funds, to include an estimate of the principal, term, interest rate and payout period being considered. Also, describe and document the source(s) of working capital equity.

<b>Titles of Attachments Related to Borrowed Funds</b>	<b>Filenames of Attachments</b>
Example: <i>First borrowed fund source</i>	Example: <i>first_bor_fund.pdf</i>
AMHS Audited Financials	AMHS_Audited_Financials.pdf

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

The active parent of the Applicant is Albany Med Health System ("AMHS"), which is also the sole corporate member of the Applicant. A portion of the funds for the Eligible Project will be provided by AMHS, and AMHS has been and will continue to be actively involved in the planning and execution of the Project.

**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>
Example: <i>Attachment to operational balance sheet</i>	Example: <i>Operational_bal_sheet.pdf</i>

# **Schedule 6**

## **Architectural/Engineering Submission**

### **Contents:**

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

## Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

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

### Instructions

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

### Architecture/Engineering Narrative

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

Project Description	
Schedule 6 submission date: 5/14/2024, 8/2/2024	Revised Schedule 6 submission date: 5/1/2025
Does this project amend or supersede prior CON approvals or a pending application? Yes If so, what is the original CON number? 241220	
Intent/Purpose: Establish an Ambulatory Surgery Center (ASC) to provide appropriate surgeries in an outpatient setting. Relocate primary care, women's health, laboratory services and orthopedic specialty	

# New York State Department of Health Certificate of Need Application

## Schedule 6

care practices to a space within the building that is appropriately sized for patient volume and vacate space for the ASC Relocate existing laboratory services.	
Site Location: 159 Jefferson Heights, Catskill NY.	
Brief description of current facility, including facility type: Existing medical office facility. Services modalities include primary care, women's health, orthopedic specialty care, and imaging and lab.	
Brief description of proposed facility: An Ambulatory Surgery Center will be added to the current offered services, orthopedic specialty care offices will be relocated, primary care and women's health specialty care offices will be consolidated. Laboratory will be relocated. The remainder of facility services will remain.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. The ASC (new ambulatory health care) will be located on the first floor. Laboratory will be relocated to the first floor. Primary care, women's health and orthopedics (business) will be relocated from the first floor to the second floor and consolidated into new multispecialty care practice.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: The ASC will be separated from the remainder of the facility by one hour fire rated construction.	
If this is an existing facility, is it currently a licensed Article 28 facility? - Partial	Yes
Is the project space being converted from a non-Article 28 space to an Article 28 space? A portion of the space for the ASC currently houses Article 28 space. Orthopedic specialty care will be moved to the space currently occupied by women's health specialty care. The space for the relocation of primary care and women's health specialty care is currently unoccupied.	Yes
Relationship of spaces conforming with Article 28 space and non-Article 28 space: See drawing SP1 for locations.	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. None.	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. <a href="#">Click here to enter text.</a>	No
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. Existing building HVAC is WSHP. Electrical is 4160V primary service with outdoor transformer feeding indoor switchgear. Existing notifier addressable fire alarm system with full smoke detection and horn/strobe notification throughout. Existing plumbing is 4" DCW with gas fired water heater in facility boiler plant. No medical gases currently within the building. Existing building is not sprinklered.	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. All new building systems will be provided within the ASC. Main building systems (electrical, sewer, etc.) will be extended into the space; see attached Architectural Narrative. Second floor multispecialty care office will utilize existing systems with only minor modifications required. Sprinkler coverage will be added to cover the project area. First floor orthopedic offices will require minimal modifications to existing systems, a majority of the existing rooms will remain.	
Describe existing and or new work for fire detection, alarm, and communication systems: - Existing building systems will be reconfigured for the new space. See attached Architectural Narrative.	

# New York State Department of Health Certificate of Need Application

## Schedule 6

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. N/A. Facility is not a hospital or nursing home.	
Does the project contain imaging equipment used for diagnostic or treatment purposes? No	
Does the project comply with ADA? If no, list all areas of noncompliance. Yes. There is compliant accessibility on both floors. New spaces will conform to ADA requirements.	
Other pertinent information: <a href="#">Click here to enter text.</a>	
Project Work Area	Response
Type of Work	Renovation
Square footages of existing areas, existing floor and or existing building.	Existing primary care to be relocated is 4,300 SF, existing orthopedic specialty care to be relocated is 3,300 SF. Existing Lab to be relocated is 1,000
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	30,220
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Exceeds 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code – ASC and new multispecialty care location will be fully sprinklered. Orthopedic specialty care will be unsprinklered.	Partially Sprinklered
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (000)
Building Height - Varies	Approximately 39 feet
Building Number of Stories	3 stories plus basement
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Not Applicable
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code? - ASC is Chapter 20. Multispecialty Care offices, Ortho Specialty Care office and Lab are Chapter 38.	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. Business	Yes
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? - <b>Four phases. Phase one will be site and building shell construction; this will take approximately six months. Phase two will be relocation of primary care and women's health specialty care offices and lab; this will take approximately two months. Phase three is the relocation of orthopedic specialty offices, and the lab, this will take approximately one month. Phase four is the ASC fit-up; this will take approximately eight months.</b>	Yes
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. <a href="#">Click here to enter text.</a>	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be?	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. <a href="#">Click here to enter text.</a>	Not Applicable



# New York State Department of Health Certificate of Need Application

## Schedule 6

Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. <a href="#">Click here to enter text.</a>	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Yes; see drawing A100.	Yes
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. <a href="#">Click here to enter text.</a>	Not Applicable
Changes in the number of occupants? If yes, what is the new number of occupants? <a href="#">Click here to enter text.</a>	No
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? - EES 1 will be provided for the ASC.	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? <a href="#">Click here to enter text.</a>	Not Applicable
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. <a href="#">Click here to enter text.</a>	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. <a href="#">Click here to enter text.</a>	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	No
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

# Architectural Narrative

Columbia Memorial Health ASC  
Greene Medical Arts Center  
159 Jefferson Heights  
Catskill, NY 12414  
April 7, 2025

## INTRODUCTION

**Applicant/Intent:** Columbia Memorial Health is requesting approval to construct a new multi-use ambulatory surgery center (ASC) in Catskill, New York. The new surgery center will be approximately 19,365 departmental gross square feet and will be on the first floor of the three story Greene Medical Arts building. That space, which is currently occupied by Article 28 spaces, including primary care and orthopedic specialty care offices will be gut renovated for the ASC. The current Article 28 spaces will be relocated. Orthopedic specialty care will be relocated to the first-floor space currently occupied by Article 28 women's health specialty care. Women's health and primary care will be relocated to the second floor and consolidated into one multispecialty medical office. The existing laboratory will be relocated to space on the first floor currently occupied by administrative offices. A building addition will be included in the project for a new shared lobby at the main entrance.

**Location:** Greene Medical Arts, 159 Jefferson Heights, Catskill, NY 12414

## PRIMARY CARE AND ORTHOPEDIC SPECIALTY CARE

Article 28 space to be relocated consists of internal medicine, family practice, women's health, and orthopedics, separated into three offices on the first floor of the Greene Medical Arts building. Primary care currently occupies approximately 4,414 square feet, women's health 4,715 square feet, and orthopedic specialty care occupies approximately 3,300 square feet. The existing space for primary care and women's health offices is oversized, and not utilized every day.

Both primary care and women's health specialty care offices will be relocated to a vacant medical office space second floor of the building, and combined into one multispecialty medical office. The new space will be a single 5,100 square foot suite. The new space will allow the medical practices to operate more efficiently while also freeing up space on the first floor for the ASC.

Currently primary care contains 10 exam rooms and women's health specialty care contains 6 exam rooms. That number will be reduced to a total of 15 exam rooms shared by both practices. All support spaces required by the FGI Guidelines will be incorporated into the suite.

The existing suite on the second floor was previously used for primary care (non-article 28) and minimal construction work will be required. Most of the work will be to upgrade appearance, make existing toilet rooms ADA compliant, and provide additional staff support space. Building systems will be modified as necessary to provide adequate HVAC and electrical, sprinklers will be added to cover the area.

Current orthopedic specialty care contains 8 exam rooms, it has been determined that this is oversized for the current needs of the practice. This space will be relocated to the first-floor area currently occupied by women's health specialty care. The laboratory will be located in 1,100 square feet on the existing building's first floor. It will be adjacent to an entry to the building for easy patient access.

## AMBULATORY SURGERY CENTER

**Purpose:** The applicant is proposing this project to create an outpatient facility in a medically underserved county that will create a patient-friendly environment that is less threatening or stressful than outpatient hospital based surgery.

**Existing Program:** This program currently does not exist.

**Program Inventory at Project Completion:** ASC is 19,365 departmental gross square feet, with four approximately 480 square foot operating rooms, two approximately 210 square foot procedure rooms, and 19 patient care stations.

**Project Description:** Flexibility to perform different types of surgery will be built into the ASC so it can function as a multi-specialty center. The patient population will generally be low to moderate risk patients. Generally, patients of size and/or with infectious diseases will not be accommodated in this center.

The ASC will be located on the Jefferson Heights (Main Street) side of the building. A new entrance canopy will be added. The canopy will be visible from the entry drive into the parking lot so the ASC will be easy to find. Automobiles have the option to drop patients off under the canopy or go directly into the parking lot. There will be spaces in the parking lot designated for ASC patients.

The entry door is covered with a canopy which projects from the building facade. Patients will enter a 50 +/- seat waiting/registration area. Patients will be registered and have had their pre-admission testing prior to arrival at the facility. Minor additional registration will occur at the main waiting room reception desk. Patient consults will occur in the consult room that is adjacent to both the Waiting Room and the Pre-op/Post-op area. Two public toilet rooms will be directly accessible to the Waiting Room.

All patients will be escorted into the pre-op/post-op area by a nurse or medical assistant. There are two patient toilet rooms in the pre/post op area. Patients' belongings will be bagged and remain with the patient throughout their time at the ASC.

The pre-op/post-op area is designed with (19) pre-op/post op patient care stations with medical gases provided in each of these spaces as required for PACU for maximum flexibility of patient placement and flow. One of the patient care stations is a patient room, provided for patients needing more privacy.

The patient care stations will surround two centralized nurse stations. The nurse stations have direct visibility to each of the respective pre-op/post-op bays and patient room. They also have direct visibility of the door into the semi-restricted corridor so the nursing staff can monitor who enters the operating suite. Medication zone is located within the Meds Room, centrally located within the pre-op/post-op area. Crash cart storage is located within the Nurse Station. Clean supply room is centrally located within the pre-op/post op area and soiled holding is located adjacent to the pre-op/post-op area. Nourishment is located within the pre/post op area, convenient to the nurse station and recovery bays. Wheelchair storage is provided within the discharge waiting alcove.

- The medication zone will include locked storage, refrigerator, and sink.
- The soiled holding room is where soiled linen will be placed. It will contain a clinical sink and handwashing sink.
- Clean and equipment supply room will include clean linen carts.
- Nourishment includes an under-counter refrigerator, sink and icemaker.

Medical Technicians or Nurses will wheel patients in stretchers into the semi-restricted corridor to their scheduled operating room. All operating rooms are more than 400 square feet which will allow them flexibility to perform all outpatient procedures.

Once the procedure is complete the nurse will bring patients out of the operating room back into Pre-op/Post-op to one of the PACU bays for recovery. PACU bays will be used for both Phase I and Phase 2 recovery. After the patient has recovered, they will be escorted out of the facility through a dedicated departure door and through a covered exterior door where their transportation will be waiting for them.

Staff will enter the building through a dedicated staff entry door and into a staff only corridor, where staff break room, locker rooms, staff shower, and staff toilets are located. Half height lockers will be provided for staff in the locker rooms, where staff will disrobe from their street clothes and change into appropriate surgical attire. Once staff has changed, they enter the clinical area where they can go to either the Semi-Restricted Corridor and into Pre/Post Op area.

Each OR will be provided with appropriate surgical lighting and wall mounted med gases, clocks, timers, and telephones as required. No booms are planned for this facility. All supplies will be handled in a moveable cart system and staff documentation areas will be on mobile workstations. The majority of patients will receive general anesthesia. There are dedicated anesthesia storage cabinets in the anesthesia workroom. Blood, organ, or pathological storage is not required. There will be scrub areas located directly adjacent to the doors into the operating rooms.

The four patient care stations closest to the procedure rooms will typically be reserved for patients undergoing procedures in those rooms. Patients will be brought directly from their patient care station to the procedure room; after the procedure they will be brought back to their patient care station for recovery. After each procedure, used scopes are brought to decontamination where they are washed and passed through to Scope Processing where they are processed in a self-contained scope reprocessor. Scopes are then stored in ventilated cabinets in the scope storage room until they are needed for a procedure.

The clean workroom and decontamination room are located to provide access from an unrestricted corridor, and the operating rooms. Equipment from operations will go into the decontamination room, where they are washed and then flow directly into the clean workroom through a self-closing passthrough drying cabinet or passthrough washers. A handwashing sink with eyewash is provided in the decontamination room. Anesthesia equipment will also be cleaned in the decontamination room before returning to an operating room. Environmental services room is located off the semi-restricted corridor and will include docking stations for fluid management system. A clinical sink is provided in the soiled workroom for waste disposal.

Building services including the electrical, and medical gas room are located at the back of the facility with access from either the unrestricted corridor or the exterior. Additional mechanical rooms serving the ASC are located in the building's basement and will be accessible to maintenance staff.

**Codes:** The ambulatory surgery center will be constructed to meet required Codes including: the 2018 F.G.I. Guidelines, Chapter 20 of the 2012 Edition of NFPA 101; Americans with Disability Act; Title 10 of the Codes, Rules, and Regulations of the State of New York; ANSI/ASHRAE/ASHE Standard 170-2017; and the 2020 Building Code of New York State.

The current building is Type II (0,0,0) construction. It is business occupancy (outpatient medical office). A new 2-hour fire rated partition will be constructed to separate the portion of the building occupied by the ASC into a separate building. This separate building will be fully protected with a fire sprinkler system.

The surgery center will require (55) parking spaces; (4) spaces per O.R., (2) spaces per procedure room, and (1) space for each staff member (35 staff). The total parking allocated for this project will be (114) spaces so there is adequate parking for the laboratory and medical offices. Twelve (12) of these spaces will be handicap accessible.

**Finishes:**

- Ceilings in the operating room will be gypsum board and will be finished with semi-gloss epoxy paint.
- Ceilings in the semi-restricted corridor, procedure rooms, and adjacent support areas will be a +1 psf acoustical ceiling tile that are smooth, scrubbable and non-perforated.
- Ceiling finishes in remainder of facility will be acoustical ceiling tiles and gypsum wallboard soffits.
- Floors in the O.R.s, procedure rooms, and the semi-restricted core will be seamless vinyl sheet. OR and procedure room floors will have 6" integral base.
- Floors in the Pre-op/Post-op area will be luxury vinyl tile (LVT) tile to allow for easy movement of patients via stretcher and wheelchair.
- Floor in waiting/reception area will be a mix of porcelain tile and LVT.
- Wall finishes in operating rooms, procedure rooms and semi-restricted core will be a semi-gloss epoxy paint system.
- Wall finishes in remainder of facility will be a latex paint system.
- Wall protection will be provided where necessary to protect walls from damage.

Finishes in the medical office and laboratory spaces will generally be LVT on the floor, painted walls and suspended acoustical tile ceilings. Waiting rooms and offices may have carpet instead of LVT.

#### **Plumbing Systems:**

Domestic Water System. The domestic water copper piping will be extended from the existing building distribution. A new dedicated hot water system will be provided to serve the renovation area. All toilet rooms and showers will be accessible. Sinks in public areas will also be accessible.

Roof Drain System. PVC roof leaders will be located per the new space layout as required.

Sanitary/Storm System. New under slab sanitary piping will be PVC and will accommodate the new plumbing fixtures being added.

Plumbing Fixtures. Plumbing fixtures will meet ADA requirements for handicap accessibility at all public areas. All sinks in clinical areas will have wrist blades greater than 6" long or hands free operation. Scrub sinks which will have foot peddle operation.

Medical Gas Piping System. New oxygen, vacuum, medical air and WAGD systems will be provided to meet the requirements of FGI within each space. A new medical gas room will be separated with one-hour construction and will have manifolded cylinders for oxygen and medical air. A new Duplex O2-safe vacuum pump will be located within a separate mechanical room and serve the needs of medical vacuum and WAGD.

Zone valve boxes and alarming will be provided in accordance with NFPA 99.

	Oxygen	Vacuum	Medical Air	WAGD
Operating Rooms	2	3	1	Yes
Patient Bed (Pre-op, Recovery)	1	1	NR	
Procedure Room	1	1	NR	

#### **Fire Protection Systems:**

Sprinkler System. The existing building is partially sprinklered, with no sprinkler coverage directly within the work area. New sprinkler coverage will be extended to cover the entire portion of the building that contains the ASC and multispecialty medical office. Sprinkler heads will be the concealed, quick response type.

#### **HVAC Systems:**

A new HVAC Rooftop unit with natural gas fired furnace and DX cooling will be provided to serve the new procedure rooms, sterile processing, and PACU through VAVs with hot water reheat in each zone. The existing building water source heat pump system will be repurposed to serve the pre/post and support areas which are permitted to use recirculating units. All new heat pumps and controls will be provided with connection to the existing building heat pump loop.

A new DOAS outdoor air ventilation unit will provide outdoor air to the heat pump spaces as well as general exhaust. A dedicated exhaust system will be provided for sterile processing.

The HVAC system will be capable of providing code required air changes, ventilation, filtration, and air pressure differentials per ASHRAE 170-2017. Per Addendum J, HEPA filtration will be provided within the laminar supply diffusers in the operating rooms.

Humidification will be by electric resistance humidification units discharging directly into supply ductwork.

Function of Space	Pressure Relationship to Adjacent Area (n)	Minimum Outdoor ach	Minimum Total ach	All Room Air Exhausted Directly to Outdoors (j)	Air Recirculated by Means of Room Units (a)	Design Relative Humidity (k), %	Design Temperature (j) °F / °C
Operating Rooms	POS	4	20	No	No	20 - 60	68 - 75
Procedure Room	POS	3	15	No	No	20-60	70-75
Bronchoscopy	NEG	2	6	No	No	Max 60	72-78
Pre-op/Recovery	NR	2	6	No	No	20-60	70-75
Consult/Exam	NR	2	6	No	No	NR	70-75
Sterilizer	NEG	NR	10	Yes	No	NR	NR
Clean Workroom	POS	2	4	No	No	Max 60	72-78
Sterile Storage	POS	2	4	No	No	Max 60	72-78
Soiled Holding	NEG	2	10	No	No	Max 60	72-78
Equipment Supply	POS	2	4	NR	NR	Max 60	72-78
Waiting	NA	2	6	No	No	NR	70-75
Toilet	NEG	NR	10	YES	No	NR	NR
Janitor's Clos	NEG	NR	8	YES	No	NR	NR
Offices	NA	2	6	No	No	NR	70-78
Med Gas	NEG	NR	8	Yes	NR	NR	NR
Procedure Room	POS	3	15	NR	NO	20-60	70-75

Table 6.4 - The AHU filter specifications meets requirements. MERV-7 pre-filters and where required MERV-14 final filters will be used in the clinical areas.

Table 6.7.2 - Supply diffusers in the operating rooms and procedure rooms will be Group E, non-aspirating in a prefabricated ceiling system. All other spaces will be Group A.

### **Electrical Systems:**

Power Distribution. New normal power distribution will be extended from the existing building service to serve the work area. A new EES-1 emergency power system meeting the requirements of NFPA 99 will be provided. The electrical system will meet NFPA 70 with all emergency power in conduits and all other wiring HFC MC cable. Electrical outlets will meet the requirement of FGI.

Isolated power systems will be provided for both the normal and critical power outlets serving each operating room.

Lighting. LED lighting will be provided for general lighting in all spaces. Non-critical areas will be equipped with motion sensors to control lighting. The lighting control system will comply with the New York State Energy Code. Double switch patient/exam night light 2'x2' volumetric style LED fixtures will be used in patient bays and standard 2'x2' LED fixtures in corridors and office spaces. 2'x2' or 2'x4' lens style LED fixtures will be used in all utility, storage or

change rooms. LED down lights will be utilized above the counters in the tech/work areas. Decorative lighting will be provided in the waiting room.

Fire Alarm System. The building fire alarm and detection system will be extended into the surgery center to provide fire alarm coverage. An annunciator panel will be provided in the service entrance.

The operating rooms themselves will use private mode notification as permitted by NFPA 101 and NFPA 72 for spaces with patients not capable of self-preservation and staff evacuation procedures in place. Horns and strobes will be omitted within the operating rooms, but normal public mode notification will be provided elsewhere in compliance with the above codes.

Nurse Call System. A new Nurse Call system will be installed to meet the requirements of Table 3.7-3.2

Pre-op, PACU - patient station, staff assistance and emergency call.  
Operating Rooms, Procedure Rooms – staff assistance and emergency call.  
Nurse stations - master station.  
Patient toilet rooms - patient station with pull cord  
Clean holding, soiled holding and staff breakroom, sterile supplies - duty station

Telephone/Data. A new telecom/data system will be provided. New telecom boxes and conduit stubs will be provided in walls and cable tray will be provided in ceilings.

Security Systems. There will be a 24-hour security system. Digital cameras with recording capability will be located in critical areas. Prox card access controlled doors will be included where appropriate.

**Structural:** Minimal structural design will be required. All structural design will be completed in accordance with the provisions of the 2020 Building Code of New York State (BCNYS).

**Site/Civil:** Site and Civil design will be minimal for the building will be completed in accordance with the provisions of the 2018 Building Code of New York State (BCNYS). Accessible parking spaces and routes into the building will be provided per 2018 F.G.I. Guidelines and local town requirements. Number of parking spaces are indicated above.

## **CONCLUSION**

This proposal represents the creation of a new outpatient multi-specialty surgery center to meet the needs of the community and provide cost effective care in a patient centered facility.





KATHY HOCHUL  
Governor

## Department of Health

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

MEGAN E. BALDWIN  
Acting Executive Deputy Commissioner

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

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

Date: May 5, 2025

CON Number: 241220

Facility Name: Columbia Memorial Hospital

Facility ID Number: 7045

Facility Address: 159 Jefferson Heights, Catskill NY 12414

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

To The New York State Department of Health:

I hereby certify that:

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

PLEASE NOTE ANY EXCEPTIONS HERE:

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

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

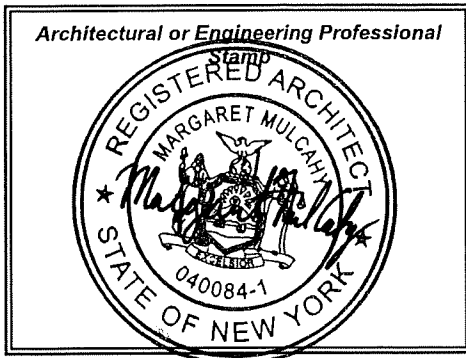
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered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

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

**Project Name:** Greene Medical Arts ASC

**Location:** 159 Jefferson Heights, Catskill NY

**Description:** New 4 OR and 2 procedure room multispecialty ASC in an existing medical office building.  
Relocate primary and orthopedic care practice to vacant space.



\_\_\_\_\_  
Signature of Architect or Engineer

Margaret MulCahy

\_\_\_\_\_  
Name of Architect or Engineer (Print)

040084-01

\_\_\_\_\_  
Professional New York State License Number

800 Troy-Schenectady Road, Latham NY 12110

\_\_\_\_\_  
Business Address

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

\_\_\_\_\_  
Authorized Signature for Applicant

5.7.2025

\_\_\_\_\_  
Date

Dorothy M. Urschel, President & CEO

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

*Notary signing required for the applicant*

STATE OF NEW YORK )

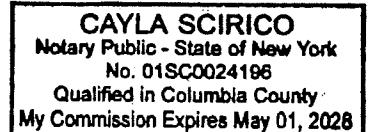
County of Columbia )

) SS:

On the 7<sup>th</sup> day of May 2025 before me personally appeared Dorothy M. Urschel, to me known, who being by me duly sworn, did depose and say that he/she is the President & CEO of the Columbia Memorial Hospital, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) \_\_\_\_\_

Cayla Scirico



ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

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

## **Contents:**

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

## Environmental Assessment

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

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.		Yes <input type="checkbox"/>	No <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.		Yes <input type="checkbox"/>	No <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.		Yes	No
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Moderate to Low Risk Area</b>		Yes	No
	<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 applicatio

Constants	Value	Comments
Design Contingency - New Construction	0.00%	Normally 10%
Construction Contingency - New Construction	0.00%	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Anticipated Construction Start Date:	10/1/2024	as mm/dd/yyyy
Anticipated Midpoint of Construction Date	5/15/2025	as mm/dd/yyyy
Anticipated Completion of Construction Date	1/1/2026	as mm/dd/yyyy
Year used to compute Current Dollars:	2024	

Subject of attachment	Attachment Number	Filename of attachment - PDF
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.		
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.		

**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			
1.2 Building Acquisition			
2.1 New Construction		\$0	
2.2 Renovation & Demolition			
2.3 Site Development		\$0	
2.4 Temporary Utilities		\$0	
2.5 Asbestos Abatement or Removal		\$0	
3.1 Design Contingency		\$0	
3.2 Construction Contingency		\$0	
4.1 Fixed Equipment (NIC)		\$0	
4.2 Planning Consultant Fees		\$0	
4.3 Architect/Engineering Fees		\$0	
4.4 Construction Manager Fees		\$0	
4.5 Other Fees (Consultant, etc.)		\$0	
Subtotal (Total 1.1 thru 4.5)		\$0	
5.1 Movable Equipment (from Sched 11)		\$0	
5.2 Telecommunications		\$0	
6. Total Basic Cost of Construction (total 1.1 thru 5.2)		\$0	
7.1 Financing Costs (Points etc)			
7.2 Interim Interest Expense:: \$ <input type="text"/> At <input type="text"/> % for <input type="text"/> months			
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2		\$0	
Application fees:			
9.1 Application Fee. Articles 28, 36 and 40. See Web Site.			
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		\$0	
10 Total Project Cost with fees		\$0	

# **Schedule 9**

## **Project Financing**

### **Contents:**

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

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

**Schedule 9**

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

**I. Summary of Proposed Financial plan**

Check all that apply and fill in corresponding amounts.

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

If refinancing is used, please complete area below.

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

**II. Details**

**A. Leases**

	N/A	Title of Attachment
1. List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable.	<input 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	
Sale of Existing Assets	
Gifts (fundraising program)	
Government Grants	
Other	
<b>TOTAL CASH</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.  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 checked="" type="checkbox"/>	
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	<input checked="" type="checkbox"/>	
4. Attach a full and complete description of the assets to be sold, if applicable.	<input checked="" type="checkbox"/>	
5. If amounts are listed in "Gifts (fundraising program)": <ul style="list-style-type: none"> <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 checked="" type="checkbox"/>	

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

**Schedule 9**

	N/A	Title of Attachment
6. If amounts are listed in "Government Grants": <ul style="list-style-type: none"> <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 checked="" type="checkbox"/>	
8. Current Department policy expects a minimum equity contribution of 10% of total project cost (Schedule 8b line 10) ) for all Article 28 facilities with the exception of Residential Health Care Facilities that require 25% of total project cost (Schedule 8b, line 10). Public facilities require 0% equity.	<input checked="" type="checkbox"/>	
9. Provide an equity analysis for member equity to be provided. Indicate if a member is providing a disproportionate share of equity. If disproportional equity shares are provided by any member, check this box <input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

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

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

# New York State Department of Health Certificate of Need Application

## Schedule 9

### D. Land

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"/>	





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

For all Full or Administrative review applications, except Establishment-Only applications. New Construction and Renovation must be entered on separate sheets (see instructions in line 43). Codes for completing this table are found in the Functional Codes Lookups sheet (see tab below).

