

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

**January 23, 2025, 10:00 AM**

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

**Dr. Kalkut** I am Gary Kalkut, the Vice Chair of the Establishment and Project Review Committee, and I have the privilege to call to order the committee meeting and welcome members, participants and observers. I'd like to remind council members, staff and the audience that this meeting is subject to the Open Meeting Law and is broadcast over the internet. The webcasts are at the Department of Health's website, NewYorkHealthCare.Gov, and are on demand. On Demand webcasts will be available no later than seven days after the meeting for a minimum of thirty days and then a copy will be retained at the department for four months. Here are some suggestions or ground rules to follow to make this successful. Because our recording is synchronized captioning, it is important that people do not talk over each other. Caption not be done correctly with two people speaking at the same time. The first time used to be please state your name and brief to identify yourself as a council member or DOH staff. This will be of assistance to the broadcasting company to record the meeting. Please note that microphones are hot mics, meaning they pick up every sound. I therefore ask that you avoid rustling papers next to the microphone and also be sensitive about personal conversations or sidebars as the microphones will pick up this chatter. As a reminder of our audience, there is a form that needs to be filled out before you went to the meeting room, which records your attendance at meetings. It is required by the Joint Commission on Public Ethics in accordance with the Executive Law, Section 166. This form is also posted on the Department's website Under Certificate of Need. In the future you can fill out the form prior to the council meeting. Thank you for your cooperation and fulfilling our duties as prescribed by law.

**Mr. Kraut** Gary, just a technical thing. We're having difficulty getting the folks in the tower building to dial in. In the event that we them to participate in the conversation they may have to just dial in on their own computers or phones until we can establish the connection. Let's see how that works.

**Dr. Kalkut** First application is 242222C, Montefiore Nyack in Rockland County. This is the Certified Therapeutic Radiology to operate two linear accelerators and perform renovations in the medical office building on the hospital campus. The department has approved with conditions and contingencies. I'd like a motion.

**Dr. Kalkut** Tom, thank you.

**Dr. Kalkut** Shelly.

**Ms. Glock** Thank you.

**Ms. Glock** Good morning. This is Shelly Glock from the Department. Montefiore Nyack is a 375-facility located in Nyack, Rockland County. This application requests the addition of therapeutic radiology service to the hospital's operating certificate and also to certify two linear accelerators that are currently operated by a private medical group on the hospital campus with the requisite renovations. In August of 2024 Montefiore Nyack received emergency approval from the department to use one operated by the group due to the

inability of the private practice to continue and the impact on travel time for patients to receive those services if there was an interruption. 3,764 treatments in the first year, a little over four, about 4,100 in the third year with Medicaid at 17% and Medicare at 45%. The total project costs will be met with equity and intercompany loan. The Department, upon review of compliance, public need and financial feasibility is recommending approval with conditions and contingencies.

**Dr. Kalkut** Thank you.

**Dr. Soffel** Good morning. Denise Soffel, council member. I was looking at the mix as reflected in the community compared with the payer mix by the respect suggested by the hospital for this particular service. They don't align very well. I was trying to understand whether that's because the population that requires services for it is a sort of a unique subpopulation of the population, or is it simply that this establishment is choosing to serve only a selected part of the entire population? Do you understand the question?

**Dr. Kalkut** I do.

**Dr. Soffel** Okay.

**Dr. Kalkut** It is a select population that receives radiation oncology. Is that what you're looking for?

**Dr. Soffel** That really is my question is if we looked only at the population reflect what they are proposing. That's really my question.

**Dr. Kalkut** I believe that is what it would do because they just... It is a select population. They are older. If it was general care, I think it would be the general population.

**Dr. Kalkut** Other questions?

**Dr. Kalkut** Any other member of the public that wishes to speak to this application?

**Dr. Kalkut** Seeing none, I call a vote.

**Dr. Kalkut** All in favor?

**All Aye.**

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** The motion carries.

**Mr. Kraut** We now have nine members in the room, so I'm going to go back to the agenda and start calling the other applications. Dr. Kalkut's going to leave the room. We'll wait for him to leave the room.

**Mr. Kraut** I'm going to call application 242176C, NYU Langone Hospital's a conflict recusal declared by Dr. Kalkut, who is out of the room. This application is to certify a multi-specialty ambulatory surgery extension clinic at 4 Westchester Park, West Harrison. I want

to acknowledge the receipt of a letter from CBA, HSA Community Voices for Health System Accountability regarding this application.

**Mr. Kraut** I will turn it over to Ms. Glock to present the application.

**Mr. Kraut** May I have a motion?

**Mr. Kraut** Mr. Thomas.

**Mr. Kraut** A second, Mr. Holt.

**Mr. Kraut** Ms. Glock.

**Ms. Glock** Thank you.

**Ms. Glock** NYU Langone Hospital is requesting approval to certify a new multi-specialty ambulatory Surgery Extend Center Extension Clinic in West Harrison, Westchester County. This hospital extension clinic will specialize in orthopedic surgery. The project will enable NYU Langone Hospital patients to access medical services closer to home. Currently, NYU Langone patients in Westchester must travel to Manhattan for these services. The applicant is projecting about 3,300 visits by year three, with 10.1% Medicaid and 3.6% charity care. Total project costs will be met with accumulated funds. The department has reviewed this application and is recommending approval with contingencies and conditions.

**Mr. Kraut** Are there any questions from the council on this project?

**Mr. Kraut** Yes, Dr. Berliner.

**Dr. Berliner** I think it's going to be a question for the applicant.

**Mr. Kraut** Could the applicant please come forward? Please identify yourselves.

**Mr. Kraut** I don't think it's on or it's not close enough to you. Can you just pull it just close so we can hear.

**Applicant** Can everybody hear me now?

**Applicant** Third time's a charm.

**Applicant** Good morning. My name's Samuel Levine. I'm a Vice President. House Operations for NYU Langone.

**Applicant** Dr. Gail Chorney, Vice Chair of Orthopedics.

**Applicant** Frank Cicero, a consultant to NYU.

**Dr. Berliner** My question is, I understand the issue of convenience for patients. My concern is actually on the other side. Will patients up in upper Westchester have access to the same physicians they would have seen if they were downtown in Manhattan?

**Applicant** Our physicians practice can comment on this. In numerous locations throughout the Manhattan areas, and we're actually expanding their footprint in Westchester. The same physicians they would have seen in Manhattan will now be practicing in Westchester in the community.

**Applicant** It's common for our physicians to have maybe a few days of office hours in Manhattan and an extra day in Westchester.

