

NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
ESTABLISHMENT AND PROJECT REVIEW COMMITTEE MEETING

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90 CHURCH STREET, 4TH FLOOR, CONFERENCE ROOMS 4A AND 4B, NYC
TRANSCRIPT

Mr. Robinson Good morning, everybody. Thanks for your patience. I'm Peter Robinson, and I Chair the Establishment and Project Review Committee. I have the privilege of calling the meeting to order. Welcoming members, both committee and full council members, participants, observers and obviously the staff of the Department of Health. Just a few housekeeping details that you get every time we start a meeting. Notice that this is a meeting subject to the Open Meeting Law and is broadcast over the internet. The webcasts are accessed at the Department of Health website <https://Health.NY.Gov>. The on-demand webcast will be available no later than seven days after the meeting for a minimum of thirty days. A copy is retained in the department for four months. Just a few little guidelines. There is synchronized captioning. It's important that we don't speak over each other. The first time you speak please state your name and briefly identify yourself as a council member or member of the staff. This will help the broadcasting company record the meeting. Note that the microphones are hot so they can pick up sounds, including side conversations. Please be discreet. For those of you who are in our audience, there is a form that needs to be filled out. Hopefully, all of you have already done that before you entered the meeting room, which records your attendance at the meetings, which are required by the Joint Commission on Public Ethics in accordance with Executive Law Section 166. That forms also posted on the department's website under Certificate of Need. You can fill it out in advance in the future. Housekeeping stuff is done.

Mr. Robinson Let's get right to it. I am going to ask Mr. Kraft to recuse himself. Calling Application 231324C. This is Northern Westchester Hospital in Westchester County. As I noted, there's a conflict and recusal by Mr. Kraut who has left the room. This is to decertify three maternity beds and perform renovations to expand and update the maternity unit. The department is recommending approval with conditions and contingencies.

Mr. Robinson May I have a motion?

Mr. Robinson Dr. Berliner.

Mr. Robinson Second Dr. Torres.

Mr. Robinson Ms. Glock.

Ms. Glock Good morning. This is Shelly Glock from the department. Northern Westchester Hospital. It's an existing 245 bed not for profit hospital. This application is seeking approval to perform renovations to the maternity unit located in Mount Kisco. This is actually a modernization project that will occur on the hospital's third floor and a portion of the fifth floor, resulting in twenty-four single bedded, mother and baby rooms. In addition, the labor delivering the C-Section rooms will be enlarged. Approval of the application will result in a net decrease of three maternity beds. They'll be going from twenty-seven to twenty-four. The decertification of those three maternity beds will have minimum consequence as a result. If you look at the utilization rate of obstetrics it's been around 50% for the last few years. Since the project really is about enhancing the service for obstetric patients, fostering private baby and patient bonding and family time and the

enlargement of the labor and delivery room and C-Section rooms creates a more welcoming environment. Northern Westchester Hospital is cooperated by the Northwell Health. The total project costs are going to be funded with equity and a bond issuance. They are projecting 2,300 maternity visits year one, about 2,500 in year three with a 27.6% projected Medicaid payer mix. The department upon their review is recommending approval of this project with conditions and contingencies.

Mr. Robinson Thank you.

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

Mr. Robinson Dr. Berliner.

Dr. Berliner This is for the applicant.

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

Ms. Khan I'm Cynthia Khan, Vice President of Strategic Planning for Northwell.

Mr. Anderson Good morning. Derek Anderson, Executive Director of the hospital.

Mr. McCullagh James McCullagh, Associate Executive Director of Finance.

Dr. Berliner My question is where do you expect most of those new admissions to be coming from? I mean, where are they? Are they going to be coming from other hospitals or just population growth in the area?

Mr. Anderson The projections are representing what is a trend over the past five years. Patients coming from the surrounding geographies, not just within the county of Westchester. We've seen a pretty marked growth over the past five years of nearly 33% and a half percent. A majority of that growth is coming from outlying Rockland, Orange, Dutchess, Putnam and parts of Connecticut. The majority of that growth even know the birth rate generally is declining we are looking at an increase.

Dr. Berliner Thank you.

Mr. Robinson Other questions?

Mr. Robinson Ms. Monroe.

Ms. Monroe Ann Monroe, member of the council. Where have those patients gone previously?

Mr. Anderson There are a couple of programs in the area, particularly with Putnam Hospital, which is directly North of Northern Westchester Hospital. There are programs.

Ms. Monroe Your answer shocked me.

All (Laughing)

Mr. Anderson I can give you a moment.

Ms. Monroe Any other napkins in the house?

All (Laughing)

Mr. Robinson Thank you for your patience.

Ms. Monroe I apologize.

Mr. Robinson I can't see these people because the cameras are right between me and them.

Ms. Monroe Let me ask it over again so we can start over. I was asking you these patients that you're talking about that will be coming to this facility. Where have they been going?

Mr. Anderson The growth is represented in two different ways. One is there are communities, although Westchester County birth rate is declining, there are parts of Lower Dutchess which are communities that are actively growing in the Hopewell Junction/LaGrangeville area. There are parts of Connecticut and Danbury that are actively growing with families and populations coming from primarily New York City. While the birth rate is declining in Westchester County proper, the surrounding communities, which are typically more affordable for families, young families growing, which are of child birthing age, those communities are growing. That's attributing to part of it. The second component of that growth or historically is these patients we're seeing at Putnam Hospital and other hospitals in the surrounding area. Some of these programs are actively growing/seeking to improve care. Part of that shift that we've determined here is really coming from some of the surrounding hospitals. It's really twofold, which is population growth outside of Westchester County seeking care at Northern Westchester and the second is some of the surrounding hospitals struggling over the past couple of years with the hope that they'll begin to stabilize.

Ms. Monroe Thank you.

Mr. Robinson Mr. Thomas.

Mr. Thomas Good morning. Hugh Thomas, member the council. Just trying to track the data a little bit. I understand the growth you're projecting on births, but I don't know. The data is crazy, which I'm not making a judgment about the data. Significant 700 discharge decline from 2022 to 2023. That's more than births. Maybe you could just give us a little context around those.

Mr. Anderson Absolutely.

Mr. Anderson You're referring to exhibit on Page 4 correct?

Mr. Anderson This is the facility utilization. There was an identified reporting issue with a few of the Northwell facilities. It was identified about seven weeks ago. We since have resubmitted data. That data today currently represents just over 2,000 discharges. That was an identified reporting issue.

Mr. Thomas Because a 700 reduction \$52 million project.

All (Laughing)

Mr. Anderson Didn't match. Didn't match.

Mr. Thomas Not sure that adds up but thank you. That's helpful.

Mr. Anderson You're welcome.

Mr. Robinson Dr. Berliner.

Dr. Berliner Shelly, has the department looked at the impact on the other hospitals and what it would do to their finances?

Ms. Glock Because they're not adding beds, they're decreasing beds and just modernizing the unit that really was not part of our analysis.

Dr. Berliner Thank you.

Mr. Robinson Any other questions for the applicant?

Mr. Robinson You got one.

Dr. Kalkut Good morning. Gary Kalkut, member of the council and the committee. In the same, part of the questioning. Are the other hospitals that some of the new patients may have been delivering there previously. Do they have single beds also? Are you the only facility in the local area that will have single beds for maternity?

Mr. Anderson I can't speak for each of the hospitals.

Dr. Kalkut Sure.

Mr. Anderson Certainly, the hospitals in the immediate geography surrounding Northern Westchester Hospital all have modernized their OB suites. We are one of the last to upgrade our unit. This is a unit that was designed and developed in 1971. We're pushing fifty-three years at this point. We are one of the last in the region to modernize and expand both postpartum and the labor rooms.

Dr. Kalkut Well, good for you.

Dr. Kalkut Thank you.

Mr. Robinson We thank you.

Mr. Anderson Thank you.

Mr. Robinson Head back to the pews.

Mr. Robinson At this point, I want to invite anybody from the public that wishes to make a comment on this application.

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

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson Thank you.

Mr. Robinson Mr. Kraut continues to remain out of the room for the next application.

Mr. Robinson This is 231339C, Long Island Jewish Medical Center in Queens County. This is to certify a pediatric heart transplant program. Also want to note an interest by Dr. Lim.

Mr. Robinson Can I have a motion, please?

Mr. Robinson Thank you, Dr. Berliner.

Mr. Robinson Second for Dr. Torres.

Mr. Robinson Ms. Glock, you're going to introduce Ms. Agard.

Ms. Glock Yes, thank you.

Ms. Glock This project will be presented by Nancey Agard from our Division of Hospital and Diagnostic and Treatment Centers who is our transplant subject matter expert.

Ms. Glock Nancey.

Ms. Agard Can you hear us?

Mr. Robinson Yes.

Ms. Agard Thank you, Shelly.

Ms. Agard Like, Shelly said my name is Nancey Agard. I'm the Director of the Bureau of Organ Donation and Transplant up here in Albany, part of the Division of Hospitals and Diagnostic and Treatment Centers. The department recommends approval with a contingency and multiple conditions for this application in which Long Island Jewish Medical Center Cohen Children's Medical Hospital is applying to establish or start up a pediatric heart transplant program. This recommendation comes as a result of a thorough review by both internal and external reviewers who looked at not only parts of the application, but also reviewed a fair amount of data related to donation volumes, transplant volumes, what's going on with the waitlist, what everybody's waitlist mortality and post-transplant mortality looks like. As a result of that, there was a lot of conversation and discussion. The result is that the department is recommending approval of this application. I wanted to talk a little bit about the reasoning that went into this recommendation. It's

