

STATE OF NEW YORK
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

AGENDA

June 20, 2024

*Immediately following the Committee on Codes, Regulations, and Legislation Meeting and the
Special Establishment and Project Review Committee Meeting
(Codes scheduled to begin at 9:30 a.m.)*

90 Church Street, 4th Floor, Conference Rooms 4 A/B, NYC, 10007

I. INTRODUCTION OF OBSERVERS

Jeffrey Kraut, Chair

II. 2023 PHHPC ANNUAL REPORT

For Informational Purposes

III. REPORT OF DEPARTMENT OF HEALTH ACTIVITIES

A. Report of the Department of Health

James V. McDonald, M.D., M.P.H., Commissioner of Health

B. Report of the Office of Primary Care and Health Systems Management

Douglas G. Fish, M.D., Acting Deputy Commissioner, Office of Primary Care and Health Systems Management

C. Report of the Office of Health Equity and Human Rights

Tina Kim, MSPH, Acting Deputy Commissioner, Office of Health Equity and Human Rights

IV. PUBLIC HEALTH SERVICES

Report on the Activities of the Public Health Committee

Jo Ivey Boufford, M.D., Chair of Public Health Committee

V. HEALTH POLICY

Report on the Activities of the Health Planning Committee

John Ruge, M.D., Chair of Health Planning Committee

VI. REGULATION

Report of the Committee on Codes, Regulations and Legislation

Thomas Holt, Chair of the Committee on Codes, Regulations and Legislation

For Adoption

23-21 Amendment of Part 300 of Title 10 NYCRR (Statewide Health Information Network for New York (SHIN-NY))

For Information

24-03 Amendment of Part 12 of Title 10 NYCRR and Section 505.2(e) of Title 18 NYCRR (Reproductive Health Care Standards)

24-02 Amendment of Section 2.6 of Title 10 NYCRR (Disease Outbreak Investigation and Response Clarifications)

23-24 Addition of Subpart 98-5 to Title 10 NYCRR (Program for All-Inclusive Care for the Elderly (PACE) Licensure)

VII. PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS

A. Report of the Committee on Establishment and Project Review

Peter Robinson, Chair of Establishment and Project Review Committee

APPLICATIONS FOR CONSTRUCTION OF HEALTH CARE FACILITIES

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

CON Applications

Acute Care Services – Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	241112 C	BronxCare Hospital Center (Bronx County)	Contingent Approval
2.	241115 C	Montefiore Medical Center - Henry & Lucy Moses Div (Bronx County)	Contingent Approval

CATEGORY 2: Applications Recommended for Approval with the Following:

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

CON Application

Acute Care Services – Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	231324 C	Northern Westchester Hospital (Westchester County) Mr. Kraut - Recusal	Contingent Approval

- | | | | |
|----|----------|--|---------------------|
| 2. | 231339 C | Long Island Jewish Medical Center
(Queens County)
Mr. Kraut – Recusal
Dr. Lim- Interest | Contingent Approval |
|----|----------|--|---------------------|

CATEGORY 3: Applications Recommended for Approval with the Following:

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

NO APPLICATIONS

CATEGORY 4: Applications Recommended for Approval with the Following:

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

NO APPLICATIONS

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

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion

NO APPLICATIONS

APPLICATIONS FOR ESTABLISHMENT AND CONSTRUCTION OF HEALTH CARE FACILITIES

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

CON Applications

Acute Care Services - Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	231286 B	Carthage Area Hospital Inc. (St. Lawrence County)	Contingent Approval

Ambulatory Surgery Centers - Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	232204 E	St. Peter's Ambulatory Surgery Center, LLC d/b/a St. Peter's Surgery and Endoscopy Center (Albany County)	Contingent Approval
2.	232243 E	Advanced Surgery Center (Rockland County)	Contingent Approval
3.	241100 B	Holistic Birth Center New York (Kings County)	Contingent Approval
4.	241153 E	Digestive Disease Center of Central New York, LLC (Onondaga County)	Contingent Approval

Diagnostic and Treatment Centers – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	241024 B	WellMed NY LLC d/b/a WellMed (Kings County)	Contingent Approval
2.	241028 B	1771 Utica, LLC d/b/a/ Care Plus Health Center (Kings County)	Contingent Approval

Home Care Service Agency Licensures

New Licensed Home Care Services Agencies

1.	222202 E	Priority Cares Home Services, LLC (Please see exhibit for list of Geographical Service Area)	Contingent Approval
2.	231058 E	Excel Homecare Inc. (Please see exhibit for list of Geographical Service Area)	Approval

Changes of Ownership

1.	222208 E	Caregiver Pro Homecare, Inc (Please see exhibit for list of Geographical Service Area)	Contingent Approval
2.	222209 E	Galaxy Home Care Inc. (Please see exhibit for list of Geographical Service Area)	Approval
3.	222110 E	Pentec Infusions Of New York, LLC (Please see exhibit for list of Geographical Service Area)	Approval
4.	231012 E	Long Life Home Care Inc	Approval

		(Please see exhibit for list of Geographical Service Area)	
5.	231034 E	Golden Age Home Care Inc. (Please see exhibit for list of Geographical Service Area)	Approval
6.	231097 E	Key to Life Homecare, Inc. (Please see exhibit for list of Geographical Service Area)	Approval

Certificates

Certificate of Dissolution

Applicant

Bridge Regional Health System, Inc.

Moses-Ludington Nursing Home Company, Inc.

E.P.R.C. Recommendation

Approval

Approval

Restated Certificate of Incorporation

Applicant

First Chinese Presbyterian Community Affairs Home Attendant Corp.

E.P.R.C. Recommendation

Approval

Certificate of Amendment of the Certificate of Incorporation

Applicant

Seniors First Foundation, Inc.

E.P.R.C. Recommendation

Approval

CATEGORY 2: Applications Recommended for Approval with the Following:

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

CON Application

Ambulatory Surgery Centers – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	231328 B	HSS Long Island ASC, LLC t/b/k/a HSS Long Island Ambulatory Surgery Center, LLC (Nassau County) Dr. Lim – Interest Dr. Kalkut -Interest	Contingent Approval

CATEGORY 3: Applications Recommended for Approval with the Following:

- ❖ No PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or

- ❖ Contrary Recommendations by HSA

NO APPLICATIONS

CATEGORY 4: Applications Recommended for Approval with the Following:

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

NO APPLICATIONS

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

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion

Residential Health Care Facilities – Establish/Construct

<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1. 232025 E	Palmer Avenue SNF Operations LLC d/b/a Sarah Neuman Center for Rehabilitation and Nursing (Westchester County) **To be distributed under separate cover**	Application was presented at the June 20, 2024 Special Establishment and Project Review Committee Meeting

VIII. NEXT MEETINGS

August 22, 2024 (Albany)
September 12, 2024 (Albany)

IX. ADJOURNMENT

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

BronxCare Health System
Consolidated Balance Sheets
December 31, 2022 and 2021

	2022	2021
Assets		
Current Assets		
Cash and cash equivalents	\$ 186,971,719	\$ 324,760,154
Investments		
Certificates of deposit	20,728,586	135,924,446
U.S. Treasury securities	151,673,982	-
Other short-term investments	6,657	4,598
Patient accounts receivable	72,987,486	63,013,833
NYS Safety Net Directed Payment Template add-on receivable	83,534,990	-
Grants receivable	6,579,136	8,472,406
Other receivables	6,085,297	1,295,193
Insurance recovery receivable	6,175,000	-
Estimated amounts due from third-party payors	18,280,438	12,989,688
Due from related organizations	1,417,488	1,304,577
Assets limited as to use, current	577,324	598,537
Inventory of materials and supplies	5,732,359	6,505,844
Prepaid expenses, deposits, and other assets	5,410,106	4,784,514
Total current assets	566,160,568	559,653,790
Noncurrent Assets		
U.S. Treasury securities	179,199,966	-
Investment in health insurance organization	41,712,730	36,596,911
Investment in equity method investees	823,626	1,416,424
Assets limited as to use	2,945,699	2,639,163
Assets held for deferred compensation	14,334,986	17,692,334
Right-of-use assets - operating leases	25,557,762	-
Right-of-use assets - finance leases	2,178,760	-
Other assets	1,385,254	1,192,142
Property and equipment, net	170,592,776	175,464,307
Total noncurrent assets	438,731,559	235,001,281
Total assets	\$1,004,892,127	\$ 794,655,071

BronxCare Health System
Consolidated Balance Sheets (Continued)
December 31, 2022 and 2021

	2022	2021
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 71,553,567	\$ 69,033,022
Accrued salaries, wages, and related expenses payable	71,888,529	68,509,036
Deferred grant revenue	41,222,424	45,810,219
Pension liability, current portion	20,618,250	22,466,000
Postretirement (other than pension) benefit costs, current portion	222,000	197,000
Long-term debt, net of debt issuance costs, current portion	2,647,747	2,526,190
Current portion of operating lease liabilities	5,905,635	-
Current portion of finance lease liabilities	900,263	-
Self-insurance reserve	200,000	200,000
Estimated amounts due to third-party payors, current portion	77,439,002	69,038,861
NYS Safety Net Directed Payment Template advances	106,205,014	-
Professional claims liability	6,875,000	-
Other liabilities	6,883,603	35,321,397
	412,561,034	313,101,725
Long-Term Liabilities		
Pension liability, less current portion	43,150,113	94,312,630
Postretirement (other than pension) benefit costs, less current portion	2,993,081	3,692,244
Deferred compensation payable	14,338,236	17,692,334
Long-term debt, net of debt issuance costs, less current portion	40,929,132	41,514,471
Operating lease liabilities, less current portion	20,006,296	-
Finance lease liabilities, less current portion	1,292,538	-
Estimated amounts due to third-party payors	14,292,277	18,619,773
	137,001,673	175,831,452
Total liabilities	549,562,707	488,933,177
Net Assets		
Without donor restrictions	451,310,455	301,702,929
With donor restrictions	4,018,965	4,018,965
	455,329,420	305,721,894
Total liabilities and net assets	\$1,004,892,127	\$ 794,655,071

BronxCare Health System
Consolidated Statements of Operations
Years Ended December 31, 2022 and 2021

	2022	2021
Revenues and Other Support Without Donor Restrictions		
Patient service revenue	\$ 994,756,195	\$ 879,374,305
Grant revenue	25,663,411	104,239,020
Donated vaccines	1,837,671	1,749,629
Auxiliary and other services	14,438,706	8,841,227
Total revenues and other support without donor restrictions	1,036,695,983	994,204,181
Expenses		
Salaries and wages	433,536,780	434,386,623
Employee benefits	145,542,228	147,043,482
Supplies and other expenses	349,332,838	313,237,760
Leases and rentals	7,084,800	8,420,309
Interest	2,191,570	2,136,546
Depreciation and amortization	23,931,334	22,896,499
Total expenses	961,619,550	928,121,219
Operating Income	75,076,433	66,082,962
Other Income (Expense)		
Other expense	(111,011)	(44,647)
Contributions received	234,629	387,348
Investment return, net	7,394,124	2,308,591
Gain on investment in health insurance organization	11,395,853	11,157,820
Net gain on investment in equity method investees	70,854	667,451
Contribution of interest in Bronx Care Associates LP	2,940,635	-
Other components of net periodic pension and benefit costs	310,389	(6,305,816)
Total other income	22,235,473	8,170,747
Excess of Revenues Over Expenses	97,311,906	74,253,709
Change in unrealized gains on U.S. Treasury securities	352,617	-
Change in defined benefit pension plan gains and losses, prior service costs or credits, and transition assets or obligations	51,943,003	51,553,797
Increase in Net Assets Without Donor Restrictions	\$ 149,607,526	\$ 125,807,506

BronxCare Health System
Consolidated Statements of Changes in Net Assets
Years Ended December 31, 2022 and 2021

	2022	2021
Net Assets Without Donor Restrictions		
Excess of revenues over expenses	\$ 97,311,906	\$ 74,253,709
Change in unrealized gains on U.S. Treasury securities	352,617	-
Change in defined benefit pension plan gains and losses, prior service costs or credits, and transition assets or obligations	51,943,003	51,553,797
Increase in net assets without donor restrictions	149,607,526	125,807,506
Net Assets With Donor Restrictions		
Contributions received	-	-
Increase in net assets with donor restrictions	-	-
Change in Net Assets	149,607,526	125,807,506
Net Assets, Beginning of Year	305,721,894	179,914,388
Net Assets, End of Year	\$ 455,329,420	\$ 305,721,894

BRONXCARE HEALTH SYSTEM
CONSOLIDATED COMPARATIVE BALANCE SHEET - ALL FUNDS
\$ (000)

ASSETS	NOVEMBER 30, 2023	DECEMBER 31, 2022	LIABILITIES AND FUND BALANCES	NOVEMBER 30, 2023	DECEMBER 31, 2022
<u>Current Assets</u>			<u>Current Liabilities</u>		
Cash (includes restricted fund cash of \$14,441 in 2023 and \$14,335 in 2022)	\$ 202,125	\$ 171,232	Accounts payable	\$ 84,910	\$ 66,293
US Treasury bills - ST	163,417	151,674	Accrued salaries and expenses	53,335	54,547
Accounts receivable-inpatient (Net of allowance for doubtful accounts of \$24,924 in 2023 and \$11,922 in 2022)	55,711	53,579	Accrued vacations payable	34,702	33,787
Accounts receivable-outpatient (Net of allowance for doubtful accounts of \$7,055 in 2023 and \$ 7,230 in 2022)	9,923	9,218	Advance from Agencies	345	414
NYS - DPT Rate Receivable	84,265	83,535	Current portion of mortgages payable	2,019	2,019
Due on account of funded programs	8,258	6,018	Cr.portion of operating leases	5,243	5,243
Due from NYPHRM Pools	(17,950)	(3,112)	Cr.portion of finance leases	900	900
Investments	43,095	43,095	Other current liabilities	14,320	21,189
Miscellaneous receivable	19,677	12,217	Due to Special Care Center	378	126
Inventory of materials and supplies	4,331	5,601	Due to Martin Luther King Jr. Health Center	(1,410)	880
Deposits	3,050	2,897	Due to Highbridge Woodycrest	26,719	26,232
Prepaid expenses	4,779	2,291	Due to Housing Corporation	19,334	18,325
			Due to third party	<u>176,659</u>	<u>161,003</u>
			<u>Total Current Liabilities</u>	<u>417,454</u>	<u>390,958</u>
<u>Total Current Assets</u>	<u>580,681</u>	<u>538,545</u>	Due to third party - long term	14,431	14,414
			Pension exp Payable	46,150	46,150
<u>Other Assets</u>			Cares Act Stimulus Advance / HWB	40,683	44,246
Property, plant and equipment	127,397	139,021	LT.portion of operating leases	17,007	17,007
Construction work in progress	28,556	15,934	LT.portion of finance leases	1,293	1,293
			Housing refinancing - deferred revenue	2,599	2,599
<u>Total Other Assets</u>	<u>155,953</u>	<u>154,955</u>	Capital leases payable/Aramark loans payable	93	240
			Mortgages payable	<u>19,920</u>	<u>21,764</u>
			<u>Total Liabilities</u>	<u>559,630</u>	<u>538,671</u>
<u>Other - LT Assets</u>			<u>Fund Balances (Deficits)</u>		
Right of Use - Operating Leases	21,974	21,974	<u>General Funds</u>		
Right of Use - Finance Leases	2,179	2,179	Operating Fund	344,560	323,746
US Treasury bills - LT	179,200	179,200	Limited Use Funds	-	-
			<u>Total General Funds</u>	<u>344,560</u>	<u>323,746</u>
<u>Limited Use Funds</u>			<u>Restricted Funds</u>		
Endowment Fund	1,803	1,803	Specific Donor Restricted Funds - NDF	501	501
Construction Fund	-	-	Specific Donor Restricted Funds - Hospital	1,715	1,715
			Specific Purpose Funds	33,581	32,220
<u>Total Limited Use/Other LT Assets</u>	<u>205,156</u>	<u>205,156</u>	Endowment Fund	<u>1,803</u>	<u>1,803</u>
			<u>Total Net Assets</u>	<u>382,160</u>	<u>359,985</u>
<u>Total Assets</u>	<u>\$ 941,790</u>	<u>\$ 898,656</u>	<u>Total Liabilities and Fund Balances</u>	<u>\$ 941,790</u>	<u>\$ 898,656</u>

**BRONXCARE HEALTH SYSTEM
CONSOLIDATED COMPARATIVE STATEMENT OF OPERATIONS
FOR THE ELEVEN MONTHS ENDED NOVEMBER 30, 2023
\$ (000)**

	ACTUAL JANUARY 1 - NOVEMBER 30 - 2023	% of Total Revenue	BUDGET JANUARY 1 - NOVEMBER 30 - 2023	% of Total Revenue	VARIANCE (UNFAV.)
<u>Operating Income</u>					
Inpatient - FFS	\$ 484,475	55.6	\$ 468,539	55.1	\$ 15,936
Value Based Payment Distribution	59,284	6.8	57,513	6.8	1,771
NYPHRM Pool Distribution	60,501	7.0	57,068	6.7	3,433
Ambulatory Patients	131,601	15.1	133,386	15.7	(1,785)
Other Patient Revenue	49,789	5.7	55,652	6.5	(5,863)
Capitated Revenue	25,610	2.9	22,023	2.6	3,587
Grants/PRF Revenue	21,979	2.5	21,166	2.5	813
Auxiliary Services	7,607	0.9	10,193	1.2	(2,586)
Investment Income	30,279	3.5	25,622	3.0	4,657
	<u>871,125</u>	<u>100.0</u>	<u>851,162</u>	<u>100.0</u>	<u>19,963</u>
<u>Operating Expenses</u>					
Salaries & Wages	361,696	41.5	369,808	43.5	8,112
Employee Benefits	130,600	15.0	133,470	15.7	2,870
Supplies & Expenses	331,085	38.0	301,348	35.4	(29,737)
Depreciation	18,018	2.1	19,321	2.3	1,303
Interest Expense	756	0.1	748	0.1	(8)
Other Capital Costs	8,156	0.9	7,971	0.9	(185)
	<u>850,311</u>	<u>97.6</u>	<u>832,666</u>	<u>97.8</u>	<u>(17,645)</u>
Net Gain/(Loss)	\$ <u>20,814</u>	<u>2.4</u>	\$ <u>18,496</u>	<u>2.2</u>	\$ <u>2,318</u>

Health Equity Impact Assessment

Part 1 – Project Details

CON Number: 241112

Facility Name: BronxCare Health System

Project Type: Full Review

Independent Entity: Health Management Associates

Part 2 – Health Equity Impact Summary

A summary statement or paragraph that succinctly demonstrates the anticipated health equity impacts of the proposed project (200 words or less).

BronxCare Health System aims to add 33 medical/surgical beds to its Concourse hospital facility located at 1650 Grand Concourse, Bronx, NY 10457. The primary objective of the project is to augment the facility's inpatient bed capacity, thereby alleviating the issue of overcrowding in the emergency department and meeting the existing healthcare needs of the community. Given that Bronx County faces the highest socioeconomic challenges in New York State, addressing the lack of adequate healthcare access in this region is imperative. Socioeconomic status has been identified as a significant risk factor for delayed access to healthcare services and individuals from low-income backgrounds face substantial barriers to accessing care and exhibit higher rates of departing before being seen. The Independent Entity states that prolonged wait times at the hospital escalate the risk of patients delaying care and/or prematurely leaving without receiving medical care, further compounding the challenges in obtaining timely medical attention. The expansion of additional beds intends to improve issues surrounding high emergency room utilization rates, accessibility, reduce inpatient admission care and subsequently elevate the quality of life for patients and the community.

Part 3 – Impact Assessment		
When answering questions in Part 3, the reviewer should be guided by the tenet, “Have my responses been reasonable considering the potential health consequences for a proposed project?”	No or small impact may occur	Moderate to large impact may occur
1. Will the proposed project result in an adverse change in health outcomes experienced by the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed project result in a reduction of use of services and health care by the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed project result in a reduction of access to quality services and health care?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed project result in an increase in health disparities or negative health consequences experienced by the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed project increase systemic barriers to equitable access to services and health care (e.g., architectural barriers, indigent care, transportation, language barriers, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed project adversely affect the perceived health status, quality of life, access to programs/services, etc. of potentially impacted medically underserved groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed project impede the achievement of the highest level of health for the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Key insights from community engagement and a summary of how the applicant plans to mitigate any negative health equity impacts to the medically underserved groups identified (200 words or less).

The Independent Entity engaged with 65 supportive stakeholders. While some community members expressed concerns about staffing levels aligning with the increased bed capacity, the Applicant does not anticipate any staffing issues apart from ongoing recruitment challenges facing the healthcare industry as a whole.

The Applicant plans to maintain strong relationships with a variety of community stakeholders, ensuring that quality and accessible care is delivered through the expansion. The Applicant is committed to providing updates to community partners and the service area population through scheduled meetings and website announcements.

The mitigation and monitoring strategies recommended by the Independent Entity for implementation include but are not limited to the following:

- Disseminate information regarding the expansion in languages prevalent in the service area to ensure effective communication and accessibility.
- Foster transparency through proactive community engagement, providing a clear project rationale, and outlining the Applicant’s strategies to mitigate emergency department overcrowding.

- Routinely engage with the Bronx Neighborhood Health Action Center and Borough President’s Health Policy staff to communicate and gather feedback on addressing community health needs.
- Continue monitoring emergency department boarding to uphold Joint Commission standards for emergency department performance.
- Monitor patients who leave without being seen by using ICD-10-CM Diagnosis Code Z53.21.

All identified medically underserved groups in the service area are likely to experience the impact of the proposed addition of medical/surgical beds at Concourse Hospital in the same way – as an improvement in timeliness of care.

