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Peter Robinson Well, good morning, everybody, and for those of you in Albany, welcome to this meeting of the Establishment and Project Review Committee. My name is Peter Robinson. I Chair the committee.

Peter Robinson I have the privilege of calling it to order.

Peter Robinson Welcome to all of you members, participants and observers.

Peter Robinson Just a little bit of a ground rule thing that we do at the start of every meeting. From a webcasting standpoint, I want to remind council members, staff and the audience that this meeting is subject to the open meeting law and is broadcast over the internet. The webcasts are accessed at the Department of Health's website NYHealth.Gov. The on demand webcast will be available no later than 7 days after the meeting and then for a minimum of 30 days, and then a copy will be retained in the department for 4 months. You have access to all of that. Some suggestions ground rules, maybe. Because there is synchronized captioning, it is important that people do not talk over each other. Captioning just can't be done correctly with two people speaking at the same time. We ask that the first time you speak, please state your name and briefly identify yourself as a council member or DOH staff. This will be of assistance to the broadcasting company to record this meeting. In terms of the microphones, they're hot. This applies to the audience when you come up here, meaning they pick up every sound. I therefore ask that you avoid rustling of papers next to the microphone and also be sensitive about personal conversations or sidebars as the microphones will pick up this chatter. I think I've been watching as you folks came in, but as a reminder for our audience, there is a form that needs to be filled out before you enter the meeting room, which records your attendance at meetings. It is required by the Joint Commission on Public Ethics in accordance with Executive Law Section 166. The form is also posted on the Department of Health's website again NYHealth.Gov under Certificate of Need, so in the future you can fill out the form prior to the council meetings. We really do thank you for your cooperation and making sure that we fulfill our duties properly and comply with the law. We're doing all of that. I am therefore very happy to get this meeting underway. Welcome again, everybody.

Peter Robinson Let's get started.

Peter Robinson First application is application 2 1 2 1 1 3 C, North Shore University Hospital in Nassau County. I want to note that Mr. Kraut has a conflict and is recusing himself. He is no longer visible on our Hollywood Square panel. This is to construct an eight story addition to include new surgical suites and intensive care units and certify 38 additional ICU beds, 20 via an interest in network bed transfer from LIJ Valley Stream. This is a companion to our application 2 1 2 1 2 7 and amends and supersedes our application 1 7 2 2 1 2. The department is recommending approval with conditions and contingencies.

Peter Robinson May I have a motion?

Peter Robinson Thank you, Dr. Berliner.

Peter Robinson Do I have a second?

Peter Robinson Thank you, Dr. Gutierrez.

Peter Robinson To the department.

Shelly Glock Good morning. This is Shelly Glock with the Department. North Shore University Hospital seeking approval to fill out the fifth and sixth floor core and shelf space in an eight storey addition being constructed at the hospital's main campus and to certify 38 ICU beds. As Mr. Robinson mentioned, this application amends and supersedes a previous CON, which was contingent only approved for construction of what will be known as the Advanced Surgical Pavilion and renovations to the existing hospital space. That CON included shelf space to be reclassified as Article 28 space at a later date and approval of 18 ICU beds, which are included in the 38 net new beds in this code. The incremental 20 ICU beds are requested to come from an internal network transfer and conversion of 20 medical surgical beds from Long Island Jewish Valley Stream Hospital that are not currently staffed or being utilized. There will be no impact on the operations or the staffing at LIJ Valley Stream Hospital as a result of the transfer of these beds. The Advanced Surgery Pavilion was designed and approved with two floors, fifth and sixth being constructed as shelf space. Northwell had anticipated that they would be fit out as future ICU beds. The pandemic and the stresses placed on the hospital systems and facilities hastened Northwell's decision to proceed to undertake fitting out these floors as part of the ongoing construction of the pavilion so to be better prepared for future events. It's my understanding that the construction, the building and the ICU beds will come online at the same time. Upon completion of the transfer, North Shore University Hospital will have 794 beds, including 135 ICU beds. The addition of the ICU beds will address existing needs and future growth. A modernized critical care infrastructure with expanded capacity will play an important role in ensuring access to high quality surgical services, as well as the post-surgical critical services to meet the needs of an aging and increasing complex patient population based upon review of public need, compliance and financial feasibility. The department is recommending approval with conditions and contingencies.

Peter Robinson Thank you very much.

Peter Robinson First, I'll turn to the committee or members of the council.

Peter Robinson Any questions for the department?

Peter Robinson Dr. Bennett.

Dr. Bennett Hi. Dr. Bennett, member of the Committee and the council. A question. We're seeing 20 beds being transferred and then an additional 18. Just without getting too much into the weeds, how do you come to the 18 additional? I mean, it's demonstrated by need, but why is it 18 and 20 or not 15 just in general, just so that I understand that process.

Dr. Bennett Thank you.

Shelly Glock I would defer to the applicant to respond to why 18 fits the needs of the community in the space.

Peter Robinson Can we ask the applicant to come forward then please?

Peter Robinson Please start off by identifying yourselves, please.

Cynthia Khan Good morning. I'm Cynthia Khan, Vice President, Strategic Planning for Northwell Health. With me is John Sendach, Executive Director of North Shore University Hospital, and Will Corrigan, Associate Executive Director, North Shore University Hospital.

Peter Robinson Thank you.

Peter Robinson Did you hear Dr. Bennett's question?

Cynthia Khan We heard the question.

John Sendach I think the reason we selected 18 was we looked at how the building was being constructed and how the building laid out, which was how many ICU beds we could accommodate in the building. We then compared that to how many we had in the existing infrastructure, and the net ended up being 38.

Dr. Bennett I mean, did you do any modeling as to what the occupancy rate of that would be based on your perceived need in the community?

Cynthia Khan Oh, absolutely. Yeah, that was the previous application. The 18 were approved. Those were net new beds. We looked at what the utilization was at the time, what we expected our growth to be. North Shore typically operates close to 100 percent occupancy. I mean, we could have said we need 50 beds at that time, and it probably would have made sense. But like John said, 18 is what fit into the project. And then we said we'll bring another 20 online when we're able to. Now, especially after COVID, we really need those beds now rather than later.

Peter Robinson Thank you.

Cynthia Khan Sure.

Peter Robinson Other questions from the committee?

Peter Robinson Dr. Berliner.

Ann Monroe You're on mute.

Peter Robinson We're not hearing you.

Peter Robinson You're on mute now.

Dr. Berliner With the new beds, what would the anticipated occupancy of North Shore be? You were saying it was it was almost 100 percent before. With the new beds, what do you expect?

John Sendach When those beds come online, initially it'll be 75 percent projected to grow to 85 percent by 2026.

Dr. Berliner Thank you.

John Sendach Of course.

Peter Robinson Other questions from the committee or the council for the staff or the applicant?

Peter Robinson Hearing none, thank you very much.

Peter Robinson We do have some speakers that have signed up.

Peter Robinson I'd invite Sandra.

Sandra Good morning. My name is Sandra. I'm a registered nurse at Albany Medical Center. I am speaking on behalf of my union sister from Long Island Jewish Medical Center.Since this meeting was relocated to Albany, she was unable to attend, but asked that this will be on the record on the behalf of her patients. Members of the Public Health and Health Planning Council. I'm a registered nurse at Long Island Jewish Hospital Medical Center. I am here to speak for project, 11 2 1 2 1 1 3 C, submitted by North Shore University Hospital, which, as you know, is one of our sister facilities in the Northwell Health system. The project seeks to increase the critical care bed capacity at North Shore University Hospital. This will be partially achieved by transferring 20 medical surgical beds via internal system transfer from a facility in Valley Stream. Do not misunderstand us. We are in no way discouraging Northwell for increasing critical care capacity at this flagship. This is an acknowledgment by our region's largest health care provider that critical care beds are crucial pandemic resources. We are pleased to hear that they are increasing staffing by 75 full time equivalent in the care team to accommodate this prosperous growth. While insufficient, this is what been advocating for this landmark. Staffing legislation have passed in this state last year, but I am here today to point out that this project is exactly what we shouldn't do in reaction to COVID. We must end the practice of robbing resources from our smaller community hospitals to pay our flagship expansion. Northwell can afford to do both. We could use this much needed investment in critical are, staffing in our facility. We have a network of staffing captains in our units that monitor our staffing levels to better advocate for our patients. We have nurses on critical care unit that are routinely reporting patient assignments that are higher than one nurse to two patients. The investment Northwell is making as one of the flagship facilities could really serve my patients as well. They certainly have the means to do so as we know they'll continue to remain profitable as a health system throughout the pandemic. You cannot wait for our employees to come to you to address capacity and staffing issues. We need the Department of Health to immediately promulgate regulations requiring our employers to staff one nurse to every two patients in critical care areas. If you rely on our employers to engineer a care delivery, this will be the outcome. Will continue to focus and deploying resources in the absence of a unified and enforceable standard that will keep our patients safe. All of you have heard us talk about how studies show the impact each additional nurse has at the bedside. We need the Department of Health to do the right thing so that instead of coming to Public Health and Health Planning Council to approve projects that will only reinforce disparities, we need regulations to keep our sickest patients safe.

Sandra Thank you.

Peter Robinson Thank you.

Peter Robinson I just want to make sure that I'm understanding what you're advocating for. You're not opposing the project. Is that right? Your comments relate to the fact that the bed numbers that are built that are going towards the flagship facility are being transferred from Valley Stream. Is that the concern?

Sandra This is for somebody else I'm speaking for. But from what I understood it, just very concerned about the patient ratio.

Peter Robinson Yeah, I mean that. Fundamentally, you want the staffing ratio put into place, and that applies to both settings, right? Valley Stream and the new facility. Your issue is more about staffing and making sure that that gets done. You don't have any concerns specifically with the project itself. I'm trying to understand what you to make sure that I understand your point or the point of the person that you're representing.

Sandra But at the same time, I think what she's trying to stay in for this person is that she, you know, I think she wants to try to keep the patients, our sickest patients safe.

Peter Robinson Yeah, absolutely. Thank you. I appreciate that. Thank you for the comments. Appreciate the comments, too.

Peter Robinson Dawn.

Dawn Good morning. My name is Dawn. I am a registered nurse. I work at Ellis Medicine on Bellevue. I'm speaking on behalf of Flores Hector, who is a resident of Valley Stream in Nassau County. She regrets that she is unable to attend due to meeting relocation. This is what she has submitted. Members of the Public Health and Health Planning Council. My name is the Flores Hector. I am a long time resident of the community of Valley Stream. I am here today to speak to project 2 1 2 1 1 3, submitted by North Shore University Hospital. I have special needs children in my home and my family. I rely on what we consider to be Franklin Hospital for hospital care and sometimes even primary care in our community. When Northwell Health decided to reduce the status of our facility to merely an extension of Long Island Jewish Medical Center, we were promised that the merger of our community's hospital, along with Forest Hills Hospital in Queens, would be a miracle of improved care and efficiency, but we have not seen that happen. I have many concerns about my community hospital's capacity and staffing, which could lead to longer patient stays and longer waits, sometimes in the emergency department. This move to decrease capacity during an ongoing pandemic is poorly timed and could have a significant impact on the health of my community. According to Northwells own community health needs assessment for Nassau County Valley Stream, Elmont, Hempstead are among the places with the highest prevalence of chronic disease in the county. These measures are especially high when you look at specific issues like chronic heart disease, complications from kidney disease and diabetes, asthma, COPD, etc. Our community needs our providers to be vigilant, engaged and proactive in ensuring that our diverse and vibrant community can receive the highest quality of care. This is an issue of health equity and equal access to care. Our hospital serves as patient population that is primarily patients of color that rely on public payers for coverage. Over 75 percent of patients at our hospital are enrolled in Medicare and or Medicaid. Many of these patients are going to the hospital for the conditions that I mentioned above with diabetes and congestive heart failure in the top five for Black patients. What I have heard our nurses speak to on the conditions inside

the facility are a cause for serious concern. When an already underserved community is being poorly resourced, does it make sense to extract even more resources from the vital health care institution? We stand with our nurses and our other health care workers in our facility that are seeking to make changes and reform our facility to advocate for those of us in the community that rely on our facility as patients. Therefore, while as a community, we would never seek to undermine the expansion of resources in another, but we ask that this body be more judicious in how these projects are assessed. You must implement the Health Equity Assessment Act that requires you to consider the impact of these projects on underserved communities and also listen to the nurses here with me today and do everything you can to keep them safe as they provide care to the sickest, most vulnerable patients in my community.

Peter Robinson Thank you.

Peter Robinson I appreciate that. Couple points of clarification. You're speaking for somebody else.

Dawn I kind of get the gist of where she's coming from.

Peter Robinson Yeah, I think so. I think I do, too. Just the question is Franklin and Forest Hills versus Valley Stream. Those are different hospitals, yes?

Dawn They aredifferent hospitals, but it seems that they work with one another.

Peter Robinson Geographic proximity.

