

## **WHITE PLAINS HOSPITAL CENTER**

### **EXECUTIVE SUMMARY**

White Plains Hospital Center (WPH or Hospital), a 292-bed acute care hospital and member of Montefiore Health System, Inc. (Montefiore), located at 41 East Post Road, White Plains (Westchester County), New York 10601, is submitting this Full Review Certificate of Need Application seeking approval for a major expansion project.

WPH has experienced tremendous growth over the past 12 years driven by the successful execution of a strategic plan focused on providing the highest quality care, elevating the patient experience and expanding access to healthcare providers both geographically through the addition of new ambulatory practices and through the addition of new advanced programs and services. WPH joined Montefiore in 2015 with the shared vision of being the Hudson Valley Tertiary Hub for the health system. As the Hudson Valley Tertiary Hub for Montefiore, WPH provides advanced care that is not currently offered at other Montefiore-based Hudson Valley hospitals. However, understanding the value of keeping care local for patients, WPH works closely with these hospitals to ensure a coordinated approach for these advanced services and encourages patients to return to local communities and physicians for follow-up care.

To enable the hospital's planned continued growth and to ensure a modern patient-centric facility, WPH plans to construct a [REDACTED] addition to the existing hospital that will be connected to the hospital on the first three (3) floors of the new building. The new addition will include the following key components that are needed to meet current and projected patient demand so WPH can continue to offer world-class care to current and future generations: emergency department expansion; addition of [REDACTED] new operating rooms; and [REDACTED] additional private, acuity-adaptable inpatient beds.

This project will incorporate the diversity, equity and inclusion principles according to which WPH operates on a daily basis. The project will be funded with a mixture of equity and financing and WPH has contracted with the Dormitory Authority of the State of New York (DASNY) to conduct the architectural review of this project.

**WHITE PLAINS HOSPITAL CENTER**

**SITE INFORMATION**

**Alternate contact:** Karen M. Banoff  
**Email address:** [kbanoff@wphospital.org](mailto:kbanoff@wphospital.org)

**Type of Application:** Establishment  Construction  Administrative  Limited

**Total Project Cost:** \$747,928,910

**Operator Information:**  
White Plains Hospital Center  
41 East Post Road, White Plains (Westchester County), New York 10601  
PFI 1045

**Project Site Information:**  
White Plains Hospital Center  
41 East Post Road, White Plains (Westchester County), New York 10601  
PFI 1045

**Site Proposal Summary (maximum of 1,000 characters):**  
White Plains Hospital Center is submitting this Full Review Certificate of Need Application seeking approval for a major expansion project.

**Modify Name/Address:**

**Beds:**

<u>Category</u>	<u>Code</u>	<u>Current Capacity</u>
CORONARY CARE	03	8
INTENSIVE CARE	02	20
MATERNITY	05	28
MEDICAL/SURGICAL	01	206
NEONATAL INTENSIVE CARE	28	9
NEONATAL INTERMEDIATE CARE	29	6
PEDIATRIC	04	15
<b>TOTAL</b>		292

**Services:**  
N/A – No change

**Remove Site:**  
N/A

**New York State Department of Health  
Health Equity Impact Assessment Requirement Criteria**

Effective June 22, 2023, a Health Equity Impact Assessment (HEIA) will be required as part of Certificate of Need (CON) applications submitted by facilities (Applicant), pursuant to Public Health Law (PHL) § 2802-b and corresponding regulations at Title 10 New York Codes, Rules and Regulations (NYCRR) § 400.26. This form must be used by the Applicant to determine if a HEIA is required as part of a CON application.

**Section A. Diagnostic and Treatment Centers (D&TC) - This section should only be completed by D&TCs, all other Applicants continue to Section B.**

**Table A. – NOT APPLICABLE**

<b>Diagnostic and Treatment Centers for HEIA Requirement</b>	<b>Yes</b>	<b>No</b>
Is the Diagnostic and Treatment Center's patient population less than 50% patients enrolled in Medicaid and/or uninsured (combined)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Diagnostic and Treatment Center's CON application include a change in controlling person, principal stockholder, or principal member of the facility?	<input type="checkbox"/>	<input type="checkbox"/>

- ***If you checked "no" for both questions in Table A, you do not have to complete Section B - this CON application is considered exempt from the HEIA requirement. This form with the completed Section A is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section A, along with the CON application to acknowledge that a HEIA is not required.***
- ***If you checked "yes" for either question in Table A, proceed to Section B.***

**Section B. All Article 28 Facilities**

**Table B.**

<b>Construction or equipment</b>	<b>Yes</b>	<b>No</b>
<p>Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following:</p> <ul style="list-style-type: none"> <li>a. Elimination of services or care, and/or;</li> <li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours?</li> </ul> <p><i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and less than or equal to \$6,000 for all other facilities are eligible for a Limited Review.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Establishment of an operator (new or change in ownership)</b>		
<p>Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, <u>AND</u> will result in one or more of the following:</p> <ul style="list-style-type: none"> <li>a. Elimination of services or care, and/or;</li> <li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Change in location of services or care?</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity</b>		
<p>Is the project a transfer of ownership in the facility that will result in one or more of the following:</p> <ul style="list-style-type: none"> <li>a. Elimination of services or care, and/or;</li> <li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Change in location of services or care?</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Acquisitions</b>		
<p>Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following:</p> <ul style="list-style-type: none"> <li>a. Elimination of services or care, and/or;</li> <li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Change in location of services or care?</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

All Other Changes to the Operating Certificate	Yes	No
<p>Is the project a request to amend the operating certificate that will result in one or more of the following:</p> <ul style="list-style-type: none"> <li>a. Elimination of services or care;</li> <li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or;</li> <li>d. Change in location of services or care?</li> </ul>	<input checked="" type="checkbox"/> **	<input type="checkbox"/>

\*Calculate the percentage change from the number of certified/authorized beds and/or certified/authorized services (as indicated on the facility's operating certificate) specific to the category of service or care. For example, if a residential health care facility adds two ventilator-dependent beds and the facility had none previously, this would exceed the 10% threshold. If a hospital removes 5 out of 50 maternity certified/authorized beds, this would meet the 10% threshold.

- **If you checked "yes" for one or more questions in Table B**, the following HEIA documents are required to be completed and submitted along with the CON application:
  - HEIA Requirement Criteria with Section B completed
  - HEIA Conflict-of-Interest
  - HEIA Contract with Independent Entity
  - HEIA Template
  - HEIA Data Tables
  - Full version of the CON Application with redactions, to be shared publicly
- **If you checked "no" for all questions in Table B**, this form with the completed Section B is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.

**\*\* This project proposes to increase the inpatient bed capacity of White Plains Hospital by greater than 10%; therefore, the above question was answered, "Yes" and a HEIA is required. Please refer to the Schedule 1 Attachment for a copy of the HEIA.**

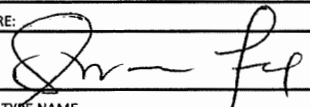
# New York State Department of Health Certificate of Need Application

Schedule 1

## Acknowledgement and Attestation

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant: White Plains Hospital Center

I further certify that the information contained in this application and its accompanying schedules and attachments are accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with the provisions of articles 28, 36 and 40 of the public health law and implementing regulations, as applicable.

SIGNATURE: 	DATE 11/13/23
PRINT OR TYPE NAME Susan Fox	TITLE President & CEO

## General Information

	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Title of Attachment:
Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sch. 1 Attachment
Is the applicant part of an "established PHL Article 28* network" as defined in section 401.1(j) of 10 NYCRR? If yes, attach a statement that identifies the network and describes the applicant's affiliation. Attach an organizational chart.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sch. 1 Attachment

## Contacts

The Primary and Alternate contacts are the only two contacts who will receive email notifications of correspondence in NYSE-CON. **At least one of these two contacts should be a member of the applicant.** The other may be the applicant's representative (e.g., consultant, attorney, etc.). What is entered here for the Primary and Alternate contacts should be the same as what is entered onto the General Tab in NYSE-CON.

Primary Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Frank M. Cicero, President	Cicero Consulting Associates	
	BUSINESS STREET ADDRESS		
	925 Westchester Avenue, Suite 201		
	CITY	STATE	ZIP
	White Plains	New York	10604
	TELEPHONE	E-MAIL ADDRESS	
(914) 682-8657	conadmin@ciceroassociates.com		

Alternate Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Karen M. Banoff, DNP Vice President, Organizational Performance	White Plains Hospital Center	
	BUSINESS STREET ADDRESS		
	33 Davis Avenue		
	CITY	STATE	ZIP
	White Plains	New York	10601
	TELEPHONE	E-MAIL ADDRESS	
(914) 681-2715	kbanoff@wphospital.org		

# New York State Department of Health Certificate of Need Application

# Schedule 1

The applicant must identify the operator's chief executive officer, or equivalent official.

<b>CHIEF EXECUTIVE</b>	NAME AND TITLE		
	Susan Fox, President and CEO		
	BUSINESS STREET ADDRESS		
	41 East Post Road		
	CITY	STATE	ZIP
	White Plains	New York	10601
TELEPHONE		E-MAIL ADDRESS	
(914) 681-1201		sfox@wphospital.org	

The applicant's lead attorney should be identified:

<b>ATTORNEY</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	N/A			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

If a consultant prepared the application, the consultant should be identified:

<b>CONSULTANT</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	Frank M. Cicero		Cicero Consulting Associates	925 Westchester Avenue, Suite 201
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
White Plains, NY 10604		(914) 682-8657	conadmin@ciceroassociates.com	

The applicant's lead accountant should be identified:

<b>ACCOUNTANT</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	N/A – please contact consultant			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

Please list all Architects and Engineer contacts:

<b>ARCHITECT and/or ENGINEER</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	Scott Douglas Parker, AIA		Payette	290 Congress Street, 5th Floor
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
Boston, MA 02210		(617) 895-1000	sparker@payette.com	

<b>ARCHITECT and/or ENGINEER</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	N/A			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

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

**Schedule 1**

**Other Facilities Owned or Controlled by the Applicant** **NOT APPLICABLE**  
*Establishment (with or without Construction) Applications only*

**NYS Affiliated Facilities/Agencies**

Does the applicant legal entity or any related entity (parent, member or subsidiary corporation) operate or control any of the following in New York State?

FACILITY TYPE - NEW YORK STATE	FACILITY TYPE	
Hospital	HOSP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nursing Home	NH	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagnostic and Treatment Center	DTC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Midwifery Birth Center	MBC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licensed Home Care Services Agency	LHCSA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certified Home Health Agency	CHHA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hospice	HSP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adult Home	ADH	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assisted Living Program	ALP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Long Term Home Health Care Program	LTHHCP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Enriched Housing Program	EHP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Maintenance Organization	HMO	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Health Care Entity	OTH	Yes <input type="checkbox"/> No <input type="checkbox"/>

Upload as an attachment to Schedule 1, the list of facilities/agencies referenced above, in the format depicted below:

Facility Type	Facility Name	Operating Certificate or License Number	Facility ID (PFI)
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**Out-of-State Affiliated Facilities/Agencies**

**NOT APPLICABLE**

In addition to in-state facilities, please upload, as an attachment to Schedule 1, a list of all health care, adult care, behavioral, or mental health facilities, programs or agencies located outside New York State that are affiliated with the applicant legal entity, as well as with parent, member and subsidiary corporations, in the format depicted below.

Facility Type	Name	Address	State/Country	Services Provided
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In conjunction with this list, you will need to provide documentation from the regulatory agency in the state(s) where affiliations are noted, reflecting that the facilities/programs/agencies have operated in substantial compliance with applicable codes, rules and regulations for the past ten (10) years (or for the period of the affiliation, whichever is shorter). More information regarding this requirement can be found in Schedule 2D.



**WHITE PLAINS HOSPITAL CENTER**

- 1. Board Resolution**
- 2. Hospital Network Statement**
- 3. Operating Certificate**
- 4. Project Narrative**

**RESOLUTION OF THE BOARD OF DIRECTORS OF WHITE PLAINS HOSPITAL MEDICAL CENTER**

October 16, 2023

**WHEREAS**, White Plains Hospital Medical Center (the “Hospital”) intends to construct an expansion to the Hospital’s facilities that will primarily be situated on the current Davis Avenue block (bounded by Davis Avenue, Maple Avenue, S. Lexington Avenue and East Post Road) and which expansion will interconnect to the existing hospital buildings; and

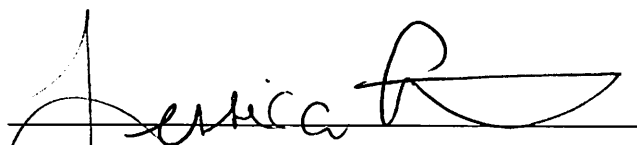
**WHEREAS**, the above-described new construction is planned to contain, among other things, an expanded emergency department, additional operating, and procedural space and approximately [redacted] new, single-bedded patient rooms (collectively hereinafter referred to as the “2023 White Plains Hospital Major Expansion Project”).

***NOW THEREFORE, BE IT RESOLVED*** by the Board of Directors of the Hospital as follows:

1. Susan Fox, President and Chief Executive Officer, or her designee, is authorized to seek all approvals reasonably necessary for the construction and operation of the 2023 White Plains Hospital Major Expansion Project, including, but not limited to, submission of applications to the New York State Department of Health, the City of White Plains, and other governmental agencies having jurisdiction thereof.

2. Susan Fox, President and Chief Executive Officer, or her designee, be and each of them acting alone hereby is, authorized and empowered on behalf of the Hospital and in its name to take or cause to be taken all reasonably necessary actions and to execute and deliver all such instruments which Susan Fox, President and Chief Executive Officer, or her designee, or any one or both of them approve as reasonably necessary in connection with the filing of the Certificate of Need with the New York State Department of Health regarding the 2023 White Plains Hospital Major Expansion Project, such approval to be conclusively evidenced by the taking of such action or the execution and delivery of any such instrument by Susan Fox, President and Chief Executive Officer.

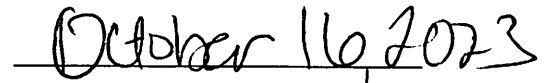
I hereby certify that the foregoing Resolutions were duly adopted by the Board of Directors of White Plains Hospital Medical Center at its duly noticed meeting held on October 16, 2023 at which a quorum was present and acting throughout.



Signature

Name: Jessica Strawbridge

Title: Assistant Secretary



Date

## **STATEMENT IDENTIFYING NETWORK AFFILIATION**

### **Montefiore Health System, Inc.**

Montefiore Health System, Inc. is the active parent of the following providers, including divisions and programs of Montefiore Medical Center and other entities:

- White Plains Hospital Center;
- Montefiore Medical Center – Montefiore Hospital;
- Montefiore Medical Center – Weiler Hospital;
- Montefiore Medical Center – Wakefield Hospital;
- Montefiore Medical Center Long Term Home Health Care Program;
- Montefiore Medical Center Home Care and Extended Services;
- Montefiore New Rochelle Hospital;
- Montefiore Mount Vernon Hospital;
- Schaeffer Extended Care Center;
- Montefiore Westchester Square (off-campus ED);
- Nyack Hospital;
- Burke Rehabilitation Hospital; and
- St. Luke's Cornwall Hospital.

Facility Id. 1045  
Certificate No. 5902001H

State of New York  
Department of Health  
Office of Primary Care and Health Systems Management

**OPERATING CERTIFICATE**

Effective Date: 08/18/2022  
Expiration Date: NONE

<b>Certified Beds - Total</b>	<b>292</b>
Coronary Care	8
Intensive Care	20
Maternity	28
Medical / Surgical	206
Neonatal Intensive Care	9
Neonatal Intermediate Care	6
Pediatric	15

**Hospital**

**White Plains Hospital Center**

**41 East Post Road**

**White Plains, New York 10601**

**Operator:** White Plains Hospital Medical Center  
**Co-Operator:** Montefiore Health System, Inc  
**Operator Class:** Voluntary Not for Profit Corporation

**Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law for the service(s) specified.**

Ambulatory Surgery - Multi Specialty	Audiology O/P	Burns Care	Cardiac Catheterization - Adult Diagnostic	Cardiac Catheterization - Electrophysiology (EP)
Cardiac Catheterization - Percutaneous Coronary Intervention (PCI)	Cardiac Surgery - Adult	Certified Mental Health Services O/P	Clinical Laboratory Service	Coronary Care
Dental O/P	Emergency Department	Intensive Care	Level III Perinatal Care	Linear Accelerator
Lithotripsy	Maternity	Medical Services - Other Medical Specialties	Medical Services - Primary Care	Medical Social Services
Medical/Surgical	Neonatal Intensive Care	Neonatal Intermediate Care	Nuclear Medicine - Diagnostic	Nuclear Medicine - Therapeutic
Pediatric	Primary Stroke Center	Psychiatric	Radiology - Diagnostic	Radiology-Therapeutic
Renal Dialysis - Acute	Therapy - Occupational O/P	Therapy - Physical O/P	Therapy - Speech Language Pathology	

**Other Authorized Locations**

**Hospital Extension Clinic**

Physical Therapy and Occupational Therapy Center at Westchester Avenue Facility ID 9533 222 Westchester Avenue White Plains, New York 10604	WPH Family Health Clinic Facility ID 10289 79 East Post Road White Plains, New York 10601	WPH Medical and Wellness Facility ID 9861 99 Business Park Drive Armonk, New York 10504	WPH Sleep Center Facility ID 10304 101 East Post Road White Plains, New York 10601
White Plains Hospital Ambulatory Surgery Center Facility ID 13955 226 Westchester Avenue White Plains, New York 10604	White Plains Hospital Imaging at New Rochelle Facility ID 9623 1296 North Avenue New Rochelle, New York 10804	White Plains Hospital MRI Center Facility ID 9896 244 Westchester Avenue White Plains, New York 10604	WPHC-Women's Imaging Center Facility ID 6577 90 South Ridge Street Rye Brook, New York 10573

*John Hochstetler*

*Wang J. Braselt*

20220908

Deputy Commissioner, Office of Primary  
Care and Health Systems Management

This certificate must be conspicuously displayed on the premises.

Commissioner

# **WHITE PLAINS HOSPITAL CENTER**

## **PROJECT NARRATIVE**

### **I. INTRODUCTION**

#### **Proposal**

White Plains Hospital Center (WPH or Hospital), a 292-bed acute care hospital and member of Montefiore Health System, Inc. (Montefiore), located at 41 East Post Road, White Plains (Westchester County), New York 10601, is submitting this Full Review Certificate of Need (C.O.N.) Application seeking approval for a major expansion project.

White Plains Hospital has experienced tremendous growth over the past 12 years, driven by the successful execution of a strategic plan focused on providing the highest quality care, elevating the patient experience and expanding access to healthcare providers both geographically through the addition of new ambulatory practices, and through the addition of new advanced programs and services. White Plains Hospital joined the Montefiore Health System in 2015 with the shared vision of being the Hudson Valley Tertiary Hub for the system. According to the World Health Organization, “Tertiary care includes highly specialized services in ambulatory and hospital settings or in a facility that has personnel and facilities for advanced medical investigation and treatment.” WPH more than achieves this definition as the hospital is on the cutting edge of services including cardiac surgery, neuro-interventional, electrophysiology, vascular surgery, thoracic surgery, hepatobiliary surgery, advanced head and neck surgery, advanced gastroenterology, neonatology, expansive clinical trials among other services. White Plains Hospital also continuously invests in state-of-the-art technology such as a hybrid operating room with bi-plane imaging, robotic surgery capabilities, high-tech linear accelerators with stereotactic radiosurgery capabilities, and advanced diagnostic imaging.

As the Hudson Valley Tertiary Hub for the Montefiore Health System, WPH provides advanced care that is not currently offered at St. Luke’s Hospital, Nyack Hospital, New Rochelle Hospital and Mount

Vernon Hospital. However, understanding the value of keeping care local for patients, WPH works closely with these hospitals to ensure a coordinated approach for these advanced services and encourages patients to return to local communities and physicians for follow-up care.

This track record of success has led to more patients across the region choosing WPH as their healthcare provider, creating capacity constraints that will limit further progress. The goal of this expansion project is to enable WPH to best serve residents of Westchester County and the Hudson Valley, including providing improved access and care for underserved members of the community. If not for the COVID-19 pandemic, WPH and Montefiore would have pursued this project several years ago. With the end of the pandemic, WPH and Montefiore are now able to pursue the necessary expansion required to meet the current and projected demand.

To enable the hospital's planned continued growth and to ensure a modern patient-centric facility, WPH plans to construct a [REDACTED] addition to the existing hospital that will be connected to the hospital on the first three (3) floors of the new building. The new addition will include the following key components that are needed to meet current and projected patient demand so WPH can continue to offer world-class care to current and future generations:

- Emergency Department (ED) expansion: WPH ED is on track to treat approximately 78,000 patient visits in 2023. The Emergency Department has grown in visit volume by 61% between 2010 and projected 2023. In 2021, WPH cared for more Westchester patients in its emergency department than any other hospital, capturing 19% of the market.
- Addition of [REDACTED] new operating rooms (ORs): WPH's surgical volume has grown 84% between 2010 and projected 2023. Not only has surgical volume increased, but the complexity and length of surgical cases continues to increase, generating a necessity for additional appropriately sized operating rooms at WPH.

- additional private, acuity-adaptable inpatient beds. WPH's inpatient volume has grown by 50% between 2010 and projected 2023. WPH market share within Westchester County (excluding normal newborns) has increased from 11% in 2010 to 17% in 2021. No other hospital in Westchester County has experienced growth comparable to White Plains Hospital. The lessons learned around the COVID-19 pandemic, communicable infections and how architecture plays a role in prevention and healing are paramount to the need for private inpatient rooms.

The project also incorporates the Diversity, Equity and Inclusion (DEI) principles according to which WPH operates on a daily basis and reflects the findings of the Health Equity Impact Assessment that is a part of this Application. WPH has experienced increases in the size of the Medicaid population served and it is anticipated this will continue as the organization grows and evolves further into the Hudson Valley Tertiary Hub for the system.

### **Overview of White Plains Hospital Center**

The main campus of WPH centers around the 292-bed inpatient facility located in the heart of the City of White Plains, Westchester County, New York. The hospital was incorporated in 1893, moved to the current site in 1907, and has gone through multiple renovations and expansions over the years. A select list of significant projects are as follows:

- Early building growth: 1924 (new wing), 1939 (new hospital), 1966 (Cardiac Care unit), 1976 (South Tower), 1996 (Flanzer Pavilion and ED and 1999 (Dickstein Cancer Center)
- ED expansion: 2010
- New lobby: 2015
- OR modernization: 2015
- The outpatient Center for Cancer Care: 2016
- Inpatient clinical staff support building: 2017

- ED preferred behavioral health area: 2019
- Pharmacy expansion: 2021
- 226 Westchester ASC: 2021
- Cardiac Surgery: 2021
- Center for Advanced Medicine and Surgery (CAMS): 2021
- ICU expansion: 2022

All of the above projects have aided in the hospital's growth and supported enhanced clinical capabilities with a focus on high quality and patient-centric care. The CAMS project, which was the hospital's most significant project to date, contains Article 28 and non-Article 28 services with bridge connectivity to the main hospital. More specifically, the CAMS project allowed for the relocation, expansion, modernization and consolidation of outpatient, ambulatory surgery and imaging programs previously located within the main hospital into a larger, more efficient space to enhance the outpatient care delivery platform. The next major campus modernization project for WPH is represented within this Certificate of Need Application.

The City of White Plains has changed significantly over the past two (2) decades. It has grown into a major hub for business and transportation, driven in part recently by the outflow of businesses and families from New York City in the wake of the COVID epidemic. This project will benefit those who live, work and visit White Plains and the surrounding area.

Simultaneously, WPH has transformed from a community hospital to a Tertiary Hub, providing high-quality and high-acuity care to a diverse community that is expanding to include its hospital partners and affiliates in the system. WPH now supports communities ranging from Newburgh in Orange County, Nyack in Rockland County, through the Hudson Valley to southern Westchester County, including Mount Vernon, New Rochelle and Yonkers. Those hospital partners are unanimously and strongly in support of this project, as documented by the letters provided under Appendix A. These



partner hospitals understand that the advancement of WPH is complementary and supportive to their existing programs. WPH is invested and committed to advancing healthcare throughout the entire region.

### **Detailed Project Description**

WPH's main campus is 7.6-acres, consisting of a main hospital cluster of buildings that range from one (1) to six (6) floors, as well as several freestanding buildings for ancillary and administrative hospital-related functions. As previously stated, this major expansion project will revitalize the campus with a building that will focus on the three (3) main areas of patient care including:

- Emergency Department (ED) expansion: The existing ED is currently designed to accommodate approximately 46,000 visits. In 2023, WPH is projected to accommodate an estimated 78,000 visits with continuous annual growth anticipated. The ED will expand [REDACTED] [REDACTED] to help mitigate ED throughput and overcrowding issues and to facilitate the inpatient admission process. This expanded emergency department will utilize a split flow model whereby low acuity patients do not utilize a stretcher position and can be cared for in chairs in order to enhance efficiency.
- Addition of [REDACTED] (ORs): WPH in 2024 will have 11 operating rooms located at the main hospital. Based on current needs and future-state projections, the hospital will require at least [REDACTED] rooms by 2028. [REDACTED] ORs with a new, private Pre/Post Unit, and an expanded sterile core are essential components of this major expansion which will address the increasing volume and acuity of surgical cases at WPH. These additional rooms will also be appropriately sized to accommodate complex patients and be adaptable for future needs.

- [REDACTED] additional private, acuity-adaptable inpatient beds. WPH is certified to operate 292 beds, of which only 41% are private. Many of the existing rooms are undersized and require updates in both size and amenities to achieve current state best practices and patient expectations. WPH plans to add [REDACTED] additional private inpatient beds to address current and future capacity issues throughout the organization. The additional beds will all be acuity adaptable. These rooms will all be able to be converted into critical care rooms as future demands may dictate, as inpatient care trends move toward high-acuity patients and for potential future pandemic surges. Lessons from COVID-19 dictate the need for flexibility and adaptability in future planning. Twenty-four of the [REDACTED] [REDACTED] WPH analyzed ICU/CCU beds as a percent of Medical/Surgical beds in several hospitals around New York State. For each of those hospitals, the ratio of ICU/CCU beds to Medical/Surgical beds is between 20% and 25%. In contrast, WPH's ICU/CCU beds are planned at 14% of Medical/Surgical beds.

The following table identifies the Hospital's current and future services and programs impacted by this project and the net change to those services and programs resulting from this project.

	Current State	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Main Hospital	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
ED Bays	31	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Operating Rooms	11	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>Beds:</b>		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
ICU Beds	20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
CCU Beds	8	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Maternity Beds	28	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Med/Surg Beds	206	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
NICU Beds	15	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Pediatric Beds	15	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>Total Beds</b>	<b>292</b>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

The guiding principles for WPH's future, which drove the development of this project, include:

- 100% private, modern rooms with a high percentage of acuity adaptable beds;
- Enhanced infection control, improved patient privacy, and ability for loved ones to be better incorporated in care;
- Modern and appropriately sized operating rooms;
- Right-sized Emergency Department with private treatment bays and improved patient flow;
- Welcoming patient and staff environment – inside and out;
- Ample access to parking for patients, staff and families;
- Modern facilities embedded with technology and innovation;
- Modular and adaptable spaces and rooms;
- A unified, coherent and integrated campus;
- Facilities and services that promote diversity, equity and inclusion

This project consists of [REDACTED] new construction, comprised of a [REDACTED] addition connected to the existing hospital on the first three (3) floors with inpatient floors directly above this addition. Minor work at each connection point will be required in the existing hospital on levels two (2) and three (3) but will not significantly modify the existing hospital function or workflow. The first floor of the new building will include the expanded ED and mechanical space. The [REDACTED] floor will include a new main lobby, public space and imaging department (space for future development) and the expanded surgical suite will comprise the third floor. The [REDACTED] floor will consist of mechanical space, the [REDACTED] floors will be dedicated to inpatient hospital units, the [REDACTED] floors [REDACTED] and the [REDACTED] floor will be mechanical space.

This project is designed and will be operated in compliance with Federal and State regulations, including Title 10 of New York Codes, Rules and Regulations. WPH has executed a contract with the Dormitory Authority of the State of New York (DASNY) to review the architectural components of

this project, which will comply with the NYSDOH Drawing Submission Guidelines, based on NFPA 101, 2012 edition and programmatic design submission requirements based on FGI, 2018 edition. For detailed architectural documentation regarding this project, please refer to the Schedule 6 Attachment.

It should be noted that two (2) hospital-owned freestanding buildings (192 Maple Avenue (vacated retail building) and 201 South Lexington Avenue (vacated retail and business office building)), as well as a four-(4)-level parking structure adjacent to the existing hospital, will be demolished before this major expansion project is constructed. A surface parking lot will provide needed parking expansion for patients, visitors and staff and is being developed. The demolitions and parking addition are the subject of separate Construction Notices and are necessary for the advancement of the WPH campus regardless of this project.

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Remaining in the existing hospital will be the current 292 inpatient beds, the existing ED (including the preferred behavioral health area), the existing OR suite and interventional platform, as well as core

hospital clinical support functions such as the Laboratory, Pharmacy, Imaging and kitchen, in addition to administrative office space.

Completion of the project will significantly help the hospital in meeting benchmarks for clinical support space, thereby providing patients, staff and families with more privacy, flexibility and space. Other high-use clinical areas such as the perioperative unit will decant their storage and support space, allowing for separation of equipment and material storage, and better staff support space and amenities. Also, the public-facing areas such as the patient drop-off, reception and common support areas will be proportionately rebalanced to accommodate the visitor flow that is currently handled by the hospital.

## **II. DETERMINATION OF PUBLIC NEED**

The need for the three (3) major components of the project is based on three (3) key concepts: 1) The development of new, high-acuity programs consistent with White Plains Hospital's role as the Tertiary Hub of the Montefiore Health System in the Hudson Valley; 2) Ongoing, long-term hospital utilization growth, due to continuously expanded programs, a strong and growing ambulatory and physician practice network and significant attention and improvements to quality outcomes and patient satisfaction.; and 3) Demographic changes and other growth factors driving utilization of WPH's services.

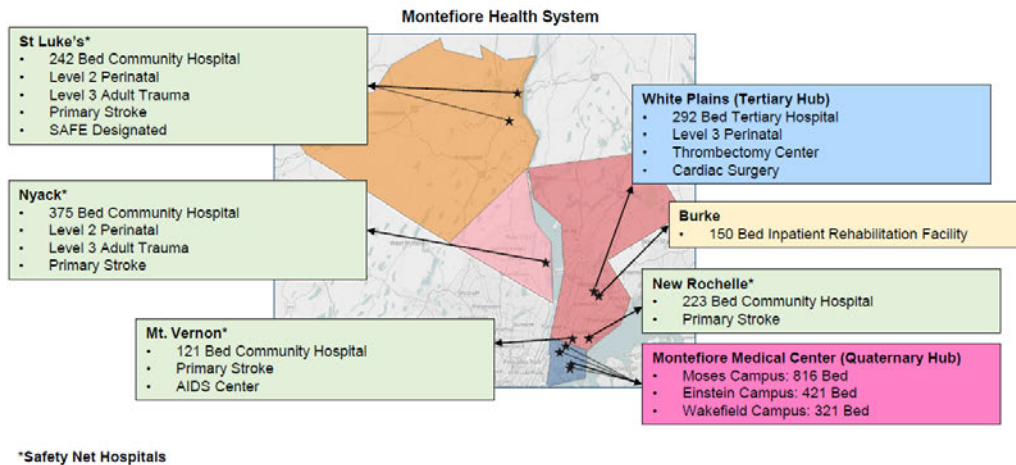
### **Expansion to Better Serve Westchester County and the Hudson Valley**

This project aims to relieve overcrowding and capacity issues WPH faces in the ED, inpatient units and surgical suite. The project will further promote the "system-ness" amongst the hospital affiliates of Montefiore, some of which are safety-net hospitals serving diverse and underserved populations within the region. Patients from each hospital and the communities served will have enhanced and expanded access to tertiary care within the Montefiore Health System, closer to home, with this proposed expansion. The project enables the Montefiore system hospitals to continue to transfer secondary and tertiary level patients to WPH, instead of those patients potentially having to travel even further away from home, into New York City or New Jersey.

Montefiore has six (6) member hospitals throughout the Hudson Valley region, plus clinical affiliates. St Luke's Cornwall Hospital, Nyack Hospital, New Rochelle Hospital and Mount Vernon Hospital are all safety-net hospitals serving diverse populations in the region. WPH also works closely with Burke Rehabilitation Hospital, another Montefiore system hospital that offers acute rehabilitation services. Montefiore also has a strong clinical affiliation with St. John's Riverside Hospital and St. Joseph's Medical Center. The following graphic provides an overview of the member hospitals within the Montefiore Health System.

## Montefiore Health System in the Hudson Valley

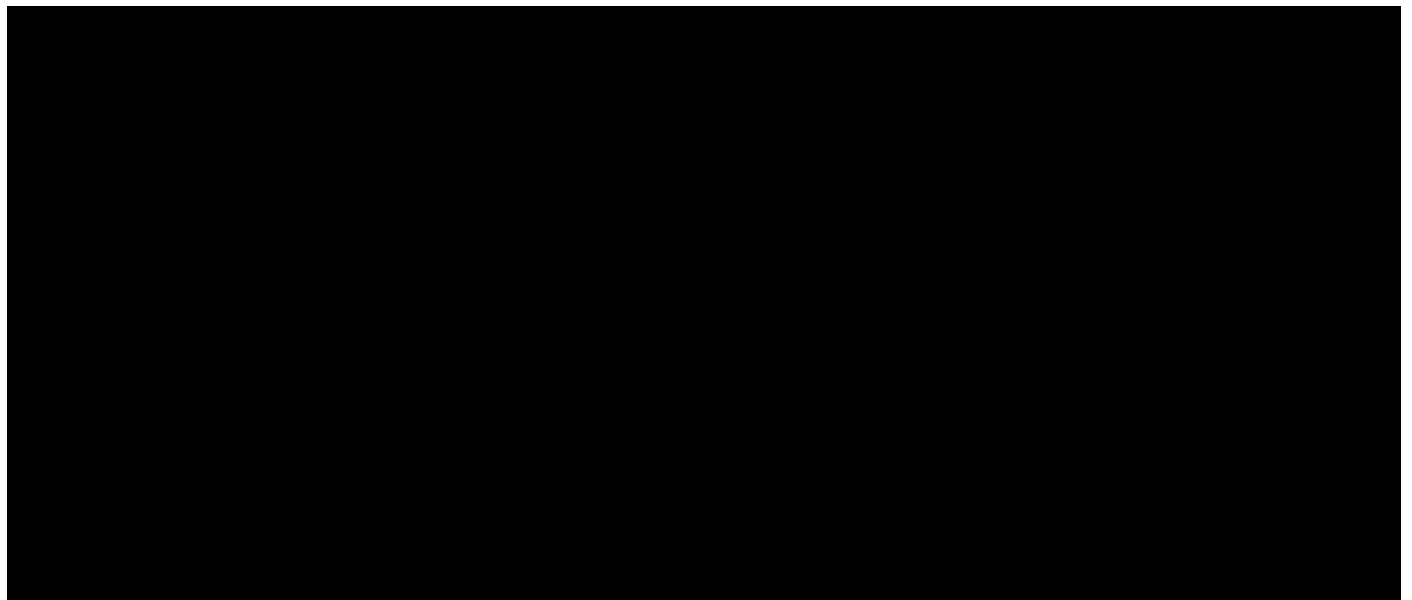
- White Plains Hospital serves as Montefiore Health System's (MHS) Tertiary Hub in the Hudson Valley.
- MHS has 6 member hospitals throughout the Hudson Valley plus clinical affiliates. Patients from the four safety net hospitals and the communities they serve will have enhanced access to tertiary care closer to home with the proposed expansion of WPH.



### WPH Historical Data

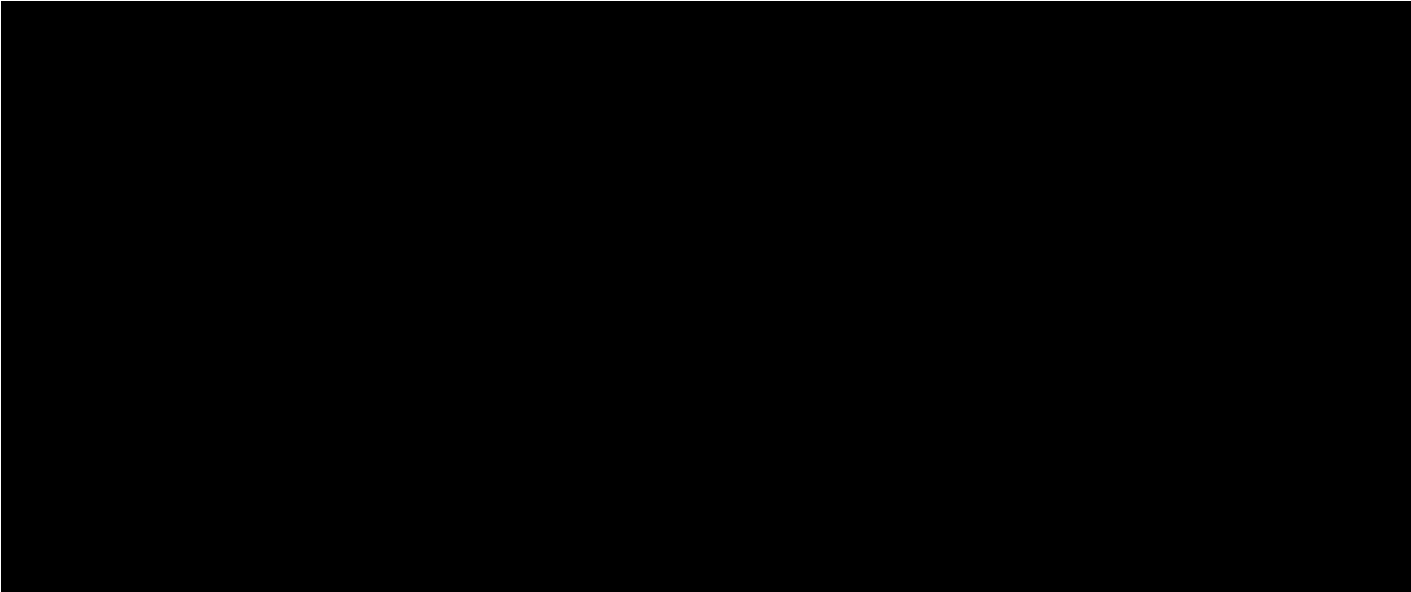
The following charts show the historical changes in volume for inpatient, ED and surgical volume at WPH. WPH has experienced significant increases in growth and utilization since 2010. This sustained increase in utilization, grounded in prior successful strategic initiatives and CON applications over this time period, is a strong indicator of the reliability of the public need projections for this project.

### Inpatient Volume Has Grown 50% since 2010

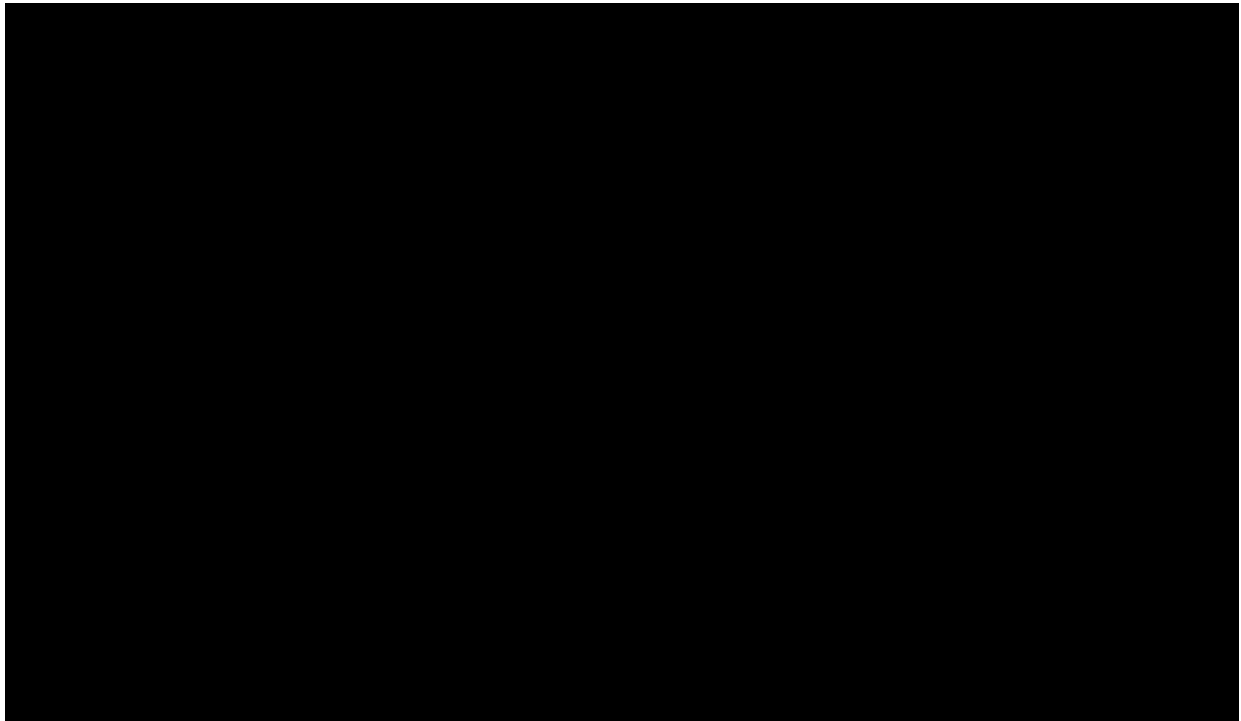




**Emergency Department Volume Has Grown 61% since 2010 and OR Volume Has Grown 61% since 2016**

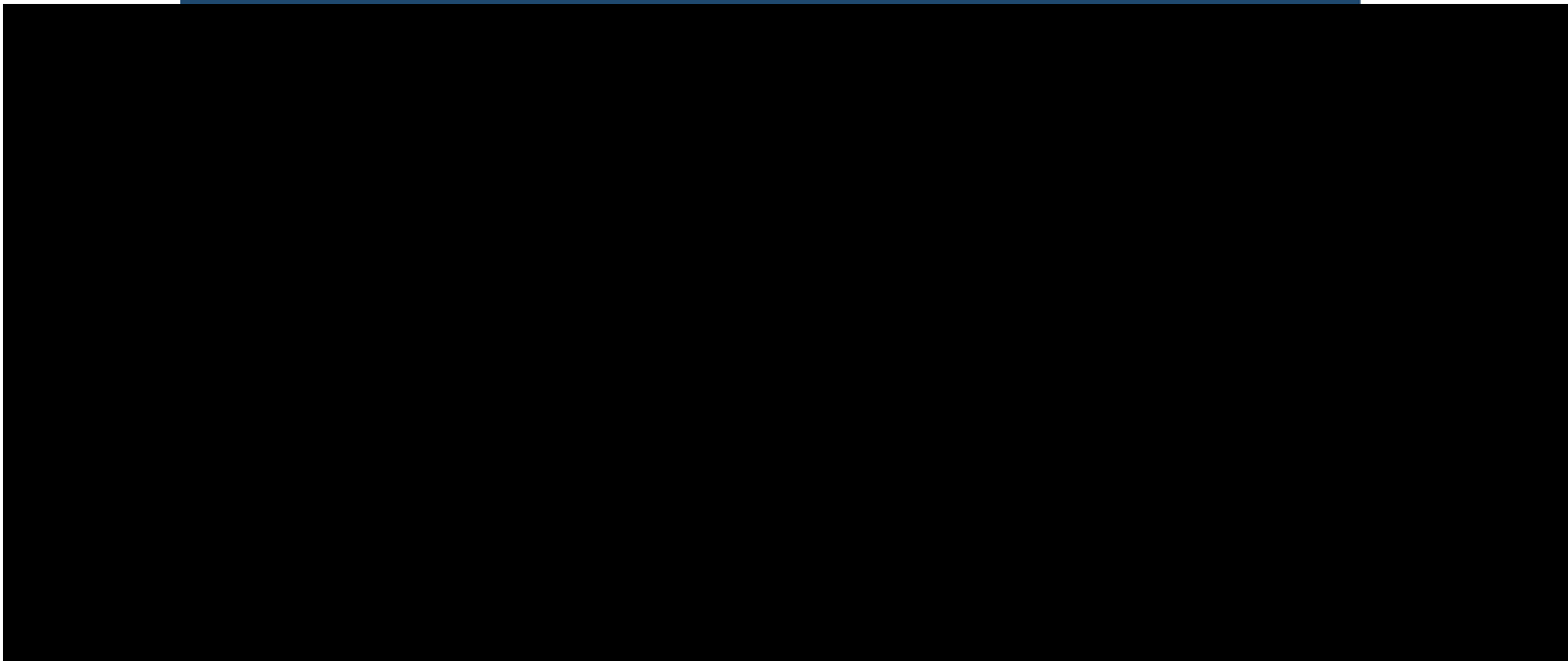


White Plains Hospital is proud of its rapidly growing medical staff. Since 2011, the overall medical staff has nearly tripled in size – driven by significant growth in high-quality employed providers. The sustained growth of utilization is the result of additional and expanded programs (e.g., cardiac surgery, cancer, neurosciences), the rapidly expanding ambulatory and physician network, and attention to patient quality outcomes and patient satisfaction. These factors and the resulting strength and success allow WPH to attract top physicians from the tri-state area and across the country. The chart below illustrates the growth of the hospital’s medical staff.



WPH has seen an increase in case mix acuity, as a result of the development and growth of tertiary programs as shown in the graph below. At the same time, WPH has effectively managed its increase in volume with a focus on quality and efficiency initiatives. Specifically, there has been a major focus to reduce the case mix adjusted length of stay, and these efforts have shown a consistent reduction over a long period of time (see graph below). Despite such efforts, WPH is still capacity constrained today.

**We have Effectively Managed our Growth with a Focus on Efficiency**



**Market Data**

The primary service area for this project is Westchester County; however, patients from the other Montefiore System hospitals who reside outside of Westchester County are anticipated to receive care at WPH, as well. White Plains Hospital continues to be the market leader in Westchester County.

[REDACTED]

[REDACTED]

[REDACTED]

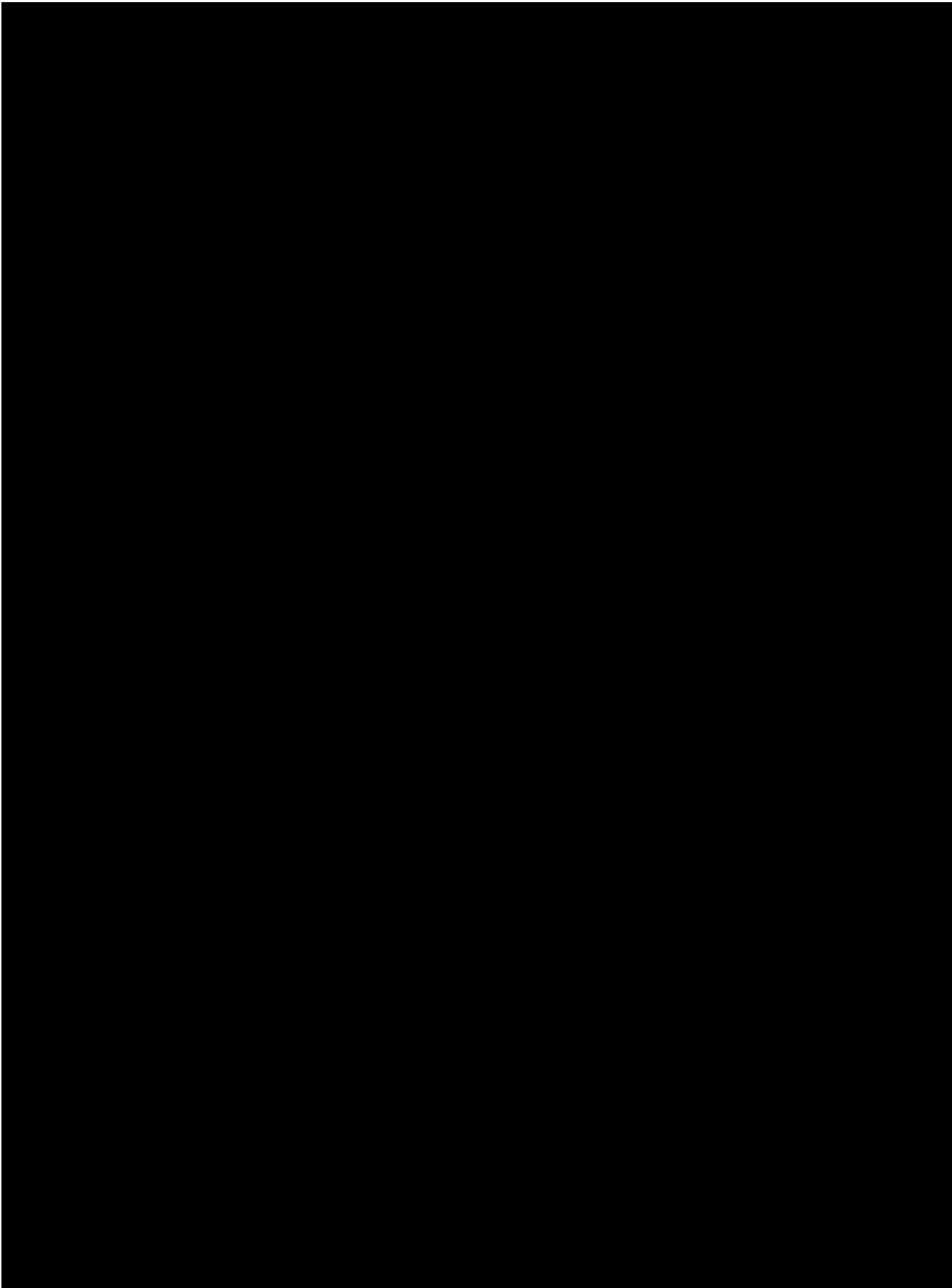
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





As noted above, there are significant numbers of patients from Westchester County who are not being served locally. Higher acuity patients are more likely to leave the county for care, this project is intended to mitigate this trend without significantly impacting the utilization of other hospitals in Westchester. [REDACTED]

**Demographic Analysis of Westchester County**

According to the United States Census Bureau, the 2022 population of Westchester County was 990,427. Of this total, 50.0% were Caucasian, 26.3% were Hispanic/Latino, 13.0% were African American, 6.2% were Asian and 4.5% were some other race or combination of races. In 2022, 18.4% of Westchester County residents (182,142 people) were age 65 and over and 45.9% (454,125 people) were age 45 and over. In 2022, the median household income for the residents of Westchester County was \$108,144 and 9.3% of residents lived below the Federal Poverty Level (FPL), as compared to New York State where the median household income in 2021 was \$79,557 and 14.3% of residents lived below the Federal Poverty Level. It should be noted that White Plains Hospital’s tertiary services are increasingly being utilized by the patient populations of southern Westchester County where there are Montefiore Health System hospitals and care sites.

Per the Cornell Program on Applied Demographics, the population of Westchester County is projected to increase by 6.3% for the period 2015 to 2030, as compared to a projected growth of 4.0% for New York State. In addition, the population of Westchester County is projected to age from 2015 to 2030. The age 65 and over population represented 16.0% of the total County population in 2015 and is projected to represent 22.0% of the total County population by 2030. The population of persons aged 65 and over – which is rapidly growing – is the age cohort that uses health care services at a greater rate than other age groups.

**Detailed Statistical Analysis of Public Need by Program Area (Beds, ORs, ED)**

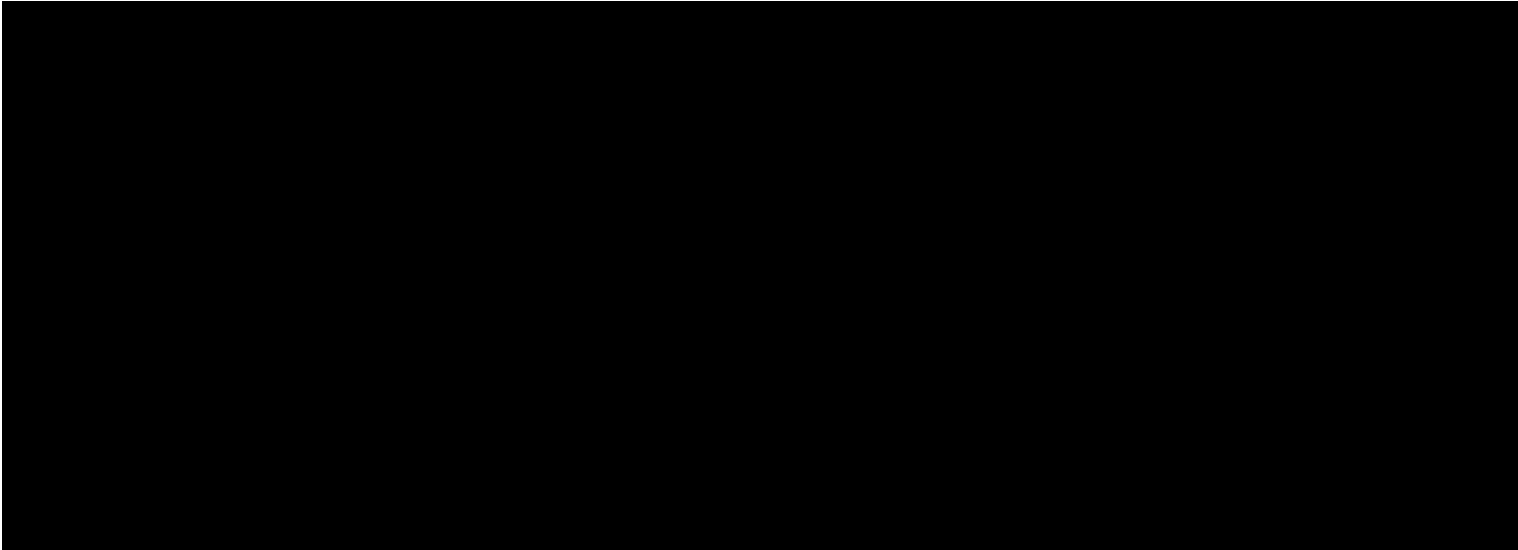
WPH’s goal for this major expansion project is to enhance and expand its campus to continue to serve as the tertiary hub of the Hudson Valley for the Montefiore Health System, while addressing the increase in utilization and the associated capacity and overcrowding issues on its main hospital campus. The following are the key elements driving this major expansion project:

- Inpatient utilization has grown by nearly 50% since 2010 and the average daily census exceeds targeted operational standards for occupancy. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]
- ED utilization has grown more than 60% since 2010, [REDACTED]  
[REDACTED]
- Surgical volume has grown by 84% since 2010;
- Approximately 20% of current inpatient volume is surgical in nature, of which approximately 40% is elective. As WPH’s surgical volume continues to grow, so do the number of ORs and inpatient beds needed to support WPH’s patients; and
- [REDACTED] More than 78,000 patient visits are expected for 2023 in WPH’s ED. On average, 22% of ED patients are

admitted. As WPH's ED visits continue to grow, so do the inpatient bed, surgical procedures, and ancillary service needs.

### **Payer Mix**

With respect to payer mix, as the charts below show, WPH is forecasting an increase in Medicaid utilization and a slight increase in Charity Care volume for the inpatient and outpatient services associated with this project. This is a direct result of WPH's intent to provide improved access and care for underserved members of the community, including Medicaid recipients, and ties into WPH's role as the Hudson Valley tertiary hub of the Montefiore Health System. Since joining the Montefiore Health System in 2015 WPH's number of inpatient Medicaid patients grew by 22%. Overall inpatient Medicaid payer mix has increased from 12.2% in 2011 to 15.0% in 2022. WPH's total ED (treat and released) percentage of Medicaid patients grew from 24% in 2011 to a 36% projected in 2023. Additionally, WPH is forecasting an increase in Medicare volume for both inpatient and outpatient utilization, which is attributed to the aging population.



### Public Need Analysis – Inpatient Utilization

Westchester County overall has experienced a decrease in total inpatient discharges between 2010 and 2021. By contrast, from 2010 to 2021 and into 2023, White Plains Hospital has experienced a consistent increase in the number of inpatient discharges due to several factors, including its reputation as a high-quality provider, growth of its medical staff, new and expanded programs and service offerings with a focus on complex care, and an aging population. All of this supports the need for inpatient beds at WPH.

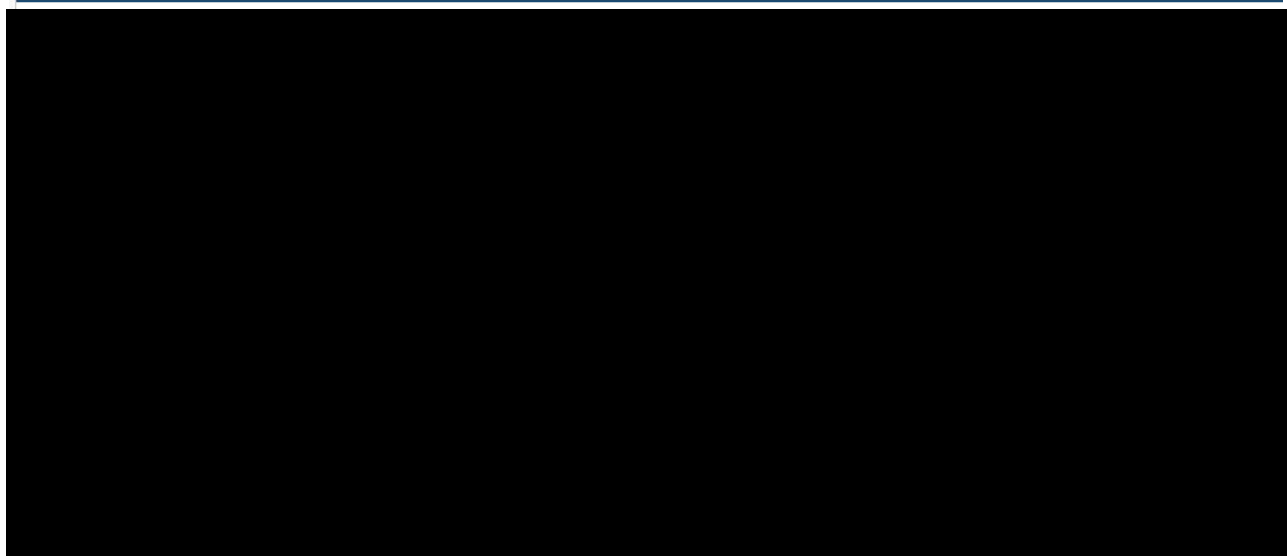
If not for the COVID-19 pandemic, WPH and Montefiore would have pursued this project several years ago. With the end of the pandemic, WPH and Montefiore are now able to further enhance and promote the “system-ness” among the hospital affiliates within the Montefiore System. Patients from each of the Montefiore hospitals and the communities they serve will continue to have enhanced and expanded access, inclusive of Medicaid recipients and underserved populations, to tertiary care within the Montefiore System closer to home. These hospitals will be able to continue to transfer tertiary level patients to WPH, instead of those patients potentially having to travel even further away from home.



As depicted in the graphic below, and as noted above, discharges at WPH have increased an average of 4.0% annually from 2010 through 2023, or over 50% during that time. Patient days have increased approximately 2.0% annually between 2010 and 2023, as well. The resultant inpatient occupancy rate at WPH has risen [REDACTED]

[REDACTED]

### Inpatient Volume Has Grown 50% since 2010



As depicted in the graphic earlier in this narrative, in 2010, WPH’s case-mix adjusted average length of stay was approximately 4.5 days; it has since decreased to under 3.0 days in 2023, due to the significant and focused efforts underway at WPH to reduce length of stay and improve throughput. Although WPH has experienced significant increases in utilization, it has managed to reduce inpatient length of stay (with higher acuity cases) and improve its quality outcomes and standards, all while still operating in under-sized space. WPH Cares, a transitional care program that links with patients awaiting discharge and follows them once they are home, has been instrumental in reducing unnecessary ED visits and re-hospitalizations. The WPH Care program provides comprehensive post discharge services for select patients including nurse follow up calls, physician and NP telehealth consultations, paramedic home visits, remote patient monitoring, scheduling of follow up

appointments, and overall patient care coordination. This program, along with efficiency improvements during hospitalization, has contributed to the length of stay reductions.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Total discharges include both Medical/Surgical (adult/pediatrics) and ICU/CCU beds. WPH chose to show these data in this manner due to its intent to make all beds acuity adaptable ICU/CCU beds. It is WPH's belief that the need for ICU/CCU beds will only increase in the future due to the aging population, its experience with increased acuity cases, and its status as the Tertiary Hub of the Hudson Valley for the Montefiore Health System.

WPH is currently certified for 206 Medical/Surgical beds, 15 Pediatric beds and 28 ICU/CCU beds, totaling 249 beds (among its total of 292 certified beds). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

████████████████████ By adding ██████ new, private, acuity adaptable inpatient beds, WPH expects to experience a decrease in the total inpatient bed occupancy rate to between 74% and 82% between 2029 and 2033, respectively. This situation is more sustainable and manageable and will have positive effects on the ED as well by improving throughput, reducing congestion, overcrowding and improving ED wait times. Additionally, by having more inpatient capacity, WPH will be better able to manage surges in volume, such as during the COVID-19 pandemic, and also instances where there is a need to isolate / separate patients (MRSA, different genders, ages, etc.).

To further support WPH’s belief in the need to construct all acuity adaptable beds that can become ICU/CCU beds, according to an article published in Oliver Wyman’s Health<sup>1</sup> Innovation Journal, Volume 4 – *The Future of Healthcare Supply? Right-sized*: “Our overall oversupply of beds belies the fact that we have less than half of the ICU/critical care unit (CCU) beds that we will need in 2030.” Additionally, according to the Journal of Thoracic Disease: *Critical care medicine in 2050: less invasive, more connected, and personalized*, January 2019: “Hospitals of the future will require proportionally more ICU beds as lower acuity cases are treated in the outpatient setting. Although overall there will be fewer hospital beds in 2050, ICU beds will be responsible for a greater proportion of the total number of beds than is currently the case. There are multiple reasons for this, including improved primary and outpatient care and shorter post-intervention hospital stays.”

To that end, WPH analyzed ICU/CCU beds as a percent of Medical/Surgical beds in several hospitals around New York State, including Westchester Medical Center, North Shore University Hospital, Stony Brook University Hospital, Ellis Medicine, Garnet Health Medical Center, and Albany Medical Center. For each of those hospitals, the ratio of ICU/CCU beds to Medical/Surgical beds is between 20% and 25%. In contrast, WPH’s ICU/CCU beds currently equate to 14% of Medical/Surgical beds. Upon approval and completion of this project, WPH will be certified for 326 Medical/Surgical beds and 52 ICU/CCU beds, which results in a 14% ratio of ICU/CCU beds to Medical/Surgical beds; an

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<sup>1</sup> A leading healthcare strategic advising and consulting firm.

improvement to the ratio, but still below the ratio at similar hospitals around New York State. The addition of █ ICU beds, corresponds to one new █ inpatient unit within the new pavilion. As stated previously, all of the new █ beds will be universal acuity-adaptable; therefore, WPH will be prepared in the event additional ICU/CCU beds are needed.

Following the COVID-19 pandemic, the necessity for sufficient access to private inpatient rooms is paramount. The spread of hospital-acquired infections, particularly those of a respiratory nature, must be mitigated through more private patient rooms. In addition, private rooms aid in reduced noise levels, improved sleep and overall healing. In addition to the concerns noted, insufficient inpatient capacity at WPH has resulted in increased time patients wait for an inpatient bed after care is completed in the ED, which is further exacerbated by the increase in ED volume described below. █

█

█

█ The length of time to inpatient admission is an inconvenience for the admitted patient and it also contributes to longer wait times for other ED patients to be seen. The proposed increase in the number of inpatient beds at WPH will significantly improve patient throughput in both the ED and on the inpatient floors. Despite this increase in time, WPH has managed to maintain high quality care, receive quality awards for the ED and outperform national and state benchmarks while being space constrained.

#### Public Need Analysis – Operating Rooms

By 2024, WPH will operate 20 ORs on its main campus, including 11 in the main hospital (two (2) are approved and under construction and will be open in 2024) and nine (9) in CAMS; specifically, six (6) ambulatory ORs and three (3) minor procedure rooms. White Plains Hospital also operates an additional four (4) ambulatory surgery operating rooms located at 226 Westchester Avenue. In this project, WPH is seeking to add █ ORs in the expanded main hospital for a total █ ORs within the main hospital. This complement of ORs will address the anticipated increases in surgery (and

acuity of cases) while maximizing block time scheduling issues and patient and physician preference and flexibility. Higher-acuity cases represent longer case times, more equipment and staff and further drive the need for additional and larger operating rooms. In addition, cardiac surgery and neurosurgery/neurointerventional operating rooms require back-up rooms in the event there are two or more emergency cases at a time.

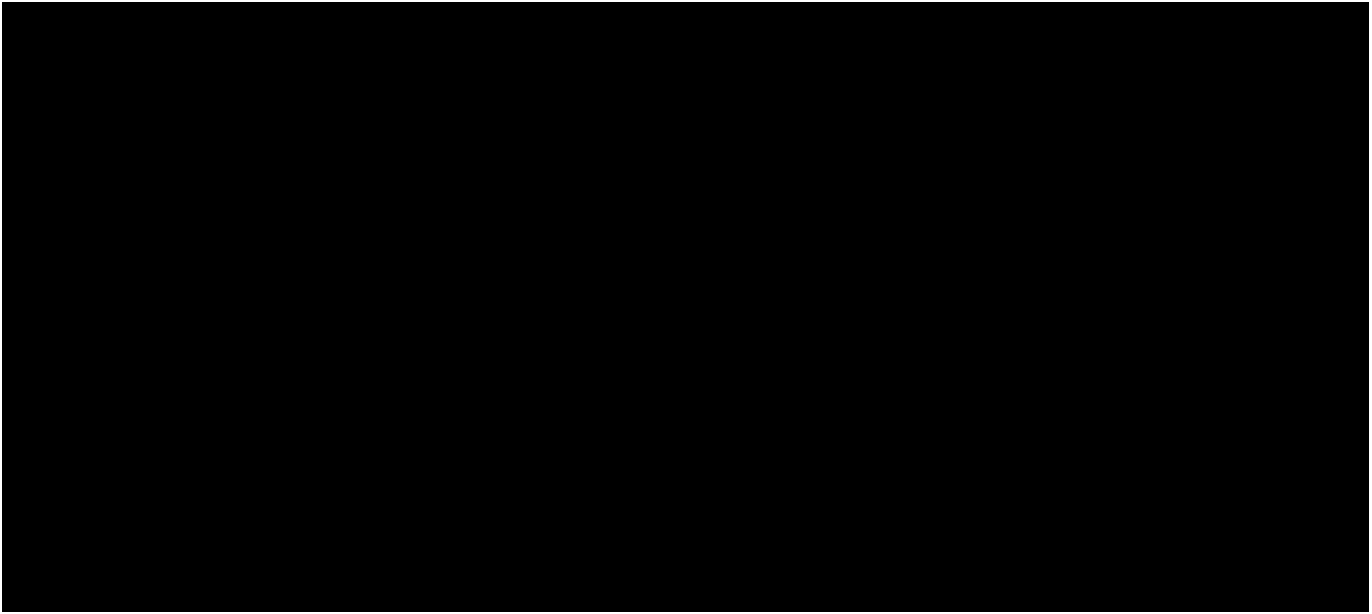
Inpatient surgical volume is projected to grow comparably to inpatient discharge estimates. Outpatient surgical volume is assumed to grow [REDACTED] faster than inpatient in 2025 and 2026 as orthopedic volume continues to transition from inpatient to outpatient. Between 2027 and 2033, outpatient surgical volume is assumed to outpace inpatient growth by [REDACTED] continuing historical trends. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

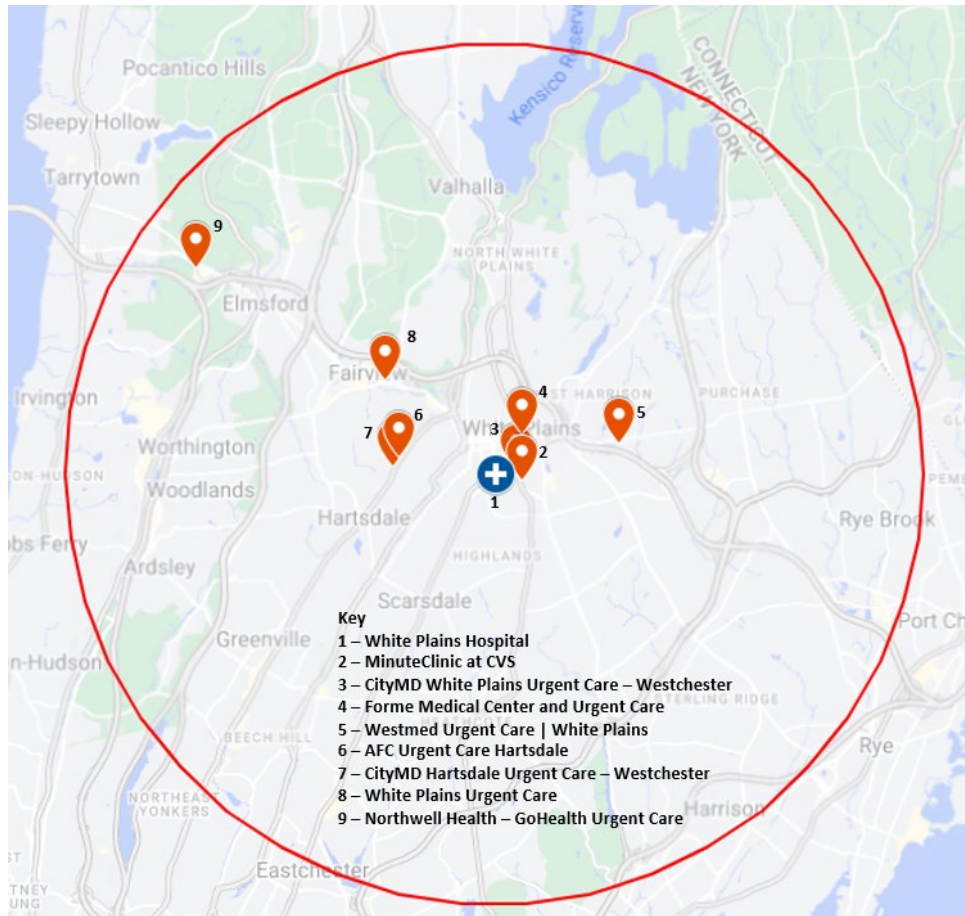
It is assumed that the Main Campus ORs (excluding cardiac surgery and hybrid rooms) can each accommodate between 530 and 750 cases per year; however, as the acuity of surgical cases increases (and the associated length of time to complete these cases increases), the number of cases per OR may decrease. Projections assume 85% of volume is performed during prime-time utilization hours. Outpatient operating rooms at CAMS and 226 Westchester Avenue are projected to accommodate approximately 1,100 cases per room. WPH has made significant progress in moving appropriate volume out of the main operating rooms and into CAMS and 226. [REDACTED]



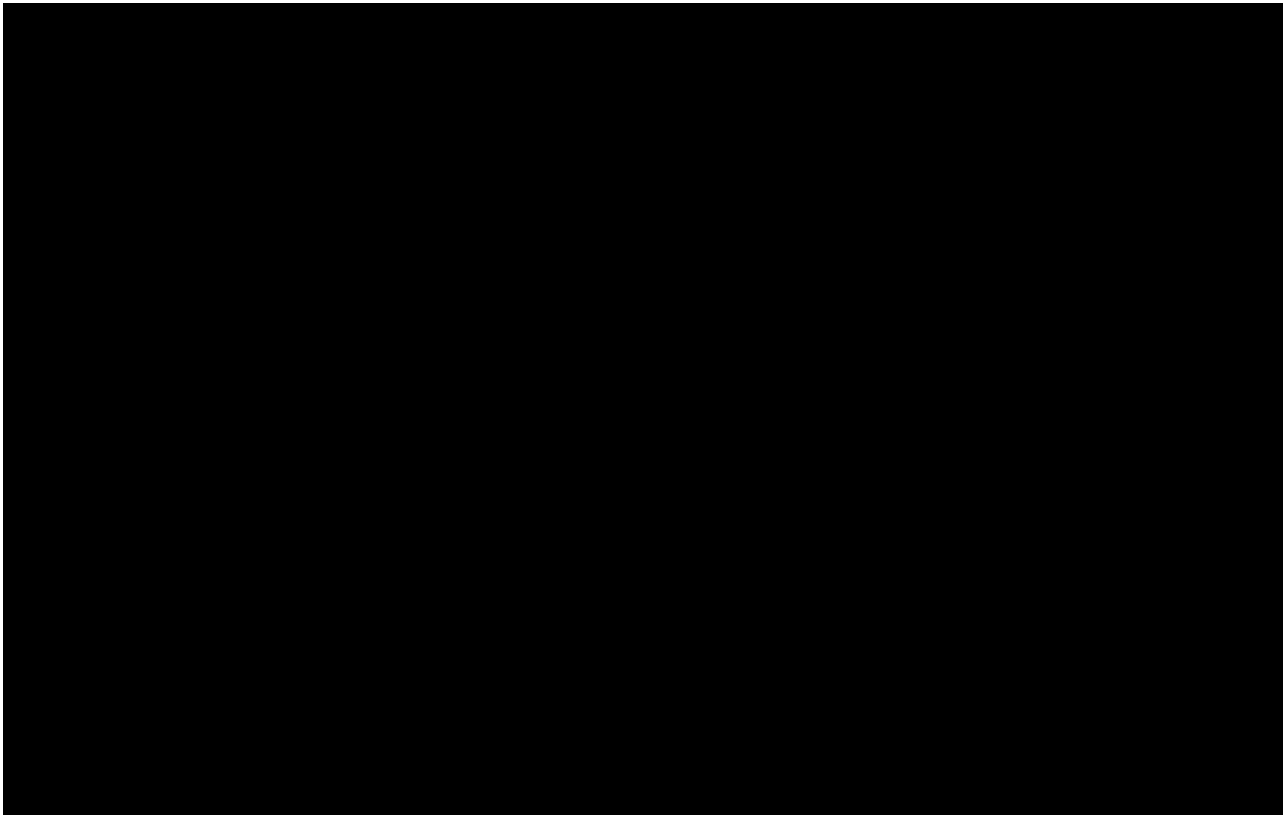
WPH has a relatively complex mix of inpatient and ambulatory surgical cases. The new ORs contemplated by this project will increase the Hospital's surgical and procedural capacity to allow room for future program and specialty development. Thus, the new ORs will provide the communities served by WPH, including many underserved individuals served by the Montefiore Health System hospitals, with a safer, appropriately sized, more modern and efficient environmental approach to providing surgical services.

#### Public Need Analysis – ED

The ED at WPH acts as the “front door” of the Hospital for many of the surrounding communities' residents, making it one of the most critical medical community resources. WPH's ED is the busiest ED in Westchester County. This growth has occurred even with the availability of at least 8 urgent care centers within a 5-mile radius of White Plains.



