

**Response 69:**

See Responses 63, 67 and 68.

Moreover, MVHS does not have the power to use *eminent domain* and it has never stated as such. The DEIS is clear that to the extent MVHS cannot acquire property through voluntary negotiations that it would ask the County and the City URA to acquire property using *eminent domain*. That does not render the Downtown Site fatally defective. See Responses 28, 29 and 32.

**3.10 TRANSPORTATION****Comment 70: Dan Broedel, Program Director, Midstate Regional Emergency Medical Services Council, Public Hearing, 12/6/18:**

I was particularly interested in how traffic would be impacted with the addition of the new hospital downtown. I feel the study fully addressed the impact of the project that the project would have on traffic, as well as the mitigation measures that would be implemented.

**Response 70:**

The comment is noted.

**Comment 71: Frank Przybycien, Genesis Group, Public Hearing, 12/6/18:**

One of the things that we would like to suggest very strongly is make it pedestrian friendly and to make the connectivity of the two parking garages with the new medical center better than anything we've seen in the past in the downtown area. It should be a four-season connection. It should be a safe connection, well lit. It should also be designed for future transportation methods, because we all know there will be self-driving vehicles and self-driving everything, and make sure that there are no curb cuts and we have a clear path between the two parking garages, Kennedy and new one for the medical center.

**Response 71:**

Pedestrian safety to and from parking garages into the hospital has been considered by the design team. The connection from the new garage to the hospital will be within the campus and in a pedestrian-only area. Crossing from the Kennedy Garage (and the Washington Street garage and perimeter surface lots) will require crossing the street at the nearest intersection. A pedestrian bridge will also be constructed over Columbia Street from the hospital's 2nd floor to the CUP's 2nd floor in the Kennedy Garage.

Pedestrian facilities at these intersections will be improved, as needed, as part of this Project. MVHS will keep sidewalks within the IHC free from obstruction by snow or ice in accordance with City of Utica Code 2-22-12.

With regard to campus and parking lot lighting, see Response 59.

**Comment 72: Frank Przybycien, Genesis Group, Public Hearing, 12/6/18:**

The one thing that I think is very important is in the near future, the north-south Arterial is the main road to get to the new medical center and it has two stoplights on it, Noyes and Oriskany that at times the traffic backs up significantly, and that's also a problem for the existing hospitals. This area that we're talking about does not have a shoulder, so it will impede the speed of any emergency vehicles, and I think addressing the elimination of those traffic signals and a redesign of that area is very important for both this project and all the projects in downtown.

**Response 72:**

As the Commenter points out, the North-South Arterial includes two stop lights, one at Noyes Street and the other at Oswego Street (not Oriskany Street). Even with these intersections, the North-South Arterial (NY State

Routes 5, 8, and 12 through Utica) is classified by NYSDOT as a “Primary Arterial Expressway.” The only other highway with this functional classification, within the City limits, is NYS Route 5S from the eastern City line to the Broad Street intersection. The Functional Class designation is “critical in assigning priorities to projects and establishing the appropriate highway design standards to meet the needs of the traffic served” (NYSDOT). Therefore, these intersections will be addressed by NYSDOT, as part of their capital program, at some point in the future in balance with their other priorities in the region. The Oneida County Vision 2020 Connectivity Committee is considering recommending that a project to eliminate the traffic signals along the North-South Arterial (at Noyes and Oswego Streets) be included in the Long-Range Transportation Plan prepared by Herkimer-Oneida Counties Transportation Study (HOCTS), the local Metropolitan Planning Organization, which has influence on the priority of these types of transportation improvements.

In regard to emergency responders, the IHC is located directly off both primary arterials in Utica, the North-South Arterial (NYS Routes 5, 8, and 12) and East-West Arterial (NYS Route 5S and 5A). These arterials have the highest NYSDOT functional classification ratings within the City, and offer the fastest, most direct routes to the campus. Under high traffic conditions, the City street grid provides multiple secondary options.

**Comment 73: Shawn Corrigan, Owner, Wilcor International, Public Hearing, 12/6/18:**

[ ]...downtown Utica will never be finished for a fully walkable downtown.

**Response 73:**

See Response 86.

**Comment 74: Linda K. Paciello, Ph.D., Resident (New Hartford), Letter, 12/18/18:**

With this new proposed plan, there will be streets that will be cut up and streets lost to the public. It is difficult to navigate that area of the city now and this will certainly impede it more.