Dawn Exactly.

Dawn What's happening is what is being interpreted is that they are all for the expansion of another facility because you need more beds, especially with more patients. However, they're downsizing and they're consolidating and they're taking away from another community that is poorly resourced.

Peter Robinson The concern is taking both facilities and staffing.

Dawn That is correct.

Dawn This particular individual with special needs children. Their community is saying, as this merger was told, this is going to improve the health care in this particular region. Qhat they have seen is a decline in their health care system in that particular region. Therefore, she's just asking for that to be considered when we're saying we're going expand this facility when you have a depravity on this area that you've taken away from already. Where is the fairness, especially when you have a low income area that does still need care and we all know if you're in the health care system, these lower income areas have a higher rate of COVID. They have a higher rate of hospitalization because they don't have access to transportation, to education. There's definitely a gap there.

Peter Robinson Very thoughtful comments.

Dawn You're very welcome.

Dawn Thank you.

Peter Robinson Jamie.

Peter Robinson Just one moment.

Peter Robinson Ms. Monroe, I think you are on the screen and you had a question. I just wanted to make sure that I gave you an opportunity.

Ann Monroe Thank you, Peter.

Ann Monroe I'm ill and therefore not on the camera, but I do want. I didn't see anything in the department's write up that addressed the communities from which beds are being taken to expand at this site. I'm wondering whether the department considered that impact and what reaction the applicant has to these very thoughtful and important comments from the communities from which these beds were being taken. I don't know the order in which we're going to talk about that, but I really want that addressed by both the department and the applicant.

Peter Robinson Thank you very much, Ms. Monroe.

Peter Robinson I'm going to ask we'll have a conversation within the committee and the department, but I'm going to let Jamie make her comments first.

Peter Robinson Go ahead.

Jamie Am I on?

Peter Robinson You should be.

Peter Robinson Is a red light there?

Jamie Red light.

Peter Robinson You're good.

Jamie Good morning. My name is Jamie. I'm a registered nurse at Albany Medical Center. I'm speaking on behalf of Nancy Valdes from Long Island Jewish Medical Center in Valley Stream. Since this meeting was relocated at the last minute to Albany, she regrets not being able to attend and ask that I submit this on her behalf and on behalf of the patients she cares for. Members of the Public Health and Health Planning Council. My name is Nancy Valdes. I'm a registered nurse at Long Island Jewish Medical Center in Valley Stream. I'm here today to speak to Project Number 2 1 2 1 1 3 C, submitted by North Shore University Hospital. I'm extremely worried about the reduction in bed capacity at my facility as it relates to staffing levels on our care team. Losing 20 beds may not seem like much, but for us it is going to have a significant impact on care delivery. Our facility increased its bed capacity during each surge of the pandemic from just under 140 beds to over 190. These beds are full. Our total occupancy occupancy throughout the surge is consistently over 90 percent. Our COVID occupancy rates are among the highest on Long Island. Even during the period prior to the current surge, our hospitals occupancy rate was consistently at 90 percent or above. My colleagues that are nurse staffing captains and surge units are reporting staffing levels of 8 to 9 patients per nurse during peak times at the facility. This is absolutely unacceptable. We, like many other nurses across the state,

are struggling with an acute staffing emergency in our facility. Because the Department of Health refuses to compel our employers to report our staffing levels for oversight purposes, we are left to our own devices and our facilities to advocate for our patient safety. I'm so proud of the work my union brothers and sisters did on achieving a major legislative victory last year. We are now waiting for the major provisions of that law to be implemented, and so far we are not seeing any evidence that the Department of Health is willing to do the work necessary to ensure that our employers comply with the law. The COVID-19 crisis has laid bare just how poorly managed some of our facilities are. The Governor's mandate to drastically increase bed capacity alone is a damning example of both our resource problems and our staffing problems. We need the Department of Health to ensure that as our employer seeks to continue to draw down essential resources from one facility to relocate to another, that they are being required to follow the law and meet with members of my care team to determine what safe patients staffing levels look like at the bedside. We also need the department to enforce the penalties on employers that refuse to comply or work in good faith with us to create our standards and also enforce penalties when they refuse to abide by our mutually agreed upon standards. We need a commitment from the department that the staffing committee process outlined in the law will continued unhindered this year. At Valley Stream, our care team is ready and willing to begin working with our employer to revitalize care delivery by ensuring that team staffing levels are as optimal as they can be. This will only happen if this body and the department ensure that the necessary regulations are created and that the law will be rigorously enforced.

Jamie Thank you.

Peter Robinson Well, thank you for those comments. I appreciate it. Obviously, there's a theme in what all of you were saying that that resonates with us.

Peter Robinson Just a thank you to all of you who came out today to show your support for that position. I think what you need to recognize is I think the council and I do believe the health department and the state is recognizing this. I, unfortunately don't see a short term solution to the problem. We just don't have enough people in the profession in New York to meet the needs that New Yorkers have. We have to work towards this. I am so pleased that the Governor put such a significant investment in terms of health care workforce into the state budget. I think that's something that all of you ought to be rallying around and supporting because building that pipeline is not just turning a switch. People have to get into the educational system. They got to get through it. They've got to graduate. They've got to get out. S some of this is a couple of years worth of building the pipeline before we see the light at the end of the tunnel. I think. Nonetheless, because there aren't people out there. I just don't think there are staff out there. I mean, there are only so many registered nurses. There are only so many licensed therapists out there. We need to train more people and we need to get more people into the profession.

Jamie We also believe that if we looked at the numbers that there are enough. Right now, there are a lot of nurses in New York, more nurses maybe than you think as as of now.

Peter Robinson I mean, to the extent that they're there. What I'm getting at is I think we support what you're saying and we need to hire as many people as we possibly can that are out there right now. But I don't necessarily know that that's going to be adequate to fully meet the needs that we have in New York.

Peter Robinson I just want to thank you all for your comments and recognize the points that you're making.

Peter Robinson I'm going to turn to Shelly first to respond to Ann Monroe's question.

Shelly Glock Thank you, Peter.

Shelly Glock The department with this application, we did take a look at the impact. According to the staff report, if you look at the utilization of LIJ Valley streams beds for the past 2016 through 2020, those beds have been less than a 50 percent utilization over a period of time. There will be no impact to staffing our operations on the hospital, because the beds are not currently staffed or being utilized. The department did review that from a need and that's how we arrived at our recommendation of approval.

Peter Robinson Okay.

Peter Robinson Is there anybody else from the public other than those people that signed up that wants to speak? I just want to check.

Peter Robinson Is there anybody online anywhere that we need to be aware of that's posed a question?

Peter Robinson Anything else from the members of the committee?

Peter Robinson I'm going to call the question.

Peter Robinson Let's see what we come out on this thing.

Peter Robinson All in favor of the motion of the application?

Peter Robinson Is there anybody opposed?

Peter Robinson The motion carries.

Peter Robinson Let me just make another point here on the bed capacity question. I think that we need to relook at the issue of bed capacity in New York differently and hearken back actually to the Berger Commission and the time when there was a major effort to downsize inpatient bed capacity with a sense that care was going to be shifting from hospital settings to outpatient settings. We didn't need as much in the way of inpatient settings. Hospitals closed. We reduce bed capacity in lots of hospitals. What happened as a result of that was that occupancy levels and utilization were right up against the authorized bed capacity or licensed bed capacity on average statewide. Varies from place to place, but on average. The other thing that changed is that reimbursement worked a little differently, right? Because we actually had capital pass through. When you got a capital project approved and you added beds, you got a rate supplement that sort of funded the cost of those beds. That doesn't happen anymore. Your reimbursement is your reimbursement. Whether you spend money on capital or not that, does not directly tie to reimbursement. It may drive negotiations and efforts to get higher rates, but it doesn't automatically create that reimbursement. The connection is not as direct as it once was. We have seen in New York now the lessons of this pandemic and the fact that it has been very difficult for hospitals to surge and xpand and meet the capacity. There's two reasons for that, obviously. First and foremost, people and staffing, that I put a top of the list. But

the other is that physical facilities are constrained as well. And that's because we've downsized our hospital capacity in the interests of cost efficiency. I think we need to relook at that again. I think we need to almost encourage hospitals to create some kind of capacity margin in their facilities across the board so that they have the ability on a facility standpoint to surge. That doesn't address the staffing needs. No matter how many beds you have, if you don't have staff, you can't do anything. That's clear. Both issues need to be addressed. At least in terms of licensed beds and our approach to keeping those numbers down. And therefore, in the case of this application, transferring maybe beds that have not been in operational use or staffed to a facility to another facility in order to sort of not add total bed capacity. I mean, I think those days have passed. I think that that's not the approach that we ought to take. If there's a need for additional beds at the North Shore site that we're approving. Good. Let's do that. Let's put those in. I don't think we have to move beds to close beds at the facilities that were there before.

Ann Monroe Peter, this is Ann. I want to echo that. I think that robbing Peter to pay Paul is really taking a very narrow view of what is the larger issue. We never saw the reduction in bad use that we had hoped shifting to primary care. I think that looking at hospitals as part of a larger system and not as an independent entity that moves beds around is going to need to be the way that the council starts to look at these community wide impacts of such a move. I'm really echoing your point about not having to move beds from an underserved area in order to justify adding beds at another place. We need to think of a new way of going about that.

Peter Robinson Thank you very much for those comments.

Peter Robinson I think the council would like to work with the department to look at how we're going to approach this kind of issue of bed capacity going forward in a broader based way that looks at the whole state's ability to manage what inevitably will be the next epidemic. Whatever that is.

Dr. Bennett Just one comment. I agree with what's been expressed. I think the nurses that brought forth these issues, these are very real issues, as has been said. I think what we have to be careful about is, so does this particular decision about these beds, how is it related to some of these staffing issues? My answer to that is, while it's somewhat related, the staffing problems and the ratios of nurse to patient, which I'm very sensitive to having run an ICU for 25 years, those are multifactorial, and these distribution of beds by hospital is just one factor. It's a very complex problem that has to do with workforce development. I think we need a much more broader approach as to what the rational bed capacity needs to be. And then just lastly, we do have to be concerned with cost to the system because if health care is too expensive, then no one will be able to afford it. I'll say what I always say in these meetings. Cost is important because cost is a quality issue. If the cost is excessive and people can't afford it, then they won't get that care. I just want to lay out some of those complexities and the solutions are very complex.

Peter Robinson I want to thank the people who came here today representing others, your colleagues Downstate, as well as representing yourselves, of course. Could I ask that those people that provided or read testimony share a written copy of that with the department so we can put that in the official record? I would appreciate that. Either give us a paper copy or you can send it by email to the department either way, but would appreciate that.

Scott La Rue Mr. Robinson.

Peter Robinson I'm sorry

Scott La Rue Scott La Rue, a member of the council. I have my hand up.

Peter Robinson I'm sorry, Scott. I apologize for not looking your way.

Scott La Rue That's okay.

Scott La Rue I just want to go back to your comment about staffing, which I completely agree with. I wanted to have an opportunity to comment on that last speaker because it appeared to me that she was saying that there are RN's available in the state of New York that we're not hiring. Just as a plug, I'm in Manhattan. If you have friends that are looking for a job, please send me the list because we're looking for RN's. I don't think it's a question of employers not wanting to hire them. Any RN's that are available if you'd like to get a list together, I know a whole group that would love to hire them.

Peter Robinson Thank you, Scott.

Peter Robinson By the way, thank you for all the health care you provide to your patients and for the work you do. We really appreciate it.

Peter Robinson Thank you.

Peter Robinson Whoops. I got a broken mask.

Peter Robinson We're moving on to application 2 1 2 1 3 5 C, University Hospitals, SUNY Health Science Center in Onondaga County. This is to create a new division to be called Upstate University Hospital at Hutchings to provide inpatient behavioral health services to adolescents and children to be located at 620 Madison Avenue in Syracuse and to certify 29 inpatient psychiatric beds. The department is recommending approval with conditions and contingencies.

Peter Robinson I need a motion.

Peter Robinson Dr. Gutierrez.

Peter Robinson A second from Dr. Kalkut.

Peter Robinson Thank you.

Peter Robinson Shelly.

Shelly Glock Thank you.

