

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

**November 14, 2024, 10:00 AM**

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

**Mr. Robinson** Everybody, welcome. I'm Peter Robinson, Chair of the Establishment and Project Review Committee. I have the privilege of welcoming all of you, members of the committee and the council, health department staff and members of the public and applicants and others. A few things that I'm required to just cover as we kick this off. First, reminding council members that the meeting is subject to the Open Meeting Law and is being broadcast over the internet. Many of you know this, but the webcast is accessed at the Department of Health website HTTP with all the symbols and NYHealthCare.Gov. The on-demand webcast will be available no later than seven days after the meeting for a minimum of thirty days. A copy will be retained in the department for four months. Just a couple of things. Synchronized captioning, as you know, is necessary. Therefore, important that people don't talk over each other. The first time you speak, please state your name and briefly identify yourself; member of the council, department staff or the organization that you represent when you're speaking. This will help the broadcasting company record the meeting properly. Mics are hot, so they do pick up other sounds and sidebar conversations as well. Be careful. Most of you know this also, but we do require that the record of appearance form be completed. That's out in the lobby if you haven't done it online in advance. It is required by the Joint Commission on Public Ethics. I think we appreciate that. I think I've completed my opening remarks, and we will get started.

**Mr. Robinson** Starting with applications for construction. Calling Application 242088C, Bronx Care Hospital Center in Bronx County. Certified two psychiatric beds decertify all sixty-six chemical dependency beds, thirty rehab and thirty-six detoxification and perform renovations to create a new psychiatric unit. The department is recommending approval with conditions and contingencies. I have a motion by Dr. Berliner and a second by Dr. Kalkut.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** Good morning. Shelly Glock with the Department. Bronx Care Hospital Center Article 28 Hospital at 1276 Fulton Avenue in Bronx is seeking approval to add twenty adult psychiatric beds, perform renovations to create a new psychiatric unit, and decertify sixty-six chemical dependency beds. The Bronx Care Health is a safety net hospital. They serve the South and Central Bronx areas. This proposed twenty bed psychiatric unit will be located at their Fulton campus as I've said. It aligns with the priorities of the New York Governor and OMH to expand psychiatric bed capacity in community-based hospitals across New York State. They're doing renovations on the seventh floor and available space to encompass this new psychiatric unit. The sixty-six chemical dependency beds have remained unused since 2014. At that time, forty-five of those beds were relocated to their Article 32 Life Recovery Center at the request of the OASAS, the Office of Addiction Services and Supports. OASAS approved that reduction from sixty-six to forty-five beds based on community needs and projections of lower utilization. This CON will have that change reflected. Their operating certificate was not updated in 2014 to reflect that transfer of inpatient chemical dependency services to the Article 32. That issue will be addressed as part of this current CON. The proposed twenty bed adult inpatient specialty short stay unit will serve for patients requiring sixty-two hours or more for stabilization. The current

median wait time from arrival at the CPEP to admission is about three days. This short stay unit serves to address those wait times. I just want to point out, if you look at the staff exhibit on Page 5 looks at inpatient adult inpatient occupancies for hospitals within Bronx County. There is an error in the exhibit for St Barnabas Health System for denying adult beds. That actual 2023 bed occupancy is 86.9%. I just want to point out that the Health and Hospitals, the Lincoln Medical Jacoby in North Central Bronx. All of those had beds that were offline in 2023. That explains why you see some lower occupancy in 2023 for those hospitals. All of those Bronx base beds have been restored. The applicant is projecting about 36,000 psychiatric patient days with Medicaid about 67%. I just want to mention also it's notable that the project cost will be funded with some cash. There's a Behavioral Health Centers of Excellence Program awards that consist of moneys awarded from Fidelis Health First and Metro Plus Health. I think that's worth noting. Based on the department's review, we are recommending approval with contingencies and conditions on the project.

**Mr. Robinson** Thank you.

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

**Dr. Soffel** Denise Soffel, council member. I was just sort of surprised that the chemical beds were taken out of service back in 2014 or whatever it was, given the addiction crisis that we are still experiencing here in New York and across the country. Can you explain what was the thinking on OASAS part to allow the decertification of those beds?

**Ms. Glock** I cannot respond for OASAS, Denise, but other than to say that my understanding is that reduction in bed was based on what OASAS saw as the need and projections of utilization at that time. I really was not part of that approval, so I can't speak to it.

**Mr. Robinson** Could you get closer to the mic?

**Dr. Lim** Sabina Lim, committee and council member. I can't speak for OASAS, but one of the interesting things about inpatient detox and rehab is that so inpatient detox for substance abuse is primarily it's intensive medical management of withdrawal. If you look at withdrawal symptoms, it's primarily due to alcohol use disorder or benzodiazepine disorder. I know there is an addiction crisis which is focused on opioids, but there isn't and usually intensive inpatient level requiring management of opioid withdrawal. That may in a larger sense sort of explain why there might not be sort of an inpatient detox unit per se. Many people in rehab, inpatient rehab come from detox and go into rehab.

**Mr. Robinson** Thank you.

**Mr. Robinson** So glad you're on the council. It was very helpful.

**Mr. Robinson** I actually have a question for the applicant, and it's not a... This is a great application, but could we ask the applicant to come forward?

**Mr. Robinson** Thank you.

**Mr. Robinson** Please introduce yourselves.

**Mr. Schneer** Errol Schneer, Vice President Bronx Care Health System.

**Mr. Robinson** Thank you.

**Mr. Robinson** What is your secret sauce? You have an operating margin here of which is quite remarkable for inpatient psychiatric services. My own experiences at our institution and others are we can't even get these puppies to break even, yet you're showing significant operating margins. Congratulations. Why is that?

**Mr. Schneer** Well, one of the things that we didn't put in was the fact that the incremental expenses would bring the margin down. In fact, the incremental expenses are \$37.5 million, of which would decrease the margin significantly. Regardless of that, we're prepared to make up any loss with the non-operating revenue that we receive.

**Mr. Robinson** I mean, it's just great. It's good to see a healthy margin on these units. It actually ensures their sustainability. I am pleased to hear that.

**Mr. Robinson** Any other questions for the applicant?

**Dr. Kalkut** Well, just one more on the same issue. You're saying the expenses would then turn the net negative?

**Mr. Schneer** It would make up the loss that would be resulting from the expenses that would be that I mentioned the \$37.5 million non-direct costs.

**Dr. Kalkut** 37.5.

**Mr. Schneer** Million in non-direct costs. That would be things for lighting, electricity, food, that kind of thing.

**Mr. Robinson** Well, thank you for that.

**Mr. Robinson** Any other questions?

**Mr. Robinson** If not, I'm going to call the question.

**Mr. Robinson** All in favor?

**Mr. Robinson** Anybody opposed?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Schneer** Thank you.

**Mr. Robinson** Application 241095C, Long Island Jewish Medical Center in Queens County. This is to construct a new behavioral health pavilion on the hospital campus. Department is recommending approval with conditions and contingencies. Motion by Dr. Berliner. Second by Dr. Kalkut.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** Long Island Jewish Medical Center Zucker Hillside Hospital is a 200-bed psychiatric hospital located in Queens County. This application is seeking approval for the construction of a three-story behavioral health pavilion for adult and geriatric patients. This replacement pavilion will replace sixty-eight of the ninety-four beds in the existing Morris Loewenstein building. The twenty-six beds that will remain in the Morris Loewenstein building will still be used for inpatient care. There's a net zero change in the total bed capacity on that campus as a result of this project. Those bedrooms will be converted from double bedrooms to single bedrooms. This project is driven by both clinical considerations and the need for a more modern facility. The new behavioral health pavilion will relieve overcrowding conditions, limit risks, improve patient safety, and improve staffing workflow. The applicant is projecting about 3,830 psychiatric inpatient discharges, with Medicaid about 46%. Total project costs will be funded with cash and a loan. The department is recommending approval with conditions and contingencies.