**Mr. Kraut** Any other questions?

**Mr. Kraut** Yes.

**Dr. Soffel** I have two questions. The first is the data indicate that there was enormous growth in visits for this kind of services between 2020 and 2023. Was that a COVID related sort of change, an increase in utilization, or is that, in fact a rate of growth that we think is likely to continue and we're going to see that kind of dramatic growth for these services moving forward?

**Applicant** I think it's a combination. I think all systems saw changes in their growth during COVID, but we've seen not just a rebound but continued growth in the department research. We expect it to continue. You'll notice in the application we expect to scale from two to four very quickly.

**Dr. Soffel** That's interesting. My second question is, and I think this is a department question. It's on the Health Equity Assessment. The conclusion is that this does not harm health equity, but I would like to understand how does that help health equity? How does it help move New York toward greater health equity in health care when in fact the practice will be serving a largely commercial fee for service population?

**Mr. Kraut** Maybe we can ask the applicant first.

**Applicant** I'll take this question.

**Applicant** Thank you, Dr. Soffel.

**Applicant** As required, NYU did a Health Equity Impact Assessment. It was conducted by someone who is in the community and has worked mainly with FQHCs throughout her career and has very strong credentials that way. Reached out to a variety of people and came to the conclusion that this would help health equity. I think some of the numbers that are in the department staff report show that individuals who are minority individuals who are low income will not have to travel to Manhattan. There was a significant number of people, over 41%, who are traveling. I think that from a health equity standpoint, one of the things I think it's even in the law, but certainly in the code is reduction of travel time, making access more local certainly will help individuals who have economic issues for travel. A number of patients were contacted. It may not be so. The patients who responded were very positive about this project, and particularly about not having to travel and about having care locally. I think that's what it will do from a health equity standpoint. Thank you.

**Mr. Kraut** Any other questions?

**Mr. Kraut** Ms. Monroe.

**Ms. Monroe** This is just a process question maybe for the department. What we're doing is certifying the new multi-specialty ambulatory surgery center, and they're going to specialize in orthopedic surgery. I consider that one of the specialties. When they want to expand it to other specialty needs in order to become a multi-specialty ambulatory surgery center, will they have to come back to us for permission to expand the services of this location.

**Ms. Glock** Now, that's a good question. No, they will not. If they're certified as multi-specialty, that will enable them licensure to perform other specialties. If it was a single specialty ASC, they would have to come back to ask for approval to become multi-specialty.

**Ms. Monroe** With that understanding, how did you evaluate their capacity to be multi-specialty versus single specialty? Because what you're saying is they can come in today. I don't mean anything negative to you at all. You could come in today for orthopedics and tomorrow you could expand to a whole variety of things without having additional approval from the department. You must have looked at their potential for capacity, for expansion of their capacity in order to award a multi-specialty license.

**Ms. Glock** We look at the physical premises right, to make sure it meets the health ambulatory surgery, like the ambulatory health care occupancy that puts the basic infrastructure in place. There are regulations around different services that they would be required to meet. That's just like any time you... The council approves a multi-specialty. If somebody came in and said, we're multi-specialty. We're going to do X, Y and Z. They can then add a specialty on to that because their license from multi-specialty without coming back to the department.

**Mr. Kraut** Any other questions?

**Mr. Kraut** Hearing on a call for a vote.

**Mr. Kraut** All those in favor?

All Aye.

**Mr. Kraut** Opposed?

**Mr. Kraut** Abstentions?

**Mr. Kraut** Motion carries.

**Mr. Kraut** I'll now turn it over to Dr. Kalkut. I just want to acknowledge that we have the Department of Health in Albany on the line as well.

**Dr. Kalkut** 24227C, South Shore University Hospital in Suffolk County. Recusal by Mr. Kraut who's out of the room. This is to construct a new six story inpatient building and certify sixty net new medical surgical beds and thirty ICU beds. The building will house sixty medical surgical rooms, thirty ICU beds, six OR's, two endoscopy rooms and forty-one post-acute care bays. The CON amends and supersedes CON 201151. The department recommends approval with conditions and contingencies.

**Dr. Kalkut** I have a motion, Dr. Berliner.

**Dr. Kalkut** Mr. Thomas, thank you.

**Dr. Kalkut** Shelly.

**Ms. Glock** In this application, South Shore University Hospital, which is a 325 bed not for profit Article 28 Tertiary Care Hospital located in Bayshore, Long Island. This application amends the previously approved CON 201151 to add a thirty-bed intensive care unit and previously unused shelf space on the hospital's sixth floor to the already previously approved new inpatient pavilion that had sixty private med surge rooms, six operating rooms, two endoscopy rooms and forty-nine bays. This project also includes an entry, reception security, a cafe and shelf space for future development. License for forty-four critical care beds, the addition of thirty ICU beds with shelf space will increase that ICU bed count to sixty-four. Just as a point of clarification, this second approval is for the thirty ICU beds as the previous CON already approved the sixty med surge beds and the shelf space for these ICU beds. This project aims to accommodate growing inpatient care needs within the service area, reduce emergency department wait times and improve patient experience and quality. The staff report provides historical data and applicant data to support the need for this additional capacity. The applicant noted key factors that are driving further growth to support adding these additional ICU beds to the previously approved projects. These include reliance on South Shore Hospital as a Tertiary Care Hospital with both trauma and Comprehensive Stroke Center designations with Advanced Cardiac Services, which is driving up. There are OR cases. There are Emergency Department utilization and average daily centers and occupancy of both the acute and critical care beds. I want to correct for the record. There's an error on page one of the staff exhibit. The applicant is projecting day 201 incremental discharges in year one and 4,723 incremental discharges in year three. With Medicaid at 27% and .5% charity care. The total project cost will be met with equity in a tax-exempt bond. The department has reviewed this application and is recommending approval with contingencies and conditions.

**Ms. Glock** There was a letter received that went to the committee and council from Community Voices for Health System Accountability, as well as the applicant response in regard to this project. That was forwarded to the committee members.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Questions from the committee?

**Mr. Thomas** Hugh Thomas, member of the council. Shelly, just a quick question. The \$529 million that is inclusive now of the thirty ICU beds right in the total project cost.

**Ms. Glock** Yes.

**Mr. Thomas** What was the marginal cost of the thirty ICU beds? This is out of curiosity more than anything else. Any idea?

**Ms. Glock** I'm not sure. I think the applicant.

**Dr. Kalkut** I think they actually lay it out in the tables.

**Mr. Kraut** It should be in the table buried there somewhere.

**Dr. Kalkut** We can't ask the applicant.

**Dr. Kalkut** But most importantly, the 529 is for the whole project, not just the ICU.

**Ms. Glock** I'll allow the applicant to correct me if I'm wrong.

**Ms. Monroe** I'm looking on page, I don't know... 26 or whatever. It says that the projected FTE for this project will include over a thousand registered nurses. Are those new positions? Maybe it's for the applicant. Are they new positions, number one? Are you really able to add a thousand nurses to your employment? It just seems high to me.

