

Executive Summary

Charles T. Sitrin Health Care Center (Sitrin or Facility) is a 187-bed residential health care facility (RHCF; 155 RHCF beds and 32 Neurodegenerative beds) located at 2050 Tilden Avenue, New Hartford (Oneida County), New York 13413. In addition to its residential programs, Sitrin operates a 40-slot Adult Day Health Care Program (ADHCP) located at 2050 Tilden Avenue, New Hartford (Oneida County), New York 13413.

The utilization of Sitrin's ADHCP has been steadily increasing since reopening after the mandated COVID-19 pandemic closures, and currently, is using all available capacity with a several-month wait list for entrance into the program. This, coupled with the closure of another ADHCP in the surrounding area, has created a need for Sitrin to increase the available ADHCP registrant slots at the Facility.

Through this Application, Sitrin is seeking to increase the available ADHCP registrant slots by 20, for a total of 60 ADHCP slots. Sitrin anticipates filling 10 of the additional slots in Year 1 of this project and filling most of the remaining 10 slots by Year 3 of this project. Sitrin is approved to operate one (1) shift daily and is open five (5) days per week, from 8:00 a.m. to 4:00 p.m. Sitrin believes that by expanding the ADHCP slots from 40 to 60, it can accomplish the goals of relieving capacity issues, decreasing wait times and tending to the community need and demand for additional ADHCP services, while maintaining a financially sound ADHCP operation. Furthermore, the applicant believes that, with so many ADHCP closures across the State, this proposed expansion represents a positive outcome for ADHCP registrants. Strengthening the financial sustainability of Sitrin's ADHCP operations will allow all current and future registrants to retain access to vital care and social supports.

The Sitrin ADHCP serves 92% Medicaid recipients (traditional and dual-eligible) and 8% Veteran's Affairs patients. Sitrin is forecasting an additional 2,428 visits in Year 1 of this project (approximately 83% occupancy) and an additional 2,428 visits in Year 3 of this project (approximately 98% occupancy).

The only changes to the physical space of the ADHCP will be the allocation of space for a reception area, and the addition of several hand sinks and handrails. The ADHCP is oversized for the currently licensed capacity of 40 participants and can provide full compliance for 60 participants without any significant construction modification. The minor renovations will be executed in phases to minimize disruption to the participants' activities. Renovations will take approximately four (4) months to complete.

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		
	Christa L. Serafin, Chief Executive Officer		
	BUSINESS STREET ADDRESS		
	2050 Tilden Avenue		
	CITY	STATE	ZIP
	New Hartford (Oneida County)	New York	13413
	TELEPHONE	E-MAIL ADDRESS	
(315) 737-2247	cserafin@sitrin.com		

The applicant's lead attorney should be identified:

ATTORNEY	NAME	FIRM	BUSINESS STREET ADDRESS
	NOT APPLICABLE		
	CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS

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:

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

Please list all Architects and Engineer contacts:

ARCHITECT and/or ENGINEER	NAME	FIRM	BUSINESS STREET ADDRESS
	David A. Schlosser, AIA	Schopfer Architects LLP	1111 James Street
	CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS
	Syracuse, New York 13203	(315) 474-6501	DSchlosser@Schopfer.com

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

**New York State Department of Health
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Schedule 1

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

NOT APPLICABLE

NYS Affiliated Facilities/Agencies

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

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

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

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

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**Schedule 1
Attachments**

Charles T. Sitrin Health Care Center

Operating Certificate

Facility Id. 620
Certificate No. 3227304N

Certified Beds - Total 187
Neurodegenerative 32
RHC 155

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



Effective Date: 02/24/2017
Expiration Date: NONE

OPERATING CERTIFICATE
Residential Health Care Facility - SNF
Charles T Sitrin Health Care Center Inc
2050 Tilden Avenue
New Hartford, New York 13413
Operator: Charles T Sitrin Health Care Center, Inc
Operator Class: Voluntary Not for Profit Corporation

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law for the service(s) specified.

Baseline

Adult Day Health Care (40)

Neurodegenerative

Respite 1

20191007

Deputy Commissioner, Office of Primary
Care and Health Systems Management

RL

This certificate must be conspicuously displayed on the premises.

Commissioner

Howard Zucker MD

Working Capital Financing Plan

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

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

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

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

Working capital requirements will be funded with cash by the applicant. Please refer to the Cash Flow Analysis under the Schedule 5 Attachment and the financial statements under the Schedule 9 Attachment.

2. Pro Forma Balance Sheet

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

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

**New York State Department of Health
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**Schedule 5
Attachment**

Charles T. Sitrin Health Care Center

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: 7/9/2025	Revised Schedule 6 submission date: NA Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? Choose an item. If so, what is the original CON number? NO	
Intent/Purpose: It is proposed to increase the licensed participant capacity of the existing Adult Day Health Care Program at the Charles T. Sitrin Health Care Center from 40 to 60 without any significant construction modifications.	
Site Location: Charles T. Sitrin Health Care Center, 2050 Tilden Avenue, New Hartford, NY 13413	

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Schedule 6

<p>Brief description of current facility, including facility type: The ADHCP is located on the first floor of the existing 3 story RHCP Facility. The building is a Type II(222) construction and the ADHCP is separated from the RHCP by a 2 hour fire wall. The ADHCP is accessed at grade through a separate entry from the RHCP. The Facility is fully sprinklered and the ADHCP provides compliance with FGI 2018 Section 5.1 Adult Day Care. The ADC is over sized for the currently licensed capacity of 40 participants and can provide full compliance for 60 participants without any significant construction modification. The program currently has an entry waiting list.</p>	
<p>Brief description of proposed facility: Other than the increase in participant capacity from 40 to 60, the only changes will be the allocation of space for a reception area, and the addition of several hand sinks and handrails.</p>	
<p>Location of proposed project space(s) within the building. Note occupancy type for each occupied space. The ADHCP is located on the mid level of a three story building. This floor level is referred to as the first floor. The RHCP entry is located on the floor below. Both the ADHCP and the RHCP have grade level vehicle and pedestrian access. The existing building occupancy is Existing Healthcare (NFPA 101, Chapter 19.1) with an accessory Adult Day Care usage (Chapter 16.1)</p>	
<p>Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: The building is a mixed occupancy(RHCF + ADHCP) with an adjoining separated occupancy of an Outpatient Medical Rehabilitation Facility. The ADHCP is required to have and provided with a 2 hour fire separation from the RHCP. The Outpatient Medical Rehab Facility is separated from the RHCP with a 3 hour fire wall. The Outpatient facility adjoins only the RHCP and not the ADC.</p>	
<p>If this is an existing facility, is it currently a licensed Article 28 facility? The RHCF is an Article 28, the ADC is not.</p>	<p>Yes</p>
<p>Is the project space being converted from a non-Article 28 space to an Article 28 space?</p>	<p>No</p>
<p>Relationship of spaces conforming with Article 28 space and non-Article 28 space: Adjoining and provided with a 2 hour fire separation, refer to CON Section 6B, Life Safety Plan LS1.0</p>	
<p>List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. None</p>	
<p>Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. Click here to enter text.</p>	<p>No</p>
<p>Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. All MEP systems are central service systems fully compliant with current code and requiring no modification as a result of the current Project.</p>	
<p>Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. All existing systems will remain unchanged</p>	
<p>Describe existing and or new work for fire detection, alarm, and communication systems: All existing systems are fully compliant with current code and do not require any change as a result of the proposed Project.</p>	
<p>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. The Facility is located in a FEMA Zone X, refer to CON Section 4/7, No related mitigation and/or repair work is required</p>	
<p>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.</p>	

