

3. RESPONSIVENESS SUMMARY

The following section sets forth substantive comments received on the DEIS and responses to those comments. A complete record of the written and oral comments is provided in Appendix B of this FEIS Responsiveness Summary.

3.1 PROJECT DESCRIPTION

Comment 1: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

The Applicant currently operates two hospitals (St. Elizabeth's and St. Luke's) and a number of other facilities in the Utica area. The largest facility is St. Luke's Hospital in New Hartford with 370 inpatient beds (inclusive of 24 physical medicine and rehabilitation beds co-located in a separate building on the St. Luke's Campus with a 202 bed nursing home). Applicant proposes to use the grant provided under PBH 2825-b to consolidate and reduce beds from its 201-bed St. Elizabeth's Campus (SEMC) with those from St. Luke's into a new facility that would have 373 beds (excluding the 24 physical medicine and rehabilitation beds, which would remain in their current location at St. Luke's) (see Draft EIS p173/3527). In spite of the consolidation of hospital beds from two facilities, the Applicant proposes to maintain some functions at both the St. Elizabeth's and St. Luke's Campuses.

The St. Luke's Campus qualifies for funding under PBH 2825-b because, being on Utica's western boundary, it is located in Oneida County's "largest population center," the wording of the law deliberately not restricting funds to the City of Utica. As noted under B., above, Applicant acknowledged that the Project is feasible and would be built on the St. Luke's Campus if it could not be done Downtown. If the new facility were to be constructed at the St. Luke's Campus instead of Downtown, it would represent an increase of only 27 hospital beds (about 7%) on that site. In this regard it is also noted that the St. Luke's Home on-site has already reduced its long term care beds by 40 (Draft EIS p653/3527). While long term care beds may not be the same as hospital beds, it suggests that even with the addition of beds transferred from SEMC, the overall use of the St. Luke's Campus with a combined hospital facility would be less intense than it had been in the past.

The Project is supposed to be judged upon the extent to which it "will contribute to the integration of health care services and long term sustainability of the applicant..." (PBH 2825-b (4)(a)). Focusing on (4)(a)'s "sustainability" clause, creating an additional campus Downtown for the Applicant to build and maintain intuitively seems to contradict this goal. Intuition, however, appears substantiated by Applicant's own numbers which reveal that, in spite of a projected reduction of 184 employees, there will be an almost 33% INCREASE in the number of employees PER BED from about 4.75 before consolidation to at least 6.3 after consolidation. (See the number of beds cited above and Applicant's pre and post consolidation employee estimates at Draft EIS pp589-90/3527).

Focusing on the "integration of health care services" clause of PBH2825-b(4)(a), placing an additional 2 miles between a new hospital Downtown and Applicant's 24 bed rehabilitation and 202 bed skilled nursing facilities remaining at St. Luke's seems contrary to both the "integration" required by (4)(a) and PBH 2825-b's general purpose to "consolidate multiple licensed health care facilities..."

The Project is also to be judged on "the extent that the proposed capital project furthers the development of primary care and other outpatient services..." PBH 2825-b (4)(d). The presence of St. Luke's Hospital has spawned a de facto medical district of providers in the Utica Business Park and along Burrstone and French Roads (e.g., Slocum-Dixon Medical Group, Omni Surgical Center, Mohawk Valley Endoscopy Center). Removal of the anchor institution, St. Luke's Hospital, to Downtown Utica will result in less convenience for the medical providers and their patients, reduce opportunities for collaboration, and appears contrary to the intent of PBH 2825-b (4)(d).

Since it acknowledges the feasibility of putting the Project on the St. Luke's Campus and its plan to retain at least some services both there and at SEMC, the Applicant needs to explain why the purpose and provisions of PBH

2825-b were not seen as a “fatal flaw” to the Downtown Site (and to any site other than St. Luke’s Campus), otherwise its “fatal flaw” analysis appears to be arbitrary.

Response 1:

Public Health Law (PHL) Section 2825-b established the Oneida county Health Care Facility Transformation Program (OCHCFTP) to be jointly administered by the NYSDOH and the Dormitory Authority of the State of New York (DASNY). The law made \$300,000,000 available for capital grants to general hospitals for projects located in the largest population center in Oneida County that consolidated multiple licensed health care facilities into an integrated system of care. According to the most recent Census data, the City of Utica is the largest population center in Oneida County and, therefore, the funds were restricted to sites within the City.

Applications for the grant funds were due to NYSDOH in January 2017. NYSDOH reviewed the grant applications based on the following statutory criteria:

- a) The extent to which the proposed capital project will contribute to the integration of health care services and long-term sustainability of the applicant or preservation of essential health services in the community or communities served by the applicant (PHL 285-b(4)(a));
- b) The extent to which the proposed project or purpose is aligned with Delivery System Reform Incentive Payment (DSRIP) program goals and objectives (PHL 2825-b(4)(b));
- c) The relationship between the proposed capital project and identified community need (PHL 2825-b(4)(c));
- d) The extent that the proposed capital project furthers the development of primary care and other outpatient services (PHL 2825-b(4)(d));
- e) The extent to which the proposed capital project benefits Medicaid enrollees and uninsured individuals (PHL 2825-b(4)(e));
- f) The extent to which the applicant has engaged the community affected by the proposed capital project and the manner in which community engagement has shaped such capital project (PHL 2825-b(4)(f)); and
- g) The extent to which the proposed capital project addresses potential risk to patient safety and welfare (PHL 2825-b(4)(g)).

