

STATE OF NEW YORK
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

AGENDA

September 18, 2025

*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

June 18, 2025 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 Health Equity and Human Rights

Tina Kim, MSPH, Deputy Commissioner, Office of Health Equity and Human Rights

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

Douglas G. Fish, M.D., Deputy Commissioner, Office of Health Care Delivery

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

A. Report on the Activities of the Health Planning Committee

Ann Monroe, Vice Chair of Health Planning Committee

B. Report on the Activities of the Nursing Home Certificate of Need Ad Hoc Committee

Scott LaRue, Co-Chair, Nursing Home Certificate of Need Ad Hoc Committee
Thomas Holt, Co-Chair, Nursing Home Certificate of Need Ad Hoc 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

24-22 Amendment of Section 405.4 of Title 10 NYCRR (12-Week Rule for Foreign Medical School Graduates and Limited Permit Allowances)

22-06 Amendment of Section 23.5 of Title 10 NYCRR (Expedited Partner Therapy for Sexually Transmitted Infections)

For Information

25-09 Addition of Appendix 5-E to Subpart 5-1 of Title 10 NYCRR (Cybersecurity Requirements for Public Water Systems)

VII. PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS

Report of the Committee on Establishment and Project Review

Peter Robinson, Chair of Establishment and Project Review Committee

A. 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.	251211 C	North Central Bronx Hospital (Bronx County)	Contingent Approval
2.	251281 C	SBH Health System (Bronx 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 Applications

Acute Care Services – Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	231342 C	Mount Sinai Hospital (New York County) Dr. Lim – Recusal	Contingent Approval
2.	251133 C	Peconic Bay Medical Center (Suffolk County) Mr. Kraut – Recusal	Contingent Approval
3.	251146 C	Clifton Springs Hospital and Clinic (Ontario County) Mr. Robinson - Interest	Contingent Approval

Diagnostic and Treatment Center – Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	251287 C	Cumberland Diagnostic & Treatment Center (Queens County) Dr. Kalkut – 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

CON Applications

Hospice Services – Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	251157 C	Hospice Buffalo Inc (Erie County)	No Recommendation

B. 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.	242233 B	Flatlands Access Center LLC (Kings County)	Contingent Approval
2.	251234 B	Smithtown ASC (Suffolk County)	Contingent Approval

Home Care Service Agency Licensures

Changes of Ownership

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	231129 E	Serenity Health & Wellness, LLC (Please see exhibit for list of Geographical Service Area)	Approval
2.	232065 E	Mountainview Management LLC d/b/a Mountainview Home Care Agency (Please see exhibit for list of Geographical Service Area)	Approval

3.	232147 E	Elite HHC, LLC (Please see exhibit for list of Geographical Service Area)	Approval
4.	232150 E	Adept Health Care Service Inc. (Please see exhibit for list of Geographical Service Area)	Approval
5.	232199 E	Kingsway Home Care Services, Inc. (Please see exhibit for list of Geographical Service Area)	Approval
6.	241300 E	Parkview Mansion LLC d/b/a Parkview Home Care (Please see exhibit for list of Geographical Service Area)	Approval

Certificates

Certificate of Amendment of the Certificate of Incorporation

Applicant

Nazareth Home of the Franciscan Sisters of the
Immaculate Conception

E.P.R.C. Recommendation

Approval

Restated Certificate of Incorporation

Applicant

Arnot Ogden Medical Center

The Ira Davenport Memorial Hospital, Inc.

Young Adult Institute, Inc.

E.P.R.C. Recommendation

Approval

Approval

Approval

Certificate of Dissolution

Applicant

Flushing Manor Geriatric Center, 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

NO APPLICATIONS

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. NEXT MEETINGS

Thursday, November 13, 2025 (NYC)
Thursday, December 4, 2025 (NYC)

IX. ADJOURNMENT

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

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)

Statement of Net Position

June 30, 2024

(In thousands)

Assets	Business-type activities – HHC	Discretely presented component unit-MetroPlus	Eliminations	Total
Current assets:				
Cash and cash equivalents	\$ 538,870	535,025	—	1,073,895
U.S. government securities	97,437	886,378	—	983,815
Patient accounts receivable, net	941,497	—	(486,185)	455,312
Premiums receivable	—	697,691	(9,477)	688,214
Estimated third-party payor settlements	1,256,800	—	(254,151)	1,002,649
Grants receivable	1,058,261	324	(1,413)	1,057,172
Assets restricted as to use and required for current liabilities	26,408	—	—	26,408
Due from City of New York	559,096	—	—	559,096
Current lease receivable, net	4,480	—	—	4,480
Other current assets	368,748	108,399	—	477,147
Total current assets	4,851,597	2,227,817	(751,226)	6,328,188
Assets restricted as to use, net of current portion	154,037	193,487	—	347,524
U.S. government securities	—	397,877	—	397,877
Capital assets, net	4,636,516	27,514	—	4,664,030
Lease and SBITAs, net	371,907	154,756	—	526,663
Noncurrent lease receivable, net	109,695	—	—	109,695
Other assets	52,701	—	—	52,701
Total assets	10,176,453	3,001,451	(751,226)	12,426,678
Deferred Outflows of Resources				
Deferred outflows from pension	321,563	29,093	—	350,656
Deferred outflows from postemployment benefits, other than pension	116,480	3,499	—	119,979
Asset retirement obligation	5,000	—	—	5,000
	\$ 10,619,496	3,034,043	(751,226)	12,902,313
Liabilities				
Current liabilities:				
Current installments of long-term debt	\$ 80,775	—	—	80,775
Current portion of lease and SBITAs liabilities, net	37,336	4,597	—	41,933
Accrued salaries, fringe benefits, and payroll taxes	481,319	22,198	(9,477)	494,040
Accounts payable and accrued expenses	1,409,282	1,696,124	(741,749)	2,363,657
Estimated third-party payor settlements	156,327	—	—	156,327
Estimated pools payable	11,100	—	—	11,100
Current portion of due to City of New York, net	597,744	—	—	597,744
Current portion of pension	514,701	16,411	—	531,112
Current portion of postemployment benefits obligation, other than pension	216,457	6,902	—	223,359
Total current liabilities	3,505,041	1,746,232	(751,226)	4,500,047
Long-term debt, net of current installments	489,341	—	—	489,341
Noncurrent lease and SBITAs liabilities, net	384,342	155,053	—	539,395
Accrued compensated absences, net of current portion	559,008	11,667	—	570,675
Long-term pension, net of current portion	1,659,002	36,740	—	1,695,742
Postemployment benefits obligation, other than pension, net of current portion	4,328,536	22,288	—	4,350,824
Total liabilities	10,925,270	1,971,980	(751,226)	12,146,024
Deferred Inflows of Resources				
Deferred inflows from pension	36,096	1,939	—	38,035
Deferred inflows from postemployment benefits, other than pension	897,026	24,048	—	921,074
Deferred inflows from lease activity	105,525	—	—	105,525
Unamortized refunding cost	719	—	—	719
	11,964,636	1,997,967	(751,226)	13,211,377
Net position				
Net investment in capital assets	4,311,161	142,494	—	4,453,655
Restricted:				
For debt service	109,183	—	—	109,183
Expendable for specific operating activities	8,906	—	—	8,906
Nonexpendable permanent endowments	928	—	—	928
Contingent surplus reserve	—	647,643	—	647,643
Unrestricted	(5,775,318)	245,939	—	(5,529,379)
Total net deficit position	(1,345,140)	1,036,076	—	(309,064)
	\$ 10,619,496	3,034,043	(751,226)	12,902,313

See accompanying notes to basic financial statements.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)

Statement of Revenue, Expenses, and Changes in Net Position

Year ended June 30, 2024

(In thousands)

	Business-type activities – HHC	Discretely presented component unit – MetroPlus	Eliminations	Total
Operating revenue:				
Net patient service revenue	\$ 8,631,192	—	(1,537,694)	7,093,498
Appropriations from city of New York, net	2,844,439	—	—	2,844,439
Premium revenue	—	4,936,775	(109,277)	4,827,498
Grants revenue	944,734	563	(28,267)	917,030
Other revenue	175,819	1,587	—	177,406
Total operating revenue	<u>12,596,184</u>	<u>4,938,925</u>	<u>(1,675,238)</u>	<u>15,859,871</u>
Operating expenses:				
Personal services	3,771,067	152,389	—	3,923,456
Other than personal services	4,265,635	4,545,920	(1,565,961)	7,245,594
Fringe benefits and employer payroll taxes	1,249,431	47,954	(109,277)	1,188,108
Pension	427,281	14,020	—	441,301
Postemployment benefits, other than pension	112,922	3,601	—	116,523
Affiliation contracted services	1,716,983	—	—	1,716,983
Depreciation	595,175	10,017	—	605,192
Total operating expenses	<u>12,138,494</u>	<u>4,773,901</u>	<u>(1,675,238)</u>	<u>15,237,157</u>
Operating income	<u>457,690</u>	<u>165,024</u>	<u>—</u>	<u>622,714</u>
Nonoperating revenue (expenses):				
Investment income	42,467	79,425	—	121,892
Interest expense	(144,772)	(4,877)	—	(149,649)
Contributions restricted for specific operating activities	15,147	—	—	15,147
Total nonoperating (expenses) revenue, net	<u>(87,158)</u>	<u>74,548</u>	<u>—</u>	<u>(12,610)</u>
Income before other changes in net position	<u>370,532</u>	<u>239,572</u>	<u>—</u>	<u>610,104</u>
Other changes in net position:				
Capital contributions funded by City of New York, net	313,401	—	—	313,401
Capital contributions funded by grantors and donors	198,877	—	—	198,877
Total other changes in net position	<u>512,278</u>	<u>—</u>	<u>—</u>	<u>512,278</u>
Increase in net position	<u>882,810</u>	<u>239,572</u>	<u>—</u>	<u>1,122,382</u>
Net (deficit) position at beginning of period	<u>(2,227,950)</u>	<u>796,504</u>	<u>—</u>	<u>(1,431,446)</u>
Net (deficit) position at end of period	<u>\$ (1,345,140)</u>	<u>1,036,076</u>	<u>—</u>	<u>(309,064)</u>

See accompanying notes to basic financial statements.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)

Statement of Cash Flows

Year ended June 30, 2024

(In thousands)

	Business-type activities – HHC
	<u> </u>
Cash flows from operating activities:	
Cash received from patients and third-party payors	\$ 7,888,190
Cash appropriations received from City of New York	2,568,913
Cash appropriations remitted to City of New York	(62,892)
Receipts from grants	444,292
Other receipts	164,302
Cash paid for personal services, fringe benefits, employer payroll taxes, and postemployment benefits obligation, other than pension	(5,139,572)
Cash paid for pension	(468,672)
Cash paid for other than personal services	(3,739,610)
Cash paid for affiliation contracted services	(1,681,732)
	<u> </u>
Net cash used in operating activities	(26,781)
Cash flows from noncapital financing activity:	
Proceeds from contributions restricted for specific operating activities	15,147
	<u> </u>
Net cash provided by noncapital financing activity	15,147
Cash flows from capital and related financing activities:	
Purchase of capital assets	(503,857)
Capital contributions by grantors and donors	99,768
Capital contributions by City of New York	336,378
Cash paid for capital retainage	(984)
Payments of long-term debt	(55,732)
Cash paid for leases and IT subscriptions	(12,317)
Interest paid including capitalized interest	(14,710)
	<u> </u>
Net cash used in capital and related financing activities	(151,454)
Cash flows from investing activities:	
Purchases of assets restricted as to use	(128,629)
Proceeds from sales of assets restricted as to use	112,077
Cash invested in U.S. government securities	(300,951)
Cash received from sales and maturities of U.S. government securities	203,514
Interest received	8,651
	<u> </u>
Net cash used in investing activities	(105,338)
Net decrease in cash and cash equivalents	(268,426)
Cash and cash equivalents at beginning of year	<u>807,296</u>
Cash and cash equivalents at end of year	<u>\$ 538,870</u>
Supplemental disclosure:	
Change in fair value of assets restricted as to use	\$ 2,077
Capital assets included within accounts payable and accrued expenses	78,164

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)

Statement of Cash Flows

Year ended June 30, 2024

(In thousands)

	Business-type activities – HHC
	<u> </u>
Reconciliation of operating income to net cash used in operating activities:	
Operating income	\$ 457,690
Adjustments to reconcile operating income to net cash used in operating activities:	
Depreciation	595,175
Provision for bad debts	544,617
Changes in assets and liabilities:	
Patient accounts receivable, net	(529,537)
Estimated third-party payor settlements, net	(356,828)
Estimated pools, net	(412,900)
Grants receivable	(500,442)
Lease receivable	658
Other current assets	(29,856)
Accrued salaries, fringe benefits, payroll taxes, and compensated absences	66,504
Pension	(34,173)
Accounts payable and accrued expenses	220,333
Due to City of New York, net	29,378
Postemployment benefits obligation, other than pension	(77,400)
Net cash used in operating activities	<u>\$ (26,781)</u>

See accompanying notes to basic financial statements.

SBH Health System
Balance Sheet
December 31, 2024 and December 31, 2023

CON#251281 BFA Attachment A

	2024	2023
ASSETS		
Current Assets:		
Cash and Cash Equivalents	70,911,181	56,644,934
Current Portion of Assets Whose Use is Limited	107,671	2,400,015
Total Patient Accounts Receivable	34,542,213	40,629,529
Other Receivables	10,043,006	8,812,306
Retroactive Receivables from Third Parties, net	35,496,380	77,772,826
Prepaid Expenses and Supplies	15,622,437	14,075,100
Total Current Assets	166,722,888	200,334,710
Assets Whose Use is Limited:		
Under Financing Agreements	13,989,864	13,715,738
Funds Held in Trust	23,192,204	21,303,608
Board Designated Endowment Fund	140,326,925	61,763,992
Prepaid pension benefits costs	5,716,205	-
Total Assets Whose Use is Limited	183,225,198	96,783,338
Property, Plant and Equipment:		
Land	2,444,744	2,454,744
Buildings and Improvements	372,851,966	340,430,428
Equipment	201,204,795	184,851,136
Capitalized Interest	18,180,567	18,180,567
Construction in Progress	3,193,407	2,665,130
Total Cost	597,875,479	548,582,004
Less: Accumulated Depreciation	(340,605,818)	(316,088,362)
Net Property, Plant, and Equipment	257,269,660	232,493,642
Total Due from Union Community Health Center	9,772,516	10,087,650
Other Assets, net	26,893,962	30,621,129
Total Assets	643,884,225	570,320,469
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Total Accounts Payable	24,182,124	27,860,245
Accrued Expenses	43,275,494	49,273,054
Accrued Salaries and Related Expenses	48,998,681	50,059,081
Current Portion of Long Term Debt	5,947,769	557,437
Deferred Revenue	4,925,188	1,142,215
Retroactive Payables to Third Parties	57,831,709	12,641,990
Total Current Liabilities	185,160,965	141,534,022
Long Term Liabilities:		
Mortgage/Loan Payable - net of Current Portion	63,984,783	69,812,113
Retroactive Payables to Third Parties, net	63,088,159	78,945,454
Accrued Postretirement Benefit Costs	509,973	549,505
Accrued Pension Benefit Costs	-	6,351,425
Estimated Professional Liability	33,078,000	34,744,000
Financing Lease	48,547,596	19,756,818
Other Operating Lease	12,340,147	11,220,985
Total Liabilities	406,709,622	362,914,322
Net Assets:		
Unrestricted	204,751,497	177,350,671
Temporarily Restricted:		
Temporarily Restricted - Indigent Care	4,228,200	3,588,062
Temporarily Restricted - Other Patient Care	5,002,702	5,163,807
Permanently Restricted	23,192,204	21,303,608
Total Net Assets	237,174,602	207,406,147
Total Liabilities and Net Assets	643,884,225	570,320,469

