



Department
of Health

Certificate of Need (CON) Guidance

Midwifery Birth Centers

Welcome!

- Housekeeping:
 - All lines are muted.
 - Please submit questions through Q & A.
 - FAQ document will be sent after webinar.

Learning Objectives

Participants will gain a general understanding of:

- Navigating the NYSE-CON system.
- How to submit a Midwifery Birth Center application, including:
 - The purpose of the required schedules.
 - Instructions and helpful tips on completion of the schedules.

Application through New York State Electronic Certificate of Need

To obtain approval to operate a Midwifery Birth Center in New York State, applicants must submit a Full Review Establishment with Construction Certificate of Need (CON) application through the New York State Electronic Certificate of Need (NYSE-CON) system for review and approval.

For CON Purposes:

- *Establishment* means Public Health and Health Planning Council approval of an Article 28 health care provider to operate in NYS.
- *Construction* means approval by the Department of Health for the health care services to be provided at the site and under the physical conditions proposed by the applicant.

CON Review Requirements:

- Character and Competence
- Public Need/Program requirements
- Legal/Organizational Management
- Financial Feasibility
- Architectural Standards

Information to review each of these areas is collected through “Tabs and Schedules”



Major CON STEPS:

Step 1 – Application through NYSE-CON

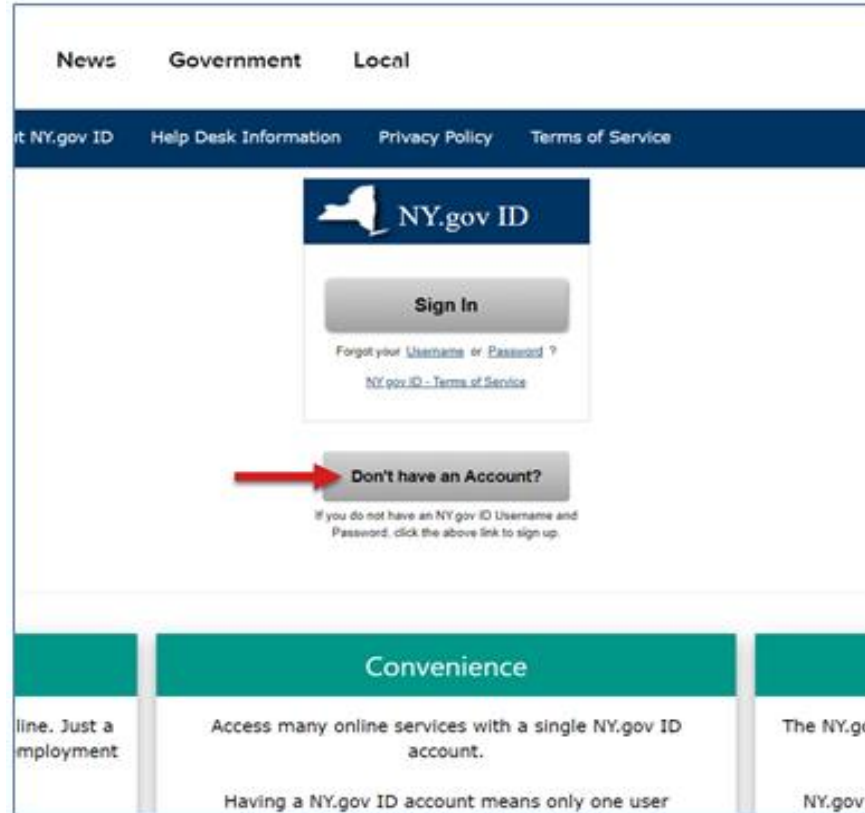
Step 2 – Review by the Department

Step 3 – Public Health and Health Planning
Council (PHHPC)

Step 4 – Approvals

Setting Up a New NY.Gov Account

Navigate to <https://my.ny.gov>
Click on the "Don't have an Account?" Button.



The screenshot shows the NY.gov ID sign-in interface. At the top, there are navigation links for "News", "Government", and "Local". Below that is a dark blue bar with links for "NY.gov ID", "Help Desk Information", "Privacy Policy", and "Terms of Service". The main content area features the "NY.gov ID" logo, a "Sign In" button, and a link for "Forgot your Username or Password?". Below the sign-in section is a "Don't have an Account?" button, which is highlighted with a red arrow. Underneath this button is a note: "If you do not have an NY.gov ID Username and Password, click the above link to sign up." At the bottom, there is a green banner with the word "Convenience" and text describing the benefits of having a single NY.gov ID account.

News Government Local

NY.gov ID Help Desk Information Privacy Policy Terms of Service

NY.gov ID

Sign In

Forgot your Username or Password ?

NY.gov ID - Terms of Service

Don't have an Account?

If you do not have an NY.gov ID Username and Password, click the above link to sign up.