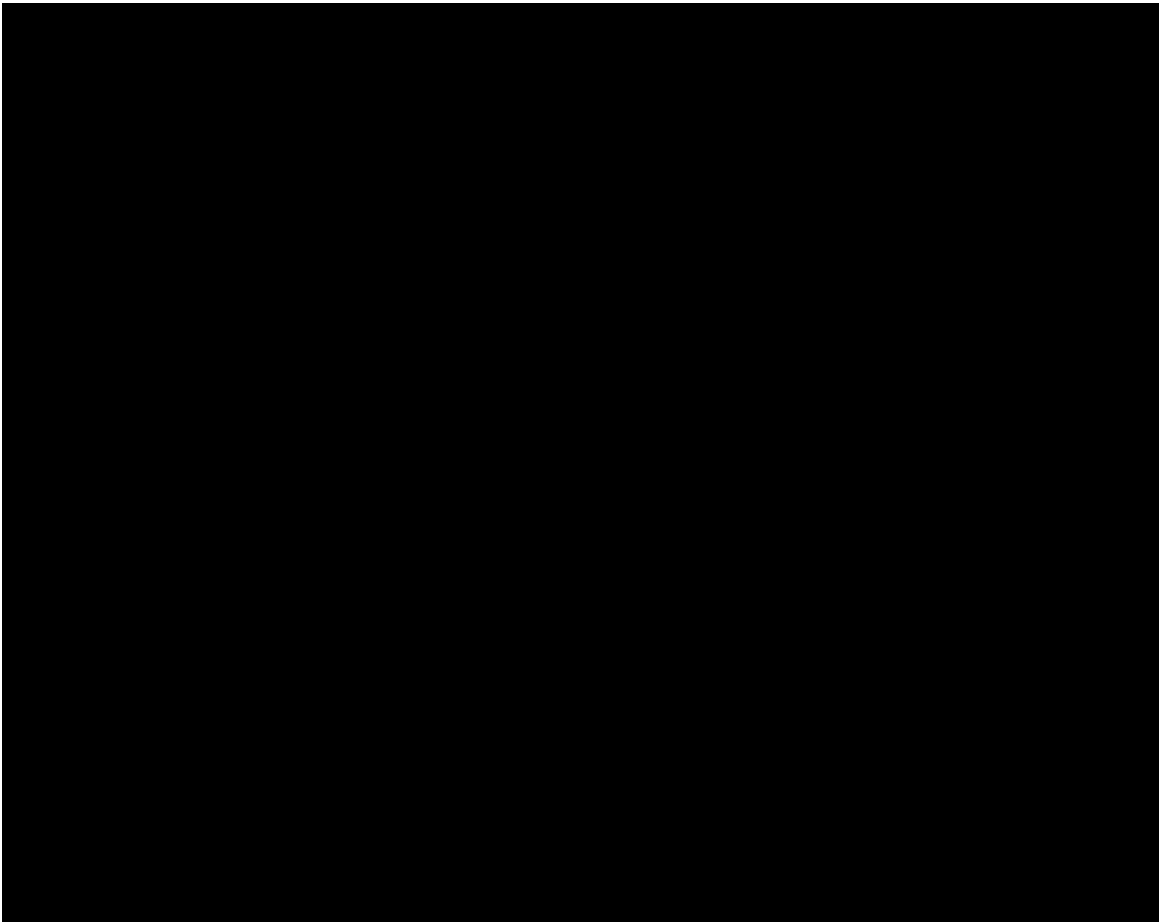
In fact, WPH treats nearly 30% more ED patients than the next closest ED provider in Westchester County and more than double the volume of nearly all other ED providers in Westchester County. In addition to ED visit growth, the acuity of patients arriving to the ED has increased over time. In just the past two (2) years, the high-acuity visits increased from 14% to 16% of total visits and medium-acuity visits increased from 59% to 63% of all visits. WPH expects this trend to continue into the future.



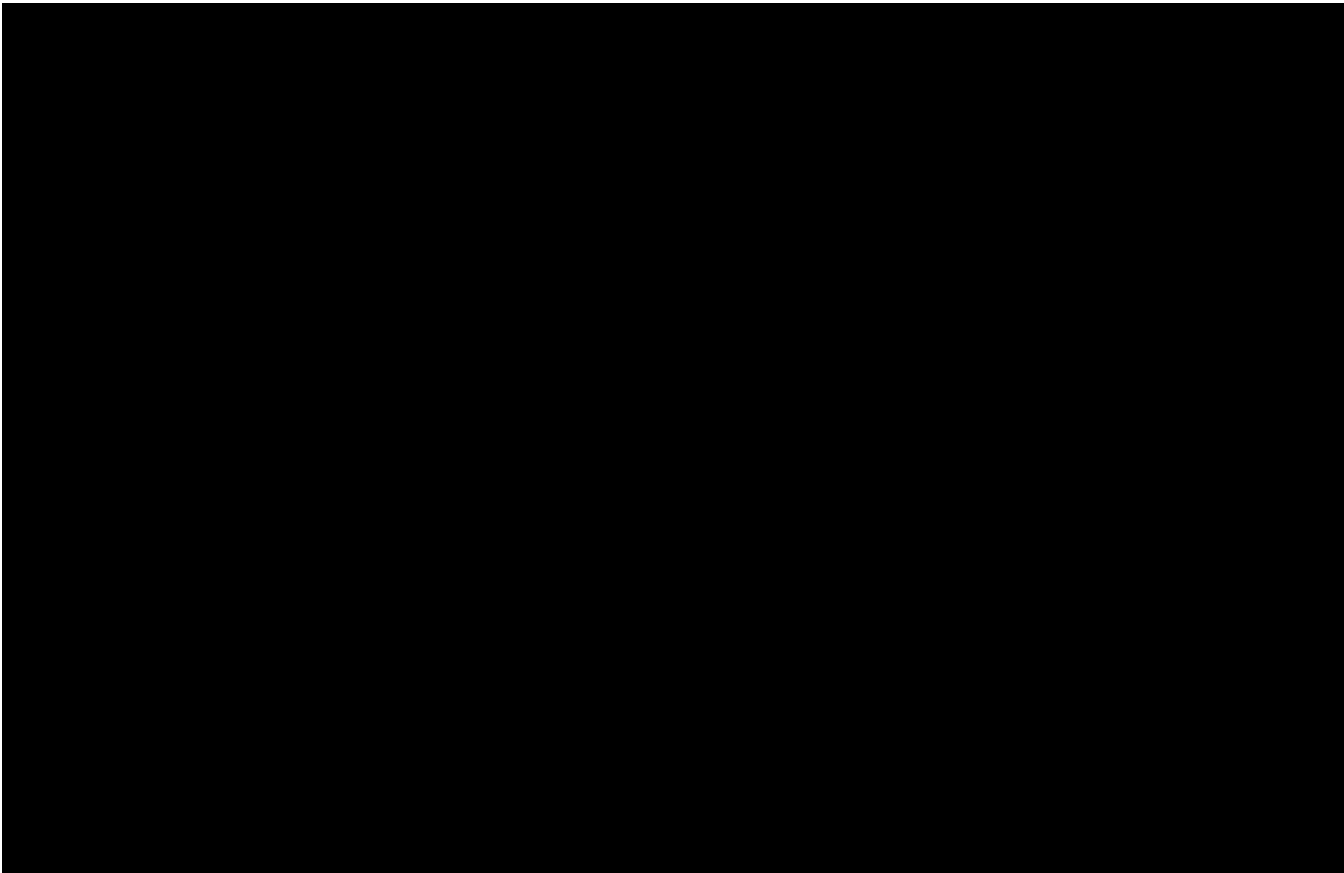
These volume increases have occurred while other initiatives to minimize unnecessary ED visits have been underway. Such initiatives include expanded hours in several primary care practices, WPH Cares, a transitional care program, which seeks to help patients manage their care after discharge and avoid ED visits or readmissions, a paramedicine program with two (2) ambulance companies where paramedics make home visits to check on patients and address symptoms, and for patients who do not have a primary care provider, linking them to either the Family Health Center or one of the other physician practices in WPH's network.

The ED volume at WPH has been steadily increasing, as shown in the graphic below. Total ED volume grew steadily from 50,000 visits in 2010 (including walk-ins and those who arrive by ambulance) to 78,000 visits forecasted in 2023 (volume decreased in 2020 due to the COVID-19 pandemic).





In addition to the continued growth of emergency department volume, the acuity of patients seen within the WPH emergency departments continues to increase. Between 2021 and 2023 the number of high acuity cases has increased by 31% (3,341).



The existing ED has [REDACTED] semi-private ED positions and [REDACTED] private bays for a total of [REDACTED] care spaces (not including surge capacity positions). This project will expand the total ED bay count in both quantity and quality. The new ED will be enlarged to include a complement of [REDACTED] private bays. This represents an increase of [REDACTED] private bays. The enlarged ED will consist of the existing ED space [REDACTED] private ED bays) and the new ED space ([REDACTED] private ED bays). The goal is for semi-private and hallway positions to only be utilized for surge capacity. The ED will expand by [REDACTED] [REDACTED] to help mitigate ED throughput issues, ED overcrowding issues and improve the inpatient admission and throughout processes.

#### Efforts to Improve Overcrowding and Capacity Issues

All patients arriving to the ED via ambulance will continue to arrive at the hospital's ambulance entrance. A new pedestrian entrance on East Post Road will be created for patients walking in or arriving by other transportation to a new off street ED drop-off area. Patients will be directed to a "Quick Look Team" upon entering the ED waiting area and moved to one of the designated ED areas based on their acuity. WPH has and will continue to implement several operational changes in the ED to help reduce the length of stay for lower-acuity ED patients; improve the triage process; enhance the

documentation process; and improve the operational aspects of certain ancillary services provided in the ED, ultimately to decrease wait times and to decrease the time to admit inpatients through the ED.

Providing patients with the appropriate level of care at the right location is something the hospital works to accomplish in multiple ways, including education efforts through community outreach as well as working to connect patients with primary care providers in the community or at the WPH Family Health Center, which is within walking distance from the hospital's ED. In an effort to guide patients to the appropriate level of care, WPH opened an urgent care location in Armonk, New York; extended its walk-in hours at select primary care offices; expanded tele-health services; and expanded WPH Cares, a program where clinicians connect with high-risk patients once they are home to reduce readmissions and to reduce the need for select initial admissions.

Most importantly, WPH has a focused effort to reduce the length of stay in the ED and on the inpatient floors to help mitigate some of the capacity and overcrowding issues, as described above. Despite these efforts, overcrowding and capacity issues still exist (not to the detriment of quality of care, however), as discussed throughout this Project Narrative.

WPH recognizes the lack of behavioral health is among the reasons for ED visits and results in overcrowding and capacity issues. The ED expansion component of this project will enable WPH to consider expanding the preferred behavioral health observation and treatment area within the ED. WPH will continue working collaboratively with St. Joseph's Medical Center-St. Vincent's Westchester Division (PFI No. 1133) to place those in need of mental health and chemical dependency services in the correct and most appropriate setting.

Additionally, poor preventive dental health is a factor linked to chronic diseases, such as heart disease, which can lead to ED visits. In an effort to expand access to dental services in the immediate area of the Hospital, WPH is finalizing the implementation of SHCFTP III grant-funded Project No. 231132-

L (Certify Dental O/P at the WPH Family Health Clinic and perform renovations to create a family dental clinic). The WPH Family Health Clinic is located in very close proximity to the hospital and provides primary care to many patients who might otherwise have difficulty accessing care.

The expanded ED will also allow for the following services to be developed/expanded/rightsized in the future: additional Trauma/Resuscitation rooms; the existing ambulance bay will be renovated and enlarged; and the current ED exam rooms will be made into private rooms and right-sized.

In summary, this project will:

- Improve the Hospital’s current ED specific facility and operational issues (*ED visits to square footage standards and reduced wait times*) and allow for future enhancements, in part through an increase treatment bays and by providing an all-private ED bay model;
- Serve an increasing number of individuals seeking ED services at WPH, particularly persons being admitted (*ED utilization at WPH has grown by over 60% since 2010, and on average, 22% of ED patients are admitted*); and
- Bring WPH’s ED in line with current facility standards (*by creating a larger ED that can accommodate a larger number of patients within the industry standards discussed above*). The project will ultimately improve the community’s perception of the ED as the WPH’s “front door” and enhance staff workflow and patient/visitor throughput, privacy and safety.

### **New York State’s 2019-2024 Prevention Agenda**

White Plains Hospital is committed to improving the health and well-being of the community. In keeping with the New York State 2019-2024 Prevention Agenda, White Plains Hospital, working in conjunction with internal stakeholders and community partners, has been actively reviewing its present initiatives, strategic plans and Prevention Agenda priorities. WPH actively assesses the community health needs every three (3) years and recommends programs and/or services to meet those needs. The process for preparing the 2022-2024 Community Health Needs Assessment (CHNA) and

Implementation Strategy and the NYS Comprehensive Community Service Plan Report was an inter-organization and collaborative process, including participation from the community and the Greater New York Hospital Association (GNYHA). Our goal was to develop an assessment that was reflective of the needs of the community, including the clinical and social determinants of health. Through the combined efforts of the organizations, more than 3,000 surveys were completed specifically among Westchester residents. To complement our primary data collection, secondary data sources were compiled and reviewed to establish community health priorities for our County. Based on these data, WPH selected the following Prevention Agenda priority items: Promote a Healthy and Safe Environment; and Promote Healthy Women, Infants and Children. These selected priorities are fully compatible with White Plains Hospital's community health initiatives and are, and will continue to be, supported by existing programs and staff.

### **III. PROGRAM ELEMENTS OF THE PROJECT**

#### **Program Commitment**

WPH embraces a program of service to reach an underserved population and an operating philosophy that embodies the principle that comprehensive, coordinated, high-quality care is the right of every person, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic or qualification. Services provided through this project will be sensitive to the needs of the population and responsive to the desires of the Hospital's patients. Please also refer to the sub-section below on Diversity, Equity and Inclusion.

The general operations of WPH services will continue to adhere to the standards required under 10 New York Codes, Rules and Regulations (10 NYCRR). WPH's standards of patient care emphasize accuracy and timeliness of diagnosis and referral to appropriate medical practitioners. All existing policies and procedures in place at the Hospital will be incorporated into the operation of the spaces developed as part of this project, which will be operated under the same high standards of care currently in practice at WPH.

All administrative aspects of the services included as part of this project will be directed by an individual who is qualified for such duties by education and experience. The Quality Assurance (QA) Program associated with the services will be administered by the Hospital's Medical Director. The QA Program ensures that patients receive the highest quality of care. There are continuing education activities to provide staff with the opportunity to learn the newest technology, techniques and protocols in the provision of services at the Hospital.

#### **Quality Improvement Efforts at White Plains Hospital**

White Plains Hospital's primary mission is to provide exceptional care to all people who live in, work in or visit Westchester County and its surrounding areas. As described in preceding sections of this

Project Narrative, the need to expand capacity at WPH is directly tied to its growing physician complement, continued patient volume increases and excellent patient experience and quality outcomes.

WPH Centers of Excellence include the Center for Cancer Care, The William & Sylvia Silberstein Neonatal & Maternity Center and The Hospital's Flanzer ED, which is the busiest ED in Westchester County. WPH performs life-saving emergency and elective angioplasty in its Joan and Alan Herfort, MD, Cardiac Catheterization Laboratory and Marie Promuto Cardiac Catheterization Laboratory. In 2021, the hospital formally launched its cardiac surgery program with its first-ever open-heart surgery in partnership with world-class cardiac surgeons from Montefiore Einstein. WPH is expanding its Neuroscience services encompassing neurology, neurosurgery and neuro-endovascular care and procedures. In 2019, WPH was the first hospital in Westchester County to receive The Joint Commission's Advanced Primary Stroke Certification. To provide an even higher level of care to its stroke patients, WPH introduced a new Biplane suite (hybrid OR), allowing it to perform mechanical thrombectomy. WPH will pursue Joint Commission Thrombectomy Capable designation in 2024, which signifies that the hospital meets rigorous standards for performing a mechanical thrombectomy used to remove a blood clot from the brain during an ischemic stroke. Finally, WPH has outpatient medical facilities across Westchester County, including multispecialty practices in Armonk, New Rochelle, Somers and Yorktown Heights; and Scarsdale Medical Group locations in Harrison and Scarsdale.

At White Plains Hospital, the priority focus on quality is the responsibility of every staff member. Physicians, nurses and clinical staff routinely measure and report performance against national standards for healthcare quality. Hospital staff measure widely accepted clinical indicators for many conditions and procedures. For example, metrics are collected and reported in cases of heart attack (acute myocardial infarction), heart failure (congestive heart failure), pneumonia and surgical care, which are four (4) common reasons for hospitalization. These evidence-based measures were

developed by The Joint Commission, a national hospital-accrediting organization, in conjunction with the American Hospital Association (AHA) and the Centers for Medicare & Medicaid Services (CMS). The hospital is fully accredited by the Joint Commission and continues to be recognized as a top performer.

The following are recent achievements of WPH related to quality. Please refer to Appendix B for a more extensive list of awards, accreditations and recognitions.

The following is a summary of designations, awards and ratings issued to WPH as a result of its Quality and Performance Improvement efforts:

- In 2022 and 2023, WPH received a five-(5)-star rating from CMS — the highest distinction offered by that agency.
- The only hospital in Westchester County to be awarded an “A” Safety Grade from the Leapfrog Group for 10 consecutive times (Fall 2023).
- In 2023, WPH received the Outstanding Patient Experience Award from Healthgrades® for the 8th time.
- In 2022, WPH received The Joint Commission’s Hip, Knee and Spine Certification, which recognizes an organization’s commitment to providing the highest quality services.
- Earned a distinguished 3-star rating – the highest possible from The Society of Thoracic Surgeons (STS) for clinical outcomes in coronary artery bypass grafting (CABG) procedures,
- The hospital recently received the American Heart Association’s Mission: Lifeline® Gold Achievement Award for its treatment of patients who suffer severe heart attacks in its ED and Cardiac Catheterization labs and its mortality rate is among the lowest in the country according to the National Cardiovascular Data Registry (NCDR).
- In 2022, WPH was recertified in advance stroke care, which is a distinct achievement in delivering evidence-based care to members of the surrounding community.



- White Plains Hospital has been recognized as a Best Regional Hospital by *U.S. News & World Report* for the fifth consecutive year. WPH earned the highest ranking among all hospitals in Westchester and the surrounding counties (Rockland, Putnam, Orange and Dutchess Counties). In addition to earning regional recognition, WPH also ranked as “high performing” in several advanced specialties, including Neurology & Neurosurgery, Orthopedics, Urology, Gastroenterology & GI Surgery, Pulmonology & Lung Surgery, and Geriatrics – and for treating conditions such as heart attack, heart failure, stroke, colon cancer surgery, COPD, diabetes, and pneumonia.

### **Diversity, Equity and Inclusion (DEI)**

WPH is committed to creating a more diverse community within the hospital enterprise by welcoming additional patients, staff and providers through this continued growth. WPH continues to identify recruitment and retention activities to create an even more diversified workforce. Efforts include diversity, equity and inclusion staffing agency partnerships, refugee placement, diversity job fairs, inclusive religious celebrations, employee resource groups and celebrations. The following chart identifies the gender and racial breakdown of Westchester County as compared to WPH employees. As depicted on the chart, WPH employs a diverse workforce.

Demographics	Westchester County	WPH (All Staff)
Women	51%	74%
White	50%	43%
Hispanic/Latino	26%	22%
Black/African American	13%	19%
Asian	6%	11%

Source: US Census Bureau, DP05 ACS Demographic and Housing Estimates 2022, race category utilized is “alone”.

The following chart outlines WPH’s DEI activities and further supports its commitment to diversity, equity and inclusion.

### DEI Activities at White Plains Hospital

<div style="border: 1px solid #004a7c; border-radius: 15px; background-color: #e6f2ff; padding: 10px; margin-bottom: 10px;"> <p style="text-align: center; margin: 0;"><b>Workforce Diversity</b></p> <p style="text-align: center; margin: 0;">Ensure gender and racial equality in the workforce, and ensure staff education and training on DEI</p> </div> <p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>✓ DEI education for leaders</li> <li>✓ Enrolled 100% of staff in DEI education</li> <li>✓ Established NEW resource groups</li> <li>✓ Created mentoring, sponsorship, training and pipeline programs</li> <li>✓ Awareness celebrations</li> </ul> <p><b>Ongoing and Upcoming Initiatives</b></p> <ul style="list-style-type: none"> <li>❑ DEI education &amp; training</li> <li>❑ Establish employee resource groups</li> <li>❑ Continue mentoring, sponsorship, training and pipeline programs</li> <li>❑ Sponsorship with BOCES for English as a Second Language course for employees/families</li> </ul>	<div style="border: 1px solid #004a7c; border-radius: 15px; background-color: #e6f2ff; padding: 10px; margin-bottom: 10px;"> <p style="text-align: center; margin: 0;"><b>Clinical Patient Focus</b></p> <p style="text-align: center; margin: 0;">Deliver culturally competent healthcare, helping to ensure access to service</p> </div> <p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>✓ Family Health Center: Food Pharmacy</li> <li>✓ Workgroup to develop screening/assessment of patients</li> <li>✓ Identified disparity opportunity</li> </ul> <p><b>Ongoing and Upcoming Initiatives</b></p> <ul style="list-style-type: none"> <li>❑ New community dental center</li> <li>❑ Social determinants of health screening</li> <li>❑ Post discharge screening and high-risk monitoring by WPH Cares</li> <li>❑ Address disparity area (CHF readmissions)</li> </ul>	<div style="border: 1px solid #004a7c; border-radius: 15px; background-color: #e6f2ff; padding: 10px; margin-bottom: 10px;"> <p style="text-align: center; margin: 0;"><b>Community Engagement</b></p> <p style="text-align: center; margin: 0;">Extend our reach beyond the Hospital to identify solutions to SDOH issues</p> </div> <p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>✓ See Test Treat: breast and cervical cancer screenings</li> <li>✓ Annual neighborhood health fair</li> <li>✓ Corporate/community lectures</li> <li>✓ Community partnerships</li> <li>✓ Healthy Community Initiative (HCI) projects</li> </ul> <p><b>Ongoing and Upcoming Initiatives</b></p> <ul style="list-style-type: none"> <li>❑ Community Health Needs Assessment Implementation Report</li> <li>❑ Ongoing HCI projects</li> <li>❑ Screenings and community education</li> </ul>	<div style="border: 1px solid #004a7c; border-radius: 15px; background-color: #e6f2ff; padding: 10px; margin-bottom: 10px;"> <p style="text-align: center; margin: 0;"><b>Quality &amp; Regulatory</b></p> <p style="text-align: center; margin: 0;">Understand issues &amp; opportunities within certain groups, ensuring we meet all regulatory requirements</p> </div> <p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>✓ Named Chief of DEI</li> <li>✓ Created steering committee</li> <li>✓ Stratification of Quality Measures by Patient Demographic Data</li> </ul> <p><b>Ongoing and Upcoming Initiatives</b></p> <ul style="list-style-type: none"> <li>❑ Enhancing data collection and analysis</li> <li>❑ Addressing regulatory requirements and other surveys</li> <li>❑ Analyzing quality data for demographic disparities</li> </ul>
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As set forth in the Health Equity Impact Assessment (HEIA) included with this Application under the Schedule 1 Attachment, the Independent Entity (IE) assessed data and information from publicly

available and proprietary resources, data and information provided by the Applicant, as well as insights from meaningful engagement of the community to complete an independent, evidence-based market and community assessment to understand the health equity impact of the proposed construction of the Applicant's new patient care building.

As set forth in the HEIA, New York State recognizes six (6) domains of social drivers of health (SDOH): health and health care; economic stability; language access; education; social and community context; and neighborhood and built environment. In consideration of this project's focus on the construction of a new building that would expand the ED, provide single patient rooms, add more operating rooms and offer improved public entrances, the project will have varying levels of impact on medically underserved groups.

Based on the demographics of the population in the community served, specific impacts have been identified that may further affect the following medically underserved groups:

- Older adults;
- Individuals with disabilities;
- People who are eligible for or receive public health benefits;
- People who are racial and ethnic minorities, including immigrants and those with limited English proficiency; and
- Low-income people.

Nearly 350 participants engaged in individual and group interviews and responded to survey questions to share their perspectives on the impact of the proposed project. Individuals self-identified and are represented from nearly every medically underserved group. WPH was pleased to learn that 92% of all participants indicated their support of the proposed construction. Themes from the IE's meaningful engagement activities reveal that all groups recognize and can experience a positive impact on health and health care because the project expands capacity and offers the availability of more access to

emergency, inpatient and procedural care closer to where individuals reside. In addition, the project intends to create improved public entrances and provide separate, private spaces to wait and receive care, which will support infection control and prevention and improve overall patient and family experience and care quality.

As set forth in the HEIA, the greatest areas of impact on health equity are language access and accessibility (particularly Medicaid recipients), and if not thoroughly evaluated and addressed for mitigation, they could negatively impact health outcomes for the specific medically underserved groups. Based on market and evidence-based data, as well as information from meaningful engagement of the community, the impacts are described in more detail in the HEIA under the Schedule 1 Attachment. WPH will build upon its current strategic priorities for health equity and enhance these efforts through expanded education, data collection, reporting and monitoring and community partnerships. As reflected in the projected operating budget in CON Schedule 13, WPH is forecasting an increase in Medicaid utilization and a slight increase in Charity Care volume for the inpatient and outpatient services associated with this project. This reflects WPH's commitment to providing improved access and care for underserved members of the community, including Medicaid recipients, and ties into WPH's role as the Hudson Valley tertiary hub of the Montefiore Health System.

### **Conclusion**

White Plains Hospital has experienced tremendous growth and has transformed from a community hospital to a tertiary care center. This CON application outlines the reasons behind this growth as well as presents the proposed solutions, specifically for inpatient care, emergency department care and surgical services. As the population continues to expand and age, demand for all of these services will rise accordingly. This project will enhance access and patient care quality for all persons residing in Westchester County and the guiding principles of the project will ensure that traditionally underserved groups will be treated equitably. White Plains Hospital stands ready to meet the health care challenges that currently exist and those to come.

**WHITE PLAINS HOSPITAL CENTER**

Letters of Support

- Montefiore Health System providers
- Other Letters

November 10, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

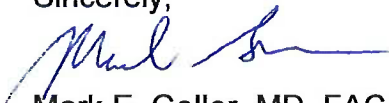
Dear Commissioner McDonald:

I am writing to you to provide my strong support of White Plains Hospital's proposed Major Expansion Project. As a fellow member of the Montefiore Health System, White Plains Hospital has been a key partner to the continued growth of Nyack Hospital, serving as the tertiary hub for the system. This partnership has allowed for the patients of Nyack Hospital to receive access to more advanced services, close to home, and White Plains Hospital has brought their expertise in ENT, Vascular, Hepatobiliary and Neurosurgery to our hospital. I believe this expansion is necessary to help White Plains Hospital continue to grow and upgrade its facilities to continue to serve the advanced needs of patients across the Hudson Valley.

As you are aware, the Hospital's goal for this major expansion is to enhance and expand its campus to address the increases in utilization and the associated capacity issues. The proposed new state-of-the-art [REDACTED] inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones. In addition, the facility will house an expanded Emergency Department, as well as the expansion of the operating and interventional rooms to support the increasing complexity of services the Hospital provides.

This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support their proposed major expansion.

Sincerely,



Mark E. Geller, MD, FACR  
President & Chief Executive Officer

November 10, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

I am writing to you to provide my strong support of White Plains Hospital's proposed Major Expansion Project. As a fellow member of the Montefiore Health System, White Plains Hospital has been a key partner to Burke Rehabilitation Hospital and one of our largest referral sources. Burke has become one of the largest free-standing acute care rehabilitation hospitals caring for stroke and neuroscience patients. The growth of the neurosciences program at White Plains Hospital has been very complementary to our service offerings, and as the hospital continues to expand its advanced services, we are proud to seamlessly care for its patients in the post-acute care settings. I believe that this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region's diverse patient population.

Serving as the tertiary hub of the Hudson Valley for the Montefiore Health System, the hospital's goal for this major expansion is to enhance and expand its campus to address the increases in utilization and the associated capacity issues. The proposed new state-of-the-art [REDACTED] inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones. In addition, the facility will house an expanded Emergency Department, as well as the expansion of the operating and interventional rooms to support the increasing complexity of services the Hospital provides.

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Sincerely,



Scott Edelman  
Executive Director

November 10, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

I am writing to you to provide my strong support of White Plains Hospital's proposed Major Expansion Project. As a fellow member of the Montefiore Health System, White Plains Hospital has been a key partner to the continued growth of Montefiore St. Luke's Cornwall, serving as the tertiary hub for the system within the region. Our most acute patients would welcome the ability to receive tertiary care at White Plains Hospital – with pre-and-post-op care coordinated seamlessly with our hospital. I believe this expansion is necessary for the hospital, as well as the community, and we look forward to additional collaborative opportunities that will result from the continued growth of White Plains Hospital.

As you are aware, the Hospital's goal for this major expansion is to enhance and expand its campus to address the increases in utilization and the associated capacity issues. The proposed new state-of-the-art inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones. In addition, the facility will house an expanded Emergency Department, as well as the expansion of the operating and interventional rooms to support the increasing complexity of services the Hospital provides.

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Sincerely,



Daniel J. Maughan



# Montefiore | New Rochelle

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

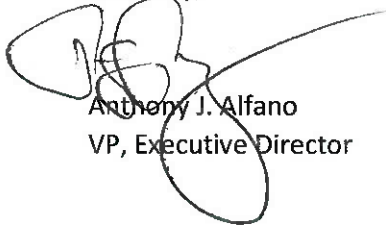
Dear Commissioner McDonald:

I am writing to you to provide my strong support of White Plains Hospital's proposed Major Expansion Project. As a fellow member of the Montefiore Health System, White Plains Hospital has been a key partner to Montefiore New Rochelle, specifically with advanced cardiac services. Our hospitals share specialists, and cardiac patients who require interventional procedures are transferred to White Plains Hospital for care and are returned to their local physicians for follow-up care. This is one example of the meaningful cooperation between our hospitals, and why we vigorously support the expansion of White Plains Hospital.

Serving as the tertiary hub of the Hudson Valley for the Montefiore Health System, the Hospital's goal for this major expansion is to enhance and expand its campus to address the increases in utilization and the associated capacity issues. The proposed new state-of-the-art [REDACTED] inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones. In addition, the facility will house an expanded Emergency Department, as well as the expansion of the operating and interventional rooms to support the increasing complexity of services the Hospital provides.

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Sincerely,



Anthony J. Alfano  
VP, Executive Director



“THE BIRTHPLACE OF THE STATE OF NEW YORK”  
OFFICE OF THE MAYOR

THOMAS M. ROACH  
MAYOR

t: 914.422.1411  
f: 914.422.1395

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

I am writing to you to provide my strong support of White Plains Hospital’s proposed major expansion project. Over the past decade, White Plains Hospital has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable, with the Hospital earning the highest rating – 5-stars – from the Centers for Medicare and Medicaid Services. White Plains Hospital has grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. The Hospital continues to recruit new physicians to support routine, emergent, and advanced care close to home. I believe that this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region’s diverse patient population.

Serving as the tertiary hub of the Hudson Valley for the Montefiore Health System, the Hospital’s goal for this major expansion is to enhance and expand its campus to address the increases in utilization and the associated capacity issues. The proposed new state-of-the-art [REDACTED] inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones. In addition, the facility will house an expanded Emergency Department, as well as the expansion of the operating and interventional rooms to support the increasing complexity of services the Hospital provides.

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Sincerely,

Thomas M. Roach  
Mayor



El Centro Hispano, Inc.  
ISABEL ELSA VILLAR  
295 Central Ave  
White Plains, NY 10606  
914-289-0500

elcentrohispano1@gmail.com • www.elcentrohispano.org

October 23, 2023

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James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

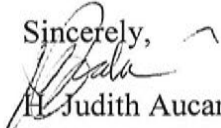
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Sincerely,  
  
H. Judith Aucar  
Executive Director

**Catherine F. Parker**  
**Legislator, 7th District**Chair, Committee on Human Services,  
Human Rights & Equity,**Committee Assignments:**  
Budget & Appropriations  
Economic Development  
Environment, Energy & Climate  
Housing  
Law & Major Contracts  
Parks & Recreation  
Public Works & Transportation

November 6, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

It is with great enthusiasm today that I write to you in support of the White Plains Hospital's proposed Major Expansion Project. Over the past decade, White Plains Hospital has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable, with the Hospital earning the highest rating – 5-stars – from the Centers for Medicare and Medicaid Services. White Plains Hospital has grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. The Hospital continues to recruit new physicians, nurses and health care professionals to support routine, emergent, and advanced care close to home. I believe that this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region's diverse patient population.

Serving as the tertiary hub of the Hudson Valley for the Montefiore Health System, the Hospital's goal for this major expansion is to enhance and expand its campus to address the increases in utilization and the associated capacity issues. The proposed new state-of-the-art [REDACTED] inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones. In addition, the facility will house an expanded Emergency Department, as well as the expansion of the operating and interventional rooms to support the increasing complexity of services the Hospital provides.

It is for all of these reasons that I fully support their proposed major expansion. I hope that you agree with me that there is no better use of the state's funds than the continued investment in high-quality, advanced care close to home for our community, and urge you to give it careful consideration.

Sincerely,



AMY R. PAULIN  
 Assemblywoman 88<sup>th</sup> District  
 Westchester County

THE ASSEMBLY  
 STATE OF NEW YORK  
 ALBANY

CHAIR  
 Committee on Health

COMMITTEES  
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 Rules

TASK FORCES  
 Women's Issues  
 Puerto Rican/Hispanic

November 6, 2023

James V. McDonald M.D., M.P.H.  
 Commissioner  
 New York State Department of Health  
 Empire State Plaza – Corning Tower  
 Albany, NY 12237

Dear Commissioner McDonald:

I am writing to you to provide my strong support of White Plains Hospital’s proposed Major Expansion Project. Over the past decade, White Plains Hospital has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable, with the Hospital earning the highest rating – 5-stars – from the Centers for Medicare and Medicaid Services. White Plains Hospital has grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. The Hospital continues to recruit new physicians to support routine, emergent, and advanced care close to home. I believe that this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region’s diverse patient population.

Serving as the tertiary hub of the Hudson Valley for the Montefiore Health System, the Hospital’s goal for this major expansion is to enhance and expand its campus to address the increases in utilization and the associated capacity issues. The proposed new state-of-the-art [REDACTED] inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones. In addition, the facility will house an expanded Emergency Department, as well as the expansion of the operating and interventional rooms to support the increasing complexity of services the Hospital provides.

This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support their proposed major expansion.

Thank you very much.

Sincerely,

Amy R. Paulin  
 Member of Assembly



**CALVARY BAPTIST CHURCH OF WHITE PLAINS**  
188 Orawaupum Street  
(Rev. Dr. Lester Cousin Way)  
White Plains, New York 10606  
*Rev. Dr. Erwin Lee Trollinger, Jr., Shepherd*

November 6, 2023

James V. McDonald M.D., M.P.H., Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

I am writing to you to provide my strong support for White Plains Hospital's proposed Major Expansion Project. The Calvary Baptist Church of White Plains has entered many partnerships which have benefited the entire community of White Plains. The staff and the administration have made themselves available to Calvary, especially during the COVID-19 pandemic. They provided masks and hand sanitizer to us and the community. We have also been in partnership for over 40 years with White Plains Hospital hosting a Community Health Fair. This Health Fair brings the community into the church and for certain tests & screenings, patients are transported to the Hospital.

In addition, I am truly honored to be one of the Community Chaplains who can visit the sick of my church and community. There are so many other things the Hospital has done for the Church and the Community. With that said, I am wholeheartedly happy to endorse, along with the Official Board of Calvary Baptist Church of White Plains, the expansion project.

White Plains Hospital has grown significantly to meet our needs over the past decade. White Plains Hospital has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable, with the Hospital earning the highest rating – 5-stars – from the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. The Hospital continues to recruit new physicians to support routine, emergent, and advanced care close to home.

I believe this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region's diverse patient population.

Office Number 914 948-2875

[Calvary188@gmail.com](mailto:Calvary188@gmail.com)

*Calvary A Ministry to the City of White Plains and Beyond*



**CALVARY BAPTIST CHURCH OF WHITE PLAINS**  
188 Orawaupum Street  
(Rev. Dr. Lester Cousin Way)  
White Plains, New York 10606  
*Rev. Dr. Erwin Lee Trollinger, Jr., Shepherd*

Serving as the tertiary hub of the Hudson Valley for the Montefiore Health System, the Hospital's goal for this major expansion is to enhance and expand its campus to address the increases in utilization and the associated capacity issues. The proposed new state-of-the-art [REDACTED] inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones. In addition, the facility will house an expanded Emergency Department, as well as the expansion of the operating and interventional rooms to support the increasing complexity of services the Hospital provides.

This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support their proposed major expansion.

Sincerely,

A handwritten signature in cursive script that reads "Rev. Erwin Lee Trollinger, Jr." The signature is written in dark ink and is positioned below the word "Sincerely,".

Rev. Erwin L. Trollinger, Jr., Pastor

Office Number 914 948-2875

[Calvary188@gmail.com](mailto:Calvary188@gmail.com)

*Calvary A Ministry to the City of White Plains and Beyond*



November 2, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

I am writing to you to provide my strong support for White Plains Hospital's proposed Major Expansion Project. The WCA is a membership driven professional roundtable comprising hundreds of the mid-Hudson region's foremost businesses as well as the nonprofit and government sector. Our members rely on us to advocate for policies and programs to foster economic development and meet the needs of our communities. One of our primary focus areas is the region's healthcare sector.

Over the past decade, White Plains Hospital has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable, with the Hospital earning the highest rating – 5-stars – from the Centers for Medicare and Medicaid Services. The Hospital has grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. It continues to recruit new physicians to support routine, emergent, and advanced care close to home.

Serving as the tertiary hub of the Hudson Valley for the Montefiore Health System, this project is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region's diverse patient population. The goal is to enhance its campus to address the increases in utilization and the associated capacity issues. The proposed new state-of-the-art inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones. In addition, the facility will house an expanded Emergency Department, as well as the expansion of the operating and interventional rooms to support the increasing complexity of services the Hospital provides.

This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support their proposed major expansion.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael N. Romita", is written over a white background.

Michael N. Romita  
President & CEO



**CHAIR**  
Education

**COMMITTEES**  
Cities 2

Corporations, Authorities  
and Commissions

Elections

Judiciary

Labor

Rules

**THE SENATE  
STATE OF NEW YORK**



**SHELLEY B. MAYER**  
**SENATOR, 37<sup>TH</sup> DISTRICT**  
**DEPUTY MAJORITY LEADER FOR  
STATE/FEDERAL RELATIONS**

☐ **Albany Office:**  
Room 509  
Legislative Office Building  
Albany, New York 12247  
(518) 455-2031 Office  
(518) 426-6860 Fax

☐ **District Office:**  
235 Mamaroneck Ave., Suite 400  
White Plains, NY 10605  
(914) 934-5250 Office  
(914) 934-5256 Fax

smayer@nysenate.gov

November 5, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

As the New York State Senator representing White Plains, I am writing in strong support of White Plains Hospital's proposed Major Expansion Project. Over the past decade, White Plains Hospital has grown to become a hospital of choice in the region while maintaining a deep commitment to community care.

It has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable, with the Hospital earning the highest rating – 5-stars – from the Centers for Medicare and Medicaid Services. White Plains Hospital has also grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. The Hospital continues to recruit new physicians to support routine, emergent, and advanced care close to home. I believe that this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region's diverse patient population.

White Plains Hospital is the tertiary hub of the Hudson Valley for the Montefiore Health System, and this major expansion is designed to enhance and expand the Hospital's campus to address the increased use and capacity issues. The proposed new state-of-the-art [REDACTED] inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones. In addition, the facility will house an expanded Emergency Department, as well as the expansion of the operating and interventional rooms to support the increasing complexity of services the Hospital provides.

This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support White Plains Hospital's proposed major expansion.

Sincerely,

A handwritten signature in cursive script that reads "Shelley B. Mayer".

Shelley B. Mayer



October 31, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

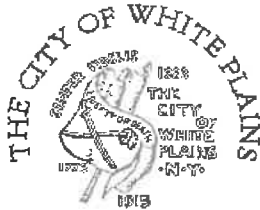
I am writing to you to provide my strong support of White Plains Hospital's proposed Major Expansion Project. Over the past decade, White Plains Hospital has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable, with the Hospital earning the highest rating – 5-stars – from the Centers for Medicare and Medicaid Services. White Plains Hospital has grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. The Hospital continues to recruit new physicians to support routine, emergent, and advanced care close to home. I believe that this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region's diverse patient population.

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This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support their proposed major expansion.

Sincerely,

Denise Brooks-Jones  
Executive Director



CITY OF WHITE PLAINS YOUTH BUREAU  
OFFICE OF THE MAYOR  
11 AMHERST PLACE - WHITE PLAINS, NEW YORK 10601  
(914) 422-1378 - FAX (914) 422-6489

THOMAS M. ROACH  
MAYOR

FRANK WILLIAMS, JR.  
EXECUTIVE DIRECTOR

ELIZABETH ALMONTE  
DEPUTY DIRECTOR

November 8, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

I am writing to you to provide my strong support of White Plains Hospital's proposed Major Expansion Project. Over the past decade, White Plains Hospital has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable, with the Hospital earning the highest rating – 5-stars – from the Centers for Medicare and Medicaid Services. White Plains Hospital has grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. The Hospital continues to recruit new physicians to support routine, emergent, and advanced care close to home. I believe that this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region's diverse patient population.

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This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support their proposed major expansion.

Sincerely,

  
Frank Williams, Jr.  
Executive Director



**WHITE PLAINS PUBLIC SCHOOLS**

EDUCATION HOUSE  
FIVE HOMESIDE LANE  
WHITE PLAINS, NEW YORK 10605  
914-422-2000  
[www.wpcsd.k12.ny.us](http://www.wpcsd.k12.ny.us)

**Joseph L. Ricca, Ed.D.**  
**Superintendent of Schools**

November 2, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

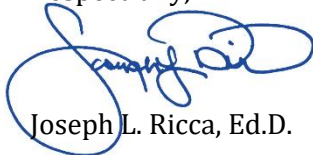
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This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support their proposed major expansion.

Respectfully,

A handwritten signature in blue ink, appearing to read 'Joseph L. Ricca', is written over a circular blue stamp or seal.

Joseph L. Ricca, Ed.D.



# Scarsdale Volunteer Ambulance Corps

5 Weaver Street, Scarsdale, New York 10583 (914) 722-2288

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November 1, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

I am writing to you to provide my strong support of White Plains Hospital's proposed Major Expansion Project. Over the past decade, White Plains Hospital has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable, with the Hospital earning the highest rating – 5-stars – from the Centers for Medicare and Medicaid Services. White Plains Hospital has grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. The Hospital continues to recruit new physicians to support routine, emergent, and advanced care close to home. I believe that this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region's diverse patient population.

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This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support their proposed major expansion.

Sincerely yours,  
Scarsdale Volunteer Ambulance Corps

A handwritten signature in black ink, appearing to read "David Raizen", written over a white background.

David Raizen, EMT-P  
President

**Benjamin Boykin II**

Legislator, 5th District  
Chair, Committee on Economic Development



**Committee Assignments:**  
Legislation

Inter-Governmental Relations & Access to Services

November 8, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

I am writing to you to provide my strong support of White Plains Hospital's proposed Major Expansion Project. Over the past decade, White Plains Hospital has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable, with the Hospital earning the highest rating – 5-stars – from the Centers for Medicare and Medicaid Services. White Plains Hospital has grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. The Hospital continues to recruit new physicians to support routine, emergent, and advanced care close to home. I believe that this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region's diverse patient population.

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This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support their proposed major expansion.

Sincerely,

Benjamin Boykin II  
Legislator, 5th District



November 7, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald,

I write this letter in support of White Plains Hospital's Major Expansion Project. Over the past almost half century, I have directly or indirectly been involved in the delivery of Emergency Medical Services to the residents of the city of White Plains. Throughout that period, White Plains Hospital has worked diligently to provide state-of-the-art services to all patients who come through their doors 24/7.

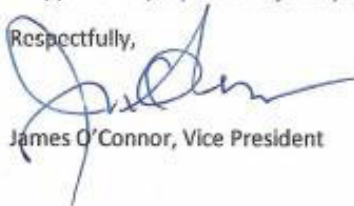
In this post Covid-19 world, we have learned if we are not prepared for the healthcare needs of our communities, those communities will be overwhelmed in their most crucial time of need.

The need for additional Emergency Department capacity is obvious to all EMS providers who transport critical patients to White Plains Hospital at all hours of the day and night. The proposed new state-of-the-art [REDACTED] inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones.

White Plains Hospital has grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients which EMS crews see every day.

This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community.

I support this proposed major expansion.

Respectfully,  
  
James O'Connor, Vice President

# Bethel Baptist Church

One Fisher Court, White Plains, New York 10601  
Office: 914-949-2792 Fax 914-949-7706  
Pastor's Office 914-949-7392  
[www.bethelbaptistchurchwp.org](http://www.bethelbaptistchurchwp.org)

Dr. Edward O. Williamson, Pastor-Teacher

*Richard Jackson, Sr.*  
*Chairman, Deacon Ministry*

*Felecia Hudson*  
*Treasurer*

*Monica C. Andralliski, Business Management*  
*Wilbur Gibbons, Facility Operations*  
*Trustee Ministry Co-Chairs*

*Marea Bagley*  
*Bookkeeper*

*Schneider Thompson*  
*Church Clerk*

*A. Bryan Allen*  
*Administrative Assistant*

November 9, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

I am writing to you to provide my strong support of White Plains Hospital's proposed Major Expansion Project. Over the past decade, White Plains Hospital has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable. White Plains Hospital has grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. The Hospital continues to recruit new physicians to support routine, emergent, and advanced care close to home. I believe that this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities.

The Hospital's goal for this major expansion is to enhance and expand its campus to address the increases in utilization and the associated capacity issues. The proposed new state-of-the-art [REDACTED] inpatient building will feature 100% single patient rooms, which enhance patient recovery through reduced noise, added privacy, infection control, and accommodations for loved ones. In addition, the facility will house an expanded Emergency Department, as well as the expansion of the operating and interventional rooms to support the increasing complexity of services the Hospital provides.

This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support their proposed major expansion.

Sincerely,



Dr. Edward O. Williamson, Pastor  
Bethel Baptist Church

1885-2023

"One Hundred - Thirty-Eight Years of Service to God and Community"





November 7, 2023

James V. McDonald M.D., M.P.H.  
Commissioner  
New York State Department of Health  
Empire State Plaza – Corning Tower  
Albany, NY 12237

Dear Commissioner McDonald:

I am writing to you to provide my strong support of White Plains Hospital's proposed Major Expansion Project. Over the past decade, White Plains Hospital has prioritized expanding programs and services for its patients to ensure the community has better access to advanced care. Their focus on quality and patient experience is notable, with the Hospital earning the highest rating – 5-stars – from the Centers for Medicare and Medicaid Services. White Plains Hospital has grown significantly to meet the healthcare needs of its community, including an increasing number of underinsured and medically vulnerable patients. The Hospital continues to recruit new physicians to support routine, emergent, and advanced care close to home. I believe that this expansion is necessary as the Hospital requires additional space to expand and upgrade its facilities to continue to enhance access for the region's diverse patient population.

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This Hospital project will allow for the continued investment in high-quality, advanced care close to home for our community. I fully support their proposed major expansion.

Sincerely,

A handwritten signature in black ink that reads "Karen C. Erren".

Karen C. Erren  
President & CEO

**WHITE PLAINS HOSPITAL CENTER**

**Quality and Performance Improvement**

## **Appendix B – Quality and Performance Improvement**

White Plains Hospital’s primary mission is to provide exceptional care to all people who live in, work in or visit Westchester County and its surrounding areas. The need to expand capacity at WPH is directly tied to its continually improving quality, which has drawn increasing numbers of patients to use its services over a long period of time.

The following is a summary of designations, awards and ratings issued to WPH as a result of its Quality and Performance Improvement efforts:

- In 2022 and 2023, WPH received a five-(5)-star rating from CMS — the highest distinction offered by that agency.
- In 2023, WPH received the Outstanding Patient Experience Award from Healthgrades® for the 8th time and was named as one America's 100 Best Hospitals for Coronary Intervention, an honor that places it among the top 5% in the nation for coronary interventional procedures.

Additionally, Healthgrades recognized WPH as a:

- Five-Star Recipient for the Treatment of Heart Attack (2024)
- Five-Star Recipient for Pacemaker Procedures (2023,2022)
- Five-Star Recipient for Treatment of Pneumonia (2024)
- Five-Star Recipient for Colorectal Surgeries (2024)
- Five-Star Recipient for Treatment of GI Bleed (2024)
- Five-Star Recipient for Appendectomy (2015-2023)
- Five-Star Recipient for Upper Gastrointestinal Surgeries (2024), as well as the Healthgrades 2024 Gastrointestinal Care Excellence Award, placing WPH in the top 10% of Hospitals in the nation for overall GI services.
- Awarded an “A” Safety Grade from the Leapfrog Group for the 10th time in a row (Fall 2023), the only Hospital in Westchester to do so.
- Earned a distinguished 3-star rating – the highest possible from The Society of Thoracic Surgeons (STS) for clinical outcomes in coronary artery bypass grafting (CABG) procedures

- The Hospital received Magnet® designation with two (2) re-designations, most recently in 2021, from the American Nurses Credentialing Center (ANCC). The organization bestows such designations every four years.
- The WPH Emergency Department received the Lantern Award by the Emergency Nurses Association in 2023 for innovative performance in leadership, practice, education, advocacy and research.
- The Hospital recently received the American Heart Association’s Mission: Lifeline® Gold Achievement Award for its treatment of patients who suffer severe heart attacks in its Emergency Department and Cardiac Catheterization labs, and its mortality rate is among the lowest in the country according to the National Cardiovascular Data Registry (NCDR).
- The Hospital also received the American Heart Association/American Stroke Association’s (AHA/ASA) Get with The Guidelines® Stroke Gold Plus Quality Achievement Award and Mission Lifeline: STEMI Receiving Center - Gold Award.
- The Hospital was also named to the AHA/ASA’s Target: Stroke Elite Honor Roll, AHA’s Target: Type 2 Diabetes Honor Roll, and American Medical Association’s Target: BP Gold+ for its commitment to improving blood pressure control rates.
- WPH has been recognized as a Best Regional Hospital by *U.S. News & World Report* for the fifth consecutive year. WPH earned the highest ranking among all hospitals in Westchester and the surrounding counties (Rockland, Putnam, Orange and Dutchess Counties). In addition to earning regional recognition, WPH also ranked as “high performing” in several advanced specialties, including Neurology & Neurosurgery, Orthopedics, Urology, Gastroenterology & GI Surgery, Pulmonology & Lung Surgery, and Geriatrics – and for treating conditions such as heart attack, heart failure, stroke, colon cancer surgery, COPD, diabetes, and pneumonia.
- WPH is one of only four hospitals in New York State and one of 148 nationally to be named to the list of “Best Hospitals in America” by *Money*. *Money* also awarded the Hospital and a Best Hospital for Bariatric Surgery and Best Hospital for Ethical Billing in 2022.

- WPH was named one of World’s Best Hospitals by *Newsweek*. The Hospital was one of just 10 hospitals in the state – and the only one in Westchester County – to make that list.
- WPH was the only hospital named to *Fortune*’s list of Best Workplaces in New York and Best Workplaces in Healthcare (nationally).
- The Hospital received the MIPS Achievement (2022) for the 2024 reimbursement period.
- WPH was one of only three hospitals in the lower Hudson Valley and Southern Connecticut to achieve International Baby Friendly® designation.

The following is a summation of many of the accreditations and certifications held by WPH as a result of the delivery of its high-quality care.

- In 2019, WPH was the first hospital in Westchester County to receive The Joint Commission’s Advanced Stroke Certification and was recertified in 2022. To provide a higher level of care to its stroke patients, WPH introduced a new Biplane suite (hybrid OR), allowing it to perform mechanical thrombectomy and will pursue Thrombectomy Capable certification from the Joint Commission in 2024.
- In 2021, the Hospital formally launched its cardiac surgery program with its first open-heart surgery in partnership with world-class cardiac surgeons from Montefiore Einstein.
- In 2022, WPH received The Joint Commission’s Hip, Knee and Spine Certification, which recognizes an organization’s commitment to providing the highest quality services.
- In 2023, WPH received the Undersea & Hyperbaric Medical Society certification of accreditation, which supports WPH’s mission to promote exceptional care to all people in the surrounding community.
- WPH has earned a three-(3)-year accreditation from the National Accreditation Program for Rectal Cancer (NAPRC) for the second time, one of 60 hospitals in the nation to do so.
- WPH has received full accreditation for its breast cancer program four (4) times from the National Accreditation Program for Breast Centers (NAPBC) and The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) recognized White Plains

Hospital as a top 10% performing hospital for achieving meritorious outcomes for surgical patient care in 2023.

- The Hospital has been reaccredited by the American College of Surgeons Commission on Cancer for providing high-quality, patient-centered cancer care to its patients and community.
- WPH's Bariatric program achieved a Comprehensive Care accreditation by The American College of Surgeons (ACS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), in partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS).
- The Hospital received the Institute for Healthcare Improvement's Age-Friendly Designation.
- WPH received Accreditation with Distinction from the American Nurse Credentialing Center for its Nurse Residency Program.
- The Hospital has received Sleep Center re-accreditation from The American Academy of Sleep Medicine.

**WHITE PLAINS HOSPITAL CENTER**

**Health Equity Impact Assessment**

**New York State Department of Health**
**Health Equity Impact Assessment**

Proposed construction of new patient care building at White Plains Hospital Center

**SECTION A. SUMMARY**

1. Title of project	White Plains Hospital Major Expansion Project
2. Name of Applicant	White Plains Hospital Center
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	The Chartis Group, LLC (Chartis Center for Health Equity and Belonging) <ul style="list-style-type: none"> <li>• Shaifali Ray (<a href="mailto:shray@chartis.com">shray@chartis.com</a>)</li> <li>• Alexis Mayo-Tapp</li> </ul>
4. Description of the Independent Entity's qualifications	<p><b>We are experts in health and racial equity consulting.</b> Chartis is one of the first national consulting firms with a mission that includes the advancement of social and racial justice, health equity, and belonging. Through Chartis' March 2022 acquisition of Just Health Collective (founded in 2020), The Chartis Center for Health Equity and Belonging (CCHEB), is focused on creating a liberated healthcare system free of bias, discrimination, and disparities – resulting in equitable health for all.</p> <p>Our market research and insights indicate that healthcare is evolving to address a more comprehensive picture of health and wellness, which includes a focus on racial and health equity, population health, social drivers of health, diverse consumer market segmentation, cultural care program development, and community alignment. Our health equity practice has dedicated resources to help clients create equitable and inclusive organizations for their workforce; equitable access, experience and quality for their patients; and equitable health status for their communities. Our engagements integrate both quantitative and qualitative insights from data and internal and community stakeholder engagement. Engagement approaches include interviews, focus groups, traditional written surveys, and audio interview surveys.</p> <p>This, coupled with our team's depth and breadth of experience in healthcare operations, racial equity, and patient and community engagement, gives us a deep understanding of the</p>



	<p>implications of health equity. When considering engagements with health equity and/or community health focus, Chartis has led more than 45 engagements in the past five years. These engagements have resulted in transformative impact for underserved communities and patient segments across the country.</p> <p>The leader on this engagement has more than 20 years' total healthcare experience with areas of strength in equitable access to care, hospital and medical group operations, performance improvement, disparities mitigation, patient experience, compliance, and diversity, equity, and inclusion education. CCHEB's President and Chartis' Chief Health Equity Officer, Duane Reynolds, is an advisor on this project and has 25 years' total healthcare experience. He has been recognized twice by Modern Healthcare as an 'up and comer' to one of the nation's top diversity leaders in healthcare.</p> <p><b>Disclaimer.</b> In no event does Chartis take any position or offer any guarantee on whether: (i) an entity is required to perform a Health Equity Impact Assessment; or (ii) the Services will lead to any particular result.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	August 18, 2023
6. Date the HEIA concluded	October 6, 2023

<p><b>7. Executive summary of project (250 words max)</b></p> <p>{In 250 words or less, provide an executive level summary of the project being proposed by the Applicant. What is the purpose and "end goal" of the project?}</p> <p>The Applicant has expressed that they have grown significantly over the past several years to meet the community's healthcare needs, bringing in new physicians and additional services to support routine, emergent, and advanced care. The Applicant believes this new expansion is necessary as demand for services continues to grow and more space and upgraded facilities are needed to continue to prioritize the patient experience.</p> <p>The proposed project consists of new construction and includes future expansion space comprising a 10-story addition that will provide single patient rooms, expand</p>
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the emergency department, add more operating rooms, and offer improved public entrances.

- 1st Floor (Ground Level) – The proposed expansion of this floor will connect directly to the existing Emergency Department (ED) to expand and modernize the ED and will improve entrances for walk-in patients and ambulances.
- 2nd Floor (Main Level) – This floor will establish a new public and patient entrance and waiting area connected to the new front lobby. The proposed expansion will improve the drive entry sequence, provide additional public amenities and circulation.
- 3rd Floor (Perioperative & Procedure) – This floor will be home to additional operating rooms and a new Pre & Post Recovery Anesthesia Unit.
- 4th Floor (Modern Mechanical & Plant Operations)
- 5-9 Floors (In-Patient Units) – All private beds will be provided in two distinct but connected patient units each with 24 beds. These new patient rooms will be in excess of 300 square feet and are sized to accommodate ICU or Medical Surgical patients.

#### 8. Executive summary of HEIA findings (500 words max)

{In 500 words or less, provide an executive level summary of the findings from the Health Equity Impact Assessment. Based on the Independent Entity’s conclusion of the data and information from meaningful engagement of the community, what is the health equity impact of the project being proposed? Would the project make health outcomes, quality of life, and/or quality of care better, the same, or worse for medically underserved groups?

The above-stated definitions of health equity is offered as a starting point for how the Independent Entity should prepare to answer this question.}

The Independent Entity (IE) assessed data and information from publicly available and proprietary resources, data and information provided by the Applicant, as well as insights from meaningful engagement of the community to complete an independent, evidence-based market and community assessment to understand the health equity impact of the proposed construction of the Applicant’s new patient care building.

##### *Market Assessment*

Westchester County is considered the primary service area; Rockland and Orange Counties are considered the secondary service areas. Review of emergency department (ED) and inpatient data confirmed that more than 75% of discharges are from patients residing in Westchester County, the majority of which come from the following 10 zip codes: 10530, 10543, 10573, 10583, 10601, 10603, 10604, 10605, 10606, and 10801. This assessment focuses on Westchester County and these zip codes.

In 2022, the Applicant has had an estimate of nearly 65,000 ED discharges and 21,000 inpatient discharges based on 2022 accepted SPARCS submissions *through March 13, 2023*. In an analysis of discharge data provided by the Applicant for the same time period, more than 60% of all discharges were from patients with Medicare

or Medicaid as the primary payer. Individuals who identify as Hispanic or a race other than White have a higher percent of ED visits. The patient demographics are consistent for the top 10 zip codes as well, which represented nearly half of all ED and inpatient discharges.

#### *Community Assessment*

Nearly 350 participants engaged in individual and group interviews and responded to survey questions to share their perspectives on the impact of the proposed new patient care building. Individuals self-identified and are represented from nearly every medically underserved group. 92% of all participants indicated their support of the proposed construction.

#### *Health Equity Impact*

Themes from the IE's meaningful engagement activities reveal that all groups recognize and can experience a positive impact on health and health care because the project expands capacity and offers the availability of more access to emergency, inpatient and procedural care closer to where individuals reside. In addition, the project intends to create improved public entrances and provide separate, private spaces to wait and receive care, which support infection control and prevention, and improve overall patient and family experience.

The project will have varying levels of impact on medically underserved groups. Based on the demographics of the community served, these groups include older adults, individuals with disabilities, people who are eligible for or receive public health benefits, low-income people, and people who are racial and ethnic minorities, including immigrants and those with limited English proficiency. The greatest areas of impact on health equity are language access and accessibility, and if not thoroughly evaluated and addressed for mitigation, they could negatively impact health outcomes for the specific medically underserved groups.

Based on market and evidence-based data as well as information from meaningful engagement of the community, the impacts are described in more detail in this Health Equity Impact Assessment. The Applicant can build upon their current strategic priorities for health equity and enhance these efforts through expanded education; data collection, reporting, and monitoring; and community partnerships.

## **SECTION B: ASSESSMENT**

**For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.**

### **STEP 1 – SCOPING**

1. Demographics of service area: Complete the “Scoping Figure Sheets 1 and 2” in the document “HEIA Data Figures”. Refer to the Instructions for more guidance about what each Scoping Figure Sheet requires.

This file is complete for all zip codes that are part of Westchester County, Rockland County, and Orange County.

*Independent Entity Note: Through review of the Applicant’s inpatient and emergency department (ED) discharge data from January 2022-June 2023, the IE confirmed that more than 75% of inpatient and ED discharges are from patients residing in Westchester County. This HEIA is focused on Westchester County and the top 10 zip codes based on discharges from Westchester County as described in Figure 1 below: 10530, 10543, 10573, 10583, 10601, 10603, 10604, 10605, 10606 and 10801.*

**Figure 1. Highest Volume<sup>1</sup> Inpatient and Emergency Department Discharges by Zip Code in Westchester County**

Zip Code(s)	City
10601, 10603, 10605, 10606	White Plains
10583	Scarsdale
10573	Port Chester
10543	Mamaroneck
10604	West Harrison
10801	New Rochelle
10530	Hartsdale

<sup>1</sup>Highest volume zip codes for Westchester County based on 3000+ ED discharges and 1000+ inpatient discharges.

Source(s): Data/information provided by the Applicant

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:

*Independent Entity Note: the bulleted list below does not allow selection. Medically underserved groups that are NOT impacted have been stricken.*

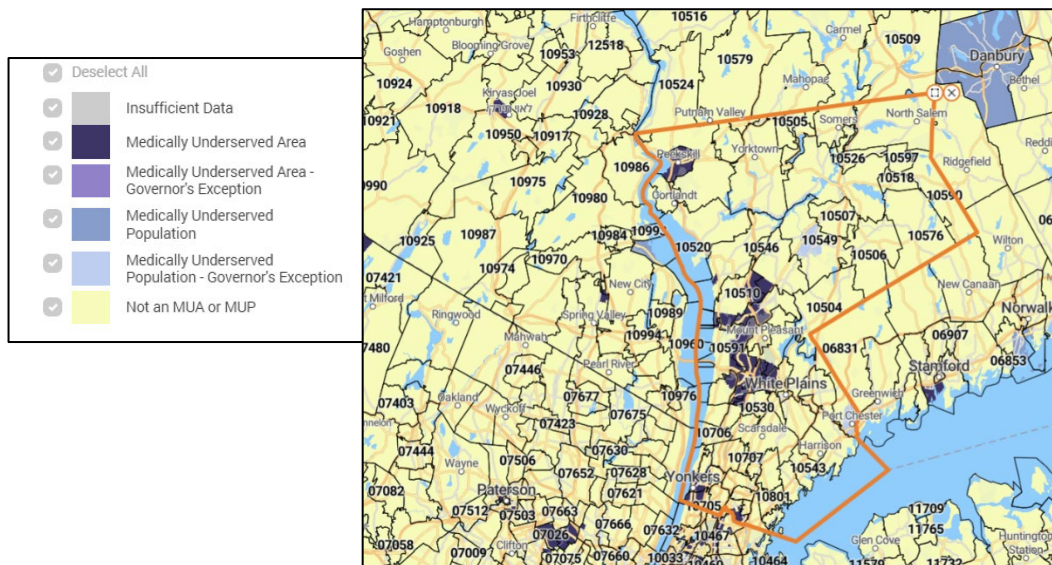
- Low-income people
- Racial and ethnic minorities
- Immigrants
- Women
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- People with disabilities
- Older adults
- ~~Persons living with a prevalent infectious disease or condition~~
- ~~Persons living in rural areas~~
- People who are eligible for or receive public health benefits
- People who do not have third-party health coverage or have inadequate third-party health coverage
- Other people who are unable to obtain health care
- Not listed (specify): HRSA-designated medically underserved areas and medically underserved populations

In consideration of this project’s focus on expanding access to the emergency department, inpatient, and procedural care and improving entrances, the reference to medically underserved groups will include all of the identified groups collectively. Based on the demographics of the population in the community served, specific impacts have been identified that may further affect the following medically underserved groups:

- older adults
- individuals with disabilities
- people who are eligible for or receive public health benefits
- people who are racial and ethnic minorities, including immigrants and those with limited English proficiency
- low-income people

Medically underserved groups were also assessed by the IE’s review of American Community Survey 5-Year Data and HRSA-designated medically underserved populations. Figure 2 illustrates the HRSA-designated medically underserved areas and populations for the service area as a whole. The area within the orange border represents Westchester County.

**Figure 2. Medically Underserved Areas and Populations for Westchester, Rockland and Orange Counties**



Source(s): <https://policymap.com>; data/information provided by the Applicant

3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

- Low-income people, American Community Survey, 2021, meaningful engagement responses by demographic breakdown
- Racial and ethnic minorities, American Community Survey, 2021, Community Health Needs Assessment, meaningful engagement responses by demographic breakdown
- Immigrants, American Community Survey, 2021, meaningful engagement responses by demographic breakdown
- Women, American Community Survey, 2021
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people, Derived using the New York State Department of Health, Behavioral Risk Factor Surveillance System, Year 2021 (BRFSS)
- People with disabilities, American Community Survey, 2021
- Older adults, American Community Survey, 2021, meaningful engagement responses by demographic breakdown, Community Health Needs Assessment
- People who are eligible for or receive public health benefits, American Community Survey, 2021
- People who do not have third-party health coverage or have inadequate third-party health coverage, American Community Survey, 2021
- Other people who are unable to obtain health care, American Community Survey, 2021
- Not listed (specify): HRSA-designated medically underserved areas and medically underserved populations, PolicyMap, HRSA

The following medically underserved groups were assessed and determined to not be impacted for this assessment.

- Persons living with a prevalent infectious disease or condition, [New York State HIV/AIDS Annual Surveillance Report](#). Not included due to limited data
- Persons living in rural areas, US Department of Agriculture's definition of Rural-Urban Commuting Areas (RUCA). Not included due to limited data. In addition, according to RUCA, 81% of the population resides within the metropolitan area core.

Source(s): American Community Survey, 2021, data/information provided by the Applicant, BRFSS, RUCA, New York State HIV/AIDS Annual Surveillance Report, meaningful engagement responses by demographic breakdown

4. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

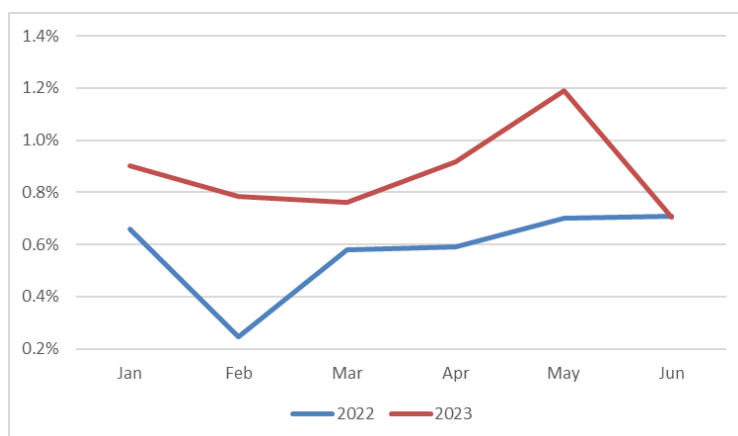
New York State regulations recognize 6 domains of social drivers of health (SDOH): health and health care, economic stability, language access, education, social and community context, and neighborhood and built environment.

In consideration of this project’s focus on the construction of a new building that would expand the emergency department, provide single patient rooms, add more operating rooms, and offer improved public entrances, the project may have varying levels of impact on medically underserved groups.

All groups can experience a positive impact on health and health care because the project would be expanding capacity and offering more access to emergency, inpatient and procedural care closer to where individuals reside. In the March 13, 2023 [Westchester & Fairfield County Business Journals](#) article, the chairman of the Applicant’s board of directors, William Null, shared that the Applicant’s existing emergency department was designed for 40,000 to 50,000 patient visits a year and now averages more than 70,000 visits a year. In a review of the Applicant’s ED volume, the IE confirmed a 6% increase in ED visits from 2018 to 2022; inpatient volume increased 3% from 2018 to 2022. Through interviews, focus groups and surveys, stakeholders confirmed that wait times in the ED are long. They also shared that patients wait or receive care in the hallway, providing little to no space for foot traffic or privacy.

In comparing ED discharges from January-June 2022 to the same time period in 2023, the Applicant saw 5,400 more patients than the prior year. Long wait times due to ED overcrowding is one of the reasons why patients leave without being seen. While incremental, Figure 3 shows that the percent of patients who left the ED before or during treatment during this same period also slightly increased.

**Figure 3. Percent of Patients in ED Who Left Before Triage, Before Treatment or During Treatment**



Language access is another driver of health and health outcomes. Studies show that patients with limited English proficiency (LEP) experience poorer outcomes due to

language barriers and low health literacy<sup>1</sup>. Among individuals discharged from January 2022-June 2023, more than 12% prefer to speak a language other than English. The Applicant screens for language needs and provides remote language assistance services and data shows that the Applicant collects language preferences for approximately 95% of patients. The top languages spoken are outlined in Figure 4.

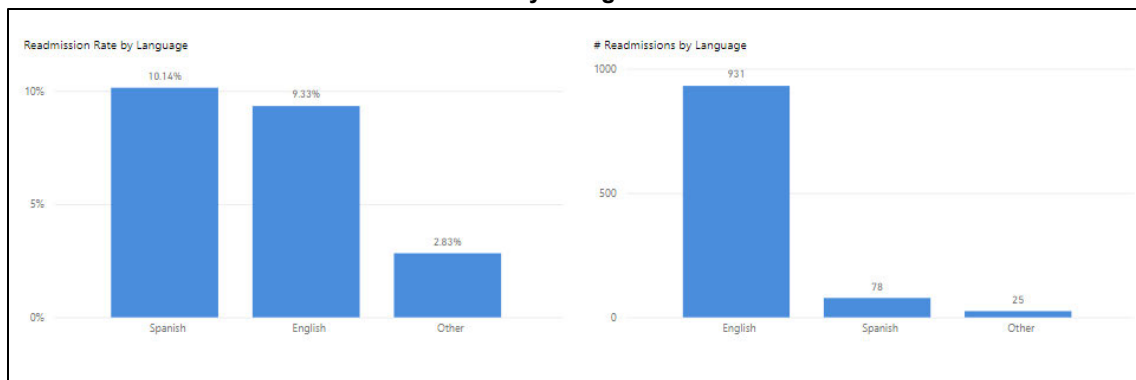
**Figure 4. Top Languages Spoken by Emergency Department and Inpatient Patients**

Language	% of ED discharges	% of inpatient discharges
English	86.89%	87.92%
Spanish	11.31%	6.28%
Italian	0.27%	0.54%
Albanian	0.18%	0.24%
Chinese	0.16%	0.62%

The Applicant’s remote language assistance program allows providers to access an interpreter for languages spoken by the community through a phone. From the meaningful engagement activities, the IE heard from patients who preferred Spanish, Chinese, Hindi and Albanian as their primary language; almost 80% of survey respondents who prefer to speak a language other than English said they prefer an interpreter when receiving care. Respondents also expressed that remote interpretation support is not personable, and almost all (96%) respondents who prefer to speak a language other than English also prefer written documents in that language.

Evaluating quality and outcomes data by demographic characteristics is important to identify health equity impacts and reduce disparities in outcomes. The Applicant stratifies operational and quality data by language, race and ethnicity. Figure 5 below provides an example where readmission rate is stratified by language.

**Figure 5. Readmission Rate (and Volume) by Language  
January – August 2023**



<sup>1</sup> [A Systematic Review of the Impact of Patient–Physician Non-English Language Concordance on Quality of Care and Outcomes - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/36111111/)



The Applicant also monitors select quality metrics like readmission rates for specific conditions by population group; for example, their health equity strategic plan includes a goal related to reducing readmissions for congestive heart failure for individuals who identify as Black/African American and/or Hispanic. Evaluating the language preferences of patients in addition to race and ethnicity will help to identify potential gaps in health literacy and help to inform opportunities to improve care and reduce disparities in outcomes.

Education for the workforce to support these efforts is critical to advance health equity. The Applicant has developed and launched internal education, which includes race, ethnicity and language (REAL) and sexual orientation and gender identity (SOGI) training (for all staff), cultural humility training (for medical directors and the ethics committee), awareness training of implicit bias, inclusive leadership, cultural competency, and ad hoc gender affirming care training. Continued and expanded training for new and current staff will be important as the journey to sustainably embed diversity, equity, inclusion and cultural humility into an organization requires ongoing learning and growth of individuals and leaders. To further build upon the efforts underway, the IE recommends the Applicant expand the current implicit bias education to incorporate systemic racism and psychological safety training for all providers and staff.

The Applicant believes that offering care close to where one resides and offering private patient rooms and additional operating rooms will provide more opportunities for patients to stay in the community to access care. Stakeholders shared that additional rooms helps to reduce wait times and single patient rooms will provide more privacy and improve the patient and family experience. The proposed addition of rooms sized to accommodate ICU or Medical Surgical patients will allow for flexibility to care for patients regardless of acuity levels, support infection control, and provide a safer environment for patients and staff.

The neighborhood and built environment driver of health includes accessibility, walkability and transportation. The community shared concerns about the potential for increased traffic congestion in an already congested area and constantly full parking lots, some of which are located across busy traffic intersections from the ED and main entrances. Furthermore, the Applicant confirmed that one of the current parking garages with a pedestrian bridge connecting to the main entrance of the hospital will be taken down to accommodate the proposed new construction. While the Applicant is already aware of concerns and considering options for patients, visitors, and staff (as described in more detail in Step 2, Question 4), all medically underserved groups, especially those who are disabled, can experience additional impact including delays in accessing care and risk for falls.

An important point of consideration for the Applicant, given the high percentage of Medicare and Medicaid patients, is that economic stability is a social driver of health and a structural barrier that creates significant burden on vulnerable populations. In 2022, 4 in 10 adults had debt due to medical or dental bills<sup>2</sup>. In New York, 740,000 adults have medical debt in collections, and nearly half of New Yorkers have \$500 or more in medical debt. For certain medically underserved groups including low-income people, people who are eligible for or receive public health benefits, and people who do not have third-party health insurance coverage or adequate coverage, any incremental additional cost associated with care can create significant economic burden. Evaluating opportunities to reduce the financial burden on vulnerable patients is an important consideration for the Applicant.

Source(s): Statewide Planning and Research Cooperative System (SPARCS), data/information provided by the Applicant, meaningful engagement surveys, interviews with the Applicant, research conducted by the Independent Entity

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

The response to this question focuses on utilization of the ED and inpatient services only. To reference in comparison to utilization of services at White Plains Hospital Center, Figure 6<sup>3</sup> provides a summary of the overall ED and inpatient utilization by medically underserved group in Westchester County.

