

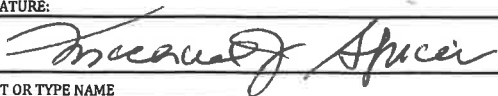
**New York State Department of Health  
Certificate of Need Application**

**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: Saint Joseph's Medical Center – St. Vincent's Westchester Division

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 3-30-26
PRINT OR TYPE NAME Michael J. Spicer	TITLE President and CEO

**General Information**

Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Title of Attachment: Not Applicable 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.

<b>Primary Contact</b>	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		

<b>Alternate Contact</b>	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Richard Bush, Senior VP of Behavioral Health Services	Saint Joseph's Medical Center	
	BUSINESS STREET ADDRESS		
	275 North Street		
	CITY	STATE	ZIP
	Harrison	New York	10528
	TELEPHONE	E-MAIL ADDRESS	
(914) 925-5300	rbush@svwsjmc.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		
	Michael J. Spicer		
	BUSINESS STREET ADDRESS		
	127 South Broadway		
	CITY	STATE	ZIP
	Yonkers	New York	10701
TELEPHONE		E-MAIL ADDRESS	
(914) 378-7485		michael.spicer@saintjosephs.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
	Please contact the consultant			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

Please list all Architects and Engineer contacts:

<b>ARCHITECT and/or ENGINEER</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	Dominick Termini, AIA		Pallante Design	58 Reckless Place
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
Red Bank, New Jersey 07701		(973) 494-9001 X103	dat@pallantedesign.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?

<b>FACILITY TYPE - NEW YORK STATE</b>	<b>FACILITY TYPE</b>	
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:

<b>Facility Type</b>	<b>Facility Name</b>	<b>Operating Certificate or License Number</b>	<b>Facility ID (PFI)</b>
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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.

<b>Facility Type</b>	<b>Name</b>	<b>Address</b>	<b>State/Country</b>	<b>Services Provided</b>
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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

## **SAINT JOSEPH'S MEDICAL CENTER - ST. VINCENT'S WESTCHESTER DIVISION**

### **PROJECT NARRATIVE**

#### **Proposal**

Saint Joseph's Medical Center – St. Vincent's Westchester Division (SJMC-SVWD), a division of Saint Joseph's Medical Center, located at 275 North Street, Harrison (Westchester County), New York 10528, is submitting this Administrative Review Certificate of Need (C.O.N.) Application that seeks approval to convert six (6) chemical dependence – rehabilitation beds to six (6) chemical dependence – detoxification beds. As explained in greater detail below, the six (6) detoxification beds will enhance access to inpatient medically managed withdrawal services and allow SJMC-SVWD to align patient needs for a seamless continuum of care through inpatient addiction treatment. SJMC-SVWD has submitted a Certification Proposal Application to the New York State Office of Addiction Services and Supports (Project 254085) to convert the six (6) beds to detoxification beds.

For the past several years, SJMC–SVWD has seen an increased demand for inpatient detoxification. On average, SJMHC-SVWD receives 20 inquiries a week for patients seeking inpatient detoxification services who have to be referred to other providers for detoxification services as SJMC-SVWD does not currently provide inpatient detoxification. In addition, Westchester County currently has only one (1) provider of medically supervised withdrawal and stabilization services, St. John's Riverside Hospital in Yonkers at its SJRH-Park Care Pavilion. The 72-bed unit at St. John's Riverside Hospital often operates with high occupancy levels at 85% or higher, making it difficult for patients in need of detoxification to access services locally, forcing them to seek care out of state in Connecticut or outside of Westchester County in other Metropolitan area facilities.

Through this project, SJMC-SVWD will add six (6) chemical dependence – detoxification beds to its campus by converting six (6) chemical dependence – rehabilitation beds. There are currently 30 chemical dependence – rehabilitation beds at the SJMC-SVWD. Based on historical census statistics, which has seen the beds average 67% to 70% occupancy annually, there is capacity to convert the six (6) chemical dependence – rehabilitation beds to six (6) chemical dependence – detoxification beds.

The six (6) chemical dependence – detoxification beds will be added to an existing and operational inpatient chemical dependency unit on the first (1<sup>st</sup>) floor of SJMC-SVWD. SJMC-SVWD will accomplish this by converting three (3) double-bedded chemical dependence – rehabilitation rooms to three (3) double-bedded chemical dependence – detoxification rooms. The existing unit is in compliance with all applicable Federal, State and local codes, including 10 New York Codes, Rules and Regulations (NYCRR); therefore, no construction is required. As reflected in the table below, the proposed bed conversion in this CON does not change the overall number of certified beds but will reduce the number of certified chemical dependence – rehabilitation by six (6) and add six (6) certified chemical dependence – detoxification on the SJMC-SVWD Operating Certificate.

**Table 1 – Current and Proposed Bed Complement at SJMC-SVWD**

	<b>Current Certified Beds</b>	<b>This Proposal</b>	<b>Proposed Certified Beds</b>
Chemical Dependence – Rehabilitation	30	-6	24
Chemical Dependence – Detoxification	0	+6	6
Psychiatric	109		109
<b>TOTAL</b>	<b>139</b>	<b>0</b>	<b>139</b>

**Public Need**

As previously mentioned, this Application seeks approval for the conversion of six (6) chemical dependence – rehabilitation beds to six (6) chemical dependence – detoxification beds. SJMC-SVWD is an existing provider of inpatient and outpatient behavioral health care, including mental health and addiction treatment. The primary purpose for this Application is to enhance access to inpatient medically managed withdrawal and stabilization services to meet the need for additional chemical dependency – detoxification beds in Westchester County. The demographics of the primary service area population were also considered in the assessment of the need for the proposed project. The approval of this Application is necessary to sustain the high level of inpatient behavioral health services provided at SJMC-SVWD, as well as to continue its mission of providing healthcare services to individuals of the service area.

All policies and procedures currently in place on the existing inpatient chemical dependency unit at SJMC-SVWD will be incorporated into the operation of the inpatient chemical dependence – detoxification beds, and the program will continue to be operated under the same high standards of care in practice at SJMC-SVWD.

**Population Demographics**

The primary service area (PSA) for this project is Westchester County. Patients are also generally expected to continue to come from other areas of the surrounding region to receive inpatient chemical dependency services at SJMC-SVWD. Per the United States Census Bureau, the Westchester County PSA showed the following population characteristics in 2024:

**Table 4 - Demographic of Westchester County, New York, 2024**

	<b><u>Westchester County</u></b>
2024 Population	1,006,447
% Age > 18	79.3%
% African-American, non-Hispanic	12.3%
% Asian, non-Hispanic	6.5%
% Other Minority, non-Hispanic	5.0%
% Hispanic	28.1%
<b>% Total Minority Group Members</b>	<b>51.9%</b>
% of Population living at or below the Federal Poverty Level	8.5%

Source: 2024 1- Year Estimates, American Community Survey, U.S. Census Bureau

The population of Westchester County was 1,006,447 in 2024. As demonstrated in the table above, a significant percentage (51.9%) of the PSA population in 2024 was of a minority population (12.3%

non-Hispanic African-American, 6.5% non-Hispanic Asian, 5.0% “other” non-Hispanic, non-White minority group members (including individuals of 2+ races) and 28.1% Hispanic). The residents of the PSA have characteristics (i.e., a high percent of minority group members) that make them likely candidates for being medically underserved and/or otherwise in need of the inpatient chemical dependence – detoxification services that are the subject of this C.O.N. Application.

### **The Addiction Treatment System in Westchester County**

SJMC-SVWD is a major addiction treatment provider in Westchester County. Inpatient chemical dependence – rehabilitation services are provided at the SJMC-SVWD campus in Harrison. Outpatient addiction treatment services, including opioid treatment programs, are offered at various outpatient locations throughout Westchester, Brooklyn and Queens. As mentioned above, there are significant capacity constraints on inpatient detoxification services within hospital settings in Westchester County impacting timely patient access in need of detoxification. This gap has led to Westchester County residents being admitted to out-of-region hospitals, e.g., New York City, Rockland County and out-of-state facilities, as well as being admitted to non-addiction treatment general beds, ultimately not receiving the most appropriate care.

### **New York State’s 2025-2030 Prevention Agenda**

Saint Joseph’s Medical Center (SJMC) is committed to improving the health and well-being of the community. As a division of St. Joseph’s Medical Center, SJMC-SVWD participates with SJMC to assess the community’s health needs on an annual basis and recommend programs and/or services to meet those needs. SJMC’s action plan has been identified through its Community Health Needs Assessment Steering Committee as it continues ongoing dialogue with patients, staff (including physicians, nurses and other personnel), volunteers, board members, local organizations, area business leaders, elected officials, not-for-profits and the Westchester County Department of Health. These efforts have brought together a variety of health care providers and stakeholders to collaborate on the priority Prevention Agenda focus areas, as well as developing a Community Health Assessment. Based on the 2025 Community Health Assessment compiled by SJMC in collaboration with other community partners, SJMC has selected the Prevention Agenda priority item to reduce substance use, misuse, overdose and/or associated harms. This selected priority is fully compatible with SJMC-SVWD’s community health initiatives and is and will be supported by existing programs and staff, as well as the addition of new and modified programs, including SJMC-SVWD’s plan to add six (6) chemical dependence – detoxification beds through the conversion of six (6) chemical dependence – rehabilitation beds.

### **Program Management**

SJMC-SVWD embraces a program of service to reach an underserved population and an operating philosophy that embodies the principle that comprehensive, coordinated, high-quality care is the right of every person, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic or qualification. Services provided through this project will be sensitive to the needs of the population and responsive to the desires of the Hospital’s patients and their families.

The general operations of the inpatient addiction treatment services at SJMC-SVWD will continue to adhere to the highest standards required under 14 New York Codes, Rules and Regulations (14 NYCRR) Part 818 regulating the operations of substance use disorder inpatient rehabilitation services and will adhere to Part 816 regulating the operations of substance use disorder withdrawal and stabilization services. SJMC-SVWD's standards of patient care emphasize accuracy and timeliness of diagnosis and referral to appropriate medical practitioners. All existing policies and procedures in place at SJMC-SVWD will continue to be incorporated into the operation of the inpatient addiction treatment services, which will continue to be operated under the same high standards of care currently in practice at SJMC-SVWD.

A physician who is qualified for such duties by education and experience directs all administrative aspects of the inpatient addiction treatment services at SJMC-SVWD and administers the Quality Assurance/Performance Improvement (QA/PI) Program associated with the inpatient addiction treatment services. Please refer to **Appendix A** of this Project Narrative for the curriculum vitae of Irina Surbnshanyan, M.D. (License No. 220942), the Medical Director who has clinical oversight of the inpatient addiction treatment program at SJMC-SVWD.

SJMC-SVWD's existing QA/PI Program and operational protocols will be followed by the inpatient addiction treatment unit. The QA/PI Program ensures that patients receive the highest level of care and quality. There will be continuing education activities to provide staff with the opportunity to learn the newest technology, techniques and protocols in the provision of services in the child/adolescent unit.

To ensure that care is appropriate to an individual's needs, SJMC-SVWD will continue to use a comprehensive utilization review and monitoring program. The appropriate utilization of the inpatient addiction treatment unit will be monitored through the Hospital's QA/PI Program.

Schedule 1 Attachment  
Appendix A  
Medical Director CV

# Irina Surbnshanyan, M.D.

26 [REDACTED] r Road

[REDACTED], NY 1[REDACTED]

Mobile [REDACTED]

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## EDUCATION:

State School of Medicine, Baku, FSU (former Soviet Union)  
M.D. Diploma July 1977

## RESIDENCY TRAINING:

### Jul 1997- Jun 2001

Department of Psychiatry  
*Albert Einstein College of Medicine*  
Bronx-Lebanon Hospital Center, Bronx, NY

### Jan 2001-Jun 2001

Chief Resident at Inpatient Department

### Jul 2001-Jun 2002

Fellow Addiction Psychiatry  
*Albert Einstein College of Medicine Bronx- Lebanon Hospital Center,*  
Bronx, NY

## EMPLOYMENT:

St. Vincent's Hospital, Harrison, NY

1 Doty Medical Director Inpatient Rehab, (full time) July 2018 – Present

St. John's Riverside Hospital, Yonkers, NY

**Psychiatrist** (full time), July 2002- Present

Private practice, Englewood Cliffs, NJ

**Psychiatrist** (part time), 2009- Present.

Yonkers General Hospital, Yonkers, NY

**Psychiatrist** (part time) February 2002-July 2002

- New Focus (Alcohol and Chemical Dependency Clinic)
- Inpatient Rehabilitation Program

St. Barnabas Hospital, Bronx, NY

Emergency Room, June 2001-June 2002

Beth Israel Medical Center, New York, NY

**Research Assistant**, February 1996- May 1997

"Prophylactics"(private clinic) Moscow, Russia

**Physician—Immunologist**, October 1989- January 1992

Research Institute of Tuberculosis and Pulmonary Disease, Baku, FSU

**Physician—Immunologist**, September 1980- September 1989

State Scientific Research Institute of Parasitology and Tropical Medicine,  
Baku, FSU

**Research Fellow**, September 1978- August 1980

**PUBLICATIONS:** 1 Determination of the intensity of infection transmission and of the mass trichocephaliasis infestation, Medical Parasitology, Moscow, 1982.  
2. Anti-tuberculosis Drugs: Diagnosis of allergic reactions and side-effects by I. Surbnshanayan, A. Insanov, Problems of tuberculosis, Moscow, Russia 1989.  
3. Levamisole in treatment of patient chronic forms of tuberculosis, Moscow, Russia 1989.

**PATENTS:** Rational Proposal Certificate, December 1984

**CERTIFICATION:** Board Certification in Psychiatry, January 2006  
New Jersey State Medical License, June 2002  
New York State Medical License, April 2001  
ECFMG certificate, 1996

**PERSONAL:** Bilingual, Russian/English

**REFERENCES:** Available Upon Request

**Working Capital Financing Plan**

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

This section should be completed in conjunction with Schedule 13. 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>
<b><u>Not Applicable</u></b>	

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 Saint Joseph’s Medical Center. 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 2024 Certified Financial Statement and the most recent internal 2025 financial statement for Saint Joseph’s Medical Center.</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  
Year 1 Monthly Cash Flow

**Saint Joseph's Medical Center**

**MONTHLY CASH FLOW ANALYSIS - YEAR 1**

Month	1	2	3	4	5	6	7	8	9	10	11	12
Starting Cash*	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████
Monthly Revenue	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████
Monthly Expenses	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████
Remaining Cash	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████

\*Starting Cash reflects Cash and Cash Equivalents on the balance sheet of Saint Joseph's Medical Center as of October 31, 2025.