Convenience

line. Just a employment

Access many online services with a single NY.gov ID account.

Having a NY.gov ID account means only one user

The NY.gov

NY.gov

For Account Type Click on “Personal”

DO NOT CLICK ON “BUSINESS” OR “GOVERNMENT EMPLOYEE”



NY.gov ID Online Services FAQs About NY.gov ID Help Desk Information Privacy Policy Terms of Service

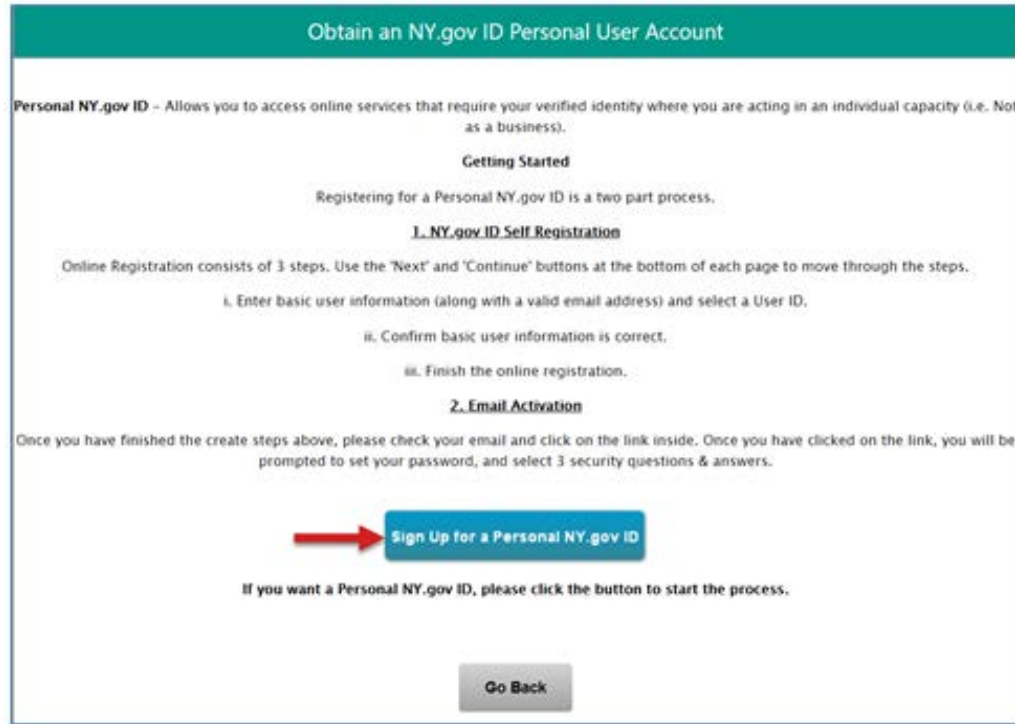
Please select one of the following three account types:

PERSONAL
I want to access services for my personal use. My identity must be verified.

GOVERNMENT EMPLOYEE
Information for New York State or local government employees.

BUSINESS
I want to access services in a business capacity. My personal, business or organization's identity must be verified.

Click on the "Sign Up for a Personal NY.gov ID"



Obtain an NY.gov ID Personal User Account

Personal NY.gov ID – Allows you to access online services that require your verified identity where you are acting in an individual capacity (i.e. Not as a business).

Getting Started

Registering for a Personal NY.gov ID is a two part process.


1. NY.gov ID Self Registration

Online Registration consists of 3 steps. Use the "Next" and "Continue" buttons at the bottom of each page to move through the steps.

- Enter basic user information (along with a valid email address) and select a User ID.
- Confirm basic user information is correct.
- Finish the online registration.

2. Email Activation

Once you have finished the create steps above, please check your email and click on the link inside. Once you have clicked on the link, you will be prompted to set your password, and select 3 security questions & answers.

 [Sign Up for a Personal NY.gov ID](#)

If you want a Personal NY.gov ID, please click the button to start the process.

[Go Back](#)

Follow the instructions on next screens to add your name, email and set up a username.

You will see a confirmation screen. Verify your information and select continue.



NY.gov ID SELF REGISTRATION

Before you continue, please check the information below. If any information needs to be corrected, please click on the "Back" button below and make the necessary corrections

First Name : John
Last Name : Smith
Email : jsmith@example.com
Username : jsmith@example.com

[Back](#) [Continue](#)

Step 2 of 3

An activation email will be sent to your inbox. Select finish on this screen.



NY.gov ID SELF REGISTRATION

An activation email has been sent to - jsmith@example.com

Please check your email and click on the link inside. Once you have clicked on that link, you will be prompted to set your password, and select 3 security questions & answers.

If you do not click on the link within 48 hours, you will be required to come back to this website and re-register your account. Please check your junk mail filters/folders in case the activation email gets blocked.

