

STATE OF NEW YORK
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

AGENDA

December 5, 2024

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

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

I. INTRODUCTION OF OBSERVERS

Jeffrey Kraut, Chair

II. APPROVAL OF MINUTES

September 12, 2024 PHHPC Meeting Minutes

III. REPORT OF DEPARTMENT OF HEALTH ACTIVITIES

A. Report of the Department of Health

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

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

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

IV. PUBLIC HEALTH SERVICES

Report on the Activities of the Public Health Committee

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

V. HEALTH POLICY

Report on the Activities of the Health Planning Committee

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

VI. REGULATION

Report of the Committee on Codes, Regulations and Legislation

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

For Adoption

24-01 Amendment of Section 405.19 of Title 10 NYCRR (General Hospital Emergency Services Behavioral Health)

VII. PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS

A. Report of the Committee on Establishment and Project Review

Peter Robinson, Chair of Establishment and Project Review Committee

APPLICATIONS FOR CONSTRUCTION OF HEALTH CARE FACILITIES

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

CON Applications

Acute Care Services – Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	242088 C	BronxCare Hospital Center (Bronx County)	Contingent Approval

Ambulatory Surgery Center - Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	231170 C	St Johns Episcopal Hospital So Shore (Queens County)	Contingent Approval

Diagnostic and Treatment Center – Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	242051 C	ColumbiaDoctors/NewYork-Presbyterian Imaging (Westchester County)	Contingent Approval

CATEGORY 2: Applications Recommended for Approval with the Following:

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

CON Application

Acute Care Services - Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	241095 C	Long Island Jewish Medical Center (Queens County) Mr. Kraut – Recusal	Contingent Approval

CATEGORY 3: Applications Recommended for Approval with the Following:

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

NO APPLICATIONS

CATEGORY 4: Applications Recommended for Approval with the Following:

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

NO APPLICATIONS

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

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion

NO APPLICATIONS

APPLICATIONS FOR ESTABLISHMENT AND CONSTRUCTION OF HEALTH CARE FACILITIES

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

CON Applications

Ambulatory Surgery Centers - Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	232123 E	Fifth Avenue Surgery Center (New York County)	Contingent Approval
2.	241081 E	JM Care Services, LLC d/b/a Meridian Surgery Center (Queens County)	Contingent Approval
3.	241082 B	ASC of Brooklyn (Kings County)	Contingent Approval
4.	242018 B	Woodside ASC, LLC (Queens County)	Contingent Approval
5.	242077 B	Rego Park Endo, LLC (Queens County)	Contingent Approval

Diagnostic and Treatment Centers – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	241185 E	Felix Health New York, LLC d/b/a Felix Health (Bronx County)	Contingent Approval
2.	241236 B	East 180 Operating, LLC d/b/a East 180th Street Health and Treatment Center (Bronx County)	Contingent Approval
3.	242028 B	Gamms, LLC d/b/a Zelcare Family Health Network (Orange County)	Contingent Approval

Home Care Service Agency Licensures

New Licensed Home Care Services Agencies

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	231215 E	Covenant Care of New York, LLC (Please see exhibit for list of Geographical Service Area)	Approval
2.	241261 E	Brookdale Licensed Home Care Services Agency (Please see exhibit for list of Geographical Service Area)	Contingent Approval

Changes of Ownership

1.	222211 E	Nurturing Angels Homecare, Inc. (Please see exhibit for list of Geographical Service Area)	Contingent Approval
2.	222224 E	Responsible Homecare, Inc. (Please see exhibit for list of Geographical Service Area)	Approval
3.	231099 E	1st Class Home Care Services of NY INC (Please see exhibit for list of Geographical Service Area)	Approval

Certificates

Certificate of Assumed Name

<u>Applicant</u>	<u>E.P.R.C. Recommendation</u>
Catholic Health Specialty Pharmacy	Approval
Catholic Health Home Infusion Pharmacy	Approval
A Better Way NY	Approval
Summer Hill Behavioral Services	Approval

Restated Certificate of Incorporation

<u>Applicant</u>	<u>E.P.R.C. Recommendation</u>
START Treatment & Recovery Centers, Inc.	Approval

Certificate of Amendment of the Certificate of Incorporation

Applicant

The Door – A Center for Alternatives, Inc.

E.P.R.C. Recommendation

Approval

CATEGORY 2: Applications Recommended for Approval with the Following:

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

CON Application

Ambulatory Surgery Center – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	232236 B	Central Nassau ASC LLC d/b/a Peakpoint Central Nassau ASC (Nassau County) Dr. Lim – Recusal	Contingent Approval
2.	242107 E	Queens Endoscopy ASC, LLC (Queens County) Mr. Kraut – Recusal	Approval

Diagnostic and Treatment Centers – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	241113 B	Jem NYC Consulting LLC d/b/a EMJ Healthcare Clinic (Kings County) Dr. Lim – Interest	Contingent Approval

Home Care Service Agency Licensures

New Licensed Home Care Services Agencies

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	241128 E	Mount Sinai Home Health, LLC (Please see exhibit for list of Geographical Service Area) Dr. Lim – Recusal	Approval

CATEGORY 3: Applications Recommended for Approval with the Following:

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

NO APPLICATIONS

CATEGORY 4: Applications Recommended for Approval with the Following:

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

NO APPLICATIONS

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

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion

NO APPLICATIONS

VIII. ADMINISTRATIVE LAW JUDGE’S REPORT AND RECOMMENDATION

	<u>Number</u>	<u>Applicant/Facility</u>
1.	171041 E	Shining Star Home Health Care (Kings County)

IX. NEXT MEETINGS

January 23, 2025 (NYC)
February 6, 2025 (NYC)

X. ADJOURNMENT

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

**BronxCare Health System Combined with Affiliates
Special Purpose Combined Balance Sheets
December 31, 2023 and 2022**

CON #242088 BFA
Attachment A

	2023	2022
ASSETS		
Current Assets		
Cash and cash equivalents	\$ 217,692,367	\$ 134,370,633
Investments		
Certificates of deposit	-	20,728,586
U.S. Treasury securities	180,940,372	151,673,982
Other short-term investments	6,450	6,657
Patient accounts receivable	65,655,865	64,773,601
NYS Safety Net Directed Payment Template Program receivable	60,285,998	83,534,990
Grants receivable	3,952,704	6,213,728
Other receivables	4,265,058	6,085,297
Insurance recovery receivable	1,650,000	6,175,000
Estimated amounts due from third-party payors	13,210,285	16,288,270
Due from related organizations	3,926,371	2,167,212
Inventory of materials and supplies	5,636,396	5,600,708
Prepaid expenses, deposits, and other assets	8,043,365	5,315,621
Tenant security deposits	119,620	114,780
	<u>565,384,851</u>	<u>503,049,065</u>
Total current assets		
Noncurrent Assets		
U.S. Treasury securities	159,736,981	179,199,966
Investment in health insurance organization	48,770,583	41,712,730
Other assets	1,352,041	1,180,612
Assets limited as to use	5,227,143	5,161,494
Assets held for deferred compensation	17,032,836	14,334,986
Right-of-use assets - operating leases	17,075,245	21,973,659
Right-of-use assets - finance leases	1,363,938	2,178,760
Property and equipment, net	164,134,804	161,679,628
	<u>414,693,571</u>	<u>427,421,835</u>
Total noncurrent assets		
Total assets	<u>\$ 980,078,422</u>	<u>\$ 930,470,900</u>

**BronxCare Health System Combined with Affiliates
Special Purpose Combined Balance Sheets (Continued)
December 31, 2023 and 2022**

CON #242088 BFA
Attachment A cont'd

	2023	2022
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$ 80,232,642	\$ 66,365,774
Accrued salaries, wages, and related expenses payable	67,288,571	67,501,040
Deferred grant revenue	41,032,532	41,222,424
Pension liability, current portion	19,259,917	20,618,250
Postretirement (other than pension) benefit costs, current portion	258,000	222,000
Long-term debt, net of debt issuance costs, current portion	19,811,207	2,647,747
Current portion of operating lease liabilities	5,400,919	5,242,917
Current portion of finance lease liabilities	729,498	900,263
Self-insurance reserve	200,000	200,000
Tenant security deposits	119,620	114,780
Estimated amounts due to third-party payors, current portion	113,189,513	76,295,498
NYS Safety Net Directed Payment Template Program advances	94,314,825	106,205,014
Due to related organizations	26,712,888	27,237,960
Professional claims liability	1,650,000	6,875,000
Other liabilities	1,939,680	5,491,061
Total current liabilities	<u>472,139,812</u>	<u>427,139,728</u>
Long-Term Liabilities		
Pension liability, less current portion	18,270,499	43,150,113
Postretirement (other than pension) benefit costs, less current portion	3,191,535	2,993,081
Deferred compensation payable	17,036,086	14,338,236
Long-term debt, net of debt issuance costs, less current portion	21,300,550	40,929,132
Operating lease liabilities, less current portion	12,090,461	17,007,181
Finance lease liabilities, less current portion	659,138	1,292,538
Estimated amounts due to third-party payors, less current portion	13,647,734	14,292,277
Total long-term liabilities	<u>86,196,003</u>	<u>134,002,558</u>
Total liabilities	<u>558,335,815</u>	<u>561,142,286</u>
Net Assets		
Without donor restrictions		
General fund	384,882,583	333,089,838
Departmental funds	22,312,346	22,060,780
New Directions Fund, Inc.	10,528,713	10,159,031
Total net assets without donor restrictions	417,723,642	365,309,649
With donor restrictions	<u>4,018,965</u>	<u>4,018,965</u>
Total net assets	<u>421,742,607</u>	<u>369,328,614</u>
Total liabilities and net assets	<u>\$ 980,078,422</u>	<u>\$ 930,470,900</u>

**BronxCare Health System Combined with Affiliates
Special Purpose Combined Statements of Operations
Years Ended December 31, 2023 and 2022**

CON #242088 BFA Attachment A
cont'd

	2023	2022
General Fund		
Revenues and Other Support Without Donor Restrictions		
Patient service revenue	\$ 871,269,556	\$ 870,350,202
Grants revenue	18,932,795	22,102,479
Donated vaccines	1,517,915	1,249,098
Auxiliary and other services	7,792,598	16,985,439
	<u>899,512,864</u>	<u>910,687,218</u>
Expenses and Losses		
Salaries and wages	394,231,930	372,214,820
Employee benefits	134,907,293	131,010,773
Supplies and other expenses	347,216,788	312,416,292
Leases and rentals	5,099,527	4,901,357
Interest	3,161,729	2,191,570
Depreciation and amortization	21,775,049	22,149,812
	<u>906,392,316</u>	<u>844,884,624</u>
Operating Income (Loss)	<u>(6,879,452)</u>	<u>65,802,594</u>
Other Income (Expense)		
Investment return, net	19,202,415	6,614,959
Gain on investment in health insurance organization	14,028,801	11,395,853
Contributions received	21,557	14,845
Contribution of interest in Bronx Care Associates, LP	-	2,940,635
Other revenues	996,599	-
Other components of net periodic pension and benefit costs	(3,548,012)	310,389
	<u>30,701,360</u>	<u>21,276,681</u>
Excess of Revenues Over Expenses	23,821,908	87,079,275
Change in unrealized gains on U.S. Treasury securities	3,892,423	352,617
Change in defined benefit pension plan gains and losses, prior service costs or credits, and transition assets or obligations	24,078,414	51,943,003
Increase in Net Assets Without Donor Restrictions	51,792,745	139,374,895
Net Assets Without Donor Restrictions, Beginning of Year	<u>333,089,838</u>	<u>193,714,943</u>
Net Assets Without Donor Restrictions, End of Year	<u><u>\$ 384,882,583</u></u>	<u><u>\$ 333,089,838</u></u>

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

ASSETS	MAY 31, 2024	DECEMBER 31, 2023	LIABILITIES AND FUND BALANCES	MAY 31, 2024	DECEMBER 31, 2023
<u>Current Assets</u>			<u>Current Liabilities</u>		
Cash (includes restricted fund cash of \$17,063 in 2024 and \$17,033 in 2023)	\$ 195,337	\$ 249,631	Accounts payable	\$ 71,601	\$ 80,081
US Treasury bills - ST	154,877	148,674	Accrued salaries and expenses	55,790	55,704
Accounts receivable-inpatient (Net of allowance for doubtful accounts of \$19,123 in 2024 and \$15,314 in 2023)	56,814	56,083	Accrued vacations payable	33,745	33,304
Accounts receivable-outpatient (Net of allowance for doubtful accounts of \$8,783 in 2024 and \$ 7,313 in 2023)	11,590	9,573	Advance from Agencies	8,097	354
NYS - DPT Rate Receivable	-	60,286	Current portion of mortgages payable	2,090	2,090
Due on account of funded programs	5,681	3,886	Cr.portion of operating leases	5,401	5,401
Investments	50,129	50,129	Cr.portion of finance leases	729	729
Miscellaneous receivable	18,446	5,795	Other current liabilities	16,396	18,564
Inventory of materials and supplies	4,562	5,636	Due to Special Care Center	(2,514)	(976)
Deposits	3,141	3,132	Due to Martin Luther King Jr. Health Center	(1,199)	(666)
Prepaid expenses	5,886	4,791	Due to Highbridge Woodycrest	26,707	26,713
			Due to Housing Corporation	3,118	19,512
			Due to third party	119,200	194,294
<u>Total Current Assets</u>	<u>506,463</u>	<u>597,616</u>	<u>Total Current Liabilities</u>	<u>339,161</u>	<u>435,104</u>
<u>Other Assets</u>			Due to third party - long term	13,648	13,648
Property, plant and equipment	129,105	137,211	Pension exp Payable	19,260	19,260
Construction work in progress	31,350	20,301	Cares Act Stimulus Advance / HWB	40,669	40,668
			LT.portion of operating leases	12,090	12,090
<u>Total Other Assets</u>	<u>160,455</u>	<u>157,512</u>	LT.portion of finance leases	659	659
			Housing refinancing - deferred revenue	2,485	2,485
<u>Other - LT Assets</u>			Capital leases payable/Aramark loans payable	13	80
Right of Use - Operating Leases	17,075	17,075	Mortgages payable	18,816	19,678
Right of Use - Finance Leases	1,364	1,364			
US Treasury bills - LT	179,200	179,200	<u>Total Liabilities</u>	<u>446,801</u>	<u>543,672</u>
<u>Limited Use Funds</u>			<u>Fund Balances (Deficits)</u>		
Endowment Fund	1,803	1,803	<u>General Funds</u>		
Construction Fund	-	-	Operating Fund	389,655	374,037
			Limited Use Funds	-	-
<u>Total Limited Use/Other LT Assets</u>	<u>199,442</u>	<u>199,442</u>	<u>Total General Funds</u>	<u>389,655</u>	<u>374,037</u>
<u>Total Assets</u>	<u>\$ 866,360</u>	<u>\$ 954,570</u>	<u>Restricted Funds</u>		
			Specific Donor Restricted Funds - NDF	501	501
			Specific Donor Restricted Funds - Hospital	1,715	1,715
			Specific Purpose Funds	25,885	32,842
			Endowment Fund	1,803	1,803
			<u>Total Net Assets</u>	<u>419,559</u>	<u>410,898</u>
			<u>Total Liabilities and Fund Balances</u>	<u>\$ 866,360</u>	<u>\$ 954,570</u>

BRONXCARE HEALTH SYSTEM
CONSOLIDATED COMPARATIVE STATEMENT OF OPERATIONS
FOR THE FIVE MONTHS ENDED MAY 31, 2024
\$ (000)

	ACTUAL JANUARY 1 - MAY 31 - 2024	% of Total Revenue	BUDGET JANUARY 1 - MAY 31 - 2024	% of Total Revenue	VARIANCE (UNFAV.)
<u>Operating Income</u>					
Inpatient - FFS	\$ 228,235	54.6	\$ 217,667	53.3	\$ 10,568
Value Based Payment Distribution	31,669	7.6	31,669	7.8	-
NYPHRM Pool Distribution	33,333	8.0	33,333	8.2	-
Ambulatory Patients	61,616	14.7	61,775	15.1	(159)
Other Patient Revenue	21,765	5.2	21,895	5.4	(130)
Capitated Revenue	14,202	3.4	14,836	3.6	(634)
Grants/PRF Revenue	9,775	2.3	8,769	2.2	1,006
Auxiliary Services	4,416	1.1	4,678	1.2	(262)
Investment Income	12,985	3.1	13,586	3.3	(601)
<u>Total Operating Income</u>	<u>417,996</u>	<u>100.0</u>	<u>408,208</u>	<u>100.0</u>	<u>9,788</u>
<u>Operating Expenses</u>					
Salaries & Wages	172,699	41.3	175,869	43.1	3,170
Employee Benefits	63,003	15.1	64,497	15.8	1,494
Supplies & Expenses	154,807	37.0	148,800	36.5	(6,007)
Depreciation	8,107	1.9	8,782	2.2	675
Interest Expense	323	0.1	318	0.1	(5)
Other Capital Costs	3,439	0.8	3,475	0.9	36
<u>Total Operating Expenses</u>	<u>402,378</u>	<u>96.3</u>	<u>401,741</u>	<u>98.4</u>	<u>(637)</u>
 Net Gain/(Loss)	 \$ 15,618	 3.7	 \$ 6,467	 1.6	 \$ 9,151

Health Equity Impact Assessment

Part 1 – Project Details

CON Number: 242088

Facility Name: BronxCare Hospital Center

Project Type: Full Review

Independent Entity: Health Management Associates

Part 2 – Health Equity Impact Summary

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

The Applicant proposes to add 20 inpatient psychiatric beds to its Fulton location and decertify 66 chemical dependency beds. In 2014, under the direction of the New York State Office of Addiction Services and Supports, the Applicant reduced their chemical dependency beds to 45 and relocated the beds to the BronxCare Life Recovery Center. The beds were not removed from the operating certificate at the time and will be addressed as part of this CON application.

The project aims to increase inpatient bed capacity, facilitating specialty short stays for patients requiring more than 72 hours of stabilization. The intent is to address the psychiatric priority area, focusing on promoting well-being and preventing mental and substance use disorders as identified in the Applicant's Community Service Plan. The project will integrate the 20 inpatient beds into existing infrastructure, which is anticipated to improve the hospital's ability to resolve capacity issues, reduce wait times for the Emergency Room and Comprehensive Psychiatric Emergency Program, and manage patient flow. Bronx County had the highest rate of psychiatric hospitalizations across the state in 2023, highlighting a critical need for additional beds. The Independent Entity found the project has positive impacts for the community, including increased access to inpatient psychiatric services and improved opportunities for accessing long-term supports.

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

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

A total of 81 stakeholders participated in meaningful engagement, including public health experts, community leaders, patients and/or their caregivers. The majority, 86% of participants, supported the project. However, some stakeholders expressed concerns on staffing levels, adequate training for staff treating psychiatric and behavioral health conditions, the possibility of reduced availability in outpatient services and the co-location of patients treated for substance use and mental health disorders.

The Applicant intends to mitigate negative health equity impacts by providing multilingual announcements regarding services and health care through various communication channels, including community organizations, and local news. They plan to hire additional staff by actively engaging with external recruitment agencies, leveraging social media platforms, and utilizing internal staff referrals. The Applicant has targeted staff training and educational efforts to enhance awareness and sensitivity towards mental health patients. They plan to keep community partners and the service area updated through online platforms, presentations, announcements, flyers, and brochures related to mental health issues. The Independent Entity recommended strategies for implementation, such as continued patient engagement and follow-up care post-discharge to mitigate readmission and other adverse outcomes. Additionally, they

suggested further cross training among staff on implicit bias and communicating with patients with autism spectrum disorders.

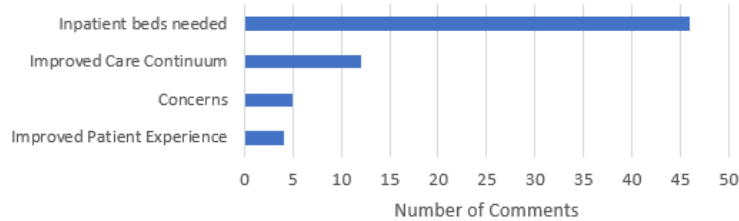
Table depicting the impact of the project on each medically underserved group

Underserved Group	Impact of Project on Demographic
Low-income	<ul style="list-style-type: none"> • The bed increases access to inpatient stabilization services for low-income people, who are overrepresented in the service area. • According to 2023 data from NYC Health, 14% of NYC adults overall had serious psychological distress, but when stratified by income, the prevalence of Serious Psychological Distress (SPD)* is 3x higher among adults from low-income households (less than 200% Federal Poverty Level) than the prevalence in households with incomes 600% or more than FPL. • SPD among people who could not pay rent was 2x that of people who could pay rent. • SPD among people who were food insecure was 3x that of people who had consistent food access. • The impact of the COVID-19 pandemic on people's finances also affected their mental health. SPD prevalence among people who reported COVID-19 was "a major threat to their personal finances" was 3x higher than for people who did not report COVID-19 as a threat to their finances.
Racial and Ethnic Minorities	<ul style="list-style-type: none"> • Additional beds are quite likely to improve access to services for racial and ethnic minorities who are overrepresented in the Applicant's service area and Bronx County. • People with a mental health condition who are from racial and ethnic minority groups are less likely to receive care than White people.
Immigrants	<ul style="list-style-type: none"> • Additional beds may increase access to inpatient care for immigrants, who are more likely to forego needed mental health care due to fears of stigma, cultural preferences, language barriers, and cost of care.
Women	<ul style="list-style-type: none"> • Additional beds may increase access to services for women, who are hospitalized less often, despite having a higher prevalence of serious mental illness than men. • Increases access to services for women, who are hospitalized less often, despite having a higher prevalence of serious mental illness.
Lesbian, gay, bisexual, transgender, or other-than-cisgender people	<ul style="list-style-type: none"> • Additional beds may increase access to care for LGBTQ+ identifying people. • According to the National Alliance on Mental Illness, people who identify as LGBTQ+ are more than 2x as likely to than heterosexual identifying adults to experience poor mental health.
People with disabilities	<ul style="list-style-type: none"> • Additional beds may increase access to care for people with disabilities who may need mental health care, inclusive of people with psychiatric disability. • People with disabilities of any type are more at risk for developing a mental health condition.
Older adults	<ul style="list-style-type: none"> • Additional beds may increase access to care for older adults, who may present with more acute needs.

	<ul style="list-style-type: none"> Older adults have less access to ongoing mental health care due to shortages of mental health professionals with expertise in the geriatric population.
Persons living with a prevalent infectious disease or condition	<ul style="list-style-type: none"> Additional beds may increase access to inpatient psychiatric services for people with prevalent infectious disease. Infectious disease has been associated with increased risk of development of mental illness.
People who are eligible for or receive public health benefits	<ul style="list-style-type: none"> Additional beds may increase access to care for people who receive public benefits, such as Medicaid, many of whom live in the Bronx. For example, during the COVID-19 pandemic in 2020, 63% of Bronx County's population was Medicaid enrolled, compared to 36% of New York State's population.
People who do not have third-party health coverage or have inadequate third-party health coverage	<ul style="list-style-type: none"> This project may expand access to inpatient psychiatric services for people in who have no third-party coverage or inadequate third-party coverage. BronxCare, as a non-profit hospital, is required to maintain a financial assistance policy to address the needs of individuals who have difficulty with the cost of care.
Other people who are unable to obtain health care	<ul style="list-style-type: none"> Additional beds may make inpatient psychiatric care more accessible for people in the Bronx who are uninsured or underinsured, given the Applicant's history as a not-for-profit, safety net hospital that maintains a financial assistance policy.

81 Stakeholders were engaged: public health experts, community leaders, employees, patients, and residents. 86% are in favor of the project.

Themes From Meaningful Engagement



In their words...

"The beds are needed in the community, and it would benefit local residents to have more access to care locally, where their families and other supports, including their community providers, can connect with them and with BronxCare to facilitate discharges planning and transition to community-based care."

-Community-Based Organization

"Increasing inpatient services capacity will help patients who need a little more time and discharge planning get engaged and care and remain engaged to continue their outpatient follow up."

-Employee

"20 beds is a start. Demand for services is likely to be high. The community needs additional local access to mental health services. Key to this work is appropriate levels of staffing to ensure continuity of care from admission to discharge."

- Community-Based Organization

"I like the idea of more beds for the patients. Perhaps the addition of a new floor can lead to more innovative strategies such as a medical psychiatry transitional unit, with more medically trained nurses."

-Employee

Stakeholders have feedback about:



Inpatient Beds Needed

The majority of stakeholders reflect that the additional inpatient psychiatric beds are much needed in this medically underserved community. They mention that post pandemic there is an increased demand for mental health services. The medically underserved groups: low-income, racial and ethnic minorities, immigrants and migrants, persons experiencing homelessness and people with criminal legal system involvement are expected to benefit.

Improved Care Continuum

Stakeholder comments hope that the new project will strengthen the care continuum. They discuss the importance of BronxCare maintaining strong partnerships with other mental health care providers in the area to foster strong, high-quality discharge planning that maintains connection to outpatient services after discharge.

Concerns

Stakeholders discuss concerns about the project, primarily referring to inadequate staffing levels and having people who are being treated for substance use in the same place as those being treated for mental health disorders. They express hope that staff be trained appropriately.

Improved Patient Experience

Stakeholders are hopeful for an improved patient experience. Families will be closer to patients to offer support. Stakeholders also mention anticipated shorter wait times and staff training that includes cultural competency and showing more care to patients.

Part 4 – Conclusion

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

☐ Approval is not recommended based on the information and analysis presented in the Health Equity Impact Assessment, which demonstrates that the proposed project may result in one or more potentially large or significant adverse health equity impacts.

