

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**PUBLIC HEALTH AND HEALTH PLANNING COUNCIL**  
**ESTABLISHMENT AND PROJECT REVIEW COMMITTEE MEETING**  
**JUNE 15, 2023 9:30 AM**  
**90 CHURCH STREET, 4TH FLOOR, CONFERENCE ROOMS 4A AND 4B, NYC**  
**TRANSCRIPT**

**Peter Robinson** Good morning, everyone. My name is Peter Robinson. I Chair the Establishment and Project Review Committee. I am pleased to call the committee to order. Welcome, members of the committee, the rest of the council, participants, observers. Just a few administrative things which you hear from us each time, but we need to remind you of, which is that this meeting is subject to the Open Meeting Law and is broadcast over the internet. The webcasts are assessed at the Department of Health website. The On Demand webcast will be available no later than seven days after the meeting for a minimum of thirty days, and then a copy will be retained in the department for four months. A few ground rules. There's synchronize captioning. It's important we don't talk over each other. The first time you speak, please identify yourself by name and identify yourself as a council member or a staff member. To the extent that we have applicants and members of the public speaking, we'll ask you to introduce yourselves as well. This will be of assistance to the broadcasting company as they record the meetings. Microphones are hot, which means they pick up sound that inadvertently you may not want to have be public, but it will. Try to avoid doing that. As a reminder for the people who are here in the audience, most of you have already done it by the red stickers you have there. There is a form that needs to be filled out before you enter the meeting room, which records your attendance. That is required by the Joint Commission on Public Ethics in accordance with the Executive Law Section 166. That form is also posted on the Department of Health's website under Certificate of Need. In the future, you can fill out the form prior to showing up at the council meeting. Thank you very much for listening to all of that and complying with it.

**Peter Robinson** I'd like to turn this over to the Chair of the council, Jeff Kraut.

**Jeffrey Kraut** I'd like to announce that I've also appointed Dr. Patsy Yang to the Establishment and Project Review Committee to become a member of that committee and she'll be participating today. It's with great compassion, I just want to acknowledge one of our colleagues, Hugh Thomas, who's the President for Administrative Operations at Rochester Regional Hospital. The untimely death of his 26-year-old son, Evan. He passed away very suddenly. Just on behalf of the council, our heartfelt condolences and hearts go out to you, his wife, Jennifer, his children, Madelyn and Meredith. Evan was this... Hugh would talk about it a lot. He was an outdoors person, lived out in Colorado, was a biker, a mountaineer, loved to go into nature, into forests. On June 2nd, Evan was doing what he loved most is absorbing the absolute beauty of the world's tallest peaks in Alaska. Tragically, Evan died unexpectedly while on that trip. Just on behalf of the council, we just give our condolences. I know you've all been notified, and I think Hugh's acknowledged he's received many notes and very much appreciates our thoughts and prayers. I just wanted to make that statement.

**Peter Robinson** Thank you very much.

**Peter Robinson** Appreciate that.

**Peter Robinson** As we begin, I do want to announce that the department has requested that we withdraw certain applications from the agenda. I will read them off so you know which ones they are; Application 192154E, Sunset Operating, Application 201263e, RCA Servicer at Allegheny, Application 201264E, RCA Service at Aurora Park, Application 201265E, RCA Servicer at Gas Port, Application 201266E, RCA Servicer at Three Rivers and Application 201267E, RCA service servicer at Westfield. Those six applications have been withdrawn at the department's request.

**Peter Robinson** On to the rest of the show, an application for Certified Home Health Agencies Application 231016E, Advent Health Services LLC in New York County. This is to establish Advent Health Care Services LLC as the new operator of a certified home health agency currently operated by Self-Help Special Family Home Care Inc and relocated from 5/28 Avenue, New York to 419 Church Avenue in Brooklyn. The department recommends approval with a condition and contingencies.

**Peter Robinson** Can I have a motion?

**Peter Robinson** Dr. Berliner.

**Peter Robinson** And a second?

**Peter Robinson** Dr. Kalkut.

**Peter Robinson** Mr. Furnish.

**Mr. Furnish** Good morning. My name is Mark Furnish. I'm the Director of Long-Term Care Licensure, Finance and Planning at the Department of Health for the Office of Aging and Long Term Care. We have a series of Article 36 projects coming forward, and I want to set the stage that the first one is a certified home health agency or a CHHA, and then we'll go into LHCSAs, which are licensed home care service agencies. When we get to the LHCSAs, I will give a brief 101 and maybe a 102 on this at the request of the Chair.

**Mr. Furnish** The first one is a CHHA, so I'll get started with that. Project 231016 Advent Health Care Services LLC is a certified home health agency asking to be established. They are a limited liability company requesting approval to be established as the new operator of Self-Help Special Family Home Care Inc doing business as Self-Help Family Home Care, an existing Article 36 not for profit corporation. Advent entered into an asset purchase agreement with Self-Help for the sale of the acquisition of the CHHA's operation and certain other assets. It will become effective upon approval. They do plan to relocate their agency to 419 Church Avenue, Brooklyn, but will continue to serve the Bronx, Kings, New York, Queens, Suffolk and Westchester counties. The current CHHA is licensed to provide home health aides, medical social services, medical supplies, equipment and appliances, nursing, nutritional, occupational therapy, physical therapy, speech pathology, and personal care services. There will be no charge in services as a result of this project. One thing I do want to point out is there is need for this. They do point out that in their first and third years, the patient volume increases dramatically. They attribute this to the lower visits per patient from 2018 to 2022 is due to Self-Help historically being short staffed, which led them to take on patients with less intensive care needs that the new organization coming in has the experience and expertise to increase the number of patients and utilization of services, including patients with more intensive care needs. Their members are experienced in the recruitment and retention of home care staff and will focus on recruiting new staff to serve patients with more intensive care needs and that they have

consistently high employee retention rates due to their competitive compensation and benefits packages. They also provide open training and professional development. They also outline the census estimates that say that the aging population will grow from 22.2% and increase exponentially through 2028. They also passed character and competence in financial sustainability. The department recommends approval.

**Peter Robinson** Thank you very much.

**Peter Robinson** Questions from the committee or other members of the council on this application?

**Peter Robinson** Applicant, questions only.

**Peter Robinson** Thank you.

**Peter Robinson** Is there anyone else from the public that wishes to speak on this application?

**Peter Robinson** Hearing none, I'm going to call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** That motion carries.

**Peter Robinson** Thank you.

**Peter Robinson** We now are going to the Licensure Home Health Agency Licensure or LHCSAs, and will begin with introducing an application. But then, as Mr. Furnish said, I'm going to ask him to make some general comments on these applications and then talk specifically about each one, including this one.

**Peter Robinson** I'm calling application 222159E, Maples Assisted Living Facility LLC doing business as the Maples Adult Living Community. Its geographic service area is Oswego County. This is to establish a new licensed home care services agency at 453 Park Avenue Fulton to exclusively serve the residents of the assisted living program. The department is recommending approval with contingencies.

**Peter Robinson** A motion, please.

**Peter Robinson** Dr. Berliner.

**Peter Robinson** Second, Dr. Kalkut.

**Peter Robinson** Mr. Furnish.

**Mr. Furnish** Thank you.

**Mr. Furnish** It's Mark Furnish again from the department. I'm going to start by giving a brief 101 about why we're here today with the LHCSAs applications, because there was a two year moratorium that went away. I want to just to reiterate that the moratorium became

effective on April 1st, 2018 and continued until April 1st of 2020. However, the law did provide some limited exceptions for processing and approval of certain applications during that period, such as an application seeking a LHCSAs submitted with the application for an assisted living program or help. If you're saying to yourself, wait a minute, I remember doing it last year or something like that. LHCSA last year, it was because it was associated. During the moratorium time, we changed the regulations and we brought it here and talked about the need and methodologies and brought it to you for your approval. The new regulations went into effect April 1st of 2020. The department amended its regulations, and the public need methodology applies. By changing the need methodology, we stated that it includes a rebuttable presumption of no need for LHCSAs in counties where there are five or more LHCSAs actively serving patients within a county as of April 1st, 2020. If you have that, we're going to assume there is no need. However, I want to point out that that is not the end of the story for some applicants. We have a rebuttable presumption where if you can address cultural competency, a particular special need in the area and other things that the department finds acceptable, you can surpass that need. The number and capacity of currently operating LHCSAs is the quality of services provided by existing agencies, the availability and accessibility of work force personnel and resources dedicated to adding and trading additional members of the workforce, including committed resources of an organized training program. Like I said, we can look at cultural competency of existing agencies and subpopulations. The applications for license based on change of ownership for LHCSAs actively serving at least twenty-five patients will not be subject to public need review and should be evaluated only on financial feasibility and character and competence of the proposed operator. Again, you can go into a county where we don't have a presumption of need, which is on the department's website that states the counties where we think there is presumed need and no presumed need. We're trying to update that quarterly. You can come in as a change of ownership if you have twenty-five or more patients currently in the LHCSA. An examination of sources available of working capital that the proposed LHCSA have a minimum required to at least two months of estimated operating expenses of the agency that the application passed as a reasonable test with respect to financial capability of the agency or sources to startup funding. An examination of financial feasibility of an agency or projections indicating that the agency revenues, including but not limited to operating revenue, will be equal or greater than projected expenditures over time. Now, due to the COVID pandemic and other factors, we did not accept the new regulations until August 17th of last year due to review times and things of that nature. We brought up to last cycle and today we're bringing up several more. A Dear Administrator Letter was issued on August 17th, 2022, and that's the background and basis of this. We did follow your request from last time, asking each LHCSA to put in their workforce strategy and plans, which is in the exhibits, and also ask them to show up if you have any questions or concerns. You also asked about the current number of New York State LHCSA licenses in the state. Currently, there are about 1,427. 1,070 are from the Metropolitan Area Region. The Western Region has 162, the Capital District Region has 99 and the Central New York Region has 96. Not all of these are operational. 148 LHCSAs has failed to register for two years, for which the public health law requires the department to institute proceedings to revoke the license. Additionally, some companies have more than one license if they're geographic territories extensive. You've also asked about surveillance. The purpose of the licensed home care service agency surveillance process is to determine that personnel, equipment, standards of care, quality improvement process and home care services are adequate and meet the requirements of Article 36 of the Public Health Law and other applicable regulations. For the purposes of the LHCSA surveillance process. The scope of survey activities will include a review of the following; organizational chart, admission packet, policies and procedures for palliative care, a criminal history record check, homecare registry,

