

State of New York
Public Health and Health Planning Council

Minutes
April 16, 2015

The meeting of the Public Health and Health Planning Council was held on Thursday, April 16, 2015 at the Empire State Plaza, Concourse Level, Meeting Room 6, Albany, New York. Chairman, Mr. Jeffrey Kraut presided.

COUNCIL MEMBERS PRESENT

Dr. Howard Berliner	Dr. Gary Kalkut
Dr. Jodumatt Bhat	Mr. Jeffrey Kraut
Ms. Kathleen Carver-Cheney	Mr. Arthur Levin
Mr. Michael Fassler	Dr. Glenn Martin
Ms. Kim Fine	Ms. Ellen Rautenberg
Dr. Carla Bouton-Foster	Dr. John Ruge
Dr. Ellen Grant	Mr. Peter Robinson
Dr. Angel Gutierrez	Dr. Anderson Torres
Ms. Vicky Hines	Dr. Howard Zucker (ex-officio)
Mr. Thomas Holt	

DEPARTMENT OF HEALTH STAFF PRESENT

Mr. Charles Abel	Mr. George Macko
Mr. Udo Ammon	Mr. JP O'Hare
Ms. Barbara DelCogliano	Ms. Linda Rush
Mr. Christopher Delker	Mr. Timothy Shay
Mr. James Dering	Mr. Michael Stone
Ms. Alejandra Diaz	Mr. Daniel Sheppard
Mr. Kenneth Evans	Ms. Lisa Thomson
Ms. Debra Fox	Ms. Diana Yang
Ms. Yvonne Lavoie	
Ms. Colleen Leonard	

INTRODUCTION

Mr. Kraut called the meeting to order and welcomed Council members, meeting participants and observers.

MR. CHRISTOPHER BOOTH

Mr. Kraut recognized Mr. Booth who recently resigned from the Council. He described Mr. Booth as a very dedicated and a valued member of this Council. Mr. Kraut noted that he and Dr. Boufford have signed a Resolution of Appreciation on behalf of the Council and read the resolution. Please see pages 2 and 3 of the attached transcript.

Mr. Kraut turned the floor over to Dr. Zucker to give the Report of the Department of Health Activities.

REPORT OF DEPARTMENT OF HEALTH ACTIVITIES

Dr. Zucker began his report on the topic of Executive Budget.

EXECUTIVE BUDGET

Dr. Zucker noted that the Executive Budget recently passed, and the Department had several pieces of good news in the upcoming budget season, which will enable the Department to pursue their goals. Overall, it provides an unprecedented level of resources to support the health system transformation.

Capital Funding

Dr. Zucker stated that the enacted budget includes a comprehensive package of capital funding and short-term operating assistance that will support health care transformation, in communities throughout the state. This includes \$285 million in addition to vital access provider funds to help financially fragile health care providers continue to operate while they implement the long-term sustainability plans. The Department also received \$700 million in funding that will go towards health care facility investments to preserve, expand, and improve the quality of services in Brooklyn communities with the greatest health care needs and most fragile providers. The Department will also receive \$300 million in capital funding to consolidate multiple outdated facilities in Oneida County into a new state-of-the-art hospital and medical campus. In addition, the budget includes \$335 million for grants to essential geographically isolated hospitals that will support debt retirement and other initiatives that are part of the restructuring plans designed to achieve their long-term financial sustainability. The budget also includes \$19.5 million in a community health care revolving capital fund that will be jointly administered by the Department and the Dormitory Authority, these funds will be used to expand access to capital for community-based clinics that are not part of hospital systems.

AIDS Epidemic

Dr. Zucker explained that the Executive Budget also included \$10 million over two years to help implement activities to End the AIDS Epidemic. Governor Cuomo had made the historic commitment that New York will be the first state to end the HIV as an epidemic and that this will be done by 2020. The three-point plan he announced include: a push to identify all persons with undiagnosed HIV and get them into treatment; to have all those with diagnosed HIV achieve viral suppression; and to provide access to pre-exposure prophylaxis or prep medication to high-risk persons to keep them HIV negative. In addition to the \$10 million, the budget includes language that will make it easier for incarcerated persons to get tested. It also contains language that removes disincentives for the use of proven prevention strategies, such as condoms and sterile syringes, among persons most likely to acquire or transmit HIV. The budget builds on the steps taken last year to move the state closer to the goal set forth by the Governor of reducing new infections from 3,000 per year that we have to 750 and active a first-ever decrease in HIV prevalence. Our vision is to make New York a place where new HIV infections will be rare and persons with HIV will live longer and healthier lives. It is a goal that with proper support we are certain that we can achieve.

Children's Health Homes

Dr. Zucker stated the Executive Budget provides \$45 million for Medicaid health home care management services for children, adolescents, and teens. These health homes will be tailored to serve the needs of high-risk, medically fragile children, including those with multiple chronic illnesses, a history of trauma, serious emotional disturbances, and children in foster care. Currently many of these services are siloed; they do not provide continuity or integrated care, as children grow and change, and transition to different settings. Linking New York's Child-serving systems in health homes will provide a national model for better coordination of services, improved outcomes, and expanded access to care-management services.

