

Exhibit B

About the Mohawk Valley Health System



Faxton St. Luke's Healthcare (FSLH) and St. Elizabeth Medical Center (SEMC) affiliated as the Mohawk Valley Health System (MVHS) in March 2014. MVHS is governed by a single, 18-member board of directors, with nine members from FSLH's board and nine from SEMC's board. The system is operated by a single management team.

MVHS serves the geographic area of Oneida, Herkimer and Madison counties and is an integrated delivery system with 4,200 full-time equivalent employees and a combined operating budget of \$566 million.

The MVHS Medical Group has 19 primary care locations, a Children's Health Center, a Women's Health Center, general, orthopedic and neurological surgeons, a Breast Care Center and two Urgent Cares to serve our community's healthcare needs.

Both hospitals accept all major insurances and have designated charity care programs to help provide for individuals without insurance.

The affiliation helps to enhance services for the residents of the Mohawk Valley through greater collaboration and improved clinical quality for patient and resident care. As a large system, MVHS has much to offer when recruiting new physicians.

Faxton St. Luke's Healthcare

FSLH includes two campuses with 370 acute care beds and 202 long-term care beds:

St. Luke's Campus – 1656 Champlin Avenue, Utica, NY (Main Campus)

Faxton Campus – 1676 Sunset Avenue, Utica, NY

A not-for-profit healthcare organization, FSLH includes St. Luke's Home, Senior Network Health, Mohawk Valley Home Care and Visiting Nurse Association of Utica and Oneida County.

Center for Rehabilitation and Continuing Care Services

- Acute Inpatient Rehabilitation Unit
- Adult Day Health Care Service
- Outpatient Dialysis Center
- St. Luke's Home
- Senior Network Health
- Visiting Nurse Association of Utica and Oneida County

Faxton Campus

- Ambulatory Surgical Center
- Cancer Center
- Dialysis Center
- Outpatient Rehabilitation Center
- Urgent Care

St. Luke's Campus

- Bariatric Surgery Program
- Maternal Child Services
- Mohawk Valley Heart Institute
- Mohawk Valley Vascular Center
- Stroke Center
- Surgical and Ambulatory Services
- Total Joint Orthopedic Program

St. Elizabeth Medical Center

SEMC includes two campuses with 201 acute care beds:

2209 Genesee Street, Utica, NY (Main Campus)

St. Elizabeth Medical Arts – 4401 Middle Settlement Road, New Hartford, NY

SEMC also includes the Sister Rose Vincent Elizabeth Family Medicine Center which provides patient care services for the whole family and is also a teaching facility for new physicians. St. Elizabeth Home Care serves patients in their homes and St. Elizabeth Health Support Services offers respiratory services and durable medical equipment to patients in their homes.

SEMC Main Campus:

- Ambulatory Surgical Center
- Area Trauma Center
- Fellowship in Gynecologic Endoscopy
- Fellowship in Hospital Medicine
- Marian Medical Professional Building
- Mohawk Valley Heart Institute
- Sleep Disorders Center
- St. Elizabeth College of Nursing
- St. Elizabeth Family Medicine Residency Program

Medical Arts Campus:

- Advanced Wound Care
- Imaging at St. Elizabeth Medical Arts
- MVHS Medical Group New Hartford Medical Office
- Outpatient Laboratory Draw Site
- Outpatient Rehabilitation Services

SEMC is a Catholic hospital and is affiliated with the Sisters of St. Francis of the Neumann Communities and the Syracuse Dioceses.

2017 System Highlights

- The Mohawk Valley Health System (MVHS) has opened a new service that provides advanced NeuroEndovascular care that treats complex vascular conditions of the brain including stroke, carotid stenosis, dissections, brain aneurysms, brain and spine arteriovenous malformations and more.
- Forbes Magazine ranked St. Elizabeth College of Nursing (SECON) on its list of the country's top two-year trade schools. SECON was ranked third of the list's 30 schools based upon students' post-graduate earnings, along with the schools' affordability and quality.
- MVHS acquired the da Vinci Si Surgical System. Surgeons at MVHS are currently using the system for urological surgery, with plans to

- expand to include surgeries in the areas of gynecologic, thoracic, cardiac and general surgery in the future.
- MVHS received the Mission: Lifeline® Bronze Receiving Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer severe heart attacks.
 - St. Elizabeth Medical Center's (SEMC) Trauma Center was verified as a Level III Trauma Center by the Verification Review Committee, an ad hoc committee of the Committee on Trauma of the American College of Surgeons. This achievement recognizes the Trauma Center's dedication to providing optimal care for injured patients.
 - Continuing its renovation project, Faxton Urgent Care recently added hand-painted murals to two exams rooms to help ease children's anxiety during visits. Artist Amy Eckler of Utica designed the wall-length murals with whimsical characters to please children and provide a pleasant distraction from their injury or illness.
 - Faxton St. Luke's Healthcare (FSLH), an affiliate of MVHS, received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award with Target: StrokeSM Honor Roll Elite Plus. The award recognizes FSLH's commitment and success ensuring that stroke patients receive the most appropriate treatment.
 - The MVHS Sleep Disorders Center received its five-year reaccreditation from the American Academy of Sleep Medicine (AASM). It was the first sleep center in the Greater Utica-Mohawk Valley area to earn this distinction, dating back to 1997.
 - MVHS's Prevent T2 diabetes prevention program, part of the Central New York Diabetes Education Program (CNY Diabetes), was awarded full recognition from the Center for Disease Control and Prevention's (CDC) Diabetes Prevention Recognition Program (DPRP) for the second year in a row. The program became the first in Oneida County to receive full recognition in November 2016.
 - Elizabeth Kosakowski, BS, CCS, CTR, CCDS, AHIMA Certified ICD-10 Trainer, director of Health Information Management for MVHS, received an award for Clinical Preceptor of the Year from the New York State Health Information Management Association (NYHIMA). She is one of 11 award recipients from across New York State.
 - In April 2017, it was announced that MVHS has been awarded the \$300 million Health Care Facility Transformation grant to create an integrated healthcare delivery system in Oneida County. In November 2017, MVHS revealed the site plan and outline of its new regional healthcare campus in mid-November. The result of the months of

planning and work is an integrated healthcare campus with a 373-bed, 672,000-square-foot facility and 1,550-car parking structure on 25 acres in downtown Utica. In collaboration with the MVHS outreach team, architects have advanced the site plan and design and engaged more than 2,000 individuals throughout the community to obtain feedback and guidance regarding the design of the new hospital and its integration with the surrounding downtown area. Members of the public will discuss the site plan at a community forum in December at the Radisson Hotel-Utica Centre.

Mohawk Valley Health System

An Affiliation of
Faxton St. Luke's Healthcare &
St. Elizabeth Medical Center

1656 Champlin Avenue
Utica, NY 13502

www.mvhealthsystem.org

TOGETHER WE MAKE A DIFFERENCE.

Mohawk Valley Health System

A GUIDE TO BUILDING
THE MVHS BRAND

OUR MVHS BRAND

This booklet is designed to help you become a champion for Mohawk Valley Health System (MVHS). It's not a set of rules; it's a guide to help you in your daily communications about MVHS. It provides the language you may need to express the caring spirit of our organization. Whether talking with a patient, resident or a member of your own family, you can tell the story about what we do for our community and the families we serve.



OUR PROMISE & BUILDING A NEW CULTURE

Together we make a difference.

Mohawk Valley Health System

MVHS is rich with history and tradition. We have been caring for our communities since 1830 and there's no greater joy than seeing the impact our actions have.

Our interactions should always leave a lasting, positive impression because we understand that each one of us plays a crucial role in the overall patient and resident experience. We know we have made a difference when our customers - the patient, the resident and their families - reach out to us and share a moment during their care that has made a difference for them.

We are the community's trusted healthcare system of choice, sharing our energies and efforts to inspire those around us. The kind and appreciative words of our patients, residents, coworkers, medical staff and volunteers guide us.

THE POWER of a Story

At MVHS, we have stories of caregivers, protectors, companions and champions. The stories speak of challenges and triumphs, conceptions and discoveries, shared experiences and life-changing journeys that reflect the history of Foxton St. Luke's Healthcare (FSLH) and St. Elizabeth's Medical Center (SEMC) and how we make a difference. These moments and gestures are shared, honored and remembered. Working together, we will continue to create even more everlasting memories for our patients and residents. What stories can you tell?

A wife sits at her late husband's bedside mourning his loss. As she waits for loved ones to arrive, a nurse sits quietly with her and holds her hand, knowing that kindness and sympathy require no words.



When a patient being discharged needed help and a different place to live, employees volunteered on their day off to move the patient, unpack her belongings, donate household items and even bought groceries so she'd have food to eat.

When an employee's small child needed major surgery that would require weeks of recovery, fellow coworkers came together to support the entire family through bake sales, donations, raffles, home cooked meals, donating their paid time off and well-wishes.



WHAT IS MVHS?

If you only had an elevator ride to explain to someone what MVHS is, what would you say?

MVHS is a system that provides healthcare services for the residents of the Mohawk Valley. We are known for our clinical quality and collaboration. We are the organization people choose when caring for their loved one.

Why Do People Choose MVHS?



"After my stroke, I chose to receive my rehabilitation treatment at Mohawk Valley Health System. It was so nice to be close to home, so my family and friends could visit me and offer encouragement. The doctors, therapists, nurses and aides that treated me made me feel comfortable and most importantly, made me feel like a person not just a patient. I formed a close bond with them and I hope they realize the difference they made in my life - for both me and my family."

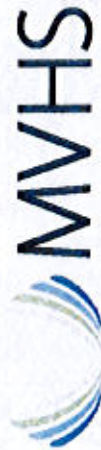
— Gary Phillipson, owner of "Herb" Phillipson's

Why Work for MVHS?



"I wanted to be a doctor ever since I could walk. I am blessed and fortunate to do what I do every day and I have a lot of pride in the work that we do at Mohawk Valley Health System. There is a culture of caring in this community that you don't find in larger places. The affiliation allows us to work as a team and provide patients with access to the very best quality care right here in Central New York."

— Dr. Kevin McCormick, Primary Care Physician



MVHS LOGO

As FSLH and SEMC work together under MVHS, our dedication to excellence in patient care and promoting wellness in our community has not changed. The MVHS mark and colors are designed to show the unity of our system and to promote recognition within our community, the Mohawk Valley.

The sweeping shape of the valley and the stripes representing the familiar image of a plowed field reflect our commitment to promoting wellness in our local communities. The soft, warm green and deep blue colors were carefully selected because they represent our local, natural environment and best portray our values as an organization. The color green represents well-being, health and purity; the blue inspires trust as well as stability.

OUR MISSION

To provide for excellence in healthcare for our communities.

OUR VISION

To be the trusted healthcare system of choice through clinical quality, excellence in service and education, compassionate care, promotion of wellness and operational efficiency.

Our Values

HONESTY

We believe in the highest level of personal and professional ethics and standards. Our relationships with patients, residents, physicians, volunteers, families, vendors and each other will be open, honest and fair.

EXCELLENCE

We strive to exceed the expectations of our patients, residents, employees, peers and medical staff so that we can achieve superior outcomes.

TRANSPARENCY

We are open and inclusive in all that we do. Our patients and residents will receive timely and accurate information about their care. We will share with our staff, physicians, volunteers and community our goals, plans and progress.

INNOVATION

As an organization, we use proven technology and techniques to engage in and create best practices in all aspects of our operations.

QUALITY

We believe in providing superior quality care and service excellence to our patients, residents, their families, visitors, physicians, volunteers and coworkers in a compassionate, safe and caring manner.

CONTINUOUS LEARNING

We promote an environment of continuous, life-long learning among our patients, residents, employees, physicians, volunteers and the public in order to create a healthier, vibrant organization and community.

RESPECT

We recognize the honor and dignity of every person and value each staff member's contributions toward achieving our mission.

TEAMWORK

Working together, we promote the sharing of ideas, talents and skills to encourage the personal growth and advancement of each staff member and to provide the highest level of service and quality for our patients and residents.

SAFETY

We embrace a culture where employees are provided with the tools and training necessary to accurately administer appropriate and timely care to patients and residents.

COLLABORATION

We work closely with each other, our medical staff and local businesses and agencies to make our community's health a top priority.



**IN EVERY MOMENT,
EVERY INTERACTION,
EVERY DAY... MAKE IT
HAPPEN, MAKE IT
MATTER, MAKE
A DIFFERENCE,
MAKE IT MOHAWK
VALLEY HEALTH SYSTEM!**

MAKE IT HAPPEN

Some people want it to happen; some wish it to happen and others make it happen. MVHS is committed to being a responsive partner in the patient experience. Whether it's accepting a patient or resident into our care, supporting a colleague or addressing a request from a patient's family member, do all you can to make it happen.

MAKE IT MATTER

MVHS provides a service - care for our customers. Although the care we provide may have many tasks associated with it, we should always focus our energies and efforts on the why behind that care, always striving to do our best. By working together, we will make each moment matter.

MAKE A DIFFERENCE

Just as the small boy who returned washed up starfish to the ocean one by one believed in the difference he was making for each individual starfish, we know that making a difference is defined by the quality, not the quantity, of our actions. Making a difference is about going above and beyond to support the care our patients, residents and families receive, and committing ourselves to positively impacting the lives of others.

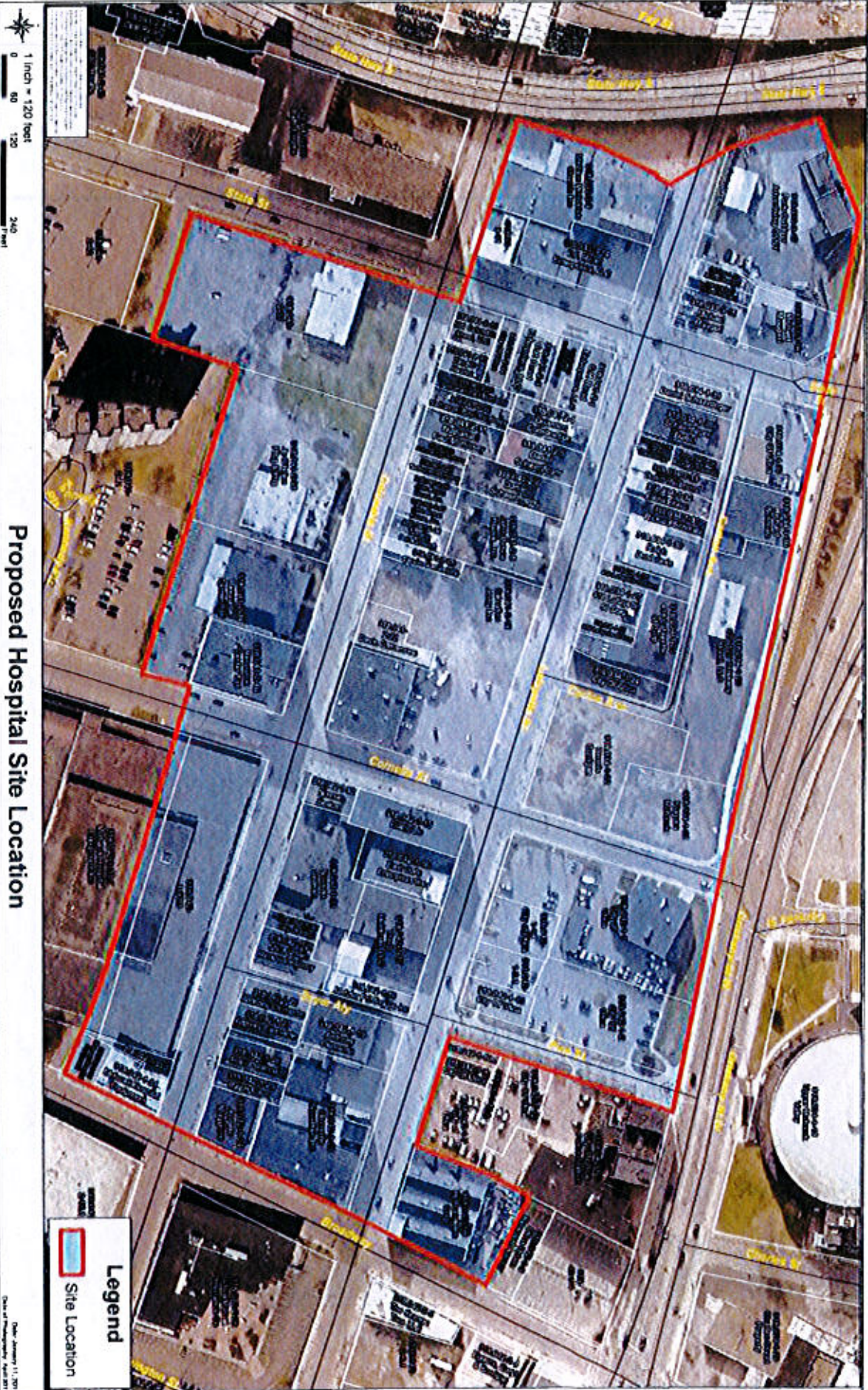
Combined



Together we're making a difference

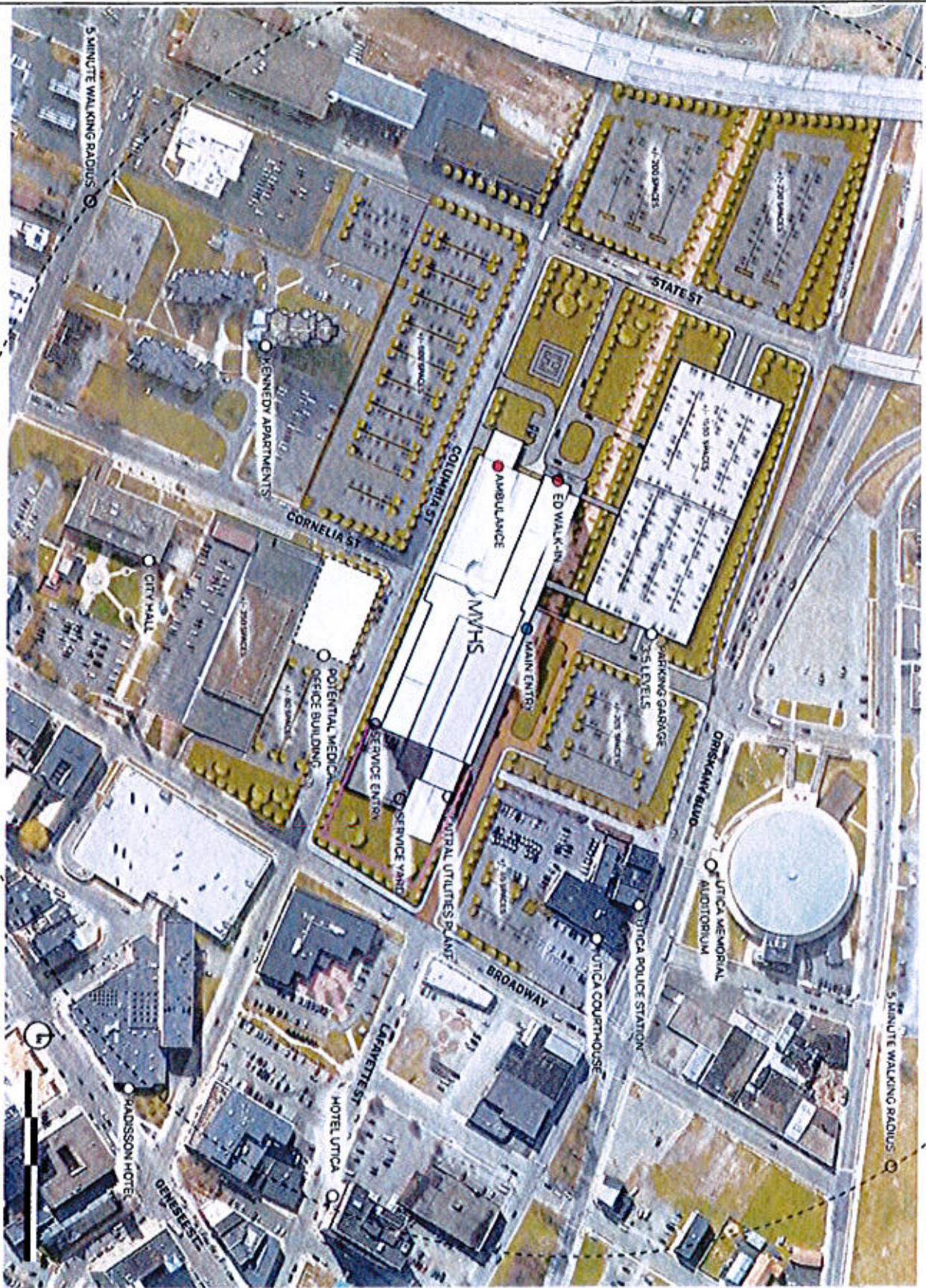
For more information visit
www.mvhealthsystem.org/makeadifference

Exhibit C



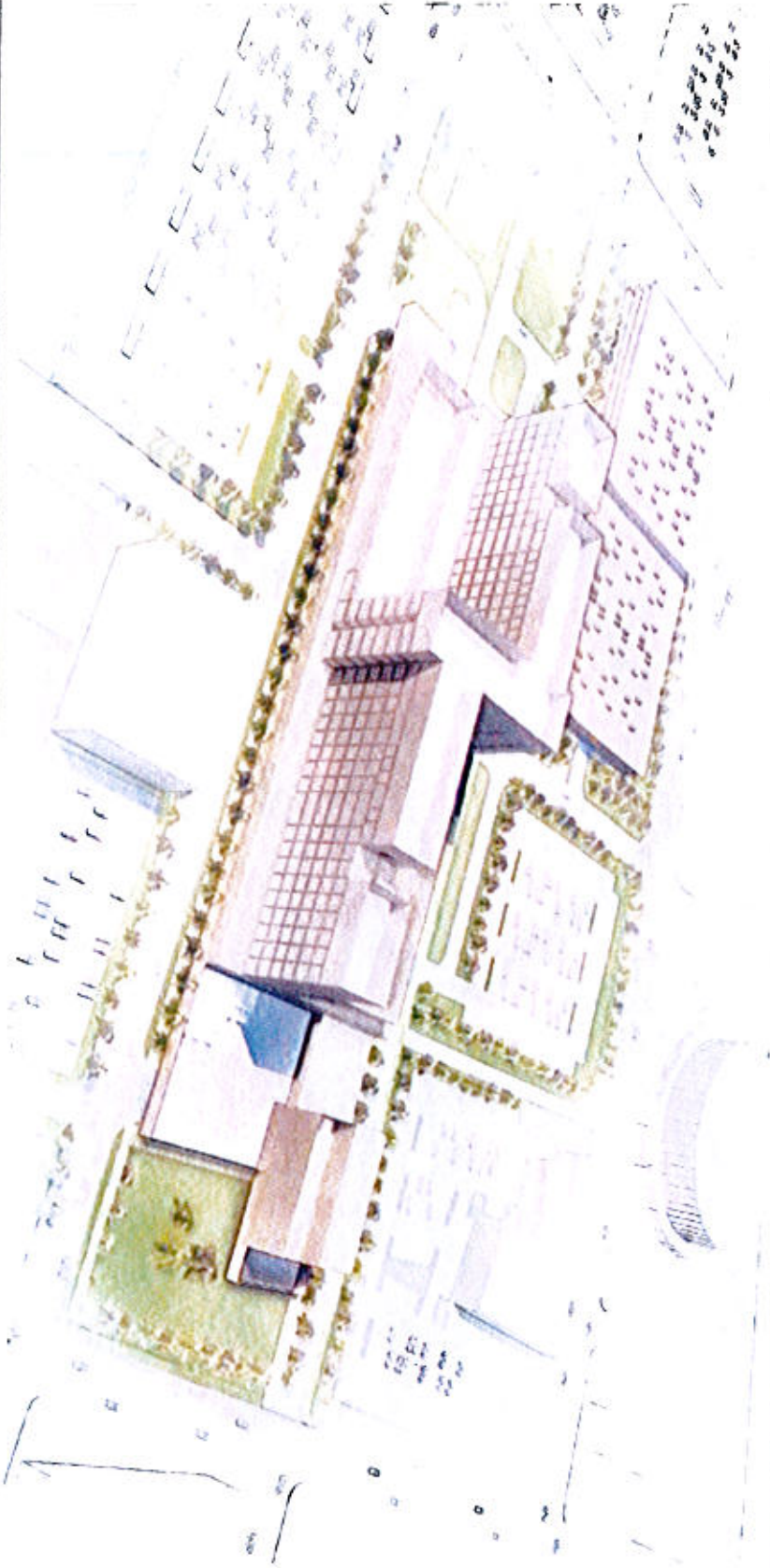
Proposed Hospital Site Location

Date: January 11, 2014
Data as of: 1/11/2014



 MWH GLOBAL 10000 WEST 100TH AVENUE DENVER, CO 80231 TEL: 303.733.3000 WWW.MWH.COM	 MOHAWK VALLEY HEALTH SYSTEM	CON - 80
		SUBMITTAL
ARCHITECTURAL SITE PLAN		MS/01

VIEW FROM SOUTHEAST





VIEW LOOKING EAST ALONG LAFAYETTE



Exhibit D



NEW HEALTHCARE CAMPUS

FACT SHEET

Location:

- Downtown Utica

Hospital Size:

- 672,000 square feet (The St. Luke's Campus is 461,000 square feet which includes the professional office building.)

Height:

- Nine stories

Inpatient Unit:

- Total of 373 beds
- Open-core nursing unit allows for close patient/staff adjacency, good staff visualization/connection to the patients on the floor and includes easy access to frequently used support functions.
- Each inpatient unit has 30 private rooms (current estimate).
- Two rooms on each unit can be converted to semi-private as census levels increase.
- Same-handed rooms and standardized unit organization from nursing unit to nursing unit, which supports patient safety, reduces the risk of errors, provides greater efficiency and promotes same access points for staff when working in different areas.
- Dialysis support in each patient room for all Critical Care beds and isolation room beds. Reduces patient movement.
- Inpatient Dialysis Unit conveniently located on high-use, Intermediate Care floor and adjacent to patient elevators.
- Critical Care beds co-located on one floor to optimize use and flexibility with quick connections to and from the Emergency Department and Interventional areas such as Imaging.

Inpatient Views:

- Unobstructed north- and south-facing views for patients on inpatient floors.

Emergency Department (ED):

- Designed with 47 ED treatment spaces (ED exam, quick turn, trauma), six Behavioral Health ED treatment rooms and 10 Observation beds.
- Modular organization allowing efficient flexing to respond to changing volume needs over a typical day.
- Dedicated access to the Medical Imaging room and CAT Scan with direct and easy access to other imaging modalities.
- Sited and organized to allow for easy expansion opportunity to the west of the site.
- The new design will support the care of 90,000 visits annually. Combined, St. Elizabeth and St. Luke's campuses now have more than 80,000 ED visits a year.

Imaging/Cardiology:

- Centrally located with easy inpatient and outpatient access allows for efficient patient movement, staff support and connection to ED.
- Appropriate internal flows, adjacencies and segregations to provide for optimal use and safety.

Interventional Platform:

- Fully integrated Surgical Services, Interventional Services and Endoscopy Platform.
- Flexible perioperative area allowing easy changes to dynamically respond to case mix and pre/post procedure needs.
- Standardized modular design to allow for flexible use.
- Provision of "soft" spaces provided to allow for incremental expansion.
- Siting of perioperative and procedure space to allow for easy, long-term expansion to the west on the site.

Birth Center:

- Quick-access elevator connection from Emergency Department which allows rapid movement for presenting mothers.
- Continuous flow from early labor/triage to Labor, Delivery and Recovery (LDR) or cesarean section (c-section) surgical suite.
- Direction connection from LDR to c-section suite.
- Easy flow from c-section suite to Special Care Nursery.
- Co-located Special Care Nursery and Nursery with direct access to Postpartum suite.
- Distinct Postpartum suite from delivery area provides a more relaxed environment for recovering mothers and family.



Building Circulation:

- One primary entrance into facility with easy drop-off, garage parking and building entry connections.
- Separate emergency walk-in, ambulance and decontamination entrances.
- On-stage/off-stage building organization aiding in wayfinding, security controls and supporting patient dignity.
- Separate patient, service and visitor elevator cores providing for safe, efficient movements that help ease patient, staff and family stress.
- Dedicated, rapid-access elevator pulled from general use for quick movement of patients from ED to Intervention, ED to Birth Center, ED to Behavioral Health, inpatient connection to intervention. Elevator sized to accommodate patient plus team and necessary patient transit equipment.

- Dedicated medication and food elevators; these will be used for all deliveries and will be separate from patient and visitor elevators.
- Service flows separated on lower, heavy-use floors considering dirty/clean flows.

Conference/Meeting Spaces:

- Located on edges of departments to allow for shared use.
- Main education/auditorium rooms located near building entry and Nutrition to allow for multiple meeting formats, easy staff access and convenient community use for wellness and other programs.

Nutrition:

- Room service model to be incorporated with quick turn-around times enhanced by adjacency to dedicated food/medication elevator.
- Easy cafeteria access for visitors and staff with location off of main lobby by visitor elevators.
- Adjacency to Education Center allows for efficient support of meetings and functions.
- Easy access to loading dock area for deliveries of hospital supplies.

Parking Garage:

- Three- and one-half stories high with covered walkway to and from the hospital.
- Access to parking garage at multiple points to make it convenient for patients, families and visitors.
- Parking for hospital patients and visitors, staff, volunteers as well as the community for non-hospital related events.

Campus:

- Pedestrian-oriented.
- Designed as an urban park with enhanced lighting, trees, flowers, walkways and seating areas.

Helistop:

- Conveniently located at ED ambulance entrance.

Exhibit E



A NEW BEGINNING

Mohawk Valley Health System

New Integrated Healthcare Campus Update

Utica, New York

September 2017



SEPTEMBER 2017

A NEW BEGINNING FOR HEALTHCARE IN THE MOHAWK VALLEY

To realize the Mohawk Valley Health System's (MVHS) vision of achieving excellence in healthcare for our communities, MVHS is consolidating existing resources, eliminating redundancies, expanding the depth and breadth of services, improving access and elevating the quality of healthcare services in the region.

A new, integrated health campus will help this vision become a reality.

A New Health Campus

- A new health campus brings together emergency, acute care, specialty outpatient services now at separate locations:
 - Emergency Trauma and Cardiac Services, St. Elizabeth Campus
 - Stroke and Maternity Services, St. Luke's Campus
- Aids in physician coverage for emergencies since there will no longer be a need to cover two campuses. This is important for specialty services such as neurosurgery where currently there is only one physician for the system.
- New facility goals:
 - All inpatient rooms will be private to promote healing, protect patients at high risk of infections, help keep infections from spreading, promote confidentiality/care provider discussions, reduce the need to transfer patients; patient rooms will accommodate family members, visitors, and include Wi-Fi, TV.
 - Patients control room temperature and lighting.
 - Room design improves efficiency and safety by standardizing care room-to-room.
 - Hospital-wide communication systems create a quieter, calming environment (i.e. minimal overhead paging, using phones instead).
 - The facility will also include a sound-minimizing design and materials to reduce noise and improve the patient experience.
 - Critical supplies next to patient rooms minimize time and travel distances.
 - Strategically located departments maximize patient transport efficiency, privacy.
- Convenient multiple healthcare provider availability in single location will also enhance medical team collaboration.
- Ample, convenient parking to serve patients, visitors, employees, medical staff, volunteers, vendors, emergency vehicles, others.
- The new downtown hospital supports economic development and attracts an active presence of community members and visitors. Downtown housing, businesses, food, retail, education and entertainment venues are positioned to greatly benefit from the influx of more than 3,500 MVHS employees, as well as medical staff and volunteers at the new integrated health campus.
- A public-private project of this size and complexity involves many process steps. MVHS has established a steering committee to ensure all project requirements are met.

SEPTEMBER 2017



SUPPORTING A REVITALIZATION

Nothing enlivens a city more than the presence of its community members and visitors. Downtown housing, commercial, food, retail, education and entertainment venues are positioned to greatly benefit from the influx of more than 3,500 MVHS employees and medical staff at the new integrated health campus.

- The MVHS Board of Directors, with Hammes Company, a healthcare consulting firm, and Mohawk Valley EDGE's engineering and planning professionals, engaged in a thorough process before selecting the site. Criteria used to evaluate 12 potential sites included infrastructure (water, sewer, power), access,



transportation network, capacity to accommodate hospital operations and parking, and no adverse impact on existing hospital operations, etc.

