

**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.* N/A

Table A.

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

- ***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.

Construction or equipment	Yes	No
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: 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. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? <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 less than or equal to \$6,000 for all other facilities are eligible for a Limited Review.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Establishment of an operator (new or change in ownership)	Yes	No
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, AND 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity	Yes	No
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Acquisitions	Yes	No
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Other Changes to the Operating Certificate	Yes	No
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*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

- o 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 (HEIA) Attachments

- 1) HEIA Conflict-of-Interest
- 2) HEIA Contract with Independent Entity
- 3) HEIA Template
- 4) HEIA Data Tables

New York State Department of Health

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: **Jeffrey A. Sachs Associates, LLC**
2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)? **N**
☐ 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)?

Y


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?

N/A

Section 4 – Attestation

I, Jeffrey Sachs, having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Jeffrey A. Sachs Associates, Inc, do hereby attest that the Health Equity Impact Assessment for project Columbia Memorial Hospital Inpatient Psychiatric Expansion provided for Columbia Memorial Hospital 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:  _____

Date: 4/10/2025

March 17, 2025

Dorothy M. Urschel, DNP
President and Chief Executive Officer
Columbia Memorial Health

Dear Ms. Urschel,

Jeffrey A. Sachs Associates, Inc. (Sachs Policy Group/SPG) is pleased to submit our proposal for the completion of a Health Equity Impact Assessment (HEIA) for Columbia Memorial Health.

This proposal outlines the key components and processes SPG will use to execute the HEIA, drawing upon the expertise of SPG's consultant team, inclusive of individuals with extensive experience in health equity, stakeholder/community engagement, and health policy.

BACKGROUND

Starting June 22, 2023, New York State law (S1451/A191) mandates a HEIA along with certificate of need (CON) applications for Article 28 healthcare facilities. This assessment evaluates if a project affects service access, enhances health equity, and reduces disparities for medically underserved groups, involving meaningful community input and independent analysis. The HEIA requirement ensures that community voices are considered and provides an objective, independent assessment of the anticipated impact of the project on the public health of, service delivery of, or access to hospital and health services for historically medically underserved groups.

The proposed project involves the expansion of the hospital's inpatient psychiatric bed capacity.

SPG RELEVANT EXPERIENCE

The HEIA team at SPG is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team has been deeply involved in the HEIA process since it was rolled out by New York State, having already been engaged on numerous HEIAs for a variety of stakeholders, including hospitals, Article 28 outpatient facilities, and nursing homes.

The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. We are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.

The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Our work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.

In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving children and maternal health initiatives that aim to reduce pre- and post-partum health disparities. We are dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.

SPG is well-positioned to provide the required HEIA services for Columbia Memorial Health. Our approach includes a comprehensive demographic profile of the facility's primary service area, meaningful stakeholder engagement, and a detailed analysis of the project's potential impacts on community residents, focusing on medically underserved groups. We will complete the HEIA process and provide all required documentation, ensuring compliance with the State's guidelines and conflict-of-interest requirements.

SCOPE OF WORK

The following generally outlines the activities necessary to conduct and successfully complete the HEIA as required by the State Department of Health (DOH). The expected duration of this engagement is 4 weeks.

1. Comprehensive Review and Analysis

SPG will use both publicly available data and data requested from Columbia Memorial Health to conduct a comprehensive review of the service area and to identify populations, specifically medically underserved groups, that may be impacted by the proposed project. Using descriptive statistics and data visualizations, SPG will efficiently paint a picture of the community and its patient profiles. Examples of data may include, but are not limited to, the following:

- Data provided by Columbia Memorial Health
- New York State DOH
- Statewide Planning and Research Cooperative System (SPARCS)
- US Census Bureau Data
- Community Health and Community Service Needs Assessments
- Health Facilities Information System (HFIS)
- Health Resources and Services Administration (HRSA) shortage area data
- Area Deprivation Index
- Supplemental claims data as needed/by request
- Publicly available medical literature, grey literature, publications, and reports
- Stakeholder interviews and surveys
- Additional sources as identified/available such as RWJ, Kaiser Family Foundation, etc.

2. Meaningful Stakeholder and Community Engagement

SPG will perform meaningful, culturally competent, and sensitive engagement to obtain diverse stakeholder and community feedback on how the project impacts the unique health needs or quality of life of historically medically underserved group(s). From our experience, SPG understands that meaningful engagement with the community and stakeholders is crucial for a successful HEIA. We recognize that this process requires thoughtful planning, dedicated time, and resources to ensure an

inclusive and impactful approach that effectively captures the diverse perspectives, experiences, and needs of those most affected by the proposed project. The types of activities that may be performed include, but are not limited to:

- Create culturally appropriate and engaging communications materials to promote participation in the HEIA stakeholder engagement process, including translation services to ensure access for individuals with limited English proficiency.
- Develop culturally competent community surveys and/or host community forms to gather input on the potential impacts of the project related to health equity.
- Conduct interviews or focus groups with key stakeholders, including the local health department, community members, health care professionals, and public health experts.

SPG will work closely with Columbia Memorial Health staff and its community partners to promote these engagement opportunities, with a focus on reaching historically underserved and marginalized groups. SPG will carefully review and synthesize all feedback, looking for common themes, concerns, and recommendations that can inform the project's planning and implementation. We will also prepare a summary of the engagement conducted and feedback received, which will be included in the HEIA data tables and final report.

The final community engagement plan will reflect the needs of the underlying project.

3. Health Equity Impact and Mitigation Strategy with Recommendations

SPG will utilize the insights gathered from our research/data analysis and stakeholder/community outreach to support the development of a mitigation strategy for any impacts identified. We will also provide recommendations to support programs and interventions that support health equity and quality of care for the impacted medically underserved group(s). This strategy will include:

- Data-informed interventions and new or expanded collaborations with health-related and/or community-based organizations.
- Evidence-based ways to reduce potential negative impacts as a result of the project, as applicable.
- Specific changes to the project to better meet the needs of medically underserved groups, as applicable.
- Approaches for monitoring and tracking progress on health equity, including the use of performance and quality measures such as access to screenings for historically medically underserved groups, timely to access care, processes and referrals with partner organizations, and general health outcomes for impacted groups.

4. Support of Delivery of Required HEIA Documents

SPG will organize and summarize findings in a final health equity impact assessment report that supports the completion of the following documents for Columbia Memorial Health:

- HEIA Template

- HEIA Data Tables
- HEIA Conflict of Interest
- HEIA Contract (Independent Entity and Facility)

The following forms will need to be completed by Columbia Memorial Health, and SPG will be available to advise in complying with these requirements according to DOH:

- HEIA Requirement Criteria
- HEIA Template SECTION C: Acknowledgement and Mitigation Plan
- Dissemination of Results and Recommendations: Public Posting of Redacted full CON Application and HEIA Online and NYSE-CON System

5. Additional Services Performed During the Course of the Engagement

During the engagement, SPG will monitor the availability of, and offer strategic guidance, regarding any updates in HEIA policy and requirements for Columbia Memorial Health.

Notwithstanding any other engagements between SPG and Columbia Memorial Health, SPG will have no formal or informal involvement with any CON (or the related underlying project) for which SPG is performing a HEIA.

PROJECT COST

The project cost of completing the HEIA activities and required documents as required by the New York State DOH will be \$25,000 – paid in two installments: \$10,000 at the start of the project and \$15,000 upon delivery of the required HEIA documents.

AGREED AND ACCEPTED BY:

By:  DocuSigned by:
788200834021404

Dr. Jeffrey A. Sachs, President
Sachs Policy Group

By: 

Dorothy M. Urschel, President and CEO
Columbia Memorial Health

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	Columbia Memorial Hospital Inpatient Psychiatric Expansion
2. Name of Applicant	Columbia Memorial Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Jeffrey A. Sachs and Associates, Inc – 212-827-0660</p> <ul style="list-style-type: none">• Aisha King, MPH aking@sachspolicy.com• Anita Appel, LCSW - AnitaAppel@sachspolicy.com• Maxine Legall, MSW, MBA - mlegall@sachspolicy.com <p>Qualifications:</p> <ul style="list-style-type: none">• Health equity – 6 years• Anti-racism – 6 years• Community engagement – 25+ years• Health care access and delivery – 10+ years
4. Description of the Independent Entity's qualifications	<p>The Health Equity Impact Assessment (HEIA) Team at Jeffrey A. Sachs and Associates, Inc. is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.</p> <p>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health</p>

	<p>disparities. They are dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.</p> <p>The HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	March 18, 2025
6. Date the HEIA concluded	April 11, 2025

7. Executive summary of project (250 words max)

Columbia Memorial Hospital (CMH) is a multi-campus health care system and a member of the Albany Med Health System, the largest and only regionally owned, not-for profit health system in northeastern New York and western New England. CMH is located at 71 Prospect Avenue, Hudson, NY in Columbia County.

CMS consists of a 190-bed acute care hospital and 38 primary and specialty care centers. Key services include a specialized ambulatory, hospital, primary care, behavioral health services, and an emergency department in Hudson.

CMH was awarded a Capital grant from the New York State Office of Mental Health to upgrade and expand its inpatient behavioral health unit, which currently operates at 22 adult inpatient beds under its operating certificate. The project includes:

- Gut renovations of a currently unused second floor area for the addition of 12 geriatric inpatient psychiatric beds. The new unit will include geriatric psychiatric rooms, central and personal staff stations, and areas for private and social therapy sessions. All renovations are designed to enhance the safety of staff and patients.
- Gut renovations of the unused fifth-floor space for the addition of 8 adult psychiatric beds and space for therapeutic milieu and group therapy. The staff station will also be expanded to provide clear sight lines to new patient rooms and milieu spaces.

The entire work area of the planned second-floor unit will be isolated from the remainder of the hospital, and the fifth-floor work will be phased to minimize disruption to existing inpatient services.

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

CMH is the only hospital located in Columbia County and the closest hospital to Greene County. The hospital is seeking to add 20 inpatient psychiatric beds, 8 of which will be added to its current adult psychiatric unit and 12 of which will form a new geriatric psychiatric unit. The objective of the project is to meet local demand for inpatient psychiatric services – particularly in a rural community with limited care options and a rising elderly population – while improving the overall quality and accessibility of behavioral health care. The occupancy rate of the current inpatient unit is consistently < 92%, indicating a clear need.

As part of our stakeholder engagement, we conducted interviews and focus groups with 28 individuals, including leadership and staff from CMH and Albany Med Health, local community-based organizations, Columbia and Greene County government officials, and the Columbia County Office of Aging. A survey sent to CMH donors, board members, and employees, community members, CMH patients, and family members of current/former patients of the inpatient psychiatric unit received 195 responses.

Data analysis and stakeholder engagement indicate that older adults, low-income populations, racial/ethnic minorities, immigrant populations, people who are eligible for or receive public health benefits, people with disabilities, people living in rural areas, and people who are uninsured or underinsured will be the most affected by this project.

Stakeholders were overwhelmingly positive about the project, particularly about the expanded capacity for inpatient treatment in a medically underserved rural area. Key anticipated positive impacts include reduced burden on emergency department and EMS services, serving community members locally, improved political will for behavioral health projects, reduced mental health stigma, and improved public awareness of available behavioral health services.

The primary concerns associated with this project included: need for clear eligibility criteria and discharge/transition care planning, sustainability of the program given uncertainty around funding, potential for community backlash, influx of high-needs individuals from external counties, staffing, and desire for proactive communication with local service providers.

Our assessment recommends that the Applicant: 1) foster strong relationships among local behavioral health providers by creating an official workgroup and proactive communication plan, 2) include local nursing homes and Aging Services in operational and training plans for the geriatric unit, 3) develop and communicate concrete policies around eligibility criteria, prioritization of local populations, discharge and transition plans for medically underserved populations, 4) support training plans for law enforcement, EMS, and hospital staff, and 5) develop a policy for collaborative care planning between internists and psychiatric care staff.

Importantly, CMH should leverage existing relationships to proactively communicate plans, changes, and updates with local providers across disciplines and the local community, emphasizing the hospital's mission, the need for this project, the funding source, and positive changes that are hoped to result from this project.

The Applicant should use existing metrics and mechanisms to track how the project addresses local health disparities. By systematically monitoring patient demographics, outcomes, and service utilization trends, CMH can continue to tailor services to meet the needs of its patient population.

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.**

Please see attached spreadsheet titled “heia_data_tables_CMH.xlsx”

CMH’s primary service area includes Columbia and Greene Counties.

- 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:**

- Older adults
- Low-income people
- Racial and ethnic minorities
- Immigrant populations
- People who are eligible for or receive public health benefits.

- People with disabilities
- People living in rural areas.
- Individuals who are uninsured or underinsured

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?

We analyzed utilization data from the Applicant, census data for the community/service area, information and data from the Columbia and Greene Counties Community Health Needs Assessment/Community Service Plan, county and state reports, academic literature, grey literature, and information obtained from interviews and surveys with leadership, staff, clinical experts, community providers, community members, and community-based organizations.

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

We expect the Applicant's proposal to benefit all individuals with severe mental health needs. Evidence suggests that there is a need for additional inpatient psychiatric services across NYS. A recent report from the State Comptroller's office indicates that over 20% of NYS adults struggle with a mental illness and over 5% have a severe mental illness; however, there was a 10.5% decrease in capacity at inpatient psychiatric facilities between April 2014 and December 2023.¹

The populations below will be particularly impacted, given local demographics and specific circumstances that are associated with increased risk of developing severe mental illness.

Older Adults²

Age Group	New York State	Greene County	Columbia County
<18	20.7%	16.4% ↓	16.3% ↓
18-64	61.9%	60.2% ↓	58.3% ↓
65+	17.4%	23.4% ↑	25.4% ↑

This project will improve the ability of older adults to access inpatient mental health treatment by creating a unit specifically for the provision of geriatric

¹ Office of the New York State Comptroller. (2024, March). *Mental health inpatient service capacity in New York State*. <https://www.osc.ny.gov/files/reports/pdf/mental-health-inpatient-service-capacity.pdf>

² U.S. Census Bureau. (2023). <https://data.census.gov>

psychiatric care. This is important because both Columbia and Greene Counties have higher proportions of individuals over the age of 65 years than New York State (NYS), as seen in the table above. While the mental health needs of older adults are sometimes overlooked, certain conditions that are more common among older adults, such as cognitive decline (e.g. dementia and Alzheimer's Disease) and hearing impairment, are also associated with increased incidence of mental disorders.^{3,4} Furthermore, severe mental illness presents differently among individuals with cognitive decline, making it more difficult to diagnose and care for them, and highlighting the importance of having a specialized geriatric care unit.⁵ Older individuals are more likely to experience loneliness and social isolation than other age groups, which may also contribute to the onset of mental illness that could require inpatient care.^{6,7}

Local experts noted that older adults experience heightened levels of stigma and a greater unwillingness to access mental health care than younger individuals, supporting the need for geriatric-specific care. Unwillingness to seek outpatient care could exacerbate the need for inpatient care, as mild mental health conditions can become more severe if untreated.

Additional barriers to accessing care among older adults include difficulty finding transportation for medical appointments and long waitlists for appointments due to shortage of medical providers.

Low-income people, individuals who are eligible for or receive public health benefits, and individuals who are under- or uninsured⁸

	New York State	Greene County	Columbia County
Median household income	\$84,578	\$74,011 ↓	\$83,619 ↓
Poverty rate	13.7%	11.6% ↓	14% ↓
% on public insurance	41.4%	46.5% ↑	46.3% ↑
% Uninsured	5.2%	3.5% ↓	3.8% ↓

Low-income individuals and individuals who are eligible to receive public health benefits may significantly benefit from this project. Greene and Columbia Counties both have lower median household incomes than NYS, and higher

³ Sinclair LI, Lawton MA, Palmer JC; Alzheimer's Disease Neuroimaging Initiative; Ballard CG. Characterization of Depressive Symptoms in Dementia and Examination of Possible Risk Factors. *J Alzheimers Dis Rep.* 2023 Mar 7;7(1):213-225. doi: 10.3233/ADR-239000. PMID: 36994115; PMCID: PMC10041449.

⁴ van der Werf M, van Bortel M, Verhey F, Jolles J, Thewissen V, van Os J. Mild hearing impairment and psychotic experiences in a normal aging population. *Schizophr Res.* 2007 Aug;94(1-3):180-6. doi: 10.1016/j.schres.2007.04.006. Epub 2007 May 23. PMID: 17524621.

⁵ Reynolds CF 3rd, Jeste DV, Sachdev PS, Blazer DG. Mental health care for older adults: recent advances and new directions in clinical practice and research. *World Psychiatry.* 2022 Oct;21(3):336-363. doi: 10.1002/wps.20996. PMID: 36073714; PMCID: PMC9453913.

⁶ Reher, D., & Requena, M. (2018). Living alone in later life: A global perspective. *Population and Development Review*, 44(3), 427-454. <https://doi.org/10.1111/padr.12149>

⁷ Armitage R, Nellums LB. COVID-19 and the consequences of isolating the elderly. *Lancet Public Health.* 2020 May;5(5): e256. doi: 10.1016/S2468-2667(20)30061-X. Epub 2020 Mar 20. PMID: 32199471; PMCID: PMC7104160.

⁸ U.S. Census Bureau. (2023). <https://data.census.gov>

proportions of the population receiving public health insurance. Although the poverty rates of both counties are lower than that of NYS, they are higher than that of NYS when excluding New York City (NYC); 11.1%⁹. Notably, the city of Hudson has the largest non-White population (21.2%) and also the highest neighborhood poverty rate (17.4%) in the county.⁹ Multiple stakeholders noted that the region's demographic changes (i.e., gentrification and second-home purchases by individuals from NYC) have negatively impacted local families' ability to purchase homes, afford rent, and access healthcare.

In Columbia County, the percentage of children aged 5-17 in poverty ranges from 8.3% in Chatham Central School District to 21.5% in Hudson City School District. In Greene County, the percentage of children aged 5-17 in poverty ranges from 10.5% in the Greenville Central School District to 19.8% in the Windham-Ashland-Jewett Central School District.¹⁰

There is robust evidence that environmental factors, including poverty and social barriers to care, have significant impacts on mental health.¹¹ Individuals with lower socioeconomic status are more likely to experience chronic stress due to financial insecurity, housing instability, and limited access to healthcare, all of which can contribute to the onset or worsening of mental health conditions.¹² Additionally, individuals with lower incomes may face difficulties accessing consistent mental health treatment due to cost-related barriers such as high out-of-pocket expenses, lack of mental health providers who accept public insurance, and transportation challenges.^{13,14} The stigma surrounding mental health treatment can also be more pronounced in lower-income communities, where mental health concerns may be deprioritized in favor of addressing more immediate basic needs.¹⁵

People who have low incomes are also more likely to be uninsured or underinsured than those of middle or high incomes. Although Columbia and Greene Counties have lower proportions of uninsured populations than NYS,

⁹ Columbia-Greene Planning Partners. (2022). *Community Health Needs Assessment Implementation Strategy Community Health Improvement Plan and Community Service Plan for Columbia and Greene Counties, NY and their Hospital 2022-2024*. https://www.columbiacountynyhealth.com/wp-content/uploads/2022/12/2022-2024-CHIP-CSP_Columbia-Greene.pdf

¹⁰ U.S. Census Bureau. (2022). <https://data.census.gov>

¹¹ Hudson, C. G. (2005). *Socioeconomic status and mental illness: Tests of the social causation and selection hypotheses*. *American Journal of Orthopsychiatry*, 75(1), 3–18. <https://doi.org/10.1037/0002-9432.75.1.3>

¹² Ryu S, Fan L. The Relationship Between Financial Worries and Psychological Distress Among U.S. Adults. *J Fam Econ Issues*. 2023;44(1):16-33. doi: 10.1007/s10834-022-09820-9. Epub 2022 Feb 1. PMID: 35125855; PMCID: PMC8806009.

¹³ Santiago CD, Kaltman S, Miranda J. Poverty and mental health: how do low-income adults and children fare in psychotherapy? *J Clin Psychol*. 2013;69(2):115–126

¹⁴ Corscadden L, Callander EJ, Topp SM. Who experiences unmet need for mental health services and what other barriers to accessing health care do they face? Findings from Australia and Canada. *Int J Health Plann Manage*. 2019 Apr;34(2):761-772. doi: 10.1002/hpm.2733. Epub 2019 Jan 18. PMID: 30657197.

¹⁵ Omiyefa, Seye. (2025). Mental Healthcare Disparities in Low-Income U.S. Populations: Barriers, Policy Challenges, and Intervention Strategies. *International Journal of Research Publication and Reviews*. 6. 2277-2290. 10.55248/gengpi.6.0325.1186.

local experts have indicated that this is a population that is medically underserved in terms of both physical and mental health care access.

Racial and ethnic minorities and immigrant populations¹⁶

	New York	Greene County	Columbia County
White	55.2%	84.8% ↑	83.7% ↑
Black/African American	14.8%	5.0% ↓	4.2% ↓
Asian	9.6%	1.0% ↓	2.3% ↓
Hispanic/Latino	19.5%	6.5% ↓	5.8% ↓

Although the Applicant's service area is majority White, racial and ethnic minorities face disproportionate socioeconomic challenges that may increase their need for mental health services. In Columbia County, 32% of Black Americans live in poverty compared to 10.5% of White residents, highlighting significant racial disparities in financial security and access to resources.¹⁷ As noted above, the city of Hudson holds both the largest non-White population (21.2%) and the highest neighborhood poverty rate (17.4%), underscoring the importance of highlighting potential racial and economic disparities.⁹

Nationally, multiracial adults (35.2%) are the most likely to report experiencing mental illness, followed by White (24.6%), Hispanic (21.4%), Black (19.7%), American Indian or Alaska Native (19.6%), and Asian adults (16.8%).¹⁸ However, the literature indicates that mental health conditions among racial and ethnic minorities may be underdiagnosed due to a lack of culturally sensitive screening tools, stigma, and structural barriers to care such as language barriers, limited provider availability, and mistrust in the healthcare system.^{19,20}

Local stakeholders indicated that key immigrant populations in the area include seasonal migrant farm workers (predominantly Hispanic) and Haitian and Bengali migrants. Key barriers noted for accessing behavioral health care among these groups were: language, wariness of health systems, stigma, and lack of insurance coverage (predominantly for Hispanic migrant workers and undocumented individuals).

Given the racial disparities in poverty, mental health prevalence, and access to care, the proposed expansion and renovation of the inpatient psychiatric units will

¹⁶ U.S. Census Bureau. (2023). <https://data.census.gov>

¹⁷ PolicyMap. (n.d.). *Community Health Report: Columbia County, NY*. PolicyMap. Retrieved April 9, 2025, from <https://www.policymap.com/>

¹⁸ Substance Abuse and Mental Health Services Administration. (2022). *Highlights for the 2021 National Survey on Drug Use and Health*. U.S. Department of Health and Human Services. <https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFRHighlightsRE123022.pdf>

¹⁹ Panchal, N., Saunders, H., & Ndugga, N. (2022, September 22). *Five key findings on mental health and substance use disorders by race/ethnicity*. KFF. <https://www.kff.org/mental-health/issue-brief/five-key-findings-on-mental-health-and-substance-use-disorders-by-race-ethnicity/>

²⁰ Ward EC, Wiltshire JC, Detry MA, Brown RL. African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nurs Res*. 2013 May-Jun;62(3):185-94. doi: 10.1097/NNR.0b013e31827bf533. PMID: 23328705; PMCID: PMC4279858.

play a crucial role in ensuring that racial and ethnic minorities in Greene and Columbia Counties receive appropriate and accessible mental health treatment.

People with disabilities²¹

	New York State	Greene County	Columbia County
% Living with disability	12.0%	14.8% †	13.9% †

The proportions of Columbia and Green County residents living with a disability both exceed the state average of 12.0%. Many of those in the area who are disabled are older people over the age of 75. The most common types of disabilities are hearing difficulties, cognitive difficulties, ambulatory difficulties, self-care difficulties, and independent living difficulties.²²

People with disabilities can face significant barriers to accessing mental health care, including physical accessibility issues, transportation limitations, communication challenges (such as for those with hearing or cognitive impairments), and a lack of providers trained in disability-sensitive care.²³ Additionally, individuals with cognitive impairments or mobility limitations may experience greater difficulty in navigating complex healthcare systems, leading to delayed or inadequate mental health treatment. Importantly, many mental health conditions are considered to fall under the category of disability. "The ADA defines disability as *a physical or mental impairment that substantially limits one or more major life activities.*"²⁴ The Applicant's proposed project can therefore be said to increase access to much needed care for individuals with disabilities.

People living in rural areas

Access to mental health care is particularly challenging in rural areas due to provider shortages, far distances between healthcare facilities, and limited public transportation.²⁵ Both Greene and Columbia Counties are predominantly rural, with many residents living in areas where mental health services are scarce or difficult to access.

Rural communities also experience higher rates of social isolation, economic hardship, and stigma surrounding mental health care, all of which can contribute to untreated or worsening mental health conditions.²⁶ As mentioned above, the

²¹ U.S. Census Bureau. (2023). <https://data.census.gov>

²² American Community Survey 2015-2019

²³ Defining Wellness. (2022). *Effects of Physical Disability on Mental Health*. <https://definingwellness.com/resources/effects-of-physical-disability-on-mental-health/>

²⁴ ADA National Network. (2018). *Mental Health Conditions in the Workplace and the ADA*. <https://adata.org/factsheet/health>

²⁵ Edwards A, Hung R, Levin JB, Forthun L, Sajatovic M, McVoy M. Health Disparities among Rural Individuals with Mental Health Conditions: A Systematic Literature Review. *Rural Ment Health*. 2023 Jul;47(3):163-178. doi: 10.1037/rmh0000228. Epub 2023 May 11. PMID: 37638091; PMCID: PMC10449379.

²⁶ Warsaw, R. (2017). Health disparities affect millions in rural US communities. *Association of American medical colleges*, 31. Accessed on [April 2, 2025] from <https://www.aamc.org/news-insights/health-disparities-affect-millions-rural-us-communities>

older adults who make up a significant portion of the rural population in these counties may face compounding barriers related to living in a rural area, such as mobility limitations, lack of internet or technological skills to access telehealth services, and fewer specialized providers trained in geriatric mental health care.⁶

The Applicant's proposed project will help address these challenges by expanding behavioral health services within the region, reducing the need for long-distance travel for specialized psychiatric care. This project will also enable family members to visit and support patients more frequently than if they were transferred to a facility farther away.

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 tables below outline the utilization of services at CMH among key medically underserved groups between November 1, 2023 and October 31, 2024.²⁷ The total number of individuals accessing services at the psychiatric units is expected to increase with the additional beds; however, the proportion of individuals accessing services by medically underserved group is not expected to change, as the location and all other components of the service (e.g., accepted insurance) are expected to remain the same.

Race/Ethnicity

Race	% of Patients
Black	4.1%
White	77.7%
Other	17.3%
Asian	0.8%
American Indian/Alaska Native	0.1%
Native Hawaiian/Pacific Islander	0.0%

Ethnicity	% of Patients
Hispanic or Latino (any race)	10.0%
Not Hispanic or Latino	81.1%
Unknown	8.9%

Payor Mix

²⁷ Data provided by Applicant

Payor	% of Patients
Medicaid	25.1%
Medicare	25.3%
Dual Eligible (Medicaid & Medicare)	12.2%
Commercial	32.7%
Uninsured	3.3%
Other (NF/Comp)	1.5%

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

There are no hospitals with inpatient psychiatric beds in Greene County, and CMH is the only hospital with inpatient psychiatric beds in Columbia County. Nearby facilities with inpatient psychiatric beds are St. Peter's Health Partners and WMC Health, although their facilities are not located within the Applicant's primary service area. There are no nearby facilities with geriatric inpatient psychiatric units.

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

The Applicant's market share has been in the 60 – 70% range in recent years, and state data suggests that it has been the market leader for more than 5 years in a row. St. Peter's Health Partners and WMC Health also serve the market, with 19% and 10% market shares, respectively. The Applicant's patient population is majority (89%) Medicare, Medicaid, and self-pay patients.²⁸

The Applicant forecasts behavioral health admissions to grow 2% over the next five years, with expected increases in outpatient and ambulatory behavioral health programming. Historic trends indicate little in-migration of patients. The current estimated bed demand for Columbia and Greene County patients is 37 beds (based on actual heads in beds for patients who live in these counties regardless of where they are admitted). The utilization rate of inpatient behavioral health services for these two counties is lower than the New York state utilization rate, indicating that the market may be underserved and/or indicating that enhancement of local services could cause "demand creation" (an increase in inpatient behavioral health utilization for patients from these counties). Based on the New York state utilization rate, the bed need should be closer to 42 beds for the Columbia and Greene patient population.