Health Home Criminal Justice

Dr. Zucker next advised that the Executive Budget invests \$55 million over two years for Medicaid criminal justice homes. The funds will help former inmates transition into communities from the criminal justice system and will reduce recidivism, as well as Medicaid multi-public health and criminal justice costs. In addition, they will improve linkages between the health homes and the criminal justice system and thereby improving the engagement of a population with significant medical, as well as behavioral, health issues. The money will facilitate projects to leverage data sharing and linkages between the health homes and the existing community-based initiatives, such as the alternatives to incarceration and re-entry taskforces that are in place. The Department's goal is identify imprisoned persons who are eligible and enrolled in health homes and make sure they are connected to health home care management in their communities when they are released. An additional one-million dollars is available to facilitate Medicaid enrollment for the highest-risk members in the population.

Fluoridation

Next, Dr. Zucker spoke on another issue of fluoridation. The Executive Budget will enhance the fluoridation program. The budget invests \$10 million over two years to help communities with the installation, the repair, the upgrade of drinking water fluoridation systems. The State's Prevention Agenda has recognized that the drinking water fluoridation program is the single-most-important intervention a community can undertake to solve dental problems. This funding helps maintain and expand community water fluoridation, which is an evidence-based public health intervention. The program will focus on communities that do not currently provide optimal fluoridation, as well as communities that have been in need of an upgrade. This will reduce the burden of tooth decay, reduce the cost of treatment to Medicaid and other health plans, and help enhance the local economic activity.

Caregiver Support

Dr. Zucker announced that the Governor has committed \$50 million over two years to supporting care givers. He noted that we are all aging, we may know somebody who is aging, and we may know someone who needs assistance with their daily lives because of a disability or loss of function that occurs to them, and there are millions of generous New Yorkers who spend countless hours caring for these aging and disabled friends, family, neighbors. Family members who care for aging or mentally ill or impaired relatives tend to encounter more stress than other kinds of caregiver and they themselves report high levels of depression. There is a need for better support for these caregivers. The budget item increases funding for respite care services,

so family caregivers can continue their tireless efforts. This includes an increase in funds for the current program for the Alzheimer's disease assistance centers and the Alzheimer's Disease Community Assistance Program. Both will be expanded and rebranded as part of this overall effort.

DSRIP

Dr. Zucker noted that last spring the Department received a \$8 billion Medicaid waiver. The bulk of those funds are being applied to our delivery system reform incentive payment program, or DSRIP, which is designed to transform the safety net providers in the health delivery system serving Medicaid patients. Last December, 25 performing provider systems across the state submitted project plan applications describing their plans for system transformation. These plans were scored and then reviewed by an independent panel of experts. The Department have provided those scores to the Federal government for their final review with a recommendation to approve them all. The main goal of each performing provider system is to reduce avoidable hospital use by 25 percent. The Department also wants to shift the focus of care away from the emergency department and inpatient settings to more comprehensive care in ambulatory and community settings. This effort requires significant collaboration among the Medicaid providers, whose efforts will be carefully monitored and measured. Funding from DSRIP hinges on each PPS meeting their project performance and outcome measures. The Department is anticipating to hear back shortly from CMS.

Fully Integrated Dual Advantages

Dr. Zucker discussed some news about our Fully Integrated Dual Advantages, or FIDA. FIDA is a program, that individuals in New York City and Nassau County who are enrolled in both Medicaid and Medicare can now receive services under one person-centered health plan. As of April 1, 2015, eligible individuals began being automatically enrolled in FIDA, which allows enrollees to receive all health services under one simple plan. The plan includes full Medicare and Medicaid coverage, long-term care, Part D of Medicaid drug coverage, and other benefits. Enrolled individuals will not pay any deductibles, premiums, or copayments/coinsurance to a FIDA plan when they use any of the covered services. There are now over 36,000 people enrolled in this. Eligible people can opt in to the program at any time by calling the New York Medicaid Choice, the enrollment broker, and select one of the 25 available FIDA plans. FIDA was created in partnership with CMS and will improve health care by organizing care around each person's unique needs and preferences. Each individual has a care team composed of doctors, specialists, and other service providers. The team model enables an enrollee's health care providers to work together to create an optimal care plan for the patient. This helps the providers better coordinate their efforts to make sure that each individual gets the care he or she needs. Caregivers are also part of the team and can help and support enrolled loved ones in making the right decisions about their care.

Flu Season

Dr. Zucker explained that as of April, the Department is still dealing with the flu season. As of the end of March, flu activity was still geographically widespread, with 52 counties, plus New York City, reporting laboratory-confirmed influenza. There was a 15 percent decrease in lab-confirmed influenza reports over the previous week. However the number of patients admitted to the hospital or hospitalized patients with new case of flu did fall 21 percent.

Public Health Week

Lastly, Dr. Zucker spoke on the topic of Public Health Week, which took place the week of April 6, 2015. Governor Cuomo took the opportunity to launch a new anti-obesity campaign. Obesity is a serious health problem in New York State. One of 61 percent of New York Adults and 25 percent—one-in-four—of our children are overweight or obese. We cannot allow this to continue. Dr. Zucker explained that he took this message around the state last week and talked to community groups about the importance of obesity prevention. He advised that he went to Buffalo, Syracuse, Troy, Long Island, and Helen Hayes Hospital, to each community connected with a county health director or the health commissioner there, to cement the Department's relationship with the local public health communities. Noting that at each stop, he spoke about the ways we can combat obesity, mainly physical activity and good nutrition, and the importance of those tools at all age groups. Obesity prevention to improve nutrition and physical activity is a major component of our Prevention Agenda, the 2013–2017 agenda, and we are now entering the third year of the Prevention Agenda. Public Health Week may be over, however, the Department's campaign is not. The Department is going to tackle this problem from all ends of the state and then however we need to improve the public health of everybody in the state. There is a plan to continue to get the message out there and this will drive the rates of obesity down in New York, along with all the other areas of public health.