- The MVHS Board unanimously selected the downtown site based on the site-selection criteria (above), as well as central location, urban revitalization opportunities, and alignment with NYS legislation that allocated \$300 million for projects located in Oneida County's largest population center.
- Other factors that support the downtown location include: regional accessibility with proximity to major highways, public transit systems, and the support of the regional community and government stakeholders.



BENEFITS AND COSTS FOR THE NEW HOSPITAL

Benefits

- MVHS projects \$15 million in additional annual savings in operating efficiencies by combining its two campuses, which means more money for direct healthcare instead of maintaining existing facilities
- MVHS has committed to use local labor, materials, equipment vendors and businesses throughout the project when possible. Supporting the community is critical for MVHS, and other community partners
- For the Mohawk Valley region, local construction industry impact will be \$155 million+ and will require nearly 2 million man-hours of construction labor over the life of the construction phase, with a peak employment of nearly 500 construction workers¹.
- Project will generate \$15-17 million estimated state and local sales tax over the 36-month construction phase, of which \$675,000 to \$765,000 in sales tax dollars will go to Oneida County and the City of Utica².

- Estimates indicate that the City of Utica will see a net gain of revenues and avoided costs that exceeds the loss of property tax dollars from properties that are to be assembled for the project and the City's share of the debt service on the County-City-MVHS parking facility. Estimates show that the City may realize \$237,000 in revenues and other economic benefits after offsetting the loss of current property taxes and the City's share of annual debt service on the new parking garage³.

Costs

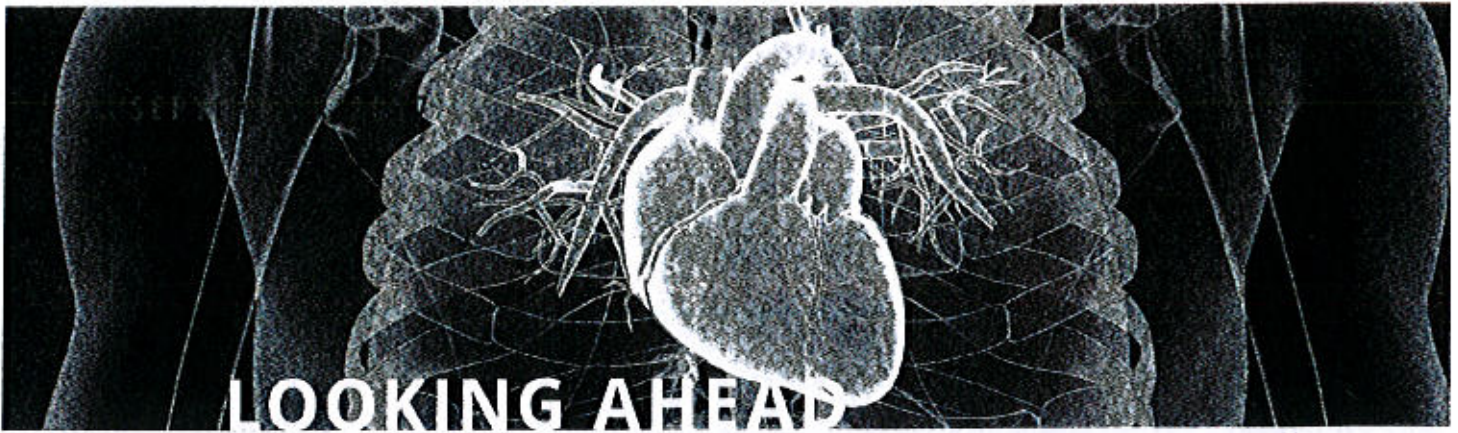
- Project cost estimated at \$480 million for an approximately 670,000 sq.-ft. facility; projected completion date: 2022.
- Funding:
 - \$300 million - Health Care Facility Transformation Grant through NYSDOH
 - \$150 million - MVHS Financing
 - \$30 million - MVHS Funds, other grants, philanthropy.

- County, City and MVHS are collaborating on a new 1,550 car parking structure estimated to cost \$40.5 million; an additional \$3 million in other non-city funding is reserved to refurbish Kennedy Garage to support hospital and downtown parking needs (over and above \$480 million for construction of downtown hospital campus). The new parking structure will be:
 - Built and owned by Oneida County with County and City sharing debt service 60-40 percent.
 - MVHS parking agreement allots 1,150 spaces for hospital needs; MVHS responsible for operation, maintenance costs estimated at \$1 million/year.
 - 400 of 1,550 spaces reserved for public use with additional space available for nighttime non-hospital events at the Utica Auditorium and surrounding areas.

¹Estimate provided by Turner Construction, the firm selected by MVHS as its project construction manager

²Based on estimated retail purchases by construction workers (e.g., hotels/lodging, gasoline, meals, and other discretionary purchases). Does not include State share of sales tax revenues during construction which could add \$637,500 to \$722,500 in sales tax dollars from construction worker spending.

³Estimate provided by Mohawk Valley EDGE



Reuse Study for the St. Elizabeth and St. Luke's Campuses

- MVHS will develop reuse scenarios for the St. Elizabeth and St. Luke's campuses. Formal reuse study of St. Elizabeth and St. Luke's campuses are expected to begin next year following completion of the Certificate of Need and environmental review (SEQR) process, as both campuses will be occupied until 2022.
- The planning and reuse process will engage community stakeholder groups on redevelopment options that fit identified community needs.

Next Steps

- MVHS has begun the site analysis and design phase of the project with the internationally recognized architectural firm NBBJ. This phase includes development of:
 - Campus footprint, including the hospital campus's physical boundaries and layout
 - Schematic design, including sketches of floor plans, elevations, and site plan. Design meetings with hospital employees are underway, employee/medical staff guidance is critical to design and implementation.
 - Facility design, to include aesthetic exterior and interior design will consider Utica's unique architectural character, surrounding neighborhoods and urban

development initiatives, and more. This is one of the final components of the design process.

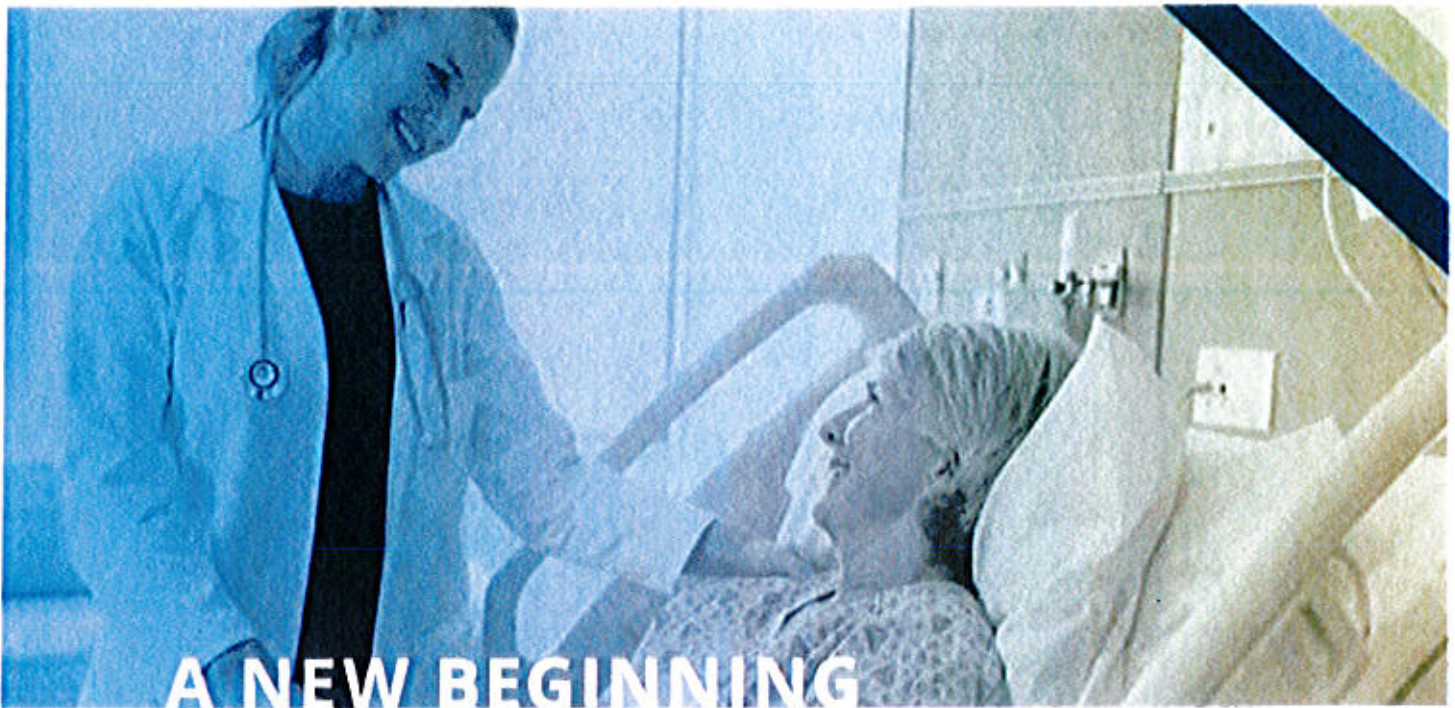
- Recognizing how difficult this is for the property owners in the general project footprint, MVHS remains in contact with them, sending periodic updates and answering their questions by phone and email. The complexity and size of the project and the need to consult with multiple agencies and partners has resulted in delays, which have unfortunately been an additional burden to property owners seeking to make plans. MVHS will continue to work with the City and County to support what assistance they can provide to affected property owners. Review of property appraisals is ongoing by the Dormitory Authority of the State of New York (DASNY), part of the contract approval process for State funding, and should be completed by November, allowing MVHS to move forward with property acquisition.
- MVHS values both employee and community input and has received considerable feedback over the past two and a half years from health-care providers, neighborhood and civic groups, business organizations, and others. MVHS has

met with nearly 2,000 people since the start of the project. Community and employee input will ensure integration with the neighborhood that will meet the hospital's needs and the community's.

- The Certificate of Need application will be submitted to the NYS Department of Health once 30 percent of hospital design is complete, expected to occur by November 2017. MVHS is working through that process with assistance from NYSDOH.
- A required State Environmental Quality Review will entail a review of all the project's potential impacts. MVHS is working with Hammes Company on the SEQR timeline, and preliminary work has begun.
- The Utica Police Department Maintenance Facility will be acquired as part of the project; timing of its relocation has not been determined. MVHS



will work with the City and police department as the project moves forward. The Police Station and the Utica City Court Complex will remain; they are not within the project footprint.



A NEW BEGINNING FOR HEALTHCARE IN THE MOHAWK VALLEY

THE ST. LUKE'S
AND ST. ELIZABETH
CAMPUSES WERE
BUILT 60 AND
100 YEARS AGO
RESPECTIVELY.
AT THAT TIME,
HEALTHCARE WAS
QUITE DIFFERENT
THAN IT IS TODAY
OR WILL BE IN THE
FUTURE.

In order to realize the Mohawk Valley Health System's (MVHS) vision of achieving excellence in healthcare for our communities, MVHS is consolidating existing resources, eliminating redundancies, expanding the depth and breadth of services, improving access and elevating the quality of healthcare services in the region. A new,

integrated health campus will help this vision become a reality.

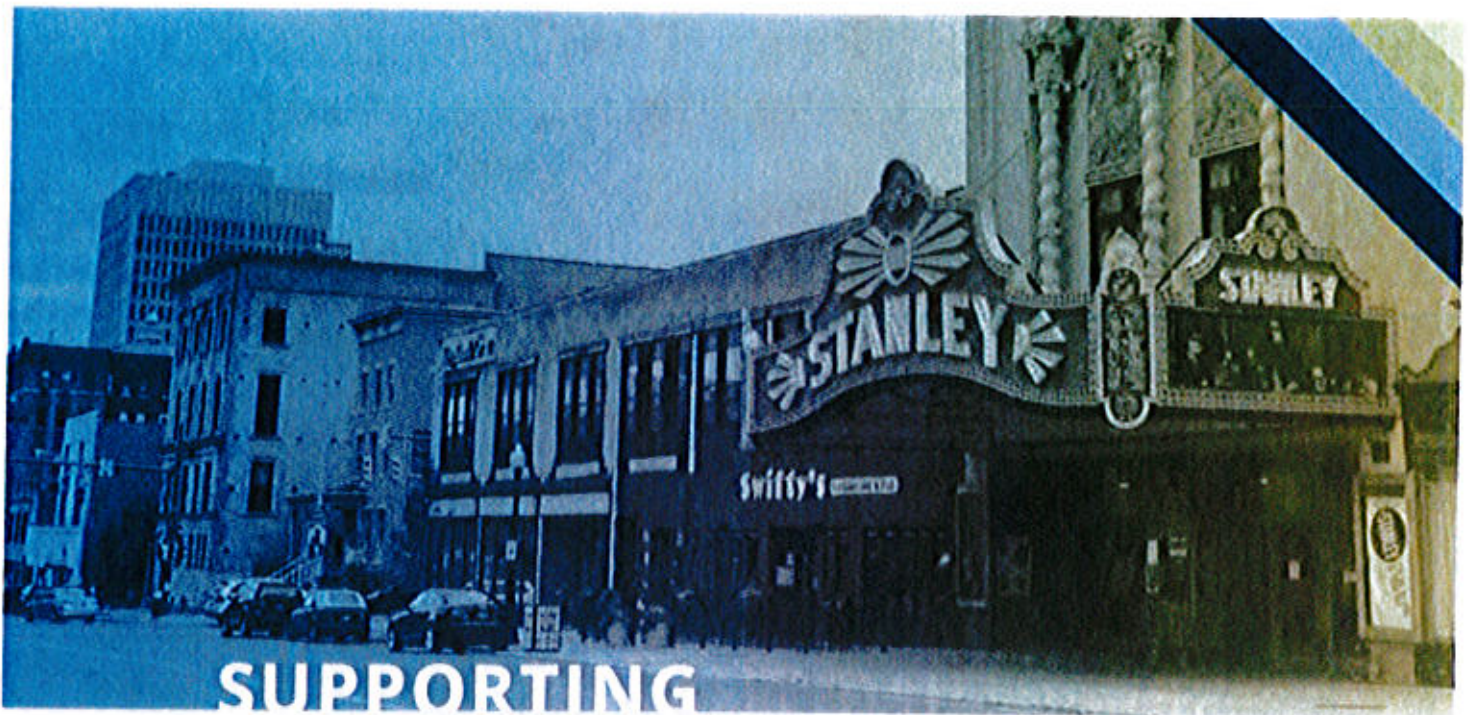
Integrated Health Campus - Features and Benefits

A new health campus will bring together multiple levels of care - from specialty outpatient services to emergency and acute care services - at one site.

This new facility is being designed with the following goals in mind:

- All inpatient rooms will be private to ensure patient privacy, eliminate transfers, promote healing and provide space for families. Private patient rooms also provide greater protection to patients who are highly susceptible to infections and help prevent infections from spreading.
- Patient rooms will be equipped with accommodations for family members and visitors including seating, Wi-Fi access and a television.
- Patients will have personal control of their room temperature, lighting and window blinds.
- Room design will enable standardization of care and improved efficiency and safety.
- Hospital-wide communication systems will allow for a quieter, more calming environment.
- Critical supplies will be located adjacent to patient rooms to minimize time and travel distances when caring for patients.
- Department locations will be strategically planned for maximum efficiency in patient transport and privacy.
- Access to multiple healthcare providers will be available in one location for convenience and enhanced medical team collaboration.
- Ample and convenient parking will be constructed to serve various populations, such as patients, visitors, employees, medical staff, vendors and emergency vehicles.





SUPPORTING A DOWNTOWN REVITALIZATION

NOTHING ENLIVEN A CITY MORE THAN THE PRESENCE OF ITS COMMUNITY MEMBERS AND VISITORS. DOWNTOWN HOUSING, COMMERCIAL, FOOD, RETAIL, EDUCATION AND ENTERTAINMENT VENUES ARE POSITIONED TO GREATLY BENEFIT FROM THE INFLUX OF MORE THAN 3,500 MVHS EMPLOYEES AND MEDICAL STAFF AT THE NEW INTEGRATED HEALTH CAMPUS.

A downtown hospital helps support the ongoing efforts to revitalize downtown Utica, and support the exciting energy at Baggs Square, Harbor Point and Varick Street. The downtown location also aligns with state



initiatives and goals, such as the New York State Empire Development Corporation. It is a unique opportunity to provide access to a state of the art healthcare facility, while also spurring economic development and playing a pivotal role in enhancing the downtown revitalization efforts.

In addition, the development of the new health campus will have a number of positive impacts on the surrounding area, including:

- Existing infrastructure upgrades (water, sewer, gas and electric) that will provide for future development.
- Linking existing and planned bike and pedestrian routes throughout downtown and the Harbor Point District via the health campus.
- Future healthcare and development opportunities to anticipate needs in education, research and applied sciences.
- An improved transportation network, including easy access from multiple directions.
- Parking co-utilization for the health campus, the Utica Memorial Auditorium, central business district and adjacent businesses based on the time of day. Hospitals may have a high demand for parking during the weekday but lower demand in evenings and weekends when public events are most often held.



SELECTING THE SITE FOR THE NEW HOSPITAL

SELECTING THE IDEAL LOCATION FOR THE NEW, INTEGRATED HEALTH CAMPUS WAS AN IMPORTANT AND THOROUGH PROCESS.

The MVHS Board of Directors worked with Hammes Consulting and Mohawk Valley EDGE engineering and planning professionals to examine 12 potential sites within a 5- to 10-mile radius from the center of the City of Utica. A master list of criteria was used to evaluate these potential sites, including, but not limited to, infrastructure (water,

sewer and power), access and a good transportation network. The site also had to have the capacity to fit the hospital operations and associated parking requirements.

Of the 12 sites reviewed, only three met the needed criteria. Further analysis led the MVHS Board to unanimously select the downtown site based on its location and its alignment with legislation that allocates \$300 million in New York State funding.

Challenges to Expansion at Existing Facilities

The St. Luke's Campus was identified as a second option

for the new hospital. However, the downtown site was unanimously agreed upon due to its regional accessibility, proximity to major highways and public transit systems.

While the St. Luke's Campus does include 64 acres of land, the presence of wetlands and existing buildings severely limit the available footprint. Additionally, complex logistical factors create significant challenges in the construction of a new hospital complex in the midst of an active facility - a critical detail that factored into the location decision.





FREQUENTLY ASKED QUESTIONS

Q: Has the downtown location only been selected because of its role in supporting urban renewal efforts?

It is true – a downtown hospital can help support the ongoing efforts to revitalize downtown Utica and support the exciting energy at Baggs Square, Harbor Point and Varick Street. However, that is more of an added bonus. The first priority is to realize MVHS's mission of achieving excellence in healthcare for our communities. The consolidation of existing resources, elimination of redundancies, expansion of the depth and breadth of services, improvement of access and elevation of the quality of healthcare services in the region is vital. The downtown site was unanimously agreed upon due to its regional accessibility, proximity to major highways and the ability to utilize the public transit systems.

In addition, the language of the New York State bill that would provide \$300 million toward the construction of the new health campus very specifically indicates that the "funding will be awarded in the discretion of the commissioner of health in support of projects located in the largest population center in Oneida County...", which is Utica.

Q: The infrastructure (water, sewer, gas, electric and roadways) in the selected hospital location is old. How can these out-of-date services support a state of the art facility?

A: Extensive upgrades will be completed to existing infrastructure to not only enable the development of a new, integrated health campus, but also provide for future development.

Q: Won't a downtown hospital be further away from some surrounding villages and towns and be harder to access?

The proposed site will provide easy access to those within the City and beyond via existing street arteries and the newly constructed highway 12/8/5. Healthcare officials have been and will continue to remain in close communication with the New York State Department of Transportation regarding considerations for and implications of a downtown hospital.

Q: Has the footprint of the new integrated health campus changed?

No. In October 2016, MVHS announced a reduction in planned square footage of the facility. However, the total footprint of the campus remains unchanged.

Q: What is wrong with the existing hospitals? In some cases, there have been recent modernization attempts and upgrades.

The St. Luke's and St. Elizabeth

Campuses were built 60 and 100 years ago respectively. At that time, healthcare was quite different than it is today or will be in the future. The hospital layouts are inefficient for today's use (see the Features and Benefits handout). While each hospital has been updated over the years, the cost to continue these investments outweighs the benefits.

Q: Won't the area become congested when there are events at the Utica Memorial Auditorium?

MVHS is excited to be neighbors with the Utica Memorial Auditorium. Officials do not anticipate an increase in congestion because hospital operations are busier during the regular workday (Monday through Friday) and events at the Aud typically occur at nights or on weekends. Additionally, the Aud

and other local visitors

will benefit from the safe, well-lit and close parking available on the health campus.

For planning purposes, MVHS has

provided expected traffic volume into and out of the campus to the Department of Transportation.



A PATH TO ENHANCED REGIONAL HEALTHCARE

PLANNING A PROJECT OF THIS MAGNITUDE OCCURS IN SEVERAL STAGES OVER THE COURSE OF SEVERAL YEARS. THROUGHOUT THIS PROCESS, THERE WILL BE OPPORTUNITIES FOR PUBLIC INPUT. THE FOLLOWING MILESTONES SERVE AS A DEMONSTRATION OF THE DEVELOPMENT PROCESS, INCLUDING ESTIMATED COMPLETION DATES:

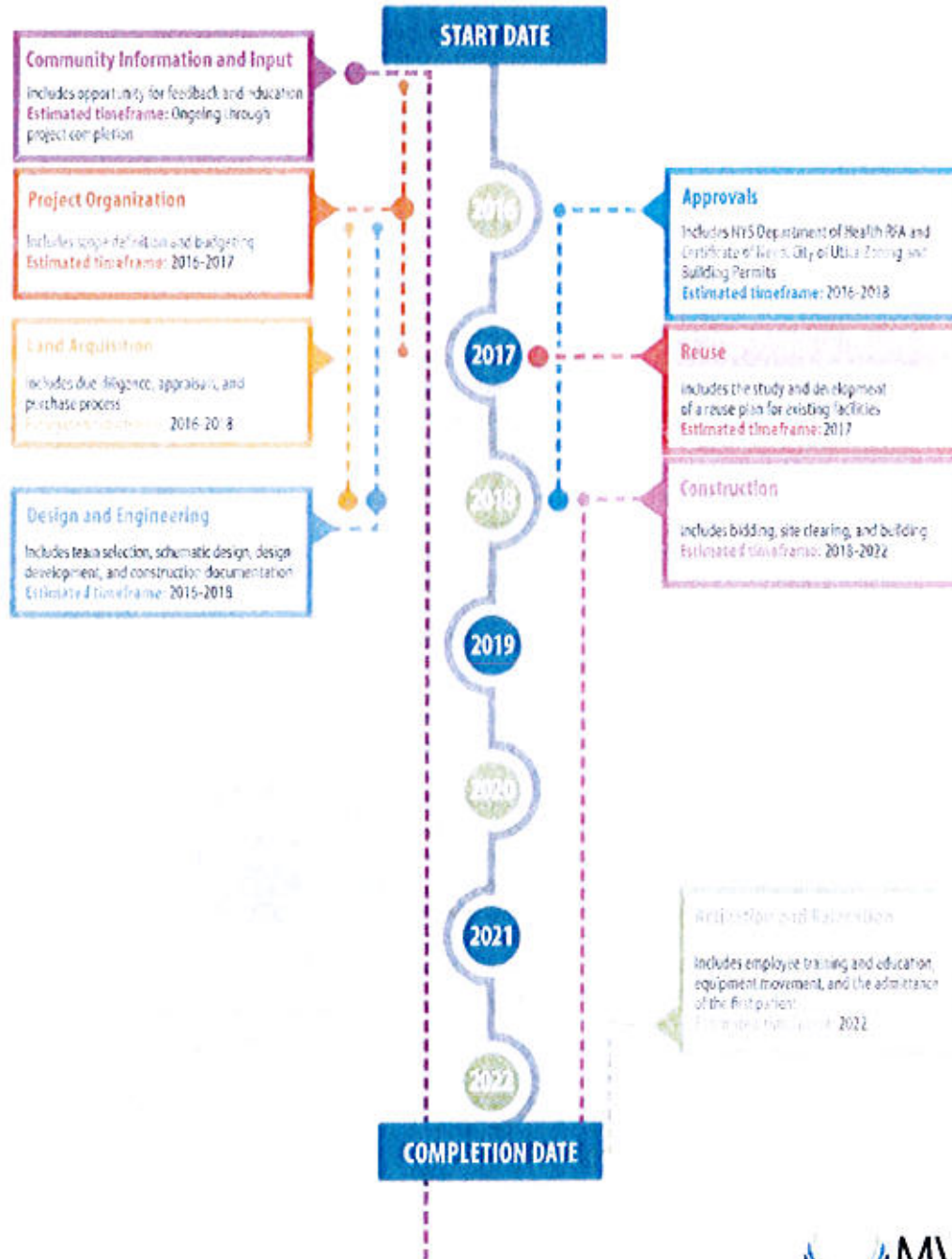


Exhibit F

Executive Summary from NYSDOH
Certificate of Need Application

Executive Summary:

Mohawk Valley Health System (MVHS) is submitting this Full Review Certificate of Need (C.O.N.) Application that seeks approval for the construction of a new hospital campus. MVHS is the active parent and co-operator of St. Elizabeth Medical Center (St. Elizabeth) and Faxon St. Luke's Healthcare St. Luke's Division (St. Luke's). St. Luke's (Operating Certificate #3202003H; PFI #0599) is currently located at 1656 Champlin Avenue, Utica (Oneida County), New York 13502. St. Elizabeth Medical Center (Operating Certificate #3202002H; PFI #0598) is currently located at 2209 Genesee Street, Utica (Oneida County), New York 13501. Cardiac PCI and cardiac surgery services currently offered through the Mohawk Valley Heart Institute (Operating Certificate #3202004H; PFI #7528) are also provided on the campus of St. Elizabeth at 2209 Genesee Street, Utica (Oneida County), New York 13501. This C.O.N. Application will be funded, in part, through the **Health Care Facility Transformation Program: Oneida County** grant awarded to MVHS specifically for this purpose. This project is one (1) of at least two (2) Applications being submitted to the New York State Department of Health (NYSDOH) for the transformation of services within the Oneida County region, as described in detail below.

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.

This C.O.N. Application is the first in a series of (at least two (2)) Applications that Mohawk Valley Health System and its two (2) related facilities (St. Elizabeth and St. Luke's) will be submitting that will lead to the merger of St. Elizabeth and St. Luke's, and the relocation and consolidation of the majority of services comprising St. Elizabeth and St. Luke's to the new hospital campus in Utica, New York.

The new, consolidated hospital campus will be located on a 25-acre parcel of land generally bordered by the following streets in Utica (Oneida County), New York 13501: State Street, Broadway, Oriskany Street West, and Columbia Street. An address has not yet been assigned to the site. The new hospital campus will have the following inpatient bed complement: coronary care (eight (8) beds); intensive care (42 beds); maternity (23 beds); medical/surgical (232 beds); neonatal intermediate care (eight (8) beds); pediatric (16 beds); and psychiatric (44 beds). In addition, the St. Luke's campus will retain 24 physical medicine and rehabilitation beds. In total, MVHS (inclusive of its two (2) campuses) will reduce its overall inpatient bed complement by 174 beds, from 571 beds to 397 beds (including 373 beds at the new hospital campus and 24 PM&R beds at its St. Luke's campus).

Through this C.O.N. Application, all inpatient and most outpatient services from the current St. Elizabeth campus will be relocated to the new hospital campus, which will be known as the "Mohawk Valley Health System Campus". The current St. Luke's site will become a division of

the Mohawk Valley Health System under this Application and will relocate all inpatient and outpatient services from the St. Luke's site to the new hospital campus (with the exception of 24 PM&R beds and some other outpatient services).

The St. Elizabeth site will be converted into an outpatient extension clinic to be known as "St. Elizabeth Campus". As a new extension clinic site, it is expected to maintain its existing PFI number. In particular, sleep center services (Mohawk Valley Sleep Disorders Center), cardiac and thoracic surgery-related services (all of which are medical-only services; no surgical services will be provided at this site), primary care services and a laboratory patient service center (PSC) will continue to be provided at this site.

The Total Project Cost for this project is estimated to be \$481,371,583, which is broken down into the following two (2) sub-projects:

Sub-Project No. 1 – Article 28 New Hospital Campus (\$480,000,000, including C.O.N. Application and Processing Fees). This amount will be funded through the Oneida County Health Care Transformation Program grant funds that MVHS was awarded (in the amount of \$300,000,000), as well as financing (in the amount of \$150,000,000) and existing cash equity (in the amount of \$30,000,000).

Sub-Project No. 2 – Non-Article 28 Masonic Medical Research Lab (\$1,371,583) – This amount will be funded through existing cash equity of MVHS. The Masonic Medical Research Lab will lease certain space on the new hospital campus, within the new hospital building structure, from MVHS.

Exhibit G

Application for Health Care Facility
Transformation Program

Organization	Grant Opportunity	Document #	Document Role	Current Status
Mohawk Valley Health System	Health Care Facility Transformation Program: Oneida County	DCH01-Oneida-2018-00007	Grantee System Administrator	Application in Process

PROJECT/SITE ADDRESSES

Instructions:

1. Please complete all required fields.
2. If Project Statewide is "Yes", do not enter Address information. If Project Statewide is "No", Address information is required.
3. Select the Save button above to save your work frequently.
4. Click Forms Menu to return to the navigation links.

Name/Description: Mohawk Valley Health System
Oneida County Health Care Transformation
Project Statewide No
Bounded by Oriskany and Columbia Streets and Broadway and State Streets

Address 1

Address 2

City Utica
County Oneida County
State NY
Zip 13502
Regional Council: Central New York
Agency Specific Region:

PROGRAM SPECIFIC QUESTIONS

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.

Project Title Mohawk Valley Health System Oneida County Health Care Transformation

Please enter your Project Title in the box above. The Project Title should match the Project Title listed in Attachment 1 - Application Cover Page and Checklist. Provide responses to each application question below.

- 1 **EXECUTIVE SUMMARY:** Briefly describe the overall Eligible Project and how the Eligible Project meets stated Oneida County Health Care Facility Transformation Program goals.

\$300 million has been earmarked in the New York State budget to help create an integrated healthcare delivery system in Oneida County. The legislation provides a once in a lifetime opportunity for the Mohawk Valley Health System (MVHS) to build a new hospital in Utica, NY and transform healthcare for our community consistent with the vision of Triple Aim. The new 750,000 SF, 392 inpatient bed, state of the art hospital replaces St. Elizabeth Medical Center (SEMC) built in 1917 and the St. Luke's Campus of Faxon-St. Luke's Healthcare (FSLH) built in 1957. It reduces the number of beds in our community by 155 (a 27% reduction) and consolidates patient services to one campus in a DSRIP-oriented program.

In March 2014, FSLH and SEMC, the only two hospitals in the community, affiliated under MVHS. The system has more than 4,600 employees, an operating budget of \$548 million, 571 acute care beds, 202 long-term care beds and serves Oneida, Herkimer and Madison counties (including 24 inpatient rehabilitation beds at a separate campus).

Even prior to the MVHS affiliation the Boards of Directors of the organizations drove collaboration and consolidation to help create a strong healthcare system for the community. Their vision was home-grown, not the result of outside forces. The Berger Commission of NYS, designed to realign/consolidate healthcare organizations, recognized the hospitals in Utica as a role model for others to follow.

MVHS is working closely with government agencies and privately owned companies to develop the plan to build a new hospital and has engaged nationally consultant, Hammas Company, to provide a detailed cost analysis. In September 2015, the MVHS Board of Directors announced downtown Utica, the county's largest city, as the preferred site. It's also home to the most underserved residents in the County and 17.6% are refugees.

A new hospital transforms healthcare for our community and a downtown site can be a catalyst for economic growth. The anticipated completion date is 2022, at an estimated cost of \$480 million.

The project creates a structured delivery system, ends service fragmentation, increases service integration and coordinates the work of the hospital's, primary care, and community-based organizations. It expands access to primary care, reduces gaps/inefficiencies in care coordination, aligns with payment reform, and rebalances health delivery through reductions in hospital beds as care is shifted to outpatient models and population health management.