SBH Health System
Statement of Operations
December 31, 2024

CON#251281
Attachment A (Continued)

	Year to Date			
	Actual	Budget	Budget Variance	Prior Year
Operating Revenue:				
Net Patient Care Revenue	406,057,432	387,229,311	18,828,121	396,863,626
Directed Payment Template Revenue	81,605,418	68,138,474	13,466,944	66,298,266
SBH Behavioral Health	8,156,205	8,076,303	79,902	7,058,599
Physician Fee Revenue	27,485,001	27,365,745	119,256	27,557,289
Miscellaneous Revenue	13,140,718	14,701,405	(1,560,687)	21,832,949
FEMA COVID 19 Award	380,587	-	380,587	9,956,533
Outpatient Pharmacy Revenue	36,771,348	32,781,760	3,989,588	29,127,542
Grant Revenue	5,749,717	6,062,932	(313,216)	4,186,687
1115 Waiver Revenue	432,000	-	432,000	-
Donations	1,953,676	2,000,000	(46,324)	1,687,942
Net Assets Released from Restrictions	296,805	288,980	7,825	277,702
Total Operating Revenue	582,028,906	546,644,910	35,383,995	564,847,135
Operating Expense:				
Professional Care of Patients - Nursing	132,359,620	129,356,909	(3,002,711)	127,831,200
Professional Care of Patients - Other	208,838,493	206,673,547	(2,164,946)	193,171,517
Dietary	8,377,386	8,152,796	(224,590)	7,820,622
Household and Maintenance	28,071,529	29,400,919	1,329,390	27,778,722
Administration and General	61,202,456	61,524,098	321,643	55,753,331
Professional Liability Insurance	12,092,665	9,440,924	(2,651,741)	12,971,653
Employee Health and Welfare	84,050,398	82,372,169	(1,678,228)	81,622,182
Depreciation, Amortization and Rentals	29,612,140	29,979,503	367,363	27,594,560
Interest	2,427,171	2,404,351	(22,820)	2,448,402
SBH Behavioral Health	8,127,775	8,662,402	534,627	8,076,640
Total Operating Expense	575,159,633	567,967,618	(7,192,015)	545,068,828
Excess (Deficiency) of operating revenue over expense	6,869,272	(21,322,708)	28,191,980	19,778,307
Non-Operating Revenue:				
Capital Grant Award	1,602,855	5,008,970	(3,406,115)	109,758
Gain (Loss) on Sale / Disposal of Assets	3,503,234	-	3,503,234	(262,333)
Investment and Trust Income	6,392,448	1,000,000	5,392,448	3,707,802
Total Non-Operating Revenue	11,498,537	6,008,970	5,489,567	3,555,227
Excess (Deficiency) of revenues over expenses	18,367,810	(15,313,738)	33,681,548	23,333,534
Change in Net Unrealized Gain & Losses Pension	8,873,992	-	8,873,992	7,821,557
Change in Net Unrealized Gain & Losses	159,024	-	159,024	1,366,410
Change in Net Unrealized Gains and Losses	9,033,016	-	9,033,016	9,187,967
Increase (Decrease) in Unrestricted Net Assets	27,400,826	(15,313,738)	42,714,564	32,521,500

Health Equity Impact Assessment

Part 1 – Project Details

CON Number: 251281

Facility Name: SBH Health Systems

Project Type: Full Review

Independent Entity: Sachs Policy Group

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 impacts of this project are almost entirely positive. Increased bed capacity will improve access to inpatient psychiatric care in general, including faster transfers from the Emergency Department for patients with acute behavioral health issues. This improved access will impact low-income people, people who receive public health benefits or cannot receive benefits, racial and ethnic minorities, immigrants, and LGBTQ+ people, in particular. In the Applicant's primary service area, the poverty rate is 31% and approximately 90% of current psychiatric unit patients are public health beneficiaries, as the Applicant is a safety net hospital. 45-49% of the Applicant's patients identify as Black and/or Hispanic, demographics disproportionately exposed to gun violence and resulting higher levels of psychological distress. Immigrant populations, which comprise of 36% of the population in the Bronx, will benefit from the increased access in a hospital with robust translation services and a diverse workforce that is reflective of the community. Additionally, New York City has a greater concentration of LGBTQ+ people, compared to the rest of the state. This medically underserved group is more than twice as likely to report mental distress compared to the general population. Unintended negative impacts include the potential for staffing issues, and the potential for reduced access to inpatient detoxification services.

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).

The Independent Entity conducted meaningful engagement with 20 stakeholders, including employees, community-based organizations, patients and community residents via interviews and an online survey. The stakeholders engaged identified as individuals needing behavioral health services, Black and Hispanic community members, and Medicaid recipients. 95% of the stakeholders engaged were in favor of the project. One stakeholder abstained from endorsing the project because they didn’t feel they had enough data to decide. Almost all stakeholders recognized the benefit of increased access to care, with some noting the current capacity is insufficient to meet the community’s needs.

The Applicant’s mitigation plan addresses the recommendations made by the Independent Entity, including strengthening language access, enhancing discharge planning, deepening stakeholder engagement, addressing systemic barriers to care, and using existing monitoring mechanisms with the addition of surveys to create a health equity dashboard.

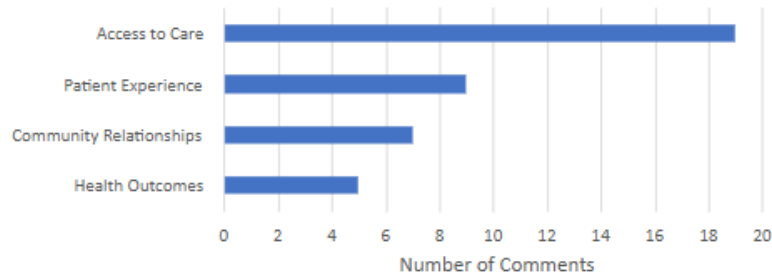
Table depicting the impact of the project on each medically underserved group.

Underserved Group	Impact of Project on Demographic
<p>Low-income, People who are eligible to receive public health benefits</p>	<ul style="list-style-type: none"> • The Bronx is the nation’s poorest urban county. In Belmont/East Tremont, the Applicant’s primary service area, the poverty rate is 31%. • This project is expected to improve access to mental health services for individuals who require an intensive level of care, many of whom live in poverty and who receive benefits. As a safety net hospital, the patient population is primarily Medicaid beneficiaries and uninsured individuals, who are therefore the populations most likely to benefit from the renovation and expansion of the units.
<p>Racial and ethnic minorities</p>	<ul style="list-style-type: none"> • The Bronx is exceptionally diverse, with most residents identifying as people of color. • A lack of culturally sensitive screening tools that detect mental illness and structural barriers to care may contribute to an underdiagnosis of mental illness among people of color. • Gun violence is a pervasive problem in the Bronx and a consistent concern of community members. Black and Latino individuals are disproportionately exposed to gun violence, which can lead to significantly higher levels of psychological distress, depression, suicidal ideation, and/or psychotic experiences compared to those not exposed. • Given their representation in the community and predisposition for mental health challenges, racial and ethnic minorities may be impacted by the proposed project to expand and renovate the inpatient psychiatric units.
<p>Immigrants</p>	<ul style="list-style-type: none"> • Over 36% of the population in the Bronx is foreign-born, compared to 23% statewide. • Immigrant populations face unique challenges when accessing inpatient mental health services, including language obstacles, insurance barriers, and fear of deportation. • In some cultures, mental health illness carries significant stigma, deterring individuals from seeking health. These barriers to care are particularly problematic given the heightened risk of mental illness among immigrant populations, often stemming from pre- and post-immigration trauma and the complex challenges of resettlement. • Given its location in the Bronx, status as a safety net hospital, translation services, and diverse workforce reflective of the community, the Applicant effectively mitigates many of these barriers to care. This enables immigrant populations to access inpatient psychiatric care without concerns related to cost, language accessibility, or cultural competency, and the expansion and renovation may increase access to and availability of care.

<p>LGBTQ+</p>	<ul style="list-style-type: none"> • Statewide, over one million adults identify as LGBTQ+, including almost 10% of the population in New York City. A higher percentage of residents in New York City identify as lesbian, gay, bisexual, or other sexual orientation compared to the rest of the state. LGBTQ+ populations face unique challenges in accessing health care services, including a fear of discrimination and a lack of providers who are knowledgeable about their specific needs. • These access barriers also exacerbate mental health challenges and result in worse outcomes for LGBTQ+ individuals. • LGBTQ+ adults are more likely to report severe mental health crises that have resulted in serious consequences, including hospitalization, compared to non-LGBTQ+ adults. • In New York, LGBTQ+ adults report higher rates of frequent mental distress (LGBO: 24.8%; Transgender: 30%) compared to the general NYS population (12.3%). • LGBTQ+ community members who require intensive behavioral health services may benefit from the renovation and expanded capacity of the inpatient psychiatric services at the hospital.
<p>People who do not have third-party health coverage or have inadequate third-party health coverage, Other people who are unable to obtain health care</p>	<ul style="list-style-type: none"> • Approximately 6.7% of individuals in the Bronx are uninsured, compared to 4.8% statewide and 5.8% in New York City. The primary barrier to mental health care for uninsured and under-insured individuals is cost. • As a safety net, not-for-profit hospital, the Applicant is committed to serving all individuals regardless of ability to pay and supporting individuals with financial assistance. • Uninsured and under-insured individuals may have increased access to inpatient psychiatric services in the community as a result of this project, as the Applicant may be more willing to serve this patient population than other facilities.

20 stakeholders were engaged: community-based organizations, patients, and employees. 95% voiced support of the project.

Themes from Meaningful Engagement



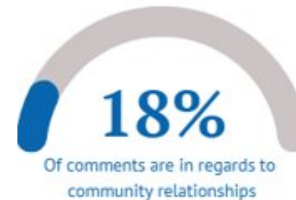
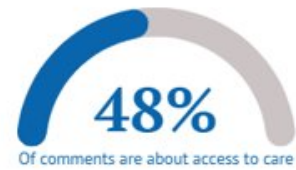
In their words...

“This expansion is much needed, long overdue, politically necessary, and it will help meet the needs of other health care providers in the Bronx because they don’t have enough resources to refer patients to.”
-Community-Based Organization

The respondent noted the large burden of patients that come to the facility with mental health issues, many of whom have comorbid medical problems. Once they receive care in the medical unit they are transferred to the psychiatric unit, but often they have to wait a long time as it is usually full.
-Employee Statement Summary

The respondent felt that the renovation and expansion of the inpatient psychiatric unit was essential, given the demand for behavioral health services in the community and the fact that the current units are in the oldest part of the hospital and have structural and engineering issues that have impacted patient care (e.g., floods that have temporarily closed beds/rooms).
-Employee Statement Summary

Stakeholders have feedback about:



Access to Care

Stakeholders hope the upgrade and restructure of the inpatient behavioral health unit will increase access to inpatient psychiatric treatment for the medically underserved groups in the service area, mitigating long emergency department wait times and reducing the need for patients in crisis to seek care elsewhere. The primary negative impact associated with this project is the concurrent reduction in detox beds (24 to 12).

Patient Experience

Stakeholders discuss how the current facilities need renovations. Upgrading infrastructure and adding de-escalation rooms, are expected to enhance patient experience and staff safety. Feedback includes praise for the high-quality staff and psychiatric services.

Community Relationships

Stakeholders from Community-Based Organizations reflect on the positive relationship they have with St. Barnabas Hospital. They recommend that SBH leverages its ongoing community health assessment work to track how well the expanded psychiatric services address local health disparities. By systematically monitoring patient demographics, outcomes, and service utilization trends, SBH can tailor improvements to better meet the needs of its diverse patient population.

Health Outcomes

Stakeholders discuss the need for social support services and transition support from inpatient to outpatient care. They recommend that a robust discharge planning and care coordination process is implemented to ensure continuity of care and prevent avoidable readmissions.

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:

Center for Health Equity Impact Assessments, Office of Health Equity and Human Rights

Date:

7/17/2025

Full Name of Reviewer:

Courtney Chambers

Center Director:

Olutomisin Akanbi

MOUNT SINAI HOSPITAL

ARTICLE 28 NETWORK DESCRIPTION

Mount Sinai Hospitals Group, Inc. (MSHG), a not-for-profit corporation, is the active parent and co-operator of Mount Sinai Hospital (including its division, Mount Sinai Hospital of Queens), Mount Sinai Downtown, Mount Sinai Brooklyn, Mount Sinai Morningside, Mount Sinai West, the New York Eye and Ear Infirmary of Mount Sinai and Mount Sinai South Nassau.

Mount Sinai Hospital (MSH) is located at One Gustave L. Levy Place, New York (New York County), New York 10029. MSH also has a division, Mount Sinai Hospital of Queens, which is located at 25-10 30th Avenue, Long Island City (Queens County), New York 11102. Mount Sinai Downtown (formerly known as Mount Sinai Beth Israel) is located at First Avenue at 16th Street, New York (New York County), New York 10003. Mount Sinai Brooklyn is located at 3201 Kings Highway, Brooklyn (Kings County), New York 11234. Mount Sinai Morningside (formerly known as Mount Sinai St. Luke's) is located at 1111 Amsterdam Avenue, New York (New York County), New York 10025. Mount Sinai West is located at 1000 Tenth Avenue, New York (New York County), New York 10019. New York Eye and Ear Infirmary of Mount Sinai is located at 310 East 14th Street, New York (New York County), New York 10003. Mount Sinai South Nassau is located at One Healthy Way, Oceanside (Nassau County), New York 11572.