**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: 2/2/2026	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? <a href="#">Click here to enter text.</a>	
Intent/Purpose: Classification of 3 existing double patient rooms for Detox within existing patient bed unit in hospital.	
Site Location: St. Vincent's Hospital Westchester 275 North Ave Harrison NY 10528	
Brief description of current facility, including facility type: Existing 4 story Hospital, I-2 use	

# New York State Department of Health Certificate of Need Application

## Schedule 6

Click here to enter text.	
Brief description of proposed facility: 4 Story sprinklered, I-2 use, hospital, no change.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. 1 <sup>st</sup> floor, existing patient bed unit.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: Same I-2 use throughout building.	
If this is an existing facility, is it currently a licensed Article 28 facility?	Yes
Is the project space being converted from a non-Article 28 space to an Article 28 space?	No
Relationship of spaces conforming with Article 28 space and non-Article 28 space: N/A	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. N/A	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. Click here to enter text.	No
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. Existing HVAC, electrical, plumbing, fire alarm systems to remain. Project area scope are 3 existing inpatient bedrooms.	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. There are no planned changes under this application.	
Describe existing and or new work for fire detection, alarm, and communication systems: There are no planned changes under this application.	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from <a href="http://www.fema.gov">www.fema.gov</a> , and describe the work to mitigate damage and maintain operations during a flood event. N/a	
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. No	
Does the project comply with ADA? If no, list all areas of noncompliance. Yes	
Other pertinent information: Click here to enter text.	
Project Work Area	Response
Type of Work	N/A - No Construction
Square footages of existing areas, existing floor and or existing building.	Exist. 1 <sup>st</sup> flr: 42,300 sf
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	815 sf
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (222)
Building Height	50'
Building Number of Stories	4

# New York State Department of Health Certificate of Need Application

## Schedule 6

Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Not Applicable
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Yes
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 18 New Health Care Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Business Areas on 1 <sup>st</sup> floor separated with 2 hr fire rated partitions	Yes
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? <a href="#">Click here to enter text.</a>	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. <a href="#">Click here to enter text.</a>	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? <a href="#">Click here to enter text.</a>	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. <a href="#">Click here to enter text.</a>	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. <a href="#">Click here to enter text.</a>	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? <a href="#">Click here to enter text.</a>	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. <a href="#">Click here to enter text.</a>	No Change
Changes in the number of occupants? If yes, what is the new number of occupants? <a href="#">Click here to enter text.</a>	No
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Type 1 EES	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Yes
Does the existing EES system have the capacity for the additional electrical loads? <a href="#">Click here to enter text.</a>	Not Applicable
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. <a href="#">Click here to enter text.</a>	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. <a href="#">Click here to enter text.</a>	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	No
Does the project involve a pool?	No

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

Schedule 6 Attachment  
Architect's/Applicant Certification Letter for Inspecting Existing Buildings  
Architectural Narrative  
Architectural Drawings



**Department  
of Health**

**KATHY HOCHUL**  
Governor

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

**MEGAN E. BALDWIN**  
Acting Executive Deputy  
Commissioner

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**CERTIFICATION LETTER FOR INSPECTING EXISTING BUILDINGS  
FOR  
ARCHITECTS/ENGINEERS**

Date: 02-02-2026  
CON Number: TBD  
Facility Name: Saint Joseph's Medical Center - St. Vincent's Westchester Division  
Facility ID Number: 1133  
Facility Address: 275 North Avenue, Harrison NY 10528

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 to evaluate the aforementioned facility for compliance with all applicable codes and regulations that are in effect at the time this application is being submitted.
2. I have ascertained that, to the best of my knowledge, information and belief, the existing structure is compatible with the programmatic features for the referenced project and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.
3. The above-reference structure is in compliance with all applicable local, state, and federal 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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4. I understand that if upon evaluation of the facility a component is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the

**ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION FOR INSPECTING EXISTING BUILDINGS**

attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health for compliance resolution.

- 5. I understand non-article 28 areas, spaces, rooms and facilities being converted to Article 28 facilities shall be evaluated and shall be brought into compliance for new construction standards as indicated with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717 shall be met.
- 6. I understand that upon completion of evaluation, 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.

**Project Name: Saint Joseph's Medical Center - St. Vincent's Westchester Division**

Location: 275 North Avenue, Harrison NY 10528

Description: 1<sup>st</sup> Flr Detoxification Patient Rooms in Existing Suite

Signature of NYS Licensed Architect/Engineer

Dominick A. Termini, AIA  
Name of Architect/Engineer (Print)  
037957

Professional New York State License Number  
Pallante Design 58 Reckless Pl Red Bank NJ 07701

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 in existence and/or inspect the project with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Department to comply with existing and future codes and regulations.

*Michael J. Spicer*  
Authorized Signature for Applicant

2/11/2026  
Date

Michael J. Spicer President and CEO  
Name (Print) Title

**Notary signing required for the applicant**

STATE OF NEW YORK )  
 ) SS:  
County of Westchester )

On the 11<sup>th</sup> day of February 2026, before me personally appeared Michael J. Spicer, to me known, who being by me duly sworn, did depose and say that he/she is the President and CEO of the Saint Joseph's Medical Center, 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) Maria B. Papakanakis

MARIA B. PAPANAKAKIS  
Notary Public State of New York  
No. 01PA6021875  
Qualified in Westchester County  
Commission Expires March 22, 2027

**ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION FOR INSPECTING EXISTING BUILDINGS**



**PALLANTE DESIGN**  
ARCHITECTURE

February 2, 2026

NYS Department of Health/Office of Health Systems Management  
Division of Health Facility Planning  
Bureau of Architectural and Engineering Facility Planning  
Empire State Plaza, Corning Tower Building, Room 1861  
Albany, New York 12237

Re: **St. Vincent Hospital: 275 North Ave Harrison, NY 10528**  
**Detox Patient Beds inside existing sleeping unit.**

**ARCHITECTURAL NARRATIVE:**

St. Vincent's Hospital Westchester proposes to dedicate 3 of their existing double patient rooms for a new Detoxification program. These beds are located at the center of an existing inpatient sleeping unit on the 1<sup>st</sup> floor of the existing hospital. These beds are situated across from the main Nursing Station.

There is no planned construction. The existing space is compliant with 2018 FGI Guidelines for Design and Construction of Hospitals. Each of the 3 double patient rooms have a wardrobe and side table for the patient's convenience. Existing support spaces such as toilets, showers, multiple lounge spaces, drinking fountains, and laundry room are existing to remain. Staff support spaces such as the nurse station, staff lounge, staff toilets, janitor's closets, soiled utility and clean utility rooms are also existing to remain.

The building is an existing 4 story, sprinklered, Type I-2 structure. It has a construction class of Type II (222). The 1<sup>st</sup> floor accesses grade to part of the floor as the building is nestled into a slope. The Ground Floor below is the point of main entry into the hospital campus.

If there are any questions about this project, feel free to contact us for more information.

Sincerely,

Dominick A. Termini, A.I.A., N.C.A.R.B.  
Associate Principal  
Pallante Design, LLC



# **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 checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Agency Name:</b>	New York State Office of Addiction Services and Supports	
	Contact Name:	Dena Holmes, Director, Bureau of Certification	
	Address:	1450 Western Avenue	
	State and Zip Code:	Albany, New York 12203-3526	
	E-Mail Address:	Dena.Holmes@oasas.ny.gov	
	Phone Number:	(518) 485-2250	
	<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.

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

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

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

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

	<b>Total</b>	<b>Source</b>
<b>Project Description:</b>		
<b>Project Cost</b>	\$0	Schedule 8b, column C, line 8
<b>Total Basic Cost of Construction</b>	\$0	Schedule 8B, column C, line 6
<b>Total Cost of Moveable Equipment</b>	\$0	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>	\$0	Schedule 10
<b>Total Operating Cost</b>		Schedule 13C, column B
<b>Amount Financed (as \$)</b>	\$0	Schedule 9
<b>Percentage Financed as % of Total Cost</b>	0.00%	Schedule 9
<b>Depreciation Life (in years)</b>	Not Applicable	

**2) Construction Dates**

<b>Anticipated Start Date</b>	N/A - No Construction	Schedule 8B
<b>Anticipated Completion Date</b>	N/A - No Construction	

**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	0.00%	Normally 10%
Construction Contingency - Renovation Work	0.00%	Normally 10%
Anticipated Construction Start Date:	N/A - No Construction	as mm/dd/yyyy
Anticipated Midpoint of Construction Date	N/A - No Construction	as mm/dd/yyyy
Anticipated Completion of Construction Date	N/A - No Construction	as mm/dd/yyyy
Year used to compute Current Dollars:	2026	

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	\$0	\$0	\$0
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$0	\$0	\$0
3.1 Design Contingency	\$0	\$0	\$0
3.2 Construction Contingency	\$0	\$0	\$0
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$0	\$0	\$0
4.4 Construction Manager Fees	\$0	\$0	\$0
4.5 Other Fees (Consultant, etc.)	\$0	\$0	\$0
Subtotal (Total 1.1 thru 4.5)	\$0	\$0	\$0
5.1 Movable Equipment (from Sched 11)	\$0	\$0	\$0
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5.2)	\$0	\$0	\$0
7.1 Financing Costs (Points etc)	\$0	X	\$0
7.2 Interim Interest Expense:: \$ <input type="text"/> At <input type="text"/> % for <input type="text"/> months	\$0		\$0
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$0		\$0
Application fees:		X	
9.1 Application Fee. Articles 28, 36 and 40. See Web Site.	\$2,000		\$2,000
<a href="#">9.2 Additional Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See Web Site for applicable fees. (Line 8, multiplied by the appropriate percentage.)</a>			
Enter Multiplier ie: .25% = .0025 -->	\$0	\$0	\$0
10 Total Project Cost with fees	\$2,000	\$0	\$2,000

**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
<input type="checkbox"/>	C. Mortgage, Notes, or Bonds	
<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)	\$2,000

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 checked="" type="checkbox"/>	
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	<input checked="" type="checkbox"/>	
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment.	<input checked="" type="checkbox"/>	
5. If applicable, identify separately the total square footage to be occupied by the Article 28 facility and the total square footage of the building.	<input checked="" type="checkbox"/>	
6. Attach two letters from independent realtors verifying square footage rate.	<input checked="" type="checkbox"/>	
7. For all capital leases as defined by FASB Statement No. 13, "Accounting for Leases", provide the net present value of the monthly, quarterly or annual lease payments.	<input checked="" type="checkbox"/>	

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

**Schedule 9**

**B. Cash**

Type	Amount
Accumulated Funds	\$2,000
Sale of Existing Assets	
Gifts (fundraising program)	
Government Grants	
Other	
<b>TOTAL CASH</b>	<b>\$2,000</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 checked="" type="checkbox"/>	
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**

	<b>N/A</b>	<b>Title of Attachment</b>
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 checked="" type="checkbox"/>	
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 Not Applicable**

	<b>Total Project</b>	<b>Units</b>
Interest		%
Term		Years
Payout Period		Years
Principal		\$

	<b>N/A</b>	<b>Title of Attachment</b>
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 checked="" type="checkbox"/>	
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"/>	

**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	

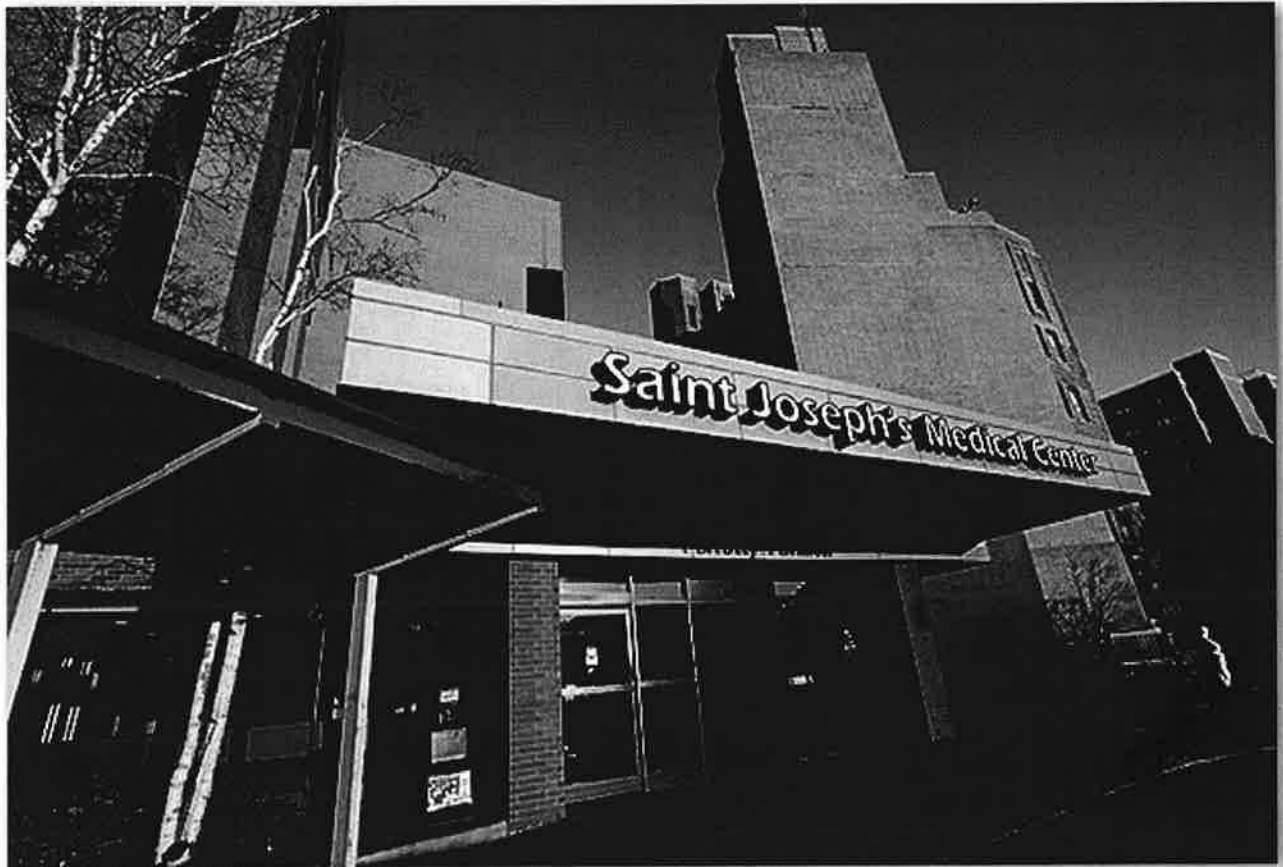
	N/A	Title of Attachment
Attach documentation and a description of the method of financing	<input checked="" type="checkbox"/>	

**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  
2025 Internal Financial Statement  
2024 Certified Financial Statement

**SAINT JOSEPH'S MEDICAL CENTER**



**Monthly Financial Statements**

**October 31, 2025**

(Unaudited)

