

# 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: **Northern Oswego County Health Services, Inc.**

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: 8/14/2023
PRINT OR TYPE NAME: Tricia Peter-Clark, FACHE	TITLE: President/Chief Executive Officer

## General Information

Title of Attachment:

Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	N/A Administrative Review
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"/>	

## 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, Consultant	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	
	Tricia Peter-Clark, FACHE, President/Chief Executive Officer	ConnexCare	
	BUSINESS STREET ADDRESS		
	61 Delano Street		
	CITY	STATE	ZIP
	Pulaski	New York	13142
	TELEPHONE	E-MAIL ADDRESS	
(315) 298-6564 x2016	TClark@connexcare.org		

# New York State Department of Health Certificate of Need Application

## Schedule 1

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

<b>CHIEF EXECUTIVE</b>	NAME AND TITLE		
	Tricia Clark-Peter, FACHE, President/Chief Executive Officer		
	BUSINESS STREET ADDRESS		
	61 Delano Street		
	CITY	STATE	ZIP
	Pulaski	New York	13142
TELEPHONE		E-MAIL ADDRESS	
(315) 298-6564 x2016		TClark@connexcare.org	

The applicant's lead attorney should be identified:

<b>ATTORNEY</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	Please contact the consultant			
	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, New York 10604		(914) 682-8657	conadmin@ciceroassociates.com

The applicant's lead accountant should be identified:

<b>ACCOUNTANT</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	Tracy L. Wimmer		ConnexCare	61 Delano Street
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	Pulaski, New York 13142		(315) 298-6564	TWimmer@connexcare.org

Please list all Architects and Engineer contacts:

<b>ARCHITECT and/or ENGINEER</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	Chad Rogers, AIA		King + King Architects	358 W. Jefferson Street
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	Syracuse, New York 13202		(315) 671-2400	crogers@kingarch.com

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

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

**Schedule 1**

**Other Facilities Owned or Controlled by the Applicant Not Applicable**

*Establishment (with or without Construction) Applications only*

**NYS Affiliated Facilities/Agencies**

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

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

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

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

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

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

## Schedule 1 Attachment

### Project Narrative

**Northern Oswego County Health Services, Inc. d/b/a ConnexCare**

**PROJECT NARRATIVE**

**Proposal**

Northern Oswego County Health Services, Inc. d/b/a ConnexCare, an existing, Article 28 diagnostic and treatment center (D&TC) and Federally Qualified Health Center (FQHC), is submitting this Certificate of Need (C.O.N.) Application for Administrative Review seeking New York State Department of Health (NYSDOH) approval to relocate an existing extension clinic from 10 George Street, Oswego (Oswego County), New York 13126 to 120 East First Street, Oswego (Oswego County), New York 13126, which is 1.5 miles away from the current site, to expand the services provided to the community by increasing the number of medical exams rooms by 50% (from 12 exam rooms at the existing clinic to 18 rooms at the new location) and to add the certified service of dental outpatient to the operating certificate of the extension clinic. The requisite transition/closure plan to relocate the clinic to 120 East First Street is provided under **Appendix A**. ConnexCare will lease 16,100 rentable square feet of space on the first and second floors of the building at 120 East First Street for the Article 28 extension clinic. Please refer to the **Schedule 9 Attachment** for a copy of the lease letter of intent between ConnexCare and LeChase Development Services, LLC.

As an existing provider of care to the uninsured and underinsured, ConnexCare is well aware of the needs of families and individuals who are underserved for health services. ConnexCare has been operating as an Article 28 ambulatory care provider for 50 years, has been a FQHC since 2002, and is a well-established community health center with a strong track record for improving the health status in the community. In 2022, ConnexCare treated nearly 29,049 unduplicated patients, inclusive of all of ConnexCare's sites. By providing comprehensive medical and dental care that is accessible, affordable and respectful, ConnexCare helps to eliminate disparities in health care and ensures that its communities receive compassionate services of the highest quality, regardless of insurance status or ability to pay. The major driver of this CON is to preserve and enhance access to care for vulnerable populations by expanding ConnexCare's capacity to see patients in need of medical care and to add capability to provide dental outpatient services. The existing extension clinic is certified for the following services: medical services – primary care and medical services – other medical specialties. These services will be moved to the proposed new site; as part of the relocation, ConnexCare is requesting to certify dental outpatient, bringing this service to the greater Oswego community served by this clinic.

In order to have the space at 120 East First Street comply with Article 28 standards/codes, ConnexCare will be undertaking renovations to the space. Total Project Cost (TPC) for this project is \$9,198,562, which will be funded through financing from PathFinder Bank (\$7,198,391) and equity of ConnexCare (\$2,000,171). Please refer to the **Schedule 9 Attachment** for a copy of the financing letter of interest from PathFinder Bank.

The following sections demonstrate the case of need for this project and also provides an overview of the proposed program and how ConnexCare will ensure that all patients receive the high-quality health care currently provided by ConnexCare.

**Public Need**

ConnexCare’s mission is to provide high-quality, comprehensive, primary and preventive health care services in an environment of care, respect, dignity and in a cost-effective manner that is responsive to the needs of the service community with continued emphasis on the underserved and those without access to care. As noted in the introduction, the main rationale and need for this application is to preserve and expand medical services and to add dental care services for this under-served community through the relocation of ConnexCare’s Oswego extension clinic into bigger space at a location 1.5 miles away from the existing clinic site.

**Primary Service Area**

The primary service area is Oswego County. Following is a table showing demographics of Oswego County and New York State.

<b>Demographic Profile</b>	<b>Oswego County</b>	<b>New York State</b>
Population in 2021	118,019	20,114,745
% Male	50.3%	48.8%
% Age 65 and over	16.5%	16.6%
% Under Age 18	21.1%	21.1%
% Between Ages 20 - 64	58.4%	59.9%
% White, non-Hispanic	92.8%	54.7%
% Black, non-Hispanic	1.0%	13.9%
% Hispanic	2.7%	19.2%
% Asian, non-Hispanic	0.7%	8.6%
% Other, including two or more races	2.8%	3.6%
<b>Social/Economic Characteristics</b>	<b>Oswego County</b>	<b>New York State</b>
% High School graduate or higher, Age 25 and over	89.7%	87.4%
% Bachelor’s degree or higher, Age 25 and over	20.8%	38.1%
% Below federal poverty level	16.4%	13.5%
% Low Income (< than 200% of federal poverty level)	32.3%	28.4%

**Source: U.S. Census American Community Survey, 2017-2021**

Oswego County is not very racially or ethnically diverse. Almost 93% of Oswego County residents identify as White, non-Hispanic. The percentage of residents by age group in Oswego County is comparable to New York State. According to the Cornell Program on Applied Demographics (PAD), the age 18 and under population is projected to decrease by 6.8% from 24,902 in 2021 to 23,218 by 2030. The 65 and over population in Oswego County is projected to grow rapidly in the coming years, increasing by slightly more than 30% from 19,473 in 2021 to 25,355 by 2030, compared to a projected decrease in total county population of -4.2% during the same time period. By 2030, the elderly population is projected to comprise 22.4% of the total county population, compared to 16.5% in 2021. 89.7% of Oswego County residents over the age of 25 are high school graduates, compared to 87.4% Statewide. The percentage of Oswego County residents over the age of 25 with a bachelor’s degree or higher (20.8%) is significantly lower than Statewide (38.1%).

As shown in the table above, 32.3% of Oswego County residents are low-income, defined as individuals whose income does not exceed 200 percent of the poverty amount, compared to Statewide (28.4%), and 16.4% of County residents are living below the Federal Poverty Level, compared to Statewide (13.5%).

Medicaid Population

The following table provides key health care insurance coverage information for Oswego County and New York State in 2020:

Type of Health Insurance Coverage	Oswego County	New York State
Employer Coverage	46.2%	48.5%
Medicare	12.3%	11.6%
Medicaid	22.7%	21.8%
Non-Group	12.3%	12.1%
Uninsured	4.21%	5.38%
Military or VA	2.22%	0.675%

Source: Data USA

As indicated in the table above, 22.7% of Oswego County’s population has Medicaid, which is slightly higher than Statewide. The rate of uninsured in Oswego County is lower, compared to Statewide. ConnexCare provides coordinated, comprehensive and affordable health care to people living in the service area, regardless of ability to pay. The proposed relocation of the Oswego extension clinic will allow ConnexCare to enrich its service offerings through the expansion of medical services and the addition of dental services.

Individuals living in poverty are at a higher risk of suffering from negative health consequences due to a lack of access to essential medical care. They are also less likely than those with commercial insurance to receive preventive care and services for major medical conditions, which is likely to cause serious health problems and increases the risk of hospitalization for avoidable conditions.

Low-income and minority populations experience more barriers to health care access and are particularly vulnerable with regard to poor health outcomes compared to the rest of the population. The relocation of the Oswego extension clinic will ensure access and continuity of care and will strengthen the health care resources in the community through the continuation of high-quality, patient-centered, affordable health care.

Need for Dental Services

Oral health is important to overall health; lifestyle behaviors that affect general health such as tobacco use, excessive alcohol use, and poor dietary choices also affect oral and craniofacial health. Poor oral health also impacts diet and nutrition. According to the Centers for Disease Control, dental caries (tooth decay) and periodontal diseases are the most common dental diseases. Individuals in low-income groups (more prevalent than average in Oswego County) also experience a disproportionate level of oral health problems. Individuals who are medically compromised or who have disabilities, are at greater risk for oral diseases, and in turn, oral diseases further jeopardize their health.

According to a NYSDOH report, the supply of dentists in Oswego County in 2008 was approximately 4,200 persons per practicing dentist.<sup>1</sup> However, as stated in NYSDOH’s “Oral Health Plan for New York State”, released in 2005, “the distribution of practitioners is uneven. There are many rural and inner-city areas of the state where shortages of dentists and dental hygienists exist and specialty services may not be available.” NYSDOH goes on to state in the report that among the goals set by the Department was to “increase the number of Article 28 facilities providing dental services across the state and approving new centers in areas of highest need.”

The certification of dental outpatient services will allow ConnexCare to expand this needed service to the PSA by adding it to the services offered in the Oswego extension clinic, helping to address the need for oral care among the traditionally underserved and lower-income population in the PSA. As noted above, slightly more than 16% of the PSA population is living below the Federal Poverty Level. According to a report by the Bureau of Dental Health at the State Health Department, the burden of oral disease is spread unevenly throughout the New York State population, with dental diseases and unmet need for dental care more prevalent in racial/ethnic minority groups and in populations whose access to oral health care services is compromised by the inability to pay for services, lack of adequate insurance coverage, lack of available providers and services, among other factors.<sup>2</sup>

#### Access to Care

Oswego County has been designated as health professional shortage areas (HPSAs) for primary care and dental health, indicating a high need for primary care and dental services and insufficient capacity of existing primary care and dental providers to meet the need for care. The relocation of this extension clinic will ensure continued access and continuity of care in the community and will strengthen the health care resources in the community, addressing identified community need for dental and primary health services for the low-income service area population.

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

ConnexCare is committed to improving the health and well-being of the community. In keeping with the New York State 2019-2024 Prevention Agenda, ConnexCare, working in conjunction with its community partners and ConnexCare’s Board of Directors, has been actively reviewing its present initiatives, strategic plans and Prevention Agenda priorities. ConnexCare actively assesses the community’s health needs on an annual basis and recommends programs and/or services to meet those needs. ConnexCare’s action plan has been identified through its Board of Directors as it continues its ongoing dialogue with patients, staff (including physicians, nurses and other personnel), board members, local organizations, area business leaders, elected officials, not-for-profits and the local county health departments in ConnexCare’s geographic region. These efforts have brought together a variety of health care providers and stakeholders to collaborate on the priority Prevention Agenda items, as well as developing Community Health Assessments (CHAs) for the counties within the geographic region. Based on the most recent CHAs for 2019-2024, ConnexCare has selected the

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<sup>1</sup> *Increasing the Supply of Dentists, Midwives, Physician Assistants, and Nurse Practitioners in Underserved Areas Through Doctors Across New York Physician Loan Repayment Program Incentives*: Report to the New York State Legislature by the New York State Department of Health, February 2010.

<sup>2</sup> *The Impact of Oral Disease in New York State*, Bureau of Dental Health, New York State Department of Health, December 2006.

following Prevention Agenda priority item: increase access to high quality chronic disease preventive care and management in both clinical and community settings. This selected priority is fully compatible with ConnexCare's community health initiatives, and is and will continue to be supported by existing programs and staff, as well as the addition of new and modified programs, including ConnexCare's plan to expand the Oswego extension clinic to enhance access to medical and dental care services in the community.

## **PROGRAM DESCRIPTION**

### General Observations

ConnexCare's Oswego extension clinic will continue to provide high-quality health services, primarily to the residents of Oswego County, an area that is medically underserved. ConnexCare will continue to provide the certified services of medical services – primary care and medical services – other medical specialties and is requesting certification of dental outpatient services. ConnexCare will ensure that the extension clinic adheres to the highest standards of operation in its relationship with patients, other Article 28 facilities, provider organizations and the general community. The extension clinic will satisfy all applicable Federal and State regulations and requirements pertaining to the patient care environment, including applicable sections of 10 NYCRR.

The Medical Director of the extension clinic is ConnexCare's Chief Medical Officer, Patrick J. Carguello, DO, a New York State licensed physician (License No. 216292) who is Board Certified in family practice. Please refer to **Appendix B** of this Project Narrative for a statement of Dr. Carguello's experience. Staffing of the expanded extension clinic has been developed in accordance with the experience of ConnexCare's existing service sites for the proposed services. 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 of the extension clinic will be consistent with the medical needs of the clinic's patients.

In order to maximize efficiency of the Center's operations, ConnexCare utilizes a universal electronic medical record (EMR) for each user across its clinic sites. ConnexCare has developed clinical support systems used at the point of care and uses patient registries to prevent patients from falling through the cracks. As a FQHC, ConnexCare leverages its data warehouse and quality reporting tools to achieve quality care and operational efficiency. As a result, ConnexCare is able to offer the community greater access to a better and more efficient delivery of health care. The paperless system facilitates the transfer of records, should a patient move and request services from another site in the ConnexCare network. The extension clinic 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 receive training regarding the confidentiality of patient medical records. In addition, ConnexCare provides e-prescriptions; the provider forwards a computer-generated prescription directly to the patient's designated pharmacy so that it arrives at the pharmacy before the patient even leaves ConnexCare. In addition, the fact that the prescription is legible improves patient safety.

The extension clinic will continue to provide patient care hours from 7:00 am to 5:00 pm on Monday and Thursday, 7:30 am to 5:00 pm on Tuesday and Wednesday, and from 7:30 am to 4:30 pm on Friday. ConnexCare offers services by appointment and walk-in. As one of the services it provides, ConnexCare staff calls its patients to remind them of their appointments. All staff work to educate patients on the importance of keeping appointments. ConnexCare recognizes that its patients often need assistance in understanding the information given to them by their providers at their visit. To assist patients, each ConnexCare site has nurse care managers and outreach staff who are available to provide assistance with insurance coverage, education about chronic illness, assistance with referrals, provide individual education, and assist with other documents or questions that the patient may have.

ConnexCare has an existing affiliation and transfer agreement with Oswego Hospital for this extension clinic, which will continue to be in place when the clinic relocates to 120 East First Street. Patients requiring emergency care will be directed to the nearest emergency department. Records of all Emergency Department encounters will be routinely inserted into the EMR of the Center's patients on a timely basis. In addition, Hospital discharge summaries, which are made available in an electronic format by the Hospital to ConnexCare following an ED visit via an established interface, will also be incorporated into the patient's clinic medical record.

### **Community Ties and Outreach**

Over the years, ConnexCare has formed alliances with a variety of community-based organizations to provide health care services in alternate delivery sites. In addition, ConnexCare works with community organizations and community leaders to help educate their communities on relevant health topics. ConnexCare works to build collaborative programs and partnerships with neighborhood groups in order to improve community health outcomes.

### **Accessibility and Accountability**

ConnexCare 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. Many of ConnexCare's users face economic barriers that have traditionally prevented them from accessing high-quality primary and specialty care.

Patients in need of the clinic's services are accepted without regard to age, sex, sexual orientation, race, creed, religion, disability, source of payment or other personal characteristics. In addition, ConnexCare has taken steps to ensure an easily accessible and culturally sensitive health center. A sliding fee scale based on the Federal Poverty Income Guidelines and family size has been developed for patients. Outreach and Enrollment program staff are available to assist patients who do not have insurance, or whose insurance is invalid, with completing applications for Medicaid (including presumptive eligibility for pregnant women), Child Health Plus and Family Health Plus. ConnexCare's comprehensive Outreach and Enrollment program is designed to assist patients in obtaining the best care possible.

Services are provided in a culturally and linguistically appropriate manner in all of ConnexCare's sites. The proposed new location of this existing extension clinic is 1.5 miles away from the current site and will be easily accessible to residents of the nearby community by public bus transportation operated by Oswego County Public Transportation. There is a bus stop located 0.2 miles away on East Bridge Street. In addition, the new location is located near several low-income public housing developments and senior citizen housing.

### **Staff Credentialing Process**

ConnexCare's clinical staff is comprised of well-trained primary care and specialty physicians, dentists, physician assistants, nurses, nurse practitioners, mental health providers and other professional medical staff. The President/CEO appoints the non-clinical staff. The Chief Medical Officer for ConnexCare recommends all clinical appointments to the President/CEO, and the Board of Directors approves medical staff privileges, which are delineated individually to each member of the clinical staff. Delineation and approval of privileges by the Board is a biannual process. This process is designed to ensure day-to-day accountability in the operation of ConnexCare, as well as the direct involvement and oversight by the Board of Directors. ConnexCare also has a dedicated administrative staff that is committed to assuring that the Center's patients receive high-quality care in a friendly and professional environment.

### **Quality Assurance & Utilization Review**

ConnexCare's clinics operate under the clinical authority of the Chief Medical Officer (CMO). The CMO oversees the quality of clinical care and service delivered at all sites – the Quality Management Program (QMP). Regular reports are provided to ConnexCare's Board of Directors. Services are provided only to those who clearly are in need of the service and, when treatment is required, it is provided in an appropriate manner and with the appropriate treatment frequency. There must be adequate treatment space and staffing available to provide the patient with safe and effective treatment. The proposed extension clinic will utilize the existing, formal QMP that is already in place at ConnexCare's existing sites, in order to ensure compliance with 10 NYCRR Section 751.8, and other applicable regulations. In addition, ConnexCare has responded to HIPAA by creating policies and procedures, training the staff, and ensuring that the EMR is in line with HIPAA regulations.

Schedule 1 Attachment  
Project Narrative  
Appendix A

Transition/Closure Plan

**NEW YORK STATE DEPARTMENT OF HEALTH  
Office of Primary Care & Health Systems Management  
Division of Hospitals and Diagnostic & Treatment Centers  
CLOSURE PLAN REVIEW CHECKLIST**

**Facility Identification**

<b>Facility/Provider</b>	ConnexCare
<b>Facility ID (PFI)</b>	D&TC PFI: 0738/Extension Clinic PFI: 9555
<b>Facility Address</b>	D&TC: 61 Delano Street Pulaski (Oswego County), New York 13142 Extension Clinic: 10 George Street Oswego, (Oswego County), New York 13126
<b>Facility Telephone:</b>	D&TC: (315) 298-6564/Extension Clinic: (315) 342-0880
<b>Operating Certificate #</b>	3726201R
Note: ConnexCare will be relocating an existing extension clinic from 10 George Street, Oswego (Oswego County), New York 13126 to 120 East First Street, Oswego (Oswego County), New York 13126.	

