# ISLAND DIGESTIVE HEALTH CENTER, LLC

## EXECUTIVE SUMMARY

Island Digestive Health Center, LLC (the Center) is a single-specialty (gastroenterology) freestanding ambulatory surgery center (FASC) located at 471 Montauk Highway, West Islip (Suffolk County), New York 11795. The Center is submitting this Full Review Certificate of Need Application seeking approval to convert from a single-specialty FASC to a dual single-specialty FASC, specializing in gastroenterology and vascular surgery (minimally invasive vein treatments).

There is no construction needed to implement this service addition project. The Center has three (3) procedure rooms, all of which will be adequate and equipped for vascular procedures.

Babak Danesh, M.D., an existing member and Medical Director of the Center, will continue to serve as the Center's Medical Director. Admission to the Center for services is, and will continue to be, based solely on medical need, and ability to pay will not be a factor.

The Health Equity Impact Assessment concludes that this project will have a positive impact on the community served by the Center, especially for women and older adults. The Center provided 15.9% Medicaid and 1.7% Charity Care utilization in the most recent year and projects those percentages to increase to 16.0% and 2.0% as part of this project.

**ISLAND DIGESTIVE HEALTH CENTER, LLC**

**SITE INFORMATION**

**Alternate contact:** Babak Danesh, M.D., Medical Director, Island Digestive Health Center, LLC
**Email address**: [redacted]

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

**Total Project Cost:** $37,193

**Operator Information:**
Operator Name: Island Digestive Health Center, LLC
Address: 471 Montauk Highway, West Islip (Suffolk County), New York 11795
Operating Certificate # 5154211R
PFI: 9680

**Project Site Information:**
Operator Name: Island Digestive Health Center, LLC
Address: 471 Montauk Highway, West Islip (Suffolk County), New York 11795
Operating Certificate # 5154211R
PFI: 9680

**Site Proposal Summary (maximum of 1,000 characters):**
Island Digestive Health Center, LLC is a single-specialty (gastroenterology) freestanding ambulatory surgery center (FASC). The Center has three (3) procedure rooms and is located at 471 Montauk Highway, West Islip (Suffolk County), New York 11795. The Center is submitting this Full Review Certificate of Need Application seeking approval to convert from a single-specialty FASC to a dual single-specialty FASC, specializing in gastroenterology and vascular surgery (minimally invasive vein treatments).

**Modify Name/Address: N/A**

**Beds: N/A**

**Services:**

| | Existing | Add | Remove | Proposed |
|---|---|---|---|---|
| AMBULATORY SURGERY – SINGLE-SPECIALTY | ☒ | ☐ | ☐ | ☒ |
| GASTROENTEROLOGY | ☒ | ☐ | ☐ | ☒ |
| AMBULATORY SURGERY – DUAL SINGLE-SPECIALTY | ☐ | ☒ | ☐ | ☒ |
| VASCULAR SURGERY | ☐ | ☒ | ☐ | ☒ |

**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.**

| **Diagnostic and Treatment Centers for HEIA Requirement** | **Yes** | **No** |
|---|---|---|
| Is the Diagnostic and Treatment Center's patient population less than 50% patients enrolled in Medicaid and/or uninsured (combined)? | ☒ | ☐ |
| Does the Diagnostic and Treatment Center's CON application include a change in controlling person, principal stockholder, or principal member of the facility? | ☐ | ☒ |

- ***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.**

| **Construction or equipment** | **Yes** | **No** |
|---|---|---|
| Is the project minor construction or the purchase of equipment, subject to Limited Review, AND will result in one or more of the following:<br>a. Elimination of services or care, and/or;<br>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;<br>c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours?<br>*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 for all other facilities are eligible for a Limited Review.* | ☐ | ☒ |

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

*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:
  - HEIA Requirement Criteria with Section B completed
  - HEIA Conflict-of-Interest
  - HEIA Contract with Independent Entity
  - HEIA Template
  - HEIA Data Tables

- 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: Sachs Policy Group
2. Is the Independent Entity a division/unit/branch/associate of an organization (**Y**/N)?
   - ❑ If yes, indicate the name of the organization: Ankura Consulting Group

   _____
3. Is the Independent Entity able to produce an objective written Health

Equity Impact Assessment on the facility's proposed project (**Y**/N)?

_____

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, David Gross (individual name), having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Sachs Policy Group (INDEPENDENT ENTITY), do hereby attest that the Health Equity Impact Assessment for project IDHC VIP Medical (PROJECT NAME) provided for Island Digestive Health Center (APPLICANT) 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: David Gross

Date: 3 / 3 /2026

**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 | IDHC VIP Medical |
| 2. Name of Applicant | Island Digestive Health Center (IDHC) |
| 3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA | Sachs Policy Group (SPG) – 212-827-0660<br>• Aisha King, MPH aking@sachspolicy.com<br>• Anita Appel, LCSW - AnitaAppel@sachspolicy.com<br>• Maxine Legall, MSW, MBA - mlegall@sachspolicy.com<br><br>Qualifications:<br>• Health equity – 6 years<br>• Anti-racism – 6 years<br>• Community engagement – 25+ years<br>• Health care access and delivery – 10+ years |
| 4. Description of the Independent Entity's qualifications | 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.<br><br>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.<br><br>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 |

| | |
|---|---|
| | 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.<br><br>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. |
| 5. Date the Health Equity Impact Assessment (HEIA) started | December 3, 2025 |
| 6. Date the HEIA concluded | March 3, 2025 |

7. Executive summary of project (250 words max)

Island Digestive Health Center, LLC (IDHC) is a single-specialty (gastroenterology) free-standing ambulatory surgery center (FASC) located at 471 Montauk Highway, West Islip, New York in Suffolk County. IDHC is seeking approval to convert from a single-specialty FASC to a dual single-specialty FASC specializing in gastroenterology and vascular surgery. The vascular surgery to be performed will include minimally invasive vein treatments such as radiofrequency ablation and Varithena treatments.

There is no construction needed to implement this service addition project. IDHC has three procedure rooms, all of which will be adequate and equipped for vascular procedures. Babak Danesh, MD, an existing member and Medical Director of the Center, will continue to serve as the Center's Medical Director. Admission to IDHC for services is, and will continue to be, based solely on medical need, not ability to pay.

8. Executive summary of HEIA findings (500 words max)

IDHC plans to expand its Article 28 ambulatory surgery license to include low acuity vein procedures (radiofrequency and Varithena ablations) within its existing facility in West Islip. This HEIA determined that older adults, women, racial/ ethnic minority individuals, immigrants, people who are uninsured or underinsured and people with a prevalent disease or condition, will be most impacted by this project. Older adults and women have higher prevalence and complications arising from chronic venous disease. The service area, while not majority minority, holds several populations who speak languages other than English. Common languages highlighted were Spanish, Creole, Russian, and Ukrainian.

Adding vein services in the same suites now used for endoscopy will enable expansion of services without need for construction or addition of new staff. Minimal new equipment will be needed. Staff and leadership noted that the procedure rooms can be cleaned and reset between morning gastrointestinal cases and afternoon vein cases without disrupting existing schedules, access to gastrointestinal services, or clinical quality. The Applicant has procedures and infrastructure in place to support individuals with limited English proficiency and those with disabilities. Interviews with current patients, surgeons, ASC experts, the local health department, and an English- and Spanish-language survey, found consistent support for this project.

We recommend that the Applicant:

- Maintain transparent, proactive communication with staff, referral sources, and patients to ensure smooth integration of the new services into existing operations and daily workflows.
- Consider developing relationships with facilities that serve populations who may need vein procedures. Relevant practices may include FQHCs, OB-GYN practices, senior centers, and local nursing facilities.
- Leverage relationships with local community partners to help improve access to outpatient services for underserved populations.
- Co-design quality and safety metrics with the vascular surgeons (e.g., 30-day occlusion rates, reinterventions, and ulcer-free survival) and stratify the results by age, sex, race/ethnicity, insurance status, and English-language-proficiency.

## 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_IDHC.xlsx"

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:**
   - Older adults

- Women
- Racial and ethnic minorities
- Immigrants
- People with prevalent disease or condition
- People who are uninsured or underinsured

### 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?

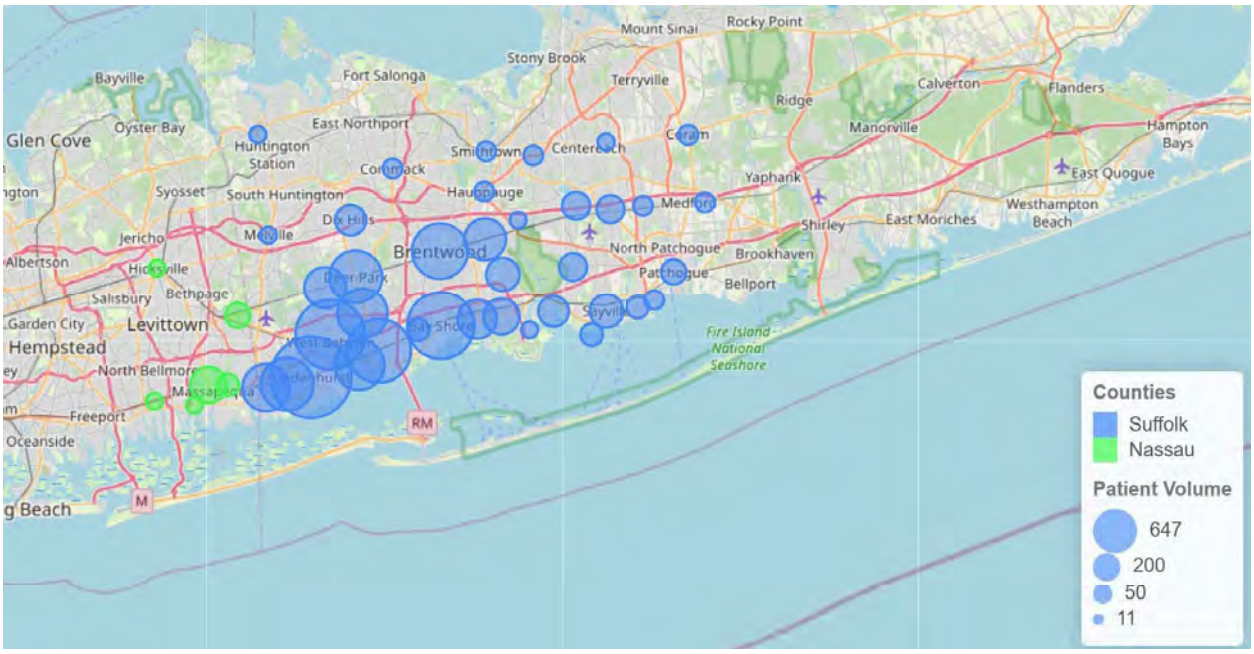
We analyzed utilization data from the Applicant, census data for the service area, academic literature, information obtained from interviews with center staff and external stakeholders, and information obtained from a patient community survey.

### 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 add vein procedures to its operating certificate to primarily impact older adults and women, as these groups are at higher risk for chronic venous conditions and therefore more likely to need procedures such as radiofrequency ablation and Varithena ablation. These minimally invasive procedures "have revolutionized varicose vein treatment, offering high success rates and quicker recovery compared to traditional surgery."[1] The physician that will be performing the vein procedures confirmed that varicose veins and related complications are a common problem affecting a significant portion of the population (20-25%). Up to 5% of these cases will develop venous ulcers if untreated. Older adults and women are particularly impacted. Based on interviews and service area assessment, we also expect the project will impact racial/ ethnic minority individuals, immigrants, people who are uninsured or underinsured, and people with prevalent diseases or conditions. Typically, these procedures are performed in physicians' offices, and conducting them in ASCs will be beneficial, as there will be increased access to highly sterilized environments, trained staff, and medical equipment.

This facility serves individuals across Suffolk, Queens, and Nassau County. 4,866 patients (95% of patients) lived in 44 zip codes within Suffolk and Nassau Counties (see map below).

[1] Fayyaz, F., Vaghani, V., Ekhator, C., Abdullah, M., Alsubari, R. A., Daher, O. A., Bakht, D., Batat, H., Arif, H., Bellegarde, S. B., Bisharat, P., & Faizullah, M. (2024). Advancements in varicose vein treatment: Anatomy, pathophysiology, minimally invasive techniques, sclerotherapy, patient satisfaction, and future directions. *Cureus, 16*(1), e51990. https://doi.org/10.7759/cureus.51990




Older Adults

Nearly a quarter (24%) of individuals in the Applicant's service area are over the age of 60. New York State currently has the 4th largest population of older adults in the country, with the aging population continuing to increase.[2] The prevalence of venous disease and varicose veins increases with age.[3,4] Older adults are also at greater risk for complications related to varicose veins, such as venous thrombosis or ulcers.[5,6] Varicose veins are an increasingly frequent cause of discomfort and decreased quality of life with age, and minimally invasive surgical treatment can be more effective than conservative

[2] New York State Department of Health, Office of Aging and Long Term Care, & New York State Office for the Aging. (2025, June 30). *New York State master plan for aging: Final report*. https://planforaging.ny.gov/system/files/documents/2025/06/mpa-final-report-6.30.25.pdf

[3] Beebe-Dimmer, J. L., Pfeifer, J. R., Engle, J. S., & Schottenfeld, D. (2005). The epidemiology of chronic venous insufficiency and varicose veins. *Annals of Epidemiology, 15*(3), 175–184. https://doi.org/10.1016/j.annepidem.2004.05.015

[4] Eberhardt, R. T., & Raffetto, J. D. (2014). Chronic venous insufficiency. *Circulation, 130*(4), 333–346. https://doi.org/10.1161/CIRCULATIONAHA.113.006898

[5] Mok, Y., Ballew, S. H., Kucharska-Newton, A., Butler, K., Henke, P., Lutsey, P. L., Salameh, M., Hoogeveen, R. C., Ballantyne, C. M., Selvin, E., & Matsushita, K. (2025). Demographic and clinical risk factors of developing clinically recognized varicose veins in older adults. *American Journal of Preventive Medicine, 68*(4), 674–681. https://doi.org/10.1016/j.amepre.2024.12.009

[6] Attaran, R. R., & Carr, J. G. (2022). Chronic venous disease of the lower extremities: A state-of-the-art review. *Journal of the Society for Cardiovascular Angiography & Interventions, 2*(1), Article 100538. https://doi.org/10.1016/j.jscai.2022.100538

management.[7] As a result, older adults may have higher need of additional access points for low acuity vein procedures in the service area.

Women

Approximately 50.4% of individuals in the Applicant's service area are female, compared to 51% statewide. Studies consistently indicate that varicose veins present more commonly in women compared with men.[4,8] Pregnancy is a major contributory factor in the increased incidence of varicose veins in women and is also considered a risk factor for chronic venous insufficiency.[3] The vascular surgeon who will be performing the surgery indicated that his current patient population is approximately 80% female, typically in the 50-60 year age range. As a result, women may be positively impacted by additional access points for low acuity vein procedures in the service area.

Racial and ethnic minorities and immigrants

In the Applicant's service area, 69.3% of individuals identify as White, 6.9% as Black or African American, 5.6% as Asian, and 8.2% as 'some other race.' A fifth of the population identifies as Hispanic/Latino. Although the local health department indicated that West Islip is not specifically a medically underserved area, individuals from across the county receive services at the Applicant. Local clinicians, including Applicant staff, indicated that the local patient population is diverse, and that the most common languages other than English are Spanish, French Creole, Ukrainian, and Russian. As such, increasing the number of services available at the site should positively impact these populations' ability to access services.

People with prevalent disease or condition

Several prevalent chronic conditions are associated with increased risk of vein-related medical conditions, including (but not limited to) the following:

- Hypertension
- Diabetes
- Obesity
- Peripheral artery disease
- Chronic kidney disease
- Lupus

[7] Chen, H., Reames, B., & Wakefield, T. W. (2017). Management of chronic venous disease and varicose veins in the elderly. In R. Chaer (Ed.), *Vascular disease in older adults: A comprehensive clinical guide* (pp. 95–111). Springer. https://doi.org/10.1007/978-3-319-29285-4_5

[8] Eberhardt, R. T., & Raffetto, J. D. (2014). Chronic venous insufficiency. *Circulation, 130*(4), 333–346. https://doi.org/10.1161/CIRCULATIONAHA.113.006898

Clinical experts highlighted the importance of addressing venous issues when they emerge, particularly for individuals with chronic conditions. Venous diseases are progressive; they worsen over time without intervention, leading to increased pain, heaviness, cramping, and swelling. Early treatment can prevent years of discomfort and functional limitation.

Populations with comorbidities can benefit from receiving these procedures in ASCs rather than in an office setting because ASCs provide immediate access to higher level equipment and medications, sterile operating environments, and multidisciplinary teams trained to rapidly respond to complications - critical safeguards for patients with diabetes, heart disease, or other chronic conditions that increase procedural risk.

People who are uninsured or underinsured

The local department of health highlighted uninsured and underinsured individuals as an important medically underserved group in Suffolk County. In the Applicant's service area, 96.2% of individuals have health insurance coverage. In Suffolk County, 95.3% of individuals have health insurance coverage, and 6.5% of the population lives under the poverty line.

**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?**

The tables below outline the age, gender, and racial/ethnic distribution of patients at the facility in 2025. We expect that introducing vein procedures will likely increase the proportions of patients who are older and/or female, as these are the groups most likely to experience venous issues.

Per the Applicant:
*State Exchange Plans are health insurance options offered through state or federal marketplaces. Individuals who buy coverage through the exchange may qualify for premium tax credits and cost sharing reductions if their income is between 100% and 400% of the federal poverty level. These subsidies help lower monthly premiums and reduce out of pocket costs, especially for those enrolling in Silver plans. Subsidies are only available through the exchange, not when purchasing coverage directly from insurers. In the past year, 6.31% of the center's patients were covered by State Exchange plans.*

**Age**

| Age | % Q1 | % Q2 | % Q3 | % Q4 |
|---|---|---|---|---|
| 18-44 | 19% | 20% | 22% | 21% |
| 46-64 | 57% | 56% | 53% | 54% |
| 65+ | 24% | 24% | 25% | 25% |

**Gender**

| Gender | % Q4 | % Q4 | % Q4 | % Q4 |
|---|---|---|---|---|
| Male | 43% | 44% | 42% | 45% |
| Female | 57% | 56% | 57% | 54% |

**Race/Ethnicity**

| Race | % all Qs |
|---|---|
| White/Caucasian | 64% |
| Black/African American | 10% |
| Hispanic | 20% |
| Asian | 1% |
| Native Hawaiian/Pacific Islander | 0% |
| American Indian/Alaskan Native | 0% |
| Other Race | 5% |
| Multiracial (more than 2 races) | 0% |
| Unknown | 0% |

**Payor Mix**

| Payor | % all Qs |
|---|---|
| BCBS | 19% |
| Commercial | 5% |
| Managed Care Other | 30% |
| Medicaid | 12% |
| Medicare | 25% |
| Other Financial Class | 1% |
| Charity Care | 1% |
| State Exchange | 6% |

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

Clinical facilities in Suffolk County that offer outpatient vein procedures such as sclerotherapy, laser treatment, radiofrequency ablation, or Varithena ablation and their distance from the Applicant's site are outlined in the table below. Notably, in West Islip, there are only four ASCs registered with the Centers for Medicare and Medicare Services (CMS): Good Samaritan Hospital Medical Center, Atlantic SC LLC, Island Endoscopy Center LLC, and IDHC LLC.

*Suffolk County Outpatient Centers Providing Vein Procedures*

| Provider | Location | Distance from IDHC |
|---|---|---|
| **Vein Treatment Clinic – West Islip** | 500 Montauk Hwy Ste G, West Islip, NY 11795 | ~800 ft |
| **Schneider Surgery of Long Island** | 754 Montauk Hwy, West Islip, NY 11795 | ~0.7 miles |
| **Long Island Comprehensive Medical Care** | 754 Montauk Hwy, West Islip, NY 11795 | ~0.7 miles |
| **Center for Vein Care-Commack** | 500 Commack Rd, Ste 102, Commack NY 11725 | ~11 miles |
| **Schulman Vein and Laser Center – Commack** | 353 Veterans Memorial Hwy, Ste 206, Commack, NY, NY 11725 | ~13 miles |
| **Suffolk Vascular & Vein Center- Islandia** | 1324 Motor Pkwy, Ste 101, Islandia, NY 11749 | ~14 miles |
| **Center for Vein Care- Holbrook** | 280 Union Ave, Holbrook, NY 11741 | ~20 miles |
| **Vein Center at NYU Langone- Suffolk** | 101 Hospital Rd, Patchogue, NY 11772 | ~20 miles |
| **USA Vein Clinics- Stony Brook** | 2350 Nesconset Hwy, Stony Brook, NY 11790 | ~21 miles |
| **Stony Brook Vascular Center** | 23 S Howell Ave Suite H, Centereach, NY 11720 | ~23 miles |
| **Suffolk Vascular & Vein Center – Port Jefferson** | 1110 Hallock Ave, Port Jefferson, NY 11776 | ~28 miles |
| **Vein Treatment Clinic- Port Jefferson** | 70 N Country Rd, Port Jefferson, NY 11777 | ~30 miles |
| **Metro Vein Center** | 1500 Rt 112, Building 10, Port Jefferson Station, NY 11776 | ~30 miles |
| **Varicose Vein Center – Port Jefferson** | 405 E Main St, Port Jefferson, NY 11777 | ~30 miles |
| **AAA Long Island Vascular Care** | 900 Northern Boulevard, Suite 140 Great Neck, New York 11021 | ~30 miles |
| **Center for Vein Care- Riverhead** | 74 Commerce Ave, Riverhead, NY 11901 | ~43 miles |
| **Suffolk Vascular & Vein Center- Riverhead** | 1149 Old Country Rd, Riverhead, NY 11901 | ~44 miles |
| **Vein Treatment Clinic – Hampton Bays** | 225 W Montauk Hwy, Ste 3, Hampton Bays, NY 11946 | ~46 miles |

| | | |
|---|---|---|
| **Center for Vein Care-Southampton** | 240 Meeting House Lane, Southampton NY 11968 | ~54 miles |
| **Center for Vein Care-Southampton** | 676 County Road, Suite 39A, Southampton, NY 11968 | ~54 miles |

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

We were not able to obtain outpatient data specific to each of the practices above to adequately measure the market share.