Lead DOH Office:

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

Date:

10/9/2024

Full Name of Reviewer:

Sabrina Khan

Health Equity Impact Assessment Unit Director:

Olutomisin Akanbi

Queens County- facilities providing same services as the applicant within a 3 Miles radius of the proposed location (highlighted in green). Services (Ambulatory Surgery - Single Specialty - Gastroenterology, Certified Mental Health O/P, Medical Services - Other medical Specialties, Medical Services Primary Care and Radiology Therapeutic O/p



CODE Facility

H1 St Johns Episcopal Hospital So Shore

H ext1 Community Mental Health Center

H ext2 Psychiatric Day Treatment Clinic

H ext3 St. John's Episcopal Hospital Ambulatory Care Center

D&TC ext1 Joseph P Addabbo Family Health Center

D&TC ext2 Joseph P Addabbo Family Health Center

Episcopal Health Services Inc. and Subsidiaries

Consolidated Statements of Financial Position
(In Thousands)

	December 31,	
	2022	2021
ASSETS		
Current Assets		
Cash and cash equivalents	\$ 15,789	\$ 9,275
Accounts receivable, net of allowance for doubtful accounts	17,076	15,553
Due from third-party payors	3,402	5,394
Assets limited as to use, current portion	13,602	7,869
Other receivables and prepaid expenses	7,394	16,814
Inventories	4,163	3,659
Investments in and held by captive insurance companies, current portion	4,175	3,291
Total Current Assets	65,601	61,855
Assets limited as to use, net of current portion	31,324	30,724
Investments in and held by captive insurance companies, net of current portion	17,310	21,118
Investment in limited liability company	18,903	16,984
Insurance recoveries receivable	4,135	4,031
Other assets	6,352	836
Loan receivable, New Markets Tax Credit (Note 9)	17,116	17,116
Right-of-use assets - operating lease, net	17,303	-
Property, buildings and equipment, net	116,128	89,340
	<u>\$ 294,172</u>	<u>\$ 242,004</u>

See notes to consolidated financial statements

Episcopal Health Services Inc. and Subsidiaries

Consolidated Statements of Financial Position
(In Thousands)

	December 31,	
	2022	2021
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable and accrued expenses	\$ 36,506	\$ 31,697
Accrued salaries and related liabilities	24,617	22,704
Current portion of long-term debt	11,490	828
Current portion of long-term debt, New Markets Tax Credit (Note 9)	185	59
Current portion of accrued workers' compensation	2,123	1,752
Current portion of third-party payor liabilities	5,434	10,619
Current portion of professional liabilities	4,175	3,291
Current portion of deferred payroll taxes - CARES Act	-	3,146
Medicare advances - CARES Act	-	10,315
Deferred Value Based Payments	7,726	-
Operating lease liabilities, current portion	2,271	-
Other current liabilities	159	143
Total Current Liabilities	94,686	84,554
Long-term debt, net of current portion	29,102	24,386
Long-term debt, loan for New Markets Tax Credit (Note 9)	9,752	9,941
Accrued workers' compensation, net of current portion	10,048	7,861
Professional liabilities, net of current portion	28,538	31,790
Third-party payor liabilities, net of current portion	25,120	23,004
Operating lease liabilities, net of current portion	15,406	-
Accrued pension liability	943	370
Other long-term liabilities	525	525
Long-term debt, New Markets Tax Credit notes (Note 9)	23,090	23,090
Total Liabilities	237,210	205,521
Net Assets		
Without donor restrictions	51,951	32,731
With donor restrictions	5,011	3,752
Total Net Assets	56,962	36,483
	<u>\$ 294,172</u>	<u>\$ 242,004</u>

See notes to consolidated financial statements

Episcopal Health Services Inc. and Subsidiaries

Consolidated Statements of Activities
(In Thousands)

	Year Ended December 31,	
	2022	2021
OPERATING REVENUE		
Patient service revenue, net of contractual allowances	\$ 223,436	\$ 179,715
Provider Relief Fund revenue - CARES Act	-	20,603
Other revenue	135,127	102,396
Investment (loss) income	(1,149)	181
Net assets released from restrictions used for operations	1,008	365
Total Operating Revenue	<u>358,422</u>	<u>303,260</u>
OPERATING EXPENSES		
Salaries and wages	158,257	151,132
Employee benefits	53,895	49,604
Supplies and other	117,905	91,564
Depreciation and amortization	8,007	7,684
Interest	1,710	999
Total Operating Expenses	<u>339,774</u>	<u>300,983</u>
Excess of Operating Revenue over Operating Expenses	18,648	2,277
Pension liability adjustment	(301)	766
Capital grants	873	6,178
Change in Net Assets Without Donor Restrictions	<u>\$ 19,220</u>	<u>\$ 9,221</u>

See notes to consolidated financial statements

Episcopal Health Services Inc. and Subsidiaries
Consolidating Balance Sheets
September 30, 2023 and September 30, 2022
(In Thousands)

Project # 231170
BFA Attachment B

	St. John's Hospital	Physician Practices	Total Consolidated 9/30/2023	Unaudited Total Consolidated 12/31/2022	Net Change
Assets:					
Cash & cash equivalents	\$ 16,384	\$ 1,713	\$ 18,097	\$ 24,073	\$ (5,976)
Marketable securities	321	-	321	333	(12)
Accounts receivable net of allowance for doubtful accounts	14,739	-	14,739	17,076	(2,337)
Other receivables & prepaid expenses	1,162	194	1,356	(2,413)	3,769
Due from third parties	(25,435)	-	(25,435)	3,402	(28,837)
Assets limited as to use, current	20,241	-	20,241	21,159	(918)
Inventories	4,083	-	4,083	4,163	(80)
Total Current Assets	31,495	1,907	33,402	67,793	(34,391)
Deferred expenses	786	87	873	861	12
Other assets	40,048	-	40,048	44,927	(4,879)
Inv. held by captive Ins. Co.	18,276	-	18,276	18,276	-
Assets limited as to use	32,969	-	32,969	4,194	28,775
Prepaid pension costs	-	-	-	-	-
Property & equipment, net	139,671	4,921	144,592	118,732	25,860
Total Assets	<u>263,245</u>	<u>6,915</u>	<u>270,160</u>	<u>254,783</u>	<u>15,377</u>
Liabilities and Net Assets:					
Accounts payable	20,255	110	20,365	23,410	(3,045)
Accrued expenses	21,148	267	21,415	15,084	6,331
Accrued salaries and related liabilities	21,075	170	21,245	24,617	(3,372)
Current portion of long term debt	11,595	420	12,015	13,946	(1,931)
Other current liabilities	8,157	1,962	10,119	9,922	197
Total Current Liabilities	82,230	2,929	85,159	86,979	(1,820)
Long term debt	74,985	4,029	79,014	54,250	24,764
Accrued pension liability	943	-	943	943	-
Professional & self-insured liabilities	36,516	-	36,516	38,586	(2,070)
Other Liabilities, Non Current	17,380	(44)	17,336	22,411	(5,075)
Total Liabilities	212,054	6,914	218,968	203,169	15,799
Net Assets					
Unrestricted	47,540	1	47,541	47,294	247
Temporarily restricted	2,655	-	2,655	3,324	(669)
Permanently restricted	996	-	996	996	-
Total Net Assets	51,191	1	51,192	51,614	(422)
Total Liabilities and Net Assets	<u>263,245</u>	<u>6,915</u>	<u>270,160</u>	<u>254,783</u>	<u>15,377</u>

Episcopal Health Services Inc. and Subsidiaries
Consolidating Statements of Operations
For the Period Ended September 30, 2023
Actual vs Budget

(In Thousands)

	St. John's Hospital	St. John's Medical	Actual	Budget	Variance Favorable (Unfavorable)	% Change
Operating Revenues:						
Patient service revenue, net of contractual allowances	\$ 171,585	\$ 7,630	\$ 179,215	\$ 158,773	\$ 20,442	12.9%
Other operating revenue	14,425	-	14,425	15,665	(1,240)	-7.9%
VBQP/DSRIP Revenue	90,411	-	90,411	93,934	(3,523)	-3.8%
Net assets released	1,035	-	1,035	-	1,035	0.0%
Total operating revenue	277,456	7,630	285,086	268,372	16,714	6.2%
Operating Expenses:						
Salaries and wages	127,522	3,172	130,694	127,503	(3,191)	-2.5%
Fringe Benefits	41,642	736	42,378	42,304	(74)	-0.2%
Supplies & other expenses	57,329	2,029	59,358	52,848	(6,510)	-12.3%
Professional fees	38,052	1,592	39,644	39,183	(461)	-1.2%
Insurance	7,140	-	7,140	7,171	31	0.4%
Interest	1,012	-	1,012	1,333	321	24.1%
Depreciation & amortization	6,158	47	6,205	6,178	(27)	-0.4%
Total operating expenses	278,855	7,576	286,431	276,519	(9,912)	-3.6%
Excess of operating revenues over (under) operating expenses before other items	(1,399)	54	(1,345)	(8,147)	6,802	83.5%
Investment income (loss)	1,676	-	1,676	-	1,676	0.0%
Excess of operating revenues over (under) operating expenses	277	54	331	(8,147)	8,478	104.1%
Non-operating income and expenses:						
Other income (expenses)	-	-	-	-	-	0.0%
Profit/Loss Physician P.C.s	55	(55)	-	-	-	0.0%
Increase (decrease) in unrestricted assets	\$ 332	\$ -	\$ 331	\$ (8,147)	\$ 8,478	104.1%

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

CERTIFY EXTENSION CLINIC

MONTHLY CASH FLOW ANALYSIS - 16 MONTHS (INCREMENTAL PROJECT ONLY)

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Starting Cash*	\$24,073,000	\$23,718,513	\$23,710,488	\$23,702,462	\$23,694,436	\$23,686,411	\$23,678,385	\$23,670,360	\$23,662,334	\$23,654,308	\$23,646,283	\$23,638,257	\$23,630,181	\$23,668,076	\$23,705,971	\$23,743,866
Monthly Revenue	\$692,922	\$1,039,383	\$1,039,383	\$1,039,383	\$1,039,383	\$1,039,383	\$1,039,383	\$1,039,383	\$1,039,383	\$1,039,383	\$1,039,383	\$1,039,383	\$1,187,987	\$1,187,987	\$1,187,987	\$1,187,987
Monthly Expenses	\$1,047,409	\$1,047,409	\$1,047,409	\$1,047,409	\$1,047,409	\$1,047,409	\$1,047,409	\$1,047,409	\$1,047,409	\$1,047,409	\$1,047,409	\$1,047,459	\$1,150,092	\$1,150,092	\$1,150,092	\$1,150,092
Remaining Cash	\$23,718,513	\$23,710,488	\$23,702,462	\$23,694,436	\$23,686,411	\$23,678,385	\$23,670,360	\$23,662,334	\$23,654,308	\$23,646,283	\$23,638,257	\$23,630,181	\$23,668,076	\$23,705,971	\$23,743,866	\$23,781,761

* Beginning Cash is amount of Cash & Cash Equivalents per the most recent Internal Financial Statement for the applicant.

Project # 231170
BFA Attachment C

9. New Markets Tax Credit

In January 2021, EHS and SJ Holdings entered into various debt agreements facilitated by the New Markets Tax Credit to fund the construction of an Ambulatory Pavilion. A summary of the transactions are as follows:

EHS Debt Agreements

The following loans totaling \$10,000,000 were obtained by EHS to provide funding to Chase NMTC SJEH Investment Fund, LLC (an unrelated entity). These and other funds were subsequently transferred by Chase NMTC SJEH Investment Fund, LLC to the Sub Community Development Entities (see below), less certain fees.

- a) EHS entered into a loan agreement with Capital Impact Partners for \$5 million. Payments of interest on the loan began in February 2021 and continued through August 2022 at an interest rate of 5.84%. Interest expense for the loan for the years ended December 31, 2022 and 2021 was \$296,000 and \$260,000, respectively. Beginning in September 2022, EHS is required to pay monthly installments of interest and principal. At December 31, 2022 and 2021, the loan balance outstanding was approximately \$4.97 million and \$5 million, respectively. The loan principal balance and all accrued and unpaid interest is due on January 15, 2028. The loan is secured by a first lien position on certain property owned by EHS. In connection with the above loan agreement, EHS is required to meet certain debt covenants.
- b) EHS entered into a loan agreement with Nonprofit Finance Fund for \$5 million. Payments of interest on the loan began in February 2021 and continued through August 2022 at an interest rate of 5.75%. Interest expense for the loan for the years ended December 31, 2022 and 2021 was \$291,000 and \$256,000, respectively. Beginning in September 2022, EHS is required to pay monthly installments of interest and principal. At December 31, 2022 and 2021, the loan balance outstanding was approximately \$4.97 million and \$5 million, respectively. The loan principal balance and all accrued and unpaid interest is due on January 15, 2028. The loan is secured by a first lien on certain property and capital improvements owned by EHS. In connection with the above loan agreement, EHS is required to meet certain debt covenants.

At December 31, 2022, aggregate annual maturities on these debt agreements are payable as follows (in thousands):

2023	\$	185
2024		195
2025		208
2026		221
2027		234
Thereafter		<u>8,894</u>
Total	\$	9,937

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements December 31, 2022
and 2021

9. New Markets Tax Credit *(continued)*

Notes Payable between SJ Holdings and the Sub Community Development Entities

The following long-term notes payable totaling \$23,090,000 were obtained by SJ Holdings as the qualified low-income community business borrower from the Sub Community Development Entities listed below to purchase and build the Ambulatory Pavilion:

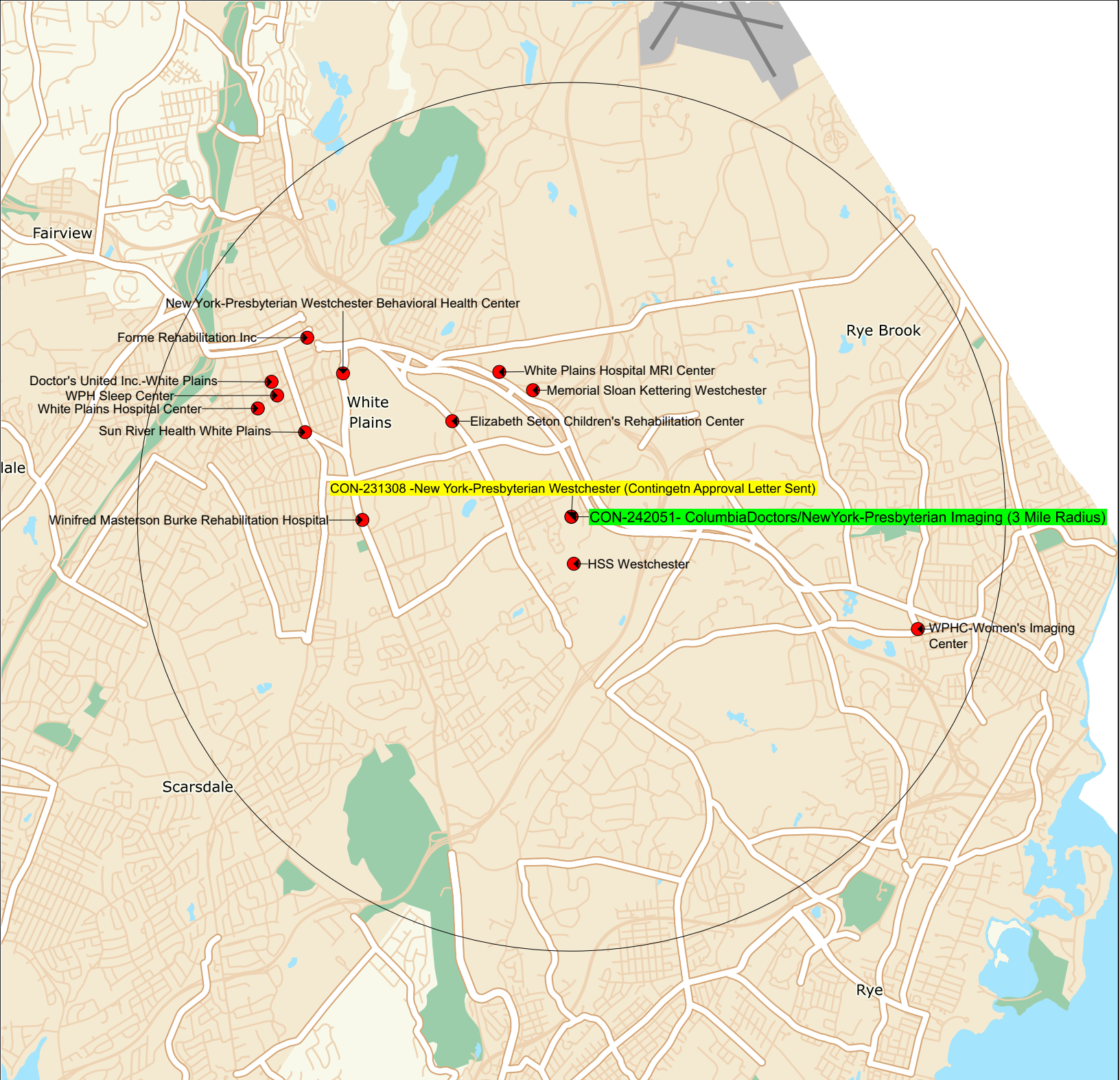
- a) SJ Holdings entered into two note agreements in January 2021 for \$2,122,500 and \$877,500, with Chase New Markets Corporation SUB-CDE 180, LLC. Payments on the note are interest only at an interest rate of 1.10%. Payments of principal and interest begin on September 1, 2028 and continue until the notes mature on March 31, 2051. The notes are secured as described in the Building and Loan Agreement in accordance with the assignment of construction documents, account pledge and control agreements as well as various other agreements.
- b) SJ Holdings entered into two note agreements in January 2021 for \$3,273,750 and \$1,136,250, with CCG SUB-CDE 45, LLC. Payments on the notes are interest only at an interest rate of 1.10%. Payments of principal and interest begin on September 1, 2028 and continue until the notes mature on March 31, 2051. The notes are secured as described in the Building and Loan Agreement in accordance with the assignment of construction documents, account pledge and control agreements as well as various other agreements.
- c) SJ Holdings entered into two note agreements in January 2021 for \$11,720,00 and \$3,960,000, with NYCR SUB-CDE 8, LLC. Payments on the notes are interest only at an interest rate of 1.10%. Payments of principal and interest begin on September 1, 2028 and continue until the notes mature on March 31, 2051. The notes are secured as described in the Building and Loan Agreement in accordance with the assignment of construction documents, account pledge and control agreements as well as various other agreements.

SJ Holdings recorded capitalized costs for the notes of \$1,318,465 during 2021.

In connection with the above note agreements, SJ Holdings is required to meet certain debt covenants.

EHS Loan and Interest Receivable

In connection with the New Markets Tax Credit transaction, in January 2021, EHS provided an unsecured loan to Chase NMTC SJEH Investment Fund, LLC \$17,116,250. The loan is secured by a first lien on the membership interest of SUB-CDE 180, LLC, CCG SUB-CDE 45, LLC and NYCR SUB-CDE 8, LLC (collectively the "Sub Community Development Entities"). The loan is comprised of three promissory notes; two notes for \$5 million each and one note for \$7,116,250. Note payments are interest only until maturity at an interest rate of 1%. The notes mature in March 2051 and are classified as long-term assets in the accompanying consolidated statements of financial position.



The map represents facilities within a 3-mile radius of the applicant providing at least one of the specialties proposed by the applicant(Highlighted in green), Services: CT Scanning, Magnetic Resonance imaging (MRI) and other medical specialties.

The New York and Presbyterian Hospital
Consolidated Statements of Financial Position

	December 31	
	2023	2022
	<i>(In Thousands)</i>	
Assets		
Current assets:		
Cash, cash equivalents and short-term investments:		
Cash and cash equivalents	\$ 631,591	\$ 402,937
Short-term investments	2,803,218	2,338,756
Total cash, cash equivalents and short-term investments	3,434,809	2,741,693
Patient accounts receivable – net	1,637,582	1,346,285
Other current assets	702,632	577,739
Assets limited as to use – current portion	88,425	45,436
Professional liabilities insurance recoveries receivable and related deposits – current portion	100,291	91,456
Beneficial interest in net assets held by related organizations – current portion	69,267	73,284
Due from related organizations – net	12,889	35,701
Total current assets	6,045,895	4,911,594
Assets limited as to use – noncurrent	5,987,681	5,194,047
Property, buildings and equipment – net	5,019,790	5,067,143
Operating lease assets	515,848	563,885
Other noncurrent assets – net	175,145	291,410
Professional liabilities insurance recoveries receivable and related deposits – noncurrent	375,009	303,926
Beneficial interest in net assets held by related organizations – noncurrent	2,768,286	2,500,701
Total assets	\$ 20,887,654	\$ 18,832,706

	December 31	
	2023	2022
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current liabilities:		
Long-term debt – current portion	\$ 74,372	\$ 84,487
Operating lease liability – current portion	70,009	67,838
Accounts payable and accrued expenses	1,163,814	1,115,921
Accrued salaries and related liabilities	854,144	657,926
Postretirement benefit liability – current portion	5,502	5,344
Professional and other insurance liabilities – current portion	121,184	113,299
Other current liabilities	328,272	286,075
Total current liabilities	2,617,297	2,330,890
Long-term debt	3,826,648	3,908,311
Operating lease liability	473,585	522,649
Professional and other insurance liabilities	907,169	834,116
Postretirement benefit liability	42,876	37,996
Other noncurrent liabilities	711,866	407,817
Total liabilities	8,579,441	8,041,779
Commitments and contingencies		
Net assets:		
Net assets without donor restrictions	9,434,393	8,184,061
Net assets with donor restrictions	2,873,820	2,606,866
Total net assets	12,308,213	10,790,927
Total liabilities and net assets	\$ 20,887,654	\$ 18,832,706

The New York and Presbyterian Hospital

Consolidated Statements of Operations

	Year Ended December 31	
	2023	2022
	<i>(In Thousands)</i>	
Operating revenues		
Net patient service revenue	\$ 10,841,395	\$ 9,708,841
Other revenue	1,599,380	1,019,304
Total operating revenues	12,440,775	10,728,145
Operating expenses		
Salaries and wages	5,578,991	4,963,681
Employee benefits	1,345,820	1,210,810
Supplies and other expenses	4,456,506	3,625,471
Interest and amortization of deferred financing fees	156,571	155,296
Depreciation and amortization	559,843	571,627
Total operating expenses	12,097,731	10,526,885
Operating income	343,044	201,260
Investment return – net	772,062	(694,578)
Expected return on plan assets and other components of net periodic pension and postretirement cost	70,352	56,222
Excess (deficiency) of revenues over expenses	1,185,458	(437,096)
Other changes in net assets without donor restrictions:		
Net asset transfers to related parties	(2,484)	(5,608)
Other changes in net assets	(524)	(125)
Disaster Relief Fund receipts from Federal Emergency Management Agency for the purchase of fixed assets	63,000	–
Distributions from New York-Presbyterian Fund, Inc. for the purchase of fixed assets	110,025	50,658
Change in pension and postretirement benefit liabilities to be recognized in future periods	(105,143)	353,082
Change in net assets without donor restrictions	\$ 1,250,332	\$ (39,089)

NEW YORK-PRESBYTERIAN HOSPITAL
(including NYP/Lawrence Hospital and affiliates)
Statement of Financial Position
As of June 30, 2024 and December 31, 2023

UNAUDITED

Assets	Consolidated NYPH June 30, 2024	Consolidated NYPH December 31, 2023	Liabilities and net assets	Consolidated NYPH June 30, 2024	Consolidated NYPH December 31, 2023
Current assets:			Current liabilities:		
Cash and cash equivalents	\$ 604,317	\$ 582,436	Long-term debt - current portion	70,791	\$ 70,809
Short-term investments	2,625,203	2,706,810	Operating lease liability - current portion	51,595	56,049
Total cash, cash equivalents & short-term investments	3,229,520	3,289,246	Accounts payable and accrued expenses	917,878	954,158
			Accrued salaries and related liabilities	684,585	746,053
Patient accounts receivable, net	1,494,962	1,440,344	Accrued interest payable	50,277	49,276
Other current assets	515,545	551,043	Postretirement liabilities - current portion	4,216	4,216
Assets limited as to use - current portion	54,082	87,345	Other current liabilities	263,178	272,627
Beneficial interest in net assets held by related organizations - current portion	86,877	69,267	Professional liabilities - current portion	104,515	103,206
Professional liabilities insurance recoveries receivables - current portion	84,610	84,610	Due to related organizations	35,827	33,243
Loan receivable from RHN - current portion	9,038	8,850			
Due from related organizations	466,740	359,506			
			Total current liabilities	2,182,862	2,289,637
Total current assets	5,941,374	5,890,211			
			Professional liabilities	803,827	805,174
Assets whose use is limited:			Postretirement benefit liability	27,093	26,073
Under debt agreements	3,848	3,776	Pension liability	-	-
Permanently restricted	174	174			
Donor - Restricted	5,297	5,172	Other noncurrent liabilities	715,348	677,539
Board designated for capital	3,160,982	3,014,233			
Board designated depreciation fund	2,910,417	2,542,268	Deferred revenue	-	-
Board designated-self-insurance fund	62,043	59,093			
Board designated	54,976	52,844	Operating lease liability, long-term	406,055	410,422
Insurance in Captive	260,912	251,367	Long-term obligations, less current portion	3,790,837	3,821,461
Total assets whose use is limited	6,458,649	5,928,927			
			Total liabilities	7,926,022	8,030,306
Other noncurrent assets	207,423	223,336			
Loan receivable from Regional Hospital Network	112,120	116,686			
Property, plant and equipment, net	4,513,933	4,447,584	Net assets:		
Operating lease assets - right of use	433,026	441,453	Unrestricted	9,962,593	9,253,509
Professional liabilities insurance recoveries receivables	323,063	318,981	Temporarily restricted - held by related	2,619,052	2,540,870
			Permanently restricted - held by related	318,575	310,779
Assets held by related organization			Total net assets	12,900,220	12,105,158
Investments, less current portion	2,433,435	2,312,469			
Pledges receivable	403,219	455,817	Total liabilities and net assets	20,826,242	20,135,464
Total assets held by related organization	2,836,654	2,768,286			
Total assets	20,826,242	20,135,464			

NEW YORK-PRESBYTERIAN HOSPITAL
STATEMENT OF OPERATIONS
JUNE 30, 2024
(IN THOUSANDS)

