MANHATTAN ENDOSCOPY CENTER

EXECUTIVE SUMMARY

Manhattan Endoscopy Center, LLC (the Center) is a single-specialty (gastroenterology) freestanding ambulatory surgery center (FASC) located at 535 Fifth Avenue, New York (New York County), New York 10017. The Center is submitting this Full Review Certificate of Need Application seeking approval to convert from a single-specialty FASC to a dual single-specialty FASC, specializing in gastroenterology and vascular surgery (minimally invasive vein treatments).

There is no construction needed to implement this service addition project. The Center has seven (7) procedure rooms, all of which will be adequate and equipped for vascular procedures.

David Robbins, M.D., an existing member and Medical Director of the Center, will continue to serve as the Center's Medical Director. Admission to the Center for services is, and will continue to be, based solely on medical need, and ability to pay will not be a factor.

The Health Equity Impact Assessment concludes that this project will have a positive impact on the community served by the Center, especially for women and older adults.

MANHATTAN ENDOSCOPY CENTER

SITE INFORMATION

Alternate contact: David Robbins, M.D.
Email address: davidhrobbins@gmail.com

Type of Application: Establishment ☐ Construction ☒ Administrative ☐ Limited ☐

Total Project Cost: $37,193

Operator Information:
Operator Name: Manhattan Endoscopy Center, LLC
Address: 535 Fifth Avenue, New York (New York County), New York 10017
Operating Certificate # 7002800R
PFI: 9274

Project Site Information:
Operator Name: Manhattan Endoscopy Center, LLC
Address: 535 Fifth Avenue, New York (New York County), New York 10017
Operating Certificate # 7002800R
PFI: 9274

Site Proposal Summary (maximum of 1,000 characters):
Manhattan Endoscopy Center, LLC is a single-specialty (gastroenterology) freestanding ambulatory surgery center (FASC). The Center has seven (7) procedure rooms and is located at 535 Fifth Avenue, New York (New York County), New York 10017. The Center is submitting this Full Review Certificate of Need Application seeking approval to convert from a single-specialty FASC to a dual single-specialty FASC, specializing in gastroenterology and vascular surgery (minimally invasive vein treatments).

Modify Name/Address: N/A

Beds: N/A

Services:

	Existing	Add	Remove	Proposed
AMBULATORY SURGERY – SINGLE-SPECIALTY	☐	☒	☐	☒

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.

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

- ***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.

Construction or equipment	**Yes**	**No**
Is the project minor construction or the purchase of equipment, subject to Limited Review, AND will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? *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.*	☐	☒

Establishment of an operator (new or change in ownership)	**Yes**	**No**
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, AND will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?	☐	☒
Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity	**Yes**	**No**
Is the project a transfer of ownership in the facility that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?	☐	☒
Acquisitions	**Yes**	**No**
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: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?	☐	☒
All Other Changes to the Operating Certificate	**Yes**	**No**
Is the project a request to amend the operating certificate that will result in one or more of the following: a. Elimination of services or care; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or; d. Change in location of services or care?	☒	☐

*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.

New York State Department of Health

Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	MECN VIP Medical
2. Name of Applicant	Manhattan Endoscopy Center (MECN)
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Sachs Policy Group (SPG) – 212-827-0660 • Jaclyn Pierce, MPH jpierce@sachspolicy.com • Anita Appel, LCSW - AnitaAppel@sachspolicy.com • Maxine Legall, MSW, MBA - mlegall@sachspolicy.com Qualifications: • Health equity – 6 years • Anti-racism – 6 years • Community engagement – 25+ years • Health care access and delivery – 10+ years
4. Description of the Independent Entity's qualifications	The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities. The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies. In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are

	dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities. The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.
5. Date the Health Equity Impact Assessment (HEIA) started	May 15, 2025
6. Date the HEIA concluded	July 28, 2025

7. Executive summary of project (250 words max)
This project seeks to expand the procedures offered at Manhattan Endoscopy Center (MECN), which is currently a gastrointestinal-focused ambulatory surgery center. These new procedures would include specific vascular procedures—namely, radiofrequency ablation and Varithena treatments—which are appropriately performed in a procedure room setting by a qualified surgeon.
8. Executive summary of HEIA findings (500 words max)
MECN plans to expand its Article 28 ambulatory surgery license to include low acuity vein procedures—specifically radiofrequency and Varithena ablations—within its existing midtown Manhattan facility. Our assessment determined that older adults and women will benefit most, as both groups experience higher prevalence and complications of chronic venous disease. Adding vein services in the same suites now used for endoscopy will enable rapid deployment with no capital construction, minimal new equipment, and shared nursing and technician teams. Operations staff confirmed that procedure rooms can be cleaned and reset between morning gastrointestinal cases and afternoon vein cases without disrupting existing schedules or clinical quality. The Applicant has existing procedures and infrastructure in place to support individuals with limited English proficiency and those with disabilities. Interviews with surgeons, staff, the local health department, and community partners, plus an English- and Spanish-language survey, consistently supported the project. We recommend that the Applicant maintain transparent, proactive communication with

current gastroenterology patients, assuring them that their care experience and clinical team will remain unchanged. Second, the Applicant should sustain open dialogue with staff, patients, and referral sources so the vein program integrates smoothly into existing operations and daily workflows. Third, the Applicant should consider developing targeted outreach to identify the populations who may be most in need of vein procedures, such as OB-GYN practices and senior centers. Fourth, the Applicant can leverage existing relationships with local Federally Qualified Health Centers and other community partners to broaden access for underserved populations. Finally, the Applicant should co-design quality and safety metrics with the vascular surgeons—such as 30-day occlusion rates, reinterventions, and ulcer-free survival—stratifying results by age, sex, race/ethnicity, insurance status, and interpreter use to monitor health equity impact.

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 Table Sheets 1 and 2" in the document "HEIA Data Tables". Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.**

   Please see attached spreadsheet titled "heia_data_tables_MECN.xlsx"

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:**
   - Older adults
   - Women

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?**

   We analyzed utilization data from the Applicant, census data for the service area, academic literature, information obtained from interviews with center staff and external stakeholders, and information obtained from a community survey. We were not able to access market share information for other similar service providers in the area.

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

We expect the Applicant's proposal to add vein procedures to its operating certificate to primarily impact older adults and women because these groups are more at risk for chronic venous conditions and are therefore more likely to need procedures such as radiofrequency ablation and Varithena ablation. These minimally invasive procedures "have revolutionized varicose vein treatment, offering high success rates and quicker recovery compared to traditional surgery."[1] The physicians that will be performing the vein procedures confirmed that while varicose veins and related complications are a common problem affecting a significant portion of the population, older adults and women are frequent patients due to their unique risk factors outlined below.

