NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
ESTABLISHMENT AND PROJECT REVIEW COMMITTEE MEETING
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90 CHURCH STREET, 4TH FLOOR, CONFERENCE ROOMS 4A AND 4B, NYC
TRANSCRIPT

Mr. Robinson Good morning again, everybody. I'm Peter Robinson, Chair of the Establishment and Project Review Committee. Please, indulge me. I just have to go through a few of the standard remarks that we're required to make at the start of a meeting. Would like to welcome all of you members and the public and the applicants and Department of Health staff and observers. We're delighted to have you all here. Remind members that this meeting is subject to the Open Meetings Law and is broadcast over the internet. The webcasts are accessed at the Department of Health website. That's http://NYHealth.Gov. 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.

Mr. Robinson Can you mute Albany?

Unidentified Speaker Yep.

Mr. Robinson Great.

Mr. Robinson Some ground rules to follow. Because this synchronized captioning it's important that people don't talk over each other. Otherwise, that's going to affect captioning. The first time you speak either as a member of the committee or the rest of the council, or anybody else for that matter, please identify yourself as a council member or staff member or the organization you represent. That'll be of assistance to the broadcasting company, so we record the meeting accurately. Mics are hot, meaning they pick up extra sounds. Please be careful, especially with side conversations that really will not be aside and that will help all of us. There is a form that you need to fill out when you enter the room. Most of you have done that already, but if you haven't, please do so. It's required by the Joint Commission on Public Ethics in accordance with the Executive Law Section 106. That form is also posted on the Department of Health's website. You can actually sign up in advance if you would like to do that. The preliminaries are over.

Mr. Robinson Let us begin. Beginning with applications for acute care services construction.

Mr. Robinson Application 231308C, New York Presbyterian Westchester in Westchester County. This is to certify a new extension clinic for ambulatory surgery at 1111 Westchester Avenue in White Plains. The department is recommending approval with conditions and contingencies.

Mr. Robinson A motion, please, Dr. Berliner.

Mr. Robinson A second Dr. Kalkut.

Mr. Robinson Ms. Glock.

Ms. Glock Good morning. Shelly Glock with the department. New York Presbyterian Hospital in Westchester is a voluntary, not for profit, 288 bed hospital. This application requests approval to certify and construct a multi-specialty ambulatory surgery hospital extension clinic at 11111 Westchester Avenue in White Plains. The proposed clinic will be certified for ambulatory surgery multi-specialty, including orthopedics, general surgery, ophthalmology, obstetrics and gynecology, urology, and ear, nose and throat. The clinic will also be certified for other medical specialties including speech, occupational and physical therapy. The applicant is projecting, a little over 55,000 visits. Of 84, 23 of those being surgical in year one. About a little over 11,000 surgical visits in year three with Medicaid at nearly 16% by year three. According to the applicant patients currently from the proposed service area are receiving care in dispersed locations throughout Westchester and New York counties. This can sometimes fragment care and require longer travel times. This project seeks to improve inefficiencies and address those concerns by providing a convenient and accessible modernized ambulatory facility. The new facility will provide space necessary for the hospital to increase access to surgical services in those communities. The total project cost will be funded with equity. I just want to note that a letter was received from Community Voices for Health System Accountability in regard to health equity on this project. Note for the record there was no health equity impact assessment required for this project under Section 2802B of the Public Health Law as it was received by the Department on June 14th, 2023. As you know, is prior to the effective date of June 22nd. Based upon our review, the department's review, we are recommending approval with contingencies and conditions.

Mr. Robinson Thank you.

Mr. Robinson First, questions from the committee or other members of the council.

Mr. Robinson Applicant questions only.

Mr. Robinson Anybody from the public wishing to speak on this application?

Mr. Robinson I'll call the question then.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson That motion carries.

Mr. Robinson I think these kinds of projects are going to be more and more evident here in the future. I think it's the way health care is being organized and delivered going forward. I would expect that we're going to be seeing similar applications across the state. Thank you for that.

Mr. Robinson Dr. Berliner.

Dr. Berliner Shelley, do you know offhand how many, applications are in house that will not have to go through the equity criteria?

Ms. Glock Just a clarification, Doctor Berliner. Are you saying won't go through the health equity because of timing?

Dr. Berliner Yes.

Ms. Glock I don't know the answer to that. I don't know. I can get that.

Mr. Kraut Denise, what did you ask?

Dr. Soffel I'm sorry. Denise Soffel, council member. I was asking Shelly if she could remind us how many CON applications were received by the department in the week before June 22nd, which she told us at our last meeting, but I don't remember what the number was. I do remember it was at least three times the average volume for CON applications being received by the department.

Ms. Glock I don't recall the exact number, but I would agree that we did see an uptick, but I can't quantify it.

Mr. Kraut And by the way, you shouldn't read anything necessarily into that other than the regs were there. There was no infrastructure on how to do these. It took months for the infrastructure in the community to find people that were qualified. The regs were just kind of done there. I would just say that there was a practical reason that we saw that. Water will find its own level as we will shortly see.

Mr. Robinson Becoming a philosopher.

Mr. Kraut It comes with age and gray hair. I should have been a philosopher at 26.

(Laughing)

Mr. Robinson Application 231311C, Samaritan Medical Center in Jefferson County. This is to certify five psychiatric beds and perform requisite requisitions. The department is recommending approval with conditions and a contingency.

Mr. Robinson Dr. Berliner makes a motion.

Mr. Robinson Mr. Thomas seconds.

Mr. Robinson Ms. Glock.

Ms. Glock Samaritan Medical Center is a 290 bed not for profit hospital in Watertown, New York, is requesting approval to certify five additional psychiatric beds in the existing inpatient mental health unit and to perform those required renovations. Currently, Samaritan Medical Center has a thirty-four-bed inpatient mental health unit with double patient rooms. This project will treat patients in Jefferson County. Samaritan is in a health professional shortage area for dental health, mental health and primary care. According to the applicant, often double-bedded rooms are closed off due to clinical diagnosis or need for isolation, or because of gender of patients to create private rooms, which inhibits the unit from running at 100% occupancy. The addition of the five private rooms will give the ability to fill more of the double occupancy rooms and better serve the needs by keeping off diversion and getting patients to inpatient psych treatment in a timely manner. The unit had about eighty-one/eighty-seven visits in the current year. They're projecting 10,136

visits in year one and three with Medicaid at 45%. The project cost will be paid for equity. There was no health equity assessment required for this project, as it was received by the Department on Thursday, June 15th, 2023. Based on our review, the department is recommending approval with contingency and conditions.

Mr. Robinson Thank you.

Mr. Robinson Questions from the committee?

Ms. Monroe It's just a clarifying question. What's the difference between commercial and private pay? Does private pay mean uninsured?

Ms. Glock I don't know everything that goes into the private pay, but the commercial is your commercial insurances and then private would be... I don't know if workman's comp goes under the private, but it's what also traditionally we think of private pay. We could ask the applicant for further detail.

Mr. Robinson Mr. La Rue.

Mr. La Rue I have a question for the applicant.

Mr. Robinson Can we ask the applicant to come forward?

Mr. Robinson There is no applicant.

Mr. Robinson Are they in the overflow room?

Mr. La Rue I could ask Shelly and see if she... Because I don't want to hold up the project over a question that is really just for understanding on the budget.

Mr. Robinson Sure.

Mr. La Rue Thirty-nine psychiatric beds. The budget in year one is the same as the budget in year three. That doesn't seem to make sense to me.

Ms. Glock Because it's a projected budget and it's so the new total bed count is thirty-nine. The budget reflects year one and three with the thirty-nine beds.

Mr. La Rue It's assuming then that there isn't even a penny's change in either revenue or expenses over that three-year period.

Ms. Glock You are correct that they are projecting the same revenues in year one and three based on the thirty-nine beds. I'd have to defer to the applicant. I don't know if he's got anything to add.

Mr. Robinson Is there somebody who can speak?

Mr. Evans Can you hear me?

Mr. Robinson Yes, we can.

Mr. Robinson Please go ahead.

Mr. Robinson Could you please identify yourself?

Mr. Evans Ken Evans with the Department of Health.

Mr. Robinson Thank you.

Mr. Robinson Go ahead.

Mr. Evans When we get the budgets we ask them to put it in the current year dollars. We ask for the dollars to be basically trended backwards almost. Yes, it's a year one budget. It's a year three budget. They're reflecting the same time period. The applicant is basically saying to us that they don't expect any material changes in utilization or anything from year one to year three. Since there's no time factor associated with it from a trending perspective the dollars came out to be exactly the same. Does that make sense?

Mr. Kraut Yeah.

Mr. La Rue I'm glad they're putting the psychiatric beds in. I don't want to do anything to ask the questions. We're thankful to have them.

Mr. Robinson I think we all agree with that.

Mr. Robinson Anyone from the public wishing to speak on this application?

Mr. Robinson I'm going to call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson Thank you.

Mr. Robinson Application 231332C, NYU Langone Hospital in Long Island, Nassau County. Noting a conflict and recusal by Dr. Kalkut and an interest by Doctor Lim. This is to certify a new extension clinic for ambulatory surgery at 1440 Northern Boulevard in Manhasset. The department is recommending approval with conditions and contingencies.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Mr. Thomas.

Mr. Robinson Ms. Glock.

Ms. Glock NYU Langone Hospital on Long Island is an existing not for profit 591 bed medical center. This application is requesting approval to certify and construct a new multi-

specialty ambulatory surgery hospital extension clinic in Nassau County. The extension clinic will be certified for orthopedic surgery, podiatry, general surgery, vascular surgery, and endoscopic procedures. The primary service area consists of portions of Nassau, Suffolk and Queens County. NYU Langone Hospital, Long Island is experiencing increased demand for surgical services as its Garden City Extension Clinic, the onsite ambulatory surgery unit in their main operating room. Completion of this project is expected to reduce procedures at the main campus, expand block times for physicians, and create shorter patient wait times. NYU Langone Hospital, Long Island will be able to provide more complex surgeries at the main campus and transition some of the volume for less complex surgical procedures to the extension clinic. They're projecting about 16,506 procedures in year one, little over 18,000 for year three with Medicaid, slightly over 18%. Project costs will be funded with equity. The department is recommending approval with contingencies and conditions.

Mr. Robinson Any questions?

Mr. Robinson Mr. Thomas.

Mr. Thomas Good morning. Hugh Thomas, members of council. Shelly, just a question. It's ten rooms. Is that right? In addition to ten rooms... I can't remember.

Ms. Glock It is eight operating rooms and six procedure rooms.

Mr. Thomas It sounds as if most of the volume headed into those eight rooms and six procedure rooms will come out of NYU Langone in Long Island from their own volume. This will be a net increase in capacity in that market. I'm just looking at the map. It will be. I can't remember the standards, but I assume there's five or six surgery centers in that market, all of which will be affected, including some. Am I right that there's a net increase in capacity, which means that the volume will probably come from the community and from NYU Langone?

Ms. Glock I can confirm it is an expansion. It's an increase in access. I think specifics of where they anticipate those cases coming from might be better suited for the applicant.

Mr. Robinson Can we have the applicant come forward, please?

Mr. Adler Good morning. Marc S. Adler, Senior Vice President Chief of Hospital Operations at Long Island Community Hospital and NYU.

Ms. Liss I'm Shari Liss. I'm the Director of Strategy, Planning and Business Development at NYU Langone Health.

Mr. Adler There's considerable volume at NYU, Long Island. I was formerly Chief Medical Officer there until recently. Certainly, I'm familiar with that. All of the surrounding communities that we're drawing from currently are Nassau, Suffolk and Queens. As I'm sure you're aware, the demographic there is continually increasing volume. This frees up the opportunity for the hospital to focus on complex cases and allow for the less complex cases outside.

Mr. Thomas Thank you.

Mr. Thomas I think there's something is both.

Mr. Adler Correct.

Mr. Thomas You'll do more volume, complex volume in the hospital and move cases out of your own operations and probably enhanced community access. That's your assumption?

Mr. Adler I think that's correct.

Mr. Thomas Thank you.

Mr. Robinson While we have the applicant up here, any other questions for the applicant?

Mr. Robinson Any comments that the applicant would like to make in regard to the application?

Mr. Adler We appreciate the opportunity to expand. I think it's certainly indicated.

Mr. Robinson Thank you.

Mr. Robinson We'll excuse you then.

Mr. Kraut They're the next application.

Mr. Robinson Stay put.

Mr. Robinson I will ask if there's anyone from the public that wishes to speak on this application?

Mr. Robinson Hearing none, I'm going to call the vote.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson Thank you.

Mr. Robinson He's exactly right. Stay where you were.

Mr. Robinson 231348C, Long Island Community Hospital at NYU Langone Health in Suffolk County. Noting again the conflict and recusal by Dr. Kalkut who remains out of the room to certify a new extension clinic for ambulatory surgery at 196 Main Street in Patchogue. The department is recommending approval with conditions and contingencies.

Mr. Robinson Motion, Dr. Berliner.

Mr. Robinson Second, Mr. Thomas.

Mr. Robinson Ms. Glock.

Ms. Glock Long Island Community Hospital at NYU Langone Health is an existing not for profit 306 bed medical center. This application is requesting approval to certify and construct a new multi-specialty ambulatory surgery hospital extension clinic in Suffolk County. The new extension clinic will be certified for orthopedics, podiatry, general vascular and endoscopy surgery services. It will have six ORs and an endoscopy suite with four procedure rooms. Long Island Community Hospital is experiencing an increase in demand for surgical services at the main site, which limits the recruitment of new surgeons and the growth of ambulatory procedures. This project is expected to alleviate those pressures. It will accommodate the increased ambulatory surgery volume from the hospital setting at a dedicated ambulatory site of service resulting in increased patient satisfaction. They're expecting surgical growth at 5% annually. The transition of ambulatory volume from the main hospital to the new extension site will free up capacity for those more extensive and complex surgical procedures to be done on the main campus. Total project cost will be met with equity. I just want to note that a letter was received from Community Voices for Health System Accountability in regard to health equity on this project. There was no health equity impact assessment required for this project under Section 2802B of Public Health Law, as it was received by the Department on June 20th, 2023. Based upon our review, the department is recommending approval with contingencies and conditions.