**SAINT JOSEPH'S MEDICAL CENTER  
STATEMENT OF FINANCIAL POSITION  
AS OF OCTOBER 31, 2025**

	<u>10/31/2025</u>	<u>12/31/2024</u>		<u>10/31/2025</u>	<u>12/31/2024</u>
<b>Assets</b>			<b>Liabilities And Net (Deficit) Assets</b>		
<b>Current Assets:</b>			<b>Current Liabilities:</b>		
Cash And Cash Equivalents	\$ [REDACTED]	[REDACTED]	Current Portion Of Long Term Debt	\$ [REDACTED]	[REDACTED]
Accounts Receivable:			Current Portion of Right of Use Liabilities , Operating leases	[REDACTED]	[REDACTED]
Patient Care	[REDACTED]	[REDACTED]	Current Portion of Right of Use Liabilities , Finance Leases	[REDACTED]	[REDACTED]
Patient Care, Direct Payment Template	[REDACTED]	-	Accounts Payable	[REDACTED]	[REDACTED]
Assets Limited As To Use - Current Portion	[REDACTED]	[REDACTED]	Accrued Expenses	[REDACTED]	[REDACTED]
Other Receivables	[REDACTED]	[REDACTED]	Deferred Revenue	[REDACTED]	[REDACTED]
Supplies, Prepaid Expenses And Other Assets	[REDACTED]	[REDACTED]	Patient Care, Direct Payment Template	-	-
Due From Related Parties	[REDACTED]	[REDACTED]	Due To Third Party Payors	[REDACTED]	[REDACTED]
<b>Total Current Assets</b>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	Current Portion Of Pension Withdrawal	[REDACTED]	[REDACTED]
			<b>Total Current Liabilities</b>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<b>Assets Limited As To Use:</b>			<b>Long Term Liabilities:</b>		
Trusteed Professional Liabilities	[REDACTED]	[REDACTED]	Long Term Debt	[REDACTED]	[REDACTED]
Board Designated	[REDACTED]	[REDACTED]	Right to Use Liabilities, Operating Leases	[REDACTED]	[REDACTED]
Other	[REDACTED]	[REDACTED]	Right to Use Liabilities, Finance Leases	[REDACTED]	[REDACTED]
Less Assets Limited As To Use - Current Portion	[REDACTED]	[REDACTED]	Due To Third Party Payors	[REDACTED]	[REDACTED]
<b>Total Assets Limited As To Use</b>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	Estimated Professional Liabilities	[REDACTED]	[REDACTED]
			Pension Withdrawal Liability	[REDACTED]	[REDACTED]
Other Assets	[REDACTED]	[REDACTED]	Other Liabilities	[REDACTED]	[REDACTED]
			<b>Total Long Term Liabilities</b>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Property, Buildings And Equipment (Net)	[REDACTED]	[REDACTED]	<b>Total Liabilities</b>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Right of Use Assets , Operating Leases	[REDACTED]	[REDACTED]			
Right of Use Assets , Finance Leases	[REDACTED]	[REDACTED]	<b>Net (Deficit) Assets:</b>		
			Net deficit without donor restrictions	[REDACTED]	[REDACTED]
<b>Total Assets</b>	<u>\$ [REDACTED]</u>	<u>\$ [REDACTED]</u>	Net Assets with Donor Restrictions	[REDACTED]	[REDACTED]
			<b>Total Net (Deficit) Assets</b>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
			<b>Total Liabilities And Net (Deficit) Assets</b>	<u>\$ [REDACTED]</u>	<u>\$ [REDACTED]</u>

SAINT JOSEPH'S MEDICAL CENTER  
STATEMENT OF OPERATIONS  
October 31, 2025  
(\$ In Thousands)

	Month of October			October 2024	Year to Date			Year to Date
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>Operating Revenue</b>								
Inpatient Revenue								
Ambulatory Revenue								
Indigent Care Pool								
Provision For Doubtful Collections								
<b>Net Patient Revenue</b>								
Other Operating Revenue								
<b>Total Operating Revenue</b>								
<b>Operating Expenses</b>								
Salaries & Wages								
Fringe Benefits								
Supplies And Services								
Depreciation								
Interest								
<b>Total Operating Expenses</b>								
<b>Income / (Loss) From Operations</b>	\$			\$				\$
<b>Non Operating Revenue</b>								
Investment Income								
<b>Excess (Deficiency) of Revenue over Expenses</b>								\$

# **St. Joseph's Hospital, Yonkers**

Financial Statements

December 31, 2024 and 2023

# St. Joseph's Hospital, Yonkers

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December 31, 2024 and 2023

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## Independent Auditors' Report

To the Board of Trustees of  
Saint Joseph's Hospital, Yonkers

### Opinion

We have audited the financial statements of Saint Joseph's Hospital, Yonkers (the Hospital), which comprise the balance sheets as of December 31, 2024 and 2023, and the related statements of operations and changes in net (deficit) assets and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as of December 31, 2024 and 2023, and the results of its operations, changes in its net deficit and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America (GAAP).

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 the Hospital's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

In performing an audit in accordance with GAAS, we:

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

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

*Baker Tilly US, LLP*

Uniondale, New York  
April 30, 2025

**St. Joseph's Hospital, Yonkers**

Balance Sheets  
December 31, 2024 and 2023

	2024	2023		2024	2023
<b>Assets</b>			<b>Liabilities and Net Deficit</b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash and cash equivalents	\$		Current portion of long-term debt	\$	
Accounts receivable:			Current portion of right-of-use liabilities, operating leases		
Patient care			Current portion of right-of-use liabilities, finance leases		
Patient care, Directed Payment Template			Accounts payable		
Other receivables			Accrued expenses		
Supplies, prepaid expenses and other assets			Advances from NYS, Directed Payment Template		
Assets limited to use, Board designated			Deferred revenue		
Due from third-party payors			Due to Third Party Payors		
Due from related parties			Current portion of pension withdrawal liability		
<b>Total current assets</b>			<b>Total current liabilities</b>		
<b>Assets Limited as to Use</b>			<b>Long-Term Debt</b>		
Trusteed professional liabilities					
Board designated			<b>Right-of-Use Liabilities, Operating Leases</b>		
Donor restricted			<b>Right-of-Use Liabilities, Finance Leases</b>		
<b>Total assets limited as to use</b>			<b>Due to Third-Party Payors</b>		
<b>Other Assets</b>			<b>Estimated Professional Liabilities</b>		
Property, Buildings and Equipment, Net			<b>Pension Withdrawal Liability</b>		
Right-of-Use Assets, Operating Leases			<b>Other Liabilities</b>		
Right-of-Use Assets, Finance Leases			<b>Total liabilities</b>		
<b>Total assets</b>	\$	\$	<b>Net (Deficit) Assets</b>		
			Net deficit without donor restrictions		
			Net assets with donor restrictions		
			<b>Total net deficit</b>		
			<b>Total liabilities and net deficit</b>	\$	\$

See notes to financial statements

# St. Joseph's Hospital, Yonkers

Statements of Operations and Changes in Net (Deficit) Assets  
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Operating Revenues</b>		
Net patient service revenues	\$ [REDACTED]	[REDACTED]
Other revenues	[REDACTED]	[REDACTED]
Total operating revenues	[REDACTED]	[REDACTED]
<b>Operating Expenses</b>		
Salaries and wages	[REDACTED]	[REDACTED]
Employee benefits	[REDACTED]	[REDACTED]
Supplies and other expenses	[REDACTED]	[REDACTED]
Interest	[REDACTED]	[REDACTED]
Depreciation and amortization	[REDACTED]	[REDACTED]
Total operating expenses	[REDACTED]	[REDACTED]
Operating loss	[REDACTED]	[REDACTED]
<b>Other Nonoperating Income</b>		
Investment Income	[REDACTED]	[REDACTED]
Total nonoperating income	[REDACTED]	[REDACTED]
Revenues in excess of expenses	[REDACTED]	[REDACTED]
Net assets released from restrictions for capital	[REDACTED]	[REDACTED]
Changes in net deficit without donor restrictions	\$ [REDACTED]	[REDACTED]

See notes to financial statements

# St. Joseph's Hospital, Yonkers

Statements of Operations and Changes in Net (Deficit) Assets  
 Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Changes in Net Deficit Without Donor Restrictions</b>		
Revenues in excess of expenses	\$ [REDACTED]	[REDACTED]
Net assets released from restrictions for capital	[REDACTED]	[REDACTED]
Changes in net deficit without donor restrictions	[REDACTED]	[REDACTED]
<b>Changes in Net Assets With Donor Restrictions</b>		
Contributions and grants	[REDACTED]	[REDACTED]
Net assets released from restrictions for capital	[REDACTED]	[REDACTED]
Changes in net assets with donor restrictions	[REDACTED]	[REDACTED]
Changes in net (deficit) assets	[REDACTED]	[REDACTED]
<b>Net Deficit, Beginning</b>	[REDACTED]	[REDACTED]
<b>Net Deficit, Ending</b>	\$ [REDACTED]	[REDACTED]

# St. Joseph's Hospital, Yonkers

## Statements of Cash Flows

Years Ended December 31, 2024 and 2023

	2024	2023
<b>Cash Flows From Operating Activities</b>		
Changes in net deficit	\$ [REDACTED]	[REDACTED]
Adjustments to reconcile changes in net deficit to net cash provided by operating activities:		
Depreciation	[REDACTED]	[REDACTED]
Amortization	[REDACTED]	[REDACTED]
Amortization of finance leases	[REDACTED]	[REDACTED]
Loss on impairment of assets	[REDACTED]	[REDACTED]
Contributions for property, buildings and equipment	[REDACTED]	[REDACTED]
Change in operating lease right-of-use asset and obligations	[REDACTED]	[REDACTED]
Payments in operating lease obligations	[REDACTED]	[REDACTED]
Changes in assets and liabilities:		
Patient accounts receivable	[REDACTED]	[REDACTED]
Patient care, Directed Payment Template	[REDACTED]	[REDACTED]
Other receivables	[REDACTED]	[REDACTED]
Supplies, prepaid expenses and other assets	[REDACTED]	[REDACTED]
Due from third-party payors	[REDACTED]	[REDACTED]
Due from related parties	[REDACTED]	[REDACTED]
Other assets	[REDACTED]	[REDACTED]
Accounts payable	[REDACTED]	[REDACTED]
Accrued expenses	[REDACTED]	[REDACTED]
Due to third-party payors	[REDACTED]	[REDACTED]
Estimated professional liabilities	[REDACTED]	[REDACTED]
Other liabilities	[REDACTED]	[REDACTED]
Pension withdrawal liability	[REDACTED]	[REDACTED]
Advances from NYS, Directed Payment Template	[REDACTED]	[REDACTED]
Deferred revenue	[REDACTED]	[REDACTED]
Net cash provided by operating activities	[REDACTED]	[REDACTED]
<b>Cash Flows From Investing Activities</b>		
Purchase of property and equipment, net	[REDACTED]	[REDACTED]
Net increase in assets limited as to use	[REDACTED]	[REDACTED]
Net cash used in investing activities	[REDACTED]	[REDACTED]
<b>Cash Flows From Financing Activities</b>		
Contributions for property, buildings and equipment	[REDACTED]	[REDACTED]
Payments on finance leases	[REDACTED]	[REDACTED]
Repayments of long-term debt leases	[REDACTED]	[REDACTED]
Net cash provided by (used in) financing activities	[REDACTED]	[REDACTED]
Change in cash, cash equivalents and restricted cash	[REDACTED]	[REDACTED]
<b>Cash, Cash Equivalents and Restricted Cash, Beginning</b>	[REDACTED]	[REDACTED]
<b>Cash, Cash Equivalents and Restricted Cash, Ending</b>	\$ [REDACTED]	[REDACTED]
<b>Supplemental Disclosure of Noncash Investing and Financing Activities</b>		
Capital lease obligation incurred for property and equipment	\$ [REDACTED]	
<b>Reconciliation of Cash, Cash Equivalents and Restricted Cash</b>		
Cash and cash equivalents	\$ [REDACTED]	[REDACTED]
Restricted cash included in assets limited as to use	[REDACTED]	[REDACTED]
Total cash, cash equivalents and restricted cash	\$ [REDACTED]	[REDACTED]

See notes to financial statements

# St. Joseph's Hospital, Yonkers

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Notes to Financial Statements

December 31, 2024 and 2023

## 1. Organization and Nature of Operations

St. Joseph's Hospital, Yonkers (the Hospital) is a voluntary acute care hospital located in Yonkers, New York. The Hospital provides inpatient and outpatient services primarily to residents of the greater Yonkers area. In addition, the St. Vincent's Psychiatric Hospital of Westchester (SVW) is a division of the Hospital.

SJMC, Inc. (SJMC), a tax-exempt organization, was established to, among other things, promote healthcare and similar planning and coordinate services provided to and among various related entities and SJMC is the effective controlling parent either directly or through its controlled entities of the following tax-exempt entities: St. Joseph's Hospital, Yonkers; St. Joseph's Senior Housing Development Fund (Senior Housing); St. Joseph's Medical Practice P.C. and St. Joseph's Health Fund; and is a 50% member of St. Joseph's PHO, Inc. In addition, SJMC is the sole owner of an inactive for profit entity, St. Joseph's Ventures, Inc. SJMC is a membership organization whose sole member is the Sisters of Charity of St. Vincent de Paul of New York.

## 2. Summary of Significant Accounting Policies

### Basis of Financial Statement Presentation

The accompanying financial statements include only the accounts of the Hospital and have been prepared in accordance with accounting principles generally accepted in the United States of America.

### Statements of Operations and Changes in Net (Deficit) Assets

The Hospital considers all of its healthcare and related activities to be part of normal operations and considers the caption revenues in excess of expenses to be its performance indicator. Changes in unrestricted net deficit, which are excluded from revenues in excess of expenses, consistent with industry practice, include contributions of long-lived assets.

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### Net Assets

Net assets are classified based on the existence or absence of donor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

**Net Assets Without Donor Restrictions** - Net assets available for use in general operations and not subject to donor restrictions. All revenues not restricted by donors and donor restricted contributions whose restrictions are met in the same period in which they are received are accounted for in net assets without donor restrictions.

**Net Assets With Donor Restrictions** - Net assets subject to donor imposed restrictions. Some donor imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. All revenues restricted by donors as to either timing or purpose of the related expenditures or required to be maintained in perpetuity as a source of investment income are accounted for in net assets with donor restrictions. When the donor restriction expires, that is when the stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions.

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

## Cash and Cash Equivalents

The Hospital considers all highly liquid debt instruments purchased with an original maturity of three months or less, that are not deemed to be assets limited as to use to be cash equivalents. Restricted cash and cash equivalents included in assets limited as to use for professional liabilities and donors. The Hospital maintains its cash and cash equivalents with several financial institutions. Cash and cash equivalents on deposit with any one financial institution are insured up to \$250,000.

## Patient Accounts Receivable

Patient accounts receivable are recorded at net realizable value at the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured or underinsured patients in accordance with the Hospital's policies, and/or implicit price concessions provided to uninsured or underinsured patients, and do not bear interest. Subsequent changes to the estimate of the transaction price (determined on a portfolio basis when applicable) are generally recorded as adjustments to patient revenues in the period of the change.

## Contract Balances

Contract assets represent the Hospital's right to consideration in exchange for goods or services that the Hospital has transferred to a patient when that right is conditioned on something other than the passage of time (for example, the Hospital's future performance). Contract liabilities represent the Hospital's obligation to transfer goods or services to a resident for which the Hospital has received consideration (or the amount is due) from the patient.

The Hospital's beginning and ending contract assets and liabilities are separately presented on the balance sheets as of December 31, 2024 and 2023. Contracts assets and liabilities as of December 31, 2022 are as follows:

Accounts receivable	\$	██████████
Estimated third-payor settlements, net (liability)		██████████

## Revenue Recognition

Net operating revenues are recognized in the period services are performed and performance obligations are satisfied and consists primarily of net patient service revenues that are reported at estimated net realizable amounts from patients, third-party payors and others for services rendered and include estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenues on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations.