MVHS applied for grant funds available under 2825-b. In its application for funding, MVHS was required to identify the site on which it would use those funds. The grant application identified the Project location as the area in downtown Utica bounded by Oriskany and Columbia Streets and Broadway and State Streets.

MVHS’s application also explained how the Project would “contribute 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.” Specifically, the MVHS IHC 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. One site will centralize limited physician resources. For example, of the current 550 physicians at MVHS only 220 practice at both FSLH and SEMC. As such, 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 silos 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 placement of ambulatory care services adjacent to the inpatient care areas will provide for timely and efficient care and will maximize the care givers 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 length of stay 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.

MVHS will gain numerous operational efficiencies by combining current duplicated departments. Consolidation of the two existing acute care sites will improve 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 373 beds, a reduction of 30%. This is achievable through a 95% 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 new facility will provide structural longevity that the current facilities cannot offer, and it will become a community center for healthcare that will continue long into the future. 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 gases, water conservation and other sustainable measures will be incorporated to improve the patient experience, as well as heal the environment.

Additionally, 39 localities in Oneida County are designated as Health Care Provider Shortage Areas for primary care. The IHC Project can enhance primary care access and capacity as the new hospital will be desirable feature to primary care providers being recruited to serve the Oneida County community. The Project also furthers the development of primary care and other outpatient services. As noted in the grant application, 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.

Accordingly, since NYSDOH awarded the grant to MVHS based on the information set forth in its application including the proposed Downtown Site, the parameters of Public Health Law Section 2825-B were satisfied.

For a response concerning the viability of St. Luke's as an acceptable alternative, see Responses 26, 28 and 35.

Comment 2: Michael Galime, City of Utica Council President, Letter, 12/27/18:

[...] the planning board should ensure that this project is treated as a private development project, that has received a government grant for partial funding, and that the project be reviewed in its entirety.

Response 2:

In accordance with SEQRA, the Project is being reviewed in its entirety. Dependent and related activities, which comprise the Project, were identified in the DEIS and are reiterated in Section 1 of this Responsiveness Summary, and include: the hospital building; the Central Utility Plant (CUP); parking facilities (including one municipal parking garage and multiple surface lots); future medical office building (MOB) (by private developer); campus grounds; hospital helipad; and pedestrian/utility bridge over Columbia Street. To accommodate the proposed MVHS IHC, the proposed Project will involve the acquisition of properties and modifications to existing public/private utility infrastructure.

Comment 3: Michael Galime, City of Utica Council President, Letter, 12/27/18:

Site Preparation. The project filings require a parking garage, as well as previously listed additions to assemble the site. The proposed garage is seemingly separated from this SEQRA process, and it appears is not being studied, as required. Under SEQRA 617.2 this may be Segmentation. If this is deemed Segmentation, but the State CON from the department of health requires the Parking Garage, this review must include all involved actions. Either the Parking Garage proposal must perform SEQRA, or it must be included in this review.

Response 3:

The DEIS is clear that it includes the entire IHC, including a three-story, municipally-owned parking garage that would provide approximately 1,550± parking spaces. Accordingly, there is no segmentation and no need to undertake a separate SEQRA review for the parking garage.

Comment 4: Michael Galime, City of Utica Council President, Letter, 12/27/18:

The City of Utica has no formal plan to relocate the police maintenance facility. The cost for this relocation is not specified in the project filings.

Response 4:

The Benny D. Rotundo Public Safety Building, which houses the City of Utica Police Department, was constructed in 1928. The City has been aware for several years that, given the age of the building, it is getting past its usefulness as far as being able to serve police operations effectively.

<https://www.uticaod.com/news/20171210/inside-utica-police-departments-aging-station>

Basement walls are cracked, the roof leaks, and the size of the building leaves little room for the storage of records and evidence. The City has had conversations about a shared public safety facility: one that would house police operations with the upper-level administrative staff for the Utica Fire Department. As a result, the City is now undertaking a feasibility study for the relocation of the police station and maintenance garage – a step that needs to be taken regardless of the proposed IHC Project. To provide the City with sufficient time to explore alternatives and seek funding from other governmental sources, MVHS has agreed that the police maintenance facility can remain in its current location until 2024. Accordingly, since relocation of the police station and maintenance garage is a separate and independent project, there is no requirement to consider the cost for relocation in the DEIS.

Comment 5: Michael Galime, City of Utica Council President, Letter, 12/27/18:

This proposal, if acted upon, will displace the main police headquarters, which there is no financial plan to relocate.

Response 5:

See [Response 4](#).

Comment 6: Michael Galime, City of Utica Council President, Letter, 12/27/18:

The heliport specified in the filings is not a helipad. Can a helicopter land within this proximity to buildings, on a ground level, safely? How will people be transported into the facility, considering its placement adjacent to the proposed facility.

Response 6:

The Project Sponsor, MVHS, originally identified this Project element as a “helistop.” During the public SEQR scoping process, the FAA provided the following comment: “[...]the FAA has published guidance on how heliports, specifically hospital heliports, should be planned and designed. FAA Advisory Circular (AC) 150-5390/2C²⁴ [provided by the FAA] outlines the parameters that need to be considered when siting the facility and what infrastructure is needed. The AC does not use the term “helistop,” as the design standards and recommendations of this AC apply to all heliports. Therefore, it is recommended that the reference to helistop be changed to Hospital Heliport for consistency with published guidance and standards.” (FAA to Brian Thomas, City of Utica, June 11, 2018)

However, the term “heliport” is also inconsistent with proposed operations and it was determined that the term “helipad” more appropriately reflects proposed helicopter-related operations. As stated in Section 1.1.4 of this FEIS Responsiveness Summary, in contrast to a heliport, a helipad is a location designated for helicopters to land and take off without facilities for refueling or repair. A hospital helipad is limited to serving helicopters engaged in air ambulance, or other hospital related functions. As the proposed IHC operations will not include refueling or repair, the term “helipad” is used for the Project.