**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.**

N/A

**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.**

There are no staffing issues anticipated related to the project. The facility will be bringing on a new vascular surgeon to complete the vein procedures onsite. The vascular surgeon works closely with VIP Medical Group. His office is currently within walking distance of the Applicant, and consultations for vein procedures to take place at the ASC will take place at his offices. Existing support staff, such as nurses and technicians, will be trained to support the surgeon during the procedures. All staff were excited about being trained on new procedures.

**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 integration of minimally invasive vein procedures into an existing Article 28 endoscopy clinic in West Islip will establish an additional outpatient option, broadening access to vascular services within the region. This licensed facility already meets all applicable clinical and regulatory standards for sterile outpatient procedures. Expanding its scope to include vein procedures is anticipated to improve access to care, advance health equity, and reduce health disparities among medically underserved populations in the following ways:

| Population | Impact |
|---|---|
| Older adults | For older adults, the outpatient model avoids hospital visits, which could increase infection risk. Increasing the locations where these services are provided may reduce transportation barriers for mobility-limited seniors. Early intervention can reduce the likelihood of advanced skin changes, increased discomfort, ulcers, and other complications that disproportionately affect women and older adults.<br><br>Low acuity procedures, such as radiofrequency ablation, provided in an ambulatory setting rather than in the hospital are safe, convenient, and cost-effective.[9] Research shows that vein treatment procedures performed in outpatient settings demonstrate comparable results to those obtained in conventional operating theaters, with benefits for |

[9] Gohel, M. S., Epstein, D. M., & Davies, A. H. (2010). Cost-effectiveness of traditional and endovenous treatments for varicose veins. *British Journal of Surgery, 97*(12), 1815–1823. https://doi.org/10.1002/bjs.7256

| | |
|---|---|
| | individuals over age 65 - who tolerate outpatient procedures better than hospitalization.[10]<br><br>Accessing treatment is vital for older adults, who commonly present with symptoms of pain, heaviness, fatigue, aching, swelling, discoloration, and venous ablations. |
| Women | Studies show that most patients – including women – seeking treatment for varicose veins prefer local anesthetic therapy and single visit treatment options compared to hospital-based surgery.[11] Conducting these procedures quickly in a sterile, outpatient environment with flexible scheduling increases accessibility for women, who may otherwise face barriers to care due to childcare and/or work responsibilities. |
| Racial and ethnic minorities and immigrants | Given that the facility, staff, and physician are familiar with treating an ethnically, racially, and linguistically diverse patient population, expanding the service line at this facility should increase access to vascular services for these patients. Patients who already receive care at this facility benefit from established language and navigation support, lowering the barriers that often prevent underserved populations from seeking or completing vascular care. Greater access to these services can therefore help reduce health disparities, as delayed or absent treatment for vascular conditions disproportionately affects minority communities. |
| People with prevalent diseases or conditions | Minimally invasive vein procedures often take place in offices settings. However, office-based procedures are less safe for patients with comorbidities. ASCs are a safe setting to provide these procedures, while enabling physicians to see multiple patients per day. One alternative is hospital operating rooms, which |

[10] Varetto, G., Gibello, L., Frola, E., Trevisan, A., Trucco, A., Contessa, L., & Rispoli, P. (2018). Day surgery versus outpatient setting for endovenous laser ablation treatment: A prospective cohort study. *International Journal of Surgery, 51*, 180–183. https://doi.org/10.1016/j.ijsu.2018.01.039

[11] Shepherd, A. C., Gohel, M. S., Lim, C. S., Hamish, M., & Davies, A. H. (2010). The treatment of varicose veins: An investigation of patient preferences and expectations. *Phlebology, 25*(2), 54–65. https://doi.org/10.1258/phleb.2009.009008

| | |
|---|---|
| | would limit the availability of services due to cost, slow turnover, and the need to reserve those spaces for acute and complex cases.<br><br>This project is therefore expected to enable more patients with prevalent diseases or conditions to receive care in the safe and sterile environment of an ASC. |
| Uninsured and underinsured individuals | Chronic vein disease (CVD) leads to loss in productivity - as many as 10% of patients with CVD report loss of working days. Improving access to preventive procedures and treatment should reduce health disparities among this group. The Applicant has demonstrated that they regularly provide charity care, and as such adding this service to their center will likely increase access to vein procedures for uninsured and underinsured individuals. |
| All patients | According to staff and other experts in the field, endoscopy procedures typically take place in the early morning due to the preparation requirements, allowing for afternoon blocks to be dedicated to vein procedures. This maximizes the facility's current space and staffing while ensuring no disruption to existing patients and services. Operations staff verified that the Applicant has adequate space and staffing to accept additional patients, and that procedure rooms will be thoroughly cleaned and readied for afternoon vein procedures following morning endoscopic cases.<br><br>In the context of the existing gastrointestinal services, the project may improve 1) access to GI services for patients seeking vein services and 2) access to vein services for patients receiving GI services. Patients receiving vein procedures are typically around 50 years old, and colonoscopies are recommended for most adults at age 45. Co-location of these services may allow for increased coordination of care and increased access to both services where appropriate. Cross-disciplinary case conferences and warm hand-offs reduce fragmented care, shorten wait times for ancillary services, and improve adherence to follow-up |

| | |
|---|---|
| | - ultimately lowering the risk of ulceration, infection, and emergency department use. |

For all medically underserved groups, this project can help close treatment gaps by reducing cost, time, and mobility burdens.

## 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.

**Unintended positive impacts:**

- For women, older adults, and those with genetic risk factors for varicose veins, adding low acuity vein procedures at an ambulatory setting improves access to care in a safe, clinically appropriate environment, reducing risk of complications.
- Increased availability of vein procedures at this facility may reduce the need for patients to travel to distant or unfamiliar facilities, which is particularly beneficial for older adults or low-income patients who rely on public transportation or have limited mobility.
- By diverting low acuity vein cases away from hospital operating rooms, higher acuity and emergent surgical cases can be prioritized in those settings, improving system efficiency and patient safety for the most vulnerable.
- Patients from linguistically and culturally diverse backgrounds who receive care at this facility can access new vascular services without having to navigate an unfamiliar system, reducing delays in care and burden of trying to find a new provider.
- Earlier access to low acuity vein procedures may prevent progression to more serious vascular conditions, reducing the likelihood that underserved patients may develop conditions that require more complex and costly interventions.
- The addition of this service may attract new patients from underserved communities who were previously unaware of the facility, connecting them to a broader network of primary and specialty care services over time.

**Unintended negative impacts:**

- Patients unfamiliar with the facility who are referred for vein procedures may face language and navigation challenges if outreach and education about the new service line are not adequately targeted to underserved communities.

- Increased facility utilization could lead to scheduling backlogs, disproportionately affecting patients with inflexible work schedules or caregiving responsibilities.

### 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.

Between September 2024 and December 2025, the Applicant provided care either free or below cost to 40 individuals, for a total of $100,600. As the number of total services provided at the center will increase, the overall amount of indigent care may also increase. However, the proportion of uncompensated/charity care compared to compensated care provided is not expected to change.

Per the Applicant:
*The 2025 Medicaid and Charity Care volume for IDHC 12.12% and .56% respectively. Good Samaritan Hospital, a 51% owner in the ASC, works directly with patients without insurance. All patients are provided with access to care, those who present at the hospital are provided with emergency Medicaid, explaining why our charity care volume is lower.*

### 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 most common way that individuals access the facility is via private car. The facility is also accessible via public transportation. There is a Suffolk County 2 bus stop a 2-minute walk from the facility, and a LIRR station (Babylon) a 22-minute walk from the facility. The Babylon LIRR station is also on the 2 bus line. Access to the Applicant's services will not change as a result of this project.

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

This project does not involve any architectural changes. There is convenient off-street parking areas designated specifically for disabled persons, and fully accessible bathrooms, public waiting areas, and patient treatment areas and available throughout the Center.

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

**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.**

   Suffolk County Department of Health Services

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

   Yes, the Independent Entity spoke with the Commissioner of the Suffolk County Department of Health Services. The Commissioner did not have any concerns about the project, but encouraged the facility to ensure fair and equitable access to services for medically underserved individuals in the county – including those who are uninsured or underinsured. He mentioned that increasing services is a positive.

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_IDHC.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 about the project or offered relevant input?**

    The stakeholders most affected by this proposed project are individuals who suffer from chronic venous insufficiency (CVI), varicose veins, leg pain, leg heaviness, leg fatigue, leg swelling, skin changes (hyperpigmentation, lipodermatosclerosis), and venous ulcers. Women and older adults are most impacted by these conditions. No stakeholders expressed concern about the project. Interviewees were confident that the new service would fit within the center's existing care model and philosophy. Patients expressed

satisfaction with the care they received at the facility, including the friendliness of staff and the quality of care. Staff expressed eagerness to receive training on new procedures. One respondent reserved judgement on the project, as they preferred to wait until the project was implemented to see what it was like and how successful it would be. Staff and leadership indicated that scheduling, space, and staffing capacity are sufficient to maintain current quality standards while expanding service lines.

### 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 one-on-one interviews with physicians, IDHC employees, partners, and patients. We also distributed a patient survey that was available in both English and Spanish and open for three weeks. Our stakeholder and community engagement complemented our data analysis by providing qualitative insights into the needs of the local community and potential benefits and burdens of the service addition.

### 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 a diverse set of stakeholders from which we sought feedback for the assessment. As part of this effort, we conducted 12 interviews with staff, referral and community partners, the local health department, physicians, and patients. We also received one response to our survey from patients and community members. Given that this is a new service line, we were not able to speak with patients who had received vein procedures at the center. However, we were able to speak with patients who had received GI procedures at the facility. Although we cannot report on the specific demographics of all participants, we connected with staff, physicians, and patients who are female and/or belong to diverse racial/ethnic/linguistic groups. All of the patients and staff we spoke with lived in the region. The Suffolk County DOH was able to speak to the needs of medically underserved populations in the local area. The most important medically underserved populations in the service area were identified as those without insurance or adequate insurance coverage. We believe that the medically underserved groups impacted by the project were adequately represented by the individuals from whom we received feedback during the stakeholder engagement process.

## 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 upholds the following policy: *It is the policy of the Center not to discriminate against any person on the basis of race, color, national origin, disability, age or sex in admission, treatment or participation in its programs, services, activities, or in employment. The Center will make every reasonable effort to accommodate patients with special needs during their procedure. Special needs may include but are not limited to: Limited English Proficiency (LEP), sensory or speech impairment, physical disability, or spiritual/cultural needs or considerations.*

The Applicant has detailed policies that ensure that all patients, including those with impaired sensory or speaking skills, have access to interpretation services. Staff are educated in these policies and in the process of accommodation of patients with interpretation needs, including the identification of need and how to access an interpreter. The physician that will be completing the vein procedures currently serves many Spanish-speaking patients and does not foresee any challenges to serving Spanish-speaking patients. Many facility staff are bilingual or multilingual.

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

In order to bolster access to vein procedures for women, people with racial and ethnic minority identities, and people who are uninsured or uninsured, the Applicant should explore partnerships with federally qualified health centers (FQHCs) and women's health and social service providers (e.g., OB-GYN practices, WIC sites, birthing centers, and Planned Parenthood sites). As has been recommended for other sites seeking to expand into vein procedures, the Applicant could also consider hosting virtual "lunch-and-learn" webinars on venous disease for women's health advocacy groups and organizations.

To reach older adults, the Applicant may collaborate with senior centers, home health agencies, and long-term care providers to publicize the new vein care options and collaborate on transportation services where needed. Communication and appointment reminders should meet the needs and preferences of older adults, including phone calls/mail instead of email/text as necessary.

Lastly, the Applicant should draw on its experience in community outreach (e.g., with Long Island Coalition for the Homeless, Long Island Against Domestic Violence Shelter, and St. Brigid's Food pantry in Nassau County, Long Island) to ensure the added services reach uninsured and underinsured individuals and other underserved populations.

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

The Applicant should maintain open communication with staff, current and prospective patients, and referral sources to ensure the new service line integrates smoothly into existing workflows and meets all stakeholder needs. Additionally, the Applicant should engage local community organizations with which it has established relationships, as noted in the previous question. Collaborating with these organizations will help ensure that community members who face social and economic barriers to care are aware of the new vein procedures and supported in accessing them.

### 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 addresses several systemic barriers to equitable access to care.

First, geographic proximity is likely the most significant barrier addressed. Given the distance to comparable services, without this new location, patients would likely need to seek care at a hospital, which tends to be more costly and time-intensive, or at an outpatient office, which may not be safe for all patients with complex conditions. Establishing these services in West Islip addresses a gap in the local care landscape.

Second, this project should reduce costs of care for patients – a significant barrier to equitable access. Community-based care typically incurs lower out-of-pocket costs for patients than hospital-based care. This distinction can make a meaningful difference for patients managing chronic conditions on fixed or limited incomes.

Third, the new location improves practical access for patients who face scheduling or wait time challenges at existing providers. Having an additional appointment option in a central, accessible location may reduce delays in care.

## 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 sends out patient satisfaction surveys to all patients to solicit feedback on their experience at the facility. Clinical outcomes are documented and tracked monthly, and the Applicants participate in benchmarking. The Applicant does KPI tracking, including patient transfers, hospitalizations, and all routine quality metrices. The Applicant also tracks and conducts root cause analyses for any adverse events. All patients receive follow-up calls from clinical staff after each visit, during which they are encouraged to fill out the patient satisfaction survey. Center leadership also participate in cross-center quality meetings.

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?**

The Applicant should partner with the vascular surgeons to develop appropriate clinical quality and safety metrics specific to the new procedures, such as 30-day vein occlusion rates, reintervention rates, and ulcer-free survival rates. Metrics should be stratified by age, sex, race/ethnicity, insurance type, and interpreter use to monitor equitable access to the new services. Additional measures should be considered related to implementation, staff engagement, and workflows to ensure smooth integration and operation of the new services. For example, the Applicant could consider collaborating with other facilities to develop a checklist that could be applied across centers to ensure smooth integration and following of best practices for integration of vein procedures.

## 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, (Island Digestive Health Center), attest that I have reviewed the Health Equity Impact Assessment for the (IDHC VIP Medical) that has been prepared by the Independent Entity, (Sachs Policy Group).

Bob Estes

Name

Manager

Title

Signed by:
Bob Estes
9BCEEDED1482457...

Signature

4/14/2026

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.*

# Mitigation Plans for HEIA

*Island Digestive Health Center*

Island Digestive Health Center (IDHC) recognizes its responsibility to ensure that the addition of vein procedures does not create or exacerbate barriers to care for the medically underserved groups identified in the Health Equity Impact Assessment. If this project is approved, the Center will utilize its existing Charity Care Program to mitigate any potential negative impacts and to ensure equitable access to services for all patients, regardless of their ability to pay. It is important to note that IDHC, a free-standing ambulatory surgery center, is affiliated with Good Samaritan Hospital, under the Catholic Health System of Long Island umbrella.

Charity care is defined as healthcare services that are provided without expectation of payment and, as such, these services are not recognized as receivables or revenue. To enhance the charity care program, the center is looking to increase community outreach and charity care initiatives in 2026. This will allow the center to continue to provide services on a periodic basis to individuals who do not have equal access to care, including those who are unable to pay for services or do not have adequate insurance coverage through no fault of their own. Through IDHC's partnership with Good Samaritan Hospital, a wide range of outreach activities are offered including free community lectures, health screenings, support groups and local community events.

This underscores the Center's commitment to equitable and inclusive care delivery. This policy will be fully extended to the new vein procedures service line to ensure that all patients in need will always receive appropriate care. The Center will continue its strong relationships Catholic Health System of Long Island (CHSLI) to ensure access to care for underinsured and uninsured patients requiring vein procedures.

As previously mentioned, the Center's education and outreach efforts, collaborating with Good Samaritan Hospital, are targeted towards community health centers, adult community centers, patients, and Center visitors. These activities ensure that underserved populations within the primary service area are aware of available services, including vein procedures, and understand how to access them. A sliding scale fee schedule for these procedures will be utilized for patients experiencing financial hardship while ensuring that they are not excluded from receiving the optimal, quality care they deserve. The Center's medical and facility leadership oversee and coordinate the Charity Care Program to ensure effective implementation and integration into operational planning for all services, including the new vein procedures. The Board of Managers reviews quarterly reports summarizing all services rendered under the Charity Care Program for oversight and accountability.

Through these policies and operational strategies, IDHC commits to providing equitable access to care across all service lines, including the proposed vein procedures. The Center anticipates that the implementation of vein procedures will not disproportionately impact medically underserved groups. Instead, it will expand care options while maintaining a robust safety net for patients experiencing financial hardship. By integrating the Charity Care Program into planning for the vein service line, IDHC will continue to uphold its mission of equitable and inclusive care delivery, addressing social determinants of health, and reducing barriers for vulnerable populations.

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December 3, 2025

Bob Estes
Vice President
Island Digestive Health Center (IDHC)

Dear Mr. Estes,

Ankura Consulting Group, LLC, operating through its Sachs Policy Group ("Ankura" or "SPG"), is pleased to submit this proposal for the completion of a Health Equity Impact Assessment ("HEIA") for the IDHC.

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 adding low-acuity vein procedures to an existing ambulatory surgery center ("IDHC") located in West Islip.

## 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.

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.

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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 the IDHC. 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 IDHC 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 IDHC
- 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
- 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 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

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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 IDHC 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.
- 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 IDHC:

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

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The following forms will need to be completed by the IDHC, 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 the IDHC.

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

## PROJECT COST

The project cost of completing the HEIA activities and required documents as required by the New York State DOH will be $18,000 – paid in two installments: $9,000 at the start of the project and $9,000 upon delivery of the required HEIA documents.

## OTHER TERMS AND CONDITIONS

Except in the event of gross negligence, neither you nor anyone acting on your behalf shall hold Ankura liable for (i) an aggregate amount (including interest and legal fees) in excess of the amount of Fees actually received by Ankura from you pursuant to this agreement, (ii) loss of profit, goodwill, business opportunity, anticipated savings or benefits, or (iii) special, consequential, exemplary, incidental, punitive or indirect damages.

This letter agreement may be executed in counterparts (and by facsimile or other electronic means), each of which shall constitute an original and all of which together will be deemed to be one and the same document.

(Remainder of page intentionally left blank.)

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If this letter correctly sets forth our understanding, please indicate your acceptance in the space provided below, and your acceptance shall constitute a binding agreement.

