

STATE OF NEW YORK
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
ANNUAL MEETING
AGENDA

September 17, 2026
Immediately following the Committee on Codes, Regulations and Legislation Meeting
(Codes scheduled to begin at 10:15 a.m.)

Empire State Plaza, Concourse Level, Meeting Room 6, Albany

I. INTRODUCTION OF OBSERVERS

Jeffrey Kraut, Chair

II. APPROVAL OF MINUTES

June 24, 2026 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 Public Health

Cherly Donald, Deputy Commissioner, Office of Public Health

C. Material Transactions Program Overview

Jackie Sheltry, JD, Director, Center for Strategic Health Initiatives, Office of Primary Care and Health Systems Management

Gregory Barone, MPH, Data Analyst, Center for Strategic Health Initiatives, Office of Primary Care and Health Systems Management

Isabella D'Ambro, Data Analyst 1, Center for Strategic Health Initiatives, Office of Primary Care and Health Systems Management

Abigail Sindzinski, Associate Health Planner, Center for Strategic Health Initiatives, Office of Primary Care and Health Systems Management

IV. PUBLIC HEALTH SERVICES

A. 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 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

24-05 Amendment of Subpart 7-2 of Title 10 New York Codes, Rules and Regulations
(Children's Camps)

25-19 Amendment of Section 415.26 of Title 10 New York Codes, Rules and Regulations
(Nurse Aide Training Program)

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

APPLICATION FOR CONSTRUCTION OF HEALTH CARE FACILITY

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

CON Application

Ambulatory Surgery Center – Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	261252 C	21 Reade Place ASC LLC d/b/a Bridgeview Endoscopy (Dutchess 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

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 HAS

NO APPLICATIONS

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

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion

NO APPLICATIONS

APPLICATIONS FOR ESTABLISHMENT AND CONSTRUCTION OF HEALTH CARE FACILITIES

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

CON Applications

Residential Healthcare Facilities – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	251186 E	Highland Operations, LLC d/b/a Highland Park Rehabilitation & Nursing Center (Allegany County)	Contingent Approval
2.	252238 E	TPRC OPCO LLC d/b/a Astoria at Rochester Nursing and Rehabilitation Center (Monroe County)	Contingent Approval

Home Care Service Agency Licensures

Licensed Home Care Services Agencies - Changes of Ownership

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	241233 E	Peak Outcomes, LLC d/b/a Duet Care at Home (Please see exhibit for list of Geographical Service Area)	Approval
2.	241270 E	Ez Living Home Care of NY, Inc. (Please see exhibit for list of Geographical Service Area)	Approval
3.	241273 E	Simpson Solutions LLC d/b/a All Care Living Assistance Services (Please see exhibit for list of Geographical Service Area)	Approval
4.	251085 E	Bridges LHCSA LLC d/b/a Bridges Cornell Heights Home Health (Please see exhibit for list of Geographical Service Area)	Approval

Ambulatory Surgery Centers – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	251159 E	Wehrle Drive ASC, LLC d/b/a Atlas Surgery Center (Erie County)	Contingent Approval
2.	261203 E	Binghamton ASC, LLC d/b/a Greater Binghamton Eye Surgery Center (Broome County)	Approval

Diagnostic and Treatment Centers – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	242223 E	Kahr Health, LLC d/b/a Park Avenue Health Center (Rockland County)	Contingent Approval
2.	261177 B	Richmond Comprehensive Health, LLC d/b/a Richmond Comprehensive Health (Richmond County)	Contingent Approval

Acute Care Services – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	261152 E	St. John's Riverside Hospital – St Johns Division (Westchester County)	Approval

Certificates

Certificate of Amendment of the Certificate of Incorporation

<u>Applicant</u>	<u>E.P.R.C. Recommendation</u>
Long Island Select Healthcare, Inc.	Approval
RiverSpring DTC Corp.	Approval

CATEGORY 2: Applications Recommended for Approval with the Following:

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

CON Application

Acute Care Services – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	261237 E	Maimonides Medical Center (Kings County) Dr. Wilcox – Recusal Dr. Yang – Recusal Dr. Kalkut – Interest	Contingent Approval

Ambulatory Surgery Centers – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	252013 E	The Endoscopy Center of Queens, Inc. d/b/a The Endoscopy Center of Queens (Queens County) Dr. Lim – Interest	Contingent Approval

CATEGORY 3: Applications Recommended for Approval with the Following:

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

NO APPLICATIONS

CATEGORY 4: Applications Recommended for Approval with the Following:

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

NO APPLICATIONS

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

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion

NO APPLICATIONS

VIII. 2025 ANNUAL REPORT

Informational Purposes

IX. PROFESSIONAL

Executive Session – Report of the Committee on Health Personnel and Interprofessional
Relations

X. NEXT MEETINGS

November 19, 2026 (NYC)
December 17, 2026 (NYC)

XI. ADJOURNMENT

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

State of New York
Public Health and Health Planning Council

Minutes
June 24, 2026

The meeting of the Public Health and Health Planning Council was held on Wednesday, June 24, 2026, at the Empire State Plaza, Concourse Level, Meeting Room 6, Albany, New York. Jeffrey Kraut, Chair presided.

COUNCIL MEMBERS PRESENT

Dr. Howard Berliner	Mr. Stanford J. Perry
Dr. Jo Ivey Boufford	Mr. Peter Robinson
Dr. Lawrence Eisenstein	Dr. John Rugge
Ms. Lindsay Farrell	Dr. Denise Soffel
Dr. Marcus Friedrich	Ms. Nilda Soto
Dr. Christina Gerdes	Mr. Hugh Thomas
Mr. Thomas Holt	Dr. Anderson Torres
Dr. Gary Kalkut	Mr. Jon Van Valkenburg
Mr. Jeffrey Kraut	Dr. Kevin Watkins
Mr. Harvey Lawrence	Dr. Patsy Yang
Dr. Sabina Lim	Commissioner McDonald –Ex-Officio
Dr. Mario Ortiz	

DEPARTMENT OF HEALTH STAFF PRESENT

Ms. Lynn Baniak – Albany	Mr. Andrew Lebwohl – Albany
Mr. Amir Bassiri – Zoom	Ms. Colleen Leonard – Albany
Mr. Jacob Bintz – Albany	Ms. Amanda Lothrop – Zoom
Mr. Charles Burns – Albany	Mr. George Macko – Albany
Mr. Darren Cohen – Albany	Ms. Marthe Ngwashi – Albany
Ms. Val Deetz – Albany	Mr. Micahel Ogborn – Zoom
Mr. Kenneth Evans – Albany	Ms. Beverly Rauch – Albany
Dr. Douglas Fish – Albany	Mr. Jason Riegert – Albany
Ms. Kayleigh Gekakis – Albany	Mr. William Sacks – Albany
Ms. Shelly Glock – Albany	Mr. Michael Stelluti – Albany
Ms. Sarah Gold – Albany	Dr. Elizabeth Whalen – Albany
Mr. Mark Hennessey – Albany	Ms. Patricia Wrobel – Albany
Mr. Johnathan Karmel – Albany	

INTRODUCTION

Mr. Kraut called the meeting to order and welcomed Council members, meeting participants and observers.

APPROVAL OF THE MINUTES OF MAY 7, 2026

Mr. Kraut asked for a motion to adopt the May 7, 2026, Minutes of the Public Health and Health Planning Council meeting. Dr. Watkins motioned for approval which was seconded by Dr. Berliner. The motion to adopt the minutes passed. Please refer to page 25 of the attached transcript.

REPORT OF DEPARTMENT OF HEALTH ACTIVITIES

Report of the Office of Health Insurance Programs

Mr. Kraut introduced Mr. Bassiri to report on the activities of the Office of Health Insurance Programs.

Mr. Bassiri opened the presentation by introducing Deputy Medicaid Director Michael Ogborn and Chief Operating Officer Amanda Lothrop. He explained that the presentation would cover hospital funding for facilities serving Medicaid and uninsured patients, followed by an update on the New York Health Equity Reform waiver.

Mr. Bassiri explained that the Indigent Care Pool provides funding to voluntary and public hospitals based mainly on the amount of care they provide to Medicaid and uninsured patients. The program currently totals \$825 million, with most funding going to nonprofit voluntary hospitals. He noted that the program had been reduced by about \$235 million in recent years and that an Enhanced Safety Net Pool was created to provide additional support to qualifying hospitals. Mr. Ogborn added that the payments are based on services provided to Medicaid and uninsured patients. He clarified that bad debt is not included in the calculation.

Mr. Bassiri noted that the Indigent Care Adjustment provides \$412 million to public hospitals. Federal rules limit how much each hospital can receive, and payments above those limits cannot receive federal matching funds. New York City Health and Hospitals Corporation generally receives the largest share, followed by State University of New York hospitals and county-operated hospitals. As the final part of the hospital funding system is a reconciliation process. The state reviews previous payments to determine whether hospitals received more or less than allowed under federal rules. These limits are based on Medicaid and uninsured losses and do not include bad debt or charity care. The overall system is designed to provide hospitals with as much funding as possible while remaining within federal requirements. Mr. Ogborn stated that federal rules changed around 2013 or 2014, requiring New York to stop including bad debt and charity care in these payment calculations. Since then, payments have been based on Medicaid and uninsured losses.

Mr. Bassiri discussed recent federal changes affecting certain payments that states can direct to hospitals. Some existing New York payments are temporarily protected through 2028. After that, payments above federal limits will have to be gradually reduced. He said these changes could create financial challenges for hospitals in future years.

Mr. Bassiri then provided an update on the New York Health Equity Reform waiver. He explained that the waiver allows New York to test new Medicaid programs using federal funding. One of its main goals is to connect healthcare services with assistance for food, housing, transportation, and other social needs. He noted that New York had only about 27 months to carry out much of this work because approval was received later than expected.

Mr. Bassiri explained that Social Care Networks are operating across the state to connect Medicaid members with community services. The program focuses particularly on people with greater healthcare and social needs, including individuals with serious mental illness, substance use disorders, disabilities, pregnant and postpartum individuals, children, and people who frequently use healthcare services. Mr. Bassiri reported that nine Social Care Networks are operating statewide, with more than 1,400 service providers and more than 3,000 social care navigators. More than one million Medicaid members have been screened for social needs. He noted that food and nutrition assistance has been the most common need identified.

Ms. Lothrop described several examples of programs being developed through the Social Care Networks. These included behavioral health services in the Southern Tier, maternal health efforts in New York City, and an asthma initiative on Staten Island. She explained that these programs demonstrate how local organizations are developing new ways to connect people with healthcare and support services.

Mr. Bassiri discussed workforce programs included in the waiver. More than 13,000 New Yorkers are enrolled in healthcare training programs, with many advancing into nursing, social work, and other healthcare careers. He also reported that nearly 900 people applied for a loan repayment program focused on healthcare professions experiencing workforce shortages, including psychiatry, dentistry, primary care, and nurse practitioners. Mr. Bassiri explained that the current waiver ends on March 31, 2027. New York plans to request additional time to continue the programs and will submit its renewal request to the federal government by September 30. He said the state has made significant progress and believes there is enough evidence to support continuing the program.

Mr. Bassiri concluded by encouraging Council members to work with their regional Social Care Networks, engage healthcare providers, participate in public meetings, and provide feedback during the renewal process.

Mr. Kraut thanked Mr. Bassiri for the presentation and the update on the waiver. Mr. Bassiri concluded his report, please see pages 1 through 12 of the transcript

Report of the Department of Health

Mr. Kraut next introduced Dr. McDonald to provide a Report of the Department of Health.