**Mr. Robinson** Thank you.

**Mr. Robinson** Questions from the committee, members of the council.

**Dr. Soffel** Hi. I was looking at the pair mix, and there's a significant difference between the projected inpatient and outpatient premises. Can you explain that?

**Ms. Glock** I would defer to the applicant, Denise, to explain that this is the budget that was submitted as part of the operating budget. On Page 8, are you referring to---

**Dr. Soffel** What caught my attention was the Medicaid inpatient is 45% in the Medicaid outpatient is 26%, which is huge difference. I'm trying to understand.

**Ms. Glock** I would defer to the applicant.

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

**Mr. Robinson** Good morning.

**Mr. Scarpelli** Good morning.

**Mr. Robinson** Please introduce yourselves.

**Mr. Scarpelli** I'm Michael Scarpelli. I'm the President of Zucker Hillside Hospital.

**Mr. Kokoneshi** Arber Kokoneshi, Deputy Hospital President for Zucker Hillside Hospital.

**Mr. Robinson** Thank you.

**Ms. Khan** Hi. Cynthia Khan, Senior Vice President, Strategic Planning Northwell Health.

**Mr. Robinson** Thank you very much.

**Mr. Robinson** Dr. Soffel, do you want to pose your question again?

**Dr. Soffel** Can you explain the difference in payer mix projected between the inpatient services and the outpatient services?

**Mr. Kokoneshi** Yes.

**Mr. Kokoneshi** For the inpatient services, we are predominantly an adult facility. We have adult and geriatric only one specialty unit, which is child and adolescent. In an adult and geriatric population, we see a large amount of Medicaid, managed Medicaid population. On the outpatient side, we have many specialties outpatient. We have child clinic and alike that have a better payer mix or a different payer mix when we see a higher rate of commercial or other than Medicaid payer. We have a more diversified on the outpatient end when we see all type of services or serve all type of population while in the inpatient is predominantly adult and geriatric, which we see a higher proportion of Medicaid managed Medicaid.

**Dr. Soffel** When you say that you have a better payer mix on the outpatient side, that immediately is a flag in my mind. It's okay.

**Mr. Kokoneshi** Yeah.

**Dr. Soffel** Can you confirm that there are no access issues for children in need of mental health services on the outpatient basis in that community?

**Mr. Kokoneshi** We are actually throughout the entire Northwell Health System we're developing higher access points and are creating new child adolescent services. Not necessarily in Zucker Hillside, but throughout the entire system. We are looking to make sure that not only we develop our own or improve our access issues, but also expand our access issues throughout the entire Long Island and other communities that we currently see as underserved or not fully serviced.

**Dr. Soffel** Because we all know that access to behavioral services for children on Medicaid is incredibly challenging.

**Mr. Kokoneshi** Absolutely, and we're making strides in making sure that we improve access moving forward.

**Mr. Scarpelli** We accept anybody regardless of the ability to pay. That's not our plan. Our plan is to accept all payers. It just happens as Arber was referring to that a lot of our outpatient programs, because they're so diversified, we do have a different mix of the population. If we just took our only our adult population for ambulatory, it would be very similar to what you would see on the inpatient. Because we have other specialty programs, child adolescent plus specific programs for working mothers, college age kids, etc., that changes the payer mix. It's not necessarily that it's a better payer mix. It's just because it's so diversified and our inpatient is so specific.

**Mr. Robinson** Thank you.

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

**Mr. Robinson** I think we are set.

**Mr. Robinson** I'll call the question.

**Mr. Robinson** All in favor?

**All Aye.**

**Mr. Robinson** Any opposed?

**Mr. Robinson** Motion carries.

**Mr. Scarpelli** Thank you.

**Mr. Robinson** Calling Application 231170C, St John's Episcopal Hospital, South Shore in Queens County. This is an ambulatory surgery application. Certify a new extension clinic specializing in ambulatory surgery, gastroenterology and therapeutic radiology at 19-20 Brookhaven Avenue Far Rockaway. The department is recommending approval with conditions and contingencies. Motion by Dr. Berliner. Seconded by Dr. Kalkut.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** St John's Episcopal Hospital, South Shore, located in Far Rockaway, Queens County, is requesting approval to construct a four-story extension clinic directly across the street from the main hospital on Brookhaven Avenue. The extension clinic will be certified for the following services: primary care and other medical specialties, certified mental health, outpatient radiology, therapeutic outpatient ambulatory surgery and gastroenterology. This facility is in a health professional shortage area for primary care. This extension clinic will house the following Article 28 or duly certified Article 28 and 31 Services and programs. Currently, Primary care and Behavioral Health Services, the Wellness and Recovery Center and Community Mental Health Center, Oncology and Gastroenterology, those services are currently being performed in the hospital and will be relocated to this new extension clinic across the street. In addition, they will add radiation oncology, including adding one linac and one pet CT Scanner. The applicant estimates that approximately 115 to 150 radiology patients are referred to other facilities each year. Through this project, the cancer patients of Saint John's Episcopal will be able to be seen by Saint John Episcopal providers. The closest clinic is at Mt. Sinai, South Nassau, about thirty minutes driving time. Based on the department's review, I will note that this project total costs are met with some cash, equipment lease and some accumulated funds from St John's Episcopal, as well as a state capital restructuring financing program grant from the statewide Health Care Facility Transformation Program Grants Phase II and III. There is some state grant funding in this project as well. The department is recommending approval with conditions and contingencies.

**Mr. Robinson** Thank you.

**Mr. Robinson** Questions?

**Mr. Robinson** Yes.

**Dr. Lim** A question for the applicant.

**Mr. Robinson** Can we have the applicant come forward?

**Mr. Morrish** Good morning. My name is Don Morrish. I'm the CEO of St John's Episcopal Hospital.

**Dr. Lim** Good morning. Thank you. It's great to see all the behavioral health programs are listed here. Could you just explain just a little bit. It sounds like there are three different behavioral health programs. Am I reading that right? Could you just explain sort of what's the difference between each of those three? How would the patient or the patient's family sort of know which one is the appropriate program or set of services for them?

**Mr. Morrish** Sure.

**Mr. Morrish** There are actually three programs. One is the general psychiatry program for post-discharge patients, for the most part for continuity of care and medication management. The next one is a wellness and recovery center whereby most patients are court directed to a program, which is the day program also. The Community Health Program is a mix of behavioral health with social services to do social determinants of health with the patient population. Most of the areas since we're geographically isolated are community-based organizations as well as the institution itself have a general number and the general number knows which facility would provide the care for the patient.