[Finish](#)

Step 3 of 3

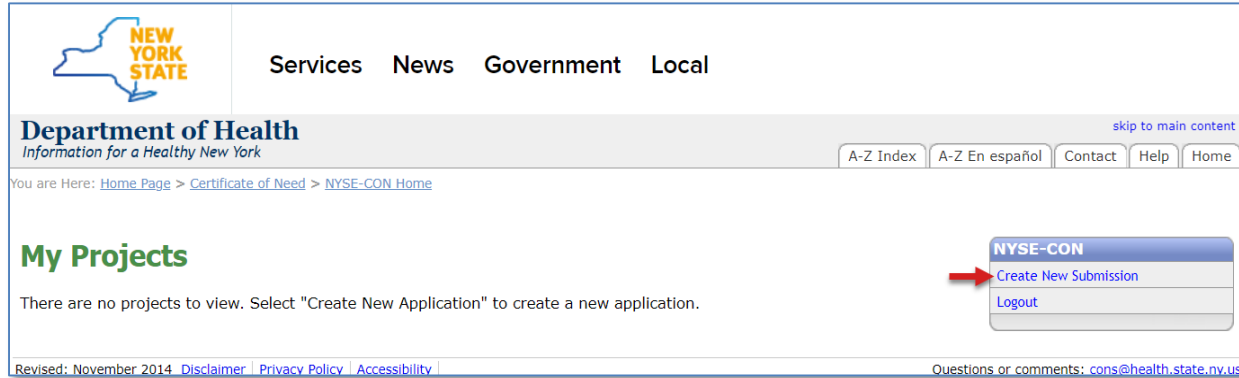
Every time you sign in, you will see this screen. Select “Health Applications”.

The screenshot displays a user dashboard with two main sections. The top section, titled "You have access to the following services", shows "No services enrolled". The bottom section, titled "You can sign up for the following services", lists various services in a grid. A red box highlights the "Health Applications" service, and a red arrow points to it from the left.

You have access to the following services			
No services enrolled			
You can sign up for the following services			
 SEMS Statewide Learning Management System.	 Labor Online Department of Labor Online Services	 MyOMV Motor Vehicles Online Services	 TEACH Application Teacher Certification
 NYS License Center NYS License Center	 NY State of Health The Official Health Plan Marketplace	 BPSS Application BPSS	 VSP Office of Victim Services
 Health Applications Health Applications	 NY Alert NY-Alert Receive emergency alerts	 Department of Civil Service Public Website Explore Exciting Career Opportunities with New York State	 Decentralized List Management System My OMH jobs Decentralized List Management System

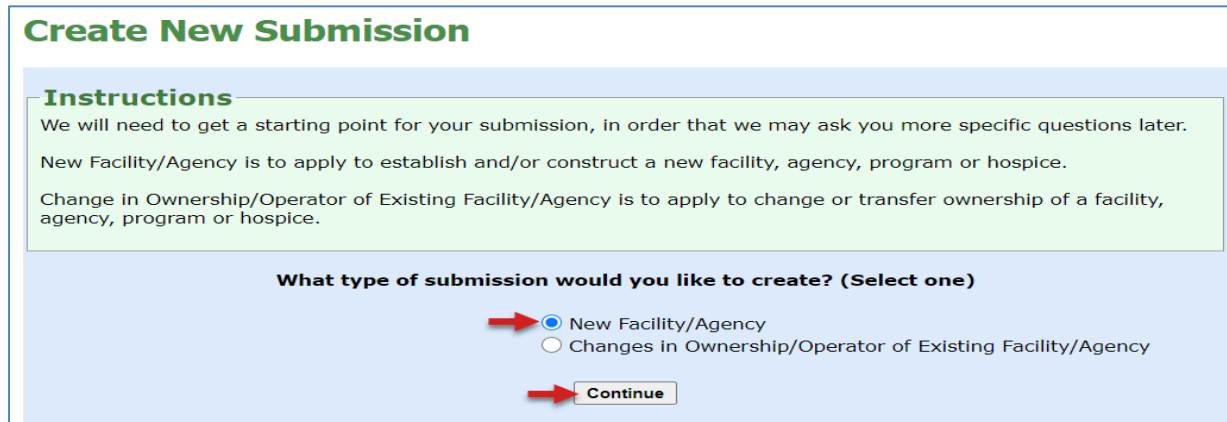
On the screen after select Certificate of Need to bring you to the NYSE-CON page.

For a new submission, log into NYSE-CON and select “Create New Submission”



The screenshot shows the top navigation bar of the NYSE-CON website. The New York State logo is on the left, followed by links for Services, News, Government, and Local. Below this is the Department of Health logo and tagline. A navigation menu includes 'A-Z Index', 'A-Z En español', 'Contact', 'Help', and 'Home'. A breadcrumb trail indicates the user is on the NYSE-CON Home page. The 'My Projects' section shows no projects and a 'Create New Application' link. On the right, a 'NYSE-CON' dropdown menu is open, with 'Create New Submission' highlighted by a red arrow. The footer contains a revision date and contact information.