It benefits Medicaid enrollees and uninsured individuals in the city, which has a poverty rate of 30.1%. In Utica 40.5% of the population has public health insurance; 36.9% are Medicaid, 7.7% have no health insurance coverage. In 2018, MVHS had 197,457 patient visits from Utica residents (zip codes 13501, 13502, 13503) 39.74% were Medicaid. In Oneida County 23.7% of the population has public health insurance; 19.2% Medicaid.

MVHS is actively involved in the NYS DSRIP program. FSLH is a corporate member of the Central New York Care Collaborative (CNYCC) Performing Provider System (PPS). Both FSLH and SEMC serve as safety net partners within the PPS. The new hospital project aligns with the goals and objectives of DSRIP (Section 4). The key component of successful delivery system reform is the development and strengthening of primary care and community-based outpatient services and supports our community needs identified through the Oneida County Community Health Assessment and CNYCC Health Assessment.

A downtown hospital serves the largest, most diverse population in Oneida County and a revitalized downtown aligns with State initiatives like NYS Empire Development Corporation. It's a unique opportunity to provide access to state of the art healthcare, spur economic development and enhance the Region.

2 ORGANIZATIONAL CAPACITY

- 2a Provide basic organizational information including a description of the organization, its mission and services provided. Provide information such as the Eligible Applicant's exact corporate name, board composition, ownership and affiliations, and staffing.

MVHS is an integrated delivery system of Faxon-St. Luke's Healthcare (FSLH) and St. Elizabeth Medical Center (SEMC). MVHS is the eligible applicant, as it is the active parent and co-operator of FSLH and SEMC. SEMC is a Catholic hospital, co-sponsored by the Sisters of St. Francis of the Neumann Communities. The Sisters of St. Francis reserve power relates to the mission of SEMC only. FSLH is a secular hospital and the new hospital will be secular. Our Mission is to provide for excellence in healthcare for our communities.

MVHS Services/Sites:

St. Luke's Campus, 370 Acute Care Beds: Bariatric Surgery Program*, Emergency Department*, Maternal Child Services*, Mohawk Valley Vascular Center*, Stroke Center*, Surgical and Ambulatory Services*, Total Joint Orthopedic Program*

St. Elizabeth Campus, 201 Acute Care Beds: Cardiac Services (including Cardiac Surgery)*, Mohawk Valley Sleep Disorders Center, Orthopedic Services*, St. Elizabeth College of Nursing, St. Elizabeth Family Medicine Residency, Program (located off-site), Surgical and Ambulatory Services*, Trauma Center/Emergency Department*, Fellowship in Hospital Medicine*, Fellowship in Gynecologic Endoscopy*, Advanced Wound Care Center (located off-site)

Faxon Campus: Ambulatory Surgical Center, Cancer Center (Outpatient), Dialysis Center (in addition to six Outpatient Centers), Outpatient Rehabilitation Services, Urgent Care, Wellness Center

Center for Rehabilitation and Continuing Care Services: Acute Inpatient Rehabilitation Unit (24 beds), Adult Day Health Care Service, Outpatient Dialysis Center, Mohawk Valley Home Care, LLC (licensed home care agency), St. Luke's Home (202 long-term care beds), Senior Network Health**, Visiting Nurse Association of Utica and Oneida County (CHHA)

*Indicates services that would move to the new hospital.

**Senior Network Health (SNH), a managed long-term care insurance plan in Oneida and Herkimer Counties, is a 4-star rated program designed to keep residents in their homes. SNH has more than 500 members. Established in 1998 it's a New York State demonstration project for Managed Long Term Care Plans.

The MVHS Medical Group primary care offices (FSLH) received National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Level 3 Recognition for using evidence-based, patient-centered processes that focus on highly coordinated care and long-term, participative relationships. Our SEMC primary care offices are completing their work for NCQA PCMH accreditation.

The MVHS Medical Group has 19 primary care locations including a Children's Health Center and the Sister Rose Vincent Family Medicine Center which is also a teaching facility for new physicians. The Medical Group also includes a Women's Health Center, specialty surgeons/providers, Breast Care Center and an Urgent Care.

Corporate Name: Mohawk Valley Health System with affiliates Faxon-St. Luke's Healthcare and St. Elizabeth Medical Center.

Board Composition (Effective January 2017)

MVHS is governed by a single, 19-member board of directors, comprised of community members, physicians, academia and Sisters of St. Francis of the Neumann Community.

Ownership and Affiliations

Ownership: MVHS – Active parent/co-operator of the following affiliated entities: Faxon-St. Luke's Healthcare, Mohawk Valley Home Care, LLC, Senior Network Health, LLC, St. Elizabeth Medical Center, St. Luke's Home Residential Healthcare Facility, Inc., Visiting Nurse Association of Utica and Oneida County, Inc. (CHHA)

Staffing as of January 4, 2017

Faxon-St. Luke's Healthcare: 2,075 FTEs/406 PTEs; 137 Providers/727 RNs; Mohawk Valley Home Care, LLC: 3 FTEs/4 PTEs/4 RNs; Senior Network Health, LLC: 42 FTEs/7 PTEs/13 RNs; St. Elizabeth Medical Center: 1,584 FTEs/249 PTEs/65 Providers/517 RNs; St. Luke's Home Residential Healthcare Facility, Inc.: 238 FTEs/78 PTEs/27 RNs; VNA of Utica and Oneida County, Inc.: 68 FTEs/34 PTEs/31 RNs

- 2b Provide a description of any experience with projects of this type and evidence that the Eligible Applicant will be able to implement the Eligible Project.

In September 2010, FSLH was awarded a \$31.3 million grant to consolidate long-term care programs and initiatives in Oneida County. The grant from New York State (NYS) was part of a competitive grant opportunity offered by the NYS Department of Health and the Dormitory Authority. The funding was provided through Phase 20 of the Health Care Efficiency and Affordability Law of New York State (HEAL NY) and the Federal-State Health Reform Partnership (F-SHRP) to improve long-term care services and consolidate community-based alternatives for Oneida County residents.

Construction began on the new Center for Rehabilitation and Continuing Care Services (CRCCS) in November 2011 at St. Luke's Home. FSLH's long-term skilled nursing facility. More than 20,000 square feet was renovated and nearly 32,500 square feet was added to accommodate an eight-station outpatient dialysis unit, Acute Inpatient Rehabilitation, Adult Day Health Care and Home Care Services (VNA of Utica and Oneida County, SNH and Mohawk Valley Home Care).

The grant opportunity came, in part, because of FSLH's diligent efforts to consolidate services to best meet the needs in our community. Having inpatient rehabilitation, long-term (including sub acute care) and continuing care services in one building allowed us to better coordinate patient care from the acute care setting to the home environment. The comprehensive and collaborative approach increased efficiency and allows MVHS to adapt to changing times and technologies to meet the needs of Oneida County residents. With the consolidation, St. Luke's Home downsized from 242 to 202 long-term care beds and renovated their long-term and sub acute rehabilitation gyms to better support the area's rehabilitation needs.

Although on a smaller scale, this initiative has the same elements the new hospital project will have. This is a recent example of how MVHS met its HEAL NY project mission and is distinctly prepared to take the next step, on a grander scale, to transform healthcare for our community.

Attachment # 1 CRCCS Fact Sheet

MVHS and its affiliates have been caring for the community for more than 150 years. Our ability to operate this project, upon its completion, is based on our Board of Directors, leadership team and experienced medical staff and employees working together in an integrated state-of-the-art campus. The new hospital design will be efficient with advanced technology, transforming and improving patient care for our community.

MVHS has assembled teams from Hammes Company, NBBJ Architects and Turner Construction who have directed, planned, designed and successfully completed multiple projects of this magnitude of size, cost and complexity.

Hammes Company was selected in 2014 to analyze current facility capacities and using a market driven approach, identified strengths and weaknesses in the delivery of quality healthcare in the region. Based on the analysis it was noted that the operation of two distinct acute care facilities was not sustainable given the age of the buildings, operational inefficiencies caused by these dated facilities and the duplication of services inherent to two separate campuses which served the same market area. The two facilities are in close proximity to each other.

Other company information is in sections e and f. Their expertise will support MVHS in successfully building a new hospital to transform healthcare for our community.

- 2c Describe experience and past performance in operating a health care service and whether a substantially consistent high level of care was maintained.

Eligible Project

MVHS has a planning team with Hammes Company as project manager, NBBJ as the architecture firm and Turner Construction as the construction manager. Other entities below have provided, and will continue to provide support for the project.

Hammes Company is the industry leader in the development of healthcare facilities and provides a full services approach including strategic planning, project management and ownership on a national level. Assisting MVHS with the programming, budgeting, scheduling and land acquisition they will oversee the completion through occupancy.

Mohawk Valley EDGE (Economic Development Growth Enterprises Corporation) is an economic development organization that assists businesses in locating, growing and prospering in Oneida and Herkimer Counties.

Elan Planning & Design provides land planning and design services that are sensitive to environmental and economic conditions. Elan participates in the National Grid GreenUp Renewable Energy Program. Elan provided early site assessment in 2014, evaluating a dozen sites for access, utilities, accommodation of program, parking, zoning, environmental and visibility and prepared a preliminary plan for the final three sites to confirm or eliminate a site based on the criteria.

O'Brien & Gere (OBG) provides services for advanced manufacturing, energy, environment and water. OBG provided, in conjunction with MV EDGE and Elan, early due diligence for site selection focusing on environmental, engineering, geotechnical and jurisdictional approval requirements. This included early cost estimates, discussion with the NYSDOT to determine access/existing roadway capacity and evaluation of existing/proposed utilities to serve the proposed/future needs of a large healthcare facility. OBG provides engineering services to meet SEQRA approval for the chosen site.

The NYS Department of Transportation (NYSDOT) coordinates/develops comprehensive transportation policy for the State. Early in 2016 MVHS, the Hammes Company and OBG met with the NYSDOT to discuss access, anticipated volumes and current roadway configurations adjacent to and leading to the downtown selected site. The City of Utica and Oneida County participated in the discussions. MVHS provided data to the NYSDOT who confirmed the functionality of the roadways, existing and proposed. Studies completed and any additional information required will be provided as part of the SEQRA application and approval.

The Paige Group, a New York State-certified Women-Owned Business Enterprise and DOT DBE, is a strategic communications and creative services firm that is working closely with MVHS on the community engagement program aimed at facilitating local involvement in the new hospital project.

Prism Healthcare Partners LTD, an operations improvement consulting firm which specializes in the healthcare industry. Prism was retained in 2016 to provide assessment of clinical, operational and financial metrics of MVHS current facilities and practices.

Cicero Consulting Associates, provides Certificate of Need (CON) consulting services to the New York State healthcare industry. The firm has previously developed a hospital replacement CON application, as well as multiple CON applications with capital values at or in excess of that projected in this case, and has prepared and seen through the review process many CON applications that brought together two hospitals into new corporate governance arrangements, including mergers. Cicero Consulting Associates has also served hospitals across New York State in securing capital and operational grant funding through the HEAL NY, VAP, CRFP and Transformation grant processes.

3 ASSESSMENT OF COMMUNITY NEED

- 3a Describe the needs of the residents of Oneida County and the health care system. This must be based on documented information, such as health status indicators, demographics, insurance status of the population, and data on service volume, occupancy, and discharges by existing providers. Documentation may be uploaded (e.g. Community Needs assessment or other reports) to support the narrative discussion. All documents must be scanned and uploaded as a single PDF file.

The hospitals, FSLH and SEMC, and their community sites care for the residents in our primary market, Oneida County, as well as residents from Herkimer and Madison counties. Located in Central New York with a population of approximately 233,944, the two largest cities are Utica, population 62,000, and Rome with 33,000. Our patients come from 45 towns and villages covering 1,267 square miles. 67% of the County's population resides in urban areas and 33% in rural areas.

The median age in Oneida County is 41.2 with nearly 17% of the population 65 years and older. The race/ethnicity of the County is: White (84.9%), African American (5.5%), Hispanic/Latino (5.5%), Asian (4.0%); other (2.0%); two or more races (3.1%).

There is high poverty with 22.5% of the population <138% of Federal Poverty Level (Medicaid eligible) and 30.1% of population in Utica <100% of Federal Poverty Level. In the City of Utica 40.5% of the population is on public health insurance, 36.9% are Medicaid. Oneida County has 23.7% of the residents on public health insurance and 19.2% are Medicaid. It's an area with high socio-economic disparities compared to NYS; Emergency Department (ED) visits and hospitalizations are also significantly higher.

Home to one of the largest refugee resettlement agencies in the country, Mohawk Valley Resource Center for Refugees (MVRRCR) has, since the 1960s, resettled more than 15,000 individuals in Utica with ethnicities and nationalities including Vietnamese, Russian, Bosnian, Somali Bantu, Burmese and Nepali. Utica foreign-born residents constitute 17.6 percent of the population. 26.6 percent of households in Utica speak a language other than English. The new hospital/health campus downtown would improve access for our refugee population. (MVHS spends more than \$800,000 annually to provide language assistance for health care services. We employ four program specialists/interpreters, 22 per diem interpreters and work with outside agencies, covering 30 different languages and dialects.) Within the rural areas of Oneida County, there are also growing areas of Amish and Mennonite populations.

Relative to the DOH's PQI measures, areas that need improved access to care in Oneida County include Utica, Rome and Waterville. These areas have total PQI rates that are 2 to 5 times greater than the average rates for Central and Upstate New York.

Health Status Indicators*

Morbidity ranked 53/62 counties in New York; Premature death indicator allows focus on preventable morbidity and mortality and aligns with reducing inappropriate hospital use; Leading causes of premature death, ranked in order: cancer, heart disease, chronic lower respiratory disease, unintentional injury, stroke. Leading measure of community health is infant mortality influenced by socioeconomic, personal and system factors including access. Infant and neonatal death rates higher than NYS. (MVHS operates an OB Care Center and Women's Health Center for our Medicaid population and uninsured. The OB Care Center would move to the new hospital.); High cardiovascular disease mortality; Aging population brings concerns of chronic disease, issues with access to timely and appropriate care due to inadequate supply of providers. Rates of smoking, adult obesity (25.7% of adults and 36.5% of children and adolescents are considered obese), physical inactivity and teen birth rates are all higher than the state and national benchmark; Dental Health significantly worse than NYS and national benchmark (MVHS operates a Dental Residency Program for Medicare and Medicaid patients); Percentage of adults with poor mental health higher than state (mental health and substance abuse 24.3%); Increased need for outpatient services as 85% of patient outcomes are determined outside of exam room/hospital bed.

* Sources: CNYCC Needs Assessment and Oneida County 2016-2018 Community Health Assessment- See Attachment #14 Community Needs Assessments

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Describe any past experience with integrating health care services in the communities served by the Eligible Applicant.

MVHS certifications validate our commitment to quality and safety:

Det Norske Veritas (DNV), FSLH & SEMC (DNV only accreditation program to integrate the CMS Conditions of Participation with the ISO 9001 Quality Management Program.), ISO 9001:2008 Accreditation, FSLH & SEMC; National Committee for Quality Assurance Patient-Centered Medical Home Recognition – FSLH Medical Groups since 2010 (Primary care est. 1975); Bariatric Surgery Program (FSLH), accredited as Comprehensive Center under the Metabolic and Bariatric Surgery Accreditation/Quality Improvement Program; Blue Distinction Center+SM Cardiac Care – SEMC; Community Health Accreditation Program, VNA of Utica and Oneida County; Crisis for Kids® National Safe Sleep Hospital Certification, FSLH; Excellus Blue Distinction Center+ Maternity Care, FSLH; American College of Radiology (ACR), Accredited Facility Breast Ultrasound, Imaging, Stereotactic Breast Biopsy, FSLH; ACR - Accredited Facility Computed Tomography, Mammography, Ultrasound, FSLH & SEMC; ACR - Accredited Facility Nuclear Medicine, FSLH & SEMC; ACR - Accredited Facility Positron Emission Tomography, Radiation Oncology, FSLH; Commission on Cancer, FSLH; American Association of Cardiovascular and Pulmonary Rehabilitation, FSLH; Commission on Accreditation of Rehabilitation Facilities (CARF) International, FSLH; Get With The Guidelines® Stroke Gold Plus Achievement Award, FSLH; American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), FSLH; American Osteopathic Association (AOA) - Family Medicine Residency, SEMC; Accreditation Council for Graduate Medical Education (ACGME), Osteopathic Recognition, Family Medicine Residency, SEMC; Perioperative Leader of the Year, FSLH; SEMC is verified as a Level III Trauma Center by the American College of Surgeons.

Faxton-St. Luke's Healthcare began as two hospitals, Faxton Hospital and St. Luke's-Memorial Hospital Center. Faxton Hospital combined Children's Hospital and Rehabilitation Center (1830) and Faxton Hospital (1875) on January 1, 1989. St. Luke's-Memorial Hospital Center (SLMHC) began as St. Luke's Home (1869) and Utica Homeopathic Hospital (1895) later renamed Utica Memorial. In 1949, the two hospitals merged. In 1957 SLMHC opened at its current location in New Hartford. July 23, 1992 - Boards of Directors (SLMHC and Faxton) affiliate, form Mohawk Valley Network. 1997 governing boards combined. 1998 single management formed. 1999 foundations combined. January 1, 2000 FSLH formed. In 2002 all inpatient services consolidated at the St. Luke's Campus, all outpatient at the Faxton Campus.

SEMC and FSLH affiliation began in December 2011. In December 2012, a memorandum of understanding was signed. PHHPC approved the active parent co-operator for MVHS and on March 6, 2014 FSLH and SEMC affiliated under MVHS.

Our history of working together and the funding opportunities available through NYS have created this opportunity to consolidate inpatient services and build a new, free-standing hospital for the area. MVHS would decertify 155 acute care beds to build a 392 bed facility (24-bed acute rehabilitation beds remain at CRCCS Campus). The bed reduction aligns with the shift from inpatient care to outpatient care and Population Health, focusing on prevention, community health and wellness.

Collaboration of SEMC and FSLH before MVHS Affiliation

Mohawk Valley Heart Institute, Central New York Diabetes Education Program; Palliative Care Consultation Services; Cancer Center

Consolidations since MVHS Affiliation

SEMC and FSLH primary care groups form MVHS Medical Group, 4/2015; All invasive cardiac services, SEMC (cardiac catheterizations, electrophysiology and angioplasty procedures, co-located with cardiac surgery), 9/2015; All Outpatient Endoscopy Services, St. Luke's Campus, 4/2016; St. Elizabeth Home Care consolidated with VNA of Utica and Oneida County, 7/2016; All inpatient pediatric care, St. Luke's Campus, 7/2016

- 2d Provide a description of the steps taken by the Eligible Applicant to prepare for this Eligible Project

With the affiliation MVHS began a process of assessing the current operations of both hospitals and developed a plan to reduce/eliminate duplication of clinical and building services. A number of services were consolidated to one hospital location, which resulted in a reduction of operational costs, improved patient experiences and staffing efficiencies. Other services needing to remain at both campuses to support care for the inpatient and outpatient populations they serve include: medical/surgical inpatient care, intensive and critical care, emergency services, psychiatric care, diagnostic imaging, surgery, dialysis and patient care services required to operate a full service acute care facility.

A significant number of support services are duplicated at the existing two sites and include dietary, pharmacy, laboratory, administration, materials management, housekeeping, security, engineering and maintenance staff - all necessary to operate the two aging infrastructures.

Following an analysis to improve operations we studied the feasibility of a one campus solution. Multiple options were studied to 1) maintain the two hospital sites, 2) consolidate to a single existing campus based on available land, feasibility with phasing and logistics, 3) consolidate all acute services to a new single campus.

The option of consolidating to a new, single campus downtown is the most beneficial. It gives MVHS the opportunity to improve patient access to serve the County's largest population center which includes the fourth largest refugee program in the United States. Consolidating all acute care services to one site improves operational efficiency, maximizes resources, physicians and employees and will reduce infrastructure and energy cost/consumption for decades to come. A single campus will reduce overall building square footage from 928,000 square feet to 750,000 square feet, a 19% decrease. Benefits include all private inpatient rooms and separation of inpatient care from outpatient care to accommodate the overall market shift with Population Health. The MVHS ambulatory network plan strategically places primary care and outpatient services throughout the market, improving patient access and providing a more efficient delivery system. Outpatient services adjacent to a new integrated healthcare campus will provide a one-stop care environment for patients who need more specialized care, a model of care delivery that is seamless and accessible.

- 2e Describe any subcontractors and their relationship to the Eligible Project and the Eligible Applicant.

NBBJ is the architectural firm selected using a competitive and extensive request for proposal and interview process involving the evaluation of more than 20 qualified healthcare-focused architectural firms, on-site interviews with the leadership and clinical team from MVHS and Hammes. With extensive experience in New York State (NYS), NBBJ has designed more than 250 projects in NYS since 2000. Similar hospitals in complexity and scale were toured by a team from MVHS to further evaluate the NBBJ expertise and the proposed individual team members to meet the qualifications and requirements outlined by MVHS.

Turner Construction Company was selected in a competitive process to provide construction management both during the pre-construction as well as the construction phase of the project. Turner is a global leader in the construction of multiple types of complex projects and specializes in both healthcare and urban environments. Selection was based on its experience in NYS, multiple similar size projects, ability to accurately assess market conditions regarding labor capacity, costs and scheduling/logistics. Its safety program is one of the best in the industry and the incorporation of minority and women owned firms as well as local firms are additional factors that the MVHS team considered in selecting Turner.

Additional subcontractors will be added upon approval of the RFA to include building engineering, civil engineering, geotechnical and environmental consultants, medical equipment planning, information systems planners, interior designers, landscape architects and code review and other consultants. The MVHS leadership team's approach has been to maximize the planning using a LEAN approach with a core planning team.

- 2f Provide information on any key consultants or advisors the Eligible Applicant will contract with to facilitate the development and implementation of the

- 3b Identify areas of overcapacity and/or under-capacity both in terms of geography and services. Eligible Applicants are instructed to provide thorough, concise information that provides evidence that the applicant understands the unmet health care need for the county and can integrate services

MVHS Needs • Integration of services to one site. • Catalyst for cultural change within the medical staff. Of the current 550 physicians at MVHS only 220 practice at both FSLH and SEMC. One site will centralize limited physician resources. • MVHS has the highest number of HPSAs in our PPS. 26 census tracts in Utica + 13 towns in the County = 39 HPSAs for primary care. • Need to be able to attend to our diverse population (17.6% of Utica population is foreign born, 7.2% for county). • Growing burden of patients with chronic disease and co-morbidities (aging population). • Emphasis on prevention including premature infant death rate. Through DSRIP MVHS received a grant for our OB Care Center to provide a Centering Pregnancy Program. Other prevention measures include diabetes education and nutrition counseling. • Address mental health and substance abuse issues. A centralized ED with case manager support can partner more readily with community resources and ensure a smoother, more predictable transition of care for patients. • A consolidated hospital frees up financial resources to reinvest in the community and develop more outpatient programs. • Provides opportunity for the health system to explore providing primary care adjacent to a centralized ED. Residents without access to primary care can be linked to care immediately following discharge from the ED. • Hospital beds per 1000 residents: Oneida County slightly higher than state at 2.7, state 2.6. • Hospital occupancy rates: Oneida County at 85.1, state rate is 68.5. Suggests overcapacity for county. • Specialty physician shortages in the areas of primary care, neurology, neurosurgery, general surgery, orthopedics, pediatrics and women's services. • Transformation needs: volume to value with Population Health. Preparation for Value-Based Care (payment for outcomes). • Increased collaboration with community partners.

- 3c Describe the relationship between the Eligible Project and identified community need.

The new hospital project benefits Medicaid enrollees and uninsured individuals by providing improved and more equitable healthcare access in Oneida County. The poverty rate for Utica is 30.1%. Living in poverty or in a low-income household are economic barriers to care and limits an individual's or family's access to care—the population is more vulnerable. The Medicaid population shows high prevalence rates for chronic medical and behavioral health conditions along with high PQI and PPV rates. This is corroborated by information from the NYS Medicaid Chronic Health Conditions Inpatient/ED Utilization dataset. Chronic medical and behavioral health issues have a significant impact on hospital utilization in Oneida County. Specifically, approximately 35% of the region's safety net population either uses hospital EDs for primary care or do not access regular primary care. Linked with MVHS's work on DSRIP implementation and primary care development, the new hospital project will support the infrastructure to provide a more integrated and equitable delivery system for Oneida County. Specific DSRIP objectives include: -Increasing the number of practices that have NCQA Level 3 PCMH recognition. • Reducing ED visits for ambulatory-sensitive conditions such as ED Care Triage for at-risk populations—provide a patient navigation program in our ED to coach patients about appropriate use of ED, address social needs and connect to primary care. • Reduce hospital admissions for superutilizers—Care Transitions Intervention Model to Reduce 30 Day Readmissions -integration of behavioral health into primary care setting.

The new hospital project will continue DSRIP progress and be a: • Catalyst for health promotion and education; the project is located where the target population resides. • Catalyst for cultural change among providers and increased roles and collaboration with community based organizations to address social determinants of health. • Opportunity to improve built environment, drawing grocery stores to downtown to increase access to affordable fresh fruits and vegetables; and offering safe parks and a neighborhood that encourages physical activity.

- 3d Describe how the Eligible Applicant engaged the community affected by the Eligible Project and the manner in which community engagement shaped the Eligible Project.

Planning a project of this magnitude occurs in several stages over the course of years. Throughout this process, there has been and will continue to be opportunities for community engagement and education. In addition to education via local and regional news outlets, starting in 2015, MVHS officials have directly spoken with more than 600 individuals regarding the downtown health campus. Groups have included elected leaders (the City of Utica Common Council, Oneida County Legislators), neighborhood associations (Bagg's Square Association, Association of Block Coalitions, St. Elizabeth Medical Center Neighbors Group), local business leaders (Clinton Chamber of Commerce, the Greater Utica Chamber of Commerce, Mohawk Valley EDGE), higher education (Rust2Green, Hamilton College students and former employees), boards and groups associated with MVHS (current hospital board members for both Faxon-St. Luke's and St. Elizabeth Medical Center, St. Elizabeth College of Nursing Board of Directors, MVHS Patient and Family Engagement Council), local retiree groups (former National Grid employees), historical preservation (Landmarks Society of Greater Utica), and community interest groups (Rotary Club of Utica, Garden Path Club, and the Faxon St. Luke's Healthcare Foundation's Women's Giving Circle). MVHS has also engaged with The Paige Group, a consultancy for public engagement. The Paige Group's role is to act as an extension of the MVHS team to assist with public education and obtain community input for project consideration. The Paige Group has conducted a number of stakeholder input sessions with a variety of individuals, business leaders, representatives and community organizations, such as: • Oneida County Health Department • Mohawk Valley Resource Center for Refugees • Mohawk Valley Latino Association • The Parkway Center • Mohawk Valley Institute for Learning in Retirement

In addition, MVHS hosted two public information sessions/community dialogues on January 10, 2017, in which approximately 300 community members participated. Participants were broken into groups to brainstorm factors that should be considered in the planning and design of the hospital and campus. This input, along with input from other community stakeholders, will be developed into guiding principles that will be used by the project Steering Committee.

In addition to meetings and direct stakeholder discussions, project education materials and an online informational landing page with feedback form have been developed to keep the community informed on a variety of topics, including: • Regional healthcare benefits of a new hospital campus • Site selection and rationale for a downtown campus • Estimated project timeline • Frequently asked questions

Several methods for feedback have been promoted within the community, including telephone, email, and via the landing page. MVHS will continue to deploy a robust community engagement program that will include: • Formation of a Community Advisory Group. This group will be comprised of community representatives, and will be responsible for synthesizing and sharing community input with the project Steering Committee. It will also provide feedback for consideration on Steering Committee plans. • Expanded schedule of community presentations. • Additional opportunities for input as plan elements are established • Large and small group meetings and discussions • Community forums and/or symposiums. • Continued partnerships with local and regional media to convey plan elements and encourage community feedback.

4 PROGRAM SUMMARY

- 4a Provide a general description of the Eligible Project and how it will achieve the goal of strengthening and protecting continued access to health care services in Oneida County. Describe the Eligible Project and any sub-projects in detail. Include sufficient detail on the programs/services to be offered and the space requirements for these programs/services (e.g. number of beds by service, square footage if available, and number of site locations contemplated.)

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The Mohawk Valley Health System (MVHS) Integrated Healthcare Campus will consolidate two existing acute care hospitals into one integrated location which will provide greater access to the City of Utica, Oneida County and the Region, and improve operational efficiency, patient satisfaction and safety for both patients and caregivers. The new hospital location on 25 acres of land adjacent to the central business district of Utica will centralize healthcare

services for Oneida County in the most populated area of the county. The additional benefits include the utilization and support of existing parking, retail, restaurants, hotels, small businesses and community events. The hospital will also become a catalyst for ongoing and future development. The consolidation of the two existing acute care sites will, in addition to improved efficiency of staff workflow, result in a decrease of inpatient beds from a combined existing total of 571 at the two combined campuses to a more efficient model with 392 beds, a reduction of over 27%. This is achievable through a 100% private patient room model, improved through-put metrics, reduced length of stay and a general reduction of utilization in the region which reflects the national trend away from inpatient admissions with a rise in outpatient care. The program will include all necessary clinical services to provide a full complement including these inpatient services: • Medical Surgical Inpatient Beds –228 private rooms • Intensive Care Beds –56 private rooms • Pediatric Inpatient Beds –28 private rooms • Behavioral Health –50 private rooms • Family Birthing Center –22 private post partum rooms, 12 neonatal beds –Level I & II, 8 labor & delivery suites • Surgical Operating Rooms –14 • Endoscopic Procedure Rooms –5 • Cardiac Catheterization Labs –3 • Special Procedure/EP/IR –5 • Emergency Services –50 emergent, 10 fast track, 10 observation, 4 trauma rooms • Imaging Services –MRI, CT, radiography/fluoroscopy, ultrasound, nuclear medicine Total Building Area: 750,000 gross square feet See Attachment #3 Functional Space Program

In collaboration with Utica and Oneida County, a parking structure will be constructed to serve the needs of the hospital's patients and staff. The structure will also serve the community by providing parking for various events held at the Utica Memorial Auditorium as well as general parking for the business district surrounding the site.

The Integrated Healthcare Campus will become the focal point of acute care in the area but will also provide ambulatory care and community wellness programs including fitness and prevention as well as healthy-lifestyle education. Planning will include the placement of complementary services such as physician office space, research and other health-related retail collaborations. A new hospital will also help support our existing, robust primary care and subspecialty offices that are located throughout the community.

- 4b Include the goal(s) of the Eligible Project, process objectives/milestones, and outcome objectives with a corresponding performance metric identified for each outcome.

Include the goal(s) of the Eligible Project, process objectives/milestones, and outcome objectives with a corresponding performance metric identified for each outcome.

The goals of the project are centered around the transformation of the delivery of care to the population in Oneida County and the Region. The goals include the consolidation of services to create a more efficient platform for patient care. Patients will have one location for all inpatient care rather than a potential transfer between facilities. The placement of ambulatory care services adjacent to the inpatient care areas will provide for timely and efficient care and will maximize the caregivers operational processes while providing a work environment centered around the patient. The key indicators that will be measured and focused around the patient experience are: Reduction of patient transfers; reduction in LOS due to improved discharge planning; better communication and integration between patient, family and care team; minimization of noise; improved patient satisfaction; increased direct patient care time with clinical staff; improved patient safety and reduction of hospital-acquired infection rates, reduction in patient falls; a reduction in unnecessary ED visits and inpatient utilization; and a reduction in medical errors.

From a facilities perspective, the consolidation of two aging facilities (100 and 60 years) will provide a more energy-efficient environment which meets and exceeds current day best practices and building codes. Patients will have greater control of room temperature, lighting (both natural and artificial), sound, access to nutrition and private toilet facilities due to the use of 100% private rooms. A reduction of greenhouse gasses, water conservation and other sustainable measures will be incorporated to improve the patient experience as well as heal the environment.

See Attachment #4 Workplan Construction and Quality Metrics

- 4c Describe how the Eligible Project will achieve the goal of strengthening and protecting continued access to health care services in Oneida County. Describe health care delivery in Oneida County after completion of the Project, how it will change, and how the completion of the Eligible Project will bring about the change.

Prior to the affiliation, both FSLH and SEMC were in financial distress. Many factors—the aging population, high poverty and cuts to Medicaid and Medicare reimbursements contributed to the dire financial situations. After extensive research it was determined that the affiliation was the only reasonable alternative to save both hospitals and maintain healthcare in the community.