primarily based on the fact that a Long Island Jewish Cohen Children's Medical Center has a pretty full cadre or range of pediatric cardiac surgery or pediatric cardiac services that are both diagnostic and therapeutic in, orientation. They provide echo cardiology, cardiac cath, cardiac CT, MRI, as well as a number of other diagnostic services. They also have an active pediatric cardiac surgery program, along with pediatric anesthesia, critical care, neonatal allergy. They are comfortable with and are currently providing services to children who have advanced heart failure as well as well as cardiomyopathy and conduction disorders, etc. Cohen's is seeking to sort of flesh out or complete their range pediatric cardiac services to the children that they serve primarily from Long Island, but also from their primary service area that includes the counties of Nassau and Suffolk, Queens and up into Westchester County. Westchester County being a secondary service area, whereas the others are their primary service area. They're seeking to arrange to sort of flesh out and add the transplant services because, not only do they... They're currently taking care of children who have these needs. They have referred eight children in 2022 to another transplant center that does pediatric cardiac transplant. That's evidence that they're already caring for children that are this sick. They are wanting to sort of facilitate the care of those children in their central location facilitating the care so that children and families don't have to transition to other providers and reestablish relationships, take on the challenges of travel, especially when their child is so sick and most likely going to be in the hospital at the point at which they receive a transplant. Their cardiac surgery program is quite active. We believe, on assessment that it is likely to be able to generate sufficient referrals for cardiac transplantation, as well as referrals from facilities within the Northwell network, primarily on the island. The good thing is that they already have a transplant program. In 2017, this council approved Cohen's established a kidney transplant program. They had been up and running since that time. They're a relatively low volume transplant center. They transplant about seven to eight kidneys a year. Their outcomes are good. Their waitlist mortality is fine. The other part that's of support to Cohen's into this venture into establishing a pediatric heart transplant program is that they are affiliated with North Shore. North Shore has a multitude of transplant programs already. They have a heart. They have a lung. They have a kidney. They have a pancreas transplant program and a liver program as well as a transplant institute that is positioned to support as they move through in implementing this new type of transplant program. In addition, what is known in the rest of the world as the organ procurement transplant network. That is OPTN currently carried out the responsibilities of which are carried out by UNOS, the Network for Organ Sharing has approved their application to establish a pediatric heart transplant program. What that means in reality is that the facility does have the structure, the processes, the staffing to be able to establish and carry out a reputable transplant program. In case anybody was thinking about it, I wanted to talk a little bit about the existing heart transplant, pediatric heart transplant programs that are in New York State. We currently have four other transplant centers that carry out pediatric heart transplants. They're all within the Metropolitan New York area. There are two in Manhattan, one in Queens and one in the Bronx. The two that are in Manhattan are Columbia and NYU. Columbia is a higher volume pediatric heart transplant program. They carry out about twenty-five ish transplants a year. The other programs are more low volume. Now, I don't know if you remember, if you've been on the council long enough you may. We approved the NYU establishment of the pediatric heart transplant program back in 2021/2022 ish. Their transplant volume has been similar to Mount Sinai and up to that point to Montefiore. Most of them transplant less than five hearts a year and to children. They're between three and five. The good news and the bad news is that there's no minimum required volume for heart transplants to be carried out per year by a program. What's a little different is that Montefiore has not transplanted a pediatric heart since December of 2021. I did reach out to them to find out kind of what was going on with their program. Not unlike what

happened with Mount Sinai when we were looking at the NYU program is that they had lost their key personnel. There are certain personnel that the programs will have to have in order to be able to carry out transplants. Recently, Montefiore has hired that individual. They have started again to do heart transplant evaluations. They don't have anybody on their list right now because, believe it or not, the two children that they had in 2022 on their list got too well to list. They're now on the inactive list. The child that they evaluated in 2023 is also too well to list as an active member of the waitlist. We have three low volume programs and one higher volume program. Columbia has nine children on their waitlist. Our total wait list for a pediatric heart right now is about fifteen. Columbia has listed nine of them. Four were listed by Mount Sinai, two by NYU. As I just explained, Montefiore does not currently have anybody on their list. The good news is that the median time to transplant in New York facilities is pretty much less than the national average. Mount Sinai just happens to be longer, but that actually, I believe, to be reflective of the fact that they were in that low period and were not transplanting for a period of time. The overall volume of heart pediatric heart transplants in New York has been pretty flat between 2020 and 2022. 2023 the numbers went up. Actually, were more reflective of or consistent with the 2018/2019 numbers. Now, I believe that's primarily because Mount Sinai has had a banner year last year and transplanted nine children with new hearts. Our experience is that opening new pediatric heart transplant programs do not destabilize any of the existing programs. Columbia will not be destabilized. The other programs seem to sort of march along with their continuing low volumes that are reflective of both their cardiac surgery programs, the level of risk, most likely that they're willing to take. In the transplant world, if your volume is small and you do a hard case and something happens to the child your outcome numbers really are significantly impacted which brings a lot of attention to people who oversee these programs so that there are... It's most likely that the more complex cases are being referred to Columbia who has a bigger denominator and therefore can take a hit if there is a negative outcome. I'm hoping all of this makes sense. Opening a new program will increase the access and convenience of access to children currently being cared for by their system and on Long Island. It will preclude the families and the children from having to make new relationships with new transplant centers and not have to take on the challenges of having to commute and to travel with the child. As I said, we believe that the reviewers believe that Cohen's themselves and the Northwell facility will be able to generate enough transplant referrals for transplant and additions to the transplant waitlist to meet their projected numbers, which are two, three and between three and five for years one, two, and three of the programs. We don't really have any experience that indicates that adding a new program will have a negative impact on the existing programs. It is for sort of all of those reasons rolled together that the department is recommending approval of this project. I'll be happy to take any questions at this time.

Mr. Robinson Thank you.

Mr. Robinson Dr. Berliner.

Dr. Berliner That was an excellent presentation. The question I have is not about this application, but I don't think I've ever heard before of kids needing heart transplants, getting healthy on their own and coming off the list. Can you talk a little bit about that? Is that a common thing?

Ms. Agard Well, the most common. I mean, the good news is that technology and medications continue to evolve and to support kids and everybody else, hopefully so that their diseases are not evolving. I can't tell you specifically about these cases, but that does happen. It happens with adults as well. They get to a point where they don't meet active

list criteria. You have to understand that there are multiple levels of participation in the list and multiple statuses of people who are listed. The children who were on the list, who are in the active list, they've now been moved to the inactive status because they just don't meet the criteria for being offered an organ at this time. They're continuing to be evaluated every three to six months. Make sure that they are stable. They're seen by their cardiologist. We're keeping an eye on them to make sure that they're okay. If unfortunately, they do sort of pass that bar, then they would be changed from a seven status, which is the inactive status to an active status.

Mr. Robinson Other questions from the committee?

Ms. Monroe I'm just curious. There can't be an unlimited number of pediatric cardiac heart transplant surgeons. Are your surgeons currently able certified? I don't know what the term is to do heart transplants, or will you be recruiting perhaps from other New York programs or programs from out of state?

Mr. Robinson Is that a question for the applicant?

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

Mr. Robinson Thank you.

Mr. Robinson Introductions, please.

Mr. Robinson As close to the mic with the green light on.

Dr. Schleien Yes.

Dr. Schleien Thank you very much.

Dr. Schleien I appreciate the question. I'm Charlie Schleien, Dr. Schleien. I am the Chair of Pediatrics and the Senior Vice President for Pediatric Services at Northwell. In answer to your question specifically, our surgeons are in place. We have two excellent surgeons. Tim Martins is actually with us today. He's been with us now for a few years. He has extensive experience in transplant surgery, actually, at Loma Linda Hospital, which was really the forerunner of pediatric, particularly infant heart transplantation back when. Extensive experience. We will not need to be recruiting. Our team is in place both surgically and, in fact, medically.

Ms. Monroe Thank you.

Dr. Schleien You're welcome.

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

Mr. Robinson That was your minute in the sun.

All (Laughing)

Mr. Robinson Thank you.

Dr. Schleien Thank you very much.

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

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

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson Please have Mr. Kraut return.

Mr. Robinson We will move ahead with Application 241112C, Bronx Care Hospital Center in Bronx County. This is to certify thirty-three medical surgical beds. The department is recommending approval with conditions and contingencies.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Torres.

Mr. Robinson Ms. Glock.

Ms. Glock Bronx Care Hospital Center is a safety net hospital located in the Bronx in Bronx County. This application is requesting approval to add thirty-three medical surgical beds. Bronx Care Health System is South and Central Bronx's largest safety net hospital. Its concourse campus houses both inpatient and outpatient medical services. They have 415 total beds. The Fulton campus provides behavioral health services. These two locations are approximately 1.5 miles apart. Just a little bit about the Bronx Care Hospital Center. According to the applicant, patients are waiting for inpatient beds. They're being housed in Bronx Care's Emergency Department, leading to severe overcrowding, long wait times and delayed procedures. As you can see from the exhibit, their med surge occupancy exceeded 100% in 2023. it's expected to continue into 2024. The average wait time for an inpatient bed is about thirteen hours, which is more than three times the recommended standard of four hours and many hours, approximately 600 of ED staff time is dedicated to caring for those patients daily. These thirteen beds consist of fourteen double occupancy and five singles. They will be placed in available space on the 14th floor, which is currently occupied by a women's health outpatient service. That women's health outpatient service will be relocated on the Concourse Campus into some vacant clinic space that they have. They filed a separate limited review application to do that relocation. This location is within a health professional shortage area for dental health, mental health and primary care. It's in a medically underserved area. They are projecting 50% medical discharges. The total project cost of \$9.6 million will be funded with equity. The department upon looking at this application and the need and the occupancy has determined that we are recommending approval with contingencies and conditions.

Mr. Robinson Thank you.

Mr. Robinson Questions for the department?

Dr. Soffel Denise Soffel, council member. I was wondering if you looked at neighboring hospitals and whether they have capacity in their med surge units that might be able to absorb some of the patient volume that's currently being forced to wait for care at Bronx Care.

Ms. Glock We did. I mean, it's not included in the exhibit. I think the point here is that these are patients that are already presenting to Bronx Care. They're presenting in the ED. They're having to board them in the ED with long wait times. Just looking at the occupancy of Bronx care, as you can see it's well over 100%. This was an application that addresses that need at Bronx Care for those patients already presenting.

Dr. Soffel I appreciate that. I was just wondering whether there are neighboring hospitals which with perhaps healthier pair mixes that could take some safety net volume and ease some of the Bronx Care burden. That was what was motivating my question.

Ms. Glock I will defer to the applicant to respond to that question.

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

Dr. Torres I just want to share I happen to have family members that live in that area and nearby and most recent hospitalizations. It's a tough situation in terms of accommodating the need. It may be a little bit of a distance. When you look at that hospital, North of that would be Montefiore. It may be taxing on the commute side, depending on where in the surrounding area from that Grand Concourse pavilion and public transportation.

Bronx Care Health System Vice President, a Vice President of Bronx Care Health System. An answer to your question it's our understanding that the other hospitals are also experiencing similar problems with occupancy rates.

Mr. Robinson That's helpful.

Mr. Robinson Thank you.

Mr. Robinson Follow up?

Mr. Robinson Other questions?

Mr. Robinson Dr. Torres, do you have any other observations you want to make on this?

Dr. Torres There's a great need.

Mr. Robinson We got that.

Mr. Robinson Ms. Monroe.

Ms. Monroe In looking at why patients can't move from the ED to upstairs as I call it.

Mr. Robinson Yes.

Ms. Monroe Part of that problem is you can't discharge as quickly as you might have. Are you involved with improving transitions? This will improve transitions from the ED to upstairs. What about transitions from upstairs to long term care or home? Are you involved? Because I think that's an equal part of the problem. It's not going to be solved by having more beds. They'll just fill up and you won't be able to discharge anybody. What are you doing about that?