Dr. McDonald provided an overview of the State budget to give context to the Department of Health's funding. He stated that the overall budget totals \$277 billion, with \$126.4 billion allocated to the Department of Health, representing a \$12.8 billion increase from the previous year. Medicaid funding totals \$106.1 billion, an increase from \$93 billion in fiscal year 2026. The Essential Plan is funded at \$11.4 billion, representing a \$1.8 billion decrease due

to changes associated with H.R. 1. After accounting for these major programs, approximately \$8.9 billion remains to support the Department of Health's other responsibilities. Dr. McDonald then discussed investments through the Healthcare Stability Fund, also commonly referred to as the MCO tax. He explained that the fund was established through the Medicaid program as a state level financing mechanism designed to generate and deploy targeted Medicaid and managed care funding. The purpose of the fund is to expand health services throughout New York while providing fiscal flexibility and protecting access to healthcare during periods of uncertainty. Hospitals may receive up to \$706 million through the fund, although that amount includes a federal match and requires approval of a State Plan Amendment by the Centers for Medicare & Medicaid Services. Nursing homes may receive up to \$480 million, federally qualified health centers may receive up to \$80 million, and assisted living programs may receive up to \$20 million. He emphasized that these investments are contingent upon approval of the necessary State Plan Amendments and expressed confidence that the Department will be able to obtain those approvals.

Dr. McDonald highlighted the Safety Net Transformation Program as a separate initiative designed to provide financial support and regulatory flexibility to encourage partnerships that strengthen safety net hospitals serving vulnerable New Yorkers. Since the program's passage, Governor Hochul has awarded more than \$4.4 billion to support fourteen transformation partnerships. This year, the Governor secured an additional \$1.3 billion in capital and operating funding. Special focus areas include partnerships centered on regional planning, improving coordination of care, and reducing duplication of healthcare services. Dr. McDonald also explained that the budget includes an additional \$500 million for the Vital Access Provider Assistance Program, which supports distressed healthcare facilities experiencing financial emergencies. He clarified that the Vital Access Provider Assistance Program is funded entirely with state dollars and should not be confused with other similarly named programs that receive a federal match. The funding is generally intended to provide one-time assistance to financially distressed institutions while they develop transformation plans and identify sustainable paths forward. He also discussed additional investments in critical healthcare services, noting that the budget provides an additional \$1.5 billion in support for hospitals, nursing homes, and assisted living facilities, in addition to the \$1 billion in investments continued from the previous year's budget.

Dr. McDonald provided an update on the Medical Indemnity Fund, noting that New York is one of only three states with a fund of this type. The fund supports future healthcare costs for eligible individuals with neurological birth injuries and serves as an alternative mechanism for covering those expenses. The budget invests \$155.5 million in the Medical Indemnity Fund, representing an increase of \$103.5 million over the base appropriation of \$52 million. He noted that this increase occurred during the budget process and that the fund has been in place since 2011. Dr. McDonald then discussed several new public health investments, including a Cardiopulmonary Resuscitation Readiness Program. The new program will receive slightly more than \$3 million annually for five years. He explained that survival from sudden cardiac arrest can depend heavily on whether someone nearby is willing and able to perform chest compressions and CPR. The initiative is intended to train as many New Yorkers as possible to understand and perform CPR while also improving access to automated external defibrillators. He recognized the Department's EMS team for their leadership of the initiative.

Dr. McDonald highlighted a \$7 million investment to improve vital records services. He stated that the Department's Bureau of Vital Records has made significant progress and, for the first time in five years, has stopped the growth of the backlog of record requests. The Department's goal is to help individuals obtain the records they need within a reasonable period of time. The additional funding will allow the Department to recruit more staff after already making efforts to optimize available technology and existing resources. Dr. McDonald also expressed enthusiasm about a \$1.5 million investment in artificial intelligence. He noted that artificial intelligence is becoming increasingly integrated into everyday life and emphasized the importance of the Department and the healthcare sector taking a leadership role in this area. He stated that many individuals are already using artificial intelligence in some capacity, whether they realize it or not, making it increasingly important for healthcare organizations and government agencies to understand and effectively use the technology.

Dr. McDonald discussed the Rural Health Transformation Program, which is supported by funding from the Centers for Medicare & Medicaid Services. He described the program as one of the more beneficial components associated with H.R. 1 and stated that it provides \$212 million. To move forward with the funding, the Department needed the Legislature to provide an exemption from certain state financing laws, which it did. Requests for Applications have already been issued, allowing implementation of the program to move forward. Dr. McDonald then discussed the Department of Health's significant involvement in food and nutrition programs. He stated that the Department oversees ten different food programs totaling approximately \$1.1 billion annually to address food needs throughout New York. This year's budget increased funding for the Hunger Prevention and Nutrition Assistance Program to \$72 million, while Nourish New York received \$55 million and continues to be administered in partnership with the Department of Agriculture and Markets. He also highlighted a new \$10 million investment launched in partnership with the Dormitory Authority of the State of New York to support capital improvements for food banks. He noted that there are more than 2,700 food banks that may require infrastructure and equipment improvements, including basic but important items such as industrial-sized refrigerators and freezers.

Dr. McDonald concluded his report Please see pages 12 through 15 of the transcript to view the complete report and members questions.

Mr. Kraut thanked the Commissioner for his report and turned to Dr. Whalen to provide the Report on the Activities of the Office of Public Health.

Report of the Office of Public Health

Mr. Kraut introduced Dr. Whalen and invited her to provide an update on the activities of the Office of Public Health.

Dr. Whalen began with an update on communicable diseases, including the Andes hantavirus outbreak associated with a cruise ship. She explained that this strain has a mortality rate of approximately 30 to 40 percent and, unlike most hantaviruses, can have limited person-to-person transmission. The outbreak resulted in thirteen cases and three deaths. Three quarantined individuals were New York State residents. They were monitored closely after being transferred to the National Quarantine Unit in Nebraska. The quarantine ended on June 21 with no additional cases reported.

Dr. Whalen also discussed the Ebola virus outbreak in the Democratic Republic of Congo, which began in mid-May and spread to Uganda. Because the outbreak occurred in a remote area affected by civil unrest, accurate case and death counts were difficult to determine. Travel restrictions and screening measures were implemented for travelers returning from affected areas, including screening at John F. Kennedy International Airport. The Department of Health issued health advisories to clinicians, activated its emergency preparedness system, held daily meetings, updated its website, and coordinated with state and local partners.

Dr. Whalen provided an update from the Center for Environmental Health. Staff have been working with local health departments to implement the lead rental registry in twenty-five communities across the state. Landlords can now register multi-unit rental properties in the lead-safe database. As of June 1, more than 11,000 properties had been registered. Inspections and lead safety certificates will be required every three years, with the first round due by December 2028. The Department expects to provide initial inspection numbers later this year.

Dr. Whalen reported that the Division of Public Health Infrastructure worked with the New York State Division of Homeland Security and Emergency Services to prepare for large gatherings across the state. Tourism was expected to exceed two million visitors during peak periods because of major events associated with the FIFA World Cup, the 250th anniversary of American independence, and the U.S. Open Golf Championship. State and local agencies coordinated efforts to address risks such as extreme heat, dehydration, and communicable disease outbreaks. She noted that these preparations also helped the state manage other large gatherings without significant public health problems.

Dr. Whalen explained that the Community Engagement and Outreach Unit has supported the creation of the New York State Rare Disease Advisory Steering Committee, which is helping establish a permanent Rare Disease Advisory Council. Rare diseases generally affect fewer than 200,000 people nationally and are often genetic. The Department is working to improve awareness and understanding of their prevalence in New York. The unit has also promoted public health through social media and other outreach efforts. These activities helped increase participation in the Community Public Health Leader Training Program, which is offered with Cornell University. The program recorded twenty-one enrollments during April and May.

Dr. Whalen then provided updates from the Office of Science and Technology. The Office updated several major public health data dashboards, including the 2025–2030 Prevention Agenda Dashboard. The dashboard includes information related to pregnancy, vital statistics, behavioral health risks, and youth tobacco use. It allows users to track important health measures across New York State and is updated at least twice each year.

Dr. Whalen highlighted additional public health data resources covering more than 150 measures across fifteen health topics. These include information on leading causes of death, pregnancy and maternal health, asthma, opioid use, and child health. The Office of Science also continues to update several COVID-19 dashboards weekly. She emphasized that reliable and current data are essential to public health planning and decision-making.

Dr. Whalen provided an update from the Wadsworth Center, which has expanded its educational programs through the Public Health Laboratory Academy. Nineteen new students

participated in a two-week laboratory training program and gained experience working within Wadsworth divisions. She explained that the program requires significant teaching and mentoring and is intended to encourage more students to enter the public health laboratory workforce.

Dr. Whalen reported that Wadsworth Center scientists are contributing to the development of a Lyme disease vaccine. Dr. Nicholas Mantis and his team studied how antibodies created through vaccination may prevent the bacteria that cause Lyme disease from surviving in skin tissue. The research is being conducted in collaboration with Moderna and Tufts University, and the vaccine has entered human clinical trials. Wadsworth scientists also identified *Borrelia mayonii*, another bacteria associated with an illness similar to Lyme disease, in ticks. No human cases related to this finding have been identified in New York. The Department will continue monitoring tick-borne diseases as ticks expand into new geographic areas.

Dr. Whalen also highlighted Wadsworth Center's work in newborn screening. Dr. Carlos Saavedra-Matiz and Dr. Denise Kay participated in the 2026 Newborn Screening Molecular Training Workshop. Dr. Saavedra-Matiz presented information on DNA sequencing, laboratory mathematics, and screening for severe combined immunodeficiency. Dr. Kay presented on molecular analysis used in cystic fibrosis screening. Dr. Whalen stated that their participation demonstrates Wadsworth Center's continued leadership in newborn screening and the early detection of serious genetic disorders.

Dr. Whalen concluded her report, please see pages 25 through 28 of the transcript. Mr. Kraut thanked Dr. Whalen for her report and provided a report on the activities of the Public Health Committee

Mr. Kraut introduced Dr. Boufford to provide an update on the activities of the Public Health Committee.

Report on the Activities of the Public Health Committee

Dr. Boufford thanked Mr. Kraut and reported that the Public Health Committee had met the previous day and focused on three major topics: the New York State Prevention Agenda, community benefit reporting, and the public health workforce. She thanked Dr. Whalen, Mr. Waldenmaier, Ms. Elogoodin, Dr. Fish, and other Department of Health staff for their assistance with these efforts. She explained that the Public Health and Health Planning Council is responsible for helping develop the Prevention Agenda and overseeing its implementation. Hospitals and local health departments are required to submit plans describing their efforts to improve community health. Hospital plans were due at the end of December, while local health departments were given until July 1st to complete their plans. About 40 percent of local health departments were able to coordinate their plans with local hospitals. The Department encouraged those that had not yet submitted their plans to work with hospitals and other community organizations so their efforts could be better coordinated. The committee and Department will review the submitted information to measure progress, identify priorities, and determine what communities are planning for the coming year.

Dr. Boufford also discussed the May 6, 2026 meeting of the Prevention Agenda Ad Hoc Committee, which serves as an advisory group and includes members of the council as well as representatives from nonprofit organizations, advocacy groups, professional associations, and state agencies. The meeting included representatives from thirteen state agencies and more than thirty statewide organizations. She described the meeting as highly interactive and highlighted the participation of the State Education Department, along with agencies responsible for mental health, addiction services, aging, agriculture, and other areas. Participants discussed how agencies could work together to address factors that influence health, including housing, employment and economic development, education, food access, and social connection. Dr. Boufford explained that these factors have become increasingly important in public health because community health is influenced by more than access to medical care. Agencies responsible for transportation, housing, education, and other services can play an important role in creating healthier communities. The Department plans to continue working directly with participating agencies before the Ad Hoc Committee meets again on September 3.

Dr. Boufford next discussed community benefit reporting and explained that the committee is especially interested in hospital activities that directly improve community health. Nonprofit hospitals are required to report information about the services and investments they provide to their communities, including unreimbursed care, research, education, and community health activities. The committee wants to better understand how community health investments can support the goals of the Prevention Agenda and complement the work of local health departments. Private nonprofit hospitals were asked to submit their community benefit information to the Department by July 1, while public hospitals were surveyed separately because they are not subject to the same federal reporting requirements. The committee plans to review the information in greater detail and determine whether hospitals are using effective, evidence-based approaches. Dr. Boufford used health screenings without appropriate follow-up as an example of a program that may provide limited long-term benefits. She explained that the goal is to encourage hospitals to focus their resources on programs that produce measurable improvements and better align hospital efforts with local health departments and other community organizations.