The following table provides information on operating certificate numbers and PFI numbers for the above-referenced facilities:

Facility Name	Operating Certificate #	PFI #
Mount Sinai Hospital	7002024H	1456
Mount Sinai Hospital of Queens	7002024H	1639
Mount Sinai Downtown	7002002H	1439
Mount Sinai Brooklyn	7002002H	1324
Mount Sinai Morningside	7002032H	1469
Mount Sinai West	7002032H	1466
New York Eye and Ear Infirmary of Mount Sinai	7002026H	1460
Mount Sinai South Nassau	2950001H	0527

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

	December 31	
	2024	2023
	<i>(In Thousands)</i>	
Assets		
Current Assets:		
Cash and cash equivalents	\$ 707,306	\$ 160,134
Short-term investments	44,599	367,001
Total cash, cash equivalents and short-term investments	751,905	527,135
Patient accounts receivable, net	600,832	495,993
Professional liabilities insurance recoveries receivable	21,753	21,266
Assets limited as to use, current portion	28,325	33,003
Due from related organizations, net, current portion	1,792	214
Inventories	60,428	61,491
Other current assets	256,431	176,115
Total current assets	1,721,466	1,315,217
Pooled investments	835,294	1,334,353
Other investments	60,715	60,504
Assets limited as to use, less current portion	1,778	1,704
Due from related organizations, net, less current portion	1,124,761	985,452
Beneficial interest in self-insurance trust	338,651	283,930
Other assets	113,902	103,375
Right-of-use assets	308,060	332,016
Professional liabilities insurance recoveries receivable, less c	58,815	79,999
Property, plant and equipment, net	1,311,830	1,277,629
Total assets	\$ 5,875,272	\$ 5,774,179

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

	December 31	
	2024	2023
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current Liabilities:		
Accounts payable and accrued expenses	\$ 343,343	\$ 306,975
Accrued salaries and related liabilities	285,203	254,942
Accrued interest payable	24,049	24,067
Accrued construction and capital asset liabilities	51,484	22,059
Current portion of long-term debt	15,942	19,553
Operating lease liabilities, current portion	8,684	9,927
Professional liabilities, current portion	21,753	21,266
Due to Affiliates	7,283	
Other current liabilities	50,584	55,624
total current liabilities	808,325	714,413
Long-term debt, less current portion	1,609,102	1,610,772
Operating lease liabilities, less current portion	352,876	367,611
Accrued postretirement benefits	2,895	3,457
Estimated self-insurance liability	338,651	283,930
Deferred gain on transfer of real estate	27,055	27,055
Professional liabilities, less estimated current portion	58,815	79,999
Other liabilities	382,393	371,697
Total liabilities	3,580,112	3,458,934
Commitments and contingencies		
Net assets		
Net assets without donor restrictions	2,062,948	2,054,205
Net assets with donor restrictions	232,212	261,040
Total net assets	2,295,160	2,315,245
Total liabilities and net assets	\$ 5,875,272	\$ 5,774,179

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

	December 31	
	2024	2023
	<i>(In Thousands)</i>	
Operating revenue		
Net patient service revenue	\$ 3,837,552	\$ 3,582,661
Investment income and net realized gains and (losses) on sales of securities	81,637	84,848
Contributions	213	242
Other revenue	418,257	269,082
Net assets released from restrictions for operations	33,310	37,428
Total operating revenue before other items	4,370,969	3,974,261
Operating expenses		
Salaries and wages	1,602,126	1,510,083
Employee benefits	462,014	427,600
Supplies and other	1,876,236	1,749,499
Depreciation	169,750	149,524
Interest and amortization	43,694	44,257
Total operating expenses before other items	4,153,820	3,880,963
Excess of operating revenue over expenses before other items	217,149	93,298
Other items		
Net change in unrealized gains and losses on investments and change in value of alternative investments	93,445	78,561
Reserve on amounts due from related organization	(81,300)	(123,933)
Gain on sale of real estate	-	1,171
Net change in participation in captive insurance program	3,850	3,426
Severance costs	(2,166)	(2,581)
Net periodic postretirement costs other than service costs	61	(117)
(Deficiency)/excess of revenue over expenses	231,039	49,825
Other changes in net assets without donor restrictions		
Transfers to affiliates	(103,576)	(95,845)
Transfer to Beth Isrtael Medical Center	-	(206,760)
Transfer to St. Luke's Roosevelt Hospital Center	(139,637)	(161,804)
Equity in income from related party and distribution transferred to Icahn School of Medicine at Mount Sinai	-	761
Net assets released from restrictions for capital asset acquisitions	20,780	27,800
Change in postretirement liability to be recognized in future period	137	235
Total other changes in net assets without donor restrictions	(222,296)	(435,613)
Net (decrease)/increase in net assets without donor restrictions	\$ 8,743	\$ (385,788)

Northwell Health, Inc.

Consolidated Statements of Financial Position
(In Thousands)

	December 31	
	2024	2023
Assets		
Current assets:		
Cash and cash equivalents	\$ 830,371	\$ 889,555
Short-term investments	4,274,483	3,707,481
Accounts receivable for services to patients, net	1,846,024	1,743,657
Accounts receivable for physician activities, net	439,136	420,336
Current portion of pledges receivable	72,944	63,363
Current portion of insurance claims receivable	23,914	28,896
Other current assets	778,621	649,962
Total current assets	<u>8,265,493</u>	<u>7,503,250</u>
Long-term investments	4,254,273	3,380,655
Pledges receivable, net of current portion	160,475	167,979
Property, plant and equipment, net	8,326,058	7,657,385
Right-of-use assets – operating leases	1,115,615	1,134,110
Insurance claims receivable, net of current portion	280,760	103,504
Other assets	772,105	608,444
Total assets	<u>\$ 23,174,779</u>	<u>\$ 20,555,327</u>
Liabilities and net assets		
Current liabilities:		
Short-term borrowings	\$ 246,000	\$ 246,000
Accounts payable and accrued expenses	1,295,292	1,256,482
Accrued salaries and related benefits	1,889,451	1,677,634
Current portion of operating lease obligations	155,075	147,513
Current portion of finance lease obligations	5,264	6,143
Current portion of long-term debt	53,061	134,646
Current portion of insurance claims liability	23,914	28,896
Current portion of malpractice and other insurance liabilities	298,423	287,297
Current portion of estimated payables to third-party payers	407,850	366,525
Total current liabilities	<u>4,374,330</u>	<u>4,151,136</u>
Accrued retirement benefits, net of current portion	732,472	624,134
Operating lease obligations, net of current portion	1,028,582	1,042,136
Finance lease obligations, net of current portion	212,052	219,239
Long-term debt, net of current portion	4,854,374	4,186,341
Insurance claims liability, net of current portion	280,760	103,504
Malpractice and other insurance liabilities, net of current portion	2,355,831	2,055,859
Other long-term liabilities	1,131,136	978,987
Total liabilities	<u>14,969,537</u>	<u>13,361,336</u>
Commitments and contingencies		
Net assets:		
Without donor restrictions	7,109,103	6,159,787
With donor restrictions	1,096,139	1,034,204
Total net assets	<u>8,205,242</u>	<u>7,193,991</u>
Total liabilities and net assets	<u>\$ 23,174,779</u>	<u>\$ 20,555,327</u>

Northwell Health, Inc.

Consolidated Statements of Operations
(In Thousands)

	Year Ended December 31	
	2024	2023
Operating revenue:		
Net patient service revenue	\$ 12,977,914	\$ 11,890,078
Physician practice revenue	3,524,473	3,235,424
Total patient revenue	<u>16,502,387</u>	<u>15,125,502</u>
Other operating revenue	2,032,581	1,678,499
Net assets released from restrictions used for operations	74,704	67,348
Total operating revenue	<u>18,609,672</u>	<u>16,871,349</u>
Operating expenses:		
Salaries	9,623,893	8,883,436
Employee benefits	1,965,120	1,892,589
Supplies and expenses	5,770,694	5,024,969
Depreciation and amortization	772,311	699,253
Interest	185,766	173,400
Total operating expenses	<u>18,317,784</u>	<u>16,673,647</u>
Excess of operating revenue over operating expenses	291,888	197,702
Non-operating gains and losses:		
Investment income	315,373	178,885
Change in net unrealized gains and losses and change in value of equity method investments	264,456	597,071
Non-operating net periodic benefit credit (cost)	1,443	(17,012)
Other non-operating gains and losses	<u>(25,369)</u>	<u>(41,470)</u>
Total non-operating gains and losses	<u>555,903</u>	<u>717,474</u>
Excess of revenue and gains and losses over expenses	847,791	915,176
Net assets released from restrictions for capital asset acquisitions	48,962	81,688
Pension and other postretirement liability adjustments	69,683	43,476
Other changes in net assets	<u>(17,120)</u>	<u>(24,245)</u>
Increase in net assets without donor restrictions	<u>\$ 949,316</u>	<u>\$ 1,016,095</u>

REVIEW MEMORANDUM

Clifton Springs Hospital and Clinic
Geneva Destination Campus
RE: CON Project No. 251146
May 14, 2025

ABSTRACT

Clifton Springs Hospital and Clinic (CSHC) requests to certify a new extension clinic known as the Geneva Destination Campus 833 Canandaigua Road, Geneva, NY 14456. It will have the following services: Medical Services - Other Medical Specialties, Physical Therapy and Ambulatory Surgery Multi - Specialty, inclusive of Gastroenterology, Pain Management, Orthopedics, Otolaryngology, Urology and Vascular. The individual services provided at this location will include Oncology and Ambulatory Infusion, Imaging (General X-RAY, Mammo, Dexa, CT, MRI, and Ultrasound), Physical Therapy and Procedure Space. Capital Cost is estimated at \$15.2M.

STAFF ANALYSIS

Community Capacity

The applicant is proposing to make the following services available at the new location:

- Medical Services - Various Medical Specialties
- Oncological Infusion
- Physical Therapy
- Multi-Specialty Ambulatory Surgery

While these services are available within the county, the proposed site is a significant distance Geneva General Hospital is the only location within an approximately twenty (20) minute drive of the proposed location providing a similar set of services.

Community Need

The primary service area (PSA) for this project is Ontario County, which in 2023 had a population of 112,288. Along with this, the applicant expects the facility to serve residents of Seneca and Yates counties along with patients from Cayuga Health, whose primary service area is Tompkins County. The proposed clinic is located within a mental health Health Professional Shortage Area (HPSA) and the city of Geneva contains multiple census tracts identified as Medicaid Primary Care HPSA's.

Of the services proposed for the campus, the infusion services show the greatest need. While CSHC already offers infusion services at the hospital campus (13 chairs), the applicant feels having these additional services in the area will provide increased coverage for patients in Ontario and the surrounding counties. This is supported by data from the National Cancer Institute, which has Ontario County with the 10th highest cancer incidence rate (518.5 per 100k population)¹ in NYS from 2017-2021. This rate is also significantly higher than the state (465.1 per 100k population) and national (444.4 per 100k population)

¹<https://statecancerprofiles.cancer.gov/incidencrates/index.php?stateFIPS=36&areatype=county&cancer=001&race=00&sex=0&age=001&type=incd&sortVariableName=rate&sortOrder=default&output=0#results>

rates. Along with this, Seneca and Yates counties are also in the top 20 for cancer incidence in NYS with rates over 500 per 100k population.

The inclusion of advanced imaging and ambulatory surgery services for Gastroenterology, Orthopedics, Pain Management, and General Surgery are also of need for the community. Similar to the infusion services, this will allow patients to access care closer to their homes while maintaining continuity of care with their providers. At this time, patients in the Geneva area and Seneca County may have to access these services at Geneva General, which is not part of the same system as CSHC.

Projected Changes to Community Access

Residents of Eastern Ontario County and the surrounding areas will now have access to more services in their community. The applicant believes that they will have over 1,000 ambulatory surgery visits in year one, which accounts for about 12% of their current volume. Along with this, they expect about 12,000 other visits per year in year one.

According to the applicant, patients are forced to seek care at other health systems, sometimes needing to travel to other areas, foregoing or delaying care, and utilizing multiple systems, which can lead to fragmented care. This project will allow patients to receive coordinated and timely care closer to home.

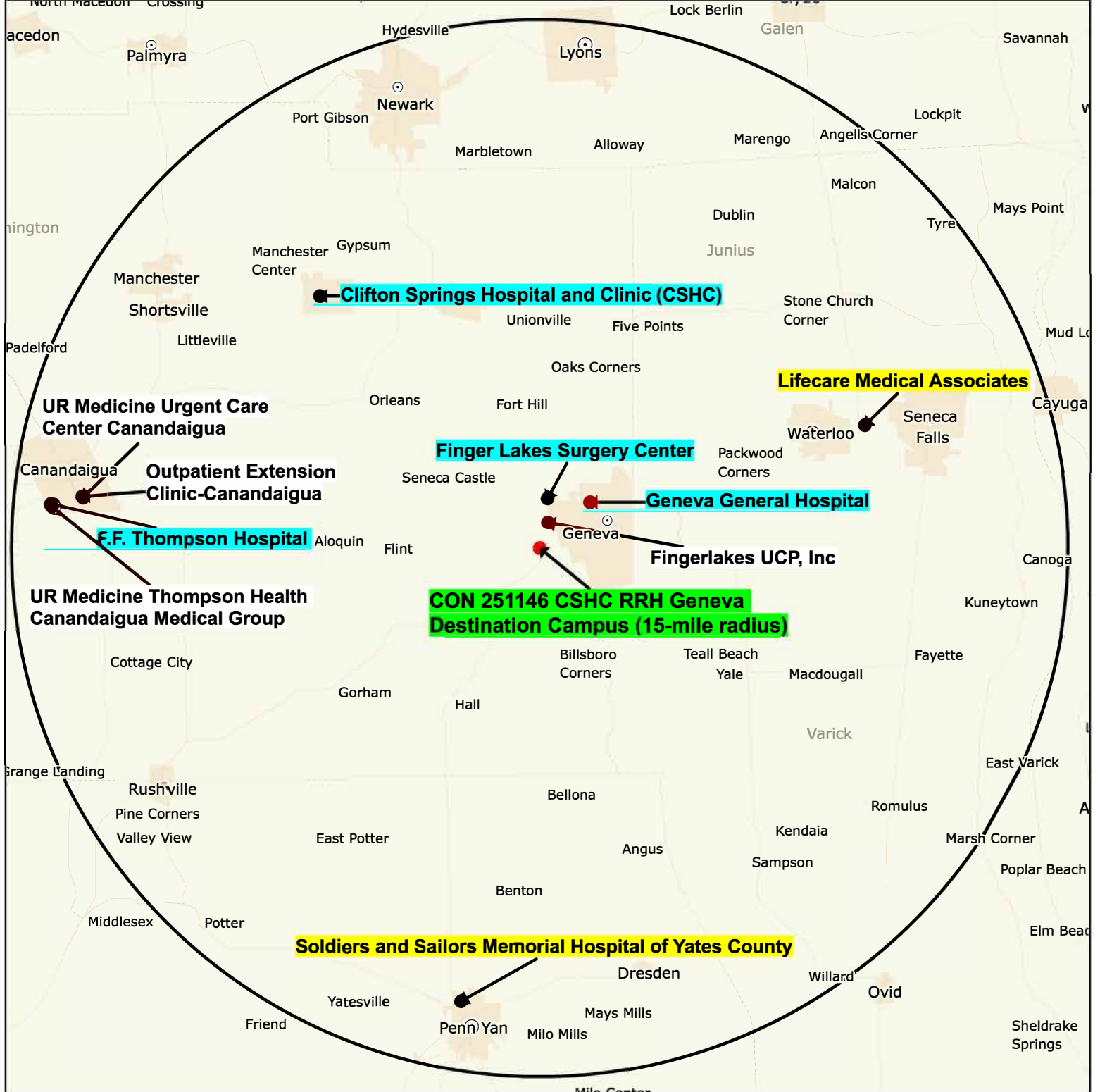
Given the above findings, staff recommend approval of the application from CSHC.