Indicate if this project is: New Construction: ☐ **OR** Renovation: ☒

Location				Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. <i>Current</i> (un-escalated)	(F x G) Construction Cost TOTAL <i>Current</i> sch.8B col.A (un-escalated)	Alterations, Scope of work
Sub project	Building	Floor	Functional Code					
		1	415	Outpatient Surgery	15250			R
		2	419	Primary Medical Care O/P	3940			R
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				

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

A		B	D	E	F	G	H	I
Location				Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. <i>Current</i> (un-escalated)	(F x G) Construction Cost TOTAL <i>Current</i> sch.8B col.A (un-escalated)	Alterations, Scope of work
Sub project	Building	Floor	Functional Code					
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
<b>Totals for Whole Project:</b>					<b>19190</b>			

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

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

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

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

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

SIGNATURE			DATE	
			4/17/2024	
PRINT NAME		TITLE		
Dorothy M. Urschel		President & CEO		
NAME OF FIRM				
Columbia Memorial Hospital				
STREET & NUMBER				
71 Prospect Avenue				
CITY	STATE	ZIP	PHONE NUMBER	
Hudson	NY	12534	(518) 828-8374	

**New York State Department of Health**  
**Certificate of Need Application**  
**Schedule 11 - Moveable Equipment**

For Article 28, 36, and 40 Construction Projects Requiring Full or Administrative Review \*

**Table I: New Equipment Description**

Sub project Number	Functional Code	Description of equipment, including model, manufacturer, and year of manufacture where applicable.	Number of units	Lease (L) or Purchase (P)	Date of the end of the lease period	Lease Amount or Purchase Price
		<i>Please see attached Fixed Furniture &amp; Equipment Breakout</i>				
Total lease and purchase costs: Subproject 1						
Total lease and purchase costs: Subproject 2						
Total lease and purchase costs: Subproject 3						
Total lease and purchase costs: Subproject 4						
Total lease and purchase costs: Subproject 5						
Total lease and purchase costs: Subproject 6						
Total lease and purchase costs: Subproject 7						
Total lease and purchase costs: Subproject 8						
Total lease and purchase costs: Whole Project:						0

**New York State Department of Health  
Certificate of Need Application  
Schedule 11 - Moveable Equipment**

**Table 2 - Equipment being replaced:**

List only equipment that is being replaced on a one for one basis. On the first line list the new equipment. On the second line list the equipment that is being replaced.

Sub project Number	Functional Code	Description of equipment, including model, manufacturer, and year of manufacture where applicable.	Number of units	Disposition	Estimated Current Value
Total estimated value of equipment being replaced: Subproject 1					
Total estimated value of equipment being replaced: Subproject 2					
Total estimated value of equipment being replaced: Subproject 3					
Total estimated value of equipment being replaced: Subproject 4					
Total estimated value of equipment being replaced: Subproject 5					
Total estimated value of equipment being replaced: Subproject 6					
Total estimated value of equipment being replaced: Subproject 7					
Total estimated value of equipment being replaced: Subproject 8					
Total estimated value of equipment being replaced: Whole Project:					0

# **Schedule 13**

## **All Article 28 Facilities**

### **Contents:**

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

# New York State Department of Health 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

4/17/2024

Signature:

Dorothy M. Urschel

Name (Please Type)

President & CEO

Title (Please type)

# New York State Department of Health Certificate of Need Application

## Schedule 13B

### Schedule 13 B-1. Staffing

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

☒ Total Project or ☐ Subproject number

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

\*Last complete year prior to submitting application

\*\*Only for RHCF and D&TC proposals

**Describe how the number and mix of staff were determined:**

Staffing was determined through review of anticipated cases as well estimated patient volume.



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

**Schedule 13B**

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

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

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

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

Transfer & Affiliation Agreement	
Hospital(s) with which an affiliation agreement is being negotiated	
<ul style="list-style-type: none"> <li>Distance in miles from the proposed facility to the Hospital affiliate.</li> </ul>	
<ul style="list-style-type: none"> <li>Distance in minutes of travel time from the proposed facility to the Hospital affiliate.</li> </ul>	
<ul style="list-style-type: none"> <li>Attach a copy of the letter(s) of intent or the affiliation agreement(s), if appropriate.</li> </ul>	N/A <input type="checkbox"/> Attachment Name:
Name of the <b>nearest</b> Hospital to the proposed facility	Columbia Memorial Hospital
<ul style="list-style-type: none"> <li>Distance in miles from the proposed facility to the nearest hospital.</li> </ul>	9
<ul style="list-style-type: none"> <li>Distance in minutes of travel time from the proposed facility to the nearest hospital.</li> </ul>	13

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

**Schedule 13B**

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

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

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

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

SCHEDULE 13B-3: ASC PHYSICIAN COMMITMENTS

Practitioner's Name	License #	Specialty(ies)	Board Certified/Eligible?	Hospital Admitting Privileges	# PROCEDURES	TYPE
SHIN, CATHERINE MD	254624	ORTHOPEDICS	YES	COLUMBIA MEMORIAL HOSPITAL		See attached procedure by specialty breakout.
GORCZYNSKI, CHRISTOPHER MD	223621	ORTHOPEDICS	YES	COLUMBIA MEMORIAL HOSPITAL		
PACE, GREGORY I MD	310679	ORTHOPEDICS	ELIGIBLE	COLUMBIA MEMORIAL HOSPITAL		
DIGIOVANNI, LOUIS MD	142487	ORTHOPEDICS	YES	COLUMBIA MEMORIAL HOSPITAL		
MABEN, WAYNE MD	162127	GEN SURGERY	ELIGIBLE	COLUMBIA MEMORIAL HOSPITAL		
AMIN, ASNA A MD	284176	GEN SURGERY, ENDOSCOPY	YES	COLUMBIA MEMORIAL HOSPITAL		
ASTORGA, RAKEL MD	249738	GEN SURGERY	YES	COLUMBIA MEMORIAL HOSPITAL		
MARICI, EDWARD DO	210418	GYN SURGERY	YES	COLUMBIA MEMORIAL HOSPITAL		
JAWORSKI, ELAINE M MD	324143	GYN SURGERY	ELIGIBLE	COLUMBIA MEMORIAL HOSPITAL		
MCPHERSON, MARIA MD	222183	OPHTHALMOLOGY	YES	COLUMBIA MEMORIAL HOSPITAL		
FREILICH, DAVID E MD	212284	OPHTHALMOLOGY	YES	COLUMBIA MEMORIAL HOSPITAL		
WRIGHT, CARRIE L MD	311961	OPHTHALMOLOGY	YES	COLUMBIA MEMORIAL HOSPITAL		
SUBUDHI, MANOJ DO	153550	UROLOGY	YES	COLUMBIA MEMORIAL HOSPITAL		
CHERTACK, NATHAN MD	322728	UROLOGY	ELIGIBLE	COLUMBIA MEMORIAL HOSPITAL, ALBANY MEDICAL CENTER HOSPITAL		
KORTBUS, MICHAEL J MD	226555	ENT	YES	COLUMBIA MEMORIAL HOSPITAL, ALBANY MEDICAL CENTER HOSPITAL		
BLACHMAN, DANIEL MD	256784	ENDOSCOPY	YES	COLUMBIA MEMORIAL HOSPITAL		
ZHUBRAK, MICHELLE DPM	6620	PODIATRY	YES	NOT APPLICABLE		
KREIENBERG, PAUL MD	195469	VASC SURGERY	YES	COLUMBIA MEMORIAL HOSPITAL, ALBANY MEDICAL CENTER HOSPITAL		

# New York State Department of Health Certificate of Need Application

## Schedule 13C

### Schedule 13 C. Annual Operating Costs

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

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

### Required Attachments

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

☒ Total Project or ☐ Subproject Number

**Table 13C - 1**

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

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

**Schedule 13C**

**Table 13C - 2**

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

**Table 13C - 3**

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

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

# New York State Department of Health Certificate of Need Application

## Schedule 13D

### Schedule 13 D: Annual Operating Revenues

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

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

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

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

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

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

### Required Attachments

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

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

**Schedule 13D**

**Table 13D - 1**

	a	b	c
Categories	Current Year	Year 1 Total Revenue Budget	Year 3 Total Revenue Budget
Start date of year in question:(m/d/yyyy)			
1. Inpatient Services			
2. Outpatient Services			
3. Ancillary Services			
4. Total Gross Patient Care Services Rendered			
5. Deductions from Revenue			
6. Net Patient Care Services Revenue			
7. Other Operating Revenue (Identify sources)			
8. Total Operating Revenue (Total 1-7)			
9. Non-Operating Revenue			
10. Total Project Revenue			

# New York State Department of Health Certificate of Need Application

## Schedule 13D

**Table 13D – 2A**

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

Patient Days ☐ or Patient Discharges ☐

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



# New York State Department of Health Certificate of Need Application

## Schedule 13D

**Table 13D – 2B**

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

Visits (V) ☐ or Procedures (P) ☒

Outpatient Services Source of Revenue		Total Current Year			First Year Total Budget			Third Year Total Budget		
		(A) V/P	Net Revenue		(C) V/P	Net Revenue		(E) V/P	Net Revenue	
			(B) Dollars (\$)	\$ per V/P (B)/(A)		(D) Dollars (\$)	\$ per V/P (D)/(C)		(F) Dollars (\$)	\$ per V/P (F)/(E)
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total										
Total of Inpatient and Outpatient Services										

# **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.

**Columbia Memorial Hospital (CMH) is a 24/7/365 hospital that is licensed by the NYS Department of Health (Operating Certificate 1001000H) for 192 beds. The hospital adheres to all State and Federal regulations through its policies and day-to-day operations.**

**In every instance where a State or Federal agency generates a Statement of Deficiency, CMH prepares and implements necessary plans of correction and thereafter quantitatively measures compliance and the ability to sustain corrective action(s) over time.**

**In accordance with all State and Federal regulations, CMH maintains:**

- A credentialing program compliant with regulatory standards for all licensed independent practitioners (LIP) and affiliate providers;**
- A quality assurance program.**

**The proposed Ambulatory Surgery Center, located at 159 Jefferson Heights, Catskill NY, will operate 5 days/week from 8:00am - 5:00pm. Columbia Memorial Hospital (9 miles) or its affiliate, Albany Medical Center Hospital (32 miles), will provide all necessary back up services.**

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:

# New York State Department of Health Certificate of Need Application

## Schedule 16A

Number and Type of Operating Rooms:

- Current: 0
- To be added: 4
- Total ORs upon Completion of the Project: **4**

Number and Type of Procedure Rooms:

- Current: 0
- To be added: 2
- Total Procedure Rooms upon Completion of the Project: **2**

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

**Schedule 16B**

**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.)

**As the only hospital in a 2-county, rural region of the upper Hudson Valley, Columbia Memorial Hospital (CMH) serves nearly 110,000 residents in the counties of Greene and Columbia. Since over 95% of the patient volume at CMH comes from these two counties, CMH has traditionally viewed our service area as Greene and Columbia counties; this is due to the approximation of the patient population to whom CMH provides care across all service delivery settings.**

**The following zip codes define CMH's geographic region:**

**Columbia County:**

**12017 Austerlitz  
12029 Canaan  
12037 Chatham  
12060 East Chatham  
12075 Ghent  
12106 Kinderhook  
12115 Malden Bridge  
12125 New Lebanon  
12130 Niverville  
12136 Old Chatham  
12165 Spencertown  
12173 Stuyvesant  
12184 Valatie  
12502 Ancram  
12503 Ancramdale  
12513 Claverack  
12516 Copake  
12517 Copake Falls  
12521 Craryville**

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

**Schedule 16B**

**12523 Elizaville**

**12526 Germantown**

**12529 Hillsdale**

**12534 Hudson**

**12565 Hudson**

**Greene County:**

**12015 Athens**

**12042 Climax**

**12051 Coxsackie**

**12058 Earlton**

**12083 Greenville**

**12087 Hannacroix**

**12176 Surprise**

**12192 West Coxsackie**

**12405 Acra**

**12413 Cairo**

**12414 Catskill**

**12418 Cornwallville**

**12422 Durham**

**12423 East Durham**

**12424 East Jewett**

**12427 Elka Park**

**12431 Freehold**

**12439 Hensonville**

**12442 Hunter**

**12444 Jewett**

**12450 Lanesville**

**12451 Leeds**

**12454 Maplecrest**

**12460 Oak Hill**

**12463 Palenville**

**12468 Prattsville**

**12470 Purling**

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

**Schedule 16B**

**12473 Round Top**

**12482 South Cairo**

**12485 Tannersville**

**12492 West Kill**

**12496 Windham**

**Through the Health Equity Impact Assessment conducted for this project by the Chartis Center for Health Equity and Belonging, both Columbia and Greene counties are designated as medically underserved populations, per data from the Health Resources and Services Administration (HRSA), an agency of the US Department of Health and Human Services.**

**Columbia and Greene counties are also the most rural counties within the Capital Region, with 93.4 persons per square mile and 73.4 per square mile respectively. Comparatively, the Capital Region's population density is 276.4 per square mile, and the State's overall density index is 414.7.**

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

**As the sole provider in the region, Columbia Memorial Hospital provides care to the medically underserved in both counties. Both Columbia and Greene counties are designated as Medically Underserved Populations, with two zip codes (12017, 12037) in Columbia County considered a Medically Underserved Area.**

**The racial composition of communities in both Columbia and Greene Counties include White, Black, Asian, and those who identify with two or more races. The predominate race in both counties is White, but those percentages have decreased by almost 6% since 2010, and in Columbia County, 5.75% of the population identifies as Hispanic or Latino which is an increase of 44% since 2010. The percent of the population who identify as Hispanic or Latino in Greene County is similar to Columbia County.**

**Although neither county is expected to see a growth in population over the next 5 years, both counties have aging populations. The 65 and over age group is forecasted to grow by 10% within this time period. Conversely, the remaining age groups will experience a decline: 0-17 (-3%), 18-44 (-2%), 45-64 (-6%).**

**Slightly more than one quarter (26%) of the population of Columbia and Greene Counties are 65 or older. As the population continues to age, current individual health choices, behaviors and other economic and environmental influences will continue to impact various health status indicators.**

**The percentage of persons living with disabilities is higher in Columbia and Greene counties than the NYS excl. NYC rate, as well as most of the Capital Region.**

**Insurance Status**

**Over 95% of Columbia and Greene counties' populations have some form of health insurance. More than half of households in Columbia and Greene counties are covered**

**Certificate of Need Application**

by Medicare and Medicaid. Approximately 42% of the population have commercial insurance, and 4% are uninsured.

Both counties have similar distributions of Medicare insured (26%) and those insured through public insurance (45%), which are both higher than the state average of 18% and 41%, respectively. On average, 3.5% of Greene County and 3.9% of Columbia County are uninsured. In some instances, the uninsured rate of the general county populations varies further by racial demographics by zip code. The uninsured population in Greene County is 39%-43% of the population who identify as Black or African American and reside in zip codes 12051, 12058, 12439, 12454 and 12496. Over 8% of the population identifying as White do not have insurance in zip codes 12418 and 12423.

In Columbia County, almost 8% of the population who identify as White in zip codes 12024, 12132, and 12136 have no insurance. In zip code 12195, 10% of the White population is uninsured. Additionally, 17% of individuals who identify as Black or African American are uninsured in zip code 12526 and over 14% in 12565.

**Additional Socioeconomic Data**

A high percentage of Greene County's population is below the poverty level, at 14%. Nearly 12% of Columbia County's population is below the poverty level.

In addition, the average household income for Columbia County (\$66,787) and Greene County (\$53,601) is below the NYS excl. NYC average of \$68,486.

Greene County has a high and growing percentage of persons with less than a high school education at 13.3% (2015-2019), up from 11.6% (2012-2015).

**Chronic conditions**

Columbia and Greene counties' adult residents report experiencing high blood pressure (hypertension), high cholesterol, stroke, asthma, COPD/emphysema/chronic bronchitis, depression, and diabetes. Of these conditions, high blood pressure (hypertension), stroke, asthma, COPD/emphysema/chronic bronchitis, and depression are above reported state averages. Breast, colon/rectal, lung/bronchus, prostate and melanoma are the leading incidences by cancer type.

**Mortality**

Greene County cancer-related mortality has trended upward since 2017. Despite a drop in mortality between 2020 and 2021, the mortality rate remained significantly higher than the 2021 state average of 288.9 per 100,000 people. Mortality related to coronary heart disease has increased from 290.1 per 100,000 people in 2017 to 402.3 per 100,000 people and is significantly higher than the state average of 248.4 per 100,000 people. Columbia County's cancer related mortality rates have decreased since 2017's 421.6 per 100,000 people to 393 per 100,000 people in 2021. Stroke related mortality is at its highest since 2017, affecting 75.7 per 100,000 people in 2021, higher than the state average of 59.4 per 100,000 people in 2021.



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

**Schedule 16B**

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.

**Approximately two thirds of Columbia and Greene County community members are primarily utilizing outpatient surgical services at two Albany Medical Center Hospital locations, two HealthAlliance Hospital locations, Northern Dutchess Hospital, Capital Region Ambulatory Surgery Center, and St. Peter's Surgery and Endoscopy Center. The distance to travel to these specific locations can be significant. For example, distances from Greene County range from 38-54 miles. The distance and cost to travel to these service locations may create additional access and financial difficulties due to the age, health status indicators, economic and transportation barriers of the population.**

**The proposed multi-use ambulatory surgery center (ASC) will be located on the first floor of the existing Greene Medical Arts Center, 159 Jefferson Heights, Catskill, in Greene County. (Greene Medical Arts Center is the former Greene County Memorial Hospital.)**

**As a freestanding, multispecialty ASC, this would be the first of its kind in the three-county region of Columbia, Greene and Ulster to offer a broad range of preventive, diagnostic and therapeutic care in a non-hospital location. It would serve as a destination site for the Columbia-Greene community.**

**Currently operating as an outpatient multispecialty site and physician offices, the proposal will significantly expand its key services. Plans include the addition of four operating room suites to accommodate a range of surgical needs of patients of the service area**

**Due to these high-demand service offerings and freestanding/easily accessible location from Interstate 87, the site is expected to attract patients from Columbia, Greene and northern Ulster counties who are seeking a patient-friendly environment that is less stressful, convenient, and cost-effective.**

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

**Same-day surgical care is a preference of both patients and providers.**

**Demand and preference for outpatient surgeries continues to grow.**

**Per a study released by the healthcare consulting firm Sg2, demand for outpatient care will increase as the population ages and chronic disease incidence rises. The rise in outpatient volumes will require more medical visits, imaging and procedures. The need for more procedures will increasingly be accommodated through ambulatory surgery centers, which are predicted to grow 12% from 2023 to 2028, and by 22% through 2033.**

**The trend of more same-day, outpatient procedures is expected to continue; the preference among many patients is outpatient surgery, particularly in an ambulatory surgery setting. Ambulatory surgery centers (ASCs) offer patients the convenience of having surgical procedures performed safely outside the hospital setting, with high quality and reduced costs.**

**Approximately two thirds of residents of Columbia and Greene Counties who are seeking ambulatory surgical care are traveling considerable distances for such care as outpatient**

**. The proposed site will allow residents to receive this care closer to home.**

**Per SPARCS utilization data, a significant number of patients from Columbia and Greene counties, as well as northern Ulster County, travel outside their counties, often 20, 30 or even 50 miles, to receive ambulatory surgery procedures.**

**The proposed site will be the first of its kind in the three-county region of Columbia, Greene and Ulster. The ambulatory center offers high-demand service offerings, will be freestanding and located just off Interstate 87. It will alleviate the need for long distance travel for many of Columbia and Greene counties' residents. For residents of northern Ulster County, it could also serve as a location more easily accessible than to where they currently travel. The site will offer a patient-friendly environment that is less stressful, convenient, and cost-effective.**

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

**Schedule 16B**

(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.

**Columbia Memorial Hospital, an affiliate of the Albany Med Health System, is committed to minimizing the financial barriers to healthcare that exist for certain members of our community, especially those who are not adequately covered by health insurance or government payment programs. Therefore, the Albany Med Health System makes financial assistance available to all low-income, uninsured, or underinsured individuals who qualify for assistance with their medical bills. No person who is found eligible for financial assistance will be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance coverage. The Albany Med Health System offers financial assistance in accordance with its Financial Assistance Policy (FAP), developed to comply with all federal and state rules and regulations.**

**The proposed ambulatory surgery center will serve all patients needing care regardless of their ability to pay or source of payment.**

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

**Presently, residents of the 2-county medically underserved region tend to leave the area for ambulatory surgery procedures.**

**As referenced in previous questions within this schedule, about two thirds of Columbia and Greene County community members are primarily utilizing outpatient surgical services at two Albany Medical Center Hospital locations**

**. The distance to travel to these specific locations can be significant. For example, distances from Greene County range from 38-54 miles. The distance and cost to travel to these service locations may create additional access and financial barriers due to the age, health status indicators, economic and transportation indicators of the population.**

**An ambulatory surgery center located in Greene County would serve to alleviate access and transportation barriers for many residents of the Columbia-Greene region, but specifically for medically underserved members of the Greene community due to improved driving distance and transportation cost to utilize these services.**

**This proposed site is an effort to revitalize healthcare in this community. It is Columbia Memorial's privilege to revive what was once a hospital in this community, returning it to its founding purpose while meeting the modern day demands of the region and the community.**

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 multi-use ambulatory surgery center will provide specialty services focused on addressing health issues prevalent in the service area.**

Plans include an expansion of services, both surgical and non-surgical. Among surgical care

The site will extend Columbia Memorial Hospital's multidisciplinary approach to patient care, involving collaboration between various healthcare providers, such as surgeons, nurses and primary care physicians.

Technology will also play a role in meeting the health needs of the region. The ASC will incorporate state-of-the-art equipment and procedures to enhance patient care, including minimally invasive surgical techniques and a new electronic health record platform, Epic, to streamline communication and improve coordination of care among providers.

Specific to several healthcare needs identified through the most recent Community Health Needs Assessment for the Columbia and Greene communities, the care provided through the proposed multi-specialty ambulatory surgery site will help address numerous health issues identified as prevalent in the Columbia-Greene region.

Examples of this care are illustrated in the section below.

#### **Colorectal Cancer**

Both Columbia and Greene counties' colorectal cancer screening rates were higher than NYS, excl. NYC, and met the NYS Prevention Agenda (PA) objective of 66.3%, but their age-adjusted colorectal cancer incidence rate and mortality rate were higher than NYS, excl. NYC.

Columbia Memorial's gastroenterologists provide routine and complex digestive health care and diagnose gastrointestinal and liver diseases. They serve the needs of patients with diseases and disorders of the esophagus, stomach, intestines and colon, and partner with surgical colleagues when an advanced issue is diagnosed.

#### **Breast cancer**

Columbia County's female breast cancer screening rate was higher than NYS, excl. NYC, among women 50 to 74 years of age. Greene County's screening rate was lower than NYS excl. NYC. Columbia and Greene counties' age-adjusted female breast cancer incidence and late-stage incidence rates, per 100,000, were higher than NYS, excl. NYC, while mortality was lower.

Among the range of general surgery services proposed for the ambulatory surgery site is breast surgery. Columbia Memorial Hospital's Center for Breast Care screens and diagnoses for breast abnormalities. An integrated approach to breast health between

**Certificate of Need Application**

the Center and CMH's surgeons is proven to result in better clinical outcomes and more effective care for patients.

**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?

# New York State Department of Health Certificate of Need Application

## Schedule 16C

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

### 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>
<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)



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

**Schedule 16C**

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

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

<b>LOCATION:</b>				
<i>(Enter street address of facility)</i>				
	<u>Current</u>	<u>Add</u>	<u>Remove</u>	<u>Proposed</u>
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

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

**Schedule 16C**

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

<b>TABLE 16C-2 LICENSED SERVICES <i>(cont.)</i></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)]	_____	_____	_____	_____
TRANSPLANT				
HEART - ADULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART - PEDIATRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIDNEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

# New York State Department of Health Certificate of Need Application

## 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**

<b>LOCATION:</b> <small>(Enter street address of facility)</small>		<b>Check if this is a mobile van/clinic</b> <input type="checkbox"/>		
	<b>Current</b>	<b>Add</b>	<b>Remove</b>	<b>Proposed</b>
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

# New York State Department of Health Certificate of Need Application

## 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 D. Hospital Outpatient Department - Utilization projections

a	b	d	f
	Current Year Visits*	First Year Visits*	Third Year Visits*
<b>CERTIFIABLE SERVICES</b>			
MEDICAL SERVICES – PRIMARY CARE			
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES			
AMBULATORY SURGERY			
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			
CHEMICAL DEPENDENCE - WITHDRAWAL O/P			
CLINIC PART-TIME SERVICES			
CLINIC SCHOOL-BASED SERVICES			
CLINIC SCHOOL-BASED DENTAL PROGRAM			
COMPREHENSIVE EPILEPSY CENTER			
COMPREHENSIVE PSYCH EMERGENCY PROGRAM			
DENTAL			
EMERGENCY DEPARTMENT			
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT			
HOME HEMODIALYSIS TRAINING & SUPPORT			
INTEGRATED SERVICES – MENTAL HEALTH			
INTEGRATED SERVICES – SUBSTANCE USE DISORDER			
LITHOTRIPSY			
METHADONE MAINTENANCE O/P			
NURSING HOME HEMODIALYSIS			
RADIOLOGY-THERAPEUTIC			
RENAL DIALYSIS, CHRONIC			
<b>OTHER SERVICES</b>			
<b>Total</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**

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 E. Utilization/Discharge and Patient Days**

Service (Beds) Classification	Current Year Start date:		1st Year Start date:		3rd Year Start date:	
	Discharges	Patient Days	Discharges	Patient Days	Discharges	Patient Days
AIDS						
BONE MARROW TRANSPLANT						
BURNS CARE						
CHEMICAL DEPENDENCE - DETOX						
CHEMICAL DEPENDENCE - REHAB						
COMA RECOVERY						
CORONARY CARE						
INTENSIVE CARE						
MATERNITY						
MED/SURG						
NEONATAL CONTINUING CARE						
NEONATAL INTENSIVE CARE						
NEONATAL INTERMEDIATE CARE						
PEDIATRIC						
PEDIATRIC ICU						
PHYSICAL MEDICINE & REHABILITATION						
PRISONER						
PSYCHIATRIC						
RESPIRATORY						
SPECIAL USE						
SWING BED PROGRAM						
TRANSITIONAL CARE						
TRAUMATIC BRAIN-INJURY						
OTHER (describe)						
<b>TOTAL</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.**

# New York State Department of Health Certificate of Need Application

## Schedule 16F

### Schedule 16 F. Facility Access

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

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

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

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

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

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

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

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

Yes ☐ No ☐

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



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

**Schedule 16F**

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

Yes ☐ No ☐

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

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

Yes ☐ No ☐

If no, provide an explanation.

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

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

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

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

**Table A.**

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

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

**Section B. All Article 28 Facilities**

**Table B.**

<b>Construction or equipment</b>	<b>Yes</b>	<b>No</b>
Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following: <ul style="list-style-type: none"> <li>a. Elimination of services or care, and/or;</li> <li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours?</li> </ul> <i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and</i>		X

<i>less than or equal to \$6,000,000 for all other facilities are eligible for a Limited Review.</i>		
<b>Establishment of an operator (new or change in ownership)</b>	<b>Yes</b>	<b>No</b>
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
<b>Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity</b>	<b>Yes</b>	<b>No</b>
Is the project a transfer of ownership in the facility that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
<b>Acquisitions</b>	<b>Yes</b>	<b>No</b>
Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
<b>All Other Changes to the Operating Certificate</b>	<b>Yes</b>	<b>No</b>
Is the project a request to amend the operating certificate that will result in one or more of the following:  a. Elimination of services or care; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or; d. Change in location of services or care?	X	

\*Calculate the percentage change from the number of certified/authorized beds and/or certified/authorized services (as indicated on the facility's operating certificate) specific to the category of service or care. For example, if a residential health care facility adds two ventilator-dependent beds and the facility had none previously, this would exceed the 10% threshold. If a hospital removes 5 out of 50 maternity certified/authorized beds, this would meet the 10% threshold.

