

**Certified Transcripts  
of the June 28, 2006  
Applicant Conference for HEAL NY Phase 2**

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*Please note that the information contained herein is not official. Readers should refer to Request for Grant Applications and the three sets of published Question and Answer sets for official information.*

***Transcript Correction:***

***Lora Lefebvre and Debbie Paden are listed as staff of the NYS Department of Health which is incorrect; they are employed by the Dormitory Authority of New York State.***

1  
2 STATE OF NEW YORK  
3 DEPARTMENT OF HEALTH

4 HEAL NY Phase 2  
5 Applicant Conference  
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7 DATE: June 28, 2006

8 TIME: 1:09 to 3:43 p.m.

9 LOCATION: Corning Tower  
10 Meeting Room 6  
11 Empire State Plaza  
12 Albany, New York 12242

13 BEFORE: David Wollner  
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16  
17  
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19  
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21  
22  
23  
24

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2 APPEARANCES:

3

FOR DEPARTMENT OF HEALTH:

4

Neil Benjamin

5

Lora Lefebvre

Christopher Delker

6

Robert Schmidt

Dennis Kling

7

Debbie Paden

Robert Veino

8

Marybeth Hefner

9

ATTENDEES:

10

Janette Cooke

Lowell Feldman

11

Charlie Murphy

Kalpana Bhandarkar

12

Dinah Surh

Sheila Healy

13

Anna Rizzo

Ann Corrigan

14

Lee Hirsch

Carol Rainey

15

Patricia Wang

Paul FitzPatrick

16

Hemo Saf

Gregory Burke

17

Randy Roy

Paul Tenan

18

Michael Osborne

Bernadette Kingham-Bez

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2 Rosemary Frado

Deborah Kneidl

3 Donna Green

Richard Rank

4 Ingrid Henriksen

Tim Jonson

5 Karl Sisson

Patrick McNamara

6 Pat Tubbs

Angela Scredahuc

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2 (The bidders' conference commenced  
3 at 1:09 p.m.)

4 MR. WOLLNER: Good afternoon. I'd  
5 like to get started, and I'd like to first welcome  
6 you and introduce myself to you and then we'll --  
7 we'll go right down the line here so you know who's  
8 sitting up front.

9 I don't know if you folks -- can  
10 you hear back there? No?

11 (Off-the-record discussion)

12 MR. WOLLNER: Can you hear now?

13 FROM THE FLOOR: Yes.

14 MR. WOLLNER: Wonderful. Thank  
15 you. I feel like I'm in a summer camp rec hall here  
16 on a rainy day.

17 So, first I want to welcome you to  
18 this HEAL Two bidders' conference. My name is David  
19 Wollner and I'm the director in the Office of Health  
20 Systems Management. And shortly I'll have folks up  
21 here introduce themselves to you so the -- you know,  
22 my sense is in the back it may be difficult to see  
23 us, so we'll do our very best. I apologize both for  
24 the -- sort of the setting here is probably not

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2 necessarily ideal for this, and also for the weather  
3 today. For those of you that could get here we are  
4 certainly appreciative and -- and thankful that you  
5 arrived safely.

6 Unfortunately, I -- I do know from  
7 a conference call I just had with staff around the  
8 state that there are folks who may not be able to get  
9 here today because of certain parts of the Thruway  
10 have been closed, and we know that folks are dealing  
11 with some very difficult weather-related situations  
12 back in their -- their home districts. So, we --  
13 we'll be very sensitive to that.

14 Now, everything will be recorded  
15 today so, you know, folks should be able to get --  
16 transcripts will be made available. So, we want to  
17 make sure that everyone at the same time is getting  
18 exactly the same information.

19 You all know that this is a very  
20 important initiative. You know, the -- the governor  
21 has repeatedly said publicly that he's very  
22 interested in -- in right-sizing the  
23 healthcare-delivery system and we're very pleased and  
24 proud to announce that we now have this procurement

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2 out on the street.

3 Today's bidders' conference is  
4 really intended to walk you through the R.G.A. And  
5 certainly I -- I'm -- I assume that most of you are  
6 here because you want to hear more about that, but  
7 also to hear what questions are raised and certainly,  
8 obviously, to hear what -- what answers are provided.  
9 So, certainly we want to -- to address your  
10 questions.

11 I think we have -- and I know we  
12 have a very expert panel up here that are very  
13 prepared and have spent an enormous amount of time  
14 rehearsing for this and -- and hopefully can answer  
15 all of your questions.

16 So, with that said, again, let me  
17 welcome you, and then what I'd like to do is just  
18 briefly have everyone just go down and introduce  
19 themselves, and then we should begin the program.

20 Neil.

21 MR. BENJAMIN: Hi. I'm Neil  
22 Benjamin, I'm with the Division of Health Facility  
23 Planning in the Heath Department, and along with the  
24 dormitory authority we will be administering this --

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2 this particular procurement, and -- as well as the  
3 other -- you know, the other two years.

4 Actually, David, the way we had set  
5 this up I was going to introduce everybody and  
6 then --

7 MR. WOLLNER: Okay.

8 MR. BENJAMIN: -- to -- immediately  
9 to my left is Lora Lefebvre, who is the managing  
10 director for portfolio management at the dormitory  
11 authority, and I'm sure a lot of you know her and --  
12 and what she does. They've been instrumental -- the  
13 dormitory authority's been instrumental in assisting  
14 us in a real collaborative way so that we can be  
15 responsive to -- to everyone out there in this  
16 initiative.

17 Next to Lora is Chris Delker and  
18 Chris is with our Division of Health Facility  
19 Planning. And Chris is cochair of the evaluation  
20 group for -- for the applications once they come in.

21 Next to Chris is Robert Schmidt,  
22 and he's a recent hire in -- in our Division of  
23 Health Facility Planning. And Bob will be heading up  
24 the HEAL implementation unit, along with some



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2 dedicated staff just for this initiative.

3 Next to Bob is Dennis Kling. And  
4 Dennis is with the Division of Healthcare Financing,  
5 and he's cochair of the evaluation group, along  
6 with -- along with Chris. And Dennis certainly  
7 brings a wealth of expertise in -- in the finance  
8 and -- and accounting end of things.

9 Next -- next in line is Debbie  
10 Paden. Debbie is with counsel's office of the -- of  
11 the dormitory authority.

12 And finally, next to her is Robert  
13 Veino. Bob is with the Department of Health's  
14 Division of Legal Affairs. So, I think, you know, we  
15 have hopefully enough -- enough knowledge up here  
16 to -- to carry this all the way through.

17 I just wanted to mention a couple  
18 of general ground rules here, if -- if you may. The  
19 way that we thought this would operate the most  
20 efficiently is we have a series of slides here and we  
21 would hope that all questions could be held until the  
22 end of -- until the end of that presentation. And  
23 when -- you know, when we do -- at the end of that,  
24 when we do take questions, you know, we will all do

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2 our best to answer and -- but regardless of whether  
3 we can give you a complete and thorough answer now or  
4 later on, all answers will be followed up with --  
5 with official responses through the Q. and A.  
6 process. And they will be posted on the -- posted on  
7 the web.

8 And you know, we do have a  
9 transcriptionist here, so you know, this will all be  
10 recorded, for those of you who need to check and  
11 those who may come in late.

12 So, you know, at the end of this we  
13 would just ask, especially for -- for the  
14 transcriptionist, when you do ask a question if you  
15 could, you know, state your name and the organization  
16 that you're representing, it would be -- it would be  
17 very helpful.

18 So, as -- as David mentioned, this  
19 is an extremely important initiative. It -- it -- I  
20 think, you know, we don't really need to say too much  
21 about the nature of -- and the pressures that are  
22 facing the delivery system in New York State,  
23 particularly hospitals and nursing homes. We all  
24 know the -- you know, we all know the buzz words,

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2 competition, advances in technology, consumer  
3 preference, outmigration of services, payer  
4 pressures, you know, an aging but healthier  
5 population, all of those things have contributed to  
6 an unprecedented pressure situation on -- on  
7 hospitals and nursing homes.

8 We're all -- you're all very well  
9 aware of the commission on healthcare facilities in  
10 the -- in the 21st century. The Department and the  
11 dormitory authority work closely with -- with the  
12 staff of the commission. And you know, what -- what  
13 we really are hoping here is that this HEAL New York  
14 competitive procurement, you know, would allow for  
15 facilities to, you know, work either collaboratively,  
16 or in -- in certain situations, on, you know,  
17 singular projects that would foster the concepts of a  
18 more right-sized, affordable, efficient, and  
19 high-quality delivery system.

20 That -- you know, that's -- that's  
21 a lot. You all have your own unique set of  
22 challenges, your own unique geographical situations,  
23 and certainly, you know, the demographics of -- of --  
24 of everything presents, you know, quite a challenge

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2 to you. But today we hope we -- we -- our -- our  
3 goal is to hopefully simplify for you the R.G.A., the  
4 process, what we think -- you know, what we're really  
5 going to be looking for, and -- and how -- what we  
6 think the most important elements will be.

7 So, you know, with -- with that in  
8 mind, I just want to give a brief background on  
9 the -- on the HEAL New York program. It's -- up to  
10 one billion dollars is available through -- the  
11 source of the money is -- is appropriations and bond  
12 proceeds, appropriations through the Department of  
13 Health, and the bond proceeds through the dormitory  
14 authority.

15 It's -- it's really in two main  
16 areas. One is the reason why we're all here today,  
17 to support restructuring plans in -- in regional --  
18 in regions. And we can -- we're going to be talking  
19 more about that later.

20 And it's also to support  
21 health-information-technology projects on a -- on  
22 a -- on a regional level. And in that regard, I  
23 think, you know, pretty much everyone knows that the  
24 first round of HEAL New York

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2 health-information-technology awards was -- was  
3 granted recently. There will be another procurement  
4 going out for the second phase of that in the -- in  
5 the fairly near future.

6 But this particular -- this  
7 particular aspect, again, is a competitive  
8 procurement. And you know, that means a lot of -- a  
9 lot of steps that not only you'll need to take, but  
10 that we will need to take, certainly, as a  
11 government, because it won't -- you know, as things  
12 progress, the review of these -- of -- of these  
13 applications and potential awards, you know, will  
14 progress out of our realm and over through other  
15 parts of -- of state, most notably through the office  
16 of the state comptroller, who will have to approve  
17 every one of these -- every one of these contracts.

18 But what we're really -- what we're  
19 really trying to do here is -- and -- and these are  
20 key aspects, we're to provide grants to assist  
21 projects that will achieve closure, down-sizing, or  
22 physical reconfiguration of -- of hospitals and  
23 nursing homes. And also to support, within that  
24 context, capital restructuring plans in regional

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2 areas that -- that result in improved quality,  
3 stability, and efficiency of -- of healthcare  
4 services.

5 You know, there's -- as -- as I  
6 mentioned earlier, all of these pressures. Putting  
7 that aside, though, there is -- there -- there is,  
8 in -- in -- in the view of -- of -- of the Department  
9 and the dormitory authority, there still is  
10 significant excess capacity out there. And that  
11 excess capacity does -- does really contribute  
12 towards the pressures that everyone is facing. And  
13 it's -- it's -- there are -- there are -- they --  
14 they develop costs that someone has to pay for that  
15 are not necessarily representing the efficient  
16 production of healthcare services.

17 So, in that context, though, you  
18 all know -- you all know your -- your -- your  
19 demographics and your service areas and your unique  
20 challenges, and that's why this is all geared towards  
21 encouraging creative solutions collaboratively and/or  
22 individually, as -- as the case may be.

23 So, the objectives, I think, are --  
24 are -- are -- are pretty clear. You know, the

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2 improvement of quality. You know, quality, as we all  
3 know, where everybody's moving towards -- the federal  
4 government, the state, payers, they're all moving  
5 towards, you know, evidence-based initiatives, and  
6 you know, outcome measures, and with incentives in  
7 those areas to improve quality of care. Patients  
8 and -- and consumers are being much more selective  
9 and -- and continue to have a broader array, every  
10 day, of information available to them, upon which to  
11 make these choices. So, we're hoping that that is  
12 one of the key components that we'll see in these  
13 applications.

14 Stability and efficiency, you know,  
15 we know that there are -- there are, you know,  
16 several facilities out there that may be needed, but  
17 they are -- you know, their -- their financial  
18 stability is somewhat questionable. So, hopefully  
19 this will assist -- will -- will assist in projects  
20 that will improve that.

21 Talked about right-sizing, and you  
22 know, it's not -- you know, certainly not  
23 inconceivable to us that we may see some applications  
24 that would propose right-sizing through, you know,

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2 closure, consolidation, and/or conversion of -- of  
3 providers, programs, and -- and beds. That could  
4 work in many different ways and -- and we'll talk a  
5 little bit more about that later.

6 And -- and of course, eliminating  
7 duplication of services within communities, including  
8 reducing hospital and -- and -- and nursing-home  
9 beds, and you know, not only eliminating -- not only  
10 eliminating duplication if -- but you know,  
11 especially in -- in -- in some of the more costly,  
12 you know, high-tech services that, you know, may  
13 contribute to what many have characterized, and I  
14 think the first governor's work group on healthcare  
15 reform characterized, as the -- the medical arms  
16 race. I know you all hear that and you know, a lot  
17 of what this is designed to do is to, you know,  
18 eliminate a lot of that.

19 We're also looking for projects  
20 that promote the development of services in the  
21 community at the appropriate level and cost, and at  
22 the appropriate level meaning it's -- it's -- and a  
23 simple example would be, you know, a nursing home.  
24 Not -- not simply, you know, have a business model



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2 that strives to do nothing but keep the beds full for  
3 the -- the continued flow of dollars, but rather has  
4 that as -- as an end point for the patient, as the  
5 patient is managed through, you know,  
6 noninstitutional and potentially lower-level  
7 institutional alternatives.

8 Certainly one that is near and dear  
9 to Lora's heart, but it's very important. I mean, I  
10 think -- you know, Lora gave an excellent  
11 presentation to the Commission a few months ago. And  
12 you know, it's no secret the high amount of debt  
13 that's carried by institutions in this state, and the  
14 majority of that is financed through the dormitory  
15 authority, with a significant amount of that insured  
16 by -- by the federal government. And you know,  
17 the -- the credit-market reaction to all of this is  
18 going to be very important in terms of future access  
19 to capital.

20 And one thing that we -- that --  
21 one thing that can't have here is, you know, a series  
22 of -- of initiatives that, you know, may, in the --  
23 in -- in the short run, take cost and beds out of the  
24 system, but you know, would -- would cause, you know,

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2 mortgage defaults and therefore a retreat of access  
3 to capital that's needed more than ever now because  
4 of the technology advances.

5 And of course, you know, this --  
6 this -- this last one here covers everything: It's  
7 reduce the rate of increase in healthcare spending,  
8 and that trickles down to governmental payers,  
9 private payers, insurers, and -- and everyone else.  
10 And I'm sure that that's -- that's everyone --  
11 everyone's goal, and hopefully improving the bottom  
12 line.

13 So, that -- that's just a general  
14 lead-in. We're going to be passing on down the line  
15 here responsibility for some of these other slides.

16 So, the next -- next one, I want to  
17 turn it over to -- to Bob Schmidt, who'll -- who'll  
18 take you through the next few -- next few slides.

19 MR. SCHMIDT: Neil, I'd first like  
20 to thank you for the nice introduction. I'm happy to  
21 be a part of your team.

22 I'm Bob Schmidt, I'm the head of  
23 the new HEAL implementation team. We're in the  
24 process right now of staffing up, because we're

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2 expecting a positive response -- oh, you can't  
3 hear -- you can't hear me in the back?

4 FROM THE FLOOR: No.

5 MR. SCHMIDT: All right. How's  
6 that, better?

7 FROM THE FLOOR: Yes.

8 MR. SCHMIDT: All right. We're  
9 expecting a positive response from phase one, and  
10 we'll be ready by the time your applications come in  
11 on July 31st.

12 HEAL New York phase-two funding  
13 allows up to two hundred and sixty-nine point four  
14 million dollars in funding. Capital appropriations  
15 to the health department is seventy-four point four  
16 million, and -- and the capital bonding authority,  
17 through the dormitory authority, is a hundred  
18 ninety-five million. And that's about seventy-two  
19 percent in bonded and -- and twenty-eight percent in  
20 capital appropriations.

21 Projects require at least a fifty  
22 percent match of nonstate funds, and if you're  
23 financially distressed you have to supply at least a  
24 thirty percent match.

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2 A financial-distress entity is  
3 defined in Section 1.8.3 in the R.G.A.

4 I have a quick overview, what a  
5 financially distressed entity is. There's three  
6 basic requirements: A loss of -- a loss from  
7 operations in each of the three consecutive preceding  
8 years; a negative fund balance or a negative equity  
9 position in each of the three consecutive preceding  
10 years; and a current ratio of less than one to one,  
11 and that would have to be evidenced by your  
12 independently certified financial statements. But  
13 Dennis is going to talk more about that in the  
14 financial portion of the presentation.

15 Okay. Grant funding sources; DASNY  
16 bond proceeds. State-supported grant funds must be  
17 used for capital work or purpose per State Finance  
18 Law, and that's Part 1680(j) of the Public  
19 Authorities Law. Capital work or purpose, briefly,  
20 can be defined as acquisition, construction,  
21 demolition, or replacement of fixed assets or assets,  
22 or it can also include major repairs or renovations  
23 to fixed assets. And in the R.G.A., Section 1.6  
24 gives a complete definition of bond proceeds. If

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2 they're tax-exempt bonds they'd also be consistent  
3 with Federal Tax Law.

