

## EXECUTIVE SUMMARY

Sunrise Med Plus, LLC is an Article 28 diagnostic and treatment center (D&TC) located at 733-737 Commack Road, Brentwood (Suffolk County), New York 11717 (the Center). The Center is submitting this Administrative Review Certificate of Need (C.O.N.) Application seeking approval to certify and construct a D&TC extension clinic to serve Nassau County and, more specifically, the Town of Hempstead. The extension clinic will be located at 274-278 Fulton Avenue, Hempstead (Nassau County), New York 11550.

The extension clinic will provide the following certified services: Medical Services – Primary Care; Medical Services – Other Medical Specialties; Magnetic Resonance Imaging (MRI); Physical Therapy; Occupational Therapy; and Podiatry. This project will bring a much-needed Article 28 D&TC extension clinic to an area of Nassau County that is designated as a Medically Underserved Area (MUA) which has a large minority and low-income population whose health status indicates the need for additional primary medical care and medical specialty services. The C.O.N. Application operating budget projects 35% Medicaid utilization and 3% Charity Care utilization in Years 1 and 3 of project implementation.

It is important to note that in pending Project No. 251185-B, Hempstead Multispecialty ASC, LLC is seeking approval to establish and construct an Article 28 multi-specialty freestanding ambulatory surgical center (FASC) specializing in Orthopedic, Spine, Pain Management and Ophthalmology surgery. The proposed FASC in Project No. 251185-B will be located on the cellar/basement of the same building that the extension clinic will occupy. The extension clinic and the FASC will complement each other and will create a one-stop location for patients to receive multiple medical services, as needed.

The building the Center will occupy is owned by Hempstead Realty Affiliates, LLC and will be leased to Sunrise Med Plus, LLC; these entities have common ownership and the lease is therefore a non-arm's-length agreement. Renovations will take approximately eight (8) months to complete and the total project cost will be funded with a mixture of cash and financing.

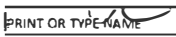
# New York State Department of Health Certificate of Need Application

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: Sunrise Med Plus, LL

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
	8/5/2025
PRINT OR TYPE NAME	TITLE
Hector A. Melgar, PT	President/Member

## General Information

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

## Contacts

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

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

Alternate Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Hector A. Melgar, PT, President/Member	Sunrise Med Plus, LLC	
	BUSINESS STREET ADDRESS	733-737 Commack Road	
	CITY	STATE	ZIP
	Brentwood	New York	11717
	TELEPHONE	E-MAIL ADDRESS	
(631) 338-5776	melgarpt@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.

<b>CHIEF EXECUTIVE</b>	NAME AND TITLE		
	Hector A. Melgar, PT, President/Member		
	BUSINESS STREET ADDRESS		
	733-737 Commack Road		
	CITY	STATE	ZIP
	Brentwood	New York	11717
TELEPHONE		E-MAIL ADDRESS	
(631) 338-5776		melgarpt@gmail.com	

The applicant's lead attorney should be identified:

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

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

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

The applicant's lead accountant should be identified:

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

Please list all Architects and Engineer contacts:

<b>ARCHITECT and/or ENGINEER</b>	NAME	FIRM	BUSINESS STREET ADDRESS
	Greg Galiczewski, AIA	Edge+Co.	4770 White Plains Road
	CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS
	Bronx, NY 10470	(718) 215-3815	GregG@edgeand.co

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

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

**Schedule 1**

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

**NYS Affiliated Facilities/Agencies**

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

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

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

Facility Type	Facility Name	Operating Certificate or License Number	Facility ID (PFI)
---------------	---------------	---	-------------------

**Out-of-State Affiliated Facilities/Agencies**

**NOT APPLICABLE**

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

Facility Type	Name	Address	State/Country	Services Provided
---------------	------	---------	---------------	-------------------

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.

**SUNRISE MED PLUS, LLC**

- Project Narrative
- Hospital Transfer and Affiliation Agreement

## **PROJECT NARRATIVE**

### **I. INTRODUCTION**

Sunrise Med Plus, LLC is an Article 28 diagnostic and treatment center (D&TC) located at 733-737 Commack Road, Brentwood (Suffolk County), New York 11717 (the Center). The Center is submitting this Administrative Review Certificate of Need (C.O.N.) Application seeking approval to certify and construct a D&TC extension clinic to serve Nassau County and, more specifically, the Town of Hempstead. The extension clinic will be located at 274-278 Fulton Avenue, Hempstead (Nassau County), New York 11550.

This project will bring a much-needed Article 28 D&TC extension clinic to an area of Nassau County that is designated as a Medically Underserved Area (MUA) with a large minority and low-income population whose health status indicates the need for additional primary medical care and medical specialty services. The C.O.N. Application operating budget projects 35% Medicaid utilization and 3% Charity Care utilization in Years 1 and 3 of project implementation. The Center is projecting 21,662 visits in the first year of operation and 32,850 visits in the third year of operation. Please refer to C.O.N. Schedule 13 (as well as the Schedule 13 Attachment) for detailed utilization and operating budget projections.

Upon approval of this Application, the Center will provide the following certified services:

- Medical Services – Primary Care: initial and follow-up primary care office visits (internal medicine and family medicine);
- Medical Services – Other Medical Specialties:
  - Initial and follow-up office visits for allergy, cardiology, endocrinology, orthopedics, physical medicine and rehabilitation, pain management, endoscopy, gastroenterology and dermatology;

- Outpatient psychology services (including initial and follow-up office visits for psychiatric assessment (referrals to other providers will be made for more complex mental health care); and
- Electrocardiograms (EKGs);
- Magnetic Resonance Imaging (MRI);
- Physical Therapy;
- Occupational Therapy; and
- Podiatry: initial and follow-up office visits.<sup>1</sup>

It is important to note that in pending Project No. 251185-B, Hempstead Multispecialty ASC, LLC is seeking approval to establish and construct an Article 28 multi-specialty freestanding ambulatory surgical center (FASC) specializing in Orthopedic, Spine, Pain Management and Ophthalmology surgery. The proposed FASC in Project No. 251185-B will have three (3) operating rooms and one (1) procedure room and will be located on the cellar/basement floor of the same building that the extension clinic in this Application will occupy. The proposed FASC will be in separate and distinct space (with the exception of some shared mechanical spaces on the cellar/basement floor and shared administrative space on the first and second floors of the building, which has been discussed with the Bureau of Architectural and Engineering Review by the project architect). The extension clinic and the FASC will complement each other and will create a one-stop location for patients to receive multiple medical services, as needed. Please note, there are several areas of open space as described and stated on the Functional Space Program under the Schedule 6 Attachment for this project. These spaces are included for reference only in this project and have been accounted for in Project No. 251185-B.

The building the Center will occupy is owned by Hempstead Realty Affiliates, LLC and will be leased to Sunrise Med Plus, LLC. The members of Sunrise Med Plus, LLC and Hempstead Multispecialty ASC, LLC each have ownership interests in the building at 274-278 Fulton Avenue, Hempstead

---

<sup>1</sup> In previous completed projects, the Department provided guidance that Physical Therapy and Occupational Therapy do not fall under Medical Services - Other Medical Specialties, and that the operating certificate for an extension clinic would list Physical Therapy and Occupational Therapy Services. The applicant has drafted this Application to adhere to this guidance.

(Nassau County), New York 11550 and are members of Hempstead Realty Affiliates, LLC, the landlord and property owner of the proposed D&TC extension clinic; therefore, the lease will be a non-arm's-length agreement. Please refer to the Schedule 9 Attachment for site control documentation.

The Center will be constructed in approximately 9,912 square feet of space (cellar/basement floor – 1,370 square feet (mechanicals, elevator room (shared spaces)); 1<sup>st</sup> Floor – 7,149 square feet (D&TC treatment areas and certain shared spaces); and 2<sup>nd</sup> Floor – 1,393 square feet (shared spaces)), and renovations will take approximately eight (8) months to complete. All renovations will comply with applicable local, State and Federal codes, including 10 New York Codes, Rules and Regulations (10 NYCRR). Please refer to the Schedule 6 Attachment for all pertinent architectural documents.

The proposed extension clinic will have a new and distinct transfer and affiliation agreement for emergency and backup services with Good Samaritan Hospital Medical Center (GSH), Sunrise's existing back-up hospital provider, which is located at 1000 Montauk Highway, West Islip (Suffolk County), New York 11795, and is 22 miles and 35 minutes' travel time from the proposed Center. In the event of an emergency at the proposed Center, patients will be transported to the nearest emergency room for treatment, which is Mercy Hospital, and is 2.3 miles and 10 minutes' travel time from the proposed Center. Please refer to this Attachment for the transfer and affiliation agreement from GSH. Sunrise's existing and approved Medical Director, Sarita Dorschug, DO (License No. 203811), will also be the Medical Director of the proposed D&TC extension clinic.

Through this project, the proposed extension clinic will:

- Provide access to medically underserved populations, including persons covered by Medicaid and those who are uninsured;
- Strive to become the medical home for its patients, providing comprehensive care in collaboration with other local providers;
- Increase the number of physicians (both primary care and sub-specialties) available and accessible to this area of Nassau County; and

- Collaborate with the local community to provide education, testing and screening to prevent chronic illness and promote healthy living.

### **Project Background**

Sunrise Med Plus, LLC has two (2) members: Hector A. Melgar, PT and Danny Fuzaylov, P.A. This project is an attempt by Sunrise to certify and construct an Article 28 D&TC extension clinic in the Hempstead community and to utilize its experience and expertise of its already successful and beneficial main D&TC in Brentwood in this part of Nassau County. The members of Sunrise are highly knowledgeable of the needs of the area in which the Center is being proposed, and live/work in the local community. Each member has between 10 and 20+ years of experience in operating and providing care in a private setting in their respective disciplines of physical rehabilitative medicine and orthopedics. Each member's many years of work in the healthcare industry, and particularly at Sunrise and Long Island in general, have led them to identify a need for the services proposed in this project. The members of Sunrise identified local healthcare resources and health conditions of local residents that could be improved through enhanced access to coordinated primary medical care services to build their plan for implementing this D&TC extension clinic. Patients who require a medical specialist may have to travel outside the immediate area or go without care. The group concluded that the healthcare needs of local residents would best be served by a local community health center that would provide a patient-centered approach to care for residents, and which provided a comprehensive array of primary medical and specialty medical services, with strong relationships and linkages with local community organizations.

The members of Sunrise will utilize their clinical, administrative and managerial experience and knowledge, and their professional network to assemble a qualified team to operate and staff the proposed extension clinic.

It is anticipated that the Center's staff will come from Mr. Melgar's existing physical therapy practice that is currently located in Hempstead and by shifting staff from the main site D&TC in Brentwood as

applicable; however, employees will also be recruited in a variety of ways. Experienced personnel will be recruited through online and print advertisements on various job-listing sites such as LinkedIn.com, Indeed.com, New York State Nurses Association, local classified advertisements and trade journals. Furthermore, Sunrise will recruit staff from area colleges, universities and training programs for new graduates or experienced alumni. There are numerous colleges, universities, training programs and educational institutions in this area of New York that have nursing and medical technician programs where new graduates and experienced alumni have access to job postings.