Recommendation: Approval

Contingencies: None

Conditions: None

Comments: None



The map above shows the following facilities within 15 miles related to this application:

- Blue highlights - multi-specialty ambulatory surgery centers
- White highlights - facilities providing Other Medical Specialties and/or Physical Therapy - O/P
- Yellow highlights - facility providing Other Medical Specialties in Seneca County; facility providing multi-specialty ambulatory surgery center and Other Medical Specialties in Yates County

Rochester Regional Health and Affiliates

CON 251146
Attachment AConsolidated Balance Sheets
(in Thousands of Dollars)

	December 31,	
	2024	2023
Assets		
Current assets:		
Cash and cash equivalents	\$ 207,164	\$ 225,224
Investments	284,559	272,835
Current portion of assets whose use is limited	28,813	67,219
Patient accounts receivable	272,553	240,035
Estimated third-party payor receivables	33,440	56,128
Pledges receivable, net	4,361	9,619
Inventories	44,331	49,938
Prepaid expenses and other	110,791	88,051
Total current assets	986,012	1,009,049
Assets whose use is limited:		
Funds held by bond trustees	5,834	13,829
Board designated funds	548,588	497,545
Assets held for self-insurance programs	100,736	80,062
Escrow funds	5,156	5,524
Donor restricted	72,528	69,204
Deferred compensation	5,492	6,234
Total assets whose use is limited, net	738,334	672,398
Property and equipment, net	1,320,847	1,332,909
Other assets:		
Interest in net assets of a Foundation	33,774	31,828
Goodwill	15,903	15,903
Estimated third-party payor receivables, net	6,966	7,751
Insurance recoveries receivable	13,193	12,036
Pledges receivable, net	19,386	7,358
Operating lease - right of use assets	97,664	112,713
Other	115,523	109,962
Total assets	\$ 3,347,602	\$ 3,311,907

Consolidated Balance Sheets (Continued)
(in Thousands of Dollars)

	December 31,	
	2024	2023
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 193,641	\$ 179,961
Accrued salaries, vacation, and payroll taxes	176,431	158,996
Accrued expenses and other	127,267	137,116
Accrued interest payable	2,068	2,590
Accrued insured and self-insured liabilities	34,971	34,629
Estimated third-party payor payables	18,838	30,028
Line of credit	150,000	150,000
Current portion of long-term debt	25,355	24,542
Current portion of operating lease liabilities	17,919	19,373
Total current liabilities	746,490	737,235
Long-term liabilities:		
Long-term debt, net	703,075	726,372
Long-term operating lease liabilities, net	82,919	95,835
Accrued retirement benefits	391,000	467,737
Accrued insured and self-insured liabilities, net	138,060	123,770
Estimated third-party payor payables, net	133,126	134,543
Other	9,103	9,514
Total long-term liabilities	1,457,283	1,557,771
Total liabilities	2,203,773	2,295,006
Net assets:		
Without donor restrictions	1,068,198	935,242
Non-controlling interest in net assets of affiliates	(1,064)	(898)
Total net assets without donor restrictions	1,067,134	934,344
With donor restrictions	76,695	82,557
Total net assets	1,143,829	1,016,901
Total liabilities and net assets	\$ 3,347,602	\$ 3,311,907

Consolidated Statements of Operations and Changes in Net Assets
(in Thousands of Dollars)

	For The Years Ended December 31,	
	2024	2023
Revenues, gains, and other support without donor restrictions:		
Net patient service revenue	\$ 3,617,504	\$ 3,245,304
Capitation fees	97,807	95,620
Other revenues, gains, and other support	127,371	247,561
Net assets released from restrictions for operations	8,858	7,658
Total revenues, gains, and other support without donor restrictions	<u>3,851,540</u>	<u>3,596,143</u>
Expenses:		
Salaries and wages	1,845,136	1,782,496
Employee benefits	343,023	315,134
Professional fees	430,893	383,475
Purchased services and supplies	1,026,095	920,514
Depreciation and amortization	128,530	116,819
Malpractice and workers' compensation	32,102	31,266
Interest	29,165	35,621
Other expenses	11,994	7,776
Total expenses	<u>3,846,938</u>	<u>3,593,101</u>
Income from operations before other items	4,602	3,042
Inherent contribution (Note 2)	<u>2,761</u>	<u>-</u>
Income from operations	7,363	3,042
Income tax expense	(3,368)	(2,602)
Non-operating revenue (expense):		
Other components of net periodic pension expense	(16,906)	(16,286)
Other non-operating gains, net	4,890	2,072
Non-controlling interest in net gain of affiliates	166	118
Investment income, net	54,385	67,348
Total non-operating revenue, net	<u>42,535</u>	<u>53,252</u>
Excess of revenues over expenses	<u>\$ 46,530</u>	<u>\$ 53,692</u>

Rochester Regional Health
Consolidated Balance Sheet

CON #251146
Attachment B

(In Thousands)

		(Unaudited) As of <u>March 31, 2025</u>
Assets		
Current assets:		
Cash and cash equivalents	\$	104,499
Investments		288,232
Patient accounts receivable		297,424
Current portion of assets whose use is limited		28,813
Other current assets		193,718
Total current assets		<u>912,686</u>
Assets whose use is limited:		
Funds held by bond trustees		5,366
Board designated funds		548,161
Other restricted funds		174,766
Total assets whose use is limited, net of current portion		<u>728,293</u>
Property and equipment, net		1,315,371
Operating leases - right of use assets		95,495
Other assets		206,154
Total assets	\$	<u>3,257,999</u>
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$	172,172
Accrued expenses, deferred revenue and other		140,470
Accrued salaries, vacation, and payroll taxes		115,292
Accrued insured and self-insured liabilities		31,515
Estimated third-party payor payables, net		19,851
Line of credit		150,000
Current portion of operating lease liabilities		17,890
Current portion of long-term debt		24,419
Total current liabilities		<u>671,609</u>
Long-term liabilities:		
Long-term debt, net		701,711
Long-term operating lease liabilities, net		80,789
Accrued retirement benefits		370,885
Accrued insured and self-insured liabilities		147,060
Estimated third-party payor payables, net		123,450
Other long-term liabilities		9,038
Total long-term liabilities		<u>1,432,933</u>
Total liabilities		<u>2,104,542</u>
Net assets:		
Without donor restrictions		1,075,783
With donor restrictions		77,674
Total net assets		<u>1,153,457</u>
Total liabilities and net assets	\$	<u>3,257,999</u>

Consolidated Statement of Operations and Changes in Net Assets

(In Thousands)

	(Unaudited) For The Period Ended March 31, 2025
Revenues, gains, and other support without donor restrictions:	
Net patient service revenue	\$ 975,526
Other revenue, gains, and other support	29,009
Total revenues, gains, and other support without donor restrictions	<u>1,004,535</u>
Operating expenses:	
Salaries and benefits	582,232
Professional fees	83,440
Purchased services and supplies	278,258
Malpractice and workers' compensation expense	10,870
Depreciation and amortization	33,540
Interest	7,483
Total operating expenses	<u>995,823</u>
Income from operations	8,712
Income tax expense	(914)
Non-operating revenue, net	<u>851</u>
Excess of revenues over expenses	<u><u>\$ 8,649</u></u>

Health Equity Impact Assessment

Part 1 – Project Details

CON Number: 251146

Facility Name: Clifton Springs Hospital and Clinic

Project Type: Full Review

Independent Entity: Monroe Plan Care Solutions

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 is seeking to add multiple specialty services that include advanced imaging, oncology infusion, gastrointestinal procedures, orthopedic/spinal procedures and physical therapy in one centralized location. The expansion will improve service coordination, making it easier for patients and community residents to access a wide range of necessary care without traveling to multiple locations and far distances. The Independent Entity notes that community residents face significant barriers to accessing oncology infusion services, experience long wait times for initial physical therapy appointments and over 20% of advanced imaging and orthopedic/spinal services are located more than 15 miles away from the proposed site. By minimizing wait times and increasing the likelihood of patients adhering to treatment plans, the project is anticipated to lead to improved health outcomes. Oncology infusion services were identified as particularly beneficial across all population groups within the service area. The potential negative impacts identified include a possible disruption to existing medical care as patients transition to the new facility, potential reductions in services with competing locations and transportation challenges, particularly with Medicaid transportation being described as unreliable. The Independent Entity recommends that the Applicant develop culturally sensitive strategies to engage Black and Latino communities, focusing on nontraditional communication methods.

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 98 stakeholders participated in meaningful engagement which included patients, community leaders, organizations representing employees and public health experts. 77% of the respondents were in support of the project. Meaningful engagement feedback highlighted multiple benefits of the expansion, including strong support for services such as oncology infusion and advanced imaging. To enhance health equity benefits, stakeholders emphasized the need for active outreach efforts with Black and Latino communities in Geneva as well as migrant farm workers in the surrounding area, due to significant challenges these groups face with accessing care.

To mitigate negative impacts, the Applicant states they will ensure all patients are assessed for social determinants of health using tools implemented in their electronic medical record system. They are currently developing community health literacy programs designed to deliver information with cultural sensitivity and awareness. The Applicant aims to establish partnerships with stakeholders to meet patient needs and implement interventions addressing access, communication and translation concerns. A patient navigator will be hired to address transportation concerns with patients and caregivers. Additionally, a comprehensive recruitment

plan will ensure appropriate quantity of staff, and the Applicant plans to incorporate telehealth services to enhance care.

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

Underserved Group	Impact of Project on Demographic
<p>Low-income; People who are eligible for or receive public health benefits</p>	<ul style="list-style-type: none"> • While the population below the poverty level for the service area is 5.7%, the Geneva rate is 9.8%, with 13.5% receiving benefits from the Supplemental Nutrition Assistance Program. • Public health insurance coverage is 40.5% for the service area. • Over 60% of the persons receiving infusion services in the service area were on either Medicare or Medicaid. • The project is expected to improve availability of services, particularly of Oncology Infusion services. • The project is expected to reduce transportation barriers which can be especially burdensome for these groups. • Increases access for persons whose insurance is not currently accepted by providers. • Reduces barriers to access due to non-acceptance of Medicaid insurance. • There are potentially negative impacts including: <ul style="list-style-type: none"> ○ Disruption of existing medical care as patients move to services at the new location. ○ Closure or reduction of services at competing service locations due to possible duplicative specialty services, specifically imaging. ○ Transportation difficulties related to the new location.
<p>Racial and Ethnic Minorities</p>	<ul style="list-style-type: none"> • The service area is 90.2% White, with a Black population comprising 2.7% and Latino persons 4.8%. • Geneva, the 14456 zip code, is 81.8% White, with the proportion of Latino at 11.5% and proportion of Black at 6.1%. • Disparities between Black persons and other races for cancer are large. • The rate of age-adjusted cancer deaths per 100,000 for Non-Hispanic Black persons was 168.6 compared to all races rate of 146.0 and 151.3 for non-Hispanic Whites. • Similarly, colorectal cancer has notable disparities between Black individuals and non-Hispanic Whites. • Non-Hispanic Black individuals have the highest rate of colorectal cancer incidence and mortality among races. • For 2022, the rate of age-adjusted colorectal deaths per 100,000 for non-Hispanic Black individuals was 16 compared to 12.7 for non-Hispanic Whites. • For the Latino population the overall age-adjusted cancer death rates are significantly lower, at 106.8, but the rates of mortality are higher for specific cancers, such as cervical cancer, liver and stomach cancer.

	<ul style="list-style-type: none"> Increasing access to cancer services is expected to improve health outcomes for racial and ethnic minorities.
Older Adults	<ul style="list-style-type: none"> The risk of cancer increases as people age. In the utilization analysis, the average age of persons receiving infusions was 60.2, with nearly half being 65 or older. While the persons receiving imaging services, gastrointestinal and orthopedic procedures were younger, the physical therapy discharges in the SPARCS data also show an older population, with over half being 65 or older. Physical therapy is likely to benefit older persons recovering from injuries, orthopedic conditions, and debilitation from other conditions.
Persons with Disabilities	<ul style="list-style-type: none"> Orthopedic/Spine and Physical Therapy provide healthcare services to persons with varying degrees of disability.
Persons living in rural areas	<ul style="list-style-type: none"> Improves availability of services, particularly for persons living in Seneca County. Possible reduction in disparities in outcomes and treatment for persons experiencing transportation barriers from rural areas.
People who do not have third-party health coverage, Mennonite Community, Immigrants, Undocumented migrant farmworkers	<ul style="list-style-type: none"> Community stakeholders noted that the service area has a relatively large immigrant and migrant farmworker population, some of whom are undocumented immigrants. In addition to language barriers and poverty, the lack of health coverage due to immigration status also creates access barriers. The Mennonite community in Ontario County has seen significant growth in recent years. Increases availability and choice. Reduces need to travel to larger urban areas for services. Possible reduction in disparities in outcomes and treatment for persons experiencing transportation barriers. Reduces barriers to access due to uninsured status Increases access for persons to providers not accepting uninsured patients.

98 stakeholders were engaged: patients, community leaders, organizations representing employees, and public health experts. The majority (77%) are in support of the project.

Themes from Meaningful Engagement



In their words...

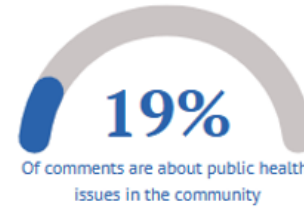
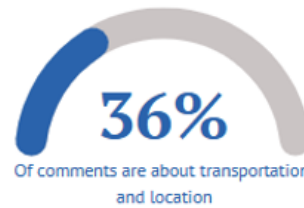
For the community, there is limited availability of specialty and primary care...language accessibility is a problem in health care. There are issues with health insurance access. Medicaid transportation is problematic. The impact of the project, particularly for infusion, is very positive and benefits many because of the lack of availability and travel requirements. Peer or health advocates should be considered to support vulnerable persons with behavioral health issues. Trauma-informed care -- considering how questions are asked -- is a valuable perspective. Coordination of care and referral support is important.
-Community Leader

We've needed PT many times. We live in a [rural community] and this is perfect.
-Patient

Close to the two existing locations but maybe a new location will reduce crowding.
-Patient

The county is complex, it is generally affluent, but it is poorer as you go West to East. Geneva is ethnically and racially diverse. There are significant issues with food insecurity and access to care in Geneva. It is an area of higher need than the rest of the county. There are problems with the availability of dental and mental health care. The stakeholder noted concern with potentially duplicative services pointing to imaging.
-Public Health Expert

Stakeholders have feedback about:



Transportation and Location

Transportation is a significant issue in this rural service area and many stakeholders comment on the unreliability of Medicaid transportation. The new services will be closer for some patients but longer for others. Co-locating services is expected to reduce the travel burden and number of separate appointments.

Increased Access to Specialty Services

Stakeholder comments discuss the need for specialty services in the area, especially oncology infusion services. Some stakeholders were concerned about duplicative services, but they also noted that residents would benefit from greater service availability as it may reduce wait times.

Improved Patient Care and Experience

Stakeholders hope the co-location of new services will improve care coordination and support. Ideally, this will reduce the need to navigate multiple facilities and appointments. Stakeholders hope the new facilities will be updated and modern.

Public Health Issues in the Community

Stakeholders took this opportunity to discuss boarder public issues faced by this community. Examples include housing, food security, issues with health insurance coverage, substance abuse stigma and language access. They stress that the potential health equity benefits require active and creative outreach efforts to underserved communities.