- **If you checked "yes" for one or more questions in Table B**, the following HEIA documents are required to be completed and submitted along with the CON application:
  - HEIA Requirement Criteria with Section B completed
  - HEIA Conflict-of-Interest

- HEIA Contract with Independent Entity
  - HEIA Template
  - HEIA Data Tables
  - Full version of the CON Application with redactions, to be shared publicly
- ***If you checked “no” for all questions in Table B***, this form with the completed Section B is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.

## Health Equity Impact Assessment Conflict-of-Interest

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

### **Section 1 – Definitions**

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

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

### **Section 2 – Independent Entity**

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

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

### **Section 3 – General Information**

#### **A. About the Independent Entity**

1. Name of Independent Entity: **The Chartis Group, LLC**
2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)? **No**
  - If yes, indicate the name of the organization:
3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)? **Yes**
4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity performed any work for the Applicant in the last 5 years?

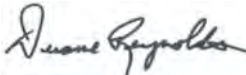
<b>Applicant</b>	<b>Project</b>	<b>Chartis Practice Area</b>	<b>Date</b>
No previous experience working with the Applicant.			
<b>Applicant's affiliate: ALBANY MED Health System other location</b>			
Albany Medical Center	Margin Improvement Bridge Plan	<ul style="list-style-type: none"> <li>• Performance</li> <li>• Informatics &amp; Technology</li> <li>• Revenue Cycle</li> </ul>	4/2019 - 11/2019
Albany Medical Center	Enterprise PMO Implementation	<ul style="list-style-type: none"> <li>• Performance</li> </ul>	8/2019 – 12/2019
Albany Medical Center	EHR/ERP Strategy and Planning Advisory	<ul style="list-style-type: none"> <li>• Informatics &amp; Technology</li> <li>• Performance</li> <li>• Revenue Cycle</li> </ul>	1/2022 – 3/2022
Albany Medical Center	EHR/ERP Planning (Phase 2)	<ul style="list-style-type: none"> <li>• Informatics &amp; Technology</li> <li>• Revenue Cycle</li> </ul>	4/2022 – 7/2022
Albany Medical Center	EHR, Revenue Cycle and Access Advisory	<ul style="list-style-type: none"> <li>• Revenue Cycle</li> </ul>	9/2022-8/2023
Albany Medical Center	Cost Accounting Business Plan	<ul style="list-style-type: none"> <li>• Informatics &amp; Technology</li> </ul>	5/2023 – 7/2023
Albany Medical Center	Revenue Cycle and EMR Implementation Advisory	<ul style="list-style-type: none"> <li>• Revenue Cycle</li> </ul>	10/2023 – 6/2024
Albany Medical Center	Clinical quality education	<ul style="list-style-type: none"> <li>• Chartis Clinical Quality Solutions</li> </ul>	11/2023 – 11/2023

### **Section 4 – Attestation**

I, Duane E. Reynolds, having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Chartis Center for Health Equity and Belonging, do hereby attest that the Health Equity Impact Assessment for **the construction of an ambulatory surgical center in the Greene Medical Arts (GMA) building in Catskill, NY** provided for **Columbia Memorial Health, an affiliate of Albany Med Health System** (Applicant) has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.



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

Signature of Independent Entity: , President, Chartis Center for Health Equity and Belonging

Date: 4/1/2024



## STATEMENT OF WORK

This **STATEMENT OF WORK #1** (the "Statement of Work") is by and between The Columbia Memorial Hospital ("Client"), an Affiliate of Albany Med Health System, and The Chartis Group, LLC ("Chartis"), and upon execution will be incorporated into the Master Services Agreement between Albany Med Health System and Chartis effective as of March 5, 2024. Capitalized terms used but not defined in this Statement of Work will have the respective meanings ascribed to such terms in the Agreement. Client hereby engages Chartis to provide Services, as follows:

- 1. Services.** Chartis will provide to Client the Services outlined in Exhibit A.
- 2. Project Timeline.** Chartis will provide to Client the Services, with an engagement timeline as outlined in Exhibit A.
- 3. Completion.** The Parties currently expect that all Services under this Statement of Work will be completed on or prior to April 5, 2024.
- 4. Project Leader.**

Kathy Poston, Partner, Chartis Center for Health Equity & Belonging will provide Executive Oversight.

- 5. Compensation/Expenses.** As full consideration for Services performed under this Statement of Work, subject to the terms of the Agreement, Client will pay Chartis \$100,000; Client will be invoiced each month throughout the project duration.

In addition to our professional fees, we bill for direct expenses including travel to the Client site and/or Chartis offices for team work sessions, lodging, and meals. Expenses generally do not exceed 15% - 20% of professional fees under normal travel circumstances and will be less with a reduced travel or remote model. Hard costs – such as print production for campaign collaterals - are passed through to you without any markup. Further, any outside work for creative or production is also passed through without markup. Of course, you would approve any additional substantive costs for goods or services in advance and would be aware of any travel plans in advance. Chartis will submit all invoices to the following:

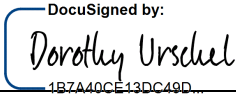


Invoices will be emailed to Dorothy M. Urschel; [durschel@cmh-net.org](mailto:durschel@cmh-net.org)


All terms and conditions of the Agreement will apply to this Statement of Work. This Statement of Work will be effective as of the date of the last signature below.

**STATEMENT OF WORK #1 AGREED TO AND ACCEPTED BY:**

**THE COLUMBIA MEMORIAL HOSPITAL**

By:   
Print Name: Dorothy M. Urschel  
  
Title: President and CEO  
  
Date: 3/10/2024

**THE CHARTIS GROUP, LLC**

By:   
Print Name: Duane E. Reynolds  
  
Title: President, Chartis Center for Health Equity & Belonging  
  
Date: 3/10/2024

## EXHIBIT A

# Health Equity Impact Assessment for Proposed Full CON Project

Complete an independent health equity impact assessment for the proposed construction of new ambulatory surgery center (ASC); provide all forms and supporting documentation to client in compliance with DOH requirements. Total professional fees is **\$100,000**.

~4 weeks; final documentation and supporting materials provided by April 1<sup>st</sup>

### Key Activities/Scope

- Review data provided by the applicant in accordance with the data request
- Complete analysis of scope and demographics of the service area and the medically underserved groups impacted in the service area, including their unique needs and current and expected utilization
- Conduct **ten (10), virtual 45-minute interviews** with key internal and external stakeholders
- Conduct **two (2), virtual 60-minute** focus group interviews with 8-10 participants each, including public health experts, local department of health leaders, employees of the applicant organization, community leaders and residents in the project service area
- Deploy an audio and written survey, through CMH or Albany Med Health System channels, to a broad and diverse group of stakeholders for engagement and insight acquisition; the number of survey responses for intake is **unlimited**
- Summarize mitigation strategies to meet the needs of the affected medically underserved populations
- Provide recommendations for applicant to monitor and measure ongoing impact
- Share draft documents with the project sponsor to prepare *Section C: Mitigation Plan*

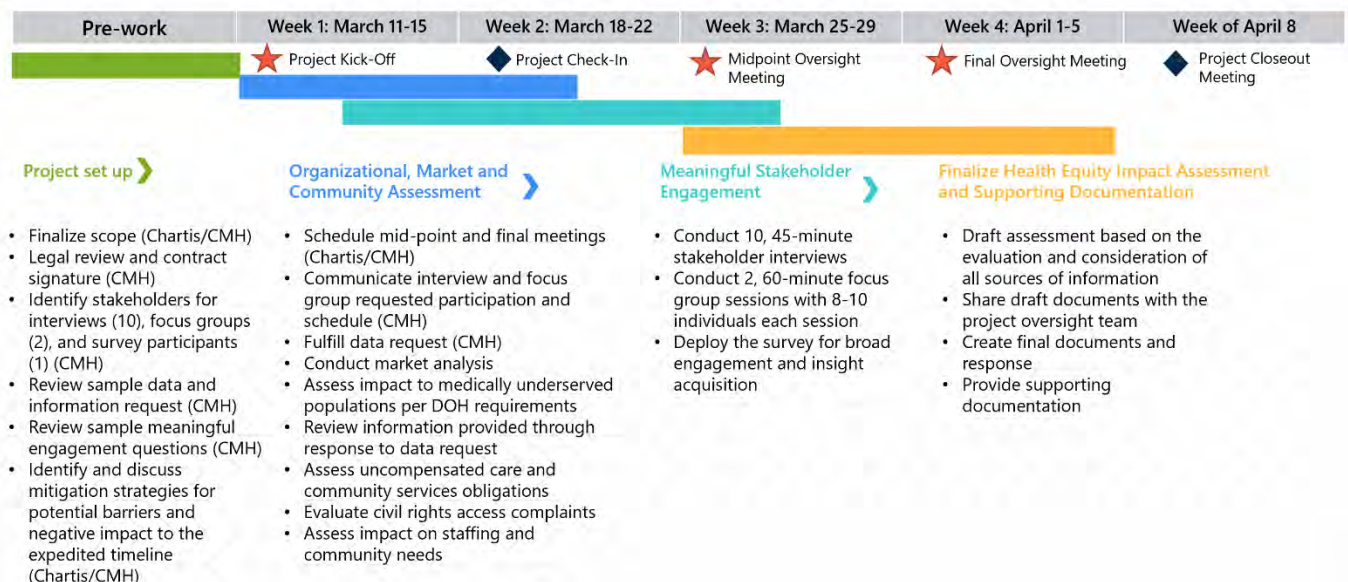
### Deliverables

- Completed HEIA Conflict of Interest Form
- Completed HEIA data tables (Excel) for submission
- Completed HEIA Meaningful Engagement data table (Excel)
- Summary report with key themes and blinded statements
- Completed HEIA template and all program documentation for submission and dissemination

Chartis' completion of HEIA deliverables may be used by Columbia Memorial Health to support the completion of the following sections of the Transformation Program IV Grant application:

- 4e (i and ii)
- 4f
- 4g (i, ii, iii, and iv)
- 4H (i, ii, iii, and iv)
- 4I (i, ii, iii, iv, v, vi, vii, viii, ix)

## Approach and Timeline



## New York State Department of Health

### Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

#### SECTION A. SUMMARY

1. Title of project	Construction of an ambulatory surgical center in the Greene Medical Arts building in Jefferson Heights, NY
2. Name of Applicant	Columbia Memorial Hospital, an affiliate of Albany Med Health System
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>The Chartis Group, LLC (Chartis Center for Health Equity and Belonging)</p> <ul style="list-style-type: none"><li>• Kathy Poston (kposton@chartis.com)</li><li>• Alexis (Roxy) Mayo-Tapp</li></ul>
4. Description of the Independent Entity's qualifications	<p><b>We are experts in health and racial equity consulting.</b></p> <p>Chartis is one of the first national consulting firms with a mission that includes the advancement of social and racial justice, health equity, and belonging. Through Chartis' March 2022 acquisition of Just Health Collective (founded in 2020), The Chartis Center for Health Equity and Belonging (CCHEB), is focused on creating a liberated healthcare system free of bias, discrimination, and disparities – resulting in equitable health for all.</p> <p>Our market research and insights indicate that healthcare is evolving to address a more comprehensive picture of health and wellness, which includes a focus on racial and health equity, population health, social drivers of health, diverse consumer market segmentation, cultural care program development, and community alignment. Our health equity practice has dedicated resources to help clients create equitable and inclusive organizations for their workforce; equitable access, experience and quality for their patients; and equitable health status for their communities. Our engagements integrate both quantitative and qualitative insights from data and internal and community stakeholder engagement. Engagement approaches include interviews, focus groups, traditional written surveys, and audio interview surveys.</p>



	<p>This, coupled with our team's depth and breadth of experience in healthcare operations, racial equity, and patient and community engagement, gives us a deep understanding of the implications of health equity. When considering engagements with health equity and/or community health focus, Chartis has led more than 45 engagements in the past five years. These engagements have resulted in transformative impact for underserved communities and patient segments across the country.</p> <p>The leader on this engagement has more than 20 years' total healthcare experience with areas of strength in equitable access to care, hospital and medical group operations, performance improvement, disparities mitigation, patient experience, compliance, and diversity, equity, and inclusion education. CCHEB's President and Chartis' Chief Health Equity Officer, Duane Reynolds, is an advisor on this project and has 25 years' total healthcare experience. He has been recognized twice by Modern Healthcare as an 'up and comer' to one of the nation's top diversity leaders in healthcare.</p> <p><b>Disclaimer.</b> In no event does Chartis take any position or offer any guarantee on whether: (i) an entity is required to perform a Health Equity Impact Assessment; or (ii) the Services will lead to any particular result.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	03/10/2024
6. Date the HEIA concluded	04/10/2024

7. Executive summary of project (250 words max)
<p>As the only hospital serving the residents of Greene and Columbia counties in upstate New York, each designated as a medically underserved area, Columbia Memorial Health desires to transform the way healthcare is provided to the communities it serves. Columbia Memorial Health seeks to construct a new ambulatory surgery center in the Greene Medical Arts building in Jefferson Heights, NY, consisting of four large, state-of-the-art operating rooms (ORs) and two endoscopy suites with support spaces and entryway for patient convenience and easy access.</p> <p>An ambulatory surgery location in Greene County would be the only one of its kind in the region and will improve local patient access and convenience to services needed in these and surrounding communities, allowing patients and staff to realize increased</p>

throughput and efficiency while maintaining the high-quality standards currently experienced by patients in our service area.

The Columbia Memorial Hospital believes this construction is necessary to enhance easily accessible and timely services and to prioritize quality of care and patient experience. Additionally, The Columbia Memorial Hospital (CMH) believes a revitalized Greene Medical Arts building would support staff and provider recruitment and retention efforts and attract patients who are seeking similar services further away.

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

The IE assessed data and information from publicly available and proprietary resources, data and information provided by the Applicant, as well as insights from meaningful engagement of the community to complete an independent, evidence-based market and community assessment to understand the health equity impact of the proposed construction of the Applicant's ambulatory surgery center.

##### *Market Assessment*

This assessment focuses on the primary service areas of Columbia and Greene Counties. As the only hospital in the geographic region it serves, 95% of the patient volume at Columbia Memorial Hospital comes from these two counties.

Although the Applicant has primary and specialty care, and diagnostic testing services in Greene County, there are currently no outpatient surgical services available within this community. Members of the community must travel outside of the county to obtain these services.

Based on 2022 SPARCS claims level submissions, residents from Columbia County sought care for nearly 20,000 outpatient ambulatory surgery procedures. Columbia Memorial Hospital reported nearly 20,000 outpatient cases from residents of. Greene County residents do not significantly utilize Columbia Memorial Hospital for their outpatient surgery needs and sought care at other facilities totaling over 20,000. 42% of Columbia County residents utilizing Columbia Memorial Hospital were age 65 or older and 19% were insured by Medicaid. 43% of Greene County residents were age 65 or older and 14% were insured by Medicaid.

##### *Community Assessment*

120 participants engaged in individual and group interviews and responded to survey questions to share their perspectives on the impact of the proposed ambulatory surgery center in Greene County. Individuals are represented from nearly every medically underserved group. 87% of all participants indicated their support of the proposed project.

##### *Health Equity Impact*

Themes from the IE's meaningful engagement activities reveal that **all** medically underserved groups recognize and can experience a positive impact on health and

health care because the project expands capacity and offers greater access to outpatient surgical services. Benefits of a revitalized building, enhanced efficiencies, larger operating rooms and new equipment will result in individuals from both counties realizing improved quality of care, outcomes and patient experience.

The project will have varying levels of impact on medically underserved groups. The greatest area of impact on health equity is transportation. Individuals living in Greene County would see an alleviation of transportation challenges specifically for people with disabilities, older adults, low-income and persons with limited or no access to transportation. Individuals living in Columbia County may need to travel longer distances to reach ambulatory surgical care services in Greene County, depending on their residential location.

The Applicant understands the transportation challenges that some members of the service area face and currently has partnerships and contracts in place to support individuals in need, including offering transportation vouchers. The Applicant is continuing its evaluation of opportunities to reduce transportation challenges of vulnerable patients.

Based on market and evidence-based data as well as information from meaningful engagement of the community, the impacts are described in more detail in this Health Equity Impact Assessment.

## **SECTION B: ASSESSMENT**

**For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.**

### **STEP 1 – SCOPING**

1. Demographics of service area: Complete the “Scoping Table Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.

This file has been completed for all zip codes in Columbia County and Greene County which are considered by the Applicant as their primary service area.

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:
  - ✓ Low-income people
  - ✓ Racial and ethnic minorities
  - ✓ Immigrants
  - ✓ Women
  - ✓ Lesbian, gay, bisexual, transgender, or other-than-cisgender people

- Medically underserved areas and populations were also assessed by the IE's review of designated medically underserved populations. Figure 1 below illustrates the HRSA-designated medically underserved areas and populations for the Applicant's defined service area.

Map of New York State showing medically underserved areas and population exceptions. The map is color-coded: dark blue for Medically Underserved Area, medium blue for Medically Underserved Area - Governor's Exception, light blue for Medically Underserved Population, and very light blue for Medically Underserved Population - Governor's Exception. Major cities and towns are labeled, including Albany, Binghamton, Elmira, and Syracuse. A legend in the bottom left corner explains the color coding.

April 2024



3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

- Low-income people: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown
- Racial and ethnic minorities: [PolicyMap](#), American Community Survey (2021); 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown
- Immigrants: [PolicyMap](#), American Community Survey (2021)
- Women: [PolicyMap](#), American Community Survey (2021); 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people: meaningful engagement responses by demographic breakdown
- People with disabilities: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown
- Older adults: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown
- Persons living with a prevalent infectious disease or condition: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital
- Persons living in rural areas: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown



- People who are eligible for or receive public health benefits: [PolicyMap](#), American Community Survey (2021), information provided by the Applicant
- People who do not have third-party health coverage or have inadequate third-party health coverage: [PolicyMap](#), American Community Survey (2021), information provided by the Applicant
- Other people who are unable to obtain health care: [PolicyMap](#), American Community Survey (2021), information provided by the Applicant
- Not listed: [PolicyMap](#), American Community Survey (2021), 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital, meaningful engagement responses by demographic breakdown; information provided by the Applicant

The following medically underserved groups were difficult to assess or compile due to lack of reporting of this data by the U.S. Census and lack of reporting by county governmental or public health offices:

- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- Immigrants

Similar impact to individuals in these groups have been assumed based on other demographic group review.

4. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

Individuals accessing outpatient surgical services in **any** group from the service area will benefit from the proposed ambulatory surgery center model due to convenient access, upgraded equipment and enhanced process efficiencies that will improve quality of care and experience.

Although the Applicant has primary care, specialty care, and diagnostic testing services in Greene County, there are currently no outpatient surgical services available within this community. Members of the community must travel outside of the county to obtain these services.

An ambulatory surgery center located in Greene County would serve to alleviate access and transportation challenges for residents living in the County including people living in more rural areas, those in vulnerable socioeconomic positions, those with disabilities, older adults, and persons with no access to transportation.

Overall, 4% of the population in Greene County is uninsured. 27% are uninsured in zip code 12422 and 28% in zip code 12450. 8%-10% of individuals are uninsured in zip codes 12473, 12444 and 12492. 39% - 43% of the population who identify as Black or African American and reside in zip codes 12051, 12058,



12439, 12454 and 12496 are uninsured. Over 8% of the population who identify as White do not have insurance in zip codes 12418 and 12423.

Overall, 4% of the population in Columbia County is uninsured. 11% are uninsured in zip code 12060. Almost 8% of the population that identifies as White in zip codes 12024, 12132, and 12136 have no insurance. In zip code 12195, 10% of the population that is White is uninsured. Additionally, 17% of individuals that identify as Black or African American are uninsured in zip code 12526 and over 14% in 12565.

In 2022, 4 in 10 adults had debt due to medical or dental bills<sup>1</sup>. In New York, 740,000 adults have medical debt in collections, and nearly half of New Yorkers have \$500 or more in medical debt. For certain medically underserved groups including low-income people, people who are eligible for or receive public health benefits, and people who do not have third-party health insurance coverage or adequate coverage, any incremental additional cost associated with care can create significant economic burden.

Continuing to evaluate opportunities to reduce the financial burden on vulnerable patients is an important consideration for the Applicant.

The Applicant currently utilizes language services and plans to continue this practice at the proposed project site of service.

Source(s): [PolicyMap](#), data and information shared by the Applicant

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

The response to this question focuses on utilization of ambulatory surgery center and outpatient services only. Figure 2<sup>2</sup> below provides a summary of the overall ambulatory surgery center and outpatient utilization by medically underserved groups in Columbia County.

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<sup>1</sup> [Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills - Main Findings - 9957 | KFF](#)

<sup>2</sup> The results shown in Figure 2 use the Statewide Planning and Research Cooperative System (SPARCS) as a data source. The calculated results are derived from ambulatory surgery center and outpatient claims for services rendered during calendar years 2018-2022 from patient county origin located in Columbia and Greene counties.

Figure 2. Distribution of Columbia & Greene County Services Rendered for Medically Underserved Groups

Medically Underserved Group	Claim Percent	
	Columbia County	Greene County
Adults aged 65 years or older	44.5%	40.9%
Medicare as Primary Payor	45.6%	41.1%
Medicaid as Primary Payor	12.0%	7.7%
Patients who identify as non-White	15.5%	12.7%
Black/African American	3.8%	2.5%
Asian	0.7%	0.5%
Other	11.1%	9.6%
Patients who identify as Hispanic or Latino	2.1%	1.6%

### Current use of services

In 2022, the Applicant had a total of 19,828 claims for outpatient services rendered during calendar year 2022 from Columbia County residents. Greene County residents did not significantly utilize Columbia Memorial Hospital for outpatient surgical services. Utilization by county by facility is noted in Figure 3<sup>3</sup> below.

Figure 3. 2022 Claim Volume by County for Ambulatory and Outpatient Services Rendered by Top Three Facilities

Patient Origin County	Facility Name	2022 County Claim Percent
Columbia	COLUMBIA MEMORIAL HOSPITAL	47.9%
	ALBANY MEDICAL CENTER HOSPITAL	17.3%
	ALBANY MEDICAL CENTER - SOUTH CLINICAL CAMPUS	10.2%
Greene	ALBANY MEDICAL CENTER HOSPITAL	37.1%
	ALBANY MEDICAL CENTER - SOUTH CLINICAL CAMPUS	20.0%
	OTHER	19.2%

Analysis of data from services rendered for the years 2018-2022 shows 43% of Columbia County residents who utilize Columbia Memorial Hospital outpatient surgical services are aged 65 or older and 47% have Medicare as the primary payor. Medicaid is the primary payor for 19% of Columbia County residents.

<sup>3</sup> The results shown in Figure 3 use the Statewide Planning and Research Cooperative System (SPARCS) as a data source. The calculated results are derived from ambulatory surgery center outpatient claims for services rendered during calendar year 2022. This analysis is limited to facilities with  $\geq 1,000$  claims during period and is based on patient county origin located in Columbia and Greene counties. Small cell sizes have been aggregated into 'Other' categories in order to maintain required small cell size confidentiality.



Additionally, 86% identified as White, 5% identified as Black/African American; almost 1% identified as Asian or Other Pacific Islander; and around 8% as Other. 3% identified as Hispanic or Latino.

#### Expected use of services

The additional access to and availability of multi-specialty outpatient services using an ambulatory surgery center model is expected to increase utilization.

The Applicant expects to retain a majority of its current volume performed at Columbia Memorial Hospital in Columbia County. By establishing a location in Greene County, where no similar services exist, the Applicant expects to attract Greene County and other surrounding county patients that are currently traveling outside of the county for outpatient surgical procedures. Additional utilization is expected to reach almost 3,000 procedures annually.

The Applicant can expect continued or greater use of outpatient services by older adults, those who have Medicare as the primary payer and individuals that have notable health, wellness, socioeconomic and transportation risk indicators, as well as those suffering from chronic conditions. Further, since the Applicant anticipates attracting Greene County residents, they can expect an increase in individuals relying on Medicaid insurance. For the period 2018-2022, 14% of Greene County resident patient claims were insured through Medicaid as the primary payor.

Source(s): Statewide Planning and Research Cooperative System (SPARCS) claims data, data/information provided by the Applicant

#### 6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

*Disclaimer: The data used to produce the response to this question in this publication comes from New York State Department of Health. However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the work, conclusions, or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.*

*Data Notes: The results shown below use the Statewide Planning and Research Cooperative System (SPARCS) as a data source. The calculated results are derived from ambulatory surgery center and outpatient claims for services rendered during calendar years 2018-2022. This analysis is limited to facilities with >=1,000 claims during that 5-year period and is based on patient county origin located in Columbia and Greene counties.*

Although the Applicant has primary care, specialty care, and diagnostic testing services in Greene County, there are currently no outpatient surgical services available within this community. Members of this and surrounding communities must travel outside of the county to obtain these services.



Currently, Greene County community members are primarily utilizing outpatient surgical services at two Albany Medical Center Hospital locations, two HealthAlliance Hospital locations, Northern Dutchess Hospital, Capital Region Ambulatory Surgery Center, St. Peter's Surgery and Endoscopy Center. Distance to travel to these specific locations from Greene County range from 38-54 miles. The distance and cost to travel to these service locations may create additional access and financial challenges due to the age, health status indicators, economic and transportation indicators of the population.

Figure 4 below provides a summary of the facilities utilized by patients within Columbia and Greene Counties with ambulatory surgery center and outpatient visits based on 2022 claims. The Figure also provides each facility's claim distribution by patient origin.

**Figure 4. 2022 Claim Volume by County for Ambulatory Surgery Center and Outpatient Services Rendered**

Year 2022 Ambulatory Surgery and Outpatient Claims		
Facility Name    County Name	Claim Count	County Claim Percent
000146: COLUMBIA MEMORIAL HOSPITAL	19,828	47.9%
000001: ALBANY MEDICAL CENTER HOSPITAL	7,150	17.3%
000002: ALBANY MEDICAL CENTER - SOUTH CLINICAL CAMPUS	4,241	10.2%
999999: OTHER	4,005	9.7%
000192: NORTHERN DUTCHESS HOSPITAL	2,093	5.1%
006405: ST. PETER'S SURGERY AND ENDOSCOPY CENTER	871	2.1%
000181: VASSAR BROTHERS MEDICAL CENTER	616	1.5%
000990: HEALTHALLIANCE HOSPITAL BROADWAY CAMPUS	512	1.2%
006304: ALBANY REGIONAL EYE SURGERY CENTER	488	1.2%
001458: NEW YORK-PRESBYTERIAN HOSPITAL - NEW YORK WEILL CORNELL CENTER	440	1.1%
001139: WESTCHESTER MEDICAL CENTER	404	1.0%
001464: NEW YORK-PRESBYTERIAN HOSPITAL - COLUMBIA PRESBYTERIAN CENTER	286	0.7%
006214: CAPITAL REGION AMBULATORY SURGERY CENTER	283	0.7%
001453: MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	208	0.5%
<b>Columbia County</b>	<b>41,425</b>	<b>100.0%</b>
000001: ALBANY MEDICAL CENTER HOSPITAL	7,631	37.1%
000002: ALBANY MEDICAL CENTER - SOUTH CLINICAL CAMPUS	4,104	20.0%
999999: OTHER (Columbia Memorial Hospital included in this category)	3,951	19.2%
000990: HEALTHALLIANCE HOSPITAL BROADWAY CAMPUS	1,257	6.1%
000192: NORTHERN DUTCHESS HOSPITAL	620	3.0%
006405: ST. PETER'S SURGERY AND ENDOSCOPY CENTER	520	2.5%
006214: CAPITAL REGION AMBULATORY SURGERY CENTER	498	2.4%
000746: MARY IMOGENE BASSETT HOSPITAL	410	2.0%
006304: ALBANY REGIONAL EYE SURGERY CENTER	380	1.8%
000181: VASSAR BROTHERS MEDICAL CENTER	297	1.4%
000989: HEALTHALLIANCE HOSPITAL MARY'S AVENUE CAMPUS	272	1.3%
000739: A.O. FOX MEMORIAL HOSPITAL	236	1.1%
006013: BASSETT HEALTHCARE ONEONTA SPECIALTY SERVICES	218	1.1%
000170: MARGARETVILLE HOSPITAL	156	0.8%
<b>Greene County</b>	<b>20,550</b>	<b>100.0%</b>
<b>Grand Total</b>	<b>61,975</b>	<b>100.0%</b>

Source(s): Statewide Planning and Research Cooperative System (SPARCS) claims data

7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?