Dr. Zucker concluded his report. Mr. Kraut thanked him and inquired if members had questions or comments. To see the complete report and comments from members, please see pages 3 through 14 of the attached transcript.

EXECUTIVE SESSION

Mr. Kraut made a motion to move into executive session. Pursuant to New York State Public Officers Law, section 105F, to consider two cases arising under PHL section 2081-B. after that, and prior to returning to the public portion of the meeting, the Council is going to obtain a confidential legal advice from our general council, which is exempted under the Open Meetings Law requirement, pursuant to Public Officer Law section 1083. Dr. Berliner seconded the motion. The motion passes. Executive Session was held.

PUBLIC MEETING RECONVENED

APPROVAL OF THE MINUTES OF DECEMBER 4, 2014

Mr. Kraut motioned to approve the April 16, 2015 Minutes of the Public Health and Health Planning Council meeting. Mr. Kalkut seconded the motion. The minutes were unanimously adopted. Please refer to page 15 of the attached transcript.

Ambulatory Surgery Center

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	131347 B	Southtowns Ambulatory Surgery Center, LLC (Erie County) Mr. Holt- Recusal	Contingent Approval

Mr. Kraut briefly described CON application 131347 and noted for the record that Mr. Holt is recusing and has left the meeting room. Mr. Kraut motioned for approval, Dr. Gutiérrez seconded the motion. The motion carried. Mr. Holt returned to the meeting room.

REGULATION

Mr. Kraut introduced Dr. Gutierrez to give his Report of the Committee on Codes, Regulations and Legislation.

Report of the Committee on Codes, Regulation and Legislation

For Emergency Adoption

13-08 Amendment of Subpart 7-2 of Title 10 NYCRR - Children's Camps

Dr. Gutierrez described for emergency adoption Amendment of Section 415.3(h) of Title 10 NYCC (Children's Camps) and motioned for approval. Dr. Berliner seconded the motion. The adoption carried with 2 members opposing. Please see pages 18 and 19 of the attached transcript.

For Information

12-15 Amendment of Sections 22.3 and 22.9 of Title 10 NYCRR
(Supplementary Reports of Certain Congenital Anomalies for
Epidemiological Surveillance; Filing)

Dr. Gutierrez described the 12-15 Amendment of Sections 22.3 and 22.9 of Title 10 NYCRR (Supplementary Reports of Certain Congenital Anomalies for Epidemiological Surveillance; Filing) which is on the agenda For Information. Please see pages 19 and 20 for the complete description.

Dr. Gutierrez concluded his report. Mr. Kraut thanked him and moved to the next item on the agenda and introduced Dr. Kalkut to give the Report of the Project Review Recommendations and Establishment Actions.

PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS

Report of the Committee on Establishment and Project Review

Dr. Gary Kalkut, Vice Chair, Establishment and Project Review Committee

A. APPLICATIONS FOR CONSTRUCTION OF HEALTH CARE FACILITIES

CATEGORY 1: Applications Recommended for Approval – No Issues or Recusals, Abstentions/Interests

Ambulatory Surgery Center - Construction

Exhibit #4

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1. 142200 C	Long Island Digestive Endoscopy Center (Suffolk County)	Contingent Approval

Dr. Kalkut introduced CON application 142200 and motioned for approval. Dr. Gutiérrez seconded the motion. The motion to approve carried. Please see pages 20 and 21 of the transcript.

CATEGORY 2: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Without Dissent by HSA
- ❖ Without Dissent by Establishment and Project Review Committee

CON Applications

Upstate Request for Applications – Certified Home Health Agencies - Construction

Exhibit #5

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1. 121224 C	HCR (Monroe County) Ms. Hines – Recusal Mr. Robinson – Recusal	Contingent Approval

Dr. Kalkut moved to application 121224 and noted that Ms. Hines and Mr. Robinson have conflicts and have left the meeting room. Dr. Kalkut motioned for approval, Dr. Gutiérrez seconded the motion. The motion carried with the noted recusals. Ms. Hines and Mr. Robinson returned to the meeting room. Please see pages 21 and 22 of the attached transcript.

CATEGORY 3: Applications Recommended for Approval with the Following:

- ❖ No PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendations by HSA

NO APPLICATIONS

CATEGORY 4: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendation by HSA

NO APPLICATIONS

CATEGORY 5: Applications Recommended for Disapproval by OHSM or Establishment and Project Review Committee - with or without Recusals

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion

NO APPLICATIONS

B. APPLICATIONS FOR ESTABLISHMENT AND CONSTRUCTION OF HEALTH CARE FACILITIES

CATEGORY 6: Applications for Individual Consideration/Discussion

APPLICATIONS FOR COMPETITIVE REVIEW OF HEALTH CARE FACILITIES/AGENCIES Exhibit #6
CON 142261 C and CON 142183 B

CON Applications

Dialysis Services – CONSTRUCTION

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	142261 C	Faxton – St. Lukes Healthcare St. Lukes Division (Madison County) Dr. Bhat - Interest	No Recommendation

Dialysis Services – ESTABLISH/CONSTRUCT

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	142183 B	Utica Partners, LLC d/b/a Dialysis Center of Oneida (Madison County) Dr. Bhat - Interest	Disapproved

Dr. Kalkut called CON applications 142261 and 142183 and motioned to open up for discussion which was seconded. The applications were open for discussion. Several members had questions relative to procedures and clarification. After a lengthy discussion, Dr. Kalkut motioned for approval, Dr. Gutiérrez seconded the motion. A roll call vote was taken, the motion to approve failed. See pages 22 through 45 of the attached transcript.