**Figure 6. Distribution of Westchester County Claim Volume for Medically Underserved Groups**

<b>Medically Underserved Group</b>	<b>Emergency Department Claims</b>	<b>Inpatient Claims</b>
Adults aged 65 years and older	18%	38%
Medicare as Primary Payer	19%	40%
Medicaid as Primary Payer	38%	30%
Patients who identify as non-White:	58%	47%
• Black/African American	24%	20%
• Other	32%	25%

<sup>2</sup> [Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills - Main Findings - 9957 | KFF](#)

<sup>3</sup> The results shown in Figure 6 use the Statewide Planning and Research Cooperative System (SPARCS) as a data source. The calculated results are derived from inpatient claims and emergency department claims for services rendered during calendar year 2022 from hospital facilities located in Westchester County. ED visits represent treat and release ED visits only.

• Asian	2%	2%
Patients who identify as Hispanic	21%	14%

Source: Statewide Planning and Research Cooperative System (SPARCS)

Current use of services

*Emergency Department*

In 2022, the Applicant had a total of 64,345 discharges from the ED<sup>4</sup>. In an analysis of ED discharge data provided by the Applicant from January 2022-June 2023, more than 32% of all discharges were from patients with Medicare as the primary payer and 29% were from patients with Medicaid as primary payer. 24% identified as Hispanic; 17% identified as Black/African American; almost 3% identified as Asian or Other Pacific Islander; and 18% as other.

For the top 10 zip codes with 3,000 or more discharges, which represents more than 50% of total ED discharges, approximately 66% (37,651) were for patients with Medicare or Medicaid as the primary payer. For the same zip codes, 40% (22,973) identified as a race other than White and 32% (17,870) identified as Hispanic.

*Inpatient Services*

In 2022, the Applicant had a total 21,272 inpatient discharges<sup>5</sup>. Analysis of the Applicant’s data reflected almost 49% were for patients with Medicare as the primary payer and 15% for patients with Medicaid as the primary payer. 14% identified as Hispanic; 13% identified as Black/African American; 3% identified as Asian or Other Pacific Islander; and 12% as other.

For the top 10 zip codes with 1,000 or more discharges, which represents more than 40% of total inpatient discharges, 70% (14,753) were for patients with Medicare or Medicaid as the primary payer. For the same zip codes, almost 29% (4,258) identified as a race other than White and 18% (2,618) identified as Hispanic.

Expected use of services

The additional access to and availability of services is expected to increase utilization. As the population ages and becomes more ethnically diverse, the Applicant may also see an increase in older adults and patients who are racial and ethnic minorities, including immigrants and people who prefer to speak another language other than English as their primary language.

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<sup>4</sup> The 2022 ED discharge volume is a draft estimate based on 2022 accepted SPARCS submissions through March 13, 2023.

<sup>5</sup> The 2022 inpatient discharge volume is a draft estimate based on 2022 accepted SPARCS submissions through March 13, 2023.

Based on current utilization rates, the Applicant could expect continued or increased use of the ED by more patients who have Medicaid as the primary payer and those who identify as non-White or Hispanic. The applicant can expect continued or greater use of inpatient services by older adults and those who have Medicare as the primary payer.

Source(s): Statewide Planning and Research Cooperative System (SPARCS), data/information provided by the Applicant

6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

*Disclaimer: The data used to produce the response to this question in this publication comes from New York State Department of Health. However, the calculations, metrics, conclusions derived, and views expressed herein are those of the IE and do not reflect the work, conclusions, or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.*

*Data Notes: The results shown below use the Statewide Planning and Research Cooperative System (SPARCS) as a data source. The calculated results are derived from inpatient claims and emergency department claims for services rendered during calendar year 2022 from hospital facilities located in Westchester, Orange, and Rockland counties. ED visits represent treat and release ED visits only.*

Figures 7 and 8 provide a summary of the facilities in Westchester County, Orange County and Rockland County with ED and inpatient visits for each based on 2022 claims count<sup>6</sup>. The Figures also provide each facility's claim distribution within the facility's service area and within the tri-county service area.

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<sup>6</sup> The 2022 ED and inpatient claims counts are based on a draft estimate of the 2022 accepted SPARCS submissions through March 13, 2023.

**Figure 7. ED Claims by Facility and County**

Year 2022 ED Visits			
Facility Name    County Name	Claim Count	County Claim Percent	Greater Service Area Percent
1045: WHITE PLAINS HOSPITAL CENTER	64,345	20.8%	12.9%
1139: WESTCHESTER MEDICAL CENTER	47,660	15.4%	9.6%
1072: MONTEFIORE NEW ROCHELLE HOSPITAL	32,413	10.5%	6.5%
1122: NEW YORK-PRESBYTERIAN LAWRENCE HOSPITAL	30,501	9.8%	6.1%
1039: NEWYORK-PRESBYTERIAN/HUDSON VALLEY HOSPITAL	27,350	8.8%	5.5%
1117: NORTHERN WESTCHESTER HOSPITAL	25,473	8.2%	5.1%
1097: SJRH - ST JOHNS DIVISION	22,125	7.1%	4.4%
1098: ST. JOSEPH'S MEDICAL CENTER	21,712	7.0%	4.4%
1129: PHELPS HOSPITAL	19,947	6.4%	4.0%
1061: MONTEFIORE MOUNT VERNON HOSPITAL	13,785	4.4%	2.8%
1124: SJRH - DOBBS FERRY PAVILLION	4,535	1.5%	0.9%
<b>Total: Westchester County</b>	<b>309,846</b>	<b>100.0%</b>	<b>62.2%</b>
699: GARNET HEALTH MEDICAL CENTER	52,374	43.4%	10.5%
694: ST LUKE'S CORNWALL HOSPITAL/NEWBURGH	38,521	31.9%	7.7%
708: BON SECOURS COMMUNITY HOSPITAL	17,627	14.6%	3.5%
704: ST ANTHONY COMMUNITY HOSPITAL	12,165	10.1%	2.4%
698: ST LUKE'S CORNWALL HOSPITAL/CORNWALL	4	0.0%	0.0%
<b>Total: Orange County</b>	<b>120,691</b>	<b>100.0%</b>	<b>24.2%</b>
776: MONTEFIORE NYACK	37,864	56.2%	7.6%
779: GOOD SAMARITAN HOSPITAL OF SUFFERN	29,523	43.8%	5.9%
<b>Total: Rockland County</b>	<b>67,387</b>	<b>100.0%</b>	<b>13.5%</b>
<b>Grand Total</b>	<b>497,924</b>	<b>100.0%</b>	<b>100.0%</b>

**Figure 8. Inpatient Claims by Facility and County**

Year 2022 Inpatient Visits			
Facility Name    County Name	Claim Count	County Claim Percent	Greater Service Area Percent
1139: WESTCHESTER MEDICAL CENTER	23,929	20.5%	13.1%
1045: WHITE PLAINS HOSPITAL CENTER	21,272	18.2%	11.6%
1122: NEW YORK-PRESBYTERIAN LAWRENCE HOSPITAL	11,495	9.8%	6.3%
1117: NORTHERN WESTCHESTER HOSPITAL	10,727	9.2%	5.9%
1039: NEWYORK-PRESBYTERIAN/HUDSON VALLEY HOSPITAL	7,566	6.5%	4.1%
1097: SJRH - ST JOHNS DIVISION	7,394	6.3%	4.0%
1099: SJRH - PARK CARE PAVILION	7,363	6.3%	4.0%
1129: PHELPS HOSPITAL	7,285	6.2%	4.0%
1072: MONTEFIORE NEW ROCHELLE HOSPITAL	5,763	4.9%	3.2%
1047: NEW YORK-PRESBYTERIAN WESTCHESTER BEHAVIORAL HOSPITAL	3,505	3.0%	1.9%
1098: ST. JOSEPH'S MEDICAL CENTER	2,815	2.4%	1.5%
1046: WINIFRED MASTERTSON BURKE REHABILITATION HOSPITAL	2,699	2.3%	1.5%
1133: ST. JOSEPH'S MC-ST. VINCENT'S WESTCHESTER DIVISION	2,572	2.2%	1.4%
1061: MONTEFIORE MOUNT VERNON HOSPITAL	1,724	1.5%	0.9%
1138: BLYTHEDALE CHILDREN'S HOSPITAL	417	0.4%	0.2%
1124: SJRH - DOBBS FERRY PAVILLION	390	0.3%	0.2%
<b>Westchester County</b>	<b>116,916</b>	<b>100.0%</b>	<b>64.0%</b>
699: GARNET HEALTH MEDICAL CENTER	19,973	56.6%	10.9%
694: ST LUKE'S CORNWALL HOSPITAL/NEWBURGH	10,199	28.9%	5.6%
708: BON SECOURS COMMUNITY HOSPITAL	3,007	8.5%	1.6%
704: ST ANTHONY COMMUNITY HOSPITAL	2,120	6.0%	1.2%
<b>Orange County</b>	<b>35,299</b>	<b>100.0%</b>	<b>19.3%</b>
779: GOOD SAMARITAN HOSPITAL OF SUFFERN	17,595	57.7%	9.6%
776: MONTEFIORE NYACK	11,375	37.3%	6.2%
775: HELEN HAYES HOSPITAL	1,517	5.0%	0.8%
<b>Rockland County</b>	<b>30,487</b>	<b>100.0%</b>	<b>16.7%</b>
<b>Grand Total</b>	<b>182,702</b>	<b>100.0%</b>	<b>100.0%</b>

Source(s): Statewide Planning and Research Cooperative System (SPARCS)

7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

*Disclaimer: The data used to produce the response to this question in this publication comes from New York State Department of Health. However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the work, conclusions, or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.*

*Data Notes: The results shown below use the Statewide Planning and Research Cooperative System (SPARCS) as a data source. The calculated results are derived from inpatient claims and emergency department claims for services rendered during calendar years 2018-2022 from hospital facilities located in Westchester County. ED visits represent treat and release ED visits only.*

### ***Emergency Department***

Based on the IE's assessment of data from SPARCS and the applicant, the Applicant's ED market share in Westchester County increased from 15% to approximately 21% from 2018-2022. If all facilities in Westchester County continue to project ED services at the same rate as observed over the last 5 years, the Applicant's market share will continue to grow to approximately 23% by 2027.

### ***Inpatient Services***

Based on the IE's assessment of data from SPARCS and the applicant, the Applicant's inpatient market share in Westchester County increased from 15% to approximately 18% from 2018-2022. If all facilities in Westchester County continue to project inpatient services at the same rate as observed over the last 5 years, the Applicant's market share will continue to grow to approximately 21% by 2027.

Source(s): Statewide Planning and Research Cooperative System (SPARCS)

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

### **Applicant's obligations under Public Health Law § 2807-k (General Hospital Indigent Care Pool)**

The IE conducted a review of the Applicant's most recent Medicaid State Plan rate amounts as of October 3, 2022. The Applicant appears to be meeting its obligations stated under Public Health Law § 2807-k.

Community Services:

The Applicant performs public health screenings, authors and distributes health care publications, and offers health-related educational programs and other activities to the community at no charge. Examples of programs to help address health conditions in the community include:

- Preventive health and cancer screening events
- Patient navigation
- Maternity classes
- Food pharmacy
- Neighborhood health fairs and education on various health and wellness topics
- Career events

The Applicant provides programming, education, and support or services with or for the following organizations in Figure 9 below:

**Figure 9. Community Partners**

- |  |   |   |
|--|---|---|
| • American Cancer Society                                      | • Gilda's Club Westchester                    | • The Church of St. Bernard, Alcance Latino     |
| • American Heart Association, Westchester and Putnam Counties* | • Girls Inc.                                  | • Triton International                          |
| • ArtsWestchester  | • IBM Thomas J. Watson Research Center        | • United Way of Westchester and Putnam*         |
| • Atlas Air  | • Lifting Up Westchester*                     | • Waterstone of Westchester*                    |
| • At Home on the Sound   | • Lustgarten Foundation                       | • Westchester County Association                |
| • Atria Rye Brook  | • Leukemia and Lymphoma Society               | • Westchester County Government                 |
| • Bethel Baptist Church  | • Mahopac Central School District             | • White Plains Business Improvement Development |
| • Breast Cancer Alliance                                       | • Mercy College                               | • White Plains Housing Authority*               |
| • Black Men in White Coats                                     | • Mount Pleasant School District              | • White Plains School District*                 |
| • Bristol Independent Living Facility                          | • NYMC School of Health Sciences and Practice | • White Plains Youth Bureau*                    |
| • Calvary Baptist Church*                                      | • Pace University                             | • White Plains Senior Center                    |
| • Cancer Support Team  | • Rye Rotary Club                             | • Yonkers Police Athletic League                |
| • Child Care Council of Westchester, Inc.*                     | • Regeneration                                | • Yonkers Office of Aging                       |
| • Chron's and Colitis Foundation                               | • Scarsdale Ambulance                         | • Yorktown Athletic Club                        |
| • City of White Plains   | • Scarsdale Business Alliance                 | • YWCA White Plains & Central Westchester*      |
| • College of Westchester                                       | • Schott North America                        | • The Loft LGBTQ+ Community Center              |
| • Community Synagogue of Rye                                   | • Soul Ryeders                                | • Mental Health Association                     |
| • El Centro Hispano, Inc.*                                     | • SPRYE                                       | • Southern Westchester BOCES                    |
| • Empress Ambulance  | • St. Vincent's Hospital                      |   |
| • Feeding Westchester*   | • St. Paul's United Methodist Church, Trinity |   |
| • Harrison Public Library                                      | • Thomas H. Slater Center*                    |   |

The Applicant shared that they also work with a task force of select organizations from the list above (marked with \*) on the Healthy Community Initiative (established in 2018). The mission of the task force is “to positively impact the overall health of the community in a holistic way, working with municipal, community and private partners to create programs that focus on prevention and overall wellbeing.” The Applicant works with this task force to better understand the varying needs and

interests within their community and develop collaborative programs to address issues.

Medicaid Population

Figure 10 below reflects an estimate of the Medicaid population as a percentage of the population in each of the 3 counties in the service area. From January 2022- June 2023, 29% of the Applicant’s patients in the ED were insured through Medicaid while 15% of inpatients discharged were insured through Medicaid.

**Figure 10. Medicaid Enrollees as a % of County Population**

<b>County</b>	<b>Medicaid Enrollment, July 2023</b>	<b>Population, 2021</b>	<b>Medicaid Enrollees as a % of Population</b>
Westchester	276,771	990,427	28%
Rockland	158,348	339,022	47%
Orange	141,498	405,941	35%

Source(s): Community Health Needs Assessment; data/information provided by the Applicant; [New York State Department of Health](#); American Community Survey, 2021

- Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.

The Applicant does not anticipate physician and professional staffing issues for the prospective opening of the new patient care building in 2028.

A link to the current hospital staffing plan, which is posted on the DOH website is available here:

[https://www.health.ny.gov/facilities/hospital/staffing\\_plans/docs/1045.pdf](https://www.health.ny.gov/facilities/hospital/staffing_plans/docs/1045.pdf)

An impact of the expansion of new services increases the opportunity for jobs and can provide more support to the local economy through increased purchasing of goods and services from other businesses in the community.

Source(s): Data/information provided by the Applicant; [New York State Department of Health Staffing Plans](#)



10. Are there any civil rights access complaints against the Applicant? If yes, please describe.

The Applicant provided the following summary of complaints filed over the last 10 years.

- 3 total complaints filed with the Office of Civil Rights (OCR)
  - 2 were investigated and dismissed
  - 1 OCR final outcome is pending and is related to an individual's request for a copy of their medical records
- 8 total complaints filed with the New York State Division of Human Rights (DHR)
  - 6 were dismissed
  - 2 are open and both are related to alleged discrimination claims
    - 1 is awaiting scheduling of a pre-hearing settlement conference and the other is awaiting a hearing
- 3 total complaints filed with the Equal Employment Opportunity Commission (EEOC)
  - All 3 were for alleged discrimination. The EEOC is not proceeding further with 1 and the hospital filed its position statement on the other 2.
- 2 total complaints filed with Westchester County Human Rights Commission
  - Both were for alleged discrimination.
    - 1 - the parties reached an agreement
    - 1 - the hospital submitted a response and the investigator held fact-gathering conferences

Source(s): information provided by the Applicant

11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the Applicant requires another investment in a similar project after recent investments in the past.

Not applicable

## **STEP 2 –POTENTIAL IMPACTS**

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:
  - a. Improve access to services and health care
  - b. Improve health equity
  - c. Reduce health disparities

The project is considering a new patient care building at White Plains Hospital Center which would result in the addition of new emergency room space, new private beds in rooms that can accommodate ICU or Medical Surgical patients, more operating rooms, and new and improved public and patient entrances. These changes will improve access to health care for all groups. As described in Section B, Question 4, the ED is currently overcrowded and inpatient rooms are full, which is resulting in patients being cared for in hallways and creating delays in care. Stakeholders who are current or former patients expressed barriers related to privacy because they are waiting in small, crowded areas and receiving care in shared spaces.

As outlined in Question 2 below, there is the possibility of unintended impacts to health equity and disparities for specific medically underserved groups that may occur as a result of this project. These impacts are related to language access, and accessibility. Costs are also an important consideration for the most vulnerable of populations. The project can help to improve health equity and reduce disparities by addressing these impacts, as well as building and expanding community partnerships with a focus on engaging organizations that specifically represent these medically underserved populations.

Source(s): Data/information from the Applicant; meaningful engagement activities

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

Themes from the IE's meaningful engagement activities revealed impacts to the community related to access and privacy, language access, and accessibility (including parking).

In consideration of this project's focus on expanding emergency department and inpatient and procedural access and improving entrances, the reference to medically underserved groups will include all of the identified groups collectively. Based on the demographics of the community served, specific impacts are identified for the following medically underserved groups:

- older adults
- individuals with disabilities
- people who are eligible for or receive public health benefits
- people who are racial and ethnic minorities, including immigrants and those with limited English proficiency
- low-income people

Individuals accessing emergency, inpatient or procedural care are positively impacted by the availability of more rooms to receive care. Individuals who reside in the area do not have to leave the community to access care. They benefit from separate spaces to wait for care and can receive care in a more private setting, which helps to improve the patient and family experience. Private rooms also support infection control and prevention.

Racial and ethnic minorities, including immigrants and people who are LEP can encounter barriers to health care access and can experience differences in outcomes, quality and service. Questions 4 and 5 in Section A describe the utilization and potential outcomes. The Applicant provides communication assistance at no cost for patients and their families through a remote language assistance program. Stakeholders shared that the wait time for connecting with a remote interpreter is long and that when one is provided, they do not always understand the instructions. They also shared that the system is not utilized during registration and during the assessment of vital signs. Respondents shared that when the system is used during the provider/patient interaction, they feel disconnected because they are talking to a device and not the provider. When communication barriers persist, patients with LEP have decreased comprehension and less comfort in performing follow-up activities to maintain or improve their health, such as taking medications and completing post-discharge care regimens, which can impact their recovery and outcomes<sup>7</sup>.

More than 45% of survey respondents shared concerns about physically accessing the building entrances, including parking and traffic. The 2<sup>nd</sup> floor expansion is intended to improve the drive entry sequence and circulation and enhance waiting areas. While these expansions will create more accessible physical space, the impact on medically underserved groups, especially those who are disabled, older, and/or at risk for falls could increase. One of the current parking lots being removed for the construction site has a pedestrian walkway from the parking lot to the entrance of the hospital. The Applicant is already considering options for patients and visitors to park or valet closer to both the inpatient and ED entrances (described in more detail in Section B, Question 4). Accessibility impact also includes appropriate signage.

Finally, as described in Section B, Question 4, the unplanned costs associated with accessing care can impact vulnerable populations who experience significant economic instability. Identifying and offering solutions to support these populations can help to mitigate potential unintended impacts. As the data describes in Section B Question 4, nearly half of all adults already experience the

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<sup>7</sup> [How Should Clinicians Respond to Language Barriers That Exacerbate Health Inequity? | Journal of Ethics | American Medical Association \(ama-assn.org\)](#)

economic burden of medical debt, and it can have an even greater impact on medically underserved groups including low-income people, people who are eligible for or receive public health benefits, and people who are uninsured. Individuals may choose to delay or not get necessary care due to cost, which can impact both health equity and health disparities. Individuals can also unintentionally be delinquent on payments due to lack of understanding their bill, which can be compounded for individuals with limited English proficiency (LEP).

Source(s): Data/information provided by the Applicant, themes from meaningful engagement activities, research conducted by the Independent Entity

- How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

The Applicant has indicated they do not expect any change in the amount of community benefit or indigent care support. Community Benefit support based on Schedule H of Form 990 from 2021 is noted in Figure 11 below.

**Figure 11. Community Benefit**

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			10,872,906	1,079,199	9,793,707	1.430 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			94,871,318	44,648,105	50,223,213	7.330 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			14,807,296	7,912,108	6,895,188	1.010 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			120,551,520	53,639,412	66,912,108	9.770 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			116,264	0	116,264	0.020 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			114,294	0	114,294	0.020 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			93,099,218	86,811,127	6,288,091	0.920 %
<b>h</b> Research (from Worksheet 7) . . . . .			31,330	0	31,330	0 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .			93,361,106	86,811,127	6,549,979	0.960 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			213,912,626	140,450,539	73,462,067	10.730 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50192T **Schedule H (Form 990) 2021**

Source(s): 990 [Full Filing](#) for FY Ending December 2021, Schedule H

- Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

Transportation options include car/ride share (private), bus (public) and train (public). For emergency services, EMS is also available.

Among the zip codes where most patients currently travel from, Figure 12 below provides a summary of the publicly available options and the estimated travel time for each zip code to White Plains Hospital Center’s Emergency Department entrance. Depending on the departure city, public transportation arrives to 4 different bus stations (3 of which are a 10-minute walk or less) or 3 train stations. Based on the information shared by the Applicant, the estimated travel time to the new building will not change, however, based on stakeholder feedback, the Applicant may benefit from transportation options (e.g., shuttle service to TransCenter) for those who travel by public transportation.

**Figure 12. Estimated Trave Time by Bus and Train from Top Zip Codes**

Zip Code	City	Distance To White Plains Hospital Center ED Entrance (miles)	Travel Time to White Plains Hospital Center by car (minutes)	Public Transportation Option (Bus, Train)	# of Bus Stops	Average Walking Time in Total if Taking Bus (minutes)	Total Trip Time by Bus (minutes)	Train (# stops)	Average Walking Time in Total if Taking Train (minutes)	Total Trip Time by Train (minutes)
10606	White Plains	0.3	1							
10601	White Plains	0.7	4	Bus	3	3	7			
10603	White Plains	2.5	8	Bus, train	10	24	33	Nonstop	31	35
10583	Scarsdale	2.7	7	Bus, Train	10	13	21	9	15	22
10605	White Plains	2.7	8	Bus, Train	9	23	32	7	27	34
10530	Hartsdale	3.3	12	Bus, train	11	33	47	Nonstop	53	56
10604	West Harrison	3.5	12	Bus	15	74	95	N/A		
10607	White Plains	4.7	11	Bus	10	22	37	N/A		
10528	Harrison	5.3	16	Bus, train	24	20	48	27	38	66
10709	Eastchester	6	17	Bus, train	26	12	31	3	31	46
10573	Port Chester	6.2	15	Bus	18	23	46			
10543	Mamaroneck	6.7	19	Bus, train	27	19	42	17	31	103
10804	New Rochelle	6.7	16	Bus, Train	36	21	70	13	46	71
10538	Larchmont	7.8	22	Bus, train	34	16	48	4	27	95
10710	Yonkers	9.6	17	Bus, Train	40	49	87	6	50	89
10701	Yonkers	9.8	21	Bus	74	35	100	18	65	100
10801	New Rochelle	10.7	21	Bus, train	54	7	62	21	34	66
10704	Yonkers	10.9	23	Bus, train	50	16	61	7	41	61
10805	New Rochelle	12.2	25	Bus	53	21	74			

■ Not applicable  
 (Sources: Westchester County Department of Transportation, Bee-Line, and Google Maps)

Individuals traveling by car or ride share will be impacted. More than 45% of survey respondents shared concerns about parking and traffic with accessing the hospital and emergency department. It will be critical to ensure the movement of throughput traffic surrounding the campus and the new building. Parking capacity should also be considered for the increased capacity of the new building.

Stakeholders reported that traffic congestion at both the main entrance and ED entrance is a concern and increasing patient capacity in the new building will add to the traffic congestion. The Applicant confirmed that one of the current parking garages being removed for the construction site has a pedestrian walkway from the garage to the entrance of the hospital which will also be removed. According to the hospital, the planned replacement parking lot will be a larger, 6.5-acre

parking lot and will be positioned so that patient and visitor parking is closer to the hospital entrance.

Additional challenges for transportation by car include parking for the emergency department. Currently, parking for the emergency department is shared with the ambulance bays and there is limited space for patient drop-off. Separate parking for patients will be essential. The Applicant confirmed that valet is available at the main hospital entrance and would continue. Additional valet options for the ED entrance are being considered as well as expanded parking near the ED entrance.

The Applicant is aware of the existing constraints and is evaluating options to improve the experience and throughput challenges. For example, the Applicant is exploring options of providing Valet service on a sliding scale basis. Additional steps the Applicant is taking include exploring a grant and donor-funded transportation service; evaluating opportunities to expand the Applicant's contract with Uber Health (which currently provides rides for cancer treatment for patients who have no other resources); and pursuing a new contract with GoGo Grandparent, which focuses on transportation for seniors and people with disabilities. Other options to assist patients with transportation for doctor's visits are provided on the Applicant's [website](#). The Applicant should explore these options for additional services.

Source(s): Data/information provided by the Applicant, high level themes from the meaningful engagement activities

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

Almost 10% of respondents said they have experienced an accessibility barrier when getting care at White Plains Hospital Center. Existing barriers that were identified through stakeholder engagement include:

- Distance to travel from parking to building entrances, including crossing busy streets
- Traffic congestion and backlogs at drop-off locations near entrances
- Accessibility challenges at entrances and within building hallways and waiting areas
- Unclear signage
- Lack of signage in other languages

Through the stakeholder interviews, the IE learned that there are plans to enhance the main entrance as part of the new construction, which will create an

opportunity to reduce architectural barriers. Seeking input from people with disabilities in the community can also be a valuable part of the barrier removal process.

Source(s): Data/information provided by the Applicant, high level themes from the meaningful engagement activities

### Meaningful Engagement

6. List the local health department(s) located within the service area that will be impacted by the project.

Westchester County Department of Health (primary service area)  
Rockland County Department of Health (secondary service area)  
Orange County Health Department (secondary service area)

7. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

The IE engaged the Westchester County Department of Health and the Commissioner of Health (Dr. Sherlita Amler, [samler@westchestercountyny.gov](mailto:samler@westchestercountyny.gov)) participated in a focus group interview with other community and public health leaders to discuss the potential impacts and improvement opportunities. Information is included in the “Meaningful Engagement” Excel tab.

Rockland and Orange County Health Departments were not contacted due to significantly low utilization (less than 5% in total) from these service areas.

8. Meaningful engagement of stakeholders: Complete the “Meaningful Engagement” Figure in the document titled “HEIA Data Figure”. Refer to the Instructions for more guidance.

The file is complete.

9. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?

Stakeholders most affected by this project are individuals who identify with the following groups: older adults, people with disabilities, people who are eligible for or receive public health benefits, people who have low income, and racial and ethnic minorities, including immigrants and people who prefer to speak a language other than English as their primary language.

Through focus groups, interviews, and surveys, all the above groups were represented. Through feedback, the IE heard that having more comprehensive language assistance services, accessibility, engaging the surrounding community, and access to adequate parking/transportation were among the top areas of concern.

10. How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

The IE believes input from community engagement to be an important component of the Health Equity Impact Assessment. Nearly 350 participants engaged in individual and group interviews and responded to survey questions to share their insight and perspectives on the impact of the proposed new patient care building. 92% of participants indicated their support of the proposed construction. Participants include members of each required stakeholder group. The group category "*Other*" includes former and current patients and general community members.

The terms benefit and burden are subjective and individuals will be impacted differently based on their individual circumstance. Positive impacts will be access to services, supporting infection control, improving patient and family experience, and new and improved entrances. Potential impacts to health equity are noted in responses throughout Section B, Step 2. Continued engagement of the community, especially those who identify as individuals from the impacted medically underserved groups, will be important.

11. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

Stakeholder input was received from individual and small group interviews and two survey options, (1) an audio survey accessed through a URL address or QR code or (2) a written survey accessed through a URL address. Surveys were available in English and Spanish. Responses that were submitted in Spanish were translated into English.



Survey links were distributed through the following methods:

- A random sample of current and former patients from the Applicant's service area received an email with a request to complete the survey. The sample was generated by the Applicant's data and analytics team.
- Members of the Healthy Community Initiatives Task Force were emailed and asked to distribute the survey to their respective community members.
- The Applicant posted a message and link to the survey on their homepage.
- The IE contacted other local community leaders and businesses to invite them to share the survey with community members they support.

Individuals from the following medically underserved groups self-identified:

- Low-income people
- Uninsured people
- Medicaid-insured people
- Racial and/or ethnic minority group(s)
- Immigrants or refugees
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- People living with a disabilities
- People aged 65+
- People living in a rural area

In consideration of the self-identified response collected through the survey, the IE does not believe any medically underserved stakeholders have been excluded from meaningful engagement activities.

### **STEP 3 – MITIGATION**

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
  - a. People of limited English-speaking ability
  - b. People with speech, hearing or visual impairments
  - c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

The IE recommends the Applicant create a communications plan with messaging about the new building tailored to both internal and external key audiences and impacted stakeholders. Communication channels will be reflective of the audience and may include direct consumer outreach via phone calls, text messages, in-person and virtual meetings, FAQ resource references, emails and

letters. Additional methods include digital and print media such as televised news, newspapers, and social media.

The Applicant should provide current information and a resource library of additional content and references on its website as a dedicated source of up-to-date information about the project for patients and the community.

The Applicant regularly engages more than 25 neighborhood associations in the White Plains area and has set up a communication channel to share and receive input. In addition, the IE recommends expanding engagement of community partners who specifically represent the medically underserved groups who are the most impacted from this report.

The IE recommends information, updates, and all community impact mitigation and resolution strategies be communicated multiple times via multiple channels in a clear, transparent manner.

When reviewing the Applicant's website and previous communications, the information appears to have only been presented in English. It is advised that the Applicant update its website to ensure language translation options are available and easily identified and any written content is made available for Spanish, which is the predominant spoken language other than English in the service area.

It is also advised that any written or video content published to the Applicant's website accommodate vision or hearing impairments.

Activities should also include monitoring and responding to incoming inquiries and social media posts and regular updates in local, regional and state news publications.

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

Strategies to mitigate and address impact to patients in medically underserved groups or areas are provided in this section, numbers 1, 3-4.

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

The IE recommends the Applicant leverage current partnerships with community organizations to ensure information regarding the new services and the impact of those services is distributed to individuals in medically underserved groups, in appropriate language(s). The Applicant should continue to regularly engage the neighborhood associations in the White Plains area and use the communication

channel that has been established to share information about the new building and receive input from these groups. In addition, the IE recommends that the Applicant expand or seek new engagement of more community partners who specifically represent the medically underserved groups who are the most impacted from this report. The IE also recommends utilizing the Healthy Initiative Task Force to communicate and share regular stakeholder feedback on the opportunities to identify, reduce and mitigate disparities.

Communication priorities should include:

- Sharing information about the proposed construction and addressing the Applicant's proposed solutions to the barriers of health care access and language access, accessibility, parking, and costs.
- Collecting input on community concerns and proposed solutions

To support the latter, the IE recommends the Applicant host a series of listening sessions to better understand community concerns. Prioritize the areas of greatest concerns, develop plans to address the concerns, communicate the proposed solutions, and solicit feedback.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

Systemic barriers are obstacles that place unequal value on individuals and communities. Addressing these barriers requires the participation and engagement of multiple stakeholders internal and external to the organization. Below are recommendations for specific actions the Applicant can take related to this project to address systemic barriers to equitable access:

- **Language Access:** Expand services to provide onsite interpreters for Spanish; implement Qualified Bilingual Staff program; expand education on culturally and linguistically appropriate services and demonstrate the impact/improvement on responding to individual's health needs and preferences; partner with the community to design, implement; and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness
- **Accessibility:** Continue to expand services to support parking and transportation for individuals in need (outlined in Step 2, Number 4); offer sliding scale and no charge options for parking or transportation for individuals who demonstrate financial need; increase signage and wayfinding support and offer clear information in other languages; use uniform symbols on signage; and consider parking directors, especially at

busy times, who are strategically deployed in key parking lots and intersections to improve circulation and support wayfinding

- **Patient Costs:** Ensure all billing and financial policies and documentation are provided at the appropriate health literacy levels, offer transparency in pricing, ensure pre-authorizations are completed in a timely manner; inform patients of estimated costs for services, review assistance or other options; and translate financial services and billing information in other languages

Furthermore, in addition to the earlier recommendation to expand the Applicant's diversity, equity and inclusion education, the IE recommends incorporating specific educational modules dedicated to systemic racism, racial injustice and the impact on health equity and health disparities.

#### **STEP 4 – MONITORING**

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

The Applicant has the following existing mechanisms and measures in place to monitor health equity related impacts:

- Participation in the NYS Comprehensive Community Service Plan Report
- Participation in the 2022 GNYHA Model Community Health Needs Assessment Survey
- Patient experience surveys
- Health equity plan, identification of priority populations who currently experience health disparities
- Collection of patient demographic data including race, ethnicity, and language with plans to expand to collect sexual orientation, gender identity
- Stratification of quality measures by patient demographic and social needs data
- Language assistance services
- Workforce diversity (race/ethnicity) by level and in relationship to Westchester County
- Collection of social needs and drivers of health information
- Partnerships and programs with community organizations to address patient needs

- Metrics, benchmarks and action steps (with accountable leaders for tasks and deadlines) associated executing on the implementation activities of the health equity strategic plan
2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?
- Expand diversity, equity and inclusion training to incorporate specific educational modules dedicated to systemic racism, racial injustice and the impact on health equity and health disparities.
  - Develop a strategic roadmap related to board commitment, process, and structures to advance diversity, equity and inclusion
  - Stratify and report all survey data, reports, and dashboards by race, ethnicity, language, and zip code to better understand and respond to the needs of individuals in medically underserved groups. When available, integrate sexual orientation and gender identity data into stratification
  - Evaluate demographic data collection categories used for reporting, ensure the categories are reflective of the patients/community served, and ensure back-end categories for reporting align to front-end categories and prompts used to collect and code patient preferences
  - Provide ongoing training and resources to staff for compassionate and culturally appropriate data collect practices – especially in departments / units where there is a high percent of “unknowns” reported for demographic data
  - Regularly share information on data collection with all leadership levels and front-line staff; measure increased level of awareness and understanding and regularly monitor performance
  - Monitor delivery experiences and outcomes for patients from medically underserved groups and promote conversations with community members
  - Develop performance indicators to measure community improvement strategies that improve health outcomes in collaboration with members of the Healthy Initiatives Taskforce; conduct a bi-annual review with each taskforce leader
  - Expand tracking to other partners, such as new transportation partnerships/programs for continued program efficiency and alignment

## **STEP 5 – DISSEMINATION**

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will



also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

**OPTIONAL:** Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)



----- SECTION BELOW TO BE COMPLETED BY THE APPLICANT -----

**SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN**

*Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.*

**I. Acknowledgement**

I, (White Plains Hospital Center), attest that I have reviewed the Health Equity Impact Assessment for the (White Plains Hospital Major Expansion Project) that has been prepared by the Independent Entity, The Chartis Group, LLC.

Susan Foy

Name

President & Chief Executive Officer

Title

Signature

11/13/23

Date

**II. Mitigation Plan**

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

*Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.*

White Plains Hospital (WPH) was pleased to learn that 92% of those surveyed as part of the Health Equity Impact Assessment were in support of the proposed expansion project. WPH has been focused on Health Equity for several years and many of the survey findings supported initiatives already underway to address our community's needs. We value the opportunity to receive constructive feedback and continue to identify and prioritize opportunities to enhance our existing efforts.

Listed below are some of the initiatives already underway or planned:

- WPH recognizes the importance of demographic and social determinants of health (SDOH) on health outcomes. As such, we developed a multi-faceted plan at the end of 2022 to maximize data collection. At the time of registration, we will continue to collect race, ethnicity, preferred language (REaL), sexual orientation, and gender identify (SOGI) information, and analyze the impact of the data.
- Plan to monitor patient outcomes and clinical characteristics based on REaL and SOGI elements to develop targeted programs to mitigate disparities among WPH patients and its community residents.
- Build on the Hospital's Healthy Community Initiative committee to continue to expand our external stakeholder involvement to include community organizations for the disabled, elderly and other medically underserved populations.
- We will continue to look for opportunities to evolve and enhance our Diversity, Equity and Inclusion (DEI) webpage to be one-stop for the community to access services (e.g., community health fairs and free health services), special community activities (e.g., educational programs), special programs (e.g., Food Pantry) and resources.
- WPH currently conducts implicit bias staff training to 100% of employees. We plan to expand the program to include new elements on systemic racism and psychological safety training to ensure effective communication with patients and families.

Based on the findings of the Health Equity Impact Assessment (HEIA), the potential areas that could have unintended impacts are language assistance, access and privacy and accessibility (including parking). The mitigation plan for each of these areas is addressed below.

### **Language Assistance**

WPH currently offers several language assistance services, including: multiple language vendors: Propio, LanguageLine, and Cyacom, which provide telephone and/or video calling; employment of bilingual staff in many areas; in-person interpretation, video interpretation, and written translation. In addition, over the past year, a large percentage of patient facing documents were translated into Spanish (e.g., medication cards, discharge instructions). The Hospital's website is also available to be translated to other languages.



Based on the feedback obtained through the HEIA, WPH is investigating additional strategies such as: recruiting certified medical interpreters for key departments (e.g. emergency room, Family Health Center); increasing the number of existing bilingual staff who achieve proficiency certification and therefore can discuss non-medical content with patients/families; and translating (into Spanish) additional documents, forms, materials, provided to patients.

Other ideas requiring further exploration include adding Spanish to certain signage, patient-initiated interpreter access, and offering vital documents in audio format.

### **Access and Privacy**

Over the past decade, WPH has focused on enhancing access to healthcare services via an ambulatory network of providers in 30 locations throughout Westchester County. Other initiatives currently underway to improve access to ambulatory and physician services include improvements to the phone system, expansion of WPH Call Center, and changes to scheduling algorithms to offer more same day appointments. Additionally, this proposed expansion project will enhance access to many services through increased capacity, especially in the Emergency Department (ED).

Privacy concerns have historically been in the ED and inpatient units with double bedded rooms. WPH is addressing these concerns through the proposed construction which will offer single patient inpatient rooms and an expanded emergency department, increasing the number of private treatment spaces.

Access for patients with disabilities is also facilitated through several auxiliary aides such as hearing amplifiers, magnifying glasses, large button phones, vital documents in braille, and communication boards. Although many of these aides are already available to patients, there is continuous evaluation of new and improved products.

Access at WPH has shifted from a passive to proactive outreach to patients discharged from the hospital and ED. WPH Cares, a transitional care program, supports patients beyond the hospital stay either through virtual or direct contact. They identify/remove obstacles to treatment, coordinate overall care to minimize complications and promote optimal well-being and enhance the patient experience. Remote Patient Monitoring is employed by WPH Cares currently for CHF, COPD and Diabetic patients (2023) and will be extended to Hypertensive patients in 2024. Future expansion will include other chronic diseases.

### **Accessibility (including parking)**

Accessibility to WPH's campus will be addressed as part of the proposed expansion project. Parking will be enhanced through the following mechanisms: construction of a 500-space surface parking lot directly across the street from the new Hospital building; expanded access to valet parking at the emergency department and front entrance of the hospital with sliding scale pricing offered where needed; and the addition of a future parking garage on East Post Road with capacity to accommodate physicians and staff,

thus freeing up existing parking for patients and visitors. As exists today, all entrances will provide appropriate door entry/access for individuals with disabilities.

Some additional strategies as part of the project's planning include additional handicap parking spaces in all area parking lots and garages; audio announcements in elevators for hearing impaired; and braille on elevator floor selection panels for visually impaired.



9/13/2023 - 9/27/2023	other	General community member (not a current/former patient)	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	Employee of White Plains Hospital	Employee of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	Besides the services described in the proposal, I think additional imaging sites should be included. Specially MRI. Current sites are busy.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	Cost will, lower etc. Sorry but this surgery format was hard to negotiate going forward or backward. Should be all on one page not a short line at the bottom of the construction proposal. Made questions hard to read.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	Employee of White Plains Hospital	Employee of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	Besides needing a new building, staffing needs are even more urgent in your hospital, more staff and staff that is trained to work professionally.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	No	no	
9/13/2023 - 9/27/2023	other	General community member (not a current/former patient)	Yes	Survey	Yes	no	I think there should be regular programming with respect to prevention of health issues, which clearly is in contrast with what you are attempting to do. Respectfully, if people don't get sick, they don't have a need for as much medical care.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	General community member (not a current/former patient)	Yes	Survey	Yes	no	Again, definitely need to try to make appointment easy.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	Will there be an expansion of Pediatric services? That is needed, isn't it????
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	Nursings and technician staffing levels are critical to good healthcare and the success of any hospital. Proper patient support is not an afterthought.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	WPH is a high quality provider throughout westchester and improved capacity to treat more patients would help meet community need.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	Be thoughtful to those aspects usually neglected, the ones that require foresight and imagination. Incorporate flexibility in the design, as hospitals appear to undergo renovation every so often.
9/13/2023 - 9/27/2023	other	General community member (not a current/former patient)	No	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	General community member (not a current/former patient)	Yes	Survey	Yes	yes	My husband was a patient via the emergency room on several occasions and I am always grateful.
9/13/2023 - 9/27/2023	Employee of White Plains Hospital	Employee of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	No	Survey	Yes	no	The more facilities and services available to deliver quality care to all who need it, regardless of socioeconomic or insurance status, the better! The rich diversity of White Plains and surrounding communities necessitates a level playing field when it comes to the delivery of quality health care for all.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	Having lived in Westchester for 50+ years, and having been a patient at WPH several times, including, unfortunately, via its emergency room, I have found WPH to be an invaluable community resource, and I am all in favor of it being expanded to increase its service to our community.
9/13/2023 - 9/27/2023	Employee of White Plains Hospital	Employee of White Plains Hospital	Yes	Survey	Yes	yes	WPH needs to expand to continue to provide quality health care to this community. The new outpatient facility I believe has exceeded expectations in terms number of patient visits, surgeries, out patient procedures.
9/13/2023 - 9/27/2023	other	General community member (not a current/former patient)	Yes	Survey	Yes	yes	Overall, I am supportive of the Hospital's proposed new building and believe it is needed and would be well utilized. I recognize the importance of the Hospital to the City of White Plains. I would like to see the Hospital embark on the planning and design process in a way that recognizes that the building will have an immediate and long-term impact on 1) the Highlands residential neighborhood and 2) the Post Rd commercial node. The Hospital has seen a lot of expansion in recent years. If the Hospital is perceived as encroaching on a residential neighborhood, there will be opposition. If the Hospital's expansion does not support the vitality of the small commercial core on Post Rd and those who depend upon it, but rather, hastens its demise, there will also be opposition.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	My additional comment is really a question: Is this addition going to be a positive addition to what has been described by many as a broken US health care system - which is not providing health care or a viable system upon which people can depend. Will it provide more care providers and services or will it just mean more administrators to protect revenue streams. Building does not provide health care, humans do.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	All staff should be properly trained and able to communicate in fluent English.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	General community member (not a current/former patient)	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	residents of the project's service area	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	
9/13/2023 - 9/27/2023	other	General community member (not a current/former patient)	Yes	Survey	Yes	yes	I think that this building will enhance the hospital's ability to better serve the community.
9/13/2023 - 9/27/2023	residents of the project's service area	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	No WPH does an excellent job very glad of its affiliation with Montefiore, my local hospital.
9/13/2023 - 9/27/2023	other	General community member (not a current/former patient)	No	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	Great idea, possibly necessary; I only proposed geography.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	No	yes	No additional comments noted at this time.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	No	yes	Good Luck and I will support this project
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	Employee of White Plains Hospital	Employee of White Plains Hospital	Yes	Survey	Yes	yes	so, excited to see the continued growth of our system.
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	No	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	Again, my issue has always been an inability to get appointments in a timely manner.
9/13/2023 - 9/27/2023	Employee of White Plains Hospital	Employee of White Plains Hospital	No	Survey	No	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	No	Survey	Yes	no	
9/13/2023 - 9/27/2023	Employee of White Plains Hospital	Employee of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	Other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	Other	Other	Yes	Survey	Yes	yes	When a Person is Sick in the Hospital they don't want to share a Bathroom with someone a stranger. All rooms should be Private - I have to have a Private room do my severe Allergies
9/13/2023 - 9/27/2023	Other	Other	Yes	Survey	Yes	yes	Forcefully support the initiative to expand the campus allowing for more services, larger staff numbers and to attract high-quality clinicians.
9/13/2023 - 9/27/2023	Other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Other	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	yes	I'd like to see cardiac surgery and cancer care expanded
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	
9/13/2023 - 9/27/2023	other	Patient (current or former) of White Plains Hospital	Yes	Survey	Yes	no	





9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	Yes	Well, I would like the hospital to help everyone who has a health problem. With status or without. You change or modify the process of how to receive the service.
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	Yes	It would be a good idea if they managed to make a large park close to the hospital.
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	Yes	
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	It would be a great service for the city.
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	Yes	I agree that a building be made to improve the community. Thanks for having more parking.
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	General community member (not a current/former patient)	Yes	Audio Survey	Yes	Yes	HAVE A BETTER SYSTEM OR PROTOCOL TO MAKE SURE THAT NOTHING HAPPENS TO PATIENTS' BELONGINGS.
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	Yes	Have more updates in Spanish - more personal to have brochures in Spanish
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	Yes	Let the new building be comfortable, since it will help many people. Let your language be Spanish
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	Yes	We ask with all our hearts that this new hospital can be built. It would be very helpful to us.
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	Yes	The new health department would save many lives and prevent many diseases
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	Yes	It would be a very pleasant impact for the community for a faster and more beneficial service for each person
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	Yes	Insurance for immigrants and low-income people, thank you
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	Yes	To have more services for Hispanics
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	No	
9/13/2023 - 9/27/2023	other	Community member in general (not a current or former patient)	Yes	Audio Survey	Yes	Yes	I think the new building would be an asset to the community. Uh, based on the overcrowding of the emergency rooms and not enough beds in the hospital. As long as there is equal opportunity for everybody, it will allow more jobs for the community and better health care.
9/13/2023 - 9/27/2023	other	Patient (current or old) of the White Plains Hospital	Yes	Audio Survey	Yes	Yes	I'm 100% for the new building development and I think it would be a great feature for the neighborhood as well as the surrounding communities. I myself live in Yonkers and I go to White Plains Hospital for a lot of doctor's appointments. And so does my husband. So I think it's a great improvement and yes, you can include this with my responses.
9/13/2023 - 9/27/2023	public health experts	NULL	Yes	Audio Survey	Yes	Yes	
9/13/2023 - 9/27/2023	public health experts	NULL	Yes	Audio Survey	Yes	No	





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GEQ_ID	NAME	DP03_0119PE	DP03_0119PM	DP03_0062E	DP03_0062M	DP03_0074PE	DP03_0074PM	DP03_0065PE	DP03_0065PM	DP02_0057PE	DP02_0057PM	DP04_0058PE	DP04_0058PM	
Geography	ZCTA Name	Percent of FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL/1st families	Percent Margin of Error/PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL/1st families	Estimate/INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)/Total household/Median household income (dollars)	Margin of Error/INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)/Total household/Median household income (dollars)	Percent of HOUSEHOLDS WITH FOOD STAMP BENEFITS IN THE PAST 12 MONTHS	Percent Margin of Error/INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)/Total household/Median household income (dollars)	Percent of HOUSEHOLDS WITH FOOD STAMP BENEFITS IN THE PAST 12 MONTHS	Percent of EMPLOYMENT STATUS/Population 18 years and over/in labor force/Civilian labor force/Unemployed	Percent Margin of Error/EMPLOYMENT STATUS/Population 18 years and over/in labor force/Civilian labor force/Unemployed	Percent of EDUCATIONAL ATTAINMENT/Population 25 years and over/high school graduate or higher	Percent Margin of Error/EDUCATIONAL ATTAINMENT/Population 25 years and over/high school graduate or higher	Percent of VEHICLES AVAILABLE/Occupied housing units/No vehicles available	Percent Margin of Error/VEHICLES AVAILABLE/Occupied housing units/No vehicles available
86022001050992	ZCTA 105992	3.7	2.5	10765	11066	5.8	2.3	3	1.2	90.4	3.2	5.2	2.3	
86022001050993	ZCTA 105993	6.5	6.8	5868	16717	17.6	10.3	4.5	3	82.5	7.1	16.3	13.5	
86022001050994	ZCTA 105994	2.5	2.9	16500	30150	0.6	1	4.1	2.6	94.8	2.9	0.3	0.6	
86022001050996	ZCTA 105996	0.9	1.3	123219	3816	1.9	1.8	0.4	0.6	99.4	0.7	0.6	1	
86022001050998	ZCTA 105998	4.1	4.5	106250	22889	3.6	4	2.5	2.2	92.9	2.9	0	3.2	
86022001051004	ZCTA 106004	1.9	1.4	213892	26491	0.3	0.4	2.5	1	97.3	1.2	1	0.8	
86022001051005	ZCTA 106005	5.4	2.7	75336	10174	11.2	3	6.9	2.1	80.8	4.3	13.9	2.9	
86022001051001	ZCTA 106001	4.9	1.9	102470	8179	6.4	2.4	3	0.9	91.3	1.4	6.5	2.2	
86022001051010	ZCTA 106010	**	**	**	**	**	**	**	**	**	**	**	**	
86022001051011	ZCTA 106011	0	100	**	**	**	100	50	14.9	100	92	100	100	
86022001051013	ZCTA 106013	1.7	2.2	17146	20870	1.5	1.4	3.3	1.2	94.8	2.8	2.8	2.3	
86022001051014	ZCTA 106014	0	29	83469	4395	0	29	0	13.2	100	13.2	0	29	
86022001051015	ZCTA 106015	**	**	**	**	**	56.3	0	36.6	100	36.6	0	56.3	
86022001051066	ZCTA 106066	5.8	2.9	75642	6763	17.3	4.1	4.7	2.1	81.6	3.4	15.5	4.6	
86022001051067	ZCTA 106067	1.8	1.1	143465	7261	2.1	1.2	4.7	3.3	94.4	1.4	2.2	1.2	
86022001051070	ZCTA 106070	2.4	2.5	165439	25426	2.4	2.5	4.1	1.6	94.9	3.2	4.1	2.8	
86022001051073	ZCTA 106073	6.5	2.7	98266	6049	7.6	1.6	5.2	1.4	82.8	2.5	13.4	2.7	
86022001051076	ZCTA 106076	0	2.4	215119	30513	0	2.1	2.5	1.4	98.9	1	3.4	2.9	
86022001051077	ZCTA 106077	0	56 250,000+	***	***	0	5	6.6	2.5	96.1	3	0	5	
86022001051078	ZCTA 106078	0	78 250,000+	***	***	0	7.2	0	3.6	100	3.9	0	7.2	
86022001051096	ZCTA 106096	0	15.5	83512	21941	2.8	4.8	7.7	8.8	92.4	6.1	8	9.1	
86022001051097	ZCTA 106097	0	14.3 250,000+	***	***	0	14.3	3	4.4	99	3.5	0	14.3	
86022001051098	ZCTA 106098	2.6	2	140337	6758	3.3	1.8	4.3	1.4	94.8	1.8	5	1.6	
86022001051061	ZCTA 106061	11.1	5.9	75592	13753	7.4	2.8	4.1	1.6	90.1	3	23.1	4.2	
86022001051063	ZCTA 106063	3.7	1.5	118063	10180	5.7	2	5	1.4	89	4	9.8	2.4	
86022001051064	ZCTA 106064	1.8	2.2	102619	22579	6.6	2.5	3.9	1.9	87.8	4.5	10.3	3.8	
86022001051065	ZCTA 106065	3.6	1.8	131463	5751	3.2	1.3	3.6	1.4	91.6	3	8	2	
86022001051066	ZCTA 106066	5.5	2.9	102853	13860	5.8	1.8	3.6	1.4	87.9	2.9	17	4.2	
86022001051266	ZCTA 12666	8	4.4	94570	15637	4.5	2.5	3.3	1.9	94.7	2.1	0.8	0.8	
86022001051246	ZCTA 12466	4.8	8	63588	13956	0	11.7	2.8	3.4	96	3.6	0	11.7	
86022001051024	ZCTA 10246	7.3	5.1	98462	15451	5.2	2	3.6	1.4	91.3	2.3	5.3	2.1	
86022001051025	ZCTA 10256	3.8	5	95625	26828	6.4	4.3	3.8	3.2	86.2	6	4.8	5.1	
86022001051026	ZCTA 10266	6.6	5.6	81726	17604	6.6	4.1	3.8	2.5	92.2	4.6	7	4.4	
86022001051027	ZCTA 10276	12.4	5.5	69679	7950	17.2	5.5	5.7	2.1	80.8	3.7	24.4	5.4	
86022001051028	ZCTA 10286	5.3	4.9	83571	23099	10.1	4.8	2.6	1.9	88.8	4.7	5.2	3.3	
86022001051030	ZCTA 10306	6	5.1	110577	18467	5.9	3.1	6.3	2.8	94.6	3.1	5.7	3.4	
86022001051031	ZCTA 10316	10.1	7.2	79091	7725	10.5	6.8	3.8	2.6	86.1	5.1	2.8	3.2	
86022001051032	ZCTA 10326	0	85.1	**	**	0	85.1	0	61.3	48.1	6	0	85.1	
86022001051243	ZCTA 12436	1.2	2	80438	8797	8.9	5.2	2	1.7	92.8	2.7	5.8	3.9	
86022001051069	ZCTA 10696	0	12.2	12968	14109	2.6	4	0	4.4	92	7.3	0	9.4	
86022001051038	ZCTA 10386	0.8	0.9	203932	30242	0.3	0.5	3.8	2.3	99	0.6	7.7	4.4	
86022001051040	ZCTA 10406	**	**	**	**	**	**	**	**	98	14.3	50	**	
86022001051043	ZCTA 10543	1.6	1.1	119900	12739	3	1.3	3.9	1.2	87.3	4.3	9.6	3.4	
86022001051045	ZCTA 10545	**	**	**	**	**	**	**	**	6.3	20.2	91.5	25.2	
86022001051046	ZCTA 10546	0	10.1	174107	51765	2.7	4.4	0	4	98.4	2.3	2.7	4	
86022001051070	ZCTA 10670	4.5	4	106375	11914	14.5	6.1	3.4	1.6	90	3.7	3.8	2.8	
86022001051073	ZCTA 10673	3.9	5.5	92530	58652	10.2	6.4	4.8	4.2	95.4	3.8	6.2	6.5	
86022001051074	ZCTA 10674	4.7	3.5	92639	5676	2.6	2	3	1.7	94.2	2	5	2.9	
86022001051075	ZCTA 10675	0	100	81250	17843	0	48	0	40.5	100	40.5	0	48	
86022001051076	ZCTA 10676	3.3	5.4	65000	13346	3.7	4	4.9	3.2	91.7	3.7	16.6	7.2	
86022001051077	ZCTA 10677	22.4	3.4	67799	8717	23.6	2	3.9	0.8	78	2.4	21.4	2.5	
86022001051079	ZCTA 10679	**	**	**	**	**	**	**	**	**	**	**	**	
86022001051080	ZCTA 10680	2.3	1.9	117883	11971	6.1	2.2	4.3	1.5	91.5	2.9	7.2	2.4	
86022001051279	ZCTA 12729	5.4	6.7	69000	6106	16.8	12.3	6.8	5.3	88.8	6.5	1.5	1.7	
86022001051080	ZCTA 10800	3	1.7	211696	13648	2.4	1.7	3.6	1	97.5	1	4.3	1.7	
86022001051083	ZCTA 10830	1.5	0.7	218498	11426	0.5	0.5	2.5	0.5	97.8	0.7	4.9	1.8	
86022001051088	ZCTA 10888	6.6	10.3	119620	48363	1.2	2	7.8	5.4	88.9	11.4	12.3	9.7	
86022001051089	ZCTA 10889	2.2	1.6	106500	10913	1.8	1.3	2.6	1.3	96.8	1.4	4.1	2.9	
86022001051090	ZCTA 10890	5.3	3.6	160278	36541	0.4	0.5	3.4	1.6	98.5	1	1	1.2	
86022001051091	ZCTA 10891	3.8	1.9	100993	11155	7.2	2.2	3.6	1.2	85.3	3.1	8	2.2	
86022001051094	ZCTA 10894	1.8	1.6	167857	48409	3.2	2.8	3.8	2.1	92.1	3.4	4.6	3.7	
86022001051095	ZCTA 10895	4.6	4.4	99500	30731	2.4	2.5	3.4	2.4	89.5	2.8	14.8	8.2	
86022001051001	ZCTA 10501	6.7	10.2	237361	19462	0	7.3	5.1	4.6	97.1	3.4	1	1.7	
86022001051002	ZCTA 10502	0.5	0.9	228648	28953	4	3.5	6.8	3.3	97.4	1.9	4.9	3.5	
86022001051003	ZCTA 10503	0	71.2	80964	18118	0	45.1	0	37.8	100	37.8	0	45.1	
86022001051004	ZCTA 10504	1.4	1.2	229671	21280	0	1.4	1.4	0.8	96.9	1.7	1.7	1.6	
86022001051005	ZCTA 10505	0	11.8	150179	49821	18.7	13.4	0.7	1.1	94.5	5.8	26	13.5	
86022001051006	ZCTA 10506	3.2	4	220469	90501	0	1.8	1.3	1.1	98.7	0.9	0	1.8	
86022001051007	ZCTA 10507	9.1	6.8	83359	9116	3.1	3	3.3	2.1	82.2	6.3	6.6	5.3	
86022001051010	ZCTA 10510	2.9	2.1	190388	22853	1.9	1.7	3.5	1.3	94.4	2.4	7.3	2.2	
86022001051011	ZCTA 10511	1.4	2	118984	10574	6.1	3.9	3.4	2.3	94.6	2.8	7.5	4.9	
86022001051014	ZCTA 10514	1.3	1.4	246991	11500	0	0.9	3.3	1.5	99.3	0.7	0	0.9	
86022001051017	ZCTA 10517	0	29.2	78750	88095	6.2	8.3	7.8	5.3	82.8	10.6	0	20.5	
86022001051018	ZCTA 10518	0	13.1	**	**	0	9.5	2.5	3.3	94.1	5.9	4.5	7.6	
86022001051019	ZCTA 10519	0	41.5	**	**	0	41.5	0	26.3	100	35.3	0	41.5	
86022001051020	ZCTA 10520	3.5	1.8	120769	11400	2.5	1.3	4.9	1.5	94.7	1.3	7.4	1.9	
86022001051022	ZCTA 10522	1.4	1.3	130204	24684	2	1.5	4.4	1.9	95.4	1.9	6.7	3.3	
86022001051023	ZCTA 10523	5.4	3.4	110420	7575	4.4	2.1	5.4	2.1	91.3	2.6	5.9	2.9	
86022001051070	ZCTA 10700	1.2	1.2	142536	15191	3.6	2.2	2.8	1.2	92.9	3	7.3	2.9	
860220010510710	ZCTA 10710	6.7	3.5	89043	9207	8.1	2.1	2.7	0.7	91.6	1.6	10	1.8	
860220010510801	ZCTA 10801	12.1	3.9	73632	1997	17.5	2.7	4.6	0.9	81.1	2.4	23.5	2.8	
860220010510803	ZCTA 10803	3.5	2.2	184821	19913	1.7	1.4	4.1	1.5	96.7	1.1	5.1	2.4	
86022001051047	ZCTA 10547	4.4	4.6	123229	36899	10.9	8.4	2.6	1.7	92.5	3.4	5.6	3.1	
86022001051048	ZCTA 10548	3.9	5	111052	23715	8.9	5.4	12.3	9.3	94.3	2.4	3.8	2.7	
86022001051049	ZCTA 10549	2.3	1.5	110813	15342	6.4	2.6	2.4	1	86.2	4.3	8.1	3.2	
86022001051050	ZCTA 10550	15.6	3.7	48472	6268	23.7	3.2	5.4	1.3	82.1	2	39.6	3.8	
8602200105105														

86022001510956	ZCTAS 10956	29	12	15055	9221	5	15	45	15	94	18	43	19
86022001510956	ZCTAS 10956	0	7.1	20283	9300	0	5.5	17	2	94.5	6.4	29	35
86022001510957	ZCTAS 10957	0	19.5	20797	4051	0	18.2	5.6	6.9	98.4	29	0	182
86022001510958	ZCTAS 10958	27	2.6	18458	8583	3.1	2	2.1	12	95.5	1.5	9.8	3.8
86022001510930	ZCTAS 10930	25	1.5	10400	13656	2.8	1.6	3	13	95.2	1.9	14.8	3.9
86022001510932	ZCTAS 10932	12	1.5	121489	10099	0	2.1	3.9	2.2	89.7	8.5	7.5	5.6
86022001510933	ZCTAS 10933	0	1.8	20418	4707	0.5	0.7	2.1	13	98	1.7	3.1	3.7
86022001510935	ZCTAS 10935	30.3	34.1	146635	77252	0	23.8	0	13.2	84.8	16.2	0	23.8
86022001510936	ZCTAS 10936	5.7	4.6	198919	28182	0	1.1	2.2	0.8	96.5	1.5	3.1	1.5
86022001510958	ZCTAS 10958	0	5	122591	6986	0.4	0.8	3.1	1.7	81.9	7.6	6.7	6.5
86022001510960	ZCTAS 10960	23	1.4	108127	15174	7.9	3.2	3.6	12	92.6	2.9	8.2	3.2
86022001510962	ZCTAS 10962	0.6	0.9	14167	35095	1.1	1.5	3.7	2.3	90.6	3.5	1.2	1.4
86022001510963	ZCTAS 10963	2.4	2.2	76622	21262	7.2	3.9	1.1	0.9	84.4	6	4.3	3.7
86022001510964	ZCTAS 10964	0	11	145673	95183	6.6	6	6.1	4.2	89.9	8.2	15.6	11.1
86022001510965	ZCTAS 10965	2.5	2.3	121359	11000	6.4	3.1	2.6	1.1	90.1	3.6	6.7	3
86022001510968	ZCTAS 10968	0.9	1.4	114526	37521	0.4	0.8	2.6	1.7	92.4	4.7	2.6	2.3
86022001510916	ZCTAS 10916	1.8	2.1	99792	21231	3.2	2.6	2.4	1.6	96.1	1.9	0.1	0.5
86022001510917	ZCTAS 10917	0	8.7	117917	28719	8.8	6.5	3.9	3.4	92.4	6.4	4.6	6.7
86022001510918	ZCTAS 10918	2.8	3.4	120288	19797	6.2	3.6	3.8	1.7	95.2	2.4	5.6	3.1
86022001510919	ZCTAS 10919	0	8.7	94355	15466	0	7.8	1.6	2.7	92	9.1	1.5	2.6
86022001510920	ZCTAS 10920	1.8	1.7	132241	18156	3	2.2	2.3	1.1	94.5	2	2.9	2.2
86022001510921	ZCTAS 10921	5.9	4	99722	16556	2.9	3.4	2	1.4	94.2	2.4	3.6	3.7
86022001510922	ZCTAS 10922	0	16.7	88750	4081	0	8.8	1.4	2.5	91.7	8.7	0	8.8
86022001510923	ZCTAS 10923	12.7	8.9	91310	14544	7.7	4.1	4.6	2.7	90.2	5.1	6.1	4.1
86022001512575	ZCTAS 12575	7.2	8.6	184297	33732	4.7	5.1	1.1	2	93.7	5.8	0	5.8
86022001510607	ZCTAS 10607	0.6	0.8	142344	15770	0.8	0.7	3.9	2.5	90.4	3.2	6.3	4.1
86022001510701	ZCTAS 10701	14.8	2.3	55553	1858	24.3	2.4	5.7	1.1	77.5	1.9	34.7	2.6
86022001510703	ZCTAS 10703	8.6	3.8	78473	11113	19.7	4	4.1	2.7	81.1	3.4	21.5	5.3
86022001510704	ZCTAS 10704	6.7	2.1	88341	8160	5.6	1.7	3.5	1.1	85.1	3.3	3.6	2.8
86022001510705	ZCTAS 10705	13.2	3.7	61078	8494	27.4	3.7	4.3	1.2	77.9	3.3	37.4	3.6
86022001510706	ZCTAS 10706	0.2	0.3	171615	29298	1.8	1.1	1.2	0.7	96.7	1.1	5.1	3
86022001510707	ZCTAS 10707	1.6	2.2	119550	12975	4.5	3.2	0.6	0.7	92.7	4.5	7.6	3.7
86022001510708	ZCTAS 10708	4.9	3.2	112288	15325	1	0.7	4.6	1.2	95.6	1.3	11.2	2.5
86022001512577	ZCTAS 12577	3.2	5.8	138076	68975	4.3	6.6	7.7	5.2	95.3	4.1	2.1	3.5
86022001512586	ZCTAS 12586	12.7	6	75845	10587	5.5	2.7	2.7	1.2	91.2	3.2	5	2.5
86022001512780	ZCTAS 12780	8.1	7.2	49764	8397	16.5	8.5	3.8	3.4	90.7	4.4	2.8	2.9
86022001512549	ZCTAS 12549	2.9	2.3	106435	6957	2.4	1.4	2.7	1.2	94.2	1.8	1.8	1.2
86022001512550	ZCTAS 12550	10.3	2.3	69671	5428	12.9	2.3	4	0.9	85.9	1.7	14.7	2.5
86022001512553	ZCTAS 12553	3.6	1.7	91688	11974	6.8	2.4	5.5	2	91.2	2.4	6.5	2.2
86022001512518	ZCTAS 12518	1.8	2.7	93867	11106	2.5	2.3	3.7	2.6	94	3.3	3.8	2.5
86022001512530	ZCTAS 12530	1.3	1.5	106433	11983	3.8	3	0.5	0.5	98.2	1.5	2.2	1.5
86022001512771	ZCTAS 12771	14.5	4.4	56228	6949	14.9	3	4	1.4	88.7	2.6	11.9	4.8



## STATEMENT OF WORK

This STATEMENT OF WORK (the "Statement of Work") is entered into on August 18, 2023 ("Effective Date") by and between White Plains Hospital ("Client") and The Chartis Group, LLC ("Chartis"), and upon execution will be incorporated into the Master Services Agreement between Client and Chartis effective as of August 18, 2023 (the "Agreement"). Capitalized terms used but not defined in this Statement of Work will have the respective meanings ascribed to such terms in the Agreement. Client hereby engages Chartis to provide services as requested by Client with regard to a Certificate of Need (CON) for the New York State Department of Health – Health Equity Impact Assessment in accordance with the terms and conditions set forth below.

1. **Services.** Chartis will provide to Client the Services listed below for one (1) independent Health Equity Impact Assessment (HEIA) to support the Certificate of Need (CON) Full Review Applications for Client's construction of a new patient care building to house:
  - Expansion of inpatient beds and private rooms;
  - Larger Emergency Department;
  - Additional operating rooms and all new Post Anesthesia Care unit;
  - Improved public entrances at the ED and Main Door; and
  - Modernized infrastructure for energy efficiency.

### Workstream 1: Services set-up

#### Key Activities

- Finalize scope and approach
- Work with project sponsors to identify stakeholders for virtual interviews and survey engagement
- Coordinate mid-point and final check-in meetings
- Review and fulfill data request to support market and community assessment
- Schedule all interviews and meetings

#### Deliverables

- Completed 60-minute project kick-off meeting
- Scheduled milestone meetings (mid-point check-in and final)
- Executed data and information request
- Finalized roster for interviews, focus groups, and/or survey

- Scheduling of interviews and focus groups, with completion by week three of the engagement

## **Workstream 2: Organizational, Market and Community Assessment**

### **Key Activities**

- Conduct demographic and SDOH market analysis using publicly available and proprietary data to identify the medically underserved populations at the zip code and U.S. Census block-level
- Assess expected changes in access, utilization and indigent care of the proposed project on medically underserved populations, and specifically for the groups defined in the regulation: low-income people, racial and ethnic minorities, immigrants, women, LGBT, or other-than-cisgender people, people with disabilities, older adults, persons living with a prevalent infectious disease or condition, persons living in rural areas, people who are eligible for or receive public health benefits, people who do not have third-party health coverage or have inadequate third-party health coverage, and other people who are unable to obtain health care
- Review data provided by WPH, including most recent Community Health Needs Assessment, health equity strategic plan, current utilization rates for health services in the application, staffing, payer mix, uncompensated and charity care distribution and policies, and patient and community engagement scores stratified by demographics. Depending on the scope of the project, additional data from current or previous related applications may be requested
- Assess the performance of the Client in meeting its obligations related to uncompensated care and community services related to the project. Evaluate civil rights access complaints and assess the impact to the implementation of the project
- Assess the impact (intended and unintended) the proposed project will have on community needs including health care access, health equity and health disparities

### **Deliverables**

- Completed HEIA Conflict of Interest Form
- Completed HEIA data tables (Excel)

## **Workstream 3: Meaningful Stakeholder Engagement**

### **Key Activities**

- Conduct four (4) 60-minute in-depth stakeholder interviews with key internal leaders in the areas of strategy, operations, compliance, clinical care, and community health
- Conduct two (2) 90-minute focus group sessions (up to 10 participants per group) with identified internal and/or external stakeholders within the impacted services areas

- Deploy a survey for engagement and insight acquisition from external stakeholders within the impacted service area, including community partners, public health leaders, patients, consumers, and residents of the project's service area. The survey will be distributed in audio format and respondents can give feedback in native languages

**Deliverables**

- Completed Meaningful Engagement data table (Excel)

**Workstream 4: Final Impact Assessment and Supporting Analysis**

**Key Activities**

- Share draft documents with the project oversight team
- Create final documentation and response for the HEIA in accordance with the submission guidelines

**Deliverables**

- Completed HEIA template and all program documentation for submission and dissemination

2. **Timeline.** Chartis will commence the performance of the services described in Section 1 ("Services") promptly following execution of this Statement of Work #1 by both Chartis and Client. Chartis will perform the Services described above during a period of six (6) weeks.

2. **Term.** This Statement of Work #1 will be effective as of the Effective Date and shall remain in effect for until completion of the Services ("Term").

**4. Chartis Leader.**

Shaifali Ray, Principal will provide executive oversight for the Services, serve as the contact person for the Client at Chartis with respect to the Services, and be responsible for ensuring timeliness of all Services and Deliverables provided by Chartis pursuant to this Statement of Work #1.

**5. Compensation/Expenses.**

As full consideration for Services performed under this Statement of Work #1, subject to the terms of the Agreement, Client will pay Chartis a fixed fee of [REDACTED] ("Fee") in accordance with the payment schedule set forth below:

First Payment – [REDACTED] to be paid by Client to Chartis on or before September 1, 2023; and



Second Payment - [REDACTED] to be paid by Client to Chartis on or before November 1, 2023.

In addition to the Fee, Client will reimburse Chartis for all costs and expenses incurred by Chartis in the performance of the Services. Travel expenses generally do not exceed 15% - 20% of professional fees under normal travel circumstances and will be less with a reduced travel or remote model. Hard costs (such as print production for campaign collaterals) and any external creative or production services are passed through to Client without any markup. Chartis will obtain prior approval from Client for any additional substantive costs for goods or services and Chartis will advise Client of any travel plans in advance. All costs and expenses to be reimbursed by Client will be included Chartis' invoices to Client.

Chartis will submit all invoices to Client to the email address listed below and Client will pay each invoice based on the schedule above.

Invoices will be emailed to: Karen Banoff, DNP (kbanoff@wphospital.org)


Karen M. Banoff, DNP  
Vice President, Organizational Performance  
White Plains Hospital  
41 East Post Road  
White Plains, NY 10601


All terms and conditions of the Agreement will apply to this Statement of Work #1.

**STATEMENT OF WORK #1 AGREED TO AND ACCEPTED BY:**

**WHITE PLAINS HOSPITAL**

**THE CHARTIS GROUP, LLC**

By:   
Print Name: Karen M. Banoff, DNP  
Vice President,  
Title: Organizational Performance  
Date: 8/20/2023

By:   
Print Name: Duane E. Reynolds  
President, Chartis Center for  
Title: Health Equity & Belonging  
Date: 8/20/2023



## New York State Department of Health

### Health Equity Impact Assessment Conflict-of-Interest

*This Conflict-of-Interest form must be completed in full, signed by the Independent Entity, and submitted with the Health Equity Impact Assessment.*

#### **Section 1 – Definitions**

**Independent Entity** means individual or organization with demonstrated expertise and experience in the study of health equity, anti-racism, and community and stakeholder engagement, and with preferred expertise and experience in the study of health care access or delivery of health care services, able to produce an objective written assessment using a standard format of whether, and if so how, the facility's proposed project will impact access to and delivery of health care services, particularly for members of medically underserved groups.

**Conflict of Interest** shall mean having a financial interest in the approval of an application or assisting in drafting any part of the application on behalf of the facility, other than the health equity assessment.

#### **Section 2 – Independent Entity**

What does it mean for the Independent Entity to have a conflict of interest? For the purpose of the Health Equity Impact Assessment, if one or a combination of the following apply to the Independent Entity, the Independent Entity **HAS** a conflict of interest and must **NOT** perform the Health Equity Impact Assessment:

- The Independent Entity helped compile or write any part of the Certificate of Need (CON) application being submitted for this specific project, other than the Health Equity Impact Assessment (for example, individual(s) hired to compile the Certificate of Need application for the facility's project cannot be the same individual(s) conducting the Health Equity Impact Assessment);
- The Independent Entity has a financial interest in the outcome of this specific project's Certificate of Need application (i.e. individual is a member of the facility's Board of Directors or advisory board); or
- The Independent Entity has accepted or will accept a financial gift or incentive from the Applicant above fair market value for the cost of performing the Health Equity Impact Assessment.

#### **Section 3 – General Information**

##### **A. About the Independent Entity**

1. Name of Independent Entity: **The Chartis Group, LLC**
2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)? **No**



If yes, indicate the name of the organization:

3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)?

YES


4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity performed any work for the Applicant in the last 5 years?

Applicant	Project	Chartis Practice Area	Date(s)
White Plains Hospital	Physical Environmental Solutions/Life Safety	Chartis Clinical Quality Solutions (formerly known as The Greeley Company)	Nov 2020-Mar 2021

**Section 4 – Attestation**

I, Duane E. Reynolds, having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Chartis Center for Health Equity and Belonging, do hereby attest that the Health Equity Impact Assessment for project **White Plains Hospital Major Expansion Project** provided for **White Plains Hospital Center** has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

I further attest that the information provided by the INDEPENDENT ENTITY in the Health Equity Impact Assessment is true and accurate to the best of my knowledge, and fulfills the intent of the Health Equity Impact Assessment requirement.

Signature of Independent Entity: 

Date: 10 / 6 / 2023

**Working Capital Financing Plan**

**1. Working Capital Financing Plan and Pro Forma Balance Sheet:**

This section should be completed in conjunction with the monthly Cash Flow. The general guidelines for working capital requirements are two months of first year expenses for changes of ownership and two months' of third year expenses for new establishments, construction projects or when the first year budget indicates a net operating loss. Any deviation from these guidelines must be supported by the monthly cash flow analysis. If working capital is required for the project, all sources of working capital must be indicated clearly. Borrowed funds are limited to 50% of total working capital requirements. If borrowed funds are a source of working capital, please summarize the terms below, and attach a letter of interest from the intended source of funds, to include an estimate of the principal, term, interest rate and payout period being considered. Also, describe and document the source(s) of working capital equity.