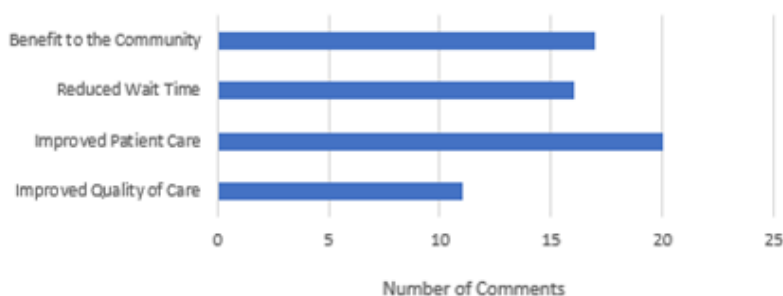
Table depicting the impact of the project on each medically underserved group.

Underserved Group	Impact of Project on Demographic
Low-income	<ul style="list-style-type: none"> • This is the poorest county in the five boroughs of New York City and the poorest county in New York State with very high numbers of people who are low income or receiving public assistance. • This population often have less timely access to care than people in high-income households and are more likely to have avoided care due to cost. • This population is more likely to have preventable emergency room visits due to lack of access to care, leading to crowding. • Therefore, increasing capacity for hospital beds is anticipated to improve timeliness of care associated with emergency department crowding, delayed inpatient discharge, and boarding on inpatient units.
Racial and Ethnic Minorities	<ul style="list-style-type: none"> • The primary population of the county and service area are racial and ethnic minorities, with over 56% of Bronx County’s residents being racial minorities and nearly 57% of residents are Hispanic. • Improving wait times in in ER departments overall may specifically benefit racial and ethnic minority patients, who are more likely than white patients to wait to be seen for non-emergent conditions, and thereby more likely to experience worse outcomes associated with long waits for care.
Immigrants	<ul style="list-style-type: none"> • BronxCare’s service areas has a large immigrant population. • Nearly 34% of people in the Bronx are foreign born. • Relative to the rest of New York City and New York State, the Bronx has significantly more residents who speak English less than very well. • Immigrants, especially those with limited English proficiency, are at risk of having poor access to health care services, and more likely to use the emergency department as their source of primary care, and more likely to have longer length of stay in the ED. • Adding beds and alleviating crowding in the ED may benefit immigrants such as increased timeliness of care, reduced length of ED stay, and improved patient satisfaction.
Women	<ul style="list-style-type: none"> • 32.9% of women in the Bronx have hypertension, the highest rate in NYC.

	<ul style="list-style-type: none"> • Hypertension is a major risk factor for stroke, and among women of childbearing age, adverse maternal outcomes, including maternal mortality. • Improved access to inpatient care and faster intake to the inpatient unit from the ED may contribute to decreased risk for poor outcomes for Bronx women.
LGBTQ+	<ul style="list-style-type: none"> • This population is more likely to be in fair or poor health and are more likely than non-LGBTQ+ people to be managing a chronic condition or living a disability that impacts daily life. • Self-reported need for mental health services is higher for people who are LGBTQ+ than or non-LGBTQ+ people. • Adding inpatient beds and improving ED throughput may benefit LGBTQ+ individuals who present at the ED for services or in crisis.
People with disabilities	<ul style="list-style-type: none"> • People with disabilities often have multiple concurrent health care needs add complexity to their interactions with the health system. • Adults with intellectual and developmental disabilities are four times more likely to be admitted to the hospital from the ED as patients who do not have disabilities. • Prolonged ED length of stay is predictive of poorer outcomes, people with disabilities who are admitted to the hospital from the ED would benefit from more inpatient beds and shorter ED waiting times.
Older adults	<ul style="list-style-type: none"> • Long lengths of stay in the emergency department (10 hours or more) are risk factors for delirium in older adults, a state of acute confusion that is predictive of poorer short-term and long-term outcomes.
Persons living with a prevalent infectious disease or condition	<ul style="list-style-type: none"> • The Bronx has the highest rate of newly diagnosed HIV cases per 100,000 population aged 13+ in New York City, and higher rates of other STIs. • Patients admitted to the ER due to their disease or condition will also experience a reduction in wait time and improved health outcome.
People who are eligible to receive public health benefits People who do not have third party health coverage or have inadequate third-party health coverage	<ul style="list-style-type: none"> • BronxCare is a safety net provider in the community. • More than 60% of BronxCare’s newborn discharges in 2021 were Medicaid eligible. • People who are eligible for, or who receive public health benefits, are likely to benefit from improved access to inpatient care and reduced ED wait times. • People who do not have third-party health coverage or have inadequate third-party health coverage may also benefit from BronxCare’s addition of beds. • 64% of BronxCare service area residents receive public health insurance benefits, and 9% are uninsured. BronxCare, as a condition of its non-profit status and required by federal law, has a charity care policy to assist eligible patients with the cost of care. • Medicare and Medicaid patients make up 88% of all people admitted to BronxCare. • As a safety-net health care provider, a significant number of BronxCare patients are also uninsured or underinsured, and access financial assistance or charity care directly from BronxCare Health System. • BronxCare patients are also uninsured or underinsured, and access financial assistance or charity care directly from BronxCare Health System.

65 Stakeholders were engaged: 36 current/former patients and caregivers, 17 community leaders, 3 public health experts, 8 employees or organizations representing employees, and 1 community member. All were in support of the project.

Themes from Meaningful Engagement



In their words...

“Yes, I do support the plan, because I feel like there is such a high need with hospitals to keep up with the pace and serve the needs of the community.”

“Yes. It going to create capacity to meet the needs for services in medical care and social care needs and improve patient experience. Good patient experience is connected to better quality of life and better outcomes.”

“That would help out a lot – we need more beds in our community. We have a lot of immigrants coming in – we have a lot of immigrant communities from Africa and Mexico. I think the seniors will benefit the most. Because a lot of them have a lot of problems, unhealthy, live by themselves. People with substance use disorder needs would benefit, we have a rehab program there and we have a lot of folks with drug problems, and access to more care would be good for them also.”

“Improving access to care faster. Faster care means shorter length of stay, most of the time. Being able to have the beds is most important to me.”

Stakeholders have feedback about:

Benefit to the Community



Stakeholder comments discuss how the new project will be an overall benefit to the community. Bronx County is in a medically underserved area and healthcare professional shortage area. By increasing the number of beds in the ER, the increase in healthcare services and availability will be an overall benefit to the community. Some stakeholders also mentioned an increase in employment opportunities for the community.

Reduced Wait Times



Stakeholders discussed how the current ER is at over capacity and patients must wait a long time to receive care. The increase in the number of beds should help alleviate this problem. Long wait times are associated with poorer patient experience, worse outcomes, increased risk of adverse events, preventable errors, it also raises the likelihood of patients leaving without being seen or accessing care.

Improved Patient Care



Stakeholders are hoping that the additional beds will lead to improved patient care overall. The population in Bronx County in particular, is more likely to have preventable emergency room visits due to a lack of access to regular care and therefore more likely to use the ER as their primary care source. This leads to overcrowding.

Improved Quality of Care



Stakeholders discussed how the additional beds will also lead to an improved quality of care. By improving access to care, the patient and community members’ quality of life associated with hospital ED utilization should improve. By being seen faster, the quality of care should improve as well, as the overall patient experience and receiving treatment sooner will lead to improved health outcomes for the patient and enhanced quality of care.

Part 4 – Conclusion

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

Lead DOH Office:

Health Equity Impact Assessment, Office of Health Equity and Human Rights

Original Date:

5/1/2024

Revision Date:

5/20/24

Full Name of Reviewer:

Sabrina Khan

Health Equity Impact Assessment Unit Director:

Olutomisin Akanbi

Montefiore Medical Center

Consolidated Statements of Financial Position

	December 31	
	2023	2022
	<i>(In Thousands)</i>	
Assets		
Current assets:		
Cash and cash equivalents	\$ 62,944	\$ 108,042
Marketable and other securities	1,262,635	1,237,274
Assets limited as to use, current portion	9,273	11,356
Receivables for patient care, net	423,089	341,748
Other receivables	42,948	84,569
Estimated insurance claims receivable, current portion	40,923	54,417
Other current assets	71,712	67,292
Due from members, current portion	249,421	240,200
Total current assets	<u>2,162,945</u>	<u>2,144,898</u>
Assets limited as to use, net of current portion	177,302	153,784
Property, buildings and equipment, net	1,123,062	1,177,779
Right-of-use assets – operating leases	320,293	333,489
Estimated insurance claims receivable, net of current portion	153,947	192,935
Other noncurrent assets	341,291	280,760
Due from members, net of current portion	384,312	417,124
Total assets	<u>\$ 4,663,152</u>	<u>\$ 4,700,769</u>
Liabilities and net (deficiency) assets		
Current liabilities:		
Accounts payable and accrued expenses	\$ 394,615	\$ 329,602
Accrued salaries, wages and related items	315,069	307,307
Self-insured professional and other insured liabilities, current portion	173,103	147,752
Estimated insurance claims liabilities, current portion	40,923	54,417
Estimated third-party payer liabilities, current portion	196,280	253,014
Long-term debt, current portion	25,521	14,143
Finance lease liabilities, current portion	18,327	17,491
Operating lease liabilities, current portion	42,930	37,811
Total current liabilities	<u>1,206,768</u>	<u>1,161,537</u>
Long-term debt, net of current portion	1,959,601	1,985,115
Finance lease liabilities, net of current portion	308,335	321,369
Operating lease liabilities, net of current portion	289,980	306,565
Noncurrent defined benefit pension and other postretirement health plan liabilities	217,760	186,682
Self-insured professional and other insured liabilities, net of current portion	242,449	245,302
Employee deferred compensation	99,821	78,537
Estimated insurance claims liabilities, net of current portion	153,947	192,935
Estimated third-party payer liabilities, net of current portion	268,004	279,156
Other noncurrent liabilities	28,154	23,891
Total liabilities	<u>4,774,819</u>	<u>4,781,089</u>
Commitments and contingencies		
Net (deficiency) assets:		
Without donor restrictions	(223,931)	(191,483)
With donor restrictions	112,264	111,163
Total net (deficiency) assets	<u>(111,667)</u>	<u>(80,320)</u>
Total liabilities and net (deficiency) assets	<u>\$ 4,663,152</u>	<u>\$ 4,700,769</u>

See accompanying notes.

Montefiore Medical Center
Consolidated Statements of Operations

	Year Ended December 31	
	2023	2022
	<i>(In Thousands)</i>	
Operating revenue		
Net patient service revenue	\$ 4,794,353	\$ 4,203,805
Grants and contracts	98,630	189,769
Other revenue	173,689	176,747
Total operating revenue	5,066,672	4,570,321
Operating expenses		
Salaries and wages	2,280,728	2,093,223
Employee benefits	677,284	654,241
Supplies and other expenses	1,800,417	1,636,633
Depreciation and amortization	148,166	152,314
Interest	99,846	99,521
Total operating expenses	5,006,441	4,635,932
Excess (deficiency) of operating revenue over operating expenses before other items	60,231	(65,611)
Net realized and changes in net unrealized gains and losses on marketable and other securities	89,789	(69,479)
Malpractice insurance program adjustments	23,837	(10,942)
Net periodic pension and other postretirement benefit costs (non-service related)	(13,042)	(6,722)
Other nonoperating gains and losses, net	(14,685)	(10,043)
Excess (deficiency) of revenue over expenses	146,130	(162,797)
Change in defined benefit pension and other postretirement health plan liabilities to be recognized in future periods	(19,409)	38,531
Grants for the purchase of property, buildings and equipment	-	10,116
Transfers to members, net	(159,169)	(138,488)
Decrease in net (deficiency) assets without donor restrictions	\$ (32,448)	\$ (252,638)

See accompanying notes.

Health Equity Impact Assessment

Part 1 – Project Details

CON Number: 241115

Facility Name: Montefiore Medical Center

Project Type: Full Review

Independent Entity: SmartRise Health

Part 2 – Health Equity Impact Summary

A summary statement or paragraph that succinctly demonstrates the anticipated health equity impacts of the proposed project (200 words or less).

Montefiore Medical Center proposes to certify a 21-bed inpatient psychiatric unit space leased at the New York City Children’s Center (NYCCC) – Bronx Campus for children and adolescents ages 5-17 years old. The facility aims to address the need for mental health inpatient services in the area. Currently, residents in Bronx County face a lack of local options for mental health inpatient services, leading to prolonged wait times for referrals and other barriers to receiving adequate care. Many residents are forced to travel longer distances to access pediatric facilities in Westchester and Manhattan. Discharge data from Montefiore reveals that over 1,000 children visit the emergency department annually for mental health-related disorders but only approximately 10% follow up with transfers to Westchester and Manhattan hospitals. The lack of local mental health inpatient services creates accessibility challenges for patients who must rely on public transportation, endure long referral times, and miss days of work to seek services in other areas. According to the Health Resources and Services Administration, the Bronx is experiencing a significant shortage of pediatric psychiatrists, with less than 100 inpatient beds available in the area, none of which are available in the Montefiore network. In addition, the zip codes surrounding the proposed project are among the highest levels of social and economic stress in the state. This project aims to address these challenges and reduce wait times for child and adolescent patients and their families.

Part 3 – Impact Assessment		
When answering questions in Part 3, the reviewer should be guided by the tenet, “Have my responses been reasonable considering the potential health consequences for a proposed project?”	No or small impact may occur	Moderate to large impact may occur
1. Will the proposed project result in an adverse change in health outcomes experienced by the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed project result in a reduction of use of services and health care by the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed project result in a reduction of access to quality services and health care?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed project result in an increase in health disparities or negative health consequences experienced by the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed project increase systemic barriers to equitable access to services and health care (e.g., architectural barriers, indigent care, transportation, language barriers, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed project adversely affect the perceived health status, quality of life, access to programs/services, etc. of potentially impacted medically underserved groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed project impede the achievement of the highest level of health for the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Key insights from community engagement and a summary of how the applicant plans to mitigate any negative health equity impacts to the medically underserved groups identified (200 words or less).

The Independent Entity engaged with 57 stakeholders, all of whom supported the project. However, one resident raised a concern stating that medical interventions could inadvertently make patients with behavioral disorders feel vulnerable.

The Applicant plans to implement an awareness plan for healthcare providers to enhance their referral process, and accessibility of services. In addition, the Applicant plans to communicate information on their website in multiple languages to ensure inclusivity in the community. In efforts to ease the burden of transportation, the Applicant will provide ride-share options and metro cards as well as automatic transfers from the emergency department to the psychiatric unit upon admission.

The mitigation and monitoring strategies recommended by the Independent Entity for implementation include, but are not limited to the following:

- Facilitate active engagement of community-based organizations in the Bronx, with a focus on residents with limited English-speaking ability.
- Develop a step-down program to address patients’ needs after discharge.

- Integrate culturally competent care into the delivery model by using the National Standard for Culturally and Linguistically Appropriate Service.
- Stratify patient experience and health outcomes data by Race, Ethnicity, Language and Sexual Orientation and Gender Identity to identify ongoing performance improvement opportunities.

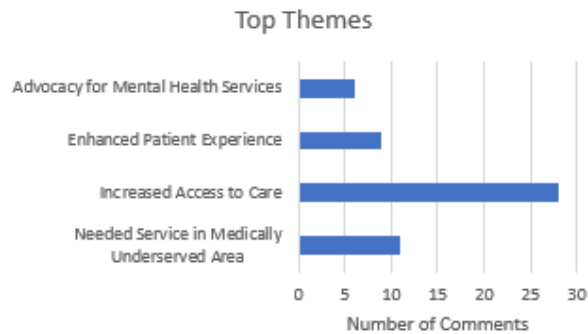
Table depicting the impact of the project on each medically underserved group.

Underserved Group	Impact of Project on Demographic
Low-income	<ul style="list-style-type: none"> • The Bronx is the nation's poorest urban county. • The project will positively impact low-income patients because they will be able to travel shorter distances to access care, making it easier for parents and caregivers to work while their children receive care. • The new site will be geographically closer to where patients live which will also help in reducing time and travel costs. • Currently patients need to travel to Manhattan or Westchester to receive care, the travel issues are exacerbated for those who rely on public transit (rather than private vehicles). • Local care will make it easier for parents to visit during inpatient treatment.
Racial and Ethnic Minorities, Women	<ul style="list-style-type: none"> • Rates of mental health-related ED visits were higher among Black Children and Adolescents than Hispanic and White Children and Adolescents. • Racial & Ethnic Minorities often face barriers to accessing health care services, but specifically psychiatric services, due to language barriers, cultural stigma, and mistrust of the healthcare system. • Studies show that African American children had 37% fewer visits to psychiatrists and 47% fewer visits to any mental health professional when compared to white children. • The same study shows that Hispanic children had 49% fewer visits to psychiatrists and 58% fewer visits to any mental health professional than white children. Authors also recognized primary care providers' failure to recognize mental illness, offer referrals, and a shortage of child psychiatrists as reasons for these numbers. • Studies show suicide rates are nearly twice as high in Black compared to White boys 5–11 years old and have been increasing disproportionately among adolescent Black girls 12–17 years old. • The Inpatient Child & Psychiatric unit at NYCCC will positively impact Racial & Ethnic Minorities because the care will be comprehensive (multidisciplinary and multi-modal approach, with individual and group psychotherapy, pharmacotherapy, family therapy and disposition planning) and the connectivity with Montefiore Health System will ensure comprehensive language services are available while reducing stigma/barriers. • A potential negative impact is stigma amongst Racial and Ethnic Minorities for accessing behavioral health services. However, given that these services are co-located at the NYCCC, which is already operational, there is a low likelihood that this would create pushback.

<p>Women</p>	<ul style="list-style-type: none"> • Rates of mental health-related ED visits were higher among girls than boys. • Twice as many women experience depression at some point in their lives as compared to men, they are also twice as likely to experience anxiety, and more likely to attempt suicide. Thus, the project will likely serve a high volume of girls and young women.
<p>Individuals with disabilities</p>	<ul style="list-style-type: none"> • The Applicant plans to include design elements that cater to individuals with disabilities, including art therapy studios, a play area, and a gym. Though the unit will not be an Autism unit, the Applicant does plan to accept patients with Intellectual and Developmental Disabilities. • The renovated space in a newer building is already in compliance with Americans with Disabilities Act and will include the following: <ul style="list-style-type: none"> • Handicap bathroom accessibility • ADA bathrooms and showers (which are gender neutral). • Curb cuts to ensure wheelchair access. • A large outdoor space, including structures in the outdoor space that are conducive to children & adolescents using wheelchairs. <ul style="list-style-type: none"> ○ Large, clear signage (in multi-languages to accommodate for cultural inclusivity). ○ Easy pull and automatic doors. ○ Bed controls for window shading and temperature control, allowing patients to customize their environment. ○ Patient windows facing the outdoors.
<p>Lesbian, gay, bisexual, transgender, or other-than-cisgender</p>	<ul style="list-style-type: none"> • Studies show that children identifying as a sexual minority have greater than three times increased odds of attempting suicide compared to heterosexual peers. • Studies also highlight barriers such as invalidation by misgendering and fear of discrimination by providers. • The Applicant shared that LGBTQIA+ patients face barriers upon transfer to other facilities, as there is a preference for a single bed (which are not often available), leading to longer wait times. Because the Applicant has planned for single rooms, the project will remove this barrier.
<p>People who are eligible for or already receive public health benefits, and those who have third-party health coverage or have inadequate third-party health coverage</p>	<ul style="list-style-type: none"> • This groups will likely positively benefit from this project. • The Applicant projects that most patients who will receive services in this unit are covered by Medicaid fee-for-service or a Medicaid Managed Care Organization, so the project will ensure that they are receiving timely, high-quality care that is close to home.
<p>Persons living with a prevalent infectious disease or condition</p>	<ul style="list-style-type: none"> • This group will likely be positively impacted from the project as it creates additional capacity for pediatric and adolescents with at least one DSM-5 diagnosis. The Independent Entity views multiple DSM-5 diagnoses as prevalent conditions. • Second, it will allow patients who receive care for other chronic conditions (diabetes, asthma, etc.) at Montefiore but have previously travelled elsewhere (Westchester and Manhattan) for psychiatric care to stay within the system. This will lead to efficiencies in documentation (all under the same Montefiore Epic instance) and care coordination.

<p>Children and adolescents</p>	<ul style="list-style-type: none"> • Rates of mental health-related ED visits were higher among adolescents than children. • With under 100 pediatric psychiatry beds available in the Bronx, and a severe level shortage (HRSA) of Pediatric Psychiatrists in the Bronx, the project's primary goal is to increase access for children and adolescents. • Children will experience shorter Emergency Room wait times and shorter travel times to receive care (leading to fewer patients falling through the cracks). • By incorporating classrooms into the design of the project, the Applicant has consciously factored in the importance of ensuring students don't fall behind in school.
<p>Other youth including individuals and young children who are trafficked, involved in the juvenile justice system, enrolled in alternative public education, youth who are underaged but charged as adults, homeless youth, and youth who are victims of domestic violence</p>	<ul style="list-style-type: none"> • Youth who have been trafficked, Youth in the Juvenile Justice System, Youth in Alternative Public Education System, Youth in New York City who are underaged but charged as adults, Youth in New York City who are homeless, and Victims of Domestic Violence all stand to be positively impacted by the project. • Complicated travel and long wait times can be especially difficult for this population, the reduction in both factors should have a positive impact on this medically underserved group. • Considering the additional burdens faced by this group, improved care coordination and easier transfer of care should have a positive impact.

57 Stakeholders were engaged: 10 community leaders, 5 public health experts, 40 residents, and 2 organizations representing employees. All are in support of the project.



In their words...

"Bronx families deserve access to nearby high-quality child and adolescence inpatient psychiatric services one less stressor for families and children already dealing with multiple healthcare challenges."

-Public Health Expert

"It'd for the best interest of the patients admitted in the unit to not be treated like inconsolable prisoners. Depression, anxiety, and suicidal thoughts ... aren't healed through isolation and invasion of privacy and self. It is healed through community, creative endeavors, and a good sense of self and self understanding.... please don't do wrong like many psychiatric units have done in NY. The patients should enter and leave feeling better, not more traumatized."