The proposed D&TC extension clinic will be operated Monday through Thursday from 9:00 a.m. to 7:00 p.m. and Friday from 9:00 a.m. to 4:00 p.m.

## II. PUBLIC NEED

The approval of this C.O.N. Application will allow Sunrise to provide outpatient, primary medical care, as well as certain medical specialty services, rehabilitative services, podiatry, psychology and diagnostic radiology services to the medically underserved individuals of Hempstead and to a lesser extent Nassau County, and it will ensure the provision of more accessible and efficient healthcare services for this target population. As the following sections demonstrate, the applicant analyzed Hempstead as compared to Nassau County overall and determined that Hempstead has the demographic characteristics that support the need for this project; does not have many Article 28 providers; and is a part of Nassau County where the traditionally underserved population needs the services outlined in this Application.

The following factors were considered in the assessment of the need for this project:

- Compliance with Primary Care Review Guidelines;
- Traditionally underserved demographic characteristics of the population;
- Health Professional Shortage Area (HPSA)/Medically Underserved Area (MUA) Designation;
- High Rates of Preventable Hospital Admissions (Prevention Quality Indicator (PQI) Analysis);
- Documentation of Existing Resources; and
- Managed Care Considerations.

### Compliance with Primary Care Review Guidelines

The applicant understands that the State Health Department has issued guidelines for the review of primary care applications, based on the deliberations of the Primary Care Services Work Group. It is the belief of Sunrise that this Application satisfies all three (3) review factors stated in the guidelines.

- The proposed Center represents an introduction of additional primary medical care services and staff under Article 28 of the New York Public Health Law that will provide new and increased access for low-income residents of the service area to a variety of services that the State Health Department certifies under primary medical care (Review Factor Number One (1));

- As noted below in this section, the characteristics of the service area and the lack of primary care providers in the area warrant an increase in primary care resources (Review Factor Number Two (2)); and
- As also noted below, the capacity of existing primary care providers in the proposed service area does not meet the needs of the population of this area (Review Factor Number Three (3)).

Minorities, the poor, and other traditionally medically underserved people often lack health insurance and transportation that might enable them to access ongoing primary medical care, medications, behavioral healthcare and specialty services. They also often have difficulty in obtaining documentation required for public health insurance or are ineligible due to an undocumented status. In addition, many do not trust or may feel intimidated by the traditional healthcare system. Others may feel stigmatized, suffer language and cultural barriers, or do not know where clinics serving uninsured people are located. As described within this section, the proposed service area is comprised of a significant number and percentage of these traditionally underserved individuals.

This project aims to break the access barriers that exist in the local community. Realizing that the healthcare needs of minorities, the poor and other traditionally medically underserved individuals are often complex, the applicant – whose members have strong and long-lasting ties to this community – strives to offer comprehensive healthcare services that will ensure the provision of compassionate, culturally competent care. The following information demonstrates the importance of this project and the need for the proposed Center to serve the underserved residents of Hempstead and the surrounding communities.

### **Primary Service Area (PSA)**

The primary service area (PSA) for the proposed D&TC Extension Clinic is Nassau County and, more specifically, the Town of Hempstead. The residents of Nassau County and Hempstead have characteristics that make them likely candidates for being medically underserved and/or otherwise in

need of the services that are the subject of this application. Following is a demographic summary of ZIP Code (ZC) 11550, where the extension clinic will be located, and Nassau County.

<b>Demographics</b>	<b>ZIP Code 11550</b>	<b>Nassau County</b>
Population	60,668	1,383,726
% Age 65 and over	12.4%	18.9%
% Age 45 and over	37.7%	47.0%
% White	13.3%	63.0%
% Black/African-American	46.1%	11.5%
% Asian	2.0%	8.2%
% Other single race	0.3%	1.5%
% Two or more races	9.8%	4.2%
% Hispanic or Latino (of any race)	28.5%	11.6%
% Below Federal Poverty Level	15.5%	5.4%
Median household income	\$83,333	\$137,709

*Source: 2023 American Community Survey estimates and Cornell Program on Applied Demographics*

According to the U.S. Census Bureau, in 2023, the estimated population of ZC 11550 was 60,668 and in Nassau County was 1,383,726. The total minority population of ZC 11550 and Nassau County was 86.7% and 37.0% of the total population, respectively. According to the Cornell Program on Applied Demographics’ (PAD) population projections, the age 65 and over population in Nassau County is projected to increase by 23.0% over the next decade. By comparison, the overall County population is projected to decrease by 3.1% during the same time period. Furthermore, the age 45 and over population in Nassau County is projected to increase 5.8% over the next decade. These are important considerations because these age groups often require access to the services described in this Application. The Center expects the demand for the services to be provided at the Center to continue to increase in the coming years, due in part to the forecasted increase of the older population in Nassau County, as well as the large lower-income and minority population in the area of the proposed D&TC

Extension Clinic. The economic snapshot of ZC 11550 and Nassau County shows that the percentage of people living below the Federal Poverty Level is nearly three (3) times higher in ZC 11550 than Nassau County overall, further justifying the need to provide services to the residents of this area. The residents of ZC 11550 have characteristics that make them likely candidates for being medically underserved and/or otherwise in need of the services that are the subject of this Application.

The following table documents additional social and economic characteristics of Hempstead and Nassau County:

**Table B – Social/Economic Characteristics**

	<b>Hempstead</b>	<b>Nassau County</b>
Percent Unemployed and in Labor Force (Age 16+)	9.5%	4.0%
<b>Insurance Coverage</b>		
Public Health Insurance Coverage	45.6%	32.8%
No Health Insurance Coverage	11.4%	3.9%
<b>Public or No Health Insurance Coverage*</b>	<b>57.0%</b>	<b>36.7%</b>
Percent with Bachelor’s Degree or Higher (Age 25+)	20.5%	48.9%

As demonstrated in the table above, in 2023, 9.5% of the population of Hempstead and 4.0% of the population of Nassau County aged 16+ (and who were in the labor force) were unemployed. In addition, 57.0% of the population of Hempstead and 36.7% of the population of Nassau County area had either public health insurance coverage or no health insurance coverage. Lastly, only 20.5% of the population of Hempstead aged 25+ had a bachelor’s degree or higher, as compared to 48.9% of the overall Nassau County population. These statistics demonstrate that the population where the Center will be built represents a population that has a high incidence of having public or no insurance and low education outcomes as compared to Nassau County overall. These characteristics are found in populations that are traditionally medically underserved and that often demonstrate disproportionately adverse health outcomes (which, as noted above, is the case in the proposed service area).

### **Existing Article 28 Resources in the Service Area**

Through this project, the applicant intends to provide services in an area that is in need of additional high-quality health care services in an Article 28-compliant environment. There are currently two (2) existing D&TC/Extension Clinics in Hempstead (Hempstead Primary Health – PFI No. 15750 and Harmony Health Care Long Island – PFI No. 15557) providing services similar to the services proposed in this Application and there is one (1) hospital extension clinic (Mount Sinai South Nassau - The Center for Primary and Behavioral Healthcare – PFI No. 10159) located in Hempstead. Although there are four (4) other D&TC's or Hospital Extension Clinics in Hempstead, those entities provide different services than those proposed in this Application. Finally, it is important to note that according to [health.data.ny.gov](http://health.data.ny.gov), there are no Article 28 D&TC's in Nassau County certified for MRI services (only Hospital Extension Clinics), which Sunrise is seeking to provide through this Application. Although there are existing healthcare providers located within the proposed service area that are providing some level of access to primary care services for local residents, the applicant's knowledge of the local service area and the poor health statistics of the service area strongly suggest that the services provided by these existing resources are insufficient to meet the needs of the local population and/or they have not improved health outcomes to expected levels.

### **Capacity of Existing Primary Care Providers**

As described in Schedule 17, in instances where the target area is likely to already have significant primary care resources, the CON proposal will be reviewed for the ratio of primary care physicians to population in the proposed service area. As previously stated, according to HRSA, the site of the proposed Center is in a Medically Underserved Area (MUA). However, to further support the need for this Center, HRSA uses a ratio of 1.0 FTE physicians to 3,000 persons and Medicaid Managed Care uses a ratio of 1.0 FTE physicians to 1,500 persons. According to [nydoctorprofile.com](http://nydoctorprofile.com), there are 32 physicians located in Hempstead specializing in internal medicine or family medicine; however, many of these doctors practice in more than one (1) city or town or practice more than one specialty. Based on this, if it were assumed that 50% of the providers were practicing on a full-time basis in Hempstead, that would equate to approximately 16 full-time providers in Hempstead. Based on a population of

60,668 in Hempstead in 2023, and the above HPSA and Medicaid Managed Care ratios, there is a total need of 20 physicians and 40 physicians, respectively, thus leaving a shortage of physicians in this area of Nassau County. Because of this shortage and the fact that the proposed Center is located in a Medically Underserved Area, the applicant believes there is a significant need for the Center.

**High Rates of Preventable Hospital Admissions – PQI Analysis**

**Composite PQI Analysis – Hempstead (Nassau County)**

	Observed Rate Per 100,000 People	Expected Rate Per 100,000 People	
Prevention Quality Acute Composite	257.88	177.50	Higher
Prevention Quality Chronic Composite	1,075.64	863.20	Higher
Prevention Quality All Diabetes Composite	311.31	269.22	Higher
Prevention Quality All Circulatory Composite	576.15	425.42	Higher
Prevention Quality All Respiratory Composite	188.18	168.72	Higher
<b>Overall Composite</b>	<b>1,333.52</b>	<b>1,040.70</b>	<b>Higher</b>

The applicant analyzed Prevention Quality Indicator data as part of this project. Hospital admissions for the PQI conditions noted above can be potentially prevented through early primary care intervention, as well as intervention through medical specialists. For the residents of Hempstead (Nassau County), all of the composite PQI outcomes were higher than expected, resulting in the overall observed rate per 100,000 people being higher than the expected rate per 100,000 people. These PQI statistics highlight the negative impact that various disease such as diabetes, cardiovascular conditions and, to a lesser extent, urinary tract infections, have on the population in question. Approval of this Application will allow the applicant to provide disease-focused, highly coordinated, preventive healthcare services to the underserved communities that are experiencing a high number of hospital admissions due to the lack of early healthcare intervention and monitoring of chronic diseases, including diabetes and cardiovascular conditions.

Sunrise is proposing to include an MRI imaging suite (housing a Tesla 3.0 MRI Machine) at this proposed D&TC Extension Clinic to better serve the community by providing diagnostic imaging services at the Center. Hempstead (and Nassau County), where the Center is located, is a diverse community with large numbers of traditionally underserved groups. One of the most important factors in the utilization of imaging services is the aging of the population. Elderly patients are heavy users of imaging procedures. A 2005 study (although dated, it is still relevant due to the aging population) published in the journal Radiology found that utilization of MRI services per 1,000 persons 65 years or older was, on average, about three (3) times that per 1,000 persons younger than 65 years. Furthermore, minority and especially low-income populations have traditionally experienced unequal access to high-tech services such as MRI. The MRI machine is a non-invasive machine that does not subject the patient to radiation and is designed to perform high-resolution images for the diagnosis and treatment of serious medical issues. In this project, Sunrise is projecting more than 3,500 MRI scans by the third year of operation, which is in line with the New York State capacity for MRI machines.