Dr. Boufford then discussed the public health workforce, which the committee selected as a major area of focus. She explained that the committee is working with Department staff to identify several workforce issues that could benefit from greater public awareness and attention from policymakers. The committee received an update on efforts to strengthen the public health workforce as well as findings from a statewide study examining staffing levels in local health departments. The study showed significant workforce shortages throughout the state. Dr. Boufford stated that adequate funding remains one of the biggest challenges and that the committee hopes to increase awareness of the need for greater investment in the public health workforce. She also identified public health nursing as an area experiencing significant shortages. Dr. Lopez expressed interest in working with nursing school leaders across the state to bring greater attention to public health nursing careers and explore ways to strengthen the pipeline of future public health nurses.

Dr. Boufford also discussed the importance of strengthening partnerships between the Department of Health and schools of public health throughout New York State. She explained that one possibility would be developing a network of public health school leaders that could work more closely with the state on workforce development, recruitment, education, and career

pipeline issues. Such partnerships could help the Department better understand what schools are currently doing while identifying opportunities to coordinate efforts and prepare more students for careers in public health. Dr. Boufford stated that the committee hopes to identify several possible collaborative projects before its next meeting on September 16 and concluded her report by thanking the council.

Dr. Boufford concluded her report, please see pages 28 through 32 of the transcript

REGULATION

Mr. Holt provided the Report of the Committee on Codes, Regulations and Legislation.

Report of the Committee on Codes, Regulations and Legislation

For Adoption

24-15 Repeal of Part 19 and Addition of Subpart 58-6 to Title 10 NYCRR (Certificates of Qualification for Clinical Laboratory Directors)

23-01 Repeal and Replace Part 16 of 10 NYCRR (Ionizing Radiation)

For Information

26-14 Amendment of Part 2 of Title 10 NYCRR (Communicable Disease Reporting, Definitions and Specimen Collection)

25-19 Amendment of Section 415.26 of Title 10 NYCRR (Nurse Aide Training Program)

Mr. Holt motioned to adopt 24-15 Repeal of Part 19 and Addition of Subpart 58-6 to Title 10 NYCRR (Certificates of Qualification for Clinical Laboratory Directors). Dr. Watkins seconded the motion. The motion to adopt carried. Please see page 33 of the transcript.

Mr. Holt motioned to adopt 23-01 Repeal and Replace Part 16 of 10 NYCRR (Ionizing Radiation). Dr. Watkins seconded the motion. The motion to adopt passed. Please see page 33 of the transcript.

Mr. Holt stated 26-14 Amendment of Part 2 of Title 10 NYCRR (Communicable Disease Reporting, Definitions and Specimen Collection) was presented for information. Please see pages 33 and 34 of the transcript.

Mr. Holt stated 26-14 Amendment of Part 2 of Title 10 NYCRR (Communicable Disease Reporting, Definitions and Specimen Collection) and 25-19 Amendment of Section 415.26 of Title 10 NYCRR (Nurse Aide Training Program) were presented for information. Please see pages 33 and 34 of the transcript.

Mr. Holt concluded his report. Mr. Kraut thanked Mr. Holt and next introduced Mr. Robinson to give the report on the Committee on Establishment and Project Review.

PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS

Report of the Committee on Establishment and Project Review

Peter Robinson, Chair of Establishment and Project Review Committee

APPLICATIONS FOR CONSTRUCTION OF HEALTH CARE FACILITIES

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

NO APPLICATIONS

CATEGORY 2: Applications Recommended for Approval with the Following:

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

CON Application

Ambulatory Surgery Center – Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	252166 C	Hillside Polymedic Diagnostic and Treatment Center (Queens County) Dr. Yang - Recusal Mr. Kraut - Interest	Contingent Approval

Mr. Robinson called application 252166. Mr. Robinson noted for the record that Dr. Yang has a conflict and has exited the meeting room. Mr. Robinson motioned for approval. Dr. Berliner seconded the motion. The motion passes with Dr. Yang's noted recusal. Dr. Yang returned to the meeting room. Please see page 34 of the transcript

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 HAS

NO APPLICATIONS

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

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion

NO APPLICATIONS

APPLICATIONS FOR ESTABLISHMENT AND CONSTRUCTION OF HEALTH CARE FACILITIES

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

CON Applications

Ambulatory Surgery Center - Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	261138 E	Saratoga-Schenectady Endoscopy Center, LLC (Saratoga County)	Approval

Diagnostic and Treatment Center – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	252183 B	St. Mary's Center, Inc. (New York County)	Contingent Approval

Residential Healthcare Facility – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	252210 E	Amsterdam SNF LLC d/b/a Wilkinson Rehabilitation and Nursing Center (Montgomery County)	Contingent Approval

Mr. Robinson called applications 261138, 252183 and 252210. Mr. Robinson motioned for approval. Dr. Torres seconded the motion. The motion passed. Please see pages 34 and 35 of the transcript.

Home Care Service Agency Licensures

Licensed Home Care Services Agencies - Changes of Ownership

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	222245 E	Family Respite Homecare Agency, Inc. (Please see exhibit for list of Geographical Service Area)	Approval
2.	231025 E	Family Home Care Agency Inc. (Please see exhibit for list of Geographical Service Area)	Approval
3.	242060 E	High Standard Home Care Inc. (Please see exhibit for list of Geographical Service Area)	Approval

Mr. Robinson called applications 222245, 231025 and 242060. Mr. Robinson motioned for approval. Dr. Torres seconded the motion. The motion passed. Please see page 35 of the transcript.

Certificates

Certificate of Assumed Name

<u>Applicant</u>	<u>Council Action</u>
Cayuga Ridge, LLC	Approval

Mr. Robinson introduced Cayuga Ridge, LLC. Mr. Robinson motioned for approval, Dr. Berliner seconded the motion. The motion passed. Please see pages 35 and 36 of the transcript.

CATEGORY 2: Applications Recommended for Approval with the Following:

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

CON Application

Ambulatory Surgery Center – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	261080 B	Hawkins ASC, LLC d/b/a Vanguard Specialty Surgery Center (Suffolk County) Dr. Eisenstein – Interest	Contingent Approval

Mr. Robinson called application 261080. Mr. Robinson motioned for approval. Dr. Berliner seconded the motion. Dr. Eisenstein noted an interest on the application. The motion passed. Please see page 36 of the transcript.

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 Application

Diagnostic and Treatment Center - Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	242277 B	Hyp+Care (New York County) Dr. Kalkut – Interest	Contingent Approval

Mr. Robinson called application 242277, motioned for approval with an expiration of the operating certificate two years from the date of its issuance. Dr. Berliner seconded the motion. Dr. Eisenstein noted an interest on the application. The motion passed. Please see page 36 of the transcript.

ADJOURNMENT

Mr. Kraut adjourned the meeting.

NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
FULL COUNCIL MEETING
JUNE 24, 2026, 10:15 AM
ESP, CONCOURSE LEVEL, MEETING ROOM 6 ALBANY
TRANSCRIPT

Mr. Kraut As we mentioned, we're reorganizing this to accommodate our next speaker. My name is Jeff Kraut. I have the privilege of calling to order the annual meeting of the Public Health and Health Planning Council for June 24th, 2026. I want to welcome members, participants, and observers. I'm going to introduce Mr. Amir Bassiri, who directs the Office of Health Insurance Programs to provide a council with an update. Once Mr. Bassiri makes his presentation, we will then suspend the annual meeting and we'll go back to the Codes meeting and then after the Codes meeting concludes, we'll come back to annual meeting. If you followed me, it would be good for you. Mr. Bassiri, and he's on through Zoom right now. Watch the screen.

Mr. Bassiri Thank you, Jeff.

Mr. Bassiri I hope everyone can hear me okay.

Mr. Kraut We can hear you.

Mr. Kraut If you could turn up the volume in the room, please. Thank you.

Mr. Bassiri Thank you.

Mr. Bassiri Good morning straight to be speaking with the council. Apologies, I can't be there in person but thank you for accommodating virtual attendance. I'm joined today by Mike Ogborn, the Deputy Medicaid Director and I believe Amanda Lothrop, who's our Chief Operating Officer is also on. There's two topics we wanted to go through today, both of which have been requested by members of the council. Starting with the more esoteric concept being disproportionate share hospital payments or the payments and specifically getting into the indigent care pool. We're going to go through very briefly at a high level what the program entails, the three supplemental fee for service payment programs underneath it, what comprises it. We'll likely open it up to questions because I know the council members have asked specific questions about methodologies under these programs.

Mr. Bassiri If we go to the next slide, we'll start with the indigent care pool. This should be familiar to members of the council. This is a methodology authorized in our state plan amendment that establishes payments for both voluntary and public hospitals, primarily voluntary, based on the number of hospital services that each facility provides to uninsured and Medicaid beneficiaries. It's based on service units. It is a very prescriptive and formulaic program and methodology that we have tweaked with over the years with the legislature. A few years ago in 2022, Mike will correct me, but we had actually made a substantive number of changes eliminating what was then in place known as a transition collar and making some reductions and reallocations to the pool. Currently, the entirety of the indigent care pool is \$825 million and that includes federal and non-federal amounts. The public portion is very small, and it's related to an ICP, a swap that we can get into later, but not a very large portion of this program. The majority goes to our not-for-profit

voluntary hospitals. As I mentioned earlier, the program was larger before. It was almost a billion dollars. There was a reduction. There were actually two reductions in the last few years that have resulted in the pool going down by about \$235 million. The legislature and the executive did put in place an enhanced safety net pool, which is based on a definition. The legislature had put forward several years ago to target more of these dollars to safety net hospitals. But all in all, the total amount of this program is \$825 million. The key point to remember here is that it's really based on the service units that each hospital provides for uninsured and Medicaid patients.

Mr. Bassiri Mike, anything you want to add to this?

Mr. Ogborn I think you covered it, but you're right. It's based completely on Medicaid units of service. I think the last slide notes that it's Medicaid units and uninsured. I believe bad debt was a question that folks had asked about and that is not included here.

Mr. Bassiri If we go to the next slide, there's a second supplemental payment that is made called the indigent care adjustment or the ICA allocation. This is also fixed in terms of the total allocation. It is \$412 million and for public hospitals only. This payment is based on what we call and what the federal government has called DSH caps, disproportionate share hospital caps. That is the limit established under federal law and regulation for what a hospital can be paid from Medicaid. Anything above that DSH cap is not eligible for federal financial participation, meaning it's not eligible from match. The nuance is that DSH caps are not audited on a real-time basis. They're audited on a lag. It's usually two or three years. The timing of the ICA payments and the time period of the ICA payment is based on a historical period. As you'll see here, the way that these payments are allocated is a proportional allocation based on the state's total DSH cap. And then each respective public hospitals share of the total cap. In this case, and it's usually the case, New York City Health and Hospitals Corporation is the largest beneficiary followed by SUNY and then the county-run facilities. There is a non-federal share, of course, with this payment. It is, with the exception of SUNY, I believe it is funded through intergovernmental transfers from the other public institutions. There is the primary public hospitals put up the non-federal share.

Mr. Bassiri Next slide.

Mr. Bassiri The third supplemental payment---

Mr. Kraut There's just a question before you go off that slide. Hold on.

Dr. Soffel Thanks.

Dr. Soffel I was wondering if you could give us a little detail on the funding that goes to counties. What is that for, how is it allocated, etc.? Thanks.

Mr. Ogborn Those are county run hospitals. You're talking like you're your Westchester. Those are the facilities that received that funding.

Mr. Kraut Those would be public benefit corporations by and large. They're all hospitals though.

