

STATE OF NEW YORK
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

COMMITTEE DAY

AGENDA

March 28, 2024
10:15 a.m.

Empire State Plaza, Concourse Level, Meeting Room 6, Albany

I. COMMITTEE ON ESTABLISHMENT AND PROJECT REVIEW

Peter Robinson, Chair

A. Applications for Construction of Health Care Facilities/Agencies

Acute Care Services- Construction

Exhibit # 1

	<u>Number</u>	<u>Applicant/Facility</u>
1.	232182 C	White Plains Hospital Center (Westchester County)
2.	241042 C	St. James Hospital (Steuben County)

Residential Health Care Facilities – Construction

Exhibit # 2

	<u>Number</u>	<u>Applicant/Facility</u>
1.	231323 C	St. Mary's Hospital for Children (Queens County)

B. Applications for Establishment and Construction of Health Care Facilities/Agencies

Home Care Service Agency Licensures

Exhibit # 3

Changes of Ownership

	<u>Number</u>	<u>Applicant/Facility</u>
1.	222105 E	Alliance For Health, Inc. (Geographical Service Area: Bronx, Kings, New York, Queens, Westchester, and Richmond Counties)

2. 222106 E AccentCare Of New York, Inc.
(Geographical Service Area: Bronx, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Ulster and Westchester Counties)
3. 222108 E All Metro Home Care Services of New York, Inc.
d/b/a All Metro Health Care
(Geographical Service Area: Nassau, Queens, and Suffolk Counties)
4. 222111 E Allen Health Care Services d/b/a Elara Caring
(Geographical Service Area: Dutchess, Nassau, Orange, Putnam, Queens, Rockland, Suffolk, Sullivan, Ulster, and Westchester Counties)
5. 231047 E SIAL Acquisition d/b/a The Veranda Assisted Living
(Geographical Service Area: Kings, New York, Queens and Richmond Counties)
6. 231232 E Jewish Senior Life LHCSA, Inc., d/b/a Jewish Home of Rochester
Licensed Home Care
(Geographical Service Area: Monroe, Livingston, Orleans, and Wayne Counties)
7. 231300 E Community Health And Home Care, Inc.
(Geographical Service Area: Broome, Cayuga, Cortland, Schuyler, Tioga, and Tompkins Counties)

Ambulatory Surgery Centers - Establish/Construct

Exhibit # 4

- | <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|---|
| 1. 232143 E | Saratoga-Schenectady Endoscopy Center, LLC
(Saratoga County) |
| 2. 232173 E | Long Island Center for Digestive Health, LLC
(Nassau County) |
| 3. 232243 E | Advanced Surgery Center
(Rockland County) |

Diagnostic and Treatment Centers – Establish/Construct

Exhibit # 5

- | <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|--|
| 1. 232201 B | FJ Community Family Corp. d/b/a
FJ Community Health Center
(Queens County) |

Midwifery Birthing Center - Establish/Construct

Exhibit # 6

<u>Number</u>	<u>Applicant/Facility</u>
1. 232163 B	BSD Birthing Center of Rockland (Rockland County)

II. ADJOURNMENT

****Agenda items may be called in an order that differs from above****



Department of Health **Public Health and Health Planning Council**

Project # 232182-C
White Plains Hospital Center

Program: Hospital
Purpose: Construction

County: Westchester
Acknowledged: November 27, 2023

Executive Summary

Description

White Plains Hospital Center (WPH), a 292-bed acute care hospital and member of Montefiore Health System, at 41 East Post Road, White Plains (Westchester County), requests approval to certify 24 intensive care beds and 120 medical/surgical beds.

WPH plans to construct a 10-story addition to the existing hospital that will be connected to the hospital on the first three (3) floors of the new building. The new addition will include an emergency department expansion, the addition of three (3) new operating rooms, and 144 additional private, acuity adaptable inpatient beds.

OPCHSM Recommendation

Contingent Approval

Need Summary

The applicant projects 29,372 inpatient visits and 626,963 outpatient visits in Year Three with an 18% Medicaid payor mix.

Program Summary

Based on the results of this review, a favorable recommendation can be made regarding the facility’s current compliance pursuant to 2802-(3)(e) of the New York State Public Health Law.

Financial Summary

Total project cost of \$747,928,910, will be met with \$147,928,910 in equity from WPH, fundraising of \$100,000,000, and \$500,000 tax-exempt bonds at an interest rate of 6.50% for a 30-year term.

	<u>Year One</u>	<u>Year Three</u>
	<u>2029</u>	<u>2031</u>
Budget:		
Revenues	\$1,632,300,000	\$1,779,099,998
Expenses	<u>1,629,300,000</u>	<u>1,775,400,000</u>
Excess		
Revenues	\$3,000,000	\$3,699,998

Health Equity Impact Assessment

Based on the information and analysis presented in the Health Equity Impact Assessment and the applicant’s mitigation plan, the proposed project will not result in any significant adverse health equity impacts.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

Approval contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Satisfactory responses to DASNY triage review commentary dated 1/17/24, triage closure, and re-submission of minimum required/revised Schedule 6 application review materials to NYSECON for DOH record and formal Schematic Design review. [DAS]
3. The submission of Design Development and State Hospital Code (SHC) Drawings, as described in NYSDOH BAER Drawing Submission Guidelines DSG-1.0 Required Schematic Design (SD) and Design Development (DD) Drawings, and 2.18 LSC Chapter 18 Healthcare Facilities Public Use, for review and approval. [DAS]
4. Submission of documentation of the receipt of fundraising that is acceptable to the Department of Health. [BFA]
5. Submission of bond financing that is acceptable to the Department of Health. [BFA]

Approval conditional upon:

1. This project must be completed by **March 15, 2028**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **October 1, 2024**, and construction must be completed by **December 15, 2027**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a) if construction is not started on or before the approved start date this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. (DAS)
4. Per 710.9 the applicant shall notify the appropriate Regional Office at least two months in advance of the anticipated completion of construction date to schedule any required pre-opening survey. Failure to provide such notice may result in delays affecting both the pre-opening survey and authorization by the Department to commence occupancy and/or operations. (DAS)
5. Compliance with all applicable sections of the NFPA 101 Life Safety Code (2012 Edition), and the State Hospital Code during the construction period is mandatory. This is to ensure the health and safety of all building occupants are not compromised by the construction project. This may require the separation of residents, patients and other building occupants, essential resident/patient support services and the required means of egress from the actual construction site. The applicant shall develop an acceptable plan for maintaining the above objectives prior to the actual start of construction and maintain a copy of same on site for review by Department staff upon request. (DAS)
6. This approval in no way obviates the applicant of the responsibility of complying with all applicable codes, rules, and regulations. Should violations be noted upon review of documents or found at time of on-site inspections, or surveys, such violations shall be corrected prior to occupancy without additional costs allowed for reimbursement beyond the total project cost listed above. (DAS)

Council Action Date

April 11, 2024

Need Analysis

Background and Analysis

The total population of Westchester County was 997,904 in 2022 and is estimated to increase to 1,033,438 by 2029 per projection data from the Cornell Program on Applied Demographics, an increase of 3.6%. Demographics for the primary service area are noted below including a comparison with New York State.

Demographics	Westchester County	New York State
Total Population – 2022 Estimate	997,904	19,994,379
Hispanic or Latino (of any race)	25.8%	19.50%
White (non-Hispanic)	51.2%	53.8%
Black or African American (non-Hispanic)	13.3%	13.8%
Asian (non-Hispanic)	0.1%	8.8%
Other (non-Hispanic)	9.6%	4.1%

Source: American Community Survey (5-Year Estimates Data Profiles)

In 2021 94.9% of the population in Westchester County had health coverage as follows.

Employer Plans	56.2%
Medicaid	14.2%
Medicare	12.7%
Non-Group Plans	11.5%
Military or VA	0.291%

Source: Data USA

The table below provides current and projected payor mix data for inpatient and outpatient services.

Applicant Projected Payor Mix						
Payor	Inpatient			Outpatient		
	Current	Year One	Year Three	Current	Year One	Year Three
Commercial	34.74%	31.51%	30.42%	43.76%	42.31%	41.61%
Medicare	48.61%	49.89%	50.29%	37.63%	37.93%	38.13%
Medicaid	15.02%	17.13%	17.82%	16.29%	17.49%	17.99%
Charity Care	0.99%	1.13%	1.23%	1.58%	1.68%	1.78%
Other	0.64%	0.34%	0.24%	0.74%	0.59%	0.49%
Total Visits	22,326	27,527	29,372	437,484	591,266	626,963

The applicant proposes adding 144 private inpatient beds to address current and future capacity issues. According to the applicant, many of the existing rooms are undersized and require updates in size and amenities. These rooms will also be able to be converted into critical care rooms if needed as future demands may dictate.

Current and Projected Bed Utilization (Based on Current Bed Numbers)									
Service	Beds		Historical					*Projected	
	Current Beds	Proposed Change	2019	2020	2021	2022	2023	2024	2027
Coronary Care	8	8	71%	67%	71%	77%	76%	85%	86%
Intensive Care	20	20	29%	38%	30%	33%	38%	49%	86%
Maternity	28	28	66%	60%	69%	61%	74%	73%	74%
Medical / Surgical	206	350	106%	102%	106%	109%	119%	119%	124%
Neonatal Intensive Care	15	15	61%	59%	66%	70%	66%	68%	70%
Pediatrics	15	15	3%	2%	6%	5%	5%	5%	5%
Total Beds	292	436							

Pediatric Rooms are often utilized for adult patients as census dictates.
Source: Applicant

WPH is projecting to expand the ED by an additional 22,650 square feet to help mitigate ED throughput and overcrowding issues and to facilitate the inpatient admission process. The expanded ED will utilize a split flow model where low acuity patients can be cared for in chairs and not utilize stretchers to enhance efficiency. The existing ED has 27 semi-private ED positions and 31 private bays for a total of 58 care spaces. The new ED will have 67 private bays. Changes in projected ED volume are below.

Current and Projected Emergency Department Volume

	Historical					Projected	
	2019	2020	2021	2022	2023	2029	2031
Bays	31	31	31	31	31	67	67
Visits	65,959	58,613	64,734	72,608	77,832	86,070	90,478
Visits: per Bay	2,128	1,891	2,088	2,342	2,511	1,285	1,350

Source: Applicant

With this application, WPH will add three ORs to help address the increasing volume and acuity of surgical cases. The table below outlines the growth seen at WPH over the past few years. Inpatient volume in the medical surgical beds has exceeded 100% often overflowing into other areas. The ORs are seeing higher acuity cases leading to extended surgical times.

Historical Surgical Volume					
	2019	2020	2021	2022	2023
Total Rooms in Operation	12.0	12.7	16.1	17.4	18.5
Total Surgical Cases	10,984	10,057	11,131	13,047	14,806
Total Operating Minutes	1,216,973	1,138,254	1,221,571	1,466,644	1,659,376
Average of all cases per room (except Cardiac)	915	792	700	790	843
Average minutes per room (except Cardiac)	101,414	89,626	76,460	87,365	92,663

Source: Applicant

WPH has transformed from a community hospital to a Tertiary Hub, providing high-acuity care to the community that is expanding to include its hospital partners and affiliates in the system. WPH now supports communities ranging from Newburgh in Orange County, Nyack in Rockland County, through the Hudson Valley to southern Westchester County, including Mount Vernon, New Rochelle, and Yonkers.

WPH joined Montefiore in 2015 and has since become the Hudson Valley Tertiary Hub for Montefiore. They currently provide advanced care that is not currently offered at St. Luke's Hospital, Nyack Hospital, New Rochelle Hospital, and Mount Vernon Hospital. The project enables the Montefiore system hospitals to continue to transfer secondary and tertiary level patients to WPH, instead of those patients having to travel to New York City or New Jersey.

Conclusion

This project will prepare White Plains Hospital for increasing demand and help relieve current overcrowding in the ED, inpatient units, and surgical suite.

Program Analysis

Project Proposal

White Plains Hospital Center (WPH or Hospital), a 292-bed acute care hospital and member of Montefiore Health System, Inc. (Montefiore), located at 41 East Post Road, White Plains (Westchester County), New York 10601, is submitting this Full Review Certificate of Need Application seeking approval for a major expansion project.

WPH plans to construct a 10-story addition to the existing hospital that will be connected to the hospital on the first three (3) floors of the new building. The new addition will include the following key components that are needed to meet current and projected patient demand: emergency department expansion; the addition of three (3) new operating rooms; and 144 additional private, acuity-adaptable inpatient beds.

Two (2) hospital-owned freestanding buildings - 192 Maple Avenue (vacated retail building) and 201 South Lexington Avenue (vacated retail and business office building), as well as a four-(4)-level parking structure adjacent to the existing hospital, will be demolished before this major expansion project is constructed.

The applicant reports that WPH's Emergency Department (ED) was on track to treat approximately 78,000 patient visits in 2023. The ED has increased 61% in visit volume between 2010 and projected 2023. The ED will expand by 22,650 square feet (from 16,950 square feet to 39,600 square feet) to help mitigate ED throughput and overcrowding issues and to facilitate the inpatient admission process.

WPH's surgical volume has grown 84% between 2010 and projected 2023. Not only has surgical volume increased, but the complexity and length of surgical cases continues to increase, generating a necessity for additional, appropriately sized operating rooms. Three (3) additional ORs with a new, private Pre/Post Unit, and an expanded sterile core are essential components of this major expansion which will address the increasing volume and acuity of surgical cases at WPH.

WPH's inpatient volume has grown by 50% between 2010 and projected 2023. WPH's market share within Westchester County (excluding normal newborns) has increased from 11% in 2010 to 17% in 2021. WPH is certified to operate 292 beds, of which only 41% are private. WPH plans to add 144 additional private inpatient beds to address current and future capacity issues throughout the organization. Twenty-four (24) of the additional beds will open as intensive care beds, bringing White Plains Hospital to a total of fifty-two (52) critical care beds.

The following table shows the Hospital's current and future services and programs impacted by this project.

	Current	+/-	Total	Difference
ED Bays	31	36	67	+36
Operating Room Beds	11	3	14	+3
ICU Beds	20	24	44	+24
CCU Beds	8	0	8	0
Maternity Beds	28	0	28	0
Med/Surg Beds	206	120	326	+120
NICU Beds	15	0	15	0
Pediatric Beds	15	0	15	0
Total Beds	292	144	436	144

NOTE: The current ED has 27 semi-private ED positions in addition to 31 private bays for a total of 58 care spaces. The project will upgrade the semi-private positions as well as add more bays for the new total of 67.

Staffing:

Staffing Categories	Current Year FTE (2022)	First Year FTE Budget	Third Year FTE Budget
Management & Supervision	355.6	467.4	487.6
Technician & Specialist	730.3	959.9	1001.3
Registered Nurses	752.0	988.3	1030.9
Licensed Practical Nurses	0.4	0.5	0.5
Physicians	283.1	372.0	388.1
Physicians' Assistants	64.8	85.1	88.8
Nurse Practitioners	56.9	74.8	78.0
Nurse Midwife	1.0	1.3	1.4
Social Workers and Psychologist**	18.8	24.7	25.8
Physical Therapist and PT Assistants	24.5	32.2	33.6
Occupational Therapist and OT Assistants	3.0	4.0	4.1
Speech Therapist and Speech Assistants	4.0	5.3	5.5
Other Therapist and Assistants	44.0	57.8	60.3
Laundry, Environment, Food Service and Other	290.9	382.3	398.8
Clerical and Other Administrative	1029.7	1353.3	1411.7
Total Full Time Equivalent (FTEs)	3659.1	4809.0	5016.4

Compliance with Applicable Codes, Rules, and Regulations

The medical staff will continue to ensure that the procedures performed at the facility conform to generally accepted standards of practice and that privileges granted are within the physician's scope of practice and expertise. The Facility's admissions policy includes anti-discrimination provisions regarding age, race, creed, color, national origin, marital status, sex, sexual orientation, religion, disability, or source of payment. All procedures are performed in accordance with all applicable federal and state codes, rules, and regulations.

This facility has no outstanding Article 28 surveillance or enforcement actions and based on the most recent surveillance information, is deemed to be currently operating in substantial compliance with all applicable State and Federal codes, rules, and regulations. This determination was made based on a review of the files of the Department of Health, including all pertinent records and reports regarding the facility's enforcement history and the results of routine Article 28 surveys as well as investigations of reported incidents and complaints.

Prevention Agenda

White Plains Hospital Center in Westchester County seeks approval to build a 10-story addition connected to the existing hospital's first three floors. This expansion, addressing current and future patient demand, will include an expanded emergency department, three new operating rooms, and 144 extra private, acuity-adaptable inpatient beds.

White Plains Hospital Center is implementing multiple interventions to support priorities of the 2019-2024 New York State Prevention Agenda, including:

- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children

The proposed project does not directly advance the priorities outlined in the most recent Community Service Plan (CSP) for the local Prevention Agenda. However, it does enhance access to care for patients requiring radiation oncology.

In 2021, White Plains Hospital Center had \$93,361,106 in Community Benefits Spending (0.92% of total operating expenses) with \$116,264 in Community Health Improvement Services (0.02% of total operating expenses).

Conclusion

Based on the results of this review, a favorable recommendation can be made regarding the facility's current compliance pursuant to 2802-(3)(e) of the New York State Public Health Law.

Financial Analysis

Total Project Cost and Financing

Total project cost, which is for new construction and the acquisition of moveable equipment, is estimated at \$747,929,910, further broken down as follows:

New Construction	\$466,219,094
Temporary Utilities	1,666,560
Asbestos Abatement or Removal	50,000
Design Contingency	46,621,909
Construction Contingency	23,310,955
Planning Consultant Fees	12,993,750
Architect/Engineering Fees	36,975,108
Construction Manager Fees	2,495,507
Other Fees (Consultant)	10,889,333
Moveable Equipment	38,021,382
Telecommunications	10,792,215
Financing Costs	6,000,000
Interim Interest Expense	87,800,000
CON Fee	2,000
Additional Processing Fee	<u>4,091,097</u>
Total Project Cost	<u>\$747,928,910</u>

The applicant's financing plan appears as follows:

Equity	\$147,928,910
Fundraising	\$100,000,000
Tax exempt bonds (6.50% for a 30-year term)	500,000,000

The applicant has stated that to date they have received \$5,900,000 in fundraising proceeds. They have indicated that if fundraising proceeds are not met, they will contribute additional equity from operations offset the shortfall. The applicant has indicated that they intend to pursue DASNY financing.