The affiliation has greatly improved the financial strength of FSLH and SEMC, and together as MVHS, the outlook is bright. The hospitals went from a combined operating margin deficit of more than \$18.5 million in 2013, just prior to the affiliation, to a combined operating margin surplus of \$500,000 in 2016. This improvement shows the financial strength of MVHS is continually growing which protects the communities' continued access to healthcare services in our area.

The grant will allow MVHS to combine two acute inpatient hospitals to one location in downtown Utica, gaining numerous operational efficiencies by combining current duplicated departments. The current forecast reduces overall full time employees by 184, with total savings of almost \$15 million annually. On average, MVHS turns over about 650 positions per year and we anticipate that a majority of the positions identified in the forecast will be reduced through attrition. This process will begin approx. 18 months prior to opening the new facility through temporary staff, overtime and modifications to current processes. We also anticipate some employees will be transferred to the outpatient setting to accommodate the additional demand in primary care, behavioral health and home care as result of the new hospital efficiencies.

The consolidation of services into one campus will reduce the need for patients to make several trips to various locations or be transferred between facilities for specialized care. The integration will also create more collaborative care versus the individual sites of care currently caused by two separate facilities. The MVHS ambulatory network plan of primary care clinics and sites will provide the high level of care which will be integrated in the acute care environment while providing convenient access to patients for their primary needs.

The changes expected with the completion of the project will raise the level of care through a comprehensive and cohesive care model providing advanced services, technology, communications and alignment of care protocols that will streamline processes and outcomes to achieve marked improvements to the health of Oneida County.

Currently, there is a shortage of primary care physicians in our Region. The Integrated Healthcare Campus will significantly enhance our medical staff recruitment efforts. Working for a large, state of the art healthcare system holds a great appeal for physicians and mid-level providers. They will have access to the best facilities and equipment, with a layout designed to accommodate not only the patient's needs, but that of the providers as well.

Physician recruitment is vital to the healthcare system so that the community is not only guaranteed continued general healthcare coverage, but also access to specialties that would not otherwise be available in this area.

Having one campus will prevent the need for physicians to receive privileges at two facilities as they are currently required to do. As a result of this requirement, of the 554 physicians who have privileges at either FSLH or SEMC, only 220 have privileges at both facilities. This creates barriers in the continuum of care throughout MVHS. Having one facility would alleviate this issue and allow all physicians who have privileges through MVHS to practice at the new hospital, as well as use one electronic medical record system. In addition, the medical staff would only be required to provide coverage for one ED as opposed to the two they are now covering, improving coverage and patient access.

- 4d Specifically address the following objectives of the Eligible Project and describe the extent to which the Eligible Applicant will achieve the following objectives. Wherever possible, the objectives should be quantified and be verifiable through measurable indicators.

- 4d1 The extent to which the Eligible Project contributes to the integration of health care services and the long term sustainability of the Eligible Applicant or preservation of essential health services in the community or communities served by the Eligible Applicant.

The extent to which the Eligible Project contributes to the integration of health care services and the long term sustainability of the Eligible Applicant or preservation of essential health services in the community or communities served by the Eligible Applicant.

4dv The extent to which the Eligible Project benefits Medicaid enrollees and uninsured individuals.

The new hospital project benefits Medicaid enrollees and uninsured individuals by providing improved and more equitable healthcare access in the Oneida County community. The poverty rate for Utica is 30.1%. Living in poverty or in a low-income household is one of the leading factors associated with vulnerability as these individuals face economic barriers to care and tend to have stress in their individual or family lives that limit access to care. This is corroborated by information from the NYS' Medicaid Chronic Health Conditions Inpatient/ED Utilization dataset which shows that chronic medical and behavioral health issues have a significant impact on hospital utilization in Oneida County. The Medicaid population shows high prevalence rates for chronic medical and behavioral health conditions along with high PQI and PPV rates. Specifically, approximately 35% of the region's low income population either use hospital EDs for primary care or do not access regular primary care. Linked with MVHS's work on DSRIP implementation and primary care development, the new hospital project will support the infrastructure to provide a more integrated and equitable delivery system for Oneida County.

4dv The extent to which the Eligible Project addresses potential risk to patient safety and welfare.

The current facilities do not meet the needs of current healthcare environment due to their age (100 and 60 years). The two locations require unnecessary transfers to receive care not offered in both facilities. Room sizes, door sizes and configuration create potentials for falls, transfer difficulties and general movement of patients. Patients are exposed to public areas and clear separation of public, patient and support are not well differentiated. The new integrated Healthcare Campus can be designed with a fresh start incorporating proven best care solutions and standardization of space and processes to greatly decrease or eliminate safety issues. Communications systems and a well planned care environment will increase patient observation and response time due to decreased distance between patients and staff, elimination of congestion and inadequate space to accomplish necessary tasks and accommodate state of the art equipment. The integrated Healthcare Campus will provide better adjacencies, faster transportation systems and improved electronic communication and advanced physical environment security measures to provide a safer, more efficient environment. The new hospital will have state of the art HVAC systems that will improve patient safety, reduce infection rates and staff fatigue, and improve temperature control and efficiency. The waiting area in the ED will provide 100% ventilation to reduce outside infections. Operating room pressurization and rapid temperature adjustment reduce infection and contamination; isolation rooms and UV lighting reduce microbials in mechanical equipment; energy efficiencies also contribute to a cleaner and safer environment. Water systems will incorporate re-circulation to deliver proper water temperature and reduce infection from static water flow. Recovery of exhaust and Building Automation Control will contribute to faster responses and better control. The project will incorporate the latest energy efficient lighting such as LED to reduce energy consumption and heat gain. Private patient rooms in the new facility provide better patient safety and allow for a reduction in patient falls. The private rooms would reduce clutter as there would be more space and the furniture would be arranged to provide a clearer path to the bathroom or door. The rooms will also provide more space for patient transfer-mobility equipment so staff will more easily be able to access and use the equipment to assist patients. Most falls occur in patient rooms, among elderly patients, and when patients are alone or while attempting to go to the bathroom. However, if provision is made for family members in patient rooms, falls may be reduced due to assistance from family and it is easier to accommodate family in private rooms than in semi-private rooms. Private rooms will also allow for better infection control. Infected patients or patients highly susceptible to infections need to be isolated in private rooms with proper ventilation systems and barrier protections in order to stop infection from spreading or to reduce the possibility of development of new infections. Intra-hospital spread of infection may result from patients being transferred to more than one ICU or more than one floor during their hospitalization. Private patient rooms will reduce the need for patients to be moved. Patients' length of stay in hospitals and cost is increased due to nosocomial infection. Ongoing research is demonstrating that nosocomial infection rates are low in private rooms with proper design and ventilation.

4dvi The extent to which the Eligible Project results in the reduction of inpatient beds from the operating certificate(s) of one or more licensed general hospitals in Oneida County.

There are 547 combined licensed inpatient beds between SEMC and FSLH at the two campuses that will be integrated through this project. The integrated Healthcare Campus will have 392 licensed beds for a reduction of 155 beds or more than a 27% reduction. Twenty-four acute inpatient rehabilitation beds will remain at a separate campus. Bed reduction will be achieved by a 100% private room model, standardization of bed types to allow flexibility to expand and contract patient types as needed, improved operations and LOS and an analysis of the marketplace reduction in utilization due both to improved primary care and shift of more procedures from inpatient to outpatient settings. An in depth inpatient census analysis was completed based on our history and expected future changes in utilization which resulted in a 392 bed count facility.

4dvi The extent to which the Eligible Applicant has identified sufficient funds, other than the grant funds available under this RFA, to fully fund the Eligible Project, including cash, borrowed financing, or other funding from non-New York State governmental sources.

See Pre Submission Attachment 3, Tab 2, Project Fund Sources
MVHS expects to fund up to \$30 million from operating cash resources as reflected in the accompanying financial projections. The applicant will also begin an extensive fundraising project and expects to be able to reduce the amount of operating cash funds significantly with the proceeds from the fundraising activities.
Total funding sources are expected to be \$300 million from project funds, \$150 million in new debt and \$30 million in operating funds of which \$25 million is expected to replenish cash through donor support and fundraising. We continue to evaluate the type of financing we will use to raise the \$150 million. Since many factors will affect the ultimate decision we have attached two letters of interest, one from a traditional bond financing source and one from a HUD financing source. As we get closer to issuing the debt we will take into account all financial implications on the two different funding sources and determine the best long term fit for MVHS at that time.
See Attachments #5 Bank of America Letters of Interest and #6 Gavin and Lavigne Letters of Interest

5a PROJECT TIMELINE: Upload a timeline for the Eligible Project up through the date of implementation, including identification of major milestones and the person or entity accountable for each milestone

Yes

Upload *FileNetDocRetrieval.aspx?docID=(D567C178-F190-4234-B2B6-0112D1E229CC)

5b Describe in detail the phasing plan anticipated to achieve implementation. This phasing plan must identify specific milestones and dates of completion for each milestone. The application and phasing plan must also address:

- i. Timeframes for any architectural and engineering design and construction necessary to accomplish each phase.
- ii. Scheduled milestones for the preparation and processing of any application, as required by CON regulations (10 NYCRR Part 710), necessary to secure DOH approval for service revisions, relocations, or capital construction that rises to the level of CON review.

The phasing plan (see Attachment #16 Master Executive Schedule) describes in detail each phasing task and milestone with starting and completion

The Integrated Healthcare Campus will provide long term sustainability to MVHS and healthcare in the community. Not only will a new facility provide structural longevity that the current facilities cannot offer, but it will become a community center for healthcare that will continue long into the future. It will provide the opportunity for growth as the needs of the community change and will promote development of the surrounding area. The ability to attract new and younger providers will help to ensure that the healthcare needs of the community will continue to be met and grow as needs change into the future. The new facility will also create a culture of teamwork and patient-centered care that will attract staff that seeks these values in their work which will help to ensure this culture is maintained well into the future. The continuum of care that will be integrated between the inpatient and outpatient sides of MVHS will support healthcare initiatives toward public wellness and preventative medicine. It will also aid in decreasing LOS and providing support to patients returning home so that they are able to stay healthy in their homes. The entire system working toward these goals will create a healthier community and provide better outcomes. Nothing enlivens a city more than the presence of its community members and visitors. Downtown housing, commercial, food, retail, education and entertainment venues are positioned to greatly benefit from the influx of more than 3,500 MVHS employees and medical staff at the new Integrated Healthcare Campus. The new campus will create a safer environment for people to live and enjoy recreational activities. It could also bring other businesses such as grocery stores and farmers markets to the area. The increased ability to participate in recreational activities along with improved access to healthier foods will provide a healthier, safer community for our safety net population. A downtown hospital helps support the ongoing efforts to revitalize downtown Utica, and support the exciting energy at Baggs Square, Harbor Point and Varick Street. The downtown location also aligns with state initiatives and goals, such as the New York State Empire Development Corporation. It is a unique opportunity to provide access to a state of the art healthcare facility, while also spurring economic development and playing a pivotal role in enhancing the downtown revitalization efforts. In addition, the development of the new health campus will have a number of positive impacts on the surrounding area, including:

- Existing infrastructure upgrades (water, sewer, gas and electric) that will provide for future development.
- Linking existing and planned bike and pedestrian routes throughout downtown and the Harbor Point District via the health campus.
- Future healthcare and development opportunities to anticipate needs in education, research and applied sciences.
- An improved transportation network, including easy access from multiple directions.
- Parking co-utilization for the health campus, the Utica Memorial Auditorium, central business district and adjacent businesses based on the time of day. Hospitals may have a high demand for parking during the weekday but lower demand in evenings and weekends when public events are most often held.

40ii The extent to which the Eligible Project or purpose is aligned with Delivery System Reform Incentive Payment (DSRIP) program goals and objectives.

MVHS is actively involved in the NYS DSRIP program and the new hospital project clearly aligns with the goals and system transformation work being done through the program. The project supports the development of an integrated delivery system that reduces excess capacity, eliminates duplication of services and focuses on patient-centered care while improving patient outcomes and reducing costs. The operational efficiencies gained through the new hospital in concert with DSRIP project implementation will enhance care coordination and allow resources to be repurposed to better support outpatient models of care and the implement a population health approach for Oneida County. FSLH is a corporate member of the Central New York Care Collaborative (CNYCC) Performing Provider System (PPS) and both FSLH and SEMC serve as safety net partners within the PPS. The primary goal of DSRIP is to fundamentally transform the healthcare delivery system and reduce avoidable hospital use by 25%. Avoidable hospital use encompasses not only avoidable hospital readmissions, but also inpatient admissions that could have been avoided if the patient had received proper preventive care. MVHS's DSRIP project work is aimed to reduce Potentially Preventable Emergency Room Visits (PPVs), Potentially Preventable Readmissions (PPRs) and improve Prevention Quality Indicators for adults and pediatrics (PQIs and PDIs). MVHS is working toward achieving these objectives through the implementation of eleven DSRIP projects designed to support system transformation, clinical improvement and population health. The new hospital project provides the physical infrastructure that removes many of the barriers and challenges currently impeding improvements to these measures. The project aligns with DSRIP objectives as it allows for enhanced access to high quality primary care, reduced care gaps and inefficiencies, and alignment with payment reform focused on outcomes and population health management. Specific DSRIP performance measures aligned with this project are as follows: -increasing number of practices with NCQA Level 3 PCMH recognition; Implementation of DSRIP Project 2 a.i. -Create an Integrated Delivery System that supports the County patients receiving the right care, at the right time and in the right setting. This involves enhancements to primary care, communication and access to health information. MVHS is working with CNYCC to implement a population health management system as a tool for improving communication, efficiency and closing gaps in care for County residents. - Reducing ED visits for ambulatory sensitive conditions. Implementation of DSRIP Project 2 b.ii Emergency Department Care Triage for At-Risk Populations provides for a patient navigation program in our Emergency Department to coach patients regarding appropriate ED utilization, address social needs and connect with primary care. -Reducing hospital admissions for superutilizers. Implementation of DSRIP Project 2 b.iv -Care Transitions Intervention Model to Reduce 30 Day Readmissions. A key element of this project involves enhancements to care planning and coordination among the healthcare team for those patients most at risk for readmission. -Integration of behavioral health into the primary care setting; Implementation of project 3 a.i -Integration of Primary Care and Behavioral Health Services enhances a behavioral health network and improves access to behavioral health services for the County. -increasing referrals to Health Home. Implementation of project 2 a.ii -DSRIP Care Management will enhance care coordination and management, supporting appropriate utilization of healthcare services. See Attachments #2 DSRIP Project List and #4 Workplan Construction and Quality Metrics

43iii The extent that the Eligible Project furthers the development of primary care and other outpatient services.

The key component of successful delivery system reform is the development and strengthening of primary care and community-based outpatient services. MVHS currently employs 69 primary care providers among 19 practices located in Oneida and Herkimer Counties. The integration and efficiency opportunities presented by the new hospital project support MVHS's further development of primary care by improving access/capacity, care planning and management, reducing gaps in care, and promoting more collaboration and integration across the continuum of care. This will be accomplished and measured by MVHS practices achieving and sustaining Patient Centered Medical Home (PCMH) recognition through the National Committee for Quality Assurance (NCQA). Through the PCMH model, MVHS primary care practices will use teamwork, process design, and information technology to ensure that evidenced-based care is provided at the right time and in the right setting. The PCMH model ensures the delivery of appropriate preventive, routine services as well as evidence-based care to medically complex and at-risk patients. Further, the model promotes care integration and collaboration with community-based organizations, treating the whole person in a more comprehensive manner. This includes collaboration with social service agencies, behavioral health organizations, Health Homes, and other downstream care management providers. Through DSRIP, MVHS has begun collaboration with Health Homes and plans to deploy an integrated care model for behavioral health, palliative care and cardiovascular disease in its primary care offices. Development of primary care in these ways improves patient outcomes and reduces avoidable hospital admissions and readmissions, aligning with the goals of the new hospital project. Additionally, 39 localities in Oneida County are designated as Health Care Provider Shortage Areas for primary care. The new hospital project can enhance primary care access and capacity as the new hospital will be a desirable feature to primary care providers being recruited to serve the Oneida County community. MVHS's commitment to primary care transformation was first recognized in 2010 when its 7 Faxon-St. Luke's Healthcare affiliated practices were among the first 1,000 practices in the nation to achieve Level 3 PCMH recognition from the NCQA. Those practices have maintained this recognition, most recently renewing under the PCMH 2014 standards. Seven of the St. Elizabeth Medical Center affiliated practices are on target to earn recognition by the end of first quarter 2017. On March 31, 2017 the NCQA will publish new PCMH standards that will require practices to provide ongoing evidence of sustained transformation. Along with this change, MVHS's DSRIP involvement is calling for additional resources to support further primary care development for activities such as providing integrated behavioral health and palliative care services and implementation of evidenced based care for cardiovascular disease management. As the new hospital project allows for MVHS's inpatient workforce to be right-sized, opportunities exist for repurposing these resources to support these efforts and the overall needs of the community.

- 8 **FINANCIAL PROPOSAL REQUIREMENTS:** Complete Attachment 2: Financial Proposal and upload it here. Attachment 2 can be obtained under Pre-Submission Uploads
- Yes
- Upload *FileNetDocRetrieval.aspx?docID={3D7FB292-DD5D-4EE5-8D96-9D4C86F903FB}
- 9 **PROJECTED FINANCIAL INFORMATION:** Complete Attachment 3: Projected Financial Information and upload it here. Attachment 3 can be obtained under Pre-Submission Uploads
- Yes
- Upload *FileNetDocRetrieval.aspx?docID={56277944-531E-4562-B285-49CD8E9479E1}
- 10 **AUDITED FINANCIAL STATEMENTS:** Upload a copy of the prior three years' annual audited financial statements here. Entities whose financial statements have not been subjected to an audit should include any additional information available to satisfy this test and appropriate certifications. All documents must be scanned and uploaded as a single PDF file.
- Yes
- Upload *FileNetDocRetrieval.aspx?docID={F6D27F18-32A6-42D6-960A-A31AE0E79A6B}

SCOPING AND PRE DEVELOPMENT

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Scoping and Pre Development item has been saved successfully, select the Add button above to add additional Scoping and Pre Development items.
4. Click Forms Menu to return to the navigation links.

For allowable and unallowable costs see Attachment A. Note that both the total cost and the grant budgeted cost for this application/contract are required. The Total Cost may be more than the Grant Budgeted Cost in situations where the grant is supplemented by the use of Match or Other 3rd Party funds.

Type/Description	Includes architectural programming, budgeting, workplan and scheduling, site due diligence
Item # (if applicable)	
Quantity (if applicable)	
Financial	
Unit Price (if applicable)	
Total Cost	\$1,540,400.00
Line Total	\$1,540,400.00
Category Cost	\$1,540,400.00

| CATEGORY TOTAL SUMMARY |

DESIGN

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Design item has been saved successfully, select the Add button above to add additional Design items.
4. Click Forms Menu to return to the navigation links.

For allowable and unallowable costs see Attachment A. Note that both the total cost and the grant budgeted cost for this application/contract are required. The Total Cost may be more than the Grant Budgeted Cost in situations where the grant is supplemented by the use of Match or Other 3rd Party funds.

Type/Description	Architectural/engineering, medical equipment/IT planning, interior design and site civil/landscape design.
Item # (if applicable)	
Quantity (if applicable)	
Financial	
Unit Price (if applicable)	
Total Cost	\$21,048,165.00
Line Total	\$21,048,165.00
Category Cost	\$21,048,165.00

Click here to see a summary of the detail entered for this category.
| CATEGORY TOTAL SUMMARY |

dates. The major scheduled milestones include: grant funding approval, CON approval, jurisdictional approvals, land acquisition, design, construction and operational implementation. All tasks included in the phasing plan have been reviewed with jurisdictional agencies, design professionals and the construction manager. Milestones for each task described above will be met before future phases are begun. The first key indicator will be the grant approval before any work proceeds on other jurisdictional permits and consultant engagements. Upon the securing of funding, the design and operational improvement planning will begin and land acquisition will be finalized. Construction will begin after receipt of final CON approval and upon receipt and approval of a guaranteed maximum price from the construction manager. Construction will be monitored for scope and budget compliance as related to WMBE, SEQRA and other permits. The activation and commissioning of the hospital will begin during design, continue during construction and be activated six months prior to occupancy and continue post occupancy to assure full operational compliance.

- 6a PROJECT MONITORING PLAN: Describe the methodology that will be used to track progress within the Eligible Project, including any quality assurance testing that will be performed.

The project will use the budget tracking tool, E-Builder, to monitor the budget, expenditures, forecasts, accrued and cash flow projections throughout the entire project. MVHS has established both a steering committee and a core team which includes senior leadership and key consultants who meet regularly to monitor progress, goals/milestones and any actionable items needing direction. The core team meets weekly and the steering committee meets monthly. In addition, the MVHS Board of Directors and its subcommittee receive timely updates during regularly schedule monthly meetings. See Attachment #7 Monitoring-Sample Meeting Minutes

METHODOLOGY: MVHS engaged Hammes Company early in the planning to provide project management expertise and leadership. Additionally, the construction manager and architect have been selected and will be engaged upon approval of the project funding. The monitoring plan will include a detailed program outlining the weekly, monthly and quarterly activities and goals which will be accomplished. A cash flow will be compared on a monthly basis to align with both activities and reached milestones. Milestones must be met in regards to tasks accomplished and adherence to the budget before proceeding.

CONSTRUCTION: The construction manager was the first member selected of the design and construction team to provide accountability in regards to adherence to budget and constructability to assure a seamless design process which minimizes the need to do value engineering to meet the budget goals. The contracts between the construction manager, project manager and architects include provisions which bind all firms to meet the goals and budget established for the project.

It is anticipated that a GMP at risk construction delivery contract will be used with transparency to all bids, expenditures, use of contingency and labor/material detail. WMBE goals have been outlined to the construction and design team and continuous monitoring will be implemented and all requests for proposals will include qualified WMBE firms. All subcontract bidding will be open-book and transparent. Budget comparison to expenditures will be evaluated line by line monthly and draw scheduled, lien waivers and progress payment will be monitored and documented. See Attachment #8 Monitoring-Sample Budget Tracker

Separate consultants are included for construction testing of material installed as well as the testing and balancing of the HVAC systems and an independent review of the exterior enclosure system—key for any high-rise construction. Test results will be reviewed by the design team and engineers and made available to jurisdictional agencies monitoring compliance and final approval.

Procurement of owner-provided equipment and furnishings will be coordinated with the construction manager to provide a seamless installation and activation in order to meet completion date milestones.

A move and transition consultant is included in the project budget to provide a coordinated move from existing facilities to the new facility.

- 6b Describe how the monitoring plan will include identification of barriers and strategies to resolve issues.

A proactive issues list is used (See Attachment #9 Monitoring-Action List) for all meetings to identify outstanding issues and to bring to the attention of MVHS leadership and the project manager. A communication plan will be established to assure the information is shared in a timely manner. The core team's representation includes the COO, CFO, AVP Facilities, VP Communications, project manager and leadership from the architect, engineering, construction firms who meet each week in an Owner, Architect, Contractor (OAC) meeting to review and proactively anticipate issues. Barriers are anticipated and contingent plans will be in place due to weather, approval delays, unforeseen soil conditions and other construction issues. A contingency is included within the construction budget and an additional contingency for the entire project. Additionally, a separate audit of the budget, timelines and compliance with construction documents will be performed at the midpoint of the project to identify any issues.

The monitoring plan will be one of proactive management by a seasoned team of professionals who have completed multiple projects of this scale and complexity. No phase of the project will progress without sign-off from the core team which will approve budgeted, workplan and schedule milestones to be met.

- 7 CONTINUATION: Describe how the services and activities established or enhanced by the Eligible Project will continue after its completion.

There are significant opportunities to sustain and enhance community healthcare services with the completion of a new free-standing hospital. It is projected that MVHS will experience an annual reduction of \$15 million in operating costs by consolidating our healthcare resources from the two facilities into one hospital. The improved clinical and financial profile enables MVHS to reinvest funds into the expansion of primary care, including the expansion and redeployment of resources into the community. More case managers in community-based primary care sites will support and improve healthcare for our Medicaid population. A centralized system provides greater access and cooperation with community-based agencies. Patients with behavioral and substance use needs will be cared for through a single system, consolidating screening, referrals and resources. A centralized hospital will also enhance our inpatient psychiatric care with a safe-unit design, improved coordinated care and case management. A single facility supports recruitment efforts as providers will be working in a state of the art facility that will be a regional hub for healthcare. A centralized medical staff enhances opportunities for education/collaboration supporting DSRIP initiatives which include ED care triage for at-risk populations, patient activation initiatives for Medicaid and uninsured populations, integration with primary care and behavioral health, integration of palliative care and patient-centered medical home models. One of our DSRIP initiatives includes evidence-based strategies for cardiovascular disease management in high-risk populations. As part of the new hospital project MVHS has signed a MOU with Masonic Medical Research Laboratory (MMRL) to explore the establishment of research space within the new hospital. MMRL is known world-wide for their cardiac research. The partnership allows researchers and MVHS clinical staff to collaborate, expand our knowledge of heart disease and potentially provide outcomes that can impact patients worldwide. As the area's only hospital with maternity services, prenatal and postnatal care is provided to our underserved population. There were 1,869 births in 2016 at the St. Luke's Campus. DSRIP is providing funding for a Centering Pregnancy Program that would be centralized at the new hospital. The improved access to education and care throughout pregnancy will help to reduce premature births. Sustaining care for the community requires access to nursing and medical staffs. MVHS is affiliated with the St. Elizabeth College of Nursing (3,625 graduates since Est. in 1904) and the St. Elizabeth Family Medicine Residency Program (267 physician graduates since Est. in 1975). The nursing students/residents will do clinical rotations at the new hospital, providing an ideal learning atmosphere for our area's future healthcare providers and is an attractive recruitment model. The Integrated Healthcare Campus is centered on the transformation of the delivery of care to the population in Oneida County and the Region. Patients will have one location for all inpatient care rather than a potential transfer between facilities. The placement of ambulatory care services adjacent to the inpatient care areas will provide for timely and efficient care and will maximize the caregiver's time with the patient and provide a work environment centered on the patient. Key indicators that will be measured include reduction of patient transfers; reduction in LOS due to improved discharge planning; better communication and integration between patient, family and care team; improved patient satisfaction; increased clinical staff's direct patient care time; improved patient safety and reduction of hospital-acquired infection rates; reduction in patient falls; a reduction in unnecessary ED visits and inpatient utilization and a reduction in medical errors. See Attachment #4 Workplan Construction and Quality Metrics.

ACQUISITION

Instructions:

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once an Acquisition item has been saved successfully, select the **Add** button above to add additional Acquisition items.
4. Click Forms Menu to return to the navigation links.

For allowable and unallowable costs see Attachment A. Note that both the total cost and the grant budgeted cost for this application/contract are required. The Total Cost may be more than the Grant Budgeted Cost in situations where the grant is supplemented by the use of Match or Other 3rd Party funds.

Details

Type/Description Assemblage of approximately 95 properties or approximately 25 acres in downtown Utica.
Item # (if applicable)
Quantity (if applicable)
Financial

Unit Price (if applicable)
Total Cost \$13,700,000.00
Line Total \$13,700,000.00
Category Cost \$13,700,000.00

[Click here to see a summary of the detail entered for this category.](#)
| CATEGORY TOTAL SUMMARY |

CONSTRUCTION

Instructions:

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Construction item has been saved successfully, select the **Add** button above to add additional Construction items.
4. Click Forms Menu to return to the navigation links.

For allowable and unallowable costs see Attachment A. Note that both the total cost and the grant budgeted cost for this application/contract are required. The Total Cost may be more than the Grant Budgeted Cost in situations where the grant is supplemented by the use of Match or Other 3rd Party funds.

Details

Type/Description Construction cost estimates including 4% per year escalation to completion of bidding (2020)
Item # (if applicable)
Quantity (if applicable)
Financial

Unit Price (if applicable)
Total Cost \$376,053,935.00
Line Total \$376,053,935.00
Category Cost \$376,053,935.00

[Click here to see a summary of the detail entered for this category.](#)
| CATEGORY TOTAL SUMMARY |

ADMINISTRATION

Instructions:

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once an Administration item has been saved successfully, select the **Add** button above to add additional Administration items.
4. Click Forms Menu to return to the navigation links.

For allowable and unallowable costs see Attachment A. Note that both the total cost and the grant budgeted cost for this application/contract are required. The Total Cost may be more than the Grant Budgeted Cost in situations where the grant is supplemented by the use of Match or Other 3rd Party funds.

Details

Type/Description Includes jurisdictional permits; CON, zoning, building and SEQRA, project management, owners builders risk and move mgmt.
Item # (if applicable)
Quantity (if applicable)
Financial

Unit Price (if applicable)

Total Cost \$7,657,500.00
 Line Total \$7,657,500.00
 Category Cost \$7,657,500.00

Click here to see a summary of the detail entered for this category.
 [CATEGORY TOTAL SUMMARY]

WORKING CAPITAL RESERVES

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Working Capital Reserves has been saved successfully, select the Add button above to add additional Working Capital Reserves.
4. Click Forms Menu to return to the navigation links.

For allowable and unallowable costs see Attachment A. Note that both the total cost and the grant budgeted cost for this application/contract are required. The Total Cost may be more than the Grant Budgeted Cost in situations where the grant is supplemented by the use of Match or Other 3rd Party funds.

Type/Description Financing expenses and interest during construction
 Item # (if applicable)
 Quantity (if applicable)
 Financial

Unit Price (if applicable)
 Total Cost \$14,000,000.00
 Line Total \$14,000,000.00
 Category Cost \$14,000,000.00

Click here to see a summary of the detail entered for this category.
 [CATEGORY TOTAL SUMMARY]

OTHER

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other item has been saved successfully, select the Add button above to add additional other items.
4. Click Forms Menu to return to the navigation links.

For allowable and unallowable costs see Attachment A. Note that both the total cost and the grant budgeted cost for this application/contract are required. The Total Cost may be more than the Grant Budgeted Cost in situations where the grant is supplemented by the use of Match or Other 3rd Party funds.

Type/Description Medical Equipment, Furnishings, Information systems and signage.
 Item # (if applicable)
 Quantity (if applicable)
 Financial

Unit Price (if applicable)
 Total Cost \$48,000,000.00
 Line Total \$48,000,000.00
 Category Cost \$48,000,000.00

Click here to see a summary of the detail entered for this category.
 [CATEGORY TOTAL SUMMARY]

CAPITAL SUMMARY

Instructions:

1. Adjust the values in the Grant Funds, Match Funds & Other Funds so their sum matches the "Total" column.
2. The "Total" values are pulled from the "Category Cost" field found at the bottom of each budget category form.
3. Select the Save button to save your work frequently.
4. Click Forms menu to return to the navigation links.

Category of Expense	Grant Funds *	Match Funds	Match % Calculated	Match % Required	Other Funds	Total
1. Scoping and Pre Development	\$1,540,400.00	\$0	0%	0%	\$0	\$1,540,400.00
2. Design	\$21,048,165.00	\$0	0%	0%	\$0	\$21,048,165.00
3. Acquisition	\$13,700,000.00	\$0	0%	0%	\$0	\$13,700,000.00

health.

- Opportunity to improve built environment, drawing grocery stores to downtown to increase access to affordable fresh fruits and vegetables.
- Offering safe parks and a neighborhood that encourages physical activity.

Key indicators that will be measured and be our focus which supports the patient-care experience and DSRIP initiatives include: Reduction of patient transfers, Reduction in LOS due to improved discharge planning; Improved communication and integration between patient, family and care team; Improved patient satisfaction (includes 100% private patient rooms); Increased clinical staff's direct patient care time; Reduction in patient falls; Reduction in medical errors; Improved patient safety and reduction of hospital-acquired infection rates; Reduction in unnecessary ED visits and inpatient utilization; Expansion and development of PCMA model, Decubitus ulcers reduction; and growth of behavioral health network.

In March 2014, FSLH and SEMC affiliated under MVHS. The system has more than 4,600 employees, an operating budget of \$548 million, 571 acute care beds, 202 long-term care beds serving Oneida, Herkimer and Madison counties.

Even prior to the MVHS affiliation, the Boards of Directors of the organizations drove collaboration and consolidation to help create a strong healthcare system for the community. The Berger Commission of NYS, designed to realign/consolidate healthcare organizations, recognized the hospitals in Utica as a role model for other organizations to follow.