<b>List Titles of Attachments related to Borrowed Funds</b>	<b>List Filenames of Attachments</b>
Example: <i>First borrowed fund source</i>	Example: <i>first_bor_fund.pdf</i>
	Schedule 5 Attachment

In the section below, briefly describe and document the source(s) of working capital equity

White Plains Hospital Center will fund any working capital requirements associated with this building project with ongoing operations and thus no financing would be required. Please refer to the monthly cash flow analysis under the Schedule 5 Attachment.

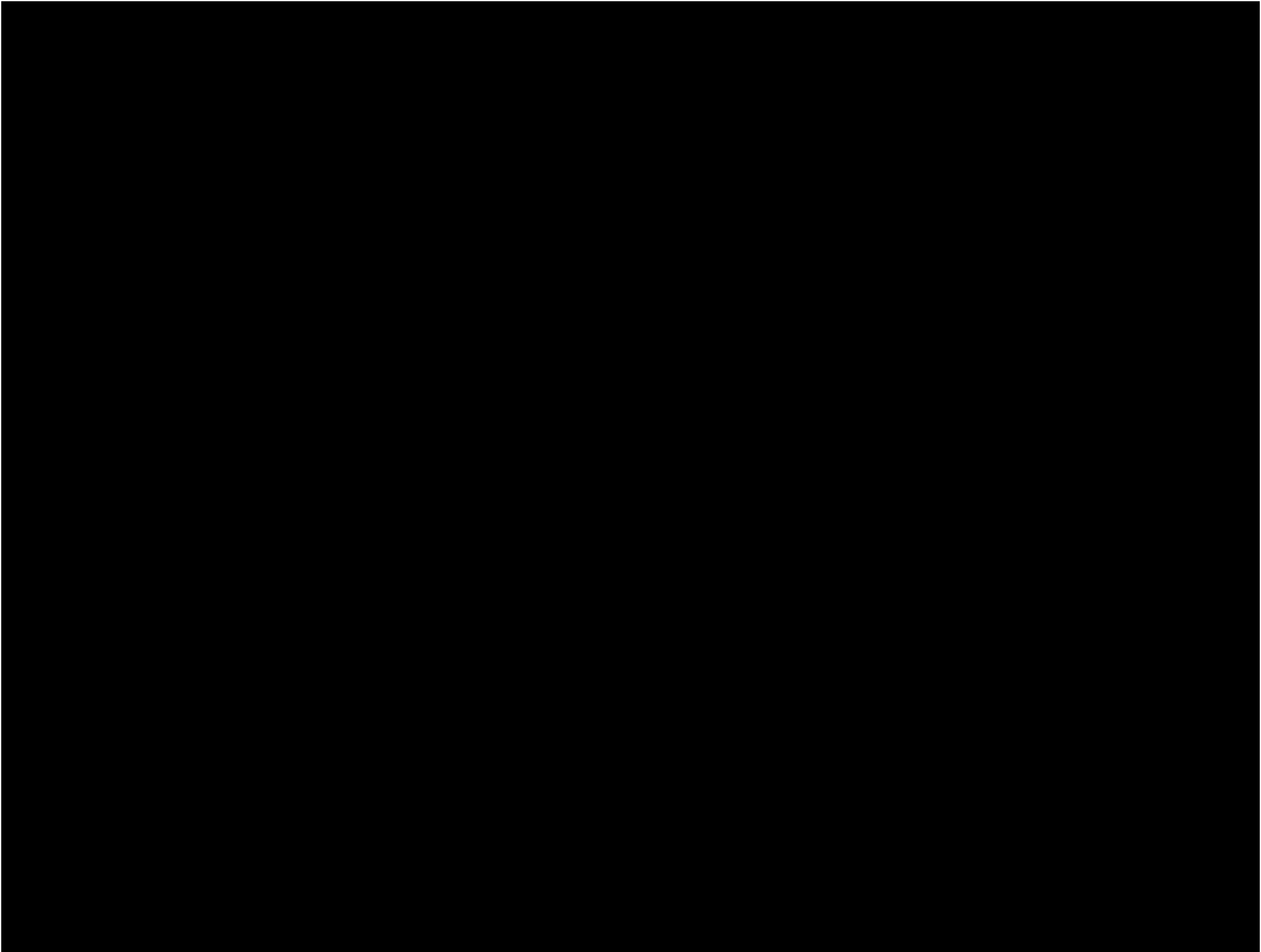
**2. Pro Forma Balance Sheet**

This section should be completed for all new establishment and change in ownership applications. On a separate attachment identified below, provide a pro forma (opening day) balance sheet. If the operation and real estate are to be owned by separate entities, provide a pro forma balance sheet for each entity. Fully identify all assumptions used in preparation of the pro forma balance sheet. If the pro forma balance sheet(s) is submitted in conjunction with a change in ownership application, on a line-by-line basis, provide a comparison between the submitted pro forma balance sheet(s), the most recently available facility certified financial statements and the transfer agreement. Fully explain and document all assumptions.

<b>List Titles of Attachments Related to Pro Forma Balance Sheets</b>	<b>List Filenames of Attachments</b>
Example: <i>Attachment to operational balance sheet</i>	Example: <i>Operational_bal_sheet.pdf</i>
<b>Not applicable</b>	

**WHITE PLAINS HOSPITAL CENTER**

**Monthly Cash Flow Analysis**



# **Schedule 6**

## **Architectural/Engineering Submission**

### **Contents:**

- **Schedule 6 – Architectural/Engineering Submission**



**Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction**

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

**Instructions**

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
  - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over \\$15 Million, or Projects Requiring a Waiver](#) (PDF)
  - [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY](#). (PDF) (Not to Be Submitted with Self-Certification Projects)
  - [Architect's Letter of Certification for Completed Projects](#) (PDF)
  - [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](#) (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
  - [FEMA Elevation Certificate and Instructions.pdf](#)
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
  - [Physicist's Letter of Certification](#) (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
  - [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](#)
  - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
  - Attachments must be labeled accordingly when uploading in NYSE-CON.
  - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
  - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

**Architecture/Engineering Narrative**

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. **Incomplete responses will not be accepted.**

Project Description	
Schedule 6 submission date: 10/31/2023	Revised Schedule 6 submission date: <a href="#">Click to enter a date.</a>
Does this project amend or supersede prior CON approvals or a pending application? <b>No</b> If so, what is the original CON number? <a href="#">Click here to enter text.</a>	
<b>Intent/Purpose:</b> <b>The purpose of this project is to provide direct expansion to the existing hospital on levels 1, 2 and 3 providing a seamless expansion to the Emergency Department, Main Lobby and drop off space and their perioperative program. Additionally, the expansion will include additional floors including an interstitial mechanical floor [REDACTED] floors for inpatient nursing units and future plans to</b>	

modernize and better align diagnostic and treatment programs [REDACTED] followed by a mechanical penthouse [REDACTED]  
The growth in in-patient capacity will also further meet the increase in community healthcare needs as well as bring existing hospital units into improved benchmark ratios for staff support and patient space. In addition to the in-patient expansion, the Emergency Department will be expanded creating a new and improved drop off and entry as well as additional treatment areas. The perioperative floor will include a new, modern pre and post recovery unit as well as provide new industry right-sized operating rooms and additional clean core support space.

Site Location:  
The project will be located on the White Plains hospital campus, located at the western portion of the campus, bounded by Lexington Avenue to the immediate west, East Post Road along the north, and Maple Avenue at the south. The project will be in the city of White Plains, Westchester County, New York.

Brief description of current facility, including facility type:  
WPH is a 7.6 acre campus consisting of a main hospital cluster of buildings that range from [REDACTED] stories in height as well as several freestanding buildings for ancillary, administrative, outpatient hospital-related functions

Brief description of proposed facility:  
The project consists of [REDACTED] BGSF of new construction ([REDACTED] DGSF) [REDACTED] (includes mechanical penthouse) building addition to the existing hospital. Renovations to the existing hospital will be completed under a separate CoN application.

In addition to [REDACTED] DGSF of program area, the building addition will include [REDACTED] SF of space for future development. All program within the building addition is classified as Article 28 Space.

Location of proposed project space(s) within the building. Note occupancy type for each occupied space.  
All Areas are Designated Article 28

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]  
Building Systems

[REDACTED]



Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies:

**Types of Occupancies:**

**A2 – Assembly, A3 Assembly, B – Business, I2 Healthcare, B – Ambulatory Healthcare, S2 – Industrial**

**Description of smoke and fire separation between I2 Healthcare and other Occupancies:**

**Every story used by inpatients for sleeping or treatment divided into not less than two smoke compartments**

**Every story having an occupant load of 50 or more persons, regardless of use, divided into not less than 2 smoke compartments;**

**Stories classified as other than Group I-2 occupancies and separated with a horizontal assembly meeting the smoke barrier requirements located 1 level below a healthcare occupancy are required to be subdivided by a smoke barrier; and**

**Stories containing other than Group I-2 occupancies that are located above a healthcare occupancy are not required to be subdivided by a smoke barrier.**

**Stories located directly below a health care occupancy and solely house mechanical equipment and are separated from the story above by 2-hour fire resistance-rated construction are not required to be subdivided by a smoke barrier.**

**Size of each smoke compartment limited to 22,500 square feet in area**

If this is an existing facility, is it currently a licensed Article 28 facility?

**Yes**

# New York State Department of Health Certificate of Need Application

## Schedule 6

Is the project space being converted from a non-Article 28 space to an Article 28 space?	<b>Not Applicable</b>
Relationship of spaces conforming with Article 28 space and non-Article 28 space: <b>All spaces within the new building addition will be Article 28.</b>	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. <a href="#">Click here to enter text.</a>	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care, other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. <b>All heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems will be within the new building project spaces only.</b>	No
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. <b>No existing building systems will be impacted</b>	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. <b>No existing building upgrades or replacements are included in the project.</b>	
Describe existing and or new work for fire detection, alarm, and communication systems: <b>The addition will be equipped with new fire detection, alarm and communication systems in compliance with NFPA 101 and BCNYS. The existing portion of the building shall comply with the requirements of NFPA 101 applicable to existing buildings for the occupancy.</b>	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from <a href="http://www.fema.gov">www.fema.gov</a> , and describe the work to mitigate damage and maintain operations during a flood event. <b>Not Applicable</b>	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. <b>The project will contain [REDACTED].</b>	
Does the project comply with ADA? If no, list all areas of noncompliance. <b>Yes, the project will comply with ADA</b>	
Other pertinent information:	
Project Work Area	Response
Type of Work	Addition
Square footages of existing areas, existing floor and or existing building.	0
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	[REDACTED] BGSF
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Exceeds 50% of the building
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type 1 (332)
Building Height	[REDACTED]
Building Number of Stories	[REDACTED]
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Grade Level
Is the proposed work area within a windowless space or building?	No

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

**Schedule 6**

Is the building a high-rise?	Yes
If a high-rise, does the building have a generator?	Yes
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 18 New Health Care Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. <b>A2 – Assembly, A3 Assembly, B – Business, I2 Healthcare, B – Ambulatory Healthcare, S2 – Industrial</b>	Yes
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? <a href="#">Click here to enter text.</a>	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. <b>The following Floors in the new building addition contain space for future development:</b> [REDACTED]	Yes
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? <a href="#">Click here to enter text.</a>	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. <a href="#">Click here to enter text.</a>	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. <a href="#">Click here to enter text.</a>	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? <a href="#">Click here to enter text.</a>	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. <b>The new addition will contain [REDACTED] private patient rooms. The total of number of patient beds will increase from 292 beds to [REDACTED] beds.</b>	Yes
Changes in the number of occupants? If yes, what is the new number of occupants? [REDACTED]	Yes
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? <b>Type 1</b>	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Yes
Does the existing EES system have the capacity for the additional electrical loads? <b>A new, Type 1 EES system will be provided to support the new building addition.</b>	No
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. <b>All operating rooms will be within the new building addition.</b>	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. <b>The new building addition will tie into the existing Bulk Oxygen System.</b>	Yes
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Yes
Does the project involve a pool?	No

**REQUIRED ATTACHMENT TABLE**

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

**Schedule 6**

<p><b>SCHEMATIC DESIGN SUBMISSION</b> For <b>CONTINGENT APPROVAL</b></p>	<p><b>DESIGN DEVELOPMENT SUBMISSION</b> (State Hospital Code Submission) For <b>CONTINGENCY SATISFACTION</b></p>	<p><b>Title of Attachment</b></p>	<p><b>File Name in PDF format</b></p>
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form. PDF
•		FEMA BFE Certificate	FEMA BFE Cert.PDF
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF

**WHITE PLAINS HOSPITAL CENTER**

- 1. Architect/Applicant Certification**
- 2. Physician's Certification and Report**
- 3. Functional Space Program**
- 4. Drawings**

**WHITE PLAINS HOSPITAL CENTER HAS ELECTED TO HAVE THE DRAWINGS  
SUBMISSION REVIEWED BY THE DORMITORY AUTHORITY OF THE STATE OF  
NEW YORK (DASNY)**



**CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS  
ARCHITECTS & ENGINEERS**

*(For projects not meeting the prerequisites for Self-Certification submission.)*

Date: October 31, 2023

CON Number:

Facility Name: White Plains Hospital Center

Facility ID Number: 1045

Facility Address: 41 East Post Road, White Plains (Westchester County), NY 10601

NYS Department of Health/Office of Health Systems Management  
Center for Health Care Facility Planning, Licensure, and Finance  
Bureau of Architectural and Engineering Review  
ESP, Corning Tower, 18<sup>th</sup> Floor  
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the design and preparation of construction documents, including drawings and specifications for the aforementioned project. During the course of construction, periodic site observation visits will be performed, and the necessary standard of care, noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals associated with the aforementioned project.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
  - a.  712 (Standards of Construction for General Hospital Facilities)
  - b.  713 (Standards of Construction for Nursing Home Facilities)
  - c.  714 (Standards of Construction for Adult Day Health Care Program Facilities)
  - d.  715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
  - e.  716 (Standards of Construction for Rehabilitation Facilities)
  - f.  717 (Standards of Construction for New Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:

\_\_\_\_\_

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.



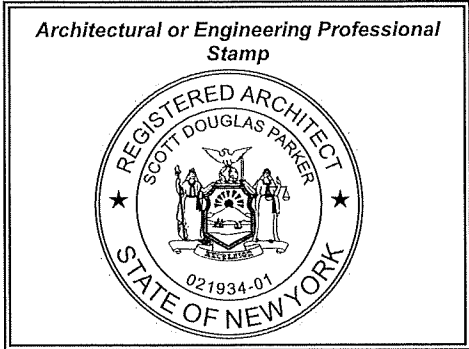
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY.

Project Name:

Location: White Plains

Description: The project consists of [redacted] BGSF of new construction ([redacted] DGSF) [redacted] (includes mechanical penthouse) building addition to the existing hospital All program within the building addition is classified as Article 28 Space.



*Scott D. Parker*

Signature of Architect or Engineer

Scott Douglas Parker, AIA

Name of Architect or Engineer (Print)

021934-01

Professional New York State License Number

PAYETTE, 290 Congress Street, 5th Floor, Boston, MA 02210

Business Address

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

*Susan Fox*

Authorized Signature for Applicant

Susan Fox, President and CEO

Name (Print)

Title

11/13/23

Date

Notary signing required for the applicant

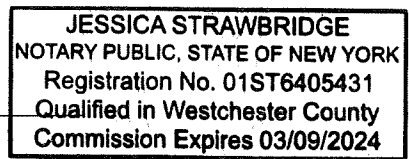
STATE OF NEW YORK )

County of Westchester )

SS:

On the 13 day of November 2023 before me personally appeared Susan Fox, to me known, who being by me duly sworn, did depose and say that he/she is the President+CEO of the White Plains Hospital, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) *Jessica Strawbridge*





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**PHYSICIST LETTER OF CERTIFICATION  
FOR  
DIAGNOSTIC RADIOGRAPHY, COMPUTED TOMOGRAPHY (CT) FACILITIES,  
INTERVENTIONAL IMAGING, RADIATION THERAPY FACILITIES, PROTON THERAPY,  
NUCLEAR MEDICINE AND/OR MAGNETIC IMAGING FACILITIES**

Date: October 31, 2023

CON Number:

Facility Name: White Plains Hospital Center

Facility ID Number: 1045

Facility Address: 41 East Post Road, White Plains (Westchester County), NY 10601

NYS Department of Health/Office of Health Systems Management  
Center for Health Care Facility Planning, Licensure, and Finance  
Bureau of Architectural and Engineering Review  
ESP, Corning Tower, 18<sup>th</sup> Floor  
Albany, New York 12237  
To The New York State Department of Health:

I hereby certify that for:

- A. Diagnostic Radiography, Computed Tomography (CT) Facilities, Interventional Imaging and Radiation Therapy Facilities;
  - 1. I have been retained by the aforementioned facility, to provide medical physicists services, in conjunction with the construction documents prepared by a NYS Licensed Architect/Engineer.
  - 2. I have exercised due diligence and, to the best of my knowledge, information and belief, the radiation protection designed and specified for the above-referenced project is in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR 711.2 including but not limited to Section 2.2-3.4 (Imaging) and (2) Section 2.2-3.5 (Interventional Imaging, of the 2014 Guidelines for Design and Construction of Hospital and Health Care Facilities and that the radiation exposure to the public and staff is designed to be as low as is reasonably achievable (ALARA), based on the work load provided to me by the facility for the proposed equipment and sound radiation protection principles.
  - 3. Further, I agree to ensure that a current report detailing the extent of the radiation protection by the facility and the design of the protection systems will be made available to the Regional Office staff of the NYS Department of Health during the final inspection of the facility. I have informed the applicant that such report must be maintained on site as a permanent record.
- B. Magnetic Resonance Imaging (MRI) Facilities, Interventional and Intraoperative MRI (I-MRI) Facilities;
  - 1. I further certify that I have exercised due diligence and, to the best of my knowledge, information and belief the MRI magnetic shielding and radio frequency shielding as designed and specified are in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR

711.2, including but not limited to Section 2.2-3.4 (Imaging) and (2) Section 2.2-3.5 (Interventional Imaging, of the 2014 Guidelines for Design and Construction of Hospital and Health Care Facilities.

- 2. I have reviewed the manufacturer's certifications accompanying all relevant equipment to ensure that such certifications satisfy all the requirements for patient, operator, and public safety.
- 3. I agree to submit an Architectural floor plan identifying the proposed MRI location, delineating all areas of the room and including the 5 Gauss line in three-dimensional planes, demonstrating that the electromagnetic and radio frequency environment is appropriate for the locations indicated are being submitted simultaneously with this Letter of Certification.

C. Description (Circle applicable facility type):

Diagnostic Radiography Computed Tomography (CT) Facilities Interventional Imaging, Radiation Therapy Facilities, Proton Therapy, Nuclear Medicine, Magnetic Resonance Imaging (MRI) Facilities



Signature of Medical Physicist

Craig Marsden, Ph.D., DABR

Name of Medical Physicist (Print)

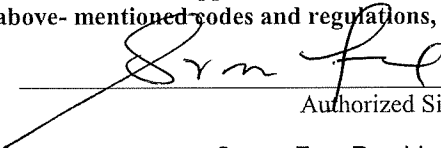
220 Myrtle Ave, Boonton, NJ 07005

Business Address

973-838-5079

Business Telephone

The undersigned applicant understands and agrees that, notwithstanding this Medical Physicist certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.



Authorized Signature for Applicant

Susan Fox, President and CEO

Name (Print)

Title

11/13/23  
Date

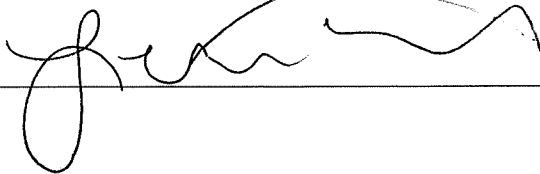
Notary signing required for the applicant

STATE OF NEW YORK

County of Westchester

)  
) SS:  
)

On the 13 day of November 2023 before me personally appeared Susan Fox, to me known, who being by me duly sworn, did depose and say that he/she is the President + CEO of the White Plains Hospital, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) 

JESSICA STRAWBRIDGE  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01ST6405431  
Qualified in Westchester County  
Commission Expires 03/09/2024

PHYSICIST LETTER OF CERTIFICATION

Marsden Medical Physics Associates, L.L.C.  
15 Decker Lane  
Boonton Township, NJ 07005

## **Radiation Shielding Report**

X-ray Rm ■

October 30, 2023

Prepared For:  
White Plains Hospital - Pediatric X-ray  
Davis Avenue at East Post Road  
White Plains NY 10601

## Radiation Shielding Calculation

Facility:	White Plains Hospital - Pediatric X-ray	Report Date	October 30, 2023
	Davis Avenue at East Post Road		
	White Plains NY 10601		
Room ID	X-ray Rm ■		

Equipment:

Manufacturer  Model

### Summary and Recommendations:

Calculation of primary and secondary barrier thickness were calculated for this facility. The results are listed in the appropriately labeled tables. All additional comments and recommendations are listed below.

### Barrier Requirements:

All calculations were made to satisfy the conditions set forth by the National Council on Radiation Protection and Measurements Report No.147. "Structural Shielding Design for Medical X-Ray Imaging Facilities", issued November 19, 2004.

Following construction of the room(s), and installation of all x-ray producing equipment a radiation survey of the environs will need to be performed for all x-ray producing equipment by a qualified medical

Please contact us to schedule the above inspections.

Sincerely,



Craig Marsden, Ph.D., DABR  
Senior Medical Physicist

**Explanation of Terms:**

Primary Barrier	Barrier sufficient to attenuate the useful beam to the required degree.
Secondary Barrier	Barrier sufficient to attenuate the stray radiation to the required degree.
Controlled Area	Area in which the exposure of persons to radiation is under the supervision of the Radiation Safety Officer.
Non-controlled	Any space not classified as a controlled area.
W ( workload )	Workload in mA-min/week.
U ( use factor )	Fraction of the workload during which the radiation under consideration is directed at a particular barrier.
T ( occupancy factor )	Factor by which the workload should be multiplied to correct for the degree of occupancy of the area in question while the source is On.
P -Max permissible	0.10 mGy/week for controlled area
	0.02 mGy/week for non-controlled areas
	0.025 mGy/week for film storage areas
	0.0005 mGy/week for film stored in cassettes
d primary	Distance from x-ray tube to primary barrier.
d leak	distance from x-ray tube to barrier
d scatter	distance from source of scatter to secondary barrier.

### Shielding Calculation

Room ID	X-ray Rm	Patients/Week	200
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Workload type	1	Rad Room - all barriers - used for secondary radiation calcs - uses both table and upright leakage sources
	2	Rad Room - chest bucky
	3	Rad Room - floor or other barriers

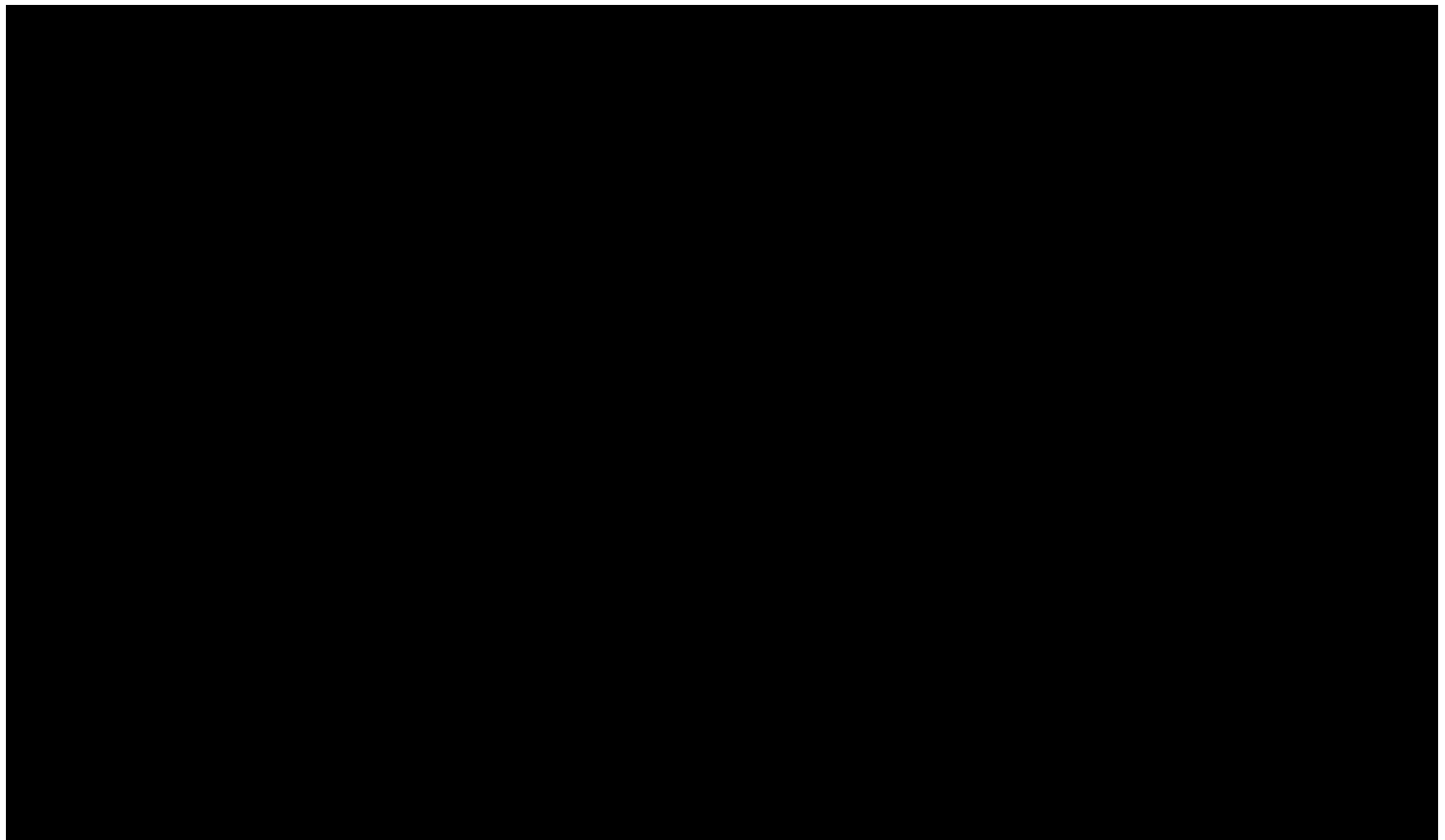
Barrier Type	1	Control Wall/Secondary wall/ Floor
	2	Ceiling
	3	Wall with chest image receptor
	4	Cross Table Wall

Location	A. Control Rm	B. Hallway	C. Elevator	D. Clean Rm	E. Hallway	Above
*Barrier Type (primary(p) or secondary(s))	s	p	s	s	s	s
U primary	1	0.1	1	1	1	1
T - occupancy	1	0.2	0.2	0.2	0.2	1
*Area (Controlled (c) or uncontroled (u))	u	u	u	u	u	u
Workload Type	1	2	1	1	1	1
Barrier Type	1	3	1	1	1	2
d pri (m)		2				
d sec (m)	3.2		2.1	2.7	3.5	2.7
d leak (m)	3.2		2.1	2.7	3.5	2.7
k pri (mGy/week)	N/A	2.3	N/A	N/A	N/A	N/A
k pri (0) (mGy/week)	N/A	11.5	N/A	N/A	N/A	N/A
k sec mGy/week	3.40E-02	N/A	3.40E-02	3.40E-02	3.40E-02	4.90E-02
k sec (0) mGy/week	6.64E-01	N/A	1.54E+00	9.33E-01	5.55E-01	1.34E+00
P - exposure allowed mGy/week	0.02	0.02	0.02	0.02	0.02	0.02
P/T - mGy/week	0.02	0.1	0.1	0.1	0.1	0.02
Workload (W) mA-min/week	500	120	500	500	500	
barrier material (lead,concrete,steel...)	lead	lead	lead	lead	lead	concrete
Fitting parameters						
$\alpha$ (mm-1)	2.298	2.264	2.298	2.298	2.298	0.0361
$\beta$ (mm-1)	17.38	13.08	17.38	17.38	17.38	0.1433
$\gamma$	0.6193	0.56	0.6193	0.6193	0.6193	0.56
Xpre - pre shielding for primary barrier	0.00	0.00	0.00	0.00	0.00	0.00
Application	Xpre (mm)					
	Lead	Concrete				
Receptor table/wall	0.85	72				
cross table lat	0.3	30				
X barrier (mm)	0.45	0.85	0.29	0.21	0.14	53.05

## Room Diagram and shielding summary

### Shielding Summary Table

Location	Required Shielding
A. Control Rm	1/16" lead to 7' in all walls, doors, and windows
B. Hallway	1/16" lead to 7' in all walls
C. Elevator	1/16" lead to 7' in all walls
D. Clean Rm	1/16" lead to 7' in all walls
E. Hallway	1/16" lead to 7' in all walls and doors
Above	Existing concrete slab provides sufficient shielding (9 5/8" poured concrete)





Marsden Medical Physics Associates, L.L.C.  
15 Decker Lane  
Boonton Township, NJ 07005

## **Radiation Shielding Report**

X-ray Rm ■

October 30, 2023

Prepared For:  
White Plains Hospital - Pediatric X-ray  
Davis Avenue at East Post Road  
White Plains NY 10601

## Radiation Shielding Calculation

Facility:	White Plains Hospital - Pediatric X-ray	Report Date	October 30, 2023
	Davis Avenue at East Post Road		
	White Plains NY 10601		
Room ID	X-ray Rm ■		

Equipment:

Manufacturer  Model

### Summary and Recommendations:

Calculation of primary and secondary barrier thickness were calculated for this facility. The results are listed in the appropriately labeled tables. All additional comments and recommendations are listed below.

### Barrier Requirements:

All calculations were made to satisfy the conditions set forth by the National Council on Radiation Protection and Measurements Report No.147. "Structural Shielding Design for Medical X-Ray Imaging Facilities", issued November 19, 2004.

Following construction of the room(s), and installation of all x-ray producing equipment a radiation survey of the environs will need to be performed for all x-ray producing equipment by a qualified medical

Please contact us to schedule the above inspections.

Sincerely,



Craig Marsden, Ph.D., DABR  
Senior Medical Physicist

**Explanation of Terms:**

Primary Barrier	Barrier sufficient to attenuate the useful beam to the required degree.
Secondary Barrier	Barrier sufficient to attenuate the stray radiation to the required degree.
Controlled Area	Area in which the exposure of persons to radiation is under the supervision of the Radiation Safety Officer.
Non-controlled	Any space not classified as a controlled area.
W ( workload )	Workload in mA-min/week.
U ( use factor )	Fraction of the workload during which the radiation under consideration is directed at a particular barrier.
T ( occupancy factor )	Factor by which the workload should be multiplied to correct for the degree of occupancy of the area in question while the source is On.
P -Max permissible	0.10 mGy/week for controlled area
	0.02 mGy/week for non-controlled areas
	0.025 mGy/week for film storage areas
	0.0005 mGy/week for film stored in cassettes
d primary	Distance from x-ray tube to primary barrier.
d leak	distance from x-ray tube to barrier
d scatter	distance from source of scatter to secondary barrier.

### Shielding Calculation

Room ID	X-ray Rm	Patients/Week	200
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Workload type	1	Rad Room - all barriers - used for secondary radiation calcs - uses both table and upright leakage sources
	2	Rad Room - chest bucky
	3	Rad Room - floor or other barriers

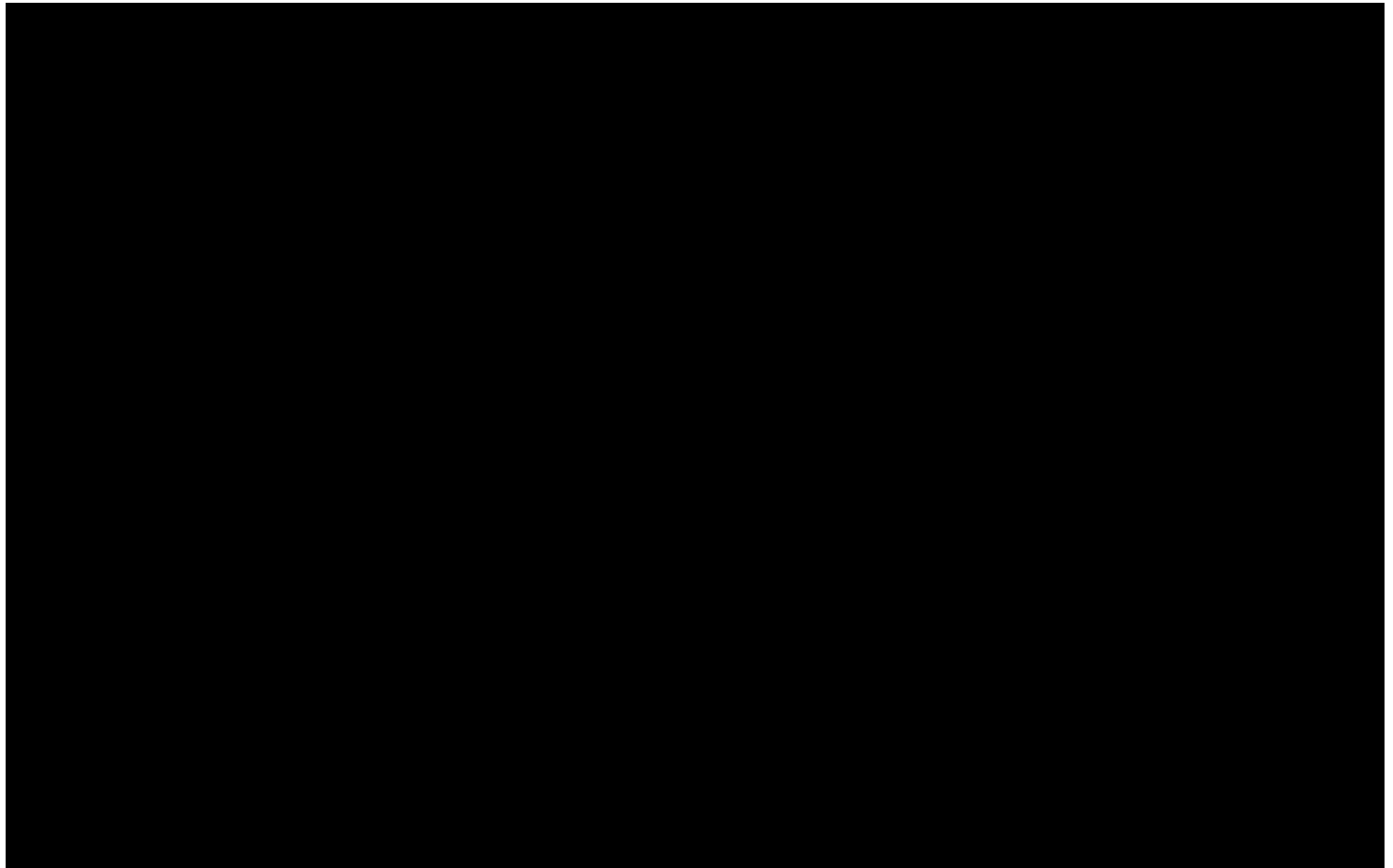
Barrier Type	1	Control Wall/Secondary wall/ Floor
	2	Ceiling
	3	Wall with chest image receptor
	4	Cross Table Wall

Location	A. Control Rm	B. Hallway	C. Equipment Rm	D. Halway	E. Alcove	Above
*Barrier Type (primary(p) or secondary(s))	s	p	s	s	s	s
U primary	1	0.1	1	1	1	1
T - occupancy	1	0.2	0.2	0.2	1	1
*Area (Controlled (c) or uncontroled (u))	u	u	u	u	u	u
Workload Type	1	2	1	1	1	1
Barrier Type	1	3	1	1	1	2
d pri (m)		2				
d sec (m)	2		2.8	3.5	2.4	2.7
d leak (m)	2		2.8	3.5	2.4	2.7
k pri (mGy/week)	N/A	2.3	N/A	N/A	N/A	N/A
k pri (0) (mGy/week)	N/A	11.5	N/A	N/A	N/A	N/A
k sec mGy/week	3.40E-02	N/A	3.40E-02	3.40E-02	3.40E-02	4.90E-02
k sec (0) mGy/week	1.70E+00	N/A	8.67E-01	5.55E-01	1.18E+00	1.34E+00
P - exposure allowed mGy/week	0.02	0.02	0.02	0.02	0.02	0.02
P/T - mGy/week	0.02	0.1	0.1	0.1	0.02	0.02
Workload (W) mA-min/week	500	120	500	500	500	
barrier material (lead,concrete,steel...)	lead	lead	lead	lead	lead	concrete
Fitting parameters						
$\alpha$ (mm-1)	2.298	2.264	2.298	2.298	2.298	0.0361
$\beta$ (mm-1)	17.38	13.08	17.38	17.38	17.38	0.1433
$\gamma$	0.6193	0.56	0.6193	0.6193	0.6193	0.56
Xpre - pre shielding for primary barrier	0.00	0.00	0.00	0.00	0.00	0.00
Application	Xpre (mm)					
	Lead	Concrete				
Receptor table/wall	0.85	72				
cross table lat	0.3	30				
X barrier (mm)	0.70	0.85	0.20	0.14	0.60	53.05

## Room Diagram and shielding summary

### Shielding Summary Table

Location	Required Shielding
A. Control Rm	1/16" lead to 7' in all walls, doors, and windows
B. Hallway	1/16" lead to 7' in all walls
C. Equipment Rm	1/16" lead to 7' in all walls
D. Halway	1/16" lead to 7' in all walls and doors
E. Alcove	1/16" lead to 7' in all walls
Above	Existing concrete slab provides sufficient shielding (9 5/8" poured concrete)



Marsden Medical Physics Associates, L.L.C..

220 Myrtle Ave  
Boonton, NJ 07005  
(973) 838-5079

## **Radiation Shielding Report**

New ER CT

October 27, 2023

Prepared For:  
White Plains Hospital  
41 East Post Rd  
White Plains, NY 10601

## Radiation Shielding Calculation

Facility:	White Plains Hospital	Report Date	October 27, 2023		
	41 East Post Rd				
	White Plains, NY 10601				
Room ID	New ER CT				
Equipment:	Manufacturer	General Electric	Model	Revolution	

### Summary and Recommendations:

Calculation of primary and secondary barrier thickness were calculated for this facility. The results are listed in the shielding summary section.

### Barrier Requirements:

All calculations were made to satisfy the conditions set forth by the National Council on Radiation Protection and Measurements Report No.147. "Structural Shielding Design for Medical X-Ray Imaging Facilities", issued November 19, 2004.

### *Penetrations in Protective Barriers*

Air conditioning ducts, electrical conduit, plumbing and other infrastructure will penetrate shielded walls, floors, and ceilings. The shielding of the x-ray room shall be constructed such that the protection is not impaired by these openings or by service boxes, etc., embedded in barriers. This can be accomplished by backing or baffling these penetrations with supplementary lead shielding equivalent to displaced material.

### *Joints*

The joints between lead sheets should be constructed so that their surfaces are in contact and with an overlap of at least 1cm between lead sheets.

Following construction of the room(s), and installation of all x-ray producing equipment a radiation survey of the environs will need to be performed for all x-ray producing equipment by a qualified medical physicist.

Please contact us to schedule the above inspections.

Sincerely,



---

Craig Marsden, Ph.D., DABR  
Senior Medical Physicist

**Explanation of Terms:**

Primary Barrier	Barrier sufficient to attenuate the useful beam to the required degree.			
Secondary Barrier	Barrier sufficient to attenuate the stray radiation to the required degree.			
Controlled Area	Area in which the exposure of persons to radiation is under the supervision of the Radiation Safety Officer.			
Non-controlled Area	Any space not classified as a controlled area.			
W ( workload )	Workload in mA-min/week.			
T ( occupancy factor )	Factor by which the workload should be multiplied to correct for the degree of occupancy of the area in question while the source is On.			
P -Max	<table border="1"><tr><td>Radiation exposure limits</td></tr><tr><td>0.10 mGy/week for controlled area</td></tr><tr><td>0.02 mGy/week for non-controlled areas</td></tr></table>	Radiation exposure limits	0.10 mGy/week for controlled area	0.02 mGy/week for non-controlled areas
Radiation exposure limits				
0.10 mGy/week for controlled area				
0.02 mGy/week for non-controlled areas				
d (m)	Distance from gantry iso-center to .3m beyond barrier.			
X (mR/week)	Exposure Rate / week due to primary, secondary, and leakage radiation.			



### Shielding Calculation

Room ID New ER CT

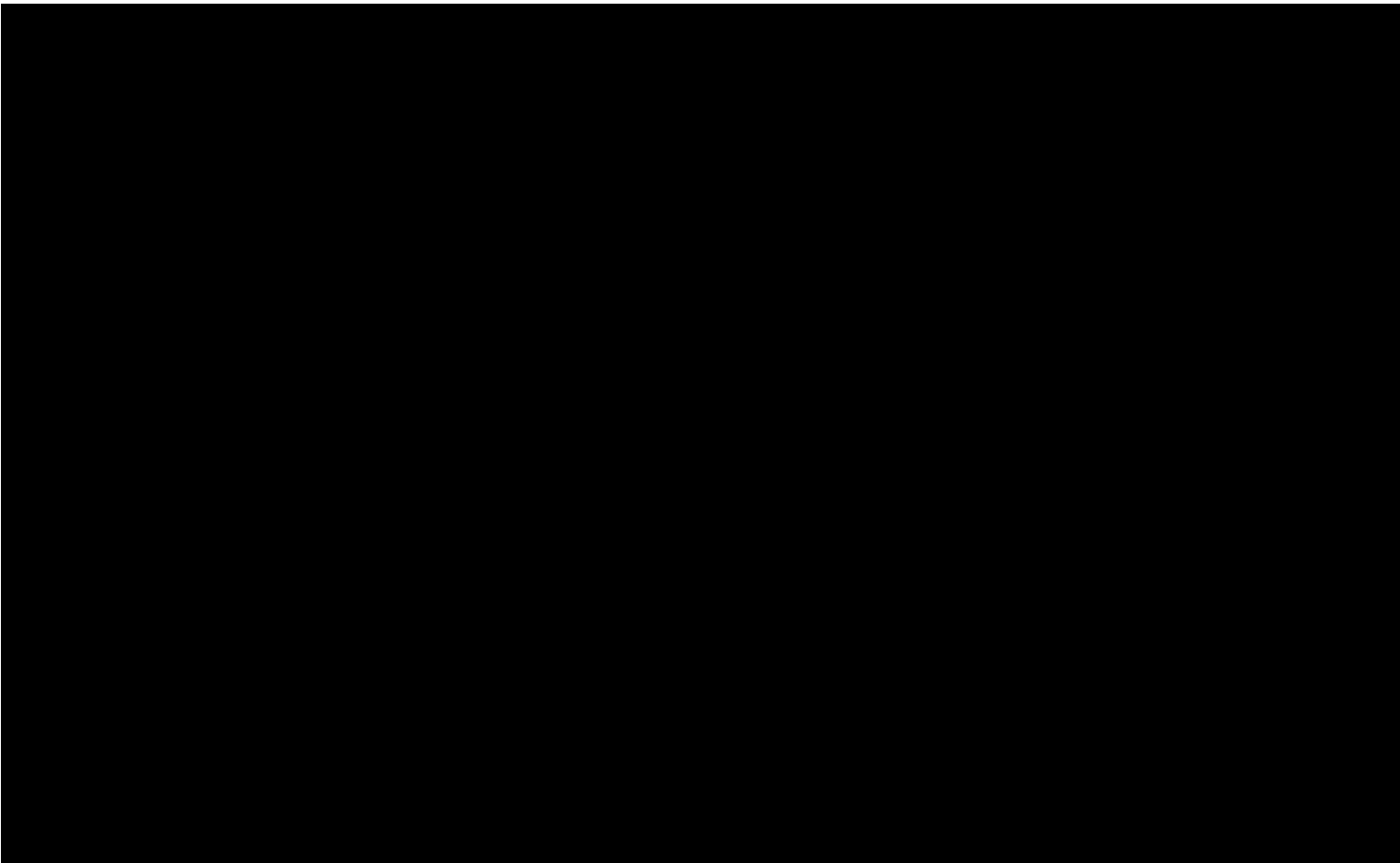
Site information		
# body studies	150	
# head studies	50	
Study	Average DLP (mGy-cm)	kVp
Body	550	120
Head	1200	120
% Pre and Post contrast studies	40%	
k'sec(body)	0.28	
k'sec(head)	0.15	

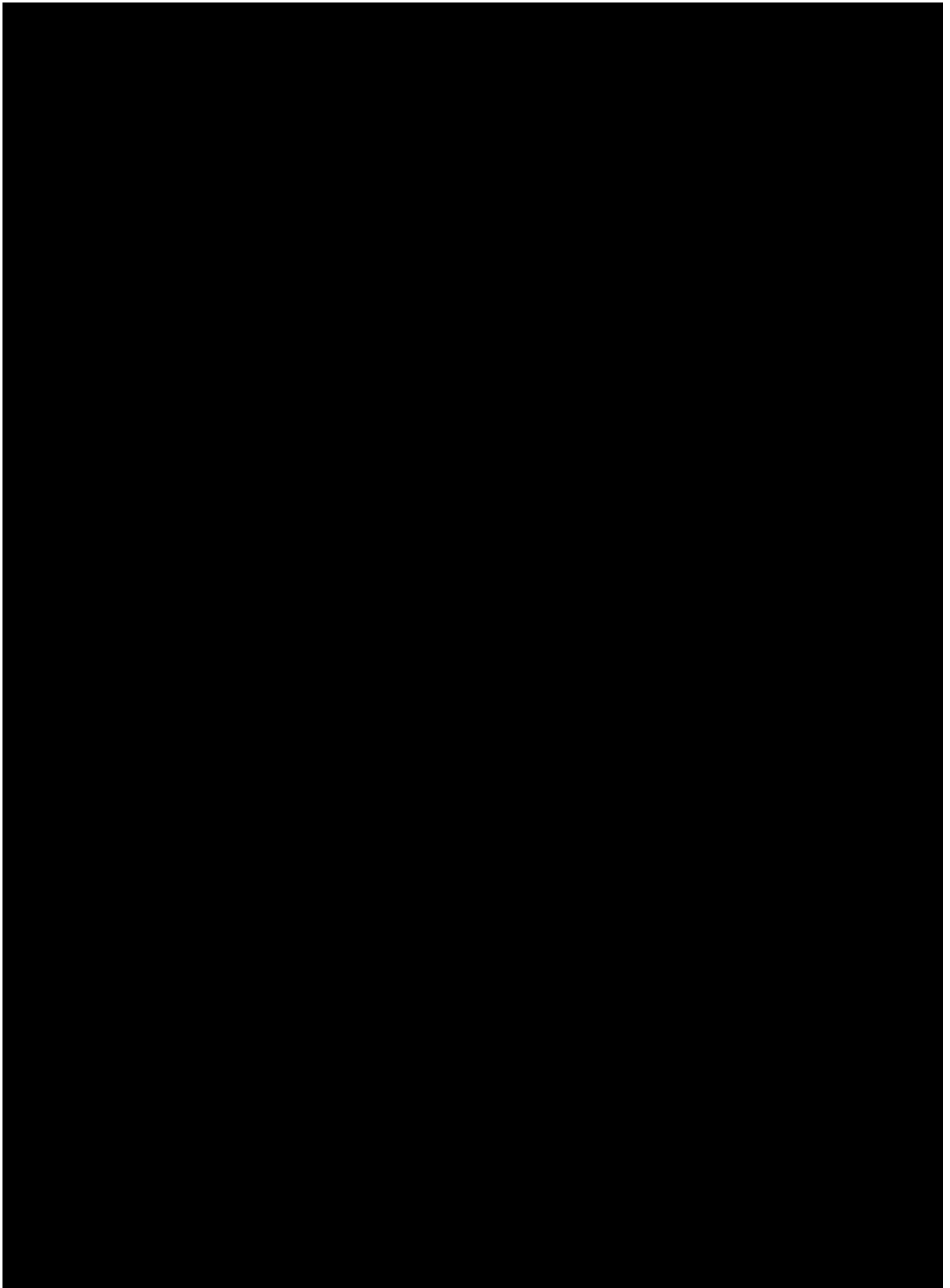
Location	A. Control Room / Operator	B. Hallway	C. Equip/Meds Rm	D. Holding	E. Hall/Clean storage	Above
T - occupancy	1	0.2	0.2	0.2	0.2	1
*Area (Controlled...)	c	u	u	u	u	u
d (m)	5.8	3.9	2.6	3.9	3.05	2.7
k'sec	1.46	3.23	2.90	3.23	5.00	6.74
X limit (mR/week)	0.1	0.1	0.1	0.1	0.1	0.02
Barrier Type (Pb, concrete)	lead	lead	lead	lead	lead	concrete
Fitting Parameters						
$\alpha$ (mm-1)	2.246	2.246	2.246	2.246	2.246	0.0383
$\beta$ (mm-1)	5.73	5.73	5.73	5.73	5.73	0.0142
$\gamma$	0.547	0.547	0.547	0.547	0.547	0.658
x barrier thickness (mm)	0.54	0.78	0.74	0.78	0.92	139.77

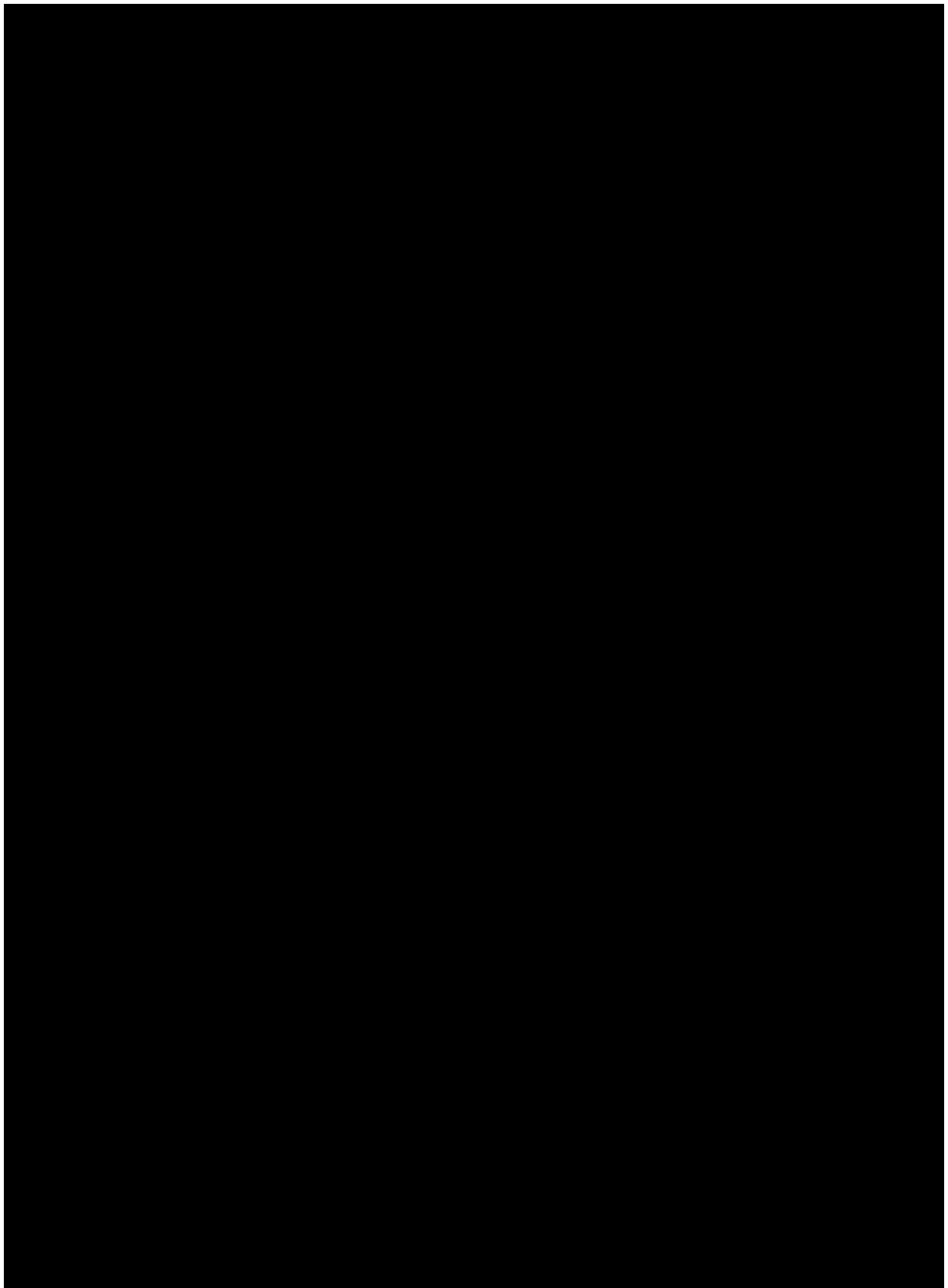
\*\*c -indicated controlled area, u-uncontrolled

**Room Diagram and shielding summary**

<b>Location</b>	<b>Required Shielding</b>
A. Control Room / Operator	1/16" lead or lead equivalent glass in all walls, doors and windows to 7' is sufficient
B. Hallway	1/16" lead in all walls to 7' is sufficient
C. Equip/Meds Rm	1/16" lead in all walls to 7' is sufficient
D. Holding	1/16" lead in all walls to 7' is sufficient
E. Hall/Clean storage	1/16" lead in all walls and doors to 7' is sufficient
Above	Existing concrete slab provides sufficient shielding (9 5/8" poured concrete)
Below	Slab on grade







# **Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues**

## **Contents:**

**Schedule LRA 4/Schedule 7 - Environmental Assessment**

## Environmental Assessment

Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	Yes	No
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds? <b>NOT APPLICABLE</b>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	Yes	No
2.1	Does the project involve physical alteration of ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Part III.</b>		<b>Yes</b>	<b>No</b>	
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Agency Name:</b>		The City Of White Plains Building Department	
	Contact Name:		N/A	
	Address:		70 Church Street, White Plains	
	State and Zip Code:		New York 10601	
	E-Mail Address:		N/A	
	Phone Number:		(914) 422-1269	
	<b>Agency Name:</b>			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	<b>Agency Name:</b>			
	Contact Name:			

	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	<b>Agency Name:</b>			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.		<b>Yes</b>	<b>No</b>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Agency Name:</b>			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
Phone Number:				
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.		<b>Yes</b>	<b>No</b>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Part IV.</b>	<b>Storm and Flood Mitigation</b>			
	Definitions of FEMA Flood Zone Designations			
	Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.			
	Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.		<b>Yes</b>	<b>No</b>
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Moderate to Low Risk Area</b>		<b>Yes</b>	<b>No</b>
	<b>Zone</b>	<b>Description</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:			
	<b>B and X</b>	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.	<input type="checkbox"/>	



<b>C and X</b>	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	<input type="checkbox"/>	
<b>High Risk Areas</b>		<b>Yes</b>	<b>No</b>
<b>Zone</b>	<b>Description</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
<b>A</b>	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
<b>AE</b>	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	<input type="checkbox"/>	
<b>A1-30</b>	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	<input type="checkbox"/>	
<b>AH</b>	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
<b>AO</b>	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	<input type="checkbox"/>	
<b>AR</b>	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	<input type="checkbox"/>	
<b>A99</b>	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
<b>High Risk Coastal Area</b>		<b>Yes</b>	<b>No</b>
<b>Zone</b>	<b>Description</b>		
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
<b>Zone V</b>	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>VE, V1 - 30</b>	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
<b>Undetermined Risk Area</b>		<b>Yes</b>	<b>No</b>
<b>Zone</b>	<b>Description</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<b>D</b>	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, which floodplain?	100 Year	<input type="checkbox"/>	
		500 Year	<input type="checkbox"/>	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

[FEMA Elevation\\_Certificate\\_and Instructions](#)

**NOT APPLICABLE**

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 8A Summarized Project Cost and Construction Dates**

This schedule is required for all Full or Administrative review applications except Establishment-Only applications.

**1.) Project Cost Summary data:**

	<b>Total</b>	<b>Source</b>
<b>Project Description:</b>		
<b>Project Cost</b>	\$743,835,813	Schedule 8b, column C, line 8
<b>Total Basic Cost of Construction</b>	\$650,035,813	Schedule 8B, column C, line 6
<b>Total Cost of Moveable Equipment</b>	\$38,021,382	Schedule 8B, column C, line 5.1
<b>Cost/Per Square Foot for New Construction</b>	\$895	Schedule 10
<b>Cost/Per Square Foot for Renovation Construction</b>	N/A	Schedule 10
<b>Total Operating Cost</b>	\$1,629,300,000	Schedule 13C, column B
<b>Amount Financed (as \$)</b>	\$500,000,000	Schedule 9
<b>Percentage Financed as % of Total Cost</b>	66.80%	Schedule 9
<b>Depreciation Life (in years)</b>	27	

**2) Construction Dates**

<b>Anticipated Start Date</b>	10/1/2024	Schedule 8B
<b>Anticipated Completion Date</b>	12/15/2027	

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 8B - Total Project Cost - For Projects without Subprojects.**

This schedule is required for all Full or Administrative review applications except Establishment-Only applications

Constants	Value	Comments
Design Contingency - New Construction	10.00%	Normally 10%
Construction Contingency - New Construction	5.00%	Normally 5%
Design Contingency - Renovation Work	N/A	Normally 10%
Construction Contingency - Renovation Work	N/A	Normally 10%
Anticipated Construction Start Date:	10/1/2024	as 10/01/2024
Anticipated Midpoint of Construction Date	5/8/2026	as 05/08/2026
Anticipated Completion of Construction Date	12/15/2027	as 12/15/2027
Year used to compute Current Dollars:	2024	2024

Subject of attachment	Attachment Number	Filename of attachment - PDF
For new construction and addition, at the schematic stage the design contingency will normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment.	N/A	N/A
For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment.	N/A	N/A

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

	A	B	C
Item	Project Cost in Current Dollars	Escalation amount to Mid-point of Construction	Estimated Project Costs
Source:	Schedule 10 Col. H	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$418,219,094	\$48,000,000	\$466,219,094
2.2 Renovation & Demolition	\$0	\$0	\$0
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$1,475,285	\$191,275	\$1,666,560
2.5 Asbestos Abatement or Removal	\$50,000	\$0	\$50,000
3.1 Design Contingency	\$41,821,909	\$4,800,000	\$46,621,909
3.2 Construction Contingency	\$20,910,955	\$2,400,000	\$23,310,955
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$11,502,426	\$1,491,324	\$12,993,750
4.3 Architect/Engineering Fees	\$32,731,387	\$4,243,721	\$36,975,108
4.4 Construction Manager Fees	\$2,209,092	\$286,415	\$2,495,507
4.5 Other Fees (Consultant, etc.)	\$10,889,333	\$0	\$10,889,333
Subtotal (Total 1.1 thru 4.5)	\$539,809,481	\$61,412,735	\$601,222,216
5.1 Movable Equipment (from Sched 11)	\$38,021,382	\$0	\$38,021,382
5.2 Telecommunications	\$7,034,652	\$3,757,563	\$10,792,215
6. Total Basic Cost of Construction (total 1.1 thru 5.2)	\$584,865,515	\$65,170,298	\$650,035,813
7.1 Financing Costs (Points etc)	\$6,000,000		\$6,000,000
7.2 Interim Interest Expense: \$ <input type="text" value="500,000,000"/> At <input type="text" value="6"/> % for <input type="text" value="45"/> months	\$87,800,000		\$87,800,000
8. Total Project Cost: w/o CON fees Total 6 thru 7.2	\$678,665,515	\$65,170,298	\$743,835,813
Application fees:			
9.1 Application Fee. Articles 28, 36 and 40. See Web Site.	\$2,000		\$2,000
<a href="#">9.2 Additional Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See Web Site for applicable fees. (Line 8, multiplied by the appropriate percentage.)</a>			
Enter Multiplier ie: .25% = .0025 --> <input type="text" value="0.0055"/>	\$4,091,097	\$0	\$4,091,097
10 Total Project Cost with fees	\$682,758,612	\$65,170,298	\$747,928,910

# Schedule 9 Project Financing

## Contents:

- **Schedule 9 - Proposed Plan for Project Financing**

**Schedule 9 Proposed Plan for Project Financing:**

**I. Summary of Proposed Financial plan**

Check all that apply and fill in corresponding amounts.

	<b>Type</b>	<b>Amount</b>
<input type="checkbox"/>	A. Lease	\$
<input checked="" type="checkbox"/>	B. Cash	\$247,928,910
<input checked="" type="checkbox"/>	C. Mortgage, Notes, or Bonds	\$500,000,000
<input type="checkbox"/>	D. Land	\$
<input type="checkbox"/>	E. Other	\$
<input checked="" type="checkbox"/>	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	\$747,928,910

If refinancing is used, please complete area below.

<input type="checkbox"/>	Refinancing	\$
<input type="checkbox"/>	Total Mortgage/Notes/Bonds (Sum E + Refinancing)	\$

**II. Details**

**A. Leases**

	<b>N/A</b>	<b>Title of Attachment</b>
1. List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable.	<input checked="" type="checkbox"/>	
2. Attach a copy of the proposed lease(s).	<input checked="" type="checkbox"/>	
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	<input checked="" type="checkbox"/>	
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment.	<input checked="" type="checkbox"/>	
5. If applicable, identify separately the total square footage to be occupied by the Article 28 facility and the total square footage of the building.	<input checked="" type="checkbox"/>	
6. Attach two letters from independent realtors verifying square footage rate.	<input checked="" type="checkbox"/>	
7. For all capital leases as defined by FASB Statement No. 13, "Accounting for Leases", provide the net present value of the monthly, quarterly or annual lease payments.	<input checked="" type="checkbox"/>	

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

**Schedule 9**

**B. Cash**

Type	Amount
Accumulated Funds	\$147,928,910
Sale of Existing Assets	\$
Gifts (fundraising program)	\$100,000,000
Government Grants	\$
Other	\$
<b>TOTAL CASH</b>	<b>\$247,928,910</b>

	N/A	Title of Attachment
1. Provide a breakdown of the sources of cash. See sample table above.	<input type="checkbox"/>	Sched 9 Support.xls
2. Attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date. If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented to improve operations.  In establishment applications for <b>Residential Health Care Facilities</b> , attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date for <b>the subject facility and all affiliated Residential Health Care Facilities</b> . If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented (or to be implemented in the case of the subject facility) to improve operations.	<input checked="" type="checkbox"/>	
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	<input type="checkbox"/>	Sched 9 Support.xls
4. Attach a full and complete description of the assets to be sold, if applicable.	<input checked="" type="checkbox"/>	
5. If amounts are listed in "Gifts (fundraising program)": <ul style="list-style-type: none"> <li>• Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges.</li> <li>• If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan.</li> <li>• Provide a history of recent fund drives, including amount pledged and amount collected</li> </ul>	<input type="checkbox"/>	Sched 9 Support.xls



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

**Schedule 9**

	N/A	Title of Attachment
6. If amounts are listed in "Government Grants": <ul style="list-style-type: none"> <li>List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted.</li> <li>Provide documentation of eligibility for the funds.</li> <li>Attach the name and telephone number of the contact person at the awarding Agency(ies).</li> </ul>	<input checked="" type="checkbox"/>	
7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability.	<input checked="" type="checkbox"/>	
8. Current Department policy expects a minimum equity contribution of 10% of total project cost (Schedule 8b line 10) ) for all Article 28 facilities with the exception of Residential Health Care Facilities that require 25% of total project cost (Schedule 8b, line 10). Public facilities require 0% equity.	<input type="checkbox"/>	Sched 9 Support.xls
9. Provide an equity analysis for member equity to be provided. Indicate if a member is providing a disproportionate share of equity. If disproportioned equity shares are provided by any member, check this box <input type="checkbox"/>	<input checked="" type="checkbox"/>	

**C. Mortgage, Notes, or Bonds**

	Total Project	Units
Interest	6.0	%
Term	30	Years
Payout Period	30	Years
Principal	500,000,000	\$

	N/A	Title of Attachment
1. Attach a copy of a letter of interest from the intended source of permanent financing that indicates principal, interest, term, and payout period.	<input type="checkbox"/>	Letter of Interest_WPH
2. If New York State Dormitory Authority (DASNY) financing, then attach a copy of a letter from a mortgage banker.	<input checked="" type="checkbox"/>	
3. Provide details of any DASNY bridge financing to HUD loan.	<input checked="" type="checkbox"/>	
4. If the financing of this project becomes part of a larger overall financing, then a new business plan inclusive of a feasibility package for the overall financing will be required for DOH review prior to proceeding with the combined financing.	<input checked="" type="checkbox"/>	

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

**Schedule 9**

**D. Land**

Provide details for the land including but not limited to; appraised value, historical cost, and purchase price. See sample table below.

	Total Project
Appraised Value	\$
Historical Cost	\$
Purchase Price	\$
Other	

	N/A	Title of Attachment
1. If amounts are listed in "Other", attach documentation and a description as applicable.	<input checked="" type="checkbox"/>	
2. Attach a copy of the Appraisal. Supply the appraised date and the name of the appraiser.	<input checked="" type="checkbox"/>	
3. Submit a copy of the proposed purchase/option agreement.	<input checked="" type="checkbox"/>	
4. Provide an affidavit indicating any and all relationships between seller and the proposed operator/owner.	<input checked="" type="checkbox"/>	

**E. Other**

Provide listing and breakdown of other financing mechanisms.

	Total Project
Notes	
Stock	
Other	

	N/A	Title of Attachment
Attach documentation and a description of the method of financing	<input checked="" type="checkbox"/>	

**F. Refinancing**

	N/A	Title of Attachment
1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining.	<input checked="" type="checkbox"/>	
2. Attach a description of the mortgage to be refinanced. Provide full details of the existing debt and refinancing plan inclusive of original and current amount, term, assumption date, and refinancing fees. The term of the debt to be refunded may not exceed the remaining average useful life of originally financed assets. If existing mortgage debt will not be refinanced, provide documentation of consent from existing lien holders of the proposed financing plan.	<input checked="" type="checkbox"/>	

**WHITE PLAINS HOSPITAL CENTER**

- 1. Financial Narrative**
- 2. Schedule 9 Supporting Documentation**
- 3. Financing Document**
- 4. Fundraising Documents**
- 5. Financial Statements**

## FINANCIAL NARRATIVE

White Plains Hospital Center (WPH or Hospital), a 292-bed acute care hospital and member of Montefiore Health System, Inc. (Montefiore), located at 41 East Post Road, White Plains (Westchester County), New York 10601, is submitting this Full Review Certificate of Need Application seeking approval for a major expansion project.

WPH has experienced tremendous growth over the past 12 years driven by the successful execution of a strategic plan focused on providing the highest quality care, elevating the patient experience and expanding access to healthcare providers both geographically through the addition of new ambulatory practices and through the addition of new advanced programs and services. WPH joined Montefiore in 2015 with the shared vision of being the Hudson Valley Tertiary Hub for the health system. As the Hudson Valley Tertiary Hub for Montefiore, WPH provides advanced care that is not currently offered at other Montefiore-based Hudson Valley hospitals. However, understanding the value of keeping care local for patients, WPH works closely with these hospitals to ensure a coordinated approach for these advanced services and encourages patients to return to local communities and physicians for follow-up care.

To enable the hospital's planned continued growth and to ensure a modern patient-centric facility, WPH plans to construct a [REDACTED] addition to the existing hospital that will be connected to the hospital on the first [REDACTED] floors of the new building. The new addition will include the following key components that are needed to meet current and projected patient demand so WPH can continue to offer world-class care to current and future generations: emergency department expansion; addition of [REDACTED]; and [REDACTED] additional private, acuity-adaptable inpatient beds.

The Total Project Cost (TPC) is estimated to be \$747,928,910 and is broken down as follows:

\$	650,035,813	Total Basic Cost of Construction
\$	87,800,000	Interim Interest Expense
\$	6,000,000	Financing Costs
\$	2,000	CON Application Fee
\$	<u>4,091,097</u>	CON Additional Processing Fee
\$	<u><b>747,928,910</b></u>	<b>Total Project Cost</b>

Project costs will be funded as follows:

\$ 247,928,910 WPH will contribute cash equity in this amount using available cash supported by a fund-raising program. Equity will represent 33.1% of the TPC.

\$ 500,000,000 WPH will secure a financing instrument for 66.9% of the TPC. Funding will be through a 30-year tax exempt revenue bond issue. Please refer to the financing letter of interest from Kaufman Hall, included as a Schedule 9 Attachment.

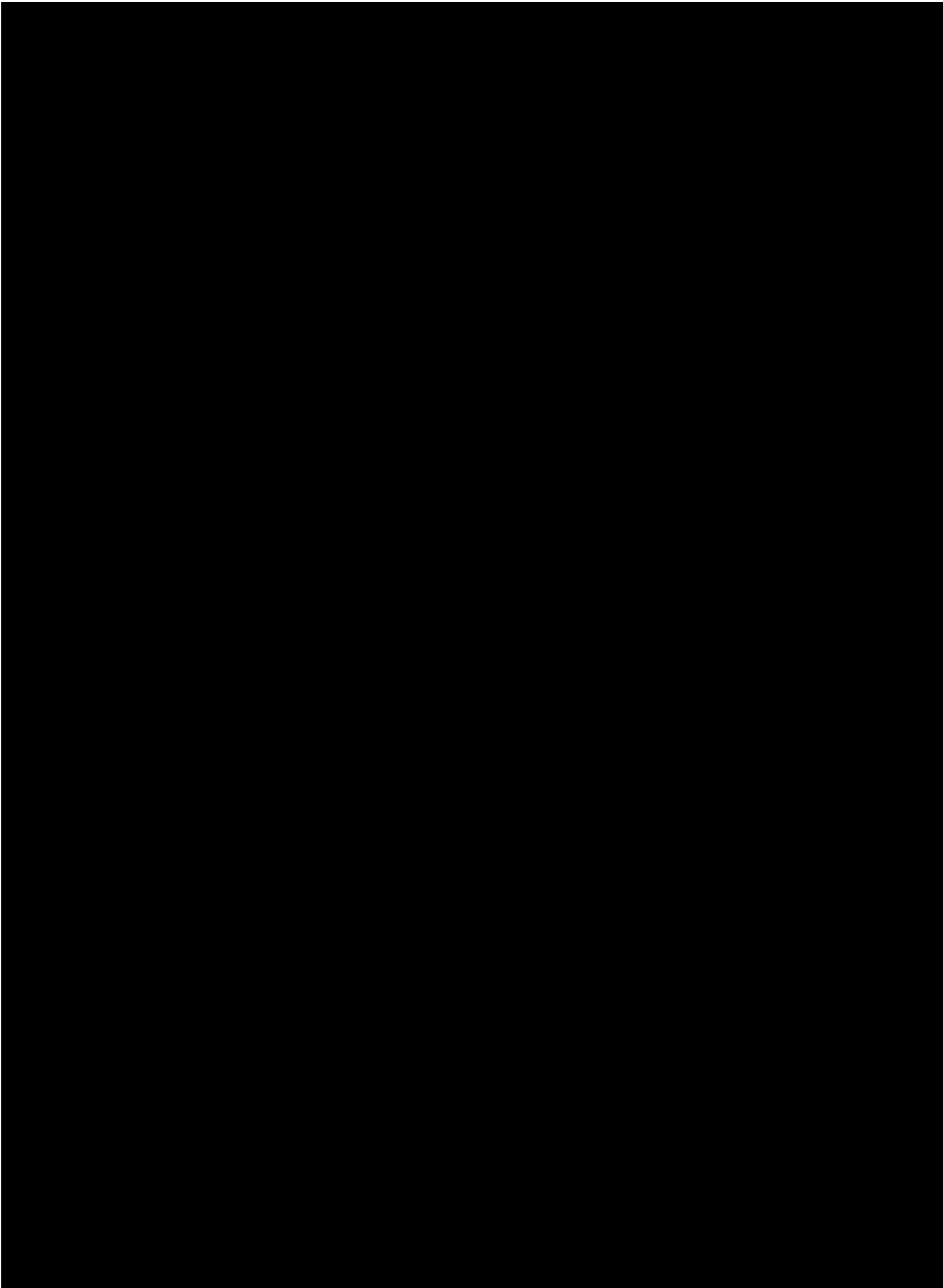
**\$ 747,928,910** **Total Project Funding**

Please refer to the Schedule 9 Attachments and the Schedule 13 Attachments for additional documentation related to the sources and uses of the proposed project funds; financing letter of interest; loan amortization schedule; hospital budget narrative; and a copy of the most recent Certified Financial Statement and the most recent Internal Financial Statement for White Plains Hospital Center.

Working capital will be funded through the ongoing operations of White Plains Hospital Center. Please refer to the Schedule 5 Attachment for a Monthly Cash Flow Analysis showing sufficient cash throughout the 1<sup>st</sup> year of operations.

**Payer Mix**

WPH is forecasting an increase in Medicaid utilization and a slight increase in Charity Care volume for the inpatient and outpatient services associated with this project. This is a direct result of WPH's intent to provide improved access and care for underserved members of the community, including Medicaid recipients, and ties into WPH's role as the Hudson Valley tertiary hub of the Montefiore Health System. Additionally, WPH is forecasting an increase in Medicare volume for both inpatient and outpatient utilization, which is attributed to the aging population.



# KaufmanHall

October 10, 2023

Joseph Guarracino  
*Executive Vice President CAO/CFO*  
White Plains Hospital  
41 E. Post Road  
White Plains, NY 10601

Dear Mr. Guarracino:

Kaufman, Hall & Associates, LLC (“Kaufman Hall”) is serving as White Plains Hospital’s financial advisor in conjunction with its planned issuance of debt to finance the construction project. Kaufman Hall is one of the largest financial advisor in the not-for-profit healthcare market, advising on approximately 45% of all not-for-profit healthcare bond offerings in 2023 year-to-date. Based on our market knowledge and assuming current market conditions as well as White Plains Hospital’s current financial condition, we are confident that White Plains Hospital would have access to capital in the public market. It is our intent to assist White Plains Hospital with one or multiple 30-year tax exempt bond issue(s) of up to \$500 million, which we estimate would bear an interest rate of under 6.50% in the current market. This letter is intended as an indication of public market access and information, not as a commitment to buy securities or loan funds.

Kaufman, Hall & Associates, LLC

By:

A handwritten signature in red ink, appearing to read "Robert Turner".

Robert Turner  
*Vice President & Managing Director*

### B.5. Detail of Gifts (fundraising program)

Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges.

[Redacted]

If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan.