Operating Budget

The applicant has submitted an operating budget, in 2024 dollars, for the first and third years, summarized below:

	<u>Current Year</u> (2022)		<u>Year One</u> (2029)		<u>Year Three</u> (2031)	
	<u>Per Disch.</u>	<u>Total</u>	<u>Per Disch.</u>	<u>Total</u>	<u>Per Disch.</u>	<u>Total</u>
Rev: (Inpatient)						
Commercial FFS	\$24,204	\$6,849,872	\$29,975	\$8,243,090	\$30,716	\$8,108,983
Commercial MC	\$30,548	\$228,288,206	\$38,129	\$320,210,952	\$39,059	\$338,679,210
Medicare FFS	\$15,350	\$111,240,158	\$17,553	\$149,723,921	\$17,980	\$162,069,102
Medicare MC	\$14,258	\$51,412,855	\$16,302	\$84,817,674	\$17,693	\$101,860,977
Medicaid FFS	\$11,502	\$8,706,950	\$13,157	\$12,275,344	\$13,471	\$13,417,373
Medicaid MC	\$9,049	\$23,501,352	\$10,347	\$39,132,399	\$11,889	\$50,372,519
Charity Care	\$1,994	\$438,666	\$2,280	\$711,213	\$2,337	\$845,981
Other	\$87,568	<u>\$12,522,246</u>	\$99,845	<u>\$9,385,407</u>	\$102,054	<u>\$7,245,854</u>
Total Revenues		\$442,960,305		\$624,500,000		\$682,599,999
Exp: (Inpatient)						
Operating	\$17,525	\$391,263,798	\$21,917	\$603,317,500	\$22,580	\$663,210,000
Capital	<u>\$1,811</u>	<u>40,421,587</u>	<u>\$3,232</u>	<u>88,979,961</u>	<u>\$3,079</u>	<u>90,445,700</u>
Inpatient Expenses	\$19,336	\$431,685,385	\$25,150	\$692,297,461	\$25,659	\$753,655,700
Inpatient Excess Rev		<u>\$11,274,920</u>		<u>(\$67,797,461)</u>		<u>(\$71,055,701)</u>
Discharges		22,326		27,527		29,372

	<u>Per Visit</u>	<u>Total</u>	<u>Per Visit</u>	<u>Total</u>	<u>Per Visit</u>	<u>Total</u>
Rev (Outpatient)						
Commercial FFS	\$1,861.54	\$18,604,272	\$2,165.54	\$26,690,295	\$2,295.29	\$27,118,813
Commercial MC	\$1,551.98	\$281,597,592	\$1,736.98	\$413,113,990	\$1,768.24	\$440,392,383
Medicare FFS	\$682.41	\$80,414,896	\$747.45	\$118,155,934	\$755.44	\$126,155,027
Medicare MC	\$627.43	\$29,347,351	\$671.16	\$44,411,912	\$667.72	\$48,107,775
Medicaid FFS	\$324.75	\$2,901,311	\$353.07	\$4,262,981	\$355.51	\$4,551,582
Medicaid MC	\$377.54	\$23,540,140	\$385.64	\$35,233,708	\$389.91	\$38,997,411
Charity Care	\$70.33	\$484,718	\$71.90	\$712,211	\$68.32	\$760,427
Other	\$745.29	<u>\$2,425,916</u>	\$831.14	<u>\$2,918,969</u>	\$1,006	<u>\$3,116,581</u>
Total Revenues		\$439,316,196		\$645,500,000		\$689,199,999
Exp (Outpatient)						
Operating	\$1,344.21	\$588,070,946	\$1,496.93	\$885,082,500	\$1,543.78	\$967,890,000
Capital	<u>62.02</u>	<u>27,132,521</u>	<u>87.81</u>	<u>51,920,039</u>	<u>85.90</u>	<u>53,854,300</u>
Outpatient Expenses	\$1,406.23	\$615,203,467	\$1,584.74	\$937,002,539	\$1,629.67	\$1,021,744,300
Other Op Revenues		\$26,296,586		\$29,900,000		\$32,000,000
Ancillary Services		\$188,881,985		\$332,400,000		\$375,300,000
Total Revenues		\$1,097,455,072		\$1,632,300,000		\$1,779,099,998
Total Expenses		<u>\$1,046,888,852</u>		<u>\$1,629,300,000</u>		<u>\$1,775,400,000</u>
Excess Revenues		\$50,566,220		\$3,000,000		\$3,699,998
(Visits)		437,484		591,266		626,963

The following is noted with respect to the submitted operating budget:

- The above budget is based on the current experience of the applicant and inclusive of the additional 24 intensive care beds and 120 medical/surgical beds.
- The existing ED is currently designed to accommodate approximately 46,000 visits. In 2023, WPH is projected to accommodate an estimated 78,000 visits with continuous annual growth anticipated. The ED will expand by 22,650 square feet (from 16,950 square feet to 39,600 square feet) to help mitigate ED throughput and overcrowding issues and to facilitate the inpatient admission process.
- WPH plans to add 144 additional private inpatient beds to address current and future capacity issues throughout the organization. The additional beds will be acuity adaptable. These rooms will all be able to be converted into critical care rooms as future demands may dictate, as inpatient care trends move toward high-acuity patients and for potential future pandemic surges.
- The increase in capital expenses from the current year to the 1st and 3rd is a result in increasing interest and depreciation.

Utilization is broken down by payor source for inpatient and outpatient services by current year, first and third years:

Inpatient:	<u>Current Year</u> <u>(2022)</u>	<u>Year One</u> <u>(2029)</u>	<u>Year Three</u> <u>(2031)</u>
Commercial FFS	1.27%	1.00%	0.90%
Commercial MC	33.47%	30.51%	29.52%
Medicare FFS	32.46%	30.99%	30.69%
Medicare MC	16.15%	18.90%	19.60%
Medicaid FFS	3.39%	3.39%	3.39%
Medicaid MC	11.63%	13.74%	14.43%
Charity Care	0.99%	1.13%	1.23%
Other	<u>0.64%</u>	<u>0.34%</u>	<u>0.24%</u>
Total	100.00%	100.00%	100.00%

Outpatient:

Commercial FFS	2.28%	2.08%	1.88%
Commercial MC	41.47%	40.22%	39.72%
Medicare FFS	26.94%	26.74%	26.64%
Medicare MC	10.69%	11.19%	11.49%
Medicaid FFS	2.04%	2.04%	2.04%
Medicaid MC	14.25%	15.45%	15.95%
Charity Care	1.58%	1.68%	1.78%
Other	<u>0.74%</u>	<u>0.59%</u>	<u>0.49%</u>
Total	100.00%	100.00%	100.00%

Capability and Feasibility

Total project cost of \$747,928,910 will be met with \$147,928,910 in equity from hospital operations, \$100,000,000 in fundraising, and a \$500,000,000 tax-exempt bond at an interest rate of 6.50% for a thirty-year term. The applicant has indicated that they intend to pursue DASNY financing. As of this date, WPH has received \$5,900,000 in fundraising proceeds. If fundraising proceeds are not met, WPH will contribute additional equity from operations to offset the shortfall. BFA Attachment A, 2021-2022 Certified Financial Statements of White Plains Hospital Center, indicates the availability of sufficient funds for the required equity contribution.

As shown on BFA Attachment A, WPH had an average positive working capital position and an average positive net asset position in 2021 and 2022. The hospital incurred an excess of operating revenues over expenses of \$43,049,000 and \$50,567,000 in 2021 and 2022, respectively. The submitted budget indicates excess revenues of \$3,000,000 and \$3,699,998 in the first and third years after the project completion. Revenues are based on current reimbursement methodologies. The submitted budget appears reasonable.

Presented as BFA Attachment B are the 2022 Certified Financial Statements and November 30, 2023 Internal Financial Statements of White Plains Hospital Center. As shown, WPH had an average positive working capital position, average positive net asset position for the period. WPH achieved an operating excess revenues of \$55,527,000 through November 30, 2023.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Health Equity Impact Assessment

Health Equity Impact Summary

The Independent Entity evaluated data from several sources to understand the health equity impacts of the proposed project. Most engaged stakeholders (92%) indicated full support of the new building. At White Plains Hospital Center (WPH), 60% of all emergency room discharges are patients with Medicare or Medicaid as the primary payer. Discharge data also supports that Hispanic and non-White patients have a higher percentage of emergency department visits and higher readmission rates. The project will expand access to emergency services and therefore will positively impact several medically underserved groups. WPH will also construct three more operating rooms, ADA compliant public entrances, and private rooms and waiting areas. Potential negative impacts to the community were identified as language and communication barriers, architectural concerns for the elderly and disabled, inadequate parking, and increased traffic. WPH submitted a detailed mitigation plan to address these concerns.

Conclusion

Based on the information and analysis presented in the Health Equity Impact Assessment and the applicant's mitigation plan, the proposed project will not result in any significant adverse health equity impacts.

Attachments

BFA Attachment A	2021-2022 Certified Financial Statement – White Plains Hospital Center
BFA Attachment B	2022 Certified Financial Statements and the November 30, 2023, Internal Financial Statements of White Plains Hospital Center
OHEHR Attachment	Health Equity Impact Assessment



Project # 241042-C
St. James Hospital

Program: Hospital
Purpose: Construction

County: Steuben
Acknowledged: February 2, 2024

Executive Summary

Description

St. James Hospital, an existing 15-bed acute care not-for-profit hospital at 7329 Seneca Road North, Hornell, NY (Steuben County), requests approval to convert two (2) Medical/Surgical beds to Intensive Care "Step Up" beds and certify a four (4) "Swing" bed program with no change in total bed count.

The proposal will create flexibility to switch from the inpatient to skilled care status or for an inpatient to Step-Up for care when applicable for patient care in the medical/surgical unit.

OPCHSM Recommendation

Contingent Approval

Need Summary

The applicant projects 91 inpatient visits in Year One and 183 in Year Three. Medicare is the primary payor source, with 89% in Year One and 87.4% in Year Three. Medicaid is projected to be 6.6% in Year One and 7.7% in Year Three.

Program Summary

Based on the results of this review, a favorable recommendation can be made regarding the facility's current compliance pursuant to 2802-(3)(e) of the New York State Public Health Law.

Financial Summary

The total project cost of \$40,264 will be met with equity from hospital operations.

Table with 3 columns: Budget, Year One (2025), Year Three (2027). Rows: Revenues (\$301,125 vs \$608,753), Expenses (77,018 vs 96,672), Excess Revenues (\$224,107 vs \$512,081).

Health Equity Impact Assessment

Based on the information and analysis presented in the Health Equity Impact Assessment and the applicant's mitigation plan, the proposed project will not result in any significant adverse health equity impacts.

Recommendations

Health Systems Agency

The HSA recommends approval of this project.

Office of Primary Care and Health Systems Management

Approval contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. The submission of State Hospital Code (SHC) Drawings for review and approval, as described in BAER Drawing Submission Guidelines DSG-1.0. [AER]
3. The submission of Engineering (MEP) Drawings for review and approval, as described in BAER Drawing Submission Guidelines DSG-1.0 [AER]

Approval conditional upon:

1. This project must be completed by **April 1, 2026**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **January 1, 2025**, and construction must be completed by **January 1, 2026**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]
4. Submission and approval of a Form CMS-855 to the Fiscal Intermediary prior to onsite inspection [HSP]

Council Action Date

April 11, 2024

Need Analysis

Background and Analysis

This project will treat patients in Steuben County. St. James Hospital is in a Health Professional Shortage Area for Dental Health, Mental Health, and Primary Care. The population of Steuben County is projected to increase from 93,584 to 114,226 by 2029. The 65+ population is expected to increase from 18,690 to 21,077 for the same period, per the Cornell Program on Applied Demographics. Demographics for the primary service area are noted below, including a comparison with New York State.

Demographics	Steuben County	New York State
Total Population	93,584	19,994,379
65+ Population	20%	17%
Hispanic or Latino (of any race)	1.8%	19.50%
White (non-Hispanic)	92.4%	53.8%
Black or African American (non-Hispanic)	1.4%	13.8%
Asian (non-Hispanic)	1.6%	8.8%
Other (non-Hispanic)	2.8%	4.1%

Source: 2022 American Community Survey (5-Year Estimates Data Profiles)

In 2021, 94.5% of the population in Steuben County had health coverage as follows.

Employer Plans	44.6%
Medicaid	21.8%
Medicare	13.8%
Non-Group Plans	12.6%
Military or VA	1.8%

Source: Data USA

The table below shows the projected payor mix. The facility sees a large population of elderly patients which is shown through their high Medicare payor mix.

Applicant Projected Payor Mix			
Payor	Current	Year One	Year Three
Commercial	4.35%	4.40%	4.92%
Medicare	91.30%	89.01%	87.43%
Medicaid	4.35%	6.59%	7.65%
Total Visits	23	91	183

Current and Projected Beds at St. James Hospital, Source HFIS/Applicant			
Bed Type	Current Beds	Bed Change	Beds Upon Completion
Intensive Care	0	2	2
Medical / Surgical	15	-2	13
Total	15	0	15

St. James Hospital Inpatient Occupancy, Source SPARCS				
Historical/Current				
	2019	2020	2021	2022
Medical/Surgical	47%	47%	80%	87.20%

Medical/Surgical occupancy has grown significantly from 2020 to 2022, with further growth anticipated. St. James also notes experiencing spikes in utilization, often reaching 100%.

Creating the ICU and Swing Bed Unit will allow more flexibility for the facility. They will be able to accommodate patients in need of higher acuity care, while patients who are on ventilators will be able to transition to the swing bed unit and receive extended care. There will be no change in the total bed count for the hospital.

Conclusion

The conversion of these beds will give the facility the ability to treat a greater range of patients and provide necessary care for the people located in this rural area.

Program Analysis

Project Proposal

St. James Hospital, an existing 15-bed Acute Care General Hospital located at 7329 Seneca Road North, Hornell, New York (Steuben County), seeks approval to convert two (2) beds for ICU (“Step-up”) beds and to utilize four (4) beds for skilled nursing “Swing” beds. There will be no change in the total hospital number of bed capacity. The intent is to accommodate patients in need of ICU care, keeping patients on mechanical ventilation for up to 36 hours but no more than 96 hours. The proposal would address complex care with the certification of 2 medical/surgical beds as ICU beds. The proposed rooms would be used as medical/surgical beds when there are no complex care patients for admission.

The proposal will use the existing patient room 2140A and patient room 2120U for the skilled nursing “Swing” beds, and patient rooms 2120J and 2021H will be utilized as the “Step-Up” beds/ICU beds. This will create flexibility to switch from the in-patient to skilled care status or for an in-patient to “Step-Up” for care when applicable for patient care on the medical/surgical unit.

St. James Hospital will remain a 15-bed safety-net hospital. Medical/Surgical beds will decrease from 15 beds to 13 beds, and Intensive Care beds will increase from 0 beds to 2 beds.

There will be minor renovations to meet the higher level of care for the ICU (“Step-Up”) beds. The proposed renovation will occur in the 2nd floor Medical/Surgical unit to improve visibility and opening access. The door will be changed to a sliding telescopic glass door, and headwall gases and electrical will be upgraded within the rooms. No building systems upgrades are proposed.

No construction work is proposed for the skilled nursing swing beds. These two medical/surgical inpatient sleeping rooms will be utilized as swing space for long-term care patients and remain as single occupancy 1-bed rooms.

Respiratory therapy will be available at the facility 24 hours/7 days a week, and nursing staff will be trained in ventilator management. One (1) RN will be assigned to every two (2) ICU patients. Staffing will include one (1) RN, who will be ICU-level trained and a 24/7 hospitalist. Additional staffing for the unit includes two (2) RNs, 2 LPNs, and one (1) PCT with an additional PCT from 9 am - 9 pm.

Staffing is expected to grow by 0.5 FTEs in Year One and 0.5 FTEs in Year Three of the completed project.

Prevention Agenda

St. James Hospital in Steuben County is seeking approval to convert existing patient rooms to Intensive Care Beds to accommodate patients who are in need of Step-Up care. They are also seeking approval for the certification of a 4-bed Swing Bed Program with no change in total bed count. Through this, the hospital aims to create the flexibility to switch from inpatient to skilled care status or inpatient to Step-Up care when applicable for patient care on the medical/surgical unit. This new addition is needed to cope with the rising demand for outpatient procedures.

St. James Hospital is implementing multiple interventions to support priorities of the 2019-2024 New York State Prevention Agenda, including:

- Prevent Chronic Diseases
- Promote Wellbeing and Prevent Mental and Substance Use Disorders

The proposed project, however, does not explicitly advance the local Prevention Agenda priorities that were identified in the most recently completed Community Service Plan (CSP), but it does improve access to care for patients that require Step-Up care in an outpatient setting.

In 2021, St. James Hospital spent \$33,415 on community health improvement services, representing 0.06 % of total operating expenses.

Conclusion

Based on the results of this review, a favorable recommendation can be made regarding the facility's current compliance pursuant to 2802-(3)(e) of the New York State Public Health Law.

Financial Analysis

Total Project Cost and Financing

Renovation and Demolition	\$20,000
Moveable Equipment	18,150
CON Fees	2,000
Additional Processing Fees	<u>210</u>
Total Project Cost	\$40,360

St. James Hospital will provide equity to meet the total project cost.

Operating Budget

The applicant has submitted an incremental operating budget, in 2024 dollars, for the first and third years, summarized below:

	Year One (2025)		Year Three (2027)	
	<u>Per Discharge</u>	<u>Total</u>	<u>Per Discharge</u>	<u>Total</u>
Revenues:				
Commercial FFS	\$3,998	\$15,993	\$4,101	\$36,913
Medicare FFS	\$3,372	\$131,508	\$3,399	\$254,925
Medicare MC	\$3,372	\$141,624	\$3,399	\$288,915
Medicaid FFS	\$2,000	\$2,000	\$2,000	\$6,000
Medicaid MC	\$2,000	<u>\$10,000</u>	\$2,000	<u>\$22,000</u>
Total		\$301,125		\$608,753
Expenses:				
Operating	\$798.36	\$72,651	\$504.40	\$92,305
Capital	<u>\$47.99</u>	<u>4,367</u>	<u>\$23.86</u>	<u>4,367</u>
Total Expenses	\$846.35	\$77,018	\$528.26	\$96,672
Excess Revenues		\$224,107		\$512,081
Utilization: (Discharges)		91		183

The following is noted with respect to the submitted operating budget:

- Expense and utilization assumptions are based on the historical experience of the hospital.
- Revenue assumptions are based on the current reimbursement methodologies for intensive care beds and swing beds.

Capability and Feasibility

The total project cost of \$40,264 will be met with equity from hospital operations. Presented as BFA Attachment A is the June 30, 2023 Certified Financial Statements of St. James Hospital, which indicates the availability of sufficient funds to meet the total project cost. The submitted budget projects excess revenues of \$284,107 and \$512,081 during the first and third years, respectively. Revenues are based on current reimbursement methodologies. The submitted budget appears reasonable.

As shown in BFA Attachment A, the hospital had a positive working capital position, positive net asset position, and an operating loss of \$8,490,689 for the period ending June 30, 2023. The applicant indicated the loss is a result of \$6.5M in depreciation expense due to the construction of the new hospital. Currently, the hospital receives Direct Payment Template (DPT) funding and has a three (3) year Vital Access Provider (VAP) award supporting their surgical initiative to grow urology, primary care, and staff retention and recruitment. In addition to State support, St. James has been working to increase their outpatient growth in ED, urgent care, imaging, and specialty services, and develop physician recruitment. The facility is working with The University of Rochester Medical Center on payor contracts and revenue integrity to ensure payor contracts and billed services are paid at appropriate rates. St. James has identified over \$1M in opportunities that are implemented or underway.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Health Equity Impact Assessment

Health Equity Impact Assessment Summary

The Applicant’s service area includes portions of Allegany and Steuben counties. Notably, Allegany County is one of the poorest counties in New York. Due to the limited availability of medical services in the area, many patients must travel to Rochester or Buffalo, an up to 2-hour commute, to receive treatment. Long-distance travel creates barriers for many medically underserved groups, such as those who are low-income, aging, and/or who live with disabilities, due to the costs and time involved in travel, limitations in vehicle ownership, and inability to travel independently. Allegany and Steuben counties also include an Amish community for whom the impact of long-distance travel is compounded.

The independent entity was able to engage with multiple stakeholders for input on the project, including the Allegany and Steuben County health departments. Interviewed stakeholders strongly support the project, which is expected to not only improve availability and access to services but also improve the quality of life for patients and their loved ones. Since there are significant disparities in the availability of ICU beds between wealthier urban and lower-income rural communities in the United States, which impact mortality rates, increasing ICU beds may also reduce mortality rates for the service area. Finally, the proposed project will increase opportunities for staffing which will improve the “career pipeline” for hospital staff.

Conclusion

Based on the information and analysis presented in the Health Equity Impact Assessment and the applicant’s mitigation plan, the proposed project will not result in any significant adverse health equity impacts.

Attachments

BFA Attachment A	June 30, 2023, Certified Financial Statements of St. James Hospital
OHEHR Attachment	Health Equity Impact Assessment Report
HSA Attachment	Common Grounds HSA Recommendation Report



Project # 231323-C
St. Mary's Hospital for Children

Program: Residential Health Care Facility
Purpose: Construction

County: Queens
Acknowledged: July 17, 2023

Executive Summary

Description

St. Mary's Hospital for Children, Inc. (St. Mary's), an existing, pediatric residential health care facility (RHCF), requests approval to increase the certified bed capacity from 124 pediatric RHCF beds to 142 pediatric RHCF beds, an increase of 18 beds. St. Mary's will renovate existing space on the 4th floor and construct a new building, which will be attached to the existing facility. St. Mary's is at 29-01 216th Street, Bayside, New York (Queens County).

St. Mary's is one of three RHCFs in New York City serving the general pediatric population. The applicant reported that in May 2023, the facility had a waiting list of 91 children and from May 1, 2022 to April 30, 2023, there were 333 patients referred to St. Mary's, and only 121 patients could be admitted due to a lack of bed capacity.

St. Mary's Healthcare System for Children, Inc. (St. Mary's Healthcare System) is the sole corporate member of St. Mary's Hospital for Children, Inc.

OALTC Recommendation

Contingent Approval

Need Summary

Based upon weekly census data, current occupancy, as of February 7, 2024, was 100% for the facility.