4 And the next type of funding is the  
5 capital appropriations, and then the matching funds.  
6 They can be used for broader capital purposes. And a  
7 few examples are net-closure costs, but that's only  
8 for a two -- a twelve-month, one-year period; debt  
9 retirement or billing security and insurance. And  
10 basically funds that are available from state capital  
11 appropriations have less stringent requirements than  
12 bond allocations. And again, Dennis is going to go  
13 into more detail about that in the financial portion.

14 Okay. Okay. In the next slide  
15 we're going to look at the approximate regional  
16 allocation of funds. Now, this all adds up to two  
17 hundred and sixty-nine point four million. In the  
18 northern region there's twenty million available --  
19 up to approximately twenty million available.  
20 western New York there's twenty-two point six, and  
21 the Hudson Valley has thirty-one point five million;  
22 Long Island has thirty-nine point one million; and  
23 central New York has forty-two point five million,  
24 and New York City is one hundred thirteen point seven

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2 million. And that allocation distribution was  
3 determined by population.

4 And just -- well -- oops, I've got  
5 to go back one slide. Yeah. This slide basically,  
6 if -- when you look at your -- the cover page of the  
7 technical portion of the application, these -- this  
8 is what you see in the middle of it. You have to  
9 select a category and a region. So, the three  
10 categories are rural projects, small projects and  
11 regional awards.

12 And then you have to select the  
13 region that the project's going to be located in.  
14 And it seems that it might be a little confusing  
15 because you've got regional awards versus selecting  
16 your region, but basically by selecting your category  
17 you're deciding what pool of applicants you're going  
18 to be evaluated against. So, a regional award means  
19 you're being evaluated only against projects within  
20 your region where, with the small and rural projects,  
21 those are statewide applicants that meet the criteria  
22 for small or rural.

23 Okay. And the next slide. Whoops,  
24 I'm sorry. Here we go. All right. There's these

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2 two project categories, rural and small. Rural  
3 projects, in the R.G.A. attachments three and four;  
4 in attachment three are definitions of rural and in  
5 attachment four there's a list of counties with a  
6 population of two hundred thousand or less, and towns  
7 with fewer than two hundred persons per square mile.  
8 If you want to see what the -- the -- how you can  
9 classify yourself as a rural project, there's a --  
10 for rural projects there's up to twenty million  
11 dollars in total grant dollar available, and each  
12 individual grant request cannot exceed one point five  
13 million at a fifty percent match, or two point one  
14 million at a thirty percent match.

15 In the small projects category  
16 there is up to ten million dollars in total grant  
17 money available, and the grant request cannot exceed  
18 five hundred thousand dollars at the fifty percent  
19 match or seven hundred thousand at the thirty percent  
20 match.

21 Okay. The last category is  
22 regional category. As I showed earlier, there are  
23 six geographic regions within the state, and each  
24 grant request cannot exceed thirty-seven point five

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2 million or fifty-two point five million at the thirty  
3 percent match, but also the grant request cannot  
4 exceed what your total region's allocation is for  
5 grant dollars.

6 And then this last bullet, the  
7 total dollar value of the grant award in a region  
8 will be reduced by the dollar value of the small and  
9 rural projects awarded in that region. So, if  
10 there's small and rural projects awarded in -- in  
11 your geographic region, that total dollars available  
12 in the region is reduced by that amount. So, just  
13 it's -- it's -- it reduces the pool of possible  
14 dollars for the region.

15 All right. Eligible applicants:  
16 You have to be an Article 28 hospital or nursing  
17 home, an active member of an Article 28 corporation,  
18 or it could be a multi-provider application. And in  
19 the case of multi-provider applications you have to  
20 designate a lead applicant who's going to be  
21 responsible for administering the grant funds.

22 And that's my portion of the slide  
23 show.

24 And Chris Delker is next.



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2 Thank you.

3 MR. DELKER: Okay. Can everybody  
4 hear me?

5 Okay. What we want to do in this  
6 section is just kind of illustrate what some of the  
7 capital restructuring projects might be, to give you  
8 some examples, to kind of get you thinking, if you're  
9 not already, along the lines that -- that we would  
10 expect to be supporting applications through Heal.

11 The pages in the R.G.A., a lot of  
12 this is -- is elaborated on in Section 1.3, that's  
13 pages four and five of the R.G.A. But let's just  
14 look at the several ways that you -- you might be  
15 able to apply for HEAL funds, and the type of  
16 projects we'd be looking for.

17 First, one of the primary purposes  
18 of HEAL is to reduce inpatient capacity, to take beds  
19 out of service. And there are a number of ways you  
20 can do that: One, you can outright close and maybe  
21 some of you have been thinking of that and this is --  
22 this is something that HEAL will make palatable or  
23 worthwhile or something that -- that you could do.

24 Downsizing is another way.

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2 Downsizing takes a number of different forms, but  
3 when you're talking about beds, it means just taking  
4 some beds out of service. If you have beds that, you  
5 know, you're not filling, that are not being used,  
6 this is an obvious way, downsizing, to just take  
7 those beds out of service.

8 Another approach to restructuring  
9 is consolidation. Now, what -- what does that mean?  
10 Well, I guess a full-blown consolidation would be an  
11 outright merger with another facility. Maybe some of  
12 you have been thinking of that, and maybe HEAL will  
13 help make this possible. Maybe it's something that  
14 you want to pursue.

15 There are other forms of  
16 consolidation. You can partially merge, or you can  
17 collaborate to perhaps deliver services or operate  
18 beds in collaboration with another facility in your  
19 area, another hospital or a nursing home. For  
20 example, suppose you're in an area where there are --  
21 there are hospitals, every hospital in town has a  
22 linear accelerator, and they're all operating at  
23 something way below capacity. Maybe it would make  
24 sense for you to consolidate those lin-acc services

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2 in that area, and to restructure your physical plan  
3 accordingly, using capital funds available from Heal.  
4 Maybe there's some sort of collaborative endeavor you  
5 can get into in there.

6 Operating-room capacity. You know,  
7 there are lots of places where the operating rooms  
8 are not being used at full capacity. We know of a  
9 number of areas in the state that have more O.R.s  
10 than really are needed. Perhaps you and some of the  
11 other facilities in your area could get together and  
12 decide how to collaborate in terms of surgery. Just  
13 something to think about, but these are -- these are  
14 examples of consolidation.

15 Some of the advanced imaging  
16 services, they're getting pretty expensive and the  
17 technology's changing really quickly, and everybody  
18 wants to have the latest device. But does that make  
19 a lot of sense? In some areas it might not. It  
20 might be good to have some sort of consolidated,  
21 collaborative relationship between hospitals.

22 I'm using hospitals as an example,  
23 but certainly there are -- there are certainly other  
24 activities in long-term care, in terms of nursing

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2 homes, assisted living, or others.

3 We encourage you to be innovative  
4 in this, you know, to use what's become a cliché,  
5 think outside the box. Come up with some new models.  
6 I mean, I think -- I think resourcefulness and  
7 originality are something that certainly -- that --  
8 that will be favored in Heal, especially if it  
9 involves significant downsizing, reduction in  
10 capacity, appropriate to community needs.

11 Where are we now? Sorry. Okay. I  
12 think this is it. Right.

13 Okay. Convert -- other examples.  
14 Convert challenged but needed hospitals. Maybe this  
15 is a matter of changing your emphasis. Perhaps you  
16 have a lot of inpatient capacity, but it's not used,  
17 and maybe your community really needs more ambulatory  
18 care, more outpatient care, maybe some specialty  
19 services, like special therapy services or rehab  
20 services, some extension clinics. If you've got a  
21 lot of bad birth outcomes in your area you probably  
22 don't need more maternity beds, but you need some  
23 prenatal care clinics, things like this. Can you  
24 right size or change your -- your physical plant,

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2 reconfigure it, to better meet those community needs,  
3 and at the same time reduce unused capacity? These  
4 are the kind of things that we want you to think  
5 about.

6 Maybe you could convert all  
7 together into something else. For example, several  
8 years ago St. Mary's Hospital in Rochester closed  
9 down its inpatient facilities, its inpatient beds,  
10 and became basically what is a comprehensive  
11 ambulatory-care center, with appropriate linkages to  
12 other hospitals so that -- so that patients that do  
13 need inpatient care could be referred there quickly.  
14 This is a -- this is a different model; it's a  
15 different approach. The facility is still there, it  
16 just has a different kind of configuration and  
17 purpose.

18 Similar thing happened with  
19 Brooklyn Caledonian a few years ago, and Amsterdam  
20 Memorial Hospital a few years ago closed its med-surg  
21 beds and basically became a comprehensive urgent-care  
22 center with an ambulatory surgery center, and a  
23 center with some specialty inpatient beds like  
24 physical medicine and rehabilitation.

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2 In all of these instances the  
3 physical facility is still there, it's reconfigured.  
4 Most importantly, access to needed healthcare is  
5 still there in the community. And another  
6 consideration certainly is that there are still jobs  
7 there in healthcare for the people.

8 So, these are the kind of things  
9 that we urge you to think about and consider, on your  
10 own, if that's the way it works, but certainly in  
11 collaboration with other providers, if that makes it  
12 even more efficient and more practical and more  
13 responsive to community needs.

14 Next slide.

15 Oh, okay. You're ahead of me.

16 No, that's all right.

17 Same thing in nursing homes, there  
18 are a lot of new models in  
19 nursing-home/residential-healthcare-facility design  
20 being talked about to accommodate dementia patients,  
21 to make residential healthcare even more homelike  
22 than it -- than we all think it should be. There are  
23 a lot of new design approaches going on there. Maybe  
24 this is the time, if your nursing-home occupancy and

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2 your inpatient side is going down, maybe you could  
3 redesign or reconfigure some of that space to have  
4 more of these common living areas and other special  
5 areas for residents. Those are things that HEAL  
6 could support the capital costs for.

7 Maybe you want to convert some of  
8 that space to assisted living or adult homes or other  
9 things like that. These are all things to consider,  
10 all across the long-term-care spectrum.

11 Okay. This is -- the next couple  
12 of slides are about the application itself. And the  
13 pages of the R.G.A. that pertain to this are pages  
14 thirty and thirty-one. So, this is how to put  
15 together the application. First part is the  
16 executive summary. Tell us who you are, what you're  
17 going to do, and how you're going to do it. And you  
18 can see from the number of people here, and the  
19 number of people who couldn't make it today because  
20 of the rain, and the fact that there are six hundred  
21 nursing homes in the state, more than that, more than  
22 two hundred hospitals, we're going to get a lot of  
23 applications. We got a hundred for the H.I.T. alone,  
24 when we were only giving out about fifty million

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2 dollars.

3 So put yourself in our place. The  
4 reviewers are going to be working very hard. It will  
5 help a lot if you have a good, concise, clear,  
6 executive summary. It will help the reviewers a lot  
7 to understand your application, and to weigh it  
8 fairly, and to understand where you're trying to go,  
9 so we -- we really -- we really can't emphasize this  
10 enough. You really need to write a good executive  
11 summary when you're putting this together.

12 Okay. The project description.  
13 This is where you get into the meat of the proposal.  
14 Give us an overview. What are your goals; what are  
15 your objectives; and how do they relate to the need  
16 in the community? What's going on in your community;  
17 where's the over-capacity; where's the excess  
18 capacity? Is it in beds; is it in high-tech  
19 services; is it in major medical equipment; is it in  
20 just too many providers? Where are your community  
21 needs? What is your -- what's your community's  
22 health-status profile; what does your SPARCS data  
23 show; what are people being admitted for; what are  
24 they being discharged for?



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2 What -- what's the -- what are the  
3 morbidity and mortality indicators in your community?  
4 Is there a lot of preventive care needed; a lot of  
5 primary care needed? Is there a lot of chronic  
6 disease like hypertension and diabetes, things like  
7 that, that you should be aware of in your community?

8 How are you going to address them?  
9 Can you right size and address those needs and come  
10 out better, both in terms of your own efficiency in  
11 operations and in the way you serve the community?

12 Those are the kind of things you  
13 really need to address in the overview and in the  
14 outcomes.

15 Along with that, a project time  
16 line. As you know, these projects are generally  
17 funded for two years, and within that time line how  
18 are you going to accomplish what you say you're going  
19 to accomplish? Show us the milestones, show us the  
20 benchmarks, show us the major turning points, and so  
21 on that you have planned.

22 Also show us the -- the feedback,  
23 the monitoring. How are you going to address  
24 problems as they come up? How are you going to

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2 monitor your progress? How are you going to correct  
3 issues as they arise?

4 And who's your project team? Tell  
5 us how great your staff is and how they're going to  
6 get this done. These are the kind of things we -- we  
7 need to see in an application.

8 And to the extent that you can  
9 provide measurable indicators of A, what you're  
10 addressing and B, how you're going to measure the  
11 outcomes, the better your application is going to be,  
12 the easier it is for us to understand and to weigh it  
13 in terms of HEAL'S priorities. So, we just -- write  
14 as clearly and as -- as thoroughly as you can, and  
15 document wherever you can. Okay.

16 Next one.

17 Regulatory requirements. Now, you  
18 know, all -- HEAL does not exempt anyone from  
19 existing, you know, other parts of statutes or  
20 regulations, like C.O.N. requirements, State  
21 Environmental Quality Review and so on. And  
22 certainly you -- you still have to have services that  
23 are compatible with federal and state standards of  
24 care, Part 405, Part 415, 755, and all those other

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2 applicable regulations. So, address that in your  
3 application, how you're going to meet those  
4 regulatory requirements where they pertain to your  
5 project.

6 Okay. Is that -- am I done?

7 No, no. I've got one more. Okay.

8 As we said, these are two-year  
9 projects expected to start around October 1st of this  
10 year. So, design your projects with those in mind.  
11 If you're closing, you have a twelve -- a  
12 twelve-month project time frame. Bear in mind that  
13 all reimbursable costs must be incurred within the  
14 period of the grant-disbursement agreement. So,  
15 that's a two-year period.

16 Okay. Anything else?

17 All right. I'll turn this over to  
18 Dennis Kling from the Division of Healthcare  
19 Financing. He's going to talk about money.

20 MR. KLING: I think I get the easy  
21 section. A lot of what I will cover here probably  
22 already has been mentioned.

23 First, the -- the allowable  
24 expenditures.

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2 And can everyone hear me? Yes?

3 Yes?

4 FROM THE FLOOR: Yes.

5 MR. KLING: Okay. For  
6 restructuring, reconfiguration, and debt  
7 restructuring, examples of what would be allowable  
8 are capital costs to reconfigure your infrastructure,  
9 equipment expense, capital acquisition costs  
10 associated with downsizing, foreclosure.

11 There are a number of examples that  
12 you will find in Section 1.8 of the R.G.A. One is  
13 any -- any type of closing costs, debt of existing --  
14 or discharge of any existing long-term debt or  
15 mortgage associated with the facility being closed,  
16 payment of debts, security contracts on abandoned  
17 buildings, modifications to the closed building wing,  
18 appropriate employee-related expenses during the  
19 closure process, demolition of buildings,  
20 medical-record storage and transfer, building  
21 insurance during the closure process, and medical  
22 malpractice insurance during closure.

23 The application should justify all  
24 the costs and we'll go into that when we get to the

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2 actual application itself, but whether the -- it is  
3 important that whether you believe this to be a  
4 capital expenditure that would be bondable, or  
5 whether it is a noncapital-type expenditure, as we  
6 talked earlier, there are limited dollars for  
7 noncapital expenditures.

8 Matching funds. Now, you can find  
9 the matching funds in your -- your G.D.A. It's under  
10 1.8.2. As we spoke earlier, grants are normally up  
11 to fifty percent of the project cost. Projects that  
12 include one or more financially distressed entities  
13 could be up to seventy percent of the cost. You will  
14 be identifying how much of the grant you want to --  
15 or how much of the cost you want to be included in  
16 the grant. It -- it is up to, it does not have to be  
17 that amount.

18 The financially distressed  
19 entities, as we talked about before, is in Section  
20 1.8.3. There are three criteria that -- that you  
21 have to meet to be considered a financially  
22 distressed entity: A loss in operation from each of  
23 the last three consecutive years; a negative fund  
24 balance or a negative equity position for each of the

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2 last three years; and a current ratio of less than  
3 one to one for each of the last three years. You  
4 must meet all three criteria to qualify. And you  
5 will be required to certify that you meet it.

6 Let's see. Let's go on here.

7 Another -- another issue that we  
8 have is if, during this reconfiguration or closure  
9 you're selling any assets as part of this  
10 reconstruction, that revenues must be counted -- must  
11 be applied to the project cost, and must -- it can be  
12 counted as matching funds. But it must be fully  
13 applied to the fund -- to the project.

14 Matching funds from other sources.  
15 Other -- other than the New York State grants you'll  
16 be asked to identify what the sources are. It could  
17 be applicant -- applicant funds, it can be program  
18 income, it can be foundation money, it can be loans.  
19 An applicant -- an applicant must provide written  
20 documentation of the funding commitments. It can be  
21 a contingent commitment until the -- the grant is  
22 awarded.

23 On the cost side. For these grants  
24 only direct cost will be -- be allowed and -- and

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2 considered. No indirect cost such as administrative  
3 costs can be -- be included in these expenditures.  
4 Cost financed by program income during the project  
5 will qualify; verifiable in -- in-kind contributions,  
6 donated services at fair market value or rental rate.

7 And I would like to say that  
8 in-kind contributions and donated services in that  
9 area, if -- if you get a discount on a vendor, that  
10 is not a donated service. It has to be something you  
11 are putting in. The vendor -- if a vendor discounts,  
12 that is considered the cost.