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:

Center for Health Equity Impact Assessments, Office of Health Equity and Human Rights

Date:

4/16/2025

Full Name of Reviewer:

Sabrina Khan

Center Director:

Olutomisin Akanbi



The map above shows facilities listed providing one or all of the services within a 3 mile radius of the proposed facility CON-251287 Cumberland Diagnostic & Treatment Center, highlighted in green. CON 251068 Tri Med Health Pavilion, highlighted in yellow, is in the process of CON approval.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)

Statement of Net Position

June 30, 2024

(In thousands)

Assets	Business-type activities – HHC	Discretely presented component unit-MetroPlus	Eliminations	Total
Current assets:				
Cash and cash equivalents	\$ 538,870	535,025	—	1,073,895
U.S. government securities	97,437	886,378	—	983,815
Patient accounts receivable, net	941,497	—	(486,185)	455,312
Premiums receivable	—	697,691	(9,477)	688,214
Estimated third-party payor settlements	1,256,800	—	(254,151)	1,002,649
Grants receivable	1,058,261	324	(1,413)	1,057,172
Assets restricted as to use and required for current liabilities	26,408	—	—	26,408
Due from City of New York	559,096	—	—	559,096
Current lease receivable, net	4,480	—	—	4,480
Other current assets	368,748	108,399	—	477,147
Total current assets	4,851,597	2,227,817	(751,226)	6,328,188
Assets restricted as to use, net of current portion				
U.S. government securities	154,037	193,487	—	347,524
Capital assets, net	—	397,877	—	397,877
Lease and SBITAs, net	4,636,516	27,514	—	4,664,030
Noncurrent lease receivable, net	371,907	154,756	—	526,663
Other assets	109,695	—	—	109,695
Total assets	10,176,453	3,001,451	(751,226)	12,426,678
Deferred Outflows of Resources				
Deferred outflows from pension	321,563	29,093	—	350,656
Deferred outflows from postemployment benefits, other than pension	116,480	3,499	—	119,979
Asset retirement obligation	5,000	—	—	5,000
	<u>\$ 10,619,496</u>	<u>3,034,043</u>	<u>(751,226)</u>	<u>12,902,313</u>
Liabilities				
Current liabilities:				
Current installments of long-term debt	\$ 80,775	—	—	80,775
Current portion of lease and SBITAs liabilities, net	37,336	4,597	—	41,933
Accrued salaries, fringe benefits, and payroll taxes	481,319	22,198	(9,477)	494,040
Accounts payable and accrued expenses	1,409,282	1,696,124	(741,749)	2,363,657
Estimated third-party payor settlements	156,327	—	—	156,327
Estimated pools payable	11,100	—	—	11,100
Current portion of due to City of New York, net	597,744	—	—	597,744
Current portion of pension	514,701	16,411	—	531,112
Current portion of postemployment benefits obligation, other than pension	216,457	6,902	—	223,359
Total current liabilities	3,505,041	1,746,232	(751,226)	4,500,047
Long-term debt, net of current installments	489,341	—	—	489,341
Noncurrent lease and SBITAs liabilities, net	384,342	155,053	—	539,395
Accrued compensated absences, net of current portion	559,008	11,667	—	570,675
Long-term pension, net of current portion	1,659,002	36,740	—	1,695,742
Postemployment benefits obligation, other than pension, net of current portion	4,328,536	22,288	—	4,350,824
Total liabilities	10,925,270	1,971,980	(751,226)	12,146,024
Deferred Inflows of Resources				
Deferred inflows from pension	36,096	1,939	—	38,035
Deferred inflows from postemployment benefits, other than pension	897,026	24,048	—	921,074
Deferred inflows from lease activity	105,525	—	—	105,525
Unamortized refunding cost	719	—	—	719
	<u>11,964,636</u>	<u>1,997,967</u>	<u>(751,226)</u>	<u>13,211,377</u>
Net position				
Net investment in capital assets	4,311,161	142,494	—	4,453,655
Restricted:				
For debt service	109,183	—	—	109,183
Expendable for specific operating activities	8,906	—	—	8,906
Nonexpendable permanent endowments	928	—	—	928
Contingent surplus reserve	—	647,643	—	647,643
Unrestricted	(5,775,318)	245,939	—	(5,529,379)
Total net deficit position	(1,345,140)	1,036,076	—	(309,064)
	<u>\$ 10,619,496</u>	<u>3,034,043</u>	<u>(751,226)</u>	<u>12,902,313</u>

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)

Statement of Revenue, Expenses, and Changes in Net Position

Year ended June 30, 2024

(In thousands)

	Business-type activities – HHC	Discretely presented component unit – MetroPlus	Eliminations	Total
Operating revenue:				
Net patient service revenue	\$ 8,631,192	—	(1,537,694)	7,093,498
Appropriations from city of New York, net	2,844,439	—	—	2,844,439
Premium revenue	—	4,936,775	(109,277)	4,827,498
Grants revenue	944,734	563	(28,267)	917,030
Other revenue	175,819	1,587	—	177,406
Total operating revenue	<u>12,596,184</u>	<u>4,938,925</u>	<u>(1,675,238)</u>	<u>15,859,871</u>
Operating expenses:				
Personal services	3,771,067	152,389	—	3,923,456
Other than personal services	4,265,635	4,545,920	(1,565,961)	7,245,594
Fringe benefits and employer payroll taxes	1,249,431	47,954	(109,277)	1,188,108
Pension	427,281	14,020	—	441,301
Postemployment benefits, other than pension	112,922	3,601	—	116,523
Affiliation contracted services	1,716,983	—	—	1,716,983
Depreciation	595,175	10,017	—	605,192
Total operating expenses	<u>12,138,494</u>	<u>4,773,901</u>	<u>(1,675,238)</u>	<u>15,237,157</u>
Operating income	<u>457,690</u>	<u>165,024</u>	<u>—</u>	<u>622,714</u>
Nonoperating revenue (expenses):				
Investment income	42,467	79,425	—	121,892
Interest expense	(144,772)	(4,877)	—	(149,649)
Contributions restricted for specific operating activities	15,147	—	—	15,147
Total nonoperating (expenses) revenue, net	<u>(87,158)</u>	<u>74,548</u>	<u>—</u>	<u>(12,610)</u>
Income before other changes in net position	<u>370,532</u>	<u>239,572</u>	<u>—</u>	<u>610,104</u>
Other changes in net position:				
Capital contributions funded by City of New York, net	313,401	—	—	313,401
Capital contributions funded by grantors and donors	198,877	—	—	198,877
Total other changes in net position	<u>512,278</u>	<u>—</u>	<u>—</u>	<u>512,278</u>
Increase in net position	<u>882,810</u>	<u>239,572</u>	<u>—</u>	<u>1,122,382</u>
Net (deficit) position at beginning of period	<u>(2,227,950)</u>	<u>796,504</u>	<u>—</u>	<u>(1,431,446)</u>
Net (deficit) position at end of period	<u>\$ (1,345,140)</u>	<u>1,036,076</u>	<u>—</u>	<u>(309,064)</u>

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)

Statements of Net Position
December 31, 2024 (Unaudited) and June 30, 2024 (Audited)
UNAUDITED FOR MANAGEMENT USE ONLY

(In thousands)

Assets	December 31 2024				June 30 2024			
	Business-type Activities – HHC	Discretely Presented Component Unit-MetroPlus	Eliminations	Total	Business-type Activities – HHC	Discretely Presented Component Unit-MetroPlus	Eliminations	Total
Current assets:								
Cash and cash equivalents	\$ 229,427	541,905	—	771,332	538,870	535,025	—	1,073,895
U.S. government securities	303,821	703,523	—	1,007,344	97,437	886,378	—	983,815
Patient accounts receivable, net	883,748	—	(417,995)	465,753	941,497	—	(486,185)	455,312
Premiums receivable	—	347,805	(10,220)	337,585	—	697,691	(9,477)	688,214
Estimated third-party payor settlements	1,241,400	—	(202,400)	1,039,000	1,256,800	—	(254,151)	1,002,649
Grants receivable	1,176,317	191	(1,839)	1,174,669	1,058,261	324	(1,413)	1,057,172
Assets restricted as to use and required for current liabilities	50,758	—	—	50,758	26,408	—	—	26,408
Due from City of New York	405,262	—	—	405,262	559,096	—	—	559,096
Current lease receivable, net	5,412	—	—	5,412	4,480	—	—	4,480
Other current assets	334,069	45,879	—	379,948	368,748	108,399	—	477,147
Total current assets	4,630,214	1,639,303	(632,454)	5,637,063	4,851,597	2,227,817	(751,226)	6,328,188
Assets restricted as to use, net of current portion	108,266	197,703	—	305,969	154,037	193,487	—	347,524
U.S. government securities	—	611,918	—	611,918	—	397,877	—	397,877
Other receivable	—	43,790	—	43,790	—	—	—	—
Capital assets, net	4,541,065	42,489	—	4,583,554	4,636,516	27,514	—	4,664,030
Lease and SBITAs, net	357,953	150,355	—	508,308	371,907	154,756	—	526,663
Noncurrent lease receivable, net	108,419	—	—	108,419	109,695	—	—	109,695
Other Assets	38,994	—	—	38,994	52,701	—	—	52,701
Total assets	9,784,911	2,685,558	(632,454)	11,838,015	10,176,453	3,001,451	(751,226)	12,426,678
Deferred Outflows of Resources								
Deferred outflows from pension	304,795	28,558	—	333,353	321,563	29,093	—	350,656
Deferred outflows from postemployment benefits, other than pension	116,480	3,499	—	119,979	116,480	3,499	—	119,979
Asset retirement obligation	5,000	—	—	5,000	5,000	—	—	5,000
Total	\$ 10,211,186	2,717,615	(632,454)	12,296,347	10,619,496	3,034,043	(751,226)	12,902,313
Liabilities								
Current liabilities:								
Current installments of long-term debt	\$ 84,868	—	—	84,868	80,775	—	—	80,775
Current Portion of Lease and SBITAs Liabilities, net	37,614	5,137	—	42,751	37,336	4,597	—	41,933
Accrued salaries, fringe benefits, and payroll taxes	457,462	19,215	(10,220)	466,457	481,319	22,198	(9,477)	494,040
Accounts payable and accrued expenses	1,443,452	1,403,749	(622,234)	2,224,967	1,409,282	1,696,124	(741,749)	2,363,657
Estimated third-party payor settlements	124,978	—	—	124,978	156,327	—	—	156,327
Estimated pools payable	309,200	—	—	309,200	11,100	—	—	11,100
Current portion of due to City of New York, net	715,028	—	—	715,028	597,744	—	—	597,744
Current portion of pension	514,701	16,411	—	531,112	514,701	16,411	—	531,112
Current portion of postemployment benefits obligation, other than pension	216,457	6,902	—	223,359	216,457	6,902	—	223,359
Total current liabilities	3,903,760	1,451,414	(632,454)	4,722,720	3,505,041	1,746,232	(751,226)	4,500,047
Long-term debt, net of current installments	463,600	—	—	463,600	489,341	—	—	489,341
Non-Current Lease and SBITAs Liabilities, net	376,089	153,133	—	529,222	384,342	155,053	—	539,395
Accrued compensated absences, net of current portion	578,593	12,253	—	590,846	559,008	11,667	—	570,675
Accrued salaries, fringe benefits, and payroll taxes, net of current portion	1,810	3	—	1,813	—	—	—	—
Long-term pension, net of current portion	1,789,799	39,947	—	1,829,746	1,659,002	36,740	—	1,695,742
Postemployment benefits obligation, other than pension, net of current portion	4,342,624	22,658	—	4,365,282	4,328,536	22,288	—	4,350,824
Total liabilities	11,456,275	1,679,408	(632,454)	12,503,229	10,925,270	1,971,980	(751,226)	12,146,024
Deferred Inflows of Resources								
Deferred inflows from pension	(38,491)	(442)	—	(38,933)	36,096	1,939	—	38,035
Deferred inflows from postemployment benefits, other than pension	897,027	24,047	—	921,074	897,026	24,048	—	921,074
Deferred inflows from lease activity	103,043	—	—	103,043	105,525	—	—	105,525
Unamortized refunding cost	633	—	—	633	719	—	—	719
Total	12,418,487	1,703,013	(632,454)	13,489,046	11,964,636	1,997,967	(751,226)	13,211,377
Net position								
Net investment in capital assets	4,341,578	152,895	—	4,494,473	4,311,161	142,494	—	4,453,655
Restricted:								
For debt service	133,458	—	—	133,458	109,183	—	—	109,183
Expendable for specific operating activities	8,906	—	—	8,906	8,906	—	—	8,906
Nonexpendable permanent endowments	928	—	—	928	928	—	—	928
Contingent surplus reserve	—	647,643	—	647,643	—	647,643	—	647,643
Unrestricted	(6,692,171)	214,064	—	(6,478,107)	(5,775,318)	245,939	—	(5,529,379)
Total net deficit position	(2,207,301)	1,014,602	—	(1,192,699)	(1,345,140)	1,036,076	—	(309,064)
Total	\$ 10,211,186	2,717,615	(632,454)	12,296,347	10,619,496	3,034,043	(751,226)	12,902,313

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)
Statements of Revenue, Expenses, and Changes in Net Position
Periods ended December 31, 2024 and 2023
UNAUDITED FOR MANAGEMENT USE ONLY
(In thousands)

	December 31, 2024				December 31, 2023			
	Business-type Activities – HHC	Discretely Presented Component Unit – MetroPlus	Eliminations	Total	Business-type Activities – HHC	Discretely Presented Component Unit – MetroPlus	Eliminations	Total
Operating revenue:								
Net patient service revenue	\$ 3,820,356	—	(959,903)	2,860,453	4,016,508	—	(744,890)	3,271,618
Appropriations from City of New York, net	1,323,838	—	—	1,323,838	1,417,588	—	—	1,417,588
Premium revenue	—	2,435,756	(74,680)	2,361,076	—	2,548,192	(47,896)	2,500,296
Grants revenue	265,317	265	—	265,582	121,154	304	—	121,458
Other revenue	87,657	61	—	87,718	91,760	542	—	92,302
Total operating revenue	<u>5,497,168</u>	<u>2,436,082</u>	<u>(1,034,583)</u>	<u>6,898,667</u>	<u>5,647,010</u>	<u>2,549,038</u>	<u>(792,786)</u>	<u>7,403,262</u>
Operating expenses:								
Personal services	2,165,029	78,614	—	2,243,643	1,728,913	69,638	—	1,798,551
Other than personal services	2,040,020	2,382,508	(959,903)	3,462,625	2,246,535	2,337,798	(744,890)	3,839,443
Fringe benefits and employer payroll taxes	703,367	24,822	(74,680)	653,509	624,254	22,643	(47,896)	599,001
Pension	200,146	6,617	—	206,763	227,215	7,269	—	234,484
Postemployment benefits, other than pension	66,268	2,115	—	68,383	79,126	2,465	—	81,591
Affiliation contracted services	968,005	—	—	968,005	801,555	—	—	801,555
Depreciation	299,317	7,090	—	306,407	297,178	3,097	—	300,275
Total operating expenses	<u>6,442,152</u>	<u>2,501,766</u>	<u>(1,034,583)</u>	<u>7,909,335</u>	<u>6,004,776</u>	<u>2,442,910</u>	<u>(792,786)</u>	<u>7,654,900</u>
Operating (loss) income	<u>(944,984)</u>	<u>(65,684)</u>	<u>—</u>	<u>(1,010,668)</u>	<u>(357,766)</u>	<u>106,128</u>	<u>—</u>	<u>(251,638)</u>
Nonoperating revenue (expenses):								
Investment (loss) income	14,657	48,795	—	63,452	22,293	41,365	—	63,658
Interest expense	(75,194)	(4,585)	—	(79,779)	(71,833)	(238)	—	(72,071)
Contributions restricted for specific operating activities	3,663	—	—	3,663	2,531	—	—	2,531
Total nonoperating (expenses) revenue, net	<u>(56,874)</u>	<u>44,210</u>	<u>—</u>	<u>(12,664)</u>	<u>(47,009)</u>	<u>41,127</u>	<u>—</u>	<u>(5,882)</u>
(Loss) income before other changes in net position	<u>(1,001,858)</u>	<u>(21,474)</u>	<u>—</u>	<u>(1,023,332)</u>	<u>(404,775)</u>	<u>147,255</u>	<u>—</u>	<u>(257,520)</u>
Other changes in net position:								
Capital contributions funded by City of New York, net	155,056	—	—	155,056	152,142	—	—	152,142
Capital contributions funded by grantors and donors	(15,359)	—	—	(15,359)	81,551	—	—	81,551
Total other changes in net position	<u>139,697</u>	<u>—</u>	<u>—</u>	<u>139,697</u>	<u>233,693</u>	<u>—</u>	<u>—</u>	<u>233,693</u>
(Decrease) increase in net position	<u>(862,161)</u>	<u>(21,474)</u>	<u>—</u>	<u>(883,635)</u>	<u>(171,082)</u>	<u>147,255</u>	<u>—</u>	<u>(23,827)</u>
Net deficit position at beginning of period	<u>(1,345,140)</u>	<u>1,036,076</u>	<u>—</u>	<u>(309,064)</u>	<u>(2,552,258)</u>	<u>796,504</u>	<u>—</u>	<u>(1,755,754)</u>
Net deficit position at end of period	<u>\$ (2,207,301)</u>	<u>1,014,602</u>	<u>—</u>	<u>(1,192,699)</u>	<u>(2,723,340)</u>	<u>943,759</u>	<u>—</u>	<u>(1,779,581)</u>

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)

Statements of Net Position

March 31, 2025 (Unaudited) and June 30, 2024 (Audited)
UNAUDITED FOR MANAGEMENT USE ONLY

(In thousands)