Shelly Glock Upstate University Hospital is requesting approval to create a new division of Upstate to provide inpatient behavioral health services to adolescents and children. The new division will be named Upstate Hospital at Hutchings. The application requires certification of 29 inpatient psych beds, which includes an 18 bed inpatient adolescent behavioral health unit serving individuals aged 12 to 17 and an 11 bed dual diagnosis inpatient unit to meet the needs of children aged 5 to 17 with a developmental disability and a psychiatric condition. As part of this proposal, Richard H. Hutchings Psychiatric

Center, known as Hutchings will close its Children and Adolescent Inpatient Services Unit, a total of 30 beds and Upstate will take professional jurisdiction of building 7 at Hutchings to operate the proposed new division. Renovations will be performed to bring the space into compliance. This new division will be located on the campus of Hutchings Psychiatric Center. The 12 building campus is adjacent to Upstate SUNY Medical University. This application has been developed with the cooperation in support of New York State Office of Mental Health and the New York State Office for People with Developmental Disabilities to preserve needed inpatient behavioral health services for children and adolescents in Central New York Region, and to provide a specialized inpatient program for children with dual diagnosis. There is currently no inpatient program in New York State that is specifically designed to address these clinical needs of children with the dual diagnosis and comorbid destructive behaviors. Families seeking the specialized inpatient care currently need to go to out-of-state facilities. Per the applicant, New York State historically places approximately 400 children out of state psychiatric inpatient facilities and 90 percent of those placements are for children and adolescents who present with the diagnosis that will be targeted in Upstate specialized units. That equates to approximately 360 children currently placed out of state that would be targeted for this program. Upstate is currently certified for 438 beds, including 32 psychiatric beds. Upon approval, the new division will have 29 inpatient psych beds for a total of 61 across the two campuses. Based upon review of public need, current compliance and financial feasibility, the department is recommending approval with conditions and contingencies.

Peter Robinson Thank you.

Peter Robinson Questions from the committee or the council?

Peter Robinson Dr. Bennett.

Dr. Bennett Thank you.

Dr. Bennett Dr. Bennett again. I have a question, I guess, for the department. I will tell you as a health plan CEO, I know that the Upstate region, I'm not that familiar with the Downstate region, but we are in an absolute pediatric and adolescent mental health crisis. It is severe. It is profound. We have serious issues with adequate inpatient and outpatient services. What strikes me about this, and I think this is great. We need this. What bothers me a little bit is that we're creating 29 new beds, but we're taking out 30. I just hope that the department looks for ways to really expand the services for adolescent and pediatric mental health services. I just want to also throw in the idea that it need not come necessarily in the form of a traditional full inpatient mental health unit. In the Capital Region, we're partnering with others around some recuperative care models that are not quite hospitals to put some adults and then hopefully some children. I just want to say that I think from a public health perspective, it's important that we continue to expand the behavioral health services, particularly for children and adolescents.

Dr. Bennett Thank you.

Peter Robinson Thank you. Couldn't agree more.

Peter Robinson Dr. Lim.

Dr. Lim Sabina Lim, member of the committee and the council. I echo many of Dr. Bennett's comments. There is no question that there has been always for some time, a

real crisis in children's mental health services. I have a slightly different sort of point of view about beds. I think for behavioral health beds I think a good part of this, it's not only the total number of beds, but what are the types of beds, what ages do they serve and whether they're serving certain specific populations. Children who have both psychiatric and developmental disabilities, I think, are some of the most vulnerable populations for which there is a huge dearth of services. I was really pleased to see that there is a specialized unit and that there is a sort of focus on not just the total number, but having the right kinds. I also echo Dr. Bennett's comments about it isn't just inpatient. They can only stay inpatient for so long. It's really building out this continuum, especially of these intensive outpatient and wraparound support services. The question that I wanted to ask. I'm not sure DOH could answer, but maybe the applicant. If I read correctly, part of the reason why Hutchings had proposed to close and was also had to send out kids to other states was a lack of contracts with plans. I was wondering if there is or will be a plan to have a more robust set of contracts with not only Medicaid managed care plans, but also with exchange and commercial plans, because that seems to be that isn't in place, we might run into the same issue down the line.

Peter Robinson Thank you.

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

Frank Cicero Good morning. I'm Frank Cicero. I'm a consultant to the applicant. Next to me is Marilyn from Upstate. Just to get back to your original question, Dr. Bennett and the first discussion by Dr. Lim. It is not. There is a one bed reduction if you look at it in certified beds, but currently there are only about 5 patients in those beds. It goes to impart what Dr. Lim said there. The existing operator, which is the state and is transferring to another unit of the state, has not been able to keep patients in state in county, in state and region at all. A good part of that goes to contracting. Contracts are in place. University Upstate has contracts and will be able to serve these children and adolescents and keep them at home. I don't know if either of you would like to say anything more. Dr. Lim, I hope that answers your question.

Dr. Lim Yes.

Peter Robinson Yes, Dr. Lim?

Peter Robinson Thank you.

Jeffrey Kraut I got a question.

Peter Robinson Please go ahead.

Jeffrey Kraut Look, great project. I'm not going to repeat the need that was explained, particularly for the developmentally disabled. OMH, I'm assuming in giving up this capacity and turning it over to you. Did you receive an enhanced rate in order to do that compared to what they had previously received?

Frank Cicero It's expected that there will be an enhanced rate, Mr. Kraut, yes.

Jeffrey Kraut The question really is for I don't know if we have representatives of OMH, but your acutely aware of the need issues. I would also just add the post-acute needs are as great as the acute needs. We have people sitting in acute beds that shouldn't be here,

both in behavioral health and those with developmental disabling disabilities. Very difficult to place. I would think as an industry this is a major issue. I'd like to hear from OMH if this is a policy that you want to see supported that if providers come forward, there is a willingness to discuss developing and increasing this capacity and your willingness to support it with enhanced rates as you've done so in this project.

Jeffrey Kraut Is there anybody from OMH in the room?

Peter Robinson I don't believe so, Jeff.

Unknown There is.

Peter Robinson Okay, I'm sorry.

Jeffrey Kraut I direct my question there.

Christina Calderwood This is Christina Calderwood.

Christina Calderwood Can you hear me?

Peter Robinson We're not receiving anything yet.

Jeffrey Kraut She's on Zoom, Peter.

Jeffrey Kraut Christina, could you please turn on your camera when you speak?

Jeffrey Kraut Thank you.

Christina Calderwood Can you hear me okay?

Peter Robinson Please go ahead.

Christina Calderwood My name is Christina Calderwood. I'm the Director of Children's Data Operations here at the Office of Mental Health. There are other colleagues of mine on the line from the Central New York field office as well, who might be able to speak to some of this. What I can say programmatically is that the Office of Mental Health is very much in support of programs along these lines because of all of the statement that have been made by other participants already in terms of the needs of this population. In recognizing that when there is not a program designed to meet their needs, it also impacts the ability and availability of services in a general inpatient unit. Because a lot of times these youth end up in those inappropriate settings and don't end up getting the services that they need. In response to the comments about the need for the community services to support youth and their families as part of the step down process. We are also very much involved with our community partners and other agency partners to ensure that those services are enhanced and available to support this step down from this type of unit. Overall, OMH is very much in support of these programs being developed and expanded. If there are additional partners, we would love to hear from them.

Jeffrey Kraut Thanks so much.

Jeffrey Kraut Appreciate it.

Peter Robinson Thank you.

Peter Robinson I apologize. It was difficult to pick up the audio here. I mean, we heard talking going on, but I'm not sure that we heard words. But if you're satisfied, Jeff, then I think we made progress.

Peter Robinson Anything else from the applicant?

Peter Robinson Thank you very much.

Jeffrey Kraut Scott has his hand up.

Peter Robinson I apologize again, Scott. I've got to turn left every time I say something.

Peter Robinson Go ahead.

Peter Robinson I think you're on mute still, Scott.

Scott La Rue Thank you.

Scott La Rue Good morning, Scott La Rue, member of the council. I first want to express my firm support for this project. My thoughts and comments were very much along the lines of Mr. Kraut's having been a former resident up in the Syracuse area for many years. Hutchings Psychiatric Center has evolved and generally it's been a declining number of services over the years and restructuring, and this just seems to not really be getting at the root cause of the issue. We're moving these beds over to University Hospital across the street and it gets better reimbursement in that setting than it does the other. It just seems like such a scattered approach without really getting to the meat of what is causing this crisis. I hope that a more strategic and thoughtful plan could be put in place to address this extraordinarily needy population.

Peter Robinson And that, of course, you're speaking almost statewide on this, aren't you, Scott?

Scott La Rue Yes.

Peter Robinson Well, thank you again very much.

Peter Robinson I just want to make sure that there isn't anybody else for the public that wishes to speak on this application.

Peter Robinson Anybody online that has signed up?

Peter Robinson We'll call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson That motion carries.

Peter Robinson I thank you. These have been two excellent discussions. I appreciate the input from the members of the committee and the council.

Peter Robinson Application 2 1 2 1 4 9 C, Hospice of Jefferson County Palliative Care in Jefferson County to certify 4 additional residents beds and decertify 2 inpatients certified beds for a total certified capacity of 12.

Peter Robinson I'm fogging up here. Sorry.

Peter Robinson 12 residents beds and perform requisite renovations to accommodate the new beds. The department is recommending approval with conditions and contingencies.

Peter Robinson A motion, please.

Peter Robinson Dr. Gutierrez.

Peter Robinson A second by Dr. Torres.

Peter Robinson Thank you, Shelly.

Peter Robinson I keep wanting to say Tracy.

Shelly Glock Thank you.

Shelly Glock Hospice of Jefferson County currently has 8 residents beds and two inpatients beds. This application seeks approval to certify 4 additional resident beds and to be certified the 2 inpatient certified beds for new total certified capacity of 12 residents and to perform the requisite renovations to accommodate those beds. That the applicant states that they currently have a waiting list of three patients per day for residents bed. This application seeks to decertify their 2 inpatient beds and add 4 resident beds to cover that wait list, so there will be a new total of 12 resident beds. The hospice will use inpatient swing beds at Samaritan Medical Center in Watertown on an as needed basis to cover any need for the inpatient services that might arise. Based upon review of public need, compliance and financial feasibility, the department is recommending approval with conditions and contingencies.

Peter Robinson Thank you.

Peter Robinson Questions from the committee or the council?

Ann Monroe Peter, I have one.

Peter Robinson Please go ahead.

Ann Monroe Could you just explain what the difference is? You're going to decertify 2 duly certified inpatient beds if you're going to add 4 additional hospice residents beds. Could you explain? That will result in 12 residents only beds and no inpatient beds. Can you just explain the difference to me? Are we going to have more? What's a residents only bed? Does that mean somebody who's living at home who's being served? Can you explain to me the difference?

Shelly Glock I'll start, and then I'll defer to the applicant to provide additional details as needed. A resident bed is primarily for someone from the community who is receiving hospice care at home, but lacks the support or a caregiver to really be able to stay in their home and receive those hospice services. These beds allow that person to move into the residence and receive that hospice care as opposed to inpatient care.

Shelly Glock Does that answer your question? Think of them as residents beds for folks who lack the support and caregiver to be able to receive the hospice care at home.

Ann Monroe Do we require approval for a resident only bed every time they run out of bed for a resident that's not an inpatient bed, we must approve that, or is it the shift of beds that we're approving?

Shelly Glock Under 700.2, they can have up to 16 residents beds. They are allowed. This application is not only adding 4 beds, but it's the decertification of the 2 inpatient beds at the same time.

Ann Monroe If they were not decertifing the inpatient beds that we would not be looking at this because they're not up to 16. Is that accurate?

Shelly Glock I'll have to confirm for the next meeting, but I believe that's accurate. What you're saying that it's the triggering of the decertification of the 2, they're adding 4, which gets up to 12. I believe if they were going to add an additional 4, it would be a CON that they'd put in. I'll have to confirm that unless someone from the department is here.

Peter Robinson Is the applicant here?

Peter Robinson No.

Peter Robinson I don't think we have anybody from the applicant present.

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

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

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson The motion carries.

Peter Robinson We're moving to ambulatory surgery.

Peter Robinson I'm fogging up again.

Peter Robinson Application 2 0 0 1 0 0 4 B, Pelham Parkway SC LLC, doing business as Pelham Parkway Surgery Center in Bronx County to establish and construct a new multi-specialty ambulatory surgery center to be located at 1,000 Pelham Parkway South in the Bronx. A currently vacant space in a multi-use building that includes Morningside Nursing and Rehabilitation Center. The department is here recommending approval with conditions

and contingencies with an expiration of the operating certificate 5 years from the date of issuance as their recommendation.

Peter Robinson Can I have a motion?

Peter Robinson Thank you, Dr. Torres.

Peter Robinson Second, Dr. Berliner

Peter Robinson Shelly.

Shelly Glock Thank you.