**Dr. Kalkut** I think that is a question for the applicant.

**Dr. Kalkut** Is the applicant in the audience? Could you come forward, please, and introduce yourselves?

**Applicant** Good morning.

**Dr. Kalkut** Good morning.

**Applicant** Bill O'Connell. I'm the Deputy President of South Shore University Hospital.

**Applicant** Good morning. Cynthia Khan, Senior Vice President of Planning Northwell Health.

**Applicant** Good morning. Michele Frankel, Regional CFO, Northwell Health.

**Dr. Kalkut** Address the question about the number of nurses that are being added and the feasibility of that over time.

**Applicant** Sure.

**Applicant** That 1,077 will be our total nursing competency at that point in time.

**Applicant** Not just for this project for the ICU, but those are the total number of RNs we will have in the hospital at that year one of the project.

**Applicant** The current number is 851 RNs for the whole hospital.

**Ms. Monroe** Go a little slower for me. I was up really early today.

**All** (Laughing)

**Applicant** No worries.

**Ms. Monroe** 1,077 reflect the total number of nurses in the hospital in general, which is part of it is this new project and part of it is a previous problem?

**Applicant** Correct.

**Ms. Monroe** You said there are how many today?

**Applicant** 851.

**Ms. Monroe** You're going to add about 200 nurses.

**Applicant** Correct.

**Ms. Monroe** You'll be able to add them you believe?

**Applicant** Correct.

**Ms. Monroe** I think we need to correct the language in the write up just for our own records, because it did look like this project was going to require a thousand new nurses. Even I thought that was a lot.

**Dr. Kalkut** It is. It would be a lot. You're correct. We'll take a look at that.

**Ms. Monroe** Sure.

**Dr. Kalkut** Dr. Berliner.

**Dr. Berliner** This is for the department. First, I think it's important to say that I think this committee and this council owes a great debt of gratitude to community voices for their very close reading of the application, and particularly what they wrote about the selection of the Independent Assessor of Health Equity. My question for the department is how is this health equity assessor chosen? I did not catch it on first reading because I didn't read the appendices. I am amazed, shocked. Maybe one doesn't get shocked as much last couple of days, but that a hospital council was chosen to ascertain the health equity of a hospital project. The optics of this, I believe, are just terrible and I think it really reflects poorly on the department and its intentions in terms of health equity. That said, this is nothing about the project, which I think is fine. This is nothing about their choosing someone, an assessor that was approved by the department says nothing about the quality of the assessor itself. It's purely, you know, four of us can't get together and have a coffee without making it an open meeting. We have people who have the most tenuous connections to projects who have to leave the room and can't participate in the discussion because of a conflict. I am baffled at how this entity could be one of the department's independent assessors. Again, nothing about them. They may do excellent work. I'm just kind of blown away by this. I would like that division come and talk to us about their selection at the full council meeting.

**Dr. Kalkut** They will be here on the 2/6/25 meeting and let them know.

**Dr. Kalkut** Shelly, do you want to respond?

**Ms. Glock** No, I don't have any response right now.

**Ms. Monroe** I would like to sort of pick up on Dr. Berliner's comment. I think that we had talked about at one of the full council meetings having an update on the health equity process and what the department learned in the course of doing their focus groups and checking in with people after the first year had been completed. I think it would be very helpful to add to our request that this issue of what are the criteria for choosing an independent assessor and how do you assess whether the independence is truly



independent? I think that's an important question that I would also like to see addressed explicitly.

**Dr. Kalkut** Again, we will bring that to the department and have that addressed in the 2/6 meeting two weeks from now. I'm sure you all saw the letter from the council about precautions they had taken.

**Ms. Monroe** I share Harry's observation that the assessor would follow all the rules. There's no fault to be laid at them because they clearly understood what the guidance was and observed it and followed it. I mean, they are not in any way responsible for the optics of the situation. I just have one other question just quickly, which is, well, raising the number of ICU beds relative to med surge beds fairly significantly. A common med surge to ICU beds ratio that you would expect to see because this is going up quite a bit from the current med surge ICU bed ratio.

**Ms. Monroe** There are ratios. When I was doing this was a while ago, I think that that ratio of ICU to med surge beds has increased because of the acuity now in hospitals that are admitted to med surge beds. Patients who may have been in the ICU ten years ago are now in med surge beds on the floor. They may be enhanced beds, but they are there are ratios to follow. I just can't give you the number today.

**Ms. Monroe** I'm going to turn to you and ask. We do hospital bed need assessments. Is that one of the things that you both look at?

**Ms. Glock** You know, as Dr. Kalkut said, that there is no set ratio, but we really looking what's the capability? Because if you've got cardiac surgery, if you're comprehensive cancer, if you've got stroke designation, if you have some of those higher acuity services, it reasonably follows that you would have a need for more ICU beds. I think it's really looking at what services are being provided in terms of what is the utilization trends there. There is no set ratio that I'm aware of.

**Ms. Masako** Hi, Michelle Masako. I don't have concerns about the project, but given the focus on ICU beds and what caught my eye in the application was the 34% or so growth in the geriatric population in the community and patients served. I'm curious. Do you have an inpatient palliative care consult service at your hospital? What's your relationship with local hospice programs?

**Applicant** We have both. We have an inpatient palliative service that provides services for those direct populations. We also within the community have agencies that we also work with for palliative services. We have both.

**Ms. Masako** Thank you.

**Dr. Kalkut** Other questions from the committee?

**Dr. Kalkut** Questions from the public?

**Dr. Kalkut** I don't see any.

**Dr. Kalkut** Just before we take a vote, just like to make a couple of comments. One is and perhaps the applicant knows. I'm assuming this is a in construction project at this point because the approval of the CON is some time ago. Is that correct?

**Applicant** Correct. The 2020 CON for the med surge beds in the OR is well under construction to be completed next year. This is fitting out that space that was approved as thirty ICU beds.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** I think we all or least I share Howard and Denise's sense that this is a very reasonable project. The issue of conflict of interest for the HEIA is not an issue for the applicant. It's an issue for this committee and the department. Optics aside, my understanding is that this HEIAA has done... This assessor has done a number of these assessments for hospitals, including Northwell. Just some context, because there was a long discussion about this in the meeting for this meeting.

**Dr. Kalkut** No other comments?

**Dr. Kalkut** Let's take a vote.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** All in favor of the CON?

All Aye.

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** We have seven votes, which is not a quorum..

**Dr. Kalkut** We appreciate your trouble.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Want to get Jeff back in the room.