Older Adults

Approximately 16% of individuals in the Applicant's service area are over the age of 60, compared to 24% statewide.[2] New York currently has the 4th largest population of older adults in the country, with the aging population continuing to increase.[3] The prevalence of venous disease and varicose veins increases with age.[4,5] Older adults are also at greater risk for complications related to varicose veins, such as venous thrombosis or ulcers.[6,7] Varicose veins are an increasingly frequent cause of discomfort and decreased quality of life with age, but surgical treatment can be more effective than conservative management.[8] As a result, older adults may be more in need of additional access points for low acuity vein procedures in the service area.

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[1] Fayyaz, F., Vaghani, V., Ekhator, C., Abdullah, M., Alsubari, R. A., Daher, O. A., Bakht, D., Batat, H., Arif, H., Bellegarde, S. B., Bisharat, P., & Faizullah, M. (2024). Advancements in varicose vein treatment: Anatomy, pathophysiology, minimally invasive techniques, sclerotherapy, patient satisfaction, and future directions. *Cureus, 16*(1), e51990. https://doi.org/10.7759/cureus.51990

[2] U.S. Census Bureau. (2023). *2022 American Community Survey 5-Year Estimates: Data Profiles* [Data set]. Retrieved June 30, 2025, from https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2022/

[3] New York State Department of Health, Office of Aging and Long Term Care, & New York State Office for the Aging. (2025, June 30). *New York State master plan for aging: Final report.* https://planforaging.ny.gov/system/files/documents/2025/06/mpa-final-report-6.30.25.pdf

[4] Beebe-Dimmer, J. L., Pfeifer, J. R., Engle, J. S., & Schottenfeld, D. (2005). The epidemiology of chronic venous insufficiency and varicose veins. *Annals of Epidemiology, 15*(3), 175–184. https://doi.org/10.1016/j.annepidem.2004.05.015

[5] Eberhardt, R. T., & Raffetto, J. D. (2014). Chronic venous insufficiency. *Circulation, 130*(4), 333–346. https://doi.org/10.1161/CIRCULATIONAHA.113.006898

[6] Mok, Y., Ballew, S. H., Kucharska-Newton, A., Butler, K., Henke, P., Lutsey, P. L., Salameh, M., Hoogeveen, R. C., Ballantyne, C. M., Selvin, E., & Matsushita, K. (2025). Demographic and clinical risk factors of developing clinically recognized varicose veins in older adults. *American Journal of Preventive Medicine, 68*(4), 674–681. https://doi.org/10.1016/j.amepre.2024.12.009

[7] Attaran, R. R., & Carr, J. G. (2022). Chronic venous disease of the lower extremities: A state-of-the-art review. *Journal of the Society for Cardiovascular Angiography & Interventions, 2*(1), Article 100538. https://doi.org/10.1016/j.jscai.2022.100538

[8] Chen, H., Reames, B., & Wakefield, T. W. (2017). Management of chronic venous disease and varicose veins in the elderly. In R. Chaer (Ed.), *Vascular disease in older adults: A comprehensive clinical guide* (pp. 95–111). Springer. https://doi.org/10.1007/978-3-319-29285-4_5

Women

Approximately 53% of individuals in the Applicant's service area are female, compared to 51% statewide.[2] Most studies indicate that varicose veins present more commonly in women compared with men.[5,5,9] Pregnancy is a major contributory factor in the increased incidence of varicose veins in women and is also considered a risk factor for chronic venous insufficiency.[4] As a result, women may be more in need of additional access points for low acuity vein procedures in the service area.

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?**

Tables 1 and 2 below outline the age and gender distribution of current patients at the facility. Since services at MECN are currently limited to endoscopic procedures, we expect the demographics of the patient population to change slightly. Because the outlined risk factors are most common in older adults and women, introducing vein procedures will likely boost the facility's overall service volume—especially from these two groups.

Table 1. Age

Age	% of Patients
Under 19	<1%
20-34	6%
35-54	30%
55-64	26%
65+	38%

Table 2. Gender

Gender	% of Patients
Male	55%
Female	45%

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

[9] Eberhardt, R. T., & Raffetto, J. D. (2014). Chronic venous insufficiency. *Circulation, 130*(4), 333–346. https://doi.org/10.1161/CIRCULATIONAHA.113.006898

Clinical facilities in Manhattan that offer outpatient vein procedures such as sclerotherapy, laser treatment, radiofrequency ablation, or Varithena ablation and their distance from the Applicant's site are outlined in Table 3 below.

Table 3. Manhattan-Based Outpatient Centers Providing Vein Procedures

Provider	Location	Distance from MECN
Manhattan Endoscopy Center (MECN)	535 5th Ave, NY, NY 10017	-
Vein Treatment Clinic – Midtown	290 Madison Ave, NY, NY 10017	~0.4 miles
Manhattan MedSpa Sclerotherapy Clinic	220 Madison Ave, NY, NY 10016	~0.5 miles
Manhattan Dermatology – Midtown	56 W. 45th St., NY, NY 10036	~0.5 miles
New York Vein Treatment Center	30 Park Ave, NY, NY 10016	~0.5 miles
Advanced Varicose Vein Treatments – Midtown	369 Lexington Ave, NY, NY 10016	~0.5 miles
Metro Vein Centers – Midtown	111 East 57th St., NY, NY 10022	~0.7 miles
NYU Langone Vein Center	530 First Ave, NY, NY 10016	~0.9 miles
Manhattan Dermatology – Union Square	55 W. 17th St., NY, NY 10011	~1 mile
Fox Vein Care	1041 Third Ave, NY, NY 10065	~1 mile
USA Vein Clinics – Chelsea	314 W. 23rd St., NY, NY 10011	~1 mile
Columbia Vein Program – Midtown	51 West 51st St., NY, NY 10019	~1.1 miles
Mount Sinai West Vascular	425 West 59th St., NY, NY 10019	~1.1 miles
The Vein Treatment Center	910 Fifth Ave, NY, NY 10021	~1.3 miles
USA Vein Clinics – Lenox Hill	1153 1st Ave, NY, NY 10065	~1.5 miles
Northwell Health Vein Center (Union Square)	95 University Pl., NY, NY 10003	~1.7 miles
Vein Treatment Clinic – Upper East Side	1111 Park Ave, NY, NY 10128	~2.1 miles
Manhattan Dermatology – Upper East Side	983 Park Ave, NY, NY 10028	~2.1 miles
Shulman Vein and Laser Center	1165 Park Ave, NY, NY 10128	~2.3 miles
USA Vein Clinics – 1st Ave	1974 First Ave, NY, NY 10029	~2.5 miles

Mount Sinai Hospital Vascular Surgery	1190 Fifth Ave, NY, NY 10028	~2.9 miles
Vein Treatment Clinic – Financial District	156 William St., NY, NY 10038	~3.4 miles
NYP Lower Manhattan Hospital – Vein Center	156 William St., NY, NY 10038	~3.4 miles
Advanced Varicose Vein Treatments – Downtown	111 John St., NY, NY 10038	~3.6 miles
USA Vein Clinics – Lower Manhattan	122 Fulton St., NY, NY 10038	~3.5 miles
Mount Sinai Morningside Vascular	111 Amsterdam Ave, NY, NY 10025	~3.6 miles
USA Vein Clinics – Harlem	262 W. 145th St., NY, NY 10039	~4.5 miles
USA Vein Clinics – Washington Heights (St. Nicholas)	1264 St. Nicholas Ave, NY, NY 10033	~6 miles
USA Vein Clinics – Dyckman	155 Dyckman St., NY, NY 10040	~6.5 miles
USA Vein Clinics – Washington Heights (Broadway)	4159 Broadway, NY, NY 10033	~6.7 miles
Columbia Vein Program – Uptown	161 Fort Washington Ave, NY, NY 10032	~6.7 miles

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

   We were not able to obtain outpatient data specific to each of the practices above to adequately measure the market share.