Mr. Robinson Thank you.

Mr. Robinson Questions from the committee or other members of the council?

Dr. Soffel I have a question and I was talking to Shelly about this earlier, but I would like to have this sort of on the record, which is, could you clarify how the department evaluates need for ambulatory surgery and perhaps help us understand what's driving growing need for ambulatory surgery in these communities?

Ms. Glock Just for the record, I want to state that this application is actually an application for a hospital extension clinic that will be certified for multi special ambulatory surgery. That's a distinction because we do not have a need methodology for hospital extension clinics. In terms of ambulatory surgery services, so your freestanding ambulatory surgery services that need methodology is found under Section 709.5, but it's not applicable to this application as this is a hospital extension clinic which is an extension of the hospital on their operating certificate. It's an extension of their ambulatory surgery services to this extension site. Does that make sense?

Ms. Glock I could answer your question around ambulatory surgery centers and the public need methodology, but that's not what this application is.

Mr. Robinson Just out of fairness to this let's ask that question. Let's just finish this application and then come back to the question. You should let her ask it not with respect to this application, but just so there's clarity to get you an answer.

Mr. Robinson Mr. Thomas.

Mr. Thomas Thank you.

Mr. Thomas Just a follow up question. Same one. A little different, though, this application. I'm just looking at the map. I'm not an expert in Long Island geography, but I can read maps. A little bit different, probably more hospital-based strategy rather than community strategy with this one. Increasing complex cases in the hospital, moving your own cases out to your extension clinic. That a fair assessment?

Mr. Adler You're right. It is a different demographic. To answer the question, yes, I think it's a growth model in general. The nearest hospital to ours is about fifteen miles. You're talking about great distance. That's one hospital. It goes further out from there. To really accommodate growth and really give appropriate care to the inpatients especially we want to be able to reduce the length of stay appropriately for those patients who are not staying longer than they need to, get the services that they need in the hospital and not compete for the outpatient services that people need.

Mr. Robinson Anybody else from the committee or the council have questions either for the department or the applicant?

Mr. Robinson Is there anybody from the public that wishes to speak on this application?

Mr. Robinson Seeing none, I'll call the question.

Mr. Robinson All in favor?

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Back to the question.

Mr. Kraut I was involved in writing this.

Ms. Glock Go ahead.

Mr. Kraut Just understanding 709.5 for ambulatory surgery. You have three types of ambulatory surgery centers covered in those regulations. One that's called hospital based ambulatory surgery. One that's freestanding ambulatory surgery and extension clinic, as we just had seen. The determination of need essentially looks at the analysis of increasing access. There's no numerical number based on population. If you take a look at the trends as the efficacy of anesthesia safety protocols, we're probably in our market. I mean, correct me on this. 60/70% of all surgery. 60% of all surgery minimally is probably being done on an ambulatory basis today. Increasingly, we've also added to ambulatory surgery what you would traditionally have done in an operating room. We've put endoscopy, other kinds of procedures that are done under conscious sedation so the grouping of activities that occurs there, the definition of what we would define has been broadly expanded from something that we just used to do historically in an operating room. You want to promote availability, access, financial access. There are about five or six different things. We literally have a lot of opportunities. Also, if I think an HMO applies for an ambulatory surgery center they're automatically granted approval without respect to need. There are all these things here about those things. It's pretty well spelled out there into the regs, but

it's essentially not numerically driven if that was the reason for the question. Shelly, just keep me honest.

Ms. Glock You're correct. There is no numerical calculation. I think I would just add that under the 709.5 there are a couple of things that we look at. One, will the ambulatory surgery center be utilized sufficiently so it's financially feasible? Looking at volume. Two, will enhance access of services for the area. Is it increasing access? Is there written documentation that the hours will promote availability of those services to people who need the services, including medically underserved folks and also written documentation that the facility has a willingness and an ability to safely serve them. Those would be our program reviews. Not numerically driven, kind of general, but really looking at access. Can they do it safely? Will it be financially feasible based on the projected volume and utilization in the community?

Mr. Robinson Dr. Kalkut.

Dr. Kalkut An example of what's happened in the marketplace, I think a good one is total joint replacement. About half of the total joint replacements for knees are done in an ambulatory surgery center. It was all in hospital. In fact, Medicare or CMS has taken it off the inpatient only list and sort of pushed it into the ambulatory surgery center. There's other more sophisticated, higher acuity surgery that is going into ambulatory.

Mr. Robinson I think Orthopedics generally has gone to about a 50/50 ambulatory versus in the hospital to closer to 90% orthopedic cases are now being done in an ambulatory surgery setting. This is kind of the way medicine is evolving too. It's actually keeping up with that.

Mr. Robinson Dr. Berliner.

Dr. Berliner Jeff, I was just struck by what you said. Are there any HMOs that have their own ambulatory surgery centers?

Mr. Kraut Not that I'm aware of, but we provided for it when we wrote the regs in the 1980's when we were authorizing the HMO Act.

Mr. Kraut An insurance company could own a service.

Dr. Berliner Well, that's what I was just going to ask you. Does it have to be a formal HMO as defined by federal regulations? Is it any managed care company?

Dr. Berliner No. I think there's a definition.

Mr. Robinson It's a federal definition.

Mr. Kraut I think it uses a federal, but I don't recall precisely.

Mr. Robinson Anybody else want to comment on this before we move on?

Mr. Robinson Ms. Monroe.

Mr. Robinson If I could just comment.

Ms. Monroe Ann Monroe, member of the council. The Health Planning Committee of this body is looking at ED overcrowding. One of the things that we're seeing is that there are people who really need to be in the hospital. They're not extraneous or they should have gone somewhere else, but there's not empty beds upstairs for them to go into.

Mr. Robinson This is actually not necessarily the solution to ED overcrowding.

Ms. Monroe I agree with that, and I'm not suggesting that it is. One of the reasons is that hospitals, some hospitals are not staffing all their units. This shift to ambulatory surgery centers. It's a financial shift of a lot of care. Does it leave the hospital with enough revenue for things that it remains viable?

Mr. Kraut If you look at the history of these applications, in the early days, we had major... I'll say, battles, but some people will say discussions of how that the doctor for profit opening and surge in a community was extracting the high margin patients and destabilizing the finances, the hospitals. Now, in all fairness, although what also the hospitals were arguing over is we shouldn't be supporting moving these people safely into contemporary lower acuity settings. We've never had a closure directly attributed to a surge. In fact, almost every hospital embraced this eventually as part of their continuum of care. Instead of just looking and defending the walls of the hospital they realized we had to move ambulatory care into the community. We had to diversify from inpatient only to these models. Now, the question you raised plus the issue that you brought up is going to be, I think, one of the topics. We'll talk about it a little on February 8th. One of the topics I think that we want to see is these new contemporary models of delivering care. Some people will call it a micro hospital. We'll ask the freestanding emergency departments to come here. Some of those emergency departments that are freestanding have developed ambulatory surgery capacity. A third group has developed both of those capacities along with inpatient beds, but very small. Because I think we're seeing these certainly across the nation as a viable option in kind of filling out the care delivery continuum in a community. I think that's where we'll have these and to the point about the emergency rooms and diverging people in urgent care we'll talk about as well. I think it's a great conversation, if I would just ask. I think that will be one of the major topics on the morning of when we get a chance to sit and talk about this.

Mr. Robinson And also, let's not lose sight of. I know you won't, Jeff. The fact of the matter is that long term care, especially when it comes to ED overcrowding and not getting people out of the hospital. That's essentially trying to provide adequate resources into the long-term care system to be able to make that viable so that we can actually free up those beds for the people that need to be admitted to the hospital.

Ms. Monroe I agree with you 100%. I think it could be important when we get to kind of understand.

Mr. Kraut Okay.

Ms. Monroe And then what is the regulatory responsibility?

Mr. Kraut And in that context we're going to have the third discussion is a restructuring of the regulatory framework that might promote those things.

Mr. Robinson Accountable, cost effective.

Mr. Kraut I think those three topics are... I think the essence of the day we're going to spend.

Ms. Monroe Well, hopefully we'll have to discuss things.

Mr. Kraut Yes, we will.

Mr. Robinson I do want to thank the members of the committee, particularly you are triggering this conversation. I think it's an important one. Rather than have it sort of rest on a single application we really do need to step back and work more strategically with the department. As I think Jeff said, maybe even look at some recommendations regarding regulatory structure that would allow us to incent the right things.

Mr. Robinson For those of you that put up with this conversation and have been waiting for your applications we're going to continue to roll.

Mr. Robinson Application 2312326C, Auburn Community Hospital in Cayuga County. This is to certify cardiac catheterization, percutaneous coronary intervention, or PCI and perform renovations to an existing interventional radiology suite to become PCI capable. The department is recommending approval with conditions and contingencies.

Mr. Robinson Dr. Berliner makes a motion.

Mr. Robinson Dr. Kalkut seconds.

Mr. Robinson Ms. Glock.

Mr. Robinson Auburn Community Hospital is a 99 bed, voluntary not-for-profit acute care hospital in Cayuga County. This application is requesting approval to certify cardiac catheterization percutaneous coronary intervention known as PCI services. The PCI lab will be in a second interventional radiology suite. There is a CON to expand and upgrade that suite currently under review with the department. Establishing cardiac catheterization and PCI services at Auburn Community will alleviate the need to transfer patients with time sensitive outcomes to reduce travel time for these patients who currently must travel to Syracuse and Rochester. You can see in the exhibit that the nearest PCI capable hospital is a thirty-five-to-forty-minute drive from Cayuga. Auburn has a letter of intent from Saint Joseph's Hospital Health Center to provide a clinical sponsorship for the cardiac catheterization and PCI services at Auburn Community Hospital. In 2022, about 131 Cayuga County residents were treated outside of the county for emergency PCI. The applicant is projecting approximately 75 PCI procedures in year one, 40 of those being emergency and 125 PCI, 64 of those being emergency procedures by year three. I'll just remind the members that back a couple years ago there were regs that came before the council that amended the volume requirements for PCI and the 300 cases that previously were required were eliminated. The new volume threshold was thirty-six emergency PCI in order to increase access and decrease travel times for these services. The implementation of this cardiac catheterization PCI service is really a precursor to a soon to be built Auburn Heart Institute on the campus. The Auburn Community Hospital was awarded a New York State Statewide Health Care Facility Program Three Transformation grant for the Auburn Heart Institute. The project cost will be funded with equity from Auburn Community Hospital. I want to note that there is an error in the exhibit on Page 5 under the program analysis under compliance. It cites a stipulation order and enforcement for Jacoby Hospital. That is an error. I apologize for that. It will be corrected. The exhibit will be

corrected for the full council meeting. I also want to note that a letter was received from Community Voices for Health Systems Accountability in regard to health equity on this project. There was no health equity impact assessment required for this project under Section 2802B of the Public Health Law as it was received on June 16th, 2023. Based on the department's review, we are recommending approval with contingencies and conditions.

Mr. Robinson Thank you.

Mr. Robinson Questions from the members of the committee or the council?

Mr. Robinson Mr. La Rue.

Mr. La Rue Question on the clinical sponsorship that you referenced with Saint Joe's. Is that a requirement or something that was voluntarily done? What is it exactly mean?

Ms. Glock My understanding is that they are still in discussions with Saint Joseph. I'll let the applicant address where that is. If they don't have a cardiac surgery program at the hospital the regulations require them to have a clinical affiliation with a hospital for oversight of the cardiac services.

Mr. Robinson Does that answer your question? Do you want to ask the applicant?

Mr. Robinson Could we ask the applicant to come forward, please?

Mr. Kraut We've approved all the previous cardiac that don't have cardiac surgery, requiring them to be in some sort of quality consortium oversight. There is a more robust infrastructure looking at it.

Mr. Robinson Please introduce yourselves.

Mr. Berlucchi Scott Berlucchi, President and Chief Executive Officer of Auburn Community Hospital.

Dr. Kirshner Ronald Kirshner, Chief of the Cardiac Program at Auburn Community Hospital.

Mr. La Rue I think it's great that the community is going to get this service. I'm just interested in what is the expected relationship with Saint Joe’s. Is that going to expand to the larger heart center that's being developed?

Mr. Berlucchi Yes, the relationship with Saint Joe's, we believe it is a requirement in the Department of Health regulations. We don't have open heart surgery. If you're doing cardiac catheterization you need to have a sponsorship. I'll let Dr. Kishner speak to the intricacies of that but rather than just a sponsorship, we decided with Saint Joe's to take it even further into a co-management agreement where virtually they and us are managing the service at Auburn Community Hospital. We know those folks very, very well.

Dr. Kirshner Rather than just have Saint Joe's sponsor program, such as you might have it at other freestanding cath labs, the cardiac intervention list at Saint Joe's, we're actually going to be doing the work at Auburn Community Hospital. On a daily basis one of their seven interventionist and a very high-volume interventionist will actually be onsite at our

hospital. We want to be absolutely sure that we have the highest quality immediately available.

Mr. La Rue That kind of brings me to my second question. It mentions a four-person team and eight-hour shifts and then 24/7 coverage. How is that happening? How is the skill set that Saint Joe's is bringing providing that 24 hour a day coverage.

Dr. Kirshner We will with Saint Joe's train our nursing staff and technicians to actually do the procedure. Saint Joe's folks will be available 24/7 365, as you obviously need in order to be able to do acute coronary angioplasty.

Mr. La Rue Thank you.

Mr. Robinson Other questions for the applicant?

Mr. Robinson I think we're set with you.

Mr. Robinson Is there anybody from the public that wishes to speak on this application?

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

Mr. Robinson All in favor?

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson Thank you.

Dr. Kirshner Thank you very much.

Ms. Monroe I just want to comment that this is another way for rural and smaller communities to get services is to partner with someone else, not just expand their own services. I to like you, Scott, really appreciate this kind of relationship. Good luck with it.

Mr. Kraut Ann, I'm so happy you made the comment because I just leaned over to Peter and I say, let's make an observation here. You kind of made it. The second issue is five years ago this application never would have been approved, never would have gotten in front of us most likely.