Dr. Kalkut then moved to application 142183 and motioned for disapproval, Dr. Gutiérrez seconded the motion. There was discussion among the members. A roll call vote was taken and the first motion failed with Dr. Bhat's recorded interest. Dr. Kalkut motioned for disapproval, Dr. Berliner seconded the motion. The motion to disapprove carried with Dr. Bhat's recorded interest. Please see pages 45 through 69 of the attached transcript.

Proton Beam Therapy – Establish/Construct

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1. 142213 B	The New York Proton Center (New York County) Dr. Kalkut –Recusal Dr. Martin - Recusal	Contingent Approval

Mr. Kraut introduced application 142213 and noted for the record that Dr.'s Kalkut and Martin have a conflict and have left the meeting room. Mr. Kraut motions for approval, Dr. Berliner seconds the motion. The motion to approve carries with Dr.'s Kalkut and Martin's recusals. Dr. Kalkut and Dr. Martin return to the meeting room. Please see pages 69 through 73 of the attached transcript.

HOME HEALTH AGENCY LICENSURES

Exhibit #11

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
2063 L	Ace in Home Care, Inc. (Nassau, Suffolk, and Queens Counties)	Contingent Approval
2249 L	Act On It Home Care, Inc. (Bronx, Queens, Kings, Richmond, New York and Nassau Counties)	Contingent Approval
2216 L	Advanced Home Care Specialist, Inc. d/b/a Medical Home Care Services (Suffolk and Nassau Counties)	Contingent Approval
2354 L	Behr's Homecare, LLC (Oneida, Madison, Herkimer and Hamilton Counties)	Contingent Approval
2290 L	Benevolent Home Care, LLC (Bronx, Kings, Queens, Richmond, New York and Nassau Counties)	Contingent Approval

2367 L	Black Diamond Roslyn, Inc. d/b/a Right at Home Nassau Suffolk (Nassau and Suffolk Counties)	Contingent Approval
2357 L	Care in the Home, LLC d/b/a Griswold Home Care of Scarsdale and Yonkers, NY (Westchester County)	Contingent Approval
2277 L	CaringHeart, Inc. d/b/a ComForcare Senior Services South Orange (Orange and Rockland Counties)	Contingent Approval
2233 L	Cedas Home Care, LLC (Bronx, Richmond, Kings, New York, Queens and Westchester Counties)	Contingent Approval
2395 L	Ciambella Home Care, Inc. d/b/a FirstLight Home Care of East Buffalo (Erie, Cattaraugus, Monroe, Niagara, Allegany, Wyoming, Orleans, Chautauqua and Genesee Counties) Ms. Hines – Interest	Contingent Approval
2345 L	Graceland Home Care, Inc. (Bronx, Richmond, Kings, Westchester, New York, Queens Counties)	Contingent Approval
2255 L	Hafler Corporation d/b/a Comfort Keepers of Pittsford (Monroe, Yates, Ontario, Livingston, Wayne and Steuben Counties) Ms. Hines – Interest	Contingent Approval

2308 L	Happy Life Home Health Agency, Inc. (Queens, Bronx, Kings, Richmond, New York, and Nassau Counties)	Contingent Approval
2312 L	Help Home Health Care Agency, LLC (Bronx, New York, Kings, Queens, Richmond, and Westchester Counties)	Contingent Approval
2271 L	Home Assist Senior Care, Inc. (Erie, Genesee, Niagara, Chautauqua, Cattaraugus, Wyoming, Allegany, and Monroe Counties) Ms. Hines – Interest	Contingent Approval
2341 L	JMD Care Services, Inc. d/b/a Homewatch CareGivers of Nassau County (Nassau, Suffolk, Queens, and Westchester Counties)	Contingent Approval
2227 L	Karma Care, Inc. (New York, Bronx, Kings, Richmond, Queens and Nassau Counties)	Contingent Approval
2360 L	K-REG, LLC d/b/a Manhattan Office of Griswold Home Care (New York, Bronx, Kings, Richmond, and Queens Counties)	Contingent Approval
2284 L	Kelly Sisters, Inc. (Nassau and Suffolk Counties)	Contingent Approval
2156 L	Liberty Healthcare Services, Inc. d/b/a All Island Homecare Services (Nassau and Suffolk Counties)	Contingent Approval