Program Summary

Based on the results of this review, a favorable recommendation can be made regarding the facility's current compliance pursuant to 2802-(3)(e) of the New York State Public Health Law.

Financial Summary

The total project cost of \$23,202,700 will be met with equity of \$5,802,700 from St Mary's Healthcare System for Children, Inc., and a \$17,400,000 bank loan with a 7-year term at a fixed rate of 5.3%. The proposed budget is as follows:

Table with 3 columns: Budget, Year One, Year Three. Rows: Revenues, Expenses, Net Income (Loss).

Health Equity Impact Assessment

The was no Health Equity Impact Assessment required for this project under New York State Public Health Law §2802-B, as it was received by the Department on June 16, 2023.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Submission of a commitment signed by the applicant which indicates that, within two years from the date of the council approval, the percentage of all admissions who are Medicaid and Medicare/Medicaid eligible at the time of admission will be at least 75 percent of the planning area average of all Medicaid and Medicare/Medicaid admissions, subject to possible adjustment based on factors such as the number of Medicaid patient days, the facility's case mix, the length of time before private paying patients became Medicaid eligible, and the financial impact on the facility due to an increase in Medicaid admissions. [RNR].
3. Submission of a plan to continue to enhance access to Medicaid residents. At a minimum, the plan should include, but not necessarily be limited to, ways in which the facility will: a. Reach out to hospital discharge planners to make them aware of the facility's Medicaid Access Program; b. Communicate with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility; and c. Identify community resources that serve the low-income and frail elderly population who may eventually use the nursing facility, and inform them about the facility's Medicaid Access policy. [RNR].
4. Submission of an executed loan commitment acceptable to the Department. [BFA]

Approval conditional upon

1. This project must be completed by **September 15, 2026**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **October 15, 2024**, and construction must be completed by **June 15, 2026**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a) if construction is not started on or before the approved start date this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [LTC]

Council Action Date

April 11, 2024

Need Analysis

Background and Analysis

St. Mary's Hospital for Children, Inc. (St. Mary's) is requesting approval to increase the certified bed capacity by 18 beds, from 124 pediatric RHCF beds to 142 pediatric RHCF beds. The primary service area is Queens County, which has a population projected to increase to 2,554,994 by 2029 based on Cornell Program of Applied Demographic estimates. Demographics for the primary service area are noted below including a comparison with New York State.

Demographics	Queens County	New York State
Total Population (2022 Estimate)	2,360,826	19,994,379
Hispanic or Latino (of any race)	28.0%	19.5%
White (non-Hispanic)	23.8%	53.8%
Black or African American (non-Hispanic)	16.7%	13.8%
Asian (non-Hispanic)	25.9%	8.8%
Other (non-Hispanic)	5.6%	4.1%

Source: American Community Survey (5-year estimates data profiles)

The table below shows the CMS Rating and the utilization of the closest RCHFs to St Mary's Hospital that have pediatric beds onsite in New York State.

Facility Name	CMS Overall Rating	Number of Beds	Distance from other RCHFs	Occupancy			
				2019	2020	2021	2022
	As of 1/2024		Miles/Time				
St Mary's Hospital	5	124	0 miles/0 mins	93.5%	97.8%	99.8%	98.2%
Rutland Nursing (Kings)	3	32	16.0 miles/42 mins	45.2%	77.4%	83.4%	N/A
Ditmas Park (Kings)	4	20	18.2 miles/57 mins	N/A	N/A	25.1%	70.7%
Elizabeth Seton (Westchester)	5	169	20.1 miles/51 mins	99.9%	99.7%	99.9%	99.9%
The Steven & Alexandra Cohen Pediatric (Westchester)	5	24	26.5 miles/52 mins	98.0%	99.5%	99.4%	99.5%
Brookside Multicare (Suffolk)	2	36	36.2 miles/58 mins	83.2%	97.4%	94.1%	90.1%
Sunshine Children's (Westchester)	5	54	36.6 miles/62 mins	99.7%	98.5%	100.9%	100.0%

St. Mary's is the only New York City-based, free-standing pediatric nursing facility serving the general pediatric population. Two facilities in Kings County (Rutland Nursing and Ditmas Park) primarily serve the adult population; with Rutland having 446 beds, of which 32 are pediatric beds, and Ditmas Park having 220 beds, of which 20 are pediatric beds. The closest free-standing facilities to only serve the pediatric population are in Westchester County and all three of those facilities show occupancy rates above 98% for the past few years.

With this project, St Mary's is seeking to add 18 new pediatric beds to help address the need for additional pediatric RHCF beds in the New York City area. The implementation of this project will help St. Mary's improve pediatric patient care in the region, and to help reduce the waiting list for pediatric RHCF services. The applicant reported that in May 2023, the facility had a waiting list of 91 children and from May 1, 2022 to April 30, 2023, there were 333 patients referred to St. Mary's, and only 121 patients could be admitted due to a lack of bed capacity

Medicaid Access

To ensure that the residential health care facility needs of the Medicaid population are met, 10 NYCRR §670.3 requires applicants to accept and admit a reasonable percentage of Medicaid residents in their service area. The benchmark is 75% of the annual percentage of residential healthcare facility admissions that are Medicaid-eligible individuals in their planning area. This benchmark may be increased or decreased based on the following factors:

- The number of individuals within the planning area currently awaiting placement to a residential health care facility and the proportion of total individuals awaiting such placement that are Medicaid patients and/or alternate level of care patients in general hospitals.
- The proportion of the facility's total patient days that are Medicaid patient days and the length of time that the facility's patients who are admitted as private paying patients remain such before becoming Medicaid eligible.
- The proportion of the facility's admissions who are Medicare patients or patients whose services are paid for under provisions of the federal Veterans' Benefits Law.
- The facility's patient case mix is based on the intensity of care required by the facility's patients or the extent to which the facility provides services to patients with unique or specialized needs.
- The financial impact on the facility due to an increase in Medicaid patient admissions.

An applicant will be required to make appropriate adjustments in its admission policies and practices to meet the resultant percentage.

The facility's Medicaid admissions rate was below the threshold of 75% of the Queens County rate for the years 2020 through 2022.

Medicaid Access	2020	2021	2022
Queens County Total	39.8%	42.1%	44.0%
Queens County Threshold Value	29.8%	31.5%	33.0%
St. Mary's Hospital for Children	17.0%	12.2%	6.3%

Conclusion

The facility is seeking to add 18 new pediatric beds to address the need for additional pediatric beds in the New York City region. Based upon weekly census data, current occupancy as of February 7, 2024, was 100% for the facility.

Program Analysis

Program Description

	Existing	Proposed
Facility Name	St. Mary's Hospital for Children	Same
Address	29-01 216th Street, Bayside, NY 11360	Same
Pediatric Bed Capacity	124 beds	142 beds
ADHCP Capacity	50	Same
Type of Operator	Voluntary	Same
Class of Operator	Not-for-Profit Corporation	Same
Operator	St. Mary's Hospital for Children, Inc.	Same

Physical Environment

St. Mary's Hospital for Children, Inc. is seeking approval to increase the certified bed capacity from 124 pediatric beds to 142 pediatric beds. The facility will renovate the existing fourth floor and construct an addition to accommodate the new pediatric beds. Construction at the facility will be done in a single phase and take approximately a year and nine months to complete.

The fourth floor will be configured as a double-loaded corridor consisting of eight semi-private rooms and two private rooms. The semi-private resident rooms will feature a shared shower room located between two semi-private rooms. The shared shower room will be accessible from the resident bathroom in each room and will be sized to accommodate a shower trolley. The two private resident rooms on the floor will feature a private shower located in the resident bathroom that is able to accommodate a shower trolley.

The resident communal space is centralized on the fourth floor and consists of a large open recreation area, balcony, treatment room, and multipurpose room. Educational instruction for school-aged children ages 3 to 21 years old on the fourth floor will be provided through the Committee on Preschool Special Education early education program and the Committee on Special Education PS23Q on-site program. Educational instruction will take place in the facility classroom or at the bedside based on the resident's medical needs, developmental abilities, and individualized education plan.

The fourth floor will feature both centralized and decentralized staff work areas and facility support rooms. The communications center for staff documentation and oversight is centrally located on the floor and is adjacent to the medication room and the staff bathroom. In addition to the communications center, two additional staff workstations are provided on the corridor outside of resident rooms. Facility support rooms consisting of the formula room, utility rooms, storage rooms, IT closet, and janitor's closet are decentralized along the corridor outside of resident rooms.

Quality Review

Facility	Ownership Since	Overall	Health Inspection	Quality Measure	Staffing
St. Mary's Hospital for Children	Current	*****	*****	*****	*****
	CMS ratings started 1/2009	*****	***	*****	*****

Data date: 02/2024

Enforcement History

A review of the operations of St. Mary's Hospital for Children for the past ten years reveals no enforcements.

Conclusion

Based on the results of this review, a favorable recommendation can be made regarding the facility's current compliance pursuant to 2802-(3)(e) of the New York State Public Health Law.

Financial Analysis

Total Project Cost and Financing

The total project cost for renovations and movable equipment in 2024 dollars is estimated at \$23,202,700 and is distributed as follows:

New Construction	\$6,453,593
Renovation & Demolition	8,651,617
Asbestos Abatement	450,000
Design Contingency	1,510,522
Construction Contingency	1,187,842
Planning Consulting Fees	78,125
Architect/Engineering Fees	1,600,000
Other Fees	255,657
Movable Equipment	1,933,532
Financing Costs Points	200,000
*Interim Interest Expense	752,906
Total Project Costs w/o fees	23,073,794
Application Fee	2,000
Additional Processing Fee	<u>126,796</u>
Total Project Cost	<u>\$23,202,700</u>

Project costs of \$23,202,700 will be met with equity of \$5,802,700 from St. Mary's Healthcare System for Children, Inc., and a bank loan of \$17,400,000 with a 7-year term at an estimated fixed rate of 5.3%. A letter of interest has been provided by M&T Bank for the loan.

Operating Budget

The applicant has submitted an operating budget, in 2024 dollars, for years one and three, summarized below:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Per Day</u>	<u>Total</u>	<u>Per Day</u>	<u>Total</u>	<u>Per Day</u>	<u>Total</u>
<u>Inpatient Revenues</u>						
Commercial FFS	\$2,024.31	\$2,005,913	\$2,094.22	\$2,903,924	\$2,094.22	\$2,364,374
Medicaid FFS	\$2,052.89	71,305,252	\$2,047.01	79,114,769	\$2,047.01	81,026,673
Medicaid MC	\$2,067.60	18,039,796	\$2,061.76	20,015,556	\$2,062.76	20,500,069
All Other/Feeding		<u>2,032,719</u>		<u>2,032,719</u>		<u>2,032,719</u>
Total Inpatient Rev		\$93,383,680		\$103,472,968		\$105,923,835
<u>Outpatient Revenues</u>						
Medicaid FFS	\$228.51	\$7,906,900	\$228.51	\$7,906,900	\$228.51	\$7,906,900
Other Operating Rev.*	\$237.42	\$8,036,866	\$237.42	\$8,036,866	\$237.42	\$8,036,866
Bad Debt Expense		(\$378,680)		(\$378,680)		(\$378,680)
Total Outpatient Rev.		\$15,565,086		\$15,565,086		\$15,565,086
Other Operating Rev.		\$4,837,902		\$4,837,902		\$4,037,902
Non-Operating Rev.		<u>223,030</u>		<u>223,030</u>		<u>223,030</u>
Total Proj. Revenue		\$114,009,698		\$124,098,986		\$126,549,853

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Per Day</u>	<u>Total</u>	<u>Per Day</u>	<u>Total</u>	<u>Per Day</u>	<u>Total</u>
<u>Inpatient Exp.</u>						
Operating	1864.63	\$82,882,974	1849.77	\$91,489,615	1817.58	\$92,069,356
Capital	<u>189.51</u>	<u>\$8,423,888</u>	<u>214.37</u>	<u>\$10,602,899</u>	<u>204.77</u>	<u>\$10,372,480</u>
Total Inpatient Exp.	2054.15	\$91,306,862	2064.14	\$102,092,514	2022.34	\$102,441,836
<u>Outpatient Exp.</u>						
Operating	236.45	\$16,185,504	236.45	\$16,185,504	236.45	\$16,185,504
Capital	<u>5.10</u>	<u>\$349,331</u>	<u>5.10</u>	<u>\$349,331</u>	<u>5.10</u>	<u>\$349,331</u>
Total Outpatient	241.55	\$16,534,835	241.55	\$16,534,835	241.55	\$16,534,835
Total Expenses		<u>\$107,841,697</u>		<u>\$118,627,349</u>		<u>\$118,976,671</u>
Net Income		\$6,168,001		\$5,471,637		\$7,573,182

* Represents operating preschool day health program, spinal cord therapy, behavioral health, and contribution made to the facility.

Utilization broken down by payor is as follows:

<u>Outpatient</u>	<u>Current Year</u>	<u>Years One and Three</u>
Medicaid FFS	50.55%	50.55%
Other/Private Pay	<u>49.45%</u>	<u>49.45%</u>
Total	100%	100%
<u>Inpatient</u>		
Commercial FFS	2.23%	2.23%
Medicaid FFS	78.14%	78.14%
Medicaid MC	<u>19.63%</u>	<u>19.63%</u>
Total	100%	100%

The following is noted for the submitted budget:

- Commercial rates are based on the organization's current average reimbursement rates.
- Private pay visits for the proposed site are based on actual visit payer mix data and services currently offered and utilized at this location.
- Medicaid is based on the current rates received for the same currently offered services.
- Expenses are increased based predominantly on the current labor for the project costs and inpatient side.
- Visits are not changing since this project impacts inpatient beds only. However, inpatient days increase due to high occupancy and the need to increase beds.
- Utilization is based on average current visits and increased inpatients is based on the organization's historical and current experience and added beds it needs.
- As noted, the RHC Hospital has a waiting list for more beds and had to turn away patients due to the lack of inpatient beds at this site.

Capability and Feasibility

The total project costs of \$23,202,700 will be met with equity from St Mary's Healthcare System for Children Inc. of \$5,802,700 and a bank loan of \$17,400,000 with a 7-year term at approximately 5.3% fixed interest rate. A letter of interest has been provided by M&T Bank for the loan.

Working capital requirements are estimated at \$19,829,445 based on two months of third-year expenses, and will be funded through the ongoing operations of St. Mary's Healthcare System for Children, Inc. The submitted budget projects a net income of \$5,471,637 and \$7,573,181 during Years One and Three, respectively. The budget appears reasonable based on current reimbursement and experience.

BFA Attachment B, 2021-2022 Consolidated Certified Financial Statement of St. Mary's Healthcare System for Children, Inc., shows an average positive working capital, average net asset position, and net income of \$2,493,085 and \$4,745,871 in 2021 and 2022, respectively.

Attachment C, St. Mary's Healthcare System for Children, Inc. Internal Financial Statements for the period ending November 30, 2023, shows positive working capital and net asset positions. As of November 30, 2023, St. Mary's Healthcare System for Children has a net income of \$9,589,897.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

BHFP Attachment	Map
BFA Attachment A	St. Mary's Healthcare System for Children, Inc. Organizational Chart
BFA Attachment B	2021-2022 Consolidated Certified Financial Statement for St. Mary's Healthcare System for Children, Inc.
BFA Attachment C	St. Mary's Healthcare System for Children, Inc. January 1, 2023 through November 30, 2023 Internal Financial Statement



**Project # 222105-E
Alliance For Health, Inc.**

Program: LHCSA
Purpose: Establishment

County: Kings
Acknowledged: October 25, 2022

Executive Summary

Description

Alliance For Health, Inc. d/b/a AccentCare Personal Care Services of New York, which operates a Licensed Home Care Services (LHCSA) agency, is requesting a change of indirect ownership transferring 100% ownership interest above the grandparent entity.

The applicant reports this transaction will not result in any changes to the name, location, or services provided.

OALTC Recommendation

Approval

Need Summary

In accordance with 10 NYCRR §765- 1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Program Summary

The individual background review indicates the proposed member has met the standard for approval as set forth in Public Health Law §3605.

Financial Summary

In accordance with 10 NYCRR §765-1(b)3, the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Council Action Date

April 11, 2024

Program Analysis

Program Description

Alliance For Health, Inc. d/b/a AccentCare Personal Care Services of New York, which operates a licensed home care services agency is requesting a change of indirect ownership transferring 100% ownership interest above the grandparent entity.

An affidavit of no control has been implemented above the parent entity, AccentCare, Inc., whereby Pluto Acquisition I, Inc. and all organizations above this entity will refrain from exercising control over the licensed home care services agency by directing or causing the direction of the actions, management or policies of the agency, whether through voting securities or voting rights thereunder, electing or appointing directors, the direct or indirect determination of policies, or otherwise. (Please refer to Attachment A for the organizational chart).

The applicant proposes to serve the residents of the following counties from an office located at 105 Court Street, Brooklyn, NY 11201.

- Bronx
- Kings
- New York
- Queens
- Westchester
- Richmond

The applicant intends to continue to provide the following healthcare services:

- Home Health Aide
- Nursing
- Personal Care

Character and Competence Review

Alliance For Health, Inc., is comprised of the following individual:

Joanna Ciampaglione, Vice President, Director – Alliance for Health, Inc.

Employment

Accentcare, Inc., Senior Vice President (May 2004 - Present)

Affiliations

- AccentCare of New York, Inc.; (January 2, 2015 – Present)
- AccentCare Personal Care Services of New York; (January 2, 2015 – Present)

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a licensed home care services agency.

A search of the individual named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Facility Compliance/Enforcement

The information provided by the Division of Home and Community Based Service's Bureau of Quality and Surveillance has indicated that the applicant has provided sufficient supervision to prevent harm to the health, safety, and welfare of patients and to prevent recurrent code violations.

Need Review

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating financial feasibility of the agency.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed. Attachment B provides the Workforce Summary.

Conclusion

The individual background review indicates the proposed member has met the standard for approval as set forth in Public Health Law §3605.

Attachments

OALTC Attachment A	Post Organizational Chart
OALTC Attachment B	Workforce Summary



Project # 222106-E

AccentCare Of New York, Inc.

Program: LHCSA
Purpose: Establishment

County: Westchester
Acknowledged: October 25, 2022

Executive Summary

Description

Accentcare of New York, Inc., which operates two Licensed Home Care Services Agencies (LHCSA), is requesting a change of indirect ownership to transfer 100% ownership interest above the grandparent entity.

The applicant reports that this transaction will not result in any change of the name, location, or services provided.

OALTC Recommendation

Approval

Need Summary

In accordance with 10 NYCRR §765- 1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Program Summary

The individual background review indicates the proposed member has met the standard for approval as set forth in Public Health Law §3605.

Financial Summary

In accordance with 10 NYCRR §765-1(b)3, the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Council Action Date

April 11, 2024

Program Analysis

Program Description

Accentcare of New York, Inc., is requesting a change of indirect ownership to transfer 100% ownership interest above the grandparent entity.

An affidavit of no control has been implemented above the parent entity, AccentCare, Inc., whereby Pluto Acquisition I Inc., and all organizations above this entity will refrain from exercising control over the licensed home care services agency by directing or causing the direction of the actions, management or policies of the agency, whether through voting securities or voting rights thereunder, electing or appointing directors, the direct or indirect determination of policies, or otherwise (please refer to Attachment A for the organizational chart).

The applicant will continue to serve the residents of the following counties from an office located at 27 Main Street, Yonkers, New York 10701:

- Bronx
- Dutchess
- Nassau
- Orange
- Putnam
- Rockland
- Suffolk
- Ulster
- Westchester

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Medical Social Services
- Nursing
- Personal Care

The applicant will also continue to serve the residents of the following counties from an office located at 659 Dutchess Turnpike, Suite 201, Poughkeepsie, New York 12603:

- Dutchess
- Orange
- Putnam
- Sullivan
- Ulster
- Westchester

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Homemaker
- Housekeeping
- Nursing
- Personal Care

Character and Competence Review

Accentcare of New York, Inc. is comprised of the following individual:

Joanna Ciampaglione, Vice President, Director – AccentCare of New York, Inc.

Employment

Accentcare, Inc., Senior Vice President (May 2004 - Present)

Affiliations

- AccentCare of New York, Inc.; (January 2, 2015 – Present)
- AccentCare Personal Care Services of New York; (January 2, 2015 – Present)

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a licensed home care services agency.