Mr. Bassiri The final portion of the disproportionate share hospital payment supplemental programs is what we call DSH reconciliation. If I were to just step back a level, we have a DSH allotment the state gets each year. New York has a very favorable allotments as

compared to other states. The two programs I just mentioned are part of that allotment. The remainder is paid out through reconciliation which is the majority of it. What happens is, as I mentioned, there's a DSH audit. That audit concludes, and in effect, it's a retrospective analysis. We will be looking at how many hospitals were paid above and below those final DSH caps. Just a reminder that the DSH caps are established based on uninsured and Medicaid losses. There is zero factor from bad debt or charity care. That was a federal change made several years ago that we can talk about in a minute, but that is the basis of how the DSH cap is set. If we have overpaid facilities, we try to resolve that as soon as possible. There are some nuances in how we handle over and under payment, respective to the discrete programs underneath DSH, but for the indigent care pool... That is the program I mentioned that is primarily for not-for-profit voluntary hospitals. When we overpay, we shift that overpayment to a state-only obligation, meaning there is no federal share associated with the amount over the DSH cap. We do that intentionally for compliance purposes and to make sure we are never claiming federal match on a dollar that is not eligible for match. ICP is very straightforward. There are practically no overpayments that have a federal dollar tied to them. Same with ICA. That's the Indigent Care Adjustment that goes to the public hospitals and the county facilities. We recoup all overpayment for the ICA. We use this final reconciliation payment to ensure that we pay our public hospitals, with the exception of Health and Hospitals Corporation up to the maximum DSH cap limit we can. They pay the non-federal share through an intergovernmental transfer. The primary purpose we have structured the DSH programs this way is so that we can pay our public hospitals as much as possible. And even though Health and Hospitals Corporation is not guaranteed a payment up to that DSH cap like the other publics are, they are receiving well above and they are getting paid the maximum as well in recent years and it's related to things we've done in managed care supplemental payment programs where we're getting more dollars to hospitals through state-directed payments and higher payment rates and managed care. That is resulting in facilities, for lack of a better phrase blowing through their DSH caps well in excess of it. There are some financial ramifications of that, but the underlying message is that we are paying them the maximum we can.

Mr. Bassiri Mike, anything you want to... I know that's a lot, a lot of words, not that easy to follow. Is there anything you want to fill in? Because I think we're going to open it up for questions after this slide.

Mr. Ogborn I would just say that the change in bad debt and charity care came at about 2013/2014 in that range. That was based on a federal government change that said we could no longer base any of our payments for DSH on bad debt. And charity care. We shifted to completely Medicaid and uninsured losses. There was the first of initial DSH work groups with the stakeholder community to come up with the methodology that we pretty much have in place now. That was the change that Amir was speaking to in the first bullet.

Mr. Kraut Is that the last slide?

Mr. Bassiri For this portion of the presentation. We can open it up for questions.

Mr. Kraut I'm going to open it up to questions. Let me just kind of set up some of the questions maybe because we've had discussions here on, so you've explained how the funds are put together, but the source of the funds beyond the state matches the federal contribution, we have surcharges on covered lives assessment. We have the HCRA public goods fund that come in. Just talk a little about the revenue and also what the intent of the

indigent care pool is. It was supposed to pay, you know, we're going to talk charity care, bad debt, and Medicaid underpayments. If you can comment on that, and I'll open it up for questions, because those were some of the questions that had repeatedly come up in the room that we were unclear about. First, the sources of the funds, that there's taxes or surcharges, whatever is politically acceptable, and then what is supposed to pay for.

Mr. Bassiri Mike, do you want to take the sources, or do you want me to take that?

Mr. Ogborn I mean, the sources are really general fund revenue. Getting a little bit of feedback. There are surcharges in taxes in the state for HCRA and cover lives assessment. However, from the perspective of the financial plan, the non-federal share comes from the general fund. The amount is matched against the federal share to then dispersed to the facilities. That's when we're talking about the state funding programs. The local share that we're speaking about when it came to the county facilities was related to when they put up the non-federal share associated with DSH payments for instances like the care adjustment or the reconciliations around this slide. Those come directly from the counties or the public hospitals in their area. As far as the secondary question related to bad debt, that had to be removed from the equation in 2013, as I noted a little bit earlier. While that was an initial attempt when DSH came into play back when this came to the federal government back in the 80's, it had to pulled out in 2013. The payments are completely meant to reimburse facilities for additional uninsured and Medicaid losses.

Mr. Kraut Okay, so no longer for bad debt?

Mr. Bassiri No.

Mr. Kraut Okay.

Mr. Bassiri No, and just to be clear, Jeff, and for members of the council, CMS at the time, very clear about changing our safe amendment to remove that debt and charity. Bad debt and charity here have not been a part of this program for some time now.

Mr. Kraut I'm going to open it up.

Mr. Kraut Ms. Soto.

Ms. Soto Nilda Soto, council member. I like clarification in particular on this last slide. What differentiates the uninsured Medicaid losses versus bad debt and charity care?

Mr. Ogborn There are different definitions in the federal calculation of what bad debt and charity care is versus what uninsured and medicated losses are. It's definition from an accounting perspective. Anything that the hospitals would classify as bad debt in charity care in their cost reporting cannot be included when the payments are being made or when the dispatch are being calculated.

Mr. Bassiri And just to add to that, Ms. Soto, the Medicaid and uninsured losses are calculated based on the cost the hospital is reporting for delivering that service to the Medicaid member and or the uninsured member and then the cost of reimbursement that they received. In Medicaid's case, that's typically the fee for service reimbursement or a managed care payment. In uninsured, it could be zero. As Mike said, there are some clear definitions that segregate the cost by bucket and bad debt and charity here are very clearly segregated from Medicaid and uninsured losses.

Mr. Ogborn Actually go through a process with the KPMG as well, pursue the federal regulation where they audit our DSH caps and ensure that things are not included as well.

Mr. Kraut Anyone else?

Mr. Kraut Dr. Berliner.

Dr. Berliner There's a proposal that I guess will be coming to us soon that would switch a major voluntary hospital in New York City to become a public hospital. Will that just result in a... You know, just switch off the money or will, in other words, will the voluntary payments to voluntary hospitals be reduced or will the payment to public hospitals be increased? Have you thought about that or has that been discussed at all?

Mr. Ogborn I would say it depends, right? The volunteer pool is going to stay the same as far as the amount that's currently in statutory requirements. However, the facility that if they were to become part of the public facility, they would be included as part of their overall DSH allotment. They will probably get paid additional funding on that third slide here that we're looking at the final reconciliation payments. That said, it will also depend on what the ultimately their DSH caps are and what the amount is that we can pay up to the federal limit. There's many factors that are going to have to go into it. It's difficult to determine without having all of the cost information in front of us and going through the process of understanding. The amounts for voluntary pools and public pools still stay the same in the engine clear pools that you saw on slides one and two.

Dr. Berliner Thank you.

Mr. Kraut Ms. Farrell.

Ms. Farrell Nancy Farrell, member of the council. The Trump Administration CMS has issued new rules very recently. I know there's changes to state-directed payments. I'm not sure if there are other impacts that will threaten funding to the state's facilities. Can you comment on those rules? They were issued within the last month, I believe

Mr. Bassiri Yes, absolutely. The rules that are being referenced are subsequent guidance or proposed regulations from the federal government following the enactment of H.R. 1 last Summer. Some of those provisions included a moratorium on state directed payments and a cap on the payment amount in a directed payment at the Medicare limit for states like New York that are expansion space subject. The proposal rule is pertaining to that. There are significant changes. What it really is doing is that it's closing off an opportunity and a potential pathway that we had to use to target resources to facilities for specific initiatives or for the underlying financial condition of the facility. There are a lot of changes that are happening. There are also some transitions, or CMS is calling grandfathered state directed payments that can exceed that Medicare limit for a time period up until 2028. Following 2028, those payments that are already above the Medicare level will have to be reduced by a minimum of 10% each year until that payment rate is equivalent to the Medicare rate for the hospital service. We do have grandfathered state directed payments. Those are the state directed payment or are financially distressed hospitals downstate that are not for profit. We have a state directed payment for critical access hospitals, and we have a credit state directed payments for community hospitals. Those are all grandfathered. We received approval for the and hospitals state directed, payment to be paid at the average commercial reimbursement rate and that is grandfathered. There is

some solace in the fact that we have a little bit of time to transition before these payments are getting reduced, but they will, it will start to become a major problem in subsequent years because there's essentially no new vehicle that the federal government has established to provide supplemental payments to providers and particularly hospitals and state directed payments were our vehicle for doing that in the last several years.

Mr. Kraut It just shows the complexity of the reimbursement system that gets patched together on all these different streams.

Mr. Kraut Yes, Dr. Soffel.

Dr. Soffel Good morning---

Mr. Kraut If I can hold the questions after Dr. Soffel, I would like Amir to finish his presentation and then we'll come back.

Dr. Soffel Good morning. Denise Soffel, member of the council. My question is about the enhanced safety net pool and how many hospitals are currently receiving funding through the enhanced safe net pool. Are the criteria explicit and what happens then if more hospitals meet those criteria? Does the average payment per hospital then start going down? Because it feels to me like given the crises that we're seeing across the state that more and more hospitals could certainly be called Enhanced Safety Net Hospitals or Critical Need Hospitals.

Mr. Bassiri Thank you for the question, Denise.

Mr. Bassiri What I would say is actually, interestingly, we have seen that the number of hospitals meeting the definition of a safety net increasing year over year prior to H.R. 1. This criteria that was established in legislation is pretty broad. If I'm not mistaken about seventy hospitals that met the definition, it includes a lot of other hospital types that are in... it includes critical access hospitals. It includes some community hospitals. It includes the hospitals with average payer mix. I think over 30% met. It's a pretty big list. It has all publics. If hospitals get added, there will be proportional impacts on the transition collar, but I think... We have seen it stay pretty consistent year over year. There's maybe one or two hospitals that have come in and out over the years, but it's pretty consistent just based on the prescriptive statute.

Mr. Bassiri Mike, I don't know if you have thoughts to share.

Mr. Kraut I'm going to ask Mr. Bassiri to turn his attention now to the other question we asked him was to give us an update on the New York State Health Equity Reform, the 1115 waiver. I apologize. We got the slides a bit late. We will get these slides to you. They'll be posted to the public as soon as this presentation is over.

Mr. Bassiri Thank you, Jeff.

Mr. Bassiri I'll try and be brief to ask for some questions and Amanda's joining me here. I know there have been questions. There's a lot happening with our 1115 waiver, also known as the New York Health Equity Reform Amendment. It's very exciting. This was one of the bright spots. We love talking about our success here and excited to share a little bit of where we are. Just a brief overview to illustrate the importance of our programs. A third of New Yorkers are covered under one of our public health insurance programs between

Medicaid Child Health Plus and the Essential Plan. We cover half, largest program in the country, second largest population of dual eligible in the county, two million primary payers for long term services and supports behavioral health care. While the figures on the right-hand side of the bar chart are lower today than they were in 2025. As you may have heard or seen, there've been a number of changes to the Essential Plan that were directly a result of H.R. 1. About 450,000 of that 1.7 million may receive coverage elsewhere but will not be enrolled in the Essential Plan. We've seen our Medicaid enrollment go down as well. The 9.2 is really closer to like 8.4 right now, but still sizable, sizable growth in the last decade.

Mr. Bassiri Next slide.

Mr. Bassiri What is the waiver doing, our 1115 waiver? That is our vehicle for innovation. That is a vehicle for testing different models and ideas in the Medicaid program with federal funding. That is what we are doing with this amendment. There's sort of three major pillars of the amendment, starting with the establishment of social care networks and social care infrastructure to address health-related social needs and integrate the social care services with physical and behavioral health care. We have the most ambitious program in the country. We've taken a lot of unique approaches, and our scale is just leaps and bounds above other states. We're very eager to continue this work. When we received approval for the waiver, we were actually in the middle of our five-year demonstration. Our waiver runs between 2022 and 2027. We received approval for the amendment in 2024. We had essentially half the time to implement, we had twenty-seven months to implement a five-year demonstration. We are hoping to get as far as we can. We've seen really tremendous progress recently, but it just goes to show that we had less time to do this than we had anticipated. Along with the social care infrastructure, there is an IT overlay and underlined data and encounter process that allows us to establish social care encounters and actually measure who is receiving what service at what time after which referral. It's given us very good visibility. We've set up infrastructure that is built to last even beyond this waiver. Two other pillars are also very critical to the Medicaid program workforce. Only New York and Massachusetts got workforce approvals in 1115. We established a very innovative career pathways training program to help people move up the career ladder in advance and have the supports they need to get trained in advance. There's also a loan forgiveness program we'll talk about and then more broadly the overall goal is to improve population health and population health outcomes and what these three pillars really structured to do.

Mr. Bassiri Next slide.