	Actual	Budget	Variance	Prior Year
REVENUE				
Net inpatient revenue	\$3,614,640	\$3,473,627	\$141,013	\$3,263,566
Net outpatient revenue	1,319,680	1,328,046	(8,366)	1,250,024
Net patient service revenue less provision for bad debts	4,934,320	4,801,673	132,647	4,513,590
Other revenue	267,245	240,958	26,287	202,706
Total revenue	5,201,565	5,042,632	158,934	4,716,296
EXPENSES				
Salaries and wages	2,426,392	2,371,546	(54,847)	2,195,440
Employee benefits	605,022	619,308	14,286	534,094
Supplies and other expenses	1,588,840	1,543,211	(45,629)	1,497,947
Depreciation and amortization	256,905	256,905	-	270,912
Interest	69,807	72,412	2,605	72,936
Leases and rentals	36,592	37,853	1,260	37,379
Total expenses	4,983,560	4,901,234	(82,326)	4,608,709
OPERATING INCOME (LOSS)	218,005	141,399	76,608	107,588
Prior years settlements and other items	99,500	42,858.00	56,642	55,693
FEMA Grant	-	-	-	111,122
Other items	(106,000)	-	(106,000)	26,900
ADJUSTED OPERATING INCOME (LOSS)	211,505	184,257	27,250	301,303
Voluntary Retirement Offer	-	-	-	-
Non-operating Pension items	27,258	27,258	-	24,073
Investment income	424,375	263,543	140,832	367,354
NET GAIN(LOSS)	\$ 663,138	\$ 495,058	\$ 168,082	\$ 692,730
OTHER CHANGES IN UNRESTRICTED NET ASSETS				
Net asset transfer to related parties	(3,280)	-	(3,280)	(488)
Net assets transfer from System Inc	4,607	-	4,607	-
Net assets transfer to restricted funds	(305)	106	(411)	(237)
Distributions from FEMA for the purchase of fixed assets	-	-	-	63,000
purchase of fixed assets	15,496	-	15,496	40,287
Change in additional minimum pension liability	29,428	-	29,428	(11,242)
INCREASE / (DECREASE) IN UNRESTRICTED NET ASSETS	\$ 709,084	\$ 495,164	\$ 213,922	\$ 784,049

ColumbiaDoctors/NewYork-Presbyterian Imaging
Balance Sheets
December 31, 2023 and 2022

BFA Attachment C
CON 242051

	2023	2022
Assets		
Current assets		
Cash and cash equivalents	\$ 55,464,383	\$ 42,431,479
Patient receivables, net	7,575,532	5,346,181
Investment income receivable	221,170	-
Prepaid expenses	71,415	122,585
Total current assets	63,332,500	47,900,245
Property and equipment, net	15,899,356	12,786,587
Right-of-use, lease assets	13,487,723	15,868,146
Total assets	<u>\$ 92,719,579</u>	<u>\$ 76,554,978</u>
Liabilities		
Current liabilities		
Accounts payable and accrued expenses	\$ 3,534,447	\$ 2,751,344
Deferred rent - current portion	158,629	158,629
Finance lease obligation - current portion	560,690	758,204
Operating lease obligation - current portion	2,839,402	2,720,599
Total current liabilities	7,093,168	6,388,776
Deferred rent	1,532,037	1,948,588
Finance lease obligation	1,666,276	1,762,307
Operating lease obligation	10,666,798	13,194,252
Subvention due to Columbia University	1,259,635	1,259,635
Subvention due to NewYork-Presbyterian Fund, Inc.	1,259,635	1,259,635
Total liabilities	<u>23,477,549</u>	<u>25,813,193</u>
Net assets		
Without donor restrictions	<u>69,242,030</u>	<u>50,741,785</u>
Total net assets without donor restrictions	<u>69,242,030</u>	<u>50,741,785</u>
Total liabilities and net assets	<u>\$ 92,719,579</u>	<u>\$ 76,554,978</u>

ColumbiaDoctors/NewYork-Presbyterian Imaging
Statements of Operations and Changes in Net Assets
Years Ended December 31, 2023 and 2022

BFA Attachment C (cont'd)
CON 242051

	2023	2022
Operating revenue		
Net patient care revenue	\$ 64,567,118	\$ 59,015,795
Other revenue	952,429	-
Total operating revenue	<u>65,519,547</u>	<u>59,015,795</u>
Operating expenses		
Professional services	7,727,468	7,690,466
Employee leasing	11,924,432	10,576,883
Equipment lease	598,806	617,955
Rent	4,687,134	4,564,837
Administrative services	18,055,667	17,656,436
Quality and other support	1,105,380	1,073,184
Interest	68,479	54,023
Depreciation and amortization	2,513,617	2,549,125
Other	338,319	426,252
Total operating expenses	<u>47,019,302</u>	<u>45,209,161</u>
Excess of revenues over expenses	18,500,245	13,806,634
Net assets without donor restrictions		
Beginning of year	<u>50,741,785</u>	<u>36,935,151</u>
End of year	<u>\$ 69,242,030</u>	<u>\$ 50,741,785</u>

Imaging

Balance Sheets As of 6/30/2024 and 12/31/2023

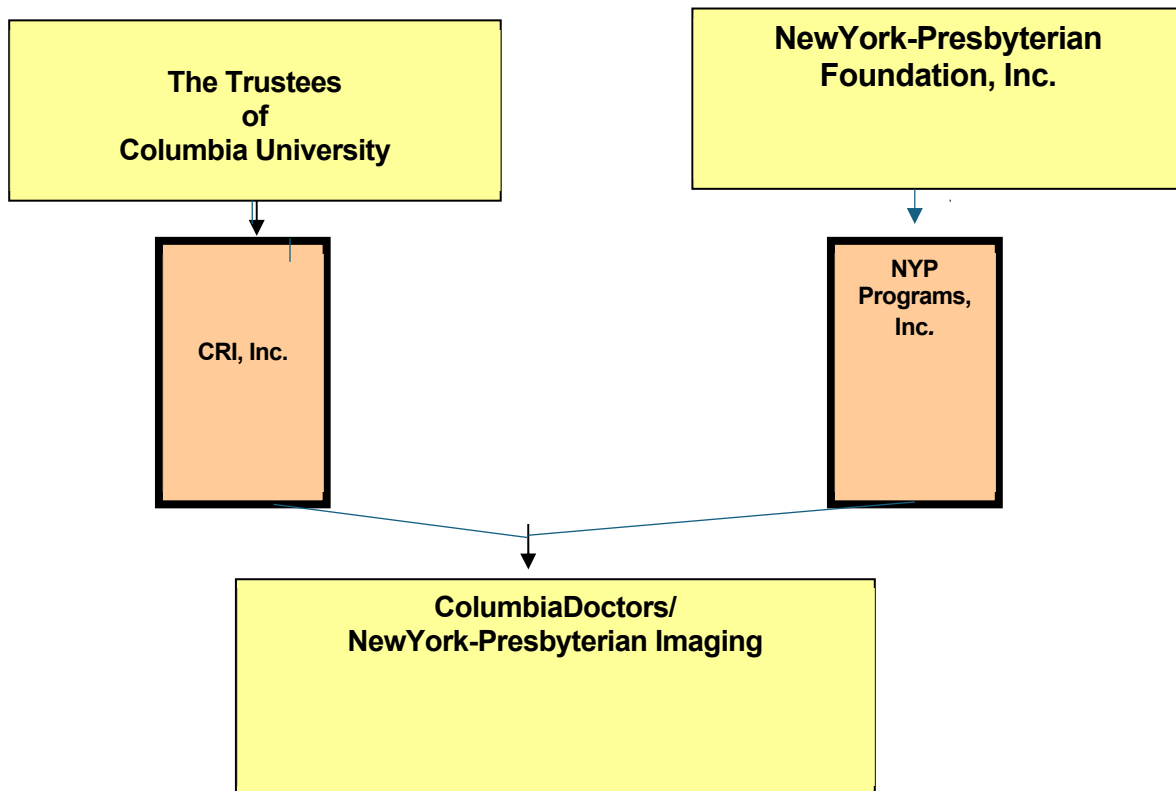
	6/30/2024	Audited 12/31/2023
Assets		
Cash	\$ 63,095,161	\$ 55,464,383
Patient receivables, net	5,913,305	7,575,532
Investment income receivable	192,310	221,170
Prepaid expense	41,097	71,415
Property, plant and equipment, net	19,483,636	15,899,356
Right of use, lease assets, net	12,048,948	13,487,723
Total assets	\$ 100,774,457	\$ 92,719,579
Liabilities		
Accounts payable and accrued expenses	\$ 4,413,423	\$ 3,534,447
Deferred rent	1,482,391	1,690,666
Financing Lease Obligation	1,969,762	2,226,966
Right of use, lease obligation	11,942,908	13,506,200
Subvention due to Columbia University	1,259,635	1,259,635
Subvention due to NewYork-Presbyterian Hospital	1,259,635	1,259,635
Total liabilities	22,327,754	23,477,549
Net assets		
Without donor restrictions	78,446,703	69,242,030
Total net assets without donor restrictions	78,446,703	69,242,030
Total liabilities and net assets	\$ 100,774,457	\$ 92,719,579

Imaging

Statements of Operations For the Period Ended 6/30/2024 (Current Year vs. Prior Year)

	June YTD			
	2024	2023	Variance	Variance %
Revenue				
Net patient care revenue	\$33,770,138	\$ 31,229,998	\$ 2,540,140	8%
Total operating revenue	33,770,138	31,229,998	2,540,140	8%
Expenses				
Professional services	4,286,334	3,912,672	373,662	10%
Employee leasing	6,978,084	6,376,032	602,052	9%
Equipment lease	107,727	480,325	(372,598)	-78%
Rent	2,115,317	2,122,484	(7,167)	0%
Quality and other support	569,267	552,690	16,577	3%
Administrative services	10,175,904	9,298,926	876,978	9%
Depreciation	1,177,079	1,214,866	(37,787)	-3%
Interest	36,324	29,055	7,269	25%
Other	172,417	177,329	(4,912)	-3%
Total operating expenses	25,618,452	24,164,379	1,454,073	6%
Operating surplus	\$ 8,151,686	\$ 7,065,619	\$ 1,086,067	15%
Non-Operating activities				
Investment Income	1,273,733	-	1,273,733	N/A
Vernon Hills preconstruction rent	(220,746)	(202,601)	(18,145)	9%
Total non-operating activities	1,052,987	(202,601)	1,255,588	-620%
Net surplus/(loss)	\$ 9,204,673	\$ 6,863,018	\$ 2,341,655	34%

Organization Chart ColumbiaDoctors/NewYork-Presbyterian Imaging



The passive sole member of CRI, Inc is the Trustees of Columbia University in the City of New York, a New York corporation formed by special act of the New York State Legislature.

The passive sole member of NYP Programs, Inc is NewYork-Presbyterian Foundation Inc., a NewYork not-for-profit corporation.

Health Equity Impact Assessment

Part 1 – Project Details

CON Number: 242051

Facility Name: Columbia Doctors (NYP Imaging)

Project Type: Full Review

Independent Entity: ECG Management Consultants

Part 2 – Health Equity Impact Summary

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

The anticipated impacts on affected medically underserved groups identified by the Independent Entity are positive. Ten percent of the Applicant's current patient population travel from Rockland and Westchester counties and surrounding areas to midtown Manhattan, where they face a service wait time of three weeks to three months. Providing dedicated imaging services within the project's service area will enhance the patient experience by providing advanced care that is easily accessible to where patients live and receive care, creating a more patient-centric experience and an operationally efficient setting for care. The proposed imaging services operated by the Applicant will complement on-site medical specialties and provide a streamlined and cohesive patient experience in an area that is currently underserved in medical imaging service options. Immigrants and women are more prevalent in the project's service area than the New York State average, and both groups are particularly vulnerable to poor health outcomes without accessible imaging services as preventable measures. Additionally, low-income people will benefit from the Applicant's program to connect patients to funding options available at the state-level and/or sliding scale charges.

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

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

Meaningful engagement showed full support (100%) for the project, with all 12 stakeholders favoring the project. The stakeholders interviewed were public health experts and community leaders who represented medically underserved groups affected by the project. There was positive support for the project with respect to improved patient experience, access to care, and transportation.

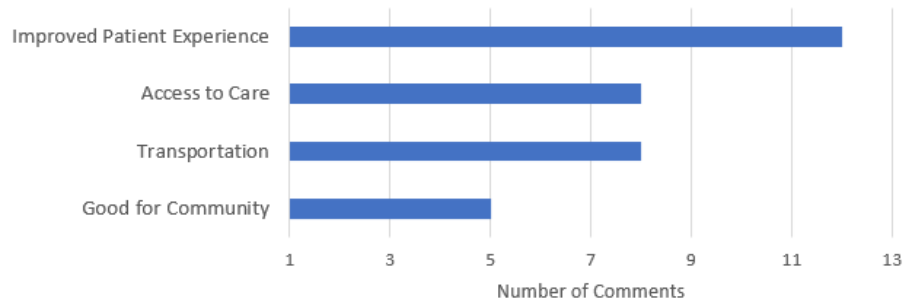
While the HEIA did not identify potential negative impacts, the Applicant’s mitigation plan details a strategy to improve services, ensure equitable access to care, and address potential future impacts. These strategies include an educational outreach program to address the concerns of the public and encourage them to seek imaging services, and engaging with their Patient Advisory Council and other internal departments that cover Community and Population Health Services and Social Work to proactively collect data and monitor the effectiveness of the medical services they provide, particularly to patients in medically underserved groups. The Applicant intends to address the Independent Entity’s suggestion to utilize dashboards for monitoring.

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

Underserved Group	Impact of Project on Demographic
Women	<ul style="list-style-type: none"> • Women are more prevalent in the project's service areas (51.3% of Westchester county's population) and active consumers of diagnostic imaging services. • The project presents a more effective and easily accessible place to receive these services, particularly for women seeking ultrasounds and mammograms; according to the American Cancer Society, women aged 40 to 54 should receive an annual mammogram, while women aged 55 and older should undergo a mammogram at least every other year.
Racial and ethnic minorities	<ul style="list-style-type: none"> • As a historically undertreated patient population, the project positively impacts health needs and the quality of life for racial and ethnic minorities who seek diagnostic imaging services. • A study of nationally representative survey data, found evidence of racial and/or ethnic disparities in use of imaging (e.g., Hispanic, Black, and Asian participants were less likely to report ever undergoing a computerized tomography (CT) Scan).
Immigrants	<ul style="list-style-type: none"> • The Applicant's familiarity with and focus on working in multi-cultural communities invites immigrants to receive high-quality care; immigrants are more represented in the project's services areas than the New York State average.
Older adults	<ul style="list-style-type: none"> • Older adults use diagnostic imaging services at a higher rate than other groups due to accidental injury or medical conditions that arise with aging. • By centralizing imaging services in one location, older adults will experience ease for addressing various health needs.

12 Stakeholders were engaged; public health experts and community leaders. All were in support of the project.

Themes From Meaningful Engagement



In their words...

NYPH is recognized as a highly regarded cancer center with two existing outposts nearby, and the addition of an outpatient center is seen as essential. There are long waiting times for mammograms, with some patients waiting up to six months. This delay can lead to cancer going undetected, resulting in a need for more timely access to care. It's noted that women of color tend to experience even longer wait times, which can contribute to a longer period between diagnosis and treatment. This, in turn, can lead to less optimal outcomes.

-Community Leader

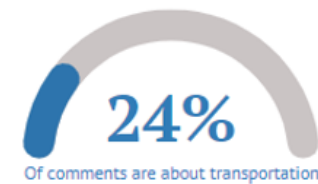
The addition of NYPH's multi-ambulatory center is beneficial as it takes some of the load of other local medical facilities with long wait times and far traveling distances. These services will help the community thrive in a time when healthcare is complex and difficult to access.

-Community Leader

Establishing a partnership with NYPH to offer comprehensive medical care to patients is important. This collaboration as a valuable opportunity to enhance the quality of healthcare provided to the underserved populations. The services resulting from this collaboration must be effectively marketed to the target population. Outreach and communication to ensure that individuals in need are aware of the available services and how they can access them is very important.

-Community Leader

Stakeholders have feedback about:



Improved Patient Experience

Stakeholders discuss how the new clinic will be a decrease in wait times for imaging services, which can lead to quicker cancer diagnoses and save lives. Improved quality imaging, as well as an overall improved patient experience was also highlighted. They are also hoping this additional service will result in referrals for community support and additional services, improving health outcomes for patients.

Access to Care

Stakeholder comments mention improved access to care for medically underserved groups, most especially patients with disabilities, minorities, and the incoming migrant population. They also site the population growth in urban areas will lead to an increase demand for these services.

Transportation

Stakeholders discuss how the new clinic will be centrally located and reduce the travel burden for local patients who will no longer need to travel to the Bronx, or further south for care.

Good for Community

From increased job opportunities to the revitalization of community businesses, stakeholders are hoping this new clinic will be good for the health and economic vitality of the community. Stakeholders also recommend that outreach be done to make sure the public knows about the new facility, especially tailored to medically underserved groups.

Part 4 – Conclusion

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

☐ Approval is not recommended based on the information and analysis presented in the Health Equity Impact Assessment, which demonstrates that the proposed project may result in one or more potentially large or significant adverse health equity impacts.

Lead DOH Office:

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

Date:

September 17, 2024

Full Name of Reviewer:

Courtney Chambers

Health Equity Impact Assessment Unit Director:

Olutomisin Akanbi

Northwell Health, Inc.

Consolidated Statements of Financial Position
(In Thousands)

	December 31	
	2022	2021
Assets		
Current assets:		
Cash and cash equivalents	\$ 762,894	\$ 578,168
Short-term investments	3,348,441	4,376,827
Accounts receivable for services to patients, net	1,656,275	1,568,340
Accounts receivable for physician activities, net	368,443	309,853
Current portion of pledges receivable	55,140	54,323
Current portion of insurance claims receivable	33,009	43,435
Other current assets	590,795	448,807
Total current assets	6,814,997	7,379,753
Long-term investments	3,412,416	3,833,609
Pledges receivable, net of current portion	114,285	127,099
Property, plant and equipment, net	6,759,273	6,246,810
Right-of-use assets – operating leases	1,130,293	1,000,823
Insurance claims receivable, net of current portion	119,689	116,149
Other assets	864,170	743,368
Total assets	\$ 19,215,123	\$ 19,447,611
Liabilities and net assets		
Current liabilities:		
Short-term borrowings	\$ 408,021	\$ 409,310
Accounts payable and accrued expenses	1,218,276	1,170,463
Accrued salaries and related benefits	1,567,301	1,403,304
Current portion of operating lease obligations	141,319	133,350
Current portion of finance lease obligations	7,020	6,415
Current portion of long-term debt	80,353	64,413
Current portion of insurance claims liability	33,009	43,435
Current portion of malpractice and other insurance liabilities	231,352	192,792
Current portion of Medicare advances	–	632,168
Current portion of estimated payables to third-party payers	324,871	330,229
Total current liabilities	4,011,522	4,385,879
Accrued retirement benefits, net of current portion	502,114	648,799
Operating lease obligations, net of current portion	1,028,259	891,756
Finance lease obligations, net of current portion	289,730	244,551
Long-term debt, net of current portion	4,216,127	3,579,927
Insurance claims liability, net of current portion	119,689	116,149
Malpractice and other insurance liabilities, net of current portion	1,950,363	1,817,495
Medicare advances, net of current portion	–	3,622
Other long-term liabilities	1,045,478	967,134
Total liabilities	13,163,282	12,655,312
Commitments and contingencies		
Net assets:		
Without donor restrictions	5,143,692	5,871,294
With donor restrictions	908,149	921,005
Total net assets	6,051,841	6,792,299
Total liabilities and net assets	\$ 19,215,123	\$ 19,447,611

See accompanying notes.

Northwell Health, Inc.

CON # 241095
BFA Attachment A
(Cont.)

Consolidated Statements of Operations
(In Thousands)

	Year Ended December 31	
	2022	2021
Operating revenue:		
Net patient service revenue	\$ 11,129,605	\$ 10,523,685
Physician practice revenue	2,836,642	2,636,603
Total patient revenue	13,966,247	13,160,288
FEMA and CARES Act Provider Relief Fund revenue	164,579	61,150
Other operating revenue	1,376,667	1,269,797
Net assets released from restrictions used for operations	60,551	53,820
Total operating revenue	15,568,044	14,545,055
Operating expenses:		
Salaries	8,169,763	7,421,527
Employee benefits	1,721,825	1,630,779
Supplies and expenses	4,768,804	4,571,023
Depreciation and amortization	621,268	588,022
Interest	168,736	156,053
Total operating expenses	15,450,396	14,367,404
Excess of operating revenue over operating expenses	117,648	177,651
Non-operating gains and losses:		
Investment income	13,400	460,495
Change in net unrealized gains and losses and change in value of equity method investments	(1,051,628)	16,387
Non-operating net periodic benefit credit	51,278	33,152
Other non-operating gains and losses	(35,954)	163,441
Total non-operating gains and losses	(1,022,904)	673,475
(Deficiency) excess of revenue and gains and losses over expenses	(905,256)	851,126
Net assets released from restrictions for capital asset acquisitions	47,602	25,757
Pension and other postretirement liability adjustments	153,022	165,515
Other changes in net assets	(22,970)	(32,956)
(Decrease) increase in net assets without donor restrictions	\$ (727,602)	\$ 1,009,442

See accompanying notes.

Northwell Health, Inc.

Consolidated Statements of Financial Position
(In Thousands)

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

See accompanying notes.

Northwell Health, Inc.

Consolidated Statements of Operations
(In Thousands)

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

See accompanying notes.

Northwell Health, Inc.

Consolidated Statements of Financial Position
March 31, 2024 and December 31, 2023 (In Thousands)

	(Unaudited) March 31, 2024	(Audited) December 31, 2023
Assets		
Current assets:		
Cash and cash equivalents	\$ 582,371	\$ 889,555
Short-term investments	3,781,275	3,707,481
Accounts receivable for services to patients, net	1,954,535	1,743,657
Accounts receivable for physician activities, net	490,016	420,336
Current portion of pledges receivable	62,580	63,363
Current portion of insurance claims receivable	28,896	28,896
Other current assets	787,919	649,962
Total current assets	<u>7,687,592</u>	<u>7,503,250</u>
Long-term investments	3,547,965	3,380,655
Pledges receivable, net of current portion	157,474	167,979
Property, plant and equipment, net	7,787,139	7,657,385
Right-of-use assets – operating leases	1,110,311	1,134,110
Insurance claims receivable, net of current portion	103,504	103,504
Other assets	634,267	608,444
Total assets	<u>\$ 21,028,252</u>	<u>\$ 20,555,327</u>
Liabilities and net assets		
Current liabilities:		
Short-term borrowings	\$ 246,000	\$ 246,000
Accounts payable and accrued expenses	1,284,886	1,256,482
Accrued salaries and related benefits	1,506,369	1,677,634
Current portion of operating lease obligations	147,547	147,513
Current portion of finance lease obligations	5,398	6,143
Current portion of long-term debt	134,626	134,646
Current portion of insurance claims liability	28,896	28,896
Current portion of malpractice and other insurance liabilities	287,329	287,297
Current portion of estimated payables to third-party payers	450,210	366,525
Total current liabilities	<u>4,091,261</u>	<u>4,151,136</u>
Accrued retirement benefits, net of current portion	657,803	624,134
Operating lease obligations, net of current portion	1,018,192	1,042,136
Finance lease obligations, net of current portion	214,799	219,239
Long-term debt, net of current portion	4,183,331	4,186,341
Insurance claims liability, net of current portion	103,504	103,504
Malpractice and other insurance liabilities, net of current portion	2,150,400	2,055,859
Other long-term liabilities	979,296	978,987
Total liabilities	<u>13,398,586</u>	<u>13,361,336</u>
Commitments and contingencies		
Net assets:		
Without donor restrictions	6,576,265	6,159,787
With donor restrictions	1,053,401	1,034,204
Total net assets	<u>7,629,666</u>	<u>7,193,991</u>
Total liabilities and net assets	<u>\$ 21,028,252</u>	<u>\$ 20,555,327</u>

See accompanying notes.

Northwell Health, Inc.

Consolidated Statements of Operations
For the Three Months Ended March 31, 2024 and 2023 (In Thousands)

	(Unaudited)	
	Three Months Ended	
	March 31,	
	2024	2023
Operating revenue:		
Net patient service revenue	\$ 3,104,328	\$ 2,872,155
Physician practice revenue	832,869	773,330
Total patient revenue	3,937,197	3,645,485
Other operating revenue	556,501	383,294
Net assets released from restrictions used for operations	16,948	18,998
Total operating revenue	4,510,646	4,047,777
Operating expenses:		
Salaries	2,307,333	2,156,861
Employee benefits	521,219	478,024
Supplies and expenses	1,374,427	1,218,125
Depreciation and amortization	186,241	172,937
Interest	48,527	44,408
Total operating expenses	4,437,747	4,070,355
Excess (deficiency) of operating revenue over operating expenses	72,899	(22,578)
Non-operating gains and losses:		
Investment income	84,630	23,085
Change in net unrealized gains and losses and change in value of equity method investments	204,747	249,789
Non-operating net periodic benefit credit (cost)	3,472	(3,714)
Other non-operating gains and losses	(6,362)	(5,193)
Total non-operating gains and losses	286,487	263,967
Excess of revenue and gains and losses over expenses	359,386	241,389
Net assets released from restrictions for capital asset acquisitions	3,145	1,467
Pension and other postretirement liability adjustments	55,000	-
Other changes in net assets	(1,053)	(2,975)
Increase in net assets without donor restriction	\$ 416,478	\$ 239,881

See accompanying notes.