Parking will be difficult. It is difficult now to find a parking space and I think this difficulty will only increase.

This new hospital will be landlocked. What will happen [for parking] when more space is needed? More eminent domain?

**Response 74:**

Lafayette Street will be closed to vehicular traffic between State Street and Cornelia Street and Cornelia Street will be closed between Columbia Street and Lafayette Street. A revised analysis was conducted with a more detailed redistribution of local traffic due to the closures of these two roadways. The Traffic Impact Study Addendum, which is included as Appendix D to this FEIS Responsiveness Summary, includes additional analysis relevant to the proposed roadway closures and concludes that with traffic rerouting to other roadways in the area, there will be no significant impact on traffic operations in the study area after implementation of the recommended mitigation measures.

In regard to the parking comment, the Downtown location is no more “landlocked” than the St. Luke’s location (see Response 7). Both locations have neighboring property owners. As indicated in the DEIS, parking demand for the hospital will be accommodated by the off-street facilities proposed within the Project footprint. This Project has been designed to serve the areas long-term needs and any need for additional parking is purely speculative.

**Comment 75: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

Impact to Transportation: This topic is addressed by the Draft EIS in Section 3.7. It acknowledges various potential construction and operational traffic impacts, describes current streets, presents current and anticipated traffic Levels of Service (LOS) for various intersections, and proposes forms of mitigation.

As detailed in the Draft EIS (pp 90-91/3527) the Project will cause a deterioration in LOS for several intersections (*i.e.*, the Project will cause unacceptable traffic delays at certain intersections for certain movements according to the ratings). Although changes to signals etc. are proposed as mitigation, no evidence is presented to demonstrate that these will decrease the delays or otherwise improve LOS. Therefore, there is an unavoidable adverse impact to traffic.

**Response 75:**

Section 4.7 of DEIS Appendix F (Traffic Impact Study, TIS) and the revised analysis in the TIS Addendum (Appendix D to this FEIS Responsiveness Summary) shows how the LOS and delays will be maintained or improved with implementation of proposed mitigation measures.

**Comment 76: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

What the traffic analysis methodology, and the minutiae it generated, failed to capture – and what the EIS must acknowledge – is the broader concept of a Street Grid – that the Project will destroy a portion of the Grid, and that this could have unintended and unpredictable social, economic, health and environmental consequences.

**Response 76:**

Reconstruction of the City street grid for ingress and egress to the proposed IHC is not necessary. The Project is requesting that certain City streets be abandoned to support the proposed Project, and once abandoned, the City will no longer carry any financial obligations with respect to those streets. Rather MVHS will complete any modifications to the street grid required for ingress and egress to the IHC Campus.

While the proposed Project does close two sections of two different roadways, this is a very small percentage of the entire City street grid. Moreover, there are available alternative routes on the remaining street grid. The TIS (DEIS Appendix F) and TIS Addendum (Appendix D to this FEIS Responsiveness Summary) does address the redistribution of typical peak hour traffic to other roadways/intersections.

**Comment 77: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

Temporary blockages due to deliveries, stalled trucks, fires, burst water mains, cultural and sporting events, etc., are a common fact of City life. They are unpredictable and not accounted for in the traffic studies. What is predictable is that the Project's street closures will make it more difficult for people, and City authorities, to deal with them. The EIS must acknowledge that the Project's street closures will turn what are now minor inconveniences into potential gridlock. Disruption of the street grid is, per se, an unmitigatable adverse impact to transportation.

**Response 77:**

The TIS does not evaluate all varieties of potential temporary traffic situations (*e.g.*, if a roadway is temporarily closed or blocked). SEQRA does not require that every conceivable impact be considered; just those that are reasonably related potential impacts. In fact, per the SEQRA Handbook, unpredictable impacts may be ignored. Impacts caused by temporary traffic situations would be unpredictable.

Safe and adequate flow of traffic during temporary events (*e.g.*, construction) is, as outlined in the DEIS, mitigated through the implementation of a maintenance and protection of traffic plan, which will be coordinated with roadway jurisdictions.

While the Project does close two sections of two different roadways, there are alternative routes for each available and the TIS does address the redistribution of typical peak hour traffic to other roadways/intersections. The City street grid will continue to exist.