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NO	
Does the project comply with ADA? If no, list all areas of noncompliance. YES	
Other pertinent information: NONE	
Project Work Area	Response
Type of Work	Renovation
Square footages of existing areas, existing floor and or existing building.	8,864 sf
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	8,864 sf
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (222)
Building Height	40' +/-
Building Number of Stories	3
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?	Yes
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 17, existing day-care
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. Adult Day Care, NFPA 101 Chapter 16.1	Yes
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. Click here to enter text.	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	Not Applicable
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text.	Not Applicable
Changes in the number of occupants? If yes, what is the new number of occupants? It is proposed to increase the licensed capacity of the ADHCP from 40 to 60 participants.	Yes
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Type 2	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Not Applicable
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	No

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Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	No

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	
•	•	Vertical Circulation	
		Reflected Ceiling Plans	
optional		Wall Sections and Partition Types	
optional		Interior Elevations, Enlarged Plans and Details	
		Fire Protection	
		Mechanical Systems	
		Electrical Systems	
		Plumbing Systems	
		Physicist's Letter of Certification and Report	

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

**Schedule 6
Attachments**

Charles T. Sitrin Health Care Center

Architectural Information

- Architect/Applicant Certification
- FEMA Certification
- Functional Space Program
- Drawings



**SELF-CERTIFICATION FORM
FOR
ARCHITECTS AND ENGINEERS**

Date: July 9, 2025
CON Number: TBD
Facility Name: Charles T. Sitrin Health Care Center
Facility ID Number: 0620
Facility Address: 2050 Tilden Avenue, New Hartford, New York 13413

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 above-named facility, to provide services to review existing facility compliance related to its proposed licensing expansion of its existing 40 participant ADHCP to 60 participant.
2. I have ascertained that, to the best of my knowledge, information and belief, the proposed expansion is in compliance with the programmatic requirements for the aforementioned and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project is 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. X 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)
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 or 714), I shall bring this to the attention of 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.
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to address the preopening survey findings of deficiencies by the NYSDOH Regional Office, to achieve compliance with applicable requirements of 10 NYCRR Parts 711 and 714, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

6. I have reviewed and acknowledged the Supplemental Self-Certification Eligibility Checklist Page 4 of this document and evaluated and determined this project does meet the prerequisite requirements for Self-Certification. I understand and agree, if the project is deemed by NYSDOH not meeting the criteria allowable for self-certification, I will be required to be resubmit the project documents for an AER review.

This self-certification is being submitted to facilitate the Architectural CON process and is in lieu of a plan review. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY, prior to construction.

Project Eligibility Checklist for Architectural/Engineering Self-Certification

		YES	
Does the project include any of the following?		If Yes, project is not eligible for SelfCertification and is required to be submitted for an AER review.	NO
1.	Is a waiver or exceptions required?		X
2.	Will the project costs exceed \$15,000,000.00 (fifteen million dollars.)?		X
3.	Is Bulk Oxygen /Medical Gas Storage associated with this project? Examples of Bulk Oxygen /Medical Gas Storage projects include but not limited to the following:		X
	a. Hyperbaric Chambers		
	b. Bulk Systems include Nitrous Oxide System and Oxygen System: Definitions as defined below:		
	Bulk Nitrous Oxide System. An assembly of equipment as described in the definition of bulk oxygen system that has a storage capacity of more than 3200 lb (1452 kg) [approximately 28,000 ft ³ (793 m ³) (NTP)] of nitrous oxide. (PIP)ground		
	Bulk Oxygen System* An assembly of equipment such as oxygen storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a storage capacity of more than 20,000 ft ³ (566 m ³) of oxygen (NTP) including unconnected reserves on hand at the site. The bulk oxygen system terminates at the point where oxygen at service pressure first enters the supply line. (PIP)		
4.	Will this project have Locked or Secured Units? Examples of Locked or Secured Units include but not limited to the following;		X
	a. Observation Units for behavioral health in ED's.		
	b. Behavioral health located within inpatient settings.		
	c. Nursing Homes or other facilities with Dementia Units that are locked.		
	d. Corrections and Detention Facilities located in Hospitals, Ambulatory Health Care Occupancies and Business Occupancies where healthcare is provided.		
5.	Will this project involve construction of new procedure rooms, new operating rooms, renovations and or alterations to existing procedure rooms and or operating rooms, including modifications made to existing support systems, including, but not limited to heating, cooling, plumbing, electrical systems, medical gas systems, fire detection and fire protection systems, located in hospitals and existing ambulatory surgery centers? Examples, include but not limited to the following.		X
	a. Endoscopy Procedure Rooms		
	b. Procedure Rooms		
	c. Operating Rooms		
	d. Interventional Imaging i. Located in procedure rooms ii. Located in operating rooms		
6.	Is this a project requiring construction that is required to comply with New Ambulatory Health Care Occupancies as indicated in Chapter 20 of NFPA 101, 2012 edition requirements? Examples, include but not limited to the following:		X
	a. New Ambulatory Surgery Center		X
	b. Endoscopy Centers and or Other Procedure Rooms		X
	c. Free Standing Emergency Departments providing Definitive Care.		X
7.	Is this project intended to provide Ventilator units for patients located in nursing homes?		X
8.	Does this project involve Airborne infection isolation (AII) room?		X
9.	Does this project involve Protective environment (PE) room?		X



FEMA

NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

AND

INSTRUCTIONS

2019 EDITION

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE AND INSTRUCTIONS

Paperwork Reduction Act Notice

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

Privacy Act Statement

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of estimating the risk premium rates necessary to provide flood insurance for new or substantially improved structures in designated Special Flood Hazard Areas.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/ FEMA-003 – National Flood Insurance Program Files System or Records Notice 73 Fed. Reg. 77747 (December 19, 2008); DHS/ FEMA/NFIP/LOMA-1 – National Flood Insurance Program (NFIP) Letter of Map Amendment (LOMA) System of Records Notice 71 Fed. Reg. 7990 (February 15, 2006); and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to obtain flood insurance through the National Flood Insurance Program or the applicant may be subject to higher premium rates for flood insurance. Information will only be released as permitted by law.