Ms. Monroe Because there wasn't a sponsor?

Mr. Kraut It's not so much the sponsor. The concern about the threshold kind of activity level that a hospital needs to have in order to do this. I think this is another thing of how health care has changed in that as the research and the studies have shown the importance of time to balloon. In the rural hospitals, the challenge that that our rural facilities have of meeting some of the thresholds we created to have a lab. This is basically showing it's part of what we're hoping contemporary hospitals will offer to its community. It's another change in the nature of how we're thinking about the role of these institutions here. Again, it's just another example today, you know, take the surge, take some of the

other things is changing. I'm sure there are naysayers that say, well, that's so low volume. By marrying them with experienced providers that have a vested interest in their success. They're not out there alone. We think there's a good safety. Clinically we're going to get good quality care and it's going to save lives.

Mr. Robinson In this particular application I just want to note that Dr. Kirshner is probably one of the most renowned cardiac surgeons, certainly in Upstate New York. They really are very fortunate to have him leading this program. Our confidence in the quality of the program and patient outcomes is just as high as it can be.

Mr. Adler I think the time sensitivity of acute, heart attacks and stroke. This is the only way to bring rural hospitals and hospitals without services on their own into current practice, current standards. I think, as you mentioned it is a terrific thing for the community to have. Otherwise, they'd be outside sort of those limits right now.

Mr. Kraut To summarize the perspective of the council, don't mess this up.

(Laughing)

Mr. Robinson Thank you very much.

Mr. Robinson We will move on.

Mr. Robinson Application 231351C, Saint Charles Hospital in Suffolk County. Again, cardiac catheterization. This is to certify cardiac cath adult diagnostic cardiac catheterization electrophysiology EP and PCI percutaneous coronary intervention and perform renovations to create a cardiac cath lab. The department is recommending approval with conditions and contingencies.

Mr. Robinson A motion, please.

Mr. Robinson Dr. Berliner.

Mr. Robinson Second Dr. Kalkut.

Mr. Robinson Ms. Glock.

Ms. Glock Saint Charles Hospital is an existing not for profit 243 bed acute care hospital in Port Jefferson, Suffolk County. This application seeks approval for the certification and licensure of cardiac catheterization, adult diagnostic cardiac catheterization, percutaneous coronary angioplasty, PCI and adult electrophysiology services. This will include the requisite renovations of the space to accommodate a cath lab and support spaces. The primary service area is Suffolk County. Saint Charles Hospital is within the health professional shortage area for primary care and mental health. Saint Francis Hospital in Heart Center will be responsible for clinical smart sponsorship and oversight of this program. The program, upon approval will be known as the Saint Francis Heart Center at Saint Charles Hospital, which is already designated a primary stroke center by the department. Saint Charles Hospital and Saint Francis Heart Center are part of Catholic Health, an extensive health system on Long Island. Catholic Health is the active parent and co hospital operator of both entities. Three interventional cardiologists have committed to providing diagnostic catheterization and PCI procedures and four electrophysiologists have committed to providing the EP related procedures. They are projecting 150 PCI

procedures in year one, 156 in year three, with 36 emergency PCIs in each year. In most recent data years, Saint Francis had about 285 inpatient discharges originating from the Saint Charles Hospital primary service area. Of those, 156 were PCI diagnostic cath and EP patients. With clinical support from Saint Francis Saint Charles expects to treat about 70 to 75% of those. Saint Francis also performed 240 outpatient PCI diagnostic cath and EP procedures on patients from the Saint Charles Hospital service area. We expect that once this program is operational that Saint Charles will transfer about 80 cardiac patients that could have been treated at Saint Francis had they had that service. I want to note that a letter was received from Community Voices for Health Systems Accountability in regard to health equity on the project. There was no health equity impact assessment required for this project under Section 2802B of Public Health Law as it was received from the Department on June 20th, 2023. Based on our review, the department is recommending approval with contingencies and conditions.

Mr. Robinson Thank you.

Mr. Robinson Questions on this application from the committee?

Mr. Robinson Other members of the council?

Mr. Robinson Yes.

Dr. Soffel I have a question which I had for the last one, but I think the circumstances here are slightly different because this is not a community that is lacking in access to cardiac services. I read this. There are many hospitals providing these services within a relatively close geographic range, which, it seems to me, changes the conversation. My question had been is thirty-six really a number of procedures that can guarantee expertise and quality? What do we know about that threshold? It seems like... I don't know. It feels intuitively like it's a very low threshold. I am concerned, given that this is not a community that's underserved for PCI.

Mr. Robinson Dr. Kalkut.

Mr. Robinson I will ask one of our physician members to sort of respond to you.

Dr. Kalkut The association between higher volumes and outcomes broadly is there. I'd ask the applicant or Dr. Bennett, who is a cardiologist.

Dr. Bennett My knowledge of the recent numbers as to what the criteria are somewhat limited, but I remember years ago it started off at around fifty. I don't know what the recent numbers are. The real issue now is what's the total experience of the operator? These are three interventional cardiologists. Are they going to work exclusively at Saint Charles? Are they rotating through? Are they working somewhere else?

Mr. Robinson Can we ask the applicant to come forward? Maybe they can answer that question better than we can speculate.

Dr. Bennett Because that's the current model in a lot of institutions.

Mr. Cicero I'm Frank Cicero, a consultant to the applicant.

Dr. Dhuper Sunil Dhuper, Chief Medical Officer of Saint Charles.

Dr. Yadav Good morning, everyone. Sumita Yadav. I'm the Vice President for Cardiovascular Service Line for Catholic health. In response to your question regarding the physicians, we are leveraging our Saint Francis Heart Center and the physician team at Saint Francis Heart Center with extensive experience and very high volume to come into this community and provide the service to the community in their own backyard. Even though the volume at that hospital is small the overall volume done by these physicians is extensive. The number of years that they've been doing it is extensive. As the Albany study said itself, it's the time to procedure that it has become the biggest indicator for outcomes. In response to that, we have created this capacity, or we would like to create this capacity at Saint Charles to provide our own community the best service from our own physicians.

Dr. Bennett Just if I could follow up. I'm taking it that a lot of this is driven by doing acute myocardial infarction treatment, right? Not being exactly familiar with the travel time between Saint Charles and Saint Francis. What is that?

Dr. Yadav Saint Charles and Saint Francis probably an hour, hour and a half.

Dr. Bennett Time is muscle.

Dr. Yadav Yes.

Dr. Bennett Yeah.

Dr. Yadav We currently draw significant volume from Saint Charles area to Saint Francis. What we're trying to do is shorten that time frame and have the physicians provide care in that community.

Dr. Bennett Time is muscle.

Dr. Yadav Correct.

Dr. Bennett and the physicians, though, you have to worry about the physicians getting there if they're not on site. I assume you've got scheduling for that.

Dr. Yadav Correct.

Dr. Bennett and the team?

Dr. Yadav That's the model.

Mr. Cicero If I could just give one background statement for some of the newer members on the committee. It goes back to something Mr. Kraut was saying on the project before. There was the regulatory modernization initiative was held back in 2018/2019 by the department in this council. On cardiac cath PCI it included experts from outside of New York State and inside New York State. The thirty-six-volume number was what was created by that group at that time to be considered to be safe. In addition, this project, it's really what we just discussed there. There are at least twenty-seven people. That's three quarters of the volume we need to who are going further than they should. The whole purpose, I think, of the change in this service was to prevent anyone from ever dying in an ambulance again. That's really what they're going at here. Thank you.

Mr. Robinson There's a long-winded set of answers. Does it get to your question?

Mr. Robinson Very good.

Mr. Robinson Other questions for the department or the applicant while they're here?

Mr. Robinson Thank you very much.

Mr. Robinson Is there anybody from the public that wishes to speak on this application?

Mr. Robinson Hearing none, we'll call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson We're moving to applications for diagnostic and treatment centers.

Mr. Robinson Beginning with 231261C, Weill Cornell Imaging at New York Presbyterian and Kings County. This is to certify a new extension clinic and 186 Geralmente Street.

Ms. Monroe I'd like to understand almost all of these that we've looked at have been in the department or been here for eighteen months or June of 2023. What is that? Seven months/eight months. Is that typical of what we should expect to see in terms of the rolling time? Is that have to do with if it's problematic it goes a lot longer?

Ms. Glock All of the above.

Ms. Monroe Alright.

Ms. Glock If it's complicated or there are things that need to be worked out it can take a longer time. Typically, about six months, five/six months depending on the cycle when the meetings are is going to be what you see for a full review, because it's based on bringing it to the council as well.

Ms. Monroe I think because of the freeze or whatever you call it, we may have some longer ones there. Thank you.

Mr. Robinson To conclude my introduction here, the department is recommending approval conditions and contingencies.

Mr. Robinson A motion by Dr. Berliner.

Mr. Robinson Second by Mr. Thomas.

Mr. Robinson Ms. Glock.

Ms. Glock Weill Cornell Imaging at New York Presbyterian as an existing Article 28 diagnostic and treatment center specializing in radiology and imaging service. They're requesting approval to certify and construct a new radiology extension clinic in Brooklyn. The extension clinic will provide imaging services including MRI, CT scanners, ultrasound, a mammography unit and an X-ray unit. The primary service area is Brooklyn Heights with the secondary service area being Kings County. The main site in New York County as well as the six existing extension clinics provide radiology and imaging. Those sites have experienced increased utilization and increased volume demand. According to the applicant, many current Brooklyn patients are traveling to Manhattan, causing transportation and appointment issues,. The applicant states that this project will improve wait times, add additional equipment consistent with patient needs and decrease patients' needs to travel from Brooklyn to Manhattan, as well as cover the five New York City boroughs as a secondary population. They're projecting, as you can see in the exhibit 10,000 visits year one, 14,000 year three. Medicaid utilization a little under 8%. There was no health equity assessment required for this project, as it was received on May 31st. The department is recommending approval with contingencies and conditions.

Mr. Robinson Thank you.

Mr. Robinson Questions?

Mr. Robinson Applicant questions only.

Mr. Robinson Anybody from the public wishing to speak on this application?

Mr. Robinson Call the question.

Mr. Robinson All in favor?

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson Another Weill Cornell. Application 231299C, Weill Cornell Imaging at New York Presbyterian in New York County. An interest declared by Dr. Lim. Certify a new imaging extension clinic at 575 Lexington Avenue in Manhattan. Department recommending approval with conditions and contingencies.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Mr. Thomas.

Mr. Robinson Ms. Glock.

Ms. Glock Weill Cornell Imaging at New York Presbyterian as an existing Article 28 diagnostic and treatment center specializing in radiology and imaging. They are requesting

approval to certify and construct a new radiology extension clinic on Lexington Avenue in New York County. The extension clinic will provide imaging services, including MRI, CT scanners, ultrasound, mammography and some other EOS X-ray units. Weill Cornell Imaging and New York main site is on East 70th Street in New York. They are consolidating the services available at two existing extension clinics into a single site. Upon approval of the project the new extension clinic will relocate two existing sites at East 55th Street and East 61st Street. These extension clinics are approximately half a mile from each other, and less than a mile from this proposed new extension clinic on Lexington Avenue. The new facility will be accessible to the patients who currently receive services at the to be closed extension clinic, but it will also provide increased capacity for other patients to receive services. The applicant anticipates that a significant portion of the proposed new extension clinics patients will be persons who commute to work in Midtown Manhattan taking advantage of those services that could be provided during the business day. They state that Weill Cornell Imaging at New York Presbyterian has experienced very high utilization across their existing sites. The total project cost will be funded with equity and an equipment lease. I want to note that a letter was received from the Community Voices for Health Systems Accountability in regard to health equity on the project. The application was received on June 13th. Therefore, it did not require, under Public Health Law 2802B. The department has reviewed this application and is recommending approval with contingencies and conditions.

Mr. Robinson Thank you.

Mr. Robinson Questions, please.

Mr. Robinson Applicant questions only.

Mr. Robinson Anybody from the public on this application?

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions.

Mr. Robinson Motion carries.

Mr. Robinson Application 232124C, Community Health Center of Richmond Inc in Richmond County certify a new extension clinic to be located at 104 New Dorp Plaza in Staten Island.

Mr. Robinson Am I missing something?

Mr. Robinson I skipped one.

Mr. Robinson I withdraw that previous introduction.

Mr. Robinson I'm going to application 232063.

Mr. Robinson Thank you.

Mr. Robinson ODA Primary Health Care Network Inc in Kings County certify a new extension clinic at 251 Wallabout Street, Brooklyn and certify medical services, primary care, medical services, other medical services, and optometry. The department recommends approval with conditions and contingencies.

Unidentified Speaker Excuse me.

Unidentified Speaker Peter, I have an interest in this.

Mr. Robinson Thank you for noting that.

Mr. Robinson Thank you, Dr. Berliner, for your motion.

Mr. Robinson A second, please.

Mr. Robinson Mr. Thomas.

Ms. Glock ODA Primary Health Care Network is an existing Article 28 not for profit corporation and a federally qualified health center. This application requests approval to certify a new extension clinic for primary medical care and medical specialties, including pediatrics, internal medicine, family medicine, endocrinology, cardiology and podiatry, ophthalmology and optometry. The new extension clinic will be located in Brooklyn. The primary service area for the project is the Northwest corner of Brooklyn. The proposed location is a health professional shortage area for primary care, dental, health and mental health and also is a medically underserved area. Currently, the services are provided at an existing extension clinic less than a mile away on Hayward Street. That clinic, known as the ODA Therapy Center, provides only ophthalmology and optometry. This project will provide patients with access to a broader continuum of services based on the specialties that are being offered at a single location. Upon completion of the project, the ODA Therapy Center Extension Clinic will be closed. The applicant is projecting 74% Medicaid, 5% charity care. The project costs are being met with some equity and also from Statewide Health Care Family Transformation, a facility transformation grant program. The project does not meet the requirements of a health equity impact assessment under Section 2802B. The department has reviewed this application and is recommending approval with contingencies and conditions.

Mr. Robinson Thank you very much.

Mr. Robinson Questions?

Mr. Robinson Seems like a much-needed expansion of services here.

Mr. Robinson Anybody from the applicant?