**Comment 78: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

The Draft EIS fails to address the Cumulative Impacts of the Project with the NYSDOT's Route 5S work. After the State closes the Washington and Seneca Sts. crossings of Oriskany Blvd., and the Project closes Cornelia, how would one access Baggs Sq. W from Court St. if Broadway were to become temporarily blocked?

**Response 78:**

See Response 77 with respect to temporary street blockages.

The TIS does account for the NYSDOT Route 5S project and its changes to the traffic pattern at Washington and Seneca Streets.

**Comment 79: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

The Parking demand appears overstated and the ITE methodology not explained, not readily available to the public, and likely misapplied given gross differences between the Project and hospitals elsewhere, cited during Scoping (Draft EIS pp1032-3/3527). How does the proposed parking compare with Applicant's current use (which should be conservative given scale-back in Applicant's operations)?

**Response 79:**

See Section 1.1.4 of this FEIS Responsiveness Summary. Detailed information regarding the ITE Parking Generation information relied upon in the evaluation is provided in Appendix E of the TIS (Appendix F of the DEIS). The parking supply and demand estimates are based on similar facilities in urban settings. As Table 4.2 (DEIS Appendix F) shows, the Project is only providing a surplus of 15 spaces for the hospital and 92 spaces for the MOB for an overall surplus of 107 spaces during peak periods. As noted in the TIS Addendum (Appendix D to this FEIS Responsiveness Summary), the two current facilities provide approximately 2,800 spaces. The new hospital facility is providing 1,455± spaces. Therefore, the new facility is reducing the spaces per employee; accommodating the anticipated demand without providing a surplus of unnecessary spaces.

Proposed surface parking space needs have been reduced from 1,100± spaces (DEIS) to 780± spaces. The reduction includes the elimination of a proposed surface parking lot originally proposed at the site of the existing Police Maintenance Facility (see Figure 3 of this FEIS Responsiveness Summary). These parking facilities will be available for use by patients, visitors, staff, and volunteers, with the garage spaces being available for hospital-related parking, as well as to the community for non-hospital related events.

**Comment 80: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

The EIS must recognize that the traffic impacts identified above would be avoided by Relocating the Project to the St. Luke's Campus where (a) the negligible increase in bed-capacity on site would produce a negligible increases [sic] in traffic and parking demand (b) no public street would have to be closed and (c) there is nothing pending to suggest a Cumulative Impact to traffic.

**Response 80:**

The comment focuses on the St. Luke's Campus as an alternative for the Project as proposed, and an analysis of that potential site was conducted as part of the site study. However, utilizing the St. Luke's Campus as the Project Site would not achieve the Project's goals and would entail significant additional costs to upgrade as detailed above (Response 28 and 48). Moreover, constructing a new facility on the St. Luke's campus would result in similar parking demand issues, site accessibility issues for emergency vehicles, and would result in similar modifications to traffic patterns and ingress and egress.

**Comment 81: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

The Draft EIS makes clear that placement of the Project Downtown places it in a traffic area where delays will be exacerbated by the Project's own traffic and street closures. Additionally, because the streets to be closed are

part of a grid, common blockages which now cause inconvenience could post-Project cause gridlock, making hospital access difficult and life threatening.

**Response 81:**

The DEIS (Section 3.7) identifies potential Project-related impacts and mitigation to reduce or eliminate potential adverse impacts. The analysis is based on a Traffic Impact Study (TIS) (DEIS Appendix F), which provided a detailed analysis of existing and future conditions. An addendum to the TIS is provided as Appendix D to this FEIS Responsiveness Summary. The addendum identifies Project-related mitigation to maintain the adequate flow of traffic during hospital operations.

**Comment 82: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

The Project's street closures are inconsistent with Utica's Street Plan, compiled incrementally over Utica's history by City ordinances.

**Response 82:**

See Responses 76 and 81.

**Comment 83: Michael Galime, City of Utica Council President, Letter, 12/27/18:**

The City of Utica has no formal financial plan to reconstruct the City street grid for ingress and egress to the proposed campus.

**Response 83:**

See Response 76.