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.**

   N/A

9. **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.**

There are no staffing issues anticipated related to the project. The facility will be bringing on a new vascular surgeon to complete the vein procedures onsite. The vascular surgeon currently performs these procedures within VIP Medical Group, which is located nearby the facility and is where the consultations for all procedures will take place. Existing support staff, such as nurses and technicians, will be trained to support the surgeon during the procedures.

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

No

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.**

No

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**

By offering low acuity vein procedures at the existing endoscopy clinic, the project will create an additional outpatient option in midtown Manhattan – expanding patient choice of both provider and location. Enhancements to access include:

1. **Co-Location benefits:** The clinic already holds an Article 28 license for sterile outpatient procedures and meets all relevant clinical and regulatory requirements and standards. There are no capital changes required, and only minimal equipment and staff training will be necessary. This will result in a rapid start-up of services and more immediate appointment availability for neighborhood residents.
2. **Complementary scheduling and shared staff:** According to staff and other experts in the field, endoscopy procedures typically take place in the early morning due to the preparation requirements, allowing for afternoon blocks to be dedicated to vein procedures. This maximizes the facility's current space and staffing while ensuring

no disruption to existing patients and services. Operations staff verified that MECN has adequate space and staffing to accept additional patients, and that procedure rooms will be thoroughly cleaned and readied for afternoon vein procedures following morning endoscopic cases.

3. **Ambulatory setting:** Low acuity procedures, such as radiofrequency ablation, provided in an ambulatory setting rather than in the hospital can be both convenient and cost-effective.[10] Research shows that vein treatment procedures performed in an outpatient setting demonstrate comparable results to those obtained in a conventional operating theater, with particularly benefits for individuals over age 65 who can better tolerate outpatient procedures compared to hospitalization.[11] Studies also shows that most patients – including women juggling family or work – seeking treatment for varicose veins prefer local anesthetic therapy and single visit treatment options compared to surgery.[12]

4. **Continuity of care:** Given that MECN has existing gastrointestinal services and referral partnerships with primary care providers, the project may improve continuity of care and access to other services for patients newly seen at the clinic for vein procedures. Cross-disciplinary case conferences and warm hand-offs reduce fragmented care, shorten wait times for ancillary services, and improve adherence to follow-up—ultimately lowering the risk of ulceration, infection, and emergency department use. For example, the physician we spoke with noted that the median age of patients receiving vein procedures is around 50, and it is recommended that most adults start receiving colonoscopies at age 45, allowing for a cross-referral relationship and coordination of care between the services where appropriate.

For women, the improved access to same-day procedures in an outpatient setting with flexible scheduling may improve convenience and help with childcare constraints or other time limitations. For older adults, the outpatient model avoids an overnight stay in a hospital setting and the local community access can minimize transportation barriers for mobility-limited seniors. However, the physician we spoke with that will be performing the procedures clarified that while they will treat healthy seniors at any age, if a senior has physical complications or severe comorbidities that would make the

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[10] Gohel, M. S., Epstein, D. M., & Davies, A. H. (2010). Cost-effectiveness of traditional and endovenous treatments for varicose veins. *British Journal of Surgery, 97*(12), 1815–1823. https://doi.org/10.1002/bjs.7256

[11] Varetto, G., Gibello, L., Frola, E., Trevisan, A., Trucco, A., Contessa, L., & Rispoli, P. (2018). Day surgery versus outpatient setting for endovenous laser ablation treatment: A prospective cohort study. *International Journal of Surgery, 51*, 180–183. https://doi.org/10.1016/j.ijsu.2018.01.039

[12] Shepherd, A. C., Gohel, M. S., Lim, C. S., Hamish, M., & Davies, A. H. (2010). The treatment of varicose veins: An investigation of patient preferences and expectations. *Phlebology, 25*(2), 54–65. https://doi.org/10.1258/phleb.2009.009008

procedures risky they would recommend that the patient receive the services at a hospital.

For both populations, earlier intervention can reduce the likelihood of advanced skin changes, increased discomfort, ulcers, and other complications that disproportionately affect women and older adults. Collectively, this project can help close treatment gaps for women and older adults, brining low acuity vein care close to home while easing cost, time, and mobility burdens.

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.**

For women and older adults, and others who are at greater risk of varicose veins and related conditions (e.g., those with genetic risk factors), an unintended positive health equity benefit that might occur as a result of this project is that it will divert low acuity vein cases from higher need settings, such as hospital operating rooms, freeing those rooms for higher acuity and more emergent procedures.

3. **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.**

In 2024, the Center provided care either free or below cost to 46 individuals, for a total of $92,000. The Center is on track to provide closer to 200 cases of charity care in 2025 after several meetings and workflow reviews with Federally Qualified Health Center (FQHC) partners. The new services will be integrated into existing policies, including by guaranteeing Medicaid coverage, dedicating a portion of care to charity (at least 2%), and adjusting fees based on the existing sliding scale for gastrointestinal services. As the number of total services provided at the center will increase, the overall amount of indigent care may also increase. However, the proportion of uncompensated/charity care compared to compensated care is likely to remain the same as the demographics of the population served is not expected to change significantly.

4. **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.**

The facility is accessible via several public transportation options:

Subway:

- Grand Central – 42 St. (4/5/6, 7, and Shuttle lines) is an approximately 3-minute walk
- 42 St. – Bryant Park (B/D/F/M line) is an approximately 5-minute walk

Bus:

- M1, M2, M3, M4
- M5
- M42

Metro-North Trains:

- Grand Central Terminal is an approximately 3-minute walk

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

   The facility is ADA accessible, including nine ADA bathrooms and five elevators. There are no capital changes that would create architectural barriers or impact individuals with mobility impairments.

6. **Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?**

   N/A

Meaningful Engagement

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

   New York City Department of Health and Mental Hygiene (DOHMH)

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

Yes, the Independent Entity spoke with DOHMH on July 17, 2025 and they provided a statement for inclusion in the assessment (see Meaningful Engagement tables for the full statement). DOHMH did not have any serious concerns with the project and encouraged the facility to leverage existing partnerships and monitor marketing and referrals to ensure equitable access.