2248 L	My HHA Care's, Inc. (Suffolk and Nassau Counties)	Contingent Approval
2269 L	NY Home Care Service, Inc. (New York, Bronx, Queens, Kings, Richmond and Nassau Counties)	Contingent Approval
2234 L	Optimum Home Care, LLC d/b/a Home Care Solutions (New York, Queens, Bronx, Richmond, Kings and Nassau Counties)	Contingent Approval
2194 L	Pampered Parents, LLC (Ontario, Yates and Monroe Counties) Ms. Hines – Interest	Contingent Approval
2301 L	Richmond Home Care Agency, Inc. (Richmond County)	Contingent Approval
2387 L	Royal Class Home Health Care Agency, Inc. (New York, Bronx, Kings, Richmond, Queens and Nassau Counties)	Contingent Approval
2297 L	SDL Home Care Agent, Inc. (Kings, New York, Queens, Bronx, Richmond and Nassau Counties)	Contingent Approval
2278 L	SLK Caregivers, Inc. d/b/a Comfort Keepers (Erie County)	Contingent Approval
2383 L	The Impossible Dream Isn't It d/b/a Home Helpers of Rochester (Monroe County) Ms. Hines – Interest	Contingent Approval
2171 L	Yiming L Corp. (New York, Richmond, Kings, Queens, and Bronx Counties)	Contingent Approval

2358 L	Zaweski Senior Care, Inc. d/b/a Home Instead Senior Care (Suffolk and Nassau County)	Contingent Approval
2569 L	Seaview Manor, LLC (Queens, Richmond, Kings, Bronx and New York Counties)	Contingent Approval
2281 L	Anchor Home Care LLC (Allegany, Erie, Orleans, Cattaraugus, Genesee, Wyoming, Chautauqua, and Niagara Counties) Ms. Hines – Interest	Contingent Approval
2473 L	Bayshore Home Healthcare, Inc. (Nassau, Suffolk and Queens Counties)	Contingent Approval
2378 L	Park Terrace Operating LLC d/b/a Park Terrace at Radisson Assisted Living Program (Cayuga, Onondaga and Oswego Counties)	Contingent Approval
2377 L	Seneca Lake Terrace Operating, LLC d/b/a Seneca Terrace Assisted Living Center (Ontario, Seneca, Wayne and Yates Counties) Ms. Hines – Interest	Contingent Approval

Dr. Kalkut introduced the licensure applications listed above and noted for the record that Ms. Hines has an interest in applications 2395, 2255, 2271, 2194, and 2383. Dr. Kalkut motioned for approval, Dr. Berliner seconded the motion. Mr. Sheppard stated that when the PHHPC approves a Licensed Home Health Care Services Agency that in and of itself does not mean that the agency can open their doors. There are a number of steps that take place. There is a legal review of the application by the Department's Counsel's office, a policy and procedure manual review, and a pre-opening survey. There is a very thorough process that ensures that every LHHCSA that opens meets all the same operating requirements. There have been 210 new LHHCSAs approved by PHHPC since 2012 through January of 2015 so the period January 2012 through January 2015, the overall number in operation has only increased by about 134. That's from 1122 to 1256. So in terms of the number of LHHCSAs, the gross amount approved doesn't equal the actual increase in operating agencies. Ms. Hines had previously inquired about the LHHCSA surveillance activities. Mr. Sheppard explained that no LHHCSA opens without a

proper pre-opening survey. The Department also prioritizes monitoring and investigating complaints to ensure that any urgent issues are promptly investigated. The Department continues to work on improving the efficiency and effectiveness of the LHHCSA surveillance. The motion to approve the above listed licensure applications carried with Ms. Hines noted interests. Please see pages 74 through 77 of the attached transcript.

<u>Name</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
2442 L	HDA NY, LLC (Kings, Queens, Bronx, New York, and Richmond Counties) Ms. Carver-Cheney – Recusal	Contingent Approval

Dr. Kalkut next introduced application 2442 L and noted that Ms. Carver-Cheney has a conflict and has left the meeting room. Dr. Kalkut motioned for approval, Dr. Gutiérrez seconded the motion. The motion carried with Ms. Carver-Cheney’s recusal. Please see page 77 and 78 of the attached transcript.

CATEGORY 1: Applications Recommended for Approval – No Issues or Recusals, Abstentions/Interests

CON Applications

Ambulatory Surgery Centers – Establish/Construct

Exhibit #10

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1. 142272 E	Specialists’ One-Day Surgery Center, LLC (Onondaga County)	Contingent Approval
2. 151035 E	Saratoga-Schenectady Endoscopy Center, LLC (Saratoga County)	Contingent Approval

Dr. Kalkut briefly described applications 142272 and 151035 and motioned for approval. Dr. Berliner seconded the motion. The motion carried. See pages 78 and 79 of the attached transcript.

Diagnostic and Treatment Centers – Establish/Construct

Exhibit #11

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1. 142006 B	Partners Healthcare Network, LLC (Kings County)	Contingent Approval
2. 142133 B	Upstate Family Health Center Inc. (Oneida County)	Contingent Approval

- | | | | |
|----|----------|---|---------------------|
| 3. | 142212 E | S.L.A. Quality Healthcare
(Kings County) | Contingent Approval |
| 4. | 142257 B | Liberty Resources, Inc.
d/b/a Liberty Resources Family
Health Clinic
(Onondaga County) | Contingent Approval |

Residential Health Care Facilities – Establish/Construct

Exhibit #12

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	131349 E Sea-Crest Acquisition I, LLC d/b/a Sea-Crest Health Care Center (Kings County)	Contingent Approval
2.	141079 E Hollis Park Manor Nursing Home (Queens County)	Contingent Approval
3.	141153 E River Meadows, LLC d/b/a James Square Nursing and Rehabilitation Centre (Onondaga County)	Contingent Approval
4.	141207 E Delaware Operations Associates, LLC d/b/a Buffalo Center for Rehabilitation and Healthcare (Erie County)	Contingent Approval

Dr. Kalkut calls applications 142006, 142133, 142212, 142257, 131349, 141079, 141153, and 141207. Mr. Fassler seconds the motion. The motion to approve carries. Please see page 79 of the transcript.