Mr. Bassiri Our social care networks addressing health-related social needs. They're doing an incredible job, especially as of recently. I think we should all be there. I know the Medicaid program is super proud, but all the stakeholders should be really proud about where we are and what they have done in their communities and in an appendix slide we have more details about who is where and which organizations are serving which regions, but they've really identified unmet needs and added capacity to their communities to help residents and members access services they previously have not had access to. Things like food and nutritional supports, housing supports, transportation for non-medical purposes, as well as navigation to other local and federal resources. They have developed targeted outreach mechanisms working with health plans and CBOs to really reach broader and harder to reach populations in the Medicaid program and helping them receive an integrated enhanced services. They have facilitated reimbursement to community-based organizations. This is something that was a very large pain point in our

last waiver, the program, where there was difficulty getting dollars downstream. This is an area where the seat social care networks have done a very good job working with health plans on a premium basis and then reimbursing providers on a fee-for-service basis. While we're not fully there yet...we are seeing improved outcomes and health equity across the state. It's very early. It's encouraging based on the premise of our waiver and what we're hoping to see at the end of the demo.

Mr. Bassiri Next slide.

Mr. Bassiri How are the SCNs targeting and who is essentially receiving these new health-related social needs services? Both the state and CMS were very keen on measurement and demonstration of value and outcome. We really narrowed the targeted population who would be eligible for these enhanced screenings to include our highest-needed members. These categories will be very familiar to the council. They are consistent with categories we've used to stratify high risk elsewhere. They include things like people who are actively receiving substance use disorder or have serious mental illness, anyone who has an intellectual developmental disability, any person who is pregnant or in postpartum care, children under 18 were all considered to be a high risk as well as populations receiving health home services or something we call high utilizers, frequent utilizers of hospitalizations, recurring hospitalizations and healthcare, indicating there's a lack of care management and case management. These are the populations that receive these enhanced services. It's about two million of our six and a half million Medicaid members.

Mr. Bassiri Next slide.

Mr. Bassiri This is the detailed subset of health-related social needs services that we received authorization for in our 1115 waiver. It's more comprehensive than most other states that have waivers to provide HRSN services, and I'll go through it at a high level. Every member, regardless of whether you have, whether you meet one of those criteria on the prior slide or not can be screened using our standardized accountable health communities screening tool and then navigate it to existing services or county or locally led services if they are not one of those populations that are a higher need. For those that are, they have access to a very, very comprehensive list of nutritional housing and social care management services. Some of these are familiar to you, like medically tailored home delivered meals. That's something we have provided in our managed long-term care programs prior to this waiver. We now have nutritional counseling and courses. We have food prescriptions and pantry stocking, as well as cooking supplies. There's differing utilization of these underlying services, but by far and away, the highest need that has been identified in our screening of members is nutritional services and a lack of access to them. This has been something that has been reaffirmed since the beginning of our waiver, and we're seeing it continually. Housing a lot of these services we provide in different waiver programs, whether it's an HDD and TBI program, whether it is our Enhanced Supportive Services Housing Initiative that is done with in coordination with OTDA and OMH, but these are very much targeted to helping people remain in the community in the home or move from institutional settings to the home. There's been navigation, but then there's also support for six months' rent and utilities and a host of other housing supports. It is dependent on the availability of supportive housing such that it's not as though we are paying for six months' housing for someone to get evicted. It's very much integrated into the transition of individuals from an institutional setting to the community. Due to the lack of supportive housing availability, there has been a mixed uptake in these services. Same said for transportation. While we were excited about it, it

has been difficult to see a large uptake in that benefit. The social care management has been incredibly helpful. We have seen existing care management agencies and organizations like our health homes, like the CCBHCs and other entities come together and provide social care management in an integrated way, working with CBOs and health systems. This has been a very strong point of success of the waiver thus far.

Mr. Bassiri Amanda, I don't know if you want to add anything further to this slide or we should just keep going.

Amanda I think we should keep going because they're best illustrated by the stories which we have to highlight coming out of that's really the impact.

Mr. Bassiri What has been the impact thus far? Bear in mind, we are in month twenty of the twenty-seven that we have essentially, so we're not yet done. We have seen tremendous progress. All the credit goes to the social care networks and the stakeholders in our communities to drive this work forward along with the great work of our team, our waiver team. There's nine networks. We have over 1,400 HRSN service providers, all of the health plans are engaged, and they've established over 3,000 social care navigators who are actively working every day to connect new members to services. We have reached over one million screened members. That is a huge milestone for us. Given where we were in the beginning, we're very excited about the momentum we're currently seeing. There's about 2x screening rate each week. We're seeing a huge, huge uptake. A big part of that is because we've brought in and created opportunities not just for CBOs but for health care providers to work with social care networks and ensure that each member in the delivery system is helping reach members where they are. The data backbone has been great. There's been mixed performance depending on each social care network's technology partners but what we have confirmed and we're proud of is that the data backbone works. We've leveraged the state health information network as a critical resource to bi-directionally exchange health-related social need information to social care networks plans in the state. All of the work we did to set up the piping, it actually does work, which gives us confidence for the infrastructure lasting post-waiver. We're reaching members where they are and seeing a lot of, as Amanda mentioned, really nice stories in different parts of the state from families, from members, particularly those with high needs and for where we're hoping to see better outcomes.

Mr. Bassiri Next slide.

Mr. Bassiri As I mentioned before, I think a big reason we've been able to scale quickly in the last six months has been the organizations between traditional healthcare providers, hospitals, FQHCs, pharmacies, working with community-based organizations and care management agencies on the ground to really leverage and scale up the access points for where members can be screened. We wanted to highlight one example, and I'm going to take this one because it's a great one in the Southern tier, but it really highlights where some of these infrastructure dollars have gone and how they've leveraged capacity building for the future.

Amanda We see these all over, but the social care networks are really taking innovation to heart, which was the goal of this waiver to begin with, and testing out different models. We have a few of them here, but even in the Southern tier, they centralized a behavioral health hub so that members can get access to critical services quickly, off hours, in maybe odd settings and in crisis stabilization immediately to reach the high needs cases as quickly as possible. We see that across the board. We've seen that in other examples.

Amanda If you go to the next slide, you can see that in other examples with another social care network addressing a maternal health initiative.

Mr. Bassiri Can we go to next slide?

Amanda There we are.

Amanda Another social network addressing maternal health efforts really partnering with New York City to create stress-free zones and bring a comprehensive set of benefits to maternal health families to get access to really the continuum of care as early an intervention as is as is possible or one of the Staten Island providers putting forth a concerted effort to address asthma through a really interesting model that creates both a technology hub to have an interactive platform to attempt behavioral nudging to address those interventions, as well as some of those traditional environmental remediation or modifications to support the member.

Mr. Bassiri If we go to the next slide. These are some of the stories Amanda was mentioning. We're not going to read them necessarily, but we really just want to highlight it's not in one place. It's from different...whether it's members, navigators, providers. We are starting to capture some of the impacts of this work. It's very powerful and meaningful. And to the point Amanda raised on the prior slide, especially Staten Island, we have to give them a shout out. They've been leading the way since the waiver kicked off. This is not easy work at all. Getting health and non-health providers to work together and all collaborate towards the common goals, very challenging, and it's also complicated from a technology and reimbursement standpoint. Staten Island and the SIPs is the name of the SCN. They've really done a fantastic job building from their success and the community network and partnerships that they've established to really both screen, assess, refer, and follow up. Their workflows are fantastic. We've seen incredible performances from them, and they've been sharing best practices with the other SCNs. We are hitting our stride for lack of a better phrase.

Mr. Bassiri Next slide.

Mr. Bassiri One thing we haven't taken a victory lap on, but that the teams work really diligently on is on our workforce programs. Like the health-related social needs where there is a regional entity, we are working with three workforce investment organizations in different parts of the state to really help lead that work, partner with academia, partner with employers, outreach to students, work with their communities, and help people get upskilled, trained, or retrained with the social supports they need while maintaining their existing employment. We've seen really wonderful progress thus far. Some of these training programs are multiple years, so they're not all complete. Many things are in flight. We have over 13,000 residents enrolled in some form of workforce training that will be complete either at the end of this year or at some point in 2027. The fantastic news is that they have also signed up for a service area commitment to participate and after they complete their training they'll work at an employer in the state that is serving Medicaid and other public health insurance program patients, a minimum 30% payer mix, so they're going to stay in New York and continue delivering services to employers. We're seeing the most activity in nursing titles really moving up into different nursing titles or receiving a Master of Social Work and other licensed credentialing. So, I'm very excited about that. We've seen really exciting progress there, mostly nursing titles. There's a really good success story just to show you what those are actually doing to help people. In the citation

on the left side of the screen, FLPPS is the Finger Lakes Performing Provider System. They are one. They've been providing so much support to students through their training that the average increase in the grades for students during that training session has gone up by over 20% year over year. It's simply due to them supporting members and making sure they have the social support while they receive educational and academic training. The last slide is on the loan forgiveness or loan repayment program. Only us in Massachusetts had this. We were very targeted at the types of health care professionals we wanted these dollars to go towards. They are areas where we have a dearth of access, either statewide or in rural parts of the state, starting with dentistry, psychiatry, primary care and nurse practitioners. We've received nearly 900 applications, which is great. We won't be able to win all of them, probably. We do have a cap of a little under \$45 million for the awards that we can make. We are seeing really wonderful potential outcomes in the area of psychiatry and dentistry in particular, which are areas that are not just challenging for Medicaid, but for all payers. We're almost ready to finalize those awards, but there will be... We're hoping psychiatry and dentistry are the largest number of awards we make, and we expect them to be.

Mr. Bassiri I just want to give you an update on where we are from a public and timeline standpoint on the next slide, just so you are aware of where we are. While the slide is loading, as I mentioned, we're in the last year of this waiver. Our waiver ends on March 31st of 2027. The renewal process starts much earlier than that. We are working very hard right now. We'll be preparing some public stakeholder engagement in July and August, which we wanted you all to be aware of and encourage you all to attend. We'll be talking about what we plan to request in our waiver renewal that is due to CMS on September 30th. Not breaking any real news here, but we're really going to be applying to renew the waiver that we have and continue the work that we're doing. We didn't get the full five years to do this. We've seen tremendous progress in the twenty-seven months we've had. I think we will have the evidence and the justification we need to illustrate that more time is needed. Very unclear. There's a lot of things changing. The waiver space, you may have heard of a proposed rule that came out on budget neutrality. Not going to get into the details of that, but there's no short-term implications for that with respect to our renewal. There will be implications for that in the future. A lot is TBD right now, but it should not impact our renewal application that is being submitted at the end of September. Ideally, we would have this done by the end the year. We do have to work with our federal partners and their timeline, and so some of this will be dependent on their capacity and ability to meet with us on the renewal. We've had great conversations thus far. I am cautiously optimistic that we will get what we are asking for.

Mr. Bassiri The last slide is really just some next steps for you all in terms of ways that you can support the waiver or participate in the renewal. To the extent you haven't already, please activate your providers. We are seeing great progress. We know that providers and SCNs are working much better together, but to the extent not, we encourage and appreciate your outreach augmentation. To the extent you haven't met with or talked to, please work with your regional social care networks. They're doing really fantastic, innovative work in their communities with plan and CBO partners and other community-based organizations. They have public meetings. Reach out to them. You will appreciate it if you have. Finally, we welcome your voice input and feedback in the way of a renewal process. We will have public feedback sessions in July and August, and we encourage you and your partners to participate. Thank you.

Mr. Kraut Thank you. We really appreciate that comprehensive overview of where you're at with the waiver and what's coming next.

Mr. Kraut Are there any questions from councilmembers before we let them go?

Ms. Soto My question is regarding the loan program. You listed that there were 889 applicants at this time. So, the first part is... How many will be awarded? Secondly, is there a designation for the particular categories you happen to have listed for? How many will be rewarded? Is there any designation set aside by the type of provider?

Mr. Bassiri Great question, Ms. Soto. There is no allocation by provider. There's no set amount for dentists, psychiatrists, primary care, or nurse practitioners. There is criteria used to prioritize the applications. That includes whether or not they're serving in a rural community, whether or not they're serving children or adolescents, whether or not they serve in a health service area for blanking on the term professional shortage area. We obviously take into account statewide representation of the various provider types, knowing that access is needed everywhere. Can't tell you right now how many will be awarded. We're going to award as many as we can that meet the needs. The largest applicant pool is nurse practitioner followed by a primary care physician, psychiatry and dentistry. We are definitely prioritizing psychiatry and dentistry given the evidence and the knowledge of the dearth of availability of those providers statewide. I would expect those to be the largest allocations of award, but we're going to work as much as we can up to the amount we were authorized under the waiver, which is forty-three million dollars.