A search of the individual named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Facility Compliance/Enforcement

The information provided by the Division of Home and Community Based Services Bureau of Quality and Surveillance has indicated that the applicant has provided sufficient supervision to prevent harm to the health, safety, and welfare of patients and to prevent recurrent code violations.

Need Review

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating financial feasibility of the agency.

Workforce Review

The applicant’s response regarding the recruitment and retention of the workforce was adequately addressed. See Attachment B for the Workforce Summary.

Conclusion

The individual background review indicates the proposed member has met the standard for approval as set forth in Public Health Law §3605.

Attachments

OALTC Attachment A	Organizational Chart
OALTC Attachment B	Workforce Summary



Project # 222108-E

**All Metro Home Care Services of New York, Inc. d/b/a
All Metro Health Care**

Program: LHCSA

County: Nassau

Purpose: Establishment

Acknowledged: November 4, 2022

Executive Summary

Description

All Metro Home Care Services of New York, Inc. d/b/a All Metro Health Care, which operates a Licensed Home Care Services Agency (LHCSA), requests approval to effectuate a change of control under 10 NYCRR §765-1.14 with a transfer of indirect ownership interest above the great, great grandparent level.

The applicant is not proposing any changes to the LHCSA's service area, branch offices, or licensed services.

OALTC Recommendation

Approval

Need Summary

In accordance with 10 NYCRR §765- 1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

Financial Summary

In accordance with 10 NYCRR §765-1(b)3, the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. All Metro Home Care Services of New York, Inc. will resume payments back to the Office of Medicaid Inspector General if they are unsuccessful in their challenge to the Final Audit Report. [CHA]

Council Action Date

April 11, 2024

Program Analysis

Program Description

All Metro Home Care Services of New York, Inc. d/b/a All Metro Health Care requests approval to transfer indirect ownership interest above the great, great grandparent level (please refer to Attachment A for the post-closing organizational chart).

An affidavit of no control has been implemented above the great, great, great grandparent level, whereby Modivcare Inc. and all its members will refrain from exercising control over the LHCSA by directing or causing the direction of the actions, management or policies of the agency, whether through voting securities or voting rights thereunder, electing or appointing directors, the direct or indirect determination of policies, or otherwise.

The applicant will continue to serve the residents of the following counties from an office at 170 Earle Ave., Lynbrook, NY. 11563:

- Nassau
- Queens
- Suffolk

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Homemaker
- Housekeeper
- Nursing
- Personal Care
- Specialty -Nursing Home Transition Diversion
- Specialty -Traumatic Brain Injury
- Therapy- Occupational
- Therapy- Physical

The applicant will continue to serve the residents of the following counties from an office at 6 Gramatan Ave., Suite 300, Mount Vernon, NY. 10550:

- Bronx
- Dutchess
- Orange
- Putnam
- Rockland
- Westchester

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Medical Social Services
- Nursing
- Personal Care
- Specialty- Traumatic Brain Injury
- Therapy- Occupational
- Therapy - Physical
- Therapy - Speech Language Pathology

The applicant will continue to serve the residents of the following counties from an office at 5225 Nesconset Highway, Bldg. 6, Suite 30-32, Port Jefferson Station, NY 11776

- Nassau
- Suffolk

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Medical Social Services
- Nursing
- Personal Care
- Therapy -Occupational
- Therapy - Physical
- Therapy - Speech Language Pathology

The applicant will continue to serve the residents of the following counties from an office at 350 Northern Blvd., Suite 206, Albany, NY. 12204

- Albany
- Clinton
- Columbia
- Delaware
- Essex
- Franklin
- Fulton
- Greene
- Hamilton
- Montgomery
- Otsego
- Rensselaer
- Saratoga
- Schenectady
- Schoharie
- Warren
- Washington

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Homemaker
- Housekeeper
- Nursing
- Personal Care
- Specialty - Nursing Home Transition Diversion
- Specialty - Traumatic Brain Injury
- Therapy - Occupational
- Therapy - Physical

The applicant will continue to serve the residents of the following counties from an office at 181 West Main Street, Babylon, NY. 11702

- Nassau
- Queens
- Suffolk

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Homemaker
- Housekeeper
- Nursing
- Personal Care
- Specialty - Nursing Home Transition Diversion
- Specialty - Traumatic Brain Injury
- Therapy- Occupational
- Therapy- Physical

The applicant will continue to serve the residents of the following counties from an office at 80 Broad Street, 14th Floor, NY, NY. 10004

- Bronx
- Kings
- New York
- Queens
- Richmond

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Medical Social Services
- Medical Supplies Equipment and Appliances
- Nursing
- Nutritional
- Personal Care
- Specialty - Traumatic Brain Injury
- Therapy - Occupational
- Therapy - Physical
- Therapy - Speech Language Pathology

The applicant will continue to serve the residents of the following counties from an office at 170 Franklin Street, Suite 501, Buffalo, NY. 14202

- Allegany
- Cattaraugus
- Chautauqua
- Erie
- Genesee
- Niagara
- Orleans
- Wyoming

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Nursing
- Nutritional
- Personal Care
- Specialty - Nursing Home Transition Diversion (NHT)
- Specialty - Traumatic Brain Injury (TBI)

The applicant will continue to serve the residents of the following counties from an office at 1344 University Avenue, Suite 100, Rochester, NY. 14607

- Chemung
- Livingston
- Monroe
- Ontario
- Schuyler
- Seneca
- Steuben
- Wayne
- Yates

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Nursing
- Personal Care
- Specialty - Traumatic Brain Injury

The applicant proposes to serve the residents of the following counties from an office at 1020 7th North Street, Suite 230, Liverpool, NY. 13088

- Broome
- Cayuga
- Chenango
- Cortland
- Herkimer
- Jefferson
- Lewis
- Madison
- Oneida
- Onondaga
- Oswego
- Saint Lawrence
- Tioga
- Tompkins

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Homemaker
- Nursing
- Personal Care
- Specialty - Nursing Home Transition Diversion
- Specialty - Traumatic Brain Injury

The applicant will continue to serve the residents of the following counties from an office at 650 Franklin Street, Suite 102, Schenectady, NY. 12305

- Albany
- Fulton
- Montgomery
- Rensselaer
- Saratoga
- Schenectady
- Schoharie
- Warren

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Nursing
- Personal Care
- Specialty - Nursing Home Transition Diversion
- Specialty - Traumatic Brain Injury

The applicant will continue to serve the residents of the following counties from an office at 4 East William Street, Suite 101, Corning, NY. 14830

- Allegany
- Chemung
- Livingston
- Ontario
- Schuyler
- Seneca
- Steuben
- Wayne
- Yates

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Nursing
- Personal Care

The applicant will continue to serve the residents of the following counties from an office at 65 Pennsylvania Ave., Suite 220, Binghamton, NY. 13903

- Broome
- Chemung
- Chenango
- Cortland
- Tioga
- Tompkins

The applicant will continue to provide the following healthcare services at the above-referenced location:

- Home Health Aide
- Nursing
- Personal Care

Character and Competence Review

The proposed new members in this application have ownership interest in healthcare facilities in several states. The applicant provided affidavits in lieu of out-of-state compliance reviews for facilities located in states that did not respond to compliance requests.

Seth J. Shapiro, Director – All Metro Home Care Services of New York, Inc.

Employment

Vice President, All Metro Home Care Services, Inc. and All Metro Health Care (1994 – Present)

Affiliations

- All Metro Home Care Services of New York (Lynbrook) (December 2005 – Present)
- All Metro Home Care Services of New York (Mount Vernon) (December 2005 – Present)
- All Metro Home Care Services of New York (Port Jefferson) (December 2005 – Present)
- All Metro Home Care Services of New York (Albany) (December 2005 – Present)
- All Metro Home Care Services of New York (Babylon) (December 2005 – Present)
- All Metro Home Care Services of New York (NYC) (December 2005 – Present)
- All Metro Home Care Services of New York (Buffalo) (December 2005 – Present)
- All Metro Home Care Services of New York (Rochester) (December 2005 – Present)
- All Metro Home Care Services of New York (Liverpool) (December 2005 – Present)
- All Metro Home Care Services of New York (Schenectady) (December 2005 – Present)
- All Metro Home Care Services of New York (Corning) (December 2005 – Present)
- All Metro Home Care Services of New York (Binghamton) (December 2005 – Present)
- All Metro Home Care Services of Florida (West Palm Beach) (December 2005 – Present)
- All Metro Home Care Services of Florida (Fort Lauderdale) (December 2005 – Present)
- All Metro Home Care Services of New Jersey (Hackensack) (December 2005 – Present)
- All Metro Home Care Services of New Jersey (Pennsauken) (December 2005 – Present)
- CareGivers America, LLC (Allentown, PA) (April 2015 – Present)
- CareGivers America, (Berwick, PA) (April 2015 – Present)
- CareGivers America, (Clarks Summit, PA) (April 2015 – Present)
- CareGivers America, (Plains, PA) (April 2015 – Present)
- CareGivers America, (Tannersville, PA) (April 2015 – Present)
- CareGivers America, (Pottsville, PA) (April 2015 – Present)
- CareGivers America, (Honesdale, PA) (April 2015 – Present)
- CareGivers America, (Lehighton, PA) (April 2015 – Present)
- CareGivers America, (Milford, PA) (April 2015 – Present)
- CareGivers America, (Montrose, PA) (April 2015 – Present)
- CareGivers America, (Sayre, PA) (April 2015 – Present)
- CareGivers America, (Selinsgrove, PA) (April 2015 – Present)
- CareGivers America, (Williamsport, PA) (April 2015 – Present)
- CareGivers America, (York, PA) (April 2015 – Present)
- CareGivers America, (Reading, PA) (April 2015 – Present)
- CareGivers America, (State College, PA) (April 2015 – Present)
- CareGivers America, (Lancaster, PA) (April 2015 – Present)
- CareGivers America, (Harrisburg, PA) (April 2015 – Present)
- CareGivers America, (Johnstown, PA) (April 2015 – Present)
- CareGivers America, (Pittsburgh, PA) (April 2015 – Present)
- Helping Hand Home Health Care Agency, Inc., (Jenkintown, PA) (April 2015 – Present)
- Helping Hand Home Health Care Agency, Inc., (Jenkintown, PA)
- Arsens Home Care, Inc., (Jenkintown, PA) (April 2015 – Present) (April 2015 – Present)
- Aruba, Inc. (Jenkintown, PA) (April 2015 – Present)
- CareGivers America Medical Supply, LLC (Clarks Summit, PA) (April 2015 – Present)
- Multicultural Home Care, Inc. (Lynn, MA) (December 2016 – Present)
- Multicultural Home Care, Inc. (Brighton, MA) (December 2016 – Present)
- Multicultural Home Care, Inc. (Lawrence, MA) (December 2016 – Present)
- All Metro Home Care Services of New York (Corning) (December 2005 – Present)

- All Metro Home Care Services of New York (Binghamton) (December 2005 – Present)
- All Metro Home Care Services of New York (Binghamton) (December 2005 – Present)
- All Metro Home Care Services of Florida (West Palm Beach) (December 2005 – Present)
- All Metro Home Care Services of Florida (Fort Lauderdale) (December 2005 – Present)
- All Metro Home Care Services of New Jersey (Hackensack) (December 2005 – Present)
- All Metro Home Care Services of New Jersey (Pennsauken) (December 2005 –Present)

Larry Heath Sampson, Director – OEP AM, Inc.

Employment

- Modivcare Solutions; Chief Financial Officer and Interim Chief Executive Officer (February 2021 – Present)
- Advanced Emissions Solutions; CEO (2014 - 2020)

Affiliations

None

Jennifer Jaskolka, Esq., Director – OEP AM, Inc.

Employment

- Modivcare, Vice President/Deputy General (April 2021 to Present)
- Xcel Energy, Assistant General Counsel & Corporate Safety Manager (March 2008 – April 2021)

Affiliations

None

A review of the Personal Qualifying information indicates that the above applicants have the required character and competence to operate a licensed home care services agency.

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Facility Compliance and Enforcement

For the time period between January 2014 through December 2016, the Office of Medicaid Inspector General performed an audit of traumatic brain injury (TBI) claims paid to All Metro Home Care Services, Inc. A final audit report was released in November 2023 requesting a repayment of \$6.6 million for the matter to be settled.

In November 2023, All Metro exercised its rights to request a hearing to challenge the Office of Medicaid Inspector General’s Final Audit Report. An affidavit has been submitted by Socrates Health Holdings, LLC stating that All Metro agrees to resume payments back to the Office of Medicaid Inspector General if they are unsuccessful in its challenge to the Final Audit Report. Depending on the outcome of the hearing, All Metro may elect to avail itself of additional legal rights. Hearings are expected to commence by June 2024.

The information provided by the Division of Home and Community Based Services Bureau of Quality and Surveillance has indicated that the applicant has provided sufficient supervision to prevent harm to the health, safety, and welfare of patients and to prevent recurrent code violations.

Need Review

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating financial feasibility of the agency.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed. Attachment B provides the Workforce Summary.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

Attachments

OALTC Attachment A	Organizational Chart
OALTC Attachment B	Workforce Summary



Project # 222111-E

Allen Health Care Services d/b/a Elara Caring

Program: LHCSA
Purpose: Establishment

County: Suffolk
Acknowledged: October 25, 2022

Executive Summary

Description

Health Acquisition Corporation d/b/a Allen Health Care Services and d/b/a Elara Caring is a for-profit corporation Licensed Home Care Service Agency (LHCSA) seeking approval of a transfer of ownership interest above the great, great grandparent level.

The applicant does not propose any changes to the LHCSA's service area, branch offices, or licensed services.

OALTC Recommendation

Approved

Need Summary

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

Financial Summary

In accordance with 10 NYCRR §765-1(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating financial feasibility of the agency.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Council Action Date

April 11, 2024

Program Analysis

Program Description

Health Acquisition Corporation d//b/a Allen Health Care Services and d/b/a Elara Caring is seeking approval of a transfer ownership interest above the great, great grandparent level.

An affidavit of no control has been implemented above the great, great grandparent entity, Elara Holdings, LLC whereby all entities and persons above Elara Holdings, LLC (KIA IX (HH) Investor, L.P, BW III Homecare Holdings, LLC and BW NHHHC Co-Invest, L.P. will refrain from exercising control over the licensed home care services agency by directing or causing the direction of the actions, management or policies of the agency, whether through voting securities or voting rights thereunder, electing or appointing directors, the direct and indirect determination of policies, or otherwise (please refer to Attachment A for the organizational chart).

The applicant operates from a main location (Hempstead, NY) and 4 branch offices (Forest Hills, Bronx, Brooklyn, and Medford), and each location has more than 25 patients.

For the Hempstead location at 175 Fulton Avenue, Suite 101, Hempstead, NY. 11550, the applicant will continue to serve the residents of the following counties:

- Dutchess
- Nassau
- Orange
- Putnam
- Queens
- Rockland
- Suffolk
- Sullivan
- Ulster
- Westchester

The location referenced above will continue to provide the following healthcare services:

- Home Health Aide
- Homemaker
- Housekeeper
- Nursing
- Personal Care

For the Forest Hills branch at 70-00 Austin Street, Suite 201, Forest Hills, NY 11375, the applicant will continue to serve the residents of the following counties:

- Bronx
- Kings
- New York
- Queens
- Richmond
- Westchester

The location referenced above will continue to provide the following healthcare services:

- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Nursing
- Personal Care

For the Bronx branch at 2432 Grand Concourse, Suite B, 2nd Floor, Bronx, NY 10458, the applicant will continue to serve the residents of the following counties:

- Bronx
- Kings
- New York
- Queens
- Richmond
- Westchester

The above-referenced location will continue to provide the following healthcare services:

- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Nursing
- Personal Care

For the Brooklyn branch at 1819 East 13th Street, Brooklyn, NY 11229, the applicant will continue to serve the residents of the following counties:

- Bronx
- Kings
- New York
- Queens
- Richmond
- Westchester

The above-referenced location will continue to provide the following healthcare services:

- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Nursing
- Personal Care

For the Medford branch at 3237 Route 112, Building 6, Suite 3, Medford, NY 11763, the applicant will continue to serve the residents of the following counties:

- Nassau
- Queens
- Suffolk

The location referenced above will continue to provide the following healthcare services:

- Home Health Aide
- Homemaker
- Housekeeper
- Nursing
- Personal Care

Character and Competence Review

Health Acquisition Corp. d/b/a Allen Health Care Services and d/b/a Elara Caring is comprised of the following individuals:

Tina Blasi – Board of Managers – Elara Holdings, LLC and BW Homecare Holdings, LLC

Employment

Retired since June 2015

Affiliations

Please refer to Attachment B for a list of healthcare affiliations.

Adam Blumenthal – Board of Managers – Elara Holdings, LLC and BW Homecare Holdings, LLC

Employment

Blue Wolf Capital Partners LLC – Managing Partner (2005 - Present)

Affiliations

No offices held or ownership interests in Health Facilities.

**Scott Powers – Board of Managers – Elara Holdings, LLC and BW Homecare Holdings, LLC
Board of Directors – BW NHHHC Holdco, Inc., National Home Health Care Corp., and Health
Acquisition Corp. d/b/a Allen Health Care/Elara Caring**

Employment

- BW NHHHC Holdco, Inc – Chief Executive Officer (9/2019 - Present)
- Alignment Healthcare - Chief Executive Officer (4/2018 - 9/2019)
- Cambia Health Solutions – President of Healthcare Operations (7/2010 - 4/2018)

Affiliations

Please refer to Attachment B for a list of healthcare affiliations.

**Jeremy Kogler – Board of Managers – Elara Holdings, LLC and BW Homecare Holdings, LLC
Board of Directors – BW NHHHC Holdco, Inc., National Home Health Care Corp., and Health
Acquisition Corp. d/b/a Allen Health Care/Elara Caring**

Employment

- Blue Wolf Capital Partners LLC – Principal (5/2010 - Present)
- EnTrust Capital – Analyst (1/2004 - 1/2009)

Affiliations

Please refer to Attachment B for a list of healthcare affiliations.

**Henry Mannix III – Board of Managers – Elara Holdings, LLC and BW Homecare Holdings, LLC
Board of Directors – BW NHHHC Holdco, Inc., National Home Health Care Corp., and Health
Acquisition Corp. d/b/a Allen Health Care/Elara Caring**

Employment

Kelso & Company – Managing Director (8/2004 - Present)

Affiliations

Please refer to Attachment B for a list of healthcare affiliations.

Hugh McBride – Board of Managers – Elara Holdings, LLC and BW Homecare Holdings, LLC

Employment

- Kelso & Company – Principal (8/2012 - Present)
- Lazard Freres – Analyst (6/2010 - 8/2012)

Affiliations

Please refer to Attachment B for a list of healthcare affiliations.

Church Moore – Board of Managers – Elara Holdings, LLC and BW Homecare Holdings, LLC

Employment

Kelso & Company – Managing Director (7/1998 - Present)

Affiliations

Please refer to Attachment B for a list of healthcare affiliations.

Mark Pacala – Board of Managers – Elara Holdings, LLC and BW Homecare Holdings, LLC

Employment

Self-employed (2010 - Present)

Affiliations

Please refer to Attachment B for a list of healthcare affiliations.

Anath Mohan – Board of Directors – Health Acquisition Corp. d/b/a Allen Health Care/Elara Caring

Employment

- BW NHHHC Holdco, Inc. (Elara Caring) – Chief Operating Officer (8/2021 - Present)
- Cancer Treatment Centers of America – President, Enterprise Operations (5/2017 - 8/2021)
- McKinsey & Company – Associate Partner (6/2011 - 5/2017)

Affiliations

Please refer to Attachment B for a list of healthcare affiliations.

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a licensed home care services agency.

A search of the individual named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Facility Compliance/Enforcement

The information provided by the Division of Home and Community Based Services, Bureau of Quality and Surveillance has indicated that the applicant has provided sufficient supervision to prevent harm to the health, safety, and welfare of patients and to prevent recurrent code violations.

