

## **EXECUTIVE SUMMARY**

Rockefeller University Hospital (RUH, the “Hospital”), a 40-bed acute care hospital located at 1230 York Avenue, New York (New York County), New York 10065, is submitting this Certificate of Need Application seeking New York State Department of Health approval to decertify all 40 inpatient beds and transition operations from a hospital to a diagnostic and treatment center (D&TC). In addition, RUH is requesting to amend the certified services on its operating certificate to have MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES added as the only certified service. Upon approval of this Application, the name of the Article 28 entity will change from “Rockefeller University Hospital” to “Rockefeller University Clinical Research Center” (the “Center”).

The operator of Rockefeller University Hospital is The Rockefeller University (the “University”). The Hospital operates as an unincorporated division of the University. As a D&TC, the Center will likewise operate as an unincorporated division of the University.

The Rockefeller University is a world-renowned center for research and graduate education in the biomedical sciences, chemistry, bioinformatics and physics. The University’s 73 laboratories study a diverse range of biological and biomedical issues and conduct basic research; a number of the laboratories also conduct clinical research. All clinical services provided at the Hospital are related to research being conducted. Hospital operations are primarily funded through a grant provided by the U.S. Department of Health and Human Services and an operating subsidy from the University. RUH does not provide services to the general population, i.e., persons who are not participating as a research participant in a study.

The Hospital’s inpatient census has declined over the years as many research protocols transitioned to outpatient studies, with no inpatient services in more than two (2) years. As a result, the University has decided to decertify RUH’s inpatient beds and transition the Article 28 to operate instead as a D&TC providing outpatient services only. The University remains committed to its mission of improving the understanding of science for the benefit of humanity through both clinical and basic research in a diverse range of biological and biomedical issues. The transition of the Hospital’s operations to an outpatient D&TC reflects the evolution in research protocols to outpatient studies and will enable the University to more efficiently allocate its resources in order to further its mission.

There is no construction required for this project. The Hospital currently occupies the A level, first, second and third floors of the building located at 1230 York Avenue, which is owned by the University. (The A level is below the first floor.) As a D&TC, the Center will comprise only a portion of the A level and the entirety of the third floor. The other floors will no longer be certified as Article 28 space. As there is no construction proposed for this application and no inpatient research services that are ongoing, the applicant expects no disruption in services as a result of the closure of the inpatient beds and the transition in the facility’s operations to a D&TC.

## ROCKEFELLER UNIVERSITY HOSPITAL

### SITE INFORMATION

**Alternate contact:** Timothy O'Connor, Ph.D.

**Email address:** toconnor@rockefeller.edu

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

**Total Project Cost:**

\$2,000

#### **Operator Information:**

Operator: Rockefeller University Hospital

Address: 1230 York Avenue, New York (New York County), New York 10021

PFI number: 1465

#### **Project Site Information:**

Project Site: Rockefeller University Hospital

Impacted site: 1230 York Avenue, New York (New York County), New York 10021

PFI number of impacted site: PFI 1465

#### **Site Proposal Summary (maximum of 1,000 characters):**

Rockefeller University Hospital (RUH), a 40-bed acute care hospital located at 1230 York Avenue, New York (New York County), New York 10065, is submitting this Certificate of Need Application seeking New York State Department of Health approval to decertify all 40 inpatient beds and transition operations from a hospital to a diagnostic and treatment center. In addition, RUH is requesting to amend the certified services on its operating certificate to have MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES added as the only certified service. Upon approval of this Application, the name of the Article 28 entity will change from “Rockefeller University Hospital” to “Rockefeller University Clinical Research Center”. With this submission, RUH is also requesting to update the address of the Article 28 entity on the NYSDOH operating certificate (with no change in location).

#### **Modify Name/Address:**

Current Name/Address: Rockefeller University Hospital, 1230 York Avenue, New York (New York County), New York 10021

Proposed Name/Address: Rockefeller University Clinical Research Center, 1198 York Avenue, New York (New York County), New York 10065

#### **Beds:**

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	0140	<input type="checkbox"/>	<input checked="" type="checkbox"/> 40	0
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> 40		<input type="checkbox"/>	<input checked="" type="checkbox"/> 40	0

**Services:**

<b>LOCATION:</b> 1230 York Avenue, New York (New York County), New York 10021	<input type="checkbox"/> <b>MOBILE CLINIC DESIGNATION (217)</b> Check box only if extension clinic is mobile <i>(A mobile clinic must be an extension clinic with a fixed main site)</i>			
	<b>Current</b>	<b>Add</b>	<b>Remove</b>	<b>Proposed</b>
MEDICAL SERVICES – PRIMARY CARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
METHADONE MAINTENANCE O/P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NUCLEAR MEDICINE – DIAGNOSTIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
THERAPY – OCCUPATIONAL O/P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
THERAPY – PHYSICAL O/P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RADIOLOGY – DIAGNOSTIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MEDICAL SOCIAL SERVICES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Remove Site: N/A**

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

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

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

**Table A. N/A – Applicant is a hospital.**

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

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

**Section B. All Article 28 Facilities**

**Table B.**

<b>Construction or equipment</b>	<b>Yes</b>	<b>No</b>
Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? <i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and less than or equal to \$6,000,000 for all other facilities are eligible for a Limited Review.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

- **If you checked "yes" for one or more questions in Table B**, the following HEIA documents are required to be completed and submitted along with the CON application:
  - o HEIA Requirement Criteria with Section B completed
  - o HEIA Conflict-of-Interest
  - o HEIA Contract with Independent Entity
  - o HEIA Template
  - o HEIA Data Tables
  - o Full version of the CON Application with redactions, to be shared publicly

- ***If you checked "no" for all questions in Table B,*** this form with the completed Section B is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.

## New York State Department of Health

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

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

#### **Section 1 – Definitions**

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

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

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

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

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

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

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

1. Name of Independent Entity: Jeffrey A. Sachs Associates, Inc.
2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)? **No**

☐ If yes, indicate the name of the organization:

\_\_\_\_\_

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

Yes

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


N/A



#### Section 4 – Attestation

I, Jeffrey Sachs, having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Jeffrey A. Sachs Associates, Inc., do hereby attest that the Health Equity Impact Assessment for project Decertifying inpatient unit; certifying diagnostic and treatment center provided for The Rockefeller University has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

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

Signature of Independent Entity:  \_\_\_\_\_

Date: 4/16/2025

## New York State Department of Health

### Health Equity Impact Assessment Template

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

#### SECTION A. SUMMARY

1. Title of project	Decertifying inpatient unit; certifying diagnostic and treatment center
2. Name of Applicant	Rockefeller University Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Sachs Policy Group (SPG) – 212-827-0660</p> <ul style="list-style-type: none"><li>• Jaclyn Pierce, MPH <a href="mailto:jpierce@sachspolicy.com">jpierce@sachspolicy.com</a></li><li>• Anita Appel, LCSW - <a href="mailto:AnitaAppel@sachspolicy.com">AnitaAppel@sachspolicy.com</a></li><li>• Maxine Legall, MSW, MBA - <a href="mailto:mlegall@sachspolicy.com">mlegall@sachspolicy.com</a></li></ul> <p>Qualifications:</p> <ul style="list-style-type: none"><li>• Health equity – 6 years</li><li>• Anti-racism – 6 years</li><li>• Community engagement – 25+ years</li><li>• Health care access and delivery – 10+ years</li></ul>
4. Description of the Independent Entity's qualifications	<p>The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.</p> <p>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are</p>

	<p>dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.</p> <p>The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	February 11, 2025
6. Date the HEIA concluded	April 10, 2025

7. Executive summary of project (250 words max)
<p>The Rockefeller University Hospital, located at 1230 York Avenue on the Upper East Side of New York City, is the first U.S. hospital devoted solely to clinical research. The hospital is licensed for 40 inpatient beds for clinical research, 20 of which are currently available for use, and also includes an outpatient center. Its mission is to serve as a dedicated clinical site for medical research while also educating early-career physicians in the laboratory sciences that underpin clinical investigation. All patients are voluntary research participants and participate in studies free of charge. The hospital does not provide routine care or general hospital services and is not open to the community. If a research participant experiences an adverse event or clinical emergency, they are promptly seen by an on-call physician and then transferred to New York-Presbyterian Hospital across the street for treatment if needed.</p> <p>The Applicant is seeking to convert the hospital to a freestanding Article 28 diagnostic and treatment center (D&amp;TC), noting that it has not admitted any research participants to the inpatient unit in over two years. As a result, the hospital remains staffed and supplied without being utilized, as all current research studies rely solely on outpatient services such as phlebotomy. Therefore, the Applicant has determined that a freestanding D&amp;TC is more in line with its current research needs.</p>
8. Executive summary of HEIA findings (500 words max)

To support the findings of this assessment, SPG analyzed utilization data from the Applicant, census data for the service area, information and data from the Rockefeller University Community Health Needs Assessment and Improvement Plan, academic literature, and information obtained from interviews with leadership, employees, clinical research experts, community advisory board members, and former research participants. These interviews helped us understand the typical demographics and characteristics of research participants, the types of studies conducted on the inpatient and outpatient units, recruitment and accessibility efforts, research and clinical protocols, the experience of research investigators and participants at the organization, and activities conducted by the Community Advisory Board.

The primary benefit of this project is that it enables the organization to discontinue allocating financial, staffing, and administrative resources to an inpatient unit that has not been used for over two years. By repurposing these resources into the outpatient environment for research protocols, the organization can strengthen its capacity to conduct studies in a more cost-effective, participant-centric setting. This targeted allocation of funding and personnel could increase the impact and efficiency of the research programs, ultimately benefiting both the organization and the broader population that depends on research findings. The proposed change is also more closely aligned with how the facility and its clinical services are currently being utilized.

An unintended negative health equity impact of the project is that it will prevent researchers from conducting, and research participants from enrolling in, future clinical studies at the D&TC that require inpatient/overnight stays. Such trials often demand continuous monitoring and specialized care that can sometimes but not always be replicated in an outpatient setting. By closing the inpatient unit, and to the extent a researcher seeks to conduct research requiring an inpatient stay, individuals—including those from medically underserved communities—will lose access to the opportunity to contribute to critical scientific progress at this facility. Racial and ethnic minorities, which research shows generally face systemic barriers to clinical trial participation (see footnotes 2-4 below), may be disproportionately affected by this reduced access to inpatient trials. Likewise, individuals with certain health conditions that can only be studied through an inpatient stay may have reduced access to research opportunities. However, the magnitude of this impact is expected to be minimal, as the inpatient unit has remained unused for over two years and there has been a general trend in research towards outpatient protocols.

During the meaningful engagement process, most stakeholders expressed support for the project, though several concerns were raised. To mitigate these concerns, we recommend the applicant 1) consider adjusting the D&TC's operating hours; 2) gather input from research investigators and support staff on the D&TC's layout and amenities; 3) explore options for partnering with other local academic medical centers/research institutions on inpatient studies; and 4) implement structured feedback mechanisms—such as surveys, focus groups, or other engagement methods—to assess whether researchers' and study participants' needs continue to be met in the outpatient setting.

## **SECTION B: ASSESSMENT**

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

### **STEP 1 – SCOPING**

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

Please see attached spreadsheet titled “heia\_data\_tables\_Rockefeller.xlsx”

Research participants have included individuals whose primary residence is in other states or even international locations. However, the majority of research participants reside in New York and Rockefeller University staff confirmed that most recruitment efforts focus on New York City residents. As such, we have included only New York-based research participants when determining the Applicant’s service area.

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

- Racial and ethnic minorities
- Persons living with a prevalent condition

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

We analyzed utilization data from the Applicant, census data for the service area, information and data from the Rockefeller University Community Health Needs Assessment and Improvement Plan, academic literature, and information obtained from interviews with leadership, employees, clinical research experts, community advisory board members, and former research participants.

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

We expect the Applicant’s proposal to convert its hospital to a freestanding D&TC to impact racial/ethnic minorities because of their historical barriers to clinical trial participation and individuals living with certain conditions because of their need for and participation in inpatient research trials.

### Racial and Ethnic Minorities

The racial and ethnic breakdown in the Applicant's service area compared to New York City is provided in Tables 1 and 2 below.<sup>1</sup>

*Table 1. Race*

Race	Applicant Service Area	New York City
White	39.5%	33.7%
Black	24.2%	22%
American Indian/Alaska Native	0.6%	0.9%
Asian	6.7%	15%
Native Hawaiian/Other Pacific Islander	0%	0.1%
Some Other Race	20%	15.9%
Two or More Races	8.9%	12.5%

*Table 2. Ethnicity*

Ethnicity	Applicant Service Area	New York City
Hispanic or Latino	35.2%	28.4%
Not Hispanic or Latino	64.8%	71.6%

The racial and ethnic breakdown in the Applicant's service area, which is defined as where research participants have resided in the past year, is very similar to that of New York City. During stakeholder engagement, research investigators and employees described the Applicant's significant efforts to ensure that recruitment of participants for each study is representative of the broader demographics of New York City. This is important to note as racial/ethnic minorities are frequently underrepresented in research studies, despite well-established disparities in disease prevalence and risk.<sup>2,3</sup> Studies show that barriers to trial participation for minority groups include fear, mistrust of the medical community, and the burden associated with trial participation.<sup>4</sup> Ensuring diverse participation in clinical trials is critical for advancing health equity, improving the validity of research findings, and reducing health care disparities. Racial/ethnic minorities will continue to have access to research studies conducted at Rockefeller

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<sup>1</sup> U.S. Census Bureau. (2023). *American Community Survey 1-year estimates, 2023*.