**Comment 84: Michael Galime, City of Utica Council President, Letter, 12/27/18:**

The City of Utica is becoming more congested as the municipal center grows. There is more potential for access issues in an urban center. In 2017, Route 12 was closed due to accidents and weather events multiple times, causing Genesee St and Route 5 to become gridlocked. The potential impact of locating our proposed single emergency care facility in this situation must be considered.

**Response 84:**

See Response 72.

**Comment 85: Tyler Kutty, College Student & Resident (New Hartford), Email, 12/27/18:**

The current proposal includes closing Lafayette Street from Broadway to St. Marianne [sic] Way. The reason to close Lafayette from Broadway to State St. is understandable as MVHS does not want vehicles driving through the main entryway, however, there does not appear to be a reason to close Lafayette from State St. to St. Marianne Way other than an attempt to encourage use of the far parking lots. NBBJ and the City of Utica should reconsider closing this block as it both blocks another pathway to get from West Utica to Downtown and the hospital, but more importantly, it limits the possibility of future development along Lafayette Street both east and west of Route 12.

**Response 85:**

To clarify, the Project Sponsor, MVHS, has proposed maintaining Lafayette Street west of State Street. This plan was illustrated on Figure 3 of the DEIS. Lafayette Street from State Street to St. Marianne Way and ultimately Whitesboro Street will be maintained as a City Street (vehicular and pedestrian thoroughfare).