### **Managed Care Considerations**

With respect to managed care considerations, the Center will serve patients from all payers, including those covered by managed care arrangements. The Medicaid Managed Care enrollment penetration in Nassau County has been steadily increasing over the years and as of February 2025, per the NYSDOH report, “Recipients Enrolled in Mainstream Medicaid Managed Care by County, Plan, Aid Category and NYSoH”, there were 187,966 people in Medicaid Managed Care in Nassau County. This project will help to support Medicaid Managed Care by putting in place additional infrastructure through an entity that will serve a large portion of Medicaid patients. As shown in the operating budget projections on C.O.N. Schedule 13, it is expected that approximately 35% of the Center’s projected volume will be Medicaid Managed Care patients.

## **Summary**

In summary, poor health outcomes, low-income status, and the fact that a high percentage of the local population does not have access to regular primary medical care services, are all indicators of an underserved population in need of additional healthcare services. The poor health statistics and outcomes, in particular, call for additional primary medical care, behavioral health care and medical specialty services such as those proposed in this Application.

### **III. PROGRAM DESCRIPTION**

#### **General Operations**

The Center will provide high-quality health services to the residents and visitors of Hempstead and the surrounding area, and to a lesser extent, Nassau County. The Center will ensure that it adheres to the highest standards of operation in its relationship with patients, other Article 28 facilities, provider organizations and the general community. The Center will satisfy applicable local, State and Federal regulations and requirements pertaining to the patient care environment, including applicable sections of 10 NYCRR.

The applicant expects that the regular hours of operation of the extension clinic will initially be 9:00 a.m. to 7:00 p.m., Monday through Thursday, and 9:00 a.m. to 4:00 p.m. on Fridays. The extension clinic will also have an After-Hours On-Call Service available to patients 24 hours per day, 365 days per year.

The extension clinic will have triage protocols in place to identify patients who require a higher level of care than provided at the extension clinic. A transfer protocol will also be in place to transport these higher acuity patients to the extension clinic's back-up hospital, Good Samaritan Hospital Medical Center. Please see this Attachment for a Transfer and Affiliation Agreement from GSH. Any patient requiring emergency care will be directed to the closest Emergency Department (ED). Records of all Emergency Department encounters will be routinely inserted in the patient's medical record on a timely basis. Patients requiring inpatient hospital care will be admitted to the back-up hospital, with the concurrence of the patient, where the extension clinic's physicians are expected to have medical staff appointments and admitting privileges. Hospital discharge summaries will also be incorporated into the patient's clinic medical record.

Sunrise's existing and approved Medical Director, Sarita Dorschug, DO (License No. 203811), will also be the Medical Director of the proposed D&TC extension clinic. The day-to-day operation of the

extension clinic will be supervised by the extension clinic's Administrator. The staffing plan has been developed to meet the projected volume at the proposed extension clinic. Under no circumstances, during actual operations, will staffing levels fall below the level required to meet current standards of practice, pursuant to interpretation by the Medical Director. Operating policies will be consistent with the medical needs of the Center's patients.

The Center will maintain medical records in accordance with applicable requirements, including Section 751.7 of 10 NYCRR. This includes the assurance of confidentiality of patients' records, as well as prompt and efficient transfer of medical records to other practitioners and/or facilities upon patient request. All staff members will receive training regarding the confidentiality of patient medical records (i.e., HIPAA compliance).

### **Community Ties and Outreach**

The Center will form alliances with a variety of community-based organizations to make them aware of the new center's services. In addition, the applicant will develop an outreach program to work with community organizations and community leaders to help educate residents on relevant health topics. The outreach program will also work to build collaborative programs and partnerships with neighborhood groups to improve community health outcomes.

### **Accessibility**

The applicant is dedicated to rendering care in a culturally competent, barrier-free, individualized and family-oriented manner, with an emphasis on prevention through education and the provision of state-of-the-art services. As shown in the operating budget projections on C.O.N. Schedule 13, it is expected that three percent (3%) of the Center's projected volume will be charity care patients and approximately 35% of the Center's projected volume will be Medicaid Managed Care patients.

Patients in need of the Center's services will be accepted without regard to age, sex, sexual orientation, race, creed, religion, disability, source of payment or other personal characteristics or qualifications.

In addition, the applicant will take steps to ensure an easily accessible and culturally sensitive health center. Services will be provided in a culturally and linguistically appropriate manner. A sliding fee scale based on the Federal Poverty Income Guidelines and family size will be developed for patients without health insurance coverage. To make its services highly accessible to its patients, the Center will:

- Provide healthcare services five (5) days per week, upon opening. The Center may further expand its hours of operation to accommodate additional volume, as needed;
- Be accessible to the physically handicapped and provide language assistance, as required;
- Have signage positioned in appropriate areas that properly identify the D&TC and its services;
- Be responsive to the language and cultural requirements of patients; and
- Be easily reached by major public transportation systems.

### **Accountability**

Accountability will be an important element in the general operations of the Center, which will have a system in place that confers responsibility to both individuals and the organization as a whole, as follows:

- In accordance with 10 NYCRR Section 751.3, the Center will have an individual who will serve as the Administrator whose training and expertise is related to the services provided at the Center, and who has authority and responsibility for the operation of the Center;
- In accordance with 10 NYCRR Section 751.4, the Center will have a Medical Director who is qualified by training, experience and administrative ability to assume responsibility for the position. In this capacity, the Medical Director will develop and recommend policies and procedures governing patient care and the appointment of clinical staff members, and will be responsible for the supervision of the Quality Assurance (QA) Program. Please refer to the curriculum vitae of the Medical Director after this Project Narrative;
- In accordance with 10 NYCRR Sections 751.5 and 751.6, the Center will put in place the required personnel policies and procedures, and the related manuals will include the specific factors applicable to the operations at the Center; and

- In accordance with 10 NYCRR Sections 751.9 and 751.10, the Center will adhere to the patient rights and incident reporting requirements.

### **Coordination**

The Center will provide special training to ensure that no patient is “lost in the system” and that no patient will undergo inappropriate or redundant diagnostic testing. In accordance with 10 NYCRR Section 751.7, the Center will put a medical record management system in place so that all pertinent information from visits to the Center is recorded and is subject to review and proper evaluation. Records will be integrated and coordinated in order to provide a single, accurate medical status for each patient. Medical records will be strictly supervised and maintained for the required period of time. As described above, an electronic medical record system will be put in place at the Center, and the Center will have strong linkages with laboratories and pharmacies to facilitate prompt turn-around on lab tests and prescription accuracy and patient compliance with prescriptions.

### **Continuity**

- The management team of the Center will ensure that medical records are properly distributed and coordinated when the patient has the occasion to visit a physician, clinic, hospital outpatient department or inpatient facility. This is intended to minimize the duplication of records, diagnostic tests and other procedures; and
- The applicant will utilize Good Samaritan Hospital Medical Center as its backup hospital. By having this agreement, the Center will ensure that its patients will have proper and complete access to inpatient services, as well as ancillary services.

### **Staff Credentialing Process**

The employment and retention of highly qualified staff will be an important component of the overall operation of the proposed Center. Only those physicians who demonstrate a high level of competence by virtue of their training and experience will be considered to work at the Center. A similar process will be followed for nursing, technical and support staff who seek employment at the Center. The

following measures and criteria will be utilized to assess the qualifications and competence of any applicant seeking employment at the Center:

- All physicians will be licensed to practice in New York State by the New York State Department of Education;
- The Center's formal application will be completed by the physician seeking employment and submitted to the Medical Director for review. The application will include: license number; degrees; copy of current DEA certificate; copy of current CPR card; hospital affiliations; evidence of current malpractice insurance; evidence of Board certification (if applicable); health assessment status form; and proof of citizenship or alien registration card;
- The Medical Director will review and verify the submitted information and make a determination on the physician's appointment;
- The practitioner will be notified of the appointment by the Medical Director through an appointment letter delineating privileges. The Medical Director will schedule the practitioner for orientation; and
- If the Medical Director decides against appointment, the practitioner will have the right to due process.

### **In-Service Training Programs**

All staff at the Center will participate, as appropriate, in the overall in-service training program. Topics in the program will include, but will not be limited to:

- General Operating Policies and Procedures;
- Patient Confidentiality and Medical Records Access;
- Case Management Techniques;
- Infection Control Policies and Procedures;
- Identification, Assessment, Reporting and Referral of Cases of Suspected Child and Elder Abuse and/or Maltreatment;
- Identification and Treatment of Victims of Domestic Violence;
- Incident Reporting;

- Universal Precautions (including HIV and Hepatitis B);
- Operational Safety, including fire prevention and hazardous materials recognition;
- TB Identification and Treatment; and
- Identification and Treatment of Substance Abusers.

The Medical Director and Administrator of the Center will jointly supervise the in-service educational program at the Center.

### **Quality Assurance & Accountability**

In conformance with 10 NYCRR Section 751.8, the Center will put in place a Quality Assurance Program for its services. The QA Program will include a system designed to monitor and assess the quality and appropriateness of care. One of the primary goals of the QA Program will be to identify problems and foster opportunities to improve patient care. The QA Program will describe the objectives, organization, responsibilities, scope and procedures for overseeing the effectiveness of monitoring, assessing and problem-solving activities. Professional standards development and an in-service educational program will also be a part of this function. The QA Program that will be put in place at the Center will be comprehensive in nature and involve all levels of staff and disciplines.

The Medical Director will be responsible for the supervision and coordination of the QA Program, will report any significant findings directly to the Center's management and members, and will work closely with the Administrator. It is the applicant's philosophy and operational goal that each individual receives care that meets the highest expectations and standards. Comprehensive QA Program efforts facilitate that goal.

The QA Program will have the following components:

- In accordance with the requirements of 10 NYCRR, the Center will maintain an automated medical record management system so that all pertinent patient information is recorded and is subject to review and proper evaluation. Medical records will be strictly supervised and

maintained for the required period. In addition, the Center will be responsive to HIPAA requirements by creating and implementing policies and procedures, training the staff, and ensuring that medical records are kept in line with HIPAA regulations;

- Management staff and medical personnel will review each proposed daily schedule to ensure appropriate organization and time allocation;
- The Center will contact 911 in case of emergencies, and a procedure will be in place for accompanying the patient from the Center to the back-up hospital, if necessary;
- There will be adequate treatment space and staffing available to provide all patients with safe and effective care; and
- Required personnel policy and procedure manuals will be developed.

### **Utilization Monitoring**

The Center will make its programs available to the general public. To ensure that all primary care and other services are appropriate to the individual's needs, the applicant will develop a comprehensive utilization review and monitoring program.

