

Submission Guidelines for Mobile Vans

A **Certificate of Need (CON)** application is required to certify ambulatory services to be provided in a mobile facility. Please see State Hospital Code (SHC), NYCRR Title 10, Parts 710, 711, and 715-2.4 for regulatory requirements.

- A mobile health van is considered a mobile extension clinic. Only an Article 28 hospital or diagnostic & treatment center (D&TC) may operate a mobile extension clinic.
- To certify a new mobile van extension clinic or replace a previously certified mobile extension clinic van, a Limited Review Application is required. The required schedules are LRA Cover Sheet, 2, 3, 4, 5, and 6. Schedules are available here: https://www.health.ny.gov/facilities/cons/limited_review_application/consolidated_limited_review_application.htm.

Please note the following instructions regarding required architectural documentation for mobile van projects only.

Required Document	Instructions
Schedule 6/LRA 6	Complete the sections pertaining to Project Intent, Site Location, Facility Type, Proposed Services, FGI edition, and sections applicable to the scope of work to be provided to the van.
Mobile Van Drawings	<p>Manufacturer's scaled floor plan:</p> <p>Complies with applicable sections of 2014 or 2018 Facility Guidelines Institute (FGI) <i>Design and Construction of Outpatient Facilities, Specific Requirements for Mobile/Transportable Medical Units</i>.</p> <p>NFPA 101 Life Safety Code does not apply to vehicles.</p>
Self-Certification Letter For Mobile Vans	<p>In lieu of previously required architectural documentation, the applicant must submit a signed Self-Certification Letter attesting that the mobile van and the manufacturer's specifications have been reviewed by facility personnel who have determined that the clinic space:</p> <ul style="list-style-type: none"> • is safe for occupancy, • aligns with the services to be provided, • meets the intent of FGI's Specific Requirements for Mobile/Transportable Medical Units, • includes provisions for handwashing inside the van and ADA access into the van. <p>https://www.health.ny.gov/facilities/cons/docs/mobile_van_self_certification.pdf</p>
Physicist Letter of Certification	<p>Mobile vans utilizing imaging equipment must provide radiation protection certified by a physicist.</p> <p>https://www.health.ny.gov/facilities/cons/more_information/docs/7-physicists_letter_of_certification.pdf</p>
Schedule 7/LRA 4	This schedule may be left blank or marked "N/A".

Quick-Step Guide How to Submit Your Application

All CON applications must be submitted electronically via the NYS Electronic Certificate of Need (NYSECON) system in the Health Commerce System (HCS) portal.

After you have prepared the schedules and attachments for your application, create a new submission in NYSECON. Please note that this is a Quick Step guide. For detailed instructions for using NYSECON, please see the printable training guides available at <https://www.health.ny.gov/facilities/cons/nysecon/training/index.htm#hcs>.

- 1) Click Create New Submission.
- 2) Select Other Changes to Existing Facility/Agency.
Note: If this option is not available, please ask your HCS Coordinator to assign the “CON Submitter” role to you. If you don’t know who your HCS Coordinator is, please contact the Commerce Accounts Management Unit (CAMU) at 866-529-1890 or camu@health.ny.gov.
- 3) Select your facility if prompted.
- 4) Select a Submission Type.
 - a) Select Limited Review to certify a new mobile van extension clinic or replace the van of an existing mobile extension clinic.
- 5) If the Submission Selection screen is displayed, click the Create New Submission button.
- 6) Enter the contact information and total project cost on the General Information screen and click Save.
- 7) Click on the Executive Summary tab and enter a brief description of your project. For a new mobile extension clinic, you should state that it is a mobile van or unit, where it will be parked when not in use, and the services that will be provided. If you are replacing a van, indicate which mobile extension clinic van is being replaced. Click Save when you are finished.
- 8) Click on the Sites tab.
 - a) If you are certifying a new mobile extension clinic, you must add the mobile van as a new site. Do not add your main site or an existing extension clinic unless you are also making changes to that site.
 - i) Select “Certify a New Site (not for relocations)” from the dropdown box and click the Add button.
 - ii) Enter the name and permanent parking location of the mobile van. Please note that the name of a mobile extension clinic must contain either one or both of the words “mobile” or “van”.
 - b) If you are replacing a mobile van, select the mobile extension clinic from the list and click Add.
 - c) Enter a brief description of the proposal for this site in the Site Proposal Summary field.
 - i) For example, “Certify a mobile van to provide primary care services.” Or “Replace the mobile van.”
 - d) Click the Continue button. For existing sites, skip to step 9.
 - e) On the next screen, select the services that the mobile van will provide. The most common services for a mobile van are Medical Services - Primary Care, Dental O/P, and Medical Services - Other Medical Specialties.

- f) Do not select "Clinic Part Time Services". Only the main site (hospital or diagnostic and treatment center) may be licensed for this service. Mobile vans are not part-time clinics, regardless of the hours of operation.
 - i) If the van will provide:
 - (1) health screenings, vaccinations, OB/GYN, Pediatric, Internal Medicine, or Family Practice specialties, select "Medical Services - Primary Care".
 - (2) dental services, select Dental O/P.
 - (3) mammography or other diagnostic radiology (other than dental radiology), select Medical Services - Other Medical Specialties. This service is also appropriate if the van will provide physician specialties not listed above such as cardiology or oncology.
 - (4) Audiology, Optometry, and Podiatry are not included in Other Medical Specialties and should be selected separately if the van will provide one or more of these services.
- g) Click the Save button.
- h) On the next screen, review and Confirm your selections.
- 9) Click on the Application tab and upload your schedules and attachments.
- 10) After you have uploaded everything, click on the General tab.
- 11) Scroll to the bottom of the General Information screen and click the Submit button.
- 12) On the next screen, click Confirm to submit your application to the Department.
- 13) Mail your application fee to the Department at the following address:

Bureau of Project Management
New York State Department of Health
Corning Tower, Room 1842
Albany, New York 12237

Application fees are listed here: https://www.health.ny.gov/facilities/cons/more_information/fees.htm.