**Closure Submission/Request**

<b>Anticipated Closure Date</b>	At the completion of the renovations outlined in a Certificate of Need (C.O.N.) Application concurrently being submitted with this Plan to relocate an existing extension clinic from 10 George Street, Oswego (Oswego County), New York 13126 to 120 East First Street, Oswego (Oswego County), New York 13126, to expand the services provided to the community by increasing the number of medical exams rooms by 50% (from 12 exam rooms at the existing clinic to 18 rooms at the new location) and to add the certified service of dental outpatient to the operating certificate of the extension clinic, and completion of the pre-opening survey process by the Regional Office. It is projected that the relocation of the ConnexCare Oswego extension clinic will occur on or about December 1, 2024.
<b>Related CON (if applicable)</b>	TBD
<b>Closure Request/Plan Submission Date</b>	Concurrent with the Certificate of Need Application to relocate the ConnexCare Oswego extension clinic to 120 East First Street, Oswego (Oswego County), New York 13126.
<b>Facility Contact for Closure</b> <b>Name</b> <b>Telephone</b> <b>Email</b> <b>Mailing Address</b>	1. Ms. Tricia Peter-Clark President and CEO ConnexCare 61 Delano Street Pulaski, New York 13412 TClark@connexcare.org (315) 298-6554 x2016
<b>Closure Justification/Reason</b>	ConnexCare seeks to relocate the ConnexCare Oswego extension clinic out of 10 George Street, Oswego to 120 East First Street, Oswego in order expand and enhance access to medical services and to add dental outpatient services.
<b>Number of Patients Affected</b>	3,200

### Closure Plan Requirements

<p><b>Describe the process to notify patients of the facility closure (attach Patient Notification Letter, if applicable)</b></p>	<p>Notification letters will be given to those who have received treatment within 1 year prior to the relocation of the ConnexCare Oswego extension clinic. The letters will be distributed to patients who come in for treatment starting 30-days prior to the planned relocation and the letter will be mailed to active patients who do not come in for services prior to the move.</p>
<p><b>List of appropriate alternate providers. The list should show name, address, services provided, the distance from the facility closing, etc.</b></p>	<p>Note: The ConnexCare Oswego extension clinic is not closing - it is relocating 1.5 miles away to 120 East First Street, Oswego, New York.</p> <ol style="list-style-type: none"> <li>1. Oswego Health/Oswego PrimeCare 33 East Schuyler Street Oswego, New York 13126 (1.2 miles away)</li>   <li>2. Oswego Health/Oswego Family Physicians 110 West Utica Street Oswego, New York 13126 (2.4 miles away)</li> </ol>
<p><b>The plan to maintain and make available to patient's medical records, care plans, medication histories, etc. The process for patients and/or their health care provider to obtain copies of the records should be disclosed in a patient notification letter. The physical location of the records should be disclosed in the patient notification letter.</b></p>	<p>The medial records of patients are exclusively in electronic format. For patients who express a desire to receive services at another ConnexCare site, their records will be available, as all ConnexCare sites utilize the same electronic medical record (EMR) and the same database. Patients opting to transfer to providers outside of ConnexCare will be asked to sign a release of records form, and hard copies of their record(s) will be transferred to the specified physician/facility.</p> <p>All records, medical and financial, will be maintained by ConnexCare for the statutorily required amount of time.</p>
<p><b>Describe the process to notify the community of the facility closure (attach Community Notification Letter, if applicable)</b></p>	<p>ConnexCare collaborates with Oswego Health, the Oswego County Department of Health and other community-based health and human service organizations to identify and address community health needs. ConnexCare will undertake outreach efforts to these various organizations to announce the planned relocation of the ConnexCare Oswego extension clinic upon receiving approval of this closure plan by the Department.</p>
<p><b>Describe signage and other public notification measures.</b></p>	<p>Signs and flyers will be posted, notifying patients of the relocation to the 120 East First</p>

	<p>Street location. Signage will be posted throughout the ConnexCare Oswego extension clinic and at the entrances to the building during the site transition, advising patients of the planned relocation.</p>
<p><b>Describe the process to dispose of the building and contents after closing.</b></p>	<p>The space at 10 George Street is leased. The lease will be terminated. The furniture and equipment will be moved to the new extension clinic location at 120 East First Street, which is 1.5 miles away from the current location.</p>
<p><b>Describe the process to dispose of medications after closing.</b></p>	<p>N/A – the extension clinic is not closing. This plan is for the relocation of the extension clinic to 120 East First Street.</p>
<p><b>Other</b></p>	<p><u>Staffing/Staff Notification:</u> Providers and staff members will be relocated to the new location at 120 East First Street. Staff will be notified of the planned relocation upon approval of the Certificate of Need Application by the New York State Department of Health to undertake renovations in the 120 East First Street building for the planned relocation and will be provided updates as to the planned relocation at every regularly scheduled staff meeting after the original notification.</p> <p><u>Transportation Impact on Patients:</u> The new location for the ConnexCare Oswego extension clinic, which is located at 120 East First Street, is 1.5 miles away from the current location of the extension clinic at 10 George Street and is more accessible by public transportation (bus).</p>

Schedule 1 Attachment  
Project Narrative  
Appendix B

Medical Director Biography

### **Chief Medical Officer:**

Patrick Carguello, D.O. is the Senior Vice President/Chief Medical Officer of Northern Oswego County Health Services, Inc. dba ConnexCare. He is a Board Certified Family Practitioner. Dr. Carguello received his Bachelor of Science Degree in Nutrition *Magna Cum Laude* from the State University of New York at Syracuse. He received his Doctor of Osteopathy degree from New York College of Osteopathic Medicine. He performed his Family Practice residency at Sisters of Charity Hospital in Buffalo, New York. Dr. Carguello scored number one nationally in a pilot osteopathic residency exam and received the Bristol Meyers Squibb Outstanding Resident Award.

Dr. Carguello began practice with the Olean Medical Group in New York and was a staff attending physician at Olean General Hospital. He also served as school physician for St. Bonaventure University. Dr. Carguello joined ConnexCare in 2003 and was appointed Medical Director in 2005.

During his tenure as Medical Director at ConnexCare, Dr. Carguello has coordinated the implementation of an electronic health record (EHR) system. He has been pivotal to the upgrading of ConnexCare's Quality Improvement Program. His clinical leadership has led to a successful Joint Commission re-accreditation. He successfully led the efforts for Meaningful Use and Primary Care Medical Home designations for ConnexCare.

**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>
<u>Not Applicable</u>	

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

<p>Working capital will be funded through the current operations of ConnexCare. Please refer to the <b>Schedule 5 Attachment</b> for a Monthly Cash Flow Analysis showing sufficient cash throughout the first year of operations. Please also refer to the <b>Schedule 9 Attachment</b> for the 2021 Certified Financial Statement and the most recent 2023 Internal Financial Statement for ConnexCare.</p>
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**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>
<i>Example: Attachment to operational balance sheet</i>	<i>Example: Operational_bal_sheet.pdf</i>
<b><u>Not Applicable</u></b>	

Schedule 5 Attachment  
Monthly Cash Flow Statement

ConnexCare

MONTHLY CASH FLOW ANALYSIS - YEAR 1

Month	1	2	3	4	5	6	7	8	9	10	11	12
<b>Starting Cash*</b>	\$5,471,105	\$5,411,787	\$5,352,469	\$5,293,151	\$5,233,833	\$5,174,516	\$5,115,198	\$5,055,880	\$4,996,562	\$4,937,244	\$4,877,926	\$4,818,608
<b>Monthly Revenue</b>	\$540,844	\$540,844	\$540,844	\$540,844	\$540,844	\$540,844	\$540,844	\$540,844	\$540,844	\$540,844	\$540,844	\$540,844
<b>Monthly Expenses</b>	\$600,162	\$600,162	\$600,162	\$600,162	\$600,162	\$600,162	\$600,162	\$600,162	\$600,162	\$600,162	\$600,162	\$600,162
<b>Remaining Cash</b>	\$5,411,787	\$5,352,469	\$5,293,151	\$5,233,833	\$5,174,516	\$5,115,198	\$5,055,880	\$4,996,562	\$4,937,244	\$4,877,926	\$4,818,608	\$4,759,290

\*Starting Cash reflects General Checking on the balance sheet of Northern Oswego County Health Services, Inc. d/b/a ConnexCare as of April 20, 2023.

**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: <b>6/21/2023</b>	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? <b>No</b> If so, what is the original CON number? <b>Not Applicable</b>	
Intent/Purpose: <b>To renovate the existing space on the first and second floors of this building to provide space for an Outpatient Primary Care suite on the first floor and a dentistry suite on the second floor. This project would allow ConnexCare to expand its services to a more appropriately sized clinic and better serve a growing local patient base.</b>	

# New York State Department of Health Certificate of Need Application

## Schedule 6

Site Location: 120 E 1 <sup>st</sup> Street, Oswego, NY 13126	
Brief description of current facility, including facility type: Current facility at 120 E 1 <sup>st</sup> Street is a multi-story building with an existing business occupancy tenant on the ground floor. The first, second, and third floors are currently vacant and were previously used as office space. The work for this project is limited to the vacant first and second floors. The first floor has a dedicated entrance with a building has a main lobby.	
Brief description of proposed facility: The proposed facility involves a full renovation of the existing first and second floors of the building and will build a new Outpatient Primary Care suite on the first floor and a new dentistry suite on the second floor. The first floor will have 17 new exam rooms, one treatment room, and necessary support spaces. The second floor will have four (4) dental operatory exam rooms, two (2) operatory hygiene rooms, one (1) operatory hybrid room, a panoramic x-ray room, a lab for sterilizing equipment, and necessary support spaces. The goal of this project is to allow ConnexCare to move these services into larger suites that would allow them to better care for growing patient demand.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. First floor program – Primary Care, 'B' occupancy Second floor program – Dentistry, 'B' occupancy	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: No mixed occupancies	
If this is an existing facility, is it currently a licensed Article 28 facility?	No
Is the project space being converted from a non-Article 28 space to an Article 28 space?	Yes
Relationship of spaces conforming with Article 28 space and non-Article 28 space: Not applicable	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. None	
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. See attached narrative for scope.	Yes
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. See attached narrative for scope.	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. See attached narrative for scope.	
Describe existing and or new work for fire detection, alarm, and communication systems: See attached narrative for scope.	
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. Not located in flood zone	
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, the project contains a panoramic x-ray machine used for taking x-rays of patient's teeth.	
Does the project comply with ADA? If no, list all areas of noncompliance. Yes	

# New York State Department of Health Certificate of Need Application

## Schedule 6

Other pertinent information: <b>None</b>	
<b>Project Work Area</b>	<b>Response</b>
Type of Work	<b>Renovation</b>
Square footages of existing areas, existing floor and or existing building.	<b>Exg. First &amp; Second floor: 7,850 sf per floor</b>
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	<b>First Floor: 7,067 sf Second Floor: 7,417 sf Total: 14,484 sf</b>
Does the work area exceed more than 50% of the smoke compartment, floor or building?	<b>Less than 50% of the building</b>
Sprinkler protection per NFPA 101 Life Safety Code	<b>Sprinklered throughout</b>
Construction Type per NFPA 101 Life Safety Code and NFPA 220	<b>Type II (000)</b>
Building Height	<b>45'-6"</b>
Building Number of Stories	<b>4 stories</b>
Which edition of FGI is being used for this project?	<b>2018 Edition of FGI</b>
Is the proposed work area located in a basement or underground building?	<b>Not Applicable</b>
Is the proposed work area within a windowless space or building?	<b>No</b>
Is the building a high-rise?	<b>No</b>
If a high-rise, does the building have a generator?	<b>Not Applicable</b>
What is the Occupancy Classification per NFPA 101 Life Safety Code?	<b>Chapter 38 New Business Occupancy</b>
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. <b>Not Applicable</b>	<b>No</b>
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? <b>Not Applicable</b>	<b>No</b>
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. <b>Not Applicable</b>	<b>No</b>
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? <b>Not Applicable</b>	<b>No</b>
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. <b>Not Applicable</b>	<b>Not Applicable</b>
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. <b>Not Applicable</b>	<b>Not Applicable</b>
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? <b>Not Applicable</b>	<b>No</b>
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. <b>Not Applicable</b>	<b>Not Applicable</b>
Changes in the number of occupants? If yes, what is the new number of occupants? <b>1<sup>st</sup> - 137 occupants. 2<sup>nd</sup> – 100 occupants</b>	<b>Yes</b>
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? <a href="#">Click here to enter text.</a>	<b>No</b>
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	<b>Not Applicable</b>
Does the existing EES system have the capacity for the additional electrical loads? <b>Not Applicable</b>	<b>Not Applicable</b>
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. <b>Not Applicable</b>	<b>No</b>

# New York State Department of Health Certificate of Need Application

## Schedule 6

Does the project involve Bulk Oxygen Systems? If yes, provide brief description. <b>Not Applicable</b>	<b>No</b>
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	<b>Not Applicable</b>
Does the project involve a pool?	<b>No</b>

<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

## **I. GENERAL OVERVIEW OF THE PROJECT**

This project consists of approximately a 15,000 sf renovation of the first and second floors of an existing building located at 120 E 1<sup>st</sup> Street in Oswego, New York. The project includes converting existing office space into Article 28 outpatient primary care clinic and dental suite. The first floor will be renovated into a primary care clinic, including 17 exam rooms and support, and the second floor into a dental clinic, including seven operatory rooms and support. The suites will include the following:

Scope of work includes but is not limited to: demolition of existing areas, and upgrades to mechanical, plumbing, electrical, casework, and finishes.

## **II. SPACE PROGRAM**

See attached Space Program with referenced FGI Sections.

## **III. ARCHITECTURAL NARRATIVE**

- A. Codes and Standards:
  - 1. 2012 NFPA Life Safety Code-101
  - 2. 2018 Guidelines for Design and Construction of Health Care Facilities (Outpatient)
  - 3. 2010 ADA Standards for Accessible Design
  - 4. 2020 NYS Building Code (Group B – Business)
- B. The building construction classification (both existing renovated areas and new construction) is Type IIB.
- C. The Project Area will be fully sprinklered.

## **IV. SITEWORK NARRATIVE**

General Site Description: The subject property is an existing building located at 120 E. 1<sup>st</sup> Street in the City of Oswego, New York. The developed site consists of paved parking area, concrete sidewalks, buildings, and greenspace. The property fronts E 1<sup>st</sup> Street to the south, E. Oneida Street to the west, and Canal View Drive to the north.

- A. The property encompasses approximately 1.639 acres.
- B. Site improvements will include general improvements to the existing site to clean-up its appearance. The parking lot is already paved and sidewalks will be re-placed as required where damaged. A dumpster enclosure will be added near the existing ground-mounted mechanical equipment.
- C. Circulation
  - 1. Existing site ingress and egress to remain.
  - 2. New way-finding signage will be provided around the site to direct visitors and staff to the designated parking areas, entrances, and exits.
  - 3. Parking: There are 51 parking spaces, including three accessible spaces, in the existing parking lot.

- D. Stormwater Management
  - 1. Stormwater run-off will be collected by existing on-site infrastructure and discharge into the municipal storm water system. No additional stormwater run-off collection is required.
  
- E. Codes and Standards: All site work shall conform to the following:
  - 1. Americans with Disabilities Act (ADA), Architectural and Transportation Barriers Compliance Board.
  - 2. New York Standards and Specifications for Erosion and Sediment Control.
  - 3. NYSDEC Spill Guidelines Manual (SGM).
  - 4. American Standard for Nursery Stock and American Association for Nurserymen
  
- F. Landscape Scope of Work:
  - 1. Division 31 – Earthwork:
    - a. Demolition/Site Preparation: Removal of overgrown vegetation will be replaced with new evergreen plantings. Limited sidewalk demolition and replacement will be done. Existing concrete pad to be provided for dumpster and mechanical unit locations.
    - b. Erosion and Sedimentation Control: No additional disturbance is anticipated.
  - 2. Division 32 – Exterior Improvements:
    - a. Curbing: Concrete curbing shall be installed to extents shown and meet line and grade of existing materials.
    - b. Asphalt Paving: No new paving is included. Existing parking lot to be sealed and striped with 60-degree parking layout.
    - c. Pavement Markers: Painted lines and symbols including designated parking spaces, no parking zones, and accessible parking spaces.
    - d. Site Concrete: Cast-in-place concrete over a prepared granular material for walkways, curb ramps and miscellaneous site improvements. Normal weight aggregates shall meet ASTM C33, class S. Mix design shall meet 4,000 psi at 28-day compression strength. Standard walk shall be 6" of granular base material and 5" depth concrete. Finish grade to meet line and grade of existing materials and meet ADA compliance where applicable.
    - e. Site Improvements: Work will include way-finding signs, traffic signs and reserved parking signs.

- f. Planting: Shade trees, shrubs, grasses, and groundcovers will be placed to blend with existing planting and enhance architectural features. Plantings will be situated to provide screening where appropriate. Plant material will be regionally grown (zone 4), low maintenance, and urban tolerant. All plantings will be in accordance with City of Oswego landscaping requirements.

**V. M/E/P NARRATIVE**

HVAC SYSTEMS

1. Existing Conditions:
  - A. The building was originally designed with a heat pump system utilizing a closed-circuit evaporative cooler for heat rejection during cooling and gas fired boiler and adding heat in winter. Individual zones are served by combination of concealed above ceiling heat pumps with ducted supply air distribution and plenum return as well as floor mounted vertical console heat pumps at perimeter windows. Ventilation is provided by two indirect gas fired units located in third floor mechanical room and is distributed to the ceiling plenum. Corresponding relief air is through two dedicated fans located on roof. Additional exhaust for toilets and some small ancillary spaces are also present. The basement floor has been renovated and now utilizes variable refrigerant flow (VRF) system in place of water source heat pumps. Main first floor has been retrofitted with concealed VRF fan coil units in place of the water source heat pumps utilizing existing ductwork.
  - B. The retrofitted first floor utilizing VRF units eliminates the use of water source heat pumps on this floor. The existing floor mounted console heat pumps are not functional as the piping serving them from below has been isolated and/or removed. While the floor has been generally updated for HVAC the piping mains for heat pump loop and distribution to floor mounted console heat pumps on the second floor are still in place and active. In most cases, it was observed that the console heat pumps on the second floor have been recently replaced using standard fin radiation.
  - C. The second and third floors are operating on the existing heat pump system. The heat pumps are outdated and beyond their useful lives. The existing heat pump piping distribution system is comprised of a combination of schedule 40 and 80 PVC piping and fittings.
  - D. MAU-2 serves floors one, two, and three, delivering ventilation air to the spaces by distribution in the open ceiling plenum of the zones. The third floor relief is through a dedicated exhaust fan EF-8. The basement, first, and second floors relieve air from spaces through a common exhaust EF-6. Additional toilet exhaust is served by EF-5. Miscellaneous small exhaust fans also exist. The building appears to be relatively even pressure balanced at these values. The existing ventilation unit serving these spaces is beyond its useful life and has been reported as having continuous maintenance issues causing unreliable delivery of ventilation air.

2. Scope of Work:

- A. Considering the boiler, pumping systems, and all the existing heat pumps are beyond useful age, they are not realistically viable for use with renovation. Additionally, the heat pump water distribution piping is not practical for continued use with system equipment replacements due to reliability. Therefore, the design will be matching the system equipment type (VRF units) being utilized on the basement and first floors for practicality, operation efficiency and reliability.
- B. A new high efficient condensing gas fired boiler will be added as supplemental heat source for perimeter radiation heating and for entryways and stair towers. The perimeter radiation will supplement the VRF system in extremely cold weather.
- C. The first floor VRF equipment would remain as is with a complete removal of duct distribution. All existing PVC water source heat pump distribution piping would be removed in its entirety on both first and second floors. The seven existing first floor units will stay in the same locations with possibility of moving very slightly to allow for coordination without disturbing existing refrigerant piping. The refrigerant piping is expected to remain in place on first floor unless a major coordination issue requires alteration. The existing VRF units will be ducted to meet the zoning and load requirements of the new layout. The first floor zones will be slightly larger than the second floor in order to utilize the existing first floor system equipment.
- D. The second floor will be served with new concealed above ceiling VRF units and ducted to spaces as zones. An outdoor unit will be located at grade on the south side of building near the existing first floor outdoor units for ease of service. Both supply and return air will be ducted to ceiling diffusers and grilles. Ventilation air will be ducted directly to return air plenum of each zone/VRF unit to ensure proper ventilation and pressurization.
- E. The outdoor evaporative cooler will be removed. The associated indoor sump would be decommissioned and could be filled in. The associated pumps and piping in the boiler room would be removed. Any piping or heat pump equipment located on the third floor would be inoperable and can be abandoned in place for now or removed.
- F. Ventilation to these renovated first and second floor areas would be ducted directly to the return air inlets associated with each VRF unit to increase ventilation effectiveness and satisfy current ventilation code requirements. The ventilation to the third floor would remain as-is until floor is renovated. However, the unit will be sized to accommodate ventilation similar to renovated floors. The ventilation unit in the upper mechanical room associated with these three floors would be replaced with a modern dedicated outside air system (DOAS) unit. DOAS would be sized at an estimated 9000 cfm to cover all floors but will be further evaluated as ventilation requirements are verified. The DOAS unit for ventilation would be replaced in the same location of third floor mechanical room.
- G. The exhaust duct riser at north end of building serving the basement would remain as is to existing fan on roof. Fan would need to be re-sheaved or replaced for lower flow. Exhaust from first and second floor would be removed from main exhaust/relief riser at north end. First floor exhaust to be routed through first floor ceiling and rise through second floor chase the third floor mechanical room. Second floor exhaust will also be routed to south end to go to DOAS unit in the third floor mechanical room before discharging through roof. The removed toilet rooms on the first and second floors will cause a reroute of toilet room exhaust from the basement as the current riser would be

eliminated on the first and second floors. This exhaust may be able to extend to existing riser on north end in chase near stair, if routing is possible.

- H. It is recommended that renovated areas include ventilation air valves to minimize airflow when spaces are not occupied and take advantage of diversity for variable outside air-controlled unit. The existing ventilation duct risers are intended to remain and would require the installation of fire dampers at floor penetrations to meet code. Duct cleaning of the existing to remain ducts will be needed.