Shelly Glock Pelham Parkway SC LLC, doing business as Pelham Parkway Surgical Center, which is an existing New York State LLC, is requesting approval to establish and construct a multispecialty Article 21 Ambulatory Surgery Center, which will be located on the first floor of 1,000 Pelham Parkway in Bronx County. The surgical specialties to be provided will be orthopedic ophthalmology podiatry and vascular access surgery. The proposed center will be housed in a five storey multi-use medical building that contains Morningside Nursing and Rehab Center, Morningside Assisted Living Program and Morningside Dialysis Center. The current space is unoccupied and was formerly used for RECF administrative and executive offices that have been relocated to other areas. The Ambulatory Surgery Center will be a separate and distinct facility with a dedicated entrance and dedicated staff. Also will be separate and distinct from the other facilities in the building. The proposed operator of the ambulatory surgery center is Pascrell de Benedictus, Alex --- and Solomon Rutenberg. All three proposed members will be managing members, and they are currently the operating entity members housed in the building. The number of projected procedures is 1,823, year 1, 2,202, year 3, and they are projecting Medicaid at 6 percent and charity care at 2 percent each year. These projections are based on the current practices of participating surgery. Of those procedures moving, 21 percent are currently performed in the hospital, 36 percent are performed in another and the remaining 43 percent are performed in office based setting, according to the applicant. Dr. Raza will be the Medical Director, and the applicant expects to enter into a transfer and affiliation agreement with Bronx Lebanon Hospital just 2 miles away. Based upon a review of public need, character and competence and financial feasibility, the department is recommending approval with conditions and contingencies with an expiration of the operating certificate five years from the date of issuance.

Peter Robinson Thank you.

Peter Robinson Questions from the Committee or the Council?

Peter Robinson Applicant is questions only.

Peter Robinson Anybody from the public wishing to speak?

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

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson Motion carries.

Peter Robinson Thank you.

Peter Robinson Application 2 0 2 0 5 7 B, Premier SC LLC doing business as Premier Ambulatory Surgery Center of New York LLC in Queens County to establish and construct a new multi-specialty, freestanding ambulatory surgery center with 4 operating rooms to be located at 170-60 Union Turnpike in Fresh Meadows Department is recommending approval with conditions and contingencies with an expiration of the operating certificate five years from the date of issuance.

Peter Robinson A motion please.

Peter Robinson Thank you, Dr. Gutierrez.

Peter Robinson Second, Dr. Berliner.

Peter Robinson Shelly.

Shelly Glock Premier SC LLC is an existing LLC and is seeking approval to establish approval to establish and construct an Article 28 Diagnostic and Treatment Center. Certified to be a multi specialty freestanding ambulatory surgery center located in Queens County. The sole member of Premier FC LLC is Premier Holdings Inc to be formed not for profit. The sole member of Premier Holdings is Medicine's Health Network Inc, an existing not-for-profit corporation. The Board of Managers of the Freestanding will be appointed by Premier Holdings, and it will be identical to the Board of directors of Premier Holdings Inc. As depicted in the exhibit, you can see those numbers. The proposed medical director is Dr. Mourad. Jamaica Hospital Medical Center, 3.2 miles away will serve as the backup. The applicant is projecting 3,000 procedures, year 1, 3,371 year 3 with Medicaid at 5 percent and charity care at 2 each year. Based upon review of public need, character and competence and financial feasibility, the department is recommending approval with conditions and contingencies with an expiration of the operating certificate five years from the date of issuance.

Peter Robinson Thank you.

Peter Robinson Council member questions?

Peter Robinson Dr. Gutierrez.

Dr. Gutierrez This question is just a form question. I noticed on Page 3 of the application that in item 3F, they list the number of nosocomial infections. This is not a hospital. Why are we using nosocomial? Is it fine here to move, but I think it's the institutional infection or something else. I don't know what the code calls nosocomial in the health department for application purposes. Maybe Dr. Kalkut can contribute to that.

Shelly Glock Are you referring to the contingencies?

Dr. Gutierrez Yes, Page 3, item 3, item F.

Gary Kalkut It is originating in a hospital.

Dr. Gutierrez Hospital acquired infection.

Gary Kalkut Yes, it can be applied to anything related to a hospital, and perhaps it is used because these are Article 28 facilities. I'm not sure, but I think by the book, you're correct.

Dr. Gutierrez That's all. You might want to consider a change in that term.

Peter Robinson Anything from the applicant?

Peter Robinson Questions only.

Peter Robinson Anybody from the public wishing to speak?

Peter Robinson I just have one comment and then then we'll call the question to a vote, which is something that several of us on the committee and the council kind of come back to, which is we are sort of not happy to see names of facilities with superlatives in them because there doesn't seem to be any real basis for it. In some ways, it can, in our view, reflect more a marketing strategy that maybe not necessarily evident in whatever the quality performance of the organization is. We would prefer that applicants come forward with names that do not have a superlative in them, shall we say.

Peter Robinson With that, I will call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson The motion carries.

Peter Robinson Thank you.

Peter Robinson We are now moving to diagnostic and treatment centres.

Peter Robinson Application 1 9 2 2 1 1 B, Beach Channel Diagnostic and Treatment Centre LLC Beach Channel Diagnostic and Treatment Center in Queens County. Establish and construct a diagnostic and treatment center to be located at 50-15 Beach Channel Drive Far Rockaway in Peninsula Nursing and Rehabilitation Center. Department is recommending approval with conditions and contingencies.

Peter Robinson A motion, please.

Peter Robinson Dr. Torres.

Peter Robinson A second, Dr. Kalkut.

Peter Robinson Shelly.

Shelly Glock Beach Channel Diagnostic and Treatment Center LLC to be called Beach Channel as a to be formed New York Limited Liability Company is requesting approval to establish and construct an Article 28 DNTC in Far Rockaway, Queens County. The applicant is requesting certification for medical services, primary care and other medical specialties, PT and OT. They are requesting the services of not only primary care, but the physician specialties, including diagnostic radiology and physical Pt and OT. Upon approval, they'll be known as Beach Channel Diagnostic and Treatment Center. The four storey building currently houses the Peninsula Nursing and Rehab Center, which is a 200 bed RHCF and Article 28 Chronic Renal Dialysis Center operated by Peninsula Continuum Services LLC. Diagnostic and Treatment Center will be a separate and distinct facility on the first floor with a dedicated entrance separate from the entry. The existing space is currently unoccupied space of the nursing facility and the conversion of the space will have no adverse impact on the day to day operations of the skilled nursing facility. The applicant stated goal is to complement the existing services available within the building and to serve the residents of the Rockaway and Broad Channel area of Queens County. Proposed membership are listed in the exhibit and the proposed members of the Diagnostic and Treatment Center also are currently operating entity members of the RCF and the dialysis centered housed in the same building. Dr. Raza will be the Medical Director and he'll also be a practicing physician at the Diagnostic and Treatment Center. The projecting Medicaid of 35 percent, charity care at 3 percent with the transfer and affiliation agreement with Mt. Sinai South Nassau Community Hospital. Based upon review of public need, character and competence and financial feasibility, the department is recommending approval with conditions and contingencies.

Peter Robinson Thank you.

Peter Robinson Questions from the committee or the council?

Peter Robinson Dr. Bennett.

Dr. Bennett I have a question for the department. We see some of these same names in one of the other previous applications. What struck me as I was reviewing these. I don't know whether I have a question or comment or just these people are very prolific. They're in a lot of things because when I first looked at it, I looked at the list of civil suits and it was extensive. And then upon further reflection, I said, Well, they're involved in 20 nursing homes. It comes down to like one suit per home, so maybe that's not so bad. But then, as I thought, a little more. I mean, when you're involved in so many entities as an operating partner, is there any point at which we begin to worry about maintaining focus on the quality at the different entities? I guess that's a broad question. I don't know. I almost hesitated bringing this up, but it just gave me pause. I mean, how many entities can you be an operating partner in without losing focus? I don't know, maybe that's unfair, and maybe that's not the purview of the council, but it just came to me. Help me with that.

Shelly Glock I would answer to say that , I agree that this applicant does have a number of different Article 28 membership entities and that is something that is disclosed and in an application. It would be looked at each and every time that the applicant would come for establishment. Part of the character and competence review that we would do is to take a look at the performance of those Article 28 facilities that they're involved in to make a decision. Do they have character and competence? Do they need to focus on current existing operations for improvement versus taking on a new one? Those are conversations that we do have and we do look at as part of character. I don't know what that threshold is,

Dr. Bennett. There's not an established to say X number or the magic number, but I think it's about performance and resources and corporate structure.

Dr. Bennett Thank you.

Dr. Bennett I mean, the analogy I was thinking of is that when we see a surgeon who is just busy beyond belief, you start to say maybe we ought to kind of look into this a little more, but thank you.

Peter Robinson Ann Monroe, I understand you have a hand up.

Ann Monroe Yes.

Ann Monroe Thank you, Peter.

Ann Monroe I have a little different question, although it builds up Dr. Bennett's. One ofhat are the things we've seen recently is a strong concern about long term care facilities about the relationship and business arrangements between long term care facility and other businesses also owned by the the owner of the nursing home. I'm wondering if this new 28 is intended to be a referral location for the other long term care related operations that these owners also have under their proprietorship. That creates closed referral loops and the ability to move expenses from one entity to another. I'm just wondering if the department looked at relationships between and among the various entities owned by these particular people and whether or not that the establishment of this Article 28 creates a situation where the closed system can begin to put expenses and profits in different entities within this closed system. Does that make sense? I mean, does my question makes sense?

Shelly Glock It does, Ann. Thank you for the question. It's a good question. We took a really close look at that. The department had much discussion with the applicant. What we determined. This is a diagnostic and treatment center. Primary care services are delivered in a skilled nursing facility by a credentialed attending physician, so the primary care is already being delivered. Where this facility, if a resident chose to receive the specialty care in this diagnostic and treatment center, which is within the same building, there could be some advantage to the resident to not have to travel, but that's resident choice. Although the resident has choice where to receive the care, the situation cannot be where the residents are. It can't be a self referral system where the residents must receive care there and there's no choice. We took a close look at that. We looked at the relationship of the physicians in the Diagnostic and Treatment Center with the skilled nursing facility, and we did come to a recommendation of approval here that the Diagnostic and Treatment Center, the intent is to serve the Far Rockaway community. This is not intended to serve the residents of the skilled nursing facility.

Shelly Glock Does that answer your question?

Peter Robinson Thank you.

Peter Robinson Other questions from members of the committee?

Ann Monroe If I could follow up.

Ann Monroe When you get reports from the organization once it's been approved, I would hope that one of the things you would look for is how many residents received services from this organization down the hall. Because while I believe in resident choice, I do sometimes question whether a nursing home resident has total freedom of choice. I would like to see if this internal referral loop become something active as opposed to just something that is based on consumer choice. When you follow up, can you do that, please?

Shelly Glock I can do that. Part of our surveillance program when we do our recertification surveys, there our resident interviews, and that's something that we can certainly follow up on on that as well.

Peter Robinson Can I just ask the applicant to come forward, please?

Peter Robinson Thank you.

Alex Solloway Alex Solloway, one of the managing members.

Peter Robinson Thank you.

Peter Robinson I think even though the department acknowledged Ms. Monroe's comment, just like to hear your reaction to that and what the plans are for your facility.

Alex Solloway Yeah.

Alex Solloway Primary care at this current state in nursing home provided by independent physicians going to continue doing exactly the same thing. It will have no relationship to anything to be done in Article 28. Article 28 is developed for outpatient services and some specialty services, which will be provided.

Peter Robinson Well, thank you.

Peter Robinson I think the concern that Ms. Monroe is expressing here was that the nursing home residents that are in the same building will continue to exercise free choice in terms of where they access their ambulatory and primary care services should they need them. I think she wants some assurance that that's going to be in fact, the case.

Alex Solloway Absolutely. We're not developing this to service nursing home residents. We're developing to service outpatient community in Far Rockaway.

Peter Robinson Thank you.

Alex Solloway And we at the same side of Peninsula Hospital.

Peter Robinson Thank you very much.

Peter Robinson Other questions for the applicant or the department?

Peter Robinson Well, thank you very much for coming up.

Peter Robinson Anybody else from the public wishing to speak on this application?

Peter Robinson Hearing none call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson Motion carries.

Peter Robinson Thank you.

Peter Robinson We're now to application 2 1 1 0 8 5 B, KD Hudson Ventures LLC doing business as Avalon Medical Group. This is in Orange County to establish and construct the Diagnostic and Treatment Center to be located at 121 Executive Drive in New Windsor for primary and specialty care through the relocation, consolidation and conversion of multiple private practices. I'll make a note here that a revised exhibit was emailed to the members of the committee and the council. I believe earlier, maybe even yesterday. I think it was yesterday, right? Make reference to that rather than what was in the original distribution. The department is recommending approval with conditions and contingencies.

Peter Robinson A motion, please?

Peter Robinson Dr. Berliner.

Peter Robinson A second?

Peter Robinson Dr. Torres.

Peter Robinson Shelly.

Shelly Glock Thank you.