²⁸ Data provided by Applicant.

Within Columbia and Greene Counties, the 65+ age cohort is forecasted to grow 10% over the next 5 years. In that same period, the demand for behavioral health services by this group is projected to grow 27%.²⁹

- 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.**

The Applicant is committed to providing comprehensive care and support to individuals who are uninsured or underinsured, in accordance with current financial assistance policies and federal/state regulations. This commitment is not expected to be impacted by the proposed project. The Applicant's current policy states that the hospital will not discriminate based on race, color, religion, creed, sex, national origin, marital status, sexual orientation, transgender status, gender identity, veteran status, or any other characteristic as protected by applicable law.

The Applicant participates in efforts to support the Prevention Agenda, New York State's Health Improvement Plan, which serves as a blueprint for state and local action to improve the health and wellbeing of all New Yorkers and promote health equity across any population that is experiencing a health disparity. The Applicant also implements community service activities and conducts a Community Health Assessment (CHA) every three years.⁹

The Columbia Memorial Hospital Health Affairs Committee, which replaced the Board of Trustees when the Applicant joined the Albany Med Health System, is representative of the community, and all members either live, work, or have family ties to Columbia and Greene Counties.³⁰

CMH is compliant with New York State's Public Health Law 2807-k, which requires hospitals to establish financial aid policies and procedures for reducing charges to low-income individuals without health insurance, or who have exhausted their health insurance benefits, and who can demonstrate an inability to pay full charges. As part of Albany Med Health System, CMH has a financial assistance policy that provides medically necessary care at no charge or reduced charge for patients who meet eligibility requirements.³¹ Patients are provided with

²⁹ Data provided by the Applicant

³⁰ Data provided by the Applicant

³¹ Albany Med Health System, (n.d.). *Financial Assistance Programs*. Retrieved [April 2, 2025], from <https://www.albanymed.org/patients-visitors/billing-insurance/financial-assistance-programs/>

a financial counselor who can provide assistance in the patient's language or via qualified telephonic interpreters through each phase of the application process.

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.

The expanded psychiatric unit will require additional staff. The Applicant has a detailed plan to hire the additional staff required for the addition of 8 additional adult beds consistent with current operations of the adult psychiatric unit, and a slightly higher level of nursing and other needs for the new 12-bed geriatric unit. They have also planned for an additional leadership role for the new 12-bed geriatric unit. Healthcare staffing is a challenge across the entirety of NYS and in this rural area, and several stakeholders expressed concerns about the ability of the Applicant to staff this expansion. The Applicant has indicated that they have been able to maintain adequate staffing levels for the existing inpatient behavioral health unit for the past several years, although some stakeholders indicated that at times the unit has not been fully staffed. Stakeholders indicated that because Columbia County is in a lower reimbursement bracket than nearby counties, there have been challenges retaining staff.

The Applicant will take the following steps to ensure appropriate staffing:

- Competitive salaries based on market rates.
- Staff retention strategies consistent with their current positive experience recruiting and retaining adequate staffing levels.
- "Grow your own" approach, wherein they encourage and support staff to obtain additional certificates and training.
- Partnerships with local colleges to focus on recruiting recent graduates.

The Applicant is deliberate when hiring, retaining, and developing diverse talent. Specific steps taken to ensure diversity among staff are as follows:

- Diverse and inclusive job advertisements
- Inclusive language in their job postings
- A culture that welcomes all candidates
- Recruiting from a wide variety of sources; high schools, universities and a variety of job posting websites
- Partnering with local minority groups to help promote job opportunities.

CMH staff currently self-identify as the following:³²

- American/Alaska Indian: 2
- Asian: 68
- Black/African American: 105

³² Data provided by the Applicant

- Hispanic/Latino: 45
- White: 1,012
- Two or more races: 63

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.³³

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.

The Applicant has not undertaken similar work in the last five years. However, this project is related to the organization's broader efforts to improve access to behavioral health services. For example, in 2015 CMH expanded inpatient capacity from 18 to 22 beds. The past expansion and current experience in successfully operating a licensed inpatient service will guide CMH's approach to expanding inpatient care. Program leadership, clinicians, providers, nursing, and support staff will be available to provide oversight, training, and support to the expanded service areas, which will increase the likelihood of seamless project implementation. Similarly, the current program guidelines and protocols can be replicated for expanded inpatient beds, streamlining the integration of the new adult inpatient beds. Finally, as part of the Albany Med Health System, Columbia Memorial is part of a collaborative behavioral health network that promotes sharing of best practices and leveraging resources across the system to ensure timely, efficient, effective care to the mental health services within the catchment area. This investment is required in order to fill a gap in services available to the local community.

STEP 2 – POTENTIAL IMPACTS

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

The renovation and addition of eight beds to the existing adult inpatient psychiatric unit, along with the creation of a 12-bed geriatric psychiatric unit, will

³³ Data provided by the Applicant

significantly enhance access to services, advance health equity, and reduce health disparities in Columbia and Greene Counties.

1. Improving behavioral health service availability in an underserved community

The facility is located in a HRSA-designated Medically Underserved Area (Columbia and Greene Counties) and serves a Mental Health Professional Shortage Area (Greene County).³⁴ As noted above, there is a shortage of inpatient psychiatric beds to meet the current demand in the Applicant's service area.^{1,2} The need for inpatient psychiatric beds has been further exacerbated by the Covid-19 pandemic, as many hospitals made operational decisions to take inpatient psychiatric beds offline in order to more effectively respond to the pandemic.³⁵ However, despite State efforts directing hospitals to re-open licensed inpatient psychiatric beds or risk fines, many beds remain offline. As of April 2023, 141 psychiatric beds in the Hudson River Region remained offline.¹ Given the growing demand for mental health services and the limited availability of beds, the additional inpatient psychiatric beds at CMH will improve access to mental health services in a community that is medically underserved.

The expansion at CMH will directly increase access to inpatient mental health care for medically underserved groups, including:

- Older adults, who face higher rates of cognitive decline and behavioral health conditions.
- Low-income individuals, those who rely on public benefits for care, and uninsured or underinsured individuals, who may have limited options for outpatient and inpatient care.
- Racial and ethnic minorities, who have historically faced systemic barriers to equitable mental health services.
- People with disabilities, who may require specialized accommodations for care.
- Rural residents, who face geographic barriers to inpatient psychiatric services.

Additionally, stakeholders noted that the publicity surrounding this project may help increase community awareness of available mental health services beyond inpatient care. This, in turn, could lead to improved access to wraparound mental health services such as outpatient treatment, crisis intervention, and support programs.

³⁴ Health Resources & Services Administration. (n.d.). *Find shortage areas by address*. Retrieved February 25, 2025, from <https://data.hrsa.gov/tools/shortage-area/by-address>

³⁵ New York State Department of Health. (2023, January 10). *Reopening of inpatient psychiatric beds* [Letter to hospital administrators]. Retrieved February 25, 2025, from https://www.health.ny.gov/professionals/hospital_administrator/letters/2023/docs/2023-01-10_reopening_of_inpatient_psychiatric_beds.pdf

2. Reducing burden on Emergency Department

Currently, four to five patients per day arrive in the Applicant's Emergency Department (ED) with acute behavioral health crises, including psychosis and delirium.³⁶ A lack of available inpatient psychiatric beds can result in:

- Extended ED stays while patients await transfer.
- Increased strain on ED staff and resources.
- Patients being discharged prematurely without receiving adequate stabilization.
- Patients being transferred up to three hours away - or even out of state - to receive inpatient care.³⁷

By expanding inpatient psychiatric capacity, this project will enable faster transitions from the ED to appropriate inpatient care, thereby reducing ED congestion, improving patient flow, and ensuring that patients receive needed specialized psychiatric care as soon as possible. This will be especially beneficial for older adults and individuals experiencing acute psychiatric distress, as it will allow them to remain in a stable, supportive environment close to home, family, and familiar community resources.

3. Reducing burden on community services

Currently, the lack of available psychiatric beds places a strain on local law enforcement and emergency medical services (EMS):

- Patients experiencing psychiatric crises are sometimes held in jail because there is no inpatient psychiatric bed available.
- Ambulance services are frequently tied up for hours transporting patients to distant hospitals, which limits the availability of EMS for other medical emergencies in the community.

By expanding inpatient psychiatric services at CMH, the project will:

- Reduce the need for law enforcement involvement in mental health crises by ensuring that individuals in crisis can access appropriate care locally.
- Free up EMS resources by reducing the need for long-distance transportation to psychiatric facilities outside the region.

This will enhance the overall responsiveness and effectiveness of emergency services across Columbia and Greene Counties and will directly benefit all medically underserved groups.

³⁶ Data provided by the Applicant

³⁷ Goodman, J. D. (2023, October 12). *Hochul moves to expand mental health care in New York hospitals*. *The New York Times*. Retrieved February 25, 2025, from <https://www.nytimes.com/2023/10/12/nyregion/hospitals-hochul-mental-health.html>

4. Allowing people to receive specialized care close to home

Currently, some patients requiring inpatient psychiatric care must be transferred hours away due to the lack of available local beds. This situation creates significant challenges for both patients and their families:

- Patients are disconnected from their usual care networks, including outpatient providers and community-based mental health supports.
- Families may face difficulties visiting and supporting their loved ones, which can negatively impact treatment engagement and recovery.
- Older adults and individuals with complex mental health needs may struggle with transitions to unfamiliar settings, which can worsen confusion, distress, and overall outcomes.

The expansion of inpatient psychiatric care at CMH will allow more patients to receive care in a familiar environment, with continuity of care from local providers and wraparound support services in the community. Maintaining connections to outpatient services, peer support groups, and case management teams can improve long-term mental health outcomes and reduce hospital readmissions. By keeping care local, the project will promote better coordination between inpatient and outpatient mental health services, ensuring that patients have a comprehensive, community-based support system before, during, and after hospitalization.

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.

Potential unintended negative impacts of the project for medically underserved groups are as follows:

- **Negative public perception of the project:** The project has the potential to increase negative public opinion of the Applicant and create the mistaken impression that the hospital is overly focused on behavioral health care. This in turn could lead communities who are already medically underserved (e.g., communities of color) to avoid receiving other necessary medical services. This project could also lead to community members mistakenly viewing this project as taking away services that they and their family members need, as indicated by one survey respondent. To address this possibility, the Applicant has planned deliberate communication strategies that include ensuring that all publicity explicitly states that this project will not replace any other service, nor will it divert hospital resources needed for other services, as it was funded through a Capital grant. Communication strategies will also

include information on wraparound and community-based services, and mental health stigma reduction programming.

- **Increased burden on already strained community services:** Part of the plan for this project is to increase availability of inpatient psychiatric beds for the entire Albany Med Health System (AMHS). By bringing in complex and high-need patients from other counties, there is a possibility of increased burden on local community services.
 - Community mental health services in Columbia and Greene counties are already overburdened, making post acute care difficult even for local patients. Without appropriate communication, this project could increase burden and strain relationships between the Applicant and community partners.
 - Many individuals who require inpatient psychiatric services experience homelessness. Therefore, without appropriate discharge planning or plans to return patients to their counties of origin, this project could increase the burden of homelessness in the area. The Applicant has noted that having strong community partnerships and being part of the larger Albany Med Health system will support appropriate discharge planning.
- **Increased conflict between hospital internists and psychiatric clinical staff:** The relationship between hospitalists and psychiatric staff is occasionally strained, as there can be uncertainty about which department patients should be admitted to. This can be addressed by developing formal structures for collaboration and standard operating procedures and policies for admission to the new psychiatric unit.

Potential unintended positive impacts of the project for medically underserved groups are as follows.

- **Improved political perception:** This project is the result of one of the only Capital grants awarded in the Hudson Valley. The successful implementation of this project may increase government will provide these kinds of behavioral health-related grants, specifically among underserved regions of the state. This project could become a regional model for behavioral health expansion.
- **Improved public awareness of the mental health needs and services:** Stakeholders noted a lack of awareness of services that are already available in the area. This project includes a communication plan to help inform community members of local outpatient services.
- **Reduction of mental health stigma:** Alongside the rollout of the new inpatient beds, the Applicant plans to hold community events and community education programming. Increased conversation about mental

health needs and services could reduce mental health stigma in the area, particularly for communities that experience higher levels of stigma and lower likelihood of accessing mental health care services. This in turn may allow community members to access lower levels of care before reaching the need of inpatient hospitalizations.

- **Increased collaboration between community services and CMH:** With proper planning, this project could lead to increased collaboration and goodwill between local community service providers and CMH. Increased goodwill will increase the likelihood of successful care transition and discharge plans that directly involve community services, and as such ensure continuity of care for all patients.
- **Creating an attractive environment for clinicians:** The new construction and program expansion could present an attractive opportunity for clinicians, which would in turn build the healthcare workforce in the local area. In addition, the project could lead to a new relationship with Albany Med's residency program. The new and expanded inpatient units could lead to CMH's becoming a rotation site for the extant residency program and provide a pipeline for new behavioral health providers to stay in the community.³⁸

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 current amount of indigent care is [REDACTED], which includes both bad debt and charity care activity only. Several services are reimbursed "below cost" (most Medicaid services and certain Medicare services) which are not included in this number.³⁹ The Applicant expects the amount of indigent care to increase as a result of this project, due to the expected patient population and the increased revenue associated with adding this service.

4. 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 in the Applicant's service area include personal/private transit by car, contracted transportation services, and public transportation. The Applicant understands the transportation barriers 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

³⁸ Goodfellow, A., Ufioa, J. G., Dowling, P. T., Talamantes, E., Chheda, S., Bone, C., & Moreno, G. (2016). Predictors of primary care physician practice location in underserved urban or rural areas in the United States: A systematic literature review. *Academic Medicine*, 91(9), 1313–1321. <https://doi.org/10.1097/ACM.0000000000001203>

³⁹ Data provided by Applicant

Healthcare Consortium's Children and Adults Rural Transportation Service (CARTS) program, which provides Columbia County residents with non-emergency medical transportation. The service retrieves individuals from any location in Columbia County and delivers them to locations throughout the county and beyond. Clients who are enrolled in Medicaid must call a company called MAS to confirm eligibility for Medicaid transportation and receive prior authorization for the trip. CARTS operates 8:00am-4:00pm Monday through Friday, excluding holidays. Ambulette services are available for individuals requiring additional assistance.

As a result of a recently conducted HEIA on the construction of an ambulatory surgical center in Catskill, NY, the Applicant has partnered with local government to increase the number and frequency of stops at hospital-run locations.

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

The renovated units will be on the 2nd and 5th floors of the facility. All floors are accessible via elevator and will continue to be compliant with the ADA.

- 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

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

Greene County Department of Health

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

Several Columbia and Greene County government officials were interviewed and participated actively in the Meaningful Engagement portion of this assessment.

- 9. Meaningful engagement of stakeholders: Complete the “Meaningful Engagement” table in the document titled “HEIA Data Table”. Refer to the instructions for more guidance.**

Please refer to attached spreadsheet titled “heia_data_tables_CMH.xlsx”

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

The stakeholders most affected by this proposed project are individuals in Greene and Columbia Counties with severe mental illness who require inpatient hospitalization for treatment. Families of those needing care will also be affected, as they will not have to travel as far to visit their relatives and will be available to help them connect to outpatient services post-discharge. By definition, all individuals who are currently accessing or who are expected to access inpatient psychiatric services at CMH belong to a medically underserved group.

Almost all stakeholders interviewed or surveyed as part of this assessment were supportive of the project. One survey respondent was against the change and wrote that they feel that this service will mean that CMH is giving up services that benefit them and their family. However, this is a misconception as no services will be reduced as a result of this project. All interviewees and most survey respondents said that this project is needed in the area, and some said that they wished that even more beds could be made available.

Concerns identified in interviews and focus groups included: the need for clear eligibility criteria and discharge planning, sustainability of the program given recent uncertainty around federal and state funding, potential for community backlash, bringing in high-needs individuals from external counties, ability to staff the expanded and new units, complicated relationships with local providers, and desire for increased and proactive communication with community service providers across a variety of specialty areas. Some survey respondents were concerned about staffing and funding of the new beds. Survey respondents who were opposed to the project were primarily concerned that this addition might lead to the reduction of other needed services.

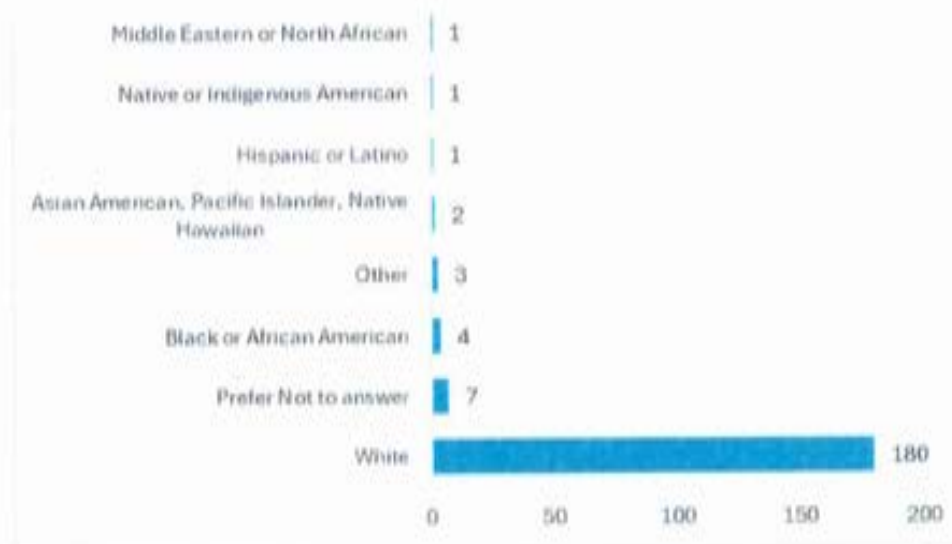
- 11. How has the Independent Entity’s engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?**

As part of our stakeholder engagement, we conducted interviews and focus groups with 28 individuals, including leadership and staff from CMH and Albany

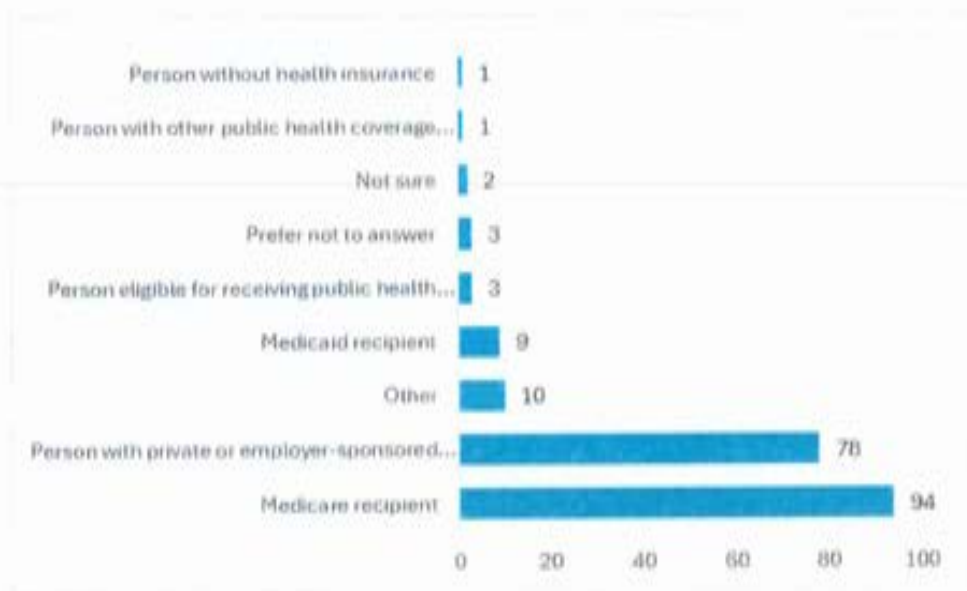
Med Health, local community-based organizations, Columbia and Greene County government officials, and the Columbia County Office of Aging. These interviews helped us identify the typical demographics and characteristics of patients who are currently using and who are expected to use the inpatient psychiatric services at CMH. A survey was sent to CMH donors, board members, employees, community members, patients, and family of current/former patients, which helped us to understand community concerns.

We received 195 responses to our survey from employees, patients, and residents and/or their caregivers. As detailed in the tables below, many survey respondents were representative of one or more of the medically underserved groups outlined in this assessment. More than three-quarters of survey respondents were either supportive (83%) or neutral (14%) of the project. Only 3% were opposed to the project.

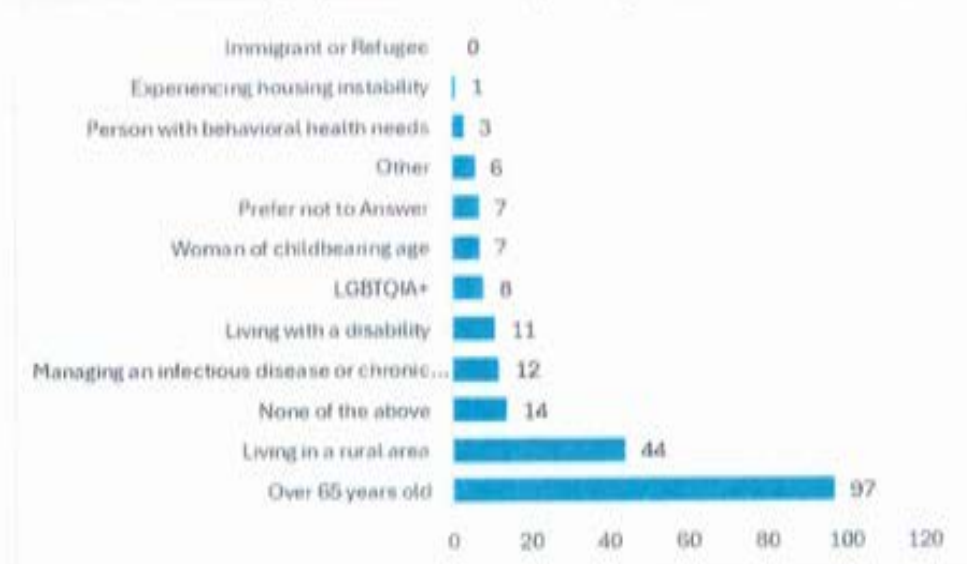
Race/Ethnicity of Survey Respondents



Insurance Coverage of Survey Respondents



Additional Demographics of Survey Respondents



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.

Our stakeholder engagement process involved working closely with CMH to identify and conduct comprehensive outreach to community-based organizations, staff, providers, and community members from which we sought feedback for the assessment.

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 Applicant has strict policies and procedures in place to ensure all patients have access to certified interpreters. Staff utilize the NYS Language Identification Tool to assist them in identifying interpretation needs. The primary method of providing interpretation services is via dual handset telephones, and video interpretation is available to support needs for American Sign Language. Any additional interpretation needs are escalated to the Language Access Coordinator to ensure timely access to communication services for patients. All staff are required to complete annual education on language access services, including the proper procedure for accessing interpreters and providing interpretation services to individuals in care.

The evaluation of language access services is ongoing and conducted annually at a minimum. Evaluations include review of mandatory staff education completion rates, review of event reports or patient grievances related to language access services, and confirmation that adequate and functional equipment is in place to meet patient needs.

Lastly, the Applicant conducts ongoing review of language needs within the community by 1) using county-level data to identify primary languages used in students' homes, 2) encouraging staff to alert the Language Access Coordinator to any newly identified interpretation or translation needs, and 3) identifying frequently used languages through review of translator service reports.

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

- **Continue to foster strong relationships among local behavioral health providers by creating a formal working group.** The group should include CMH leadership, community-based mental health providers, private outpatient providers, and other relevant local groups (e.g., commissioner of social services, mental health association of Columbia and Greene Counties, Twin County Substance Use services).

- There is already a CMH-led informal working group with many local mental health providers. This relationship should be given additional structure by formalizing the relationship, including all relevant members, and creating clear objectives, scope, and definitions of success.
- It may be helpful to revive and adapt successful elements from past care transition projects, including structured workflows, regular meetings, and tracking relevant metrics.
- The Healthcare Consortium may be leveraged to identify additional groups to include.
- The group should emphasize systems thinking and consider interdependencies between the Applicant, community providers, housing, and aging services.
- **Strengthen relationships with local nursing homes and Aging Services.** Given the opening of a new geriatric inpatient psychiatric unit, formal partnerships with the Offices of Aging in Columbia and Greene Counties and community partners who serve geriatric populations should be developed.
 - Regular check-ins should be established with key stakeholders who serve the local geriatric populations to align on care, discharge planning, and transition strategies.
 - Specifically, the Applicant should collaborate with nursing homes and aging services on post-discharge support and geriatric psychiatry care trainings.
- **Prior to opening the new beds, develop and communicate concrete policies and procedures to ensure positive impact on local medically underserved populations and services providers.**
 - The Applicant should create a plan to ensure that local residents are prioritized for the new psychiatric beds. Although the purpose of this project is to expand access to inpatient psychiatric services in the region, there is a need to ensure that medically underserved groups in the area will benefit from this project.
 - Eligibility criteria should be clearly defined and communicated to local EMS, local mental health service providers, and law enforcement.
 - The Applicant should work with hospital staff, local service providers, relevant workgroups, and regional partners to develop concrete discharge and transition care plans for 1) local patients, 2) out-of-county patients, 3) elderly patients, 4) patients experiencing homelessness, and other relevant medically underserved groups.
- **Support training for law enforcement, EMS, and hospital staff.**
 - Staff training on geriatric mental health and dementia should be developed and implemented and include the Office of Aging.

Evidence-based models such as Teepa Snow's Positive Approach to Care could be utilized.

- Collaborating with local law enforcement and EMS on behavioral health trainings will improve appropriate referrals, especially with older adults and medically underserved populations with mental illness. Although the Applicant may not be directly involved with law enforcement training, they can provide support and ongoing collaboration for these trainings as needed.
- **Develop a plan for collaborative care planning between internists and psychiatric care staff.** This may include an internal working group among leadership and staff across departments to ensure continuity of care within the inpatient setting. This group should:
 - Review existing workflows and shared protocols, and plan cross-departmental training and education, including on health equity.
- **A common thread throughout meaningful engagement was the desire for proactive and transparent communication with local service providers and the community. It will be particularly important to communicate to the public that this addition will not take away from other services. In addition to the current plans to communicate with the community and relevant stakeholders, the Applicant should:**
 - Leverage existing relationships to proactively engage impacted key stakeholders on project developments. Community and CMH providers, including primary care, behavioral health, and geriatric specialists, requested proactive updates on changes, updates, and any key happenings with regard to this project. Monthly or quarterly communication is suggested.
 - Actively foster relationships with long term care providers and community service providers who serve the elderly.
 - Collaborate with the Chamber of Commerce and community partners to communicate relevant updates to the public. It may also be helpful to partner with local thought leaders and communicate with them directly, in addition to through media outreach.
 - Maintain an ongoing dialogue with clinical and administrative staff throughout the renovation process to ensure that the updated facilities meet the needs of both providers and patients.

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

The Applicant has a strong and positive presence among the community services network within Columbia and Greene Counties and the surrounding catchment area. Collaboration that will result from the proposed project is planned to expand upon these existing relationships. The Applicant has existing collaborative relationships with a large network of community partners that focus

on continuity of care, including county mental health centers, the Mental Health Association of Columbia-Greene Counties (PROS Recovery Program, Residential Services, Care Coordination, Mobile Crisis (MCAT)), the counties' Offices for the Aging, Catholic Charities of Columbia-Greene Counties, Department of Social Services, Sun River Health, Columbia County Healthcare Consortium, Twin County Recovery Services (Greener Pathways) and Adult Partial Hospitalization Programs embedded in local hospitals.

The Applicant also partners closely with treatment providers in the community. The Program Director has robust professional relationships with various leaders within the community services and support networks. The Program Director convenes weekly phone calls with Columbia County and Greene County Mental Health Centers to review admissions and discharges, identify and troubleshoot potential barriers to discharge or transition to community and debrief recent discharge experiences to assure issues are managed in real time. Biweekly calls are held with the Mobile Crisis (MCAT) team to review any anticipated challenges or support needed for patients. This allows for a forum to address process issues as they are identified.

The Applicant has several mechanisms already in place by which they can consult impacted patients and family members:

- Leaders strive to assure a representative makeup of committees and workgroups to assure representation of the prevalent cultural groups within the service area. Participation by individuals with lived experience is viewed as a valuable resource to inform decision making, and as such current or previous service recipients are encouraged and invited to participate in workgroups when possible.
- Patient experience surveys collect feedback from individuals with lived experience. This information is used to identify opportunities to improve the delivery of psychiatry services.
- Peer advocates are actively engaged in the care and treatment of psychiatric population at CMTI and serve as an additional means of obtaining feedback from those with lived experiences.
- The Applicant convenes inpatient and outpatient Family Advisory Committees. This committee allows for open dialogue regarding the experiences of patients or families that have received services at Columbia Memorial. Expansion of this concept to the psychiatric population is in development.