13 The matching funds must be incurred  
14 during the G.D.A. And we would expect that the  
15 matching portion of the funds are throughout the  
16 G.D.A. and not the last dollars expended. Project  
17 planning costs, like in HIT, will not be counted  
18 towards a match and are not reimbursable.

19 Anyone who has any questions about  
20 the matching funds, that is Section 1.05 of the  
21 G.D.A.

22 Now, going into the application  
23 itself, the executive summary is very similar to what  
24 Chris just talked about. We're looking for a overall

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2 view of the project, how the project meets the  
3 capital initiatives and -- and objectives of the --  
4 of the Heal, and how the -- the -- yeah, the eligible  
5 applicant meets the eligibility criteria. That can  
6 be find -- found in Section 1.4.

7 The project budget. First, if you  
8 are certified financially distressed you -- you must  
9 put a certification in. You will find that as  
10 attachment ten of the G.D.A. It -- you -- you must  
11 be attesting that you meet this criteria, and you  
12 must -- the -- the applicant must sign it, but so --  
13 if -- if there are multiple facilities and the  
14 financially distressed is not the same facility, then  
15 they must also sign it.

16 The actual budget expenditures and  
17 revenues can be found in attachment seven of the  
18 G.D.A. It's -- in there we have a cover sheet which  
19 we again ask you to identify what project you're  
20 requesting this for. As we said earlier, it will be  
21 evaluated differently, against different projects,  
22 depending on which one you -- you say you're --  
23 you're trying to qualify for.

24 We also, in -- in this attachment



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2 seven, have a form to be used for both the expenses  
3 and the revenues. And in the -- in the project  
4 budget itself we ask that you -- you identify the  
5 anticipated HEAL funds by item so that we can  
6 identify whether it is a capital item or not. We  
7 also ask you to identify the total expenditures for  
8 that item and we ask you to give a justification of  
9 why that is sufficient for the project.

10 Okay. Now, the project fund  
11 sources, which is a different schedule in this  
12 attachment seven, basically asks you what type of  
13 funds your -- your -- your matching funds are from.  
14 It is -- basically gives you options and there's also  
15 obviously some other areas to describe. We ask that  
16 you identify any commitments that you -- you have and  
17 any -- any contingent commitments you might have with  
18 it. And we ask that you provide this evidence with  
19 the application.

20 Any questions on that can be -- can  
21 be found -- there is a -- a -- actual instructions in  
22 that section which gives you a highlight of exactly  
23 what we're looking for.

24 Next area is the cost

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2 effectiveness. We ask you to describe why this  
3 project is a cost-effective investment as compared to  
4 other alternatives. We ask you to describe the  
5 healthcare system relative to the project cost, and  
6 include all means by which the -- the project will be  
7 saving funds, and how it can be verified.

8 The project financial viability.

9 We ask you to detail a discussion showing how the  
10 project will enable the institution to become more  
11 financially viable upon completion. We ask you to  
12 include any supporting documents such as project  
13 balance sheets, cash flows, from the start of the  
14 project to three years after the project has been  
15 completed.

16 Did I skip one? I think I skipped  
17 one.

18 Oh, no. Okay. If you are a  
19 financially distressed entity we ask that you provide  
20 a discussion on outlining how this project will  
21 improve the financial position of the financial  
22 distressed entity.

23 Okay. Eligible applicant financial  
24 stability. We ask that you provide evidence of

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2 financial stability in the eligible applicant. This  
3 would be a copy of two prior annual audited financial  
4 statements and any other documents that you may have  
5 that will prove stability.

6 And the general -- general  
7 corporation -- corporate information; we ask you to  
8 provide a list of vendors or -- or contractors who  
9 have been contracted regarding this.

10 Applicant's business practices. We  
11 ask you to provide a list of grants applied for in  
12 the last -- for the last three years and whether the  
13 grants were awarded or declined. We ask you to  
14 provide name of any parent, sibling, subsidiary  
15 corporation of the applicant, and we ask you to  
16 include an -- with the application a copy of your  
17 990, or evidence of -- of an up-to-date filing with  
18 the attorney general's office.

19 All of this information can be  
20 found in attachment -- or -- attachment seven, if you  
21 have any additional questions about it.

22 Next Lora will -- Lora Lefebvre  
23 will be talking about evaluation and selection.

24 MS. LEFEBVRE: Okay. Can everybody

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2 hear me?

3 Okay. So, after you've done all  
4 this great thinking and you've followed all the rules  
5 and put the application together, I'm going to talk a  
6 little bit about how we're going to both, you know,  
7 evaluate, and then a little bit on how the award  
8 process is going to go. It's pretty much covered in  
9 Section 3.4 of the Request for Grant Application, the  
10 R.G.A., so I'll just briefly hit on the high points.

11 As Neil pointed out, this is a  
12 joint Department of Health, DASNY initiative, and so  
13 we will jointly review and award the -- the grants,  
14 along with D.O.H.

15 The first stage that we will look  
16 at in the evaluation process is really the  
17 completeness of the application. This is very  
18 important. Applications that are missing materials  
19 will be eliminated from further review. There is a  
20 very handy-dandy attachment five in your package,  
21 it's an application check list, so you can just make  
22 sure you go back and check through before you submit  
23 it, to make sure you don't miss anything. And it  
24 really will assist us and yourself, I think, in -- on

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2 getting through that completeness review.

3 The second stage really goes to  
4 eligibility, both for the applicant and for --  
5 eligibility of the applicant, and also the kind of  
6 financial eligibility review. The first stage, we're  
7 going to make sure that the applicant that has  
8 submitted the proposal is in fact a nursing home, a  
9 hospital, or an active member corporation, Article  
10 28. It's pretty straightforward.

11 All right. The next piece of that  
12 is kind of a financial eligibility review. And at  
13 this point we're going to be looking to make sure  
14 that we have projects that are eligible for -- for  
15 grant proceeds. You've heard over and over again  
16 that this is a capital program. The appropriations  
17 that -- that are available, and the bond proceeds  
18 that are available, are available for capital  
19 expenditures. So, we really have to be sure at that  
20 point in time that we have applications that are  
21 asking for those types of projects. If we have an  
22 application that does not have those, you know, type  
23 of allowable expenses, we won't -- we won't continue  
24 to review it. So, it's very important to keep that

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2 in mind.

3 And of course, as -- as Dennis has  
4 mentioned, you know, attachment seven where you're  
5 kind of verifying your -- your matching sources,  
6 we're going to be doing that at that point in time  
7 too. And thirty percent, if it's a financially  
8 distressed.

9 The last piece of it, once -- once  
10 we get through all of that, then we're going to turn  
11 the armies of evaluators loose on the applications.  
12 And there will be two ways, you know, that we're  
13 going to be evaluating: The -- the technical  
14 component, which, you know, is the -- the program  
15 component, and then the financial component, as Chris  
16 and Dennis -- Dennis have pointed out.

17 The -- the technical score -- the  
18 scoring breakouts that we have here, that we're  
19 telling you about today are different than what was  
20 published in the Request for Grant Application. It's  
21 a change. We are going to be awarding sixty-five  
22 percent or sixty-five points to the technical score,  
23 and thirty-five to -- to the financial score.

24 Okay. So, the evaluation criteria,

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2 again, you know, it's woven throughout the R.G.A. I  
3 think we've been pretty specific at different points,  
4 too, about what we're looking for. And you know,  
5 it's -- it's repetitive, but bear with me. We're --  
6 we're looking for a reduction in excess healthcare  
7 system cost and -- and usage. I mean, that's --  
8 that's the intention.

9 It's very important for you to be  
10 able -- well, to -- to articulate, and we will be  
11 evaluating, the projects return on investment.  
12 You're asking for grant proceeds, we need to be able  
13 to -- to evaluate it on, you know, how much the  
14 state, and indeed the -- the system, is getting in  
15 return for -- for that -- for that grant application.

16 Cost effectiveness is another buzz  
17 word, and certainly an -- a criteria we'll be looking  
18 at.

19 Public healthcare need continuing  
20 to be met and indeed improved from -- as a result of  
21 the project. The ability to be able to meet your  
22 regulatory requirements and the timing is also a very  
23 critical factor that we will be looking at: How  
24 ready are you to get going and do this?

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2 The team that you're going to use  
3 to be able to implement these projects, very  
4 important. We'll be looking at, you know, the --  
5 the -- the -- the ability that you -- you bring to  
6 the table.

7 The -- the matching part that  
8 you're going to be bringing to the table is also very  
9 important for us to see that you can deliver. We'll  
10 be evaluating on that. And as Dennis has pointed  
11 out, overall cost and reasonableness of the project  
12 budget is another factor that we're going to be  
13 looking at very closely. And of course, once again,  
14 completeness and responsiveness to the grant  
15 application; we'll be -- we'll be looking towards  
16 also.

17 So -- so, factors that we're going  
18 to kind of include when -- when we look at -- at  
19 selecting for awards, this is not -- these factors  
20 are not inclusive; these are examples. But clearly  
21 we -- we believe we will be considering minimum total  
22 scores for each -- for -- for -- for each of --  
23 application. I think that it's important, because we  
24 expect that we will receive a lot of applications.



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2 Also, it's very important to -- to  
3 demonstrate and -- and -- and be able to -- for us to  
4 be able to verify the savings that you -- that your  
5 application will yield. And that's another big  
6 factor for us. We're going to need to be able to see  
7 that.

8 As the process kind of moves  
9 forward, as -- as Bob pointed out, initially in terms  
10 of the dollar allocation, the rural -- the -- the --  
11 the projects that are competing in the rural pot and  
12 the small projects pot will be necessarily selected  
13 first so that we can go ahead and figure out how many  
14 dollars we have to -- to do the regional allocations.

15 That being said, we move to the  
16 next slide. We -- we -- we reserve the right, and we  
17 have reserved it in this R.G.A. and others, to -- to  
18 award less than requested due to limitations that we  
19 have in terms of our dollars, and -- and -- and other  
20 factors that may be -- come up. The other thing that  
21 we are reserving the right to do is to reallocate  
22 funds among those categories and the regions, in  
23 order to -- in order to meet the interest as we get  
24 all of these applications in.

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2 I think that we're -- we're doing  
3 our best to, you know, live with the spirit of the  
4 statute, what -- which asks us to consider these  
5 grants, you know, on a regional basis in a  
6 competitive manner. And I think it's important for  
7 us to be able to -- to -- to balance between those as  
8 we're working through our way and awarding.

9 And I think that I am concluding  
10 and turning it over to Chris -- or Bob.

11 FROM THE FLOOR: It goes back to  
12 Bob right now.

13 MS. LEFEBVRE: Or Bob. Okay.

14 MR. SCHMIDT: The next couple of  
15 slides are just some procedural slides for your  
16 information.

17 Applications must be received by  
18 four p.m. on July 31st, 2006. And we just have to  
19 make it really clear, they have to be received, not  
20 postmarked by, not FedEx'd by, not courier sent on  
21 July 31st, and they have to be received room 1325,  
22 the contract unit room. It's Fred Genier's office,  
23 where -- that's the address that's listed for sending  
24 the applications in. I just have to say that's the

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2 deadline.

3 Also, your applications must be  
4 clearly labeled, HEAL -- HEAL New York, phase two,  
5 capital restructuring initiatives and that's the  
6 R.G.A. number.

7 And the last bullet, applications  
8 must not include any cost information in the  
9 technical portion of the application. There's two  
10 separate review teams for each application. There's  
11 the project side and the finance side, and you can't  
12 have any financial information that might sway or  
13 alter how the project -- program evaluation may go.  
14 So, just don't put any of that in.

15 Okay. You need two complete signed  
16 original applications, along with eleven copies of  
17 the technical application, and six copies of the  
18 financial application. And as mentioned earlier,  
19 Lora had mentioned, use the application check list to  
20 make sure you're sending in a complete application so  
21 it's not excluded in the beginning. And Fred's  
22 address is here; it's also in the R.G.A. That's  
23 right here in Corning Tower in Albany.

24 Oh, I'm just going to talk about

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2 certifications.

3 MR. DELKER: I get to read the fine  
4 print. This is the -- the tedious, but this --  
5 actually, this first bullet is -- is -- is more  
6 programmatically related. It -- the applicant will  
7 make every effort to ensure that the project is  
8 consistent with the goals and recommendations of the  
9 commission on healthcare facilities in the 21st  
10 Century. The commission's recommendations aren't  
11 going to be available till the end of the year, but  
12 I -- I think it's -- it's clear that the goals of  
13 HEAL and the goals of the Commission are quite  
14 compatible and -- and congruent, you know, right  
15 sizing, cost savings, meeting community need,  
16 innovation in healthcare, new models, all those  
17 things. So, I think if you address a lot of the  
18 factors we talked about today, you will be consistent  
19 with the goals of the commissions -- of the  
20 commission.

21 All contracts entered into are --  
22 are -- are public work. The products are -- are  
23 public work, subject to the requirements of the Labor  
24 Law, and awardees will be considered state agencies

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2 for the purpose of the Executive Law.

3 And then, if you do get funds  
4 awarded, they are solely for -- for HEAL purposes.  
5 They are not -- they are not meant to supplant other  
6 funds; they are for HEAL activities as outlined in  
7 the G.D.A., and no other purpose.

8 And then, of course, we have the  
9 right to recoup, as any contractor does, for  
10 nonperformance.

11 So, that's -- that's the small  
12 stuff. That's the fine print.

13 Bob, you get the last one.

14 MR. SCHMIDT: Yeah, the -- the last  
15 slide is -- it's the key dates and deadlines. We've  
16 been accepting questions at this e-mail address, and  
17 we have gotten quite a few questions in -- in  
18 already. We're going to be publishing those  
19 questions and answers on the D.O.H. Web site. And if  
20 you want to be informed of when the posting is made  
21 you can send an e-mail address -- you -- send your  
22 e-mail to that account, and we'll set up a listserv  
23 and inform you when the questions are posted.

24 So, all questions are due by July

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2 7th and they're going to be posted by the 14th. So,  
3 that -- that will include questions that come up  
4 today, and so it will be a complete set. I think  
5 they might do that in stages. It might just be the  
6 complete set by the 14th, but we already have some in  
7 already and done, so.

8 Applications due, as I mentioned  
9 earlier, on July 31st. And the terms of the grant  
10 disbursement agreements are expected to begin in  
11 October of 2006. And I'll just also mention, if you  
12 by chance have a technical noncontent-related  
13 question about the grant, you can ask it after July  
14 7th, but you know, like, I misplaced the address or  
15 whatever, but you know, your regular questions have  
16 to be in by July 7th.

17 And that's it; thanks.

18 MR. BENJAMIN: Okay. Well, that --  
19 that pretty much concludes our -- our -- our  
20 presentation. I want to thank everybody for  
21 contributing to this. What -- what we thought we  
22 would do now is begin to be responsive to your -- to  
23 questions that you may have. And David was just  
24 saying that he'd like to get to know a lot more of

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2 you better, so he's volunteered to -- to take the  
3 microphone and -- and -- and walk through the -- walk  
4 through the audience, and -- you know, and -- and  
5 bring it to -- you know, on a -- on a first-come,  
6 first-serve basis, based on, you know, raising your  
7 hand, your questions, and you know, we'll do our best  
8 to answer them.

9 And as I remind you and as was just  
10 reminded again, but I -- I -- I can't emphasize  
11 enough, that we will be responding to all of these  
12 questions in an official way on the website by -- by  
13 July 14th.

14 And yes, please, and thank you,  
15 Lora.

16 And please when you do ask a  
17 question if you could state your name and -- and  
18 affiliation clearly?

19 Thank you.

20 MS. COOKE: Thanks.

21 Hi. Thank you all for going  
22 through this. It's very useful. My name is Janette  
23 Cooke and I'm from Sound Shore Health System in  
24 Westchester County.

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2 And I just have a logistical  
3 question: Based on comments from a couple of you  
4 about meeting regulatory requirement and being  
5 expected to begin by October 1st, what does that mean  
6 in terms of the C.O.N. process? Does that  
7 essentially mean that our projects have to be moving  
8 along through that process now, or -- or does it mean  
9 that once something's awarded we can submit a C.O.N.?  
10 I'm just unsure what you're looking  
11 for.

12 MR. BENJAMIN: Good question. And  
13 as -- as you know, in the C.O.N. process we've always  
14 been known as the purveyors of contingencies. As  
15 many of you need we can give you. But -- but  
16 seriously, you know, we -- the -- the timing -- the  
17 timing certainly is -- you know, you should -- you  
18 should work to coalesce the two together, and you  
19 know, we will be doing our best to expedite  
20 applications, either through the administrative or  
21 through the full review process, to meet these time  
22 lines.

23 But by no means does there have to  
24 be an approved C.O.N. in place before we -- we would



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2 make an award, you know, or -- or vice versa. We can  
3 simply use contingencies or conditions at both ends  
4 of the spectrum, either -- either in language in the  
5 award process or through the -- or through the C.O.N.  
6 approval. And -- and as I stated, you know, you --  
7 we do not -- I -- I kidded around a little bit  
8 earlier, but we do have -- we really do have a lot of  
9 flexibility in that process, to work and -- and to  
10 work this, to be as timely as everyone needs.

11 That -- that does not mean, though,  
12 that, you know, you shouldn't work diligently to make  
13 the language and the time lines in a particular  
14 C.O.N. application consistent with the time lines and  
15 the scope that is identified in the -- in the HEAL  
16 application.

17 MS. LEFEBVRE: And I would -- I  
18 would just add to that that one of the things as  
19 we've been going through the evaluation, you know,  
20 criteria is that the readier you are -- the more  
21 ready you are to begin the project, is -- is a -- is  
22 certainly a more favorable place to be.