The appropriate utilization of all services will be monitored through the QA Program, under the supervision of the Medical Director, and with appropriate input from the Administrator. During QA Committee meetings, chart reviews will be performed to ensure that patients receive the prescribed diagnostic and treatment services. The ongoing utilization review program will include:

- Measurement processes to evaluate patient care, using both systematic and productivity criteria that incorporate a mechanism for tracking patients and analyzing positive and negative outcomes;
- Continuous review to ensure that there is adequate treatment space and staffing available to provide all patients with safe and effective services;
- An assessment of patients served by the Center, particularly patients whose needs have changed after initiation of treatment and may exceed the capabilities of the Center; and

- An evaluation of the care provided by the medical/nursing and other professional staff and by other healthcare practitioners who staff the Center.

### **Alignment with the NYSDOH Prevention Agenda**

The applicant has been keeping apprised of updates to the New York State Prevention Agenda (most recently the development of the 2025-2030 Prevention Agenda). In particular, this project addresses some of the major aspects of the Prevention Agenda, as follows:

- Health Across All Policies - Promote an interdisciplinary, multi-sector collaboration;
- Health Equity - Focus on addressing structural racism and implicit bias as social drivers of health;
- Prevention Across the Lifespan - Promote health and prevent disease through evidence-based interventions, addressing social determinants and health inequities at every stage of life; and
- Local Collaborative Effort - Work collaboratively with partners and community members to achieve Prevention Agenda goals.

**TRANSFER AGREEMENT BETWEEN  
GOOD SAMARITAN UNIVERSITY HOSPITAL  
AND  
SUNRISE MED PLUS, LLC**

This Transfer Agreement (the "Agreement") is made this 25th day of April, 2025 (the "**Effective Date**") by and between **Good Samaritan University Hospital**, a New York not-for-profit corporation located at 1000 Montauk Highway, West Islip, NY 11795 ("Receiving Facility"), and Sunrise Med Plus, LLC, located at 274-278 Fulton Ave Hempstead, New York 11550 ("**Transferring Facility**").

**BACKGROUND**

**WHEREAS**, Transferring Facility will be a diagnostic and treatment center licensed by the New York State Department of Health pursuant to Article 28 of the New York Public Health Law; and

**WHEREAS**, Receiving Facility is a general hospital licensed by the New York State Department of Health pursuant to Article 28 of the New York Public Health Law; and

**WHEREAS**, the parties desire to enter into this Agreement to facilitate the care and transfer of patients and records between the Transferring Facility and the Receiving Facility.

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein and intending to be legally bound, the parties do hereby enter into this Agreement and agree as follows:

**TERMS**

1. **PATIENT TRANSFERS.**

a. Upon the determination by the transferring physician, at the Transferring Facility, that a transfer of a patient to the Receiving Facility is medically appropriate and is in the best interest of the patient, the Transferring Facility shall request that the Receiving Facility accept such transfer and Receiving Facility shall take appropriate steps to accommodate Transferring Facility's request; provided, however, that no patient shall be accepted by the Receiving Facility unless the Receiving Facility determines that appropriate resources for the referred patient are available. These resources include, but are not limited to, medical equipment, medical supplies, trained personnel and bed availability.

b. Upon the determination by the transferring physician that a transfer of a referred patient is medically necessary and, with mutual agreement of the physician at Receiving Facility, the parties agree that the patient shall be transferred from the Transferring Facility to the Receiving Facility pursuant to the following guidelines:

- i. *Transferring Physician Responsibilities:*
  - A. Once a patient has been identified as needing a transfer the transfer process shall be initiated by contacting the receiving physician;
  - B. Determine the appropriate mode of transportation, in consultation with the receiving physician;
  - D. Transfer all relevant records and results to Receiving Facility; and
  - E. Obtain written consent for transfer.
  
- ii. *Receiving Physician Responsibilities:*
  - A. Ensure resources are available at Receiving Facility;
  - B. As appropriate, provide advice/consultation regarding specifics of the transfer or additional evaluation/resuscitation prior to transport, provided, however, that the receiving physician will defer to the transferring physician's medical opinion until such time as the patient is transferred to Receiving Facility;
  - C. Once transfer of the patient is established and agreed to, clarify and identify medical control; and
  - D. Identify a performance improvement process for transportation, allowing feedback from the receiving physician to the transport team directly or at least to the medical direction of the transport team.
  
- 111. *Patient Transfer:* Transferring Facility shall be solely responsible for transporting referred patients to Receiving Facility in a manner that is safe and medically approved. The Receiving Facility does not accept any responsibility for the care, treatment and well-being of a referred patient until such time as the Receiving Facility accepts the patient's transfer and the referred patient is registered pursuant to the Receiving Facility's usual and customary procedures.
  
- iv. *Patient Care Information.* Transferring Facility agrees to transmit all pertinent medical and financial information regarding the referred patient to Receiving Facility. Pertinent medical records may include the following, to the extent such exist:
  - A. A summary of events leading to the need for transfer;
  - B. Relevant portions of the medical record documenting the treatment at Transferring Facility up until transfer, including, but not limited to, clinical and laboratory findings and X-rays, and copies of all advance directives, including but not limited to living wills, health care proxies and do-not-resuscitate orders; and
  - C. Relevant medical, social, nursing and other care plans, to the extent that they exist.

v. *Consent to Transfer.* Transferring Facility shall obtain the written consent of the referred patient, or the person or agency legally authorized to act on such person's behalf, for transfer to the Receiving Facility. In an emergency, where the referred patient's consent or the consent of the person or agency legally authorized to act on such person's behalf cannot be obtained, Transferring Facility shall not be obligated to obtain the referred patient's consent; provided, however, that the referring physician shall state in detail in the referred patient's medical record the circumstances of the emergency and the efforts made to obtain the referred patient's consent or the consent of the person or agency legally authorized to act on such person's behalf. Such written consent shall accompany the patient to Receiving Facility. Separate consents for treatment shall be obtained by Receiving Facility.

vi. *Transport.* Transferring Facility or the transferring physician will determine if transport is appropriate. Transferring Facility or its transferring physician is responsible for the initial instruction to the transport team, including the specifics of the patient's history and care in transit. Transferring Facility and the transferring physician shall be responsible for the patient until such time that Receiving Facility accepts the transfer and the referred patient is registered pursuant to the usual and customary procedures of the Receiving Facility.

vii. *Availability of Physicians, Nursing Personnel and Information.* The appropriate physician and nursing personnel at both facilities shall be reasonably available to the physicians and nursing personnel at the other facility for consultation with respect to the care and treatment of any patient who is referred and/or transferred pursuant to this Agreement. Notwithstanding the foregoing, this Agreement grants no right to a physician to participate in or control the care and treatment of the patient who has been referred and/or transferred pursuant to this Agreement.

viii. *Personal Property.* Whenever a patient is transferred, any personal property shall be transferred with the patient. The property shall be transported safely and shall be the responsibility of the Transferring Facility until received by and signed for by Receiving Facility's staff. Personal effects, especially monies and valuables, shall be stored safely in a place known and reasonably accessible to the patient or to a person or agency legally authorized to act on the behalf of the patient. Information regarding the patient's personal effects shall be kept on file and readily available in the administrator's office or other acceptable site.

ix. *Overrides of Guidelines.* It is possible that certain circumstances will prevent the parties from following aspects of the foregoing guidelines. In such event and as may be medically warranted, a health care provider may waive a step. Nothing in this Agreement will be construed to override the professional medical judgment of any health care provider practicing at either facility. Each health care provider will exercise his/her judgment pursuant to sound medical practices and New York State requirements.

2. **BILLING AND COLLECTION OF FEES.** Each party and its physicians shall bill the patient or such patient's third-party payor directly for medical care services rendered by such party. The Transferring Facility shall provide to the Receiving Facility the name of the referred patient's third-party payor and such other billing information reasonably requested by the Receiving Facility within fifteen (15) days of the transfer. Collection of any fees, expenses or other debts incurred by or on account of the patient shall be the sole responsibility of the party that rendered services to such patient. Nothing in this Agreement shall prevent either party or any physician from billing the patient for amounts not reimbursed by the third-party payor.

3. **TERM: TERMINATION.**

a. **Term.** This Agreement shall commence on the Effective Date and shall continue in full force and effect indefinitely until it is terminated in accordance with the provisions of this Section 3.

b. **Termination.**

i. Either party may, in its sole discretion, terminate this Agreement by providing to the other party written notice of its intention to terminate at least thirty (30) days prior to the Effective Date of such termination. Neither party shall incur any liability on account of such termination.

ii. This Agreement may be terminated if either party materially breaches any part of the Agreement and fails to cure such breach within ten (10) days of receipt of a written notice of such breach.

111. This Agreement shall terminate if either party fails to maintain in good standing its licensure, certification, and accreditation governing its operation or applicable insurance. Such party shall immediately inform the other party in writing of such failure to maintain in good standing its licensure, certification and accreditation.

4. **INDEMNIFICATION AND INSURANCE.**

a. **Indemnification:** Each of the parties agrees to indemnify, defend, and hold harmless the other party, its officers, directors, employees, and/or agents against any and all claims, liabilities, settlements, judgments, and costs, including reasonable attorney fees to the extent arising from or caused by the acts or omissions of the indemnifying party or any of its officers, directors, employees, and/or agents within the scope and/or terms of the relationship created by the terms of this Agreement. This provision shall survive the termination of this Agreement. The party requesting indemnification shall be required to give prompt notice of any claim and shall be required to cooperate in the defense of the matter. The party providing indemnification shall select counsel for the indemnified party and no settlement of any matter shall be effective as to the party providing indemnification unless it gives its prior written approval of the settlement.

b. **Insurance:** Each of the parties shall maintain, at all times, professional liability insurance in an amount not less than one million (\$1,000,000) per occurrence/three million

(\$3,000,000) in the aggregate and general liability insurance, in the amount of not less than one million (\$1,000,000), and worker's compensation insurance as may be required by law. Such insurance coverage may be obtained through commercial insurance or a program of self-insurance. Each party shall provide evidence of such insurance to the other party, and shall provide at least thirty (30) days' prior notice in the event of termination, cancellation, non-renewal or material modification of the insurance policies required hereunder. The lapsing of any such insurance shall be grounds for immediate termination of this Agreement in accordance with Section 3 hereof.