*Disclaimer: The data used to produce the response to this question in this publication comes from New York State Department of Health. However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the work, conclusions, or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.*

*Data Notes: The results shown below use the Statewide Planning and Research Cooperative System (SPARCS) as a data source. The calculated results are derived from ambulatory surgery center and outpatient claims for services rendered during calendar years 2018-2022. This analysis is limited to facilities with  $\geq 1,000$  claims during that 5-year period and is based on patient county origin located in Columbia and Greene counties.*

A review of 2022 data shows the Applicant has the majority of the market share, 47.9%, of patients from Columbia County seeking outpatient surgical services which is an increase of 8.3% since 2018. 17% of Columbia County residents are shown to utilize Albany Medical Center Hospital locations in 2022, down by .4% since 2018. Projections based on observations of growth over the last five years indicate the Applicant's market share will continue to grow to approximately 50% by 2027.

The majority of Greene County residents currently utilize outpatient surgical services at two Albany Medical Center Hospital locations or other locations. The Applicant anticipates an increase in volume from Greene and other nearby county residents of almost 3,000 procedures at the proposed Greene County ambulatory surgery center location due to more convenient access and closer transportation which would result in an increase in market share.

Source(s): Statewide Planning and Research Cooperative System (SPARCS) claims data, data/information provided by the Applicant

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

Applicant's obligations under Public Health Law § 2807-k (General Hospital Indigent Care Pool)

The IE conducted a review of the Applicant's most recent Projected Ending Receivable Balance report as of December 31, 2023, issued by the New York State Department of Health's Office of Health Insurance Programs as well as the

Monthly Distribution Statement for 03/2024. The Applicant appears to be meeting its obligations stated under Public Health Law § 2807-k.

These obligations are not expected to be affected by the project.

### Community services

Columbia Memorial Hospital, the Columbia County Department of Health, and the Greene County Public Health Department, collectively known as the Columbia-Greene Planning Partners, work collaboratively to address health disparities in the communities. A broad stakeholder group, the Columbia-Greene Healthy People Partnership, has been convened to review reports, monitor progress, and share feedback on three priority areas of health improvement activities.

Priority Area #1: Prevent Chronic Disease (obesity-related illnesses)

Priority Area #2: Promote Well-being and Prevent Mental/Substance Use Disorders

Priority Area #3: Prevent Communicable Disease (namely, COVID-19)

The Applicant, in conjunction with the other members of the Columbia-Greene Planning Partners, provides screening, outreach, nutrition and other programmatic partnerships, with the following organizations in Figure 5 below:

Figure 5. Community Resources

• A.B. Shaw Fire Department	• Columbia County Sanctuary Movement	• Independent Living Center of the Hudson Valley
• Alliance for Better Health	• Columbia County Sheriff's Office	• Matthew 25 Food Pantry
• American Foundation for Suicide Prevention-Capital Region Chapter	• Columbia Opportunity	• Mental Health Association of Columbia-Greene Counties
• Ancramdale Neighbors Helping Neighbors Association Food Pantry	• Columbia-Greene Addiction Coalition	• Mobile Crisis Assessment Team, a program of the Mental Health Association
• Apogee Center	• Columbia-Greene Community College	• National Alliance on Mental Illness
• Athens Community Food	• Columbia-Greene Suicide Prevention Coalition	• Northeast Career Planning
• Berkshire Farms	• Community Action of Greene County	• Olana Partnership Wellness Series
• Bryant Nutrition	• Community Action of Greene County	• Operation Unite
• Cairo Food Pantry	• Cornell Cooperative Extension of Columbia and Greene Counties	• Perfect Ten
• Catholic Charities Food Pantry	• Cocksackie Community Food Pantry	• Pharmacies (Various)
• Catholic Charities of Columbia and Greene Counties	• Elizaville Food Pantry	• Philmont/Mellenville Food Pantry
• Catskill Food Pantry	• Germantown Community Cupboard	• Prabhuji Mission Food Pantry
• Charlie's Pantry-Immaculate Conception Church	• Ghent Food Pantry	• Project Safe Point (a program of Catholic Charities Care Coordination Services, Albany)
• Chatham Area Silent Pantry	• Greater Hudson Promise	• Questar
• Christ Episcopal Church Food Pantry	• Greene County Department of Human Services	• Rock Solid Church Food Pantry
• Church of St. Joseph Food Pantry	• Greene County Department of Social Services	• Roe Jan Food Pantry

• Columbia & Greene County Participating Health Plans	• Greene County Family Planning	• Rolling Grocer 19
• Columbia and Greene County Department of Social Services	• Greene County Mental Health Center	• Salvation Army
• Columbia and Greene County Department of the Aging	• Greene County Public Health	• St. Mark's Lutheran Food Pantry
• Columbia and Greene County Senior Centers Wellness Series	• Greene County Public Health Department	• Sylvia Center
• Columbia County Community Services Board	• Greene County Rural Health Network	• The Mental Health Association of Columbia and Greene Counties
• Columbia County Department of Health	• Greene County Women's League	• Twin County Recovery Services
• Columbia County Department of Human Services	• Hannaford Supermarket Eventbrite Classes	• Vaccination POD Host Sites (Various)
• Columbia County Economic Development Corporation	• Hawthorne Valley	• Valatie Ecumenical Food Pantry
• Columbia County Healthcare Consortium	• Hudson City School District	• Water Street Studio (a program of MHA)
• Columbia County Mental Health Center	• Hudson Out of School Time	• YMCA
• Columbia County Pathways to Recovery	• Hudson Rotary	• Youth Clubhouses (a program of MHA)
• Columbia County Recovery Kitchen	• Columbia County Sanctuary Movement	• Zion Community Pantry

In addition to the programs and partnerships listed above, the Applicant provides the following services to address certain social drivers of health:

- Breast Cancer Support Groups
- Diabetes Education & Eye Screenings
- Patient Transportation Vouchers
- Osteo Arthritis Education Program

### Medicaid Population

Figure 6 below reflects an estimate of the Medicaid population as a percentage of the population in each of the two counties in the service area. 17% of the Applicant's current patients utilizing outpatient surgical services are insured through Medicaid. It is projected that 15.3% of patients utilizing an ambulatory surgery center in Greene County would be insured through Medicaid.

**Figure 6. Medicaid Enrollees as a % of County Population**

<b>County</b>	<b>Medicaid Enrollment, December, 2023</b>	<b>Population, 2020</b>	<b>Medicaid Enrollees as a % of Population</b>
Columbia	16,498	61,570	26.8%
Greene	13,829	47,931	28.9%

Source(s): 2022-2024 Collaborative Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Services Plan for Columbia and Greene Counties and their Hospital; New York



State Department of Health; Census Bureau Data; information provided by the Applicant

9. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.

An ambulatory surgery center model would optimize resources through more efficient, standardized and streamlined processes. The Applicant does not anticipate any reduction or redeployment of staff and anticipates the project supporting staff and provider recruitment and retention efforts.

Source(s): data/information provided by the Applicant

10. Are there any civil rights access complaints against the Applicant? If yes, please describe.

There are no civil rights access complaints against the Applicant.

Source(s): data/information provided by the Applicant

11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

No similar projects/work have been undertaken. The Columbia Memorial Hospital applied for Statewide Health Care Facility Transformation Program (SHCFTT) III funding for the Greene County Ambulatory Surgical Center (ASC), for which a \$5 million grant was awarded and an application has been submitted to repurpose the funds for this new site of service at the Greene Medical Arts building in Jefferson Heights, NY.

Source(s): data/information provided by the Applicant

## **STEP 2 – POTENTIAL IMPACTS**

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:
- Improve access to services and health care
  - Improve health equity
  - Reduce health disparities

The project is proposing a new ambulatory surgery center in Greene County. Construction would include four state-of-the-art operating rooms (ORs) and two endoscopy suites at the Greene Medical Arts (GMA) building with support spaces

and entryway for patient convenience for easy access. The proposed construction will have a positive impact on the quality of care afforded to patients undergoing surgical procedures. Surgeries offered and performed in an outpatient setting allow for improvements in overall efficiencies and the patient experience while maintaining high quality outcomes. Standardizing procedures and streamlining OR scheduling allows for an opportunity to maximize OR utilization, improvement in percent of cases starting on time, decreased average operating room turnover time, and decreased cancellation rates.

As described in Section B, Question 4, an ambulatory surgery center located in Greene County would serve to alleviate access and transportation challenges specifically for residents living in Greene County, including people with disabilities, older adults, and persons with limited or no access to transportation. For individuals in these same groups from Columbia County, traveling to this proposed location to utilize services may present travel challenges due to transportation access, distance and cost of transit, depending on the individual's home location.

Collectively, the impacts of convenient access, high quality, efficient procedures and overall improved patient experience, are expected to improve health outcomes and reduce disparities for all residents of Columbia and Greene Counties, especially those with chronic conditions, high health risk factors and individuals in the following medically underserved groups:

- older adults
- individuals with disabilities
- people who are eligible for or receive public health benefits
- people who are racial and ethnic minorities, including immigrants and those with limited English proficiency
- low-income people

As outlined in Question 2 below, there is the possibility of unintended impacts to health equity and disparities for specific medically underserved groups that may occur as a result of this project.

Source(s): data/information from the Applicant; meaningful engagement activities

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

As noted in Question 1 above, the project is proposing a new ambulatory surgery center at the GMA building in Jefferson Heights, NY.

There is the possibility of unintended impacts to health equity and disparities for specific medically underserved groups that may occur as a result of this project. These impacts are related to transportation, language access and accessibility. Costs are also an important consideration for the most vulnerable of populations.

Considering transportation, an unintended negative impact may include the inability for local community members to access or obtain reliable, cost-effective transportation. The Applicant is evaluating how to expand partnerships and services to mitigate this challenge.

When communication challenges exist due to patients with limited English proficiency, patients may have decreased comprehension and less comfort in performing follow-up activities to maintain or improve their health, such as taking medications and completing post-discharge care regimens, which can impact their recovery and outcomes<sup>4</sup>.

Another unintended impact may occur if services and staff are shared across two locations, there could be an impact to timely access, provider capacity and availability of appointments based on greater demand in one location versus the other.

The project can help to improve health equity and reduce disparities by continually addressing these impacts.

Unintended positive impacts may include performing necessary procedures on individuals within Columbia, Greene and surrounding communities that might have declined or deferred procedures due to location and transportation-related challenges getting to and from other facilities. Also, growth in volume may be realized if members of surrounding communities, residents with second homes in the region or individuals vacationing in the area choose to access the services in Greene County.

Source(s): data/information from the Applicant; meaningful engagement activities

3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

The Applicant has indicated that the project will increase the amount of indigent care support proportional to the increase in revenue. Community Benefit support for Albany Med Health System, in aggregate, is reported on Schedule H of Form

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<sup>4</sup> [How Should Clinicians Respond to Language Barriers That Exacerbate Health Inequity? | Journal of Ethics | American Medical Association \(ama-assn.org\)](https://www.ama-assn.org)



990 from 2022 and is noted in Figure 7 below. The Applicant reports its portion of section 7a *Financial Assistance at cost* to be \$2,011,534.

Figure 7. Community Benefit

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23961212.	3223774.	20737438.	.88%
b Medicaid (from Worksheet 3, column a)			424575212.	279623136.	144952076.	6.14%
c Costs of other means-tested government programs (from Worksheet 3, column b)			240,024.		240,024.	.01%
d Total, Financial Assistance and Means-Tested Government Programs			448776448.	282846910.	165929538.	7.03%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			9095747.	5316465.	3779282.	.16%
f Health professions education (from Worksheet 5)			77969196.	12573692.	65395504.	2.77%
g Subsidized health services (from Worksheet 6)			79799987.	75012410.	4787577.	.20%
h Research (from Worksheet 7)			11161497.	1667612.	9493885.	.40%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			35,203.	0.	35,203.	.00%
j Total, Other Benefits			178061630.	94570179.	83491451.	3.53%
k Total, Add lines 7d and 7j			626838078.	377417089.	249420989.	10.56%

232091 11-16-22 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2022

232091 11-18-22 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2022

Source(s): 990 for FY Ending December 2021, Schedule H

- Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

Transportation options to an outpatient surgical location in Greene County include personal/private transit by car, contracted transportation services and public transportation.

Zip codes 12029,12060,12534,12565 in Columbia County report between 10% and 13% of the population with no available vehicles. Between 11% and 15% of Greene County residents in zip codes 12058,12176,12405,12414,12485,12496 report no vehicle available and between 21% and 32% of residents in zip codes 12442,12452,12463,12468,12470 have no vehicle.

The Applicant understands the transportation challenges that some members of the service area face and currently has partnerships and contracts in place to support individuals in need. These partnerships include a contract with [The Healthcare Consortium's](#) Children and Adults Rural Transportation Service (CARTS) program, which provides service to any Columbia County resident with a need for non-emergency medical transportation. The service retrieves



individuals from any location in Columbia County and will deliver people to locations throughout the county, but also well beyond it. Those clients who are enrolled in Medicaid must call a company called MAS at 1-855-360-3546 to confirm eligibility for Medicaid transportation and receive prior authorization for the trip. CARTS operates 8:00am-4:00pm Monday thru Friday excluding holidays. This service is expected to continue if outpatient surgical services are performed in Greene County. Ambulette services are available for individuals requiring more assistance.

Ambulance services would continue to be used to transport patients from a Greene County outpatient surgery location to Columbia Memorial Hospital if medically necessary or in the event of an emergency.

Columbia County Transportation Planning Committee conducted research and analysis for the [2023 Columbia County Transportation Coordination Plan](#) to better meet the transportation needs of county residents, particularly persons with limited incomes, older adults, and individuals with disabilities. Implementation of components of this plan is ongoing and may provide improved transportation opportunities for residents.

[Columbia County Public Transportation](#) provides Monday-Friday services from Columbia to Greene as noted in Figure 8 below. There is not currently a stop near the proposed location of the ambulatory surgery center. Seniors aged 60 and over who are unable to drive, have no means of travel or are restricted from driving due to medical reasons can make a scheduled appointment for pickup.

[Greene County Transit](#) provides public transportation services throughout Greene County. For individuals that are 60 years or older, rides are fully subsidized once registered for the program. A stop at the proposed location of the ambulatory surgery center is currently considered an 'on request' stop and must be scheduled 2 days before the ride is needed. The bus runs daily excluding holidays.

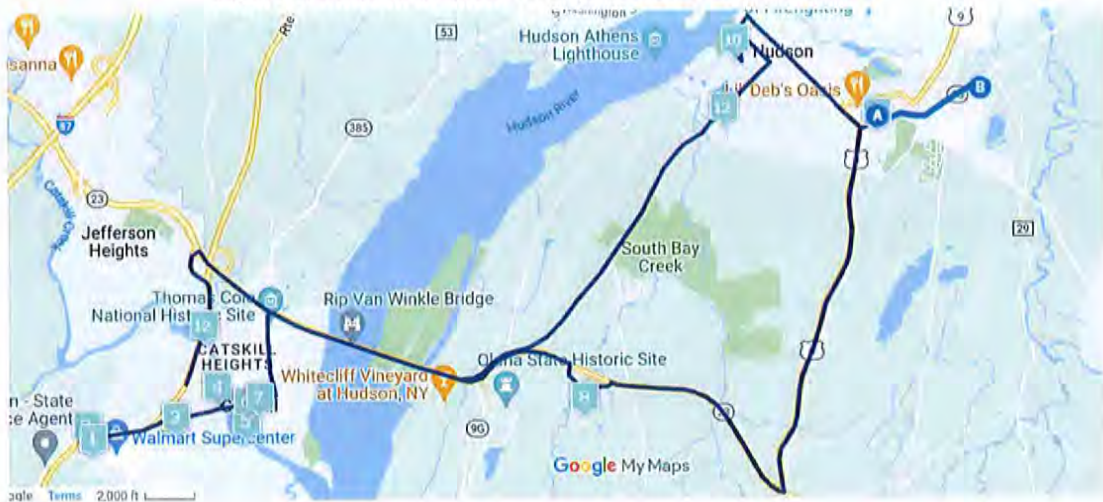
A 2018 [Greene County Coordinated Transportation Plan](#) includes assessment findings, recommendations and strategies to improve transportation opportunities and experience for Greene County residents

Transportation was mentioned frequently in meaningful engagement responses as a challenge for the older population and more rural home locations citing both inadequate public transportation and the distance individuals currently must travel. The Applicant currently provides transportation vouchers and other access to transportation services through the Columbia County Healthcare Consortium. The Applicant is continuing its evaluation of opportunities to reduce transportation challenges of vulnerable patients.



Public transportation stops directly in front of the proposed ambulatory surgery center location for Columbia County Public Transportation and a regular stop by Greene County Transit, rather than a pre-scheduled on request stop, would provide more convenience to individuals using these methods as transportation options.

**Figure 8. Columbia Public Transport Catskill Route**



Source(s): data/information provided by the Applicant; IE's public transportation research; meaningful engagement activities

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

The Applicant intends to follow the ADA guidelines and current construction guidelines when implementing the project.

The Applicant has indicated the proposed project will be a revitalization of the GMA building, a former hospital, located at 159 Jefferson Heights, NY. A new entrance canopy located on the Jefferson Heights (Main Street) side of the building will be added. The canopy will be visible from the entry drive into the parking lot so the ASC will be easy to find. Automobiles have the option to drop patients off under the canopy or go directly into the parking lot. There will be spaces in the parking lot designated for ASC patient use.

Patients will be escorted to a dedicated departure door under a covered exterior door where their transportation will be waiting for patient pick up.

Source(s): information provided by the Applicant

6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

N/A, this project will not provide reproductive or maternal health services.

### Meaningful Engagement

7. List the local health department(s) located within the service area that will be impacted by the project.

Columbia County Department of Health  
325 Columbia Street, Suite 100  
Hudson, NY 12534  
(518) 828-3358

Greene County Public Health Department  
411 Main Street  
Catskill, NY  
(518) 719-3600

8. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

The IE engaged Robert Gibson, Commissioner Columbia County Department of Social Services and Dan Almasi, Director of Community Services, Columbia County Department of Human Services in focus group sessions. In consideration of other public health and community leader engagement, input was not requested from representatives of Columbia County Department of Health or Greene County Public Health Department.

9. Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table." Refer to the Instructions for more guidance.

This document has been completed.

In addition to the Meaningful Engagement tab of the HEIA Data Table file, the Applicant has been provided a redacted copy of all survey responses.

10. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern about the project or offered relevant input?

Stakeholders most affected by this project are **all** individuals in Columbia and Greene Counties which are considered, in their entirety, medically underserved areas.

The IE engaged 120 individuals through focus groups, interviews and surveys, with over three-quarters indicating they lived in the service areas of Columbia or Greene County. Except for individuals that identified as immigrants, all groups are represented.

Several community leaders, community partners and public officials offered relevant input and are considered representatives of the impacted individuals and communities for this assessment.

Through feedback, the IE heard the majority of individuals support the proposed project and indicated that having a service location in Greene County would result in a positive impact, including access to these types of services and a reduction in transportation-related challenges like distance and cost to travel out of county.

Concerns were shared that individuals with no vehicle or with a reliance on public transportation within Greene County and individuals in Columbia County may continue to experience transportation challenges, which could include public transportation logistics, travel time and expense of travel. Some individuals noted a general concern about the ability to hire and compensate the appropriate number of staff for a new service location, while others shared concern about the ability to recruit physicians and other clinical provider staff.

11. How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

The IE believes input from community engagement to be an important component of the Health Equity Impact Assessment. 120 participants engaged in interviews, focus groups and survey questions to share their insight and perspectives on the impact of the proposed ASC. Nearly 90% of participants indicated their support of the project, around 9% indicated they required more information or did not respond and less than 1% indicated their opposition. Participants include members of each required stakeholder group. The group category "*Other*" includes former and current patients and general community members.



The terms benefit and burden are subjective and individuals will be impacted differently based on individual circumstances. Positive impacts will be closer access to services and improved quality of care, outcomes and patient experience. Potential impacts to health equity are noted in responses throughout Step 2, Question 2. Continued communication at the organization and in the community, especially those who identify as individuals from the impacted medically underserved groups, will be important.

12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

Stakeholder input was received from individual and small group interviews and two survey options, (1) an audio or written survey accessed through a URL address or QR code. Surveys were made available to read in English, Spanish, French, Dutch, Italian, simplified Chinese, Japanese, Korean, Hindi, and Haitian Creole and participants were encouraged to speak in their preferred native language if using the audio survey.

Survey links were distributed to current and former patients, clinical providers and donors.

Individuals self-identified in all underserved groups except immigrants and refugees.

### **STEP 3 – MITIGATION**

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
  - a. People of limited English-speaking ability
  - b. People with speech, hearing or visual impairments
  - c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

The IE recommends information, updates and all community impact mitigation and resolution strategies be communicated multiple times via multiple channels in a clear, transparent manner.

The IE's meaningful engagement activities revealed a need and preference to deploy a very broad range of communication methods including direct, in-person communication and various print, radio, television and social media platforms. Participants acknowledged the need to provide communications other than those accessible through computers, laptops or cell phones for individuals that are older or may not have access to reliable internet service or the ability to use

electronic devices. Translated communications, written and audio, should be made available for community members that speak languages other than English.

It is advised that any communications on the Applicant's website include easily identified language translation options and any written content is made available for the predominant spoken languages other than English in the service area.

It is also advised that any written or video content published to the Applicant's website accommodate vision or hearing impairments and any televised communications include closed captioning.

The Applicant has several community partnerships in place as identified in Step 1, Question 8. The IE recommends leveraging these community partnerships as an additional communication channel to inform medically underserved members of the communities.

Activities should also include monitoring and responding to incoming inquiries on the Applicant's website and social media posts.

The Applicant is developing a communications strategy identifying communications objectives, messaging points, target audiences and the geographic reach, which will include the primary service area as well as extended and secondary counties.

The Applicant's communications intent is to develop *"a robust communications plan that will cover all available media platforms for market saturation in Columbia and Greene counties. It will include television, radio, digital, print, out-of-home, and social media strategies to ensure the widest possible audience and number of touchpoints. The plan will transparently and accurately describe the proposal set forth and seek to educate the community on the investment the state, Columbia Memorial Hospital (CMH), and Albany Med Health System (AMHS) are making in Columbia and Greene counties as well as how to access all medical and surgical services.*

*CMH and AMHS will leverage numerous written, audial, and visual platforms to ensure each individual can access information how they best consume it. Digital communications may be easily translated to other languages. Interpretation services are also available."*

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

The IE recommends the Applicant convene local community leaders and public transportation representatives to consider adding a public transportation stop and pickup directly in front of the proposed ambulatory surgery center location for Columbia County Public Transportation and a regular stop and pickup by Greene

County Transit, rather than a pre-scheduled on-request stop. This change would provide more convenience to individuals using these methods for transportation.

Additional strategies to mitigate and address impact to patients in medically underserved groups or areas are provided in this section, numbers 1, 3-4.

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

The IE recommends the Applicant leverage current partnerships with community organizations to ensure information regarding the new service location and the impact of those services is distributed to individuals in medically underserved groups in appropriate languages. The IE also recommends publishing an FAQ sheet, also translated in predominant community languages other than English, which begins by defining what an *ambulatory surgery center* is.

Communication priorities should include:

- Utilize 'trusted sources of communications,' which may include community organizations, community and public leaders, faith-based leaders, current provider relationships
- Sharing information, using short sentences without overly technical medical terms, about the proposed construction and reiterating transportation options for individuals with limited or no access to a vehicle, in appropriate languages and suitable for individuals with vision and hearing impairments

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

Systemic barriers are obstacles that place unequal value on individuals and communities. Addressing these barriers requires the participation and engagement of multiple stakeholders internal and external to the organization.

As noted in Step 1, Question 6, Greene County community members are primarily utilizing outpatient surgical services at other service locations. Distance to travel to these specific locations from Greene County range from 38-54 miles. The distance and cost to travel to these service locations may create additional access and financial challenges due to the age, health status indicators, economic and transportation indicators of the population. A closer location to utilize these services would reduce access challenges concerns for members of these groups.

For individuals in these same groups from Columbia County, traveling to the proposed location to utilize services may present travel challenges due to

transportation access, distance and cost of transit, depending on the individual's home location. The Applicant understands the challenges that some members of the service area face and has active partnerships and contracts in place to support individuals in need, and continues to evaluate opportunities to reduce transportation limitations.

Below are recommendations for actions the Applicant can take related to this project to address systemic barriers to equitable access:

- **Access:** Continue to expand services to support transportation for individuals in need (outlined in Step 2, Question 4); offer sliding scale and no charge options for transportation for individuals who demonstrate financial need; increase signage and wayfinding support and offer clear information in other languages; use uniform symbols on signage; and consider parking directors, especially at busy times, who are strategically deployed in key parking lots and intersections to improve circulation and support wayfinding
- **Language Access:** Ensure interpretation services are provided for limited English proficiency patients and families for both pre- and post-procedure instructions. Review education on culturally and linguistically appropriate services and demonstrate the impact/improvement on responding to individual's health needs and preferences; partner with the community to design; implement; and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness
- **Patient Costs:** Ensure all billing and financial policies and documentation are provided at the appropriate health literacy levels, offer transparency in pricing, ensure pre-authorizations are completed in a timely manner; inform patients of estimated costs for services, review assistance or other options; and translate financial services and billing information in other languages

The IE recommends a review of the Applicant's internal diversity, equity and inclusion education to ensure all staff can access specific educational modules dedicated to systemic racism, racial injustice and the impact on health equity and health disparities.

The IE recommends the Applicant review training and scripting material for call center and front-end staff for the continued collection of self-reported race, ethnicity, language, sexual orientation and gender identity and social needs information to ensure patients from any medically underserved group have equitable access, experience and quality.

## STEP 4 – MONITORING

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

Evaluating quality and outcomes data by demographic characteristics is important to identify health equity impacts and reduce disparities. Columbia Memorial Hospital monitors various metrics to evaluate the quality of care, patient outcomes, and patient experience of the surgical patient population. These measures are balanced between process and outcome measures and rely on nationally recognized measurement standards when available.