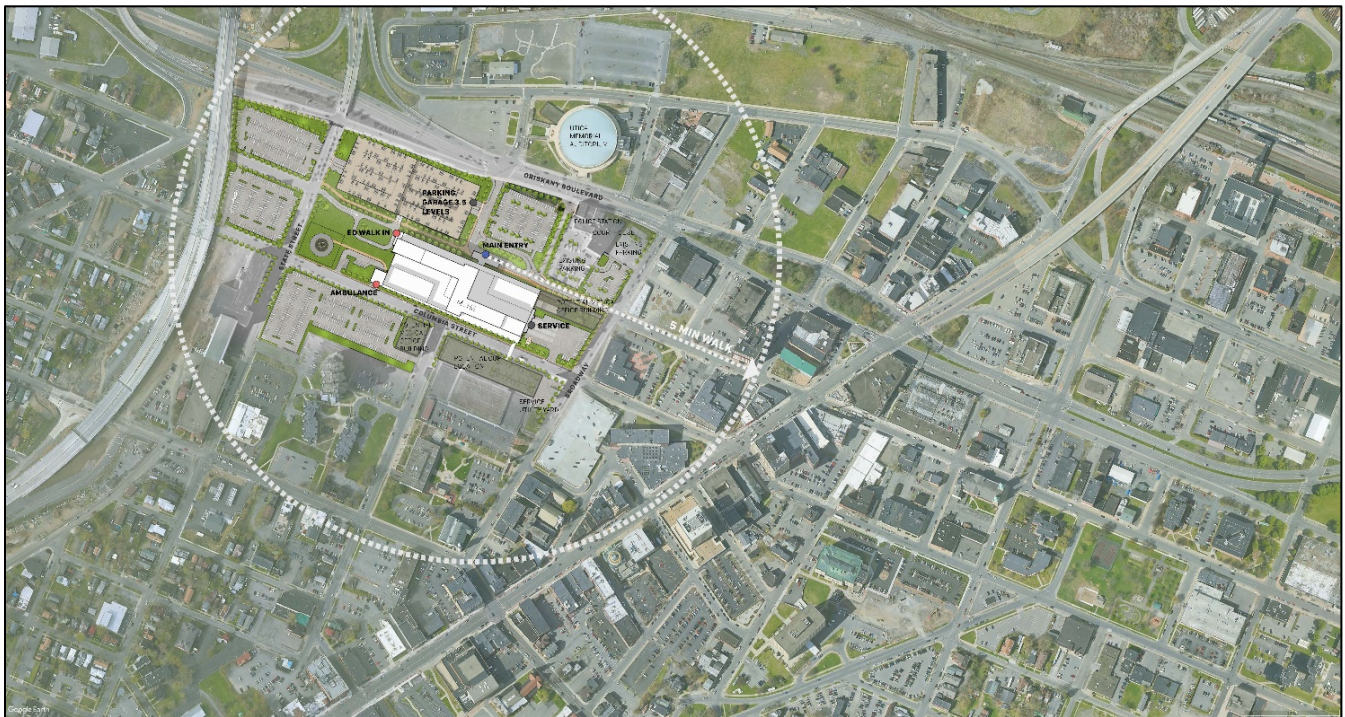


**Comment 86: Joseph P. Caruso, City of Utica Planning Board, Email, 12/27/18:**

**Creating a more Walkable Utica/Downtown:** While I appreciate the planning process for the hospital *building* itself (“*from the inside-out*”, the building taking shape according to the needs of the individual departments within), The *campus* plan for the hospital as presented lacks street level tenants/amenities sufficient to create a more walkable Utica/Downtown. Specifically, the **Columbia/Lafayette east/west corridor** of the proposed hospital campus, linking Genesee Street and West Utica – and more specifically, the two blocks between Broadway and State Street - are not sufficiently “walkable” as there is little or no walker experience/interaction along the way.

**Response 86:**

As illustrated on Figure 28, the Project is located in an area, which is within a 5-minute walk of the City’s urban center and other points of interest.



**Figure 28. Five Minute Walking Radius.**

The IHC facility will have a positive impact on the character of the community tying in to revitalization efforts occurring at the AUD, proposed NEXUS Center, Harbor Point, Bagg’s Square, and the Brewery District to name a few. Proposed improvements include sidewalks, signage and a pedestrian walkway. The IHC will facilitate a safe and walkable connection between the AUD, NEXUS Center, Brewery District and the City’s urban core.

The campus, itself, will be designed as an urban park with enhanced lighting, trees, pedestrian walkways and seating areas. The orientation of the hospital, aligned west to east along the long block of Columbia Street, respects the former Lafayette Street as a pedestrian corridor with access to the downtown Utica urban street network, incorporates walkability elements and green space through the campus, and maintains Pine Street as a pedestrian connection to the Rayhill trail<sup>34</sup>. This walkway will extend from the main entrance to the west, terminating at State Street. An additional segment of the walkway will provide access to the Emergency

<sup>34</sup> <https://www.cnyhiking.com/RayhillMemorialTrail.htm>



Department (ED) entrance. Outdoor areas will include gardens and other design considerations to create a healing, walkable environment.

The ground level clinical program for the hospital includes public lobby space along Lafayette Street; modern healthcare design concepts are focused on the patient and family experience. It is with this mindset that the lobby has been designed as a “place of gathering” including public space for gathering, education space, and access to the cafeteria. Recent examples of this design include Virtua Health (NJ), Einstein and Montgomery Hospital (PA). MVHS also anticipates that the MOB will house additional retail amenities, which will contribute to a more retail like atmosphere across the entire campus.



Figure 29. Existing Conditions: Oriskany Street from the Northwest.

In addition, the NYSDOT is advancing the NYS Route 5S Safety Project. The project will include safety enhancements, as well as improvements to corridor mobility and bicyclist/pedestrian facilities. The NYSDOT indicates that their project will support economic revitalization and create an attractive and inviting gateway to downtown Utica. The project limits include Route 5S from approximately Broadway to Broad Street and along John Street from Bleecker to Broad Street.

In the context of Utica’s downtown, the IHC will be another progressive landmark building consistent with other recent and proposed developments including the AUD renovations and NEXUS (see Response 60), while acknowledging the city’s building history (see Response 62).

Interesting and memorable architecture is a component to walkability.<sup>35</sup> Activity within and through the space is nearly guaranteed with the hospital being a 24-hour operation, and its proximity to the AUD and proposed NEXUS Center, as well as the Project Site’s proximity to the Rayhill trail. In fact, the Project is expected to spur economic development and enhance downtown revitalization efforts.



Figure 30. Proposed Conditions: View of the Proposed IHC from the Northwest.

<sup>35</sup> Street Design: The Secret to Great Cities and Towns (2013, Victor Dover, John Massengale)

One of these benefits is to link existing and planned bike and pedestrian routes throughout downtown and the Harbor Point District via the IHC. The cumulative impact of these projects and mitigation measures will be that the IHC will be integrated into the City landscape and not isolated. As illustrated in Figure 30 and Figure 31, the Project's design elements will significantly improve the walkability challenges posed by the existing, blighted conditions.