complaints, connection to the Health Commerce System, Influenza vaccination and Flu mask requirements, Emergency Preparedness Plans, committee meeting minutes, governing authority meeting minutes, contracts related to patient care delivery, list of private pay patients, current patient list inclusive of start of care, diagnosis and service provided, list of discharge of patients within the last six months with the start of care, primary diagnosis and discharge date, active personnel, services in attendance and a complaint law inclusive of investigations. Documentation of the surveillance processes maintained in Aspen in Central Office. There are several types of surveys for LHCSAs pre-opening surveys, relating surveys, complaints and others which focus on specific events and regulations. For example, reports of an unlicensed entity providing home care services. Complaints of reported incidents of potential patient harm takes precedence. Time may also vary, but the baseline schedule for LHCSAs survey is every three years. That is again, a overview of the LHCSA program to give everyone a fresh overview of how things proceed.

**Mr. Furnish** I can move on to the next project unless there's questions.

**Jeffrey Kraut** If we could just pause for a moment before you take on the application. The reason we asked for this, just for some of the newer members and stuff, is, you know, we look at transactions in a silo and we don't necessarily always see the impact in adjacent space. I think the acute nature of the workforce shortage kind of raises the issue. Every time we establish a new provider. 1,400 LHCSAs looking to employ people that are in the marketplace with a workforce that home care agencies are trying to do the same, nursing homes are trying to do the same at the same kind of skill level. It doesn't argue that we shouldn't be approving them. I think we're just acknowledging and recognizing we are approving applications because we see there's still a need. More care is moving into a home-based setting, which is something from a policy perspective. We are still struggling with the workforce issues of a limited amount. I suspect, as we've heard in the room from nursing home and home care operators, you know, they struggle particularly, in the rural and Upstate New York, they're really struggling to attract work staff. Again, I use this not as an example of to turn anything down. I don't think that's the reason. It's just we're acknowledging there is a challenge here. In that challenge, we're trying to create a health system of the future where we are going to support more home based care. I think that's, you know, Adam and the Council on Aging. I think that's clearly one of the objectives we want to embrace. I just put that out there for background.

**Jeffrey Kraut** I thank you for writing the note to us.

**Peter Robinson** Thank you for that.

**Peter Robinson** Mr. Furnish, can we now talk specifically to the application that's on the table?

**Mr. Furnish** Sure.

**Mr. Furnish** Project number 222159, Maples Assisted Living Facility LLC doing business as Maples Adult Living Community. This is a LHCSA establishment for Oswego County. This one is associated with an assisted living program. That meets the need. They're looking to obtain licensure as a licensed Home Care Service Agency under Article 36 of the Public Health Law to be associated with the Assisted Living Program to be operated by the Maples Assisted Living Facility. The LHCSA have identical membership. It's proposing to provide the following health care services, nursing, home health aides and personal

care aides. The two people involved are Adams Avery and Michael Stevens. They meet the character and competence, and their financial feasibility is in order. They did issue with Workforce Review, which is found in your attachment. With that, the department recommends approval.

**Peter Robinson** Thank you.

**Peter Robinson** Questions from the committee or other members of the council?

**Peter Robinson** Applicant questions only.

**Peter Robinson** Thank you very much.

**Peter Robinson** Anybody else from the public wishing to speak on this application?

**Peter Robinson** Call the question.

**Peter Robinson** All in favor?

**All Aye.**

**Peter Robinson** Any opposed?

**Peter Robinson** The motion carries.

**Peter Robinson** I thank you.

**Peter Robinson** Application 222215E, Premier Upstate Properties LLC doing business as visiting Angels. Its geographic service area includes Chemung, Schuyler and Steuben Counties. Establish a new licensed Home Care Services Agency at 168 Miller Street B 103 in Horseheads, New York. Department is recommending approval with contingencies.

**Peter Robinson** A motion, please.

**Peter Robinson** Dr. Kalkut.

**Peter Robinson** Second, Dr. Berliner.

**Peter Robinson** Mr. Furnish.

**Mr. Furnish** Thank you.

**Mr. Furnish** Premier Upstate Properties LLC doing business as Visiting Angels LLC, seeking approval for initial licensure as a licensed Home Care Service Agency under Article 36. The applicant proposes to serve the residents of Chemung, Schuyler and Steuben Counties. Again, those are all counties with presumed need. That's why it reaches that threshold. The applicant proposes to provide following health care services, nursing, home health aide, personal care aide, homemaker and housekeeper. It meets the financial review. The character and competence review of Edmond Thomas Booth and Courtney Carr are acceptable. They did outline a workforce initiative outlined in Attachment A of the exhibit. With that, the department recommends approval.

**Peter Robinson** Thank you. Questions, please, committee members or council members.

**Peter Robinson** Applicant questions only.

**Peter Robinson** Anyone from the public wishing to speak on this application?

**Peter Robinson** You're all so compliant out there. Quiet and compliant.

**Peter Robinson** Don't stir it up.

**Peter Robinson** Call the question.

**Peter Robinson** All in favor?

**All Aye.**

**Peter Robinson** Any opposed?

**Peter Robinson** That motion carries.

**Peter Robinson** Thank you.

**Peter Robinson** Application 222242E, Hearthstone Care LLC. The geographic service area is Columbia, Delaware, Green, Rensselaer and Schoharie Counties. Establishing a new licensed Home Care Services Agency at 1187 Route 23 A in Catskill. Department is recommending approval with a contingency.

**Peter Robinson** Dr. Berliner made a motion.

**Peter Robinson** Dr. Kalkut, a second.

**Peter Robinson** Mr. Furnish.

**Mr. Furnish** Again, this is a new establishment for Hearthstone Care LLC, seeking an Article 36 LHCSA license. The applicant proposes to serve the residents of the following counties: Greene, Delaware, Rensselaer, Columbia, and Schoharie. Again, all counties with presumed need. The applicants propose to provide the following health care services; nursing, home health aide, personal care, physical therapy, occupational therapy, medical supplies, equipment and appliances, medical, social work, housekeeper, nutrition and homemaker. They meet character and competence and financial feasibility. They do have a workforce initiative set forth in Attachment A. With that, the department recommends approval.

**Peter Robinson** Thank you very much.

**Peter Robinson** Committee or counsel questions.

**Peter Robinson** Dr. Berliner.

**Dr. Berliner** I'm wondering if either Mr. Furnish or the applicant can talk about the workforce initiative.

**Peter Robinson** Can we ask the applicant to come forward?

**Peter Robinson** Thank you very much.

**Peter Robinson** Turn on the microphone, please. The light should be green. Get close to it. If you could, introduce yourself again.

**Dimitri Bobkoff** Sure.

**Dimitri Bobkoff** My name is Dimitri Bobkoff.

**Dimitri Bobkoff** Can you guys hear me okay?

**Peter Robinson** Yes, very good.

**Peter Robinson** Thank you.

**Peter Robinson** What's your question, Dr. Berliner?

**Dr. Berliner** Just can you tell us a little bit more about what the workforce initiative that you're planning is?

**Dimitri Bobkoff** Sure.

**Dimitri Bobkoff** As of the Summer of the year, July 2022, statistics for the Greene County shows that there was about 740 unemployed people. For the initiative in our area, we are partnering out with the county agencies to provide training program for those people and hire from the unemployment measures, as well as providing additional opportunities for those people that are only enjoying the part time work. Greene County is a very rural county where the services require a lot of the part time services availability just because of the distances traveled. We are also working with the Ukrainian community in the area due to the influx of immigrants to potentially offer the English as a second language as well as the training programs for them.

**Dr. Berliner** Thank you.

**Peter Robinson** That's very impressive. Good to hear.

**Peter Robinson** Thank you.

**Peter Robinson** Before we let you go, any other questions for the applicant or the department?

**Peter Robinson** Thank you very much.

**Dimitri Bobkoff** Thank you.

**Peter Robinson** Yes.

**Peter Robinson** Anybody else from the public wishing to speak on this application?

**Peter Robinson** It's an encouraging the answer to your question, Dr. Berliner.



**Peter Robinson** Call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** The motion carries.

**Peter Robinson** Thank you very much.

**Peter Robinson** Application 231136E, Welbe Health, NY PACE LLC. Geographic Service Area; Bronx Kings, New York, Queens and Richmond Counties. Establish a new licensed Home Care Services Agency at 55201 8th Avenue, Brooklyn. To exclusively serve Welbe Health NY PACE LLC's PACE Program. Approval is recommended by the department.