23 MR. FELDMAN: Yes, I'd like to  
24 thank you for the meeting as well. My name is Lowell

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2 Feldman, I'm president of the Terrace Healthcare  
3 Center in the Bronx.

4 As far as going back to the very  
5 beginning, regions versus counties, if two providers  
6 want to collaborate, one's Bronx, one's Yonkers, what  
7 would be the best suggestion to go for regional?  
8 Because it -- it -- it just mentioned Bronx -- upper  
9 Bronx was cut off. Would it be a regional project  
10 then, or do you provide applications in two counties  
11 on a collaborative basis?

12 MR. BENJAMIN: I -- I think what --  
13 what we tried to do here, Lowell, was, you know,  
14 just -- just basically use examples, but I -- I don't  
15 believe that we have any intention to limit  
16 collaborations just simply based on, you know, a  
17 certain geography. I think it's more to whether or  
18 not, you know, the -- the program, or the content of  
19 it, makes sense, as -- as Chris was, you know,  
20 describing earlier, giving -- you know, throwing out  
21 all those different examples. So, I -- it's -- it's  
22 not our intent. If it came across that way that's  
23 something that we'll be sensitive to as we -- as we  
24 go through the amendment process.

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2 MR. MURPHY: David, thank you.

3 My name is Charlie Murphy, I'm with  
4 Cicero Consulting Associates and I'm here  
5 representing a variety of providers. I have a series  
6 of questions, is that okay?

7 A follow up to Janette's question.  
8 Neil, do you -- if it's clearly indicated, if a  
9 C.O.N. is required for the -- for the -- for the  
10 program, you indicated maybe an expeditious  
11 treatment. Do you -- do you envision actually a  
12 separate track of C.O.N.s that are HEAL New York  
13 related? Not to pin you down or anything, but I  
14 mean, the -- the timing is -- is of an issue, to  
15 start and finish the project in the  
16 October-to-October period.

17 As an issue of a follow-up, I  
18 guess, for Lora, it's related; it's the timing of the  
19 bond. Do you -- do you envision a -- like a pooled  
20 bond issue to get the money out there so that it  
21 could be accessed by -- or are you going to have to  
22 do this bond issue with facility-specific names  
23 associated with it?

24 MS. LEFEBVRE: Who wants to go

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2 first?

3 MR. FELDMAN: And I guess it's --  
4 both of those are tied into the delay question.

5 MR. BENJAMIN: Yeah, we -- we had  
6 talked -- Charlie, we had talked about, you know,  
7 internally tracking applications, both  
8 administratively and full review. The  
9 administratives, you know, we are going to segregate  
10 those as you -- as you suggest. And -- but I think  
11 what we need to do through that is to get an  
12 additional directive out on the Web site relative to,  
13 you know, something that would allow us to easily  
14 identify up front C.O.N.s that, you know, have HEAL  
15 in them. We already have a lot of them in house, and  
16 we've just found them and gone through the normal  
17 process, but any that come in here we -- we will  
18 strive to have an easy identification, and then track  
19 those separately.

20 And then secondly, on the -- on the  
21 full reviews, we need to do that and -- and obviously  
22 that's a little bit different, because, you know,  
23 there's only six meetings of the state council every  
24 year. But again, we will -- we will make every

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2 effort to -- to schedule those as -- as timely as  
3 possible.

4 MS. LEFEBVRE: And I guess as to  
5 the bonding question, Charlie, the bonding that we're  
6 going to do is to reimburse the state for their  
7 expense. So, the timing of our bonding will be  
8 commensurate with how the division of budget and the  
9 financial plan need to be reimbursed. In the first  
10 instance grants proceeds will be available from state  
11 dollars. So -- so, the timing of our bonding is  
12 merely to reimburse the state, and really should be  
13 transparent, you know, to -- to -- to applicants.

14 MR. MURPHY: And the -- and the  
15 costs associated with the bond issues come off the  
16 top, so the -- the applicant, the recipient, doesn't  
17 have a -- a cost of issuance?

18 MS. LEFEBVRE: That's correct.  
19 These are state-supported debt. This is  
20 state-supported debt, so there is no bond. It's  
21 actually the state's cost.

22 MR. MURPHY: Chris, you asked for  
23 resourcefulness and innovativeness and thinking  
24 outside the box. When you do that you often then run

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2 into the regulatory obstacles of laws, like they get  
3 in the way.

4 MR. DELKER: Well, I didn't tell  
5 you to do anything illegal, Charlie.

6 MR. MURPHY: Is there any -- is  
7 there any plan for, you know, regulatory relief of --  
8 of demo -- demonstration projects or anything else?  
9 You know, when -- when Tom gave his talk on the  
10 nursing home of the future, he did mention that it's  
11 a great idea, but then the regs have to be changed.  
12 I mean, if you come up with an innovative idea are  
13 you going to then run into a roadblock because  
14 it's -- it's not exactly in -- in keeping with  
15 current reg, Bob?

16 MR. DELKER: I'm looking to my left  
17 at learned counsel here.

18 MR. MURPHY: They can -- you can  
19 hold off on that and confer.

20 Lora and -- and Neil, if -- if on  
21 the -- on the difference between the state  
22 appropriation money and the bond money and the uses,  
23 the bond money has to be like, pure capital; and the  
24 state money could be closure costs and things like

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that. Do you -- does the applicant -- can the applicant ask for a particular pool of the two pools of money or -- or is that going to be determined by the state in response? In other words could you ask for the less-encumbered money? Could you ask for simply the state appropriation money, even if you've got a pure capital piece, so as to avoid some -- some -- some restrictions? Or are you going to say, well, this -- this piece is eligible for bond proceeds, and this piece is appropriation?

MS. LEFEBVRE: I think what we're asking you to do in the first instance, Charlie, the applicant to do, is -- is take -- given -- given the directions that we've put into the grant, the R.G.A., is to take a stab at it yourself. In the first instance, you know, you -- you take your project costs that you think fit into a bondable category and -- and define that, and also define it for state approp.

There certainly is an exercise that we will do also, given the limitations that we have on funding, that we will go through and affirm it and/or maybe need to move some stuff -- stuff around.

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2 The thing I want to be clear on is  
3 that these are both -- while -- while the bond  
4 proceeds have a limitation, the additional  
5 limitations on it for capital -- you know, for pure  
6 capital projects, as defined by State Finance Law,  
7 the State Health Department's appropriation is a  
8 capital appropriation too. The appropriation  
9 language allowed for a little bit more flexibility  
10 than normally would be required out of the state  
11 capital appropriation, so you get into some of those  
12 other softer categories.

13 But it's a -- it's essentially all  
14 capital program, so just be aware of that as you're  
15 looking at stuff.

16 MR. MURPHY: Thanks for your  
17 patience. I only have a couple more.

18 The -- the ability to give less  
19 than requested, the -- the reserve clause that you've  
20 got, if -- if -- especially on a financially  
21 challenged facility, if the -- if the awarding of the  
22 less than requested generates a noncapability test,  
23 you can't do the deal, is that going to be taken into  
24 consideration? Say you're right on the brink and you



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2 need the seventy percent, you review criteria guys,  
3 are you going to put that into your mix? You don't  
4 have to answer that, you just may want to think about  
5 it.

6 (Off-the-record discussion)

7 MR. MURPHY: Project planning -- on  
8 page ten, Dennis, it says they -- cost have got to be  
9 incurred within the October-to-October period.

10 MR. DELKER: Yes.

11 MR. MURPHY: But if it takes -- it  
12 takes cost to plan these things. It says -- just the  
13 curious wording, planning costs which are not  
14 capitalizable, but planning costs are generally part  
15 of project costs and capitalizable. Is -- is  
16 that --?

17 MR. KLING: The cost associated  
18 with designing the project initially, of what  
19 you're -- you're potentially going to do is the  
20 planning cost we're talking about, not the planning  
21 costs of -- of --

22 MR. MURPHY: Architect fees?

23 MR. KLING: -- actual architect and  
24 so on.

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2 MS. LEFEBVRE: Right.

3 MR. MURPHY: So --.

4 MR. KLING: That would be done  
5 after you've designed the concept.

6 MR. MURPHY: So --.

7 FROM THE FLOOR: Could you repeat  
8 the answer in a mike?

9 MR. KLING: The planning cost that  
10 we -- we refer to as -- as not allowable is the  
11 initial project concept planning cost. When -- when  
12 you are doing your design or architectural-type  
13 planning, those are capital expenditures and would be  
14 allowable.

15 MS. LEFEBVRE: Right.

16 MR. MURPHY: Even if those costs  
17 are incurred prior to October 1st?

18 MR. KLING: No. All costs must be  
19 incurred from the date of -- during the G.D.A. So,  
20 it's only during the two-year period.

21 MR. MURPHY: So --.

22 MR. KLING: Matching and grant  
23 expenditures have to be during the G.D.A. So,  
24 it's -- it's from whenever you're -- you're awarded

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2 for -- for the two-year period.

3 MR. MURPHY: Okay. I only have two  
4 more.

5 If -- if -- if the -- there will be  
6 follow-ups on that last one I'm sure.

7 On the -- on the up to fifty  
8 percent for the -- for the general application, do --  
9 have the selection guys thought -- guys and women,  
10 thought of -- on -- on the ranking, if you -- if  
11 you -- is less better? In other words, if -- if you,  
12 as an applicant, apply for less than fifty percent,  
13 which apparently you can do, does that give you a  
14 better score because is it in -- in the culture here  
15 to try to dole this out to more applicants?

16 MR. BENJAMIN: Charlie -- Charlie,  
17 that's -- that's one -- that's one factor that would  
18 be viewed favorably among many other -- among many  
19 other factors, but yes, that -- that would be viewed  
20 more favorably, but not -- but does not, on its own,  
21 you know, get -- simply get a higher ranking compared  
22 to others. It's within the review of --

23 MS. LEFEBVRE: The content --

24 MR. BENJAMIN: -- that particular

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2 application.

3 MS. LEFEBVRE: -- yeah, the  
4 content; right.

5 MR. MURPHY: And -- and finally, is  
6 the -- the -- the -- I'm speaking from a little  
7 ignorance here, but the version on the -- on the --  
8 on the Web site is a P.D.F., is there -- is there a  
9 downloadable application type of thing that you  
10 can -- you can actually fill in on a computer, or  
11 how -- how are we going to do this?

12 FROM THE FLOOR: Oh. No, there is  
13 a current letter, it's -- there -- is that a current  
14 letter?

15 FROM THE FLOOR: No, it's -- you're  
16 just talking about the attachment.

17 MS. LEFEBVRE: Yes, that's what  
18 he's talking about.

19 MR. BENJAMIN: I think -- I think  
20 what Charlie is asking is can -- is there a version  
21 that can be completely filed electronically, is  
22 really what --.

23 FROM THE FLOOR: No, you can't file  
24 electronically.

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2 MR. BENJAMIN: So -- so -- so, that  
3 has to be downloaded, printed and -- and submitted in  
4 hard copy?

5 MS. LEFEBVRE: Yes.

6 FROM THE FLOOR: Yes.

7 MR. MURPHY: I think -- I didn't  
8 mean file electronically, I meant --

9 MR. BENJAMIN: Oh.

10 MR. MURPHY: -- download to -- to  
11 get to where you can fill it out and then hard copy  
12 it and -- and fulfill the obligation to get the  
13 copies in, like your C.O.N. forms.

14 MS. LEFEBVRE: I think it's out  
15 there now; right, maybe?

16 FROM THE FLOOR: It's out there as  
17 a P.D.F.

18 MS. LEFEBVRE: As a P.D.F. Oh, oh,  
19 oh, oh. So --.

20 FROM THE FLOOR: So that you have  
21 to recreate all these tables essentially, to put them  
22 in.

23 MR. BENJAMIN: Yeah, we're --  
24 we'll -- we'll -- I apologize. We'll straighten this

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2 out.

3 FROM THE FLOOR: Who has -- who has  
4 the microphone? No, Lisa has it --.

5 MR. DELKER: There are two  
6 microphones, one on this side, and one here, so look  
7 to the person on your side. There's -- I guess  
8 there's a lady there with a question.

9 I think we just lost another  
10 battery. Okay.

11 How about if you go over there and  
12 people here, this cord will reach a ways. I think  
13 this lady -- you're next.

14 MS. BHANDARKAR: Hi. Kalpana  
15 Bhandarkar from Manatt, Phelps and Phillips. For  
16 matching funds can land that is owned by a wholly  
17 owned subsidiary of a hospital be used?

18 (Off-the-record discussion)

19 MR. BENJAMIN: The -- the -- the --  
20 well, first of all, the land would have to be owned  
21 by the applicant, the Article 28 applicant. It's  
22 simply if it's owned by a subsidiary that does not  
23 have Article 28 designation would not -- would not  
24 qualify. So, there would have to be some sort of a

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2 transaction to transfer that ownership.

3 MS. BHANDARKAR: Okay.

4 MR. BENJAMIN: And then -- and  
5 then -- well, I guess do you have another question on  
6 that?

7 MS. BHANDARKAR: So, if -- even if  
8 it's solely -- if the subsidiary corporation is  
9 solely owned by the hospital?

10 MR. BENJAMIN: It has to be an  
11 Article -- be --

12 MS. BHANDARKAR: It has to be --.

13 MR. BENJAMIN: -- it has to be --  
14 ownership of the asset has to be in the name of the  
15 Article 28.

16 MS. BHANDARKAR: Okay. And then  
17 would that transfer have to happen before the  
18 application goes in, before October 1?

19 MR. BENJAMIN: The --.

20 MS. BHANDARKAR: If -- if --.

21 MR. BENJAMIN: For us to -- for us  
22 to consider it as part of the match, that -- that  
23 the -- when the application is filed, that asset  
24 would have to be in the name of the eligible

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2 applicant.

3 MS. BHANDARKAR: Okay.

4 MS. LEFEBVRE: And also just add  
5 that, you know, there's some other rules on page ten  
6 there of the R.G.A. that -- that talks about how you  
7 would value that piece of property too, on the match.

8 MS. BHANDARKAR: Okay. Thank you.

9 MS. SURH: Hi, I'm Dinah Surh from  
10 the Brooklyn Hospital Center, and I have two short  
11 questions.

12 One is can you apply in more than  
13 one category? For instance, a small project and a  
14 regional application?

15 (Off-the-record discussion)

16 MS. LEFEBVRE: We've talked about  
17 the multiple-application phenomena and -- and we see  
18 that -- that there's no prohibition. You can -- you  
19 can apply for multiple -- I'm -- I'm looking at my  
20 team here. We've agreed that there's nothing that  
21 prohibited it, so, yes.

22 MS. SURH: Okay. And there's no --  
23 is there any down side that you would have to be --?

24 MR. BENJAMIN: Well, they have to



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2 be separate -- they have to be separate projects.

3 MS. LEFEBVRE: Yeah. Yeah.

4 MS. SURH: Yeah, separate projects.

5 MR. BENJAMIN: Yes. Okay.

6 MR. SURH: They're not the same  
7 item in both categories.

8 MR. BENJAMIN: Okay.

9 MS. SURH: Right. And the other  
10 question is if you're an Article 28 hospital and you  
11 want to establish an Article 28 diagnostic and  
12 treatment center and/or reconfigure an existing one  
13 or relocating an existing one, is that acceptable as  
14 part of the project scope?

15 MR. BENJAMIN: There was a lot to  
16 that. So, in other words your first question is if  
17 you're a hospital, but you want to establish an  
18 Article 28 diagnostic and treatment center?

19 MS. SURH: Right. Exactly.

20 MR. BENJAMIN: And that diagnostic  
21 and treatment center would be the applicant under  
22 Heal, is that your question?

23 MS. SURH: No. No.

24 MS. LEFEBVRE: No.

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2 MS. SURH: The hospital would be  
3 downsizing their property and establishing --

4 MR. BENJAMIN: I see.

5 MS. SURH: -- an Article 28 D.T.C.,  
6 is that acceptable.

7 And then the -- part two of my  
8 question is if you have one already, and you want to  
9 reconfigure and/or relocate one, is that also an  
10 acceptable project?

11 MR. BENJAMIN: I -- the -- the  
12 answer to the first part of the question is -- is  
13 yes. I mean, that's something that -- that's  
14 something that is encouraged. And I think Chris gave  
15 you a couple of examples --

16 MS. SURH: Uh-huh.

17 MR. BENJAMIN: -- about, you know,  
18 how -- how we think those are -- you know, those are  
19 important delivery alternatives.

20 And the second -- the second --  
21 your second question, it would -- it -- it's  
22 certainly not -- it's certainly not prohibited, but  
23 again, we would have to see it within the context of  
24 the overall plan.

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2 MS. SURH: Exactly.

3 MR. BENJAMIN: Yeah.

4 MS. SURH: Okay. Thank you.

5 MS. HEALY: Hello. I'm Sheila

6 Healy from Brown, McMann and Weinrobb (phonetic  
7 spellings).

8 Got a question about the -- under  
9 certifications, a little earlier you talked about  
10 that the application will need to make every effort  
11 to ensure the project is consistent with the goals of  
12 the -- what we call the Berger commission. Does that  
13 mean that a project, an application, that in fact  
14 does do that, makes that effort, will get extra  
15 credit?

16 MR. DELKER: Well, I think, as I  
17 said, I -- I -- I see the HEAL -- the goals of HEAL  
18 and those as the commission as very -- virtually  
19 congruent, you know, so I think if you're addressing  
20 the goals of Heal, you know, reduced capacity, right  
21 sizing, efficiency, quality, stability, meeting  
22 community need, access, I think if you read the  
23 enabling legislation for the commission, the goals  
24 are pretty much the same. So, you know, I'm assuming

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2 that any -- any -- any applicant -- any really good  
3 application would meet those goals, so --.