Mr. Robinson Just questions.

Mr. Robinson Is there anybody from the public that wants to say anything? You could even say good things if you want to.

Mr. Robinson We'll call the question.

Mr. Robinson All in favor?

Mr. Robinson Any opposed?

Mr. Robinson Motion carries.

Mr. Robinson Now, the one I thought I was going to 232124C, Community Health Center of Richmond Inc in Richmond County. Certify a new extension clinic to be located at 104 New Dorp Plaza in Staten Island. This is a HERSA funded safety net project. This amends and supersedes an earlier CON number 201165. The department is recommending approval with conditions and contingencies.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Mr. Thomas.

Ms. Glock Community Health Center of Richmond is a federally qualified health center. They're submitting this amendment to a previously approved CON which had proposed to certify a new extension clinic in Staten Island. this amendment due to an increase in construction and movable equipment cost caused the project cost to go over the $15,000,000, which is why we're bringing it for full review to the council. They currently operate two extension clinics serving Staten Island. Services at the new extension clinic will include primary and preventive health care as well as all primary care screenings. The extension clinic will also provide pediatric services, OBGYN, nutritional, medical, social services as well as dental and dental X-ray. The applicant is projecting Medicaid at over 67%, charity care at over 12% by year three. You can see in the exhibit that the total project costs are being met through equity and also partially through a grant and a Statewide Health Facility Three Transformation Grant. The project does not meet the requirements for a Health Equity Impact Assessment under Public Health Law 2802B. The department is recommending approval with contingencies and conditions.

Mr. Robinson Thank you.

Mr. Robinson Questions on this application?

Mr. Robinson Dr. Bennett.

Dr. Bennett A question or really more of a comment, I think. I'm noticing that we're having some data on hospital admissions per 100,000. Unless I've been missing it for a long time this seems to be a relatively new thing I'm seeing in these reports. Is that true? Have I just been missing it? I've never seen that kind of data before in these reports. The last one was true. If you look at Page 3 of the need analysis, it talks to hospital admission rates. It was true on the prior one. Is that new?

Ms. Glock It's not brand new. I don't know what year was implemented but it's been routinely in there in the past, at least I think since I've been with the center for the last few years.

Dr. Bennett in any event, I think that's a really good thing. As we expand, we talk about community need and we talk about what we're trying to accomplish. As we expand primary care centers and preventive services we really have to track the hospital admissions. I just want to just comment on that I think that's...I'd love to see some data in the long term as to

what happens to some of these communities as we improve primary care services, whether or not we're really seeing a reduction in hospital admissions. Kudos.

Mr. Robinson And great comment.

Mr. Robinson Thank you.

Mr. Robinson Other questions or comments from the committee?

Dr. Kalkut Just quickly, John, this was tracked so there would be some history to look at trend lines.

Unidentified Speaker It's just not something we talk about here as we were planning. It's nice to see. Thank you.

Mr. Robinson Applicant questions only.

Mr. Robinson Anybody from the public on this application?

Mr. Robinson Call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions.

Mr. Robinson Motion carries.

Mr. Robinson This is ambulatory surgery centers now.

Mr. Robinson 222044B, Sorin Ambulatory LLC doing business as Sorin Ambulatory Surgery Center in New York County. Note the interest by Dr. Kalkut. This is to establish and construct a multi-specialty ambulatory surgery center at 120 Wall Street on the first floor in Manhattan. Obviously, the department is recommending approval with conditions and contingencies with an expiration of the operating certificate five years from the date of its issuance.

Mr. Robinson May I have a motion?

Mr. Robinson Dr. Berliner.

Mr. Robinson Second, Mr. Thomas.

Ms. Glock Sorin Ambulatory LLC is requesting approval to establish and construct this multi-specialty Article 28 freestanding ambulatory surgery center. The ambulatory surgery center will specialize in orthopedics, vascular and endovascular surgery. They'll be located on 120 Wall Street in New York County. The proposed sole member of Sorin is Joseph Puma. The applicant is projecting Medicaid about 10% charity care at 2. The applicant states that this proposal will not result in the migration and procedures, from local

hospitals. They have identified twelve physicians who are interested in performing procedures at the proposed center. All of the procedures projected are currently being performed in the office-based setting of those participating physicians. The department is recommending approval with conditions and contingencies with an expiration of the operating certificate five years from the date of its issuance.

Mr. Robinson I am looking for questions.

Mr. Robinson Ms. Monroe, thank you for indulging me with a question.

Ms. Monroe You're saying that the doctors who are going to be working at this new facility currently do these procedures in their offices, right? Not in hospitals, in their offices. What is the value of this new facility if these procedures are already being done in offices spread out throughout the region, I would assume, or the county or the community? You're going to build a single place for them to work. What does the value add to the community?

Ms. Glock I'm going to allow the applicant to address part of that. I'll just say that this is going to take an existing private practice and license it as an article 28 ambulatory surgery center bringing it into the department's regulatory requirements.

Ms. Monroe Are the physicians going to be employed by this Article 28 and therefore subject to its rules and regulations? Do they remain independent and it's only the operations of the clinic that have to meet the Article 28 abilities?

Mr. Robinson The latter.

Ms. Monroe I don't know how that works.

Mr. Robinson Mr. Cicero, you and your colleagues if you wouldn't mind coming up.

Ms. Monroe You'll know.

Ms. Monroe Because I agree that if the physicians also are accountable under Article 28 rules. That makes a big difference. It'd be helpful to understand.

Mr. Cicero I will start. I'm Frank Cicero, a consultant to the applicant.

Dr. Puma Joseph Puma.

Mr. Cicero I'll start and then I think Dr. Puma, who's been doing this for a while. I think this goes back to something that's been discussed before this council and committee many times, which is conversion of a private practice. I think Dr. Puma will confirm, but many of and most of the procedures are done here. It is bringing it under the Article 28 realm to ensure quality. While I don't believe the physicians will be employed while they are in that building performing those procedures everything they do becomes subject to department scrutiny and quality. I think another part of it that's been discussed, although Dr. Puma does have Medicaid contracts, Medicaid managed care contracts today, is that the centers and this one will expand access to Medicaid and charity care relative typically to private practices. That will occur here as well.

Dr. Puma I'd like to thank the committee for the consideration. Our practice is spread out in all underserved communities. We are a majority minority practice. While Ms. Glock said

we are 2% charity care, 10%/12% Medicaid, but we're 24% manage Medicaid with Health First Only as well as another managed Medicaid. We're almost 50% manage Medicaid between Medicaid Health First managed Medicaid, Fidelis managed Medicaid. The goal is to actually increase access because, as you've heard from all the prior hospital expansions of ASCs they're expanding so that in addition to our physicians who do procedures at the hospital can do more complex procedures at the hospital. The less complex vascular procedures, orthopedic procedures within our group could be under the ambulatory surgical center and under the quality measures of the Department of Health in New York State.

Ms. Monroe I would like to point out that I think if I'm reading this right you only show Medicaid managed care as 10% of your population going forward. 50% is amazing.

Mr. Cicero That's what's projected in the application. Since the application is gone and Dr. Puma has expanded his contract. We expect it may end up being more.

Mr. Cicero Not in the application. 10% is what's projected and that's what would be measured. He has had significant expansion of Medicaid managed care contracts since the application was submitted.

Ms. Monroe Does that mean there's an amendment to this?

Ms. Glock You're proving it with the budget at 10% that shows financial feasibility based on the 10%.

Ms. Monroe Okay.

Mr. Cicero That's what was projected in the application.

Mr. Robinson Dr. Bennett.

Dr. Bennett Just a question about the procedures. There was talk a while ago that the procedures you're going to move over were currently being done in your office, right? That doesn't sound right to me. Whatever you're doing in your office is a facility or an office procedure. There's got to be more stuff you want to do.

Dr. Puma That's correct. To a certain degree, we have a Quad A facility now. We're a large sixteen physicians, primarily interventional, cardiovascular vascular surgery, electrophysiology, orthopedic practice. As you know, and as has been pointed out by Mr. Robinson and Mr. Kraut majority just like orthopedics now is almost 90% outpatient. Vascular medicine is primarily outpatient. Expand the procedures that we do and to only do the complex ones at the hospital requires an ambulatory surgical center. That's not approved yet by the Department of Health and that's not the plan.

Dr. Bennett Thank you.

Mr. Cicero Dr. Bennett, if I could just add in terms of the procedures we've had extensive discussions as this project has been pending for a significant time with the department to make sure that the procedures that are performed in this center are only those that are allowed in freestanding ambulatory surgery centers.

Dr. Bennett I'll just make this comment. New York State is behind in outpatient cardiac catheterization procedures. We're behind the rest of the nation. Many states have somewhat outpatient cath labs that aren't attached to a hospital. As someone who...I started. In Albany, believe it or not, we did some of the first hospital-based outpatient caths many, many years ago. We'll see where that goes. I think we need to move some of that stuff to the outpatient realm.

Mr. Robinson Well, I think we both agree that this is sort of the future and the direction that we need to go. Did you have a pending comment that you wanted to make? You're good, right?

Mr. Robinson Anybody here from the committee?

Mr. Robinson Rest of the council?

Mr. Robinson Any more questions for the applicant or the department?

Mr. Robinson Thank you very much.

Mr. Robinson Anybody from the public wishing to speak on this application?

Mr. Robinson We'll call this question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Motion carries.

Mr. Robinson Any abstentions?

Mr. Robinson None.

Mr. Robinson Thank you.

Mr. Robinson Application 232088E, Sheepshead Bay Surgery Center in Kings County. This is transferring 5% ownership interest from a deceased shareholder to an existing shareholder. Department is recommending approval with conditions.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Kalkut.

Ms. Glock Sheepshead Bay Surgery Center operates an article 28 freestanding ambulatory surgery center in Brooklyn. This application, as stated, is requesting approval to transfer 5% of common shares from a deceased shareholder to an existing shareholder Dr. Deborah Silberman, who currently has a 9.9% ownership interest in the freestanding ambulatory surgery center. Because of this transaction, Dr. Silberman will increase her ownership from less than 10% to greater than 10%, which, necessitated the submission of this full review consent application to the committee. The center is licensed to provide

single specialty ophthalmology services. There will be no change in services upon the change in membership. The medical director will continue to serve as medical director. The department is recommending approval with conditions.

Mr. Robinson Thank you.

Mr. Robinson Questions?

Mr. Robinson Pretty straightforward, I think.

Mr. Robinson Applicants questions only.

Mr. Robinson Anybody from the public?

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson Any abstentions?

Mr. Robinson None.

Mr. Robinson We move to my favorite category at least at this point applications for diagnostic and treatment centers.

Mr. Robinson This is application 231114B, Prime MD Center LLC in Nassau County. Noting an interest and abstention by Dr. Lim and an interest by Dr. Kraut.

Mr. Robinson Dr. Lim, do you need to leave the room for this?

Mr. Robinson Pardon me.

Mr. Robinson You're abstaining, but you're only expressing an interest. Just want to be clear. Thank you.

Mr. Robinson Dr. Kalkut also an interest.

Mr. Robinson Establish and construct a new diagnostic and treatment center at 1000 Railroad Avenue in Woodmere. Department is recommending approval with conditions and contingencies.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Mr. Thomas.

Ms. Glock Prime MD Center is seeking approval to establish and construct a diagnostic and treatment center in Woodmere, Nassau County. The diagnostic and treatment center will be certified for medical services, primary care, and other medical services. Other medical specialties, which will include radiology, X-ray services. The Diagnostic and Treatment Center also is planning on operating as an Urgent Care Center. They are projecting about 11% Medicaid utilization. Charity care at 2%. The department has reviewed this application and is recommending approval with contingencies and conditions.

Ms. Glock Thank you.

Mr. Robinson Questions?

Mr. Robinson Applicant questions only.

Mr. Robinson Anybody from the public?

Mr. Robinson All in favor?

Mr. Robinson Any opposed?

Mr. Robinson Motion carries.

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson Application 232080B, ALEF Health Center LLC in Richmond County. Establish and construct a new diagnostic and treatment center at 37777 Richmond Avenue on Staten Island. Department recommending approval with conditions and contingencies.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Kalkut.

Ms. Glock ALEF Health Center LLC is requesting approval to establishing construct this Article 28 diagnostic treatment center in Staten Island. The center will provide primary medical care and other medical specialties including pediatrics, internal medicine, neurology and podiatry. Behavioral and mental health services will also be provided to the extent that regulations allow. The sole member of an ALEF Health Center is listed in your exhibit. The applicant is projecting Medicaid at 80%. Project costs will be met with equity. The department is recommending approval with contingencies and conditions.

Mr. Robinson Thank you.

Mr. Robinson Questions from the committee or the council?

Mr. Robinson Applicant any a wish to speak?

Mr. Robinson Questions only.

Mr. Robinson Anybody from the public on this application?

Mr. Robinson Now, let's call for the vote.

Mr. Robinson All in favor?

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Application 232106B, New York Health Care and Wellness in Bronx County establish a new diagnostic and treatment center at 3005 Grand Concourse in the Bronx. Approval is recommended by the department with conditions and contingencies.

Mr. Robinson Dr. Berliner makes a motion.

Mr. Robinson Dr. Kalkut seconds.

Ms. Glock New York Health Care and Wellness a New York State LLC requesting approval to establish and construct this Article 28 Diagnostic Treatment Center in Bronx County. The diagnostic and treatment center will be known as New York Health Care and Wellness upon approval. The new diagnostic and treatment center will provide primary medical care, physical therapy and other medical specialties including gynecology, neurology, podiatry, gastroenterology, pediatrics, pain management, orthopedics, oncology and chronology, cardiology, ophthalmology and urology. The facility also plans to provide behavioral and mental health services. Primary service areas; Kingsbridge Heights and Bedford. The proposed location is in a health professional shortage area for primary care, dental, health and mental health and also is within a medically underserved area. The proposed members of New York Health Care and Wellness LLC are listed in your exhibit. The applicant is projecting Medicaid at 63% for year one and three, and charity care at 2%. The department is recommending approval with conditions and contingencies.

Mr. Robinson Thank you very much.

Mr. Robinson Questions.