Designed to FAA specifications, the helipad will be situated to the west of the hospital building, adjacent to the ED ambulance entrance and north of Columbia Street. MVHS anticipates approximately 40± flight operations per year. A surface helipad is ideal to handle this low volume and provides the shortest gurney access path to and from the ER. See Responses 10, 11 and 12.

Comment 7: Michael Galime, City of Utica Council President, Letter, 12/27/18:

The current proposal calls for a reduced size single location consolidation of our medical delivery system. This is being placed in the center of the City of Utica, landlocking the facility for all future development, while surrounded by privately owned property. This will limit future expansion and should be considered an adverse effect.

Response 7:

Any site is, by definition, “landlocked” in that it is constrained by its existing property lines. Moreover, the Project is designed to meet the long-term healthcare needs of the community. The IHC 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. Accordingly, any need for future expansion is purely speculative and beyond the scope of MVHS’s application and this EIS.

Comment 8: Michael Galime, City of Utica Council President, Letter, 12/27/18:

The proposed purpose of the facility filed with the OCLDC [Oneida County Local Development Corporation] and scoped within the SEQRA filings is to improve the overall delivery of health care needs in the greater Utica area.

²⁴ https://www.faa.gov/documentLibrary/media/Advisory_Circular/150_5390_2c.pdf

This proposal is consolidating current facilities into one, keeping operational care the same in most areas, and reducing it in others (pediatrics), for example.

Regardless of the chosen location, there is potential negative impact that the proposed facility will not achieve proposed and pitched improvements and not increase our healthcare delivery overall, while at the same time reducing the size of the overall capabilities within the area.

Response 8:

The Project will increase healthcare delivery and will increase capabilities – not decrease them. For example, the IHC creates a structured delivery system, ends service fragmentation, increases service integration and coordinates the work of the hospitals, primary care, and community-based organizations. The key component of successful delivery system reform is the development and strengthening of primary care and community-based outpatient services to support the community’s needs. The IHC will expand access to primary care, as well as other specialties, through recruitment. 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. The IHC will also improve healthcare by reducing gaps/inefficiencies in care coordination, aligning with payment reform, and rebalancing health delivery through reductions in hospital beds as care is shifted to outpatient models and population health management. See Responses 1 and 230.

Comment 9: Steve Grant, The Landmarks Society of Greater Utica (LSGU), Letter, 12/27/18:

Provide additional clarification from MVHS as to what functions are remaining at the various campuses and how this would promote a consolidation/integration of the health care system.

Response 9:

MVHS summarized consolidation activities in their CON application, which was previously submitted to and accepted by the NYSDOH. The CON application was appended to the DEIS (see DEIS Appendix A) and information relative to the consolidation was summarized in DEIS Section 1.1.

SEMC

The SEMC site will be converted into an outpatient extension clinic to be known as "St. Elizabeth Campus". MVHS prefers that this site maintain its current Permanent Facility Identifier (PFI) Number. Pursuant to the CON application, the following programs and services will remain on the St. Elizabeth site, with no construction or relocation necessary:

- Sleep center services (Mohawk Valley Sleep Disorders Center)
- The College of Nursing
- The cardiac and thoracic surgery-related services (all of which are medical-only services; no emergency/surgical services will be provided at this site)
- Primary care and laboratory patient service center (PSC) services.

These programs and services are not currently in the hospital building. Specifically, programs currently located in the College of Nursing Building (*e.g.*, Sleep Lab, administrative services), and the physician offices in the Marian Medical Building will remain on the SEMC campus.

FSLH

The St. Luke's site, which will be a hospital "division," and known as the St. Luke’s Campus, will retain the following services, with no construction needed:

- 24 certified, inpatient Physical Medicine and Rehabilitation (PM&R beds)
- Laboratory PSC service
- Outpatient primary care and obstetrics services
- Outpatient surgeon offices for medical visits/services.

These programs and services are not currently in the hospital building, but in the remaining non-hospital buildings on the campus. For example, the physician offices are in the professional office building and the Acute Inpatient Rehab unit currently resides in the nursing home building.

The IHC Project promotes consolidation and integration as the majority of the inpatient and outpatient services will relocate to the new hospital campus. The Project will also centralize healthcare services for Oneida County in the most populated area of the County, which is a requirement of the \$300 million grant provided by the NYSDOH under New York Public Health Law Section 2825-b.

The new hospital campus and merger will:

- Enable MVHS to consolidate two existing acute care hospitals into one integrated location
- Provide greater access to residents of the City of Utica, Oneida County and the region
- Improve operational efficiency, patient satisfaction and safety for both patients and caregivers.

In particular, the overall Project will create a structured delivery system, end the current service fragmentation, increase service integration and coordinate the work of the hospitals and other community-based organizations. Furthermore, the implementation of the overall Project will reduce gaps/inefficiencies in care coordination, aligns with payment reform and rebalances healthcare delivery through the reduction in the number of hospital beds as care is shifted from an inpatient care model to an outpatient care model focused on population health.