Purpose of the Elevation Certificate

The Elevation Certificate is an important administrative tool of the National Flood Insurance Program (NFIP). It is to be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to determine the proper insurance premium rate, and to support a request for a Letter of Map Amendment (LOMA) or Letter of Map Revision based on fill (LOMR-F).

The Elevation Certificate is required in order to properly rate Post-FIRM buildings, which are buildings constructed after publication of the Flood Insurance Rate Map (FIRM), located in flood insurance Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO. The Elevation Certificate is not required for Pre-FIRM buildings unless the building is being rated under the optional Post-FIRM flood insurance rules.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the Federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA or LOMR-F request. Lowest floor and lowest adjacent grade elevations certified by a surveyor or engineer will be required if the certificate is used to support a LOMA or LOMR-F request. A LOMA or LOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 package, whichever is appropriate.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the Base Flood Elevation (BFE). A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

Additional guidance can be found in FEMA Publication 467-1, Floodplain Management Bulletin: Elevation Certificate, available on FEMA's website at <https://www.fema.gov/media-library/assets/documents/3539?id=1727>.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name C.T. Sitrin Health Care Center, INC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2050 Tilden Ave				Company NAIC Number:	
City New Hartford		State New York		ZIP Code 13413	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Nursing Home</u>					
A5. Latitude/Longitude: Lat. <u>43.055464</u> Long. <u>-75.230348</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9 b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number New Hartford, Town of 36,0535			B2. County Name Oneida		B3. State New York
B4. Map/Panel Number 36065C0765	B5. Suffix F	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date 09-27-2013	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: <u>Second Look Flood</u>					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

CON 6A
FUNCTIONAL SPACE PROGRAM

Proposed ADHCP Expansion
at
Charles T. Sitrin Healthcare Center
2050 Tilden Ave
New Hartford, New York 13413

A. INTENT/PURPOSE:

1. Charles T. Sitrin Healthcare, Inc. operates on an expansive health services campus in New Hartford, New York. The campus consists of multiple health-related facilities (long term care, assisted living, ADHCP, and medical/neuro rehabilitation), refer to CON Section 6B, Aerial View 1/T1.0
2. The ADHCP is located on the first floor of the three-story Health Care Center Building. The program is currently licensed for 40 participants.
3. Because the current floor area well exceeds that required for 40 participants and there is a substantial waiting list for entry into the program, Sitrin Healthcare is requesting its license to be increased to 60 participants. The components comprising the existing and proposed ADHCP are summarized in the Functional Space Program below and the Area Summary Charts in CON Section 6B, Drawings EX1.1 and A1.0.

B. FUNCTIONAL SPACE PROGRAM:

1. Healthcare Center Building: Overall Size

<u>Area</u>	<u>Existing</u>		<u>Proposed</u>		
RHCF	97,103	SF	(no change)	SF	
ADHCP	8,864	SF	(no change)	SF	
Rehab Center	42,011	SF	(no change)	SF	
Total Building	147,978	SF	147,978	SF	(no change)

2. ADHCP Area Summary:

Area	Required	Existing (40 Participants)	Proposed (60 Participants)
Dining	28 SF/Participant	1,250 SF	1,700 SF
Recreation	2,600 SF for 40 3,800 Sf for 60	5,154 SF	4,462 SF
Quiet Room	√	Provided (240 SF)	No Change
Family Conference	√	Provided (194 SF)	No Change
Treatment Room	√	Provided (485 SF)	No Change
Participant Kitchen	√	Provided	No Change
Soil Utility	√	Provided	No Change
Clean Utility	√	Provided	No Change
Med. Room	√	Provided	No Change
Reception	√	Not Provided	Provided (140 SF)
Grade Level Entry	√	Provided	No Change
Out Recreation	√	Provided (1,901 SF)	No Change
Toilet Rooms	1/10 participants	6 Provided (N.I Central Bath)	No Change

Central Bathing	1 total	Provided (in adjoining RHCF Admin Wing)	No Change
Nurse Office	√	Provided	No Change
ADC Director	√	Provided	No Change
Activity Office	√	Provided	No Change

C. PROPOSED SCOPE OF CONSTRUCTION WORK:

- Add reception, sitting area... 140 SF
- Convert equipment room into a soiled linen room with hand sink and clinical sink
- Convert storage closet to clean linen storage room
- Add hand sink in multi-purpose room and dayroom 2

CON 6B

DSG-01 SCHEMATIC DESIGN DRAWINGS

**Proposed ADHCP Expansion
at
Charles T. Sitrin Healthcare Center
2050 Tilden Ave
New Hartford, New York 13413**

A. Schematic Drawings:

1. Consistent with DSG-01 Guidelines, the drawings dated 06/25/2025 are provided as part of this section:

T1.0	TITLE SHEET
T1.1	CODES SUMMARY
FS.1	EXISTING HEALTH CENTER OCCUPANCY/FLOOR
LS1.0	EXISTING AND PROPOSED FIRST FLOOR LIFE SAFETY PLAN
EX1.1	EXISTING ADULT DAY CARE PLAN 40 PARTICIPANTS
A1.0	PROPOSED ADULT DAY CARE PLAN 60 PARTICIPANT

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? NOT APPLICABLE	<input type="checkbox"/>	
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	X
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	X
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input type="checkbox"/>	X
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"/>	X
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"/>	N/A
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"/>	X
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"/>	N/A
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	X
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"/>	N/A
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"/>	X
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"/>	N/A
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"/>	N/A
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"/>	N/A
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"/>	N/A
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"/>	X
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	X

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	X
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	X
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"/>	X
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	X
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"/>	X
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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.		X
	Agency Name:	New Hartford Building Department	
	Contact Name:	George Farley	
	Address:	8635 Clinton Street, New Hartford	
	State and Zip Code:	New York 13413	
	E-Mail Address:	gfarley@townofnewhartfordny.gov	
	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:			
	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).		X	<input type="checkbox"/>
	Moderate to Low Risk Area		Yes	No
	Zone	Description	X	<input 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.		