[Redacted]

Provide a history of recent fund drives, including amount pledged and amount collected

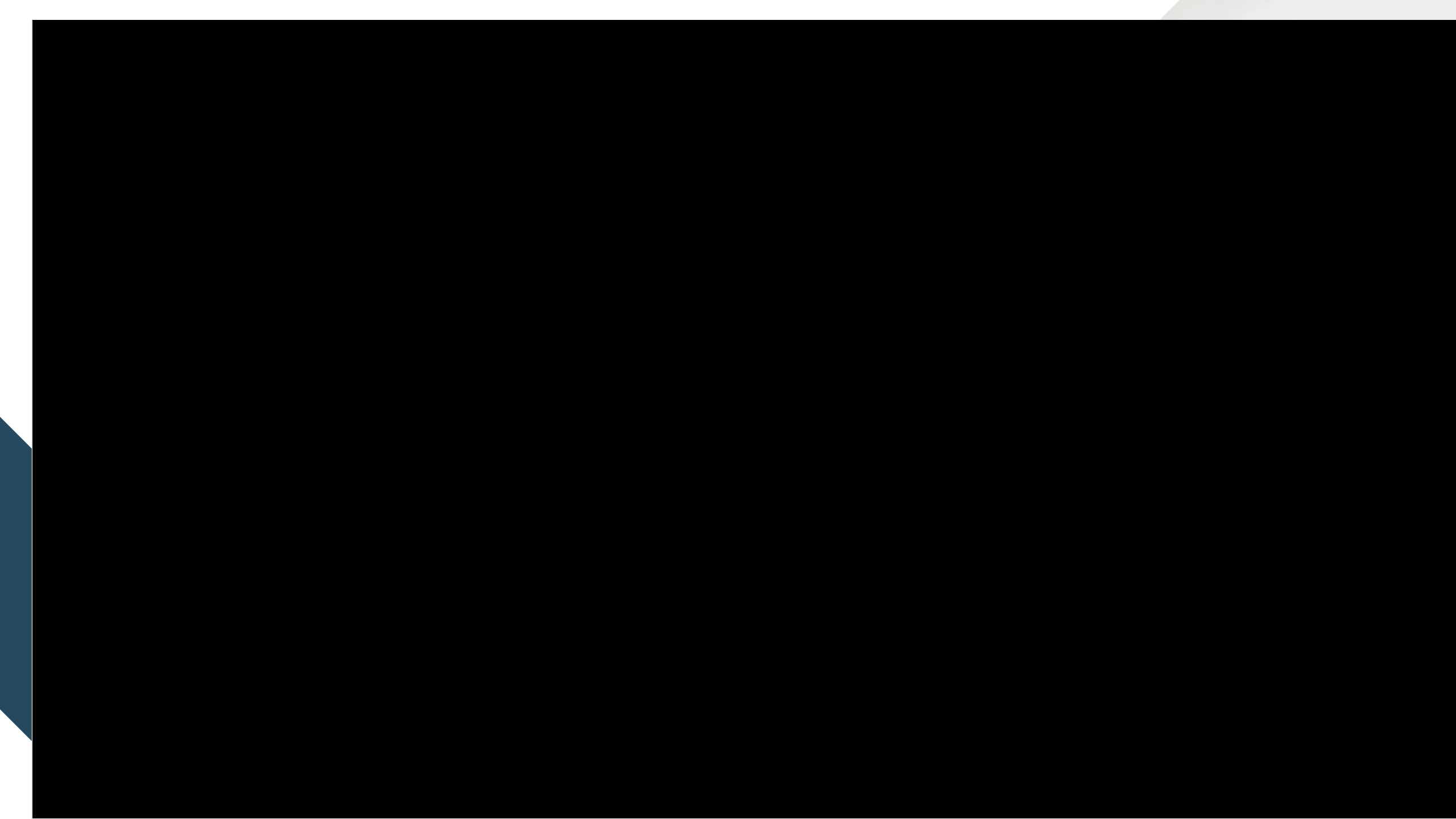
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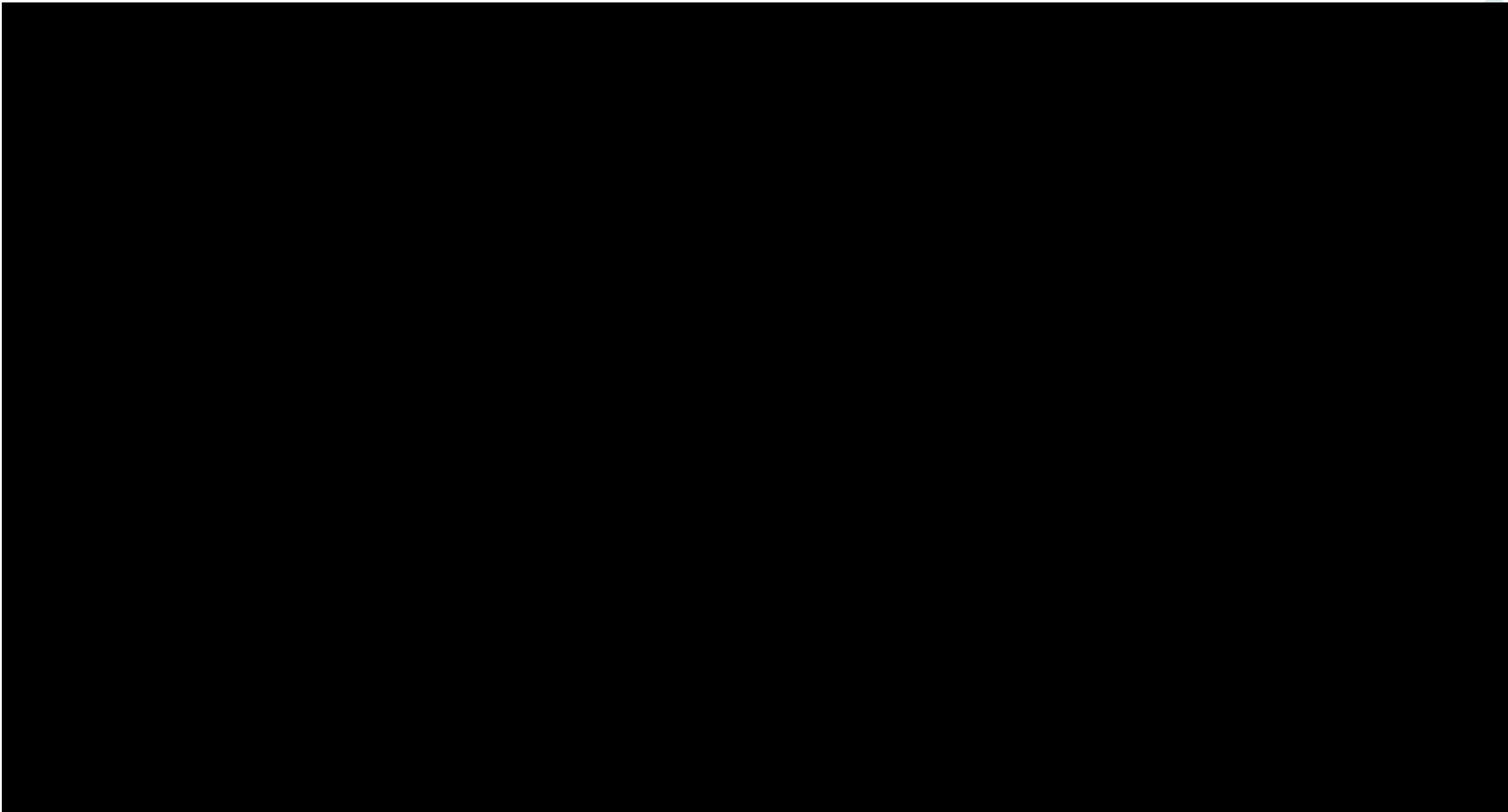
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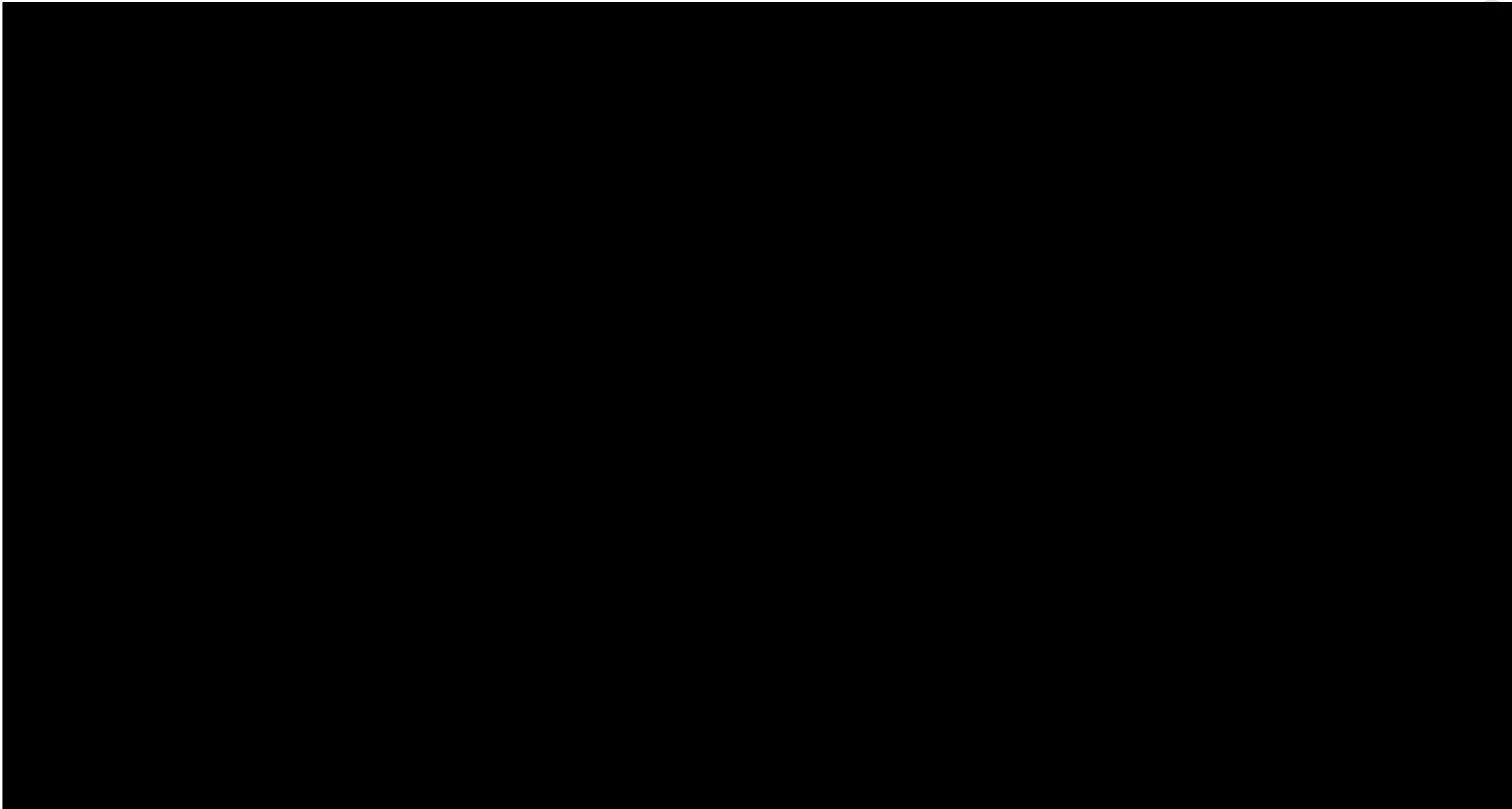
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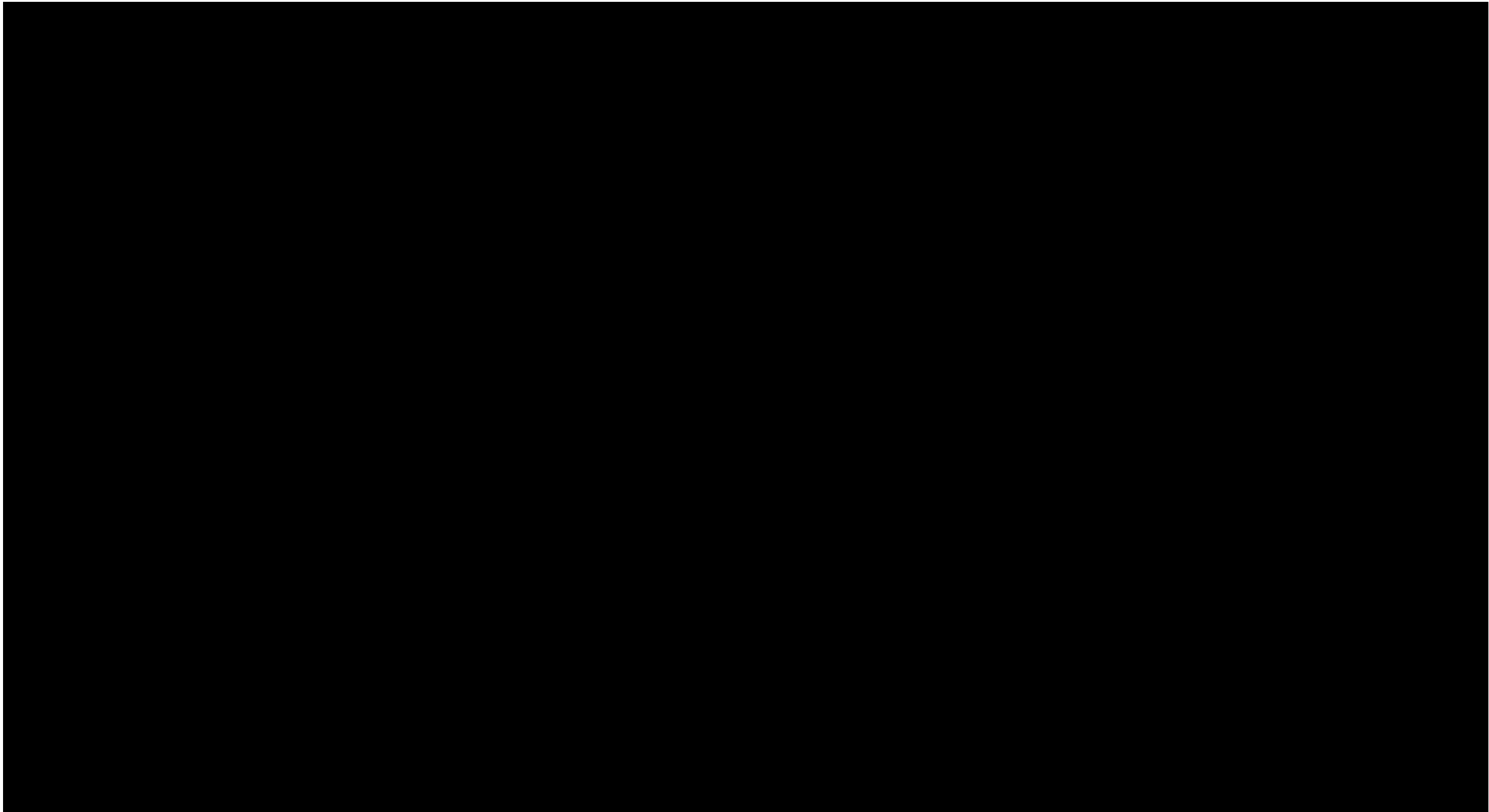


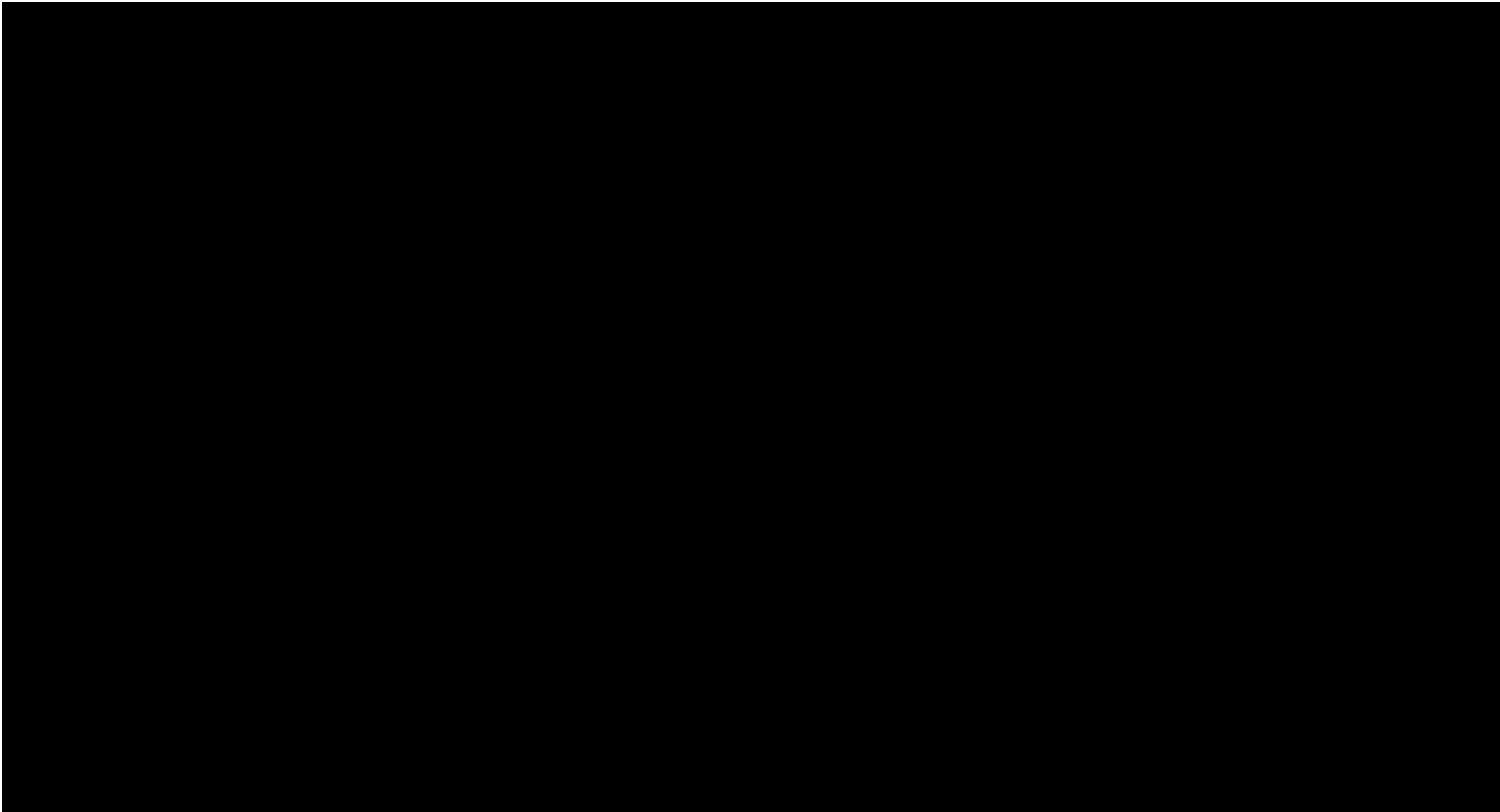


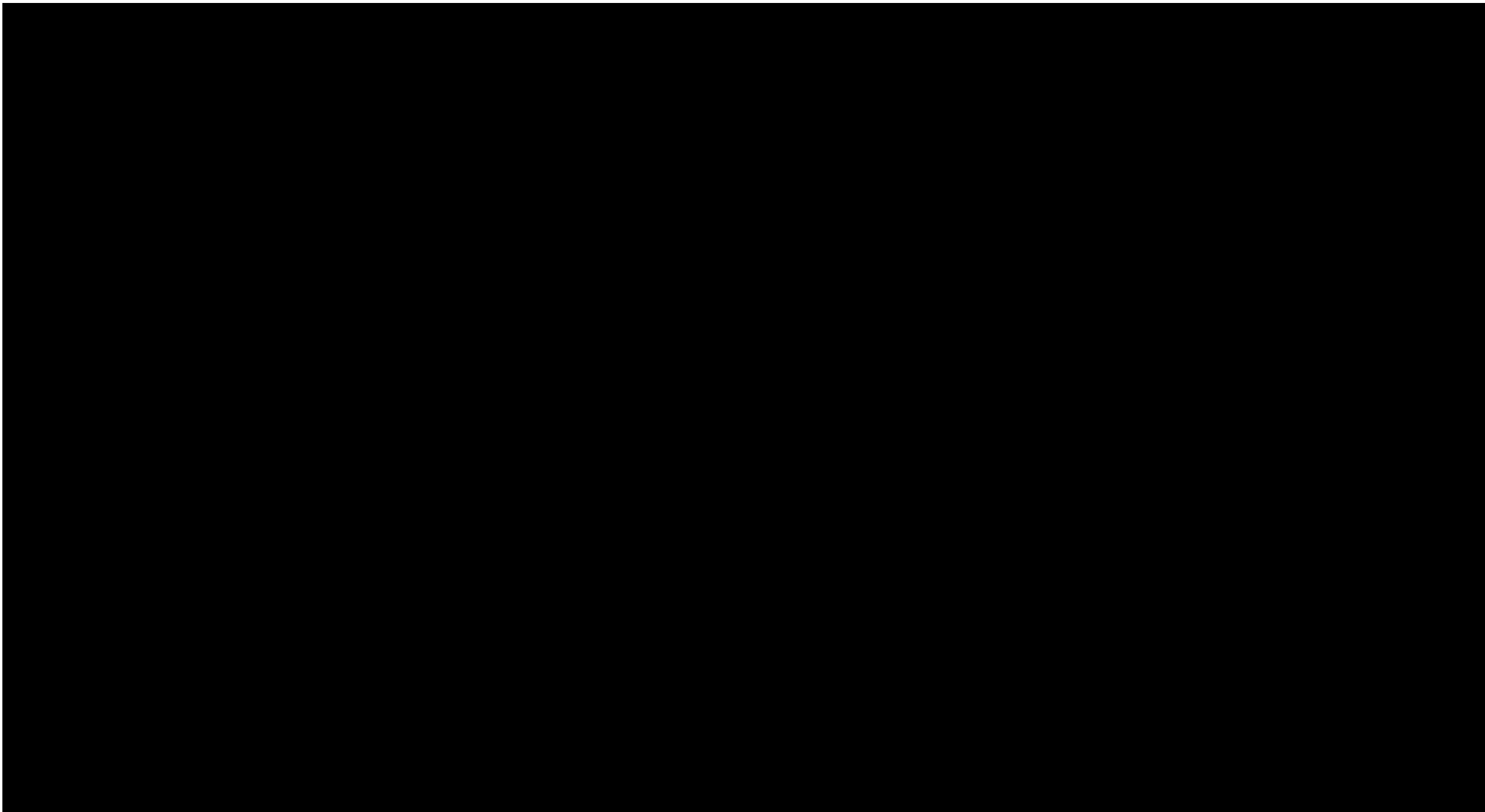


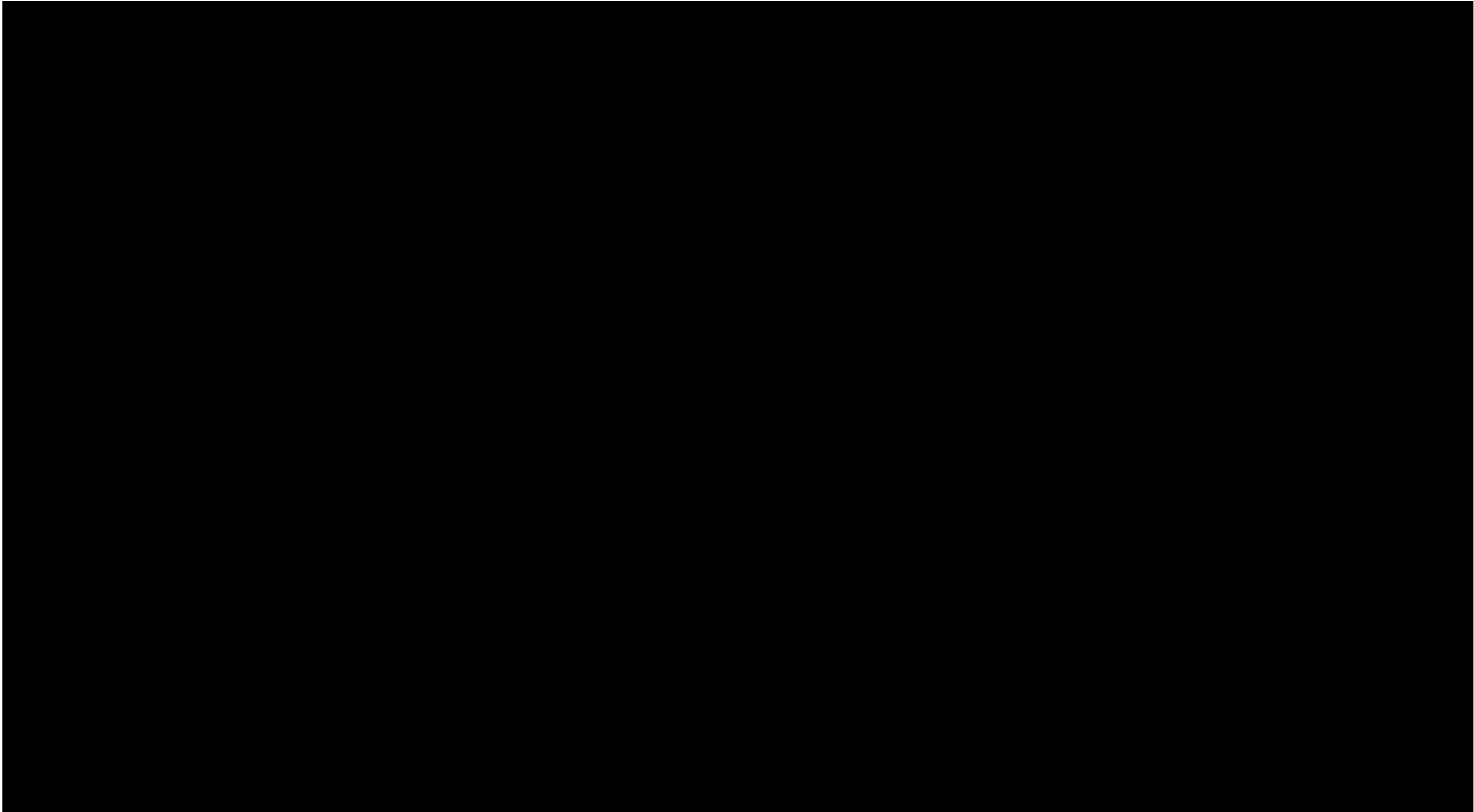




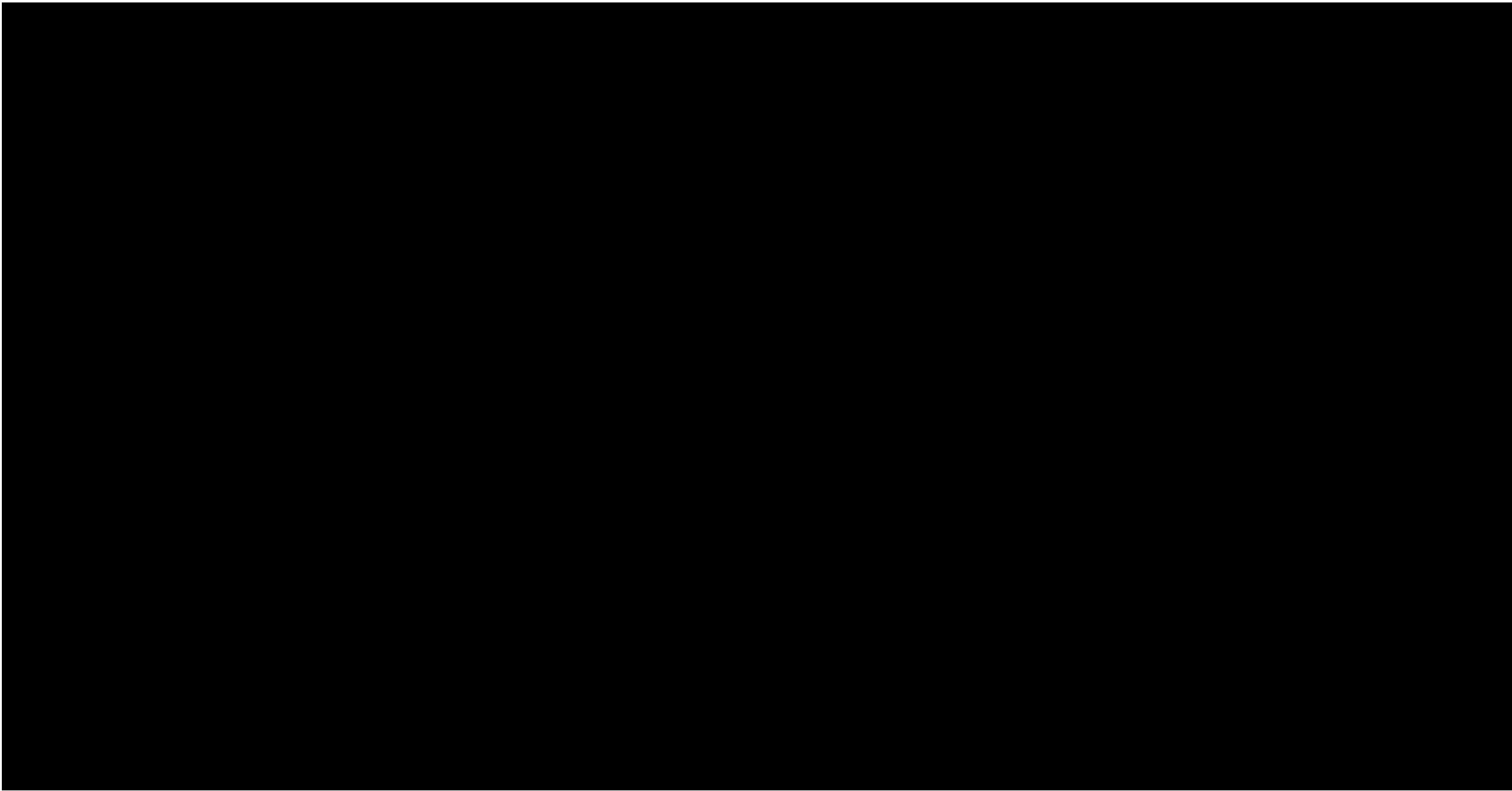


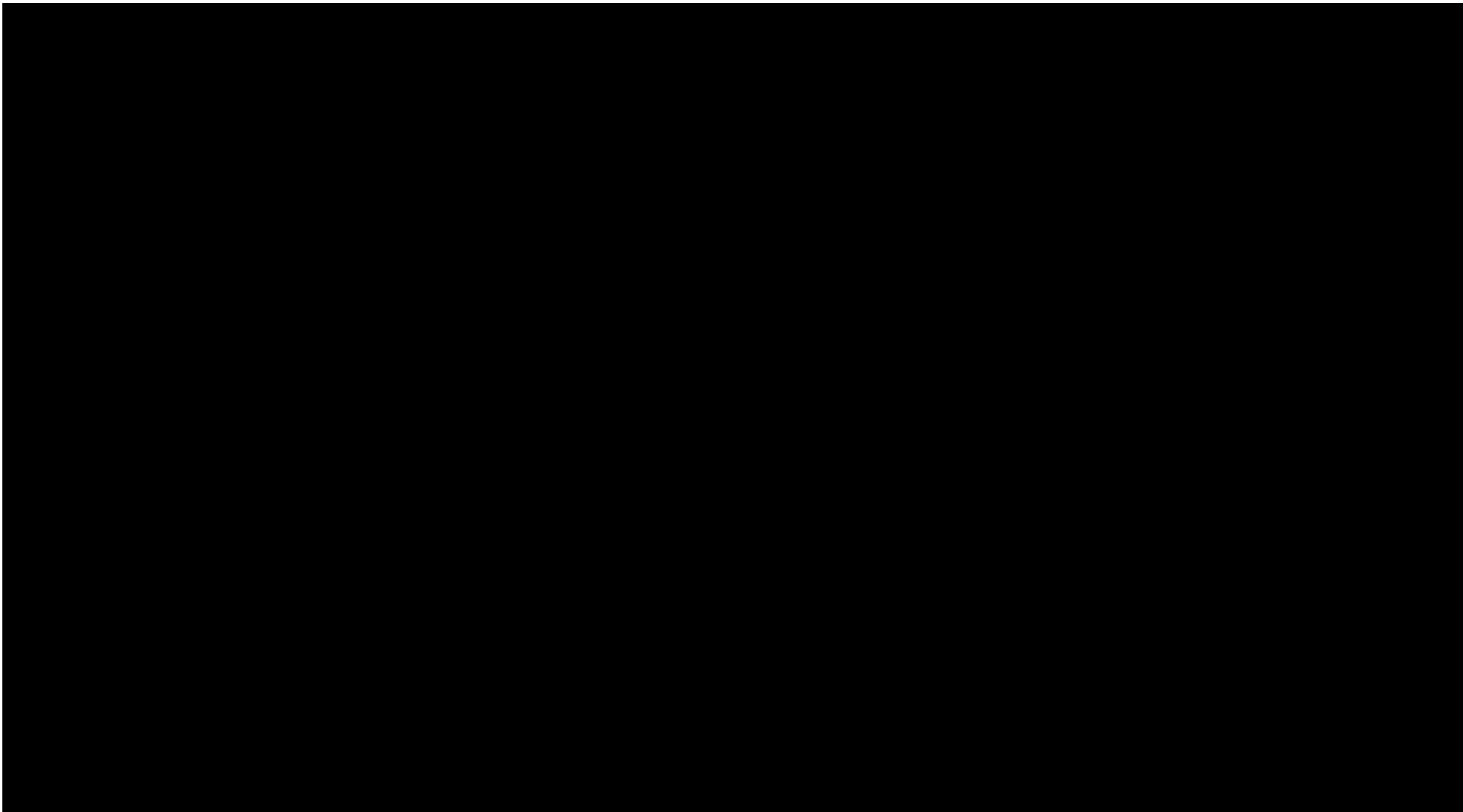


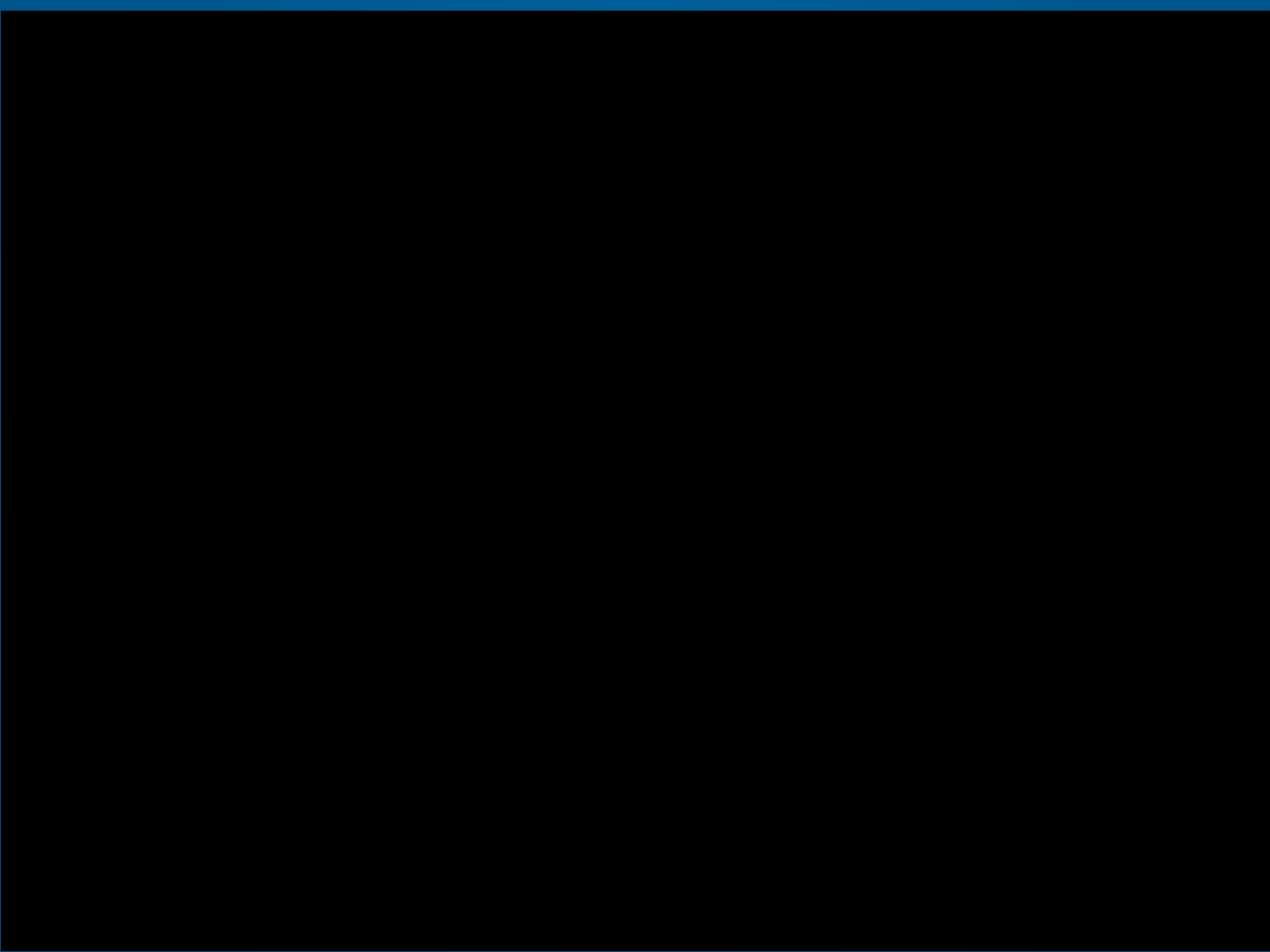


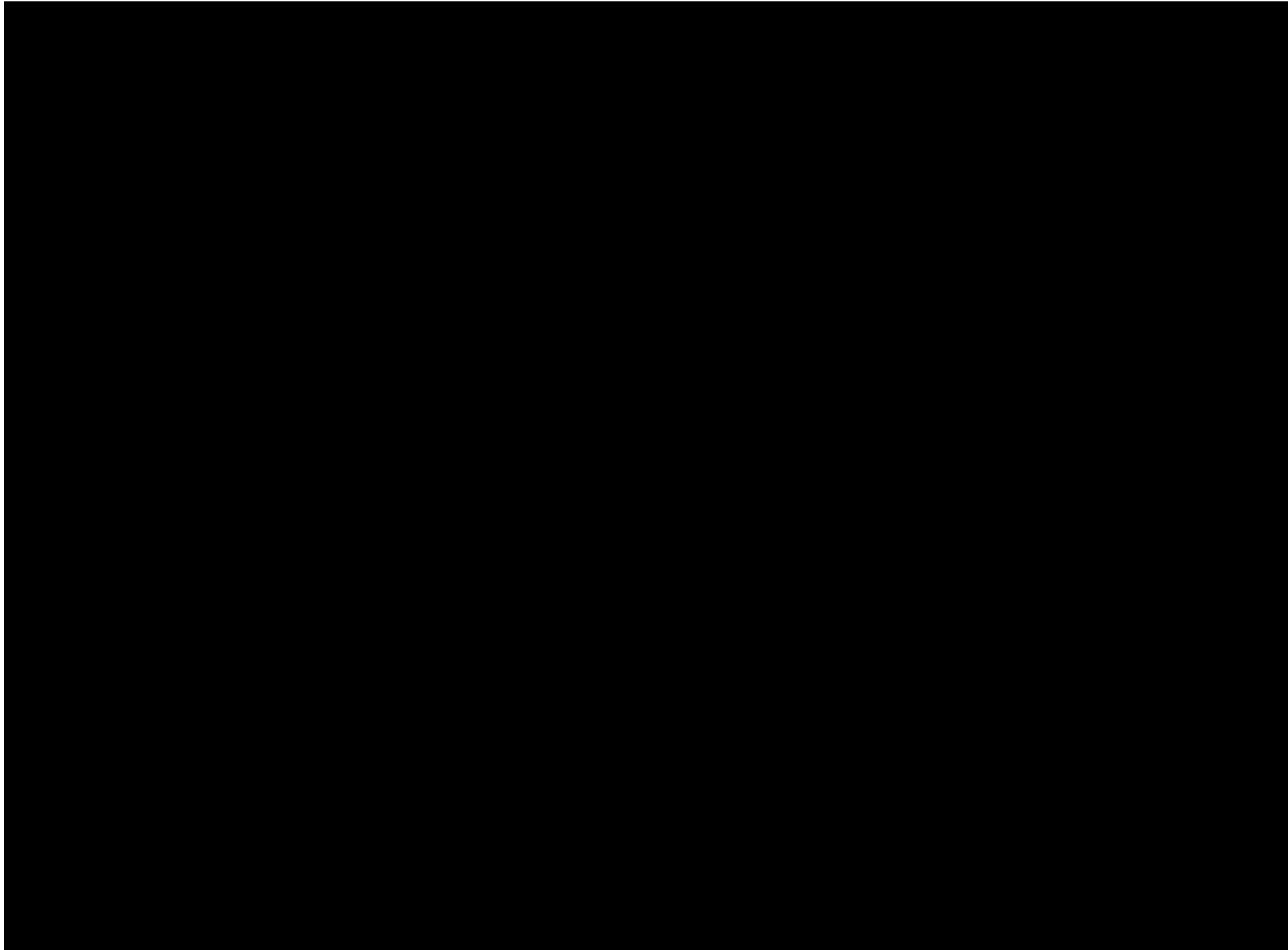




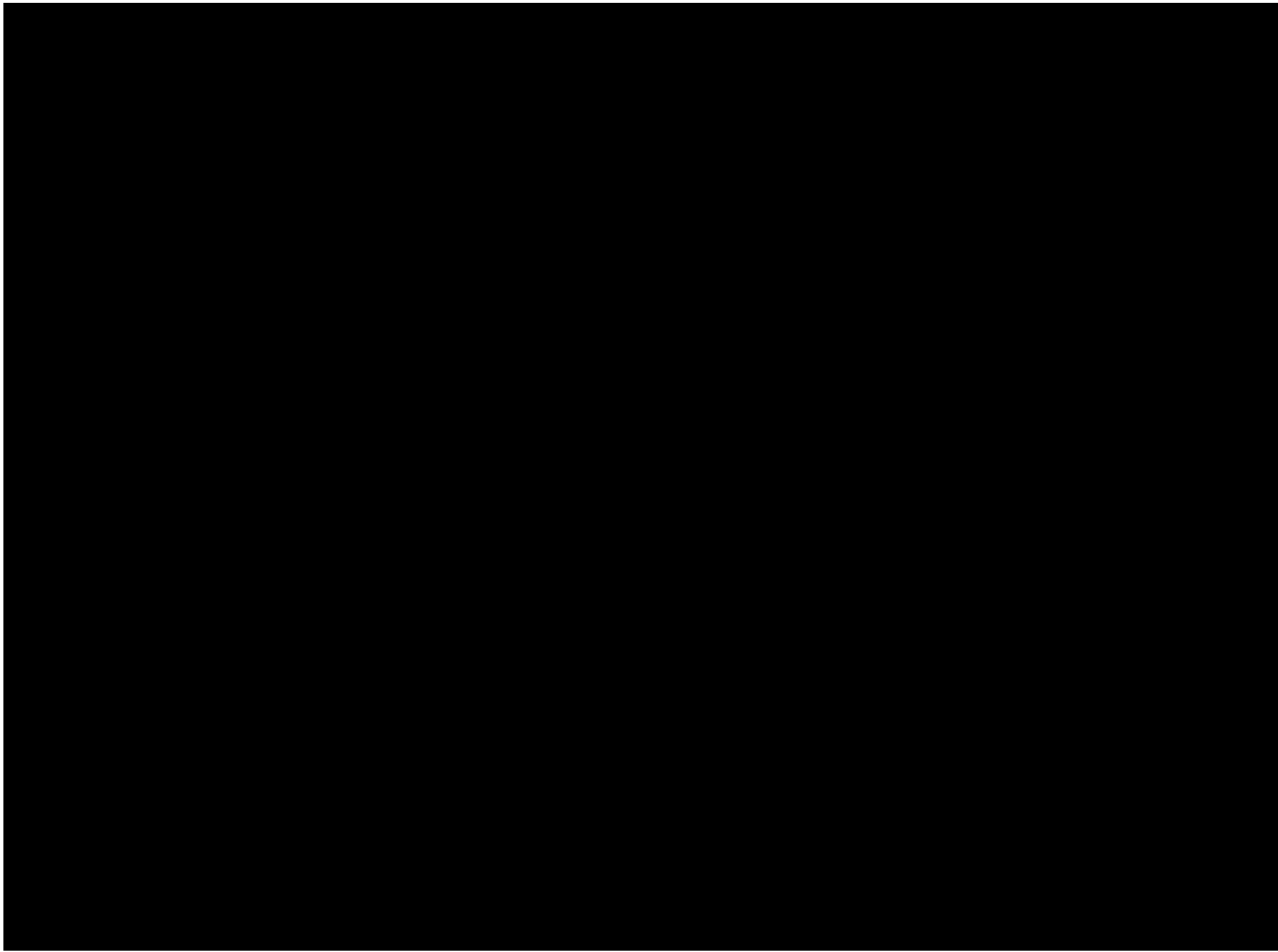












CONSOLIDATED FINANCIAL STATEMENTS

White Plains Hospital Center and Subsidiaries  
Years Ended December 31, 2022 and 2021  
With Report of Independent Auditors

Ernst & Young LLP



White Plains Hospital Center and Subsidiaries

Consolidated Financial Statements

Years Ended December 31, 2022 and 2021

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## Report of Independent Auditors

The Board of Directors  
White Plains Hospital Center and Subsidiaries

### **Opinion**

We have audited the consolidated financial statements of White Plains Hospital Center and Subsidiaries (the Hospital), which comprise the consolidated statements of financial position as of December 31, 2022 and 2021, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the consolidated financial position of the Hospital at December 31, 2022 and 2021, and the consolidated results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Hospital, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

*Ernst + Young LLP*

April 13, 2023

# White Plains Hospital Center and Subsidiaries

## Consolidated Statements of Financial Position

	December 31	
	2022	2021
	<i>(In Thousands)</i>	
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 93,549	\$ 38,435
Marketable and other securities	143,543	223,427
Receivables for patient care, net	125,253	97,772
Other receivables	6,636	4,345
Estimated insurance claims receivable, current portion	18,751	19,957
Other current assets	24,333	22,937
Total current assets	<u>412,065</u>	<u>406,873</u>
Assets limited as to use	33,443	33,735
Property, buildings and equipment, net	812,134	805,995
Right-of-use assets – operating leases	93,204	39,287
Estimated insurance claims receivable, net of current portion	69,727	68,999
Intangible assets	49,532	43,552
Other noncurrent assets	4,122	3,644
Total assets	<u>\$ 1,474,227</u>	<u>\$ 1,402,085</u>
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 109,809	\$ 76,023
Accrued salaries, wages and related items	82,410	81,339
Estimated liability for malpractice claims, current portion	21,905	23,210
Estimated third-party payer liabilities, current portion	2,645	52,237
Deferred revenue	–	83
Long-term debt, current portion	1,238	6,622
Lines of credit	24,000	25,000
Finance lease liabilities, current portion	955	941
Operating lease liabilities, current portion	7,995	7,700
Due to related parties, current portion	37,744	15,029
Total current liabilities	<u>288,701</u>	<u>288,184</u>
Long-term debt, net of current portion	2,996	4,219
Finance lease liabilities, net of current portion	5,458	6,427
Operating lease liabilities, net of current portion	87,268	33,012
Accrued pension liability	11,338	8,934
Estimated liability for malpractice claims, net of current portion	75,484	76,242
Estimated third-party payer liabilities, net of current portion	1,530	4,326
Due to related parties, net of current portion	270,277	273,078
Other noncurrent liabilities	26,519	27,955
Total liabilities	<u>769,571</u>	<u>722,377</u>
Commitments and contingencies		
Net assets:		
Net assets without donor restrictions:		
White Plains Hospital Center	682,268	656,163
Noncontrolling interest	–	3,035
Total net assets without donor restrictions	<u>682,268</u>	<u>659,198</u>
Net assets with donor restrictions	22,388	20,510
Total net assets	<u>704,656</u>	<u>679,708</u>
Total liabilities and net assets	<u>\$ 1,474,227</u>	<u>\$ 1,402,085</u>

See accompanying notes.

White Plains Hospital Center and Subsidiaries

Consolidated Statements of Operations

	<b>Year Ended December 31</b>	
	<b>2022</b>	<b>2021</b>
	<i>(In Thousands)</i>	
<b>Operating revenue</b>		
Net patient service revenue	\$ 1,071,158	\$ 891,689
Other revenue	26,297	45,251
Total operating revenue	<u>1,097,455</u>	<u>936,940</u>
<b>Operating expenses</b>		
Salaries and wages	503,617	445,397
Employee benefits	98,842	88,299
Supplies and other expenses	376,875	305,958
Depreciation and amortization	58,208	48,240
Interest	9,346	5,997
Total operating expenses	<u>1,046,888</u>	<u>893,891</u>
Excess of operating revenue over operating expenses before other items	50,567	43,049

*Continued on next page.*

White Plains Hospital Center and Subsidiaries  
Consolidated Statements of Operations (continued)

	<b>Year Ended December 31</b>	
	<b>2022</b>	<b>2021</b>
	<i>(In Thousands)</i>	
Excess of operating revenue over operating expenses before other items <i>(from previous page)</i>	<b>\$ 50,567</b>	\$ 43,049
<b>Other items</b>		
Net realized and changes in net unrealized gains and losses on marketable and other securities	<b>(25,118)</b>	2,178
Net periodic pension benefit credits (non-service related)	<b>1,164</b>	686
Excess of revenues over expenses before noncontrolling interest	<b>26,613</b>	45,913
Income attributable to noncontrolling interests	<b>(348)</b>	(425)
Excess of revenues over expenses	<b>26,265</b>	45,488
Change in defined benefit pension plan liability to be recognized in future periods	<b>(3,568)</b>	11,651
Insurance reimbursement for capital acquisitions	<b>2,551</b>	–
FEMA funding for capital acquisitions	<b>4,910</b>	201
Net assets released from restrictions used for purchases of property, buildings and equipment	<b>3,649</b>	6,214
Transfer of net assets	<b>(7,702)</b>	(5,329)
Change in net assets without donor restrictions	<b>\$ 26,105</b>	\$ 58,225

*See accompanying notes.*

White Plains Hospital Center and Subsidiaries  
Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2022 and 2021

	<u>Without Donor Restrictions</u>			<u>With Donor Restrictions</u>	<u>Total Net Assets</u>
	<u>White Plains Hospital Center</u>	<u>Noncontrolling Interest</u>	<u>Total</u>		
	<i>(In Thousands)</i>				
Net assets at January 1, 2021	\$ 597,938	\$ 3,057	\$ 600,995	\$ 17,292	\$ 618,287
Increase in net assets without donor restrictions	58,225	425	58,650	–	58,650
Member distributions	–	(447)	(447)	–	(447)
Restricted contributions and investment income	–	–	–	11,644	11,644
Net assets released from restrictions used for operations	–	–	–	(2,212)	(2,212)
Net assets released from restrictions used for purchases of property, buildings and equipment	–	–	–	(6,214)	(6,214)
Total changes in net assets	58,225	(22)	58,203	3,218	61,421
Net assets at December 31, 2021	656,163	3,035	659,198	20,510	679,708
Increase in net assets without donor restrictions	26,105	348	26,453	–	26,453
Member distributions	–	(283)	(283)	–	(283)
Purchase of non-controlling interest	–	(3,100)	(3,100)	–	(3,100)
Restricted contributions and investment income	–	–	–	9,178	9,178
Net assets released from restrictions used for operations	–	–	–	(3,651)	(3,651)
Net assets released from restrictions used for purchases of property, buildings and equipment	–	–	–	(3,649)	(3,649)
Total changes in net assets	26,105	(3,035)	23,070	1,878	24,948
Net assets at December 31, 2022	<b>\$ 682,268</b>	<b>\$ –</b>	<b>\$ 682,268</b>	<b>\$ 22,388</b>	<b>\$ 704,656</b>

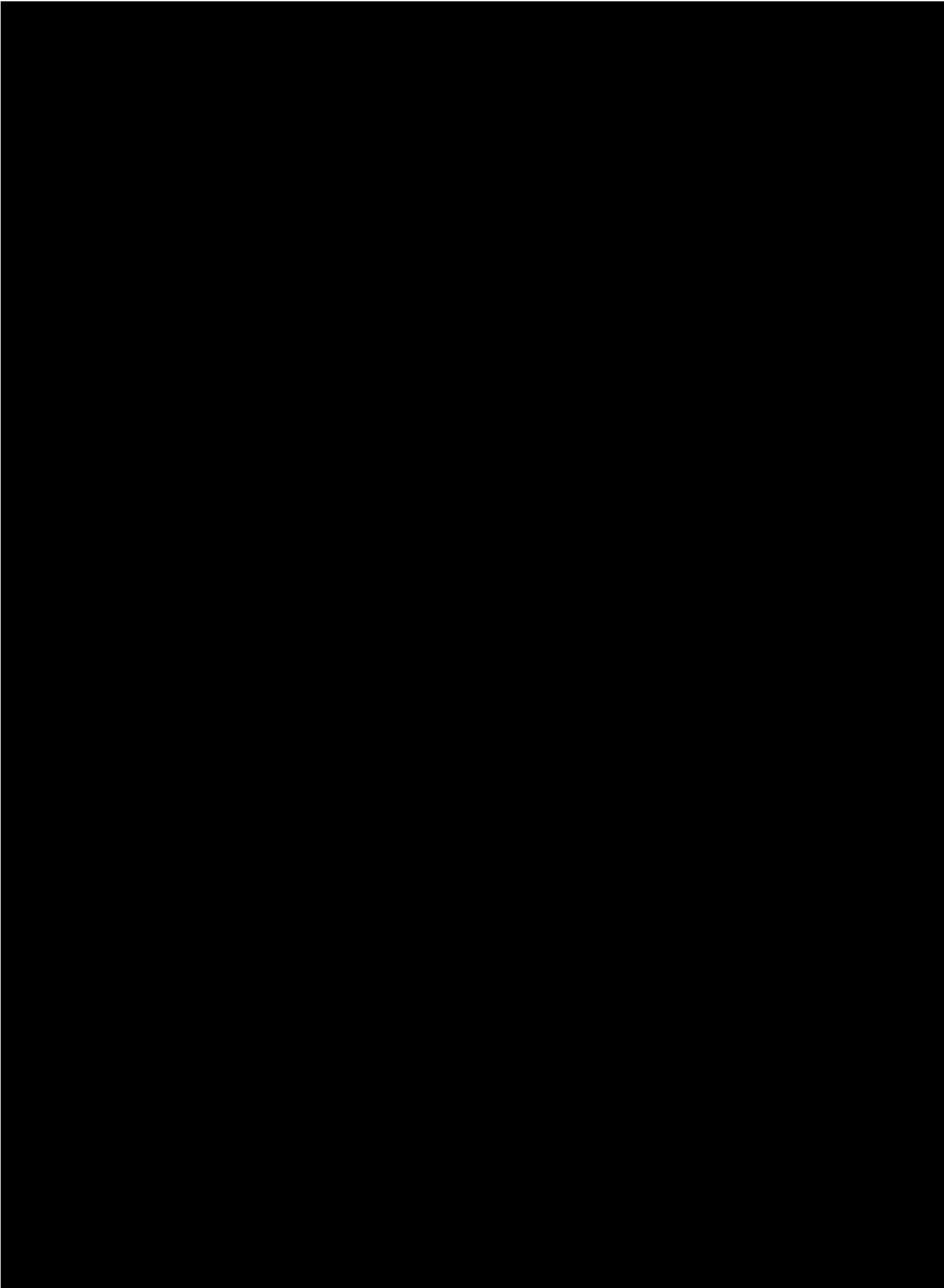
*See notes to consolidated financial statements.*

# White Plains Hospital Center and Subsidiaries

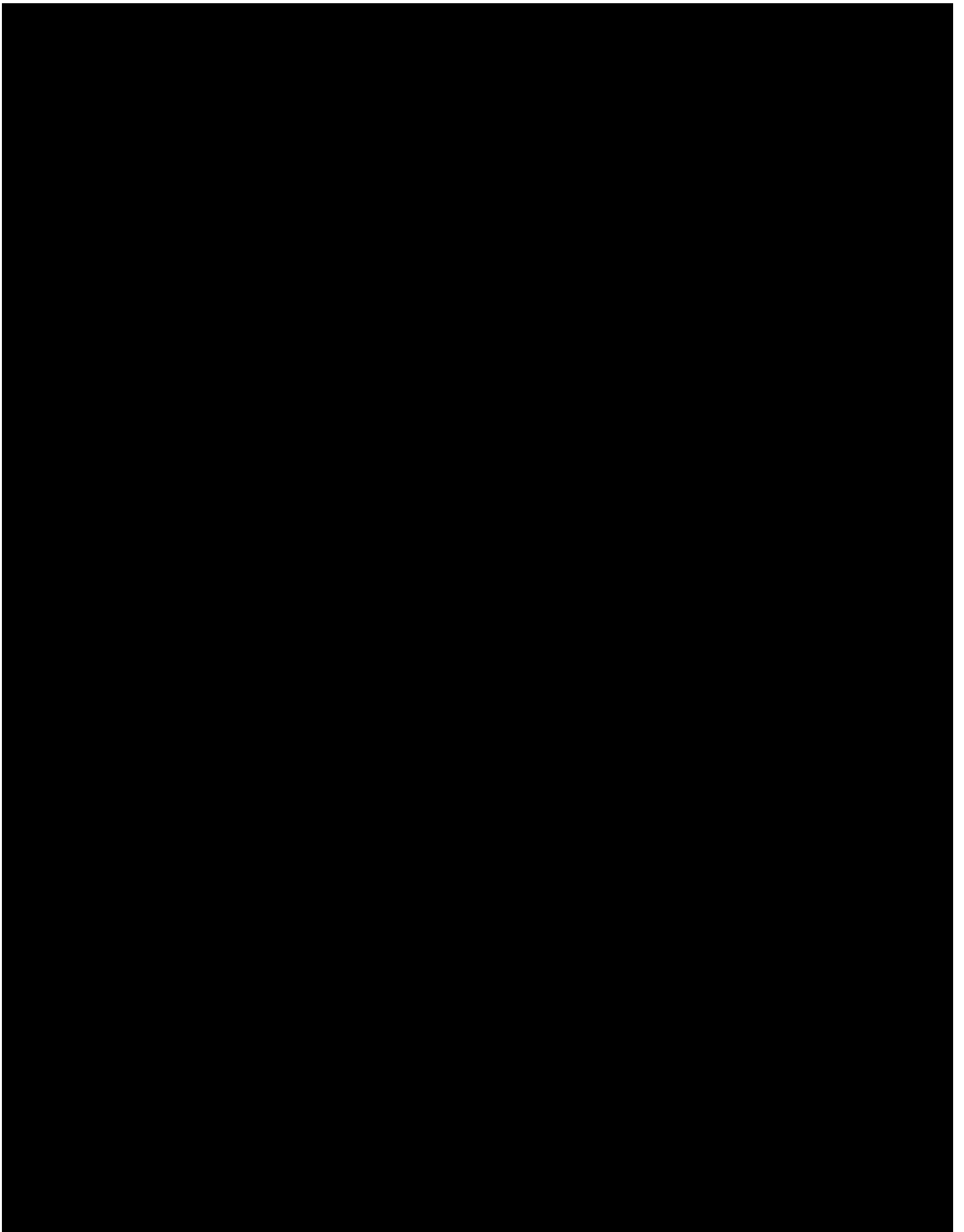
## Consolidated Statements of Cash Flows

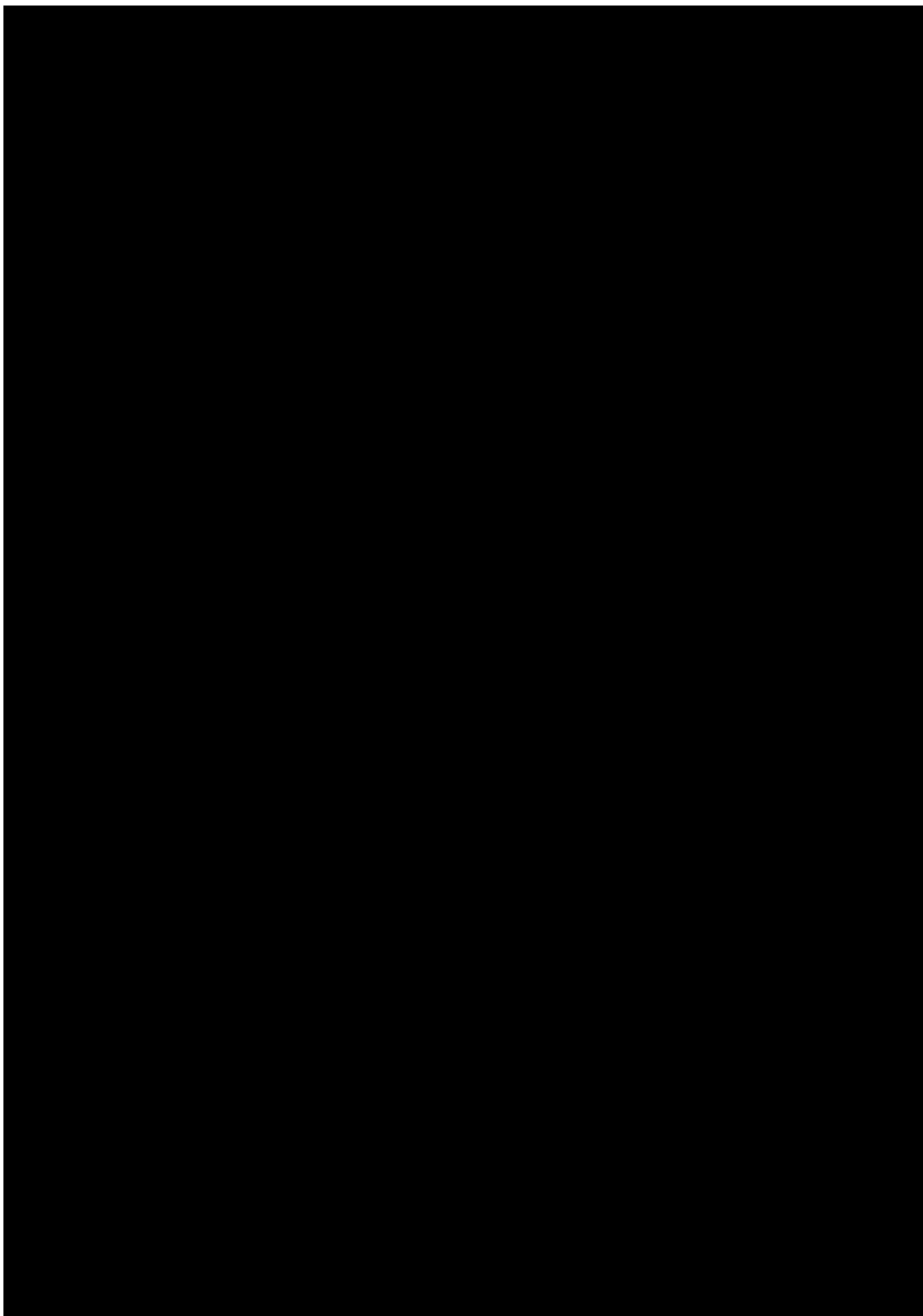
	<b>Year Ended December 31</b>	
	<b>2022</b>	<b>2021</b>
	<i>(In Thousands)</i>	
<b>Operating activities</b>		
Changes in net assets	\$ 24,948	\$ 61,421
Adjustments to reconcile changes in net assets to net cash provided by operating activities:		
Depreciation and amortization	58,208	48,240
Change in defined benefit pension plan liability to be recognized in future periods	3,568	(11,651)
Transfer of net assets	7,702	5,329
Net realized gains and losses on marketable and other securities	202	(3,017)
Change in net unrealized losses on marketable and other securities	24,916	839
Net income attributable to noncontrolling interest	348	425
Changes in operating assets and liabilities:		
Receivables for patient care	(27,481)	(17,358)
Estimated insurance claims receivable	478	(10,695)
Other operating assets	(64,410)	(4,242)
Estimated third-party payer liabilities	(52,388)	(39,337)
Accounts payable and accrued expenses	33,786	17,198
Accrued salaries, wages and related items	1,071	(949)
Estimated liability for malpractice claims	(2,063)	5,995
Deferred revenue	(83)	(14,917)
Other operating liabilities	79,938	(6,991)
Net cash provided by operating activities	<u>88,740</u>	<u>30,290</u>
<b>Investing activities</b>		
Acquisition of property, buildings and equipment, net	(64,347)	(225,334)
Sales of marketable and other securities, net	52,615	21,021
Net cash used in investing activities	<u>(11,732)</u>	<u>(204,313)</u>
<b>Financing activities</b>		
(Repayment) proceeds from line of credit	(1,000)	25,000
Transfer to Montefiore Health System, Inc.	(7,702)	(5,329)
Repayment of Montefiore Medical Center term loan	(6,712)	(1,209)
(Repayment) drawdown of loan agreement from Montefiore Medical Center	(1,361)	95,981
Repayment of long-term debt and finance lease liabilities	(7,562)	(5,939)
Net cash (used in) provided by financing activities	<u>(24,337)</u>	<u>108,504</u>
Net increase (decrease) in cash and cash equivalents	52,671	(65,519)
<b>Cash and cash equivalents</b>		
Beginning of year	45,441	110,960
End of year	<u>\$ 98,112</u>	<u>\$ 45,441</u>
Reconciliation of cash and cash equivalents at end of year to the consolidated statements of financial position:		
Cash and cash equivalents	\$ 93,549	\$ 38,435
Marketable and other securities and assets limited as to use: cash and cash equivalents	4,563	7,006
Total cash, cash equivalents and restricted cash	<u>\$ 98,112</u>	<u>\$ 45,441</u>