In addition to improving the efficiency of staff workflow, the proposed consolidation of the two existing acute care facilities will result in a decrease in the total number of inpatient beds from a combined 571 inpatient beds at two campuses to a more efficient model with 174 fewer beds, representing a reduction of about 30%. This is achievable through having 95% private patient rooms, improved throughput metrics, reduced length of stay and a general reduction of utilization in the region, which reflects the national, State and local trends of a reduction in inpatient admissions and an increase in outpatient visits.

See also Responses 1 and 8.

Comment 10: Joseph P. Caruso, City of Utica Planning Board, Email, 12/27/18:

Helipad: I am concerned that the emergency air transport plan is for construction of a street-level helipad rather than a rooftop heliport. While I am aware for the stated reasons for this (cost among them), I'm concerned for the interaction with pedestrian traffic, and the noise/distractions caused by aircraft landing and taking off, and would prefer to see a rooftop (heliport) solution. If the hospital building roof is not a practicable solution, then what about a) locating a heliport on the parking garage or b) locating a helipad slightly off-site, in a more pedestrian-remote space, as I have read has been done in other cities?

Response 10:

According to MVHS's avionics' expert (Vertical Aeronautics International), either scenario is in compliance with the FAA's AC (see Response 6), as long as all criteria are satisfied. A surface helipad can present issues with vehicle and pedestrian traffic; however, these can be mitigated with the inclusion of signage and traffic guards at key spots. Elevated helipads [rooftop] also present issues with structural enhancement, gurney elevators and ingestion into air handlers. Both elevated and surface hospital helipads exist and function well. In this case, it is anticipated that approximately 40± operations will occur each year. A surface helipad is ideal to handle this low volume of flight operations and provides the shortest access path to and from the ER. Locating the helipad atop

the parking garage, will cause the helicopter's downwash to possibly damage parked vehicles and require the inclusion of a gurney elevator or bridge to the patient tower. As a trauma facility, a remote helipad location may negate that classification and will most likely require an ambulance to transport the patient. This is a major delay and can compromise the well-being of the patient by changing modes of transportation.

Comment 11: George Mitchell, City of Utica Planning Board, Email, 12/27/18:

The Helicopter Pad: While this pad is designed in accordance with applicable standards, the proposed design will have a continued impact to the surrounding area each time a medical helicopter transport approach's the ground level pad, by stirring up significant dust, diesel fumes from exhaust, and emit noise levels well beyond the ambient noise in the immediate area. Additionally, one can imagine the site of a landing helicopter close to the surrounding roads, including the main North/South Arterial will become a distraction to the vehicle traffic. It should also be considered that as events at and around the Auditorium continue to expand, helicopter landings at ground level will become a negative impact to those "quality of life" events. I believe these significant impacts can be largely mitigated if the landing pad were to be relocated at the roof-top of the main hospital building. In fact, this solution would also reduce the overall footprint of the project, thereby further the overall project impact. While I can imagine that my proposed solution will increase the cost of the project by requiring a elevator shaft from the roof to the various building floors, It's also true that many urban hospitals incorporate this very same solution for the very same reasons I describe here. Additionally, this solution will allow the current space allocated for a ground pad to be used for future expansion to the campus as needs change. I do not believe that cost should be the only consideration for this alternate approach, when there are significant trade-offs to the environmental quality of the project as I've pointed-out here. This project must work for MVHS, the citizens of our city and county and also for all of the other tenets of our Downtown area. I would very much like to see this impact mitigated in the final EIS and before approval of the EIS.

Response 11:

According to MVHS, the design helicopter is a Blackhawk, which is a large aircraft and has a significant downwash. As such, the placement of the heliport at the surface or at rooftop will both cause debris, dust and flying snow. This can be mitigated by watering or sweeping the area prior to landing at the surface helipad. An elevated helipad always has dust and dirt within its crevices. These impurities will also find their way down to ground level during the helicopter's approach, largely based upon so few helicopter operations.

Traffic on the adjacent highway and Oriskany Street contribute to the existing ambient sound level, which will attenuate episodic helicopter sounds. In addition, the nearby Utica Auditorium (AUD) is already adjacent to high sound levels from abutting highways and would be able to accommodate any minor, temporary helicopter noises.

Comment 12: Joseph Cerini, Citation Services, Email, 12/27/18:

Another concern is the emergency helipad. While stating that the helipad will be designed to FAA specifications, helicopter flight landings pads are designed with glide paths, landing into the wind, and have a minimum of 2000 feet and standard 4000 ft. path. In FAA literature, if there is a hazard that penetrates that zone it will be removed or properly marked. Into the wind in Utica is usually west to east, coming in over Genesee St. So either more building need to be taken down or flashing beacons for downtown Utica. Nowhere in the DEIS is there mention of form FAA 7460-1 filed.

Response 12:

The siting of emergency helipads, and their intermittent use, are a common feature at hospitals. The helipad will function safely and be compliant with all FAA and City requirements. When submitting the Form 7460-1 and helipad plans to the FAA, all required and desired amenities will be included. Obstruction lights, the quantity of wind cone assemblies, *etc.* are yet to be determined, but will be encompassed in the submitted plans. The 4,000-

foot protected area will be clearly shown and any penetrations thereof will be addressed to and by the FAA and comply with the AC (see Response 6).

Comment 13: Stephen N. Keblish, Jr., Resident (Utica), Email, 12/27/18:

MVHS – Mohawk Valley Health System is listed as the sponsor of this action, however MVHS is not responsible for the whole action of this project and therefore the impacts, alternatives, and mitigations detailed in the DEIS are inadequate to understanding the full scope of the project. The DEIS is too limited in fulfilling its statutory purpose by limiting the sponsor to just MVHS.