DOHMH had questions regarding scheduling availability, staff capacity, consultations, staff training, and charity care. In response to these questions, MECN clarified that first availability for appointments is at 7am, allowing for morning appointments. There are 7 procedure rooms, of which 4-5 are typically in use depending on the day, ensuring adequate capacity for vein procedures to take place in both the morning and afternoon timeframes. For staff training, support staff and the Director of Nursing will observe cases at the vascular surgeons existing office within VIP Medical (290 Madison Ave, Suite 202, New York, NY 10017), an approximately 6-minute walk from MECN. The facility will ensure competencies prior to the start of the first vein cases performed onsite, and trainings will be scheduled around current clinical needs to ensure sufficient staffing is maintained. When a patient is scheduled – either insured or uninsured – the MECN and VIP Medical billing and financial teams will meet to discuss any upfront fees. For insured patients, this would include copays for the total cost of care. In the event a patient is receiving care pro bono, this will be clearly discussed upfront and agreed upon by both teams. The facility will never surprise bill patients.

9. **Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table". Refer to the Instructions for more guidance.**

Please refer to attached spreadsheet titled "heia_data_tables_MECN.xlsx"

10. **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?**

The stakeholders most affected by this proposed project are individuals who suffer from varicose veins and related conditions or complications, such as pain, ulcers, chronic venous disease/insufficiency, and deep vein thrombosis. All interviewees were supportive of the project, with most indicating that the new service line would fit in seamlessly within the center's existing care model and philosophy.

All survey respondents were either supportive of the project or felt neutral about it. One survey respondent cautioned that the expansion must not compromise the quality of endoscopy and colonoscopy services—a concern the Independent Entity had previously raised with facility staff. Staff, however, assured the Independent Entity that scheduling, space, and staffing capacity would be sufficient to maintain current quality standards. Other respondents voiced their support of the project, noting the convenience of the location and that "more options are better." Another respondent noted that while they are not currently experiencing any vein issues, if the problem were to arise in the future it would be beneficial to receive care from a facility and doctors with which they are already familiar.

11. 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?

As part of our stakeholder engagement, we conducted one-on-one interviews with vascular surgeons, employees, partners, and associations. We also distributed a community survey that was available in both English and Spanish and open for three weeks. Our stakeholder and community engagement complemented our data analysis by providing qualitative insights into the medically underserved populations that may be impacted.

12. 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.

SPG's stakeholder engagement process involved developing a comprehensive outreach strategy to a diverse set of stakeholders from which we sought feedback for the assessment. As part of this effort, we conducted 8 interviews with staff, referral and community partners, and the local health department and received 22 responses to our survey from patients and community members.

The demographics of the survey respondents are outlined below:

Table 4. Race/Ethnicity

White	16
Black or African American	3
Asian American, Pacific Islander, Native Hawaiian	1
Hispanic or Latino	1
Native or Indigenous American	0
Middle East or North African	1
Prefer not to answer	1
Other	0

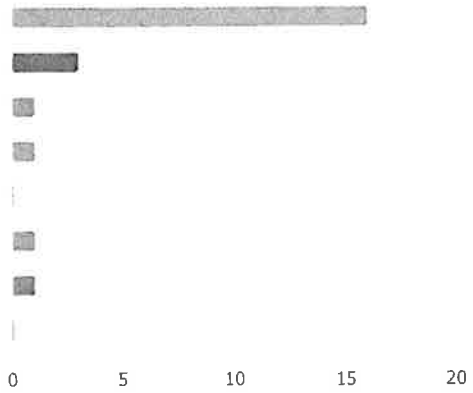


Table 5. Gender

Male	12
Female	10
Non-binary	0
Prefer not to answer	0
Other	0

Table 6. Insurance Coverage

Medicaid recipient	0
Medicare recipient	1
Person with other public health coverage (i.e. Veteran's Affairs)	0
Person eligible for or currently receiving public health benefits (i.e. SNAP, WIC)	0
Person who has private or employer-sponsored health insurance coverage	21
Person who does not have health insurance coverage	0
I am not sure	0
Prefer not to answer	0
Other	0

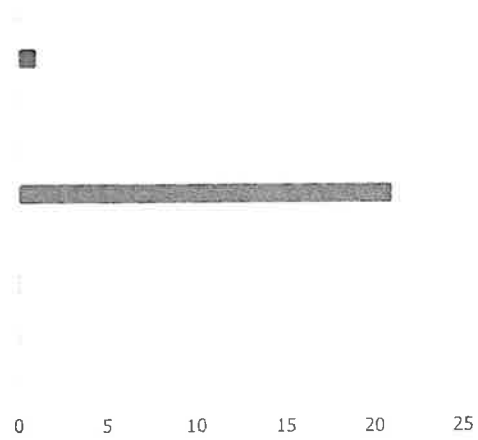
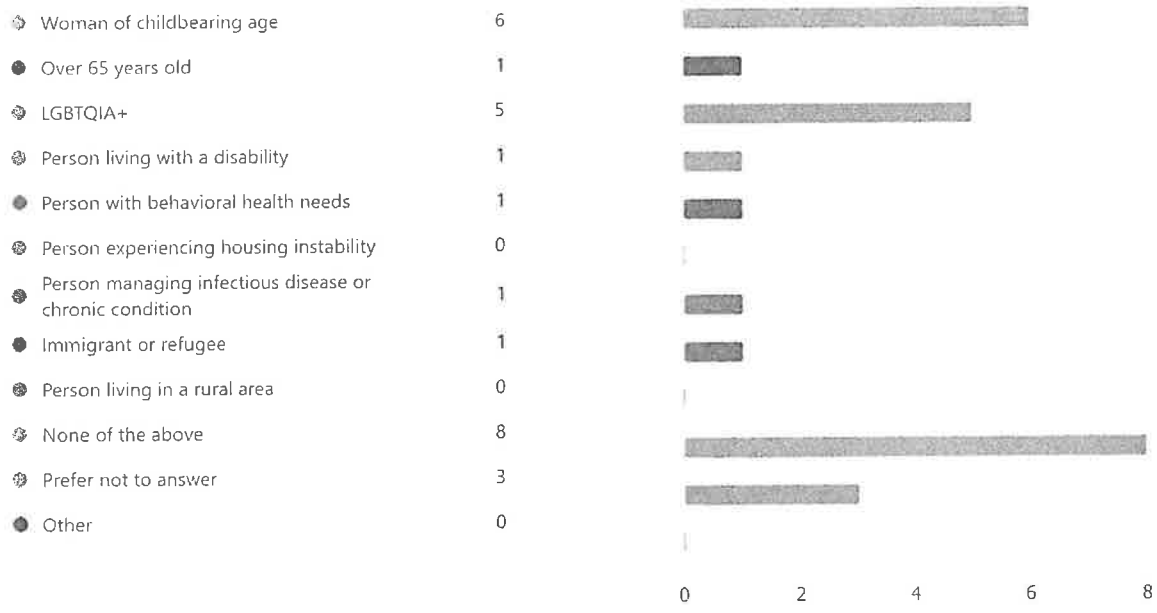


Table 7. Other Demographics



We attempted to reach as many organizations/individuals/groups as possible that represent the medically underserved groups impacted by the project. While we believe that we received adequate feedback from a diverse group of stakeholders, we recognize that certain individuals/populations may have faced barriers to participation. For example, most opportunities for participation were delivered via electronic means (i.e., online survey), potentially limiting participation for those with limited access to the Internet/electronic equipment. However, we believe that the medically underserved groups impacted by the project were adequately represented by the individuals from whom we received feedback during the stakeholder engagement process.