Bronx Care Health System We're continually involved in efforts to reduce length of stay. In addition to that, we have strong partnerships with most of the community organizations. As a result of that, we are able to work towards discharging patients our hope is sooner. By reducing length of stay and by finding adequate facilities to accept those patients we hope to address the problem you just raised.

Ms. Monroe I think it's equally important to adding beds or you'll just get bigger and bigger with nowhere for anyone to go.

Mr. Robinson You look like you were about to say something.

Dr. Kalkut Gary Kalkut, member of the council. I think the problem that you're having is one that is across the city right now, particularly with boarded patients in the Emergency Department, which tends to slow down all of the services in the hospital from imaging studies to consultation, to procedures. I agree with you in that it is not the only solution, but ERs are not built to take care of patients once their diagnosis is established or treatment is established, and then get them to a place where they can receive their acute care. I think the length of stay is a big deal. Yours is somewhat high. That would certainly reduce your hospital days and your senses. I wouldn't not do one thing in order to wait for the other. I would do is what you've just said. Just try to work on both ends of the calculation of how crowded you are.

Mr. Robinson We thank you.

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

Mr. Robinson Thank you.

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

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson Thank you.

Mr. Robinson I think that just a slight observation here, but the experience in Bronx Care is not only Metropolitan New York based, but certainly in the Upstate urban areas we're

seeing the same issue of packed up emergency rooms and alternate level of care patients in the hospital and no place to send them and 100% occupancy. Part of it is building additional capacity. Actually, expansion of EDs is now more needed than ever, adding beds as appropriate and not operating at 100% plus, which is actually not the best thing to do. Obviously, finding opportunities for discharges. There, I think the issue is a statewide issue around nursing home beds access and the staffing ratios, which limit nursing homes abilities to accept patients, because of the fact that we don't have enough workforce in the state. All of these things are interrelated. Anyway, thank you. A very important application.

Mr. Robinson Calling application 241115C, Montefiore Medical Center. This is the Henry and Lucy Moses Division. Please note it's the Bronx, not New York County. Certify a new twenty-one bed child and adolescent psychiatric division at 1,500 Waters Place in the Bronx and on the Children's Center in the Bronx Campus. The department is recommending approval with conditions and contingencies.

Mr. Robinson Yes, Dr. Berliner.

Mr. Robinson Yes, Dr. Torres.

Mr. Robinson Ms. Glock.

Ms. Glock Montefiore Medical Center is requesting approval to certify this new twenty-one bed inpatient Child and Adolescent Psychiatric Division on the New York City Children's Center Bronx Campus located in Bronx County. The proposed facility will be comprised of a little over 18,000ft². This is going to be in vacant, renovated and leased space, which now will have a separate entrance. It will be self-contained. It will be distinct from the New York City Children's Centers. A large part of the actual project cost went to building that separate entrance, which is a requirement. The proposed unit will be an extension, the Montefiore Einstein Center for Children's Mental Health. It will be designed to provide treatment for youth aged 5 to 17 with serious behavioral health conditions and other acute psychiatric conditions. This project is really a collaborative effort between the New York State Office of Mental Health and Montefiore. This division will be jointly licensed by both DOH and OMH. There is an unmet need for inpatient acute pediatric psychiatric beds in the Bronx. You see in the exhibit, there are there are only less than 120 inpatient pediatric psych beds in the area. 25 at Bronx Care and 92 at the New York state operated New York City Children's Center. None of those are within the Montefiore system. The applicant has seen an increase in the number of children presenting to the ED with psychiatric conditions and staying for extended time due to inpatient beds. The staff exhibit depicts that according to the applicant, the Montefiore Health System transfers approximately 300 children to other facilities, 160 of those from the Moses campus and children on the Montefiore/Moses campus are transferred to facilities such as Four Winds and Saint Vincent, which are both in Westchester County. This location is within a health professional shortage area for dental health, mental health and primary care. They are projecting that nearly 100% of these discharges will be Medicaid payer. The total project cost is being met with Montefiore Medical Center capital and philanthropy and also a \$5.7 million funding from the New York State Capital Assistance Program. Based upon our review, the department is recommending approval with conditions and contingencies on the project.

Mr. Robinson Thank you.

Dr. Lim I have a couple of questions for the applicant if they can come up. Questions for the applicant.

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

Dr. Lim Sorry. Sabina Lim, council member.

Mr. Robinson Should have responded sooner.

Mr. Robinson If the green light is on, then it's good.

Mr. Robinson Please come close to the mic and introduce yourselves.

Ms. Cohen Hi. I'm Randi Cohen from Montefiore.

Mr. Alpert I'm Jonathan Alpert, Chair of the department of Psychiatry at Montefiore.

Dr. Lim Thank you so much.

Dr. Lim First, my questions are more sort of some curiosity about the details because this is so sorely needed. I don't think anyone needs to be convinced of that, but I think some of the questions that I have speaks to why it's so difficult to set up an inpatient child and adolescent psychiatry service. I just wanted to ask these are all going to be new staff that's going to be hired, right? I think we all know about the tremendous workforce challenges, particularly in hiring for any type of behavioral health provider. Do you feel fairly confident that you'll be able to recruit within the time allotted and sort of what are the things that you're sort of working on to try as best as you can to get this fully running by the time that it needs to go live?

Mr. Alpert Thank you so much, Dr. Lim, for answering that question. We've had extensive discussions with our colleagues who do run child and adolescent units and have been very impressed with the challenges in terms of staffing a unit with high quality staff. We've been fortunate this year to get OMH funding to assist with recruitment as well as training and retention. We have additional funds that we've received this year really dedicated for that purpose in terms of recruiting, both clinical staff and other staff to the unit. We have, as you know, active training programs with the child and adolescent psychiatry fellowship, a very active psychology internship, social work training programs. We have some internal sources of recruitment. We're actively beginning to recruit and let people know about the likely need for recruitment externally as well.

Dr. Lim Just a quick follow up on that. I'm assuming there will be a psychiatrist. It just wasn't listed.

Mr. Alpert Thank you so much. In one of the tables it wasn't listed, but there will be a unit chief who's a psychiatrist and two other psychiatry attendings.

Dr. Lim Okay.

Dr. Lim The other question is... I'm just trying to understand sort of like the location of the unit, especially if it's separated out in some way. Many of these kids often have acute medical issues. How are you arranging for inpatient medical consultation or even sometimes specialist consultation? That's one of the biggest challenges, I think, in running

an inpatient pediatric psychiatry service in terms of the proximity and availability of general consultation services.

Mr. Alpert Right, it's a critical, issue. We've had extensive discussions with the Chair of pediatrics, who's the head of the children's hospital at Montefiore about this very issue. Because, as you might have implied the unit itself will be on a location which is within an omh building the New York City Children's Center, which is near the Albert Einstein College of Medicine campus. That's about twenty or thirty minutes from the physical location of the children's hospital at Montefiore. There are many pediatric practices that are on the Einstein side, but in terms of the actual inpatient children's hospital there's a distance. We've had extensive discussions about pediatric coverage. We'll have a nurse practitioner on the unit whose psych and pedes trained. We'll also have consulting pediatricians who are assigned to the inpatient unit.

Dr. Lim Got it.

Dr. Lim That was it. Those are just some of the complexities of a psychiatry unit. Really, kudos to you for putting this together. Thank you.

Mr. Alpert Thank you so much.

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

Mr. Robinson We thank you so much.

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

Mr. Robinson Call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson I just want to make an observation. I didn't want to include it in the discussion about the application specifically. I think we should all be very supportive of growth in behavioral health capacity in the statewide system we are sorely needing. Kudos to Montefiore for bringing this application forward. We're going to be seeing other applications as well that relate to this added capacity of behavioral health beds or sustaining behavioral health beds. There is an ongoing concern that I think is legitimate, which is that the economics of running a behavioral health unit in addition to the workforce issues that Dr. Lim appropriately identified, and that is that most of those units have a preponderance of Medicaid as their patient base. Unfortunately, it is very difficult with a high Medicaid fraction to have a financially sustainable behavioral health unit. I think it's in fact, sometimes a barrier to and entities moving forward in trying to either grow or establish these kinds of entities. I'm just pointing out that as an issue. This is where we have to call on both OMH and the state Medicaid program to look carefully at the Medicaid payment

rates for behavioral health. It certainly is necessary if we're going to be able to sustain these kinds of programs to have these rates at a level that at least allows for break even. Just my observation.

Dr. Lim Just to add, I think the workforce issues becomes an economic issue, right? There's a dearth of child psychiatrists to begin with. Part of the way you get more people is you need to pay them more. It's a vicious cycle. Thank you.

Mr. Kraut I'm not going to extend this. I'm just going to amplify one part of that thank you in addition to Montefiore. I don't know how long it took you to get the CON ready, do the health equity. You know, I don't know how much our process did, but I want to acknowledge the staff of the department. We acknowledged receipt of this on April 1st. Sixty-seven days later we just approved it. I know that takes a lot of effort in the department in the project review, establishment, health equity impact. I just want to thank the staff to recognize the urgency and that sometimes we complain a lot about how long some of these takes. We should also celebrate and thank you for when you do move these things quickly and rightfully so. Thanks to the department as well.

Mr. Robinson Thanks for those comments.

Mr. Robinson Next up we have application 231286B, Carthage Area Hospital Inc in Saint Lawrence County. This is to certify a new critical access hospital division at 214 King Street in Ogdensburg. The department is recommending approval with conditions and contingencies.

Mr. Robinson Motion by Dr. Torres.

Mr. Robinson Second by Dr. Berliner.

Mr. Robinson Ms. Glock.

Ms. Glock Thank you.