## Charity Care

It is the policy of the Hospital to strive to maintain quality healthcare delivery in a manner that respects the dignity of the individual and family, regardless of ability to pay. Consistent with the Hospital's tax-exempt status and community service responsibilities, the Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rate. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Hospital maintains records to identify and monitor the level of charity care it provides. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by the Hospital amounted to approximately ██████████ in 2024 and ██████████ in 2023.

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

The Hospital receives subsidy payments from the State of New York to partially fund charity care and certain other costs (indigent care pool). Subsidy payments included in net patient service revenues for the years ended December 31, 2024 and 2023 was approximately [REDACTED] and [REDACTED] respectively, and is included in net patient service revenues in the statements of operations and changes in net (deficit) assets. In 2024, the Hospital received [REDACTED] in additional pool distributions related to 2022 and 2021, which are subject to final settlement and the ultimate amount that the Hospital may retain is uncertain. In 2023, the Hospital received [REDACTED] in additional pool distributions related to 2021 and 2020, which are subject to final settlement and the ultimate amount that the Hospital may retain is uncertain.

## Inventories

Inventories, which consist mainly of materials, drugs and similar items, are stated at the lower of cost or net realizable value. The Hospital values its inventories, included in supplies, prepaid expenses and other assets, at cost using the FIFO (first-in, first-out) method.

## Property, Buildings and Equipment

Property, buildings and equipment are recorded at cost or, if donated, at fair market value at date of donation. Annual provisions for depreciation or amortization are provided over the estimated useful life of each class of depreciable asset and are computed utilizing the straight-line method.

	<u>Years</u>
Land improvements	5-20
Buildings and fixed equipment	10-40
Movable equipment	3-7

The carrying amounts of assets and the related accumulated depreciation or amortization are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in operations in the year of disposal.

Gifts of long-lived assets such as land, buildings or equipment are reported as without donor restrictions net assets, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

## Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate the carrying amount of the asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to the undiscounted future net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets less costs to sell. In 2024, the Hospital recognized an impairment loss of approximately \$8.5 million, which is reported in supplies and other expenses in the statements of operations and changes in net (deficit) assets. There were no impairment losses recorded in 2023.

# St. Joseph's Hospital, Yonkers

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Notes to Financial Statements  
December 31, 2024 and 2023

## Other Assets

Other assets include internal use software implementation costs of approximately [REDACTED] as of December 31, 2024 and goodwill of approximately [REDACTED] and [REDACTED] as of December 31, 2024 and 2023, respectively. Internal use software implementation costs in a hosting arrangement are recorded at cost and amortized over the life of the contract (ten years) in supplies and other expenses. Goodwill represents the excess of the amount paid to acquire certain businesses over the fair value of the net assets purchased. On January 1, 2020, the Hospital elected to use the accounting alternative for the subsequent measurement of goodwill. Goodwill is amortized on a straight-line basis over ten years and is tested for impairment at the entity level. Goodwill is tested for impairment when a triggering event occurs that indicates the fair value of the Hospital may be below its carrying amount. Management has determined that for the years ended December 31, 2024 and 2023, no such triggering event had occurred. Total accumulated amortization amounted to [REDACTED] and [REDACTED] as of December 31, 2024 and 2023, respectively. Amortization expense for each of the years ended December 31, 2024 and 2023 amounted to [REDACTED].

## Professional Liabilities

As part of the Hospital's self-insurance professional and general liabilities program, an annual actuarial valuation is obtained to determine the estimated liabilities for asserted and unasserted claims and claims incurred but not yet reported (IBNR). Estimates for such claims are reflected as a present value liability based on actuarial estimation, which takes into consideration the severity of incidents and expected timing of claim payments.

## Shared Services

The Hospital, its related entities and Yonkers Gardens, LLC share a number of services in order to reduce the overall costs to the organizations. The Hospital bills the other entities for services provided by it based on the estimated cost to provide the service, which is reflected as other revenues within the statements of operations and changes in net (deficit) assets. Services provided to the Hospital are likewise billed to the Hospital based on the estimated cost to provide the service and are reflected directly in the Hospital's applicable expense caption within the statements of operations and changes in net (deficit) assets. The estimates used are based on cost determination statistics and methods resulting from the prior year's third-party cost report requirements and any differences between estimates used as compared to actual cost report determination is adjusted in the following year.

## Contract Revenue Recognition

The Hospital is the recipient of various awards with government agencies. Revenue is recognized only to the extent of expenditures under the specific awards. Awards received from government agencies used for capital expansion are reported in net assets released from restrictions for capital in the statements of operations and changes in net (deficit) assets when placed in service.

## Assets Limited as to Use

Assets limited as to use include Board designated funds, self-insurance arrangements and donor restricted funds. The Board designated funds are set aside for capital improvements, various grant program expenses and other liabilities, over which the Board retains control and may at its discretion subsequently use for other purposes. Amounts available to pay current liabilities have been classified as current assets.

Assets limited as to use in U.S. treasury notes are carried at fair value in the balance sheets. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in the performance indicator unless the income or loss is restricted by donor or law.

# St. Joseph's Hospital, Yonkers

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Notes to Financial Statements  
December 31, 2024 and 2023

The fair values reported in the balance sheets are exposed to various risks, including changes in the interest rate environment and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying financial statements could change materially in the near term.

## Tax Status

The Hospital is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

The Hospital accounts for uncertainty in income taxes recognized in the financial statements using a recognition threshold of more likely than not as to whether the uncertainty will be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. Management determined there were no tax uncertainties that met the recognition threshold.

## Leases

The Hospital evaluates at contract inception whether a lease exists and recognizes a lease obligation and right-of-use (ROU) asset for all leases with a term greater than 12 months. Leases are classified as either finance or operating. All lease liabilities are measured at the present value of the future lease payments using a discount rate. The future lease payments used to measure the lease liability include fixed payments, as well as the exercise price of any options to purchase the underlying asset that have been deemed reasonably certain of being exercised, if applicable. Future lease payments for optional renewal periods that are not reasonably certain of being exercised are excluded from the measurement of the lease liability. For all leases, the ROU asset is initially derived from the measurement of the lease liability and adjusted for certain items, such as initial direct costs and lease incentives received. ROU assets are subject to long-lived impairment testing.

Operating lease expense is recognized on a straight-line basis over the lease term and is included within purchased services and other in the consolidated statements of operations. The lease term is determined based on the date the Medical Center acquires control of the leased premises through the end of the lease term.

The Hospital has made the following accounting policy elections with regard to its lease accounting:

- The Hospital does not separate lease and nonlease components for its real property class of leased assets.
- When the rate implicit in the lease is not determinable, rather than use the Hospital's incremental borrowing rate, the Hospital elected to use a risk-free discount rate for the initial and subsequent measurement of lease liabilities for all classes of its leased assets.
- The Hospital does not apply the recognition requirements to all leases with an original term of 12 months or less, for which the Hospital is not likely to exercise a renewal option or purchase the asset at the end of the lease; rather, short term leases will continue to be recorded on a straight-line basis over the lease term.
- The Hospital accounts for certain of its real property leases using the portfolio approach; as such, leases that have similar commencement dates, length of terms, renewal options or other contract terms have been combined into a lease portfolio whereby the resulting accounting at the portfolio level does not differ materially from that at the individual lease level.

Additional required disclosures for Topic 842 are contained in Note 20.

# St. Joseph's Hospital, Yonkers

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Notes to Financial Statements  
December 31, 2024 and 2023

## Reclassifications

Certain amounts in the prior year have been reclassified to conform to current year's presentation.

## 3. Net Patient Service Revenues

Net patient service revenues are recognized at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including commercial and governmental programs) and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Hospital bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenues are recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Hospital. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected (or actual) charges. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in the Hospital receiving healthcare care services. The Hospital measures the performance obligation from admission into the hospital, or the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. Revenues for performance obligations satisfied at a point in time are generally recognized when goods or services are provided and the Hospital does not believe it is required to provide additional services to the patient.

Generally, because all of the Hospital's performance obligations relate to contracts with a duration of less than one year, therefore, the Hospital has elected to apply the optional exemptions provided in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 606-10-50-14(a) and as a result is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Hospital determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured or underinsured patients in accordance with the Hospital's policies, and/or implicit price concessions provided to uninsured or underinsured patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Hospital determines its estimates of implicit price concessions based on its historical collection experience with a respective class of patient.

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates.

## Medicare

Under the Medicare program, the Hospital receives reimbursement under a prospective payment system (PPS) for inpatient services. Under the Hospital inpatient PPS, fixed payment amounts per inpatient discharge are established based on the patient's assigned diagnosis-related group (DRG). When the estimated cost of treatment for certain patients is higher than the average, providers typically will receive additional outlier payments. Under the outpatient PPS, services are paid based on service groups called ambulatory payment classifications.

Final settlements have been received for rate years through December 31, 2020.

## St. Joseph's Hospital, Yonkers

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Notes to Financial Statements  
December 31, 2024 and 2023

### Medicaid and Other Third-Party Payors

The New York Health Care Reform Act of 1996 (the Act), as periodically updated, governs payments to hospitals in New York State. Under the Act, Medicaid, workers' compensation and no-fault payors pay rates are promulgated by the New York State Department of Health. Fixed payment amounts per inpatient discharge are established based on the patient's assigned case mix intensity, similar to a Medicare DRG and are negotiated directly with the Hospital. Such arrangements include DRG-based payment systems, per diems, case rates and percentage of billed charges. If such rates are not negotiated, then the payors are billed at the Hospital's established charges. See Note 19 for the Direct Payment Template disclosure.

New York State regulations provide for the distribution of funds from an indigent care pool, which is intended to partially offset the cost of services provided to the uninsured. The funds are distributed to the hospitals based on each hospital's level of bad debts and charity care in relation to all other hospitals.

Both federal and New York State regulations provide for certain adjustments to current and prior years' payment rates and indigent care pool distributions based on industry-wide and hospital-specific data. The Hospital has established estimates based on information presently available of the amounts due to or from Medicare, Medicaid, workers' compensation and no-fault payors and amounts due from the indigent care pool for such adjustments.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Hospital's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Hospital. In addition, the contracts the Hospital has with commercial payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence with the payor and the Hospital's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative 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 become available), or as years are settled or no longer subject to such audits, reviews and investigations. There were no significant changes in estimates impacting net patient service revenues in 2024 and 2023 for settlements related to prior year.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients, and offers those uninsured or underinsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charges by any contractual adjustment, discounts and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustment to net patient service revenues in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as a credit loss. The Hospital has not had any significant credit losses in 2024 and 2023.

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and other patient balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients.

The Hospital disaggregates revenues from contracts with customers by type of service and payor source as this depicts the nature, amount, timing and uncertainty of its revenues and cash flows as affected by economic factors. Tables providing details of these factors are presented below.

The composition of patient care service revenues by primary payor for the years ended December 31 is as follows:

	2024	2023
Medicare and Medicare managed care	\$ [REDACTED]	\$ [REDACTED]
Medicaid and Medicaid managed care	[REDACTED]	[REDACTED]
Self-pay	[REDACTED]	[REDACTED]
Other third-party payors	[REDACTED]	[REDACTED]
Total	\$ [REDACTED]	\$ [REDACTED]

Revenues from patient's deductibles and coinsurance are included in the categories presented above based on the primary payor.

The composition of patient care service revenues by type of service for the years ended December 31 is as follows:

	2024	2023
Inpatient	\$ [REDACTED]	\$ [REDACTED]
Outpatient	[REDACTED]	[REDACTED]
Emergency room	[REDACTED]	[REDACTED]
Total	\$ [REDACTED]	\$ [REDACTED]

## 4. Assets Limited as to Use

Assets limited as to use at December 31, 2024 and 2023, consist of the following marketable securities:

	2024	2023
Trusteed professional liabilities:		
Cash and cash equivalents	\$ [REDACTED]	\$ [REDACTED]
Accrued interest receivable	[REDACTED]	[REDACTED]
Board designated:		
Cash and cash equivalents	[REDACTED]	[REDACTED]
U.S. treasury notes	[REDACTED]	[REDACTED]
Less current portion	[REDACTED]	[REDACTED]
Endowment, cash and cash equivalents	[REDACTED]	[REDACTED]
Total long-term portion	\$ [REDACTED]	\$ [REDACTED]

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

## 5. Fair Value Measurements

The Hospital measures its financial assets and liabilities at fair value on a recurring basis in accordance with accounting principles generally accepted in the United States of America. Fair value is defined 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. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement. The levels of the fair value hierarchy are as follows:

Level 1 - Fair value is based on unadjusted quoted prices in active markets for identical assets or liabilities. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the same term of the asset or liability through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets and other observable inputs.

Level 3 - Fair value is based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows and other similar techniques.

As of December 31, 2024 and 2023, the Hospital's assets limited as to use includes cash and cash equivalents in the amount of [REDACTED] and [REDACTED], respectively.

As of December 31, 2024 and 2023, the Hospital's assets limited as to use includes U.S. treasury notes in the amount of [REDACTED] and [REDACTED], respectively. U.S. treasury notes are Level 1 securities and valued at the daily closing price reported in active markets on which the individual treasuries are traded.

## 6. Property, Buildings and Equipment

Property, buildings and equipment at cost and accumulated depreciation and amortization at December 31, 2024 and 2023, consist of the following:

	2024	2023
Land	\$ [REDACTED]	[REDACTED]
Land improvements	[REDACTED]	[REDACTED]
Buildings and fixed equipment	[REDACTED]	[REDACTED]
Movable equipment	[REDACTED]	[REDACTED]
Projects in progress	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
Less accumulated depreciation and amortization	[REDACTED]	[REDACTED]
Property, buildings and equipment, net	\$ [REDACTED]	[REDACTED]

Substantially all property, buildings and equipment serve as collateral under various borrowings.

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
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The Hospital has construction commitments of approximately [REDACTED] at December 31, 2024.

In March 2016, the Hospital was awarded two grants of approximately [REDACTED] and [REDACTED] from the New York State Capital Restructuring Financing Program. The grants are subject to compliance with certain terms and conditions. The Hospital is required to match the grant and plans to construct a new emergency room, renovate its family health center and construct an intensive crisis respite care center. The Hospital will receive the grant matching funds as expenditures are incurred. The Hospital incurred approximately [REDACTED] and [REDACTED] at December 31, 2024 and 2023, respectively, in construction and other improvements related to these grant awards.