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 Applicant has interpreter services that are available to patients immediately, including virtual sign language interpreters. The Applicant can accommodate individuals who are deaf or have visual impairments with advance notice. The physician that will be

completing the vein procedures is fluent in Spanish and currently serves a large portion of Spanish-speaking patients.

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

   To ensure awareness of the services and seamless referral pathways for women, the Applicant should explore partnerships with women's health and social service providers, such as OB-GYN practices, WIC sites, birthing centers, and Planned Parenthood sites. The Applicant could also consider hosting virtual "lunch-and-learn" webinars on venous diseases for women's health advocacy groups and organizations.

   To reach and serve older adults, the Applicant can collaborate with senior centers, home health agencies, and long-term care providers to publicize the new vein care options and arrange transportation or ambulette services where needed. Communication and appointment reminders should meet the needs and preferences of older adults, including phone calls/mail instead of email/text as necessary.

   The Applicant can draw on its proven track record in community outreach – especially its existing partnerships with five local FQHCs and the Citywide Colorectal Cancer Control Coalition (C5) – to ensure these services reach underserved populations more broadly. The Applicant can also leverage its existing relationships with primary care providers and OB-GYN practices to support access to colonoscopy screenings.

   Finally, the Applicant should proactively reassure current gastroenterology patients that their care experience – and the clinical team providing it – will remain unchanged.

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

   The Applicant should maintain open communication with staff, current and prospective patients, and referral sources to confirm the new services integrate smoothly into existing workflows and meet everyone's needs. Once approved, the Applicant intends to alert its physician and FQHC partners about the availability of the new services and to conduct a marketing campaign to ensure that the community is aware. These steps will keep all stakeholders informed, engaged, and empowered to shape the service as it grows.

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?**

The project may address systemic barriers to care such as:

1. High Cost of Care: By providing services in a community-based setting, patients may experience reduced cost of care as compared to hospital inpatient or outpatient settings that may include facility fees and other costs.

2. Administrative Hurdles: The new access point in midtown Manhattan may improve wait times and scheduling bottlenecks while providing additional appointment options for patients.

3. Transportation and Mobility Issues: A community-based clinic accessible by subway/bus can reduce transportation barriers, particularly for older adults and other populations that need to rely on public transportation or caregivers for medical trips.

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 currently sends out a Press Ganey survey to all patients to get feedback on their experience at the facility. Clinical outcomes are documented and tracked monthly. The Applicant also internally tracks any adverse events and conducts a root cause analysis. All patients receive follow-up calls from clinical staff after each visit, during which they are encouraged to fill out the patient satisfaction survey.

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?**

   The Applicant should partner with the vascular surgeons to develop appropriate clinical quality and safety metrics specific to the new procedures, such as 30-day vein occlusion rates, reintervention rates, and ulcer-free survival rates. Metrics should be stratified by age, sex, race/ethnicity, insurance type, and interpreter use to monitor health equity impact. Additional measures should be considered related to implementation, staff engagement, and workflows to ensure smooth integration and operation of the new services.

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, (Manhattan Endoscopy Center), attest that I have reviewed the Health Equity Impact Assessment for the (MECN VIP Medical) that has been prepared by the Independent Entity, (Sachs Policy Group).

Peter Kim, MD

Name

Board member

Title

Signature

7/30/25

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.

If the project is approved, Manhattan Endoscopy Center recognizes its responsibility to ensure that the addition of vein procedures does not create or exacerbate barriers to care for medically underserved groups identified in the Health Equity Impact Assessment. The Center will utilize its existing Charitable Care Program to mitigate any potential negative impacts and to ensure equitable access to services for all patients, regardless of their ability to pay.

Under this program, Manhattan Endoscopy Center designs community outreach and charity care initiatives to provide services on a periodic basis to individuals who do not have equal access to care, including those who are unable to pay for services or do not have adequate insurance coverage through no fault of their own. Charity care is defined as healthcare services that are provided without expectation of payment, and as such, these services are not recognized as receivables or revenue. This underscores the Center's commitment to equitable and inclusive care delivery, and this policy will be fully extended to the new vein procedures service line to ensure that all patients in need receive appropriate care.

The Center's education and outreach efforts are targeted to community health centers, adult community centers, patients, and Center visitors. These activities ensure that underserved populations within the primary service area are aware of available services, including vein procedures, and understand how to access them. The Center's Medical Director(s) and Administrator oversee and coordinate the Charitable Care Program to ensure effective implementation and integration into operational planning for all services, including the new vein procedures.

Manhattan Endoscopy Center performs annual notifications to community agencies regarding available services, which will now include the addition of vein procedures. In addition, the Center will establish specific days each month when services, including vein procedures, will be provided under the Charitable Care Program to eligible patients. This structured approach ensures predictability and accessibility for underserved individuals needing these specialty services. Documentation of education, outreach, and charitable care activities is maintained, including copies of sign-in sheets for educational events when applicable. Furthermore, the Center completes a quarterly report summarizing all services rendered under the Charitable Care Program, which is reviewed and approved by the Board of Managers to maintain oversight and accountability.

The Center will continue its strong relationships with local federally qualified health centers to ensure access to care for uninsured and underinsured patients requiring vein procedures. Patients referred from these community clinics will be treated under the Charitable Care Program to reduce barriers to care for medically underserved residents. Additionally, Manhattan Endoscopy Center will utilize a sliding fee scale for vein procedures for uninsured patients and those unable to pay, ensuring that services are provided equitably and patients are not excluded based on financial hardship.

Through these established policies and operational strategies, Manhattan Endoscopy Center ensures equitable access to care across all service lines, including the proposed vein procedures. The Center anticipates that the implementation of vein procedures will not disproportionately impact medically underserved groups. Instead, it will expand care options while maintaining a robust safety net for patients experiencing financial hardship. By integrating the Charitable Care Program into planning for the vein service line, Manhattan Endoscopy Center will continue to uphold its mission of equitable and inclusive care delivery, addressing social determinants of health, and reducing barriers for vulnerable populations.

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: Manhattan Endoscopy Center, LLC

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
Ann Sariego	08/18/2025
PRINT OR TYPE NAME	TITLE
Ann Sariego	Member, PE Healthcare Associates, LLC

General Information

		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 ☒ NO ☐	Sch. 1 Att.
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 ☐ NO ☒	

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	10064
	TELEPHONE	E-MAIL ADDRESS	
	(914) 682-8657	conadmin@ciceroassociates.com	

Alternate Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	David Robbins, M.D., Member & Medical Director	Manhattan Endoscopy Center, LLC	
	BUSINESS STREET ADDRESS		
	535 Fifth Avenue		
	CITY	STATE	ZIP
	New York	New York	10017
	TELEPHONE	E-MAIL ADDRESS	
	(212) 682-8657	davidhrobbins@gmail.com	

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.