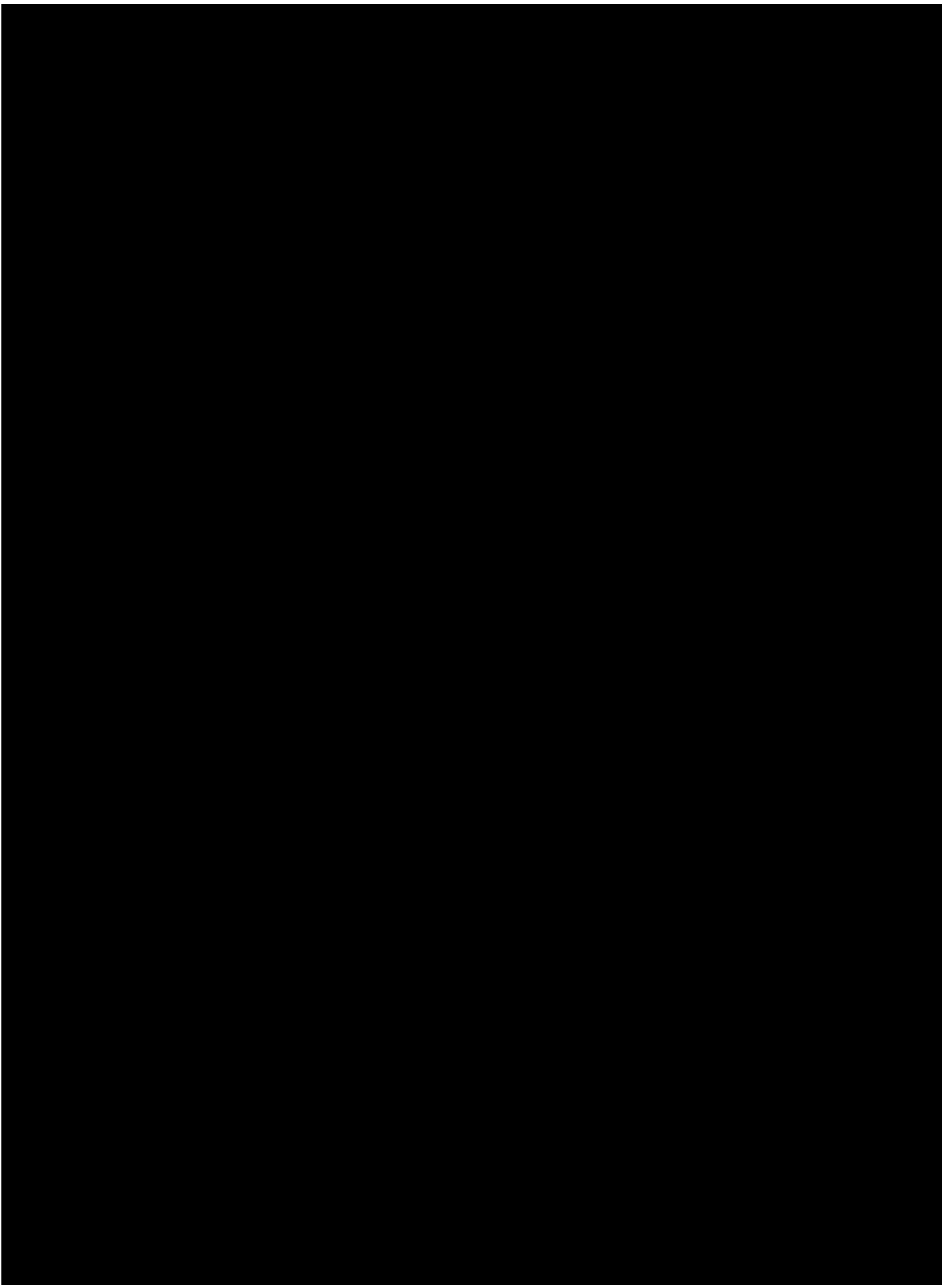
*See accompanying notes.*

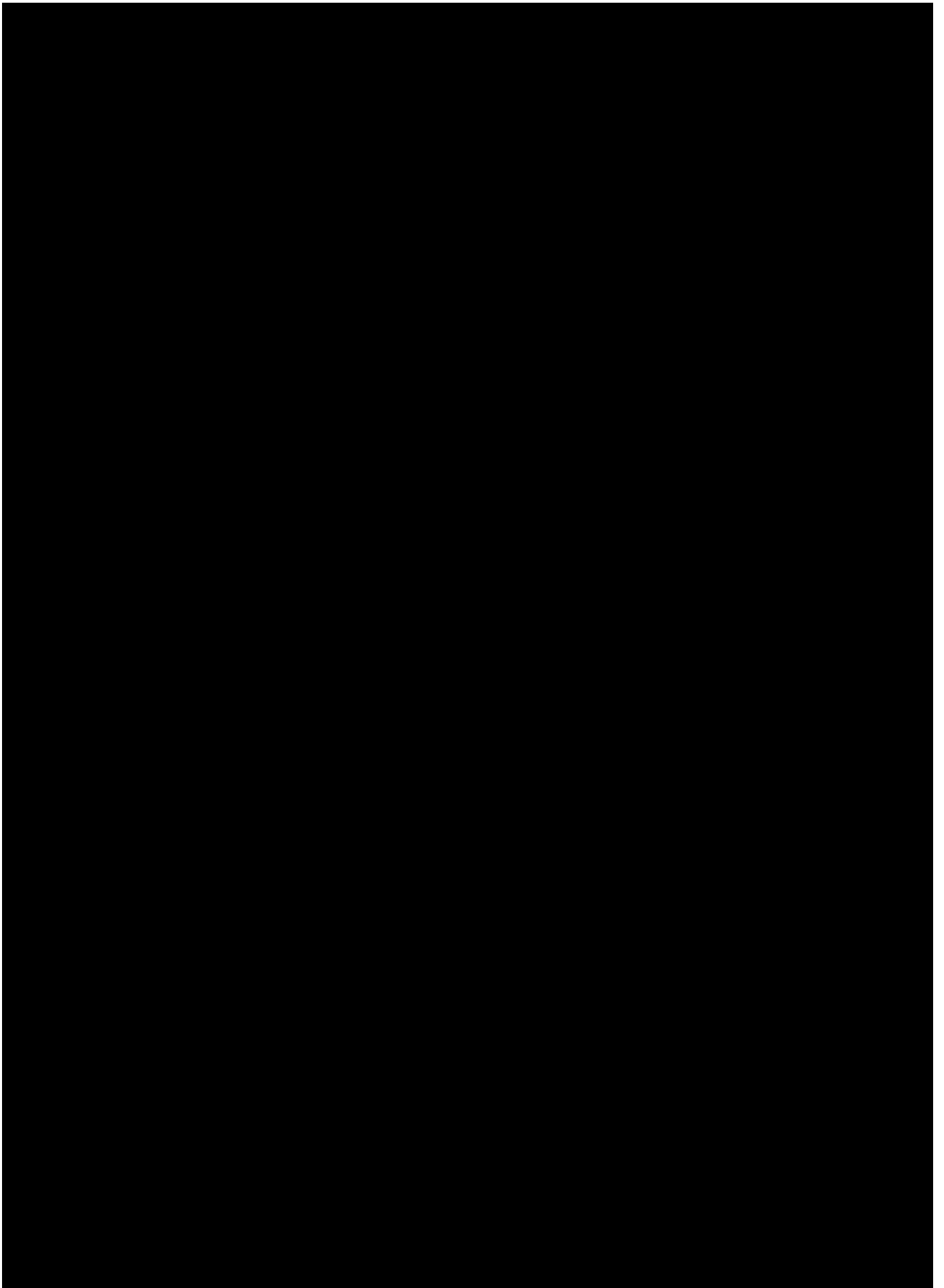


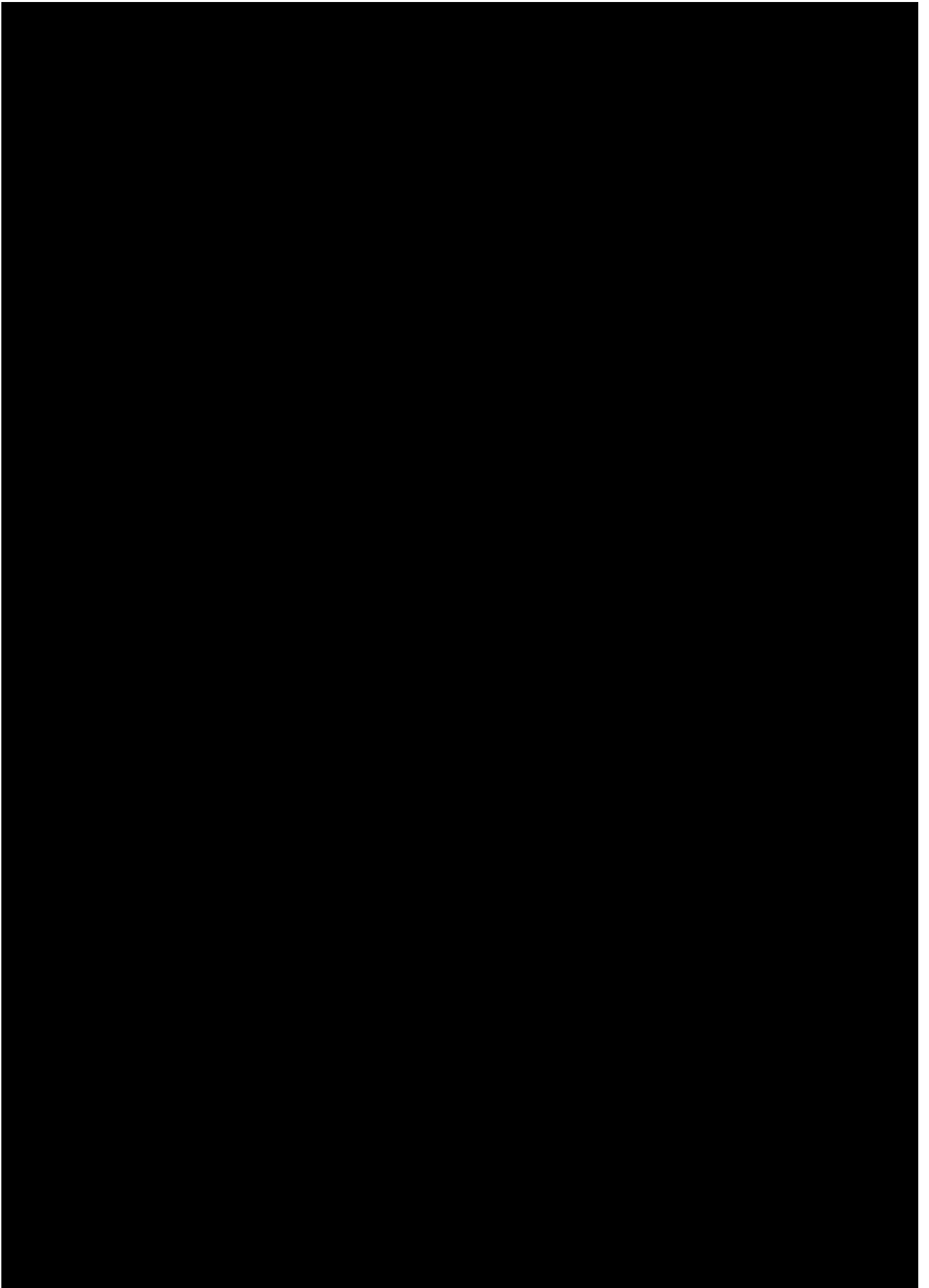


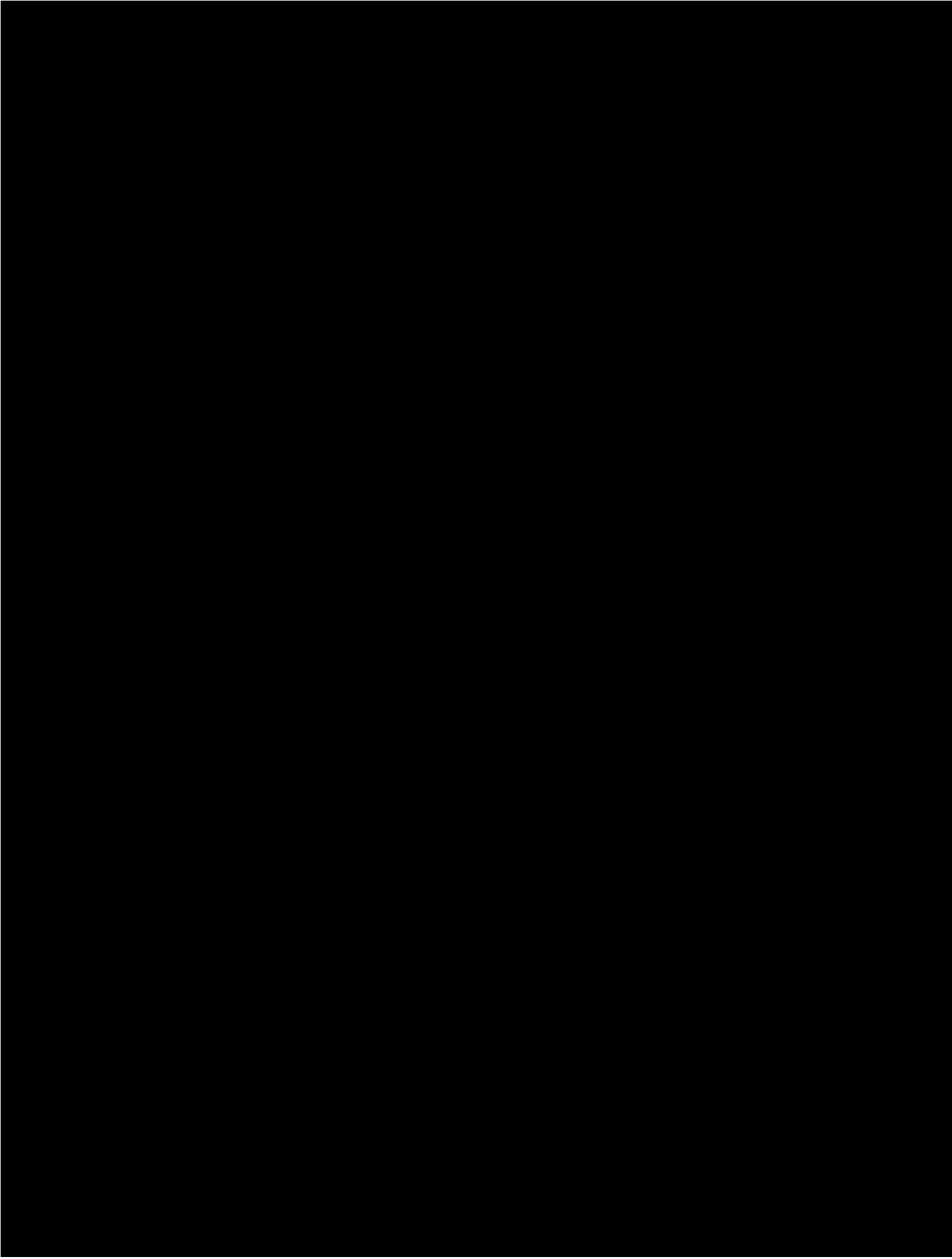


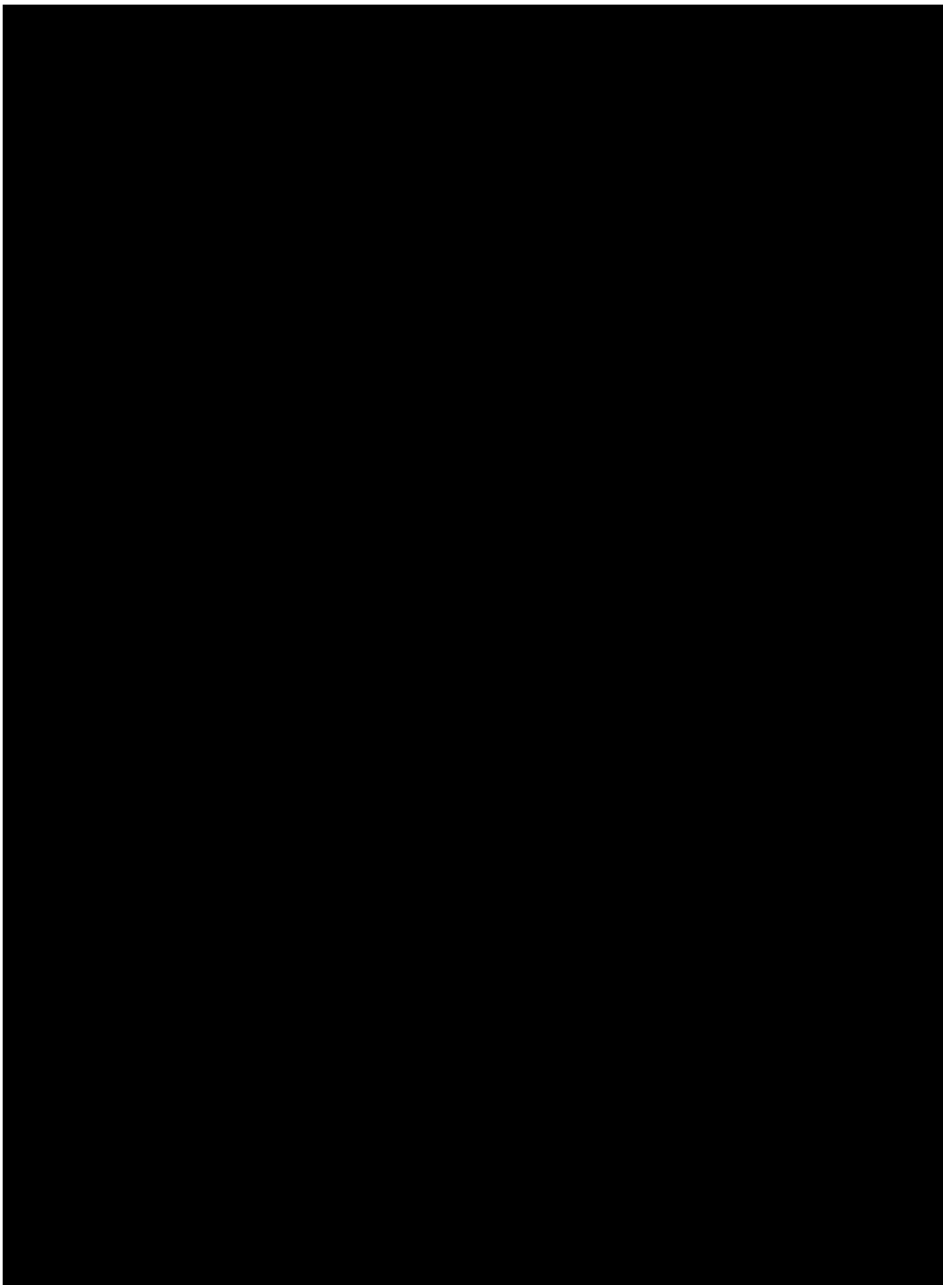


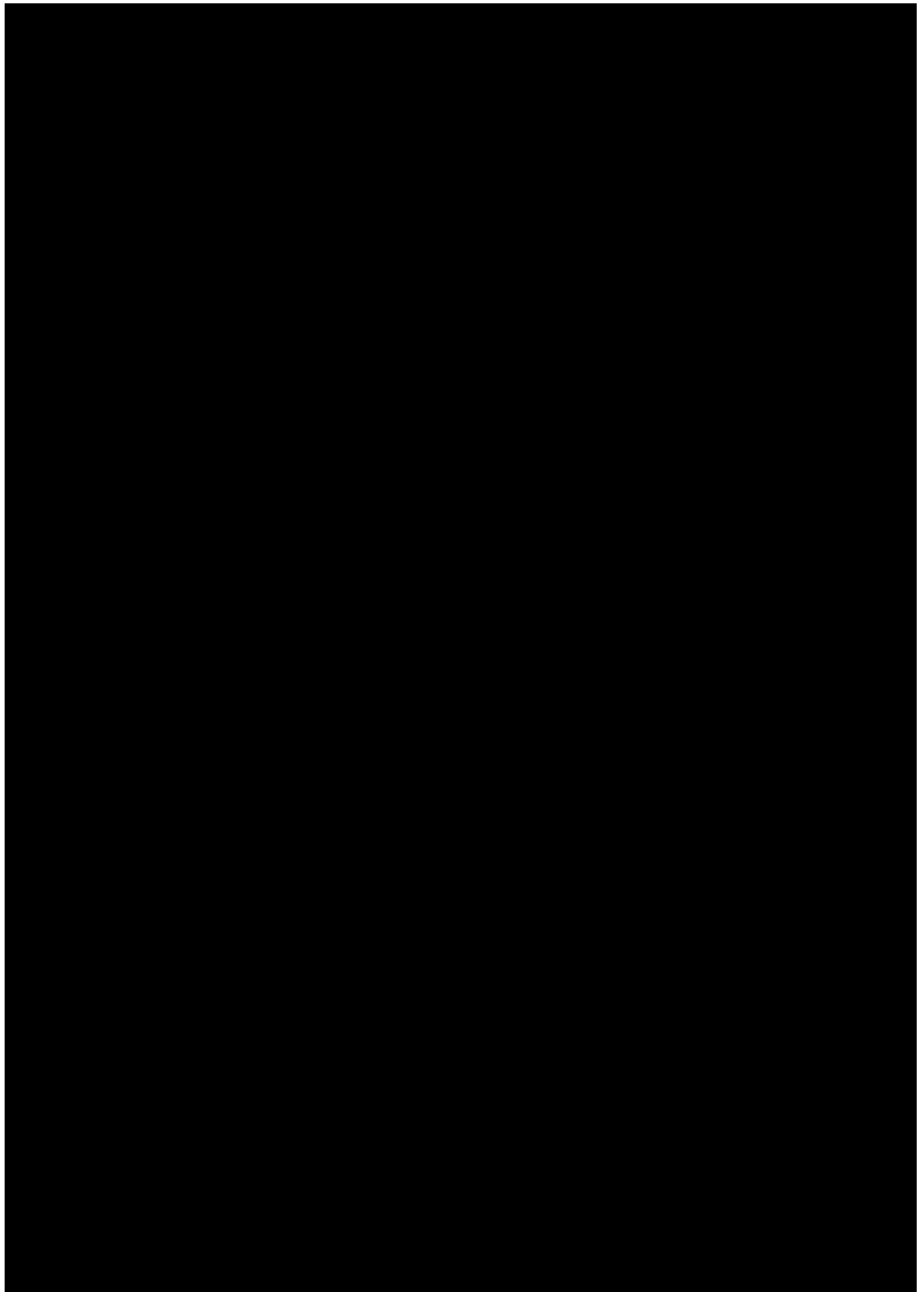




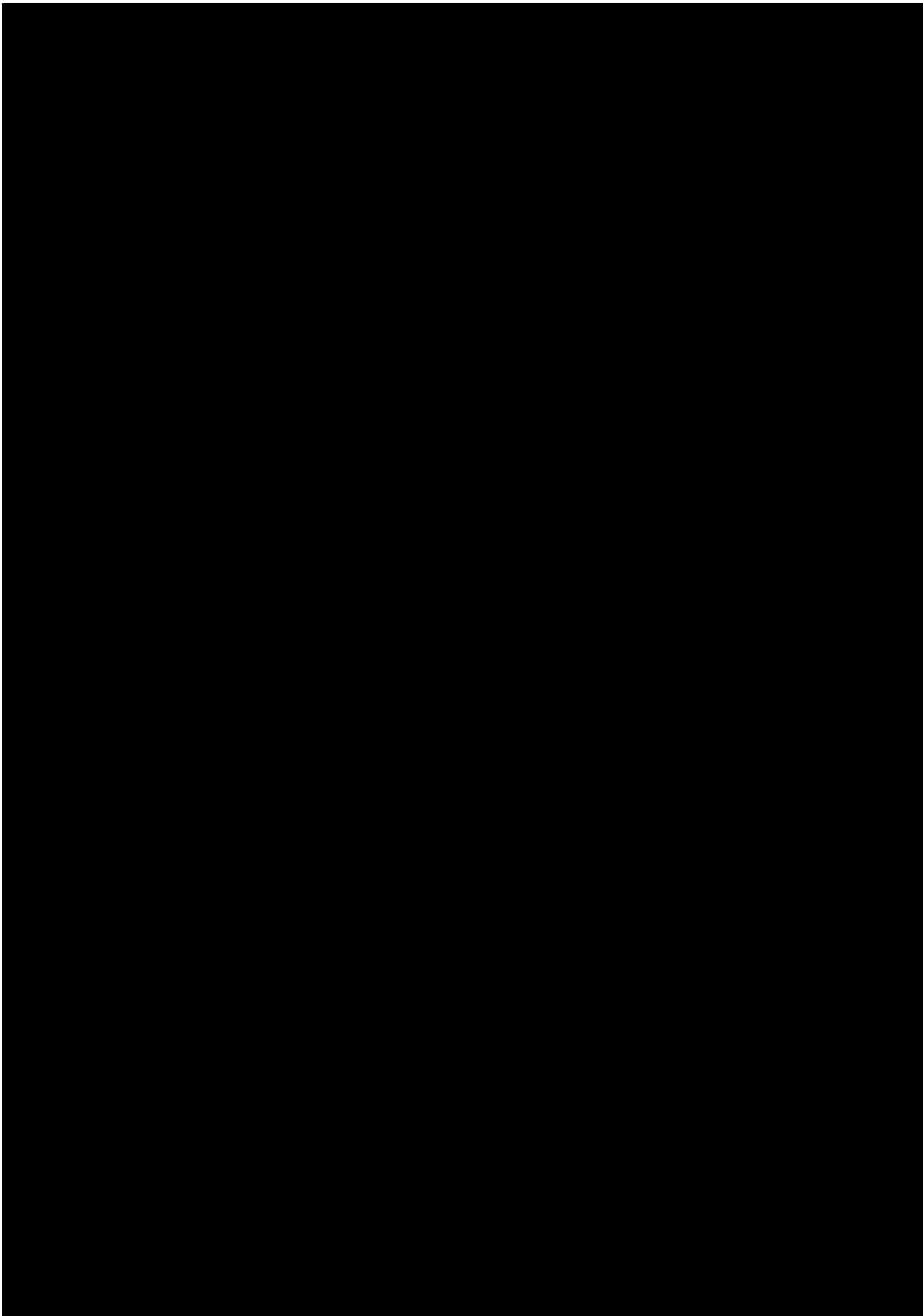


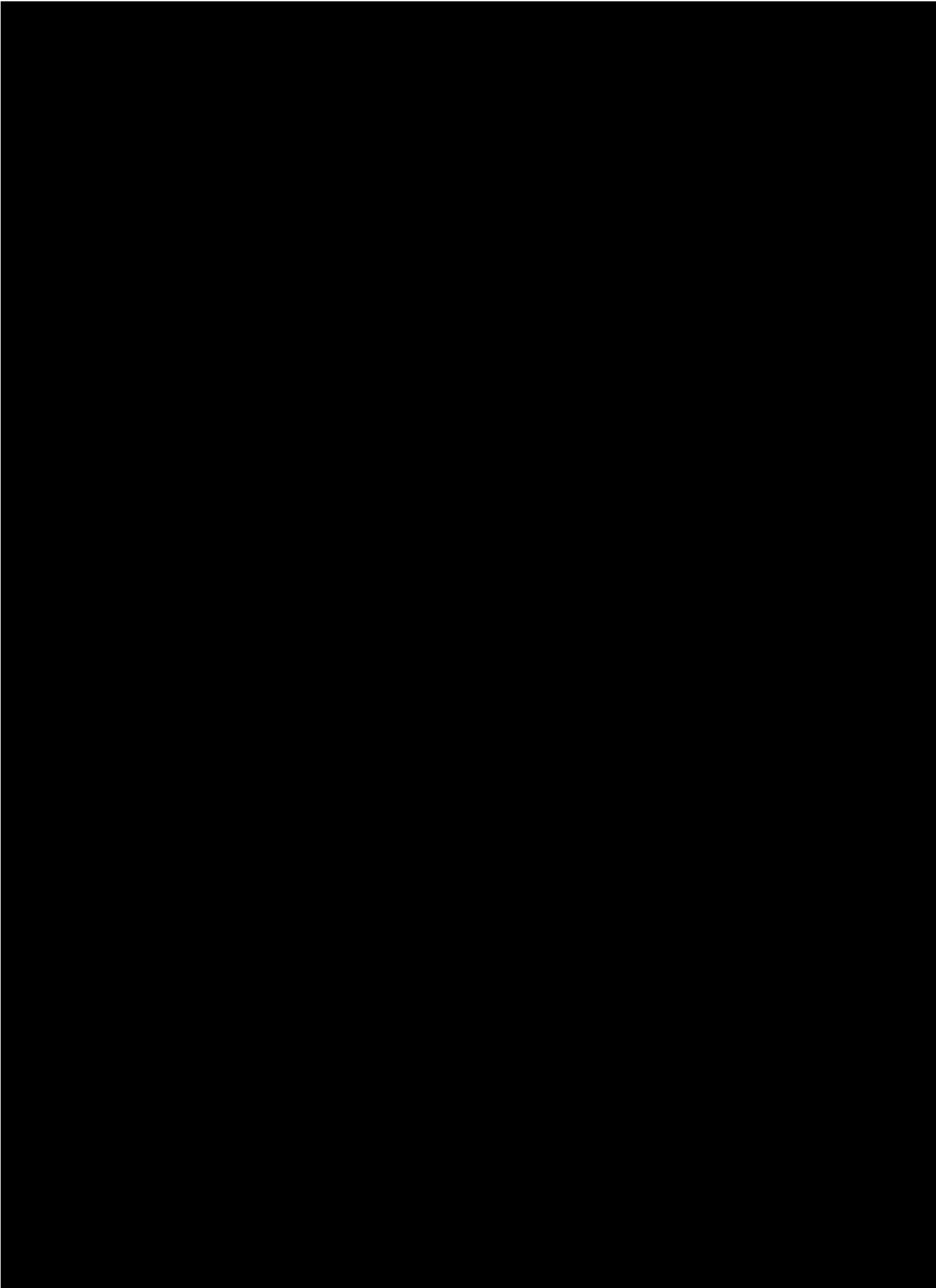


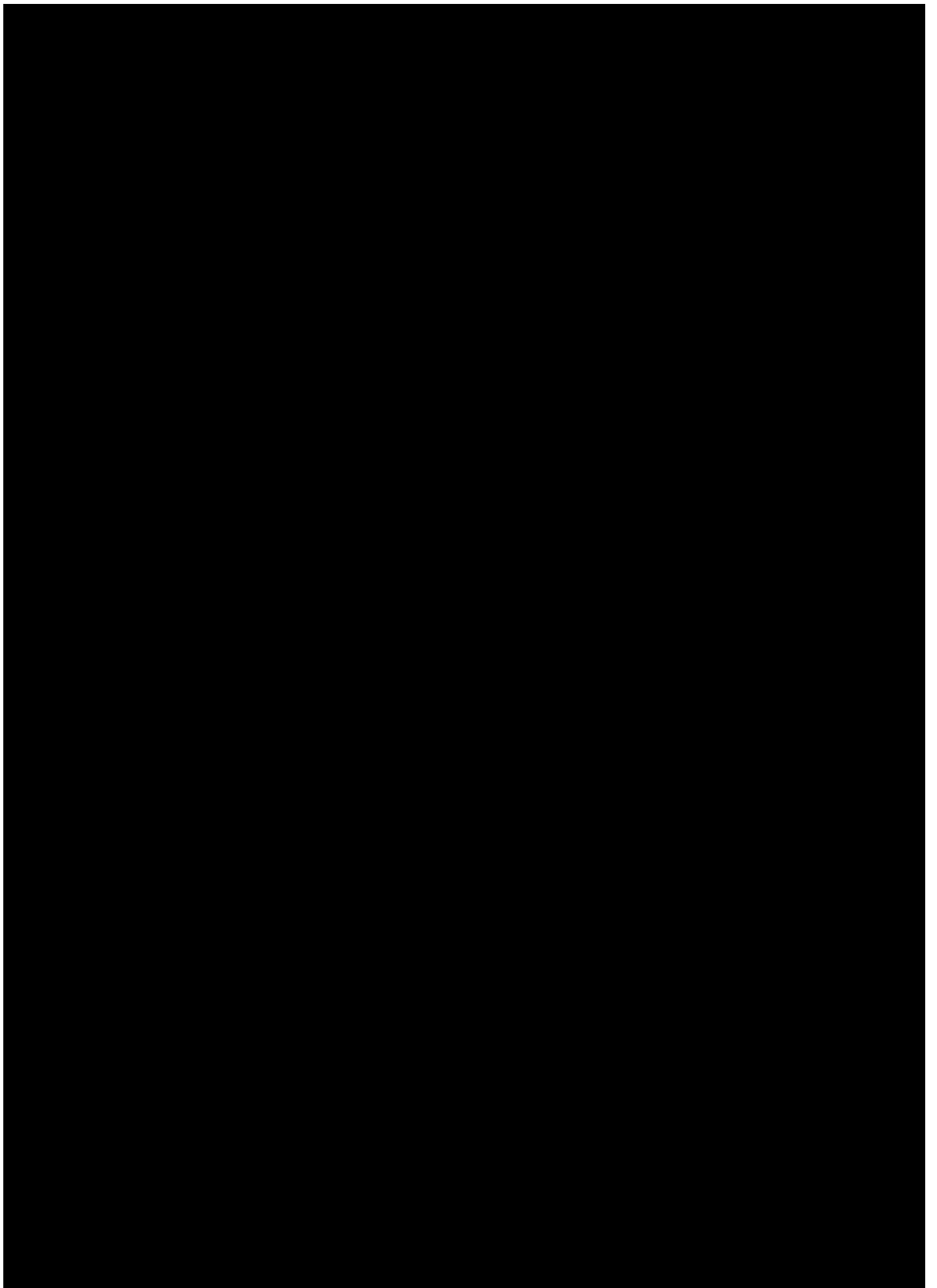


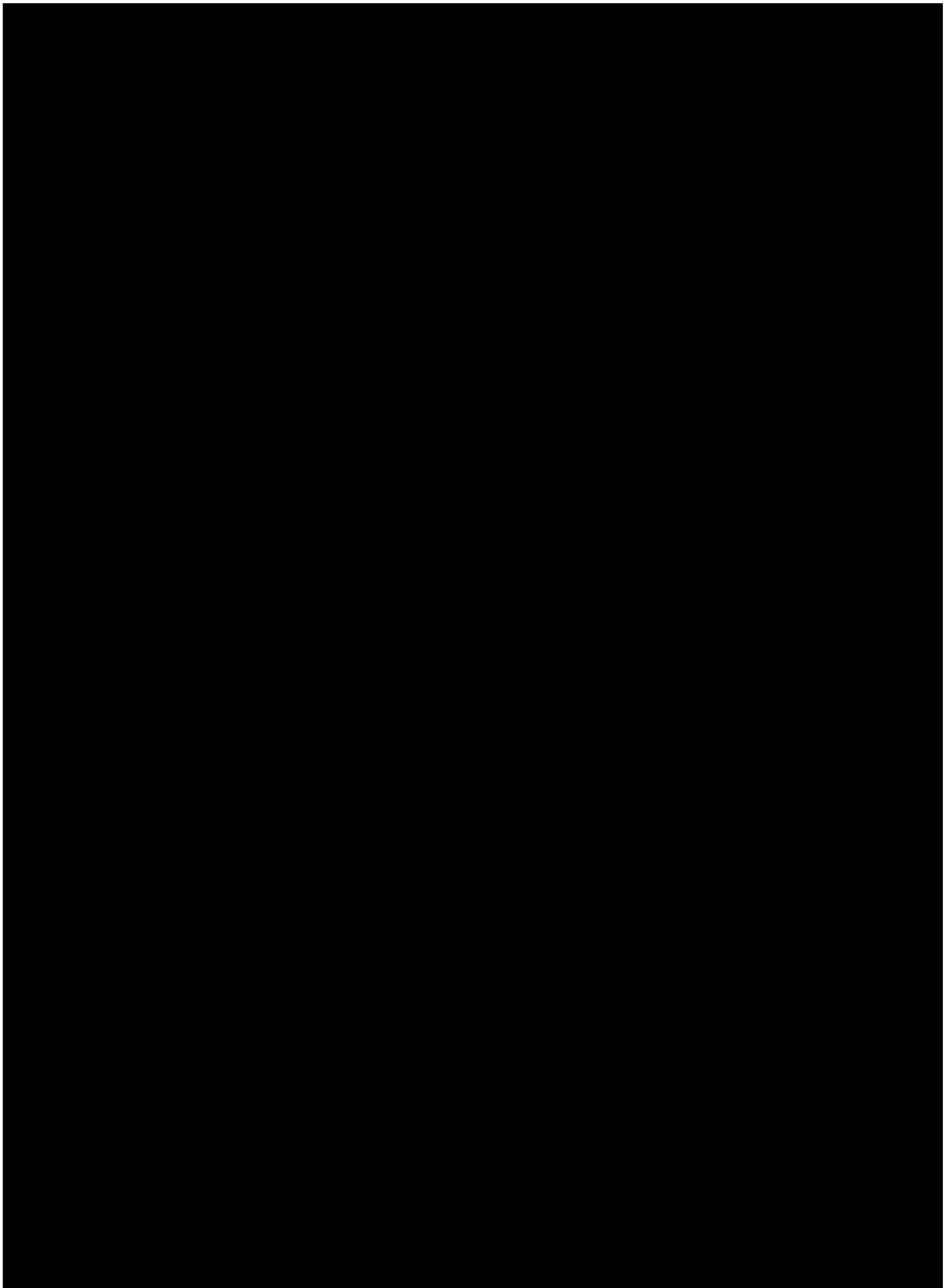


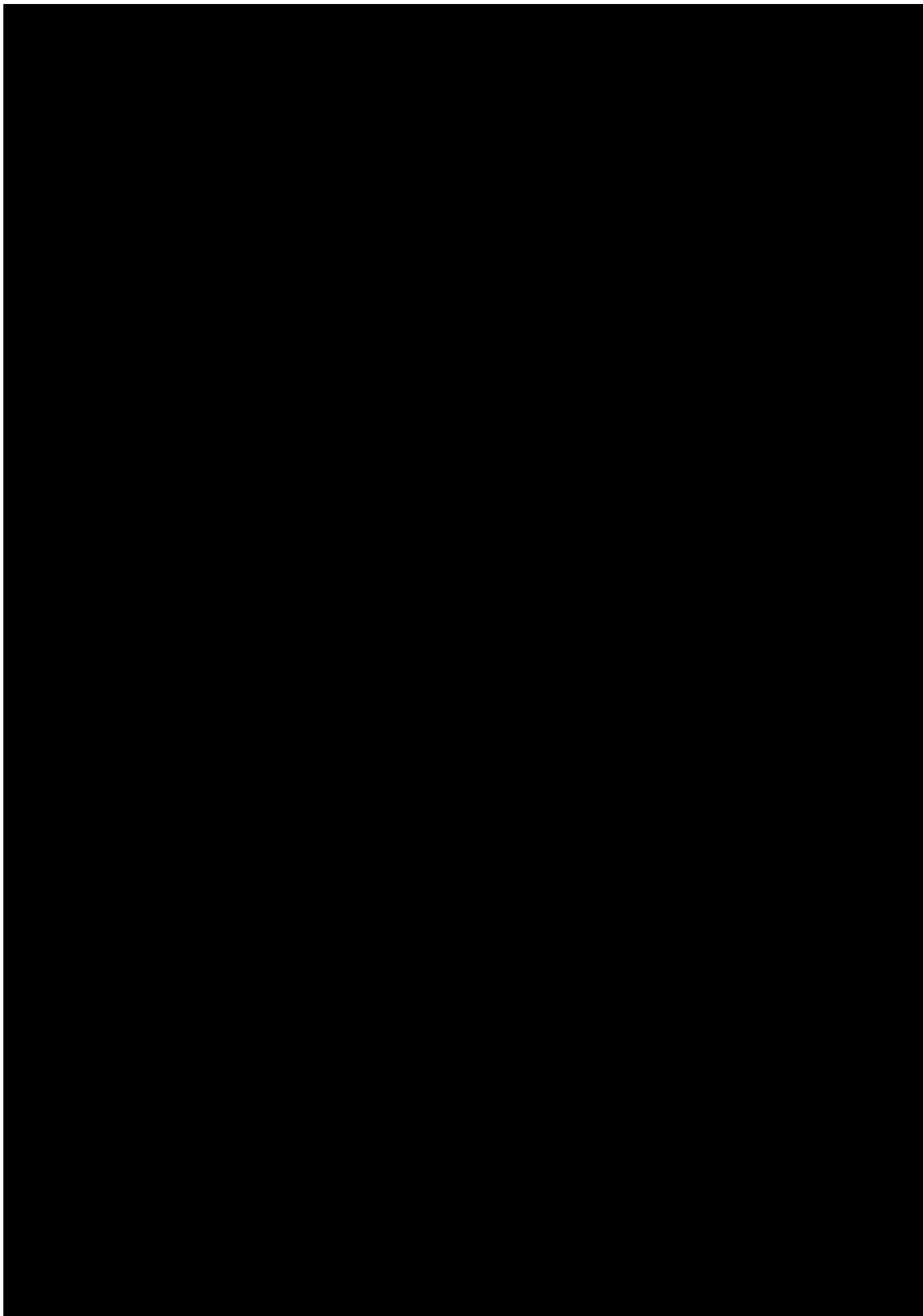


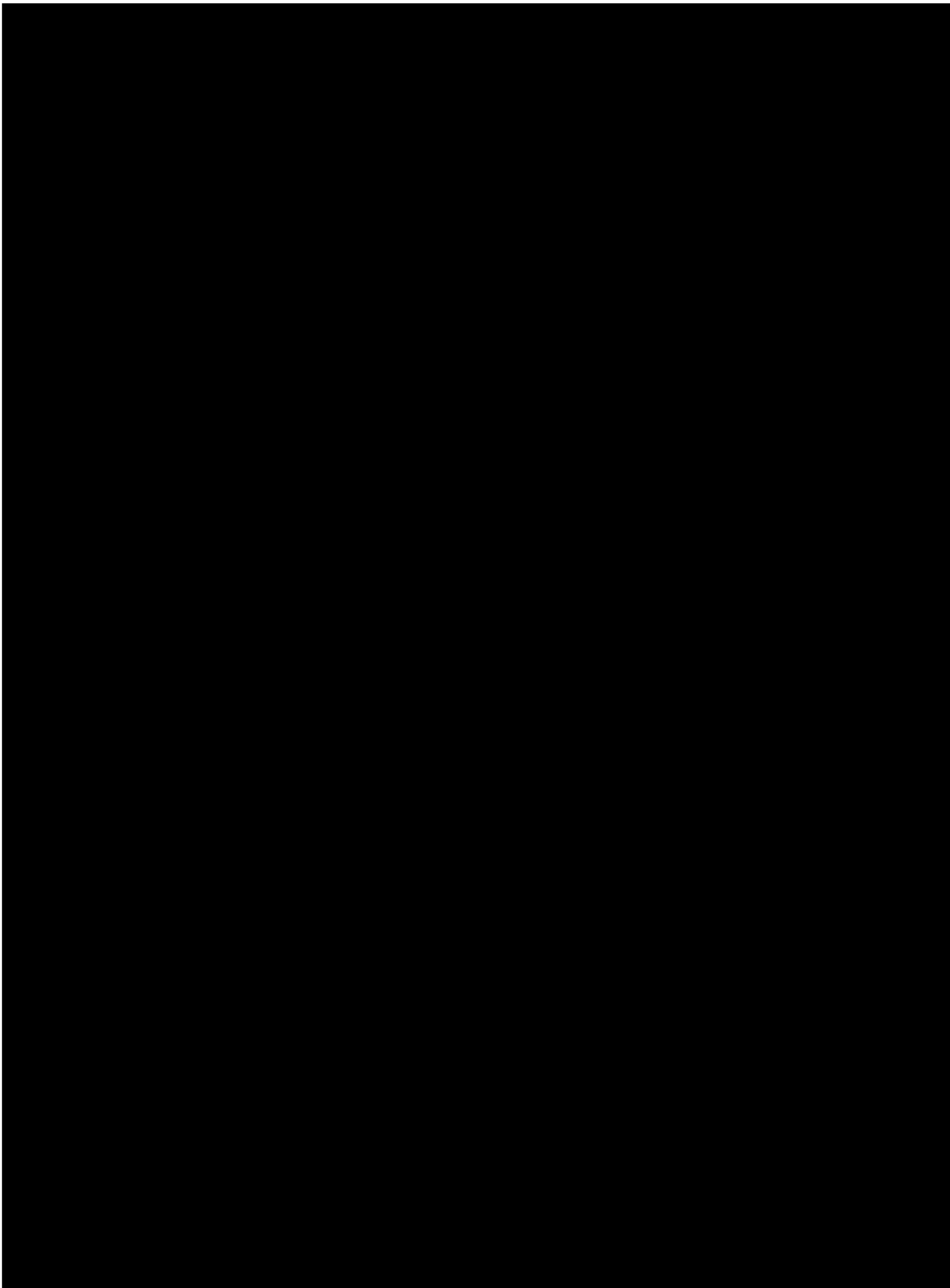


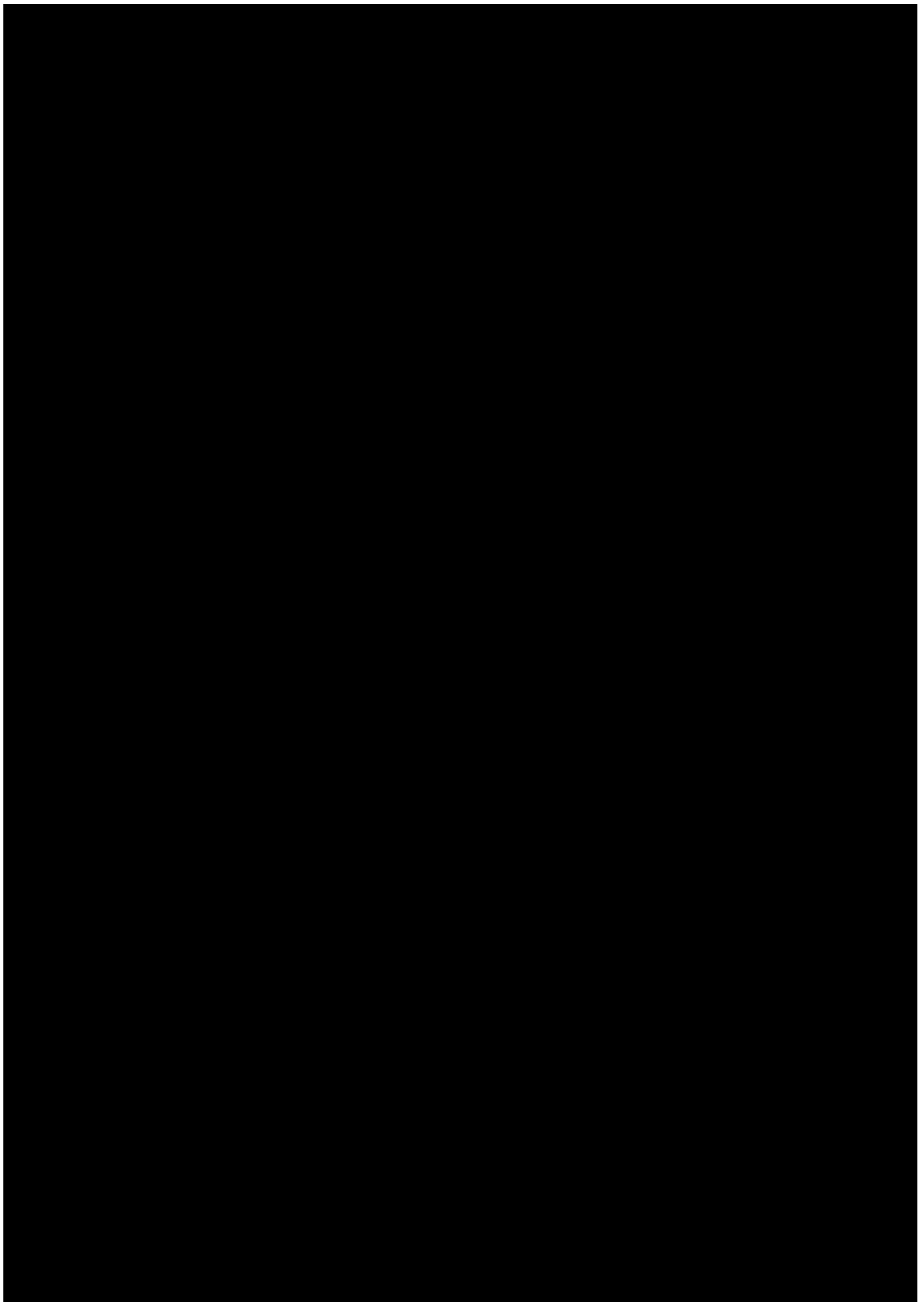


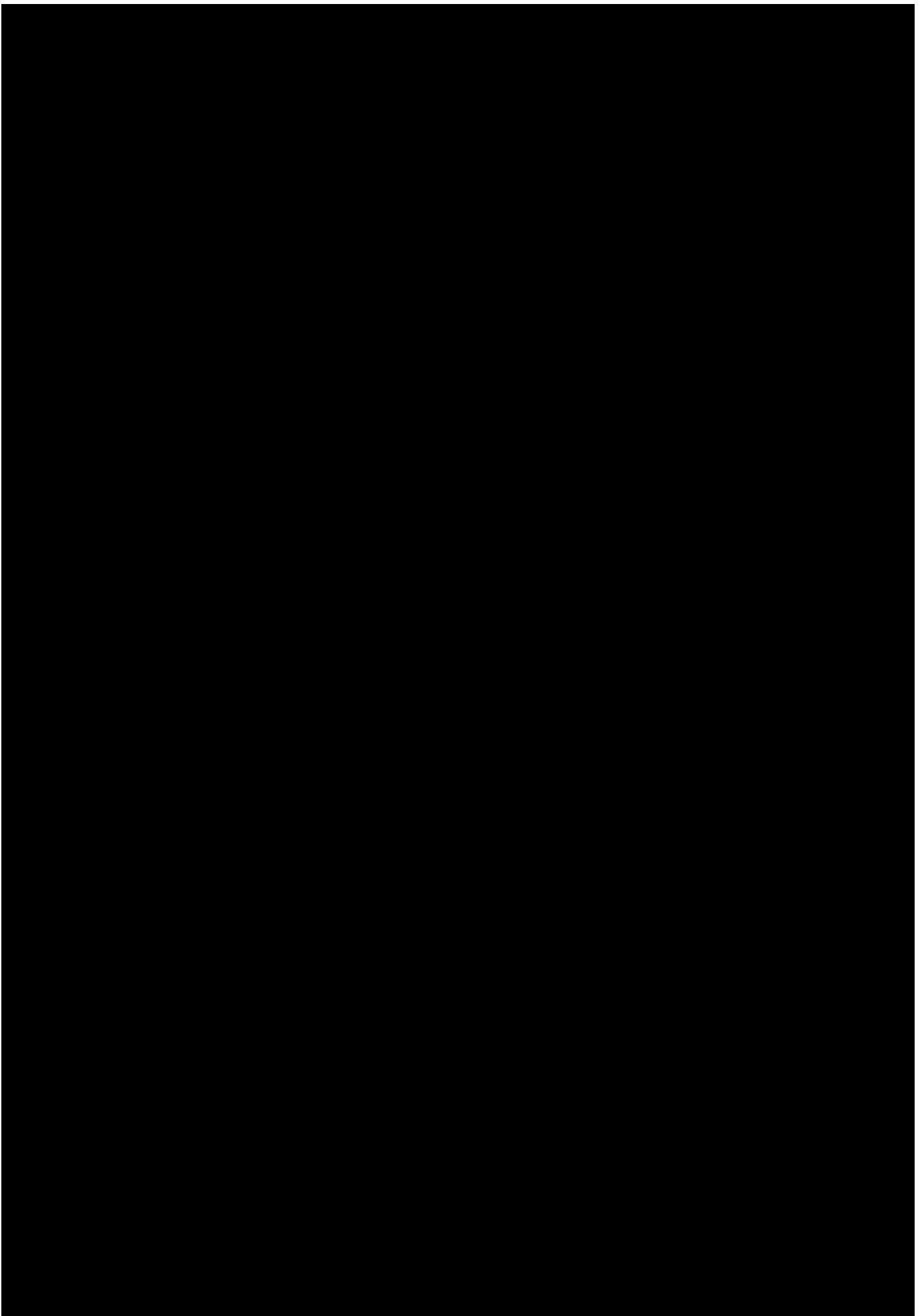




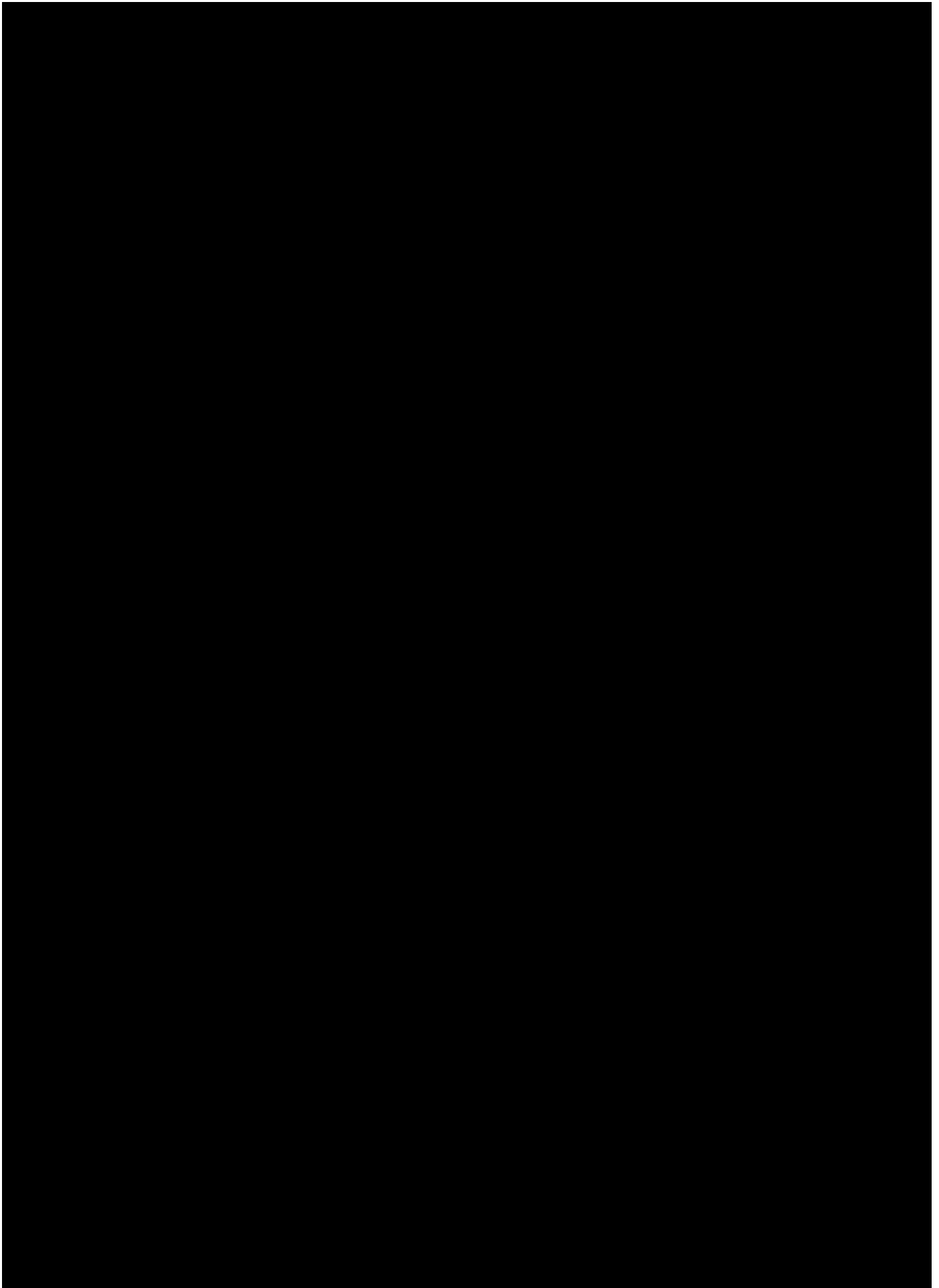


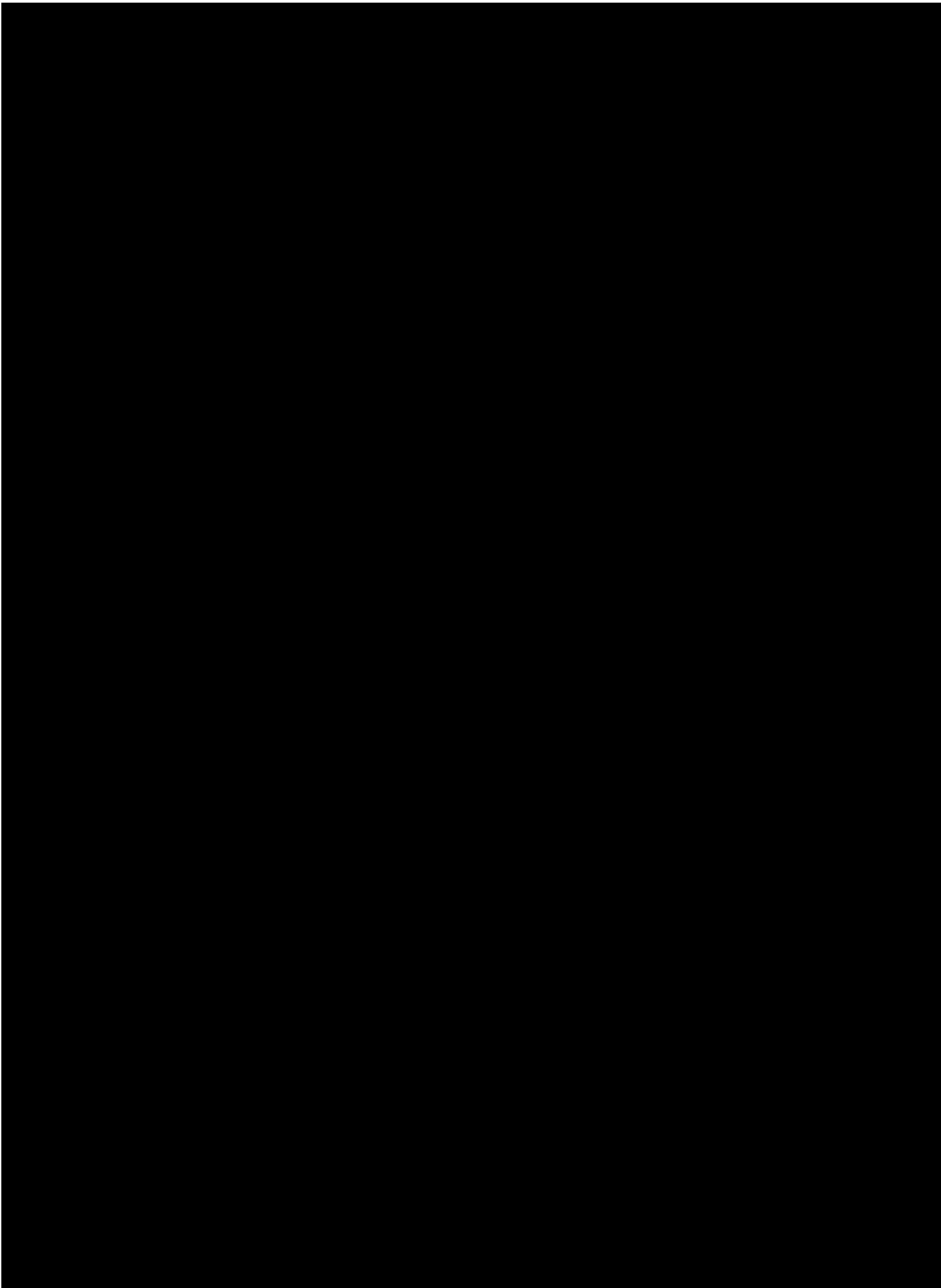


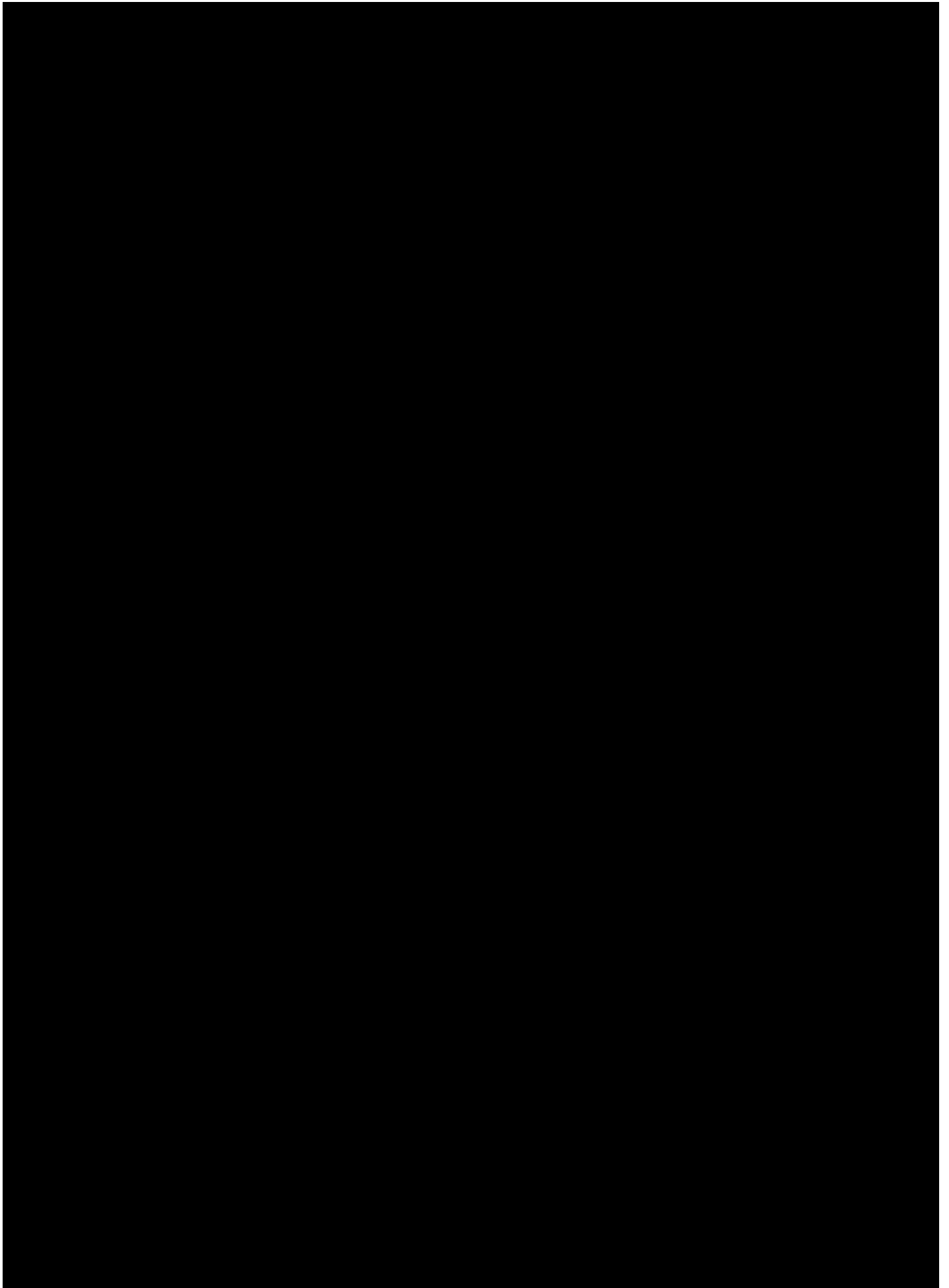


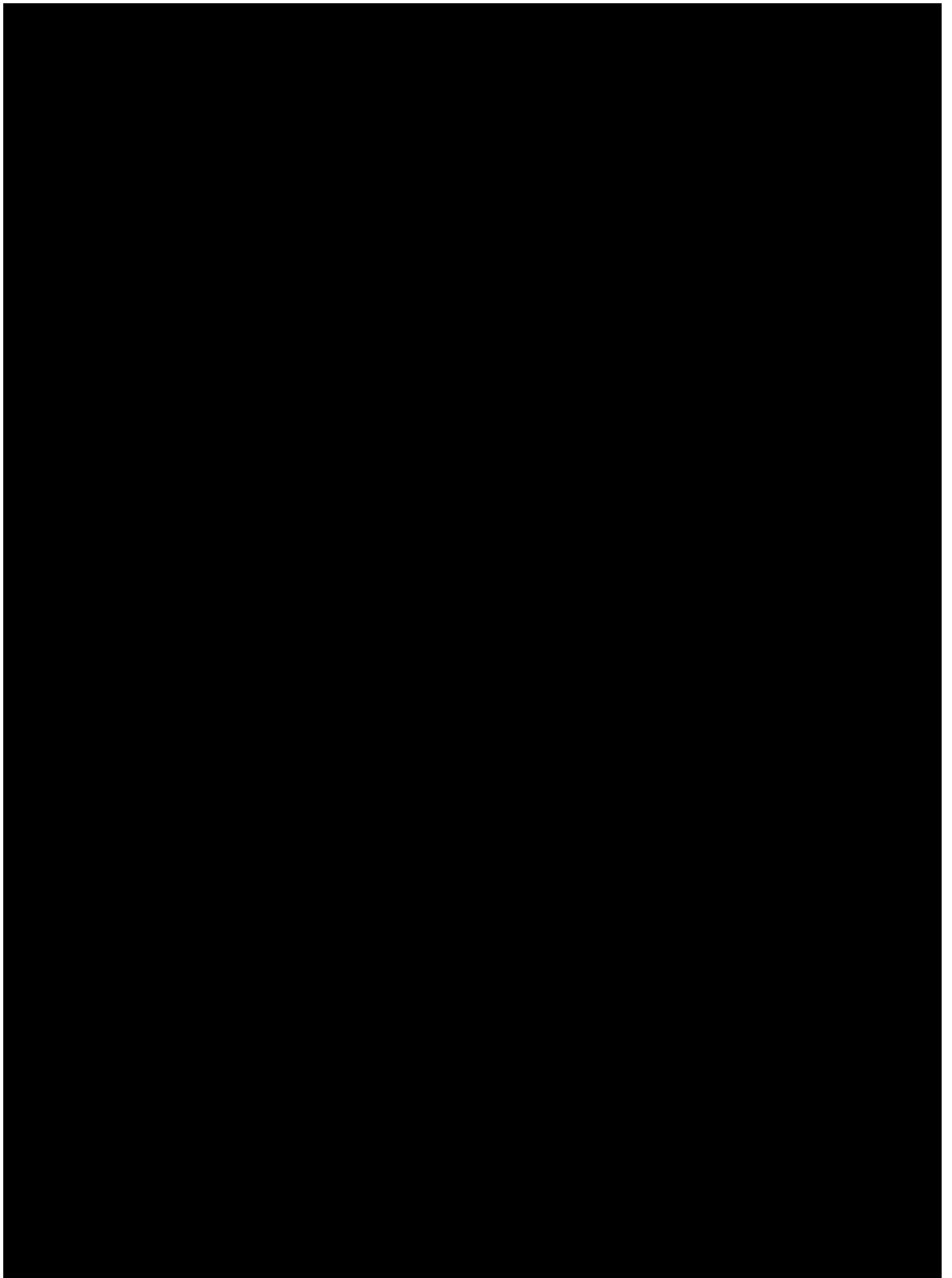


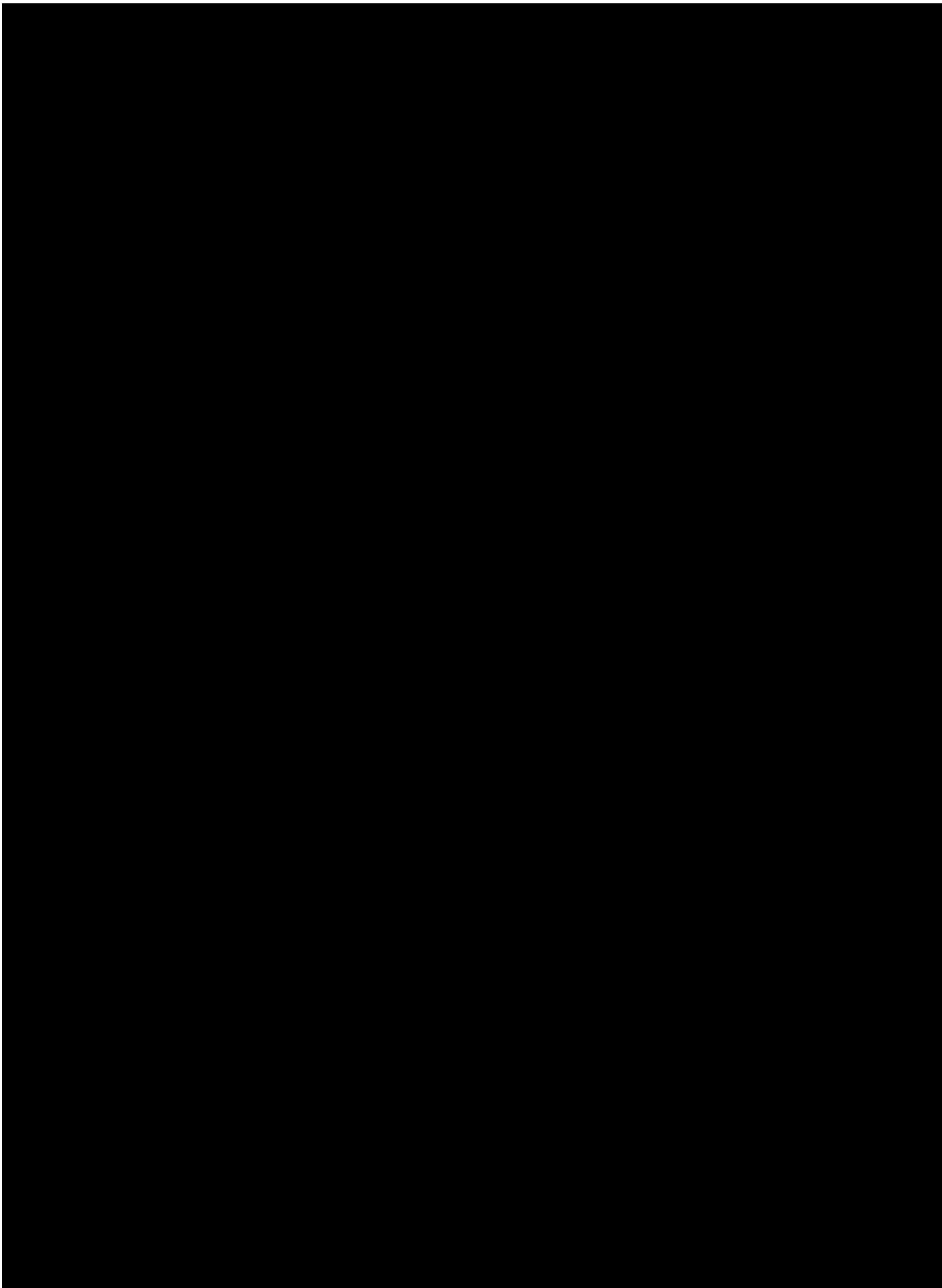


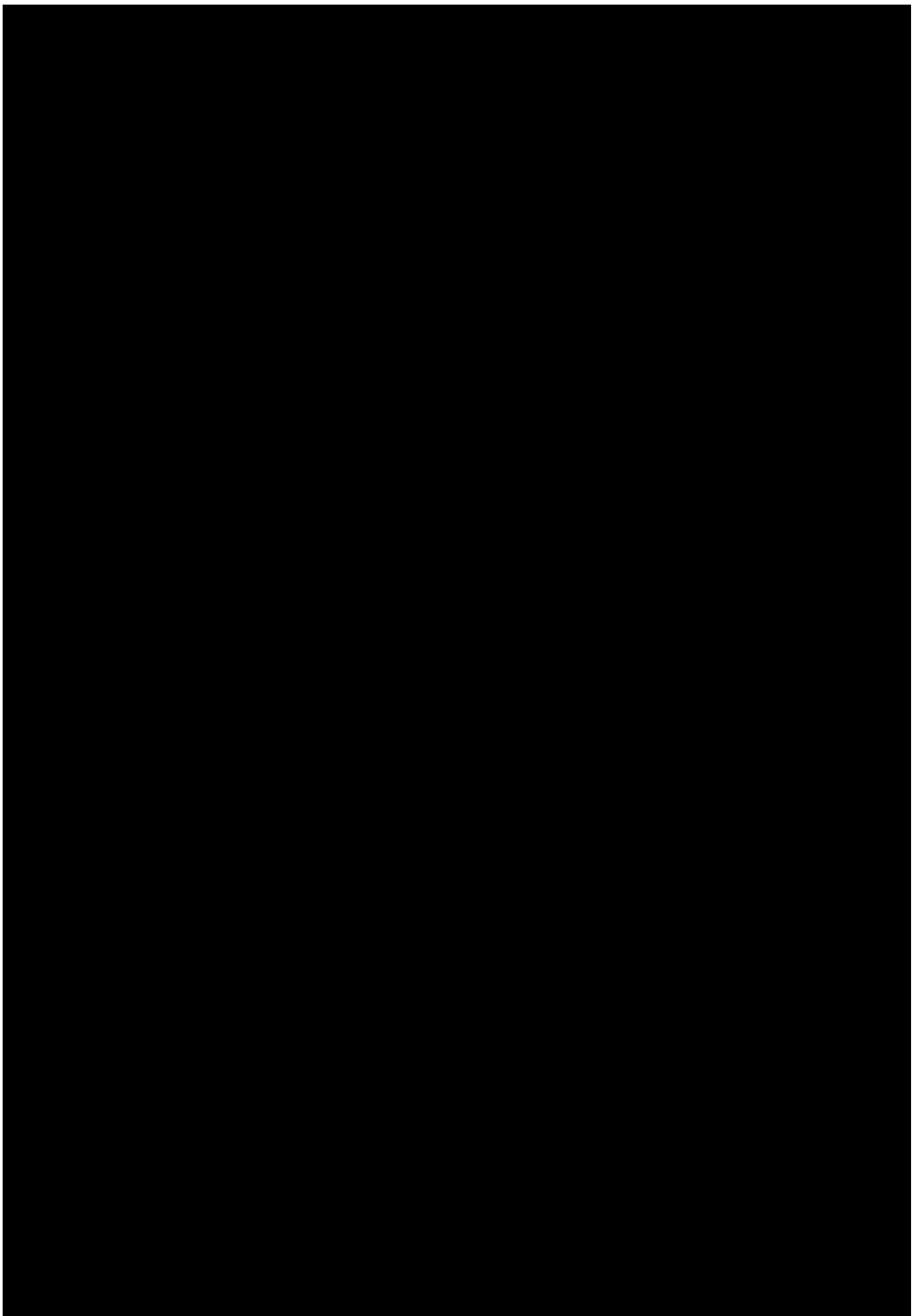


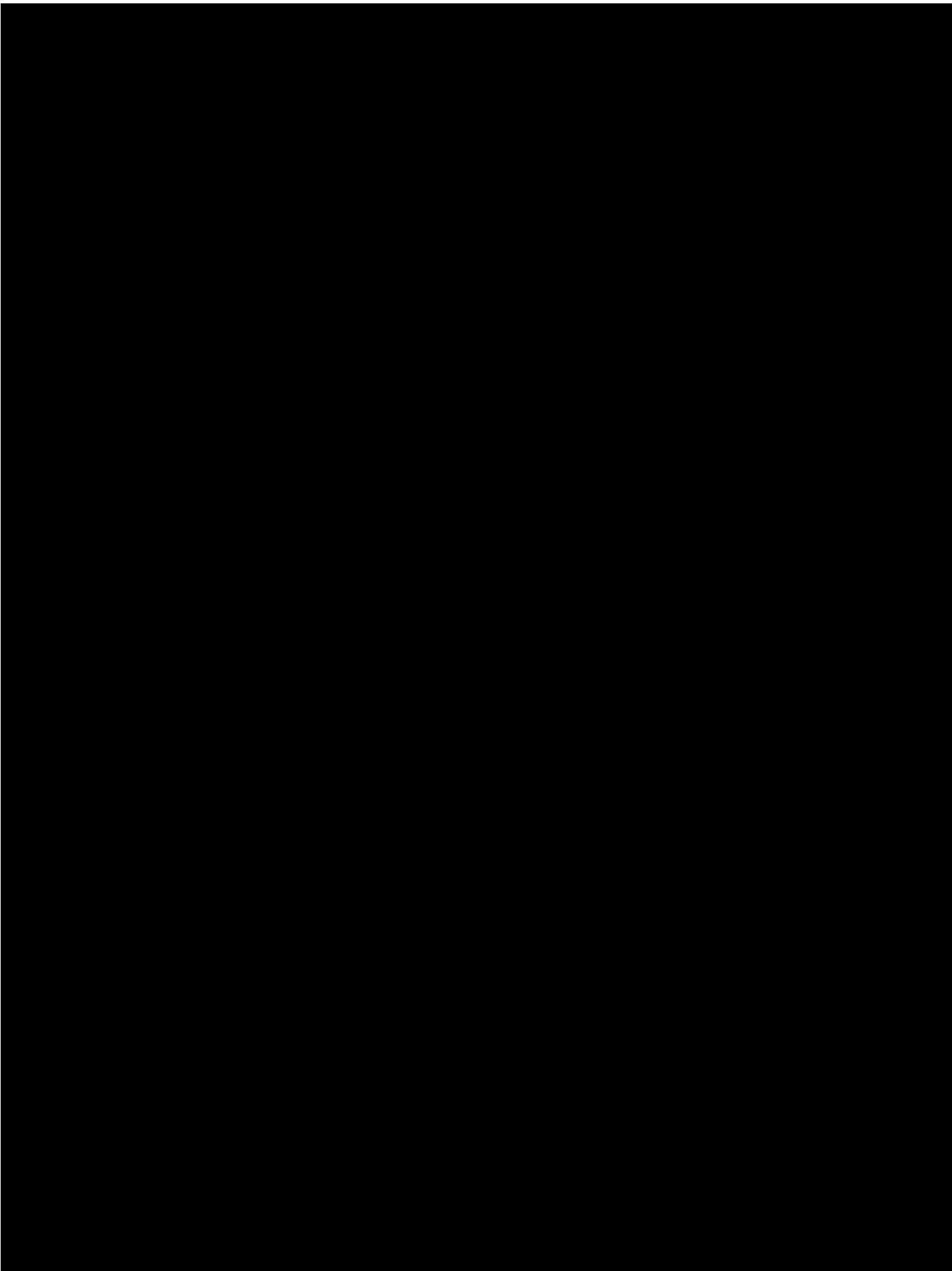


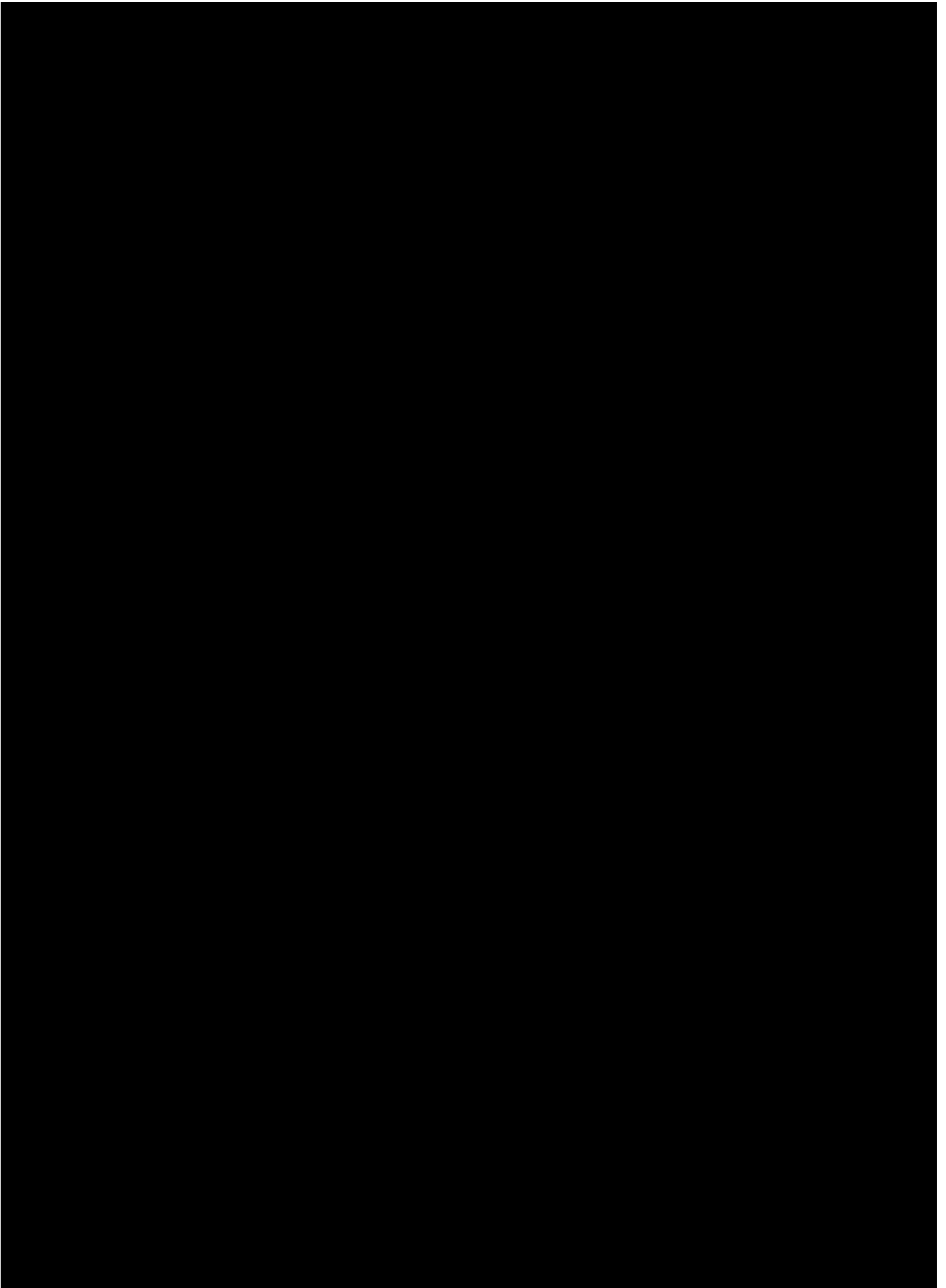




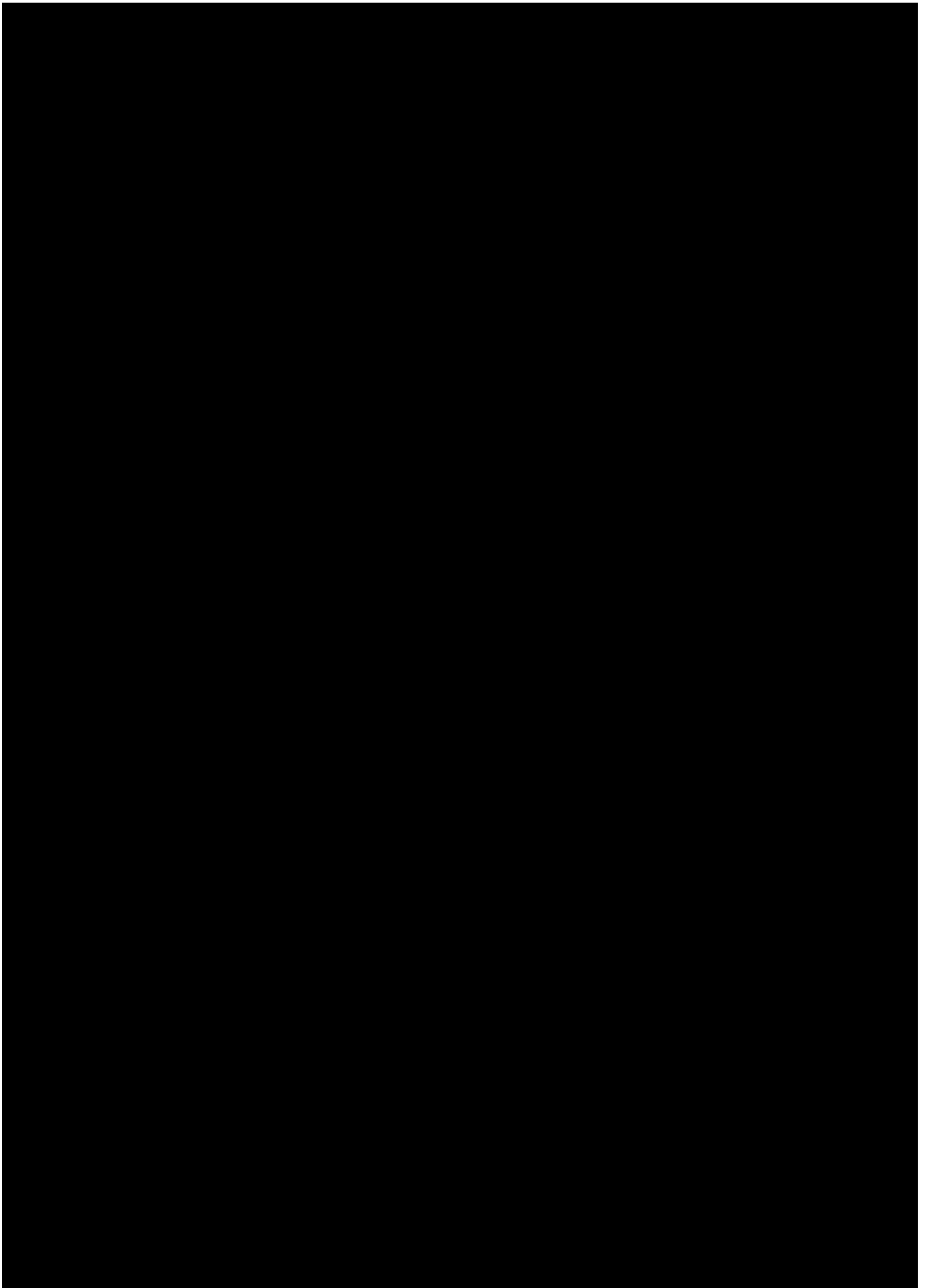


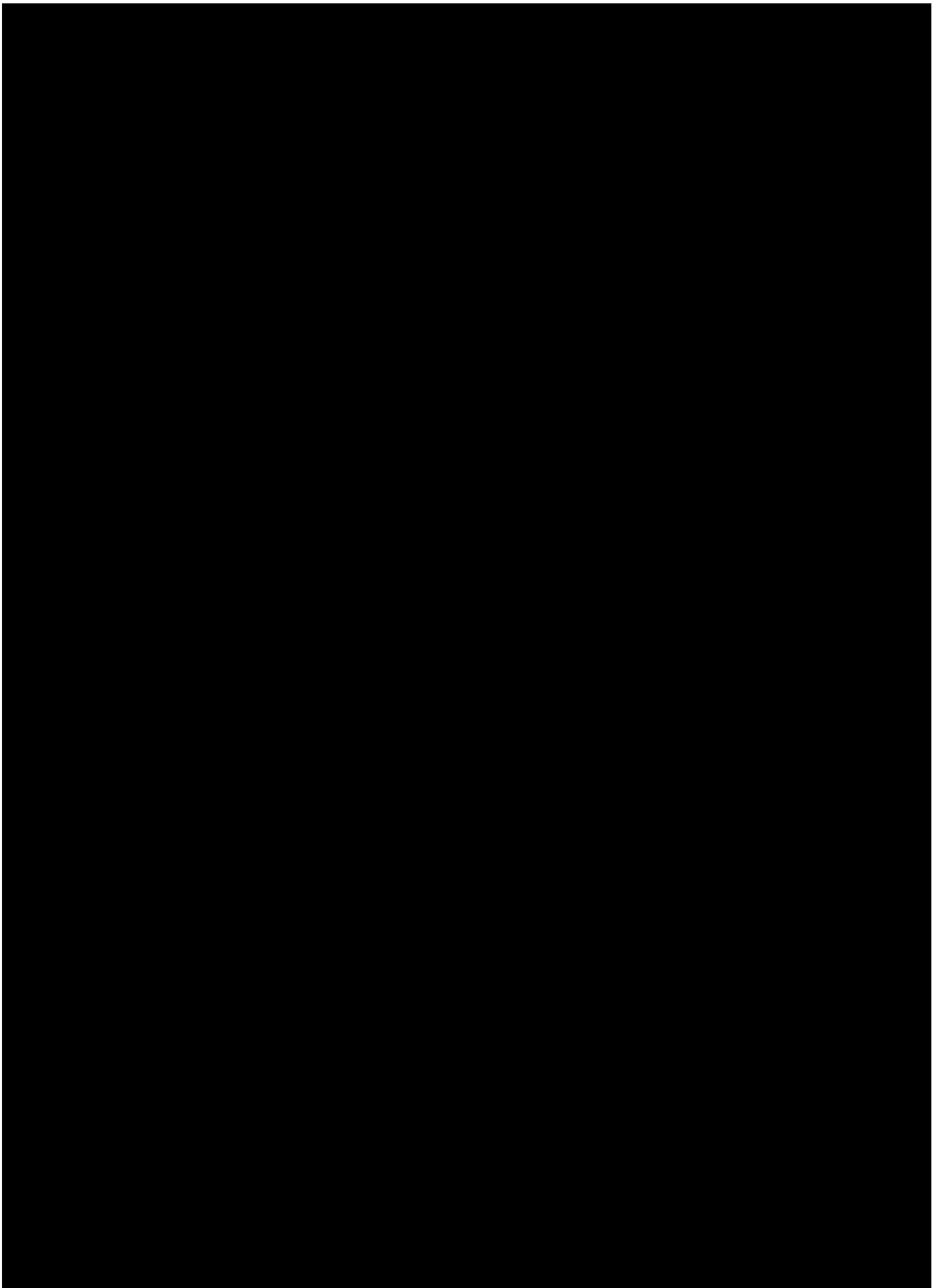


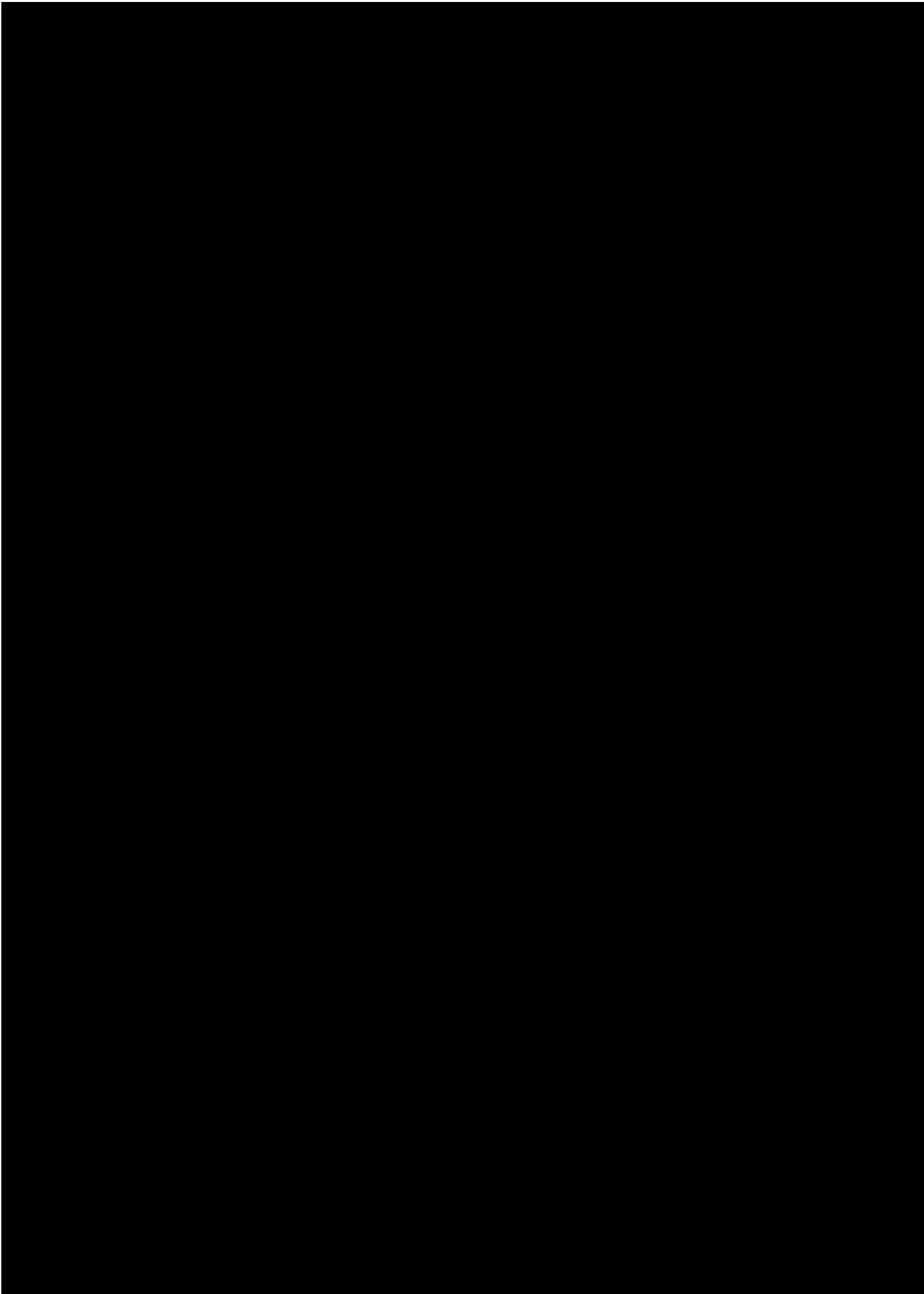


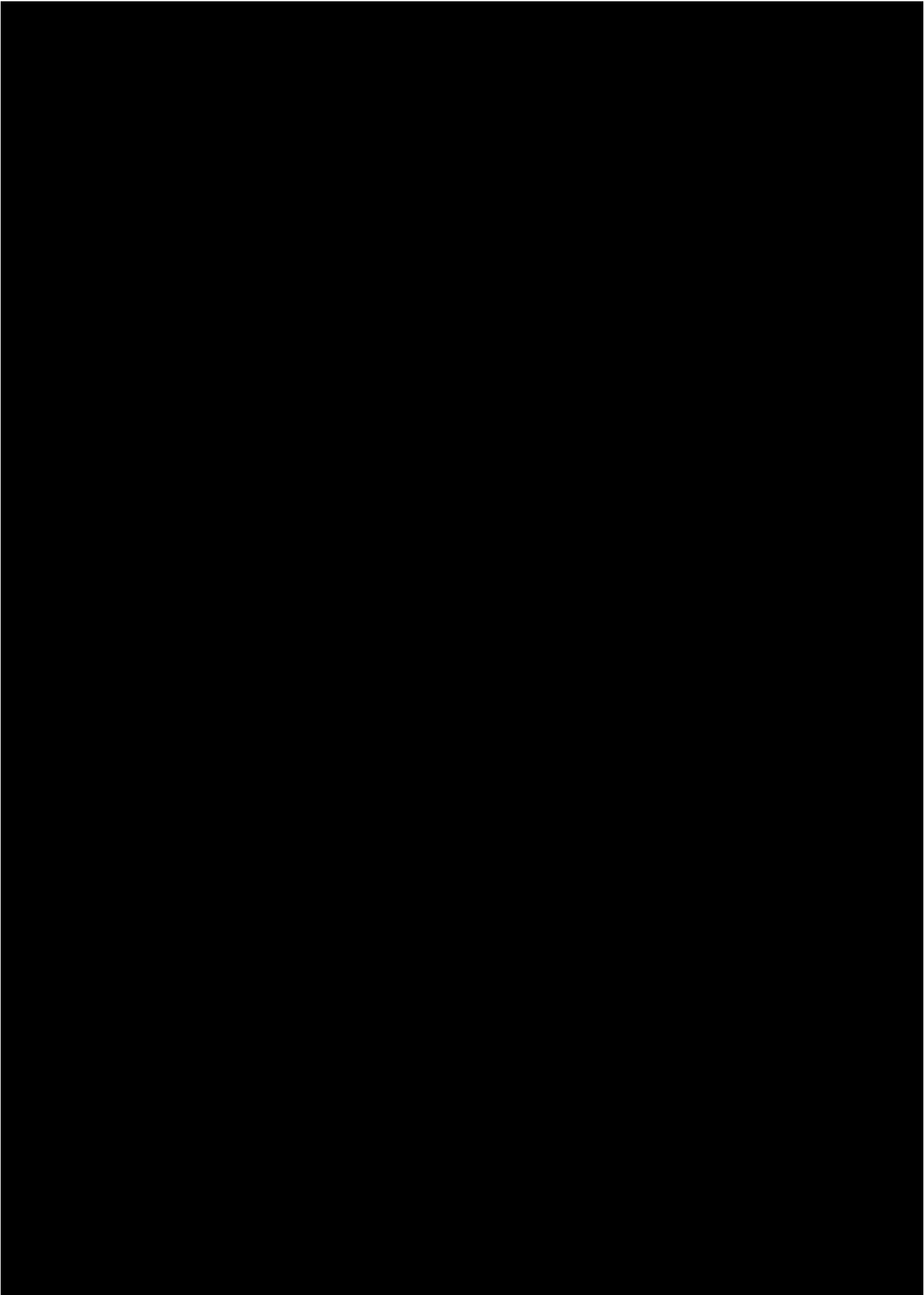


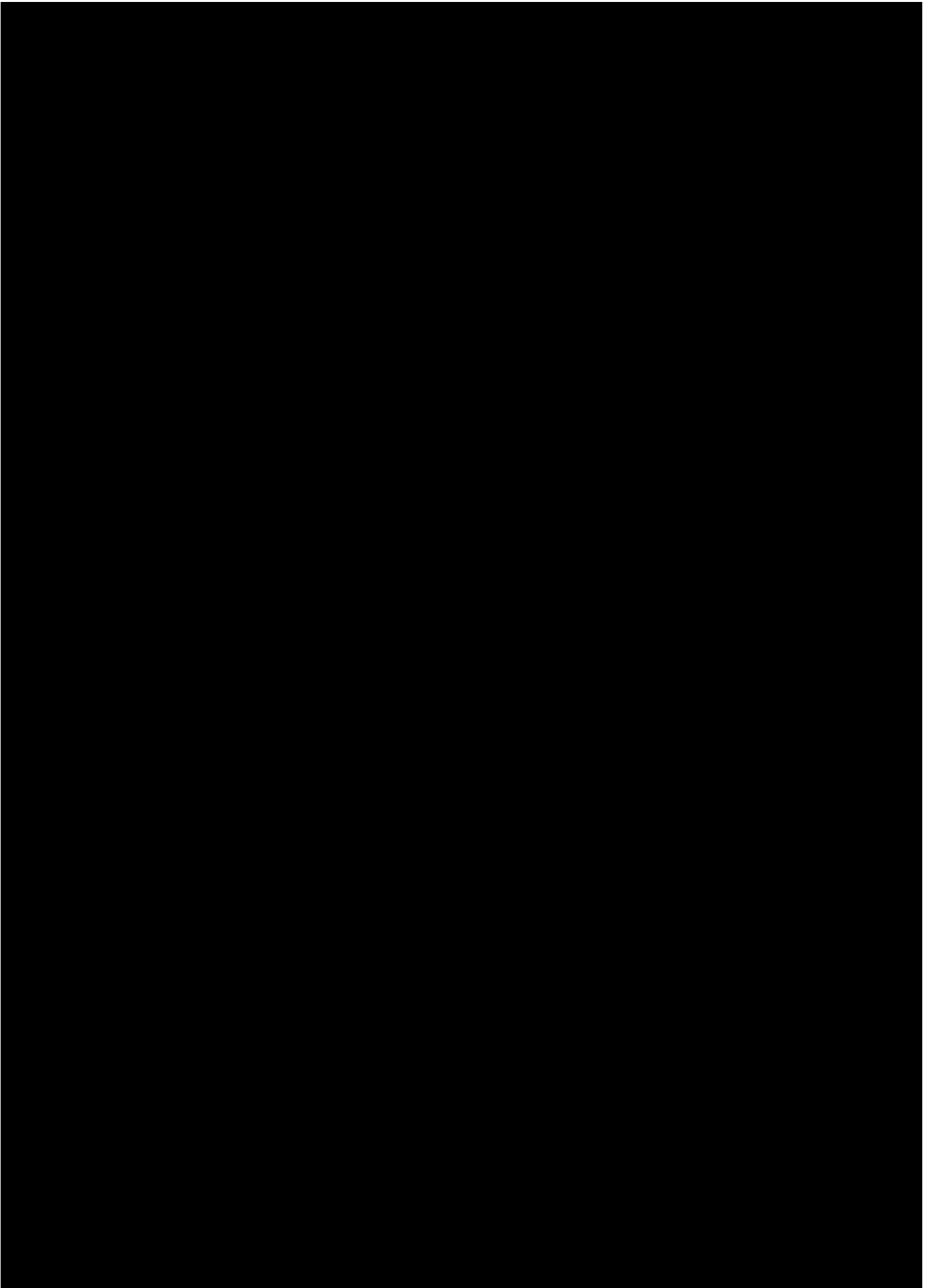


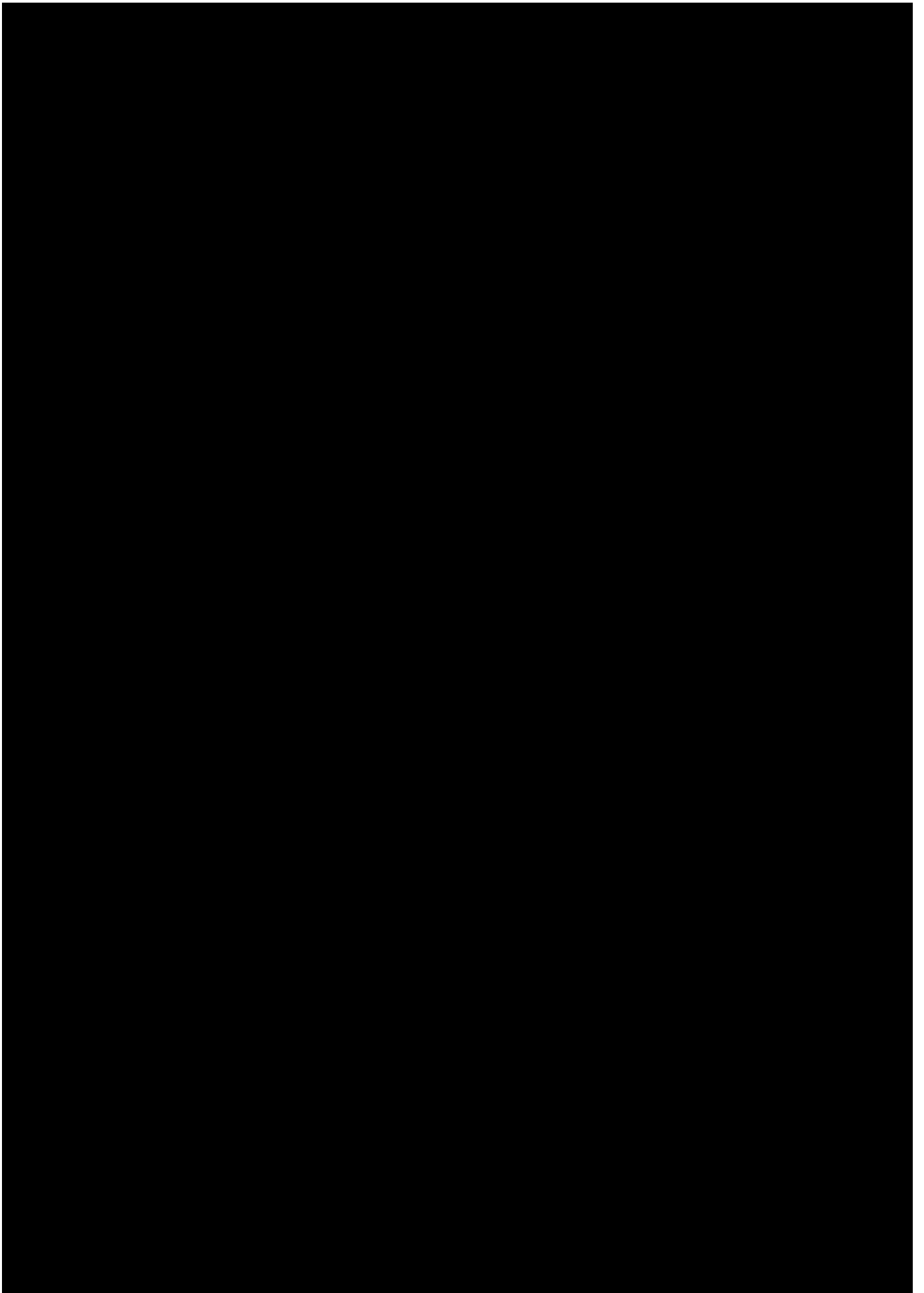


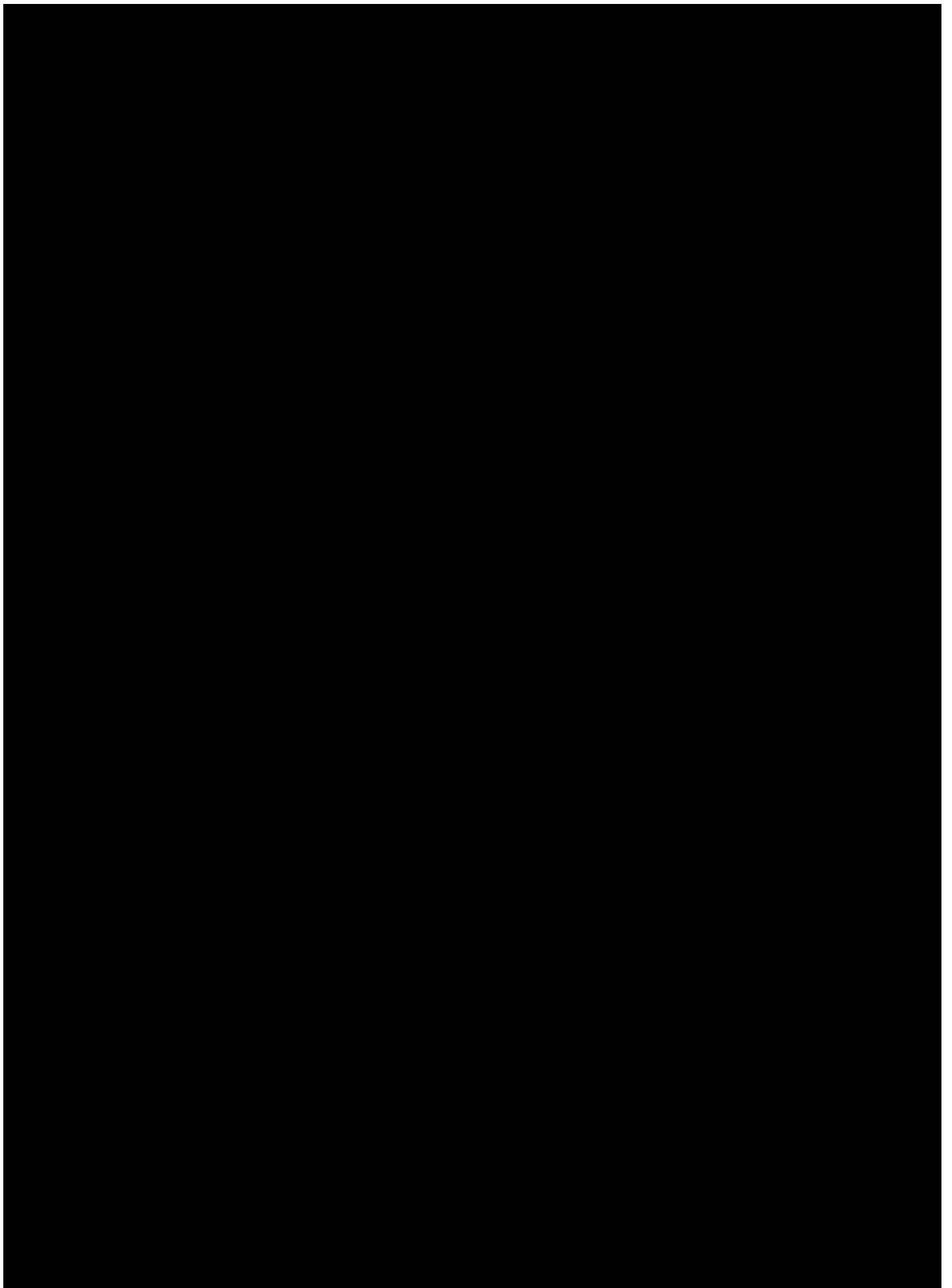


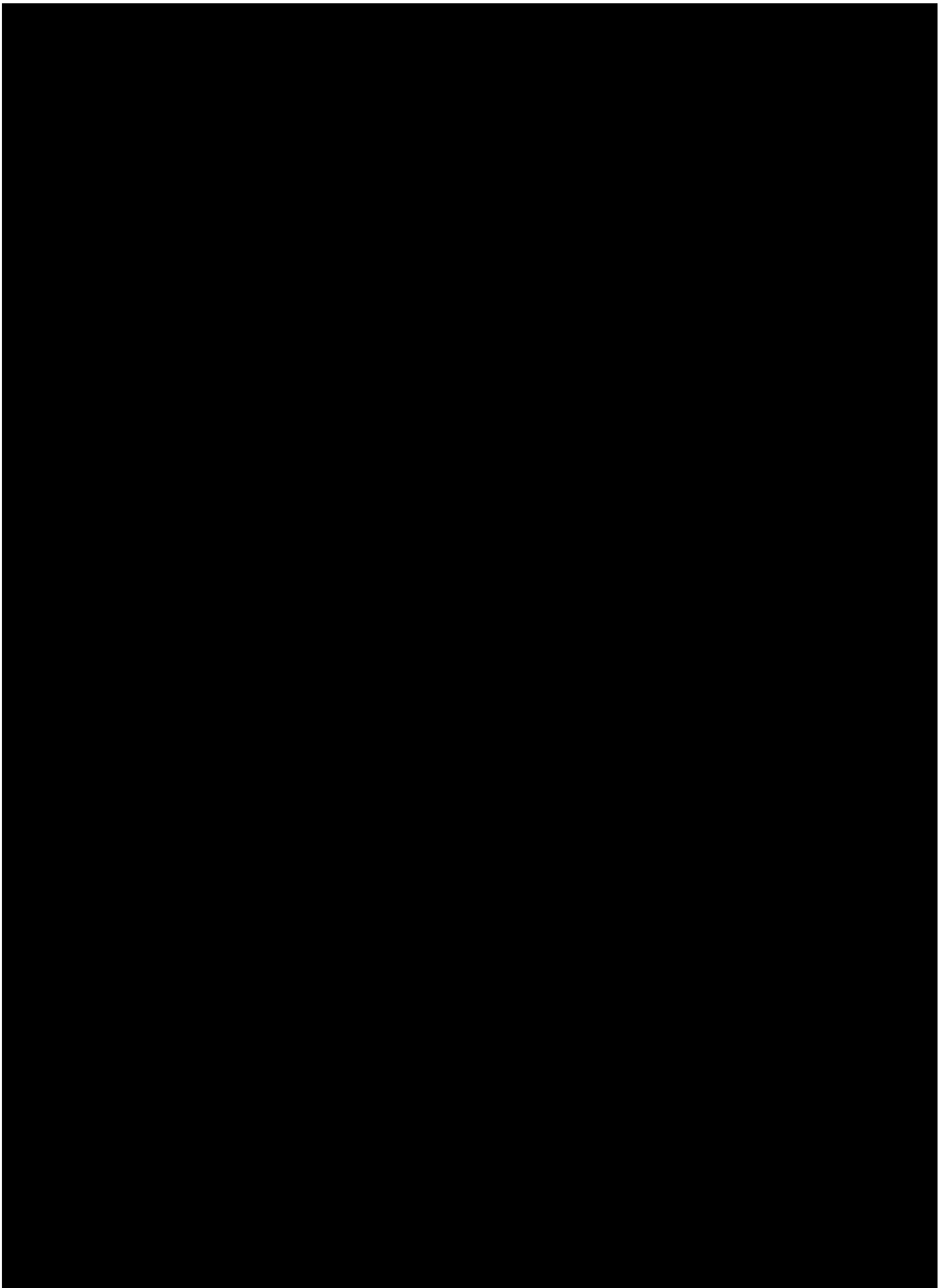




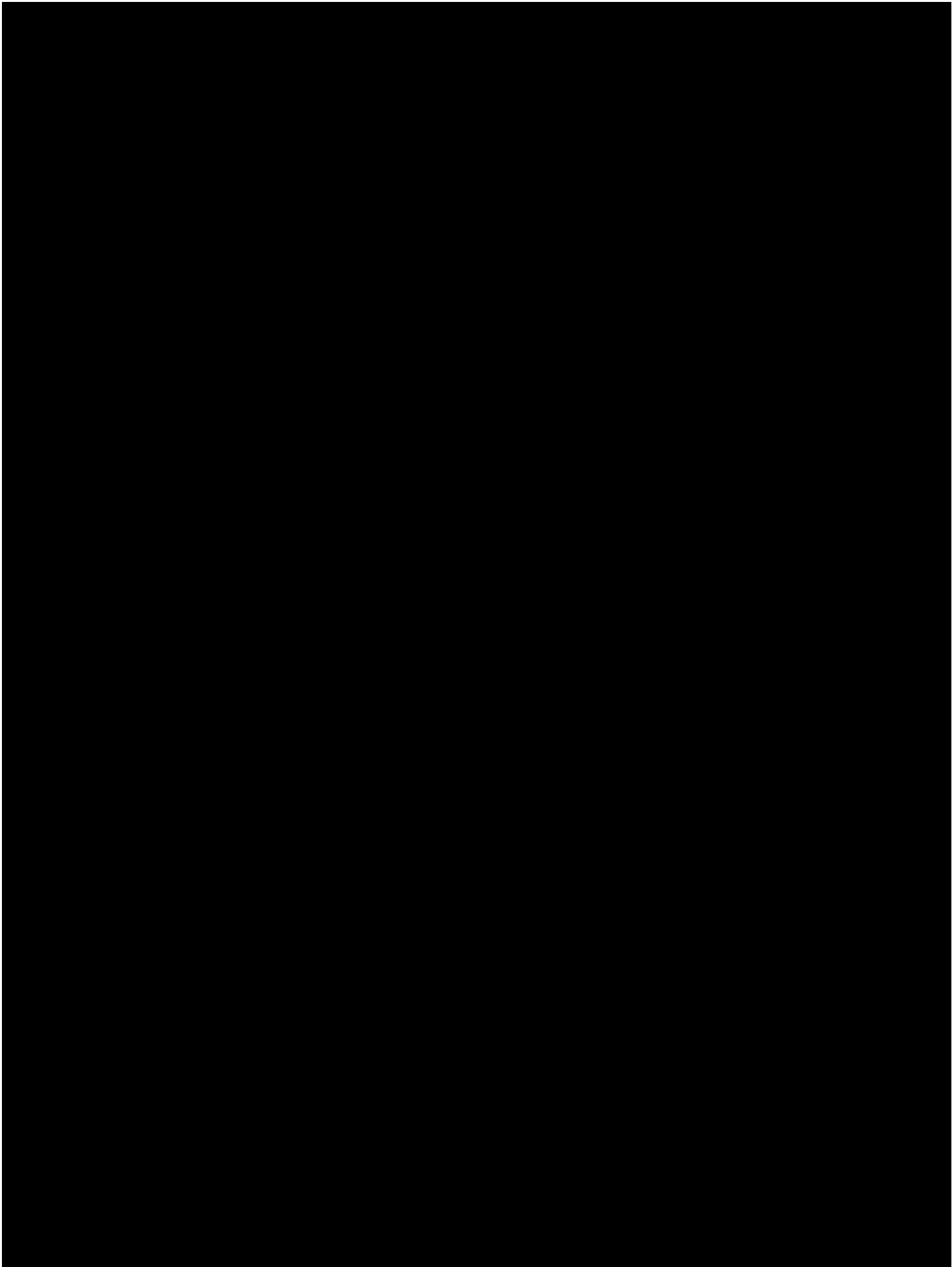


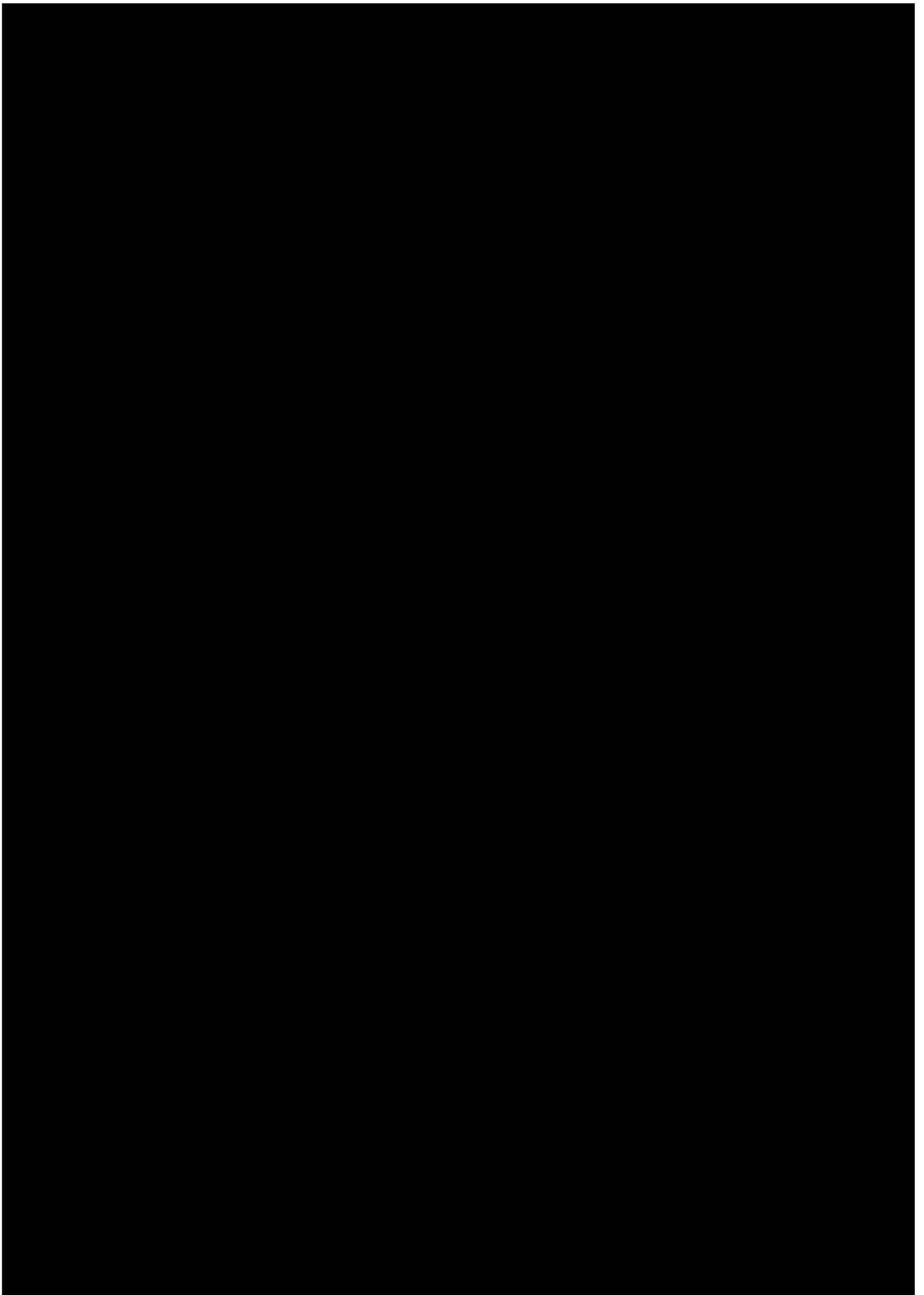


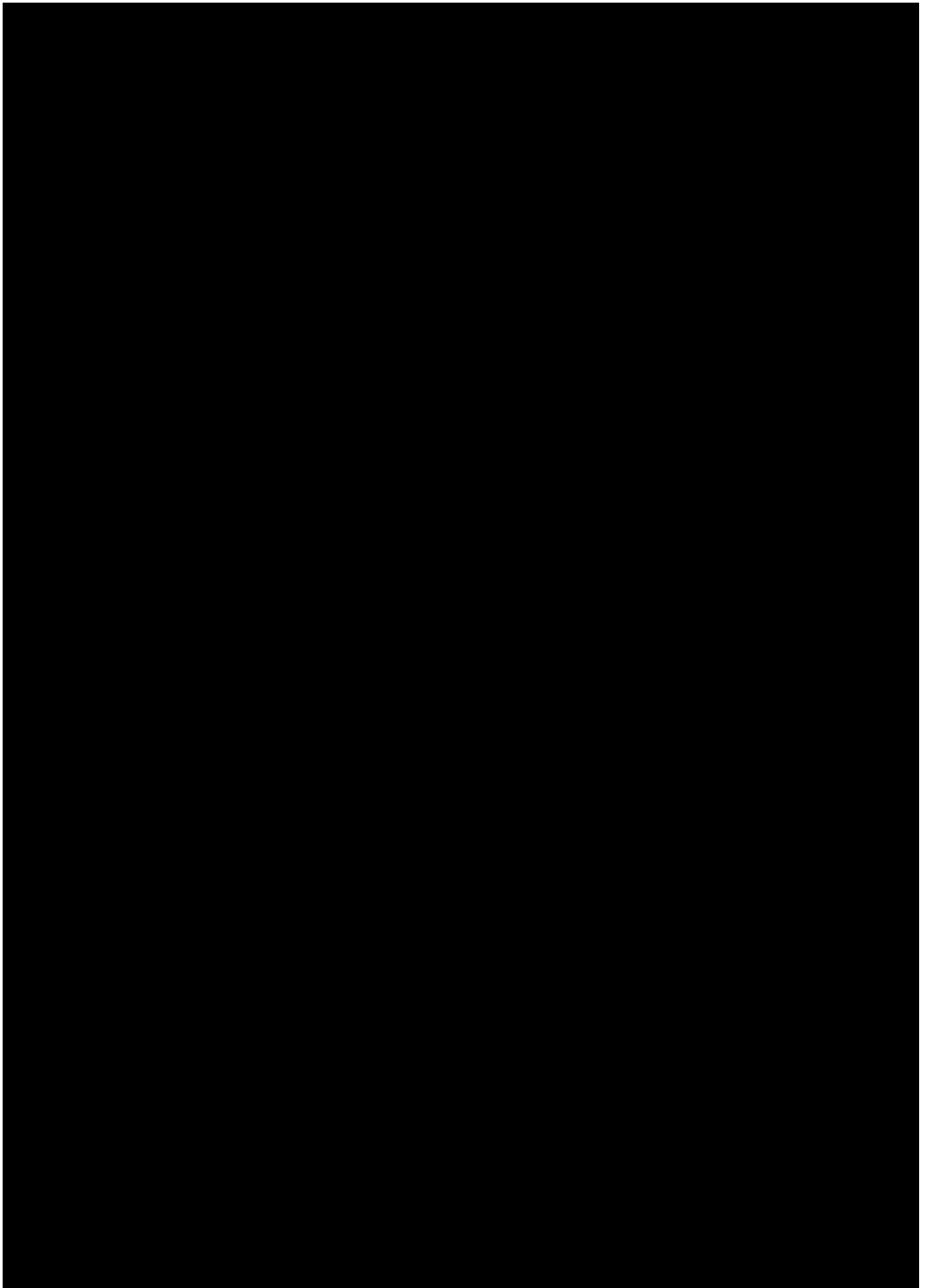


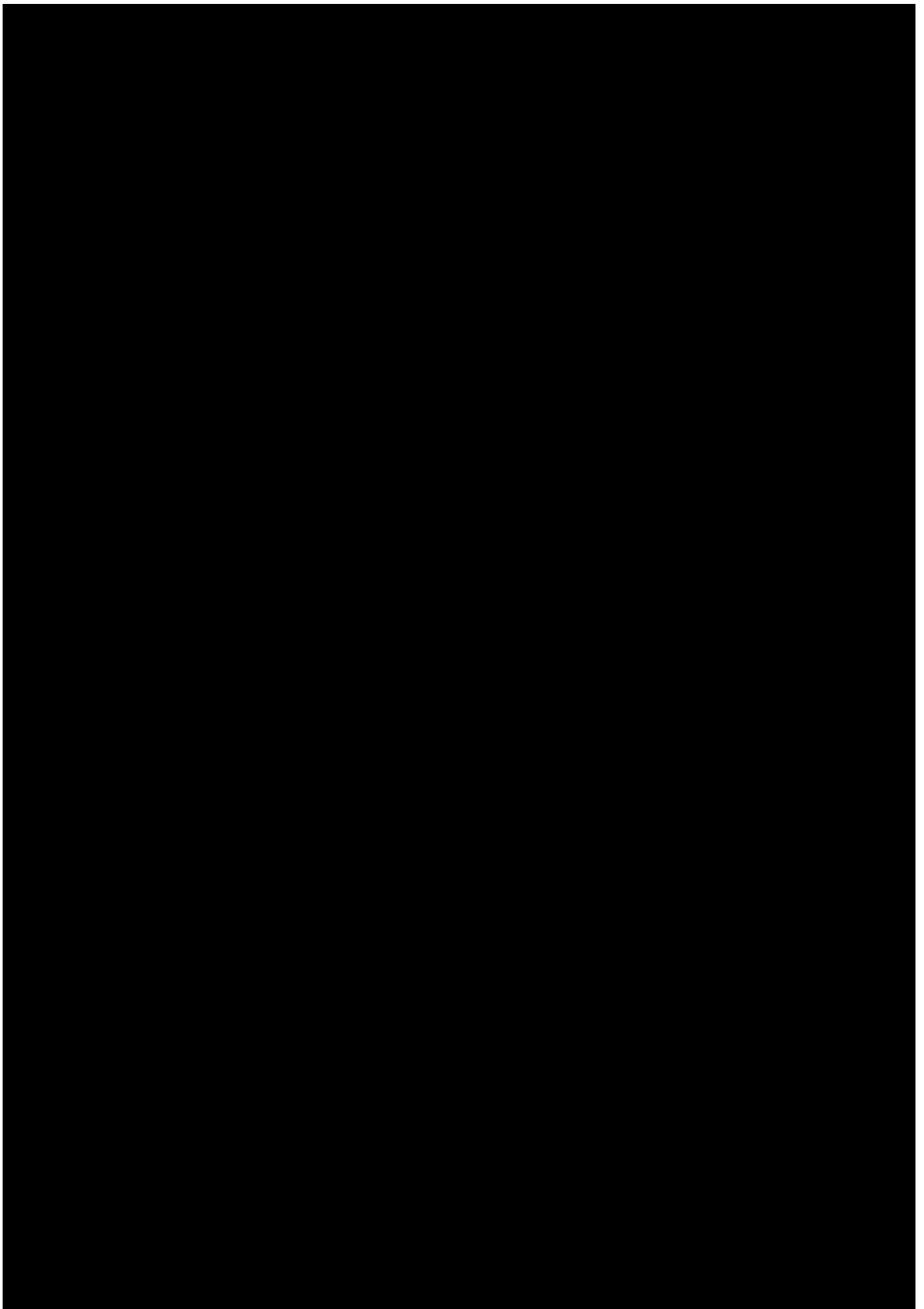


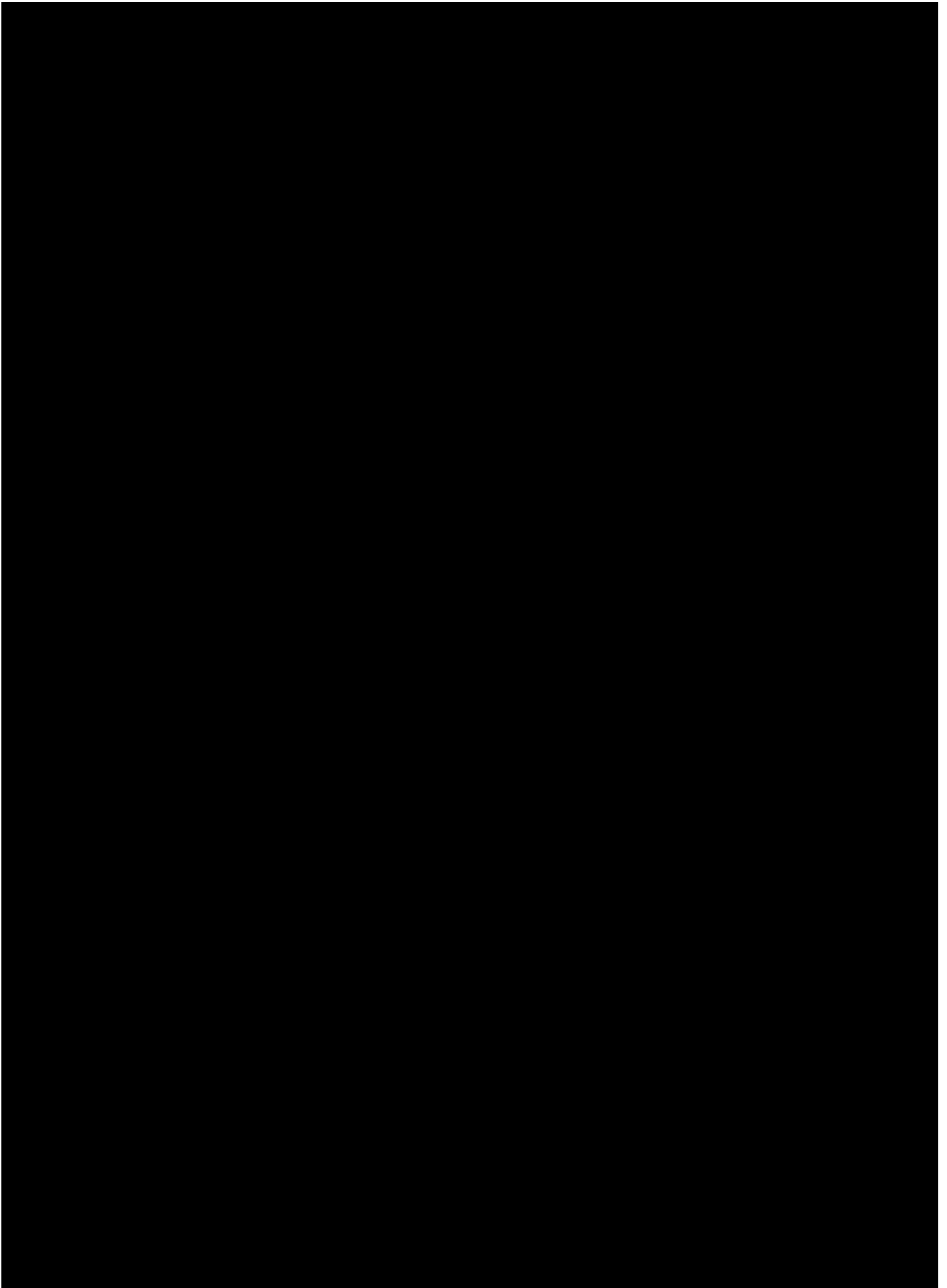


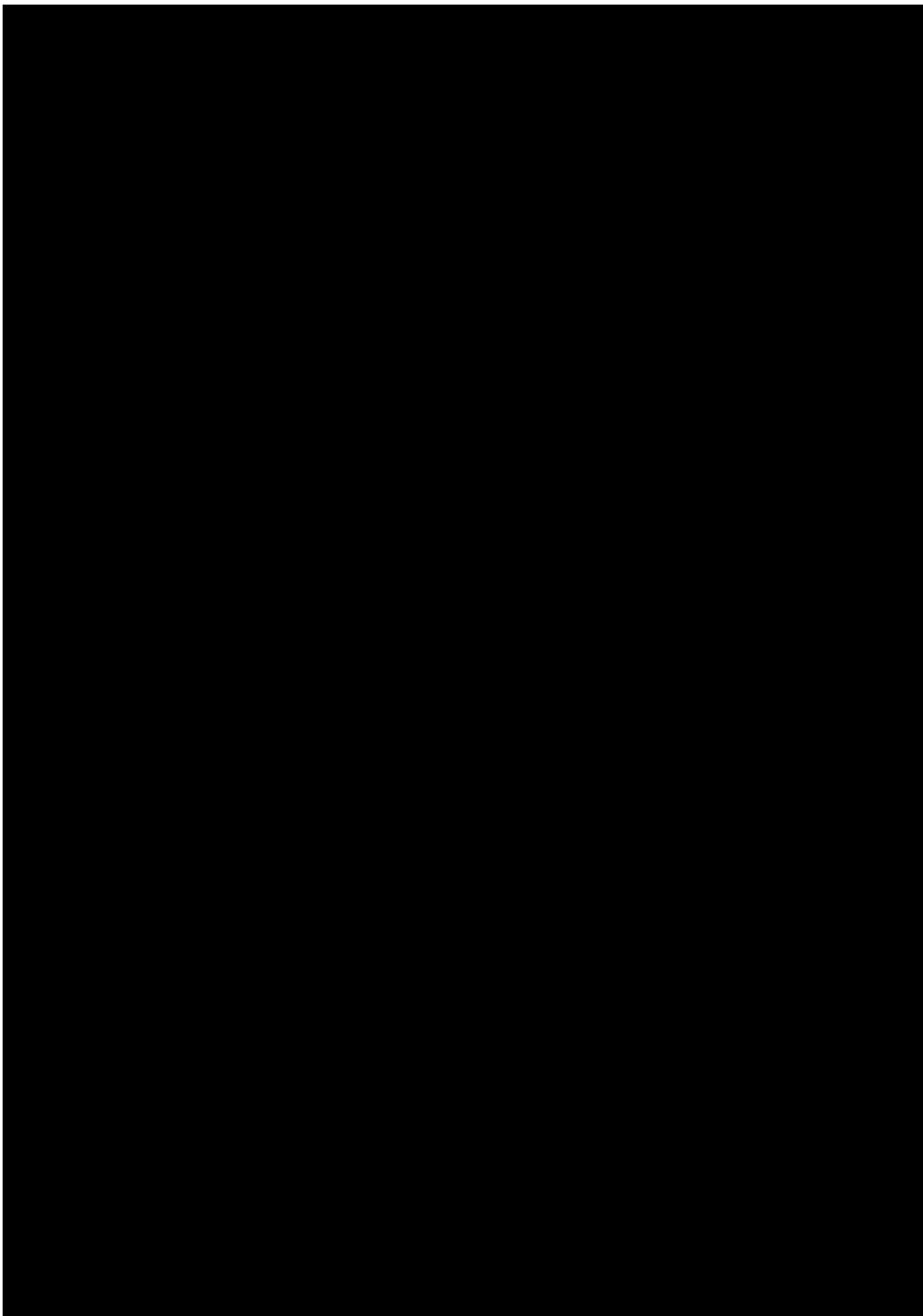


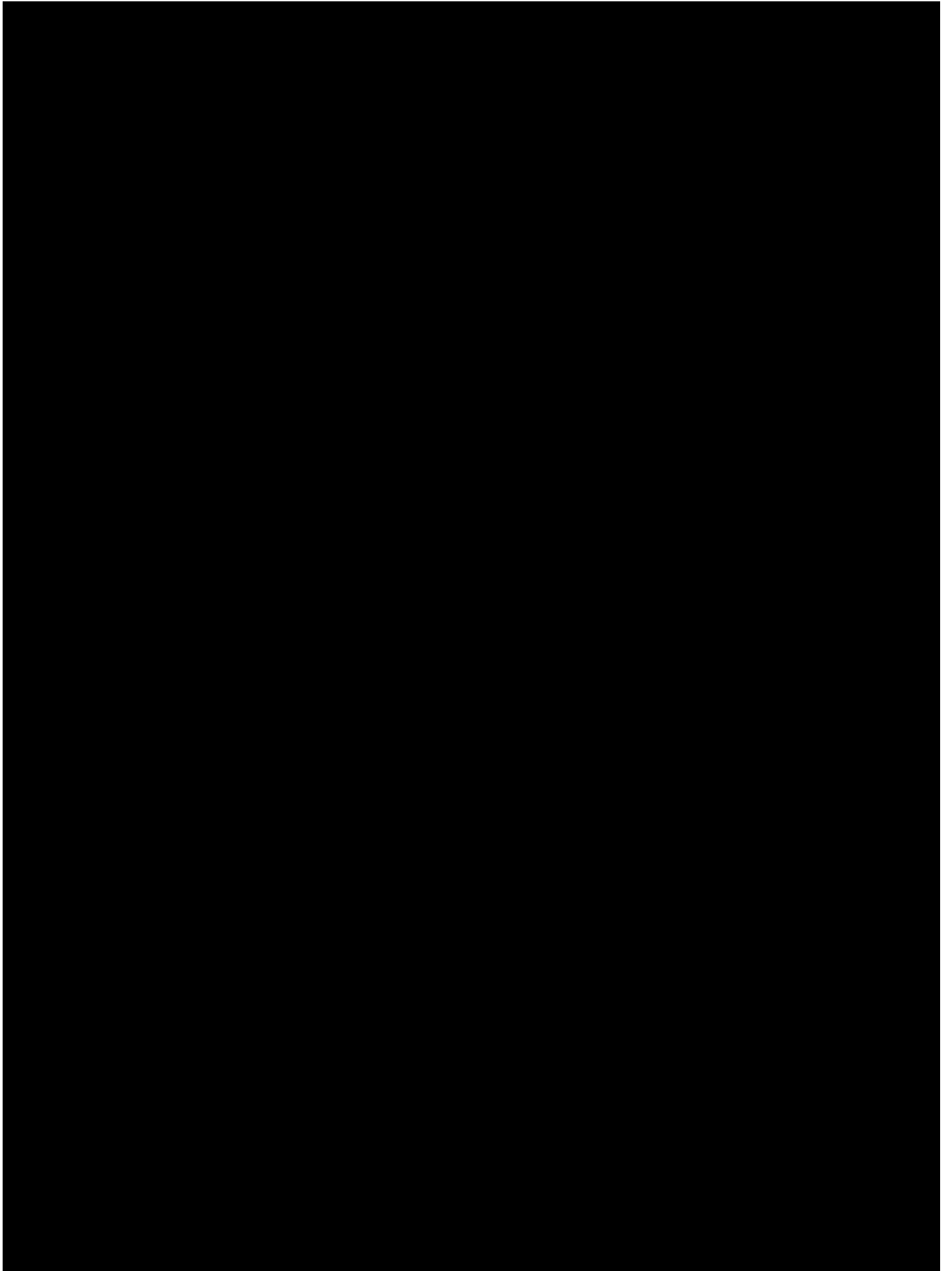












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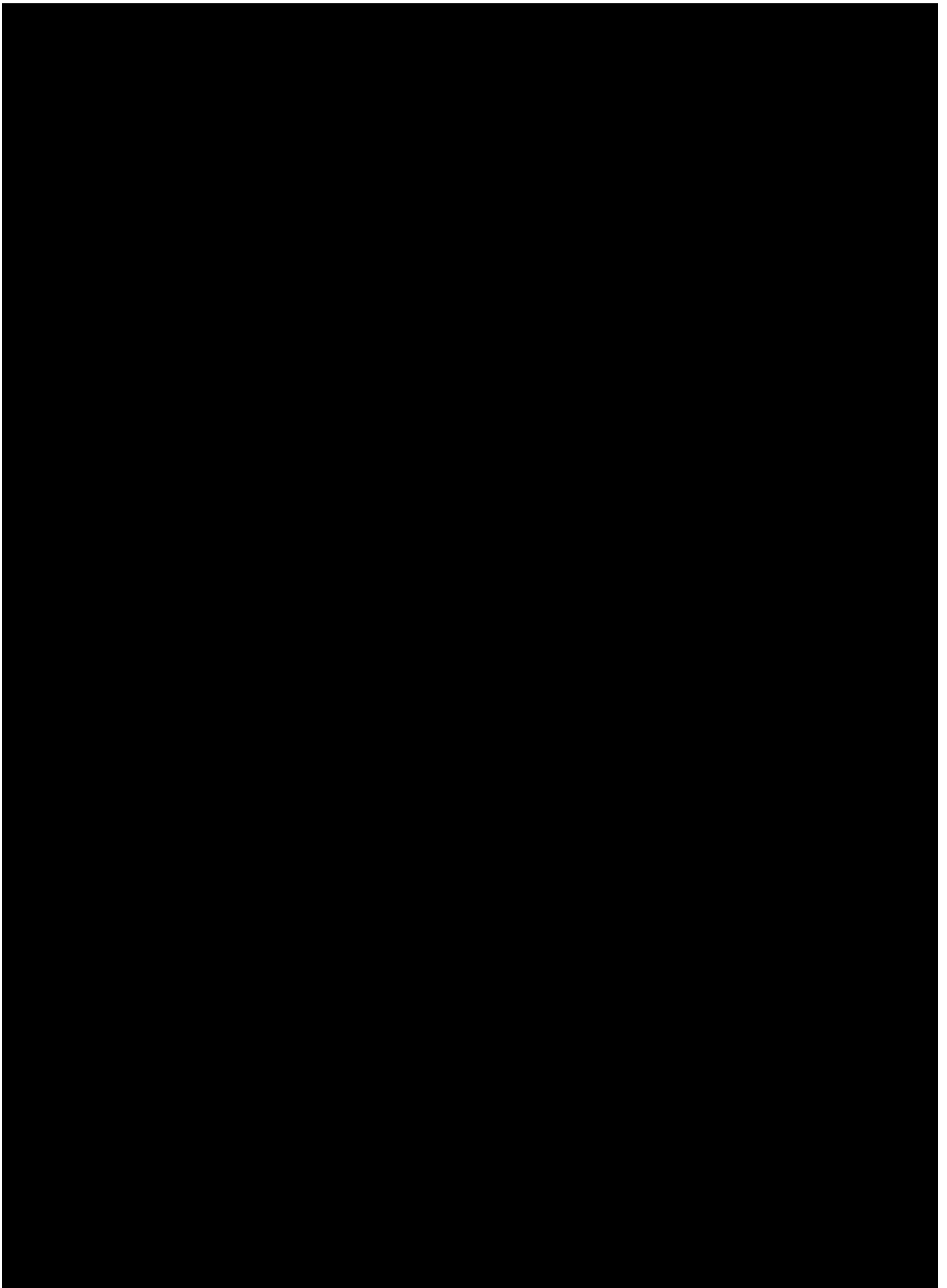