**Dr. Lim** Which one is the one that will be the Article 31?

**Mr. Morrish** Wellness and Recovery and CMHC would be the ones.

**Dr. Lim** Thank you.

**Mr. Robinson** Other questions for the applicant?

**Mr. Robinson** Thank you.

**Mr. Robinson** Any other questions for the department?

**Mr. Robinson** Hearing none, call the question.

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** This is a diagnostic and treatment center application. 242051C, Columbia Doctors New York Presbyterian Imaging in Westchester County to certify a new extension clinic at 1111 Westchester Avenue White Plains and perform requisite renovations. Department of recommending approval with conditions and contingencies. Motion by Dr. Berliner. Second by Dr. Kalkut.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** Columbia Doctors New York Presbyterian Imaging is an existing Article 28 Diagnostic and Treatment Center. This application is seeking approval to certify and construct a new extension clinic on the first and fourth floors at 111141 Westchester

Avenue, White Plains. This extension clinic will provide imaging services. The proposed extension clinic will be co-located within the Hospital Extension Clinic of New York Presbyterian Hospital, Westchester. It's co-located with that extension clinic. That received contingent approval from the department in February of 2024. That extension clinic will occupy space on the third and the fourth floor of the same building at that address. Columbia Doctors New York Presbyterian Imaging is a collaboration between New York Presbyterian Hospital and the trustees of Columbia University in the City of New York. The center has two members. You can see in your program the first member is New York Presby Programs, which has as its passive sole corporate member, New York Presbyterian Foundation, a not for profit. The second member is Columbia, whose passive sole member is Columbia. Dr. Brown who is certified in radiology, will serve as the Medical Director. The department is recommending approval with conditions and contingencies.

**Mr. Robinson** Thank you.

**Mr. Robinson** Any questions?

**Mr. Robinson** Applicant questions only.

**Mr. Robinson** Call the question.

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** Continuing with ambulatory surgery 232123E, Fifth Avenue Surgery Center in New York County. This is a transfer of 30.4% ownership interest to fourteen new members. Transfer of 11.6% ownership interest to existing members and transfer 8.9% interest from one withdrawing member to the remaining members. If you followed all of that, then the department is recommending approval with conditions and contingencies. A motion by Dr. Berliner. A second by Dr. Kalkut.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** Fifth Avenue Surgery Center is the operator of an existing Article 28 Diagnostic and Treatment Center. They are requesting approval to transfer a 30.4% ownership interest to fourteen new members, 11.6% ownership interest to existing members and a point nine interest from one withdrawing member to the remaining. The center operates as a multi-specialty, freestanding ambulatory surgery center with its main site on Fifth Avenue in New York, an extension clinic on East 47th Street in New York. The new member structure is depicted in the staff report. The total purchase price will be met with personal resources of the proposed members. Fifth Avenue Surgery Center will enter into an administrative service agreement with Surgery Core Management for services to be provided at the extension clinic. There are no changes in the medical director as a result of this application. The department is recommending approval with conditions and contingencies.



**Mr. Robinson** There were no character and competence issues raised.

**Ms. Glock** No, the proposed members have met the standard.

**Mr. Robinson** Thank you.

**Mr. Robinson** Questions from the committee/council?

**Mr. Robinson** Applicant questions only.

**Mr. Robinson** Call the question.

**Mr. Robinson** All in favor?

**Mr. Robinson** Thank you.

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** Continuing with ambulatory surgery. 232236B, Central Nassau ASC LLC doing business as Peak Point Central Nassau ASC in Nassau County. I note a conflict and recusal by Dr. Lim, who is exiting the room with her coffee. She has now exited. This is to establish and construct a multi-specialty ambulatory surgery center at 371-377 Old Country Road Carl Place. Department recommending approval with conditions and contingencies. Motion Dr. Berliner. Second Dr. Kalkut.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** Central Nassau ASC doing business as Peak Point Central Nassau is an established LLC. They're planning to establish and construct this multi-specialty, freestanding ambulatory surgery center in Nassau County. The center will offer a range of services, including orthopedic surgery, pain management, neurosurgery, EMT, urology, plastic surgery, general surgery and podiatry surgery. The proposed center is a collaboration initiative involving the Mt. Sinai Health System and local physicians affiliated with Mt. Sinai Health System, along with other hospitals in New York State. The procedures are anticipated to be carried out at this new facility are currently conducted at various Mt. Sinai locations and other hospitals throughout the Downstate region of New York. The primary service area is Nassau County. The proposed ownership structure is depicted in the staff report. It includes twenty-two Class A members. Additionally, there's a second level member, a SK Central Nassau Inc, whose sole member is a physician who will have a 3.267% ownership. Class B membership of Peak Point Partners is made up of four individual members and Mount Sinai Ambulatory Ventures, which is a not-for-profit entity whose only passive parent is the Mount Sinai Health System. Together, they own 51% ownership interest in the center. The application the applicants projecting 3,240 procedures in year one. Medicaid's expected to be about 8%. Charity care about 2%. Those projections are based on the current case load of participating physicians. The

department has reviewed the application, is recommending approval with conditions and contingencies.

**Mr. Robinson** Thank you.

**Mr. Robinson** Any questions?

**Mr. Robinson** Well, this is not a lively crowd.

**Dr. Soffel** My question has to do with the need assessment piece of the review. It's not clear to me how the department determines that there is a need or there is not a need for additional ambulatory surgery services in a given community. If you look at the number of providers within three miles of this proposed provider, there are already a fairly large number of centers. I'm just curious. How do you make that determination?

**Ms. Glock** The regulatory criteria are found under 709.5, Determination of public need for ambulatory surgery says our review for need shall include but not be limited to; the facility will be utilized sufficiently to be financially feasible. It will enhance access to services by patients, including medically underserved groups. Its hours of operation and admission policies will promote the availability of services to those in need, regardless of their ability to pay. They have a willingness and the ability to safely serve those ambulatory surgery patients. It's financial feasibility. Will it enhance services? Will it be safe? Will it serve the medically underserved? Those are some factors that are considered. If you look at ambulatory surgery centers by population on New York State, I think is 47th out of 50th if you look at the number of ASCs per capita. When I take a look at Kings County, I can clearly see that they have a .68 ASCs per 100,000 per capita as compared to, let's say, Onondaga County, which is the number one county in the state that has 2.75. If you look at the county and how many there are. They have a lot of ASCs. Does it promote access? I'm just layering in. We take a look at per capita by county. Kings County is more near the bottom than the top.

**Ms. Glock** That's different. That's 1.08. They're right in the middle.

**Mr. Robinson** I think the other thing that's confounding in all of this is that hospital based not extension clinics, but hospital based ambulatory surgery isn't actually calculated in this mix. That's a variable that you really just don't know how much of that is offset by the lack of freestanding ambulatory surgery centers.

**Ms. Glock** I would just also add to this, Denise, in looking at that need. As I said, Nassau is 1.08. I mean, that's the way payer mix is moving to. The payers and moving into more of an outpatient setting ambulatory surgery center. That's where the trends are going as well.

**Mr. Robinson** Thank you.

**Mr. Robinson** Other questions?

**Mr. Robinson** I think we asked the applicant questions only.

**Mr. Robinson** Hearing nothing else, we're going to call the question.

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** Application 241081E, JM Care Services LLC doing business as Meridian Surgery Center. This is in Queens County to establish a new multi-specialty ambulatory surgery center to be shared with Gramercy Surgery Center in Queens in a temporary, distinct arrangement, which Ms. Glock will explain at 59-25 Kissena Boulevard in Flushing. I do want to note the following condition has been added, which is the submission of annual reports to the department as prescribed by the related contingency each year for the duration of the limited life approval for the facility. With that, a motion from Dr. Torres. Second, Dr. Berliner.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** JM Care Services request approval to establish a new multi-specialty ambulatory surgery center to be shared with Gramercy Surgery Center in a temporally distinct arrangement, meaning they don't have their distinct in their hours of service and operation. They will have separate entrance, I believe. The new ASC will be known as Meridian. The proposed ASC will offer services on Saturday and Sunday from 6:00am to 6:00pm, while Gramercy operates Monday through Friday. They'll be covering the seven days a week. This proposed center will provide surgical services in open letter in gynecology, general surgery, plastic surgery and reconstructive plastic and reconstruction surgery. Their service area consists of Jamaica, Flushing and Bayside and Queens County. You can see in the staff report the proposed ownership is comprised of two physicians. They're projecting about 900 procedures here, one with Medicaid at 10%, charity care at 2%. The department is recommending approval with an expiration of the operating certificate five years from the date of its issuance.