For a new Midwifery Birth Center, select “New Facility/Agency” and continue.



The screenshot shows the 'Create New Submission' form. The title is 'Create New Submission'. Under the 'Instructions' section, it explains that a starting point is needed for the submission. It defines 'New Facility/Agency' as applying to establish and/or construct a new facility, agency, program, or hospice, and 'Change in Ownership/Operator of Existing Facility/Agency' as applying to change or transfer ownership. Below this, a question asks 'What type of submission would you like to create? (Select one)'. Two radio buttons are shown: 'New Facility/Agency' (selected, indicated by a red arrow) and 'Changes in Ownership/Operator of Existing Facility/Agency'. At the bottom, a 'Continue' button is highlighted with a red arrow. The Department of Health logo is visible in the bottom right corner.

Select Midwifery Birth Center from the list of facility types and then click continue.

Create New Submission - Facility/Agency Type Selection

Instructions
You have selected **New Facility/Agency**.
Choose one facility or agency type and select Continue to proceed.

***Select Facility or Agency Type:**

- Adult Home
- Certified Home Health Agency
- Diagnostic and Treatment Center
- Enriched Housing Program
- Hospice
- Hospital
- Licensed Home Care Services Agency
- Long Term Home Health Care Program
- Midwifery Birth Center
- Residential Health Care Facility

* Fields marked with an asterisk (*) are required for saving information from this screen.

Select “New Facility or Agency with Construction” and click continue.

Create New Submission - Select Submission Type

Instructions
You have selected **New Facility/Agency** with a facility type of **Midwifery Birth Center**.
Select one submission type and select Continue to proceed.

Current Selection: None

***Select Submission Type:**

- New Facility or Agency
- New Facility or Agency with Construction

* Fields marked with an asterisk (*) are required for saving information from this screen.

Tabs and Schedules

General Information, Executive Summary and Sites Tabs.

General Information

Information

- The submission identifying information has been saved. Please select the Executive Summary tab to enter a project proposal summary, the Sites tab to add project sites, beds and/or services, and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit", located at the bottom of the screen.

CON Project Number:
Facility Name: Example Birth Center
Project Description:

>>

<p>Status:</p> <p>Status Date:</p> <p>Review Level:</p> <p>County:</p> <p>Region:</p>	<p>Submission Type: Application - Full Review - Establishment - New Facility or Agency with Construction</p> <p>Application Received Date:</p> <p>Initial Review Date:</p> <p>Acknowledgement Date:</p>
<p>Total Project Cost: \$25,000.00</p>	

Main Site Information

<p>Facility Name: Example Birth Center</p> <p>Physical Address: 123 Main Street Anytown, NY 12345</p> <p>County: ALBANY</p> <p>Current Operator:</p> <p>Proposed Operator: Example Operator, LLC 123 Main Street Anytown, NY 12345</p>	<p>Facility Type: Midwifery Birth Center</p> <p>Region:</p> <p>Operating Certificate/License #:</p> <p>Current Operator County:</p> <p>Proposed Operator County: ALBANY</p>
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Principal Applicant Member

<p>Name: Amelia Pond</p> <p>User ID:</p> <p>Email:</p> <p>Phone: (555) 555-1234</p>	<p>Title: Consultant</p> <p>Address: 234 Main Street Suite 11 Anytown, NY 12345</p> <p>Fax:</p>
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Alternate Contact

<p>Name: Donna Noble</p>	<p>Email: donna.noble@example.com</p>
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Two things to keep in mind when completing your application are:

- You must enter the minimum required information (designated by *) to be able to save your project.
- You will not be able to fully submit your project until you have completed the fields marked with the dagger (†).

The Application Tab is where you add the schedule documents to your application. For a Midwifery Birth Center the schedules required are: 1,2,3,5,6,7,8,9,10,11,13,14,24

Application

Information


- The following schedules are required: Schedule 1,2,3,5,6,7,8,9,10,11,13,14,24
- No Documents are associated with this project.

CON Project Number:

Facility Name: Example Birth Center


Project Description:

[General](#)
[Executive Summary](#)
[Sites](#)
[Application](#)
[Correspondence](#)
[Decision](#)
[Contingencies](#)
[>>](#)

 [Print Application View](#)

Submitted By:

Submitted Date:

Document Type	Filename	Description	Document	Date
 Add New Application Document				

* DOH cannot guarantee that documents that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user should ensure that their anti-virus software is operating and is up-to-date with the latest anti-virus signature files.