Mr. Kraut Dr. Soffel.

Mr. Kraut No, you're okay?

Mr. Kraut I really appreciate that. I think that was a great education for the council. I'll just underscore your opening point that one third of the state residents of about twenty million are covered under these programs that we talked about, Medicaid, CHIP, Child Health Plus, and the Essential Plan, which as you know is under review. We often think of Medicaid as only people living at or below the poverty level. The federal poverty level in New York is \$31,800 for a family of four. Substantially more, one third of our population is really at 200% of the federal poverty level, which is still living in poverty in New York to a great extent. It's an important program. You understand now the complexity of some of the things that we see here when we're dealing with Medicaid and why we're advocating for applicants to make sure there's a commitment to treating Medicaid. It's not treating 14% of the population. It's treating over 30% of population. I would say that's an important role that we play here. Thank you so much and your colleagues for presenting. We'll see you back after you submit the application. We wish you well and good luck and thank you so much, all of you, for the work you do for the state and the people of New York. I appreciate it.

Mr. Kraut I'm going to now ask for a motion to suspend the annual meeting.

Mr. Kraut Hold on. Oh, I'm sorry.

Mr. Kraut The Commissioner's on. We will continue with the mission and Mr. Holt will keep his bookmark in place. The Commissioner is joining us, obviously, remotely.

Mr. Kraut Commissioner, welcome.

Dr. McDonald You know, normally I'm with you in person.

Mr. Kraut Okay.

Dr. McDonald I'm in Midtown Manhattan. I'm going to do the best I can from my car here. Thank you.

Dr. McDonald A couple of things. I'm just going to do a little bit of a budget overview just to put a little context around the budget. It's a \$277 billion budget. The Department of Health's allocation is \$126.4 billion, and that's a \$12.8 billion increase from last year. It was thrilling, by the way, to have Amir represent us. I tell you, I'm so thankful to have him leading our Medicaid program and Amanda as well as our Chief of Staff. Medicaid's \$106.1 billion, and that's up from \$93 billion for the fiscal year 2026. The Essential Plan is now at \$11.4 billion. The Essential Plan is \$11.4 billion, but that's a decrease of \$1.8 billion because of changes to do with H.R. 1. That means I have \$8.9 billion for everything else the Department of Health does. That's just the high-level numbers. I'm just going to talk a little bit about some of the healthcare stability fund investments. The Healthcare Stability Fund, a lot of you know it as the MCO tax. We did that a couple of years ago with the Medicaid program. It's a state level financing mechanism to generate deployed, targeted Medicaid and managed care funding. We're trying to expand health services in New York. It's a legislative tool to provide fiscal flexibility and protect access to care during these periods of uncertainty. The hospitals will be able to get up to \$706 million. Now, keep in mind that number includes a federal match. That means you need to get a state plan amendment approved by center for Medicaid and Medicare services. Nursing homes will be to get up to \$480 million dollars. Federally qualified health centers get up to \$80 million and assisted living programs up to \$20 million. I know that's a lot of dollars out there, but it's all contingent on us getting state plan amendments, which we have every reason to believe we would be able to do. We have every reasonable belief we know how to do this, and we'll get them approved. The safety net transformation program, I'd just like to mention this one. This is a different program. I just want to make sure you guys keep track of all of our programs. The safety net transition program is financial support and regulatory flexibility to encourage partnerships that strengthen safety net hospitals that care for the most vulnerable New Yorkers. Since its passage, Governor Hochul has been awarded more than \$4.4 billion to support fourteen different transformation partnerships. This year, the Governor has secured \$1.3 billion in additional capital and operating funding. The Governor's identified special focus areas, including partnerships that focus on regional planning to improve coordination of care and reduce duplication of services. And now, in addition, this is another little pot of money that it's important to keep track up. This budget includes an additional \$500 million, an additional funding for the Vital Access Provider Assistance Program. That's to support distressed facilities that are experiencing financial emergencies. Now, keep in mind, Vital Access Providers Assistance Program, which is sometimes called VAP app, is only state money. Not to be confused with other tools like the VAP program, Vital Assistance Program. I admit they sound the same. That one has a federal match as well. The vital access provider assistance program really for emergency financially distressed institutions. It's generally meant to be one time funding with a transformation plan just to find sustainable paths forward. I'm going to move on to other investments in critical healthcare services. So, to support hospitals, nursing homes and assisted living, the budget includes an additional 1.5 billion in support in addition to the billion investments that are continued from last year's budget. You know, I want to just shift now to talk a little bit about the medical indemnity fund. The medical indemnity fund. There's only three states who have a fund like this. This is a neurological birth injury fund. It's an alternative fund. It provides for the future healthcare costs of eligible individuals. This budget invested \$155.5 million, an increase of 103.5 over the base appropriation of \$52 million to sustain the medical indemnity fund. That was the increase that occurred

there during the budget process. Just keep in mind, the fund started in 2011 and just gives you, that's just sort of perspective. Some of the new public health investments I just want to talk a little bit about. One of the public health investment is a cardiopulmonary resuscitation readiness program. This is a new program. It's a little over \$3 million a year, each year for five years. The whole point of it though is that, you know, sudden cardiac arrest, which can be a leading cause of death in New York state, often depends on whether the person who's next to you decides to do chest compressions, really cardiopulmonary resuscitation. This is about training as many people as possible to understand how to do CPR, also to make sure there's easy access to automated external defibrillators. I'm really excited that Ryan Greenberg, Steve Dessour and others from our EMS team are leading this initiative. It was a great idea. Another nice public health investment, this one was near and dear to me was improving vital records. We got \$7 million just to improve what we're doing about our records. You know, the department's Bureau of Vital Records. We have great people doing great work there. For the first time in five years has halted the growth of backlog of requests for records. We really want to get closer to just helping people get records they need in a reasonable period of time. We're going to be able to recruit more staff. It's just something we've really done we can with optimizing the technology. We just need more people. It's great to see that. And then, I was thrilled about the artificial intelligence investment. That's going to be \$1.5 million. Great to see that happening as well. I think it's just important to know that we all know artificial intelligence is here to stay. I think most of us are using it every day, whether we know it or not. It's really important for us to be leading in this space with healthcare. I just want to mention the Rural Health Transformation Program. That money came from Center for Medicaid Medicare Services. It was really probably the most virtuous aspect of H.R. 1. It's \$212 million. What we needed the legislature to do, and they did was give us an exemption from state financing laws. We already have RFAs out there now. Moving forward as far as that goes. I want to mention a little bit about food. I don't know that many of you realize how much the New York State Department of Health does in food. We have ten different food programs around \$1.1 billion a year in meeting food needs. This year, we saw a nice increase in the hunger prevention nutrition assistance program, up to \$72 million. Nourish New York got \$55 million, which is a program we do with Ag and Markets. This year there was a new investment again of \$10 million that we just launched with the Dormitory Authority of the State of New York for really capital improvements for food banks. It was over 2,700 food banks and they need capital improvements as well. Sometimes it's something as simple as industrial size refrigerators and freezers, and good to see that as well. I'm going to stop there because I really do think it's important just to have time for questions here. Thank you again for the flexibility to do this remotely here. As you often know, my life isn't my own, but I try to make it available to you as flexibly as I can. What questions do you have for me, my friends?

Mr. Kraut Thank you very much, Commissioner. We appreciate the effort you made to join us today.

Mr. Kraut Questions for the Commissioner?

All (Laughing)

Dr. McDonald I'm not driving.

Mr. Kraut You're not driving, I know.

Mr. Kraut Any questions for the Commissioner?

Mr. Kraut Commissioner, we really will thank you. We'll let you go. We do want to make one observation. I'll do it on behalf of the council. You heard Amir describe the impact of the 1115 waiver and the significant amount of dollars that we're investing in focusing on social determinants of health. It seems to us that one of the most impactful factors on improving the mental health of New York is a Knicks championship. I think those are one of the things you think we should be putting under the purview of the Department of Health next year.

Dr. McDonald I absolutely think so. I really think we need to focus as much energy on the Mets as possible.

Mr. Kraut Yes.

Dr. McDonald If we had a Mets championship, oh my gosh, the health benefits for that one.

Mr. Kraut I believe we would see a decline.

Mr. Kraut We would see a decline in mental health if all of our sport teams would win.

Mr. Kraut Now, I'm going to have a motion now to suspend the annual full council meeting and reopen the Codes Committee. May I have a motion?

Mr. Kraut Mr. Robinson.

Mr. Kraut May I have a second?

Mr. Kraut Mr. Hughes.

Mr. Kraut Mr. Holt.

Mr. Holt Good morning. I'm Tom Holt, Chair of the Committee on Codes, Regulations, and Legislation. I have the privilege to reconvene the Codes Committee meeting. We have two other items on our agenda this morning. These are both for information, the first being communicable disease reporting definitions and specimen collection. This regulation is being presented to the committee for information only and will be presented to committee and the full Public Health and Health Planning Council at a later date. Dr. Lutterloh and Mr. Riegert from the department are available and will provide us with information on this proposal.

Dr. Lutterloh Thank you.

Dr. Lutterloh I'm going to tell you about Section 2.1, which is the list of communicable diseases that must be reported. Section 2.2, which has definitions, and Section 2.5, which specifies those diseases and conditions for which a specimen must be collected for lab analysis when a specified illness is suspected. All three sections are to be repealed in their entirety and replaced with revised content. The proposed amendments basically update and clarify the list of reportable communicable diseases along with the definitions and those for lab analysis to address public health preparedness and surveillance of emerging communicable diseases and conditions. Before I move on to the details of the proposed changes, I do want to emphasize the extent of the outreach that we've undertaken in the

course of developing these proposed regulations. Over the past three and a half years, we've had over literally 280 meetings with parties involved, and that doesn't even include email conversations or the work that was begun before the pandemic interrupted our efforts. We've talked to various programs and subject matter experts throughout the department, other state agencies that might be affected. NYSACHO, which is the New York State Association of County Health Officials as the representative of most local health departments, which we spoke with multiple times several individual local health departments in New York City, the Greater New York Hospital Association and the Healthcare Association of New York State. An important point is that as part of this outreach, we didn't just describe our proposed amendments and explain the reasoning behind them, which we certainly did, but we also carefully considered the feedback and in fact, we did make several modifications to these proposed regulations based on that feedback, particularly from NYSACHO. We also conducted outreach via email with several laboratory associations. The limited feedback we got from them was that they were supportive of the changes. The result here is that the regulations I'm going to tell you about have been crafted to give us the information that we need for public health surveillance and response activities while particularly importantly minimizing additional burden. I will go into more detail about burden after I summarize the proposed amendments.