**Mr. Robinson** A creative use of space.

**Mr. Robinson** Questions from the committee or other members of the council who are here?

**Mr. Robinson** Dr. Torres.

**Dr. Torres** Good morning. I have a question. I'm curious. How would charity care be promoted? How does the community become aware of folks that exists?

**Ms. Glock** That's an excellent question. I would defer to the applicant.

**Mr. Robinson** Can the applicant come forward, please.

**Mr. Robinson** Good morning.

**Mr. Flynn** Geoffrey Flynn and Dr. Gohar.

**Mr. Flynn** The charity care, which we're focusing working with them, specifically Lake Charles B Whang Center specifically and other centers to actually do the underserved in those communities. We actually have actively reached out to them and are working with them and actually get some of their associated doctors to work with us too. The other factor is because it's the access on Saturdays and Sundays, because we're also focusing on some of the communities that just simply can't afford to take off Monday through Friday. Therefore, we're giving the options of these services on a Saturday and Sunday.

**Mr. Robinson** Thank you for that.

**Mr. Robinson** Other questions for the applicant?

**Mr. Robinson** Thank you very much.

**Mr. Robinson** Call the question.

**Mr. Robinson** All in favor.

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** Just for the record, because I don't have a copy of the sign in sheet for ASC of Brooklyn. Is there anybody here representing the applicant?

**Mr. Robinson** Thank you.

**Mr. Robinson** Application 241052B, ASC of Brooklyn and Kings County. Establish and construct a multi-specialty ambulatory surgery center at 53 Third Avenue, Suite 100 in Brooklyn. Department recommends approval with conditions and contingencies with an expiration of the operating certificate five years from the date of its issuance is recommended. Dr. Torres makes the motion. Dr. Berliner seconds.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** ASC of Brooklyn is requesting approval to establish and construct a multi-specialty freestanding ambulatory surgery center in leased space in Kings County. The Ambulatory Surgery Center will specialize in podiatry and orthopedic surgery, including neuro and spine procedures and pain management. The service area consists of Kings County, specifically the zip code of 11217, which is within the neighborhoods of Park Slope and Carroll Gardens. The proposed membership consists of six position members, collectively owning 54.21% of the membership unit and SCDNY LLC, comprised of thirteen physicians and non-physicians collectively owning 45.783%. That membership is depicted in your staff report. I just want to note that the department did receive a letter of opposition to this application from the Brooklyn Hospital Center. They submitted some public comment to us, noting that as a safety net hospital, they were providing many services paid by government reimbursement. There was concern that losing some commercial reimbursement from specialty practices would be a loss of income to the hospital. They

also noted they had adequate capacity to handle additional surgery cases. In this case, the physicians who are going to be members of this ambulatory surgery center do not perform any procedures at Brooklyn Hospital. They are also proposing that these procedures will be moving from other ambulatory surgery centers to this new ASC. The department did look at the concerns and did determine that based on the current practice of the physicians, that these were not cases that will be moving out of Brooklyn Hospital. We are therefore recommending approval with conditions and an expiration of the operating certificate five years from the date of its issuance.

**Mr. Robinson** Thank you.

**Mr. Robinson** Just to make sure that I correct the number for this application, I may have misspoken. It's 241082B just to have that on the record.

**Mr. Robinson** Questions for Ms. Glock.

**Mr. Robinson** Mr. La Rue.

**Mr. La Rue** Good morning. Scott La Rue, member of the council. Would it be appropriate in the five years look back that we actually looked and see whether patients were diverted that were historically affiliated with the hospital actually ended up at the surgery center?

**Mr. Robinson** I don't know how to do that. I guess. I don't know. I mean, so much of where patients go depend on where physicians go. Some of it is just physician migration as well that we'd have to be tracking. I think it's going to be kind of hard to do.

**Ms. Glock** I don't know how we would track that. I mean, these cases are of the part... You know, the member physicians, they are not performing their cases at Brooklyn Hospital. I think it would be very difficult to substantiate that type of opposition. Also, just want to remind the committee that this topic was taken up by back in 2019, where we looked at the ambulatory surgery centers and their impact on safety net hospitals. Because of the trend with the payers moving to the outpatient setting at that time, the policy was decided by policy that unless the ambulatory surgery center was going to create severe financial hardship for a sole community hospital, sole community provider, or a critical access hospital that the department would not move forward with a disapproval unless it met both conditions. This application does not meet those conditions.

**Mr. La Rue** I would just hate to do anything to further weaken our safety net hospitals, but I'll defer to the department's assessment that this isn't going to have an impact on the hospital. Thank you.

**Mr. Robinson** Thank you.

**Dr. Berliner** Is the opposing hospital present?

**Mr. Robinson** I don't have a sign in sheet, so I don't know.

**Mr. Robinson** Is there anybody from Brooklyn Hospital?

**Mr. Robinson** I guess not.

**Mr. Robinson** I mean, I think that just my observation...but the fact of the matter is that hospitals have to be sort of proactive in organizing ambulatory surgery programs of their own. That's the best way to hold on to their market share, not to essentially oppose others that are doing it. It's as much an obligation of the hospital, I think, to stay on top of trends and move in that direction.

**Dr. Friedrich** The other aspect is also a quality aspect for the patients. There is more and more clinical data out there that patients in an ambulatory surgical center might doing better than in a hospital surgical center. Just as an FYI, and that's why payers are usually pushing not only for the reimbursement but also because the quality is oftentimes better. Shorter stays and less complications.

**Mr. Robinson** Thank you for that observation.

**Unidentified Speaker** I just wanted to mention that was Dr. Friedrich speaking just for the audio record. Thank you.

**Dr. Soffel** As I read this application, it says that 80% of estimated procedures are currently being performed at other ambulatory surgery centers. Am I to understand that this is not going to increase capacity, it's simply moving it from one site to another?

**Ms. Glock** It's the addition of those other two ambulatory surgery centers will still be in existence, but the physicians are currently... These physicians are currently practicing the procedures at those ASCs. They're going to move to this ASC. That's going to create some additional capacity in the other ASC as well as establishing a new ambulatory surgery center. It is increasing capacity, but the physicians who are going to be doing these cases, that's in the exhibit to show that these cases are not coming from the hospital. These are currently practicing positions at two other ASCs. 80% of the cases are coming from two other ambulatory surgery centers.

**Dr. Soffel** Those two ambulatory surgery centers are going to have the bottom fall out on their practice?

**Ms. Glock** Or they'll be replacement physicians or surgeons who will practice there. While I'm have the mic for a second, just because I don't want to end on a flip comment. With the Onondaga County, there are thirteen the county. Because you have a lower population, the per capita I just didn't want to leave that as. There's thirteen of them there. That's some context and perspective for the data.

