

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

**Schedule 16C**

**Impact of CON Application on Hospital Operating Certificate**

Name of Active Parent:(if applicable): N/A  
 Name of Facility: Mohawk Valley Health System Campus  
 Address of Facility: Address To Be Determined (See Note Below)  
Utica (Oneida County), New York 13502

***NOTE: THIS OPERATING CERTIFICATE REFLECTS THE BEDS AND SERVICES OF THE NEW HOSPITAL CAMPUS. PLEASE REFER TO THE PROJECT NARRATIVE (UNDER THE SCHEDULE 1 ATTACHMENT) AND ITS APPENDICES FOR ADDITIONAL INFORMATION.***

**Note:** If the application involves an extension clinic, indicate which services should be added or removed from the certificate of the extension clinic alone, rather than for the hospital system as a whole. If multiple sites are involved, complete a separate 16C for each site.

**TABLE 16C-1 AUTHORIZED BEDS**

Category	Code	Current Capacity	Add	Remove	Proposed Capacity
AIDS	30				
BONE MARROW TRANSPLANT	21				
BURNS CARE	09				
CHEMICAL DEPENDENCE-DETOX *	12				
CHEMICAL DEPENDENCE-REHAB *	13				
COMA RECOVERY	26				
CORONARY CARE	03		8		8
INTENSIVE CARE	02		42		42
MATERNITY	05		23		23
MEDICAL/SURGICAL	01		232		232
NEONATAL CONTINUING CARE	27				
NEONATAL INTENSIVE CARE	28				
NEONATAL INTERMEDIATE CARE	29		8		8
PEDIATRIC	04		16		16
PEDIATRIC ICU	10				
PHYSICAL MEDICINE & REHABILITATION	07				
PRISONER					
PSYCHIATRIC**	08		44		44
RESPIRATORY					
SPECIAL USE					
SWING BED PROGRAM					
TRANSITIONAL CARE	33				
TRAUMATIC BRAIN INJURY	11				
<b>TOTAL</b>			373		373

\*CHEMICAL DEPENDENCE: Requires additional approval by the Office of Alcohol and Substance Abuse Services (OASAS)

\*\*PSYCHIATRIC: Requires additional approval by the Office of Mental Health (OMH)

Does the applicant have previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

No

Yes (Enter CON numbers to the right)