Ms. Glock Let me begin by saying this project might seem a little more complicated than what we might typically see. This project really is about preserving access to critical services in this rural area. It also involves close coordination between the department, CMS and the health care system, which I'm going to touch upon when I propose this project. The applicant, Carthage Area Hospital is requesting approval to establish a twenty-five-bed inpatient acute care hospital at 214 King Street in Ogdensburg. Once those approvals are in place Carthage will seek federal designation from the centers for Medicare and Medicaid Services to be designated as a critical access hospital. Carthage Area Hospital currently operates another critical care access hospital in Carthage, New York, which is in the Southern part of Saint Lawrence County. Claxton-Hepburn Medical Center currently operates a 127-bed hospital at this 214 King Street site in Ogdensburg, as well as numerous clinics at the site and other locations in Saint Lawrence County. The operation of five rural health clinics were transferred in an initial phase through a Certificate of Need, but the remaining two clinics a center in Ogdensburg and a health center will also be transferred as part of this application. Claxton and Carthage operate as part of the same health care system with Northstar Health Alliance serving as their corporate passive parent and sole member. Claxton-Hepburn Hospital has struggled over the last few years. They actually have received some state subsidies to maintain operations. Due to the financial distress experienced by Claxton a strategic sustainability

plan is being implemented to preserve critical acute care and behavioral health services in Saint Lawrence County. This plan will result in the simultaneous closure of Claxton's operation of the 127 bed Article 28 hospital at 214 King Street in October, and a total of seven Article 28 associated clinics in the concurrent opening of this new twenty-five bed critical access hospital by Carthage at the existing 214 King Street site. Claxton-Hepburn will separately operate a forty bed Article 31 behavioral health facility at that same site ensuring adequate separation. There will be separate/entrance/signage/distinct staff. Between these two proposed license facilities there is no planned elimination of services. In fact, the project seeks to preserve both acute care and behavioral health services. However, there will be sixty-two fewer beds. The staff exhibit shows the current beds at Claxton with the proposed changes in the total beds that will be moving to the Critical Access Hospital. If you look at the exhibit, you'll see that the data shows that the total occupancy for the med surge beds has been quite low. 32% are below for the 2020-2022 time period. Given this historical occupancy at Claxton and the new beds at Carthage, the twenty-five beds. There should be adequate resources to meet the preponderance of the need for service within Claxton Service area to preserve critical access to those services. Occupancy of the twenty-five beds is expected to be closer to 100%, but we're looking here at, as I said, multiple times preserving access. There will be no change in the number of available psychiatric beds in the area, as the current psychiatric beds within Claxton will move to the Article 31 mental health hospital in the same location. I just want to briefly address the critical access hospital requirements. The requirements are that it must be located in a rural area or an area that is treated as rural. Excuse me. It can have no more than twenty-five beds that can be used for inpatient or swing bed service. In addition to the twenty-five inpatient beds, they can also operate ten additional beds psychiatric or rehab distinct in a distinct part unit. Twenty-five beds. They're allowed up to ten beds. Because the Critical Access Hospital can't operate forty beds in this area the co-location preserves those behavioral health beds. With this federal designation, the critical access hospital does receive enhanced reimbursement, which is a cost base reimbursement that reimburses costs at 101% allowing for sustainable operations for hospitals that are deemed to be Critical Access Hospitals by CMS. They are projecting Medicaid utilization of about 18%. You'll see the Medicare utilization is projected at 48% for the inpatient side. Total project costs will be met with accumulated funds from Carthage Area Hospital. Upon review of this application, including compliance, the need to preserve critical access to services and looking at financial feasibility, the department is recommending approval with contingencies and conditions. I just want to note that on the project you will see there are conditions placed on the project that require... Because we need federal approval, the applicant will need federal approval of both the Critical Access Hospital designation and CMS approval of the Article 31 behavioral health beds to be co-located. We have included those as conditions on this project.

Mr. Robison Thank you. Thanks for that explanation.

Mr. Robison Open it up to questions from the committee.

Mr. Robison Ms. Monroe.

Ms. Monroe I'm just reading this, since you pointed us to the conditions. I just want to understand. It looks like two of the conditions are worded exactly the same. Condition three and condition four. I didn't see where the approval of HHS for the critical access hospital is in here. Am I missing something? Maybe that's number seven. Three and four looked the same to me.

Mr. Kraut No, one is by CMS. One is by OMH.

Ms. Monroe Oh, that's very good, Jeff.

Ms. Monroe Thank you.

All (Laughing)

Mr. Kraut It's a very complex. You know, I think it's a great application because you had to thread through all of these regulatory things to make this solution fit.

Ms. Monroe I just want to add that we've looked at a lot of hospitals that want to close their facilities and have not paid attention to what services will be available to their former patients in the area when they close. I really want to compliment these folks. Another kudo for rural New York for really addressing this and making it possible for the community to support it as well. Thank you.

Mr. Robinson Great comments.

Dr. Kalkut There must have been a lot of coordination to make this work. As Jeff's said, threading needles in a number of places. Could you just clarify for me the psychiatric bed complement that there's going to be no decrease in the number of beds.

Ms. Glock That's correct.

Dr. Kalkut At least in the table of... Not sure what page this is on Claxton Medical Center there. Forty beds with an ADC of twenty-five or something like that. Is the Article 31 facility going to have that number of beds?

Ms. Glock It's proposed at forty beds. You can see the utilization of those forty beds currently utilization is up in high 80%. Maintaining those forty beds as part of the service delivery areas is critical.

Dr. Kalkut Thank you.

Dr. Lim Just a follow up question I think for Shelly, but we may need the applicant. Just to clarify the Article 31 that will be... The proposal that's a freestanding psych hospital in the eyes of CMS, correct? That Medicare will recognize and not as part of a distinct unit of CAH or under the IPF system for a general hospital.

Ms. Glock I will defer to the applicant, Dr. Lim, because there have been multiple calls with CMS, the department and the applicant. They're converting this unit now into what I believe CMS is looking at as an independent Article 31, but I'll defer to the applicant.

Mr. Robinson Please introduce yourselves.

Mr. Duvall Hi, I'm Rich Duvall, CEO of Carthage Area Hospital in Claxton-Hepburn Medical Center. I'm joined by Jerian O'Dell, Brandon Bowline and Emily Godsey from our executive team. To answer your question, doctor, is it will be a standalone Article 31/40 bed behavioral health hospital. We've actually just received two additional grants from New York State to expand our child and adolescent unit by ten beds. Assuming all of that work

goes as planned, it will actually be a fifty-bed standalone hospital, twenty beds child and adolescent, thirty adults.

Dr. Lim The main reason why I'm asking is that because the freestanding reimbursement system for psychiatry is different than the payment and the payment methodology, I think, for when it's under a general hospital. I just want to make sure that in your revenue calculations, because this is about financial sustainability, that that's been included, that there is a differential reimbursement system for freestanding side cost bills.

Mr. Duvall Absolutely. We've worked hand-in-hand with DOH and OMH, and our initial projection, currently is in Article 28. We're reimbursed about \$900.00 for inpatient psych days under the new proposed establishment of the standalone will be reimbursed about \$1,400.00 per day.

Mr. Robinson Excellent.

Dr. Lim Thank you.

Mr. Robinson That's great.

Mr. Robinson Well, since the applicants here anybody else?

Mr. Kraut Good project.

Mr. Robinson Besides bouquets, anything else anybody wants to throw?

Mr. Robinson Well, thank you very much for coming up. We appreciate it.

Mr. Duvall Thank you.

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

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

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson That motion carries.

Mr. Robinson Thank you again very much. Great application and much needed.

Mr. Kraut Keep it coming.

Mr. Robinson Exactly.

Mr. Robinson The next application has been deferred by the department. This is Application 232010B, Bridge Street ASC. I do want to make note that several members of

the council in looking through the materials already have expressed some concerns about the number of lawsuits and other legal challenges to individual members of the practice. We would appreciate that the department gives them a significant focus from a legal standpoint to reviewing all of that and coming back with a good understanding of what we're looking at here. That indeed should have an effect on our decision with regard to this application going forward. I just want to thank the department, actually, for deferring it and giving it a deeper look.

Mr. Robinson Now, moving on to application 231328B, HSS Long Island ASC LLC DPKA doing business and known as HSS Long Island Ambulatory Surgery Center LLC in Nassau County. I want to note an interest by both Dr. Lim and Dr. Kalkut. This is to establish and construct a single specialty ambulatory surgery center for orthopedic surgery at 90 Merrick Avenue and East Meadow. The department is recommending approval with conditions and contingencies.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Torres.

Mr. Robinson Ms. Glock.

Ms. Glock HSS Long Island ASC is requesting approval to establish and construct this single specialty ambulatory surgery center for orthopedic surgery in East Meadow, New York and Nassau County. The center will be in lease space. It'll have two operating rooms with shelf space and sufficient infrastructure to add an additional operating room in the future. This project is a partnership between the hospital for special surgery and its physicians. The Hospital for Special Surgery will have a 67% Class B membership interest and a 20% Class A membership interest. The HSS ASC development network will own a 13% Class C membership. You can see ownership information in the exhibit, including the members of the ASC development network. All of the procedures moving to this center are currently being performed in the hospital. This represents a shift of less complex cases to the center to free up hospital O.R. time for the more complex cases. They are projecting about 1,000 procedures in year one, 1,800 in year three. In according to the applicant, the proposed Medicaid and charity care is based on the current proportion of Medicaid and charity care provided by orthopedic surgeons in Nassau County. The total project cost will be met with equity and a bank loan. You will notice there are a large number of legal disclosures in the application. This project has been reviewed. There is not a large proportion associated with any one physician. This is orthopedics. The department has determined that there is nothing precluding this application from moving forward. The department is recommending approval with contingencies and conditions.

Mr. Robinson Very good.

Mr. Robinson Questions, please.

Mr. Robinson Applicant questions only.

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

Mr. Robinson Call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson Another ambulatory surgery application 232204E, Saint Peter's Ambulatory Surgery Center LLC doing business as Saint Peter's Surgery and Endoscopy Center. This is in Albany County. This application involves the transfer of 84.57% ownership interest in a member LLC from five withdrawing members and three existing members to sixteen new members of that LLC. I just want to note that a revised exhibit correcting Page 6 has been posted on the website. I think all the members of the committee have received this as well. The department is recommending approval of the condition and contingency.

Mr. Robinson Motion by Dr. Torres.

Mr. Robinson Second by Dr. Berliner.

Mr. Robinson Ms. Glock.

Ms. Glock Saint Peter's Ambulatory Surgery Center is an existing freestanding multi-specialty ambulatory surgery center located in Albany County. This application is requesting approval to transfer 84.57% ownership interest in AGC associates from five withdrawing members and three existing members to sixteen new members of that LLC. The Ambulatory Surgery Center is a joint venture between AGC associates, which is comprised of local physicians and Saint Peter's Hospital. The direct membership interest in the center is held by 50% by Saint Peter's and 50% by AGC. Saint Peter Surgery Center submitting this CON because it's seeking approval to one, approval of historical ownership changes that have occurred within ACG over the last twenty years. And the exhibit notes, that with no malcontent they had failed to notify the department through what we call a transfer notice. This application seeks approval of those changes and also to add two new physician members to the AGC LLC. Upon approval, you can see in the exhibit who these members will be. Their Medicaid utilization was 9% in 2022. They're projecting 9% going forward. The original 1999 CON that was approved they were only projecting 3.9% Medicaid. They're actually doing much better than they had originally projected. Based upon our review, the department is recommending approval with a condition and a contingency.

Mr. Robinson Thank you.

Mr. Robinson Ms. Monroe.

Ms. Monroe This is really a question for the department, and it's not specifically related to this application, but about three or four years ago we put an expectation here at the council that any ambulatory surgery center approved would take Medicaid because we were seeing some that were not going to take Medicaid. We said that was not acceptable. How does the department monitor that or periodically how would we know if an ambulatory

surgery center was actually taking Medicaid patients as it had committed in their initial CON? I wouldn't expect it would be every year. Do you do a periodic look at whether they're complying and maybe I should ask not just with the Medicaid expectation, but with the other conditions or things that we had put on them at the time? How does that work?