The Applicant has the following existing mechanisms and measures in place to monitor health equity related impacts:

- Surgical quality outcomes monitored through participation in the National Surgical Quality Improvement Program (NSQIP)
- Ongoing monitoring of the following indicators is in place and will continue with the transition to an Ambulatory Surgery Center model: Mortality and Morbidity rates, Unplanned Reoperations, Unplanned Readmissions, Postoperative Complication rates (e.g., renal failure, sepsis, surgical site infections, unplanned intubation, prolonged ventilation, cardiorespiratory)
- Surgical quality outcomes are monitored and reported as part of the CDC's National Healthcare Safety Network (NHSN) with a focus on reporting of surgical site infections for specific surgical procedure types
- Process metrics specific to surgical services are monitored to evaluate surgical throughput and efficiency
  - Average Operating Room Turnover Time
  - Operating Room Utilization Rates
  - Cancellation rates
  - Percent of Surgical Cases Starting On -Time
- Compliance with all aspects of the surgical safety checklist (i.e., Universal Protocol) is monitored monthly and reviewed with surgical leadership
- Patient experience for outpatient surgical patients is currently monitored via Outpatient and Ambulatory Surgery (OAS) CAHPS Surveys
- Monitoring specific to unique aspects of an Ambulatory Surgery Center will be evaluated to include required elements of the Ambulatory Surgical Center Quality Reporting (ASCQR) Program
- Participation in the Collaborative Community Health Needs Assessment
- Creation of a Community Services Plan
- Participation in efforts to support the Prevention Agenda, New York State's Health Improvement Plan
- Partnerships and programs with community organizations to address patient needs

- Language assistance services
2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?
- Stratify and report all survey data, reports, and dashboards by race, ethnicity, language, social needs and zip code to better understand and respond to the needs of individuals in medically underserved groups. When available, integrate sexual orientation and gender identity data into stratification
  - Evaluate demographic data collection categories used for reporting, ensure the categories are reflective of the patients/community served
  - Regularly share information on data collection with all leadership levels and front-line staff; measure increased level of awareness and understanding and regularly monitor performance
  - Share appropriate demographically stratified reports with community partners to continually evaluate needs
  - Monitor delivery experiences and outcomes for patients from medically underserved groups and promote conversations with community members
  - Expand tracking to other partners, such as transportation partnerships and programs for continued program efficiency and alignment
  - Review current diversity, equity and inclusion training and expand to incorporate specific educational modules dedicated to systemic racism, racial injustice and the impact on health equity and health disparities
  - Provide ongoing training and resources to staff for compassionate and culturally appropriate data collect practices

## **STEP 5 – DISSEMINATION**

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

**OPTIONAL:** Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

----- **SECTION BELOW TO BE COMPLETED BY THE APPLICANT** -----

The purpose of Section C is to provide attestation that the Applicant received and reviewed the Health Equity Impact Assessment from the Independent Entity. Additionally, the Applicant must provide a narrative for how it has, or will, mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment.

This narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made by either the Commissioner of Health or the Public Health and Health Planning Council, as applicable.

**SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN**

*Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.*

**I. Acknowledgement**

I, Dorothy M. Urschel, attest that I have reviewed the Health Equity Impact Assessment for the construction of an ambulatory surgical center in the Greene Medical Arts building in Jefferson Heights, NY, that has been prepared by the Independent Entity, The Chartis Group, LLC.

Dorothy M URSCHEL, DNP

Name

PRESIDENT and CEO.

Title



Signature

April 10, 2024

Date

## II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

The Columbia Memorial Healthcare system (CMH) is the sole provider of the medically underserved in both Columbia and Greene counties. Columbia Memorial Health is the only hospital supporting the needs of Columbia and Greene counties. The interdependence of all projects is of importance to protect continued access to critical health services for the counties' residents that we serve. This project will create a sustainable system of care. CMH will provide a robust plan to allow ease of access to the Greene Medical Arts facility to include transportation and improve efficiency of patients' accessibility to healthcare services. CMH will provide access points for scheduling appointments, communicating with the healthcare team, language support and health education. CMH's focus on primary care, ambulatory care and mental health management is key to caring for the medically underserved communities. The Greene Medical Arts proposed site will offer high-demand service offerings, will be freestanding and easily accessible from Interstate 87. It will alleviate the need for long distance travel for many of Columbia and Greene counties' residents. The site will offer a patient-friendly environment that is less stressful, convenient, and cost-effective. CMH will continue to provide care at our major sites; Hudson, Valatie, and Catskill; as well as our expansive primary care outpatient sites across Greene and Columbia counties. Residents of our counties currently utilize several modes of transportation, including contracted transportation through CMH, public transportation, and EMS. CMH is evaluating how to expand partnerships to mitigate any transport challenges. CMH has a plan with local County EMS for interfacility medical transportation. CCEMS will act as a provider of Transportation Services for CMH patients requiring such transportation Services, 24 hours per day, 7 days per week. Transportation services consist of a response by CCEMS to the facilities, treatment and other pre-transport activities, appropriate care and treatment during transport, and one-way transportation to the patient's designated destination. CMH is also working with Greene County EMS providers to provide supportive transport as well. CMH also contracts with the Healthcare consortium. The Consortium's role is currently designated for non-emergency, livery type services. CMH utilizes the Columbia and Greene County NYS DOT website and public transportation. CMH is engaging Greene County town executives to advocate for a bus stop in front of the Greene Medical Arts building. Project communications will occur through various channels to ensure the communities stay informed utilizing various visual and hearing impairment technology, and language preferences. Communication methods will include email, patient and employee portal notifications, website updates using both written and video options, social media campaigns, newspaper announcements, in-office communication, and handouts. Proactive media relations and direct mailing will also be leveraged to ensure community awareness and understanding. CMH provides ongoing outreach to all community



residents, including the uninsured/underinsured beneficiaries, regarding the services provided by CMH across Columbia and Greene counties. The organization extensively uses direct marketing activities to create awareness of available services and has processes in place to identify uninsured/underinsured patients when they access care and help them navigate insurance applications if eligible. CMH also offers enrollment fairs for the uninsured/underinsured beneficiaries within the community, partnering with regional managed care companies, facilitated enrollers, and directly employed financial counselors. CMH is committed to the adherence to the NY State Patients' Bill of Rights. Among the rights of a patient who is cared for in a hospital in NY State, consistent with the law, is the right to receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age, or source of payment. We look forward to our ongoing partnerships with patients and community residents of Greene County.

*Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.*

Name/Organization - if organization, please include contact(s) blinded response	Date(s) of outreach	What required stakeholder group did they represent?	If other, please describe of the Applicant	Is this person/group a resident of the project's service area?	Method of engagement (I.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?	If a statement was provided (250 word max), please include below:
blinded response	3/13/2024	organizations representing employees	yes	yes	Community Survey	yes	no	
blinded response	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	
Carol Burnett	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	yes	I work for a nonprofit in Greene County and constantly hear from clients as well as my elderly mom that we need transportation services to get to doctors appointments. They also express that we need more medical providers (specialists) locally so we don't have to go out of county. We have so many people that live in rural areas and on the mountaintop we need closer medical facilities so that we don't have to travel a half hour or more to get treatment for emergency or life threatening treatment. I have heard and personally know people that family members have passed away before they were able to get the emergency care they needed in a timely manner because of the distance they had to go to get the care they needed. We don't need a facility in Cocksackie or Hudson or beyond we need a facility that will benefit those of us that live in Athens, Catskill, Cairo, Palenville, Hunter, Ashland, Windham and surrounding areas.
Veronica Burnett	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	yes	We need a facility here in Greene County to service our area so that we don't have to wait weeks or months to see a specialist or travel out of county to receive care. We need a facility that is centrally located to help the families that live in Catskill, Athens, Palenville, Cairo, Hunter, Tannersville and Windham not in Cocksackie or Hudson that is 30 minutes or more away from us.
Norman Lane	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	
Deborah Carter	3/13/2024	other	General community memb	yes	Community Survey	yes	yes	My father died unnecessarily while under the care of Columbia Memorial Hospital. Neither myself nor any member of my extended family will ever be going back to any facility associated with this group. Ever.
blinded response	3/13/2024	organizations representing employees	yes	no	Community Survey	yes	no	
blinded response	3/13/2024	other	Patient (current or former)	no	Community Survey	yes	no	
blinded response	3/13/2024	organizations representing employees	CMH, CFO	no	Community Survey, Interview	yes	yes	I strongly support the development of an ambulatory surgery center in Greene County to provide access to modern outpatient surgical facilities for Columbia and Greene County.
DeWayne Powell	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	
blinded response	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	
Diarmid Lucey	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	
John Coyne	3/13/2024	organizations representing employees	of the Applicant	yes	Community Survey	yes	no	
blinded response	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	yes	
blinded response	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	
blinded response	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	could this possibly reduce the now outpatient fee for CMH?
blinded response	3/13/2024	other	General community memb	yes	Community Survey	yes	yes	You NEED to improve your pay, especially for nurses. No one wants to work for y'all with your reputation for any hourly rate that starts with a 3. Either do better or pay better. You might roll your eyes but I promise this is why you can't hire/retain good staff. Good staff is the key to high quality care and outcomes.
Deborah Lans	3/13/2024	organizations representing employees	Board member, local journ	yes	Community Survey, Focus	yes	no	
blinded response	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	yes	As stated earlier, we need local care centers, saving time and money by driving less is important most would prefer to avoid urban areas when possible, parking, traffic, less gas, less emissions, less waiting time are some considerations. CMH Hospital is a shit show and I don't know how it manages to stay open with the understaffing and dysfunction that is going on. Nurse to patient ratios of 1:7 and 1:8 are common. The nurses have PTSD, are getting burned out, and are quitting. PCAs and unit secretaries are often non-existent requiring the nurses to do the jobs of 3 people. I don't know how the CEO justifies his salary.
Chris Hoppe	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	yes	We are in the middle of a healthcare worker crisis right now. Not enough healthcare workers are staying in the field do to poor conditions, low pay and poor benefits. You will not be able to keep that surgery center properly staffed. Focus on what resources we already have to improve local hospitals and clinics.
blinded response	3/13/2024	other	Patient (current or former)	yes	Community Survey	no	yes	
Douglas Garrison	3/13/2024	other	General community memb	yes	Community Survey	yes	no	
Emily Weil	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	
blinded response	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	
Bernardo Mongil	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	
STUART OSBORN	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	yes	
blinded response	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	Thanks for the ability to share
Cathy Marriott	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	yes	This would greatly benefit Greene county. We have the GMA building, but a lot of people feel ever since the old Catskill hospital was closed, our county is not cared for as well. Hopefully this would provide local services and also open up a lot of employment opportunities as well.
Sarah Every	3/13/2024	organizations representing employees	of the Applicant	yes	Community Survey	yes	yes	
blinded response	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	yes	Bring back urgent care in Copake
Kathleen Callan	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	yes	As a resident of Greene County why except for the recent jail is most everything Columbia County. The hospital, the college, Unemployment to name just a few. My family received ambulatory care from association to Columbia memorial hospital, this family member passed away under the care of Columbia memorial hospital and emergency care from ambulatory services.
Vikram Patel	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	yes	
blinded response	3/13/2024	other	Patient (current or former)	yes	Community Survey	no	no	
William Palmer	3/13/2024	other	Patient (current or former)	yes	Community Survey, Focus	yes	no	
Sharon Jackson	3/13/2024	other	Patient (current or former)	yes	Community Survey	yes	no	
Edward McNamara	3/13/2024	organizations representing employees	CMH, VP of Ambulatory S	no	Community Survey, Focus	yes	no	
Johanna Crane	3/13/2024	other	Patient (current or former)	no	Community Survey		yes	I was only allowed to choose one identifier in the first question, but in addition to being a CMH patient, I am also a public health expert (who researches health equity) and an employee of Albany Med, which owns CMH.  There is a primary care shortage in this area. Primary care does not make money for health systems, but ambulatory surgery does. While I support access to ambulatory surgery (my father is having his hip replaced at CMH this week), from an equity perspective I would like to know why money should go to surgical rather than primary care and whether surgical care will be financially accessible to all.

blinded response	3/13/2024 other	Patient (current or former) yes	Community Survey	no	yes	Do not share my name. I am afraid that I might be told I can't get services with my primary doctor as I really like him.
Peter Bevacqua	3/13/2024 other	Patient (current or former) yes	Community Survey	no	yes	As I said, CMH needs to be a better hospital. We NEED a better hospital. One in which the community can depend upon for excellent health care in ALL departments. Currently it is woefully understaffed and in need of good nurses, for instance. In need of excellence across the board. The reputation of CMH is not strong and I feel you need to focus on the main hospital and put resources there - not into a new facility elsewhere.
Barbara B. Bartley	3/13/2024 other	Patient (current or former) yes	Community Survey	yes	yes	Not at this time, perhaps down the road if this progresses. Thank you for the opportunity.
Pamela Geskie	3/13/2024 other	Greene County Chamber c yes	Community Survey	yes	no	
Patricia Finnegan	3/13/2024 other	Patient (current or former) yes	Community Survey	yes	no	
blinded response	3/13/2024 other	Patient (current or former) yes	Community Survey	yes	yes	Rural communities would also be well served to provide multiple cost-effective high-speed internet options. Many health insurances now offer online care and sometimes copays are cheaper than in-person visits. Lack of low-cost reliable internet makes healthcare less accessible and more costly for rural citizens, and lack of reasonable public transport also makes in person healthcare also less accessible and more expensive.
blinded response	3/13/2024 organizations representing employees of the Applicant	no	Community Survey	yes	no	
Jamie Abbt	3/13/2024 other	General community memb no	Community Survey	yes	no	
blinded response	3/13/2024 other	Patient (current or former) yes	Community Survey	yes	yes	Each part of Greene County needs to have information how this will benefit all of us.
Maria Patsis	3/13/2024 other	Patient (current or former) yes	Community Survey	yes	no	
Linda Gentalen	3/13/2024 other	General community memb yes	Community Survey	yes	no	
Brenda Reilly	3/13/2024 other	Patient (current or former) no	Community Survey	yes	yes	Take a vote and decide
blinded response	3/13/2024 other	General community memb yes	Community Survey	yes	no	
blinded response	3/13/2024 other	Patient (current or former) yes	Community Survey	yes	yes	That's about it. I think it's very important and critical to provide a balanced standard of care, not an unduly or exaggeratingly representing the needs for surgery. People need to know more how to take care of themselves so that they are not in such a push towards chronic disease as much as the people in this county and country are. There needs to be more grassroots education as far as diet, more, facility for making exercise pleasant in these places, more more community centers perhaps. I know that's severely lacking sorely lacking in my area.
PJ Keeler	3/13/2024 community leaders	Columbia County EMS Co yes	Community Survey, Focus	yes	yes	The addition of an ambulatory surgery center will afford the residents of Columbia & Greene Counties the ability to have access to needed services only available in other Counties. This will also benefit Seniors and low income households who require transportation from nearby support services.
blinded response	3/13/2024 other	Patient (current or former) yes	Community Survey	yes	no	
Robert Corson	3/13/2024 other	Patient (current or former) yes	Community Survey	yes	yes	We are a resort area and weekends are very busy an emergency care facility would be a lifesaver here on the mountaintop.
blinded response	3/13/2024 other	Patient (current or former) yes	Community Survey		yes	My concern would be if there would be enough staff to open something like this. There is already a shortage in the medical field.
Kevin Hicks	3/13/2024 other	Patient (current or former) yes	Community Survey	yes	no	
blinded response	3/13/2024 other	General community memb yes	Community Survey	yes	yes	Serving rural communities is crucial.
Shari Mantini	3/13/2024 other	Patient (current or former) no	Community Survey	yes	yes	CMH is old, very outdated and so far from anything being state of the art. It has a very difficult time in attracting and retaining staff. With that said, it is a very necessary entity within the community.
blinded response	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	no	The staff that have been there for years are very loyal and have wonderful relationships with the community/patients that depend on the hospital. For many, the hospital is their only means of healthcare even for simple episodic events. An Ambulatory Surgical center would be a nice addition to extend more ambulatory surgical care within the community as long as it is accessible to all. One last thing...what do the community impact studies show. Could the community support an ambulatory surgical center? Would it offer "other" outpatient types of procedures (GI etc.). How would they recruit and retain staff (including surgeons), how would the staff salaries compare to the acute side of care delivery, and what services would be targeted for the center. Research in the field has demonstrated that ambulatory centers lure staff away from the acute care setting, offering them a significantly more accommodating schedule devoid of nights, weekends, or holidays, theret enhancing their lifestyle.
John Luvera	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	no	
Audrey Meicht	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	no	
blinded response	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	yes	With an aging population who wish to remain healthy and active, an ambulatory surgical facility would be most beneficial. Services would be more accessible with less travel for all in the surrounding communities. Also, it might be possible to provide services from some highly recognized surgeons staffing the facility one or 2 days a week. Better healthcare services are necessary for all.
						There is a growing population of the elderly in the community who would benefit from any medical services available closer to home.
						The population in the area is also growing which will be needing more medical services.
Thomas Gerry	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	yes	The community is also seen a a tourist destination which again may require more medical services to be available in the area.
blinded response	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	no	
Eileen Breen	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	yes	I like the idea, but you didn't make it clear in this where exactly they're going to build this unit.
Barbara Lane	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	yes	It would be beneficial not to have to wait weeks just to get an appointment.
Tara Weiman	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	yes	The access to medical care is Greene county is lacking and quite frankly embarrassing. Resident of the Mountaintop communities have to travel 30 minutes for blood work and ultrasounds, and 45 minutes to an hour to the nearest hospital. Any addition to our medical care whether it be health care professionals or facilities would be an improvement.
blinded response	3/14/2024 organizations representing employees of the Applicant	no	Community Survey	yes	no	
blinded response	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	no	
blinded response	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	no	
blinded response	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	no	
blinded response	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	yes	Within this survey start with basic information or include a better synopsis of what it is you are trying to do
Wynn Bennett	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	yes	I believe this would be a benefit to the community.
blinded response	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	no	
blinded response	3/14/2024 other	Patient (current or former) yes	Community Survey	yes	no	
blinded response	3/14/2024 organizations representing employees of the Applicant	no	Community Survey	yes	no	

blinded response	3/15/2024 other	Patient (current or former) yes	Community Survey		no	
blinded response	3/15/2024 other	Patient (current or former) yes	Community Survey		no	
LouElla Lane	3/15/2024 other	Patient (current or former) yes	Community Survey	yes	no	
ADRIANNE TYRRELL	3/16/2024 other	Patient (current or former) yes	Community Survey	yes	no	
						Greene county has limited access to surgical care and an increase financially having to cross the bridge to get to local access since the closure of the hospital there years ago. I feel this is finally giving something back to them !
Karen Altomer	3/16/2024 organizations representing employees of the Applicant	yes	Community Survey	yes	yes	
Ivania Whitter	3/16/2024 other	Patient (current or former) yes	Community Survey	yes	no	
blinded response	3/17/2024 other	Patient (current or former) yes	Community Survey	yes	no	
Dr. Carlee Drummer	3/17/2024 community leaders	President CGCC & CMH Eyes	Community Survey, Focus	yes	no	
						There are a lot of under served in our area who cannot or won't travel for procedures. Having an ambulatory surgery center in Greene County would make the services more accessible. It would also save patients from using hospital services unnecessarily and provide outpatient surgical procedures.
Amy Shoesmith	3/19/2024 organizations representing employees of the Applicant	yes	Community Survey	yes	yes	
blinded response	3/19/2024 other	Patient (current or former) yes	Community Survey	yes	no	
Kathy Salisbury	3/19/2024 organizations representing employees of the Applicant	yes	Community Survey	yes	no	
						I don't trust any of you!!
blinded response	3/19/2024 other	Patient (current or former) yes	Community Survey	yes	yes	
James Armstrong	3/20/2024 organizations representing employees c	I am a member of the Four yes	Community Survey		no	
						I honestly wish Greene county had more to offer than a couple urgent cares, as far as medical necessity goes. You could wait 4+ hours at one of the only 2 locations, just to end up sent to the ER to wait even more hours. Having an ambulatory surgery center put in Greene county would be huge!!! It could truly help the community so unbelievably much, in so many ways!
Maryann Waggoner	3/20/2024 other	Patient (current or former) yes	Community Survey	yes	yes	
blinded response	3/23/2024 organizations representing employees c	I am on the Board of Direc yes	Community Survey	yes	no	
Cheryl Van Etten	3/24/2024 other	Patient (current or former) yes	Community Survey	yes	no	
						I'm hopeful the ambulatory service will be better than the service at Columbia Memorial and Albany Medical center. They both dismissed me and treated me terrible and made me feel like I was just searching for pain meds. CMH did a cat scan and Albany med did an mri. Both reports are even in the health portal and are anything but fine and they insisted I was fine and brushed me off and sent me away with a fractured vertabrae!!! I will never ever go to these hospitals again nor will I recommend them. I am filing a formal grievance with both hospitals and submitting to the NYS DOH as well as the medical ethics board. They should truly be ashamed of themselves allowing m to cry and suffer at a 10 out of 10 pain level. Insisting I was fine. I will not stop pursuing these matters and actions against these unethical hospitals and I pray it never happens to anyone again. Sady it will!!
Laura Mabb	3/25/2024 other	Patient (current or former) yes	Community Survey	yes	yes	
John Mascia	3/15/2024 organizations representing employees c	CMH Provider no	Focus Group Survey	yes	no	
Michael Irwin	3/18/2024 organizations representing employees c	CMH Board Member yes	Focus Group Survey	yes	no	
blinded response	3/18/2024 organizations representing employees c	CMH Board Member yes	Focus Group Survey	yes	no	
Stephen Nelson	3/18/2024 organizations representing employees c	CMH Board Member yes	Focus Group Survey	yes	no	
Edward Marici	3/18/2024 organizations representing employees c	CMH Chief of Obstetrics a no	Focus Group Survey	yes	no	
blinded response	3/18/2024 organizations representing employees c	CMH Chief of Ambulatory /no	Focus Group Survey	yes	no	
Donald Gibson	3/19/2024 community leaders	Bank of Greene County / F yes	Focus Group Survey	yes	no	
blinded response	3/19/2024 organizations representing employees c	CMH Chief of Psychiatry yes	Focus Group Survey	yes	no	
blinded response	3/19/2024 organizations representing employees c	Provider no	Focus Group Survey	yes	no	
Jay Cahalan	3/20/2024 other	Former CMH President/CE yes	Focus Group Survey	yes	no	
Diane McAlpine	3/13/2024 organizations representing employees c	Albany Med Health System no	Interview		no	
Frances Speer Albert	3/14/2024 organizations representing employees c	Albany Med Health System no	Interview	yes	no	
Claire Parde	3/18/2024 public health experts	Columbia County Healthc yes	Interview, Focus Group	yes	no	
Robert Schneider	3/18/2024 organizations representing employees c	CMH Physician yes	Interview	yes	no	
Shaun Groden	3/20/2024 community leaders	Greene County Administrayes	Interview		no	
Dennis McKenna	3/20/2024 organizations representing employees c	Albany Med Health System no	Interview	yes	no	
Dorcas Pinto	3/21/2024 organizations representing employees c	Albany Med Health System no	Interview		no	
Kirk Kneller	3/21/2024 organizations representing employees c	CMH Board/Kneller Insura yes	Interview	yes	no	
Karen Tassey	3/21/2024 organizations representing employees c	CMH Board no	Interview	yes	no	
Dan Almasi	3/21/2024 public health experts	Director, Columbia County Department of Human Ser	Focus Group		no	
William Gerlach	3/21/2024 community leaders	President, Columbia County Chamber of Commerce	Focus Group		no	
Robert Gibson	3/21/2024 public health experts	Commissioner, Columbia County Department of Soci	Focus Group		no	
Michael Tucker	3/21/2024 community leaders	President & CEO; Columbia County Economic Devel	Focus Group		no	
Jim Armstong	3/20/2024 organizations representing employees c	Foundation Board of Directors	Focus Group		no	
Dorothy Urschel	3/20/2024 organizations representing employees c	President & CEO; Columbia Memorial Hospital	Focus Group		no	
Lou DiGiovanni	3/19/2024 organizations representing employees c	President of the CMH Medical Staff	Focus Group		no	
Rakel Astorga	3/19/2024 organizations representing employees c	CMH Chief Medical Officer	Focus Group		no	

Label				ZCTA # , New York				ZCTA5 12176			
				Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
				Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE (Census Table DP05)											
Total population											
Male				DP05_0001E	DP05_0001M	DP05_0001PE	DP05_0001PM	393	178	100 (X)	
Female				DP05_0002E	DP05_0002M	DP05_0002PE	DP05_0002PM	122	93	31	15.2
Sex ratio (males per 100 females)				DP05_0003E	DP05_0003M	DP05_0003PE	DP05_0003PM	271	118	69	15.2
Under 5 years				DP05_0004E	DP05_0004M	DP05_0004PE	DP05_0004PM	45	31.8 (X)	(X)	
5 to 9 years				DP05_0005E	DP05_0005M	DP05_0005PE	DP05_0005PM	0	13	0	9.1
10 to 14 years				DP05_0006E	DP05_0006M	DP05_0006PE	DP05_0006PM	0	13	0	9.1
15 to 19 years				DP05_0007E	DP05_0007M	DP05_0007PE	DP05_0007PM	17	20	4.3	4.6
20 to 24 years				DP05_0008E	DP05_0008M	DP05_0008PE	DP05_0008PM	21	23	5.3	5.2
25 to 34 years				DP05_0009E	DP05_0009M	DP05_0009PE	DP05_0009PM	38	49	9.7	11.1
35 to 44 years				DP05_0010E	DP05_0010M	DP05_0010PE	DP05_0010PM	0	13	0	9.1
45 to 54 years				DP05_0011E	DP05_0011M	DP05_0011PE	DP05_0011PM	0	13	0	9.1
55 to 59 years				DP05_0012E	DP05_0012M	DP05_0012PE	DP05_0012PM	139	114	35.4	19.6
60 to 64 years				DP05_0013E	DP05_0013M	DP05_0013PE	DP05_0013PM	52	49	13.2	9.6
65 to 74 years				DP05_0014E	DP05_0014M	DP05_0014PE	DP05_0014PM	68	67	17.3	17.3
75 to 84 years				DP05_0015E	DP05_0015M	DP05_0015PE	DP05_0015PM	37	37	9.4	10.9
85 years and over				DP05_0016E	DP05_0016M	DP05_0016PE	DP05_0016PM	10	15	2.5	3.9
Median age (years)				DP05_0017E	DP05_0017M	DP05_0017PE	DP05_0017PM	11	12	2.8	3.4
				DP05_0018E	DP05_0018M	DP05_0018PE	DP05_0018PM	51.6	9.9 (X)	(X)	
RACE (Census Table DP05)											
Total population											
One race				DP05_0033E	DP05_0033M	DP05_0033PE	DP05_0033PM	393	178	100 (X)	
Two or more races				DP05_0034E	DP05_0034M	DP05_0034PE	DP05_0034PM	386	175	98.2	3.2
One race				DP05_0035E	DP05_0035M	DP05_0035PE	DP05_0035PM	7	13	1.8	3.2
White				DP05_0036E	DP05_0036M	DP05_0036PE	DP05_0036PM	386	175	98.2	3.2
Black or African American				DP05_0037E	DP05_0037M	DP05_0037PE	DP05_0037PM	315	182	80.2	25.8
American Indian and Alaska Native				DP05_0038E	DP05_0038M	DP05_0038PE	DP05_0038PM	0	13	0	9.1
Asian				DP05_0039E	DP05_0039M	DP05_0039PE	DP05_0039PM	0	13	0	9.1
Native Hawaiian and Other Pacific Islander				DP05_0044E	DP05_0044M	DP05_0044PE	DP05_0044PM	15	28	3.8	7.7
Some other race				DP05_0052E	DP05_0052M	DP05_0052PE	DP05_0052PM	0	13	0	9.1
Two or more races				DP05_0057E	DP05_0057M	DP05_0057PE	DP05_0057PM	56	96	14.2	22.6
				DP05_0058E	DP05_0058M	DP05_0058PE	DP05_0058PM	7	13	1.8	3.2
HISPANIC OR LATINO AND RACE (Census Table DP05)											
Total population											
Hispanic or Latino (of any race)				DP05_0070E	DP05_0070M	DP05_0070PE	DP05_0070PM	393	178	100 (X)	
Not Hispanic or Latino				DP05_0071E	DP05_0071M	DP05_0071PE	DP05_0071PM	70	99	17.8	23.9
				DP05_0076E	DP05_0076M	DP05_0076PE	DP05_0076PM	323	176	82.2	23.9
HEALTH INSURANCE COVERAGE (Census Table DP03)											
Civilian noninstitutionalized population											
With health insurance coverage				DP03_0095E	DP03_0095M	DP03_0095PE	DP03_0095PM	393	178	100 (X)	