**Peter Robinson** May I have a motion?

**Peter Robinson** Dr. Kalkut.

**Peter Robinson** Second, Dr. Berliner.

**Peter Robinson** Before I turn it over to you, Mr. Furnish, just a comment here, because PACE programs require essentially licensure in three different categories, I would like to suggest to the department, broadly speaking, that these applications be batched separately. We have an opportunity to look at all three of these applications. Well, two. We only get two. The other one goes somewhere else. The two parts of 36 and 28 that we do here. Because I think we do want to sort of look at these programs comprehensively. I think doing them in fragments is kind of a little bit less.

**Mr. Furnish** I agree.

**Mr. Furnish** Do you want to do that now because it sets the stage.

**Peter Robinson** You speak to this one and then I'll go to the next one and call that right afterwards.

**Jeffrey Kraut** Just a point of clarification. In the future we'll have a new licensure category under Article 29EE?

**Mr. Furnish** Correct.

**Jeffrey Kraut** In addition to 28 and 36.

**Mr. Furnish** Article 44.

**Jeffrey Kraut** 44, we will have a new jurisdiction over 29EE.

**Mr. Furnish** Correct.

**Mr. Furnish** Congratulations.

**All** (Laughing)

**Jeffrey Kraut** Worry about what you wish for.

**Jeffrey Kraut** Which is fine and as Peter said, the fact is there is a licensure requirement. Just again, a little piece of history. Mark, I don't mean to step on your toes here, but recognizing that it always doesn't flow in the way that logic might dictate. In the future, as we look at PACE applications, they'll be more coordinated under 29E, but for this purpose, we're moving in a parallel path, which is not necessarily ideal in some people's minds, but there is a contingency that if we approve them for the DNTC or the home care piece, it'll be contingent on the action occurring and vice versa if approved in front of us, they would have a contingency that the other things go. All I'm saying is when the regulation becomes effective 29E, this will be better coordinated.

**Jeffrey Kraut** I'll leave it up to Mark now.

**Peter Robinson** I think the other thing to point out and I think we've got a brief... The full council got a briefing on PACE programs several cycles ago. The fact of the matter is that the Federal government has now encouraged more the introduction of for-profit PACE programs. While I think that may have some positive dimensions to it, I think we have to spend some time thinking clearly about public need, community need, and how that's being appropriately met and how that's benefiting the citizens of the state. I think a close look at these applications.

**Jeffrey Kraut** I think we'll have that conversation at the full council because everybody needs to hear it in a more thorough way. That's all.

**Peter Robinson** Fair enough.

**Peter Robinson** With that preamble, Mr. Furnish, to you.

**Mr. Furnish** Sure.

**Mr. Furnish** I'll start with the preamble before I get into my own preamble. The 29EE was signed by Governor Hochul into law in December of 2022, and it goes into effect this month on the 26th, June 26th. We will be proposing a regulation package that sets up the new one shop licensure process. We're in the middle of drafting those regulations now. At the time those regulations are drafted, we will present it to you in the normal course for information and discussion, where you can give your opinions and feedback. It'll then go to the state register for a public comment. We'll address those public comments and then bring it back to you for final adoption. You're right. You will have oversight over what's traditionally now the Article 28 DNTC, Article 36 and the Article 44 will merge into one, which is a 29EE. Now, that said, CMS, federal government, CMS still has the final say over approving the process. For the state side of things, it'll happen, and it'll eliminate the chicken and the egg argument that we've traditionally seen where what passes first, the Article 28 DNTC, the Article 36 or the Article 44. With that, I'll get into the application itself and how this is different than the ones you've seen in the past. In the past, I think there was a governance issue problem that wasn't addressed. You had indicated you wanted the Office of Health Insurance Program or OHIP to get the Article 44 done before you went on and approved, continually approved the Article 28 DNTC. We went back to Welbe and they fixed the problem. I want to give a brief overview of what Section 44 or 3F of the Public Health law provides; requirements for manage long term care plans, which includes

the PACE plan. The Article 44 is a health maintenance plan, manage long term care plan, which includes PACE under the current law, until the new regulations are promulgated. This section deems eligible applicants. This is for the governance issue, which provides the acceptable governance structures which can apply to a PACE organization. An eligible applicant means an entity controlled or wholly owned by a hospital, as defined by Article 28 of the Public Health Law. A homecare agency licensed or certified to Article 36 of the Public Health Law. That's the hook they're using today. The homecare agency licensed or certified under Article 36 of the Public Health Law. The other factors you can look at are an entity that received a certificate authority to sections 4403, 4403A, which is a special purpose or Certificate of Authority or an integrated delivery system of 4408A. An HMO authorized under Article 43 of the Insurance Law or a not-for-profit entity which has a history of providing and coordinating health care services and long term care services to the elderly and disabled. Each of these entities can apply to become a PACE organization. What the Article 36 application does today is it sets up the avenue for the Article 44 to go forward. We do have a memo from OHIP signed by Jonathan saying that this fixes all the governance issues with the Welbe PACE organization by passing this. What you're doing today is a contingent approval. It doesn't mean you're blessing a final product. What you're doing is saying, we're going to grant this granted that the Article 44 goes through all the proper channels and goes to CMC for approval. If and only if that occurs, then will the Article 36 go into place and the Article 28 DNTC, which Shelly Glock will talk further about. This eliminates the chicken and the egg argument. This really does need to go first in order to make the Article 44 go. They've started the review process of the Article 44 with the assumption that this will go forward. With that, the need summary is met because of its a PACE program and that's an exemption to the need. The character and competence is passed. The financial summary is okay as well. Their workforce analysis is in Attachment A of the exhibit. With that, the department requested approval of the Article 36 for this.

**Peter Robinson** Questions.

**Peter Robinson** Mr. LaRue.

**Scott La Rue** Good morning. Scott La Rue, member of the council. Because the applications are coming forward under the old regulations, not the new 29EE, the application doesn't specifically tell us what counties they're requesting for the PACE program because the LHCSA should align with the counties that they're applying for with PACE.

**Peter Robinson** The applicant is here if we want to ask this question to the applicant.

**Frank Cicero** Good morning. I'm Frank Cicero, a consultant to the applicant. This is Steven, counsel to the applicant. The answer is yes to that.

**Scott La Rue** Thank you.

**Scott La Rue** No further questions.

**Peter Robinson** A long run for a short slide.

**Peter Robinson** Are there any other questions from the members of the committee or the counsel?

**Peter Robinson** Dr. Berliner.

**Dr. Berliner** I think the real question is one that we started to discuss the last time this application came up and then kind of stopped because it couldn't go forward the way it was. Independent of what CMS is doing, do we in New York really think it's in the public interest to have for profit PACE organizations, given that these are organizations that provide services to the elderly, poor, you know, frail people in a for profit organization. I mean, moneys got to come from someplace. If history is a judge and if the history of other for-profit organizations operating in health care across the country are an indication, it's going to come out of the programs. I wonder if it's worthwhile to have a discussion on whether or not there's a need for profit in the PACE program.

**Peter Robinson** I think I have to let the department respond to that.

**Mr. Furnish** The PACE programs are a major component and factor for long term care in the State of New York. There's no question of that. Now, not for profits are always going to be welcomed in the PACE program. CMS is allowing for profit to come forward. We'll accept every application that comes forward if they meet the merits. We think PACE programs are a strong program that should be utilized. You got to remember that we will be surveying them and looking at them. Anything that goes wrong or off, off kilter, you got to trust our survey process to do that as well. The answer to your question is yes, PACE is very important to the State of New York regardless of the form. That said, with those caveats, we'll be watching.

**Peter Robinson** There's no obligation on your part to respond to that, Mr. Cicero. If you guys wish to make a comment on this, you're welcome to.

**Frank Cicero** We just would like to make one comment that certainly I think it depends on each individual case. In this case, we do have an entity which represents the main area where this PACE will operate that is a very strong community-based organization. Their representatives here, if you wanted to speak with them. We believe that makes this a very good candidate for perhaps being the first one in New York State.

**Frank Cicero** Thank you.

**Jeffrey Kraut** You raise an issue that there is merit, but recognizing that we also have for profit ambulatory surgery centers, dialysis centers.

**Jeffrey Kraut** I I'm not going to start you off, okay?

**Jeffrey Kraut** DNTC centers, which I'm sure we'll hear from Mr. Robinson later and other things. I do think you have to recognize that this provides access to capital in an environment that is very challenging right now. As Mr. Cicero said, I see Peggy Chang sitting there which has a real track record in delivering high quality care to its community. It has for the decade or more that I've known them as well. I think we're in an environment that until there's some fundamental real shift in some of the reimbursement and somehow we invest here, part of the growth is going to occur on the for-profit side as not for profits are somewhat limited. I think the point is and it gets back to the same issue that we raised. There has to be meaningful oversight on the operations review of the quality that's delivered. It just puts a burden on the department, which frankly could use more resources to ensure the quality of care and maybe try to keep out some of the bad players or not so much their bad actors where they're challenged and give others opportunities that have proven themselves to see things. I think we're going to always be challenged by the not for

profit and the for profit as we are in the country. There is validity to your point, but I hope the department is going to be vigilant and being very careful on who they approve with quality health providers behind them.

**Peter Robinson** Please.

**Denise Soffel** Denise Soffel, councilmember. I want to sort of echo Dr. Berliners observation that there's lots of data from across the country that show that for profit needing to make profit, take it away from other aspects of care and service. I think it is something that we do need to keep a very close eye on. I am concerned that the department, because it is so under-resourced, may be really stretched in providing the kind of oversight that we certainly hope and expect that they will.