Sincerely,

**ANKURA CONSULTING GROUP, LLC**

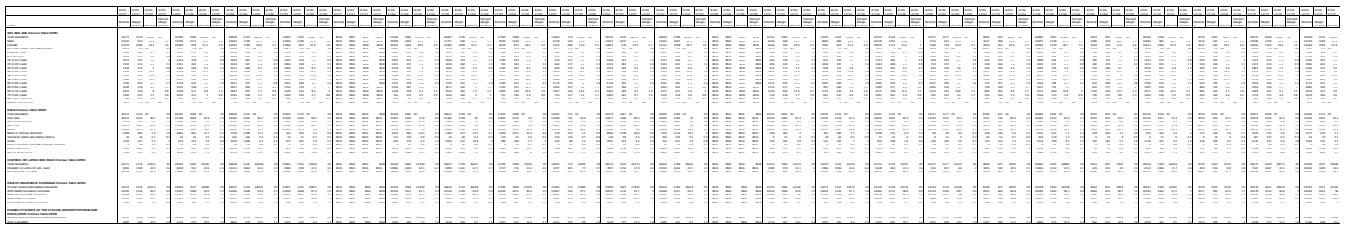
DocuSigned by:
By: _____
F8820DB34B21404...
Jeffrey A. Sachs
Senior Managing Director

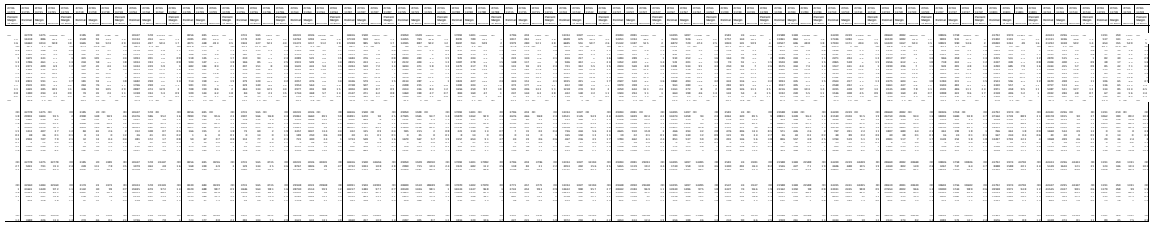
AGREED AND ACCEPTED BY:

**ISLAND DIGESTIVE HEALTH CENTER**

By: Bob Estes
Bob Estes
Vice President

| 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 calls, community forums, focus groups, surveys, etc.) | Did this person/organization participate in the meaningful assessment? | 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 word max), please include below: | If permission is not granted to share a verbatim statement, please include a summary of the statement(s) below: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Employee 1 | IDHC | 1/6/2026 | employees | | yes | phone call | yes | yes | no | | The respondent has been working in GI for more than 10 years and loves it, finding it very interesting. She loves learning. The center is a busy facility, and there are days when they can do up to 50 cases. The patient population is mostly older adults and young adults - no kids. The hear a lot of Spanish and Creole. She is very excited for the project because she likes to learn new things and wants to grow in the field. She does not anticipate and challenges, nor does she have any concerns. |
| Employee 2 | IDHC | 1/6/2026 | employees | | yes | phone call | yes | yes | no | | The respondent is excited about the project, noting the good location of their center. All patients come from the local community, and she notes that everyone is great and sweet. Staff live locally as well. She highlights that the center is very organized in terms of scheduling, and that there are never any surprises. For example, if a doctor is on vacation, they know in advance. She thinks they have the capacity to add more cases. She is excited to see more patients, more people, and learn new procedures. Everytime there is a new procedure or technique everyone is excited to learn. For example, they just started a new GI procedure, and everything happened by the book. Staff had everything they need and everyone was trained and credentialed smoothly. Everyone is extremely organized, starting from the top. People usually hear about the facility by word of mouth, family members, and friends. Staff trust the space and bring in their own family members for care. The community is diverse, and they commonly hear languages such as Russian, Creole, Ukranian, and Spanish. She doesn't have any concerns or anticipate any challenges. |
| Employee 3 | IDHC | 1/6/2026 | employees | | yes | phone call | yes | yes | no | | The respondent notes that they see a lot of Spanish-speaking patients and patients from every race/ethnicity. Typical comorbidities include diabetes. Patients come from everywhere on Long Island, but of course more from closer areas. She doesn't think adding a service will be a problem at all. They're not open on weekends, closing at four. She likes working at the center, noting that the hours are convenient for her home life. He questions are about what times the procedures will happen and if they will need to change the schedule - but doesn't anticipate any challenges or have any concerns. |
| Employee 4 | IDHC | 1/6/2026 | employees | | yes | phone call | yes | yes | no | | The respondent has been at the facility for 11 years, and likes what she does. She likes giving people peace. They see elderly patients, but really any adult patients - the patient population depends on the service. They see a wide range of insurance coverage, from Medicaid, charity, personal insurance, employer-sponsored insurance. They do provide charity care, offering no-cost services for some people who don't have insurance. The main languages are Spanish and French Creole. She doesn't have any concerns or anticipate any challenges. She knows they will work around the current schedule and balance patient load. There will be an extra doctor to manage the new procedures. She suggests making sure staffing is adequate, which will depend on how many procedures are added and how the days go. She is excited to learn something different, new, and exciting. It's hard to know the impact before the change is implemented. |
| Respondent 1 | Specialist Management Solutions | 1/6/2026 | other | subject matter expert | yes | phone call | yes | yes | no | | The respondent noted that the addition of vein services at other facilities have been positively received and had positive impacts. Since the addition of vein services, referrals have increased. He doesn't have any concerns or suggestions. |
| Respondent 2 | SCA Health | 1/7/2026 | other | subject matter expert | yes | phone call | yes | yes | no | | The respondent has extensive ASC experience and in the medical field. She is familiar with the leadership at IDHC. She thinks that the project is a great opportunity to increase access to important services. ASCs are extremely safe for lower acuity cases that should not be in hospitals - ORs should be reserved for higher acuity cases. ASCs are a great place to conduct vein procedures. She trusts the leadership at IDHC to manage the transition seamlessly. The biggest impact will be to increase access to services, and reduce cost for patients. It will benefit patients and the system by providing lower cost services in a safe place. All ASCs conduct benchmarking, quality is the most important metric. She doesn't have any concerns and believes that the leadership will be prepared. She doesn't have any specific suggestions. However, she noted that on another project the leadership at IDCH put together a checklist for a newly implemented hemorrhoid procedure, which was implemented as a rulebook across multiple centers. |
| Respondent 3 | Suffolk County Department of Health | 1/30/2026 | other | local deapartment of health | yes | video call | yes | yes | no | | The respondent noted that West Islip is not a majority-minority community, and that it is close to Good Samaritan Hospital. He hypothesized that the primary patient population is probably insured, paying customers, as it is a private medical practice. He notes that vein procedures are often cosmetic (e.g., spider veins, varicose veins). He cannot comment on whether it would be better to do these services at a hospital or ASC. His suggestion is to try as best as possible to serve patients who can't pay and to have a fair and equitable distribution of patients' health insurance. It's close to Bayshore, Central Islip, and Brentwood. He notes that expanding services is always a good thing and will always expand access to services. |
| Respondent 4 | IDHC | 1/8/2026 | employees | | yes | phone call | yes | yes | no | | The respondent has a lot of experience working with cancer services programs, which serve underserved/ low-income individuals to provide colon cancer screening. Their typical patient population is very diverse, and they see many different ethnic groups. He notes that adding vein services will be new, so he can't speak to how it will be. He thinks that it will be an easy transition/addition. His only concerns stem from the fact that it's a new procedure and he doesn't know if there will be complications that require hospital follow-up. However, for the GI services they have support from Good Samaritan, and they should be able to provide support if needed. He conducts 100% of his procedures at the center, but some of the other physicians also work at the hospital. He also has a teaching assignment at Nassau. He doesn't have that many suggestions because the change hasn't been implemented, but just that there by open dialogue between the current physicians and the new physician(s). |
| Patient 1 | N/A | 1/8/2026 | patients or residents and/or their caregivers | | yes | phone call | yes | yes | no | | The respondent had only positive things to say about her experience at the center, emphasizing that everything was smooth, the instructions were thorough, and the follow-up was appropriate. They day of her procedure everything was smooth and on time, and staff were friendly ans assuring. It was a pleasant experience and she has recommended the facility to her friends. She notes that her community, which is about 20 minutes away driving, is diverse, with a lot of different ethnicities and racial groups. She is Filipino and volunteers at a local church. There is also a big Hispanic community. She doesn't see any downside to the addition - more services are always better. |
| Employee 5 | IDHC | 1/7/2026 | employees | | yes | phone call | no | N/A | N/A | | |
| Respondent 5 | N/A | 2/4/2026 | other | physician | yes | phone call | yes | yes | no | | The respondent is a surgeon specializing in venous issues, who will be performing the vein procedures at IDHC if the project is approved. His office is within walking distance of the facility. His current patient population ranges from the mid 30s to 70s. Most of their operations are conducted in an office setting, but they want to expand to conduct more procedures in surgical centers. This will be particularly important for patients comorbidities, of which there are many. It is important to have an operating space for complex patients. These procedures are rarely performed in hospital settings, as hospital ORs are reserved for more acute cases (his setup is not that complex) and they have a slow turnover time. At ASCs, there is faster turnover, and they already have most if not all of the necessary equipment. The most common condition he treats is chronic venous insufficiency, which is a common condition that worsens over time. They mostly treat veins inside the leg, which become weaker over time and lose functioning. This can lead to pain, loss of productive life, blood clots, and wounds. In very rare cases failure to treat can lead to amputation.<br><br>His patient population is ~80% female, typically in their 50s. The problem gets worse over time, and as such is important to address early. Age, multiple pregnancy, and family history are associated with need for these services. The services are typically covered by insurance. They see a significant number of Spanish-speaking patients, and they are well-equipped for that (almost all staf are bilingual). He doesn't anticipate any challenges with integration of services; training of ASC staff is quick and easy. They are very excited about the partnership and surgery of services. |
| Patient 2 | N/A | 2/18/2026 | patients or residents and/or their caregivers | | yes | phone call | yes | yes | no | | The respondent was very positive about her experience receiving care at the facility. She has had upward of 5 procedures conducted there. She has anxiety and was made to feel very comfortable at the facility. Patients are made to feel better by how nice and knowledgeable the staff are. Nobody feels like a number, staff (from reception to nursing to physicians) take good care of them throughout the whole process. Patients are extremely diverse, all ethnicities and backgrounds. Patients represent the local community. She thinks that colocating vein services will be good, because current patients who need vein procedures and hear that it is available in a familiar setting will be more likely to seek and receive the care that they need. She thinks that the staff can easily juggle a new service. She doesn't hear any concerns or anticipate any challenges. |
| Patient 3 | N/A | 2/18/2026 | patients or residents and/or their caregivers | | yes | phone call | no | NA | no | | The respondent spoke highly of the services she received at the facility, and had no concerns about the project. Everyone was kind and the procedure was quick and scheduling was convenient. She said her community is very diverse, and that the most commonly-spoken lanauage other than Enelish is Spanish. |
| Survey respondent 1 | N/A | 1/28/2026 | patients or residents and/or their caregivers | | yes | survey | yes | yes | no | | The survey respondent indicated strong support for the project, as she is interested in seeking vein procedures herself. She had no concerns or questions, and wishes the facility good luck with the project. |





| NAME | DP03_0119PE | DP03_0119PM | DP03_0062E | DP03_0062M | DP03_0074PE | DP03_0074PM | DP03_0005PE | DP03_0005PM | DP02_0067PE | DP02_0067PM | DP04_0058PE | DP04_0058PM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ZCTA Name | Percent!!PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL!!All families | Percent Margin of Error!!PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL!!All families | Estimate!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!Median household income (dollars) | Margin of Error!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!Median household income (dollars) | Percent!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!With Food Stamp/SNAP benefits in the past 12 months | Percent Margin of Error!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!With Food Stamp/SNAP benefits in the past 12 months | Percent!!EMPLOYMENT STATUS!!Population 16 years and over!!In labor force!!Civilian labor force!!Unemployed | Percent Margin of Error!!EMPLOYMENT STATUS!!Population 16 years and over!!In labor force!!Civilian labor force!!Unemployed | Percent!!EDUCATIONAL ATTAINMENT!!Population 25 years and over!!High school graduate or higher | Percent Margin of Error!!EDUCATIONAL ATTAINMENT!!Population 25 years and over!!High school graduate or higher | Percent!!VEHICLES AVAILABLE!!Occupied housing units!!No vehicles available | Percent Margin of Error!!VEHICLES AVAILABLE!!Occupied housing units!!No vehicles available |
| ZCTA5 11757 | 4 | 2.1 | 128081 | 6453 | 6.5 | 1.5 | 3.5 | 0.8 | 90.5 | 2.1 | 4.2 | 1.3 |
| ZCTA5 11704 | 2.9 | 1.3 | 127034 | 3663 | 6.7 | 1.4 | 4.2 | 1.1 | 89.4 | 2.5 | 5.7 | 1.3 |
| ZCTA5 11706 | 5 | 2.6 | 115112 | 6302 | 11.1 | 2.3 | 2.9 | 0.7 | 81.6 | 2 | 6.5 | 1.9 |
| ZCTA5 11795 | 0.8 | 0.5 | 171068 | 9661 | 2.1 | 1.1 | 2.7 | 0.8 | 96.3 | 1.1 | 1.8 | 0.7 |
| ZCTA5 11717 | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A |
| ZCTA5 11726 | 7.5 | 3.4 | 125691 | 11454 | 11.4 | 3.6 | 3.7 | 1.5 | 83.6 | 3.6 | 4.4 | 2 |
| ZCTA5 11729 | 2.9 | 1.3 | 138350 | 10488 | 6.5 | 2.1 | 2.1 | 0.5 | 93 | 1.4 | 4.4 | 2.1 |
| ZCTA5 11703 | 2.2 | 1.3 | 130140 | 11785 | 5.3 | 2.1 | 2.8 | 1.3 | 93.1 | 1.8 | 3.7 | 1.6 |
| ZCTA5 11702 | 1.2 | 1.1 | 136711 | 24410 | 3.7 | 2.2 | 3 | 1 | 96.7 | 1.4 | 3.3 | 1.7 |
| ZCTA5 11701 | 6.3 | 3.5 | 110639 | 8978 | 12.5 | 2.9 | 2.4 | 1 | 87.5 | 2.9 | 9.4 | 3.8 |
| ZCTA5 11722 | 5.9 | 2.7 | 110365 | 8470 | 16 | 3.3 | 3.8 | 1 | 77.2 | 2.5 | 10.8 | 2.9 |
| ZCTA5 11798 | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A |
| ZCTA5 11751 | 3.7 | 2.6 | 116328 | 15309 | 5.7 | 2.9 | 2.9 | 1.9 | 87.9 | 5.8 | 9 | 5 |
| ZCTA5 11730 | 2.9 | 2.3 | 146190 | 13686 | 4.5 | 2.3 | 0.9 | 0.6 | 94.6 | 2.3 | 5 | 3.3 |
| ZCTA5 11758 | 2.5 | 1.1 | 157404 | 9947 | 2.1 | 0.8 | 2.9 | 0.8 | 97 | 0.8 | 3.1 | 1.2 |
| ZCTA5 11782 | 2.8 | 2 | 144786 | 12135 | 2.6 | 1.5 | 1.9 | 0.8 | 95.4 | 1.4 | 7.1 | 2.3 |
| ZCTA5 11752 | 2.8 | 2.4 | 148538 | 12417 | 4.2 | 3.3 | 0.5 | 0.4 | 93.7 | 2.5 | 2.6 | 1.7 |
| ZCTA5 11746 | 4.5 | 1.4 | 158309 | 10377 | 6.9 | 1.3 | 3.4 | 0.7 | 90.4 | 1.4 | 6.2 | 1.3 |
| ZCTA5 11769 | 0.8 | 1.6 | 128419 | 17101 | 5.2 | 2.7 | 2.6 | 1.5 | 96.5 | 1.6 | 3.3 | 2.4 |
| ZCTA5 11741 | 3.1 | 1.7 | 138417 | 10513 | 5.7 | 1.8 | 2.8 | 0.8 | 92.5 | 2.3 | 4.2 | 1.6 |
| ZCTA5 11716 | 2.6 | 3.8 | 120344 | 20027 | 7.9 | 3.6 | 2 | 1 | 95.2 | 2.1 | 1.6 | 1.2 |
| ZCTA5 11779 | 3 | 1 | 117684 | 8595 | 6.4 | 1.2 | 5 | 1.7 | 93.8 | 1 | 5.3 | 2.5 |
| ZCTA5 11772 | 4.2 | 1.9 | 105246 | 5190 | 8.8 | 1.7 | 3.2 | 0.9 | 89 | 2.1 | 6.9 | 1.6 |
| ZCTA5 11735 | 2.3 | 1 | 146190 | 10070 | 3.6 | 1.1 | 3.9 | 1.2 | 92.1 | 1.4 | 7.2 | 1.8 |
| ZCTA5 11718 | 0 | 4.5 | 203750 | 19245 | 0.7 | 1 | 2.5 | 1.7 | 99.1 | 0.8 | 1 | 1.4 |
| ZCTA5 11762 | 2.5 | 1.4 | 170799 | 8817 | 0.5 | 0.4 | 3 | 1.4 | 97.4 | 0.9 | 4.1 | 1.5 |
| ZCTA5 11705 | 5.3 | 5.4 | 161214 | 24391 | 5 | 2.6 | 0.5 | 0.5 | 99 | 0.6 | 5.2 | 2.8 |
| ZCTA5 11796 | 1.1 | 1.7 | 162443 | 24409 | 2.8 | 2.5 | 2.4 | 2 | 94 | 2.8 | 1.9 | 2 |
| ZCTA5 11763 | 1.9 | 1.1 | 119286 | 8177 | 9.8 | 2.7 | 2.3 | 1.1 | 89.7 | 2.2 | 4 | 2.1 |
| ZCTA5 11787 | 2.5 | 1.1 | 141505 | 8229 | 4.2 | 1.3 | 2.4 | 0.7 | 95.5 | 1.4 | 4.7 | 1.7 |
| ZCTA5 11725 | 1.6 | 1 | 168324 | 12081 | 2.9 | 0.9 | 2.8 | 0.9 | 96.5 | 0.8 | 3.9 | 1 |
| ZCTA5 11788 | 3.7 | 2.9 | 148946 | 12819 | 4.5 | 1.6 | 3.6 | 1.6 | 92.9 | 2 | 2.3 | 1 |
| ZCTA5 11715 | 5.4 | 8.1 | 157905 | 24453 | 0 | 2.4 | 6.4 | 3.4 | 97.4 | 2 | 3.6 | 4.2 |
| ZCTA5 11742 | 2.5 | 1.7 | 126563 | 17557 | 2 | 1 | 1.8 | 0.9 | 90.4 | 3.5 | 3.3 | 1.4 |
| ZCTA5 11727 | 5.4 | 2.5 | 101515 | 13737 | 9.8 | 2.8 | 2.9 | 1 | 91 | 2.1 | 6.9 | 2.7 |
| ZCTA5 11767 | 4.3 | 3.2 | 148762 | 7011 | 2.2 | 1.3 | 0.9 | 0.7 | 95.2 | 2.1 | 3.2 | 2.2 |
| ZCTA5 11749 | 0.7 | 1 | 112435 | 11342 | 7.6 | 4.4 | 2.4 | 1.7 | 88.6 | 4.3 | 3.4 | 3.3 |
| ZCTA5 11783 | 1.3 | 0.9 | 164128 | 15479 | 2.3 | 1.2 | 3.3 | 1.1 | 96.5 | 1.2 | 1.8 | 0.9 |
| ZCTA5 11710 | 1.3 | 0.8 | 173136 | 10409 | 3.7 | 1.4 | 3.1 | 0.9 | 97.4 | 0.8 | 3.2 | 1.2 |
| ZCTA5 11720 | 2.9 | 1.3 | 128015 | 9742 | 6.4 | 1.8 | 3.7 | 1.2 | 92.5 | 1.7 | 3.6 | 1.6 |
| ZCTA5 11747 | 1 | 0.8 | 154914 | 11711 | 4.7 | 3.1 | 5 | 3.2 | 94.8 | 1.4 | 6 | 1.8 |
| ZCTA5 11801 | 4.1 | 2.4 | 147945 | 10720 | 4.6 | 1.8 | 2.4 | 0.7 | 92.2 | 2.1 | 4.1 | 1.3 |
| ZCTA5 11743 | 1.9 | 0.8 | 173014 | 10649 | 2.1 | 0.8 | 2.6 | 0.6 | 96.4 | 0.9 | 2.3 | 0.6 |
| ZCTA5 11739 | 0 | 11.8 | 133393 | 53322 | 0 | 8.3 | 3.8 | 3.6 | 95.2 | 6 | 1.1 | 1.8 |
| ZCTA5 11423 | 10.2 | 4.1 | 80870 | 10656 | 12 | 3.4 | 5.9 | 1.4 | 84.6 | 1.8 | 25.1 | 3.8 |
| ZCTA5 11426 | 4.8 | 3.4 | 107591 | 14024 | 6.9 | 2.6 | 3.8 | 1.7 | 88 | 3.1 | 14 | 4.2 |
| ZCTA5 11427 | 5.1 | 2.3 | 92129 | 8688 | 13 | 3.4 | 3.9 | 0.9 | 84.4 | 2.2 | 18.9 | 3.2 |
| ZCTA5 11428 | 9.4 | 3.5 | 84977 | 14915 | 10.5 | 3.3 | 5 | 1.1 | 81 | 3.5 | 20.6 | 5.7 |
| ZCTA5 11429 | 4.6 | 2 | 98232 | 10331 | 16.3 | 3.7 | 6.8 | 1.3 | 84.4 | 2.6 | 20.3 | 4.9 |
| ZCTA5 11432 | 9.6 | 1.9 | 75395 | 5405 | 17.4 | 2 | 4.9 | 0.8 | 79.9 | 1.7 | 44.3 | 3.2 |
| ZCTA5 11433 | 10.3 | 3 | 71177 | 7547 | 24.2 | 3.6 | 8.4 | 1.8 | 77.4 | 3 | 32.3 | 3.4 |
| ZCTA5 11434 | 8 | 2.4 | 76668 | 4675 | 15.9 | 2 | 6 | 1 | 86.8 | 1.6 | 27 | 3.1 |
| ZCTA5 11435 | 11.7 | 2.8 | 79430 | 3707 | 16.9 | 2.6 | 7.7 | 1.3 | 79.5 | 2.1 | 39 | 3.4 |
| ZCTA5 11436 | 8.7 | 2.4 | 86104 | 7522 | 15.2 | 3 | 4.3 | 1.2 | 84.5 | 2.3 | 22.5 | 3.7 |
| ZCTA5 11691 | 16.3 | 2.7 | 57027 | 6034 | 31.9 | 3.2 | 5.5 | 1.3 | 78.1 | 2.1 | 43.3 | 3.1 |
| ZCTA5 11692 | 23.5 | 4.9 | 49507 | 7136 | 33.2 | 4.2 | 5.1 | 1.5 | 85.7 | 2.8 | 41.8 | 4.8 |
| ZCTA5 11693 | 15.3 | 6.8 | 67829 | 19053 | 20.3 | 5.6 | 5.7 | 2.6 | 84 | 3.5 | 35.4 | 6.4 |
| ZCTA5 11694 | 7.9 | 3.2 | 103792 | 11215 | 7.2 | 2.4 | 4.7 | 1.5 | 90.3 | 2.4 | 21.3 | 4.3 |
| ZCTA5 11697 | 2.9 | 2.9 | 134844 | 31149 | 3.1 | 2.9 | 1.6 | 1.2 | 94.4 | 3.9 | 10.1 | 5.2 |