Dr. Lutterloh So, now to get to the regs themselves. I'm going to try to strike a balance here between giving you enough information and giving you too many details that are included in the written material because there is a lot here. I'm going to start with Section 2.1, which includes the list of reportable conditions. The biggest change here is that we want to create two lists rather than one to improve the clarity of reporting requirements. One list would be the list of conditions and diseases for case reporting. Typically, these would be things that physicians and other providers would call into the local health department. The other is a list of organisms and other agents for positive laboratory test result reporting. We also would like to make some minor edits for spelling and consistency of formatting and gender neutrality. There's one definition in Section 2.1 that we want to move to Section 2.2, the definition regulation. We would like to group tick-borne diseases that are currently listed separately under a single tick-borne disease category that will now be based on these proposed regulations include Alpha-gal syndrome, which I will talk more about shortly plus Rickettsia. We want to align reporting of influenza, COVID and Respiratory syncytial virus as much as possible including simplifying and updating COVID reporting. We're proposing to remove hospital associated infections from the list, which actually will not change reporting requirements because of other laws and regulations that mandate the reporting that we need. It's present on the list for historical reasons, which no longer apply. We also would like to make some minor updates to three conditions to reflect advances in knowledge or laboratory technology. An example of this is changing E. coli O157:H7 infections to E. Coli Shiga Toxin producing. We also would like to add three agents. Select agents are organisms or toxins that are defined by the federal government as having bioterrorism or other high-consequence public health potential. There are, like I said, these three that are not covered elsewhere; hendervirus, nepovirus, and epidemic typhus. There are also several other conditions that appear to be emerging in New York State, or otherwise in need of better public health surveillance. Examples of those are blastomyces species in the Mohawk Valley, Candida auris, particularly in the Metropolitan area in hospitals and nursing homes, carbapenem-resistant organisms, which seem to be spreading throughout the state and Vibrio species. That's Section 2.1. Section 2.2, again, is the definition section. We would like to remove the reference to hospital-associated infections, which is not needed with the term being removed from the list in Section 2.1. Frankly, It was defined in a confusing way anyway. We would like to slightly modify and

align the definitions of a case and a suspected case, particularly to explicitly include epidemiologic considerations. We want to clarify the definition of an outbreak to explicitly state that it includes both community and healthcare-associated outbreaks, and also to include single cases of disease that may reasonably be considered to portend an outbreak of public health importance. Lastly, for Section 2.2, we would like to update the definition of unusual disease, which in the current regulation only includes emerging diseases or syndromes that have an unknown etiology. We would like to add conditions with no etiology, but demonstrating new, unusual epidemiologic or clinical characteristics that might have public health significance. This really addresses improved lab capabilities. I mean, in decades past, something could be of unknown etiology for quite a while, and now we tend to know pretty quickly what the underlying cause is, if not the reasons for the new presentation. This change is also consistent with what is, for example, New York City and other jurisdictions. For Section 2.5, now this is not technically a reporting regulation. I want to make that clear because it's very easy to get 2.5 and 2.1 confused. Section 2.1 defines a list of conditions that physicians are expected to send off a lab test for if they see a suspected case. The biggest change that we're proposing here is to expand the applicability of the beyond physicians to include other types of independently practicing licensed healthcare provider whose scope of practice includes the legal authority to diagnose disease via laboratory examination. Just to give you an example, under the current regulation, if someone walks into a physician's office and the physician thinks that they have, say, measles, which actually, technically, measles is not on the list right now. That is one that we propose to add. With it only being applicable to physicians... You know, when we put measles on the list, the physician would be required to send off the very critical laboratory test information. If we did not expand this and the same patient walked into, say, a nurse practitioner's office, that same requirement would not apply. That just plain does not make any sense. That's why we want to expand the applicability of the regulation. We did work with the State Education Department on this. They are aware and provided us with the appropriate wording. We also want to add several new conditions to that list. Most critically, Hepatitis A, influenza caused by a novel influenza virus and measles, and a few other vaccine preventable diseases. Lastly, for 2.5, we would like to remove some individually listed conditions and consolidate them into groupings, mainly because often it doesn't make sense to list the individual condition separately when the whole point of the regulation is to require testing for conditions that have public health importance that really can't easily be diagnosed down to the... You know, like say the organism level without the lab test. To that end, we would have arboviral infections, tick-borne infections, and acute infectious non-viral diarrhea. When those entities are suspected, then the physician or other clinician would be required to send off the appropriate laboratory testing. I mentioned earlier Alpha-gal syndrome, which there's been increasing legislative and public interest in recently. Alpha-gal syndrome is an allergy that can occur after tick bites, particularly from the lone star tick. It does it by causing sensitization to a sugar molecule that's just a normal part of the tick's saliva and that is transmitted during a tick bite. Unfortunately, that same sugar molecule is also present in mammalian meat. People who are sensitized from a tick bite thereafter can suffer allergic reactions after eating meat. The proposed amendments include reporting of lab tests consistent with Alpha-gal syndrome. For those of you who are familiar with Alpha-gal syndrome, we recognize that clinical correlation beyond the lab test is needed to diagnose Alpha-gal syndrome. We plan to use the lab tests reporting really as a starting point and then use additional data sources such as claims data and our tick surveillance data to really to hone in on the burden and spread of this condition. We didn't include case reporting in these proposed amendments for several reasons, primarily because we felt that it would impose a potentially large and we felt unnecessary burden on local health departments in the most highly affected areas. There are some conditions where it is really

important to have an exact case count typically because of the public health follow-up that's needed such as say contact tracing. That obviously would not be the situation here. There are other conditions such as this one where... You know, we need it. We need the reporting because we need to be able to follow trends and spread and get an estimated burden and that's what we need for this one. We think that is sufficient. Therefore, we think laboratory reporting plus... You know, the additional work we can do based on that is sufficient. We also think that it will give us the information we need while minimizing burden to the local health departments because accepting a lot of physician reports can be a burden. Speaking of burden, I want to talk about that a little bit more and discuss the issue of burden associated with these amendments because we all know that we're somewhat in somewhat fiscally challenging times both for the state and local health departments. My main point here is that we've done everything we can do to minimize burden in the extreme. This is much less than the extent of the and these amendments might at first imply so Mr. Kraut a few years ago back in 2023 when we added RSV and Vericella to the list of reportable conditions. You made an offhand comment that you wanted us to carefully consider further additions to this list and. I don't know if you even remember that comment, but we do. We took it to heart. We took it seriously. It actually led us to conduct a comparison of New York and other states with regard to their reportable conditions. Now, of course the primary determinant of whether something should be reportable should be the public health need, not just what other states are doing. I addressed the need earlier and in great detail in the written documents that you have. I nevertheless hope to be able to give you some numbers to reassure you that what we want to do here is on par with what other states are doing. Unfortunately, this turned out to be a lot more complicated than I thought because of the many different ways states group their reportable diseases and different age ranges and different subsets of which aspect of the disease is reportable. You know, differences, lab and clinician, and a lot of other complications. The bottom line is it just wasn't possible to tally these up easily and give you counts. After all the time I spent scrutinizing the spreadsheet that our team created, I can tell you that the regulation in its current form puts us well on the lower end of what states tend to require for reporting, and these proposed additions will us into the pack. So, another thing we did to try to minimize burden was eliminate clinical case reporting where it's unnecessarily redundant with lab reporting. Now, of course, there are some conditions where case reporting is important and necessary, even if it might be redundant, but we took case reporting out of the list where it made sense to do so because it's a burden for clinicians to report and its burden for local health departments to accept those reports. This doesn't mean we can't go to the clinicians for case information after we get the lab report. It just means that we'll first hear about it from the lab. Now, as far as the specific additions that we're proposing, for several of them, we actually expect zero or near zero burden. Examples of those would be the select agents that we really need to know about if they occur, but they should be zero or nearly zero. Quite frankly, if the cases of the select agents are not zero or near zero, then we have far bigger problems than case burden. For some of the other conditions, such as chronic bacterial leprosy and leptospirosis, we expect very low numbers, but they do each prompt important public health responses. There are some other conditions that are a part of this where we do expect cases, although generally low numbers. We have processes in place to minimize burden. If you recall back in... Let's see, in 2024, we amended Section 2.6 to give us some flexibility in what investigatory activities we expect from local health departments. That was a conscious decision to make that amendment before proposing these current amendments because we're making use of that flexibility for some of the conditions that we're proposing to add to minimize burden. An example would be with blastomycosis. Blastomycosis is a fungal disease that can cause a very severe pneumonia and can be difficult to diagnose if you're not looking for it. It seems to be emerging in the in the Mohawk Valley area. So, for

that particular case we had we had discussions with the likely impacted county health departments to kind of determine and come to a consensus about what type investigation would be both appropriate and feasible. For, say, congenital CMV, we have a federally funded program here at the state to follow up cases, which right now we use information from our birth defects registry, but adding this to the list of reportable conditions will substantially improve the data and allow for better follow-up, and follow-up is critical to ensure good outcomes for congenitally CMV. What happens if our program here ends? We also have plans in place to minimize burden on counties should that end, and this is an example where we would really only expect probably about eighty cases per year statewide. Let's see, I don't know if I need to go into a lot of these other ones. One more example.

Mr. Holt Maybe take a pause now and take some questions from the members.

Mr. Kraut By the way, I thank you for responding to offhand comments so thoroughly. I'll make another one, increase funding for public health and health.

Dr. Soffel You sort of touched on this, but I was interested with the U.S. withdrawing from the WHO disease surveillance system, some states have indicated a plan to continue to be involved, and the reason I raise this is because it may be you getting to local health departments to say there's been one case of X or one case of Y, which we've seen a little bit in the newspaper. Ebola is getting more familiar to us sadly. Is the state part of that new grouping? How does that work when you are sending it to somebody, we've had a case of X in some place, and you just should be aware of it.

Dr. Lutterloh We actually are a part of a WHO group that holds informational phone calls, it's called GOARN, and I'm so sorry, I can't tell you what that acronym stands for, but we do have people from the department listening to those phone calls and also participating in what's happening on our end when needed. We also have our Office for Science creating the Global Health Report, which is a weekly report available on our website. You're welcome.

Mr. Holt Thank you.

Mr. Holt Other questions from the members of the council or committee?

Mr. Holt Dr. Watkins.

Dr. Soffel I'd just like to commend you for the rigor with which you undertook this process. It's really quite impressive and I just wanted to add to say that.

Dr. Lutterloh Thank you.

Dr. Watkins I also want to thank the department for their efforts to minimize the impact of those to this proposed regulation to local health departments. We also greatly appreciate the willingness of the department to consider and incorporate the recommendations that was brought forward by NYSACHO during this developmental process. During that call with NYSACHO, I did have one question I'm not sure that I got answered. For those for those new requirements or impacts that will impact local health departments, for instance, on those conditions, such as blastomycosis and leptospirosis, and measles, and those unusual disease events that will have to be reported by local health departments or investigated by local health departments. Will the state provide additional resources like

training and investigative guidance for two local health departments for these new investigative requirements that you're asking for the local health department?

Dr. Lutterloh Yes, absolutely. In fact, we have a lot of follow-up already plans for these regulations. First of all, it's not just local health departments. Local health departments, of course, will be a big part of this, but there will be updated lab guidance for the laboratories, which is already in the works. We will need to update clinicians, and we plan to do webinars to educate the clinical community about the new reporting requirements. Similarly, we would expect to do similar education for local health departments about... You know, again, what, if anything, frankly, is required of them based on these new proposed additions. If I could, I have like one last thing to mention here that is actually relevant to your question, so I want to do that very quickly because that relates to the if any that I just said. You'll notice that we're proposing to add candida auris and carbapenem-resistant organisms to the list. Those we actually see in extremely high numbers in New York State. We have people here in the state who are working on trying to limit spread and reduce those. That is an example where these are mostly associated with Article 28 hospitals and nursing homes. The department investigates them rather than local health departments. We actually don't think that that will be an increased burden for us or for local health departments. We already hear about them because they're typically reported to us because they are considered part of outbreaks. We already here about them and investigated them. This is a situation where we would not even send those reports through to the local health departments unless a particular country wanted us to do so. That's another example. That's the one last example there is one where we do have a very high burden of both of those conditions. We're already dealing with it. We don't expect that to change. We really need to get them on this list

Mr. Holt Thank you.

Mr. Holt Dr. Eisenstein.

Dr. Eisenstein Thank you.

Dr. Eisenstein Dr. Eisenstein, council member. Thank you for that presentation. We hear a lot of about a lot a topics here. Maybe this is your self-serving as an infectious disease doctor with experience in this, but there's nothing that we hear as a council that more impact the day-to-day lives of new Yorkers that what you're discussing. We should all sleep better at night based on this presentation because we just heard words like carbapenem resistant antibiotics and most people don't know what that means. What that means is when our loved ones end up in the hospital, antibiotics that are used to work to save their lives might not anymore. That's the work that your unit is doing. During the pandemic, everybody knows of this work. The rest of the time, it's almost like a forgotten thing. It really impacts every single day, every one of us, that you're monitoring this, that you are watching this. Scary as hell that you can get a tick bite and then die of anaphylaxis if you eat a hamburger. I mean, that's literally what Alpha Gal has become. You get a tick bite, you become allergic to meat, you eat meat, and you can have an anaphylactic reaction. This is scary. The fact that you guys are watching this, monitoring it and providing this guide is vital. Thank you.

Dr. Lutterloh You're welcome. We're doing our best. I just have to get to the point that we are doing our best under constraints both on our side and on the local health department side. We remain very cognizant of those.