C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	X	
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"/>	X
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		<input type="checkbox"/>	X
	If Yes, which floodplain?	100 Year	<input type="checkbox"/>	
		500 Year	<input type="checkbox"/>	

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

[FEMA Elevation_Certificate_and Instructions](#)

Schedule 6 Attachment

**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

1.) Project Cost Summary data:

	Total	Source
Project Description:		
Project Cost	\$142,616	Schedule 8b, column C, line 8
Total Basic Cost of Construction	\$142,616	Schedule 8B, column C, line 6
Total Cost of Moveable Equipment	\$0	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	\$10.15	Schedule 10
Total Operating Cost		Schedule 13C, column B
Amount Financed (as \$)	\$0	Schedule 9
Percentage Financed as % of Total Cost	N/A	Schedule 9
Depreciation Life (in years)	25 years: Renovation	Schedule 13 Attachment

2) Construction Dates

Anticipated Start Date	4/1/2026 (on or before)	Schedule 8B
Anticipated Completion Date	8/1/2026 (on or before)	

**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 applications.

Constants	Value	Comments
Design Contingency - New Construction	NA	Normally 10%
Construction Contingency - New Construction	NA	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Anticipated Construction Start Date:	4/1/2026 (on or before)	as mm/dd/yyyy
Anticipated Midpoint of Construction Date	6/1/2026 (on or before)	as mm/dd/yyyy
Anticipated Completion of Construction Date	8/1/2026 (on or before)	as mm/dd/yyyy
Year used to compute Current Dollars:	2025	

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	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	N/A

	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	X	\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$0	\$0	\$0
2.2 Renovation & Demolition	\$90,000	\$3,600	\$93,600
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$0	\$0	\$0
3.1 Design Contingency	\$9,000	\$360	\$9,360
3.2 Construction Contingency	\$9,000	\$360	\$9,360
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$7,650	\$306	\$7,956
4.4 Construction Manager Fees	\$2,250	\$90	\$2,340
4.5 Other Fees (Consultant, etc.)	\$20,000	\$0	\$20,000
Subtotal (Total 1.1 thru 4.5)	\$137,900	\$4,716	\$142,616
5.1 Movable Equipment (from Sched 11)	\$0	\$0	\$0
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5.2)	\$137,900	\$4,716	\$142,616
7.1 Financing Costs (Points etc.)	\$0	X	\$0
7.2 Interim Interest Expense: \$ <input type="text" value="0"/> At <input type="text" value="0"/> % for <input type="text" value="\$0"/> months	\$0		\$0
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$137,900	\$4,716	\$142,616
Application fees:		X	
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 i.e.: .25% = .0025 --> <input type="text" value="0.30%"/>	\$428	\$0	\$428
10 Total Project Cost with fees	\$140,328	\$4,716	\$145,044

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	\$145,044
<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)	\$145,044

If refinancing is used, please complete area below. **NOT APPLICABLE**

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

II. Details

A. Leases

	N/A	Title of Attachment
1. List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable.	<input checked="" type="checkbox"/>	N/A
2. Attach a copy of the proposed lease(s).	<input checked="" type="checkbox"/>	N/A – no change to existing lease
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	<input checked="" type="checkbox"/>	N/A – no change to existing lease
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment.	<input checked="" type="checkbox"/>	N/A – no change to existing lease
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"/>	<u>Article 28 Space:</u> 8,864 SF
6. Attach two letters from independent realtors verifying square footage rate.	<input checked="" type="checkbox"/>	N/A – no change to existing lease
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 checked="" type="checkbox"/>	N/A

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

Schedule 9

B. Cash

Type	Amount
Accumulated Funds	\$145,044
Sale of Existing Assets	
Gifts (fundraising program)	
Government Grants	
Other	
TOTAL CASH	\$145,044

	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 Attachment
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 Attachment
4. Attach a full and complete description of the assets to be sold, if applicable.	<input checked="" type="checkbox"/>	N/A
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"/>	N/A

**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 checked="" type="checkbox"/>	N/A
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"/>	N/A
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"/>	N/A

C. Mortgage, Notes, or Bonds

NOT APPLICABLE

	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"/>	

D. Land

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

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

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

**Schedule 9
Attachments**

Charles T. Sitrin Health Care Center

1. Financial Narrative
2. Financial Statements

FINANCIAL NARRATIVE

Charles T. Sitrin Health Care Center (Sitrin or Facility) is a 187-bed residential health care facility (RHCF; 155 RHCF beds and 32 Neurodegenerative beds) located at 2050 Tilden Avenue, New Hartford (Oneida County), New York 13413. In addition to its residential programs, Sitrin operates a 40-slot Adult Day Health Care Program (ADHCP) located at 2050 Tilden Avenue, New Hartford (Oneida County), New York 13413.

Sitrin is approved to operate one (1) shift daily and is open five (5) days per week, from 8:00 a.m. to 4:00 p.m. The utilization of Sitrin’s ADHCP has been steadily increasing since reopening after the mandated COVID-19 pandemic closures. There are many days over the course of the year that the ADHCP operates above its certified capacity¹. On an annual basis, and based on a five (5) day week in which the ADHCP operates, Sitrin is using all of the available capacity at the ADHCP. This, coupled with the closure of another ADHCP in the surrounding area, has created a need for Sitrin to increase the available ADHCP registrant slots at the Facility.

Through this Application, Sitrin is seeking to increase the available ADHCP registrant slots by 20, for a total of 60 ADHCP slots. Sitrin anticipates filling 10 of the additional slots in Year 1 of this project and filling most of the remaining 10 slots by Year 3 of this project. The following chart depicts the expected average daily census and occupancy rate after the expansion to 60 ADHCP slots.

	Proposed	
	Year 1	Year 3
Average Daily Census	50	59
Total Slots	12,933	15,361
Occupancy Rate	83%	98%

¹ Title 10 NYCRR 425.7 (d) Admission, continued stay and registrant assessment. The operator may admit, on any given day, up to 10% over the approved capacity for that program. The average annual capacity, however, may not exceed the approved capacity of the operator's program.