# 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: Island Digestive Health Center, LLC

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 |
|---|---|
| Signed by: Babak Danesh, M.D. 3478135A068D459 | 4/21/2026 |
| PRINT OR TYPE NAME | TITLE |
| Babak Danesh, M.D. | Medical Director & Member |

## 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 ☒ NO ☐ | Sch. 1 Att. |
| 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 ☐ NO ☒ | |

## 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 | Cicero Consulting Associates | |
| BUSINESS STREET ADDRESS | | |
| 925 Westchester Avenue, Suite 201 | | |
| CITY | STATE | ZIP |
| White Plains | New York | 10604 |
| TELEPHONE | E-MAIL ADDRESS | |
| [redacted] | [redacted] | |

**Alternate Contact**

| NAME AND TITLE OF CONTACT PERSON | CONTACT PERSON'S COMPANY | |
|---|---|---|
| Babak Danesh, M.D. | Island Digestive Health Center, LLC | |
| BUSINESS STREET ADDRESS | | |
| 471 Montauk Highway | | |
| CITY | STATE | ZIP |
| West Islip | New York | 11795 |
| TELEPHONE | E-MAIL ADDRESS | |
| [redacted] | [redacted] | |

# 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.

| CHIEF EXECUTIVE | | | |
|---|---|---|---|
| NAME AND TITLE | | | |
| Babak Danesh, M.D., Medical Director & Member, Island Digestive Health Center, LLC | | | |
| BUSINESS STREET ADDRESS | | | |
| 471 Montauk Highway | | | |
| CITY | STATE | ZIP | |
| West Islip | New York | 11795 | |
| TELEPHONE | E-MAIL ADDRESS | | |
| [redacted] | [redacted] | | |

The applicant's lead attorney should be identified: **N/A**

| ATTORNEY | | | |
|---|---|---|---|
| NAME | FIRM | BUSINESS STREET ADDRESS | |
| | | | |
| CITY, STATE, ZIP | TELEPHONE | E-MAIL ADDRESS | |
| | | | |

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

| CONSUTANT | | | |
|---|---|---|---|
| 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 | [redacted] | |

The applicant's lead accountant should be identified: **Please contact consultant**

| ACCOUNTANT | | | |
|---|---|---|---|
| NAME | FIRM | BUSINESS STREET ADDRESS | |
| | | | |
| CITY, STATE, ZIP | TELEPHONE | E-MAIL ADDRESS | |
| | | | |

Please list all Architects and Engineer contacts:

| ARCHITECT and/or ENGINEER | | | |
|---|---|---|---|
| NAME | FIRM | BUSINESS STREET ADDRESS | |
| Jeffrey Berman | Jeffrey Berman Architect (JBA) | 548 8th Avenue, 18th Floor | |
| CITY, STATE, ZIP | TELEPHONE | E-MAIL ADDRESS | |
| New York, New York 10018 | [redacted] | [redacted] | |

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

## Other Facilities Owned or Controlled by the Applicant

*Establishment (with or without Construction) Applications only*

### NYS Affiliated Facilities/Agencies

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

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

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

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

### Out-of-State Affiliated Facilities/Agencies N/A

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

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

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

**ISLAND DIGESTIVE HEALTH CENTER, LLC**

**SCHEDULE 1 ATTACHMENTS**

1. **Project Narrative**

   **Appendix I: Medical Director CV**

   **Appendix II: Physician Letter of Interest – Gulshan Sethi, D.O.**

   **Appendix III: Member Resolution**

   **Appendix IV: Transfer and Affiliation Agreement and Confirmation of Acceptance for vascular patients**

   **Appendix V: Charity Care and Medicaid Utilization Action Plan**

# ISLAND DIGESTIVE HEALTH CENTER, LLC

## PROJECT NARRATIVE

## I. INTRODUCTION

### Proposal

Island Digestive Health Center, LLC (the Center) is an Article 28 diagnostic and treatment center that is certified as a single-specialty freestanding ambulatory surgical center (FASC) specializing in gastroenterology procedures. The Center is located at 471 Montauk Highway, West Islip (Suffolk County), New York 11795, and is submitting this Certificate of Need (C.O.N.) Application seeking approval to add vascular surgery as a surgical specialty provided by the Center. This project will result in the Center operating as a dual single-specialty FASC, specializing in gastroenterology and vascular surgery (minimally invasive vein treatments). The Health Equity Impact Assessment (HEIA) concludes that this project will have a positive impact on the community served by the Center, especially for women and older adults.

There is no construction needed to implement this service addition project. The Center has three (3) procedure rooms, all of which will be adequate and equipped for vascular procedures.

Gulshan Sethi, D.O., a vascular surgeon, has indicated his interest in utilizing the Center to perform approximately 600 vascular procedures in the first year of project implementation. Please refer to Appendix II to this Project Narrative for a letter from Dr. Sethi, indicating his interest in performing vascular procedures at the Center, specifically those commonly used to treat varicose veins such as endovenous radiofrequency ablation of the vein, as well as injections of a non-compounded foam sclerosant into both a single incompetent extremity truncal vein and multiple incompetent truncal veins within the same leg. Dr. Sethi is currently performing these procedures in his private, office-based

surgical practice, which is located at 500 Montauk Highway Suite G, West Islip (Suffolk County), New York 11795. Additionally, Dr. Sethi will seek clinical privileges at Good Samaritan Hospital Medical Center.

The Center is committed to serving all persons in need without regard to race, sex, age, religion, creed, sexual orientation, source of payment, ability to pay or other personal characteristics. The Center will continue to provide its fair share of Charity Care in addition to the significant funds that will continue to flow from the Center to the State's bad debt and Charity Care pools. As evidence of this commitment, the Schedule 13 operating budget projects that 2% of procedures will be for Charity Care, reduced compensation or uncompensated care (Current Year Charity Care is 1.7%). In addition, the operating budget also includes 16.0% Medicaid utilization, demonstrating the Center's continued commitment to serve this traditionally underserved population (Current Year Medicaid is 15.9%). Please refer to Appendix V to this Project Narrative for the Center's Medicaid and Charity Care Utilization Plan, which identifies outreach efforts that have been put in place by the Center, including referral relationships with Federally Qualified Health Centers (FQHCs) and contracts with five (5) Medicaid Managed Care Plans.

## II. PROGRAMMATIC CONSIDERATIONS

### Purpose, Philosophy and Administration

The Center proposes to add vascular surgery (minimally invasive vein treatments) as a surgical specialty at the Center, primarily for the residents of Suffolk County. Procedures will be performed under local anesthesia or conscious sedation and will not require an overnight stay in an acute care hospital. The operational components of the Center will comply with all applicable codes, including 10 NYCRR Parts 750, 751, 752 and, in particular, Part 755.

The Center has a Transfer and Affiliation Agreement with Good Samaritan Hospital Medical Center

for the provision of backup and emergency services; the hospital is located 1.0 miles and four (4) minutes' driving time from the Center. Please refer to Appendix IV to this Project Narrative for the Transfer and Affiliation Agreement and Confirmation of Acceptance for vascular patients. If an emergency occurs while a patient is at the Center, a clinical staff member of the Center will escort the patient to the nearest hospital. If emergencies arise after the patient has left the facility and the patient is unable to contact his/her private physician, he/she will have been provided with the telephone number of the Center for immediate assistance. If the patient requires assistance during hours when the Center is not in operation, the patient will have the phone number of an on-call service, which will be available 24 hours per day, seven (7) days per week, to immediately refer the patient to the Center's on-call physician, who will be a member of the Center's credentialed medical staff.

Administrative policies and procedures in compliance with Parts 751 and 755, and, in particular, Section 755.2 of 10 NYCRR, have been developed, maintained and enforced in the Center. Included within these policies are the following:

- Admissions Policy, which will include criteria used to accept or reject a patient for service (including a statement that no person will be denied access to service because of age, race, creed, color, national origin, marital status, sex, sexual orientation, religion, disability, source of payment, ability to pay or any other personal characteristic). Charity Care will be provided. Patients will also be advised regarding their rights and counseled concerning informed consent to the procedure;
- Program for credentialing and re-credentialing of physicians;
- Quality Assurance Program development and continuous improvement;
- List of approved procedures to be performed at the Center, which will be reviewed on an ongoing basis and revised as appropriate;
- Schedule of charges for each procedure; and
- Policy for the identification, documentation and recording in the patient's medical record of complications from any procedure or anesthesia.

The Center has an administrative plan that includes goals and objectives, an operating budget, and the process for developing policies and procedures. The Center will continue to operate in a manner designed to fulfill the goals and objectives and assure the provision of high-quality ambulatory surgical services. To ensure the achievement of the Center's goals, Babak Danesh, M.D. ([redacted] will continue to serve as Medical Director. Please refer to Appendix I to this Project Narrative for Dr. Danesh's curriculum vitae. The Medical Director will continue to:

1) Be qualified to assume professional, organizational and administrative responsibility for the quality of patient care;
2) Direct all medical services and oversee the credentialing and re-credentialing of all physicians;
3) Be physicians licensed and currently registered with the New York State Department of Education;
4) Ensure the development and implementation of the Quality Assurance Program;
5) Have the final authority to accept or reject a patient for a procedure when anesthesia is required;
6) Supervise all services provided by the physician and non-physician employees within the pre-surgery, holding, surgery, post-surgery and recovery areas; and
7) Maintain the emergency capabilities of the Center, with support from the Administrator.

Furthermore, the Medical Director will maintain responsibility for the development of medical staff bylaws, rules and regulations, the establishment of a Quality Assurance Committee for evaluation of the medical care provided, and for the establishment of the Credentials Committee, which will review applications for staff privileges. All procedures will be performed in a safe manner by qualified, New York State-licensed physicians who will be granted clinical privileges in accordance with the policies and procedures established by the Center. No patients will be admitted to the Center for care unless the patient's physician is a member of the Center's medical staff.

Each physician who is affiliated with the Center will be reviewed by the Credentials Committee with respect to the appropriateness of performing procedures, based upon the physician's prior experience.

These cases will be delineated in writing and will be reviewed by the Credentials Committee on an ongoing basis and revised, as necessary, based upon the physician's performance, peer review and Quality Assurance Committee review. The Center does not expect, at this time, to employ or use physician's assistants or specialist's assistants. If this policy changes, the Center will develop procedures to review the qualifications of these healthcare providers.

Anesthesiology services, if needed, will be provided per Section 755.4 of 10 NYCRR. The credentials of every anesthesiologist will continue to be reviewed and approved by the Credentials Committee prior to the anesthesiologist working in the Center.

All practicing physicians on staff at the Center will be responsible for necessary follow-up and continuous monitoring of their patients. As noted above, the Center will also ensure that 24-hour, seven-(7)-day-per-week physician on-call services are available for all patients.

**Services**

The applicant is proposing to establish a new service line to provide vascular surgery procedures, as described above, and in compliance with Section 755.3 of 10 NYCRR. The procedures to be performed at the Center will be among those authorized under Public Health Law Section 2807 (2-a) (e) and listed in 10 NYCRR Section 86-8 under the Outpatient Services: Ambulatory Patient Group. These will be cases that can safely be performed on an ambulatory basis, based on recognized standards of medical care. All procedures will be performed in accordance with current standards of professional practice.

As noted, anesthesia services, when needed, will be provided per Section 755.4 of 10 NYCRR. All anesthesiologists will be approved by the Center's Credentials Committee. Anesthesia will be administered in accordance with current standards of professional practice, e.g., the surgeon will never administer regional or general anesthesia. An anesthesiologist or other physician, qualified in resuscitative techniques and emergency care, will be present and available until all patients are

discharged from the Center each day.

Pharmaceutical services will be provided in a safe and effective manner, in accordance with accepted professional practice, and under the direction of a qualified individual designated to be responsible for these services. Drugs will be prepared and administered according to established policies and accepted standards of practice. The following actions will also be taken with respect to pharmaceuticals:

1) Adverse reactions will be reported to the physician responsible for the patient and will be documented in the patient's medical record;
2) In accordance with Section 755.3 (d) of 10 NYCRR, blood, blood products, and parenteral solutions will be administered only by physicians, anesthesiologists or registered nurses; and
3) Verbal orders for drugs and biologicals will be followed by a written order, signed by the prescribing physician.

**Patient Information Policy and System**

Patients will only be scheduled for treatment at the Center if their physician is a member of the Center's medical staff with delineated privileges specifying the right to perform the proposed procedure. The Center will welcome applications from all qualified physicians, particularly those from the surrounding community.

All patients coming to the Center will be required to have a history taken and physical examination within 30 days prior to their scheduled procedure. The results of this examination will become part of the patient's medical record (which will be managed in accordance with HIPAA and other applicable standards). To ensure that the patient is an appropriate risk for the procedure, the physician performing the case will review the patient's history and the information contained on the Pre-Assessment Record, prior to the procedure. If an anesthesiologist is to be used during the procedure, then he/she will review the same documentation. Any patient for whom a history and physical examination record is not presented to the Center at least one (1) day prior to the procedure will have the appointment for the

procedure cancelled. Prior to coming to the Center for the procedure, patients will be given written and verbal information regarding the case to be performed and the possible risks and complications.

The Center will continue to be open five (5) days per week (Monday through Friday from 6:00 am to 5:00 pm), and scheduling of appointments will accommodate patient and physician preferences. All patients will be informed when their procedure is scheduled and when they are expected to arrive at the Center. Patients will be given written and verbal pre-procedure instructions when the case is scheduled. In addition, Center personnel will make a pre-admission call to remind the patient the day prior to the scheduled procedure regarding the scheduled time and to answer any last-minute questions. On the day of the procedure, the following steps will be observed:

- The patient will arrive one (1) hour prior to the scheduled procedure time, and will check in at the reception desk;
- The patient will be asked to complete a registration form, and to sign the procedure consent. Copies of the front and back of his/her insurance card will be taken. This form will become a part of the patient's medical record;
- The admitting RN will escort the patient from the reception area to the admitting area. In this area, the patient will change clothes for the procedure, and will be assisted to the stretcher, at which time nursing personnel will perform a pre-procedure assessment and insert an IV in preparation for the conscious sedation that will be administered during the procedure. The Pre-Assessment Record, containing documentation of this interview, will become part of the patient's medical record;
- If an anesthesiologist is used, he/she will interview the patient in the admitting area, reviewing all the chart documentation (History and Physical, and completed Pre-Assessment Record) so that he/she can evaluate the risks of anesthesia and the procedure(s) to be performed. The anesthesiologist will prepare the patient for anesthesia, and have the patient sign the Consent for Anesthesia form. When anesthesia is needed, this form and an Anesthesia Study form will become part of the patient's medical record;

- The patient will then be taken via stretcher to the procedure room. Once inside the procedure room, the patient will be oriented to the room, and attached to the patient monitor to record EKG, blood pressure and pulse oximetry during the procedure;
- During the procedure, the RN (or CRNA or M.D. Anesthesiologist, if applicable) will monitor and record the patient's vital signs, which will be recorded on the Surgical Record. The anesthesia provider will alert the physician to any changes in the patient's condition. Policies and procedures will be developed to define the standards of care for the delivery of conscious sedation and patient care in the surgical room, in keeping with 10 NYCRR Section 755;
- Should a complication arise during the procedure, either from the procedure or anesthesia, the physician and RN in the room will initially manage the complication. If further assistance is needed, the emergency call button will be pushed for backup assistance from other Center staff, and to initiate the call for 911. If an anesthesiologist is present, he/she will take care of any anesthesia complications. Documentation of the complication will be entered on the Complication Form, with additional documentation on the patient's Progress Note and Transfer Record (if an emergency transfer is required). All documentation will be reviewed in the Quality Assurance Committee meeting at the next scheduled meeting; and
- Once the procedure has been completed, the patient will be taken via stretcher to the recovery area, where he/she will be monitored until discharge is appropriate, per policy. The patient will be discharged after evaluation and written order of the physician. Discharge shall be in the company of a responsible adult, unless the physician exempts the patient from this requirement. An anesthesiologist or other physician qualified in resuscitative techniques and emergency care will be present and available until all patients are discharged. During the recovery process, the patient will move from the stretcher area to the discharge recliners (second stage of recovery), so that recovery may be completed and a family member or friend may join the patient. The patient will be assisted in getting dressed and given post-procedure instructions that may include the follow-up appointment date and the process to follow if an emergency should arise.

**Staff Requirements**

The Center will continue to be staffed by qualified professional registered nurses and other clinical personnel, including but not limited to, medical assistants and technicians. Staffing levels will be reviewed on a periodic basis. In addition, critical care areas within the Center (i.e., admitting, operating and recovery) will be under the full-time supervision of professional registered nursing personnel. All professional registered nurses are trained and will continue to be trained to operate emergency equipment, such as resuscitation and defibrillation equipment. All additional health personnel providing patient care services will be qualified and will meet all applicable Federal, State and local licensure requirements. In addition, the Center will make reasonable efforts to execute a service agreement with an outside language interpretation service appropriate for languages in this particular service area, including sign-language. Please refer to Schedule 13B for a detailed breakdown of the Center's staffing. This project will not create a staffing issue with other local providers because Gulshan Sethi, D.O., the surgeon who has committed to utilize the Center to perform approximately 600 procedures in the first year of project implementation, is currently performing these procedures in his private, office-based surgical practice, which is located 0.3 miles and three (3) minutes' drive from the Center, and Dr. Sethi expects that some of his staff will also work at the Center upon implementation of this project.

**Quality Assurance**

Administration, with assistance from the Medical Director and medical staff, and approval of the operator, will enforce policies and procedures designed to minimize avoidable risks, in compliance with 10 NYCRR Sections 755.9 and 751.8. These policies and procedures will be modified to address problems that have been identified through the experience and vigilance of the Center's staff. It will remain the responsibility of the Medical Director and the medical staff to maintain the necessary information base for the identification of problems so that situations that may threaten patients' well-being can be promptly corrected.

**Medical Records and Data Requirements**

An appropriate system for maintaining medical records will continue to be in conformance with applicable requirements, including Sections 755.7 and 751.7 of 10 NYCRR and HIPAA. This includes the assurance of confidentiality of patients' records. In addition, the system provides prompt and efficient transfer of medical records to other practitioners and/or facilities upon patient request. The Center maintains a medical record for each patient. Every record will be accurate, legible, and promptly completed, signed and dated. Medical records include at least the following:

1) Patient identification;
2) Significant medical history and results of physical examination;
3) Pre-procedure diagnostic studies, if performed, consultative findings and diagnosis (all entered before the procedure);
4) Findings and techniques of the procedure, completed by the performing physician;
5) Notation of current medications, drug allergies and abnormal drug reactions;
6) Documentation of services provided, with discharge diagnosis and follow-up plans/referrals;
7) Copy of the pre-procedure and post-procedure instructions;
8) Copy of the medical orders and procedure Progress Notes;
9) Anesthesia Study Form and record of complications should they arise;
10) Post-procedure follow-up report;
11) Pathology report on tissues/body parts removed; and
12) Signed consent forms.

The Center is accredited by the Joint Commission and is a recognized honoree of the American Society for Gastrointestinal Endoscopy (ASGE) Endoscopy Unit Recognition Program.

## III. PUBLIC NEED

As described above, this project will result in the Center operating as a dual single-specialty FASC, specializing in gastroenterology and vascular surgery (minimally invasive vein treatments). Gulshan Sethi, D.O., the surgeon who has committed to utilize the Center to perform approximately 600 vascular procedures in the first year of project implementation, is currently performing these procedures in his private, office-based surgical practice, which is located at 500 Montauk Highway Suite G, West Islip (Suffolk County), New York 11795, approximately 0.3 miles and a three-(3)-minute drive from the Center.

The following sections describe the Center's compliance with the public need provisions of Section 709.5 of 10 NYCRR and additional factors supporting the need for this project.

**Public Need for Additional Ambulatory Surgery Services in Suffolk County**

The applicant has addressed the need criteria in Section 709.5(d) of 10 NYCRR, which are:

1. Section 709.5 (d) (1): Written Documentation of Utilization and Feasibility

   Gulshan Sethi, D.O., a vascular surgeon, has committed to utilize the Center to perform approximately 600 procedures in the first year of project implementation. Please refer to Appendix II to this Project Narrative for a letter from Dr. Sethi, confirming his intent to perform vascular procedures at the Center. Dr. Sethi is currently performing these procedures in his private, office-based surgical practice, which is located 0.3 miles and a three-(3)-minute drive from the Center.

   The financial feasibility of this project, given the above utilization projection, is demonstrated by the operating budget presented under Schedule 13. The Center currently has positive operating income and expects that to continue in Year 1 and going forward. The procedures to be performed at the Center will be among those authorized under Public Health Law Section

2807 (2-a) (e) and listed in 10 NYCRR Section 86-8 under the Outpatient Services: Ambulatory Patient Group, as well as by the Centers for Medicare and Medicaid Services (CMS). These will be cases that can safely be performed on an ambulatory basis, based on recognized standards of medical care. All procedures will be performed in accordance with current standards of professional practice. Reimbursement rates reflect current and projected Federal and State government rates, with other payers reflecting adjustments based on experience in the region. Utilization by payer is based on the payer mix of the physicians who will perform procedures at the Center, including Dr. Sethi. Expenses are in line with projections and experience at other FASCs in New York State. In summary, the projected utilization will result in a financially feasible operation under current and projected reimbursement and expense norms in New York State for FASCs.