-Resident

"The shortage of behavioral health services for children and adolescents is a critical and pervasive issue both locally and nationwide. I firmly believe that the proposed NYCCC project is poised to create a lasting impact on the lives of over 55,000 children in the Bronx"

-Community Leader

Stakeholders have feedback about:



Advocacy for Mental Health Services

Stakeholder comments expressed the importance of promoting effective advocacy for mental health services. Stakeholders mention that mental health services are often not prioritized in healthcare but are a critical service, especially for children and adolescents. Mental health is often stigmatized, and more advocacy is needed. They mention promoting access, accountability, equity and addressing community needs.



Enhanced Patient Experience

Stakeholders are hoping the new unit will provide an enhanced patient experience. This includes shortened wait times, culturally competent staff, improved equity and a reduction in disparities. Other benefits include outdoor space, clear signage in multiple languages, improved care coordination, and having staff that reflect the community.



Increased Access to Care

Stakeholders are hoping the new unit will improve access to care for medically underserved groups. Patients will no longer need to travel to other counties and physicians now have a referral option for patients in the Bronx. Stakeholders anticipate this will lead to shorter wait times.



Needed Service in Medically Underserved Area

Stakeholders shared views that Bronx County is a mental health professional shortage area, and mental health services are desperately needed. Stakeholders recommend the applicant engages with community-based organizations to promote positive connections and relationships with the community.

Part 4 – Conclusion

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

Lead DOH Office:

Health Equity Impact Assessment, Office of Health Equity and Human Rights

Date:

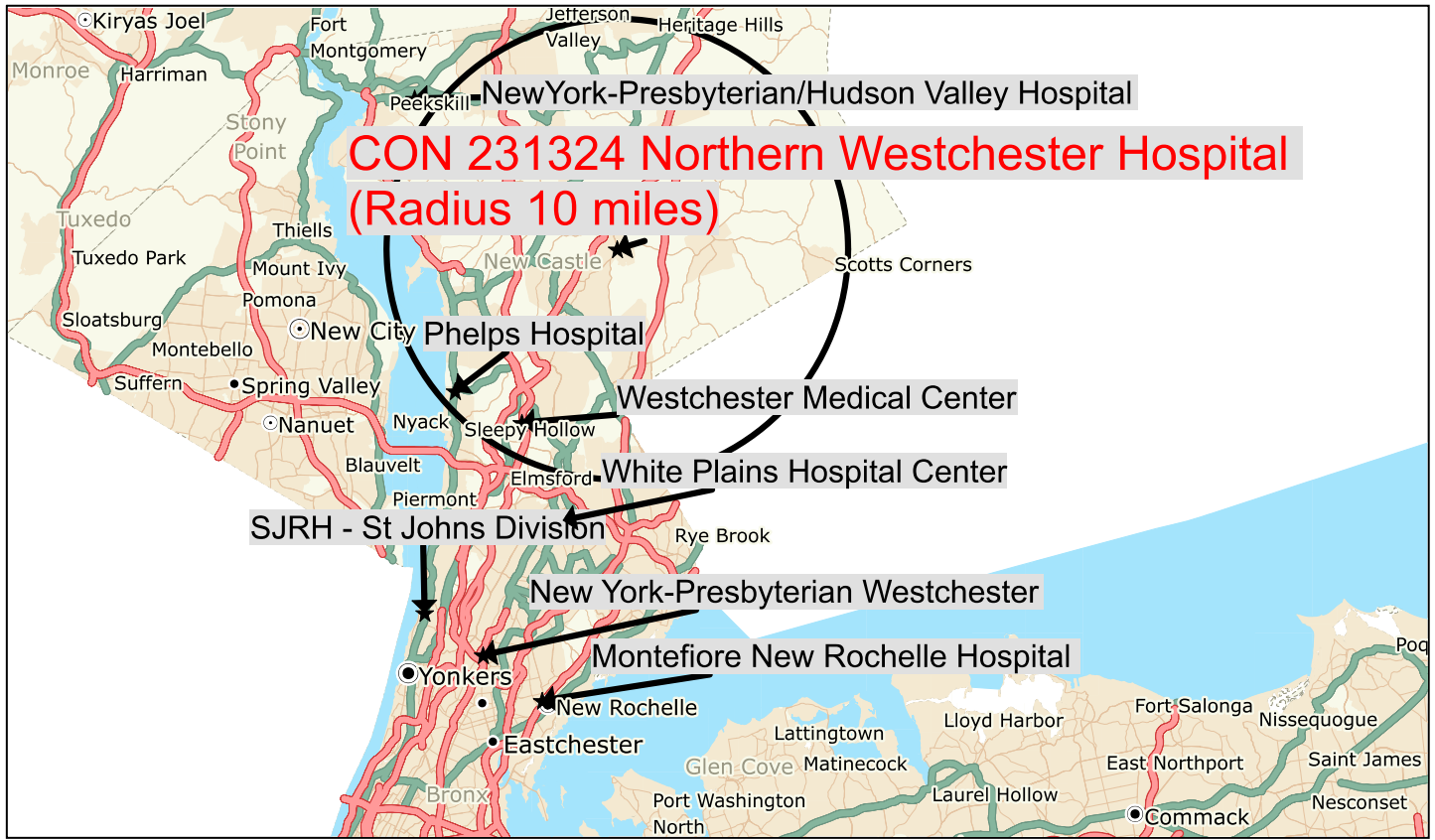
5/9/2024

Full Name of Reviewer:

Sabrina Khan

Health Equity Impact Assessment Unit Director:

Olutomisin Akanbi



Northwell Health, Inc.

Consolidating Statement of Financial Position – Northern Westchester Hospital
(In Thousands)

December 31, 2022

	Northern Westchester Hospital Association and Subsidiaries		Northern Westchester Hospital Association		Northern Westchester Hospital Center Foundation		Other Subsidiaries	
		Eliminations						
Assets								
Current assets:								
Cash and cash equivalents	\$ 4,905	\$ –	\$ 4,826	\$ –	\$ 79			
Short-term investments	206,720	–	206,720	–	–			
Accounts receivable for services to patients, net	62,313	–	62,313	–	–			
Current portion of insurance claims receivable	395	–	395	–	–			
Other current assets	8,878	–	8,858	–	20			
Total current assets	283,211	–	283,112	–	99			
Due from affiliates, net	4,112	(8,641)	9,281	–	3,472			
Long-term investments	63,686	–	7,618	56,068	–			
Pledges receivable, net of current portion	10,467	–	–	10,467	–			
Property, plant and equipment, net	232,717	–	220,422	752	11,543			
Right-of-use assets – operating leases	9,794	–	9,794	–	–			
Insurance claims receivable, net of current portion	2,927	–	2,927	–	–			
Other assets	7,776	–	6,611	–	1,165			
Total assets	\$ 614,690	\$ (8,641)	\$ 539,765	\$ 67,287	\$ 16,279			
Liabilities and net assets (deficit)								
Current liabilities:								
Accounts payable and accrued expenses	\$ 33,418	\$ –	\$ 33,371	\$ 29	\$ 18			
Accrued salaries and related benefits	19,933	–	19,793	140	–			
Current portion of operating lease obligations	1,785	–	1,785	–	–			
Current portion of long-term debt	3,070	–	3,070	–	–			
Current portion of insurance claims liability	395	–	395	–	–			
Current portion of malpractice and other insurance liabilities	4,067	–	4,067	–	–			
Current portion of estimated payables to third-party payers	6,397	–	6,397	–	–			
Total current liabilities	69,065	–	68,878	169	18			
Due to affiliates, net	–	(8,641)	–	8,641	–			
Accrued retirement benefits, net of current portion	3,356	–	3,356	–	–			
Operating lease obligations, net of current portion	8,156	–	8,156	–	–			
Long-term debt, net of current portion	32,752	–	32,752	–	–			
Insurance claims liability, net of current portion	2,927	–	2,927	–	–			
Malpractice and other insurance liabilities, net of current portion	34,930	–	34,930	–	–			
Other long-term liabilities	11,873	–	10,571	–	1,302			
Total liabilities	163,059	(8,641)	161,570	8,810	1,320			
Commitments and contingencies								
Net assets (deficit):								
Without donor restrictions	389,992	–	377,246	(2,213)	14,959			
With donor restrictions	61,639	–	949	60,690	–			
Total net assets	451,631	–	378,195	58,477	14,959			
Total liabilities and net assets (deficit)	\$ 614,690	\$ (8,641)	\$ 539,765	\$ 67,287	\$ 16,279			

Northwell Health, Inc.

Consolidating Statement of Operations – Northern Westchester Hospital
(In Thousands)

Year Ended December 31, 2022

	Northern Westchester Hospital Association and Subsidiaries	Northern Westchester Hospital Association	Northern Westchester Hospital Center Foundation	Other Subsidiaries
Operating revenue:				
Net patient service revenue	\$ 416,385	\$ 416,385	\$ –	\$ –
Physician practice revenue	30,362	30,362	–	–
Total patient revenue	446,747	446,747	–	–
FEMA and CARES Act Provider Relief Fund revenue	3,479	3,479	–	–
Other operating revenue	21,702	19,450	–	2,252
Net assets released from restrictions used for operations	1,303	1,303	–	–
Total operating revenue	473,231	470,979	–	2,252
Operating expenses:				
Salaries	210,866	210,748	–	118
Employee benefits	46,906	46,906	–	–
Supplies and expenses	158,822	157,718	–	1,104
Depreciation and amortization	21,174	20,610	–	564
Interest	1,071	1,071	–	–
Total operating expenses	438,839	437,053	–	1,786
Excess of operating revenue over operating expenses	34,392	33,926	–	466
Non-operating gains and losses:				
Investment income	660	660	–	–
Change in net unrealized gains and losses and change in value of equity method investments	(38,109)	(38,109)	–	–
Non-operating net periodic benefit credit	3,190	3,181	9	–
Other non-operating gains and losses	(974)	91	(1,065)	–
Total non-operating gains and losses	(35,233)	(34,177)	(1,056)	–
(Deficiency) excess of revenue and gains and losses over expenses	(841)	(251)	(1,056)	466
Net assets released from restrictions for capital asset acquisitions	892	892	–	–
Transfers (to) from affiliates	–	(4,190)	–	4,190
Pension and other postretirement liability adjustments	3,750	3,750	–	–
Other changes in net assets	146	146	–	–
Increase (decrease) in net assets without donor restrictions	\$ 3,947	\$ 347	\$ (1,056)	\$ 4,656

Consolidated Statements of Financial Position
September 30, 2023 and December 31, 2022 (In Thousands)

	(Unaudited) September 30, 2023	(Audited) December 31, 2022
Assets		
Current assets:		
Cash and cash equivalents	\$ 838,050	\$ 762,894
Short-term investments	3,193,462	3,348,441
Accounts receivable for services to patients, net	1,854,906	1,656,275
Accounts receivable for physician activities, net	428,695	368,443
Current portion of pledges receivable	59,240	55,140
Current portion of insurance claims receivable	33,009	33,009
Other current assets	614,410	590,795
Total current assets	<u>7,021,772</u>	<u>6,814,997</u>
Long-term investments	3,360,494	3,412,416
Pledges receivable, net of current portion	124,293	114,285
Property, plant and equipment, net	7,412,152	6,759,273
Right-of-use assets – operating leases	1,166,006	1,130,293
Insurance claims receivable, net of current portion	108,160	119,689
Other assets	617,656	864,170
Total assets	<u>\$ 19,810,533</u>	<u>\$ 19,215,123</u>
Liabilities and net assets		
Current liabilities:		
Short-term borrowings	\$ 246,000	\$ 408,021
Accounts payable and accrued expenses	1,216,856	1,218,276
Accrued salaries and related benefits	1,458,413	1,567,301
Current portion of operating lease obligations	146,421	141,319
Current portion of finance lease obligations	6,357	7,020
Current portion of long-term debt	110,351	80,353
Current portion of insurance claims liability	33,009	33,009
Current portion of malpractice and other insurance liabilities	231,149	231,352
Current portion of estimated payables to third-party payers	448,462	324,871
Total current liabilities	<u>3,897,018</u>	<u>4,011,522</u>
Accrued retirement benefits, net of current portion	585,280	502,114
Operating lease obligations, net of current portion	1,058,360	1,028,259
Finance lease obligations, net of current portion	220,162	289,730
Long-term debt, net of current portion	4,215,303	4,216,127
Insurance claims liability, net of current portion	108,160	119,689
Malpractice and other insurance liabilities, net of current portion	2,091,448	1,950,363
Other long-term liabilities	1,024,328	1,045,478
Total liabilities	<u>13,200,059</u>	<u>13,163,282</u>
Commitments and contingencies		
Net assets:		
Without donor restrictions	5,679,801	5,143,692
With donor restrictions	930,673	908,149
Total net assets	<u>6,610,474</u>	<u>6,051,841</u>
Total liabilities and net assets	<u>\$ 19,810,533</u>	<u>\$ 19,215,123</u>

See accompanying notes.

Northwell Health, Inc.

Consolidated Statements of Operations
For the Three Months and Nine Months Ended September 30, 2023 and 2022 (In Thousands)

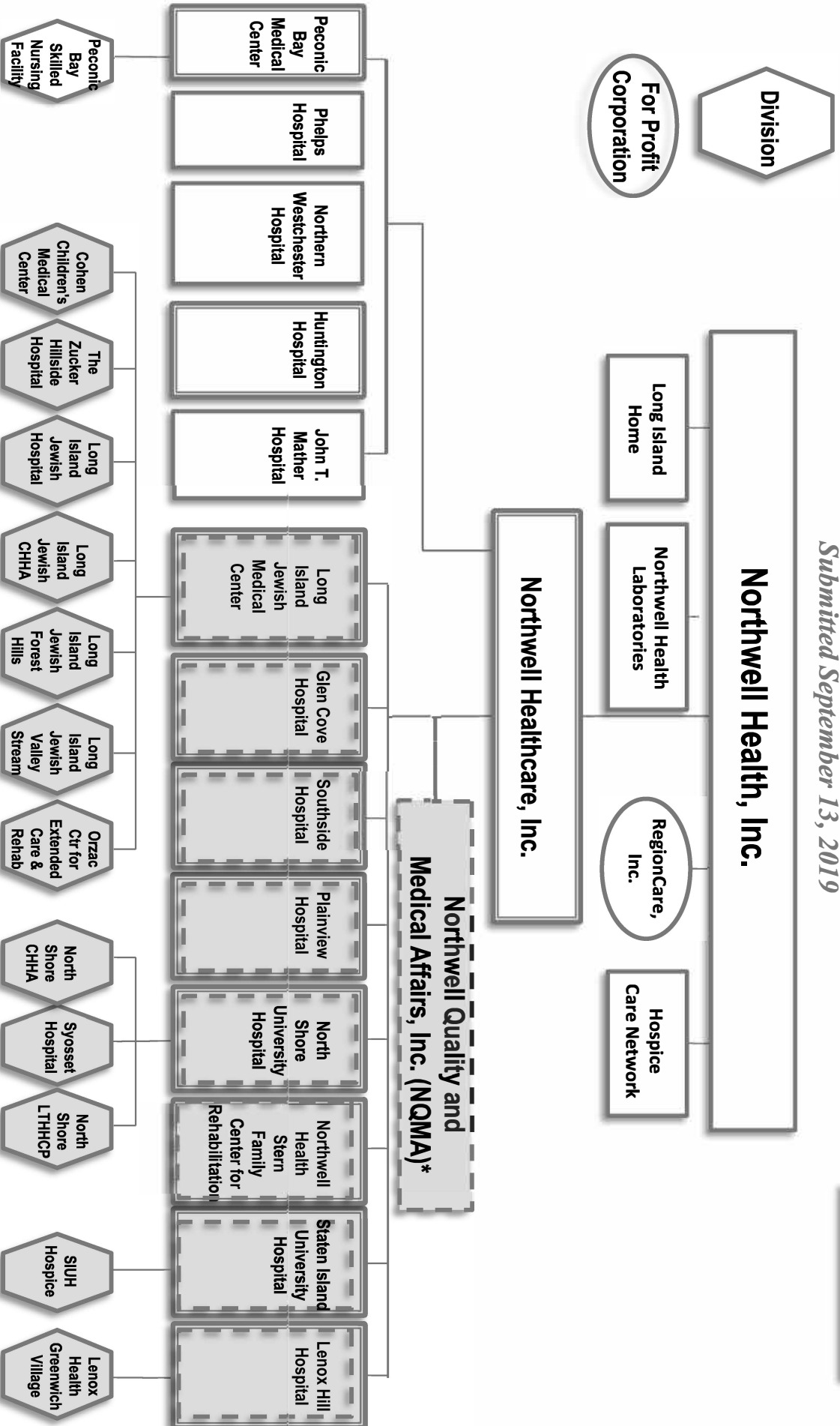
	(Unaudited)		(Unaudited)	
	Three Months Ended		Nine Months Ended	
	September 30,		September 30,	
	2023	2022	2023	2022
Operating revenue:				
Net patient service revenue	\$ 2,918,704	\$ 2,765,131	\$ 8,756,789	\$ 8,161,257
Physician practice revenue	804,724	723,385	2,389,528	2,094,502
Total patient revenue	3,723,428	3,488,516	11,146,317	10,255,759
FEMA and CARES Act Provider Relief Fund revenue	53,855	62,260	155,847	116,789
Other operating revenue	349,505	351,358	1,103,430	1,017,978
Net assets released from restrictions used for operations	19,562	17,769	59,539	53,674
Total operating revenue	4,146,350	3,919,903	12,465,133	11,444,200
Operating expenses:				
Salaries	2,239,545	2,012,193	6,574,541	5,921,027
Employee benefits	453,965	417,125	1,403,745	1,288,227
Supplies and expenses	1,247,900	1,196,935	3,700,703	3,500,396
Depreciation and amortization	172,174	157,786	518,035	478,855
Interest	44,337	43,491	133,075	122,555
Total operating expenses	4,157,921	3,827,530	12,330,099	11,311,060
(Deficiency) excess of operating revenue over operating expenses	(11,571)	92,373	135,034	133,140
Non-operating gains and losses:				
Investment income	55,587	17,373	105,232	33,415
Change in net unrealized gains and losses and change in value of equity method investments	(189,498)	(279,398)	239,342	(1,372,193)
Non-operating net periodic benefit (cost) credit	(4,433)	12,090	(11,848)	40,489
Other non-operating gains and losses	(7,142)	(5,804)	(18,533)	(12,844)
Total non-operating gains and losses	(145,486)	(255,739)	314,193	(1,311,133)
(Deficiency) excess of revenue and gains and losses over expenses	(157,057)	(163,366)	449,227	(1,177,993)
Net assets released from restrictions for capital asset acquisitions	34,482	2,327	69,000	13,746
Pension and other postretirement liability adjustments	-	-	36,259	-
Other changes in net assets	(10,547)	(4,878)	(18,377)	(13,166)
(Decrease) increase in net assets without donor restriction	\$ (133,122)	\$ (165,917)	\$ 536,109	\$ (1,177,413)

See accompanying notes.

Not-for-Profit
Corporation

Northwell Health, Inc.
Existing Co-operator Table of Organization
Submitted September 13, 2019

Entities Delegating
Authority to
NQMA*



Northwell Health, Inc.