## 7. Long-Term Debt

Long-term debt at December 31, 2024 and 2023 consists of the following:

	2024	2023
Mortgage payable to bank (a)	\$ [REDACTED]	[REDACTED]
DASNY mortgage payable (Note 8)	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
Less current installments	[REDACTED]	[REDACTED]
Long-term debt and finance leases net of current installments	\$ [REDACTED]	[REDACTED]

(a) During 2010, in conjunction with the acquisition of certain assets and liabilities of St. Vincent's Psychiatric Hospital of Westchester (SVW), the Hospital entered into a mortgage agreement in the amount of [REDACTED] with a bank. The mortgage was amended on December 6, 2011 to reduce the interest rate on the loan from [REDACTED] to [REDACTED]. The amendment was effective January 1, 2012. Commencing on February 1, 2012 and on the first day of each month thereafter, the mortgage is payable in monthly installments of [REDACTED], including interest at [REDACTED]. The mortgage is collateralized by a first lien on property located in Harrison, New York. Pursuant to the mortgage agreement the Hospital is required to maintain a debt service coverage ratio of 1.25 (calculated once a year) and comply with other restrictive covenants. At December 31, 2024, the Hospital was in compliance with the debt service coverage ratio requirement designated in the agreement.

Interest expense under all debt for the years ended December 31, 2024 and 2023 amounted to [REDACTED] and [REDACTED], respectively. Interest paid for the years ended December 31, 2024 and 2023, approximated expense.

Aggregate principal payments on all long-term debt, including finance leases for the next five years are as follows:

Years ending December 31:	
2025	\$ [REDACTED]
2026	[REDACTED]
2027	[REDACTED]
2028	[REDACTED]
2029	[REDACTED]
Thereafter	[REDACTED]
Total	\$ [REDACTED]

## St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

### 8. Other Borrowings

#### DASNY Mortgage Payable

On February 22, 2017, the Hospital entered into a mortgage agreement in the amount of [REDACTED] with the Dormitory Authority of the State of New York (DASNY). The Hospital agreed to repay the aggregate principal amount [REDACTED] plus interest in the amount of 1% per annum (without compounding) on the unpaid principal amount of the loan. A lump sum \$1,000,000 repayment was made in August 2018 and remaining [REDACTED] of the principal outstanding was to amortize over three years with monthly payments due starting October 2018. Four monthly payments were made, however, loan amortization was amended in February 2019 to provide the Hospital additional cash relief in 2019 and 2020. Final payment on the remaining balance was made on May 1, 2023.

On February 11, 2019, the Hospital entered into a mortgage agreement in the amount of [REDACTED] with the DASNY. The Hospital agreed to repay the aggregate principal amount [REDACTED] plus interest in the amount of [REDACTED] per annum on the unpaid principal amount of the loan and final payment is subject to the forgiveness of interest provisions set forth in the contract. The outstanding amount as of December 31, 2023 was [REDACTED]. Final payment on the remaining balance was made in 2024. The mortgage is collateralized by all of the property and equipment at the Hospital's main campus located at 127 South Broadway, Yonkers, New York.

On December 29, 2019, the Hospital entered into a mortgage agreement in the amount of [REDACTED] with the DASNY. [REDACTED] was disbursed to the Hospital in December 2019 and the remaining [REDACTED] of the total [REDACTED] was disbursed in February 2020. Total outstanding amount as of December 31, 2024, was [REDACTED]. The Hospital agreed to repay the aggregate principal amount \$6,500,000 plus interest in the amount of [REDACTED] per annum on the unpaid principal amount of the loan and final payment is subject to the forgiveness of interest provisions set forth in the contract. Final payment on the remaining balance is due on August 1, 2026. The mortgage is collateralized by all of the property and equipment at the Hospital's main campus located at 127 South Broadway, Yonkers, New York. The Hospital has the right to prepay all or part of the loan at any time.

On March 31, 2020 the Hospital entered into a mortgage agreement in the amount of [REDACTED] with the DASNY. [REDACTED] of the total [REDACTED] was disbursed to the Hospital in December 2020. During 2021, un-advanced funds in the amount of [REDACTED] related to the original commitment was no longer available to the Hospital for its use. The Hospital agreed to repay the outstanding principal amount of \$ [REDACTED] plus interest in the amount of [REDACTED] per annum on the unpaid principal amount of the loan. Final payment on the remaining balance is due on December 1, 2027. The mortgage is collateralized by all of the property and equipment at the Hospital's main campus located at 127 South Broadway, Yonkers, New York. The Hospital has the right to prepay all or part of the loan at any time. Total outstanding amount as of December 31, 2024 and 2023 was [REDACTED].

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

## 9. Estimated Professional Liabilities

Effective April 15, 1987, the Hospital adopted a self-insurance program (the Program) for medical malpractice losses and comprehensive general liability until April 24, 1989. After April 24, 1989, the Hospital purchased insurance for comprehensive general liabilities. With regard to medical malpractice self-insurance, the Program retained a risk management consultant to manage and provide an integrated risk management program, including loss prevention, review of prior claims, claims control, investigation and legal counsel section. On an annual basis, the Program obtains an actuarial valuation to determine the estimated liabilities, including liabilities for incurred claims and claims incurred but not reported. The actuarial estimations take into consideration, among other things, the actual claim experience, case reserves, the severity of incidents and expected timing of claim payments and related expenses. At December 31, 2024 and 2023, the undiscounted self-insurance liabilities allocated to the Hospital aggregated approximately \$ [REDACTED] and [REDACTED], and have been discounted to approximately [REDACTED] and [REDACTED], respectively, using a discount factor of [REDACTED] and [REDACTED] at December 31, 2024 and 2023, respectively. Since inception of the self-insurance program, the Hospital has purchased excess coverage from a commercial insurance company.

## 10. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at December 31:

	2024	2023
Capital asset purchases	\$ [REDACTED]	[REDACTED]
Health education		
Other		
Endowments (permanently restricted)	[REDACTED]	[REDACTED]
Total	\$ [REDACTED]	[REDACTED]

## 11. Pension Plan

### Union 1199, Multiemployer Plan

Effective October 2004, employees who are members of New York's Health and Human Services Union 1199/SEIU, AFL-CIO are covered under a noncontributory Human Services Union 1199 Health Care Employees Pension fund at a funding rate and under the same conditions then in effect for the New York City League of Voluntary Hospitals. The 1199 expense for the years ended December 31, 2024 and 2023 was [REDACTED] and [REDACTED], respectively.

The risks of participating in a multiemployer plan such as the Pension fund are different from single-employer plans in the following aspects:

- (a) Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- (b) If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

If the Hospital chooses to stop participating in its multiemployer benefit program, they may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability. The Hospital was not listed in the plan's Form 5500 as providing more than [REDACTED] of the plan's total contributions. The Hospital's participation in a significant plan for the years ended December 31, 2024 and 2023 is outlined in the table below. The status is based on the latest information that we received from the plan and is certified by the plan's actuary. Among other factors, plans in the critical status are generally projecting a funding deficiency for ten years. The FIP/RP Status Pending/Implemented column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The Surcharge Imposed column includes plans in a critical status that require a payment of a surcharge in excess or regular contributions. The last column lists the expiration date of the collective bargaining agreement, which is currently in negotiation.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Status		FIP/RP Status Pending of Implemented	Surcharge Imposed	Expiration Date of Collective Bargaining Agreement
		2024	2023			
1199 SEIU Health Care Employees Pension Fund	[REDACTED]	Not in endangered or critical status	Not in endangered or critical status	Implemented	Yes	03/31/2027
1199 SEIU Health Care Employees Pension Fund	[REDACTED]	Not in endangered or critical status	Not in endangered or critical status	Implemented	Yes	09/30/2027

## Archdiocesan, Multiemployer Plan

The Hospital was a participant in the Archdiocesan Pension Plan (the Plan), sponsored by The Roman Catholic Archdiocese of New York. The Plan is a multiemployer defined benefit pension plan which is exempt from the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2015, the Archdiocese of New York agreed to terminate the Hospital's participation in the Plan. Based on the Plan's actuarial calculation and memorandum of understanding received in February 2016 the Hospital was assessed an estimated allocable share of the unfunded vested benefit of approximately [REDACTED]. This included the settlement of 2015/2016 plan year contributions of approximately [REDACTED] and the cost of withdrawal subsequent to December 31, 2015 of approximately [REDACTED]. Annual payments of approximately [REDACTED] will be made in equal installments through 2029. The payment obligation is supported by a promissory note and a mortgage in favor of the Archdiocese Pension Plan granting a collateral security interest over the real property owned by the Hospital at the SVW division.

## Contribution Plans

In connection with the acquisition of SVW, in 2010 the Hospital assumed the existing defined contribution retirement plan for all eligible nonunion employees of SVW. The defined contribution expense for 2024 and 2023 was [REDACTED] and [REDACTED], respectively.

In addition to the defined contribution retirement plan of SVW, in 2016 the Hospital adopted a 401(k) defined contribution plan (the 401(K) Plan) for all employees excluding Union 1199 members. The 401(K) Plan currently covers employees who have attained the age of 21 and have completed one year of service, which is defined as 1,000 hours of service in the first plan year or in any plan year beginning after their date of hire. This plan includes a basic Hospital profit sharing contribution of [REDACTED], as well as a matching contribution, equals [REDACTED] of the employee's salary reduction contribution. The employer matching contribution is capped at [REDACTED] of eligible compensation per plan year. For the years ended December 31, 2024 and 2023, the Hospital has made contributions of approximately [REDACTED] and [REDACTED], respectively, into this plan.

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

## 12. Related-Party Transactions

Amounts due from related entities represent net amounts advanced to related entities and are currently payable without interest. At December 31, 2024 and 2023, amounts due from related parties consist of the following:

	2024	2023
Health Fund	\$ [REDACTED]	[REDACTED]
St. Joseph's Medical Practice P.C.	[REDACTED]	[REDACTED]
Saint Joseph's Senior Housing	[REDACTED]	[REDACTED]
Total	\$ [REDACTED]	[REDACTED]

In order to reduce the overall costs of operations, the Hospital provided various services to related entities and in turn, certain services are provided by related entities to the Hospital. Services shared among the entities consist of, among others, information technology, salaries of certain employees, fringe benefits, certain clinical services, space and administrative and support services, including finance and accounting services. Services provided to the Hospital by related parties consist of fundraising, dietary, ancillary, cafeteria and other services. Billings to related entities are based on the entity's estimated cost to provide the service to the related organization and are recorded as other revenues and services received are recorded as direct additions to the applicable expense in the statements of operations and changes in net (deficit) assets.

The St. Joseph's Health Fund (the Fund) was established to solicit contributions from the general public and is limited to support only SJMC, Inc. SJMC, Inc. is the parent of both the Hospital and the Fund. During the years ended December 31, 2024 and 2023, the Hospital received unrestricted contributions of [REDACTED] and [REDACTED], respectively, from SJMC, Inc. which is included in the accompanying statements of operations changes in net (deficit) assets under the caption other revenues. In addition, the Hospital provides certain personnel and other services to the Fund which aggregated approximately [REDACTED] in 2024 and [REDACTED] in 2023.

In January 2024, the Hospital loaned the St. Joseph's Medical Practice P.C., a related party, approximately [REDACTED], which was used by St. Joseph's Medical Practice P.C. to purchase a physician practice. The amount is to be repaid over 10 years at an interest rate of [REDACTED]. The long-term portion of [REDACTED] is reported in other assets in the balance sheet.

## 13. Other Revenues

Other revenues for the years ended December 31, 2024 and 2023 are as follows:

	2024	2023
Services provided to Fund	\$ [REDACTED]	[REDACTED]
Grant and contract revenue	[REDACTED]	[REDACTED]
AHEAD model funding	[REDACTED]	[REDACTED]
Contributions	[REDACTED]	[REDACTED]
Rental income	[REDACTED]	[REDACTED]
Other	[REDACTED]	[REDACTED]
Total	\$ [REDACTED]	[REDACTED]

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

In September 2023, the Centers for Medicaid Services (CMS) announced a new opportunity for states to leverage federal funding on health care: the Advancing All-Payer Health Equity Approaches and Development (AHEAD) model. The AHEAD model is an 11-year program (2024-2034) offering states the opportunity to leverage federal funding to make broad changes in the way health care is provided and paid for. Participating hospitals would switch from being paid primarily based on the number of people served or number of services provided to a "global budget," under which the hospitals receive a prospective, predetermined amount to provide all inpatient and outpatient care to specified patient populations. The Hospital elected to participate in the program and is eligible to receive approximately [REDACTED] annually for four years beginning with the NYS fiscal year ended March 31, 2024, provided certain conditions are met. In 2024, the Hospital received approximately [REDACTED] in AHEAD model funding and has recognized approximately [REDACTED].

In addition, the Hospital received approximately [REDACTED] of its annual [REDACTED] AHEAD model funding in March 2025.

## 14. Concentration of Credit Risk

The Hospital provides health services through its inpatient and outpatient care facilities located in Yonkers, New York and grants credit to patients, substantially all of which are local residents. The Hospital generally does not require collateral or other security in extending credit to patients; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefit payments under their health insurance programs, plans or policies (e.g., Medicare, Medicaid, health maintenance organizations and commercial insurance policies). Treatment is provided for all emergency care, including inpatient treatment, regardless of insurance coverage or ability to pay.

Patient accounts receivable by financial classification of total patient accounts receivable at December 31, 2024 and 2023 are as follows:

	2024	2023
Medicare	[REDACTED]	[REDACTED]
Medicaid	[REDACTED]	[REDACTED]
Commercial insurance	[REDACTED]	[REDACTED]
Self-pay patients	[REDACTED]	[REDACTED]
Other	[REDACTED]	[REDACTED]
	[REDACTED] %	[REDACTED] %

## 15. Functional Expenses

The Hospital provides health care services, medical research and educational programs. Expenses related to providing these services are as follows for the years ended December 31, 2024 and 2023:

	2024		
	Healthcare Services	General and Administrative	Total
Salaries and wages	\$ [REDACTED]	[REDACTED]	[REDACTED]
Employee benefits	[REDACTED]	[REDACTED]	[REDACTED]
Supplies and other expenses	[REDACTED]	[REDACTED]	[REDACTED]
Depreciation and amortization	[REDACTED]	[REDACTED]	[REDACTED]
Interest	[REDACTED]	[REDACTED]	[REDACTED]
Total	\$ [REDACTED]	[REDACTED]	[REDACTED]

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

	2023		
	Healthcare Services	General and Administrative	Total
Salaries and wages	\$ [REDACTED]	[REDACTED]	[REDACTED]
Employee benefits	[REDACTED]	[REDACTED]	[REDACTED]
Supplies and other expenses	[REDACTED]	[REDACTED]	[REDACTED]
Depreciation and amortization	[REDACTED]	[REDACTED]	[REDACTED]
Interest	[REDACTED]	[REDACTED]	[REDACTED]
Total	\$ [REDACTED]	[REDACTED]	[REDACTED]

The financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including depreciation and amortization, interest and other occupancy costs, are allocated to a function based on a square footage basis.

## 16. Commitments and Contingencies

In 2023 the Hospital entered into an internal use software cloud computing arrangement with a vendor. The agreement is for ten years with total payments of approximately [REDACTED] (approximately [REDACTED] per year). Unpaid implementation costs as of December 31, 2024 is approximately [REDACTED], of which [REDACTED] is reported in accrued expenses and [REDACTED] is reported as other liabilities. Unpaid implementation costs as of December 31, 2023 is approximately [REDACTED], of which [REDACTED] is reported in accrued expenses and [REDACTED] is reported as other liabilities.