The Applicant has indicated that the Vice President of Operations and Quality will be primarily responsible for overseeing activities that ensure incorporation of feedback of participants into the services provided. Plans to accomplish this include expansion of the Patient and Family Advisory Committee activities, continued engagement of community service providers and collaboration with

health system entities to better understand challenges and barriers as they arise. This information will be used to inform continuous quality improvement activities.

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?

Albany Med Health System has developed a governance workgroup focused on reducing disparities in access, quality, and treatment outcomes. This committee is multidisciplinary and diverse with robust participation from each entity from the health system, including the CEO of CMH. The scope of the workgroup will continue to expand as its objectives and strategies are formalized. The CMH DEI Leadership Committee will also develop learning material to educate managers and the leadership team on how to promote DEI and engage employees in the continued development of a cultural environment that is inclusive for the CMH workforce and patients.

This project addresses systemic barriers to equitable access to services in the following ways:

- **Geographic access.** The project expands access to localized inpatient psychiatric care, reducing the need for patients (particularly the elderly and low-income) to travel long distances for treatment. The project targets a medically underserved area where mental health professional shortages are abundant.
- **Age-appropriate care.** The project specifically addresses the needs of older adults and nursing home residents, who are often poorly served by general psychiatric units. It will include specialized geriatric psychiatric services for conditions like dementia and polypharmacy-related complications.
- **Pressure relief for other services.** Increased availability of inpatient services may allow outpatient providers to focus on less acute cases, improving system-wide efficiency and continuity of care. Increased psychiatric beds will ease the burden on the ED and increase access to necessary medical care for underserved groups. Having local services available will reduce the need for EMS to transport patients up to three hours away to receive necessary care, freeing up their time to continue servicing the local area and provide medically essential services.
- **Strengthening of Mental Health Workforce.** If implemented, becoming a psychiatric residency site could help build local workforce if trainees choose to stay in the region.
- **Mental health awareness and prevention.** These services may encourage early intervention and long-term treatment planning, particularly in the post-COVID context.

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?

The Applicant has several robust mechanisms in place that can be leveraged to monitor the potential impacts of the proposed psychiatric inpatient expansion.

- **Community Health Assessment (CHA):** Every three years, CMH staff work with community groups conduct a comprehensive Community Health Assessment to actively engage community members and assess local health and social needs. This process involves rigorous research, stakeholder engagement, and data collection, ensuring a thorough understanding of the community's evolving health care challenges. The Applicant can leverage the findings from this assessment to evaluate whether the expanded and improved inpatient mental health services are effectively meeting community needs. By analyzing trends in service utilization, access barriers, and patient outcomes, CMH can make data-driven adjustments to enhance service delivery, address gaps, and ensure that the expansion continues to align with community priorities.
- **Key metrics already in use:** CMH currently tracks several quantitative measures that can be used to monitor impacts, such as
 - Average length of stay
 - Readmission statistics
 - Occupancy rate
 - Average daily census
 - Discharge outcomes, including housing status and linkage to outpatient services.
- **The Performance Improvement Committee** can be leveraged to access potential impacts of the project. This committee oversees all performance improvement initiatives, prioritizes activities, recommends allocation of resources, and coordinates communication of organization-wide performance improvement initiatives between medical staff, other departments, and the Board. The committee also assesses performance improvement activities annually.
- **Patient feedback mechanisms** are described in Step 3, Question 3.

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?

The Applicant can consider the following:

Data Monitoring and Analysis

- Develop a Health Equity Dashboard to track demographics, referral patterns, service use, and outcomes for the expanded psychiatric unit and new geriatric unit.
- Analyze readmission rates, length of stay, and discharge success by demographic indicators.
- Stratify all data (surveys, reports, dashboards) by race, ethnicity, language, zip code, and social needs; include sexual orientation and gender identity (SOGI) when available.
- Continue to review demographic data categories to ensure they reflect the community served.
- Use the findings to refine policies and practice for greater equity.

Communication and Engagement

- Maintain open channels of communication between leadership, staff, and community partners, including sharing key findings.
- Engage community members to discuss experiences and evaluate needs.
- Monitor external partnerships (e.g., transportation, mental health providers, aging services) for alignment and efficiency.

Training and Staff Support

- Enhance DEI training to include systemic racism and health equity impacts.
- Train staff on compassionate, culturally appropriate care and data collection practices, including trauma-informed and culturally sensitive approaches.

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 -----

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, President and CEO, attest that I have reviewed the Health Equity Impact Assessment for the Columbia Memorial Hospital Inpatient Psychiatric Expansion that has been prepared by the Independent Entity, Jeffrey A. Sachs and Associates, Inc.

Dorothy M. Urschel, DNP

Name

President and CEO

Title



Signature

4/16/2025

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)

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.

The Columbia Memorial Healthcare system (CMH) is the sole provider of healthcare and with a major focus on the inpatient mental health population in Columbia and Greene counties. The interdependence of this project is of importance to protect continued access to critical health services for the one hundred and eleven thousand residents that we serve. This mental health expansion will create a mental health

system of care not only for Columbia and Greene Counties but for the Albany Med Health system.

CMH will provide a robust communication plan throughout the construction process to incorporate local agencies, providers, and the system to allow ease of access for patients and points of communication for safe patient care across the continuum of inpatient to outpatient care. We will hire a "transitions of care liaison" to work with referring and receiving providers, other centers as well as outpatient services to improve efficiency of patients' accessibility to all mental health services.

CMH has already developed regularly cadenced meetings with Columbia and Greene counties' Directors of Community Services to support collaboration within the current process of care. This setting will be utilized to communicate and collaborate around future bed expansion, including addition of Geriatric psychiatry. Separate breakouts or ad hoc meetings will be established with agencies such as the Office of Aging and local nursing home administrators to focus on the Geriatric psychiatry component of our growth plan. This mental health management plan is key to caring for the medically underserved communities.

CMH has an established internal operations workgroup that consists of physician and nursing leaders from the hospitalist, emergency medicine and behavioral health areas. This setting will allow for internal development of care treatment pathways and protocols. We have new leadership and provider staff are working collaboratively to improve the patient experience. They will continue to work together to offer important service offerings. The CMH education department is developing a geriatric-mental health curriculum to educate our current and future staff who will be onboarded into this service line. We have hired advanced practice providers with geropsychiatry experience and attending psychiatrists who have worked with this population.

CMH will provide access points for scheduling appointments, communicating with the healthcare team, language support and health education. CMH's focus on developing key policies and procedures for both internal and external constituents is key to this process. CMH will continue to focus on underserved and underinsured populations in developing plans of care. This will include case management and discharge/transition plans that ensure we do not overwhelm outpatient care providers. We will develop policies and procedures to transition local patients and develop an algorithm to discharge patients who are not from the local counties or region.

CMH has already begun working with local EMS and law enforcement agencies to support this population and address any conflicts that may arise. We will coordinate any hospital-based trainings with external agencies that may impact this population. We have a new electronic medical record system that allows for more facile patient placement and bed allocation. CMH's mental health expansion will offer a patient-

friendly environment that is less stressful, convenient, and focused on geropsychiatric care.

Our county residents currently utilize several modes of transportation to access hospital services, including contracted transportation through CMH, public transportation, the Healthcare Consortium and EMS. CMH is evaluating how to expand partnerships to mitigate transport challenges. CMH has a plan in place with local County EMS for interfacility medical transportation. Columbia County EMS (CCEMS) will function 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.

[REDACTED]
[REDACTED] We will continue to maintain the current mission to care for the sick and provide comprehensive quality care. CMH remains committed to maintaining acute care services that are currently offered [REDACTED]

[REDACTED] [REDACTED] We will focus our communication strategies on the services we provide to our counties, including other recent non-behavioral health expansions. 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 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 when eligible. CMH also participates in enrollment fairs for 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 New York State Patients' Bill of Rights. Among the rights of a patient who is cared for in a hospital in New York 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 Columbia and Greene Counties and providing the best mental healthcare in the area.

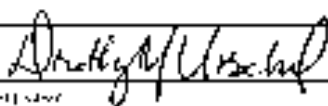
New York State Department of Health Certificate of Need Application

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: Columbia Memorial Hospital

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, 30 and 40 of the public health law and implementing regulations, as applicable.

Signed by	Date
	4/22/2025
Print Name	Title
Dorothy M. Urschel	President and 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 type="checkbox"/> NO <input checked="" type="checkbox"/>	Title of Attachment: N/A - Administrative Review
Is the applicant part of an "established PHL Article 28" network" as defined in section 401.1(j) of 10 NYCRR? If yes, attach a statement that identifies the network and describes the applicant's affiliation. Attach an organizational chart.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Schedule 1 Attachment

Contacts

The Primary and Alternate contacts are the only two contacts who will receive email notifications of correspondence in NYSDH-COM. *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 NYSDH-COM.

Primary Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Frank M. Cicero, President	Cicero Consulting Associates	
	BUSINESS STREET ADDRESS		
	525 Westchester Avenue, Suite 201		
	CITY	STATE	ZIP
	White Plains	NY	10604
	TELEPHONE	E-MAIL ADDRESS	
914-862-8657	conadmin@ciceroassoc.com		

Alternate Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Dorothy M. Urschel, President and CEO	Columbia Memorial Hospital	
	BUSINESS STREET ADDRESS		
	71 Prospect Avenue		
	CITY	STATE	ZIP
	Hudson	NY	2534
	TELEPHONE	E-MAIL ADDRESS	
518-828-8374	durschel@cml-h.nl.org		

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.

CHIEF EXECUTIVE	NAME AND TITLE		
	Dorothy M. Urschel, President and CEO		
	BUSINESS STREET ADDRESS		
	71 Prospect Avenue		
	CITY	STATE	ZIP
	Hudson	NY	12534
CHIEF EXECUTIVE	TELEPHONE		E-MAIL ADDRESS
	518-828-8374		durschel@cmh-net.org

The applicant's lead attorney should be identified: **N/A**

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

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

CONSULTANT	NAME		FIRM	BUSINESS STREET ADDRESS
	Frank M. Cicero		Cicero Consulting Associates	925 Westchester Avenue, Suite 201
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	White Plains, NY 10604		914-682-8657	conadmin@ciceroassociates.com

The applicant's lead accountant should be identified: **N/A**

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

Please list all Architects and Engineer contacts:

ARCHITECT and/or ENGINEER	NAME		FIRM	BUSINESS STREET ADDRESS
	Margaret MulCahy		Hyman Hayes Associates	800 Troy Schenectady Road, Suite 103
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	Latham, NY 12110		774-219-1991	MMulCahy@hymanhayes.com

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

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 **N/A**

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

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

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

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

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

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

Schedule 1 Attachments

- 1) Project Narrative
- 2) Organizational Structure
- 3) Medical Director CV

COLUMBIA MEMORIAL HOSPITAL

PROJECT NARRATIVE

Introduction

Columbia Memorial Hospital (“CMH”), a 192-bed acute care hospital and affiliate of Albany Med Health System, is located at 71 Prospect Avenue, Hudson (Columbia County), New York 12534. CMH submitted a proposal under the RFP entitled, “Capital for Expanding Inpatient Psychiatric Capacity for Adults, Children and Adolescents in Article 28s and Not for Profit Article 31s” issued by the NYS Office of Mental Health (“OMH”). CMH received notification of an award for this RFP on April 25, 2024 and is seeking approval from the Department to carry out the initiatives of the grant proposal.

Columbia Memorial Hospital is submitting this Administrative Review C.O.N. application for approval to expand the inpatient psychiatric program by 20 beds for a total of 42 certified psychiatric beds. To achieve this, CMH proposes the conversion of 20 medical/surgical beds to 20 inpatient psychiatric beds. CMH also seeks approval to undertake renovations of the related program spaces on the second and fifth floors of the main hospital to achieve this expansion. The proposed renovations will expand the number of beds currently serving the general adult psychiatric population on the fifth floor and will create a dedicated unit for geriatric psychiatric patients on the second floor. Please note that CMH is also submitting a Comprehensive Prior Approval Review Application to OMH.

Project Description

Second Floor – 12 New Geriatric Psychiatry Beds

Work on the second floor will entail a gut-renovation of an existing unused medical/surgical unit and former obstetrics suite to create a new, 8,155-square-foot inpatient geriatric psychiatry unit. The unit will have six (6) single-occupancy rooms and three (3) double-occupancy rooms for a total of 12 new inpatient beds. Patient therapeutic and social spaces will include group therapy rooms, consult rooms, sensory room, seclusion room, social and dining areas. Staff support will be concentrated around a large staff/nurse station, which includes areas for observation, documentation, nourishment, medication room and wheelchair and emergency equipment storage.

Fifth Floor – Eight (8) Additional Adult Psychiatry Beds

Construction for the expanded program on the fifth floor will include renovation of 4,080 square feet for an expanded adult psychiatry unit with six (6) additional single-occupancy rooms and one (1) additional double-occupancy room for a total of eight (8) additional inpatient beds. The existing unit’s social, dining and nurse station area will be expanded to accommodate the additional patients. As part of this expansion, the staff offices and a conference room that support this unit will be relocated to accommodate the new layout. Renovations of the fifth floor will require the

consolidation and relocation of outpatient mental health offices to another floor of the facility. No construction work will be required for this relocation.

Population and Primary Service Area

The proposed inpatient psychiatry bed expansion at CMH will encompass the general adult psychiatry and geriatric psychiatry populations. Geriatric behavioral health volumes have grown significantly across the CMH inpatient and outpatient footprint. Americans aged 65 years or older are experiencing high rates of mental health issues, exacerbated by increased social stressors. Within CMH's core service area of Columbia and Greene Counties, the 65 years of age cohort, which makes up a quarter of the population today, is forecasted to grow 10% over the next five (5) years. In that same period, the demand for behavioral health services is projected to grow 27% for this cohort. With an expanded psychiatry program and a dedicated unit for geriatric psychiatric patients, CMH will be well positioned to meet the demands of this growing population.

The intended primary service area includes the rural communities of Columbia and Greene Counties, which are part of the Capital Region. Population data related to both Counties are as follows:

- Columbia County had the Region's 2nd highest 2014-18 age-adjusted rates of ED visits (178.9/10,000) and hospitalizations (95.0/10,000) due to mental diseases and disorders (primary diagnosis), both higher than NYS, excluding NYC (156.7, 72.3)
- Greene County had the Region's highest 2018 age-adjusted rate of frequent mental distress (16.4%), higher than NYS, excluding NYC (11.8%)
- Greene County's 2014-18 rate of hospitalizations (87.6/10,000) due to mental diseases and disorders (primary diagnosis), was higher than NYS, excluding NYC (72.3)
- Greene County had higher 2014-18 self-inflicted injury ED visit (7.7/10,000) and hospitalization (4.2) rates than NYS, excluding NYC (5.6, 3.3)

The top three (3) behavioral health needs of adults in Columbia and Greene Counties are substance use disorder, psychosis and mood disorders. The demand for substance use services is projected to grow 6% in the next 10 years in this area. As the only hospital in both Counties, CMH provides care for over two-thirds of this vulnerable population. However, behavioral health patients have increasingly long lengths of stay, limiting CMH's capacity to admit patients who need specialized care. When there is limited capacity, patients must travel outside of the service area. Therefore, additional beds are needed to meet the growing demand for this critical service.

There is also an opportunity to support inpatient mental health needs across the Capital Region in collaboration with Albany Med Health System. CMH will also continue to enhance access for patients south of Columbia and Greene Counties to inpatient psychiatry services.

Experience within the Region and the Albany Med Health System has demonstrated a need for increasing inpatient psychiatric bed capacity as evidenced by the number of patients held within

an Emergency Department (ED) setting. The same holds true for CMH; from 2021 to 2023, an average of 648 mental health patients were held in the Emergency Department mental health area annually. The average time for ED holds ranged from 9.2 to 12.7 hours. Annually, there was an average of 280 mental health transfer requests from one referring center to another in the Region. Other hospitals within the service area describe a similar experience. CMH reaches its current inpatient capacity of 22 beds frequently, and between 2021 and 2023, CMH transferred between 90 and 110 patients each year who required inpatient psychiatric care and could not be accommodated by the current capacity of 22 licensed beds.

Behavioral Health Inpatient Discharges in the Market – Historical Trends

CMH has seen a strong demand for mental health care, especially through the Emergency Department. Historical volume trends for patient days and discharges since 2020 are summarized as follows, and reflect both the impact of COVID-19, from which CMH is still recovering, and ongoing efforts to reduce length of stay:

-
-
-
-
-

CMH Market Share and Inpatient Behavioral Health Patient Demographics

Patients from Columbia and Greene Counties are primarily receiving care at CMH. NYS data suggests that CMH has been the market leader for over five (5) consecutive years.

However, it is important to note that both facilities are not located within Columbia or Greene Counties. CMH has demonstrated care for those in need as its patient population is comprised of 89% Medicare, Medicaid, and self-pay patients.

Future Market/Bed Demand for Inpatient Behavioral Health

Sg2's (a healthcare intelligence company) proprietary forecast projects behavioral health admissions to grow 2% over the next five (5) years; however, Sg2 also assumes significant increases in outpatient and ambulatory behavioral health programming. The current estimated bed demand for Columbia and Greene County psychiatric patients is 37 beds (based on actual patients in beds for those who live in these Counties regardless of where they are admitted). The utilization rate of inpatient behavioral health services for these two (2) Counties is lower than the NYS

utilization rate, indicating that the market may be underserved and/or indicating that enhancement of local services could cause “demand creation” by keeping patients closer to home. Based on the NYS utilization rate of inpatient behavioral health services, the bed need is approximately 42 beds for the Columbia and Greene Counties’ patient population. CMH is recognizing this need by requesting approval for the addition of 20 beds to expand its existing inpatient psychiatry program. CMH is well-equipped to care for the mental health patients of Columbia and Greene Counties as it has been a core competency for many years. The organization, supported by Albany Med Health System, has the expertise to care for this patient population.

Length of Stay and Readmissions

Columbia Memorial Hospital has historically provided an intermediate level of inpatient psychiatric care with an average length of stay of approximately 14 days over the past five (5) years.

Based on the most recently available OMH Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) data, Columbia Memorial has demonstrated a 30-day, all-case readmission rate less than (i.e., more favorable) regional and Statewide performance as summarized below:

- Readmission (30d) from CMH: BH to BH – CMH 9.9%, Regional 14.9%, Statewide 13.4%
- Readmission (30d) from CMH: MH to MH – CMH 9.7%, Regional 11%, Statewide 11.4%

This data speaks to the effective treatment and programming provided within the psychiatry unit as well as the successful collaboration with various community resources to assure integration into the community after inpatient psychiatric hospitalization.

Columbia Memorial Hospital has historically provided care to vulnerable populations and intends to continue offering its high-quality services to more patients within its service and surrounding areas.

Referral Sources

Historically, Columbia Memorial Hospital has referred and transferred between 90 and 110 patients annually to other hospitals due to limited capacity within the 22-bed inpatient unit.

The primary service area has experienced frequent episodes of mental health patients overwhelming the capacity of available inpatient beds, resulting in difficult-to-manage conditions, including extended wait times within the Emergency Department awaiting an available inpatient bed. This scenario is demonstrated, in part, by the cascade of Capital Region hospitals going on mental health diversion at various times through each calendar year.

Columbia Memorial has well-established relationships with each hospital in the Capital Region and Hudson Valley, as it has sent and received patients from these facilities during mental health

surges across the region. CMH is centrally located in the Hudson River population corridor and is well-positioned to meet the excess demand in the Capital Region area and in the Kingston – Poughkeepsie area. The current limiting factor is inpatient bed capacity, which this application seeks to address.

CMH continues to promote a collaborative care model through its Behavioral Health Specialists, who are embedded within the CMH primary care network along with ongoing outreach and partnership with the outpatient psychotherapy services that it provides in Columbia and Greene Counties.

Admission Criteria, Individual Assessments and Discharge Planning

Admission criteria to the existing inpatient psychiatry unit include patients presenting with acute psychiatric symptoms and who can benefit from the offerings of the program. Columbia Memorial Hospital's admission criteria do not discriminate against LGBTQ+, gender, housing accommodations or dual diagnosis status. Instead, each of these factors is carefully considered and integrated into the care and treatment of the individual. LGBTQ+ and/or gender may impact room assignment to ensure comfort and appropriateness of the individual in care. The current inpatient psychiatry unit provides a welcoming milieu for LGBTQ+ and gender non-conforming individuals. Housing accommodations or dual diagnosis are evaluated and coordinated on a case-by-case basis by the multidisciplinary treatment team. In some circumstances, consultation with external resources may be appropriate to ensure effective treatment resources are made available to the patient.

Upon arrival at Columbia Memorial Hospital, individuals are immediately assessed by an Emergency Medicine physician and a mental health evaluation is ordered for those individuals in need. A brief psychiatric assessment is completed and serves as a screening tool to determine the necessary level of care an individual requires. Referrals from other facilities are managed with the primary review of referral information managed by the psychiatric clinician and provider.

When inpatient psychiatric admission is deemed necessary, the patient assessment includes a history and physical completed by the hospitalist team, a nursing assessment and a psychosocial assessment completed by a social worker. This represents the beginning of a multidisciplinary approach to treatment planning for each individual. The treatment plan is written by the social worker and a nurse under the direction and advisement of the psychiatric provider. The social worker acts as the primary liaison for the family and community providers. Treatment plans incorporate the patient's treatment goals and review of treatment plans is a collaborative process between the treatment team and patient.

Columbia Memorial Hospital partners closely with treatment providers in the community. The Program Director has robust professional relationships with various leaders within the community services and support networks. The Program Director has weekly phone calls with Columbia

County and Greene County Mental Health Centers to review admissions and discharges, identify and troubleshoot potential barriers to discharge or transition to community and debrief recent discharge experiences to ensure issues are managed in real time. Biweekly calls are held with the Mobile Crisis Assessment Team (MCAT) to review any anticipated challenges or support needed for patients. This allows for a forum to address process issues as they are identified.

This emphasis on community engagement is the primary mission of the Southern Hub Workgroup, a regional hub focused on mental health. CMH is an active participant in this group, in addition to key stakeholders within the catchment area such as County Directors of Community Services, the Addiction Care Centers of Albany (which oversees Twin County Recovery Services), Columbia County Healthcare Consortium and Mental Health Association of Columbia and Greene Counties. This workgroup aims to continue to work on patient handoffs from inpatient hospitalization to community integration to prevent rehospitalization and support recovery.

On an individual patient level, all patients are discharged with mental health follow-up within seven (7) days and a primary care appointment. CMH initiates housing Single Point of Access (SPOA) applications, social security disability applications, Personalized Recovery Oriented Services (PROS) referrals, Partial Hospitalization Program (PHP) referrals and case management referrals as indicated. Care is coordinated with all agencies and families that are involved with the patient. If patients are unhoused, CMH collaborates with the patient's county Department of Social Services (DSS) to arrange for emergency housing.

Accreditation and Licensure

Columbia Memorial Hospital's inpatient psychiatric services are certified by the New York State Department of Health and the New York State Office of Mental Health. CMH has maintained ongoing recertification, with the most recent site visit resulting in an issuance of a 36-month operating certificate as the program was found to be in substantial compliance with applicable regulations and requirements.

In addition to licensure via OMH, Columbia Memorial Hospital has pursued, and obtained, hospital accreditation from Det Norske Veritas (DNV). Like the Joint Commission, DNV is a hospital accreditation agency that surveys hospitals to the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation. CMH experienced the first DNV site visit in Fall 2023 and successfully achieved hospital accreditation. To assure continuous quality improvement and maintenance of conformance with all standards, DNV site visits occur on an annual basis and will include assessment of existing and expanded inpatient psychiatry areas.

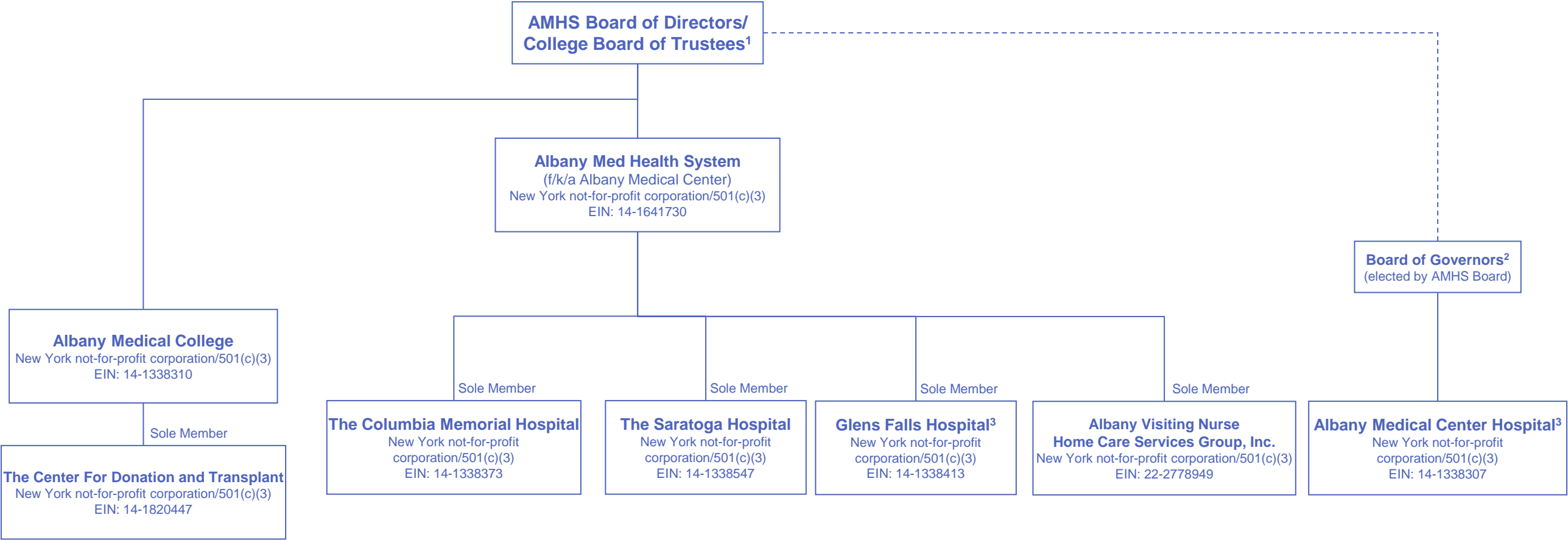
Conclusion

As part of the Albany Med Health System, Columbia Memorial Hospital is a member of a behavioral health system collaborative that promotes sharing of best practices and leveraging resources across the system to ensure timely, efficient and effective care to the mental health population within the catchment area. Columbia Memorial Hospital intends to leverage this collaborative relationship and expand its current psychiatric program to serve the growing behavioral health population in Columbia and Greene Counties.

Columbia Memorial Hospital will also continue to engage and collaborate with community stakeholders such as the County Directors of Community Services, the Addiction Care Centers of Albany (which oversees Twin County Recovery Services), Columbia County Healthcare Consortium and Mental Health Association of Columbia and Greene Counties and the Capital Region/Hudson Valley healthcare institutions. Maintaining a close relationship with key stakeholders has been instrumental to CMH's success of providing seamless and efficient care, especially during times of limited capacity and mental health surges across the Region.

In short, taking into consideration the experienced challenges discussed, projected population and demand increases and the awarded grant proposal from the Office of Mental Health, Columbia Memorial Hospital has identified a strong need for increased inpatient psychiatric bed capacity and is well-positioned to meet that need with an expanded program.

Albany Med Health System
Organizational Structure – April 1, 2024



RICHARD ERIC PLOTKIN

Phone: (518) 697-8010
rplotkin@cmlh-net.org

71 Prospect Ave
Hudson, NY 12534

EDUCATION

BS	University of Massachusetts, Amherst, BS in Biology	1987
MD	University of Massachusetts Medical School, Worcester, MD	1991
Psychiatry Residency Training Program Dartmouth Hitchcock Medical School, Lebanon, NH		1991-1995
Staff Psychiatrist South County Psychiatric and Psychotherapy Center, Great Barrington, MA Dennis Marcus and Associates, Hudson, NY		1995-2014
Medical Director, Inpatient Psychiatry Columbia Memorial Hospital Hudson, NY		2000-2014
Chief of Psychiatry Columbia Memorial Health Hudson, NY		2014-present

**CURRENTLY LICENSED TO PRACTICE MEDICINE IN NEW YORK, MASSACHUSETTS
AND NEW HAMPSHIRE**

Working Capital Financing Plan

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

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

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

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

Working capital needs will be funded with Facility equity as demonstrated in the 2024 Financial Statements under Schedule 9 Attachments. Please refer to the Monthly Cash Flow Analysis under Schedule 5 Attachments.