With private health insurance	DP03_0096E	DP03_0096M	DP03_0096PE	DP03_0096PM	393	178	100	9.1	235	80	89.4
With public coverage	DP03_0097E	DP03_0097M	DP03_0097PE	DP03_0097PM	328	180	83.5	20.5	185	61	70.3
No health insurance coverage	DP03_0098E	DP03_0098M	DP03_0098PE	DP03_0098PM	136	100	34.6	24.5	150	57	57
	DP03_0099E	DP03_0099M	DP03_0099PE	DP03_0099PM	0	13	0	9.1	28	35	10.6

**DISABILITY STATUS OF THE CIVILIAN  
NONINSTITUTIONALIZED POPULATION (Census Table DP02)**

Total Civilian Noninstitutionalized Population

With a disability	DP02_0071E	DP02_0071M	DP02_0071PE	DP02_0071PM	393	178	100 (X)		263	105	100
	DP02_0072E	DP02_0072M	DP02_0072PE	DP02_0072PM	22	18	5.6	4.3	5	6	1.9

	ZCTA5 12526				ZCTA5 12529				ZCTA5 12530				ZCTA5 12192				ZCTA5 12195				
Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	
(X)		3310	275	100 (X)		1901	285	100 (X)		354	500	100 (X)		2135	485	100 (X)		190	176	100 (X)	
	8	1623	169	49	3.2	924	158	48.6	4.5	78	110	22	2.3	1175	264	55	6.6	71	89	37.4	25
	8	1687	180	51	3.2	977	176	51.4	4.5	276	391	78	2.3	960	287	45	6.6	119	105	62.6	25
(X)		96.2	12.5 (X)	(X)		94.6	17.1 (X)	(X)		28.3	3.7 (X)	(X)		122.4	33.4 (X)	(X)		59.7	64.3 (X)	(X)	
	13.3	128	41	3.9	1.2	56	34	2.9	1.7	0	13	0	10	27	38	1.3	1.7	0	13	0	17.8
	13.3	86	45	2.6	1.3	45	32	2.4	1.7	0	13	0	10	104	70	4.9	3	0	13	0	17.8
	8.9	127	35	3.8	1	74	43	3.9	2.1	0	13	0	10	110	50	5.2	2.1	0	13	0	17.8
	13.3	77	47	2.3	1.4	64	30	3.4	1.5	0	13	0	10	254	134	11.9	5.1	0	13	0	17.8
	5.5	209	83	6.3	2.3	79	57	4.2	2.9	0	13	0	10	132	75	6.2	3.6	0	13	0	17.8
	13.3	300	100	9.1	3	132	60	6.9	3	0	13	0	10	114	89	5.3	4.2	113	163	59.5	49.5
	13.3	393	82	11.9	2.4	162	89	8.5	4.2	73	104	20.6	1.9	290	165	13.6	7	0	13	0	17.8
	19.9	368	84	11.1	2.5	273	101	14.4	4.6	81	113	22.9	2.9	264	160	12.4	6	65	69	34.2	45.8
	6.7	345	103	10.4	2.9	162	78	8.5	3.9	78	110	22	2.3	209	103	9.8	4.9	0	13	0	17.8
	13.6	343	96	10.4	2.6	212	78	11.2	4.2	68	97	19.2	1.9	145	71	6.8	3.6	0	13	0	17.8
	17.6	575	97	17.4	3.1	360	107	18.9	5.2	0	13	0	10	390	221	18.3	9	0	13	0	17.8
	13.3	300	95	9.1	2.7	176	65	9.3	3.4	54	79	15.3	3.6	52	41	2.4	2	12	20	6.3	13.6
	2.6	59	36	1.8	1.1	106	53	5.6	2.6	0	13	0	10	44	43	2.1	2.1	0	13	0	17.8
(X)		54.6	2.1 (X)	(X)		56.3	3.5 (X)	(X)		56.3	0.1 (X)	(X)		47.1	8.3 (X)	(X)		28.7	37 (X)	(X)	
(X)		3310	275	100 (X)		1901	285	100 (X)		354	500	100 (X)		2135	485	100 (X)		190	176	100 (X)	
	13.3	3187	271	96.3	2.1	1861	279	97.9	1.8	354	500	100	10	2131	486	99.8	0.5	190	176	100	17.8
	13.3	123	71	3.7	2.1	40	35	2.1	1.8	0	13	0	10	4	10	0.2	0.5	0	13	0	17.8
	13.3	3187	271	96.3	2.1	1861	279	97.9	1.8	354	500	100	10	2131	486	99.8	0.5	190	176	100	17.8
	13.3	3082	274	93.1	2.9	1856	279	97.6	1.8	354	500	100	10	2090	488	97.9	2.4	190	176	100	17.8
	13.3	44	37	1.3	1.1	0	13	0	2	0	13	0	10	5	7	0.2	0.3	0	13	0	17.8
	13.3	0	13	0	1.1	3	5	0.2	0.3	0	13	0	10	0	13	0	1.7	0	13	0	17.8
	13.3	30	21	0.9	0.6	0	13	0	2	0	13	0	10	0	13	0	1.7	0	13	0	17.8
	13.3	0	13	0	1.1	0	13	0	2	0	13	0	10	5	8	0.2	0.4	0	13	0	17.8
	13.3	31	31	0.9	0.9	2	3	0.1	0.1	0	13	0	10	31	47	1.5	2.2	0	13	0	17.8
	13.3	123	71	3.7	2.1	40	35	2.1	1.8	0	13	0	10	4	10	0.2	0.5	0	13	0	17.8
(X)		3310	275	100 (X)		1901	285	100 (X)		354	500	100 (X)		2135	485	100 (X)		190	176	100 (X)	
	2.7	204	115	6.2	3.4	115	86	6	4.5	0	13	0	10	117	139	5.5	6.1	0	13	0	17.8
	2.7	3106	275	93.8	3.4	1786	281	94	4.5	354	500	100	10	2018	444	94.5	6.1	190	176	100	17.8
(X)		3310	275	100 (X)		1901	285	100 (X)		354	500	100 (X)		2122	485	100 (X)		190	176	100 (X)	

	10.7	3226	273	97.5	1.8	1774	272	93.3	2.9	354	500	100	10	2108	488	99.3	1.1	190	176	100	17.8
	19	2680	268	81	3.4	1170	193	61.5	7.1	132	188	37.3	3.1	1602	382	75.5	8.6	162	167	85.3	21.8
	12.7	1147	148	34.7	4.2	952	195	50.1	6.7	354	500	100	10	862	305	40.6	10.6	40	43	21.1	26.6
	10.7	84	60	2.5	1.8	127	59	6.7	2.9	0	13	0	10	14	23	0.7	1.1	0	13	0	17.8
(X)		3310	275	100 (X)		1901	285	100 (X)		354	500	100 (X)		2122	485	100 (X)		190	176	100 (X)	
	2.5	315	90	9.5	2.6	378	105	19.9	5.2	222	313	62.7	3.1	264	121	12.4	5.2	12	20	6.3	13.6



ZCTA5 12017				ZCTA5 12136				ZCTA5 12037				ZCTA5 12015				ZCTA5 12444				ZCTA5 12450	
Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error
400	125	100 (X)		765	276	100 (X)		4501	504	100 (X)		3580	364	100 (X)		432	159	100 (X)		208	121
188	68	47	14.5	393	163	51.4	5.4	2082	252	46.3	3.3	1714	212	47.9	3.2	279	111	64.6	6.3	111	67
212	100	53	14.5	372	125	48.6	5.4	2419	332	53.7	3.3	1866	219	52.1	3.2	153	57	35.4	6.3	97	57
88.7	53.6 (X)	(X)		105.6	22.9 (X)	(X)		86.1	11.4 (X)	(X)		91.9	11.8 (X)	(X)		182.4	52.2 (X)	(X)		114.4	32
0	13	0	8.9	23	33	3	3.6	253	91	5.6	1.9	149	92	4.2	2.4	0	13	0	8.3	0	13
10	14	2.5	3.3	24	39	3.1	5.2	207	79	4.6	1.5	179	99	5	2.5	0	13	0	8.3	22	41
0	13	0	8.9	15	17	2	2.1	295	96	6.6	1.9	199	89	5.6	2.3	0	13	0	8.3	0	13
33	28	8.3	6.1	59	70	7.7	7.7	241	114	5.4	2.2	119	52	3.3	1.5	2	5	0.5	1.3	15	17
15	16	3.8	4	14	24	1.8	3.2	266	109	5.9	2.4	243	104	6.8	2.9	64	68	14.8	11.8	0	13
13	13	3.3	3.2	40	40	5.2	4.1	469	150	10.4	3.1	255	123	7.1	3.1	105	60	24.3	10	40	37
26	17	6.5	3.8	81	61	10.6	7.8	443	128	9.8	2.5	478	163	13.4	4.4	19	21	4.4	5.2	17	19
53	30	13.3	7.6	84	108	11	11.5	733	174	16.3	3.4	318	98	8.9	2.5	36	38	8.3	7.1	53	51
18	14	4.5	3.3	107	61	14	8.3	308	125	6.8	2.8	334	88	9.3	2.4	8	8	1.9	1.8	0	13
49	28	12.3	6.8	72	47	9.4	5.9	271	103	6	2.3	392	136	10.9	3.7	33	26	7.6	6	0	13
157	92	39.3	17.3	139	75	18.2	10.4	756	169	16.8	3.4	664	181	18.5	4.9	100	49	23.1	11.7	15	21
18	11	4.5	3	94	65	12.3	8.1	209	97	4.6	2.2	180	65	5	1.8	40	23	9.3	5.7	46	47
8	10	2	2.6	13	15	1.7	2	50	28	1.1	0.6	70	42	2	1.2	25	13	5.8	4	0	13
63.3	9.9 (X)	(X)		57.2	6.7 (X)	(X)		46.5	4.7 (X)	(X)		50.8	6.6 (X)	(X)		50.7	22.6 (X)	(X)		50.4	23.9
400	125	100 (X)		765	276	100 (X)		4501	504	100 (X)		3580	364	100 (X)		432	159	100 (X)		208	121
400	125	100	8.9	757	277	99	1.4	4285	518	95.2	3.2	3352	339	93.6	4.6	294	84	68.1	19.1	208	121
0	13	0	8.9	8	11	1	1.4	216	145	4.8	3.2	228	176	6.4	4.6	138	120	31.9	19.1	0	13
400	125	100	8.9	757	277	99	1.4	4285	518	95.2	3.2	3352	339	93.6	4.6	294	84	68.1	19.1	208	121
399	125	99.8	0.9	750	276	98	2.2	4037	475	89.7	4.4	3066	306	85.6	6	293	84	67.8	19.2	208	121
0	13	0	8.9	7	13	0.9	1.8	154	91	3.4	2	176	151	4.9	4	0	13	0	8.3	0	13
0	13	0	8.9	0	13	0	4.8	0	13	0	0.8	3	6	0.1	0.2	0	13	0	8.3	0	13
1	3	0.3	0.9	0	13	0	4.8	13	14	0.3	0.3	94	89	2.6	2.5	1	3	0.2	0.6	0	13
0	13	0	8.9	0	13	0	4.8	0	13	0	0.8	0	13	0	1	0	13	0	8.3	0	13
0	13	0	8.9	0	13	0	4.8	81	116	1.8	2.5	13	21	0.4	0.6	0	13	0	8.3	0	13
0	13	0	8.9	8	11	1	1.4	216	145	4.8	3.2	228	176	6.4	4.6	138	120	31.9	19.1	0	13
400	125	100 (X)		765	276	100 (X)		4501	504	100 (X)		3580	364	100 (X)		432	159	100 (X)		208	121
0	13	0	8.9	9	16	1.2	2	161	139	3.6	3	290	225	8.1	6.1	101	113	23.4	20	35	61
400	125	100	8.9	756	274	98.8	2	4340	470	96.4	3	3290	375	91.9	6.1	331	91	76.6	20	173	113
400	125	100 (X)		765	276	100 (X)		4501	504	100 (X)		3580	364	100 (X)		432	159	100 (X)		208	121

371	120	92.8	6.9	739	254	96.6	4.2	4142	510	92	5.2	3444	332	96.2	2.4	395	131	91.4	6.9	149	108
218	76	54.5	19.6	601	235	78.6	12.2	3224	518	71.6	7.2	2795	343	78.1	5.3	251	95	58.1	11.1	119	83
235	113	58.8	16.8	332	141	43.4	16.2	1705	275	37.9	5.8	1186	191	33.1	5.1	256	77	59.3	12.6	61	60
29	28	7.3	6.9	26	38	3.4	4.2	359	240	8	5.2	136	93	3.8	2.4	37	39	8.6	6.9	59	65

400	125	100 (X)		765	276	100 (X)		4501	504	100 (X)		3580	364	100 (X)		432	159	100 (X)		208	121
43	31	10.8	7.1	82	57	10.7	7.2	446	139	9.9	2.9	474	129	13.2	3.7	61	20	14.1	5.7	35	61

		ZCTA5 12451				ZCTA5 12452				ZCTA5 12106				ZCTA5 12407				ZCTA5 12413			
Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
100 (X)		1379	493	100 (X)		16	12	100 (X)		2229	322	100 (X)		120	62	100 (X)		3150	539	100 (X)	
53.4	6.6	843	355	61.1	9.4	9	8	56.3	32.4	1072	152	48.1	3.6	71	40	59.2	17.9	1341	275	42.6	5.2
46.6	6.6	536	202	38.9	9.4	7	6	43.8	32.4	1157	206	51.9	3.6	49	35	40.8	17.9	1809	362	57.4	5.2
(X)	(X)	157.3	61.9 (X)	(X)		128.6	168.4 (X)	(X)		92.7	13.8 (X)	(X)		144.9	126.7 (X)	(X)		74.1	15.8 (X)	(X)	
0	16.4	86	78	6.2	4.9	0	13	0	79.6	78	40	3.5	1.7	3	5	2.5	4.5	83	82	2.6	2.6
10.6	17.6	95	71	6.9	3.4	0	13	0	79.6	83	47	3.7	2	4	6	3.3	4.8	52	43	1.7	1.5
0	16.4	29	34	2.1	2.3	0	13	0	79.6	109	49	4.9	1.9	5	6	4.2	5.1	423	203	13.4	5.7
7.2	7.8	19	22	1.4	1.7	0	13	0	79.6	149	79	6.7	3.1	3	4	2.5	3	81	59	2.6	1.8
0	16.4	60	65	4.4	5	0	13	0	79.6	91	51	4.1	2	0	13	0	26.3	120	82	3.8	2.6
19.2	16.1	336	219	24.4	9.8	0	13	0	79.6	172	64	7.7	2.8	27	22	22.5	13.1	493	249	15.7	7.3
8.2	8.5	91	56	6.6	3.5	0	13	0	79.6	197	73	8.8	3.1	26	37	21.7	25.1	489	219	15.5	6.5
25.5	21.3	204	92	14.8	5.5	0	13	0	79.6	375	120	16.8	4.3	7	11	5.8	9.5	416	150	13.2	4.3
0	16.4	84	68	6.1	4.4	0	13	0	79.6	139	55	6.2	2.5	8	7	6.7	4.9	201	95	6.4	2.9
0	16.4	84	66	6.1	4.5	0	13	0	79.6	129	49	5.8	2.2	7	6	5.8	4.1	172	107	5.5	3.2
7.2	9.9	196	122	14.2	8.2	9	8	56.3	43	421	119	18.9	4.9	20	15	16.7	13.5	285	122	9	3.8
22.1	18	68	49	4.9	3.9	0	13	0	79.6	205	76	9.2	3.5	7	9	5.8	6.1	231	145	7.3	4.4
0	16.4	27	33	2	2.4	7	9	43.8	43	81	57	3.6	2.5	3	4	2.5	3.5	104	95	3.3	3.1
(X)	(X)	44	15.7 (X)	(X)		73.8	16.3 (X)	(X)		52	4.4 (X)	(X)		42.9	12 (X)	(X)		40.6	6.3 (X)	(X)	
100 (X)		1379	493	100 (X)		16	12	100 (X)		2229	322	100 (X)		120	62	100 (X)		3150	539	100 (X)	
100	16.4	1379	493	100	2.7	16	12	100	79.6	2201	323	98.7	1.3	120	62	100	26.3	2802	532	89	7.4
0	16.4	0	13	0	2.7	0	13	0	79.6	28	30	1.3	1.3	0	13	0	26.3	348	237	11	7.4
100	16.4	1379	493	100	2.7	16	12	100	79.6	2201	323	98.7	1.3	120	62	100	26.3	2802	532	89	7.4
100	16.4	1227	463	89	12	16	12	100	79.6	2152	313	96.5	3.3	113	62	94.2	9.5	2767	534	87.8	7.4
0	16.4	0	13	0	2.7	0	13	0	79.6	0	13	0	1.7	7	11	5.8	9.5	29	34	0.9	1.1
0	16.4	0	13	0	2.7	0	13	0	79.6	0	13	0	1.7	0	13	0	26.3	0	13	0	1.2
0	16.4	33	48	2.4	3.8	0	13	0	79.6	6	10	0.3	0.4	0	13	0	26.3	0	13	0	1.2
0	16.4	0	13	0	2.7	0	13	0	79.6	0	13	0	1.7	0	13	0	26.3	0	13	0	1.2
0	16.4	119	170	8.6	11.7	0	13	0	79.6	43	65	1.9	2.9	0	13	0	26.3	6	12	0.2	0.4
0	16.4	0	13	0	2.7	0	13	0	79.6	28	30	1.3	1.3	0	13	0	26.3	348	237	11	7.4
100 (X)		1379	493	100 (X)		16	12	100 (X)		2229	322	100 (X)		120	62	100 (X)		3150	539	100 (X)	
16.8	26.6	119	170	8.6	11.7	0	13	0	79.6	122	94	5.5	4.1	9	11	7.5	10.2	196	174	6.2	5.6
83.2	26.6	1260	453	91.4	11.7	16	12	100	79.6	2107	311	94.5	4.1	111	63	92.5	10.2	2954	550	93.8	5.6
100 (X)		1379	493	100 (X)		16	12	100 (X)		2229	322	100 (X)		120	62	100 (X)		3150	539	100 (X)	

71.6	29.4	1269	456	92	7.8	16	12	100	79.6	2166	311	97.2	1.9	88	49	73.3	18.5	2997	497	95.1	4
57.2	23.7	1013	387	73.5	13	4	5	25	36.6	1748	297	78.4	6	61	34	50.8	17.3	1787	422	56.7	10
29.3	23.1	476	168	34.5	10.4	16	12	100	79.6	1026	176	46	6.7	35	27	29.2	17.6	1525	433	48.4	11.2
28.4	29.4	110	117	8	7.8	0	13	0	79.6	63	44	2.8	1.9	32	29	26.7	18.5	153	134	4.9	4

100 (X)		1379	493	100 (X)		16	12	100 (X)		2229	322	100 (X)		120	62	100 (X)		3150	539	100 (X)	
16.8	26.6	117	60	8.5	5.9	9	8	56.3	32.4	262	86	11.8	3.8	17	14	14.2	10.9	418	204	13.3	6.3

ZCTA5 12414				ZCTA5 12060				ZCTA5 12492				ZCTA5 12496				ZCTA5 12165				ZCTA5 12418	
Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error
10211	532	100 (X)		1826	350	100 (X)		197	79	100 (X)		1292	206	100 (X)		168	71	100 (X)		264	114
5536	429	54.2	3	919	213	50.3	6.4	105	52	53.3	9.9	623	101	48.2	6.4	105	63	62.5	17	154	74
4675	385	45.8	3	907	208	49.7	6.4	92	36	46.7	9.9	669	158	51.8	6.4	63	28	37.5	17	110	59
118.4	14.5 (X)	(X)		101.3	25.9 (X)	(X)		114.1	44.9 (X)	(X)		93.1	23.6 (X)	(X)		166.7	125.5 (X)	(X)		140	76.2
483	230	4.7	2.2	30	32	1.6	1.6	0	13	0	17.3	30	32	2.3	2.4	14	10	8.3	5.6	29	51
246	100	2.4	1	23	18	1.3	1	0	13	0	17.3	74	62	5.7	4.3	10	7	6	3.9	0	13
483	158	4.7	1.5	101	46	5.5	2.5	0	13	0	17.3	59	28	4.6	2.1	0	13	0	19.9	10	16
283	130	2.8	1.2	65	41	3.6	2.2	9	8	4.6	3.9	48	25	3.7	1.9	10	15	6	8.3	12	24
777	250	7.6	2.4	30	21	1.6	1	21	18	10.7	7.7	50	26	3.9	1.9	9	10	5.4	6.8	4	8
1620	367	15.9	3.6	155	115	8.5	5.4	13	18	6.6	8.3	90	46	7	3.4	14	9	8.3	4.9	45	38
1065	259	10.4	2.4	156	53	8.5	3.1	12	14	6.1	6.7	132	49	10.2	3.7	12	9	7.1	5.4	45	35
1240	269	12.1	2.5	262	112	14.3	5	29	18	14.7	7.8	194	67	15	4.7	6	9	3.6	5.4	19	21
666	266	6.5	2.7	166	74	9.1	3.9	37	26	18.8	11.2	137	58	10.6	4.1	17	15	10.1	8.1	12	17
878	187	8.6	1.8	227	133	12.4	6.1	33	25	16.8	10.6	154	51	11.9	4.2	3	4	1.8	2.5	35	29
1546	301	15.1	2.8	357	109	19.6	5.8	18	10	9.1	6.8	215	72	16.6	4.6	22	19	13.1	10.9	13	16
560	154	5.5	1.5	231	74	12.7	4.5	23	32	11.7	15.1	81	52	6.3	3.9	10	15	6	8.7	29	34
364	129	3.6	1.2	23	17	1.3	1	2	3	1	1.6	28	23	2.2	1.8	41	52	24.4	25.5	11	12
46.7	4.2 (X)	(X)		56.9	3.1 (X)	(X)		59	5.9 (X)	(X)		53.5	4.9 (X)	(X)		58.2	25.8 (X)	(X)		41.9	20
10211	532	100 (X)		1826	350	100 (X)		197	79	100 (X)		1292	206	100 (X)		168	71	100 (X)		264	114
10023	537	98.2	1.1	1806	352	98.9	0.8	197	79	100	17.3	1217	182	94.2	6	168	71	100	19.9	223	97
188	110	1.8	1.1	20	14	1.1	0.8	0	13	0	17.3	75	82	5.8	6	0	13	0	19.9	41	53
10023	537	98.2	1.1	1806	352	98.9	0.8	197	79	100	17.3	1217	182	94.2	6	168	71	100	19.9	223	97
8858	579	86.7	3.4	1748	340	95.7	2.9	194	79	98.5	2.8	1153	164	89.2	9.2	168	71	100	19.9	216	98
641	238	6.3	2.3	0	13	0	2	0	13	0	17.3	42	86	3.3	6.2	0	13	0	19.9	7	14
100	107	1	1	5	7	0.3	0.4	3	5	1.5	2.8	0	13	0	2.9	0	13	0	19.9	0	13
162	172	1.6	1.7	23	25	1.3	1.3	0	13	0	17.3	22	22	1.7	1.7	0	13	0	19.9	0	13
0	20	0	0.4	0	13	0	2	0	13	0	17.3	0	13	0	2.9	0	13	0	19.9	0	13
262	190	2.6	1.9	30	45	1.6	2.4	0	13	0	17.3	0	13	0	2.9	0	13	0	19.9	0	13
188	110	1.8	1.1	20	14	1.1	0.8	0	13	0	17.3	75	82	5.8	6	0	13	0	19.9	41	53
10211	532	100 (X)		1826	350	100 (X)		197	79	100 (X)		1292	206	100 (X)		168	71	100 (X)		264	114
640	240	6.3	2.3	8	9	0.4	0.5	11	16	5.6	8.3	68	46	5.3	3.3	0	13	0	19.9	0	13
9571	540	93.7	2.3	1818	351	99.6	0.5	186	80	94.4	8.3	1224	195	94.7	3.3	168	71	100	19.9	264	114
9915	551	100 (X)		1826	350	100 (X)		197	79	100 (X)		1290	206	100 (X)		168	71	100 (X)		264	114

9491	582	95.7	1.8	1618	263	88.6	12.1	185	76	93.9	7.7	1204	186	93.3	4.2	168	71	100	19.9	264	114
6861	771	69.2	5.6	1253	236	68.6	11.7	169	72	85.8	10.4	809	141	62.7	9.1	107	48	63.7	26.3	211	95
4607	463	46.5	4.8	819	168	44.9	8.9	59	37	29.9	16.7	674	149	52.2	6.6	94	61	56	22.2	102	73
424	180	4.3	1.8	208	243	11.4	12.1	12	16	6.1	7.7	86	60	6.7	4.2	0	13	0	19.9	0	13

9915	551	100 (X)		1826	350	100 (X)		197	79	100 (X)		1290	206	100 (X)		168	71	100 (X)		264	114
1681	391	17	4	291	133	15.9	5.6	17	18	8.6	8.3	146	50	11.3	4	44	53	26.2	25.3	54	43