**Dr. Kalkut** We're moving on to home help agency licensors. The first is 231189E, St Michaels Home Inc doing business at St Michael's Home Care. The list of services is in the staff write up by the service areas. This is to establish the new licensed homecare agency at 1220 Front Street in Uniondale. The department recommends approval with a condition.

**Dr. Kalkut** Can I have a motion?

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Second, please.

**Ms. Baniak** This is Lynn Baniak with the department. This application is for St Michael's Home Inc doing business as St Michael's Home Care to be established as a new licensed home care services agency. The application is exempt from public need review because the applicant proposes to exclusively serve individuals associated with the assisted living program. The financial requirements are met because they submitted documents prepared

by a certified public accountant attesting to their financial feasibility. The applicant has passed the character and competence requirements. The workforce plan was adequately addressed and is in attachment to the exhibit. Therefore, the department is recommending approval.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Questions from the committee?

**Ms. Monroe** Maybe this is for the applicant. How big is the St Michael's assisted living program, which is going to be the source of clients for this? How big is it?

**Ms. Baniak** That should be addressed to the applicant, please.

**Ms. Monroe** What?

**Ms. Baniak** That should be addressed to the applicant because I don't have that information readily available.

**Dr. Kalkut** Please come forward.

**Dr. Kalkut** You're representing St Michael's?

**Applicant** Yes.

**Dr. Kalkut** Please state your name.

**Applicant** Good morning. Constantine, a member of the board of trustees of St Michael's Home. The current facility has a capacity of sixty residents and approved as an Adult Care---

**Ms. Monroe** How many?

**Applicant** The adult care facility that we currently have in Yonkers. The new facility in Uniondale has a capacity of 147 residents as an assisted living program.

**Ms. Monroe** That's 207 or so.

**Applicant** No, no, it's 147 total. The sixty will be moving over. We'll be closing the Yankees facility and moving the residence of it to the new facility.

**Ms. Monroe** Designed to serve the needs of those 127 or whatever it is.

**Applicant** Correct.

**Ms. Monroe** I didn't see any financial information about how that is a working business plan. I'm interested in knowing how you've looked at that in terms of having one for such a small population. How did you evaluate that?

**Applicant** Our oversight group, our operator is Philbin, the Philbin Group, which operates three facilities, one in Suffolk, two up in Westchester and Sullivan. They did the assessment on that. They've looked at the role and period and how many residents we

would take in for a second and third year. This is the request at this time, which is a nominal request to address the population we expect in that first year.

**Ms. Monroe** I believe you that they did that. I guess I'm asking a broader question as we're seeing a number of requests for relatively small populations. I'm just wondering if here at PHHPC, when we approve these things, we could review them again in a few years to look at whether they have been financially viable. Because it just strikes me that that's a small number of people to be served by a LHCSA without... The LHCSA does not have authorization to go outside of the facility. It couldn't go to the larger community and access clients. Is that right?

**Applicant** That's correct.

**Ms. Monroe** I'm just saying, I think if we approve this and others like that, that we should look at it over time to see how financially viable that is as an approach.

**Dr. Kalkut** Hold that thought for a moment.

**Ms. Masako** My understanding is that this is a very common model used and that you're sharing overhead.

**Applicant** That's correct.

**Ms. Masako** It allows for a very integrated model of care for the residents there and continuity of care versus bringing in an outside organization. That's my understanding of the model, and I think it's rather common.

**Applicant** I do believe that is the case with operations and in our own venture here. Our current facility is an adult care facility. We've recognized the need for transitional care at different levels because we were losing residents to other sites and other services at high levels. We now can provide that. That was the mission statement, so to speak.

**Ms. Monroe** I'm not questioning the value of the model.

**Applicant** I understand.

**Ms. Monroe** The effectiveness of the model. I'm wondering about its financial viability over time.

**Dr. Kalkut** Let me ask one more question of the department.

**Dr. Kalkut** Lynn, was financial feasibility part of the assessment or would that be exempt from that?

**Ms. Baniak** They have to submit an attestation from either a CPA or the CIO or some other financial expert saying they are financially feasible. They did in this case. They met that requirement. This is a model that we use. This is the standard model. For the programs, they're required to have a LHCSA serve them.

**Ms. Monroe** A question for the department and PHHPC in general is after a period of time looking at these models just for our own learning, if nothing else.

**Ms. Baniak** We also are evaluating it at the department as well.

**Dr. Kalkut** Do we need to add to the contingencies to do that, or is that part of your standard practice?

**Ms. Baniak** We are doing that, yes.

**Dr. Kalkut** Can we present that at some point?

**Ms. Monroe** I don't mean to make more of this than it is. I'm saying I think this whole issue of LHCSAs being opened up again, and there are so many of them that at some point what you're learning in the department should be shared with us.

**Ms. Monroe** Not about this specific one.

**Ms. Baniak** It's our surveillance area that does the inspections that would be looking into these matters.

**Dr. Kalkut** Other questions from the committee?

**Dr. Kalkut** Anyone from the public wish to speak?

**Dr. Kalkut** Seeing none, I would call the vote.

**Dr. Kalkut** All in favor?

**All** Aye.

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** The motion passes.

**Dr. Kalkut** Thank you.

**Applicant** Thank you.

**Dr. Kalkut** 241073E, First Class Care LLC doing business as Homestead LHCSA. Again, there's an exhibit the geographic service areas in the staff report. This is to establish First Class Care LLC as the new licensed Home Care Systems agency at 8245 Grenfell Street in Kew Gardens. Department recommends approval with a condition.

**Dr. Kalkut** I have a motion, Dr. Berliner.

**Dr. Kalkut** Second, Mr. Thomas.

**Ms. Baniak** This application is for First Class Care, LLC, DBA Homestead to be established as a new licensed home care services agency. The application is exempt from a public need review because the applicant proposes to exclusively serve individuals associated with the assisted living program. The financial requirements are met because they submitted documents prepared by a certified public accountant attesting to their

financial feasibility. The applicant has passed the character and competence requirements. The workforce plan was adequately addressed and is in Attachment A to the exhibit. The department is recommending approval.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Questions from the committee?

**Dr. Kalkut** Anyone from the public that wishes to speak on this application?

**Dr. Kalkut** Seeing none, I call for a vote.

**Dr. Kalkut** All in favor?

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** The motion carries.

**Dr. Kalkut** This is Westchester PACE Program LLC. Again, has geographic service area in the report. This is to establish a new license homecare services agency at 1 Wartburg Place in Mount Vernon. Please note the following condition has been added. The applicant must receive a certificate of authority from the department pursuant to Article 44 of the Public Health Law and must exclusively serve the enrollees of the PACE operated by Westchester PACE Program LLC. The department recommends an approval with a condition.