2. Pro Forma Balance Sheet N/A

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

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

Schedule 5 Attachment

Incremental Monthly Cash Flow Analysis

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: 3/21/2025	Revised Schedule 6 submission date:
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? N/A	
Intent/Purpose: Expansion of existing inpatient psychiatry at Columbia Memorial Health, totaling an increase of 20 inpatient psychiatry beds. The expansion will be split into 12 geriatric and 8 adult general beds across two floors of the existing hospital.	
Site Location:	

New York State Department of Health Certificate of Need Application

Schedule 6

Columbia Memorial Health, 71 Prospect Avenue, Hudson, NY	
<p>Brief description of current facility, including facility type: The proposed bed expansions are to occur on the second and fifth floors of the hospital.</p> <p>The fifth floor is currently occupied by a stand-alone inpatient psychiatry unit with 22 licensed psychiatric beds. The majority of the existing inpatient area will not be affected by the renovations. The inpatient social area on the fifth floor will be expanded into existing outpatient office space and inpatient psychiatric beds will be added into a newly renovated area of this floor.</p> <p>The second-floor space is currently designed for inpatient medical surgical beds and additional space south of the area is an abandoned obstetrics suite.</p>	
<p>Brief description of proposed facility: Fifth Floor: Approximately 4,080 square feet of gut renovations to accommodate the addition of 8 general adult psychiatry beds. Additional space has been provided for therapeutic milieu and group therapy to accommodate the proposed expansion. An expansion of the staff station is also proposed to provide clear sight lines to the new patient rooms and milieu spaces.</p> <p>Second Floor Proposal: Approximately 8,155 square feet of medium to gut renovations. The second floor will be renovated for the addition of 12 geriatric psychiatric beds. This new, independent unit will reconfigure existing patient bedrooms into geriatric psychiatric rooms with a central staff station with sight lines to the patient room corridor, therapeutic milieu, consultation, and group therapy rooms. A seclusion space adjacent to the staff station will be provided with direct patient visibility. Additional office space will be located adjacent to the unit. The proposed renovations will demolish all existing finishes and wall assemblies as required. New finishes will be designed appropriately for the intended population. Staff stations will offer enhanced safety for staff providing care to patients.</p> <p>Patient bedrooms will be designed to provide increased visibility into the bedrooms to enhance patient and staff safety. Areas throughout the unit will be provided for both private and social therapy sessions. Ceiling heights will be raised to the fullest extent possible and inaccessible ceilings installed to enhance patient safety. Ligature-resistant fixtures, door hardware, furniture, and finishes along with pica, weaponization, tamper, and jumping resistant appurtenances will be designed into the spaces. Modifications to existing exterior window units and consideration for any interior glazing will be designed to meet or exceed the requirements of AAMA 501.8-14.</p> <p>Square Footage of Proposed Work is approximately 12,235 square feet of renovation across the second and fifth floors of the hospital.</p>	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. Entire building is Healthcare Occupancy	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: N/A	
If this is an existing facility, is it currently a licensed Article 28 facility?	Yes
Is the project space being converted from a non-Article 28 space to an Article 28 space?	No
Relationship of spaces conforming with Article 28 space and non-Article 28 space: Entire facility is Article 28	
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	Yes

New York State Department of Health Certificate of Need Application

Schedule 6

spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. Modifications and replacement of all MEP systems serving existing second floor med/surg unit, 5th floor outpatient space. See below for existing and new work.	
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. •2-pipe fancoil HVAC system with ventilation RTU. •Existing original power distribution branches. •Existing medical oxygen and vacuum distribution •Partially sprinklered	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. •All 2-pipe fancoil units will be replaced and enclosed within vandal and ligature resistant enclosures. •A new rooftop energy recovery ventilation system will serve the work area as well as refeed a portion of the existing facility with outdoor air ventilation per ASHRAE 170. •New normal power as well as new EES distribution branches will be extended into the work area from adjacent compliant infrastructure. •All work area will be fully sprinklered •New oxygen outlets will be provided in each second floor patient room.	
Describe existing and or new work for fire detection, alarm, and communication systems: •All new fire alarm will be provided within the work area and extended from existing compliant infrastructure. •OMH compliant nurse call will be provided on the second floor.	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov , and describe the work to mitigate damage and maintain operations during a flood event. N/A	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. N/A	
Does the project comply with ADA? If no, list all areas of noncompliance. All renovated areas will be constructed to comply with ADA	
Other pertinent information:	
Project Work Area	Response
Type of Work	Renovation
Square footages of existing areas, existing floor and or existing building.	See drawings A012 and A015
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	Second Floor: 8,155 SF Fifth Floor: 4,080SF Total: 12,235 SF
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Exceeds 50% of the smoke compartment
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type 1 (332)
Building Height	84'-0"
Building Number of Stories	6 floors plus basement and sub-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?	Chapter 18 New 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.	No

New York State Department of Health Certificate of Need Application

Schedule 6

Entire building in Healthcare Occupancy	
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Construction of both floors will be done concurrently, with a total construction time of six months.	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. N/A	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? N/A	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. N/A	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. N/A	Not Applicable
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? N/A	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Conversion of 18 medical surgical beds to 18 new psychiatry beds.	Relocation of Beds
Changes in the number of occupants? If yes, what is the new number of occupants? N/A	No
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Type 1	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Yes
Does the existing EES system have the capacity for the additional electrical loads?	Yes
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. N/A	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. N/A	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	No

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

Schedule 6

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION	Title of Attachment	File Name in PDF format
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form. PDF
•		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

Schedule 6 Attachments

- 1) Architect's/Applicant's Letter of Certification
- 2) Architectural Narrative
- 3) Functional Space Program
- 4) Schematic Drawings



KATHY HOCHUL
Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

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

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

Date: March 21, 2025
CON Number:
Facility Name: Columbia Memorial Hospital
Facility ID Number: 146
Facility Address: 71 Prospect Avenue, Hudson, NY

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

To The New York State Department of Health:

I hereby certify that:

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

PLEASE NOTE ANY EXCEPTIONS HERE:

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

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

5. Understand that upon completion of construction, the cost of any subsequent corrections necessary to achieve compliance with applicable requirements of 16 NYCRR Parts 713, 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 16 NYCRR Part 86.

This certification is being submitted to facilitate the CCN review and subsequent financial plan approval by your office. It is understood that an electronic copy of Final Construction Documents or CCD, meeting the requirements of USC-85 must be submitted to PMU for all projects (including limited value additive build review, self-construction and reviews conducted and completed by DASNY).

Project Name: Columbia Memorial Health Inpatient Behavioral Health Expansion
Location: 71 Prospect Ave. Hudson, NY
Description: Conversion of existing "cottage" beds to inpatient psychiatric beds



Margaret M. McCahy
Signature of Architect or Engineer

Margaret McCahy

Name of Architect or Engineer (Print)

042984-01

Professional New York State License Number
800 Troy Schenckelby Road, Suite 103, Lakeland, 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) withhold its approval thereof. 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.

Dorothy M. Umschell
Authorized Signature for Applicant

4/22/2025
Date

Dorothy M. Umschell PRESIDENT AND CEO
Name/Title Title

Notary signing required for the applicant

STATE OF NEW YORK

County of Columbia

On the 22 day of April, 2025 before me personally appeared Dorothy M. Umschell as owner, who being by me duly sworn, did depose and say that he/her is the owner, that he/she is the President & CEO of the Columbia Memorial Health, the corporation described herein which executed the foregoing instrument, and that he/she signed his/her name thereto by virtue of the Board of Directors of said corporation.

Notary Cayla Scirico

CAYLA SCIRICO
Notary Public - State of New York
No. 01500024195
Qualified in Columbia County
My Commission Expires May 31, 2028

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

Effective January 03, 2024

Page 2 of 2



Architectural Narrative

Inpatient Behavioral Health Expansion

Columbia Memorial Health

71 Prospect Ave., Hudson, NY

INTRODUCTION

Intent/Purpose: Columbia Memorial Health is requesting permission to expand their inpatient psychiatry program to include eight general adult inpatient psychiatry beds added to their existing 22 bed unit on the hospital's fifth floor, and ten inpatient geriatric-psychiatry beds added for a new unit on the second floor. They are proposing this project to:

- Increase capacity of existing certified adult mental health unit due to increased demand for services in the area.
- Create a dedicated unit for geriatric psychiatry patients to support the unique needs of this population.

Site Location: 71 Prospect Ave, Hudson, NY (Columbia County)

Description of Work:

Second Floor: The hospital's second floor is a currently unused medical-surgical inpatient unit and former obstetrics suite. The project's scope of work on the second floor will include a gut-renovation of this existing area to create a new 8,155 SF inpatient geriatric psychiatry unit. This new program area will include six single occupant geriatric-psychiatry inpatient bedrooms, and three double occupant geriatric-psychiatry inpatient bedrooms, for a total of 12 beds.

Patient therapeutic and social spaces will include group therapy rooms, consult rooms, sensory room, seclusion room, social and dining areas. While the main noisy social and dining areas are positioned away from patient bedrooms to facilitate a quiet environment when needed in those rooms, an effort was made to create some social and therapeutic areas closer to the main patient bedroom corridor, for ease of access by patients with limited mobility, who may have trouble walking longer distances. Patient bedrooms will be designed to provide increased visibility into the bedrooms to enhance patient and staff safety.

Staff support will be concentrated around a large staff/nurse station, which includes areas for observation, documentation, nourishment, medication room and wheelchair and emergency equipment storage. A nurse manager office is provided for charting and phone or in-person staff conversations that require acoustical privacy. Additional staff support spaces are located directly accessible to the nurse station. New finishes will be designed appropriately for the intended population. Staff stations will offer enhanced safety for staff providing care to patients.

Fifth Floor: The fifth-floor renovation area is currently occupied by outpatient mental health offices, these will be consolidated and relocated to another floor of the facility. No construction work will be required for this relocation. This project will renovate 4,080 SF to expand the current 22 bed inpatient adult psychiatry unit on the fifth floor. The expansion will include six single occupant adult general psychiatry inpatient bedrooms, and one double occupant adult general psychiatry inpatient bedrooms, for a total of 8 additional beds.

The existing unit's social and dining area will be expanded to accommodate the increased number of patients, and additional consult rooms will be added. The existing nurse station will be expanded to allow direct staff visibility to the new expansion patient bedroom corridor and social areas, while maintaining a central staff core with access to existing medication room, staff lounge, staff toilet, and emergency equipment storage. Staff offices and conference room supporting the unit will be relocated within the space to accommodate the new layout.

General: All inpatient psychiatry patients are admitted through the hospital's Emergency Department on the ground floor, where pre-admission examinations are conducted, prior to patients being transported to inpatient units on the second or fifth floors. Visitors arrive to the facility at the hospital's main entry on the ground floor. Existing elevator 5 will be dedicated for the transport of patients and visitors from the ground floor to the behavioral health units, and will have restricted access, so only authorized persons are able to access the second or fifth floors.

Ligature-resistant fixtures, door hardware, furniture, and finishes along with Pica, Weaponization, Tamper, and Jumping resistant appurtenances will be designed into the new spaces. Modifications to existing exterior window units and consideration for any interior glazing will be designed to meet or exceed the requirements of AAMA 501.8-14.

Current Facility: The current inpatient psychiatry program is comprised of an existing 9,395 square foot, 22 bed unit stand alone on the facility's fifth floor.

Proposed Facility: The new program will include a 20 bed, 12,235 square foot expansion across the second and fifth floors. A new 12 bed geriatric psychiatry unit will be created on the second floor. The existing fifth floor unit will be expanded by 8 beds to become a 13,475 square foot, 30 bed adult psychiatry unit.

Type of Project: Renovation

Existing square footage: Columbia Memorial Health is approximately 192,490 SF

New Square Footage: N/A

Sprinklered: The project areas will be fully sprinklered.

Square Footage of Proposed Spaces: See A120 and A150 for area of each space.

Construction Type: Type I.

Maximum Allowable Area: Unlimited.

Building Height/Stories: Columbia Memorial Health is approximately 84'-0" tall with six stories plus basement and sub basement.

Allowable Height/Stories: Unlimited

Project Location: The project is located on the second and fifth floors of Columbia Memorial Health.

Highrise Building: No

Basement, Underground or Windowless Building: N/A

Occupancy Type: Occupancy of the facility is Healthcare.

Mixed Occupancy: No

NFPA 101 Chapter: This space will comply with Chapter 18 of the 2012 Edition of NFPA 101.

Non-Article 28 spaces. All spaces within the facility are Article 28.

Construction Sequencing/Phasing: The work will be completed in one phase. Construction is estimated to take seven months.

Required Temporary Space: Temporary facilities will not be required.

Shell Space: N/A

Programmatic Requirements: The spaces are designed to meet required Codes including: the 2018 FGI Guidelines; Section 2.1 Common Elements for Hospitals, Section 2.5-2.2 General Psychiatric Patient Care Unit, and Section 2.5-2.4 Alzheimer's and other Dementia Patient Care Unit; Chapter 18 of the 2012 Edition of NFPA 101 Life Safety Code; the 2012 Edition of NFPA 99; the 2014 Edition of NEC-20; American National Standard (ICC/ANSI A117.1-2009); and Americans with Disabilities Act Accessibility Guidelines (ADA, 2010 Edition).

Changes in Bed Count: Conversion of 20 medical/surgical beds to 20 psychiatric beds.

Change in Number of Occupants: N/A

Does Project Contain a Pool: No.

Exceptions to NYSDOH standard/Equivalencies: Facility will meet standards and there will be no requests for equivalencies.

Is Work Required Due to Waiver: No

Imaging Equipment: N/A

Flood Zone: Building is located in an area of minimal flood hazard.

Compliance with ADA: Handicap accessibility is provided at entry/exits, all patient routes, toilet facilities, and clinical rooms as well as staff areas.

MEP

Plumbing Systems:

All main plumbing services are proposed as extensions of the current hospital systems, including domestic water, and drainage. Oxygen outlets will be provided in the new second floor patient rooms, distribution from existing hospital medical oxygen system.

Fire Protection Systems:

The current space is on the fifth floor is fully sprinklered, and distribution will be reconfigured to maintain full coverage in the renovation. The second floor area of work is currently not sprinklered, and full sprinkler coverage will be added to the renovation area.

HVAC Systems:

Existing 2-pipe fancoil units will be replaced and enclosed within vandal and ligature resistant enclosures. A new rooftop energy recovery ventilation system will serve the work area as well as refeed a portion of the existing facility with outdoor air ventilation per ASHRAE 170.

Electrical Systems:

New normal power as well as new EES distribution branches will be extended into the work area from adjacent compliant infrastructure. New LED lighting and controls are provided throughout the space. All fixtures and controls will meet OMH standards.

Fire Alarm System:

All new fire alarm will be provided within the work area and extended from existing compliant infrastructure. OMH compliant nurse call will be provided on the second floor.

Nurse Call System. OMH compliant nurse call will be provided on the second floor.

Functional Space Program

Columbia Memorial Health Inpatient Behavioral Health Expansion

Fifth Floor

3/21/2025



Room Name	Quantity	Net Area	Total Net Area	Comments/Code Requirements
Public/ Patient Intake				
Existing Lobby/Waiting	2	200	400	
Shared Office	1	119	119	
New Conference Room	1	154	154	
Patient Belongings Storage	1	44	44	
Inpatient Bedroom				
New Patient Room	6	115	690	Total of 7 New Patient Beds
New Patient Room (ADA)	1	124	124	Total of 1 New ADA Patient Beds
Patient Toilet Room	6	35	210	
Patient Toilet Room (ADA)	1	82	82	
Laundry	1	28	28	
Patient Therapy, Dining, and Social Areas				
Group Room	1	164	164	
Consult	2	118	236	Used as Visitor Room
Dining and Social Area Expansion	1	498	498	
Support Space- On Unit				
Nurse Station Expansion	1	238	238	
Shared Office	1	173	173	
Provider Office	3	95	285	
Facility Support				
Clean Holding	1	21	21	
Soiled Holding	1	13	13	
Electrical Room	2	25	50	
Total Departmental Net Square Feet (DNSF)			3,466	
Utilization Factor (Net/Gross)			0.85	
Total Departmental Gross Square Feet (DGSF)			4,080	

Functional Space Program

Columbia Memorial Health Inpatient Behavioral Health Expansion

Second Floor

3/21/2025



Room Name	Quantity	Net Area	Total Net Area	Comments/Code Requirements
Public/Patient Intake				
Visitor Waiting	1	201	201	
Sally Port - Adjacent to Visitor Waiting	1	91	91	
Inpatient Bedroom				
New Patient Room	7	160	1120	Total of 9 New Patient Beds
New Patient Room (ADA)	2	177	354	Total of 3 New ADA Patient Beds
Patient Toilet Room	7	33	231	Direct access from patient rooms
Patient Toilet Room (ADA)	2	85	170	Direct access from patient rooms
Ante/ Seclusion Room	1	162	162	
Seclusion Toilet Room	1	58	58	
Tub Room	1	57	57	
Patient Therapy, Dining, and Social Areas				
Group Room/ Quiet Social	1	134	134	
Dining/Noisy Social Area	1	543	543	
Social Area	1	209	209	
Sensory Room	1	118	118	
Group Room	1	196	196	
Consult	2	146	292	Used as Visitor Room
Patient Belongings Storage	1	51	51	
Patient Laundry	1	34	34	
Staff Support Space - On Unit				
Staff Station	1	902	902	Includes Nutrition Area
Medication Room	1	90	90	
Nurse Manager Office	1	78	78	
Multi-Purpose/Conference Room	1	161	161	
Staff Lockers/Lounge	1	181	181	
Provider Office	2	142	284	
Shared Office	1	211	211	
Staff Toilet	1	58	58	
Facility Support				
Sally Port	2	103	206	
Soiled Holding	1	58	58	
Clean Holding	1	108	108	
Storage	2	62	124	
EVS	1	42	42	
Total Departmental Net Square Feet (DNSF)			6,358	
Utilization Factor (Net/Gross)			0.78	
Total Departmental Gross Square Feet (DGSF)			8,155	

BEHAVIORAL HEALTH EXPANSION

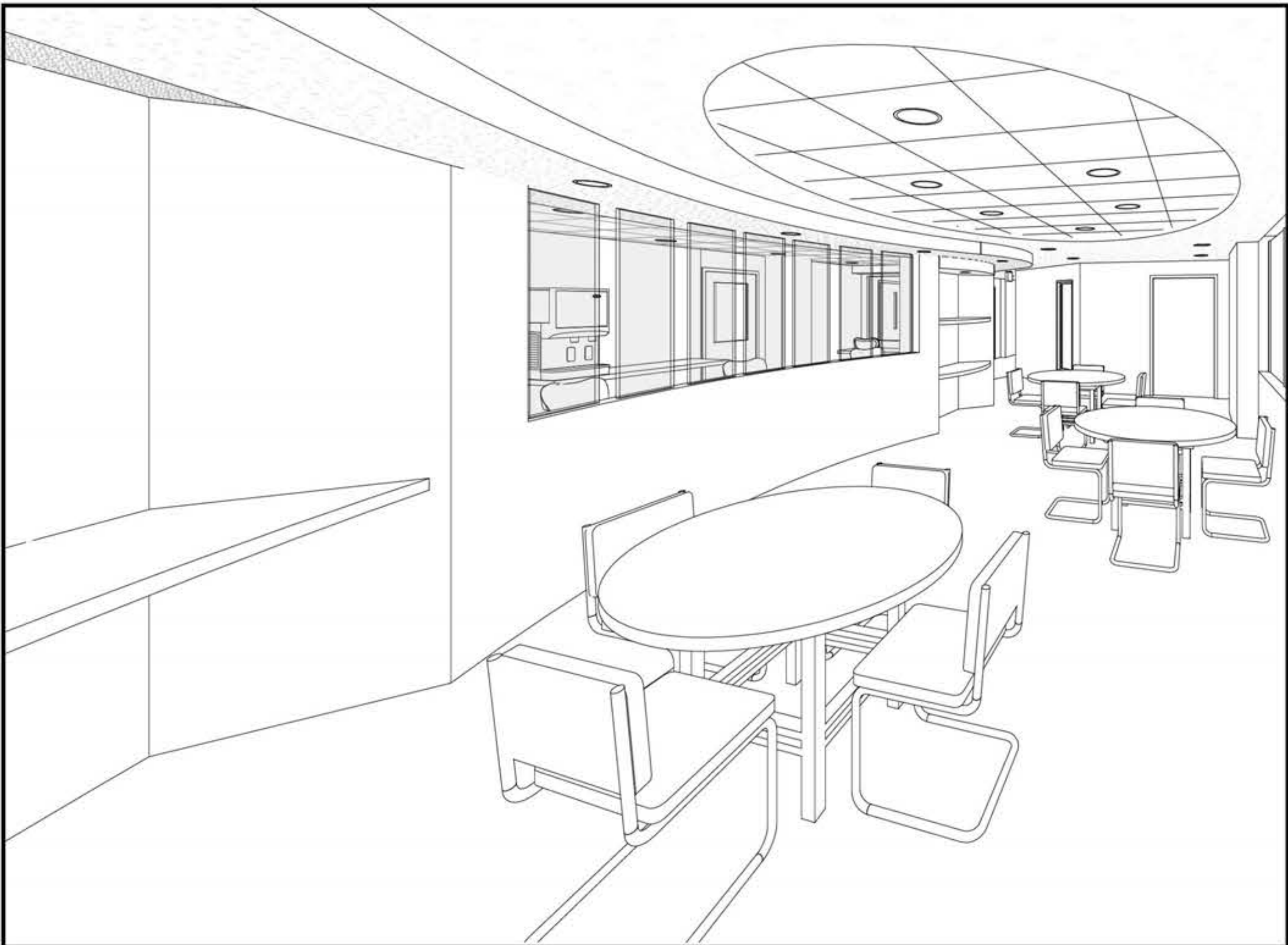
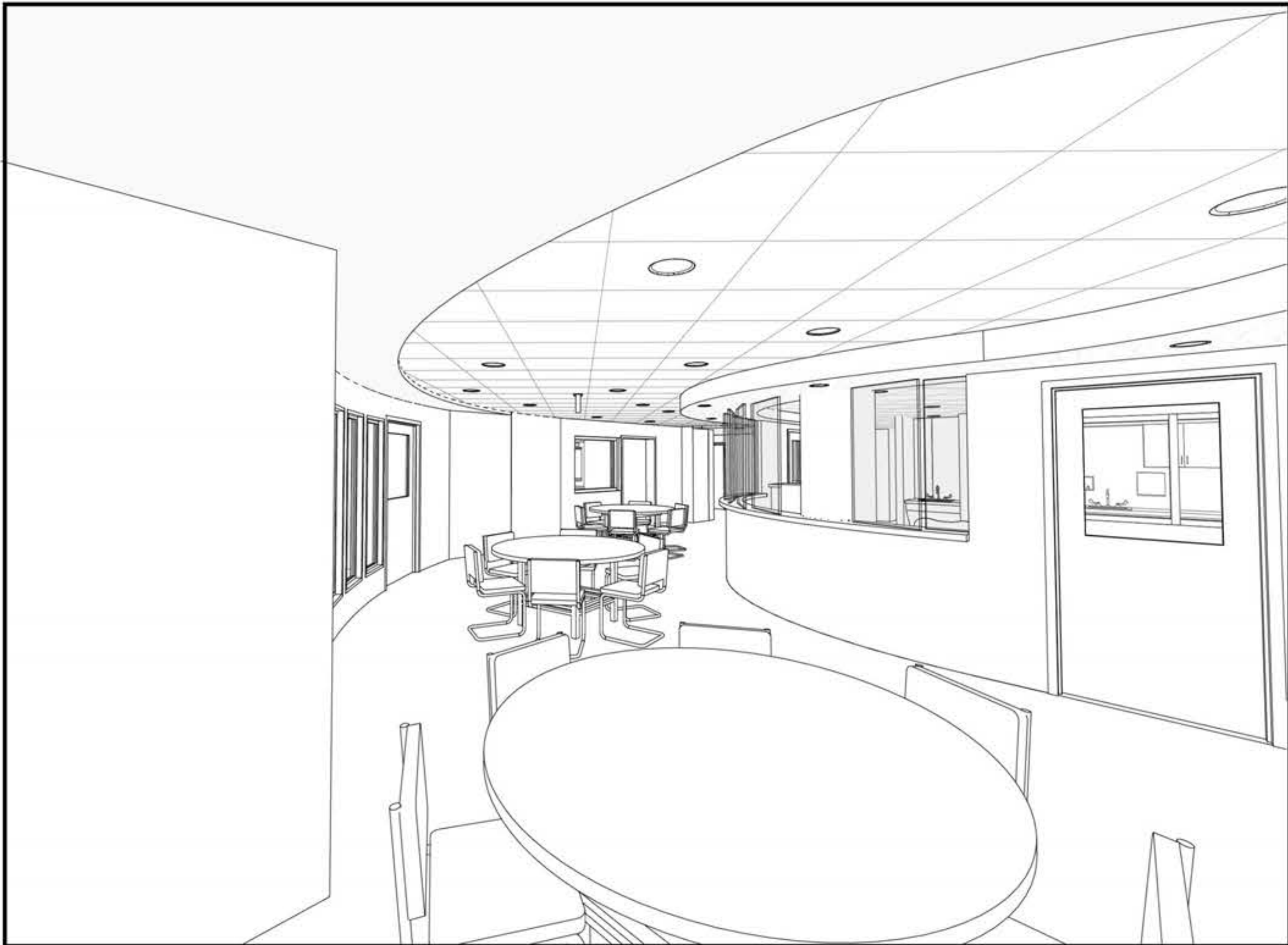
ALBANY MED - COLUMBIA MEMORIAL HEALTH
COLUMBIA MEMORIAL HOSPITAL
71 PROSPECT AVE
HUDSON, NY 12534

ISSUED FOR CON
3/21/2025

HHA PROJ. NO.: 23092
CLIENT PROJ. NO.: -

DRAWING LIST

- LSC120 LIFE SAFETY PLAN - SECOND FLOOR
- LSC150 LIFE SAFETY PLAN - FIFTH FLOOR
- A012 DEMOLITION PLAN - SECOND FLOOR
- A015 DEMOLITION PLAN - FIFTH FLOOR
- A120 FLOOR PLAN - SECOND FLOOR
- A150 FLOOR PLAN - FIFTH FLOOR
- A420 REFLECTED CEILING PLAN - SECOND FLOOR
- A450 REFLECTED CEILING PLAN - FIFTH FLOOR
- LSC120 LIFE SAFETY PLAN - SECOND FLOOR
- LSC150 LIFE SAFETY PLAN - FIFTH FLOOR