Sitrin will continue to re-evaluate the need for additional ADHCP slots as the occupancy rate reaches full capacity in the out years. At this time, Sitrin feels the addition of 20 ADHCP slots is adequate to meet the needs of the community

Sitrin will continue to operate one (1) shift daily and remain open five (5) days per week, from 8:00 a.m. to 4:00 p.m. upon approval of this Application and for the foreseeable future. Based on Sitrin's knowledge of ADHCP operations and analyses, it is not financially feasible or prudent for Sitrin to expand to two (2) shifts per day due to significant increases in expenses, specifically labor expense. Furthermore, due to staffing difficulties, Sitrin does not believe it could staff a second shift. Sitrin believes that by expanding the ADHCP slots from 40 to 60, it can accomplish the goals of relieving capacity issues, decreasing wait times and tending to the community need and demand for additional ADHCP services, while maintaining a financially sound ADHCP operation. Furthermore, the applicant believes that, with so many ADHCP closures across the State, this proposed expansion represents a positive outcome for ADHCP registrants. Strengthening the financial sustainability of Sitrin's ADHCP operations will allow all current and future registrants to retain access to vital care and social supports.

The Sitrin ADHCP serves 92% Medicaid recipients (traditional and dual-eligible) and 8% Veteran's Affairs patients. As mentioned above, the Sitrin ADHCP utilization has been increasing since reopening after the mandated COVID-19 pandemic closures and is currently using all of the available capacity at the ADHCP. As depicted on Schedule 13D, after the expansion, Sitrin is forecasting an additional 2,428 visits in Year 1 of this project (approximately 83% occupancy) and an additional 2,428 visits in Year 3 of this project (approximately 98% occupancy), with the same payer mix expected.

The only changes to the physical space of the ADHCP will be the allocation of space for a reception area, and the addition of several hand sinks and handrails. The ADHCP is oversized for the currently

licensed capacity of 40 participants and can provide full compliance for 60 participants without any significant construction modification. The minor renovations will be executed in phases to minimize disruption to the participants' activities. Renovations will take approximately four (4) months to complete.

The Total Project Cost (\$145,044) will be paid with cash by the applicant. Please refer to the Schedule 9 Attachments for 2024 and 2025 financial statements.

As noted, the applicant is projecting an increase in volume in Year 1 and Year 3 of this project. Although Charles T. Sitrin Health Care Center is currently operating at a loss, this project results in a positive incremental bottom line in Year 1 and Year 3 of this project as depicted on Schedule 13, and will help improve the overall financial condition of the Facility.

**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 manufacturer where applicable.	Number of units	Lease (L) or Purchase (P)	Date of the end of the lease period	Lease Amount or Purchase Price
		Existing equipment will be used				\$ -
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:						\$ -

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 manufacturer where applicable.	Number of units	Disposition	Estimated Current Value
		Not Applicable			
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

New York State Department of Health Certificate of Need Application

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

NOT APPLICABLE

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

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

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

Transfer & Affiliation Agreement	
Hospital(s) with which an affiliation agreement is being negotiated	
<ul style="list-style-type: none"> ○ Distance in miles from the proposed facility to the Hospital affiliate. 	
<ul style="list-style-type: none"> ○ Distance in minutes of travel time from the proposed facility to the Hospital affiliate. 	
<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 type="checkbox"/> Attachment Name:
Name of the nearest Hospital to the proposed facility	
<ul style="list-style-type: none"> ○ Distance in miles from the proposed facility to the nearest hospital. 	
<ul style="list-style-type: none"> ○ Distance in minutes of travel time from the proposed facility to the nearest hospital. 	

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"/>	Sch 5 Att.	
2. Provide the basis and supporting calculations for all utilization and revenues by payor.	<input type="checkbox"/>	Sch 13	
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"/>	Sch 13	

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

**Schedule 13
Attachment**

Charles T. Sitrin Health Care Center

Depreciation Schedule

Charles T. Sitrin Health Care Center

Expansion of an existing ADHCP from 40 to 60 slots

CALCULATION OF DEPRECIATION

	<u>Amount</u>	<u>Depreciation Life</u> <u>(in Years)</u>	<u>Depreciation Amount</u>
Renovations/Other:	145,044	25	5,802
Total:	\$145,044		\$5,802

Schedule 19 A - Adult Day Health Care Programs - Program Information

Required for applications to add or expand the ADHCP service or add or change the physical location where the service will be offered.

COMMUNITY

- How does your program/service proposal fit into the existing array of services available in the health and social services area?

Charles T. Sitrin Health Care Center (Sitrin or Facility) is a 187-bed residential health care facility (RHCF; 155 RHCF beds and 32 Neurodegenerative beds) located at 2050 Tilden Avenue, New Hartford (Oneida County), New York 13413. In addition to its residential programs, Sitrin operates a 40-slot Adult Day Health Care Program (ADHCP) located at 2050 Tilden Avenue, New Hartford (Oneida County), New York 13413. Sitrin is approved to operate one (1) shift daily and is open five (5) days per week, from 8:00 a.m. to 4:00 p.m. The utilization of Sitrin's ADHCP has been steadily increasing since reopening after the mandated COVID-19 pandemic closures. There are many days over the course of the year that the ADHCP operates above its certified capacity. On an annual basis, and based on a five (5) day week in which the ADHCP operates, Sitrin is using all of the available capacity at the ADHCP. This, coupled with the closure of another ADHCP in the surrounding area, has created a need for Sitrin to increase the available ADHCP registrant slots at the Facility.

Through this Application, Sitrin is seeking to increase the available ADHCP registrant slots by 20, for a total of 60 ADHCP slots. Sitrin anticipates filling 10 of the additional slots in Year 1 of this project and filling most of the remaining 10 slots by Year 3 of this project. The following chart depicts the expected average daily census and occupancy rate after the expansion to 60 ADHCP slots. Sitrin will continue to re-evaluate the need for additional ADHCP slots as the occupancy rate reaches full capacity in the out years. At this time, Sitrin feels the addition of 20 ADHCP slots is adequate to meet the needs of the community

	Proposed	
	Year 1	Year 3
Average Daily Census	50	59
Total Slots	12,933	15,361
Occupancy Rate	83%	98%

Sitrin will continue to operate one (1) shift daily and remain open five (5) days per week, from 8:00 a.m. to 4:00 p.m. upon approval of this Application and for the foreseeable future. Based on Sitrin's knowledge of ADHCP operations and analyses, it is not financially feasible or prudent for Sitrin to expand to two (2) shifts per day due to significant increases in expenses, specifically labor expense. Furthermore, due to staffing difficulties, Sitrin does not believe it could staff a second shift. Sitrin believes that by expanding the ADHCP slots from 40 to 60, it can accomplish the goals of relieving capacity issues, decreasing wait times and tending to the community need and demand for additional ADHCP services, while maintaining a financially sound ADHCP operation. Furthermore, the applicant believes that, with so many ADHCP closures across the State, this proposed expansion represents a positive outcome for ADHCP registrants. Strengthening the financial sustainability of Sitrin's ADHCP operations will allow all current and future registrants to retain access to vital care and social supports. The Sitrin ADHCP serves 92% Medicaid recipients (traditional and dual-eligible) and 8% Veteran's Affairs patients.