**Dr. Kalkut** Can I have a motion?

**Dr. Kalkut** Dr. Berliner.

**Dr. Kalkut** Mr. Thomas.

**Dr. Kalkut** Lynn.

**Ms. Baniak** This application is for Westchester PACE Program LLC, which is wholly owned by Hudson Palisades Inc, a New York non-for-profit corporation to be established as a new licensed home care services agency. The application from public need review because the applicant proposes to exclusively serve only individuals associated with the PACE program. The financial requirements are met because they submitted documents prepared by a certified public accountant attesting to their financial feasibility. This plan was adequately addressed and is in Attachment A to the exhibit. Westchester Pace Program LLC has applied to be certified as a PACE provider under Article 44 of the Public Health Law. The application is currently under review by the Office of Health Insurance Programs. The department is recommending approval with the condition that they obtain approval from the office.

Inaudible)

**Ms. Baniak** Must exclusively serve the enrollees of the peace operated by Westchester PACE Program, LLC.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Questions?

**Ms. Masako** Hi. This is a question for the applicant, and I don't know if anyone is here on behalf of the applicant. I wholly support the concept of a liaison integrated with the PACE program. We operate ours similarly. It works beautifully. What I don't understand is the only services on the license would be nursing and personal care aid when the state's requirement to provide in-home hands-on care by a physical occupational speech therapist dietitian, licensed medical social worker is also required to be under license. I'm just curious why only two disciplines? Are you contracting those services externally and those members of your team will not be providing hands on care in the home setting?

**Applicant** James Rosen, CEO Westchester PACE program. We for all services that you mentioned we would contract those.

**Ms. Masako** There's a reason that you chose not to do those through a LHCSA, along with the rest of your IDT?

**Applicant** For the services through that we would do that.

**Mr. Cicero** I think they went with the limited set of services for the LHCSA, and the rest of the services are being provided as part of the remainder of the PACE in the community. That's the decision they made from a business model. They've filled the minimum requirements for the LHCSA. That's what they're doing with those services. The PACE application is under their model. It's not something that I've worked on, but it was vetted during the course of the development of this application. They went with the most limited LHCSA model that they could.

**Ms. Masako** I guess my concern would just be that it's clear that the employees of the PACE program. In New York it's different. Cannot provide those hands-on care unless it's through a licensed or a certified home health agency. If it's not an amendment to your LHCSA license to add those services, then a condition should be that you demonstrate that you've contracted for those.

**Applicant** That would be our full intention.

**Dr. Kalkut** Other questions for the applicant?

**Dr. Kalkut** Thank you for stepping up.

**Dr. Kalkut** Any member of the public that wishes to speak on this application?

**Dr. Kalkut** See none, I'd call for a vote.

**Dr. Kalkut** All in favor?

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** Motion carries.

**Dr. Kalkut** Next is 232100E, Oyster Bay Manor Home Care Inc. Department recommends approval with a condition.

**Dr. Kalkut** Can I have a motion?

**Dr. Kalkut** Dr. Berliner.

**Dr. Kalkut** Mr. Thomas.

**Ms. Baniak** This application from Oyster Bay Manor Home Care Inc doing business says Oyster Bay Manor Home Care, which is an existing licensed home care services agency is requesting approval for a 25% ownership transfer from one deceased shareholder to the remaining shareholder. After this transfer, Rachel Dombroski would have 100% ownership. There are no proposed changes to the service area or services provided. The application is exempt from public need review because the applicant proposes to exclusively serve individuals associated with the assisted living program. The financial requirements are met because they submitted documents prepared by the Chief Financial Officer attesting to their financial feasibility. The applicant has passed the character and competence requirements. The workforce plan was adequately addressed and is in Attachment A to the exhibit. With that, the department is recommending approval.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Any questions from the committee?

**Dr. Kalkut** Anyone from the public that wishes to speak?

**Dr. Kalkut** Seeing none, I'd call a vote.

**Dr. Kalkut** All in favor?

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** Motion carries.

**Dr. Kalkut** 232078E Brooklyn, Queens Nursing Home in Kings County. This is to transfer 50% ownership interest from one existing shareholder.

**Ms. Baniak** I think we skipped one. I apologize for interrupting.

**Dr. Kalkut** My apologies. Let's go back to 11136E. Vista on Fifth Corp doing business has Vista on Fifth. Service area again in the staff report. This is to transfer 100%.

**Dr. Kalkut** Dr. Berliner.

**Dr. Kalkut** Mr. Thomas.



**Ms. Baniak** This application from the Vista and Fifth Corp doing business as Vista and Fifth, which is an existing licensed home care services agency is requesting approval for the transfer of 100% interest to a new sole member, Cardinal Angelo Sodano. Holy Land Foundation Inc, an existing not for profit entity. The application is exempt from a public need review because the applicant proposes to exclusively serve individuals associated with the assisted living program. The financial requirements are met because they submitted documents prepared by a certified public accountant attesting to their financial feasibility. The applicant passed the character and competence requirements. The workforce plan was adequately addressed and is in Attachment A to the exhibit. With that, the department is recommending approval.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Questions from the committee?

**Dr. Kalkut** Anyone in the public that wishes to comment on this?

**Dr. Kalkut** Seeing none, I'd call for a vote.

**Dr. Kalkut** All in favor?

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** The motion passes.

**Dr. Kalkut** 232078E, Brooklyn. Queens County Nursing Home in Kings County. This is to transfer 50% ownership interest in one existing shareholder to a new shareholder. The department recommends approval with a condition.

**Dr. Kalkut** Can I have a motion?

**Dr. Kalkut** Dr. Berliner.

**Dr. Kalkut** Mr. Thomas.

**Ms. Baniak** The Brooklyn, Queens Nursing Home is an existing 140 bed residential health care facility located in Kings County. This application an ownership interest from Leopold Berkowitz to Yaakov Klein. After this transfer, both members will have 50% ownership. The purchase price is for \$2.135 million. There will be no changes to beds or services as a result of this. Public need assessment is not applicable with these types of transactions because the operators are already established. The applicant has met the character and competence requirements. The Long-Term Care Ombudsman has reviewed the application and has no objections. The department is recommending approval.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Questions?

**Dr. Kalkut** Mr. Holt.

**Mr. Holt** Thanks, Gary.

**Mr. Holt** Tom Holt, member of the council. This is not a question about the application. Just pointing out this is one of the first nursing home applications that we've had in quite some time. We'd like to ask the department and full council coming up in a couple of weeks if we could have an update on the status of the applications that may be pending and what issues may be preventing the applications from coming forward. Because it's been quite some time since we've seen applications like this or others. I'm aware and I think most of the council members received a letter from a provider in the community some weeks ago with regard to a backlog of applications. I don't know whether that's the case or not, but I think it would be helpful for us to have an understanding of where they may stand.