**Jeffrey Kraut** Well, we might want to start with health insurers then.

**Denise Soffel** I don't disagree.

**Jeffrey Kraut** How much profit is taken out of the health system. Pieces of legislation up at the state that might correct the balance of that issue.

**Denise Soffel** Are we talking about a single payer system?

**Jeffrey Kraut** Actually, actually, if it was well-resourced, it would work well. Another conversation for another day.

**Peter Robinson** We can all wax philosophical, but I think we need to sort of focus on the application here.

**Jeffrey Kraut** Let's clear the room so we can have more seats available.

**Peter Robinson** Are there any other questions for the applicant or for the department?

**Peter Robinson** We thank you.

**Peter Robinson** Why don't you stay, because we're going to bring your next application up.

**Peter Robinson** I do want to check in now to see if there's anybody else from the public that wishes to speak on this application.

**Peter Robinson** I'm going to call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** That motion carries.

**Peter Robinson** Thank you.

**Peter Robinson** I'm now going to go to the other Welbe, I guess it's a Welbe application. Application 222133B, this is NY PACE Facility Inc in Kings County to establish and

construct a diagnostic and treatment center at 5521 8th Avenue, Brooklyn to solely serve the PACE program operated by Welbe Health NYC PACE LLC. Department recommending approval with conditions and contingencies.

**Peter Robinson** Motion by Dr. Berliner.

**Peter Robinson** Second by Dr. Kalkut.

**Peter Robinson** Now to you, Ms. Glock.

**Ms. Glock** Good morning. Shelly Glock from the department. New York PACE Facility Inc, which is in New York State Not for Profit Corporation is submitting this for review CON. Seeking approval to establishing construct an Article 28 Diagnostic and Treatment Center that will solely serve Welbe Health New York City PACE, LLC Article 44 Program of all-inclusive care for the elderly otherwise known as PACE. The DNTC, which is one component of the overall PACE program will provide primary medical care, outpatient, dental and phlebotomy solely for enrollees of the PACE program. To this end, the DTC will be certified for medical services, primary care and dental outpatient services. As Mark previewed, Mark Furnish previously stated, OHIP is proceeding to review the application based on the recently submitted organizational structure. You'll note in the exhibit that a contingency is on the project which states that submission of final approval of the Article 44 Welbe Health New York City PACE application will be required as a contingency of approval of this Article 28 Diagnostic and Treatment Center. The members of the New York PACE Facility Inc board are in the exhibit. The applicant is projecting about 2,800 visits in year one and about 13,000 in year three, and that, based on the projected number of PACE program participants as outlined in their Article 44 application. Based upon our review of character and competence, financial feasibility and public need, the department is recommending approval with conditions and contingencies.

**Peter Robinson** Thank you very much.

**Peter Robinson** Back at you, committee members.

**Peter Robinson** Mr. La Rue, you look poised here.

**Scott La Rue** Good morning. Scott La Rue, member of the council. Now, I'm going to ask the question on the flip side, because we haven't seen the Article 44 application. We're doing this somewhat in isolation. With the LHCSA, you're saying that the pace application is asking for a pace center in every county, so you're getting a LHCSAs application for every county, but we're only asking for one Article 28 clinic. I think the regulations on the Article 28 is that there has to be one in each of the counties or within a thirty minute drive of an existing Article 28. If there is an exception to that, you have to have operated an Article 28 for at least a year in the state in question. I'm not 100% confident of that, but I'm just trying to understand the discrepancy between one clinic versus the number of LHCSA licenses.

**Peter Robinson** Yes, go ahead.

**Stephen Warnke** This is Stephen Warnke. I'm the attorney for the applicant representing it on this application. Under federal CMS regulations for PACE, the applicant as a new entrant in New York, newly established PACE organization has to establish one site first, and that first site then has to go through a CMS survey and pass that survey successfully

before it could, as a federal matter, seek expansion sites in other counties of New York City. This particular Article 28, establishing an application is for the first site in Sunset Park, Brooklyn. Down the road, there's the Hope, obviously subject to DOH review and approval to expand to future PACE center locations in other counties corresponding with the service area requested for the Article 36.

**Scott La Rue** Thank you.

**Scott La Rue** It just seemed... I don't know the details of the regulation. Normally, the LHCSA is approved by county when a PACE center in that county is approved. You don't get a LHCSA authority for counties that you're not getting approval to operate a PACE center in. On the other hand, the LHCSAs approval says that it can only service PACE and release. I'm not necessarily objecting, I'm just questioning what's first tier, the chicken or the egg. I'm not sure.

**Peter Robinson** I think that's been the problem with this PACE process and the three separate sections of licensure and approval and the reason why we need to pull these together and look at the program comprehensively. This is why this 29EE section approach is likely to solve some of these problems that you're raising right now, because I think they're real. I think you're correct that because all of these approvals tied to PACE that we should feel confident that we're not going to be over authorizing here.

**Scott La Rue** My question about this is really about authorizing one component of the service in a county that you're not going to be authorized to operate another component. Is the 44 application just for one center or is it for multiple centers?

**Peter Robinson** I think the applicant answer that.

**Stephen Warnke** The Article 44 application is for the New York City service area, which is the way that the Article 44 application process works. The PACE center application is what's before you right now. That's the Article 28 component of the current pre 29EE regulatory framework.

**Scott La Rue** I'm not looking to hold up this application. It just seems my understanding is you submit an application for a county. In that county, you have to have an Article 28 clinic, you have to have an approved LHCSA and you have to have an approved Article 44. I am not clear from this application whether we're authorizing the opening of one PACE center in one county or we're authorizing multiple. It doesn't make sense to me. That's all.

**Peter Robinson** I get the incongruity that you're pointing out.

**Peter Robinson** I don't know if the applicant wants to make any other comments around that.

**Ms. Ngwashi** I'll just make a quick comment also. My name is Marthe Ngwashi. I'm an attorney at the Department of Health. Mr. La Rue, we'll look into it so that we have a more consistent answer for you by the time we get to full council. Article 28 DNTC is not limited to one county. With respect to that aspect of your question, it wouldn't prohibit any issue as it relates to any contingent approval for the Article 28 in the first instance, as it relates to the LHCSA and also the Article 44. We'll get an answer for you by the time we have a full council meeting.

**Scott La Rue** Yeah, that would be great because then I think the travel time becomes the determining factor based on where the other center or alternative care site is located, but that would be great.

**Scott La Rue** Thank you.

**Peter Robinson** Thank you.

**Peter Robinson** Other questions of the applicant or the department.

**Peter Robinson** I'll call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Peter Robinson** Thank you very much.

**Peter Robinson** Now, to home health agency licensors changes of ownership starting with application 222183E, Elder Care Home Care Inc. Geographic service area is Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Rockland, Suffolk, Sullivan, Ulster and Westchester Counties. This is to transfer 77% ownership interest from one shareholder to an existing shareholder. The department is recommending approval.

**Peter Robinson** May I have a motion?

**Peter Robinson** Thank you, Dr. Kalkut.

**Peter Robinson** Second, Dr. Berliner.

**Peter Robinson** Is that you, Mr. Furnish?

**Mr. Furnish** Correct.

**Mr. Furnish** This is a transfer of ownership, so the public need is based on actively serving over twenty-five patients, as attested by the current operator, based on the counties of; Bronx, Dutchess, Rockland, Orange, Putnam, Westchester, Suffolk, Ulster and Sullivan Counties. This is a transfer of shares as articulated by Mr. Robinson. The character and competence review is acceptable. The need review again is actively serving over twenty-five patients, which is attested by the current operator. Financial feasibility is there. Workforce summary is attached in Attachment A. Based on this, we are recommending approval.

**Mr. Furnish** Thank you very much.

**Peter Robinson** Questions from the committee or council members?

**Peter Robinson** Applicant questions only.

**Peter Robinson** Thank you.



**Peter Robinson** Anybody from the public wishing to speak on this application?

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Peter Robinson** Thank you.

**Peter Robinson** Application 222196E, Horizons at Canandaigua LLC. Geographic service areas Ontario County. Establish Horizons at Canandaigua LLC as the new operator of a licensed Home Care Services Agency. Currently operated by DePaul Adult Care Communities Inc at 3132 State Route 21 South in Canandaigua. I'm just making a note that the correct geographic service area is Ontario County. That may have reflected differently in the agendas that went out before. Department is recommending approval with contingencies.

**Peter Robinson** A motion, please.

**Peter Robinson** Dr. Kalkut.

**Peter Robinson** Second, Dr. Berliner.

**Peter Robinson** Mr. Furnish.

**Mr. Furnish** Yes.

**Mr. Furnish** This is to establish Article 36 with a Assisted Living Program, so it fits both the exception to the need methodology and the twenty-five or more. The individual backgrounds of each of the members meets their character and competence. The financial summary is met. They do have a workforce initiative in Attachment A. As a result, the department recommends approval.

**Peter Robinson** Thank you.

**Peter Robinson** Questions, committee/counsel.

**Peter Robinson** Applicant questions only.

**Peter Robinson** Thank you.

**Peter Robinson** Members of the public?

**Peter Robinson** Hearing none, call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Peter Robinson** I thank you.

**Peter Robinson** Application. 231001C, NYU Langone Hospital, Long Island in Nassau County. Noting a conflict in recusal by Dr. Kalkut, also an interest by Dr. Lim.

