

Office of Mental Health Program

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

Section A - Attachments for New Program or New Satellite Location

N/A – No New Program or New Satellite Location

1. Program and Service Area

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

N/A

2. Problems and Needs

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

N/A

3. Access

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

N/A

4. Continuity of Care

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A – No Program Expansion

1. Identify the program.

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

In all projects, identify the program affected.

1. Reduce Existing Program

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

Mohawk Valley Health System (MVHS) is currently certified to operate 24 adult psychiatric beds at St. Elizabeth Medical Center (St. Elizabeth) and 26 adult psychiatric beds at Faxton-St. Luke's Hospital (St. Luke's), for a total of 50 adult psychiatric beds. Through its overall transformation project, MVHS will relocate the inpatient psychiatric beds at St. Elizabeth and St. Luke's to the new hospital campus, and it will decertify six (6) of the adult psychiatric beds, resulting in the operation of 44 adult psychiatric beds on the new campus.

- a. **The effective date of the reduction of the adult inpatient psychiatric beds is January 1, 2022, which represents the beginning to Year 1 of operations for this project.**
- b. **When the inpatient utilization of both St. Elizabeth's and St. Luke's is combined, in 2016, the facilities have an overall occupancy rate of 71.5%, given the 50 certified inpatient psychiatric beds at the combined facilities. Given the same utilization statistics and the proposed number of psychiatric beds (44), the combined facilities have an estimated 81.3% occupancy. Please refer to these statistics in the following table:**

	Occupancy Rate	
	Current Beds (50)	Proposed Beds (44)
Psychiatric	71.5%	81.3%

Through the overall project, MVHS will decertify six (6) inpatient psychiatric beds (i.e., from 50 to 44 beds). Not only is this decertification supported by the historical occupancy rates for inpatient psychiatric beds noted in the table above, it is also supported by the following statistics:

- **Although the number of patient days for inpatient psychiatric patients at the two (2) combined MVHS facilities increased from 2012 to its peak in 2015, it has decreased considerably since 2015. Based upon 2017 data through September 30, 2017, the occupancy rate of the 50 inpatient psychiatric beds was 69.6% (down from the peak occupancy rate of 81.8% in 2015), meaning that about 15 beds remained unused, on average, during this time in 2017.**
- **A large and growing percentage of inpatient psychiatric cases are originating from outside of Oneida and Herkimer Counties, which means that residents are likely bypassing other inpatient psychiatric units that are closer to home for many residents. These statistics are as follows:**

Number and Percentage of MVHS Inpatient Psychiatric Discharges from Oneida/Herkimer Counties vs. All Other Counties, 2012-YTD 2017

	2012	2013	2014	2015	2016	YTD 2017*
Oneida/Herkimer Counties	1,812	1,707	1,728	1,803	1,766	1,172
All Other Counties	397	450	548	611	540	521
TOTAL	2,209	2,157	2,276	2,414	2,306	1,693

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Oneida/Herkimer Counties	82.0%	79.1%	75.9%	74.7%	76.6%	69.2%
All Other Counties	18.0%	20.9%	24.1%	25.3%	23.4%	30.8%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Mohawk Valley Health System

In 2012, only 18.0% of the inpatient psychiatric cases at MVHS were from patients residing outside of Oneida and Herkimer Counties. By 2017 (using data through September 30, 2017), 30.8% of the inpatient psychiatric cases at MVHS were from patients residing outside of Oneida and Herkimer Counties. Based upon a review of inpatient psychiatric bed projects within the "Central New York" and the "Northeast" areas of New York State on NYSE-CON (which includes Oneida and Herkimer Counties, as well as the surrounding region), since 2012, the only inpatient psychiatric project that was implemented was the addition of one (1) psychiatric bed at Rome Memorial Hospital (Oneida County), which went from 11 beds to 12 beds through Project No. 132140. The fact that no psychiatric beds were decertified means that many of the patients who travel from outside of Oneida or Herkimer Counties to receive inpatient psychiatric care at MVHS can likely be served on inpatient psychiatric units located closer to their homes. Nevertheless, it is clear that they are attracted to MVHS facilities for various reasons (one of which is likely the high quality of care provided at its facilities).