Shelly Glock KD Hudson Ventures and existing New York State LLC is requesting approval to establish construct a Diagnostic and Treatment Center in New Windsor, New York. The center will operate in leased space, providing primary medical care, specialty medical services, physical therapy and occupational therapy services. The specialty medical services will include cardiology, dermatology, orthopedic, pain management, neurology, neurosurgery, physical medicine and rehab and allergy testing. The center will offer primary care and other medical specialty services in a health professional shortage area for primary care services. Through this project, a number of private practices currently located in Newburgh will be relocated and consolidated into the proposed Diagnostic and Treatment Center. These private practices provide outpatient medical visits in the following areas; orthopedics, physical medicine and rehab. Physical therapy of occupational therapy, neurology, neurosurgery, medical visits only that is and chiropractic services. The applicant indicates that through this project, these private practices will be consolidated and the following services will be added; primary medical care, behavioral health and medical specialties such as cardiology, dermatology, pain management and allergy testing and nutritional counseling. The members of KD Hudson are in the exhibit. There are two members Arthur and Fergie Dannevirke. Dr. Shubin. I will be the Medical Director and they expect to have a transfer affiliation agreement with Garnett Health Medical Center. They are projecting Medicaid utilization of 35 percent and charity care of 2

percent. I do want to point out that through this project, the applicant is indicating that we'll be putting in additional expanded services and programs that I spoke about that the private practice couldn't afford to offer at the current reimbursement levels. As approval as a Diagnostic and Treatment Center, they will help to sustain the current services, as well as expanding those into medically underserved populations. They'll implement health improvement initiatives that are aligned with the goals of the New York State Prevention agenda. Those include making improvements in preventive health care through primary care, providing awareness of heart disease and strokes, and decreasing hospitalizations due to pneumonia and influenza. Based on our review of public need, character and competence and financial feasibility, the department is recommending approval with conditions and contingencies.

Peter Robinson Thank you.

Peter Robinson Questions from the committee or the council?

Peter Robinson Dr. Bennett.

Dr. Bennett I have to ask. Just going to ask the question. I mean, we have a civil suit which was dropped without prejudice. Does any of this interfere with this facility's ability to be a Medicare provider? I would ask that question because I know those rules are fairly strict and just number two in general, if the department could tell us whatever they can to at least make this member feel a little better about this.

Shelly Glock Dr. Bennett, I'm sorry, but I'm just going to ask you to repeat your questions because I had a lot of trouble hearing.

Dr. Bennett Sorry. Let me get closer to the mic.

Dr. Bennett My concern is his history. I have to, as mentioned in the record. I have two questions. One is, will any of this impair the facility's ability to be a CMS Medicare provider because I know they have very strict rules. Also just to give us perhaps a little more detail into how the state worked through this idea, given this history.

Peter Robinson Do you want me to go to the applicant for the answer to that or do you want to respond?

Attorney for the Department of Health I will respond first and then I'm happy to turn it over to the applicant.

Peter Robinson Very good.

Attorney for the Department of Health I'm an attorney with the Department of Health. As to your first question, I'll get back to you about whether or not this will impair the ability of this facility to be able to accept any Medicaid or Medicare payments or to participate in that program. In terms of the review of the application, we do conduct a pretty thorough character and competence review looking at the history. Our law does not preclude what has been indicated here as a barrier to being acceptable to operate a facility. Looking at the facts and circumstances of this situation, we reviewed it and we found that with the disposition of the incident that occurred that the individual was acceptable for this application. I don't want to get into too many details, but I do want to let you know that we did conduct a thorough review of the situation. It did happen a very long time ago. We

found the individual to be acceptable. The other thing is the application is the applicant is not on the exclusion list. I don't foresee that there will be an issue, but I can confirm that later.

Attorney for the Department of Health Anything you can add to that?

Unknown Yes.

Frank Cicero Thank you, Mr. Robinson and Dr. Bennett.

Frank Cicero And to follow up on what was said. On the Medicare side, I believe as a Diagnostic and Treatment Center certified by New York State, it will not have a Medicare number the way that an ambulatory surgery center, dialysis center, so that's one issue. I would like to read a letter that was provided to the department during the course of this review that explains the circumstances. I will say he does not make an excuse for what he did. I think from the moment that this occurred, he didn't. I think the tenor of what happened may provide some color to this. As was said, we did undergo a very thorough review by the department by the Division of Certification Surveillance. They requested additional information. This is one of the letters that was provided to the department in February of 2021. I write regarding my July 27, 2006, conviction for assault in the second degree and driving while intoxicated in violation of New York VTL 1992 parentheses 3. The arrest and my subsequent plea of guilty. He pleaded guilty. Did not attempt to defend his actions. Events that I wish I could erase, but obviously cannot. I fully accept it and continue to accept full responsibility for my actions. I am disappointed in myself and extremely remorseful for all of whom were hurt by my actions. While I am ashamed of my conduct, I offer this letter to allow the reviewing agency some insight as to what was occurring in my life at the time of this event. Immediately prior to this arrest, I was diagnosed with the life altering disease of multiple sclerosis, which I deal with to the present day. I require special medications and hospitalizations to alleviate the symptoms of this dreaded disease, which includes difficulty walking, balance problems, et cetera. Due to this devastating diagnosis, I unfortunately began to drink and made a horrible decision to get behind the wheel of a car. Not a day goes by that I do not think about this awful decision. While I cannot change the past, I quickly learned to deal with and accept my diagnosis. I have not had any issues since that time. I truly hope the agency can see that this was out of character with how I conduct my life and was a product of my life circumstances that I had not accepted at the time. It was a one time event. Certainly, there cannot be an excuse for doing what was done, but there was an event that led to it and that's what he conveyed to the department. We come forward today.

Frank Cicero Thank you.

Peter Robinson Thank you for reading that. Appreciate that.

Peter Robinson Other questions from the committee or the council?

Peter Robinson I thought there was a hand up there and I'm not sure who.

Peter Robinson She took it back. Got it.

Peter Robinson Anything else from the applicant?

Frank Cicero No.

Peter Robinson Anybody else from the public?

Peter Robinson Scott.

Scott La Rue Good morning. Scott La Rue, member of the council. I had a question about the the civil suit with GEICO for racketeering and corruption, which was dismissed without prejudice. Was there a settlement that was made with GEICO that resulted in the dismissal of the case, or was that the outcome through a court proceeding?

Frank Cicero No settlement, Mr. La Rue. Was dropped from the lawsuit within 9ine months of it having been issued. He has no idea why he was named. He admitted no guilt. He was not guilty.He was dropped from the suit. There is a belief that because the doctor who was sued had the same first name, that they may have put him into the lawsuit, or perhaps because the individual or the entity decided to take a look at everyone who was there, but there was never any guilt attributed to him. To this day, he does not know why he was named. Again, no settlement whatsoever.

Scott La Rue Thank you, Mr. Cicero.

Peter Robinson Dr. Kalkut.

Dr. Kalkut Thank you, Peter.

Dr. Kalkut I have a question for the department. On the first page, third paragraph, it mentions that there are several private practices that have one address will be relocated, consolidated. I'm assuming they will staff or at least partially staff the DNTC. Two questions. What sort of practices are those? Are those primary care practices? My assumption would be they'd become employees of the operator.

Shelly Glock I believe that currently those offices are providing services, specialty care services that will be expanded upon. I believe the primary care is going to be added. In terms of whether there'll be employees, I'd have to defer to Mr. Cicero.

Frank Cicero I can answer the question. They will become employees of this. I guess just the vision for the center is there are actually six separate private practices, five of which are specialties that Ms. Glock had read during the course of the review. I won't repeat them. The last one is a primary care practice that has just started recently in the area. The main expansion of services in this application, once they all come together, is on the primary medical care side. Are providing administrative services to those practices today. The goal is to bring them together under their leadership and to expand access, particularly in the area of of Medicaid. The practices see very little Medicaid today and primary care, and in addition to having an MD who is a primary care physician as the Medical Director.

Peter Robinson Thank you.

Frank Cicero Thank you.

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

Peter Robinson Hearing none, call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson Motion carries.

Peter Robinson Thank you.

Peter Robinson W Medical LLC, that's application 2 1 1 1 5 1 B, doing business is Public Health Center in Kings County to establish and construct the Diagnostic and Treatment Center to be located at 70 Lee Avenue in Brooklyn Department. Recommending approval with conditions and contingencies.

Peter Robinson Motion by Dr. Berliner.

Peter Robinson Second by Dr. Torres.

Peter Robinson Shelly.

Shelly Glock Thank you.

Shelly Glock W Medical LLC, doing business as W Health Center is requesting approval to construct the Diagnostic and Treatment Center in Kings County. Will be certified for medical services, primary care and other medical specialties and physical therapy. More specifically, the Diagnostic and Treatment Center will focus on pediatric, infectious disease, pulmonary, orthopedics, endocrinology, cardiology and PT. The primary service areas, the Williamsburg section of Brooklyn, the designated health professional shortage area for primary care with services available to all residents in Kings County. The sole member of W Medical LLC is Pinchas Halperin. The Medical Director is Dr. Binyamin Neiman, who is board certified in Family Medicine. The transfer and affiliation agreement is with Y Private Medical Center, which is 1.1 miles away. The applicant is projecting Medicaid at 68 percent, charity care at 2. Based upon a review of public need, character and competence and financial feasibility, the department is recommending approval with conditions and contingencies.

Peter Robinson Thank you.

Peter Robinson Questions from the committee or the council?

Peter Robinson Dr. Gutierrez.

Dr. Gutierrez I have questions for Dr. Neiman.

Peter Robinson You have a question for Dr. Neiman. I don't believe he's here. We do have a representative for the applicant, but the doctor is not here.

Dr. Gutierrez That will have to do, I guess.

Andrew Blatt Good morning. Andrew Blatt. To my right is Mr. Halpern, who is the proposed sole member of the committee.

Dr. Gutierrez For members of the committee, I'm referring to basically Page 78 of the folder or the PDF that was sent to us. Is a proposed Medical Director. He is currently in various facilities in the Greater New York area. Can that be explained? What does it mean? How many facilities is he currently working at?

Andrew Blatt He currently provides services at two local facilities within the service area to which this Diagnostic and Treatment Center will be located. But upon approval of the center, he will be coming on as a full time employee of the center.

Dr. Gutierrez What follows is a list of 10 different jobs. Are these concurrent jobs, simultaneous jobs and during what time period those jobs were performed?

Andrew Blatt These go back to from the time when he was licensed. As part of the application, we've submitted a full CV of the Medical Director, but these are not all his current jobs. These are past jobs. For instance, when he was at University of Pittsburgh was part of his training programs and residency programs.

Dr. Gutierrez When was that?

Andrew Blatt Respectfully, I don't have...

Dr. Gutierrez Talking 2 years ago, or are we talking 15 years ago?

Andrew Blatt It's almost closer to 30 years ago.

Dr. Gutierrez Okay.

Dr. Gutierrez The next question has to do at the bottom of that page. Dealt with a complaint filed in the Supreme Court of the State of New York against him and multiple other defendants. Had to do with some a issue with medicating somebody with Ritalin. My question is which one of the above jobs was the doctor involved with at the time this patient came under his care?

Andrew Blatt Respectfully, I don't have the case in front of me, but I do recall. We had this conversation with the department as part of the review. There were multiple when I say multiple in excess of 20 parties that were named as part of that lawsuit. I believe it was when he was working within the New York area. But I have to be honest, I don't recall. He was named as an individual, as were all of the other parties as part of that action.

Dr. Gutierrez You cannot give me an answer to that question.

Andrew Blatt I'm sorry.

Dr. Gutierrez You cannot give me an answer to that question.

Alex Solloway Not a full answer. Not at this time.

Dr. Gutierrez Okay.

Dr. Gutierrez Thank you.

Peter Robinson Other questions from the committee?

Peter Robinson Mr. La Rue, I got you this time.

Scott La Rue Yeah, we got a thing going now. That's good.

Scott La Rue Thank you, Mr. Robinson.

Scott La Rue Could you expand on this issue of operating this medical facility under the the name? It appears like a business was operating and giving the impression that it was a different business. I don't really understand that. Can you explain that paragraph to me?

Alex Solloway Just for clarification, I believe you're talking about the paragraph where it talks about the infringement above that?

Scott La Rue Yes.

Alex Solloway Previously actually at this site was a PC practice and Mr. Halpern and his partners had an MSO at that site. That site has since closed and it is actually a vacant space right now. There was actually a fall out between the MSO and the position, so they opted to close. There was a fall out between the partners within the MSO. As a result of that and owning the real estate, which was disclosed as part of this application, which was precipitous as to why we opted to file for to become an Article 28 Diagnostic and Treatment Center to keep on providing services. Right now, there are no services at that site.

Scott La Rue It says a settlement was filed. Was the settlement an admission of agreeing to what was alleged?

Alex Solloway That settlement was between the partners. I had nothing to do between the MSO and the PC practice. It was a settlement where actually my client was awarded a financial settlement in his favor at the end of the day.

Scott La Rue Thank you.

Alex Solloway Sure.

Alex Solloway Thank you.

Peter Robinson Seeing no more questions from the committee of the council, anybody from the public wishing to speak on this application?

Peter Robinson Hearing none, call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson Motion carries.

Peter Robinson Thank you.

Dr. Gutierrez Wait.

Peter Robinson Who said wait?

Dr. Gutierrez I'm opposed.

Peter Robinson Thank you very much.