Mr. Robinson Dr. Soffel.

Dr. Soffel I see that the staffing projection goes from 26 FTEs in year one to 64 FTEs in year three. I was wondering what staffing mix are they thinking they're going to have and where they expect that going to be recruiting staff, given how challenging it is to find staff, especially in an underserved community like the Bronx?

Mr. Robinson Can we have the applicant come forward, please.

Mr. Shapiro Good morning. I'm Bob Shapiro, consultant. This is Dr. Patel. Dr. Patel is an existing provider in the Bronx. This is not a conversion. This is a new set up. Based on the

estimated patient volume, the services to be provided, you know, that's the projected staffing that we're figuring to be needed to cover those services.

Dr. Soffel The question was two parts actually. What's the staffing mix in terms of professional mix? Secondly, what is the recruitment strategy?

Mr. Shapiro I mean, they're going to be offering a competitive benefit plan. The mix is going to be very high technical medical, clinical staff as far as the various physician specialties and the like to make up that compliment.

Mr. Robinson Maybe respond with or omit either one of you what the source of this workforce might be. I think that's the question really that we're all struggling to hire people. I think the question is will you be able to fill the positions that you're projecting you're going to need?

Dr. Patel I am practicing for past thirty-five years in underserved area. We have currently four locations and a group of at least eighteen/twenty primary care and some subspecialty provider. We have staff with us. Some of them retired, but ever since I started they are with me a number of them. Anyone who stays with us for two years they don't leave. They bring us the prospective employee to help us. They are mostly from the community. Most of the people who come and work with us. We are not struggling to hire provider or not paramedical staff.

Mr. Shapiro We've been meeting with Montefiore Medical Center to develop a transfer affiliation agreement and also professional services agreement as far as services to be provided.

Mr. Robinson Your response is that you already have a track record in hiring and retaining people.

Mr. Shapiro Correct.

Dr. Patel Our current paramedical staff is approximately seventy between three locations.

Mr. Robinson It's to your credit. We're all struggling.

Dr. Patel We treat them as our family members. They stay with us. Once they come and they stay, they stay with us.

Mr. Robinson It's a good strategy. It's a good strategy.

Mr. Robinson Ms. Monroe.

Ms. Monroe Yes, I have a question for the department. It says that they are negotiating affiliation and transfer agreement, but I don't see that in the conditions that have to be met before approval. Is that one of the conditions that would have to be met?

Mr. Shapiro It's part of the pre-opening survey. We need to have a transfer and affiliation agreement.

Ms. Monroe I wanted to make sure that that had to be in place.

Mr. Kraut It's the code.

Ms. Monroe Thank you.

Mr. Kraut They won't let them open.

Mr. Robinson Dr. Berliner and then Dr. Lim.

Dr. Berliner Just a question that seems somewhat odd to me. Roughly 90% of your projected revenues are coming from Medicaid, yet only 2% from charity care. I think it's been the general experience where there's a really high Medicaid population there's a very high charity care population. Can you explain? Is this based on your current experience with the current center? How did you arrive at that number?

Dr. Patel It was, I think, arbitrary. In my current practice the rule is anyone who comes. We do not advertise it. Anyone who comes to the door we try to help them out whether they have funds or not. That has been the practice for past thirty-five years, ever since I started. If they don't have resources and we cannot work with them we try to find a solution. We send them to the appropriate institute where they can be assisted. The charity in my practice in a day probably, I will see four or five patients in one office. Three to four patients. I'm not sure how much it will translate into.

Dr. Berliner Three or four out of how many patients in a day?

Dr. Patel Let's say if I have a volume of fifty patients in one location three/four patients will be charity. Charity means we will tell them that this is our routine charge and whatever you could pay you pay us. If they cannot.

Dr. Berliner I mean, I thank you for that service which is very helpful but then in terms of the charge you're providing, I mean, the charity care should be a higher number than 2%.

Dr. Patel Yes, probably it will be higher.

Dr. Berliner Thank you.

Mr. Robinson Dr. Lim.

Dr. Lim Sabina Lim, committee and council member. Shelly, I just have a general question about. We've had two applications where under the 28 you're allowed to have behavioral health and mental health services. I'm sorry I don't know this. Is there any sort of specification under those services when it's provided under the 28 about specifically the types of services that are available? For example, you have to check off psychotherapy, evaluation, medication assisted treatment for example. Is it to that level or is it more sort of general?

Ms. Glock I don't know about the specific services. I don't know if there's somebody from the hospital program. I can tell you that the threshold is 30% of the visits or 10,000 visits. That's kind of the numerical threshold. I don't know if there's anyone from the hospital program in Albany that's on that can answer about if there's restrictions on the specific type of mental health services, which I think is what your question is.

Dr. Lim I’m actually less interested in the restrictions. I've said this before. I'm sorry I sound like a broken record. These services they're already a form of integrated behavioral health care within primary care. It's wonderful to have that. I think especially also in light of what you said about the ED overcrowding. When we think about part of that is so many people coming in with the consequences of substance use, that if part of that is a recognition that things like buprenorphine and medication assisted treatment. There are the many different types of behavioral health services. Not everything has to be provided under 31 or 32. Just encourage all DNTCs to strongly consider providing medication assisted treatment if you're operating that. Thanks.

Mr. Robinson Thanks for the comment. I appreciate it.

Mr. Robinson Shelly, do you want to just check on that with the hospital services people? When we report out at the full council, maybe just make a comment about that so that we can kind of close the loop.

Ms. Glock I'd be happy to do that.

Mr. Robinson Thank you.

Mr. Robinson Other questions for the applicant or the department?

Mr. Robinson Anybody from the public wishing to speak on this application?

Mr. Robinson All in favor?

All Aye.

All Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson Thank you very much.

Mr. Robinson Application 232133B, Namo Health Inc in New York County. Establish and construct a new diagnostic and treatment center by converting a private practice at 651 Academy Street in New York in Manhattan. The department recommends approval with conditions and contingencies.

Mr. Robinson Motion, please.

Mr. Robinson Dr. Berliner.

Mr. Robinson Second Dr. Kalkut.

Ms. Glock Namo Health is a non-for-profit corporation. They're requesting approval to establish and construct, and Article 28 diagnostic treatment center as stated in New York County. The new diagnostic treatment center will provide primary medical care and other medical specialties including infectious disease, gastroenterology, pulmonology, endocrinology, cardiology, ophthalmology, urology, and physical therapy. The primary

service area is Washington Heights Inwood section in New York County, specifically ZIP code 10034. The proposed location is in a health professional shortage area for primary care, dental health and mental health. Also, in a medically underserved area population. The applicant is projecting a mix at 65% Medicaid, 2% charity care in year one and three. The department is recommending approval with contingencies and conditions.

Ms. Glock Thank you for that.

Mr. Robinson Questions?

Mr. Robinson Dr. Berliner, that's sort of like the minimum threshold that we've established. I think everybody just kind of like puts that in almost automatically. No questions here.

Mr. Robinson Ms. Monroe.

Ms. Monroe I have a question for the applicant.

Mr. Robinson May we please have the applicant?

Mr. Black Good morning. Andrew Black, consultant to the applicant.

Ms. Monroe My question is... You're into this because we see this in a lot of long-term care applications where the entity that we're approving rent space from the owner of the applicant. I'm asking if the building that you're in is owned by anyone affiliated with the clinic.

Mr. Black We've actually disclosed that.

Ms. Monroe I missed it then.

Mr. Black No, no. That's okay. The doctor is the owner of the... I don't know if it's the whole building or just in that space. She owns the real estate to which this Article 28 will be located in. We disclosed that.

Ms. Monroe The Article 28 rents it from the doctor?

Mr. Black Correct.

Ms. Monroe Is it a competitive rate?

Mr. Black We had two market analysis done and included as part of this Certificate of Need Application.

Ms. Monroe Thank you. That's what I was looking for.

Mr. Black Sure.

Ms. Monroe I apologize if it was in there and I missed it.

Mr. Robinson Any more questions for the applicant?

Mr. Robinson Thank you very much.

Mr. Robinson Anybody from the public wishing to speak on this application?

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson This is our only application for dialysis services in this cycle.

Mr. Robinson Application 231361B, Title Home Dialysis in Kings County. Establish and construct a new diagnostic and treatment center at 336 Nimrod Street in Brooklyn and certify home hemodialysis training and support and home peritoneal dialysis training and support Department recommending approval with conditions and contingencies.

Mr. Robinson Motion Dr. Berliner.

Mr. Robinson Second Dr. Kalkut.

Ms. Glock Title Dialysis LLC seeks to establish and construct this new Article 28 Diagnostic and Treatment Center to provide home hemodialysis and peritoneal dialysis training. The proposed diagnostic and treatment center will be located in Brooklyn in Kings County. The applicant intends to provide home hemodialysis and home peritoneal dialysis training as an alternative for patients to in center dialysis. Providing home training allows patients the freedom to perform those procedures in the convenience of their own home. Reducing, obviously, travel time for the patient. The primary service area is in Bushwick, the Bushwick neighborhood in Kings County. Its location is within a health professional shortage area for primary care, mental health and dental health and within a medically underserved area. The proposed membership of Title Dialysis LLC is shown in your exhibit. Four physicians each at 25% each. They are projecting 22% Medicaid, 58% Medicare, 2% charity care by year three of operations. The department has reviewed this application and is recommending approval with conditions and contingencies.

Mr. Robinson Thank you.

Mr. Robinson I just have to note. Mr. La Rue has declared an interest in this application.

Mr. Robinson Questions from the members of the committee?

Mr. Robinson Dr. Bennett.

Dr. Bennett I have a question. The way I'm reading this, this center will provide training for home and peritoneal dialysis. They will not themselves provide hemodialysis. Do I have that right?

Ms. Glock That's correct.

Dr. Bennett That's interesting. Is that a first?

Ms. Glock No, I think we've got a couple others that I can remember bringing forward that provide training for a number of different nephrologists to refer to.

Dr. Bennett Interesting. Thank you.

Ms. Monroe Why do you need to be licensed as a doc to do training? I don't understand the licensing.

Mr. Robinson I'll let Ms. Glock answer that.

Ms. Glock It's not my subject matter expertise. If the applicant's here, I think it's a question for them. I believe as part of the training they are doing dialysis with the patient on site. They need to be licensed to be able to perform that. I would defer to the applicant.

Mr. Robinson May we have the applicant come forward please?

Applicant Thank you very much.

Applicant This is a very important application for me because I'm passing on the baton to the next generation. Two of the applicants are my children, my daughter, as well as my son. Both of them are board certified neurologist. An earlier question that was raised is why is it that we need? It's a federal regulation because it is under the federal guidelines. Generally, in the past what used to happen is that a brick-and-mortar center used to have a room where we are supposed to be doing the training, and then when they are trained, they are going to go home with the machine and the supplies. The training usually takes about two to three weeks. That's five days a week. The patients will come in. We do the exchanges in the center. Once they're trained they go home and do it. That's what it is. Hemodialysis takes a little bit longer because there's a machine that's involved. It takes about four to five weeks and that's what happens. This particular application is very important. The concept is very important because if you look at all the networks, network two, which consists of entire New York state. We are at the bottom. All the way to the bottom. I am on a committee that is put up by the federal government, which is asking us what are the things that you could do to improve it? My own feeling, I think having taken care of dialysis patients over the last thirty-five years. Almost every patient is probably eligible to do it. Is that the question is how we are going to make that happen? Once the patient goes to the dialysis unit they look at all those glittering machines and the nurses and technicians walking around. They say, why do I have to do it at home? That's the reason why we are taking it out. We are making it a freestanding place. Who are that identify needing to go on dialysis. They would seamlessly go home without having an intervening hospital admission, which are very, very expensive.

Mr. Robinson That's great explanation. Thank you.

Mr. Robinson Other questions for the committee or the applicant?

Applicant Thank you very much. It feels like old days. I think room is the same. Everything else is the same.

Mr. Robinson Even the people of the same.

Applicant Thank you very much for giving opportunity. Thank you.

Mr. Robinson Thank you, all of you.

Mr. Robinson Let me just open it up to the public. If there are any questions or comments from the public.

Mr. Robinson I'll call the question on this.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you very much.

Mr. Robinson Now, we turn to Mr. Furnish's applications. These are applications for residential health care facilities.

Mr. Robinson Beginning with application 202035E, Hilaire Care Network LLC doing business as Pine Forest Center for Rehabilitation and Health Care. This is located in Suffolk County. Established Hilaire Care Network LLC is the new operator of the seventy-six-bed residential health care facility located at 9 Hilaire Drive, Huntington out in Long Island. Currently operated as Hilaire Rehabilitation and Nursing. Department is recommending approval with a condition and contingencies.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Kalkut.

Mr. Robinson Mr. Furnish.

Mr. Furnish Good morning. My name is Mark Furnish. I'm with the Department of Health. Hilaire Care Network LLC doing business as Pine Forest Center for Rehabilitation and Health Care request approval to be established as the new operator of a seventy-six-bed proprietary Article 28 residential health care facility in Suffolk County. There will be no changes in beds or services as a result of this application. Financially, they meet the criteria. I want to point out that the lease agreement is an arm's length agreement. There is no relationship between the landlord and the lessee. Letters from two New York State licensed realtors attesting that the cost per square foot is that fair market value for the lease. Eli Greenfield, I want to make clear for the record, is not currently an operator of any nursing home. This is his first time with applying for that experience. However, the current policy for experience and it was just discussed and decided on a January 2026 PHHPC meeting was there at least one applicant of a proposed application have adequate,

relevant experience. What does that mean? Relevancy is defined as an owner, operator or a licensed nursing home operator, director of nursing or other leadership position at a health care facility. Mr. Greenfield has over five years' experience as a nursing home administrator. I do have in the exhibit the two homes that he has been an administrator in. One was Hilaire, and the other one is a recently new one. I would take those stars of the recently new one that he had little impact on that. However, we can say we researched this. He has no enforcement under his watch at either facility. With that, the department recommends approval. Thank you.

Mr. Robinson Thank you.

Mr. Robinson Questions?

Mr. Robinson Mr. La Rue, I was hoping.

Mr. La Rue It's a combination of questions for the department and for the applicant.