- MVHS expects to continue to experience a decrease in its inpatient psychiatric utilization, largely due to the transition of care from the inpatient realm to the outpatient realm, and from the expanded use of front-line outpatient behavioral health services. To this end, MVHS and its two (2) hospital facilities operate numerous extension clinics throughout Utica and the surrounding region that provide outpatient behavioral health services. MVHS is continuing to work with its partners through the DSRIP program to integrate behavioral health services into the primary care setting.

Please also refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

2. **Closure of Program or Site**

- a. Indicate proposed effective date of closure.
 - b. Describe the reasons for closing the program or site.
 - c. Submit a transition plan showing that recipients will be linked to appropriate alternative programs, the alternative programs have agreed to accept the referrals, recipient transportation needs will be addressed, and follow-up will occur to confirm recipient linkage to programs.
 - d. If the rationale for closure includes fiscal considerations, provide documentation to substantiate the lack of fiscal viability in the long-term.
 - e. Submit a plan for safeguarding recipient records and financial accounts.
 - f. Describe the process and timeframe for evaluation and placement of recipients and completion of other activities to conclude the affairs of the program.
- a. The effective date of the "closure" of the adult inpatient psychiatric beds at St. Elizabeth and St. Luke's is January 1, 2022, which represents the beginning to Year 1 of operations for this project. As noted above, the inpatient psychiatric units at St. Elizabeth and St. Luke's will not be "closed". Instead, they will be relocated to the new hospital campus.
 - b. As noted above, the inpatient psychiatric units at St. Elizabeth and St. Luke's will not be "closed". Instead, they will be relocated to the new hospital campus.
 - c. All inpatient psychiatric patients will be relocated to the new hospital campus, upon its opening.

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These patients will be given a choice to continue to be served by MVHS at its new hospital campus, or to be transferred to another inpatient psychiatric unit such as the 12-bed unit at Rome Memorial Hospital in Rome (Oneida County), New York. Please refer to the Schedule 20 Attachment for two (2) Transition Plans – one for St. Elizabeth and one for St. Luke's – associated with this project.

- d. N/A – The applicant believes that the proposed 44 inpatient psychiatric beds at its new hospital campus are sufficient to accommodate the needs of the behavioral health population. Utilization concerns are the primary rationale to reduce its inpatient psychiatric beds from 50 to 44.
- e. Hard-copies of all recipient records and financial accounts will be relocated to the new hospital campus. All electronic recipient records and financial accounts will be maintained by MVHS. Please refer to the Schedule 20 Attachment for the two (2) Transition Plans that include information pertaining to the safeguarding of recipient records and financial accounts.
- f. The inpatient psychiatric program of MVHS will not be closed. The inpatient beds of both St. Elizabeth and St. Luke's will be relocated from their current locations to the new hospital campus in Utica.

3. Change in Location

- a. Indicate proposed effective date of relocation.
 - b. Identify the new location.
 - c. Describe the reasons for the relocation.
 - d. Describe how access and transportation needs will be addressed.
 - e. Provide a description of the premises to be used. Include appropriately labeled sketch drawings showing use and dimensions of rooms.
 - f. Provide a Certificate of Occupancy or equivalent from the local buildings jurisdiction prior to occupancy.
 - g. If program relocates to new county or borough, complete Section A (1-7).
- a. The effective date of relocation is January 1, 2022, which represents the beginning to Year 1 of operations for this project (i.e., it represents the date that the new hospital campus, including the 44 inpatient psychiatric beds, will be opened).
 - b. MVHS is currently certified to operate 24 adult psychiatric beds at St. Elizabeth Medical Center (St. Elizabeth) and 26 adult psychiatric beds at Faxton-St. Luke's Hospital (St. Luke's), for a total of 50 adult psychiatric beds. Through this project, MVHS will relocate the inpatient psychiatric beds at St. Elizabeth and St. Luke's to the new hospital campus, and it will decertify six (6) of the adult psychiatric beds, resulting in the operation of 44 adult psychiatric beds on the new campus. The new, consolidated hospital campus will be located on a 25-acre parcel of land bordered by the following streets in Utica (Oneida County), New York 13501: State Street, Broadway, Oriskany Street West, and Columbia Street.
 - c. Through New York Public Health Law Section 2825-b, New York State created the "Oneida County Health Care Transformation Program" that set aside up to \$300 million in capital grant funding for the sole purpose of consolidating multiple licensed healthcare facilities into an integrated system of care, within the largest population center in Oneida County (i.e., Utica). Through a response to a Request for Applications (RFA #1505060325) from the New York State Department of Health (NYSDOH) and Dormitory Authority of the State of New York (DASNY), MVHS was awarded \$300 million in grant funding for the project proposed in this C.O.N. Application (i.e., the creation of a new hospital campus), which will result in the transformation of healthcare services in the region.