### PLUMBING SYSTEMS

1. Domestic Water Supply:

A. System Description:

- 1) Domestic cold water will be connected to the existing domestic cold water service presently located in the basement Mechanical Room.
- 2) The water service will be extended up to the 1st Floor where a new Water Service Room will be provided. This room will house a new water meter, backflow preventers and water heater.
- 3) The water service will be equipped with reduced pressure zone backflow preventers installed in a duplex arrangement. A drain, sized to carry the full backflow relief valve discharge, will be provided and discharge to outside grade. The backflow devices will be located above grade level and installed above the 100 year flood zone.
- 4) All water piping serving Floors 1 and 2 will be replaced. Existing piping serving the remaining floors will be reconnected. Cold and hot water supply piping for the renovated areas will be installed from the Water Service room through the 1st Floor ceiling space. The piping will drop to the 1st floor fixtures and up feed to the 2nd Floor fixtures.
- 5) Hot water for Floors 1 and 2 will be provided using an electric tank type water heater. Hot water temperature in the tank will be maintained at 140 deg F. Hot water to fixtures will be mixed to 115 deg F utilizing an electronic thermostatic mixing valve.
- 6) A hot water recirculation system will be provided to maintain an acceptable system water temperature throughout the hot water piping system. An in-line centrifugal pump, controlled by an aquastat, will be used to recirculate hot water throughout the system.
- 7) All water piping shall be Type L copper tubing with no lead fittings.
- 8) All water piping will be thermally insulated with rigid fiberglass insulation covered with all service jacket. Insulation thickness will conform to the New York State Energy Conservation code.
- 9) A thermal expansion tank will be provided at the hot water heater.

B. Loads:

- 1) The total demand for domestic cold water is 93 GPM. The total demand for domestic hot water is 35 GPM.

C. Water Heater:

- 1) The electric water heater will be sized based on a recovery of 65 GPH at 100° F rise. It will be provided with an 18 kw, 208 volt, 3 phase element.
- 2) The tank size will be 80 gallons and will be equipped with an ASME temperature and pressure relief valve.

D. Sanitary Drainage System:

1) System Description:

- a) All waste from fixtures and floor drains located on first and second floor will be considered sanitary waste and will be disposed to the existing sanitary system.
- b) All drainage will flow by gravity to the existing sanitary system.
- c) Piping for the new system will consist of cast iron pipe or Schedule 40 PVC for sizes 3-inches. and larger. Piping 2-inches and smaller will be type DWV copper or Schedule 40 PVC.

2) Loads:

- a) The total demand for the waste system is 84 GPM.

3) Load Diversity:

- a) Calculations are based on fixture unit counts, which factor in load diversity and demand.

4) Spare capacity:

- a) The existing sanitary building drain size, from existing drawings, is 4-inches. The actual slope of the existing building drain is unknown; it is assumed to be sloped at 1/8 inch/ft. Pipe size and slope will need to be verified. Approximately 180 drainage fixture units are connected to this drain. This indicates the drain is at or very near to maximum capacity.
- b) Since the drain is near maximum capacity a new sanitary building drain will be installed from the building and connected to the public sanitary sewer.

E. Storm Drainage System:

1) System Description:

- a) The storm drainage system will remain as presently installed. There will be no piping modifications to the existing system. New insulation will be provided for the portion of existing storm conductors on the first and second floors. The storm conductors, located adjacent to columns, will be concealed within the walls.

F. Medical Gas Systems:

1) System Description:

- a) No central medical gas system is planned or required for this project.

G. Dental Compressed Air and Vacuum Systems:

1) System Description:

- a) A Dental Equipment supplier will provide both compressed air and vacuum system layout drawings and equipment for the Operatory Exam Rooms and Sterilization Room.
- b) The plumbing contractor shall provide all materials and labor required to complete the piping installation to the system equipment provided by the Dental Equipment supplier.
- c) Water and sanitary piping will also be provided by the Plumbing Contractor where required by the Dental Equipment supplier.

2) Vacuum piping:

- a) All waste from fixtures and equipment located in the Dental area and Mechanical Rooms will be considered sanitary waste and will be disposed to the sanitary system.
- b) Vacuum piping will consist of Schedule 40 PVC pipe with solvent welded fittings.
- c) A vacuum exhaust pipe will be provided from the vacuum pump and terminate through the roof.

3) Compressed air piping:

- a) Piping for the compressed air system will consist of Type "L" copper tubing, lead free fittings and solder joints.
- b) A compressed air intake pipe will be provided from the air compressor and terminate through the roof.

H. Natural Gas Systems:

1) System Description:

- a) The natural gas system will remain, for the most part, as presently installed. The only modifications planned are to disconnect and reconnect the boiler to be replaced.

I. Plumbing Fixtures/Equipment:

1) Fixture Descriptions:

- a) All new fixtures will be provided to comply with the latest codes and ADA requirements.
- b) Water closets will be siphon jet, elongated style, constructed of vitreous china and provided with 1.28 gpf manually operated flush valves and hard molded plastic commercial seats. The fixture will be wall hung mounted to a cast iron fixture carrier and installed at ADA height where required.
- c) Lavatories will be vitreous china, with front overflow, D-shaped bowl, faucet ledge, backsplash, and faucet holes on 4 in. centers. The fixture will be wall hung mounted to a concealed arm carrier and installed at ADA height where required. Faucets will be hard wired, automatic sensor type with 0.5 gpm vandal proof aerators. All lavatories will be equipped with ASSE 1070 hot water tempering valves.
- d) Exam Room sinks will be self-rimming, 18-gauge Type 304 stainless steel, satin finish, 7 5/8 in. deep. The faucet will be a 4 in. center-set style, deck mounted, equipped with gooseneck laminar flow spout and 4 in. wrist blade handles. The drain will be a grid drain strainer.
- e) Electric water coolers will be high-low type with stainless steel cabinet. The fixture will be wall hung mounted to a cast iron fixture carrier.

J. Plumbing Equipment Descriptions:

- 1) Shock absorbers will be provided in the new toilet room piping where flush valves are to be installed. This will prevent inline water hammer.
- 2) All valves 3-inch and less will be ball type valves with full port openings.
- 3) Toilet room floor drains will be cast iron with nickel bronze strainers. Mechanical room floor drains will be cast iron with medium duty 8-inch diameter grates.

## FIRE PROTECTION SYSTEMS

### 1. Fire Protection Systems and Equipment:

#### A. System Description:

- 1) A wet pipe sprinkler system will be provided for all spaces of Floors 1 and 2 in accordance to the NYS Fire Code referenced edition of NFPA 13. Sprinklers are presently installed on all floors within the building. Existing sprinklers on Floors 1 and 2 will be removed in their entirety and new sprinklers and piping installed to the new room layouts.
- 2) Water for fire protection will be connected to the existing 6-inch fire service entrance presently located in the basement Mechanical Room.
- 3) The fire service will be extended up to the first floor where a new Water Service Room will be provided. This room will house both fire service and domestic water service equipment.
- 4) A reduced pressure detector assembly backflow preventer will be installed within the Water Service Room on the fire service. A drain, sized to carry the full backflow relief valve discharge, will be provided and discharge to outside grade. The backflow device will be located above grade level.
- 5) A forward flow test connection, consisting of (2) 2 ½-inch hose valves, will be provided on the exterior of the building. The test connection is required for testing the backflow device at full sprinkler load.
- 6) An alarm check valve assembly, complete with outside stem and yoke (OS&Y) shutoff valve, main drain, pressure gauges, and flow switch will be located within the Water Service Room. An electric bell and strobe light will be provided on the exterior of the building.
- 7) A fire department pumper connection will be provided at the front entrance of the building.
- 8) All sprinkler heads will be the quick response type. Upright type sprinkler heads will be provided in unfinished areas with no ceilings. Pendent type sprinkler heads, concealed style, will be provided in finished spaces.
- 9) An automatic air vent will be provided in the sprinkler branch piping.
- 10) Sprinkler piping will be Schedule 40 black steel for sizes 2-inches and smaller. Schedule 10 piping will be provided for sizes 2 ½-inches and larger.
- 11) The sprinkler system shall be arranged for adequate flushing. Readily removable fittings will be installed at the end of all cross mains.

- 12) Sprinkler water supply densities will be designated as follows:
  - a) Light Hazard - Corridors, Lobbies, Toilet Rooms, Office Spaces, Exam Rooms.
  - b) Ordinary Hazard, Group 1 - Mechanical Room, Storage Rooms.

B. Loads:

- 1) A flow test was performed on East Oneida Street near a hydrant located close to the 6-inch fire service tap to the building. The flow test, by the Village DPW, indicated 80 psi static pressure and a residual pressure of 59 psi at 850 gpm.
- 2) Preliminary sprinkler loads based on Light Hazard occupancy over a 1500 sf remote area of the third floor, are 440 gpm for sprinklers and 100 gpm for hose stream allowance. The total fire protection flow demand is 540 gpm.
- 3) Preliminary sprinkler loads based on Ordinary Hazard, Group 1 occupancy for the third floor Mechanical Room, are 130 gpm for sprinklers and 250 gpm for hose stream allowance. The total fire protection flow demand is 380 gpm.
- 4) The third floor Mechanical Room sprinkler piping will need to be replaced with new sprinkler piping based on sizing and spacing requirements for Ordinary Hazard Group 1 occupancy per NFPA 13. Total area of room is 420 sf.
- 5) Preliminary calculations indicate a fire pump will not be required. Final calculations will be provided when the sprinkler layout is determined.

## ELECTRICAL SYSTEMS

1. Power Systems:

A. Normal Distribution System Description

- 1) The building is supplied with an 800-amp, 120/208 volt, 3 phase, 4-wire service from National Grid. The building service is split up into five smaller services each with their own utility meter and feed as follows:
  - a) Basement Existing Tenant Aqua Spa - Panel POB-200A
  - b) 1st Floor - Panels H1 & L1 - 200A
  - c) 2nd Floor - Panels H2 & L2 - 200A
  - d) 3rd Floor - Panels H3 & L3 - 200A
  - e) Basement House - Panel MDP - 800A
- 2) MDP feed the Boiler Room Panels HB, LB & EP, Cooling Tower, Elevator, third floor Mechanical Room Panel M3 (225A) and second floor Emergency Power Panel EPCR (225A). Panel HB also appears to feed a 100A panel POA locating the Aqua Spa area.

- 3) Due to demolition and new floor configurations, Panels H1, L1, H2 & L2 will be relocated and reused. Panel L1 is supplied by a 100A circuit breaker in Panel H1 and Panel L2 is supplied by a 100A circuit breaker in Panel H2. Panels H1 and H2 will each be resupplied by a 200A feeder from their associated utility meter.
- 4) Panel L3 is supplied by a 100A circuit breaker in Panel H3. Panels H3 & L3 can remain where located, but due to demolition, Panel H3 will need to be re-supplied by a 200A feeder from its associated utility meter.
- 5) Panel M3 can remain where located. The exact location of the feed from the MDP is unknown. It is assumed it will not be impacted by the new construction. This may change once demolition is complete.
- 6) Secondary distribution will utilize conductors in conduits in accordance with the NEC. Branch lighting and power panelboards will utilize molded case thermal magnetic circuit breakers for over current protection. Circuit breakers 400A and larger will be thermal magnetic circuit breakers with adjustable electronic solid state trip functions. Panelboard buses shall be copper.
- 7) Branch circuit and feeder wiring will be insulated conductors installed in raceways. Branch circuit conductors will be copper with type THWN/THHN or XHHW insulation. Panelboard feeder conductors shall be copper. Type MC Cable will be used in nonpatient care areas and Type AC cable approved for health care facilities will be used in patient care areas.
- 8) Short circuit calculations and coordination services will be completed as called for in the electrical specifications. All equipment short circuit ratings will be shown on the contract documents and/or specifications.
- 9) Voltage Drop calculations: All feeders and branch circuits will be upsized if calculations call for a larger size conductor.

2. Emergency Distribution System Description:

- A. Emergency power is supplied by a 75 kW, 93.8 KVA natural gas generator located outdoors. The generator feeds a 400A automatic transfer switch (ATS) located on the second floor. The ATS supplies normal power from MDP and generator power to panel EPCR.
- B. The existing generator, ATS and Panel EPCR are 13 years old and in very good condition and will be reused. (NOTE: Generator has only 154 operating hours)
- C. The 400A ATS and Panel EPCR will be relocated to the 3rd Floor Mechanical Room.
- D. The existing generator feed will supply a 250A circuit breaker which in turn will supply the 400A ATS and Panel EPCR. The generator will also supply a 30A circuit breaker which in turn will supply a 30A manual transfer switch (MTS) and 30A ATS which in turn will supply a new Panel LS.
- E. Panel EPCR will supply equipment loads such as heating equipment and Panel LS will supply life safety loads, such as fire alarm equipment and exit and egress lighting.

- F. The 30A ATS is required to meet NEC Article 700.3 requirement for temporary emergency power while maintenance is performed on the emergency generator.

3. Lighting:

A. Lighting Illumination Levels:

- 1) Illumination levels for the building will follow the IES recommended levels with the maintained anticipated design levels as follow:
  - a) Corridors 10-15fc
  - b) Utility spaces 20-30fc
  - c) Offices, Reception Areas, Work Rooms 30fc
  - d) Exam Rooms 50 fc
  - e) Lobbies 10-15fc
  - f) Break Rooms 20-30fc
- 2) The interior ambient luminaires will utilize predominately 277V drivers, 4000 degree Kelvin temperature LEDs. Drivers shall be 90% power factor, 10% THD, 0-10vdc dimmable down to 10%. The proposed luminaries to be used for the building areas include:
  - a) Reception/Waiting/Lobbies: Recessed LED downlights.
  - b) Offices/Exam: Recessed 2' x 4' linear LED luminaires.
  - c) Corridors: Recessed 2' x 2' linear LED luminaires.
- 3) Interior lighting control in small, enclosed areas will utilize wall switches and dual technology occupancy/vacancy sensors. The corridors will utilize dual technology occupancy sensors for on/off control.
- 4) Emergency life safety lighting will utilize selected light fixtures connected to Panel LS. The illumination levels for the life safety lighting will be located as required by code to provide an average of 1.0-fc for the entire egress path including the building discharge. Selected emergency life safety lights will have an emergency relay connected to them to allow them to be controlled with the normal power lights.
- 5) Exit signage will be provided throughout the building to direct the occupants to the available exits. Exit signs will be LED type connected to Panel LS.
- 6) Exterior lighting will be controlled by a lighting contactor which in turn will be controlled by a photo eye.

4. Fire Alarm:

- A. The Honeywell analog point addressable system will be reused. The system will have addressable initiation devices (manual pull stations, smoke detectors, heat detectors, flow switches, etc.). Smoke detection will be provided in electrical, data and mechanical areas. Notification appliances, audible and visual (strobes), will be used for building occupant notification throughout the building. The audible notification devices will be horns.

- B. All visual devices will be located to meet ADA requirements.
  - C. CO detection will be provided in any area containing gas operated equipment and connected to the supervisory portion of the fire alarm system.
5. Telecommunications:
- A. System Description:
    - 1) The existing third floor Server Room will remain and be reused.
    - 2) All horizontal cabling shall be routed in a raceway system consisting of conduits from outlet back boxes to above accessible ceilings spaces, above ceiling J-hooks mounted at 3-feet on center from individual outlets to the corridor, then J-hooks mounted 3-feet on center to the local distribution frame per all EIA/TIA Standards. Conduit pathways will be provided for cabling located above ceilings that are not accessible. Sleeves will be provided in corridor walls to allow cabling access to corridor area.
    - 3) Each communications outlet will consist of two (2) data outlets. Horizontal cabling for data systems will utilize Category 6A cabling. All communications outlet cabling will be enclosed in a 4-inch square backbox, extra deep (2-1/2"), with a single gang mudring and a 1-inch conduit up to the nearest accessible ceiling.
    - 4) The first and second floor will each have a floor-mounted data rack. There will be a 6-strand single mode fiber optic cable from each rack to the 3rd Floor Server Room.
    - 5) The construction project will provide all data outlet back boxes, raceway, UTP cable, fiber optic cable, outlets, outlet faceplates, patch panels and racks.
    - 6) The Owner will supply all network equipment, VoIP phones and wireless access points.
    - 7) Due to demolition the existing telephone cables to the 1st, 2nd & 3rd floors will be removed and replaced with a new 50 pair cable to each floor.
    - 8) Data Closet:
      - a) The data closets that will receive two (2) 120V, 20A quad receptacles powered from emergency building power.
      - b) A ground bar connected to the building electrical grounding system will be provided in the closet.
    - 9) Wireless Access Points:
      - a) Wireless access points will be added throughout the area to provide complete coverage. Exact locations will be coordinated with the Owner.

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CON Narrative  
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6. Access Control System:

- 1) The existing access control system will be expanded, as required. New access control locations within the building will be added at the direction of the Owner.

7. Nurse Call System:

- 1) The first and second floors will each get a standalone visual nurse call system with a master station at each check in/out area.
- 2) Toilet stations will be provided in all public/patient toilet rooms
- 3) One patient station will be provided in the first floor Treatment Room.

8. Paging System:

- 1) The first and second floors will each get a standalone paging system. Access to the system will be through the VoIP phone system.
- 2) Ceiling speakers will be provided in the corridors and other areas as directed by the Owner.

9. CCTV System:

- 1) Provide IP cameras as directed by the owner.

Schedule 6 Attachment

Architect's/Applicant's Letter of Certification  
Functional Space Program  
Architectural Drawings



KATHY HOCHUL  
Governor

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

MEGAN E. BALDWIN  
Acting Executive Deputy Commissioner

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

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

Date: June 21, 2023

CON Number:

Facility Name: ConnexCare

Facility ID Number: 0738

Facility Address: 61 Delano Street, Pulaski (Oswego County), New York 13142

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

To The New York State Department of Health:

I hereby certify that:

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

PLEASE NOTE ANY EXCEPTIONS HERE:

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Use of FGI 2018 Guidelines

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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.

**ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION**

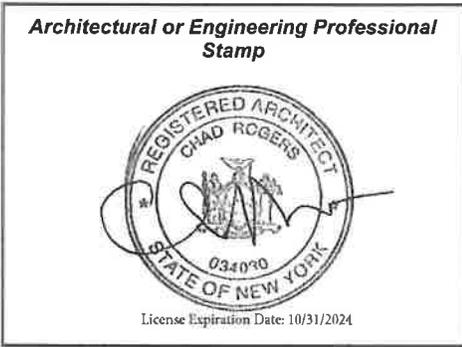
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered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

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

**Project Name: ConnexCare**

Location: Oswego County

Description: Relocate an extension clinic from 10 George Street, Oswego, New York to 120 E. 1<sup>st</sup> Street, Oswego, New York



*Chad Rogers*

Signature of Architect or Engineer

**Chad Rogers, AIA**

Name of Architect or Engineer (Print)

**034030**

Professional New York State License Number

**358 W. Jefferson Street, Syracuse, NY 13202**

Business Address

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

*Tricia Peter Clark*

Authorized Signature for Applicant

**Tricia Peter Clark, President and CEO**

Name (Print) Title

8/14/2023  
Date

Notary signing required for the applicant

STATE OF NEW YORK )

County of Oswego )

) SS:

On the 14<sup>th</sup> day of August, 2023, before me personally appeared Tricia Peter Clark, to me known, who being by me duly sworn, did depose and say that he/she resides at \_\_\_\_\_ that he/she is the

President/CEO of the ConnexCare, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) \_\_\_\_\_

*Tracy Lynne Wimmer*

**TRACY LYNNE WIMMER**  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01WI6257594  
Qualified in Oneida County  
My Commission Expires 03-12-2024

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION



ConnexCare 120 East 1st Street Renovations

King + King Project #:23-22-7928

June 21, 2023

based on **2018 DOH FGI Guidelines for Outpatient Facilities**

see Outpatient Occupancy classification A2.1-7.1

<b>OVERALL TOTALS</b>	
Outpatient Facilities (unit) 2.1-7.1	
<b>PROGRAM</b>	<b>Tot.</b>
Outpatient Primary Care (First Floor)	5,144
Dental (Second Floor)	4,158
Administration (Second Floor)	1,629

SF Total		10,931
Building Grossing Factor	0.24	3,553
Sub Total		14,484



ConnexCare 120 East 1st Street Renovations

King + King Project #:23-22-7928

June 21, 2023

DOH FGI 2018 Ref.	PRIMARY CARE			
	A2.1-7.1			
	<b>PROGRAM</b>	<b>QTY</b>	<b>SF.</b>	<b>Tot.</b>
	<b>Outpatient Primary Care (First Floor)</b>			
2.1/2.2-6.3	Dental (Second Floor)	1	550	550
2.1-6.2.4	Administration (Second Floor)	1	60	60
2.1-6.2.2	Check-In/Check-Out Area & Support	1	312	312
	Supply Storage	4	19	76
	Scale Alcove/Triage	2	65	130
2.1-3.2.1	Exam Rooms	17	113	1,921
	Treatment Room	1	181	181
2.1-3.8.2	Care team / Nurse station	3	136	408
2.1 / 2.2-3.8.12.3	Soiled Holding	1	74	74
2.1 / 2.2-3.8.11.3	Clean supply room	1	116	116
	Equipment Storage/Support	1	130	130