OWNER

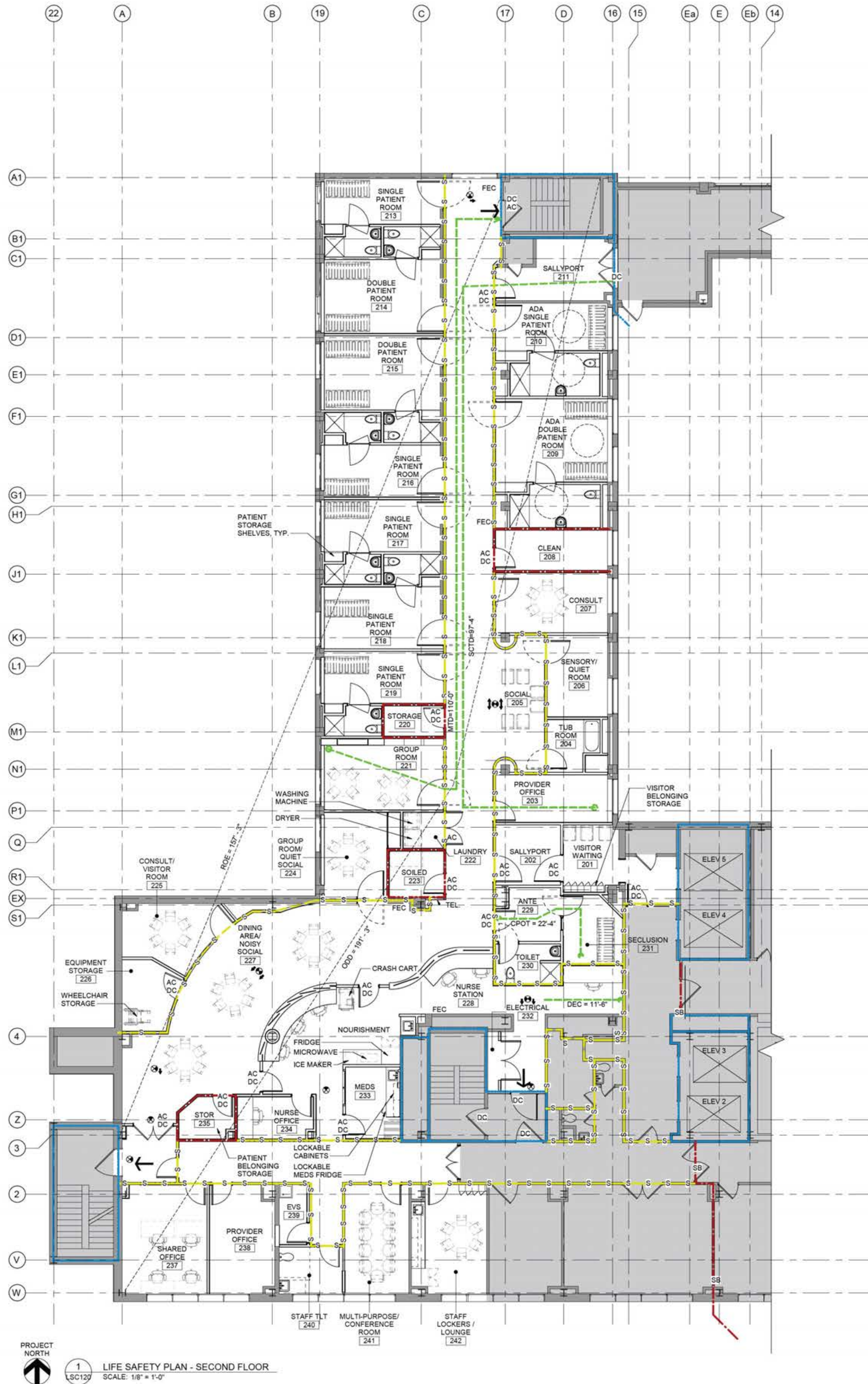


ARCHITECT



MEP ENGINEER





LIFE SAFETY LEGEND:

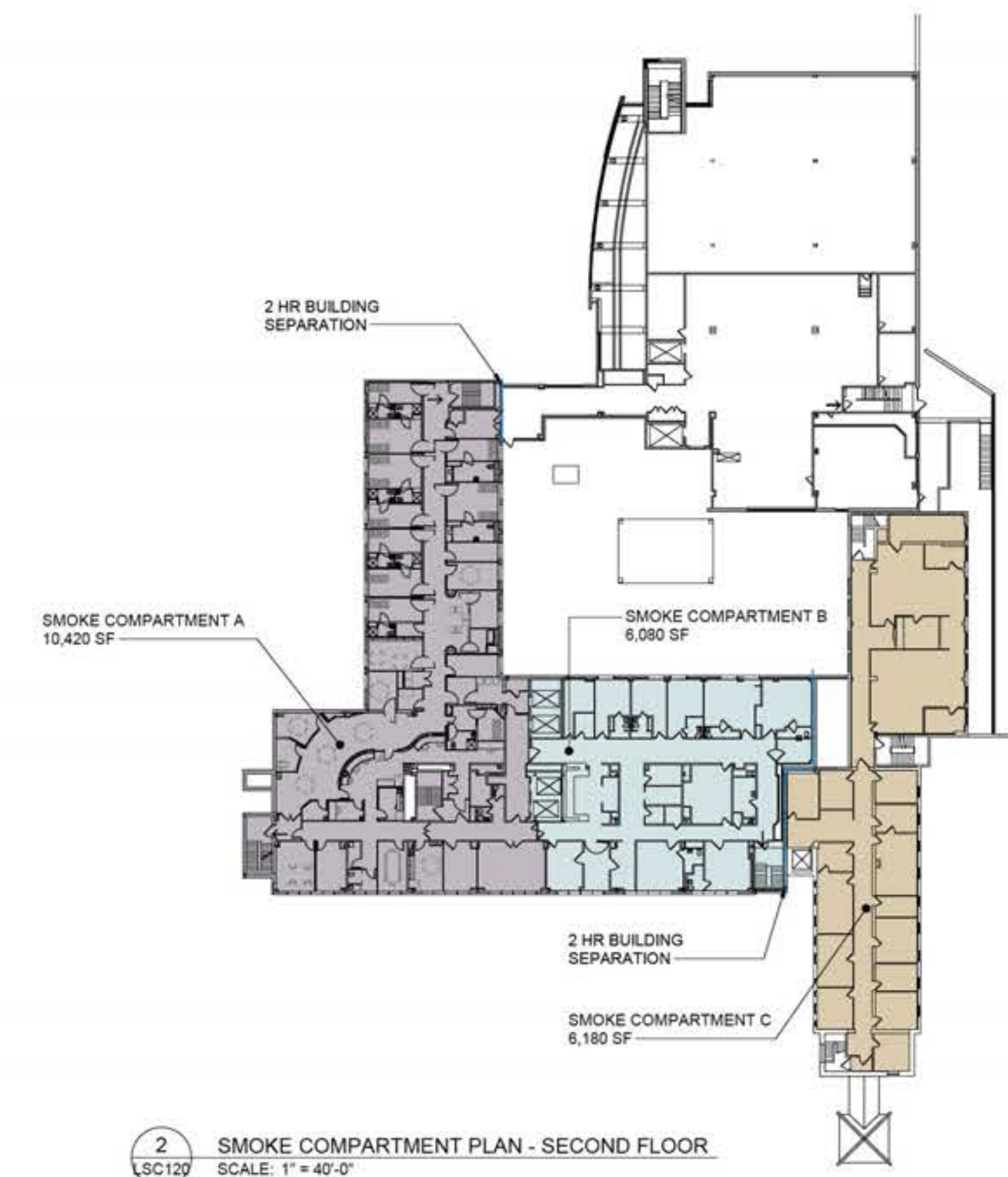


LIFE SAFETY NOTES:
CPOT - COMMON PATH OF TRAVEL
MTD - MAXIMUM TRAVEL DISTANCE
DEC - DEAD END CORRIDOR
ODD - OVERALL DIAGONAL DISTANCE
ROE - REMOTENESS OF EXITS
SCOTD - SMOKE COMPARTMENT TRAVEL DISTANCE

DAMPERS (NYS BUILDING CODE, 717.3.2.1)
(717.5.2) FIRE BARRIER (1 OR 2 HR) RATING
- 1 1/2 HR FIRE DAMPER, DAMPER NOT REQ'D IF 1-HR OR LESS AND SPRINKLERED.
(717.3.2.4, 717.5.4, 717.5.4.1) FIRE PARTITION/CORRIDOR - 1-HR FIRE DAMPER, DAMPER NOT REQ'D IF 1-HR OR LESS AND SPRINKLERED.
- DAMPERS NOT REQUIRED.
(717.5.7) SMOKE LIMITING PARTITION - NO DAMPER REQ'D EXCEPT AT TRANSFER OPENING. SEAL AT DUCT PENETRATIONS W/ SAVING.
- DAMPERS NOT REQUIRED.
(717.5.2.1) HORIZONTAL EXIT (2 HR RATING) - 1 1/2 HR FIRE / SMOKE DAMPER
- N/A
(717.5.5) SMOKE BARRIER
- SMOKE DAMPER, DAMPER NOT REQUIRED WHERE DUCT OPENINGS ARE LIMITED TO ONE SMOKE COMPARTMENT.
(717.5.3) SHAFT (1 OR 2 HR) RATING
- 1 1/2 HR FIRE/SMOKE DAMPER - DAMPER PROVIDED

LIFE SAFETY SCHEDULE

PROJECT/BUILDING INFORMATION			
BUILDING FLOOR AREA: 16,500 SF, PROJECT AREA SECOND FLOOR: 8,156 SF			
BUILDING IS PARTIALLY SPRINKLERED, PROJECT AREA IS FULLY SPRINKLERED			
PROJECT IS LOCATED AT THE SECOND FLOOR OF HOSPITALS A WING			
A WING BUILDING HAS TOTAL OF 6 FLOORS PLUS BASEMENT			
FLOOR TO FLOOR HEIGHT: 10' - 2"			
CLASSIFICATION OF WORK: ALTERATION LEVEL 2			
CODE	NFPA 101 2012	INTERNATIONAL BUILDING CODE (2020 IBC AND IBC)	FGI 2016 GUIDELINES FOR HOSPITALS
OCCUPANCY	NEW HEALTHCARE CHAPTER 18	I-2	CHAPTER 2.5
CONSTRUCTION TYPE	I (332)	1A	I (332)
ALLOWABLE STORIES & HEIGHT	24 STORIES TABLE 16.1.6.1	UNLIMITED TABLE 504.3	8 FLOORS PLUS BASEMENT + SUB-BASEMENT
ALLOWABLE AREA	N/A	UNLIMITED TABLE 506.2	COMPLIES
MAX. TRAVEL DISTANCE	200' 18.2.6.2.1	200' 1017.2	110'-0"
COMMON PATH OF TRAVEL	100' 18.2.5.3	75' 1006.2.1/ 407.4	22'-4"
MAXIMUM DEAD END CORRIDOR	30' 18.2.5.2	20' 1017.3	11'-8"
REMOVEDNESS OF EXITS	NOT LESS THAN 1/2 MAX DISTANCE (95) 7.5.1.3.2	NOT LESS THAN 1/2 MAX DISTANCE (95) 1007.1.1	157'-3"
REQUIRED NUMBER OF EXITS	2 REQ'D 7.4.1.1	1-500 OCCUPANTS 2 REQ'D 1006.2.1 / 1006.3.2	3 EXITS
MINIMUM CORRIDOR WIDTH	6'-0" PATIENT AREAS 3'-8" STAFF AREAS 18.2.3.5	8'-0" WHERE REQ'D BED MOVEMENT 3'-8" STAFF AREAS 1020.2	VARIABLE: 4'-0" TO 6'-0"
REQUIRED EGRESS WIDTH (PROJECT CORRIDOR)	2' / OCCUPANT=16.2" 7.3.3.1	44" 1020.2 2' OCCUPANT - 1005.1 1005.3.2	44" MIN
REQUIRED EGRESS WIDTH (STAIRS)	3' / OCCUPANT=24.3" 7.3.3.1	44" 1011.1 3' OCCUPANT - 1005.3.1	EXISTING (COMPLIES)
REQUIRED STAIR DIMENSIONS (EXIST)	36" MIN. 1011.2 7'1/2" MAX. 10' MIN. 6'-8" MIN.	44" MIN. 11' MIN. 6'-8" MIN.	EXISTING TO REMAIN (COMPLIES)
RATINGS - CORRIDORS	NO RATING REQUIRED LIMIT THE TRANSFER OF SMOKE 18.3.6.2	LIMIT THE TRANSFER OF SMOKE TABLE 1020.1 & 407.3	NON FIRE RATED SMOKE LIMITING PARTITION
RATINGS - STAIRS	2 HR-4 STORIES & MORE 1 HR-3 STORIES & LESS 7.13.2.1	2 HR-4 STORIES & MORE 1 HR-3 STORIES & LESS 1022.2	EXISTING 2HR RATED STAIR ENCLOSURE
RATINGS - SHAFTS	2 HR-4 STORIES & MORE 1 HR-3 STORIES & LESS BUT NO LESS THAN FLOOR RATING 8.6.5	2 HR-4 STORIES & MORE 1 HR-3 STORIES & LESS BUT NO LESS THAN FLOOR RATING 713.4	EXISTING 2HR RATED SHAFT ENCLOSURES TO REMAIN
MAXIMUM SMOKE COMPARTMENT	22,500 GSF 18.3.7.1(3)	22,500 GSF 407.5.1	A = 10,420 SF B = 6,080 SF C = 6,180 SF
MAXIMUM SMOKE COMPARTMENT TRAVEL DISTANCE	200' 18.3.7.1(4)	200' 407.5/ 407.5.2	97'-4"
MAXIMUM SUITE SIZE - SLEEPING	7,500 SF 18.2.5.7.2.3	7,500 SF 407.4.4.5.1	N/A
MAXIMUM SUITE SIZE - NON-SLEEPING	10,000 SF 18.2.5.7.3.3	7,500 SF 407.4.4.6.1	N/A
RATING-SOILED/ WASTE	1-HR TABLE 18.3.2.1	1-HR TABLE 509	1 HR
RATING-STORAGE	100 SF OR GREATER 1-HR TABLE 18.3.2.1	100 SF OR GREATER 1-HR TABLE 509	1 HR
OCCUPANT LOAD	1 OCCUPANT/100 SF	1 OCCUPANT/120 SF	81 OCCUPANTS MAX



REVISION SCHEDULE

#	DESCRIPTION	DATE

REGISTERED ARCHITECT

STATE OF NEW YORK

HYMAN HAYES ASSOCIATES

ALBANY MED HEALTH SYSTEM

COLUMBIA MEMORIAL HEALTH

BEHAVIORAL HEALTH EXPANSION

COLUMBIA MEMORIAL HOSPITAL

77 PROSPECT AVE

ELIZABETH, NY 10824

SHEET TITLE

LIFE SAFETY PLAN - SECOND FLOOR

DATE: 10/1/2022

SCALE: AS SHOWN

DRAWN BY: JH

CHECKED BY: JH

APPROVED: JH

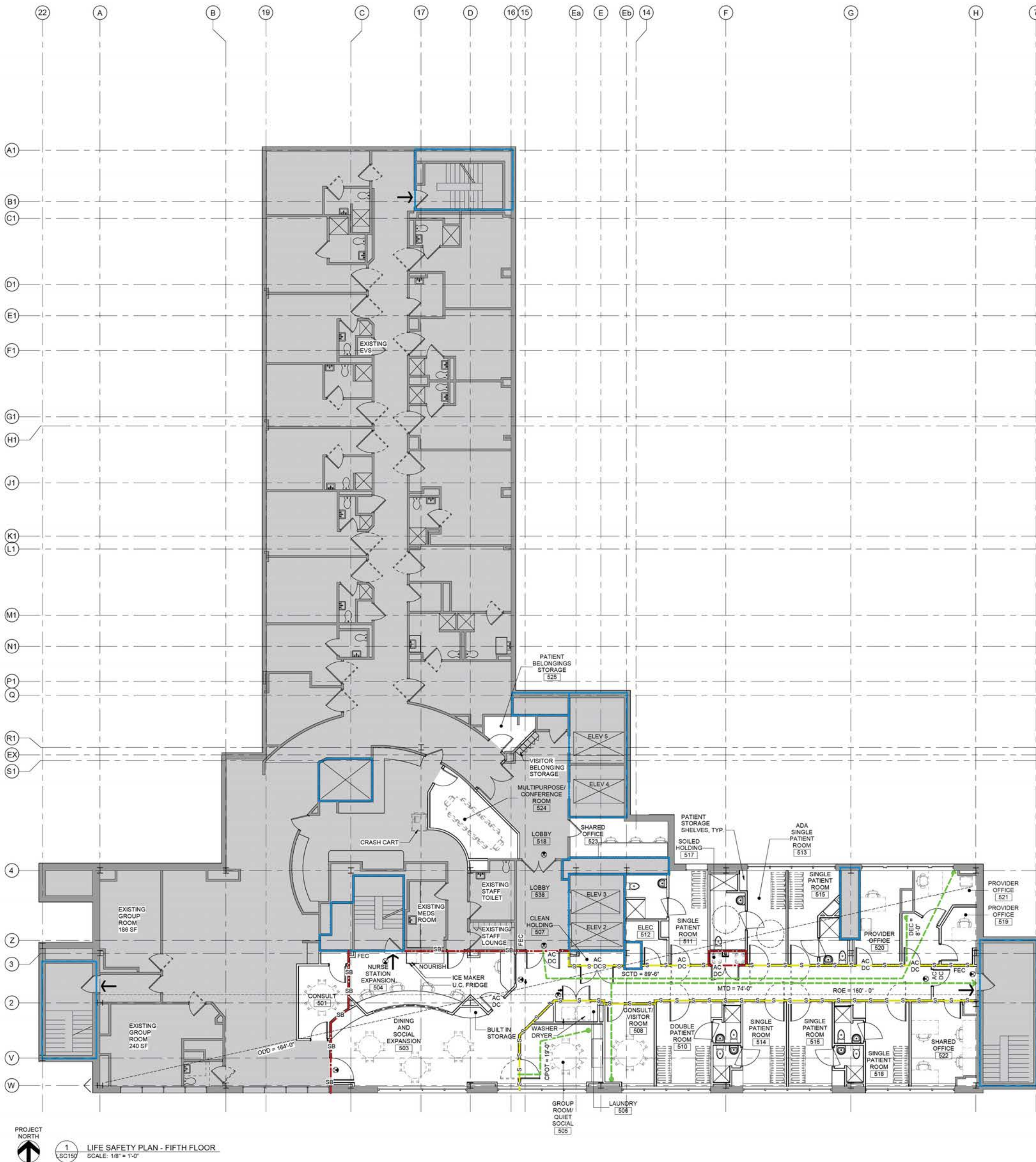
CLIENT APPROVAL: JH

HA PROJ. NO.: 20002

CLIENT PROJ. NO.:

SHEET NUMBER

LSC120



LIFE SAFETY LEGEND:

- EGRESS PATH
- NON FIRE RATED SMOKE LIMITING PARTITION
- 1 HR FIRE RATED SMOKE BARRIER (20 MINUTE DOOR SMOKE DAMPER)
- 1 HR INCIDENTAL USE FIRE BARRIER (45 MINUTE DOOR AND 1 1/2 HR FIRE DAMPER)
- 1 HR FIRE BARRIER (STAIR, SHAFT, EXIT ACCESS/45 MINUTE DOOR AND 1 1/2 HR FIRE DAMPER)
- 2 HR FIRE RATED BARRIER (90 MINUTE DOOR AND 1 1/2 HR FIRE DAMPER)
- INDICATES EXIT ACCESS POINT
- HORIZONTAL EXIT
- EXTERIOR EXIT DOOR
- FIRE EXTINGUISHER CABINET
- DOOR CLOSER
- ACCESS CONTROL
- NOT IN CONTRACT

DAMPERS (NYS BUILDING CODE 717.3.2.1) (717.5.2) FIRE BARRIER (1 OR 2 HR) RATING - 1 1/2 HR FIRE DAMPER, DAMPER NOT REQ'D IF 1-HR OR LESS AND SPRINKLERED.

(717.3.2.4, 717.5.4, 717.5.4.1) FIRE PARTITION/CORRIDOR - 1-HR FIRE DAMPER, DAMPER NOT REQ'D IF 1-HR OR LESS AND SPRINKLERED.

-DAMPERS NOT REQUIRED.

(717.5.7) SMOKE LIMITING PARTITION - NO DAMPER REQ'D EXCEPT AT TRANSFER OPENING. SEAL AT DUCT PENETRATIONS W/ SAFING.

-DAMPERS NOT REQUIRED.

(717.5.2.1) HORIZONTAL EXIT (2 HR RATING) - 1 1/2 HR FIRE / SMOKE DAMPER -N/A

(717.5.5) SMOKE BARRIER - SMOKE DAMPER, DAMPER NOT REQUIRED WHERE DUCT OPENINGS ARE LIMITED TO ONE SMOKE COMPARTMENT.

(717.5.3) SHAFT (1 OR 2 HR) RATING - 1 1/2 HR FIRE/SMOKE DAMPER- DAMPER PROVIDED

LIFE SAFETY NOTES

CROT - COMMON PATH OF TRAVEL

MTD - MAXIMUM TRAVEL DISTANCE

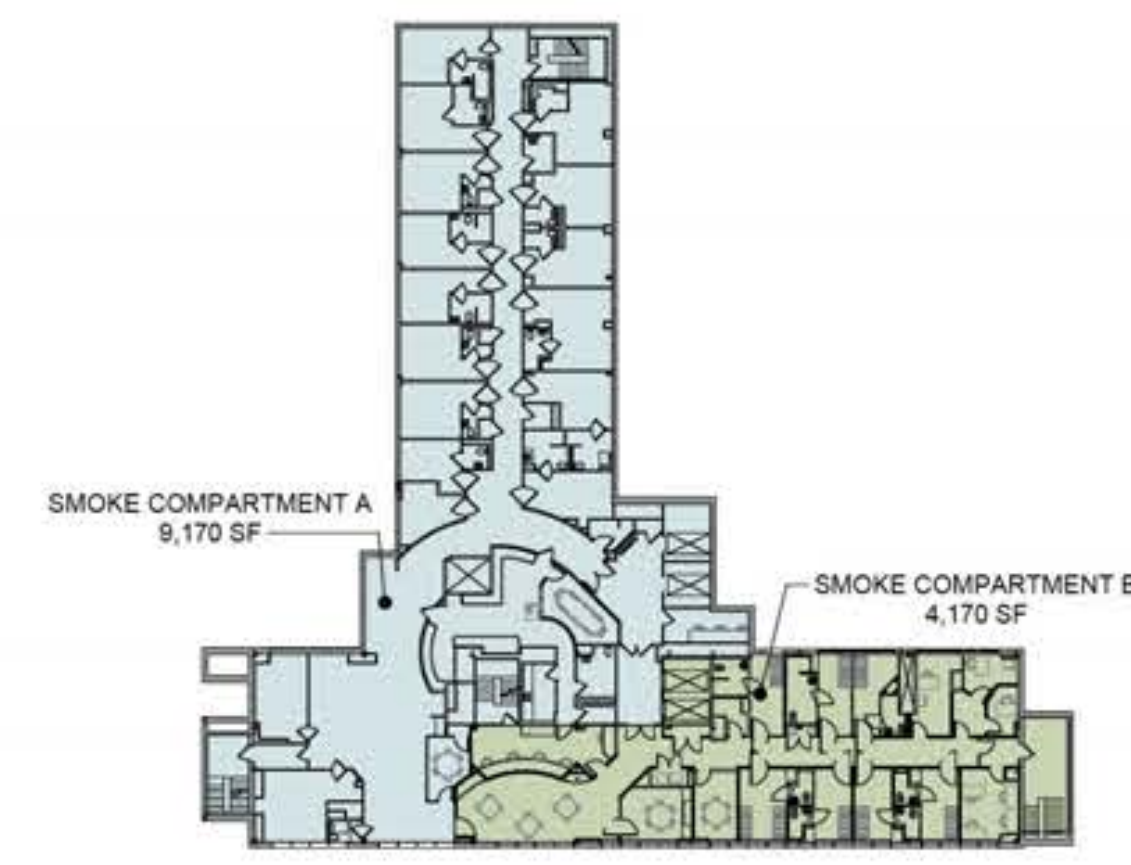
DEC - DEAD END CORRIDOR

ODD - OVERALL DIAGONAL DISTANCE

ROE - REMOTENESS OF EXITS

SCTD - SMOKE COMPARTMENT TRAVEL DISTANCE

LIFE SAFETY SCHEDULE				
PROJECT/BUILDING INFORMATION				
BUILDING SQUARE FOOTAGE: 13,340				
BUILDING IS PARTIALLY SPRINKLERED, PROJECT AREA IS FULLY SPRINKLERED				
PROJECT IS LOCATED AT THE 5TH FLOOR OF HOSPITALS M WING				
M WING BUILDING HAS TOTAL OF 8 FLOORS PLUS BASEMENT AND SUB BASEMENT				
FLOOR TO FLOOR HEIGHT: 10' - 2"				
CLASSIFICATION OF WORK: ALTERATION LEVEL 2				
CODE	NFPA 101 2012	INTERNATIONAL BUILDING CODE (2020 IBC AND IBC)	FGI 2018 GUIDELINES FOR DESIGN AND CONSTRUCTION OF HOSPITALS CHAPTER 2.5	ACTUAL / REMARKS (IF APPLICABLE)
OCCUPANCY	NEW HEALTHCARE TABLE 18.1.6.1	I-2	N/A	NEW HEALTHCARE
CONSTRUCTION TYPE	I (332)	1A	N/A	I (332)
ALLOWABLE STORIES & HEIGHT	24 STORIES	UNLIMITED	TABLE 504.3	6 FLOORS PLUS BASEMENT + SUB-BASEMENT
ALLOWABLE AREA	N/A	UNLIMITED	TABLE 506.2	
MAX. TRAVEL DISTANCE	200' 18.2.6.2.1	200' 1017.2	--	74'-0"
COMMON PATH OF TRAVEL	100' 18.2.5.3	75' 1006.2.1/ 407.4	--	19'-0"
MAXIMUM DEAD END CORRIDOR	30' 18.2.5.2	20' 1017.3	--	8'-0"
REMOVEDNESS OF EXITS	NOT LESS THAN 1/2 MAX DISTANCE (82) 7.5.1.3.2	NOT LESS THAN 1/2 MAX DISTANCE (82) 1007.1.1	--	160'-0"
REQUIRED NUMBER OF EXITS	2 REQ'D 7.4.1.1	1-500 OCCUPANTS 2 REQ'D 1006.2.1 / 1006.3.2	--	3 EXITS
MINIMUM CORRIDOR WIDTH	6'-0" PATIENT AREAS 3'-8" STAFF AREAS 18.2.3.5	8'-0" WHERE REQ'D BED MOVEMENT 3'-8" STAFF AREAS 1020.2	--	6'-0"
REQUIRED EGRESS WIDTH (PROJECT CORRIDOR)	2' / OCCUPANT=28" 7.3.3.1	44" 1020.2 2' / OCCUPANT - 1005.1 1005.3.2	--	6'-0"
REQUIRED EGRESS WIDTH (STAIRS)	3' / OCCUPANT=42" 7.3.3.1	44" 1011.1 3' / OCCUPANT - 1005.3.1	--	EXISTING TO REMAIN (COMPLIES)
REQUIRED STAIR DIMENSIONS (EXIST)			--	EXISTING TO REMAIN (COMPLIES)
WIDTH LANDINGS	36" MIN. N/A 7.2.2.2.1	44" MIN. 1011.2	--	
RISERS	7" MAX. 10" MIN. 6'-8" MIN.	4" MAX. 4" MIN. 11" MIN. 6'-8" MIN.	--	
TREADS	10" MIN. 6'-8" MIN.	11" MIN. 6'-8" MIN.	--	
RATINGS - CORRIDORS	NO RATING REQUIRED LIMIT THE TRANSFER OF SMOKE 18.3.6.2	LIMIT THE TRANSFER OF SMOKE TABLE 1020.1 & 407.3	--	NON FIRE RATED SMOKE LIMITING PARTITION
RATINGS - STAIRS	2 HR-4 STORIES & MORE 1 HR-3 STORIES & LESS 7.1.3.2.1	2 HR-4 STORIES & MORE 1 HR-3 STORIES & LESS 1022.2	--	EXISTING 2HR RATED STAIR ENCLOSURE
RATINGS - SHAFTS	2 HR-4 STORIES & MORE 1 HR-3 STORIES & LESS BUT NO LESS THAN FLOOR RATING 6.6.5	2 HR-4 STORIES & MORE 1 HR-3 STORIES & LESS BUT NO LESS THAN FLOOR RATING 713.4	--	EXISTING 2HR RATED STAIR ENCLOSURE TO REMAIN
MAXIMUM SMOKE COMPARTMENT	22,500 GSF 18.3.7.1(3)	22,500 GSF 407.5.1	--	A = 9170 SF B = 4170 SF
MAXIMUM SMOKE COMPARTMENT TRAVEL DISTANCE	200' 18.3.7.1(4)	200' 407.5/ 407.5.2	--	89'-6"
MAXIMUM SUITE SIZE - SLEEPING	7,500 SF 18.2.5.7.2.3	7,500 SF 407.4.4.5.1	--	N/A
MAXIMUM SUITE SIZE - NON-SLEEPING	10,000 SF 18.2.5.7.3.3	7,500 SF 407.4.4.6.1	--	N/A
RATING-SOILED/ WASTE	1-HR TABLE 18.3.2.1	1-HR TABLE 509	--	EXISTING TO REMAIN (COMPLIES)
RATING-STORAGE	100 SF OR GREATER 1-HR TABLE 18.3.2.1	100 SF OR GREATER 1-HR TABLE 509	--	EXISTING TO REMAIN (COMPLIES)
OCCUPANT LOAD	1 OCCUPANT/100 SF	1 OCCUPANT/120 SF	--	133 OCCUPANTS MAX



2 SMOKE COMPARTMENT - FIFTH FLOOR SCALE: 1" = 40'-0"

REVISION SCHEDULE

#	DESCRIPTION	DATE

REGISTERED ARCHITECT

STATE OF NEW YORK

HYMAN HAYES ASSOCIATES

ALBANY MED Health System

COLUMBIA MEMORIAL HEALTH

BEHAVIORAL HEALTH EXPANSION

COLUMBIA MEMORIAL HOSPITAL

77 PROSPECT AVE

ALBANY, NY 12207

SHEET TITLE

LIFE SAFETY PLAN - FIFTH FLOOR

SHEET NUMBER

LSC150

DATE:

SCALE:

DRAWN BY:

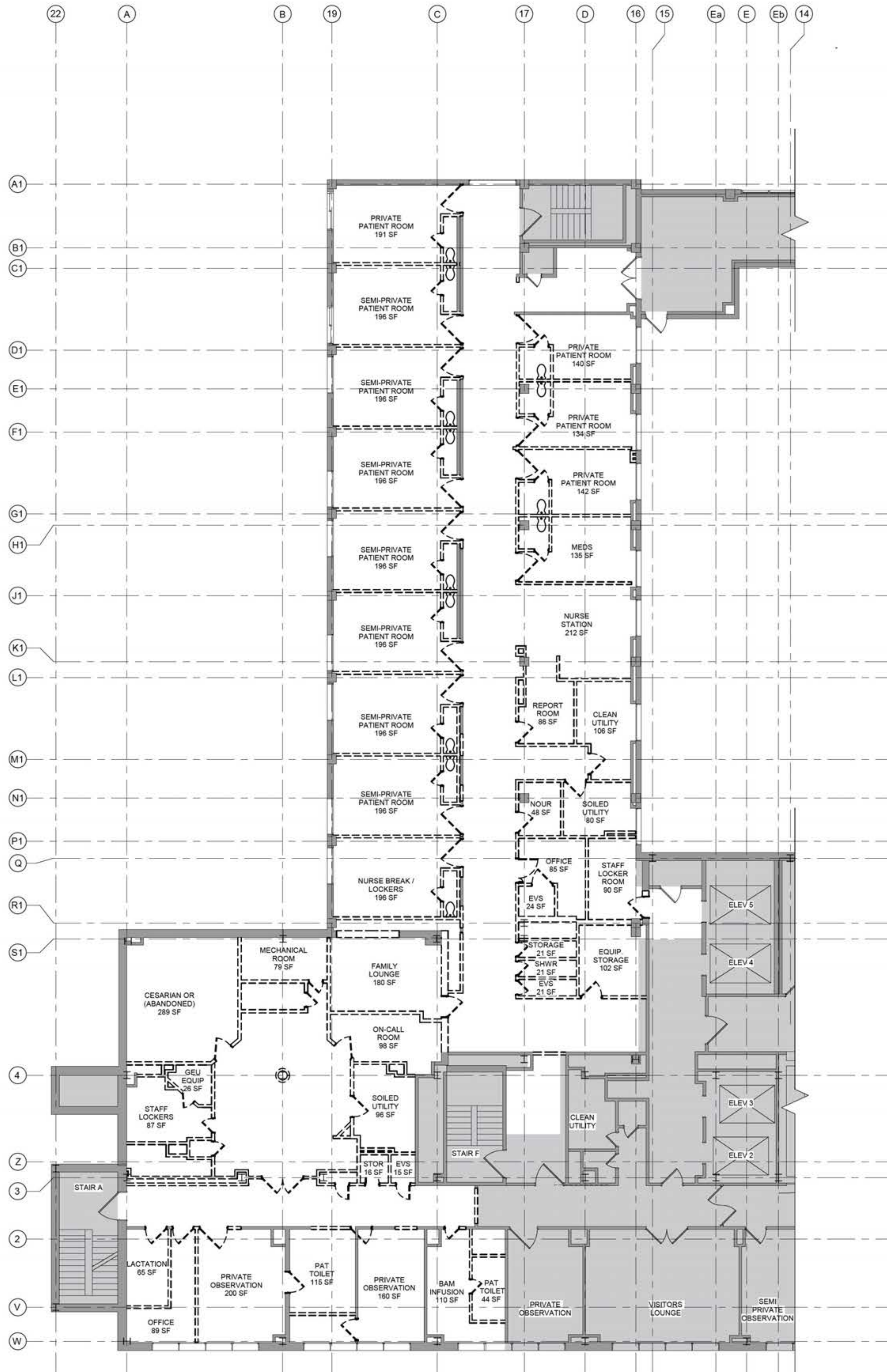
CHECKED BY:

APPROVED:

CLIENT APPROVAL:

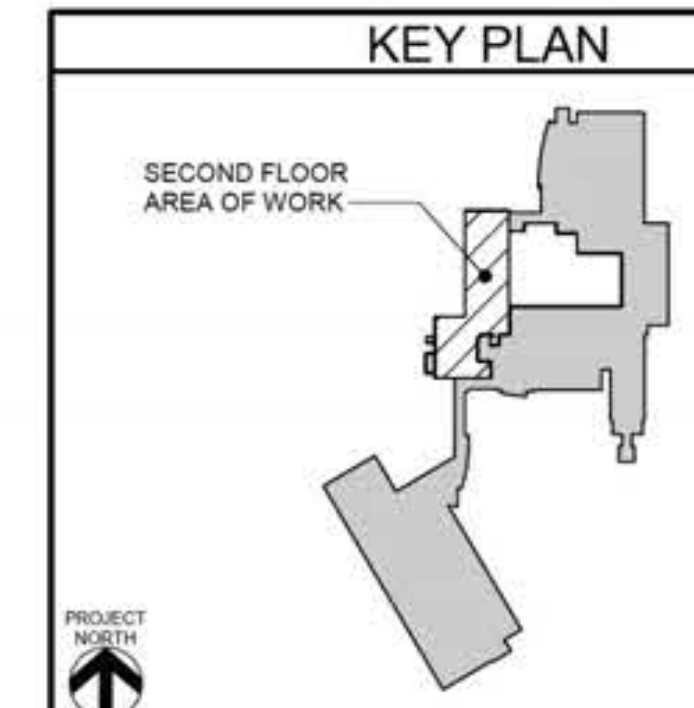
HYM PROJ. NO.:

CLIENT PROJ. NO.:



PROJECT NORTH
1
A012
DEMOLITION PLAN - SECOND FLOOR
SCALE: 1/8" = 1'-0"

DEMOLITION LEGEND:		
	EXISTING WALL TO REMAIN	
	PARTITION TO BE REMOVED	
	DOOR AND FRAME TO BE REMOVED	
	EXISTING DOOR TO REMAIN	
	DOOR TO BE REMOVED AND SALVAGED FOR RELOCATION	
	PLUMBING FIXTURE TO REMAIN	
	PLUMBING FIXTURE TO BE REMOVED	
	EXISTING AREA TO REMAIN (NOT IN CONTRACT)	



REVISIONS		
#	DESCRIPTION	DATE



HYMAN
HAYES
ASSOCIATES



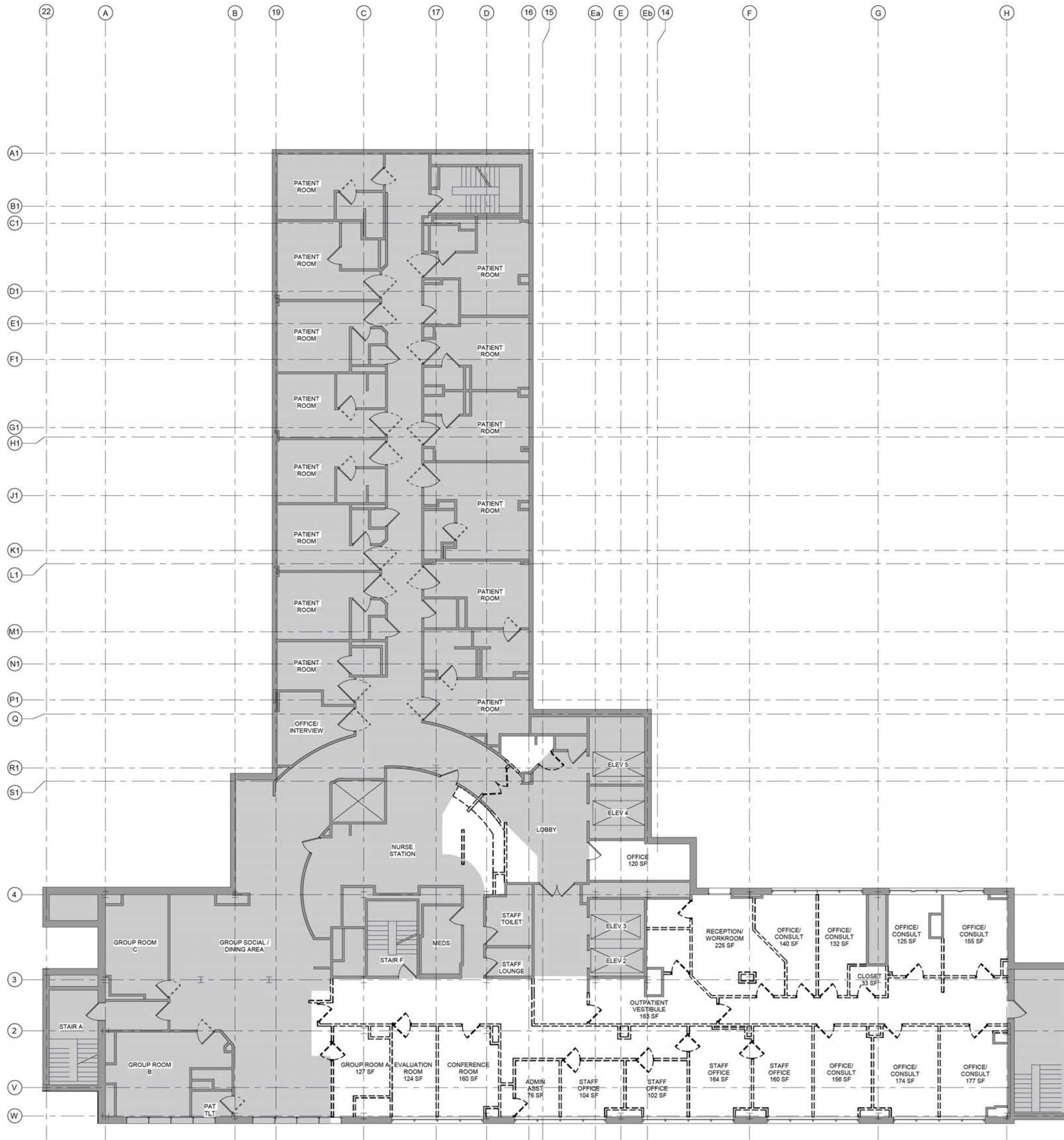
ALBANY MED Health System
COLUMBIA MEMORIAL HEALTH

SHEET TITLE
DEMOLITION PLAN - SECOND FLOOR

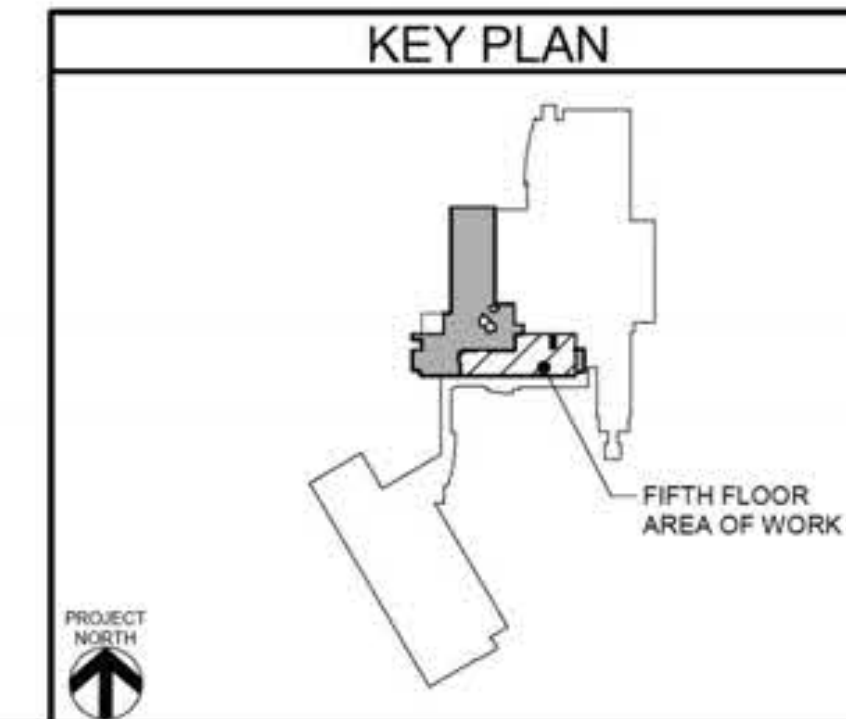
BEHAVIORAL HEALTH EXPANSION
COLUMBIA MEMORIAL HOSPITAL
71 PROSPECT AVE
ALBANY, NY 12207

DATE:	1/21/2022	SCALE:	AS SHOWN	DRAWN BY:	AP	CHECKED BY:	AR	APPROVED:	MM	CLIENT APPROVAL:	MM	DATE:	2/20/22	CLIENT PROJ. NO.:	
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SHEET NUMBER
A012



- DEMOLITION LEGEND:**
- EXISTING WALL TO REMAIN
 - PARTITION TO BE REMOVED
 - DOOR AND FRAME TO BE REMOVED
 - EXISTING DOOR TO REMAIN
 - DOOR TO BE REMOVED AND SALVAGED FOR RELOCATION
 - PLUMBING FIXTURE TO REMAIN
 - PLUMBING FIXTURE TO BE REMOVED
 - EXISTING AREA TO REMAIN (NOT IN CONTRACT)



PROJECT NORTH
1
A015
DEMOLITION PLAN - FIFTH FLOOR
SCALE: 1/8" = 1'-0"

REVISIONS		DATE
#	DESCRIPTION	

REGISTERED ARCHITECT
HYMAN HAYES ASSOCIATES
100 West 42nd Street, Suite 1000
New York, NY 10018
www.hymanhayes.com

HYMAN HAYES ASSOCIATES

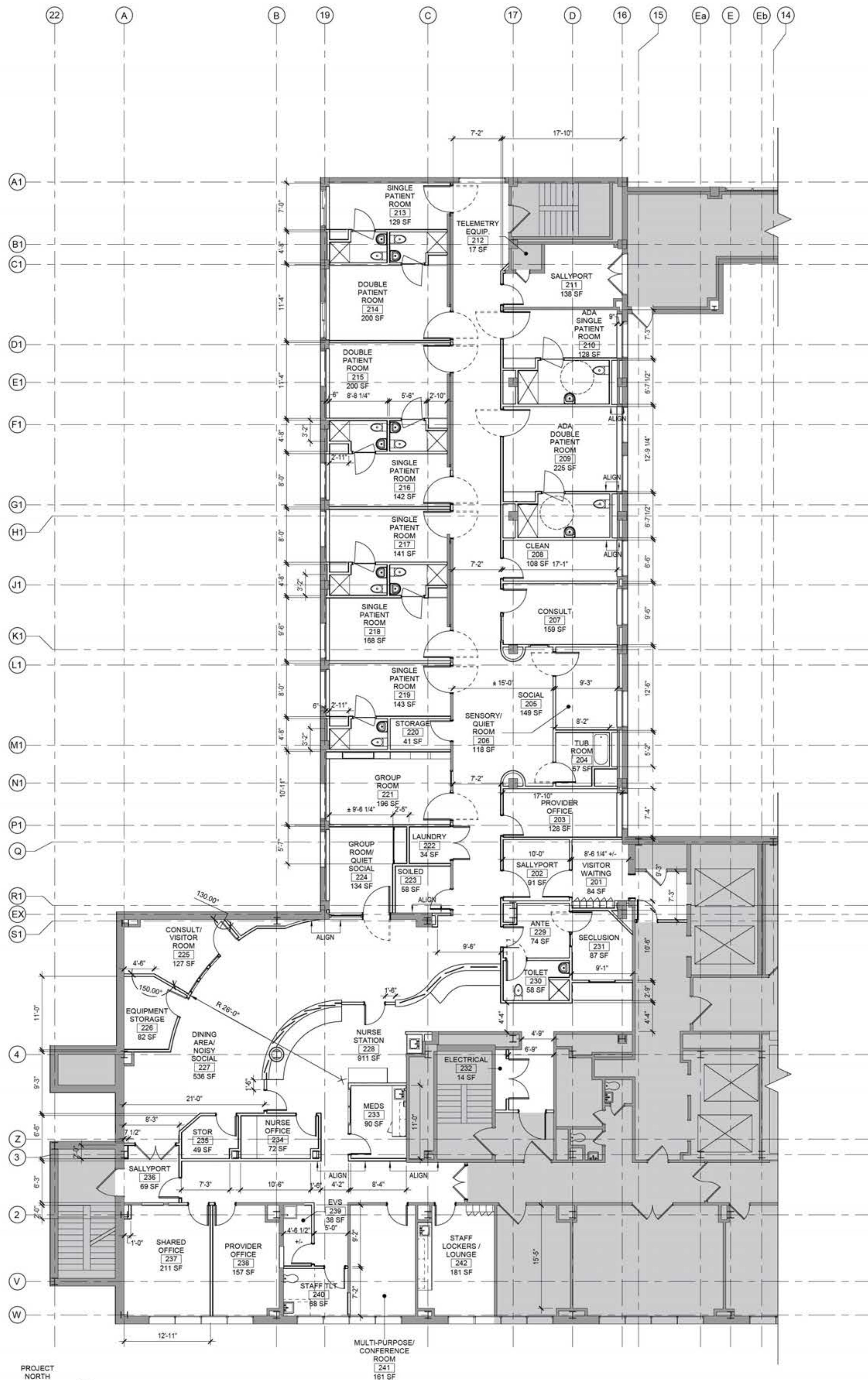
ALBANY MED Health System
COLUMBIA MEMORIAL HEALTH

BEHAVIORAL HEALTH EXPANSION
COLUMBIA MEMORIAL HOSPITAL
717 PROSPECT AVE
ALBANY, NY 12206

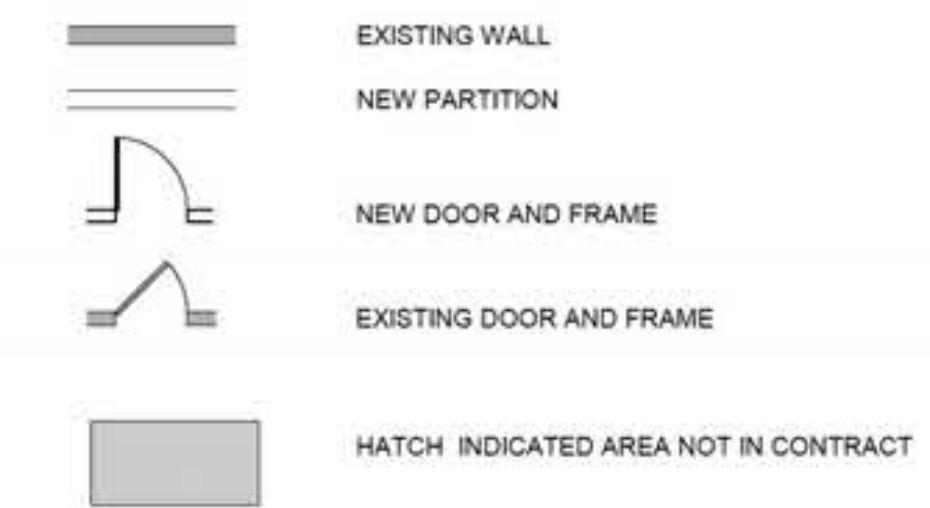
SHEET TITLE
DEMOLITION PLAN - FIFTH FLOOR

DATE	SCALE	DRAWN BY	CHECKED BY	APPROVED	CLIENT APPROVAL	DATE	CLIENT PROJ. NO.
1/21/2022	As Indicated	AP	AR	MM		2002	

SHEET NUMBER
A015

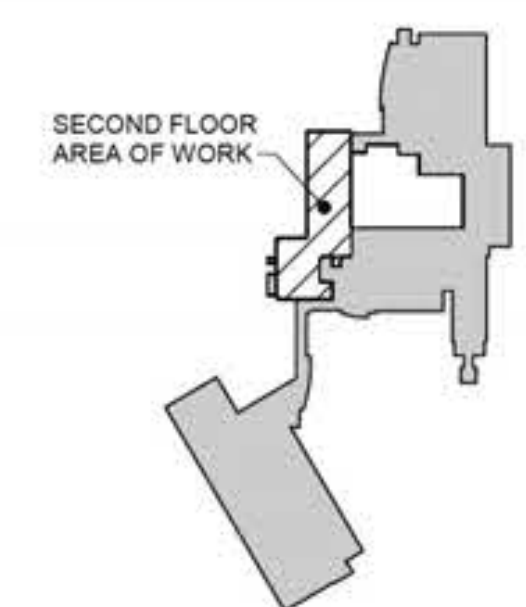


FLOOR PLAN LEGEND:



NOTE: CONTRACTOR TO VERIFY ALL EXISTING DIMENSIONS PRIOR TO START OF CONSTRUCTION. REPORT TO ARCHITECT ANY ADVERSE CONDITIONS FOUND.

KEY PLAN



1 FLOOR PLAN - SECOND FLOOR
SCALE: 1/8" = 1'-0"

REVISION	SCHEDULE	DATE
#	DESCRIPTION	



HYMAN HAYES ASSOCIATES
400 Long Street, Suite 1000
Larchmont, NY 10538
www.hymanhayes.com



HYMAN HAYES ASSOCIATES

ALBANY MED Health System
COLUMBIA MEMORIAL HEALTH



SHEET TITLE
FLOOR PLAN - SECOND FLOOR

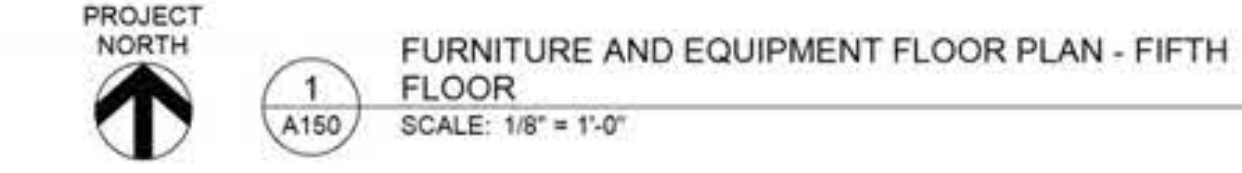
BEHAVIORAL HEALTH EXPANSION

COLUMBIA MEMORIAL HOSPITAL
71 PROSPECT AVE
ELIZABETH, NY 07208

DATE:	SCALE:	DRAWN BY:	CHECKED BY:	APPROVED:	CLIENT APPROVAL:	HHA PROJ. NO.:	CLIENT PROJ. NO.:
1/21/2022	As Issued	AP	AR	MM		20002	

SHEET NUMBER

A120



SHEET NUMBER <div style="font-size: 2em; font-weight: bold; text-align: center;">A150</div>		SHEET TITLE FLOOR PLAN - FIFTH FLOOR	
DATE:	3/21/2025	DATE:	3/21/2025
SCALE:	As indicated	SCALE:	As indicated
DRAWN BY:		DRAWN BY:	
CHECKED BY:		CHECKED BY:	
APPROVED:		APPROVED:	
CLIENT APPROVAL:		CLIENT APPROVAL:	
HVA PROJ. NO.:	28005	HVA PROJ. NO.:	28005
CLIENT PROJ. NO.:		CLIENT PROJ. NO.:	

BEHAVIORAL HEALTH EXPANSION

COLUMBIA MEMORIAL HOSPITAL
717 PERSHING AVENUE
BOSTON, MA 02118

ALBANY MED Health System

COLUMBIA MEMORIAL HEALTH

**HYMAN
HAYES
ASSOCIATES**

HHA
HYMAN HAYES ASSOCIATES

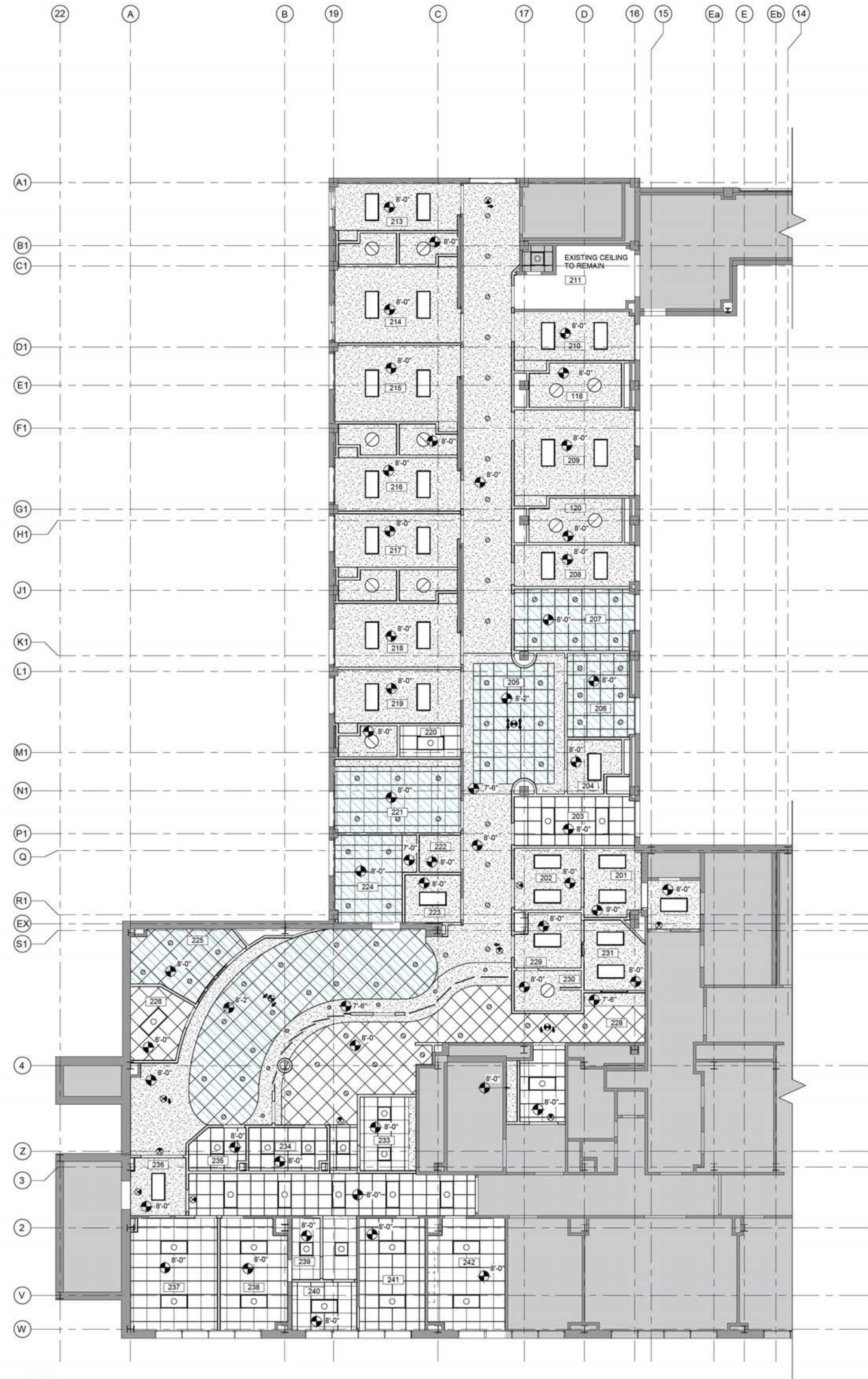
300 Troy-Bowlinghigh
Avenue
Latham, NY 12110
(518) 486-2400
www.hha-usa.com

CONSULTANTS

SEAL

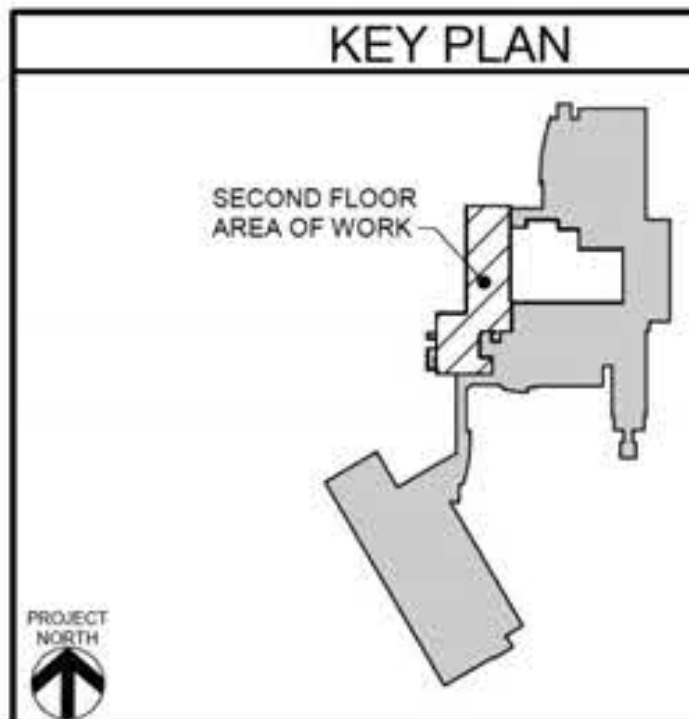
REVISION SCHEDULE

#	DESCRIPTION	DATE



CEILING LEGEND:

- NEW ACOUSTICAL TILE CEILING
- NEW SUSPENDED SECURITY CEILING SYSTEM
- GYPSUM BOARD CEILING, BULKHEAD, SOFFIT AND FASCIA
- 2x4' RECESSED LIGHT FIXTURE
- 2x2' RECESSED LIGHT FIXTURE
- 1x4' RECESSED LIGHT FIXTURE
- 1x4' SUSPENDED LIGHT FIXTURE
- SUPPLY GRILLE - COORDINATE WITH MECHANICAL DRAWINGS
- EXHAUST/ RETURN GRILLE - COORDINATE WITH MECHANICAL DRAWINGS
- PRIVACY CURTAIN TRACK
- CEILING GRID START POINT
- WALL / CEILING MOUNTED EXIT SIGN



PROJECT NORTH
1
A420
REFLECTED CEILING PLAN - SECOND FLOOR
SCALE: 1/8" = 1'-0"

REVISIONS

#	DESCRIPTION	DATE
---	-------------	------

REGISTERED ARCHITECT

STATE OF NEW YORK

602584-1

HYMAN HAYES ASSOCIATES

400 Long Street, Suite 1000
Larchmont, NY 10538
www.hymanhayes.com

ALBANY MED Health System

COLUMBIA MEMORIAL HEALTH

BEHAVIORAL HEALTH EXPANSION

COLUMBIA MEMORIAL HOSPITAL
77 PROSPECT AVE
ALBANY, NY 12207

DATE: 10/1/2022

SCALE: As Indicated

DRAWN BY: JF

CHECKED BY: AR

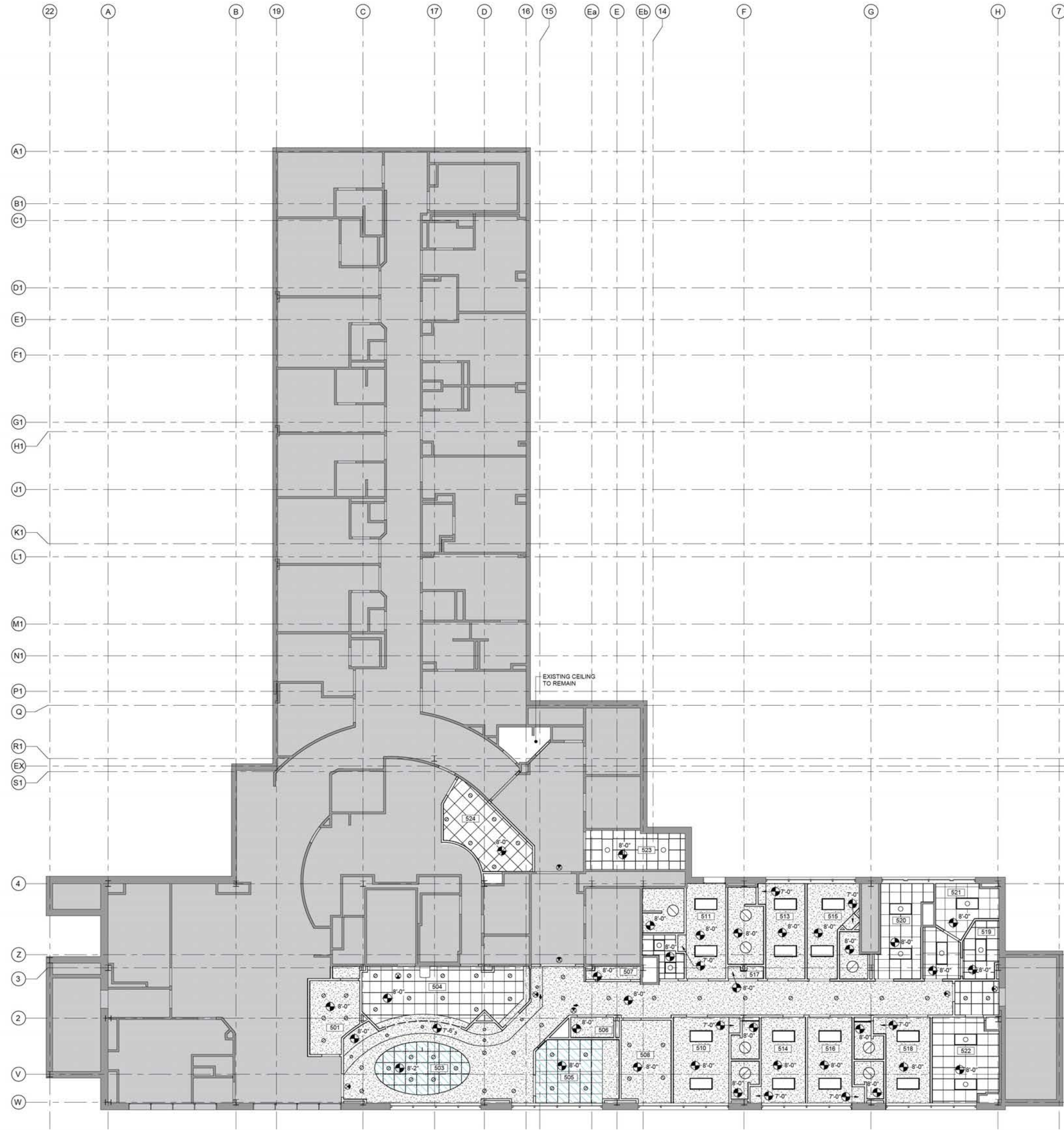
APPROVED: MM

CLIENT APPROVAL: HHA PROJ. NO.: 20002

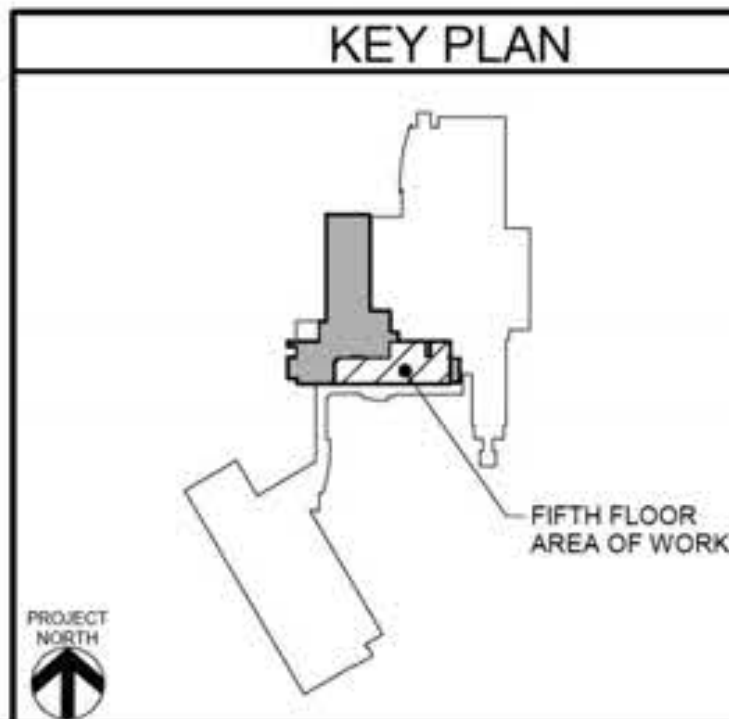
CLIENT PROJ. NO.:

SHEET NUMBER

A420



- CEILING LEGEND:**
- NEW ACOUSTICAL TILE CEILING
 - NEW SUSPENDED SECURITY CEILING SYSTEM
 - GYPSUM BOARD CEILING, BULKHEAD, SOFFIT AND FASCIA
 - 2x4' RECESSED LIGHT FIXTURE
 - 2x2' RECESSED LIGHT FIXTURE
 - 1x4' RECESSED LIGHT FIXTURE
 - 1x4' SUSPENDED LIGHT FIXTURE
 - SUPPLY GRILLE - COORDINATE WITH MECHANICAL DRAWINGS
 - EXHAUST/ RETURN GRILLE - COORDINATE WITH MECHANICAL DRAWINGS
 - PRIVACY CURTAIN TRACK
 - CEILING GRID START POINT
 - WALL / CEILING MOUNTED EXIT SIGN



PROJECT NORTH
1 REFLECTED CEILING PLAN - FIFTH FLOOR
SCALE: 1/8" = 1'-0"

REVISION SCHEDULE		DATE	
#	DESCRIPTION		
CONSULTANTS			
SEAL			
ALBANY MED Health System COLUMBIA MEMORIAL HEALTH			
SHEET TITLE REFLECTED CEILING PLAN - FIFTH FLOOR			
PROJECT BEHAVIORAL HEALTH EXPANSION			
COLUMBIA MEMORIAL HOSPITAL 77 PROSPECT AVE ALBANY, NY 12207			
DATE:	1/21/2022	SCALE:	As Indicated
DRAWN BY:	AP	APPROVED:	MM
CHECKED BY:	AR	CLIENT APPROVAL:	
DATE:	2/20/22	CLIENT PROJ. NO.:	

A450

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? N/A	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input checked="" type="checkbox"/>	<input 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"/>
Part III.		Yes	No
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.		<input checked="" type="checkbox"/>
	Agency Name:	City of Hudson Code Enforcement	
	Contact Name:	Craig Haig, Code Enforcement Officer	
	Address:	77 N. 7th Street, Suite #2	
	State and Zip Code:	Hudson, NY 12534	
	E-Mail Address:	hudsonceo@cityofhudson.org	
	Phone Number:	518-828-3133	
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		

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

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

	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If Yes, which floodplain?	100 Year	<input checked="" 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 8A Summarized Project Cost and Construction Dates

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

1.) Project Cost Summary data:

	Total	Source
Project Description:		
Project Cost	\$5,460,958	Schedule 8b, column C, line 8
Total Basic Cost of Construction	\$5,460,958	Schedule 8B, column C, line 6
Total Cost of Moveable Equipment	\$248,250	Schedule 8B, column C, line 5.1
Cost/Per Square Foot for New Construction	N/A	Schedule 10
Cost/Per Square Foot for Renovation Construction	\$300	Schedule 10
Total Operating Cost	\$ [REDACTED]	Schedule 13C, column B
Amount Financed (as \$)	\$0	Schedule 9
Percentage Financed as % of Total Cost	0%	Schedule 9
Depreciation Life (in years)	Variable- 5-30 Years	

2) Construction Dates

Anticipated Start Date	8/1/2025	Schedule 8B
Anticipated Completion Date	2/1/2026	

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:	8/1/2025	
Anticipated Midpoint of Construction Date	11/1/2025	
Anticipated Completion of Construction Date	2/1/2026	
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.	N/A	
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.	N/A	

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

	A	B	C
Item	Project Cost in Current Dollars	Escalation amount to Mid-point of Construction	Estimated Project Costs
Source:	Schedule 10 Col. H	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$0	\$0	\$0
2.2 Renovation & Demolition	\$3,670,500	\$110,115	\$3,780,615
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$190,970	\$0	\$190,970
3.1 Design Contingency	\$367,050	\$11,012	\$378,062
3.2 Construction Contingency	\$367,050	\$11,012	\$378,062
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$485,000	\$0	\$485,000
4.4 Construction Manager Fees	\$0	\$0	\$0
4.5 Other Fees (Consultant, etc.)	\$0	\$0	\$0
Subtotal (Total 1.1 thru 4.5)	\$5,080,570	\$132,138	\$5,212,708
5.1 Movable Equipment (from Sched 11)	\$248,250	\$0	\$248,250
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5.2)	\$5,328,820	\$132,138	\$5,460,958
7.1 Financing Costs (Points etc)	\$0		\$0
7.2 Interim Interest Expense: \$ <input type="text"/> At <input type="text"/> % for <input type="text"/> months	\$0		\$0
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$5,328,820	\$132,138	\$5,460,958
Application fees:			
9.1 Application Fee. Articles 28, 36 and 40. See Web Site.	\$2,000		\$2,000
9.2 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.)			
Enter Multiplier ie: .25% = .0025 --> <input type="text"/>	0.003	\$0	\$16,317
10 Total Project Cost with fees	\$5,347,137	\$132,138	\$5,479,275

**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	\$5,479,275
<input type="checkbox"/>	C. Mortgage, Notes, or Bonds	\$
<input type="checkbox"/>	D. Land	\$
<input type="checkbox"/>	E. Other	\$
<input checked="" type="checkbox"/>	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	\$5,479,275

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

	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	\$479,275
Sale of Existing Assets	\$
Gifts (fundraising program)	\$
Government Grants	\$5,000,000
Other	\$
TOTAL CASH	\$5,479,275

	N/A	Title of Attachment
1. Provide a breakdown of the sources of cash. See sample table above.	<input type="checkbox"/>	See Table Above
2. Attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date. If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented to improve operations. In establishment applications for Residential Health Care Facilities , attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date for the subject facility and all affiliated Residential Health Care Facilities . If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented (or to be implemented in the case of the subject facility) to improve operations.	<input type="checkbox"/>	Schedule 9 Attachments
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	<input type="checkbox"/>	Schedule 9 Attachments
4. Attach a full and complete description of the assets to be sold, if applicable.	<input checked="" type="checkbox"/>	
5. If amounts are listed in "Gifts (fundraising program)": <ul style="list-style-type: none"> • Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges. • If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan. • Provide a history of recent fund drives, including amount pledged and amount collected 	<input checked="" type="checkbox"/>	

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

Schedule 9

	N/A	Title of Attachment
6. If amounts are listed in "Government Grants": <ul style="list-style-type: none"> List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted. Provide documentation of eligibility for the funds. Attach the name and telephone number of the contact person at the awarding Agency(ies). 	<input type="checkbox"/>	Schedule 9 Attachments
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 type="checkbox"/>	100% Equity
9. Provide an equity analysis for member equity to be provided. Indicate if a member is providing a disproportionate share of equity. If disproportioned equity shares are provided by any member, check this box <input type="checkbox"/>	<input checked="" type="checkbox"/>	

C. Mortgage, Notes, or Bonds **N/A**

	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 type="checkbox"/>	
3. Provide details of any DASNY bridge financing to HUD loan.	<input type="checkbox"/>	
4. If the financing of this project becomes part of a larger overall financing, then a new business plan inclusive of a feasibility package for the overall financing will be required for DOH review prior to proceeding with the combined financing.	<input type="checkbox"/>	

New York State Department of Health Certificate of Need Application

Schedule 9

D. Land N/A

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 N/A

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

	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"/>	

Schedule 9 Attachments

- 1) Financial Narrative
- 2) Columbia Memorial Health Financial Narrative
- 3) NYS Office of Mental Health Grant Contract Face Sheet
- 4) 2025 February Internal Financial Report
- 5) 2023 Audited Financial Statements

COLUMBIA MEMORIAL HOSPITAL

FINANCIAL NARRATIVE

Columbia Memorial Hospital (“CMH”), a 192-bed acute care hospital and affiliate of Albany Med Health System, is located at 71 Prospect Avenue, Hudson (Columbia County), New York 12534. CMH submitted a proposal under the RFP entitled, “Capital for Expanding Inpatient Psychiatric Capacity for Adults, Children and Adolescents in Article 28s and Not for Profit Article 31s” issued by the NYS Office of Mental Health (“OMH”). CMH received notification of an award for this RFP on April 25, 2024 and is seeking approval from the Department to carry out the initiatives of the grant proposal.

Columbia Memorial Hospital is submitting this Administrative Review C.O.N. application for approval to expand the inpatient psychiatric program by 20 beds for a total of 42 certified psychiatric beds. To achieve this, CMH proposes the conversion of 20 medical/surgical beds to 20 inpatient psychiatric beds. CMH also seeks approval to undertake renovations of the related program spaces on the second and fifth floors of the main hospital to achieve this expansion. The proposed expansion will serve the general adult psychiatric population on the fifth floor and will create a dedicated unit for geriatric psychiatric patients on the second floor. Please note that CMH is also submitting a Comprehensive Prior Approval Review Application to OMH.

Capital funding for this project includes an OMH grant award of \$5,000,000. Please refer to Schedule 9 Attachments for the grant contract face sheet. The Total Project Cost is \$5,479,275, leaving a difference of \$479,275. CMH will fund the difference with available liquid assets as demonstrated in the 2024 Financial Statements under Schedule 9 Attachments.

The working capital requirement for this project is \$776,271 based on two (2) months of projected Year 1 incremental expenses. CMH will fund the working capital requirement with liquid assets as demonstrated in the 2024 Financial Statements under Schedule 9 Attachments. Also, please refer to Schedule 5 Attachment for the Incremental Monthly Cash Flow Analysis.



Columbia Memorial Health

Financial Narrative, Inpatient Behavioral Health Expansion

Like many small community hospitals across New York State and the country, the COVID-19 pandemic materially changed the financial viability of the organization, showing the fragility of the healthcare economics in rural settings. Discharge [REDACTED]

[REDACTED] Volumes for hospital services (inpatient discharges and emergency room visits) still have not returned to historical averages for CMH, or for many other rural community hospitals, significantly impacting the organizations operating revenue.

In the years immediately after the pandemic, changes in the labor market (the “Great Resignation”), the increasing need for temporary staffing for hospital-based services, and inflationary pressures on supply costs and contracted services have further challenged the operating margin for the organization, leading to a significant increase in operating costs and a deterioration of the operating margin. Short-term mitigation strategies were enacted to preserve healthcare services in the community while reducing financial losses.

Recently, as the labor market and CMH’s volumes have stabilized, longer-term performance improvement initiatives have been established, [REDACTED]

[REDACTED] In addition, CMH has made significant investments in the workforce with the new collective bargaining agreement to further reduce temporary staffing costs and improve recruitment and retention efforts [REDACTED] a [REDACTED] deficit of [REDACTED]

[REDACTED] the [REDACTED] roned [REDACTED]

As these strategies are being implemented, CMH and the Albany Med Health System have continued short-term planning on service line modifications, temporary staffing cost containment, supply savings strategies, and leveraging the Albany Med Health System to support continued cash preservation strategies by managing vendor payments and internal costs.

STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name & Address): Office of Mental Health</p> <p>44 Holland Avenue Albany, NY 12229</p>	<p>BUSINESS UNIT/DEPT ID: OMH01 3650000</p> <p>CONTRACT NUMBER: OMH01-C00466GM-3650000</p> <p>CONTRACT TYPE (select one): <input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input checked="" type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR NAME: COLUMBIA MEMORIAL HOSPITAL</p>	<p>TRANSACTION TYPE: <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal (list periods) : <input type="checkbox"/> Amendment (list periods) :</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS:</p> <p>NYS Vendor ID Number: 1000013701</p> <p>Federal Tax ID Number: 141338373</p>	<p>PROJECT NAME: 71 Prospect Avenue</p> <p>ASSISTANCE LISTINGS (formerly CFDA) NUMBER (ALN) (Federally Funded Grants Only):</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS: 71 PROSPECT AVE HUDSON, NY 12534</p> <p>CONTRACTOR PAYMENT ADDRESS:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACTOR MAILING ADDRESS:</p> <p><input checked="" type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACTOR PRIMARY E-MAIL ADDRESS:</p>	<p>CONTRACTOR STATUS:</p> <p><input type="checkbox"/> For Profit <input type="checkbox"/> Municipality <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Not-For- Profit</p> <p>Charities Registration Number: 10-82-59</p> <p>Exemption Status/Code: EPTL 7: Organization is a hospital</p> <p><input type="checkbox"/> Sectarian Entity</p>
<p>CURRENT CONTRACT TERM:</p> <p>From: 08/31/2024 To: 08/31/2029</p> <p>AMENDED TERM:</p> <p>From: To:</p>	<p>CONTRACT FUNDING AMOUNT (<i>Fixed Term</i> – enter current period amount; <i>Simplified Renewal</i> – enter cumulative amount to date; <i>Multi-year</i> – enter total projected amount of the contract):</p> <p>CURRENT: \$5,000,000.00</p> <p>AMENDED: \$0.00</p> <p>FUNDING SOURCE(S) <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other</p>

ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT (select all that apply):

- ☒ Appendix A
- ☒ Attachment A:

☒ A-1 Agency Specific Terms and Conditions
☐ A-2 Program Specific Terms and Conditions
☐ A-3 Federally Funded Grants and Requirements Mandated by Federal Laws
- ☒ Attachment B:

☐ B-1 Expenditure Based Budget
☐ B-2 Performance Based Budget
☒ B-3 Capital Budget
☐ B-4 Net Deficit Budget

☐ B-1(A) Expenditure Based Budget (Amendment)
☐ B-2(A) Performance Based Budget (Amendment)
☐ B-3(A) Capital Budget (Amendment)
☐ B-4(A) Net Deficit Budget (Amendment)
- ☒ Attachment C: Work Plan
- ☒ Attachment D: Payment and Reporting
- ☒ Other:

Appendix A-2
Attachment A-1(a)

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. Current (un-escalated)	(F x G) Construction Cost TOTAL Current sch.8B col.A (un-escalated)	Alterations, Scope of work
Sub project	Building	Floor	Functional Code					
-	1	2	221	Psychiatric	8,155	\$300.00	\$2,446,500	C
-	1	5	221	Psychiatric	4,080	\$300.00	\$1,224,000	C
Totals for Whole Project:					12,235	\$300.00	\$3,670,500	C

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

1. If New Construction is Involved, is it "freestanding?" YES ☐ NO ☒

	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	
			3/21/2025	
PRINT NAME			TITLE	
Margaret MulCahy			Principal	
NAME OF FIRM				
Hyman Hayes Associates				
STREET & NUMBER				
800 Troy Schenectady Road				
CITY	STATE	ZIP	PHONE NUMBER	
Latham	NY	12110	518-452-3470	

**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
		Please see Schedule 11 Attachment				
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
		N/A			
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 11 Attachment

Equipment and Furniture List

Furniture and Equipment List

Fl	Room	Description	Furniture	Quantity	Unit Cost	Total Cost
2	201	Visitor Waiting	Waiting Room Chair	3	\$100.00	\$300.00
2	203	Provider Office	Chair	1	\$200.00	\$200.00
2	203	Provider Office	Sofa Seat	1	\$800.00	\$800.00
2	203	Provider Office	Desk	1	\$1,000.00	\$1,000.00
2	203	Provider Office	Filing Cabinet	1	\$400.00	\$400.00
2	203	Provider Office	Shelf	1	\$200.00	\$200.00
2	203	Provider Office	Visitor Chair	1	\$150.00	\$150.00
2	205	Social Area	Sofa Seat	4	\$800.00	\$3,200.00
2	206	Sensory Room	Rocking Chair	2	\$500.00	\$1,000.00
2	207	Consult Room	Chair	6	\$200.00	\$1,200.00
2	207	Consult Room	Table	1	\$500.00	\$500.00
2	208	Clean Room	Metro Rack	6	\$550.00	\$3,300.00
2	209	Double Patient Room	Bed	2	\$4,000.00	\$8,000.00
2	209	Double Patient Room	End Table	2	\$1,200.00	\$2,400.00
2	209	Double Patient Room	Paper Towel	1	\$200.00	\$200.00
2	209	Double Patient Room	Soap	1	\$100.00	\$100.00
2	209	Double Patient Room	Toilet Paper	1	\$50.00	\$50.00
2	210	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
2	210	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
2	210	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
2	210	Single Patient Room	Soap	1	\$100.00	\$100.00
2	210	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
2	213	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
2	213	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
2	214	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
2	214	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
2	214	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
2	214	Single Patient Room	Soap	1	\$100.00	\$100.00
2	214	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
2	215	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
2	215	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
2	215	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
2	215	Single Patient Room	Soap	1	\$100.00	\$100.00
2	215	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
2	216	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
2	216	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
2	216	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
2	216	Single Patient Room	Soap	1	\$100.00	\$100.00
2	216	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
2	217	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
2	217	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
2	217	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
2	217	Single Patient Room	Soap	1	\$100.00	\$100.00
2	217	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
2	218	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
2	218	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00

Furniture and Equipment List

Fl	Room	Description	Furniture	Quantity	Unit Cost	Total Cost
2	218	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
2	218	Single Patient Room	Soap	1	\$100.00	\$100.00
2	218	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
2	219	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
2	219	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
2	219	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
2	219	Single Patient Room	Soap	1	\$100.00	\$100.00
2	219	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
2	220	Storage Room	Metro Rack	6	\$550.00	\$3,300.00
2	221	Group Room	Chair	8	\$200.00	\$1,600.00
2	221	Group Room	Table	2	\$500.00	\$1,000.00
2	222	Laundry	Dryer	1	\$2,000.00	\$2,000.00
2	222	Laundry	Washer	1	\$2,000.00	\$2,000.00
2	223	Soiled Room	Metro Rack	6	\$550.00	\$3,300.00
2	224	Social Room	Chair	6	\$200.00	\$1,200.00
2	224	Social Room	Table	1	\$500.00	\$500.00
2	224	Social Room	TV	1	\$1,500.00	\$1,500.00
2	225	Social Room	Chair	6	\$200.00	\$1,200.00
2	225	Social Room	Table	1	\$500.00	\$500.00
2	226	Equipment Storage				\$0.00
2	227	Dining Area	Chair	18	\$200.00	\$3,600.00
2	227	Dining Area	Table	3	\$500.00	\$1,500.00
2	227	Dining Area	TV	1	\$2,000.00	\$2,000.00
2	228	Nurses Station	Crash Cart	1	\$5,000.00	\$5,000.00
2	228	Nurses Station	Ice Maker	1	\$8,000.00	\$8,000.00
2	228	Nurses Station	Microwave	1	\$750.00	\$750.00
2	228	Nurses Station	Office Chair	6	\$550.00	\$3,300.00
2	228	Nurses Station	Paper Towel	2	\$200.00	\$400.00
2	228	Nurses Station	Refrigerator	1	\$2,000.00	\$2,000.00
2	228	Nurses Station	Soap	1	\$100.00	\$100.00
2	229	Ante Room				\$0.00
2	230	Bathroom	Paper Towel	1	\$200.00	\$200.00
2	230	Bathroom	Soap	1	\$100.00	\$100.00
2	230	Bathroom	Toilet Paper	1	\$50.00	\$50.00
2	231	Seclusion Room	Restraint Bed	1	\$8,000.00	\$8,000.00
2	233	Meds Room	Paper Towel	1	\$200.00	\$200.00
2	233	Meds Room				\$0.00
2	233	Meds Room	Soap	1	\$100.00	\$100.00
2	234	Office	Office Chair	1	\$550.00	\$550.00
2	235	Storage Room	Metro Rack	6	\$550.00	\$3,300.00
2	237	Shared Office	Desk	4	\$1,000.00	\$4,000.00
2	237	Shared Office	Office Chair	4	\$550.00	\$2,200.00
2	238	Provider Office	Desk	1	\$1,000.00	\$1,000.00
2	238	Provider Office	Office Chair	1	\$550.00	\$550.00
2	239	EVS	Industrial Cleaner Dispenser	1	\$1,500.00	\$1,500.00
2	239	EVS	Metro Rack	1	\$550.00	\$550.00