4 MS. HEALY: All right.

5 MR. RIZZO: I have a -- my mic  
6 already. Hi. Anna Rizzo from Loeb and Troper. I  
7 just have a few questions. Assuming a HEAL award is  
8 granted to an applicant and then they are successful  
9 in a C.O.N. total project cost, would that total  
10 project cost be reimbursed through depreciation for  
11 the long-term care facility? In other words it's --  
12 say it's five million dollars, HEAL'S is two and a  
13 half million, will the depreciation be of that five  
14 million dollars and the Medicate rate?

15 FROM THE FLOOR: If we -- if we --  
16 if we don't -- you know, if we're not clear yet let's  
17 just defer and --.

18 MR. KLING: Yeah, I -- I think we  
19 have to talk about that one.

20 MS. RIZZO: Okay.

21 MR. KLING: Is -- is the facility a  
22 proprietary or voluntary?

23 MS. RIZZO: It's a voluntary.

24 MR. KLING: So, they're --.

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2 MS. LEFEBVRE: We'll do a good job  
3 of answering that question.

4 MS. RIZZO: Okay. Then with  
5 regards to the three years of budgets, would you  
6 anticipate that you'd like to see that in 2006  
7 dollars and that remains constant with no inflation?

8 MR. BENJAMIN: That would be  
9 acceptable.

10 MS. RIZZO: Okay. And during the  
11 review process, will there be any questions or  
12 similar to a C.O.N. where there are thirty-day  
13 letters on the part of the reviewers, so it's pretty  
14 much you send it in complete and that's the way it  
15 comes out?

16 MR. BENJAMIN: Correct. Right.

17 MS. RIZZO: Okay.

18 MR. BENJAMIN: We don't have the  
19 ability to go back and forth. Charlie set the  
20 standard on questions, so you know, you can -- what  
21 do you have, about seventeen more available to you?

22 MS. RIZZO: I'm -- I'm okay. Thank  
23 you very much.

24 MR. DELKER: Ann.

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2 MS. CORRIGAN: Ann Corrigan from  
3 MediSys Health Network in Brooklyn and Queens. Is  
4 your -- your conversion to nonacute care, does that  
5 include conversion to psychiatry services?

6 MR. BENJAMIN: In -- in the O.M.H.  
7 solely licensed under Article 31, is that --?

8 MS. CORRIGAN: No.

9 MR. BENJAMIN: No.

10 MS. CORRIGAN: It -- so it does  
11 not?

12 MR. BENJAMIN: No, I -- I was  
13 asking you to clarify. You --.

14 MS. CORRIGAN: Oh, yes. Oh, no,  
15 I'm talking about med-surg beds, let us say,  
16 converting to psychiatry, Article 28 psychiatry beds.

17 MR. BENJAMIN: I -- I don't see --  
18 there's -- I don't see any prohibition against that.  
19 Obviously that would have to, you know, again, fit  
20 within the overall context of all of the goals and  
21 objectives, but I don't -- I don't see any reason why  
22 it wouldn't, again, but it has to fit within the  
23 overall larger plan.

24 MR. DELKER: I -- I think, you

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2 know, you'd have to demonstrate a community need, as  
3 we were saying, that you know, there's not enough,  
4 you -- you know, psych bed occupancy existing is --  
5 is very high; med-surg is lower. I mean, you know,  
6 you'd have to describe your community and your target  
7 population, and we'd evaluate -- evaluate it on that  
8 basis.

9 MS. CORRIGAN: Okay. Following on  
10 then, the criteria that you're going to review on  
11 included, very prominently, cost savings and in  
12 addition, need. Is there going to be a weight  
13 between those two factors wherein if there's a very  
14 high public need, but not necessarily savings that  
15 can be demonstrated within the project itself, on  
16 perhaps long-term in the community, will that be  
17 acceptable? Or will we be downgraded because of the  
18 lack of demonstrable within-project cost savings?

19 MR. BENJAMIN: Well, community need  
20 and -- and -- I mean, I think Chris emphasized it two  
21 or three times in his presentation that, you know,  
22 again compatible with the needs of -- needs of the  
23 community. So, I think what, you know, that -- I  
24 think that -- in -- in term -- certainly in terms of

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2 importance, as we rate or rank or score, I think that  
3 carries a higher weight than additionally requiring  
4 you to absolutely show cost savings.

5 So, I think that, you know, we  
6 don't -- again, we don't have a -- we -- we can't  
7 specifically say how one would match up against the  
8 other, other than to say that the community-need  
9 aspect, in a more affordable way, would -- would take  
10 priority.

11 MS. LEFEBVRE: And -- and I would  
12 just say, Ann, the reason that we highlighted, you  
13 know, in the presentation the -- the -- kind of the  
14 verifiable demonstrable kind of cost savings is  
15 because I think that we really are looking for you to  
16 be able to articulate that. So oftentimes it's --  
17 it's a difficult thing, I think, to articulate,  
18 when -- when you're putting together an application  
19 of this nature.

20 I think that Neil is correct and we  
21 would balance both of those things, but I think we  
22 wanted to emphasize, you need to do a good thinking  
23 process around that demonstrable, you know, savings  
24 too.



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2 MR. HIRSCH: Jerry Hirsch (phonetic  
3 spelling) from North Shore Leche Health System. I  
4 have a couple of questions.

5 First, did you say that you were  
6 going to put a copy of your presentation up on the --

7 MS. LEFEBVRE: Yes.

8 MR. HIRSCH: -- as a -- as a  
9 PowerPoint presentation? That would be very  
10 helpful --

11 MS. LEFEBVRE: Yes.

12 MR. HIRSCH: -- if it went up as a  
13 PowerPoint presentation. Thank you.

14 If you have a construction project  
15 that goes three years, ten million, ten million, ten  
16 million, say over three years, you -- and you can  
17 only ask for two years. So, you take -- and say it  
18 phased out that way over the three years, so you'd be  
19 asking for a twenty-million-dollar HEAL grant, of  
20 which fifty percent would be matching or seventy  
21 percent.

22 Is that -- is that -- is that the  
23 way you're looking at this?

24 MR. BENJAMIN: Yeah. I mean, we --

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2 we can't -- if -- if -- if you're three years and we  
3 can't -- we can't penetrate into that third year. In  
4 other words that third year is solely up to you to  
5 demonstrate that that is fundable by you in whatever  
6 other format, absent HEAL --

7 MR. HIRSCH: Correct.

8 MR. BENJAMIN: -- absent HEAL  
9 dollars.

10 MR. HIRSCH: Okay. Okay. Well,  
11 if -- if you have -- what I gather is you're trying  
12 to get the beds out of the system and it's very  
13 clearly stated. If you have -- if you're part of a  
14 network and you're -- you have excess beds at one  
15 hospital and you have a need for beds at another  
16 hospital and that involves a capital project to do  
17 that, by shifting or converting beds from one  
18 facility to another, even -- is that the type of  
19 project you'd be looking for, even though it doesn't  
20 necessarily bring beds out of the whole health  
21 system, but it -- it's more efficient use of -- of  
22 those beds?

23 MR. BENJAMIN: That's -- that's --  
24 again, that goes back to I think what we just said

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2 before, you know, community need and -- and need for  
3 those services in an innovative way, and resourceful  
4 and all those big words that Chris used, and I don't  
5 understand half of them.

6 But you know -- but Jerry, that --  
7 and -- and -- and to echo what Lora just said,  
8 though, you know, that is something that is clearly  
9 eligible under this program, but what -- but what  
10 we're not interested in seeing is the potential for  
11 those beds that come off line to somehow come back on  
12 line or there to be artificial demand created because  
13 of having those beds.

14 You know, everybody has their own  
15 theory about the cost of -- of -- of excess capacity.  
16 And -- and what we're trying to do in this is to, you  
17 know, eliminate or transform that excess capacity  
18 into something that is -- that is -- is needed and is  
19 affordable, but that does not increase the  
20 competition to pay for these excess or stranded  
21 costs.

22 MS. LEFEBVRE: So, it would be  
23 better if you -- you, you know, moved that excess  
24 capacity to -- to where the community and -- and this

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2 other, you know, place, what -- you know, where --  
3 where the community need was, but in -- but I think  
4 that would -- and also downsize the overall  
5 compliment. That would be a -- you know, a much -- a  
6 better, you know, I think, application from -- from  
7 an evaluation standpoint.

8 MS. RAINEY: Hello. I'm Carol  
9 Rainey from St. Barnabas in the Bronx. And I think  
10 you've touched on this issue a little bit, but I'd  
11 like to ask directly: Is this primarily about  
12 elimination of beds, or can we put this project into  
13 ambulatory care so that we could restructure  
14 ambulatory care in some way to meet -- better meet  
15 community need?

16 MR. BENJAMIN: Again, I think it  
17 would depend upon the context. I know that thing --  
18 factors that are becoming more important to the  
19 Department are the initiatives that get right -- that  
20 drill right down to the community level and put forth  
21 plans that -- that -- that will, you know, address  
22 the reasons why there may be unnecessary  
23 hospitalizations in an area, the P.Q.I. indicators  
24 and those kinds of things. But -- but that, in and

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2 of itself, though, would not -- would not be, you  
3 know, a -- a justifiable project. There would have  
4 to be some sort of a corresponding adjustment or  
5 reduction on the inpatient side to show that, you  
6 know, the applicant is serious about -- and -- about  
7 its expectations about the results of that  
8 primary-care investment.

9 I don't know exactly what -- what  
10 that would be, but that's -- that's the general  
11 approach that -- that we're taking. We are -- we are  
12 very encouraging of attempts by hospitals and  
13 providers in communities to really take a hard look  
14 at preventable admissions, and what are some of the  
15 grass roots healthcare, primary-care initiatives that  
16 you can begin to take that would begin to reduce  
17 those. And I -- again, I don't know what it is,  
18 but -- but that kind of -- but that kind of an  
19 approach, I think, would be -- would be viewed quite  
20 favorably.

21 Pat. That's Pat Wang from the  
22 Greater New York Hospital Association.

23 MS. WANG: Thank you. I don't have  
24 to introduce myself.

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2 I just have a couple of quick  
3 questions. On the demonstrable cost savings can you  
4 clarify that -- whether or not you will make a  
5 distinction between savings that were down to the  
6 state, for example, by reduced Medicaid or HCRA saved  
7 spending, or whether reduced spending overall,  
8 whether it's to a commercial payer or Medicare, will  
9 have the same weight?

10 All.

11 MS. LEFEBVRE: Global.

12 MS. WANG: Okay. All are equal?

13 MS. LEFEBVRE: Yeah. Yeah.

14 MS. WANG: In the categories of  
15 examples of projects, just going back to questions  
16 that were raised earlier about the sort of nonbonded,  
17 the seventy-four-million capital-appropriation piece,  
18 in the R.G.A. it says that those funds would be  
19 available for closures and downsizings in particular  
20 geographic regions. I don't know whether I'm  
21 over-reading that to think that you are thinking of  
22 kind of trying to target some of the sort of softer  
23 costs, softer closure-cost grant allocations to  
24 particular geographic regions. I wasn't sure what

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2 that meant.

3 Okay. So, anybody around the state  
4 who wants to go for that money should just put it in  
5 their application?

6 MS. LEFEBVRE: Yes.

7 MS. WANG: Okay. The only other  
8 question that I had, and I may have missed it --  
9 Chris, when you were doing the presentation, I think  
10 it was on slide seventeen, examples of the projects,  
11 there was a bullet about management of long-term and  
12 short-term debt that I think you might have skipped  
13 over, and I wonder whether you could go back to that  
14 once more?

15 MR. DELKER: Well, yeah, I skipped  
16 over it because I'm not very good at it, so I'll  
17 defer to my colleague from the dormitory authority.

18 MS. LEFEBVRE: Okay.

19 MR. DELKER: It's -- it's -- it's  
20 the one about --

21 MS. LEFEBVRE: Yeah, I'm --

22 MR. DELKER: -- appropriate usage.

23 MS. LEFEBVRE: -- looking at it.

24 The -- the -- the bullet that you're talking about is

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2 when -- when we offered examples of what could be --  
3 money could be spent on, it's costs necessary to  
4 manage both long- and short-term capital debt  
5 obligations in a manner that will further the overall  
6 health system restructuring goals of HEAL and the  
7 commission.

8 And I -- and I think that -- that  
9 what we're -- what we were driving at here is that --  
10 that we understand that, necessarily when you  
11 reconfigure and you right size, there may be issues  
12 of debt management associated with -- with doing  
13 that. We are saying that grant funds are available  
14 to do that. Very clearly, though, there's going to  
15 be a distinction.

16 Our bond proceeds will only be  
17 available to be used for debt management to the  
18 degree somebody is acquiring a piece of property,  
19 acquiring a hospital, or otherwise. We -- our -- our  
20 state-backed bonds need to be expensed for the  
21 purpose of -- of -- of a capital expense.

22 Paying for debt service, let's say,  
23 you know, for a two-year period while you're trying  
24 to manage a facility down into a smaller size or



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2 whatever will need to be relegated to the state  
3 capital appropriation. So, there will be fewer  
4 dollars, obviously, available for that, but that's  
5 certainly one of the factors that we know will be a  
6 part of an application that's seeking to -- that --  
7 that has debt and is seeking to reconfigure or  
8 downsize.

9 MR. FITZPATRICK: My name is Paul  
10 FitzPatrick and I'm representing Thompson Health  
11 System. And I just want to see if I can get some  
12 clarification on the relationship between the -- the  
13 action and the money that's requested. And if a --  
14 if a -- an applicant is looking to decertify beds,  
15 say ten percent of their -- their physical plant  
16 beds, can they apply for funding to improve their  
17 H-VAC, to pay down some of their debt, to improve  
18 their information-technology systems, all of which  
19 would improve the overall effectiveness of the  
20 facility?

21 MR. BENJAMIN: I mean, in your  
22 example, Paul, you know, that -- that certainly is  
23 something that could be applied for. I'm just not  
24 quite sure how highly it would be ranked.

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2 MR. FITZPATRICK: Right.

3 MR. BENJAMIN: And -- and in  
4 consideration of everything in particular that -- you  
5 know, that Chris said. You know, if -- if there's  
6 other -- I mean, I -- I guess -- I guess I would  
7 encourage you to, you know, expand upon that in terms  
8 of taking a broader look at the community, and not  
9 just limit the -- not just limit the, you know,  
10 reinvestment, so to speak, into, you know, the  
11 mechanical systems of -- of the hospital. I think  
12 you need to look further into actual patient care,  
13 relative to the community need.

14 MR. FITZPATRICK: One other more  
15 technical question.

16 Lora, you mentioned the evaluation  
17 criteria by which the applications would be ranked,  
18 the sixty-five percent, I -- I guess, ranking system.  
19 Are those all equally ranked?

20 MS. LEFEBVRE: No.

21 MR. FITZPATRICK: Do they have the  
22 same value or do they --

23 MS. LEFEBVRE: No.

24 MR. FITZPATRICK: -- do they change

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2 from one application to the next?

3 MS. LEFEBVRE: The answer is no,  
4 they're not all equal. No, they're not. And --  
5 and -- and -- and I think that what we're doing at  
6 this point in time is trying to put the final touches  
7 on how exactly we're going to do that, but I can tell  
8 you that not every variable is going to be, you know,  
9 weighted the same. And I think that what we're  
10 trying to emphasize for you -- what we're trying to  
11 do here is emphasize for you things that we think are  
12 more important than -- than others, but --.

13 MR. FITZPATRICK: Will we know what  
14 you think is more important before we have to put in  
15 an application?

16 MS. LEFEBVRE: I think the R.G.A.  
17 does a great job.

18 MR. FITZPATRICK: Okay.

19 MS. LEFEBVRE: And I know  
20 Marybeth --.

21 MS. HEFNER: I -- I -- I just want  
22 to make sure, because it sounds to me like you  
23 have --.

24 FROM THE FLOOR: I think a

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2 microphone might help.

3 MS. HEFNER: I just -- I want to  
4 make sure that we're really clear. Because it  
5 sounded to me like he may have asked will we have  
6 different application criteria for different  
7 applications.

8 MS. LEFEBVRE: Oh.

9 MS. HEFNER: And I -- and the  
10 answer -- okay. All right.

11 MS. LEFEBVRE: Okay.

12 MS. HEFNER: I wanted to make sure.

13 MS. LEFEBVRE: That's good clarity.  
14 Thank you, Marybeth.

15 MR. BENJAMIN: Just for the record,  
16 that was Marybeth Hefner from the Department of  
17 Health.

18 MS. SAF: Hi. Hemo Saf (phonetic  
19 spelling) NewYork-Presbyterian. I actually just  
20 wanted to clarify the one question that this lady  
21 asked. She said that could we have projects in  
22 different categories and did you mean the rural, the  
23 small, and the -- so -- so one entity could have a  
24 project in all three?

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2 MS. LEFEBVRE: Potentially.

3 MS. SAF: Okay. And then the other  
4 question was, based on the types of projects that you  
5 described in the R.G.A., Section 1.3, could an entity  
6 have a project that encompasses more than one of  
7 those types? For instance --

8 MS. LEFEBVRE: That would be great.

9 MS. SAF: -- it would -- okay.

10 Okay.

11 Oh, I'm sorry. One more question.

12 MR. BENJAMIN: Sure.

13 MS. SAF: And could the entity's  
14 project be in its own environment, but in different  
15 environments, for instance, ambulatory and inpatient  
16 and something else?