With the affiliation, MVHS has assessed the operations of both hospitals and a plan to reduce/eliminate duplication of clinical and building services was initiated. The following services were consolidated to one hospital location, which resulted in a reduction of operational costs, improved patient experiences and staffing efficiencies.

MVHS consolidations:

- SEMC and FSLH primary care groups form MVHS Medical Group - April 2015
- All invasive cardiac services at the St. Elizabeth Campus (cardiac catheterizations, electrophysiology and angioplasty procedures, co-located with cardiac surgery) - September 2015
- All Outpatient Endoscopy Services at the St. Luke's Campus - April 2016
- St. Elizabeth Home Care consolidated with VNA of Utica and Oneida County - July 2016
- All inpatient pediatric care at the St. Luke's Campus - July 2016

Other services needed to remain at both campuses to support care for the inpatient and outpatient populations that they serve and include: medical/surgical inpatient care, intensive and critical care, emergency services, psychiatric care, diagnostic imaging, surgery, dialysis, and patient care services required to operate a full-service acute care facility.

A significant number of support services are duplicated at the existing two sites and include dietary, pharmacy, laboratory, administration, materials management, and housekeeping, security, engineering and maintenance staff - all necessary to operate the two aging infrastructures.

The affiliation and the consolidations have greatly improved the financial strength of FSLH and SEMC. The hospitals went from a combined operating margin deficit of more than \$18.5 million in 2013, just prior to the affiliation, to a combined operating margin surplus of \$500,000 in 2016. This improvement shows the financial strength of MVHS is continually growing which protects the communities' continued access to healthcare services in our area.

By consolidating our healthcare resources from the two facilities into one hospital, it is projected that MVHS will experience an annual reduction of \$15 million in operating costs. This improved clinical and financial profile enables MVHS to reinvest funds into the expansion of primary care, including the expansion and redeployment of resources into the community. We also anticipate that we will reduce avoidable Emergency Department visits, primarily by the Medicaid population, by 3,370 annually. The project will also reduce our avoidable admissions each year by 230 which can result in an overall additional savings of approximately \$4 million over 3 years for the healthcare system.

This type of project also requires a level of expertise with consolidation and building/expansion programs. MVHS has the experience, including a \$31.3 million grant awarded to FSLH to consolidate long-term care programs and initiatives in Oneida County. The grant, awarded in September 2010 from New York State (NYS), was part of a competitive grant opportunity offered by the NYS Department of Health and the Dormitory Authority. The funding was provided through Phase 20 of the Health Care Efficiency and Affordability Law of New York State (HEAL NY) and the Federal-State Health Reform Partnership (F-SHRP) to improve long-term care services and consolidate community-based alternatives for Oneida County residents.

Construction began on the new Center for Rehabilitation and Continuing Care Services (CRCCS) in November 2011 at St. Luke's Home. FSLH's long-term skilled nursing facility. More than 20,000 square feet was renovated and nearly 32,500 square feet was added to accommodate an eight-station outpatient dialysis unit, Acute Inpatient Rehabilitation, Adult Day Health Care and Home Care Services (VNA of Utica and Oneida County, SNH and Mohawk Valley Home Care).

The grant opportunity came, in part, because of FSLH's diligent efforts to consolidate services to best meet the needs in our community. The comprehensive and collaborative approach increased efficiency and allows MVHS to adapt to changing times and technologies to meet the needs of Oneida County residents. With the consolidation, St. Luke's Home downsized from 242 to 202 long-term care beds and renovated its long-term and sub acute rehabilitation gyms to better support the area's rehabilitation needs.

Although on a smaller scale, this initiative has the same elements the new hospital project will have and serve as an example of how MVHS met its HEAL NY project mission and is distinctly prepared to take the next step, on a grander scale, to transform healthcare for our community.

Outreach is another part of the project, not only engaging our medical staff, employees and volunteers but our community members, business leaders and legislators. MVHS has launched an engagement program to facilitate community involvement in the development of the new downtown hospital and engaged The Paige Group (a woman-owned firm) to speak with stakeholders and help facilitate community forums. Our outreach includes individual meetings, group and neighborhood presentations and community-wide forums. To date, leadership at MVHS has held 20 public presentations and 22 individual business, legislative leadership and group meetings reaching more than 900 individuals. The process continues and will include the establishment of a community advisory committee for the new hospital project.

We, at the Mohawk Valley Health System, recognize that this is a tremendous and incredible opportunity to transform the healthcare in our community and our Region. Our history of collaboration, consolidation and affiliation is significant. The leaders in our community have been working to ensure accessible, quality healthcare since the turn of the century and our Board of Directors have continued that mission for the last 25 years. A new hospital/integrated healthcare campus in downtown Utica, in Oneida County, can serve as a model for healthcare transformation in New York State and the country. As the only hospital provider of healthcare services in our community, we are humbled and appreciative of the opportunity to work with New York State Department of Health and develop a unique, visionary model of care for our Region for generations to come.

Organizational Capacity

Describe the staffing, qualifications and ongoing staff development/training activities, and relevant experience of the provider organization to support the project.

The goals of the Integrated Healthcare Campus are centered on the transformation of the delivery of care to the population in Oneida County and the Region. In one location for all inpatient care support numerous gains in operational efficiencies. The placement of ambulatory care services adjacent to the inpatient care areas provides timely and efficient care, maximizes the time our caregivers spend with the patient and supports a work environment centered around the patient.

A single facility also supports recruitment efforts as providers will be working in a state-of-the-art facility that will be a regional hub for healthcare. A centralized medical staff enhances opportunities for education/collaboration supporting DSRIP initiatives which include ED care triage for at-risk populations, patient activation initiatives for Medicaid and uninsured populations, integration with primary care and behavioral health, integration of palliative care and patient-centered medical home models.

4. Construction	\$258,516,435.00	\$117,537,500.00	45%	0%	\$0	\$376,053,935.00
5. Administration	\$5,195,000.00	\$2,462,500.00	47%	0%	\$0	\$7,657,500.00
6. Work Capital/Reserves	\$0	\$14,000,000.00	0%	0%	\$0	\$14,000,000.00
7. Other	\$0	\$46,000,000.00	0%	0%	\$0	\$46,000,000.00
Total	\$300,000,000.00	\$180,000,000.00	60%	0%	\$0	\$480,000,000.00
Period Total	\$0.00					

WORK PLAN OVERVIEW FORM

Instructions:

The purpose of this form is to capture organizational information necessary for application processing, as well as a detailed accounting of the proposed or funded project. It is made up of three sections:

1. Project Summary
2. Organizational Capacity
3. Project Details - Objectives, Tasks and Performance Measures

If applicable, specific instructions/requirements for completing these sections may be found in the Grant Opportunity under which you are applying. Click Forms Menu to return to the navigation links.

Work Plan Period From 2/28/2017 To 2/28/2022

Project Summary

Provide a high-level overview of the project, including the overall goal and desired outcomes. Include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.

Mohawk Valley Health System (MVHS) is the affiliation of Faxton-St. Luke's Healthcare (FSLH) and St. Elizabeth Medical Center (SEMC) and is governed by a single, 19-member Board of Directors, comprised of community members, physicians, academia and Sisters of St. Francis of the Neumann Communities.

MVHS is the active parent/co-operator of the following affiliated entities:

Faxton-St. Luke's Healthcare
 Mohawk Valley Home Care, LLC
 Senior Network Health, LLC
 St. Elizabeth Medical Center
 St. Luke's Home Residential Healthcare Facility, Inc.
 Visiting Nurse Association of Utica and Oneida County, Inc. (CH9A)

In 2015, New York State earmarked \$300 million in the budget to help create an integrated healthcare delivery system in Oneida County. This legislation provides a once-in-a-lifetime opportunity for the MVHS to build a new hospital in Utica, New York and transform healthcare for our community consistent with the vision of Triple Aim. This would be the third new hospital in New York State in the last 20 years. The proposed new, free-standing hospital would be 750,000 square feet, have 392 inpatient beds and replace the two aging hospitals in our community, SEMC built in 1917 and the St. Luke's Campus of FSLH built in 1957. The new hospital would reduce the number of inpatient beds in our community by 155 (a 27% reduction) and consolidate inpatient services to one campus in a DSRIP-oriented program.

A new hospital transforms healthcare in our community. After an expensive study of potential locations, the MVHS Board of Directors unanimously selected a downtown site. The site is located in the city of Utica, the population center for Oneida County. The new hospital would provide care for our most vulnerable population and can serve as a catalyst for economic growth for the Region. The project is anticipated to be completed in 2022 with an estimated cost of the project of \$480 million. Funds for the project will consist of the \$300 million Health Care Facility Transformation grant, \$150,000,000 in Bonds and \$30,000,000 in MVHS funds. It is anticipated that \$25,000,000 of the \$30,000,000 in MVHS funds will be replenished from a capital campaign.

The new hospital project creates a structured delivery system, ends service fragmentation, increases service integration and coordinates the work of the hospitals, primary care, and community-based organizations. It expands access to primary care, reduces gaps/inefficiencies in care coordination, aligns with payment reform, and rebalances health delivery through reductions in hospital beds as care is shifted to outpatient care models and population health management. It allows us to continue to do the work we are doing today with greater efficiency and improved collaboration in an area that serves our community who has the greatest need. MVHS is working closely with government agencies and privately owned companies to develop the plan to build a new hospital and has engaged national consultant, Hammes Company, as well as NBBJ Architects and Turner Construction.

Our hospitals and community sites care for the residents in our primary market, Oneida County, as well as residents from Herkimer and Madison counties. Oneida County is located in Central New York with a population of approximately 233,944, the largest city is Utica with 62,000 residents. Our patients come from 45 towns/villages covering 1,257 square miles. Sixty-seven percent (67%) of the County's population resides in urban areas and 33% in rural areas.

The median age in Oneida County is 41.2 with nearly 17% of the population 65 years and older. The race/ethnicity of the County is: White (84.9%), African American (5.5%), Hispanic/Latino (5.5%), Asian (4.0%), other (2.0%); two or more races (3.1%).

Our area is one with high poverty: 22.5% of the population has a Federal Poverty Level of <138% (Medicaid eligible) and in Utica 30.1% of the population is <100% of Federal Poverty Level. Also in Utica, 40.5% of the population is on public health insurance (36.9% are Medicaid). Oneida County has 23.7% of the residents on public health insurance (19.2% Medicaid). It's an area with high socio-economic disparities compared to NYS; Emergency Department (ED) visits and hospitalizations are also significantly higher.

Utica is also home to the Mohawk Valley Resource Center for Refugees (MVRRCR) which has, since the 1980s, resettled more than 15,000 individuals in the City of Utica with ethnicities and nationalities including Vietnamese, Russian, Bosnian, Somali Bantu, Burmese and Nepali. In the city of Utica, 17.6% of the residents are foreign born and 26.6% of households speak a language other than English. A new hospital/health campus downtown improves access for our refugee population.

MVHS is actively involved in the NYS DSRIP program. FSLH is a corporate member of the Central New York Care Collaborative (CNYCC) Performing Provider System (PPS). Both FSLH and SEMC serve as safety net partners within the PPS. The new hospital project aligns with the goals and objectives of DSRIP and Population Health with its key components to develop and strengthen primary care and community-based outpatient services. It also aligns with community needs identified through the Oneida County Community Health Assessment and CNYCC Health Assessment.

Specific DSRIP objectives include:

- Increasing the number of practices that have NCQA Level 3 PCMH recognition.
- Reducing ED visits for ambulatory sensitive conditions such as ED Care Triage for at-risk populations - provide for a patient navigation program in our ED to coach patients about appropriate use of ED, address social needs and connect to primary care.
- Reduce hospital admissions for superutilizers - Care Transitions Intervention Model to Reduce 30 Day Readmissions
- Integration of behavioral health into primary care setting.

The new hospital project will continue DSRIP progress and be a:

- Catalyst for health promotion and education; the project is located where the target population resides.
- Catalyst for cultural change among providers and increased roles and collaboration with community-based organizations to address social determinants of

Objective Name

3. Improve Patient Experience

Objective Description

Design include features that enhance the patient and family experience.

Instructions for Adding Tasks for this Objective:

Click the **Task** link in the Forms Menu navigation panel above to add a Task to this Objective.

OBJECTIVES

Instructions:

1. Enter an Objective in the field provided below.
2. Select the **Save** button.
3. To add another Objective, when applicable, select the **Add** button above.
4. Follow the directions below for adding Tasks to the Objective.
5. Click Forms Menu to return to the navigation links.

Objective Name

4. Reduce Incidence of Hospital Acquired Infections

Objective Description

Design the physical environment to reduce incidence of Hospital Acquired Infections.

Instructions for Adding Tasks for this Objective:

Click the **Task** link in the Forms Menu navigation panel above to add a Task to this Objective.

OBJECTIVES

Instructions:

1. Enter an Objective in the field provided below.
2. Select the **Save** button.
3. To add another Objective, when applicable, select the **Add** button above.
4. Follow the directions below for adding Tasks to the Objective.
5. Click Forms Menu to return to the navigation links.

Objective Name

5. Reduce Hospital Acquired Conditions

Objective Description

Design the hospital to reduce the Hospital Acquired Conditions of Patient Falls and Decubitus Ulcers.

Instructions for Adding Tasks for this Objective:

Click the **Task** link in the Forms Menu navigation panel above to add a Task to this Objective.

OBJECTIVES

Instructions:

1. Enter an Objective in the field provided below.
2. Select the **Save** button.
3. To add another Objective, when applicable, select the **Add** button above.
4. Follow the directions below for adding Tasks to the Objective.
5. Click Forms Menu to return to the navigation links.

Objective Name

6. Reduction of Preventable Emergency Room Visits (PPV's)

Objective Description

Implement processes to effectuate the reduction of PPV's.

Instructions for Adding Tasks for this Objective:

Click the **Task** link in the Forms Menu navigation panel above to add a Task to this Objective.

OBJECTIVES

Instructions:

1. Enter an Objective in the field provided below.
2. Select the **Save** button.
3. To add another Objective, when applicable, select the **Add** button above.
4. Follow the directions below for adding Tasks to the Objective.
5. Click Forms Menu to return to the navigation links.

MVHS is affiliated with the St. Elizabeth College of Nursing (3,625 graduates since Est. in 1904) and the St. Elizabeth Family Medicine Residency Program (267 physician graduates since Est. in 1975). The nursing students/ residents will do clinical rotations at the new hospital, providing an ideal learning atmosphere for our area's future healthcare providers and an attractive recruitment model.

Our affiliation with the programs is important for our continued success as a health system. MVHS currently employs 69 primary care providers among 19 practices located in Oneida and Herkimer counties. The graduates of the programs have the opportunity to work with MVHS as members of our care team, at both outpatient and inpatient sites. Several localities in Oneida County are designated as Health Care Provider Shortage Areas for primary care.

MVHS's commitment to primary care transformation was first recognized in 2010 when its seven (7) FSLH affiliated practices were among the first 1,000 practices in the nation to achieve Level 3 PCMH recognition from the NCQA. Those practices have maintained this recognition, most recently renewing under the PCMH 2014 standards. Seven of the St. Elizabeth Medical Center affiliated practices are on target to earn recognition by the end of first quarter 2017.

MVHS's DSRIP involvement is working to develop additional resources to support further primary care development for activities such as providing integrated behavioral health and palliative care services and implementation of evidence-based care for cardiovascular disease management. As the new hospital project allows for MVHS's inpatient workforce to be right-sized, opportunities exist for repurposing these resources to support these efforts and the overall needs of the community.

The MVHS Medical Group, with its 19 primary care locations, includes a Children's Health Center, Women's Health Center, specialty surgeons/providers, Breast Care Center and an Urgent Care to serve our community.

The Sister Rose Vincent Family Medicine Center (SRVFMC) provides patient care services and is a teaching facility for new physicians. The Center includes care for our immigrant and refugee population with approximately 30,000 outpatient visits a year. For many of our SRVFMC patients, we are their only source for primary care. 70% are either on Medicaid, Medicaid Managed Care or are uninsured.

It is anticipated that there will be limited reduction in overall full-time employees at the combined facility; current estimate is 184, for total savings of almost \$15 million annually. On average, the MVHS turns over approximately 650 positions annually and we anticipate that a majority of the positions identified in the forecast for the new hospital will be accomplished through attrition. We anticipate employees will move to the outpatient setting to accommodate additional demand in the areas of primary care, behavioral health, and home care.

OBJECTIVES

Instructions:

1. Enter an Objective in the field provided below.
2. Select the Save button.
3. To add another Objective, when applicable, select the Add button above.
4. Follow the directions below for adding Tasks to the Objective.
5. Click Forms Menu to return to the navigation links.

Objective Name

1. Create a new Integrated Healthcare Campus

Objective Description

Create a new Integrated Healthcare Campus in the population center of Oneida County which will consolidate the two existing acute care hospital into a single, efficient model of care. The reduction of inpatient beds, operational improvements afforded by a new facility with optimum adjacencies, appropriately sized spaces, improved privacy and energy systems which are efficient, safe and sustainable.

Instructions for Adding Tasks for this Objective:

Click the Task link in the Forms Menu navigation panel above to add a Task to this Objective.

OBJECTIVES

Instructions:

1. Enter an Objective in the field provided below.
2. Select the Save button.
3. To add another Objective, when applicable, select the Add button above.
4. Follow the directions below for adding Tasks to the Objective.
5. Click Forms Menu to return to the navigation links.

Objective Name

2. Improve Behavioral Health Care

Objective Description

Design and construct physical environment to improve behavioral health care in Oneida County.

Instructions for Adding Tasks for this Objective:

Click the Task link in the Forms Menu navigation panel above to add a Task to this Objective.

OBJECTIVES

Instructions:

1. Enter an Objective in the field provided below.
2. Select the Save button.
3. To add another Objective, when applicable, select the Add button above.
4. Follow the directions below for adding Tasks to the Objective.
5. Click Forms Menu to return to the navigation links.

1. Enter an Task in the field provided below.
2. Select the Save button.
3. To add another Task, when applicable, select the Add button above.
4. Follow the directions below for adding Performance Measures to the Task.
5. Click Forms Menu to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus

Task Name

1.c. Construct New Replacement Hospital

Task Description

Construct new Mohawk Valley Health System replacement hospital.

Instructions for Adding Performance Measures for this Task:

Click the Performance Measures link in the Forms Menu navigation panel above to add a Performance Measure to this Task.

TASKS

Instructions:

1. Enter an Task in the field provided below.
2. Select the Save button.
3. To add another Task, when applicable, select the Add button above.
4. Follow the directions below for adding Performance Measures to the Task.
5. Click Forms Menu to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus

Task Name

1.d. Commence Operations

Task Description

Commence Operations of new Integrated Healthcare Campus

Instructions for Adding Performance Measures for this Task:

Click the Performance Measures link in the Forms Menu navigation panel above to add a Performance Measure to this Task.

TASKS

Instructions:

1. Enter an Task in the field provided below.
2. Select the Save button.
3. To add another Task, when applicable, select the Add button above.
4. Follow the directions below for adding Performance Measures to the Task.
5. Click Forms Menu to return to the navigation links.

Objective: 2. Improve Behavioral Health Care

Task Name

2.b. Behavioral Health Integration

Task Description

Integrate behavior health into primary care setting consistent with DSRIP project.

Instructions for Adding Performance Measures for this Task:

Click the Performance Measures link in the Forms Menu navigation panel above to add a Performance Measure to this Task.

TASKS

Instructions:

1. Enter an Task in the field provided below.
2. Select the Save button.
3. To add another Task, when applicable, select the Add button above.
4. Follow the directions below for adding Performance Measures to the Task.
5. Click Forms Menu to return to the navigation links.

Objective: 3. Improve Patient Experience

Task Name

3.a. Construct Physical Environment to Improve Patient Experience

Task Description

Construct physical environment which effectuates a greater patient experience to include: 1) space to accommodate state of the art equipment, improved adjacencies and provides adequate space to accomplish necessary tasks in an efficient and more effective manner; 2) improved electronic communications between patients and care providers; 3) advanced physical environment security measures and 4) provide clear separation between patient/public and support areas

Instructions for Adding Performance Measures for this Task:

Objective Name

7. Reduce Potentially Preventable Readmissions (PPR's)

Objective Description

Implement initiatives to potentially prevent readmissions.

Instructions for Adding Tasks for this Objective:

Click the **Task** link in the **Forms Menu** navigation panel above to add a **Task** to this **Objective**.

TASKS

Instructions:

1. Enter an **Task** in the field provided below.
2. Select the **Save** button.
3. To add another **Task**, when applicable, select the **Add** button above.
4. Follow the directions below for adding **Performance Measures** to the **Task**.
5. Click **Forms Menu** to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus

Task Name

1.a. Finalize Planning

Task Description

Finalize all planning efforts, including clinical, architectural, municipal and financial components.

Instructions for Adding Performance Measures for this Task:

Click the **Performance Measures** link in the **Forms Menu** navigation panel above to add a **Performance Measure** to this **Task**.

TASKS

Instructions:

1. Enter an **Task** in the field provided below.
2. Select the **Save** button.
3. To add another **Task**, when applicable, select the **Add** button above.
4. Follow the directions below for adding **Performance Measures** to the **Task**.
5. Click **Forms Menu** to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus

Task Name

1.b. Obtain Approvals to Construct

Task Description

Obtain NYSDOH Certificate of Need (CON), land acquisition, public approvals and complete corporate merger approvals.

Instructions for Adding Performance Measures for this Task:

Click the **Performance Measures** link in the **Forms Menu** navigation panel above to add a **Performance Measure** to this **Task**.

TASKS

Instructions:

1. Enter an **Task** in the field provided below.
2. Select the **Save** button.
3. To add another **Task**, when applicable, select the **Add** button above.
4. Follow the directions below for adding **Performance Measures** to the **Task**.
5. Click **Forms Menu** to return to the navigation links.

Objective: 2. Improve Behavioral Health Care

Task Name

2.a. Construct physical environment for behavioral health care

Task Description

Construct physical environment of mental health emergency department suite and mental health inpatient units to provide a safer environment that promotes healing and mental wellness.

Instructions for Adding Performance Measures for this Task:

Click the **Performance Measures** link in the **Forms Menu** navigation panel above to add a **Performance Measure** to this **Task**.

TASKS

Instructions:

Objective: 6. Reduction of Preventable Emergency Room Visits (PPVs)

Task Name

6.b. NCQA PCMH Recognition

Task Description

Achieve and sustain NCQA PCMH 2014 Level 3 recognition.

Instructions for Adding Performance Measures for this Task:

Click the **Performance Measures** link in the Forms Menu navigation panel above to add a Performance Measure to this Task.

TASKS

Instructions:

1. Enter an Task in the field provided below.
2. Select the Save button.
3. To add another Task, when applicable, select the Add button above.
4. Follow the directions below for adding Performance Measures to the Task.
5. Click Forms Menu to return to the navigation links.

Objective: 7. Reduce Potentially Preventable Readmissions (PPR's)

Task Name

7.a. DSRIP Care Transitions

Task Description

Implement DSRIP Care Transitions project.

Instructions for Adding Performance Measures for this Task:

Click the **Performance Measures** link in the Forms Menu navigation panel above to add a Performance Measure to this Task.

TASKS

Instructions:

1. Enter an Task in the field provided below.
2. Select the Save button.
3. To add another Task, when applicable, select the Add button above.
4. Follow the directions below for adding Performance Measures to the Task.
5. Click Forms Menu to return to the navigation links.

Objective: 7. Reduce Potentially Preventable Readmissions (PPR's)

Task Name

7.b. NCQA PCMH Recognition

Task Description

Achieve and sustain NCQA PCMH 2014 Level 3 recognition.

Instructions for Adding Performance Measures for this Task:

Click the **Performance Measures** link in the Forms Menu navigation panel above to add a Performance Measure to this Task.

TASKS

Instructions:

1. Enter an Task in the field provided below.
2. Select the Save button.
3. To add another Task, when applicable, select the Add button above.
4. Follow the directions below for adding Performance Measures to the Task.
5. Click Forms Menu to return to the navigation links.

Objective: 7. Reduce Potentially Preventable Readmissions (PPR's)

Task Name

7.c. Care Coordination

Task Description

Improve Care Coordination.

Instructions for Adding Performance Measures for this Task:

Click the **Performance Measures** link in the Forms Menu navigation panel above to add a Performance Measure to this Task.

PERFORMANCE MEASURE

Instructions:

Click the **Performance Measures** link in the Forms Menu navigation panel above to add a Performance Measure to this Task.

TASKS

Instructions:

1. Enter an **Task** in the field provided below.
2. Select the **Save** button.
3. To add another **Task**, when applicable, select the **Add** button above.
4. Follow the directions below for adding **Performance Measures** to the **Task**.
5. Click **Forms Menu** to return to the navigation links.

Objective: 4. Reduce Incidence of Hospital Acquired Infections

Task Name

4 a Optimize Physical Environment

Task Description

Optimize physical environment physical environment to include 100% private rooms, and; right-sizing of rooms to accommodate patient care tasks and promote family involvement in care planning and care team collaboration.

Instructions for Adding Performance Measures for this Task:

Click the **Performance Measures** link in the Forms Menu navigation panel above to add a Performance Measure to this Task.

TASKS

Instructions:

1. Enter an **Task** in the field provided below.
2. Select the **Save** button.
3. To add another **Task**, when applicable, select the **Add** button above.
4. Follow the directions below for adding **Performance Measures** to the **Task**.
5. Click **Forms Menu** to return to the navigation links.

Objective: 5. Reduce Hospital Acquired Conditions

Task Name

5 a. Physical Environment Construction

Task Description

Construct physical environment to include: 100% private rooms to eliminate patient transfer challenges and improve general patient movement; improve patient observation and staff accessibility; and reduce distance between care providers and supplies and equipment.

Instructions for Adding Performance Measures for this Task:

Click the **Performance Measures** link in the Forms Menu navigation panel above to add a Performance Measure to this Task.

TASKS

Instructions:

1. Enter an **Task** in the field provided below.
2. Select the **Save** button.
3. To add another **Task**, when applicable, select the **Add** button above.
4. Follow the directions below for adding **Performance Measures** to the **Task**.
5. Click **Forms Menu** to return to the navigation links.

Objective: 6. Reduction of Preventable Emergency Room Visits (PPVs)

Task Name

6 a. DSRIP Emergency Department Care Triage

Task Description

Implement DSRIP ED Care Triage Project.

Instructions for Adding Performance Measures for this Task:

Click the **Performance Measures** link in the Forms Menu navigation panel above to add a Performance Measure to this Task.

TASKS

Instructions:

1. Enter an **Task** in the field provided below.
2. Select the **Save** button.
3. To add another **Task**, when applicable, select the **Add** button above.
4. Follow the directions below for adding **Performance Measures** to the **Task**.
5. Click **Forms Menu** to return to the navigation links.

Objective: Create a new Integrated Healthcare Campus
Task: 1. b. Obtain Approvals to Construct
Performance Measure Name
1.b.v. Final CON Approval
Narrative
Receive Final Approval of the CON Application from NYSDOH.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus
Task: 1.d. Commence Operations
Performance Measure Name
1.d.I. Commence Operations
Narrative
Begin operations at the new Mohawk Valley Health System Replacement hospital.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 2. Improve Behavioral Health Care
Task: 2.a. Construct physical environment for behavioral health care
Performance Measure Name
2.a.I. Physical Environment Construction
Narrative
Building construction includes private rooms, ligature safe equipment and fixtures, improved security measures, and improved care provider visibility.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 2. Improve Behavioral Health Care
Task: 2.b. Behavioral Health Integration
Performance Measure Name
2.b.I. Behavioral Health Network
Narrative
Established growth of behavioral health network.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus
Task: 1.a. Finalize Planning

Performance Measure Name

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: Create a new Integrated Healthcare Campus
Task: 1.b. Obtain Approvals to Construct
Performance Measure Name
1.b.i. Submission of CON Application
Narrative
Craft CON application and submit to the NYSDOH.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: Create a new Integrated Healthcare Campus
Task: 1.b. Obtain Approvals to Construct
Performance Measure Name
1.b.ii. CON Application Processing
Narrative
Respond to all NYSDOH questions during review of CON Application

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: Create a new Integrated Healthcare Campus
Task: 1.b. Obtain Approvals to Construct
Performance Measure Name
1.b.iii. Receive Contingent CON Approval.
Narrative
Receive Contingent Approval of the CON Application from NYSDOH

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: Create a new Integrated Healthcare Campus
Task: 1.b. Obtain Approvals to Construct
Performance Measure Name
1.b.iv. Respond to all CON Contingencies
Narrative
Respond to all NYSDOH Contingencies.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 6. Reduction of Preventable Emergency Room Visits (PPV's)

Task: 6.b. NCQA PCMH Recognition

Performance Measure Name

6.b.i. NCQA Level 3 PCMH Recognition

Narrative

Achieve 100% practices with NCQA Level 3 PCMH recognition.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 7. Reduce Potentially Preventable Readmissions (PPR's)

Task: 7.a. DSRIP Care Transitions

Performance Measure Name

7.a.i. Reduce Superutilizers Admissions

Narrative

Reduce hospital admissions for superutilizers by at least 25%.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 7. Reduce Potentially Preventable Readmissions (PPR's)

Task: 7.b. NCQA PCMH Recognition

Performance Measure Name

7.b.i. NCQA Level 3 PCMH Recognition

Narrative

Achieve 100% practices with NCQA Level 3 PCMH recognition.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 7. Reduce Potentially Preventable Readmissions (PPR's)

Task: 7.c. Care Coordination

Performance Measure Name

7.c.i. Health Home Referrals

Narrative

Establish referrals to Health Home.

PERFORMANCE MEASURE

1.a.ii Clinical and Support Work Groups

Narrative

Meet with all appropriate clinical and support work groups at MVHS.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 3. Improve Patient Experience

Task: 3 a. Construct Physical Environment to Improve Patient Experience

Performance Measure Name

3.a.i. Improve overall HCAHPS score

Narrative

Improve overall HCAHPS score to achieve above 50th percentile of all NYS hospitals.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 4. Reduce Incidence of Hospital Acquired Infections

Task: 4 a. Optimize Physical Environment

Performance Measure Name

4.a.i. Improve Hospital Acquired Infections Rankings

Narrative

Move HAI ranking from bottom 25% to above 50th percentile as measured by CMS.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 5. Reduce Hospital Acquired Conditions

Task: 5 a. Physical Environment Construction

Performance Measure Name

5.a.i. Reduce Patient Falls and Decubitus Ulcer Rates

Narrative

Reduce patient falls and decubitus ulcer rate by 10%.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 6. Reduction of Preventable Emergency Room Visits (PPVs)

Task: 6.a. DSRIP Emergency Department Care Triage

Performance Measure Name

6.a.i. Reduce Emergency Severity Index

Narrative

Reduce ED visits with assigned Emergency Severity index 4 or 5 by at least 25%.

3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus

Task: 1.c. Construct New Replacement Hospital

Performance Measure Name

1.c.v. End Construction

Narrative

Complete construction and receive certificate of occupancy.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus

Task: 1.c. Construct New Replacement Hospital

Performance Measure Name

1.c.vi. NYS DOH Pre-opening Survey

Narrative

Complete NYS DOH Pre-opening Survey and receive DOH approval to occupy.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click **Forms Menu** to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus

Task: 1.a. Finalize Planning

Performance Measure Name

1.a.i. Secure Grant

Narrative

Secure DOH01-Oneida-2016 HCFT Program Grant

PRE-SUBMISSION UPLOADS

Instructions:

1. Select the **Browse** button to locate an upload.
2. Select the **Save** button above to load it into the system.
3. If the *Grant Opportunity* you are applying for requires that a specific document be uploaded, a link to the *Document Template* will appear under the upload row. Click the link to download and save the *Document Template* to your computer. Once you have filled out the *Document Template* you can use the associated *Upload* row to upload the document as part of your application.

Attachments 1, 2, 3, and 6 are required by all applicants.

Attachments 1 and 6 should be completed and uploaded on this page.

Attachments 2 and 3 should be completed and uploaded in response to the appropriate *Program Specific Questions*.

All Applicants **MUST** submit MWBE forms. Either Attachment 4 (for non-profits) or Attachment 5 (for for profits) should be completed and uploaded on this page.

Attachment 1: Application Cover Page and Checklist*

Applicants must complete a cover sheet to provide contact information and a signature of an individual who is authorized to bind the Applicant to an MGC resulting from this application.