The following state agencies have indicated no issues with the licensure of the health affiliations of the applicant:

- Minnesota Department of Health
- Mississippi State Department of Health
- Nebraska Dept. of Health and Human Services
- New Hampshire Dept. of Health and Human Svcs.
- Oregon Health Authority
- Pennsylvania Department of Health
- Rhode Island Department of Health
- Tennessee Department of Health
- Vermont Disabilities, Aging, and Independent Living
- Georgia Department of Community Health
- Illinois Department of Public Health
- Indiana State Department of Health
- State of Louisiana Department of Health
- Massachusetts Dept. of Public Health
- Michigan Dept. of Licensing and Reg. Affairs
- Maine Department of Health and Human Services
- Missouri Dept. of Health and Senior Svcs.
- Arizona Department of Health Services
- Ohio Department of Health
- Oklahoma State Department of Health
- Arkansas Department of Health
- Connecticut Department of Public Health
- State of Florida Agency for HCA
- State of Wisconsin Dept. of Health
- Kansas Dept. of Health
- New Mexico Dept. of Health
- Colorado Dept. of Public Health & Environment
- Maryland Department of Health
- New Jersey Office of the Attorney General Division of Consumer Affairs

Need Review

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating financial feasibility of the agency.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed. Please refer to Attachment C for the Workforce Summary.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

Attachments	
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OALTC Attachment A	Organizational Chart
OALTC Attachment B	Health Care Affiliations
OALTC Attachment C	Workforce Summary



Department
of Health

Public Health and Health Planning Council

Project # 231047-E

SIAL Acquisition d/b/a The Veranda Assisted Living

Program: LHCSA
Purpose: Establishment

County: Richmond
Acknowledged: February 17, 2023

Executive Summary

Description

SIAL Acquisition LLC d/b/a The Veranda Assisted Living, a New York limited liability company is requesting approval to become the new operator of Plan and Partner Home Healthcare, an existing Licensed Home Care Services Agency (LHSCA).

The applicant does not propose any changes to the LHSCA's service area or licensed services.

OALTC Recommendation

Approval

Need Summary

In accordance with 10 NYCRR §765-1.16(c)3, this application is exempt from Public Need review as the agency is affiliated with an Assisted Living Program (ALP).

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

Financial Summary

In accordance with 10 NYCRR §765-1(b)3, the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Council Action Date

April 11, 2024

Program Analysis

Program Description

SIAL Acquisition LLC d/b/a The Veranda Assisted Living is requesting approval to become the new operator of Plan and Partner Home Healthcare, an existing LHSCA.

The applicant intends to continue to serve the residents of the following counties from an office at 110 Henderson Street, Staten Island, New York 10301:

- Kings
- New York
- Queens
- Richmond

The applicant intends to continue to provide the following healthcare services:

- Nursing
- Home Health Aide
- Medical Social Services
- Medical Supplies Equipment and Appliances
- Nutritional
- Personal Care
- Therapy- Occupational
- Therapy- Physical
- Therapy- Respiratory
- Therapy- Speech Language Pathology

Character and Competence Review

SIAL Acquisition LLC d/b/a The Veranda Assisted Living is comprised of the following individuals:

Lazer Strulovitch- 85%

Managing Member, SIAL Acquisition LLC d/b/a The Veranda Assisted Living

Affiliations

- Sprain Brook Manor Rehab, LLC (September 2012 - Present)
- Newco Alp, Inc. d/b/a Island Assisted Living (Adult Home) (April 2014 - Present)
- L&A Operations, LLC d/b/a Adira at Riverside Rehabilitation and Nursing (September 2015 - Present)
- Baywood, LLC d/b/a Harbor Terrace Adult Home and Assisted Living (January 2020 - Present)
- Newco Alp, Inc. d/b/a Island Assisted Living (LHCSA) (June 2014 - Present)
- Baywood, LLC d/b/a Plan and Partner Home Healthcare (January 2020 - Present)
- Spring Hill Wellness NY, LLC (May 2021 - Present)
- Spring Hill Wellness, LLC (July 2017 - Present)

Shia Rosenbaum – 15%

Managing Member, SIAL Acquisition LLC d/b/a The Veranda Assisted Living

Affiliations

- Baywood, LLC d/b/a Harbor Terrace Adult Home and Assisted Living (January 2020 - Present)
- Baywood, LLC d/b/a Plan and Partner Home Healthcare (January 2020 - Present)
- Spring Hill Wellness, LLC (July 2017 - Present)

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a licensed home care services agency.

A search of the individual named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Facility Compliance/Enforcement

The Division of Adult Care Facilities and Assisted Living Surveillance reviewed the compliance history of the above-mentioned adult care facilities and reports as follows:

- Newco ALP, Inc. d/b/a Island Assisted Living was fined Eight hundred twenty-five dollars (\$825) pursuant to a stipulation and order dated February 7, 2017, and July 24, 2017, for violations of Article 7 of the Social Services Law and 18 NYCRR Part 487.
- Baywood, LLC d/b/a Harbor Terrace Adult Home and Assisted Living was fined one hundred dollars (\$100) pursuant to a stipulation and order dated December 13, 2020, and January 13, 2021, for violations of 18 NYCRR Part 485.

Need Review

In accordance with 10 NYCRR §765-1.16(c)3, this application is exempt from Public Need review as the agency is affiliated with an Assisted Living Program (ALP).

Financial Review

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating financial feasibility of the agency.

Workforce Review

The applicant’s response regarding the recruitment and retention of the workforce was adequately addressed. Attachment A outlines their workforce goals.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

Attachments

OALTC Attachment A	Workforce Review
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Project # 231232

Jewish Senior Life LHCSA, Inc., d/b/a

Jewish Home of Rochester Licensed Home Care

Program: LHCSA

County: Monroe

Purpose: Establishment

Acknowledged: June 13, 2023

Executive Summary

Description

Jewish Senior Life LHCSA, Inc., d/b/a Jewish Home of Rochester Licensed Home Care, is requesting to be established as the new operator of Embrace Care LLC, a Licensed Home Care Services Agency (LHCSA) serving Monroe and Orleans counties.

An Asset Purchase Agreement was executed by Jewish Senior Life LHCSA, Inc. and Embrace Care LLC on February 28, 2023.

In conjunction with this application, Jewish Senior Life LHCSA, Inc. seeks to expand the service area to include Wayne and Livingston counties, which have been identified by the Department of Health as counties with an existing need for LHCSA services.

OALTC Recommendation

Approval

Need Summary

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

Financial Summary

In accordance with 10 NYCRR §765-1(b)3, the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Council Action Date

April 11, 2024

Program Analysis

Program Description

This CON application seeks Department of Health approval to establish Jewish Senior Life LHCSA, Inc., d/b/a Jewish Home of Rochester Licensed Home Care, as the new operator of Embrace Care LLC. In conjunction with this CON application, Jewish Senior Life LHCSA, Inc. seeks to expand the service area to include Wayne and Livingston counties, which have been identified by the Department of Health as counties with an existing need for LHCSA services.

The applicant intends to serve the residents of the following counties from an office located at 2021 South Winton Road, Rochester, NY 14618:

- Monroe
- Orleans
- Wayne
- Livingston

The applicant proposes to provide the following healthcare services:

- Nursing
- Home Health Aide
- Personal Care

An Asset Purchase Agreement was executed by Jewish Senior Life LHCSA, Inc. and Embrace Care LLC on February 28, 2023.

Character and Competence Review

Jewish Senior Life LHCSA Inc. d/b/a Jewish Home of Rochester Licensed Home Care will be comprised of the following individuals:

Valerie D. Alhart, Board Member - Jewish Senior Life LHCSA/Jewish Senior Life Community Services, Inc./Jewish Senior Life

Employment

- Freelance Marketing and Communications (August 2023 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (September 2021 - Present)
- Jewish Senior Life (September 2021 - Present)
- Jewish Home of Rochester (September 2021 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (September 2021 - Present)

Adam P. Anolik, Board Member - Jewish Senior Life

Employment

- University of Rochester – CFO, University of Rochester Medical Center; (January 1999 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc.; (May 2016 - Present)
- Jewish Senior Life; (May 2016 - Present)
- Jewish Home of Rochester; (May 2016 - Present)
- Jewish Home of Rochester Enriched Housing, Inc.; (May 2016 - Present)

Robert Baker, Chair - Chair - Board of Directors - Jewish Senior Life

Employment

- Coldwell Manufacturing Company – CFO (November 2015 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (November 2015 - Present)
- Jewish Senior Life (November 2015 - Present)
- Jewish Home of Rochester (November 2015 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (November 2015 - Present)

Irena P. Boyce, Ph.D., Board Member - Jewish Senior Life

Employment

- University of Rochester Medical Center – Senior Director of UR Medicine Quality Institute (September 2007 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2015 - Present)
- Jewish Senior Life (May 2015 - Present)
- Jewish Home of Rochester (May 2015 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2015 - Present)

Betsy Brugg, Esq., Board Member – Jewish Senior Life

Employment

- Woods, Oviatt, Gilman, LLP – Attorney, Partner – Practice Law (2011 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2019 - Present)
- Jewish Senior Life (May 2019 - Present)
- Jewish Home of Rochester (May 2019 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2019 - Present)

Jill Eisenstein, Board Member – Jewish Senior Life

Employment

- Greater Rochester Regional Health Information Organization (January 2007 - August 2021)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2016 - Present)
- Jewish Senior Life (May 2016 - Present)
- Jewish Home of Rochester (May 2016 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2016 - Present)

Hon. Jonathan W. Feldman, Board Member – Jewish Senior Life

Employment

- United States Courts – Federal Judge – Part Time; (2021 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2016 - Present)
- Jewish Senior Life (May 2016 - Present)
- Jewish Home of Rochester (May 2016 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2016 - Present)

Kenneth Glazer, Board Member – Jewish Senior Life

Employment

- Buckingham Properties – CEO/Owner (June 2009 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2018 - Present)
- Jewish Senior Life (May 2018 - Present)
- Jewish Home of Rochester (May 2018 - Present)
- Jewish Home of Rochester Enriched House, Inc. (May 2018 - Present)

Helena M. Kaptein-Shrier. RN, BSN, Board Member – Jewish Senior Life

Employment

- BCSD – Provided care and record-keeping in the school setting (2005 - 2019)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc.; (May 2018 - Present)
- Jewish Senior Life (May 2018 - Present)
- Jewish Home of Rochester (May 2018 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2018 - Present)

Alan Kinel, Board Member – Jewish Senior Life LHCSA/Jewish Senior Life Community Services, Inc./Jewish Senior Life

Employment

- Strategic Interests, LLC (December 2009 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2015 - Present)
- Jewish Senior Life (May 2015 - Present)
- Jewish Home of Rochester (May 2015 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2015 - Present)

Michael S. King, President/CEO, – Jewish Senior Life LHCSA/Jewish Senior Life Community Services, Inc./Jewish Senior Life

Employment

- Jewish Senior Life – President/CEO (March 2005 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2015 - Present)
- Jewish Senior Life (May 2015 - Present)
- Jewish Home of Rochester (May 2015 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2015 - Present)

Emily A. Krohn, LCSW-R, Board Member – Jewish Senior Life

Employment

- Private Practice Psychotherapist (December 2013 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2018 - Present)
- Jewish Senior Life (May 2018 - Present)
- Jewish Home of Rochester (May 2018 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2018 - Present)

Marc Reich, Board Member – Jewish Senior Life LHCSA/Jewish Senior Life Community Services, Inc./Jewish Senior Life

Employment

- Stark Tech – Director of Applications and Data (January 2022 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2017 - Present)
- Jewish Senior Life (May 2017 - Present)
- Jewish Home of Rochester (May 2017 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2017 - Present)

Michele J. Ruda, Board Member – Jewish Senior Life

Employment

- Jewish Community Center – Director of the Resource Place (1999 - April 2019)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2016 - Present)
- Jewish Senior Life (May 2016 - Present)
- Jewish Home of Rochester (May 2016 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2016 - Present)

Joy Ryen Plotnik, Esq., Board Member – Jewish Senior Life

Employment

- Canandaigua National Bank and Trust Company – Senior Trust Officer, Senior Vice President (March 2018 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2023 - Present)
- Jewish Senior Life (May 2023 - Present)
- Jewish Home of Rochester (May 2023 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2023 - Present)

Wendy A. Silverman, RN, BSN, Board Member – Jewish Senior Life

Employment

- Acute Kids Pediatric Urgent Care – RN (2020 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2018 - Present)
- Jewish Senior Life (May 2018 - Present)
- Jewish Home of Rochester (May 2018 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2018 - Present)

Eric Stonehill, Esq., Board Member – Jewish Senior Life

Employment

- Retired 2013

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (October 2022 - Present)
- Jewish Senior Life (October 2022 - Present)
- Jewish Home of Rochester (October 2022 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (October 2022 - Present)

Maurice E. Varon, M.D., Board Member – Jewish Senior Life

Employment

- Rochester Regional Health – SCHI VP Administrator (January 2015 - Present)

Affiliations

- Jewish Home of Rochester Senior Housing (May 2017 - Present)
- Jewish Senior Life (May 2017 - Present)
- Jewish Home of Rochester (May 2017 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2017 - Present)

Marsha N. Wittink, M.D., M.B.E., Board Member – Jewish Senior Life

Employment

- University of Rochester School of Medicine – Academic Chief, Division of Medicine in Psychiatry

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2023 - Present)
- Jewish Senior Life (May 2023 - Present)
- Jewish Home of Rochester (May 2023 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2023 - Present)

Marvin L. Wolk, Board Member – Jewish Senior Life

Employment

- Retired 1998

Affiliations

- Jewish Home of Rochester Senior Housing, Inc. (May 2019 - Present)
- Jewish Senior Life (May 2019 - Present)
- Jewish Home of Rochester (May 2019 - Present)
- Jewish Home of Rochester Enriched Housing, Inc. (May 2019 - Present)

Carly A. Zecher, Board Member - Jewish Senior Life LHCSA/Jewish Senior Life Community Services, Inc./Jewish Senior Life

Employment

- Jewish Home of Rochester – Director of Finance (January 2016 - Present)

Affiliations

- No offices held or ownership interests in Health Facilities.

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a licensed home care services agency.

A search of the individuals named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

The Office of the Professions of the State Education Department, the New York State Physician Profile, and the Office of Professional Medical Conduct, where appropriate, indicate no issues with the licensure of the health professionals associated with this application.

Facility Compliance/Enforcement

The Division of Adult Care Facilities and Assisted Living Surveillance reviewed the compliance history of the above-mentioned adult care facilities and reports that there are no enforcement actions against the operator for the period reviewed.

The Division of Nursing Homes and ICD/IID Surveillance reviewed the compliance history of the above-mentioned nursing home and reports as follows:

- Jewish Home of Rochester was fined \$2,000 pursuant to a Stipulation and Order for inspection findings on October 14, 2021, for violations of 10 NYCRR Part 415.19(a)(1-3). This facility was also fined a Civil Monetary Penalty in the amount of \$3,250 on October 14, 2021, for violations of F880-D. The CMP has been paid and closed.

Need Review

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review, as the agency is actively serving over 25 patients as attested to by the current operator. This application seeks to expand the service area to include Wayne and Livingston counties, which have been identified by the Department of Health as counties with an existing need for LHCSA services.

Financial Review

In accordance with 10 NYCRR §765-1.2(b)3, the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Workforce Review

The applicant’s response regarding the recruitment and retention of the workforce was adequately addressed. Refer to Attachment B for the Workforce Summary.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

Attachments

OALTC Attachment A	Organizational Chart
OALTC Attachment B	Workforce Summary



Project # 231300-E

Community Health And Home Care, Inc.

Program: LHCSA
Purpose: Establishment

County: Tompkins
Acknowledged: July 26, 2023

Executive Summary

Description

Community Health and Home Care, Inc., a New York not-for-profit corporation, is requesting to transfer 100% ownership interest of the Licensed Home Care Services Agency (LHCSA) to Cayuga Health System, Inc. Cayuga Health System, Inc. will become the sole member of Community Health and Home Care, Inc.

The applicant does not propose any changes to the LHCSA's service area or licensed services.

OALTC Recommendation

Approval

Need Summary

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

Financial Summary

In accordance with 10 NYCRR §765-1(b)3, the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Council Action Date

April 11, 2024

Program Analysis

Program Description

Community Health and Home Care, Inc. is requesting to transfer 100% ownership interest of the LHCSA to Cayuga Health System, Inc., who will become the sole member of Community Health and Home Care, Inc.

The applicant intends to continue to serve the residents of the following counties from an office located at 138 Cecil A Malone Drive, Ithaca, New York 14850:

- Broome
- Cayuga
- Cortland
- Schuyler
- Tioga
- Tompkins

The applicant intends to continue to provide the following healthcare services:

- Nursing
- Home Health Aide
- Personal Care
- Therapy-Physical
- Medical Social Services

Character and Competence Review

Cayuga Health Systems, Inc. is comprised of the following individuals:

Tom LiVigne

Chair, Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2013 - Present)
- Schuyler Hospital, Inc. (January 2016 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2016 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Paula E.F. Younger

Vice Chair, Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2013 - Present)
- Schuyler Hospital, Inc. (January 2016 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2016 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Gregory J Hartz

Treasurer, Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2013 - Present)
- Schuyler Hospital, Inc. (January 2016 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2016 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Suzanne Blowers

Secretary, Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2016 - Present)
- Schuyler Hospital, Inc. (January 2013 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2013 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

James Brown

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2013 - Present)
- Schuyler Hospital, Inc. (January 2016 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2016 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Kenneth I Clarke Sr.

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2014 - Present)
- Schuyler Hospital, Inc. (January 2016 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2016 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Yvette N Conyers

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2023- Present)
- Schuyler Hospital, Inc. (January 2023- Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2023- Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023- Present)

La Jerne Cornish

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2022 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Cristine Donovan

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2022 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Robert Brook Hollis

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2022 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Gary Koretzky

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2023 - Present)
- Schuyler Hospital, Inc. (January 2023 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2023 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Joel Malina

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2017 - Present)
- Schuyler Hospital, Inc. (January 2017 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2017 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Laurie Mante

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2022 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

John Paul Mead, MD

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2022 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Eunice Nayo, MD

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2016 - Present)
- Schuyler Hospital, Inc. (January 2013 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2013 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Paul Streeter

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2023 - Present)
- Schuyler Hospital, Inc. (January 2023 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2023 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Fred Wickham

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2022 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Jennifer Whitaker

Board of Directors, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. (January 2022 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2022 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

Martin Stallone, MD

Ex-Officio, Cayuga Health Systems, Inc.

Affiliations

- Cayuga Medical Center at Itaca, Inc. (January 2019 - Present)
- Schuyler Hospital, Inc. (January 2019 - Present)
- Schuyler Hospital, Inc. and Long-Term Care Unit (January 2019 - Present)
- Ithaca Alpha House Center, Inc. d/b/a Cayuga Addiction Recovery Services (January 2023 - Present)

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a licensed home care services agency.

A search of the individual named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Facility Compliance/Enforcement

The Bureau of Quality and Surveillance reviewed the compliance history for Schuyler Hospital Inc. and Long Term Care Unit and reported that the facility was fined a civil monetary penalty of \$2,275 pursuant to a survey dated July 5, 2021, \$1,950 pursuant to a survey dated June 21, 2021, \$1,625 pursuant to a survey dated May 31, 2021, \$1,300 pursuant to a survey dated May 17, 2021, \$975 pursuant to a survey dated May 10, 2021, and \$650 pursuant to a survey dated April 26, 2021. All violations were associated with F884-F (reporting COVID-19 vaccination rates).

Need Review

In accordance with 10 NYCRR § 765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

In accordance with 10 NYCRR 765-1.2(b)3, the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed. Attachment A outlines their workforce goals.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

Attachments

OALTC	Workforce Review
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Project # 232143-E
Saratoga-Schenectady Endoscopy Center, LLC

Program: Diagnostic and Treatment Center
Purpose: Establishment
County: Saratoga
Acknowledged: November 7, 2023

Executive Summary

Description

Saratoga Schenectady Endoscopy Center, LLC, an existing single-specialty Ambulatory Surgery Center (ASC) specializing in gastroenterology, requests approval to transfer 8.33% membership interest to one new member. The Center is submitting this application for a change in membership as the change will exceed the 25% threshold limit for the past five years. There will be no changes in services offered.

Currently, there are 11 equal members with an ownership interest of 9.09%. Through this application, Dr. Christopher Brown would be added as an 8.33% owner, and the existing member's ownership percentage would decrease to 8.33% per member.

Presented as BFA Attachment A is the current and proposed ownership of Saratoga Schenectady Endoscopy Center.

OPCHSM Recommendation

Contingent Approval

Need Summary

There will be no need review per Public Health Law §2801-a (4).

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

The purchase price for the 8.33% membership interest is \$443,946 and will be funded with a loan at an interest rate of 7.11% for a five-year term.