**Comment 87: Joseph P. Caruso, City of Utica Planning Board, Email, 12/27/18:**

Presently, the campus corridor is proposed to be occupied by the hospital building and parking lots and parking garage. Even the ca. 1960s Kennedy Parking garage was constructed with a Columbia Street retail wing fronting the north side Columbia Street level of the garage, but this space is slated for demolition and to be replaced by a parking lot.

**Response 87:**

The current site plan for the IHC retains the "retail wing fronting the north side of the Columbia Street level of Kennedy Parking Garage." Although this will be used for the hospital's CUP, rather than retail, it will still promote walkability by retaining building frontage rather than creating additional surface parking.

**Comment 88: Joseph P. Caruso, City of Utica Planning Board, Email, 12/27/18:**

**Possible solution:** Locating some services (pharmacy, coffee shop, café, bank/credit union office, *etc.*) on the street level of the hospital building might ameliorate the situation described here. If this is not possible in the hospital building itself (due to the aforementioned "inside-out" building planning process), then perhaps these same proposed services can be located a) on the opposing sides of the street from the hospital, or b) on the street level of the parking garage, effectively breaking up the mass of parking.

**Response 88:**

See Response 86. As mentioned above, the lobby and main level of most hospitals are designed to be a center of gathering, offering some amenities, but not designed to offer retail. As a healthcare provider, MVHS recognized that its visitors are in a state of stress when they enter the hospital and want the hospital entrance to be easy to navigate and offer a sense of calm. These needs are not always consistent with a busy retail setting. That said, a "downtown hospital" will serve as the anchor property to new development that will include retail, restaurants and other city amenities. See Response 144. In addition, the ground level of the MOB, located on the south side of Columbia Street, west of the Cornelia Street intersection, could include the types of services suggested and those services and amenities are much more common in an ambulatory setting.

**Comment 89: Joseph P. Caruso, City of Utica Planning Board, Email, 12/27/18:**

**Summary:** I believe that the hospital campus can become a vital link in the connectivity of Utica neighborhoods if this issue is addressed.

**Response 89:**

The comment is noted. See Response 86 and 88.

**Comment 90: Deborah S. Windecker, Regional Planning & Program Manager, NYSDOT, Letter, 12/27/18:**

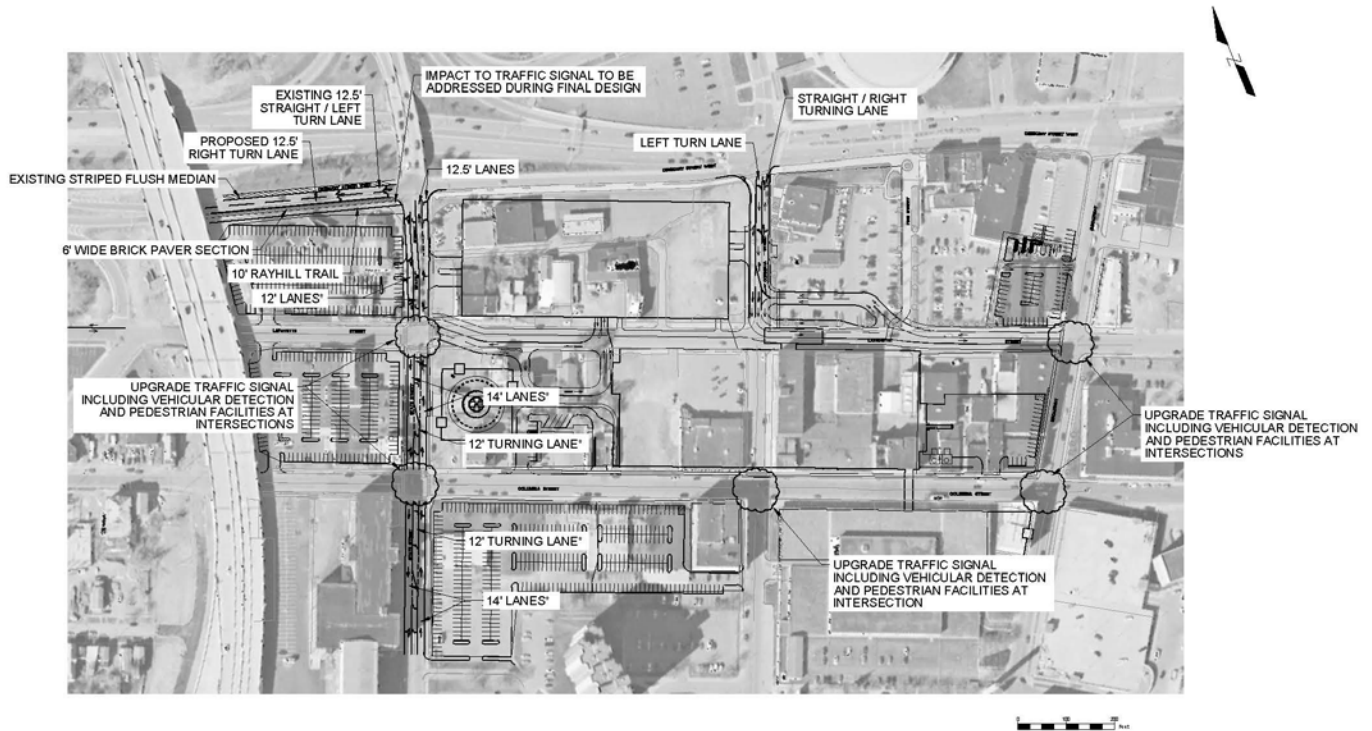
Overall, the Traffic Impact Study relied solely on traffic signal timing changes to mitigate the effects of the increased traffic volumes associated with the development. In addition, some of the proposed timing changes result in level of service drops to mainline NY 5S. Signal upgrades and geometry changes will be required to achieve acceptable level of service.