**Mr. Furnish** Mr. Robinson.

**Peter Robinson** Who's calling?

**Mr. Furnish** Mark Furnish. I think we have one more.

**Peter Robinson** Oh, I do.

**Mr. Furnish** Yeah.

**Peter Robinson** Well, I'm going to go with this one now because I don't want to---

**Mr. Furnish** Sounds good.

**Peter Robinson** Thank you for pointing that out to me. I put a checkmark next to the wrong one.

**Peter Robinson** This application is to convert three medical surgical beds to bone marrow transplant beds and perform renovations to construct a bone marrow transplant in patients sub unit. The department recommends approval with conditions and contingencies.

**Peter Robinson** Motion by Dr. Berliner.

**Peter Robinson** I need a new secondary here.

**Peter Robinson** Dr. Yang.

**Peter Robinson** Thank you.

**Peter Robinson** This goes to Ms. Glock.

**Ms. Glock** Thank you.

**Ms. Glock** Shelly Glock with department. NYU Langone Health Long Island is submitting this application for approval to convert three medical surgical beds to create a three-bed bone marrow transplant inpatient subunit as part of the existing oncology medical surgical inpatient unit. The applicant goal is to expand the services of the New York NYU Langone Hospital, Long Island Transplant and Cellular Therapy Center Program by creating this dedicated inpatient unit. According to the applicant, the creation of the unit is needed due to the rapid growth in patient volume. While it has a dedicated outpatient space, the program is limited due to a lack of an inpatient unit. Patients requiring inpatient care for bone marrow transplant are currently transferred to NYU Hospital in Manhattan. The enhancement of services will allow these patients to remain on Long Island while maintaining a relationship with their primary oncologist for continuity of care. With the inclusion of these three bone marrow transplant inpatient beds, the applicant projects five bone marrow transplants in year one and fifteen in year three. The total project costs are

being met with accumulated funds. Based upon our review of compliance, need and financial feasibility, the department is recommending approval with conditions and contingencies.

**Peter Robinson** Thank you very much.

**Peter Robinson** Any questions from the committee or the council members?

**Peter Robinson** Dr. Berliner.

**Dr. Berliner** Just the numbers seem very small. The profits seem quite high. I mean, serious for five patients. I mean, even fifteen in the third year, if that's correct.

**Ms. Glock** That number is based on currently the patients that are having to go to Manhattan within the system. The current Langone referrals having to travel to Manhattan.

**Ms. Glock** You can ask the applicant, but maybe a conservative number for year one.

**Ms. Glock** I think you should ask the applicant.

**Jeffrey Kraut** This is kind of a facility that's going to be critical in the future as, you know, kind of technology evolves and our cellular ability to manipulate and personalized medicine, but let maybe the hospital if they're here, could they respond please? I wish Dr. Kalkut was here. He'd probably explain. It's an adjacent space to you.

**Peter Robinson** Can you please introduce yourselves?

**Jessica Mayer** I'm Jessica Mayer. I'm Senior Director of Outpatient Oncology for NYU Langone.

**Tara Easter** I'm Tara Easter. I'm the Director of Clinical Operations for the Bone Marrow Transplant and Psychotherapy Program. The numbers seem low. What we would be able to do in Long Island not only accommodate, which we're currently accommodating an outpatient center, autologous transplants, we'll be able to also provide allogeneic transplants in Long Island. Those patients currently have to come to Manhattan. That, again, will allow that continuity of care to be with their home team on Long Island.

**Jessica Mayer** Supporting these patients post-transplant as well.

**Peter Robinson** Is that okay? Is that responsive?

**Dr. Lim** I just have a follow up question.

**Dr. Lim** It is a small number. Totally understand the need and the importance of this. Especially, in the first couple of years when the number of patients is actually going to be low. When you don't have such patients, will those beds be used for general oncology patients essentially then, so not that they'll be sitting empty?

**Tara Easter** Yes.

**Peter Robinson** We're just changing the capabilities of those beds. They're going to be in general use as well. That's a good observation.

**Peter Robinson** Other questions for the applicant or the department?

**Peter Robinson** Thank you very much.

**Peter Robinson** Anybody from the public wishing to speak on this application?

**Peter Robinson** Call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Peter Robinson** Please have Dr. Kalkut return. We do need him.

**Peter Robinson** Yes, Mr. Furnish, I'm going back to that application now. Thank you for calling me out.

**Peter Robinson** Application 222232E, Good Samaritan Home Health Agency, Inc. The geographic service areas are Allegheny, Cattaraugus, Erie, Genesee, Monroe, Niagara, Orleans and Wyoming Counties. This is to transfer 70.3% ownership interest from two withdrawing shareholders to the three remaining shareholders. Approval is recommended by the department.

**Peter Robinson** Motion by Dr. Berliner.

**Peter Robinson** Second by Dr. Kalkut.

**Peter Robinson** Mr. Furnish.

**Mr. Furnish** Sure.

**Mr. Furnish** Again, not to belabor this point, the public need is met because it's over actively serving over twenty-five patients. This is a transfer share of Allegheny, Cattaraugus, Erie, Genesee, Monroe, Niagara, Orleans and Wyoming County. The need is met. The character and competence is good. Financial review is set. They do have a workforce initiative that's in attachment A of your exhibit. With that, the department recommends approval.

**Peter Robinson** Thank you.

**Peter Robinson** Questions for the department.

**Peter Robinson** Questions only.

**Peter Robinson** Anybody from the public wishing to speak on this application hearing?

**Peter Robinson** Call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** That motion carries.

**Peter Robinson** Are we done with you now, Mr. Furnish?

**Mr. Furnish** Thankfully, depending on how you look at it.

**Peter Robinson** There you go.

**Peter Robinson** Application 222270C, Precision Care Surgery Center in Suffolk County certifying a second ambulatory surgery specialty for pain management. Department is recommending approval with a condition and a contingency.

**Peter Robinson** Motion by Dr. Kalkut.

**Peter Robinson** Dr. Berliner seconds.

**Peter Robinson** Ms. Glock.

**Ms. Glock** Shelly Glock from the department. Precision Surgery Center Precision Care Surgery Center is an existing Article 28 Diagnostic and Treatment Center. It's currently certified as a single specialty Ambulatory Surgery Center specializing in orthopedics. This application requests approval to add pain management to the operating certificate. There will be no change in the center of location. No construction is required as all of the projected pain management procedures will be provided in one of the existing operating rooms at the center. Also, upon approval of this transaction, the center will be certified as a dual single specialty freestanding ambulatory surgery center there. Dr. Timothy Graff, a board-certified anesthesiologist, has expressed an interest to use the center and has estimated bringing approximately 550 cases a year in the first year of the project implementation. He has submitted a letter of intent based on that projection. Most of these cases, the applicant states are currently being performed in a private office-based practice. The applicant is projecting 1,765 procedures year one just under 1,900 for year three, with almost 8% Medicaid and a little less than 2% charity care. Based on our review of character and competence for compliance and financial feasibility, we are recommending approval with a condition and a contingency.

**Peter Robinson** Dr. Berliner.

**Peter Robinson** It's absolutely on the record.

**Peter Robinson** Thank you.

**Peter Robinson** Questions for the department?

**Peter Robinson** Anybody from the public on this application?

**Peter Robinson** All in favor?

**All Aye.**

**Peter Robinson** Thank you.

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Peter Robinson** Mr. Kraut, you are withdrawing.

**Peter Robinson** This is another ambulatory surgery center, establish and construct. Application 221200E, Suffolk Surgery Center, LLC in Suffolk County. Noting a conflict in recusal by Mr. Kraut, who's left the room. This is to transfer a 68% ownership interest from one withdrawing member LLC to a new member PLLC. The department is recommending approval with conditions and contingencies, with an expiration of the operating certificate three years from the date of assurances recommended.

**Peter Robinson** A motion, please.

**Peter Robinson** Dr. Berliner.

**Peter Robinson** Second, Dr. Kalkut.

**Peter Robinson** Ms. Glock.

**Ms. Glock** Suffolk Surgery Center is the current operator of an existing Article 28 Diagnostic and Treatment Center, which is certified as a multi-specialty freestanding ambulatory surgery center located in Suffolk County. The center is seeking approval to transfer 68% membership interest from North Shore LIJ Multi-Specialty Ventures LLC to Site Medical Doctors PLLC. You can see in the exhibit that there are three physicians who are members of Site Medical Doctors. There will be no change in services, no change in the Medical Director staffing as a result of the application. Based upon our review, we are recommending approval with conditions and contingencies with an expiration of the operating certificate three years from the date of its issuance.

**Peter Robinson** Thank you.

**Peter Robinson** Questions for the department?

**Peter Robinson** Anybody from the public wishing to speak?

**Peter Robinson** Call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Peter Robinson** Please ask Mr. Kraut to return.

**Peter Robinson** Calling application 222254B, Greater Binghamton Surgery Center in Broome County. This is converting a single specialty freestanding ambulatory surgery center to specialty, transferring 65% ownership interest from the sole member to one new

member LLC and renaming the facility. The department is recommending approval with conditions and contingencies, with an expiration of the operating certificate five years from the date of issuance.