**Mr. Kraut** Could we do that at the February meeting? We'll manage the agenda because we're going to have a discussion with the Office of Health Equity and then the maybe we'll have a discussion about the applications in lieu of some of the Deputy Commissioner Reports. We'll still have the Commissioner obviously here to do that. I just will manage the agenda. Because that's also our annual meeting as well, I'd point out.

**Ms. Baniak** Generalized statement, or is that specifics about specific applications that are pending?

**Mr. Holt** Not specific.

**Ms. Baniak** I didn't think so, but I want to make sure.

**Mr. Holt** Know where we're at in the queue with regard to applications pending.

**Mr. Kraut** Just how many applications are pending.

**Ms. Baniak** Okay.

**Mr. Kraut** What's in process? I guess we've received those letters saying what's going on and just have some communication or some expectation.

**Ms. Baniak** Okay.

**Mr. Holt** Has it actually slowed down? Numerically, has there been a change year to year?

**Ms. Baniak** Okay.

**Mr. Holt** Thank you.

**Dr. Kalkut** Thank you, Tom.

**Dr. Kalkut** Other questions?

**Dr. Kalkut** If not, I call a vote.

**Dr. Kalkut** All in favor?

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** The motion carries.

**Dr. Kalkut** Next is 242152E, Central New York Eye Center in Dutchess County. This is to transfer 100% ownership. Eye Center at 22 Green Street in Poughkeepsie. Department recommends an approval with condition and contingencies.

**Dr. Kalkut** Can I have a motion?

**Dr. Kalkut** Dr. Berliner.

**Dr. Kalkut** Mr. Thomas.

**Ms. Glock** Center is an existing single specialty Article 28 Ambulatory Surgery Center located in Poughkeepsie in Dutchess County. This application is seeking approval to transfer 100% ownership interest from two withdrawing physician members to one new physician member Dr. Modi. Dr. Modi has been employed from 2022 to the present as an Ophthalmologist at this Central New York Eye Center. As I probably mentioned, the facility is certified for ophthalmology. It's been in operation over fifteen years. There are no changes in services being offered or the area being served as a result of this change of ownership. The Department has reviewed this application and is recommending contingent approval with an expiration of the operating certificate three years from the date of its issuance.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Questions from the committee?

**Dr. Kalkut** Denise.

**Dr. Soffel** I have a question. I noticed as I was reviewing the material that there are a fair number of malpractices claims against various members of this entity. I was just wondering, for my own edification, how common are malpractice or is malpractice more common in these kinds of settings like where Lasik is being done? Is that one of those that has a higher-than-average number of malpractice claims?

**Dr. Kalkut** I don't compare it to other ambulatory procedures, whether it does or not. I don't know if the applicant would know either, but we can try to find out.

**Mr. Kraut** I mean, whenever we deal with; sight, hearing loss of those things, they do tend to litigate.

**Mr. Kraut** I have a gut feeling, but I'd rather not respond from gut. Maybe we'll ask somebody that's in that industry that there may be a valid third-party source that we can look at.

**Dr. Soffel** I shared that gut, which is why I raised it.

**Mr. Kraut** Let's see if we can maybe do a little homework and see if there's a reliable source that might be able to illuminate some of that. I don't know.

**Dr. Kalkut** I think they described some of the symptoms that resulted in in a lawsuit.

**Mr. Kraut** That's not a precluding. I mean, I think the gut feeling is when you see a lot of lawsuits. I mean, I think that's part of our responsibility with character and competence, but it's also up to the department to see if any of those reach a threshold that would suggest that the applicant does not have the character or the competence, I guess, depending on the nature of the suits. They've not indicated that that was an issue in this particular application. I get where you're getting. We've had it before in other applications where we said out and some of our decisions are the subject of further discussion right now based on that claim. We'll get you some information.

**Dr. Kalkut** Tom.

**Mr. Holt** I agree, Mr. Kraut. I think we should get some independent data. The volume you do of cases that are going through these places is huge. Can be huge. I mean, pushing 3,000/3,500 cases. By definition you're going to have more.

**Mr. Kraut** It's numerator/denominator.

**Mr. Holt** That's correct.

**Dr. Kalkut** Other questions?

**Dr. Kalkut** Anyone from the public wishes to speak?

**Dr. Kalkut** All in favor?

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** Next is 242159E, Capital Region Lottery Surgery Center in Albany County. This is a transfer of 89.48% from eight withdrawing members and two existing members to seventeen new members. The department approves with conditions and contingencies with an expiration of the operative certificate three years from the date of its issuance.

**Dr. Kalkut** Motion, please.

**Dr. Kalkut** Dr. Berliner.

**Dr. Kalkut** Mr. Holt.

**Ms. Glock** Shelley Capital Region Ambulatory Surgery Center is a dual specialty Orthopedics and Pain Management Freestanding. The applicant is proposing to transfer 89.48% from eight withdrawing members and two new members. If approved, Capital Region Ambulatory Surgery Center will have nineteen team members, all with an equal membership of 5.26%. Those proposed members are shown in the staff report. Since the center began operations more than twenty years ago, several members have joined in withdrawn from Capital Region Ambulatory Surgery Center when new members joined, or existing members withdrew. Over the years, the center did not understand that it was required to notify the department in terms of a notice to seek prior approval for those

ownership changes. When the Center recently became aware of those requirements and acted, it's now seeking to correct this historical oversight through this application. Dr. Doss will continue to serve as the Medical Director. They're projecting about 10,000 procedures. The department has reviewed this application is recommending approval with conditions and contingencies, but with an expiration of the operating certificate three years from the date of its issuance.

**Dr. Kalkut** Questions?

**Dr. Kalkut** Dr. Berliner.

**Dr. Berliner** Shelly, why three years? It's an existing.

**Ms. Glock** It's existing. It already has contracts in place. Normally with start-ups, we give five years because it takes a little while to get the Medicaid contracts in place. But if you're existing, we do a three year.

**Dr. Berliner** Thank you.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Other questions?

**Dr. Kalkut** Questions from the public?

**Dr. Kalkut** All in favor?

**All** Aye.

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** The motion carries.

**Dr. Kalkut** 242161B, East End Surgery Center LLC in Suffolk County. This is to establish to construct a single specialty ambulatory surgery center for Gastroenterology by converting a private practice at 287 Waiting River Road 2A in Manville. Department recommends approval with conditions and contingencies with the expiration of the operating certificate five years from the date of its issuance.