**Response 90:**

An addendum to the TIS is provided as Appendix D to this FEIS Responsiveness Summary. The Addendum addresses the NYSDOT's comment regarding traffic operations and potential mitigation measures. As requested by the NYSDOT, a separate analysis was conducted to take a conservative look at recommended mitigation measures on NYS Route 5S, specifically. The Addendum notes all recommended mitigation measures for the entire study area and is summarized below. Proposed mitigation and locations are also illustrated on Figure 31.

- Ensure adequate pedestrian facilities are available in the vicinity of the Project Site including locations that are expected to have increased pedestrian activity as a result of the proposed Project as shown on the mitigation plan (Figure 31)
- Upgrade or replace traffic signals to add detection, actuation, coordination, and pedestrian accommodations at the following locations:
  - » 2-State Street & NYS Routes 5/8/12 off/on-ramp
  - » 3-State Street & Lafayette Street
  - » 4-State Street & Columbia Street
  - » 6-Cornelia Street & NYS Route 5S/Oriskany Street
  - » 8-Cornelia Street & Columbia Street
  - » 10-NYS Route 5S/Oriskany Street & Broadway
  - » 11-Broadway & Lafayette Street
  - » 12-Broadway & Columbia Street
  - » 20/21-NYS Route 5S/Oriskany Street & Genesee Street
- Optimize signal timings at the following intersections (upgrade/update equipment as needed):
  - » The coordinated system which includes intersections 2 – State Street & On/Off-Ramps, 3 – State Street & Lafayette Street/Emergency Department Access (PM), and 4 – State Street & Columbia Street
  - » The coordinated system which includes the intersections of 6 - NYS Route 5S (Oriskany Street) & Cornelia Street, 10 – NYS Route 5S (Oriskany Street) & Broadway, and 20/21 – NYS Route 5S (Oriskany Street) & Genesee Street
- Construct a dedicated right turn lane on the eastbound approach to intersection 2 – State Street & On/Off-Ramps
- Provide a center two-way left-turn lane on State Street from intersection 2 – State Street & On/Off-Ramps to just south of intersection 4 – State Street & Columbia Street
- Construct a dedicated left turn lane on the northbound approach to intersection 6 – NYS Route 5S (Oriskany Street) & Cornelia Street



**Figure 31. Proposed Traffic Mitigation**

While the analysis also indicated a need to install a dedicated right-turn lane on the northbound approach to intersection 20/21 – NYS Route 5S (Oriskany Street) and Genesee Street, the NYSDOT noted that the impacts resulting from implementing this mitigation would negatively impact both the MVHS IHC Project and the NYS Route 5S project. Specific impacts noted by the NYSDOT include: eliminating on-street parking on Genesee Street between NYS Route 5S and Lafayette Street, significantly reducing or eliminating available snow storage areas on Genesee Street, and lengthening the crosswalk and amount of time required for pedestrians to cross Genesee Street. They also acknowledged the similar level of service proposed by the Addendum compared to the analysis conducted for the NYS Route 5S project. For these reasons, the NYSDOT does not recommend progressing with the mitigation noted to construct a dedicated right turn lane on the northbound approach at this intersection.