**Peter Robinson** May I have a motion?

**Peter Robinson** Dr. Berliner.

**Peter Robinson** Second, Dr. Kalkut.

**Peter Robinson** Ms. Glock.

**Ms. Glock** Greater Binghamton Eye Surgery Center is an existing Article 28 Ambulatory Surgery Center located in Johnson City, Broome County. This application requests approval to convert to a multi-specialty ambulatory surgery center, transfer 65% ownership from one sole member to one new member LLC and to rename the facility. The center is currently certified as a single specialty for ophthalmology and is requesting to add otolaryngology for surgery services. After approval of the project, the center will operate under the name Greater Binghamton Surgery Center. You can see that they are the sole member. Will transfer 65% of his membership to New York Holdco LLC. The ownership of New York Holdco LLC includes one individual member, Mr. Jeffrey Andrews, at 35% and one corporate member, Binghamton Health Corp at 65%, which is an existing not for profit corporation whose sole passive member is Our Lady of Lourdes Memorial Hospital. The applicant is projecting about 2,300 procedures. Medicaid just under 11%, with 2% charity care. Based upon our review, we are recommending contingent approval with an expiration of the operating certificate five years from the date of its issuance.

**Peter Robinson** Thank you.

**Peter Robinson** Questions for the department.

**Peter Robinson** Anybody from the public on this application?

**Peter Robinson** Hearing none, all in favor?

All Aye.

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Scott La Rue** Peter, can I ask a question?

**Peter Robinson** Sure.

**Scott La Rue** It's not about the applications, but the location of that one brings it to mind. A few years ago, maybe less than that, we allowed a New York State hospital to be taken over by Geisinger in Pennsylvania. Geisinger has just been bought by Kaiser.

**Peter Robinson** Thinking about Guthrie or Geisinger?

**Peter Robinson** I think it was Guthrie that did the application, not Geisinger.

**Scott La Rue** In that case, never mind.

**Scott La Rue** The question was, what does that mean for us? What does that mean for New York State if we sold it to one entity, but now that entity is controlled by someone else? From what I've read, they are saying, you know, the board's going to stay the same and it's going to be independent. I don't know, you know, what that means when push comes to shove.

**Ms. Ngwashi** Hi. Marthe Ngwashi from the department. Depending upon the type of change, an application may be required to come forth to the department. Also depending upon the legal organizational entity, the Attorney General's Office may also have to approve such change, but I don't know that this one is one that impacts anything.

**Jeffrey Kraut** It's if it's a member substitution, it's one thing. But if it's an active Article 28 parent, you have to come to us.

**Peter Robinson** I think there's been some confusion because Geisinger has been sniffing around down there. Guthrie, which is just a mile or two across the Pennsylvania border near Binghamton and Elmira in that area is the one that's had active relationships with Article 28 entities in New York.

**Peter Robinson** You're welcome.

**Peter Robinson** Application 231026B, Maple Meyer Ventures LLC in Erie County. Establish and construct a multi-specialty Ambulatory Surgery, Diagnostic and Treatment Center.

**Ms. Glock** Ambulatory surgery center.

**Peter Robinson** Okay.

**Peter Robinson** Thank you.

**Peter Robinson** At 111 Maple near Drive in Amherst. The department is recommending approval with conditions and contingencies with an expiration of the operating certificate five years from the date of issuance.

**Peter Robinson** May I have a motion?

**Peter Robinson** Dr. Berliner.

**Peter Robinson** Dr. Kalkut seconds.

**Peter Robinson** Ms. Glock.

**Ms. Glock** Maple Ventures LLC are seeking approval to construct and operate an ambulatory surgery center in Western New York and the Western New York Community in Erie County. It will be located in Amherst. The center is sponsored by the not-for-profit KH Ventures Services LLC, which is an affiliate of Callide Health. Non-profit physician, university affiliates. 33 physician members. You can see in the exhibit that KH Ventures Services Inc will make up 50%. And then you've got the University Orthopedic Services



Inc, University of Buffalo Surgeons Inc, and then A33 physicians and part of the proposed operating entity. The center will provide services including orthopedics, endoscopy, colorectal, general, pediatric, orthopedic, foot and ankle plastic and vascular surgery. The service area consists of the Greater Buffalo area, including both Erie and Niagara counties. The number of projected procedures is about 9,000 with Medicaid at 16%, charity care at 2. We are recommending approval with conditions and contingencies with an expiration of the operating certificate five years from the date of issuance.

**Peter Robinson** Thank you.

**Peter Robinson** Questions for the department.

**Denise Soffel** My question is, as I read the application, what's happening is that doctors who are currently doing procedures in one setting are going to take their business to this new facility. How does that improve access to care or respond to community need?

**Peter Robinson** Good question.

**Ms. Glock** According to the application, the procedures are moving from the hospital setting.

**Peter Robinson** It has to improve it.

**Ms. Glock** We're going into a lower cost consumer choice. In this situation, it could even be payer driven, right? Where certain payers are moving procedures out of a hospital setting into ambulatory surgery. It's expanding consumer options at a lower cost with safe care.

**Peter Robinson** Is the applicant in the room. I don't see anybody signed up for this application.

**Peter Robinson** While they're coming up there, Shelly, maybe I should ask this for the applicant...Well, let's wait to the applicant.

**Brian McGrath** Hi. I'm Brian McGrath. I'm an orthopedic surgeon in Buffalo, one of the owners and this current CEO of the project. The answer to your question is, you know, Buffalo was a city that was built on the lake based on the Erie Barge Canal, and over the last hundred years it has moved towards the Amherst. Most of the population of the city is about twenty miles from the downtown hospitals, of which all the hospitals in Buffalo are within a mile and a half of the lake. A lot of people don't want to go downtown. It's a long way for everybody to drive, especially the elderly and infirm. We're giving a significant increase in access to our patient population.

**Jeffrey Kraut** Just this by far and away, this is one of the largest centers we've approved in recent memory. I mean, we're talking over 40,000 feet. It's a big thing. Do you have because it is the locus of moving care outside the walls of the hospital into the community. Do you have additional plans to expand and offer physician offices, diagnostic treatment? I mean, this is kind of the beginning of the hospital of the future where, you know, we've seen it in our area with emergency rooms and search centers. The only thing that was missing is beds. You have beds there. They just don't stay overnight. Any thinking?

**Brian McGrath** No, I mean that's the plan of this institution. My plan is just what you said. Our hospitals are, you know, a hospital system and I'm trying to develop a health care delivery system. Making something that's vertical and making it horizontal throughout our region, kind of mimicking what's going on in the rest of the country. It's a lower cost of care. It's in a better location for a patient access. Our plan is to continue to as everybody develops better and better technologies, better, better home care, more and more patients that are only being taken care of in the hospital only because of the technology that exists there will be done in an arbitrary surgery center at a much lower cost to bring our hospitals up for the needed and hopefully not ever seen again in any of our lifetimes. Disasters like we saw between 2020 and 2022.

**Jeffrey Kraut** Thank you.

**Dr. Kalkut** I would certainly support the whole concept in moving cases in this way to a lower cost setting. Where are the cases coming from? Are they coming from Collider? Are they coming from multiple systems? I know there's thirty-three doctors who are bringing cases. Where are they doing them now?

**Brian McGrath** Fortunately, most of the people that are part of this are younger than me, so those cases, as their practices grow, will expand as well. Currently, the 9,000 cases that we have in there are coming mainly from the facilities, but there's also a number of smaller regional and, you know, I guess office-based procedures that are going to move into there as well. There are thirty-three physicians of which there's more than enough time for this in the GI is probably a third of the overall so endoscopy. We're putting in a pulmonary suite as well for a much needed as we're talking about access to care. The pulmonary is almost only done in hospitals in our region and trying to put that into a center that's closer to our older, well-established patient population in the Amherst area is one of our goals.

**Jeffrey Kraut** Just to be clear, you know, Collider's a partner in this. You're not taking them away. That's a joint decision that's been made with the hospital to move it there. I mean, because they are a partner, obviously, they want to see that happen 100%.

**Brian McGrath** I hope I got to talk. It was fu. When you look at profit, remember that any profit this thing make is 50% of that's going to the health system, which helps expand the goal in the role that we're talking about is making this into a horizontally integrated health care delivery system as opposed to just a hospital system.

**Peter Robinson** Has there been any comments from any of the other systems?

**Ms. Glock** No,.

**Peter Robinson** Any other questions from the committee for the applicant or the department?

**Peter Robinson** Thank you very much.

**Peter Robinson** Anybody from the public wishing to speak on this application, please come forward.

**Peg Graham** Good morning.

**Peter Robinson** Good morning.

**Peter Robinson** Can you please introduce yourself?

**Peg Graham** My name is Peg Graham. I'm a member of the New York Statewide Seniors Action Council. I live here in New York, But I think the comment I'd like to make pertains to many of the applications that this council considers month to month.

**Peter Robinson** Please go ahead.

**Peg Graham** The compelling logic of the internal business model of hospitals is irrefutable. I mean, there is logic behind every new facility, ambulatory care center opened up. What's also compelling to those of us who are now outside the system is that that business model is pushing the costs of acute stays where someone might have had to stay in a hospital for a day or two onto the post-acute side, where a Part A cost becomes Part B. More compelling for those of us outside the system now, because I spent years inside of it, is that it also pushes it out on to families and onto home health, which is tremendously under-resourced. Then we've got the skilled nursing debacle underway in this country. It seems as if that this council and its focus on medical you've done a wonderful job. You cannot criticize, maybe one could the medical system here in New York State. I think that as the Master Plan on Aging rolls out, as you hear public testimony later on today, this issue of hospitals optimizing internal return and pushing costs elsewhere into the system, I think it's time that that issue become part of your decision-making process. I'm happy to take a critique on those comments from anyone in the room.