Furniture and Equipment List

Fl	Room	Description	Furniture	Quantity	Unit Cost	Total Cost
2	239	EVS	Paper Towel	1	\$200.00	\$200.00
2	240	Staff Bathroom	Paper Towel	1	\$200.00	\$200.00
2	240	Staff Bathroom	Soap	1	\$100.00	\$100.00
2	240	Staff Bathroom	Toilet Paper	1	\$50.00	\$50.00
2	241	Conference Room	AV Equipment	1	\$5,000.00	\$5,000.00
2	241	Conference Room	Conference Room Table	1	\$3,000.00	\$3,000.00
2	241	Conference Room	Office Chair	10	\$550.00	\$5,500.00
2	242	Staff Locker and Lounge	Chair	1	\$200.00	\$200.00
2	242	Staff Locker and Lounge	Fridge	1	\$2,000.00	\$2,000.00
2	242	Staff Locker and Lounge	Paper Towel	1	\$200.00	\$200.00
2	242	Staff Locker and Lounge	Soap	1	\$100.00	\$100.00
2	242	Staff Locker and Lounge	Table	1	\$500.00	\$500.00
5	501	Consult Room	Chair	6	\$200.00	\$1,200.00
5	501	Consult Room	Table	1	\$500.00	\$500.00
5	503	Dining Area	Chair	12	\$200.00	\$2,400.00
5	503	Dining Area	Table	3	\$500.00	\$1,500.00
5	503	Dining Area	TV	1	\$2,000.00	\$2,000.00
5	504	Nurses Station	Office Chair	5	\$550.00	\$2,750.00
5	505	Group Room	Chair	6	\$200.00	\$1,200.00
5	505	Group Room	Table	1	\$500.00	\$500.00
5	506	Laundry	Dryer	1	\$2,000.00	\$2,000.00
5	506	Laundry	Washer	1	\$2,000.00	\$2,000.00
5	507	Clean Room	Metro Rack	4	\$550.00	\$2,200.00
5	508	Consult Room	Chair	6	\$200.00	\$1,200.00
5	508	Consult Room	Table	1	\$500.00	\$500.00
5	510	Double Patient Room	Bed	2	\$4,000.00	\$8,000.00
5	510	Double Patient Room	End Table	2	\$1,200.00	\$2,400.00
5	510	Double Patient Room	Paper Towel	1	\$200.00	\$200.00
5	510	Double Patient Room	Soap	1	\$100.00	\$100.00
5	510	Double Patient Room	Toilet Paper	1	\$50.00	\$50.00
5	511	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
5	511	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
5	511	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
5	511	Single Patient Room	Soap	1	\$100.00	\$100.00
5	511	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
5	513	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
5	513	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
5	513	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
5	513	Single Patient Room	Soap	1	\$100.00	\$100.00
5	513	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
5	514	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
5	514	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
5	514	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
5	514	Single Patient Room	Soap	1	\$100.00	\$100.00
5	514	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
5	515	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00

Furniture and Equipment List

Fl	Room	Description	Furniture	Quantity	Unit Cost	Total Cost
5	515	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
5	515	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
5	515	Single Patient Room	Soap	1	\$100.00	\$100.00
5	515	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
5	516	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
5	516	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
5	516	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
5	516	Single Patient Room	Soap	1	\$100.00	\$100.00
5	516	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
5	518	Single Patient Room	Bed	1	\$4,000.00	\$4,000.00
5	518	Single Patient Room	End Table	1	\$1,200.00	\$1,200.00
5	518	Single Patient Room	Paper Towel	1	\$200.00	\$200.00
5	518	Single Patient Room	Soap	1	\$100.00	\$100.00
5	518	Single Patient Room	Toilet Paper	1	\$50.00	\$50.00
5	519	Provider Office	Chair	1	\$200.00	\$200.00
5	519	Provider Office	Sofa Seat	1	\$800.00	\$800.00
5	519	Provider Office	Desk	1	\$1,000.00	\$1,000.00
5	519	Provider Office	Filing Cabinet	1	\$400.00	\$400.00
5	519	Provider Office	Shelf	1	\$200.00	\$200.00
5	519	Provider Office	Visitor Chair	1	\$150.00	\$150.00
5	520	Provider Office	Chair	1	\$200.00	\$200.00
5	520	Provider Office	Sofa Seat	1	\$800.00	\$800.00
5	520	Provider Office	Desk	1	\$1,000.00	\$1,000.00
5	520	Provider Office	Filing Cabinet	1	\$400.00	\$400.00
5	520	Provider Office	Shelf	1	\$200.00	\$200.00
5	520	Provider Office	Visitor Chair	1	\$150.00	\$150.00
5	521	Provider Office	Chair	1	\$200.00	\$200.00
5	521	Provider Office	Sofa Seat	1	\$800.00	\$800.00
5	521	Provider Office	Desk	1	\$1,000.00	\$1,000.00
5	521	Provider Office	Filing Cabinet	1	\$400.00	\$400.00
5	521	Provider Office	Shelf	1	\$200.00	\$200.00
5	521	Provider Office	Visitor Chair	1	\$150.00	\$150.00
5	522	Shared Office	Chair	4	\$200.00	\$800.00
5	522	Shared Office	Desk	4	\$1,000.00	\$4,000.00
5	522	Shared Office	Filing Cabinet	4	\$400.00	\$1,600.00
5	523	Shared Office	Office Chair	3	\$550.00	\$1,650.00
5	524	Conference Room	AV Equipment	1	\$5,000.00	\$5,000.00
5	524	Conference Room	Conference Room Table	1	\$3,000.00	\$3,000.00
5	524	Storage Room	Metro Rack	6	\$550.00	\$3,300.00
5	524	Conference Room	Office Chair	10	\$550.00	\$5,500.00
Total						\$248,250.00

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:

- 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.
- 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.
- 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.
- The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- 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.
- 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.
- The facility will be operated and maintained in accordance with the standards prescribed by law.
- 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.
- 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: 4/22/2025

Dorothy M. Urschel
Signature:
Dorothy M. Urschel
Name (Please Type)
President and CEO
Title (Please type)

New York State Department of Health Certificate of Need Application

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:	N/A
License number of the Medical/Center Director	N/A

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

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

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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

☐

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	85.4	85.4	85.4
2. Technician & Specialist	161.9	161.9	161.9
3. Registered Nurses	179.3	195.3	195.3
4. Licensed Practical Nurses	32.0	32.0	32.0
5. Aides, Orderlies & Attendants	141.1	165.0	165.0
6. Physicians	51.2	53.2	53.2
7. PGY Physicians	0.0	0.0	0.0
8. Physicians' Assistants	19.4	21.4	21.4
9. Nurse Practitioners	23.1	23.1	23.1
10. Nurse Midwife	0.9	0.9	0.9
11. Social Workers and Psychologist**	26.3	30.5	30.5
12. Physical Therapists and PT Assistants	10.7	10.7	10.7
13. Occupational Therapists and OT Assistants	4.6	4.6	4.6
14. Speech Therapists and Speech Assistants	1.0	1.0	1.0
15. Other Therapists and Assistants	21.8	21.8	21.8
16. Infection Control, Environment and Food Service	65.4	65.4	65.4
17. Clerical & Other Administrative	213.6	213.6	213.6
18. Other			
19. Other			
20. Other			
21. Total Number of Employees	1037.7	1085.8	1085.8

*Last complete year prior to submitting application

**Only for RHCF and D&TC proposals

Describe how the number and mix of staff were determined:

The number and mix of staff were determined consistent with the staffing levels of the current behavioral health unit, and staff-to-patient ratios.

New York State Department of Health Certificate of Need Application

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"/>	Schedule 5 Attachments	
2. Provide the basis and supporting calculations for all utilization and revenues by payor.	<input type="checkbox"/>	Schedule 13D-2A	
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"/>	Schedule 13D-2A	

New York State Department of Health Certificate of Need Application

Schedule 16A

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 in compliance with all local, State, and Federal regulations. New York State Department of Health audits and facility inspections have resulted in no significant findings. The Facility has implemented proper protocols and standard operating procedures to maintain compliance with all regulations.

Columbia Memorial Hospital's inpatient psychiatric services are certified by the New York State Department of Health and the New York State Office of Mental Health (OMH). CMH has maintained ongoing recertification, with the most recent site visit resulting in an issuance of a 36-month operating certificate as the program was found to be in substantial compliance with applicable regulations and requirements.

Columbia Memorial Hospital has also pursued, and obtained, hospital accreditation from Det Norske Veritas (DNV). Like the Joint Commission, DNV is a hospital accreditation agency that surveys hospitals to the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation. CMH experienced the first DNV site visit in Fall 2023 and successfully achieved hospital accreditation. To assure continuous quality improvement and maintenance of conformance with all standards, DNV site visits occur on an annual basis and will include assessment of existing and expanded inpatient psychiatry areas.

For Hospital-Based -Ambulatory Surgery Projects: **N/A**

Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category

For Hospital-Based -Ambulatory Surgery Projects: **N/A**

Please provide the following information:

Number and Type of Operating Rooms:

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

New York State Department of Health Certificate of Need Application

Schedule 16A

Number and Type of Procedure Rooms:

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

Schedule 16 B. Community Need

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

Public Need Summary:

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

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

The inpatient psychiatry unit will be located at Columbia Memorial Hospital in Hudson (Columbia County), New York. The primary service area includes residents of Columbia and Greene Counties. There is also an opportunity to support inpatient mental health needs across the Capital Region in collaboration with Albany Med Health System. CMH will also enhance access for patients south of Columbia and Greene Counties to inpatient psychiatry services.

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

The proposed inpatient psychiatry bed expansion at CMH will encompass the general adult psychiatry and geriatric psychiatry populations. Geriatric behavioral health volumes have grown significantly across the CMH inpatient and outpatient footprint. Americans aged 65 years or older are experiencing high rates of mental health issues, exacerbated by increased social stressors. Within CMH's core service area of Columbia and Greene Counties, the 65 years of age cohort, which makes up a quarter of the population today, is forecasted to grow 10% over the next five (5) years. In that same period, the demand for behavioral health services is projected to grow 27% for this cohort. With an expanded psychiatry program and a dedicated unit for geriatric psychiatric patients, CMH will be well positioned to meet the demands of this growing population. The intended primary service area includes the rural communities of Columbia and Greene Counties, which are part of the Capital Region.

Population data related to both Counties are as follows:

- Columbia County had the Region's 2nd highest 2014-18 age-adjusted rates of ED visits (178.9/10,000) and hospitalizations (95.0/10,000) due to mental diseases and disorders (primary diagnosis), both higher than NYS, excluding NYC (156.7, 72.3)
- Greene County had the Region's highest 2018 age-adjusted rate of frequent mental distress (16.4%), higher than NYS, excluding NYC (11.8%)
- Greene County's 2014-18 rate of hospitalizations (87.6/10,000) due to mental diseases and disorders (primary diagnosis), was higher than NYS, excluding NYC (72.3)
- Greene County had higher 2014-18 self-inflicted injury ED visit (7.7/10,000) and hospitalization (4.2) rates than NYS, excluding NYC (5.6, 3.3)

The top three (3) behavioral health needs of adults in Columbia and Greene Counties are substance use disorder, psychosis and mood disorders. The demand for substance use services is projected to grow 6% in the next 10 years in this area. As the only hospital in both Counties, CMH provides care for over two-thirds of this vulnerable population. However,

New York State Department of Health
Certificate of Need Application

Schedule 16B

behavioral health patients have long lengths of stay, limiting CMH's capacity to admit patients who need specialized care. When there is limited capacity, patients must travel outside of the service area. Therefore, additional beds are needed to meet the growing demand for this critical service.

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

The current demand for inpatient psychiatric services is demonstrated by the extensive Emergency Department (ED) wait times for an inpatient psychiatric bed (9.2 to 12.7 hours on average), along with the need to transfer behavioral health patients to other institutions due to the lack of adequate bed capacity (an average of 90 to 110 transfers annually). Historical volume trends for patient days and discharges since 2020 are summarized as follows, and reflect both the impact of COVID-19, from which CMH is still recovering, and ongoing efforts to reduce length of stay:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

The projected demand for adult and geriatric psychiatric care is forecasted to significantly grow in the immediate future. The 65 years of age cohort, which makes up a quarter of the population today, is forecasted to grow 10% over the next five (5) years. In that same period, the demand for behavioral health services is projected to grow 27% for this cohort.

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

This project responds to and reflects the needs of the residents in Columbia, Greene and surrounding Counties by enhancing the availability of inpatient psychiatry beds. CMH has 22 certified psychiatric beds and is requesting approval to expand the inpatient psychiatry program by 20 beds for a total of 42 certified beds. The project will create a dedicated geriatric psychiatric unit on the second floor with a total of 12 beds and will expand the existing adult psychiatric unit on the fifth floor by adding a total of eight (8) additional beds. With an increased bed capacity, CMH will continue to provide high-quality psychiatric care, reach more patients with behavioral health needs, improve ED and inpatient bed wait times, and most importantly, enhance the availability of adult and geriatric inpatient psychiatric care across Columbia and Greene Counties.

**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.

The Facility has and will continue to serve all patients needing care, regardless of their ability to pay or the source of payment.

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

Patients from Columbia and Greene Counties are primarily receiving care at CMH. [REDACTED] NYS data suggests that CMH has been the market leader for over five (5) consecutive years. [REDACTED]
[REDACTED] However, it is important to note that both facilities are not located within Columbia or Greene Counties. CMH has demonstrated care for those in need as its patient population is comprised of 89% Medicare, Medicaid, and self-pay patients.

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 project will address the specific health problems prevalent in Columbia and Greene Counties by expanding the existing inpatient psychiatric program by 20 beds for a total of 42 certified beds to meet the current and projected demand for inpatient psychiatric services. As evidenced by the experienced challenges discussed, along with the projected growth and demand for inpatient psychiatric services in the area, CMH has identified a strong need for increased bed capacity and will meet that need with an expanded program. Columbia Memorial Hospital will also continue to support the demand for inpatient mental health services across the Capital Region in collaboration with the Albany Med Health System and surrounding institutions.

New York State Department of Health
Certificate of Need Application

Schedule 16B

ONLY for Hospital Applicants submitting Full Review CONs

Non-Public Hospitals

N/A

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 **N/A**

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?

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.
N/A

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

LOCATION:
<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"/>	
TOTAL			<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?

<input type="checkbox"/> No	<input type="checkbox"/> Yes (<i>Enter CON number(s) to the right</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

N/A

TABLE 16C-2 LICENSED SERVICES FOR HOSPITAL CAMPUSES

LOCATION:				
(Enter street address of facility)				
	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINIC PART-TIME SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING HOME HEMODIALYSIS ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

⁴ DIALYSIS SERVICES require additional approval by Medicare

⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators

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

⁷ Must be certified for Home Hemodialysis Training & Support

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.

N/A

TABLE 16C-2 LICENSED SERVICES (cont.)	Current	Add	Remove	Proposed
RADIOLOGY-THERAPEUTIC ⁵	<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)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPLANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

⁵RADIOLOGY – THERAPEUTIC includes Linear Accelerators

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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.

N/A

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

LOCATION: <small>(Enter street address of facility)</small>	Check if this is a mobile van/clinic <input type="checkbox"/>			
	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING HOME HEMODIALYSIS ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY-THERAPEUTIC ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] ⁴				
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR OFF-CAMPUS EMERGENCY DEPARTMENTS ONLY⁸				
EMERGENCY DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

⁴ DIALYSIS SERVICES require additional approval by Medicare

⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators

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

⁷ Must be certified for Home Hemodialysis Training & Support

⁸ OFF-CAMPUS EMERGENCY DEPARTMENTS must meet all relevant Federal Conditions of Participation for a hospital per CMS S&C-08-08

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Schedule 16C

END STAGE RENAL DISEASE (ESRD)

N/A

TABLE 16C-3(a) CAPACITY	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

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

TABLE 16C-3(b) TREATMENTS	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.

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Schedule 16D

N/A

Schedule 16 D. Hospital Outpatient Department - Utilization projections

a	b	d	f
	Current Year Visits*	First Year Visits*	Third Year Visits*
CERTIFIABLE SERVICES			
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			
OTHER SERVICES			
Total	0	0	0

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

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

Schedule 16 E. Utilization/Discharge and Patient Days

Service (Beds) Classification	Current Year Start date: 1/1/2024		1st Year Start date: 1/1/2026		3rd Year Start date: 1/1/2028	
	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)						
TOTAL						

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.

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Schedule 20A

Office of Mental Health Program

This information is **required of Article 28 hospitals and diagnostic and treatment centers for projects that include mental health programs** subject to an operating certificate or prior approval by the Office of Mental Health under Article 31 of the Mental Hygiene Law (MHL). These projects include a new mental health program, or a new site, or modification to an existing program. Per MHL Article 31, prior consultation with the Local Government Unit and local Office of Mental Health Field Office is required before submission of the Article 28 application.

Section A - Attachments for New Program or New Satellite Location

Not Applicable – The proposal seeks to expand the existing inpatient psychiatry bed capacity, including renovations of the related program spaces, at Columbia Memorial Hospital, located at 71 Prospect Avenue, Hudson (Columbia County), New York 12534. Concurrent with the submittal of this C.O.N. Application, the Hospital will submit a corresponding Comprehensive PAR Application to the New York State Office of Mental Health.

1. **Program and Service Area**

- a. Identify the type of mental health program to be provided.
- b. Define the geographic or political boundaries of the area to be served by the proposed program.
- c. Describe how the proposed program will function within the mental health system in the area to be served.

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2. **Problems and Needs**

- a. Describe the target population for the program qualitatively and quantitatively. Describe problems of the target population and their families, and describe how the proposed program will address these problems.
- b. Describe how your organization currently serves the target population (if applicable).
- c. Provide any other information supporting need for the proposed program.

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3. **Access**

- a. Describe how the program will serve the poor and the medically indigent.
- b. Describe the mechanisms by which the program will address the cultural and ethnic backgrounds in the treatment of the population in the service area.
- c. Describe the mechanisms for participation of consumer representation within the governing body (if applicable).
- d. Describe plans to enable persons with physical disabilities to access services, consistent with the characteristics of the population to be served.
- e. Indicate the transportation arrangements through which individuals will access the program.

--

4. **Continuity of Care**

- a. Describe a plan to ensure continuity of care within the mental health system and with other service systems. Identify specific providers to ensure linkages among programs.
- b. For outpatient programs, describe a plan by which patients in the program will be assisted during hours when the program is not in operation.

--

5. **Implementation**

Describe start-up or phase-in activities necessary to implement the program. Include timeframes in your description.

6. **Functional Program**

- a. Mission - Provide an overview of the proposed program and describe the treatment philosophy.
- b. Organization - Describe the lines of authority from the governing body to the proposed program. Indicate the relationship of the program to other programs operated by your agency.
- c. Goals and Objectives - Describe the goals, objectives, and expected outcomes of the program. Indicate average length of stay.
- d. Admission - Describe admission criteria, policies, and procedures. Include inclusionary and exclusionary criteria, process, timeframes, record keeping, and procedures for notifying families and programs in which recipients are currently admitted.
- e. Discharge - Describe discharge criteria, policies, and procedures. Include process, timeframes, record keeping, and procedures for notifying families and programs to which recipients will be referred for further services.
- f. Services - Provide a detailed description of all services available to recipients admitted to the program. Specify how these services will be provided and the staff position responsible for providing the service. Identify the provider of any services to be delivered by other than the proposed program. For programs serving children, describe plans to coordinate with the family and the school.
- g. Staffing - Provide a staffing plan for the program. Include descriptions of the qualifications and duties for each staff position.
- h. Quality Assurance/Improvement - Describe your plans for utilization review, incident management, and internal monitoring.
- i. Premises - Provide a description of the premises to be used by the program. Include appropriately labeled sketch drawings showing use and dimensions of rooms.
- j. Waivers - Identify any waiver requests and provide justification for the request. Indicate the effect on your proposed program if the request is denied.

7. **Fiscal**

- a. Unless provided elsewhere in this application, submit a proposed budget for the first and second year of full operation of the mental health program.
- b. If Medicaid revenue is included, indicate the source and availability of the state share of Medicaid for projects other than Article 31 Clinics.

Section B - Attachments for Program Expansion at Existing Program or Site

Note: Concurrent with the submittal of this C.O.N. Application, the Hospital will submit a corresponding Comprehensive PAR Application to the New York State Office of Mental Health.

1. Identify the program.

Columbia Memorial Hospital's inpatient psychiatry program.

2. Provide justification and data supporting the need for the expansion.

CMH was awarded an OMH grant proposal in April 2024 to expand the inpatient psychiatry program by 20 beds for a total of 42 certified beds. The proposal includes renovations of the second and fifth floors of the main hospital to achieve this expansion. The justification for the expansion includes challenges experienced by CMH such as extensive ED wait times for an inpatient psychiatric bed, the need to transfer behavioral health patients to other institutions due to the lack of adequate bed capacity and lastly, the projected

New York State Department of Health Certificate of Need Application

Schedule 20A

increased demand for inpatient psychiatric care in Columbia and Greene Counties.

3. Describe the impact of the expansion on services, staffing, caseload and space.

The proposal seeks to expand the inpatient psychiatric program by 20 beds for a total of 42 certified beds and therefore will increase the psychiatric services of the program to accommodate more behavioral health patients, staffing and caseload. To achieve this expansion, the proposal seeks to renovate 8,155 square feet on the second floor to create a dedicated psychiatric unit for the geriatric psychiatry population with 12 new inpatient beds. The proposal will also seek to renovate 4,080 square feet on the fifth floor to expand the existing adult psychiatry program with eight (8) additional beds.

4. Provide a detailed description of services available to recipients as a result of the proposed expansion. Specify how these services will be provided and the staff positions responsible for providing the service. Identify the provider of any services to be delivered by other than the provider of the licensed program. For programs expanding to serve children, describe plans to coordinate with the family and the school.

The proposed expansion will provide CMH with the ability to accommodate more behavioral health patients in need of inpatient psychiatric care. The expansion will also decrease ED wait times for an inpatient bed and will decrease the need for patients to be transferred to other institutions due to lack of adequate bed capacity. The expanded services, including the added staff positions and the services they will provide, will be modeled after the existing inpatient psychiatry program. The expanded program will follow existing policies, procedures and quality standards.

5. Indicate the fiscal impact of the expansion. Provide the incremental increases to expenses and revenues. If additional Medicaid is proposed to support the expansion, for projects other than Article 31 clinics, indicate the source and availability of the state share of Medicaid.

The expansion of 20 inpatient psychiatric beds for a total of 42 certified beds will have a material impact on staffing, operating expenses and revenue. The total staffing at CMH is projected to increase from 1,037.7 FTEs in Current Year 2024 to 1,085.8 FTEs in Years 1 and 3 (2026 and 2028). The incremental impact of the expanded program is estimated to be 48.1 additional FTEs.

Section C - Attachments for Other Projects Requiring Prior Approval of OMH

In all projects, identify the program affected.

1. **Reduce Existing Program**

- Indicate proposed effective date for reduction.
- Describe the reasons for the reduction and the impact (if any) on individuals currently receiving services.

N/A

2. **Closure of Program or Site**

- Indicate proposed effective date of closure.
- Describe the reasons for closing the program or site.
- Submit a transition plan showing that recipients will be linked to appropriate alternative programs, the alternative programs have agreed to accept the referrals, recipient transportation needs will be addressed, and follow-up will occur to confirm recipient linkage to programs.
- If the rationale for closure includes fiscal considerations, provide documentation to substantiate

New York State Department of Health Certificate of Need Application

Schedule 20A

the lack of fiscal viability in the long-term.

- e. Submit a plan for safeguarding recipient records and financial accounts.
- f. Describe the process and timeframe for evaluation and placement of recipients and completion of other activities to conclude the affairs of the program.

N/A

3. Change in Location

- a. Indicate proposed effective date of relocation.
- b. Identify the new location.
- c. Describe the reasons for the relocation.
- d. Describe how access and transportation needs will be addressed.
- e. Provide a description of the premises to be used. Include appropriately labeled sketch drawings showing use and dimensions of rooms.
- f. Provide a Certificate of Occupancy or equivalent from the local buildings jurisdiction prior to occupancy.
- g. If program relocates to new county or borough, complete Section A (1-7).

N/A

4. Change of Sponsor

- a. Identify new sponsor and current sponsor.
- b. Describe the reasons for changing sponsorship of the program(s).
- c. Include written concurrence from the current sponsor for transfer of the program(s). If current sponsor is a corporation include resolution from the Board of Directors.
- d. Describe any changes to be made in operation of the program(s).
- e. Describe the qualifications of the new sponsor for the operation of mental health programs.
- f. Indicate any financial considerations involved in the change of sponsor.
- g. Submit a transition plan, including timeframes, for the change of sponsor.

N/A

5. Capital Project

- a. Describe the reasons for the project.

The proposed project seeks approval to expand the current inpatient psychiatric program by 20 beds for a total of 42 certified beds. To achieve this expansion, the proposal seeks to renovate 8,155 square feet on the second floor to create a dedicated psychiatric unit for the geriatric psychiatry population with 12 new inpatient beds. The proposal will also seek to renovate the fifth floor to expand the existing adult psychiatry program by 4,080 square feet with eight (8) additional beds. The reason for the expansion is to address a strong need for increased psychiatric bed capacity in Columbia and Greene Counties. CMH has experienced challenges such as extensive ED wait times for an inpatient psychiatric bed and the need to transfer behavioral health patients to other institutions due to the lack of adequate bed capacity. Importantly, the projected increased demand for inpatient psychiatric care in Columbia and Greene Counties will further exacerbate the existing challenges experienced at CMH with its current certified bed capacity of 22 beds.

6. Change in Population Served

- b. Describe the population currently served in the program. Include quantitative and qualitative data.
- c. Describe the population being added to or deleted from the program. Include quantitative and qualitative data.
- d. Explain the reasons for the change in population.
- e. If adding population, provide justification and data to support the need to serve this population.
- f. Describe the impact of the addition or deletion on the existing program in terms of services, staffing, staff expertise, linkages, space, capacity or caseload, and fiscal (including the impact on the state share of Medicaid, for projects other than Article 31 Clinics).

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Schedule 20A

N/A

7. Other Projects

- a. Describe the project and the reasons for requesting approval. If an emergency situation, fully describe the nature of the emergency and the necessity for approval.
- b. If a management contract or clinical services contract, provide:
 - I. Reasons for entering into the proposed contract
 - II. Copy of the proposed contract.
 - III. Background on the principals, officers, and directors of the organization.
 - IV. Information in sufficient detail to enable review of the project pursuant to Part 551.7(a)(15) of Title 14 NYCRR.

N/A

Office of Alcoholism and Substance Abuse Services Program

N/A

This information is required of Article 28 hospitals and diagnostic and treatment centers for projects that include Chemical Dependency (CD) programs subject to an operating certificate or prior approval by the Office of Alcoholism and Substance Abuse Services (OASAS) under Article 32 of the Mental Hygiene Law (MHL). These projects include a new Chemical Dependency (CD) program, or a new site, or a modification to an existing program. Per MHL Article 32, prior consultation with the Local Governmental Unit (LGU) and local OASAS Field Office is required before submission of the Article 28 application.

Section A – Attachments for New Service, New Additional Location or Capacity Increase of beds

1 Program and Service Area

- a) Identify the type CD treatment service to be provided.
- b) Provide a description of the area where the applicant plans to provide CD services.
- c) Describe how the proposed program will function within the network of CD provider in this area.

--

2 Need

- a) Provide an assessment of the need for the services requested.
- b) Describe how your organization currently serves the target population (if applicable).
- c) Provide any other information supporting need for the proposed program.

--

3 Functional Program

- a) Mission - Describe the applicant's approach/philosophy regarding the treatment of chemical dependence; include use of self-help services, medication, individual/group counseling and other treatment techniques.
- b) Organization – Describe the lines of authority from the governing body to the proposed program. Indicate the relationship of the program to other programs operated by your agency.
- c) Goals and Objectives - Provide a detailed list including, but not limited to: expected outcomes for patients, planned numbers and frequency of service delivery, planned length of stay and other proposed measures of success.
- d) Policies and Procedures – Submit detailed CD operational policies and procedures in accord with the proposed services to be provided. (not required when adding an additional location or a capacity increase of beds)
- e) Additional Locations – Indicate current annual number units of services at main location and projected annual number units of services at the additional location.
- f) Services – Describe the proposed operating schedule including days and hours.
- g) Staffing – Provide a staffing plan for the program. Include descriptions of qualifications and duties for each staff person.
- h) Premises – Provide a description of the premises to be used by the program. Include floor plan sketches drawn to scale.
- i) Provide a Certificate of Occupancy or equivalent from the local buildings jurisdiction.

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4 Fiscal

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Schedule 20B

- a) Submit a proposed budget for pre-operational expenses and first year of full operation.

5

Describe start-up or phase-in activities necessary to implement the program. Include timeframes in your description.

Section B – Relocation an existing service.

- 1 Change in Location
 - a) Indicate the proposed effective date of relocation.
 - b) Identify the new location.
 - c) Describe the reasons for the relocation.
 - d) Describe how access and transportation needs will be addressed.
 - e) Provide a description of the premises to be used by the program. Include floor plan sketches drawn to scale.
 - f) Provide a Certificate of Occupancy or equivalent from the local buildings jurisdiction.
 - g) If the program relocates to a new county or borough, Complete Section A (1).

Section C – Change of Sponsor

- 1 Change in Sponsor
 - a) Identify the new sponsor and the current sponsor.
 - b) Describe the reasons for changing sponsorship of the program(s).
 - c) Include written concurrence from the current sponsor for transfer of the program(s). If current sponsor is a corporation, include a resolution from the Board of Directors.
 - d) Describe any changes to be made in the operation of the program(s).
 - e) Describe the qualifications of the new sponsor for the operation of CD programs.
 - f) Indicate any financial considerations involved in the change of sponsor.
 - g) Submit a transition plan, including timeframes, for the change of sponsor.