<https://data.census.gov/>

<sup>2</sup> Chen MS Jr, Lara PN, Dang JH, Paterniti DA, Kelly K. Twenty years post-NIH Revitalization Act: enhancing minority participation in clinical trials (EMPaCT): laying the groundwork for improving minority clinical trial accrual: renewing the case for enhancing minority participation in cancer clinical trials. *Cancer*. 2014;120 Suppl 7(0 7):1091-1096. doi:10.1002/cncr.28575

<sup>3</sup> Melloni C, Berger JS, Wang TY, et al. Representation of women in randomized clinical trials of cardiovascular disease prevention. *Circ Cardiovasc Qual Outcomes*. 2010;3(2):135-142. doi:10.1161/CIRCOUTCOMES.110.868307

<sup>4</sup> Schmotzer GL. Barriers and facilitators to participation of minorities in clinical trials. *Ethn Dis*. 2012;22(2):226-230.

University, including continued access to ongoing studies that are currently active and that are utilizing the outpatient facility of the hospital. Additionally, we are confident that the organization will continue its efforts to ensure diversity in recruitment of research participants. However, racial/ethnic minorities may have reduced access to any studies that would require an inpatient or overnight stay, which the facility would no longer be able to conduct onsite as a result of this project. There are no active overnight or inpatient studies at the facility currently.

#### Persons living with certain conditions

Research participants at Rockefeller include both healthy volunteers and individuals with long- or short-term infectious diseases or chronic conditions, including Covid-19, HIV, cancer, and obesity. Research participation contributes to the advancement of medical knowledge and treatment for certain diseases.<sup>5</sup> Participation may also help research participants to gain access to new experimental treatments before they are widely available.<sup>6</sup> According to stakeholder interviews and data provided by the Applicant, recent studies conducted at Rockefeller that required inpatient/overnight stays primarily focused on individuals with chronic conditions such as cancer and obesity. As a result of this project, researchers at Rockefeller University would no longer be able to conduct studies for conditions that require overnight stays, and patients would have to access such studies elsewhere. However, Rockefeller currently has active studies that address some of these conditions but that only require outpatient visits.

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

Tables 3 and 4 below outlines race/ethnicity of research participants at the inpatient and outpatient facility within the hospital. Data on diagnosis of prevalent diseases or conditions among research participants was not readily available. These populations will no longer be able to access any studies that require inpatient/overnight stays at Rockefeller University, but will continue to be able to access research trials (including any trials that they are currently participating in) on an outpatient basis. The demographics of current research participants are not expected to change as a result of this project.

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<sup>5</sup> National Institute on Aging. (n.d.). *What are clinical trials and studies?* <https://www.nia.nih.gov/health/clinical-trials-and-studies/what-are-clinical-trials-and-studies>

<sup>6</sup> The Rockefeller University Hospital. (n.d.). *Clinical Research Studies.* <https://www.rucare.org/patientsvolunteers/studies>

Table 3. Race

Race	% of Research Participants (inpatient 2022)	% of Research Participants (outpatient 2024)
White	50%	38.8%
Black	33%	31%
Asian	17%	9.9%
Two or more races	0%	5.4%
American Indian/Alaska Native	0%	0.7%
Native Hawaiian/Pacific Islander	0%	0%
Some Other Race	0%	9.2%
Unknown	0%	5.1%

Table 4. Ethnicity

Ethnicity	% of Research Participants (inpatient 2022)	% of Research Participants (outpatient 2024)
Hispanic or Latino (any race)	0%	23.1%
Not Hispanic or Latino	100%	70.4%
Unknown	0%	6.5%

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

Rockefeller University Hospital is widely recognized as the only “research-only” hospital in New York City. New York City’s primary academic medical and research centers are listed in Table 3 below.

Table 3. NYC-Based Academic Medical Centers

Provider	Location	Distance from RUH	Travel Time (driving)
<b>Rockefeller University</b>	1230 York Ave, Manhattan	-	-
<b>Columbia University Irving Medical Center (NYP)</b>	622 W 168 <sup>th</sup> St., Manhattan	8 miles	28 minutes
<b>Icahn School of Medicine at Mount Sinai</b>	1 Gustave L. Levy Pl., Manhattan	2.6 miles	21 minutes
<b>Memorial Sloan Kettering Cancer Center</b>	1275 York Ave, Manhattan	0.4 miles	6 minutes
<b>Montefiore Einstein</b>	111 East 210 <sup>th</sup> Street, Bronx	13.1 miles	41 minutes



<b>Montefiore Medical Center</b>	951 Prospect Ave, Bronx	7.4 miles	29 minutes
<b>New York State Psychiatric Institute</b>	1051 Riverside Drive, Manhattan	7.6 miles	25 minutes
<b>NYU Langone Health</b>	550 1 <sup>st</sup> Avenue	3.1 miles	17 minutes
<b>SUNY Downstate</b>	445 Lenox Rd. Brooklyn	11.8 miles	48 minutes
<b>Weill Cornell Medical Center (NYP)</b>	525 E 68 <sup>th</sup> St., Manhattan	0.5 miles	7 minutes

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

Exact numbers for “dedicated” inpatient research beds at NYC academic medical centers are generally not published in a centralized or regularly updated manner. Most hospital institutions integrate their research beds into existing inpatient units rather than maintaining large, stand-alone research wards. As such, these bed counts can be small and subject to change depending on active studies.

However, we were able to confirm that Columbia University has 16 single-occupancy patient rooms within its clinical research unit, and Weill Cornell has 9 adult inpatient beds and 8 pediatric inpatient beds within its clinical research unit.<sup>7,8</sup> The New York State Psychiatric Institute has a 22-bed unit that admits individuals who are participating in research studies involving substance use disorders, psychotic disorders such as schizophrenia, and affective disorders (primarily depression) and a 12-bed unit that admits individuals with eating disorders who are enrolled in research.<sup>9</sup>

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

<sup>7</sup> Columbia University Irving Institute for Clinical and Translational Research. (n.d.). *Inpatient clinical research unit*. <https://www.irvinginstitute.columbia.edu/services/inpatient-clinical-research-unit>

<sup>8</sup> Weill Cornell Medicine. (n.d.). *Inpatient/outpatient units: Clinical translational resource unit*. <https://ctscweb.weill.cornell.edu/research-resources/clinical-translational-resource-unit/inpatient-outpatient-units>

<sup>9</sup> New York State Psychiatric Institute. (n.d.). *Inpatient services*. <https://nyspi.org/nyspi/patients-and-families/inpatient-services>

N/A – the Applicant does not bill for patient-oriented care as part of research conducted at the facility.<sup>10</sup>

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

The project will require reduced clinical and associated support staff that currently support the inpatient unit.

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

No

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

No

## **STEP 2 – POTENTIAL IMPACTS**

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

The primary benefit of this project is that it enables the organization to discontinue allocating financial, staffing, and administrative resources to an inpatient unit that has not been used for over two years. By repurposing these resources into the outpatient environment for research protocols, the organization can strengthen its capacity to conduct studies in a more cost-effective, participant-centric setting.

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<sup>10</sup> The Rockefeller University Hospital. (2022). *The Rockefeller University Hospital community service plan 2022–2024*. [PDF]. Retrieved from [https://www.rucares.org/assets/file/The%20Rockefeller%20University%20Hospital%20Community%20Service%20Plan%202022-2024 Final .pdf](https://www.rucares.org/assets/file/The%20Rockefeller%20University%20Hospital%20Community%20Service%20Plan%202022-2024%20Final.pdf)

From a health equity perspective, consolidating research activities into an outpatient unit can increase opportunities for inclusive enrollment, especially among racial/ethnic communities that have historically faced barriers to engaging in clinical studies. Inpatient research may require days or weeks of continuous hospitalization, which can be disruptive to participants' work, family, or other responsibilities. Shorter, more flexible visits and easier scheduling can help expand access for individuals who might not have been able—or willing—to undergo extended inpatient stays. Reducing barriers to participation is also particularly important for individuals with certain diseases or chronic conditions, who often juggle extensive treatment regimens and require specialized support. The outpatient model can help reduce logistical challenges such as time commitment or stigma associated with prolonged inpatient stays, making participation more feasible for vulnerable populations.

By focusing on outpatient-based research protocols, the institution can optimize the use of its resources, improve access to participation in clinical trials, and contribute to scientific knowledge that is responsive to the needs of all communities. This targeted allocation of funding and personnel could increase the impact and efficiency of the research programs, ultimately benefiting both the organization and the broader population that depends on evidence-based innovations.

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

An unintended negative health equity impact of the project is that it will prevent researchers from conducting, and research participants from enrolling in, future clinical studies that require inpatient/overnight stays in the D&TC. Such trials often demand continuous monitoring and specialized care that can sometimes but not always be replicated in an outpatient setting. By closing the inpatient unit, individuals—including those from medically underserved communities—will lose the opportunity to contribute to critical scientific progress at this facility. Racial and ethnic minorities, already facing systemic barriers to clinical trial participation, may be disproportionately affected by this reduced access to inpatient trials. Likewise, individuals with certain health conditions that can only be studied through an inpatient stay may have reduced access to important research opportunities.

However, the magnitude of this impact is expected to be minimal, as the inpatient unit has remained unused for research for over two years. Even when it was last operational in 2022, it admitted only 12 participants across two studies. By contrast, the outpatient unit conducted 936 participant visits in 2022. Researchers and staff interviewed for this assessment attributed the decline in use to broader shifts in research methods. In

parallel with trends in traditional health care, there has been a move toward outpatient protocols.<sup>11</sup> Additionally, advances in technology now allow for more robust remote monitoring of participants, further diminishing the need for extended inpatient stays.<sup>12</sup>

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

N/A

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

The facility is accessible via several public transportation options:

**Subway:**

- 68<sup>th</sup> St-Hunter College Station (6 line) is an approximately 10-12 minute walk
- 72<sup>nd</sup> St Station (Q line) is an approximately 10-15 minute walk

**Bus:**

- M31 provides a convenient stop along York Avenue.
- M66 provides service between York Avenue and West Side locations.
- M72 connects York Avenue with the Upper West Side.
- M15 runs on 1<sup>st</sup> avenue (downtown) and 2<sup>nd</sup> avenue (uptown), and can be accessed a few blocks west of the facility.

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

The D&TC will be accessible by elevator and all bathrooms are ADA compliant. The entry and emergency exits are also ADA compliant.

6. **Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive**

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<sup>11</sup> Deloitte. (2018). *Patterns of outpatient growth* PDFPDFPDF.

[https://www2.deloitte.com/content/dam/insights/us/articles/4170\\_Outpatient-growth-patterns/DI\\_Patterns-of-outpatient-growth.pdf](https://www2.deloitte.com/content/dam/insights/us/articles/4170_Outpatient-growth-patterns/DI_Patterns-of-outpatient-growth.pdf)

<sup>12</sup> U.S. Food and Drug Administration. (2024, September). *Conducting clinical trials with decentralized elements: Guidance for industry, investigators, and other interested parties.*

<https://www.fda.gov/media/167696/download>

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

N/A

### **Meaningful Engagement**

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

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

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

Yes, SPG spoke with DOHMH regarding this project and they provided a statement included in our meaningful engagement tab in the spreadsheet titled "heia\_data\_tables\_Rockefeller.xlsx"

The DOHMH team did not identify any major concerns with the project. The team recommended that the Applicant ensure that recruitment practices to enhance diversity are integral to the mitigation plan and are monitored to ensure participants truly represent the broader demographics of NYC. This may include assessing language access practices, utilizing diverse modes of communication (e.g., verbal, paper, and electronic methods), and seeking partnerships with trusted community providers. Additionally, the Applicant should take feasible steps to ease the transition for staff who will no longer be employed as a result of this project.

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

Please refer to attached spreadsheet titled "heia\_data\_tables\_Rockefeller.xlsx"

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

The stakeholders most affected by this proposed project are research investigators and research participants who will no longer have access to an inpatient facility for research studies. In addition, clinical staff operating the hospital inpatient unit that are facing layoffs due to the closure will be impacted.

Concerns represented by stakeholders included:

- 1) **Participant Comfort:** One stakeholder noted that while longer visits that require monitoring or repeated blood draws mostly occur on an outpatient basis now, some of these activities are still conducted in the inpatient unit out of convenience and because it is more comfortable for the patients (e.g., private room, TV). However, the stakeholder characterized it as “nice to have” rather than a necessity, while encouraging the Applicant to make the outpatient facility as comfortable as possible for extended visits—citing outpatient colonoscopy centers as an example of how to provide a more accommodating and comfortable setting.
- 2) **Facility Hours:** Since the hospital is currently open 24/7, one stakeholder expressed concern that clinical staff of the D&TC would not be available for extended or evening hours. This could impact studies that require longer assessments or the recruitment of participants who are not able to come to the D&TC during work hours. The D&TC will be open Monday-Friday 8am-4:30pm.
- 3) **Loss of Research Flexibility:** While stakeholders overwhelmingly noted that most studies only require the outpatient unit, several lamented that the closure of the inpatient hospital will prevent the organization from conducting certain types of studies in the future that require inpatient/overnight stays. This change may limit the range and depth of future research opportunities. However, some stakeholders noted that there is an opportunity to partner with other organizations, such as Weill Cornell across the street, to utilize their inpatient facility/sleep study unit for research conducted by Rockefeller investigators.