Peter Robinson I apologize.

Peter Robinson Note Dr. Gutierrez's opposition.

Peter Robinson Thank you.

Peter Robinson The motion carries.

Peter Robinson I am moving on to application 2 1 1 2 2 6 E, Perry Avenue, Family Medical Inc in Bronx County to transfer 100 percent ownership from the existing members to two new members at 85 percent and 15 percent, respectively. Department recommending approval with the condition and contingencies.

Peter Robinson Motion, please.

Peter Robinson Thank you, Dr. Torres.

Peter Robinson Second, Dr. Berliner.

Peter Robinson Shelly.

Shelly Glock Thank you.

Shelly Glock Perry Avenue Medical Center Inc on existing Article 28 Diagnostic and Treatment Center located Bronx County, is requesting approval to transfer 100 percent ownership interest to two new shareholders from four existing. The two proposed shareholders are Alexandra Baba Khanum and Angelo Steele. I apologize if I must pronounce your name. Is a licensed pharmacist. Pharmacy for the last five years. Will be continue to serve as the Medical Director for Perry Avenue Medical a position he's held for more than a decade. All other facets of the existing operations will remain in place, including the transfer and affiliation agreement with Montefiore Moses Division. The applicants projecting Medicaid utilization at 71 percent. I do want to note that in the exhibit, it is an arm's length lease, so that's a typo. Based upon a review of public need, character and competence and financial feasibility, the department is recommending approval with the condition and contingencies.

Peter Robinson Thank you.

Peter Robinson Questions, please.

Peter Robinson Dr. Gutierrez.

Dr. Gutierrez Thank you very much.

Dr. Gutierrez I have questions related. The summary you will sent to us. These are in pages 78 and 79. Have been employed in Medicine Pharmacy for over five years. Currently, the staff supervising Pharmacist. In this role, he is responsible for overseeing inventory, technicians and the compounding pharmacies. Meaning he supervises the pharmacies that are making medications or compounding them. He's also being employed by other things. On the next page, I see that he was charged with criminal possession of controlled substances in the seventh degree, a Class A Misdemeanor on May 28, 2014. He was convicted and enter a plea of guilty at the time, and he was placed on probation for a period from July 31st, 2018 to July 30th, 2020, that's about 18 months ago. I would like to ask a questions.

Peter Robinson Can we have the applicant come forward, please?

Andrew Blatt Good afternoon. Andrew Blatt, consultant.

Dr. Gutierrez How do you explain your supervising compounding Pharmacist and being involved or being found to have illegal drugs in your possession?

Applicant Currently I am the supervising Pharmacist still. Since we've opened, we've grown to a size where we've had to expand. We have aside from myself, three pharmacists on staff, one of whom handles all of the compounding on a full time basis, and two of the pharmacists that handle the retail department and another floating pharmacist to help maintain the workload. In terms of the the misdemeanor that I have. Basically, while I was working as a Pharmacist before we opened up our store. While I was working as a Pharmacist, I was living in my parent's home and unbeknownst to me, my brother had an investigation. When I came home, the Police Officers that were there found fentanyl patches in the home that belonged to my elderly, bedbound Grandfather. When they asked, Whose are these? I said that they were mine because I, being one of his caretakers. We took them away from him so that not to cause harm and on safety for my Grandfather, who was overmedicating and in turn passing out from taking the fentanyl patches. At the same time, he was also taking Percocet, so he was in a lot of pain. I'm sure you can understand bed bound. We took away his fentanyl from him to protect him. My Grandfather did not live with us at the time. He lived five or six blocks away. Seeing as to how we were not there on a day to day basis, myself and my parents took it away from him and kept it in their home. That's why I had the pending lawsuit. I plead to the misdemeanor with a state suspension and Office of the Professionals was fully aware of the entire situation, and they gave me a state suspension at which I had to maintain good conduct. I have been the supervising Pharmacist ever since.

Dr. Gutierrez What is your role going to be in the proposed company?

Applicant I'm sorry.

Dr. Gutierrez What is your role going to be in the proposed application?

Applicant My partner, Libby Steele, she will be overseeing the day to day operations. I will be the President of the company, and I will also be searching for another supervising

Pharmacist to take over my responsibilities at Medical Pharmacy so that at some point I can be more active within the medical facility.

Dr. Gutierrez Now, I say, as a practicing pharmacist, were you aware at the time you were making the administration of medications for your Father or Grandfather that that was not legal?

Applicant These were prescription drugs that were prescribed to him by his doctor.

Dr. Gutierrez There were several hands involved in the administration, were they not?

Applicant Can you repeat the question?

Dr. Gutierrez According to what I heard you say, there were several people that were involved in the actual administration of the medication. Did I hear you correctly?

Applicant He had a home health aide for eight hours of the day. I would come and check up on him in the evening time and my Father wouldtake care of him in the overnight shift. He got to a point where his knees, his cartilage completely disintegrated, which made him bed bound. Unfortunately, because of his congestive heart failure, they were not willing to operate on him because he would have died on the operating table. Unfortunately, he became bedbound, at which point my Father, myself and a home health aide were taking care of him. Yes. We were not there on a twenty four hour basis. There were times where he was taking his Percocet, which were prescribed to him a few times a day. His pain became egregious, so the doctor prescribed them fentanyl patches as well. A few months into taking them, we noticed that he was starting to get side effects. Being a licensed Pharmacist, I felt it was important to take them out of the home for his own safety.

Dr. Gutierrez Was his primary care physician aware that you had done that?

Applicant Yes.

Dr. Gutierrez Is it documented?

Applicant Yes.

Dr. Gutierrez I don't have any further questions.

Peter Robinson Thank you.

Peter Robinson Other questions?

Peter Robinson D. Torres.

Dr. Torres I just need clarification.

Dr. Torres Are you still suspended?

Applicant No. July 2020 the suspension was over.

Dr. Torres Thank you.

Peter This is Peter speaking on behalf of the applicant. There was a plea to the misdemeanor, which took place in 2015. The charge and the ultimate penalty was a conditional discharge. That ended shortly thereafter. Got a certificate of relief from disabilities at that time. Subsequently, the Office of Professional Discipline picked up the fact that there had been a conviction and four years later began an action and imposed a stay of a suspension, which was stayed with a two year probation. It's that two year probation period, which ended in 2020. The criminal action was long concluded. The conditional discharge was effectively led to a discharge, and he received a certificate of disability. But the delay in acting by OPD meant that there was a longer period or an extended period under which he was assessed under suspension. The two year suspension, which ended in 2020.

Peter Robinson Thank you.

Peter Robinson Another question up there on the Hollywood Squares.

Dr. Gutierrez Mr. Lawrence has his hand up.

Mr. Lawrence Harvey Lawrence, a member of the council. I guess my question is probably for the department, and that is whether, after its review, whether this person has amassed the character and competency requirements.

Peter Robinson Thank you, Dr. Lawrence.

Mr. Lawrence Thank you, Mr. Robinson for the promotion to MD, but I'm just Mr. Lawrence.

Peter Robinson Thank you.

Peter Robinson Yes, of course.

Peter Robinson Can we have the department respond, please?

Shelly Glock Sure.

Shelly Glock Again, this is a similar scenario where I'd like to reiterate that we conduct a thorough character and confidence review of individuals. We take each incident that is disclosed and record of legal actions and review each one carefully and discuss with the applicants. This is a situation where we found that the applicant had done what was necessary in order to conclude this issue, and we found that the individual was acceptable.

Peter Robinson Thank you.

Peter Robinson Does that respond to your question, Mr. Lawrence?

Mr. Lawrence Yes, it does.

Mr. Lawrence Thank you.

Peter Robinson You're welcome.

Peter Robinson Seeing no other questions from the committee, I will then just turn and see if there were any questions from the public generally.

Peter Robinson Nothing more from the applicant.

Peter Robinson We'll call the question then.

Peter Robinson All in favor of the application?

All Aye.

Peter Robinson Thank you.

Peter Robinson Are there any opposed?

Peter Robinson I have one abstention with Dr. Bennett.

Peter Robinson The motion carries.

Peter Robinson We thank you very much.

Ann Monroe Peter.

Peter Robinson Yes, Ms. Monroe.

Ann Monroe Thank you.

Ann Monroe When I first joined about a year and a half ago, my question was what are our standards for character competence? I'm not questioning the department's decisions regarding these individual cases, but I would like the department at one of our meetings to help us understand the standards against which they are measuring individuals and organizations that come before us. I am very unclear what the standards are for character competence. If I'm the only one, then I'm happy to take an individual tutorial, but I don't believe I'm the only one on this panel who's really not clear what standards the department applied in making its decisions. I'm requesting that we have an educational session, if you would, for council members about this important question of character.

Peter Robinson Thank you.

Jeffrey Kraut Just for the department. What you're actually hearing is people looking, where is the line? There's a gray line. The gray line you kind of experienced today in where you had individuals that raised appropriate questions that you did, they gave explanations to the department and where there were convictions or serving of time and stuff. The question is, does that also prevent them from serving after they've served time, they've done whatever they've done. Let's take that into a conversation that should be held at probably the full council meeting. It may require us to go into Executive Session. We'll talk to our legal counselors and we'll bring that back. We're going to have to confront it. As you know, there's been a little more teeth put into the character and competence when we have to review nursing home ownership establishments because that was in directly into response to exactly the question you asked. We wanted better clarity about it, and that was clarified in some fashion with respect to competence issues. I'll leave it up to the

Department of Health, but I think we should take that up in a full council meeting because I think not just the Project Review Committee.

Peter Robinson Thank you very much, everyone.

Peter Robinson We now have coming up a batch of applications. We have to vote on them and act on them individually in committee. We can batch them at full council, but not in committee regarding dialysis and establishment and construction here. I'll introduce the first applications so we can start the conversation, but then Shelly will make some comments that are broadly applicable to a whole series of applications, so she doesn't have to repeat herself seven or eight times as we go through this process.

Peter Robinson I'm going to introduce application 2 1 1 2 0 1 E, MVNY Partners One LLC doing business as U.S. Renal Care Facts and Dialysis in Oneida County. This is to establish MVNY Partners One LLC as the new operator of the 36 Station Chronic Renal Dialysis Center, located at 1676 Sunset Avenue in Utica, currently operated by Fax and St. Luke's. The department is recommending approval with conditions and contingencies.

Peter Robinson A motion, please.

Peter Robinson Thank you, Dr. Torres.

Peter Robinson A second, Dr. Berliner.

Peter Shelly.

Shelly Glock Thank you.

Shelly Glock Through a subsidiary in partnership with two local physicians is seeking approval to acquire seven dialysis centers currently operated by Fax and St. Luke's Health Care. Each location will be owned and operated by a separate LLC, which are named MVNY Partners one through seven. All seven operators are identical in structure. As Peter pointed out, that each of these needs to be voted on separately. The proposed membership of all of those seven LLC's, as I said, are identical and are indicated in the exhibit. MVNY Partners LLC is made up of two LLC's. One is MVNY Partner Holding. That is a subsidiary of U.S. Renal Care. In all of the managers of MVNY Partner Holdings LLC are employed by U.S. Renal Care. As of December 31st, 2020, U.S. Renal Care Inc operated 332 outpatient ESRD centers in 32 states. 9 of those are operated in New York State. You can see on the tape of the exhibit those star ratings. The other 10 percent of the membership entity is made up of AICA Holdings LLC, and that LLC is comprised of two local nephrologist, Dr. Eldridge and Dr. Meehan. I apologize if I've misspelled your name. There will be no changes to the number of stations that any of these sites, which are located throughout Oneida and Madison County. 6 of the sites will add home hemodialysis and home peritoneal dialysis training and support. One of them, the Sunset Utica location, already has that certification, and this is keeping with New York State and goal of increasing the availability and use of those modalities. The asset transfer agreements with the price of those acquisitions, totaling 3 million, are listed in the CON application. The budgets were reviewed and determined to be reasonable. Based upon review of public need, character and competence and financial feasibility, the department is recommending approval with conditions and contingencies.

Peter Robinson Thank you very much for that. I know in the past this is an area where Dr. Gutierrez's often had a lot of questions. Rather than wait for him to raise his hand, I'll actually call on him to see if he would like to pose a question or make a comment.

Dr. Gutierrez Thank you very much.

Dr. Gutierrez I'm assuming that the presentation the department just finished will be a carbon copy to all the next 6 similar applications.

Peter Robinson That's correct.

Dr. Gutierrez I have general questions that address the seven obligations, and I would like to have the applicants have an opportunity to answer this.

Peter Robinson Could we have the applicant and the team come up and introduce themselves, please?

Peter Robinson Barely have enough seats.

Tom Weinberg I'm Tom Weinberg. I'm the general counsel for U.S. Renal Care and actually prepared some remarks. Perhaps it would be good for me to do that.

Peter Robinson First introduce the people that are up.