Mr. Robinson Can we have the applicant come forward, please?

Mr. Robinson Introductions.

Mr. Cicero Frank Cicero, a consultant to the applicant.

Mr. Greenfield Eli Greenfield, applicant.

Mr. Greenfield Thank you.

Mr. La Rue Are you anticipating that you're purchasing external shared services from a third party or a related party? My questions are all going to be related to the financial viability of the home. This is a seventy-six-bed standalone facility with 59% Medicaid fee for service and 1% Medicaid managed care. You've got 60% Medicaid, which we know that that reimbursement covers about $0.75 on the dollar. This application was submitted in 2020 six months into the pandemic. Have the financials been updated since then?

Mr. Greenfield Yes, we updated the financials in October 2023.

Mr. La Rue Did it include the new requirement around the 7040 and the 3.5 hours of staffing?

Mr. Greenfield Yes, it included that and include analysis of all three elements of the Public Health Law.

Mr. La Rue I never seen a financial model for a seventy-six-bed nursing home that was successful with that Medicaid percent. You add in the 3.5 hours staffing. I'm not sure how this model is working.

Mr. Greenfield We've submitted the financial statements, the projections. The department has reviewed them. I mean, it was vetted, Mr. La Rue, on a number of occasions. It's certainly a lean model. There's no doubt about that. A big part of that was in reduction of cost from the current operations is bringing therapy in-house. That as stated in the staff report and in addition the rent going down from current by a couple hundred thousand dollars.

Mr. La Rue Again, it's a seventy-six-bed facility. The application said that you're going to save $2,000,000 by bringing the therapy in-house instead of outsourcing. If you do the math on that that I think equates to the fact they were spending $26,000 a day on every single resident of the home on therapy services.

Mr. Greenfield The $2,000,000 million is a total. It was not all therapy.

Mr. La Rue Okay, because it says you're going to save $2,000,000 on therapy.

Mr. Greenfield I understand.

Mr. La Rue The star rating is currently 1 for staffing. It's a big jump to get from 1 to 3. Three doesn't even get you to the mandated per patient per day three and a half. You're telling me the financials include the required funding to get you to three and a half?

Mr. Greenfield They do. It is a current budget projected last October. If I could go through to address the star issue, if I may?

Mr. La Rue Really, this happened in the middle of the pandemic. I don't have any questions on the star issue. I'm just questioning how this works financially. You've got a two-year bridge loan at 6% and a letter of intent. Has that been updated since this application was submitted?

Mr. Greenfield Yes, that was updated several weeks ago.

Mr. La Rue I just have serious questions about how a seventy-six-bed standalone nursing home not getting services are part of a larger system is getting to a three-star staffing or 3.5 meeting the 7040. I think it should be further reviewed.

Mr. Robinson Let me just turn to Mr. Furnish and see if he's got any comments on that.

Mr. Furnish We believe he met the financial review. In order to ensure operations remained viable, we asked the applicant for some assurances that they would cover any operational shortcomings if they came up, basically ensuring that the applicants are invested in the continue operations of this entity. They're willing to put up their personal capital into this. There are a few operators out there that are qualified these days to run a nursing home. We recently dealt with the deceased member. The department still recommends approval of this.

Mr. La Rue If we're comfortable that it's been reviewed, it meets all of the new statutory requirements and the seventy-six-bed facility breaks even, or the operators willing to fund the deficit... I don't have any further questions.

Mr. Robinson Thanks.

Mr. Cicero If I could just state so that there's on the record and I think it may help Mr. La Rue and others as you think about the project at the full council when we're not able to speak. Mr. Greenfield will repeat his commitment. That has been made. We've had a very extensive review with the Bureau of Financial Analysis over the last several months on this project. In addition to that, on the one star I'd just like to give a little history on Mr. Greenfield's involvement with this facility and the comfort of the current operators in him

being the proposed operator. He was the administrator. As Mr. Furnish said, one individual from that operating group did pass away during the time after this application was submitted. This council saw the application to remove that person as an operator and distribute to other individuals. It really does need a change of ownership, but I want to just talk briefly about the one star. One month before Mr. Greenfield became the administrator of this facility. There was a very bad survey at the facility that continues to be in the star rating. I know you know the how the formula works for star rating. That survey in 2018 contributes eighty-four points against the facility's star rating today on the survey site. One year into his tenure as the administrator he lowered the points against the 52. In the 2022 survey during his last full year as the administrator, he lowered the survey points to four against. This week they've had a survey where the program administrator from the Department of Health in the survey said they had a very good survey and may only have four small findings if anything. They may have a deficiency free survey. They're very likely to go to either 2 or 3 stars as a result of when the 18 survey comes off when the one that just occurred goes into force. Also, during that time since COVID he brought the CMI significantly up while improving quality stars and getting occupancy to 97%. As he said, and I do want you to say for the record that you've committed your personal assets behind this. As Mr. Greenfield has said, this is his baby. This will be his first attempt at it. I'll echo what Mr. Furnish said. We went through a very significant and extensive review by the department of the financials.

Mr. La Rue I don't have any questions on the star rating. It was in the middle of the pandemic. I just continue to understand, try to understand what I'm missing. Because I could not put a financial model of a seventy-six-bed nursing home on a piece of paper with the new regulations and have it financially feasible.

Mr. Kraut I think that we're relying on the department's financial validation because.

Mr. La Rue I think we're also relying on the owners guaranteed.

Mr. Kraut The people loaning you money.

Mr. Greenfield I just want to reiterate that fact.

Mr. Robinson Thank you for putting that on the record. We appreciate that.

Mr. Robinson Dr. Berliner.

Dr. Berliner I'm sorry. You're committing your own personal resources to make up any deficit. For how long have you committed to?

Mr. Greenfield I didn't put a time on it. I mean, it's my baby. This was my baby. I lived and breathed it for the last five years. That's my plan going forward.

Dr. Berliner Thank you.

Mr. Cicero It's at least through three years. It's at least through the term of the projections. It's in the application.

Mr. Robinson I guess we do appreciate the fact that you are making this level of personal commitment. Good to hear the track record of how you've improved things in the time that you've had the operator responsibilities. Appreciate that too.

Mr. Robinson I'm going to call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson Application number 222260B, Oxford Nursing Home in Kings County. This is to relocate the facility from 144 South Oxford Street in Brooklyn to a new building to be constructed at 2832 Linden Boulevard, Brooklyn, and transfer 25.15% ownership interest from one deceased member to two existing members. The department is recommending approval with conditions and contingencies.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Kalkut.

Mr. Furnish Mark Furnish again from the department. I just want to make clear for the record that this is both an establishment application and a construction application. The establishment part of this deals with the transfer of the estate of Olivia Goldberg 25.15% interest to equally share to her daughters, Rochelle Brown, MD, and Goldberg, MD. They'll have equal shares of those remaining 25.15%, which gets rid of the estate issue with the current operations. Now, the construction, part of this deals with at the current facility is currently one of the oldest nursing homes in New York City and includes several multi bedded ward accommodation rooms. It's been in use as a nursing home facility since the 1950's. The new facility will employ the neighborhood concept to serve the residents better and create an efficient building for staff and operations. The new building would consist of three levels above ground and a basement. The new facility will have a twenty-four bedded housing wings, a central nursing station and support functions. This is a non-length agreement. What we did was we had the applicant provide two letters from the New York State Licensed Realtors attesting to the reasonableness of the rental rate. Now, in the effort of full transparency, we did receive a letter from a competing nursing home stating that moving so close to their facility could affect their occupancy rates. I will want to state for the record that this application does meet public need. The occupancy rates of all the facilities within a three-mile distance are extremely high in the 90% range. For that, we recommend approval for that and that this antiquated building really needs to be improved. With that, recommend approval. Thank you.

Mr. Robinson Let me begin by asking if there are questions from the committee?

Mr. Robinson Mr. La Rue, I was hoping...

(Laughing)

Mr. La Rue It'll be very quick. I just want to be sure that---

Mr. Kraut That's why you're here.

Mr. Robinson We really appreciate your expertise. Thank you for weighing in.

Mr. La Rue I'm just checking that the financials were updated to reflect the statutory requirements on the 3.5 staffing hours and also the 7040 requirements.

Mr. Kraut Let's get to the table. That's directed to the department.

Mr. Kraut Mr. Furnish, you could defer to the applicant.

Mr. Evans You want me to answer that?

Mr. Kraut Hold on.

Mr. Robinson Mr. Furnish, do you have any comments on that?

Mr. Evans Ken Evans of the department would like to answer that question.

Mr. Robinson Go ahead.

Mr. Evans I mean, we're going to defer to the applicant. To the extent that we evaluated the budget, and we reviewed the budget and ensured that staffing components were included based on what was submitted to us and the information that we obtained. The answer to your question is yes. Again, I would ask the applicant to come up and try and respond to the question.

Mr. Robinson Here is the applicant.

Mr. Robinson Please introduce yourselves.

Mr. Shapiro I'm Bob Shapiro, consultant Norman McCutchen and Sam Foyer from the facility. Yes, with the Bureau of Financial Analysis all of the regulatory requirements and the ratios alike we're submitted to the department at the end of the year 2023.

Mr. La Rue Just to be clear, what you're saying is that the financials were revised to meet all of the statutory requirements for staffing in the 7040 regulations?

Mr. Shapiro Yes.

Mr. La Rue Thank you.

Mr. Robinson Ms. Monroe.

Ms. Monroe We got a letter. I don't have it open. I can't remember the name. That is going to be very physically close to your new location. I'm wondering can you help us understand why that location seemed to be the right one for you so that you are, essentially from a letter right on top of this other home?

Mr. Shapiro The facility is located in Brooklyn. Finding a suitable location was very challenging. It's a very, very old building. Originally, we were trying to build in Red Oak. That did not work out. Where we are currently we are just as close or almost just as close to a 400-bed facility. We have another facility around the corner from us that's 148 beds. Brooklyn is a very dense neighborhood. Proximity, we don't consider that an issue. We are getting probably our leading referral source is Brookdale Hospital, which is right next to Linden Boulevard. The fact that we're in Fort Greene currently is not an issue. We don't get our admissions from our hospitals that are a block away. We get admissions from Manhattan hospitals. Like I said, we get from Brookdale Hospital, probably our biggest feeder. We get admissions from SUNY Downstate. We get admissions from Woodhull. The fact that we're right next to them, I don't consider that to be an impediment. They're at 97% occupancy right now. The entire Brooklyn is. There's no reason to assume that because we're moving next to them that that's going to change. There's a need. We're an existing facility. We're not adding in a tremendous number of beds over here. I don't see that affecting the need that exists for nursing home beds.

Mr. Kraut Just to the department, what was the last time we had a new nursing home built in Brooklyn? I can't remember.

Mr. Shapiro It'd be before my time.

Mr. Kraut We'll assert that I've been working in Brooklyn like four years. It might have been one of the HHC ones that got rebuilt. You're like a block or two away from Barclays. I remember the building. Somebody said it was the oldest operating building for a nursing home. You made your point. Thank you.

Mr. Robinson I know we have a few speakers here. I want to make sure we get to those.

Mr. Robinson Before I let the applicant go any questions for the applicant?

Mr. Robinson Dr. Berliner.

Dr. Berliner What's going to happen to the old building?

Mr. Kraut Hopefully it'll be torn down.

Mr. Robinson We're currently leasing the old building. The landlord will make that decision.

Mr. Robinson Other questions for the applicant?

Mr. Robinson Thank you very much.

Mr. Robinson We may call you back depending on the comments we get and need to get a response from you. Let me go to people who have signed up.

Mr. Robinson Just a comment in terms of people who are making comments. First of all, we're going to limit you to three minutes. Secondly, try not to say the same things that the people commented before. We're really interested in the breadth of information that you can bring to the table. It would be very helpful if you were providing perspectives that were a little bit different.

Mr. Kraut I would only add that could you also focus your argument on why we should not approve the construction of a new nursing home in Brooklyn to vacate a building that's among the oldest operating one in Brooklyn? Just to be clear, the fact that it's being next to another nursing home. I'm looking at a map of all nursing homes in Brooklyn. They're all over as you know. Just be clear that's one of the things we'd love to hear about why we should not approve and deny the residents of Brooklyn a new nursing home.

Mr. Robinson I apologize if I don't pronounce the names right. First up would be Victor Areola.

Mr. Areola Yes.

Mr. Robinson Thank you.

Mr. Robinson Next is Kelly Doria.

Mr. Areola Good afternoon as it is now. I'm the administrator of Brooklyn United Methodist Church home, 120 bed not for profit skilled nursing facility three blocks away from the proposed opening of this facility. I understand the gentleman said that there is a need. On the heels of what just transpired with the pandemic all nursing homes, as I understand it had a terrible time with census and the ability to maintain census with the new 240 bed facility would pose an immense challenge, which would then lead to financial constraints that might lead to closure. My biggest concern, quite frankly, is how we're going to staff. We are currently in staffing shortage in the healthcare industry. We've maintained a reasonable staffing level. When you have such a facility so close and another one right across the street, I think it's going to be an impediment to our providing the proper care and staffing.

Mr. Robinson I just have a general question for you. This is not adding beds to the community or to Brooklyn. I mean to my way of thinking it's not like people choose a nursing home on the basis of geography, per se. I mean, it's got to be reasonably proximate for family. If that new nursing home was built ten blocks away from you when you look at it in the overall scheme of things in terms of staff recruitment or getting referrals, which don't come from the neighborhood. They come from hospitals and other sources. Why would it be different if they were five blocks away versus where they're coming, which is understandably right next door to you?

Mr. Areola The difference in my mind, obviously, is that a brand-new shining nursing home opened a couple of blocks away might deter the families that visit from the community.

Mr. Robinson I just wanted to get your point of view.