There is no budget presented in this review since this application is a change of ownership and there are no changes to current operations.

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

Approval contingent upon:

1. Submission of a bank loan commitment that is acceptable to the Department of Health. [BFA]

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Council Action Date

April 11, 2024

Program Analysis

Project Proposal

Saratoga-Schenectady Endoscopy Center LLC (SSEC) is licensed as a single-specialty Ambulatory Surgery Center specializing in gastroenterology, and it has been in operation since August 2004. The Center is submitting this application for a change in membership as the change will exceed the 25% threshold limit for the past five years. During the past five years, the appropriate notices were filed for membership changes.

Currently, there are 11 equal members with an ownership interest of 9.09%. This application, to add Dr. Christopher Brown, would decrease membership interest to 8.33% per member.

The table below details the proposed change in ownership:

Member	Current	Proposed
George Boyar	9.09%	8.33%
Howard Malamood	9.09%	8.33%
John DeFrancisco	9.09%	8.33%
William Gusten	9.09%	8.33%
David Goetz	9.09%	8.33%
Natalya Belova	9.09%	8.33%
Mark Metwally	9.09%	8.33%
Justin Provost	9.09%	8.33%
Chad Cornish	9.09%	8.33%
Vinay Sood	9.09%	8.33%
Zachary Feinberg	9.09%	8.33%
*Christopher Brown	0.00%	8.33%
Total	100.00%	100.00%

**Member subject to Character and Competence*

Character and Competence

Dr. Christopher Brown is a current licensed physician in the state of New York. Dr. Brown completed a degree in medicine at St. George's University in the nation of Grenada in 2012. In 2018, Dr. Brown completed a residency and internship at Yale University - Norwalk Hospital. Additionally, Dr. Brown became employed in New York State in 2022 at Saratoga-Schenectady Gastroenterology Associates, PC after completing a four-year tenure at Tideland's Health Department of Gastroenterology and Hepatology in South Carolina. Dr. Brown is currently employed at Saratoga-Schenectady Gastroenterology Associates, PC. Dr. Brown is Board Certified in Gastroenterology, since 2018.

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Based on the information reviewed, staff found nothing that would reflect adversely upon the applicant's character and competence or standing in the community.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Membership Interest Agreement

The applicant has submitted an executed membership interest purchase agreement, which is summarized below:

Date	October 13, 2023
Purpose	To purchase 8.33% membership interest in Saratoga Schenectady Endoscopy Center, LLC
Seller	Saratoga Schenectady Endoscopy Center, LLC
Purchaser	Christopher Brown, MD.
Purchase Price	\$443,946.59

Capability and Feasibility

The purchase price for 8.33% in membership interest is \$443,946, which the purchaser will finance with a loan at an interest rate of the Federal Home Loan of NY advance rate (5.11%) plus 2% (equivalent to 7.11% as of 2/12/2024) for a five-year term.

Presented as BFA Attachment B are the 2021-2022 Certified Financial Statements of Saratoga-Schenectady Endoscopy Center, LLC. As shown, the entity had an average positive working capital position and an average positive net asset position. Also, the entity achieved an average operating income of \$4,702,833 in 2021 and 2022.

Presented as BFA Attachment C is the December 31, 2023, internal financial statement of Saratoga Schenectady-Endoscopy Center. As shown, the entity had a positive working capital position and a positive net asset position through December 31, 2023. Also, the entity achieved a net income of \$5,531,030 through December 31, 2023.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

BFA Attachment A	Current and Proposed Ownership Interest of Saratoga-Schenectady Endoscopy Center, LLC
BFA Attachment B	2021-2022 Certified Financial Statements of Saratoga-Schenectady Endoscopy Center, LLC
BFA Attachment C	December 31, 2023, Internal Financial Statements of Saratoga Schenectady-Endoscopy Center, LLC



Project # 232173-E
Long Island Center for Digestive Health, LLC

Program: Diagnostic and Treatment Center
Purpose: Establishment
County: Nassau
Acknowledged: November 13, 2023

Executive Summary

Description

Long Island Digestive Health, LLC (LICDH or The Center), an existing single-specialty freestanding ambulatory surgery center (FASC) specializing in gastroenterology at 106 Charles Lindbergh Boulevard, Suite B, Uniondale (Nassau County), is requesting approval to transfer 19.88% membership interest from three (3) existing members to a new member, PE Health Care Associates, LLC (PEHA). In addition, PEHA will add Katharine Losavio as an outside manager to serve on the current Board of LICDH Managers.

The current membership for LICDH consists of five (5) physician owners totaling 25.71% membership interest, three (3) non-physician owners with 19.88% membership interest, and Northwell LICDH Ventures, LLC with 51.00% membership interest. 3.43% membership interest is unissued and held by the Center for future allocation.

The Center is not proposing to add or change any services provided. The facility will continue to operate under the original lease, which ends October 31, 2041. Leonard B. Stein, M.D., will continue to serve as Medical Director. The facility will continue its transfer and affiliation agreement with North Shore University Hospital and remain unchanged on approval of this application. Additionally, the facility has a

previously executed Administrative Service Agreement for general services in place between Physicians Endoscopy, LLC, and LICDH.

OPCHSM Recommendation
Approval

Need Summary

There will be no need review per Public Health Law §2801-a (4).

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

There are no project costs or a purchase price associated with this application. There is no budget presented in this review since this application is a change of ownership, there are no changes to services provided, and the facility is in satisfactory financial standing.

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Council Action Date

April 11, 2024

Program Analysis

Project Proposal

Long Island Center for Digestive Health, LLC (LICDH), also known as "the Center", operates a single-specialty (gastroenterology) freestanding ambulatory surgery center (FASC) at 106 Charles Lindbergh Boulevard, Suite B, Uniondale, New York 11553 in Nassau County.

LICDH submitted a Full Review Certificate of Need (C.O.N.) Application to transfer 19.88% membership interest in the Center from three (3) existing individual members to a new member, PE Healthcare Associates, LLC (PEHA). Also, in accordance with the terms of the Center's Operating Agreement, PEHA proposes to appoint Katharine Losavio as an outside manager to serve on the Center's Board of Managers.

The Center will continue to hold 3.43% for future syndication. PEHA's five (5) members will have indirect membership interest in the Center.

There are no programmatic changes because of this request; staffing will remain the same at 18.9 FTE with no change expected from Year 1 or Year 3.

The table below details the proposed change in ownership (totals are rounded):

	Current	Proposed
The Center	3.43%	3.43%
Perry C. Gould, M.D.	2.70%	2.70%
Leonard B. Stein, M.D.	3.00%	3.00%
Andrew B. Rosenberg, M.D.	9.02%	9.02%
Felice Mirsky-Bergman, M.D.	6.49%	6.49%
Eugene M. Sullivan, D.O.	4.50%	4.50%
Barry Tanner	9.29%	0.00%
Christina Morrison	5.29%	0.00%
David Young	5.29%	0.00%
PE Healthcare Associates, LLC	0.00%	19.88%
Barry Tanner	9.54%	
David Young	9.74%	
Ann Sariego	0.20%	
Rafael Axen, M.D.	0.20%	
Matthew Jenkins	0.20%	
Northwell LICDH Ventures, LLC	51.00%	51.00%
Total	100.00%	100.00%

Leonard B. Stein, M.D., will continue to serve as the Center's Medical Director.

Character and Competence

Katherine W. Losavio - Outside Manager. She earned a MPA from Baruch College in 2018 and a BBA from Hofstra University in 2011. She was employed with Northwell Health Women-in-Healthcare Business Employee Resource Group from May 2017 to September 2023 and with Healthcare Leaders of New York (HLNY) until January 2015. She is currently employed with SCA Health as the Vice President of Operations since September 2023. Katherine had various roles as the Assistant Vice President of Operations, Senior Director, Administrative Director of Business Development, and Director of Practice Transitions with Northwell Health from September 2013 to September 2023. She was also the Program Manager with the World Trade Center Health Program from September 2015 to April 2017 and a Financial Analyst with CareConnect (Northwell Health) from January 2013 to September 2015.

William "Barry" Tanner - Member: Approved as a new member through CON # 161079. He earned a BS in Accounting in June 1972 from Boston College. He was licensed (#3336) as an accountant in the state of Connecticut until 1983. His current professional experience includes acting as the non-executive Chairman and CEO/President of PE GI Solutions from June 1999 to the present. His current Board Memberships include PE GI Solutions, IPM MSO Holdings, Hero DVO, Smile Partners, Becker's Healthcare, Integrated Oncology Network, Vision Innovation Partners, Monadnock Freedom to Learn Coalition, and Lionheart Classical Academy. He is an executive with Integrated Oncology Network, located in Nashville, TN.

David W. Young - Member: Approved as a new member through CON # 201206. He earned a BA in Accounting from the University of Strathclyde in June 1990 and an MBA from the University of Strathclyde. He has two licenses in the state of Texas (#084685 and #0880948) as a CPA and as a Chartered Financial Analyst. He is employed as President and Chief Executive Officer (CEO) with Physicians Endoscopy from June 2018 to present, Chief Operations Officer (COO) with Privia Health Inc. in Arlington, VA, from June to present, and COO and Interim President for Smile Brands Inc., in Irvin, CA from June 2012 to May 2015.

Ann Sariego - Member: Approved as a new member through CON # 161079. She earned a BS in Healthcare Administration from Warren University in 2005 and an AAS from Pace University in 1979. She is licensed as a Registered Nurse in NJ (26NR12684500). Her license is active until May 2024. She is also licensed as a Registered Nurse in New York (317434). Her license is active until May 2025. She is a Board Member on the ASCAPAC, NYS ASC Association Governmental Affairs Committee, C5 Committee, and a member of the NYSAASC Association/Gov't Affairs. She is currently employed as a Market President with Physicians Endoscopy since August 2019 and as the Senior Vice President of Operations from November 2011 until August 2019.

Matthew A. Jenkins - Member. He earned an MBA from Northwestern University in August 2019 and a BS in Finance from Auburn University in May 2008. He is employed with SCA Health in Deerfield, IL, as the Group Vice President/Development from 2021 to present, Vice President from 2019 to 2021, Senior Director of Development from 2015 to 2019, and Director of Development from 2011 to 2015.

Rafael Z. Axen, M.D. - Member: Approved as a new member through CON # 221206. He received an M.D. from Rutgers New Jersey Medical School in June 2001 and a BA from the University of Rochester in June 1997. He is licensed (#22630) in New York until July 2024 and was licensed (#A91681) in California until August 2006. The California license was canceled due to working in New York, and there was no need to continue paying the cost of the fees to keep it active. He is currently the Senior Medical Director at Optum Medical Group, and Chair of the Anesthesiology and Perioperative Medicine Department; Chairperson of the Department of Anesthesiology and Perioperative Medicine since 2017 for CareMount Medical, P.C., Chappaqua, NY; Chief of Anesthesiology with Bedford Anesthesia, PLLC., Mount Kisco, NY from 2016 to 2017; and provided Anesthesia Care with Bedford Anesthesia, PLLC., Mount Kisco, NY from 2006 to 2017.

PE Healthcare Associates, LLC (PEHA) - Per a review on March 1, 2024, the following listed facilities are compliant. PEHA currently has an ownership interest in the following freestanding ambulatory surgery centers (FASC) in New York State:

- Liberty Endoscopy Center, LLC
- Manhattan Endoscopy Center, LLC
- Queens Endoscopy ASC, LLC
- Yorkville Endoscopy, LLC d/b/a The Endoscopy Center of New York
- Digestive Diseases Diagnostic and Treatment Center, LLC d/b/a South Brooklyn Endoscopy Center
- Putnam GI, LLC d/b/a Putnam Gastroenterology
- Great South Bay Endoscopy Center, LLC
- Long Island Digestive Endoscopy Center, LLC d/b/a Advanced Surgery Center of Long Island
- Advanced Endoscopy Center, LLC
- Carnegie Hill Endoscopy, LLC
- Mid-Bronx Endoscopy Center, LLC

- Island Digestive Health Center, LLC
- Eastside Endoscopy Center, LLC
- Endoscopy Center of Western New York, LLC
- Endoscopy Center of Niagara, LLC

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases, as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Based on the information reviewed, staff found nothing that would reflect adversely upon the applicants' character and competence or standing in the community.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Outside Manager Agreement

The applicant has submitted an executed Outside Manager to be effective upon PHHPC approval of the change in ownership. The terms of the agreement are summarized below.

Date:	October 13, 2023
Consultant:	P.E. Health Care Associates, LLC (Katharine Losavio, Proxy Mgr.)
Licensed Operator:	Long Island Digestive Health, LLC
Services Provided:	Regulatory compliance, regulations; direct independent authority to dismiss employees; approve capital budgets; control over policies and procedures; and control over the operations and management of the facility; control over health care delivery; authority to incur debts; procession of medical records and database; approve settlements as needed.
*Term:	Three (3) years with an automatic three (3) year renewal.
Fee:	Consideration for further development, education, and growth is offered for this position. No Direct or Indirect payment to the PE Manager on the Company's Board of Managers. Out-of-pocket expenses, as authorized, may be reimbursable to the Consultant. No referrals or Kickback monies are acceptable per this agreement. (As a Proxy-filled position and provider further, the PE Manager shall not receive fees of any kind for serving as Proxy to the PE Manager.)
Authority:	Direct independent authority over appointments or dismissals of all staff; control over records, books, and policies and procedures; control of operations and management of facility; approve contracts, settlements, patient records, database, or debt service payments.

** Termination may be discontinued for cause or any material terms that violate the contract. If there is any disagreement between the parties regarding control between the PE Manager and the Company, then the Operating Agreement shall control. Katharine Losavio, as V.P. of Operations, has executed an attestation certifying her responsibilities, functions, objectives, and commitments to the Center.*

Administrative Service Agreement

The applicant has submitted an executed Administrative Service Agreement. The terms of the agreement are submitted below.

Date:	November 10, 2021
Operator:	LICDH, LLC
Consultant:	Physicians Endoscopy, LLC
Services Provided:	Financial Management Services, Strategic Planning and Development, contracting services, personnel, supplies, utilities, policies and procedures, waste management, operating licenses, and banking.
Term:	Every (1) One year will automatically renew and continue to renew in (1) one-year successive terms unless 90-day notice is given by either party.
Fee:	\$306,141 annually paid in monthly installments.

The administrative service agreement provides that the licensed operator retains ultimate authority, responsibility, and control in all final decisions associated with the services, acknowledges the reserve powers that must not be delegated, and the conflicts clause provisions that ensure compliance with governmental agencies, statutes, and regulations.

Capability and Feasibility

There are no project costs or a purchase price associated with this application. There is no budget presented in this review since this application is a change of ownership, there are no changes to services provided, and the facility is in satisfactory financial standing.

Presented as BFA Attachment B are LICDH's 2021-2022 Certified Financial Statements, which show LICDH experienced a positive working capital and positive members' equity position in both years and achieved a net income of \$4,707,050 and \$2,782,367 in 2021 and 2022, respectively. Presented as BFA Attachment C is the Internal Financial Statement for LICDH from 1/1/2023 through 12/31/2023, showing a

positive working capital and net asset position. Also, the LICDH achieved a net income of \$3,758,541 through December 31, 2023.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

BFA Attachment A	LICDH, LLC - Membership Interests (Current and Proposed)
BFA Attachment B	LICDH, LLC - Certified Financial Statements 2021-2022
BFA Attachment C	LICDH, LLC (Full Year) - Internal Financial Statement 1/1/2023 thru 12/31/2023



Project # 232243-E
Advanced Surgery Center

Program: Diagnostic and Treatment Center
Purpose: Establishment
County: Rockland
Acknowledged: January 16, 2024

Executive Summary

Description

Advanced Surgery Center, LLC (The Center), an existing Article 28 multi-specialty, freestanding ambulatory surgical center (FASC) at 150 South Pearl Street, Pearl River, NY (Rockland County), is seeking approval to transfer 100.00% ownership interest (100 shares) from the sole withdrawing member to two new members. The Center has been in operation since 2010 and obtained an indefinite life in 2018. The facility currently provides plastic surgery and pain management services. There will be no changes in services offered or location served.

On June 5th, 2023, the current sole shareholder Dr. Michael Fiorillo entered into a Membership Interest Purchase agreement to sell all outstanding shares in the Center to Dr. David Gamburg. Dr. Gamburg then assigned his interest in Advanced Surgical Center, LLC to J. Fire Ambulatory Holdings, LLC. On June 26th, 2023, J. Fire Ambulatory Holdings, LLC, through a Membership Interest Purchase Agreement, agreed to sell 5% interest to Dr. Dmitry Rozin. Dr. Fiorillo will continue to operate with a reduced workload and eventually phasing out.

Ownership before and after the requested change is as follows:

Current Operator
Advanced Surgery Center, LLC
Member:
Michael Fiorillo, M.D. 100%

Table with 2 columns: Proposed Operator, Members. Lists J. Fire Ambulatory Holdings, LLC (95%), Dr. David Gamburg (8.55%), Alina Gamburg (15.2%), Jordan Gamburg (9.5%), Jacob Gamburg (9.5%), Ludmila Superfin (52.25%), Dr. Dmitry Rozin (5%), and Total (100%).

Dr. Dmitry Rozin will serve as the medical director. The Center has an existing transfer and affiliation agreement, that will remain in effect, with Good Samaritan Hospital of Suffern to provide backup and emergency services, 11 miles (18 minutes' travel time) from the Center.

OPCHSM Recommendation

Approval

Need Summary

There will be no need review per Public Health Law §2801-a (4).

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

There are no project costs for this application. The total purchase price for the 100 outstanding shares of stock is \$2,000,000 plus the value of all pharmaceutical and medical inventory on hand as of the closing date. 20% of the total purchase price will be funded with equity from the proposed new members and 80% of the total purchase price will be funded with a 10-year loan at 11% interest.

<u>Budget:</u>	<u>Current Year</u> <u>(2022)</u>	<u>Years One</u> <u>and Three</u> <u>(2024 and 2026)</u>
Revenues:	\$929,986	\$1,762,629
Expenses:	<u>1,225,522</u>	<u>1,576,121</u>
Gain/(Loss):	(\$295,536)	\$186,508

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

Approval with an expiration of the operating certificate three years from the date of its issuance, contingent upon:

1. Submission of an executed loan document, acceptable to the Department of Health. [BFA]
2. Submission of a signed agreement with an outside, independent entity satisfactory to the Department to provide annual reports to DOH. Reports are due no later than April 1st for the prior year and are to be based upon the calendar year. Submission of annual reports will begin after the first full or, if greater or equal to six months after the date of certification, partial year of operation. Reports should include:
 - a. Data displaying actual utilization including procedures;
 - b. Data displaying the breakdown of visits by payor source;
 - c. Data displaying the number of patients who needed follow-up care in a hospital within seven days after ambulatory surgery;
 - d. Data displaying the number of emergency transfers to a hospital;
 - e. Data displaying the percentage of charity care provided;
 - f. The number of nosocomial infections recorded during the year reported;
 - g. A list of all efforts made to secure charity cases; and
 - h. A description of the progress of contract negotiations with Medicaid managed care plans. [RNR]

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Council Action Date

April 11, 2024

Program Analysis

Project Proposal

There are no programmatic changes because of this request.

Staffing will increase from 4.6 FTE in Year 1 to 6.4 FTE in Year 3.

The Center will be managed by its members: J Fire Ambulatory Holdings LLC (representative - David Gamburg, M.D. and Dmitry Rozin, M.D).

The table below details the proposed change in ownership:

MEMBER NAME	Membership Interest	Percentage Ownership
*J Fire Ambulatory Holdings LLC	95%	95%
*Dmitry, Rozin, M.D.	5%	5%
TOTAL	100%	100%
	Direct Membership in J Fire Ambulatory Holding LLC	Indirect Membership in Advance Surgery Center, LLC
Alina Gamburg	16.0%	15.2%
David Gamburg	9.0%	8.6%
Jacob Gamburg	10.0%	9.5%
Jordan Gamburg	10.0%	9.5%
Ludmila Superfin	55.0%	52.3%
TOTAL	100.0%	95%

**New members are subject to character and competence review.*

Dr. Dmitry Rozin will serve as Medical Director of the Center.