**Dr. Kalkut** Can I have a motion?

**Dr. Kalkut** Dr. Berliner.

**Dr. Kalkut** Mr. Thomas.

**Dr. Kalkut** Shelly.

**Ms. Glock** East End Surgery Center is an existing limited liability company. This application requests approval to establish and construct a single specialty ambulatory surgery center through conversion of an existing private practice. The center will consist of

two procedure rooms in leased space. The sole member and manager of East End Surgery Center --- ---. I apologize if I misspoke. Providing medicine and gastroenterology and will also serve as the centers Medical Director. All procedures to be performed at this proposed ambulatory surgery center will originate from Suffolk County. There will be no procedures coming from the local hospitals, as the doctor is currently performing these procedures in his private practice. The number of projected procedures is about 2,500 in year one, just about 2,600 in year three with Medicaid at 17%, charity care at 2%. Those volumes in the application are the same as what is being currently performed in the private office-based surgery practice as well as the payer mix. The project costs will be met with equity and there will only be minor renovations to ensure code compliance, which is why there is only a \$506,000 project total project cost. The department has reviewed this application and is recommending contingent approval with the expiration of the operating certificate five years from the date of issuance.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Questions from the committee?

**Ms. Monroe** Shelly, what does it mean that no procedures will come from local hospitals?

**Ms. Glock** That means sometimes when there's a new ambulatory surgery center being established, there's concern that those procedures are going to be taken. We just wanted to lay out here that these procedures are that are moving to the ambulatory surgery center are currently being performed in the physician's private practice. There'll be no impact on any of the local hospital procedures. If we know where the procedures are coming from, we usually will try to find that out in an application.

**Ms. Monroe** Is that some provision in their license that they can't do that?

**Ms. Glock** No.

**Ms. Monroe** It's just that as they're starting up, that's not where they're getting their population from.

**Ms. Glock** He's performing these procedures right now in his private practice. He's just going to move them to the ambulatory surgery under the Article 28 regulatory framework.

**Ms. Monroe** Thank you.

**Mr. Kraut** He'd be making a comment, and I'll take the prerogative to the point you make is that these projects are moving things that are of physician office-based practices into an Article 28, which theoretically provides greater protections and set. It provides a facility fee and other things that there's an increased cost. We're not quite sure. We're not sure of those actions. I don't know if we've ever done research on that, but that is an issue that Mr. Robinson would bring up.

**Ms. Monroe** I think the thing that I would hope at PHHPC we would look at over what has been the impact of these decisions? I don't know how we get there, but I think there was general agreement when we met a few times ago that we'd like to see more of that. I just want to go on the record for my colleagues that that kind of thing is really important for us to understand the impact of what we do.

**Mr. Kraut** What we want more of is the assessment and to see if it had an impact. Is that your question?

**Ms. Monroe** We've made all this movement. What does the system look like today compared to when we weren't. Our concerns back a few meetings ago was that ambulatory surgery centers needed to make sure that they were taking Medicaid, and they weren't. We're falling the safety net hospitals. I'd like to understand whether that's really happening. I don't know how we go about learning those things, but they're important for us to know.

**Dr. Kalkut** Dr. Friedrich.

**Dr. Friedrich** Dr. Marcus Friedrich, member. One question, Shelly. He is establishing an ASC in the same facility that his practice is, because that was not very clear from the application.

**Ms. Glock** There'll be some minor renovations to the existing practice to bring it to the Article 28.

**Mr. Kraut** There's a half \$1 million invest.

**Mr. Cicero** I'm Frank Cicero, a consultant to the applicant.

**Applicant** Good morning. Lauren, facility administrator.

**Mr. Cicero** It is a conversion of the private practice in the same space to in Article 28 ASC. As Mr. Kraut laid out, there is a financial difference there. There's also a cost difference too. The purpose of the project, you can see it's just Dr. Coronel is to allow him to be able to recruit recent graduates, new people to the area to expand his practice that way. He does have for backup. He does do high risk cases there. He will continue to do that. Essentially, this project is to create a place that will be more attractive to recent graduates and allow him. He's into his 40's now to be able to plan for the next generation.

**Dr. Berliner** To kind of follow up on Ann's question. I mean, I guess for you, Frank, I mean, why not have it as an office-based surgery as opposed to. Before you get to that, I mean, the other thing that should come up is that if something is an ambulatory surgery center. Making a contribution to the Charity Care fund. It would be nice to know. We know the individual contributions because that's just a percentage of revenues. What's the status of that fund? I mean, the hospitals need more. An office-based surgery center application in years. What's with that?

**Mr. Cicero** The reason not to keep it as a private practice is what I said before, is for recruiting purposes. B, you know, in all honesty versus other private practices, having an Article 28 will allow Dr. Cornell to be more competitive in recruiting new people to the practice. Anything else?

**Applicant** Yes.

**Applicant** To add to that, we're currently accredited as an OBS space as we mentioned. We're looking to convert to an Article 28 to be held to a higher standard of care as well as compliance. Again, to add on to what Frank had mentioned, being that Dr. Cornell is the only sole owner and provider for the practice, it is hard to recruit and attract on the East

end of Suffolk County, new grads or other physicians, which we've tried for many years. This will make it more attractive and enticing for them to join the practice and hopefully be able to expand our patient.

**Mr. Kraut** Colleen, if you're listening and Michael, please keep that on the list of issues we need to prep for.

**Mr. Kraut** Other questions?

**Dr. Kalkut** Anybody from the public wishing to speak?

**Dr. Kalkut** Let's call the vote.

**Dr. Kalkut** All in favor?

**All** Aye.

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** Next is to 42189B, Southern Tier Surgery Center LLC in Broome County is to establish and construct a dual single specialty ambulatory surgery, diagnostic and treatment. This amends and supersedes project number 22227B. Department recommends approved with conditions and contingencies.

**Dr. Kalkut** May I have a motion?

**Dr. Kalkut** Dr. Berliner.

**Dr. Kalkut** Mr. Thomas.

**Dr. Kalkut** Shelly.

**Ms. Glock** Southern Tier Surgery Center LLC is requesting approval for this application, which amends and supersedes CON 22227, which received final PHHPC approval in August of 2024 and is currently under construction. Under that approval Southern Tier Surgery center sought approval to establish and construct an Article 28 Freestanding Ambulatory Surgery Center certified as a dual single specialty specializing in pain management in orthopedics. The site will have four ORs and shall space for an additional OR for future use, as well as the requisite support areas. That application is being amended with this application before you to accommodate the following changes. Three of the original Class A physicians will no longer be members in the center. Two members of the Class B member of the Center New York Holdco LLC have changed, and the representatives of Binghamton Health Corporation, the corporate member of New York Health New York Holdco has changed. The total project costs have increased due to changes in the scope of the project and general cost inflation. The development consultant, administrative service provider and billing consultant has changed from Regent Surgical Health to Constitution Surgical Alliance. The proposed membership is highlighted in your staff report. You'll see that the Class A physician members listed there make up 32.162%. You have New York Holdco LLC Class B members making up 67.838%. They are made up of Binghamton Health Corporation. You'll see that that's the majority member



now. Our Lady of Lourdes Hospital is the passive parent. Two additional members who are members of the Constitution Surgery Alliance. This application, they are projecting about 1,121 visits a year one, about 3,137 in year three, Medicaid at 13 over 13%, 2% charity care. The department has reviewed this application and is recommending approval with contingencies and conditions.