**Dr. Soffel** It's so interesting.

**Dr. Soffel** Thank you.

**Mr. Robinson** Good discussion.

**Dr. Kalkut** Do we know how many hospitals in the county?

**Ms. Glock** I do not.

**Mr. Robinson** There's four.

**Mr. Robinson** We're all more educated now. This is good.

**Mr. Robinson** Call the question.

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** Another ambulatory surgery center. Let's see if I can read the number properly this time. 242018B, Woodside ASC LLC in Queens County. Establish and construct a single specialty ambulatory surgery center for Gastroenterology at 69-28 Queens Boulevard in Woodside. Note that the applicant is currently negotiating a transfer agreement for backup and emergency services with Elmhurst Hospital rather than NYU Langone, which was noted in the material before. Motion Dr. Torres. Second Dr. Berliner.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** Woodside ASC doing business as Woodside Gastroenterology Endoscopy Center is seeking approval in this application to establish and construct a single specialty Article 28 Freestanding Ambulatory Surgery Center to be located in Woodside. Dr. Wong will be the Medical Director and is the sole member. He is board certified in gastroenterology. They are projecting 49% Medicaid, 2% charity care in year one with 51.5% Medicaid, 2% charity care in year three. Those projections are based on current practices of the participating surgeons. The department is recommending approval with conditions and contingencies, including an expiration of the operating certificate five years from the date of issuance.

**Mr. Robinson** Questions?

**Mr. Robinson** Applicant questions only.

**Mr. Robinson** Call the question.

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Application 242077B, Rego Park Endo LLC in Queens County. Establish and construct a single specialty Ambulatory Surgery Center for Gastroenterology at 9901 Queen's Boulevard Second Floor Rego Park. Department is recommending approval with conditions and contingencies with an expiration of the operating certificate five years from the date of issuance. Motion by Dr. Berliner. Second Dr. Torres.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** Rego Pak Endo is an existing limited liability company. They are requesting approval to establish and construct this single specialty freestanding ambulatory surgery center to specialize in gastroenterology. The project will combine multiple private practices into a single freestanding ambulatory surgery center. This project is proposing to bring existing procedures performed by those physician private offices into this regulatory environment of Article 28. You can see the proposed members in the staff exhibit. These are procedures they are projecting about 7,500 in year three. Medicaid is projected to be about 30%, charity care by 2%. The applicant has stated that none of these procedures will be coming from local hospitals. The department is recommending approval with conditions and contingencies, including an expiration of the operating certificate five years from the date of its issuance.

**Mr. Robinson** Any questions on this one?

**Mr. Robinson** Applicant questions only.

**Mr. Robinson** Call the question.

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** I think this is the last ASC application. 242107E, Queens Endoscopy ASC LLC in Queens County transferring 37.03% ownership interest from one Withdrawing Member LLC to a new member LLC. Department is recommending approval with a condition. Motion Dr. Berliner Second Dr. Torres.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** Queen's Endoscopy is a single specialty Gastroenterology Ambulatory Surgery Center. The requesting a transfer of a 37.03 membership in the center from an existing member PE Health Care Associates to a new member Northwell Queens Endo ASC Ventures LLC. The sole member of Northwell Queens and ASC Ventures is Northshore University Hospital. The sole member of Northshore University Hospital is Northwell Health Care Inc. The sole member of Northwell Health Care Inc is Northwell Health. The center is not proposing to add any additional services or surgical specialties through this application. The medical director will continue in that role. The department is recommending approval with a condition.

**Mr. Robinson** Thank you.

**Mr. Robinson** Any questions on this application?

**Mr. Robinson** Applicant questions only.



**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** Moving on to diagnostic and treatment centers. Application 241113B, JEM NYC Consulting LLC doing business as EMJ Health Care Clinic in Kings County. Noting here an interest by Dr. Lim, who can remain in the room, establish and construct a diagnostic and treatment center at 1900B Ralph Avenue in Brooklyn. The department is recommending approval with conditions and contingencies. Motion by Dr. Torres. Second by Dr. Berliner.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** JEM NYC Consulting is seeking approval to establish and construct a diagnostic and treatment center in Brooklyn Kings County. Upon approval of the application, the site will be known as EMJ Health Care Clinic. They are proposing to renovate some space in an existing medical office. They'll be providing primary care and other medical specialties. There's a sole member in the exhibit, Bobby Birkhoff, at 100%. They're projecting 63% Medicaid, 2% charity care. The department is recommending approval with conditions and contingencies.

**Mr. Robinson** Thank you.

**Mr. Robinson** Questions from the committee/other council members?

**Mr. Robinson** Dr. Soffel.

**Dr. Soffel** I see that the proposed medical director had a RICO filed against him in June. Can you speak to that?

**Ms. Glock** Yes.

**Ms. Glock** As depicted in the staff report, there was a case filed against Dr. Adam doing business as Metal Star Medical Services. It was an allegation. This application has been looked at. It has been determined that that suit does not preclude the application from moving forward with a recommendation of approval. That's all the information I have. I will defer to the applicant if they want to provide some detailed information on that.

**Mr. Robinson** Do you want to hear from the applicant?

**Dr. Soffel** It certainly raises a red flag in my mind.

**Mr. Robinson** We have them.

**Mr. Robinson** Good morning.

**Mr. Shapiro** Good morning. Bob Shapiro, consultant. We were just notified by the attorney yesterday that the case was settled, and we can provide the department of documentation on that.

**Mr. Robinson** Question answered?

**Mr. Shapiro** We'll get it probably by Monday. By the time the full council, the committee can be fully notified.

**Mr. Robinson** Thank you.

**Mr. Robinson** Other questions for the applicant while we have them up here?

**Mr. Robinson** Any further questions for the department?

**Mr. Robinson** Thank you very much.

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** That motion carries.

**Mr. Robinson** Thank you very much.

**Mr. Robinson** Calling application 241185E, Felix Health New York LLC doing business as Bronx Health Center in Bronx County. This is to establish Felix Health New York LLC as the new operator of Bronx Health Center, a diagnostic and treatment center currently operated by E&A Medical Solutions LLC at 253 East 142 Street in the Bronx. The department is recommending approval with a condition and a contingency. Motion Dr. Berliner. Second Dr. Torres.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** Felix Health New York LLC doing business as Felix Health is seeking approval to become the new operator of the Bronx Health Center. This diagnostic and treatment center is currently operated by E&A Medical Solutions. It's located on East 142nd Street in the Bronx. Felix Health plans to add optometry and podiatry outpatient services while maintaining primary care, dental, outpatient and other medical specialties. They will continue to be available. This application, the primary service area is Bronx County. That location is designated as a health professional shortage area for primary care, mental health and dental health, as well as being classified as a medically underserved area. They are projecting 75% of the patients will be covered by Medicaid, 5% charity care will be offered. You can see the medical director, the sole member is Adam Schreiber, sole member and managing member. The proposed Medical Director is Dr. Marron. The department is recommending approval with contingencies and conditions.

**Mr. Robinson** Any questions on this application?

**Mr. Robinson** Dr. Soffel.

**Dr. Soffel** I see that the visit projection is going from under 5,000 visitors a year to over 25,000 in three years. Is that solely because of the addition of optometry and podiatry, or is there also a plan to expand the primary care and other services that are provided by the center?

**Ms. Glock** I think it's all of the above. We actually spoke with the applicant about that, Dr. Soffel. I think the current facility is being underutilized. There's a plan to extend outreach to increase utilization, to add the two specialties that you mentioned. The applicant actually had a pretty robust strategy of how to increase access. I think they're available here today. We did pose that question and noticed there was a significant increase. They were able to provide us with a reasonable explanation.

**Mr. Robinson** Other questions?

**Dr. Soffel** I just have to say expanding access to primary care is certainly a value to all of us. Let's hope they're successful.