2.1 / 2.2-3.10.2	Patients Toilets	2	60	120
	Lab/Point of Care Testing	1	106	106
2.1-3.8.8	Medication Room	1	118	118
<b>Staff Offices + Support</b>				
2.1-6.3.3	Providers - Work Room	10	62.5	625
	RN Care Managers (Shared office for 2)	1	89	89
	Staff Toilet	1	65	65
	Staff Temperature screening	1	20	20
2.1-5.3.1	Environmental Services	1	43	43

SF. Total		5,144
Departmental Grossing Factor	0.27	1,923
<b>Sub Total</b>		<b>7,067</b>



ConnexCare 120 East 1st Street Renovations

King + King Project #:23-22-7928

June 21, 2023

DOH FGI 2018 Ref.	<b>DENTAL</b>			
	<b>PROGRAM</b>	<b>QTY</b>	<b>SF.</b>	<b>Tot.</b>
	<b>General/Check-In</b>			
	Outpatient Primary Care (First Floor)			
2.1 / 2.2-6.2.3	Dental (Second Floor)	1	665	665
2.1-6.2.2	Administration (Second Floor)	1	194	194
	Treatment Plan Specialist Office	1	124	124
	Public Toilet	1	63	63
	<b>Exam Rooms and Support</b>			
	Operator - Exam/Doc Room	4	127	508
	Operator - Hygiene Room	2	129	258
	Operator - Hybrid Room	1	180	180
	Soiled	1	51	51
	Clean Supply Room	1	117	117
	Lab	1	128	128
	Sterilizer Room	1	191	191
	Storage room - Dentures	1	95	95
	Storage	1	27	27
	Mechanical/Support Room	1	54	54
	Panoramic Xray Room/Alcove	1	44	44
2.1-3.10.2	Patient Toilets	1	52	52
	<b>Staff Offices + Support</b>			
2.1-6.3.3	Dental Work Room	1	389	389
2.1-6.3.3	Staff Office - Dental Manager	1	119	119
	Staff Offices - O/P Behavioral Health Counseling	2	126	252
	Staff Toilets	2	52	104
	Staff Break Room	1	444	444
	Data Closet	1	64	64
2.1-5.3.1	Environmental Services	1	35	35

SF. Total		4,158
Departmental Grossing Factor	0.25	1,389
<b>Sub Total</b>		<b>5,547</b>



ConnexCare 120 East 1st Street Renovations

King + King Project #:23-22-7928

June 21, 2023

<b>Administration</b>				
	<b>PROGRAM</b>	<b>QTY</b>	<b>SF.</b>	<b>Tot.</b>
2.1-6.3.3	Outpatient Primary Care (First Floor)	1	214	214
2.1-6.3.3	Dental (Second Floor)	1	181	181
2.1-6.3.3	Administration (Second Floor)	1	120	120
2.1-6.3.3	Office - Med Records (Staff)	1	178	178
2.1-6.3.3	Office - Swing	1	120	120
	Office - Facilities	1	119	119
	Office - Practice Administrator	1	109	109
	Office - Front End Supervisor	1	114	114
	Office - RN Manager	1	109	109
2.1-6.3.2/.3	Conference Room/Work Room	1	300	300
	Print/Copy Alcove	0	0	0
	Admin Toilet	1	65	65

SF. Total		1,629
Departmental Grossing Factor	0.13	241
<b>Sub Total</b>		<b>1,870</b>

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

## **Contents:**

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

<b>Environmental Assessment</b>			
<b>Part I.</b>	The following questions help determine whether the project is "significant" from an environmental standpoint.	<b>Yes</b>	<b>No</b>
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"/>
<b>Part II.</b>	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	<b>Yes</b>	<b>No</b>
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 type="checkbox"/>	<input checked="" type="checkbox"/>
	<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:			
	<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.		Yes <input type="checkbox"/>	No <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.		Yes <input type="checkbox"/>	No <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.		Yes	No
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Moderate to Low Risk Area</b>		Yes	No
	<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.

[https://www.fema.gov/media-library-data/1582295171786-6506170c5f54026f585e44e2fc94950d/FF086033\\_ElevCert\\_FormOnly\\_RE\\_11Feb2020.pdf](https://www.fema.gov/media-library-data/1582295171786-6506170c5f54026f585e44e2fc94950d/FF086033_ElevCert_FormOnly_RE_11Feb2020.pdf)

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

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

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

	<b>Total</b>	<b>Source</b>
<b>Project Description:</b>		
<b>Project Cost</b>	\$9,174,376	Schedule 8b, column C, line 8
<b>Total Basic Cost of Construction</b>	\$8,919,969	Schedule 8B, column C, line 6
<b>Total Cost of Moveable Equipment</b>	\$403,455	Schedule 8B, column C, line 5.1
<b>Cost/Per Square Foot for New Construction</b>	\$0	Schedule 10
<b>Cost/Per Square Foot for Renovation Construction</b>	\$415.03	Schedule 10
<b>Total Operating Cost</b>	\$7,385,418	Schedule 13C, column B
<b>Amount Financed (as \$)</b>	\$7,198,391	Schedule 9
<b>Percentage Financed as % of Total Cost</b>	78%	Schedule 9
<b>Depreciation Life (in years)</b>	7	Equipment
	30	Building Improvement/Other

**2) Construction Dates**

<b>Anticipated Start Date</b>	3/1/24	Schedule 8B
<b>Anticipated Completion Date</b>	10/31/24	

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

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

Constants	Value	Comments
Design Contingency - New Construction	0.00%	Normally 10%
Construction Contingency - New Construction	0.00%	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Anticipated Construction Start Date:	3/1/24	as mm/dd/yyyy
Anticipated Midpoint of Construction Date	6/30/24	as mm/dd/yyyy
Anticipated Completion of Construction Date	10/31/24	as mm/dd/yyyy
Year used to compute Current Dollars:	2023	

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

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

	A	B	C
Item	Project Cost in Current Dollars	Escalation amount to Mid-point of Construction	Estimated Project Costs
Source:	Schedule 10 Col. H	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0	X	\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$0	\$0	\$0
2.2 Renovation & Demolition	\$6,011,223	\$240,437	\$6,251,660
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$0	\$0	\$0
3.1 Design Contingency	\$601,122	\$24,044	\$625,166
3.2 Construction Contingency	\$601,122	\$24,044	\$625,166
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$23,220	\$0	\$23,220
4.3 Architect/Engineering Fees	\$601,122	\$24,044	\$625,166
4.4 Construction Manager Fees	\$240,900	\$9,632	\$250,532
4.5 Other Fees (Consultant, etc.)	\$115,604	\$0	\$115,604
Subtotal (Total 1.1 thru 4.5)	\$8,194,313	\$322,201	\$8,516,514
5.1 Movable Equipment (from Sched 11)	\$403,455	\$0	\$403,455
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5.2)	\$8,597,768	\$322,201	\$8,919,969
7.1 Financing Costs (Points etc)	\$4,099	X	\$4,099
7.2 Interim Interest Expense:: \$ <input type="text" value="7,198,391"/> At <input type="text" value="4.59"/> % for <input type="text" value="8"/> months	\$250,308		\$250,308
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$8,852,175		\$322,201
Application fees:		X	
9.1 Application Fee. Articles 28, 36 and 40. See Web Site.	\$1,250		\$1,250
<a href="#">9.2 Additional Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See Web Site for applicable fees. (Line 8, multiplied by the appropriate percentage.)</a>			
Enter Multiplier ie: .25% = .0025 --> <input type="text" value="0.0025"/>	\$22,130	\$806	\$22,936
10 Total Project Cost with fees	\$8,875,555	\$323,007	\$9,198,562

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

**I. Summary of Proposed Financial plan**

Check all that apply and fill in corresponding amounts.

	Type	Amount
<input type="checkbox"/>	A. Lease	
<input checked="" type="checkbox"/>	B. Cash	\$2,000,171
<input checked="" type="checkbox"/>	C. Mortgage, Notes, or Bonds	\$7,198,391
<input type="checkbox"/>	D. Land	
<input type="checkbox"/>	E. Other	
<input checked="" type="checkbox"/>	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	\$9,198,562

If refinancing is used, please complete area below.

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

**II. Details**

**A. Leases**

	N/A	Title of Attachment
1. List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable.	<input checked="" type="checkbox"/>	
2. Attach a copy of the proposed lease(s).	<input type="checkbox"/>	Schedule 9 Attachment
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	<input type="checkbox"/>	Schedule 9 Attachment
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment.	<input checked="" type="checkbox"/>	
5. If applicable, identify separately the total square footage to be occupied by the Article 28 facility and the total square footage of the building.	<input type="checkbox"/>	16,100 Rentable SF Article 28 Clinic/33,750 Rentable SF Building
6. Attach two letters from independent realtors verifying square footage rate.	<input type="checkbox"/>	Schedule 9 Attachment
7. For all capital leases as defined by FASB Statement No. 13, "Accounting for Leases", provide the net present value of the monthly, quarterly or annual lease payments.	<input checked="" type="checkbox"/>	

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

**Schedule 9**

**B. Cash**

Type	Amount
Accumulated Funds	\$2,000,171
Sale of Existing Assets	
Gifts (fundraising program)	
Government Grants	
Other	
<b>TOTAL CASH</b>	<b>\$2,000,171</b>

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

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

**Schedule 9**

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

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

	Total Project		Units
	Equipment	Building Improvement	
Interest	4.59	4.59	%
Term	7	30	Years
Payout Period	7	30	Years
Principal	\$403,455	\$6,794,936	\$

	N/A	Title of Attachment
1. Attach a copy of a letter of interest from the intended source of permanent financing that indicates principal, interest, term, and payout period.	<input type="checkbox"/>	Schedule 9 Attachment
2. If New York State Dormitory Authority (DASNY) financing, then attach a copy of a letter from a mortgage banker.	<input checked="" type="checkbox"/>	
3. Provide details of any DASNY bridge financing to HUD loan.	<input checked="" type="checkbox"/>	
4. If the financing of this project becomes part of a larger overall financing, then a new business plan inclusive of a feasibility package for the overall financing will be required for DOH review prior to proceeding with the combined financing.	<input checked="" type="checkbox"/>	

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

**Schedule 9**

**D. Land Not Applicable**

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

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

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

**E. Other Not Applicable**

Provide listing and breakdown of other financing mechanisms.

	Total Project
Notes	
Stock	
Other	

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

**F. Refinancing Not Applicable**

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

Schedule 9 Attachment

Financial Narrative

2023 Internal Financial Statement

2021 Certified Financial Statement

Lease Letter of Intent

Landlord-Tenant Affidavit of Arm's-Length Agreement

Rent Reasonableness Letters

Financing Letter of Interest

ConnexCare  
Financial Narrative

ConnexCare, a Federally Qualified Health Center (FQHC) and an Article 28 diagnostic and treatment center (D&TC), is submitting this Administrative Review Certificate of Need (C.O.N.) Application seeking approval to relocate an existing extension clinic from 10 George Street, Oswego (Oswego County), New York 13126 to 120 East First Street, Oswego (Oswego County), New York 13126, which is 1.5 miles away from the current site, to expand the services provided to the community by increasing the number of medical exam rooms by 50% (from 12 exam rooms at the existing clinic to 18 exams rooms at the new location) and to add the certified service of dental outpatient to the operating certificate of the extension clinic.

ConnexCare will lease 16,100 rentable square feet of space on the first and second floors of the building at 120 East First Street for the Article 28 extension clinic. Please refer to the **Schedule 9 Attachment** for a copy of the lease letter of intent between ConnexCare and LeChase Development Services, LLC. Also enclosed under the **Schedule 9 Attachment** is a landlord/tenant affidavit indicating that the lease is an arm's-length agreement and the rent reasonableness letters from two (2) realtors.

The Total Project Cost is estimated at \$9,198,562 and is broken down as follows:

\$ 8,919,969	Total Basic Cost of Construction
\$ 4,099	Financing Costs
\$ 250,308	Interim Interest Fees
\$ 1,250	CON Fee
\$ 22,936	Additional Processing Fee
\$ 9,198,562	TOTAL PROJECT COST

Project costs will be funded as follows:

\$ 403,455	This portion of the Total Project Cost will be financed through an equipment loan, taken out by ConnexCare, from PathFinder Bank. The loan will carry an annual interest rate of 4.59%. The loan will have an amortization and payout period of seven (7) years. Please refer to the financing letter of interest provided under this Attachment.
\$ 6,794,936	This portion of the Total Project Cost will be financed through a construction loan, taken out by ConnexCare, from PathFinder Bank. The loan will carry an annual interest rate of 4.59%. The loan will have an amortization and payout period of 30 years. Please refer to the financing letter of interest provided under this Attachment.
\$ 2,000,171	ConnexCare will contribute cash equity in this amount. Please refer to the <b>Schedule 9 Attachment</b> for 2021 Certified and interim 2023 Financial Statements for ConnexCare.
\$ 9,198,562	TOTAL

**Northern Oswego County Health Services, Inc.**  
Income Statement - Abbreviated  
From 4/1/2023 Through 4/30/2023  
(In Whole Numbers)

	Current Period Actual	Current Period Budget	Same Month Last Year	Year to Date Actual	Year to Date Budget	Year to Date Variance	Prior Year Actual	Annual Budget
Patient Service								
Gross Charges	2,641,948	2,815,575	1,992,519	8,793,499	11,273,181	(2,479,681)	7,736,754	33,727,036
Sliding Fee/SBHC Adj	(9,810)	(6,775)	(13,253)	(54,463)	(26,866)	(27,597)	(61,679)	(80,928)
Allowances	(1,072,503)	(1,081,635)	(670,347)	(4,131,874)	(4,327,827)	195,953	(2,797,105)	(12,932,186)
HCRA Charged	2,584	2,935	2,170	8,227	11,699	(3,472)	8,725	35,639
Charge Adjustments	(2,691)	(2,506)	(1,010)	(5,311)	(9,906)	4,595	(5,532)	(30,225)
Medicare Settlement	0	8,333	23,208	0	33,333	(33,333)	23,208	100,000
SFS Pharmacy Charges	126	333	33	564	1,333	(769)	(76)	4,000
SFS Pharmacy Adjustment	(126)	(333)	(33)	(564)	(1,333)	769	76	(4,000)
SFS Lab Charges	0	167	0	480	667	(187)	2,522	2,000
SFS Lab Adjustment	0	(167)	0	(480)	(667)	187	(2,522)	(2,000)
Cash Over/Short	0	0	0	17	0	17	4	0
Wash Account	0	0	0	0	0	0	(329)	0
340B Pharmacy Revenue	322,475	367,580	356,559	1,414,548	1,470,321	(55,773)	1,401,940	4,410,962
Adj. to Current Year Revenue	(337,179)	0	97,127	87,845	0	87,845	157,217	0
Total Patient Service	1,544,824	2,103,507	1,786,972	6,112,489	8,423,936	(2,311,447)	6,463,203	25,230,299
Bad Debt	88,658	(108)	(63,729)	(422,879)	(424)	(422,455)	(228,826)	(1,296)
Total Pt Svcs Net- Bad Debt Other Revenue	1,633,482	2,103,399	1,723,244	5,689,611	8,423,512	(2,733,901)	6,234,377	25,229,003
Miscellaneous Income	169	0	0	11,656	0	11,656	6,989	0
Indigent Care	0	0	0	484,689	350,000	134,689	172,462	700,000
HCRA Funding	0	0	0	44,861	26,438	18,423	27,203	105,752
HCRA 2	0	0	0	7,500	7,500	(0)	7,500	30,000
Rent Income	7,850	13,240	13,189	35,495	52,961	(17,467)	52,403	158,884
Interest Income	0	0	351	17,574	0	17,574	634	0
Investment Income net of Mgmt Fees	9,580	4,525	1,726	22,612	18,101	4,511	14,020	54,303
IPA Member Payment	0	0	0	35,108	37,500	(2,392)	85,059	75,000
Unrealized Gain on Sale of Assets	25,852	0	(2,900)	33,773	0	33,773	(24,299)	0
Insurance Incentrive Pro	69,615	0	4,315	136,970	41,340	95,630	58,758	165,358
Medical Home	11,777	0	24,527	186,476	192,298	(5,822)	189,594	769,190
Total Other Revenue	124,843	17,766	41,208	1,016,714	726,137	290,577	590,323	2,058,487
Grant Income								
HRSA - Grant	232,171	250,138	246,992	917,283	1,000,554	(83,271)	963,737	3,001,661

**Northern Oswego County Health Services, Inc.**  
Income Statement - Abbreviated  
From 4/1/2023 Through 4/30/2023  
(In Whole Numbers)

	Current Period Actual	Current Period Budget	Same Month Last Year	Year to Date Actual	Year to Date Budget	Year to Date Variance	Prior Year Actual	Annual Budget
HRSA - Grant ARP	37,356	0	201,247	149,404	0	149,404	837,049	0
School Based Grant	0	0	0	63,104	75,725	(12,621)	62,479	252,417
NYSDOH SBHC Crisis Grant	0	0	0	0	229,701	(229,701)	0	765,669
Other	1,000	0	6,024	106,074	0	106,074	662,125	30,000
<b>Total Grant Income</b>	<b>270,527</b>	<b>250,138</b>	<b>454,263</b>	<b>1,235,864</b>	<b>1,305,979</b>	<b>(70,115)</b>	<b>2,525,391</b>	<b>4,049,747</b>
<b>Total Revenue</b>	<b>2,028,852</b>	<b>2,371,303</b>	<b>2,218,714</b>	<b>7,942,189</b>	<b>10,455,629</b>	<b>(2,513,440)</b>	<b>9,350,091</b>	<b>31,337,237</b>
<b>Wages, Benefits, &amp; Taxes</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>62,670</b>	<b>37,500</b>	<b>(25,170)</b>	<b>48,384</b>	<b>150,000</b>
Bonus/Incentive Wage	0	0	0	67,500	0	(67,500)	0	0
HW Bonus	1,198,932	1,469,733	996,145	5,191,254	6,018,905	827,651	4,052,611	18,201,037
Gross Wages	232,171	242,442	446,639	917,283	992,857	75,574	1,777,437	3,001,661
Contract Labor	17,329	7,917	9,408	49,142	31,667	(17,475)	35,400	95,000
Other Compensation	0	0	0	0	0	0	29,000	0
Group Health Insurance	192,803	200,401	205,406	764,635	801,603	36,968	838,165	2,404,808
Life Insurance	901	701	673	3,770	2,803	(968)	2,797	8,408
Employee Benefit Credits	8,200	0	7,100	33,950	0	(33,950)	27,450	0
CME	3,585	9,167	8,724	29,677	36,667	6,990	35,744	110,000
Staff Education	0	2,083	0	2,903	8,333	5,431	867	25,000
Worker's Comp	5,528	4,259	4,257	22,111	17,037	(5,074)	25,083	51,110
NYS Disability	(627)	833	(613)	4,747	3,333	(1,414)	4,514	10,000
Retirement Fund	32,873	25,000	32,905	132,009	100,000	(32,009)	127,524	300,000
Retirement Admin Exp	1,482	417	486	2,890	1,667	(1,223)	4,364	5,000
Employers FICA	105,912	120,971	103,772	460,297	496,130	35,833	427,128	1,486,202
Unemployment	289	4,167	0	10,760	16,667	5,907	16,577	50,000
<b>Total Wages, Benefits, &amp; Taxes</b>	<b>1,799,377</b>	<b>2,088,089</b>	<b>1,814,901</b>	<b>7,755,597</b>	<b>8,565,168</b>	<b>809,571</b>	<b>7,453,046</b>	<b>25,898,226</b>
<b>Clinical Supplies</b>	<b>29,255</b>	<b>17,265</b>	<b>9,518</b>	<b>139,311</b>	<b>67,490</b>	<b>(71,821)</b>	<b>(121,596)</b>	<b>200,000</b>
Medical Supplies	74,297	34,348	57,078	280,826	137,393	(143,433)	193,540	412,179
340B Drugs	98,805	28,056	51,714	447,361	109,672	(337,689)	25,041	325,000
Injectables	15,156	12,767	18,972	95,577	49,821	(45,756)	30,658	150,000
Dental Supplies	217,514	92,436	137,281	963,075	364,376	(598,699)	127,642	1,087,179
<b>Total Clinical Supplies</b>	<b>14,456</b>	<b>12,005</b>	<b>19,740</b>	<b>53,683</b>	<b>46,929</b>	<b>(6,754)</b>	<b>64,434</b>	<b>143,000</b>
<b>Contracted Health Services</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>681</b>	<b>0</b>
Dental Lab	45	17	30	135	67	(68)	225	200
Other Health Services								
Laboratory								

**Northern Oswego County Health Services, Inc.**  
Income Statement - Abbreviated  
From 4/1/2023 Through 4/30/2023  
(In Whole Numbers)