Ms. Glock Thanks for that question.

Ms. Glock As you know, we have been putting an expiration right on the operating certificate. The applicant then needs to come back to the department with an application for indefinite life. We look annually at all of the ASCs that have an expiration date on the cert, as well as the other ASCs that have been approved to see what was projected versus what they're actually doing from data. We put out an annual report, which is included in the PHHPC annual meetings. They're on the website. I could send you the link if you'd like to see them.

Ms. Monroe That would be great.

Mr. Robinson I'm glad you just refreshed us on that. I think that was very helpful. Thank you for the answer.

Mr. Robinson Mr. Thomas.

Mr. Thomas Shelly, good morning. Hugh Thomas, member of the council. Just a quick question, and I know I'm a little late on this question. The last application was that a five year license?

Mr. Robinson It's an existing ASC already completed its five years. Because it was like 1999 you said.

Ms. Glock It did not get a new limited life because it's got a hospital.

Mr. Thomas That's right, that's right. In the context of Ann's questioning, it occurred to me. Thank you.

Mr. Robinson Other questions?

Mr. Robinson Applicant questions only.

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

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson Thank you.

Mr. Robinson Continuing on with ambulatory surgery. This is 232243E, Advanced Surgery Center. This is in Rockland County. The applicant proposes to transfer 100% ownership interest from one withdrawing member to two new members. Department is recommending approval with conditions and contingencies with an expiration of the operating certificate three years from the date of its issuance and that is their recommendation.

Mr. Robinson Dr. Berliner motion.

Mr. Robinson Dr. Torres, second.

Mr. Robinson Ms. Glock.

Ms. Glock Advanced Surgery Center is an existing freestanding multi-specialty ambulatory surgery center located in Pearl River in Rockland County. The application is seeking approval to transfer a 100% ownership interest from the sole withdrawing member to two new members. This center has been in operation since 2010 and obtained an indefinite life in 2018. Surgical specialties now include plastic surgery and pain management. There'll be no changes in services offered or location served as a result of the application. The exhibit shows the membership currently it's the operator is a single member Dr. Fiorello. The proposed application will consist of a ninety-five membership of J. Fire Ambulatory Holdings LLC and Dr. Dimitri Rosen, who also will serve as Medical Director and provide anesthesiology services. You can see the members of the LLC, the J Fire Ambulatory members in the exhibit. There are five members. The department has reviewed this application and is recommending approval with conditions and contingencies with an expiration of the operating certificate three years from the date of issuance. I'll answer the question before it's asked. It's three years because it's an AC that's currently in operation. For a brand new one, we generally put five years because there's a ramp up time to get the Medicaid contracts. Because it's existing, then we go with a three-year limited life.

Mr. Robinson Questions from the committee?

Mr. Robinson Applicant to questions only.

Mr. Robinson I'm just making sure I'm not missing anybody.

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

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson That motion carries.

Mr. Robinson Thank you.

Mr. Robinson Turning to application 241100B, Holistic Birth Center New York located in Kings County. This is to establish and construct a new diagnostic and treatment center at 840 Lefferts Avenue in Brooklyn. Department recommending approval with conditions and contingencies.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Torres.

Mr. Robinson M. Glock.

Ms. Glock Holistic Birth Center LLC is a limited liability company, obviously is submitting a Certificate of Need application for the establishment and construction of this Article 28 Diagnostic and Treatment Center. The proposed center will be certified freestanding birthing center. It will be certified for outpatient birthing services, as well as primary medical care services and other medical specialties in a leased and renovated space. The applicant is proposing that this space will include three birthing rooms with birth pools and seven exam rooms, a classroom and a midwife room. This proposed location is the Brooklyn community. It's located in a health professional shortage area for primary care, mental health and dental health. The operator of Holistic Birth Center will be Judy Ribner, who is a licensed midwife in New York. She is the founder, sole member and Director of Holistic Midwifery New York Inc since March of 2020. This practice will utilize midwives for low-risk pregnancies and provide a comprehensive range of health care services. The applicant has two midwives that will be employed full time. They will rotate their schedules and be on call to be available 24/7 for consultation, triage, mission, labor and delivery and respond promptly to any client inquiries. They'll have a transfer and affiliation agreement with Maimonides Medical Center and Dr. Mann will be the Medical Director. Dr. Mann is board certified OBGYN, physician, and also an attending physician at Maimonides Medical Center. The applicants projecting 138 births in year one, 331 births in year three with a projected 73.4% Medicaid and 2.3% charity care in year one. Total project cost, I can see is being met with equity and a bank loan. The department is recommending approval with conditions and contingencies.

Mr. Robinson Thank you.

Mr. Robinson Interesting application.

Mr. Robinson Are you going to be any questions from anybody?

Mr. Robinson I'm looking always first to our consumer members. That's why Dr. Soffel's kind of like...

All (Laughing)

Mr. Robinson Ms. Monroe, you have a question.

Mr. Kraut I'd like the applicants to come up just because these are new. We should just pause for a minute, take time. Because we want to encourage more of these applications as we did the last time. Just if you can introduce yourself and just explain a little the clinical

model that how do you triage patients to make sure this is safe. We should all recognize on year three it's about one birth a day. It's a probably carefully selected, the criteria you use. The other question I have, if you can address it, I know you're negotiating a backup agreement with Maimonides Medical Center. I don't know if you've secured it. You can't open until you have one. Just those kinds of general questions.

Mr. Shapiro Bob Shapiro, consultant Judy Ribner and Fran Swartz consultant in the birthing center arena. As far as your last question with Maimonides Medical Center, we have a meeting with Maimonides Medical Center the last week in June with their Chair of OB, Harold Wodinsky and his team as far as moving forward with the transfer and affiliation agreement. The model of care here is as an Article 28 diagnostic and treatment center, not a midwifery directed birth center because we are going to be providing other medical services that need to be under the supervision of a medical director physician. It's a regular Article 28 diagnostic and treatment center. I will defer to my colleagues here as far as the clinical.

Ms. Ribner Regarding your question on how we're going to screen for risk appropriate patients who we will then accept into the birthing center and what guidelines we're going to use. New York State has criteria for community birth best practices for community birth, a set of guidelines that were established in 2020 that my practice I've been using for home birth. It identifies which risk factors, either prior to pregnancy or during pregnancy that would warrant referral to a hospital or to a higher level of care and would not be appropriate for a birth center. There are also national guidelines that we're going to be adhering to as well.

Mr. Kraut Thank you.

Mr. Robinson Other questions/observations?

Dr. Eisenstein Thank you.

Dr. Eisenstein Dr. Larry Eisenstein, member of the council. You talked about your other practice. In the beginning as Mr. Kraut said you're talking about one birth a day. What is your experience with practice and where that's leading to is how are you going to maintain proficiency if you have in the beginning, it I think you mentioned about 100 births a year. That's one every three days or four days. What is your practice experience and how do you plan to maintain, quite frankly, your skills and your team skills until you have more births?

Ms. Ribner Looking over the last few years, my home birth practice steadily grew. With it, we grew our team so that we can successfully attend about 125 births the year, which is what we did in our most recent year. The first year of the birth center is projected to have a very similar number of births to what we've been attending until now. As the birth center is anticipated to grow, which is what our hopes are we're going to continue to hire staff, mentor staff and offer the professional development that assures high quality of care, including emergency drills and of course, including continued education.

Mr. Robinson We thank you very much. I think as Mr. Kraut said, we are encouraging these kinds of applications and very pleased that you came forward with this. Thank you very much.

Mr. Robinson Anybody else have any questions for the applicant?

Dr. Kalkut Just interested in how your call works. Somebody gets in touch with you all off hours what happens? If they're in labor, how do you deal with it?

Ms. Ribner Sure.

Ms. Ribner We have a 24-hour, seven day a week emergency telephone number that every client in our practice is given as soon as they are enrolled. One of the midwives is always at the other end of that number. If somebody has an urgent clinical issue and that can arrive even before labor, they call us, and we triage it and appropriately either provide reassurance if it's reassuring or refer to a hospital if they need a hospital or call an ambulance. It's part of just good care is assessing what that patient needs in that moment. Your question regarding our call schedule. We rotate ourselves so that there's a well-rested team for every client and that no one specific midwife has been on call for 24/7 indefinitely. That's part of our teamwork, which we've really done a good job at I have to say.

Dr. Kalkut Such a key factor to safety and good patient care.

Mr. Robinson Thank you very much.

Mr. Robinson We're going to see if there's anybody from the public that wishes to speak on this application.

Mr. Robinson You're all set. You can kind of go back.

Ms. Ribner Thank you.

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

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson That motion carries.

Mr. Robinson Thank you.

Mr. Robinson Very exciting.

Mr. Robinson Application 241153E, Digestive Disease Center of Central New York LLC in Onondaga County. Transferring 37.5% ownership interest from one withdrawing member to one new member. Department recommending approval with a condition with condition and a contingency.

Mr. Robinson Dr. Berliner.

Mr. Robinson Dr. Torres.

Mr. Robinson Ms. Glock.

Ms. Glock Digestive Disease Center of Central New York is an existing single specialty ambulatory surgery center. They specialize in gastroenterology. They are located in Onondaga County. In this application, request approval to transfer 37.5% membership from one withdrawing member to a new member. Dr. Thomas Romano will sell his 37.5% membership to his son, Dr. John Romano. The current proposed ownership is depicted in the exhibit. There are no proposed changes to the facility or the services as a result of the application. Based upon the department's review of character and competence, public need, and financial feasibility, we are recommending approval with a condition and a contingency.

Mr. Robinson Questions for the department?

Mr. Robinson Applicant questions.

Mr. Robinson Any anything from anybody?

Mr. Robinson Anybody from the public wishing to speak?

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson Moving on to diagnostic and treatment centers. Application 241024 WellMD NY LLC doing business as WellMD. This is in Kings County to establish and construct a new diagnostic and treatment center at 532 Neptune Avenue in Brooklyn. Department recommending approval with conditions and contingencies.

Mr. Robinson Motion by Dr. Torres.

Mr. Robinson I need a second.

Mr. Robinson Thank you, Dr. Kalkut.

Mr. Robinson Ms. Glock.

Ms. Glock This application is seeking approval to establishing construct a new diagnostic and treatment center in Brooklyn in Kings County, specifically Zip Code 11224 in Coney Island. The proposed site is in a health professional shortage area for dental health, mental health and primary care. They are proposing to be certified for medical services,

primary care, and other medical specialties. The members of WellMD NY LLC are in the exhibit. The physician member will serve as the Medical Director. They are projecting 60% Medicaid, 2% charity care for both years one and three. The department is recommending approval with conditions and contingencies.