5. **COMPLIANCE.** The parties will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

a. **Non-Discrimination.** In accordance with federal, state and local laws, each of the parties agrees not to discriminate on the basis of race, color, handicap, disability, sexual orientation, national origin, alienage or citizenship status, creed, gender, blindness, age, veterans' status, marital status or source of payment.

b. **EMTALA Compliance.** The parties to this Agreement and their respective employees shall comply with all applicable laws relating to the Emergency Medical Treatment and Active Labor Law Act ("EMTALA").

c. **HIPAA.** The parties shall preserve and protect the confidentiality of all patient information and shall not disclose such information to any third parties except with appropriate consent or in accordance with applicable law. The parties acknowledge that they are each "covered entities" as defined in the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC§ 1320d *et seq.*, as amended by the Health Information Technology for Economic and Clinical Health Act ("HTTECH") and the regulations promulgated thereunder, including 45 CFR Parts 160 and 164 (collectively, "HIPAA"), and agree to comply with same. The parties agree not to use or further disclose any Protected Health information (as defined in 45 CFR § 164.103) or Individually Identifiable Health Information (as defined in 42 USC § 1320d), other than as permitted by HIPAA or any applicable laws and the terms of this Agreement. Each party agrees to report immediately to the other party any unauthorized use or disclosure of the other party's Protected Health information or Individually Identifiable Health Information if it becomes aware of any such unauthorized use or disclosure.

d. **Shared Information.** The parties to the Agreement shall share diagnostic and other services when the New York State Department of Health finds that such sharing is in the interest of efficiency, economy and quality of care.

e. **Medicare Representations and Warranties.** Each party represents and warrants to the other that it (i) is not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs, as defined in 42 USC § 1320a-7b(f), or any state health care programs; (ii) is not convicted of a criminal offense related to the provision of health care items or services and has not been excluded, debarred or otherwise declared ineligible to participate in any federal or state health care programs; and (iii) is not under investigation or otherwise aware of any circumstances that may result in it being excluded from participation in any federal or state health

care programs. This shall be an ongoing representation and warranty during the term of this Agreement. Either Party shall immediately notify the other of any change in the status of the representation and warranty set forth herein. Any breach of this representation and warranty shall give the other Party the right to terminate the Agreement immediately for cause.

f. New York State Health Code. Each of the parties shall comply with those provisions of Chapter V of Title IO of the *New York Codes, Rules and Regulations* that are binding on that party under the laws of the State of New York. Notwithstanding any other provision in this Agreement, each party remains responsible for ensuring that any service provided pursuant to this Agreement complies with all pertinent provisions of federal, state and local statutes, rules and regulations. The parties agree that the foregoing is not intended to increase or limit the parties' respective obligations hereunder.

g. Compliance Program. Transferring Facility understands and acknowledges that Receiving Facility has adopted a Compliance Program and is committed to complying with all applicable laws, rules and regulations. Accordingly, Transferring Facility shall comply with all laws, rules, and regulations concerning the transfer of patients under this Agreement. In addition, the Center shall bring to the attention of Receiving Facility's Compliance Officer (via the Receiving Facility's Compliance Helpline at 866-272-0004) any suspected violation of law discovered in association with this Agreement so that the Receiving Facility's Compliance Officer may take appropriate action.

g. No Referrals. The parties agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment may be made in whole or in part under any federal health care program.

## 6. GENERAL PROVISIONS.

a. Independent Contractors. It is agreed that each of the parties is an independent contractor and neither is the agent of the other. Nothing contained in this Agreement shall be construed to create a joint venture, partnership, or other similar affiliation between the parties. Each party shall maintain its independence and separate identity. Each party shall have exclusive control of its management, employees, staff, policies and assets. Notwithstanding anything to the contrary in Section 4 above, neither party assumes any liability for the acts, omissions, debts or obligations of the other party.

b. Non-Exclusive Agreement. Nothing in this Agreement shall be construed as limiting the right of either party to affiliate or contract in a similar manner with any other facility or hospital while this Agreement is in effect. Nothing herein shall in any way preclude the parties or their officers, employees, agents, representatives, members or affiliates from engaging in any business activities or from performing services for its own account or for the account of others, including for companies or facilities that may be in competition with the business conducted by the other party.

c. Assignment. Neither party shall assign this Agreement without the prior: written consent of the other party's authorized representative. Any purported assignment in violation hereof shall be null and void.

d. Governing Law. This Agreement and the right of the parties shall be governed by and interpreted in accordance with the laws of the State of New York, and venue for any action hereunder shall be the state courts located in Nassau County, New York, and the federal courts of the Eastern District of New York.

e. Ethical and Religious Directives. Receiving Facility is sponsored by the Roman Catholic Church and adheres to the *Ethical and Religious Directives for Catholic Health Care Services* of the United States Conference of Catholic Bishops (as interpreted and applied by the Bishop of Rockville Centre). All activities of Hospital or that affect Hospital pursuant to this Agreement shall be performed in accordance with the *Directives*.

f. Notice. All notices, requests, or demands required or permitted to be given pursuant to this Agreement shall be in writing, shall be deemed to have been given upon receipt, shall be (a) personally delivered; (b) sent by registered or certified US mail (return receipt requested and with first class postage prepaid); or (c) sent by nationally recognized receipted overnight courier service (with delivery tracking and costs prepaid), and in each case shall be addressed to parties as set forth below (or to such other address as has been sent according to the provisions hereof):

If to Receiving Facility:        Good Samaritan University Hospital  
   1000 Montauk Highway  
   West Islip, NY 11795  
   Attn: President

With a copy to:                    Catholic Health Services of Long Island  
   992 North Village Avenue  
   Rockville Centre, NY 11570  
   Attn: SVP and General Counsel

If to Transferring Facility:       Sunrise Med Plus, LLC.  
   274-278 Fulton Avenue  
   Hempstead, NY 11550

g. Entire Agreement. This Agreement constitutes the entire agreement between the parties, and supersedes any prior agreements and understandings. This Agreement may be modified or amended from time to time only by mutual written agreement signed by authorized representatives of each of the parties.

h. Waiver. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to constitute, a waiver of any subsequent breach of the same or other provision hereof.

a. Severability. The provisions of this Agreement are severable, and should any clause or provision hereof be declared to be illegal or unenforceable, the remainder of the Agreement shall not be affected thereby.

**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.

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

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

Any required working capital needs for this project will be funded using existing cash equity from the ongoing operations of Sunrise Med Plus, LLC. Please refer to the Schedule 5 Attachment for the Monthly Cash Flow Analysis and to the Schedule 9 Attachment for the Financial Narrative and the Financial Statements of Sunrise Med Plus, LLC.

**2. Pro Forma Balance Sheet**

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

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

# Schedule 6 Architectural/Engineering Submission

## Contents:

- Schedule 6 – Architectural/Engineering Submission

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

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

**Instructions**

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

**Architecture/Engineering Narrative**

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

Project Description	
Schedule 6 submission date: 10/17/2024	Revised Schedule 6 submission date: N/A
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? <a href="#">Click here to enter text.</a>	
Intent/Purpose: Renovate an existing vacant building to establish a Diagnostic and Treatment Center extension clinic with primary medical care, specialty medical care, podiatry, physical and occupational therapy and MRI services.	
Site Location: 274-278 Fulton Avenue, Hempstead, NY 11550	

# New York State Department of Health Certificate of Need Application

## Schedule 6

Brief description of current facility, including facility type:

Current facility is a 2-story combustible Type III (200) building with a fully built out cellar. The second story is a partial story.

Brief description of proposed facility:

Existing exterior walls to remain. The cellar will house utilities and a future ASC (Project No. 251185-E). The first floor will comprise the D&TC Extension Clinic. The second floor will be staff and administration space. The proposed renovation work square footage is:

Cellar Floor – 1,370 SF (Construction / Work Scope; Column enclosures, Elevator, Existing Stairs, MEP Infrastructure spaces. Remaining Shell Space to be Fit-Out with future ASC Submission.)

First Floor – 7,149 SF (Construction / Work Scope; Entire Floor) - D&TC Extension Clinic

Second Floor – 1,393 SF (both shared (ASC) and D&TC Exclusive Spaces, see project spaces below, Functional Space Program and submitted floor plans for additional information)

**Total Project Scope: 9,912 SF**

Location of proposed project space(s) within the building. Note occupancy type for each occupied space.

**CELLAR:**

Water/Ejector Room - B

Electrical Equipment Room - B

Open Space - B♦

**FIRST FLOOR:**

Stair #1 - B

Corridor - B

Women's Bathroom - B

Men's Bathroom - B

Server – S-2

Package Storage – S-2

Physical Therapy - B

Clean Storage – S-2

PT Soil Holding – S-2

Janitor's Closet / Environmental Services – S-2

Med Room - B

Clean Storage – S-2

Office/Consultant - B

Patient of Size Exam #1

Exam #2

Exam #3

Soil Holding – S-2

Exam #4

Exam #5

Maint. Storage – S-2

Equip. Storage – S-2

Clean Storage - B

Nurse Sub-Waiting - B

Patient of Size Toilet - B

Public Toilet - B

Elevator Lobby / Stair #2 - B

Utility Storage – S-2

Elevator - B

#Stair #3 - B

Waiting - B

Reception/Admin - B

Nurse Station/Admin - B

Exam #6 / Consult - B

MRI Control Vestibule - B

MRI Equipment - B

MRI Magnet - B

# New York State Department of Health Certificate of Need Application

## Schedule 6

<p>Storage – S-2</p> <p><b>SECOND FLOOR:</b>            *Lobby (No Seating) - B            *Corridor - B            *Toilet - B            *Toilet - B            *Conference Room - B            *Multi-Purpose Staff Lounge - B            Storage – S-2♦            Clinical Director Office = B            Office = B♦            Storage – S-2♦            Open Office = B♦            *Janitor’s Closet / Environmental Services = S-2</p> <p>*Spaces Shared with future ASC. Shared Spaces have construction costs split 50% between the D&amp;TC and ASC schedule 10 construction costs.            ♦ Proposed Spaces to be constructed within ASC’s project scope. Square footages are shown for programmatic reference but are excluded from Schedule 10 Construction Costs.</p>	
<p>Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies:            The building is B occupancy.            There is a 1-hour separation rating between business areas and storage for incidental use. There is a 1-hour separation between tenants</p>	
<p>If this is an existing facility, is it currently a licensed Article 28 facility?</p>	<p>No</p>
<p>Is the project space being converted from a non-Article 28 space to an Article 28 space?</p>	<p>Yes</p>
<p>Relationship of spaces conforming with Article 28 space and non-Article 28 space:            All spaces to conform with Article 28</p>	
<p>List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3.            No exceptions</p>	
<p>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</p>	<p>Not Applicable</p>
<p>Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc.  <b>HVAC:</b>            The building is served by a total of four (4) gas-fired rooftop units. Ductwork is stubbed into the building envelope and all ductwork within the building has been demolished. Units appear to be in poor condition, and we have recommended replacement of these units under the new work scope.</p> <p><b>PLUMBING:</b>            The existing building has a 4” sanitary connection through the basement exterior wall. There is a sanitary sewage ejector pump system connected to the basement plumbing fixtures. All fixtures on the 1<sup>st</sup> and 2<sup>nd</sup> floor drain by gravity drain. 4” house trap located in basement prior to exterior wall penetration.</p>	

The existing building has a 1" domestic water connection through the basement wall with a 1" double check valve assembly and interior meter.

The existing building has an interior gas meter located in the basement. An increase in building load will require the new gas meter to be relocated above grade on the building exterior wall.

The lower roof has two (2) roof drains connected to interior stormwater drains. The upper roof has one (1) roof connected to an interior stormwater drain.

**FIRE SPRINKLER:**

The main 4" diameter fire service enters the building through the basement exterior wall with a double check valve assembly. This service is routed to serve all floors of the building above, including the basement floor.

**ELECTRICAL:**

The existing main electrical room in the basement houses a 120/208V-1200A Main Distribution Board (MDB) with a 600A main circuit breaker. The MDB serves various pieces of existing mechanical equipment and downstream branch circuit panels located throughout the building. There are four (4) existing utility meters serving 'Nakasaki', 'House Panel' (believed to be for common/landlord loads), the NE side of the 2<sup>nd</sup> floor and the SE side of the 2<sup>nd</sup> floor (original suites).