Schedules & Review Summary

- **Program**
 - Schedules 2A, 2D & 24
- **Legal**
 - Schedules 3 & 14
- **Financial**
 - Schedules 2B, 5, 8, 9 13B, 13C, & 13D
- **Project Cost**
 - Schedules 8, 10, 11
- **Architectural**
 - Schedule 6 & 7

Schedules

Can be found at this link on the DOH website:

https://www.health.ny.gov/facilities/cons/more_information/schedules.htm

Schedule 1- General Information

General Information

		Title of Attachment:
Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.	YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 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	
	BUSINESS STREET ADDRESS		
	CITY	STATE	ZIP
	TELEPHONE	E-MAIL ADDRESS	

Alternate Contact	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COMPANY	
	BUSINESS STREET ADDRESS		
	CITY	STATE	ZIP
	TELEPHONE	E-MAIL ADDRESS	

MBC Program/Need Information

Schedule 2A- Personal Qualifying Information

Schedule 2A – Personal Identifying Information

Complete all sections. TYPE or PRINT LEGIBLY to reduce requests for additional information and review time. If the answer is none or not applicable, please indicate such. All attachments must be labeled with the individual's full name, relevant section indicator, and date of completion. PDFs should be bookmarked as appropriate.

1. Personal Identifying Information

Last Name:	
First Name:	
Middle Initial:	
Street Address:	
City:	
State:	
Zip code:	
Telephone:	
Date of Birth:	
Aliases*	

*Includes nicknames, maiden name, AKAs, etc.

2. Formal Education

Include the highest level of education obtained. Fill out the form below or upload a spreadsheet/document in the same format. Attachment #:

School Name/Institution	Address	Attended		Degree	Date Received
		From	To		

3. Professional Licenses Held

Check box if not applicable

Include all licenses held and attach copies if available. If expired, please explain. Fill out the form below or upload a spreadsheet/document in the same format.

Attachment #:



Applicants with no or limited experience in providing health care services are evaluated based on:

- compliance with laws and regulations pertinent to their business or profession,
- the status of any professional licenses, and
- any relevant community and/or volunteer background and experience.

Every applicant must complete an affirmative statement explaining their qualifications to operate the proposed facility.

Schedule 2D- Review of Out-of-State Facilities

Schedule 2D – Review of Out-of-State Facilities

General Information

Completed 2D forms must be included at the time of the initial submission of the Certificate of Need application via NYSE-CON. A Schedule 2D must be submitted for each affiliated out-of-state health care entity. The original schedule 2D should be completed by the state agency with jurisdiction. Due to the time involved in obtaining completed Schedule 2Ds from other states, sending the forms in a timely manner is suggested. If you have any questions related to the Schedule 2D forms or process, please contact the appropriate NYSDOH program bureau. A listing of program bureaus can be found on Attachment 2D-B.

Note that the term "health care entity" includes hospitals, nursing homes/residential health care facilities, home care agencies, hospices, diagnostic and treatment centers, ambulatory surgery centers, midwifery birth centers, adult day health care programs, laboratories, health maintenance organizations, pharmacies, substance use disorder programs, facilities for the mentally ill, facilities for the mentally retarded and developmentally disabled, adult care facilities, enriched housing programs, assisted living programs, and rehabilitation facilities. Please include only those agencies, facilities, and programs that are licensed or certified in their respective states.

Instructions

1. Complete the **Schedule 2D Worksheet**, listing **every** affiliated out-of-state health care entity.
2. For **each affiliated health care entity** located in a state other than New York State, complete the applicant's portion of the two-page New York State Department of Health Compliance Report Form.
 - a. In the first paragraph, enter the applicant's name and the date on which the completed form should be returned to you. If the out-of-state review is being conducted for a board member's affiliations, ensure the Compliance Report Form reflects the name of the applicant and not the name of the board member. Allow thirty days for a response.
 - b. In the next four gray-shaded fields, provide all identifying information for the entity to be reviewed, including its name, address, license or certificate number, and the period for which the review should be conducted. New York State requires a ten-year compliance history. If the entity has been operational or affiliated for less than ten years, enter the entire period with which it was affiliated with the applicant or board member.
3. Forward the form(s) to the appropriate regulatory agency in each state. Enclose a stamped, addressed envelope and/or supply an email address to facilitate the state's reply. A sample cover letter is provided in Attachment 2D-A.



Schedule 24: Program and Need Information

Schedule 24 A/B – Midwifery Birth Center Program Information and Community Need

Instructions: Please attach a project narrative (uploaded as an attachment to this Schedule) that includes the elements in the following sections, and any other relevant information.

Program Information

1. Describe how the program will operate, including complying with state and, if applicable, federal regulations, including but not limited to patient admission criteria, prenatal and intrapartum care, postpartum care, discharge, and follow-up care, and on-site emergency care capabilities.
2. Describe the transfer criteria and the relationships with the transfer hospitals, including the nearest Regional Perinatal Center.
3. If the transfer hospital(s) is more than 15 miles away, and there is a closer hospital, provide a written explanation as to why a closer facility was not chosen.
4. Cite relevant accreditations, certifications, or awards attained by the applicant which builds confidence in services of high quality.
5. 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. Such programs may include:
 - a. Programs specially tailored to the health needs of the population of the service area;
 - b. Grant-funded programs;
 - c. Scholarships or fellowships.
6. Describe the applicant's experience or track record serving similar populations.