Certificate of Dissolution

Exhibit #13

Applicant

Council Action

Guthrie Same Day Surgery Center, Inc.

Approval

Certificate of Amendment of the Certificate of Incorporation

Applicant

Council Action

The Hortense and Louis Rubin Dialysis Center, Inc.

Approval

Dr. Kalkut motions for approval for consent to file Certificate of Dissolution of Guthrie Same Day Surgery Center, Inc. and Certificate of Amendment of the Certificate of Incorporation of The Hortense and Louis Rubin Dialysis Center, Inc. Dr. Gutiérrez seconded the motion, the motion carries. See page 80 of the attached transcript.

CATEGORY 2: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Without Dissent by HSA
- ❖ Without Dissent by Establishment and Project Review Committee

CON Applications

Acute Care Services – Establish/Construct

Exhibit #14

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	151027 E	NYP Community Programs, Inc. (Queens County) Dr. Bhat – Interest Dr. Brown – Recusal Mr. Fassler – Interest Dr. Boutin-Foster - Recusal	Contingent Approval

Ambulatory Surgery Centers – Establish/Construct

Exhibit #15

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	142197 B	Surgical Pain Center of the Adirondacks LLC (Clinton County) Dr. Ruge – Recusal	Contingent Approval

Dr. Kalkut calls application 152027 and notes for the record that Dr. Boutin-Foster has a conflict and has left the meeting room. Dr. Kalkut also introduces application 142197 and stated that Dr. Ruge has declared a conflict and has left the room. Dr. Kalkut motions for approval, Dr. Berliner seconds the motion. The motion carries with the noted recusals. Dr.'s Boutin-Foster and Ruge returned to the meeting room. Please see page 80 and 81 of the attached transcript.

CATEGORY 3: Applications Recommended for Approval with the Following:

- ❖ No PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendations by or HAS

NO APPLICATIONS

CATEGORY 4: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Establishment an Project Review Committee Dissent, or
- ❖ Contrary Recommendation by HSA

NO APPLICATIONS

CATEGORY 5: Applications Recommended for Disapproval by OHSM or Establishment and Project Review Committee - with or without Recusals

NO APPLICATIONS

Dr. Kalkut concluded his report.

AD HOC COMMITTEE ON FREESTANDING AMBULATORY SURGERY CENTERS AND CHARITY CARE

Mr. Kraut moved to the next item on the agenda and introduced Dr. Berliner to give a report on the activities of the Ad Hoc Committee on Freestanding Ambulatory Surgery Centers and Charity Care.

Dr. Berliner explained the Committee's main activity at their last meeting was to hear from representatives such as the New York State Association of Ambulatory Surgery Centers, operators of ambulatory surgery centers who had undertaken special efforts to reach the uninsured and underserved. This included presentations by endoscopy ambulatory surgery centers participating in a joint endeavor with the New York City Health Department, and the American Cancer Society to work with FQHCs and other providers to reach Medicaid and uninsured clients for colon cancer screening. The Committee heard from speakers on the practical aspects of reaching and serving uninsured and Medicaid clients including the need for active outreach to these groups and a vital role of a patient navigator or similar position in ensuring that patients referred to ASCs are able to follow through on actual appointments and receipt of services. Some speakers also recounted difficulties in contracting with Medicaid managed care plans because of the plans preference for working with hospital-based ASCs and reluctance to enter agreements with multiple freestanding providers. Other speakers describe relative success in connecting with Medicaid plans and clients but persistent difficulty in finding and controlling uninsured individuals for charity care. This recalled discussions from the Committee's earlier meeting where it was agreed that ASC application should be evaluated according to the totality of a proposed level of service to the underserved whether Medicaid, charity care, or a combination of the two. How to address this more specifically is probably going to be taken up at the next meeting of the committee in May.

Dr. Berliner concluded his report. To view the complete report and members questions, please see pages 81 through 85 of the attached transcript.

Report of the Office of Primary Care and Health Systems Management Activities

Next, Mr. Kraut introduced Mr. Sheppard to give his report on the Activities of the Office of Primary Care and Health Systems Management.

Mr. Sheppard expanded on items pertaining to the Executive Budget. He noted that Dr. Zucker mentioned the budget had a substantial additional capital commitment for healthcare facility transformation, and also amended a program that was enacted last year. Last fall the Department talked about a program called the community restructuring financing program or CFRP, a \$1.2 billion of capital funding enacted in last year's budget primarily for support of the

capital component of DSRIP projects. The Department issued the RFA in November but in the budget that was enacted on March 31 into April 1, there were changes to that program that necessitated that we reissue the RFA. Those changes had to do with insuring that funding was allocated in a broad regional way. The language specifically indicated that to the extent practicable funding from the program should be allocated in proportion to the applications received. The regional allocation in this context in terms of intent, it's a New York City rest of state allocation, so we made some conforming changes to the RFA and reissued the RFA on April 10, 2015 with a short turnaround time for applicants. The Department has asked in the RFA that the responses be submitted to the Department no later than May 6, 2015.