Mr. Robinson Anything from the committee on this one?

Mr. Robinson Applicant questions only.

Mr. Robinson Thank you.

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

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson Application 241028B, 1771 Utica LLC doing business as Care Plus Health Center in Kings County to establish and construct a new diagnostic and treatment center at 1771 Utica Avenue in Brooklyn. Department recommending approval with conditions and contingencies.

Mr. Robinson Dr. Torres.

Mr. Robinson Dr. Kalkut.

Mr. Robinson M. Glock.

Ms. Glock 1771 Utica LLC, which will do business as Care Plus Health Center is seeking approval to establish and construct a diagnostic and treatment center to be in leased space on Utica Avenue in Brooklyn, Kings County. The center is proposing to provide both primary care and to be certified for primary care, as well as other medical specialties. The proposed operators, two of them each have 50% are in the exhibit as well as the Medical Director. They are proposing a transfer and affiliation agreement with Maimonides. We just want to note that we have received several letters of support from local religious affiliations and churches on this project. The department is recommending approval with conditions and contingencies.

Mr. Robinson Thank you.

Mr. Robinson Anything from the committee or council members on this one?

Mr. Robinson Applicant questions only.

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

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions.

Mr. Robinson That motion carries.

Mr. Robinson Thank you.

Mr. Robinson We are now turning to residential health care facilities. Ms. Glock, you're off the hook.

All (Laughing)

Mr. Robinson Mr. Furnish, you are now on it.

Mr. Robinson 211100 02E, Rockville Holdings Operating LLC doing business is Rockville Skilled Nursing and Rehabilitation Center in Nassau County. This is to establish Rockville Holdings Operating LLC doing business as Rockville Skilled Nursing and Rehabilitation Center as the new operator of Rockville Skilled Nursing and Rehabilitation Center, a sixty-six bed RHC located at 50 Main Street in Rockville Centre. Department recommending approval with a condition and contingencies.

Mr. Robinson Motion by Dr. Torres.

Mr. Robinson Second by Dr. Berliner.

Mr. Robinson Mr. Furnish.

Mr. Furnish Good morning. It's Mark Furnish with the department. This is Rockville Holdings Operating LLC. This facility has previously stated as an existing sixty-six skilled nursing facility or nursing home in Nassau County. It's looking to remove the current ownership structure, which right now consists of Teddy Lichtenstein, Ben Landa and Mitchell Teller, and replaces with two new members, each with a 50% partnership share of Akiva Rudner and Steven Sax. There'll be no changes to beds or services. In terms of need as of 4/17/2023 occupancy was 92.4% and for Nassau County it is 89.8% average. It's on par with the occupancy rates of other nursing homes in Nassau County. Mr. Rudner and Mr. Sax meet character and competence. The fiscal analysis no project cost is associated with this application. The purchase price for the assets is the assumption of the facility's account receivables and accounts payable at the time of closing. The long-term care Ombudsman reviewed and had no objections to this application. As such, the department recommends approval with contingencies.

Mr. Robinson Mr. Holt?

Mr. Holt Mark, question. The new ownership group, will there be any relationship to the current ownership or is this completely new?

Mr. Furnish Completely new.

Mr. Holt Thank you.

Mr. Robinson Ms. Monroe.

Ms. Monroe I just want to make sure I understand this because we've looked at this so often. Akiva Rudner is... She's going to be an owner. She has the following health facility interests. She holds an interest in all of those facilities that are listed on Page 7 and 6? Will she be the CEO of this or not just but an owner?

Mr. Furnish Well, for our purposes, she'll be an owner/operator. Her name would be on the operating certificate.

Ms. Monroe Does that assume that she's the executive for this facility?

Mr. Furnish We can ask the applicants to come up to talk about their structure of how they want to run the facility. This is for our operator purposes what we're talking about today.

Ms. Monroe It just seems that she holds a lot of ownership. She or he a lot of ownership in a lot of places. I'm wondering about where she's spending her time if it's going to be with this facility. Maybe the applicant can answer that.

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

Mr. Black Good morning. Andrew Black, consultant to the applicant. To my left is Steven Sax, one of the members and to my right is Akiva Rudner. The other members 50/50 split. In retrospect, I think Ms. Monroe, your question is the executive. I just want to clarify, remember the facility or the residency still has a licensed nursing home administrator as well whose an integral part of the day-to-day operations. Mr. Sax and Mr. Rudner will be also involved in the day-to-day operations, overseeing the day-to-day operations. They're ultimately responsible for the ongoings of Rockville subject facility. Yes, they do have an ownership in many other nursing facilities, as we've disclosed. They are responsible as well for them.

Ms. Monroe It just struck me that they're spread pretty thin if they're going to be involved in the operation of this facility. I wondered what kind of management they've put in place, who will be obviously to me, anyway, the day-to-day accountable people for this facility. Could they speak to that?

Mr. Rudner Good morning. Thank you very much. I'm Akiva. We have a lot of resources in terms of how to ensure resources to the facility and to ensure that the facilities are always meeting the highest quality of standards. Care Right Centers is a group with these facilities that you mentioned that has administrative services agreements to ensure that the facilities are always meeting the highest quality of standards. There's a tremendous team of various experts in nursing in obviously, social work, dietary maintenance, recreation that help guides the managing owners and all the owners of all the respective facilities to always deliver the highest levels of care and always ensure that the facilities are moving

forward in a positive way, giving excellence every single day to the staff. Of course, most importantly to the residents.

Ms. Monroe Did you say there's a management services agreement?

Mr. Rudner Administrative services agreement.

Ms. Monroe Administrative services agreement, is that different?

Mr. Rudner I'm not sure.

Mr. Black I would actually ask the department as well. I don't believe that skilled nursing facilities are allowed to have management agreements. They've entered into and it's been disclosed they will be entering into an administrative services agreement with providers to provide administrative services. At the end of the day, the ultimate responsibility still rests with the operators.

Ms. Monroe You will have an administrative services agreement with another entity to do the day-to-day management of the facility. Am I understanding that correctly?

Mr. Black It's to provide suggestions and guidance, but they will be providing the day-to-day management along with the administrator of the facility.

Ms. Monroe You will hire an administrator not do that through an administrative services agreement?

Mr. Black A direct employee of the skilled nursing facility.

Ms. Monroe Thank you.

Mr. Kraut Could you just tell me, do you have any relationship familial, you know, uncle, cousin, nephew, niece whatever third degree with the existing ownership group?

Mr. Black No.

Mr. Kraut Thanks.

Mr. Robinson Other questions of the applicant?

Mr. Robinson Thank you very much.

Mr. Robinson Any other questions for Mr. Furnish in the department?

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

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

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson Thank you.

Mr. Robinson Application 232078E, Brooklyn Queens Nursing Home in Kings County, transferring 50% ownership interest from one existing shareholder to one new shareholder. Department is recommending approval with a condition.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Torres.

Mr. Robinson Mr. Furnish.

Mr. Furnish This is Mark Furnish again from the department. Brooklyn Queens Nursing Home. The facility is an existing 140 bed skilled nursing facility, a nursing home in Kings County. Currently, there's 100% owner Leopold Berkowitz. He wants to transfer 50% of the facility to Yaakov Klein. Mr. Berkowitz will own 50% and Mr. Klein will own 50%. The purchase price is for \$2.135 million. There'll be no changes in beds or services. In terms of need prong that's not necessary based on that the operators already established. They meet character and competence. The long-term care ordered has reviewed and has no objections to this application. As such, the department recommends approval with contingencies.

Mr. Robinson Questions?

Ms. Monroe I just have a question about what's in our paperwork because there's a series of questions about recruitment, transportation, things like that that we see in this application that I haven't seen and others. I'm just wondering if that's a new way we're going to be looking at these or why this applicant would have so much extra material request.

Mr. Robinson Mr. Furnish.

Mr. Kraut I think we requested it in these applications.

Ms. Monroe Did we?

Mr. Kraut Because we were concerned about approving new LHCSAs and one stealing from the other.

Mr. Furnish I'm wondering what page you're referring to.

Ms. Monroe Under program analysis, this Priority Cares Home Services, right?

Mr. Furnish No, this is Brooklyn.

Ms. Monroe I apologize.

Mr. Kraut I thought you were talking about Priority.

Ms. Monroe I apologize.

Mr. Robinson Back to the application at hand.

Ms. Monroe Never mind.

Mr. Robinson It's a good question. We need it, but just not at this....

Mr. Robinson Questions for the department on this one?

Mr. Robinson I don't believe the applicant is here, but I will offer the opportunity for anybody from the public who wishes to speak on this application.

Dr. Soffel I'm sorry. I want to follow up on Ms. Monroe's question about the last applicant. I see that the proposed new owner currently has ownership in two other facilities and pending ownership in four additional. I share Ann's concern that that how wide is someone's bandwidth? If this gentleman currently is involved with two facilities and potentially could be involved with five more in the very near future that raises some questions in my mind about capacity to take on that much new business and new activity in a short period of time.

Mr. Robinson I'll give you a chance to answer that, Mr. Furnish.

Mr. Furnish Are you referring to the one we just did or the one before?

Dr. Soffel This one.

Mr. Furnish The Brooklyn Queens.

Mr. Furnish Who are you referring to?

Dr. Soffel Yaakov.

Mr. Furnish That was Rockville. That was two.

Dr. Soffel No, no, no, this is the one, Yaakov Klein.

Mr. Robinson Where is his multiple?

Mr. Robinson I see.

Dr. Soffel I'm looking at Page 3 of the application. It says he's got ownership in Bensonhurst, Fairview and pending in Mayfair, Central Queens, Fulton and Bridgeview.

Mr. Furnish Now, remember, at the retreat, we went over character and competence. There's a CMS litmus test, which is what it says is if you own X amount of facilities for forty-eight months or more with two-star facilities or less you're automatically banned. Other than that, it's a judgment when you don't have that which we don't have in this situation. It's a judgment call based on character and competence.

Mr. Robinson I think the question is a little bit different.

Mr. Robinson I don't think anybody's here from that application.

Mr. Robinson I think the question here is one of bandwidth. I don't put words in your mouth. The question really is can an individual essentially effectively own and operate a chain of nursing homes versus a small number where their bandwidth is capable of paying attention to those operations?

Mr. Furnish Again, we have to look at the statute and the regulations, which talks about the CMS litmus test and character and competence. When you're talking about bandwidth, what does that mean? I mean, we have to look at the statutes and regulations.