Tom Weinberg John here is our as our consultant. I have Mike Sloman here, who is our group Vice President who oversees New York State and our operations in New York State. Mansoor Shehade, COO, Dr. Meehan, who is one of the Medical Directors of the clinics and will be a co-owner of the clinics. Sydney Christian, who is currently the Executive Director will be joining our operation once we, assuming we would close the deal. She'll be a part of the operation and an employee.

Peter Robinson We'll give you an opportunity to make your statement. The way we'd like this sort of cadence, this is what the committee members ask their questions, first respond to those and then we'll give you an opportunity to make your presentation.

Peter Robinson Dr. Gutierrez.

Dr. Gutierrez Thank you very much.

Dr. Gutierrez Again, in reviewing the the applications, I noticed that a couple of the applicants or members of the applicant group had work with for seniors in the past. They're probably familiar with some of the concerns that I have. The first question is this who manages advisors and controls the formularies in the centers? Who are the people that say this is a medication we're going to use versus that other medication? Question number one.

Tom Weinberg Well, thank you.

Tom Weinberg With respect to formularies, Dr. Meehan and Dr. Eldridge, who will be co-owners, will also be the Medical Directors. U.S. Renal Care has its own government structure and policies, and we developed protocols with respect to medications and supplies. Our Medical Directors make the choice the ultimate choice, what is used and the

protocols for how they are used. While we have algorithms and protocols that we recommend, the ultimate decision is with the Medical Directors at those clinics and as co-owners of the clinics, they have additional authority as owners to ensure that that is the case and that will be the case.

Dr. Gutierrez Thank you very much.

Dr. Gutierrez The second question is, what is the nurse to station ratio in your facilities?

Tom Weinberg Mike, do you have that data?

Mike Hi. This is Mike. Is the question regarding the current nurse to patient ratio?

Dr. Gutierrez Both now and going forward.

Mike We anticipate that it would be the same registered nurse per patient is going to be 1 to 12 with an overall staffing ratio of 1 to 4. When you start to include the patient care technicians, which are like the nursing assistants to the nurses.

Dr. Gutierrez Thank you very much.

Dr. Gutierrez The third question may get a little bit complicated. What is the size of the vial of --- or equivalent that is being used when you administer erythropoietin to the patients? Are we talking about the 100 CC vial or the 40 CC vial? If you have a brand, maybe different sizes.

Tom Weinberg Well, we're not using it any longer. It's a different ESA. I'll turn it back to Mike to talk about our protocol on that right now, and perhaps Dr. Mann would like to address that as well.

Nephrologist I'm the nephrologist. To answer your question, I think the question is what dose are we prescribing or what vials are being used?

Dr. Gutierrez Problems in the past had arisen from the fact that companies have been using whatever manufacture form comes in from a 100 CC vial or 40 CC vials because that was affected by the size of the vial.

Nephrologist Sure.

Dr. Gutierrez I want to know, how are you handling that? Are you having a vial of 100 CCS that you use for several different patients, or you use the vial and throw away whatever is leftover or you use the 40 CC vial or again, depending on the brand that you're using? How do you handle that?

Nephrologist Sure.

Nephrologist As a practicing physician, I prescribe medication. I can tell you the current medication we have is erroneous. Comes in 25 microgram, 40 microgram, I believe 60 micrograms and 100 microgram vials. If I am prescribing a 50 microgram for a patient, that is the information I have. The background of that is where the nursing administrator can tell you how they are doing it. My understanding is right now, if I'm prescribing 50 micrograms, then they are using 25 and 25 microgram vials to make it 50 micrograms. If I

am prescribing 75 micrograms rather than doing 100 microgram while they're doing 3, 25 microgram vials. She's the dialysis administrator, she can give you more information about that. Based on the dose, my belief is they're just trying to go with the vials available between 25, 40, 60 and 100 to make up for the prescribed dose. I'll pass it on to Cindy to give more information about the dispensing of the vials.

Dr. Gutierrez Thank you.

Dr. Gutierrez I'm curious about what happens with the remnant, regardless of what vial you end up using.

Cindy Christian I am Cindy Christian. I'm the Program Director. We do no waste. Reflecting Dr. Mann's answer is we would use 3, 75 doses if it was a 75 microgram prescription. Most of our dosing will either round down to the nearest 25, just so we don't waste any of the medication.

Dr. Gutierrez Thank you very much.

Dr. Gutierrez I have one last question here. What advice are patients receiving regarding the availability of renal transplantation consultation, a new kidney being the possible cure for their problems?

Unknown Treatment of chronic kidney disease is multi-pronged. It usually starts with dealing with the patient care in the office's way before they go on to become end stage kidney disease. We as physicians always have the discussions with the patients in terms of the treatment options for renal replacement therapy. The dialysis is one part of the renal replacement therapy whereas a transplant is in another part of the renal replacement therapy. We, as physicians focus on patient centered approach. If the patient is a candidate or a potential candidate for a kidney transplant, as long as the patient has been seen and evaluated by us in the office before they go on to become end stage kidney disease, they have been referred to the transplant centers near our area. The closest ones are in Syracuse and in Albany. Very small number of patients go to Rochester. There are subsets of patients where they did not have any previous nephrology care, and they end up coming to the hospital very sick and end up on dialysis. In those cases, we still carry on that conversation after the fact that they get started on dialysis, not primarily while they're in the hospital. I mean, although we do discuss these opti, tons. The transplant option is a more long term and the best option available for those patients who are candidates. Those discussions between the doctor and the patients always occurred. That's the way we've been practicing and that's the way we plan to continue to practice.

Peter Robinson Thank you.

Dr. Gutierrez When was the last time you have one of those conversations with one of your dialysis patients.

Unknown I'm sorry.

Dr. Gutierrez When was the last time that you had one of those conversations with one of your current dialysis patients?

Unknown This past week.

Dr. Gutierrez Good.

Dr. Gutierrez Thank you.

Dr. Gutierrez I'm done with my questions.

Peter Robinson Dr. Bennett.

Dr. Bennett Thank you.

Dr. Bennett Dr. Gutierrez covered one of my areas. I have a couple of clinical questions and then I have a question back for the department. You talked about transplant. I was wondering since we're looking at a change of ownership here from a local regional hospital to a national U.S. Renal Care company. I wanted to explore a little bit about the stats of how U.S. Renal Care does in promoting transplantation, whether you have any of that. Other issues that I think are important in chronic kidney disease, as the doctor already mentioned, is a chronic kidney disease prevention and getting dialysis at the right time, things such as early vascular access, which we know is hugely important in morbidity and mortality and cost reduction. Lastly, the rates and encouragement of peritoneal dialysis at home, which is a growing trend. I'd like to just without getting too much detail, but just see if you have any insights. What will U.S. Renal Care bring in terms of the care management continuum to improve the management of chronic kidney disease in Central New York? And then a little side question to that, do you have any experience or any intent on moving to value based payments? We're seeing chronic renal disease now being paid for in a more global fashion. Ggive me a little comfort that you have some, you know, that U.S. Renal Care is interested in in value based payments.

Unknown Sure.

Dr. Bennett Question for the department after that.

Unknown Well, thank you, Dr. Bennett.

Unknown Yes, we are. We are currently participating in eight voluntary demonstration projects that CMS and put in place or made available, which began in January of this year called the CKCC, the comprehensive kidney accord kidney care coordination. Those are voluntary projects. We're doing them in eight markets around the country. We're not doing anything in that project in New York State at this time. There is also a mandatory demonstration project called the End Stage Renal Disease Treatment Choices, or EtC Project, which is mandatory and was assigned to a third of the country. About half of our companies operations are covered by that, including some of our New York operations and Hudson River Valley and Queens and in the Bronx. Not where these will be. But just because of those two projects we are already deeply in and either required or voluntarily stepping up our efforts in the area of value based care generally. Both of those projects have goals of improving home dialysis and transplantation. Regardless of whether we're participating in a particular market or not, it's having an effect everywhere because of the operations we've had to put in place and the metrics. In addition to that, we have formed a new part of our company that will be seeking to contract with private plans with Medicare, with Medicaid, all of the above to try to manage the care upstream to the chronic kidney disease patients before they ever reach us and to work on the whole continuum of their care. We're in the process of talking to physicians we know and many we don't know around the country now and trying to put together as many of those kinds of projects as we

can. We're making an enormous financial investment in this calendar year on that. That is a big, big priority. You asked a few other questions and to try to get to all of them. And if I don't, please remind me. With respect to home dialysis, our companies overall average of home dialysis penetration, meaning the number of patients who are on home therapies is 15 percent, which is materially higher than the national average. It is much higher than the current average, which is 5 percent. As Ms. Glock noted, we are adding new home capabilities to bring these clinics up to where we are in our company. We expect that 15 percent, by the way, to continue to increase both because of what we're doing and whatCMS has been promoting and which the state has been promoting to improve those numbers. We're quite proud of where we are even today. Transplantation. I don't have the exact statistics on. There are a lot of challenges with transplantation. That's why CMS has put in place these demonstration projects, not just with respect to what we can do with in conjunction with nephrologist, but to try to work on other issues that are affecting transplantation, including the supply of organs and the way that we work with organ procurement organizations and things like that. We are doing what we can at the clinics and the physicians are. That is an area that needs to continue to improve and we are improving as part of this family based care approach that that you asked about.

Dr. Bennett Thank you.

Dr. Bennett I have one question for the department.

Dr. Bennett I especially, you know, being in Upstate New York, obviously from a cost perspective, very concerned about provider consolidation. These are going to be seven centers in Central New York. If I'm a dialysis patient in this general region, how many choices will I have for dialysis? Is U.S. Renal Care now going to be my only choice, or will there be other choices?

George Hello. I'm George with the department. Right now, is the main provider in the Utica region, but there is also Bassett as a dialysis center in Little Falls and American Renal Associates has a center in Oneida.

Dr. Bennett Where?

George Oneida, that's just about 20 minutes or 30 minutes West of Utica.

Dr. Bennett Thank you.

Peter Robinson Ms. Monroe.

Ann Monroe Thank you very much.

Ann Monroe Two questions. What is your current policy and practice regarding serving people who have been diagnosed with COVID?

Cindy Christian Currently at our seven centres, if somebody has symptoms or has a high risk of exposure has been diagnosed with COVID, we cohort our patients that are fast and clinic those centrally located amongst all seven clinics in Utica, New York. We do them on the last shift and Tuesday, Thursday, Saturday, so that they are exposing no other patients.

Ann Monroe Am I to understand that you do serve patients who have been diagnosed with COVID through your current program?

Cindy Christian Yes, as long as they don't need a hospitalization and they're living at home or in a nursing home, they come to the outpatient center.

Ann Monroe Okay.

Ann Monroe My second question. I live in Upstate New York and you have several facilities in Western New York. When I look at the star ratings, seven of your nine New York facilities have 3 or fewer stars, which is not exemplary for an organization that wants to expand its services into another geographic area. What are you doing around quality improvement? Quality assurance? I heard Dr. Bennett's question about are there other options for people who may be able to go to higher rated dialysis centers, and I think the department said there are alternatives, but I'm very concerned about the the quality of stars I'll call them four year facilities that already exist in New York. Why do you think that it's going to be advantageous for patients if that's the common standard of care that you provide?

Unknown Sure.

Unknown Thank you.

Unknown You're referring to some of the Buffalo area clinics. The star ratings have been suspended with with COVID, and so some of the data are dated, but we don't like it. There were facilities that had 2's. We don't like it when they have 3's, although 3 says, the star rating system is a bell curve system. 3 is the vast majority of clinics in the U.S. We're not happy with the2's. When we look, however, at our data on those clinics that have the 2's they are performing in the areas that we measure the different outcomes that we measure for dialysis patients at or above national standards. National averages, excuse me, standards, yes, but averages. We believe that as that star ratings gets updated for all of our clinics, that those clinics will reflect that improvement. Irrespective of the star rating, the quality measures are very good, whether it's in the adequacy of the dialysis in the way we measure that, whether it's in readmissions to hospital hospitalizations, which is a really key measure in terms of what we think the overall health of patients and savings to Medicaid, Medicare and private plans in terms of patients not going back to the hospital. I take them to the hospital. Catheter rates, we want those to be low. We want fistula rates our grafts to be high. Those are good in those facilities and all of our facilities, actually. You're right to point out those 2 star ratings and some of the Buffalo clinics, and we have done a lot over the last few years to try to bring those up so that when the data are updated, that they will reflect that.

Ann Monroe I hope so, because as a consumer, we don't have much to go on except star ratings. While I'm sure you have internal measures that tell you a different story, that's not information really available to consumers. I really want you to focus on that. Just lastly, how are you faring in terms of recruiting staff and retaining the staff that you have? We know the shortages in so many of our sites of care. How are you doing about that?