17 MR. BENJAMIN: Yeah.

18 MS. SAF: Okay.

19 MS. LEFEBVRE: Thank you.

20 MS. SAF: Thank you.

21 MR. BURKE: Hello. Oh, just go  
22 through the tallest. All right.

23 Greg Burke from Montefiore. I  
24 actually wanted to -- to go back to a question that

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2 my colleague over there asked about investments by  
3 financially distressed institutions in information  
4 technology or infrastructure. If -- if you're having  
5 difficulty meeting payroll, you may not be investing  
6 as much in either the I.T. side or infrastructure.  
7 And if it is in fact a needed community facility,  
8 those are justifiable investments that are probably  
9 the kind of things you'd want to do in this proposal.  
10 You know, it's -- those by themselves are necessary  
11 for the survival or the -- for the financial health  
12 going forward of the institution.

13 Would you need to couple that with  
14 something programmatic or something else simply -- I  
15 mean, if -- if it's a -- if it's a needed facility,  
16 those are needed capabilities.

17 MR. BENJAMIN: Yes. The answer is  
18 yes, Greg. I -- I certainly understand, you know,  
19 the situation that -- that you're talking about, but  
20 unfortunately, you know, this -- this is not designed  
21 to just simply end at that point, to -- you know,  
22 something that would simply improve, you know, the  
23 ability to collect cash or -- or whatever. It -- it  
24 has to have -- every one of these applications has to

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2 have a patient care and a program element to it that  
3 can demonstrate improvements, efficiency, cost  
4 savings, whatever it is, in -- in whatever area  
5 that's important to you and to the community.

6 MS. ROY: Hi. I'm Randy Roy from  
7 Loeb and Troper. My question relates to the fifty  
8 percent match. Is the total project cost intended to  
9 be -- are you intending that we would put up fifty  
10 percent of that in terms of is it -- is it double?  
11 Just if you could explain the fifty percent match in  
12 terms of a five-hundred-thousand-dollar project,  
13 that's the grant request, and we're asking -- we have  
14 to put up two fifty, or we put up five hundred and  
15 you give us a million? Well, not in that category,  
16 but you understand what I'm asking.

17 MR. BENJAMIN: The -- the -- I mean  
18 but if the project -- if the project itself at the  
19 end of the day, everything you're going to spend it  
20 on is going to cost you a million dollars, okay, the  
21 maximum -- and you're not financially distressed, the  
22 maximum that you can request from HEAL participation  
23 is five hundred thousand dollars.

24 MS. ROY: Right.

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2 MR. BENJAMIN: And seven hundred  
3 if -- if you're -- if you're financially distressed.  
4 Does that --?

5 MS. ROY: And the thirty-seven  
6 point five million, that -- that's the amount for an  
7 individual project that you would fund, and it could  
8 be double that? Or you would -- we would only fund  
9 fifty percent of that?

10 (Off-the-record discussion)

11 MR. BENJAMIN: Well, that --  
12 that -- it's -- the thirty-seven is the maximum  
13 that -- that would be available from Heal.

14 MS. ROY: Okay.

15 MR. BENJAMIN: So, again, the  
16 project would be -- would be seventy -- maximum would  
17 be seventy-five.

18 MS. ROY: Okay.

19 MR. BENJAMIN: Or whatever the math  
20 is for the thirty percent.

21 MS. ROY: Okay. And a very simple  
22 question. The executive summary, I assume, can be  
23 the same for the financial and the technical portion  
24 of the application?



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2 MR. BENJAMIN: Marybeth is shaking  
3 her head yes, so, yes.

4 MS. ROY: Okay. Thank you.

5 MR. DELKER: There's a question  
6 over on this side we haven't gotten to yet.

7 MR. TENAN: I'm Paul Tenan with the  
8 American Pace Exchange. I have a couple of questions  
9 just to clarify about types of projects that could be  
10 funded and a couple of questions on -- from a  
11 technical standpoint about the application itself,  
12 the document.

13 You gave a couple of examples about  
14 acute care and long-term care, but is it in fact  
15 possible for --?

16 MR. BENJAMIN: Paul, sorry. Can  
17 everybody hear him?

18 Go ahead.

19 MR. TENAN: So far so good. Okay.

20 MR. DELKER: Okay.

21 MR. TENAN: This was feeding back  
22 on Greg. Maybe it was -- it's just -- just is  
23 something he's carrying. So, I'm a little nervous  
24 about the -- the equipment here.

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2 The question is this: If you  
3 wanted to transfer or trade in acute-care beds for  
4 the objective of doing something in the  
5 long-term-care realm, such as assisted living, adult  
6 daycare, and new resources in the community for that  
7 purpose, is that -- is that an acceptable approach?  
8 You gave an -- in your examples it's been acute care  
9 to an acute-care service, nursing home to another  
10 type of long-term-care service. This crosses over,  
11 and I'd like to make sure that it's certain.

12 MR. BENJAMIN: It goes right back  
13 to what Chris emphasized, you know, community need.

14 MR. TENAN: Okay. Okay. A  
15 corollary question is if the closed beds are at one  
16 location and the development of the new service  
17 that's to be community-based and long-term care, can  
18 it be in the same service area, but at a different  
19 location, or must it stay on that hospital campus?  
20 Must it stay within the multiple floors of a -- of  
21 a -- of an old patient-care tower?

22 No? Okay. That's --

23 MS. LEFEBVRE: No.

24 MR. TENAN: -- thank you.

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2 Then thirdly, on the same -- same  
3 connection here, the thread, can you support  
4 lease-hold improvements owned by the applicant based  
5 on long-term lease for the new -- new service  
6 location? Would that be plausible?

7 If you have -- if you have control  
8 of the location and, you're asking for additional  
9 capital to be spent, obviously a lower intensity than  
10 in a hospital to do the community-based service, can  
11 you do that?

12 MS. PADEN: Is -- is your question  
13 do you have --?

14 THE REPORTER: I'm sorry, speak  
15 in -- you speak into a microphone?

16 MS. PADEN: Oh, I'm sorry.

17 Is -- is your question do you have  
18 to own the property, or can you have a long-term  
19 lease to --?

20 MR. TENAN: In a -- in a -- in a  
21 case where it may be a long-term lease for the  
22 property, can you seek support through the -- from  
23 the HEAL monies in order to do leasehold improvements  
24 and equipment?

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2 MS. PADEN: Yes. But there may  
3 be -- you may have to look at the term of that lease  
4 in light of the term or the useful life of what it is  
5 you're looking to finance.

6 MR. BENJAMIN: Right.

7 MS. PADEN: If you've got a  
8 one-year lease --

9 MR. TENAN: Right.

10 MS. PADEN: -- we're not going to  
11 want to see bond proceeds put into that facility.

12 MR. TENAN: Yeah, and in turn I'm  
13 assuming from your investment standpoint you want to  
14 see that the --

15 MS. PADEN: Yes.

16 MR. TENAN: -- applicant has  
17 control of the site for a very long period of time.

18 MS. PADEN: Yes. Yes.

19 MR. TENAN: A very foreseeable  
20 time.

21 Just about a couple things on the  
22 process for the application itself, with the deadline  
23 and some of the points that -- that Bob was making on  
24 submission. I'm assuming, on a practical level, that

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2 for -- of all intents and purpose, this is hand  
3 delivered to the thirteenth floor of the Tower  
4 Building. Because it's not being electronically  
5 submitted, number one. There's many attachments that  
6 you're asking for, so bundling this up and delivering  
7 it is logical. And my question, actually, is, what  
8 would you recommend we do to get through the security  
9 provision when we make the delivery?

10 MR. SCHMIDT: We'll have someone  
11 meet you at the front desk with a cart.

12 MR. TENAN: Okay.

13 MR. BENJAMIN: Paul, we'll --  
14 we'll -- we'll look at that.

15 MR. TENAN: Thanks.

16 (Off-the-record discussion)

17 MS. HEFNER: Thank you. What I  
18 usually do is say I'm -- look like you're getting a  
19 little confused, like I'm delivering a HEAL New York  
20 application, they'll let you right through. So,  
21 we'll make sure that you get through security or  
22 we'll leave someone down there, depending on what  
23 they tell us that day.

24 MR. TENAN: Yeah, I wondered --.

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2 MS. HEFNER: We'll get you through.

3 MR. TENAN: Thanks. About the --  
4 the proviso on no financial information being in the  
5 technical part of -- of the provision, do you mean  
6 really the budgetary information that -- that Dennis  
7 spoke about primarily, but you do expect, in order to  
8 derive benefits and display benefits, cost savings,  
9 transfer of cost in a societal or governmental basis,  
10 would be part of the program application content?

11 MR. DELKER: Yeah, I think -- I  
12 think we would need at least some of that in general  
13 terms to -- you know, to talk about quality and  
14 efficiency, particularly efficiency, which is one of  
15 the goals of the technical part as well.

16 MR. TENAN: Okay.

17 MS. LEFEBVRE: The emphasis there  
18 was just to make sure that you understand that we're  
19 going to -- your -- your applications are going to be  
20 scored from a financial basis and from a technical  
21 basis, and that they need to be totally separated in  
22 order to do that evaluation.

23 MR. TENAN: Okay. And my last  
24 question is a follow-up from one of Charlie's

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2 earlier. So, as it relates to the format and the  
3 application, as I looked at it I thought that we'd  
4 basically have to structure a -- a narrative format.  
5 There's -- there's not really a format that you're  
6 dictating unless I'm overlooking something.

7 There are tables in the financial  
8 area that are very specific and ought to be used  
9 pretty much as they exist now. They can't change  
10 them. But the narrative aspect and everything else  
11 you're asking in terms of describing who the  
12 applicant is and the community and so on and so forth  
13 really is a narrative document to follow your  
14 criteria; is it not? We're creating it wholly and  
15 originally, and then sending it to you?

16 MR. DELKER: Yeah, I -- I think it  
17 is largely narrative, but certainly when you're  
18 looking at any data you want to submit, census data,  
19 morbidity, mortality, SPARCS, certainly those would  
20 be in tables. Also your time line, you know, you may  
21 use a critical path or a Gantt chart or whatever  
22 you -- you favor, but you know, there isn't -- there  
23 isn't much in the way of schedules, like there is in  
24 a conventional C.O.N. application.

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2 MR. OSBORNE: Hi. This is Mike  
3 Osborne from Catholic Health System. The question  
4 has been asked a couple times and I want to make sure  
5 I'm clear on it.

6 In the example where a system has  
7 several Article 28 facilities, if one facility were  
8 to decertify beds with no capital investment, just  
9 decertify beds at a particular facility, could -- can  
10 they then, I guess, use that as their right-sizing  
11 portion of the grant, but then say, build a new  
12 primary-care center at another Article 28 facility,  
13 if it met community need?

14 MR. DELKER: Yeah. I would say  
15 yes. You're reducing bed capacity in favor of  
16 primary-care capacity, or some -- that you  
17 demonstrate is needed in the community.

18 Are -- are you talking about --  
19 when you say a network are you talking about an  
20 actually established Article 28 network?

21 MR. OSBORNE: Yeah. My system has  
22 four hospitals within it, with an active parent.

23 MR. DELKER: Right.

24 MR. OSBORNE: But one Article 28



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2 has excess beds say --

3 MR. DELKER: Right.

4 MR. OSBORNE: -- another Article 28  
5 would want to invest in a new service line or  
6 rebuilding a primary-care center, for example.

7 MR. DELKER: Right. But -- but in  
8 that instance there would be one applicant. That's  
9 your -- your network --

10 MR. OSBORNE: Yes.

11 MR. DELKER: -- your active parent  
12 established network. So, we would look at that as  
13 one endeavor, you know, one applicant who -- that is  
14 reconfiguring services, reducing beds in favor of  
15 some other needed service. So, you -- you -- you are  
16 downsizing your -- in some way on your inpatient  
17 excess capacity side, and --

18 MR. OSBORNE: Right. But the  
19 capital investment is not in the downsize side.

20 MR. DELKER: -- in the -- in the  
21 ambulatory or primary care, yeah, that would be  
22 acceptable.

23 MS. LEFEBVRE: I -- I think the  
24 emphasis, again and again, is to try not to -- to get

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2 out of the four walls of your hospital or your  
3 nursing home, and really start looking at regional,  
4 community, you know, whatever word you want to use,  
5 healthcare delivery in -- in -- in a way that's --  
6 that -- that -- that meets the objectives of kind of  
7 trying to squeeze out, maybe, some of the excess  
8 that -- that may reside there, but also then address  
9 the community need that may or may not be left there.

10 But I think that, you know, getting  
11 outside of the walls of the hospital is -- is  
12 really -- and -- and looking at things a little bit  
13 differently is what we're -- what we're -- or nursing  
14 home is what we're looking for.

15 MS. KINGHAM: I'm Bernadette  
16 Kingham from St. Vincent Catholic Medical Centers. I  
17 just wanted to circle back to there's been a lot of  
18 discussion, Pat raised a question about the  
19 demonstrate the savings of healthcare expenses, and  
20 you know, as you look at -- at reducing excess  
21 capacity, and then looking at the long-term impact on  
22 the healthcare spend, it's hard to document some of  
23 the initiatives that might be more demonstration-type  
24 projects that might take three or four years to

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2 really show a reduction in -- in overall  
3 hospitalization, for example, of a certain service  
4 area. So, I'm trying to balance that out, and if you  
5 reduce -- if you come up with a more efficient  
6 delivery system, shifting more of a focus to reducing  
7 hospitalizations, but aren't able -- how much  
8 documentation, how much projection are you looking at  
9 on the healthcare overall spend aspect of it?

10 MR. DELKER: Well, I think -- yeah,  
11 you're right, because some of these results aren't  
12 going to show up for several years, especially if  
13 you're putting emphasis on prevention. But I think  
14 if you -- if you have statistics or data that -- that  
15 shows that that type of approach is needed, it would  
16 be reasonable to, you know, infer or to project that  
17 there will be reductions.

18 Poor birth outcomes, I mean, you  
19 open -- you make more prenatal care available, the  
20 better -- the better births aren't -- outcomes aren't  
21 going to show up right away, you know, it's going to  
22 take a few years, but I -- I mean, it's -- if you can  
23 demonstrate how poor the birth outcomes are right  
24 now, through vital records or whatever, or -- or

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2 whatever, you know, knowledge of your market area and  
3 so on, I think -- I think looking at that, I mean,  
4 it's -- it's well documented that those kind of  
5 interventions do have an effect over time, and I  
6 think we would look at it in that regard.

7 Same with the chronic disease end,  
8 you know. If you have a lot of hypertension and  
9 diabetes there are interventions you can put in the  
10 community that will show benefits in time.

11 MS. LEFEBVRE: And I would just  
12 add, you know, that -- that's -- that's the -- the --  
13 but I would also add that's like the patient, you  
14 know, quality kind of savings. I mean, but  
15 there's -- but there's other savings that I think  
16 that you should be able to demonstrate, like if  
17 you're closing a facility, there -- there's a  
18 multiplier effect that -- that you can quantify.

19 I think that if you're downsizing  
20 acute-care capacity there should be a way to be able  
21 to demonstrate that you're basically saving the  
22 system money, I mean, both in terms of capital,  
23 operating expense, all that other thing. I think  
24 what we're asking you to do is do your best to

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2 document that, and -- and -- and project it into --  
3 in -- into the future as -- as -- as your project  
4 dictates.

5 MS. FRADO: I'm Rosemary Frado,  
6 Orange Regional Medical Center. If an applicant  
7 applies for funding to retire existing debt on a  
8 facility that is to be closed, does the actual  
9 physical closure of that facility have to occur by  
10 October of 2008 or is the retirement of the debt that  
11 occurs by that date?

12 MR. BENJAMIN: We -- we can look at  
13 it. I think we're going to look at it in the context  
14 of, you know, whether or not if anything -- if any  
15 part of the plan needs to extend beyond that, you  
16 know, the reasons for it. And we're going to --  
17 we -- we would balance that against, you know, the  
18 true benefits of -- you know, of the entire proposal.  
19 And we'll -- we're -- we'll -- we'll really know when  
20 we see it, but let us -- let us think a little bit  
21 about that.

22 MS. FRADO: Okay. Fine. I just  
23 have a follow-up question.

24 On the vendor list that you're

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2 looking for, could you please clarify what exactly  
3 you need there? Is it vendors associated with this  
4 project, is it vendors in general, how many you're  
5 looking for?

6 MR. KLING: We're actually looking  
7 for vendors or contractors who can be contacted  
8 regarding your business practices. So, vendors  
9 you've dealt with in the past.

10 MS. FRADO: Do you want a number?

11 FROM THE FLOOR: Sorry, you've got  
12 to use the mic.

13 MS. FRADO: Do you -- do you want  
14 a --

15 MR. BENJAMIN: I'm sorry.

16 MS. FRADO: -- a minimum number  
17 or --?

18 MR. BENJAMIN: We have not asked  
19 for a minimum number, just a listing of -- of who  
20 you -- who you can ever provide for us.

21 MS. FRADO: Okay. Fair enough.  
22 And we usually --.

23 MS. KNEIDL: I'm Deborah Kneidl  
24 from Peconic Bay Medical Center in Suffolk County. I

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2 just have two quick questions.

3 One, is there a page limitation to  
4 the application? It didn't seem that way.

5 FROM THE FLOOR: Uh-oh.

6 MS. LEFEBVRE: There were no page  
7 limitations. There was great debate, but no,  
8 there -- there's no -- there's no --.

9 MR. BENJAMIN: However many pages  
10 you can get in seventeen pounds.

11 MS. KNEIDL: And then my second  
12 question, if applying for two applications, say a  
13 small project and then with a regional capacity, can  
14 you be the lead agency in both applications, or do  
15 you recommend being the lead agency in only one of  
16 the applications, or does it not matter?