The only changes to the physical space of the ADHCP will be the allocation of space for a

reception area, and the addition of several hand sinks and handrails. The ADHCP is oversized for the currently licensed capacity of 40 participants and can provide full compliance for 60 participants without any significant construction modification. These renovations will be executed in phases to minimize disruption to the participants' activities. Renovations will take approximately four (4) months to complete. Please refer to the Schedule 6 Attachments for the pertinent architectural details. The Sitrin ADHCP will remain separate and distinct from any other entity at the location. Please refer to the separate and distinct assurances under the Schedule 19 Attachment.

The full-time Program Director for the ADHCP is a qualified health care administrator. Sitrin will continue to operate the ADHCP consistent with the services and programs currently in existence. A meal and nutritious snack are provided to each registrant in attendance at the program. In addition, planned activities, ongoing assessment of health status, coordinated care planning and case management are provided to each registrant according to their needs. The number of days each person attends the program will vary depending on his or her needs.

- Provide an accurate depiction of current available services and service gap analysis or marketing study.

There is no proposed change in ADHCP services at Sitrin, other than the expansion of the Sitrin ADHCP from 40 slots to 60 slots; the ADHCP will continue to be located in New Hartford, NY. In recent years, Mohawk Valley Health System's ADHCP in Utica (Oneida County) closed. With that closure, Sitrin realized a large increase in demand for ADHCP service. There are two (2) other open and operational ADHCPs in Oneida County - ADHC at Presbyterian Home for CNY, New Hartford, NY and The Grand at Rome, Rome, NY.

- What are the current transportation considerations in your community/service area/catchment area affecting consumers or consumers' friends and families access your program/service? How do you propose to address these? How will you know if you are successful?

Sitirin ADHCP will continue to provide transportation, as needed, and it is expected that registrants will continue to be able to arrange their own transportation to the Sitirin ADHCP. It is anticipated that the registrants will continue to utilize the same means of transportation they have been using for years to access the ADHCP.

- What linkages have you developed with other community service providers that will complement, support and/or supplement the total needs, e.g. housing, social, environmental or medical supports for your proposed client base? How will you maintain current information of this nature for consumers? How will you educate program staff on new program initiatives?

Sitirin will continue to utilize the current community resources, including Office for People with Developmental Disabilities (OPWDD), New York State Office of Mental Health (OMH) and patients discharged from local hospitals who qualify to receive non-institutional services from Sitirin's ADHCP. Staff will continue to reach out to hospital discharge planners, nursing home social workers, senior citizen centers, meals-on-wheels programs, management staff at HUD and New York State Division of Housing and Community Renewal housing sites and the staff at Oneida County's Offices for Aging and Social Services to let them know about the ADHCP expansion.

- What local planning processes have been required for your proposal?

This application proposes an expansion of an existing ADHCP due to capacity constraints. The New Hartford Building Department will be involved in the approval of the project.

- What specific population will you serve? How does it match the demographic need in your service area and the desires of consumers?

The Sitrin ADHCP provides services to the functionally impaired, needing preventive, diagnostic, rehabilitative or palliative services, all of whom are elderly persons residing in Oneida County, who can remain independent in their own communities for as long as possible if enough appropriate health care and supportive services can be provided. ADHCPs offer cost-effective, less-restrictive, long-term care services which allow people with illnesses and disabilities to continue to live at home. Based on recent Census Bureau estimates, approximately 16-17% of Oneida County's population is 65 years or older, which translates to about 38,000 individuals out of a total population of roughly 226,000. Within the county, about 14% of residents live below the poverty line, and approximately 13% of the population reports living with a disability. The county's racial and ethnic composition is more homogenous than the State overall: about 77-81% of residents identify as White, with 5-6% Black or African American, 4% Asian, and 7% identifying as Hispanic or Latino. Roughly 6% of residents are foreign-born, a smaller share compared to Statewide averages. As in other regions, individuals with self-care or independent living disabilities often face challenges with daily physical activities such as walking, climbing stairs, reaching, lifting or carrying. People with such limitations often have difficulty performing activities of daily living without some form of assistance and many people have more than one (1) disability. The availability of community-based services such as an ADHCP allows elderly residents to remain at home and delay, or avoid altogether, the need for long-term institutionalization in a RHCF. Given the amount of elderly people currently living with disabilities in Oneida County, Sitrin will focus on this group as it endeavors to fill its available ADHCP slots upon implementation of this project.

- How does your program/service fit into the community's long-range plan? Please document the local source for this information. How will you evaluate continued effectiveness of your program?

The effectiveness of the program is measured through feedback from registrants, staff and caregiver/family satisfaction surveys (which are administered on an ongoing basis) and the Quality Improvement process.

CONSUMER

- How did you determine this service meets "consumer needs" in the proposed service area/catchment area? How will you incorporate consumers in planning, implementation and ongoing operation of the program/service?

ADHCPs represent an important resource for respite care, emphasizing rehabilitation, restorative care, socialization and organized activities that can improve the quality of life for the registrant in the program, as well as family caregivers. The ADHCP currently utilizes a Satisfaction Survey for feedback from consumers. Additionally, a support group for registrants and caregivers/families is conducted by the Social Worker employed by Sitrin.

- Will you include active consumer involvement in advisory committees or boards?

The program utilizes a Satisfaction Survey which receives input from the consumers.

- Given the consumer alternatives and choices currently available in your community service area, why would consumers want your proposed program and/or service?