Response 13:

MVHS is the Project Sponsor of the entire IHC Project. Certain local agencies are assisting MVHS with the Project, and that assistance renders those agencies “involved” agencies pursuant to SEQRA. Each of those agencies is identified as an Involved Agency in the DEIS (see Table 2) and will be required to issue a separate Findings Statement prior to making any final determination regarding the Project. Findings provide the teeth in the SEQR process because they articulate the basis for substantive aspects of each agency’s decision, including supporting any conditions/mitigation measures to be imposed by the agency.

Comment 14: Stephen N. Keblish, Jr., Resident (Utica), Email, 12/27/18:

City of Utica – The City of Utica has entered into a Memorandum of Agreement (MOA) with the County of Oneida and MVHS to build the municipal parking garage, which is a component of this action. By omitting the City of Utica’s responsibilities as a sponsor, the DEIS is too narrow to assess, describe, discuss or evaluate impacts, alternatives, and mitigations related to the actions the City of Utica will be taking in this project.

Response 14:

The City of Utica is not the Project Sponsor. It is an Involved Agency and it is properly identified as an Involved Agency in the DEIS (see Table 2). The potential impacts and associated mitigation in connection with construction and operation of the parking garage are properly and adequately identified and addressed in the DEIS. As an Involved Agency, the City of Utica will be required to adopt its own Findings Statement and/or conditions prior to issuing any final approvals in connection with the Project.

Comment 15: Stephen N. Keblish, Jr., Resident (Utica), Email, 12/27/18:

Oneida County has entered into an MOA with the City of Utica and MVHS to build the municipal parking garage. As primary finance, design, contracting and condemning entity, Oneida County is a primary sponsor within the scope of this action (<https://www.uticaod.com/news/20181010/oneida-county-approves-design-firm-for-hospital-parking-garage>). By omitting Oneida County’s responsibilities as a sponsor, the DEIS is too narrow to assess, describe, discuss or evaluate impacts, alternatives, and mitigations related to the actions Oneida County will be taking in this project, especially in evaluating the objectives, alternatives, impacts, and mitigations of the proposed parking garage.

Response 15:

Oneida County is not the Project Sponsor. It is an Involved Agency and it is properly identified as an Involved Agency in the DEIS (see Table 2). The potential impacts and associated mitigation in connection with construction and operation of the parking garage are properly and adequately identified and addressed in the DEIS. As an Involved Agency, Oneida County will be required to adopt its own Findings Statement and/or conditions prior to issuing any final approvals in connection with the Project.

Comment 16: Stephen N. Keblish, Jr., Resident (Utica), Email, 12/27/18:

New York State (NYS) is the primary funding and programming agent for this project via the Oneida County Health Care Facility Transformation Program, which provided \$300 million in capital funding to consolidate multiple

licensed health care facilities into an integrated system of care. The EIS must include a description and evaluation of the range of reasonable alternatives to the action that are feasible, considering the objectives and capabilities of the project sponsor (<https://www.dec.ny.gov/permits/6424.html>). The objectives and capabilities of NYS are more integral to this project than any other participant driving this project.

Response 16:

The State of New York is not the project sponsor. It's agencies, DASNY and NYSDOH are responsible for administering the grant funds. DASNY and NYSDOH are Involved Agencies and are properly identified as Involved Agencies in the DEIS (see Table 2). The potential impacts and associated mitigation in connection with the entire IHC Project are properly and adequately identified and addressed in the DEIS. As Involved Agencies, DASNY and NYSDOH will be required to adopt their own Findings Statement and/or conditions prior to issuing any final approvals in connection with the Project.

Comment 17: Stephen N. Keblish, Jr., Resident (Utica), Email, 12/27/18:

The Kennedy Garage – The project will include refurbishments to the Kennedy Garage, however the planned actions, timeline, and resulting impacts are not evaluated by the DEIS. “The estimated cost for the project is five hundred twenty three million five hundred seventeen thousand eight hundred seventy five and no/100ths dollars (\$523,517,875), which includes the refurbishment of Kennedy Garage and the development of the proposed parking facility discussed herein, with funding above and in addition to the state grant to be from additional public and private funding to be secured by MVHS with the assistance of City, County, and Mohawk Valley EDGE.” – MOA Recitals.

Response 17:

The current plan for Kennedy Garage is limited to MVHS's acquisition of the existing retail space within that portion of the Kennedy Garage Building currently owned and occupied by Mohawk Medical Equipment (MME). The former MME space will be remodeled to be used as the hospital's CUP, and other hospital related uses. The façade of the space will be improved, and a utility and pedestrian bridge will be constructed over Columbia Street from the hospital 2nd floor to the CUP 2nd floor. Uses planned for the former MME space are similar to the uses that were planned for the CUP that was to be constructed in the downtown hospital building, and impacts are anticipated to be similar. The improvements to the former MME space will be completed within the overall timeline and within the overall Project budget.

Any improvements to the remainder of the Kennedy Garage is not part of the IHC Project, but rather is a separate and unrelated project by a different project sponsor.²⁵ According to the Memorandum of Agreement (MOA), the City is the owner of the Kennedy Garage. The MOA states that the cost to repair the Kennedy Parking Garage is \$3,000,000 (see MOA Section 4) and that the \$3,000,000 will be allocated from the expected Upstate Revitalization Initiative (URI) grant that will be obtained by the City (see MOA Section 5). The MOA also provided that the City shall provide the following assistance to the new hospital at the City's expense: “consider in the development of the parking plan mentioned above, the dedication of at least 200 of the 450 parking stalls in Kennedy Garage of Hospital use” (see MOA Section 10(f)). However, the Project has evolved since the MOA was executed in 2017 and the parking space needs have been reduced. The IHC, as analyzed in the DEIS, is not relying on any spaces in the Kennedy Garage to satisfy its parking needs (see Response 79).