Mr. Kraut You just you make a point about you're concerned about occupancy. We asked the department. I asked for the most current occupancy data. Your Brooklyn United Methodist Church home. You filed 96%. Brooklyn Queens Nursing Home, which is not down the road from you 98%. The Linden Center for Nursing 98%. Spring Creek Rehabilitation, which is two miles from the site 97%. I don't see that as a valid issue. We're full up in nursing homes. We're dealing with a master plan on nursing where we're trying to encourage the investment in nursing home. This does not preclude you from rebuilding your nursing home. You come here and say, we want to rebuild. I think you'll find a very welcome counsel. Whether you'll see a welcome department that'll be up to them. We

want to see investment. We want to see the nursing home building stock rebuilt. We want to see you appropriately receive reimbursement. A little out of our purview. We're big supporters. That's why we're trying to do that. I understand your arguments.

Mr. Robinson I appreciate the comment. I think we do understand. I mean, our assumption is that if this nursing home, which is old, is relatively full. They're actually going to have a nursing home with the same bed capacity. Those people are going to transfer over. I mean, you're all going to be full. I'm not sure whether the dynamics are really as dramatic as you may suggest they are. I'm not sure about that. I think it's an important comment. We'll thank you for that comment and input. We appreciate it.

(Unclear)

Mr. Robinson We appreciate the comments. Thank you.

Mr. Robinson Ms. Doria and up next Mr. Hurdle, I believe.

Mr. Robinson Please go ahead.

Ms. Doria Hi. I'm Kelly Doria. I'm Regional Manager for Brooklyn Queens Nursing Home. Just a few of the concerns that we had. Primary one is surrounding staffing. I mean, we all know there's a staffing shortage in health care. This facility being so close, I think that's going to be detrimental to our efforts to maintain our staffing levels. Right now, it's a daily struggle to maintain both census and staffing levels. Having a brand-new building right next door basically is an enticement for staff. Oh, let's go work at the new nursing home. We may lose staff. That's going to affect our residents. It's going to add stress to their lives. It's going to disrupt their day-to-day routine. It's definitely going to be a detriment to our viability. As far as census, basically the same thing where it's a daily struggle to maintain our census. Being an older facility, an older building we have to sort of work a little bit harder than a brand-new shiny building. We have to prove to get them to come into our building. They see an old building. We have to prove that we have what it takes to take care of these people appropriately. We have a long-standing relationship with the community. Brooklyn Queens has been there for around sixty years. We have a long-standing relationship currently with the community. We do vaccination clinics. We employ people from the community. People in the community have their loved ones in our nursing home. We are trying to improve the facility. We have received grants for renovations in the facility. Now, with these grants, we have the capacity to increase our bed census up to 100 beds. Why can't we build up on the facilities that already exist and already have existing relationships?

Mr. Robinson If you can add 100 beds and you can modernize your facility, as Mr. Kraut said, this council would sit here and applaud. We would be very happy to support an application that moved in that direction. I think we are in need of long-term care facilities in. Frankly, I think all long-term care is suffering from inadequate reimbursement. That adds to the struggle. That's not specific to a project. That's generally the entire industry. We appreciate your comments.

Mr. Robinson Thank you very much.

Mr. Robinson Good morning. Yannick Humphrey is up next just if you're there.

Mr. Robinson Is it green?

Mr. Robinson Is there a green light down there?

Mr. Robinson There you go.

Yanick Humphrey Sorry about that.

Yanick Humphrey First, I'd like to just say thank you for allowing us the opportunity to speak today. On behalf of, Brooklyn Queens Nursing Home and the pending application for Oxford, we are politely asking for this application to be deferred. Brooklyn Queens Nursing Home has presented letters to the department as far back as 2018 with concerns with this application. After listening to some of the department's comments back and forth I kind of want to just take everything that I wrote last night and throw it away. Let me just breeze through this real quick, and then I'll get to some of your points. As you know, Oxford's proposal is to construct a 240-bed replacement facility with a total project cost of approximately $86,000,000, nearly $360,000 per bed directly across the street from Brooklyn Queens Nursing Home, as well as Brooklyn United Methodist Church Home, a not-for-profit organization. This project also proposes to relocate the facility far from its intended catchment area to the opposite side of Brooklyn, and also add an additional five beds to their current certification. Bear in mind that Oxford, although it claims that it gets referrals from Brookdale Hospital, other than that they probably have very... Zero relationships with the community. Brooklyn Queens Nursing Home has been in existence for over sixty-five years. That would make it one of the older nursing homes in Brooklyn, which I'll get to that point and follow up. The impact of implementing this project will have a severe, direct threat to Brooklyn Queens Nursing Home as well as other facilities in the region, most notably Brooklyn United Methodist Church Home, Linden Center for Nursing Rehabilitation, and the Bushwick Center for Health Care. These threats include financial stability, staff retention, and recruitment. Placing a 240-bed nursing facility in such close proximity to these existing nursing homes will drain staffing resources and drive down financial conditions over the competitive forces in the region. Today, we ask what analysis has been done by the department regarding the impact the existing providers in the area? Of note, the department's staff report details a historical occupancy rate for Oxford from 2020 to 2023. Rates for 80.6 and 83.8. Typically, when the facility's occupancy consistently falls below the Department of Health Planning optimum.

Mr. Robinson Could you wrap up your comments, please?

Yanick Humphrey Yes.

Mr. Robinson Thank you.

Yanick Humphrey The department considers for that operator to decertified beds. Here we're giving them beds. Now, let me just quickly roll down to Brooklyn Queens has been awarded two separate grants through the Statewide Hospital Transformation grants. They were given approximately $6,000,000. The operator is currently investing another $11,000,000 for a total investment of $17,000,000 into that project. They're doing this and being able to renovate the facility in place while the renovations are going on. I ask, how come Oxford can't do that? Oxford's building is just as old as Brooklyn Queens Nursing Home. If Brooklyn Queens can do it Oxford should be able to do it and they would be able to stay.

Mr. Robinson I'm not sure that the age is correct. I mean, maybe the length of time as a nursing home, but the age of the building is probably different.

Yanick Humphrey Got to be close.

Yanick Humphrey Then there's a question of fair and equitable distribution of resources. If the department has determined that this area of Brooklyn, and I know it well, because I worked at Brookdale for ten years. If this area of Brooklyn and the department feels that this region needs beds, well, Brooklyn Queens Nursing Home is able to implement forty beds right now. They can renovate that floor right now at a cost of approximately $30,000 a bed.

Mr. Robinson We understand the points you make.

Yanick Humphrey Okay.

Mr. Robinson Thank you very much. Appreciate your comments. I would just actually, you know, what comes to mind for me is Macy's and Gimbels. I know most of you are not old enough to know what that means. Gimbels, certainly you don't know. These stores are right across the street from each other on 34th Street. Honestly, I think they both benefited from being in direct competition and actually creating this real powerhouse retail environment that actually raised all boats. I mean, one way to look at this, in my just personal opinion, is that actually creating this sort of health care mecca in this area and having multiple nursing homes actually might end up being a plus for all of you rather than being seen as a negative. Personal opinion.

Yanick Humphrey If I may, being that Brooklyn, Queens Nursing Home could easily implement anywhere between forty and one-hundred beds. I asked the question being that it's an existing provider---

Mr. Robinson Yep.

Yanick Humphrey Why not allow that facility or that provider that's been able to maintain their operating census at the department's optimal level, allow them to have additional beds.

Mr. Robinson Well, thank you for that. Thank you for those comments. Appreciate it.

Mr. Kraut You're welcome to apply.

Yanick Humphrey Well, as a matter of fact, as for the third grant. There was a second grant that we have from Statewide Hospital grant We have a CON application to renovate the other half of the building, and we'd like to be able to include forty beds. Would you support that?

Mr. Kraut The department is aware of these applications. They're aware. They've given us a recommendation based on knowing all the facts that they have before them. We're not going to engage in a two-way conversation.

Mr. Kraut Let's hear for the next comments, please. Let's continue moving the meeting.

Mr. Robinson The meeting some for you.

Danni Comfrey Good morning. My name is Danni Comfrey. I'm the Wound Care Coordinator at Brooklyn Queens Nursing Home.

Mr. Robinson Ms. Ford is up next.

Danni Comfrey I'm going to be short and sweet. The congestion... I mean, anyone who knows who's familiar with the community. I live there in the community. I live in the area. Between the noise, additional parking problems, I believe is really going to ruin the demographics for the facilities, other facilities around and where the people live. That's pretty much what I have to say.

Mr. Robinson Thank you very much for your comments.

Mr. Robinson Ms. Ford, please introduce yourself.

Mr. Robinson Ms. Thomas is next.

Ms. Ford Good morning. My name is Shaquana Ford. I'm representing Brooklyn Queens. I'm the social work assistant. I live in the community. I just feel like Brooklyn Queens aides in keeping our community healthy. We also give a place for the community and a familiar, comfortable place for the residents. As a former hospital, we're now turning into a rehab center where the residents are familiar with the community. Bringing a new facility will kind of like disturb the peace. That's all I have to say.

Mr. Robinson Thank you. I appreciate that.

Mr. Robinson Is this Ms. Thomas?

Mr. Robinson And then I have Ms. Lewis McCook next.

Ms. Thomas Hi. Good afternoon. Thank you for having me. My biggest concern is the possibility of loss of staffing for Brooklyn Queens Nursing Home. We are in New York, which is one of the most impoverished neighborhoods in Brooklyn. We are close to Brownsville, which is also one of the lowest income areas. The East New York area has a household income of approximately $46,000. Oxford is coming from the Prospect Heights, Fort Greene area where you have median income of about $110,000 to $135,000. My concern is I'm not sure about the population within the facility Oxford, but if they're moving the residents to East New York. My concern, family is going to travel from that end of Brooklyn to visit. The staffing, like I mentioned earlier. It's very detrimental to Brooklyn Queens Nursing Home to lose staffing at this point. If our bottom line is affected that can happen. It can be unsustainable to the facility. That can also be a loss for community. Most of our staff are single females, head of whole households. We wouldn't want to lose our staffing. We wouldn't want our population to lose their jobs.

Mr. Robinson Thank you for your comments. We appreciate that.

Mr. Robinson Ms. Lewis McCook.

Mr. Robinson Good morning. Oh, good afternoon.

Sandra Pitterson-Cohen Good afternoon everyone. My name is Sandra Pitterson-Cohen. I'm the CFO of Brooklyn United. Brooklyn United was formed in 1883. We moved to this building in 1965. In terms of being the oldest nursing home, I think Brooklyn United is. We are not-for-profit. It's a faith-based facility. We take what is called the lease of these. A couple of years, you know, past where we had COVID, and I can tell you, me personally, I do staff. I can tell you for sure that this is going to affect our staffing. Sometimes, we work fourteen, sixteen hours a day just trying to get CNAs to come to our facility. If they have this brand-new facility, which I pass by every day that I come to work they will go to this nursing home, and we will have a very difficult time to operate. I am begging you to defer this application, because it's seriously going to impact on the operations of the nursing home. We will close for sure. We will not be viable. The staff is going to go and work in this facility. Right now, as it is, our DNS is working so many hours. The ADNS and many times we have no RN supervisor were then the DNS has to come in and cover and the ADNS. We are overextended. You get a brand-new facility. Like I said, it's a beautiful facility. They're going to go and work in this facility. We will have no staff to take care of our residents. You talking about census? Okay, we'll get the census, but we will have no staff. If we have no staff, we can't take care of our residents. Thank you very much for the opportunity.

Mr. Robinson Thank you all. And for those of you that have commented, especially those opposing the application, I do appreciate both your passion and your commitment to your organization and to your community. We very much value the input that you provided to this conversation. Thank you all of you very much.

Mr. Robinson I am going to kind of come back to the committee and the council now to see if there are any more questions or comments that people on the committee or the council want to make on this application.

Ms. Monroe My first question is how far will the new building be from the old building?

Mr. Robinson Five or six miles.

Ms. Monroe It's miles.

Mr. Robinson It's miles.

Ms. Monroe We've heard several speakers ask us to defer this proposal. I don't know what that means or what would be gained by deferring it. I guess I need to understand what the specific request of the community is.

Mr. Robinson I think the deferral is really a denial of the location is what really I'm hearing. I mean, that I think the... You know, they may not be as versed in our processes. Deferral is because we need a little more information.

Ms. Monroe Right, that's what I had.

Mr. Robinson They don't want this to happen. Not that we just delay a decision.

Mr. Robinson That's for that's for us. Technically a deferral means it comes back.

Ms. Monroe Well, that's what I thought.

Mr. Kraut I believe the department has provided us with all the information we need to make a decision.

Ms. Monroe Or something would be happening between now and then.

Mr. Kraut That's correct.

Ms. Monroe Lastly, and I guess this is for the department. They will not own the building. It's an affiliate of Oxford Nursing Home. Did you do the same analysis of that lease and how it would be fair to the people of Brooklyn?

Mr. Furnish Yes, we did. We have two independent real estate brokers testifying the fairness of the lease.

Ms. Monroe The lease is appropriate?

Mr. Kraut Its market rate.

Mr. Furnish Market rate.

Mr. Robinson Mr. Thomas.

Mr. Thomas Mark, excuse me if I missed this. What's the timeline on the construction of this $86,000,000 facility? I can ask the applicant, Mark. It's fine.

Ms. Monroe I do have one more question.

Ms. Monroe I'm interested in what happens to the neighborhood that Oxford leaves. Is there sufficient nursing home capacity in that neighborhood as well as where they're going?

Mr. Robinson The Carlton Nursing Home is around the corner. I mean, I could do this from memory a little. There are nursing homes all over Brooklyn. This is essentially moving from the Fort Greene area, which is on the East and the Western part of Brooklyn, near the Barclays Center, which is kind of a transportation center to, as you heard, one of the communities that suffer from lower economic issues, socio demographics, social determinants of health. I could argue the fact we're bringing more jobs into a poor community.

Mr. Furnish The answer to the question is the approval is conditional upon the project being completed by October 15th, 2026. Construction must start before August 15th, 2024. Construction must be completed by July 15th, 2026 presuming the department has issued a letter deeming only those that have been satisfied.

Mr. Robinson They just extend it.

Mr. Thomas I guess my only point being that we're not talking about a two-month runway here. We're talking about a two-and-a-half-year runway. All of your comments are well-meaning. I understand them. It's not like it happening next week. As you're doing your planning and your strategies you can start to look for grants to do your own renovations, etc. That was the reason for the question I just wanted to know. Thank you, Mark.