	Current Period Actual	Current Period Budget	Same Month Last Year	Year to Date Actual	Year to Date Budget	Year to Date Variance	Prior Year Actual	Annual Budget
Laboratory SFS	0	167	0	480	667	187	2,522	2,000
Pharmacy SFS	126	333	33	564	1,333	769	(76)	4,000
<b>Total Contracted Health Services</b>	<b>14,627</b>	<b>12,522</b>	<b>19,803</b>	<b>54,862</b>	<b>48,996</b>	<b>(5,867)</b>	<b>67,786</b>	<b>149,200</b>
<b>Insurance</b>								
Insurance Comp	3,025	2,528	2,185	15,474	10,113	(5,360)	8,742	30,340
Insurance Malpractice	7,640	7,645	8,354	33,859	30,582	(3,277)	29,750	91,745
Insurance Cyber Liability	870	1,112	1,113	3,354	4,450	1,096	4,450	13,350
Insurance D&O	1,215	1,811	1,293	4,859	7,246	2,387	5,170	21,737
<b>Total Insurance</b>	<b>12,749</b>	<b>13,098</b>	<b>12,945</b>	<b>57,546</b>	<b>52,391</b>	<b>(5,155)</b>	<b>48,112</b>	<b>157,172</b>
<b>General &amp; Administrative</b>								
Office Supplies	3,790	6,948	7,701	25,946	27,162	1,216	23,306	80,000
Postage	6,247	5,833	5,424	23,311	23,333	23	23,463	70,000
Shipping & Handling	1,384	333	747	4,174	1,333	(2,841)	2,978	4,000
Public Goods Pool	5,840	4,583	4,583	33,775	18,333	(15,442)	17,755	55,000
Minor Equipment	(11,247)	8,333	4,204	84,656	33,333	(51,323)	56,770	100,000
Minor Equipment Grant	34,678	0	1,600	70,078	0	(70,078)	23,349	0
Minor Office Furnishings	128	417	(1,074)	3,070	1,667	(1,403)	(16,385)	5,000
Gas & Electric	4,846	5,000	3,905	23,519	18,800	(4,719)	30,394	64,000
Communications	8,485	11,667	11,096	50,300	46,667	(3,634)	46,116	140,000
Interpreting Services	1,113	2,000	1,875	5,731	8,000	2,269	7,870	24,000
Software Maintenance	135,092	75,804	42,168	325,153	303,214	(21,938)	167,543	909,643
Telephone	2,209	4,833	4,527	5,043	19,333	14,291	18,460	58,000
Equip Maint Contract	22,312	9,167	9,369	71,643	36,667	(34,976)	41,672	110,000
Maintenance Supplies	3,118	3,917	2,772	15,539	15,667	128	15,361	47,000
Utilities	0	0	0	1,539	1,780	241	1,498	6,000
Bldg Maintenance Con	8,056	5,917	10,058	38,099	23,667	(14,433)	33,606	71,000
Bank Service Charge	2,224	2,333	2,375	8,959	9,333	375	10,166	28,000
Interest	0	0	0	16	0	(16)	0	0
Bad Debt	(1,092)	4,167	(1,332)	(2,248)	16,667	18,915	(5,843)	50,000
Accounting	5,250	6,333	0	9,985	25,333	15,348	8,200	76,000
Building Maint. Misc.	7,414	19,852	2,143	35,722	79,406	43,684	17,168	238,219
Equipment Maint. Misc.	2,586	2,417	5,385	10,018	9,667	(351)	12,586	29,000
Property Tax	0	0	0	1,747	1,400	(347)	1,680	4,000
Travel Non-Conference	1,649	2,083	1,114	5,324	8,333	3,009	3,223	25,000
Conference Registration	300	1,667	0	6,650	6,667	16	7,075	20,000
Conference Travel	475	2,083	(224)	8,788	8,333	(454)	4,201	25,000
Marketing	(373)	6,250	4,266	13,299	25,000	11,701	12,538	75,000
Marketing Grant	2,678	0	0	2,678	0	(2,678)	0	0

**Northern Oswego County Health Services, Inc.**  
Income Statement - Abbreviated  
From 4/1/2023 Through 4/30/2023  
(In Whole Numbers)

	Current Period Actual	Current Period Budget	Same Month Last Year	Year to Date Actual	Year to Date Budget	Year to Date Variance	Prior Year Actual	Annual Budget
Office Equipment Lease	270	0	264	1,081	750	(331)	902	3,000
Organizational Dues	8,308	5,833	6,459	26,736	23,333	(3,403)	25,941	70,000
Collection Recovery Commission	440	1,000	0	818	4,000	3,182	1,993	12,000
Consulting	10,206	6,250	11,431	91,684	25,000	(66,684)	36,414	75,000
340B Management Fee	34,917	27,250	29,894	137,915	109,000	(28,915)	114,092	327,000
Payroll Service	6,062	5,000	5,839	26,159	20,000	(6,159)	24,839	60,000
Licenses, Fees, Dues	1,977	2,917	9,279	18,605	11,667	(6,939)	24,412	35,000
Legal Services	6,114	1,833	5,823	16,942	7,333	(9,609)	14,710	22,000
Recruitment & Retention	63	1,000	12,344	738	4,000	3,262	20,051	12,000
Employee Services	1,652	1,667	1,755	5,641	6,667	1,026	6,150	20,000
Depreciation	36,591	36,583	36,037	143,938	146,333	2,395	146,014	439,000
Building Lease	50,784	54,715	49,674	203,137	218,859	15,722	198,695	656,598
Total General & Administrative	404,546	335,985	291,479	1,555,909	1,346,039	(209,870)	1,178,962	4,045,460
Total Expense	<u>(2,448,815)</u>	<u>(2,542,130)</u>	<u>(2,276,410)</u>	<u>(10,386,990)</u>	<u>(10,376,970)</u>	<u>(10,020)</u>	<u>(8,875,548)</u>	<u>(31,337,237)</u>
Revenue over (under)	<u>(419,963)</u>	<u>(170,827)</u>	<u>(57,696)</u>	<u>(2,444,801)</u>	<u>78,659</u>	<u>(2,523,460)</u>	<u>474,542</u>	<u>0</u>

Northern Oswego County Health Services, Inc.  
Balance Sheet  
As of 4/30/2023

(In Whole Numbers)

	<u>This Year</u>	<u>Last Year</u>
Current Assets		
Petty Cash	2,765	2,765
Undeposited Cash	1,825	575
KAE Scholarship Account	31,783	31,781
General Checking	5,471,105	7,376,634
Fulton Savings Bank Checking	6,186	0
Community Bank Money Market	240,373	180,630
Short Term Investments	3,273,862	3,192,177
Cash Savings Key Bank	2,645,118	4,610,844
Other Rec. - PHC	86,606	286,587
Reserve for Uncollectibles	(2,011,327)	(837,513)
Reserve for Contractuals	(807,148)	(674,752)
Receivables IPM Patient Services	4,756,447	3,374,892
Receivable 340B	330,429	529,124
Due from NYSDOH	240,912	62,469
Prepaid Software Expense	90,147	209,658
Prepaid Insurance	66,374	56,385
Prepaid Expense (non-insurance)	47,660	41,326
Total Current Assets	14,473,117	18,443,582
Property and Equipment		
Land	16,000	16,000
Inventory	0	634,607
Equipment	1,497,835	1,464,781
Accum. Depr. - Equipment	(1,414,693)	(1,381,223)
Systems Software	614,554	614,554
Accum. Depr. -Systems Software	(614,554)	(614,554)
Leasehold Improvements	414,532	414,532
Accum. Depr. - Leasehold Impr	(184,741)	(157,626)
Med. Ctr. Building	6,088,411	5,818,138
Accum. Depr. - Med Bldg.	(2,930,931)	(2,723,609)
In Process Assets	2,954,387	639,037
Office Furn. & Equip.	75,830	70,694
Accum. Depr. - F&E	(71,693)	(70,694)
Major Med/Dent Equip.	2,032,933	1,882,916
Accum. Depr. - Major Equip.	(1,602,985)	(1,460,853)
Maintenance Equipment	206,935	206,935
Accum. Depr. - Maint. Equipment	(182,642)	(176,730)
Vehicle	39,352	39,352
Accum. Depr. Vehicle	(17,053)	(9,182)
Total Property and Equipment	6,921,477	5,207,073
Total Assets	<u>21,394,594</u>	<u>23,650,655</u>

Northern Oswego County Health Services, Inc.  
Balance Sheet  
As of 4/30/2023

*(In Whole Numbers)*

	This Year	Last Year
Current Liabilities		
Accounts Payable - PHC	539,555	193,045
AFLAC Payable	123	357
Supplemental STD Payable	(143)	(1,632)
Dental Insurance Payable	(2,078)	(1,293)
Life Insurance Payable	(90)	934
Accrued PTO	730,650	722,632
Vision Insurance Payable	3	267
Accrued Expenses	424,738	219,600
Accrued FICA Payable	112,541	106,950
Accrued Payroll	758,788	715,844
NYS Paid Family Leave	6,279	6,798
Flex Plan Payable	1,802	34,626
Due to Third Party	(31,786)	338,687
Total Current Liabilities	2,540,382	2,336,816
Total Liabilities	2,540,382	2,336,816
Fund Balance		
Fund Balance	21,299,012	20,839,297
Current Year Earnings	(2,444,801)	474,542
Total Fund Balance	18,854,211	21,313,839
 Total Liabilities & Fund Balance	 21,394,594	 23,650,655

**NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.  
d/b/a CONNEXTCARE**

**Financial Statements as of  
December 31, 2021  
Together with  
Independent Auditor's Report  
and Single Audit Reports**

**Bonadio & Co., LLP**  
Certified Public Accountants

**INDEPENDENT AUDITOR'S REPORT**

August 22, 2022

To the Board of Directors of  
Northern Oswego County Health Services, Inc. d/b/a ConnexCare:

**Opinion**

We have audited the accompanying financial statements of Northern Oswego County Health Services, Inc. d/b/a ConnexCare (ConnexCare) (a nonprofit organization), which comprise the statement of financial position as of December 31, 2021, and the related statements of activities and change in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of ConnexCare as of December 31, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

**Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of ConnexCare and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Management for the Financial Statements**

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

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

432 North Franklin Street, #60  
Syracuse, New York 13204  
p (315) 476-4004  
f (315) 254-2384

www.bonadio.com

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## INDEPENDENT AUDITOR'S REPORT

(Continued)

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

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

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

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

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

### **Report on Summarized Comparative Information**

We have previously audited ConnexCare's 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated August 20, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

### **Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated August 22, 2022 on our consideration of ConnexCare's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of ConnexCare's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering ConnexCare's internal control over financial reporting and compliance.

*Bonadio & Co., LLP*

**NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.**  
**d/b/a CONNEXTCARE**

**STATEMENT OF FINANCIAL POSITION**  
**DECEMBER 31, 2021**

(With Comparative Totals for 2020)

	<u>2021</u>	<u>2020</u>
<b>ASSETS</b>		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 12,367,427	\$ 14,443,924
Patient service receivables, net	1,429,146	1,062,846
340B pharmacy receivable	367,141	336,905
Grants, contracts, and other receivables	718,662	226,257
Investments	3,202,456	3,208,158
Prepaid expenses and other	<u>319,219</u>	<u>364,645</u>
Total current assets	18,404,051	19,642,735
PROPERTY AND EQUIPMENT, net	<u>4,476,678</u>	<u>4,120,174</u>
	<u>\$ 22,880,729</u>	<u>\$ 23,762,909</u>
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES:		
Accounts payable and accrued expenses	\$ 776,788	\$ 487,569
Current portion of Paycheck Protection Program loan payable	-	934,965
Accrued compensation	<u>1,264,645</u>	<u>1,050,066</u>
Total current liabilities	<u>2,041,433</u>	<u>2,472,600</u>
PAYCHECK PROTECTION PROGRAM LOAN PAYABLE, net of current portion	<u>-</u>	<u>1,573,935</u>
Total liabilities	2,041,433	4,046,535
NET ASSETS WITHOUT DONOR RESTRICTIONS	<u>20,839,296</u>	<u>19,716,374</u>
	<u>\$ 22,880,729</u>	<u>\$ 23,762,909</u>

The accompanying notes are an integral part of these statements.

**NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.  
d/b/a CONNEXTCARE**

**STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS  
FOR THE YEAR ENDED DECEMBER 31, 2021**

(With Comparative Totals for 2020)

	<u>2021</u>	<u>2020</u>
OPERATING REVENUE:		
Patient service revenue	\$ 14,062,036	\$ 12,509,849
340B pharmacy	4,012,949	5,229,856
U.S. Department of Health and Human Services grants	5,316,528	4,180,647
Paycheck Protection Program forgiveness	2,508,900	-
Grants and contracts	421,761	8,474,632
Provider relief funding	248,788	967,411
Rental income	153,991	149,939
Investment income	38,377	50,021
Other	453,854	324,020
	<u>27,217,184</u>	<u>31,886,375</u>
EXPENSES:		
Salaries and benefits	19,557,290	19,233,258
Other than personal services	6,094,426	6,509,836
Interest expense	673	73
	<u>25,652,389</u>	<u>25,743,167</u>
OPERATING INCOME BEFORE DEPRECIATION	1,564,795	6,143,208
DEPRECIATION	441,873	393,166
CHANGE IN NET ASSETS	1,122,922	5,750,042
NET ASSETS - beginning of year	<u>19,716,374</u>	<u>13,966,332</u>
NET ASSETS - end of year	<u>\$ 20,839,296</u>	<u>\$ 19,716,374</u>

The accompanying notes are an integral part of these statements.

**NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.**  
**d/b/a CONNEXTCARE**

**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED DECEMBER 31, 2021**  
(With Comparative Totals for 2020)

	<u>Program Services</u>	<u>General and Administrative</u>	<u>2021 Total</u>	<u>2020 Total</u>
Salaries and wages	\$ 14,126,046	\$ 1,530,918	\$ 15,656,964	\$ 15,709,326
Fringe benefits	3,516,828	383,498	3,900,326	3,523,932
Pharmaceuticals	1,077,603	-	1,077,603	1,532,419
Professional services	478,967	195,999	674,966	1,157,046
Occupancy	581,953	38,194	620,147	593,498
Consumable supplies	750,946	13,576	764,522	523,851
Repairs and maintenance	592,500	276,880	869,380	725,675
Bad debts	550,341	-	550,341	251,740
Equipment rental	217,039	83,794	300,833	507,176
Telephone	246,589	18,819	265,408	234,508
Insurance	90,476	49,526	140,002	132,225
Laboratory	171,140	-	171,140	105,130
Dues and subscriptions	18,342	78,324	96,666	88,181
Printing and postage	80,134	111,384	191,518	202,296
Staff training	121,384	7,733	129,117	118,643
Travel, conferences, and meetings	5,797	15,031	20,828	15,276
Interest	652	21	673	73
Other	185,144	36,811	221,955	322,172
	<u>22,811,881</u>	<u>2,840,508</u>	<u>25,652,389</u>	<u>25,743,167</u>
Depreciation	<u>344,766</u>	<u>97,107</u>	<u>441,873</u>	<u>393,166</u>
Total	<u>\$ 23,156,647</u>	<u>\$ 2,937,615</u>	<u>\$ 26,094,262</u>	<u>\$ 26,136,333</u>

The accompanying notes are an integral part of these statements.

**NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.**  
**d/b/a CONNEXTCARE**

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED DECEMBER 31, 2021**  
(With Comparative Totals for 2020)

	<u>2021</u>	<u>2020</u>
<b>CASH FLOW FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 1,122,922	\$ 5,750,042
Adjustments to reconcile change in net assets to net cash flow from operating activities:		
Depreciation	441,873	393,166
Provision for bad debts	550,341	251,740
Gain on investments	44,078	26,208
Paycheck Protection Program forgiveness	(2,508,900)	-
Changes in:		
Patient service receivables	(916,641)	(261,302)
340B pharmacy receivable	(30,236)	95,454
Grants, contracts, and other receivables	(492,405)	(27,649)
Prepaid expenses and other	45,426	(87,240)
Accounts payable and accrued expenses	289,219	(430,620)
Accrued compensation	214,579	(440,511)
Deferred revenue	-	(33,938)
Net cash flow from operating activities	<u>(1,239,744)</u>	<u>5,235,350</u>
<b>CASH FLOW FROM INVESTING ACTIVITIES:</b>		
Purchases of property and equipment	(798,376)	(652,294)
Proceeds from sale of investments	(3,476,377)	(3,497,022)
Purchases of investments	<u>3,438,000</u>	<u>3,447,000</u>
Net cash flow from investing activities	<u>(836,753)</u>	<u>(702,316)</u>
<b>CASH FLOW FROM FINANCING ACTIVITIES:</b>		
Borrowings on Paycheck Protection Program loan payable	<u>-</u>	<u>2,508,900</u>
Net cash flow from financing activities	<u>-</u>	<u>2,508,900</u>
<b>CHANGE IN CASH AND CASH EQUIVALENTS</b>	<b>(2,076,497)</b>	<b>7,041,934</b>
<b>CASH AND CASH EQUIVALENTS - beginning of year</b>	<b><u>14,443,924</u></b>	<b><u>7,401,990</u></b>
<b>CASH AND CASH EQUIVALENTS - end of year</b>	<b><u>\$ 12,367,427</u></b>	<b><u>\$ 14,443,924</u></b>

The accompanying notes are an integral part of these statements.

**NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.  
d/b/a CONNEXTCARE**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021**

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**1. THE ORGANIZATION**

Northern Oswego County Health Services, Inc. d/b/a ConnexCare (ConnexCare) operates freestanding diagnostic and treatment centers, licensed under Article 28 of the New York State Health Law, located in Oswego County, Northern Onondaga County and Southern Jefferson County in New York. ConnexCare provides a broad range of health services to a largely medically underserved population.

The U.S. Department of Health and Human Services (DHHS) provides substantial support to ConnexCare. ConnexCare is obligated under the terms of the DHHS grants to comply with specified conditions and program requirements set forth by the grantor.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of ConnexCare have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

**Financial Reporting**

ConnexCare reports their activities and the related net assets by net asset categories. Net assets without donor restrictions include resources that are available for the support of ConnexCare's operating activities. At December 31, 2021 and 2020, all of ConnexCare's net assets were without donor restrictions.

**Comparative Information**

The financial statements include certain prior year summarized comparative information in total but not by net asset or functional expense classification. Such information does not include sufficient detail to constitute a presentation in accordance with U.S. GAAP. Accordingly, such information should be read in conjunction with ConnexCare's financial statements as of and for the year ended December 31, 2020, from which the summarized information was obtained.

**Cash and Cash Equivalents**

Cash and cash equivalents consist of bank demand deposit accounts which, at times, may exceed federally insured limits. ConnexCare has not experienced any losses in such accounts and believes they are not exposed to any significant credit risk with respect to cash and cash equivalents.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### **Patient Service Receivables and Revenue**

ConnexCare recognizes patient service revenue at amounts that reflect the consideration to which they expect to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors and others, and they include variable consideration for retroactive revenue adjustments due to settlements of audits, reviews and investigations and are included in the determination of the estimated transaction price for providing patient care using the most likely outcome method. Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration. These settlements are estimated based on terms of the contractual agreement with the payor, correspondence from the payor and historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or no longer subject to such audits, reviews and investigations.

ConnexCare recognizes patient service revenue in the period in which it satisfies performance obligations under contracts by providing healthcare services to patients. ConnexCare determines its performance obligations based on the nature of the service provided. ConnexCare recognizes revenues for performance obligations satisfied at a point in time.

ConnexCare determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors, financial assistance provided to uninsured patients in accordance with its financial aid policies based on income and family size, and implicit price concessions for self-pay individuals. Estimates of contractual adjustments and discounts are determined based on contractual agreements, discount policy, and historical experience. For uninsured patients that do not qualify for financial assistance, ConnexCare recognizes revenue on the basis of historical collection trends for self-pay accounts and other related factors. Based on its historical experience, a significant portion of ConnexCare's uninsured patients will likely be unable or unwilling to pay for the services provided. Thus, ConnexCare records an explicit price concession for these patients.

ConnexCare maintains an allowance for doubtful accounts for estimated losses resulting from the inability of responsible parties to make required payments. ConnexCare records an allowance for doubtful accounts based on its historical collection experience and a review of outstanding accounts. Accounts are written off when their uncollectibility becomes known.

ConnexCare uses the portfolio of contracts with similar characteristics. Estimates of implicit price concessions are determined based on historical collection experience with those classes of patients using a portfolio approach as a practical expedient to account for patient accounts as collective groups rather than as individual contracts. Based on historical collection trends and other analysis, ConnexCare has concluded the financial statement effects of using this practical expedient are not materially different from an individual contract approach.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Patient Service Receivables and Revenue (Continued)

There are various factors that can impact collection trends, such as changes in the economy, unemployment rates, the number of uninsured or underinsured patients, the volume of patients, the increased burden of co-pays, co-insurance amounts and deductibles to be made by patients with insurance, and business practices related to collection efforts. These factors continuously change and can have an impact on collection trends and the estimation process. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of change. ConnexCare grants credit without collateral to its patients, many of whom are covered by third-party payor agreements. ConnexCare does not believe significant credit risk exists for Medicare, Medicaid, and other third-party payors.