The Hospital is a defendant in various claims and legal actions arising from the normal course of business. The claims are in various stages of processing and may ultimately be brought to trial. It is the opinion of management that adequate provisions for self-insured risks and adequate general insurance is being maintained and losses, if any, resulting from claims will not have a material adverse effect on the financial position of the Hospital.

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance that have not been provided for in the accompanying financial statements; however, the possible future financial effects of this matter on Hospital, if any, are not presently determinable.

## 17. Employee Health Benefits

On January 1, 2012, the Hospital changed its structure for employee health benefits from a traditional commercial insurance carrier to a self-funded employee health plan. The plan covers approximately [REDACTED] employees in 2024 and 634 in 2023, including Registered Nurses who are represented by the New York State Nurses Association. The benefits plan is administered by Empire Blue Cross and includes all traditional Empire Blue Cross providers. The plan has a stop loss feature for all high claims in excess of [REDACTED] and [REDACTED], at December 31, 2024 and December 31, 2023, respectively.

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

## 18. Liquidity and Availability

Financial assets available for general expenditures within one year of the balance sheets date, consist of the following at December 31:

	2024	2023
Cash and cash equivalents	\$ [REDACTED]	[REDACTED]
Accounts receivable, patient care	[REDACTED]	[REDACTED]
Accounts receivable, patient care - Directed Payment Template	[REDACTED]	[REDACTED]
Other receivables	[REDACTED]	[REDACTED]
Assets limited as to use, Board designated funds	[REDACTED]	[REDACTED]
	\$ [REDACTED]	[REDACTED]

The Hospital has other assets whose use is limited for the professional liability insurance program, board designations and for donor restricted purposes. These assets whose use is limited are not available for general expenditures within the next year and are not reflected in the amounts above.

## 19. Direct Payment Template Program

Effective December 1, 2021, New York State (NYS) is implementing enhanced payments for selected services provided by financially distressed hospitals to Medicaid enrollees through a Direct Payment Template application (DPT). The enhanced payments (Medicaid Managed Care rate add-on payments) for select services are constructed to allow qualifying financially distressed hospitals to receive sufficient reimbursement to enable their continued ability to serve Medicaid and low-income patient populations and to continue their process of transformation to meet Medicaid managed care needs. The Hospital qualifies for these payments.

The DPT program is initially approved by NYS as part of its annual budget for fiscal years ending March 31. As a Medicaid-related program, NYS is also required to obtain CMS approval for the DPT program. CMS has approved the DPT program through March 2025.

In 2022, NYS began advancing funds to hospitals in the DPT program while qualifying claims were reprocessed. As of December 31, 2024 and 2023, the Hospital had approximately [REDACTED] and [REDACTED] in advances outstanding, respectively. Advances are to be repaid as reprocessed claims that are paid to the hospitals.

For the year ended December 31, 2023, DPT-related revenue of approximately [REDACTED] has been recognized and included in net patient service revenue in the accompanying statements of operations.

For the year ended December 31, 2024, DPT-related revenue of approximately [REDACTED] has been recognized and included in net patient service revenue in the accompanying statements of operations.

## 20. Leases

The Hospital has real property operating and finance leases for its corporate headquarters, acute care centers, and inpatient and outpatient housing services that it operates with original terms ranging from one to fifteen years. Generally, the leases have available renewal options which extend the terms of the underlying leases by between one and five years per renewal option. Certain real property leases require monthly payments for variable operating expenses, which may include insurance or other operating expenses.

## St. Joseph's Hospital, Yonkers

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Notes to Financial Statements  
December 31, 2024 and 2023

The Hospital has entered into various operating and finance leases for office equipment and medical equipment. These leases generally have original terms that vary up to six years. Certain of the medical equipment leases include the option to purchase the underlying leased asset at a bargain purchase price upon the expiration of the lease term.

Right-of-use assets represent the Hospital's right to use an underlying asset for the lease term, while lease liabilities represent the Hospital's obligation to make lease payments arising from the lease. Right-of-use assets and lease liabilities are recognized at the commencement date of a lease based on the net present value of lease payments over the lease term.

Certain of the Hospital's leases include options to renew or to terminate the lease. The exercise of lease renewal or early termination options is at the Hospital's sole discretion. The Hospital regularly evaluates the renewal and early termination options and when they are reasonably certain of exercise, the Hospital includes such options in the lease term. Additionally, upon adoption of the new standard, the Hospital made judgments regarding lease terms for certain of its real property leases that were in month-to-month status or that contained auto-renewal clauses. The Hospital estimated a lease end date based on the required length of usage of the property and calculated a right-of-use asset and lease liability with the resulting estimated lease term.

In determining the discount rate used to measure the right-of-use assets and lease liabilities, the Hospital uses the rate implicit in the lease, or if not readily available, the Hospital uses a risk-free rate based on U.S. treasury note or bond rates for a similar term.

Right-of-use assets are assessed for impairment in accordance with the Hospital's long-lived asset policy. The Hospital reassesses lease classification and remeasures right-of-use assets and lease liabilities when a lease is modified and that modification is not accounted for as a separate new lease or upon certain other events that require reassessment in accordance with Topic 842.

The Hospital made significant assumptions and judgments in applying the requirements of Topic 842. In particular, the Hospital:

- Evaluated whether a contract contains a lease, by considering factors such as whether the Hospital obtained substantially all rights to control an identifiable underlying asset and whether the lessor has substantive substitution rights;
- Determined whether contracts contain embedded leases;
- Evaluated leases with similar commencement dates, lengths of term, renewal options or other contract terms, which therefore meet the definition of a portfolio of leases, whether to apply the portfolio approach to such leases and
- Allocated consideration in the contract between lease and nonlease components for its office equipment and medical equipment classes of assets.

The Hospital does not have any material leasing transactions with related parties.

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

The following table summarizes the operating lease right-of-use assets and operating lease liabilities as of December 31:

	2024	2023
Operating lease right-of-use assets (net)	\$ [REDACTED]	\$ [REDACTED]
Operating lease liabilities:		
Current	\$ [REDACTED]	\$ [REDACTED]
Long-term	[REDACTED]	[REDACTED]
Total operating lease liabilities	\$ [REDACTED]	\$ [REDACTED]

The following table summarizes the finance lease right-of-use assets and finance lease liabilities as of December 31:

	2024	2023
Finance lease right-of-use assets	\$ [REDACTED]	\$ [REDACTED]
Accumulated Amortization	[REDACTED]	[REDACTED]
Total finance lease right-of-use assets (net)	\$ [REDACTED]	\$ [REDACTED]
Finance lease liabilities and non-ASC 842 financing obligations*:		
Current	\$ [REDACTED]	\$ [REDACTED]
Long-term	[REDACTED]	[REDACTED]
Total finance lease liabilities	\$ [REDACTED]	\$ [REDACTED]

Below is a summary of expenses incurred pertaining to leases during the years ended December 31:

	2024	2023
Finance lease expense:		
Amortization of right-of-use assets	\$ [REDACTED]	\$ [REDACTED]
Interest on lease liabilities	[REDACTED]	[REDACTED]
Operating lease expense	[REDACTED]	[REDACTED]
Short-term lease expense	[REDACTED]	[REDACTED]
Variable lease expense	[REDACTED]	[REDACTED]
Sublease income	[REDACTED]	[REDACTED]
Total lease expense	\$ [REDACTED]	\$ [REDACTED]

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

\* The Hospital has certain financing obligations for non-ASC 842 equipment and other assets that are combined with its ASC 842 finance lease liabilities amounts presented herein. The ASC 842 finance lease liabilities and non-ASC 842 financing obligations amounts are included below as of December 31:

	2024	2023
ASC 842 finance lease liabilities:		
Current	\$ [REDACTED]	[REDACTED]
Long-term	[REDACTED]	[REDACTED]
Total ASC 842 finance lease liabilities	\$ [REDACTED]	[REDACTED]
Non-ASC 842 financing obligations:		
Current	\$ [REDACTED]	[REDACTED]
Long-term	[REDACTED]	[REDACTED]
Total non-ASC 842 financing obligations	\$ [REDACTED]	[REDACTED]

The following table presents supplemental information related to leases:

	2024	2023
Weighted average remaining lease term (in years):		
Operating leases	[REDACTED]	[REDACTED]
Finance leases	[REDACTED]	[REDACTED]
Weighted average discount rate:		
Operating leases	[REDACTED]	[REDACTED]
Finance leases	[REDACTED]	[REDACTED]

The table below summarizes the Hospital's scheduled future minimum lease payments for operating leases for years ending after December 31, 2024:

Years ending December 31:	
2025	\$ [REDACTED]
2026	[REDACTED]
2027	[REDACTED]
2028	[REDACTED]
2029	[REDACTED]
Thereafter	[REDACTED]
Total lease payments	[REDACTED]
Less present value discount	[REDACTED]
Total lease liabilities	[REDACTED]
Less current portion	[REDACTED]
Long-term lease liabilities	\$ [REDACTED]

# St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

The table below summarizes the Hospital's scheduled future minimum lease payments for finance leases for years ending after December 31, 2024:

Years ending December 31:	
2025	\$ [REDACTED]
2026	[REDACTED]
2027	[REDACTED]
2028	[REDACTED]
2029	[REDACTED]
Thereafter	[REDACTED]
Total lease payments	[REDACTED]
Less present value discount	[REDACTED]
Total lease liabilities	[REDACTED]
Less current portion	[REDACTED]
Long-term lease liabilities	\$ [REDACTED]

The following table includes supplemental cash flow and noncash information related to the finance leases for the years ended December 31:

	2024	2023
Cash paid for amounts included in the measurement of finance lease liabilities:		
Financing cash flows from finance leases	\$ [REDACTED]	[REDACTED]
Operating cash flows from finance leases	\$ [REDACTED]	[REDACTED]
Finance lease right-of-use assets obtained in exchange for lease liabilities	\$ [REDACTED]	[REDACTED]
Finance lease right-of-use assets adjustment due to transfer of leased assets to equipment	\$ [REDACTED]	[REDACTED]

The following table includes supplemental cash flow and noncash information related to the operating leases for the years ended December 31:

Cash paid for amounts included in the measurement of operating lease liabilities:		
Operating cash flows from operating leases	\$ [REDACTED]	[REDACTED]
Operating lease right-of-use assets obtained in exchange for lease liabilities	\$ [REDACTED]	[REDACTED]
Operating lease right-of-use assets adjustment due to lease remeasurements	\$ [REDACTED]	[REDACTED]
Operating lease right-of-use assets adjustment due to early terminations	\$ [REDACTED]	[REDACTED]

The Hospital leases owned buildings and subleases spaces to companies and individuals for which it is the lessee under the head lease. These leases generally have original terms varying up to five years with certain leases including available renewal options which extend the terms of the underlying leases up to five years per renewal option.

## St. Joseph's Hospital, Yonkers

Notes to Financial Statements  
December 31, 2024 and 2023

The Hospital has the following minimum lease income related to its leasing activities as a lessor and sublessor. The following amounts do not include any commitments to provide rental space to tenants for which the Hospital is reimbursed. These amounts are included in the Hospital's other revenues portion of its operating revenues.

Below is a summary of lease income pertaining to leases during the years ended December 31:

	<u>2024</u>	<u>2023</u>
Operating lease income	\$ [REDACTED]	[REDACTED]
Operating sublease income*	[REDACTED]	[REDACTED]
Total operating lease income	<u>\$ [REDACTED]</u>	<u>[REDACTED]</u>

\*The Hospital's operating lease income as a sublessor is also reflected in the lease expense footnote as a reduction of the Hospital's overall lease expense.

The table below summarizes the Hospital's scheduled future minimum lease receipts for operating leases, as a lessor and sublessor, for years ending after December 31, 2024:

Years ending December 31:	
2025	\$ [REDACTED]
2026	
2027	
2028	
2029	
Thereafter	[REDACTED]
Total lease receipts	<u>\$ [REDACTED]</u>

### 21. Subsequent Events

The Hospital evaluated subsequent events for recognition or disclosure through April 30, 2025, the date the financial statements were available to be issued.

**NEW YORK STATE DEPARTMENT OF HEALTH**

**CERTIFICATE OF NEED APPLICATION**

**SCHEDULE 10 – SPACE & CONSTRUCTION COST DISTRIBUTION**

**NOT APPLICABLE**

**NEW YORK STATE DEPARTMENT OF HEALTH**

**CERTIFICATE OF NEED APPLICATION**

**SCHEDULE 11 – MOVEABLE EQUIPMENT**

**NOT APPLICABLE**

**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

3-30-20



Signature:

Michael J. Spicer

Name (Please Type)

President and CEO

Title (Please type)

# New York State Department of Health Certificate of Need Application

## Schedule 13 B-1. Staffing

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

Total Project       Subproject number     

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	█	█	█
2. Technician & Specialist			
3. Registered Nurses	█	█	█
4. Licensed Practical Nurses			
5. Aides, Orderlies & Attendants	█	█	█
6. Physicians	█	█	█
7. PGY Physicians			
8. Physicians' Assistants			
9. Nurse Practitioners			
10. Nurse Midwife			
11. Social Workers and Psychologist**			
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			
17. Clerical & Other Administrative	█	█	█
18. Other			
19. Other			
20. Other			
21. Total Number of Employees	█	█	█

\*Last complete year prior to submitting application

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

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

Staffing is based on the 2024 actual staffing of the inpatient chemical dependency unit at Saint Joseph's Medical Center - St. Vincent's Westchester Division, which is based on the expected utilization and the experience of the Hospital in providing inpatient addiction treatment services.

# New York State Department of Health Certificate of Need Application

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

### NOT APPLICABLE

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

Medical/Center Director	
Name of Medical/Center Director:	
License number of the Medical/Center Director	

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

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



**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**

	Title of Attachment	Filename of Attachment
1. In an attachment, provide the basis for determining budgeted expenses, including details for how depreciation and rent / lease expenses were calculated.	Not Applicable	
2. In a sperate attachment, provide the basis for interest cost. Separately identify, with supporting calculations, interest attributed to mortgages and working capital	Not Applicable	

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)	1/1/24	6/1/26	6/1/28
1. Salaries and Wages	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
1a. FTEs	[REDACTED]	[REDACTED]	[REDACTED]
2. Employee Benefits	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
3. Professional Fees			
4. Medical & Surgical Supplies	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
5. Non-med., non-surg. Supplies	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
6. Utilities			
7. Purchased Services	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
8. Other Direct Expenses	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
9. Subtotal (total 1-8)	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
10. Interest (details required below)			
11. Depreciation (details required below)			
12. Rent / Lease (details required below)			
13. Total Operating Costs	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]

Note: The above reflects the operating costs of the chemical dependency beds at Saint Joseph's Medical Center - St. Vincent's Westchester Division.