FileNetDocRetrieval.aspx?docID={3C608FD3-0706-470D-9537-FF7CD90F6804}

Document Template: [Click here](#)

Attachment 2: Financial Proposal Requirements

Applicants must complete the *Financial Proposal Requirements* document and upload the completed form in response to Question #8 in the *Program Specific Questions* section.

FileNetDocRetrieval.aspx?docID={B87BD5EF-6236-4049-B61D-D1D68061676F}

Document Template: [Click here](#)

Attachment 3: Projected Financial Information

Applicants must submit additional financial information beyond what is captured in the *Capital-Based Budget*, using Attachment 3:

Projected Financial Information. Tab 1 (*Use of Funds*) is used to provide detail about budget expenditures. Tab 2 (*Project Fund Sources*) is used to document other sources of funding. Tab 3 (*Impact*).

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus

Task: 1.c. Construct New Replacement Hospital

Performance Measure Name

1.c.i. Secure contracting entities.

Narrative

Secure contracting entities for the project. NOTE: Meet and document M/WBE requirements.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus

Task: 1.c. Construct New Replacement Hospital

Performance Measure Name

1.c.ii. Secure approvals and permits

Narrative

Secure all needed approvals and permits for the project.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus

Task: 1.c. Construct New Replacement Hospital

Performance Measure Name

1.c.iii. Construction Start Notification

Narrative

Submit and receive NYSDOH approval for construction start notification and constructions documents.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective: 1. Create a new Integrated Healthcare Campus

Task: 1.c. Construct New Replacement Hospital

Performance Measure Name

1.c.iv. Commence Construction

Narrative

Upon approvals, commence construction.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.

Financial Viability) is used to document financial feasibility projections. All three tabs are required and must be completed. Tab 4 is automatically completed with information entered in Tabs 1, 2, and 3. Please upload your fully completed excel file in response to Question #9 in the Program Specific Questions section.

File: [FileRetrieval.aspx?docID={C3311D50-E15F-4684-BC08-14221B439452}](#)

Document Template: [Click here](#)

Attachment 4: Minority & Women-Owned Business Enterprise Forms for Not-for-Profits

Not-for-profit applicants must use the uploaded forms below. Complete and upload the forms here as a PDF file.

File: [FileRetrieval.aspx?docID={97A0A314-CF24-45E7-8C9C-A18C6064D0C9}](#)

Document Template: [Click here](#)

Attachment 5: Minority & Women-Owned Business Enterprise Forms for For Profits

For Profit applicants must use the uploaded forms below. Complete and upload the forms here as a PDF file.

Document Template: [Click here](#)

Attachment 6: Vendor Responsibility Attestation*

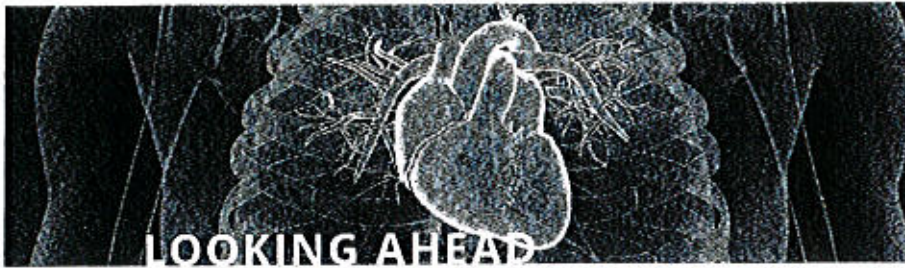
Applicants must use the uploaded form below. Complete and upload the form here as a PDF file.

File: [FileRetrieval.aspx?docID={BB0471B4-6B8C-430B-8018-598CC61FADD6}](#)

Document Template: [Click here](#)

Exhibit H

Looking Ahead



Reuse Study for the St. Elizabeth and St. Luke's Campuses

- MVHS will develop reuse scenarios for the St. Elizabeth and St. Luke's campuses. Formal reuse study of St. Elizabeth and St. Luke's campuses are expected to begin next year following completion of the Certificate of Need and environmental review (SEQR) process, as both campuses will be occupied until 2022.
- The planning and reuse process will engage community stakeholder groups on redevelopment options that fit identified community needs.

Next Steps

- MVHS has begun the site analysis and design phase of the project with the internationally recognized architectural firm NBBJ. This phase includes development of:
 - Campus footprint, including the hospital campus's physical boundaries and layout
 - Schematic design, including sketches of floor plans, elevations, and site plan. Design meetings with hospital employees are underway, employee/medical staff guidance is critical to design and implementation.
 - Facility design, to include aesthetic exterior and interior design will consider Utica's unique architectural character, surrounding neighborhoods and urban development initiatives, and more. This is one of the final components of the design process.
- Recognizing how difficult this is for the property owners in the general project footprint, MVHS remains in contact with them, sending periodic updates and answering their questions by phone and email. The complexity and size of the project and the need to consult with

- multiple agencies and partners has resulted in delays, which have unfortunately been an additional burden to property owners seeking to make plans. MVHS will continue to work with the City and County to support what assistance they can provide to affected property owners. Review of property appraisals is ongoing by the Dormitory Authority of the State of New York (DASNY), part of the contract approval process for State funding, and should be completed by November, allowing MVHS to move forward with property acquisition.
- MVHS values both employee and community input and has received considerable feedback over the past two and a half years from healthcare providers, neighborhood and civic groups, business organizations, and others. MVHS has met with nearly 2,000 people since the start of the project. Community and employee input will ensure integration with the neighborhood that will meet the hospital's needs and the community's.
 - The Certificate of Need application will be submitted to the NYS Department of Health once 30 percent of hospital design is complete, expected to occur by November 2017. MVHS is working through that process with assistance from NYSDOH.
 - A required State Environmental Quality Review will entail a review of all the project's potential impacts. MVHS is working with Hammes Company on the SEQR timeline, and preliminary work has begun.
 - The Utica Police Department Maintenance Facility will be acquired as part of the project; timing of its relocation has not been determined. MVHS will work with the City and police department as the project moves forward. The Police Station and the Utica City Court Complex will remain; they are not within the project footprint.

Mohawk Valley Health System

An Affiliation of
Faxton St. Luke's Healthcare &
St. Elizabeth Medical Center

1656 Champlin Avenue
Utica, NY 13502

www.mvhealthsystem.org

Exhibit I

Listing of bonds issued by Oneida County IDA to all of our related entities below. Outstanding represents current as of 12/31/17.

Entity	Issuer	Description	Date Issued	Amount	Outstanding
Faxton Hospital	Oneida County IDA	Series 1998A Bonds	Jun-98	7,460,000	-
Faxton Hospital	Oneida County IDA	Series 1998B Bonds	Jun-98	2,000,000	-
St. Luke's Memorial Hospital Center	Oneida County IDA	Series 1998A Bonds	Mar-98	14,200,000	-
St. Luke's Memorial Hospital Center	Oneida County IDA	Series 1998B Bonds	Aug-98	13,860,000	-
St. Luke's Memorial Hospital Center	Oneida County IDA	Series 1998C Bonds	Aug-98	1,140,000	-
Faxton Hospital	Oneida County IDA	Series 1999C Bonds	Dec-99	10,610,000	-
Faxton Hospital	Oneida County IDA	Series 1999D Bonds	Dec-99	7,420,000	-
Faxton St. Luke's Healthcare	Oneida County IDA	Series 2006E Bonds	Jun-06	7,705,000	5,410,000
Faxton St. Luke's Healthcare	Oneida County IDA	Series 2006F Bonds	Jun-06	12,290,000	9,110,000
St. Elizabeth Medical Center	Oneida County IDA	Series 1999A Bonds	Apr-99	15,000,000	10,920,000
St. Elizabeth Medical Center	Oneida County IDA	Series 1999B Bonds	Jun-99	15,000,000	5,240,000
St. Elizabeth Medical Center	Oneida County IDA	Series 2006A Bonds	Jun-06	14,000,000	8,000,000
				<u>120,685,000</u>	<u>38,680,000</u>

Exhibit J

Project ID #	Parcel ID No.	Owner	Address	City	State	Zip	Land Value	Total Assessment	Total Real Estate Taxes	County Tax	City Tax	School Tax
1	318.0042-1-31	Norman Seakan	318.358 Columbia St	Utica	NY	13502	21,800.00	100,000.00	5,000.14	1,004.09	2,537.04	2,703.96
2	318.0042-1-32	Norman Seakan	360-362 Highland Aves	Utica	NY	13502	8,000.00	75,000.00	1,977.29	256.01	634.70	675.99
3	318.0042-1-33	Richard W. Schmidt	438 Lafayette St	Utica	NY	13502	700.00	700.00	32.17	32.17	32.17	32.17
4	318.0041-2-7	Greg Urbaniak	3075 North St	Utica	NY	13502	1,000.00	1,000.00	53.11	10.25	25.38	14.93
5	318.0041-2-8	Greg Urbaniak	461-447 Lafayette St	Cortland	NY	13505	3,200.00	3,200.00	109.90	32.77	81.19	86.53
6	318.0041-3-6	Mark Schwab	529 Oriskany St. W.	Utica	NY	13502	14,400.00	144,000.00	7,665.17	1,474.60	3,653.34	3,893.70
7	318.0041-3-7	Mark Schwab	Carlton Ave	Utica	NY	13502	1,000.00	1,000.00	53.11	10.25	25.38	27.04
8	318.0041-3-8	Suburban Army/Queen's Corrigan	400-406 Lafayette St.	Utica	NY	13502	10,000.00	10,000.00	567.83	106.55	268.93	286.42
9	318.0041-3-9	Nagars Mohank	440 West Impact Row	Utica	NY	13502	6,900.00	6,900.00	369.43	71.26	176.53	186.15
10	318.0041-3-10	300 One Blvd. W.	300 One Blvd. W.	Syracuse	NY	13202	39,000.00	39,000.00	2,070.58	399.38	989.45	1,094.55
11	318.0041-3-11	525-527 Oriskany St., LLC	525 Oriskany St.	Utica	NY	13502	1,000.00	1,000.00	2,654.52	512.01	1,268.82	1,954.98
12	318.0041-3-12	Deans Garrisone	420-422 Columbia St	Utica	NY	13502	6,500.00	6,500.00	345.10	66.57	164.91	175.76
13	318.0041-3-13	Deans Garrisone	430-432 Columbia St	New Hartford	NY	13413	4,500.00	4,500.00	1,329.16	262.16	649.49	682.22
14	318.0041-3-14	David B. Richmond	462 Lafayette St.	Utica	NY	13502	5,500.00	5,500.00	1,015.40	199.88	494.71	527.78
15	318.0041-3-15	Nathaniel P. Morrissey	446-448 Columbia St.	Utica	NY	13502	4,100.00	4,100.00	237.49	44.99	104.02	110.87
16	318.0041-3-16	Nathaniel P. Morrissey	450 Columbia St.	Utica	NY	13502	900.00	900.00	42.80	8.22	20.34	24.34
17	318.0041-3-17	Nathaniel P. Morrissey	452-454 Columbia St.	Utica	NY	13502	6,300.00	6,300.00	3,650.95	728.47	1,868.62	2,434.34
18	318.0041-3-18	Nathaniel P. Morrissey	456 Columbia St.	Utica	NY	13502	1,000.00	1,000.00	285.47	51.21	126.86	135.20
19	318.0041-3-19	Nathaniel P. Morrissey	458 Columbia St.	Utica	NY	13502	4,700.00	4,700.00	1,433.38	276.49	685.01	730.07
20	318.0041-3-20	Ralph J. DeStefano	402 Thompson Road	Utica	NY	13502	7,400.00	7,400.00	3,011.84	596.69	2,394.87	2,552.54
21	318.0041-3-21	Zenro Alvarez	460-462 Columbia St.	Utica	NY	13502	4,100.00	4,100.00	1,752.03	337.53	892.33	952.54
22	318.0041-3-22	Joseph D. Teberry	601 Sells St.	Cayuga	NY	13623	6,000.00	6,000.00	338.56	64.45	152.73	162.24
23	318.0041-3-23	Angelo Magliore	400-408 Columbia St	Utica	NY	13502	15,100.00	15,100.00	10,087.36	1,945.66	4,870.76	5,137.51
24	318.0041-3-24	Ralph Cao	308-310 Columbia St	Utica	NY	13502	9,000.00	9,000.00	4,279.18	825.37	2,044.86	2,179.30
25	318.0041-3-25	Thrup Holdings, Inc.	310-325 Lafayette St	Utica	NY	13502	18,000.00	18,000.00	3,716.40	716.82	1,775.90	1,892.77
26	318.0041-3-26	First Gate Enterprises, Inc.	PO Box 459	Washington Mills	NY	13696-0416	15,200.00	15,200.00	4,494.61	3,638.44	4,059.26	4,326.32
27	318.0041-3-27	Turning Point Church (Formerly Oak	436-438 Columbia St	Utica	NY	13502	5,200.00	5,200.00	5,178.66	989.22	2,450.79	2,627.02
28	318.0041-3-28	Daniel Schweitzer	440 Lafayette St.	Utica	NY	13502	7,000.00	7,000.00	3,840.00	708.14	1,927.37	2,065.35
29	318.0041-3-29	Daniel Schweitzer	443-435 Lafayette St	Utica	NY	13502	5,200.00	5,200.00	2,693.03	526.67	869.37	962.57
30	318.0041-3-30	Daniel Schweitzer	446 Lafayette St.	Utica	NY	13502	2,500.00	2,500.00	1,598.06	308.24	763.65	813.89
31	318.0041-3-31	Daniel Schweitzer	450 Lafayette St.	Utica	NY	13502	6,800.00	6,800.00	3,981.86	798.03	1,902.78	2,027.87
32	318.0041-3-32	Daniel Schweitzer	452 Lafayette St.	Utica	NY	13502	1,600.00	1,600.00	84.37	16.39	40.60	43.27
33	318.0041-3-33	Greg Urbaniak	505-507 State St	Cortland	NY	13845	6,500.00	29,000.00	1,573.53	304.12	750.87	800.37
34	318.0041-3-34	Ms. Zion Ministries Church, Inc./Char	506 Columbia St	Utica	NY	13502	100.00	100.00	5.32	1.03	2.54	2.71
35	318.0041-3-35	Park Outdoor Advertising of NY	508 Lafayette St.	Utica	NY	13502	28,000.00	175,000.00	6,052.42	1,107.40	2,892.24	3,082.51
36	318.0041-3-36	Park Outdoor Advertising of NY	PO Box 4480	Utica	NY	13502	100.00	100.00	5.32	1.03	2.54	2.71
37	318.0041-3-37	Park Outdoor Advertising of NY	543 Chaucery St.	Utica	NY	13502	100.00	100.00	5.32	1.03	2.54	2.71
38	318.0042-2-27	Anthony Clemente	303 Lafayette St.	Utica	NY	13502	32,000.00	44,000.00	2,336.05	450.58	1,116.30	1,180.74
39	318.0042-2-28	Anthony Clemente	312-314 Columbia St	Utica	NY	13502	1,600.00	1,600.00	84.97	16.39	40.60	43.27
40	318.0042-2-29	Saba Beau Hotels, Inc.	425 Lafayette St.	Utica	NY	13502	8,900.00	50,000.00	1,573.53	304.12	750.87	800.37
41	318.0041-2-7	John Lopez House, Inc.	425-427 Columbia St.	Utica	NY	13502	6,000.00	1,000.00	Exempt	Exempt	Exempt	Exempt
42	318.0041-2-8	John Lopez House, Inc.	446 Columbia St.	Utica	NY	13502	500.00	500.00	Exempt	Exempt	Exempt	Exempt
43	318.0041-2-9	John Lopez House, Inc.	402 State St	Utica	NY	13501	14,400.00	130,000.00	5,840.06	1,126.44	2,790.75	2,974.85
44	318.0041-2-10	Michael Magner	505-506 Lafayette St	Utica	NY	13501	900.00	4,900.00	780.16	50.18	124.32	132.50
45	318.0041-2-11	Michael Magner	507 Lafayette St	Utica	NY	13501	600.00	600.00	31.87	6.35	15.23	16.23
46	318.0041-2-12	Michael Magner	508 Lafayette St	Utica	NY	13501	1,200.00	1,200.00	1,700.79	333.84	827.08	861.49
47	318.0041-2-13	Oscar / Guarnas/Quarna Construction	510-512 Lafayette St	Utica	NY	13501	2,400.00	2,400.00	2,406.18	444.43	1,101.08	1,173.52
48	318.0041-2-14	Piana Brand	1002 Columbia St.	Utica	NY	13502	3,300.00	13,000.00	722.05	139.27	345.04	367.74
49	318.0041-2-15	City of Utica	168-171 16th Ave., N.Y.	Jamaica	NY	11413	48,000.00	750,000.00	Exempt	Exempt	Exempt	Exempt
50	318.0041-2-16	Resource Center for Independent Living	408 Columbia St.	Utica	NY	13502	12,800.00	91,000.00	12,800.00	Exempt	Exempt	Exempt
51	318.0041-2-17	JP O'Brien Plumbing & Heating	411 Columbia St.	Utica	NY	13502	34,300.00	388,100.00	19,909.75	3,940.13	2,179.14	2,398.83
52	318.0041-2-18	Clemente Properties, Inc.	303-309 Lafayette St	Utica	NY	13502	24,800.00	211,800.00	11,297.85	5,963.11	5,108.83	5,794.01
53	318.0041-2-19	Anthony Clemente	303 Lafayette St.	Utica	NY	13502	24,800.00	211,800.00	11,297.85	5,963.11	5,108.83	5,794.01
54	318.0041-2-20	Merrion Printing Co. Inc.	317 Lafayette St.	Utica	NY	13502	11,200.00	134,100.00	5,311.51	1,107.31	2,541.55	2,759.37
55	318.0041-2-21	Chris LLC/Garino	317 Lafayette St	Utica	NY	13502	11,200.00	134,100.00	5,311.51	1,107.31	2,541.55	2,759.37
56	318.0041-2-22	Mohawk Hospital Equipment Inc.	313 Lafayette St	Troy/Mohawk	NY	13340	14,500.00	78,000.00	4,157.07	801.82	1,986.51	2,117.40
57	318.0041-2-23	Mohawk Hospital Equipment Inc.	301 Columbia St	Utica	NY	13503	33,500.00	78,700.00	4,174.32	805.97	1,996.66	2,120.02
58	318.0041-2-24	Mohawk Hospital Equipment Inc.	PO Box 27	Utica	NY	13503	89,500.00	89,500.00	45,127.62	8,704.24	21,564.84	22,988.59

44	318-042-1-30	Mohawk Hospital Equipment Inc.	336 Columbia St	Ulica	NY	13504	\$	6,000.00	\$	10,000.00	\$	21.24	\$	4.10	\$	10.15	\$	10.87
44	318-042-1-33.3	Mohawk Hospital Equipment Inc.	337 Columbia St	Ulica	NY	13506	\$	7,600.00	\$	75,000.00	\$	3,923.47	\$	756.76	\$	1,874.68	\$	1,998.23
45	318-094-1-25	421 Lafayette St./Clanton Services	421 Lafayette St	Ulica	NY	13502	\$	1,000.00	\$	1,000.00	\$	53.11	\$	10.25	\$	25.38	\$	27.04
45	318-094-1-26	421 Lafayette St./Clanton Services	420 Lafayette St	Ulica	NY	13502	\$	1,000.00	\$	1,000.00	\$	48.87	\$	16.39	\$	40.60	\$	43.27
45	318-094-1-27	421 Lafayette St./Clanton Services	420 Lafayette St	Ulica	NY	13502	\$	1,000.00	\$	1,000.00	\$	53.11	\$	10.25	\$	25.38	\$	27.04
45	318-094-1-28	421 Lafayette St./Clanton Services	420 Lafayette St	Ulica	NY	13502	\$	1,000.00	\$	1,000.00	\$	53.11	\$	10.25	\$	25.38	\$	27.04
45	318-094-1-29	421 Lafayette St./Clanton Services	420 Lafayette St	Ulica	NY	13502	\$	1,000.00	\$	1,000.00	\$	53.11	\$	10.25	\$	25.38	\$	27.04
46	318-039-3-11	500 Columbia Street, LLC	500 Columbia St	Ulica	NY	13661	\$	6,000.00	\$	106,300.00	\$	31.85	\$	6.14	\$	15.23	\$	16.22
46	318-039-3-11	500 Columbia Street, LLC	500 Columbia St	Ulica	NY	13661	\$	6,000.00	\$	106,300.00	\$	31.85	\$	6.14	\$	15.23	\$	16.22
47	318-039-3-14	Ging Urbank	501 Lafayette St	Carland	NY	13645	\$	8,500.00	\$	263,500.00	\$	13,883.39	\$	2,677.84	\$	2,701.29	\$	2,879.71
48	318-042-1-6	HJ Brandeis Corp.	300 106 Lafayette St	Ulica	NY	13502	\$	32,100.00	\$	232,400.00	\$	12,338.44	\$	2,379.85	\$	5,894.36	\$	7,070.84
48	318-042-1-6	Salvation Army	406 Columbia St	Hamburg	PA	17103	\$	43,800.00	\$	256,000.00	\$	Empty	\$	Empty	\$	5,894.36	\$	6,283.99
50	318-042-1-2.1	City of Ulica	UNAP				\$	18,000.00	\$	18,000.00	\$	Empty	\$	Empty	\$	Empty	\$	Empty
50	318-042-1-3.1	City of Ulica	327 Lafayette St				\$	6,700.00	\$	6,700.00	\$	Empty	\$	Empty	\$	Empty	\$	Empty
50	318-042-1-3.2	City of Ulica	326 Lafayette St				\$	20,100.00	\$	20,100.00	\$	Empty	\$	Empty	\$	Empty	\$	Empty
50	318-042-1-3.4	City of Ulica	326 Lafayette St				\$	6,000.00	\$	10,000.00	\$	Empty	\$	Empty	\$	Empty	\$	Empty
51	318-042-1-30	City of Ulica	310 Columbia St				\$	15,200.00	\$	47,000.00	\$	Empty	\$	Empty	\$	Empty	\$	Empty
52	318-094-1-37	City of Ulica	401 State St	Ulca	NY	13665	\$	6,500.00	\$	6,500.00	\$	Empty	\$	Empty	\$	Empty	\$	Empty
54	318-041-2-24	City of Ulica	416-416 Lafayette St				\$	4,500.00	\$	4,500.00	\$	Empty	\$	Empty	\$	Empty	\$	Empty
54	318-041-2-24	City of Ulica	509 State St				\$	12,800.00	\$	20,000.00	\$	Empty	\$	Empty	\$	Empty	\$	Empty
TBD	318-042-1-29	Deer Meadows, Ulca Urban Farm	250 334 Columbia St				\$	32,800.00	\$	32,800.00	\$	Empty	\$	Empty	\$	Empty	\$	Empty

Exhibit K

**Full Environmental Assessment Form
Part 1 - Project and Setting**

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Sponsor Information.

Name of Action or Project: Mohawk Valley Health System (MVHS) Integrated Health Campus		
Project Location (describe, and attach a general location map): City of Utica, NY (see Figure 1)		
Brief Description of Proposed Action (include purpose or need): See Attachments 1 and 2 for a description of the Proposed Action and Site Layout, respectively.		
Name of Applicant/Sponsor: MVHS (Attn: Mr. Robert C. Scholefield, RN, MS; Executive VP, Chief Operating Officer)		Telephone: 1-315-801-4978
		E-Mail: bscholef@mvhealthsystem.org
Address: 2209 Genesee Street		
City/PO: Utica	State: NY	Zip Code: 13501
Project Contact (if not same as sponsor; give name and title/role):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor): Multiple property owners (see Attachment 3). These parcels will be acquired by MVHS.		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:

B. Government Approvals See Attachment 4 for a listing of permits and approvals.

B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)		
Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Council, Town Board, <input type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees		
b. City, Town or Village <input type="checkbox"/> Yes <input type="checkbox"/> No Planning Board or Commission		
c. City Council, Town or <input type="checkbox"/> Yes <input type="checkbox"/> No Village Zoning Board of Appeals		
d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Coastal Resources.		
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
iii. Is the project site within a Coastal Erosion Hazard Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Planning and Zoning

C.1. Planning and zoning actions.	
Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> If Yes, complete sections C, F and G. If No, proceed to question C.2 and complete all remaining sections and questions in Part I 	
C.2. Adopted land use plans.	
a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, identify the plan(s):	
<u>NYS Heritage Areas: Mohawk Valley Heritage Corridor</u>	
<u>Source: https://parks.ny.gov/historic-preservation/heritage-areas/documents/MohawkValleyUrbanHeritageArea.pdf</u>	

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify the plan(s):	

C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. Yes No
 If Yes, what is the zoning classification(s) including any applicable overlay district?
Central Business District (CBD)

b. Is the use permitted or allowed by a special or conditional use permit? Yes No

c. Is a zoning change requested as part of the proposed action? Yes No
 If Yes,
 i. What is the proposed new zoning for the site? _____

C.4. Existing community services.

a. In what school district is the project site located? Utica City School District

b. What police or other public protection forces serve the project site?
Utica Police Department

c. Which fire protection and emergency medical services serve the project site?
Utica Fire Department

d. What parks serve the project site?
The City of Utica owns and operates parkland within the City limits; no parkland is located within the project limits.

D. Project Details

D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational, if mixed, include all components)? Healthcare

b. a. Total acreage of the site of the proposed action? _____ ± 25 acres
 b. Total acreage to be physically disturbed? _____ ± 25 acres
 c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ * acres *The applicant is negotiating with current property owners.

c. Is the proposed action an expansion of an existing project or use? Yes No
 i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % _____ Units: _____

d. Is the proposed action a subdivision, or does it include a subdivision? Yes No
 If Yes,
 i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)
Resubdivision to consolidate parcels under single ownership.
 ii. Is a cluster/conservation layout proposed? Yes No
 iii. Number of lots proposed? _____ ± 2
 iv. Minimum and maximum proposed lot sizes? Minimum _____ Maximum _____

e. Will proposed action be constructed in multiple phases? Yes No
 i. If No, anticipated period of construction: _____ ± 44 months
 ii. If Yes:
 • Total number of phases anticipated _____
 • Anticipated commencement date of phase 1 (including demolition) _____ month _____ year
 • Anticipated completion date of final phase _____ month _____ year
 • Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: _____

f. Does the project include new residential uses? Yes No
 If Yes, show numbers of units proposed.

	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	_____	_____	_____	_____
At completion	_____	_____	_____	_____
of all phases	_____	_____	_____	_____

g. Does the proposed action include new non-residential construction (including expansions)? Yes No
 If Yes,

i. Total number of structures 3

ii. Dimensions (in feet) of largest proposed structure: ± 142 height; ± 240 width; and ± 630 length

iii. Approximate extent of building space to be heated or cooled: Main Hospital: ± 670,000 square feet

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? Yes No
 If Yes,

i. Purpose of the impoundment: _____

ii. If a water impoundment, the principal source of the water: Ground water Surface water streams Other specify: _____

iii. If other than water, identify the type of impounded/contained liquids and their source. _____

iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres

v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length

vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): _____

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? Yes No
 (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)

If Yes:

i. What is the purpose of the excavation or dredging? Excavation and removal of impacted and/or unsuitable fill material, if encountered.

ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?

- Volume (specify tons or cubic yards): To be determined upon further evaluation of existing conditions
- Over what duration of time? ± 12-18 months

iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them.
Excavated soil/fill material that is unsuitable for re-use on site will be stockpiled, sampled, and disposed of in accordance with applicable federal and state regulations.

iv. Will there be onsite dewatering or processing of excavated materials? Yes No
 If yes, describe. Temporary dewatering of excavations is anticipated. Encountered groundwater will be characterized and managed in accordance with applicable federal and state regulations.

v. What is the total area to be dredged or excavated? _____ To be determined acres

vi. What is the maximum area to be worked at any one time? _____ ± 25 acres

vii. What would be the maximum depth of excavation or dredging? _____ ± 10 feet

viii. Will the excavation require blasting? Yes No

ix. Summarize site reclamation goals and plan: _____
Excavations will be backfilled and hospital, ancillary facilities and grounds will be constructed on the re-graded site.

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? Yes No
 If Yes:

i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will proposed action cause or result in disturbance to bottom sediments? Yes No
 If Yes, describe: _____

iv. Will proposed action cause or result in the destruction or removal of aquatic vegetation? Yes No
 If Yes:

- acres of aquatic vegetation proposed to be removed: _____
- expected acreage of aquatic vegetation remaining after project completion: _____
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): _____
- proposed method of plant removal: _____
- if chemical/herbicide treatment will be used, specify product(s): _____

v. Describe any proposed reclamation/mitigation following disturbance: _____

c. Will the proposed action use, or create a new demand for water? Yes No
 If Yes:

i. Total anticipated water usage/demand per day: _____ ± 187,000 gallons/day

ii. Will the proposed action obtain water from an existing public water supply? Yes No
 If Yes:

- Name of district or service area: City of Utica
- Does the existing public water supply have capacity to serve the proposal? Yes No
- Is the project site in the existing district? Yes No
- Is expansion of the district needed? Yes No
- Do existing lines serve the project site? Yes No

iii. Will line extension within an existing district be necessary to supply the project? Yes No
 If Yes:

- Describe extensions or capacity expansions proposed to serve this project: _____
Water mains will need to be installed or replaced. See Attachment 1 for additional details.
- Source(s) of supply for the district: Mohawk Valley Water Authority

iv. Is a new water supply district or service area proposed to be formed to serve the project site? Yes No
 If, Yes:

- Applicant/sponsor for new district: _____
- Date application submitted or anticipated: _____
- Proposed source(s) of supply for new district: _____

v. If a public water supply will not be used, describe plans to provide water supply for the project: _____

vi. If water supply will be from wells (public or private), maximum pumping capacity: N/A gallons/minute.

d. Will the proposed action generate liquid wastes? Yes No
 If Yes:

i. Total anticipated liquid waste generation per day: _____ ± 187,000 gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): _____
Sanitary wastewater from hospital operations (± 187,000 gallons/day).

iii. Will the proposed action use any existing public wastewater treatment facilities? Yes No
 If Yes:

- Name of wastewater treatment plant to be used: Oneida County's Water Pollution Control Plant
- Name of district: Oneida County Sewer District
- Does the existing wastewater treatment plant have capacity to serve the project? Yes No
- Is the project site in the existing district? Yes No
- Is expansion of the district needed? Yes No

- Do existing sewer lines serve the project site? Yes No
 - Will line extension within an existing district be necessary to serve the project? Yes No
- If Yes:
- Describe extensions or capacity expansions proposed to serve this project: _____
- Sewer lines will need to be installed or replaced. See Attachment 1 for additional details.

iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? Yes No

If Yes:

- Applicant/sponsor for new district: _____
- Date application submitted or anticipated: _____
- What is the receiving water for the wastewater discharge? _____

v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge, or describe subsurface disposal plans):

vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____

e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction? Yes No

If Yes:

i. How much impervious surface will the project create in relation to total size of project parcel?

_____ Square feet or _____* acres (impervious surface)

_____ Square feet or ± 25 acres (parcel size)

ii. Describe types of new point sources. * The majority of the project site is currently impervious. Proposed conditions will increase pervious green space.

iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)?

Site stormwater will be managed in accordance with the New York State Stormwater Management Design Manual, as required by the SPOES General Permit for Stormwater Discharges from Construction Activity (GP 0-15-002). See Attachment 1 for a description of anticipated infrastructure modifications necessary to accommodate the MVHS Integrated Health Campus.

- If to surface waters, identify receiving water bodies or wetlands: _____
Stormwater will be conveyed to the City's stormwater conveyance system.

- Will stormwater runoff flow to adjacent properties? Stormwater will be conveyed to the City's stormwater conveyance system. Yes No

iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? Yes No

f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations? Yes No

If Yes, identify:

i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)

Short-term particulate emissions (dust) and portable equipment exhaust emissions during construction activities.

ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)

No stationary sources during construction are anticipated.

iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)

Stationary sources during operations may include boilers, emergency generators and microturbines, as well as other minor sources.

g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit? Yes No

If Yes:

i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year) Yes No

ii. In addition to emissions as calculated in the application, the project will generate: *

- $\pm 60,000$ Tons/year (short tons) of Carbon Dioxide (CO₂)
- < 1 Tons/year (short tons) of Nitrous Oxide (N₂O)
- 0 Tons/year (short tons) of Perfluorocarbons (PFCs)
- 0 Tons/year (short tons) of Sulfur Hexafluoride (SF₆)
- 0 Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs)
- < 1 Tons/year (short tons) of Hazardous Air Pollutants (HAPs)

* It is anticipated that MVHS will need to obtain either a State Facility Air Permit or Registration. Emission estimates for criteria pollutants will be included in the applicable application.