In general, stakeholders did not feel there would be any impact on current studies/research participants, the quality and safety of research conducted at the facility, or recruitment activities, including the organization’s significant efforts to ensure diverse and equitable participation in research studies.

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

As part of our stakeholder engagement, we conducted 14 interviews with research investigators, research experts, former research participants, community members who participate on the Community Advisory Board (CAB), the organization's health equity officer, and staff who review studies and human research protection protocols. These interviews helped us identify the typical demographics and characteristics of research participants and understand 1) the types of studies conducted on the inpatient and outpatient units; 2) recruitment and accessibility efforts; 3) research and clinical protocols; 4) the experience of research investigators and participants at the organization; and 5) activities conducted by the CAB.

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

SPG's stakeholder engagement process involved developing a comprehensive outreach strategy to relevant stakeholders, including research investigators, research participants, staff, and community members. Because the hospital is not open to the general public, we deliberately focused on those most closely connected to and experienced with the organization and its research activities, ensuring a sufficiently diverse range of perspectives on the proposed project.

**STEP 3 – MITIGATION**

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

The Applicant has an interpreter service that is used to support individuals who speak other languages or who require American Sign Language (ASL) services.

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

Based on the concerns expressed by stakeholders during the meaningful engagement, we recommend that the Applicant:

- Consider adjusting the D&TC's operating hours to better accommodate research participants and ensure accessibility for all individuals regardless of work schedules or caregiving responsibilities.
- Gather input from research investigators and support staff (e.g., research coordinators) on the D&TC's layout and amenities, ensuring it meets their operational needs and provides a comfortable environment for research participants.
- Explore options for partnering with other local academic medical centers/research institutions to support investigators that may seek to conduct clinical research that requires the use of inpatient facilities.

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

In addition to seeking feedback from research investigators and support staff, the Applicant should also engage its Community Advisory Board (CAB) to review proposed plans and provide guidance on clear, transparent communication. By involving the CAB early in the planning process, the Applicant can gather insights on how best to address the needs and concerns of staff, investigators, clinical personnel, and research participants. This collaborative approach helps ensure that stakeholder perspectives are integrated into the project's design and that information is shared openly and effectively.

Additionally, the Applicant should maintain open, continuous communication with research, clinical, and administrative staff throughout the transition, ensuring that the evolving needs of both researchers and participants are consistently addressed. Proactive issue resolution and transparent updates will support a smooth transition, strengthen trust, and ultimately enhance the research experience.

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

The project may address socioeconomic barriers to participation in clinical research by reducing the reliance on inpatient hospital stays—an option that many individuals with limited income or caregiving obligations simply cannot accommodate. This shift could reduce indirect costs such as transportation, childcare, and lost wages. As a result, clinical research becomes more accessible and inclusive, ultimately promoting more equitable study enrollment and outcomes.

## **STEP 4 – MONITORING**



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

The Applicant currently reviews and closely monitors all study protocols through its Institutional Review Board (IRB). The Applicant can continue to track the number of studies proposed that would require extended stays and determine the outcome of such proposals (e.g., facilitated in the outpatient unit, partnered with another hospital, not completed, etc.).

The Applicant maintains a robust central recruitment function that assists all study investigators with developing equitable recruitment strategies across race, ethnicity, sex, and socioeconomic status. The data gathered through this effort can be leveraged to sustain diverse enrollment in outpatient research, ensuring that traditionally underrepresented populations continue to have access to and benefit from these studies.

**2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?**

Following the inpatient unit's closure, the Applicant might implement structured feedback mechanisms—such as surveys, focus groups, or other engagement methods—to assess whether researchers' and study participants' needs continue to be met in the outpatient setting. Regularly collecting these insights can help the Applicant identify potential challenges, fine-tune protocols, and ensure that the transition to outpatient-based research maintains a positive experience for all stakeholders involved.

## **STEP 5 – DISSEMINATION**

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

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

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

**SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN**

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

**I. Acknowledgement**

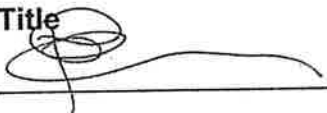
I, (Rockefeller University Hospital), attest that I have reviewed the Health Equity Impact Assessment for the (Decertifying inpatient unit; certifying diagnostic and treatment center) that has been prepared by the Independent Entity, (Sachs Policy Group).

\_\_\_\_ Timothy P. O'Connor \_\_\_\_\_

**Name**

\_\_\_\_ Executive Vice President, Rockefeller University \_\_\_\_\_

**Title**

 \_\_\_\_\_

**Signature**

\_\_\_\_ May 6, 2025 \_\_\_\_\_

**Date**

## II. Mitigation Plan

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

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

The Rockefeller University Hospital (the "Hospital"), operated by The Rockefeller University (the "University") and widely recognized as the only "research-only" hospital in New York City, seeks to convert its hospital to a freestanding diagnostic and center (D&TC) to enable the Hospital to discontinue allocating resources to an inpatient unit that has not been used for over two years and strengthen its capacity to conduct studies in a more cost-effective, participant-centric setting. Upon completion of the project, the Hospital's name will change from "Rockefeller University Hospital" to "Rockefeller University Clinical Research Center" (the "Center").

**Potential Negative Impact:** As noted by the Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG), an unintended negative health equity impact of the project is that it will prevent researchers from conducting, and research participants (including those from medically underserved communities) from enrolling in future clinical studies at the D&TC that require inpatient/overnight stays. Racial and ethnic minorities, which research shows generally face systemic barriers to clinical trial participation, may be disproportionately affected by this reduced access to inpatient trials. Likewise, individuals with certain health conditions that can only be studied through an inpatient stay may have reduced access to research opportunities.

**Response:** As noted in the HEIA, the magnitude of this impact is expected to be minimal, as the inpatient unit has remained unused for over two years and there has been a general trend in research towards outpatient protocols. Advances in technology used by the University allow for more robust remote monitoring of participants, further diminishing the need for extended inpatient stays. The University will continue to review and closely monitor all study protocols through its Institutional Review Board and adjust such protocols to address any potential negative health equity impacts. Further, the University maintains a robust central recruitment function that assists all study investigators with developing equitable recruitment strategies across race, ethnicity, sex, and socioeconomic status. The University will leverage these data to sustain diverse enrollment in outpatient research, ensuring that traditionally underrepresented populations continue to have access to and benefit from these studies.

**Stakeholder Concerns:** The stakeholders most affected by this proposed project are research investigators and research participants who will no longer have access to an

inpatient facility for research studies. Concerns expressed by these stakeholders included: (1) research participant comfort for extended visits, (2) facility hours to accommodate longer assessments or recruitment of participants unable to come during work hours, and (3) loss of research flexibility for certain types of studies in the future that may require inpatient/overnight stays. To mitigate concerns about the project expressed by stakeholders, SPG recommended that Rockefeller University: (1) consider adjusting the D&TC's operating hours; (2) gather input from research investigators and support staff on the D&TC's layout and amenities; (3) explore options for partnering with other local academic medical centers/research institutions on inpatient studies; and (4) implement structured feedback mechanisms—such as surveys, focus groups, or other engagement methods—to assess whether researchers' and study participants' needs continue to be met in the outpatient setting.

Response: The University accepts all of these recommendations and provides additional details below regarding the Center.

- **Operating Hours.** To better accommodate research participants' schedules and ensure accessibility for all individuals and their work schedules or caregiving responsibilities, the University will adjust the Center's operating hours outside of normal business hours at least one day per week. Based on experience, most research participants prefer weekday mornings or evenings instead of weekends. Accordingly, the University will adjust the Center's hours to open by 7am or remain open until 8pm at least one day per week.
- **Soliciting Input.** The University will periodically solicit input from research investigators and support staff on the facility's layout and amenities to confirm that it meets operational needs while providing a suitable and comfortable environment for research participants. In addition to seeking feedback from research investigators and support staff, the University will also engage its Community Advisory Board (CAB) to review proposed plans and provide guidance on clear, transparent communication to stakeholders.
- **Partnerships.** For research proposals that require in-patient operations, the Center will leverage the University's longstanding relationships with its neighboring academic medical centers, including Memorial Sloan Kettering Cancer Center and New York-Presbyterian/Weill Cornell Medical Center, for potential partnerships on inpatient studies. The University may also explore options at commercial Clinical Research Organizations (CROs) for such studies.
- **Feedback Mechanisms.** The University will continue to routinely survey its research participants, to assess whether their needs are being met in the D&TC setting. The University will continue surveys or group discussions with research staff to assess whether the researchers' and study participants' needs are met.

- Language Access Barriers: The University will maintain its interpreter service at the Center to support individuals who speak other languages or who require American Sign Language (ASL) services.



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February 5, 2025

Dr. Timothy O'Connor  
Executive Vice President  
The Rockefeller University

Dear Dr. O'Connor,

Jeffrey A. Sachs Associates, Inc. (Sachs Policy Group/SPG) is pleased to submit our proposal for the completion of a Health Equity Impact Assessment (HEIA) for the Rockefeller University Hospital.

This proposal outlines the key components and processes SPG will use to execute the HEIA, drawing upon the expertise of SPG's consultant team, inclusive of individuals with extensive experience in health equity, stakeholder/community engagement, and health policy.

## Background

Starting June 22, 2023, New York State law (S1451/A191) mandates a HEIA along with certificate of need (CON) applications for Article 28 healthcare facilities. This assessment evaluates if a project affects service access, enhances health equity, and reduces disparities for medically underserved groups, involving meaningful community input and independent analysis. The HEIA requirement ensures that community voices are considered and provides an objective, independent assessment of the anticipated impact of the project on the public health of, service delivery of, or access to hospital and health services for historically medically underserved groups.

The proposed project involves converting the organization's inpatient and outpatient research facility for research participants to a freestanding diagnostic and treatment center.

## SPG Relevant Experience

The HEIA team at SPG is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team has been deeply involved in the HEIA process since it was rolled out by New York State, having already been engaged on numerous HEIAs for a variety of stakeholders, including hospitals, Article 28 outpatient facilities, and nursing homes.

The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. We are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.





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The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Our work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.

In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving children and maternal health initiatives that aim to reduce pre- and post-partum health disparities. We are dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.

SPG is well-positioned to provide the required HEIA services for Rockefeller University. Our approach includes a comprehensive demographic profile of the facility's primary service area, meaningful stakeholder engagement, and a detailed analysis of the project's potential impacts on community residents, focusing on medically underserved groups. We will complete the HEIA process and provide all required documentation, ensuring compliance with the State's guidelines and conflict-of-interest requirements.

## Scope of Work

The following generally outlines the activities necessary to conduct and successfully complete the HEIA as required by the State Department of Health (DOH). The expected duration of this engagement is 6 weeks.

### 1. Comprehensive Review and Analysis

SPG will use both publicly available data and data requested from Rockefeller University to conduct a comprehensive review of the service area and to identify populations, specifically medically underserved groups, that may be impacted by the proposed project. Using descriptive statistics and data visualizations, SPG will efficiently paint a picture of the community and its patient profiles. Examples of data may include, but are not limited to, the following:

- Data provided by Rockefeller University
- New York State DOH
- Statewide Planning and Research Cooperative System (SPARCS)
- US Census Bureau Data
- Community Health and Community Service Needs Assessments
- Health Facilities Information System (HFIS)
- Health Resources and Services Administration (HRSA) shortage area data
- Area Deprivation Index
- Supplemental claims data as needed/by request
- Publicly available medical literature, grey literature, publications, and reports



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- Stakeholder interviews and surveys
- Additional sources as identified/available such as RWJ, Kaiser Family Foundation, etc.

## 2. Meaningful Stakeholder and Community Engagement

SPG will perform meaningful, culturally competent, and sensitive engagement to obtain diverse stakeholder and community feedback on how the proposed project impacts the unique health needs or quality of life of historically medically underserved group(s). From our experience, SPG understands that meaningful engagement with the community and stakeholders is crucial for a successful HEIA. We recognize that this process requires thoughtful planning, dedicated time, and resources to ensure an inclusive and impactful approach that effectively captures the diverse perspectives, experiences, and needs of those most affected by the proposed project. The types of activities that may be performed include, but are not limited to:

- Create culturally appropriate and engaging communications materials to promote participation in the HEIA stakeholder engagement process, including translation services to ensure access for individuals with limited English proficiency.
- Develop culturally competent community surveys and/or host community forms to gather input on the potential impacts of the project related to health equity.
- Conduct interviews or focus groups with key stakeholders, including the local health department, community members, health care professionals, and public health experts.

SPG will work closely with Rockefeller University staff and its community partners to promote these engagement opportunities, with a focus on reaching historically underserved and marginalized groups. SPG will carefully review and synthesize all feedback, looking for common themes, concerns, and recommendations that can inform the project's planning and implementation. We will also prepare a summary of the engagement conducted and feedback received, which will be included in the HEIA data tables and final report.

The final community engagement plan will reflect the needs of the underlying project.