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)	1/1/24	6/1/26	6/1/28
1. Salaries and Wages	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
1a. FTEs	[REDACTED]	[REDACTED]	[REDACTED]
2. Employee Benefits	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
3. Professional Fees			
4. Medical & Surgical Supplies	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
5. Non-med., non-surg. Supplies	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
6. Utilities			
7. Purchased Services	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
8. Other Direct Expenses	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
9. Subtotal (total 1-8)	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
10. Interest (details required below)			
11. Depreciation (details required below)			
12. Rent / Lease (details required below)			
13. Total Operating Costs	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]

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)	Not Applicable - Inpatient Project		
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 Outpatient Operating Costs			

*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 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 SJMC-SVWD	
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 SJMC-SVWD	

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**Schedule 13D**

**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)	1/1/24	6/1/26	6/1/28
1. Inpatient Services	██████████	\$ ██████████	██████████
2. Outpatient Services			
3. Ancillary Services			
4. Total Gross Patient Care Services Rendered			
5. Deductions from Revenue	\$ ██████████	\$ ██████████	\$ ██████████
6. Net Patient Care Services Revenue	\$ ██████████	\$ ██████████	\$ ██████████
7. Other Operating Revenue (Identify sources)			
8. Total Operating Revenue (Total 1-7)	██████████	\$ ██████████	\$ ██████████
9. Non-Operating Revenue			
10. Total Project Revenue	██████████	\$ ██████████	\$ ██████████

Note: The above reflects the revenue of the inpatient chemical dependency unit at Saint Joseph's Medical Center - St. Vincent's Westchester Division.

**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

Inpatient Services Source of Revenue		Total Current Year			First Year Total Budget			Third Year Total Budget		
		(A) Patient Days or discharges	Net Revenue		(C) Patient Days or discharges	Net Revenue		(E) Patient Days or discharges	Net Revenue	
			(B) Dollars (\$)	\$ per Patient Day or discharge (B)/(A)		(D) Dollars (\$)	\$ per Patient Day or discharge (D)/(C)		(F) Dollars (\$)	\$ per Patient Days or discharges (F)/(E)
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
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	Fee for Service	Not Applicable - Inpatient Project								
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total										
Total of Inpatient and Outpatient Services										

**Schedule 16 A. Hospital Program Information**

- Saint Joseph’s Medical Center – St. Vincent’s Westchester Division (SJMC-SVWD) is an existing acute care facility licensed under Article 28 of the Public Health Law.
- SJMC-SVWD has been granted an Operating Certificate for 139 beds, including 109 psychiatric beds and 30 chemical dependence – rehabilitation beds, and various services including certified outpatient mental health services.
- This project proposes to convert six (6) chemical dependence – rehabilitation beds to six (6) chemical dependence – detoxification beds to enhance access to inpatient medically managed withdrawal services.
- SJMC-SVWD will continue to adhere to the highest standards required under 10 NYCRR Section 405 – Hospitals - Minimum Standards.
- SJMC-SVWD will continue to adhere to the highest standards required under all applicable local, State and Federal regulations.

For Hospital-Based -Ambulatory Surgery Projects: **Not Applicable**  
Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category
----------------------------------------------

For Hospital-Based -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 16 B. Community Need**

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

**Public Need Summary:**

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

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

The primary service area (PSA) for this project is Westchester County. Patients are also generally expected to continue to come from other areas of the surrounding region to receive inpatient chemical dependency services at SJMC-SVWD.

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

Per the United States Census Bureau, the Westchester County PSA showed the following population characteristics in 2024:

	<u><b>Westchester County</b></u>
2024 Population	1,006,447
% Age > 18	79.3%
% African-American, non-Hispanic	12.3%
% Asian, non-Hispanic	6.5%
% Other Minority, non-Hispanic	5.0%
% Hispanic	28.1%
<b>% Total Minority Group Members</b>	<b>51.9%</b>
% of Population living at or below the Federal Poverty Level	8.5%

Source: 2024 1- Year Estimates, American Community Survey, U.S. Census Bureau

The population of Westchester County was 1,006,447 in 2024. As demonstrated in the table above, a significant percentage (51.9%) of the PSA population in 2024 was of a minority population (12.3% non-Hispanic African-American, 6.5% non-Hispanic Asian, 5.0% “other” non-Hispanic, non-White minority group members (including individuals of 2+ races) and 28.1% Hispanic). The residents of the PSA have characteristics (i.e., a high percent of minority group members) that make them likely candidates for being medically underserved and/or otherwise in need of the inpatient chemical dependence – detoxification services that are the subject of this C.O.N. Application.

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

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**Schedule 16B**

For the past several years, SJMC-SVWD has seen an increased demand for inpatient detoxification. On average, SJMC-SVWD receives 20 inquiries a week for patients seeking inpatient detoxification services who have to be referred to other providers for detoxification services as SJMC-SVWD does not currently provide inpatient detoxification. In addition, Westchester County currently has only one (1) provider of medically supervised withdrawal and stabilization services, St. John’s Riverside Hospital in Yonkers at its SJRH-Park Care Pavilion. The 72-bed unit at St. John’s Riverside Hospital often operates with high occupancy levels at 85% or higher, making it difficult for patients in need of detoxification to access services locally, forcing them to seek care out of state in Connecticut or outside of Westchester County in other Metropolitan area facilities.

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

SJMC-SVWD’s long-standing commitment to its community has contributed to the positive health outcomes experienced by many members of the community. Through this project, SJMC-SVWD will convert six (6) chemical dependence – rehabilitation beds to six (6) chemical dependence – detoxification beds to enhance access to inpatient medically managed withdrawal services and allow the Hospital to align patient needs for a seamless continuum of care through inpatient addiction treatment.

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

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

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

For the past several years, SJMC-SVWD has seen an increased demand for inpatient detoxification. On average, SJMC-SVWD receives 20 inquiries a week for patients seeking inpatient detoxification services who have to be referred to other providers for detoxification services as SJMC-SVWD does not currently provide inpatient detoxification. In addition, Westchester County currently has only one (1) provider of medically supervised withdrawal and stabilization services, St. John’s Riverside Hospital in Yonkers at its SJRH-Park Care Pavilion. The 72-bed unit at St. John’s Riverside Hospital often operates with high occupancy levels at 85% or higher, making it difficult for patients in need of detoxification to access services locally, forcing them to seek care out of state in Connecticut or outside of Westchester County in other Metropolitan area facilities.

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

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

SJMC-SVWD is a major addiction treatment provider in Westchester County. Inpatient chemical dependence – rehabilitation services are provided at the SJMC-SVWD campus in Harrison. Outpatient addiction treatment services, including opioid treatment programs, are offered at various outpatient locations throughout Westchester, Brooklyn and Queens. As mentioned above, there are significant capacity constraints on inpatient detoxification services within hospital settings in Westchester County impacting timely patient access in need of detoxification. This gap has led to Westchester County residents being admitted to out-of-region hospitals, e.g., New York City, Rockland County and out-of-state facilities, as well as being admitted to non-addiction treatment general beds, ultimately not receiving the most appropriate care.

**NOT APPLICABLE**

**Non-Public Hospitals**

7. (a) Explain how the proposed project advances local Prevention Agenda priorities identified by the community in the most recently completed Community Health Improvement Plan (CHIP)/Community Service Plan (CSP). *Do not submit the CSP*. Please be specific in which priority(ies) is/are being addressed.  
  
(b) If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.
8. Briefly describe what interventions you are implementing to support local Prevention Agenda goals.
9. Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?
10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?
11. In your most recent Schedule H form submitted to the IRS, did you report any Community Benefit spending in the Community Health Improvement Services category that supports local Prevention Agenda goals? (Y/N question)

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

**NOT APPLICABLE**

**Public Hospitals**

12. Briefly summarize how you are advancing local public health priorities identified by your local health department and other community partners.
13. Briefly describe what interventions you are implementing to support local public health priorities.
14. Have you engaged local community partners, including the local health department, in your efforts to address local public health priorities?
15. What data are you using to track progress in addressing local public health priorities?

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

**C. Impact of CON Application on Hospital Operating Certificate**

**Note:** If the application involves an extension clinic, indicate which services should be added or removed from the certificate of the extension clinic alone, rather than for the hospital system as a whole. If multiple sites are involved, complete a separate 16C for each site.

**TABLE 16C-1 AUTHORIZED BEDS  
 PLEASE REFER TO THE SITES TAB**

<b>LOCATION:</b>
<i>(Enter street address of facility)</i>

Category	Code	Current Capacity	Add	Remove	Proposed Capacity
AIDS	30		<input type="checkbox"/>	<input type="checkbox"/>	
BONE MARROW TRANSPLANT	21		<input type="checkbox"/>	<input type="checkbox"/>	
BURNS CARE	09		<input type="checkbox"/>	<input type="checkbox"/>	
CHEMICAL DEPENDENCE-DETOX *	12		<input type="checkbox"/>	<input type="checkbox"/>	
CHEMICAL DEPENDENCE-REHAB *	13		<input type="checkbox"/>	<input type="checkbox"/>	
COMA RECOVERY	26		<input type="checkbox"/>	<input type="checkbox"/>	
CORONARY CARE	03		<input type="checkbox"/>	<input type="checkbox"/>	
INTENSIVE CARE	02		<input type="checkbox"/>	<input type="checkbox"/>	
MATERNITY	05		<input type="checkbox"/>	<input type="checkbox"/>	
MEDICAL/SURGICAL	01		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL CONTINUING CARE	27		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL INTENSIVE CARE	28		<input type="checkbox"/>	<input type="checkbox"/>	
NEONATAL INTERMEDIATE CARE	29		<input type="checkbox"/>	<input type="checkbox"/>	
PEDIATRIC	04		<input type="checkbox"/>	<input type="checkbox"/>	
PEDIATRIC ICU	10		<input type="checkbox"/>	<input type="checkbox"/>	
PHYSICAL MEDICINE & REHABILITATION	07		<input type="checkbox"/>	<input type="checkbox"/>	
PRISONER				<input type="checkbox"/>	
PSYCHIATRIC**	08		<input type="checkbox"/>	<input type="checkbox"/>	
RESPIRATORY				<input type="checkbox"/>	
SPECIAL USE				<input type="checkbox"/>	
SWING BED PROGRAM				<input type="checkbox"/>	
TRANSITIONAL CARE	33		<input type="checkbox"/>	<input type="checkbox"/>	
TRAUMATIC BRAIN INJURY	11		<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTAL</b>			<input type="checkbox"/>	<input type="checkbox"/>	

\*CHEMICAL DEPENDENCE: Requires additional approval by the Office of Alcohol and Substance Abuse Services (OASAS)

\*\*PSYCHIATRIC: Requires additional approval by the Office of Mental Health (OMH)

Does the applicant have previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

No     
  Yes *(Enter CON number(s) to the right)*

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

**TABLE 16C-2 LICENSED SERVICES FOR HOSPITAL CAMPUSES**  
**NOT APPLICABLE**

**LOCATION:**  
 (Enter street address of facility)

	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE <sup>6</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY SURGERY				
MULTI-SPECIALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – PAIN MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC CATHETERIZATION				
ADULT DIAGNOSTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTROPHYSIOLOGY (EP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC DIAGNOSTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDIATRIC INTERVENTION ELECTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERCUTANEOUS CORONARY INTERVENTION (PCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC SURGERY ADULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC SURGERY PEDIATRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH O/P <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINIC PART-TIME SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPREHENSIVE PSYCH EMERGENCY PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPILEPSY COMPREHENSIVE SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING HOME HEMODIALYSIS <sup>7</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

<sup>2</sup> A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

<sup>4</sup> DIALYSIS SERVICES require additional approval by Medicare

<sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators

<sup>6</sup> PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

<sup>7</sup> Must be certified for Home Hemodialysis Training & Support

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

<b>TABLE 16C-2 LICENSED SERVICES (cont.)</b>	<b>Current</b>	<b>Add</b>	<b>Remove</b>	<b>Proposed</b>
RADIOLOGY-THERAPEUTIC <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, ACUTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b)]	_____	_____	_____	_____
TRANSPLANT				
HEART - ADULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART - PEDIATRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIDNEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators

The Sites Tab in NYSE-CON has replaced the beds and services Tables of Schedule 16C. The Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

**TABLE 16C-3 LICENSED SERVICES FOR  
 HOSPITAL EXTENSION CLINICS and OFF-CAMPUS EMERGENCY DEPARTMENTS**

**NOT APPLICABLE**

LOCATION: <small>(Enter street address of facility)</small>	Check if this is a mobile van/clinic <input type="checkbox"/>			
	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE <sup>6</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMBULATORY SURGERY				
SINGLE SPECIALTY -- GASTROENTEROLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OPHTHALMOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – ORTHOPEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – PAIN MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE SPECIALTY – OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MULTI-SPECIALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED MENTAL HEALTH O/P <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - REHAB <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL DEPENDENCE - WITHDRAWAL O/P <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME HEMODIALYSIS TRAINING & SUPPORT <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LITHOTRIPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METHADONE MAINTENANCE O/P <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING HOME HEMODIALYSIS <sup>7</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY-THERAPEUTIC <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] <sup>4</sup>	_____	_____	_____	_____
TRAUMATIC BRAIN INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOR OFF-CAMPUS EMERGENCY DEPARTMENTS ONLY<sup>8</sup></b>				
EMERGENCY DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.  
<sup>2</sup> A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.  
<sup>4</sup> DIALYSIS SERVICES require additional approval by Medicare  
<sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators  
<sup>6</sup> PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric  
<sup>7</sup> Must be certified for Home Hemodialysis Training & Support  
<sup>8</sup> OFF-CAMPUS EMERGENCY DEPARTMENTS must meet all relevant Federal Conditions of Participation for a hospital per CMS S&C-08-08

**END STAGE RENAL DISEASE (ESRD)**

**NOT APPLICABLE**

<b>TABLE 16C-3(a) CAPACITY</b>	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

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

<b>TABLE 16C-3(b) TREATMENTS</b>	Last 12 mos	2 years prior	3 years prior
CHRONIC DIALYSIS			

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

1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.
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 16D**

**Schedule 16 D. Hospital Outpatient Department - Utilization projections**

a	b	d	f
	Current Year Visits*	First Year Visits*	Third Year Visits*
<b>CERTIFIABLE SERVICES</b>			
MEDICAL SERVICES – PRIMARY CARE			
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES			
AMBULATORY SURGERY			
SINGLE SPECIALTY -- GASTROENTEROLOGY			
SINGLE SPECIALTY – OPHTHALMOLOGY			
SINGLE SPECIALTY – ORTHOPEDICS			
SINGLE SPECIALTY – PAIN MANAGEMENT			
SINGLE SPECIALTY -- OTHER			
MULTI-SPECIALTY			
CARDIAC CATHETERIZATION			
ADULT DIAGNOSTIC			
ELECTROPHYSIOLOGY			
PEDIATRIC DIAGNOSTIC			
PEDIATRIC INTERVENTION ELECTIVE			
PERCUTANEOUS CORONARY INTERVENTION (PCI)			
CERTIFIED MENTAL HEALTH O/P			
CHEMICAL DEPENDENCE - REHAB			
CHEMICAL DEPENDENCE - WITHDRAWAL O/P			
CLINIC PART-TIME SERVICES			
CLINIC SCHOOL-BASED SERVICES			
CLINIC SCHOOL-BASED DENTAL PROGRAM			
COMPREHENSIVE EPILEPSY CENTER			
COMPREHENSIVE PSYCH EMERGENCY PROGRAM			
DENTAL			
EMERGENCY DEPARTMENT			
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT			
HOME HEMODIALYSIS TRAINING & SUPPORT			
INTEGRATED SERVICES – MENTAL HEALTH			
INTEGRATED SERVICES – SUBSTANCE USE DISORDER			
LITHOTRIPS			
METHADONE MAINTENANCE O/P			
NURSING HOME HEMODIALYSIS			
RADIOLOGY-THERAPEUTIC			
RENAL DIALYSIS, CHRONIC			
<b>OTHER SERVICES</b>			
<b>Total</b>			