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? Yes No

If Yes:

i. Estimate methane generation in tons/year (metric): ± 1.5 tons/year

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): None anticipated. Methane emissions will be from combustion sources which typically are not equipped with methane controls.

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? Yes No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust):

Short-term particulate emissions (dust) and equipment exhaust emissions during construction activities. During construction, the contractor will be required to implement mitigation measures to minimize air quality impacts including proper maintenance of vehicles and equipment and implementation (as necessary) of dust suppression measures.

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? Yes No

* A Traffic Impact Study will be conducted.

If Yes: *

i. When is the peak traffic expected (Check all that apply): Morning Evening Weekend
 Randomly between hours of _____ to _____.

ii. For commercial activities only, projected number of semi-trailer truck trips/day: To be determined.

iii. Parking spaces: Existing ±630 Proposed ± 2,800 Net increase decrease ±2,170

iv. Does the proposed action include any shared use parking? Yes No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe:
Discontinue portions of Lafayette and Cornelia Streets within the new hospital boundaries.

vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? Yes No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? Yes No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? Yes No

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? Yes No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: _____
The peak electrical demand load for the project is 4.2 mVA.

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other):
National Grid

iii. Will the proposed action require a new, or an upgrade to, an existing substation? Yes No

l. Hours of operation. Answer all items which apply.

<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: <u>10 hours (7 am - 5 pm)</u> • Saturday: <u>10 hours (7 am - 5 pm)</u> • Sunday: <u>If necessary.</u> • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: <u>24 hours</u> • Saturday: <u>24 hours</u> • Sunday: <u>24 hours</u> • Holidays: <u>24 hours</u>
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m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? Yes No

If yes:

i. Provide details including sources, time of day and duration:
Noise during construction will be minimized via standard construction practices. New York State Environmental Conservation Law prohibits heavy duty vehicles, including diesel trucks, from idling for more than five minutes at a time. Sporadic noise in excess of existing ambient levels during operation may be generated by incoming ambulances and helicopter flights.

ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen? Yes No
 Describe: The MVHS Integrated Health Campus will be constructed in an urban setting proximal to existing buildings and other man-made structures.

n. Will the proposed action have outdoor lighting? Yes No

If yes:

i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:
Outdoor lighting will include signage, lamp posts and building-mounted fixtures in exterior parking areas, walkways and entrances to the hospital, as applicable. Outdoor lighting fixtures will be downward facing to minimize glare and night-sky related light pollution.

ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? Yes No
 Describe: _____

o. Does the proposed action have the potential to produce odors for more than one hour per day? Yes No
 If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____

p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage? Yes No

If Yes:

i. Product(s) to be stored No. 2 Fuel Oil, Diesel

ii. Volume(s) _____ per unit time _____ (e.g., month, year) * To be determined.

iii. Generally describe proposed storage facilities: 50,000-gallon double-walled underground storage tank and day tanks for boiler operations, as well as diesel tanks for emergency generators.

q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? Yes No

If Yes:

i. Describe proposed treatment(s):
Herbicides and pesticides may be used periodically to mitigate against pests and other nuisance vectors. In addition, water treatment chemicals will be utilized for maintenance of the cooling towers.

ii. Will the proposed action use Integrated Pest Management Practices? Yes No

r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? Yes No
Hospital operations generate a variety of regulated wastes, including solid waste, regulated medical waste, etc.

If Yes:

i. Describe any solid waste(s) to be generated during construction or operation of the facility:

- Construction: _____ To be determined tons per _____ To be determined (unit of time)
- Operation: ± 100 cy/week (solid waste/recyclables), ± 420 tons/year (RMW)

ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:

- Construction: To be determined by contractors.
- Operation: Work minimization efforts will be consistent with current operations and applicable State and City requirements.

iii. Proposed disposal methods/facilities for solid waste generated on-site:

- Construction: To be determined by contractors.
- Operation: Solid waste and recyclables will be managed in accordance with applicable local, state and federal requirements. Regulated medical waste (RMW) will be hauled by a NYSDEC-permitted RMW transporter from the new hospital to the existing state-permitted autoclave and shredder located at Faxton St. Luke's Healthcare facility prior to ultimate management off-site.

s. Does the proposed action include construction or modification of a solid waste management facility? Yes No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): _____

ii. Anticipated rate of disposal/processing:

- _____ Tons/month, if transfer or other non-combustion/thermal treatment, or
- _____ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: _____ years

t. Will proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? Yes No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: _____
Acute and non-acute hazardous wastes. The majority of these waste streams will be pharmaceutical-related.

ii. Generally describe processes or activities involving hazardous wastes or constituents: _____
Pharmaceutical-related activities.

iii. Specify amount to be handled or generated _____ * tons/month * < 220 lbs/month of hazardous waste; < 2.2 lbs/month of acute hazardous waste.
Quantity based on conditionally-exempt small quantity generator status.

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: _____

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? Yes No

If Yes: provide name and location of facility: _____
MVHS will utilize an NYSDEC-permitted treatment, storage and disposal facilities (TSDFs). Specific facilities have not been selected.

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: _____

E. Site and Setting of Proposed Action

E.1. Land uses on and surrounding the project site

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

Urban Industrial Commercial Residential (suburban) Rural (non-farm)

Forest Agriculture Aquatic Other (specify): Institutional, Residential (Urban)

ii. If mix of uses, generally describe: _____

b. Land uses and covertypes on the project site.

Land use or Covertypes	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces			
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: <u>Urban land including structures and paved and green areas.</u>	± 25	± 25	± 25

c. Is the project site presently used by members of the community for public recreation? Yes No
i. If Yes: explain: _____

d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? Yes No
If Yes,
i. Identify Facilities:
Approximately 3 licensed day care centers are located with 1500 feet of the proposed project site.
Source: http://ocfs.ny.gov/main/childcare/ccfs_template.asp.

e. Does the project site contain an existing dam? Yes No
If Yes:
i. Dimensions of the dam and impoundment:
• Dam height: _____ feet
• Dam length: _____ feet
• Surface area: _____ acres
• Volume impounded: _____ gallons OR acre-feet
ii. Dam's existing hazard classification: _____
iii. Provide date and summarize results of last inspection:

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? Yes No
If Yes:
i. Has the facility been formally closed? Yes No
• If yes, cite sources/documentation: _____
ii. Describe the location of the project site relative to the boundaries of the solid waste management facility:

iii. Describe any development constraints due to the prior solid waste activities: _____

g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? Yes No
If Yes:
i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred:
Hazardous wastes have been generated within the proposed project area and wastes were shipped off-site for disposal. No large quantity generators or hazardous waste treatment, storage, and disposal facilities (TSDFs) were identified on or adjacent to the proposed project area.

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? Yes No
If Yes:
i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: Yes No
 Yes – Spills Incidents database Provide DEC ID number(s): One Open Spill (93-03962)
 Yes – Environmental Site Remediation database Provide DEC ID number(s): _____
 Neither database
ii. If site has been subject of RCRA corrective activities, describe control measures: _____
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? Yes No
If yes, provide DEC ID number(s): B00061 , E633070, B00063 , 633021
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s):
Remediation of two of the four sites identified has been deemed to be satisfactorily completed by the NYSDEC. A remedial program is currently underway at Site B00063, which is located approximately 1600 feet northeast of the proposed project area. Site 633021 is a State Superfund Site and is located approximately 1500 feet north of the proposed project area. Groundwater flow at these two sites is to the north.

v. Is the project site subject to an institutional control limiting property uses? Yes No

- If yes, DEC site ID number: _____
- Describe the type of institutional control (e.g., deed restriction or easement): _____
- Describe any use limitations: _____
- Describe any engineering controls: _____
- Will the project affect the institutional or engineering controls in place? Yes No
- Explain: _____

E.2. Natural Resources On or Near Project Site

a. What is the average depth to bedrock on the project site? _____ > 6 feet

b. Are there bedrock outcroppings on the project site? Yes No
 If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %

c. Predominant soil type(s) present on project site: Urban Land _____ 100 %
 _____ %
 _____ %

d. What is the average depth to the water table on the project site? Average: _____ ± 10 feet

e. Drainage status of project site soils: Well Drained: _____ 100 % of site
 Moderately Well Drained: _____ % of site
 Poorly Drained _____ % of site

f. Approximate proportion of proposed action site with slopes: 0-10%: _____ 100 % of site
 10-15%: _____ % of site
 15% or greater: _____ % of site

g. Are there any unique geologic features on the project site? Yes No
 If Yes, describe: _____

h. Surface water features.

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? Yes No

ii. Do any wetlands or other waterbodies adjoin the project site? Yes No
 If Yes to either *i* or *ii*, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? Yes No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name _____ Classification _____
- Lakes or Ponds: Name _____ Classification _____
- Wetlands: Name _____ Approximate Size _____
- Wetland No. (if regulated by DEC) _____

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? Yes No
 If yes, name of impaired water body/bodies and basis for listing as impaired: _____

i. Is the project site in a designated Floodway? Yes No

j. Is the project site in the 100 year Floodplain? Yes No

k. Is the project site in the 500 year Floodplain? Yes No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? Yes No
 If Yes:
 i. Name of aquifer: Principal Aquifer _____

m. Identify the predominant wildlife species that occupy or use the project site: _____
Common species (urban) _____

n. Does the project site contain a designated significant natural community? Yes No
If Yes:
i. Describe the habitat/community (composition, function, and basis for designation): _____

ii. Source(s) of description or evaluation: _____

iii. Extent of community/habitat:
• Currently: _____ acres
• Following completion of project as proposed: _____ acres
• Gain or loss (indicate + or -): _____ acres

o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? Yes No
Several NYS endangered and threatened plants and animals have been identified in Oneida County (<http://www.dec.ny.gov/natureexplorer/app/location/county/results.5>). However, given the urban setting, these species are not anticipated to be encountered.
Review of the United States Fish and Wildlife (USFWS) Information for Planning and Consultation (IPaC) website (<https://ecos.fws.gov/ipac/>), identified the following threatened species: Northern Long-Eared Bat (NLEB). Tree cutting will be restricted to November 1st - March 31st.

p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? Yes No

q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? Yes No
If yes, give a brief description of how the proposed action may affect that use: _____

E.3. Designated Public Resources On or Near Project Site

a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? Yes No
If Yes, provide county plus district name/number: _____

b. Are agricultural lands consisting of highly productive soils present? Yes No
i. If Yes: acreage(s) on project site? _____
ii. Source(s) of soil rating(s): _____

c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? Yes No
If Yes:
i. Nature of the natural landmark: Biological Community Geological Feature
ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____

d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? Yes No
If Yes:
i. CEA name: _____
ii. Basis for designation: _____
iii. Designating agency and date: _____

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input checked="" type="checkbox"/> Historic Building or District	
<small>Several parcels included in the project site are located within the Upper Genesee Street Historic District. In addition, two historic buildings are located proximal to the project site.</small>	
ii. Name: <small>Specifically, Fort Schuyler Club Building (located ± 600 feet south of the proposed project site) and St. Joseph's Church (located ± 580 ft west of the proposed project site, on the opposite side of the North-South Arterial Highway).</small>	
iii. Brief description of attributes on which listing is based: <small>Items of significance include religion and architecture (https://cris.parks.ny.gov/Login.aspx?ReturnUrl=%2FDefault.aspx).</small>	
f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g. Have additional archaeological or historic site(s) or resources been identified on the project site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
i. Describe possible resource(s): <small>To be determined. Consultation with the State Historic Preservation Office has been initiated. A Phase IA Cultural Resource Survey will be conducted.</small>	
ii. Basis for identification: _____	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
i. Identify resource: <u>City of Utica Scenic and Historic District, Erie Canalway Trail, NYS-designated Wildlife Management Areas</u>	
ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): <u>Scenic District and/or Wildlife Management Area</u>	
iii. Distance between project and resource: <u>Varies</u> miles.	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Identify the name of the river and its designation: _____	
ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? <input type="checkbox"/> Yes <input type="checkbox"/> No	

F. Additional Information

Attach any additional information which may be needed to clarify your project.

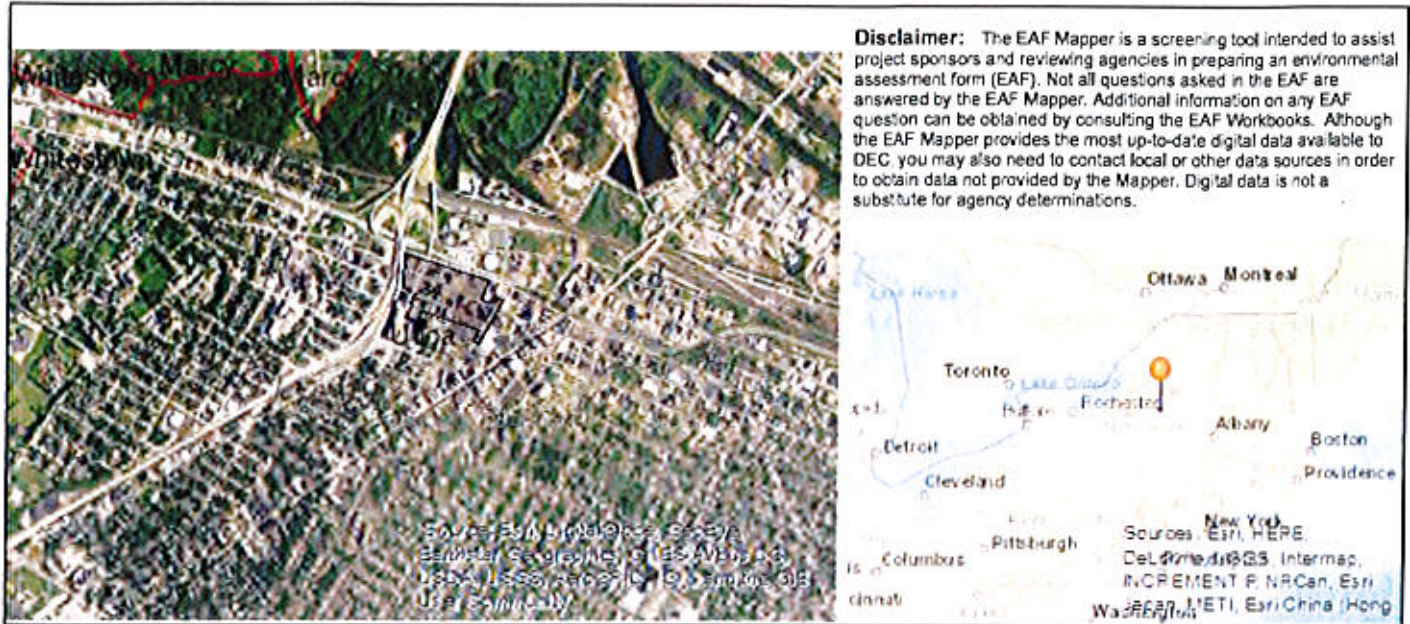
If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name _____ Date _____

Signature _____ Title _____

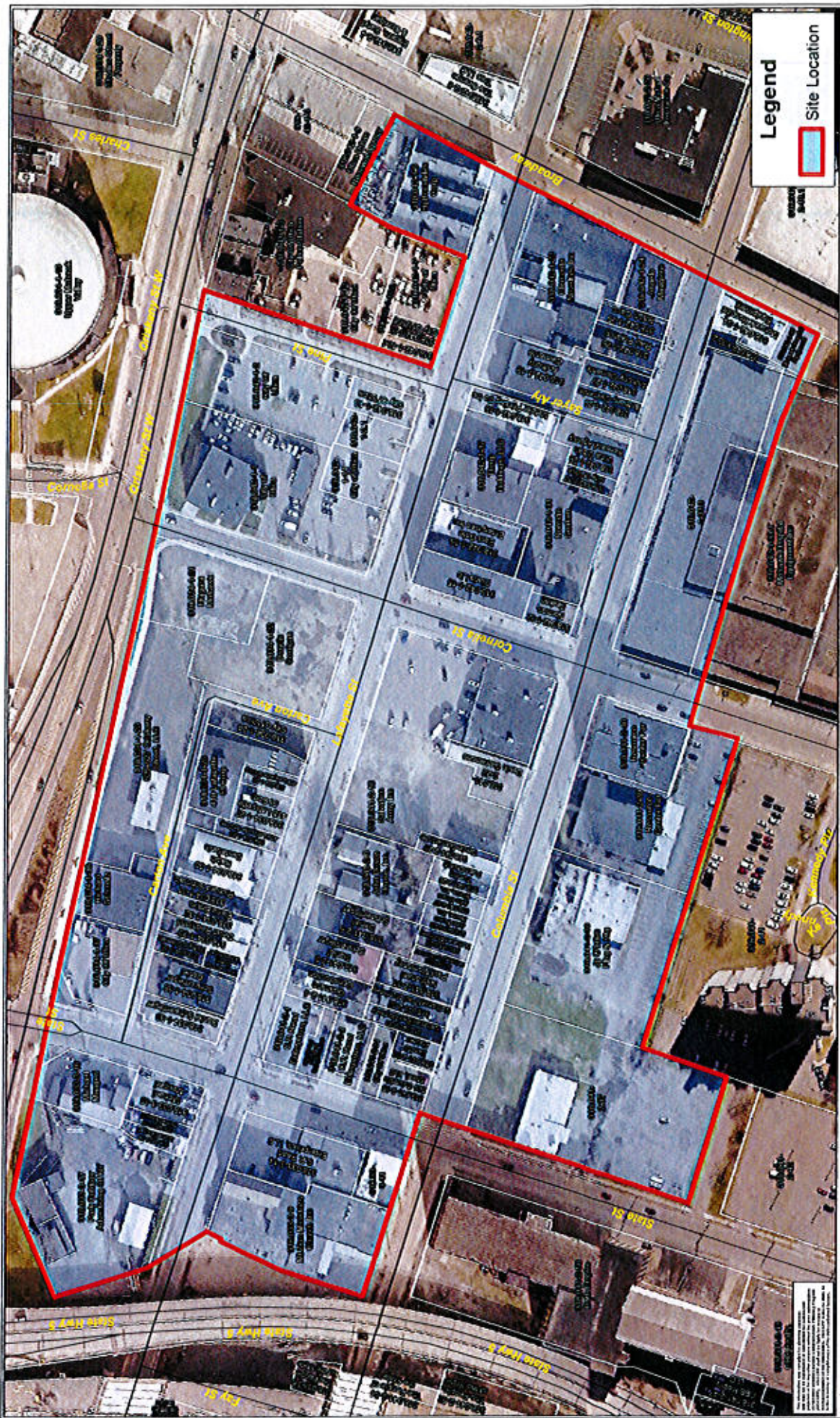


B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	No
C.2.b. [Special Planning District]	Yes - Digital mapping data are not available for all Special Planning Districts. Refer to EAF Workbook.
C.2.b. [Special Planning District - Name]	NYS Heritage Areas: Mohawk Valley Heritage Corridor
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	Yes
E.1.h.iii [Within 2,000' of DEC Remediation Site - DEC ID]	B00061 , E633070, B00063 , 633021
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	No
E.2.h.ii [Surface Water Features]	No
E.2.h.iii [Surface Water Features]	No
E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	No
E.2.k. [500 Year Floodplain]	No
E.2.l. [Aquifers]	Yes
E.2.l. [Aquifer Names]	Principal Aquifer

E.2.n. [Natural Communities]	No
E.2.o. [Endangered or Threatened Species]	Yes
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	No
E.3.e. [National Register of Historic Places]	Yes - Digital mapping data for archaeological site boundaries are not available. Refer to EAF Workbook.
E.3.e.ii [National Register of Historic Places - Name]	Fort Schuyler Club Building, St. Joseph's Church
E.3.f. [Archeological Sites]	Yes
E.3.i. [Designated River Corridor]	No



Site Location



Proposed Hospital Site Location



Purpose and Project Description

PURPOSE

Faxton St. Luke's Healthcare (FSLH) and St. Elizabeth Medical Center (SEMC) affiliated in 2014 to become the Mohawk Valley Health System (MVHS). MVHS's mission is to provide excellence in healthcare for its communities. Substantial effort has been focused on consolidating existing resources, eliminating redundancies, expanding the depth and breadth of services, improving access and elevating the quality of healthcare services in the region. MVHS has been successful in its efforts thus far, but has been constrained by the age and physical limitations of the existing facilities.

To support goals to deliver higher quality, more effective care with better community outcomes and at a lower cost, the proposed MVHS Integrated Health Campus, will combine services from both existing campuses. The new MVHS integrated health campus and state-of-art hospital will replace SEMC and FSLH, reduce the number of beds in the community, and consolidate patient services to one campus.

The decision to consolidate the two inpatient campuses to a single facility was spurred by several key factors:

- The desire and need to build a facility with the newest technology, services and advancements in patient safety and quality so that our community can receive the most up-to-date healthcare services that rivals those found in large cities.
- The growing demand for healthcare due to the rapidly increasing and aging population in this region.
- The increasing need to improve accessibility and availability by attracting specialists and providing services that otherwise would not be available to our community.

The opportunity to gain greater operational efficiencies through the elimination of duplicative and redundant functions will help to reduce the rate of increase in healthcare spending and to achieve improved financial stability.

PROJECT DESCRIPTION

As depicted on Figure 1 (Site Location Map), the MVHS Integrated Health Campus will generally be bounded by Oriskany Boulevard (NYS Route 69) to the north, Broadway on the east, Columbia Street, and NYS Route 8 to the west and City Hall and Kennedy Apartments to the south. The MVHS Integrated Health Campus will encompass approximately 25-acres and will include the following elements:

- Hospital Building
- Central Utility Plant
- Parking facilities (including one parking garage)
- Potential future Medical Office Building (by private developer)
- Campus grounds
- Helistop

It should also be noted that modifications to existing utility infrastructure will be necessary to accommodate the proposed MVHS Integrated Health Campus. A description of the project elements noted above, as well as utility modifications, is provided below. This description represents the project as currently envisioned.

HOSPITAL BUILDING

The proposed ±670,000 square foot (sf) hospital building will be constructed on parcels located west of Broadway and will extend through Cornelia Street onto parcels located east of State Street. The hospital building consists of a 2-story podium and a 7-story bed tower.

The main entrance to the hospital will be located south of Lafayette Street, proximal to Cornelia Street. In addition to the main entrance, Emergency Department (ED) walk-in and ED ambulance entrances will be located on the western portion of the hospital. Vehicular and pedestrian entries will be marked by canopy systems that provide adequate coverage for public drop off, ED walk-in and loading activities. Ambulance traffic will be provided with a sally port adjoined to the podium.

A service entrance will be located on the eastern portion of the hospital building, which will be accessible via Columbia Street.

Most services currently provided at the FSLH and SEMC will be transitioned to the MVHS Integrated Health Campus including ±373 inpatient beds.

CENTRAL UTILITY PLANT

A three-story Central Utility Plant (CUP) will service the hospital. The CUP will adjoin the eastern portion of the podium of the hospital building.

The CUP will house three centrifugal chillers, a heat recovery chiller and four steam and eight hot water heating condensing boilers, each which will be fueled by both natural gas and No. 2 Fuel oil. A 50,000-gallon underground storage tank (UST) used to store the No. 2 fuel oil will be installed south of the CUP in the service yard. A 30,000-gallon aboveground storage tank (AST) used to store emergency water for fire protection will also be located in the service yard.

PARKING FACILITIES

Parking facilities will consist of a three-story parking garage and multiple parking lots. The parking garage will provide approximately 1500 parking spaces and the parking lots will allow for an additional ± 1300 parking spaces. These parking facilities will be available for use by patients, visitors, staff, and volunteers, as well as the community for non-hospital related events.

POTENTIAL FUTURE MEDICAL OFFICE BUILDING

A future medical office building is proposed. It is anticipated that the medical office building would be owned and operated by a private developer. The proposed location of the medical office building is south of Columbia Street and east of Cornelia Street.

CAMPUS GROUNDS

The campus will be designed as an urban park with enhanced lighting, trees, pedestrian walkways and seating areas. A pedestrian walkway will replace a portion of Lafayette Street. This walkway will extend from the main entrance to the west, terminating just adjacent to the North-South Arterial Highway. An additional segment of the walkway will provide access to the ED entrance. Outdoor areas will include gardens and other design considerations to create a healing environment.

HELISTOP

A helistop (*i.e.*, a minimally developed helicopter facility for boarding and discharging passengers or cargo, without the support facilities found at a heliport) will be situated to the west of the hospital building, adjacent to the ED ambulance entrance and north of Columbia Street.

UTILITY INFRASTRUCTURE

Based on a preliminary review of existing utilities, modifications to the existing infrastructure in the project area are anticipated. A summary of the anticipated modifications is provided below.

Sanitary Sewers

It is expected that the existing sanitary sewer line in Cornelia Street between Columbia and Lafayette Streets, in Lafayette Street between Cornelia and State Streets will be abandoned/removed. A new sewer line on Columbia

Street will be constructed from Cornelia Street to the 48" trunk sewer on State Street. A new sewer line would be constructed to divert upstream flow from the south on Cornelia Street to the sewer on Broadway. Other potential new sewers lines may be needed in Lafayette Street on the north side of the hospital. The location and size of sanitary laterals and connections will depend on the plumbing/mechanical design of the new hospital buildings. It is assumed each new structure will have its own service lateral(s) connecting to the City mains.

Storm Sewers

The buildings and paved impervious surface areas of the MVHS Integrated Health Campus may be minimized or reduced using "Green Infrastructure" design features such as pervious pavement/pavers, planting beds, and subsurface rainwater detention.

It is expected that the existing storm sewer lines in Cornelia Street between Columbia and Lafayette Streets will be abandoned/removed. Removal of portions of storm sewer lines may also be required on Street and Lafayette Street between Cornelia and State Streets. New storm sewer piping will be installed on State Street and connect to the existing NYSDOT storm sewer line on the north side of Oriskany Street West/Route 5S west of the Aud. New branch lines will tie-in catch basins on the west end of Columbia Street. Flow from the east side of the campus and upstream flow from Broadway will be conveyed through existing storm sewers in Cornelia Street north of Lafayette, Lafayette Street east of Cornelia, and Broadway.

Water Mains

Water mains located on portions of Lafayette Street may need to be removed/abandoned, as would other smaller mains within the new building footprint. Where new supply mains are required, the older mains would be replaced. Fire hydrants will be located along the public streets with no private hydrants required. Each building will be provided with its own backflow prevention device depending on the requirements.

Water mains to be replaced or installed include: 1) a 6" main on State Street that will be replaced with a larger diameter pipe; 2) a 6" and 8" main on Broadway that will be replaced with a larger diameter pipe connecting large mains on Columbia to Whitesboro Street; and 3) 1030 LF of piping along Oriskany Street East.

DISPOSITION AND REDEVELOPMENT OF EXISTING HOSPITAL CAMPUSES

With the exception of certain ancillary facilities, MVHS's objective is to facilitate redevelopment of the existing FSLH and SEMC campuses consistent with the Town of New Hartford's and the City of Utica's long term development plans and capable of making an economically positive contribution to each community. In support of this objective, MVHS will be conducting an evaluation of the properties and potential redevelopment opportunities concurrent with planning for the proposed hospital. In addition to the disposition and redevelopment of the primary facilities, existing ancillary facilities will also be reused. A description of the anticipated continued use of portions of the existing campuses is provided below.

FSLH

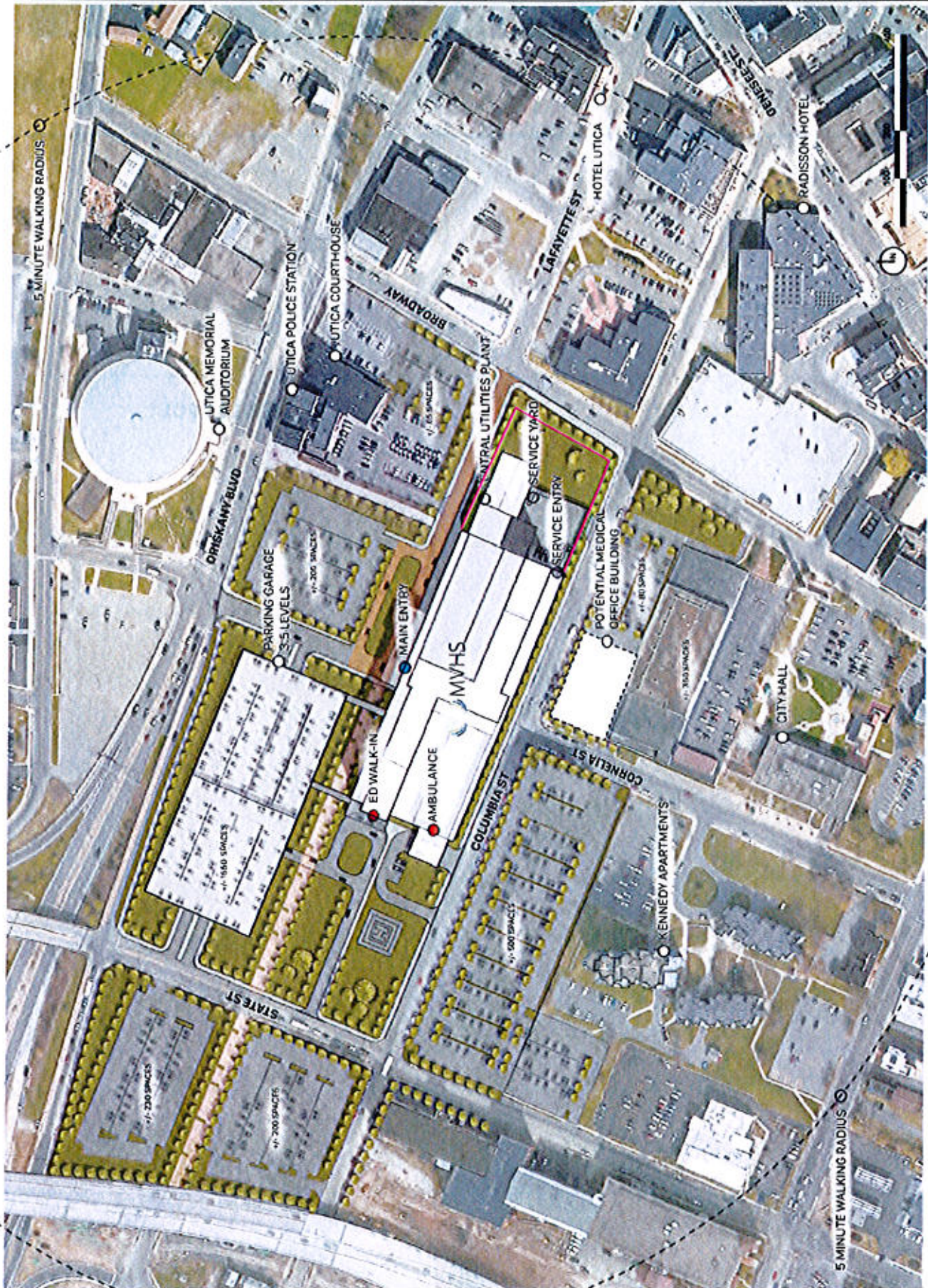
Most of the inpatient and outpatient services performed at the existing FSLH site will be transitioned to the MVHS Integrated Health Campus; however, it is anticipated that ±24 physical medical and rehabilitation beds will remain and some outpatient services may be performed at this site. Unused medical supplies and certain medical equipment will be brought to the MVHS Integrated Health Campus. Medical equipment that is beyond its useful life will be disposed of in accordance with applicable federal and state regulations.

SEMC

The SEMC site will be converted into an outpatient extension clinic. Services provided at the clinic will include sleep center services, cardiac and thoracic surgery-related offices, primary care services and a laboratory patient service center. Unused medical supplies and certain medical equipment will be brought to the MVHS Integrated Health Campus. Medical equipment that is beyond its useful life will be disposed of in accordance with applicable federal and state regulations.