Character and Competence

Dr. David Gamburg / Manager - is a pain management specialist in New York (NY) and in New Jersey (NJ) and currently performs cases at the Center on a limited basis and has admitting privileges at Hudson Regional Medical Center. Dr. Gamburg completed a Pain Management Fellowship at Mount Sinai Medical Center in New York City (NYC); completed an Anesthesiology Residency at Mount Sinai Medical Center in NYC; received a Medical Doctor degree in NY and from the Sackler School of Medicine in Tel Aviv, Israel. As a Pain Management Specialist, Dr. Gamburg is registered to practice in NY until April 30, 2024; and in Pediatric Anesthesiology until December 31, 2025.

Dr. Gamburg is the founder and Medical Director (MD) of Cross River Pain Management PC which is a Pain Management practice providing outpatient services in the Hudson Valley region covering Albany, Greene, Columbia, Ulster, Dutchess, and Orange Counties; Founder/Medical Director of Hudson Pain Associate PC in Flushing, NY; and the Founder/Medical Director of Pain Treatment Center Outpatient Ambulatory Center facility affiliated with Kingston Hospital.

Past employment for Dr. Gamburg consisted of acting as the facility President at DG Pain Management PC, in Rockland County, NY; worked at Advanced Surgical Center in Pearl River, NY; Director of Pain Management Services at Benedictine Hospital in Kingston NY; Director of Pain Management Services at Kingston Hospital in Kingston NY; Director of Pain Management Services at Northern Dutchess Hospital in Rhinebeck, NY; Attending Physician Pain Management Services at Vassar Hospital in Poughkeepsie, NY; CEO at Montvale Surgical Center LLC; and was the Managing Partner at Saddle River Surgical Center in Ridgewood, NJ.

Alina (Superfin) Gamburg / Member - received a bachelor's degree from Syracuse, NY, and is currently employed with Cross River Pain Management PC as the Administrator overseeing staff, office, and facility operations since 1988.

Jordan Gamburg / Member - completed high school at Northern Highlands Regional High School in Allendale, NJ in June 2023 and was employed at Cross River Pain Management PC completing office work such as ordering supplies and staff scheduling for three (3) years.

Jacob (Jake) Gamburg / Member - earned a Bachelor of Science degree in Real Estate from Tulane College in New Orleans, LA in May 2022; and indicates enrollment in the LSU Master's Program for Healthcare Administration for 2024. Jacob is currently employed with Wells Fargo assisting individuals with vehicle funding.

Ludmila (Lozansky) Superfin / Member - received an Engineering Degree at the University of Kiev and currently operates a healthcare staff management company called AGM Services LLC in Ramsey, NJ since 2018.

Dr. Dmitry Rozin / Manager and Medical Director - is an anesthesiologist and will provide anesthesia services for the Center, as well as participate in the management of the Center. Dr. Rozin is registered in New York (NY) as an Anesthesiologist until July 31, 2025, and is licensed in New Jersey (NJ) until June 30, 2025. Dr. Rozin received an MD from St. Georges, University of Medicine in St. George, Grenada, WI, and has a BS from Michigan State University, East Lansing, MI.

Dr. Rozin completed a Pediatric Anesthesia Fellowship at Albert Einstein College of Medicine, Montefiore Medical Center in Bronx, NY; and is currently the Chief Medical Officer at Olena Medical, NJ; is an Anesthesiologist at Overlook Medical Center, St Joseph Hospital and Barnabas Hospital in NY; an Anesthesiologist (Pediatric, Adult, Cardiothoracic) at Mednax/NAPA in NJ and Illinois; and specializes in Pediatric Anesthesiology in NJ, NY and in IL.

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Operating Budget

The applicant has provided the current year (2022) results and the first- and third-year operating budget, in 2024 dollars, after the change in ownership. The budget is summarized below:

	<u>Current Year</u>		<u>Years One and Three</u>	
	<u>(2022)</u>		<u>(2024 and 2026)</u>	
	Per Proc.	Total	Per Proc.	Total
Revenues:				
Commercial MC	\$2,649.06	\$341,729	\$989.56	\$376,032
Medicare FFS	\$388.08	\$10,090	\$498.20	\$30,390
Medicaid FFS	\$161.00	\$322	\$186.73	\$2,801
Medicaid MC			\$112.92	\$1,468
Private Pay	\$1,632.33	\$577,845	\$4,097.69	\$1,241,599
Total Oper. Rev.				
Other Oper. Rev.				\$110,339
Total Revenue		<u>\$929,986</u>		<u>\$1,762,629</u>
Expenses:				
Operating	\$1,919.38	\$1,015,351	\$1,445.26	\$1,396,121
Capital	<u>\$397.30</u>	<u>\$210,171</u>	<u>\$186.34</u>	<u>\$180,000</u>
Total Expenses	<u>\$2,316.68</u>	<u>\$1,225,522</u>	<u>\$1,631.60</u>	<u>\$1,576,121</u>
Gain/(Loss)		(\$295,536)		\$186,508
Procedures		529		966
Cost/Procedure		\$2,316		\$1,631

The following is noted with respect to the submitted budget:

- Revenues and expenses are based on 2022 Cost Report data, the experience of the applicant in providing the services outlined in this application, and the impact of the additional cases that Dr. Gamburg will perform.
- Utilization in Year One and Year Three is based on the experience of the current operator and the additional cases performed by Dr. Gamburg.
- The applicant expects to sustain the existing volume of procedures, revenues, and expenses with increases in Year One and Year Three based on the proposed physician shareholder's volume letters.
- As of February 1, 2024, the facility had no outstanding Medicaid overpayment liabilities.
- The facility has deemed to keep the revenue and expense projections for Year One and Year Three the same to be conservative in their overall assumptions of the project going forward with the addition of Dr. Gamburg's procedures.
- The reason for the significant swing in the Commercial MC's Private Pay rates is the addition of Dr. Gamburg's services, which changed the overall case mix for the facility. Prior to the addition of Dr. Gamburg, the Center performed plastic surgery that was paid through Commercial MC or Private Pay. The new service makeup is now pain management and plastic surgery with the majority of the services coming under Commercial, Medicare, Medicaid, charity care, and all others. Due to this change, the rate for Private Pay has increased while the rate for Commercial MC has decreased.

Utilization by payor source during the first and third years is broken down as follows:

	<u>Current Year</u> <u>(2022)</u>	<u>Years One and Three</u> <u>(2024 & 2026)</u>
Commercial MC	24.39%	39.34%
Medicare FFS	4.91%	6.31%
Medicaid FFS	0.38%	1.55%
Medicaid MC	0%	1.35%
Private Pay	66.92%	31.37%
Charity Care	3.02%	4.55%
All Other	<u>0.38%</u>	<u>15.53%</u>
Total	100.0%	100.0%

Membership Interest Purchase Agreement

The applicant has submitted an executed Membership Interest Purchase Agreement, effectuated on June 5th, 2023, and summarized as follows:

Date:	June 5 th , 2023
Seller:	Dr. Michael Fiorillo
Buyer:	Dr. David Gamburg
Purchase and Sale of Shares	100% transfer of ownership through the purchase of 100 shares in the LLC
Purchase Price:	\$2,000,000 plus the value of all pharmaceuticals and inventory on hand as of the closing date. 20% equity of the total purchase price will come from the proposed new members and 80% of the total purchase price will come from a loan with a 10-year term at prime plus 2.5% interest. 2.5% plus prime of 8.5% as of 2/14/202, for an estimated interest rate of 11%. The total available amount of the loan is \$2.5 million, which can be used to cover the value of all pharmaceuticals and inventory on hand as of the closing date.
Seller's Deliverables	At the closing, the seller shall assign and convey the shares to buyer (equally among them) by the execution and delivery of stock powers in a form agreed to by the parties along with any certificates evidencing the shares, which may be necessary to effectively convey all of seller's rights, title, and interest in the shares to buyer (equally among them) and deliver to the buyer; resign as an officer and director of Advanced; deliver to buyer all other documents reasonably required by buyer to consummate the transactions contemplated hereunder and deliver a closing certificate to buyer certifying that seller has met all of its obligations.
Buyer's Deliverables	At the closing, the buyer shall deliver an amount equal to the purchase price via wire transfer of immediately available funds to an account designated in written wiring instructions delivered by seller, deliver to seller all other documents reasonably required by seller to consummate the transactions contemplated hereunder and deliver a closing certificate to seller certifying that buyer has met all its obligations.

Membership Interest Assignment

The applicant has submitted an executed membership interest assignment, effectuated on June 5th, 2023, and summarized as follows:

Date	June 5 th , 2023
Assignor:	Dr. David Gamburg
Assignee:	J. Fire Ambulatory Holdings, LLC
Assignment:	100% ownership interest in Advanced
Fee:	N/A

Membership Interest Purchase Agreement

The applicant has submitted an executed Membership Interest Purchase Agreement, effectuated on June 5th, 2023, and summarized as follows:

Date:	June 26 th , 2023
Seller:	J. Fire Ambulatory Holdings, LLC
Buyer:	Dr. Dmitry Rozin
Purchase and Sale of Shares	5% transfer of ownership through purchase of five shares in the LLC
Purchase Price:	\$100,000

Lease Agreement

The applicant provided an executed Lease Agreement for the existing site, the terms of which are summarized below:

Premises:	150 South Pearl Street, Pearl River, NY
Landlord:	150 Route 304, LLC
Lessee:	Advanced Surgery Center, LLC
Term:	10 years with 3 (yr.) renewal periods
Rent:	180,000 annually
Provisions:	Triple Net

The applicant has submitted an affidavit stating that the lease arrangement is an arm's length agreement.

Capability and Feasibility

There are no project costs associated with this application. The total purchase price is \$2,000,000 plus the value of all pharmaceuticals and inventory on hand as of closing date. 20% of the purchase price will be funded with proposed members' equity and 80% of the purchase price from a loan with a 10-year term at 2.5% plus prime of 8.5% as of 2/14/2024, for an estimated interest rate of 11%. NBLease, LLC has provided J. Fire with a letter of interest for a maximum loan amount of \$2.5 million.

The working capital requirement is \$262,687 based on two months of the first year's expenses and will be funded through proposed member equity. BFA Attachment A, Proposed Member's Net Worth Statement, shows sufficient resources to cover purchase price and working capital requirements. Dr. Gamburg has submitted an affidavit stating he will contribute a disproportionate share of the equity and working capital requirement.

BFA Attachment B, 2022 Certified Financial Summary of Advanced Surgery Center, LLC, shows a negative working capital position, positive net asset position, and an operating loss of (\$295,536). BFA Attachment C, 1/1/23-11/30/23 Internal Financial Statements of Advanced Surgery Center, LLC, shows a positive working capital position, positive net asset position, and a net income of \$107,592.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

BFA Attachment A	Proposed Members' Net Worth Statements for Advanced Surgery Center, LLC
BFA Attachment B	2022 Certified Financial Summary of Advanced Surgery Center, LLC
BFA Attachment C	1/1/23-11/30/23 Internal Financial Statements of Advanced Surgery Center, LLC
BFA Attachment D	Organizational Chart and proposed owners' ownership percentage



Project # 232201-B
FJ Community Health Center

Program: Diagnostic and Treatment Center County: Queens
Purpose: Establishment and Construction Acknowledged: January 22, 2024

Executive Summary

Description

FJ Community Family Corp (FJCFC), an existing proprietary business corporation, is seeking approval to establish and construct an Article 28 diagnostic and treatment center (D&TC) at 54-08 74th Street, Unit #3A, in Elmhurst (Queens County). FJCFC will provide primary care, other medical specialty services, physical therapy, and behavioral health services up to the 30% threshold of patient visits.

Grand Holdings Real Estate LLC, the landlord, and FJ Community Family Corp., the tenant, have entered into a proposed lease agreement for site control of the facility.

Adam Abdalla, M.D., who is Board-Certified in Physical Medicine and Rehabilitation, will serve as FJCFC's Medical Director. The applicant will seek a transfer and affiliation agreement with Elmhurst Hospital Center, 2.0 miles (6-minute travel time) from the proposed D&TC location.

OPCHSM Recommendation

Contingent Approval

Need Summary

The applicant projects 4,497 visits in Year One and 7,931 in Year Three, with Medicaid at 60% and Charity Care at 2.0%.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

Total project cost of \$578,242 will be met with \$57,824 in equity and a \$520,417 10-year term loan at an interest rate of 6% from Hudsonshine Capital.

Table with 3 columns: Budget, Year One (2025), Year Three (2027). Rows: Revenues (\$764,640 vs \$1,347,475), Expenses (\$715,289 vs \$1,091,021), Net Income (\$49,351 vs \$256,454).

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

Approval contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Submission of an executed lease agreement, acceptable to the Department of Health. [BFA]
3. Submission of an executed loan commitment, acceptable to the Department of Health. [BFA]
4. Submission of an executed working capital loan commitment, acceptable to the Department of Health. [BFA]
5. The submission of State Hospital Code (SHC) Drawings for review and approval, as described in BAER Drawing Submission Guidelines DSG-1.0. [AER]
6. The submission of Engineering (MEP) Drawings for review and approval, as described in BAER Drawing Submission Guidelines DSG-1.0. [AER]
7. Submission of a photocopy of an amended and executed Certificate of Incorporation, acceptable to the Department. [CSL]
8. Submission of a photocopy of an amended and executed Lease, acceptable to the Department.[CSL]
9. Submission of an executed Transfer and Affiliation Agreement acceptable to the department. [HSP]

Approval conditional upon:

1. This project must be completed by **August 1, 2025**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **January 1, 2025**, and construction must be completed by **May 1, 2025**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]
4. The staff of the facility must be separate and distinct from the staff of other entities; the signage must clearly denote the facility is separate and distinct from other entities; the clinical space must be used exclusively for the approved purpose; and the entrance must not disrupt any other entity's clinical program space. [HSP]
5. The applicant must ensure registration for and training of facility staff on the Department's Health Commerce System (HCS). The HCS is the secure web-based means by which facilities must communicate with the Department and receive vital information. Upon receipt of the Operating Certificate, the Administrator/director that has day-to-day oversight of the facility's operations shall submit the HCS Access Form at the following link to begin the process to enroll for HCS access for the first time or update enrollment information as necessary:
https://www.health.ny.gov/facilities/hospital/docs/hcs_access_form_new_clinics.pdf. Questions may be directed to the Division of Hospitals and Diagnostic & Treatment Centers at 518-402-1004 or email: hospinfo@health.ny.gov. [HSP]

Council Action Date

April 11, 2024

Need Analysis

Background and Analysis

The primary service area is Queens County. The facility is in a Health Professional Shortage Area for Mental Health and Primary Care. The county's overall population is estimated to increase to 2,554,994 or 8.2% by 2029 per projection data from the Cornell Program on Applied Demographics. Demographics for the primary service area are noted below including a comparison with the county and New York State.

Demographics	Queens County	New York State
Total Population	2,360,826	19,994,379
Hispanic or Latino (of any race)	28.0%	19.5%
White (non-Hispanic)	23.8%	53.8%
Black or African American (non-Hispanic)	16.7%	13.8%
Asian (non-Hispanic)	25.9%	8.8%
Other (non-Hispanic)	5.6%	4.1%

Source: 2022 American Community Survey (5-Year Estimates Data Profiles)

In 2021 91.1% of the population in Queens County had health coverage as follows.

Employer Plans	42.4%
Medicaid	26.1%
Medicare	10.5%
Non-Group Plans	11.8%
Military or VA	0.288%

Source: Data USA

Applicant Projected Payor Mix		
Payor	Year One	Year Three
	Outpatient	
Commercial	13.23%	13.92%
Medicare	21.01%	20.99%
Medicaid	60.75%	60.08%
Private Pay	3.00%	3.00%
Charity Care	2.00%	2.00%
Total Visits	4,497	7,931

The applicant seeks to be certified for primary care, podiatry, physical therapy, and other medical services including behavioral and mental health services. The Hours of operation will be Monday - Friday, 9:00 AM to 8:00 PM, and Saturday 10:00 am to 2:00 pm.

Prevention Quality Indicators (PQIs) are hospital admission rates for conditions that good outpatient care and early intervention can potentially prevent. The table below provides information on the PQI rates for the overall PQI condition.

Hospital Admissions per 100,000 Adults		
Observed PQI Rates: 2020	Queens County	New York State
Prevention Quality Overall Composite	866	994

Conclusion

The applicant plans to provide primary care along with education to the community to enhance access, improve patient outcomes, and reduce re-hospitalizations in the Queens County area.

Program Analysis

Project Proposal

FJ Community Family Corp (FJCFC), an existing proprietary business corporation, requests approval to establish and construct an Article 28 diagnostic and treatment center (D&TC) at 54-08 74th Street, Unit #3A, in Elmhurst (Queens County). FJCFC will provide primary care, other medical specialty services, physical therapy, and behavioral health services under the 30% threshold of patient visits in a known Primary Care Health Professional Shortage Area as well as in a Mental Health Professional Shortage Area.

Renovations proposed will include modifying 1817 square feet of an existing tenant space located on the 3rd floor in Unit #3B. This will include renovations to add an outpatient and exam rooms and a physical therapy area. There will be upgrades to the HVAC, electrical, and plumbing systems. The existing plumbing, sprinkler, fire alarm, and electrical base building systems will be re-utilized, and new annunciating and notification devices will be added and monitored by a dedicated panel connected to the main building fire alarm system.

The proposed owner of FJ Community Family Corp. is (Fei) Kevin Guo. Abdalla Adam, M.D. will serve as the Medical Director and is registered in New York State through December 31, 2025.

The Center will be open Monday - Friday 9:00 AM to 8:00 PM, and Saturday 10:00 AM to 2:00 PM.

The applicant anticipates entering into a Transfer and Affiliation Agreement with Elmhurst Hospital Center, 79-01 Broadway, Elmhurst, NY 11373, 2.0 miles (6-minute travel time) from the proposed Diagnostic and Treatment Center.

Staffing is expected to increase by 5.32 FTEs from Year One to Year Three. There will be 7.34 FTEs in Year One and 12.66 FTEs by Year Three.

The table below shows the expected staffing complement in Year One and Year Three:

Staffing Categories	Year One FTE Budget	Year Three FTE Budget
Management & Supervision	.70	.70
Registered Nurses	.50	1.00
Aides, Orderlies & Attendants	2.00	3.00
Physicians	.96	1.70
Nurse Practitioners	.50	1.00
Social Workers and Psychologist**	.25	.50
Physical Therapist and PT Assistants	.43	.76
Infection Control	1.00	2.00
Clerical and Other Administrative	1.00	2.00
Total Full-Time Equivalents (FTEs)	7.34	12.65

Character and Competence:

Abdalla Ishag Adam is the proposed Medical Director (MD) for FJ Community Health Center and is currently registered as an MD in New York, license #241981-01 until January 31, 2025, and New Jersey, license #MA09545200 until June 6, 2025.

Dr. Adam received a PMR degree (Physical Medicine & Rehabilitation) in 2003 from SUNY at Stony Brook, Stony Brook, NY; completed an internship in 1999 at Howard University Hospital, Washington DC; and received an MD M.B.B.S. (Medicine/Surgery) in 1986 from Khartoum University, Khartoum Sudan.

Current employment history includes the following: MD/President at Empire Medical & Rehabilitation, NY, from 2008 to present and Staff Psychiatrist at Citi Medical, NY from 4/2016 to present. Dr. Adam was previously employed at Sentara Virginia Beach General Hospital working in inpatient rehabilitation from 4/2019 to 12/2019, Staff Psychiatrist at Metro working with pain specialists in NY and in NJ from 1/2017 to 1/2018 and as Director of Relief and Development for Darfur Peace and Development Organization, VA from 2003 to 2009.

(Fei) Kevin Guo / Owner is the proposed owner/member (100%) of FJ Community Family Corp (FJCFC) and does not currently list any licenses. Employment history indicates several years of being self-employed. Kevin Gou was the Owner and President of Happiness Adult Day Care Center, Inc., at 49-03 69th St, Queens, NY 11377 from December 2015 to 2022, Contractor and President for Futan Construction Inc. from 2013 to 2015, Owner and President of Futan Realty, Inc. from 2013 to present, and as the President of Grand Centurion Construction, Inc. from 2008 to December 2013.

Kevin Guo currently owns Bright Horizon Prime Care Inc., a Licensed Home Care Service Agency (LHCSA), license number # 2571L001, at 4125 Kissena Boulevard, Unit 127, Flushing, New York 11355 in Queens County. This LHCSA was licensed on March 12, 2021.

The following legal actions were disclosed for Kevin Guo:

Conviction for one (1) DUI and required classes completed and one (1) open legal case which involves a slip and fall lawsuit, which is pending.