Not Applicable - Inpatient Project

*Note: In the case of an extension clinic, the service estimates in this table should apply to the site in question, not to the hospital or network as a whole.*

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

**Schedule 16 E. Utilization/Discharge and Patient Days**

Service (Beds) Classification	Current Year Start date: 1/1/2024		1st Year Start date: 6/1/2026		3rd Year Start date: 6/1/2028	
	Discharges	Patient Days	Discharges	Patient Days	Discharges	Patient Days
AIDS						
BONE MARROW TRANSPLANT						
BURNS CARE						
CHEMICAL DEPENDENCE - DETOX						
CHEMICAL DEPENDENCE - REHAB	█	█	█	█	█	█
COMA RECOVERY						
CORONARY CARE						
INTENSIVE CARE						
MATERNITY						
MED/SURG						
NEONATAL CONTINUING CARE						
NEONATAL INTENSIVE CARE						
NEONATAL INTERMEDIATE CARE						
PEDIATRIC						
PEDIATRIC ICU						
PHYSICAL MEDICINE & REHABILITATION						
PRISONER						
PSYCHIATRIC						
RESPIRATORY						
SPECIAL USE						
SWING BED PROGRAM						
TRANSITIONAL CARE						
TRAUMATIC BRAIN-INJURY						
OTHER (describe)						
<b>TOTAL</b>	█	█	█	█	█	█

**NOTE: Prior versions of this table referred to "incremental" changes in discharges and days. The table now requires the full count of discharges and days.**

Office of Mental Health Program

**NOT APPLICABLE**

This information is **required of Article 28 hospitals and diagnostic and treatment centers for projects that include mental health programs** subject to an operating certificate or prior approval by the Office of Mental Health under Article 31 of the Mental Hygiene Law (MHL). These projects include a new mental health program, or a new site, or modification to an existing program. Per MHL Article 31, prior consultation with the Local Government Unit and local Office of Mental Health Field Office is required before submission of the Article 28 application.

**Section A - Attachments for New Program or New Satellite Location**

1. **Program and Service Area**

- a. Identify the type of mental health program to be provided.
- b. Define the geographic or political boundaries of the area to be served by the proposed program.
- c. Describe how the proposed program will function within the mental health system in the area to be served.

2. **Problems and Needs**

- a. Describe the target population for the program qualitatively and quantitatively. Describe problems of the target population and their families, and describe how the proposed program will address these problems.
- b. Describe how your organization currently serves the target population (if applicable).
- c. Provide any other information supporting need for the proposed program.

3. **Access**

- a. Describe how the program will serve the poor and the medically indigent.
- b. Describe the mechanisms by which the program will address the cultural and ethnic backgrounds in the treatment of the population in the service area.
- c. Describe the mechanisms for participation of consumer representation within the governing body (if applicable).
- d. Describe plans to enable persons with physical disabilities to access services, consistent with the characteristics of the population to be served.
- e. Indicate the transportation arrangements through which individuals will access the program.

4. **Continuity of Care**

- a. Describe a plan to ensure continuity of care within the mental health system and with other service systems. Identify specific providers to ensure linkages among programs.
- b. For outpatient programs, describe a plan by which patients in the program will be assisted during hours when the program is not in operation.

5. **Implementation**

Describe start-up or phase-in activities necessary to implement the program. Include timeframes in your description.

**6. Functional Program**

- a. Mission - Provide an overview of the proposed program and describe the treatment philosophy.
- b. Organization - Describe the lines of authority from the governing body to the proposed program. Indicate the relationship of the program to other programs operated by your agency.
- c. Goals and Objectives - Describe the goals, objectives, and expected outcomes of the program. Indicate average length of stay.
- d. Admission - Describe admission criteria, policies, and procedures. Include inclusionary and exclusionary criteria, process, timeframes, record keeping, and procedures for notifying families and programs in which recipients are currently admitted.
- e. Discharge - Describe discharge criteria, policies, and procedures. Include process, timeframes, record keeping, and procedures for notifying families and programs to which recipients will be referred for further services.
- f. Services - Provide a detailed description of all services available to recipients admitted to the program. Specify how these services will be provided and the staff position responsible for providing the service. Identify the provider of any services to be delivered by other than the proposed program. For programs serving children, describe plans to coordinate with the family and the school.
- g. Staffing - Provide a staffing plan for the program. Include descriptions of the qualifications and duties for each staff position.
- h. Quality Assurance/Improvement - Describe your plans for utilization review, incident management, and internal monitoring.
- i. Premises - Provide a description of the premises to be used by the program. Include appropriately labeled sketch drawings showing use and dimensions of rooms.
- j. Waivers - Identify any waiver requests and provide justification for the request. Indicate the effect on your proposed program if the request is denied.

**7. Fiscal**

- a. Unless provided elsewhere in this application, submit a proposed budget for the first and second year of full operation of the mental health program.
- b. If Medicaid revenue is included, indicate the source and availability of the state share of Medicaid for projects other than Article 31 Clinics.

**Section B - Attachments for Program Expansion at Existing Program or Site**

1. Identify the program.

2. Provide justification and data supporting the need for the expansion.

3. Describe the impact of the expansion on services, staffing, caseload and space.

4. Provide a detailed description of services available to recipients as a result of the proposed expansion. Specify how these services will be provided and the staff positions responsible for providing the service. Identify the provider of any services to be delivered by other than the provider of the licensed program. For programs expanding to serve children, describe plans to coordinate with the family and the school.

5. Indicate the fiscal impact of the expansion. Provide the incremental increases to expenses and revenues. If additional Medicaid is proposed to support the expansion, for projects other than Article 31 clinics, indicate the source and availability of the state share of Medicaid.

**Section C - Attachments for Other Projects Requiring Prior Approval of OMH**

In all projects, identify the program affected.

**1. Reduce Existing Program**

- a. Indicate proposed effective date for reduction.
- b. Describe the reasons for the reduction and the impact (if any) on individuals currently receiving services.

**2. Closure of Program or Site**

- a. Indicate proposed effective date of closure.
- b. Describe the reasons for closing the program or site.
- c. Submit a transition plan showing that recipients will be linked to appropriate alternative programs, the alternative programs have agreed to accept the referrals, recipient transportation needs will be addressed, and follow-up will occur to confirm recipient linkage to programs.
- d. If the rationale for closure includes fiscal considerations, provide documentation to substantiate the lack of fiscal viability in the long-term.
- e. Submit a plan for safeguarding recipient records and financial accounts.
- f. Describe the process and timeframe for evaluation and placement of recipients and completion of other activities to conclude the affairs of the program.

**3. Change in Location**

- a. Indicate proposed effective date of relocation.
- b. Identify the new location.
- c. Describe the reasons for the relocation.
- d. Describe how access and transportation needs will be addressed.
- e. Provide a description of the premises to be used. Include appropriately labeled sketch drawings showing use and dimensions of rooms.
- f. Provide a Certificate of Occupancy or equivalent from the local buildings jurisdiction prior to occupancy.
- g. If program relocates to new county or borough, complete Section A (1-7).

**4. Change of Sponsor**

- a. Identify new sponsor and current sponsor.
- b. Describe the reasons for changing sponsorship of the program(s).
- c. Include written concurrence from the current sponsor for transfer of the program(s). If current sponsor is a corporation include resolution from the Board of Directors.
- d. Describe any changes to be made in operation of the program(s).
- e. Describe the qualifications of the new sponsor for the operation of mental health programs.

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**Schedule 20A**

- f. Indicate any financial considerations involved in the change of sponsor.
- g. Submit a transition plan, including timeframes, for the change of sponsor.

**5. Capital Project**

- a. Describe the reasons for the project.

**6. Change in Population Served**

- b. Describe the population currently served in the program. Include quantitative and qualitative data.
- c. Describe the population being added to or deleted from the program. Include quantitative and qualitative data.
- d. Explain the reasons for the change in population.
- e. If adding population, provide justification and data to support the need to serve this population.
- f. Describe the impact of the addition or deletion on the existing program in terms of services, staffing, staff expertise, linkages, space, capacity or caseload, and fiscal (including the impact on the state share of Medicaid, for projects other than Article 31 Clinics).

**7. Other Projects**

- a. Describe the project and the reasons for requesting approval. If an emergency situation, fully describe the nature of the emergency and the necessity for approval.
- b. If a management contract or clinical services contract, provide:
  - I. Reasons for entering into the proposed contract
  - II. Copy of the proposed contract.
  - III. Background on the principals, officers, and directors of the organization.
  - IV. Information in sufficient detail to enable review of the project pursuant to Part 551.7(a)(15) of Title 14 NYCRR.

**Office of Alcoholism and Substance Abuse Services Program**

**Saint Joseph’s Medical Center – St. Vincent’s Westchester Division (SJMC-SVWD) is seeking approval to convert six (6) chemical dependence – rehabilitation beds to six (6) chemical dependence – detoxification beds. The six (6) detoxification beds will enhance access to inpatient medically managed withdrawal services and allow SJMC-SVWD to align patient needs for a seamless continuum of care through inpatient addiction treatment. SJMC-SVWD has submitted a Certification Proposal Application to the New York State Office of Addiction Services and Supports (Project 254085) to convert the six (6) beds to detoxification beds.**

This information is required of Article 28 hospitals and diagnostic and treatment centers for projects that include Chemical Dependency (CD) programs subject to an operating certificate or prior approval by the Office of Alcoholism and Substance Abuse Services (OASAS) under Article 32 of the Mental Hygiene Law (MHL). These projects include a new Chemical Dependency (CD) program, or a new site, or a modification to an existing program. Per MHL Article 32, prior consultation with the Local Governmental Unit (LGU) and local OASAS Field Office is required before submission of the Article 28 application.

**Section A – Attachments for New Service, New Additional Location or Capacity Increase of beds**

- 1 Program and Service Area
  - a) Identify the type CD treatment service to be provided.
  - b) Provide a description of the area where the applicant plans to provide CD services.
  - c) Describe how the proposed program will function within the network of CD provider in this area.

The six (6) chemical dependence – detoxification beds will be added to an existing and operational inpatient chemical dependency unit on the first (1<sup>st</sup>) floor of SJMC-SVWD. SJMC-SVWD will accomplish this by converting three (3) double-bedded chemical dependence – rehabilitation rooms to three (3) double-bedded chemical dependence – detoxification rooms.

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

- 2 Need
  - a) Provide an assessment of the need for the services requested.
  - b) Describe how your organization currently serves the target population (if applicable).
  - c) Provide any other information supporting need for the proposed program.

For the past several years, SJMC–SVWD has seen an increased demand for inpatient detoxification. On average, SJMHC-SVWD receives 20 inquiries a week for patients seeking inpatient detoxification services who have to be referred to other providers for detoxification services as SJMC-SVWD does not currently provide inpatient detoxification. In addition, Westchester County currently has only one (1) provider of medically supervised withdrawal and stabilization services, St. John’s Riverside Hospital in Yonkers at its SJRH-Park Care Pavilion. The 72-bed unit at St. John’s Riverside Hospital often operates with high occupancy levels at 85% or higher, making it difficult for patients in need of detoxification to access services locally, forcing them to seek care out of state in Connecticut or outside of Westchester County in other Metropolitan area facilities.

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

# New York State Department of Health Certificate of Need Application

## Schedule 20B

### 3 Functional Program

- a) Mission - Describe the applicant's approach/philosophy regarding the treatment of chemical dependence; include use of self-help services, medication, individual/group counseling and other treatment techniques.
- b) Organization – Describe the lines of authority from the governing body to the proposed program. Indicate the relationship of the program to other programs operated by your agency.
- c) Goals and Objectives - Provide a detailed list including, but not limited to: expected outcomes for patients, planned numbers and frequency of service delivery, planned length of stay and other proposed measures of success.
- d) Policies and Procedures – Submit detailed CD operational policies and procedures in accord with the proposed services to be provided. (not required when adding an additional location or a capacity increase of beds)
- e) Additional Locations – Indicate current annual number units of services at main location and projected annual number units of services at the additional location.
- f) Services – Describe the proposed operating schedule including days and hours.
- g) Staffing – Provide a staffing plan for the program. Include descriptions of qualifications and duties for each staff person.
- h) Premises – Provide a description of the premises to be used by the program. Include floor plan sketches drawn to scale.
- i) Provide a Certificate of Occupancy or equivalent from the local buildings jurisdiction.

SJMC-SVWD is an existing provider of inpatient and outpatient behavioral health care, including mental health and addiction treatment. The primary purpose for this Application is to enhance access to inpatient medically managed withdrawal and stabilization services to meet the need for additional chemical dependency – detoxification beds in Westchester County. The demographics of the primary service area population were also considered in the assessment of the need for the proposed project. The approval of this Application is necessary to sustain the high level of inpatient behavioral health services provided at SJMC-SVWD, as well as to continue its mission of providing healthcare services to individuals of the service area.

All policies and procedures currently in place on the existing inpatient chemical dependency unit at SJMC-SVWD will be incorporated into the operation of the inpatient chemical dependence – detoxification beds, and the program will continue to be operated under the same high standards of care in practice at SJMC-SVWD.

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

### 4 Fiscal

- a) Submit a proposed budget for pre-operational expenses and first year of full operation.

Please refer to Schedule 13 for expense and revenue budget information.

### 5 Implementation

Describe start-up or phase-in activities necessary to implement the program. Include timeframes in your description.

SJMC-SVWD will start providing medical managed withdrawal and stabilization services upon approval of this proposal. There is no impact on staffing as the existing staff will be able to serve the increase in detoxification admissions and the services will be provided in existing space on the operational inpatient chemical dependency unit on the first (1<sup>st</sup>) floor of SJMC-SVWD.

**Section B – Relocation an existing service NOT APPLICABLE**

- 1 Change in Location
  - a) Indicate the proposed effective date of relocation.
  - b) Identify the new location.
  - c) Describe the reasons for the relocation.
  - d) Describe how access and transportation needs will be addressed.
  - e) Provide a description of the premises to be used by the program. Include floor plan sketches drawn to scale.
  - f) Provide a Certificate of Occupancy or equivalent from the local buildings jurisdiction.
  - g) If the program relocates to a new county or borough, Complete Section A (1).

**Section C – Change of Sponsor NOT APPLICABLE**

- 1 Change in Sponsor
  - a) Identify the new sponsor and the current sponsor.
  - b) Describe the reasons for changing sponsorship of the program(s).
  - c) Include written concurrence from the current sponsor for transfer of the program(s). If current sponsor is a corporation, include a resolution from the Board of Directors.
  - d) Describe any changes to be made in the operation of the program(s).
  - e) Describe the qualifications of the new sponsor for the operation of CD programs.
  - f) Indicate any financial considerations involved in the change of sponsor.
  - g) Submit a transition plan, including timeframes, for the change of sponsor.