		ZCTA5 12454				ZCTA5 12460				ZCTA5 12115				ZCTA5 12029				ZCTA5 12405			
Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
100 (X)		432	160	100 (X)		262	126	100 (X)		61	52	100 (X)		1045	173	100 (X)		603	232	100 (X)	
58.3	12.6	218	72	50.5	6.6	161	86	61.5	10.3	36	29	59	13.5	572	158	54.7	8.2	269	112	44.6	7.1
41.7	12.6	214	95	49.5	6.6	101	50	38.5	10.3	25	25	41	13.5	473	76	45.3	8.2	334	137	55.4	7.1
(X)	(X)	101.9	27.5 (X)	(X)		159.4	68.7 (X)	(X)		144	85.7 (X)	(X)		120.9	39.9 (X)	(X)		80.5	23.2 (X)	(X)	
11	17.7	33	40	7.6	8.6	39	55	14.9	19.3	0	13	0	40.8	16	12	1.5	1.1	10	17	1.7	2.7
0	13.2	20	22	4.6	5	5	9	1.9	3.6	0	13	0	40.8	21	13	2	1.2	11	17	1.8	2.7
3.8	5.6	17	14	3.9	3.4	6	8	2.3	3.5	0	13	0	40.8	28	17	2.7	1.6	39	37	6.5	5.5
4.5	8.3	26	25	6	5.4	43	66	16.4	20.5	0	13	0	40.8	124	114	11.9	9.7	67	46	11.1	5.7
1.5	3	41	42	9.5	9.3	0	13	0	13.3	0	13	0	40.8	62	88	5.9	8	75	44	12.4	6.7
17	11.1	61	64	14.1	12.2	30	33	11.5	11.8	0	13	0	40.8	95	40	9.1	3.8	40	38	6.6	6.3
17	12.5	39	36	9	6.9	0	13	0	13.3	0	13	0	40.8	61	32	5.8	3	56	53	9.3	7.3
7.2	8.3	33	23	7.6	5.1	55	25	21	11.5	19	31	31.1	44.7	91	34	8.7	3.4	124	64	20.6	7.4
4.5	6.1	72	57	16.7	13.8	29	30	11.1	8.6	0	13	0	40.8	76	29	7.3	3	12	21	2	3.3
13.3	9	15	14	3.5	3.2	15	16	5.7	6.8	0	13	0	40.8	116	52	11.1	5.4	60	50	10	6.7
4.9	5.1	29	21	6.7	4.3	4	7	1.5	2.9	26	30	42.6	40.9	185	44	17.7	4.5	52	36	8.6	5.8
11	11.7	29	22	6.7	5.3	31	48	11.8	19.6	16	26	26.2	36.8	91	47	8.7	4.9	48	74	8	12.1
4.2	4.7	17	14	3.9	3.8	5	7	1.9	3	0	13	0	40.8	79	67	7.6	6.3	9	16	1.5	2.5
(X)	(X)	35.7	20.3 (X)	(X)		46.3	40.4 (X)	(X)		69.4	20.1 (X)	(X)		56.2	7.3 (X)	(X)		45.4	8.9 (X)	(X)	
100 (X)		432	160	100 (X)		262	126	100 (X)		61	52	100 (X)		1045	173	100 (X)		603	232	100 (X)	
84.5	17.2	432	160	100	8.3	262	126	100	13.3	61	52	100	40.8	1027	173	98.3	1.4	577	218	95.7	5.3
15.5	17.2	0	13	0	8.3	0	13	0	13.3	0	13	0	40.8	18	14	1.7	1.4	26	37	4.3	5.3
84.5	17.2	432	160	100	8.3	262	126	100	13.3	61	52	100	40.8	1027	173	98.3	1.4	577	218	95.7	5.3
81.8	21	432	160	100	8.3	262	126	100	13.3	61	52	100	40.8	924	131	88.4	9.5	484	189	80.3	17.4
2.7	4.9	0	13	0	8.3	0	13	0	13.3	0	13	0	40.8	100	112	9.6	9.8	0	13	0	6
0	13.2	0	13	0	8.3	0	13	0	13.3	0	13	0	40.8	0	13	0	3.5	0	13	0	6
0	13.2	0	13	0	8.3	0	13	0	13.3	0	13	0	40.8	1	3	0.1	0.3	19	37	3.2	5.7
0	13.2	0	13	0	8.3	0	13	0	13.3	0	13	0	40.8	0	13	0	3.5	0	13	0	6
0	13.2	0	13	0	8.3	0	13	0	13.3	0	13	0	40.8	2	4	0.2	0.4	74	95	12.3	14.6
15.5	17.2	0	13	0	8.3	0	13	0	13.3	0	13	0	40.8	18	14	1.7	1.4	26	37	4.3	5.3
100 (X)		432	160	100 (X)		262	126	100 (X)		61	52	100 (X)		1045	173	100 (X)		603	232	100 (X)	
0	13.2	0	13	0	8.3	0	13	0	13.3	0	13	0	40.8	16	25	1.5	2.4	74	95	12.3	14.6
100	13.2	432	160	100	8.3	262	126	100	13.3	61	52	100	40.8	1029	174	98.5	2.4	529	209	87.7	14.6
100 (X)		425	159	100 (X)		262	126	100 (X)		61	52	100 (X)		905	117	100 (X)		603	232	100 (X)	

100	13.2	389	149	91.5	9.3	262	126	100	13.3	61	52	100	40.8	872	117	96.4	2.6	590	226	97.8	3.3
79.9	17	281	111	66.1	16.6	141	70	53.8	19.6	45	44	73.8	36.8	682	123	75.4	7.5	397	185	65.8	19.9
38.6	20.2	209	119	49.2	19.6	130	85	49.6	18.8	42	41	68.9	44.7	424	85	46.9	8.2	281	155	46.6	17.7
0	13.2	36	41	8.5	9.3	0	13	0	13.3	0	13	0	40.8	33	24	3.6	2.6	13	21	2.2	3.3

100 (X)		425	159	100 (X)		262	126	100 (X)		61	52	100 (X)		905	117	100 (X)		603	232	100 (X)	
20.5	13.3	42	26	9.9	6.9	31	48	11.8	19.6	8	12	13.1	17.5	146	65	16.1	6.7	43	39	7.1	5.8



ZCTA5 12051				ZCTA5 12058				ZCTA5 12427				ZCTA5 12431				ZCTA5 12083				ZCTA5 12087	
Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error
6405	547	100 (X)		974	325	100 (X)		876	487	100 (X)		1544	383	100 (X)		3905	458	100 (X)		1108	346
4557	422	71.1	3.7	520	188	53.4	8.9	323	187	36.9	9.4	741	197	48	6.7	1865	254	47.8	4	662	226
1848	305	28.9	3.7	454	182	46.6	8.9	553	326	63.1	9.4	803	236	52	6.7	2040	299	52.2	4	446	156
246.6	44.9 (X)	(X)		114.5	40.4 (X)	(X)		58.4	24.4 (X)	(X)		92.3	25.5 (X)	(X)		91.4	14.7 (X)	(X)		148.4	45.3
295	131	4.6	2	0	13	0	3.8	153	156	17.5	11.8	87	77	5.6	4.8	220	97	5.6	2.3	36	33
210	125	3.3	1.9	46	44	4.7	4.1	84	87	9.6	6.3	80	68	5.2	4.1	162	58	4.1	1.4	16	26
242	105	3.8	1.5	101	67	10.4	6.3	9	19	1	2.4	74	69	4.8	4.3	264	126	6.8	3	23	28
383	138	6	2	22	19	2.3	1.8	17	20	1.9	2.5	74	52	4.8	3	188	86	4.8	2.1	54	50
659	148	10.3	2	44	43	4.5	4.3	24	35	2.7	4.4	45	52	2.9	3.3	201	169	5.1	4.1	184	116
1077	215	16.8	3.2	87	83	8.9	8.2	27	34	3.1	4.2	122	105	7.9	6.5	508	207	13	4.9	69	80
1029	208	16.1	3	94	63	9.7	6.1	202	174	23.1	11.4	165	109	10.7	6.7	375	110	9.6	2.8	60	69
741	185	11.6	2.6	119	83	12.2	7.1	84	65	9.6	8.2	323	162	20.9	8.8	396	122	10.1	3	294	144
390	140	6.1	2.3	118	78	12.1	6.9	40	38	4.6	5.9	102	65	6.6	4.4	427	135	10.9	3.1	80	60
515	222	8	3.5	139	100	14.3	8.4	122	115	13.9	7.9	235	139	15.2	7.8	305	115	7.8	2.7	144	149
469	194	7.3	3.1	130	90	13.3	8.5	65	47	7.4	7.3	183	95	11.9	5.8	555	160	14.2	4.4	67	51
288	133	4.5	2	74	67	7.6	7.1	43	50	4.9	6.9	37	31	2.4	2	205	94	5.2	2.5	59	65
107	88	1.7	1.4	0	13	0	3.8	6	13	0.7	1.6	17	26	1.1	1.7	99	47	2.5	1.2	22	27
38.6	3.2 (X)	(X)		50.9	14.3 (X)	(X)		36	14.7 (X)	(X)		48.9	3.2 (X)	(X)		46.2	6.7 (X)	(X)		50.9	5.3
6405	547	100 (X)		974	325	100 (X)		876	487	100 (X)		1544	383	100 (X)		3905	458	100 (X)		1108	346
6195	573	96.7	2.8	974	325	100	3.8	876	487	100	4.2	1455	378	94.2	8.2	3786	442	97	2.3	970	297
210	175	3.3	2.8	0	13	0	3.8	0	13	0	4.2	89	127	5.8	8.2	119	93	3	2.3	138	93
6195	573	96.7	2.8	974	325	100	3.8	876	487	100	4.2	1455	378	94.2	8.2	3786	442	97	2.3	970	297
4571	568	71.4	5.5	916	316	94	6.1	853	486	97.4	2.6	1398	362	90.5	9.1	3707	434	94.9	3	962	295
1547	313	24.2	4.8	41	51	4.2	5.2	9	19	1	2.4	0	13	0	2.4	16	14	0.4	0.4	0	13
0	18	0	0.6	0	13	0	3.8	0	13	0	4.2	56	88	3.6	5.5	0	13	0	1	0	13
45	48	0.7	0.7	17	29	1.7	3	5	12	0.6	1.6	1	3	0.1	0.2	0	13	0	1	8	11
0	18	0	0.6	0	13	0	3.8	0	13	0	4.2	0	13	0	2.4	0	13	0	1	0	13
32	35	0.5	0.5	0	13	0	3.8	9	20	1	2.3	0	13	0	2.4	63	71	1.6	1.8	0	13
210	175	3.3	2.8	0	13	0	3.8	0	13	0	4.2	89	127	5.8	8.2	119	93	3	2.3	138	93
6405	547	100 (X)		974	325	100 (X)		876	487	100 (X)		1544	383	100 (X)		3905	458	100 (X)		1108	346
746	199	11.6	3.1	103	119	10.6	11.4	9	20	1	2.3	83	99	5.4	6	98	109	2.5	2.8	0	13
5659	543	88.4	3.1	871	299	89.4	11.4	867	485	99	2.3	1461	367	94.6	6	3807	476	97.5	2.8	1108	346
3769	529	100 (X)		974	325	100 (X)		876	487	100 (X)		1544	383	100 (X)		3905	458	100 (X)		1108	346

3687	523	97.8	1.8	967	325	99.3	1.2	876	487	100	4.2	1511	375	97.9	3	3805	451	97.4	1.9	1033	334
2978	567	79	7.3	731	282	75.1	12	527	362	60.2	18.3	1128	286	73.1	8.7	3162	429	81	5.8	663	303
1583	325	42	9.1	328	138	33.7	11.7	647	376	73.9	12.1	572	195	37	8.5	1352	242	34.6	6.2	472	300
82	68	2.2	1.8	7	11	0.7	1.2	0	13	0	4.2	33	47	2.1	3	100	75	2.6	1.9	75	82

3769	529	100 (X)		974	325	100 (X)		876	487	100 (X)		1544	383	100 (X)		3905	458	100 (X)		1108	346
473	157	12.5	4.7	108	69	11.1	6.9	109	85	12.4	7.2	219	126	14.2	7.4	338	132	8.7	3.5	149	111

		ZCTA5 12516				ZCTA5 12517				ZCTA5 12521				ZCTA5 12422				ZCTA5 12184			
Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
100 (X)		1862	341	100 (X)		397	210	100 (X)		1529	303	100 (X)		360	181	100 (X)		7105	501	100 (X)	
59.7	7.1	1029	202	55.3	6.2	242	138	61	11.8	694	147	45.4	5	150	96	41.7	11.3	3571	361	50.3	3.6
40.3	7.1	833	208	44.7	6.2	155	90	39	11.8	835	192	54.6	5	210	101	58.3	11.3	3534	354	49.7	3.6
(X)	(X)	123.5	31.3 (X)	(X)		156.1	74.5 (X)	(X)		83.1	16.7 (X)	(X)		71.4	32.8 (X)	(X)		101	14.6 (X)	(X)	
3.2	2.9	24	38	1.3	2	27	33	6.8	6.7	21	20	1.4	1.3	0	13	0	9.9	278	127	3.9	1.7
1.4	2.3	46	39	2.5	2.1	31	54	7.8	12.2	46	39	3	2.5	5	7	1.4	2.2	524	173	7.4	2.2
2.1	2.4	40	34	2.1	1.8	10	15	2.5	3.9	102	69	6.7	4.1	9	15	2.5	3.6	285	133	4	1.8
4.9	4.6	97	68	5.2	3.6	0	13	0	9	12	11	0.8	0.7	49	45	13.6	7.9	359	126	5.1	1.7
16.6	8.4	55	55	3	3	15	27	3.8	7	4	7	0.3	0.5	59	55	16.4	14.2	304	87	4.3	1.3
6.2	6.9	128	84	6.9	4.5	86	126	21.7	25.9	153	103	10	6.1	0	13	0	9.9	818	230	11.5	3.2
5.4	5.9	155	95	8.3	4.9	34	31	8.6	7.6	129	66	8.4	4.2	10	15	2.8	3.8	764	193	10.8	2.5
26.5	9.7	353	148	19	7.6	44	43	11.1	11.5	265	115	17.3	6.3	105	96	29.2	17.3	822	225	11.6	3
7.2	5.4	278	143	14.9	7.1	29	47	7.3	13.2	122	64	8	4.3	53	46	14.7	13.3	549	234	7.7	3.2
13	13	187	104	10	4.9	49	54	12.3	13.7	226	144	14.8	8.7	5	10	1.4	2.9	698	177	9.8	2.7
6	4.1	301	189	16.2	9.5	25	29	6.3	8.5	233	107	15.2	6.5	29	37	8.1	9.1	1123	178	15.8	2.7
5.3	5.6	160	83	8.6	4.3	47	67	11.8	17	158	86	10.3	6	36	27	10	9.7	268	83	3.8	1.2
2	2.5	38	42	2	2.4	0	13	0	9	58	48	3.8	3.1	0	13	0	9.9	313	132	4.4	1.9
(X)	(X)	55.4	4.8 (X)	(X)		44.6	29.6 (X)	(X)		56.7	5.6 (X)	(X)		49.7	7.1 (X)	(X)		48.2	4.5 (X)	(X)	
100 (X)		1862	341	100 (X)		397	210	100 (X)		1529	303	100 (X)		360	181	100 (X)		7105	501	100 (X)	
87.5	6.7	1770	361	95.1	5.3	376	186	94.7	7.6	1376	269	90	9.2	360	181	100	9.9	6691	527	94.2	3.1
12.5	6.7	92	96	4.9	5.3	21	37	5.3	7.6	153	150	10	9.2	0	13	0	9.9	414	220	5.8	3.1
87.5	6.7	1770	361	95.1	5.3	376	186	94.7	7.6	1376	269	90	9.2	360	181	100	9.9	6691	527	94.2	3.1
86.8	6.8	1737	351	93.3	5.3	338	168	85.1	15.2	1342	268	87.8	9.4	339	179	94.2	9.8	6405	524	90.1	3.3
0	3.3	11	23	0.6	1.2	0	13	0	9	20	33	1.3	2.2	0	13	0	9.9	87	85	1.2	1.2
0	3.3	0	13	0	2	0	13	0	9	0	13	0	2.4	0	13	0	9.9	11	15	0.2	0.2
0.7	1	22	24	1.2	1.2	0	13	0	9	7	9	0.5	0.6	21	35	5.8	9.8	58	58	0.8	0.8
0	3.3	0	13	0	2	0	13	0	9	0	13	0	2.4	0	13	0	9.9	5	11	0.1	0.2
0	3.3	0	13	0	2	38	65	9.6	14.7	7	10	0.5	0.7	0	13	0	9.9	125	113	1.8	1.6
12.5	6.7	92	96	4.9	5.3	21	37	5.3	7.6	153	150	10	9.2	0	13	0	9.9	414	220	5.8	3.1
100 (X)		1862	341	100 (X)		397	210	100 (X)		1529	303	100 (X)		360	181	100 (X)		7105	501	100 (X)	
0	3.3	42	43	2.3	2.4	38	65	9.6	14.7	38	34	2.5	2.3	0	13	0	9.9	444	220	6.2	3.1
100	3.3	1820	342	97.7	2.4	359	194	90.4	14.7	1491	302	97.5	2.3	360	181	100	9.9	6661	539	93.8	3.1
100 (X)		1862	341	100 (X)		397	210	100 (X)		1529	303	100 (X)		360	181	100 (X)		6878	485	100 (X)	

93.2	7.2	1838	338	98.7	1.8	397	210	100	9	1493	302	97.6	2.4	250	114	69.4	17.2	6641	487	96.6	1.3
59.8	23.1	1449	287	77.8	8.9	251	127	63.2	25	955	225	62.5	9.9	216	110	60	21.2	5059	392	73.6	4.8
42.6	21.9	776	232	41.7	10.6	224	157	56.4	17.7	763	205	49.9	9.9	85	44	23.6	13.9	2746	387	39.9	4.7
6.8	7.2	24	34	1.3	1.8	0	13	0	9	36	36	2.4	2.4	110	100	30.6	17.2	237	90	3.4	1.3

100 (X)		1862	341	100 (X)		397	210	100 (X)		1529	303	100 (X)		360	181	100 (X)		6878	485	100 (X)	
13.4	8.9	425	180	22.8	8.3	40	52	10.1	10.8	327	130	21.4	7.3	11	16	3.1	5.2	863	219	12.5	3.3

ZCTA5 12436				ZCTA5 12439				ZCTA5 12442				ZCTA5 12534				ZCTA5 12544				ZCTA5 12482	
Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error
224	202	100 (X)		336	140	100 (X)		686	241	100 (X)		18194	696	100 (X)		59	93	100 (X)		494	396
90	97	40.2	29.6	141	71	42	12.3	331	126	48.3	8.5	9376	479	51.5	1.7	0	13	0	41.5	249	188
134	141	59.8	29.6	195	92	58	12.3	355	142	51.7	8.5	8818	459	48.5	1.7	59	93	100	41.5	245	216
67.2	89.2 (X)	(X)		72.3	36.2 (X)	(X)		93.2	30.7 (X)	(X)		106.3	7.4 (X)	(X)	-	**	(X)	(X)		101.6	39.7
0	13	0	15.4	6	9	1.8	2.6	31	33	4.5	4.3	710	181	3.9	1	0	13	0	41.5	6	10
0	13	0	15.4	0	13	0	10.6	9	9	1.3	1.2	721	183	4	1	0	13	0	41.5	0	13
0	13	0	15.4	14	16	4.2	4.2	0	13	0	5.3	865	165	4.8	0.9	0	13	0	41.5	0	13
0	13	0	15.4	31	31	9.2	8.1	22	28	3.2	3.5	1052	224	5.8	1.2	0	13	0	41.5	84	83
0	13	0	15.4	0	13	0	10.6	39	34	5.7	3.9	1038	225	5.7	1.3	0	13	0	41.5	44	47
0	13	0	15.4	18	21	5.4	5.7	53	55	7.7	7	2523	309	13.9	1.6	0	13	0	41.5	91	92
0	13	0	15.4	50	69	14.9	17.8	45	46	6.6	5.9	2126	298	11.7	1.5	0	13	0	41.5	9	16
0	13	0	15.4	60	34	17.9	10.1	52	40	7.6	5.2	2297	301	12.6	1.6	0	13	0	41.5	16	16
0	13	0	15.4	32	23	9.5	7.6	121	98	17.6	12.5	1640	267	9	1.4	0	13	0	41.5	0	13
79	121	35.3	46.7	34	32	10.1	8.7	48	30	7	4	1428	259	7.8	1.5	0	13	0	41.5	7	11
119	154	53.1	48	29	32	8.6	8.8	194	99	28.3	13.9	2202	241	12.1	1.3	0	13	0	41.5	72	57
26	53	11.6	24.1	29	28	8.6	7.6	62	41	9	5	1058	244	5.8	1.3	59	93	100	41.5	22	26
0	13	0	15.4	33	33	9.8	8.5	10	12	1.5	1.8	534	184	2.9	1	0	13	0	41.5	143	148
65.6	10.8 (X)	(X)		53.5	8 (X)	(X)		59	6.1 (X)	(X)		45.2	2 (X)	(X)	-	**	(X)	(X)		51.8	36.1
224	202	100 (X)		336	140	100 (X)		686	241	100 (X)		18194	696	100 (X)		59	93	100 (X)		494	396
224	202	100	15.4	309	125	92	10.3	681	240	99.3	1.1	17104	683	94	2	59	93	100	41.5	494	396
0	13	0	15.4	27	40	8	10.3	5	8	0.7	1.1	1090	378	6	2	0	13	0	41.5	0	13
224	202	100	15.4	309	125	92	10.3	681	240	99.3	1.1	17104	683	94	2	59	93	100	41.5	494	396
224	202	100	15.4	309	125	92	10.3	663	239	96.6	3.2	13689	702	75.2	2.1	59	93	100	41.5	494	396
0	13	0	15.4	0	13	0	10.6	0	13	0	5.3	1913	313	10.5	1.8	0	13	0	41.5	0	13
0	13	0	15.4	0	13	0	10.6	0	13	0	5.3	50	66	0.3	0.4	0	13	0	41.5	0	13
0	13	0	15.4	0	13	0	10.6	0	13	0	5.3	983	139	5.4	0.8	0	13	0	41.5	0	13
0	13	0	15.4	0	13	0	10.6	0	13	0	5.3	0	20	0	0.2	0	13	0	41.5	0	13
0	13	0	15.4	0	13	0	10.6	18	20	2.6	2.9	469	221	2.6	1.2	0	13	0	41.5	0	13
0	13	0	15.4	27	40	8	10.3	5	8	0.7	1.1	1090	378	6	2	0	13	0	41.5	0	13
224	202	100 (X)		336	140	100 (X)		686	241	100 (X)		18194	696	100 (X)		59	93	100 (X)		494	396
0	13	0	15.4	27	40	8	10.3	31	22	4.5	3.3	1200	277	6.6	1.5	0	13	0	41.5	0	13
224	202	100	15.4	309	125	92	10.3	655	239	95.5	3.3	16994	688	93.4	1.5	59	93	100	41.5	494	396
224	202	100 (X)		336	140	100 (X)		686	241	100 (X)		17233	693	100 (X)		59	93	100 (X)		494	396

224	202	100	15.4	319	133	94.9	5.1	679	240	99	1.7	16498	701	95.7	1.2	59	93	100	41.5	494	396
145	164	64.7	46.7	243	111	72.3	15.1	397	199	57.9	14.2	10963	717	63.6	3.5	59	93	100	41.5	429	346
224	202	100	15.4	175	91	52.1	17.6	477	176	69.5	13	8032	685	46.6	3.4	59	93	100	41.5	115	80
0	13	0	15.4	17	19	5.1	5.1	7	12	1	1.7	735	210	4.3	1.2	0	13	0	41.5	0	13

224	202	100 (X)		336	140	100 (X)		686	241	100 (X)		17233	693	100 (X)		59	93	100 (X)		494	396
79	121	35.3	46.7	9	11	2.7	3.5	91	56	13.3	8.4	2802	360	16.3	2.1	0	13	0	41.5	23	26

		ZCTA5 12485				ZCTA5 12423				ZCTA5 12075				ZCTA5 12042				ZCTA5 12473			
Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
100 (X)		1220	468	100 (X)		1207	254	100 (X)		2816	403	100 (X)		283	152	100 (X)		657	289	100 (X)	
50.4	9.6	535	190	43.9	13	699	193	57.9	7.5	1445	265	51.3	5.1	137	72	48.4	12.6	320	134	48.7	8.7
49.6	9.6	685	358	56.1	13	508	115	42.1	7.5	1371	229	48.7	5.1	146	94	51.6	12.6	337	173	51.3	8.7
(X)	(X)	78.1	45 (X)	(X)		137.6	40.5 (X)	(X)		105.4	22.2 (X)	(X)		93.8	51.6 (X)	(X)		95	33.9 (X)	(X)	
1.2	2.8	56	67	4.6	5.3	7	10	0.6	0.9	93	99	3.3	3.4	0	13	0	12.4	0	13	0	5.5
0	7.3	154	96	12.6	5.2	70	49	5.8	3.9	119	79	4.2	2.7	17	25	6	7.2	26	40	4	5.5
0	7.3	169	86	13.9	4.2	70	40	5.8	2.9	125	60	4.4	2.3	0	13	0	12.4	51	55	7.8	6.5
17	7.7	23	22	1.9	2	307	135	25.4	8	167	97	5.9	3.2	9	14	3.2	4.6	17	23	2.6	3.5
8.9	4.7	3	4	0.2	0.4	82	76	6.8	5.8	212	130	7.5	4.2	29	31	10.2	8.2	0	13	0	5.5
18.4	9.9	61	41	5	3.9	53	55	4.4	4.4	130	116	4.6	3.9	74	97	26.1	26.3	48	46	7.3	5.7
1.8	4.2	53	36	4.3	3.1	154	87	12.8	6.2	316	155	11.2	5.5	4	12	1.4	4.5	84	91	12.8	11.1
3.2	4.7	283	173	23.2	8	151	77	12.5	6.6	388	144	13.8	4.6	51	47	18	15.7	91	78	13.9	10.1
0	7.3	47	40	3.9	3.7	50	37	4.1	3	215	142	7.6	4.9	42	53	14.8	21.7	11	17	1.7	2.8
1.4	2.9	18	30	1.5	2.4	79	44	6.5	3.8	181	100	6.4	3.5	25	40	8.8	14.2	59	67	9	10.4
14.6	9.1	104	94	8.5	8.1	133	67	11	6.3	478	152	17	5.6	17	25	6	9.4	158	107	24	15.1
4.5	7.8	44	46	3.6	4	51	45	4.2	3.7	247	115	8.8	4.3	7	11	2.5	3.8	73	54	11.1	8.4
28.9	13.6	205	164	16.8	10.1	0	13	0	3.1	145	101	5.1	3.5	8	14	2.8	5	39	64	5.9	10.1
(X)	(X)	48.1	4.2 (X)	(X)		37.4	14.7 (X)	(X)		51.5	4.5 (X)	(X)		52.4	43.9 (X)	(X)		60	19.2 (X)	(X)	
100 (X)		1220	468	100 (X)		1207	254	100 (X)		2816	403	100 (X)		283	152	100 (X)		657	289	100 (X)	
100	7.3	1220	468	100	3	913	271	75.6	21.2	2678	407	95.1	5.6	276	151	97.5	6.7	657	289	100	5.5
0	7.3	0	13	0	3	294	280	24.4	21.2	138	158	4.9	5.6	7	18	2.5	6.7	0	13	0	5.5
100	7.3	1220	468	100	3	913	271	75.6	21.2	2678	407	95.1	5.6	276	151	97.5	6.7	657	289	100	5.5
100	7.3	1220	468	100	3	788	243	65.3	21.8	2389	444	84.8	9.4	276	151	97.5	6.7	657	289	100	5.5
0	7.3	0	13	0	3	125	132	10.4	10.3	26	33	0.9	1.2	0	13	0	12.4	0	13	0	5.5
0	7.3	0	13	0	3	0	13	0	3.1	0	13	0	1.3	0	13	0	12.4	0	13	0	5.5
0	7.3	0	13	0	3	0	13	0	3.1	0	13	0	1.3	0	13	0	12.4	0	13	0	5.5
0	7.3	0	13	0	3	0	13	0	3.1	0	13	0	1.3	0	13	0	12.4	0	13	0	5.5
0	7.3	0	13	0	3	0	13	0	3.1	263	226	9.3	8	0	13	0	12.4	0	13	0	5.5
0	7.3	0	13	0	3	294	280	24.4	21.2	138	158	4.9	5.6	7	18	2.5	6.7	0	13	0	5.5
100 (X)		1220	468	100 (X)		1207	254	100 (X)		2816	403	100 (X)		283	152	100 (X)		657	289	100 (X)	
0	7.3	0	13	0	3	148	186	12.3	14.9	147	156	5.2	5.5	0	13	0	12.4	2	5	0.3	0.8
100	7.3	1220	468	100	3	1059	267	87.7	14.9	2669	408	94.8	5.5	283	152	100	12.4	655	290	99.7	0.8
100 (X)		1220	468	100 (X)		1207	254	100 (X)		2629	405	100 (X)		283	152	100 (X)		657	289	100 (X)	

100	7.3	1204	464	98.7	1.7	1064	238	88.2	12.4	2622	405	99.7	0.6	283	152	100	12.4	633	281	96.3	6.7
86.8	6.9	870	347	71.3	11.4	747	199	61.9	12.7	1967	392	74.8	10.8	272	150	96.1	5.6	511	247	77.8	15.7
23.3	14.9	462	202	37.9	11	437	149	36.2	11.9	1232	364	46.9	12	57	50	20.1	19.5	265	148	40.3	18
0	7.3	16	20	1.3	1.7	143	157	11.8	12.4	7	16	0.3	0.6	0	13	0	12.4	24	44	3.7	6.7