CURRENT AND PROPOSED MEMBERSHIP INTEREST CHART

<u>Members</u>	<u>Current Percentages</u> (Class F)	<u>Proposed Class F Percentages</u>	<u>Proposed Class M Percentages</u>	<u>Proposed Total Company Ownership</u> (Class F and Class M combined)
SurgiCore 5th Avenue LLC	59.5%	60.1%	58.1%	59.0%
Gregg Rock, D.P.M.	21.3%	21.5%	8.5%	14.3%
Ajoy Sinha	1.8%	1.8%	0%	0.8%
Mark McMahon	2.7%	2.7%	0%	1.2%
Barry Katzman	2.7%	2.8%	0%	1.2%
Kenneth McCulloch	7.5%	7.5%	0%	3.4%
Gesheft Associates LLC	0.9%	0.9%	3.1%	2.1%
HPO Group LLC	2.7%	2.7%	0%	1.2%
Baruch Kim	0.9%	0%	0%	0.0%
CHC Partner Holdings, LLC	0%	0%	7.0%	3.9%
Mega Group Solution, Inc.	0%	0%	2.3%	1.3%
SIGNME, LLC	0%	0%	6.2%	3.4%
Marcello Russo	0%	0%	1.2%	0.6%
Alejandro Chaban	0%	0%	0.8%	0.4%
Sara Dagan	0%	0%	0.8%	0.4%
Paul Marino	0%	0%	2.3%	1.3%
Howard Fineman	0%	0%	2.3%	1.3%
Michael Cafone	0%	0%	0.8%	0.4%
STP, LLC (Thomas J. Cullinane)	0%	0%	2.3%	1.3%
Yulia Velilla	0%	0%	0.8%	0.4%
Troy A Hine	0%	0%	0.8%	0.4%
Pb Ventures 3, LLC (Bryan Krause)	0%	0%	1.2%	0.6%
Christopher Kyriakides	0%	0%	1.6%	0.9%
TOTAL	100%	100%	100%	100%*

*May not add up to precisely 100% due to rounding.

Direct Membership Interests

Surgicore 5th Avenue LLC

	Current	Proposed
Anthony DeGradi	25.0%	25.0%
Wayne Hatami	25.0%	25.0%
Feliks Kogan	25.0%	25.0%
Leonid Tylman	25.0%	25.0%
<u>TOTAL</u>	<u>100.0%</u>	<u>100.0%</u>

Gesheft Associates LLC

	Current	Proposed
Dov Berkowitz, M.D.	100.0%	100.0%
<u>TOTAL</u>	<u>100.0%</u>	<u>100.0%</u>

HPO Group LLC

	Current	Proposed
Imram Ashra	100.0%	100.0%
<u>TOTAL</u>	<u>100.0%</u>	<u>100.0%</u>

CHC Partner Holdings, LLC

(Percentages are shown to 3 decimal places to comport with this entity's Operating Agreement)

Howard Fensterman, Esq.	20.044%
Sarah Rosenfeld	14.194%
Colin Gaines	3.762%
Rose Teitelbaum	2.000%
Irina Lerman	20.000%
Natalya Orlova	20.000%
Robert Slinin	20.000%
<u>TOTAL</u>	<u>100.000%</u>

Direct Membership Interests

Mega Group Solution Inc.

	Current	Proposed
Yura Yaguda	100.0%	100.0%
<u>TOTAL</u>	<u>100.0%</u>	<u>100.0%</u>

SIGNME LLC

	Current	Proposed
Svetlana Katanov	100.0%	100.0%
<u>TOTAL</u>	<u>100.0%</u>	<u>100.0%</u>

STP, LLC

	Current	Proposed
Thomas Cullinane	100.0	100.0%
<u>TOTAL</u>	<u>100.0%</u>	<u>100.0</u>

Pb Ventures 3, LLC

	Current	Proposed
Bryan Krause	100.0%	100.0%
<u>TOTAL</u>	<u>100.0%</u>	<u>100.0%</u>

Indirect Membership Interests in Fifth Avenue Surgery Center, LLC

(Please note that the Totals may not sum to exactly 100.0%, due to rounding)

Surgicore 5th Avenue LLC

	<u>Current Percentages</u> (Class F)	<u>Proposed Class F Percentages</u>	<u>Proposed Class M Percentages</u>	<u>Proposed Total Company Ownership</u> (Class F and Class M combined)
Anthony DeGradi	14.8%	15.0%	14.5%	14.8%
Wayne Hatami	14.8%	15.0%	14.5%	14.8%
Feliks Kogan	14.8%	15.0%	14.5%	14.8%
Leonid Tylman	14.8%	15.0%	14.5%	14.8%
TOTAL	59.5%	60.1%	58.1%	59.0%

Gesheft Associates LLC

	<u>Current Percentages</u> (Class F)	<u>Proposed Class F Percentages</u>	<u>Proposed Class M Percentages</u>	<u>Proposed Total Company Ownership</u> (Class F and Class M combined)
Dov Berkowitz, M.D.	0.9%	0.9%	3.1%	2.1%
TOTAL	0.9%	0.9%	3.1%	2.1%

Indirect Membership Interests in Fifth Avenue Surgery Center, LLC

HPO Group LLC

	<u>Current Percentages</u> (Class F)	<u>Proposed Class F Percentages</u>	<u>Proposed Class M Percentages</u>	<u>Proposed Total Company Ownership</u> (Class F and Class M combined)
Imram Ashra	2.7%	2.7%	0.0%	1.2%
TOTAL	2.7%	2.7%	0.0%	1.2%

CHC Partner Holdings, LLC

	<u>Current Percentages</u> (Class F)	<u>Proposed Class F Percentages</u>	<u>Proposed Class M Percentages</u>	<u>Proposed Total Company Ownership</u> (Class F and Class M combined)
Howard Fensterman, Esq.	0.0%	0.0%	1.4%	0.8%
Sarah Rosenfeld	0.0%	0.0%	1.0%	0.5%
Colin Gaines	0.0%	0.0%	0.2%	0.1%
Rose Teitelbaum	0.0%	0.0%	0.2%	0.1%
Irina Lerman	0.0%	0.0%	1.4%	0.8%
Natalya Orlova	0.0%	0.0%	1.4%	0.8%
Robert Slinin	0.0%	0.0%	1.4%	0.8%
TOTAL	0.0%	0.0%	7.0%	3.9%

Indirect Membership Interests in Fifth Avenue Surgery Center, LLC**Mega Group Solution Inc.**

	Current <u>Percentages</u> (Class F)	Proposed Class F <u>Percentages</u>	Proposed Class M <u>Percentages</u>	Proposed Total Company <u>Ownership</u> (Class F and Class M combined)
Yura Yaguda	0.0%	0.0%	2.3%	1.3%
TOTAL	0.0%	0.0%	2.3%	1.3%

SIGNME LLC

	Current <u>Percentages</u> (Class F)	Proposed Class F <u>Percentages</u>	Proposed Class M <u>Percentages</u>	Proposed Total Company <u>Ownership</u> (Class F and Class M combined)
Svetlana Katanov	0.0%	0.0%	6.2%	3.4%
TOTAL	0.0%	0.0%	6.2%	3.4%

STP, LLC

	Current <u>Percentages</u> (Class F)	Proposed Class F <u>Percentages</u>	Proposed Class M <u>Percentages</u>	Proposed Total Company <u>Ownership</u> (Class F and Class M combined)
Thomas Cullinane	0.0%	0.0%	2.3%	1.3%
TOTAL	0.0%	0.0%	2.3%	1.3%

Indirect Membership Interests in Fifth Avenue Surgery Center, LLC

Pb Ventures 3, LLC

	Current <u>Percentages</u> (Class F)	Proposed Class F <u>Percentages</u>	Proposed Class M <u>Percentages</u>	Proposed Total Company <u>Ownership</u> (Class F and Class M combined)
Bryan Krause	0.0%	0.0%	1.2%	0.6%
TOTAL	0.0%	0.0%	1.2%	0.6%

Fifth Avenue Surgery Center LLC & Fifth Avenue Surgery Center LLC Extension Clinic Combined Balance Sheet

As of December 31, 2023

Jan - Dec 2023

ASSETS

Current Assets

Bank Accounts

110100 Citibank	0.00
110100 CitiBank 2228	331.15
110102 Checking-Signature Bank	90.01
110104 Signature Bank Letter of Credit	245,938.52
110105 Citibank Line of Credit	0.00
110106 Checking TD Bank	0.00
110107 Checking CHASE_2969	0.00
110101 Chase Bank 8801	0.00
110108 ALMA 3931	107,399.27
110109 ALMA PAYROLL 4245	1,572.81
110102 ALMA 4032	126,398.35
110103 ALMA PAYROLL 4296	452.19

Cash in Transit 0.00

FASC Bank Accounts 0.00

 HSBC #2 0.00

 Signature Checking 0.00

Total FASC Bank Accounts **\$ 0.00**

Petty Cash 0.00

Total Bank Accounts **\$ 482,182.30**

Accounts Receivable

130000 Accounts Receivable 0.00

Total Accounts Receivable **\$ 0.00**

Other Current Assets

*Accounts Receivable 0.00

151000 Prepaid Expenses 0.00

 151001 Prepaid Taxes 0.00

151002 Prepaid Rent Expenses 0.00

Construction in Progress 2,563,254.84

 151002 Prepaid Insurance 3,228.08

 151004 Prepaid Other 21,483.73

FASC Prepaid Taxes Receivable 0.00

Prepaid Real Estate Taxes 0.00

Total 151000 Prepaid Expenses **\$ 2,587,966.65**

CJR Exchange 0.00

Closing Exchange 0.00

Construction in Progress 173,627.63

DC Exchange 0.00

Employee Loans 0.00

Escrow Deposit Receivable 0.00

ESOP 50,000.00

Exchanges 0.00

Inventory Asset 341,908.00

JM Exchange 0.00

Loan & Exchange(A)	
Due to/from 19UA LL	5,700.50
Due to/from Bronx ASC (Surgicore 5th)	100,440.00
Due to/from Bronx SC	0.00
Due to/from Extension Clinic	2,891,176.66
Due to/from Integrated Labs	76,877.94
Due to/from Madison Associates ASC	0.00
Due to/from Madison Ave Anesthesio	0.00
Due to/from Midtown 305	0.00
Due to/from Midtown 305 Realty, LLC	712,850.00
Due to/from New Horizon Surgical Center	0.00
Due to/from NYEEQASC LLC	85,575.65
Due to/from RBSC LLC	0.00
Due to/from Rockaway ASC	9,750.18
Due to/from Signature Bank	0.00
Due to/from Surgi 5th Ave. (Principals)	4,363,952.00
Due to/from Surgicore LLC	0.00
Due to/from Surgicore Management NY	29,261.85
Due to/from Surgicore of Jersey City	-128,667.78
Loan Receivable	50,000.00
Total Loan & Exchange(A)	\$ 8,196,917.00
Member Equity Receivable	0.00
OZ Exchange	0.00
Payroll Clearance	0.00
Purchase of FASC Entity	0.00
Receivable-JJS Group Inc.	0.00
Total Other Current Assets	\$ 11,350,419.28
Total Current Assets	\$ 11,832,601.58
Fixed Assets	
173310 Computer Equipment	98,274.00
174000 Fixed Assets	
173010 Office Furniture and Equip{290}	111,599.63
173320 Computer Software	127,220.38
174011 Medical Equipment	4,557,784.74
183011 Accumulated Depreciation	-146,976.37
Total 174011 Medical Equipment	\$ 4,649,628.38
174012 Medical Instruments	43,160.00
175010 Leasehold Improvements	6,856,121.86
175020 Leasehold Design	0.00
185011 Accumulated Amortization	0.00
Total 175010 Leasehold Improvements	\$ 6,856,121.86
184001 Accumulated Depr - ALL ASSETS	-3,496,627.48
184002 FA Value Adj from FASC Acq	0.00
Total 174000 Fixed Assets	\$ 8,052,282.76
Total Fixed Assets	\$ 8,150,556.76
Other Assets	
160010 Acquisition - Midtown Surgery Center	0.00
160001 Security Deposits	49,504.60
160002 Investment in Artwork	0.00
Escrow Deposit - Midtown Surgery Center	0.00
Loan Cost	0.00

Total Other Assets	\$	49,504.60
TOTAL ASSETS	\$	20,032,662.94
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
210000 Accounts Payable		0.00
Total Accounts Payable	\$	0.00
Credit Cards		
110103 Amex		0.00
Credit Cards Payable		0.00
American Express 32007		0.00
American Express 91007		0.00
Barclays Bank MC(5481)		0.00
CitiMastercard(8465)		0.00
Total Credit Cards Payable	\$	0.00
Total Credit Cards	\$	0.00
Other Current Liabilities		
231001 Payroll Tax Liabilities		-7.97
Federal Unemployment Payable		0.00
FICA/Federal WT Payable		0.00
Garnishments Payable		0.00
MCTMT Mobility Tax Payable		0.00
NYS/NYC WT Payable		0.00
Total 231001 Payroll Tax Liabilities	-\$	7.97
231002 Garnishments		0.00
231003 Wages Payable		0.00
231004 401k Contributions Payable		-2,295.35
2430 Lease Payable - CP		-3,872.82
Accounts Payable - FASC		0.00
Accrued Expenses Payable		172,573.54
Accrued Payroll		0.00
Accrued PTO		197,293.88
Deferred Rent - Current Portion		167,181.74
Deferred tax liability		397,124.00
Distribution Payable		0.00
Due to/from F.A.S.C.		0.00
Due to/from Fifth Avenue Anesthesia		0.00
Equipment Loans Payable		0.00
Investor Deposits Payable		100,000.00
Lease Payable Healthcare_2,911.23 & Karl Stortz_995.64 - CP		0.00
Lease Payable Highland Capital _2,197.01 - CP		0.00
Lease Payable Highland Capital _1,474.94 - CP		0.00
Loan & Exchange		0.00
Due To / From Bronx		0.00
Due to/from Allcity Family Healthcare Center		600,000.00
Due to/from FifthAvenue Anesthesia		9,012.00
Due To / From Fifth Avenue Surgery Center		2,891,176.66
Due to/from New Horizon Surgery Ce		0.00
Due to/from Surgicore of Jersey City LLC		0.00
Due To / From Midtown 305 Realty		2,205,144.00

Due To / From NYEEQASC	0.00
Due To / From RBSC	0.00
Due To / From Rockaway	300,000.00
Due To / From Surgicore 5th (Principals)	1,224,927.34
Due To / From Surgicore LLC	0.00
Due To / From Surgicore Management NY LLC	153,663.80
Due to/From - Others	-50,000.00
Total Loan & Exchange	\$ 7,333,923.80
Marketing Fund	0.00
Member Loans Payable	0.00
OCL - Abramow	0.00
OCL - Charles Raab	0.00
OCL - Delmonte	0.00
OCL - Goldstein	0.00
OCL - Greenberg	0.00
OCL - Gregg Rock	0.00
OCL - Igor Amigud	0.00
OCL - Landsman	0.00
OCL - Loshigian	0.00
OCL - Maccabee	0.00
OCL - Mancuso	0.00
OCL - Zong	0.00
Total Member Loans Payable	\$ 0.00
NYS Public Goods Pool Payable	0.00
NYS Sales/Use Tax Payable	0.00
Pension Payable	0.00
Signature Bank Equipment Loan	0.00
Signature LHI Construction Loan	0.00
Taxes Payable	0.00
Total Other Current Liabilities	\$ 8,361,920.82
Total Current Liabilities	\$ 8,361,920.82
Long-Term Liabilities	
Deferred Rent - Long-Term Portion	585,788.75
241010 Citi Loan	0.00
241020 ALMA LOC	2,000,000.00
242010 HHS CARES Act Provider Relief	0.00
242020 Cares Act Paycheck Protection P	0.00
242030 CARES PR Tax Deferral	0.00
Deferred Income from FASC Acq	0.00
Redemptions Payables	3,593,713.75
Equip. Loans Payable (LT)	0.00
Lease Payable Healthcare Fin Services _2,911.23 & 995.64	0.00
Lease Payable Healthcare Fin Services _2,862.65	63,377.10
Lease Payable Highland Capital _1,334.10	28,263.53
Lease Payable Highland Capital _2,197.01	0.00
Lease Payable Karl Storz Capital	0.00
Lease Payable Smith & Nephew _9,085.62	36,343.05
Lease Payable to Stryker Flex _846.63	27,033.69
Lease Payable to Ascentium _15,821.13	173,581.06
Lease Payable to De Lage Landen _2,583.08	54,960.65
Lease Payable to De Lage Landen _32,583.33	367,783.08

Lease Payable to De Lage Landen_38,508.64	465,981.27
Lease Payable to GE_3,101.04	147,477.41
Lease Payable to GreatAmerica_897.60	11,214.36
Lease Payable to Healthcare Finance Service - 8,264.80	241,366.51
Lease Payable to Karl Storz_41,986.40	41,986.40
Lease Payable to MEDONE_2,476.91	60,927.75
Lease Payable to NewLane_1,118.80	18,435.65
Lease Payable to NewLane_2,099.20	24,796.23
Lease Payable_GE-3,816.68	129,911.09
Total Lease Payables	\$ 1,893,438.83
Loan Payable to Seller - Midtown SC	3,105,155.65
Total Long-Term Liabilities	\$ 11,178,096.98
Total Liabilities	\$ 19,540,017.80
Equity	
341101 Chris Kyriakides	120,000.00
Owner's Investment	0.00
341001 MEGA GROUP SOLUTION INC.	180,000.00
Total Owner's Investment	\$ 300,000.00
30000 Opening Balance Equity	0.00
32000 Retained Earnings	-517,616.86
340100 Member Equity - Others	0.00
341100 Principals / Related	0.00
341001 SurgiCore 5th Avenue LLC	-1,506,051.95
Total 341100 Principals / Related	-\$ 1,506,051.95
341200 Physicians	0.00
341002 Gregg Rock - Capital	-574,234.02
341004 Ajoy Sinha	-31,391.84
341005 Mark McMahon	-75,233.00
341007 Barry Katzman	-37,843.42
341008 Ken McCulloch	39,017.54
341010 Gesheft Associates LLC	-65,416.26
341011 Kim Baruch	-93,841.16
Total 341200 Physicians	-\$ 838,942.16
341300 Non-Physicians	
341012 HPO Group LLC	18,476.53
Total 341300 Non-Physicians	\$ 18,476.53
341400 Previous Owners	
341003 Igor Amigud - Capital	131,571.99
341006 Randall Erlich	99,127.74
Abramow	0.00
Charles Raab - Capital	0.00
Delmonte	0.00
Goldstein	0.00
Greenberg	0.00
Joseph Gorum	0.00
Landsman	0.00
Loshigian	0.00
Loshigan	0.00
Total Loshigian	\$ 0.00
Maccabee	0.00
Mancuso	0.00

MD Preformance		0.00
Zong		0.00
Total 341400 Previous Owners	\$	230,699.73
Member Distributions		0.00
Net Income		2,806,079.85
Total Equity	\$	492,645.14
TOTAL LIABILITIES AND EQUITY	\$	20,032,662.94

Fifth Avenue Surgery Center LLC & Extension Clinic

Combined Profit and Loss

January 2022 - December 2023

	Jan - Dec 2023
Income	
430000 Procedures	35,816,234.00
440000 Medical Records	66,700.91
Total Income	\$ 35,882,934.91
Cost of Goods Sold	
750000 Medical Supplies & Materials	4,513,292.64
751000 Medical Supplies - General	3,358,727.58
751100 Medical Supplies - Ortho	21,932.88
751400 Medical Supplies - Podiatry	3,500.00
751500 Medical Supplies - Surgical Imp	756.68
Total 750000 Medical Supplies & Materials	\$ 7,898,209.78
Medical Supplies	
Medical Supplies - Instruments	0.00
Total Medical Supplies	\$ 0.00
Total Cost of Goods Sold	\$ 7,898,209.78
Gross Profit	\$ 27,984,725.13
Expenses	
510000 Wages & Benefits	
511010 Salaries & Wage - Administration/Support/Marketing	4,321,304.23
511011 Payroll Expense Accrued	0.00
512010 Salaries & Wages - Medical Directors	92,307.75
512020 Medical Directors - 1099	876,000.00
513010 Salaries & Wages - Clinical	3,325,413.91
531000 Payroll Tax Expense	727,347.19
670010 Insurance-Health/Life/Other	469,938.52
670020 Insurance - TotalSource WC/DI/EPLI	47,981.18
670050 Insurance - Workers Comp	0.00
670051 Contract Labor / Temp Agency	90,713.63
781500 Payroll Service Fees	96,224.69
Total 510000 Wages & Benefits	\$ 10,047,231.10
543010 Training & Development	9,765.67
545010 Staff Meals	63,132.39
601000 Bank & Credit Card Fees	0.00
601100 Bank Service Charges	49,116.25
601150 Credit Card Fees & Charges	16,745.52
Total 601000 Bank & Credit Card Fees	\$ 65,861.77
601200 Interest Expense	283,014.33
602250 Cleaning & Waste Removal	510,077.22
603000 Office Expense	21,964.09

610100 Rent Expense	0.00
610110 Rent	2,092,114.56
610120 Rent - CAM	708,950.09
610140 Parking	39,919.44
Total 610100 Rent Expense	\$ 2,840,984.09
610600 Utilities	142,316.24
623000 Facility Repairs & Maintenance	326,197.72
621000 Appliances/Equipment Repairs &	0.00
Total 623000 Facility Repairs & Maintenance	\$ 326,197.72
631000 Business License & Permits	31,808.00
632000 Software Support & Subscription	132,180.48
633000 Business Meals & Entertainment	95,246.85
633500 Travel Expense	236,370.27
634000 Management Fees	700,000.00
635000 Office Supplies & Fixtures	392,771.48
637000 Postage & Shipping	7,225.14
661000 Marketing & Advertising	0.00
661010 Marketing Expenses	1,900,971.44
Total 661000 Marketing & Advertising	\$ 1,900,971.44
670000 Insurance	
670060 Insurance - EPLI & D&O	128,621.90
670070 Insurance - Professional	0.00
670080 Insurance-Property/Liab/Casualt	181,131.90
670090 Insurance - Equipment	3,696.23
Total 670000 Insurance	\$ 313,450.03
681000 IT Expenses	272,978.85
691000 Charitable Contributions	26,665.70
691001 Donations & Charitable Contributions	10,000.00
701000 Patient Transportation	1,387,009.00
702000 Travel Expense	162,391.62
710000 Equipment Leases & Service	0.00
622000 Office Equipment Lease	64,904.20
711000 Medical Equipment Lease	61,984.97
711010 Medical Equipment Service Maintenance	347,988.26
Total 710000 Equipment Leases & Service	\$ 474,877.43
721000 Small Medical Equipment/Devices	0.00
723100 Linens & Uniforms	199,290.58
724000 Outside Services	0.00
724100 PA Services	517,900.00
724200 Transcription Services	7,520.82
724300 Translation Services	21,048.28
724400 Mail Processing Services	158,250.00
Total 724000 Outside Services	\$ 704,719.10
760010 Corporate Expenses - Payroll	-105,810.34

760020 Corporate Expenses - Rent	-180,868.21
760030 Corporate Expenses - IT	-29,406.55
760040 Corporate Expenses - Office Supplies	21,480.84
780000 Professional Fees	0.00
781100 Legal Fees	311,334.57
781110 Claims Recovery Legal Fees	908,667.30
781200 Accounting Fees	238,964.55
781300 Consulting Fees	114,869.96
Total 780000 Professional Fees	\$ 1,573,836.38
782000 Credentialing / Scheduling	57,803.14
784000 Billing Fees	1,507,890.30
821100 Depreciation & Amortization Expenses	607,690.42
950000 Taxes	0.00
610300 Rent Tax	79,784.05
610400 Property Taxes	167,772.65
950050 State/Federal Filing Fees and Taxes	128,302.99
Total 950000 Taxes	\$ 375,859.69
981000 Penalties & Fines	1,408.76
Unapplied Cash Bill Payment Expense	0.00
Total Expenses	\$ 25,188,385.02
Net Operating Income	\$ 2,796,340.11
Other Expenses	
Other Miscellaneous Expense	10.14
Total Other Expenses	\$ 10.14
Other Income	
HHS Cares Act Provider Relief forgiveness	0.00
Interest Income	9,750.18
Other Income	-0.30
Total Other Income	\$ 9,749.88
Net Other Income	-\$ 9,739.74
Net Income	\$ 2,806,079.85

Ownership Interest Purchase Agreements

The applicant has submitted agreement for the purchase of ownership interests, summarized below:

Draft Subscription Agreement

Purpose	To purchase nine (9) Class M units (the Sale units)
Company	Fifth Avenue Surgery Center, LLC
Purchaser	CHC Partner Holdings, LLC
Purchase Price	\$540,000

Executed Subscription Agreement

Date	September 15, 2022
Purpose	To purchase three (3) Class M Units (the Sale Unit)
Company	Fifth Avenue Surgery Center, LLC
Purchaser	Mega Group Solution, Inc.
Purchase Price	\$180,000

Executed Company Interest Transfer Agreement

Date	September 15, 2022
Purpose	To purchase eight (8) Class M Units (the sale unit)
Company	Surgicore 5 th Avenue, LLC
Purchaser	SIGNME LLC
Purchase Price	\$1,500,000

Executed Company Interest Transfer Agreement

Date	March 21, 2023
Purpose	To purchase one and half (1 ½) of Class M units.
Company	Surgicore 5 th Avenue, LLC
Purchaser	Marcello Russo
Purchase Price	\$450,000

Executed Company Interest Transfer Agreement

Date	April 30, 2022
Purpose	To purchase one (1) Class M units
Company	Surgicore 5 th Avenue, LLC
Purchaser	Alejandro Chaban
Purchase Price	\$300,000

Executed Company Interest Transfer Agreement

Date	May 14, 2022
Purpose	To purchase one (1) Class M Unit

Company	Surgicore 5 th Avenue, LLC
Purchaser	Sara Dagan
Purchase Price	\$300,000

Executed Company Interest Transfer Agreement

Date	March 30, 2022
Purpose	To purchase two (2) Class M Units
Company	Surgicore 5 th Avenue, LLC
Purchaser	Paul Marino
Purchase Price	\$600,000

Executed Company Interest Transfer Agreement

Date	March 16, 2022
Purpose	To purchase three (3) Class M units
Company	Surgicore 5 th Avenue, LLC
Purchaser	Howard Fineman
Purchase Price	\$900,000

Executed Company Interest Transfer Agreement

Date	May 1, 2022
Purpose	To purchase one (1) Class M unit
Company	Surgicore 5 th Avenue, LLC
Purchaser	Michael Cafone
Purchase Price	\$300,000

Executed Company Interest Transfer Agreement

Date	May 1, 2022
Purpose	To purchase three (3) Class M units
Company	Surgicore 5 th Avenue, LLC
Purchaser	STP, LLC
Purchase Price	\$900,000

Executed Company Interest Transfer Agreement

Date	March 22, 2023
Purpose	To purchase one (1) Class M unit
Company	Surgicore 5 th Avenue, LLC
Purchaser	Yulia Velilla
Purchase Price	\$300,000

Executed Company Interest Transfer Agreement

Date	March 17, 2023
Purpose	To purchase one (1) Class M unit
Company	Surgicore 5 th Avenue, LLC
Purchaser	Troy Hine
Purchase Price	\$300,000

Executed Unit Grant Agreement

Date	August 24, 2023
Purpose	The granted of eleven (11) Class M units
Company	Fifth Avenue Surgery Center, LLC
Grantee	Gregg Rock, MD.
Vesting	The grant units shall be restricted and shall not vest until July 31, 2023, after which date the Grant Units shall be vested in Grantee.