### 340B Pharmacy Receivables and Revenue

340B pharmacy receivables are carried at a net amount determined by the original charge for the prescription, less an estimate made for contractual adjustments or discounts provided to the 340B program participants.

Pharmacy revenue is generated through the 340B program that ConnexCare operates through its agreements with third parties. Under this program, ConnexCare uses the third party as its administrative agent for the purpose of managing the pharmacy program. For the years ended December 31, 2021 and 2020, ConnexCare operated its agreement with four unaffiliated local pharmacies. This program allows ConnexCare to offer discounted medications to eligible patients. ConnexCare recognizes pharmacy revenue as prescriptions are filled for self-pay individuals and upon adjudication from other third-party payors.

### Grants and Contributions

ConnexCare recognizes revenue from government grants as revenue when eligible costs are incurred. A receivable is recognized to the extent revenue earned exceeds cash advances. Conversely, refundable advances, are recorded when cash advances exceed support and revenue earned.

Unconditional contributions are recognized as support in the period received. Conditional contributions are not recognized as support until the conditions on which they depend are substantially met. Contributions of assets other than cash are recorded at the estimated fair value at the date of donation. ConnexCare has adopted a policy of simultaneous release option for conditional gifts and grants.

Conditional grants that were not fully expended before year-end have the following conditions as of December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Health centers	\$ 2,673,333	\$ 289,590
School based health centers	<u>124,938</u>	<u>135,192</u>
	<u>\$ 2,798,271</u>	<u>\$ 424,782</u>

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### **Grants and Contributions (Continued)**

The United States Public Health Service (PHS) of the United States Department of Health and Human Services (DHHS) funds a portion of the Center's operations. The Center received PHS Section 330 operating grants to fund operating deficits up to a specified maximum amount for the years ended December 31, 2021 and 2020. The annual maximum operating deficit funded by PHS is equal to program expenses, less depreciation and bad debt expense, plus property and equipment expenditures and principal payments on debt, less program revenue. Amounts earned under this grant were \$5,316,528 and \$4,180,647 in 2021 and 2020, respectively.

### **Investments**

Investments with readily determinable market values are recorded at fair value based on quoted market prices. Investment income or loss (including realized and unrealized gains and losses, interest and dividends) is included in the change in net assets.

Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying financial statements.

### **Property and Equipment**

Property and equipment is recorded at cost if purchased, or fair market value at the date of donation. Depreciation is computed on a straight-line basis over the estimated useful lives of the respective assets, which range from 3 to 40 years. Leasehold improvements are amortized on a straight-line basis over the shorter of the remaining lease term or the asset's estimated useful life of the improvement. ConnexCare capitalizes purchases of property and equipment in excess of \$5,000. Maintenance, repairs and other minor renewals are expensed as incurred.

According to federal regulations, any property and equipment items obtained through federal funds are subject to a lien by the federal government. Provided that ConnexCare maintains its tax-exempt status and the property and equipment are used for their intended purpose, ConnexCare is not required to reimburse the federal government. If the stated requirements are not met, ConnexCare would be obligated to the federal government in an amount equal to the fair value of the property and equipment.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

### **Charity Care**

ConnexCare is open to all patients, regardless of their ability to pay. In the ordinary course of business, ConnexCare renders services to patients who are financially unable to pay for healthcare. ConnexCare provides care to these patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than the established rates. Charity care services are computed using a sliding fee scale based on patient income and family size. ConnexCare maintains records to identify and monitor the level of sliding fee discount it provides. For uninsured self-pay patients that do not qualify for charity care, ConnexCare recognizes revenue on the basis of its standard rates for services provided or on the basis of discounted rates, if negotiated or provided by policy. On the basis of historical experience, a portion of ConnexCare's uninsured patients will be unable or unwilling to pay for the services provided. Thus, ConnexCare records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Based on the cost of patient services, charity care was approximately \$698,000 and \$287,000 for the years ended December 31, 2021 and 2020, respectively.

### **Accrued Compensation**

Accrued compensation represents amounts recorded for employees for services received but not yet paid.

### **Contributions**

Contributions are recognized when received. All contributions are considered to be available for general use unless specifically restricted by the donor. Restricted contributions are recorded as an increase in net assets with donor restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported as net assets released from restrictions.

### **Meaningful Use Incentives**

The American Recovery and Reinvestment Act of 2009 (ARRA) amended the Social Security Act to establish one-time incentive payments under the Medicare and Medicaid programs for certain professionals that: (1) meaningfully use certified Electronic Health Record (EHR) technology, (2) use the certified EHR technology for electronic exchange of health information to improve quality of healthcare and (3) use the certified EHR technology to submit clinical and quality measures. These provisions of ARRA, together with certain of its other provisions are referred to as the Health Information Technology for Economic and Clinical Health (HITECH) Act. The criteria for meaningful use incentives will be staged in three steps over the course of six years and be paid out based on a transitional schedule.

### **Allocation of Certain Expenses**

The financial statements report certain categories of expenses that are attributable to one or more program or supporting functions. Those expenses include salaries and wages, fringe benefits, depreciation and occupancy related costs. Salaries and wages and fringe benefits are allocated based on time spent in the various programs. Depreciation and occupancy related expenses are allocated based on square footage used.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### **Change in Net Assets**

ConnexCare's statement of activities and change in net assets includes a change in net assets as the performance indicator. There were no adjustments required to the change in net assets to arrive at the performance indicator for 2021 or 2020.

### **Income Taxes**

ConnexCare is a not-for-profit corporation and is exempt from income taxes as an organization qualified under Section 501(c)(3) of the Internal Revenue Code. ConnexCare has also been classified by the Internal Revenue Service as an entity that is not a private foundation.

### **Use of Estimates**

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

### **Fair Value Measurement**

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ConnexCare uses various valuation techniques in determining fair value. U.S. GAAP establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of ConnexCare. Unobservable inputs are inputs that reflect ConnexCare's assumptions about how market participants would price the asset or liability, developed based on the best information available in the circumstances.

The hierarchy is broken down into three levels based on the reliability of inputs as follows:

- Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.
- Level 2 - Valuations based on quoted prices for similar assets or liabilities in an active market, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable, and market corroborated inputs which are derived principally from or corroborated by observable market data.
- Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Fair Value Measurement (Continued)

The availability of observable inputs can vary and is affected by a wide variety of factors. To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. Accordingly, the degree of judgment exercised by ConnexCare in determining fair value is greatest for instruments categorized in Level 3. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement in its entirety falls is determined based on the lowest level input that is significant to the fair value measurement in its entirety. ConnexCare's financial instruments recorded at fair value include investments.

The valuation technique used to measure fair value of ConnexCare's investments was based on quoted market prices, consistent with the market approach (level 1).

There were no changes in valuation techniques in 2021 and 2020.

## 3. LIQUIDITY

ConnexCare's financial assets available within one year of the statements of financial position date for general expenditure are as follows:

	<u>2021</u>	<u>2020</u>
Cash	\$ 12,367,427	\$ 14,443,924
Patient service receivables, net	1,429,146	1,062,846
340B pharmacy receivable	367,141	336,905
Grants and contracts receivable	718,662	226,257
Investments	<u>3,202,456</u>	<u>3,208,158</u>
	<u>\$ 18,084,832</u>	<u>\$ 19,278,090</u>

ConnexCare has a goal to maintain financial assets on hand to meet normal operating expenses. ConnexCare has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. As more fully described in Note 8, ConnexCare also has a committed line-of-credit in the amount of \$1,500,000, which it could draw upon in the event of an unanticipated liquidity need.

**4. PATIENT SERVICE RECEIVABLES, NET**

Patient service receivables, net consist of the following at December 31:

	<u>2021</u>	<u>2020</u>
Medicaid and Managed Medicaid	\$ 906,226	\$ 552,315
Medicare and Managed Medicare	196,687	137,465
Other third parties	561,913	336,468
Self-pay	<u>372,694</u>	<u>281,097</u>
	2,037,520	1,307,345
Less: Allowance for doubtful accounts	<u>(608,374)</u>	<u>(244,499)</u>
	<u>\$ 1,429,146</u>	<u>\$ 1,062,846</u>

Patient service receivables, net were \$1,053,284 at December 31, 2019.

Patient service receivables from Medicaid and Managed Medicaid represent 63% and 52% of total patient service receivables as of December 31, 2021 and 2020, respectively.

Net patient service revenue by payor was as follows for the year ended December 31:

	<u>2021</u>	<u>2020</u>
Medicaid and Managed Medicaid	37%	36%
Medicare and Managed Medicare	28%	27%
Other third parties	33%	35%
Self-pay	<u>2%</u>	<u>2%</u>
	<u>100%</u>	<u>100%</u>

**5. GRANTS AND CONTRACTS RECEIVABLE**

Grants and contracts receivable consist of the following at December 31:

	<u>2021</u>	<u>2020</u>
New York State Department of Health	\$ 589,863	\$ 189,563
Other	<u>128,799</u>	<u>36,694</u>
	<u>\$ 718,662</u>	<u>\$ 226,257</u>

Grants and contracts receivable from New York State Department of Health represent 82% and 84% of total grants and contracts receivable as of December 31, 2021 and 2020, respectively.

## 6. INVESTMENTS

Investments consisted of the following at December 31:

	<u>2021</u>	<u>2020</u>
Cash	\$ 16,109	\$ 24,107
Government and agency securities	<u>3,186,347</u>	<u>3,184,051</u>
	<u>\$ 3,202,456</u>	<u>\$ 3,208,158</u>

The following are measured at fair value on a recurring basis as of December 31, 2021:

Description	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Government and agency securities	<u>\$ 3,186,347</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,186,347</u>

The following are measured at fair value on a recurring basis as of December 31, 2020:

Description	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Government and agency securities	<u>\$ 3,184,051</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,184,051</u>

## 7. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at December 31:

	<u>2021</u>	<u>2020</u>
Land	\$ 16,000	\$ 16,000
Building	5,816,381	5,678,013
Furniture and equipment	4,249,388	3,942,516
Leasehold improvement	<u>414,532</u>	<u>240,838</u>
	10,496,301	9,877,367
Less: Accumulated depreciation	<u>(6,448,459)</u>	<u>(6,006,586)</u>
	4,047,842	3,870,781
Construction-in-progress	<u>428,836</u>	<u>249,393</u>
	<u>\$ 4,476,678</u>	<u>\$ 4,120,174</u>

## 8. LINE-OF-CREDIT

ConnexCare has a revolving line-of-credit in the amount of \$1,500,000. The agreement requires interest at the prime rate (3.25% at both December 31, 2021 and 2020, respectively) plus 0.5%. The line-of-credit is secured by ConnexCare's corporate assets. No amounts were outstanding on the line at December 31, 2021 and 2020.

## 9. EMPLOYEE BENEFIT PLAN

ConnexCare maintains a defined contribution pension plan covering substantially all full-time employees who meet certain eligibility requirements. The amount contributed to the plan is a fixed percentage of participants' compensation. Pension expense amounted to \$338,056 and \$332,211 for the years ended December 31, 2021 and 2020, respectively.

## 10. COMMITMENTS AND CONTINGENCIES

### Contractual Obligations

ConnexCare leases six facilities from unrelated parties under the terms of non-cancelable operating lease agreements. Future minimum payments under the terms of these agreements are as follows:

2022	\$	596,748
2023		134,049
2024		136,748
2025		139,527
2026		142,390
Thereafter		<u>363,632</u>
	\$	<u>1,513,094</u>

Rent expense under the terms of all operating lease agreements was \$533,659 and \$525,295 for the years ended December 31, 2021 and 2020, respectively.

### Governmental Payors

The United States healthcare industry has become the subject of increased scrutiny by both federal and state governmental payors with respect to reimbursements providers have received for service provision. Specific areas for review by the governmental payors and their investigative personnel include appropriate billing practices, reimbursement maximization strategies, technical regulation compliance, etc. The stated purpose for these reviews is to recover reimbursements that the payors believe may have been inappropriate.

Laws and regulations governing the Medicaid and Medicare programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates may change by a material amount in the near term.

ConnexCare has reviewed its internal records and policies with respect to such matters. However, due to the nature of these matters, it is difficult to definitively estimate the ultimate liability, if any, which it may incur for such matters.

## **10. COMMITMENTS AND CONTINGENCIES (Continued)**

### **Litigation**

ConnexCare is involved in claims and litigation in the ordinary course of business. Management is of the opinion that the ultimate outcome of these matters would not have a material adverse impact on the financial position of ConnexCare or the results of operations or its cash flows.

## **11. PROFESSIONAL LIABILITY INSURANCE**

ConnexCare is insured against professional liability claims under Section 224 of the Public Health Service Act, as amended by the Federally Supported Health Centers Assistance Act of 1995 (the Act), which provides liability protection under the Federal Torts Claim Act. Under the Act, employees of ConnexCare are considered to be employees of the federal government for the purposes of Section 224 and are, therefore, covered as such.

## **12. PAYCHECK PROTECTION PROGRAM LOAN**

In April 2020, ConnexCare entered into an unsecured promissory note payable arrangement with a bank in the amount of \$2,508,900. This note was entered into by ConnexCare as part of the U.S. Small Business Administration's Paycheck Protection Program (PPP) under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. PPP provided for this borrowing, or a portion of the borrowing, to be forgiven to the extent ConnexCare met defined requirements related to expenditure of the amount borrowed. This note was forgiven in full in 2021 and is recorded as Paycheck Protection Program forgiveness revenue on the statements of activities and change in net assets. It is subject to potential future audit by the Small Business Administration.

## **13. SUBSEQUENT EVENTS**

ConnexCare has evaluated subsequent events through August 22, 2022, which is the date the financial statements were available to be issued.

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

August 22, 2022

To the Board of Directors of  
Northern Oswego County Health Services, Inc. d/b/a ConnexCare:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Northern Oswego County Health Services, Inc. d/b/a ConnexCare's (ConnexCare) (a nonprofit organization), which comprise the statement of financial position as of December 31, 2021, and the related statements of activities and change in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated August 22, 2022.

**Report on Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered ConnexCare's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of ConnexCare's internal control. Accordingly, we do not express an opinion on the effectiveness of ConnexCare's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

432 North Franklin Street, #60  
Syracuse, New York 13204  
p (315) 476-4004  
f (315) 254-2384

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(Continued)

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

(Continued)

**Report on Internal Control over Financial Reporting (Continued)**

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

**Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether ConnexCare's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Bonadio & Co., LLP*

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

August 22, 2022

To the Board of Directors of  
Northern Oswego County Health Services, Inc. d/b/a ConnexCare:

**Report on Compliance for Each Major Federal Program**

**Opinion on Each Major Federal Program**

We have audited Northern Oswego County Health Services, Inc. d/b/a ConnexCare's (ConnexCare) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of ConnexCare's major federal programs for the year ended December 31, 2021. ConnexCare's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, ConnexCare's complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2021.

**Basis for Opinion on Each Major Federal Program**

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of ConnexCare and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of ConnexCare's compliance with the compliance requirements referred to above.

432 North Franklin Street, #60  
Syracuse, New York 13204  
p (315) 476-4004  
f (315) 254-2384

www.bonadio.com

(Continued)

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

(Continued)

***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to ConnexCare's federal programs.

***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on ConnexCare's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about ConnexCare's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding ConnexCare's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of ConnexCare's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of ConnexCare's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

(Continued)

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

(Continued)

***Report on Internal Control over Compliance***

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness* in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*Bonadio & Co., LLP*

**NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.  
d/b/a CONNEXTCARE**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2021**

<u>Federal Grantor/ Pass-Through Grantor/Program Title</u>	<u>Federal Assistance Listing Number</u>	<u>Pass-Through Grantor Number</u>	<u>Federal Expenditures</u>
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES:</b>			
Health Center Program Cluster			
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	N/A	\$ 2,252,760
COVID-19 Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	N/A	710,742
Grants for New and Expanded Services Under the Health Center Program	93.527	N/A	<u>2,353,026</u>
Subtotal Health Center Program Cluster			5,316,528
Passed through New York State Department of Health:			
Maternal and Child Health Services Block Grant to the States	93.994	DOH01-C32409GG-3450000	43,232
COVID-19 Provider Relief Fund	93.498	N/A	<u>967,411</u>
Total Expenditures of Federal Awards			<u>\$ 6,327,171</u>

The accompanying notes are an integral part of this schedule.

**NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.  
d/b/a CONNEXTCARE**

**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2021**

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**1. GENERAL**

The accompanying schedule of expenditures of federal awards presents the activity of all federal award programs of Northern Oswego County Health Services, Inc. d/b/a ConnexCare (ConnexCare). The schedule includes expenditures of federal programs received directly from federal agencies, as well as federal assistance passed through other organizations.

**2. BASIS OF ACCOUNTING**

The schedule of expenditures is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

Amounts included in the accompanying schedule of expenditures of federal awards are actual expenditures for the year ended. Differences between amounts included in the accompanying schedule of expenditures of federal awards and amounts reported to funding agencies for these programs result from report timing.

**3. INDIRECT COSTS**

ConnexCare did not elect to use the 10% de minimus rate as allowed under the Uniform Guidance.

**4. PROVIDER RELIEF FUNDS**

The amount included in the Schedule of Expenditures of Federal Awards is based upon the Provider Relief Funds reporting.

**NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.  
d/b/a CONNEXTCARE**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED DECEMBER 31, 2021**

---

**A. SUMMARY OF AUDITOR'S RESULTS**

1. The independent auditor's report expresses an unmodified opinion on whether the financial statements of Northern Oswego County Health Services, Inc. d/b/a ConnexCare (ConnexCare) were prepared in accordance with accounting principles generally accepted in the United States of America.
2. No material weaknesses or significant deficiencies relating to the audit of the financial statements are reported in the Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*.
3. No instances of noncompliance material to the financial statements of ConnexCare, which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No material weaknesses or significant deficiencies relating to the audit of the major federal award programs are reported in the Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance Required by the Uniform Guidance.
5. The independent auditor's report on compliance for ConnexCare's major federal award programs expresses an unmodified opinion.
6. There were no audit findings that were required to be reported in accordance with Section 200.516(a) of the Uniform Guidance.
7. The programs tested as major programs were:
  - Health Center Program Cluster - Consolidated Health Centers (Community Health Center, Migrant Health Centers, Health Care for the Homeless, Public Housing Primary Care, and School Based Health Centers) (ALN 93.224)
  - Health Center Program Cluster - Affordable Care Act (ACA) Grants for New and Expanded Services under the Health Centers program (ALN 93.527)
  - COVID-19 Provider Relief Fund (ALN 93.498)
8. The threshold for distinguishing Type A and B programs was \$750,000.
9. ConnexCare was determined not to be a low-risk auditee.

**NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.  
d/b/a CONNEXTCARE**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED DECEMBER 31, 2021  
(Continued)**

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**B. FINDINGS - FINANCIAL STATEMENT AUDIT**

None

**C. FINDINGS AND QUESTIONED COSTS - MAJOR FEDERAL AWARD PROGRAM AUDIT**

None

**NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC.  
d/b/a CONNEXTCARE**

**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS  
FOR THE YEAR ENDED DECEMBER 31, 2019**

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There were no findings reported in the prior year.

**LECHASE DEVELOPMENT SERVICES, LLC  
205 INDIGO CREEK DRIVE  
ROCHESTER, NY 14626**

June 2, 2023

Tricia Peter-Clark, CEO  
ConnexCare  
61 Delano Street  
Pulaski, NY 13142

**RE: LETTER OF INTENT – 120 E. FIRST STREET, OSWEGO, NY**

Dear Tricia:

Thank you for the opportunity to present the following Letter of Intent, which outlines the general terms and conditions we would propose for tenancy of ConnexCare in a renovated medical office building located at 120 E. First Street, Oswego, New York.

- Tenant:** ConnexCare (“ConnexCare”).
- Landlord:** LeChase Development Services, LLC or its assigns or related/affiliated entities (together, “LeChase Development”).
- Demised Premises:** Approximately 33,750 RSF Building with associated parking lot (also known as 104 & 120 E. First Street, Oswego, NY), on 1.52 acres of land in the City of Oswego, NY. Such Demised Premises to be delivered to Tenant in “As-is” condition.
- Connexcare Project:** Renovation of approximately 16,100 SF within the Demised Premises. ConnexCare agrees that the Renovation of the 16,100 SF in the Building to be used by ConnexCare (“the ConnexCare Project”) shall be undertaken with LeChase Construction Services, LLC (“LeChase Construction”) serving as Construction Manager. ConnexCare shall contract directly with LeChase Construction for the ConnexCare Renovation Project via a separately executed construction agreement.

ConnexCare agrees that it will include as a required condition of any sublease agreement with future tenants or sublessees of the Demised Premises that LeChase Construction shall act as Construction Manager on a Cost Plus, open book arrangement for the performance of any construction, renovations, or tenant improvement work at the property.