CON#231339

BFA Attachment B

Consolidated Statements of Financial
Position*(In Thousands)*

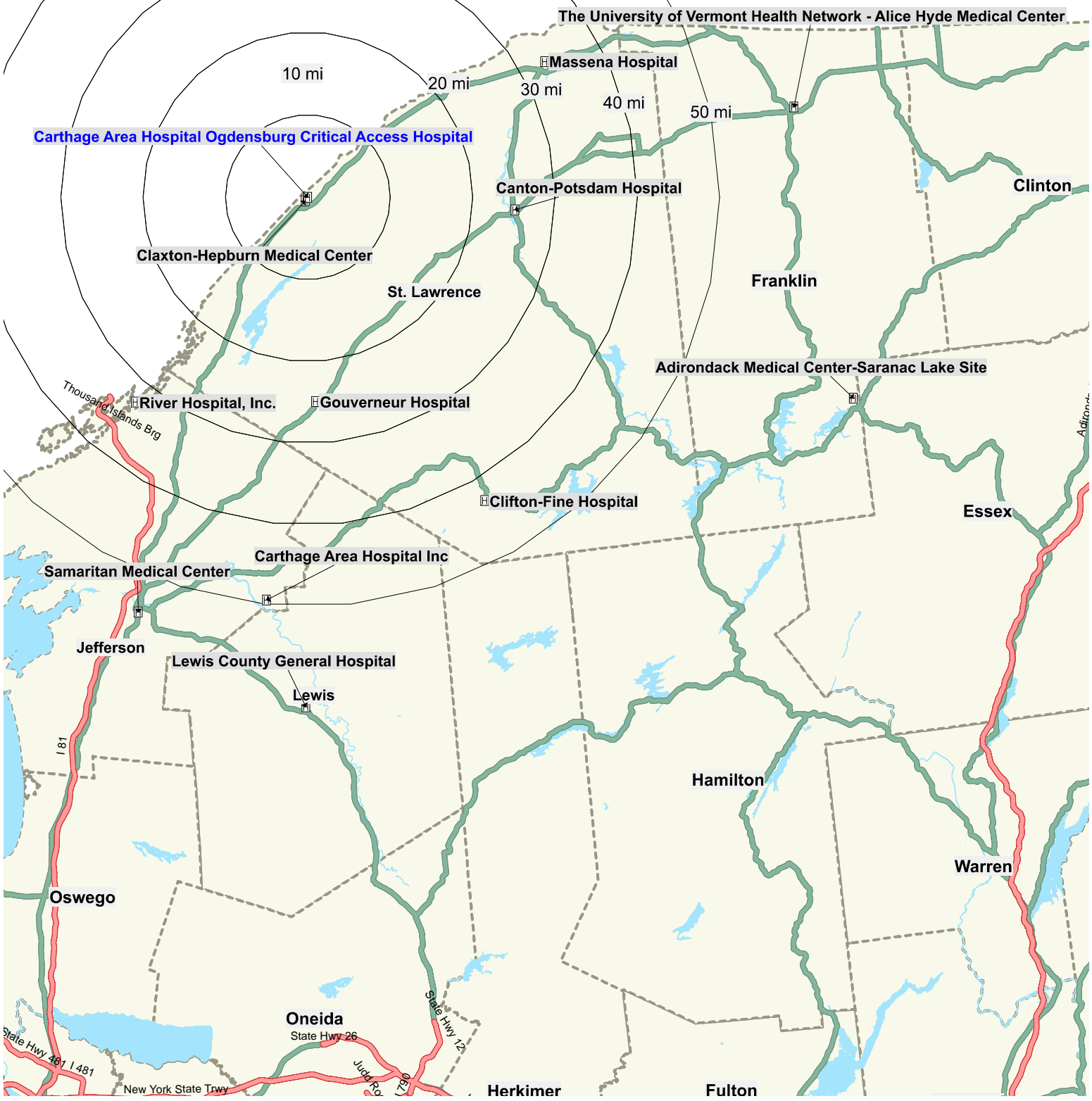
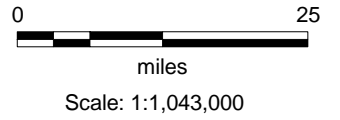
	December 31	
	2023	2022
Assets		
Current assets:		
Cash and cash equivalents	\$ 889,555	\$ 762,894
Short-term investments	3,707,481	3,348,441
Accounts receivable for services to patients, net	1,743,657	1,656,275
Accounts receivable for physician activities, net	420,336	368,443
Current portion of pledges receivable	63,363	55,140
Current portion of insurance claims receivable	28,896	33,009
Other current assets	649,962	590,795
Total current assets	<u>7,503,250</u>	<u>6,814,997</u>
Long-term investments	3,380,655	3,412,416
Pledges receivable, net of current portion	167,979	114,285
Property, plant and equipment, net	7,657,385	6,759,273
Right-of-use assets – operating leases	1,134,110	1,130,293
Insurance claims receivable, net of current portion	103,504	119,689
Other assets	608,444	864,170
Total assets	<u>\$ 20,555,327</u>	<u>\$ 19,215,123</u>
Liabilities and net assets		
Current liabilities:		
Short-term borrowings	\$ 246,000	\$ 408,021
Accounts payable and accrued expenses	1,256,482	1,218,276
Accrued salaries and related benefits	1,677,634	1,567,301
Current portion of operating lease obligations	147,513	141,319
Current portion of finance lease obligations	6,143	7,020
Current portion of long-term debt	134,646	80,353
Current portion of insurance claims liability	28,896	33,009
Current portion of malpractice and other insurance liabilities	287,297	231,352
Current portion of estimated payables to third-party payers	366,525	324,871
Total current liabilities	<u>4,151,136</u>	<u>4,011,522</u>
Accrued retirement benefits, net of current portion	624,134	502,114
Operating lease obligations, net of current portion	1,042,136	1,028,259
Finance lease obligations, net of current portion	219,239	289,730
Long-term debt, net of current portion	4,186,341	4,216,127
Insurance claims liability, net of current portion	103,504	119,689
Malpractice and other insurance liabilities, net of current portion	2,055,859	1,950,363
Other long-term liabilities	978,987	1,045,478
Total liabilities	<u>13,361,336</u>	<u>13,163,282</u>
Commitments and contingencies		
Net assets:		
Without donor restrictions	6,159,787	5,143,692
With donor restrictions	1,034,204	908,149
Total net assets	<u>7,193,991</u>	<u>6,051,841</u>
Total liabilities and net assets	<u>\$ 20,555,327</u>	<u>\$ 19,215,123</u>

Northwell Health, Inc.
Consolidated Statements of Operations
(In Thousands)

CON#231339
BFA Attachment B Cont.

	Year Ended December 31	
	2023	2022
Operating revenue:		
Net patient service revenue	\$ 11,890,078	\$ 11,129,605
Physician practice revenue	3,235,424	2,836,642
Total patient revenue	15,125,502	13,966,247
FEMA and CARES Act Provider Relief Fund revenue	155,847	164,579
Other operating revenue	1,522,652	1,376,667
Net assets released from restrictions used for operations	67,348	60,551
Total operating revenue	16,871,349	15,568,044
Operating expenses:		
Salaries	8,883,436	8,169,763
Employee benefits	1,892,589	1,721,825
Supplies and expenses	5,024,969	4,768,804
Depreciation and amortization	699,253	621,268
Interest	173,400	168,736
Total operating expenses	16,673,647	15,450,396
Excess of operating revenue over operating expenses	197,702	117,648
Non-operating gains and losses:		
Investment income	178,885	13,400
Change in net unrealized gains and losses and change in value of equity method investments	597,071	(1,051,628)
Non-operating net periodic benefit (cost) credit	(17,012)	51,278
Other non-operating gains and losses	(41,470)	(35,954)
Total non-operating gains and losses	717,474	(1,022,904)
Excess (deficiency) of revenue and gains and losses over expenses	915,176	(905,256)
Net assets released from restrictions for capital asset acquisitions	81,688	47,602
Pension and other postretirement liability adjustments	43,476	153,022
Other changes in net assets	(24,245)	(22,970)
Increase (decrease) in net assets without donor restrictions	\$ 1,016,095	\$ (727,602)

Project 231286 Carthage Area Hospital



CARTHAGE AREA HOSPITAL AND SUBSIDIARIES

**CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 2,807,233	\$ 8,706,050
Assets limited as to use	6,967,708	7,280,182
Patient and resident accounts receivable, net	5,490,330	6,536,814
Grants and accounts receivable	4,232,915	941,410
Inventories	1,913,740	1,541,184
Prepaid expenses and other assets	<u>1,581,539</u>	<u>1,159,844</u>
Total current assets	22,993,465	26,165,484
NONCURRENT ASSETS:		
Investments	1,981,256	2,009,891
Property and equipment, net	19,891,265	20,689,122
Operating lease right-of-use asset	7,583,372	-
Other assets	<u>4,147,270</u>	<u>1,633,273</u>
Total assets	<u>\$ 56,596,628</u>	<u>\$ 50,497,770</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Line of credit	\$ 459,831	\$ -
Current portion of long-term debt	399,873	639,798
Current portion of operating lease liability	1,012,829	-
Accounts payable	10,971,727	7,055,945
Accrued expenses and other liabilities	5,837,345	7,560,797
Funds held in trust for others	13,219	13,340
Current portion of estimated third-party payor settlements	7,069,083	6,751,565
Current portion of refundable advance	-	3,495,313
Deferred revenue	26,969	896,765
Paycheck Protection Program loan	<u>-</u>	<u>2,000,000</u>
Total current liabilities	<u>25,790,876</u>	<u>28,413,523</u>
NONCURRENT LIABILITIES:		
Estimated third-party payor settlements, net of current portion	606,417	1,016,417
Accrued pension liability	408,915	215,205
Long-term debt, net of current portion	3,594,003	1,981,047
Operating lease liability, net of current portion	6,570,371	-
Other long-term liabilities	<u>3,789,143</u>	<u>1,275,147</u>
Total other liabilities	<u>14,968,849</u>	<u>4,487,816</u>
Total liabilities	<u>40,759,725</u>	<u>32,901,339</u>
NET ASSETS:		
Without donor restrictions	14,642,039	16,361,119
With donor restrictions	<u>1,194,864</u>	<u>1,235,312</u>
Total net assets	<u>15,836,903</u>	<u>17,596,431</u>
Total liabilities and net assets	<u>\$ 56,596,628</u>	<u>\$ 50,497,770</u>

The accompanying notes are an integral part of these statements.

**CONSOLIDATED STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
OPERATING REVENUE:		
Patient and resident services revenue	\$ 71,988,643	\$ 65,536,201
Other operating revenue	10,478,910	11,196,789
Net assets released from restrictions used for operations	<u>12,276</u>	<u>7,500</u>
Total operating revenue	<u>82,479,829</u>	<u>76,740,490</u>
EXPENSES:		
Salaries and wages	38,673,906	35,336,762
Fringe benefits	8,771,656	7,791,682
Supplies	8,746,886	7,131,408
Purchased services	12,726,959	8,466,863
Professional fees	8,333,575	8,462,385
Depreciation	1,513,053	1,461,630
Utilities	1,383,370	1,095,223
Insurance	624,983	575,500
Interest	86,035	84,144
Fundraising	15,707	22,867
Other	<u>2,878,511</u>	<u>1,801,118</u>
Total operating expenses	<u>83,754,641</u>	<u>72,229,582</u>
Income (loss) from operations	<u>(1,274,812)</u>	<u>4,510,908</u>
OTHER GAINS (LOSSES), NET:		
Interest and dividends, net of fees	61,943	39,465
Realized gain on investments, net	13,679	103,630
Cost related to acquisition of subsidiaries	-	(246,001)
Gain (loss) on disposal of property and equipment	(319,465)	15,289
Other revenue	<u>-</u>	<u>110,813</u>
Total other gains (losses), net	<u>(243,843)</u>	<u>23,196</u>
Excess (deficiency) of revenues over expenses	<u>\$ (1,518,655)</u>	<u>\$ 4,534,104</u>

The accompanying notes are an integral part of these statements.

Carthage Area Hospital

	Nov-23	Nov-23
ASSETS		
Cash	1,375	
Cash Tricare MIM	2,430	
Net Accounts Receivable	6,367	
Net Other Receivable	16,616	
Inventories & Prepaid Expenses	4,465	
Total Current Assets	<u>31,252</u>	
Total Fixed Assets	11,189	
Other Long Term Assets	5,185	
Total Assets	<u><u>47,626</u></u>	
Liabilities		
Accounts Payable		15,742
Other Current Liabilities		14,600
Total Current Liabilities		<u>30,343</u>
Long Term Debt		3,604
Long Term Pension Liability		409
Other Long Term Liabilities		3,789
Total Liabilities		<u>7,802</u>
Fund Balance		9,481
Total Liabilities & Fund Balance		<u><u>47,626</u></u>

		Nov-23	
		Current	Current YTD
GROSS INPATIENT			
	MSP	213,799	2,820,925
	REHAB ROUTINE	-	-
	OB ROUTINE	47,359	673,822
	NEWBORN ROUTINE	19,004	294,568
	SKILLED NURSING UNIT	-	-
	ANCILLARY MEDICAL/SNF	1,056,516	11,551,787
	ANCILLARY REHAB	11,840	42,056
	TOTAL GROSS INPATIENT	1,348,518	15,383,158
GROSS OUTPATIENT			
	EMERGENCY SERVICES	4,635,017	47,891,054
	OR	2,052,238	21,178,648
	CLINIC	2,954,396	28,396,537
	RHC	520,139	4,330,138
	OTHER ANCILLARY	2,165,289	24,420,387
	TOTAL GROSS OUTPATIENT	12,327,078	126,216,764
	TOTAL GROSS PATIENT REVENUE	13,675,597	141,599,923
LESS ADJUSTMENTS/ALLOWANCES			
	3RD PARTY CONTRACTUALS	(6,926,454)	(75,897,416)
	BAD DEBT ALLOWANCE	(213,050)	(1,580,368)
	CHARITY CARE	(10,055)	(135,476)
	TOTAL ADJUSTMENTS/ALLOWANCE	(7,149,559)	(77,613,260)
	NET PATIENT REVENUE	6,526,038	63,986,662
	OTHER OPERATING REVENUE	328,428	2,964,643
	NET OPERATING REVENUE	6,854,466	66,951,305
OPERATING EXPENSES			
	SALARIES	3,103,210	31,963,889
	FRINGE BENEFITS	550,393	7,443,238
	PHYSICIAN FEES	422,439	4,660,688
	OTHER PROFESSIONAL FEES	920,963	6,298,716
	DRUGS & IVS	310,910	1,634,831
	MEDICAL SUPPLIES	559,725	5,980,198
	REPAIRS & MAINTENANCE	39,160	298,932
	PURCHASED SERVICES	474,810	6,011,568
	UTILITIES	49,132	414,714
	DEPRECIATION/AMORTIZATION	85,079	960,033
	INTEREST	12,441	92,302
	INSURANCE	116,555	1,217,683
	OTHER	245,448	1,825,244
	TOTAL OPERATING EXPENSES	6,890,266	68,802,035
	OPERATING GAIN(LOSS)	(35,800)	(1,850,730)
NON-OPERATING REVENUES			
	UNRESTRICTED CONTRIBUTIONS	-	-
	CAPITAL GAINS	-	-
	IAAF GRANT	-	-
	OTHER	25,101	530,846
	TOTAL NON-OPERATING REVENUES	25,101	530,846
	NON-OPERATING EXPENSES	-	-
	NET SURPLUS (DEFICIT)	(10,700)	(1,319,884)

Original Membership			
St. Peter's Ambulatory Surgery Center, LLC, d/b/a St. Peter's Surgery & Endoscopy Center			
AGC Associates, LLC		50%	
St. Peter's Hospital		50%	
Total		100%	
Original Membership in AGC Associates, LLC	Membership Shares	Direct Membership % in AGC	Indirect Membership % SPESC
Richard G. Clift, M.D.	10	12.50%	6.25%
Carla F. Fernando-Gilday, M.D.	10	12.50%	6.25%
Vittorio Fiorenza, M.D.	10	12.50%	6.25%
William M. Notis, M.D.	10	12.50%	6.25%
Edward S. Orris, M.D.	10	12.50%	6.25%
Joseph Polito, M.D.	10	12.50%	6.25%
Alan Samuels, M.D.	10	12.50%	6.25%
Nina F. Sax, M.D.	10	12.50%	6.25%
TOTAL	80	100.00%	50.00%
SPESC - St. Peter's Surgery & Endoscopy Center AGC - AGC Associates, LLC			

Current Membership			
St. Peter's Ambulatory Surgery Center, LLC, d/b/a St. Peter's Surgery & Endoscopy Center			
AGC Associates, LLC		50%	
St. Peter's Hospital		50%	
Total		100%	
Associates, LLC	Shares	Membership	Membership
Richard G. Clift, M.D.	10	5.95%	2.98%
Carla F. Fernando-Gilday, M.D.	9	5.36%	2.68%
Joseph Polito, M.D.	10	5.95%	2.98%
Jonathan Barsa, M.D.	10	5.95%	2.98%
Mandeep Bhamra, M.D.	10	5.95%	2.98%
John Buhac, M.D.	9	5.36%	2.68%
Joseph Choma, M.D.	10	5.95%	2.98%
Jeffrey Gerson, M.D.	10	5.95%	2.98%
Robert Gianotti, M.D.	10	5.95%	2.98%
Bora Gumustop, M.D.	10	5.95%	2.98%
Sajid Hussain, M.D.	10	5.95%	2.98%
Reena Patel, M.D.	10	5.95%	2.98%
James V. Puleo II, M.D.	10	5.95%	2.98%
Sean Sheehan, M.D.	10	5.95%	2.98%
Domenico Viterbo, M.D.	10	5.95%	2.98%
Neil Volk, M.D.	10	5.95%	2.98%
Matthew Warndorf, M.D.	10	5.95%	2.98%
TOTAL	168	100.00%	50.00%
SPESC - St. Peter's Surgery & Endoscopy Center			
AGC - AGC Associates, LLC			

Proposed Membership			
St. Peter's Ambulatory Surgery Center, LLC, d/b/a St. Peter's Surgery & Endoscopy Center			
AGC Associates, LLC		50%	
St. Peter's Hospital		50%	
Total		100%	
Proposed Membership in AGC Associates, LLC	Membership Shares	Direct Membership % in AGC	Indirect Membership % SPESC
Richard G. Clift, M.D.	10	5.32%	2.66%
Carla F. Fernando-Gilday, M.D.	9	4.79%	2.39%
Joseph Polito, M.D.	10	5.32%	2.66%
Jonathan Barsa, M.D.	10	5.32%	2.66%
Mandeep Bhamra, M.D.	10	5.32%	2.66%
John Buhac, M.D.	9	4.79%	2.39%
Joseph Choma, M.D.	10	5.32%	2.66%
Jeffrey Gerson, M.D.	10	5.32%	2.66%
Robert Gianotti, M.D.	10	5.32%	2.66%
Bora Gumustop, M.D.	10	5.32%	2.66%
Sajd Hussain, M.D.	10	5.32%	2.66%
Reena Patel, M.D.	10	5.32%	2.66%
Shai Posner, M.D.	10	5.32%	2.66%
James V. Puleo, II, M.D.	10	5.32%	2.66%
Sean Sheehan, M.D.	10	5.32%	2.66%
Domenico Viterbo, M.D.	10	5.32%	2.66%
Neil Volk, M.D.	10	5.32%	2.66%
Matthew Warndorf, M.D.	10	5.32%	2.66%
Xinjun Zhu, M.D.	10	5.32%	2.66%
TOTAL	188	100.00%	50.00%
SPESC - St. Peter's Surgery & Endoscopy Center AGC - AGC Associates, LLC			

ST. PETER'S AMBULATORY SURGERY CENTER, L.L.C. D/B/A ST. PETER'S SURGERY & ENDOSCOPY CENTER

BALANCE SHEETS
DECEMBER 31, 2023 AND 2022

ASSETS

	2023	2022
Current Assets		
Cash	\$ 1,356,785	\$ 1,020,053
Accounts receivable	5,937,396	5,239,432
Medical supply inventory	460,996	486,631
Prepaid expenses	106,373	87,759
Total Current Assets	<u>7,861,550</u>	<u>6,833,875</u>
Property and Equipment	<u>6,259,395</u>	<u>2,757,972</u>
TOTAL ASSETS	<u>\$ 14,120,945</u>	<u>\$ 9,591,847</u>

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities

Current portion of operating lease liability	\$ 493,155	\$ 496,204
Current portion of long-term debt	85,446	82,644
Accounts payable	121,335	112,207
Accrued expenses and other current liabilities	<u>189,580</u>	<u>209,942</u>
Total Current Liabilities	889,516	900,997

Long-Term Liabilities

Operating lease liability, net of current portion	4,222,503	1,572,793
Long-term debt, net of current portion	<u>-</u>	<u>85,446</u>
Total Long-Term Liabilities	4,222,503	1,658,239

TOTAL LIABILITIES

5,112,019 2,559,236

MEMBERS' EQUITY

9,008,926 7,032,611

TOTAL LIABILITIES AND MEMBERS' EQUITY

\$ 14,120,945 \$ 9,591,847

ST. PETER'S AMBULATORY SURGERY CENTER, L.L.C. D/B/A ST. PETER'S SURGERY & ENDOSCOPY CENTER
STATEMENTS OF INCOME AND MEMBERS' EQUITY
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
REVENUES	\$ 29,113,742	\$ 28,806,145
OPERATING EXPENSES		
Variable operating expenses	7,930,264	7,694,112
Fixed operating expenses	<u>2,615,469</u>	<u>2,675,531</u>
Total Operating Expenses	10,545,733	10,369,643
INCOME FROM OPERATIONS BEFORE OTHER INCOME (EXPENSE)	<u>18,568,009</u>	<u>18,436,502</u>
OTHER INCOME (EXPENSE)		
Interest income	26	6
Gain on disposition of property and equipment	406,400	-
Miscellaneous income	248,235	122,550
Interest expense	<u>(4,355)</u>	<u>(7,181)</u>
Total Other Income (Expense)	650,306	115,375
NET INCOME	19,218,315	18,551,877
MEMBERS' EQUITY, BEGINNING	7,032,611	7,259,734
Capital Contributions	-	-
Distributions	<u>(17,242,000)</u>	<u>(18,779,000)</u>
MEMBERS' EQUITY, ENDING	<u>\$ 9,008,926</u>	<u>\$ 7,032,611</u>

St Peter's Surgery & Endoscopy Center
Comparative Balance Sheets
For the month ended March 31, 2024
(Unaudited)

	Current Month 03/31/24	Prior Month 02/29/24
Assets:		
Cash	\$2,060,953	\$1,851,867
Accounts Receivable	6,820,003	6,547,324
Operating Lease	4,506,350	4,550,839
Supplies Inventory	526,996	487,417
Prepaid Expenses	40,817	62,669
Other Current Assets	0	0
Total Current Assets	<u>\$13,955,119</u>	<u>\$13,500,116</u>
Property, Plant & Equipment, net of depreciation	\$1,659,158	\$1,697,351
Intangible Assets, net of amortization	0	0
Total Other Assets	<u>\$1,659,158</u>	<u>\$1,697,351</u>
Total Assets	<u>\$15,614,277</u>	<u>\$15,197,467</u>
Liabilities:		
Accounts Payable	\$140,374	\$136,749
Accrued Expenses	\$171,581	\$176,081
Operating Lease	\$4,592,699	\$4,633,620
Loans Payable	64,351	71,402
Total Liabilities	<u>\$4,969,004</u>	<u>\$5,017,851</u>
Members' Equity:		
Members' Contributions	\$0	\$0
Members' Distributions	(4,568,000)	(2,871,000)
Retained Earnings	9,008,926	9,008,926
Current Year Earnings	6,204,346	4,041,689
Total Equity	<u>\$10,645,272</u>	<u>\$10,179,616</u>
Total Liabilities and Members' Equity	<u>\$15,614,277</u>	<u>\$15,197,467</u>

St. Peter's Ambulatory Surgery Center LLC YTD March 2024 Income Statement		Total
Volume:		5,490
Average Charge Per Case:		\$3,814
Net Revenue Per Case:		\$1,593
Revenue:		
Gross Revenue		\$20,936,662
Estimated Contractual Adjustments		(\$12,188,582)
Total Net Revenue		\$8,748,080
Variable Expenses:		
Clinical Salaries & Wages		\$846,538
Clinical Employee Benefits & Taxes		202,523
Medical Supplies		606,628
Pentex Lease		0
Purchased Services		58,406
Office Supplies		26,893
Medical Equipment Maintenance & Rentals		9,138
Miscellaneous		2,260
Total Variable Expenses		\$1,752,386
Fixed Expenses:		
Administrative Salaries & Wages		\$149,975
Administrative Employee Benefits & Taxes		41,778
Other Personnel Costs		28,670
Phillips Loan		0
Facility Costs		220,730
Professional Fees		31,898
Equipment Lease		60,984
Minor Equipment Purchases		4,932
Insurance		61,819
Depreciation & Amortization		126,032
Interest Expense		655
Marketing		0
Telephone & Long Distance		1,800
Taxes		17,431
Miscellaneous G&A		60,816
Total Fixed Expenses		\$807,520
Total Expenses		\$2,559,906
Profit (Loss) Before Other Income & Expense		\$6,188,174
Other Income		\$16,187
Supply Rebate/PHP Direct Access		\$0
Interest Income		\$6
Net Profit (Loss)		\$6,204,367