**Mr. Robinson** Hear, hear.

**Mr. Robinson** Applicant questions only, I assume.

**Mr. Robinson** Thank you.

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

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** Application 241236B, East 180 Operating LLC doing business as East 180th Street Health and Treatment Center in the Bronx. Establish and construct a new diagnostic and treatment center at 870 East 180th Street in the Bronx. This, by the way, amends and supersedes a former CON Number 212213. The department is recommending approval with conditions and contingencies. Motion by Dr. Torres. Second Dr. Berliner.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** East 180th Operating LLC. This application is requesting approval to establishing construct an Article 28 DTC in the Bronx. As Mr. Robinson mentioned, this project amends and supersedes a previous project. That is because the original application membership included Adam Hanoach and another individual. Mr. Hanoach is withdrawing 20% ownership, and that ownership interest will be replaced with Hector Reyes. Medical Director isn't depicted in the application. They'll be certified for primary

medical care, medical specialties. They will serve the residents of the Bronx within the health professional shortage area for primary care, mental health and dental. The payer mix is projected to be 67% Medicaid, 5% charity care. The department is recommending approval with contingencies and conditions.

**Mr. Robinson** Thank you.

**Mr. Robinson** Questions for the department?

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

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** That motion carries.

**Mr. Robinson** Application 242028B, GAMMS LLC doing business as Zelle Care Family Health Network in Orange County to establish and construct a new diagnostic and treatment center by converting a private practice at 3 Hamaspik Way in Monroe. The department is recommending approval with conditions and contingencies. Motion Dr. Torres. Second Dr. Berliner.

**Mr. Robinson** Ms. Glock.

**Ms. Glock** GAMMS LLC seeks approval to establish and construct diagnostic and treatment center by converting a private practice in Monroe, Orange County. The center will be known as Zelle Care Family Health Network and will offer primary care various other medical specialties. The proposed service area focuses on Zip Code 10950, which encompasses the Village of Kiryas Joel. This area is designated as a health professional shortage area for both primary care and mental health. The proposed members are in your exhibit. There are three individuals. They are projecting 63% Medicaid, 2% charity care. The department is recommending approval with conditions and contingencies.

**Mr. Robinson** Questions for the department?

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

**Dr. Gamze** Good morning, Dr. Jonathan Gamze.

**Ms. Shapiro** Adele Shapiro. We're consultants.

**Dr. Lim** It's great to see you'll have a pretty decent number of social workers and psychologists, and you provide mental health and substance use services. This is not to pick on you. I say this every couple of meetings, basically. Do you have any plans to provide buprenorphine, especially because you're also doing pain management?

**Dr. Gamze** I already do for our patients in our current practice. I would continue and plan to broaden that.

**Dr. Lim** I just want to just note that even though the X waiver has been lifted, there's been no increase in non-psychiatric providers providing or any providers are actually providing buprenorphine treatment. I'm very glad to see that. Thank you.

**Dr. Kalkut** One other question.

**Dr. Kalkut** You have multiple medical specialties in here. Are those local physicians who will see patients at some frequency in the site and have you Lined those people up?

**Dr. Gamze** That's correct.

**Dr. Kalkut** Are they currently seeing patients in your office?

**Dr. Gamze** We currently have neurology, endocrinology and cardiology that come into our office and in general surgeon on frequent basis, typically two or three times a month.

**Dr. Kalkut** You're expanding from there?

**Dr. Gamze** That's correct.

**Dr. Kalkut** Thank you.

**Mr. Robinson** Very good project.

**Mr. Robinson** Any other questions for the applicant or the department?

**Mr. Robinson** Thank you very much.

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

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

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** Ms. Glock, I think your work is done. Aren't you happy?

**All** (Laughing)

**Mr. Robinson** Now, on to licensed home health care services. 231215E, Covenant Care of New York LLC. There's a whole list of geographic areas that this service agency covers. This is to establish a new licensed home care services agency at 1 Hudson City Center, Suite 304D in Hudson. The department is recommending approval with a condition. Motion by Dr. Berliner. Second Dr. Torres.

**Mr. Robinson** Ms. Baniak, you're on.

**Ms. Baniak** Yes.

**Ms. Baniak** This is Lynn Baniak with the department. This application is for Covenant Care of New York LLC to be established as a new licensed home care services agency. The service area is Columbia County, which is a county that has been identified as having presumed need. The financial requirements are met because they submitted documents prepared by a CPA attesting to their financial feasibility. The applicant passed the character and competence requirements. The workforce plan was adequately addressed and that's in Attachment A to the exhibit. With that, the department is recommending approval.

**Mr. Robinson** Thank you.

**Mr. Robinson** Questions on this home care licensure application?

**Mr. Robinson** Applicant questions only.

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

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Moving on to Brookdale 241261E, Brookdale Licensed Homecare Services Agency. Again, I'll refer you to the documentation for the geographic service area. This is to establish a new licensed home care services agency at 560 Rockaway Parkway in Brooklyn. The department is recommending approval with the condition and contingencies. Motion. Dr. Berliner. Second Dr. Torres.

**Ms. Baniak** This application is for the Brookdale Hospital Medical Center, DBA, Brookdale Licensed Home Care Services Agency to be established as a new licensed home care services agency. The application is exempt from a public need review because they are proposing to only serve individuals associated with the assisted living program. The financial requirements are met because they submitted documents prepared by the Chief Financial Officer of One Brooklyn health system attesting to their financial feasibility. The applicant passed the character and competence requirements. The workforce plan was adequately addressed and is in Attachment A to the exhibit. The department is recommending contingent approval.

**Mr. Robinson** Thank you.

**Mr. Robinson** Any questions for this application?

**Mr. Robinson** Dr. Torres.

**Dr. Torres** I'm curious what would happen if the person left the assisted living who would then serve the home care needs of that individual? If this particular application is focused only on the resident or program participants.

**Ms. Baniak** That's a good question. I don't know if Val or Chris have any details on that.

**Mr. Squillaciotti** Hi. My name is Chris Squillaciotti. I am the Acting Bureau Director for Home and Community Based Services Licensure. In an Article 7 adult care facility or assisted living program that is considered somebody's personal residence. If they choose to leave the program, a lot will depend on where they would be looking to reside. They could acquire the services of a different licensed home care services agency to meet their needs on whether they're going back to a private residence or another assisted living program.

**Mr. Robinson** Does that answer your question?

**Dr. Torres** Yeah.

**Mr. Robinson** Thank you for that answer.

**Mr. Robinson** Other questions?

**Dr. Soffel** Just to be clear, so the home care that they are currently receiving would not follow them should they return to the community?

**Mr. Squillaciotti** That's correct.

**Mr. Cicero** Frank Cicero. Yes, a consultant to the applicant, and Paul Rosenfeld, who's the Director of Long-Term Care. I mean, Paul will probably supplement this, but would be required to do a discharge plan for the resident to the community. A strong working relationship with VNS. The patient would have choice, but there certainly would be a high-quality home care provider that could serve a resident who was discharged from this.

**Mr. Squillaciotti** I think that was a good answer and it's accurate, so why be redundant?

**Dr. Soffel** How many people actually ever leave? Is it a significant number or is it trivial?

**Mr. Squillaciotti** Well, I think sometimes folks age out in the sense that they when you're in assisted living program, there's a certain amount of independence that you need to be able to exercise in your self-care. In the event that someone does age out and get to another point in their life, our case management would work with them in their family or significant others in order to work to place them in an alternative setting.

**Dr. Soffel** It's unlikely that they would be returning to home and community.

**Mr. Squillaciotti** If they were moving, if they were reaching a higher level of acuity, they would most likely would be going into a more supervised setting.