**Commencement Date:** Closing Date of the Purchase of the Demised Premises.

**Lease Term:** 30 Years.

**Base Rent:** Base Rent shall be calculated at a 8% return on initial equity placed into service at Closing. Final Base Rent shall reflect Mortgage Terms mutually acceptable to LeChase Development and ConnexCare. As of 7/6/23, based off interest rates as of that date and of a Term Sheet received from Pathfinder Bank, the Base Rent shall be \$8.33 psf exclusive of rents received from both Aqua Spa and any tenancies on the fourth floor. Base Rent shall increase by 1.5% per year during the Lease Term.

**Aqua Spa Lease:** ConnexCare will lease from LeChase Development the full 33,750 RSF of the Demised Premises. A tenant, Aqua Spa Float Center, LLC ("Aqua Spa"), presently occupies the basement level of the Demised Premises under a separate lease agreement. The Term of the Aqua Spa Lease has been extended to June 30, 2024. Aqua Spa has one additional Option to Renew for 1 year at a mutually agreeable Rent. Current annual Gross Rent is equal to \$81,788.00.

As Lessor of the whole Demised Premises, Tenant shall assume the Aqua Spa Lease and sublet the basement level of the Demised Premises to Aqua Spa pursuant to the terms contained therein. Under Tenant's sublease to Aqua Spa, Aqua Spa will make rent payments directly to LeChase Development. Tenant shall receive a credit (as an offset of Base Rent, plus Additional Rent due) for the amount paid by Aqua Spa to LeChase Development under its lease.

At the end of the Aqua Spa Lease Term, the premises currently occupied by Aqua Spa will be available for ConnexCare to sublease or otherwise use as it sees fit consistent with the terms of the Parties' Lease Agreement.

**CAM & Insurance:** Tenant to pay all CAM & Insurance charges of the Demised Premises as Additional Rent payable to Landlord.

**Real Estate Taxes:** Tenant to pay all real estate taxes on the Demised Premises as Additional Rent payable to Landlord. Together, Landlord and Tenant shall apply for, and attempt to obtain, real property tax credits, exemptions, reductions, and/or abatements for which the Project may be eligible (i.e., PILOT).

**Approvals:** Landlord shall be responsible for obtaining all municipal approvals. Should permits or approvals be required during any construction work, they will be obtained by LeChase.

**Access:** Tenant shall have 24-hour, 7 day per week access to the Premises.

**Obligation to Purchase:** Tenant shall have the Obligation to Purchase the Property located at 120 E. First Street, Oswego, NY at the end of the tenth (10<sup>th</sup>) Lease Year. The Purchase Price for the Property shall be LeChase Development's Mortgage balance as of the Closing Date plus the return of Equity placed into the project by LeChase Development and/or LeChase Construction.

**Assignment/Sublease:** Tenant may assign the lease or sublet the Premises in whole or in part or otherwise transfer or encumber its leasehold estate, provided that upon assignment, subletting, transfer or encumbrance, Tenant shall continue to remain primarily liable to Landlord for the full and faithful performance of all of Tenant's obligations under the lease, including rent payment.

**Security Deposit:** None.

**Subordination and Non-Disturbance:** Tenant shall receive a commercially reasonable subordination and non-disturbance agreement from Landlord's mortgagee.

**Broker:** None.

This Letter of Intent constitutes only an expression of interest and is non-binding upon the Parties until such time as a formal Lease Agreement, with mutually agreeable terms and conditions, is agreed upon and fully executed between Landlord and Tenant.

Thank you for the opportunity to submit this Letter. We look forward to discussing at your convenience. Please give me a call at (585) 622-2402 with any questions/comments.

Sincerely,

**LECHASE DEVELOPMENT SERVICES, LLC**

Gregory Barkstrom  
Director of Real Estate Development

**AFFIDAVIT**

STATE OF NEW YORK            )  
  )  
COUNTY OF OSWEGO         )                    SS:

Tricia Peter-Clark, being duly sworn, deposes and says:

1. I am the President and Chief Executive Officer of ConnexCare, which is submitting a Certificate of Need Application to relocate an existing extension clinic from 10 George Street, (Oswego County), New York 13126 to 120 East First Street, Oswego (Oswego County), New York 13126.
2. ConnexCare will lease the space at 120 East First Street, Oswego (Oswego County), New York 13126.
3. The Lease for this Site is between LeChase Development Services, LLC, as Lessor, and ConnexCare, as Lessee.
4. I certify the following statement, which is made to the best of my knowledge: LeChase Development Services, LLC. and ConnexCare are not related in any way, and the Lease will be an arm's-length agreement.

  
\_\_\_\_\_  
Tricia Peter-Clark

Sworn to before me this 14<sup>th</sup> day  
of August, 2023

NOTARY PUBLIC

  
TRACY LYNNE WIMMER  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01WI6257594  
Qualified in Oneida County  
My Commission Expires 03-12-2024



Ms. Tricia Peter-Clark  
President and Chief Executive Officer  
ConnexCare  
61 Delano Street  
Pulaski, New York 13142

Dear Ms. Peter-Clark:

This will confirm that an annual Base Rent of Approximately \$8 to \$10 per square foot of space at 120 East First Street, Oswego, (Oswego County), New York 13126 is fair and reasonable for space of this type in this neighborhood based on my experience.

I, Sarah Hoefer, am a licensed Associate Real Estate Broker in Oswego County and I am knowledgeable of rental prices in the proposed area.

Please feel free to contact me in you require any additional information.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Sarah Hoefer', followed by a horizontal line.

Sarah Hoefer  
Associate Broker  
Century 21 Galloway Realty

**CENTURY 21** Galloway Realty

315-342-2111

335 W 1st Street, Suite 1B, Oswego, NY 13126

[www.century21galloway.com](http://www.century21galloway.com)

Each office is independently owned and operated.



Ms. Tricia Peter-Clark  
President and Chief Executive Officer  
ConnexCare  
61 Delano Street  
Pulaski, New York 13142

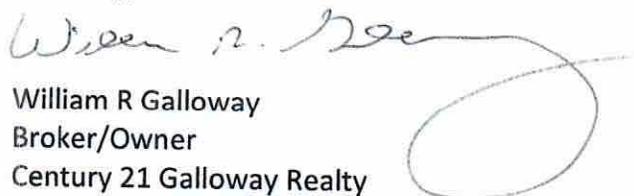
Dear Ms. Peter-Clark:

This will confirm that an annual Base Rent of Approximately \$8 to \$10 per square foot of space at 120 East First Street, Oswego, (Oswego County), New York 13126 is fair and reasonable for space of this type in this neighborhood based on my experience.

I, William Galloway, am a licensed Real Estate Broker in Oswego County and I am knowledgeable of rental prices in the proposed area.

Please feel free to contact me in you require any additional information.

Sincerely,

 8/20/23  
William R Galloway  
Broker/Owner  
Century 21 Galloway Realty

**CENTURY 21** Galloway Realty

315-342-2111

335 W 1st Street, Suite 1B, Oswego, NY 13126

[www.century21galloway.com](http://www.century21galloway.com)

Each office is independently owned and operated.



**Local. Community. Trust.**

214 West First Street  
Oswego, New York 13126  
Telephone: (315) 343-0057

July 10, 2023

Tracy L. Wimmer, MBA  
Vice President Chief Financial Officer  
Northern Oswego County Health Services, Inc.  
61 Delano Street  
Pulaski, New York 13142

Dear Ms. Wimmer,

Pathfinder Bank is very appreciative of the opportunity to provide you with this proposal for financing. Please note this is not a commitment to lend, merely a summary of the proposal under consideration.

**Borrower**

Northern Oswego County Health Services, Inc. (or an entity to be determined)

**Purpose**

1. To finance the renovation of approximately 16,100 square feet within the premises (also known as 104 & 120 East First Street, Oswego, NY) renovations will be completed by LeChase Construction Services, LLC serving as Construction Manager Northern Oswego County Health Services, Inc. shall contract directly with LeChase Construction.
2. To finance the purchase of equipment to be used by Northern Oswego County Health Services, Inc. at their new location at 104 & 120 East First Street Oswego, NY.

**Amount**

1. \$6,794,635. The loan amount will be based on a loan to cost of 80%.
2. \$ 403,455. The loan amount will be based on a loan to cost of 100%.

*The loan amounts may be increased by the amount of the closing costs for each loan.*

**Interest Rate**

**Loan 1**

**Option 1**

An initial interest rate of 3% over the Federal Home Loan Bank of New York Three-Year Advance Rate to adjust after three years, and every three years thereafter, to the Federal Home Loan Bank of New York Three-Year Advance Rate plus a margin of 3%.

**Option 2**

An initial interest rate of 3% over the Federal Home Loan Bank of New York Five-Year Advance Rate to adjust after five years, and every five years

thereafter, to the Federal Home Loan Bank of New York Five-Year Advance Rate plus a margin of 3%.

**Loan 2**

An initial interest rate of 3.125% over the Federal Home Loan Bank of New York Three-Year Advance Rate to adjust after three years, and every three years thereafter, to the Federal Home Loan Bank of New York Three-Year Advance Rate plus a margin of 3.125%.

*Please note that the interest rates quoted can go up or down depending on the final outcome of our analysis.*

**Commitment Fee**

1. ½%
2. \$500.

**Term / Maturity**

1. Thirty years from date of closing
2. Seven years from the date of closing

**Amortization**

1. 12 monthly payments of interest owed on the outstanding balance followed by 348 monthly amortizing payments sufficient to repay the loan in full within term.
2. 12 monthly payments of interest owed on the outstanding balance followed by 72 monthly amortizing payments sufficient to repay the loan in full within term.

**Guarantors**

Northern Oswego County Health Services, Inc. (if an alternative entity is the Borrower).

**Prepayment Penalty**

1. 3% first year, 2% second year and 1% thereafter.
2. None.

**Collateral**

1. A first security interest in all improvements, equipment, and office furnishings purchased with the loan proceeds, located at 104 & 120 East First Street, Oswego, NY.
2. A first security interest in specific equipment purchased with loan proceeds, located at 104 & 120 East First Street, Oswego, NY.

**Loan to Value**

1. The loan to cost cannot exceed 80%.
2. The loan to cost cannot exceed 100%.

**Other Conditions**

**Loan 1**

- Receipt and satisfactory review of a detailed scope of work. Advances to be based on invoices submitted for agreed upon work completed.

- Receipt and satisfactory review of a final construction contract between LeChase Construction Services, LLC serving as Construction Manager and Northern Oswego County Health Services, Inc. for all renovations and improvements to 104 & 120 East First Street Oswego, NY.
- Approval of all zoning and permits.

**Loan 2**

- Receipt and satisfactory of all invoices for equipment advances will be based on equipment purchased.

**Loans 1 and 2**

- Annual receipt of year-end financial statements on the proposed Borrower and Guarantor (if applicable) will be required.
- Maintain annual debt service coverage of not less than 1.20 to 1.

**Additional information needed**

- Receipt and satisfactory review of the final lease for the premises located at 104 & 120 East First Street Oswego, New York
- *Other terms and information may be required following review of the information submitted.*

I hope this information is helpful; the option outlined provides a discussion point to which we can further develop or modify.

Again, we appreciate the opportunity to provide you with this proposal for financing. Please do not hesitate to contact me with any questions or concerns.

Very Truly Yours,

*Beth Kesler Alfieri*

Beth Kesler Alfieri  
Vice President Senior Commercial Lending Officer  
Pathfinder Bank | Oswego Office – Lending Department  
214 West First St., Oswego, NY 13126  
Direct 315.207.8060 | Mobile 315.532.0348 | Fax 315.343.7216  
bkalfieri@pathfinderbank.com | www.pathfinderbank.com

bka:b

cc: Ronald Tascarella  
James Dowd

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

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

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

Location				Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. Current (un-escalated)	(F x G) Construction Cost TOTAL Current sch.8B col.A (un-escalated)	Alterations, Scope of work
Sub project	Building	Floor	Functional Code					
-	1	1,2	-	Medical Services - Primary Care; Medical Services - Other Medical Specialties; Dental Outpatient	14,484	\$415.03	\$6,011,223	B
<b>Totals for Whole Project:</b>					<b>14,484</b>	<b>\$415.03</b>	<b>\$6,011,223</b>	<b>B</b>

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

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

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

SIGNATURE			DATE	
			8/14/2023	
PRINT NAME			TITLE	
Tricia Peter-Clark			President/Chief Executive Officer	
NAME OF FIRM				
ConnexCare				
STREET & NUMBER				
61 Delano Street				
CITY	STATE	ZIP	PHONE NUMBER	
Pulaski	New York	13142	(315) 298-6564 x2016	





Schedule 11 Attachment  
Moveable Equipment List

**ConnexCare**  
**Equipment List**

Description	Quantity	Unit Cost	Total Cost
Exam Table	6	\$ 2,052	\$ 12,312
Spot Vital Signs Machine	1	\$ 1,718	\$ 1,718
Exam Stool	6	\$ 212	\$ 1,272
Otoscope System	2	\$ 1,450	\$ 2,900
Computer	10	\$ 980	\$ 9,800
Red Can, Step-On	13	\$ 90	\$ 1,170
Trash Can, Step-On	13	\$ 40	\$ 520
Eye Level Digital Scale	1	\$ 755	\$ 755
Dental Chair System	7	\$ 41,499	\$ 290,493
Dentist Stool	7	\$ 895	\$ 6,265
Dental Assistant Stool	3	\$ 600	\$ 1,800
Panoramic Dental X-Ray	1	\$ 30,000	\$ 30,000
Automatic Sterilizer	2	\$ 3,000	\$ 6,000
Dental Air Compressor System	1	\$ 10,000	\$ 10,000
Office Furniture (Allowance)	1	\$ 23,450	\$ 23,450
Signage (Allowance)	1	\$ 5,000	\$ 5,000
		TOTAL	\$ 403,455

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

**Schedule 13A**

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

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

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

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

Date

8/14/2023



Signature:

Tricia Peter-Clark

Name (Please Type)

President/Chief Executive Officer

Title (Please type)

# New York State Department of Health Certificate of Need Application

## Schedule 13 B-1. Staffing

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

Total Project       Subproject number     

A	B	C	D
Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year Total Budget	Third Year Total Budget
1. Management & Supervision	1.00	1.00	1.00
2. Technician & Specialist		3.00	3.00
3. Registered Nurses	1.00	3.00	3.00
4. Licensed Practical Nurses	10.00	15.00	15.00
5. Aides, Orderlies & Attendants	3.00	6.00	6.00
6. Physicians	4.50	5.50	5.50
7. PGY Physicians			
8. Physicians' Assistants		1.00	1.00
9. Nurse Practitioners	2.75	3.75	3.75
10. Nurse Midwife			
11. Social Workers and Psychologist**		1.50	1.50
12. Physical Therapists and PT Assistants			
13. Occupational Therapists and OT Assistants			
14. Speech Therapists and Speech Assistants			
15. Other Therapists and Assistants			
16. Infection Control, Environment and Food Service	0.50	3.50	3.50
17. Clerical & Other Administrative	8.00	10.00	10.00
18. Other			
19. Other			
20. Other			
21. Total Number of Employees	30.75	53.25	53.25

\*Last complete year prior to submitting application

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

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

Current Year is based on the actual staffing of the extension clinic in 2022. Year 1 and Year 3 Staffing is based on expected utilization and the experience of ConnexCare in expanding capacity to provide outpatient services at the new site and adding the certified service of dental outpatient to the operating certificate of the extension clinic.

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

**Schedule 13B**

**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.*

<b>Medical/Center Director</b>	
Name of Medical/Center Director:	Patrick J. Carguello, DO
License number of the Medical/Center Director	216292

	<b>Not Applicable</b>	<b>Title of Attachment</b>	<b>Filename of attachment</b>
Attach a copy of the Medical/Center Director's curriculum vitae	<input type="checkbox"/>	Schedule 1 Attachment – Project Narrative, Appendix B	

<b>Transfer &amp; Affiliation Agreement</b>	
Hospital(s) with which an affiliation agreement is being negotiated	Oswego Hospital
<ul style="list-style-type: none"> <li>○ Distance in miles from the proposed facility to the Hospital affiliate.</li> </ul>	0.7 miles
<ul style="list-style-type: none"> <li>○ Distance in minutes of travel time from the proposed facility to the Hospital affiliate.</li> </ul>	4 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 checked="" type="checkbox"/> Existing Agreement Attachment Name:
Name of the <b>nearest</b> Hospital to the proposed facility	Oswego Hospital
<ul style="list-style-type: none"> <li>○ Distance in miles from the proposed facility to the nearest hospital.</li> </ul>	0.7 miles
<ul style="list-style-type: none"> <li>○ Distance in minutes of travel time from the proposed facility to the nearest hospital.</li> </ul>	4 minutes



**Schedule 13 C. Annual Operating Costs**

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

Use the below tables or upload a spreadsheet as an attachment to this Schedule that matches the structure of the tables (Attachment Title: ) to summarize the first and third full year's total cost for the categories, which are affected by this project. The first full year is defined as the first 12 months of full operation after project completion. Year 1 and 3 should represent projected total budgeted costs expressed in current year dollars. Additionally, you must upload the required attachments indicated below.

**Required Attachments**

	<b>Title of Attachment</b>	<b>Filename of Attachment</b>
1. In an attachment, provide the basis for determining budgeted expenses, including details for how depreciation and rent / lease expenses were calculated.	Schedule 13 Attachment	
2. In a sperate attachment, provide the basis for interest cost. Separately identify, with supporting calculations, interest attributed to mortgages and working capital	Schedule 13 Attachment	

Total Project or  Subproject Number

**Table 13C - 1**

	a	b	c
Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)	1/1/22	11/1/24	11/1/26
1. Salaries and Wages	\$ 2,306,021	\$ 3,934,644	\$ 3,986,311
1a. FTEs	30.75	53.25	53.25
2. Employee Benefits	\$ 532,689	\$ 1,180,394	\$ 1,195,894
3. Professional Fees	\$ 16,243	\$ 27,307	\$ 27,307
4. Medical & Surgical Supplies	\$ 267,408	\$ 329,095	\$ 329,095
5. Non-med., non-surg. Supplies			
6. Utilities	\$ 7,856	\$ 8,092	\$ 8,092
7. Purchased Services			
8. Other Direct Expenses	\$ 496,885	\$ 1,095,596	\$ 1,095,596
9. Subtotal (total 1-8)	\$ 3,627,102	\$ 6,575,128	\$ 6,642,295
10. Interest (details required below)		\$ 325,371	\$ 315,394
11. Depreciation (details required below)		\$ 350,806	\$ 350,806
12. Rent / Lease (details required below)		\$ 134,113	\$ 147,860
13. Total Operating Costs	\$ 3,627,102	\$ 7,385,418	\$ 7,456,355

**Not Applicable**

**Table 13C - 2**

	a	b	c
Inpatient Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)			
1. Salaries and Wages			
1a. FTEs			
2. Employee Benefits			
3. Professional Fees			
4. Medical & Surgical Supplies			
5. Non-med., non-surg. Supplies			
6. Utilities			
7. Purchased Services			
8. Other Direct Expenses			
9. Subtotal (total 1-8)			
10. Interest (details required below)			
11. Depreciation (details required below)			
12. Rent / Lease (details required below)			
13. Total Operating Costs			

Table 13C - 3

	a	b	c
Outpatient Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)	1/1/22	11/1/24	11/1/26
1. Salaries and Wages	\$ 2,306,021	\$ 3,934,644	\$ 3,986,311
1a. FTEs	30.75	53.3	53.3
2. Employee Benefits	\$ 532,689	\$ 1,180,394	\$ 1,195,894
3. Professional Fees	\$ 16,243	\$ 27,307	\$ 27,307
4. Medical & Surgical Supplies	\$ 267,408	\$ 329,095	\$ 329,095
5. Non-med., non-surg. Supplies			
6. Utilities	\$ 7,856	\$ 8,092	\$ 8,092
7. Purchased Services			
8. Other Direct Expenses	\$ 496,885	\$ 1,095,596	\$ 1,095,596
9. Subtotal (total 1-8)	\$ 3,627,102	\$ 6,575,128	\$ 6,642,295
10. Interest (details required below)		\$ 325,371	\$ 315,394
11. Depreciation (details required below)		\$ 350,806	\$ 350,806
12. Rent / Lease (details required below)		\$ 134,113	\$ 147,860
13. Total Outpatient Operating Costs	\$ 3,627,102	\$ 7,385,418	\$ 7,456,355

*Any approval of this application is not to be construed as an approval of any of the above indicated current or projected operating costs. Reimbursement of any such costs shall be in accordance with and subject to the provisions of Part 86 of 10 NYCRR. Approval of this application does not assure reimbursement of any of the costs indicated therein by payers under Title XIX of the Federal Social Security Act (Medicaid) or Article 43 of The State Insurance Law or by any other payers.*

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

**Schedule 13D**

**Schedule 13 D: Annual Operating Revenues**

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

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

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

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

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

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

**Required Attachments**

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

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

**Schedule 13D**

Total Project

**Table 13D - 1**

	a	b	c
Categories	Current Year	Year 1 Total Revenue Budget	Year 3 Total Revenue Budget
Start date of year in question:(m/d/yyyy)	1/1/22	11/1/24	11/1/26
1. Inpatient Services			
2. Outpatient Services	\$ 3,306,156	\$ 5,063,065	\$ 7,737,071
3. Ancillary Services			
4. Total Gross Patient Care Services Rendered			
5. Deductions from Revenue			
6. Net Patient Care Services Revenue	\$ 3,306,156	\$ 5,063,065	\$ 7,737,071
7. Other Operating Revenue (Identify sources)			
340-b Revenue	\$ 543,646	\$ 543,646	\$ 543,646
Grant Revenue/Other Revenue	\$ 774,645	\$ 774,645	\$ 774,645
Rental Income from Other Tenants	\$ -	\$ 108,770	\$ 108,770
Deficit Funding by ConnexCare	\$ -	\$ 894,517	\$ -
8. Total Operating Revenue (Total 1-7)	\$ 4,624,447	\$ 7,384,643	\$ 9,164,132
9. Non-Operating Revenue			
10. Total Project Revenue	\$ 4,624,447	\$ 7,384,643	\$ 9,164,132

ConnexCare is committed to financially supporting the operations of the expanded ConnexCare Oswego extension clinic, since it is an essential component of the overall mission of ConnexCare to develop programs that support the health and social-well being of the low income, uninsured and underinsured in the community. To support the expansion of the extension clinic, ConnexCare will provide deficit funding in Year 1 of operations. By Year 3, the extension clinic is projected to have a \$1,708,552 profit from operations.