17 FROM THE FLOOR: Doesn't matter.

18 MS. LEFEBVRE: I don't think  
19 that -- the way that we read this, the -- the way  
20 that we constructed it, there is not a prohibition.  
21 You can be a lead agency in either one, but they have  
22 to be separate applications.

23 MS. GREEN: Hi, I'm Donna Green  
24 with the New York City Health and Hospitals

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2 Corporation.

3 I just wanted to give you some  
4 clarification. If you don't have a certified  
5 network, but you have a system and you want to add  
6 services that are needed in the community on the  
7 long-term-care side, noninstitutional based services;  
8 on the acute side if you have the availability to  
9 downsize, but you need -- you know, but you don't  
10 have that ability on the long-term-care side because  
11 your occupancy is very high, are you able to do that  
12 through the application?

13 MR. DELKER: What was -- what was  
14 the first part?

15 MS. GREEN: Say you have a  
16 system --

17 MR. DELKER: Yeah.

18 MS. GREEN: -- and it's not a --  
19 you know, not a certified network --

20 MR. DELKER: A.T.F.C.?

21 MS. GREEN: -- yeah, A.T.F.C.,  
22 okay. And -- and you want to add alternative  
23 long-term care services --

24 MR. DELKER: Okay.



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2 MS. GREEN: -- but your occupancy  
3 rate and your long-term care services currently are  
4 very high, so you can't decert there, but you do have  
5 acute-care services where you could potentially --

6 MR. DELKER: Yeah.

7 MS. GREEN: -- downsize beds.

8 MR. DELKER: Yeah. Right. And --  
9 and -- and downsize them in favor of more long-term  
10 care?

11 MS. GREEN: Right.

12 MR. DELKER: Yeah, I think --.

13 MS. GREEN: Okay. Thanks.

14 MS. BHANDARKAR: Hi. Kalpana  
15 again, from Manatt, Phelps and Phillips.

16 A quick clarification and another  
17 question based on the question from Greater New York  
18 Hospital Association. State capital appropriations,  
19 can -- can they be used to pay off a mortgage in the  
20 process of closing beds and restructuring?

21 MS. LEFEBVRE: Yes.

22 MS. BHANDARKAR: Okay. And then,  
23 you mentioned program income can be used as matching  
24 funds. Can that be general operating income, or is

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2 that --?

3 MS. LEFEBVRE: I don't see why not.

4 You -- you -- you mean profit from the -- just like  
5 operating --

6 MS. BHANDARKAR: Yes.

7 MS. LEFEBVRE: -- margin cash --

8 MS. BHANDARKAR: Uh-huh.

9 MS. LEFEBVRE: -- that somebody --  
10 I didn't know New York State hospitals had that.

11 (Off-the-record discussion)

12 MS. LEFEBVRE: Just kidding. I  
13 don't -- I don't see why not, why -- why -- why that  
14 wouldn't -- I don't know. What do my colleagues  
15 think?

16 FROM THE FLOOR: Well, we'll have  
17 to assess it in the financial. It would have to be  
18 looked at.

19 FROM THE FLOOR: Yes.

20 MS. LEFEBVRE: Yeah? Okay.

21 MS. BHANDARKAR: And then --

22 MS. LEFEBVRE: Well, is -- is  
23 that --?

24 MR. BENJAMIN: Yeah, Pat, could we

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2 just wrap up over here? Sorry.

3 MS. LEFEBVRE: No, she's a -- it's  
4 follow-up. She's asking what's program income --.

5 MR. BENJAMIN: I just wanted  
6 everybody to hear the -- the question. What's --

7 MS. BHANDARKAR: Sure.

8 MR. BENJAMIN: -- the question?

9 MS. BHANDARKAR: What is program  
10 income?

11 MS. LEFEBVRE: What is program  
12 income?

13 MR. DELKER: We don't define it.

14 MS. LEFEBVRE: What -- what is  
15 program income, Marybeth?

16 MR. KLING: Well, I think it's -- I  
17 think it's --.

18 MR. BENJAMIN: Dennis?

19 MR. KLING: I -- I believe it's --  
20 it's normal revenues generated by the hospital.

21 MS. BHANDARKAR: Okay.

22 MR. KLING: Or nursing home,  
23 whichever the case may be.

24 MS. BHANDARKAR: And last question,

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2 can we -- can we or do we need to submit a  
3 contingency plan if a nearby hospital happens to  
4 close in the time when we submit an application and  
5 when the grant is funded, not related to our  
6 application?

7 MS. LEFEBVRE: Say that again. I'm  
8 sorry.

9 MS. BHANDARKAR: Can we submit a  
10 contingency plan if a nearby hospital happens to  
11 close, unrelated to our application or anything?

12 MS. LEFEBVRE: It's like a  
13 qualified application, is that what you're saying?  
14 It's like we are submitting this application, but  
15 what?

16 MS. BHANDARKAR: But if this  
17 hospital -- hospital happens to close and you know,  
18 some of the -- the in-flow of patients from that  
19 hospital comes to us --.

20 MS. LEFEBVRE: It would be -- it  
21 would be better if you incorporated that whole  
22 concept into the application, you know.

23 MS. BHANDARKAR: Anyway? As a  
24 potential.

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2 MS. LEFEBVRE: Yeah.

3 MS. BHANDARKAR: Okay. Okay.

4 Thank you.

5 MR. FELDMAN: Lowell Feldman,  
6 Terrace Healthcare again. One more question. It  
7 hasn't been raised, but in previous grant  
8 applications letters of community support, are they  
9 necessary in the HEAL grant?

10 MR. DELKER: Well, they're helpful.  
11 I mean, they're not necessary, but I mean --.

12 MR. FELDMAN: It wasn't raised, so  
13 I was curious. Thank you.

14 MS. LEFEBVRE: That -- that -- that  
15 actually gets to a clarifying point that I think  
16 we -- we will make also, is that -- and -- and this  
17 will come out in the form of another form or an  
18 amended form, is that if you are working with another  
19 institution to kind of submit an application, it  
20 can't be like a hostile-take-over application.  
21 You -- you can't basically decide that you want to  
22 close this hospital down and -- without a --  
23 without -- without -- you know, without having like,  
24 you know, a consensus. So I guess that kind of gets

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2 to community support, and we're going to also revise  
3 some forms so that you have all parties agreeing that  
4 they're participating happily.

5 (Off-the-record discussion)

6 MR. DELKER: Charlie, this  
7 gentleman has had his hand up for a long time. Could  
8 he -- could he go first? Thanks.

9 MR. RANK: Thanks. It's Rich Rank  
10 at St. Baranabas. Just two clarifying points. We  
11 can quantify cost savings in the technical section?

12 MR. DELKER: Yes.

13 MS. LEFEBVRE: Yes.

14 MR. RANK: And just another point.  
15 Is there a matching requirement for the financing  
16 side as well or just the grant?

17 MS. LEFEBVRE: Help me out with  
18 that, Rich.

19 MR. RANK: Is -- is the matching  
20 for all HEAL grants?

21 MS. LEFEBVRE: The whole project.

22 MR. RANK: But if you -- if you  
23 just have the financing piece of it, if you're only  
24 requesting that, does that require a matching?

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2 MS. LEFEBVRE: And what do you  
3 mean -- by the financing piece you mean what?

4 MR. BENJAMIN: With -- with the --  
5 I'm sorry --.

6 MR. RANK: The bonding. The  
7 bonding.

8 MR. BENJAMIN: You were saying if  
9 you're simply seeking assistance in debt retirement  
10 or no?

11 MR. RANK: Yes.

12 MS. LEFEBVRE: Yeah.

13 MR. RANK: Yeah.

14 MR. BENJAMIN: Yes, that's --  
15 there's a matching -- yeah, there's a matching  
16 requirement, you know, regardless of the proposed use  
17 of the money.

18 MR. RANK: Okay. Thank you.

19 MR. MURPHY: Lora, the -- the --  
20 the answer to the question on the lease and then the  
21 lease hold improvements, led me to believe -- leads  
22 me to believe there's a linkage between the -- the  
23 end user of the money and the -- and the bond  
24 proceeds of some sort; right? There's -- there's a

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2 linkage here.

3 My question is kind of a threshold  
4 question: These are tax exempt bonds; right, that  
5 are going to be issued; are -- are proprietary  
6 facilities eligible for the end use of the money?

7 MS. LEFEBVRE: Yes.

8 MS. PADEN: Can I -- I -- I think  
9 there's -- there's some confusion, and -- and I have  
10 the same problem myself, is the -- what we'll be  
11 issuing in terms of bonds is state-supported debt.  
12 It won't be on behalf of a particular hospital or  
13 nursing home. We won't have to look at -- and  
14 they -- they wouldn't be participating in -- in the  
15 financing process at all. When you -- when we do our  
16 regular financings and we loan bond proceeds to an  
17 institution, there are a lot of limitations on what  
18 can be done with those. When we're issuing bonds --.

19 FROM THE FLOOR: That's --.

20 MR. PADEN: When we're issuing  
21 bonds, the proceeds of which -- which will be used  
22 for grants, the limitations are very different and so  
23 yes, we can issue tax-exempt bonds, the proceeds of  
24 which will go to benefit a for-profit entity. So,



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2 the -- the rules are different than what we're used  
3 to.

4 MR. MURPHY: I'm -- I'm sorry, I  
5 had one more. The -- the grant -- the award letter  
6 will go out and an applicant will have ninety days,  
7 it -- it lives for ninety days. Do you envision  
8 establishing almost like a wait list?

9 And I say that, I mean would --  
10 would -- would an applicant know if they -- if they  
11 didn't get the -- the -- the first -- if they didn't  
12 get a grant, but then someone doesn't proceed, you  
13 reserve the right to reallocate the funds to -- to  
14 other eligible applicants. Would that be someone  
15 who -- presumably that would be someone who didn't  
16 get the first award, so -- but that could be  
17 another -- that could be three months later. I -- I  
18 mean do you envision that being the case, that --  
19 that someone who didn't get the first award, if funds  
20 became available, you'd go down basically a waiting  
21 list?

22 MS. LEFEBVRE: Yes.

23 MR. BENJAMIN: Yes. Yes.

24 MR. MURPHY: Would the applicant

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2 know -- would that be a published thing that the  
3 applicant would know that they're next in line --

4 MS. LEFEBVRE: No.

5 MR. MURPHY: -- so they could gear  
6 up --

7 MS. LEFEBVRE: No.

8 MR. MURPHY: -- to proceed within  
9 what is now an eighteen-month cycle?

10 MR. BENJAMIN: Well, the first part  
11 of your question, Charlie, is the -- you know,  
12 regardless of -- no, the second part. You know, that  
13 particular applicant would have to be in the queue  
14 initially. I mean we're not -- you know, there's  
15 not -- there -- we're -- we're not going to allow  
16 subsequent solicitations if it be -- if -- if it's  
17 known that there might be excess dollars available.

18 So, the first rule is you have to  
19 be in the queue right from the get-go by July 31st.

20 And on the second piece of it,  
21 we -- we -- we did not plan on, and I don't think we  
22 would, publish, you know, those -- you know,  
23 information that would, you know, allow someone to --  
24 to make that determination. You know, we have

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2 internal protocols that, you know, will dictate to us  
3 how and -- and when we're going to allocate that  
4 money.

5 MS. HENRIKSEN: Hi, I'm Ingrid  
6 Henriksen, and I'm representing Kingsbrook Jewish  
7 Medical Center. My first question -- I just have  
8 two, is in regards to acceptable sources for matching  
9 funds. Do you consider funds received from say a New  
10 York City council acceptable? It's government  
11 funding, but it's city government.

12 So, that is acceptable?

13 MS. LEFEBVRE: Yeah.

14 MR. BENJAMIN: Yeah.

15 MS. LEFEBVRE: Yeah, I would think  
16 so. It's just state; right, that we do -- state --  
17 the -- the only thing that -- the governmental fund  
18 that would be prohibited in that is a state grant.

19 MS. HENRIKSEN: That's what I  
20 thought. I just wanted to clarify.

21 Also, suppose you have a hospital  
22 that has closed in your area within the last year.  
23 It's not a part of this particular -- it -- it  
24 wouldn't be a part of your particular grant

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2 application, however, your facility is dealing with  
3 and restructuring their services to accommodate that  
4 closure, that's appropriate?

5 So, your --

6 MS. LEFEBVRE: Yes.

7 MS. HENRIKSEN: -- application  
8 doesn't say, "we're closing this hospital," but it  
9 says, "a hospital in our area closed, and we are now  
10 having an influx in new kinds of needs that we have  
11 to meet in the community." So, it's -- it's -- it's  
12 resizing, but it's --

13 MS. LEFEBVRE: Yes, it is.

14 MS. HENRIKSEN: -- there's not a  
15 direct decrease in --?

16 MS. LEFEBVRE: Again -- again, how  
17 that type of project scores against the -- a project  
18 that comes in and says, you know, "and we're closing,  
19 you know, count -- a hundred beds," I think -- I  
20 think it's a -- it's just a relative --.

21 MS. HENRIKSEN: Okay. But it still  
22 falls within --

23 MS. LEFEBVRE: It -- it --.

24 MS. HENRIKSEN: -- appropriate, it

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2 just may not have a higher --?

3 MS. LEFEBVRE: Right.

4 MS. HENRIKSEN: Okay. Thank you.

5 MR. JONSON: I'm Tim Jonson from  
6 the Greater New York Hospital Association. When do  
7 you expect to announce the grants?

8 MR. WOLLNER: Well -- well, I have  
9 learned, over the time, to talk about awards in --  
10 in -- in seasons rather than months. So, we're in  
11 summer, I guess, although you wouldn't know that from  
12 looking outside. We're hopeful, you know, sometime  
13 in the fall. I -- I don't know whether that will be  
14 early, mid or late fall.

15 Obviously with the attendance today  
16 being what it is, and -- and the interest in this  
17 particular solicitation, I assume, I think we can all  
18 assume that a lot of folks are going to apply, which  
19 means it's going to take us a while to -- to score  
20 and evaluate and -- and get our principles  
21 comfortable with the recommendations. With all of  
22 that said, you know, we'll try to do this as quickly  
23 as possible.

24 As I said at the very beginning,

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2 this is, you know, a very important agenda item for  
3 the governor and for this administration, so we  
4 intend to spend a lot of time working on this.

5 The short answer is, you know, the  
6 fall, but I don't know more than that at this time.

7 MR. JONSON: Just a couple  
8 other --.

9 MR. WOLLNER: And then -- and then  
10 there's the -- the second part is, you know, when do  
11 we actually announce, and -- and -- and whether  
12 that's in the form of a release, or an event or  
13 events, that's -- it's way too early to -- to -- to  
14 make that call. But we'll -- we'll promise to -- to  
15 keep folks apprised, and we'll certainly, through the  
16 associations and other means, try to do our best to  
17 make sure people are, you know, kept informed.

18 MR. JONSON: Thank you. Just a  
19 couple other quick questions, one related to that.  
20 And I think somebody brought this up, and I've been  
21 thinking about this. The -- the Commission, as I  
22 understand it, is expected to make their  
23 recommendations in December, and to the extent that  
24 the HEAL funds are supposed to be used in consort

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2 with what the Commission might be doing, and people  
3 may have some expectations about what the Commission  
4 might come out with, how does one address that in an  
5 application? Is it through things like a couple of  
6 different scenarios? I mean what would be the best  
7 way to present that kind of information?

8 MR. BENJAMIN: Well, I'll take a  
9 shot at that one. I deal with the -- the Commission  
10 staff on a -- on a regular basis.

11 I think that it's up to the  
12 applicant to be as knowledgeable as possible about,  
13 you know, all of the information and data that is --  
14 that is -- that is public that the Commission is --  
15 is considering, and act appropriately within the  
16 application. We are not going to be able to review  
17 applications on an -- you know, an if -- you know, or  
18 an -- on an or scenario. Now, in other words,  
19 "here's our proposal, you know, if the Commission  
20 says this, but if the Commission says that, here's  
21 our proposal." We're -- we're -- we're not going to  
22 be able to accommodate that unfortunately. You know,  
23 I think you're going to have to make your -- you  
24 know, everyone is going to have to make their best

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2 judgments in -- in -- in terms of -- in terms of that  
3 situation.

4 MR. JONSON: And just -- I'm sorry.

5 MS. LEFEBVRE: And I would just to  
6 add to that that what -- that what we're asking for,  
7 I mean the -- the -- the timing is -- doesn't  
8 dovetail very perfectly, but it also asks for, you  
9 know, you to address the goals of what the Commission  
10 is after also, not only their recommendation.

11 MR. JONSON: Right.

12 MS. LEFEBVRE: So, in -- in that  
13 manner you can --.

14 MR. JONSON: And would you be  
15 consulting with the Commission in making  
16 determinations about awards?

17 MR. BENJAMIN: We don't anticipate  
18 doing that. As -- as Lora mentioned at the very  
19 beginning of the presentation, this program is being  
20 jointly administered by both the State Department of  
21 Health and the Dormitory Authority. So, I don't  
22 anticipate any direct, you know, involvement or role  
23 by -- by the Commission membership or their staff.

24 MR. JONSON: And just -- I'm sorry,



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one -- one quick follow-up -- one quick last question related to the matching costs. When I read the R.G.A., the issue about the matching costs being eligible costs are -- may be incurred anytime from project start-up to the end date of the G.D.A., the grant disbursement agreement, I read that to be similar to the way it was done with phase one, that is there was a certain period where eligible planning costs, even planning costs that were incurred prior to the first day of the grant disbursement agreement would be eligible, but what I heard, I believe, in Mr. Kling's comments was that it had to actually be a cost that was as of the first day of the grant disbursement agreement. So, this is different from phase one?