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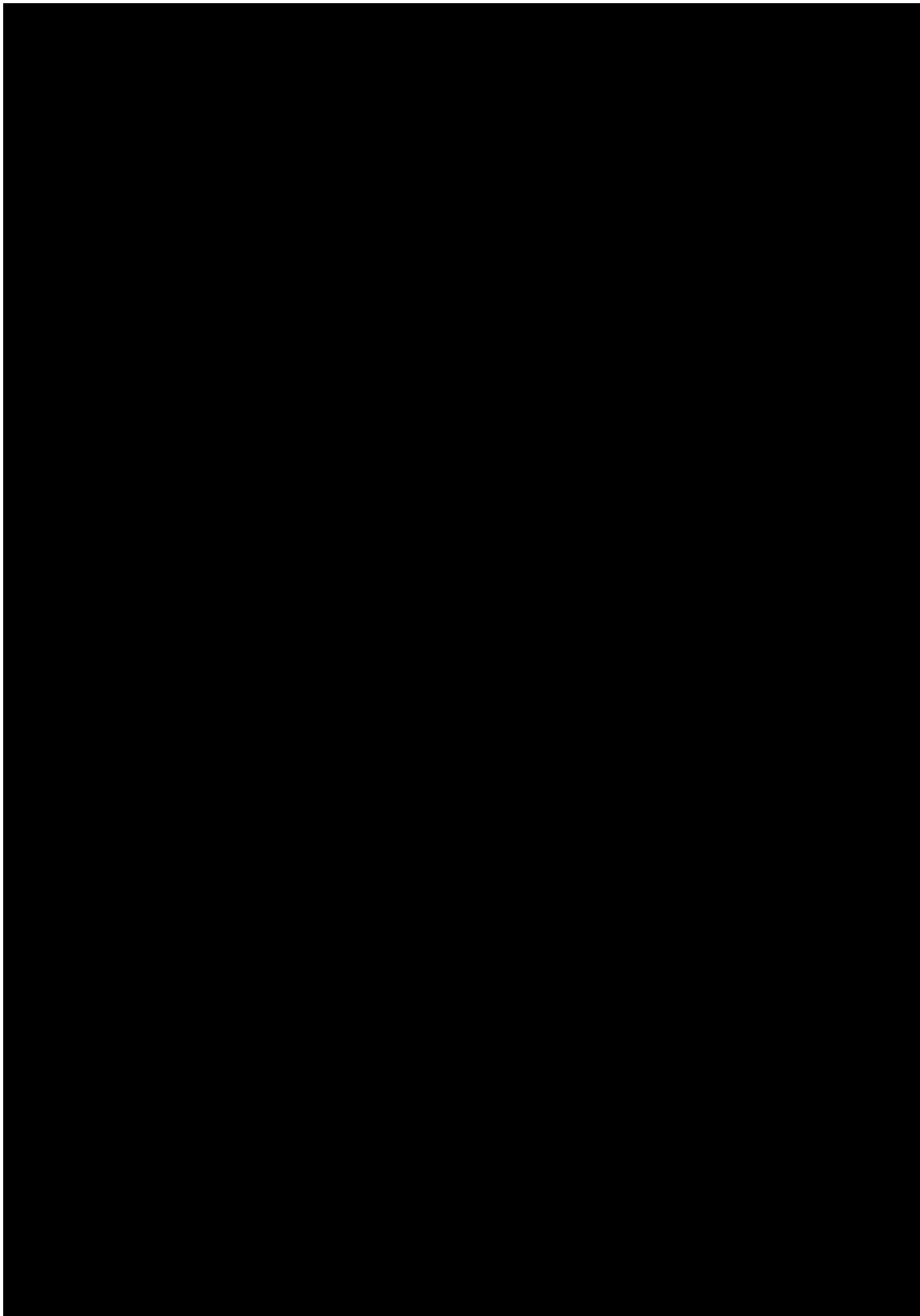
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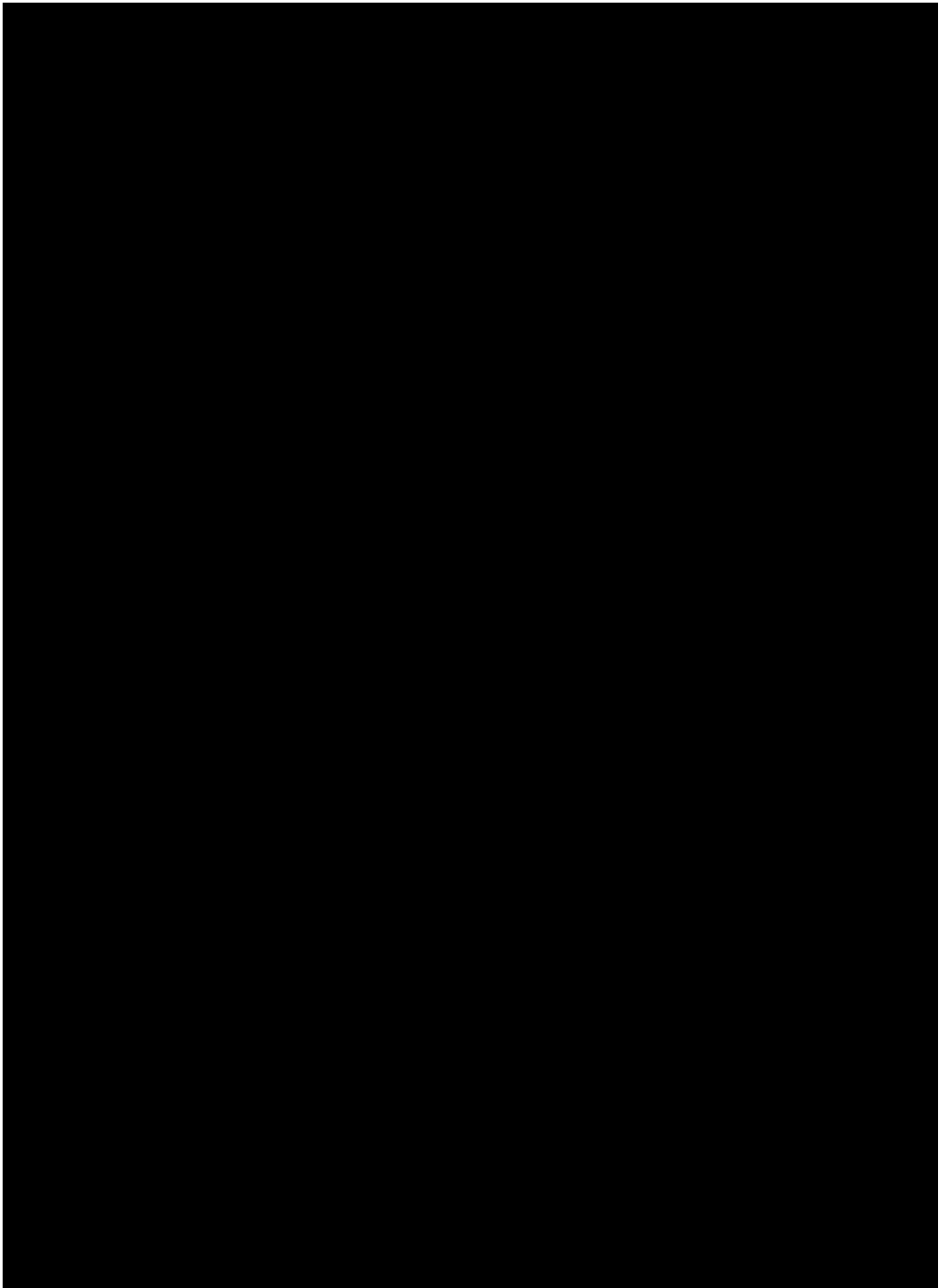
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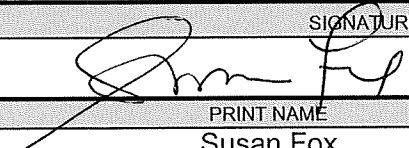
**New York State Department of Health  
 Certificate of Need Application  
 Schedule 10 - Space & Construction Cost Distribution**

If additional sheets are necessary, go to the toolbar, select "Edit", select "Move or copy sheet", make sure the "create a copy" box is checked, and select this document as the destination for the copy then select "OK". An additional worksheet will be added to this spreadsheet

1. If New Construction is Involved, is it "freestanding?"	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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	Dense Urban	Other metropolitan or suburban	Rural
2. Check the box that best describes the location of the facilities affected by this project:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator.engineer,

SIGNATURE		DATE	
		11/13/23	
PRINT NAME		TITLE	
Susan Fox		President and CEO	
NAME OF FIRM			
White Plains Hospital Center			
STREET & NUMBER			
41 East Post Road			
CITY	STATE	ZIP	PHONE NUMBER
White Plains	NY	10601	(914) 681-1201





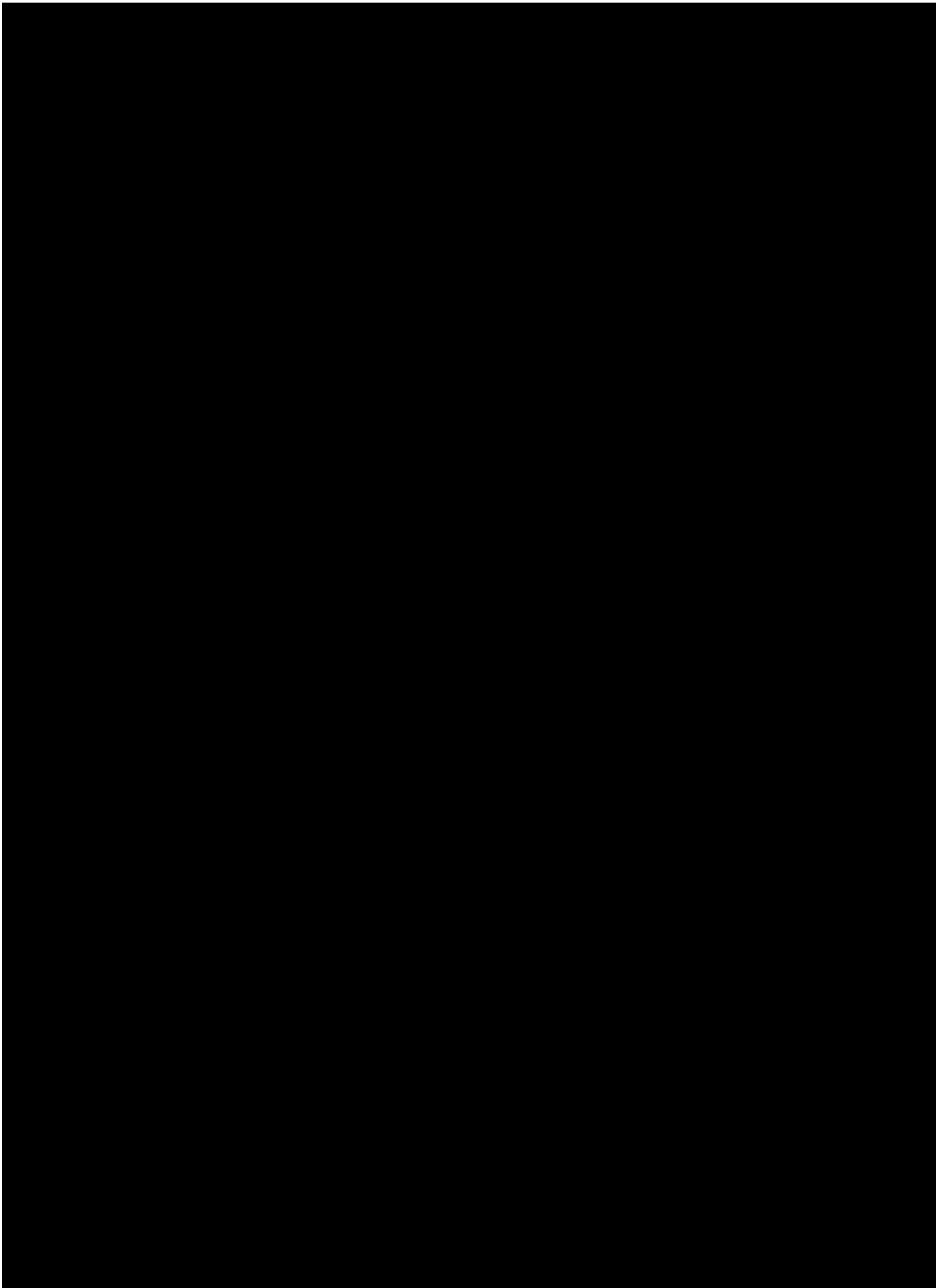
**WHITE PLAINS HOSPITAL CENTER**

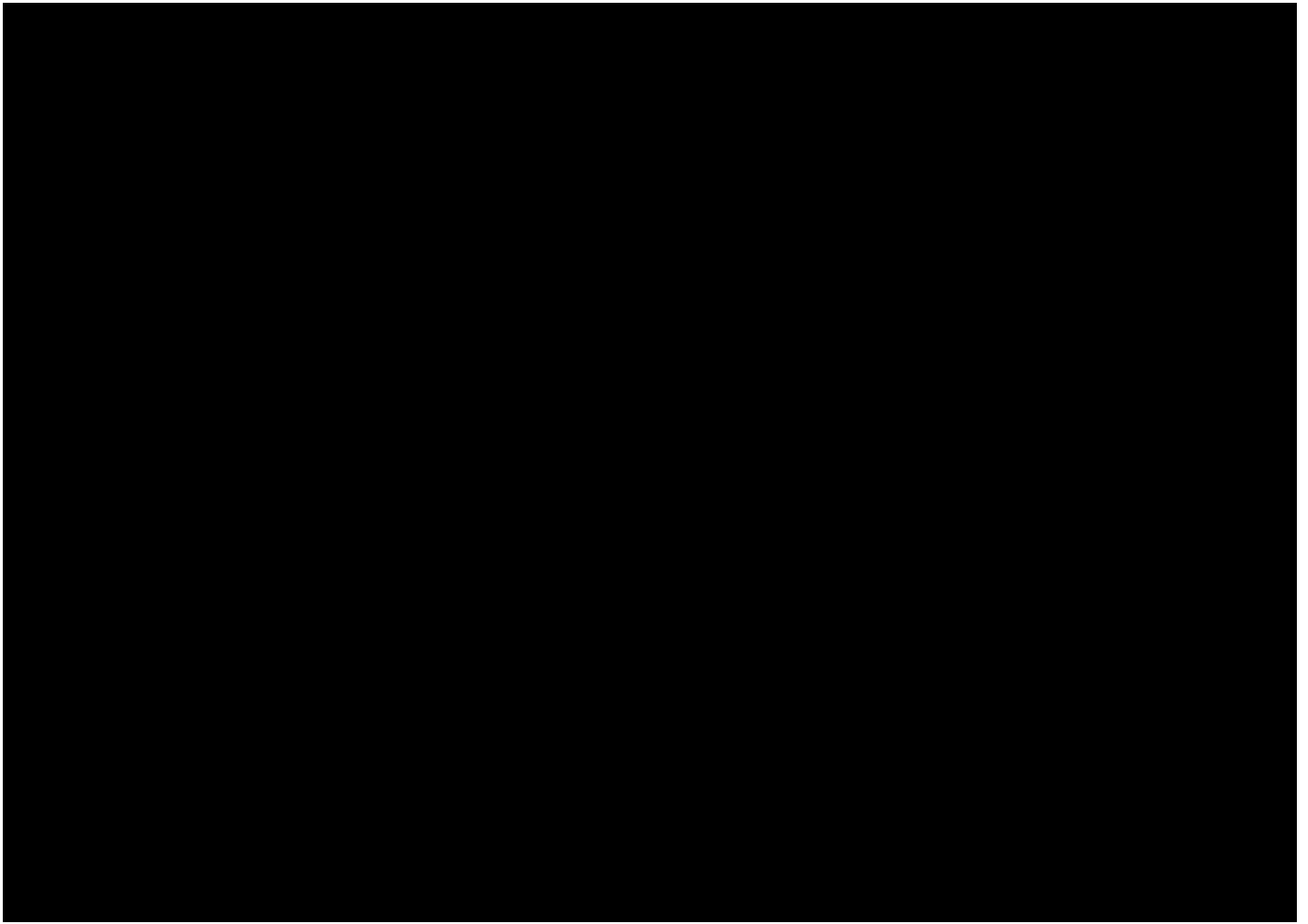
**Equipment List**

31-Oct-23

ITEM	MANUFACTURER	MODEL	QTY.	UNIT PRICE	EXTENDED PRICE







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

**Schedule 13A**

**Schedule 13 A. Assurances From Article 28 Applicants**

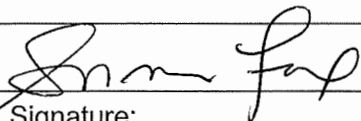
Article 28 applicants seeking combined establishment and construction or construction approval only must complete this schedule.