**Mr. Robinson** Thank you for those responses.

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

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** This next application calls for a recusal by Dr. Lim, who's exiting the room this time without her coffee. Application 241128E, Mount Sinai Home Health, LLC. Again, refer to the attachments for the geographic service area to establish a new licensed home care services agency at 419 West 114th Street in New York in Manhattan. The department is recommending approval with a condition. Motion by Dr. Torres. Second by Dr. Berliner.

**Ms. Baniak** This application is for Mount Sinai Home Health LLC, a subsidiary of Mount Sinai Health System to establish a new licensed home care services agency. They are proposing to serve an area that does not have privacy. They do not meet the exemptions and regulation. They submitted a rebuttal to the presumption of no need which was determined to be sufficient. The financial requirements are met because they submitted documents prepared by a CPA attesting to their financial feasibility. The applicant passed the character and competence requirements. The proposed organizational structure is included in Attachment A to the exhibit. The workforce plan was adequately addressed and is in Attachment B. The department is recommending approval. It is my understanding that you, the council, received a letter with some questions and concerns from Beth Israel in New York Eye and Ear Campaign. I believe that was distributed to the members.

**Mr. Robinson** I believe it was, yes.

**Mr. Robinson** Your recommendation is approval?

**Ms. Baniak** Yes.

**Mr. Robinson** Thank you.

**Mr. Robinson** Questions?

**Dr. Kalkut** What was their rebuttal about the need?

**Ms. Baniak** There are all these different requirements. I can go over those with you if you want. The staff get together. They look at each piece of the regulation to make sure that they address each separate specific section. In this case, they did. They answered all the different areas.

**Dr. Soffel** I'm just sort of curious, because the Mount Sinai System is very large, and this geography is very large. I'm assuming they already have relationships with existing LHCSAs that are providing services to their patients. I'm sort of interested in why they feel they need to establish their own LHCSA, given that they must have existing relationships already with a variety of current providers.

**Ms. Baniak** We're going to defer to the applicant to respond to that.



**Mr. Robinson** Thank you.

**Mr. Cicero** Good morning, Frank Cicero, a consultant to the applicant. This Ania Wajnberg, who's the Director of this program. She'll primarily speak, but just to give background on this project. Mount Sinai is participating as a lot of our hospital systems are in the Hospital At Home Program that is a federal demonstration program. The reason for this which has been discussed with the department for over a year, is because the fixes that are out there are not able to serve this level of patient in the home. Ms. Wajnberg will talk to that a little bit more. Mount Sinai has not been able to work through this demonstration program at a level and capability that was indicated for the program. That is the reason for the establishment of this. The hospital home program, I think, again, as Ms. Wajnberg will describe as serving thousands of people and to address what was sent to the council, hundreds of people already. There will be more in lower Manhattan who will be served by this program that gets people out of hospital quicker, back to their homes, serves them properly and with a very high quality at home with a nursing level that is not typical. That is the reason for the program. That's really what we wrote about to the department.

**Dr. Wajnberg** Hi. Dr. Ania Wajnberg from Mount Sinai. Thank you. I also don't want to duplicate. That was very well said. The purpose of our application here is really to focus on what we're calling high acuity nursing needs in the home that currently are difficult to find. We're really focused on two areas one Hospital At Home. Happy to answer questions about that. I think you spoke to it very well. Home Infusion for patients that require infusions either related to discharge after an inpatient stay or for chronic illness.

**Dr. Soffel** There is no CHHAs that provide that level of service?

**Dr. Wajnberg** For home infusion CHHAs have been exiting that world. It's become more challenging for us to find a sufficient number of partners to meet the needs of our patients. For Hospital At Home, which is a newer program. It's very hard to find those partnerships. The level of nursing required, especially for a hospital at home, is really more like a med surge hospital nurse than a home care nurse.

**Mr. Robinson** If I can add to that, I mainly because of the fact that our institution is experiencing exactly the same thing, the Hospital At Home program really is trying to create as much of the acute care setting in somebody's home. Even though it falls under the home care kind of rubric, it really is something a little bit different. You're talking about intensive multiple times a day nursing encounter. There are minimum requirements in terms of how often a nurse has to be interacting with a patient and then direct connections back to the mothership for physician oversight and coordination of care. It is not something that typical home care agencies do. They may evolve to creating that capacity. At this point, I think most institutions that are going about participating in this Hospital At Home program are organizing independent homecare agencies that are staffed with people that they train and then organize. It looks more like an inpatient setting even though you're at home. Sorry, I rambled on about that. Thank you.

**Dr. Torres** Correct me if I'm wrong. Didn't Mt. Sinai have a home care license like over twenty years ago? I'm just thinking of my VNS days.

**Mr. Cicero** I'm not certain if they've had one in the five boroughs. There was an agency that came here that was partially Mount Sinai, but it's located on Long Island with Mount Sinai, South Nassau. I'm not certain, Dr. Torres.

**Dr. Torres** This program is going to be requiring more of a nurse intervention in the home. You will have the capacity of actual nurses performing these tasks. That was one question. How is the home health aide trained differently in this model of care?

**Dr. Wajnberg** Great questions.

**Dr. Wajnberg** Thank you.

**Dr. Wajnberg** As stated, under the Hospital At Home model, every patient who's admitted who is substituting an inpatient stay is getting at least to pretty extensive nursing visits per day for assessment, for medication, administration, etc. We do provide a home health needs for patients who need them in order to safely receive these services at home. They're supervised by the nurses that are coming multiple times a day. It's usually a much shorter acute period that they're there and they're focused on similar issues. Like I said, for the inpatient stay duration supervised by a nurse who's coming daily.

**Dr. Torres** It's not a virtual encounter. It's an actual physical encounter.

**Dr. Wajnberg** Correct.

**Dr. Torres** You got me at the infusion piece, because that's actually somewhat unique. Thank you.

**Dr. Wajnberg** Thank you.

**Mr. Robinson** I mean, it's great that you're starting to explore this. I think that it's likely to be something that we're going to see more of. It's good that at least across New York State, I know there are a number of institutions that are starting to develop these programs as part of a broader federal demonstration project. I'm very excited about what this could mean in terms of quality and access. For many patients, not everyone, but for many patients, actually having this care at home is much more comforting and hopefully safe for patients. Anyway, compliments on getting this going.

**Mr. Robinson** With that little prologue, I'm going to call the question.

**Mr. Robinson** I'm sorry. I missed something.

**Mr. Hannay** Thank you.

**Mr. Hannay** Sorry to be late. I had an emergency situation at home that I had to kind of deal with. I've come here before bearing various hats, so let me identify what hat I'm wearing today. I'm professionally Director of Metro New York Health Care for All, which is the Regional Community Labor Health Advocacy Coalition here in the Downstate area. One of the things we help to do is to lead a statewide collaboration of advocates called Community Voices for Health System Accountability, which is striving to work with the department and other stakeholders to, in our view, improve the state's oversight of the hospital industry and to make sure that community voices are better heard in the conversation about access to health care in communities, particularly with regard to