## 3. Health Equity Impact and Mitigation Strategy with Recommendations

SPG will utilize the insights gathered from our research/data analysis and stakeholder/community outreach to support the development of a mitigation strategy for any impacts identified. We will also provide recommendations to support programs and interventions that support health equity and quality of care for the impacted medically underserved group(s). This strategy will include:

- Data-informed interventions and new or expanded collaborations with health-related and/or community-based organizations.
- Evidence-based ways to reduce potential negative impacts as a result of the project, as applicable.
- Specific changes to the project to better meet the needs of medically underserved groups, as applicable.





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- Approaches for monitoring and tracking progress on health equity, including the use of performance and quality measures such as access to screenings for historically medically underserved groups, timely to access care, processes and referrals with partner organizations, and general health outcomes for impacted groups.

#### 4. Support of Delivery of Required HEIA Documents

SPG will organize and summarize findings in a final health equity impact assessment report that supports the completion of the following documents for Rockefeller University:

- HEIA Template
- HEIA Data Tables
- HEIA Conflict of Interest
- HEIA Contract (Independent Entity and Facility)

The following forms will need to be completed by Rockefeller University, and SPG will be available to advise in complying with these requirements according to DOH:

- HEIA Requirement Criteria
- HEIA Template SECTION C: Acknowledgement and Mitigation Plan
- Dissemination of Results and Recommendations: Public Posting of Redacted full CON Application and HEIA Online and NYSE-CON System

#### 5. Additional Services Performed During the Course of the Engagement

During the engagement, SPG will monitor the availability of, and offer strategic guidance, regarding any updates in HEIA policy and requirements for Rockefeller University.

Notwithstanding any other engagements between SPG and Rockefeller University, SPG will have no formal or informal involvement with any CON (or the related underlying project) for which SPG is performing a HEIA.



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## Project Cost

The project cost of completing the HEIA activities and required documents as required by the New York State DOH will be \$15,000 – paid upon delivery of the required HEIA documents.

### AGREED AND ACCEPTED BY:

By:    
F8820D834821401

Dr. Jeffrey A. Sachs, President  
Sachs Policy Group

By:    
3883E52E0E58457

Dr. Timothy O'Connor, Executive Vice President  
Rockefeller University

Identifier (i.e., Patient A, Employee B, Respondent 1) or Name (only if requested by stakeholder)	Organization (if applicable)	Date(s) of outreach	What required stakeholder group did they represent?	If other, please describe	Is this person/organization a resident of the project's service area?	Method of engagement (i.e., phone call, community forum, focus groups, surveys, etc.)	Did this person/organization participate in the meaningful engagement?	Is this person/organization supportive of this project?	Did this person/organization provide a statement?	If permission is granted to share a statement or quote (250 words max), please include below	If permission is not granted to share a verbatim statement, please include a summary of the statement(s) below:
Employee A		2/15/2025	employees		YES	Zoom Call	YES	NO/NEUTRAL	NO		The respondent provided background on the hospital and its operations, including the types of research, the studies that would be use the inpatient unit, recruitment efforts, and health equity efforts.
Respondent 1		2/27/2025	residents of the facility's service area		YES	Zoom Call	YES	YES	NO		The respondent was a former research participant who spent several years on an outpatient basis and reported a positive experience. They had no concerns about the project, and had the highest respect for Rockefeller as they do everything so well and are the pre-eminent research institution in the world. The respondent was involved in current studies conducted at the hospital, diversity efforts within the recruitment office, and study protocol. The respondent expressed their concerns about the project but felt that the hospital was firing the facility to its current purpose as "in general, research and even medical care has become more outpatient." The respondent felt that the project was appropriate and "would be nice when it happens."
Employee B		2/27/2025	employees		YES	Zoom Call	YES	YES	NO		The respondent was supportive of the project, recognizing that "things are changing and we have to live within the economics of the institution." The respondent felt that not being able to do any overnight studies at a DTC is a loss of flexibility for the institution, but did not feel that there would be any impact on current studies, research participants, or recruitment efforts. The respondent felt that the organization would be able to maintain the same safety standards and quality of research with the change, and also confirmed that the Applicant would continue its community engagement and Community Advisory Board activities under the new structure.
Employee C		2/27/2025	employees		YES	Zoom Call	YES	YES	NO		concerns about the project, and felt that the project was in line with current trends, as it had been a long time since any studies requiring the inpatient unit were required or proposed. As such, the respondent did not feel there would be anyone feeling an impact since the hospital had not had any inpatient/overnight studies in several years. The respondent also mentioned alternative options if any stakeholder-investigator wanted to propose an overnight study, such as partnering with Weill Cornell or other institutions and using their facilities (e.g., using the sleep clinic at Weill Cornell across the street for sleep studies).
Employee D		2/27/2025	employees		YES	Zoom Call	YES	YES	NO		The respondent was sorry that the organization has to close the inpatient unit, but on the other hand stated that it hasn't been used for a very long time and that there are issues with trying to keep an inpatient unit open when there are no patients. The respondent did not think there would be a significant impact on the university community or the broader NYC community, as there are no active requests for research on the inpatient unit while the outpatient unit is thriving. The respondent believed that the Applicant's focusing on its emergency by enhancing the outpatient unit, rather than diluting resources on an underused inpatient unit that does not contribute to the research enterprise.
Employee E		3/2/2025	employees		YES	Zoom Call	YES	YES	NO		I feel that Rockefeller University is a very special place. They really do basic science and translational research very well. This is deep in the history of Rockefeller and we want to keep going. Having new products, new treatments, and new ways of thinking about treatment is important. I just think that there will be any health equity impact by closing the inpatient hospital services. I think everything we have been doing can be done on an outpatient basis. When thinking about health equity I think they do a great job -- there is no economic cost to research participants and that will continue. They make an effort to reach a representative population of New York and for each disease in question. There are close relationships between investigators and the community and they really try and do their best.
Respondent 2		3/4/2025	organizations representing residents		NO	Phone Call	YES	YES	YES		about the project, given that the hospital's clinical services are mostly utilized by researchers on an outpatient basis. The respondent conducts research at the hospital and was not even aware of the inpatient unit, as all of their studies have utilized the outpatient services. The respondent has had positive experiences with the clinical staff. The respondent felt that the impact of the project would be minimal.
Employee F		3/4/2025	employees		YES	Zoom Call	YES	YES	NO		The respondents was supportive of the project, understanding that the current environment that makes the operation of the hospital economically efficient. The respondent however was regretful that the inpatient capacity would close, citing the research the organization would not be able to perform. The respondent understood that the organization had to weigh the costs of operation, and that it would be prohibitive for the hospital to continue to support the unit given its underutilization.
Employee G		3/5/2025	employees		YES	Zoom Call	YES	YES	NO		The project would impact the types of studies that can be done at the institution, and noted that there has not been anyone admitted to the inpatient unit in a long time. The respondent felt that the inpatient unit was not utilized, unnecessary, and in keeping with modern medicine to get rid of it. The respondent also felt that the change may benefit research participants as the focus will be entirely on the outpatient services and there will be more resources for the outpatient unit.
Employee H		3/5/2025	employees		YES	Zoom Call	YES	YES	NO		

Respondent F	3/5/2025	public health experts	YES	Zoom Call	YES	YES	NO	<p>The respondent noted that the hospital is largely an outpatient clinic/lab/diagnostic center that is conducting mostly pre-biopsy and other outpatient services for research purposes, but it is staffed and has the expenses of a hospital. The respondent also felt that the change was allowing the organization to develop something leaner and more modern, as fewer patients today require inpatient stays and the organization is a non-profit with significant cost constraints.</p> <p>background on how the organization ensures fair access to research and that results are appropriately disseminated to research participants. The respondent noted that the biopatient unit has not been active, and the concern has been how its closure will have no immediate effect on the organization or research participants. However, the respondent did express some concerns regarding the change to the D&amp;TC, including how it may affect the range of research activities that can be conducted, but did not feel like they knew enough about the transition plan to really understand the impact.</p>
Employee 1	3/10/2025	employees	YES	Zoom Call	YES	NO RESPONSE	NO	<p>The respondent was a former research participant and member of the organization's Community Advisory Board (CAB). The respondent provided feedback on their experiences as a research participant and described the work conducted by the CAB. The respondent's initial concern is how the project may impact the number and types of studies conducted at Rockefeller.</p>
Respondent H	3/12/2025	residents of the facility's service area	YES	Zoom Call	YES	NO RESPONSE	NO	<p>The respondent is an HIV/AIDS advocate who serves as a community representative for the organization, providing feedback to researchers on their study proposals and recruitment efforts. The respondent did not think there was any justification in keeping the inpatient unit open if it is not used, and felt that the proposed project seemed like a good solution. The respondent suggested that instead of keeping an inpatient unit open for a few nights a year, the organization should consider reusing space from their neighbors at Weill Cornell for any research that would require inpatient stays.</p>
Respondent J	3/13/2025	residents of the facility's service area	YES	Zoom Call	YES	YES	NO	<p>Dominic representatives do not identify major concerns with this proposal to convert Rockefeller to a freestanding Article 28 D&amp;TC, given the facility has not been used for inpatient research in two years. The facility will remain ADA compliant, active outpatient studies will continue, the location will not change, and the project creates opportunities for inclusive enrollment of research participants, with planning for and implementing the transition. Rockefeller should proactively envision recruitment strategies and communication to participants about what the changes mean and what options exist for individuals seeking ongoing research demonstration opportunities, particularly for those from medically underserved populations.</p> <p>The HSA for this project described opportunities to enhance inclusive enrollment and the E expressed confidence that the Applicant would continue efforts to increase diversity through recruitment. DDMH recommends the Applicant meaningfully seek opportunities to achieve and maintain these goals. The statement recognizes that this project may disproportionately impact racial and ethnic minorities – given the barriers they already face in accessing clinical trials – as well as individuals with pre-existing health conditions. Recruitment practices to enhance diversity should be integral to the migration plan, and monitored to ensure participants truly represent the broader demographics of NYC, including by assessing language access practices, using diverse modes of communication (including social, print, and electronic methods), and seeking partnerships with trusted community providers. Rockefeller should take feasible steps to ease the transition for staff who will no longer be employed due to the project, e.g., through their communication and severance packages and potential alternative employers.</p>
Respondent K	DOMH	4/10/2025	public health experts	YES	Zoom Call	YES	YES	YES

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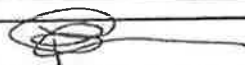
# New York State Department of Health Certificate of Need Application

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: Rockefeller University Hospital

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 May 7, 2018
PRINT OR TYPE NAME Timothy O'Connor, Ph.D.	TITLE Executive Vice President

## General Information

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

## Contacts

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

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

Alternate Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	Timothy O'Connor, Ph.D., Executive Vice President	The Rockefeller University	
	BUSINESS STREET ADDRESS		
	1230 York Avenue, Box 257		
	CITY	STATE	ZIP
	New York	New York	10065
	TELEPHONE	E-MAIL ADDRESS	
(212) 327-8082	toconnor@rockefeller.edu		

# 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		
	Timothy O'Connor, Ph.D., Executive Vice President		
	BUSINESS STREET ADDRESS		
	1230 York Avenue, Box 257		
	CITY	STATE	ZIP
	New York	New York	10065
TELEPHONE		E-MAIL ADDRESS	
(212) 327-8082		toconnor@rockefeller.edu	

The applicant's lead attorney should be identified:

<b>ATTORNEY</b>	NAME		FIRM	BUSINESS STREET ADDRESS
	Deborah Y. Yeoh, Vice President and General Counsel		The Rockefeller University	1230 York Avenue, Box 81
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	New York, New York 10065		(212) 327-8071	yeohd@rockefeller.edu

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
	N/A			
	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
	George Beard Candler, Associate Vice President, Planning and Construction		The Rockefeller University	1230 York Avenue
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	New York, New York 10065		(212) 327-7801	candler@rockefeller.edu

<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 Establishment (with or without Construction) Applications only

**Not Applicable**

### **NYS Affiliated Facilities/Agencies**

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

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

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

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

**Not Applicable**

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

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

**ROCKEFELLER UNIVERSITY HOSPITAL**

**SCHEDULE 1 ATTACHMENT**

**PROJECT NARRATIVE**

# **ROCKEFELLER UNIVERSITY HOSPITAL**

## **PROJECT NARRATIVE**

### **I. INTRODUCTION**

Rockefeller University Hospital (“RUH” or the “Hospital”), a 40-bed acute care hospital located at 1230 York Avenue, New York (New York County), New York 10065, is submitting this Certificate of Need Application seeking New York State Department of Health (NYSDOH) approval to decertify all 40 inpatient beds and transition operations from a hospital to a diagnostic and treatment center (D&TC). In addition, RUH is requesting to amend the certified services on its operating certificate to have MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES added as the only certified service. Upon approval of this Application, the name of the Article 28 entity will change from “Rockefeller University Hospital” to “Rockefeller University Clinical Research Center” (the “Center”). Please refer to **Appendix A** of this Project Narrative for an executed Certificate of Assumed Name for the name change.