ADVANCED SURGERY CENTER LLC
BALANCE SHEET
DECEMBER 31, 2022

ASSETS

Current Assets	
Cash	\$ 44,865
Accounts Receivable	120,140
	<hr/>
Total Current Assets	165,005
	<hr/>
Property and Equipment, Net	23,547
Right-of-Use Asset	1,822,885
	<hr/>
Total Assets	<u>\$ 2,011,437</u>

LIABILITIES AND MEMBER'S EQUITY

Current Liabilities:	
Accounts Payable and Accrued Expenses	\$ 98,116
Lease Liability	124,111
	<hr/>
Total Current Liabilities	222,227
	<hr/>
Lease Liability, Non-Current Portion	1,698,774
Total Liabilities	1,921,001
	<hr/>
Member's Equity	90,436
	<hr/>
Total Liabilities and Member's Equity	<u>\$ 2,011,437</u>

ADVANCED SURGERY CENTER LLC
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED DECEMBER 31, 2022

Revenues	\$ 929,986
Cost of Revenues:	
Patient Transportation	4,230
Billing Service	23,121
Medical Supplies	187,489
Outside Labor	308,063
Processing Fees	19,771
Total Cost of Revenues	542,674
Gross Profit	\$ 387,312
Operating Expenses:	
Advertising	\$ 52,487
Depreciation	911
Data Processing	3,793
Dues and Subscriptions	7,836
Insurance	9,984
Licenses and Permits	12,811
Meals and Entertainments	376
Office Expense	27,160
Payroll Taxes	29,355
Professional Fees	16,043
Rent	209,260
Repairs and Maintenance	3,537
Salaries and Wages	283,746
Travel Expense	826
Utilities	21,002
Uniforms	3,721
Total Operating Expenses	682,848
Net Income	\$ (295,536)

ADVANCED SURGERY CENTER LLC
STATEMENT OF MEMBER'S EQUITY
FOR THE YEAR ENDED DECEMBER 31, 2022

Member's Equity, Beginning of Year	\$	211,158
Net Income		(295,534)
Member Contribution		189,029
Member Distribution		<u>(14,217)</u>
Member's Equity, End of Year	\$	<u><u>90,436</u></u>

Advanced Surgery Center LLC
Balance Sheet
As of November 30, 2023

	<u>Nov 30, 23</u>
ASSETS	
Current Assets	
Checking/Savings	
TD Bank	51,708.84
Total Checking/Savings	<u>51,708.84</u>
Total Current Assets	51,708.84
Fixed Assets	
Equipment	31,202.00
Equipment - A/D	-31,202.00
Leasehold Improvements	44,659.00
Leasehold Improvements A/D	-25,873.00
Total Fixed Assets	<u>18,786.00</u>
TOTAL ASSETS	<u><u>70,494.84</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
American Express Payable	-22.49
Total Credit Cards	-22.49
Other Current Liabilities	
Due to Michael Fiorillo MD PC	48,794.83
net payroll	-6,104.66
Total Other Current Liabilities	<u>42,690.17</u>
Total Current Liabilities	<u>42,667.68</u>
Total Liabilities	42,667.68
Equity	
Capital - M Fiorillo	-16,302.56
Owner's Draw	
Draws	-35,000.00
Total Owner's Draw	-35,000.00
Net Income	<u>79,129.72</u>
Total Equity	<u>27,827.16</u>
TOTAL LIABILITIES & EQUITY	<u><u>70,494.84</u></u>

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 01/22/24
 Accrual Basis

Advanced Surgery Center LLC
Profit & Loss
 January through November 2023

	<u>Jan - Nov 23</u>
Ordinary Income/Expense	
Income	
Fee Income	1,148,553.54
Refunds	-23,288.59
Total Income	<u>1,125,264.95</u>
Cost of Goods Sold	
Patient Transportation	1,287.12
Merchant Credit Card Fees	21,074.83
Billing Services	11,102.48
Medical Supplies	201,074.41
Outside Labor	237,700.00
Total COGS	<u>472,238.84</u>
Gross Profit	653,026.11
Expense	
Meals	2,636.18
Charitable Contributions	100.00
Advertising	802.45
Auto Expense	993.08
Bank Charges	20.00
Credit Card Charges	717.95
Data Processing	2,539.94
Depreciation	684.00
Dues and Subscriptions	7,009.18
Education & Training	1,635.00
Equipment Rental	907.53
Insurance	8,690.47
Laundry & Cleaning	4,960.85
Licenses & Permits	5,188.50
Office Expense	6,334.96
Payroll Tax Expense	22,253.37
Pension Expense	27,334.58
Professional Fees	15,646.00
Rent	200,657.77
Repairs & Maintenance	3,648.84
Salaries	231,059.11
Supplies	21,315.83
Telephone & Internet Expense	1,991.78
Uniforms	3,518.99
Utilities	6,787.55
Total Expense	<u>577,433.91</u>
Net Ordinary Income	75,592.20
Other Income/Expense	
Other Income	
Early Pay Discount	3,537.52
Total Other Income	<u>3,537.52</u>
Net Other Income	<u>3,537.52</u>
Net Income	<u><u>79,129.72</u></u>

Existing Organizational Chart



Michael Fiorillo, M.D.
100%

Sole Member

Proposed Organizational Chart

Advanced Surgery Center, LLC

J Fire Ambulatory Holdings LLC
95%

Member

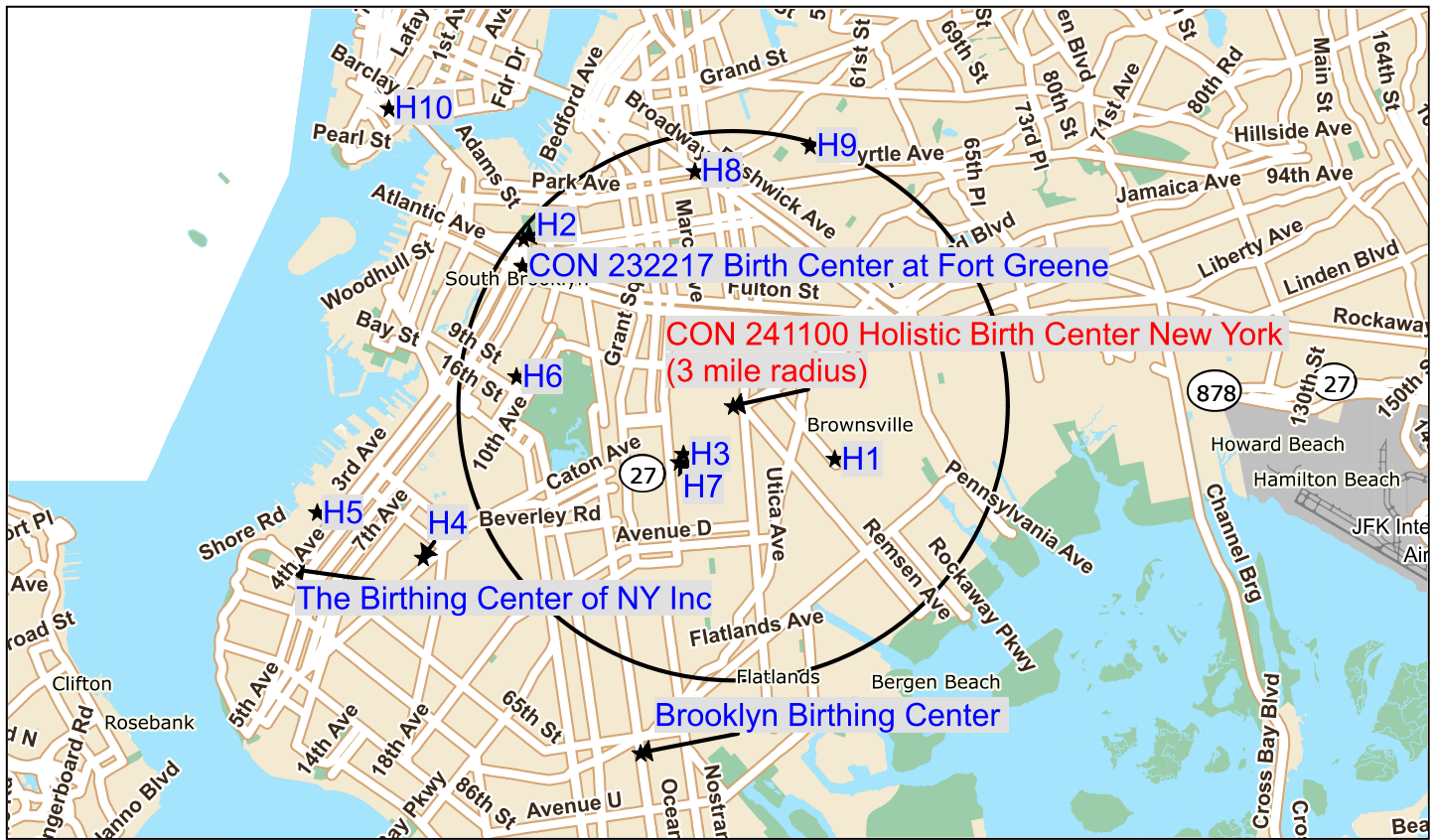
Dmitry Rozin, M.D.
5%

Member

Proposed Membership Interests

	Direct Membership in J Fire Ambulatory Holdings LLC	Indirect Membership in Advanced Surgery Center, LLC
Alina Gamburg	16.0%	15.2%
David Gamburg, M.D.	9.0%	8.6%
Jacob Gamburg	10.0%	9.5%
Jordan Gamburg	10.0%	9.5%
Ludmila Superfin	55.0%	52.3%
Total	100%	95%

	Membership in Advanced Surgery Center, LLC
Alina Gamburg	15.2%
David Gamburg, M.D.	8.6%
Jacob Gamburg	9.5%
Jordan Gamburg	9.5%
Ludmila Superfin	52.3%
Total	95%
Dmitry Rozin, M.D.	5.0%
Total	100%



- H1 Brookdale Hospital Medical Center
- H2 Brooklyn Hospital Center - Downtown Campus
- H3 Kings County Hospital Center
- H4 Maimonides Medical Center
- H5 NYU Langone Hospital-Brooklyn
- H6 NewYork-Presbyterian Brooklyn Methodist Hospital
- H7 University Hospital of Brooklyn
- H8 Woodhull Medical & Mental Health Center
- H9 Wyckoff Heights Medical Center
- H10 New York-Presbyterian/Lower Manhattan Hospital

Pro Forma Balance Sheet

ASSETS:

Cash	\$510,462
Moveable Equipment	106,175
Leasehold Improvements	<u>445,344</u>
TOTAL ASSETS	\$1,061,981

LIABILITIES:

Working Capital Loan	\$225,231
Bank Loan	<u>551,519</u>
TOTAL LIABILITIES	\$776,750

NET ASSETS	\$285,231
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Digestive Disease Center of Central New York, LLC
Statement of Assets, Liabilities,
and Equity - Cash Basis
As of December 31, 2023

CON#241153
BFA Attachment A

ASSETS

Current Assets:

Cash - Charles Schwab	\$ 2,181,110.45	
Cash - Pathfinder	445,204.91	
Prepaid Rent	<u>22,348.60</u>	
Total Current Assets		\$ 2,648,663.96

Property and Equipment:

Equipment & Furniture	\$ 3,229,922.99	
Accumulated Depreciation	(3,229,922.99)	
Leasehold Improvements	1,687,970.69	
Accumulated Depreciation	<u>(804,199.57)</u>	
Net Property and Equipment		<u>883,771.12</u>
Total Assets		<u>\$ 3,532,435.08</u>

See Accountants' Compilation Report.

Digestive Disease Center of Central New York, LLC
Statement of Assets, Liabilities,
and Equity - Cash Basis
As of December 31, 2023

CON#241153
Attachment A (Cont)

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities:

Accrued 401(k) P/S Contrib.	\$ 127,437.80	
Due to Gastro. & Hepa. of CNY	382,594.20	
Credit Card Payable	<u>30,807.43</u>	
Total Current Liabilities		\$ 540,839.43

Members' Equity:

Distributions	\$ (4,680,000.00)	
Members' Equity	4,187,181.42	
Net Income (Loss) - Year-to-Date	<u>3,484,414.23</u>	
Total Members' Equity		<u>2,991,595.65</u>
Total Liabilities and Equity		<u>\$ 3,532,435.08</u>

See Accountants' Compilation Report.

Digestive Disease Center of Central New York, LLC
Statement of Revenues and Expenses - Cash Basis
For the Twelve Months Ended December 31, 2023

CON#241153
Attachment A (Cont)

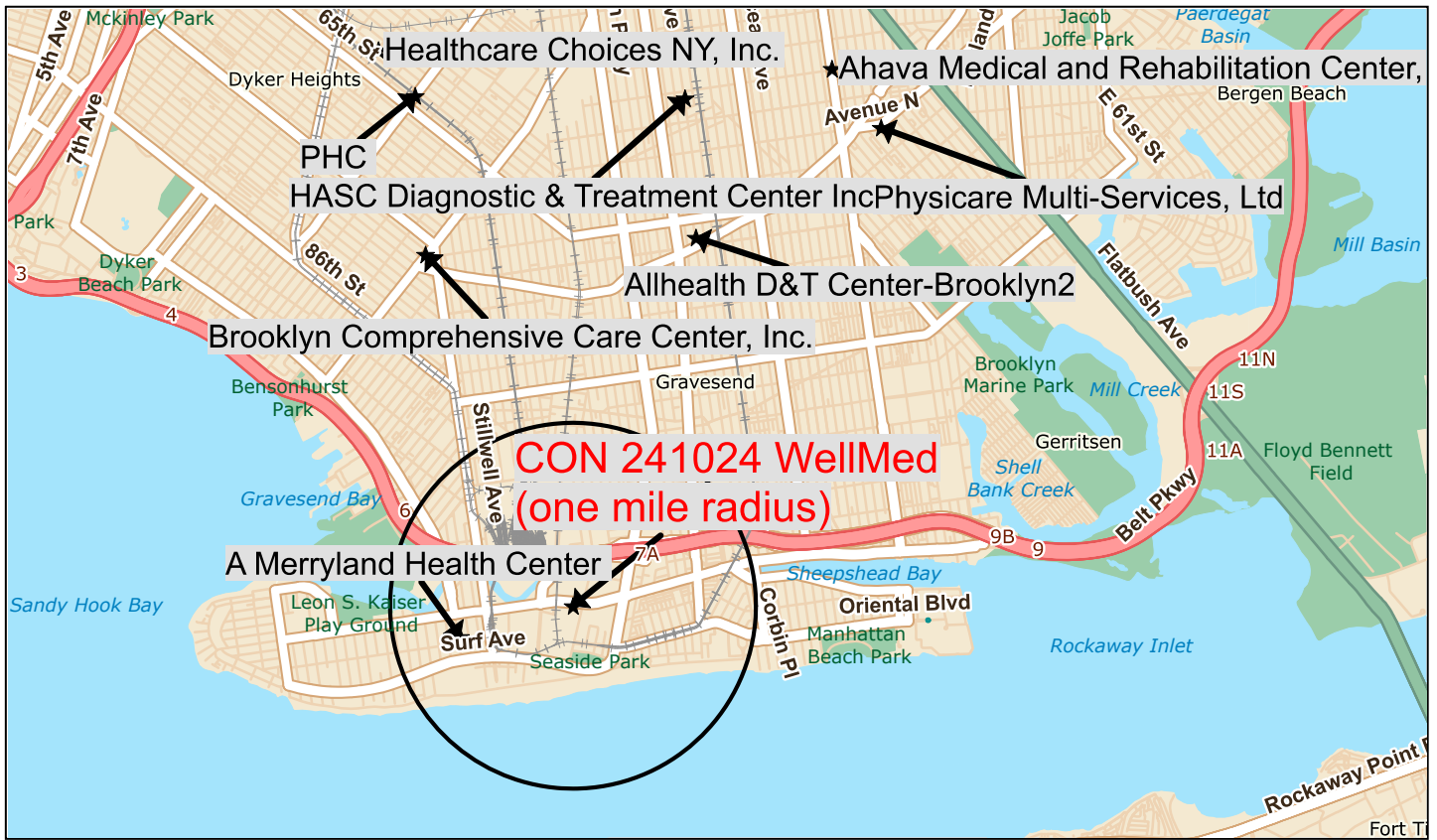
	Current Period	%	Year-to-Date	%
Revenue:				
Fee Income	\$ 594,755.88	91.57	\$ 8,046,558.65	97.15
Patient Refunds	(4,150.32)	(0.64)	(71,597.92)	(0.86)
Miscellaneous Income-Admin Svcs	15,017.00	2.31	180,204.00	2.18
Interest Income	7,178.19	1.11	46,868.60	0.57
Miscellaneous Income	<u>36,720.00</u>	<u>5.65</u>	<u>80,244.10</u>	<u>0.97</u>
Total Revenue	<u>649,520.75</u>	<u>100.00</u>	<u>8,282,277.43</u>	<u>100.00</u>
Operating Expenses:				
Advertising	0.00	0.00	250.00	0.00
Bank Service Charges	1,208.53	0.19	18,143.26	0.22
DB Contributions	(10,060.00)	(1.55)	20,000.00	0.24
Depreciation	106,782.25	16.44	525,742.01	6.35
Dues and Subscriptions	2,400.00	0.37	41,184.00	0.50
Insurance	26,489.93	4.08	320,647.29	3.87
Legal & Accounting	15,100.00	2.32	78,200.00	0.94
NYS LLC/LLP Filing Fee	0.00	0.00	3,000.00	0.04
NYS Estimated PTET	140,000.00	21.55	365,000.00	4.41
Office Expense	592.48	0.09	21,605.92	0.26
Management Fees	1,600.00	0.25	19,200.00	0.23
Outside Services	3,162.64	0.49	67,927.05	0.82
Payroll Taxes	20,261.06	3.12	158,567.07	1.91
Profit Sharing Contributions	43,879.88	6.76	254,848.34	3.08
Postage	0.00	0.00	540.17	0.01
Rent	22,348.60	3.44	266,222.93	3.21
Repairs and Maintenance	21,354.69	3.29	209,167.50	2.53
Salaries	348,315.75	53.63	2,041,549.41	24.65
Salary Deferral - 401(k)	(15,657.30)	(2.41)	(132,259.14)	(1.60)
Salary Deferral - Sect 125 Cafe	(4,468.80)	(0.69)	(59,551.53)	(0.72)
Salary Deferral - HSA account	(984.60)	(0.15)	(12,999.80)	(0.16)
Sales Tax	4,343.12	0.67	18,397.28	0.22
Supplies - Medical	20,008.99	3.08	547,563.85	6.61
Utilities	1,804.96	0.28	21,951.33	0.27
Uniforms	<u>0.00</u>	<u>0.00</u>	<u>2,966.26</u>	<u>0.04</u>

See Accountants' Compilation Report.

Digestive Disease Center of Central New York, LLC CON#241153
 Statement of Revenues and Expenses - Cash Basis Attachment A (Cont)
 For the Twelve Months Ended December 31, 2023

	Current Period	%	Year-to-Date	%
Total Operating Expenses	<u>748,482.18</u>	<u>115.24</u>	<u>4,797,863.20</u>	<u>57.93</u>
Net Income (Loss)	<u>\$ (98,961.43)</u>	<u>(15.24)</u>	<u>\$ 3,484,414.23</u>	<u>42.07</u>

See Accountants' Compilation Report.