Unknown We're having trouble like everyone else. Of course, we think that with this transaction that there are some things that we can do. To continue to help with the staffing, we have float pools of nurses that we employ to try to make sure we fill in the gaps if there are staff who need to be absent. Presently we have a lot of absentee, whether it's in

clinical professionals or people in the corporate office because of the variant, which we're tracking. We've had to backfill staff. We are keeping up and we think that we will improve as we take over these clinics. One of the questions that was raised earlier was about staffing ratios. We absolutely will not change the staffing ratios to the negative, so I want to be unambiguous about that. We think actually we can improve them because we can bring in more staff with the operations we have around the state and what we can do once we have control of the clinics.

Ann Monroe Have you had to postpone or deny care to any patients in your current New York facilities because of staffing issues?

Unknown No, we have not. No issues with the present facilities cts and St. Luke's facilities, either.

Ann Monroe Thank you very much.

Peter Robinson Mr. Lawrence.

Mr. Lawrence Thank you.

Mr. Lawrence Harvey Lawrence, a member of the council. I guess as I drive around in my neighborhood, I see a lot more brick and mortar dialysis centers and which suggests to me that there's an increase in demand. I wanted to get a sense from you. How do you participate in the neighborhoods in which your centers are located in preventing the kidney disease? What are your strategies and what are your partnerships? And what is the now, the percent of your budget devoted to in fact, addressing the prevention can kidney disease in the neighborhoods in which you operate?

Unknown Well, Dr. Bennett asked the question about value based care, and I think that that is where we intend to invest that those resources. Currently, we treat patients who already have end stage renal disease and need dialysis. We think there is a clinical opportunity and obviously we think there is a business opportunity as well to get involved in slowing the progression of disease and increasing transplantation so people don't need to get to dialysis. And so that is why we are working on developing value based care agreements with government and private plans and developing partnerships with nephrologist or local hospitals to try to address that. Currently, that's not. And to have a more of a partnership with the nephrologist, who of course every day are working with their patients who haven't reached dialysis to slow the progression of their disease.

Unknown As most of you know, we're from Upstate New York area, and I would consider that as a medically disadvantaged area, not just by the numbers but also by the area. We serve a large perimeter of the territory. When we're driving around to these centers to see the patients, sometimes we have to drive hour, hour and a half to make it to one center and then another hour, hour and a half. Large geographic area. I think one of the things that I have over the years seen as an obstacle to the prevention of CKD is it's somewhat of a, you know, the primary care is not appreciating the very, very early stages of the kidney disease. May be normal, but patients may have just --- from diabetes. Those are the times when the care needs to be more aggressive to slow the progression of the kidney disease down. End stage kidney disease is obviously the very late stages of it. Always as a treating nephrologist, our goal is always to slow the progression of the kidney disease down by partnering with the local primary care networks. I think Cindy can talk about that. We are encouraging the primary care to get involved in early detection of the CKD and early

referral or at least early workup and treatment, even if it's at the primary care centers. I think very, very early stages of detection is the key to slowing the progression of the CKD out.

Mr. Lawrence Thank you.

Peter Robinson Dr. Gutierrez, did you have another question?

Peter Robinson I think you're on mute still.

Dr. Gutierrez The questions relate to a couple of whistleblower suits that were brought up against DCPCA . Where are those things sitting at now? I have another question on a different topic.

Unknown We bought a company called DCA in June of 2010, and at that time it had a pending subpoena from the OIG that at the time we didn't know was related to whistleblowers. We suspected that it probably was. It related to the issue of how --- was being handled by that company in the period prior to 2010. We took over that company knowing that they had this case and we worked with the OIG agents who were involved, and we ultimately settled that case in 2012. That is the record that you see that I think you're referring to. The case arose because of two different whistleblower cases from former employees of that company. There was extensive investigation by the OIG in the matter related only to the company that we bought and explicitly did not. There was inquiry made about, but it was not about the operations of U.S. Renal Care as it existed at the time. We settled that case and we have had no whistleblower actions since then, but you we took care of that matter at the time.

Peter Robinson Thank you.

Dr. Gutierrez And also, the last question has to do with Dr. Eldridge disclosing and evolving in two malpractice lawsuits. The one that I'm concerned about is that patient receiving. Was not taking methadone, receiving 10 doses of methadone 10mg. It was explained by a nurse making an erroneous copy from another patient's medication list. Here's my question. A registered nurse? Nurse practitioner? Who did that?

Hank Can you repeat the last part of that? This is Hank, the consultant.

Dr. Gutierrez Let me read what was reported to me on Page 89. Dr. Eldridge disclosed two lawsuits. In October 22nd, 2018, a malpractice suit was filed against Mohawk Valley in Nephrology Associates, the hospital, Mohawk Valley Health System and other physicians by the patient's son. He alleged her cause of death was due to a medication she received erroneously. She received 10 doses of methadone, 10 mg. The methadone was erroneously copied from another patient's medication list by a nurse and the admission previous to her final admission, an order by the physician in her final admission. The case is still in discovery phase. The mention of a nurse. I had asked earlier about the nursing ratio and who the nurses are and so forth, and you answered that you have registered nurses. This particular nurse mentioned there was an LPN and a registered nurse or other levels of nurse.

Unknown Although I'm not directly involved in that case, I know that this case stems from a hospitalization. As far as I can tell, LPNs are not licensed to go over the medications with

the patients or update the metric. I think it is the RN's, and they do use pharmacy techs to update the metrics in the hospital system. That's as much information as I have.

Unknown From what I can recall from the case is, it was a registered nurse on the outpatient side that was doing a home med reconciliation with the patient who was awake, alert and oriented. Asked a medication which I think was the methadone and the patient said, yes, they were taking it. So that was on the outpatient side. Then the patient was hospitalized, I don't know why like a month later, and the med reconciliation went with the patient from the outpatient record and where it went from there doesn't have to do with the dialysis setting.

Dr. Gutierrez Thank you.

Dr. Gutierrez I'm satisfied.

Dr. Gutierrez No further questions from me.

Peter Robinson I think we've gone through the questions from the committee.

Peter Robinson Based on this conversation, did you pretty much cover what was in your statement?

Tom Weinberg I think you covered everything.

Peter Robinson I thought that might be the case, but I didn't want to presume, you know, just check in with you.

Peter Robinson Is there anybody from the public wishing to speak other than the applicant?

Peter Robinson I think what I'm going to do now is call the question and then with the permission of the members of the committee, I'm just going to introduce the other applications, get a motion, a second and then call a vote immediately on that. Unless members of the committee have any of these seven or eight applications that they want to individually select out for the discussion, which you can do. That's my intention unless you stop me and say, Hey, I want to ask a question here.

Peter Robinson Is that okay with everybody?

Peter Robinson I'm sorry.

Peter Robinson You're on mute again, Dr. Gutierrez.

Dr. Gutierrez I want to make sure I understand. You're going to present one.

Peter Robinson I'm going to introduce each of the others. We've already made a motion. We have one application on the table. We're going to vote on that, then I'm going to sequentially ask for a motion and a second on all of the others and then a vote immediately after that, unless you want me to hold out any one of these applications for a separate conversation.

Dr. Gutierrez Okay.

Peter Robinson I'm going to call the question on the application that is in front of us, which is number one. Just as a reminder, we are on application 2 1 1 2 0 1 E.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson Any abstentions?

Peter Robinson That motion carries.

Peter Robinson Application 2 1 1 2 0 2 B, MMNY Partners two LLC doing business as U.S. Renal Care St. Luke's Home Dialysis in Oneida County to establish MVNY Partners two LLC as the operator of the eight Station Dialysis Center located at 1650 Champlain Avenue, Utica, currently operated by Fax and St. Luke's and Certify Home, Hemo and Home Peritoneal Dialysis Training and Support Services. Department recommends approval with conditions and contingencies.

Peter Robinson A motion, please.

Dr. Bennett Moved.

Peter Robinson Thank you, Dr. Bennett.

Peter Robinson Second, Dr. Torres.

Peter Robinson Hearing nothing for discussion, I'm going to call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson Any abstentions?

Peter Robinson Motion carries.

Peter Robinson Application 2 1 1 2 0 3 B, MVNY Partners three LLC doing business as U.S. Renal Care Masonic Care Community Dialysis in Oneida County. This is to establish MVNY Partners three LLC as the operator of the 20 station dialysis center, located at 121 50 Bleecker Street in Utica, currently operated by Fax and St. Luke's, and Certify Home, Hemo and Home Peritoneal Dialysis and Training and Support Services. Department recommending approvals and conditions.

Peter Robinson Can I have a motion?

Peter Robinson Moved by Dr. Berliner.

Peter Robinson Second by Dr. Torres.

Peter Robinson Unless there are no further discussions, I'm calling the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Thank you.

Peter Robinson Any opposed?

Peter Robinson None.

Peter Robinson Any abstentions?

Peter Robinson None.

Peter Robinson Motion carries.

Peter Robinson Thank you.

Peter Robinson Application 2 1 1 2 0 4 B, MVNY Partners four LLC doing business as U.S. Renal Care RomeDialysis in Oneida County to establish MVNY Partners four LLC as the operator of the 16 Station Dialysis Center, located at 91 Perimeter Road in Rome, currently operated by Fax and St. Luke's, and certify home hemodialysis and home analysis and training and support services. Department recommending approval with conditions and contingencies.

Peter Robinson A motion, Dr. Berliner.

Peter Robinson A second, Dr. Kalkut.

Peter Robinson Without any objection, call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Thank you.

Peter Robinson Any opposed?

Peter Robinson Any abstentions?

Peter Robinson Seeing none, motion carries.

Peter Robinson Thank you.

Peter Robinson Application 2 1 1 2 0 5 B, MVNY Partners five LLC doing business as U.S. Renal Care, Herkimer Dialysis and Herkimer County to establish MVNY Partners as the operator of the 8 station dialysis center located at 201 East St. Street in Herkimer.

Currently operated by Fax and St. Luke's, and certified home hemodialysis and home for peritoneal dialysis training and support services. Department of Recommending Approval with conditions and contingencies.

Peter Robinson Motion by Dr. Berliner.

Peter Robinson A second by Dr. Torres.

Peter Robinson Without objection, I'm going to call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Thank you.

Peter Robinson Any opposed?

Peter Robinson Any abstentions?

Peter Robinson Seeing none, motion carries.

Peter Robinson Application 2 1 1 2 0 6 B, MVNY Partners six LLC doing business as U.S. Renal Care Hamilton Dialysis in Madison County Establishing MVNY Partners six LLC as the operator of the 8 Station Dialysis Center, located at 10 Eastern St. in Hamilton. Currently operated by Fax and St. Luke's and certified home hemodialysis and home peritoneal dialysis training and support services Department recommends approval with conditions and conditions.

Peter Robinson Motion by Dr. Torres.

Peter Robinson Second by Dr. Berliner.

Peter Robinson Without objection, I'm going to call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson Any abstentions?

Peter Robinson Seeing none, that motion carries.

Peter Robinson Application 2 1 1 2 0 7 B, MVNY Partners seven LLC doing business as U.S. Renal Care Dialysis in Madison County. Establish MVNY Partners seven LLC as the operator of the 8 Station Dialysis Center, located at 131 Main Street in Oneida, currently operated by Fax and St. Luke's, and certify a home hemodialysis and home peritoneal dialysis training and support services. Department recommending approval with conditions and contingencies.

Peter Robinson Motion by Dr. Berliner.

Peter Robinson Second by Dr. Torres.

Peter Robinson Without objection, calling the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Thank you.

Peter Robinson Any opposed?

Peter Robinson Abstentions?

Peter Robinson Seeing none, that motion carries.

Peter Robinson We have moved through all of the dialysis applications. We thank the applicants and you are excused from the table.

Peter Robinson Moving to the finish line application for certified home health agencies to establish construct.

Peter Robinson This is application 2 0 2 1 8 5 E, Wellbound to LLC in Westchester County. Established Wellbound to LLC as the new operator of Bethel Nursing Home Care Home Company. Certified Home Health Agency. Department is recommending approval with conditions and contingencies.

Peter Robinson A motion, please.

Peter Robinson Dr. Torres.

Peter Robinson A second by Dr. Berliner.

Peter Robinson Shelly.

Shelly Glock Thank you.

Shelly Glock This application seeks approval to establish a Wellbound two LLC as the new operator of Bethel Nursing Home Company, Certified Home Health Agency and Existing Char, located in Westchester County. Serves the following counties; Bronx, New York, Putnam, Queens and Westchester. There will be no changes in services or counties served as a result of the application. The proposed members of Wellbound two LLC are Robert Snyder and Raphael Weiss. Each have 50 percent. Based upon a review of publicly character and competence and financial feasibility, the department is recommending approval with a condition and contingencies.

Peter Robinson Thank you.

Peter Robinson Questions from the committee or the council?

Peter Robinson Applicant questions only.

Peter Robinson Thank you.

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

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson Any abstentions?

Peter Robinson Motion carries.

Peter Robinson I want to thank the department staff, the members of the committee and the council and obviously the public for their patience and hard work.

Peter Robinson And with that, this meeting is adjourned.