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to insure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

Date

11/13/23



Signature:

Susan Fox

Name (Please Type)

President & CEO

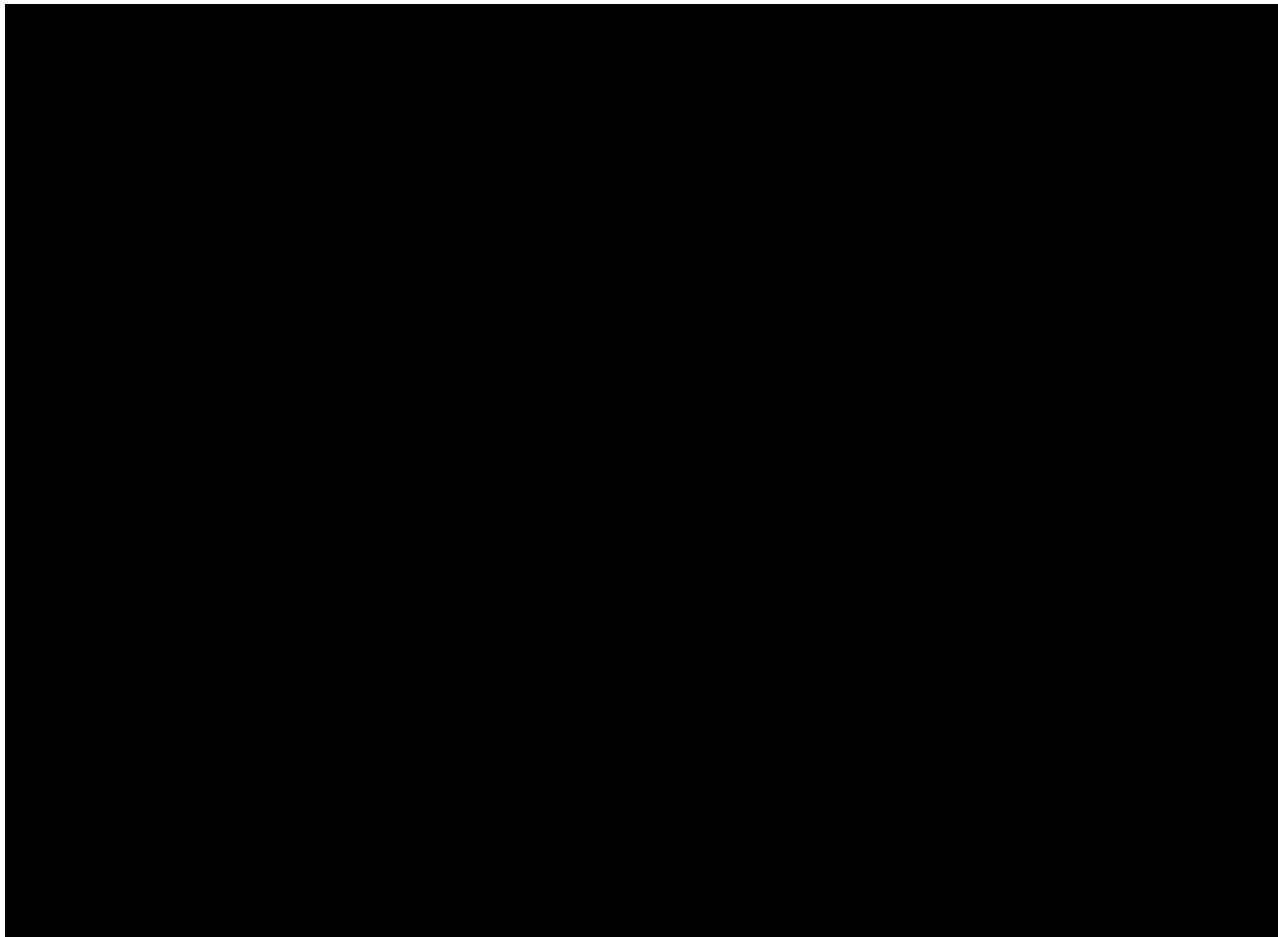
Title (Please type)

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

**Schedule 13 B-1. Staffing**

See "Schedules Required for Each Type of CON" to determine when this form is required. Use the "Other" categories for providers, such as dentists, that are not mentioned in the staff categories. If a project involves multiple sites, please create a staffing table for each site.

**Total Project**     **Subproject number**



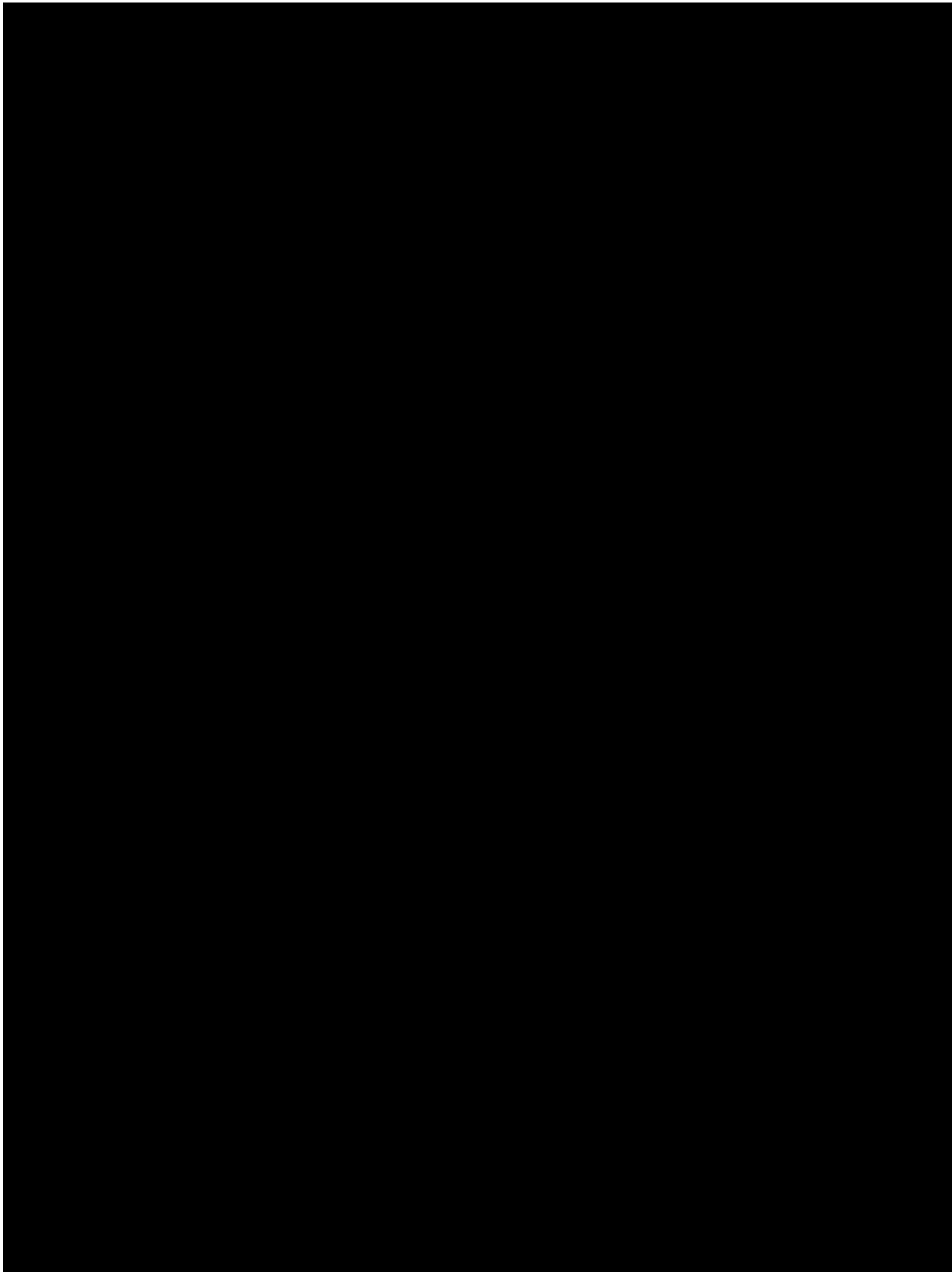
*\*Last complete year prior to submitting application*

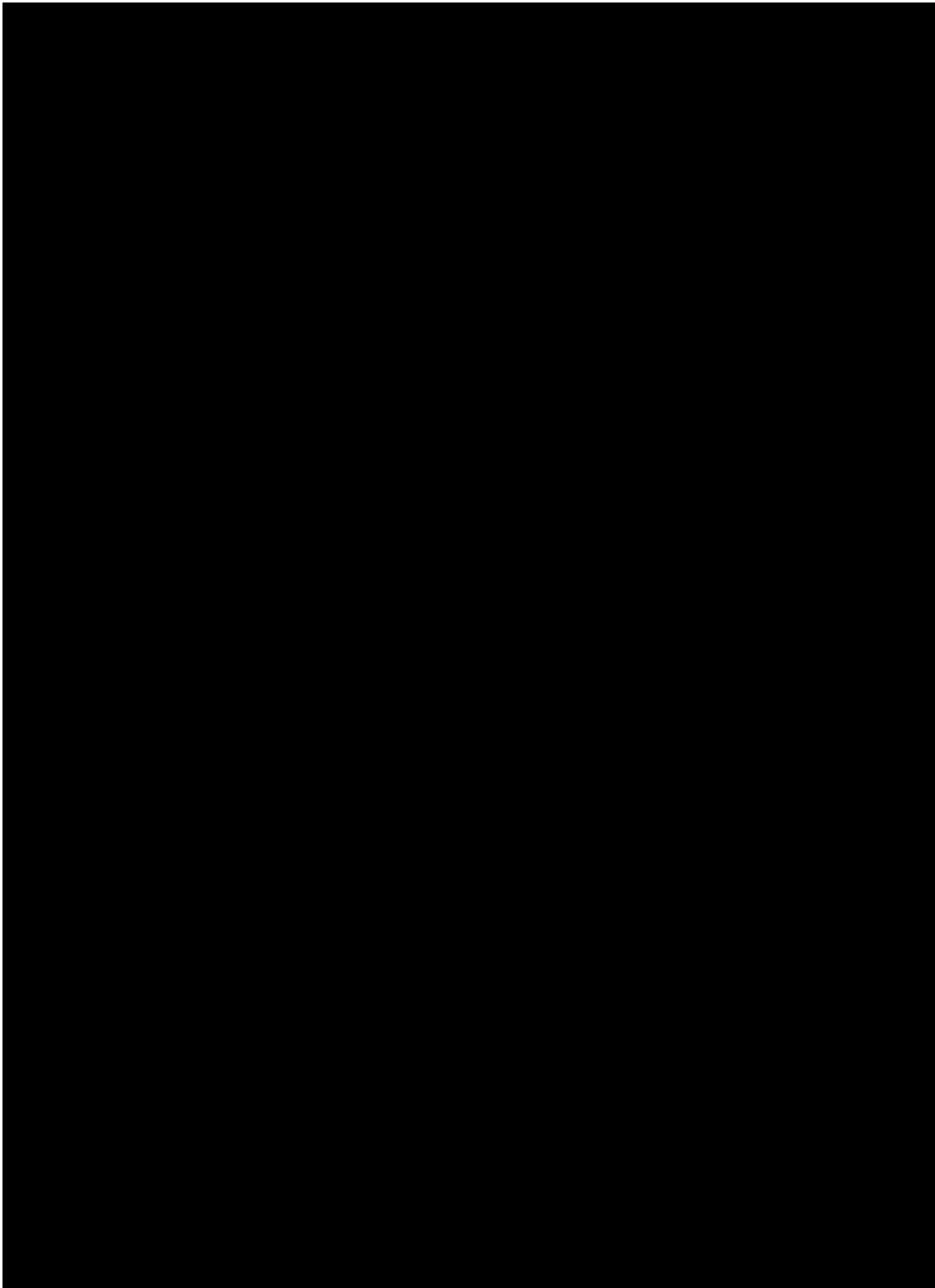
*\*\*Only for RHCF and D&TC proposals*

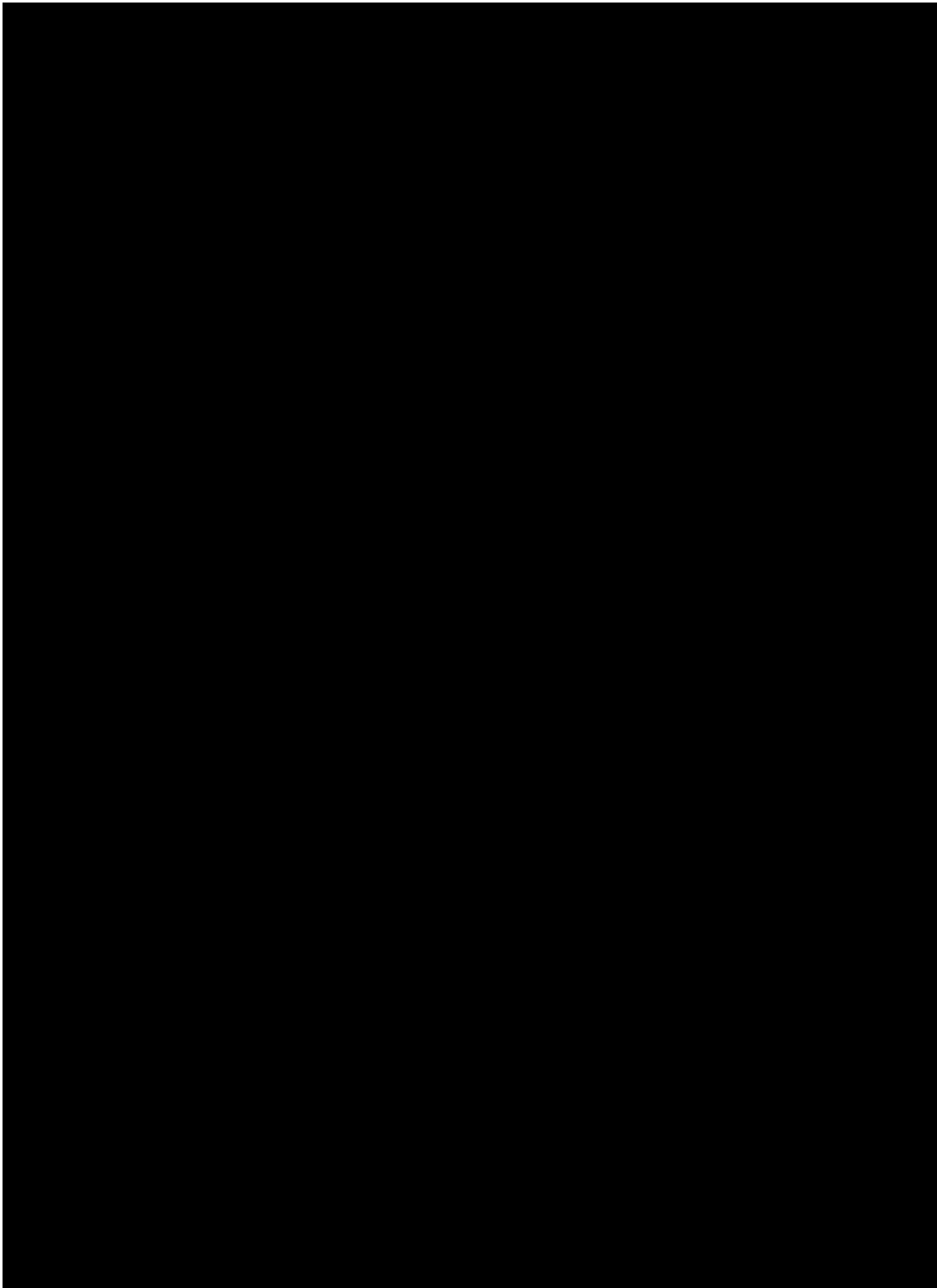
**Describe how the number and mix of staff were determined:**

---

Projected staffing is based on the experience of the Hospital providing the proposed services at the Hospital along with an evaluation of staffing profiles in an expanded inpatient and ED setting.







# New York State Department of Health Certificate of Need Application

## Schedule 13 D: Annual Operating Revenues

See “Schedules Required for Each Type of CON” to determine when this form is required. If required, one schedule must be completed for the total project and one for each of the subprojects. Indicate which one is being reported by checking the appropriate box at the top of the schedule.

Use the below tables or upload a spreadsheet as an attachment to this Schedule (Attachment Title: ) to summarize the current year’s operating revenue, and the first and third year’s budgeted operating revenue (after project completion) for the categories that are affected by this project.

Table 1. Enter the current year data in column 1. This should represent the total revenue for the last complete year before submitting the application, using audited data. Project the first and third year’s total budgeted revenue in current year dollars

Tables 2a and 2b. Enter current year data in the appropriate block. This should represent revenue by payer for the last complete year before submitting the application, using audited data.

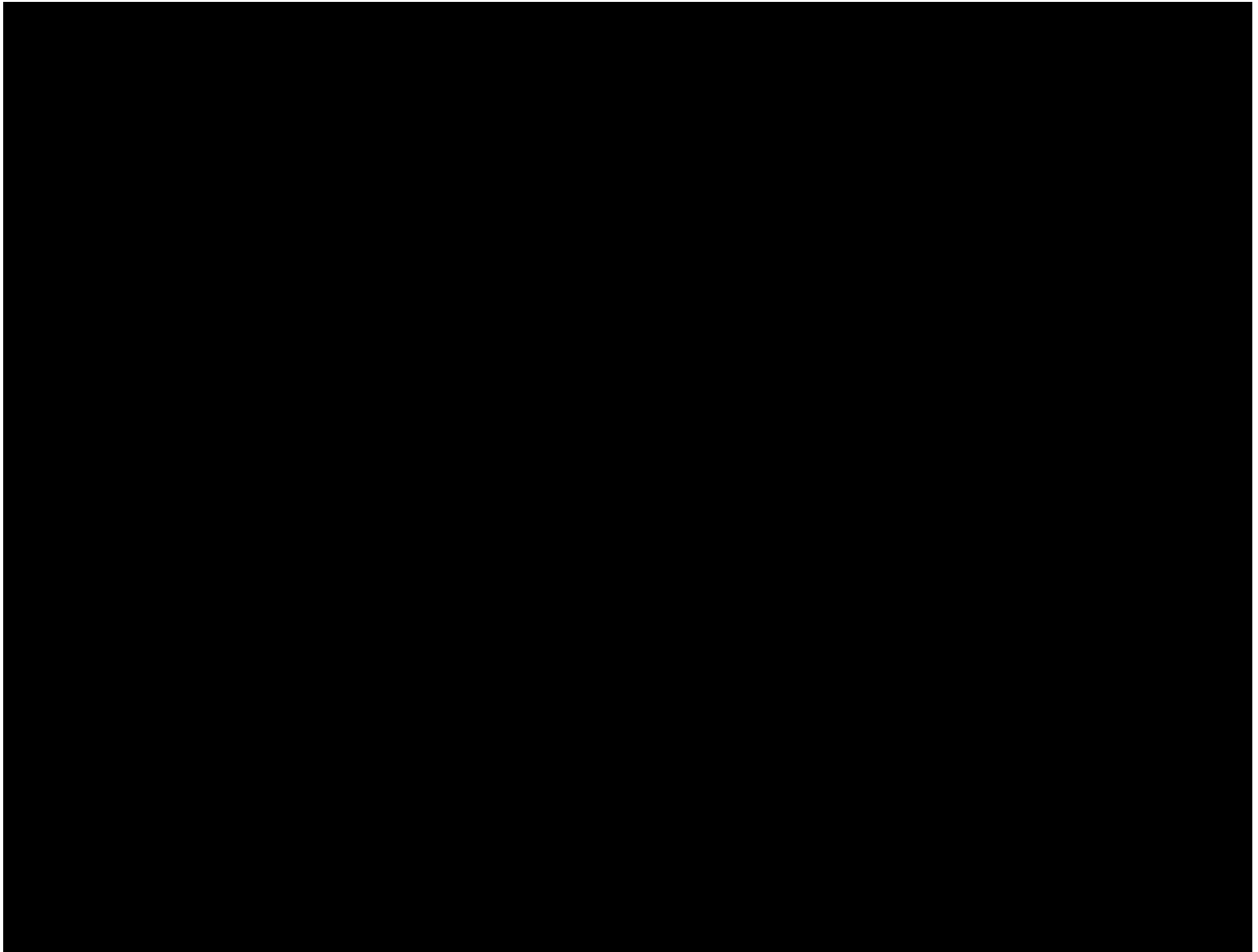
Indicate in the appropriate blocks total budgeted revenues (i.e., operating revenues by payer to be received during the first and third years of operation after project completion). As an attachment, provide documentation for the rates assumed for each payer. Where the project will result in a rate change, provide supporting calculations. For managed care, include rates and information from which the rates are derived, including payer, enrollees, and utilization assumptions.

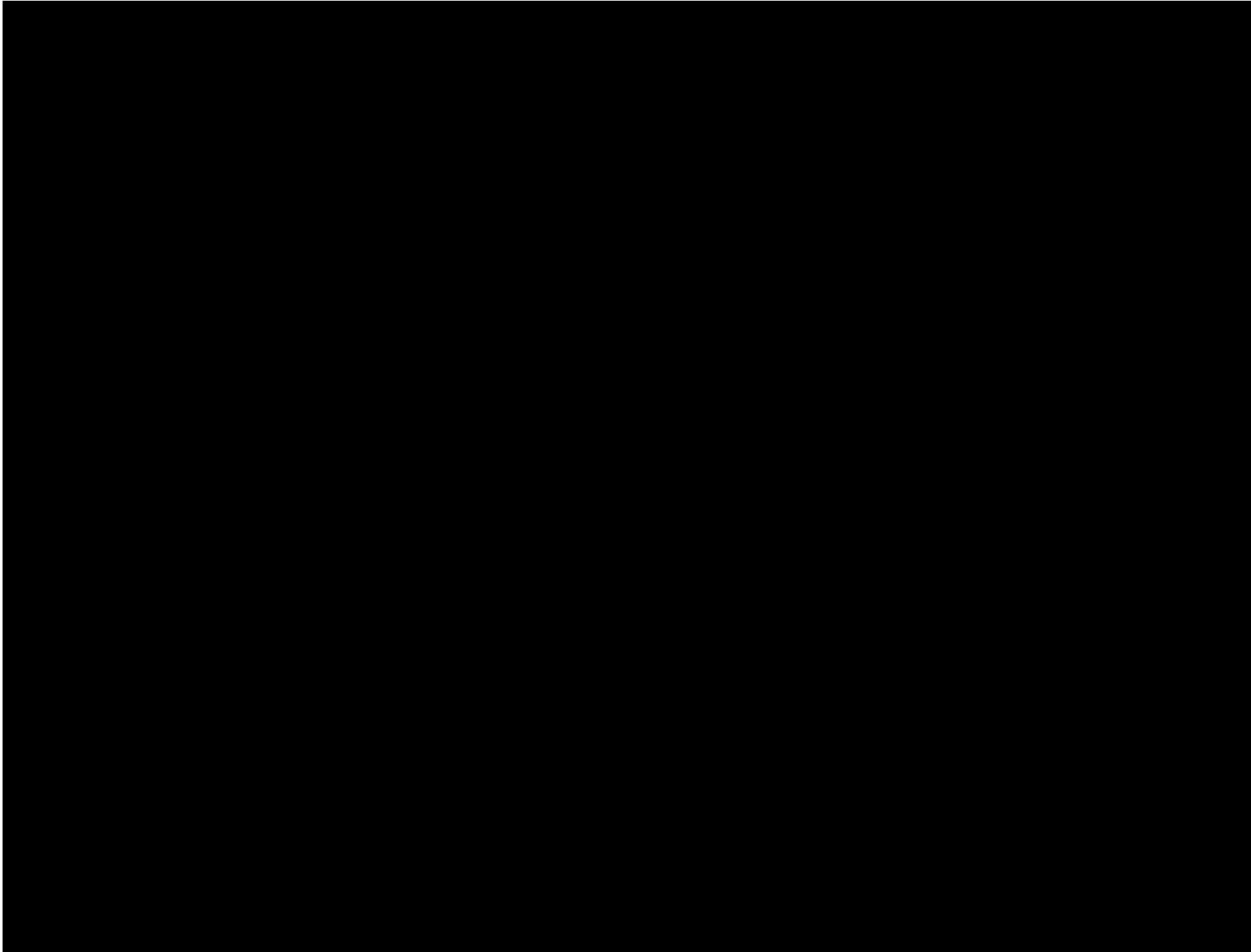
**The Total of Inpatient and Outpatient Services at the bottom of Tables 13D-2A and 13D-2B should equal the totals given on line 10 of Table 13D-1.**

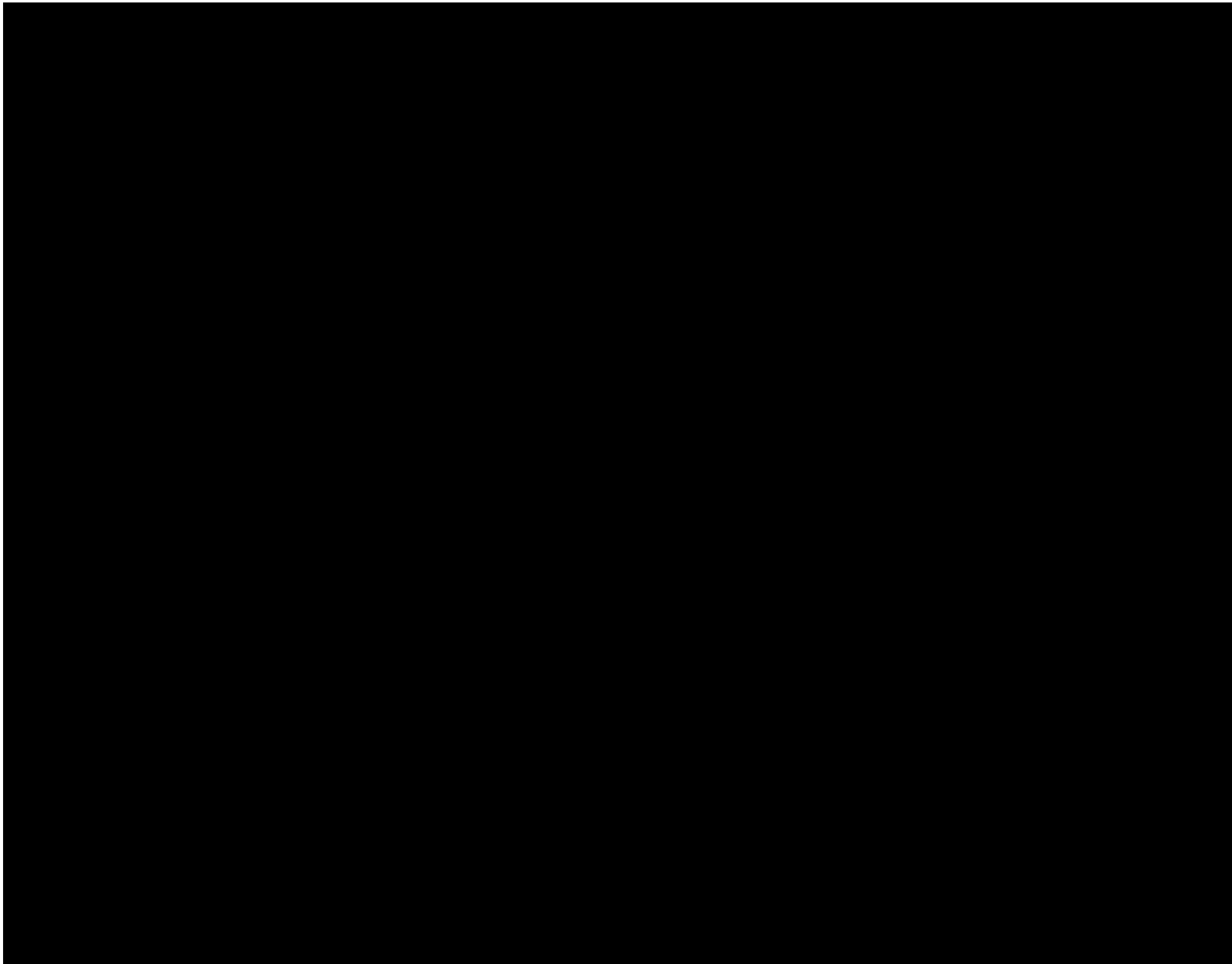
### Required Attachments

	N/A	Title of Attachment	Filename of Attachment
1. Provide a cash flow analysis for the first year of operations after the changes proposed by the application, which identifies the amount of working capital, if any, needed to implement the project.	<input type="checkbox"/>	Sch 5 Att.	
2. Provide the basis and supporting calculations for all utilization and revenues by payor.	<input type="checkbox"/>	Sch 13	
3. Provide the basis for charity care revenue assumptions used in Year 1 and 3 Budgets ((Table 13D-2B). <i>If less than 2%, provide a reason why a higher level of charity care cannot be achieved and remedies that will be implemented to increase charity care.</i>	<input type="checkbox"/>	Sch 13	









**WHITE PLAINS HOSPITAL CENTER**

- 1. Amortization Schedule**
- 2. Budget Supporting Information**

# Loan Amortization Schedule

Enter values	
Loan amount	\$ 500,000,000
Annual interest rate	6.00 %
Loan period in years	30
Number of payments per year	12
Start date of Bonds	4/1/2028
Optional extra payments	\$ -
Int income Construc Fund	3.50%

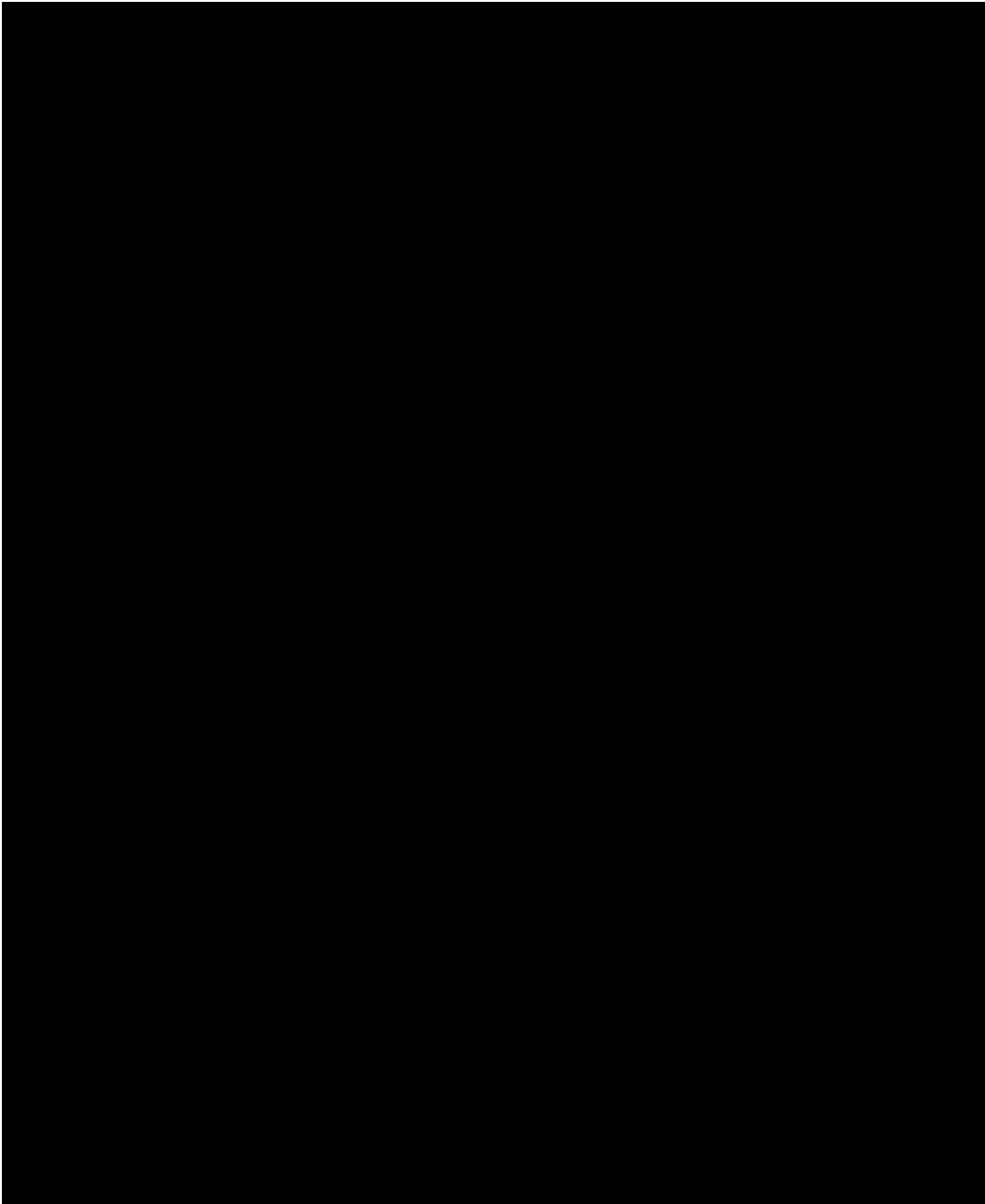
Loan summary	
Scheduled payment	\$ 2,997,753
Scheduled number of payments	360
Actual number of payments	360
Total annual payments	\$ 35,973,032
Total interest	\$ 579,190,945

Pmt. No.	Payment Date	Beginning Balance	Scheduled Payment	Total Payment	Principal	Interest	Ending Balance	Cumulative Interest
1	4/1/2028	\$ 500,000,000	\$ 2,997,753	\$ 2,997,753	\$ 497,753	\$ 2,500,000	\$ 499,502,247	\$ 2,500,000
2	5/1/2028	\$ 499,502,247	\$ 2,997,753	\$ 2,997,753	\$ 500,241	\$ 2,497,511	\$ 499,002,006	\$ 4,997,511
3	6/1/2028	\$ 499,002,006	\$ 2,997,753	\$ 2,997,753	\$ 502,743	\$ 2,495,010	\$ 498,499,263	\$ 7,492,521
4	7/1/2028	\$ 498,499,263	\$ 2,997,753	\$ 2,997,753	\$ 505,256	\$ 2,492,496	\$ 497,994,007	\$ 9,985,018
5	8/1/2028	\$ 497,994,007	\$ 2,997,753	\$ 2,997,753	\$ 507,783	\$ 2,489,970	\$ 497,486,224	\$ 12,474,988
6	9/1/2028	\$ 497,486,224	\$ 2,997,753	\$ 2,997,753	\$ 510,322	\$ 2,487,431	\$ 496,975,903	\$ 14,962,419
7	10/1/2028	\$ 496,975,903	\$ 2,997,753	\$ 2,997,753	\$ 512,873	\$ 2,484,880	\$ 496,463,030	\$ 17,447,298
8	11/1/2028	\$ 496,463,030	\$ 2,997,753	\$ 2,997,753	\$ 515,437	\$ 2,482,315	\$ 495,947,592	\$ 19,929,613
9	12/1/2028	\$ 495,947,592	\$ 2,997,753	\$ 2,997,753	\$ 518,015	\$ 2,479,738	\$ 495,429,578	\$ 22,409,351
10	1/1/2029	\$ 495,429,578	\$ 2,997,753	\$ 2,997,753	\$ 520,605	\$ 2,477,148	\$ 494,908,973	\$ 24,886,499
11	2/1/2029	\$ 494,908,973	\$ 2,997,753	\$ 2,997,753	\$ 523,208	\$ 2,474,545	\$ 494,385,765	\$ 27,361,044
12	3/1/2029	\$ 494,385,765	\$ 2,997,753	\$ 2,997,753	\$ 525,824	\$ 2,471,929	\$ 493,859,941	\$ 29,832,973
13	4/1/2029	\$ 493,859,941	\$ 2,997,753	\$ 2,997,753	\$ 528,453	\$ 2,469,300	\$ 493,331,489	\$ 32,302,273
14	5/1/2029	\$ 493,331,489	\$ 2,997,753	\$ 2,997,753	\$ 531,095	\$ 2,466,657	\$ 492,800,393	\$ 34,768,930
15	6/1/2029	\$ 492,800,393	\$ 2,997,753	\$ 2,997,753	\$ 533,751	\$ 2,464,002	\$ 492,266,643	\$ 37,232,932
16	7/1/2029	\$ 492,266,643	\$ 2,997,753	\$ 2,997,753	\$ 536,419	\$ 2,461,333	\$ 491,730,223	\$ 39,694,265
17	8/1/2029	\$ 491,730,223	\$ 2,997,753	\$ 2,997,753	\$ 539,102	\$ 2,458,651	\$ 491,191,122	\$ 42,152,916
18	9/1/2029	\$ 491,191,122	\$ 2,997,753	\$ 2,997,753	\$ 541,797	\$ 2,455,956	\$ 490,649,325	\$ 44,608,872
19	10/1/2029	\$ 490,649,325	\$ 2,997,753	\$ 2,997,753	\$ 544,506	\$ 2,453,247	\$ 490,104,819	\$ 47,062,119
20	11/1/2029	\$ 490,104,819	\$ 2,997,753	\$ 2,997,753	\$ 547,229	\$ 2,450,524	\$ 489,557,590	\$ 49,512,643
21	12/1/2029	\$ 489,557,590	\$ 2,997,753	\$ 2,997,753	\$ 549,965	\$ 2,447,788	\$ 489,007,626	\$ 51,960,431
22	1/1/2030	\$ 489,007,626	\$ 2,997,753	\$ 2,997,753	\$ 552,714	\$ 2,445,038	\$ 488,454,911	\$ 54,405,469
23	2/1/2030	\$ 488,454,911	\$ 2,997,753	\$ 2,997,753	\$ 555,478	\$ 2,442,275	\$ 487,899,433	\$ 56,847,743
24	3/1/2030	\$ 487,899,433	\$ 2,997,753	\$ 2,997,753	\$ 558,255	\$ 2,439,497	\$ 487,341,178	\$ 59,287,241
25	4/1/2030	\$ 487,341,178	\$ 2,997,753	\$ 2,997,753	\$ 561,047	\$ 2,436,706	\$ 486,780,131	\$ 61,723,946
26	5/1/2030	\$ 486,780,131	\$ 2,997,753	\$ 2,997,753	\$ 563,852	\$ 2,433,901	\$ 486,216,279	\$ 64,157,847
27	6/1/2030	\$ 486,216,279	\$ 2,997,753	\$ 2,997,753	\$ 566,671	\$ 2,431,081	\$ 485,649,608	\$ 66,588,928
28	7/1/2030	\$ 485,649,608	\$ 2,997,753	\$ 2,997,753	\$ 569,505	\$ 2,428,248	\$ 485,080,103	\$ 69,017,176
29	8/1/2030	\$ 485,080,103	\$ 2,997,753	\$ 2,997,753	\$ 572,352	\$ 2,425,401	\$ 484,507,751	\$ 71,442,577
30	9/1/2030	\$ 484,507,751	\$ 2,997,753	\$ 2,997,753	\$ 575,214	\$ 2,422,539	\$ 483,932,537	\$ 73,865,116
31	10/1/2030	\$ 483,932,537	\$ 2,997,753	\$ 2,997,753	\$ 578,090	\$ 2,419,663	\$ 483,354,447	\$ 76,284,778
32	11/1/2030	\$ 483,354,447	\$ 2,997,753	\$ 2,997,753	\$ 580,980	\$ 2,416,772	\$ 482,773,467	\$ 78,701,551

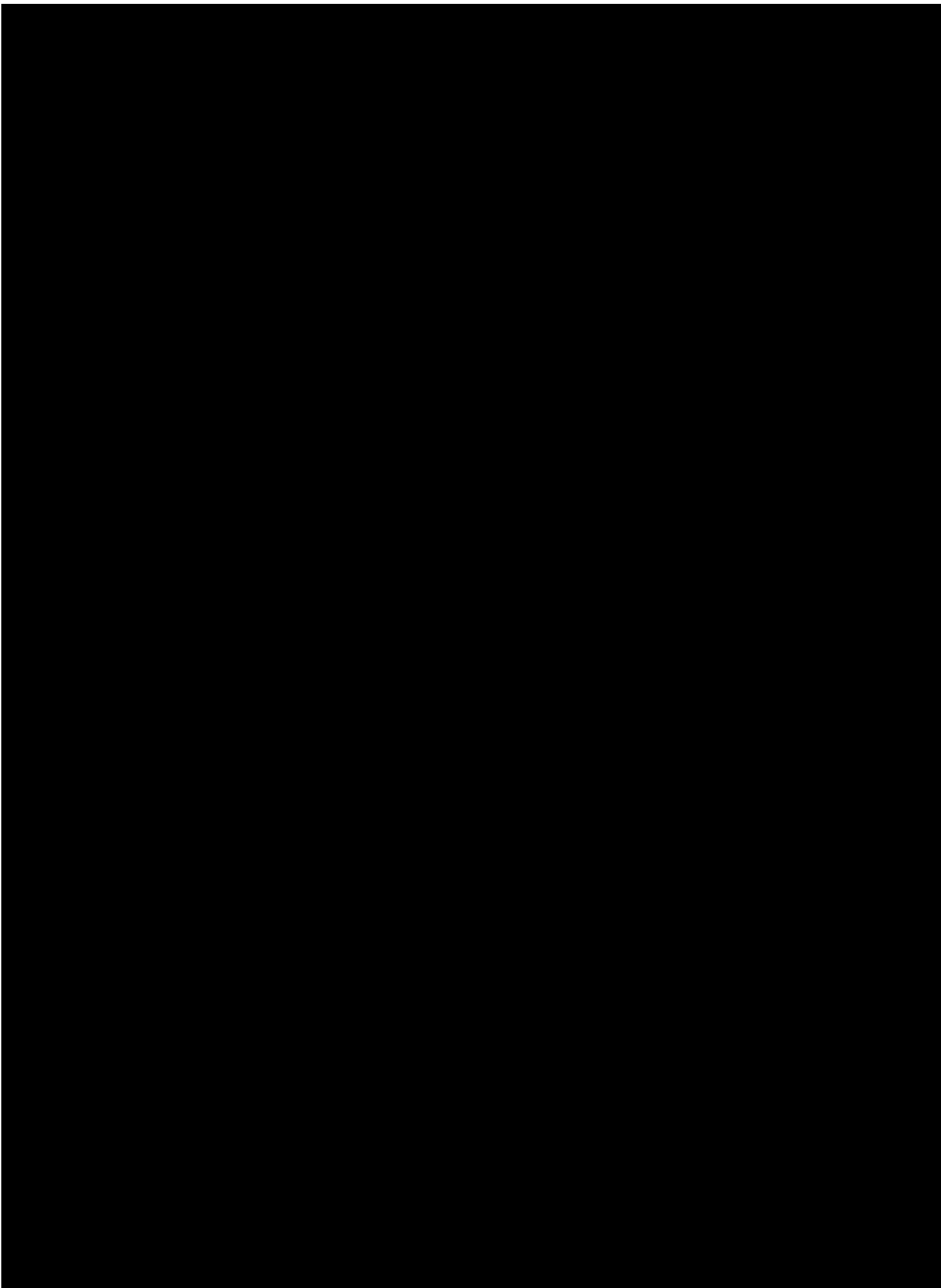
Pmt. No.	Payment Date	Beginning Balance	Scheduled Payment	Total Payment	Principal	Interest	Ending Balance	Cumulative Interest
33	12/1/2030	\$ 482,773,467	\$ 2,997,753	\$ 2,997,753	\$ 583,885	\$ 2,413,867	\$ 482,189,581	\$ 81,115,418
34	1/1/2031	\$ 482,189,581	\$ 2,997,753	\$ 2,997,753	\$ 586,805	\$ 2,410,948	\$ 481,602,777	\$ 83,526,366
35	2/1/2031	\$ 481,602,777	\$ 2,997,753	\$ 2,997,753	\$ 589,739	\$ 2,408,014	\$ 481,013,038	\$ 85,934,380
36	3/1/2031	\$ 481,013,038	\$ 2,997,753	\$ 2,997,753	\$ 592,687	\$ 2,405,065	\$ 480,420,350	\$ 88,339,445
37	4/1/2031	\$ 480,420,350	\$ 2,997,753	\$ 2,997,753	\$ 595,651	\$ 2,402,102	\$ 479,824,700	\$ 90,741,547
38	5/1/2031	\$ 479,824,700	\$ 2,997,753	\$ 2,997,753	\$ 598,629	\$ 2,399,123	\$ 479,226,070	\$ 93,140,670
39	6/1/2031	\$ 479,226,070	\$ 2,997,753	\$ 2,997,753	\$ 601,622	\$ 2,396,130	\$ 478,624,448	\$ 95,536,801
40	7/1/2031	\$ 478,624,448	\$ 2,997,753	\$ 2,997,753	\$ 604,630	\$ 2,393,122	\$ 478,019,818	\$ 97,929,923
41	8/1/2031	\$ 478,019,818	\$ 2,997,753	\$ 2,997,753	\$ 607,654	\$ 2,390,099	\$ 477,412,164	\$ 100,320,022
42	9/1/2031	\$ 477,412,164	\$ 2,997,753	\$ 2,997,753	\$ 610,692	\$ 2,387,061	\$ 476,801,472	\$ 102,707,083
43	10/1/2031	\$ 476,801,472	\$ 2,997,753	\$ 2,997,753	\$ 613,745	\$ 2,384,007	\$ 476,187,727	\$ 105,091,090
44	11/1/2031	\$ 476,187,727	\$ 2,997,753	\$ 2,997,753	\$ 616,814	\$ 2,380,939	\$ 475,570,913	\$ 107,472,029
45	12/1/2031	\$ 475,570,913	\$ 2,997,753	\$ 2,997,753	\$ 619,898	\$ 2,377,855	\$ 474,951,015	\$ 109,849,883
46	1/1/2032	\$ 474,951,015	\$ 2,997,753	\$ 2,997,753	\$ 622,998	\$ 2,374,755	\$ 474,328,018	\$ 112,224,638
47	2/1/2032	\$ 474,328,018	\$ 2,997,753	\$ 2,997,753	\$ 626,113	\$ 2,371,640	\$ 473,701,905	\$ 114,596,278
48	3/1/2032	\$ 473,701,905	\$ 2,997,753	\$ 2,997,753	\$ 629,243	\$ 2,368,510	\$ 473,072,662	\$ 116,964,788
49	4/1/2032	\$ 473,072,662	\$ 2,997,753	\$ 2,997,753	\$ 632,389	\$ 2,365,363	\$ 472,440,273	\$ 119,330,151
50	5/1/2032	\$ 472,440,273	\$ 2,997,753	\$ 2,997,753	\$ 635,551	\$ 2,362,201	\$ 471,804,721	\$ 121,692,353
51	6/1/2032	\$ 471,804,721	\$ 2,997,753	\$ 2,997,753	\$ 638,729	\$ 2,359,024	\$ 471,165,992	\$ 124,051,376
52	7/1/2032	\$ 471,165,992	\$ 2,997,753	\$ 2,997,753	\$ 641,923	\$ 2,355,830	\$ 470,524,070	\$ 126,407,206
53	8/1/2032	\$ 470,524,070	\$ 2,997,753	\$ 2,997,753	\$ 645,132	\$ 2,352,620	\$ 469,878,937	\$ 128,759,827
54	9/1/2032	\$ 469,878,937	\$ 2,997,753	\$ 2,997,753	\$ 648,358	\$ 2,349,395	\$ 469,230,579	\$ 131,109,221
55	10/1/2032	\$ 469,230,579	\$ 2,997,753	\$ 2,997,753	\$ 651,600	\$ 2,346,153	\$ 468,578,980	\$ 133,455,374
56	11/1/2032	\$ 468,578,980	\$ 2,997,753	\$ 2,997,753	\$ 654,858	\$ 2,342,895	\$ 467,924,122	\$ 135,798,269
57	12/1/2032	\$ 467,924,122	\$ 2,997,753	\$ 2,997,753	\$ 658,132	\$ 2,339,621	\$ 467,265,990	\$ 138,137,890
58	1/1/2033	\$ 467,265,990	\$ 2,997,753	\$ 2,997,753	\$ 661,423	\$ 2,336,330	\$ 466,604,567	\$ 140,474,220
59	2/1/2033	\$ 466,604,567	\$ 2,997,753	\$ 2,997,753	\$ 664,730	\$ 2,333,023	\$ 465,939,838	\$ 142,807,242
60	3/1/2033	\$ 465,939,838	\$ 2,997,753	\$ 2,997,753	\$ 668,053	\$ 2,329,699	\$ 465,271,784	\$ 145,136,942
61	4/1/2033	\$ 465,271,784	\$ 2,997,753	\$ 2,997,753	\$ 671,394	\$ 2,326,359	\$ 464,600,390	\$ 147,463,301
62	5/1/2033	\$ 464,600,390	\$ 2,997,753	\$ 2,997,753	\$ 674,751	\$ 2,323,002	\$ 463,925,640	\$ 149,786,303
63	6/1/2033	\$ 463,925,640	\$ 2,997,753	\$ 2,997,753	\$ 678,124	\$ 2,319,628	\$ 463,247,515	\$ 152,105,931
64	7/1/2033	\$ 463,247,515	\$ 2,997,753	\$ 2,997,753	\$ 681,515	\$ 2,316,238	\$ 462,566,000	\$ 154,422,168
65	8/1/2033	\$ 462,566,000	\$ 2,997,753	\$ 2,997,753	\$ 684,923	\$ 2,312,830	\$ 461,881,078	\$ 156,734,998
66	9/1/2033	\$ 461,881,078	\$ 2,997,753	\$ 2,997,753	\$ 688,347	\$ 2,309,405	\$ 461,192,730	\$ 159,044,404
67	10/1/2033	\$ 461,192,730	\$ 2,997,753	\$ 2,997,753	\$ 691,789	\$ 2,305,964	\$ 460,500,941	\$ 161,350,367
68	11/1/2033	\$ 460,500,941	\$ 2,997,753	\$ 2,997,753	\$ 695,248	\$ 2,302,505	\$ 459,805,694	\$ 163,652,872
69	12/1/2033	\$ 459,805,694	\$ 2,997,753	\$ 2,997,753	\$ 698,724	\$ 2,299,028	\$ 459,106,969	\$ 165,951,901
70	1/1/2034	\$ 459,106,969	\$ 2,997,753	\$ 2,997,753	\$ 702,218	\$ 2,295,535	\$ 458,404,752	\$ 168,247,435
71	2/1/2034	\$ 458,404,752	\$ 2,997,753	\$ 2,997,753	\$ 705,729	\$ 2,292,024	\$ 457,699,023	\$ 170,539,459
72	3/1/2034	\$ 457,699,023	\$ 2,997,753	\$ 2,997,753	\$ 709,258	\$ 2,288,495	\$ 456,989,765	\$ 172,827,954
73	4/1/2034	\$ 456,989,765	\$ 2,997,753	\$ 2,997,753	\$ 712,804	\$ 2,284,949	\$ 456,276,961	\$ 175,112,903
74	5/1/2034	\$ 456,276,961	\$ 2,997,753	\$ 2,997,753	\$ 716,368	\$ 2,281,385	\$ 455,560,594	\$ 177,394,288
75	6/1/2034	\$ 455,560,594	\$ 2,997,753	\$ 2,997,753	\$ 719,950	\$ 2,277,803	\$ 454,840,644	\$ 179,672,091
76	7/1/2034	\$ 454,840,644	\$ 2,997,753	\$ 2,997,753	\$ 723,549	\$ 2,274,203	\$ 454,117,095	\$ 181,946,294
77	8/1/2034	\$ 454,117,095	\$ 2,997,753	\$ 2,997,753	\$ 727,167	\$ 2,270,585	\$ 453,389,927	\$ 184,216,880
78	9/1/2034	\$ 453,389,927	\$ 2,997,753	\$ 2,997,753	\$ 730,803	\$ 2,266,950	\$ 452,659,124	\$ 186,483,829

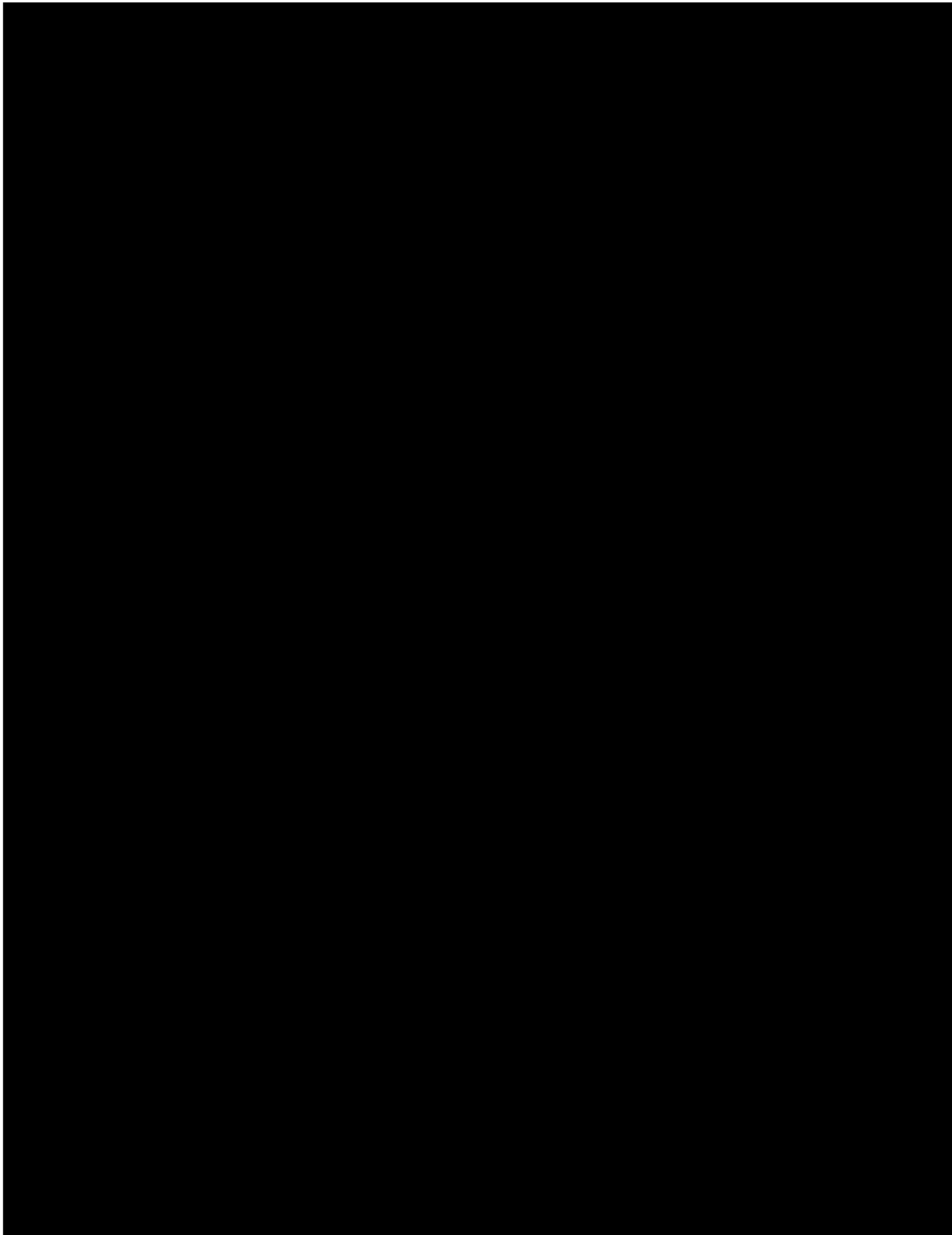
Pmt. No.	Payment Date	Beginning Balance	Scheduled Payment		Total Payment	Principal	Interest	Ending Balance	Cumulative Interest
79	10/1/2034	\$ 452,659,124	\$ 2,997,753	\$ -	\$ 2,997,753	\$ 734,457	\$ 2,263,296	\$ 451,924,667	\$ 188,747,125
80	11/1/2034	\$ 451,924,667	\$ 2,997,753	\$ -	\$ 2,997,753	\$ 738,129	\$ 2,259,623	\$ 451,186,538	\$ 191,006,748
81	12/1/2034	\$ 451,186,538	\$ 2,997,753	\$ -	\$ 2,997,753	\$ 741,820	\$ 2,255,933	\$ 450,444,718	\$ 193,262,681
82	1/1/2035	\$ 450,444,718	\$ 2,997,753	\$ -	\$ 2,997,753	\$ 745,529	\$ 2,252,224	\$ 449,699,189	\$ 195,514,904
83	2/1/2035	\$ 449,699,189	\$ 2,997,753	\$ -	\$ 2,997,753	\$ 749,257	\$ 2,248,496	\$ 448,949,932	\$ 197,763,400
359	3/7/2058	\$ 5,950,837	\$ 2,997,753	\$ -	\$ 2,997,753	\$ 2,967,998	\$ 29,754	\$ 2,982,838	\$ 579,176,031
360	4/7/2058	\$ 2,982,838	\$ 2,997,753	\$ -	\$ 2,997,753	\$ 2,982,838	\$ 14,914	\$ (0)	\$ 579,190,945

<b>TOTALS</b>					\$ 1,079,190,945	\$ 500,000,000	\$ 579,190,945		
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**Schedule 16 A. Hospital Program Information**

See "Schedules Required for Each Type of CON" to determine when this form is required.

**Instructions:** Briefly indicate how the facility intends to comply with state and federal regulations specific to the services requested, such as cardiac surgery, bone marrow transplants. For clinic services, please include the hours of service for each day of operation, name of the hospital providing back-up services (indicating the travel time and distance from the clinic) and how the facility intends to provide quality oversight including credentialing, utilization and quality assurance monitoring.

**The proposed project will be designed and operated in compliance with Federal and State regulations, including Title 10 of New York Codes, Rules and Regulations.**

**All administrative aspects of the services included in this project will be directed under the clinical authority of the Hospital's Chief Medical Officer (CMO). The CMO oversees the quality of clinical care and service delivered at all sites, and directs the Quality Management Program (QMP). This project will utilize the existing, formal QMP that is already in place at White Plains Hospital Center (WPH). There are continuing education activities to provide staff with the opportunity to learn the newest technology, techniques and protocols in the provision of services included as part of this project.**

**To ensure that all care is appropriate to an individual's needs, WPH will continue to use a comprehensive utilization review and monitoring program for its services. The appropriate utilization of all services will be monitored through the QMP Program, under the supervision of the CMO.**

**WPH will utilize the same credentialing process that is currently in place at the Hospital. Only those physicians who are qualified by virtue of their training and experience will be considered for staff privileges, and only those who demonstrate a high level of competence will be appointed to the staff of the Hospital. A similar process will be followed for nursing, technical and support staff who seek employment at WPH. The staffing pattern of the Hospital will continue to be based upon demand and staffing efficiencies.**

**In accordance with current policy at WPH, the ability to pay will not be a factor in the process of accepting patients. Every effort will be made to ensure that appropriate payment is made, but in no circumstance will a patient be refused treatment due to inability to pay. WPH currently has a sliding fee scale for its patients. All services will be offered to those in need of care who satisfy admission requirements, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic or qualification.**

**Please also refer to the Schedule 1 Attachment for the Project Narrative for additional information.**

**New York State Department of Health  
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**Schedule 16A**

For Hospital-Based - Ambulatory Surgery Projects:  
Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category
<b>Multi-Specialty</b>

For Hospital-Based -Ambulatory Surgery Projects:  
Please provide the following information:

Number and Type of Operating Rooms: **INCLUDES HOSPITAL CAMPUS AND OFF-CAMPUS \***

- Current: **21 (two (2) are approved and under construction and will be open in 2024)**
- To be added: **█**
- Total ORs upon Completion of the Project: **█**

Number and Type of Procedure Rooms:

- Current: **3**
- To be added: **0**
- Total Procedure Rooms upon Completion of the Project: **3**

**\* By 2024, WPH will operate 20 ORs on its main campus, including 11 in the main hospital (two (2) are approved and under construction and will be open in 2024) and nine (9) in CAMS. There are six (6) ambulatory ORs and three (3) minor procedure rooms. White Plains Hospital also operates an additional four (4) ambulatory surgery operating rooms located at 226 Westchester Avenue. In this project, WPH is seeking to add █ ORs in the expanded main hospital for a total of █ ORs within the main hospital.**

**Schedule 16 B. Community Need**

See “Schedules Required for Each Type of CON” to determine when this form is required.

**Public Need Summary:**

Briefly summarize on this schedule why the project is needed. Use additional paper, as necessary. If the following items have been addressed in the project narrative, please cite the relevant section and pages.

1. Identify the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.)

**The primary service area for this project is Westchester County; however, patients from the other Montefiore System hospitals who reside outside of Westchester County are anticipated to receive care at WPH, as well.**

2. Provide a quantitative and qualitative description of the population to be served. Data may include median income, ethnicity, payor mix, etc.

**According to the United States Census Bureau, the 2022 population of Westchester County was 990,427. Of this total, 50.0% were Caucasian, 26.3% were Hispanic/Latino, 13.0% were African American, 6.2% were Asian and 4.5% were some other race or combination of races. In 2022, 18.4% of Westchester County residents (182,142 people) were age 65 and over and 45.9% (454,125 people) were age 45 and over. In 2022, the median household income for the residents of Westchester County was \$108,144 and 9.3% of residents lived below the Federal Poverty Level (FPL), as compared to New York State where the median household income in 2021 was \$79,557 and 14.3% of residents lived below the Federal Poverty Level. It should be noted that White Plains Hospital’s tertiary services are increasingly being utilized by the patient populations of southern Westchester County where there are Montefiore Health System hospitals and care sites.**

**Per the Cornell Program on Applied Demographics, the population of Westchester County is projected to increase by 6.3% for the period 2015 to 2030, as compared to a projected growth of 4.0% for New York State. In addition, the population of Westchester County is projected to age from 2015 to 2030. The age 65 and over population represented 16.0% of the total County population in 2015 and is projected to represent 22.0% of the total County population by 2030. The population of persons aged 65 and over – which is rapidly growing – is the age cohort that uses health care services at a greater rate than other age groups.**

3. Document the current and projected demand for the proposed service in the population you plan to serve. If the proposed service is covered by a DOH need methodology, demonstrate how the proposed service is consistent with it.

**Please refer to the Project Narrative under the Schedule 1 Attachment.**

4. (a) Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

**Please refer to the Project Narrative under the Schedule 1 Attachment.**

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**Schedule 16B**

(b) Will the proposed project serve all patients needing care regardless of their ability to pay or the source of payment? If so, please provide such a statement.

**WPH embraces a program of service to reach an underserved population, and an operating philosophy that embodies the principle that comprehensive, coordinated, high-quality care is the right of every person, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic or other qualification. WPH will ensure that the services included as part of this project continue to be sensitive to the needs of the population and responsive to the desires of its patients. Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.**

5. Describe where and how the population to be served currently receives the proposed services.

**The population to be served currently receives the proposed services at White Plains Hospital. WPH has experienced tremendous growth over the past 12 years, driven by the successful execution of a strategic plan focused on providing the highest quality care, elevating the patient experience and expanding access to healthcare providers both geographically through the addition of new ambulatory practices, and through the addition of new advanced programs and services. White Plains Hospital joined the Montefiore Health System in 2015 with the shared vision of being the Hudson Valley Tertiary Hub for the system. As the Hudson Valley Tertiary Hub for the Montefiore Health System, WPH provides advanced care that is not currently offered at other Montefiore-based Hudson Valley hospitals. However, understanding the value of keeping care local for patients, WPH works closely with these hospitals to ensure a coordinated approach for these advanced services and encourages patients to return to local communities and physicians for follow-up care. This track record of success has led to more patients across the region choosing WPH as their healthcare provider, creating capacity constraints that will limit further progress. The goal of this expansion project is to enable WPH to best serve residents of Westchester County and the Hudson Valley, including providing improved access and care for underserved members of the community.**

6. Describe how the proposed services will be address specific health problems prevalent in the service area, including any special experience, programs or methods that will be implemented to address these health issues.

**Please refer to the answers above and to the Project Narrative under the Schedule 1 Attachment.**



**ONLY for Hospital Applicants submitting Full Review CONs**

7. (a) Explain how the proposed project advances local Prevention Agenda priorities identified by the community in the most recently completed Community Health Improvement Plan (CHIP)/Community Service Plan (CSP). *Do not submit the CSP.* Please be specific in which priority(ies) is/are being addressed.

**White Plains Hospital is committed to improving the health and well-being of the community. In keeping with the New York State 2019-2024 Prevention Agenda, White Plains Hospital, working in conjunction with internal stakeholders and community partners, has been actively reviewing its present initiatives, strategic plans and Prevention Agenda priorities. WPH actively assesses the community health needs every three (3) years and recommends programs and/or services to meet those needs. The process for preparing the 2022-2024 Community Health Needs Assessment (CHNA) and Implementation Strategy and the NYS Comprehensive Community Service Plan Report was an inter-organization and collaborative process, including participation from the community and the Greater New York Hospital Association (GNYHA). The goal was to develop an assessment that was reflective of the needs of the community, including the clinical and social determinants of health. Through the combined efforts of the organizations, more than 3,000 surveys were completed specifically among Westchester residents. To complement our primary data collection, secondary data sources were compiled and reviewed to establish community health priorities for our County. Based on these data, WPH selected the following Prevention Agenda priority items: Promote a Healthy and Safe Environment; and Promote Healthy Women, Infants and Children. These selected priorities are fully compatible with White Plains Hospital's community health initiatives and are, and will continue to be, supported by existing programs and staff.**

- (b) If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.

**Please see above and please refer to the Project Narrative under the Schedule 1 Attachment for additional information.**

8. Briefly describe what interventions you are implementing to support local Prevention Agenda goals.

**Please see above and please refer to the Project Narrative under the Schedule 1 Attachment for additional information.**

9. Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?

**Please see above and please refer to the Project Narrative under the Schedule 1 Attachment for additional information.**

10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?

**Please see above and please refer to the Project Narrative under the Schedule 1 Attachment for additional information.**

11. In your most recent Schedule H form submitted to the IRS, did you report any Community Benefit spending in the Community Health Improvement Services category that supports local Prevention Agenda goals? (Y/N question)

**Yes**

**ONLY for Hospital Applicants submitting Full Review CONs**

Public Hospitals

**NOT APPLICABLE**

12. Briefly summarize how you are advancing local public health priorities identified by your local health department and other community partners.

13. Briefly describe what interventions you are implementing to support local public health priorities.

14. Have you engaged local community partners, including the local health department, in your efforts to address local public health priorities?

15. What data are you using to track progress in addressing local public health priorities?

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**Schedule 16C**

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Services Tables of Schedule 16C. The Authorized Beds and Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

**NOT APPLICABLE**

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

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

**TABLE 16C-1 AUTHORIZED BEDS**

<b>LOCATION:</b> <small>(Enter street address of facility)</small>	
---	--

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

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

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

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

No

Yes (Enter CON numbers to the right)

**TABLE 16C-2 LICENSED SERVICES FOR HOSPITAL CAMPUSES**

**NOT APPLICABLE**

<b>LOCATION:</b> <b>N/A</b> <small>(Enter street address of facility)</small>	<b>N/A</b>
---	------------

	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE <sup>6</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY SURGERY				
MULTI-SPECIALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – PAIN MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC CATHETERIZATION				
ADULT DIAGNOSTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTROPHYSIOLOGY (EP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC DIAGNOSTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC INTERVENTION ELECTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERCUTANEOUS CORONARY INTERVENTION (PCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC SURGERY ADULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC SURGERY PEDIATRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH O/P <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINIC PART-TIME SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPREHENSIVE PSYCH EMERGENCY PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPILEPSY COMPREHENSIVE SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY-THERAPEUTIC <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, ACUTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] <sup>4</sup>	_____	_____	_____	_____

<sup>1</sup> A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

<sup>2</sup> A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

<sup>4</sup> DIALYSIS SERVICES require additional approval by Medicare

<sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators

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**Schedule 16C**

<sup>6</sup> PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

<b>TABLE 16C-2 LICENSED SERVICES (cont.)</b>	<b>Current</b>	<b>Add</b>	<b>Remove</b>	<b>Proposed</b>
TRANSPLANT				
HEART - ADULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART - PEDIATRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIDNEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOT APPLICABLE**

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**Schedule 16C**

**TABLE 16C-3 LICENSED SERVICES FOR  
HOSPITAL EXTENSION CLINICS and OFF-CAMPUS EMERGENCY DEPARTMENTS  
NOT APPLICABLE**

<b>LOCATION:</b> <i>(Enter street address of facility)</i>				
	<b>Current</b>	<b>Add</b>	<b>Remove</b>	<b>Proposed</b>
MEDICAL SERVICES – PRIMARY CARE <sup>6</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AMBULATORY SURGERY</b>				
SINGLE SPECIALTY -- GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – PAIN MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MULTI-SPECIALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH O/P <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY-THERAPEUTIC <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] <sup>4</sup>	_____	_____	_____	_____
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOR OFF-CAMPUS EMERGENCY DEPARTMENTS ONLY<sup>7</sup></b>				
EMERGENCY DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

<sup>2</sup> A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

<sup>4</sup> DIALYSIS SERVICES require additional approval by Medicare

<sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators

<sup>6</sup> PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

<sup>7</sup> OFF-CAMPUS EMERGENCY DEPARTMENTS must meet all relevant Federal Conditions of Participation for a hospital per CMS S&C-08-08

END STAGE RENAL DISEASE (ESRD)

**NOT APPLICABLE**

<b>TABLE 16C-3(a) CAPACITY</b>	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

If application involves dialysis service with existing capacity, complete the following table:

<b>TABLE 16C-3(b) TREATMENTS</b>	Last 12 mos	2 years prior	3 years prior
CHRONIC DIALYSIS			

All Chronic Dialysis applicants must provide the following information in compliance with 10 NYCRR 670.6.

1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.

NOT APPLICABLE

2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons, and residents of remote rural areas.

NOT APPLICABLE

3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.

NOT APPLICABLE

4. Provide evidence that the facility is willing to and capable of safely serving patients.

NOT APPLICABLE

5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

NOT APPLICABLE

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**Schedule 16C**

**Mobile Clinic Site Approval Request:**

**NOT APPLICABLE**

One form must be submitted for each proposed mobile clinic site. Please feel free to photocopy this form as necessary. You may use attach additional sheets as necessary

Facility Name		
Proposed Site Address		
CITY	COUNTY	ZIP
Type of Facility at Site		
Name and Title of Representative at site:		
Type of Service		

Is mobile clinic in a self-contained vehicle or is equipment moved into the temporary site?

--

Schedule of operation

--

Justification for service at this site

--

List of current sites where these services will no longer be offered

--



Schedule 16 D. Hospital Outpatient Department - Utilization projections

a	b
	Current Year Visits*-
<b>CERTIFIABLE SERVICES</b>	
MEDICAL SERVICES – PRIMARY CARE	13,032
MEDICAL SERVICES – OTHER MEDICAL	
AMBULATORY SURGERY	
SINGLE SPECIALTY -- GASTROENTEROLOGY	10,918
SINGLE SPECIALTY – OPHTHALMOLOGY	97
SINGLE SPECIALTY – ORTHOPEDICS	2,136
SINGLE SPECIALTY – PAIN MANAGEMENT	2,369
SINGLE SPECIALTY -- OTHER	7,367
MULTI-SPECIALTY	-
CARDIAC CATHETERIZATION	
ADULT DIAGNOSTIC	182
ELECTROPHYSIOLOGY	714
PEDIATRIC DIAGNOSTIC	-
PEDIATRIC INTERVENTION ELECTIVE	
PERCUTANEOUS CORONARY INTERVENTION	534
CERTIFIED MENTAL HEALTH O/P	
CHEMICAL DEPENDENCE - REHAB	
CHEMICAL DEPENDENCE - WITHDRAWAL O/P	
CLINIC PART-TIME SERVICES	
CLINIC SCHOOL-BASED SERVICES	
CLINIC SCHOOL-BASED DENTAL PROGRAM	
COMPREHENSIVE EPILEPSY CENTER	
COMPREHENSIVE PSYCH EMERGENCY PROGRAM	
DENTAL	
EMERGENCY DEPARTMENT	57,145
HOME PERITONEAL DIALYSIS TRAINING &	
HOME HEMODIALYSIS TRAINING & SUPPORT	
INTEGRATED SERVICES – MENTAL HEALTH	
INTEGRATED SERVICES – SUBSTANCE USE	
LITHOTRIPSY	
METHADONE MAINTENANCE O/P	
NURSING HOME HEMODIALYSIS	
RADIOLOGY-THERAPEUTIC	4,073
RENAL DIALYSIS, CHRONIC	
<b>OTHER SERVICES</b>	338,917
<b>Total</b>	437,484

Note: In the case of an extension clinic, the service estimates in this table should apply to the site in question, not to the hospital or network as a whole.

\*The 'Total' reported MUST be the SAME as those on Table 13D-

**Schedule 16 E. Utilization/Discharge and Patient Days**

Service (Beds) Classification	Current Year Start date: Jan 1, 2022	
	Discharges	Patient Days
AIDS		
BONE MARROW TRANSPLANT		
BURNS CARE		
CHEMICAL DEPENDENCE - DETOX		
CHEMICAL DEPENDENCE - REHAB		
COMA RECOVERY		
CORONARY CARE	2,815	10,898
INTENSIVE CARE (1)		4,675
MATERNITY	2,314	6,478
MED/SURG	13,441	69,692
NEONATAL CONTINUING CARE		
NEONATAL INTENSIVE CARE	1,105	3,475
NEONATAL INTERMEDIATE CARE		
PEDIATRIC		
PEDIATRIC ICU		
PHYSICAL MEDICINE & REHABILITATION		
PRISONER		
PSYCHIATRIC		
RESPIRATORY	1,696	8,461
SPECIAL USE		
SWING BED PROGRAM		
TRANSITIONAL CARE		
TRAUMATIC BRAIN-INJURY		
OTHER (describe) Newborn	955	2,097
<b>TOTAL</b>	<b>22,326</b>	<b>101,101</b>

(1) The Intensive Care days shown on this line are also included on the Med/Surg line where the discharge occurs

**NOTE:** Prior versions of this table referred to “incremental” changes in discharges and days. The table now requires the full count of discharges and days.

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**Schedule 16F**

**Schedule 16 F. Facility Access**

**NOT APPLICABLE**

See "Schedules Required for Each Type of CON" to determine when this form is required.

Complete Table 1 to indicate the method of payment for inpatients and for inpatients and outpatients who were transferred to other health care facilities for the calendar year immediately preceding this application.

Start date of year for which data applies (m/c/yyyy):

Table 1. Patient Characteristics	Total Number of Inpatients	Number of Patients Transferred		
		Inpatient	OPD	ER
Payment Source				
Medicare				
Blue Cross				
Medicaid				
Title V				
Workers' Compensation				
Self Pay in Full				
Other (incl. Partial Pay)				
Free				
Commercial Insurance				
Total Patients				

Complete Table 2 to indicate the method of payment for outpatients.

Table 2. Outpatient Characteristics	Emergency Room		Outpatient Clinic		Community MH Center	
	Visits	Visits Resulting in Inpatient Admissions	Visits	Visits Resulting in Inpatient Admissions	Visits	Visits Resulting in Inpatient Admissions
Primary Payment Source						
Medicare						
Blue Cross						
Medicaid						
Title V						
Workers' Compensation						
Self Pay in Full						
Other (incl. Partial Pay)						
Free						
Commercial Insurance						
Total Patients						

A. Attach a copy of your discharge planning policy and procedures.

B. Is your facility a recipient of federal assistance under Title VI or XVI of the Public Health Service Act (Hill-Burton)?

Yes  No

If yes, answer the following questions and attach the most recent report on Hill-Burton compliance from the Federal Department of Health and Human Services.

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1. Is your facility currently obligated to provide uncompensated service under the Public Health Service Act?

Yes  No

If yes, provide details on how your facility has met such requirement for the last three fiscal years - including notification of the requirement in a newspaper of general circulation. Also, list any restricted trusts and endowments that were used to provide free, below-cost or charity care services to persons unable to pay.

2. With respect to all or any portion of the facility which has been constructed, modernized, or converted with Hill-Burton assistance, are the services provided therein available to all persons residing in your facility's service area without discrimination on the basis of race, color, national origin, creed, or any basis unrelated to an individual's need for the service or the availability of the needed service in the facility?

Yes  No

If no, provide an explanation.

3. Does the facility have a policy or practice of admitting only those patients who are referred by physicians with staff privileges at the facility?

Yes  No

4. Do Medicaid beneficiaries have full access to all of your facility's health services?

Yes  No

If no, provide a list of services where access by Medicaid beneficiaries is denied or limited.

**NOT APPLICABLE**