**FIRE ALARM:**

The existing main electrical room houses a small Fuse Cut-Out panel tapped ahead of the main service. Fire alarm pull stations were observed throughout the space

Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc.

**HVAC:**

The rooftop units shall be replaced with new gas-fired rooftop units with VAV operation. Roof curbs shall be modified for new rooftop unit dimensions. The rooftop units shall be fully ducted (supply and return) in accordance with FGI guidelines. The units shall be equipped with the minimum MERV filtration rating based on spaces served. IT Rooms and medical equipment rooms shall be served by dedicated split systems. All rooms requiring exhaust shall be fully exhausted with airflow rates that meet or exceed the minimum air change rate required by FGI. A minimum of 25'-0" separation shall be maintained from mechanical air intakes and exhaust/vents.

**PLUMBING:**

The incoming water service shall be upgraded to accommodate new flow requirements for the medical space. The water service shall be provided with an RPZA for proper backflow prevention.

Final rooftop unit selections shall dictate if the natural gas meter requires to be upgraded. Meter is currently located in the basement. National Grid no longer installed new gas meters within building envelopes. Any increase in building loads will require relocation of the existing interior gas meter assembly above grade.

Mixing valves shall be installed under all lavatories and exam room sinks to limit hot water outlet temperature to 110F.

**FIRE SPRINKLER:**

Fire sprinkler mains shall be modified for new layout programming. The elevator hoistway shall be protected with sprinkler systems if the elevator is selected as a combustible construction with hydraulic fluids. Sprinkler heads at the top and bottom of the shaft shall be installed with manual shutoff valves monitored by the fire alarm system. An elevator sump pump with an oil-separation system shall be installed to prevent collection of water in the hoistway. A fire inspector's test connection and drain shall be located at the end of the run on the 2<sup>nd</sup> floor. Sprinklers shall be standard coverage quick response with Viking sprinkler heads as basis of design. Sprinkler heads shall be pendent or upright based on ceiling construction type.

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

**Schedule 6**

<p>ELECTRICAL: Existing MDB main circuit breaker will be upsized to account for increased demand load for new tenant. Existing distribution breakers will be reused/changed based on final layout and equipment selection. New branch panel(s) to be provided for various loads at locations that are TBD. Engineer to coordinate with electric utility service provider (PSEGLI) and coordinate removal and/or reuse of existing metering for previous tenants.</p>	
<p>Describe existing and or new work for fire detection, alarm, and communication systems: FIRE ALARM: A new fire alarm control panel will be provided with new detection and notification devices determined by finalized layout.</p>	
<p>If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from <a href="http://www.fema.gov">www.fema.gov</a>, and describe the work to mitigate damage and maintain operations during a flood event. n/a</p>	
<p>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. Yes, MRI machine.</p>	
<p>Does the project comply with ADA? If no, list all areas of noncompliance. Yes, project is ADA compliant.</p>	
<p>Other pertinent information: n/a</p>	
<b>Project Work Area</b>	<b>Response</b>
Type of Work	Renovation
Square footages of existing areas, existing floor and or existing building.	Cellar Floor – 1,370 SF 1st Floor – 7,149 SF 2nd Floor – 1,393 SF
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	Cellar Floor – 1,370 SF 1st Floor – 7,149 SF 2nd Floor – 1,393 SF
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Exceeds 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type III (200)
Building Height	33'-4"
Building Number of Stories	2 + Cellar
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Grade Level
Is the proposed work area within a windowless space or building? Floors 1 and 2 Have Window Access. The Cellar floor does not contain any windows.	Yes
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 38 New Business 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. <a href="#">Click here to enter text.</a>	Not Applicable
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? <a href="#">Click here to enter text.</a>	No

# New York State Department of Health Certificate of Need Application

## Schedule 6

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. The Full cellar of the building is being prepared as a shell space; to be fit out at a later date and under a separate application. The proposed space will be designed as an article 28 compliant Ambulatory Surgery Center.	Yes
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? <a href="#">Click here to enter text.</a>	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. <a href="#">Click here to enter text.</a>	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. <a href="#">Click here to enter text.</a>	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? <a href="#">Click here to enter text.</a>	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. <a href="#">Click here to enter text.</a>	Not Applicable
Changes in the number of occupants? If yes, what is the new number of occupants? n/a	No
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? n/a	No
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? <a href="#">Click here to enter text.</a>	Not Applicable
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. <a href="#">Click here to enter text.</a>	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. <a href="#">Click here to enter text.</a>	No
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?	No

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

**SUNRISE MED PLUS, LLC**

Architectural Information

- Architect's Certification
- Functional Space Program
- Drawings

Per Schedule 6, for projects with imaging services, the applicant will provide the Physicist's Letter of Certification at the design development phase.



Department of Health

KATHY HOCHUL Governor

JAMES V. McDONALD, M.D., M.P.H. Acting Commissioner

MEGAN E. BALDWIN Acting Executive Deputy Commissioner

CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS ARCHITECTS & ENGINEERS

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

Date: 10/18/2024
CON Number: TBD
Facility Name: Sunrise Med Plus
Facility ID Number: TBD
Facility Address: 274-278 Fulton Avenue, Hempstead, NY 11550

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...
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed...
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations...
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:

PLEASE REVIEW UNDER 2018 FGI GUIDLINES

- 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.



<b>Code</b>	<b>Function</b>
455	Physical Therapy
704	General Baseline (Includes Medical Staff)
902	General Administration
923	Lobby/Waiting/Public Entrance
944	Medical Supplies/Central Services/Storage
947	Tunnels, Bridges, and Enclosed Circulation Spaces
980	Other Functions
981	Private Physician Offices

**Functional Space Program**

<b>Proposed Cellar Floor</b>	<b>NYS Functional Code</b>	<b>S.Q. Footage</b>
Water/Ejector Room	944	128 SF
Electrical Equipment Room	944	206 SF
Elevator	947	55 SF
Stair #1	947	119 SF
Stair #2	947	41 SF
Open Space (Foundation wall furring, Slab infill, and elevator construction area)	944	708 SF
Open Space (Net Remaining)◆	944	◆6,629 SF
<b>Total:</b>		<b>1,257 SF</b>
Walls	947	113 SF
<b>Gross Total:</b>		<b>1,370 SF</b>

◆ To be filed under separate application, area not included in total calculations ◆

<b>Proposed 1<sup>st</sup> Floor</b>	<b>NYS Functional Code</b>	<b>S.Q. Footage</b>
Corridor	947	1,043 SF
Women's Bathroom	455	88 SF
Men's Bathroom	455	84 SF
Server	944	52 SF
Package Storage	944	7 SF
Physical Therapy	455	1,306 SF
Clean Storage	944	12 SF
PT Soil Holding	944	10 SF
Janitor's Closet / Environmental Services	944	11 SF
Med Room	944	42 SF
Clean Storage	944	12 SF
Office/Consultant	981	62 SF
Patient of Size Exam #1	704	161 SF
Exam #2	704	118 SF
Exam #3	704	104 SF
Soil Holding	944	26 SF
Exam #4	704	103 SF
Exam #5	704	107 SF
**Stair #3	947	60 SF
Maint. Storage	944	16 SF
Equip. Storage	944	30 SF
Clean Storage	944	18 SF



<b>Code</b>	<b>Function</b>
455	Physical Therapy
704	General Baseline (Includes Medical Staff)
902	General Administration
923	Lobby/Waiting/Public Entrance
944	Medical Supplies/Central Services/Storage
947	Tunnels, Bridges, and Enclosed Circulation Spaces
980	Other Functions
981	Private Physician Offices

Nurse Sub-Waiting	923	105 SF
Patient of Size Toilet	980	96 SF
Public Toilet	980	47 SF
**Elevator Lobby / Stair #2	923	**362 SF
Utility Storage	944	23 SF
**Elevator	947	**64 SF
Waiting	923	619 SF
Reception/Admin	923	151 SF
Nurse Station/Admin	944	203 SF
Exam #6 / Consult	704	101 SF
MRI Control Vestibule	455	138 SF
MRI Equipment	944	116 SF
MRI Magnet	455	397 SF
Storage	944	19 SF
<b>Total:</b>		<b>5,913 SF</b>
Walls	947	1,236 SF
<b>Gross Total:</b>		<b>7,149 SF</b>

<b>Proposed 2<sup>nd</sup> Floor</b>	<b>NYS Functional Code</b>	<b>S.Q. Footage</b>
**Lobby	923	**250 SF
**Corridor	947	**45 SF
**Elevator	947	**64 SF
**Stair #3	947	**69 SF
**Toilet	980	**49 SF
**Toilet	980	**49 SF
**Conference	902	**198 SF
**Multi-Purpose / Staff Lounge	902	**266 SF
Clinical Director's Office	981	**84 SF
**Janitor's Closet / Environmental Services	944	**39 SF
<b>Total (Work Scope):</b>		<b>1,113 SF</b>
Walls	947	278 SF
<b>Gross Total:</b>		<b>1,393 SF</b>

<b>Project Totals (All Floors, Programmatic Reference and Construction Scope:)</b>		<b>9,912 SF</b>
--	--	-----------------



<b>Code</b>	<b>Function</b>
455	Physical Therapy
704	General Baseline (Includes Medical Staff)
902	General Administration
923	Lobby/Waiting/Public Entrance
944	Medical Supplies/Central Services/Storage
947	Tunnels, Bridges, and Enclosed Circulation Spaces
980	Other Functions
981	Private Physician Offices

<b>2<sup>nd</sup> Floor Program Exclusions</b>	<b>NYS Functional Code</b>	<b>S.Q. Footage</b>
Storage◆	944	151 SF
Open Office◆	902	645 SF
Office◆	981	86 SF
Storage◆	944	56 SF
Walls (Shared Excluded from programmatic Calculations)◆	947	123 SF

\*\* Spaces of shared use between ASC Program

◆ Spaces included for Programmatic Reference Only. Indicated spaces have been accounted for in Functional code and schedule 06 analysis for separate submission.

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

## **Contents:**

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

## Environmental Assessment

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

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Part III.</b>		<b>Yes</b>	<b>No</b>	
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Agency Name:</b>		Incorporated Village of Hempstead	
	Contact Name:		Joe Simone	
	Address:		202 Jackson Street Hempstead	
	State and Zip Code:		NY,11550	
	E-Mail Address:		jsimone@villageofhempsteadny.gov	
	Phone Number:		516-478-6234	
	<b>Agency Name:</b>			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	<b>Agency Name:</b>			
	Contact Name:			

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

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

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

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

[FEMA Elevation Certificate and Instructions](#)

**NOT APPLICABLE**

**SUNRISE MED PLUS, LLC**

**Financial Information**

- Financial Narrative
- Letters of Rent Reasonableness
- Landlord-Tenant Affidavit
- Lease Term Sheet
- Loan Document
- Financial Statements
- Personal Financial Statements

# Hempstead Realty Affiliates, LLC

274-278 Fulton Ave Hempstead, NY 11550

631 338.5776

July 16, 2024

## Term sheet

Sunrise Med Plus (Tenant) to HEMPSTEAD REALTY AFFILIATES, LLC (Landlord) for a lease at 276 Fulton Ave Hempstead, NY 11550.