100 (X)		1220	468	100 (X)		1207	254	100 (X)		2629	405	100 (X)		283	152	100 (X)		657	289	100 (X)	
4.7	7.4	292	238	23.9	14.2	77	54	6.4	4.3	246	160	9.4	6.2	34	28	12	8.8	22	36	3.3	5.6



ZCTA5 12565				ZCTA5 12523				ZCTA5 12502				ZCTA5 12503				ZCTA5 12513				ZCTA5 12172	
Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error
1403	416	100 (X)		2028	370	100 (X)		1265	278	100 (X)		661	166	100 (X)		178	110	100 (X)		224	139
757	246	54	5.5	1010	194	49.8	4.7	713	155	56.4	4.5	314	89	47.5	6.2	61	51	34.3	13.1	119	81
646	199	46	5.5	1018	221	50.2	4.7	552	144	43.6	4.5	347	96	52.5	6.2	117	68	65.7	13.1	105	73
117.2	25.7 (X)	(X)		99.2	18.7 (X)	(X)		129.2	23.7 (X)	(X)		90.5	22.5 (X)	(X)		52.1	30.1 (X)	(X)		113.3	76.8
109	81	7.8	4.9	86	51	4.2	2.3	94	75	7.4	5.8	12	13	1.8	1.7	0	13	0	18.9	38	33
36	40	2.6	2.4	173	110	8.5	5	89	35	7	2.4	46	32	7	4	0	13	0	18.9	14	24
59	48	4.2	2.8	95	56	4.7	2.4	34	24	2.7	2	29	24	4.4	3.2	0	13	0	18.9	17	27
42	49	3	2.9	70	60	3.5	2.7	43	30	3.4	2.3	59	27	8.9	3.7	0	13	0	18.9	11	18
121	86	8.6	5.6	28	20	1.4	1	23	17	1.8	1.4	63	32	9.5	3.9	24	39	13.5	21.3	68	74
138	100	9.8	6.6	240	119	11.8	5.1	155	74	12.3	4.6	58	35	8.8	4	0	13	0	18.9	14	22
117	83	8.3	4.6	316	158	15.6	6.6	175	79	13.8	4.7	40	27	6.1	3.3	0	13	0	18.9	47	42
216	111	15.4	6.1	210	98	10.4	5	170	71	13.4	5.9	72	33	10.9	3.9	20	33	11.2	19.2	11	18
211	111	15	7.7	180	86	8.9	4.4	109	44	8.6	3.6	72	37	10.9	5.2	19	28	10.7	16.3	0	13
48	41	3.4	3	131	46	6.5	2	61	45	4.8	3.3	58	29	8.8	3.8	19	30	10.7	15.5	4	7
117	65	8.3	4.8	281	98	13.9	4.8	214	84	16.9	5.6	77	33	11.6	5.4	38	43	21.3	20.3	0	13
117	80	8.3	5.3	145	60	7.1	3.1	86	45	6.8	3	61	35	9.2	5.1	44	67	24.7	33.2	0	13
72	44	5.1	2.9	73	46	3.6	2.4	12	9	0.9	0.7	14	10	2.1	1.5	14	24	7.9	14.9	0	13
50.9	6.8 (X)	(X)		45.3	13.5 (X)	(X)		47.5	12 (X)	(X)		47.5	10 (X)	(X)		65.3	12.2 (X)	(X)		22.7	1.8
1403	416	100 (X)		2028	370	100 (X)		1265	278	100 (X)		661	166	100 (X)		178	110	100 (X)		224	139
1353	412	96.4	4.8	1981	363	97.7	1.6	1149	262	90.8	9.5	586	146	88.7	8.7	178	110	100	18.9	224	139
50	68	3.6	4.8	47	34	2.3	1.6	116	128	9.2	9.5	75	64	11.3	8.7	0	13	0	18.9	0	13
1353	412	96.4	4.8	1981	363	97.7	1.6	1149	262	90.8	9.5	586	146	88.7	8.7	178	110	100	18.9	224	139
1296	411	92.4	6.6	1956	367	96.4	2.2	1106	256	87.4	9.8	515	133	77.9	13.3	178	110	100	18.9	224	139
56	47	4	3.4	13	15	0.6	0.8	26	27	2.1	2.3	13	11	2	1.7	0	13	0	18.9	0	13
0	13	0	2.6	0	13	0	1.8	0	13	0	2.9	0	13	0	5.5	0	13	0	18.9	0	13
1	5	0.1	0.3	12	17	0.6	0.9	15	14	1.2	1	4	5	0.6	0.7	0	13	0	18.9	0	13
0	13	0	2.6	0	13	0	1.8	0	13	0	2.9	0	13	0	5.5	0	13	0	18.9	0	13
0	13	0	2.6	0	13	0	1.8	2	3	0.2	0.2	54	83	8.2	11.7	0	13	0	18.9	0	13
50	68	3.6	4.8	47	34	2.3	1.6	116	128	9.2	9.5	75	64	11.3	8.7	0	13	0	18.9	0	13
1403	416	100 (X)		2028	370	100 (X)		1265	278	100 (X)		661	166	100 (X)		178	110	100 (X)		224	139
74	62	5.3	4.4	44	33	2.2	1.6	15	22	1.2	1.8	57	83	8.6	11.7	0	13	0	18.9	0	13
1329	409	94.7	4.4	1984	363	97.8	1.6	1250	279	98.8	1.8	604	155	91.4	11.7	178	110	100	18.9	224	139
1308	394	100 (X)		2017	371	100 (X)		1265	278	100 (X)		661	166	100 (X)		178	110	100 (X)		224	139

1198	373	91.6	5.7	1993	368	98.8	0.9	1254	277	99.1	1	651	163	98.5	1.7	178	110	100	18.9	224	139
620	268	47.4	15.8	1459	278	72.3	6.6	913	195	72.2	8.7	477	136	72.2	9.1	107	84	60.1	35.2	141	92
753	301	57.6	15.5	974	222	48.3	7.9	535	169	42.3	8.7	276	78	41.8	8.4	130	88	73	21.2	99	115
110	82	8.4	5.7	24	19	1.2	0.9	11	12	0.9	1	10	12	1.5	1.7	0	13	0	18.9	0	13

1308	394	100 (X)		2017	371	100 (X)		1265	278	100 (X)		661	166	100 (X)		178	110	100 (X)		224	139
176	78	13.5	5.6	374	138	18.5	6.8	113	46	8.9	3.9	81	32	12.3	5.1	33	38	18.5	20.5	54	73

		ZCTA5 12173				ZCTA5 12174				ZCTA5 12463				ZCTA5 12468				ZCTA5 12470			
Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
100 (X)		2202	321	100 (X)		608	327	100 (X)		1205	378	100 (X)		1372	206	100 (X)		667	306	100 (X)	
53.1	15.6	1140	199	51.8	5.5	301	143	49.5	8.3	481	199	39.9	10.5	671	126	48.9	5.8	252	118	37.8	7.9
46.9	15.6	1062	202	48.2	5.5	307	194	50.5	8.3	724	259	60.1	10.5	701	133	51.1	5.8	415	207	62.2	7.9
(X)	(X)	107.3	23.7 (X)	(X)		98	33.3 (X)	(X)		66.4	30.1 (X)	(X)		95.7	21.8 (X)	(X)		60.7	20.5 (X)	(X)	
17	14.9	141	58	6.4	2.4	7	11	1.2	2.1	26	28	2.2	2.4	75	37	5.5	2.5	67	50	10	7.6
6.3	10.7	167	73	7.6	3	22	27	3.6	4.9	66	86	5.5	6.1	33	15	2.4	1.1	31	38	4.6	4.6
7.6	9.7	218	98	9.9	4.3	43	48	7.1	8.3	72	68	6	5.2	26	12	1.9	0.9	20	26	3	3.1
4.9	8.2	228	95	10.4	3.9	53	37	8.7	7	45	51	3.7	4	35	23	2.6	1.8	7	14	1	1.9
30.4	23.9	117	68	5.3	3	15	25	2.5	5.1	12	32	1	2.6	52	26	3.8	1.7	114	128	17.1	16.2
6.3	9.8	246	96	11.2	3.9	66	66	10.9	12.1	98	83	8.1	6.5	94	47	6.9	3.2	73	79	10.9	9.4
21	14.7	202	72	9.2	3.2	66	40	10.9	8.7	246	119	20.4	8	178	70	13	4.6	41	40	6.1	5.2
4.9	8.6	403	146	18.3	5.6	44	36	7.2	6.6	112	79	9.3	5.9	226	84	16.5	4.9	84	63	12.6	8.8
0	15.4	138	57	6.3	2.6	30	30	4.9	5.1	72	47	6	3.9	84	42	6.1	3.1	47	52	7	7.5
1.8	3.6	123	69	5.6	3.2	0	13	0	6	158	116	13.1	9.4	72	39	5.2	2.8	50	61	7.5	7.6
0	15.4	180	74	8.2	3.3	166	185	27.3	21.4	105	102	8.7	7.9	300	111	21.9	7.4	86	64	12.9	10
0	15.4	24	28	1.1	1.3	96	115	15.8	14.3	53	46	4.4	3.6	99	43	7.2	3.3	47	37	7	6.1
0	15.4	15	16	0.7	0.7	0	13	0	6	140	149	11.6	11.6	98	78	7.1	5.7	0	13	0	5.5
(X)	(X)	34.7	6.5 (X)	(X)		52.7	33.3 (X)	(X)		47.9	12.8 (X)	(X)		53.7	8.1 (X)	(X)		44.2	19 (X)	(X)	
100 (X)		2202	321	100 (X)		608	327	100 (X)		1205	378	100 (X)		1372	206	100 (X)		667	306	100 (X)	
100	15.4	2114	299	96	2.5	587	326	96.5	5.8	1186	387	98.4	2.8	1307	203	95.3	3.2	667	306	100	5.5
0	15.4	88	60	4	2.5	21	32	3.5	5.8	19	31	1.6	2.8	65	44	4.7	3.2	0	13	0	5.5
100	15.4	2114	299	96	2.5	587	326	96.5	5.8	1186	387	98.4	2.8	1307	203	95.3	3.2	667	306	100	5.5
100	15.4	1952	328	88.6	8.1	575	325	94.6	7.1	1182	385	98.1	3	1290	203	94	4.1	667	306	100	5.5
0	15.4	21	23	1	1	0	13	0	6	4	11	0.3	0.9	17	23	1.2	1.7	0	13	0	5.5
0	15.4	0	13	0	1.7	0	13	0	6	0	13	0	3.1	0	13	0	2.7	0	13	0	5.5
0	15.4	0	13	0	1.7	0	13	0	6	0	13	0	3.1	0	13	0	2.7	0	13	0	5.5
0	15.4	0	13	0	1.7	0	13	0	6	0	13	0	3.1	0	13	0	2.7	0	13	0	5.5
0	15.4	141	168	6.4	7.7	12	21	2	3.8	0	13	0	3.1	0	13	0	2.7	0	13	0	5.5
0	15.4	88	60	4	2.5	21	32	3.5	5.8	19	31	1.6	2.8	65	44	4.7	3.2	0	13	0	5.5
100 (X)		2202	321	100 (X)		608	327	100 (X)		1205	378	100 (X)		1372	206	100 (X)		667	306	100 (X)	
0	15.4	249	174	11.3	7.9	12	21	2	3.8	19	31	1.6	2.8	29	27	2.1	2	0	13	0	5.5
100	15.4	1953	339	88.7	7.9	596	325	98	3.8	1186	387	98.4	2.8	1343	210	97.9	2	667	306	100	5.5
100 (X)		2202	321	100 (X)		608	327	100 (X)		1205	378	100 (X)		1372	206	100 (X)		667	306	100 (X)	

100	15.4	2066	309	93.8	3.8	594	324	97.7	3.9	1186	376	98.4	2	1307	197	95.3	2.7	653	308	97.9	3.3
62.9	37.5	1653	312	75.1	8	538	323	88.5	15.3	825	314	68.5	16	824	162	60.1	7.4	475	264	71.2	16.1
44.2	35.6	600	154	27.2	6.7	314	303	51.6	32.4	507	253	42.1	15.3	809	143	59	7	212	132	31.8	16.6
0	15.4	136	84	6.2	3.8	14	22	2.3	3.9	19	24	1.6	2	65	39	4.7	2.7	14	20	2.1	3.3

100 (X)		2202	321	100 (X)		608	327	100 (X)		1205	378	100 (X)		1372	206	100 (X)		667	306	100 (X)	
24.1	30.9	277	102	12.6	4.4	200	203	32.9	22.9	240	179	19.9	13	291	89	21.2	5.7	96	67	14.4	9

ZCTA5 12124				ZCTA5 12125				ZCTA5 12130				ZCTA5 12132			
Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error
228	188	100 (X)		1280	229	100 (X)		560	293	100 (X)		203	138	100 (X)	
137	130	60.1	17.2	587	117	45.9	4.6	285	222	50.9	21	88	69	43.3	21.3
91	70	39.9	17.2	693	141	54.1	4.6	275	145	49.1	21	115	91	56.7	21.3
150.5	102.1 (X)	(X)		84.7	16.2 (X)	(X)		103.6	84.8 (X)	(X)		76.5	73.5 (X)	(X)	
62	67	27.2	13.6	86	44	6.7	3.2	28	34	5	4.4	11	16	5.4	8.6
0	13	0	15.1	36	36	2.8	2.7	44	45	7.9	5.8	0	13	0	16.8
0	13	0	15.1	82	49	6.4	3.4	134	97	23.9	16.8	42	37	20.7	16.2
0	13	0	15.1	31	31	2.4	2.4	41	56	7.3	9.3	0	13	0	16.8
0	13	0	15.1	69	52	5.4	4.1	0	13	0	6.5	0	13	0	16.8
36	61	15.8	26.8	226	89	17.7	6.4	15	26	2.7	5	25	41	12.3	20.6
2	3	0.9	1.8	147	84	11.5	6	145	82	25.9	13.6	72	72	35.5	21.4
101	115	44.3	31.5	112	52	8.8	3.8	67	105	12	15.3	0	13	0	16.8
0	13	0	15.1	107	49	8.4	3.6	0	13	0	6.5	26	40	12.8	17.7
1	3	0.4	1.3	128	73	10	5.8	0	13	0	6.5	0	13	0	16.8
1	2	0.4	1.1	119	50	9.3	3.7	69	79	12.3	11.4	27	44	13.3	21.9
25	40	11	20	117	56	9.1	4.2	0	13	0	6.5	0	13	0	16.8
0	13	0	15.1	20	18	1.6	1.5	17	28	3	5.5	0	13	0	16.8
46.8	22.6 (X)	(X)		40.7	9.7 (X)	(X)		35.8	11.6 (X)	(X)		42.7	11.8 (X)	(X)	
228	188	100 (X)		1280	229	100 (X)		560	293	100 (X)		203	138	100 (X)	
228	188	100	15.1	1258	229	98.3	2.2	560	293	100	6.5	161	119	79.3	16.2
0	13	0	15.1	22	28	1.7	2.2	0	13	0	6.5	42	37	20.7	16.2
228	188	100	15.1	1258	229	98.3	2.2	560	293	100	6.5	161	119	79.3	16.2
228	188	100	15.1	1224	223	95.6	3.8	560	293	100	6.5	148	112	72.9	21.8
0	13	0	15.1	0	13	0	2.9	0	13	0	6.5	0	13	0	16.8
0	13	0	15.1	0	13	0	2.9	0	13	0	6.5	13	15	6.4	6.3
0	13	0	15.1	19	23	1.5	1.8	0	13	0	6.5	0	13	0	16.8
0	13	0	15.1	0	13	0	2.9	0	13	0	6.5	0	13	0	16.8
0	13	0	15.1	15	32	1.2	2.5	0	13	0	6.5	0	13	0	16.8
0	13	0	15.1	22	28	1.7	2.2	0	13	0	6.5	42	37	20.7	16.2
228	188	100 (X)		1280	229	100 (X)		560	293	100 (X)		203	138	100 (X)	
41	61	18	19.7	30	39	2.3	3.1	0	13	0	6.5	0	13	0	16.8
187	145	82	19.7	1250	225	97.7	3.1	560	293	100	6.5	203	138	100	16.8
228	188	100 (X)		1280	229	100 (X)		560	293	100 (X)		203	138	100 (X)	

228	188	100	15.1	1245	224	97.3	2.7	533	293	95.2	6.2	203	138	100	16.8
155	122	68	31.9	698	175	54.5	10.8	315	168	56.3	31.6	176	132	86.7	21.9
139	164	61	45	710	169	55.5	9.1	267	267	47.7	31.2	27	44	13.3	21.9
0	13	0	15.1	35	35	2.7	2.7	27	31	4.8	6.2	0	13	0	16.8

228	188	100 (X)		1280	229	100 (X)		560	293	100 (X)		203	138	100 (X)	
3	3	1.3	2.1	273	103	21.3	7.1	84	74	15	10.4	0	13	0	16.8

GEO_ID	NAME	DP03_0119PE	DP03_0119PM	DP03_0062E	DP03_0062M	DP03_0074PE	DP03_0074PM	DP03_0005PE	DP03_0005PM	DP02_0067PE	DP02_0067PM	DP04_0058PE	DP04_0058PM
Geography	ZCTA Name	Percent!!PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL!!All families	Percent Margin of Error!!PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL!!All families	Estimate!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total household income (dollars)	Margin of Error!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total household income (dollars)	Percent!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!With Food Stamp/SNAP benefits in the past 12 months	Percent Margin of Error!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!With Food Stamp/SNAP benefits in the past 12 months	Percent!!EMPLOYMENT STATUS!!Population 16 years and over!!In labor force!!Civilian labor force!!Unemployed	Percent Margin of Error!!EMPLOYMENT STATUS!!Population 16 years and over!!In labor force!!Civilian labor force!!Unemployed	Percent!!EDUCATIONAL ATTAINMENT!!Population 25 years and over!!High school graduate or higher	Percent Margin of Error!!EDUCATIONAL ATTAINMENT!!Population 25 years and over!!High school graduate or higher	Percent!!VEHICLES AVAILABLE!!Occupied housing units!!No vehicles available	Percent Margin of Error!!VEHICLES AVAILABLE!!Occupied housing units!!No vehicles available
860Z200US12436	ZCTA5 12436	0	43 -	**		0	20.7	0	15.4	100	15.4	0	20.7
860Z200US12439	ZCTA5 12439	14.8	15.9	39659	35775	0	21.3	0	11.6	94.7	4.2	0	21.3
860Z200US12442	ZCTA5 12442	18.9	14.9	24474	12965	22.6	19.6	3.3	3.4	98.3	2.5	21.5	19.7
860Z200US12444	ZCTA5 12444	0	31.9	61328	19033	7.5	5.4	1.9	1.9	95.1	3.8	4.8	4.9
860Z200US12136	ZCTA5 12136	0	15.4	116471	42290	0	11.6	0	5.3	97.5	3.4	0	11.6
860Z200US12029	ZCTA5 12029	2.6	3.4	92024	13687	3.2	2.5	4.6	3.8	97.1	2.2	12.5	11.8
860Z200US12037	ZCTA5 12037	7.8	4.9	82273	11510	8.8	3.2	2.7	1.7	94.2	2.4	5	2
860Z200US12042	ZCTA5 12042	0	38.9	72232	16764	2.6	5.6	0	13.1	89.9	10.5	0	27.2
860Z200US12051	ZCTA5 12051	5.2	5.4	60221	24356	9.6	4.6	2.3	2.3	68.9	4.3	7.7	4.7
860Z200US12058	ZCTA5 12058	4.1	5.4	74952	16371	7.3	6.6	3.8	4.3	95.9	3.8	13.8	13.3
860Z200US12060	ZCTA5 12060	2.9	2.3	96964	29117	4.2	4.2	3.3	3.3	96.5	1.9	10	9.5
860Z200US12075	ZCTA5 12075	3.9	4.3	70697	10276	6.4	7	3	2.9	84.4	9.8	0	3.6
860Z200US12470	ZCTA5 12470	0	35.3	73036	59104	5.7	8.5	0	6.6	78.5	12.9	20.7	23
860Z200US12473	ZCTA5 12473	0	17	87391	25649	0	14.7	0	6.3	96.6	5.4	0	14.7
860Z200US12450	ZCTA5 12450	13.1	22.2 -	**		0	30.5	0	18.2	100	19.6	0	30.5
860Z200US12482	ZCTA5 12482	0	32.4 -	**		7	12.3	0	7.4	93.9	9.9	0	25
860Z200US12485	ZCTA5 12485	14.8	15.5	56705	46898	15.9	19.7	2.4	4	97.2	3.5	14.9	19.8
860Z200US12526	ZCTA5 12526	2.6	2.4	83067	5172	3.3	1.9	4.2	1.9	93.6	2.9	3.7	2.2
860Z200US12529	ZCTA5 12529	7.7	4.6	80362	14034	7.6	3.3	1.3	1.4	89.9	4.4	4.2	3.9
860Z200US12530	ZCTA5 12530	0	43.3 -	**		100	43.3	0	10	56.5	3.2	0	43.3
860Z200US12534	ZCTA5 12534	12.7	3.6	61361	8297	16.9	3	3.4	1.1	87.2	2.3	12.8	2.8
860Z200US12165	ZCTA5 12165	0	57.2 -	**		11.2	17.8	0	22.7	100	25.5	3.4	6.8
860Z200US12460	ZCTA5 12460	43.5	36.5 -	**		0	28.6	0	18.7	100	19.8	0	28.6
860Z200US12463	ZCTA5 12463	19	21.2 -	**		2	3.1	1.5	2.6	95.8	4	32.3	21.1
860Z200US12468	ZCTA5 12468	6.8	3.7	46250	15566	19.2	11.7	3.8	2.5	91.1	3.9	17.5	12.1
860Z200US12418	ZCTA5 12418	0	35	68182	15632	0	28.6	2.7	3.7	97.1	4	3.7	8.3
860Z200US12422	ZCTA5 12422	29.5	31.1	51600	30483	2.9	4.1	0	10.3	88.2	10.9	0	23.5
860Z200US12423	ZCTA5 12423	12.2	11.2	58000	11503	7.3	7.3	1.8	1.9	90.2	8	4.4	6.7
860Z200US12424	ZCTA5 12424	0	42.6	56000	10579	0	22.7	0	14.5	98.7	2.2	0	22.7
860Z200US12427	ZCTA5 12427	0	36.4	115274	67270	9.1	14.2	0	5.8	100	6.2	0	22.8
860Z200US12015	ZCTA5 12015	9	6.7	74318	12487	6.4	2.6	3.7	1.9	94.2	2.8	6.1	3.5
860Z200US12017	ZCTA5 12017	0	26.3 -	**		0	15.7	3.8	4.1	96.8	2.8	0	15.7
860Z200US12451	ZCTA5 12451	0	11.8	58036	24271	11.4	12	1.4	2.2	91.2	6	1.8	2.6
860Z200US12452	ZCTA5 12452	0	100	53438	51470	38.5	41.2	25	25.5	100	79.6	30.8	35.8
860Z200US12454	ZCTA5 12454	0	26.3	55938	4711	0	21.3	10.6	7	80.7	17.3	0	21.3
860Z200US12413	ZCTA5 12413	10.9	9.2	53795	10987	10.9	6.3	2	2.3	80.1	8.1	8.3	5.9
860Z200US12414	ZCTA5 12414	7.2	4.1	53229	7634	4.6	2.3	2.3	1.5	87.7	3.1	11	3.6
860Z200US12523	ZCTA5 12523	9.2	7.7	61100	18906	3.3	3	5.5	4.1	91.1	4.4	0	4.3
860Z200US12083	ZCTA5 12083	1.5	2.1	80926	9497	2.2	1.9	0.4	0.6	95.7	2.1	3.4	2.6
860Z200US12087	ZCTA5 12087	0	10.2	78977	30402	0	8.7	0	3.6	91.9	8.1	0	8.7
860Z200US12492	ZCTA5 12492	3.4	5.5	114286	30188	0	32.2	4.6	5.6	91.6	8.2	5.4	7.3
860Z200US12496	ZCTA5 12496	4	4.1	71364	21165	7.5	5.6	2	1.4	86.9	6.2	11.5	6
860Z200US12544	ZCTA5 12544	-	**	-	**	0	41.5	0	41.5	100	41.5	0	41.5
860Z200US12502	ZCTA5 12502	1.2	2.1	79722	18700	6.4	5.4	9.8	6.2	89	3.9	2.9	3
860Z200US12503	ZCTA5 12503	6.8	9.1	88958	19417	1.3	1.8	1.2	1.2	89.6	4.4	5.3	6
860Z200US12172	ZCTA5 12172	27.9	44.3	54141	16419	0	36.1	0	21.3	100	36.4	0	36.1
860Z200US12173	ZCTA5 12173	4.8	4.8	75139	15844	9.5	5.4	2.4	1.8	96.2	2.1	2.8	3.4
860Z200US12174	ZCTA5 12174	2.7	4.9 -	**		0	16.4	7.5	11.6	96.6	5.5	0	16.4
860Z200US12176	ZCTA5 12176	0	46	37917	9741	8.1	16.1	0	9.8	93.1	11.9	11.3	16.2
860Z200US12184	ZCTA5 12184	5.8	4.3	82647	10873	6.8	3.3	5.2	2.3	93.9	2.4	4.6	2.6

860Z200US12106	ZCTAS 12106	5.2	4.6	77260	15244	4.6	3	3.3	1.8	96.6	2.5	2.3	1.5
860Z200US12115	ZCTAS 12115	0	63.7	113750	39055	0	54.6	0	40.8	100	40.8	0	54.6
860Z200US12565	ZCTAS 12565	14.6	12.9	54477	6566	17.9	8.1	8.6	4.4	96.1	2.9	12.4	8.2
860Z200US12405	ZCTAS 12405	23	24.6	60288	31280	11	14.1	0	6.8	100	8.9	11.9	13.7
860Z200US12407	ZCTAS 12407	0	77.3	75714	43193	0	50.4	0	28.6	97.1	4	0	50.4
860Z200US12513	ZCTAS 12513	0	44.2	37679	15968	0	26.9	0	18.9	100	21.4	0	26.9
860Z200US12516	ZCTAS 12516	0	6.5	116290	32662	7.6	5.7	0.4	0.8	83.8	10.2	2.6	2.6
860Z200US12517	ZCTAS 12517	0	37.5	89457	25409	4.3	7.5	0	10.8	100	11.2	0	20.3
860Z200US12521	ZCTAS 12521	2	3	76250	34260	11.1	9.2	3	2.3	98.1	1.2	1.1	1.1
860Z200US12192	ZCTAS 12192	4.1	5.5	90495	17535	3.7	4.1	2.6	3.6	83.6	9.5	0	5.6
860Z200US12195	ZCTAS 12195	0	71.2	128559	12487	0	28.6	0	17.8	100	17.8	0	28.6
860Z200US12431	ZCTAS 12431	3.9	4.7	82697	31280	2.1	2.4	1.4	2.1	96.4	3.5	0	5.9
860Z200US12124	ZCTAS 12124	0	37.5 -	**		0	31	0	20.1	97.6	2.9	0	31
860Z200US12125	ZCTAS 12125	8.1	7.1	61750	15224	13.9	7.7	0.3	0.5	92.8	4.6	3.3	2.8
860Z200US12130	ZCTAS 12130	0	22.7	74028	27297	23.6	25.1	2.5	4.8	91.4	11.4	6.8	13.6
860Z200US12132	ZCTAS 12132	0	37.8	113382	70006	0	30.7	0	21.9	92.7	12.8	0	30.7