**Table 13D – 2A**  
 Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days  or Patient Discharges

**Not Applicable**

Inpatient Services Source of Revenue	Total Current Year		First Year Total Budget		Third Year Total Budget		
	(A) Patient Days or discharges	(B) Net Revenue Dollars (\$)	(C) Patient Days or discharges	(D) Net Revenue Dollars (\$)	(E) Patient Days or discharges	(F) Net Revenue Dollars (\$)	(F)/(E) \$ per Patient Days or discharges
Commercial							
Medicare							
Medicaid							
Private Pay							
OASAS							
OMH							
Charity Care							
Bad Debt							
All Other							
Total							

**Table 13D – 2B**

Various outpatient services may be reimbursed as visits or procedures. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Visits (V)  or Procedures (P)

Outpatient Services Source of Revenue	Total Current Year			First Year Total Budget			Third Year Total Budget		
	(A) V/P	Net Revenue		(C) V/P	Net Revenue		(E) V/P	Net Revenue	
		(B) Dollars (\$)	\$ per V/P (B)/(A)		(D) Dollars (\$)	\$ per V/P (D)/(C)		(F) Dollars (\$)	\$ per V/P (F)/(E)
Commercial	3,529	\$ 688,967	\$ 195.23	6,110	\$ 1,216,713	\$ 199.13	9,188	\$ 1,866,243	\$ 203.12
Medicare	1,119	\$ 325,337	\$ 290.74	1,342	\$ 397,975	\$ 296.55	2,052	\$ 620,699	\$ 302.48
Medicaid	2,362	\$ 509,733	\$ 215.81	2,714	\$ 597,411	\$ 220.12	4,061	\$ 911,794	\$ 224.52
Private Pay	7,436	\$ 1,635,199	\$ 219.90	10,309	\$ 2,312,320	\$ 224.30	15,443	\$ 3,533,159	\$ 228.79
OASAS	408	\$ 60,625	\$ 148.59	408	\$ 60,625	\$ 148.59	613	\$ 85,706	\$ 139.81
OMH									
Charity Care	303	\$ -		472	\$ -	\$ -	706	\$ -	\$ -
Bad Debt									
All Other	197	\$ 28,215	\$ 143.22	263	\$ 38,421	\$ 146.09	320	\$ 47,683	\$ 149.01
<b>Total</b>	<b>15,618</b>	<b>\$ 3,306,156</b>	<b>\$ 211.69</b>	<b>23,577</b>	<b>\$ 5,063,065</b>	<b>\$ 214.75</b>	<b>35,318</b>	<b>\$ 7,737,071</b>	<b>\$ 219.07</b>
<b>Total of Inpatient and Outpatient Services</b>		<b>\$ 3,306,156</b>			<b>\$ 5,063,065</b>			<b>\$ 7,737,071</b>	

## Schedule 13 Attachment

### Calculation of Rent, Interest and Depreciation

**ConnexCare**

**Relocate Extension Clinic from 10 George Street, Oswego to 120 East First Street, Oswego**

**Calculation of Rent**

	Square Footage - Article 28	Annual Cost Base Rent	Cost Per Square Foot
Year 1	16,100	\$ 134,113	\$ 8.33
Year 2		\$ 140,819	\$ 8.75
Year 3		\$ 147,860	\$ 9.18

**Calculation of Depreciation**

Description	Amount	Depreciation Life (in Years)	Depreciation Amount
Equipment	\$ 403,455	7	\$ 57,636
Building Improvement/Other	\$ 8,795,107	30	\$ 293,170
Total	\$ 9,198,562		\$ 350,806

**Calculation of Interest - Capital Financing**

**Equipment**

Int. Rate: 4.59% Amount Financed  
Term: 7 \$403,455

<u>Year</u>	<u>Interest</u>	<u>Amortization</u>	<u>Total Annual Payments</u>
1	\$18,519	\$57,636	\$76,155
2	\$16,216	\$57,636	\$73,852
3	\$13,807	\$57,636	\$71,443
4	\$11,288	\$57,636	\$68,924
5	\$8,653	\$57,636	\$66,289
6	\$5,897	\$57,636	\$63,533
7	\$3,015	\$57,636	\$60,651
<b>Total:</b>	<b>\$77,393</b>	<b>\$403,455</b>	<b>\$480,848</b>

## Construction/Building Improvement

Int. Rate: 4.59%  
Term: 30

Amount Financed  
\$ 6,794,936

<u>Year</u>	<u>Interest</u>	<u>Amortization</u>	<u>Total Annual Payments</u>
1	\$311,888	\$109,692	\$421,579
2	\$306,853	\$114,727	\$421,579
3	\$301,587	\$119,993	\$421,579
4	\$296,079	\$125,500	\$421,579
5	\$290,319	\$131,261	\$421,579
6	\$284,294	\$137,286	\$421,579
7	\$277,992	\$143,587	\$421,579
8	\$271,402	\$150,178	\$421,579
9	\$264,509	\$157,071	\$421,579
10	\$257,299	\$164,281	\$421,579
11	\$249,758	\$171,821	\$421,579
12	\$241,872	\$179,708	\$421,579
13	\$233,623	\$187,956	\$421,579
14	\$224,996	\$196,583	\$421,579
15	\$215,973	\$205,606	\$421,579
16	\$206,536	\$215,044	\$421,579
17	\$196,665	\$224,914	\$421,579
18	\$186,342	\$235,238	\$421,579
19	\$175,544	\$246,035	\$421,579
20	\$164,251	\$257,328	\$421,579
21	\$152,440	\$269,140	\$421,579
22	\$140,086	\$281,493	\$421,579
23	\$127,166	\$294,414	\$421,579
24	\$113,652	\$307,927	\$421,579
25	\$99,518	\$322,061	\$421,579
26	\$84,736	\$336,844	\$421,579
27	\$69,274	\$352,305	\$421,579
28	\$53,104	\$368,476	\$421,579
29	\$36,191	\$385,389	\$421,579
30	\$18,501	\$403,078	\$421,579
<b>Total:</b>	<b>\$5,852,448</b>	<b>\$6,794,936</b>	<b>\$11,718,514</b>

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

Northern Oswego County Health Services, Inc. d/b/a ConnexCare, an existing Article 28 diagnostic and treatment center and Federally Qualified Health Center (FQHC) in Oswego County, New York, is submitting this C.O.N. Application seeking approval to relocate an existing ConnexCare extension clinic from 10 George Street, Oswego (Oswego County), New York 13126 to 120 East First Street, Oswego (Oswego County), New York 13126, which is 1.5 miles away from the current site, to expand the services provided to the community by increasing the number of medical exam rooms by 50% (from 12 exam rooms at the existing clinic to 18 exams rooms at the new location) and to add the certified service of dental outpatient to the operating certificate of the extension clinic.

The day-to-day operations of the extension clinic will continue to be supervised by ConnexCare's Chief Medical Officer. Staffing of the clinic has been developed in accordance with the experience of ConnexCare at its existing clinic sites. Under no circumstance during actual operations will staffing levels fall below the level required to meet current standards of practice, pursuant to interpretation by the Chief Medical Officer. Operating policies at the clinic will be consistent with the medical needs of the clinic's patients.

In conformance with 10 NYCRR Section 751.8, the extension clinic will continue to utilize the existing, formal Quality Assurance Program (QAP) that is already in place at ConnexCare's existing sites. The QAP will be administered by the Medical Director and will include a systematic method for monitoring and assessing the quality and appropriateness of care. One of the primary goals of the QAP is to identify problems and foster opportunities to improve patient care. Under the direct supervision of the Medical Director, the QAP will continue to be an ongoing process.

The extension clinic 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 receive training regarding the confidentiality of patient medical records.

ConnexCare has an existing back-up and transfer agreement in place with Oswego Hospital for this site and will use Oswego Hospital as the back-up facility when the extension clinic relocates to its new site. In the case of a patient emergency at the Center, a staff member will use the 911 System to call an ambulance and a clinical staff member will accompany the patient to the hospital.

**Please refer to the following enclosure for statements affirmatively attesting to the "separate and distinct" requirements for this extension clinic.**

**For more information, please refer to the Project Narrative under the Schedule 1 Attachment.**

**RE: Northern Oswego County Health Services, Inc. d/b/a ConnexCare (Oswego County)  
Relocate an extension clinic from 10 George Street, Oswego (Oswego County), New York to 120 East First Street, Oswego (Oswego County), New York**

#### Applicant Confirmations

- Northern Oswego County Health Services, Inc. d/b/a ConnexCare affirms that the proposed relocated extension clinic will be located in a self-contained space in the building located at 120 East First Street, Oswego (Oswego County), New York 13126. The extension clinic will occupy 16,100 rentable square feet of leased space on the first and second floors of the building. Please refer to the floor plans of the site, which attest to this.
- ConnexCare will put in place signage that will denote that the extension clinic is separate and distinct from any other entity. This will be accomplished by keeping with the existing policy to clearly identify the operations of ConnexCare with its standard logo and signage.
- ConnexCare affirms that staffing for the extension clinic will be separate and distinct from any other entity at the location.
- ConnexCare affirms that the extension clinic will be used exclusively for the purpose stated in this application.

# New York State Department of Health Certificate of Need Application

## Schedule 17A

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

List of Proposed Ambulatory Surgery Category

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

Number and Type of Operating Rooms:

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

Number and Type of Procedure Rooms:

- 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 PSA for this project is Oswego County.

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

Following is a table showing demographics of Oswego County and New York State.

<b>Demographic Profile</b>	<b>Oswego County</b>	<b>New York State</b>
Population in 2021	118,019	20,114,745
% Male	50.3%	48.8%
% Age 65 and over	16.5%	16.6%
% Under Age 18	21.1%	21.1%
% Between Ages 20 - 64	58.4%	59.9%
% White, non-Hispanic	92.8%	54.7%
% Black, non-Hispanic	1.0%	13.9%
% Hispanic	2.7%	19.2%
% Asian, non-Hispanic	0.7%	8.6%
% Other, including two or more races	2.8%	3.6%
<b>Social/Economic Characteristics</b>	<b>Oswego County</b>	<b>New York State</b>
% High School graduate or higher, Age 25 and over	89.7%	87.4%
% Bachelor’s degree or higher, Age 25 and over	20.8%	38.1%
% Below federal poverty level	16.4%	13.5%
% Low Income (< than 200% of federal poverty level)	32.3%	28.4%

Source: U.S. Census Bureau, American Community Survey, 2017-2021

Oswego County is not very racially or ethnically diverse. Almost 93% of Oswego County residents identify as White, non-Hispanic. The percentage of residents by age group in Oswego County is comparable to New York State. According to the Cornell Program on Applied Demographics (PAD), the age 18 and under population is projected to decrease by 6.8% from 24,902 in 2021 to 23,218 by 2030. The 65 and over population in Oswego County is projected to grow rapidly in the coming years, increasing by slightly more than 30% from 19,473 in 2021 to 25,355 by 2030, compared to a projected decrease in total county population of -4.2% during the same time period. By 2030, the elderly population is projected to comprise 22.4% of the total county population, compared to 16.5% in 2021. 89.7% of Oswego County residents over the age of 25 are high school graduates, compared to 87.4% Statewide. The percentage of Oswego County residents over the age of 25 with a bachelor’s degree or higher (20.8%) is significantly lower than Statewide (38.1%).

# New York State Department of Health Certificate of Need Application

## Schedule 17B

As shown in the table above, 32.3% of Oswego County residents are low-income, defined as individuals whose income does not exceed 200 percent of the poverty amount, compared to Statewide (28.4%), and 16.4% of County residents are living below the Federal Poverty Level, compared to Statewide (13.5%).

### Medicaid Population

The following table provides key health care insurance coverage information for Oswego County and New York State in 2020:

Type of Health Insurance Coverage	Oswego County	New York State
Employer Coverage	46.2%	48.5%
Medicare	12.3%	11.6%
Medicaid	22.7%	21.8%
Non-Group	12.3%	12.1%
Uninsured	4.21%	5.38%
Military or VA	2.22%	0.675%

Source: Data USA

As indicated in the table above, 22.7% of Oswego County's population has Medicaid, which is slightly higher than Statewide. The rate of uninsured in Oswego County is lower, compared to Statewide. ConnexCare provides coordinated, comprehensive and affordable health care to people living in the service area, regardless of ability to pay. The proposed relocated clinic will allow ConnexCare to enrich its service offerings and continue to uphold the highest standards of quality, patient-centered, affordable health care.

Individuals living in poverty are at a higher risk of suffering from negative health consequences due to a lack of accessing necessary medical care. They are also less likely than those with commercial insurance to receive preventive care and services for major medical conditions, which leads to more serious health problems for many and makes them more likely to be hospitalized for avoidable conditions.

Low-income and minority populations experience more barriers to health care access and are particularly vulnerable with regard to poor health outcomes compared to the rest of the population. The relocation of this extension clinic will ensure access and continuity of care and will strengthen the health care resources in the community, addressing identified community need for access to medical care and dental care for the low-income service area population.

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.

Oswego County has been designated as health professional shortage area (HPSA) for primary care and dental health, which suggests a need for an FQHC to provide high-quality, affordable medical and dental care to the community. The major driver of this CON Application is to preserve and enhance access to care for vulnerable populations by expanding ConnexCare's capacity to see patients in need of medical care and to add capability to provide dental outpatient services.

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

ConnexCare currently serves patients from the service area at the current extension clinic location at 10 George Street. The relocation to 120 East First Street into expanded space will allow ConnexCare to preserve the safety net services it provides to the community and expand capacity of its services, including adding dental services, to meet the health needs of the vulnerable underserved in the community.

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(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).

As an existing Federally Qualified Health Center (FQHC), ConnexCare is committed to providing high-quality healthcare services to the traditionally underserved populations that often have poorer health and more difficulty accessing services than the general population.

(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.

As an FQHC, ConnexCare serves all patients needing care, regardless of their ability to pay or the source of payment.

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

ConnexCare currently provides services in Oswego at an extension clinic located at 10 George Street, Oswego (Oswego County), New York 13126; this proposal seeks to relocate the extension clinic to 120 East First Street, which is approximately 1.5 miles away, into expanded space to meet the health needs of the underserved population in the service area.

***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?

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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.

ConnexCare, as a Federally Qualified Health Center, is committed to serving the needs of the population it serves and has developed a strong track record for improving health status in the community.

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.

Over the years, ConnexCare has developed many strategic health improvement initiatives aimed at the health needs of its patients, including improved maternal and child health, and chronic disease management services for illnesses such as diabetes, hypertension, asthma, and HIV and mental health, among others.

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

ConnexCare is a well-established community health center with a historical presence in the PSA and a strong track record for improving health status in the community. As an FQHC, ConnexCare plays a vital role in providing health services to the poor and medically underserved populations.

### Primary and Specialty Care Services Review Criteria: Expansion of Services

**NOT APPLICABLE**

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.
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.
3. The number of primary care and specialty visits, by specialty, after the conversion compared with the number before conversion.
4. The array of services to underserved clients after the conversion compared with the number before conversion.

### 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":

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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 PSA (Oswego County) has been designated as health professional shortage areas (HPSAs) for primary care and dental health.

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.

Low-income and minority populations experience more barriers to health care access and are particularly vulnerable with regard to poor health outcomes compared to the rest of the population. The relocation of this extension clinic will ensure continued access and continuity of care in the community and will strengthen the health care resources in the community, addressing identified community need for dental and primary health services for the low-income service area population.

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.

As a FQHC, ConnexCare is committed to providing high-quality healthcare to the underserved populations in the service area, the members of which generally have poorer health and more difficulty accessing services than the general population. As indicated above, Oswego County has been designated as health professional shortage areas (HPSAs) for primary care and dental health, which means that there is a high need for primary care and dental services and insufficient capacity of existing primary care and dental providers to meet the need for care.

### 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.

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- 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.

As mentioned above, Oswego County has been designated as a health professional shortage area for primary care, indicating a need to expand access to healthcare providers.

### 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)?

As mentioned above, Oswego County has been designated as a health professional shortage area for dental care, indicating a need to expand access to dental providers.

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.

Approval to relocate the extension clinic will allow ConnexCare to bring dental services to the service area, helping to address the need for oral health care among traditionally underserved and lower-income populations. As noted above, over 16% of the PSA population is living below the Federal Poverty Level. According to a report by the Bureau of Dental Health at the State Health Department, the burden of oral disease is spread unevenly throughout the New York State population, with dental diseases and unmet need for dental care more prevalent in racial/ethnic minority groups and in populations whose access to oral health care services is compromised by the inability to pay for services, lack of adequate insurance coverage, lack of available providers and services, among other factors.<sup>1</sup>

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?

The relocation of the extension clinic into larger space will allow ConnexCare to provide a fixed dental program, enhancing access to oral health care to the service area residents. Although ConnexCare has not consulted with the referenced groups, it is believed that this project addresses the State's goal of increasing access to dental services in areas such as those served by ConnexCare.

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<sup>1</sup> *The Impact of Oral Disease in New York State*, Bureau of Dental Health, New York State Department of Health, December 2006.

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**Schedule 17C**

**Impact of Proposed CON on Diagnostic & Treatment Center Operating Certificate**

**PLEASE REFER TO THE SITES TAB**

**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

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**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.

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**Schedule 17C**

**Table 17C-2 - Projected Utilization of Services:**

The number of projected "visits" should be listed in this table for each existing or proposed certified service. Visits should be estimated for the current, first and third year of the project. This table should contain visit estimates for services at this site alone, not for the applicant's other sites.

	Current Year Visits*	First Year Visits*	Third Year Visits*
<b>CERTIFIABLE SERVICES</b>			
MEDICAL SERVICES – PRIMARY CARE	14,910	18,153	23,292
MEDICAL SERVICES – SPECIALTIES*	708	1,257	2,026
ABORTION			
ADULT DAY HEALTH - AIDS			
AMBULATORY SURGERY – GASTROENTEROLOGY			
AMBULATORY SURGERY – OPHTHALMOLOGY			
AMBULATORY SURGERY – ORTHOPEDICS			
AMBULATORY SURGERY -- PAIN MANAGEMENT			
AMBULATORY SURGERY -- OTHER SPECIALTY			
AMBULATORY SURGERY -- MULTI-SPECIALTY			
BIRTHING SERVICE O/P			
CLINIC PART TIME SERVICES			
CLINIC SCHOOL BASED SERVICES			
CLINIC SCHOOL BASED DENTAL PROGRAM			
CT SCANNER			
DENTAL O/P		4,167	10,000
HOME HEMODIALYSIS TRAINING AND SUPPORT			
HOME PERITONEAL DIALYSIS TRAINING AND SUPPORT			
INTEGRATED SERVICES – MENTAL HEALTH			
INTEGRATED SERVICES – SUBSTANCE USE DISORDER			
LITHOTRIPSY O/P			
MAGNETIC RESONANCE IMAGING (MRI)			
METHADONE MAINTENANCE			
RADIOLOGY – THERAPEUTIC			
RENAL DIALYSIS, CHRONIC			
TRAUMATIC BRAIN INJURY PROGRAM O/P			
UPGRADED DTC SERVICES			
<b>OTHER SERVICES</b>			
*Medical Services – Other Medical Specialties includes mental health services provided by a social worker and a part-time psychiatrist.			
<b>Total</b>	<b>15,619</b>	<b>23,577</b>	<b>35,318</b>

\* The 'Total' reported MUST be the SAME as those on Table 13D-4