With this submission, RUH is also requesting to update the address of the Article 28 entity on the NYSDOH operating certificate. The current operating certificate of the Hospital lists the address as 1230 York Avenue. While that is the address for The Rockefeller University campus as a whole, the building that RUH is located in is actually 1198 York Avenue. In addition, the current operating certificate lists the ZIP Code of the Article 28 as 10021. However, in 2007, the United States Postal Service split the 10021 ZC into three (3) ZCs, including 10021, 10065 and 10075. The location of RUH is now in ZC 10065 and the applicant is requesting that the updated address and ZC be reflected on the new operating certificate for the proposed D&TC, once issued by the Department. There will be no change to the location of the Article 28 entity.

The operator of Rockefeller University Hospital is The Rockefeller University (the “University”). The Hospital operates as an unincorporated division of the University. As a D&TC, the Center will likewise operate as an unincorporated division of the University.

The Rockefeller University is a world-renowned center for research and graduate education in the biomedical sciences, chemistry, bioinformatics and physics. The University's 73 laboratories study a diverse range of biological and biomedical issues and conduct basic research; a number of the laboratories also conduct clinical research. All clinical services provided at the Hospital are related to research being conducted. The Hospital operations are primarily funded through a grant provided by the U.S. Department of Health and Human Services and an operating subsidy from the University. Unlike a traditional Article 28 facility, RUH's patient population is comprised of study participants taking part in the University's research activities. RUH does not provide services to the general population, i.e., persons who are not participating as a research participant in a study.

The Hospital's inpatient census has declined over the years as many research protocols transitioned to outpatient studies, with no inpatient services in more than two (2) years. As a result, the University has decided to decertify RUH's inpatient beds and transition the Article 28 to operate instead as a D&TC providing outpatient services only. The University remains committed to its mission of improving the understanding of science for the benefit of humanity through both clinical and basic research into a diverse range of biological and biomedical issues. The transition of the Hospital's operations to an outpatient D&TC reflects the evolution in research protocols to outpatient studies and will enable the University to more efficiently allocate its resources in order to further its mission.

There is no construction required for this project. The Hospital currently occupies the A level, first, second and third floors of the building located at 1230 York Avenue, which is owned by the University. (The A level is below the first floor.) As a D&TC, the Center will comprise only a portion of the A level of the building, which currently houses the ambulatory care services of the Hospital, and the entirety of the third floor. The other areas will no longer be certified as Article 28 space. Please refer to C.O.N. Schedule 6 for more detailed architectural information.

N.B.: In addition to providing supplemental spaces for study participants who are at the D&TC for an extended duration (though not overnight), the third floor will also be used to provide sigmoidoscopy procedures. A sigmoidoscopy is a minimally invasive diagnostic procedure used to examine the lower part of the colon, specifically the rectum and sigmoid colon. Unlike a full colonoscopy, sigmoidoscopy does not require anesthesia or sedation, but patients are offered oral diazepam. The procedure is relatively quick, usually lasting between 10 and 20 minutes, and is considered only



mildly uncomfortable for most patients. As a result, the applicant does not believe this procedure would qualify as ambulatory surgery. Please refer to **Appendix C** of this Project Narrative for more information regarding sigmoidoscopy.

Under separate cover, the Hospital is submitting a Closure Plan to the Metropolitan Area Regional Office for the closure of the inpatient beds. The closure of the inpatient beds will be effective upon the Department's completion of any required pre-operational survey pursuant to this present C.O.N. Application, and issuance of a revised operating certificate for operations as a D&TC. As there is no construction proposed for this application and no inpatient research services that are ongoing, the applicant expects no disruption in services as a result of the closure of the inpatient beds and the transition in the facility's operations.

## **II. PUBLIC NEED**

### **Description of Services**

Unlike a traditional Article 28 facility, RUH's patient population is comprised of research participants taking part in the University's research activities. Research participants are drawn from a recruitment repository comprised of past research participants who have expressed an interest in participating in future studies, as well as through word of mouth, flyers, advertisements, and referral by physicians, depending on the specifics of the research being conducted.

When first arriving to RUH, the potential research participant undergoes an initial screening to determine if they are eligible to participate in a given study. If eligible, the researcher or the researcher's designee will ask if the individual wishes to participate in the study, and if so, will then obtain signed informed consent from the study participant in accord with an Institutional Review Board-approved protocol. The participant is then scheduled for a visit at the Hospital, during which the participant meets with a member of the research team who completes a standardized intake form. Depending on the particular study protocol, completion of the intake process may include the following: obtaining personal/demographic information and medical history; drawing blood; obtaining diagnostic tests such as an EKG; or other processes as dictated by the specific study protocol. RUH utilizes an electronic health record system to track patient/research participant data and information.

Once the intake process is complete, the individual is enrolled as a research participant in the study and participates in the study protocol. The details of each study protocol vary depending on the specifics of the research being conducted, but may include: administering medications, completion of surveys, periodically returning to the hospital for blood draws or diagnostic testing, etc.

### **Patient/Participant Population**

Given the unique nature of the operations of RUH, the patient/research participant population is not reflective of a specific geographic area or population group. Instead, the demographics of the participants in a given study are determined by the parameters of the research being conducted. As shown in the table below, the majority (87.4%) of the 294 research participants in 2024 resided in New York City, with the highest percentage residing in Manhattan (32.7%). Overall, research

participants came from across the New York metropolitan area, as well as New Jersey and other states.

<b>Area</b>	<b># of research participants in 2024</b>	<b>% of total</b>
Manhattan	96	32.7%
Bronx	69	23.5%
Brooklyn	46	15.6%
Queens	43	14.6%
Staten Island	3	1.0%
<b>New York City</b>	<b>257</b>	<b>87.4%</b>
New Jersey	18	6.1%
Upstate New York	7	2.4%
Other State	7	2.4%
Unknown	4	1.4%
Long Island	1	0.3%
<b>Grand Total</b>	<b>294</b>	<b>100.0%</b>

### **Current Utilization**

The table below shows inpatient and outpatient utilization at RUH from 2021 to 2024. As noted above, the Hospital inpatient census has declined over the years. In 2021, RUH had 163 total inpatient days and in 2022, it had 66 inpatient days. There have been no inpatients since September 2022. In 2023 and 2024, RUH had 1,266 and 1,288 outpatient visits, respectively.

<b>Year</b>	<b>Inpatient Days</b>	<b>Outpatient Visits</b>
2021	163	1,848
2022	66	936
2023	0	1,266
2024	0	1,288

This proposal to transition the operations of RUH to an outpatient D&TC is a direct result of the lack of inpatient research studies due to the evolution of research studies to outpatient studies, shown above.

### **III. PROGRAM INFORMATION**

As a D&TC, the Center will meet current standards of practice consistent with applicable Federal and State regulations and requirements pertaining to the patient care environment, including applicable sections of 10 NYCRR Parts 750-759. The hours of operation of the D&TC will be Monday through Friday, 8:30 AM to 4:30 PM. Extended hours will be added as the need arises.

The D&TC will be under the direction of a physician Medical Director. (A copy of the Medical Director's curriculum vitae is included under **Appendix B** of this Project Narrative.) Staffing of the D&TC has been developed in accordance with the experience of RUH in conducting its research activities. Under no circumstance during actual operations will staffing levels fall below the level required to meet current standards of practice, pursuant to interpretation by the Medical Director.

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

The applicant has an existing Patient Transfer and Affiliation Agreement with NewYork-Presbyterian (NYP, formerly New York Hospital) for back-up hospital services. In the case of a patient emergency at the Center, a staff member will call an NYP ambulance and a clinical staff member will accompany the patient to the hospital.

#### **Accessibility**

The applicant is dedicated to rendering care in a culturally competent, barrier-free, individualized and family-oriented manner. N.B.: Patients are not billed for services provided as part of their participation in research studies. In addition, RUH does not bill insurers for services provided. As noted above, the Hospital operations are primarily funded through a grant provided by the U.S. Department of Health and Human Services and an operating subsidy from the University.

### **Staffing Process**

The employment and retention of highly qualified staff are an important component of the applicant's overall operations. Only those physicians who demonstrate a high level of competence by virtue of their training and experience will have appointments to conduct research at the Center. A similar process is followed for nursing, technical and support staff who seek employment at the Center. The following measures and criteria will be utilized, at a minimum, to assess the qualifications and competence of any applicant seeking employment at the Center:

- All physicians will be licensed to practice in New York State by the New York State Department of Education.
- The Center's formal application will be completed by the physician seeking to work at the Center and the application will be submitted to the Medical Director for review. The application will include: license number; degrees; copy of current DEA certificate; copy of current CPR card; hospital affiliations; evidence of current malpractice insurance; evidence of Board certification (if applicable); health assessment status form; and proof of citizenship or alien registration card.
- The Medical Director will review and verify the submitted information and make a determination on the physician's appointment.
- The Medical Director will notify the practitioner whether or not the practitioner will be appointed, and if appointed provide an appointment letter delineating privileges. The Medical Director will schedule the practitioner for orientation.

### **Quality Assurance & Accountability**

The Center's Quality Assurance Program (QAP) will be administered by the Medical Director. The QAP defines the objectives, organization, responsibilities, scope and procedures for overseeing the effectiveness of identifying and solving quality-related problems. The QAP will be administered by the Medical Director and will include a systematic method for monitoring and assessing the quality and appropriateness of care. One of the primary goals of the QAP is to identify problems and foster opportunities to improve patient care. Under the direct supervision of the Medical Director, the QAP will continue to be an ongoing process. QAP findings and corrective actions will be reported to the University's Board of Trustees, or a committee thereof.

**In-Service Training Programs**

All staff will participate, as appropriate, in the Center's overall in-service training program. The overall in-service education program will be under the direct supervision of the Medical Director. Topics in the program will include, but not be limited to: General Operating Policies and Procedures; Patient Confidentiality and Medical Records Access; Infection Control Policies and Procedures; Identification, Assessment, Reporting and Referral of Cases of Suspected Abuse and/or Maltreatment; Identification and Treatment of Victims of Domestic Violence; Incident Reporting; Hepatitis B Precautions; Operational Safety and Fire Prevention; HIV/AIDS Prevention; TB Identification and Treatment; and Identification and Treatment of Substance Users.

**Appendix A**

**Certificate of Assumed Name**

**Certificate of Assumed Name**  
Pursuant to General Business Law, §130

NYS Department of State  
**Division of Corporations, State Records and UCC**  
41 State Street, Albany, NY 12231-0001  
www.dos.state.ny.us

1. NAME OF ENTITY

The Rockefeller University

1a. *FOREIGN ENTITIES ONLY.* If applicable, the fictitious name the entity agreed to use in New York State is:

2. NEW YORK LAW FORMED OR AUTHORIZED UNDER (CHECK ONE):

- |   |  |
|---|--|
| <input type="checkbox"/> Business Corporation Law | <input type="checkbox"/> Limited Liability Company Law   |
| <input checked="" type="checkbox"/> Education Law | <input type="checkbox"/> Not-for-Profit Corporation Law  |
| <input type="checkbox"/> Insurance Law            | <input type="checkbox"/> Revised Limited Partnership Act |
| <input type="checkbox"/> Other (specify law):     |  |

3. ASSUMED NAME

Rockefeller University Clinical Research Center

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST BE NUMBER AND STREET. IF NONE, INSERT OUT-OF-STATE ADDRESS)

1198 York Avenue

New York, New York 10065

5. COUNTIES IN WHICH BUSINESS WILL BE CONDUCTED UNDER ASSUMED NAME

☐ ALL COUNTIES (if not, circle county below)

Albany	Clinton	Genesee	Monroe	Orleans	Saratoga	Tompkins
Allegany	Columbia	Greene	Montgomery	Oswego	Schenectady	Ulster
Bronx	Cortland	Hamilton	Nassau	Otsego	Schoharie	Warren
Broome	Delaware	Herkimer	New York	Putnam	Schuyler	Washington
Cattaraugus	Dutchess	Jefferson	Niagara	Queens	Seneca	Wayne
Cayuga	Erie	Kings	Oneida	Rensselaer	Steuben	Westchester
Chautauqua	Essex	Lewis	Onondaga	Richmond	Suffolk	Wyoming
Chemung	Franklin	Livingston	Ontario	Rockland	Sullivan	Yates
Chenango	Fulton	Madison	Orange	St. Lawrence	Tioga	

6. INSERT THE ADDRESS OF EACH LOCATION WHERE BUSINESS WILL BE CARRIED ON OR TRANSACTED UNDER THE ASSUMED NAME. Use a continuous sheet, if needed. (The address must be set forth in terms of a number and street, city, state and zip code. Please note that the address(es) reflected in paragraph 6 must be within the county(ies) circled in paragraph 5. If the entity does not have a specific location where it will conduct business under the assumed name please check the box.)

☐ No New York State Business Location

1198 York Avenue

New York, New York 10065



INSTRUCTIONS FOR SIGNATURE: If corporation, by an officer; if limited partnership, by a general partner; if limited liability company, by a member or manager or by an attorney-in-fact or authorized person for such corporation, limited partnership, or limited liability company.