2. Section 709.5 (d) (2): Written Documentation of Access for Under-Served/Rural Populations

The applicant commits that all patients will continue to be treated on the basis of need for the procedure, without discrimination due to any personal characteristics or ability to pay.

The Center, through its architectural design, will also continue to address the needs of handicapped persons, including persons with visual impairments (signs and forms in large print), hearing impairments (TTY, and sign-language interpreter service, if available in the local area) and other physical impairments (handicapped accessible entrances and toilets). Finally, the Center will continue to enhance access through its location, which is easily reached by major roads and public transportation.

3. Section 709.5 (d) (3): Written Documentation of Patient Service Regardless of Ability to Pay

The applicant commits to continuing to provide Charity Care for persons without the ability to pay, and to utilize a sliding fee scale for persons who are unable to pay the full charge for services or are uninsured. The proposed budget projects that 2.0% of all procedures will be for

persons requiring Charity Care (Current Year Charity Care is 1.7%); this will be in addition to the significant revenue from the Center that will be redirected to the State's bad debt and Charity Care pools. In addition, the operating budget also includes 16.0% Medicaid utilization (Current Year Medicaid is 15.9%). Admission for services will be based solely on medical need, and ability to pay will not be a factor.

4. Section 709.5 (d) (4): Written Documentation of Safe Service

Project Narrative Section II, Programmatic Considerations, documents the applicant's willingness and ability to serve patients in a safe manner. Section II includes discussions on infection control, quality assurance, patient transfer, emergency care, credentialing and medical record keeping. All of the services are designed in accordance with Part 755 of 10 NYCRR.

**Other Factors Impacting Public Need**

This Center will remain located in a highly populated area, and it is likely that the demand for patient services will only increase over time. The primary service area for this project is Suffolk County. According to the U.S. Census Bureau, the 2020 population for Suffolk County was 1,525,920. The Suffolk County population is diverse, with 104,372 non-Hispanic African-American residents (6.8% of the population), 963,469 non-Hispanic White residents (63.1% of the population), 64,434 non-Hispanic Asian residents (4.2% of the population), 332,959 Hispanic residents (21.8% of the population), and 60,686 non-Hispanic residents belonging to another minority racial/ethnic category (including individuals of 2+ races) (4.0% of the population).

The population in Suffolk County of persons age 45 and over, the age group that most frequently utilizes ambulatory surgical services and the age group most impacted by common diseases associated with vascular medicine such as peripheral artery disease, carotid artery stenosis, and lymphedema, continues to demonstrate significant growth. In 2010, the number of Suffolk County residents age 45 and older was 607,414 (representing 40.7 % of the total Suffolk County population). In 2020, the

number of Suffolk County residents age 45 and older was 676,554 (representing 44.3% of the total Suffolk County population). This represented an 11.4% increase in the 45+ population from 2010 to 2020, as compared to a 2.2% increase for the overall Suffolk County population during that same time period. By 2030, the 45 and older population of Suffolk County is projected to represent nearly 49% of the total Suffolk County population. With its already aging demographic on the rise, New York currently ranks as the country's fourth most populous state for older adults according to the New York State Department of Health Office of Aging and Long-Term Care. Moreover, approximately 6.4% of Suffolk County residents were living at or below the Federal Poverty Level in 2020. In short, the residents of Suffolk County have characteristics that make them likely candidates for being medically underserved and/or otherwise in need of the services that are the subject of this C.O.N. Application.

Integrating vein care within this existing, certified FASC will facilitate immediate, high-quality access to safe procedures without disrupting current operations, thereby expanding appointment availability for local residents. As shown on the chart below, there are 25 operational Article 28 ASCs located in Suffolk County (including the applicant). Of those, nine (9) are single-specialty ASCs primarily focused on gastroenterology or ophthalmology, and 16 provide at least two (2) surgical specialties. The applicant has not been able to definitively determine if any of the 16 ASCs that provide at least two (2) surgical specialties offer vascular surgical services, but a review of each FASC's website indicates that they do not perform vascular services. Thus, the proposed project will bring vascular procedures and minimally invasive vein treatments into the regulatory environment of an Article 28 FASC and will provide a measure of compliance with the latest standards of safe health care delivery to Suffolk County, which currently does not have sufficient vascular surgery Article 28 FASC resources to accommodate the significant population in need of such services.

## Existing ASC Resources in Suffolk County

| Facility Name | Type | Specialty |
|---|---|---|
| Advanced Surgery Center of Long Island | Ambulatory Surgery – Multi-Specialty | Orthopedics, Pain Management, Podiatry |
| Ambulatory Surgery Center of Western Suffolk | Ambulatory Surgery – Multi-Specialty | Orthopedics, ENT, Pain Management |
| Center for Digestive Health | Ambulatory Surgery – Single-Specialty | Gastroenterology |
| Digestive Health Center of Huntington | Ambulatory Surgery – Single-Specialty | Gastroenterology |
| East End Surgi-Center | Ambulatory Surgery – Multi-Specialty | Multi-Specialty |
| Eye Surgery Center of Long Island | Ambulatory Surgery – Single-Specialty | Ophthalmology |
| Good Samaritan ASC | Ambulatory Surgery – Multi-Specialty | Multi-Specialty |
| Island Ambulatory Surgery Center | Ambulatory Surgery – Multi-Specialty | Multi-Specialty |
| Island Digestive Health Center | Ambulatory Surgery – Single-Specialty | Gastroenterology |
| Island Endoscopy Center | Ambulatory Surgery – Single-Specialty | Gastroenterology |
| Long Island Digestive Disease Center | Ambulatory Surgery – Single-Specialty | Gastroenterology |
| Long Island Eye Surgical Care | Ambulatory Surgery – Single-Specialty | Ophthalmology |
| Long Island Surgicenter | Ambulatory Surgery – Multi-Specialty | Multi-Specialty |
| Melville Surgery Center | Ambulatory Surgery – Multi-Specialty | Orthopedics, Urology, ENT, Pain Mgmt |
| North Shore Surgi-Center | Ambulatory Surgery – Multi-Specialty | Multi-Specialty |
| Peconic Bay Surgery Center | Ambulatory Surgery – Multi-Specialty | Multi-Specialty |
| Port Jefferson Surgery Center | Ambulatory Surgery – Multi-Specialty | Orthopedics, Pain Management |
| ProHEALTH Ambulatory Surgery Center | Ambulatory Surgery – Multi-Specialty | Multi-Specialty |
| SightMD (North Shore Eye) | Ambulatory Surgery – Single-Specialty | Ophthalmology |
| St. Catherine of Siena ASC | Ambulatory Surgery – Multi-Specialty | Multi-Specialty |
| Stony Brook Ambulatory Surgery Center | Ambulatory Surgery – Multi-Specialty | Multi-Specialty |
| Suffolk County Endoscopy Center | Ambulatory Surgery – Single-Specialty | Gastroenterology |
| Suffolk Surgery Center | Ambulatory Surgery – Multi-Specialty | Multi-Specialty |
| The Surgery Center of Long Island | Ambulatory Surgery – Multi-Specialty | Multi-Specialty |

In addition to the foregoing public need analysis, the HEIA included with this C.O.N. Application concludes that the addition of vascular surgery as a surgical specialty at the Center will have a positive impact on the community served by the Center, especially for women and older adults. The HEIA's conclusion is based upon interviews conducted with vascular surgeons, staff from the Center, and local

health department officials, and is further substantiated by data from a bilingual (English and Spanish) community survey and other resources. Recognizing the impact on these two (2) demographics of older adults and females within Suffolk County, adding vascular surgery as a specialty will allow the Center to build additional referral relationships, offer virtual education on venous disease with local women's health providers (e.g., OB-GYN, Planned Parenthood) and collaborate with senior centers and long-term care facilities to promote this service and facilitate transportation.

**ISLAND DIGESTIVE HEALTH CENTER, LLC**

**SCHEDULE 1 APPENDICES**

## Appendix I: Medical Director CV

# BABAK DANESH, MD

## EDUCATION

## POSTGRADUATE TRAINING & EXPERIENCE

## Current Hospital Affiliation

## Board Certification and Licensure

## Professional Memberships

## Foreign Languages

## Personal Information

# ISLAND DIGESTIVE HEALTH CENTER, LLC

## SCHEDULE 1 APPENDICES

### Appendix II: Physician Letter of Interest - Gulshan Sethi, D.O.

LONG ISLAND VEIN TREATMENT™

**1/20/2026**

**New York State Department of Health**
**Corning Tower**
**Empire State Plaza,**
**Albany, NY 12237**

To whom it may concern:

I am a vascular surgeon whose office is located in 500 Montauk HW suite G.

I am presently performing approximately 600 procedures per year that can and should be performed on an ambulatory (1-day) surgery basis. To the best of my knowledge, these surgical procedures are primarily provided in the CPT-4 Codes listed on the attached page.

I am currently performing these procedures at the 500 Montauk HW suite G.

It is my intent to perform these procedures at Island Digestive Health Center, 471 Montauk Hwy West Islip, NY. 11795

As a background, I am Board-certified.

Sincerely,

Signature:

Signed by:
Gulshan Sethi
120212FD846A4B9...

Name: Gulshan Sethi

| CPT-4 Codes | % of Procedures under Each CPT-4 Code |
|---|---|
| 36475 | 50% |
| 36466 | 25% |
| 36465 | 25% |

# ISLAND DIGESTIVE HEALTH CENTER, LLC

## SCHEDULE 1 APPENDICES

### Appendix III: Member Resolution

# MEMBER RESOLUTION

## ISLAND DIGESTIVE HEALTH CENTER, LLC

The undersigned being a member of Island Digestive Health Center, LLC, an existing free standing ambulatory surgery center, does hereby ratify and confirm, approve and adopt the following as and for the resolutions of Island Digestive Health Center, LLC:

**WHEREAS**, Island Digestive Health Center LLC desires to certify and construct an extension clinic under Article 28 of the New York Public Health Law; and

**WHEREAS**, in order to accomplish the foregoing, Island Digestive Health Center, LLC must file with the New York State Department of Health a Full Review Certificate of Need Application (**CON Application**).

**NOW, THEREFORE**, be it

**RESOLVED**, that Island Digestive Health Center, LLC is hereby authorized, directed and empowered to submit a CON Application to the New York State Department of Health, for the purpose of adding vascular surgery as a specialty to existing single-specialty freestanding ambulatory surgical center, with no construction, under Article 28 of the New York Public Health Law; and it is further

**RESOLVED**, that Island Digestive Health Center, LLC is authorized to perform any and all acts, which may be required in order to accomplish the foregoing.

By: Signed by: Ann Sariego F4A0E615E01F441...

Ann Sariego
Member
Island Digestive Health Center, LLC

# ISLAND DIGESTIVE HEALTH CENTER, LLC

## SCHEDULE 1 APPENDICES

### Appendix IV: Transfer and Affiliation Agreement and Confirmation of Acceptance for Vascular Patients

**TRANSFER AGREEMENT**
**Between**
**GOOD SAMARITAN HOSPITAL MEDICAL CENTER**
**and**
**IDHC, LLC**

## BACKGROUND

## TERMS

1. **REFERRAL AND COOPERATION.**

2. **TRANSFERS.**

3. **BILLING AND COLLECTION OF FEES.**

4. **TERM, TERMINATION AND REVIEW.**

5. **INDEMNIFICATION.**

6. **INSURANCE.**

7. **INDEPENDENT CONTRACTORS.**

8. **GOVERNING LAW.**

9. **NOTICE.**

10. **ENTIRE AGREEMENT**.

11. **NON-DISCRIMINATION**.

12. **RETENTION OF RECORDS**.

13. **COMPLIANCE WITH STATE HEALTH CODE**.

14. **INFORMATION.**

15. **EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR LAW ACT ("EMTALA") COMPLIANCE.**

16. **NON-EXCLUSIVE AGREEMENT.**

17. **BUSINESS ASSOCIATES.**

18. **SEVERABILITY.**

19. **HEADINGS.**

20. **ASSIGNMENT.**

21. **WAIVER OF BREACH.**

22. **COUNTERPARTS.**

23. **ADVERTISING.**

**IDHC, LLC.**

By: _____

Print: Kourosh Adhami

Title: Physician

**Good Samaritan Hospital Medical Center**

By: _____

Print: Nancy B. Simmons

Title: EVP + CAO

**EXHIBIT A**

Patient Sticker

## INTER HOSPITAL TRANSFER FORM

**TO BE COMPLETED BY PHYSICIAN**

**Diagnosis:** **Reason for Transfer:**

**Is Patient Stable for Transfer?** ☐ **YES** ☐ **NO, If "NO", give explanation below**

**Potential Risks of Transfer:**

**Potential Benefits of Transfer:**

**Facility Accepting Patient Transfer:**

**Name of Accepting Physician:**_____

**Name of Person You Spoke with:** **Person's Title:**

**Date & Time of Consent to Accept: Date:**_____ **Time:**_____

**THE FOLLOWING MUST BE SENT WITH THE PATIENT (CHECK ALL THAT APPLY):**

☐ Laboratory Results ☐ Patient Record ☐ EKG ☐Cath Lab Record
☐ X-Rays ☐ Patient Consent for Transfer ☐ Specimen ☐ Other:

**Medications: See attached medical record for list of medications given**

**PHYSICIAN CERTIFICATION OF TRANSFER:**

I have explained to the patient (or his/her legal representative) all of the expected medical benefits to be gained by the transfer, the medical risks posed by the transfer as stated above, and why I believe the expected medical benefits of transfer outweigh the risks posed by transferring this patient.

**Physician's Name (Print):**_____ **ID Number:**_____

**Physician Signature:** **Date:**

**TO BE COMPLETED BY NURSING**

**Vital Signs (BP, P, R, T) are documented in the copied ED record** ☐ Yes ☐ No

**Records, specimens and the signed consent form are being sent with the patient:** ☐ Yes ☐ No

**Report given to receiving facility and documented:** ☐ Yes ☐ No

**Name of Person Receiving Report:**_____ **Title:**_____

**Date:** **Time:**

**Transport Company:**_____
**Mode of Transport:** ☐ Ambulance ☐ Helicopter ☐ Other:_____
**Level of Care during Transport:** ☐ BLS ☐ ALS ☐Paramedic ☐ Other:_____

**MANDATORY TIME OUT VERIFICATION**

**Transfer Destination:**

☐ **Patient Armband identifiers** (First and Last Name & DOB) match patient identification label (top of form)

☐ **Patient destination verified with source document** (Transporter's destination matches this form)

**I attest to performing the above verification of patient identification and destination:**

**Transporter Signature:** _____ **Date:**_____ **Time:**_____

**Nurse's Signature:**_____ **Date:** **Time:**

**EXHIBIT B**

**BUSINESS ASSOCIATE AGREEMENT**

**EXHIBIT B**

**EXHIBIT B**

**EXHIBIT B**

**EXHIBIT B**

**EXHIBIT B**

**EXHIBIT B**

**EXHIBIT B**

**EXHIBIT B**

Island Digestive Health Center
471 Montauk Highway
West Islip, NY 11795
Ph: 631.376.2260 • F: 631.376.2269

Feb. 16, 2026

Justin Lundbye, MD, MBA, FACHE
President
Good Samaritan Hospital Medical Center
1000 Montauk Highway
Islip, New York 11795

Re: Confirmation of Emergency Transfer Acceptance for New Vascular Service Line

Dear Dr. Lundbye,

Our organization values the longstanding partnership between Island Digestive Health Center and Good Samaritan Hospital Medical Center in supporting safe and efficient emergency patient transfers. As you know, our facilities have been operating under the existing Hospital Transfer Agreement dated March 29, 2012, which outlines the procedures and responsibilities for transferring patients who require emergent hospital-level care.

We are writing to inform you that Island Digestive Health Center is expanding its clinical offerings to include vascular procedures as a new service line. While these procedures remain appropriate for the ambulatory surgery setting, there may be rare instances in which a patient requires urgent transfer to a higher-acuity environment for additional evaluation or treatment.

We respectfully request written confirmation from Good Samaritan Hospital that the hospital will continue to accept emergency transfers from our facility for vascular patients, under the same terms, conditions, and processes outlined in the existing Transfer Agreement dated 03-29-2012, without modification.

This confirmation will allow us to finalize our clinical protocols and regulatory documentation associated with the expanded service line. No changes are being requested to the current agreement—only affirmation that it continues to apply to vascular cases transferred emergently from our ASC.

**Good Samaritan Hospital Medical Center**

**By:** _____

**Print:** Justin Lundbye, MD, MBA, FACHE

**Title:** President

**Date:** March 26, 2026

# ISLAND DIGESTIVE HEALTH CENTER, LLC

## SCHEDULE 1 APPENDICES

### Appendix V: Charity Care and Medicaid Utilization Action Plan

# APPENDIX V

# CHARITY CARE AND MEDICAID UTILIZATION ACTION PLAN

# 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.

| Titles of Attachments Related to Borrowed Funds | Filenames of Attachments |
|---|---|
| Example: *First borrowed fund source* | Example*: first_bor_fund.pdf* |
| 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 Center with cash from ongoing profitable operations. Please see the Cash Flow Analysis under the Schedule 5 Attachment and the Center's financial statements under the Schedule 9 Attachment. |

## 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.

| **Titles of Attachments Related to Pro Forma Balance Sheets** | **Filenames of Attachments** |
|---|---|
| Example: *Attachment to operational balance sheet* | Example: *Operational_bal_sheet.pdf* |
| N/A | |
| | |
| | |
| | |
| | |
| | |

**ISLAND DIGESTIVE HEALTH CENTER, LLC**

**SCHEDULE 5 ATTACHMENT**

**Monthly Cash Flow Statement**

**Island Digestive Health Center, LLC**
**FIRST-YEAR MONTHLY CASH FLOW ANALYSIS**

-

# Schedule 6
# Architectural/Engineering Submission

**Contents:**

# 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:<br>7/15/2026 | Revised Schedule 6 submission date:<br>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:<br>Certify a second single specialty in existing ASC | |
| Site Location:<br>471 Montauk Highway, West Islip, NY | |

a. Brief description of current facility, including facility type: Single Specialty GI ASC. Island Digestive Health Center, LLC (the Center), a New York limited liability company, is an existing Article 28 diagnostic and treatment center that is certified as a single-specialty (gastroenterology) freestanding ambulatory surgical center (F ASC). The Center is accredited by the Joint Commission and provides surgical services in the area of gastroenterology utilizing three (3) procedure rooms. The Center is located at 471 Montauk Highway, West Islip (Suffolk County), New York 11795, and is submitting this Certificate of Need (C.O.N.) Application seeking approval to add vascular surgery to their ASC becoming Dual Single Specialty.

Click here to enter text.

Brief description of proposed facility:
Dual Single-Specialty FASC

Location of proposed project space(s) within the building. Note occupancy type for each occupied space.
On first floor in procedure rooms

Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies:
ASC is only occupant in building, See life safety plan attached

| | |
|---|---|
| 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:
Facility complies with FGI 2018

List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3.
none

| | |
|---|---|
| Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below.<br>Modify Type 3 EES to Type 2 | Yes |

Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc.
Existing systems to remain

Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc.
Modify Type 3 EES to Type 2 Add electrical panel separate life safety from critical branches

Describe existing and or new work for fire detection, alarm, and communication systems:
Existing fire alarms to remain ultrasound

If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov, and describe the work to mitigate damage and maintain operations during a flood event. Not applicable, project is not located 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.
Portable Ultrasound equipment to be added

Does the project comply with ADA? If no, list all areas of noncompliance.
Yes

Other pertinent information:
Click here to enter text.

| **Project Work Area** | **Response** |
|---|---|
| Type of Work | Alteration |

| | |
|---|---|
| Square footages of existing areas, existing floor and or existing building. | 5,075 SF |
| Square footages of the proposed work area or areas.<br>Provide the aggregate sum of the work areas. | 600SF |
| Does the work area exceed more than 50% of the smoke compartment, floor or building? | Less than 50% of the floor |
| Sprinkler protection per NFPA 101 Life Safety Code | Sprinklered throughout |
| Construction Type per NFPA 101 Life Safety Code and NFPA 220 | Type V (000) |
| Building Height | Approx. 48'-0" |
| Building Number of Stories | 2 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? | Not Applicable |
| Is the proposed work area within a windowless space or building? | Yes |
| Is the building a high-rise? | No |
| If a high-rise, does the building have a generator? | Not Applicable |
| What is the Occupancy Classification per NFPA 101 Life Safety Code? | Chapter 38 New Business Occupancy |
| Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans.<br>Click here to enter text. | Not Applicable |
| Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text. | No |
| Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans.<br>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. | No |
| Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply.<br>Click here to enter text. | Not Applicable |
| Is there a companion CON associated with the project or temporary space?<br>If so, provide the associated CON number. Click here to enter text. | Choose an item. |
| Will spaces be permanently relocated to allow the construction of this project?<br>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. Click here to enter text. | Not Applicable |
| Changes in the number of occupants?<br>If yes, what is the new number of occupants? Click here to enter text. | No |
| Does the facility have an Essential Electrical System (EES)?<br>If yes, which EES Type? Type 3 | Yes |
| If an existing EES Type 1, does it meet NFPA 99 -2012 standards? | Not Applicable |
| Does the existing EES system have the capacity for the additional electrical loads? Yes, the project intent is to convert to Type 2 | Yes |
| Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description.<br>Click here to enter text. | No |
| Does the project involve Bulk Oxygen Systems? If yes, provide brief description.<br>Click here to enter text. | 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 |

| REQUIRED ATTACHMENT TABLE | | | |
|---|---|---|---|
| SCHEMATIC DESIGN SUBMISSION for **CONTINGENT APPROVAL** | DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for **CONTINGENCY SATISFACTION** | **Title of Attachment** | **File Name in PDF format** |
| • | | 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 |

**ISLAND DIGESTIVE HEALTH CENTER, LLC**

**SCHEDULE 6 ATTACHMENTS**

1. **Architect/Applicant Letter of Certification**
2. **Functional Space Program**
3. **Existing, Approved Drawings**

# Architect or Engineer Certification

Date: 07/17/2026

Facility ID: 9680

Facility Name: Island Digestive Health Center, LLC

Project Name/Description: Convert from single-specialty FASC to dual single-specialty FASC, specializing in gastroenterology and vascular surgery (minimally invasive vein treatments).