hospitals and hospital systems. I'm wearing the hat of another one of our projects, which is the Beth Israel and New York Eye and Ear Campaign, which was launched about a year ago when Mount Sinai Health System announced plans to close Beth Israel Medical Center. We've been doing a number of things around that. I missed some of the presentations. I may be a bit duplicative. The department, after a bunch of back and forth over several months, did approve a closure plan for Beth Israel last July, and there were a few conditions attached to that one. The establishment of an Urgent Care Center on the campus of New York Eye and Ear. The second was some financial resources provided to Bellevue Hospital Center to build out its emergency room. The third is this Hospital At Home program to serve that community absent a physical building of a hospital in lower Manhattan. We are very concerned about what's happening, leaving much of lower Manhattan without any sort of community hospital whatsoever. Tens of thousands of people, many of whom are public health, public housing, residents with complex health needs. It's a bit of a naturally occurring retirement community and so forth. We did submit a letter to all of you with regard to their application today, which I presume you have and have read. I just want to reiterate our stance that we don't see a whole lot of there in the application in terms of specifically what it's going to be able to modestly substitute for a full hospital that is needed in this community. I don't think we have anything against the proposal for a home health agency that serves the entire greater New York City region. We don't see a lot of specificity around what's going to be provided in particular to Lower Manhattan, given the possible closure of Beth Israel. I mean, there is a lawsuit still underway around all of that. We'll see how that plays out. I think the main thing we'd like to see is more specificity in detail about, okay, if this is really going to be somewhat of a substitute for the hospital service needs of Lower Manhattan, like let's have a bit more details and discussion on that.

**Mr. Robinson** Thank you.

**Mr. Robinson** Your point here is not opposed in the application?

**Mr. Hannay** No, not at all.

**Mr. Robinson** Thank you.

**Mr. Robinson** Really talking about the fact that can this program actually start to direct care to the population in Lower Manhattan that was suffering from the loss of Beth Israel?

**Mr. Hannay** Exactly.

**Mr. Robinson** I think working with the department, that seems to make some sense that the department would want to work with the applicant to be sure that there are these services targeted to that geographic area and the populations that you support. I thank you for bringing this to our attention, and I think the comments are well-received.

**Mr. Hannay** I just want to say in closing that we in this campaign think that this is in no way a substitute for a full-service hospital that we believe is still needed in Lower Manhattan. It's a welcome addition to the mix, let's put it that way.

**Mr. Robinson** Thank you very much for your comments. Appreciate it.

**Mr. Hannay** You're welcome.

**Mr. Robinson** By the way, any questions to the speaker?

**Mr. Robinson** Thank you.

**Mr. Hannay** Thank you.

**Mr. Robinson** I think message received here. I think for the applicant, message received also. I think that would be a good thing to kind of pass on.

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

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions.

**Mr. Robinson** The motion carries.

**Mr. Robinson** Glad you had a chance to speak. I'm sorry I almost missed you.

**Mr. Robinson** Application 222211E, Nurturing Angels Home Care Inc. Again, for all of these home care agencies the geographies are pretty extensive. You need to reference the materials that you got in advance for where the specific geography. This is to transfer 95% ownership interest from a withdrawing shareholder to the remaining shareholder and one new shareholder. Department recommends approval with a condition and a contingency. Motion Dr. Torres. Second Dr. Berliner.

**Ms. Baniak** This application from Nurturing Angels Home Care Inc, which is an existing Licensed Home Care Services Agency is requesting approval for 95% ownership transfer from one withdrawing shareholder to one existing shareholder and one new shareholder. The service area are counties with no need, but because the existing LHCSAs is serving twenty-five or more patients, the need methodology is waived. The financial requirements are met because they submitted documents prepared by a CPA attesting to their financial feasibility. The applicant has passed the character and competence requirements. The workforce plan was adequately addressed and is in Attachment A to the exhibit. With that, the department is recommending contingent approval.

**Mr. Robinson** Thank you.

**Mr. Robinson** Questions for the department?

**Mr. Robinson** Applicant questions only.

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

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** Application 222224E, Responsible Home Care Inc. Again, geographic service area as defined in the attachments. Transferring 80.2% ownership interest from two current shareholders to an existing shareholder. I have to say sometimes the names of these entities' kind of... I think we could do better. The department is recommending approval with a condition. Motion by Dr. Torres. Second by Dr. Berliner.

**Ms. Baniak** This application from Responsible Home Care Inc, which is a licensed home care services agency is requesting approval for an 80.2% ownership transfer from two current shareholders to two existing shareholders. The service area are counties with no need, but because the existing LHCSA is serving twenty-five or more patients, the need methodology is waived. The financial requirements are met because they submitted documents prepared by a CPA attesting to their financial feasibility. The applicant has passed the character and competence requirements. The workforce plan was adequately addressed and is in Attachment A to the exhibit. The department is recommending approval.

**Mr. Robinson** Thank you.

**Mr. Robinson** Questions for the department?

**Mr. Robinson** Applicant questions only.

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

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** 231099E, First Class Homecare Services of New York Inc referencing a broad list of service areas as mentioned earlier, established first class home care services in New York Inc as the new operator of a licensed home care services agency currently operated by First Class Care Services Inc. Please note this is a change in ownership rather than a new licensed agency, which was, I think, previously stated on the agenda. With that, the department is recommending approval of the condition. Motion Dr. Berliner. Second Dr. Torres.

**Ms. Baniak** This application is for First Class Home Services of New York Inc doing business as First-Class Care Services Inc to become the new operator of the existing LHCSA First Class Care Services Inc. The proposed new operator has been providing operational support to the LHCSA through a management agreement previously approved by the department in September of 2018. The service area are counties with no need, but because the existing LHCSA is serving twenty-five or more patients, the need

methodology is waived. The financial requirements are met because they submitted documents prepared by a CPA attesting to their financial feasibility. The applicant has passed the character and competence requirements. The workforce plan was adequately addressed and is in Attachment A to the exhibit. With that, the department is recommending approval.

**Mr. Robinson** Thank you.

**Mr. Robinson** Questions for the department?

**Mr. Robinson** Applicant questions only.

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

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** We are on to certificates. Unless you call it out, I'm not going to ask the department to comment on any of these. Catholic Health Specialty Pharmacy the department is recommending approval. This is a certificate of assumed name.

**Mr. Robinson** Motion, please.

**Mr. Robinson** Dr. Torres.

**Mr. Robinson** Second Dr. Berliner.

**Mr. Robinson** Questions?

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Another certificate of assumed name Catholic Health Home Infusion Pharmacy. Department is recommending approval. Motion by Dr. Berliner. Second Dr. Torres.

**Mr. Robinson** Any questions?

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

Next one is A Better Way NY. Department recommends approval. Motion Dr. Torres. Second Dr. Berliner.

**Mr. Robinson** Questions?

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Thank you.

**Mr. Robinson** Summer Hill Behavioral Services department recommends approval. Dr. Torres. Second Dr. Berliner.

**Mr. Robinson** Any questions?

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions.

**Mr. Robinson** That motion carries.

**Mr. Robinson** A restated certificate of incorporation for Start Treatment and Recovery Centers Inc. Department recommends approval. Motion Dr. Torres. Second Dr. Berliner.

**Mr. Robinson** Questions?

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Finally, Certificate of Amendment to the Certificate of Incorporation for the Door A Center for Alternatives Inc. Department recommends approval. Motion by Dr. Torres. Second by Dr. Berliner.

**Mr. Robinson** Any questions?

**Mr. Robinson** All in favor?

**Mr. Robinson** Any opposed?

**Mr. Robinson** Any abstentions?

**Mr. Robinson** Motion carries.

**Mr. Robinson** Folks, you did a good job. Thank you to the members of the committee. Thank you for the department. Thank you to the public and to the applicants. We will see you at the full council meeting and hopefully Dr. Kraut will be there to entertain you.

**Mr. Robinson** We're adjourned.