Mr. Sheppard further explained that there is a new program in the budget that in some ways is also a continuation of funding from the current year, called the Vital Access Provider Assistance Program (VAPAP). As part of the DSRIP and the Medicaid waiver the DSRIP waiver there was a pool of funds called IAAF, interim access assurance funds, and that was for safety net providers meaning the non-large publics. There was \$250 million available. The intent of those funds was to sustain fragile providers through the DSRIP period. The VAPAP program is \$245 million of state Medicaid funds to help these financially fragile providers statewide continue to operate while they implement their long term sustainability plans as well as their DSRIP related responsibilities. The majority of the recipients of these funds will be the former IAAF recipients. The program was modeled very much on the IAAF criteria most importantly a strict cash need requirement that they could have no more than 15 days cash on hand. Another important element of this program is that funding received after September 30, 2015 is going to require that the recipient have a DOH multiyear sustainability plan and those plans need to align with DSRIP goals and objectives and the Department expects that many of those plans will involve formations of new affiliations and partnerships as part of that long term sustainability. This timing wise this program was enacted in early April. There are many hospitals that had an immediate cash needs, the Department developed and provided an expedited application process that was rolled out almost immediately after the budget was enacted that would provide an initial amount of money for April and May based on the IAAF need from the last state fiscal year. There were about 23 hospitals that took advantage of this about \$52 million of this expedited two month assistance. Detailed financial submissions from those 23 hospitals and any other ones that want to apply under a non-expedited fashion are due at the end of the month and those will be used to calculate the total annual award amounts for the VAPAP recipients.

Mr. Sheppard described another program in the budget that ties in with all of the Department's goals to achieve patient centered regionally based systems of care and assist financially fragile hospitals to participate in and become sustainable as part of that process. There is a program that is going to provide \$355 million for rural upstate and other geographically isolated hospitals. The purpose of this program, is to eliminate barriers for small and medium sized fragile hospitals for joining systems and finding partners. The hospitals balance sheet issues are very often the reason that potential partners are reluctant to establish durable affiliations, deep affiliations with struggling hospitals for fear of their own fiduciary responsibilities to the legacy institution. This program will allow for help, and to clean up the balance sheets so support debt retirement and other purposes that are going to assist in restructuring efforts aimed at these financially sustainable systems of care throughout the state. The Department will be issuing the request for applications for this program later this spring.

Mr. Sheppard noted that also included in the Executive Budget was capital funding programs, a \$700 million amount of capital for health facility transformation investments in Brooklyn and this is to preserve and expand the quality of services in communities with the greatest health needs and the most fragile providers. There is the greatest health needs within Brooklyn and the most fragile providers within Brooklyn. Placing funds into an area with significant health disparities and needs. He also explained there is another \$300 million in capital to consolidate facilities in Oneida County, to create a state of the art medical campus. It is located in Utica, the statute speaks to the major metropolitan area and in Oneida County Utica is the major metropolitan area. To build a state of the art hospital and medical campus there that will create a strong regional system of care in an area that needs it.

Lastly, he stated that Dr. Zucker mentioned, that in the final budget there was a program established for a revolving loan fund to support non-hospital based community providers. It is a revolving loan fund to support capital needs, a new program. The Department will be in a partnership with DASNY. It is going to be administered by a community development financial institution. These are federally chartered institutions that provide access to capital to community-based organizations. The Department will be working with DASNY to develop program details. It is an important program and will be beneficial to community-based clinics throughout the state.

Mr. Sheppard concluded the report. Mr. Kraut thanked Mr. Sheppard and inquired if members had questions or comments. To see the complete report and comments from members, please see pages 85 through 103 of the attached transcript.

Report of the Office of Public Health Activities

Mr. Kraut introduced Dr. Birkhead to give an update on the Activities of the Office of Public Health.

Dr. Birkhead presented a power point presentation on two topics, 1) and update on the Prevention Agenda and 2) an update on the domain for DSRIP population health activities. The Prevention Agenda is the State Health Improvement Plan for the State and it began in 2013 with a planning year for hospitals and counties and 2014 was the first active year. In the first year, the Department asked each of the hospitals and county health departments to give us them update on it. He showed a map which shows in each county the primary projects that were undertaken. The Commissioner asked each hospital and county to work together on at least two projects from the Prevention Agenda. One of the five priority areas which are chronic disease, mental health and substance abuse, women and infants and children's health, environmental health, and preventable infections. All but one county selected the chronic disease area and 30 selected the mental health substance abuse area. Although mental health and substance abuse is not under the purview of the State Health Department, when you talk about health issues and health planning at the local level, mental health and substance abuse comes into play. The Health Department partnered with the Office of Mental Health and the Office of Substance Abuse, OASAS, to work on those areas and it proved very fruitful. Surveys were conducted and the Department asked for a report from each county and each hospital at the end of the first year, 2014. As of March this year, 181 responses were received. All local health departments and 123 hospitals responded, and we had the total number of interventions, what they were working on jointly was 362 of those. The information that the Department have focused on what the interventions were. The

status of efforts, which disparities were being addressed, who the partners are that are participating and the partner organizations, and then some of the successes and challenges.