²⁵ Improvements to the Kennedy Garage would be for preventive maintenance of the parking structure (*i.e.*, drainage system, joints, waterproofing, surfacing, *etc.*) This type of maintenance and repair work is classified as a Type II action that is not subject to SEQRA review.

3.2 REGULATORY REVIEW AND APPROVALS

Comment 18: Terry Tyoe, Environmental Analyst 2, NYSDEC, Region 6, Letter, 12/27/18:

DEC is not listed as a potential agency under “Water and Wastewater System Improvements Approval of Plans” item 17, page 15 of the document. Please note that DEC approval of new or modified municipal sanitary sewers serving the proposed project may be required under 6 NYCRR Part 750-2.10(a). If a sanitary sewer lateral serving the proposed project is designed to convey 2,500 gallons per day or more, then DEC approval of the connection may be required under 6 NYCRR Part 750-1.2(82) and 6 NYCRR Part 750-2.10(h)(3)(i). Therefore, it is recommended that DEC be included as an agency in Table 1, Potential Permits and Approvals, under Water and Wastewater System Improvements Approval of Plans.

Response 18:

The table has been updated (See Section 1.3, Table 2 of this Responsiveness Summary).

Comment 19: Terry Tyoe, Environmental Analyst 2, NYSDEC, Region 6, Letter, 12/27/18:

Dependent upon final plans, permitting and/or registration may be required for:

- Air
- Article 15/24 (Excavation Fill, Stream Disturbance, Freshwater Wetlands, Water Quality; dependent upon final location of new transmission, water, sewer connections, if any)
- Chemical & Petroleum Bulk Storage
- SPDES Construction Stormwater
- Water Withdrawal

Response 19:

The comment is noted. See Response 18.

3.3 ALTERNATIVES CONSIDERED

Comment 20: Patrick Becher, Chair of the Board of Directors, Greater Utica Chamber of Commerce, Public Hearing, 12/6/18:

Of the three remaining sites, the downtown location, the existing St. Luke's and the state psychiatric center, the downtown site objectively scored the highest based on a wide range of critical criteria. Amongst some of the reasons identified in favor of the downtown site are the following: First the site will require no sewer offset credits. Secondly, the storm water management will be greatly improved with the use of pervious services, it will actually generate less runoff than the current configuration of the split hospitals. The water pressure capacity are very good which is something that I happen to know a little bit about.²⁶ They will not need a tank for fire storage needs because of the density of the water mains in that area. The downtown site is relatively close to a National Grid substation, from there they can run a dedicated underground cable and provide all the power to the hospital which will provide a very high level of reliability. Street grid is an asset. There are many ways to access and egress into the site. The site is also not immediately adjacent to any kind of a residential neighborhood. The site is also less than two miles from the Thruway, less than a half mile from the north-south Arterial and located along Routes 5 and 5S, which can greatly enhance the access to the facility for emergency services. The downtown location has the benefit of being planned in conjunction with the State DOT Oriskany Street 5S project, so that can all be handled at the same time. The site has high visibility, it really plays I think into a very carefully sustainability to smart road, repurposing of Urban parcels will be able to provide a higher

²⁶ Mr. Becher is also Executive Director of the Mohawk Valley Water Authority.

use for that land than exists in most situations. The site will not encroach, as I said, on residential neighborhoods. And finally and perhaps most importantly, this site can be a very important part of a broader downtown revitalization vision. So for all those reasons, the Chamber of Commerce would like to express its endorsement of this draft environmental impact statement, and we commend you on your efforts so far, and we are looking forward to the rest of the project.

Response 20:

The comment is noted.

Comment 21: Tom Zalocha, Union Representative, Plumbers & Pipefitters Union, Public Hearing, 12/6/2019:

St. Luke's is not within the required location to qualify for grant funding. Utica Psychiatric Center fell short with zoning requirements, accessibility and the relation to existing neighborhoods. With all of this taken into consideration along with the easy accessibility of Route 5S, Route 49 and the north-south Arterial, the downtown site has proven to be our best choice. The main reason for building in downtown Utica, in my opinion, is simply revitalization, progression for a better future for the greater Utica area.

Response 21:

The comment is noted.

Comment 22: Stephen Keblish, Resident (Municipality Unspecified), Public Hearing, 12/6/18:

The encroachment on a residential neighborhood was cited as a concern in the comparison study for the psych center; however, the fact that people live in or near the downtown site was completely ignored.

Response 22:

The siting study noted proximity to residential neighborhoods as a concern for the Psych Center because the area immediately adjacent to the Psych Center is residentially zoned and consists of a single family residential neighborhood and a middle school. The area immediately to the west of St. Luke's is also a single family residential neighborhood and is zoned residential. However, the zoning around the Downtown Site is Central Business and there are no residential zoning districts or single family residential uses adjacent to the Downtown Site. Single family homeowners have an expectation that the value and enjoyment of their properties will be protected, whereas, high rise apartment dwellers who choose to live in a city, would anticipate being surrounded by mixed uses. Accordingly, it was appropriate to consider incompatibility with site or adjacent zoning as a siting criterion with respect to the Psych Center and St. Luke's, but not with respect to the Downtown location.

Comment 23: Stephen Keblish, Resident (Municipality Unspecified), Public Hearing, 12/6/18:

The study does not account for how the psych center was eliminated from the final choices.