Mr. Kraut This should be directed, number one to the applicant because it's a valid issue of how you manage your assets. Let's just step back a second and remind us. We did talk a little about this about the organizational structures that have to occur in New York as a consequence of our statutes and regulations, where we require individual ownership of nursing homes, unlike other states which allow corporate models of ownership. What you're actually seeing is individuals who have... I mean, and the one before was a more dramatic example, I think, Denise, of what you were just referring to is they own multiple entities, but they don't necessarily do day to day management. They hire an administrator who oversees and has accountability. I suspect it's a good question is how do you monitor the quality? You are the board of that home. You have to assure yourself of the quality and those things. The models that we've seen in New York State is it's now the exception we see an owner that only owns one. They own multiple because they try to get economies of scale and putting them together. They each probably have different business models how they are assuring themselves of the quality and how they monitor operations. That's why I'd rather have an applicant answer that. Because I think you've seen one you've seen one.

Mr. Kraut Is the applicant here?

Mr. Robinson The applicant is not here. There's nobody signed up.

Mr. Robinson Let me just suggest then if that is the case. Mr. Furnish, what we would like to do, I think because I do believe we want to speak to the applicant and their representative is if we're going to potentially have a special ERPC before the full council let's move this application to that date and give the applicant a chance to show up in person.

Ms. Ngwashi If you'd like to defer it, I would prefer for you to defer it until the next EPRC cycle.

Mr. Robinson Fine. We can do it that way.

Mr. Kraut I'm getting nervous about ruining the day for us.

Mr. Robinson Got it.

Mr. Robinson Dr. Berliner and Dr. Torres, can I ask you to withdraw your motion and your second?

Mr. Robinson Thank you.

Mr. Robinson I'm going to accept a motion to defer this application by Dr. Berliner and Dr. Torres.

Mr. Robinson Thank you.

Mr. Robinson This is a motion to defer this application. Obviously, our purpose is so that we can actually look into the applicant's eyes.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson That motion carries.

Mr. Robinson The application is deferred now.

Mr. Kraut I just want to remind the applicants. It's not just today's applicants. We expect you to be in this room when we have a discussion, or we will defer the application. I think it's a good business practice. I think it's a courtesy to the people who are spending time to review and approve it to be able to ask their questions. We may have behaved differently in the past, but I think going forward that if you can't be in the room on this just ask to defer it to a day that you can be in the room. We understand, but then it gets deferred to the next cycle, not to a special meeting where we'll take care of that.

Mr. Furnish Fair enough.

Mr. Kraut Okay.

Mr. Robinson Thank you, everyone.

Mr. Robinson Moving on to home care service agency licensure. These are new home care services now. 222202E, Priority Care Home Services LLC. There's a list of the geographic service areas in your a material. This is to establish a new licensed home care agent services agency at 2910 Thompson Avenue C-7 60 Studio 15 in Long Island City. Department recommends approval with a condition and a contingency.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Kalkut.

Mr. Robinson Mr. Furnish.

Mr. Furnish I just want to remind everyone that we are entering Article 36 land. Take out your Article 36 passports. It's now 23°C, no longer 73°F as it was an Article 28 land.

All (Laughing)

Mr. Furnish I've tried to explain in the past that everything's the same but a little different in Article 36. I've spent the past several PHHPC cycles talking first about the new changes and then the past few about the affidavit of no controls that we've talked about. We've gotten our self-handled on that. Now, it's rebuttable presumptions. Ms. Monroe, you, talked about why that particular, this particular application has all that information, and I'll get into that in a second. This has to do with need, rebuttable presumptions. There's two of them that have rebuttable presumptions on the agenda today. This is one of them. What it says is for the new need methodologies for LHCSAs says that there are counties listed with presumed need, counties with presumed no need. If you're a county with no need. You can think of the bigger counties like your Erie's, your Monroe's, your Nassau, Suffolk, New York City area, Rockville, all of those are counties with no need. The only way you can get in is if you have a rebuttable presumption, a personal rebuttable presumption. What do we look for in a rebuttable presumption? That's a good question and I have the answer. They have to make an argument based on the demographics of the health status of the residents in the landing area, or documented evidence of the unduplicated number of patients on waiting lists who want admission to a LHCSAs but can't. The number and capacity of currently operated licensed home care service agencies or LHCSAs. The quality of services provided by existing agencies. The availability and the accessibility of workforce, personnel and resources dedicated to adding and training additional members, cultural competencies of existing agencies and subpopulations requiring specialty services. If they can come into the department and make a compelling enough case and their rebuttable presumption we will allow them to come to you for your vote to see if they can make it or not. That's why you have all that material in your exhibit about transportation, sub populations, things like that. What Priority Care Home Services wants to do is they want to get an Article 36 for the following counties: Monroe, which is a county with no need currently. Livingston, Ontario, Genesee and Chemung all with need with presume need. Our regulations say that if you're looking for multiple counties and one county is on the no need list you're going to have to have a rebuttable presumption for each county on the no need list. That's what they have here. Therefore, in order to be eligible to serve Monroe County this applicant applied for the rebuttable presumption of need, which I just went over. The applicant claims it will appeal to cultural differences and health equity of various racial and ethnic groups. Monroe County Department of Human Services is awarded two contracts to Priority Care to provide personal care aid, PCA and Consumer Directed Assistance program CPAP services. The department is determined that they meet the criteria. They listed waiting times of currently operated LHCSAs in the county and whatnot as well for Monroe County. Based on that, we recommend rebuttable presumption. The financial need is met because they have a certified public accountant that verified, which is required in our rules and statute. Character and competence are met. The workforce plan is in the exhibit as requested by the Public Health and Health Planning Council. With that, we recommend approval.

Mr. Robinson Did Mr. Furnish answer your questions, Ms. Monroe from before?

Mr. Robinson Other questions from the committee or the council or council members?

Mr. Robinson Dr. Torres.

Dr. Torres Just to comment. Early this morning, I attended a meeting with AARP prior to coming here. There were experts on the subject matter of home care leaders that have been around for a long time. They expressed concern regarding this staff shortage, a major gap that's expected to be faced by the industry in yet two years astronomical in

terms of even home health aides and nursing and so forth. When I look at this and I look at the application, I look at the competing employers. There are eight within the mix. When is enough enough? How would that impact the other players covering the other regions? That's just where I'm at based on this most recent info that I secured this morning.

Mr. Robinson Thanks for that comment.

Mr. Robinson Ms. Monroe.

Ms. Monroe In addition to that, I don't see and hear where they expect their patient load to come from.

Mr. Robinson Can we have the applicant come forward?

Mr. Robinson Can you please introduce yourself?

Mr. Petras Yes.

Mr. Petras My name is Sevy Petras, CEO of Priority Cares Home Services.

Mr. Robinson Thank you.

Ms. Monroe You have four counties that don't need an exception or a rebuttal and one that does. Where do you think your clients are going to be coming from?

Mr. Petras Great question. Like we mentioned before, we have a tentative contract with Monroe County. They're going to be mainly coming from the county itself.

Ms. Monroe From Monroe?

Mr. Petras Yes, correct.

Ms. Monroe How do you plan to serve those outlying counties?

Mr. Petras Great question. We'll work with the different local communities to try to ensure we can give them the information about the services we're going to be providing. We have staff that's going to be able to ensure that when the services are going to be provided that they're going to meet the needs of the areas as well.

Mr. Robinson Other questions for the applicant?

Mr. Robinson Dr. Torres.

Dr. Torres Just trying to understand even maybe the department can elaborate on this in terms of the volume. How are the other players existing? Is there enough business? I don't know those areas.

Mr. Furnish I don't understand. You're asking about workforce?

Dr. Torres Demand.

Mr. Furnish According to their statistics there are waiting lists in Monroe County for services. This would help ease that. That's why we went on this particular instance. We found that argument compelling based on these facts and statistics that they brought up on that. The rebuttable presumption, we'd look on a case-by-case basis. In counties where we normally find that there is no need it's five or more LHCSAs in a county serving twenty-five or more patients is the cutoff point where we don't think there's enough need unless they can come back with a rebuttable presumption, which they did in this instance.

Mr. Furnish Does that makes sense?

Mr. Robinson Does that answer your question Dr. Torres?

Mr. Robinson Thank you.

Mr. Robinson Any other questions for the applicant?

Mr. Robinson Thank you very much.

Mr. Robinson You can head back to the seats.

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

Mr. Robinson Call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries

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Mr. Robinson I don't see anybody signed in for the next few applications.

Mr. Robinson Are there people that are here for them?

Mr. Kraut There are.

Mr. Robinson There are people.

Mr. Kraut You just call.

Mr. Robinson That sounds fine.

Mr. Robinson I think we do need to get you to sign in if you haven't. Sign in afterwards.

Mr. Robinson I'm going to call Application 231058E, Excel Home Care, Inc. Again, look to the material for the geographic service areas noted. Establish Excel Home Care Inc as the new operator of a licensed home care services agency currently operated by Companions Plus Inc at 55 Post Avenue Suite 205 Westbury. Department recommends approval with a condition.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Torres.

Mr. Robinson Mr. Furnish.

Mr. Furnish Yes, in this particular instance it's a county again with no need. However, because they are buying or purchasing an existing LHCSA that has twenty-five or more patients. We've seen this in the past each cycle. It waives the need methodology. Based on that, the fact that the financial has been certified by certified public accountant is required in the regulations. They meet character and competence and their workforce analysis that was requested by PHHPC. We recommend approval.

Mr. Robinson Thank you.

Mr. Robinson Questions on Excel?

Mr. Robinson Mr. Kraut.

Mr. Kraut Is the applicant here, particularly Joy Gardner?

Ms. Hall Hello. Lakisha Hall and Joy Gardner.

Mr. Kraut Hi.

Ms. Hall Hi.

Mr. Kraut My questions for Ms. Gardner. Ms. Gardner, you're disclosed that you are a nurse employed at Long Island Community Hospital. Are you still employed by them?

Ms. Gardner I'm on the per diem now.

Mr. Kraut If you're per diem, then I don't have the question.

Ms. Gardner Thank you.

Mr. Kraut The only reason if you were a full-time employee and you were owning this agency there's a compliance issue, but fine.

Ms. Gardner Thank you.

Mr. Kraut Thank you for clarifying that.

Mr. Robinson Okay.

Mr. Kraut Because we'll get in trouble.

Mr. Robinson Other questions either for the department or the applicant on this application?

Mr. Robinson We thank you for coming up. Please, before you leave, sign in for us.

Mr. Kraut You may have signed in there, but the paperwork we have. You'll come up after the meeting. It'll be over shortly. He said naively.

All (Laughing)

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

Mr. Robinson Call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson That motion carries.

Mr. Robinson Thank you.

Mr. Robinson We are going to Application 222280E, Caregiver Pro Home Care Inc. Again, the material identifies the geographic service area. This is to transfer 90.1% ownership interest from one withdrawing shareholder to the remaining shareholders. The department recommends approval with a condition and a contingency.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Torres.

Mr. Robinson Mr. Furnish.