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

-----  
CERTIFICATE OF ASSUMED NAME  
OF

\_\_\_\_\_  
The Rockefeller University

*(Insert Entity Name)*

Pursuant to §130, General Business Law  
-----

\_\_\_\_\_  
FILER'S NAME AND MAILING ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. The Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or transacts business: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

\_\_\_\_\_  
(For Office Use Only)

**Appendix B**

**Medical Director Curriculum Vitae**

## Appendix C

### Sigmoidoscopy Overview

## Sigmoidoscopy Procedure Overview

A sigmoidoscopy is a minimally invasive diagnostic procedure used to examine the lower part of the colon, specifically the rectum and sigmoid colon. During the procedure, the patient is typically asked to lie on their side on an examination table. The doctor begins with a rectal exam and then gently inserts a lubricated, flexible tube called a sigmoidoscope into the anus. This tube is equipped with a light and a small camera, allowing the physician to visualize the lining of the colon on a monitor. To improve visibility and maneuverability, air is introduced into the colon, which may cause mild bloating or discomfort. The physician carefully advances the scope through the rectum and lower colon, sometimes taking biopsies.

## Lack of Need for Anesthesia

Unlike a full colonoscopy, sigmoidoscopy does not require anesthesia or sedation, but patients are offered oral diazepam. The procedure is relatively quick, usually lasting between 10 and 20 minutes, and is considered only mildly uncomfortable for most patients. Common sensations during the exam include pressure, cramping, or the urge to have a bowel movement, but these are typically tolerable. Because the examination is focused on the lower portion of the colon and is less invasive than colonoscopy, patients remain fully awake and can communicate with the doctor throughout the process.

## Recovery and Practical Considerations

Since sedation will not be used, patients can generally resume normal activities immediately after the procedure and are able to drive themselves home. Any discomfort, such as bloating or cramping, usually resolves quickly as the air introduced during the procedure is expelled. The lack of anesthesia not only reduces recovery time but also lowers the risk of complications and makes sigmoidoscopy a convenient outpatient test for diagnostic and research purposes.

## Working Capital Financing Plan

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

This section should be completed in conjunction with the monthly Cash Flow. The general guidelines for working capital requirements are two months of first year expenses for changes of ownership and two months' of third year expenses for new establishments, construction projects or when the first year budget indicates a net operating loss. Any deviation from these guidelines must be supported by the monthly cash flow analysis. If working capital is required for the project, all sources of working capital must be indicated clearly. Borrowed funds are limited to 50% of total working capital requirements and cannot be a line of credit. Terms of the borrowing cannot be longer than 5 years or less than 1 year. If borrowed funds are a source of working capital, please summarize the terms below, and attach a letter of interest from the intended source of funds, to include an estimate of the principal, term, interest rate and payout period being considered. Also, describe and document the source(s) of working capital equity.

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

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

Working capital needs for this project will be funded by The Rockefeller University (the "University"). Rockefeller University Hospital operates as an unincorporated division of the University. Please refer to the Schedule 5 Attachment for a monthly cash flow analysis for the first year of operations after project completion. Please also refer to Schedule 9 Attachment for the June 30, 2024 audited financial statement of The Rockefeller University, as well as the December 31, 2023 audited financial statement of Rockefeller University Hospital.

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

**Schedule 5**

**2. Pro Forma Balance Sheet**

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

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

**ROCKEFELLER UNIVERSITY HOSPITAL**

**SCHEDULE 5 ATTACHMENT**

**MONTHLY CASH FLOW ANALYSIS**

ROCKEFELLER UNIVERSITY CLINICAL RESEARCH CENTER

MONTHLY CASH FLOW ANALYSIS



Note: Starting cash is calculated as two (2) months of projected third-year operating expenses.



# **Schedule 6**

## **Architectural/Engineering Submission**

### **Contents:**

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

# New York State Department of Health Certificate of Need Application

## Schedule 6

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

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

#### Instructions

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

#### Architecture/Engineering Narrative

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

Project Description	
Schedule 6 submission date: 5/7/2025	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? Click here to enter text.	
Intent/Purpose: Transition operations from a hospital to a Diagnostic and Treatment Center. No construction proposed.	
Site Location: 1198 York Avenue, New York, NY 10065	
Brief description of current facility, including facility type:	

# New York State Department of Health Certificate of Need Application

## Schedule 6

Article 28 hospital occupying the A level, first, second and third floors of the building located at 1198 York Avenue.	
Brief description of proposed facility: Diagnostic and Treatment Center occupying one wing of the A level and the entire third floor.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. Entirely located on the "A" Level of the building	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: The project area is Ambulatory Health Care Occupancy. The adjacent area on the A level is Health Care Occupancy. As the building is fully sprinklered, a 1-hour separation is required	
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: Article 28 conforming space is in one wing of the A level; an adjacent wing has non-Article 28 space. The non-Article 28 space will be separate and distinct from the Article 28 space. Article 28 conforming space occupies the entire third floor.	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. No exceptions	
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.	No
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. The building has a central HVAC system that provides fresh air to all rooms with variable air volume controls within each room. The building has ample normal power and a very robust emergency power system. All life safety and critical equipment is backed up emergency power generators that feed the project area. The plumbing system includes domestic cold and hot water to all sinks and bathrooms, and water fountains.	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. No changes to existing building systems	
Describe existing and or new work for fire detection, alarm, and communication systems: The fire alarm system is addressable and has direct communication with NYC Fire Department. The main panel has a computer display that provides the exact location of each incident and has various monitoring capabilities. There is no new work required for this project.	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from <a href="http://www.fema.gov">www.fema.gov</a> , and describe the work to mitigate damage and maintain operations during a flood event. Not in a flood zone.	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. No	
Does the project comply with ADA? If no, list all areas of noncompliance. Yes	
Other pertinent information:	

# New York State Department of Health Certificate of Need Application

## Schedule 6

Click here to enter text.	
Project Work Area	Response
Type of Work – No construction, addition, renovation or alteration required.	Choose an item.
Square footages of existing areas, existing floor and or existing building.	14,760 gsf (gross square feet) on A level + 13,566 gsf on Third floor = total 28,326 gsf
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	8,999 gsf (gross square feet) on A level +13,566 gsf on Third floor = Total 22,565 gsf for the D&TC
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Exceeds 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (222)
Building Height	153 feet
Building Number of Stories	9 stories
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Grade Level
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	Not Applicable
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 20 New Ambulatory Health Care Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Health Care Occupancy	Yes
Will the project construction be phased? If yes, how many phases and what is the duration for each phase?	Not Applicable
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. Click here to enter text.	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	Not Applicable
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	Not Applicable
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	Not Applicable
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Applicant is currently certified as an Article 28 hospital with 40 inpatient beds. This project proposed to decertify all 40 beds and transition operations to a diagnostic and treatment center.	Decrease
Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.	Not Applicable
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Click here to enter text.	Not Applicable
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable

# New York State Department of Health Certificate of Need Application

## Schedule 6

Does the existing EES system have the capacity for the additional electrical loads? There will be no additional loads	Not Applicable
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. <a href="#">Click here to enter text.</a>	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. <a href="#">Click here to enter text.</a>	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	No

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

**Schedule 6**

<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

**ROCKEFELLER UNIVERSITY HOSPITAL**

**SCHEDULE 6 ATTACHMENT**

**ARCHITECTURAL INFORMATION**



# 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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## SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS

Date:

CON Number: To be assigned

Facility Name: Rockefeller University Hospital

Facility ID Number: PFI 1465

Facility Address: 1198 York Avenue, New York (New York County), New York 10065

NYS Department of Health/Office of Health Systems Management Center for Health Care Facility Planning, Licensure and Finance Bureau of Architectural and Engineering Review

ESP, Corning Tower, 18<sup>th</sup> Floor

Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the above-named facility, to provide services related to the design and preparation of construction documents and specifications for the aforementioned construction project, and, as applicable, to make periodic visits to the site during construction, and perform such other required services to familiarize myself with the general progress, quality and conformance of the work.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the programmatic requirements for the aforementioned 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-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code – 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
  - a. ☐ 712 (Standards of Construction for General Hospital Facilities)
  - b. ☐ 713 (Standards of Construction for Nursing Home Facilities)
  - c. ☐ 714 (Standards of Construction for Adult Day Health Care Program Facilities)
  - d. ☒ 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
  - e. ☐ 716 (Standards of Construction for Rehabilitation Facilities)
  - f. ☐ 717 (Standards of Construction for New Hospice Facilities and Units)
4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to address the pre-opening survey findings of deficiencies by the NYSDOH Regional Office, 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.



6. I have reviewed and acknowledged the Supplemental Self-Certification Eligibility Checklist Page 4 of this document and evaluated and determined this project does meet the prerequisite requirements for Self-Certification. I understand and agree, if the project is deemed by NYSDOH not meeting the criteria allowable for self-certification, I will be required to be resubmit the project documents for an AER review.

This self-certification is being submitted to facilitate the Architectural CON process and is in lieu of a plan review. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY, prior to construction.

**Project Name: Rockefeller University Hospital**

Location: 1198 York Avenue, New York, New York 10065

Description: Decertify 40 inpatient beds and transition operations from a hospital to a diagnostic and treatment center

  
Signature of NYS Licensed Architect/Engineer

George Beard Candler

Name of Architect/Engineer (Print)

022115

Professional New York State License Number


1230 York Avenue, New York, NY 10065

Business Street Address, City, State, Zip Code



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

May 7, 2025  
Date

  
Authorized Signature for Applicant  
Timothy O'Connor, Executive Vice President  
Name (Print) Title

*Notary signing required for the applicant*

STATE OF NEW YORK

County of NY

On the 7 day of May, 2025, before me personally appeared Timothy O'Connor  
to me known, who being by me duly sworn, did depose and say that he/she is the Executive Vice President  
of The Rockefeller University, the facility described herein which  
executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) Teresa Solomon

**TERESA SOLOMON**  
Notary Public State of New York  
Qualified in New York County  
No. 02SO4989836  
Commission Expires 4.10.2026

Project Eligibility Checklist for Architectural/Engineering Self-Certification		
	YES If Yes, project is not eligible for Self-Certification and is required to be submitted for an AER review.	NO
Does the project include any of the following?		
1. Is a waiver or exceptions required?		X
2. Will the project costs exceed \$15,000,000.00 (fifteen million dollars)?		X
3. Is Bulk Oxygen /Medical Gas Storage associated with this project? Examples of Bulk Oxygen /Medical Gas Storage projects include but not limited to the following:		X
a. Hyperbaric Chambers		
b. Bulk Systems include Nitrous Oxide System and Oxygen System: Definitions as defined below:		
Bulk Nitrous Oxide System. An assembly of equipment as described in the definition of bulk oxygen system that has a storage capacity of more than 3,200 lb (1,452 kg) [approximately 28,000 ft <sup>3</sup> (793 m <sup>3</sup> ) (NTP)] of nitrous oxide. (PIP)ground		
Bulk Oxygen System* An assembly of equipment such as oxygen storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a storage capacity of more than 20,000 ft <sup>3</sup> (566 m <sup>3</sup> ) of oxygen (NTP) including unconnected reserves on hand at the site. The bulk oxygen system terminates at the point where oxygen at service pressure first enters the supply line. (PIP)		
4. Will this project have Locked or Secured Units? Examples of Locked or Secured Units include but not limited to the following:		X
a. Observation Units for behavioral health in EDs.		
b. Behavioral health located within inpatient settings.		
c. Nursing Homes or other facilities with Dementia Units that are locked.		
d. Corrections and Detention Facilities located in Hospitals, Ambulatory Health Care Occupancies and Business Occupancies where healthcare is provided.		
5. Will this project involve construction of new procedure rooms, new operating rooms, renovations and or alterations to existing procedure rooms and or operating rooms, including modifications made to existing support systems, including, but not limited to heating, cooling, plumbing, electrical systems, medical gas systems, fire detection and fire protection systems, located in hospitals and existing ambulatory surgery centers? Examples, include but not limited to the following.		X
a. Endoscopy Procedure Rooms		
b. Procedure Rooms		
c. Operating Rooms		
d. Interventional Imaging		
i. Located in procedure rooms		
ii. Located in operating rooms		
6. Is this a project requiring construction that is required to comply with New Ambulatory Health Care Occupancies as indicated in Chapter 20 of NFPA 101, 2012 edition requirements? Examples, include but not limited to the following:		X
a. New Ambulatory Surgery Center		X
b. Endoscopy Centers and or Other Procedure Rooms		X
c. Free Standing Emergency Departments providing Definitive Care.		X
7. Is this project intended to provide Ventilator units for patients located in nursing homes?		X
8. Does this project involve Airborne infection isolation (AII) room?		X
9. Does this project involve Protective environment (PE) room?		X

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

## **Contents:**

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

Environmental Assessment			
<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?	<input type="checkbox"/>	X
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	X
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	X
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input type="checkbox"/>	X
<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"/>	X
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"/>	X
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"/>	X
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"/>	X
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	X

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	X
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	X
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"/>	X
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	X
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"/>	X
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	X
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"/>	X
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"/>	X
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"/>	X
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	X	<input type="checkbox"/>
<b>Part III.</b>		<b>Yes</b>	<b>No</b>
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.	<input type="checkbox"/>	X
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		

	Address:				
	State and Zip Code:				
	E-Mail Address:				
	Phone Number:				
	<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 X
	<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 X
<b>Part IV. 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"/>	X
	<b>Moderate to Low Risk Area</b>			Yes	No
	<b>Zone</b>	<b>Description</b>	<input type="checkbox"/>	X	
	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"/>	X
	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"/>	X	



	<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"/>	X
	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"/>	X
	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 Establishment Applications and Full or Administrative Review Construction 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>	N/A	Schedule 10
<b>Cost/Per Square Foot for Renovation Construction</b>	N/A	Schedule 10
<b>Total Operating Cost</b>	\$9,044,503	Schedule 13C, column B
<b>Amount Financed (as \$)</b>	\$0	Schedule 9
<b>Percentage Financed as % of Total Cost</b>	0%	Schedule 9
<b>Depreciation Life (in years)</b>	N/A	

**2) Construction Dates**

<b>Anticipated Start Date</b>	N/A	Schedule 8B
<b>Anticipated Completion Date</b>	N/A	

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

For Article 28, 36, and 40 Establishment &amp; Construction Requiring Full, Administrative or Limited Review

For Limited Review, escalation amounts may be entered as "0".