<b><u>Tenant:</u></b>	Sunrise Med Plus, LLC
<b><u>Guarantor:</u></b>	Sunrise Med Plus, LLC
<b><u>Landlord:</u></b>	Hempstead Realty Affiliates, LLC
<b><u>Building:</u></b>	276 Fulton Ave Hempstead, NY 11550
<b><u>Premises:</u></b>	
<b><u>Rentable SF:</u></b>	~10,000 SF
<b><u>Use:</u></b>	Diagnosis and Treatment Center
<b><u>Term:</u></b>	Ten (10) Years
<b><u>Rent Concision:</u></b>	Six (6) months for construction and set up, upon signing of lease agreement
<b><u>Rental Price:</u></b>	Base rent of \$27.00/SF; \$270,000/year; \$22,500/month
<b><u>Taxes:</u></b>	Tenant shall pay its 42% of the property taxes.
<b><u>CAM Charges</u></b>	<ul style="list-style-type: none"><li>• Tenant shall pay 42% of the building's insurance</li><li>• Tenant shall pay 42% of the water bill</li></ul>
<b><u>Tenant Responsibilities</u></b>	Tenant at its sole cost and expense, shall pay for: <ul style="list-style-type: none"><li>• Health-standard office cleaning in tenant's premises.</li><li>• all plumbing, HVAC, electrical, sprinkler system, Leaks, and structural repairs within space</li><li>• HVAC unit, maintenance, and Repairs.</li><li>• 42% of the elevator's maintenance and repairs.</li><li>• 42% of the sewer line and sub-pump maintenance and repairs.</li></ul>
<b><u>Landlord Responsibilities</u></b>	Landlord at its sole cost and expense, shall pay for: <ul style="list-style-type: none"><li>• All Common Areas: cleaning, maintenance and repairs</li><li>• All maintenance and repairs for: roof, exterior walls, and exterior doors.</li></ul>



**EXHIBIT A**

Articles of Organization

(Attach to Certificate of Authority)



**EXHIBIT B**

Operating Agreement

(Attach to Certificate of Authority)

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

**Table 2 - Equipment being replaced:**

Sub project Number	Functional Code	Description, including model, manufacturer year of manufacturer where applicable.	Number of units	Disposition:	Estimated Current Value
		<b><u>Not Applicable</u></b>			
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

**SUNRISE MED PLUS, LLC**

Moveable Equipment List

# New York State Department of Health Certificate of Need Application

## Schedule 13 B-2. Medical/Center Director and Transfer Agreements

*All diagnostic and treatment centers and midwifery birth centers should complete this section when requesting a new location. DTCs are required to have a Medical Director who is a physician. MBCs may have a Center Director who is a physician or a licensed midwife.*

Medical/Center Director	
Name of Medical/Center Director:	Sarita Dorschug, DO
License number of the Medical/Center Director	203811

	Not Applicable	Title of Attachment	Filename of attachment
Attach a copy of the Medical/Center Director's curriculum vitae	<input checked="" type="checkbox"/>	Sunrise's existing and approved Medical Director	

Transfer & Affiliation Agreement	
Hospital(s) with which an affiliation agreement is being negotiated	Good Samaritan University Hospital *
<ul style="list-style-type: none"> <li>○ Distance in miles from the proposed facility to the Hospital affiliate.</li> </ul>	22 miles
<ul style="list-style-type: none"> <li>○ Distance in minutes of travel time from the proposed facility to the Hospital affiliate.</li> </ul>	35 minutes
<ul style="list-style-type: none"> <li>○ Attach a copy of the letter(s) of intent or the affiliation agreement(s), if appropriate.</li> </ul>	N/A <input type="checkbox"/> Attachment Name: Schedule 1 Attachment
Name of the <b>nearest</b> Hospital to the proposed facility	Mercy Hospital
<ul style="list-style-type: none"> <li>○ Distance in miles from the proposed facility to the nearest hospital.</li> </ul>	2.3 miles
<ul style="list-style-type: none"> <li>○ Distance in minutes of travel time from the proposed facility to the nearest hospital.</li> </ul>	10 minutes

**\* Sunrise Med Plus, LLC has an existing Transfer Agreement with Good Samaritan University Hospital at its main site D&TC. The proposed extension clinic will have a new and distinct transfer and affiliation agreement for emergency and backup services with Good Samaritan Hospital Medical Center. Please refer to the Schedule 1 Attachment.**

**Schedule 17 A - Diagnostic and Treatment Center Program Information.**

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

**Instructions:** In the space below, briefly indicate how the facility intends to comply with state and federal regulations. If the application involves conversion of an existing practice, state who owns the practice and how the conversion will be done. If there are other entities utilizing the same space or resources, please state exactly how the space and resources will be allocated. Also, provide a description of the other entities.

The proposed Diagnostic & Treatment Center (D&TC) Extension Clinic (Center) will be operated in compliance with applicable local, State and Federal Regulations, including Title 10 of New York Codes, Rules and Regulations (10 NYCRR). The Center's Medical Director will be Sarita Dorschug, DO (License No. 203811). All clinical aspects of the services offered at the Center will also be directed by Dr. Dorschug or another individual who is qualified for such duties by education and experience. Please refer to the Schedule 1 Attachment for the curriculum vitae of Dr. Dorschug.

The overall staffing pattern of the proposed D&TC will be based upon demand, and it will ensure the provision of high-quality services. In addition, the services of the Center will be coordinated with all inpatient or specialty ambulatory facilities to which a patient is referred. A Quality Assurance (QA) Program will be put in place at the Center and will include an analysis of the effectiveness of these coordination efforts.

The proposed Center will have a new and distinct transfer and affiliation agreement for emergency and backup services with Good Samaritan Hospital Medical Center (GSH), Sunrise's existing back-up hospital provider, which is located at 1000 Montauk Highway, West Islip (Suffolk County), New York 11795, and is 22 miles and 35 minutes' travel time from the proposed Center. In the event of an emergency at the proposed Center, patients will be transported to the nearest emergency room for treatment, which is Mercy Hospital and is 2.3 miles and 10 minutes' travel time from the proposed Center. Please refer to the Schedule 1 Attachment for the transfer and affiliation agreement from GSH.

To ensure that all services are appropriate to an individual's needs, the Center will use a comprehensive utilization review and monitoring program. The appropriate utilization of the services will be monitored through the QA Program, under the supervision of the Medical Director. The Medical Director will be responsible for the development of Medical Staff bylaws, rules and regulations, the establishment of a Quality Assurance Committee for evaluation of the medical care provided, and for the establishment of the Credentials Committee, which will review applications for staff privileges.

The ability to pay will not be a factor in the process of accepting patients. Every effort will be made to ensure that appropriate payment is made, but in no circumstance will a patient be refused treatment. All services will be offered to those in need of care who satisfy admission requirements, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic or qualification.

Please refer to the Schedule 17 Attachment for statements affirmatively attesting to the "separate and distinct" requirements for the proposed Center, and to the Project Narrative (under the Schedule 1 Attachment) for additional information.

# New York State Department of Health Certificate of Need Application

## Schedule 17A

For D&TC -Ambulatory Surgery Projects:  
Please provide a list of ambulatory surgery categories you intend to provide.  
**NOT APPLICABLE**

List of Proposed Ambulatory Surgery Category
<b><u>NOT APPLICABLE</u></b>

For D&TC -Ambulatory Surgery Projects:  
Please provide the following information:

Number and Type of Operating Rooms: **NOT APPLICABLE**

- Current:
- To be added:
- Total ORs upon Completion of the Project:

Number and Type of Procedure Rooms: **NOT APPLICABLE**

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

**Schedule 17 B - Community Need**

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

**Public Need Summary:**

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

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

The primary service area (PSA) for the proposed D&TC Extension Clinic is Nassau County and, more specifically, the Town of Hempstead.

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

Please refer to the Project Narrative (under the Schedule 1 Attachment).

3. Document the current and projected demand for the proposed services. If the proposed services are covered by a DOH need methodology, demonstrate how the proposed service is consistent with it.

There is no DOH need methodology for the services being proposed through this project. Please refer to the Project Narrative (under the Schedule 1 Attachment) for information with regards to Public Need.

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

Please refer to the Project Narrative (under the Schedule 1 Attachment) for information with regards to Public Need.

- (b) Describe how this project is consistent with your facility's Community Service Implementation Plan (voluntary not-for-profit hospitals) or strategic plan (other providers).

Through the implementation of the proposed D&TC Extension Clinic, the applicant will put in place an additional Article 28 primary care and specialty medical resource in a region of Nassau County that needs such services. Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

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

The applicant commits that all patients will be treated on the basis of need, without discrimination due to any personal characteristics or other qualification, the ability to pay, or the source of payment. Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

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

The population to be served by the proposed Center is currently served by providers that exist in the area; however, due to a lack of providers in this area of Nassau County, patients may have to travel outside the area or otherwise go without care. Through this project, the applicant will put in place additional, expanded services and programs in this part of Nassau County. Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

*ONLY For Applicants Seeking Permanent Life* **NOT APPLICABLE**

Diagnostic and Treatment Centers seeking approval for a Permanent Life **MUST** provide the following information:

**Instructions:** In the space below, please provide detailed information on the **most recent CON application** that was approved for the limited life.

- i. CON number:
- ii. Date of approval:
- iii. Number of years of limited life approved for:
- iv. OpCert number and dates:
- v. Please provide a table with information on projections by payor for year 1 and year 3 **as reported on the approved CON**. (Please identify the projections in terms of **visits or procedures**).
- vi. Please provide a table with information on actual utilization by payor for each year since the implementation of the approved CON.

**Note:** Please use the same category of payors for actual utilization as those used for projections in item 'v' above. Also, use the same category (i.e., **visits or procedures**) for actual utilization as those used for projections in item 'v' above.

- vii. Did you achieve those projections reported in item 'v' above?  
If not, please give reasons for not meeting those projections.  
How do you plan to improve this shortfall?

**Quality and Accreditation:**

1. Please cite relevant accreditations, certifications or awards attained by the applicant which build confidence in services of high quality. Examples include certification as a Federally Qualified Neighborhood Health Center.

Sunrise Med Plus, LLC has two (2) members: Hector A. Melgar, PT and Danny Fuzaylov, P.A. This project is an attempt by Sunrise to implement an Article 28 D&TC extension clinic in the Hempstead community and to expand its already successful and beneficial main D&TC in Brentwood. Administration, with assistance from the Medical Director and medical staff, and approval of the proposed operator, will develop and implement policies and procedures designed to minimize avoidable risks. These policies and procedures will be modified to address problems that have been identified through the experience and vigilance of the Center's staff. It will be the responsibility of the Medical Director and the medical staff to maintain the necessary information base for the identification of problems so that situations that may threaten patients' well-being can be promptly corrected. To ensure maximum quality of care, the Center will develop and maintain a medical audit and review system under the direct supervision of the Medical Director. The QA Committee will be responsible for investigating the results of all diagnoses and treatments, reviewing the appropriateness and necessity of same, reviewing complications and circumstances leading to hospitalizations, reviewing the utilization of services, maintaining statistics on

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

**Schedule 17B**

visits, performing random chart audits, conducting staffing level reviews, monitoring environmental quality (including equipment, plant, maintenance and housekeeping) and directing programs for correcting identified problems.

Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

2. Describe relevant programs or resources the applicant will bring to the new facility. Include existing programs that have proven track records at the applicant’s other sites, if applicable, as well as programs the applicant plans for the future. Such programs include:
  - a. Programs specially tailored to the health needs of the population of the service area.
  - b. Grant funded programs.
  - c. Scholarships or fellowships.

Through this proposal, the proposed Center will put in place new initiatives and expand on its existing programs focused on access to healthcare services and specific diseases affecting the PSA population. These initiatives include:

- Improving community access to preventive health care through outpatient services.
- Improving prevention screenings and management of diabetes in adults and children.
- Providing prevention and awareness of heart disease and strokes by promoting control of hypertension and hyperlipidemia.
- Decreasing the hospitalization rate due to pneumonia and influenza by improving pneumonia and influenza vaccination rates in both adults and children.

Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

3. Describe the applicant’s experience or track record serving similar populations:

Sunrise Med Plus, LLC has two (2) members: Hector A. Melgar, PT and Danny Fuzaylov, P.A. This project is an attempt by Sunrise to establish an Article 28 D&TC extension clinic in the Hempstead community and to expand its already successful and beneficial main D&TC in Brentwood. The members of Sunrise are highly knowledgeable of the needs of the area in which the Center is being proposed. Each member’s many years of work in the healthcare industry, and particularly at Sunrise and Long Island in general, have led them to identify a need for the services proposed in this project.

**Primary and Specialty Care Services Review Criteria: NOT APPLICABLE  
Expansion of Services**

When a CON application proposes conversion of a group or solo medical practice to Article 28 status, the applicant must provide a written analysis of the effect of the proposal on the following factors:

1. The full time equivalent (FTE) number of primary care physicians and specialists, by specialty, engaged in the practice after the conversion compared with the number before conversion.

N/A

2. The (FTE) number of non-physician providers of primary care and specialty care, by specialty, such as Physician Assistants, Certified Nurse Practitioners, Physical Therapists, and Dental Assistants after the conversion compared with the number before conversion.

N/A

3. The number of primary care and specialty visits, by specialty, after the conversion compared with the number before conversion.

N/A

4. The array of services to underserved clients after the conversion compared with the number before conversion.

N/A

**Target Population and Service Area:**

All applications involving primary care services must provide a written analysis that clearly demonstrates that the proposal meets at least one of the following criteria. For criteria that do not apply, enter "not applicable":

1. The proposed clinic is in an underserved area as indicated by location in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).

The proposed extension clinic will be located in a Medically Underserved Area (MUA); it will not be located in a Health Professional Shortage Area (HPSA). Please refer to the Project Narrative under the Schedule 1 Attachment for a detailed demographic analysis of the Center's primary service area.

2. The population to be served exhibits poor health status, as measured by factors such as high levels of inpatient discharges for ambulatory care sensitive conditions (ACSC), incidences of diseases and conditions in excess of standards in Healthy People 2010 or other pertinent indicators.

The applicant analyzed Prevention Quality Indicator (PQI) data as part of this project. Please refer to the Project Narrative under the Schedule 1 Attachment.

3. The primary care services of the proposed clinic will be targeted to a group or population with special needs or conditions that make it difficult for them to obtain adequate primary care in clinics or physician practices serving the general population. Examples of such needs and conditions are:
- Developmental disabilities.
  - HIV.
  - Alcohol Substance Abuse.
  - Health needs relating to aging.
  - Mental Health needs.
  - Homelessness
  - Linguistic or cultural barriers in obtaining access to primary care.

The population of Hempstead and Nassau County demonstrates characteristics found in populations that are traditionally medically underserved and that often demonstrate disproportionately adverse health outcomes, which is the case in the proposed service area. Additionally, the demographic data of the proposed service area demonstrates that the population where the Center will be built represents a population that has a high incidence of having public or no insurance and low education outcomes as compared to Nassau County. These characteristics are found in populations that are traditionally medically underserved and that often demonstrate disproportionately adverse health outcomes.

In summary, poor health outcomes, low-income status, and the fact that a high percentage of the local population does not have access to regular primary medical care services, are all indicators of an underserved population in need of additional healthcare services. The poor health statistics and outcomes, in particular, call for additional primary medical care, behavioral health care and medical specialty services such as those proposed in this Application.

Please refer to the Project Narrative (under the Schedule 1 Attachment) for additional information.

### **Capacity of Existing Primary Care Providers**

The project narrative should describe existing primary care services in the proposed service area. The narrative should include the number and location of existing D&TCs, extension clinics and part-time clinics and a summary of primary care services available through private practices. The narrative should indicate whether travel time and transportation are factors in access to primary care. Examples of travel related issues include topography, seasonal weather conditions, and availability of public transportation. Applicants are not expected to describe the volume of services delivered by existing providers, since they will rarely have access to such data, but the project narrative should indicate that the applicant is reasonably familiar with the overall availability of primary care in the targeted area.

In instances where the target area is likely to already have significant primary care resources, the CON proposal will be reviewed for the following need related factors:

- The ratio of primary care physicians to population in the proposed service area. HPSA uses a ratio of 1.0 FTE physicians to 3000 persons; Medicaid Managed Care uses a ratio of 1 to 1500.
- The number of primary care physicians in the proposed service area who are "active" in serving the Medicaid population. This is often measured as physicians who are reimbursed \$5000 or more per year by Medicaid.
- The annual number of primary care visits per person by Medicaid eligible persons in the proposed service area. An average lower than 2.0 visits per person is often considered a problem.
- The percentage of the Medicaid population that is enrolled in Managed care will be taken into account where appropriate.
- The current volume of primary care visits to existing D&TC and Extension clinics.

Not all of the above criteria need be evaluated for all applications. The number will vary depending on the type and location of services proposed and on how thoroughly the application addresses need in the project narrative and the related schedules.

Please refer to the Project Narrative (under the Schedule 1 Attachment).

**Need Review for Specialty Clinics:**

Applications not involving primary care services must also provide a written analysis that clearly demonstrates that the need exists for the proposed services

4. Is the proposed clinic in an underserved area as indicated by location in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA)?

The site of the proposed Center is not in a Health Professional Shortage Area (HPSA) but is in a Medically Underserved Area (MUA). Please refer to the Project Narrative under the Schedule 1 Attachment for a detailed demographic analysis of the Center's primary service area.

5. Describe in very specific terms the patients who require the specialty services, including the number of patients and their specific health problems, and how the proposed facility will meet their needs better than existing providers.

Please refer to the Project Narrative (under the Schedule 1 Attachment).

6. In the case of Dental clinics, is the application supported by the local Health Department? Is the proposal supported by the Department of Health's Bureau of Dental Services? Is the applicant participating in current dental health initiatives? Has the applicant consulted with resources such as the New York State Oral Health Technical Assistance Center?

N/A – Dental services will not be provided at this proposed D&TC Extension Clinic.

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

**Schedule 17C**

**Impact of Proposed CON on Diagnostic & Treatment Center Operating Certificate**      **NOT APPLICABLE**

**The Sites Tab in NYSE-CON has replaced the Authorized Beds and Services Tables of Schedule 17C. The Authorized Beds and Services Tables in Schedule 17C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.**

**TABLE 17C-1 AUTHORIZED CERTIFIED SERVICES**

**Instructions:**  
For applications requesting changes to more than one location, complete a separate Table 17-C-1 for each location

LOCATION:  <i>(Enter street address of facility)</i>	<input type="checkbox"/> <b>MOBILE CLINIC DESIGNATION (217)</b> Check box only if extension clinic is mobile <i>(A mobile clinic must be an extension clinic with a fixed main site)</i>			
	Existing	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE <sup>6</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABORTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADULT DAY HEALTH - AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY SURGERY				
MULTI-SPECIALTY <sup>8</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – GASTROENTEROLOGY <sup>8</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY <sup>8</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS <sup>8</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY -- PAIN MANAGEMENT <sup>8</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY -- OTHER (SPECIFY) <sup>8</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIRTHING SERVICE O/P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH O/P <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINIC PART TIME SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT SCANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL O/P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING AND SUPPORT <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING AND SUPPORT <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY O/P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAGNETIC RESONANCE IMAGING (MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY – THERAPEUTIC O/P <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 17C-1(a)&(b) below] <sup>4</sup>	_____	_____	_____	_____
TRAUMATIC BRAIN INJURY PROGRAM O/P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.  
<sup>2</sup> A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.  
<sup>4</sup> Require additional approval by Medicare  
<sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators.  
<sup>6</sup> PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric  
<sup>7</sup> Must be certified for Home Hemodialysis Training & Support

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

**Schedule 17C**

END STAGE RENAL DISEASE (ESRD) **NOT APPLICABLE**

<b>TABLE 17C-1(a) CAPACITY</b>	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

If application involves dialysis service with existing capacity, complete the following table:

<b>TABLE 17C-1(b) PROCEDURES</b>	Last 12 mos	2 years prior	3 years prior
CHRONIC DIALYSIS			

All Chronic Dialysis applicants must provide information requested on the following page in compliance with 10 NYCRR 670.6.

**END STAGE RENAL DISEASE**

1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.

2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons , and residents of remote rural areas.

3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.

4. Provide evidence that the facility is willing to and capable of safely serving patients.

5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

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

**Schedule 17  
Attachment**

**SUNRISE MED PLUS, LLC**

Separate and Distinct Statement

**RE: Sunrise Med Plus, LLC  
(Nassau County)  
Certify and Construct an extension clinic**

**Applicant Confirmations:**

- Sunrise Med Plus, LLC affirms that the proposed extension clinic will be located in spaces on the cellar floor (mechanicals and elevator room), first floor (treatment areas and certain shared spaces) and second floor (shared space) in an existing building located at 274-278 Fulton Avenue, Hempstead (Nassau County), NY 11550. The proposed extension clinic is in separate and distinct space from other tenants in the building (with the exception of the spaces as described below) and has its own entrance.
- Sunrise Med Plus, LLC will put in place signage that will denote that the proposed extension clinic is separate and distinct from any other entity.
- Sunrise Med Plus, LLC affirms that staffing for the proposed extension clinic will be separate and distinct from any other entity at the location.
- Sunrise Med Plus, LLC affirms that the proposed extension clinic will be used exclusively for the purpose stated in this application.

\* It is important to note that in Project No. 251185-B, Hempstead Multispecialty ASC, LLC is seeking approval to establish and construct an Article 28 multi-specialty freestanding ambulatory surgical center (FASC). The proposed FASC in Project No. 251185-B will be located on the cellar/basement floor of the building at 274-278 Fulton Avenue, Hempstead (Nassau County), New York 11550. The proposed FASC will be in separate and distinct space (with the exception of some shared mechanical spaces on the cellar/basement floor and shared administrative space on the first and second floors of the building – this has been discussed with the Bureau of Architectural and Engineering Review by the project architect); these providers will complement each other and will create a one-stop location for patients to receive multiple medical services, as needed.