Mr. Furnish Yes.

Mr. Furnish Again, this deals with an establishment of existing LHCSA in a county with no need twenty-five or more patients currently being served. That meets need. It meets the certification of a certified public accountant. Character and competence are sufficient. The workforce summary is attached. As such, the department can recommend approval.

Mr. Robinson Thank you.

Mr. Robinson Questions for the department?

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

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Application 222209E, Galaxy Home Care Inc. Again, check the exhibits for the geographic service area. Transferring 30.2% from one shareholder to two existing shareholders. Department recommends approval with a condition.

Mr. Robinson Motion by Dr. Torres.

Mr. Robinson Second by Dr. Berliner.

Mr. Robinson Mr. Furnish.

Mr. Furnish Again, this meets the need based on the twenty-five or more patients currently being served by the existing operator. Financially, it meets it based on the certification by the CPA. Character and competencies met. Workforce is articulated in the exhibit as required by PHHPC. As such, the department can recommend approval.

Mr. Robinson Questions?

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

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Motion carries.

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Application 222110E, Pentec Infusions of New York LLC. Again, see the exhibit for the geographic service areas. This is transferring 100% ownership interest at the great grandparent level. Must be very old. The department is recommending approval.

Mr. Robinson Motion by Dr. Torres.

Mr. Robinson Second by Dr. Berliner.

Mr. Robinson Mr. Furnish.

Mr. Furnish Yes.

Mr. Furnish This is the second rebuttable presumption. The first one I did was a rebuttable presumption. This is the second one. The reason why this one was compelling to us is it deals with infusion services or pumps that are for implanted drug delivery systems and treatment of various severe pain, secondary and other conditions from origins that rely on implanted drug delivery systems for their treatment. As such, we believe that this met demand in the county of Nassau. As such, based on the other criteria I've articulated we recommend approval.

Mr. Robinson Thank you.

Mr. Robinson Questions?

Dr. Torres I just want to make sure legal. There was a lot of legal activity in this application. I guess it's been resolved.

Mr. Robinson Mr. Furnish.

Mr. Furnish Yes, it has been. What we do when we look at these is we check to see if it's outstanding still. If it's outstanding, we do not move forward with it. When we get into these complex corporate structures that have grandparents and great, great, great parents, things like that, you see a lot of more litigation and things like that just due to the nature and size of the facility. We do a character and competence check on the people that don't sign the affidavit have no control. The people that are on the hook for this we do a thorough character and competence search to make sure that they're not involved in any of these or if it has it's been resolved correctly. Everyone else that has no control we make sure they sign the affidavit to make sure of that. That's what we do for character and competence in this instance.

Dr. Kalkut I had a question for the applicant.

Dr. Kalkut A very small group that it could come from.

All (Laughing)

Ms. Scannapieco Just me.

Dr. Kalkut Gary Kalkut from the council. I just want to ask is the infusions all involve implanted pumps?

Ms. Scannapieco Yes.

Dr. Kalkut There's not intravenous or...

Ms. Scannapieco Nope.

Dr. Kalkut Can you identify yourself?

Ms. Scannapieco I'm sorry. Lisa Scannapieco, VP of Corporate and Regulatory Compliance for Protec Health Infusions.

Dr. Kalkut They're self-operating?

Ms. Scannapieco The pumps are programmable. The physician states the rate in which he would like the pump to run. The nurse comes in each month, refills each refill interval, refills the medication according to the physician order. Sometimes they have a PTM device for additional dosing, but it is a continuous flow that the patient...it's already programmed. The patient can't adjust.

Dr. Kalkut Refilling the reservoir and making sure that it is functioning properly.

Ms. Scannapieco And that the patient's pain is being controlled or spasticity is being controlled.

Dr. Kalkut Pain medication is the predominant treatment.

Ms. Scannapieco Correct.

Dr. Kalkut And it's delivered in some cases intrathecally?

Ms. Scannapieco Yes, sometimes intrathecally.

Dr. Kalkut I wasn't aware of this kind of...

Ms. Scannapieco It is. It's a very niche market, which is why the need is there because there are very few nursing agencies that can do this. Our nurses go through a full year internship before they're allowed to refill patients on their own. They are monitored and have attendings and everything so that we are sure that the medication is safely administered to the patient.

Dr. Kalkut Well, thank you.

Mr. Robinson Other questions for the applicant?

Mr. Robinson Thank you for coming forward.

Mr. Robinson We would like to have you sign in.

Ms. Scannapieco I did.

All (Laughing)

Mr. Robinson Did you sign in on the right page?

Ms. Scannapieco I don't know.

All (Laughing)

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

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson Thank you very much.

Mr. Robinson We're now calling application 231012E, Long Life Home Care Inc. Again, check the exhibit for the geographic service area. Transferring 80.2% ownership interest from one current shareholder to the two remaining shareholders. Department is recommending approval of the conditions.

Mr. Robinson Motion by Dr. Torres.

Mr. Robinson Second by Dr. Kalkut.

Mr. Robinson Mr. Furnish.

Mr. Furnish Thank you.

Mr. Furnish Again, need is met because of the existing operator that's in place and is shifting around their ownership has twenty-five or more patients financially. It meets the CPA certification. Character and competence are sufficient. Their workforce is in the exhibit. With that, we recommend approval.

Mr. Robinson Thank you.

Mr. Robinson Questions for the department?

Mr. Robinson Any questions at all on the application?

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

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Thank you.

Mr. Robinson 231034E, Golden Age Home Care Inc. Again, the exhibits are there for the geographic service area established. Golden Age Home Care Inc is the new operator of a licensed home care services agency currently operated by Marion Howe doing business is Golden Age Home Care at 71-2435th Avenue in Jackson Heights. The department is recommending approval with a condition.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Torres.

Mr. Robinson Mr. Furnish.

Mr. Robinson Again, this application meets the need based on the fact that there's an existing LHCSA that serves twenty-five or more patients. The character of competence is met. Financially, they are certified by CPA. Meets our financial. The workforce summaries in place. Therefore, the department recommends approval.

Mr. Robinson Questions?

Mr. Robinson Anybody from the public on this application?

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson Application 231097E, Key to Life Home Care Inc. Again, the exhibits are available for the geographic service area in this case transferring 90.10% ownership from two withdrawing shareholders to one existing shareholder. Department recommending approval with a condition.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Torres.

Mr. Robinson Mr. Furnish.

Mr. Furnish Finally, not to sound like a broken record, but this again meets public need because they serve over twenty-five or more patients. It meets the financial based on the CPA certification as required by regulations. Character and competence are sufficient. The workforce is in the exhibit. Therefore, the department recommends approval.

Mr. Robinson Thank you.

Mr. Robinson Questions?

Mr. Robinson Anybody from the public wishing to speak?

Mr. Robinson Questions only.

Mr. Robinson Call the question.

Mr. Robinson All in favor?

Mr. Robinson Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Ms. Monroe I just have a question for the department in cases where there is a rebuttal. We had two today, I think.

Mr. Kraut Yep.

Ms. Monroe Does every request for a rebuttal come to the council or do you have some that you have turned down and we only get those that you're recommending?

Mr. Furnish As of right now, you're only getting the ones we are recommending. We have several in queue that we're reviewing as we speak. You'll only get them if we're recommending.

Ms. Monroe It would be useful just to know how many you turned down. Because it's hard to know if we're just seeing one or two that come in or if there's a flood of requests. In the future, if we could know that, that would help.

Mr. Furnish I'll give you that number in the queue how many there are next cycle.

Ms. Monroe Yeah.

Mr. Furnish Thank you.

Mr. Robinson A question here on the certificates. This Bridge Regional Health System is that connected with the application that we deferred?

Mr. Furnish No, I do not believe so.

Mr. Robinson It's separate. I just wanted to be clear just by virtue of the name.

Mr. Robinson We're moving to certificates. This is a certificate of dissolution for Bridge Regional Health System Inc. Department recommends approval.

Mr. Robinson Motion by Dr. Torres.

Mr. Robinson Second by Dr. Berliner.

Mr. Robinson Questions for the department?

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Also a certificate of dissolution for Moses Ludington Nursing Home Company Inc. Department recommends approval.

Mr. Robinson Motion by Dr. Torres.

Mr. Robinson Second by Dr. Berliner.

Mr. Robinson Any questions for the department?

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson The motion carries.

Mr. Robinson This is a restated certificate of incorporation for First Chinese Presbyterian Community Affairs Home Attendant Corp. They are requesting to amend its corporate purpose. Department is recommending approval.

Mr. Robinson Motion by Dr. Berliner.

Mr. Robinson Second by Dr. Torres.

Mr. Robinson Questions?

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson Finally, a Certificate of Amendment of the Certificate of Incorporation for Seniors First Foundation Inc. This is requesting to expand its corporate purpose. Department is recommending approval.

Mr. Robinson Motion, please.

Mr. Robinson Dr. Torres.

Mr. Robinson Second by Dr. Berliner.

Mr. Robinson Questions from the committee or the council?

Mr. Robinson Hearing none, call the question.

Mr. Robinson All in favor?

All Aye.

Mr. Robinson Any opposed?

Mr. Robinson Any abstentions?

Mr. Robinson Motion carries.

Mr. Robinson This concludes the agenda for the Establish and Project Review Committee.

Mr. Robinson I will turn it over to Mr. Kraut to announce what happens next.

Mr. Kraut The next meeting of the Public Health and Health Planning Council is going to be on Thursday, June 20th in New York City at 90 Church. We're going to begin at 9:30am with the Committee on Codes, Regulations and Legislation. It is likely that we are going to have a special, very narrow agenda of Establishment and Project Review that will follow the Codes Committee and following the Establishment and Project Review Committee we'll convene the full council meeting. That will be a fun filled and fun packed day.

Mr. Robinson Just to comment, I'm reinforcing what Mr. Kraut said earlier. Whether that's the applications that you, Mr. Furnish or you Ms. Glock are shepherding. Sorry, Dan.

All (Laughing)

Mr. Robinson Couldn't help myself.

Mr. Robinson We do want the applicants here. You should even other than for the certificates and dissolutions and things like that. They should be aware that if they don't show up there is a high degree of likelihood that that application will be deferred. Just passing that on.

Ms. Monroe Each of us, I believe, got a wonderful letter from Dr. Strange about the fact that he's leaving our committee, I believe. I just wanted to go on record and say that we're sorry to see him go from the committee, but that we understand time moves on, and we welcome new members to the committee.

Mr. Kraut We're going to have a presentation about both Dr. Strange and I believe Dr. Bennett as well is going to be leaving is cycling out of the council.

Mr. Kraut Motion to adjourn.

Mr. Robinson Motion to adjourn.

Mr. Robinson I see it.

Mr. Robinson You're all adjourned.

Mr. Robinson Thank you, everybody.