Mark below whether the architectural/engineering submission is intended for review by New York State Department of Health (DOH), by Dormitory Authority of the State of New York (DASNY) on behalf of the department, or for self-certification in lieu of formal plan review. Please also acknowledge if the project is for Article 28 certification of an existing space with no proposed construction.

**Choose review option:**

- ☐ **Review provided by DOH Architects & Engineers**
- ☐ **Review provided by DASNY Architects & Engineers**
- ☒ **Self-Certification by Applicant's Architects & Engineers**
  Complete and include page 3, Eligibility Checklist.

**Mark if applicable:**

- ☐ **Existing building inspected with no construction**
  Drawings must illustrate existing conditions are compliant to current reference standards.

---

The **architect or engineer** for the project to complete the following.

I hereby certify to the New York State Department of Health that:

I have been retained by the facility to provide professional architectural/engineering services and have concluded that the project is designed, or has been inspected, in accordance with project definitions, modifications and/or revisions approved or required by the New York State Department of Health.

I have concluded that the project is compliant with all applicable local, state, and federal codes and regulations. This includes the provisions of the State Hospital Code 10 NYCRR Part 711, applicable provisions of Parts 712-717, and the current Article 28 construction standards:

2012 NFPA 101 Life Safety Code
2012 NFPA 99 Health Care Facilities Code when required
2014 or 2018 Facility Guidelines Institute, Design and Construction Guidelines
2010 ADA Standards for Accessible Design

I understand that non-Article 28 areas, spaces, rooms and facilities being converted to Article 28 space, as well as renovations to existing Article 28 space shall be evaluated and brought into compliance with new construction standards as indicated within applicable requirements the State Hospital Code.

I understand that any component inconsistent with State Hospital Code must be brought to the attention of the Bureau of Architecture and Engineering Review for evaluation and compliance resolution.

Note proposed exceptions to the construction standards with the section number.
*Does not apply to self-certifications*.

I understand that upon completion of construction, or inspection of an existing building with no proposed construction, that the costs of any subsequent corrections necessary to achieve compliance with applicable requirements may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the Certificate of Need review for approval by the department. It is understood that an electronic copy of final Construction Documents, meeting the requirements of DSG-05, must be provided for all construction projects, including limited, administrative, full reviews, self-certified reviews, and reviews completed by DASNY.

*Architect or Engineer Professional Stamp*


Signature of Architect or Engineer

Jeffrey Berman
Name of Architect or Engineer (print)

18146
Professional New York State License Number

545 8th Avenue, 18th Floor, New York, NY 10018
Business Address

The **applicant** for the project to complete the following.

The undersigned applicant understands and agrees that, despite this architect/engineer certification, the Department of Health retains the authority to (a) review the project documents and/or inspect the associated work, and (b) revoke its approval of the application for failure to comply with the State Hospital Code. The applicant is obligated to implement changes mandated by the Department to ensure compliance with the codes and regulations, regardless of whether physical plant construction or alterations have been completed and understands that the costs of any subsequent corrections necessary to achieve compliance may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

Signed by:
Ann Sariego
D666E75205F8445...
Authorized Signature for Applicant

Ann Sariego
Name (print)

Member
Title

7/21/2026
Date

For projects intending to self-certify, please fill out the following checklist.
If the answer to any of the questions below is *"Yes"*, the project is not eligible for self-certification.

**Project Eligibility Checklist for Architectural/Engineering Self-Certification**

| # | Question | Yes | No |
|---|---|---|---|
| 1 | Is a waiver or an exception to the standards required? | ☐ | ☒ |
| 2 | Will the project costs exceed $30,000,000? | ☐ | ☒ |
| 3 | Is Bulk Oxygen Medical Gas Storage associated with this project?<br>Examples of Bulk Oxygen /Medical Gas Storage projects include but not limited to the following:<br>a. Hyperbaric Chambers<br>b. Bulk Systems include Nitrous Oxide System and Oxygen System defined below:<br>**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 ft3 of oxygen 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.<br>**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 3200 lb., approximately 28,000 ft3, of nitrous oxide. | ☐ | ☒ |
| 4 | Will this project have Locked or Secured Units?<br>Examples of Locked or Secured Units include but not limited to the following:<br>a. Observation Units for behavioral health in ED's.<br>b. Behavioral health located within inpatient settings.<br>c. Nursing Homes or other facilities with Dementia Units that are locked.<br>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 or operating rooms, or the renovation of existing procedure rooms or operating rooms, including modifications to associated support systems such as mechanical, electrical, plumbing, medical gas, fire detection or fire protection systems, within a hospital or ambulatory surgery center?<br>*(Projects limited to cosmetic upgrades are eligible for self-certification.)*<br>Examples, include but not limited to the following:<br>a. Endoscopy Procedure Rooms<br>b. Procedure Rooms<br>c. Operating Rooms<br>d. Interventional Imaging located in procedure rooms or operating rooms | ☐ | ☒ |
| 6 | Will this project involve construction that is required to comply with New Ambulatory Health Care Occupancy requirements as indicated in Chapter 20 of NFPA 101, 2012 edition?<br>Examples, include but not limited to the following:<br>a. Ambulatory Surgery Centers<br>b. Endoscopy Centers and or other Procedure Rooms<br>c. Free Standing Emergency Departments | ☐ | ☒ |
| 7 | Is this project intended to provide Ventilator Units for patients located in nursing homes? | ☐ | ☒ |
| 8 | Does this project involve Airborne Infection Isolation (Aii) Rooms or Protective Environment (PE) Rooms? | ☐ | ☒ |

**IDHC LLC, Parkwood Commons, 471 Montauk Highway West Islip, NY**

| **FUNCTIONAL SPACE PROGRAM** | | | | |
|---|---|---|---|---|
| PROJECT NUMBER 2088 | | | | |
| Description | Qty. | Sq.Ft. | Total Area | Notes |
| **IDHC LLC** | | | | |
| FIRST FLOOR | | | | |
| Vestibule | 1 | 85 | 85 | |
| Waiting Area | 1 | 263 | 261 | |
| Reception | 1 | 194 | 194 | |
| A.D.A. Toilet | 1 | 64 | 64 | |
| Exam/Consult Room | 1 | 98 | 98 | |
| Change Room | 1 | 56 | 56 | |
| Prep/Recovery | 8 | 80 | 764 | |
| Nurse Station/Corridor | 2 | 564 | 564 | |
| A.D.A. Toilets | 2 | 126 | 126 | |
| Endoscopy Room 1 | 1 | 237 | 237 | |
| Endoscopy Room 2 | 1 | 246 | 246 | |
| Endoscopy Room 3 | 1 | 237 | 237 | |
| Soil Scope | 1 | 63 | 63 | |
| Soil Hold | 1 | 71 | 71 | |
| Clean Scope | 1 | 91 | 91 | |
| Clean Storage | 1 | 74 | 74 | |
| Environmental Services | 1 | 46 | 46 | |
| Scope Closet | 1 | 21 | 21 | |
| Closet | 1 | 8 | 8 | |
| Mechanical Room | 1 | 125 | 125 | |
| **SQUARE FEET** | | | **3,431** | |
| | | | | |
| SECOND FLOOR | | | | |
| Women's Locker Room | 1 | 216 | 216 | |
| Staff Toilet (W) | 1 | 52 | 52 | |
| Men's Locker Room | 1 | 200 | 200 | |
| Staff Toilet (M) | 1 | 52 | 52 | |
| Break Room | 1 | 188 | 188 | |
| Office | 1 | 102 | 102 | |
| Receiving | 1 | 95 | 95 | |
| Storage Room | 2 | 144 | 144 | |
| Electrical | 1 | 73 | 73 | |
| I.T. Room | 1 | 73 | 73 | |
| Vaccuum | 1 | 102 | 102 | |
| Gas | 1 | 103 | 103 | |
| Environmental Services | 1 | 38 | 38 | |
| Menchanical Room | 1 | 177 | 177 | |
| **SQUARE FEET** | | | ~~**1,644**~~ | |
| TOTAL SQUARE FEET | | | 5,075 | |

## NOTES TO USERS

This map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. The **community map repository** should be consulted for possible updated or additional flood hazard information.

To obtain more detailed information in areas where **Base Flood Elevations** (BFEs) and/or **floodways** have been determined, users are encouraged to consult the Flood Profiles and Floodway Data and/or Summary of Stillwater Elevations tables contained within the Flood Insurance Study (FIS) report that accompanies this FIRM. Users should be aware that BFEs shown on the FIRM represent rounded whole-foot elevations. These BFEs are intended for flood insurance rating purposes only and should not be used as the sole source of flood elevation information. Accordingly, flood elevation data presented in the FIS report should be utilized in conjunction with the FIRM for purposes of construction and/or floodplain management.

**Coastal Base Flood Elevations** (BFEs) shown on this map apply only landward of 0.0' North American Vertical Data of 1988 (NAVD 88). Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Stillwater Elevations and Transect Data tables in the Flood Insurance Study report for this jurisdiction. Elevations shown in the Summary of Stillwater Elevations and Transect Data tables should be used for construction and/or floodplain management purposes when they are higher than the elevations shown on this FIRM.

Boundaries of the **floodways** were computed at cross-sections and interpolated between cross-sections. The floodways were based on hydraulic considerations with regard to requirements of the National Flood Insurance Program. Floodway widths and other pertinent floodway data are provided in the Flood Insurance Study report for this jurisdiction.

Certain areas not in Special Flood Hazard Areas may be protected by **flood control structures**. Refer to Section 2.4 "Flood Protection Measures" of the Flood Insurance Study report for information on flood control structures for this jurisdiction.

The **projection** used in the preparation of this map was New York State Plane FIPSZONE 3104. The **horizontal datum** was NAD 83, GRS80 spheroid. Differences in datum, spheroid, projection or State Plane zones used in the production of FIRMs for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences do not affect the accuracy of this FIRM.

Flood elevations on this map are referenced to the North American Vertical Datum of 1988. These flood elevations must be compared to structure and ground elevations referenced to the same **vertical datum**. For information regarding conversion between the National Geodetic Vertical Datum of 1929 and the North American Vertical Datum of 1988, visit the National Geodetic Survey website at http://www.ngs.noaa.gov or contact the National Geodetic Survey at the following address:

NGS Information Services
NOAA, N/NGS12
National Geodetic Survey
SSMC-3, #9202
1315 East-West Highway
Silver Spring, Maryland 20910-3182
(301) 713-3242

To obtain current elevation, description, and/or location information for **bench marks** shown on this map, please contact the Information Services Branch of the National Geodetic Survey at **(301) 713-3242**, or visit its website at http://www.ngs.noaa.gov.

**Base map** information shown on the FIRM was provided in digital format by the New York State Office of Cyber Security and Critical Infrastructure Coordination. This information was derived from digital orthophotography produced at a 1:0-foot pixel resolution from photography dated 2004.

Based on updated topographic information, this map reflects more detailed and up-to-date **stream channel configurations and floodplain delineations** than those shown on the previous FIRM for this jurisdiction. As a result, the Flood Profiles and Floodway Data tables for the Northeast Branch Nissequogue River in the Flood Insurance Study Report (which contains authoritative hydraulic data) may reflect stream channel distances that differ from what is shown on this map. Also, the road to floodplain relationships for unrevised streams may differ from what is shown on previous maps.

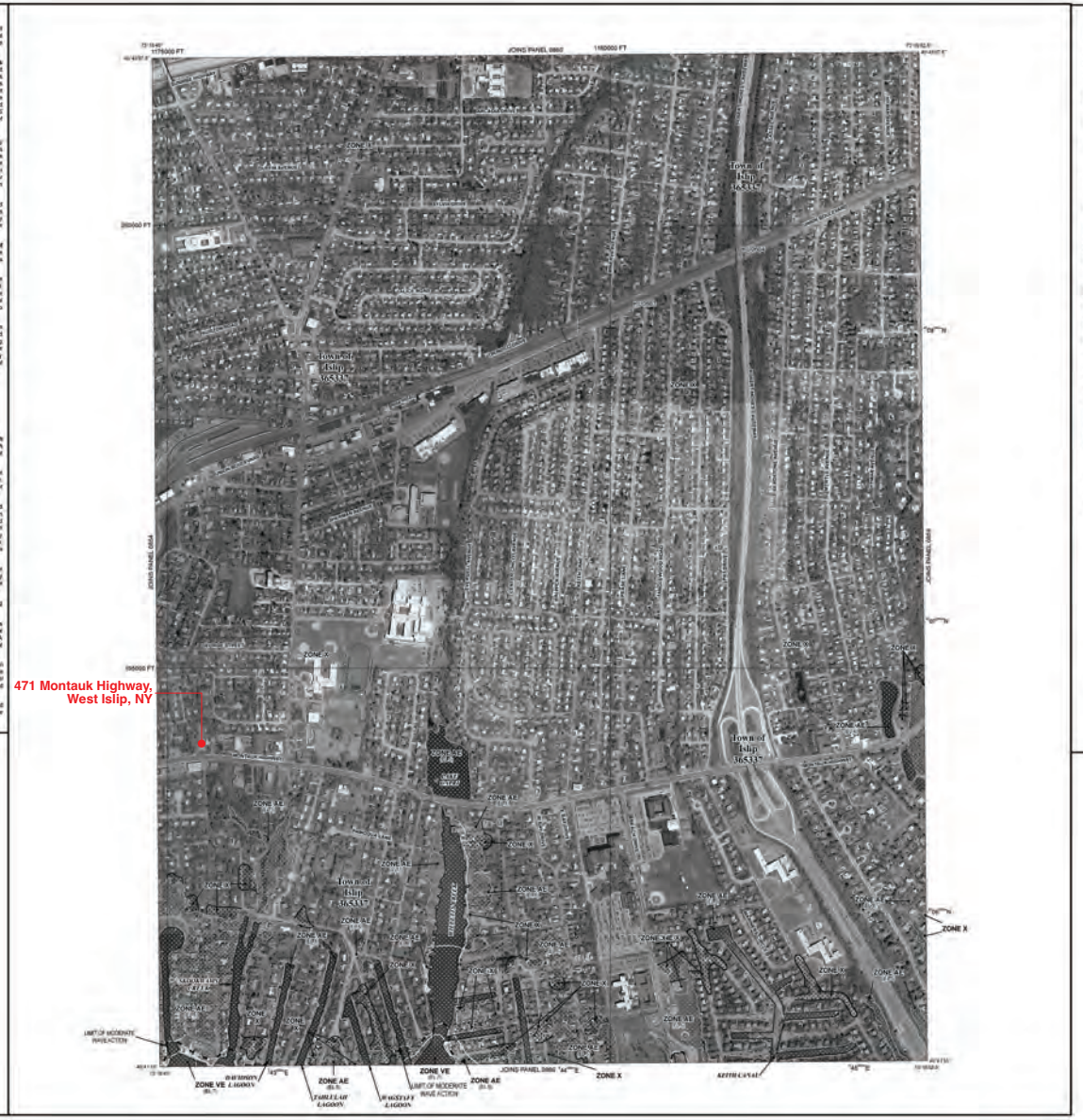
**Corporate limits** shown on this map are based on the best data available at the time of publication. Because changes due to annexations or de-annexations may have occurred after this map was published, map users should contact appropriate community officials to verify current corporate limit locations.

Please refer to the separately printed **Map Index** for an overview map showing the layout of map panels for this jurisdiction.

The AE Zone category has been divided by a **Limit of Moderate Wave Action (LiMWA)**. The LiMWA represents the approximate landward limit of the 1.5-foot breaking wave. The effects of wave hazards between the VE Zone and the LiMWA (or between the shoreline and the LiMWA for areas where VE Zones are not identified) will be similar to, but less severe than those in the VE Zone.

Contact the **FEMA Map Service Center** at 1-800-358-9616 for information on available products associated with this FIRM. Available products may include previously issued Letters of Map Change, a Flood Insurance Study report, and/or digital versions of this map. The FEMA Map Service Center may also be reached by Fax at 1-800-358-9620 and its website at http://msc.fema.gov.

If you have **questions about this map** or questions concerning the National Flood Insurance Program in general, please call **1-877-FEMA MAP** (1-877-336-2627) or visit the FEMA website at http://www.fema.gov/business/nfip.




## LEGEND

SPECIAL FLOOD HAZARD AREAS SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD

ZONE A — No Base Flood Elevations determined.
ZONE AE — Base Flood Elevations determined.
ZONE AH — Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
ZONE AO — Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
ZONE AR — Special Flood Hazard Area formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
ZONE A99 — Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
ZONE V — Coastal flood zone with velocity hazard (wave action); no Base Flood Elevations determined.
ZONE VE — Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.

FLOODWAY AREAS IN ZONE AE

OTHER FLOOD AREAS

ZONE X — Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.

OTHER AREAS

ZONE X — Areas determined to be outside the 0.2% annual chance floodplain.
ZONE D — Areas in which flood hazards are undetermined, but possible.

COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

OTHERWISE PROTECTED AREAS (OPAs)

CBRS areas and OPAs are normally located within or adjacent to Special Flood Hazard Areas

1% annual chance floodplain boundary
0.2% annual chance floodplain boundary
Floodway boundary
Zone D boundary
CBRS and OPA boundary
Boundary dividing Special Flood Hazard Area Zones and boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.
Limit of Moderate Wave Action
Base Flood Elevation value where uniform within zone; elevation in feet*
Base Flood Elevation value where elevation varies along elevation in feet*
* Referenced to the North American Vertical Datum of 1988
Cross section line
Transect line
97°07'45", 32°22'30" — Geographic coordinates referenced to the North American Datum of 1983 (NAD 83), Western hemisphere
1000-meter Universal Transverse Mercator grid values, zone 18
5000-foot grid values: Universal Transverse Mercator projection, spheroid, zone 18N
DX5510 — Bench mark (see explanation in Notes to Users section of this FIRM panel)
• M1.5 — River mile

MAP REPOSITORY
Refer to listing of Map Repositories on Map Index

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP
May 4, 1999

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL
September 23, 2009 - to incorporate Primary Frontal Dune analysis; to reflect revised boundaries, to change Special Flood Hazard Areas, to change zone designations, to update the effects of wave action, to update road format, to reflect the effects of coastal erosion, to reflect updated topographic information, and to change Base Flood Elevations

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.