A mitigation plan is also included in the Addendum that shows how the physical/geometric mitigation measures along State Street and on Cornelia Street may be incorporated based on current design standards.

MVHS will continue to collaborate with NYSDOT, City of Utica, and Oneida County during the design and permitting phase, with the objective of providing safe and efficient operation of intersections on the State highway system within the MVHS footprint.

**Comment 91: Deborah S. Windecker, Regional Planning & Program Manager, NYSDOT, Letter, 12/27/18:**

The traffic volumes were collected in July 2018 when school was not in session and no adjustments were made. Also, the NY 5S 2019 projections are higher than the MVHS 2022 projections.

**Response 91:**

Additional counts were conducted at three study area intersections on January 15, 2019 when schools were in session. On that day, there were no weather events and no construction in the area impeding traffic flow. The volumes were comparable to the counts taken in July 2018. Therefore, the volumes used in the original TIS are reasonable for this analysis. Based on discussions with the NYSDOT, an additional analysis was conducted for

the NYS Route 5S corridor with volumes from their analysis conducted as part of the design report (dated June 2017) for that project. The results of the additional analysis are provided in Appendix D to this FEIS Responsiveness Summary.

**Comment 92: Deborah S. Windecker, Regional Planning & Program Manager, NYSDOT, Letter, 12/27/18:**

Please provide the traffic modeling software (Synchro) files used in the capacity analysis to this office.

**Response 92:**

As requested, traffic model files have been submitted to the NYSDOT and updated output reports are included in the TIS Addendum provided as Appendix D to this FEIS Responsiveness Summary.

**Comment 93: Deborah S. Windecker, Regional Planning & Program Manager, NYSDOT, Letter, 12/27/18:**

As part of the ongoing NYSDOT project, the NY 5S intersections with Washington and Seneca Streets will no longer be signalized and access will be restricted.

**Response 93:**

While Figure 3.1 of the TIS (DEIS Appendix F) did show that the intersections of NYS Route 5S with Washington and Seneca Street were signalized, that was an error in the figure, but the model incorporates the traffic control for these intersections correctly. Figure 3.1 is revised in the TIS Addendum (Appendix D to this FEIS Responsiveness Summary).

**Comment 94: Deborah S. Windecker, Regional Planning & Program Manager, NYSDOT, Letter, 12/27/18:**

Pedestrian accommodations – crosswalks and pedestrian countdown timers should be provided. Please ensure all pedestrian related features are compliant with the 2011 PROWAG (Public Right of Way Accessibility Guidelines).

**Response 94:**

Any signal equipment upgrades or replacements found to be necessary to mitigate impacts by the Project shall be advanced in design and be paid for by MVHS. This work may include pedestrian indications and other accommodations such as crosswalk striping at the intersections, as well. The intersections that will need to be evaluated for potential upgrades or replacement include State/Lafayette, State/Columbia, Columbia/Cornelia, Columbia/Broadway, and Broadway/Lafayette. All pedestrian related features are compliant with the 2011 Public Right-of-Way Accessibility Guidelines (PROWAG).

**Comment 95: Deborah S. Windecker, Regional Planning & Program Manager, NYSDOT, Letter, 12/27/18:**

Three lane sections on both State Street and Genesee Street should be considered for impacted segments to mitigate changes to the downtown circulation patterns associated with the hospital.

**Response 95:**

The TIS Addendum (Appendix D to this FEIS Responsiveness Summary) includes the revised analysis results and recommended mitigation measures based on comments provided and discussed with the NYSDOT. It was not determined that additional through lanes were required to mitigate impacts on State Street or Genesee Street, but as utility work is completed within the pavement area of State Street as part of the MVHS IHC Project, based on a request by the NYSDOT, the roadway will be restriped to include a center two-way left-turn lane on State Street along with a right-turn lane on the eastbound approach of the intersection at State Street and the NYS Route 5S/Oriskany Street ramps. See Response 90. A mitigation plan is included as part of the Addendum that shows how the physical/geometric mitigation measures along State Street and on Cornelia Street may be incorporated based on current design standards.