Assets	March 31 2025				June 30 2024			
	Business-type Activities – HHC	Discretely Presented Component Unit-MetroPlus	Eliminations	Total	Business-type Activities – HHC	Discretely Presented Component Unit-MetroPlus	Eliminations	Total
Current assets:								
Cash and cash equivalents	\$ 370,215	364,011	—	734,226	538,870	535,025	—	1,073,895
U.S. government securities	247,352	664,543	—	911,895	97,437	886,378	—	983,815
Patient accounts receivable, net	841,625	—	(389,933)	451,692	941,497	—	(486,185)	455,312
Premiums receivable	—	838,514	(30,482)	808,032	—	697,691	(9,477)	688,214
Estimated third-party payor settlements	1,624,300	—	(363,100)	1,261,200	1,256,800	—	(254,151)	1,002,649
Estimated pool receivable	108,300	—	—	108,300	—	—	—	—
Grants receivable	1,089,518	190	(29,958)	1,059,750	1,058,261	324	(1,413)	1,057,172
Assets restricted as to use and required for current liabilities	10,721	—	—	10,721	26,408	—	—	26,408
Due from City of New York	109,492	—	—	109,492	559,096	—	—	559,096
Current lease receivable, net	5,882	—	—	5,882	4,480	—	—	4,480
Other current assets	323,511	8,570	—	332,081	368,748	108,399	—	477,147
Total current assets	4,730,916	1,875,828	(813,473)	5,793,271	4,851,597	2,227,817	(751,226)	6,328,188
Assets restricted as to use, net of current portion	107,188	225,763	—	332,951	154,037	193,487	—	347,524
U.S. government securities	—	666,510	—	666,510	—	397,877	—	397,877
Other receivable	—	4,236	—	4,236	—	—	—	—
Capital assets, net	4,532,944	204,213	—	4,737,157	4,636,516	27,514	—	4,664,030
Lease and SBITAs, net	366,127	—	—	366,127	371,907	154,756	—	526,663
Noncurrent lease receivable, net	107,720	—	—	107,720	109,695	—	—	109,695
Other Assets	32,141	—	—	32,141	52,701	—	—	52,701
Total assets	9,877,036	2,976,550	(813,473)	12,040,113	10,176,453	3,001,451	(751,226)	12,426,678
Deferred Outflows of Resources								
Deferred outflows from pension	296,411	28,290	—	324,701	321,563	29,093	—	350,656
Deferred outflows from postemployment benefits, other than pension	116,480	3,499	—	119,979	116,480	3,499	—	119,979
Asset retirement obligation	5,000	—	—	5,000	5,000	—	—	5,000
	<u>\$ 10,294,927</u>	<u>3,008,339</u>	<u>(813,473)</u>	<u>12,489,793</u>	<u>10,619,496</u>	<u>3,034,043</u>	<u>(751,226)</u>	<u>12,902,313</u>
Liabilities								
Current liabilities:								
Current installments of long-term debt	\$ 81,087	—	—	81,087	80,775	—	—	80,775
Current Portion of Lease and SBITAs Liabilities, net	43,547	5,619	—	49,166	37,336	4,597	—	41,933
Accrued salaries, fringe benefits, and payroll taxes	415,767	17,822	(30,482)	403,107	481,319	22,198	(9,477)	494,040
Accounts payable and accrued expenses	1,416,578	1,661,497	(782,991)	2,295,084	1,409,282	1,696,124	(741,749)	2,363,657
Estimated third-party payor settlements	146,507	—	—	146,507	156,327	—	—	156,327
Estimated pools payable	—	—	—	—	11,100	—	—	11,100
Current portion of due to City of New York, net	839,306	—	—	839,306	597,744	—	—	597,744
Current portion of pension	514,701	16,411	—	531,112	514,701	16,411	—	531,112
Current portion of postemployment benefits obligation, other than pension	216,457	6,902	—	223,359	216,457	6,902	—	223,359
Total current liabilities	3,673,950	1,708,251	(813,473)	4,568,728	3,505,041	1,746,232	(751,226)	4,500,047
Long-term debt, net of current installments	408,911	—	—	408,911	489,341	—	—	489,341
Non-Current Lease and SBITAs Liabilities, net	382,820	151,943	—	534,763	384,342	155,053	—	539,395
Accrued compensated absences, net of current portion	594,174	13,422	—	607,596	559,008	11,667	—	570,675
Long-term pension, net of current portion	1,942,448	44,706	—	1,987,154	1,659,002	36,740	—	1,695,742
Postemployment benefits obligation, other than pension, net of current portion	4,364,514	23,316	—	4,387,830	4,328,536	22,288	—	4,350,824
Total liabilities	11,366,817	1,941,638	(813,473)	12,494,982	10,925,270	1,971,980	(751,226)	12,146,024
Deferred Inflows of Resources								
Deferred inflows from pension	(75,785)	(1,633)	—	(77,418)	36,096	1,939	—	38,035
Deferred inflows from postemployment benefits, other than pension	897,025	24,048	—	921,073	897,026	24,048	—	921,074
Deferred inflows from lease activity	101,801	—	—	101,801	105,525	—	—	105,525
Unamortized refunding cost	590	—	—	590	719	—	—	719
	<u>12,290,448</u>	<u>1,964,053</u>	<u>(813,473)</u>	<u>13,441,028</u>	<u>11,964,636</u>	<u>1,997,967</u>	<u>(751,226)</u>	<u>13,211,377</u>
Net position								
Net investment in capital assets	4,392,311	158,147	—	4,550,458	4,311,161	142,494	—	4,453,655
Restricted:								
For debt service	94,183	—	—	94,183	109,183	—	—	109,183
Expendable for specific operating activities	8,906	—	—	8,906	8,906	—	—	8,906
Nonexpendable permanent endowments	928	—	—	928	928	—	—	928
Contingent surplus reserve	—	598,457	—	598,457	—	647,643	—	647,643
Unrestricted	(6,491,849)	287,682	—	(6,204,167)	(5,775,318)	245,939	—	(5,529,379)
Total net deficit position	(1,995,521)	1,044,286	(813,473)	(951,235)	(1,345,140)	1,036,076	—	(309,064)
	<u>\$ 10,294,927</u>	<u>3,008,339</u>	<u>(813,473)</u>	<u>12,489,793</u>	<u>10,619,496</u>	<u>3,034,043</u>	<u>(751,226)</u>	<u>12,902,313</u>

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)
Statements of Revenue, Expenses, and Changes in Net Position
Periods ended March 31, 2025 and 2024
UNAUDITED FOR MANAGEMENT USE ONLY
(In thousands)

	March 31, 2025				March 31, 2024			
	Business-type Activities – HHC	Discretely Presented Component Unit – MetroPlus	Eliminations	Total	Business-type Activities – HHC	Discretely Presented Component Unit – MetroPlus	Eliminations	Total
Operating revenue:								
Net patient service revenue	\$ 5,604,986	—	(961,292)	4,643,694	6,489,657	—	(1,205,387)	5,284,270
Appropriations from City of New York, net	1,896,004	—	—	1,896,004	2,115,033	—	—	2,115,033
Premium revenue	—	3,883,217	(122,294)	3,760,923	—	3,732,121	(79,283)	3,652,838
Grants revenue	395,936	406	(20,900)	375,442	241,020	433	(28,267)	213,186
Other revenue	141,706	1,117	—	142,823	133,409	1,558	—	134,967
UPL Conversion Prior Period Revenue	704,400	—	(345,600)	358,800	—	—	—	—
Total operating revenue	<u>8,743,032</u>	<u>3,884,740</u>	<u>(1,450,086)</u>	<u>11,177,686</u>	<u>8,979,119</u>	<u>3,734,112</u>	<u>(1,312,937)</u>	<u>11,400,294</u>
Operating expenses:								
Personal services	3,255,225	118,046	—	3,373,271	2,778,639	113,788	—	2,892,427
Other than personal services	2,955,941	3,757,691	(1,327,792)	5,385,840	3,253,527	3,459,459	(1,233,654)	5,479,332
Fringe benefits and employer payroll taxes	1,063,866	37,780	(122,294)	979,352	954,543	35,523	(79,283)	910,783
Pension	300,257	9,910	—	310,167	340,853	10,910	—	351,763
Postemployment benefits, other than pension	99,402	3,173	—	102,575	118,688	3,697	—	122,385
Affiliation contracted services	1,429,582	—	—	1,429,582	1,255,232	—	—	1,255,232
Depreciation	438,064	11,566	—	449,630	441,281	6,676	—	447,957
Total operating expenses	<u>9,542,337</u>	<u>3,938,166</u>	<u>(1,450,086)</u>	<u>12,030,417</u>	<u>9,142,763</u>	<u>3,630,053</u>	<u>(1,312,937)</u>	<u>11,459,879</u>
Operating (loss) income	<u>(799,305)</u>	<u>(53,426)</u>	<u>—</u>	<u>(852,731)</u>	<u>(163,644)</u>	<u>104,059</u>	<u>—</u>	<u>(59,585)</u>
Nonoperating revenue (expenses):								
Investment (loss) income	20,818	68,495	—	89,313	28,980	56,471	—	85,451
Interest expense	(112,339)	(6,859)	—	(119,198)	(107,595)	(2,566)	—	(110,161)
Contributions restricted for specific operating activities	4,062	—	—	4,062	16,846	—	—	16,846
Total nonoperating (expenses) revenue, net	<u>(87,459)</u>	<u>61,636</u>	<u>—</u>	<u>(25,823)</u>	<u>(61,769)</u>	<u>53,905</u>	<u>—</u>	<u>(7,864)</u>
(Loss) income before other changes in net position	<u>(886,764)</u>	<u>8,210</u>	<u>—</u>	<u>(878,554)</u>	<u>(225,413)</u>	<u>157,964</u>	<u>—</u>	<u>(67,449)</u>
Other changes in net position:								
Capital contributions funded by City of New York, net	234,392	—	—	234,392	233,661	—	—	233,661
Capital contributions funded by grantors and donors	1,991	—	—	1,991	130,998	—	—	130,998
Total other changes in net position	<u>236,383</u>	<u>—</u>	<u>—</u>	<u>236,383</u>	<u>364,659</u>	<u>—</u>	<u>—</u>	<u>364,659</u>
(Decrease) increase in net position	<u>(650,381)</u>	<u>8,210</u>	<u>—</u>	<u>(642,171)</u>	<u>139,246</u>	<u>157,964</u>	<u>—</u>	<u>297,210</u>
Net deficit position at beginning of period	<u>(1,345,140)</u>	<u>1,036,076</u>	<u>—</u>	<u>(309,064)</u>	<u>(2,552,258)</u>	<u>796,504</u>	<u>—</u>	<u>(1,755,754)</u>
Net deficit position at end of period	<u>\$ (1,995,521)</u>	<u>1,044,286</u>	<u>—</u>	<u>(951,235)</u>	<u>(2,413,012)</u>	<u>954,468</u>	<u>—</u>	<u>(1,458,544)</u>

HOSPICE & PALLIATIVE CARE BUFFALO, INC. AND RELATED ENTITIES

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

December 31, 2024 and 2023

ASSETS	2024	2023
Current Assets		
Cash and cash equivalents	\$ 14,003,806	\$ 12,452,060
Receivables:		
Patient and third-party accounts, net	4,741,312	5,895,041
Pledges, grants and other	1,115,263	2,720,685
Prepaid expenses and other expenses	1,461,729	551,363
Total current assets	21,322,110	21,619,149
Investments	46,608,105	44,071,558
Pledges Receivable, less current portion	118,220	366,708
Other Assets	197,930	158,571
Property and Equipment, net	9,244,247	9,722,243
Total assets	\$ 77,490,612	\$ 75,938,229
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$ 862,766	\$ 981,180
Accrued compensation costs and other	4,187,400	2,788,395
Deferred revenue	12,660	37,652
Total current liabilities	5,062,826	3,807,227
Net Assets		
Without donor restrictions	52,489,469	53,303,475
With donor restrictions	19,938,317	18,827,527
Total net assets	72,427,786	72,131,002
Total liabilities and net assets	\$ 77,490,612	\$ 75,938,229

HOSPICE & PALLIATIVE CARE BUFFALO, INC. AND RELATED ENTITIES

CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

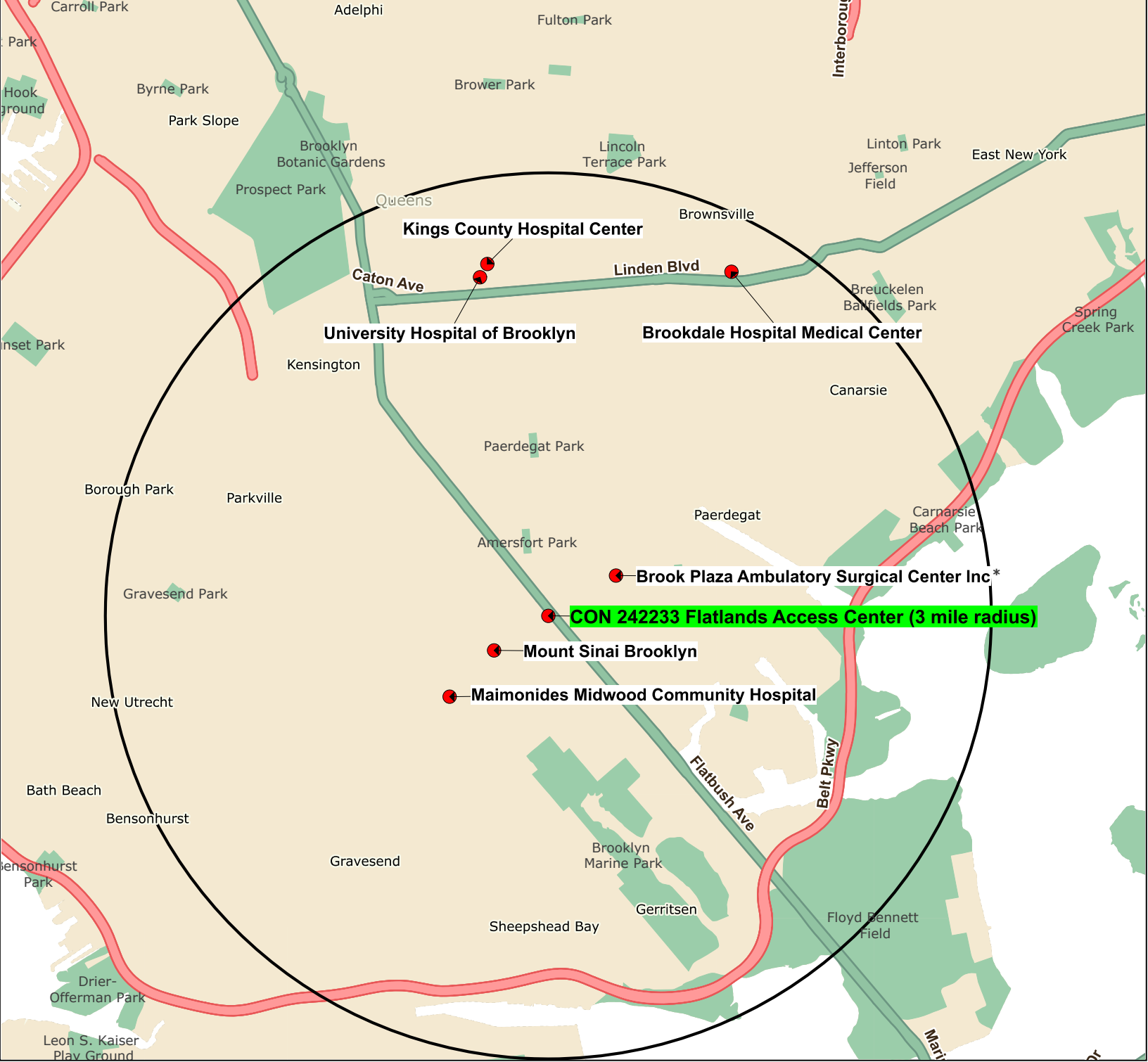
Years Ended December 31, 2024 and 2023

	2024			2023		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and support:						
Net patient service revenue	\$ 41,806,246	\$ -	\$ 41,806,246	\$ 40,279,768	\$ -	\$ 40,279,768
Contributions, grants and bequests	4,476,727	1,313,780	5,790,507	2,248,560	8,553,393	10,801,953
Special events	1,064,482	-	1,064,482	1,008,831	-	1,008,831
Other income	36,240	-	36,240	43,014	-	43,014
Net assets released from restrictions	1,048,573	(1,048,573)	-	951,660	(951,660)	-
Total revenue and support	48,432,268	265,207	48,697,475	44,531,833	7,601,733	52,133,566
Expenses:						
Patient care	42,550,248	-	42,550,248	40,103,943	-	40,103,943
Management and general	8,943,511	-	8,943,511	8,639,512	-	8,639,512
Fundraising	1,435,817	-	1,435,817	1,378,455	-	1,378,455
Total expenses	52,929,576	-	52,929,576	50,121,910	-	50,121,910
Income (loss) from operations	(4,497,308)	265,207	(4,232,101)	(5,590,077)	7,601,733	2,011,656
Non-operating income:						
Gain on sale of property and equipment	7,153	-	7,153	22,000	-	22,000
Investment income, net	3,676,149	845,583	4,521,732	4,186,179	1,001,085	5,187,264
Total non-operating income	3,683,302	845,583	4,528,885	4,208,179	1,001,085	5,209,264
Change in net assets	(814,006)	1,110,790	296,784	(1,381,898)	8,602,818	7,220,920
Net assets:						
Beginning of year	53,303,475	18,827,527	72,131,002	54,685,373	10,224,709	64,910,082
End of year	\$ 52,489,469	\$ 19,938,317	\$ 72,427,786	\$ 53,303,475	\$ 18,827,527	\$ 72,131,002

(296,784.00) NI per caseware

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See Notes to Consolidated Financial Statements.