**Peter Robinson** Thank you for the comment.

**Peter Robinson** I'll open it up to members of the council, the committee, if there is anything that you'd like to.

**Peter Robinson** Thank you very much for the comment. We appreciate it.

**Peg Graham** I appreciate the opportunity.

**Peg Graham** Thank you.

**Peter Robinson** You're welcome.

**Peter Robinson** Anyone else from the public wishing to speak?

**Peter Robinson** I'm going to call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** That motion carries.

**Peter Robinson** Thank you.

**Peter Robinson** Next application is 231137E, Gastroenterology Care Inc in Kings County. This is transferring 100% ownership interest from the sole withdrawing member to four

new members. Department is recommending approval with conditions and contingencies with an expiration of the operating certificate three years from the date of its issuance.

**Peter Robinson** Motion, please by Dr. Berliner.

**Peter Robinson** Second by Dr. Kalkut.

**Peter Robinson** Ms. Glock.

**Ms. Glock** Gastroenterology Care Inc is an existing operating Article 28 on Diagnostic and Treatment Center that is certified as a single specialty Gastroenterology Freestanding and Surgery Center. The center submitted this change of ownership application, seeking approval to have four physicians that you can see in your exhibit to be established as the new sole shareholders of the centers. There are no changes in services offered or location being proposed as part of this application. I just want to mention that the center is located in the health professional shortage area for primary care and a medically underserved area that's in Kings County. Based on our review of character and competence and public need and financial feasibility, we are recommending contingent approval with an expiration of the operating certificate three years from the date of its issuance.

**Peter Robinson** Thank you very much.

**Peter Robinson** Questions from the committee or the counsel?

**Peter Robinson** Anybody from the public wishing to comment on this one?

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** The motion carries.

**Peter Robinson** Thank you.

**Peter Robinson** We're moving to application 222250B, Hope Development Inc Diagnostic and Treatment Center in Kings County. This is to establish and construct a new diagnostic and treatment center at 340 Broadway in Brooklyn. The department is recommending approval with conditions and contingencies.

**Peter Robinson** Motion, please.

**Peter Robinson** Dr. Kalkut.

**Peter Robinson** Second, Dr. Berliner.

**Peter Robinson** Ms. Glock.

**Ms. Glock** Hope Development Inc is an existing Article 31 corporation. Requesting approval for the establishment and construction of a not-for-profit Article 28 Diagnostic and Treatment Center to be located in Brooklyn to provide primary care and other medical specialties. The facility will be located in a primary care health professional shortage area and also a medically underserved area. Projected Medicaid is at 67% and charity care at

2%. The following services will be provided; primary care, physical therapy and other medical specialties, including gastroenterology, pediatrics, orthopedics, endocrinology and cardiology. Operates an Article 31 Office of Mental Health Clinic and wishes to operate this Article 28 Diagnostic Treatment Center in order to provide coordinated and integrated care to those already in their Article 31 program, as well as other residents in the community in need of services. The Diagnostic and Treatment Center will be housed in the same building, but on a separate floor from the Article 31 mental health program. As stated, the primary service area is Kings County and the total project costs are being met with both equity and some state statewide Health Care Facility Transformation Program to Grant Award as well as a bank loan. The department is recommending approval with conditions and contingencies on the project.

**Peter Robinson** Questions from the department for the department.

**Peter Robinson** Dr. Berliner.

**Dr. Berliner** The health manpower shortage areas and the primary care shortage areas. Are those evaluated each year? Have they not been done in a while?

**Ms. Glock** I do not know the answer to that question. I can find out for you.

**Dr. Berliner** Like I mean, I have nothing against this project, but to describe that area of Williamsburg as health manpower shortage and primary care shortages, just given the gentrification and buildup of that area, seems a bit much. Again, just curious.

**Peter Robinson** Good question. We'll see if we can get the answer for you.

**Dr. Lim** I have a quick question for the applicant.

**Peter Robinson** Could we ask the applicant to step forward, please?

**Peter Robinson** Please introduce yourselves.

**Hindy Langer** Hindy Langer, consultant to the project.

**Ethan** Ethan, Executive Director.

**Bob Shapiro** Bob Shapiro, Consultant.

**Dr. Lim** Thank you.

**Dr. Lim** Just really quickly. Do you plan to offer or are currently offering either through your existing 31 or the new 28 buprenorphine or other MAOUD used services and treatment?

**Hindy Langer** Actually a recipient of the CCBHC SAMHSA grant, and as such, we have just received our Article 32 license and we do plan on offering medication. I'm not sure if it'll be at this site. Likely not.

**Dr. Lim** Nothing against this application. I would just encourage all Article 28's, 31's and of course 32's now that the waiver has been lifted federally to really consider putting in buprenorphine and other treatment options.

**Hindy Langer** Certainly be available through our system.

**Dr. Lim** Yep.

**Dr. Lim** Thank you.

**Peter Robinson** Other questions for the applicant.

**Peter Robinson** Thank you very much.

**Peter Robinson** Anyone else from the public wishing to speak on this application?

**Peter Robinson** Hearing none, call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** That motion carries.

**Peter Robinson** Thank you.

**Peter Robinson** We are at application 22225AB, association to benefit children doing business as ABC Little Clinic in New York County, noting an interest by Dr. Lim. This is to establish and construct a new diagnostic and treatment center at 1841 Park Avenue in New York. Department recommends approval with conditions and contingencies.

**Peter Robinson** Motion, please.

**Peter Robinson** Dr. Berliner.

**Peter Robinson** Second, Dr. Kalkut.

**Peter Robinson** Mr. Glock.

**Ms. Glock** The Association to Benefit Children is an existing not for profit seeking approval to establish the Article 28 clinic, which will be doing business of ABC Little Clinic located in New York County. The facility will certify will be certified for medical specialties, medical services, primary care, and focus on primary and preventive health care. The facility will be co-located with an Article 31 pediatric outpatient mental health clinic and a dental clinic. The proposed services are medical services primary care. The applicant will provide primary care services at this location. As I mentioned, they will focus on children 0 to 17 years old who have developmental disabilities, mental health needs, and also some linguistic and cultural barriers. The proposed location is in a medically underserved area and a health professional shortage area for primary care, dental and mental health. The primary service area is Northern Manhattan in the South Bronx. The applicant is projecting a little over 10,000 visits in year one, 11,461 in year three with Medicaid at almost 72% in charity care at 26.28% by year three. Based on our review, the department is recommending approval with conditions and contingencies.

**Peter Robinson** Questions for the department.

**Peter Robinson** Applicant questions only.

**Peter Robinson** Thank you.

**Peter Robinson** Anybody from the public wishing to speak on this application.

**Peter Robinson** Call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Peter Robinson** Thank you.

**Peter Robinson** Application 222274B, Modern Associates LLC doing business as Dr. K Center in Queens County. There is a new section of the background material for this because we incorrectly inserted the wrong character and competence paragraph in here and now have the right one in. For those of you that are participating from home, you might want to look at the latest, which is also now on the website. I should note an interest by Mr. Kraut. This is to establish and construct a new diagnostic and treatment center at 6318 Austin Street and Rego Park. Department is recommending approval with conditions and contingencies.

**Peter Robinson** Motion, please.

**Peter Robinson** Dr. Berliner.

**Peter Robinson** Second, Dr. Kalkut.

**Peter Robinson** Ms. Glock.

**Peter Robinson** Thank you.

**Ms. Glock** This application seeks approval to establish and construct an Article 28 Diagnostic and Treatment Care Treatment Center to provide primary medical care and other medical specialties. Those other medical specialties will include internal medicine, neurology, ophthalmology, PT, OT, cardiology and many others, as indicated in the exhibit. The facility plans to also provide mental health services to the extent that they can by regulation without the Article 31 license. The applicant projects almost 10,000 procedures in year one, a little over fourteen in year three, with Medicaid of 57% and 2% charity care. This is a conversion of an existing private practice into a diagnostic and treatment center. The applicant states the overall plan is to provide comprehensive care to individuals living in Rigo Park Forest Hills are known as areas of Elmhurst, in Corona and Queens County. They will lease space as indicated in your exhibit. As Mr. Robinson pointed out, is on the proposed owner and the proposed Medical Director. His bio is included in the new exhibit. We are recommending, based on our review of character and competence, need and financial feasibility. The department is recommending approval with conditions and contingency on the project.

**Peter Robinson** Thank you.

**Peter Robinson** Questions?

**Peter Robinson** I am slow on the uptake today.

**Peter Robinson** Could we have the applicant come forward, please?

**Peter Robinson** Please introduce yourself.

**Applicant** Yes. I'm Dr. ---, the owner, sole owner.

**Peter Robinson** Thank you.

**Bob Shapiro** Bob Shapiro, Consultant.

**Dr. Lim** I'm sorry for sounding like a broken record, but I think you may know my question will be and you'll be the last group I ask this question to. Will you be offering buprenorphine?

**Applicant** No.

**Dr. Lim** I would just strongly encourage you, particularly because you also planning to offer psychiatry and psychology services, but regardless to if you would consider doing that at some point in the future. That's all.

**Peter Robinson** Thank you for that comment.

**Peter Robinson** Other questions for the applicant.

**Peter Robinson** Thank you very much.

**Peter Robinson** Anyone else from the public wishing to speak on this application?

**Peter Robinson** Hearing none, call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Peter Robinson** Thank you very much.

**Peter Robinson** We're now at 231095B, Fairview Care Center LLC doing business as Marton Care Health Center in Kings County. A note for the record on Page 4 of the exhibit. Establish and construct a new diagnostic and treatment center at 12 Fairview Place in Brooklyn. Department recommending approval with conditions and contingencies.