Response 23:

The purpose of the Site Selection Study was to grade the sites and present the information to the MVHS Board of Directors so it could make the ultimate decision with respect to which site best met the goals and objectives of MVHS. The Site Selection Study is clear on the reasons why the Psych Center was eliminated. For the reasons set forth in the Site Selection Study, in the DEIS and in this document, MVHS, in its discretion as a private entity, believed that the Downtown Site was the best location for the proposed IHC. The NYSDOH conditionally approved the CON application based on the information set forth therein, including the downtown location. See Comment 25.

Comment 24: Richard Bause, Resident (Utica), Public Hearing, 12/6/18:

St. Luke's campus...You got all that upgraded infrastructure, you got a state of the art power plant there providing power to the hospital and steam but also supplying the same thing to Utica College.

Response 24:

See Responses 26, 28, 35, 115, 123, and 126.

Comment 25: MVHS Board of Directors, MVHS, Letter, 12/20/18:

Our decision, to locate the new healthcare campus in Downtown Utica was made after extensive research and studies were performed. Criteria analyzed in these studies included access to the site by the populations we serve, environmental impacts and infrastructure requirements. An initial study was performed by Elan Planning, Design, & Landscape Architecture, PLLC (Elan) and O'Brien & Gere Engineers, Inc. (OBG), which prepared a comprehensive site evaluation of 10+ sites within Oneida County that could support a replacement facility. That report, issued on June 12, 2015, recommended the downtown Utica location.

Subsequently, Hammes Company, who MVHS began to engage in December 2014, provided a second opinion on the site recommendation of the initial study. After performing a comprehensive review of the report, Hammes confirmed the recommendation of the downtown site as the best option for MVHS to pursue.

The New York State legislation that allocated \$300 million for the project requires that the new facility be located within Oneida County's largest population center. The downtown Utica site meets this condition. MVHS was awarded the \$300 million Health Care Facility Transformation Grant in April 2017 by the New York State Department of Health (NYSDOH) and the downtown location was crucial to MVHS receiving that grant. Without this grant MVHS would not be able to financially support building a new healthcare campus.

On July 23, 2015, the MVHS Board of Directors unanimously approved the downtown location for the new, regional healthcare campus. The healthcare needs of our community are our priority and at the center of all we do. We chose downtown Utica after an extensive a review of all the information presented to us and our belief that the downtown Utica site would best serve the healthcare needs of our community for many years into the future.

Response 25:

The comment is noted.

Comment 26: Gregory D. Eriksen, Bousquet Holstein, PLLC (on behalf of Angela Elefante), Letter, 12/26/18:

We believe that an alternate location is preferable. In the analysis relied upon by the Draft EIS, the St. Luke's Hospital campus scored the same or better than the downtown location in terms of size, utilities, zoning approvals and impact fees, and environmental considerations. *See* Draft EIS at pgs. 28-32. Moreover, if one of the goals of the Project is truly to consolidate Utica's medical facilities, the St. Luke's location is the only location that physically places the new facility in proximity to Utica's existing healthcare infrastructure. Among other things, any patient travel between St. Luke's and the new facility will be logistically easy, as will any sort of resource-sharing that may be necessary between the two facilities. In addition, it is our understanding that the St. Luke's campus already has sufficient electrical capabilities to service the proposed new hospital. Locating the new hospital at St. Luke's would therefore eliminate the need to construct the central utility plant that has been proposed as part of the downtown location.

We urge that the Board reject the Draft EIS as written and urge that the Draft EIS be revised to include a full analysis of the St. Luke's campus location, with an eye toward relocating the proposed new hospital to the St. Luke's campus.

Response 26:

SEQRA requires that a DEIS include “a description and evaluation of the range of reasonable alternatives to the action that are feasible, considering the objectives and capabilities of the project sponsor.” (6 NYCRR § 617.9(b)(5)(v).) “The purpose of requiring inclusion of reasonable alternatives to a proposed project is to aid the public and governmental bodies in assessing the relative costs and benefits of the proposal.” See *Webster Assoc. v. Town of Webster*, 59 N.Y.2d 220, 228 (1983). To be meaningful, such an assessment must be based on an awareness of all reasonable options other than the proposed action. The degree of detail with which each alternative must be discussed will, of course, vary with the circumstances and nature of each proposal.” *Id.* See *Webster Assoc. v. Town of Webster*, 59 N.Y.2d 220, 228 (1983). The regulations direct that an EIS be “analytical,” but that it need not be “encyclopedic.” (6 NYCRR § 617.9(b)(1).)

The SEQRA regulations recognize that the “objectives of a private project sponsor are important in determining what alternatives should be considered in an environmental impact statement.” See *Matter of Applications for Permits for Crossroads Ventures*, 2006 N.Y. ENV LEXIS 88, at *96 (*Interim Deputy Comm’r Decision Dec. 29, 2006*). “A description and evaluation of alternatives that manifestly would not achieve the objectives of the proposed project are not required by SEQRA.” *Id.* (citing *Shellabarger v. Onondaga County Water Auth.*, 105 A.D.2d 1134, 1135 (4th Dept. 1984)); *Save Our Parks v. City of New York*, 2006 N.Y. Misc. LEXIS 2365, at *19-24 (*Sup. Ct. N.Y. County Aug. 15, 2006*). In fact, it is not for the Lead Agency to decide there are better alternatives than the one chosen. See *Coalition Against Lincoln W., Inc. v. Weinshall*, 21 A.D.3d 215, 222, 799 N.Y.S.2d 205, 211 (1st Dept. 2005).