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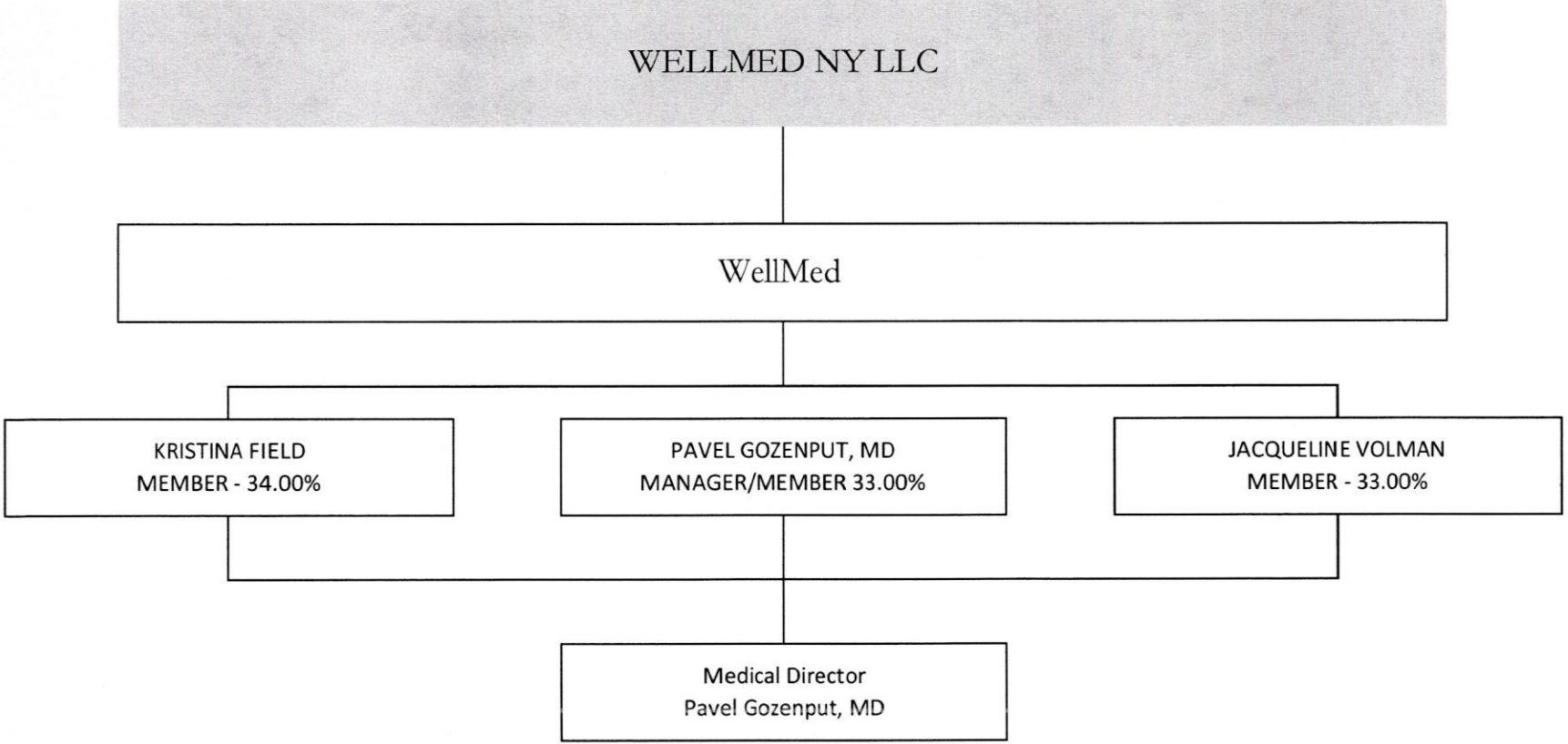
Pro Forma Balance Sheet

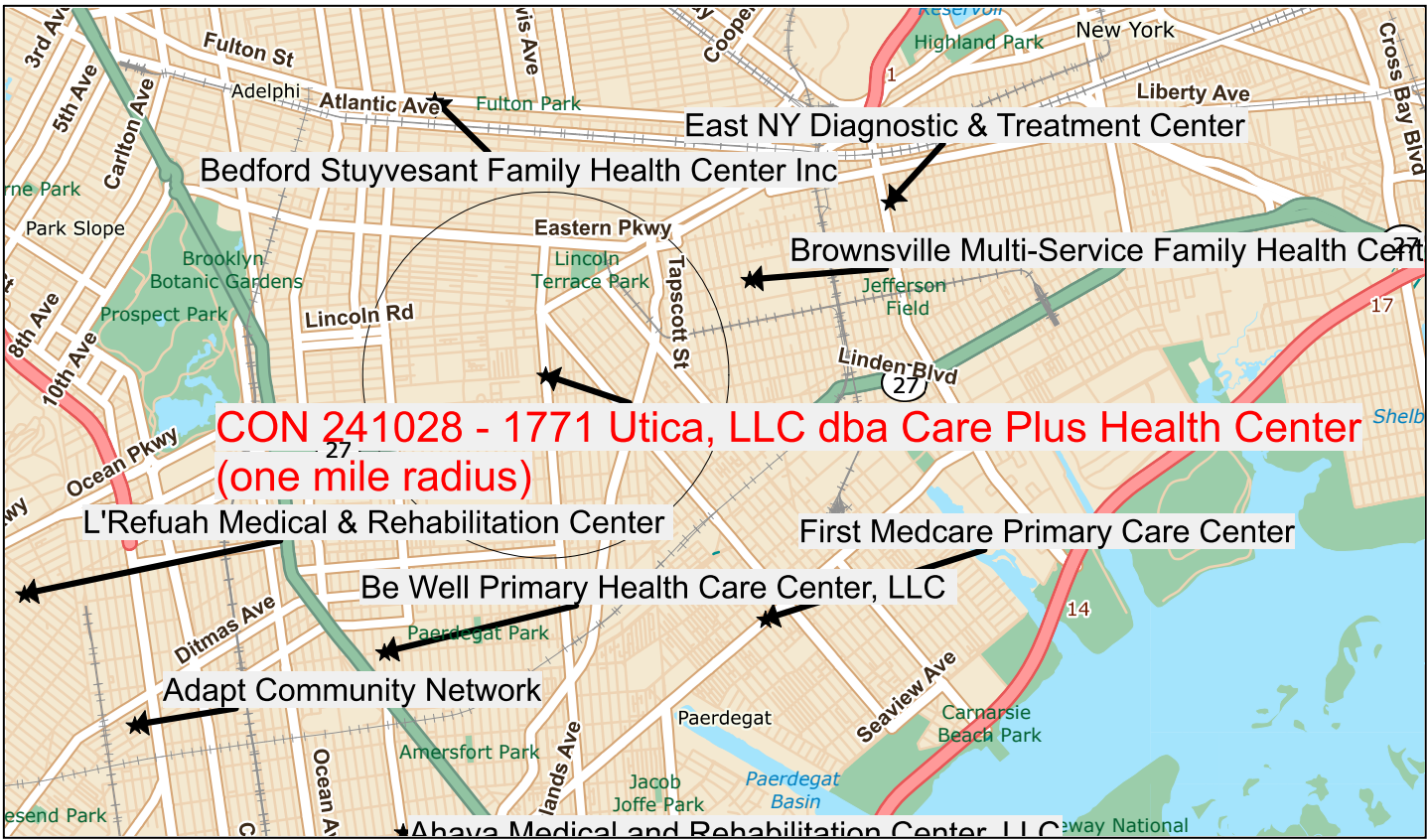
ASSETS

Cash	\$	213,710
Building Depreciation	\$	322,591
Moveable/Fixed Equipment	\$	143,300
Total Assets	\$	679,601

LIABILITIES & MEMBERS EQUITY

Long Term Debt		\$419,302
Short Term Debt	\$	106,855
Total Liabilities	\$	526,157
Member's Equity	\$	153,444
Total Liabilities and Directors' Equity	\$	679,601





CON #241028
BFA Attachment A

Net Worth Statement:	Danil Shabalay	Zaur Yusufor
	1/16/2024	1/17/2024
ASSETS:		
Cash	\$418,954	\$223,195
Stocks and Bonds	\$149,853	\$102,178
Cash Surrender Life Ins.	\$37,069	\$0
Real Estate	<u>\$3,900,000</u>	<u>\$3,450,000</u>
TOTAL ASSETS	\$4,505,876	\$3,775,373
LIABILITIES		
Other/Health Care Facilities	\$1,405,736	\$0
Notes Payable	\$72,396	<u>\$0</u>
Mortgage Payable	<u>\$0</u>	<u>\$2,328,000</u>
TOTAL LIABILITIES	\$1,478,132	\$2,328,000
NET WORTH	<u>\$3,027,744</u>	<u>\$1,447,373</u>

CARE PLUS HEALTH CENTER

CON #241028
BFA Attachment B

**PROFORMA
BALANCE SHEET**

ASSETS

ASSETS

Cash	\$ 500,000
L/H Improvements	295,660
Furniture, Fixtures, & Equipment	<u>63,660</u>

TOTAL ASSETS \$ 859,320

LIABILITIES AND MEMBER'S EQUITY

LIABILITIES

Member Loans Payable	\$ <u>-</u>
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TOTAL LIABILITIES -

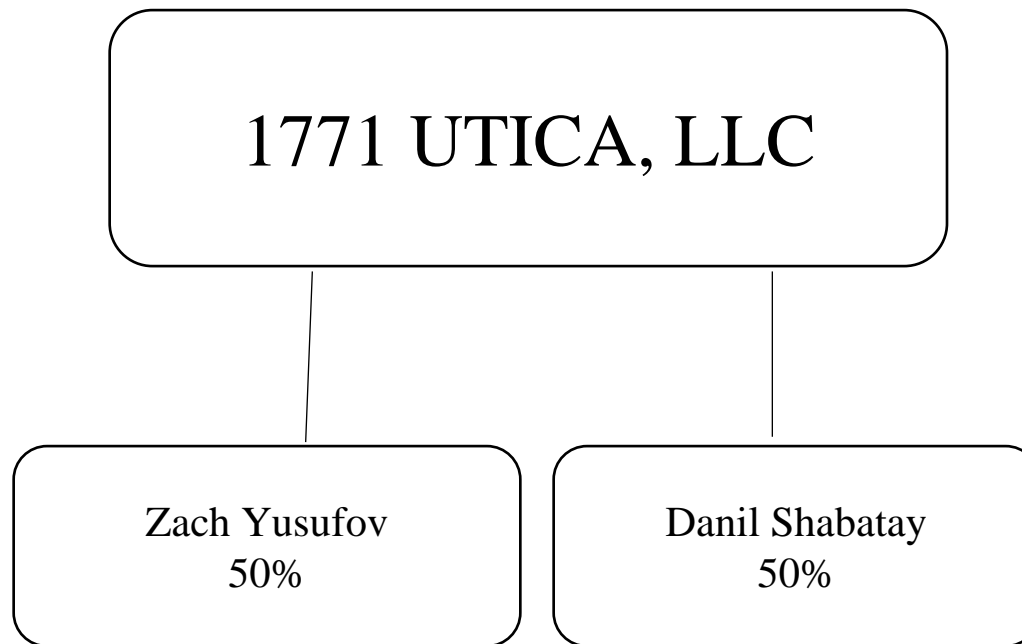
MEMBER'S EQUITY

Member Capital Contributions	<u>859,320</u>
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TOTAL MEMBER'S EQUITY 859,320

TOTAL LIABILITIES AND MEMBER'S EQUITY \$ 859,320

TRANSACTION TABLE OF ORGANIZATION



Priority Cares Home Services, LLC
Workforce Questions

What is the current availability of professional/ paraprofessional workers to staff your program?

At this stage of our LHCSA certification application process, we have taken proactive measures to ensure that we have a well-prepared and competent team of both professional and paraprofessional workers ready to staff our program. Our recruitment efforts have been thorough, focusing on attracting highly skilled healthcare professionals, including licensed nurses, physical therapists, occupational therapists, speech therapists, and other specialized professionals, to provide comprehensive and quality care to our clients.

In addition to our professional staff, we have also recruited and trained a dedicated team of paraprofessional workers, such as patient care companions and Home Health Aides (HHAs). These compassionate caregivers play an essential role in delivering personalized care to our clients, ensuring their comfort and well-being.

We have been meticulous in ensuring that our workforce meets all necessary qualifications and certifications required by regulatory bodies and industry standards. Additionally, we prioritize ongoing professional development and training to empower our staff with the latest skills and knowledge, ensuring that they can address the diverse healthcare needs of our clients effectively. Our commitment to providing exceptional care to our clients is unwavering, and we are confident in our ability to fulfill the requirements for LHCSA certification. As we progress through the certification process, we are dedicated to maintaining a robust and competent workforce to meet the demands of our growing clientele and to serve the community with the highest standards of care.

If you require any further information or have specific inquiries related to staffing or any other aspect of our LHCSA program, please do not hesitate to reach out. We appreciate the opportunity to clarify any doubts and look forward to the possibility of obtaining LHCSA certification to enhance our services further.

Who are the competing employers?

The competing employers in our industry include:

- HCR Home Care
- Friendly Senior Living
- Lifetime Care Home Health Care and Hospice
- UR Medicine Home Care
- Maxim Healthcare Services
- Visiting Nurse Service of Rochester and Monroe County
- Caring Hearts of Rochester
- Tender Loving Family Care

Priority Cares Home Services, LLC
Workforce Questions

How do you propose to successfully compete? Include training, recruitment, and transportation strategies.

To achieve success in a competitive market, we focus on various strategies that cater to the diverse needs of our community and clients.

Comprehensive Client Assessment: We Begin by completing a complete assessment of each client's health needs, medical history, lifestyle, and preferences. This data will be used to develop customized treatment plans tailored to each individual's needs.

Qualified and Compassionate Staff: We make certain that all healthcare personnel, including nurses, caregivers, and other professionals, are highly qualified, licensed, and experienced. Equally vital is their capacity to give compassionate care while knowing the clients' emotional and physical demands.

Continuous Training and Education: We invest in continual training and education for the healthcare staff to keep them up to date on the newest medical advances and best practices in personal health care. Continuous progress in skills and knowledge ensures that patients receive excellent treatment.

Client-Centered Care Plans: We create client-centered care plans that are adaptable and flexible, taking individual preferences and goals into account. Review and revise these plans on a regular basis to suit changes in the client's health status or needs.

Clear Communication and Coordination: We open lines of communication between the healthcare team, clients, and their families. To eliminate gaps or misunderstandings, ensure flawless coordination among all people involved in the care process.

Safe and Hygienic Environment: We keep a clean and safe atmosphere for our clients by following all infection control regulations and safety precautions. This includes correct equipment sanitation, hygiene habits, and a clean-living environment.

Medication Management: To guarantee that clients receive their prescribed drugs accurately and on time, we implement a robust medication management system. Monitor medication adherence on a regular basis and report any issues as soon as possible.

Emotional Support and Mental Health Care: We understand the significance of emotional support and mental health treatment for our clients. We provide counseling and emotional support to clients in order to assist them cope with any issues they may have.

Continuous Quality Assurance: Our team implements a quality assurance program to examine the effectiveness of service delivery on a regular basis and identify areas for improvement. Client input and result assessments can aid in the improvement of service quality.

Emergency Preparedness: We have a well-defined emergency preparedness plan in place to deal with any unexpected occurrences as quickly and effectively as possible.

Respect for Client Dignity and Autonomy: In all parts of care, we uphold the ideals of dignity, autonomy, and respect for clients' choices and cultural preferences.

Priority Cares Home Services, LLC
Workforce Questions

Training of Employees

Regarding training, we have adopted a unique approach by collaborating with the Small Business Services of New York City. This collaboration allows us to offer customized training sessions for our employees, ensuring they are well equipped to provide exceptional care. Training is a key priority for us, and we conduct regular quarterly and monthly sessions that address various areas, responding to employee feedback and client needs.

Recruitment Process

For recruitment, we have a well-structured recruitment program in place, and we also collaborate with other workforce companies, such as America Works and NADAP, to identify and select potential candidates for our team.

Also, we use a step-by-step plan to screen and get them onboard Which is-

Assessment: We begin by determining specific client care requirements, such as personal care, medical support, companionship, and specialist care for diseases such as dementia.

Job Description and Qualifications: We develop a comprehensive caregiver job description that includes basic qualifications such as CNA, HHA certification, caregiving experience, and vital abilities such as communication and empathy.

Sourcing Channels: To recruit potential caregiver applicants, use online job boards, caregiver-specific websites, community centers, associations, and word-of-mouth referrals.

Application Screening: Examine caregiver applications to find applicants that meet basic standards and share our company's vision and values.

Phone and In-Person Interviews: Conduct phone interviews to evaluate communication abilities, availability, and genuine interest in caring. In order to evaluate caregiving abilities and cultural fit, invite promising candidates for in-person interviews.

Reference and Background Checks: Verify work history, reliability, and conduct comprehensive background checks for client safety.

Skills Assessment: To examine candidates' talents relevant to caring, provide skills assessments or competency examinations.

Client Interaction: We involve clients and families in the interview process wherever possible to obtain input on caregiver selection, taking into account their preferences and feedback.

**Priority Cares Home Services, LLC
Workforce Questions**

Orientation and Training: Following that, we provide a complete orientation session for new caregivers, introducing them to our company's rules, procedures, and best practices in caregiving. Provide opportunities for continued training and professional growth.

Trial Period: We implement a trial period to assess caregiver performance and compatibility with clients and our company.

Continuous Feedback: Regularly seek feedback from clients and their families to evaluate caregiver performance and client satisfaction. Use this feedback to improve the recruitment process and enhance the quality of care.

Transportation

In terms of transportation, we have established partnerships with third-party transportation and bus companies, namely "Our Bus" and "Rainbow Cab," which efficiently transport our employees to designated locations.

How do you coordinate with the Department of Labor or any other local workforce initiatives?

We proactively seek partnerships and establish a strong network with the Department of Labor and local workforce initiatives. Through active participation in joint events, job fairs, and industry forums, we foster relationships and stay informed about the latest workforce trends and opportunities. Also, we have a plan to coordinate with the Department of Labor or any other local workforce initiatives which is -

Communication Channels: Priority Cares will establish direct communication channels with the Department of Labor and local workforce initiatives via email, phone calls, and in-person meetings to express interest in collaboration.

Job Fairs and Events: We will actively participate in job fairs and career expos organized by the Department of Labor and local initiatives. These events will be used to connect with potential candidates and showcase our caregiving opportunities.

Workforce Development Programs: We will inquire about workforce development programs offered by the Department of Labor and local initiatives. Priority Cares aims to explore partnerships to train and upskill candidates specifically for caregiving roles

Job Openings Advertising: Utilizing job posting services provided by the Department of Labor and local workforce initiatives, we will attract a diverse pool of potential candidates actively seeking employment.

Training Collaborations: We will explore collaborations with the Department of Labor and local initiatives to provide specialized training and certifications for our caregivers, enhancing their skills and qualifications.

Priority Cares Home Services, LLC
Workforce Questions

Internship and Apprenticeship Programs: Priority Cares will inquire about internship or apprenticeship programs, offering opportunities for individuals interested in entering the caregiving field.

Labor Market Insights: We will stay informed about labor market trends and demands through the Department of Labor and local initiatives, guiding our workforce planning and recruitment strategies.

Industry Forums Participation: Engaging in industry forums and roundtable discussions organized by the Department of Labor and local initiatives will facilitate networking with other employers and stakeholders in the caregiving industry.

Financial Incentives Exploration: Priority Cares will inquire about any financial incentives or grants offered by the Department of Labor or local initiatives to support workforce development initiatives.

Feedback and Input: We will actively offer feedback and input to the Department of Labor and local initiatives on workforce-related policies and programs, actively engaging in shaping initiatives aligned with the caregiving industry's needs.

By implementing this workforce coordination plan, Priority Cares aims to access valuable resources, connect with a diverse pool of potential candidates, and stay informed about workforce trends. This collaborative approach will contribute to a well-trained and dedicated caregiving workforce, ultimately enhancing the quality of care we provide to our clients.

What impact will the initiation/expansion of your program have on the workforce or other healthcare providers in the community? How will you minimize any adverse impact?

The initiation or expansion of Priority Cares can have several impacts on the workforce and other healthcare providers in the community. It's important to consider these potential effects to ensure smooth integration and address any challenges.

Workforce Demand and Competition: The initiation or expansion of the Home Health Aide program by Priority Cares may increase the demand for qualified caregivers in the community. This could lead to competition among healthcare providers for skilled Home Health Aides, potentially resulting in staff shortages or higher turnover rates.

Skill Shortages: The increased demand for Home Health Aides may lead to skill shortages in the workforce, affecting the quality of care provided to clients.

Impact on Existing Health Care Providers: The initiation or expansion of Priority Care's Home Health Aide program may create competition for clients among existing healthcare providers in the community. This could potentially impact their patient base and revenue.

Cultural and Language Considerations: The program's expansion may result in the recruitment of Home Health Aides from diverse cultural and linguistic backgrounds. This could pose challenges in

Priority Cares Home Services, LLC Workforce Questions

effective communication with clients and coordination with other healthcare providers.

To minimize any adverse impacts, Priority Cares can consider the following strategies:

Comprehensive Workforce Planning: Conducting thorough workforce planning can help identify potential skill shortages and recruitment challenges. Priority Cares can develop strategies to attract and retain qualified Home Health Aides, such as offering competitive compensation packages and professional development opportunities.

Collaboration and Partnerships: Priority Cares can foster collaboration and partnerships with other healthcare providers in the community. By working together, they can ensure a coordinated approach to patient care and avoid unnecessary competition.

Investment in Training and Development: Priority Cares can invest in ongoing training and development programs for Home Health Aides. This will help maintain and enhance their skills, ensuring the delivery of high-quality care to clients.

By carefully considering these factors and implementing appropriate strategies, Priority Cares can successfully initiate or expand its Home Health Aide program while positively impacting the workforce and healthcare providers in the community.

What Measures will you adopt to promote retention of specific categories of your workforce?

To promote the retention of specific categories of Priority Care's workforce, the company can implement targeted measures to address the unique needs and challenges of each group. Here are some strategies that Priority Care can adopt:

Career Advancement Opportunities: Offer clear career advancement paths and growth opportunities for each specific category of employees. Provide training and development programs to enhance their skills and prepare them for higher roles within the organization. By showing a commitment to their professional growth, employees will be more motivated to stay with the company.

Competitive Compensation and Benefits: Conduct regular market research to ensure that the compensation and benefits packages for each category of employees remain competitive. Tailor benefits to cater to the specific needs of the workforce, such as healthcare benefits for caregivers or flexible work arrangements for administrative staff.

Recognition and Reward Programs: Implement recognition and reward programs to acknowledge the outstanding contributions of employees in each specific category. Celebrate their achievements publicly and offer tangible rewards or incentives as a token of appreciation.

Work-Life Balance Initiatives: Recognize the importance of work-life balance for each category of employees and offer flexible scheduling options or remote work arrangements when possible. This will demonstrate the company's commitment to supporting their personal well-being.

**Priority Cares Home Services, LLC
Workforce Questions**

Regular Feedback and Communication: Foster open communication channels between employees and management for each specific category. Conduct regular feedback sessions, one-on-one meetings, or anonymous surveys to understand their concerns and needs better.

Mentoring and Coaching Programs: Implement mentoring or coaching programs for employees in specific categories. Pair experienced employees with newcomers to provide guidance, support, and opportunities for skill development.

Health and Wellness Programs: Organize health and wellness initiatives tailored to the specific needs of each category of employees. Offer resources and programs that address the physical and mental well-being of the workforce.

Employee Engagement Activities: Organize team-building activities and events that cater to the interests of each specific category. Engaged employees are more likely to feel connected to the company and its mission.

Diversity and Inclusion Initiatives: Create a culture that values diversity and inclusion, ensuring that employees in all categories feel respected and represented within the organization.

Exit Interviews and Analysis: Conduct exit interviews to understand the reasons for turnover within each specific category. Analyze the feedback to identify trends and areas for improvement.

By adopting these measures, Priority Care can create a supportive and engaging work environment that caters to the unique needs of each specific category of employees. This approach will foster loyalty, job satisfaction, and ultimately lead to higher retention rates, benefiting both the company and its workforce

**Excel Homecare, Inc.
Workforce Summary**

What is the current availability of professional/paraprofessional workers to staff your program?