Public Need Summary

1. Identification of the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s));
2. Whether the proposed clinic is in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA); if so, please identify;
3. A quantitative and qualitative description of the population to be served. (Qualitative data may include median income, ethnicity, payor mix, etc.);
4. A description of factors and how the population to be served is currently receiving birth care.

Program Information

Applicants should review State regulations (Part 795 of 10 NYCRR) before creating their programmatic narrative:

https://regs.health.ny.gov/sites/default/files/pdf/recently_adopted_regulations/Midwifery%20Birth%20Center%20Services.pdf

Program Information

Transfer Agreements- As part of the Program Information in Schedule 24:

- Describe planned transfer agreements with the geographically closest Level I, II or III birthing hospital, as well as with the geographically closest regional perinatal center, in order to transfer patients within a timeframe to meet their needs.
- If the applicant seeks to establish a transfer agreement with a birthing hospital that is not the closest facility, a written explanation is required.

Legal Information

Review of the Applicant's Legal Structure & Contracts

- The legal review looks at the applicant's legal structure and any contractual arrangements needed to operate the facility, such as administrative and consulting services agreements and leases.
- The purpose is to ensure that the proposed operator:
 - Is or will be legally formed with proper authority to exist in NYS.
 - Has safeguards within its organizational documents to prevent the transfer of ownership interests that require Department approval.
 - Has retained the legal, operational authority required of Article 28 licensed operators.

Schedule 3- Basic Legal Information

Schedule 3A: General Instructions and Definitions for Legal Schedules

This schedule applies to all Establishment Applications (including combined Establishment and Construction) and some Administrative Applications.

Definitions

1. "PHL" refers to the New York State Public Health Law.
2. "SSL" refers to the New York State Social Services Law.
3. "10 NYCRR" refers to Title 10 (Health) of the Official Compilation of the Codes, Rules and Regulations of the State of New York.
4. "Department" refers to the New York State Department of Health.
5. "Commissioner" refers to the Commissioner of the Department.
6. "Article 28" refers to Article 28 of the PHL, which governs general hospitals, nursing homes, diagnostic and treatment centers, and midwifery birth centers.
7. "Article 36" refers to Article 36 of the PHL, which governs certified home health agencies and long term home health care programs.
8. "Article 40" refers to Article 40 of the PHL, which governs hospices.
9. "Article 44" refers to Article 44 of the PHL, which governs health maintenance organizations.
10. "Article 7" refers to Article 7 of the SSL, which governs adult homes, enriched housing programs and residences for adults.
11. "Facility" refers to all types of facilities, institutions, agencies or other entities regulated under Articles 7, 28, 36, 40, or 44.
12. "ESRD" refers to an Article 28 Diagnostic and Treatment Center that provides dialysis services to people with End Stage Renal Disease.

General Instructions

1. Unless otherwise specifically indicated, the required paper copies of legal documentation submitted should be photocopies of fully executed original documents and **not** the originals themselves. The electronic copies of legal documents should be legible scanned images in PDF format of fully executed original documents.
2. Whenever a requested legal document has been amended, modified, or restated, all amendment(s), modification(s) and/or restatement(s) should also be submitted.
3. Attachments to legal schedules should be numbered sequentially for each particular schedule. The list of attachments should be completed for each required schedule, with either the number of the attachment or a check in the "Not Applicable" column. In instances where the "Not Applicable"

Schedule 14 - Article 28 – Additional Legal Information

Schedule 14 – Additional Legal Information for Article 28 Applicants

Article 28 applicants seeking establishment or combined establishment and construction approval must complete the relevant section of this Schedule in its entirety.

Schedule 14A - Business Corporations

Article 28 applicants seeking establishment or combined establishment and construction approval that are **business corporations** must complete this Section in its entirety.

N.B.: *Whenever a requested legal document has been amended, modified, or restated, all amendment(s), modification(s) and/or restatement(s) should also be submitted.*

- A. **Affidavits:** Attach the originals of stockholder affidavits from each stockholder including the specific information set forth in 10 NYCRR 620.1(b).
- B. **Stock Certificate:** Attach a sample stock certificate including the specific language set forth in 10 NYCRR 620.1(a)(4).