Executed Subscription Agreement

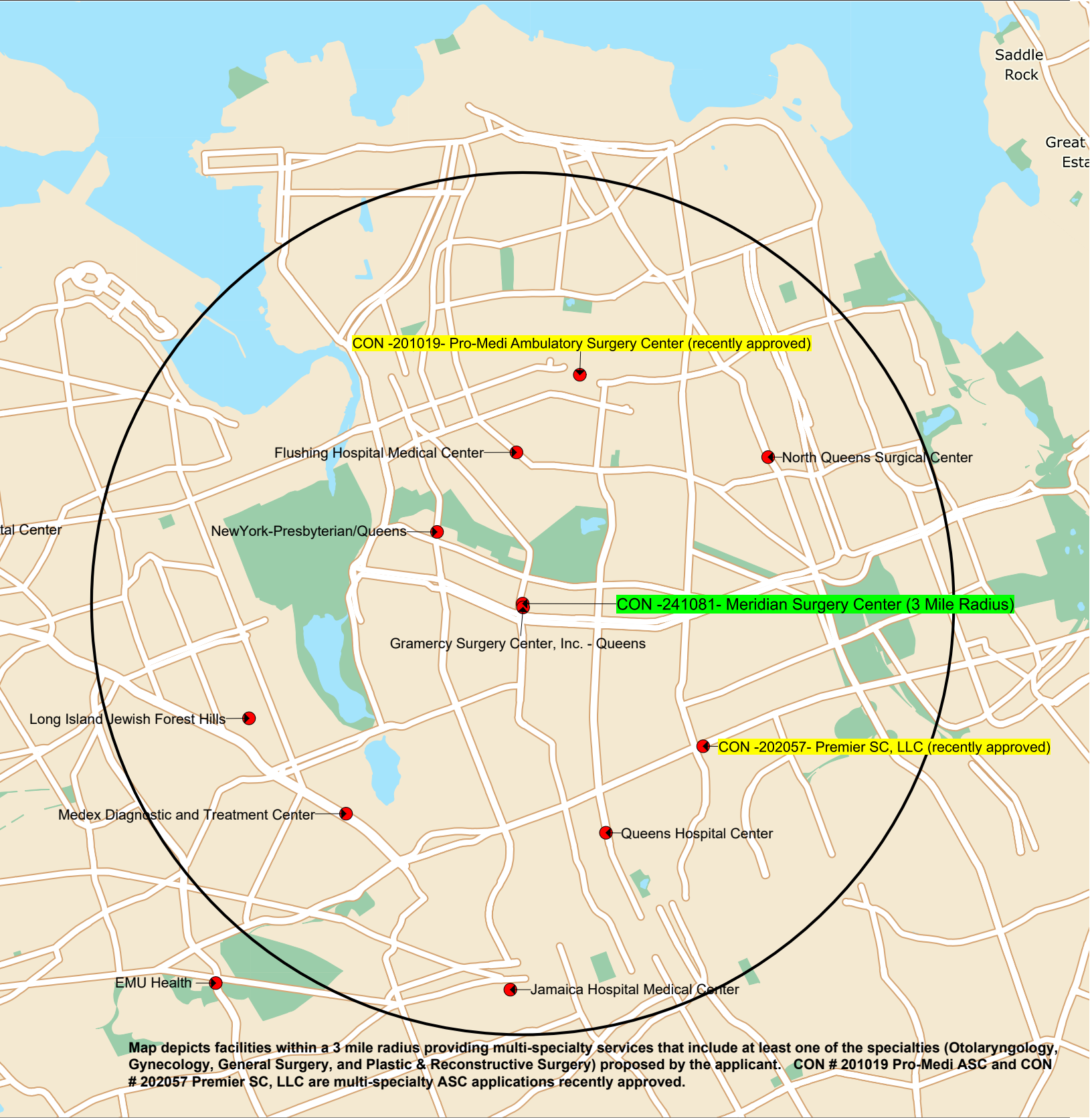
Date	September 14, 2022
Purpose	To purchase four (4) Class M units
Company	Fifth Avenue Surgery Center, LLC
Purchaser	Gesheft Associates, LLC
Purchase Price	\$240,000

Executed Subscription Agreement

Date	May 5, 2023
Purpose	To purchase 1.5 Class M units
Company	Fifth Avenue Surgery Center, LLC
Purchaser	PB Ventures, LLC
Purchase Price	\$450,000

Executed Subscription Agreement

Date	January 5, 2023
Purpose	To purchase 2 Class Units
Company	Fifth Avenue Surgery Center, LLC
Purchaser	Christopher Kyriakides
Purchase Price	\$120,000



Pro Forma Balance Sheet

ASSETS:

Cash	<u>\$297,183</u>
TOTAL ASSETS	\$297,183

LIABILITIES	\$0
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NET ASSETS	\$297,183
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CON 241082-ASC of Brooklyn



ASC of Brooklyn, LLC

ESTABLISH A MULTI-SPECIALTY FREESTANDING AMBULATORY SURGERY CENTER

PRO FORMA BALANCE SHEET

ASSETS

Cash (Working Capital need)	\$1,586,753
Leasehold Improvements	\$5,322,952
Equipment	<u>\$1,300,877</u>
TOTAL ASSETS	\$8,210,582

LIABILITIES AND MEMBER EQUITY

LIABILITIES

Bank Loans	\$5,800,000
TOTAL LIABILITIES	\$5,800,000
MEMBERS' EQUITY	<u>\$2,410,582</u>

TOTAL LIABILITIES AND MEMBERS' EQUITY	\$8,210,582
--	--------------------

Proposed Membership Structure ASC of Brooklyn, LLC:

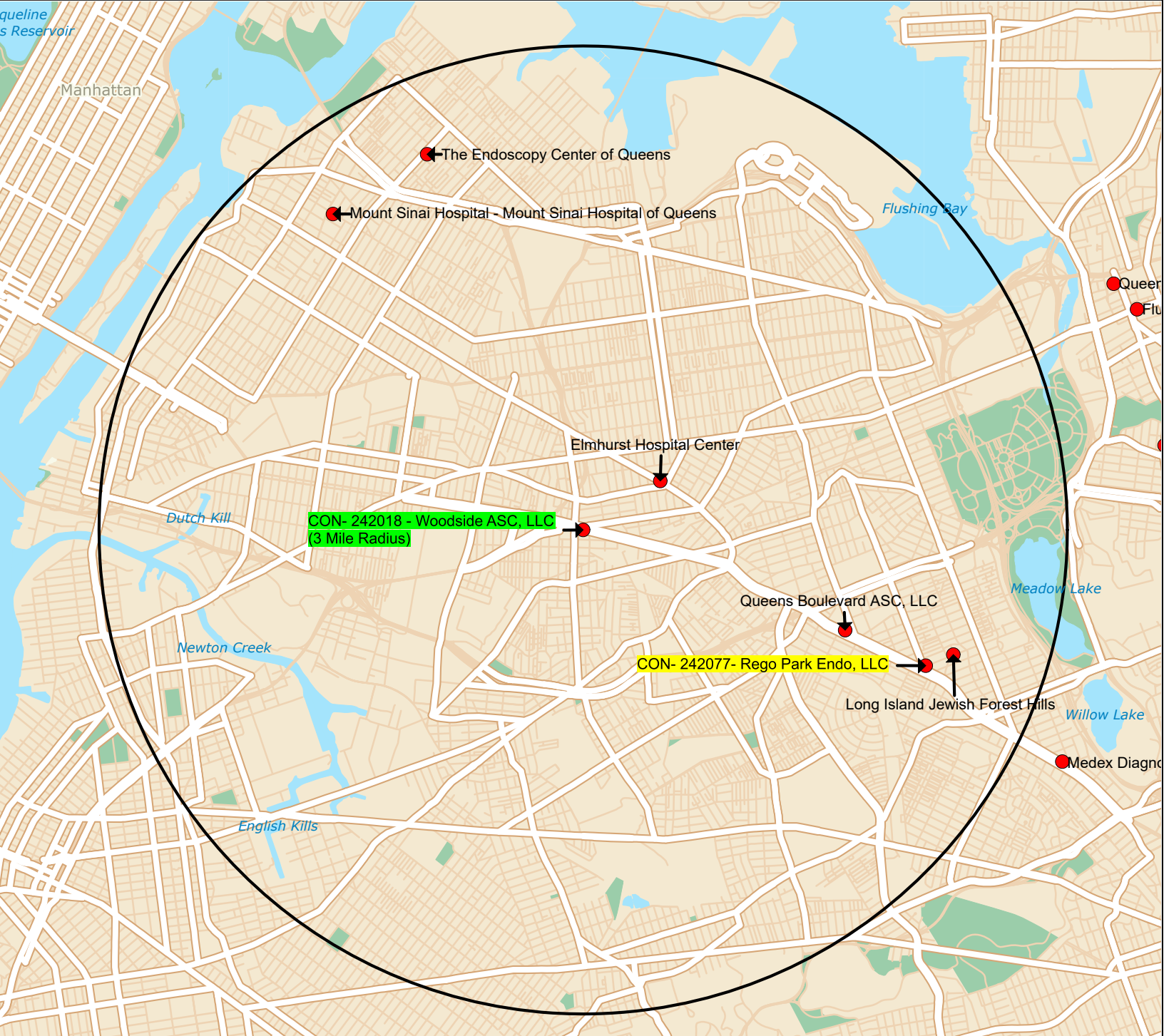
Sanjeev Agarwal, M.D.	8.43%
Pamela Levine, M.D.	8.43%
Vipul Patel, M.D.	10.84%
Carl Paulino, M.D.	9.64%
Brian Dawson, D.P.M	2.41%
Matthew Wert, M.D.	14.46%
SCD NY, LLC	45.78%
TOTAL *	100.00%

* The total membership interest percentage does not sum to exactly 100.00%, due to rounding.

Direct and Indirect Membership Interests of Members of SCD NY, LLC
(the 45.7830% member of ASC of Brooklyn, LLC):

	<u>Direct Ownership in</u> <u>SCD NY, LLC</u>	<u>Indirect Ownership in</u> <u>ASC of Brooklyn, LLC</u>
Gregory George, M.D., PhD.	14.1447%	6.4759%
Sean O'Neal	10.5263%	4.8193%
Steven Hammerstrom, D.P.M.	5.2632%	2.4096%
William Gueck, M.D.	5.2632%	2.4096%
Christine Merryman	1.9737%	0.9036%
Stacey Berner, M.D.	15.2412%	6.9778%
William Christopher Urban	7.6207%	3.4890%
Ashley Urban	7.6207%	3.4890%
Kelly Fox	15.2412%	6.9778%
Vivek Sood, M.D.	11.1842%	5.1205%
Emily Berend Grove	1.9737%	0.9036%
Nicole Facchina	1.3158%	0.6024%
Ian Friedman	2.6316%	1.2048%
TOTAL **	100.0000%	45.7830%

** The total membership interest percentages do not sum to exactly 100.0000% and 45.7830%, due to rounding.



Facilities providing Gastroenterology within three miles of
CON 241018 Woodside ASC, LLC

Woodside ASC, LLC

Pro Forma Opening Day Balance Sheet

(Adjusted)
Beginning
Balance Sheet
3/31/2025

Assets:

Current Assets:

Cash \$452,035

Total Current Assets \$452,035

Property Plant and Equipment Net \$404,213

Capitalized CON Cost \$13,074

Total depreciable Assists \$417,287

Total Assets \$869,322

Liabilities and Members' Equity:

Current Liabilities

Current Portion of Long-term Debt \$54,887

Total Current Liabilities \$54,887

Long Term Liabilities

Long Term Debt Less Current Portion \$350,113

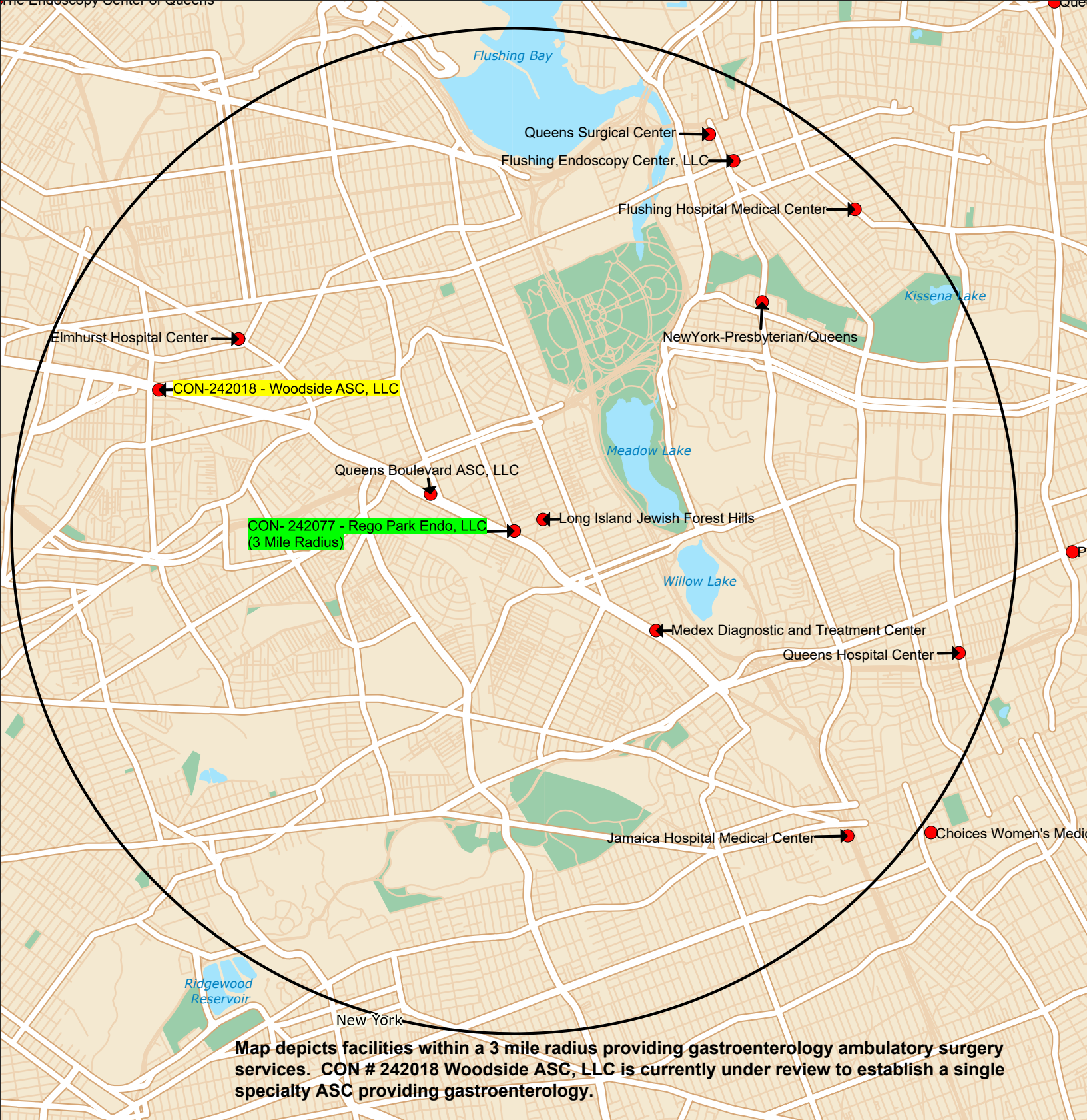
Total Liabilities \$405,000

Member's Equity \$464,322

Total Liabilities and Member's Equity \$869,322

New Avatar Property Holdings LLC
Pro Forma Balance Sheet

	Beginning Balance Sheet 3/31/2025
Assets:	
Current Assets:	
Cash	\$ -
Total Current Assets	<u>\$ -</u>
Property Plant and Equipment Net	
Property at 68-28 Queens Boulevard	\$ 4,850,000
Leasehold Improvements	<u>\$ 1,591,960</u>
	<u>\$ 6,441,960</u>
Total Assets	<u><u>\$ 6,441,960</u></u>
Liabilities and Members' Equity:	
Current Liabilities	
Current Portion of Long-term Debt	\$ 196,926
Total Current Liabilities	<u>\$ 196,926</u>
Long Term Liabilities Less current portion	
Property at 68-28 Queens Boulevard	\$ 3,026,314
Leasehold Improvements	<u>\$ 1,573,582</u>
Long Term Debt Less Current Portion	<u>\$ 4,599,896</u>
Total Liabilities	<u>\$ 4,796,822</u>
Member's Equity	\$ 1,645,138
Total Liabilities and Member's Equity	<u><u>\$ 6,441,960</u></u>



Rego Park Endo, LLC

ESTABLISH A SINGLE-SPECIALTY FREESTANDING AMBULATORY SURGERY CENTER

PRO FORMA BALANCE SHEET

ASSETS

Cash (Working Capital need)	\$1,038,649
Landlord-Tenant Allowance	\$550,000
Leasehold Improvements	\$4,202,594
Equipment	\$1,800,000

TOTAL ASSETS

\$7,591,243

LIABILITIES AND MEMBER EQUITY

LIABILITIES

Construction Loan	\$3,600,000
Equipment Loan	\$1,800,000
Working Capital Loan	\$500,000
TOTAL LIABILITIES	\$5,900,000

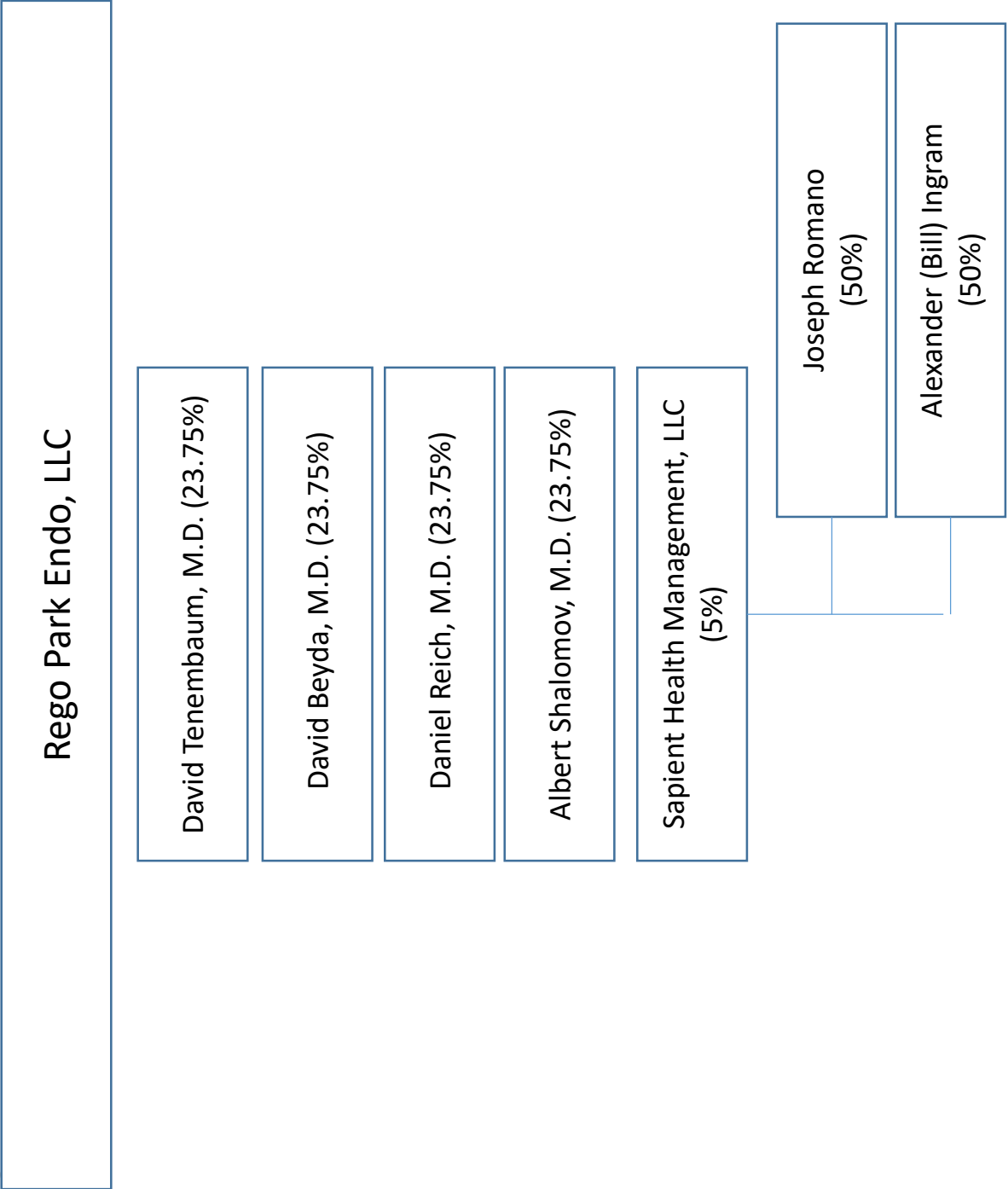
MEMBER EQUITY

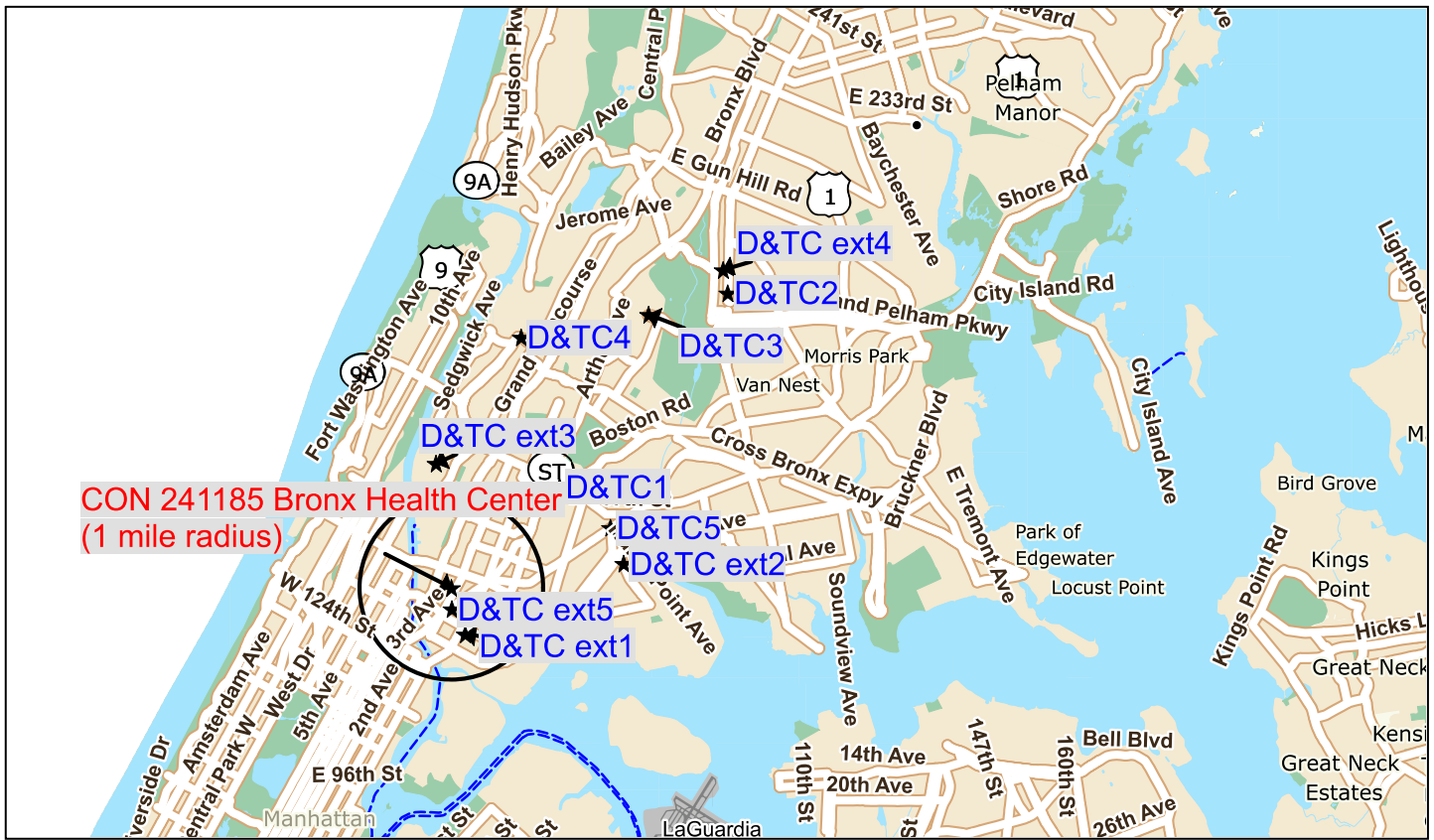
\$1,691,243

**TOTAL LIABILITIES AND
MEMBER EQUITY**

\$7,591,243

Sch 3 Attachment – Organizational Chart





Bronx County facilities providing Medical Services - Primary Care, Medical Services - Other Medical Specialties, Dental O/P, Optometry O/P and Podiatry O/P services

- D&TC1 BronxCare Dr. Martin Luther King, Jr. Health Center
- D&TC2 CenterLight Healthcare Diagnostic and Treatment Center
- D&TC3 Medalliance Medical Health Services
- D&TC4 Morris Heights Health Center
- D&TC5 Urban Health Plan
- D&TC ext1 Adapt Community Network
- D&TC ext2 Bella Vista Community Health Center
- D&TC ext3 BronxCare Ogden Family Medical and Dental Center
- D&TC ext4 CenterLight Healthcare D&TC - Allerton Avenue Site
- D&TC ext5 Third Avenue Family Health Center

Pro Forma Balance Sheet

ASSETS:

Cash	\$456,063
Accounts Receivable	321,937
Security Deposit	13,500
Fixed Assets	200,000
Goodwill	<u>2,475,000</u>
TOTAL ASSETS	\$3,466,500

LIABILITIES:

Accounts Payable	\$82,009
Accrued Expenses	<u>28,977</u>
TOTAL LIABILITIES	\$110,986

NET ASSETS	\$3,355,514
------------	-------------

E & A Medical Solutions, LLC

Balance Sheet 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Bill.com Clearing	0.00
Business Checking 0860/6302	2,085.84
Santander 37235	458.47
Santander 99637	0.00
Santander Money Market 0352	0.01
Total Bank Accounts	\$2,544.32
Other Current Assets	
Accumulated Amortization	-66,667.00
Bank Clearing Account	0.00
Goodwill	250,000.00
Security Deposit	89,750.00
Startup Costs	67,000.00
Total Other Current Assets	\$340,083.00
Total Current Assets	\$342,627.32
Fixed Assets	
Accumulated Depreciation Equipment	-28,382.00
Dental Equipment	34,429.41
Furniture & Equipment	6,898.16
Leasehold Improvements	73,126.77
Construction - Morris Court	551,800.00
Total Leasehold Improvements	624,926.77
Medical Equipment	101,813.01
Sign	4,100.00
Total Fixed Assets	\$743,785.35
TOTAL ASSETS	\$1,086,412.67
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	0.00
Total Accounts Payable	\$0.00
Credit Cards	
American Express - 73005	32,885.38
Chase Card	33,425.77
Chase 7908	0.00
Total Chase Card	33,425.77

E & A Medical Solutions, LLC

CON#241185
Attachment C (Cont)

Balance Sheet 2022

	TOTAL
Total Credit Cards	\$66,311.15
Other Current Liabilities	
AP Clearing	0.00
Chase Loan #4	-800.00
Chase LOC 0002	0.00
Construction Loan - Fedcap (Morris Court)	0.00
Intercompany Loan	
Amiryan Group	83,918.47
Araxi Management	257,301.39
Total Intercompany Loan	341,219.86
Lending Club	0.00
Line of Credit 0003	0.00
Loan Payable - Employee	-6,350.00
Loan Payable - Fundation	-2,496.34
Payroll liability	0.00
PPP Loan	0.00
Santander LOC 0055-3	0.00
SBA Loan	159,850.00
Total Other Current Liabilities	\$491,423.52
Total Current Liabilities	\$557,734.67
Long-Term Liabilities	
Dental Equipment Loan	0.00
Equipment Lease - Ascentium	-464.67
Personal Loan - Araxi	265,685.95
Santander New Loan	57,377.97
Tandentnik Igor Note Payable	0.00
Total Long-Term Liabilities	\$322,599.25
Total Liabilities	\$880,333.92
Equity	
Opening Balance Equity	-48,501.40
Owner Draw	-213,866.12
Owner's Equity	-129,522.39
Retained Earnings	507,212.84
Net Income	90,755.82
Total Equity	\$206,078.75
TOTAL LIABILITIES AND EQUITY	\$1,086,412.67

E & A Medical Solutions, LLC
Balance Sheet
As of December 31, 2023

	<u>Total</u>
ASSETS	
Current Assets	
Bank Accounts	
Bill.com Clearing	0.00
Business Checking 0860/6302	28,638.74
Chase Savings 9167	20.29
Santander 37235	116.04
Santander 99637	0.00
Santander Money Market 0352	0.01
Total Bank Accounts	\$ 28,775.08
Other Current Assets	
Accumulated Amortization	-66,667.00
Bank Clearing Account	0.00
Goodwill	250,000.00
Security Deposit	89,750.00
Startup Costs	67,000.00
Total Other Current Assets	\$ 340,083.00
Total Current Assets	\$ 368,858.08
Fixed Assets	
Accumulated Depreciation Equipment	-28,382.00
Dental Equipment	34,429.41
Furniture & Equipment	6,898.16
Leasehold Improvements	123,126.77
Construction - Morris Court	551,800.00
Total Leasehold Improvements	\$ 674,926.77
Medical Equipment	115,351.49
Sign	4,100.00
Total Fixed Assets	\$ 807,323.83
TOTAL ASSETS	\$ 1,176,181.91
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
American Express - 73005	60,048.83
Chase Card	30,231.57
Chase 7908	0.00
Total Chase Card	\$ 30,231.57
Total Credit Cards	\$ 90,280.40
Other Current Liabilities	
AP Clearing	0.00
Chase Loan #4	-800.00

Chase LOC 0002	0.00
Construction Loan - Fedcap (Morris Court)	0.00
Intercompany Loan	
Amiryan Group	61,918.47
Araxi Management	257,301.39
Total Intercompany Loan	\$ 319,219.86
Lending Club	0.00
Line of Credit 0003	0.00
Loan Payable - Dmitriy Miloslavskiy	95,000.00
Loan Payable - Employee	-6,350.00
Loan Payable - Fundation	-2,496.34
Loan Payable - Group Experts	19,000.00
Payroll liability	0.00
PPP Loan	0.00
Santander LOC 0055-3	0.00
SBA Loan	150,347.00
Total Other Current Liabilities	\$ 573,920.52
Total Current Liabilities	\$ 664,200.92
Long-Term Liabilities	
Dental Equipment Loan	0.00
Equipment Lease - Ascentium	-464.67
Personal Loan - Araxi	265,685.95
Santander New Loan	19,941.29
Tandentnik Igor Note Payable	0.00
Total Long-Term Liabilities	\$ 285,162.57
Total Liabilities	\$ 949,363.49
Equity	
Opening Balance Equity	-48,501.40
Owner Draw	-224,520.65
Owner's Equity	-129,522.39
Retained Earnings	597,968.66
Net Income	31,394.20
Total Equity	\$ 226,818.42
TOTAL LIABILITIES AND EQUITY	\$ 1,176,181.91

E & A Medical Solutions, LLC
Profit and Loss
January - December 2023

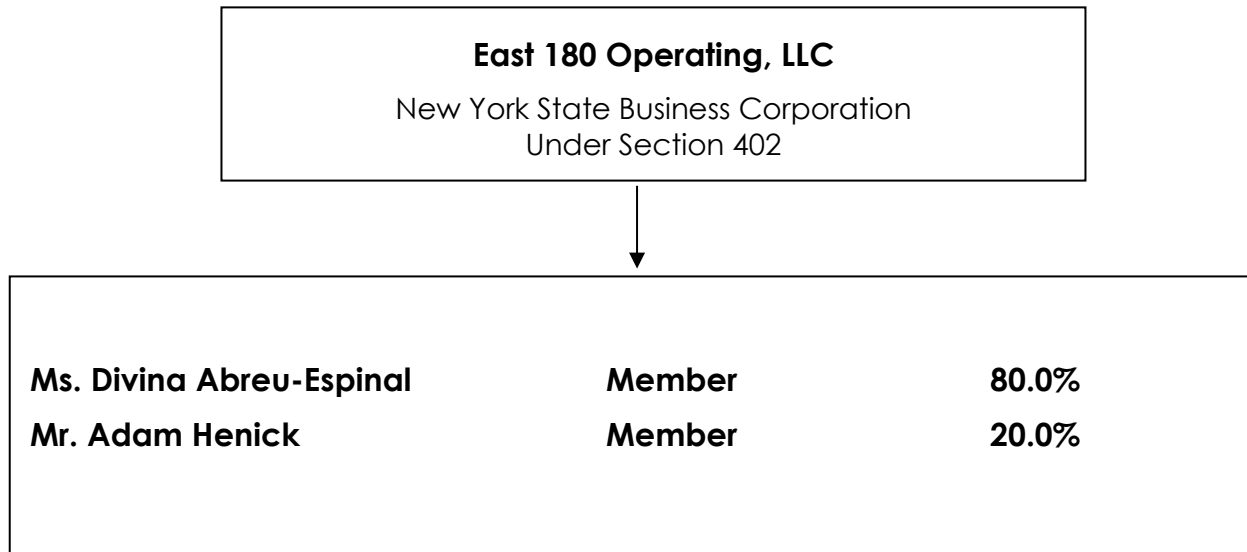
	<u>Total</u>
Income	
Amerigroup\Health plus\BCBS NY	33,349.43
Deposit	50,000.00
Fidelis Care NYS Catholic	101,907.81
HealthFirst	274,254.15
Income - Aetna Life Ins	656.52
Income - HCC\claimpayments	133,762.56
Insurance miscellaneous income	40,755.72
Medicaid NYS DOH	47,136.01
Other Reimbursements	44,584.63
Patient pay - cash Square Moneris ATM	5,876.53
Refunds	136.00
Total Income	<u>\$ 732,419.36</u>
Gross Profit	<u>\$ 732,419.36</u>
Expenses	
Advertising and Promotion	5,825.00
Bank Service Charges	3,372.13
Billing Expense	11,580.20
Business License and Permits	5,777.00
Computer and Internet Expense	999.01
Contract Labor	203,844.20
Dues & Subscriptions	225.00
Elec Healthcare Rec Maint	9,204.79
Equipment Lease	3,603.54
Insurance Expense	
Disability Insurance	487.02
Employee Health	2,598.82
General Liability	7,275.03
Malpractice Insurance	22,910.66
Workers Comp	493.00
Total Insurance Expense	<u>\$ 33,764.53</u>
Interest Expense	21,578.32
Meals and Entertainment	1,045.37
Medical Equipment - Telehealth	-1,387.22
Medical Records	-30.00
Medical Supplies	5,149.04
Medical Testing	749.50
Office Supplies	5,122.26
Payroll Expense	
Payroll Fees	2,105.03
Salary Expense	

Officers Salary	6,129.27
Salary - Employees	142,044.54
Total Salary Expense	\$ 148,173.81
Total Payroll Expense	\$ 150,278.84
Payroll Taxes	16,900.38
Penalties	50.00
Postage & Delivery	278.11
Professional Fees	
Accounting Fees	19,545.44
Consulting	29,635.86
Inspections	1,730.00
Legal Fees	5,092.50
Translation	346.65
Total Professional Fees	\$ 56,350.45
Rent Expense	184,012.88
Repairs & Maintenance	1,841.29
Taxes	-878.39
Travel Expense	4,733.30
Utilities	
Answering Service	945.07
Gas & Electric	11,141.32
Security System	4,160.62
Telephone & Internet	10,500.60
Total Utilities	\$ 26,747.61
Total Expenses	\$ 750,737.14
Net Operating Income	-\$ 18,317.78
Other Income	
AmEx Points Credits	108.85
Interest Income	0.89
Other Miscellaneous Income	50,000.00
Redemption Credit	202.24
Total Other Income	\$ 50,311.98
Other Expenses	
Charitable Donations	600.00
Total Other Expenses	\$ 600.00
Net Other Income	\$ 49,711.98
Net Income	\$ 31,394.20

Organizational Chart

– Before Transfer

Before the Ownership Economic Interest Transfer

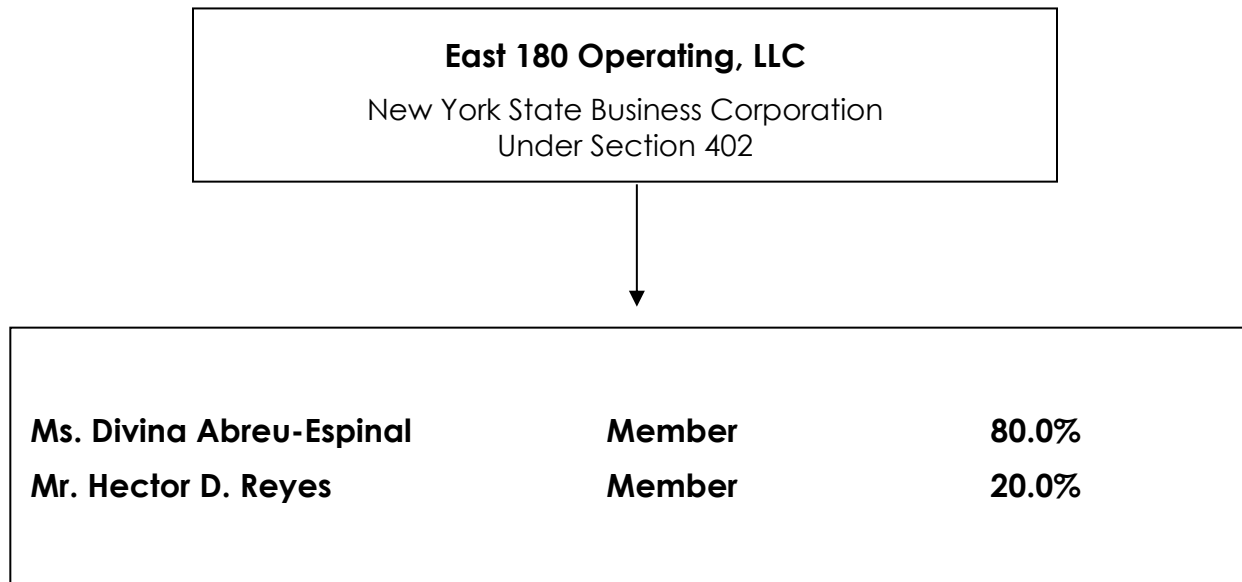


Organizational Chart

CON#241236
BFA Attachment B Cont.

– After Transfer

After the Ownership Economic Interest Transfer



East 180 Operating, LLC
East 180th Street Health and Treatment Center
870 East 180th Street, Bronx, NY 10460

PRO FORMA
BALANCE SHEET

ASSETS

ASSETS

Equity / Cash	\$	3,504,870.00
Working Cash - 2 Months Year 3	\$	808,296.33
Building Property Plant Equipment	\$	<u>13,195,251.00</u>

TOTAL ASSETS	\$	<u>17,508,417.33</u>
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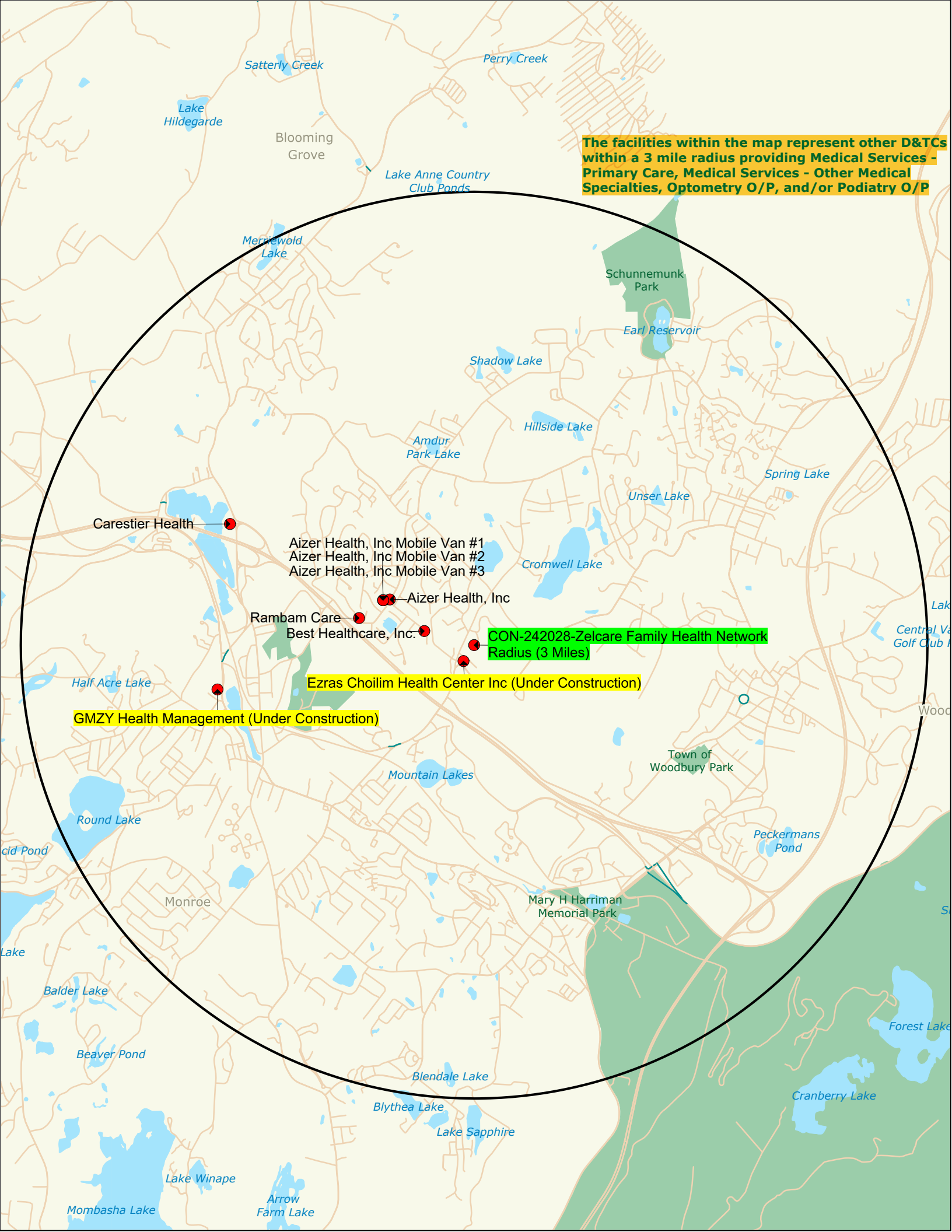
LIABILITIES AND MEMBER'S EQUITY

LIABILITIES

Construction Loan	\$	13,198,251.00
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TOTAL LIABILITIES	\$	<u>13,198,251.00</u>
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MEMBER'S EQUITY - Member Contributions	\$	<u>4,310,166.33</u>
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The facilities within the map represent other D&TCs within a 3 mile radius providing Medical Services - Primary Care, Medical Services - Other Medical Specialties, Optometry O/P, and/or Podiatry O/P

Carestier Health

Aizer Health, Inc Mobile Van #1
Aizer Health, Inc Mobile Van #2
Aizer Health, Inc Mobile Van #3

Aizer Health, Inc

Rambam Care

Best Healthcare, Inc.

CON-242028-Zelcare Family Health Network
Radius (3 Miles)

Ezras Choilim Health Center Inc (Under Construction)

GMZY Health Management (Under Construction)

Town of
Woodbury Park

Mary H Harriman
Memorial Park

Forest Lake

Cranberry Lake

Lake Sapphire

Blythea Lake

Blendale Lake

Beaver Pond

Balder Lake

Lake

cid Pond

Round Lake

Half Acre Lake

Cromwell Lake

Amdur
Park Lake

Shadow Lake

Earl Reservoir

Schunnefunk
Park

Merriewold
Lake

Lake Anne Country
Club Ponds

Blooming
Grove

Satterly Creek

Perry Creek

Lake
Hildegarde

Pro Forma Balance Sheet

ASSETS:

Cash	\$630,400
Moveable Equipment	524,758
Leasehold Improvements	<u>2,510,297</u>
TOTAL ASSETS	\$3,665,455

LIABILITIES	\$0
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NET ASSETS	\$3,665,455
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What is the current availability of professional/paraprofessional workers to staff your program? Who are the competing employers? How do you propose to successfully compete? Include training, recruitment, and transportation strategies. How do you coordinate with the Department of Labor or any other local workforce initiatives?

The current availability of professional and paraprofessional workers in Columbus County, NY, for home care services is strong due to the proximity of several healthcare education institutions and training centers. According to the New York Department of Labor, the healthcare industry in this region has a steady supply of home health aides (HHAs), personal care aides (PCAs), and registered nurses (RNs), though demand remains high due to an aging population and growing healthcare needs. Many local graduates of nursing and home care certification programs are actively seeking employment, including those who are certified as Home Health Aides (HHA) and Personal Care Aides (PCA).

Covenant Care of New York has already begun building relationships with local vocational training centers and community colleges that offer home health aide and nursing programs. We plan to recruit graduates from these programs to ensure a consistent influx of qualified professionals. Additionally, we are working with staffing agencies to tap into their networks to access qualified candidates when needed.

Additionally, **Covenant Care of New York** will offer competitive salaries and comprehensive benefits packages to attract skilled workers, ensuring we meet staffing needs as our program grows. We are confident in our ability to recruit and maintain a workforce sufficient to meet the needs of our clients and provide high-quality care.

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

Key competitors in our area include other LHCSAs, nursing homes, hospitals, long-term care facilities such as Columbia County Health Care Consortium and several private care agencies. However, **Covenant Care of New York** differentiates itself through:

- **Training Initiatives:** We will implement a robust, ongoing training and development program that goes beyond the standard certification, focusing on professional growth, quality care, and advanced skills training. All employees will undergo initial orientation and ongoing in-service training, ensuring they remain up-to-date on the latest caregiving techniques, compliance standards, and patient safety protocols.
- **Recruitment Strategies:** Our recruitment strategy includes building partnerships with local community colleges, vocational schools, and workforce development programs. We will offer competitive compensation packages, flexible work schedules, and a supportive work environment to attract skilled workers. We will also leverage online job platforms, community outreach, and partnerships with workforce development organizations to ensure a steady pipeline of qualified candidates.
- **Transportation:** Many home health aides and caregivers rely on public transportation or employer-provided transportation to reach client homes. To support this, we plan to offer

transportation assistance to our employees through partnerships with local transport services, carpooling initiatives, and offering travel stipends for workers who drive to more remote client locations.

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

Covenant Care of New York is committed to working closely with the New York State Department of Labor (NYSDOL) and other local workforce development organizations to address staffing needs. We plan to coordinate efforts by:

- Participating in job fairs organized by these agencies.
- Utilizing workforce development programs to recruit workers, particularly those transitioning from other industries or completing certification programs.
- Applying for training grants and subsidies offered by the Department of Labor to support the continuous education of our employees.

We have already initiated conversations with workforce development centers to help facilitate job matching, skills training, and certification processes for paraprofessional workers, particularly home health aides. In addition, we plan to participate in NYSDOL's job placement programs, ensuring that both newly trained and experienced professionals are aware of employment opportunities with **Covenant Care of New York, LLC**.

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

The initiation of **Covenant Care of New York, LLC**'s program will provide new job opportunities for professional and paraprofessional workers, contributing positively to the local economy and healthcare system and offering care options for underserved populations. **Covenant Care of New York** will ensure that its expansion does not negatively impact other healthcare providers by:

- Focusing on collaborative care models, ensuring we complement, rather than compete with, existing healthcare services. For example, we will work closely with hospitals and rehabilitation centers to ensure seamless transitions from hospital to home care, thereby relieving pressure on inpatient facilities.
- Offering services that address gaps in care, particularly for patients requiring home care but unable to access it due to existing capacity limitations of other agencies.

We will work to minimize any adverse impact on the local workforce by:

Offering fair wages and competitive benefits to prevent competition with existing healthcare providers from driving up costs or exacerbating workforce shortages.

Complementing existing services by focusing on underserved populations or areas where there is currently a shortage of home care services.

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

Employee retention is a key priority for Covenant Care of New York, LLC. We will implement a range of strategies to ensure high job satisfaction and long-term retention among our professional and paraprofessional workforce, including:

- **Competitive Compensation Packages:** We will offer above-average wages, along with benefits such as health insurance, retirement plans, paid time off, and performance bonuses. These incentives will help retain our top-performing staff.
- **Career Advancement Opportunities:** We will provide clear career progression paths, including opportunities for HHAs and PCAs to advance into supervisory roles or pursue further education (e.g., CNA or nursing programs) with financial support from our agency.
- **Work-Life Balance and Support:** We will foster a positive, inclusive, and supportive work culture, offering open communication channels, employee feedback forums, and wellness programs to promote job satisfaction and work-life balance.
- **Recognition Programs:** We will develop employee recognition programs, including “Employee of the Month” and other awards that acknowledge excellence in service and dedication to patient care.
- **Flexible Scheduling:** We understand that many home care workers have personal commitments, and we will offer flexible scheduling options to accommodate their needs while still meeting client care requirements.

**What is the current availability of professional/paraprofessional workers to staff your program?
Who are the competing employers? How do you propose to successfully compete? Include
training, recruitment, and transportation strategies. How do you coordinate with the
Department of Labor or any other local workforce initiatives?**

Brookdale Hospital Medical Center is submitting this application for the establishment of a LHCSA that will provide home care services as described in this application, exclusively to residents of Brookdale Hospital Medical Center ALP, the affiliated ALP facility.

The agency will work with recruiters, paid-for-job-board postings (such as, zip-recruiter and Indeed Employment website), and other Staffing Agencies to employ qualified direct care staff.

The LHCSA and the ALP are affiliated with Brookdale Medical Hospital Center (Brookdale), a certified (Operating Certificate No. 7001002H), 530-bed hospital located at 1 Brookdale Plaza, Brooklyn (Kings County), New York 11212. Brookdale is part of One Brooklyn Health System (OBHS), a not-for-profit, tax-exempt corporation licensed under Article 28 of the Public Health Law. Through this affiliation with OBHS, the LHCSA will have a large pool of staff to recruit as needed.

from within each of the related healthcare facilities and will not impede staffing efforts of competing employers.

The agency will also create a workforce team that would be responsible for analyzing and strategizing the workforce needs based on the goals and visions of the agency. The workforce will focus on ensuring stable staffing across every department, work with hiring agencies in pursuit of candidates with qualified skills and retain the services of the candidates to help avoid understaffing or overstaffing. The workforce team will also be responsible for maintaining the workforce planning documents such as the on-boarding plan, strategic plan, employee development plan and leadership assessment. Additionally, as described in greater detail in their Schedule 1s, the board members and officers of OBHS are responsible for overseeing the operations of the subject Assisted Living Program, as well as the operations of the other health care programs under OBHS.

Who are competing employers? Besides Brookdale Hospital Medical Center ALP, the affiliated Adult Home/ALP, there are 19 licensed Adult Care Facilities (ACFs) in Kings County. There are three (3) ACFs facilities located in close proximity to the applicant, which can be considered as competing employers as follows: Amber Court of Brooklyn; Garden of Eden Assisted Living Program; and Moffat Gardens ALP, Inc. Additionally, the applicant's market/competitive analysis has identified the following range of senior service providers (competing employers) in the service area: 286 LHCSAs; 13 CHHAs; 40 RHCfs; and 15 Hospitals.