The agency currently has 30 registered nurses, 36 home health aides and 4 personal care aides on staff.

Who are the competing employers? How do you propose to successfully compete? Include training, recruitment, and transportation strategies.

Our direct competitors are those LHCSA providing the same level of service as we do. Although there are hundreds of agencies offering homecare services in the same service areas, NOT all LHCSA provide service beyond nonskilled HHA/ PCA service.

Companions Plus Inc. has built a niche in the industry since starting out as a registry and becoming licensed in 2006. Primarily serving patients with LTC insurances, private pay and more recently commercial insurance payors with home care benefits needing skilled nursing and paraprofessional services. The majority of the agency's patients refer to their friends and family based on the level of care they have received over the years.

Excel Homecare, Inc. will continue to service patients of the existing provider by maintaining the level of care that our patients have come to expect through selective recruiting and training. We work with a few training schools by hiring their graduates and having our field nurses train and supervise them in the field.

Recruitment Strategies

Excel Homecare, Inc. plans to continue to work with training programs such as Home Health Consulting and Home Health Training Institute to recruit new HHAs and PCAs providing them with on-the-job training. We will also offer a paid training agreement for recruits who want to work as HHAs and PCAs but are not certified.

Job boards such as Indeed, community job fairs, church bulletins and advertisements in community papers have all been successful strategies as well and will continue to be utilized by Excel Homecare, Inc.

Transportation Strategies

Excel Homecare, Inc. will continue the current provider's transportation assistance initiative which assists with transportation costs to commute to patients in areas that are hard to reach. This may include reimbursing a portion of the paraprofessional's travel expenses, or increasing the pay rates for cases where the cost to travel is significant, that is requiring a train and or taxi to these areas. We will continue to pay mileage to our professional staff between patient visits.

**Excel Homecare, Inc.
Workforce Summary**

How do you coordinate with the Department of Labor or any other local workforce initiatives?

At present, Companions Plus has no direct coordination with the Department of Labor, however it is our intention upon transfer of ownership to utilize the Department of Labor's platform Career One stop via NYS Job Bank to recruit paraprofessionals and professionals. We currently participate in community initiatives such as job fairs and working with local churches to post on their bulletin boards as a recruitment strategy.

What impact will the initiation/expansion of your program have on the workforce or other health care providers in the community? How will you minimize any adverse impact?

We anticipate a positive impact on the workforce by reducing the number of unemployed individuals who are willing, able, and capable of working. This will also be an advantage for the community based on discussions with case managers at various hospitals for e.g. NYU Winthrop our ability to provide nursing post hospital stay for Medicare ineligible patient through Evicore and Care Centrix will be beneficial as they often have difficulties finding LHCSAs to accept these patients.

Our work force initiative will also benefit the patients of our contracted provider partners by providing additional paraprofessionals to care for patients in hard to staff areas.

Our professional nursing staff are employed per diem and hold full-time or part-time positions elsewhere. There's no adverse impact on their employers.

Our paraprofessionals are registered with other agencies as well since we max our schedules at 40 hours per week for hourly workers and split shift days for longer service hours between 2 caregivers. This staffing mix allows caregivers to have full-time employment with our agency and the opportunity to have a second employer if they choose to. This benefits our competitors as well; they can recruit and hire these paraprofessionals for open shifts and vice versa. This will minimize any adverse effects on other LHCSA within our service areas and allow for caregivers to maintain employment between cases.

What measures will you adopt to promote retention of specific categories of your workforce

We will adopt the following benefits and improve on them as the agency grows:

Excel Homecare, Inc.
Workforce Summary

PTO policy currently in place offering paid time off to a maximum of 80 hours per calendar year to employees.

We will continue to offer year-end bonuses to qualified employees based on performance evaluation.

We will continue to offer health and implement retirement benefits as well.

**Caregiver Pro Homecare, Inc.
Workforce Summary**

What is the current availability of professional/paraprofessional workers to staff your program? As a home care agency in Queens, New York, we have a team of highly qualified professional and paraprofessional caregivers who are dedicated to providing exceptional care to our clients. We are committed to ensuring that our staff is always available to meet the needs of our clients, and we regularly recruit and train new caregivers to expand our capacity and meet growing demand. Both part-time and full-time staff are available at the moment's notice.

Who are the competing employers? In terms of competing employers, there are other licensed home care agencies in the area that also offer similar services. Our agency differs in the type of services we provide; we are equipped to both provide unskilled and skilled care for our patients. Moreover, we differentiate ourselves by providing personalized care plans tailored to each client's unique needs and preferences and work in concert with the ordering physician to meet the goal for the patient. Our caregivers receive ongoing training and education to ensure that they are equipped with the skills and knowledge necessary to provide the best possible care. Bilingual staff are available on site as well as for patient cases to better communication overall.

How do you propose to successfully compete? Include training, recruitment, and transportation strategies. To successfully compete, we have implemented several strategies. For training, we provide our caregivers with regular continuing education programs to keep them up-to-date on industry best practices and the latest techniques. For recruitment, we have established partnerships with local schools and training programs to source new talent and help individuals develop the skills necessary to succeed in the home care industry. If additional recruitment is needed, we can source our paraprofessionals by applying for approval to provide both the Home Health Aide Training Program as well as the Personal Care Aide Training program from the department of Health. For transportation, we offer flexible scheduling options and work with our caregivers to ensure that they have reliable transportation to and from their assignments.

How do you coordinate with the Department of Labor or any other local workforce initiatives? We work closely with the Department of Labor, attend career fairs as well as local community events to spread the word and provide opportunities to individuals of all backgrounds to apply for a position at our agency. Relationships have been established with these organizations, and we keep abreast of any changes or updates to regulations and requirements.

What impact will the initiation/expansion of your program have on the workforce or other healthcare providers in the community? How will you minimize any adverse impact? In general, the initiation/expansion of our home care agency will have a positive impact on the workforce and healthcare providers in the community. Firstly, it will create more job opportunities for caregivers such as PCAs and HHAs, nurses, and other healthcare professionals who can provide in-home care services. Secondly, with more options for home care, healthcare providers will be able to refer patients to these agencies, potentially reducing the burden of care on hospitals and other healthcare facilities. We do not expect adverse impacts because of our business expansion or initiation. However, to minimize any adverse impacts, the agency will coordinate with hospitals and clinics to ensure seamless coordination of care for patients. Additionally, the agency has a strong focus on quality of care and patient satisfaction to ensure that patients receive the best possible outcomes.

What measures will you adopt to promote retention of specific categories of your workforce? We adopt several measures to promote retention of specific categories of our workforce. One of the most effective ways to promote retention is to offer competitive compensation packages that include benefits such as health insurance, retirement plans, and paid time off. Our agency maintains compliance with all the required Department of Labor regulations for the homecare workforce. We provide workers compensation, as well as worker's disability coverage. In addition, an annual in service is made to ensure

our staff is current with the quality-of-care standards. Another important consideration to promote retention of our workforce is creating a positive work environment that values employee feedback, recognizes employee achievements, and promotes a healthy work-life balance. As a Home care agency, we have the ability to explore flexible scheduling options, such as part-time or remote work, to accommodate the needs of our workforce. Finally, it is important for home care agencies to establish a culture of respect, trust, and open communication between management and employees. By fostering a positive and supportive workplace culture, home care agencies can create a loyal and committed workforce.

Workforce Review

What is the current availability of professional/paraprofessional workers to staff your program?

We're a home care agency in Brooklyn, New York, with a team of highly trained caregivers devoted to providing topnotch care. Ensuring our clients' needs are met is our priority, so we're always recruiting and training new caregivers to keep up with demand. Whether you need part-time or full-time care, our staff is ready to assist at short notice.

Who are the competing employers?

When it comes to competing employers, there are other licensed home care agencies nearby that offer similar services. However, our agency stands out for the range of services we offer—we provide both unskilled and skilled care for our patients. Additionally, we set ourselves apart by creating personalized care plans tailored to each client's individual needs and preferences, collaborating closely with the ordering physician to achieve the patient's goals. Our caregivers undergo continuous training and education to ensure they have the skills and knowledge needed to deliver excellent care. We also have bilingual staff available onsite and for patient cases to enhance overall communication.

How do you propose to successfully compete? Include training, recruitment, and transportation strategies.

To stay competitive, we've put in place various strategies. To enhance training, we offer regular continuing education programs for our caregivers, keeping them informed about industry best practices and the latest techniques. In terms of recruitment, we've formed partnerships with local schools and training programs to attract new talent and help individuals develop the necessary skills for success in the home care field. If we need more staff, we can recruit paraprofessionals by applying for approval to provide both the Home Health Aide Training Program and the Personal Care Aide Training program through the department of Health. Regarding transportation, we offer flexible scheduling and collaborate with our caregivers to ensure they have dependable transportation to and from their assignments.

How do you coordinate with the Department of Labor or any other local workforce initiatives?

We collaborate closely with the Department of Labor and engage in career fairs and local community events to advertise job openings at our agency to individuals from various backgrounds. We've established solid relationships with these entities and stay informed about any regulatory updates or changes in requirements.

What impact will the initiation/expansion of your program have on the workforce or other healthcare providers in the community? How will you minimize any adverse impact?

Overall, the establishment or growth of our home care agency will have a beneficial effect on the local workforce and healthcare providers. Firstly, it will generate additional employment opportunities for caregivers such as PCAs, HHAs, nurses, and other healthcare professionals who specialize in delivering in-home care services. Secondly, by expanding the availability of home care options, healthcare providers will have more resources to refer patients to these agencies, potentially alleviating the strain on hospitals and other healthcare facilities. We anticipate no adverse effects stemming from our business expansion or inception. Nevertheless, to mitigate any potential negative impacts, the agency will collaborate closely with hospitals and clinics to ensure smooth coordination of patient care. Furthermore, the agency maintains a strong emphasis on providing high-quality care and ensuring patient satisfaction to guarantee optimal outcomes for patients.

What measures will you adopt to promote retention of specific categories of your workforce?

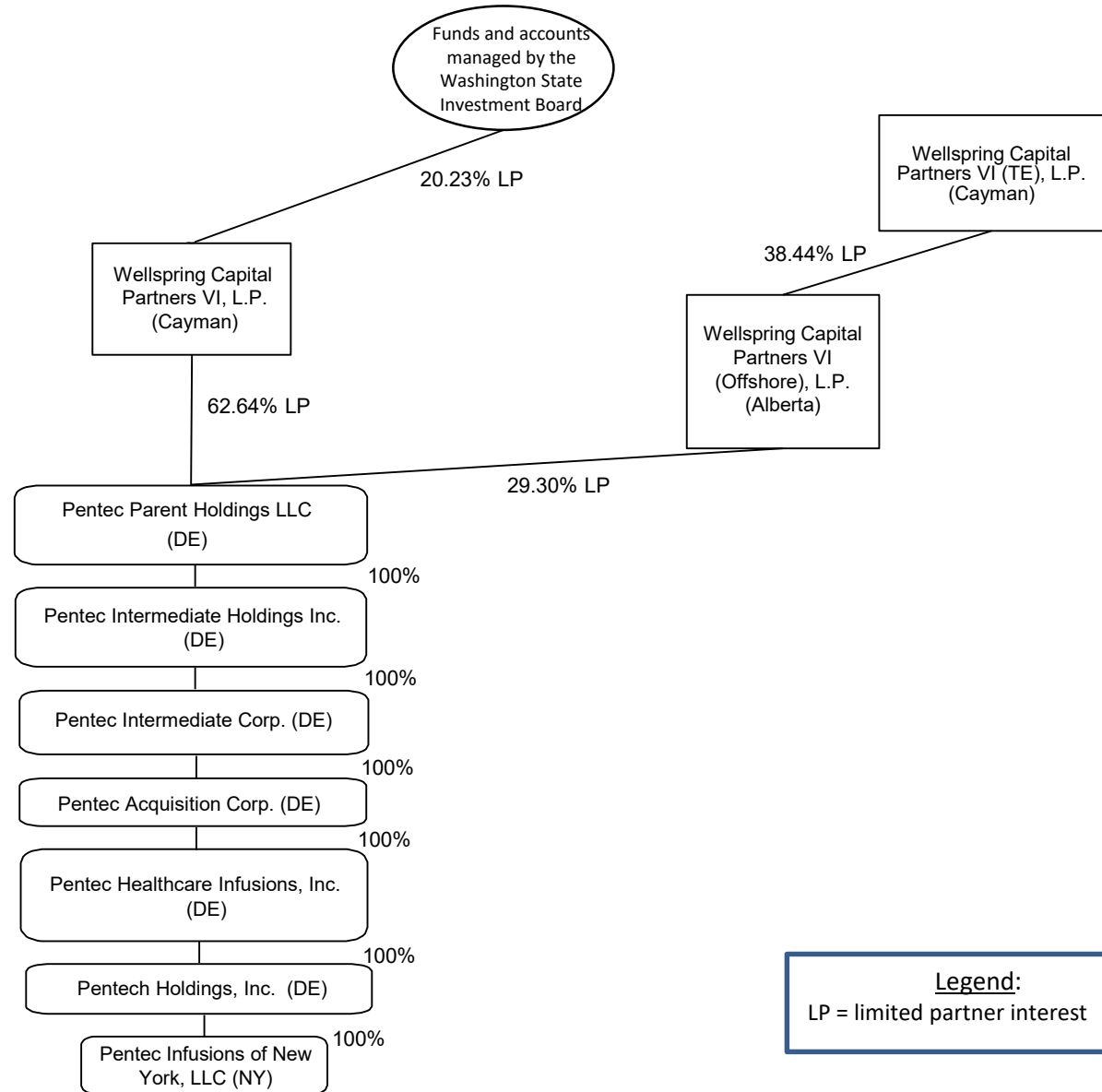
We implement various strategies to enhance retention within specific segments of our workforce. A key method involves offering competitive compensation packages, which encompass benefits like health insurance, retirement plans, and paid leave. Our agency ensures compliance with all necessary Department of Labor regulations for the homecare workforce, including providing workers' compensation and disability coverage. Additionally, we conduct annual in-service sessions to keep our staff up-to-date

with quality-of-care standards. Another significant aspect in fostering retention is cultivating a positive work environment that values employee feedback, acknowledges achievements, and promotes work-life balance. As a home care agency, we can explore flexible scheduling options such as part-time or remote work to accommodate our workforce's needs. Lastly, it's crucial for home care agencies to cultivate a culture of respect, trust, and transparent communication between management and staff. By nurturing a supportive and positive workplace culture, home care agencies can cultivate a loyal and dedicated workforce.

Pentec Infusions of New York, LLC Post Organizational Chart

CON# 222110 - Attachment A

Note: No other person or entity owns 10% or more, direct or indirect, ownership interest of Pentec Infusions of New York, LLC



Legend:
LP = limited partner interest

Name	Dates	State	License Type
Jeffrey Baker Matthew Deans Eric Mollman	2/6/17- present	California	Home Care Agency
Jeffrey Baker Matthew Deans Eric Mollman	2/6/17- present	Colorado	Home Care Agency (Class A-Medical)
Jeffrey Baker Matthew Deans Eric Mollman	2/6/17- present	District of Columbia	Home Care Agency
Jeffrey Baker Matthew Deans Eric Mollman	03/14/2011 - present	Illinois	Home Nursing Agency
Jeffrey Baker Matthew Deans Eric Mollman	11/08/2011 - present	Indiana	Home Health Agency
Jeffrey Baker Matthew Deans Eric Mollman	03/06/2015 - present	Kansas McPherson	Home Health Agency
Jeffrey Baker Matthew Deans Eric Mollman	10/30/14 - present	Kansas Overland Park	Home Health Agency
Jeffrey Baker Matthew Deans Eric Mollman	10/30/14 - present	New York	Home Health Agency
Jeffrey Baker Matthew Deans Eric Mollman	10/30/14 - present	Maine	Home Health Care Agency
Jeffrey Baker Matthew Deans Eric Mollman	9/25/09 - present	Maryland	Residential Service Agency
Jeffrey Baker Matthew Deans Eric Mollman	9/25/09 - present	Minnesota	Class A Professional Home Care Agency
Jeffrey Baker Matthew Deans Eric Mollman	1/7/14 - present	Nebraska	Home Health Agency
Jeffrey Baker Matthew Deans Eric Mollman	7/6/16 - present	Nevada	Nursing Pool
Jeffrey Baker Matthew Deans Eric Mollman	5/30/13 - present	New Hampshire	Home Health Agency
Jeffrey Baker Matthew Deans Eric Mollman	6/30/09 - present	New Jersey	Home Care Provider
Jeffrey Baker Matthew Deans Eric Mollman	6/30/09 - present	New Mexico	Home Health Agency
Jeffrey Baker Matthew Deans Eric Mollman	1/13/12 - present	North Carolina	Home Care Agency
Jeffrey Baker Matthew Deans Eric Mollman	5/1/17 - present	Oklahoma	Home Care Agency
Jeffrey Baker Matthew Deans Eric Mollman	5/1/17 - present	Tennessee	Home Care Agency
Jeffrey Baker Matthew Deans Eric Mollman	5/1/17 - present	Texas	Home & Community
Jeffrey Baker Matthew Deans Eric Mollman	7/6/18 - present	Utah	Home Health Agency
Jeffrey Baker Matthew Deans Eric Mollman	3/31/13 - present	Virginia	Home Health Agency

Pentec Health, Inc.
Facility Compliance/Enforcement Actions

Summary of Federal Legal Actions

DOJ Settlement (February 2019)

On February 1, 2019, Pentec announced the closure and settlement with the Eastern District of Pennsylvania's Office of the Department of Justice for a matter dating back to 2013 (the "DOJ Settlement"). The DOJ Settlement fully resolves a number of alleged claims involving Pentec's drug compounding practices and patient billing procedures, and resulted in a full dismissal of the case that was pending in Federal Court. Simultaneously, Pentec had entered into a five-year Corporate Integrity Agreement ("CIA") with the Department of Health and Human Services. Pentec believes that all government payors were billed appropriately and did not admit any fault as part of the settlement and dismissal. Neither the DOJ Settlement nor the Corporate Integrity Agreement imposes any restrictions on Pentec's ability to provide pharmacy services to any Medicare or Medicaid beneficiary.

Summary of Regulatory Actions by State

Date of Action: August 26, 2019

Type of Action: Settlement

Location of Action: Kentucky

Persons/Facilities Involved: Pentec Health

Outcome: The Kentucky Settlement does not impose any restrictions on Pentec's ability to provide pharmacy services, nor does it impact Pentec's ability to provide drug therapies in Kentucky.

Date of Action: February and October 2019

Type of Action: Settlement

Location of Action: Alabama

Persons/Facilities Involved: Pentec Health

Outcome: The Alabama Settlement does not impose any restrictions on Pentec's ability to provide pharmacy services in Alabama.

Date of Action: October 2021

Type of Action: Settlement

Location of Action: California

Persons/Facilities Involved: Pentec Health

Outcome: The California Settlement does not impose any restrictions on Pentec's ability to provide pharmacy services in California.

Date of Action: January 2022

Type of Action: Settlement

Location of Action: Michigan

Persons/Facilities Involved: Pentec Health

Outcome: The Michigan Settlement does not impose any restrictions on Pentec's ability to provide pharmacy services in Michigan.

Date of Action: February 2022

Type of Action: Settlement

Location of Action: Illinois

Persons/Facilities Involved: Pentec Health

Outcome: The Illinois Settlement does not impose any restrictions on Pentec's ability to provide pharmacy services in Illinois.

Date of Action: May 2022

Type of Action: Public Notice

Location of Action: Pennsylvania

Persons/Facilities Involved: Pentec Health

Outcome: the Pennsylvania Board of Pharmacy did not assess any fines or penalties against Pentec. Importantly, the PA Discipline does not impose any restrictions on Pentec's ability to provide pharmacy services in Pennsylvania.

Pentec Infusions of NY, Inc.
Workforce Summary/Initiatives

• **What is the current availability of professional/paraprofessional workers to staff your program?**

Pentec currently employs 6 full time nurses licensed as Registered Nurse to care for our New York patients with intrathecal pumps. There are an additional 2 nurses with licensure applications pending before the State and once their licensure is completed, they will be available to refill intrathecal pumps as well. Pentec Health • 4 Creek Parkway • Boothwyn, PA 19061 • (610) 494 8700 • PentecHealth.com •

• **Who are your competing employers?**

Refilling and caring for intrathecal pump patients is a very niche market. Currently, the only major competitor for this type of business operates under the name Basic Home Infusion.

• **How do you propose to successfully compete? Include training, recruitment and transportation strategies.**

We have Regional Account Sales Managers in New York dedicated to actively building relationships with physicians who implant intrathecal pumps and monitor these patients. As part of their training, all of our nurses must successfully complete a fellowship accredited by the American Nurses Credentialing Center (ANCC), which is the only program of its kind in the United States. Pentec also has a strong history of employee retention due to Corporate Culture and work environment. Employee retention rates are over 90% and recruitment is usually necessary due to expansion not employee turnover.

• **How do you coordinate with the Department of Labor or any other local workforce initiatives?**

Pentec has a very strong Human Resource department which follows all local, state and federal laws and regulations regarding labor and employment law. They have access to the SHRM database which allows them to keep current with changing regulations in employment law.

• **What impact will the initiation/expansion of your program have to the workforce or other health care providers in the community?**

This application is a Change of Ownership (CHOW) application, not an initial or expansion application therefore no impact is expected.

• **How will you minimize any adverse impact?**

Not applicable

• **What measures will you adopt to promote retention of specific categories of your workforce?**

Pentec offers competitive wages and benefits for our employees. The positions are also mostly field positions offering flexibility in scheduling which has helped promote employee retention.

**Long Life Home Care, Inc.
Workforce Summary**

1. What is the current availability of professional/paraprofessional workers to staff your program?

As Long Life is fully operational, we currently employ one hundred seventy-two (172) active PCA/HHA aides and hire approximately three to five new PCA/HHA aides weekly. We employ two (2) active field nurses and two nurses who serve as co-Directors of Patient Services.