N.B.: *The Certificate of Incorporation must comply with the language requirements set forth in 10 NYCRR 620.1(a).*

- C. **Limited Liability Corporation Stockholders:** Does the applicant have any stockholders that are limited liability companies (LLCs)? Yes No

If **Yes**, identify each LLC-stockholder in the following table or by uploading a table as an attachment to this Schedule. Attachment #

Name of LLC Shareholder	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Financial Capability

Review of the Applicant's Financial Capability

- The financial review looks at the applicant's ability to provide the financial resources needed to start up operations and achieve financial sustainability over time.
- The purpose is to ensure that the proposed operator:
 - Has the capability to contribute capital toward the project during the initial start-up phase;
 - Can support operations until the facility generates sufficient revenue to support expenses; and
 - Can demonstrate that the facility will be financially stable over time.

Schedules That Inform Financial Capability & Feasibility:

- Schedule 2B - Personal Financial Statement (for individuals contributing capital in support of the project)
 - ***For MBCs-only***, as an alternative to submitting a 2B, the Department will allow MBC applicants that have an *executed* loan commitment to fund project costs and/or working capital start-up needs to submit the executed loan commitment and the Business Plan they provided to their lending institution to secure the business loan(s) in-lieu-of the individual Schedule 2Bs.
- Schedule 2C - Director's Statement for Not-For-Profit Applicants

Schedule 5 - Working Capital Plan

Schedule 5 has two sections to be completed:

- Section 1 requests a monthly cash flow of projected revenues and expenses, starting with the applicant's working capital contributed on day one via equity and loan financing.
- Section 2 requests a Pro Forma Balance Sheet (the assets, liabilities and net asset position) of the facility as of the first day of operation.
 - Note that this is different from the Schedule 2 Balance Sheet, which presents the personal net worth of the applicant member.

Schedules That Inform Financial Feasibility

- Schedule 8 - Project Cost
- Schedule 9 - Project Financing
- Schedule 13:
 - 13B - Staffing
 - 13C - Annual Operating Costs
 - 13D - Annual Operating Revenue

Schedule 9 - Project Financing

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 type="checkbox"/>	B. Cash	\$
<input type="checkbox"/>	C. Mortgage, Notes, or Bonds	\$
<input type="checkbox"/>	D. Land	\$
<input type="checkbox"/>	E. Other	\$
<input type="checkbox"/>	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	\$

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 type="checkbox"/>	
2. Attach a copy of the proposed lease(s).	<input type="checkbox"/>	
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	<input type="checkbox"/>	
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment.	<input type="checkbox"/>	
5. If applicable, identify separately the total square footage to be occupied by the Article 28 facility and the total square	<input type="checkbox"/>	



Schedule 13 - All Article 28 Facilities

Schedules 13B (Staffing), 13C (Expenses) & 13D (Revenues) form the basis for assessing financial feasibility.

- **13B - Staffing:** Details the staffing pattern of the facility.
- **13C - Annual Operating Costs:** Provides the budgeted expenses such as labor costs, supplies, purchased services, utilities and capital costs.
- **13D - Annual Operating Revenue:** Provides revenue by payor and correlating volume. The basis for the reimbursement projections (rates) is required to support the appropriateness of the revenue projections (e.g, applicable APG rates for deliveries by a midwife).

Project Cost

Project Cost Review (Capital Cost and Financial)

Necessary to evaluate if costs are reasonable and appropriate for scope and scale of project and once approved used to calculate Capital Medicaid rate

- Involves review of Schedules 8, 10 and 11:
 - **Schedule 8 (8A and 8B)** - Project Cost and Construction Dates.
 - **Schedule 10** – Space & Construction Cost Distribution.
 - **Schedule 11** – Moveable Equipment.

Schedule 10- Space and Construction Cost Distribution

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

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

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

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

Schedule 8 - Project Costs

	A	B	C
Item	Project Cost in Current Dollars	Escalation amount to Mid-point of Construction	Estimated Project Costs
Source:	Schedule 10 Col. H	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$0	\$0	\$0
2.2 Renovation & Demolition	\$0	\$0	\$0
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$0	\$0	\$0
3.1 Design Contingency	\$0	\$0	\$0
3.2 Construction Contingency	\$0	\$0	\$0
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$0	\$0	\$0
4.4 Construction Manager Fees	\$0	\$0	\$0
4.5 Other Fees (Consultant, etc.)	\$0	\$0	\$0
Subtotal (Total 1.1 thru 4.5)	\$0	\$0	\$0
5.1 Movable Equipment (from Sched 11)	\$0	\$0	\$0
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5.2)	\$0	\$0	\$0
7.1 Financing Costs (Points etc)	\$0		\$0
7.2 Interim Interest Expense:			
\$ <input type="text"/> At <input type="text"/> %			

Architectural Standards

Schedule 6 - Architectural and Engineering Submission

To ensure compliance with life safety, accessibility and physical space requirements.