The Applicant has the experience to hire, train and retain staff, and will apply this experience to operate a successful LHCSA. Brookdale Hospital Medical Center will offer competitive wages and benefits, pathways toward career advancement, staff appreciation, strong education and resident care to retain and, when needed, recruit staff.

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

Training - Upon completion of the on-boarding process, the agency will provide all professional/paraprofessional staff with an orientation. The orientation will be conducted by a Registered Professional Nurse with experience in Homecare/ Assisted Living matters. Staff will also receive on-site training on the specific functions of their employment from individuals who have the experience and the relevant skill sets needed to help them thrive.

In addition to orientation and on-site training, professional/paraprofessional staff will receive in-service throughout the year, covering topics such as patient rights, emergency preparedness, infection control, fall prevention, etc. The agency will also monitor trends and update in-service training based on the needs of the ALP residents. Recruitment - As an organization, the applicant understands that every effort has to be made to ensure that all open positions are always visible, whether on the agency's website or on major job boards. Candidates will be able to apply via phone, text message, direct application, email and in person, ensuring that there are no barriers to applying for a position.

Transportation - The LHCSA will be located within the affiliated ALP, which is near various forms of public transportation including buses, subways as well as streets and highways that support private transportation. This will provide the staff with the ability to easily commute.

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

Utilizing available resources is an important part of ensuring that the LHCSA employs qualified candidates to provide high-quality care to the ALP residents in accordance with their service plans. The agency intends to keep up to date with DOL hiring events and have ongoing communication with community partners. If the LHCSA requires additional staff, it intends to work with various staffing agencies and on-line recruiters.

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

This application involves the establishment of a LHCSA, which solely provides specific home care services exclusively to the residents of the affiliated ALP. The competition in Kings County for professional/paraprofessional employees is high; the applicant intends to have a designated recruiter assigned to focus on these job applicants that will provide home care to a specialized population within Brookdale Hospital Medical Center ALP. Additionally, as noted above, Brookdale Licensed Home Care Services Agency is affiliated with OBHS and through this affiliation the LHCSA will have a large pool of staff to recruit as needed from within the related healthcare facilities. Therefore, the applicant does not believe that this application will have any impact on other providers in the community.

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

Appreciation - Brookdale Licensed Home Care Services Agency will implement a monthly appreciation program to demonstrate staff appreciation.

Opportunity for skill development - A priority of the applicant is to ensure that employees who are excelling can build on their current skill set, gain exposure to industry trends and receive training to utilize any new and current technology.

Promotions - Employees who have demonstrated a desire to continue to work in the healthcare field and who are working above and beyond expectations will be elected to receive leadership roles where they can utilize their experience, while gaining increased exposure to learn about the industry. Employees who demonstrate these qualities will receive positive recognition from management for their efforts. Through these positive reinforcements, the staff will see a secure future in the organization and will want to stay and grow in the Brookdale Licensed Home Care Services Agency and Brookdale Hospital Medical Center ALP community.

Longevity benefits - Offering incentives to employees based on performance and longevity will highlight the value the applicant places on employees who remain with the organization.

Brookdale Licensed Home Care Services Agency will implement a mandatory annual evaluation for every employee - this will create an opportunity for the supervisor to provide the staff members with positive feedback and provide tangible goals for the coming year. The aim is for each employee to feel recognized for his or her efforts.

Prior to commencing operations as the new operator and in conformance with IO New York Codes, Rules and Regulations, and with the requirements of the local area office of the New York State Department of Health, Brookdale Licensed Home Care Services Agency will develop policies and procedures to cover the areas of:

- Patient Rights;
- Patient Care;
- Service Delivery;

;

**The Brookdale Hospital Medical Center d/b/a
Brookdale Licensed Home Services Agency
Workforce Response**

**CON#231088
OALTC Attachment A (cont.)**

- Patient Referral, Admission, and Discharge;
- Patient Assessment and Plan of Care;
- Medical Orders;
- Clinical Supervision;
- Patient Care Record;
- Governing Authority;
- Contracts;
- Personnel;
- Records and Reports;
- Quality Assurance; and
- Disaster and Emergency Preparedness.

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

We are a Brooklyn-based home care company equipped with a dedicated team of expert caregivers committed to delivering excellent service. Our foremost goal is meeting the requirements of our clients, which is why we continuously seek and train new caregivers to meet the growing demand. Whether it's part-time or full-time care you require, our team is prepared to offer assistance promptly.

Who are the competing employers?

Among the array of competing employers in the vicinity, several licensed home care agencies offer comparable services. Nevertheless, our agency distinguishes itself through the comprehensive scope of our offerings. We provide both unskilled and skilled care for our patients. What sets us apart is our commitment to crafting customized care plans that cater to the unique needs and preferences of each client, working closely with the referring physician to fulfill the patient's objectives. Our caregivers undergo ongoing training and education to ensure they possess the requisite skills and expertise to deliver exceptional care. Moreover, we have bilingual staff members readily available onsite and for patient cases, enhancing overall communication.

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

To maintain our competitive edge, we've implemented several strategies. We prioritize enhancing training by offering regular continuing education programs for our caregivers, ensuring they stay up-to-date with industry best practices and the latest techniques. For recruitment, we've established partnerships with local schools and training programs to attract fresh talent and aid individuals in acquiring the essential skills for success in the home care sector. When in need of additional staff, we can recruit paraprofessionals by seeking approval to provide both the Home Health Aide Training Program and the Personal Care Aide Training program through the Department of Health. In terms of transportation, we provide flexible scheduling and collaborate with our caregivers to ensure they have reliable transportation to and from their assignments.

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

We work closely with the Department of Labor and participate in career fairs and local community events to promote job opportunities at our agency to people from diverse backgrounds. We've forged strong relationships with these organizations and stay updated on any regulatory changes or updates to requirements.

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

In general, the establishment or expansion of our home care agency will positively impact the local workforce and healthcare providers. Firstly, it will create additional job opportunities for caregivers like PCAs, HHAs, nurses, and other healthcare professionals specializing in delivering in-home care services. Secondly, by increasing the availability of home care options, healthcare providers will have more resources to refer patients to these agencies, potentially easing the burden on hospitals and other healthcare facilities.

We anticipate no negative effects resulting from our business expansion or inception. However, to address any potential adverse impacts, the agency will closely collaborate with hospitals and clinics to ensure smooth coordination of patient care. Additionally, the agency maintains a strong focus on delivering high-quality care and ensuring patient satisfaction to ensure optimal outcomes for patients.

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

We employ various tactics to improve retention within specific segments of our workforce. One primary approach is providing competitive compensation packages, including benefits such as health insurance, retirement plans, and paid leave. Our agency ensures compliance with all relevant Department of Labor regulations for the homecare workforce, including offering workers' compensation and disability coverage. Additionally, we conduct annual in-service sessions to keep our staff informed about quality-of-care standards.

Creating a positive work environment that values employee feedback, recognizes accomplishments, and promotes work-life balance is another crucial factor in fostering retention. As a home care agency, we can explore flexible scheduling options like part-time or remote work to accommodate our workforce's needs.

Lastly, it's essential for home care agencies to nurture a culture of respect, trust, and transparent communication between management and staff. By fostering a supportive and positive workplace culture, home care agencies can cultivate a committed and loyal workforce.

**Responsible Homecare, Inc.
Workforce Questions**

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

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

Who are the competing employers?

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

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

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

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

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

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

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

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

**Responsible Homecare, Inc.
Workforce Questions**

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

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

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

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

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

- 450 Home Health Aides/Personal Care Aides
- 2 Registered Nurses

Who are the competing employers?

- ABI Health Care, 131-07 40th Rd., Unit E15, Flushing, NY 11354
- Xincon Home Health Care Services, 20 West 33rd Street, Unit 2006A, NY, NY 10001
- Red Sun Home Care, 136-33 37th Ave., Unit 5A, Flushing, NY 11354
- Longevity Health Services, 131-07 40th Rd, Unit E5, Flushing, NY 11354

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

- We intentionally seek out linguistically and culturally diverse aides to ensure we can meet the unique language and cultural needs of those we serve. As such, over 80% of our staff are native speakers of Chinese-language and its' various dialects. Almost all our administrative staff are proficient in more than one language.
- We recruit staff from their communities, including religious, civic, and cultural centers, social service agencies, Department of Labor Workforce One, local colleges (especially students who are in a nursing or community health worker program), and as much as possible, paired with clients from their immediate community. The goal is to assign staff to linguistically compatible clients based on their culture.
- Other recruitment sites include local ethnic newspapers, social media platforms, and other digital marketing strategies.
- Most of our new hires have their HHA or PCA certificates.
- However, the agency plans to obtain approval from the NYSDOH to operate a PCA/HHA Training program. This will allow us to train a smaller portion of uncertified applicants and conduct CNA transition, PCA Upgrade, and ACD for experienced PAs.
- Complete all initial hire paperwork within one week of receipt of the application.
- Offer sign-on and referral recruitment bonuses.
- Our pay rates are competitive, and we offer a Flexible Spending Account, Paid Time Off, and other optional benefits.
- In addition to orientation, we offer twelve (12) hours of in-service training that is required for HHAs and six (6) for PCAs. The agency is currently working on additional training curriculums to enhance the workers' competency and skills. These include topics such as 'Difficult to Serve Clients,' Mental Illness, Traumatic Brain Injury, Pediatric and Other Specialized Populations, and Chronic Disease Management.
- Our training is in-person or virtually, and we track attendance for each class.
- Employees receive pay for every training course they attend and a certificate of completion.

- One hour of paid travel time is given for travel between cases and from their case to the office for an in-person service. Workers are also paid two hours of travel time if they go to work, and the patient refuses services or is not home.
- To minimize travel, our coordinators utilize zip-code pairing of workers to clients.
- With prior approval, workers are reimbursed the difference between the cost of public transportation and Uber Ride Share if they must take and utilize ride-sharing under special circumstances.

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

- The agency's recruiters remain in constant contact with the local workforce program. We utilize the DOL job boards to post open positions and leverage their recruitment fair for on-site recruitment at the local offices. At Workforce One, we recruit individuals new to the field and assist them with finding training schools, displaced HHA/PCA certificate holders, and occasionally, office-based positions.
- Milestones and progress are tracked to show the number of hires/placements and employee retention rates. This information is shared as needed with the Workforce One representative.

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

- Increase job opportunities for the local community, which will help reduce unemployment rates.
- It provides the opportunity to create diverse roles, such as community health workers who work alongside the nursing staff in addition to the HHA/PCA level, as a unique model of care to help improve the quality of care, reduce avoidable hospitalizations/ED visits, improve value-based outcomes, and reduce the burden on hospitals and other healthcare facilities.
- Patient-centered care also leads to better access, improved satisfaction, and patient engagement.
- Create career pathways for workers-companion/Homemakers, PCA, HHA, CHW, Coordinators, Other Administrative Staff, LPN, and RN leading to long-term employment.
- Support and improve the local economy
- Serve as healthy competition among other home care providers in improving the quality of care, patient satisfaction, and engagement
- Provides an alternative service provider for patients to use.

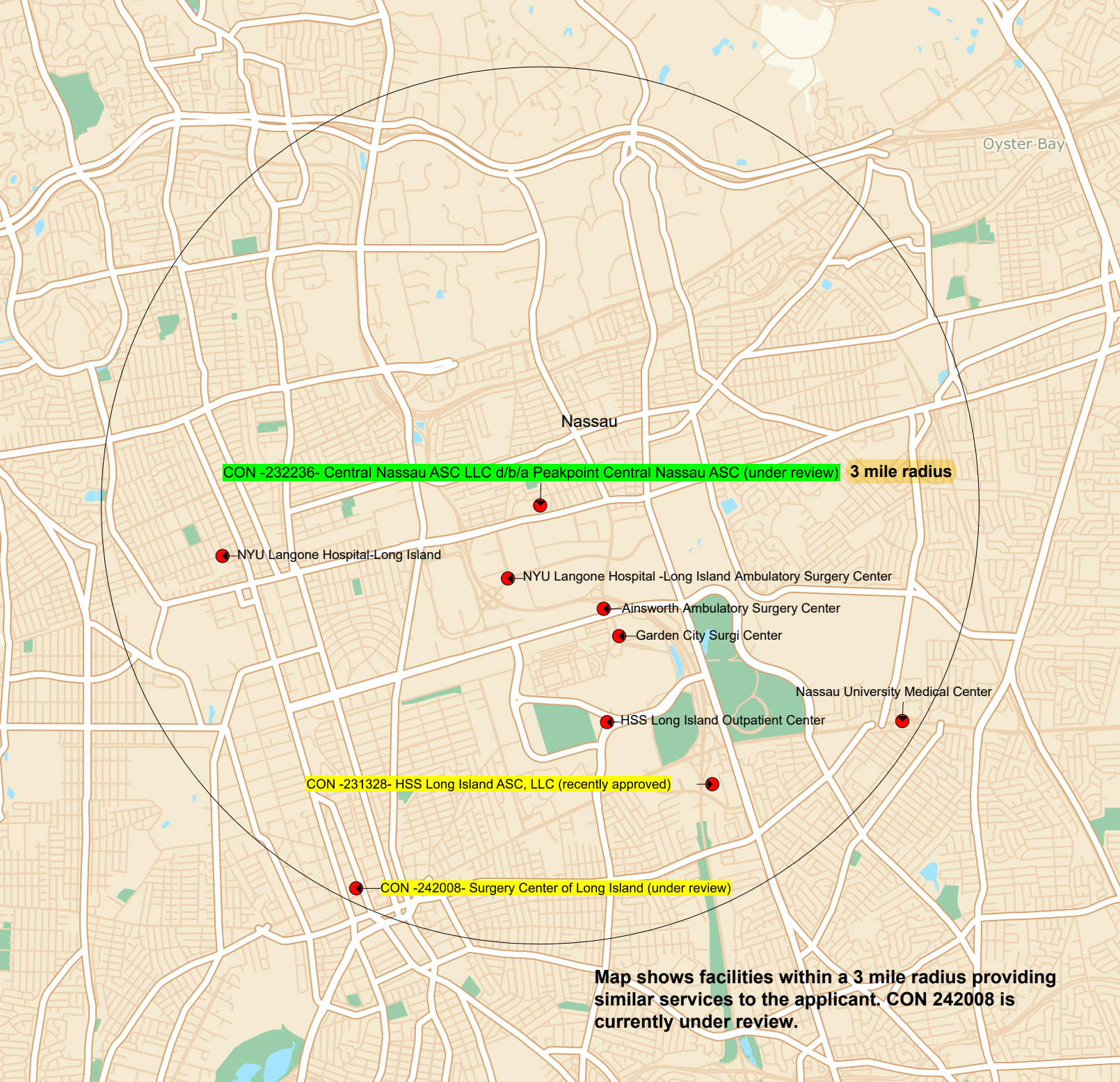
How will you minimize any adverse impact?

- Expansion without adequate oversight and quality control measures can lead to inconsistency in care. Understanding this, the agency will carefully strategize, plan, and allocate resources based on data and involving logistical and financial planning.
- The agency will conduct program evaluations, no less than annually, to ensure integration with the broader health systems, as protocols and coordination may need adjustments.
- Understand the community's health needs and preferences of the local communities and the targeted populations' assessed needs by:
 - Reviewing the local hospitals' community health needs assessments
 - NYC DOH community health needs
 - CDC data
 - Conducting surveys and focus groups
- Ensure that services are culturally sensitive and cater to the population's cultural and linguistic needs.
 - Hiring staff who are skilled and competent to meet the needs of the population
 - Incorporate cultural-sensitive training as part of the agency's training.
- We will build trust and gain insights by partnering with local community organizations and leaders.
- Be open and willing to make changes based on feedback from the patients being served and the community at large. This includes ensuring that our Quality Improvement Committee has at least one (1) patient representative/advocate.
- Create and prioritize job opportunities for the local communities
- Train staff to deliver high-quality and culture-specific care
- We will continue to provide multi-lingual support that ensures clear communication with clients and their families.
- Update websites and brochures and engage the community through community outreach activities to keep the community informed about the agency's services.
- Adhere to high standards of care to continuously meet and exceed regulatory guidelines.
- Ensure that all federal, state, and local regulations are compliant.

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

- We employ the following strategies to promote and foster retention:
 - Competitive pay rates
 - Adjustments to pay rate to ensure compliance with minimum wage requirements, and wage parity law.
 - Paid Time Off.
 - Medical insurance benefits.
 - Sign-on bonuses.
 - Monthly Employee Recognition Program.
 - Open door policy where staff can come in at any time to speak with management.

- We provide feedback to employees on employee satisfaction surveys and suggestions we have adopted.
- We promote from within, and field employees are encouraged to apply for office positions for which they qualify.
- We have a Quarterly Employee Newsletter, which keeps our employees informed by providing them with industry news, employee anniversaries, job openings, a health and wellness column, and recognition of employees highlighted in the quarter.
- At least one field employee is an Employee Newsletter Editorial Staff member.



CON -232236- Central Nassau ASC LLC d/b/a Peakpoint Central Nassau ASC (under review) 3 mile radius

NYU Langone Hospital-Long Island

NYU Langone Hospital -Long Island Ambulatory Surgery Center

Ainsworth Ambulatory Surgery Center

Garden City Surgi Center

HSS Long Island Outpatient Center

Nassau University Medical Center

CON -231328- HSS Long Island ASC, LLC (recently approved)

CON -242008- Surgery Center of Long Island (under review)

Map shows facilities within a 3 mile radius providing similar services to the applicant. CON 242008 is currently under review.

The Mount Sinai Hospital

Consolidated Statements of Financial Position

	December 31	
	2023	2022
	<i>(In Thousands)</i>	
Assets		
Current assets:		
Cash and cash equivalents	\$ 160,134	\$ 215,284
Short-term investments	367,001	683,098
Total cash and cash equivalents and short-term investments	527,135	898,382
Patient accounts receivable, net	495,993	487,326
Professional liabilities insurance recoveries receivable	21,266	26,761
Assets limited as to use, current portion	33,003	34,101
Due from related organizations, net, current portion	214	16,015
Inventories	61,491	74,784
Other current assets	176,115	110,302
Total current assets	1,315,217	1,647,671
 Pooled investments	 1,334,353	 1,296,122
Other investments	60,504	52,720
Assets limited as to use, less current portion	1,704	1,623
Due from related organizations, less current portion	985,452	1,143,198
Beneficial interest in self-insurance trust	283,930	247,299
Other assets	103,375	120,981
Right-of-use assets	332,016	346,316
Professional liabilities insurance recoveries receivable, less current portion	79,999	100,671
Property, plant, and equipment, net	1,277,629	1,043,141
Total assets	\$ 5,774,179	\$ 5,999,742

The Mount Sinai Hospital

Consolidated Statements of Financial Position (continued)

	December 31	
	2023	2022
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued expenses	\$ 306,975	\$ 291,302
Accrued salaries and related liabilities	254,942	228,401
Accrued interest payable	24,067	24,084
Accrued construction and capital asset liabilities	22,059	20,633
Current portion of long-term debt	19,553	9,439
Operating lease liabilities, current portion	9,927	11,572
Professional liabilities, current portion	21,266	26,761
Other current liabilities	55,624	57,038
Total current liabilities	714,413	669,230
Long-term debt, less current portion	1,610,772	1,460,591
Operating lease liabilities, less current portion	367,611	370,294
Accrued postretirement benefits	3,457	4,128
Estimated self-insurance liability	283,930	247,299
Deferred gain on transfer of real estate	27,055	27,055
Professional liabilities, less estimated current portion	79,999	100,671
Other liabilities	371,697	389,753
Total liabilities	3,458,934	3,269,021
Commitments and contingencies		
Net assets:		
Net assets without donor restrictions	2,054,205	2,439,993
Net assets with donor restrictions	261,040	290,728
Total net assets	2,315,245	2,730,721
Total liabilities and net assets	\$ 5,774,179	\$ 5,999,742

The Mount Sinai Hospital

Consolidated Statements of Operations

	Year Ended December 31	
	2023	2022
	<i>(In Thousands)</i>	
Operating revenue		
Net patient service revenue	\$ 3,553,461	\$ 3,244,889
CARES Act Provider Relief Fund revenue	—	29,976
Investment income and net realized gains and losses on sales of securities	84,848	18,642
Contributions	242	273
Other revenue	269,082	346,422
Net assets released from restrictions for operations	37,428	54,359
Total operating revenue before other items	<u>3,945,061</u>	<u>3,694,561</u>
Operating expenses		
Salaries and wages	1,510,083	1,354,542
Employee benefits	427,600	376,426
Supplies and other	1,749,499	1,594,544
Depreciation	149,524	136,901
Interest and amortization	44,257	43,524
Total operating expenses before other items	<u>3,880,963</u>	<u>3,505,937</u>
Excess of operating revenue over operating expenses before other items	64,098	188,624

The Mount Sinai Hospital

Consolidated Statements of Operations (continued)

	Year Ended December 31	
	2023	2022
	<i>(In Thousands)</i>	
Excess of operating revenue over operating expenses before other items	\$ 64,098	\$ 188,624
Other items		
Net change in unrealized gains and losses on investments and change in value of alternative investments	78,561	(263,819)
Reserve on amounts due from related organizations	(123,933)	—
Third-party reimbursement settlements and other	29,200	11,421
Gain on sale of real estate	1,171	—
Net change in participation in captive insurance program	3,426	(27,461)
Severance costs	(2,581)	(854)
Net periodic postretirement cost other than service cost	(117)	(496)
Excess (deficiency) of revenue over expenses	49,825	(92,585)
Other changes in net assets without donor restrictions		
Transfers to/from other affiliates	(95,845)	(105,107)
Transfer to Beth Israel Medical Center	(206,760)	—
Transfer to St. Luke's Roosevelt Hospital Center	(161,804)	—
Equity in income from related party and distributions transferred to the Icahn School of Medicine at Mount Sinai	761	92
Net assets released from restrictions for capital asset acquisitions	27,800	—
Change in postretirement liability to be recognized in future periods	235	1,883
Total other changes in net assets without donor restrictions	(435,613)	(103,132)
Net decrease in net assets without donor restrictions	\$ (385,788)	\$ (195,717)

The Mount Sinai Hospital
Consolidated Statements of Financial Position
(\$ in 000's)

BFA Attachment C
CON 232236

	June 30 2024	December 31 2023
	<i>(In Thousands)</i>	
Assets		
Current Assets:		
Cash and cash equivalents	\$ 94,985	\$ 160,134
Short-term investments	219,813	367,001
Total cash, cash equivalents and short-term investments	314,798	527,135
Patient accounts receivable, net	579,464	495,993
Professional liabilities insurance recoveries receivable	21,266	21,266
Assets limited as to use, current portion	30,819	33,003
Due from related organizations, net, current portion	214	214
Inventories	58,252	61,491
Other current assets	146,185	176,115
Total current assets	1,150,998	1,315,217
 Pooled investments	 1,176,313	 1,334,353
Other investments	64,576	60,504
Assets limited as to use, less current portion	1,749	1,704
Due from related organizations, net, less current portion	1,159,764	985,452
Beneficial interest in self-insurance trust	344,536	283,930
Other assets	111,163	103,375
Right-of-use assets	334,675	332,016
Professional liabilities insurance recoveries receivable, less c	79,999	79,999
Property, plant and equipment, net	1,554,660	1,277,629
Total assets	\$ 5,978,433	\$ 5,774,179

The Mount Sinai Hospital
Consolidated Statements of Financial Position
(\$ in 000's)

	June 30 2024	December 31 2023
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current Liabilities:		
Accounts payable and accrued expenses	\$ 314,237	\$ 306,975
Accrued salaries and related liabilities	238,376	254,942
Accrued interest payable	24,041	24,067
Accrued construction and capital asset liabilities	22,414	22,059
Current portion of long-term debt	15,803	19,553
Operating lease liabilities, current portion	10,048	9,927
Professional liabilities, current portion	21,266	21,266
Other current liabilities	48,121	55,624
total current liabilities	694,306	714,413
Long-term debt, less current portion	1,862,371	1,610,772
Operating lease liabilities, less current portion	373,206	367,611
Accrued postretirement benefits	3,457	3,457
Estimated self-insurance liability	344,536	283,930
Deferred gain on transfer of real estate	27,055	27,055
Professional liabilities, less estimated current portion	79,999	79,999
Other liabilities	361,403	371,697
Total liabilities	3,746,333	3,458,934
Commitments and contingencies		
Net assets		
Net assets without donor restrictions	1,974,974	2,054,205
Net assets with donor restrictions	257,126	261,040
Total net assets	2,232,100	2,315,245
Total liabilities and net assets	\$ 5,978,433	\$ 5,774,179

The Mount Sinai Hospital
Consolidated Statements of Operations
(\$ in 000's)

BFA Attachment C (cont'd)
CON 232236

	June 30	
	2024	2023
	<i>(In Thousands)</i>	
Operating revenue		
Net patient service revenue	\$ 1,835,973	\$ 1,713,515
Investment income and net realized gains and (losses) on sales of securities	42,820	74,077
Contributions	104	111
Other revenue	156,625	143,259
Net assets released from restrictions for operations	22,044	25,430
Total operating revenue before other items	2,057,566	1,956,392
Operating expenses		
Salaries and wages	782,457	731,114
Employee benefits	218,979	211,978
Supplies and other	928,203	828,685
Depreciation	77,793	75,064
Interest and amortization	21,882	22,386
Total operating expenses before other items	2,029,314	1,869,227
Excess of operating revenue over expenses before other items	28,252	87,165
Other items		
Net change in unrealized gains and losses on investments and change in value of alternative investments	48,400	(8,363)
Third-party reimbursement settlements and other	24,032	27,373
Net change in participation in captive insurance program	1,136	(3,174)
(Deficiency)/excess of revenue over expenses	101,820	103,001
Other changes in net assets without donor restrictions		
Transfers to affiliates	(194,641)	(102,240)
Net assets released from restrictions for capital asset acquisitions	13,590	15,400
Total other changes in net assets without donor restrictions	(181,051)	(86,840)
Net (decrease)/increase in net assets without donor restrictions	\$ (79,231)	\$ 16,161

Mount Sinai Ambulatory Ventures, Inc.
Comparative Balance Sheets
Period Ending December 31, 2023

	December-23	December-22	Increase / (Decrease)	December-23	December-22	Increase / (Decrease)
Assets						
Current assets:						
Due from related organizations, other	7,635,513	2,183,179	5,452,334			
Other current assets	-	-	-	\$1,860	\$4,882	(\$3,022)
Total current assets	7,635,513	2,183,179	5,452,334	1,860	4,882	(3,022)
Other assets						
Property, plant, and equipment, net	1,875,874	1,875,874	-			
	21,191	23,418	(2,227)	9,530,718	4,077,589	5,453,129
Total assets	\$9,532,578	\$4,082,471	\$5,450,107	\$9,532,578	\$4,082,471	\$5,450,107
Liabilities and net assets						
Current liabilities:						
Accounts payable and accrued expenses						
Total current liabilities				1,860	4,882	(3,022)
Other liabilities						
Total liabilities				1,860	4,882	(3,022)
Net assets:						
Net assets without donor restrictions				9,530,718	4,077,589	5,453,129
Total net assets				9,530,718	4,077,589	5,453,129
Total liabilities and net assets				\$9,532,578	\$4,082,471	\$5,450,107

CON 232236
BFA Attachment D

MOUNT SINAI Ambulatory Ventures, Inc.
SUMMARY HOSPITAL OPERATING
AND FINANCIAL INFORMATION
12/31/23

	YEAR-TO-DATE
	ACTUAL
<i>Revenue:</i>	
Other Operating	5,460,557
Total Hospital Revenue	5,460,557
<i>Expenses:</i>	
Supplies & Expenses	5,201
Depreciation & Interest	2,227
Total Hospital Expenses	7,428
Net Hospital Operations	5,453,129
Net Surplus/(Deficit)	\$ 5,453,129

BFA Attachment E
CON 232236

BFA Attachment E
CON 232236

MOUNT SINAI Ambulatory Ventures, Inc.
SUMMARY HOSPITAL OPERATING
AND FINANCIAL INFORMATION
06/30/24

YEAR-TO-DATE	
	ACTUAL
<i>Revenue:</i>	
Other Operating	8,448,749
Total Revenue	8,448,749
<i>Expenses:</i>	
Supplies & Expenses	2,297
Depreciation & Interest	1,113
Total Expenses	3,411
Net Operations	8,445,338
Net Surplus/(Deficit)	\$ 8,445,338

PEAKPOINT CENTRAL NASSAU SURGERY CENTER

ESTABLISH AND CONSTRUCT A MULTI-SPECIALTY FREESTANDING AMBULATORY SURGERY CENTER

PRO FORMA BALANCE SHEET

ASSETS

Cash	\$2,057,232
New Leasehold Improvements / Other Assets	\$15,824,453
TOTAL ASSETS	\$17,881,685

LIABILITIES AND MEMBER EQUITY

LIABILITIES

Capital Loan	\$13,734,096
Working Capital Loan	<u>\$1,028,616</u>
TOTAL LIABILITIES	\$14,762,712
MEMBER EQUITY	<u>\$3,118,973</u>

TOTAL LIABILITIES AND MEMBER EQUITY	\$17,881,685
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Note: As a newly formed entity, the LLC currently has minimal assets and liabilities.