ADHCPs tend to be the preferred alternative for long-term care because they provide the necessary health care and social support, provide opportunities for friendships, decrease isolation and keep families together longer. Services are provided in a cost-effective manner. The Sitrin ADHCP is an important resource for respite care, emphasizing rehabilitation, restorative care, socialization and organized activities, all geared toward improving the quality of life for the registrant and family/caregiver. Sitrin provides traditional ADHCP services and is integrated with the facility's short-term rehabilitation program, which focuses on returning residents to the community after a period of intensive rehabilitation at the facility.

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

Schedule 19A

- Education: how will consumers know about your service? What specific information and referral information will be available to assist consumers in making informed decisions on the services they need?

Staff will reach out to hospital discharge planners, nursing home social workers, senior citizen centers, meals-on-wheels programs, management staff at HUD and New York State Division of Housing and Community Renewal housing sites and the staff at Oneida County's Offices for Aging and Social Services to let them know about the ADHCP expansion.

PROGRAM/SYSTEM

- Provide a statement of program philosophy and objectives.

The program operates under a philosophy that assures that all registrants receive the services they require, at the appropriate time, in the proper setting, and under the highest quality standards possible in accordance with all rules and regulations of 10 NYCRR Sections 710.1, 711.5 and 713-2.13, as well as Part 425.

- Describe the projected registrant profile, e.g., characteristics of the registrant population to be served; include specialty populations, if any.

The typical registrant profile is a senior adult who needs supervision and assistance during the day, is at risk for nursing home placement and, based on a recommendation from the registrant's physician or the ADHCP medical director, could benefit from the health, social and other supportive services offered through an ADHCP.

- Describe registrant needs based upon the proposed registrant population.

The typical registrant is one who can benefit from an ADHCP, needs at least one (1) visit per week to the program, requires the program's services for at least 30 days or more and is able to participate in the program for at least five (5) hours per day. During the time at the ADHCP, the registrant may need access to medical services, nursing services, care management, skilled therapies, recreational therapy services and other services.

- Identify the location of the program, days and hour the program will operate and program capacity. Program capacity means the number of registrants that a program can accommodate at one time based on factors such as availability of staff, furniture and equipment, and the number and size of the rooms used for the program.

Sitrin will continue to operate its existing 60-slot (upon approval of this Application) ADHCP located at 2050 Tilden Avenue, New Hartford (Oneida County), New York 13413. This location is designed to accommodate 60 registrants, has program space of approximately 9,000 square feet and provides a single session, five (5) days per week from 8:00 a.m. to 4:00 pm.

- Consistent with the requirements in 10 NYCRR 425, provide a complete plan for programs and services to meet the needs of the registrants. This plan must address all services required by regulation (e.g., nursing, food and nutrition, rehabilitation, leisure time activities, etc.) and for each:
 - Goals and objectives of program/service as stated in the registrant care plan.
 - Function and activities involved.
 - Unique characteristics of each.
 - Relationship between services.
 - Resources needed, e.g., staffing, special equipment.
 - With regard to the organization and administration of the program include:
 - Admission and discharge criteria and policies.
 - Acknowledgment that a registrant care plan will be developed and updated in accordance with regulatory standards.
 - Acknowledgment that all required registrant review and evaluations will be undertaken on a timely basis.

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

Schedule 19A

- A statement that the Registrant Review Instrument (DOH Form 2667) will be utilized for all registrant screenings and evaluations.
- Job descriptions of personnel involved in the program and their qualifications.

Is a Program and Service Plan attached? Yes No **This is an expansion of an existing ADHCP. Sitrin ADHCP will deploy its existing plan for programs and services to meet the needs of the registrants consistent with the requirements in 10 NYCRR Part 425.**

Please provide the title and filename of this plan:	N/A
-----------------------------------------------------	-----

- For facility based programs provide a description of the services to be shared between the nursing home and the adult day health care program. Explain how the nursing home will be able to provide these services without adversely affecting the provision of services to its resident population.

Upon approval of this C.O.N. Application, the 60-slot ADHCP (increased from 40 current slots) will continue to be located at 2050 Tilden Avenue, New Hartford (Oneida County), New York 13413. Sitrin ADHCP will deploy its existing plan for programs and services to meet the needs of the registrants consistent with the requirements in 10 NYCRR Part 425 at the consolidated site.

- For off-site programs explain how services will be provided on the off-site campus.

Not Applicable

- How will you evaluate program/service effectiveness? What consumer satisfaction measure will you employ?

The effectiveness of the program is measured through feedback from registrants, staff and caregiver/family satisfaction surveys (which are administered on an ongoing basis), the Quality Improvement process and support groups.

- How do you propose to address cultural, rural vs. urban and/or ADA considerations in the design and operation of your program/service?

The ADHCP will continue to be housed in spaces designed specifically to comply with applicable codes for such programs. ADA considerations were an important element when the spaces were designed, including registrant drop-off area, reception, activities, dining and bathrooms. Multi-lingual staff is available, if needed.

ENVIRONMENT – PLEASE REFER TO THE SCHEDULE 6 ATTACHMENTS

- All applicants will be required to submit an architectural plan and narrative that identifies the proposed adult day health care program area in conformance with 10 NYCRR 711.5 and 713-2.13, and that:
 - Demonstrate that the program will be located in a self-contained contiguous space (except for shared therapy areas in on-site programs).
 - Demonstrate how the adult day health care program space relates to the facility (for on-site programs).
 - Demonstrate that there will be adequate activity and dining areas to accommodate the proposed registrant population.
 - Identifies all occupants of the building, if any (for off-site location).
- Treatment areas and/or other spaces that support the facility’s resident population shall not be located within designated adult day health care program space.

Is an Architectural plan attached? Yes No

Please provide the title and filename of this plan:	PLEASE REFER TO THE SCHEDULE 6 ATTACHMENTS
-----------------------------------------------------	--------------------------------------------

WORKFORCE

- How will you evaluate program/service effectiveness? What consumer satisfaction measures will you employ?

Program/service effectiveness and consumer satisfaction measures are important elements of the ongoing Quality Improvement process. Sitrin ADHCP will deploy its existing plan for programs and services to meet the needs of the registrants consistent with the requirements in 10 NYCRR Part 425 at the current site.

- How do you propose to address cultural, rural vs. urban and/or ADA considerations in the design and operation of your program/service?

The ADHCP will continue to be housed in space designed specifically to comply with applicable codes for such programs. ADA considerations were an important element when the spaces were designed, including registrant drop-off area, reception, activities, dining and bathrooms. Multi-lingual staff is available, if needed.