MAP SCALE 1" = 500'
500 0 500 1000 FEET
150 0 150 300 METERS

PANEL 0858H

NFIP
NATIONAL FLOOD INSURANCE PROGRAM

**FIRM**
**FLOOD INSURANCE RATE MAP**

for SUFFOLK COUNTY, NEW YORK
(ALL JURISDICTIONS)

CONTAINS:

| COMMUNITY | NUMBER |
|---|---|
| ISLIP, TOWN OF | 365337 |

PANEL 858 OF 1026
MAP SUFFIX: H
(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

MAP NUMBER
36103C0858H
MAP REVISED
SEPTEMBER 25, 2009

Federal Emergency Management Agency

**IDHC ENDOSCOPY**
**PARKWOOD COMMONS**
471 MONTAUK HIGHWAY
WEST ISLIP, NEW YORK

ARCHITECT
JEFFREY BERMAN I ARCHITECT
545 Eighth Avenue • 18th Floor
New York • New York • 10018
Telephone 212 • 967 • 3400
Facsimile 212 • 967 • 9731

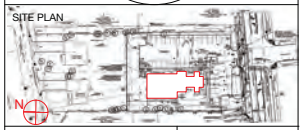
MECHANICAL ENGINEER

NOTES:



SEAL:

SITE PLAN




| REVISIONS | DATE |
|---|---|
| FUNCTIONAL SPACE PROGRAM | 03.16.2026 |

PROJECT TITLE

**IDHC ENDOSCOPY**
PARKWOOD COMMONS

DRAWING TITLE

FEMA MAP

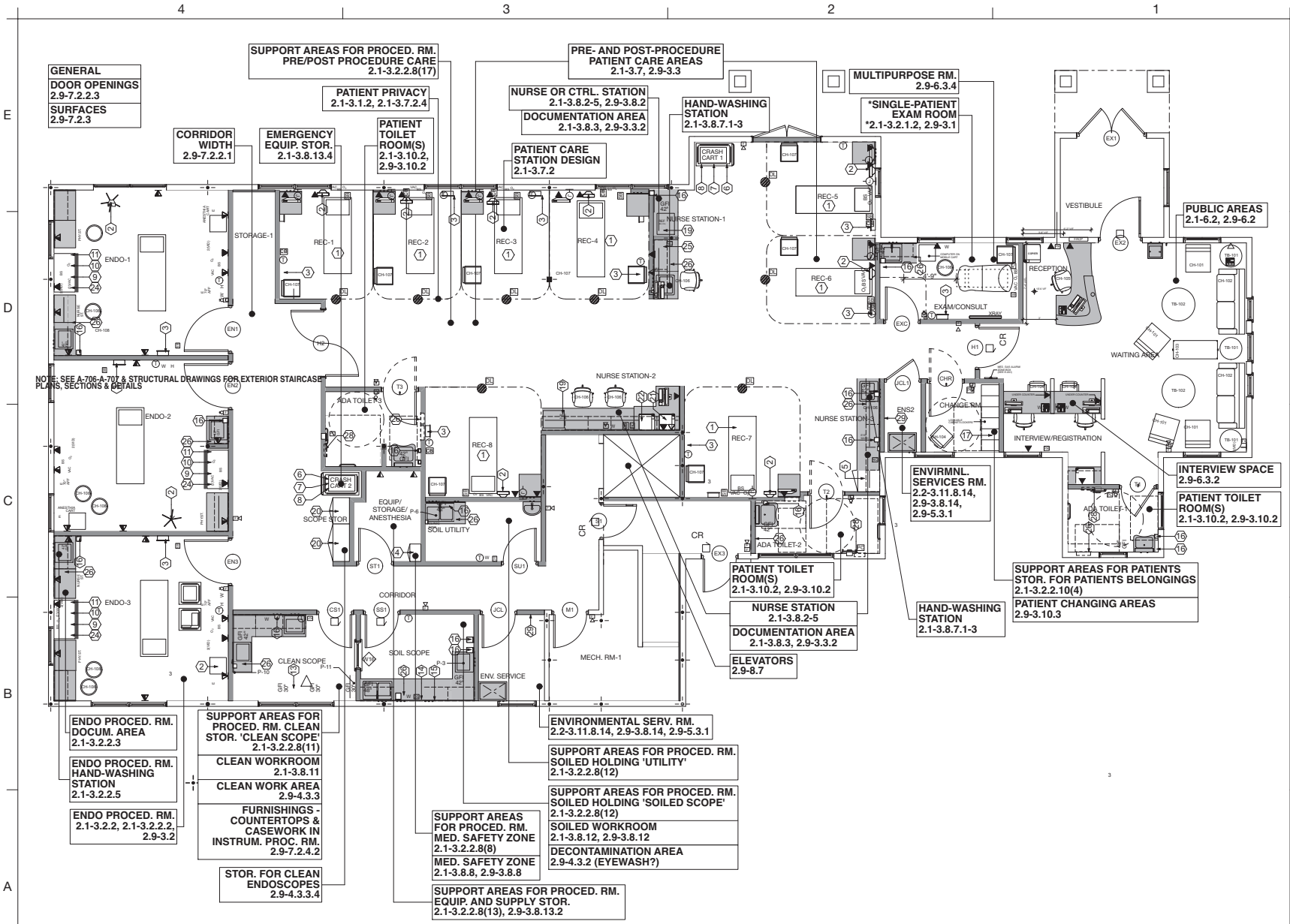
PLAN EXAMINER

| | |
|---|---|
| DATE | 3/18/26 |
| JBA PROJECT NO.: | 2083 |
| DRAWN: | JC/DS |
| SCALE: | AS SHOWN |

DRAWING NO.

A-003.00

CAD FILE NO. | OF 33




A4 First Floor - FGI PLAN
SCALE: 1/4" = 1'-0"

**IDHC ENDOSCOPY**
**PARKWOOD COMMONS**
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New York • New York • 10018
Telephone 212 • 967 • 3400
Facsimile 212 • 967 • 9731

MECHANICAL ENGINEER


NOTES:



SEAL:

SITE PLAN

| FUNCTIONAL SPACE PROGRAM | 03.16.2026 |
|---|---|
| REVISIONS | DATE |

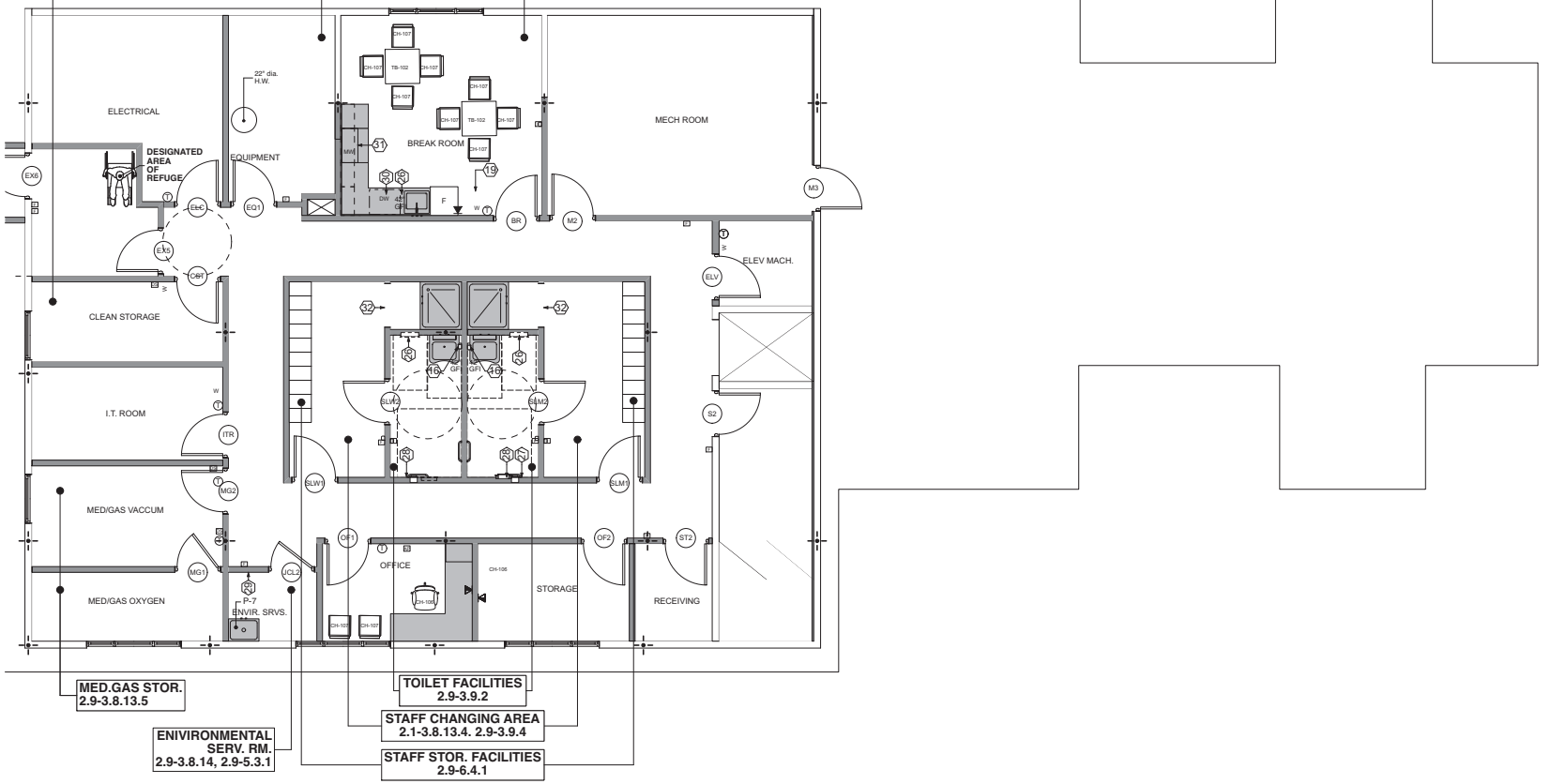
PROJECT TITLE

**IDHC ENDOSCOPY**
PARKWOOD COMMONS

DRAWING TITLE

FIRST FLOOR - FGI ANALYSIS PLAN

| | |
|---|---|
| PLAN EXAMINER | |
| DATE | 3/18/26 |
| JBA PROJECT NO.: | 2083 |
| DRAWN: | JC/DS |
| SCALE: | AS SHOWN |
| DRAWING NO. | A-101.00 |
| CAD FILE NO. | 9 OF 33 |




A4 Second Floor - FGI PLAN
SCALE: 1/4" = 1'-0"

**IDHC ENDOSCOPY**
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Facsimile 212 • 967 • 9731

MECHANICAL ENGINEER


NOTES:



SEAL:

SITE PLAN

| REVISIONS | DATE |
|---|---|
| FUNCTIONAL SPACE PROGRAM | 03.16.2026 |

PROJECT TITLE

**IDHC ENDOSCOPY**
PARKWOOD COMMONS

DRAWING TITLE

SECOND FLOOR - FGI
ANALYSIS PLAN

PLAN EXAMINER

| | |
|---|---|
| DATE | 3/18/26 |
| JBA PROJECT NO.: | 2083 |
| DRAWN: | JC/DS |
| SCALE: | AS SHOWN |

DRAWING NO.

A-102.00

CAD FILE NO. 10 OF 33

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

**Contents:**

| Environmental Assessment | | | | |
|---|---|---|---|---|
| **Part I.** | The following questions help determine whether the project is "significant" from an environmental standpoint. | **Yes** | **No** | N/A |
| 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? | ☐ | ☐ | ☒ |
| 1.2 | Does this plan involve construction and change land use or density? | ☐ | ☒ | |
| 1.3 | Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved? | ☐ | ☒ | |
| 1.4 | Does this plan involve construction and require work related to the disposition of asbestos? | ☐ | ☒ | |
| **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? | ☐ | ☒ | |
| 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? | ☐ | ☒ | |
| 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? | ☐ | ☒ | |
| 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? | ☐ | ☒ | |
| 2.5 | Will the project involve parking for 1,000 vehicles or more? | ☐ | ☒ | |
| 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? | ☐ | ☒ | |
| 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? | ☐ | ☒ | |
| 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? | ☐ | ☒ | |
| 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? | ☐ | ☒ | |
| 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? | ☐ | ☒ | |
| 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? | ☐ | ☒ | |
| 2.12 | Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303? | ☐ | ☒ | |
| 2.13 | Will the project significantly affect drainage flow on adjacent sites? | ☐ | ☒ | |

| | | | |
|---|---|---|---|
| 2.14 | Will the project affect any threatened or endangered plants or animal species? | ☐ | ☒ |
| 2.15 | Will the project result in a major adverse effect on air quality? | ☐ | ☒ |
| 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? | ☐ | ☒ |
| 2.17 | Will the project result in major traffic problems or have a major effect on existing transportation systems? | ☐ | ☒ |
| 2.18 | Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation? | ☐ | ☒ |
| 2.19 | Will the project have any adverse impact on health or safety? | ☐ | ☒ |
| 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? | ☐ | ☒ |
| 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? | ☐ | ☒ |
| 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? | ☐ | ☒ |
| 2.23 | Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV. | ☐ | ☒ |
| **Part III.** | | **Yes** | **No** |
| 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. | ☐ | ☒ |
| | **Agency Name:** | **Town of Islip Building Department** | |
| | Contact Name: | | |
| | Address: | One Manitton Court, Islip, NY, 11751 | |
| | State and Zip Code: | | |
| | E-Mail Address: | commissioner-pd@islipny.gov | |
| | Phone Number: | (631) 224-5464 | |
| | **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: | | | |
| 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** ☐ | **No** ☒ |
| | **Agency Name:** | | | |
| | 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** ☐ | **No** ☒ |
| **Part IV.** | **Storm and Flood Mitigation** | | | |
| | 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). | | ☐ | ☒ |
| | **Moderate to Low Risk Area** | | **Yes** | **No** |
| | **Zone** | **Description** | ☒ | ☐ |
| | In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones: | | | |
| | **B and X** | 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. | ☒ | |

| | | | | |
|---|---|---|---|---|
| | **C and X** | Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level. | ☐ | |
| | **High Risk Areas** | | **Yes** | **No** |
| | **Zone** | **Description** | ☐ | ☒ |
| | In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones: | | | |
| | **A** | 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. | ☐ | |
| | **AE** | The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30. | ☐ | |
| | **A1-30** | 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). | ☐ | |
| | **AH** | 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. | ☐ | |
| | **AO** | 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. | ☐ | |
| | **AR** | 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. | ☐ | |
| | **A99** | 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. | ☐ | |
| | **High Risk Coastal Area** | | **Yes** | **No** |
| | **Zone** | **Description** | | |
| | In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones: | | | |
| | **Zone V** | 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. | ☐ | ☒ |
| | **VE, V1 - 30** | 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. | ☐ | |
| | **Undetermined Risk Area** | | **Yes** | **No** |
| | **Zone** | **Description** | ☐ | ☒ |

| | | | | |
|---|---|---|---|---|
| | **D** | 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? | | ☐ | ☒ |
| | 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? | | ☐ | ☒ |
| | If Yes, which floodplain? | 100 Year | ☐ | |
| | | 500 Year | ☐ | |

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

FEMA **Elevation_Certificate** and Instructions

## Schedule 8A Summarized Project Cost and Construction Dates

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

| | Total | Source |
|---|---|---|
| **Project Description:** | | |
| **Project Cost** | $35,000 | Schedule 8b, column C, line 8 |
| **Total Basic Cost of Construction** | $35,000 | Schedule 8B, column C, line 6 |
| **Total Cost of Moveable Equipment** | $35,000 | Schedule 8B, column C, line 5.1 |
| **Cost/Per Square Foot for New Construction** | $0.00 | Schedule 10 |
| **Cost/Per Square Foot for Renovation Construction** | $0.00 | Schedule10 |
| **Total Operating Cost** | $7,388,313 | Schedule 13C, column B |
| **Amount Financed (as $)** | $0 | Schedule 9 |
| **Percentage Financed as % of Total Cost** | 0.00% | Schedule 9 |
| **Depreciation Life (in years)** | 7 Years Equipment<br>25 Years Construction | Schedule 13 Attachment |

**2) Construction Dates**

| | | |
|---|---|---|
| **Anticipated Start Date** | N/A | Schedule 8B |
| **Anticipated Completion Date** | N/A | |

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

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

| Constants | Value | Comments |
|---|---|---|
| Design Contingency - New Construction | N/A | Normally 10% |
| Construction Contingency - New Construction | N/A | Normally 5% |
| Design Contingency - Renovation Work | N/A | Normally 10% |
| Construction Contingency - Renovation Work | N/A | Normally 10% |
| Anticipated Construction Start Date: | N/A | as mm/dd/yyyy |
| Anticipated Midpoint of Construction Date | N/A | as mm/dd/yyyy |
| Anticipated Completion of Construction Date | N/A | as mm/dd/yyyy |
| Year used to compute Current Dollars: | 2026 | |

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

| | 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 |
| 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) | $35,000 | $0 | $35,000 |
| 5.2 Telecommunications | $0 | $0 | $0 |
| 6. Total Basic Cost of Construction (total 1.1 thru 5.2) | $35,000 | $0 | $35,000 |
| 7.1 Financing Costs (Points etc.) | $0 | | $0 |
| 7.2 Interim Interest Expense:: $ [ ] At [ ] % for [ ] months | $0 | | $0 |
| 8. Total Project Cost: w/o CON fees - Total 6 thru 7.2 | $35,000 | $0 | $35,000 |
| Application fees: 9.1 Application Fee. Articles 28, 36 and 40. See Web | $2,000 | | $2,000 |
| 9.2 Additional Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See Web Site for applicable fees. (Line 8, multiplied by the appropriate percentage.) i.e.: .25% = .0025 --> 0.55% | $193 | $0 | $193 |
| 10 Total Project Cost with fees | $37,193 | $0 | $37,193 |

# Schedule 9 Proposed Plan for Project Financing:

## I. Summary of Proposed Financial plan

Check all that apply and fill in corresponding amounts.

| | Type | Amount |
|---|---|---|
| ☐ | A. Lease | $ |
| ☒ | B. Cash | $37,193 |
| ☐ | C. Mortgage, Notes, or Bonds | $ |
| ☐ | D. Land | $ |
| ☐ | E. Other | $ |
| ☒ | F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b) | $37,193 |

If refinancing is used, please complete area below. **N/A**

| | | |
|---|---|---|
| ☐ | Refinancing | $ |
| ☐ | 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. | ☒ | |
| 2. Attach a copy of the proposed lease(s). | ☐ | Please refer to the Schedule 9 Attachment. No change to the existing lease. |
| 3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant. | ☒ | |
| 4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment. | ☒ | |
| 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. | ☒ | |
| 6. Attach two letters from independent realtors verifying square footage rate. | ☒ | |
| 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. | ☒ | |

### B. Cash

| Type | Amount |
|---|---|
| Accumulated Funds | $37,193 |
| Sale of Existing Assets | $ |
| Gifts (fundraising program) | $ |
| Government Grants | $ |
| Other | $ |
| TOTAL CASH | $37,193 |

| | N/A | Title of Attachment |
|---|---|---|
| 1. Provide a breakdown of the sources of cash. See sample table above. | ☐ | See Chart 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.<br><br>In establishment applications for **Residential Health Care Facilities**, attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date for **the subject facility and all affiliated Residential Health Care Facilities**. 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. | ☐ | Schedule 9 Attachment |
| 3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable. | ☐ | Schedule 9 Attachment |
| 4. Attach a full and complete description of the assets to be sold, if applicable. | ☒ | |
| 5. If amounts are listed in "Gifts (fundraising program)":<br>• Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges.<br>• If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan.<br>• Provide a history of recent fund drives, including amount pledged and amount collected | ☒ | |

| | N/A | Title of Attachment |
|---|---|---|
| 6. If amounts are listed in "Government Grants":<br>• List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted.<br>• Provide documentation of eligibility for the funds.<br>• Attach the name and telephone number of the contact person at the awarding Agency(ies). | ☒ | |
| 7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability. | ☒ | |
| 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. | ☐ | Equity Requirement Met |
| 9. Provide an equity analysis for member equity to be provided. Indicate if a member is providing a disproportionate share of equity. If disproportioned equity shares are provided by any member, check this box ☐ | ☒ | |

### C. Mortgage, Notes, or Bonds <u>N/A</u>

| | 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. | ☐ | |
| 2. If New York State Dormitory Authority (DASNY) financing, then attach a copy of a letter from a mortgage banker. | ☐ | |
| 3. Provide details of any DASNY bridge financing to HUD loan. | ☐ | |
| 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. | ☐ | |

### D. Land N/A

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. | ☐ | |
| 2. Attach a copy of the Appraisal. Supply the appraised date and the name of the appraiser. | ☐ | |
| 3. Submit a copy of the proposed purchase/option agreement. | ☐ | |
| 4. Provide an affidavit indicating any and all relationships between seller and the proposed operator/owner. | ☐ | |

### E. Other N/A

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 | ☐ | |

### F. Refinancing N/A

| | N/A | Title of Attachment |
|---|---|---|
| 1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining. | ☐ | |
| 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. | ☐ | |

**ISLAND DIGESTIVE HEALTH CENTER, LLC**

**SCHEDULE 9 ATTACHMENTS**

1. **Financial Narrative**
2. **2025 Internal Financial Statements**
3. **2024 Audited Financial Statements**
4. **Lease Documentation**

# ISLAND DIGESTIVE HEALTH CENTER, LLC

## FINANCIAL NARRATIVE

Island Digestive Health Center, LLC (the Center) is a single-specialty (gastroenterology) freestanding ambulatory surgery center (FASC) located at 471 Montauk Highway, West Islip (Suffolk County), New York 11795. The Center is submitting this Full Review Certificate of Need Application seeking approval to convert from a single-specialty FASC to a dual single-specialty FASC, specializing in gastroenterology and vascular surgery (minimally invasive vein treatments).