MVHS is a private applicant and has evaluated a reasonable range of alternatives to determine which would be feasible considering its own objectives and capabilities. Those considerations are important in the Lead Agency’s SEQRA analysis, which does not require an evaluation of alternatives that do not achieve the proposed project’s goals. See 6 NYCRR § 617.9(b)(5)(v); see also *Crossroads Ventures*, 2006 N.Y. ENV LEXIS 88, at *96; *Shellabarger*, 105 A.D.2d at 1135. Under SEQRA, the Lead Agency has considerable latitude to evaluate environmental effects and to choose among alternatives, the feasibility of which given the project sponsor’s objectives and capabilities is a central factor. See *Jackson v. N.Y. State Urban Dev. Corp.*, 67 N.Y.2d 400, 417 (1986). The criteria established here, the scoring of those criteria, and the ultimate site selection were all carefully considered by the Project Sponsor in light of its objectives and capabilities and relevant environmental factors. The comment is based on disagreement with the methodologies used and conclusions reached by MVHS rather than any evidence.

The DEIS reveals that St. Luke’s does not meet the goals and objectives of MVHS. The downtown Utica location was and still is the best location to satisfy all the goals and objectives of the Applicant, which include providing one integrated location for acute care with greater access to residents of the City of Utica, Oneida County and the region, particularly those populations of refugees and low-income individuals; to improve operational efficiency, patient satisfaction, and safety for both patients and caregivers; attracting new and younger providers; and to act as a catalyst for economic growth in downtown Utica in compliance with the Oneida County Health Care Facility Transformation Program Law. Specifically, grant funds became available for projects located in the City of Utica that consolidated multiple licensed health care facilities into an integrated system of care. In 2017, MVHS applied for and was awarded a grant for its proposal to construct a new integrated health care campus on the site it selected in downtown Utica. These grant monies cannot simply be shifted to an alternative site.

Moreover, expansion/upgrades to St. Luke’s would be costly and difficult to achieve. For example, room sizes, door sizes and configuration create potential for falls, transfer difficulties and general movement of patients. In addition, patients are exposed to public areas and there is no clear separation of public and patient support. HVAC, communication, and pressurization systems are not optimal and upgrading existing space can be difficult and costly. Construction on the existing St. Luke’s site also presents a challenge regarding construction phasing; construction and employee access; circulation; noise, vibration, other sensitivities. It is not known whether the existing cogeneration facility at St. Luke’s would be capable of serving a larger complex at the same location. The age of St. Luke’s does not provide for long term sustainability and would eliminate certain energy-efficiencies,

which meet and exceed current day best practices and building code requirements that would be gained from the new facility.

Comment 27: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

The Applicant was requested numerous times to disclose the Site Selection Study it relied upon in choosing the Downtown site. Instead, the Draft EIS supplies only a “Summary Memorandum” of the site selection process (and only in draft form). This appears at Appendix D to the Draft EIS.

The Applicant needs to submit the actual study its Board relied upon rather than a summary, so the Public and relevant authorities do not have to speculate on what was left out.

Response 27:

The study provided in the DEIS (Appendix D) is the only siting study relied on by the MVHS Board to make its siting decision. MVHS asked its consultant, Hammes, to review that study. Hammes reviewed the study and concurred with the result, however it did not issue a separate independent report.

Comment 28: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

When Applicant announced in September, 2015, that it had chosen to build the Project at the Downtown site, it also stated that “In the event the downtown site proves not to be financially viable, we will move on to our second site option at the St. Luke’s Campus, which the board feels will also serve the community well.” This is an admission that the Project is feasible at the St. Luke’s Campus in New Hartford.

Response 28:

As the comment noted, the Applicant’s preferred site for the new IHC was, and still is, in downtown Utica.

The statement made in 2015 concerning alternative locations was based on information available at that time and is no longer relevant as the Downtown Site is financially viable. Specifically, availability of grant funding was uncertain until November of 2016 when the request for grant applications was issued by NYSDOH and ultimately awarded to MVHS for the Downtown Site in April 2017. Locating at St. Luke’s does not satisfy the Applicant’s goals to provide one integrated location for acute care with greater access to residents of the City of Utica, Oneida County and the region; to improve operational efficiency, patient satisfaction, and safety for both patients and caregivers; and to act as a catalyst for economic growth in downtown Utica in compliance with the grant awarded pursuant to Oneida County Health Care Facility Transformation Program Law. Additional goals and objectives that will be served by the downtown Utica location include delivering higher quality, more effective care with better community outcomes at a lower cost; serving the largest, most diverse population in Oneida County; and attracting new and younger providers.

Moreover, expansion/upgrades to St. Luke’s would be costly and difficult to achieve. For example, room sizes, door sizes and configuration create potential for falls, transfer difficulties and general movement of patients. In addition, patients are exposed to public areas and there is no clear separation of public and patient support. HVAC, communication, and pressurization systems are not optimal and upgrading in existing space can be difficult and costly. Construction on the existing St. Luke’s site also presents a challenge regarding construction phasing; construction and employee access, circulation; noise, vibration, other sensitivities. The age of St. Luke’s does not provide for long term sustainability and would eliminate certain energy-efficiencies of a new facility, which meet and exceed current day best practices and building code requirements.

Comment 29: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

Since an applicant under SEQRA cannot be made to consider sites it does not own (see 6 NYCRR 617.9(b)(5)(v) (‘g’)), the Draft EIS needs to explain why the Applicant felt compelled to do so.