Mr. Robinson Thank you, everybody. Very thoughtful. Like I said, I think the tone of this conversation about concern for the community that you're serving, the workforce issues that are really legitimate and pervasive across long term care and the rest of health care. We're all struggling with that. We're going to need the state's help, frankly, to solve some of these problems, I think. I don't want to jinx myself, but hopefully we'll get some relief in the state budget.

Mr. Robinson With that, I'm going to call the question. We have a motion on the floor for this application.

Mr. Robinson All those in favor say, "aye.".

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson Thank you again very much for coming and for your comments.

Mr. Robinson I'm going to homecare agency licensure is now.

Mr. Robinson Application 222103E, Lincare of New York Inc. The geographic service area is listed in the in your in your material. It's extensive. This is to transfer 100% ownership interest from the current shareholder to a new shareholder LLC. The department is recommending approval.

Mr. Robinson Motion, please, from Dr. Berliner.

Mr. Robinson Second Dr. Kalkut.

Mr. Robinson Mr. furnish.

Mr. Furnish Yes, Mark furnishes from the department again. I just want to remind everyone that we're crossing the border now from Article 28 land to Article 36 land. The language and the regulations are different. It's 44 degrees in Article 28 land. It's 5 degrees Celsius in Article 36 land. I just want people to know that there's differences. The reason I bring that up is because we're seeing in a lot of these applications' lengthy organizational charts of grandparents, great grandparents, LLCs shooting off, things of that nature that you don't see in normal Article 28. That's because the regulations for Article 36 talk a lot about control, sphere of influence, controller influence on director cause the direction of actions, management and policies of the applicant. When we look at these for character and competence purposes we have to determine when we look at these big lengthy graphs who controls the LHCSA, the licensed home care service agency. Is it up here at the great grandfather level or is it down below? We've made a policy where we either don't do any of these because this is the way the industry is trending with these national models for home care is we either review everybody and then we would never see an application really come to PHHPC, because it would take forever to do every state, every person and every subsidiary, things of that nature. We took the language of looking at control. We worked out where we tell the applicant you come in. You point to us where control stops.

Everybody above that level you write an affidavit of no control. If we catch you making decisions above that level then we'll go after you. Everybody that you want to be in control, we do a full character and competence check on them. That's what you're seeing in a lot of these. I just wanted to explain that because if you're going into an article 28 mindset and looking at these Article 36 applications you could have your degrees off. You don't need as heavy a coat. Project 22103 E, Lincare of New York is an existing licensed home peer service agency that is seeking approval to transfer 100% of its ownership interest to a new shareholder Cabot Fusion New York LLC. It meets our financial requirements of a certified public accountant demonstrating financial feasibility. It meets the need because it's a transfer of ownership of over twenty-five or more patients. The current owner has twenty-five or more patients, so that meets the need. They also provided in the appendix their workforce plan in summary as requested by the council in the previous meeting. With that we recommend approval of this.

Mr. Robinson Questions on this application?

Mr. Thomas Thank you for that explanation. It's great. This company that's buying it. That's an existing company? It's not a new company?

Mr. Furnish Correct.

Mr. Thomas And the owners of Lincare are they totally out of the picture?

Mr. Furnish They're getting out.

Mr. Thomas They're cashing out.

Mr. Furnish They're cashing out.

Mr. Thomas It's not a roll up.

Mr. Furnish No it's not.

Mr. Furnish They're cashing out. The new people coming in have this.

Mr. Thomas They've got some bigger thing.

Mr. Furnish Big thing.

Mr. Thomas I mean, who is the ultimate parent? I'm just curious.

Mr. Furnish The ultimate parent is Novo Holdings JVS in Denmark. It looks like Denmark. That's what we're dealing with. That’s why we got into that affidavit of no control because otherwise we'd be going to Denmark.

Mr. Thomas Thank you.

Mr. Robinson Any other questions from the committee?

Mr. Robinson Applicant questions only.

Mr. Robinson Anybody from the public on this application?

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson Application 222140E, American Outcomes Management LP. Again, along service area. Geographic service area that's listed in the agenda. Again, another 100% partnership interest from the current partners to a new LLC partner. Department is recommending approval.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Kalkut.

Mr. Robinson Mr. Furnish.

Mr. Furnish Thank you.

Mr. Furnish Again, this is a licensed home care service agency seeking a transfer of ownership. They meet the public need because they're actively serving over twenty-five patients. They meet the financial summary of a certified public accountant demonstrating financial feasibility. Again, the character and competence check were done at the people at the control level. They also provided the workforce summary. With that, the department recommends approval.

Mr. Robinson Questions?

Mr. Robinson Applicant questions only.

Mr. Robinson Anybody wishing to speak?

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Opposed?

Mr. Robinson Abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson 231120E, Health Quest Home Care Inc, which is a licensed entity. Again, a long geographic area in the agenda. Noting a conflict and recusal by Mr. Kraut who has left the room. This is a transfer of ownership interest above the parent level. The department is recommending approval.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Doctor Kalkut.

Mr. Robinson Mr. Furnish.

Mr. Furnish Thank you.

Mr. Furnish Again, this is a transfer of ownership for a licensed home care service agency. It meets public need because the current operator actively serves over twenty-five patients. It meets our financial summary of a CPA demonstrating financial feasibility. It meets character and competence. They've also provided the workforce summary. With that, we recommend approval.

Mr. Thomas Who's buying that?

Mr. Furnish Health Quest systems Inc is the sole member of Health Quest Homecare Inc. Will become the sole member of Health Quest Homecare Incorporated. Its Nuvance Health is the sole member of Health Quest Systems.

Mr. Thomas This is part of their merger rollout?

Mr. Furnish Exactly.

Mr. Thomas Thank you.

Mr. Furnish Nuvance Health is the answer to the question.

Mr. Thomas Health Quest is the old Kingston.

Mr. Thomas Oh, that's Health Alliance.

Mr. Thomas Just a quick question. In this instance, and I'm tracking the corporate structure conversation. You did a full character on confidence all the way up on this one?

Mr. Furnish Correct, because they had it.

Mr. Thomas Unlike Denmark.

Mr. Furnish Exactly.

Mr. Thomas You've got all the volunteer board members.

Mr. Furnish If they want to volunteer to be in, you know, and you don't sign the affidavit. You want to be on the hook. That's fine.

Ms. Thomas They've submitted their information for full character competition review by all of you---

Mr. Furnish Correct.

Mr. Thomas All those board members?

Mr. Furnish Correct.

Mr. Thomas It's an either or.

Mr. Furnish It's either or.

Mr. Furnish Thank you.

Mr. Robinson Anyone else?

Mr. Robinson Ms. Monroe.

Ms. Monroe Sorry to prolong this, but I'm just struck with how many affiliations these people have. It's all the same affiliations. Is that part of a bigger system as well? I mean, they're all affiliated with Danbury Hospital, Norwalk Hospital, all of these. Are they interrelated at all?

Mr. Furnish I would defer that to the applicant to answer that question.

Ms. Monroe I appreciate the grandparent look. It also feels like it's going this way.

Mr. Robinson I think just some organization clarification, Mr. Cicero, once you do the introductions.

Mr. Cicero I'm Frank Cicero, a consultant to the applicant.

Ms. Parker Ms. Parker, manager for strategic planning for Nuvance.

Ms. Blake Allison Blake, Vice President for home care for Nuvance.

Mr. Cicero I think it's a relatively simple answer. Nuvance Health System is a grandparent well above this entity. It was approved by this council back in 2018. This transaction could not go through because there was a moratorium on the transaction. It's here now. All of the board members from Nuvance are the same board members at Health Quest. That's why they all show the same affiliations. They're all over the hospitals.

Ms. Monroe They are board members of all of these hospitals?

Ms. Parker They are board members of Nuvance Health. Each hospital then has their own separate board, but these are the highest-level board members.

Ms. Monroe When it said there's an affiliation with Danbury Hospital you're not saying they're on the board?

Ms. Parker No, but Nuvance is the parent of all of those organizations.

Mr. Robinson Including the hospitals.

Ms. Parker Yeah.

Mr. Robinson It's just that's a growing system that has a whole bunch of affiliates. Affiliation is kind of like a misnomer in some ways. I mean, it's really ownership.

Ms. Parker Right.

Mr. Thomas I assume that Peter, on that point, the parents are sole member of these hospitals. Is that right? They're not for profit equivalent of owner. They're required to disclose all of those hospitals, each board member.

Mr. Robinson I mean, I think that's one of the things you get when we're promoting an active parent model, which we are. I think that's why you're seeing all of this. It's actually creating more visibility about these relationships, which is actually a plus.

Ms. Monroe Well, I agree with that.

Mr. Robinson I think we've answered your question.

Mr. Robinson Pause for a second.

Mr. Robinson Any other questions for the applicant or Mr. Furnish?

Mr. Robinson I think you're okay then.

Mr. Robinson Anybody from the public on this application?

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you very much.

Mr. Robinson We are now at 231216E, Tanglewood Manor Inc. Again, a long geographic area service area on your agenda. Transfer 100% ownership interest to a new shareholder LLC. This is a little bit of the same story with a different set of actors.

Mr. Robinson Motion, please.

Mr. Robinson Mr. La Rue will make the motion and Dr. Berliner was second this one.

Mr. Robinson Here you go, Mr. Furnish.

Mr. Furnish Sure.

Mr. Furnish This one is a much simpler transaction, but it's the same where it's a transfer of ownership. Public need is met by serving that the existing operator that's selling has over twenty-five patients. That meets the need. Financially, it meets our CPA demonstrating financial feasibility. The character and competent is met. With that, we recommend approval.

Mr. Robinson Thank you.

Mr. Robinson Questions?

Mr. Robinson Ask another question, Ann.

Ms. Monroe I'm sorry.

Mr. Robinson No offense. We really want to hear your questions.

Ms. Monroe You'll get one more. What I would like to understand is for a lot of these organizations they were not able to go ahead with ownership changes because of the moratorium. The rest of the operations that were involved with an ownership transfer. Did those go through, and they were left with the previous owner?

Mr. Furnish I believe under the moratorium that we allowed some transfers of ownership to occur during the moratorium. It was new ones that you couldn't create. However, the reason I keep saying twenty-five or more meets need is because we changed the need methodology during the time of the moratorium. You could transfer anything. You got to have at least twenty-five or more active patients. The thinking behind that was is you don't want to buy a license and then sell it.

Mr. Robinson We didn't want them to flip.

Mr. Furnish Flip it. That's why.

Mr. Robinson Roll them up.

Ms. Monroe Well, I think my question was a little bit different. If you're part of a big system and it's being transferred, ownership is being transferred. Everything went through a year ago, two years ago as Frank Cicero was saying, except this piece, this piece of it stayed with the old owner all these years and did not transfer?

Mr. Kraut Yeah.

Ms. Monroe I want to make sure.

Mr. Kraut It happens all the time.

Ms. Monroe Well, I didn't know that.

Mr. Kraut It's whatever the rules are you have to follow them.

Ms. Monroe Well, that it would just seem odd.

Mr. Kraut Yes, we would agree with you. We would agree with you. Your logic is impeccable.

Ms. Monroe Did that get on the record?

(Laughing)

Mr. Kraut You are 100% correct. They have to play the cards they're dealt.

Mr. Robinson Applicant questions only.

Mr. Robinson Anybody from the public on this application?

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Application 232021E, Ideal Care SP LLC. Again, a long geographic area. This represents a 73% transfer of ownership interest from one withdrawing member by an existing member to two existing members and one new member. Department recommends approval.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Kalkut.

Mr. Robinson Mr. Furnish.

Mr. Furnish Thank you.

Mr. Furnish This one is much simpler. This one is associated with an assisted living program. Only one assisted living program, which is an ALP, which need to Article 36, licensed home care provider to be associated with it to provide nursing services, things like that. This is a change of ownership from one group to another. 70 some percent, I believe. It meets our financial feasibility program that meets our standards. Need is because of the ALP component. They do have a workforce summary in the background. With that, we can recommend approval.

Mr. Robinson Thank you.

Mr. Robinson Questions?

Mr. Robinson Applicant questions only.

Mr. Robinson Anybody here wanting to speak on this hearing?

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson We are now to certificates. Mr. De Coco can comment if he wishes. You may raise questions. I'm just going to call the application and ask for approval. The first is Lakeshore Hospital Foundation Inc. The department is recommending approval.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Kalkut.

Mr. Robinson Any questions?

Mr. Robinson He's on the screen.

Mr. Robinson We're just identifying the staff.

Mr. Robinson All in favor?

Mr. Robinson Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Open Door family Medical Center Inc. Department recommending approval.

Mr. Robinson Motion, Dr. Berliner.

Mr. Robinson Second, Mr. La Rue.

Mr. Robinson Anything on this?

(Laughing)

Mr. Robinson I am sorry. This is getting to the end of a long meeting.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson Certificate of amendment to the Articles of Organization for Pontiac Nursing Home LLC. Department recommends approval.

Mr. Robinson Dr. Berliner motions.

Mr. Robinson Dr. Kalkut seconds. You were quicker this time.

Mr. Robinson Any questions on this one?

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstention.

Mr. Robinson Motion carries.

Mr. Robinson Finally, the restated Certificate of Incorporation for the Guidance Center of Westchester Inc. Approval recommended by the department.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Kalkut.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Ladies and gentlemen, we are done. Thank you all for your patience and your hard work in getting ready for this meeting.

Mr. Robinson If you want to make announcements about council meeting.

Mr. Kraut Next meeting, the Codes Committee will be convening on the morning of the council meeting, which will be Thursday, February 8th. It'll be immediately followed by a full council meeting. We hope to have the Commissioner in attendance. I've asked for Mr. Bassiri to join the Commissioner to go through the recently announced waiver that I know

we had a lot of questions about previously. We'll have a full day that day of those presentations introduce.

Mr. Kraut I think we're going to do that for the retreat, but we'll talk about the retreat and some of the agenda topics then.

Mr. Robinson Thank you to the great work of the department staff, all of you and for the members of the committee and the council for your hard work as well.

Mr. Robinson We are adjourned.

Ms. Parker Thank you.