CHIEF EXECUTIVE			
NAME AND TITLE			
David Robbins, M.D., Member & Medical Director			
BUSINESS STREET ADDRESS			
535 Fifth Avenue			
CITY	STATE	ZIP	
New York	New York	10017	
TELEPHONE	E-MAIL ADDRESS		
(212) 434-3427	davidhrobbins@gmail.com		

The applicant's lead attorney should be identified: **N/A**

ATTORNEY			
NAME	FIRM	BUSINESS STREET ADDRESS	
CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS	

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

CONSUTANT			
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, New York 10604	(914) 682-8657	conadmin@ciceroassociates.com	

The applicant's lead accountant should be identified: **Please contact consultant**

ACCOUNTANT			
NAME	FIRM	BUSINESS STREET ADDRESS	
CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS	

Please list all Architects and Engineer contacts:

ARCHITECT and/or ENGINEER			
NAME	FIRM	BUSINESS STREET ADDRESS	
Anton Mitchell	Terjesen Associates, Architects	908 East 33rd Street, Suite 908	
CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS	
New York, New York 10016	(212) 239-1526	mitchell@terjesenarchitects.com	

ARCHITECT and/or ENGINEER			
NAME	FIRM	BUSINESS STREET ADDRESS	
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

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? **N/A**

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

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)

Out-of-State Affiliated Facilities/Agencies N/A

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

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.

MEMBER RESOLUTION

MANHATTAN ENDOSCOPY CENTER, LLC

The undersigned being a member of Manhattan Endoscopy Center, LLC, an existing free standing ambulatory surgery center, does hereby ratify and confirm, approve and adopt the following as and for the resolutions of Manhattan Endoscopy Center, LLC:

WHEREAS, Manhattan Endoscopy Center LLC desires to add a service line under Article 28 of the New York Public Health Law; and

WHEREAS, in order to accomplish the foregoing, Manhattan Endoscopy Center, LLC must file with the New York State Department of Health a Full Review Certificate of Need Application (**CON Application**).

NOW, THEREFORE, be it

RESOLVED, that Manhattan Endoscopy Center, LLC is hereby authorized, directed and empowered to submit a CON Application to the New York State Department of Health, for the purpose of adding vascular surgery as a specialty to existing single-specialty freestanding ambulatory surgical center, with no construction, under Article 28 of the New York Public Health Law; and it is further

RESOLVED, that Manhattan Endoscopy Center, LLC is authorized to perform any and all acts, which may be required in order to accomplish the foregoing.

By: Signed by: Ann Sariego F4A0E615E01F441...
Ann Sariego
Member
Manhattan Endoscopy Center, LLC

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 and cannot be a line of credit. Terms of the borrowing cannot be longer than 5 years or less than 1 year. 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.

Titles of Attachments Related to Borrowed Funds	Filenames of Attachments
Example: *First borrowed fund source*	Example: *first_bor_fund.pdf*
N/A	

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

Working capital needs for this project will be funded by the Center with cash from ongoing profitable operations. Please see the Cash Flow Analysis under the Schedule 5 Attachment and the Center's financial statements under the Schedule 9 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.

Titles of Attachments Related to Pro Forma Balance Sheets	Filenames of Attachments
Example: *Attachment to operational balance sheet*	Example: *Operational_bal_sheet.pdf*
N/A	

Schedule 6
Architectural/Engineering Submission

Contents:

New York State Department of Health Certificate of Need Application

Schedule 6

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:August 5, 2025 Click to enter a date.	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? Click here to enter text.	
Intent/Purpose: Add vascular procedures as a specialty to existing single specialty free standing ambulatory surgery center with no construction.	
Site Location: 535 5th Ave, NYC NY 5th floor	

New York State Department of Health
Certificate of Need Application

Schedule 6

Brief description of current facility, including facility type: Existing facility is an operating single specialty Ambulatory Surgical Center for gastroenterological procedures with Seven procedure rooms.	
Brief description of proposed facility: Facility will not be modified, just additional procedures performed.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. Facility is located on the 5th floor of a commercial building.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: Tenant occupies entire floor. Tenants above and below are protected by 1 hour minimum fire rating	
If this is an existing facility, is it currently a licensed Article 28 facility?	Yes
Is the project space being converted from a non-Article 28 space to an Article 28 space?	No
Relationship of spaces conforming with Article 28 space and non-Article 28 space: Public access spaces and corridors are provided to access the article 28 Facility.	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. N/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. N/A	Choose an item.
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. Facility is equipped existing HVAC system in compliance with FGI and ASHRAE regulations for an ASC. Plumbing and Electrical systems are existing and designed per article 28 requirements. The building is fully sprinklered and protected with a 24 hour central station monitored fire alarm system.	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. N/A	
Describe existing and or new work for fire detection, alarm, and communication systems: N/A	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov, and describe the work to mitigate damage and maintain operations during a flood event. N/A	
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. N/A	
Does the project comply with ADA? If no, list all areas of noncompliance. Yes	
Other pertinent information: Click here to enter text.	

Project Work Area	**Response**
Type of Work	Addition
Square footages of existing areas, existing floor and or existing building.	11582 sf
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	0
Does the work area exceed more than 50% of the smoke compartment, floor or building?	N/A
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout

Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (111)
Building Height	432'
Building Number of Stories	33
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?	Not Applicable
Is the proposed work area within a windowless space or building?	Not Applicable
Is the building a high-rise?	Yes
If a high-rise, does the building have a generator?	No
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 20 New Ambulatory 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. Office	No
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	Not Applicable
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. Click here to enter text.	Not Applicable
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	Not Applicable
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	Yes
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	Not Applicable
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	Not Applicable
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text.	Not Applicable
Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.	Not Applicable
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Type 2	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Yes
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	Not Applicable
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.	Not Applicable
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	Not Applicable

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for **CONTINGENT APPROVAL**	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for **CONTINGENCY SATISFACTION**	**Title of Attachment**	**File Name in PDF format**
•		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

MANHATTAN ENDOSCOPY CENTER

SCHEDULE 6 ATTACHMENTS

1. **Architect/Applicant Letter of Certification**
2. **Functional Space Program**
3. **Existing, Approved Drawings**

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL JAMES V. McDONALD, M.D., M.P.H.

CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS
ARCHITECTS & ENGINEERS

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

Date: July 17, 2025
CON Number:
Facility Name: Manhattan Endoscopy Center
Facility ID Number: 9274
Facility Address: 535 5th Ave, New York, NY

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, 18th 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. X 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:
   2018 FGI Guidelines

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: Manhattan Endoscopy Center

Location: 535 5th Ave, New York, NY 10017, 5th floor

Description: Add vascular surgery as a specialty to existing single-specialty freestanding ambulatory surgical center, with no construction

Architectural or Engineering Professional Stamp

Signature of Architect or Engineer

James H Terjesen

Name of Architect or Engineer (Print)

010343

Professional New York State License Number

33 East 33rd Street, New York, NY 10016, Suite 908

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.

Annie Sariego

Authorized Signature for Applicant

07/13/2025 10:47 AM EDT

Date

Ann Sariego **Member**

Name (Print) Title

Notary signing required for the applicant

STATE OF NEW YORK)
)SS:
County of ~~Nassau~~)

On the 18th day of July 2025, before me personally appeared Ann Sariego to me known, who being by me duly sworn, did depose and say that he/she is the Member of the Manhattan Endoscopy Center 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.

Joanne M. DeAngelis
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01DE0016176
Qualified in Nassau County
Commission Expires November 11, 2027

(Notary) Joanne M. DeAngelis 07/13/2025 10:43 AM EDT

communication technology Notarization

Terjesen Associates, Architects P.C.
248 West 35th Street, Suite 11E, New York, NY 10001 Tel: 212-239-1526 Fax: 212-736-7899

Functional Space Analysis

Manhattan Endo, LLC
535 5th Avenue (5th floor)
New York, NY

	Description	QTY.	Sq.Ft
1.	Existing Elevator Lobby	1	300
2.	Existing Waiting Area	1	830
3.	Existing Reception Area	1	194
4.	Existing Interview	3	175
5.	Existing Offices	3	310
6.	Existing Conference Room	1	350
7.	Existing Patient Change booths	7	212
8.	Existing Patient Lockers	18	-
9.	Existing Exam Room	1	73
10.	Existing Isolation Room	1	104
11.	Existing Staff Lounge	1	250
12.	Existing Recovery Bays	13	992
13.	Existing Step Down	2	73
14.	Existing Nurse's Station	1	277
15.	Existing Clean Scopes	1	65
16.	Existing Gross Decon	1	115
17.	Existing Scope's Process	1	147
18.	Existing Procedure Room	7	1711
19.	Existing Storage	1	113
20.	Existing Clean Linen	1	10
21.	Existing Soiled Holding	1	73
22.	Existing Clean Work Room	1	54
23.	Existing M.E.R.	2	298
24.	Existing Med Gas	1	91
25.	Existing Vacuum	1	58
26.	Existing UPS	1	37
27.	Existing I.T.	1	34
28.	Existing Public Toilets	2	86
29.	Existing Patient Toilets	5	230
30.	Existing Jan Closet	1	21
31.	Existing Staff Locker	2	175
32.	Existing Staff Change	3	72
33.	Existing Staff Toilet	2	100

Schedule LRA 4/Schedule 7
CON Forms Regarding
Environmental issues

Contents:

Environmental Assessment				
Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	**Yes**	**No**	**N/A**
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?	☐	☐	☒
1.2	Does this plan involve construction and change land use or density?	☐	☒	
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	☐	☒	
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	☐	☒	
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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
2.5	Will the project involve parking for 1,000 vehicles or more?	☐	☒	
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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	☐	☒	
2.13	Will the project significantly affect drainage flow on adjacent sites?	☐	☒	

2.14	Will the project affect any threatened or endangered plants or animal species?	☐	☒
2.15	Will the project result in a major adverse effect on air quality?	☐	☒
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?	☐	☒
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	☐	☒
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	☐	☒
2.19	Will the project have any adverse impact on health or safety?	☐	☒
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?	☐	☒
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?	☐	☒
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?	☐	☒
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	☒	☐
Part III.		**Yes**	**No**
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.	☐	☒
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		

	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	Agency Name:			
	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.		Yes ☐	No ☒
	Agency Name:			
	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.		Yes ☐	No ☒
Part IV.	**Storm and Flood Mitigation**			
	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.		Yes	No
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).		☒	☐
	Moderate to Low Risk Area		Yes	No
	Zone	**Description**	☒	☐
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:			
	B and X	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.	☐	

	C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	☒	
	High Risk Areas		**Yes**	**No**
	Zone	**Description**	☐	☒
	In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
	A	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.	☐	
	AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	☐	
	A1-30	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).	☐	
	AH	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.	☐	
	AO	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.	☐	
	AR	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.	☐	
	A99	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.	☐	
	High Risk Coastal Area		**Yes**	**No**
	Zone	**Description**		
	In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
	Zone V	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.	☐	☒
	VE, V1 - 30	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.	☐	
	Undetermined Risk Area		**Yes**	**No**
	Zone	**Description**	☐	☒

	D	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?		☐	☒
	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?		☐	☒
	If Yes, which floodplain?	100 Year	☐	
		500 Year	☐	

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

FEMA **Elevation Certificate** and Instructions

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:

	Total	Source
Project Description:		
Project Cost	$35,000	Schedule 8b, column C, line 8
Total Basic Cost of Construction	$35,000	Schedule 8B, column C, line 6
Total Cost of Moveable Equipment	$35,000	Schedule 8B, column C, line 5.1
Cost/Per Square Foot for New Construction	N/A	Schedule 10
Cost/Per Square Foot for Renovation Construction	N/A	Schedule10
Total Operating Cost	$12,765,208	Schedule 13C, column B
Amount Financed (as $)	$0	Schedule 9
Percentage Financed as % of Total Cost	0.00%	Schedule 9
Depreciation Life (in years)	7 / 15	

2) Construction Dates

Anticipated Start Date	N/A	Schedule 8B
Anticipated Completion Date	N/A	

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	N/A	Normally 10%
Construction Contingency - New Construction	N/A	Normally 5%
Design Contingency - Renovation Work	N/A	Normally 10%
Construction Contingency - Renovation Work	N/A	Normally 10%
Anticipated Construction Start Date:	N/A	as mm/dd/yyyy
Anticipated Midpoint of Construction Date	N/A	as mm/dd/yyyy
Anticipated Completion of Construction Date	N/A	as mm/dd/yyyy
Year used to compute Current Dollars:	2025	

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	
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	

New York State Department of Health
Certificate of Need Application

Item	A Project Cost in Current Dollars	B Escalation amount to Mid-point of Construction	C 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	$0	$0	$0
2.2 Renovation & Demolition	$0	$0	$0
2.3 Site Development	$0	$0	$0
2.4 Temporary Utilities	$0	$0	$0
2.5 Asbestos Abatement or Removal	$0	$0	$0
3.1 Design Contingency	$0	$0	$0
3.2 Construction Contingency	$0	$0	$0
4.1 Fixed Equipment (NIC)	$0	$0	$0
4.2 Planning Consultant Fees	$0	$0	$0
4.3 Architect/Engineering Fees	$0	$0	$0
4.4 Construction Manager Fees	$0	$0	$0
4.5 Other Fees (Consultant, etc.)	$0	$0	$0
Subtotal (Total 1.1 thru 4.5)	$0	$0	$0
5.1 Movable Equipment (from Sched 11)	$35,000	$0	$35,000
5.2 Telecommunications	$0	$0	$0
6. Total Basic Cost of Construction (total 1.1 thru 5.2)	$35,000	$0	$35,000
7.1 Financing Costs (Points etc)	$0		$0
7.2 Interim Interest Expense:: $ [ ] At [ ] % for [ ] months	$0		$0
8. Total Project Cost: w/o CON fees Total 6 thru 7.2	$35,000	$0	$35,000
Application fees: 9.1 Application Fee. Articles 28, 36 and 40. See Web Site.	$2,000		$2,000
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.) Enter Multiplier ie: .25% = .0025 --> 0.0055	$193	$0	$193
10 Total Project Cost with fees	$37,193	$0	$37,193

Schedule 9 Proposed Plan for Project Financing:

I. Summary of Proposed Financial plan

Check all that apply and fill in corresponding amounts.