Constants:	Value	Comments:
Design Contingency - New Construction	10.00%	Normally 10%
Construction Contingency - New Construction	5.00%	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Construction Start Date:	N/A	as mm/dd/yyyy
Midpoint of Construction Date:	N/A	as mm/dd/yyyy
Completion of Construction Date:	N/A	as mm/dd/yyyy
Year used to compute Current Dollars:	2025	

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

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

Item	A Project Cost in	B Escalation amount	C Estimated
Source:	Schedule 10 Col .7	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$0	\$0	\$0
2.2 Renovation & Demolition	\$0	\$0	\$0
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$0	\$0	\$0
3.1 Design Contingency	\$0	\$0	\$0
3.2 Construction Contingency	\$0	\$0	\$0
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$0	\$0	\$0
4.4 Construction Manager Fees	\$0	\$0	\$0
4.5 Other Fees (Consultant, etc.)	\$0	\$0	\$0
Subtotal (Total 1.1 thru 4.5)	\$0	\$0	\$0
5.1 Movable Equipment (from Sched 11)	\$0	\$0	\$0
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5)	\$0	\$0	\$0
7.1 Financing Costs (Points etc)	\$0		\$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	\$0
Application fees:			
9.1 Application Fee \$2,000. Only applies to Article 28.	\$2,000		\$2,000
9.2 Additional Processing Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See website for applicable fees. (Line 8, multiplied by the appropriate percentage.). Enter Multiplier, i.e., .25%=0.0025 <input type="text"/> 0.003	\$0		\$0
10 Total Project Cost with CON fees	\$2,000	\$0	\$2,000

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

**Schedule 9**

**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 type="checkbox"/>	Schedule 9 Attachment
4. Attach a full and complete description of the assets to be sold, if applicable.	<input checked="" type="checkbox"/>	
5. If amounts are listed in "Gifts (fundraising program)": <ul style="list-style-type: none"> <li>• Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges.</li> <li>• If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan.</li> <li>• Provide a history of recent fund drives, including amount pledged and amount collected</li> </ul>	<input checked="" type="checkbox"/>	

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

**Schedule 9**

	N/A	Title of Attachment
6. If amounts are listed in "Government Grants": <ul style="list-style-type: none"> <li>List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted.</li> <li>Provide documentation of eligibility for the funds.</li> <li>Attach the name and telephone number of the contact person at the awarding Agency(ies).</li> </ul>	<input checked="" type="checkbox"/>	
7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability.	<input checked="" type="checkbox"/>	
8. Current Department policy expects a minimum equity contribution of 10% of total project cost (Schedule 8b line 10) ) for all Article 28 facilities with the exception of Residential Health Care Facilities that require 25% of total project cost (Schedule 8b, line 10). Public facilities require 0% equity.	<input type="checkbox"/>	100% Equity
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**

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

	N/A	Title of Attachment
1. Attach a copy of a letter of interest from the intended source of permanent financing that indicates principal, interest, term, and payout period.	<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"/>	

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

**Schedule 9**

**D. Land**

**Not Applicable**

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

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

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

**E. Other**

**Not Applicable**

Provide listing and breakdown of other financing mechanisms.

	Total Project
Notes	
Stock	
Other	

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

**F. Refinancing**

**Not Applicable**

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



**ROCKEFELLER UNIVERSITY HOSPITAL**

**SCHEDULE 9 ATTACHMENT**

**FINANCIAL NARRATIVE**

**FINANCIAL STATEMENTS**

## **ROCKEFELLER UNIVERSITY HOSPITAL**

### **FINANCIAL NARRATIVE**

Rockefeller University Hospital (“RUH” or the “Hospital”), a 40-bed acute care hospital located at 1230 York Avenue, New York (New York County), New York 10065, is submitting this Certificate of Need Application seeking New York State Department of Health approval to decertify all 40 inpatient beds and transition operations from a hospital to a diagnostic and treatment center (D&TC). In addition, RUH is requesting to amend the certified services on its operating certificate to have MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES added as the only certified service. Upon approval of this Application, the name of the Article 28 entity will change from “Rockefeller University Hospital” to “Rockefeller University Clinical Research Center” (the “Center”). With this submission, RUH is also requesting to update the address of the Article 28 entity on the NYSDOH operating certificate to 1198 York Avenue New York (New York County), New York 10065, with no change to the location of the Article 28 facility.

The operator of Rockefeller University Hospital is The Rockefeller University (the “University”). The Hospital operates as an unincorporated division of the University. As a D&TC, the Center will likewise operate as an unincorporated division of the University.

The Rockefeller University is a world-renowned center for research and graduate education in the biomedical sciences, chemistry, bioinformatics and physics. The University’s 73 laboratories study a diverse range of biological and biomedical problems and conduct basic research; a number of the laboratories also conduct clinical research. All clinical services provided at the Hospital are related to research being conducted. The Hospital operations are primarily funded through a grant provided by the U.S. Department of Health and Human Services and an operating subsidy from the University. RUH does not provide services to the general population, i.e., persons who are not participating as a research participant in a study.

The Hospital’s inpatient census has declined over the years as many research protocols transitioned to outpatient studies, with no inpatient services in more than two (2) years. As a result, the University has decided to decertify RUH’s inpatient beds and transition the Article 28 to operate instead as a D&TC providing outpatient services only. The University remains committed to its mission of improving the understanding of science for the benefit of humanity through both clinical and basic

research in a diverse range of biological and biomedical issues. The transition of the Hospital's operations to an outpatient D&TC reflects the evolution in research protocols to outpatient studies and will enable the University to more efficiently allocate its resources in order to further its mission.

The Hospital currently occupies the A level, first, second and third floors of the building located at 1230 York Avenue, which is owned by the University. (The A level is below the first floor.) As a D&TC, the Center will comprise only a portion of the A level of the building and the entirety of the third floor. The other areas will no longer be certified as Article 28 space.

There is no construction required for this project. The C.O.N. Total Project Cost of \$2,000 will be funded by The Rockefeller University.

### **Working Capital**

Working capital needs for this project will be funded by The Rockefeller University. As noted above, all clinical services provided at the Hospital are related to research being conducted. Patients are not billed for services provided as part of their participation in research studies. In addition, RUH does not bill insurers for services provided. The Hospital operations are primarily funded through a grant provided by the U.S. Department of Health and Human Services and an operating subsidy from the University, as shown on C.O.N. Schedule 13C. Please refer to Schedule 5 Attachment for a monthly cash flow analysis for the first year of operations after transitioning operations to a D&TC. Also included under this Attachment is the June 30, 2024 audited financial statement of The Rockefeller University, as well as the December 31, 2023 audited financial statement of Rockefeller University Hospital.

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

For Article 28, 36, and 40 Construction Projects Requiring Full, Administrative or Limited Review  
 \*Codes for completing this table are found in Schedule 10 lookups sheet.(see tab below)

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

A	B	D	E	F	G	H	I
Location			Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. Current (un-escalated)	(F x G) Construction Cost TOTAL Current sch.8B col.A (un-escalated)	Alterations, Scope of work
Sub project	Building	Floor					
			#NA	<u>Not Applicable - no construction proposed for this project.</u>			
			#NA				
			#N/A				
			#N/A				
			#N/A				
			#N/A				
			#N/A				
			#N/A				
			#N/A				
			#N/A				
			#N/A				
Totals for Whole Project:				0	#DIV/0!	\$0	B


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

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

1. If New Construction is Involved, is it "freestanding?"	N/A	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	-----	---------------------------------	--------------------------------

	Dense Urban	Other metropolitan or suburban	Rural
2. Check the box that best describes the location of the facilities affected by this project:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE			DATE	
			5/7/2025	
PRINT NAME			TITLE	
George B. Candia			Assoc. Vice President	
NAME OF FIRM				
Rockefeller University				
STREET & NUMBER				
1230 York Ave.				
CITY	STATE	ZIP	PHONE NUMBER	
New York	NY	10065	(212) 327-7801	

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

For Article 28, 36, and 40 Construction Projects Requiring Full or Administrative Review \*

**Table I: New Equipment Description**

Sub project Number	Functional Code	Description, including model, manufacturer, year of manufacture where applicable.	Number of units	Lease (L) or Purchase (P)	Date of the end of the lease period	Lease Amount or Purchase Price
		Not Applicable				
Total lease and purchase costs: Subproject 1						\$0
Total lease and purchase costs: Subproject 2						
Total lease and purchase costs: Subproject 3						
Total lease and purchase costs: Subproject 4						
Total lease and purchase costs: Subproject 5						
Total lease and purchase costs: Subproject 6						
Total lease and purchase costs: Subproject 7						
Total lease and purchase costs: Subproject 8						
Total lease and purchase costs: Whole Project:						\$0

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

**Table 2 - Equipment being replaced:**

Sub project Number	Functional Code	Description, including model, manufacturer year of manufacture where applicable.	Number of units	Disposition:	Estimated Current Value
		Not Applicable			
Total estimated value of equipment being replaced: Subproject 1					
Total estimated value of equipment being replaced: Subproject 2					
Total estimated value of equipment being replaced: Subproject 3					
Total estimated value of equipment being replaced: Subproject 4					
Total estimated value of equipment being replaced: Subproject 5					
Total estimated value of equipment being replaced: Subproject 6					
Total estimated value of equipment being replaced: Subproject 7					
Total estimated value of equipment being replaced: Subproject 8					
Total estimated value of equipment being replaced: Whole Project:					\$0

New York State Department of Health  
Certificate of Need Application

Schedule 13A

Schedule 13 A. Assurances from Article 28 Applicants

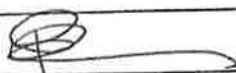
Article 28 applicants seeking combined establishment and construction or construction-only approval must complete this schedule.

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

May 7, 2020

  
Signature:  
Timothy O'Connor, Ph.D.  
Name (Please Type)  
Executive Vice President  
Title (Please type)



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

**Schedule 13B**

**Schedule 13 B. Staffing**

**Table 13B - 1:** 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 involved multiple sites, please create a staffing table for each site.

☒ Total Project      ☐ Subproject number

A	B	C	D
	Number of FTEs to the Nearest Tenth		
Staffing Categories	Current Year*	First Year of Implementation	Third Year of Implementation
1. Management & Supervision			
2. Technician & Specialist			
3. Registered Nurse			
4. Licensed Practical Nurses			
5. Aides, Orderlies & Attendants			
6. Physicians			
7. PGY Physicians			
8. Physician's 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 - Pharmacist			
19. Other - Training Coordinator			
20. Other - Allocated Overhead salaries, inc. service and maintenance workers			
21. Total Number of Employees			

\*Last complete year prior to submitting application

\*\*Use only for RHCF and D and T Center proposals

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

Current year staffing represents existing staffing of the hospital. This application is being submitted to transition the operations of the applicant from a hospital to a diagnostic and treatment center (D&TC) providing outpatient services only. The projected first- and third-year staffing represent the staffing required for operations as a D&TC.

# New York State Department of Health Certificate of Need Application

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

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

Medical/Center Director	
Name of Medical/Center Director:	James Glenn Krueger, M.D., Ph.D.
License number of the Medical/Center Director	167426-1

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

Transfer & Affiliation Agreement	
Hospital(s) with which an affiliation agreement is being negotiated	The applicant has an existing agreement with NewYork-Presbyterian (NYP, formerly New York Hospital) for back-up services.
<ul style="list-style-type: none"> <li>Distance in miles from the proposed facility to the Hospital affiliate.</li> </ul>	0.2 miles
<ul style="list-style-type: none"> <li>Distance in minutes of travel time from the proposed facility to the Hospital affiliate.</li> </ul>	3 minutes
<ul style="list-style-type: none"> <li>Attach a copy of the letter(s) of intent or the affiliation agreement(s), if appropriate.</li> </ul>	N/A <input checked="" type="checkbox"/> Attachment Name:
Name of the <b>nearest</b> Hospital to the proposed facility	New York-Presbyterian Hospital/New York Weill Cornell Center
<ul style="list-style-type: none"> <li>Distance in miles from the proposed facility to the nearest hospital.</li> </ul>	0.2 miles
<ul style="list-style-type: none"> <li>Distance in minutes of travel time from the proposed facility to the nearest hospital.</li> </ul>	3 minutes

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

**Schedule 13B**

**Schedule 13 B-3. AMBULATORY SURGERY CENTERS ONLY – Physician Commitment**

**Not Applicable**

Upload a spreadsheet or chart as an attaching to this Schedule of all practitioners, including surgeons, dentists, and podiatrists who have expressed an interest in practicing at the Center. The chart must include the information shown in the template below.