### Total Project Cost and Working Capital Funding

### Basis for Utilization, Expenses and Revenue

1 The Center is using 2024 as Current Year, as the Center's 2025 Cost Report has not been finalized yet.

# ISLAND DIGESTIVE HEALTH CENTER, L.L.C.

## YEARS ENDED
## DECEMBER 31, 2024 AND 2023

**ISLAND DIGESTIVE HEALTH CENTER, L.L.C.**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

## CONTENTS

Kronick
Kalada
Berdy & Co.
*A Professional Corporation*

Certified Public Accountants

Officers/Shareholders

Kevin R. Foley, CPA
Mario Ercolani, CPA
Anthony R. Caravaggio, CPA
Ronald H. Ulitchney, CPA
Louis E. Marcin, CPA
Jason C. Williams, CPA
Francis K. Eick, CPA
Allan Karaffa, CPA
Sharon M. Kelley, CPA/CFE
Kerry A. Marcin, CPA
Jeffrey L. McGovern, CPA

---

Donald M. Kronick, CPA
William R Lazor, CPA/PFS, CFE
William Fromel, CPA
Deborah A. Eastwood, CPA

# Independent Auditors' Report

Members
Island Digestive Health Center, L.L.C.
Babylon, NY

## Report on the Audit of the Financial Statements

## Opinion

## Basis for Opinion

**Emphasis of Matter- Change in Accounting Principle**

**Responsibilities of Management for the Financial Statements**

**Auditors' Responsibilities for the Audit of the Financial Statements**

*Kronick Kalada Berdy & Co., P.C.*

Kingston, Pennsylvania
April 30, 2025

**ISLAND DIGESTIVE HEALTH CENTER, L.L.C.**

**BALANCE SHEETS**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**LIABILITIES AND MEMBERS' EQUITY**

See notes to financial statements

**ISLAND DIGESTIVE HEALTH CENTER, L.L.C.**

**STATEMENTS OF INCOME**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

See notes to financial statements

**ISLAND DIGESTIVE HEALTH CENTER, L.L.C.**

**STATEMENTS OF MEMBERS' EQUITY**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

See notes to financial statements

**ISLAND DIGESTIVE HEALTH CENTER, L.L.C.**

**STATEMENTS OF CASH FLOWS**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

See notes to financial statements

**ISLAND DIGESTIVE HEALTH CENTER, L.L.C.**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED DECEMBER 31, 2024 and 2023**

**ISLAND DIGESTIVE HEALTH CENTER, L.L.C.**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED DECEMBER 31, 2024 and 2023**

**ISLAND DIGESTIVE HEALTH CENTER, L.L.C.**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED DECEMBER 31, 2024 and 2023**

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**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED DECEMBER 31, 2024 and 2023**

**ISLAND DIGESTIVE HEALTH CENTER, L.L.C.**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED DECEMBER 31, 2024 and 2023**

# Income Statement - Prior Year Comparison

## Comparative Balance Sheet (Unaudited)

# Center Lease

## ARTICLE 2
## NET RENT

## ARTICLE 3

## PAYMENT OF TAXES, ASSESSMENTS, ETC.

## ARTICLE 4
## SURRENDER

## ARTICLE 5
## INSURANCE

## ARTICLE 6

## OWNER'S RIGHT TO PERFORM TENANT'S COVENANTS

## ARTICLE 7

## REPAIRS AND MAINTENANCE OF THE DEMISED PREMISES

## ARTICLE 8

## COMPLIANCE WITH LAWS, ORDINANCES, ETC.

## ARTICLE 9
## OWNER'S WORK

## ARTICLE 10
## TENANT'S INITIAL IMPROVEMENTS

## ARTICLE 11
## CHANGES AND ALTERATIONS BY TENANT

## ARTICLE 12
## DISCHARGE OF LIENS

## ARTICLE 13

## INTENTIONALLY OMITTED

## ARTICLE 14
## USE OF PREMISES

## ARTICLE 15
## ENTRY ON DEMISED PREMISES BY OWNER

## ARTICLE 16
## INDEMNIFICATION OF OWNER

## ARTICLE 17
## DAMAGE OR DESTRUCTION

## ARTICLE 18
## CONDEMNATION

## ARTICLE 19
## AS-IS

## ARTICLE 20
## ASSIGNMENTS, MORTGAGES AND SUBLETTING

## ARTICLE 21

## CONDITIONAL LIMITATIONS--DEFAULT PROVISIONS

## ARTICLE 22
## RE-ENTRY BY OWNER

## ARTICLE 23
## DAMAGES

## ARTICLE 24

NOTICES

## ARTICLE 25

## QUIET ENJOYMENT

## ARTICLE 26

## EXCAVATION AND SHORING

## ARTICLE 27
## ESTOPPEL CERTIFICATES

## ARTICLE 28
## SUBORDINATION

## ARTICLE 29

## WAIVER OF JURY TRIAL AND COUNTERCLAIMS

## ARTICLE 30
## COST OF ENFORCEMENT

## ARTICLE 31
## LIMITATION OF LIABILITY

## ARTICLE 32
## DEFINITION OF CERTAIN TERMS, MISCELLANEOUS, ETC.

## ARTICLE 33
## BROKER

## ARTICLE 34
## SECURITY DEPOSIT

**ARTICLE 35**

**NO ORAL MODIFICATION**

**ARTICLE 36**

**LATE PAYMENTS**

**ARTICLE 37**

**FAILURE TO DELIVER POSSESSION**

## ARTICLE 38
## OPTION TO RENEW

## ARTICLE 39

## COVENANTS TO BIND AND BENEFIT RESPECTIVE PARTIES

**PARKWOOD COMMONS LLC,** Owner

By: Rick R. Petrelli, member
Name: Rick R. Petrelli
Title: Member

By: Frank Petrelli, MEMBER
Name: Frank Petrelli
Title: Member

By: George Magagnoli, member
Name: George Magagnoli
Title: Member

**IDHC, LLC,** Tenant

By: _____
Name: Frank D. Principati
Title: Member (Authorized to Sign)

## "GOOD GUY" GUARANTEE

**IN WITNESS WHEREOF**, the Guarantor has signed this Guarantee on the 20th day of August, 2012.

Name: Neil Lobo, MD

Name: Kourosh Adhami, MD

Name: James Kohlroser, MD

Name: Babak Danesh, MD

Name: Krishnaiyer Subramani, MD

Name: Frank D. Principati

STATE OF NEW YORK )
) ss.:
COUNTY OF Suffolk )

On the 20 day of August, 2012, before me a notary public, in and for said State, personally appeared See Below personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Janet Adams
Notary Public

JANET ADAMS
Notary Public, State of New York
No. 01AD6118240
Qualified in Suffolk County
Commission Expires Nov. 1, 2012

STATE OF NEW YORK )
) ss.:
COUNTY OF Suffolk )

On the 20 day of August, 2012, before me a notary public, in and for said State, personally appeared NEIL LOBO, MD, KOUROSH ADHAMI, MD, JAMES KOHIROSER, MD, BABAK DANESH, MD, KRISNAIYER SUBRAMANI, MD, FRANK D. PRINCIPATI, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Janet Adams
Notary Public

JANET ADAMS
Notary Public, State of New York
No. 01AD6118240
Qualified in Suffolk County
Commission Expires Nov. 1, 2012

# EXHIBIT "A"

## DEMISED PREMISES

EXHIBIT "A"

FLEGAL

## EXHIBIT "B"

## PERMITTED ENCUMBRANCES

EXHIBIT "B"

**EXHIBIT "C"**

**APPROVED SIGNAGE**

## EXHIBIT "E"

## TENANT'S INITIAL IMPROVEMENTS

NICHOLAS VINCENT CAMPASANO
Attorneys and Counsellors At Law
2000 Deer Park Avenue
Deer Park, New York 11729
Telephone No. 631-242-1888
Telecopier No. 631-242-1905

NICHOLAS VINCENT CAMPASANO
nvc@campasanolaw.com

VINCENT CAMPASANO
vc@campasanolaw.com

CHRISTINE SULLIVAN
christine@campasanolaw.com

September 6, 2012

Mr. Frank D. Principati

Re: Parkwood Commons LLC / IDHC, LLC
Lease for Premises: 1000 Country Lake Court, West Babylon, New York

Dear Mr. Principati:

In connection with the above matter, I enclose the following:

1. Fully executed duplicate original copy of Lease;
2. Completed and signed original IRS Form W-9;
3. Photocopy of fully executed Proposal.

It is my understanding that you will coordinate construction with my clients.

Very truly yours,

Nicholas Vincent Campasano

NICHOLAS VINCENT CAMPASANO

NVC:jos
Encls.
DICTATED, BUT NOT READ
H:\REALESTATE\PARKWOODCOMMONSLLC\IDHCLLC\Principate doc trans ltr 090612

AMENDMENT made this 20th day of ~~January~~ February, 2013, to Lease dated August 31, 2012, between PARKWOOD COMMONS LLC, a New York limited liability company, having an office at 1000 Country Lake Court, West Babylon, New York, 11704, hereinafter called "Owner", and IDHC, LLC, a New York limited liability company,

PARKWOOD COMMONS LLC, Owner

By: _____
Name: Rick R. Petrelli
Title: Member

By: _____
Name: Frank Petrelli
Title: Member

By: _____
Name: George Magagnoli
Title: Member

IDHC, LLC, Tenant

By: _____
Name: Frank D. Principati
Title: Member (Authorized to Sign)

The undersigned hereby consent to the foregoing Amendment:

_____
Neil Lobo, MD

_____
James Kohlroser, MD

_____
Krishnaiyer Subramani, MD

_____
Kourosh Adhami, MD

_____
Babak Danesh, MD

_____
Frank D. Principati

SECOND AMENDMENT made this day of May, 2013, to Lease dated August 31, 2012, between PARKWOOD COMMONS LLC, a New York limited liability company, having an office at 1000 Country Lake Court, West Babylon, New York, 11704, hereinafter called "Owner", and IDHC, LLC, a New York limited liability company,

PARKWOOD COMMONS LLC, Owner

By: Frank Petrelli - Member
Name: Frank Petrelli
Title: Member

By: Daniel Magagnoli member
Name: George Magagnoli
Title: Member

IDHC, LLC, Tenant

By: _____
Name: Frank D. Principati
Title: Member (Authorized to Sign)

The undersigned hereby consent to the foregoing Amendment:

Neil Lobo, MD

Kourosh Adhami, MD

James Kohlroser, MD

Babak Danesh, MD

Krishnaiyer Subramani, MD

Frank D. Principati

Island Digestive Health Center
471 Montauk Highway
West Islip, NY 11795

February 23, 2022

Frank Petrelli
Parkwood Commons
1000 Country Lake Court
West Babylon, NY 11704

RE: Property Lease Option – Renewal Notice

Frank,

Please accept this letter, and confirming our phone discussion earlier, as formal confirmation of our intent to renew our lease with current Expiration Date of January 31, 2023.

Bob Estes

Bob Estes – Board Manager

Island Digestive Health Center
471 Montauk Highway
West Islip, NY 11795
Ph: 631.376.2260 • F: 631.376.2269

Date: April 2, 2026
To: Certificate of Need Board

Re: Lease Term and Renewal Option — Island Digestive Health Center, 471 Montauk Highway, West Islip, NY 11795

Landlord: PARKWOOD COMMONS LLC | Tenant: IDHC, LLC | Lease ID/Reference: USANY746-50832-IDHC

Signed by:
Bob Estes
9BCEEDED1482457...

**Bob Estes**
Board Manager, Island Digestive Health Center, LLC
267.884.8993 (C)

**New York State Department of Health - N/A**
**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 | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| Location | | | | | Description of Functional Code (enter Functional code in Column D, description appears here automatically) | Functional Gross SF | Construc-tion cost per SF | Total construction cost | Alterat-ions, Scope of work |
| Sub project | Building | Floor | section | Functional Code | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Totals for Whole Project:** | | | | | | **-** | **$0.00** | **$ -** | |

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

| 1. If New Construction is Involved, is it "freestanding? N/A | YES ☐ | NO ☐ |
|---|---|---|

| | Dense Urban | Other metropolitan or suburban | Rural |
|---|---|---|---|
| 2. Check the box that best describes the location of the facilities affected by this project: | | ☐ | ☐ |

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 |
|---|---|---|---|
| | | | |
| PRINT NAME | | | TITLE |
| | | | |
| NAME OF FIRM | | | |
| | | | |
| STREET & NUMBER | | | |
| | | | |
| CITY | STATE | ZIP | PHONE NUMBER |
| | | | |

**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 of equipment, including model, manufacturer, and year of manufactor where applicable. | Number of units | Lease (L) or Purchase (P) | Date of the end of the lease period | Lease Amount or Purchase Price |
|---|---|---|---|---|---|---|
| | | **Please refer to the Schedule 11 Attachment** | | | | $ 35,000 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | Total lease and purchase costs: Subproject 1 | |
| | | | | | 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: | $ 35,000 |

**Table 2 - Equipment being replaced:**

List only equipment that is being replaced on a one for one basis. On the first line list the new equipment. On the second line list the equipment that is being replaced.

| Sub project Number | Functional Code | Description of equipment, including model, manufacturer, and year of manufactor 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 |

**ISLAND DIGESTIVE HEALTH CENTER, LLC**

**SCHEDULE 11 ATTACHMENT**

**Moveable Equipment List**

**11 - Movable Equipment List**

| **Equipment List for Vascular Service Line** | Quantity | Total Price |
|---|---|---|
| Portable Ultrasound (comes with Tumescent infiltration pump, and Medtronic closurefast device) | 2 | $ 17,500 |
| | | **$ 35,000** |

## 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: 4/21/2026

Signed by: Babak Danesh, M.D.

Signature:

Babak Danesh, M.D.

Name (Please Type)

Medical Director & Member, Island Digestive Health Center, LLC

Title (Please type)

# New York State Department of Health

## Schedule 13 B-1. Staffing

## 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: | Babak Danesh, M.D. |
| License number of the Medical/Center Director | |

| | Not Applicable | Title of Attachment | Filename of attachment |
|---|---|---|---|
| Attach a copy of the Medical/Center Director's curriculum vitae | ☐ | Please refer to Appendix I to the Project Narrative (under the Schedule 1 Attachment) | |

| Transfer & Affiliation Agreement | |
|---|---|
| Hospital(s) with which an affiliation agreement is being negotiated | As an existing FASC, the Center already has an existing Transfer & Affiliation Agreement in place with Good Samaritan Hospital Medical Center. The Hospital and the Center have agreed that the Agreement extends to the services covered in this Application. |
| o Distance in miles from the proposed facility to the Hospital affiliate. | 1.0 Miles |
| o Distance in minutes of travel time from the proposed facility to the Hospital affiliate. | 4 Minutes |
| o Attach a copy of the letter(s) of intent or the affiliation agreement(s), if appropriate. | N/A ☐<br>Attachment Name: Schedule 1 Attachment |
| | |
| Name of the **nearest** Hospital to the proposed facility | Good Samaritan Hospital Medical Center |
| o Distance in miles from the proposed facility to the nearest hospital. | 1.0 Miles |
| o Distance in minutes of travel time from the proposed facility to the nearest hospital. | 4 Minutes |

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

**Schedule 13B**

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

Upload a spreadsheet or chart as an attachment 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 |
|---|---|---|---|---|---|---|
| Gulshan Sethi, D.O. | | | | | | |
| | | | | | | |
| | | | | | | |
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## Schedule 13 C. Annual Operating Costs

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

**NOT APPLICABLE - OUTPATIENT PROJECT**

**Table 13C - 2**

**Table 13C - 3**

*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.*

**Table 13D - 1**

# NOT APPLICABLE - OUTPATIENT PROJECT

**Table 13D – 2B**

**ISLAND DIGESTIVE HEALTH CENTER, LLC**

**SCHEDULE 13 ATTACHMENT**

**Depreciation Calculation**

**Island Digestive Health Center**

**CALCULATION OF DEPRECIATION**

# 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.

Island Digestive Health Center, LLC (the Center) is in compliance with all State and Federal regulations. Since the Center became operational in 2012, Department of Health audits and facility inspections have resulted in no significant findings. The Center has proper protocols, oversight, process improvement, and quality assurance measures in place to monitor continued compliance with all regulations.

The Center is accredited by The Joint Commission and currently provides surgical services in the area of gastroenterology, utilizing three (3) procedure rooms.

This application is seeking approval to convert from a single-specialty (gastroenterology) FASC to a dual single-specialty FASC, specializing in gastroenterology and vascular surgery (minimally invasive vein treatments).

The Center is open Monday through Friday from 6:00 a.m. to 5:00 p.m. The Center is located at 471 Montauk Highway, West Islip (Suffolk County), New York 11795, and is solely used by Island Digestive Health Center, LLC.

For D&TC -Ambulatory Surgery Projects:
Please provide a list of ambulatory surgery categories you intend to provide.

| List of Proposed Ambulatory Surgery Category |
|---|
| Dual single-specialty (gastroenterology and vascular surgery) |
| |
| |
| |
| |
| |
| |
| |

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

Number and Type of Operating Rooms:

- Current: **0**
- To be added: **0**
- Total ORs upon Completion of the Project: **0**

Number and Type of Procedure Rooms:

- Current: **3**
- To be added: **0**
- Total Procedure Rooms upon Completion of the Project: **3**

# Schedule 17 B - Community Need

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

## Public Need Summary:

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

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

| Please see the Schedule 1 Attachment for the Project Narrative. |
|---|

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

| Please see the Schedule 1 Attachment for the Project Narrative. |
|---|

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.

| Please see the Schedule 1 Attachment for the Project Narrative. |
|---|

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

| Please see the Schedule 1 Attachment for the Project Narrative. |
|---|

(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).

| Please see the Schedule 1 Attachment for the Project Narrative. |
|---|

(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.

| Please see the Schedule 1 Attachment for the Project Narrative. |
|---|

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

| Please see the Schedule 1 Attachment for the Project Narrative. |
|---|

***ONLY For Applicants Seeking Permanent Life*** **N/A**

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

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

i. CON number:

ii. Date of approval:

iii. Number of years of limited life approved for:

iv. OpCert number and dates:

v. Please provide a table with information on projections by payor for year 1 and year 3 **as reported on the approved CON**. (Please identify the projections in terms of **visits or procedures**).

vi. Please provide a table with information on actual utilization by payor for each year since the implementation of the approved CON.

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

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

## Quality and Accreditation:

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

The Center is accredited by The Joint Commission. The Center is already accepted by the community as a high-quality provider of efficient and effective care to the residents of the service area. The Center will continue its mission of caring for all individuals, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic. All of the physicians who practice at the Center are Board Certified.

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

c. Scholarships or fellowships.

The Center's evolving strategic plan is to continue providing the services described in this application in the community in which it operates, consistent with the New York State and Federal government initiatives promoting wellness, prevention and access. The Center's goals include quality and access to the residents of the Suffolk County community that it serves.

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

The Center remains committed to serving all persons in need of surgical care without regard to ability to pay or other personal characteristics. In 2024, the Center provided a total of 17.6% Medicaid and Charity Care utilization.

## Primary and Specialty Care Services Review Criteria: N/A
## Expansion of Services

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

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

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: N/A

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 N/A

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

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

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

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

## Need Review for Specialty Clinics:

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

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

The Center is not located within a census tract that is federally-designated as a Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA).

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

Please see the Schedule 1 Attachment for the Project Narrative.

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

N/A

# New York State Department of Health Certificate of Need Application

# 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

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

| **LOCATION:** *(Enter street address of facility)* | ☐ **MOBILE CLINIC DESIGNATION (217)** 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[6] | ☐ | ☐ | ☐ | ☐ |
| MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES | ☐ | ☐ | ☐ | ☐ |
| ABORTION | ☐ | ☐ | ☐ | ☐ |
| ADULT DAY HEALTH - AIDS | ☐ | ☐ | ☐ | ☐ |
| AMBULATORY SURGERY | | | | |
| MULTI-SPECIALTY[4] | ☐ | ☐ | ☐ | ☐ |
| SINGLE SPECIALTY – GASTROENTEROLOGY[4] | ☐ | ☐ | ☐ | ☐ |
| SINGLE SPECIALTY – OPHTHALMOLOGY[4] | ☐ | ☐ | ☐ | ☐ |
| SINGLE SPECIALTY – ORTHOPEDICS[4] | ☐ | ☐ | ☐ | ☐ |
| SINGLE SPECIALTY -- PAIN MANAGEMENT[4] | ☐ | ☐ | ☐ | ☐ |
| SINGLE SPECIALTY -- OTHER (SPECIFY) [4] | ☐ | ☐ | ☐ | ☐ |
| BIRTHING SERVICE O/P | ☐ | ☐ | ☐ | ☐ |
| CERTIFIED MENTAL HEALTH O/P [1] | ☐ | ☐ | ☐ | ☐ |
| CHEMICAL DEPENDENCE - REHAB [2] | ☐ | ☐ | ☐ | ☐ |
| CHEMICAL DEPENDENCE - WITHDRAWAL O/P [2] | ☐ | ☐ | ☐ | ☐ |
| CLINIC PART TIME SERVICES | ☐ | ☐ | ☐ | ☐ |
| CT SCANNER | ☐ | ☐ | ☐ | ☐ |
| DENTAL O/P | ☐ | ☐ | ☐ | ☐ |
| HOME HEMODIALYSIS TRAINING AND SUPPORT[4] | ☐ | ☐ | ☐ | ☐ |
| HOME PERITONEAL DIALYSIS TRAINING AND SUPPORT[4] | ☐ | ☐ | ☐ | ☐ |
| INTEGRATED SERVICES – MENTAL HEALTH | ☐ | ☐ | ☐ | ☐ |
| INTEGRATED SERVICES – SUBSTANCE USE DISORDER | ☐ | ☐ | ☐ | ☐ |
| LITHOTRIPSY O/P | ☐ | ☐ | ☐ | ☐ |
| MAGNETIC RESONANCE IMAGING (MRI) | ☐ | ☐ | ☐ | ☐ |
| METHADONE MAINTENANCE O/P | ☐ | ☐ | ☐ | ☐ |
| NURSING HOME HEMODIALYSIS[7] | ☐ | ☐ | ☐ | ☐ |
| RADIOLOGY – THERAPEUTIC O/P[5] | ☐ | ☐ | ☐ | ☐ |
| RENAL DIALYSIS, CHRONIC [Complete the ESRD section 17C-1(a)&(b) below][4] | _____ | _____ | _____ | _____ |
| TRAUMATIC BRAIN INJURY PROGRAM O/P | ☐ | ☐ | ☐ | ☐ |

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

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

| **TABLE 17C-1*(a)* CAPACITY** | Existing | Add | Remove | Proposed |
|---|---|---|---|---|
| CHRONIC DIALYSIS | | | | |

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

| **TABLE 17C-1(b) PROCEDURES** | 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.

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

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

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

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

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