**Peter Robinson** Motion, please.

**Peter Robinson** Dr. Berliner.



**Peter Robinson** Second, Dr. Kalkut.

**Peter Robinson** Ms. Glock.

**Ms. Glock** Fairview Care Center doing business as Marton Care Health Center. Request approval to establish and construct this Article 28 Diagnostic and Treatment Center to provide primary medical care and other medical specialties. You can see the proposed ownership in the exhibit of three individuals, each at 33 and a third percent. As Mr. Robinson mentioned, Dr. Adam will serve as the Medical Director. The facility is located in a health professional shortage area for mental health and primary care and a medically underserved area. Projected Medicaid is at 57%, Charity care at 2. Based on our review of character and competence, public need and financial feasibility, we are recommending approval with conditions and contingencies.

**Ms. Glock** Thank you.

**Peter Robinson** Questions, please.

**Peter Robinson** Anything from the applicant?

**Peter Robinson** Thank you.

**Peter Robinson** Anybody from the public on this application?

**Peter Robinson** Hearing none, call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Peter Robinson** Application 231111B, C&T Health Clinic in Queens County. Establish and construct a new diagnostic and treatment center at 74-15/37 Avenue in Jackson Heights. Department recommends approval with conditions and contingencies.

**Peter Robinson** Motion, Dr. Berliner.

**Peter Robinson** Second, Dr. Kalkut.

**Peter Robinson** Ms. Glock.

**Ms. Glock** C&T Medical Center Inc is seeking approval for the establishment construction of this new Article 28 Diagnostic and Treatment Center and looking to be certified for medical services, primary care and other medical specialties. The proposed location is in Jackson Heights, Queen County. The facility will be known as C&T Health Clinic. The applicant is projecting about 57% Medicaid utilization and charity care at 2. Members of C&T Medical Center are included in the exhibit. There are two members. Based upon our review of character and competence and public need and financial feasibility, the department is recommending approval with both conditions and contingencies.

**Peter Robinson** Thank you very much.

**Peter Robinson** Questions.

**Peter Robinson** Thank you.

**Peter Robinson** Anybody from the public on this application?

**Peter Robinson** Hearing none, call the question.

**Peter Robinson** All in favor?

**Peter Robinson** Any opposed?

**Peter Robinson** The motion carries.

**Peter Robinson** Thank you.

**Peter Robinson** Application 231126E, Forme Rehabilitation Inc in Westchester County, transferring 100% ownership interest from one withdrawing member to two new members. Department is recommending approval with conditions and contingencies.

**Peter Robinson** Motion by Dr. Berliner.

**Peter Robinson** Second by Dr. Kalkut.

**Peter Robinson** Ms. Glock.

**Ms. Glock** Forme Medical Center Inc as an existing Article 28 Diagnostic and Treatment Center. This application is seeking approval to transfer 100% ownership from the one withdrawing member to two new members. The medical center is located in White Plains, Westchester County. There are no changes in services are being proposed as a result of the application. Dr. Middleton will continue to serve as the Medical Director. The transfer agreement with White Plains Hospital will remain in place. Based on our review, we are recommending approval with conditions and contingencies.

**Peter Robinson** Thank you.

**Peter Robinson** Questions, please?

**Denise Soffel** I have a question.

**Denise Soffel** I looked at the brief bios of the two new owners, proposed owners. As I read it, they both have full time jobs. They both work and run an urgent care center. They both have involvement in the village of South Blooming Grove. My concern is whether they have desk space to take on a project that's as important as running a multi-specialty ambulatory care center.

**Peter Robinson** Do you have an answer for that?

**Peter Robinson** Is the applicant here?

**Peter Robinson** I don't see anybody signed up.

**Peter Robinson** Could you please step forward, please?

**Phillip Murphy** Good morning. My name is Phillip Murphy. I am counsel to the applicant. Neither of the two individuals who are proposed as the new owners are here today. They have full time jobs. We had a discussion on that point and a decision was made for them not to be present. They do have other jobs. What their intentions are. They have health care experience. My understanding is they were going to allocate whatever resources of their time and other resources are required to carry out their responsibilities as the new owners. There are no changes contemplated for this entity. I'm not sure how much, you know, the present 100% owner actually does on a daily basis at the facility. There is a pretty robust staff. No changes are contemplated in that regard.

**Jeffrey Kraut** Just separate and apart, I mean, you bring up an issue that kind of got brought up by Dr. Berliner and brings up repeatedly by Mr. Robinson. Shelly, the DNTC oversight function. There's surveys that are done. They have to file documents. There's quality data that's uploaded there. There are eyes on these practices. Dr. Kalkut and I leaned over and said, you know, what's the impact of everything we've approved? It's a question. I don't know if it's possible, because the department has limited bandwidth, and this wouldn't be it. It kind of begs the question to take a look back on all the for-profit conversions that we did from physician offices. What's the impact? Just to look at it and not to say that they're any better or worse than the not for profit, but we just don't know what we've done. Addressing the myriad of questions and issues that come up, do they have to also file financial statements or I'm assuming there's a cost report or something that's filed with the department? It's maybe in the purview of academic research. Is somebody doing a doctorate? It's kind of an interesting thing. It's not specific to your particular project, but it's more of a generic. These questions come out of a generic perspective that has some face validity. You're just kind of scratching your head and saying, what does this mean? Just the thought that the put out there. I don't know what the point was for the applicant. You're right. They run staff. When you're an owner, we're expecting accountability and that's the issue. I think Dr. Soffel asks the question is, how do you exercise that accountability if you're not on site? That's the issue and it's a valid point.

**Peter Robinson** This is not a comment to your application, so I will reserve it until after we act on it.

**Peter Robinson** Any other questions for the applicant?

**Peter Robinson** Thank you.

**Peter Robinson** Anybody from the public wishing to speak on this application?

**Peter Robinson** Hearing none, call the question.

**Peter Robinson** All in favor.

**Peter Robinson** Any opposed?

**Peter Robinson** The motion carries.

**Peter Robinson** I've been on a recent soapbox here on the issue of conversion of private practices to for profit DNTCs. I am not sure why that happens and what the economic and

public need rationale is in many instances for this. I actually have these vivid memories of Medicaid mills and what they were like in the earlier days here, especially in New York City that plagued the health system and did poorly by the needs of the community. I'm not suggesting that this is where we're going now, but to Jeff's point, I do think that we need to step back and think more strategically about these transactions and either why we want to approve them. Obviously, there's no reason that we can't if they meet all the requirements to approve them, but to decide whether we want to put some guardrails like we did with the establishment of new ambulatory surgery centers with limited life or something, to ensure that we have some ability to make sure that we're doing the right thing by the public with this. Just my soapbox. Thank you all for putting up with it.

**Peter Robinson** We go on to certificates. I'm just going to call them out. As members, raise any questions you want with regard to them. First is the certificate of dissolution, the Grace View Manor Nursing Home Corporation. This request consent for filing to dissolve the Grace View Manor Nursing Home Corporation. Department is recommending approval.

**Peter Robinson** May I have a motion?

**Peter Robinson** Thank you, Dr. Berliner.

**Peter Robinson** Second Dr. La Rue.

**Peter Robinson** Any questions from the committee?

**Peter Robinson** Hearing none, call the question.

**Peter Robinson** All in favor?

All Aye.

**Peter Robinson** Opposed?

**Peter Robinson** The motion carries.

**Peter Robinson** A certificate of amendment of the Certificate of Incorporation for the Manhattan Eye Foundation, Inc, which changes its purposes. Department is recommending approval.

**Peter Robinson** A motion, please.

**Peter Robinson** Dr. Kalkut.

**Peter Robinson** Second, Dr. Berliner.

**Peter Robinson** Any questions?

**Peter Robinson** Call the question, all in favor?

All Aye.

**Peter Robinson** Any opposed?

**Peter Robinson** The motion carries.

**Peter Robinson** A certificate of dissolution for the New York Congregational Nursing Center. Request consent for filing to dissolve New York Congregational Nursing Center. Department is recommending an approval.

**Peter Robinson** Motion, please.

**Peter Robinson** Dr. Kalkut.

**Peter Robinson** Mr. La Rue.

**Peter Robinson** Any questions from anybody here?

**Peter Robinson** Call the question.

**Peter Robinson** All in favor?

All Aye.

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Peter Robinson** Finally, a certificate of dissolution for the Niagara Lutheran Home and Rehabilitation Center Inc. Request consent for filing to dissolve Niagara Lutheran Home and Rehabilitation Center Inc. Department is recommending approval.

**Peter Robinson** Motion, please.

**Peter Robinson** Dr. Berliner.

**Peter Robinson** Second, Dr. Kalkut.

**Peter Robinson** Any questions around this one?

**Peter Robinson** All in favor?

All Aye.

**Peter Robinson** Any opposed?

**Peter Robinson** Motion carries.

**Peter Robinson** I think we have concluded the list of projects before this committee meeting. I am going to adjourn the establishment of Project Review Committee and turn it over to you.

**Jeffrey Kraut** We're going to go into a Codes Committee meeting.

**Jeffrey Kraut** Would you like to take a few minute break or go right into it?

**Tom Holt** I'm okay to go right into it. We have a number of speakers on one of the applicants. It will probably take us a half an hour to get through just in terms of... None in opposition who signed up.

**Peter Robinson** Why don't we take two minutes?

**Jeffrey Kraut** Why don't we take a five-minute break, get back here by 11:30 and restart the Codes Committee.

**Tom Holt** Yep.

**Jeffrey Kraut** If everybody just takes a break and we'll be right back.