**Additionally**, upload copies of letters from each practitioner showing the number and types of procedures he/she expects to perform at the Center per year.

Practitioner's Name	License Number	Specialty (s)	Board Certified or Eligible	Expected Number of Procedures	Hospitals where Physician has Admitting Privileges:	Title and File Name of attachment
---------------------	----------------	---------------	-----------------------------	-------------------------------	---	-----------------------------------

### 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.	Depreciation - based on current costs; Rent - N/A	N/A
2. In a sperate attachment, provide the basis for interest cost. Separately identify, with supporting calculations, interest attributed to mortgages and working capital	N/A	N/A

☒ Total Project or ☐ Subproject No.

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)	1/1/2023	1/1/2026	1/1/2028
1. Salaries and Wages			
1a. FTEs			
2. Employee Benefits			
3. Professional Fees			
4. Medical & Surgical Supplies			
5. Non-med., non-surg. Supplies			
6. Utilities			
7. Purchased Services			
8. Other Direct Expenses			
9. Subtotal (total 1-8)			
10. Interest (details required below)			
11. Depreciation (details required below)			
12. Rent / Lease (details required below)			
13. Total Operating Costs			

Table 13C - 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)	1/1/2023	1/1/2026	1/1/2028
1. Salaries and Wages			
1a. FTEs			
2. Employee Benefits			
3. Professional Fees			
4. Medical & Surgical Supplies			
5. Non-med., non-surg. Supplies			
6. Utilities			
7. Purchased Services			
8. Other Direct Expenses			
9. Subtotal (total 1-8)			
10. Interest (details required below)			
11. Depreciation (details required below)			
12. Rent / Lease (details required below)			
13. Total Operating Costs			

Table 13C - 3

	a	b	c
OUTPATIENT Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)	1/1/2023	1/1/2026	1/1/2028
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 13D

### Schedule 13D: 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	N/A
2. Provide the basis and supporting calculations for all utilization and revenues by payor.	<input type="checkbox"/>	Based on the actual operations of the existing hospital. Refer to the Financial Narrative under Schedule 9 Attachment.	N/A
3. Provide the basis for charity care revenue assumptions used in Year 1 and 3 Budgets (Table 13D-2B). 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.	<input type="checkbox"/>		N/A

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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)	1/1/2023	1/1/2026	1/1/2028
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)			
Government Grants			
Contributions			
Pharmacy Credits			
8. Total Operating Revenue (Total 1-7)			
9. Non-Operating Revenue - Operating Subsidy from The Rockefeller University			
10. Total Project Revenue			

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**Schedule 13D**

**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 dis- charges	Net Revenue		(C) Patient Days or dis- charges	Net Revenue		(E) Patient Days or dis- charges	Net Revenue	
			(B) Dollars (\$)	\$ per Patient Day or dis- charge (B)/(A)		(D) Dollars (\$)	\$ per Patient Day or dis- charge (D)/(C)		(F) Dollars (\$)	\$ per Patient Days or dis- charges (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		0	\$0	\$0.00	0	\$0	\$0.00	0	\$0	\$0.00



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Certificate of Need Application**

**Schedule 13D**

**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		
		Net Revenue		(C) V/P	Net Revenue		(E) V/P	Net Revenue	
		(A) V/P	(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								
	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			\$389,392		\$389,392			\$389,392	

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

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

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

Rockefeller University Hospital ("RUH" or the "Hospital"), a 40-bed acute care hospital located at 1230 York Avenue, New York (New York County), New York 10065, is submitting this Certificate of Need Application seeking New York State Department of Health approval to decertify all 40 inpatient beds and transition operations from a hospital to a diagnostic and treatment center (D&TC). In addition, RUH is requesting to amend the certified services on its operating certificate to have MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES added as the only certified service. Upon approval of this Application, the name of the Article 28 entity will change from "Rockefeller University Hospital" to "Rockefeller University Clinical Research Center". With this submission, RUH is also requesting to update the address of the Article 28 entity on the NYSDOH operating certificate to 1198 York Avenue New York (New York County), New York 10065, with no change to the location of the Article 28 facility.

The operator of Rockefeller University Hospital is The Rockefeller University (the "University"). The Hospital operates as an unincorporated division of the University. As a D&TC, the Center will likewise operate as an unincorporated division of the University

The Center will be under the direction of a physician Medical Director. (A copy of the Medical Director's curriculum vitae is included under Appendix B of the Project Narrative (Schedule 1 Attachment).) Staffing of the D&TC has been developed in accordance with the experience of RUH in conducting its research activities. Under no circumstance during actual operations as a D&TC will staffing levels fall below the level required to meet current standards of practice, pursuant to interpretation by the Medical Director.

In conformance with 10 NYCRR Section 751.8, the D&TC will utilize a formal Quality Assurance Program (QAP). The QAP will be administered by the Medical Director and will include a systematic method for monitoring and assessing the quality and appropriateness of care. One of the primary goals of the QAP is to identify problems and foster opportunities to improve patient care. Under the direct supervision of the Medical Director, the QAP will continue to be an ongoing process.

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

The applicant has an existing Patient Transfer and Affiliation Agreement with NewYork-Presbyterian (NYP, formerly New York Hospital) for back-up hospital services. In the case of a

**New York State Department of Health  
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**Schedule 17A**

patient emergency at the Center, a staff member will call a NYP ambulance and a clinical staff member will accompany the patient to the hospital.

**Please refer to Schedule 17 Attachment for statements affirmatively attesting to the “separate and distinct” requirements for the Center.**

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

For D&TC – Ambulatory Surgery Projects:

**Not Applicable**

Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category

For D&TC – Ambulatory Surgery Projects:

**Not Applicable**

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:

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**Schedule 17B**

**Schedule 17B - 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.)

Unlike a traditional Article 28 facility, RUH's patient population is comprised only of research participants taking part in the University's research activities. This will continue to be the case after the hospital transitions its operations to a diagnostic and treatment center (D&TC). Participants are drawn from a recruitment repository comprised of past research participants, as well as through word of mouth, flyers, advertisements, referrals by physicians, depending on the research being conducted. Given the unique nature of the operations of RUH, the participant population is not reflective of a specific geographic area or population group. The demographics of the participants in a given study are determined by the parameters of the study being conducted. The majority (87.4%) of the 294 research participants in 2024 resided in New York City, with the highest percentage residing in Manhattan (32.7%). Overall, research participants came from across the New York metropolitan area, as well as New Jersey and other states. Please refer to the Project Narrative under Schedule 1 Attachment for more information.

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

All clinical services provided at the Hospital are related to research being conducted. RUH does not provide services to the general population, i.e., persons who are not participating in a study. As noted above, given the unique nature of the operations of RUH, the participant population is not reflective of a specific geographic area or population group. The demographics of the participants in a given study are determined by the parameters of the study being conducted. The majority (87.4%) of the 294 research participants in 2024 resided in New York City, with the highest percentage residing in Manhattan (32.7%). Overall, research participants came from across the New York metropolitan area, as well as New Jersey and other states. Please refer to the Project Narrative under Schedule 1 Attachment for more detailed information.

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

This project proposes to decertify all 40 inpatient beds at RUH and transition operations from a hospital to a diagnostic and treatment center. The Hospital's inpatient census has declined over the years as many research protocols transitioned to outpatient studies, with no inpatient services in more than two (2) years. The last years of operation of the inpatient beds were 2021 when RUH had 163 total inpatient days and 2022 through September, when the Hospital had 66 inpatient days. There have been no inpatients since the end of September of 2022. In 2024, RUH had 1,288 outpatient visits. This proposal to transition the operations of RUH to an outpatient D&TC is a direct result of this evolution of research protocols to be outpatient studies.

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

This project proposes to decertify all 40 inpatient beds at RUH and transition operations from a hospital to a diagnostic and treatment center. The Hospital's inpatient census has declined over the years as many research protocols transitioned to outpatient studies, with no inpatient services in more than two (2) years. The last years of operation of the inpatient beds were 2021 when RUH had 163 total inpatient days and 2022 through September, when the Hospital had 66 inpatient days. There have been no inpatients since the end of September of 2022. In 2024, RUH had 1,288 outpatient visits. This proposal to transition the operations of RUH to an outpatient D&TC is a direct result of this evolution of research protocols to outpatient studies.

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

**Schedule 17B**

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

The Rockefeller University is a world-renowned center for research and graduate education in the biomedical sciences, chemistry, bioinformatics and physics. The University's 73 laboratories study a diverse range of biological and biomedical issues and conduct basic research; a number of the laboratories also conduct clinical research. The University remains committed to its mission of improving the understanding of science for the benefit of humanity through both clinical and basic research into a diverse range of biological and biomedical issues. The transition of the Hospital's operations to an outpatient D&TC reflects the evolution in research protocols to outpatient studies and will enable the University to more efficiently allocate its resources in order to further its mission.

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

All clinical services provided at the Hospital are related to research being conducted. Patients are not billed for services provided as part of their participation in research studies. In addition, RUH does not bill insurers for services provided. After RUH transitions to operating as a D&TC, the D&TC will continue this practice of not billing patients.

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

Unlike a traditional Article 28 facility, all clinical services provided at the Hospital are related to research being conducted. RUH does not provide services to the general population, i.e., persons who are not participating as a research participant in a study.

***ONLY For Applicants Seeking Permanent Life***

**Not Applicable**

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

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

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

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**Schedule 17B**

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

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

**Quality and Accreditation:**

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

Not Applicable.

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

The Rockefeller University is a world-renowned center for research and graduate education in the biomedical sciences, chemistry, bioinformatics and physics. The University's 73 laboratories study a diverse range of biological and biomedical issues and conduct basic research; a number of the laboratories also conduct clinical research. The research activities are primarily funded through a grant provided by the U.S. Department of Health and Human Services.

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

The Rockefeller University is a world-renowned center for research and graduate education in the biomedical sciences, chemistry, bioinformatics and physics. The University's 73 laboratories study a diverse range of biological and biomedical issues and conduct basic research; a number of the laboratories also conduct clinical research.

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

**Not Applicable**

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

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

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

## Schedule 17B

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

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

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

### Target Population and Service Area:

**Not Applicable**

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

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

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

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

### Capacity of Existing Primary Care Providers

**Not Applicable**

The project narrative should describe existing primary care services in the proposed service area. The narrative should include the number and location of existing D&TCs, extension clinics and part-time clinics and a summary of primary care

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

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

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

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

### Need Review for Specialty Clinics:

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

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

RUH is not located in a Health Professional Shortage Area or Medically Underserved Area. However, as noted above, unlike a traditional Article 28 facility, all clinical services provided at the Hospital are related to research being conducted. RUH does not provide services to the general population, i.e., persons who are not participating as a research participant in a study.

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

All clinical services provided at the Hospital are related to research being conducted. This will continue to be the case after RUH transitions to operate as a D&TC, as proposed in this Application. RUH does not provide services to the general population, i.e., persons who are not participating as a research participant in a study.

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

Not Applicable.



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**Schedule 17C**

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

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

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

**N/A**

**Instructions:**

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

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

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

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

<sup>4</sup> Require additional approval by Medicare

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

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

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

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**Schedule 17C**

**END STAGE RENAL DISEASE (ESRD)**

**Not Applicable**

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

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

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

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

**END STAGE RENAL DISEASE**

**Not Applicable**

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.

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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.

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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.

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

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

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## Schedule 17C

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

Total Project or Subproject No.

[illegible]

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

\*\* Includes 25 sigmoidoscopy procedures per year.

**ROCKEFELLER UNIVERSITY HOSPITAL**

**SCHEDULE 17 ATTACHMENT**

**SEPARATE AND DISTINCT STATEMENTS**

**RE: ROCKEFELLER UNIVERSITY HOSPITAL**

**(New York County)**

**Decertify 40 medical/surgical beds and transition operations from a hospital to a diagnostic and treatment center**

Rockefeller University Hospital (“RUH” or the “Hospital”), a 40-bed acute care hospital located at 1230 York Avenue, New York (New York County), New York 10065, is submitting this Certificate of Need Application seeking New York State Department of Health approval to decertify all 40 inpatient beds and transition operations from a hospital to a diagnostic and treatment center (D&TC). In addition, RUH is requesting to amend the certified services on its operating certificate to have MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES added as the only certified service. Upon approval of this Application, the name of the Article 28 entity will change from “Rockefeller University Hospital” to “Rockefeller University Clinical Research Center” (the “Center”). With this submission, RUH is also requesting to update the address of the Article 28 entity on the NYSDOH operating certificate to 1198 York Avenue New York (New York County), New York 10065, with no change to the location of the Article 28 facility.

**Applicant Confirmations**

- Rockefeller University Clinical Research Center (the “Center”) will have signage in place to denote that the Center is separate and distinct from any other facility at the location.
- Rockefeller University Clinical Research Center confirms that the staffing for the D&TC will be separate and distinct from any third-party entity. The Article 28 is located on the campus of The Rockefeller University (the “University”). The Hospital operates as an unincorporated division of the University. As a D&TC, the Center will likewise operate as an unincorporated division of the University.
- Rockefeller University Clinical Research Center confirms that the D&TC will be located in self-contained spaces on the A level and third floor of the building located at 1198 York Avenue, New York (New York County), New York 10065.
- Rockefeller University Clinical Research Center confirms that the D&TC will be used exclusively for the purpose stated in this application.