Birth Center only version:

- Simplified submission, less required documents

https://www.health.ny.gov/facilities/cons/more_information/docs/sch_06_bc.docx

Birth Center Classifications Guideline:

- Quick reference for physical plant standards
- Flexibility for small centers; Limited Birth Centers

https://www.health.ny.gov/facilities/cons/docs/birth_center_classification_guidelines.pdf

Standards for Construction Compliance

- ✓ **NFPA 101 Life Safety Code, 2012**
 - Business Occupancy

- ✓ **FGI Guidelines for Design and Construction**
 - 2014: Freestanding Birth Centers
 - 2018: Specific Requirements for Birth Centers

- ✓ **ADA Standards for Accessible Design, 2010**

- ✓ **Limited Birth Centers (small centers)**
 - NYSDOH Birth Center Classifications Guideline

Schedule 6- Architectural and Engineering Submission Requirements

Architectural/Engineering Submission Requirements for Contingent Approval and Contingency Satisfaction

This Schedule 6 applies to all Birth Center projects except establishment-only applications.

Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification Forms:
 - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Full Review Projects. 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)
- Do not combine the Narrative and Architectural Engineering Certification form into one document.
- Refer to DOH "Birth Center Classifications" matrix, located on the NYSDOH website, for guidance on physical plant standards and project parameters for Limited Birth Centers.
- Provide Architecture/Engineering Drawings in PDF format for review. Refer to "NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews" located on the NYSDOH Website.
- Refer to the Required Attachment Tables listed below for Contingent Approval (Schematic Drawings) and Contingency Satisfaction (Design Development) and Limited Birth Center drawing submissions.
- Required attachments must be submitted as separate documents and labeled accordingly.
- If during the course of review any of the attachments are updated, please also provide an updated Schedule 6 form with the revised date and a description of the revised work. Note revisions on the updated drawings.

Architectural/Engineering Narrative

- Narrative shall include but not limited to the following information. Please address all items.



Project Description
Intent/Purpose: <input type="text"/>
Site Location: <input type="text"/>
Brief description of current facility, including Facility Type: <input type="text"/>
Brief description of proposed facility: <input type="text"/>
Location of proposed space or spaces, and occupancy type for each occupied space: <input type="text"/>
Indicate if mixed occupancies, multiple occupancies, and/or separated occupancies. Describe the required



Schedule 6 Process

1. Upload all supporting documents to the **Applications Tab, Schedule 6 Attachments**.

Schematic Drawing Review Contingent Approval
Design Development Review Contingency Satisfaction

Combined
Drawing Review

Limited Birth Center Drawing Review

2. Bureau of Architecture and Engineering Review will process and review the documents for compliance.
3. During reviews, if clarifications are needed, **RFIs will be posted to ProjNet.org** where applicants are to provide responses. Reviewers will send notifications to the applicants of pending RFIs via **NYSE-CON Correspondence tab**.

Schedule 7- Environmental Assessment

Environmental Assessment			
Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	Yes	No
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input type="checkbox"/>	<input type="checkbox"/>
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	Yes	No
2.1	Does the project involve physical alteration of ten acres or more?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	<input type="checkbox"/>
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	<input type="checkbox"/>	<input type="checkbox"/>
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	<input type="checkbox"/>	<input type="checkbox"/>



Submitting the Complete Application

Once all required schedules are uploaded, return to the General Tab to submit the application.

General Information

CON Project Number:
 Facility Name: Example Birth Center
 Project Description:

>>

Status:
Status Date:
Review Level:
County: ALBANY
Region:

Submission Type: Application - Full Review - Establishment - New Facility or Agency with Construction
Application Received Date:
Initial Review:

Er. example@example.ny.gov
Phone: (555) 555-1234 **Fax:**

Alternate Contact

Name: Donna Noble **Email:** donna.noble@example.com

CON Tips & Resources

CON APPLICATION TIPS

- ✓ Ensure that information in each schedule is consistent with the information provided in all other schedules.
- ✓ Complete CON applications that contain thorough responses are easier to analyze and allow for a faster review. When applications are incomplete, the Department requests the missing information in the form of correspondence through NYSE-CON to the applicant which can lengthen the review process.
- ✓ All required Tabs (found within the NYSE-CON application) and Schedules must be included in the application submission. However, not all parts of all schedules may be required. Follow the instructions in each schedule to determine which sections are relevant to your CON.

Helpful Links

- General CON information, including an overview of the process and links to schedules and forms, can be found here:
<https://www.health.ny.gov/facilities/cons/>
- Training Documents for submitting CONs through the NYSE-CON system, including creating an account for access to create a submission, can be found here:
<https://www.health.ny.gov/facilities/cons/nysecon/training/index.htm#con>

Questions?

- NY.gov Questions? Visit:
<https://my.ny.gov/NYgovId/faqs.xhtml?nygovidlang=en>
- NYSE-CON Technical Questions?
Email: nysecon@health.ny.gov
- CON Process or Schedule Specific Questions?
Email: cons@health.ny.gov