**Unable to verify if vascular access surgeries are offered.*

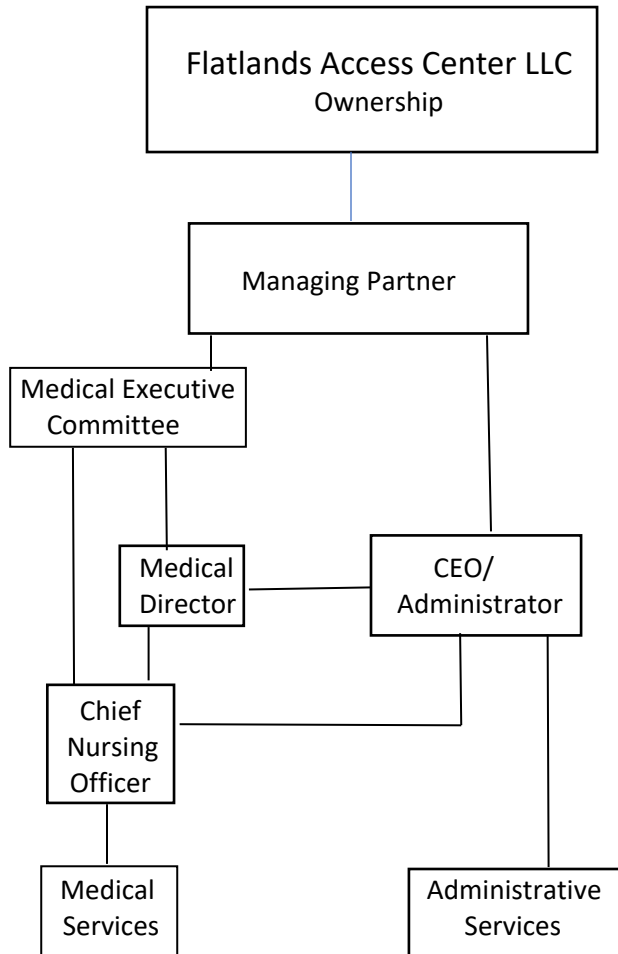
The map above is showing multi-specialty ambulatory surgery facilities (also providing vascular access surgery for renal dialysis patients) within 3-miles of CON 242233 Flatlands Access Center.

Flatlands Access, LLC

Balance Sheet

	Start Date
	<u>6/30/2025</u>
Assets:	
Current Assets:	
Cash	\$ 400,000
Total Current Assets	<u>\$400,000</u>
Property Plant and Equipment Net	\$2,092,039
Total Assets	<u><u>\$2,492,039</u></u>
Liabilities and Members' Equity:	
Current Liabilities	
Current Portion of Long-term Debt	\$134,099
Total Current Liabilities	<u>\$134,099</u>
Long Term Liabilities	
Long Term Debt Less Current Portion	\$1,465,901
Total Liabilities	<u>\$1,465,901</u>
Member's Equity	\$892,039
Total Liabilities and Member's Equity	<u><u>\$2,492,039</u></u>

Flatlands Access Center LLC Organizational Chart





CON 212260 SurgiCore Suffolk LLC is within the CON approval process.
The map above shows facilities providing single-specialty gastroenterology or multi-specialty ambulatory surgical services within a 7.5-mile radius of CON 251234 Smithtown ASC.

Smithtown ASC, LLC

ESTABLISH A MULTI-SPECIALTY FREESTANDING AMBULATORY SURGERY CENTER

PRO FORMA BALANCE SHEET

ASSETS

Cash (Working Capital need)	\$600,109
Leasehold Improvements	\$2,809,174
Equipment	\$859,047
TOTAL ASSETS	\$4,268,330

LIABILITIES AND MEMBER EQUITY

LIABILITIES

Construction Loan	\$3,200,000
Working Capital Loan	\$300,000
TOTAL LIABILITIES	\$3,500,000

MEMBER EQUITY (Includes Landlord-Tenant Allowance)	<u>\$768,330</u>
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TOTAL LIABILITIES AND MEMBER EQUITY	\$4,268,330
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What is the current availability of professional/paraprofessional workers to staff your program? We are a LHCSA provider with an availability of 850 certified PCA or HHA, 35 office staff, and 1 RN to oversee patient services.

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

In the space of LHCSA + Waiver services, there are only a handful of competing agencies. At best guess I would say 10-15 agencies. We provide extensive caregiver training that enhances the service. Especially "Dementia Training" since a large portion of our clients are Dementia stricken. Recruitment for eligible caregivers is done on a daily basis, by attending job fairs, creating our own booths in busy areas to offer employment. We are competitive in salary AND benefits such as childcare, Medical Insurance and monthly MTA cards to cover all MTA transit usage, free of charge. (most agencies do not offer decent benefits)

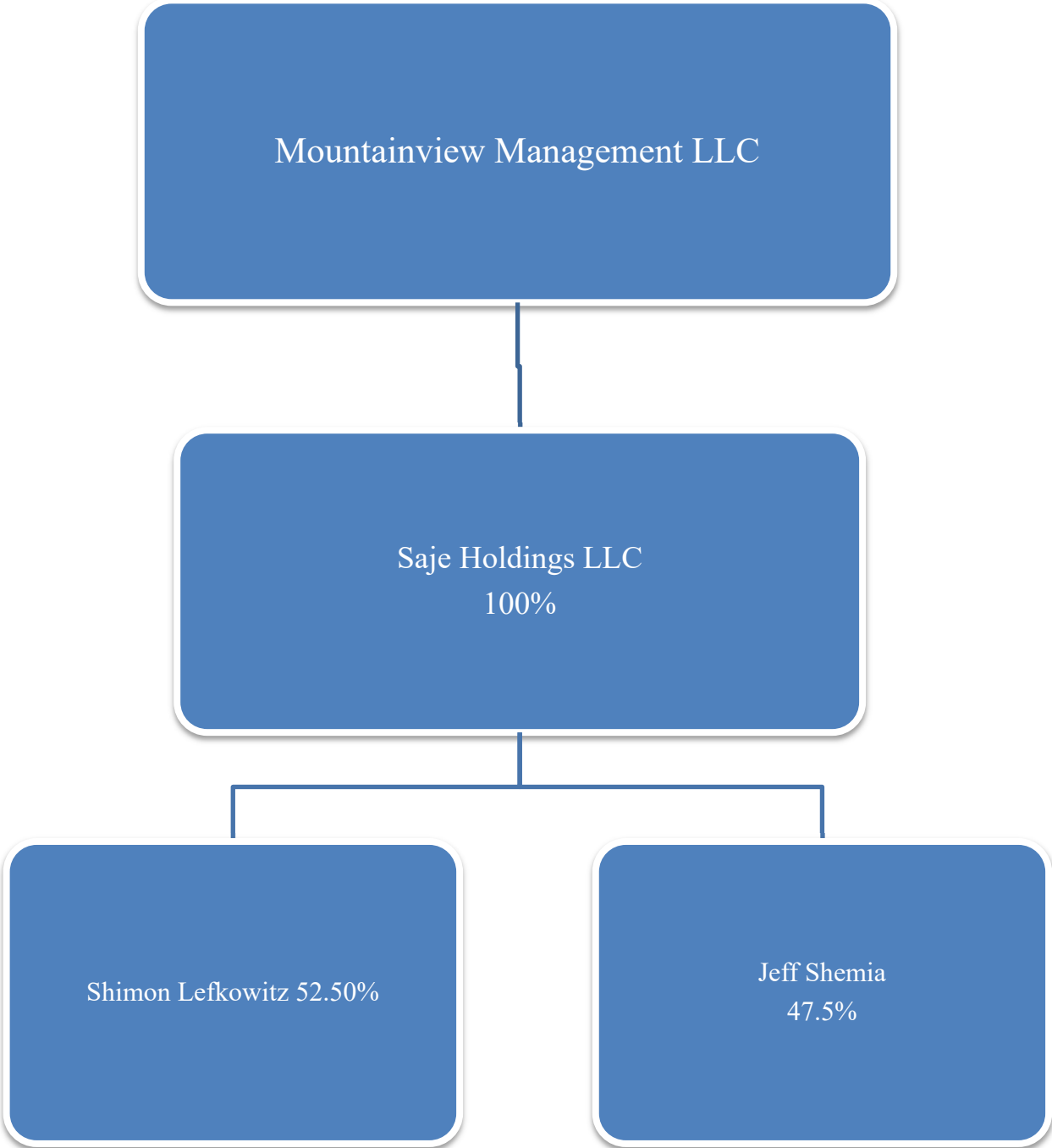
How do you coordinate with the Department of Labor or any other local workforce initiatives? We respond to "Job Boards".

What impact will the initiation/expansion of your program have on the workforce or other healthcare providers in the community? Due to our focus on NHTD and TBI clients, we offer a very high amount of hours of work, which results in more job-creation and also reduces unemployment overall.

How will you minimize any adverse impact? By focusing on client retention (which we currently are doing)

What measures will you adopt to promote retention of specific categories of your workforce? We do "team building" events 3 times a year. We also focus on employment review every 90 days then once yearly thereafter.

Organizational Chart updated 5-5-2025



**Mountainview Home Care Agency
Workforce Summary**

**CON# 232065
OALTC Attachment B**

Workforce Retention Analysis Mountainview Home Care Agency -- # 232065 This workforce retention statement is prepared by Mountainview Management LLC, the proposed operator of Mountainview Home Care Agency. The Agency has been in place for over 20 years, having first been licensed in 2004. The agency has had great success in attracting and retaining staff.

The proposed operator will employ all current LHCSA staff who wish to remain with the agency. The agency is currently fully staffed and thus, the applicant expects that it will be able to meet its additional staffing needs with the retention of current agency staff.

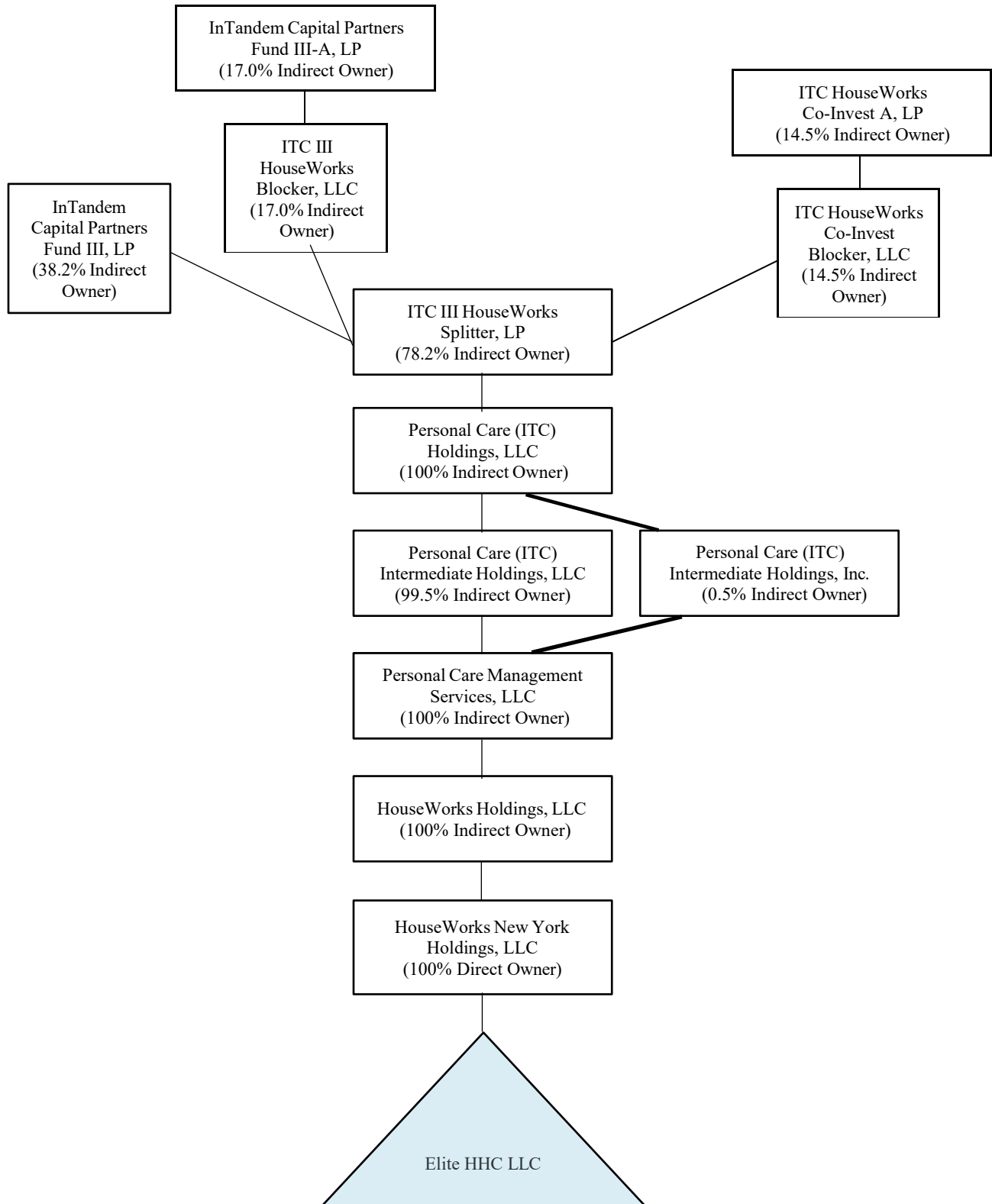
Competing employers in the region are predominantly other home care agencies and local hospitals and licensed assisted living. We will continue the current operator's practice of competitive pay, excellent training and effective oversight to maintain a workplace that attracts and retains professional and paraprofessional workers who are key to the agency's success.

The agency currently coordinates with the Department of Labor and participates in interviews at the DOL.

Approval of this application will not create an adverse impact on other health care providers in the community because it is simply the continuation of an operational agency.