MR. KLING: Correct. 1.5 --

Section 1.5, the last sentence, says all reimbursable and matching costs must be incurred within the period of the grant disbursement agreement. The other one had a start date. And if you met that start date, even if you didn't have the agreement, it qualified. That is not in here. There is no start date. It must be within the period of the grant agreement.

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2 MR. JONSON: Okay.

3 MR. BENJAMIN: I'm sorry, the  
4 gentleman over here.

5 Thank you.

6 MR. SISSON: Yeah, Karl Sisson from  
7 Heritage Village. Page thirty-five, provide a list  
8 of grants applied for in the last three years and  
9 whether the grants were awarded or declined, is that  
10 simply state grants or would that be foundational  
11 grants as well?

12 MR. BENJAMIN: Huh.

13 MS. LEFEBVRE: What do you think,  
14 Marybeth?

15

16 MR. SISSON: Okay. Question number  
17 two, what --?

18 FROM THE FLOOR: What was the  
19 answer?

20 MS. LEFEBVRE: We will get back to  
21 you on that, rather than try to create an answer.

22 MR. SISSON: Question number two.

23 An attempt to -- to right size, if we were to  
24 decertify beds and go through a renovation process in

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2 a portion of our facility, we would, in that section  
3 that's being renovated, do -- do some updates, or --  
4 that would include sprinkling the building, new  
5 carpeting, et cetera; could we also include, as a  
6 part of the project, doing those things to the  
7 existing building that would remain in nursing home  
8 beds?

9 MR. BENJAMIN: I -- you -- you  
10 could -- you could conceivably include those in  
11 there, but that -- but that piece of the project  
12 would not be viewed very favorably.

13 MR. SISSON: Even if the -- you  
14 know, the sprinkling is really something that the  
15 State would desire?

16 MR. BENJAMIN: But that -- but  
17 that -- yeah, but that, in and of itself, I mean, you  
18 know, those -- those code requirements and regulatory  
19 requirements are here regardless of the HEAL New York  
20 program, so we -- we're not -- we're not inclined to  
21 go in that direction.

22 MR. SISSON: Okay. And lastly,  
23 back to the grant category question, we could qualify  
24 either for rural or regional, and up on the board

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2 earlier it said rural and small projects in each  
3 region will be selected first. Does that indicate  
4 that we should apply as rural first, or could we  
5 apply as rural and regional? Because it says to  
6 circle one, obviously, for just one single project.

7 MS. LEFEBVRE: Okay. Yeah, you  
8 need to choose which category you're going to be  
9 competing in, you know, rural, small project or  
10 regional, and then you just need to identify whatever  
11 category you choose where you're from --

12 MR. SISSON: Right.

13 MS. LEFEBVRE: -- what region  
14 you're from.

15 MR. SISSON: So, if I understood it  
16 right, let's say you're -- you're awarding the rural  
17 projects first, and we were to ask --

18 MS. LEFEBVRE: Yeah, go ahead.

19 MR. SISSON: -- and we were to ask  
20 for a million dollars, and you said, "we will give  
21 you a half a million out of the rural, but we can  
22 give the other half a million out of the regional,"  
23 do you have that ability?

24 MR. BENJAMIN: No.

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2 MS. LEFEBVRE: There will have to  
3 be two -- there -- if I understand it, there -- you  
4 would be submitting two separate applications.

5 MR. SISSON: No, we would submit  
6 one application.

7 MS. LEFEBVRE: Okay. You'd have to  
8 choose which category you're competing in.

9 MR. BENJAMIN: You have to choose.

10 MR. SISSON: And how do we know  
11 which one is the most advantageous; is there any way  
12 to determine that at all?

13 MS. LEFEBVRE: I -- I don't know.  
14 You'd have to assess that. I think what we're saying  
15 is that -- that we've said is there's -- there's a  
16 dollar allocation based on census population that --  
17 that -- for each region of the state, and out of that  
18 pot is going to come the small projects up to a  
19 certain amount, and -- and -- and the rural projects  
20 out of that amount. In order to get to funding the  
21 regional projects, we're going to need to know how  
22 many, you know, or how much we've spent on rural and  
23 small projects first. That's what that was intended  
24 to do, to --.

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2 MR. SISSON: So you'll consider the  
3 rural projects first, though?

4 MR. BENJAMIN: Correct.

5 MS. LEFEBVRE: Yeah, up -- up to  
6 the amount --.

7 MR. SISSON: Okay.

8 MS. LEFEBVRE: Yeah, and small  
9 projects.

10 MR. SISSON: Okay.

11 MR. MCNAMARA: Patrick McNamara  
12 from MediSys Health Network. I have a question about  
13 the qualification as an entity as to stress, the  
14 application talks about the three criteria. Would  
15 there be consideration given if there was a  
16 circumstance where one, the criteria weren't met, or  
17 are those absolute criteria?

18 MR. KLING: You must meet all three  
19 criteria. There -- there would be no exception to  
20 that.

21 MR. MCNAMARA: Yeah. If there was  
22 an instance, for example, if an entity emerging from  
23 bankruptcy had a fresh start entry, accounting entry,  
24 that gave them a positive net asset balance in one of

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2 the early years, but met all other criteria, they --  
3 they would be excluded from that?

4 MR. KLING: Yes.

5 MS. TUBBS: I think I'm next. Pat  
6 Tubbs with United Helpers of St. Lawrence County.  
7 We've got two facilities, both of which would be  
8 eligible for this. Is it best to put that under one  
9 provider application or do I -- do they submit them  
10 as two separate ones?

11 They -- you know, they're both good  
12 projects, both --.

13 MR. BENJAMIN: It -- I think, Pat,  
14 it depends upon the -- the -- you know, it depends  
15 upon the nature of the project, and if there is  
16 collaboration, you know, between the two --

17 MS. TUBBS: Okay.

18 MR. BENJAMIN: -- if you -- you  
19 know, if you qualify to apply as one and there is  
20 that collaboration, I -- I -- I would think that you  
21 would apply as one. But if they're kind of, you  
22 know, standalone and there are different goals and  
23 objectives that don't necessarily cross over that  
24 much, you're probably better off applying for two.

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2 MS. TUBBS: But if it would -- it  
3 would decrease the beds in the county overall,  
4 then -- then they would be considered -- you know,  
5 they would both contribute to that overall goal?

6 MR. BENJAMIN: I -- without --  
7 without seeing -- you know, I mean if that's -- if  
8 that's -- if that's the -- if that's the extent of  
9 it, I don't know if it really matters if you --

10 MS. TUBBS: Okay.

11 MR. BENJAMIN: -- you apply one or  
12 two, but I -- we would just hope that, you know,  
13 obviously there would be more to it than --

14 MS. TUBBS: Right.

15 MR. BENJAMIN: -- than simply that.

16 MS. TUBBS: Yeah, there is.

17 MR. BENJAMIN: Okay.

18 MS. TUBBS: Okay. Another quick  
19 question. In the guidelines there's not a lot in  
20 there about things like tabs and what kind of binding  
21 and pagination and those kinds of things, is that  
22 best left to just put that -- ask that on the Web  
23 site and have that posted there, or is that up to us,  
24 I mean, in terms of packaging and things like that?



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2 MR. BENJAMIN: Marybeth?

3 FROM THE FLOOR: Microphone.

4 MR. BENJAMIN: Oh.

5 MS. HEFNER: It is up to you how  
6 you tab it, but we really like things tabbed.

7 MS. TUBBS: I thought so. Okay.

8 MS. HEFNER: We have a lot of them  
9 to go through, and it's really easy to find stuff if  
10 it's very well tabbed.

11 And you know, we said earlier that  
12 it's sort of free form in the technical application,  
13 but we did give you sort of an order to put things  
14 in --

15 MS. TUBBS: Right.

16 MS. HEFNER: -- and we'd really  
17 like you to follow that order.

18 MS. TUBBS: Okay. One last thing.  
19 How much sell do you want in this? I mean I know  
20 we've got the basic things, but are you looking for,  
21 you know, nice pictures and quotes and things like  
22 that, is that going to be a factor in this or not?

23 MR. DELKER: Put yourself in the  
24 position of a reviewer that's going to read --

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2 MS. TUBBS: Okay.

3 MR. DELKER: -- and score some of  
4 these things.

5 MS. TUBBS: Got you.

6 MR. DELKER: You know, the more  
7 succinct, you are the more you get to the point, the  
8 better your prose is.

9 MS. TUBBS: Okay.

10 MR. DELKER: I mean it's -- it's --

11 MS. TUBBS: Okay. Fair enough.

12 MR. DELKER: -- going to make their  
13 jobs easier, and it will enable them to weigh your  
14 application more fairly.

15 MS. TUBBS: Thank you.

16 MR. BENJAMIN: And I -- I, myself,  
17 will be involved more heavily in reviews on Tuesdays  
18 during late July and August.

19 MS. SCREDAHUC: Hi. Angela  
20 Scredahuc (phonetic spelling) from the Northern  
21 Metropolitan Hospital Association. At this point  
22 some of our members are considering affiliating  
23 loosely in order to provide services that meet the  
24 needs of the community in accordance with the grant

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2 guidelines. Because they are previously unaffiliated  
3 what process would you suggest they go through in  
4 order to receive the antitrust protection offered  
5 through the Commission, but yet still be able to  
6 apply for the grant in a timely fashion?

7 MR. BENJAMIN: One of the  
8 questions, Bob, is would -- you know, would -- would  
9 the HEAL program itself, if you're prepared to answer  
10 this, would it -- would it provide any sort of state  
11 action?

12 MR. WOLLNER: We'll have to talk  
13 about that one.

14 MR. BENJAMIN: Yeah, we'll need to  
15 talk about that one. We'll -- we'll get back to you.

16 MS. WANG: I -- I know that you  
17 probably are not prepared to answer this question  
18 today, but just maybe to ask you the general  
19 question, so that you can perhaps give guidance.  
20 It's not the subject of today's meeting, I know, but  
21 the portion of HEAL that is allocable on a sole  
22 source basis to distressed facilities that meet a  
23 somewhat different definition, can that -- can -- if  
24 I'm a distressed facility that meets that definition,

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2 and perhaps also meets the definitions of the R.G.A.,  
3 and there is a portion of my project that fits within  
4 the larger R.G.A., but it would be augmented or  
5 enhanced by also doing the sole source portion, would  
6 you advise trying to do them together, or do you have  
7 any guidance in that area?

8 MR. WOLLNER: Just a -- that was  
9 Pat Wang from the Greater New York Hospital  
10 Association. Pat, the -- the set-aside program that  
11 you referred to is -- is a separate track, it's a  
12 discretionary allocation to the Department of Health,  
13 and it really is handled separately and apart from  
14 the R.G.A. that we're here talking about today.

15 MS. WANG: Thank you.

16 MR. BENJAMIN: Yes, Mr. Burke?

17 MR. BURKE: Greg Burke from  
18 Montefiore. Is there likely to be a closer  
19 relationship between the amount of money requested  
20 and the grant in this iteration of HEAL than perhaps  
21 we may have seen in an earlier iteration?

22 There are -- I mean these are real  
23 capital projects that have real costs, and if we're  
24 filing a C.O.N. that postulates fifty percent of the

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2 money being grant funds it would be a little  
3 unfortunate to fall way short of that in terms of  
4 that particular source of funds. I'm -- I'm just  
5 wondering if -- if you're going to, you know, stay  
6 closer to the actual request on -- on this --.

7 MS. LEFEBVRE: We're sensitive  
8 to -- to that issue.

9 MS. SAF: A quick question. Hemo  
10 Saf, NewYork-Presbyterian.

11 FROM THE FLOOR: Identify again.

12 MS. SAF: Pardon?

13 FROM THE FLOOR: Would you identify  
14 yourself again?

15 MS. SAF: Yes. Oh, Hemo Saf,  
16 NewYork-Presbyterian. Because we're allowed to put -  
17 back to that other question again - multiple projects  
18 in different categories, and then but you also have a  
19 regional restriction as to how much -- how much  
20 funding will be allotted in each region.

21 MS. LEFEBVRE: Region.

22 MS. SAF: Is there a restriction as  
23 to how many -- how many projects can be funded per  
24 entity; and is it possible for an entity to get

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2 funded in more than one category, realistically?

3 MS. LEFEBVRE: Yeah, I think that  
4 the answer to the first question, which is are you  
5 restricted -- is an entity restricted in filing  
6 applications --?

7 MS. SAF: Right. I mean we're not?

8 MS. LEFEBVRE: Not.

9 MS. SAF: Are you -- are you  
10 restricted in terms of the award? Would -- are  
11 you -- would you be awarding --?

12 MS. LEFEBVRE: It depends on how  
13 you score I think.

14 MS. SAF: Okay.

15 MS. LEFEBVRE: The answer would be  
16 it depends on how that application scores.

17 MS. SAF: Okay. Okay. And then  
18 because there is a regional restriction it wouldn't  
19 be like one -- it wouldn't -- I guess I'm thinking of  
20 fair distribution of funds across --.

21 MS. LEFEBVRE: We -- we -- we did  
22 not -- we did not deal with that eventuality in the  
23 R.G.A. I mean -- and if -- if there's a change of  
24 direction, or that we can refine that, or clarify

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2 that, we'll put -- we'll certainly put that out in a  
3 question and answer. But at this point in time I  
4 think the application stands on its own two feet.

5 MR. JONSON: If a -- if a project  
6 fits within -- well, I guess any project, but some  
7 projects might fit within multiple categories, and  
8 the cap is reached, would the project be moved to  
9 the -- another category for consideration? So, if  
10 for example, you file a project that technically fits  
11 within the small project category, but you select  
12 regional, and it doesn't meet it there, you're not  
13 going to then move it to the small project for  
14 consideration?

15 MS. LEFEBVRE: That's right. You  
16 choose. You choose up front.

17 MS. KNEIDL: Just a quick question.  
18 If you're --

19 FROM THE FLOOR: You want to  
20 identify yourself?

21 MS. KNEIDL: -- already in the  
22 process of --?

23 FROM THE FLOOR: Would you identify  
24 yourself?

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2 MS. KNEIDL: Oh, I'm sorry.

3 Deborah Kneidl from Peconic Bay Medical Center in  
4 Suffolk County. If you're already in the process of  
5 reconfiguring your healthcare organization, your  
6 C.O.N. is approved, you anticipated to start  
7 reconfiguration capital, construction acquisition in  
8 the fall with a community campaign to assist you  
9 in -- in supporting this endeavor would you still be  
10 eligible to apply for these funds?

11 MR. DELKER: If your C.O.N. has  
12 already been approved, its financial feasibility has  
13 been approved, so you would be asking HEAL to  
14 supplant what you've already demonstrated you can put  
15 up, so no.

16 MS. BHANDARKAR: Hi, Kalpana  
17 Bhandarkar from Manatt. Just a technical question on  
18 page seven, the last paragraph of 1.6. A little -- I  
19 just need clarification on the first sentence, the  
20 proceeds of HEAL bonds however could be used to help  
21 finance the acquisition of a capital asset, thereby  
22 enabling the transfer of the asset to utilize the  
23 sale proceeds for the above non-capital purposes.  
24 Who would be the -- could you give an example of who



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2 the transfer would be and --?

3 MS. LEFEBVRE: What we were  
4 thinking of there is that if there was a community  
5 where there were two institutions, one institution  
6 was going to close, the -- the remaining institution  
7 could, in fact, apply for HEAL proceeds to help them  
8 acquire that physical asset and reduce the debt or  
9 whatever with -- with HEAL proceeds.

10 MS. PADEN: But I -- I think -- I  
11 think what you have to keep in mind is it's not --  
12 it's got to be two different entities at that point.

13 MS. LEFEBVRE: Right. Thanks, Deb.

14 MS. PADEN: Can we go back for a  
15 second? One of your -- one of your earlier  
16 questions, I -- I think I was a little confused on  
17 the -- on the timing. You -- you asked about the  
18 transfer of property. If -- I think if you're  
19 looking to include the value of that transfer as part  
20 of your match, I don't think you want it to happen  
21 until you have your G.D.A. I think when -- when you  
22 apply you've got to let us know that there's a  
23 commitment to do that, but you've got to be sure that  
24 then the transfer falls within the period for which

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2 you're eligible to apply for matching funds. I don't  
3 know if that helps.

4 MS. BHANDARKAR: I think you can  
5 still use that as -- that value as matching. If that  
6 transfer happens after the G.D.A. is signed, you  
7 could still use the value?

8 MS. PADEN: Yes.

9 MS. BHANDARKAR: Okay. Thank you.

10 MR. BENJAMIN: Any -- anyone else?  
11 Going once.

12 Seriously, though, but just -- just  
13 to remind you all that, you know, you have until July  
14 7th to, you know, ask questions via the -- via the  
15 web.

16 And again, July 4 -- listen,  
17 thank -- thank everybody. This has been as helpful  
18 for us hopefully as it has been for you. We  
19 appreciate your patience and understanding and look  
20 forward to working with you in the future.

21 Thank you.

22 (The bidders' conference concluded  
23 at 3:43 p.m.)

24

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I, Nathan B. Roberts, do hereby certify that the foregoing was taken by me, in the cause, at the time and place, as stated in the caption hereto, at Page 1 hereof; that the foregoing typewritten transcription, consisting of pages number 1 to 145, inclusive, is a true record prepared by me and completed by Associated Reporters Int'l., Inc. from materials provided by me.

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Nathan B. Roberts, Reporter

\_\_\_\_\_  
Date

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