- What is the current availability of professional/paraprofessional workers to staff your proposal? Who are the competing employers? What will you do to successfully compete? Include training, recruitment and transportation

The ADHCP is currently staffed adequately. As depicted on Schedule 13B, Sitrin is planning for a small increase in staffing to accommodate the additional 20 ADHCP slots.

- Strategies. How do you coordinate with Department of Labor or any other local workforce initiatives?

The applicant is a longstanding employer and will continue to participate with local Department of Labor and other workforce initiatives.

- What measures will you adopt to promote retention of specific categories of your workforce?

Sitrin ADHCP will continue to have competitive salary, wage and benefit plans, career ladders and staff training and development programs to reduce staff turnover.

- What is the impact of opening/expanding your program on the workforce of other health care providers in the community? How will you minimize any adverse impact?

The ADHCP is currently staffed adequately. As depicted on Schedule 13B, Sitrin is planning for a small increase in staffing to accommodate the additional 20 ADHCP slots. There will be no impact on the workforce of other health care providers in the community.

Schedule 19 B. Adult Day Health Care Programs - Staffing and Program Information.

1. Indicate the maximum number of registrants who will be attending the program during a scheduled program session. This figure should not be confused with “enrollment“, which is usually greater than the program capacity. Program capacity means the number of registrants that a program can accommodate at one time based on factors such as availability of staff, furniture and equipment, and the number and size of the rooms used for the program

Upon approval of this Application, Sitrin will have 60 slots. Sitrin is approved to operate one (1) shift daily and is open five (5) days per week, from 8:00 a.m. to 4:00 p.m. The utilization of Sitrin’s ADHCP has been steadily increasing since reopening after the mandated COVID-19 pandemic closures. There are many days over the course of the year that the ADHCP operates above its certified capacity. On an annual basis, and based on a five (5) day week in which the ADHCP operates, Sitrin is using all of the available capacity at the ADHCP. This, coupled with the closure of another ADHCP in the surrounding area, has created a need for Sitrin to increase the available ADHCP registrant slots at the Facility. As depicted on Schedule 13D, after the expansion, Sitrin is forecasting an additional 2,428 visits in Year 1 of this project (approximately 83% occupancy) and an additional 2,428 visits in Year 3 of this project (approximately 98% occupancy). Sitrin’s goal for the continued operation of the ADHCP is to ensure that individuals who can be retained in their home environment can do so within their own community, without having to leave the security and familiarity of faces and friends to find the necessary services and resources essential for maintaining ongoing independence.

2. Specify the days of the week the program will be operating and include daily operating hours.

The ADHCP will continue to operate five (5) days per week (Monday through Friday), 8:00 a.m. to 4:00 pm.

3. Specify whether the program will be located on-site (i.e., within the main building housing the residential health care facility, in an addition to this building, or in a separate building on the main campus) or off-site in a distant location away from the facility.

The Sitrin ADHCP will continue to operate at 2050 Tilden Avenue, New Hartford (Oneida County), New York 13413.

4. Provide the primary diagnoses of the target group to be served by the adult day health care program. Keep in mind that only individuals with a medical primary diagnosis are eligible for admission to an adult day health care program.

The Sitrin ADHCP will continue to provide services to the functionally impaired, needing preventive, diagnostic, rehabilitative or palliative services, all of whom are elderly persons residing in Oneida County, who can remain independent in their own communities for as long as possible if enough appropriate health care and supportive services can be provided. ADHCPs offer cost-effective, less-restrictive, long-term care services which allow people with illnesses and disabilities to continue to live at home.

5. Indicate whether children (e.g., anyone less than 16 years old) will be admitted to the program. When answering this section provide the number of children by age.

No children will be admitted to the program.

6. Specify the projected number of program registrants who are diagnosed with AIDS or who are HIV positive.

N/A

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Schedule 19A

7. Indicate whether meals will be cooked on-site or off-site.

Meals will continue to be cooked on-site.

8. Specify whether the operator of the adult day health care program or an outside vendor will provide transportation services for program registrants.

Sitrin ADHCP will continue to provide transportation, as needed, and it is expected that registrants will be able to arrange their own transportation. It is anticipated that the registrants will utilize the same means of transportation they have been using for years to access the ADHCP.

9. Indicate whether professional dental staff will be providing evaluation and treatment at the program site.

Sitrin will continue to provide dental services.

10. Include other programs and/or businesses that will be utilizing space within the building that houses the adult day health care program.

Sitrin's RHCF also occupies space within the building in separate and distinct space. Sitrin will remain separate and distinct from any other entity at the location. Please refer to the separate and distinct assurances under the Schedule 19 Attachment.

11. Provide the projected number of skilled physical therapy treatment sessions rendered to program registrants each day.

Approximately 100 per year.

12. Provide the projected number of skilled occupational therapy treatment sessions rendered to program registrants each day.

Approximately 100 per year.

13. In the following table, include a daily staffing plan in full time equivalents by job title.

Table 19B-1 Daily Staffing Plan

Reflects Current Year; please see Schedule 13B for projections for Years 1 and 3.

Job Title:	Daily staffing in FTEs
Program Director	1.0
Registered Nurse	1.0
Licensed Practical Nurse	1.0
Program Aides (Certified Nurses Aides)	8.0
Social Worker	.25
Medical Director	1.0
Psychologist	*
Recreational Therapist	1.0
Physical Therapist	*
Occupational Therapist	*
Speech Therapist	*
Dietitian	.1
Housekeeper	*
Recreational Therapist	*
Driver	*
Other (Specify)	

***These services are provided as needed by existing staff of the nursing home.**

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**Schedule 19
Attachment**

Charles T. Sitrin Health Care Center

Separate and Distinct Statement

**RE: Charles T. Sitrin Health Care Center, Inc.
(Oneida County)
Expansion of an existing ADHCP from 40 to 60 registrants**

Applicant Confirmations:

- Charles T. Sitrin Health Care Center, Inc. will maintain signage to denote that the ADHCP is separate and distinct from any other entity within the same building at 2050 Tilden Avenue, New Hartford (Oneida County), New York 13413. This will be accomplished by clearly identifying the ADHCP with its own logo and signage.
- The staffing at the ADHCP will be separate and distinct from any other entity at the location.
- Charles T. Sitrin Health Care Center, Inc. confirms that the ADHCP will be located in a self-contained space in a building located at 2050 Tilden Avenue, New Hartford (Oneida County), New York 13413.
- Charles T. Sitrin Health Care Center, Inc. confirms that the ADHCP will be used exclusively for the purpose stated in this Application.