	Type	Amount
☐	A. Lease	$
☒	B. Cash	$37,193
☐	C. Mortgage, Notes, or Bonds	$
☐	D. Land	$
☐	E. Other	$
☒	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	$37,193

If refinancing is used, please complete area below. **N/A**

☐	Refinancing	$
☐	Total Mortgage/Notes/Bonds (Sum E + Refinancing)	$

II. Details

A. Leases

	N/A	Title of Attachment
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.	☒	
2. Attach a copy of the proposed lease(s).	☐	Please refer to the Schedule 9 Attachment. No change to the existing lease.
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	☒	
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment.	☒	
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.	☒	
6. Attach two letters from independent realtors verifying square footage rate.	☒	
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.	☒	

B. Cash

Type	Amount
Accumulated Funds	$37,193
Sale of Existing Assets	$
Gifts (fundraising program)	$
Government Grants	$
Other	$
TOTAL CASH	$37,193

	N/A	Title of Attachment
1. Provide a breakdown of the sources of cash. See sample table above.	☐	See Chart Above
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 **Residential Health Care Facilities**, attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date for **the subject facility and all affiliated Residential Health Care Facilities**. 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.	☐	Schedule 9 Attachment
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	☐	Schedule 9 Attachment
4. Attach a full and complete description of the assets to be sold, if applicable.	☒	
5. If amounts are listed in "Gifts (fundraising program)": • Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges. • If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan. • Provide a history of recent fund drives, including amount pledged and amount collected	☒	

	N/A	Title of Attachment
6. If amounts are listed in "Government Grants": • List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted. • Provide documentation of eligibility for the funds. • Attach the name and telephone number of the contact person at the awarding Agency(ies).	☒	
7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability.	☒	
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.	☐	Equity Requirement Met
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 ☐	☒	

C. Mortgage, Notes, or Bonds N/A

	Total Project	Units
Interest		%
Term		Years
Payout Period		Years
Principal		$

	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.	☐	
2. If New York State Dormitory Authority (DASNY) financing, then attach a copy of a letter from a mortgage banker.	☐	
3. Provide details of any DASNY bridge financing to HUD loan.	☐	
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.	☐	

D. Land N/A

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.	☐	
2. Attach a copy of the Appraisal. Supply the appraised date and the name of the appraiser.	☐	
3. Submit a copy of the proposed purchase/option agreement.	☐	
4. Provide an affidavit indicating any and all relationships between seller and the proposed operator/owner.	☐	

E. Other N/A

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	☐	

F. Refinancing N/A

	N/A	Title of Attachment
1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining.	☐	
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.	☐	

New York State Department of Health *N/A - NO CONSTRUCTION*
Certificate of Need Application
Schedule 10 - Space & Construction Cost Distribution

For all Full or Administrative review applications, except Establishment-Only applications. New Construction and Renovation must be entered on separate sheets (see instructions in line 43). Codes for completing this table are found in the Functional Codes Lookups sheet (see tab below).

Indicate if this project is: New Construction: ☐ **OR** Renovation: ☐

A		B	D	E	F	G	H	I
Location				Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. *Current* (un-escalated)	(F x G) Construction Cost TOTAL *Current* **sch.8B col.A** (un-escalated)	Alterations, Scope of work
Sub project	Building	Floor	Functional Code					
				N/A				
				N/A				
Totals for Whole Project:					**0**	**0**	**0**	

New York State Department of Health *N/A - NO CONSTRUCTION*

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

	YES	NO
1. If New Construction is Involved, is it "freestanding?	☐	☐

	Dense Urban	Other metropolitan or suburban	Rural
2. Check the box that best describes the location of the facilities affected by this project:	☐	☐	☐

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
PRINT NAME			TITLE
NAME OF FIRM			
STREET & NUMBER			
CITY	STATE	ZIP	PHONE NUMBER

New York State Department of Health
Certificate of Need Application
Schedule 11 - Moveable Equipment
For Article 28, 36, and 40 Construction Projects Requiring Full or Administrative Review *

Table I: New Equipment Description

Sub project Number	Functional Code	Description of equipment, including model, manufacturer, and year of manufactor where applicable.	Number of units	Lease (L) or Purchase (P)	Date of the end of the lease period	Lease Amount or Purchase Price
N/A	N/A	See Attached Equipment List				35,000

Total lease and purchase costs: Subproject 1	
Total lease and purchase costs: Subproject 2	
Total lease and purchase costs: Subproject 3	
Total lease and purchase costs: Subproject 4	
Total lease and purchase costs: Subproject 5	
Total lease and purchase costs: Subproject 6	
Total lease and purchase costs: Subproject 7	
Total lease and purchase costs: Subproject 8	
Total lease and purchase costs: Whole Project:	35,000

New York State Department of Health
Certificate of Need Application
Schedule 11 - Moveable Equipment

Table 2 - Equipment being replaced: N/A

List only equipment that is being replaced on a one for one basis. On the first line list the new equipment. On the second line list the equipment that is being replaced.

Sub project Number	Functional Code	Description of equipment, including model, manufacturer, and year of manufactor where applicable.	Number of units	Disposition	Estimated Current Value
		Total estimated value of equipment being replaced: Subproject 1			
		Total estimated value of equipment being replaced: Subproject 2			
		Total estimated value of equipment being replaced: Subproject 3			
		Total estimated value of equipment being replaced: Subproject 4			
		Total estimated value of equipment being replaced: Subproject 5			
		Total estimated value of equipment being replaced: Subproject 6			
		Total estimated value of equipment being replaced: Subproject 7			
		Total estimated value of equipment being replaced: Subproject 8			
		Total estimated value of equipment being replaced: Whole Project:			0

Schedule 13 A. Assurances from Article 28 Applicants

Article 28 applicants seeking combined establishment and construction or construction-only approval 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.

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 ensure 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: 08/18/2025

Ann Sariego
Signature:

Ann Sariego
Name (Please Type)

Member, PE Healthcare Associates, LLC
Title (Please type)