- d. The proposed new hospital campus will be located close to major roads, including Route 90 (New York State Thruway), Route 790, Route 12 and Route 5A (Oriskany Street), and it will be highly accessible to a number of routes in the Central New York Regional Transportation Authority (Centro) bus system in Utica.
- e. Please refer to the Schedule 6 Attachment for architectural documents, including an architectural narrative, functional space program, schematic drawings and other architectural items associated with this project.
- f. MVHS will provide a Certificate of Occupancy to the NYSOMH/NYSDOH prior to occupancy of the new hospital campus.
- g. N/A – The new hospital campus will be located within the same county (Oneida County) as both St. Elizabeth Medical Center and Faxton-St. Luke’s Hospital.

4. Change of Sponsor

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

N/A – No Change of Sponsor

5. Capital Project

- a. Describe the reasons for the project.

Not only is this decertification supported by the historical occupancy rates for inpatient psychiatric beds noted in the response to Question 1(b) above, it is also supported by the following statistics:

- **Although the number of patient days for inpatient psychiatric patients at the two (2) combined MVHS facilities increased from 2012 to its peak in 2015, it has decreased considerably since 2015. Based upon 2017 data through September 30, 2017, the occupancy rate of the 50 inpatient psychiatric beds was 69.6% (down from the peak occupancy rate of 81.8% in 2015), meaning that about 15 beds remained unused, on average, during this time in 2017.**
- **A large and growing percentage of inpatient psychiatric cases are originating from outside of Oneida and Herkimer Counties, which means that residents are likely bypassing other inpatient psychiatric units that are closer to home for many residents. These statistics are as follows:**

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TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Mohawk Valley Health System

In 2012, only 18.0% of the inpatient psychiatric cases at MVHS were from patients residing outside of Oneida and Herkimer Counties. By 2017 (using data through September 30, 2017), 30.8% of the inpatient psychiatric cases at MVHS were from patients residing outside of Oneida and Herkimer Counties. Based upon a review of inpatient psychiatric bed projects within the “Central New York” and the “Northeast” areas of New York State on NYSE-CON (which includes Oneida and Herkimer Counties, as well as the surrounding region), since 2012, the only inpatient psychiatric project that was implemented was the addition of one (1) psychiatric bed at Rome Memorial Hospital (Oneida County), which went from 11 beds to 12 beds through Project No. 132140. The fact that no psychiatric beds were decertified means that many of the patients who travel from outside of Oneida or Herkimer Counties to receive inpatient psychiatric care at MVHS can likely be served on inpatient psychiatric units located closer to their homes. Nevertheless, it is clear that they are attracted to MVHS facilities for various reasons (one of which is likely the high quality of care provided at its facilities).

- MVHS expects to continue to experience a decrease in its inpatient psychiatric utilization, largely due to the transition of care from the inpatient realm to the outpatient realm, and from the expanded use of front-line outpatient behavioral health services. To this end, MVHS and its two (2) hospital facilities operate numerous extension clinics throughout Utica and the surrounding region that provide outpatient behavioral health services. MVHS is continuing to work with its partners through the DSRIP program to integrate behavioral health services into the primary care setting.

Please also refer to the Project Narrative (under the Schedule 1 Attachment) for additional information. Please also refer to the C.O.N. Schedule 8B for capital cost information associated with the new hospital campus project.

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

N/A – No Change in Population Served

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

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551.7(a)(15) of Title14 NYCRR.

N/A – See Responses to Question Nos. 1, 2, 3 and 5.

Office of Alcoholism and Substance Abuse Services Program

NOT APPLICABLE

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

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

1 Program and Service Area

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

N/A

2 Need

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

N/A

3 Functional Program

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

N/A

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4 Fiscal

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

N/A

5 Implementation

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

N/A

Section B – Relocation an existing service.

1 Change in Location

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

N/A

Section C – Change of Sponsor

1 Change in Sponsor

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

N/A