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Total Project Cost and Financing

The total project cost for renovations and movable equipment is estimated at \$578,242 and is distributed as follows:

Renovation and Demolition	\$242,991
Design Contingency	24,299
Construction Contingency	24,299
Planning Consultant Fees	15,000
Architect/Engineering Fees	18,514
Other Fees	50,000
Movable Equipment	177,356
Financing Costs	15,004
Interim Interest Expense	5,627
Application Fee	2,000
Additional Processing Fee	<u>3,152</u>
Total Project Cost	\$578,242

The financing for this project will be as follows:

Cash	\$57,824
Loan (10 years, 6% interest)	520,417
Total	\$578,241

Operating Budget

The applicant has submitted an operating budget, in 2024 dollars, for Years One and Three, summarized below:

	<u>Year One (2025)</u>		<u>Year Three (2027)</u>	
	Per Proc.	Total	Per Proc.	Total
Revenues:				
Commercial FFS	\$180.00	\$81,000	\$180.00	\$142,740
Commercial MC	\$153.00	22,185	\$153.00	47,583
Medicare FFS	\$180.00	137,700	\$180.00	242,640
Medicare MC	\$153.00	27,540	\$153.00	48,501
Medicaid FFS	\$200.30	18,227	\$200.30	31,847
Medicaid MC	\$170.25	449,638	\$168.82	784,184
Private Pay	\$210.00	28,350	\$210.00	49,980
Total Revenue		<u>\$764,640</u>		<u>\$1,347,475</u>
Expenses:				
Operating	\$121.72	\$547,393	\$116.95	\$927,546
Capital	<u>37.34</u>	<u>167,896</u>	<u>20.61</u>	<u>163,475</u>
Total Expenses	<u>\$159.06</u>	<u>\$715,289</u>	<u>\$137.56</u>	<u>\$1,091,021</u>
Net Income/(Loss)		\$49,351		\$256,454
Procedures Cost/Visit		4,497 \$159.06		7,931 \$137.56

Utilization by payor source during the first and third years is broken down as follows:

	<u>Year One</u>	<u>Year Three</u>
Commercial FFS	10.01%	9.99%
Commercial MC	3.23%	3.92%
Medicare FFS	17.01%	16.99%
Medicare MC	4.00%	4.00%
Medicaid FFS	2.02%	2.01%
Medicaid MC	58.73%	58.08%
Private Pay	3.00%	3.00%
Charity Care	2.00%	2.01%
Total	100.00%	100.00%

The following is noted with respect to the submitted budget:

- Medicaid Fee for Service is based on the base rate of \$170.71 plus the capital component of \$29.59.
- Medicaid Managed Care is 80% of the Medicaid APG Fee for Service rate.
- Commercial Fee for Service and Medicare Fee for Service rates are based on Medicare Part B Fee Schedule, and Commercial Managed Care and Medicare Managed Care rates are 80% of the Medicare Part B Fee Schedule.
- Utilization assumptions are based on the demographic needs of the proposed service area. Medicaid utilization is based on the current statistical analysis of the population and the patients to be served.
- Staffing mix is determined by operations of existing Article 28 D&TCs and a review of existing AHCF-1 Cost Reports.
- Expenses are based predominantly on labor costs for the staffing model

Draft Lease Agreement

The applicant has submitted a draft lease agreement, the terms of which are summarized below:

Premises:	Building located at 5408 74 th Street in Elmhurst, NY 11373
Landlord:	Grand Holdings Real Estate LLC
Tenant:	FJ Community Family Corp.
Term:	10-year term following approval of the Department of Health with an option to renew for an additional five-year term.
Rent:	Base rent for total leased space is \$72,453 per year (\$6,037.75 per month) for the first year. Rent will increase by 3% of the base year rent for years 2 through 10.
Security Deposit:	Tenant shall pay a security deposit of \$12,075.50
Provisions:	Tenant is responsible for, insurance, utilities, and maintenance.

The applicant submitted an affidavit stating the lease agreement between the property owner and the lessee is an arm's length arrangement. The applicant has submitted letters from two NYS licensed realtors attesting to the reasonableness of the per square footage rental.

Capability and Feasibility

Total project cost of \$578,242 will be met with \$57,824 in equity and a \$520,417 loan from Hudsonshine Capital at a 10-year term and interest rate of 6%. The working capital requirement based on two months of third-year expenses is estimated at \$181,837 and will be funded with a \$90,918 equity contribution from the proposed member and a bank loan for \$90,918 with a three-year term at 6% interest. Hudsonshine Capital has provided a letter of interest for the respective loans at the stated terms. BFA Attachment A presents the proposed member's Personal Net Worth Statement, which indicates sufficient resources overall to fund the equity requirements.

BFA Attachment B is the Pro-Forma Balance Sheet, which shows the operation will begin with \$148,743 in equity as of the first day of operations. The submitted budget indicates a net income of \$49,351 in Year One and \$256,454, in Year Three. The budget appears reasonable.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments	
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BHFP Attachment	Map
BFA Attachment A	Net Worth Statement – (Fei) Kevin Guo
BFA Attachment B	Pro-Forma Balance Sheet



Project # 232163-B
BSD Birthing Center of Rockland

Program: Midwifery Birthing Center County: Rockland
Purpose: Establishment and Construction Acknowledged: November 13, 2023

Executive Summary

Description

BSD Birthing Center of Rockland, LLC (the Center), a limited liability company, requests approval to establish and construct a Midwifery Birth Center in leased space at 84 Route 59, Suffern, New York. The new Center will convert an existing PC practice to an Article 28 Midwifery Birthing Center.

The Center will provide prenatal, childbirth, post-partum care, and primary reproductive healthcare to low-risk patients. Services are provided during pregnancy, labor, and delivery to those who require a stay of less than 24 hours after birth. As part of this application, the applicant will seek certification for birthing services and primary medical care. The Center will serve all women in Rockland County but anticipates that its primary patient base will be Orthodox Jewish women.

The proposed medical director will be Thomas Martin, MD., a licensed OB/GYN since 1999. The applicant has initiated conversations with Good Samaritan Hospital for a transfer and affiliation agreement.

The proposed members of BSD Birthing Center of Rockland, LLC are as follows:

Table with 2 columns: Name and Percentage. Rows: Yutta Engel (60.00%), Jacob Engel (30.00%), Rivkah Friedman (5.00%), Chava Schwartz (5.00%).

OPCHSM Recommendation

Contingent Approval

Need Summary

The applicant projects 180 procedures in Year One and 221 in Year Three with 95% Medicaid for both years.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

The total project cost of \$1,314,178 is funded with equity.

Health Equity Impact Assessment

Based on the information and analysis presented in the Health Equity Impact Assessment and the applicant's mitigation plan, the proposed project will not result in any significant adverse health equity impacts.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

Approval contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Submission of executed Transfer and Affiliation Agreements acceptable to the Department, with a local acute care hospital(s). Transfer agreements for mother and/or infant should include a list of indicators necessitating transfer and a written procedure for automatic acceptance of such transfers by the transfer hospital. [HSP]
3. The NNP will provide proof of admitting privileges at the nearest hospital. [HSP]
4. BSD will provide a formal executed and approved collaborative agreement with a pediatric provider at Good Samaritan Hospital. [HSP]
5. Submission of proof of current licensure by the New York State Education Department, Office of the Professions, for Licensed Midwife Y. Engel. [BFH]
6. Upon receipt of findings of an accreditation site visit by the Commission for the Accreditation of Birth Centers, the applicant shall provide the Department with the findings of the site visit, including any documentation related to these findings, proof of the outcome of such findings. These documents will be reviewed by the Department to assess any exemptions or other findings from the Commission and will be considered prior to full approval. [BFH]
7. Upon mutual agreement, the applicant shall submit a dually signed Transfer Agreement between the Applicant and Good Samaritan Hospital. [BFH]
8. Submission of an executed lease rental agreement that is acceptable to the Department of Health. [BFA]

Approval conditional upon:

1. This project must be completed by **February 11, 2025**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **October 11, 2024**, and construction must be completed by **November 11, 2024**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a) if construction is not started on or before the approved start date this shall constitute abandonment of the approval. [PMU]
3. Provide formal arrangements for the provision of obstetrical care at the transfer hospital with a qualified physician for these services and for consultation and referral. [HSP]
4. Provide formal arrangements for the provision of pediatric care at the transfer hospital and for consultation and referral. [HSP]
5. The staff of the facility must be separate and distinct from the staff of other entities; the signage must clearly denote the facility is separate and distinct from other entities; the clinical space must be used exclusively for the approved purpose; and the entrance must not disrupt any other entity's clinical program space. [HSP]

6. The applicant must ensure registration for and training of facility staff on the Department's Health Commerce System (HCS). The HCS is the secure web-based means by which facilities must communicate with the Department and receive vital information. Upon receipt of the Operating Certificate, the Administrator/director that has day-to-day oversight of the facility's operations shall submit the HCS Access Form at the following link to begin the process to enroll for HCS access for the first time or update enrollment information as necessary: https://www.health.ny.gov/facilities/hospitals/docs/hcs_access_forms_new_clinics.pdf. Questions may be directed to the Division of Hospitals and Diagnostic & Treatment Centers at 518-402-1004 or email: hospinfo@health.ny.gov. [HSP]
7. The applicant shall submit the letter of decision and any findings as provided by the Commission; a decision by the Commission to not accredit the applicant will result in further considerations between the Department and the applicant before approval could be recommended. [BFH]
8. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]

Council Action Date

April 11, 2024

Need Analysis

Background and Analysis

The primary service area for this project is Rockland County. The population of Rockland County is estimated to increase to 354,877 by 2029 per projection data from the Cornell Program on Applied Demographics, an increase of 5.2%. Demographics for the primary service area are noted below including a comparison with New York State

Demographics	Rockland County	New York State
Total Population	337,326	19,994,379
Hispanic or Latino (of any race)	18.6%	19.5%
White (non-Hispanic)	61.9%	53.8%
Black or African American (non-Hispanic)	10.9%	13.8%
Asian (non-Hispanic)	6.0%	8.8%
Other (non-Hispanic)	2.6%	4.1%

Source: 2022 American Community Survey (5-Year Estimates Data Profiles)

In 2021, 95.7% of the population of Rockland County had health coverage as follows:

Employee plans	45.0%
Medicaid	27.7%
Medicare	11.7%
Non-group plans	11.1%
Military or VA plans	0.3%

Source: Data USA

Applicant Projected Payor Mix		
Payor	Year One	Year Three
Commercial	3.9%	4.1%
Medicare	0.0%	0.0%
Medicaid	95.0%	95.0%
Private Pay	1.1%	0.9%
Charity Care	0.0%	0.0%
Other	0.0%	0.0%

The applicant projects 180 procedures in Year One and 221 in Year Three. There are no other Midwifery Birthing Centers in Rockland County. Birthing options in the county include two hospitals with maternity beds and a diagnostic and treatment center birthing center.

Patients in need of services will be accepted regardless of age, sex, sexual orientation, race, creed, gender, religion, disability, source of payment, or any other personal characteristic.

The applicant is negotiating a Transfer and Affiliation Agreement with Good Samaritan Hospital of Suffern, NY, 0.8 miles (4 minutes away), for backup hospital services. The closest Regional Perinatal Center is Westchester Medical Center in Valhalla, NY, 22.9 miles (28 minutes away).

Conclusion

Approval of this project will allow for access to Article 28 Licensed midwifery birthing services for the residents of Rockland County.

Program Analysis

Project Proposal:

The facility will provide prenatal and childbirth services, postpartum care, and primary preventive reproductive health care to low-risk patients. There will be one (1) to two (2) midwives in the office holding office hours for consultation, prenatal, well-woman, contraception, etc. A separate midwife will be on call for births. The facility will also have two (2) nurses on staff who will assist with births as needed during regular business hours.

The Midwifery Birth Center will provide a homelike environment which will include three (3) Birthing Rooms with birth pools and soaking tubs, two (2) Ultrasound Rooms, two (2) Exam Rooms, one (1) Ultrasound /Exam Room, one (1) Ultrasound Consult Room, and one (1) Midwife Room. The scope of renovation work will involve upgrades to the HVAC, sprinkler, plumbing, and electrical systems. The proposed work area in the already existing one-story building will be approximately 5,520 square feet.

Proposed Operator	BSD Birthing Center of Rockland LLC
Doing Business As	BSD Birthing Center
Site Address	84 Route 59, Suffern, New York 10901
Shift/Hours/Schedule	9 am to 4 pm
Approved Services	Birthing Service O/P Medical Services - Primary Care
Staffing (1st Year/3rd Year)	8.75 FTEs for both the 1 st and 3 rd years
Medical Director(s)	Thomas W. Martin, M.D.
Emergency, In-Patient, and Backup Support Services Agreement and Distance	Good Samaritan Hospital (.8 mile / 4 minutes)

The applicant anticipates entering into a Transfer and Affiliation Agreement with Good Samaritan Hospital, located at 255 Lafayette Avenue, Route 59, Suffern, NY 10901

Staffing will remain the same throughout Year One and Year Three of operation at 8.75 FTEs, which will include Management and Supervision (1.75 FTEs), Registered Nurses (1.0 FTE), Physician Assistant (1.5 FTEs), Nurse Practitioners (.50 FTE), Nurse Midwife (1.5 FTEs), Other Therapist and Assistants (.50 FTE) and Clerical and Other Administrative (2.0) FTEs).

The applicant anticipates being credentialed for the Neonatal Nurse Practitioner to have admitting privileges at the nearest hospital.

BSD Birthing Center indicates there are Collaborative Practice Agreements between Montefiore Nyack Hospital (Dr. Maria Emerson/OB-GYN) and Kate Keller (CNM), Good Samaritan Hospital of Suffern (Dr. Vinick, the Director of OB/GYN) and Kate Keller, Montefiore Nyack Hospital (Dr. Maria Emerson, OB-GYN) and Rachel Siegel (CNM), and Good Samaritan Hospital of Suffern and Rachel Siegel, and with Dr. Weiner at Pascack Valley Medical Center in Westwood, NJ.

Positions at the facility will be managed by Kate Keller and Rachel Siegel.

Character and Competence

The proposed membership of BSD Birthing Center of Rockland LLC is:

Member Name/Title	Membership Interest
Yutta Engel / Member	60%
Jacob Engel / Member-Manager	30%
Rivkah Friedman / Member	5%
Chava Schwartz / Member	5%
Total	100%

Thomas W. Martin / Medical Director -

Thomas Martin is the proposed Medical Director (MD) and is currently registered as an MD in New York State (license #325550) until July 31, 2025. Dr. Martin received an MD degree from Medical College of Virginia, Richmond, VA, in 05/1995, completed a residency at Vanderbilt University Medical Center, Nashville, TN in 06/1999, and received a B.S. from James Madison University, in Harrisonburg, VA in 05/1991. Past employment is reported as working as a staff physician in the OB/GYN Department at Simmonds, Martin & Helmbrecht, Chartered (a Division of Advantia Healthcare) in Damascus MD from 08/1999 to 09/2022, also as the leader of Quality Improvement Committee of Advantia Healthcare, Simmonds, Martin & Helmbrecht, as a Staff Physician and Chairperson in the OB/GYN Department at Shady Grove Medical Center, from 1999 to 2022, as a Staff Physician at Frederick Memorial Hospital, from 2004 to 2022, and as a staff physician at Washington Adventist Hospital, from 2015 to 2021.

Yutta Engel / Manager -

Yutta Engel received a BS Midwifery (LM, CM & BSM) degree from the National College of Midwifery, Taos, New Mexico, in 08/2010; and a Bachelor of Science degree in Midwifery in 2010. Licensure (license #001499) was received for Midwifery in New York state in August 2012 and has an ACNM Board certification (license #CM0137) which registration is until 12/31/2027. Current employment history includes acting as a community Doula and as a Midwife for the community in Monsey, New York since 2012 and in New Jersey since 2008.

Jacob M. Engel / Manager -

Jacob Engel completed his education at Rabbinical College in Jerusalem, Israel. Employment history includes being an entrepreneur, investor, author, and consultant for various community businesses such as Co-Founder and CEO of the proposed BSD Birthing Center of Rockland LLC, CEO at Yeda LLC in Monsey, NY, Consultant and Author of the book "The Prosperous Leader", as the owner and Real Estate investor for industrial and multi-family properties in NY, NJ, TN, AL and in IA, COO of Family Enterprise (Food & Real Estate) in JC, and NJ, and the COO for Gel Spice Co., Inc in Bayonne, NJ.

Rivka Friedman / Member -

Rivka Friedman graduated high school from Bais Rochel, Airmont, NY in June 2008. Employment history includes customer service type of jobs such as a Medical Biller at Besad Midwifery from 2014 to 2018, and at DRF Services Inc. from 2018 to present.

Chava Shwartz / Member -

Chava Shwartz is the proposed office manager for BSD Midwifery. Chava completed undergraduate classes at Excelsior College in Albany, New York. Employment history includes working as an Art Instructor at Hamaspik, in Monsey, NY, at Advenium in Suffern, NY, and CEC Educational Services in Monsey, NY. Past employment also included office work at Her Secret LLC as a Buyer, in Spring Valley, NY, at Marino Ave Inc., as an Amazon Lister, in Suffern, NY, at ILH Sales Inc. as the Office Manager in Monsey, NY, and Caretech Group as a Customer Service Representative in Monsey, NY.

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Total Project Cost and Financing

The total project cost, which is for renovations and the acquisition of moveable equipment, is estimated at \$1,314,178 and will be met with equity.

Renovation and Demolition	\$1,000,000
Design Contingency	50,000
Construction Contingency	50,000
Architect/Engineering Fees	80,000
Other Fees (Consultant)	75,000
Moveable Equipment	50,000
CON Fee	2,000
Additional Processing Fee	<u>7,178</u>
Total Project Cost	\$1,314,178

Lease Rental Agreement

The applicant has submitted a draft lease rental agreement, summarized below:

Premises	5,520 square feet located at 84 Route 59, Suffern, New York.
Lessor	Route 59 Holdings, LLC
Lessee	BSD Birthing Center of Rockland, LLC
Term	Five (5) year term with four (4) additional five (5) year renewal terms.
Rental	\$192,000 annually for the first five years (\$34.78 per sq.ft.)
Provisions	The lessee shall be responsible for maintenance, real estate taxes and utilities.

The applicant has submitted an affidavit indicating that the lease agreement will be an arm's length lease arrangement. The applicant has submitted two (2) real estate letters in support of the reasonableness of the rent.

Capability and Feasibility

The total project cost of \$1,314,178 will be met with equity. The applicant has indicated that this project is a conversion of an already existing PC practice to an Article 28 midwifery birthing center. BFA Attachment A, Personal Net Worth Statements - Proposed Members of BSD Birthing Center of Rockland, LLC, indicates sufficient resources to fund the total project costs. The proposed members provided an affidavit stating that the equity contributions would be disproportionate to ownership interests. BFA Attachment B, Pro Forma Balance Sheet of BSD Birthing Center of Rockland, LLC, indicates a positive net asset position of \$1,314,178 as of the first day of operation.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Health Equity Impact Assessment

Health Equity Impact Assessment Summary

The independent entity evaluated data from several sources to understand the health equity impacts of the proposed midwifery birth center in Suffern, NY (Rockland County). Most engaged stakeholders (10 out of 11) indicated full support of the project. Themes of support highlight that the center will benefit people who prefer the midwifery model of care and an alternative delivery site instead of a traditional hospital setting. Stakeholders anticipate an enhanced patient experience and a culturally sensitive space for low-income residents, immigrants, and racial and ethnic minorities. The applicant estimates that most patients will be Orthodox Jewish and Medicaid recipients.

Rockland County has the highest maternal mortality rate in the Mid-Hudson region. Advancing the birth center and midwifery model of care could help reduce health disparities in this county by increasing access for vulnerable groups, like Black and Hispanic women, lowering cesarean rates, and reducing the number of medical interventions for low-risk pregnant women. Potential negative impacts were identified as language and communication barriers for women, racial and ethnic minorities, and people with disabilities. The applicant submitted a detailed mitigation plan to address these concerns.

Conclusion

Based on the information and analysis presented in the Health Equity Impact Assessment and the applicant's mitigation plan, the proposed project will not result in any significant adverse health equity impacts.

Attachments

BFA Attachment A	Personal Net Worth Statement- Proposed Members
BFA Attachment B	Pro forma Balance Sheet
OHEHR Attachment	Health Equity Impact Assessment