Site Layout





Listing of Current Property Owners

MVHS Property ID #	Owner Name	Property Type	Tax Parcel ID No(s)	Street Address(es)
1	Norman Seakan	Retail/Warehouse	318.042-1-31	338-358 Columbia St
2	Norman Seakan	Retail/Warehouse	318.042-1-32	360-362 Columbia St
3	Richard W. Schmalz	Vacant Land	318.034-1-31	438 Lafayette St.
4	Greg Urbanik	Vacant Land	318.041-2-2	503 State St
			318.041-2-1	AKA 441-447 Lafayette St
5	Mark Smaltz	Commercial Bldg.	318.034-1-36	529 Oriskany St. W.
6	Mark Smaltz	Vacant Land	318.034-1-35	Carton Ave.
7	Salvation Army/Dennis Corrigan	Commercial Land	318.034-1-22	400-406 Lafayette St.
9	Niagara Mohawk	Commercial Land	318.034-1-21	501 Oriskany St.
10	525-527 Oriskany St., LLC	Bldg./Comm. Land	318.034-1-23.1	525 Oriskany St.
			318.034-1-23.2	527 Oriskany St.
11	Devin Garramone	Commercial Bldg.	318.041-2-22	420-422 Columbia St
			318.041-2-25	430-432 Columbia St
12	David B. Redmond	Converted Resid.	318.034-1-33	442 Lafayette St.
13	Nathaneal P. Morrissey	Mixed Used Bldg.	318.041-2-29	446-448 Columbia St.
			318.041-2-30	450 Columbia St.
			318.041-2-31	452-454 Columbia St.
14	Nathaneal P. Morrissey	Mixed Used Bldg.	318.041-2-32	456 Columbia St.
			318.041-2-33	458 Columbia St.
15	Ralph Polanco	Mixed Used Bldg.	318.042-1-26	312-316 Columbia St
16	Ralph J. Destfanis	Commercial Bldg.	318.034-1-30	432 Lafayette St.
17	Zandro Alavarez	Mixed Used Bldg.	318.041-2-35	460-464 Columbia St.
18	500 Columbia St LLC	Vacant Land	318.041-2-36	466-470 Columbia St.
20	Joseph D. Thierry	Office	318.042-2-37	601 State St.
21	Angelo Maggiore	Mixed Used Bldg.	318.042-1-24	300-306 Columbia St
22	Ralph Cavo	Mixed Used Bldg.	318.042-1-25	308-310 Columbia St
23	Thorp Holdings, Inc.	Mixed Used Bldg.	318.042-1-17	319-325 Lafayette St
24	East Gate Enterprises, Inc.	Mixed Used Bldg.	318.042-1-16	327-331 Lafayette St
25	David Gibbons	Mixed Used Bldg.	318.041-2-26	436-438 Columbia St
26	Daniel Schwertfeger	Commercial Bldg.	318.041-2-6	431 Lafayette St
			318.041-2-5	433-435 Lafayette St
27	Daniel Schwertfeger	Commercial Bldg.	318.034-1-34	444 Lafayette St
			318.034-1-38	446 Lafayette St
			318.034-1-39	450-454 Lafayette St
28	Greg Urbanik	Commercial Bldg.	318.041-2-3	505-507 State St
29	Mt. Zion Ministries Church, Inc./Charles Sweet	Commercial Bldg.	318.033-3-9	506 Columbia St
30	Park Outdoor Advertising of NY	Commercial Bldg.	318.033-3-17	514 Lafayette St
			318.033-3-17.1	524 Lafayette St
			318.033-3-17.2	524 Lafayette St
31	Anthony Clemente	Building and Parking	318.042-1-27	318-320 Columbia St
			318.042-1-28	322-324 Columbia St
32	John Bosco House, Inc.	Religious and Parking	318.041-2-8	425-429 Lafayette St.
			318.041-2-27	442 Columbia St.
			318.041-2-28	444 Columbia St.
33	Michael Maugeri	Commercial Building	318.033-3-16	402 State St
			318.033-3-15	502-506 Lafayette St
			318.033-3-19	508 Lafayette St
			318.033-3-18	510-512 Lafayette St
34	Oscar Figueora/Guarno Construction	Residential	318.041-2-4	437 Lafayette St.
35	Elena Bravo	Residential	318.034-1-32	440 Lafayette St.
37	City of Utica	Police Garage	318.042-1-1	334 Lafayette St

MVHS Property ID #	Owner Name	Property Type	Tax Parcel ID No(s)	Street Address(es)
38	Resource Center for Independent Living	Office/Educational	318.041-2-40	401-407 Columbia St
			318.041-2-39	409 Columbia St
39	JP O'Brien Plumbing & Heating	Commercial Pl & H	318.041-2-38	411 Columbia St.
40	Anthony Clemente	Retail/Warehouse	318.042-1-19.1 & 19.2	313 Lafayette St
	Clemente Novelties, Inc.	Retail/Warehouse	318.042-1-23	303-309 Lafayette St
41	Metzler Printing Co. Inc.	Office/Warehouse	318.042-1-18	317 Lafayette St
42	Claris LLC/Corrigan	Retail/Warehouse	318.042-1-15	333 Lafayette St
43	Mohawk Hospital Equipment Inc.	Mixed Used Bldg.	318.042-1-34 & 35	301 Columbia St
44	Mohawk Hospital Equipment Inc.	Mixed Used Bldg.	318.042-1-33.1	335 Columbia St
			318.042-1-33.2	336 Columbia St
			318.042-1-33.3	337 Columbia St
45	418 Lafayette St./Citation Services	Mixed Used Bldg.	318.034-1-28	430 Lafayette St.
	419 Lafayette St.		318.034-1-29	Carton Ave
	420 Lafayette St./Citation Services	Mixed Used Bldg.	318.034-1-27	424-428 Lafayette St.
	421 Lafayette St./Citation Services	Mixed Used Bldg.	318.034-1-26	420 Lafayette St
	422 Lafayette St./Citation Services	Mixed Used Bldg.	318.034-1-25	418 Lafayette St
46	Sanita, Ernest F	Mixed Used Bldg.	318.033-3-11	500-504 Columbia St
47	Greg Urbanik	Commercial Bldg.	318.033-3-14	501 Lafayette St
48	HJ Brandeles Corp.	Office/Warehouse	318.042-1-6	300-306 Lafayette St
49	Salvation Army	Office/Warehouse	318.041-2-18	406 Columbia St.
50	City of Utica		318.042-1-2.1	
			318.042-1-13	322 Lafayette St
			318.042-1-2	324 Lafayette St
			318.042-1-14	326-330 Lafayette St
51	City of Utica		318.042-1-30	336 Columbia St
52	City of Utica		318.034-1-37	401 State St.
53	City of Utica		318.034-1-24	414-416 Lafayette St.
54	City of Utica		318.041-2-34	509 State St.
55	Utica Urban Renewal Agency	Commercial Bldg.	318.042-1-29	326-334 Columbia St



Permits and Approvals

TABLE 1 | PERMITS & APPROVALS

Table 1. Permits & Approvals

State	Permit/Approval	Activity	Agency	Comments	Agency Contact (SEORA Involved Agencies in Bold*)
1	Funding Administration, Certificate of Need (CON) & Construction Approval	<p>Joint Administration (with DASNY) of project funding approved by New York State Legislature.</p> <p>Review process, mandated under state law, which governs the establishment, ownership, construction, renovation and change in service of specific types of health care facilities including hospitals.</p>	NYSDOH	<ul style="list-style-type: none"> New York Public Health Law Section 2825-b, New York State created the "Oncida County Health Care Transformation Program" 	<p>Mr. Udo Ammon Director Health Care Facility Planning, Licensure and Finance Bureau of Architectural & Engineering Facility Planning New York State Department of Health Corning Tower, 18th Floor Empire State Plaza Albany, New York 12237</p>
2	Operating Certificate	<p>Obtain an operating certificate (license) issued by the NYS Office of Mental Health (NYSOMH) prior to the operation of such facilities and programs that are subject to the regulatory jurisdiction of the Commissioner of Mental Health</p>	NYSOMH		<p>Mr. Keith McCarthy Director, Bureau of Inspection and Certification New York State Office of Mental Health 44 Holland Avenue Albany, New York 12229</p>
3	Funding Administration	<p>Joint administration (with NYSDOH) of project funding approved by New York State Legislature.</p>	DASNY		<p>Robert S. Derico, RA Senior Environmental Manager Office of Environmental Affairs Dormitory Authority of the State of New York 515 Broadway Albany, NY, 12207</p>
4	Air Facility Permit	<p>Permit to construct and operate an air emission source.</p>	NYSDEC	<ul style="list-style-type: none"> Compliance with NYSDEC's Environmental Justice Policy (CP- 29 – Environmental Justice and Permitting) 	<p>Ms. Judy Drabicki Regional Director NYSDEC, Region 6 207 Genesee Street Utica, NY 13501</p>



TABLE 1 | PERMITS & APPROVALS

Permit/Approval	Activity	Agency	Comments	Agency Contact (SEQRA Involved Agencies In Bold*)
5	SPDES General Permit for Storm Water Discharges from Construction Activity (GP-0-15-002)	NYSDEC	<ul style="list-style-type: none"> Submission of a Notice of Intent (NOI) to obtain coverage under General Permit. Preparation and implementation of a construction phase Stormwater Pollution Prevention Plan (SWPPP) Review of SWPPP by City of Utica as a Municipal Separate Storm Sewer System (MS4). 	<p>Ms. Judy Drabicki Regional Director NYSDEC, Region 6 207 Genesee Street Utica, NY 13501</p>
6	Petroleum Bulk Storage Registrations	NYSDEC	<ul style="list-style-type: none"> Preparation of a Spill Prevention, Control & Countermeasure (SPCC) Plan 	<p>Ms. Judy Drabicki Regional Director NYSDEC, Region 6 207 Genesee Street Utica, NY 13501</p>
7	Highway Work Permit	NYS DOT	<ul style="list-style-type: none"> Oriskany Boulevard (NYS Route 69) 	<p>Mr. Brian Hoffmann, P.E. Regional Design Engineer NYS DOT Region 2 Utica State Office Building 207 Genesee Street Utica, NY 13501</p>
8	Consultation (16PR06600)	SHPO	Compliance with State & National Historic Preservation Acts	<p>Mr. John A. Bonafide Director, Bureau of Technical Preservation Services</p> <p>Mr. Anthony Opalka Historic Preservation Program Analyst</p> <p>New York State Division for Historic Preservation New York State Office of Parks, Recreation & Historic Preservation Peebles Island State Park P.O. Box 189 Waterford, NY 12188-0189</p>



TABLE 1 | PERMITS & APPROVALS

Permit/Approval	Activity	Agency	Comments	Agency Contact (SEQRA Involved Agencies in Bold*)
Local				
9	Project Funding	Financial benefits & incentive support	Oneida County Local Development Corporation (LDC)	Ms. Shawna Papale Executive Director Oneida County LDC 584 Phoenix Drive Rome, NY 13441-4105
10	Site Plan Review	Review and approval of site plan	Utica Planning Board	Mr. Fred Matrulli Chairperson City of Utica Planning Board c/o Department of Urban & Economic Development (Mr. Brian Thomas, Commissioner) 1 Kennedy Plaza Utica, NY 13502
11	Multiple	Approval of public property transfers/road closures; funding of parking garage; review and approval of structures located within City rights-of-way (i.e., pedestrian bridges, walkways, canopies, etc.)	Utica Common Council	Hon. Michael P. Galime Council President 1 Kennedy Plaza Utica, NY 13502
12	Highway Work Permit	Work within highway rights-of-way (road and utility improvements, curb cuts).	Utica Department of Engineering	Mr. J. Michael Mahoney Deputy City Engineer City of Utica Department of Engineering 1 Kennedy Plaza Utica, NY 13502



TABLE 1 | PERMITS & APPROVALS

Permit/Approval	Activity	Agency	Comments	Agency Contact (SEQRA Involved Agencies in Bold*)
13	Consolidation & Re-Subdivision	Utica Department of Engineering or City Planning Board	Potential consolidation of parcels within area of potential effect.	<p>Review and approval by City Planning Board for consolidation of ≥3 parcels.</p> <p>Mr. J. Michael Mahoney Deputy City Engineer City of Utica Department of Engineering 1 Kennedy Plaza Utica, NY 13502</p> <p>Mr. Fred Matrulli Chairperson City of Utica Planning Board c/o Department of Urban & Economic Development (Mr. Brian Thomas, Commissioner) 1 Kennedy Plaza Utica, NY 13502</p>
14	Special Use Permit	Utica Zoning Board of Appeals	Medical use in Central Business District (CBD).	<p>City of Utica Zoning Board of Appeals</p> <p>c/o Department of Urban & Economic Development (Mr. Brian Thomas, Commissioner) 1 Kennedy Plaza Utica, NY 13502</p>
15	General Municipal Law (GML) § 239-m	Oneida County Department of Planning	County Planning review of activities located within 500-feet of State or County highway, municipal boundary or park.	<p>Mr. John R. Kent, Jr. Commissioner</p> <p>Mr. Chris Henry Oneida County Department of Planning 321 Main Street Utica, NY 13501</p>



TABLE 1 | PERMITS & APPROVALS

Permit/Approval	Activity	Agency	Comments	Agency Contact (SEORA Involved Agencies in Bold*)
16	Water and Wastewater System Improvements Approval of Plans	<p>Approval of water and wastewater infrastructure improvements and connections.</p> <p>Mohawk Valley Water Authority (MVWA)</p> <p>Oneida County Health Department</p> <p>City of Utica</p> <p>Oneida County Department of Water Quality & Water Pollution Control</p>	<ul style="list-style-type: none"> ■ MVWA – Water connections, backflow prevention ■ Oneida County Health Department – backflow prevention ■ City of Utica – Sewer connections ■ Oneida County Department of Water Quality & Water Pollution Control – Industrial Wastewater Discharge Permit, compliance with County sewer use ordinance (waste stream characterization, pre-treatment review) 	<p>Mr. Richard Goodney, P.E. Director of Engineering Mohawk Valley Water Authority 1 Kennedy Plaza Utica, NY 13502</p> <p>Daniel W. Gilmore, Ph.D. Environmental Health Director Oneida County Health Department Adirondack Bank Building, 4th Floor 185 Genesee Street Utica, NY 13501</p> <p>Mr. J. Michael Mahoney Deputy City Engineer City of Utica Department of Engineering 1 Kennedy Plaza Utica, NY 13502</p> <p>Mr. Steven Devan, P.E. Commissioner Oneida County Department of Water Quality & Water Pollution Control 51 Leland Avenue Utica, NY 13503</p>
17	Building & Demolition Permits	Utica Codes Department	Building code compliance.	<p>Mr. Chris Osier Pretreatment Coordinator Oneida County Department of Water Quality & Water Pollution Control 51 Leland Avenue Utica, NY 13503</p> <p>Mr. Dave Farina Code Enforcement Administrator City of Utica Codes Department 1 Kennedy Plaza Utica, NY 13502</p>



TABLE 1 | PERMITS & APPROVALS

Permit/Approval	Activity	Agency	Comments	Agency Contact (SEORA Involved Agencies in Bold*)
18 Certificate of Occupancy	Approval to occupy building.	Utica Codes Department		Mr. Dave Farina Code Enforcement Administrator City of Utica Codes Department 1 Kennedy Plaza Utica, NY 13502

*Specific hospital operations will require multiple registrations, licensing, notifications, and/or certifications. Such activities are considered nondiscretionary (ministerial) approvals. Consequently, the issuing agencies are not considered SEORA Involved Agencies.



Exhibit L

City of Utica, NY
EMPIRE ZONE



For additional zoning information,
you may contact the City of Utica
Dept. of Planning & Economic Development
at 315.792.0331



Exhibit M

SBA HUBZone Map

Home HUBZone Program

Utica, NY, United States

Light Gray

Utica, NY, USA



Designations

Show Details



Census Tract

Local Information

Show Details



Printable Version



Share Map

Legend

Qualified HUBZones



Census Tract



County



Indian Land

Expiring HUBZones



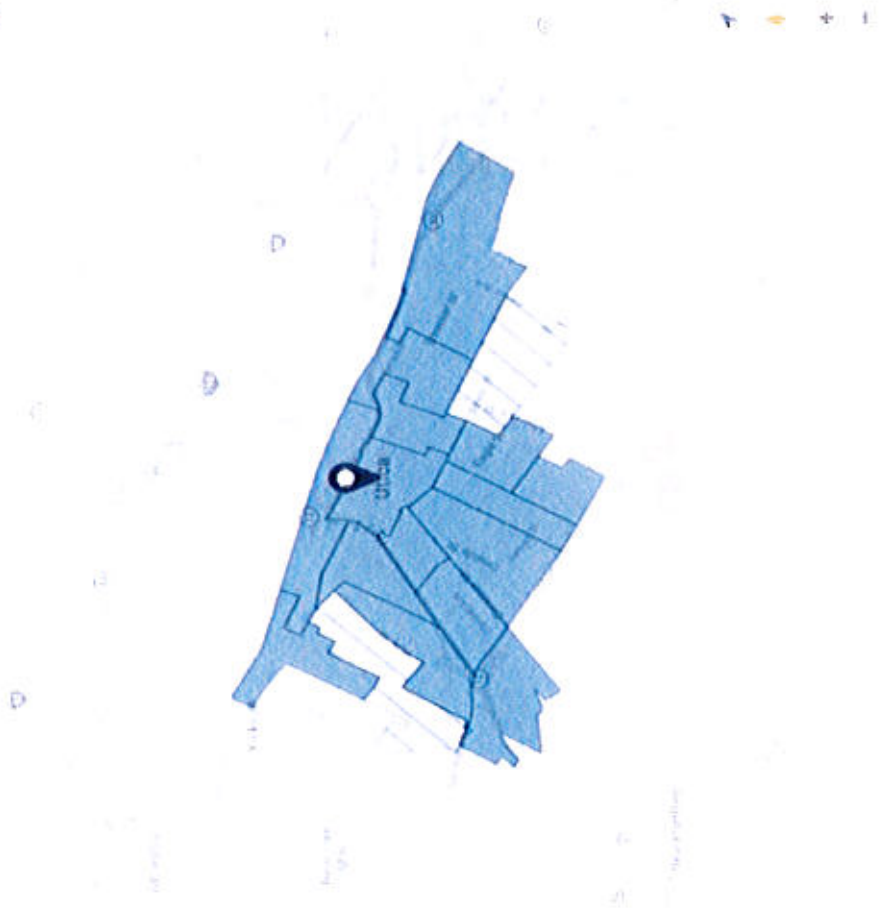
Redesignated



Disaster Area



Closed Base Area



Qualification is valid for today: Jan 16, 2018

<https://sba.gov>

Exhibit N

ARRA Economically Distressed Areas

Economic Condition

- Economically Distressed
- Not Economically Distressed



Data Sources:

- Bureau of Economic Analysis
- Bureau of Labor Statistics
- Local Area Labor Statistics

Department of Transportation

Travel Business Projects Employment About

RECOVERY ACT

Economic Recovery



Recovery Home

Goals, Accomplishments & Performance Metrics

Certifications by Funding Source

Disadvantaged Business Enterprises

Economically Distressed Areas

Employment Reporting

Federally Authorized Funding

Planned Infrastructure Accomplishments

Projects By Phase

Expenditures

Economically Distressed Areas

Certain geographic areas (i.e. cities or counties) within New York State that have significant deficient economic conditions relative to unemployment or personal income are designated as Economically Distressed Areas (EDA). Under the American Recovery and Reinvestment Act (ARRA) of 2009 the Federal Government's guidance on project selection included the mandate that one of the priorities to be considered for project selection for ARRA funds was whether the project was in an Economically Distressed Area. The map below illustrates the areas determined as economically distressed.

The criterion that designates an area as economically distressed is one of the following conditions:

1. The unemployment rate average over the 24 month period is 1% or more above the national average; or
2. The per capita or personal income is 80% or less than the national average.

Performance Metrics

For all New York State Department of Transportation authorized Recovery Act projects
June 18, 2010



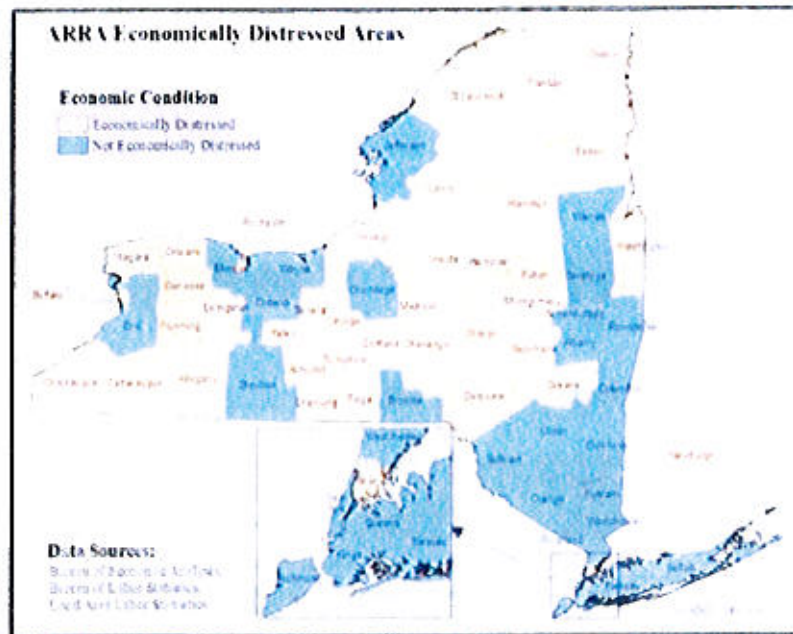
Recovery Act Dollars Spent per Individual Living in an Economically Distressed Area	
Value	
\$65	

Recovery Act Dollars Spent per Individual Living in a Non-Economically Distressed Area	
Value	
\$44	

Value of Contracts for Economically Distressed Areas	
Value	Percentage
\$274M	29%

Number of Contracts for Economically Distressed Areas	
Number	Percentage
225	61%

Note:
New York State Department of Transportation is spending **148 %** more Recovery Act dollars per person in Economically Distressed areas than in Non-Economically Distressed areas.



For Accessible information on ARRA Economically Distressed Areas, please contact our Office of External Relations at (518) 457-2345

[Text Accessible Version](#)

Notes:

1. Source: Based on FHWA guidance revised August 24, 2009
2. 21% of New York State's population lives within Economically Distressed Areas

Department of Transportation

Information

511NY

Contracting Opportunities

Permits

Design/Construction

Approved Materials List

Highway Design Manual

Pay Item Catalog

Web

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Web Accessibility

Bicycle

Freedom of Information Law (FOIL)

Projects In Your Neighborhood

Bicycle Facility Design

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Transportation Partners

Bridge Manuals and Information

New Product Evaluation Application

Standard Sheets - US Customary

Privacy

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Exhibit O

Hospitals Play a Key Role in Building Pathways Out of Poverty

BY ALAN MOUNTJOY | OP-ED | FEBRUARY 23, 2017



The Brigham and Women's Hospital Shapiro Center in Boston (©Anton Grassl/Esto)

As jobs in many low-income neighborhoods have migrated to suburbs (or overseas), so have retailers and newer housing for those well-off enough to pull up roots. Not so for the large hospitals that have substantial capital investments in existing buildings. Public hospitals in particular tend to find themselves embedded in some of the most distressed communities in America.

As a planner working with many stressed cities in the “Rust Belt,” I frequently find local hospitals are the last and most committed economic anchors, but also the ones most impacted by economic decline in urban cores. City governments are searching for ways to leverage the economic benefits of these anchor institutions for the benefit of the larger community. And some forward-thinking governments, along with aligned organizations and foundations, are now advancing policies and programs to do so.

For example, in Cleveland, the nonprofit development organization University Circle, Inc. has been cooperating with the city's many world-renowned hospitals to enhance the surrounding neighborhoods. One such initiative, Greater Circle Living, is an employer-assisted housing program

created to encourage eligible employees to live closer to their jobs, thus strengthening the local housing market and reducing traffic congestion on regional roadways.

So how can regional healthcare institutions that are struggling to provide quality care and attract new insured patients benefit from these types of efforts and develop their own?

Think Local

Under new accountable healthcare mandates, hospitals no longer necessarily profit from serving unhealthy populations as they may once have. Many local hospitals want to improve their positioning, marketing and general appearance for insured patients, but they also need to address the general health of the local populations which suffer from the highest preventable disease rates. Urban hospitals across the country treat residents in communities where nearly half the population is either uninsured or on Medicare. Treating population health issues and their causes is now more important than ever to reduce healthcare costs.

In the past, responses to poor local conditions may have led hospitals to clear blight in their vicinity, or to turn their backs on negative conditions in an effort to screen the problems and present a brighter face to their regional customers. Security frequently took the form of a siege mentality: fencing or large parking lots that separated troubled neighborhoods from secure zones within the campus. This approach did not do much to reverse neighborhood decline or negative impacts on the anchor institution, nor did it improve health outcomes of local residents.

Practice what you Preach

As in Cleveland, the Aultman Health Foundation (an integrated health system with two hospitals, a health plan and a college) in Canton, Ohio, is demonstrative of a more comprehensive approach. Aultman remains within the city limits, serving the city's reduced urban population of 70,000 as well as the growing metropolitan-area population of 400,000. While the neighborhood is arguably less blighted than the surroundings of other famous urban hospitals, the contrast is striking for patients and employees, and local conditions do not support healthy lifestyles for nearby residents.

The health district could eventually involve the entire neighborhood of 40 square blocks where, for example, existing residents would have access to a much-needed wellness center, outpatient clinic, quality daycare and healthier food options. Local residents will share these resources with hospital staff, nursing students, patients and patients' families. Nursing students, medical residents and staff will find housing in the immediate neighborhood in renovated homes or in new apartments. Redesigned roadways will reduce accidents and provide safer pedestrian crossings for kids and the elderly. Parks and tree-lined streets will encourage residents and patients to get outside in a safer neighborhood.

Be the Convener

As one might expect, some healthcare institutions are cautious about exercising skill sets beyond providing healthcare. They were rarely organized, or willing, to take on community blight or mixed-use development projects. But they are good at team-building. And this "Health district strategy" takes many players — healthcare institutions, governments, foundations, private enterprises, even architects and planners — to succeed.

Aultman Health Foundation, by working with the city of Canton and their comprehensive plan, has begun to develop a comprehensive strategy for neighborhood transformation that involves an expanded group of stakeholders. At this point Aultman has convened city government, the Ohio Department of Transportation, the Canton Community Development Corporation, a local foundation and a private real estate developer to create a blueprint for a health district. From fixing blighted houses to rebuilding roadways and adding needed retail and services, each of these players are addressing specific coordinated actions that are essential for success.

Aultman Health Foundation and Cleveland provide examples for other progressive healthcare institutions to follow. Anchor institutions can take a look at their surrounding communities to find win-win opportunities. One needn't be a world-class center of medicine like the Cleveland Clinic to make a difference in one's own community. Rather than retreat from each other in fear, institutions and communities can actively engage to reverse decline and surround the hospitals with the goods, services and housing that will heal both.

Alan Mountjoy is a Boston-based urban designer and architect at NBBJ, named one of the world's most innovative firms by Fast Company. He is a regular instructor at the Harvard Design School and teaches on design guidelines for urban design and planning, and riverfront development.

Exhibit P

Potter, Ashley

From: Bennett, Kathleen
Sent: Monday, January 15, 2018 11:20 PM
To: Potter, Ashley
Subject: Ex. P

From: Stewart III, Carl E - (NYN)
Sent: Tuesday, July 26, 2016 9:27 AM
To: dconnolly@hammesco.com
Cc: Gallivan, Michael T - (BOS) <mgallivan@tcco.com>
Subject: RE: MVHS Question

Dave,

In case we do not connect today, I offer the following:

Estimated number of work force months: **8,024mm**

Estimated number of work force hours: 8,024 x 176 hrs/month = 1,408,000 wfh

Work force jobs: 8,024 / 7.5 (avg. length of worker on site) = 1,070 jobs

Peak month of work in place: **\$14,123,000**

Average amount of work in place per worker per month: \$47,000

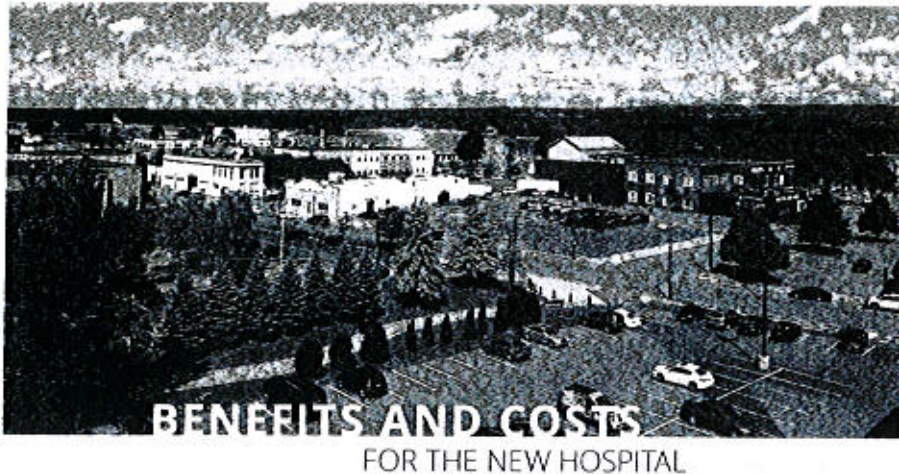
Total MM * 60% travelers* monthly per diem = local spend in local restaurant / hotel: 8,024*.6*\$3,200 = **\$15,406,080**

Wage info (prevailing wage based on 2017 data) :

	Base	Benefits	Total
Carpenter	\$ 25.56	\$ 17.64	\$ 43.20
Electrician	\$ 36.75	\$ 23.22	\$ 59.97
Iron worker	\$ 27.85	\$ 26.09	\$ 53.94
Laborer	\$ 24.10	\$ 19.09	\$ 43.19
Mason	\$ 33.98	\$ 18.19	\$ 52.17
Operating Engineer	\$ 40.41	\$ 40.41	\$ 80.82
Plumber	\$ 36.50	\$ 25.05	\$ 61.55
AVG	\$ 32.16	\$ 24.24	\$ 56.41

Exhibit Q

Benefits and Costs for the New Hospital



Benefits

- MVHS projects \$15 million in additional annual savings in operating efficiencies by combining its two campuses, which means more money for direct healthcare instead of maintaining existing facilities
- MVHS has committed to use local labor, materials, equipment vendors and businesses throughout the project when possible. Supporting the community is critical for MVHS, and other community partners
- For the Mohawk Valley region, local construction industry impact will be \$155 million+ and will require nearly 2 million man-hours of construction labor over the life of the construction phase, with a peak employment of nearly 500 construction workers¹.
- Project will generate \$15-17 million estimated state and local sales tax over the 36-month construction phase, of which \$675,000 to \$765,000 in sales tax dollars will go to Oneida County and the City of Utica².
- Estimates indicate that the City of Utica will see a net gain of revenues and avoided costs that exceeds the loss of property tax dollars from properties that are to be assembled for the project and the City's share of the debt service on the County-City-MVHS parking facility. Estimates show that the City may realize \$237,000 in revenues and other economic benefits after offsetting the loss of current property taxes and the City's share of annual debt service on the new parking garage³.

Costs

- Project cost estimated at \$480 million for an approximately 670,000 sq.-ft.- facility; projected completion date: 2022.
- Funding:
 - \$300 million - Health Care Facility Transformation Grant through NYSDOH
 - \$150 million - MVHS Financing
 - \$30 million - MVHS Funds, other grants, philanthropy.
- County, City and MVHS are collaborating on a new 1,550 car parking structure estimated to cost \$40.5 million; an additional \$3 million in other noncity funding is reserved to refurbish Kennedy Garage to support hospital and downtown parking needs (over and above \$480 million for construction of downtown hospital campus). The new parking structure will be:
 - Built and owned by Oneida County with County and City sharing debt service 60-40 percent.
 - MVHS parking agreement allots 1,150 spaces for hospital needs; MVHS responsible for operation, maintenance costs estimated at \$1 million/year.
 - 400 of 1,550 spaces reserved for public use with additional space available for nighttime non-hospital events at the Utica Auditorium and surrounding areas.

¹ Estimate provided by Turner Construction, the firm selected by MVHS as its project construction manager.

² Based on estimated retail purchases by construction workers (e.g., hotels/lodging, gasoline, meals, and other discretionary purchases). Does not include State share of sales tax revenues during construction which could add \$637,500 to \$722,500 in sales tax dollars from construction worker spending.

³ Estimate provided by Mohawk Valley EDGE.

Mohawk Valley Health System

An Affiliation of
Faxton St. Luke's Healthcare &
St. Elizabeth Medical Center

1656 Champlin Avenue
Utica, NY 13502

www.mvhealthsystem.org