Dr. Birkhead further explained the reports, the county health departments and hospitals are working in these areas and just moving very quickly, with the chronic disease interventions, chronic disease management classes linking participants to community resources, healthy food procurement and delivery, preventive services.

Dr. Birkhead noted from the slide that there is an example in the mental health area of what people have been working on. Suicide prevention is a prominent one. SBIRT is a brief intervention in a clinical setting to detect alcohol and substance abuse and other types of screening programs, so that was more prominent in the hospital setting, clinical settings than in the county health department settings. Mental health and anti-stigma campaigns were important and these are the areas their working on.

Dr. Birkhead noted that there are many partnerships such as local health departments and hospitals involved in their planning and implementation coalitions. Local coalitions, community-based organizations, FQHCs and community health centers, social service organizations, media. The media, faith-based organizations, business, schools, colleges, universities. With the partnerships at the local level which we hope will also have spillover benefit in the other areas of DSRIP and are SHIP grant where partnerships is really the name of the game. The Department also follow up and ask the hospitals whether the prevention agenda interventions that they were undertaking were part of their DSRIP application and about half of the hospitals reported the prevention agenda intervention is part of their DSRIP application.

Dr. Birkhead advised that there is a IRS requirement, to report on the community benefit from the hospital on the IRS 990 Schedule H form. 14 or so percent said they had reported one of their two and a number more reported that they had reported both of their Prevention Agenda interventions on their IRS 990. The Department continues to encourage hospitals to really look at their community benefit, make it meaningful evidence-based types of activities and it should be eminently reportable to the IRS on these forms.

Dr. Birkhead described what the next steps are. The Department will cycle back with the local health departments and the hospitals to work through and understand what are the interventions and evidence-based practices and determine what measures are being used to track progress. The Department will also dive more deeply into the successes and the challenges and collect stories, essentially success stories, vignettes, to showcase efforts and doing a lot more hopefully with social media and other things to promote the types of activities that the prevention agenda has engendered out there.

Next, Dr. Birkhead noted that the Prevention Agenda is our community public health improvement plan, but it meshes very distinctly with the DSRIP program. The State Health Innovation Plan and the population health improvement program, the PHIP program. And in fact, the Prevention Agenda really is the population health aspects of all of the Departmental efforts, so really made an effort to try and align these programs to improve population health, transform healthcare, and eliminate health disparities being the underlying principles.

Dr. Birkhead provided an update on the DSRIP, where the population health aspect, what they are and where they are. Within domain four of the DSRIP applications there is a focus on these areas; tobacco cessation, access to preventive care, and management of chronic diseases, decreased HIV morbidity and reducing premature births. These are the domain for population health areas that many DSRIP plans selected to work on which we are now working with them on, and the measures for these are prevention agenda measures. Tobacco remains the leading cause of preventable premature mortality, morbidity and mortality in New York. This is low hanging fruit in terms of trying to reduce illness and stopping smoking immediately reduces heart attack and other kinds of short term acute processes which should fit very nicely with reducing hospitalizations which is the overall arching goal of the DSRIP program. The overall objective and the target populations. The particular target population is, low socio-economic status but also serious and mental illness. Persons with mental illness have very high, the highest rates of tobacco use in any groups that we have seen. This fits right in with the linkage with behavioral health that the DSRIP is trying to promote as well. A second area project 4BII, if you are in the DSRIP you have to get the nomenclature down here, but access to high quality chronic disease preventive services and management in both clinical and community settings. These are targeting mostly chronic diseases that are not included in the domain three area such as cancer, is a domain four one where it is not as highlighted in the domain three. Many DSRIP applicants selected this chronic disease project.

Dr. Birkhead spoke on the topic of HIV morbidity. The Department is in the midst of a campaign announced by the Governor to end the epidemic, in other words reduce new HIV cases below replacement value so we actually see a decline in the prevalence of HIV in the populations for the first time in the epidemic. So a great milestone and a number of PPS selected this. A couple of them early access to and retention to HIV care is critical and this fits right in with our end of AIDs initiative. This was selected primarily in New York City which is the focal point still of the HIV epidemic, about 80 percent of the epidemic in New York City. The Department is working with some of the PPSs elsewhere in the state on HIV but the primary focus is within New York City.

Dr. Birkhead also highlighted that a few selected reducing premature births. Premature births are expensive. They have life-long impact on children who may suffer brain damage or other problems from prematurity, and so reducing this you need to get out in the population to be sure you are dealing with the social determinants of health, homelessness, drug abuse, alcohol and other things which lead to premature birth, as well as deal with targeted populations where prematurity is very high and deal with families experiencing stressors and assuring access to contraceptive services and other interconceptional care, preconceptional care, very important, as well as smoking. Several areas in the State selected this as a target, and these are areas which have among the highest infant mortality rates in the State on a par with some other countries. Lastly Dr. Birkhead stated that mental health and substance abuse is important, almost the entire PPSs in the entire state selected these, this general area and the Department will be working very closely with OMH and OASAS around implementing this.

Dr. Birkhead concluded his report. Mr. Kraut thanked Dr. Birkhead for his report. To read Dr. Birkhead's complete report please see pages 104 through 115 of the attached transcript.

ADJOURNMENT:

Mr. Kraut adjourned the Council meeting.