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graph LR
    A[Central Nassau ASC LLC  
d/b/a Peakpoint Central Nassau Surgery Center] --- B[Jorge Baez, M.D.]
    A --- C[Scott Barbash, M.D.]
    A --- D[Neal Gehani, M.D.]
    A --- E[Michael Gorin, M.D.]
    A --- F[Michael Herman, M.D.]
    A --- G[Sam Huh, M.D.]
    A --- H[Shazaan Hushmendi, M.D.]
    A --- I[Jordan Kerker, M.D.]
    A --- J[Sabbir Khan, M.D.]
    A --- K[SK Central Nassau, Inc.]
    A --- L[Yohan Lee, M.D.]
    A --- M[Danny Meslamani, M.D.]
    A --- N[Nathan Monhian, M.D.]
    A --- O[Vijay Mukhija, M.D.]
    A --- P[Crispin Ong, M.D.]
    A --- Q[Edward Papa, M.D.]
    A --- R[Peakpoint Partners LLC]
    A --- S[Danny Seidman, M.D.]
    A --- T[Araj Sidki, M.D.]
    A --- U[HaeKang Yang, M.D.]
    A --- V[Jason Tam, M.D.]
    A --- W[Scott Weiner, M.D.]
    A --- X[George Xipoleas, M.D.]
    K --- Y[Stelios Koutsoumbelis, M.D.]
    R --- Z[Mount Sinai Ambulatory Ventures, Inc.**]
    Z --- AA[William Mulhall*]
    Z --- AB[Sarah Sanford*]
    Z --- AC[Matthew Searles]
    Z --- AD[Richard Searles*]
  
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**** Mount Sinai Ambulatory Ventures, Inc. (MSAV), a not-for-profit entity, is a member of Peakpoint Partners LLC, which is a member of Central Nassau ASC LLC d/b/a Peakpoint Central Nassau Surgery Center, the operator of the proposed FASC. The Board Members/Officers of MSAV are Kelly Cassano, Jodi Cohen, Vicki LoPachin, Michael Pastier, Denise Prince and Brent Stackhouse.**

PEAKPOINT CENTRAL NASSAU SURGERY CENTER

ESTABLISH AND CONSTRUCT A FREESTANDING AMBULATORY SURGERY CENTER

OWNERSHIP ANALYSIS

<u>1st Level Member</u>				<u>% Ownership of 1st Level Member</u>	<u>2nd Level Member</u>		<u>First Name</u>	<u>% Ownership of 2nd Level Member</u>	<u>% Ownership Overall</u>
<u>Last Name</u>	<u>First Name</u>			<u>Member</u>	<u>Last Name</u>				
Baez	Jorge			3.2670%					3.27%
Barbash	Scott			2.000%					2.00%
Gehani	Neal			1.8165%					1.82%
Gorin	Michael			3.0000%					3.00%
Herman	Mike			2.5000%					2.50%
Huh	Sam			1.8165%					1.82%
Hushmendi	Shazaan			3.2670%					3.27%
Kerker	Jordan			1.8165%					1.82%
Khan	Sabbir			1.8165%					1.82%
SK Central Nassau, Inc.				3.2670%	Koutsoumbelis		Stelios	100	3.27%
Lee	Yohan			1.8165%					1.82%
Meslamani	Danny			1.8165%					1.82%
Monhian	Nathan			1.8165%					1.82%
Mukhija	Vijay			3.2670%					3.27%
Ong	Crispin			1.8165%					1.82%
Papa	Edward			1.8165%					1.82%
Seidman	Dan			3.0000%					3.00%
Sidki	Araj			1.8165%					1.82%
Tam	Jason			1.8165%					1.82%
Weiner	Scott			1.8165%					1.82%
Xipoleas	George			1.8165%					1.82%
Yang	Haekang			1.8165%					1.82%
Peakpoint Partners LLC				51.0000%	(See Below)				
					Mount Sinai Ambulatory Ventures, Inc.**			70.60%	36.006%
					Mulhall		William*	8.10%	4.131%
							Sarah*	1.47%	0.7497%
							Matthew	11.73%	5.9823%
							Richard*	8.10%	4.131%
TOTAL				100.00%					100.00%

* This individual is a Managing Member of Central Nassau ASC LLC d/b/a Peakpoint Central Nassau Surgery Center.

** Mount Sinai Ambulatory Ventures, Inc. (MSAV), a not-for-profit entity, is a member of Peakpoint Partners LLC, which is a member of Central Nassau ASC LLC d/b/a Peakpoint Central Nassau Surgery Center, the operator of the proposed FASC. The Board Members/Officers of MSAV are Kelly Cassano, D.O., Jodi Cohen, Vicki LoPachin, Michael Pastier, Denise Prince and Brent Stackhouse.

EXHIBIT A
UNITS, INITIAL CAPITAL CONTRIBUTION AND CAPITAL ACCOUNTS

Members Names and Addresses	Units	Initial Capital Contribution	Capital Account	Physician Steering Committee Member
<u>Class A Members</u>				
Jorge Baez, M.D.	3.267	\$81,675.00	\$81,675.00	Yes
Scott Barbash, M.D.	2	\$50,000.00	\$50,000.00	Yes
Michael Gorin, M.D.	3	\$75,000.00	\$75,000.00	Yes
Michael Herman, M.D.	2.5	\$62,500.00	\$62,500.00	Yes
Shazaan Hushmendy, M.D.	3.267	\$81,675.00	\$81,675.00	Yes
SK Central Nassau Inc. (Stelios Koustoumbelis, M.D.)	3.267	\$81,675.00	\$81,675.00	Yes
Vijay Mukhija, M.D.	3.267	\$81,675.00	\$81,675.00	Yes
Daniel Seidman, M.D.	3	\$75,000.00	\$75,000.00	Yes
Neal Gehani, M.D.	1.817	\$45,425.00	\$45,425.00	No
Sam Huh, M.D.	1.817	\$45,425.00	\$45,425.00	No
Jordan Kerker, M.D.	1.817	\$45,425.00	\$45,425.00	No
Sabbir Khan, M.D.	1.817	\$45,425.00	\$45,425.00	No
Yohan Lee, M.D.	1.817	\$45,425.00	\$45,425.00	No
Danny Mesleman, M.D.	1.817	\$45,425.00	\$45,425.00	No
Nathan Monhian, M.D.	1.817	\$45,425.00	\$45,425.00	No
Crispin Ong, M.D.	1.817	\$45,425.00	\$45,425.00	No
Edward Papa, M.D.	1.817	\$45,425.00	\$45,425.00	No
Araj Sidki, M.D.	1.817	\$45,425.00	\$45,425.00	No
Jason Tam, M.D.	1.817	\$45,425.00	\$45,425.00	No
Scott Weiner, M.D.	1.817	\$45,425.00	\$45,425.00	No
George Xipoleas, M.D.	1.817	\$45,425.00	\$45,425.00	No
Hae Kang Yang, M.D.	1.817	\$45,425.00	\$45,425.00	No
<u>Class A Member Total:</u>	49	\$1,225,000.00	\$1,225,000.00	
<u>Class B Member</u>				
Peakpoint Partners, LLC	51	\$1,275,000.00	\$1,275,000.00	No
<u>Total All Classes:</u>	100			

Queens Endoscopy ASC, LLC

Current and Proposed Membership

	Current	Proposed
Armand Asadourian, M.D.	2.59%	2.59%
Neil Brodsky, M.D.	5.07%	5.07%
Donald Palmadessa, M.D.	5.07%	5.07%
James Rand, M.D.	6.14%	6.14%
Alan Schnall, M.D.	5.07%	5.07%
Nicholas Triantafillou, M.D.	3.65%	3.65%
Kamran Nia, M.D.	5.07%	5.07%
Rom Gupta, M.D.	5.07%	5.07%
Liberato Salvatore, M.D.	5.22%	5.22%
PE Healthcare Associates, LLC	57.03%	20.00%
Northwell Queens Endo ASC Ventures, LLC	0.00%	37.03%
Total	100.00%	100.00%

Note: Percentages do not equal exactly 100%, due to rounding.

PE Healthcare Associates, LLC

Direct Membership Interest:

	CURRENT	PROPOSED
Member	Percentage Interest	Percentage Interest
Barry Tanner	48.00%	0.00%
David Young	49.00%	0.00%
Ann Sariego	1.00%	33.33%
Rafael Axen, M.D.	1.00%	33.33%
Matthew Jenkins	1.00%	33.33%
Total	100.00%	100.00%

Note: Percentages do not equal exactly 100%, due to rounding.

Indirect Membership Interest in Queens Endoscopy ASC, LLC:

	CURRENT	PROPOSED
Member	Percentage Interest	Percentage Interest
Barry Tanner	27.37%	0.00%
David Young	27.94%	0.00%
Ann Sariego	0.57%	6.67%
Rafael Axen, M.D.	0.57%	6.67%
Matthew Jenkins	0.57%	6.67%
Total	57.03%	20.00%

Note: Percentages do not equal exactly 100%, due to rounding.

Northwell Queens Endo ASC Ventures, LLC

The sole member of Northwell Queens Endo ASC Ventures, LLC is North Shore University Hospital, a New York State not-for-profit corporation. The sole member of North Shore University Hospital is Northwell Healthcare, Inc., a New York State not-for-profit corporation. The sole member of Northwell Healthcare, Inc. is Northwell Health, Inc., a New York State not-for-profit corporation.

Northwell Health, Inc.

Consolidated Statements of Financial Position
(In Thousands)

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

See accompanying notes.

Northwell Health, Inc.

Consolidated Statements of Operations
(In Thousands)

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

See accompanying notes.

QUEENS ENDOSCOPY ASC LLC

BALANCE SHEETS

DECEMBER 31, 2023 AND 2022

ASSETS

	2023	2022
Current assets:		
Cash	\$ 615,412	\$ 348,595
Accounts receivable, net	1,663,813	2,148,442
Prepaid expenses and other current assets	86,390	217,059
Total current assets	2,365,615	2,714,096
Property and equipment, net	1,333,801	1,800,647
Deposits	69,167	69,167
Right-of-use assets, operating leases	1,599,739	1,959,051
Total assets	<u>\$ 5,368,322</u>	<u>\$ 6,542,961</u>

LIABILITIES AND MEMBERS' EQUITY

Current liabilities:		
Accounts payable and accrued expenses	\$ 1,133,932	\$ 1,140,436
Due to related party	103,914	94,667
Current portion of note payable	239,793	250,728
Current portion of operating leases liabilities	428,486	392,047
Total current liabilities	1,906,125	1,877,878
Long-term liabilities		
Operating leases liabilities, net of current portion	1,477,608	1,944,554
Note payable, net of current portion	-	239,793
Total liabilities	3,383,733	4,062,225
Members' equity:		
Class A members	744,460	1,116,330
Class B members	1,240,129	1,364,406
	1,984,589	2,480,736
Total liabilities and members' equity	<u>\$ 5,368,322</u>	<u>\$ 6,542,961</u>

See notes to financial statements

QUEENS ENDOSCOPY ASC LLC

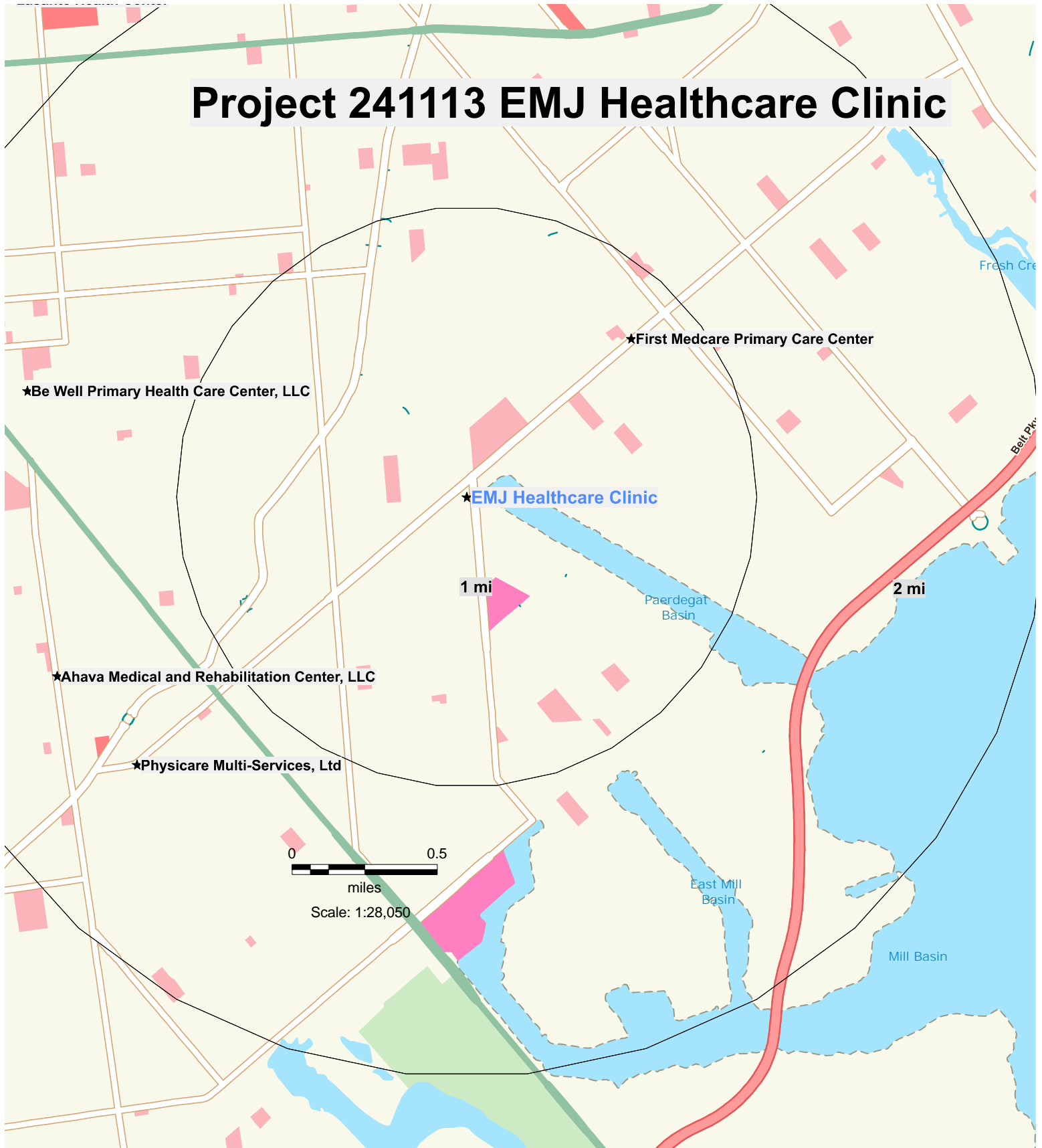
STATEMENTS OF INCOME

YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
Revenues:		
Facility service revenue, net	\$ 11,400,164	\$ 9,897,220
Anesthesia revenue, net	2,817,448	2,642,218
Net revenues	14,217,612	12,539,438
Operating expenses:		
Personnel costs	3,077,396	2,677,835
Administrative and billing fees	2,747,141	2,806,647
Medical supplies and medications	968,406	761,742
Other	656,596	618,791
Depreciation	478,482	503,270
Rent	416,665	431,793
Repairs and maintenance	363,533	289,002
Insurance	191,338	184,434
Professional fees	144,148	140,057
Operating expenses	9,043,705	8,413,571
Income from operations	5,173,907	4,125,867
Other income (expense):		
Other income (expense)	31,425	(136)
Interest expense	(15,446)	(31,207)
Total other income (expense), net	15,979	(31,343)
Income before provision for income taxes	5,189,886	4,094,524
Provision for income taxes	196,006	150,840
Net income	\$ 4,993,880	\$ 3,943,684

See notes to financial statements

Project 241113 EMJ Healthcare Clinic



EMJ Healthcare Clinic

Pro Forma Balance Sheet

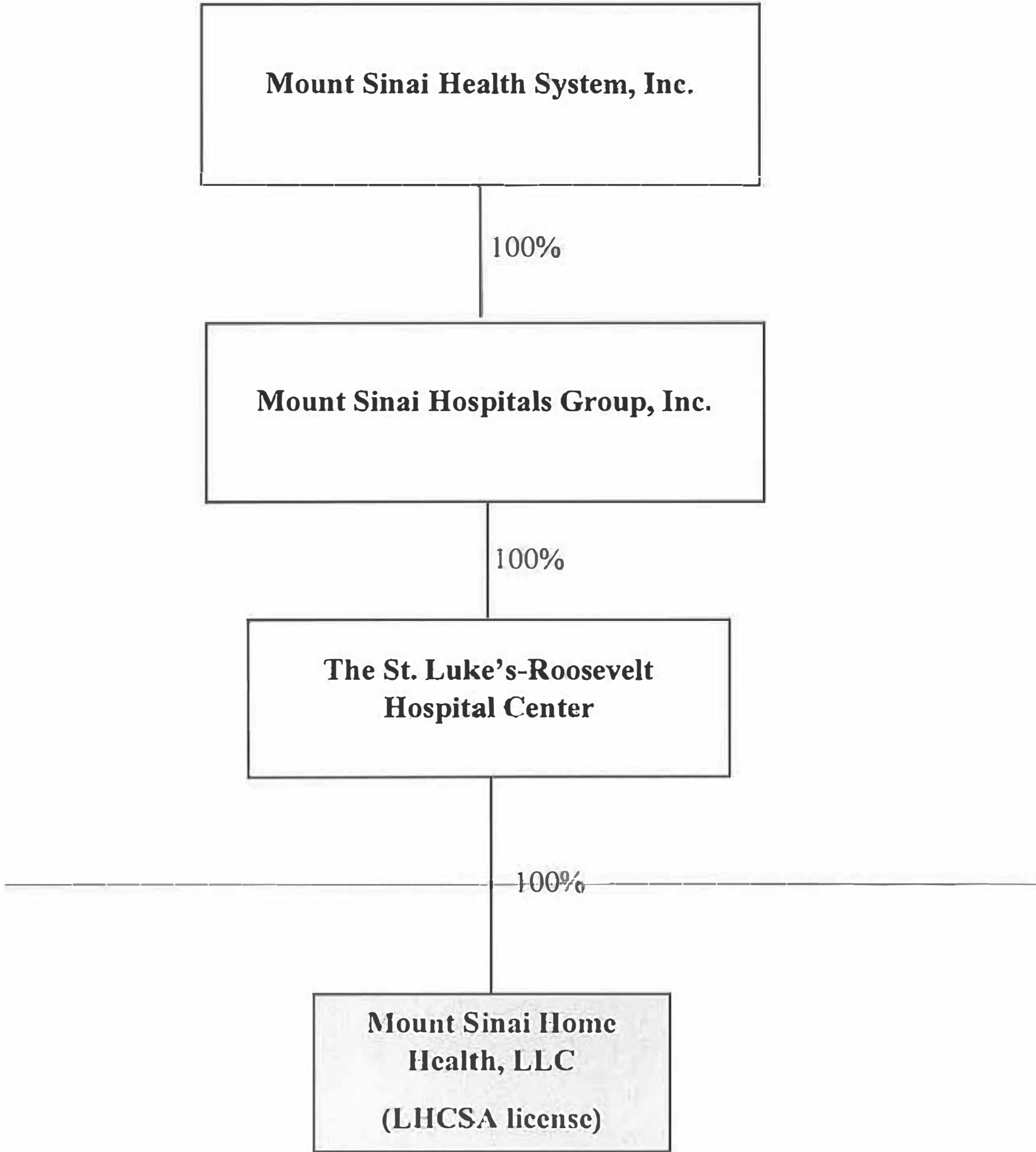
ASSETS

Cash	\$	230,843
Building Depreciation	\$	947,324
Moveable/Fixed Equipment	\$	248,975
 Total Assets	 \$	 1,427,142

LIABILITIES & MEMBERS EQUITY

Long Term Debt		\$1,076,669
Short Term Debt	\$	115,421
Total Liabilities	\$	1,192,091
 Member's Equity	 \$	 235,051
 Total Liabilities and Directors' Equity	 \$	 1,427,142

Proposed Structure



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

RESPONSE:

MSHH will operate as a part of the Mount Sinai Health System network, which has been serving the New York State population for well over 100 years. Mount Sinai is one of the largest health networks in the State and has a large and dedicated workforce that will be made available to the LHCSA. It is expected that workers will come from other Mount Sinai facilities and programs to work at this LHCSA. The goal with LHCSA licensure is to be able to provide a broader range of services, thus making scheduling more efficient and reducing costs for patients whereby one agency will be able to provide all of their home care needs.

• Who are the competing employers?

RESPONSE:

There is a total of 4,653 LHCSAs within the PSA. However, as mentioned above, this LHCSA will exclusively serve patients of the Mount Sinai Health System with conditions that the other existing agencies have demonstrated that they cannot serve. These patients, who have been released from a Mount Sinai facility, will be served by the proposed Mount Sinai LHCSA within their homes.

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

RESPONSE:

The Mount Sinai Health System is one of the largest health networks in New York with a vast and diverse workforce of individuals who have been trained to deliver high-quality care to the residents

of New York. MSHH will primarily utilize the existing workforce from Mount Sinai facilities and programs, and, as necessary, will train them appropriately, including:

- **Skills Assessment:** MSHH will first assess the skills, qualifications and experience of new workers. This assessment helps determine their suitability for the LHCSA's needs and will identify any areas where additional training may be required.
- **Training Programs:** The LHCSA will offer training programs to supplement the skills and knowledge of the workforce. This training will cover a range of topics including agency policies and procedures, specialized care techniques, safety protocols, communication skills and any other areas identified as needing improvement.
- **Regulatory Compliance:** Direct care workers transitioning from other programs to the LHCSA will need to meet regulatory requirements set by the New York State Department of Health. This includes background checks, health screenings and compliance with continuing education standards.
- **Integration and Supervision:** Once the direct care workers have completed any necessary training and have met regulatory requirements, they can be integrated into the agency's operations. This will involve assigning them to clients, providing ongoing supervision and support, and ensuring they understand and adhere to the agency's policies and procedures.
- **Ongoing Development:** The agency will provide opportunities for ongoing professional development and training to ensure that direct care workers continue to enhance their skills and stay up to date with best practices in home care.

This approach offers several benefits for the LHCSA:

- **Expanding Workforce:** Taps into a readily available pool of experienced caregivers.
- **Reduced Costs:** Eliminates the need for extensive recruitment and onboarding of new staff.
- **Client Continuity:** Allows clients who prefer their caregivers to potentially continue receiving care from the same individuals within the agency structure.

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

RESPONSE:

MSHH will primarily rely on the existing allied workforce from within the Mount Sinai Health System for the hiring and promotion of new staff. However, the LHCSA will comply with all regulations regarding communication with the Department of Labor concerning occupation requirements and the posting of jobs.

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

RESPONSE:

MSHH expects to minimize adverse impact to other health care providers in the communities by solely serving post-release patients within the Mount Sinai Health System, as opposed to seeking referrals from other hospitals or facilities within the proposed counties. The same can generally be said about staffing, as the application does not propose a large number of staff and the LHCSA staff members are expected to come from within the Mount Sinai Health System, for the most part.

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

RESPONSE:

Retention is built into the initial hiring of staff with extremely competitive salary and benefits, as well as professional training for all staff members, improvement of skills within their respective occupational category, and the ability for advancement within the Mount Sinai Health System.