**Dr. Kalkut** Thank you.

**Dr. Soffel** We approved a CON for this project less than six months ago. What happened? Why such a dramatic change in their scope of project in six months?

**Dr. Soffel** Please introduce yourself.

**Mr. Cicero** I'm Frank Cicero, a consultant to the applicant.

**Applicant** Ken Rosenquest from Constitution Surgery Alliance.

**Applicant** Good morning. Kathy Connerton. I am the President of Our Lady of Lourdes and also a board member and Binghamton Health Corporation.

**Mr. Cicero** About two years since it was at PHHPC. As contingencies were being resolved, they moved forward with the plans that they had and started construction. Three doctors determined not to proceed with the project, so that automatically caused an amendment. In addition, Guthrie became the parent of Our Lady of Lourdes, which is has a subsidiary. The people who have come in as the board members from Our Lady of Lourdes. Continues to be on there, but there's a person who is from the center who's one of the best Article 28 people in that whole system, a New York person. They've improved their board members on the hospital side, if you will. Regent has undergone a change of ownership in their members. I'm not sure what Regent is planning to do in New York, but they did not want to continue. It was not going to make sense for this project. They wanted to continue with the model that they had.

**Dr. Kalkut** Thank you.

**Ms. Monroe** I'm just curious. One of the members that's going to have about 10% ownership is somebody Christian. Is that person still the CEO of Constitution Surgery Alliance that develops surgery centers across the country? If so, does that company have any ownership of this Amatory surgery center, or is it this person as an individual?

**Applicant** Thanks.

**Applicant** I'll break that down.

**Applicant** Pardon me, I'm kind of getting past the flu here today, but hopefully you can hear me correctly now. Chris continues to be the owner of Constitution Surgery Alliance. However, his ownership in this particular entity is as an individual member, as is mine.

**Ms. Monroe** There's no---

**Applicant** No corporate ownership, correct.

**Ms. Monroe** And no intended affiliates?

**Applicant** No, we remain employees of Constitution, but our equity in this particular facility is held individually.

**Dr. Kalkut** Let's call a vote.

**Dr. Kalkut** All in favor?

**All** Aye.

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** Motion passes.

**Dr. Kalkut** Next is 242037B, ABC Little Clinic 115 in New York County. This is to establish and construct a new diagnostic and treatment center at 158 East 115th Street in New York. Department recommends approval with conditions and contingencies.

**Dr. Kalkut** May I have a motion?

**Dr. Kalkut** Dr. Berliner.

**Dr. Kalkut** Mr. Thomas.

**Dr. Kalkut** Shelly.

**Ms. Glock** The Association to Benefit Children ABC is an existing not for profit corporation. Diagnostic and Treatment Center certified in primary care to serve pediatric patients. It will be on the first floor of the East Harlem Neighborhood Health Action Center, located in New York. The buildings owned and operated by the City of New York and under the jurisdiction of the New York City Department of Health and Mental Hygiene. The proposed center will be co-located with ABC's existing New York State licensed Article 31 Mental Health Outpatient Treatment and Rehabilitative Service Clinic. The proposed service area is Upper Bronx. The facility will focus on many neighborhoods there that are located within a health professional shortage area for dental health, mental health and primary care. It's also within a medically underserved area. This clinic will be dedicated to pediatric primary care. The applicant will prioritize children who are Medicaid enrollees and uninsured. The clinic will target children ages 0 to 17 and prioritize those that have disabilities, developmental disabilities, mental health needs and barriers. They're projecting almost 15,000 visits in year three with Medicaid. Project costs will be funded with equity.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Questions from the committee?

**Dr. Lim** Sabina Lim, committee and council member. Just to comment, I just want to commend the applicant because we rarely see this form of integration between mental health and primary care and certainly not within the pediatric population. This is reverse integration. If there's any population where you have that kind of integration, even though

it's a first step is so important and needed. This is really a refreshingly nice application to see. I commend the applicant. That's it.

**Dr. Kalkut** Thanks for calling that out. I think it's absolutely true.

**Dr. Kalkut** Any other questions?

**Dr. Kalkut** Anyone from the public?

**Dr. Kalkut** I'm sure there's any public here.

**Dr. Kalkut** Let's call a vote.

**Dr. Kalkut** All in favor?

**All** Aye.

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** The motion passes.

**Dr. Kalkut** Next, we have a certificate of dissolution. Its Living Resources Certified Home Health Agency Inc. Department recommends approval.

**Dr. Kalkut** Can we have a motion?

**Dr. Kalkut** Dr. Berliner.

**Dr. Kalkut** Mr. Thomas.

**Ms. Glock** I don't have any comments, but I don't know if DLA does.

**Dr. Kalkut** Questions from the committee?

**Dr. Kalkut** Let's move to a vote.

**Dr. Kalkut** All in favor of the dissolution?

**Dr. Kalkut** Opposed?

**Dr. Kalkut** Abstain?

**Dr. Kalkut** The motion carries.

**Dr. Kalkut** With that, we've gone through the agenda, and I think call for an end to the meeting.

**Dr. Kalkut** Thank you.

**Mr. Kraut** The review committee over. Our next meeting is on February 6th on Thursday here in New York. We'll have a full council meeting. It's also our annual meeting. We, in addition to the reports that we receive and as part of the annual meeting, we have confirmation that the Office of Health Equity will be in attendance. There were two things that were mentioned. One was the issue about the results of their listening tour and their recommendations regarding modifications or alterations or the approach to the use of the Health Equity Impact Assessments. The question that was raised in today's meeting regarding certification of the independent assessors that are conducting those reviews. we also have a request to put information in about an update of applications for long term care, Specifically nursing homes. I suspect we'll have some other issues that we're going to want to address there in addition to the Commissioner's report. A lot of stuff happening up in Albany, as you know, with the Governors State of the Union, the release of the Governor's budget, the legislative calendar proceeding, and not to mention a few things happening in the federal level that may have impact in New York. We'll see everybody on the sixth and appreciate the effort you made to come in today to maintain our quorum. Thank you so much.

**Mr. Kraut** I have a motion to adjourn.

**Dr. Berliner** So moved.

**Mr. Kraut** All those in favor?

**All Aye.**

**Mr. Kraut** We are adjourned.

**Mr. Kraut** Thank you very much.