In order to promote retention of nurse, home health aides and personal care aides, we will regularly promote from within, provide meaningful feedback to our workforce during their formal annual reviews and in informal feedback that recognizes the areas in which the individual is excelling and identify areas for growth. We also seek to promote from within. Finally, we offer a flexible work schedule that can be customized around the employees personal needs and that of their families/households.

POST-CLOSING OWNERSHIP STRUCTURE
Elite HHC LLC



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

Response: This application is a Change of Ownership (“CHOW”) application. While this submission relates to a proposed change in the controlling (i.e., direct parent) entity, Elite is an existing LHCSA and will remain its own legal entity going forward. As a result, there are no real staffing considerations applicable here, as there are no anticipated material changes to Elite’s day to day operations, policies or procedures, or professional or paraprofessional staff due to the change in the controlling entity. The current availability of professional/paraprofessional workers to staff our program is 24 hours per day/7 days per week, and this is not expected to change post-transaction.

Who are the competing employers?

Response: Elite will remain the operating entity and its operations will not materially change as a result of the proposed transaction. Elite currently competes against other LHCSAs that may also offer similar services, and will continue to do so in the same manner following the transaction.

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

Response: While this CHOW application relates to a proposed change in the controlling (i.e., direct parent) entity, Elite is an existing LHCSA and will remain the operating entity going forward with no material changes to its existing operations. Elite will continue to deliver the highest quality of training and recruitment. Elite is affiliated with multiple licensed private career schools around New York State that are regulated through the New York State Education Department. These schools are focused on educating potential caregivers and have successfully graduated over 1600 PCA, HHA, and CNA students, many of whom subsequently come to work for Elite.

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

Response: There will be no change in Elite’s coordination with DOL or other local workforce initiatives related to the CHOW application, as the proposed transaction will not result in any material changes to the LHCSA’s day to day operations.

Workforce Response

OALTC Attachment B (cont.)

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: This application is a CHOW application, not an initial or expansion application. As noted above, no meaningful changes to the LHCSA's day-to-day operations are expected, thus we do not believe that this question is applicable to Elite's application.

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

Response: As this submission is not for the initiation and/or expansion of an existing agency, and no meaningful changes to the LHCSA's day-to-day operations are expected, we do not believe that this question is applicable to Elite's application.

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

Adept Health Care Service currently employs over 50 caregivers who hold both professional and paraprofessional titles. The availability of each caregiver varies, and can fluctuate with changes in things like childcare, school schedules, patient discharges or hospitalizations, family matters, and other things that come up in day-to-day life. We ask that anyone who needs to change their availability do so with as much notice as possible but realize that on rare occasions giving notice isn't always possible.

Adept takes a unique approach to staffing, and onboards new caregivers before accepting new patients to our program. It is always our goal to provide exceptional care to our current patients, including providing all of or as many hours of their service order as we are able before taking on new patients.

In an effort to provide care to as many patients as possible, we are constantly re-evaluating the availability of current staff, and consistently hiring new caregivers to join our team. Due to the fluctuations that occur regularly with both staff and patients it is hard to determine what the exact current availability of staff is, but we have our finger on the pulse daily because we know how often it can change.

Who are competing employers?

Any other LHCSA, or medical facility that serves patients in our approved service area. In addition, many other entry-level positions with employers or industries that have competitive salary initiatives could be viewed as competing for staff.

How do you purpose to successfully compete?

Adept has been successfully competing in this demanding and ever-changing market for over four decades, and much of that can be attributed to our long-standing reputation in the community. We will continue to receive referrals from colleagues, caregivers, clients, and their families by upholding that standard of excellence and remaining an asset to the community we serve.

We offer a monetary referral bonus for any of our current employees as an added incentive to refer caregivers, or potential caregivers to us that they believe will thrive in our agency.

We offer flexibility in schedules that some agencies are not able to offer. We do not require a car, a high school diploma or a minimum number of weekly available hours as a condition of hire. These factors have set us apart from the competition, and we will continue to operate on the belief that there is a patient who needs care for every caregiver who is able to provide it.

Training:

Adept intends to continue its approved training program by offering PCA classes to people who want to explore a career in the health care field, and the PCA Competency training to those who want to further their careers by becoming certified.

The ongoing training of our staff also remains competitive as we have many different means to provide further education to anybody who is interested, including allowing staff to be involved in choosing the live in-service training classes held by the RN Supervisor, to ensure that the topics being taught are relevant to our patients, and interesting to our caregivers.

Recruitment:

Marketing and recruitment remain a top priority, and Adept has many ways that we have and will recruit new staff. We currently advertise on many of the on-line recruitment sites. We have used, and will use recruitment service agencies when needed.

Adept has relationships with many of the local education centers that offer training and we have had great success in welcoming newly certified caregivers from places such as the Albany Community Action Partnership, The Capital District Educational Opportunity Center, The Workforce Development and the Community Education Program at Schenectady County Community College, and BOCES of the capital region.

We also have relationships with some of the nursing programs at local colleges, and hospitals, and find that we can offer a flexible work schedule to their students while they are enrolled in classes. Adept has worked with Maria College, Sage School of Nursing, Hudson Valley Community College, and the Nursing Programs within Samaritan Hospital, Saint Peters Hospital, Albany Memorial Hospital, and Ellis Hospital.

We continue to use grass roots efforts in order to recruit people in the community as well. You will find our signs and brochures on the bulletin boards of the hallways of the institutions mentioned above, as well as local coffee shops and diners, nursing homes, adult care facilities, assisted living communities, senior centers, rehabilitation facilities.

And, as previously mentioned, we trust our current staff to know who would make a good member of our team and incentivize them to send those people our way.

Transportation strategies?

Transportation is a challenge we face in this industry often. Years ago the founder of Adept Health Care Service developed a "Coordinator training program" that spent time training, and demonstrating to coordinators strategic ways to develop a caregiver's schedule to ensure efficient transportation between clients. She was hired by the New York State Home Care Providers Foundation (an educational affiliate of the New York Association of Health Care Providers) to teach that program to countless coordinators from all over New York State over the years.

Adept still employs these concepts, and provides that training, or an updated version thereof, to all it's coordinators to ensure that the caregivers we have on the schedule currently, are being using in the most efficient way possible.

We also offer programs to caregivers who use public transportation, and who use their own cars while providing service, that would lessen the burden of cost such as mileage reimbursement and discounted or free bus passes. In addition, we have negotiated a "hard to serve" rate with many of our contractors to be able to offer further incentive to provide service to patients who are harder to get to and may not have the same access to caregivers that people in heavier populated areas do.

We have accounts with ride share services and local cab companies for times when other strategies haven't worked, and on many occasions members of the office have stepped up to provide transportation where needed.

We will continue to work with the local community to address transportation issues, and determine new strategies to tackle problems as they arise.

How do you coordinate with DOL, or any other local workforce initiatives?

Adept has coordinated with DOL in a number of different ways and intends to continue to utilize the programs available to us to get our name out there to individuals looking for opportunities in the health care industry. Adept frequently utilizes the New York State Job Bank to post open positions within the company, and has attended and intends to continue to attend job fairs to further our presence to individuals seeking employment.

As stated above, Adept has relationships with many of the local education centers that offer training and we have had great success in welcoming newly certified caregivers from places such as the Albany Community Action Partnership, The Capital District Educational Opportunity Center, The Workforce Development and the Community Education Program at Schenectady County Community College, and different BOCES programs within the capital district. Staff from Adept has gone to these programs to offer "Q and A" type sessions to the PCA and HHA classes, to familiarize the students with what it would be like to work for an agency, and have found that building a relationship in the beginning has made those students more likely to seek us out for employment upon successful completion of the course.

We have benefitted by using the tools available to us by local workforce initiatives, and understand the benefit to the community from an employment, and caregiving perspective. Some of our most valued caregivers have come from programs such as these and we intend to continue to grow our relationship with them moving forward.

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

The continuation/expansion of the Agency will only benefit the workforce and other health care providers in the community.

By continuing to offer employment to our current staff, constantly training and welcoming new staff, and maintaining a good working relationship within the community we will be able to alleviate some of the burden of staff shortage that other agencies and healthcare workers incur, by being able to provide care to many more members of our community.

Our commitment to efficient staffing and continuity has allowed us to offer both Rensselaer County DSS and Albany County DSS help performing their backlog of UAS assessments for home care clients throughout the capital district for over five years. Additionally, we have been able to offer Rensselaer County oversight and supervision by an RN for their homemaker program.

Our unique approach to staffing that focuses on the quality, continuity, and fulfillment of ordered service as opposed to billable hours also sets us apart because we accept patients based on availability and need. We are regularly called by colleges in community programs like EISEP or DSS to appeal to us to take a difficult case, or one that has only a few hours of approved service but really needs the help, or someone who is hard to get to, but has been waiting for service for a long time. It is an honor to be thought of in those instances, and when an appeal like that is made to us, we make it a priority to help.

While we remain on the smaller side as far as agencies go, we still have a big impact on the community for the reasons listed above. We are able to focus on improving the lives of our clients and staff, while not being seen as a threatening competitor to other providers in the area.

How will you minimize any adverse impact?

I can not come up with a scenario in which continuing or furthering the service that Adept Health Care provides would have an adverse impact on the workforce, or other healthcare providers in the community.

As always Adept is committed to being an asset in the community and in the lives of those who work for us, with us, and those who receive our services.

If ever a scenario arises where that is not the case, we will use every resource at our disposal to develop a plan to address the matter, and curate a plan to reduce any adverse affect that has been discovered by continuing or expanding operations of the agency.

Adept has a good working relationship with our closest competitors, the other LHCSAs, in the capital district and it is a priority to maintain good relationships with contractors, competitors, staff, patients, and the community as a whole.

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

We have found that the best way to retain current staff, is to provide a working environment where staff feel supported, appreciated, and fulfilled.

Top salaries, and benefits are offered, and constantly reevaluated to ensure we remain competitive in the industry, and our staff feel as though they are getting fairly compensated for the service they provide. Annual pay raises are given, as well as periodic monetary bonuses.

We make sure to recognize outstanding performance with reward programs.

We find that frequent engagement is important when it comes to our caregivers, and staff that work on the field and reach out to them frequently regarding upcoming events in the office such as meet-and-greets, live in-services, and staff parties to celebrate milestones and holidays.

Adept has and will continue to seek out state and federal programs that assist in the retention of staff.

Management will continue to participate in ongoing training to adopt new techniques to reduce turnover and retain staff.

Availability of Professional/Paraprofessional Workers to Staff Program.

This Application is proposing an ownership change to an existing, operational LHCSA. The approved operating entity will not change. Christina McPartlon, the current Vice President and Secretary of the LHCSA will become the sole shareholder of the LHCSA. The LHCSA will continue to be licensed to provide Nursing, Home Health Aide, and Personal Care services in Albany, Montgomery, Rensselaer, Saratoga, and Schenectady Counties. Kingsway is fully staffed with sufficient professional/paraprofessional staff, all of whom are directly employed by the LHCSA. Kingsway Home Care Services, Inc. is part of the Kingsway Community, which employs over 500 individuals; the applicant therefore has a large employee pool to cover the increase in the hours projected in Years 1 and 3.

The LHCSA averages 53 clients and employs, on average, between 30-35 employees.

The leadership team has 20 years of experience in health care and will be responsible for maintaining the workforce planning documents, such as the onboarding plan, strategic plan, employee development plan, and leadership assessment.

Competing Employers and Strategy to Compete.

The applicant identified the following home care agencies as potential competitors: Eddy VNA and Home Instead. There are 18 CHHAs, 33 RHCs, 39 ACFs, and 14 Hospitals considered as competing employers in the service area counties. Kingsway Home Care Services, Inc. is part of the Kingsway Community campus, which employs over 500 individuals. The campus includes a full continuum of care and services from skilled nursing and rehabilitation, assisted living and memory care, independent living apartments, adult day healthcare program and respite. Kingsway maintains strong relationships with healthcare entities in the community and will continue to enhance its relationship with these community resources. The LHCSA will continue to compete by offering accommodating work schedules and highly competitive wages and benefits. Prioritizing employee work-life balance and focusing on resident care to recruit and retain staff is a very important part of the operations.

Training, Recruitment, and Transportation Strategies.

Kingsway will recruit new staff as needed and provide an initial orientation to all new staff and will continue robust training programs and in-service throughout the year. As an added employee benefit, Kingsway offers its staff CDTA rider passes to help staff get to and from work for training, interviewing, and appointments with clients.

Coordination with the Department of Labor and/or Other Local Workforce Initiatives.

The Human Resources (HR) Department works closely with the Department of Labor (DOL) and other community grant programs to help employ those in the surrounding area.

Impact on the Workforce or Other Health Care Providers in the Community.

As described above, the licensed operator of the LHCSA will not change. The applicant does not believe that this Application will have any impact on other providers in the community because there will be no proposed change to the approved, existing licensed services or service area counties. Additionally, LHCSAs utilize a workforce different from nursing homes and standard ACFs (HHAs/PCAs). Educational programs to train staff for certification are relatively brief and will only add to the existing healthcare workforce. The agency will be able to employ nurses, home health aides, and personal care aides in the service area counties, utilizing resources and personnel not pinned to one location, spreading out the draw from other settings and areas. Within the agency, there will also be

the ability to be flexible with staff schedules, as opposed to other healthcare settings that require ironclad schedules to accommodate inpatient resident care. This will allow professional staff working in other settings the ability to accept additional shifts in the LHCSA if they wish to work in multiple settings.

Minimize Any Adverse Impact.

The LHCSA will continue to work closely with the other healthcare providers in the service area to advance initiatives that will grow the capable workforce rather than reshuffle in the service area counties. The intention of Kingsway is to positively impact the workforce and the communities it serves through partnering with other healthcare providers and investing in the growth of its own team members who will remain in this segment of the workforce and in the community long-term.

Measures Promoting Retention of Specific Categories of Your Workforce.

A priority of Kingsway is to ensure that employees who are excelling can build on their current skill set, and gain exposure to industry trends by providing training and in-service in order to utilize any new and current technology, this will keep staff interested and motivated. Kingsway has an open-door policy that 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. Kingsway has an Employee Resource Network with 24-hour, seven (7) days per week availability to a success coach for personal and professional issues, as well as an HR department that can handle any issues that may arise. Additionally, as an added incentive to retain staff, the LHCSA provides staff on-call with a company cell phone so they can be contacted in case of any emergency.

**Parkview Home Care
Workforce Summary**

**CON# 241300
OALTC Attachment A**

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

Parkview Mansion LLC, the proposed operator of Parkview Home Care, is confident in its ability to maintain the excellent workforce retention history of the agency. The proposed operator will employ all of the operator's current staff who wish to remain with the agency. The agency is currently fully staffed and thus, the applicant expects that it will be able to meet its additional staffing needs with the retention of current agency staff.

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

Competing employers in the region are predominantly licensed long term care communities, other home care agencies and the local hospitals.

The LHCSA has been operational for almost a decade and has enjoyed fantastic retention of employees, due to its high-quality operations and fair compensation and benefits. The director of nursing that is currently in place has worked hard to establish and maintain a long-standing positive culture that will continue to be prioritized after the change of operator.

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

The operator will coordinate with the Department of Labor when there are opportunities to recruit staff to the agency.

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?

Approval of this application will not create an adverse impact on other health care providers in the community because it is simply the continuation of an operational agency. The agency has excellent linkages with other providers in the community and will continue to foster those relationships to avoid adverse impact.

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

We will continue to foster excellent leadership in our managerial staff. We also regularly promote from within and encourage staff who are interested in continuing their training and education to empower them to move up in the organization. We plan to offer tuition incentives in the future to exemplary employees who wish to secure a higher certification or license with which they can move up in our organization.