2. Who are the Competing Employers?

The competing employers in our service area are licensed home care services agencies, hospitals, nursing homes, and other healthcare organizations and providers who employ PCA/HHA aides and nurses.

3. How do you propose to successfully compete? Include training, recruitment and transportation strategies.

As Long Life is a fully operational LHCSA, we are currently contracted with several insurance payers such the VA (Veterans Affairs). The VA offers us a steady flow of referred patients for staffing. We currently service almost two hundred VA patients. Our job is to ensure we have trained and competent field staff who are able to staff cases that are offered to us to service. Our Recruiting department interviews daily to find successful candidates and our pay rate and bonuses allow us to find caring and compassionate professionals. We use various strategies to recruit field personnel. For example, we are very successful with online employment websites such as Indeed, Zip recruiter, Simply Hired, Monster and others. We also have a great local presence and recruitment returns from social media and word of mouth. Lately we have had a good flow of referrals from our currently employed staff due to our employees' overall satisfaction with our employment approach. Lastly, we also attend local Job Fairs and Community Events. On a case-by-case basis, we provide scholarships for prospective employees to receive HHA/PCA training. Our DPS and staff members are trained to provide extensive hands-on and theoretical training to our field workers. Once the aides are retained, our DPS provides them with detailed in-service training to ensure the aides are comfortable with their assigned patients. For those aides that have difficulty getting to their assignment, we provide Uber rides where necessary.

4. How do you coordinate with the Department of Labor or any other local workforce initiatives?

We coordinate with our local Departments of Labor and participate in and sponsor many of their job fairs in our service area. We generally attend community events and fairs in the summer months.

5. What impact will the initiation/expansion of your program have on the workforce or other health care providers in the community? How will you minimize any adverse impact?

We foresee a positive impact on the local workforce and other health care providers in the community from our growth and expansion. Currently, there is a shortage of home care staff in New York State and specifically in the counties we serve. We receive multiple calls a day from our partners and try our best to provide quality staff and service. Our recruitment efforts, which have been successful to date due to the fair pay and incentives will help relieve this state wide problem in our service area and help the community. We do not expect any adverse impact in the community. In fact, we foresee that our recruitment and training efforts will positively affect the community in terms of helping more clients in need and providing more jobs. Moreover, our scholarship program for HHA/PCA trainees will create more licensed paraprofessionals thereby reducing the statewide shortages of aides and increasing the hiring pool for us and other employers in our service area.

6. What measures will you adopt to promote retention of specific categories of your workforce?

To retain field workers, we have adopted several measures. We have competitive pay rates, bonuses, incentives, 401K, complementary transportation or mileage reimbursements, health insurance, vacation pay, and holiday pay to attract and retain the right talent. We also offer flexible work schedules for those employees who are not able to work on a steady schedule. Our rigorous in-service program ensures that our workers are well trained and do not experience working anxiety due to the lack of knowledge of the job tasks. We have skilled coordinators who ensure that our field workers feel wanted, are treated with respect, and have a reliable support network. We treat our staff with dignity and respect and do not discriminate based on race, color, gender, orientation, origin or otherwise. Lastly, we have a loyalty bonus program for field workers to incentivize continued and long-term employment.

What is the current availability of professional/paraprofessional workers to staff your program?

As a home care agency in Bronx, New York, we have a team of highly qualified professional and paraprofessional caregivers who are dedicated to providing exceptional care to our clients. We are committed to ensuring that our staff is always available to meet the needs of our clients, and we regularly recruit and train new caregivers to expand our capacity and meet growing demand. Both part-time and full-time staff are available at the moment's notice.

We currently employ: two registered nurses, one LPN, 350 Home Health Aides/Personal Care Aides. We have access to more staff if needed.

Who are the competing employers?

In terms of competing employers, there are other licensed home care agencies in the area that also offer similar services. Our agency differs in the type of services we provide; we are equipped to both provide unskilled and skilled care for our patients. Moreover, we differentiate ourselves by providing personalized care plans tailored to each client's unique needs and preferences and work in concert with the ordering physician to meet the goal for the patient. Our caregivers receive ongoing training and education to ensure that they are equipped with the skills and knowledge necessary to provide the best possible care. Bilingual staff are available on site as well as for patient cases to better communication overall.

How do you propose to successfully compete? Include training, recruitment, and transportation strategies.

To successfully compete, we have implemented several strategies. For training, we provide our caregivers with regular continuing education programs to keep them up-to-date on industry best practices and the latest techniques. For recruitment, we have established partnerships with local schools and training programs to source new talent and help individuals develop the skills necessary to succeed in the home care industry. If additional recruitment is needed, we can source our paraprofessionals by applying for approval to provide both the Home Health Aide Training Program as well as the Personal Care Aide Training program from the department of Health. For transportation, we offer flexible scheduling options and work with our caregivers to ensure that they have reliable transportation to and from their assignments.

How do you coordinate with the Department of Labor or any other local workforce initiatives?

We work closely with the Department of Labor, attend career fairs as well as local community events to spread the word and provide opportunities to individuals of all backgrounds to apply for a position at our agency. Relationships have been established with these organizations, and we keep abreast of any changes or updates to regulations and requirements.

What impact will the initiation/expansion of your program have on the workforce or other healthcare providers in the community? How will you minimize any adverse impact?

In general, the initiation/expansion of our home care agency will have a positive impact on the workforce and healthcare providers in the community. Firstly, it will create more job opportunities for caregivers such as PCAs and HHAs, nurses, and other healthcare professionals who can provide in-home care services. Secondly, with more options for home care, healthcare providers will be able to refer patients to these agencies, potentially reducing the burden of care on hospitals and other healthcare facilities.

We do not expect adverse impacts because of our business expansion or initiation. However, to minimize any adverse impacts, the agency will coordinate with hospitals and clinics to ensure seamless coordination of care for patients. Additionally, the agency has a strong focus on quality of care and patient satisfaction to ensure that patients receive the best possible outcomes.

Golden Age Home Care

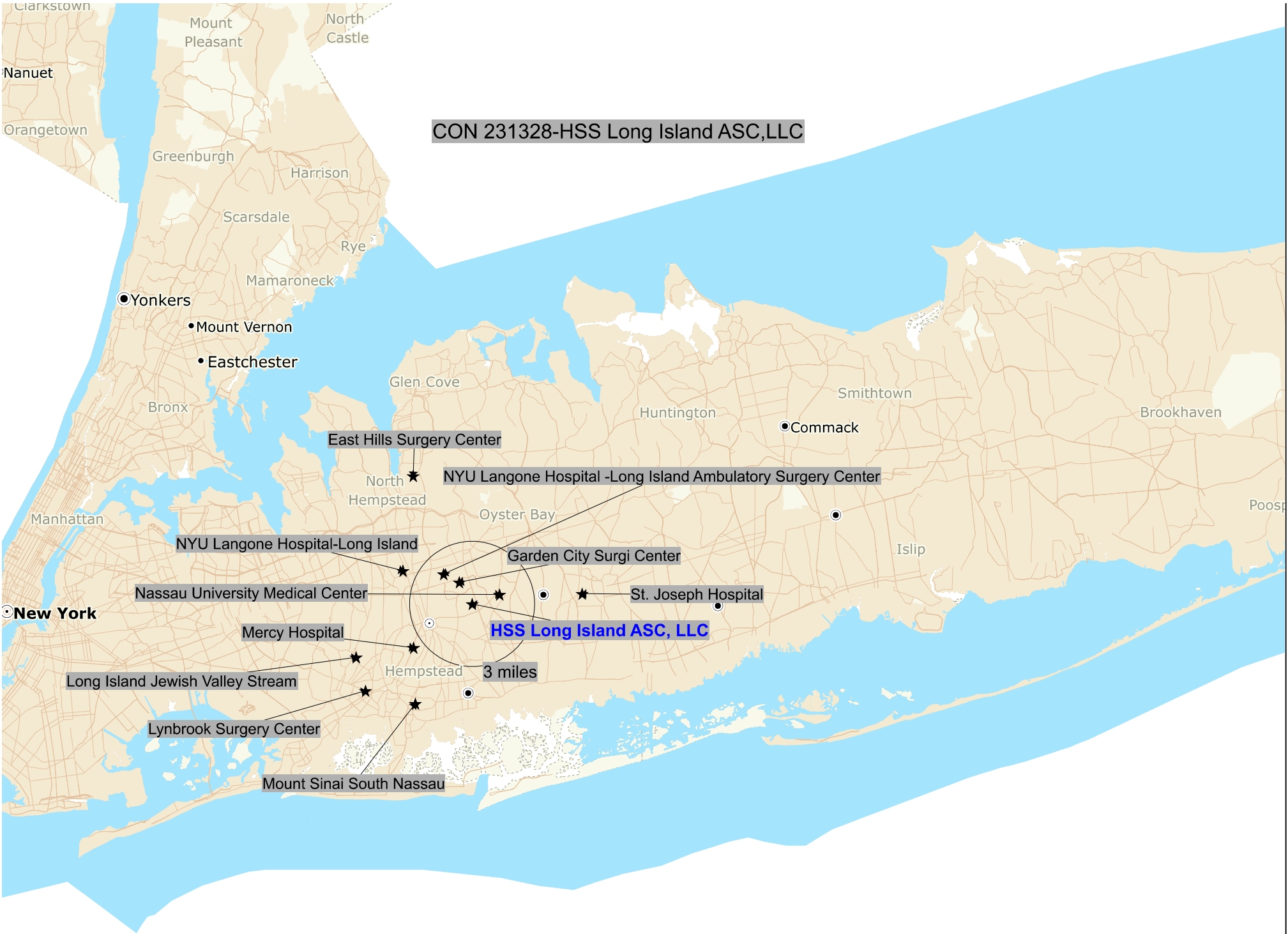
What measures will you adopt to promote retention of specific categories of your workforce?

We adopt several measures to promote retention of specific categories of for our workforce. One of the most effective ways to promote retention is to offer competitive compensation packages that include benefits such as health insurance, retirement plans, and paid time off. Our agency maintains compliance with all the required Department of Labor regulations for the homecare work force. We provide workers compensation, as well as worker's disability coverage. In addition, an annual in service is made to ensure our staff is current with the quality-of-care standards.

Another important consideration to promote retention of our workforce is creating a positive work environment that values employee feedback, recognizes employee achievements, and promotes a healthy work-life balance. As a Home care agency, we have the ability to explore flexible scheduling options, such as part-time or remote work, to accommodate the needs of our workforce.

Finally, it is important for home care agencies to establish a culture of respect, trust, and open communication between management and employees. By fostering a positive and supportive workplace culture, home care agencies can create a loyal and committed workforce.

CON 231328-HSS Long Island ASC,LLC



HSS LONG ISLAND ASC, LLC

LIST OF MEMBERS

<u>Member</u>	<u>Percentage Interest</u>	<u>Number of Units Owned</u>
HSS	67%	536 Class B Units
HSS	20%	160 Class A Units
HSS ASC Development Network, LLC*	13%	104 Class C Units

* See next pages for ownership of HSS ASC Development Network, LLC

HSS ASC DEVELOPMENT NETWORK, LLC

OWNERSHIP*

	Ownership in HSS ASC Development Network, LLC	Indirect Ownership in HSS Long Island ASC, LLC
Albert, Todd	1.00%	0.13%
Allen, Answorth	0.50%	0.065%
Ast, Michael	1.00%	0.13%
Blaine, Theodore	1.00%	0.13%
Blevins, Jason	1.00%	0.13%
Boettner, Friedrich	1.00%	0.13%
Bostrom, Mathias	1.00%	0.13%
Carli, Alberto	1.00%	0.13%
Chalmers, Brian	1.00%	0.13%
Cody, Elizabeth	0.50%	0.065%
Coleman, Struan	1.00%	0.13%
Cordasco, Frank	1.00%	0.13%
Cushner, Fred	1.00%	0.13%
DiFelice, Gregory	1.00%	0.13%
Dines, Joshua	0.50%	0.065%
Dowdell, James	0.50%	0.065%
Drakos, Mark	1.00%	0.13%
Elliot, Andrew	1.00%	0.13%

Ellis, Scott	1.00%	0.13%
Fabricant, Peter	0.50%	0.065%
Fu, Michael	1.00%	0.13%
Fufa, Duretti	1.00%	0.13%
Gausden, Elizabeth	1.00%	0.13%
Gomoll, Andreas	1.00%	0.13%
Gonzalez Della Valle, Alejandro	1.00%	0.13%
Green, Daniel	1.00%	0.13%
Gulotta, Lawrence	1.00%	0.13%
Haas, Steven	0.50%	0.065%
Huang, Russel	1.00%	0.13%
Iyer, Sravisht	1.00%	0.13%
Jerabek, Seth	1.00%	0.13%
Johnson, A. Holly	1.00%	0.13%
Kang, Lana	0.50%	0.065%
Kim, Han Jo	1.00%	0.13%
Lebl, Darren	1.00%	0.13%
Lee, Gwo-Chin	1.00%	0.13%
Lee, Steve	0.50%	0.065%
Long, William	1.00%	0.13%
Marx, Robert	1.00%	0.13%
Mayman, David	1.00%	0.13%
McCarthy, Moira	1.00%	0.13%

McLawhorn, Alexander	1.00%	0.13%
Nawabi, Danyal	1.00%	0.13%
Ode, Gabriella	1.00%	0.13%
O'Malley, Martin	0.50%	0.065%
Osei, Daniel	1.00%	0.13%
Parks, Michael	1.00%	0.13%
Pearle, Andrew	1.00%	0.13%
Qureshi, Sheeraz	1.00%	0.13%
Ranawat, Amar	1.00%	0.13%
Ranawat, Anil	1.00%	0.13%
Ricci, William	1.00%	0.13%
Roche, Martin	1.00%	0.13%
Rodeo, Scott	1.00%	0.13%
Rodriguez, Jose	1.00%	0.13%
Rozbruch, S. Robert	1.00%	0.13%
Sama, Andrew	1.00%	0.13%
Sama, Nicholas	1.00%	0.13%
Sandhu, Harvinder	1.00%	0.13%
Sculco, Peter	1.00%	0.13%
Simovitch, Ryan	1.00%	0.13%
Sink, Ernest	1.00%	0.13%
Sokunbi, Gbolabo	0.50%	0.065%
Strickland, Sabrina	1.00%	0.13%

Su, Edwin	1.00%	0.13%
Swenson, Stephanie Buza	0.50%	0.065%
Taylor, Samuel	1.00%	0.13%
Trehan, Samir	1.00%	0.13%
Vigdorchik, Jonathan	1.00%	0.13%
Wang, John	1.00%	0.13%
Wanich, Tony	1.00%	0.13%
Westrich, Geoffrey	1.00%	0.13%
Williams, Riley	0.50%	0.065%
Wolfe, Scott	1.00%	0.13%
Sub-Total Physicians	68.00%	8.84%
HSS	32.00%	4.16%
Total	100.00%	13.00%

*The current ownership of HSS ASC Development Network, LLC differs from what is reported in this schedule. The ownership set forth in this schedule reflects the ownership upon approval of this application.

New York Society for the Relief of the Ruptured and
Crippled, Maintaining the Hospital for Special Surgery

Consolidating Statement of Financial Position

December 31, 2022

	HSS	Other Corporations	Eliminations	Consolidated
Assets				
Current assets:				
Cash and cash equivalents	\$ 212,963	\$ 14,572	\$ —	\$ 227,535
Receivables:				
Patient care, less allowance for doubtful accounts of \$30,172	187,557	8,695	—	196,252
Insurance claims receivable	21,148	—	—	21,148
Other	65,937	1,393	—	67,330
Total receivables	274,642	10,088	—	284,730
Investments	673,398	—	—	673,398
Inventories	21,728	5,044	—	26,772
Prepaid expenses and other current assets	10,290	603	—	10,893
Pledges receivable	18,458	—	—	18,458
Assets limited to use	—	—	—	—
Due from affiliates – net	37,242	—	(21,176)	16,066
Total current assets	1,248,721	30,307	(21,176)	1,257,852
Insurance claims receivable, net of current portion	83,116	—	—	83,116
Operating lease assets	312,158	34,783	—	346,941
Other noncurrent assets	23,618	1,239	(1,647)	23,210
Due from affiliates – net	26,178	—	—	26,178
Pledges receivable	41,099	—	—	41,099
Assets limited as to use	88,422	—	—	88,422
Long-term investments	175,164	—	—	175,164
Interest in The Hospital for Special Surgery Fund, Inc.	87,585	—	—	87,585
Interest in HSS ASC of Manhattan, LLC	1,663	—	(1,663)	—
Interest in HSS West Side ASC, LLC	228	—	(228)	—
Interest in HSS Florida Physicians, LLC	6,810	—	(6,810)	—
Property, plant and equipment – net	759,832	24,940	—	784,772
Total assets	\$ 2,854,594	\$ 91,269	\$ (31,524)	\$ 2,914,339

*New York Society for the Relief of the Ruptured and Crippled, Maintaining the Hospital for Special Surgery is defined throughout the consolidating financial statements as Hospital for Special Surgery (HSS).

**Other corporations include TJA Orthopedic Surgery, PC, HSS ASC of Manhattan, LLC, HSS West Side ASC, LLC, HSS Florida Physicians LLC and HS².

New York Society for the Relief of the Ruptured and
Crippled, Maintaining the Hospital for Special Surgery

Consolidating Statement of Financial Position (continued)

December 31, 2022

	HSS	Other Corporations	Eliminations	Consolidated
Liabilities and net assets				
Current liabilities:				
Accounts payable and accrued expenses	\$ 107,309	\$ 4,559	\$ —	\$ 111,868
Accrued salaries and related liabilities	48,014	541	—	48,555
Current portion of long-term debt	4,422	2,958	—	7,380
Due to affiliates – net	—	21,176	(21,176)	—
Due to third-party payors – net	1,050	—	—	1,050
Insurance claims liabilities	21,148	—	—	21,148
Current portion of operating lease liabilities	29,183	3,504	—	32,687
Other current liabilities	57,850	2,328	—	60,178
Total current liabilities	268,976	35,066	(21,176)	282,866
Long-term debt	529,084	16,410	—	545,494
Insurance claims liabilities, net of current portion	83,116	—	—	83,116
Operating lease liabilities	321,565	38,216	—	359,781
Other noncurrent liabilities, including due to third-party payors – net	96,796	—	—	96,796
Total liabilities	1,299,537	89,692	(21,176)	1,368,053
Net assets:				
Without Donor Restrictions:				
Undesignated	1,002,065	1,577	(20,509)	983,133
Designated for quasi-endowment	3,719	—	—	3,719
Noncontrolling interest in subsidiaries	—	—	10,161	10,161
Total Without Donor Restrictions	1,005,784	1,577	(10,348)	997,013
With Donor Restrictions:				
Specific purpose	87,057	—	—	87,057
Plant replacement and expansion	147,071	—	—	147,071
Research	122,895	—	—	122,895
Endowment	192,250	—	—	192,250
Total With Donor Restrictions	549,273	—	—	549,273
Total net assets	1,555,057	1,577	(10,348)	1,546,286
Total liabilities and net assets	\$ 2,854,594	\$ 91,269	\$ (31,524)	\$ 2,914,339

*New York Society for the Relief of the Ruptured and Crippled, Maintaining the Hospital for Special Surgery is defined throughout the consolidating financial statements as the Hospital (HSS).

**Other corporations include TJA Orthopedic Surgery, PC, HSS ASC of Manhattan, LLC, HSS West Side ASC, LLC, HSS Florida Physicians LLC and HS².

New York Society for the Relief of the Ruptured and
Crippled, Maintaining the Hospital for Special Surgery

Consolidating Statement of Operations and
Changes in Net Assets Without Donor Restrictions

Year Ended December 31, 2022

	HSS	Other Corporations	Eliminations	Consolidated
Operating revenue:				
Net patient service revenue	\$ 1,117,747	\$ 69,524	\$ -	\$ 1,187,271
Other operating revenue	297,885	13,511	(10,906)	300,490
Net assets released from restrictions for operations	26,813	-	-	26,813
Total operating revenue	1,442,445	83,035	(10,906)	1,514,574
Operating expenses:				
Salaries and wages	659,779	31,186	(643)	690,322
Employee benefits	144,909	6,077	(24)	150,962
Supplies and other	471,006	36,408	(6,345)	501,069
Interest expense	15,444	812	(26)	16,230
Depreciation and amortization	85,203	5,555	-	90,758
Bad debt expense	8,498	501	-	8,999
Total operating expenses	1,384,839	80,539	(7,038)	1,458,340
Operating income before research operations and other items	57,606	2,496	(3,868)	56,234
Research operations:				
Net assets released from restrictions for research operations	40,248	-	-	40,248
Operating expenses, including depreciation of \$3,584	49,621	-	-	49,621
Net research operations	(9,373)	-	-	(9,373)
Excess of operating revenues over operating expenses before other items	48,233	2,496	(3,868)	46,861
Other items:				
Net realized and changes in unrealized gains and losses on investment and change in value of alternative investments	(95,338)	-	-	(95,338)
Other components of net periodic pension costs	(5,720)	-	-	(5,720)
Change in unrestricted interest in The Hospital for Special Surgery Fund, Inc.	(2,884)	-	-	(2,884)
Operating gain attributable to noncontrolling interest in subsidiaries	-	-	(2,491)	(2,491)
(Deficit) excess of revenue over expenses	(55,709)	2,496	(6,359)	(59,572)
Noncontrolling members' capital contribution	-	5,707	-	5,707
Controlling members' capital contribution	-	6,754	(6,754)	-
Noncontrolling members' distribution	-	(5,724)	-	(5,724)
Noncontrolling members' redemption	-	(411)	-	(411)
Controlling members' distribution	-	(7,166)	7,166	-
Operating gain attributable to noncontrolling interest in subsidiaries	-	-	2,491	2,491
Net assets released from restrictions for capital expenditures	3,631	-	-	3,631
Changes in defined benefit pension and other postretirement plan liability to be recognized in future periods	128,574	-	-	128,574
Total change in net assets without donor restrictions	\$ 76,496	\$ 1,656	\$ (3,456)	\$ 74,696

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