Mr. Holt, Dr. Lutterloh.

Mr. Holt Any other questions from members of the committee or council?

Mr. Holt There was nobody from the public who signed up to speak. Thank you.

Mr. Holt This regulation will now go before the full council for information.

Mr. Holt Finally, we have on our agenda today the nurse aid training program. This regulation is being presented to this committee for information only. It will be presented to the full Public Health and Health Planning Council for adoption to a later date. Jonathan Karmel from the department is available and will provide us with information on this proposal.

Mr. Karmel Hi. This is a regulation that's in our nursing home regulations. We proposed it on June 17th. We're in the sixty-day public comment period right now, which goes until August 17th, so this relates to the training programs for certified nurse aides or CNAs. There's a federal regulation that says that the training programs have to have no less than seventy-five clock hours of training. Our state regulation currently says that the CNA training programs have to have one hundred hours of trading. This is part of Governor Hochul's Express New York initiative to eliminate burdensome regulations. We're making our state regulations consistent with the federal regulations by changing. The training requirement is from one-hundred hours to seventy-five hours, same as the federal regs. That's it.

Mr. Holt Thank you, Mr. Karmel.

Mr. Holt Questions?

Dr. Soffel Yeah, I have a question. Was the federal regulation always seventy-five and New York decided to make our regulation higher, or has the federal regulation been decreased? What explains the discrepancy?

Mr. Karmel I don't know the history of it. Val, do you know?

Ms. Deetz Hi. Thank you for asking me for that question. The seventy-five hours has been consistent with the federal regulations for quite some time states can go. They have that's the minimum threshold. We have some states that go up to one hundred and twenty. Several states that actually coincide with federal regulations at seventy-five. I'm not sure why we went to one hundred, but in 2020 during the COVID pandemic, we actually waived that requirement and we stayed consistent with the federal regs of seventy-five. This brings that in line, like Jonathan said, with the Federal requirements.

Dr. Soffel What gets eliminated from the training if you're cutting it by 25%?

Ms. Deetz Hours. That's it.

Dr. Soffel Hours.

Ms. Deetz Yep, so the curriculum stays the same.

Dr. Ortiz I don't think they're teaching it faster. It's the number of hours they're spending in a clinical setting to demonstrate their proficiency.

Ms. Deetz Or the modules that are, there's up to seven modules that are usually contained in a nursery training program. Each of those modules are blocked for specific hours. Those hours can be tailored to accommodate to fifty-nine hours of classroom time.

Mr. Holt Dr. Ortiz.

Dr. Ortiz Dr. Ortiz, member of the council. Would the department consider language that would say at a minimum of seventy-five? Because of my concern is that over time, if a program or a nursing home that produces nurse assistant graduates find that they don't have the outcomes that they expected in their learning that it gives them flexibility to increase the hours without having to reapply to the state and be consistent with the recommendation from the department. The minimum says that they get at least seventy-five, but if over three, four, or five years they found out that the learning outcomes aren't meeting practice requirements based on feedback from agencies, I would like them to have that flexibility.

Mr. Karmel The regulations do it will be changed from at least one-hundred hours to at least seventy-five hours. They could do more than seventy-five hours.

Dr. Ortiz Would they have to reapply or give a substantive report to the state about why the change would occur, or could they just make the change?

Mr. Karmel Well, the Bureau of Professional Credentialing, you know, authorizes these certified nurse aid training programs in nursing homes.

Ms. Deetz The guidance will be written once the regulations and the comments are assessed so that we can see if there's any substantive changes or any changes that need to be made.

Mr. Kraut So I would just say, because this is information only, you're going to collect comment. Please take Dr. Ortiz's language suggestion into consideration. It'll come back to us. If you don't like it, you could tell us again. We can change it. It's better to change it than it doesn't have to go out for public comment again. I would strongly suggest you incorporate his suggestions.

Mr. Holt Are their other questions or comments from the members of the committee or counsel?

Mr. Holt And no one from the public has signed up to speak, so this will be presented to the full council for information and will be coming back to us at a future meeting.

Mr. Holt That now concludes this morning's or afternoon's meeting of Codes, Regulations, and Legislation.

Mr. Kraut Thank you so much, Mr. Holt and the department for that work. I'm reintroducing myself. I'm Jeff Kraut. I'm reopening the meeting of the annual meeting of the Public Health and Health Planning Council.

Mr. Kraut Do I need a motion to reopen?

Mr. Kraut May I have a motion reopen?

Mr. Kraut Mr. Robinson.

Mr. Kraut A second, Mr. Thomas.

Mr. Kraut Thank you very much.

Mr. Kraut I want to welcome members of the Department of Health, participants and observers. Just to remind you that everybody who is attending today and who plans to speak, we'd like you to fill out a record of your attendance. It's required by the Joint Commission on Public Ethics and in accordance with Executive Law 166 we've posted the form out at the tables outside. You can email Colleen Leonard at the Department of Health. You'll find it on our website under www.NYHealth.Gov. Mr. Holt talked about the rules for webcasting. I just want to remind the public and members who are listening in that the department's certificate of need listserv. They send out important council information, notices, our agenda, our meeting dates, policy matters, material that's available on our website. We would encourage everybody to if they are following of the PHHPC activities to join that listserv. There's instructions on the reference table outside or you can contact Ms. Leonard for assistance in joining. For the annual meeting today... We're going to vote on the appointment of the council's vice chair. I will also talk about our committee's assignment. We're going to follow that with a report we just heard from Dr. McDonald. Dr. Whalen will talk about the Office of Public Health, followed by Dr. Boufford with the activities of the Public Health Committee. Mr. Holt will present regulations for our council action. Mr. Robinson will present the activities of the Project Review and Establishment Committee. For those members of the council, we are going to be batching applications. Our Certificate in Need is applications include different categories. Take a look at what we're planning to batch on the agenda. If you have any concerns or want to remove an application from the batch, please let Ms. Leonard know before Mr. Robinson gives his report. I'd like to welcome three new members to the council. We have with us today Jon Van Valkenburg who's going to be filling the newly created category seat representing freestanding ambulatory surgery centers. Mr. Van Valkenburg is a seasoned health care executive with more than a decade of senior leadership experience in governance development operations of free-standing ambulatory surgery centers. He currently serves as the Executive Director of the Upstate Orthopedics Ambulatory Surgery Center and oversees all aspects of its administration, regulatory compliance, quality and fiscal management. Next to him is Christina Gerdes. Dr. Gerdes is going to fill in as our representative now from the Behavioral Health Services Advisory Council. Dr. Gerdes is a double-boarded certified adult psychiatrist with addiction to medicine. She's a physician executive with over fourteen years of experience in behavioral health, clinical leadership and clinical operations. She co-founded and is the former Chief Medical Officer of Willow Health, where she developed and oversaw the organization's evidence-based clinical care model and led the company through the Joint Commission. I want to welcome the two of you. We hope that members of the council will introduce themselves. We also sent your bio to members of council. I'm sure you're going to make great contributions. We also have another appointed member. It's Kathryn Haslanger. Unfortunately, she could not join us today. She has an extensive background in social services, regulations, and compliance. She most recently served as the CEO of the Jewish Association of Services for the Aged, also known as JASA. She led an organization with over 2,000 staff that were dedicated to enriching the lives of tens of thousands of seniors and New Yorkers throughout the area with housing, home health care and community-based programs. Please welcome her.

She'll be additionally another voice. If you think about the three of these individuals... It gives us another perspective here on the work that we have to do. I want to congratulate one of our members, Ms. Farrell, who has just celebrated her forty years of service at the Open-Door Care Network, where she began as a volunteer in 1984.

All (Clapping)

Mr. Kraut You know, she, here's an individual who kind of rose, you talk about starting in the mail room, rose through the organization, almost held every major job and position in it, and guided it, grew it, and it's one of the larger patient-centered care delivery systems in the Hudson Valley. Her dedication, her vision, and the leadership has impacted so many patients and families and frankly improve the health of the communities that we serve. We want to congratulate you, Lindsay, on the extraordinary milestone. Forty years, if you take a look around the room and we add up all the years of knowledge here. I'm looking at Dr. Rugge.

All (Laughing)

Mr. Kraut Yes, two years. It's quite impressive. It really does show when we engage in, based on our perspectives, in issues with codes, with the work the council does, and we appreciate it. Ms. Farrell, we wish you many more years of productive contributions to serving the people of New York.

Mr. Kraut I'm going to now propose the election of a vice chair. I am moving to the election of the council's vice chair to make a motion for Dr. Boufford to serve as vice chair. I make the motion.

Mr. Kraut May I have a second?

Mr. Kraut A second, Dr. Berliner.

Mr. Kraut Dr. Boufford, do you accept the nomination?

Mr. Kraut She does.

Mr. Kraut May I have a vote?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Anybody voting no?

All (Laughing)

Mr. Kraut Any abstentions?

Mr. Kraut The motion carries.

Mr. Kraut Congratulations, and thank you, Dr. Boufford.

All (Clapping)

Mr. Kraut For our new members, we're going to be meeting with them and assigning them to committees where we have some need for some manpower and based on their preferences and expertise. Right now, these standing committees on roles of the PHHPC will remain the same. Establishment and Project Review will continue to be chaired by Mr. Robinson and the Vice Chair, Dr. Kalkut. The Public Health Committee will be chaired by Dr. Boufford with the Vice Chair of Dr. Torres. Health Planning will continue to be chaired by Dr. Rugge, with the Vice Chair, Ms. Monroe. Codes, Regulation and Legislation will be shared by Mr. Holt, and the Vice Chair is Dr. Yang. Health Personnel and Interprofessional Relations will be chaired by Dr. Thomas. The Ad Hoc Committee to lead the State Health Improvement Plan will continue to be chaired by Dr. Boufford as well. I'd like to thank all the members of the council for the hard work and time and the commitment you made to the respective committees. We look forward to another productive year, keeping our minds on the challenges that we have to confront in improving and strengthening and maintaining access to healthcare for all New Yorkers and improving that.

Mr. Kraut I'm concluding the annual meeting. I'm now going to go into the regular meeting of the council for today on June 26th. I want to start by asking for a motion to adopt April 23rd, 2026, PHHPC meeting minutes.

Mr. Kraut May I have a motion?

Mr. Kraut A motion, Mr. Robinson.

Mr. Kraut Second, Dr. Berliner.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Kraut I now would like to introduce Dr. Whalen who is going to give us a report on the activities of the Office of Public Health.

Dr. Whalen Thank you so much, Mr. Kraut.

Dr. Whalen Good afternoon to members of the council and public. I'm Liza Whalen. I'm the Medical Director of the Office of Public Health. I'm going to be providing the update for the Department of Health. I'll start with communicable disease update. I'm sure many of you have heard of the Andes hantavirus outbreak that occurred on a cruise ship. The Andes hantavirus is a subset of hantavirus, which has a high mortality rate of about 30 to 40%. It's an unusual strain. There can be limited person-to-person spread, which is not normal with hantavirus. There were thirteen cases and three deaths. New York State became aware that three of the quarantined residents were New York State residents. The passengers were disembarked from the ship on May 10th and sent to the National Quarantine Unit in Nebraska. Conclusion of quarantine occurred on June 21st and there were no further cases. All of our cases were monitored closely, including involvement with local health departments when it was warranted. Hopefully, that's the end of Andes antivirus for the time being. We also have been monitoring the Ebola virus outbreak in the

Democratic Republic of Congo, which initiated in mid-May. This has occurred in a remote region with ongoing civil strife, so precise numbers of cases and deaths have been difficult to obtain. This outbreak, we know, spread to Uganda and has led to travel restrictions on non-U.S. citizens returning to the U.S. after having been in the DRC, Uganda or South Sudan. Currently, there is screening of returning travelers at certain airports among them including JFK. For both Andes hantavirus and the Bundibugyo virus, we did create and send out health advisory notices to clinicians. The New York State Department of Health Emergency Preparedness management system was activated. We met daily during this time. We updated our website. We coordinated with state and local partners as necessary. Updates from the Center for Environmental Health. Staff and the Center for Environment Health Bureau of Community Environment Health and Food Protection have been working with local health departments in implementing the lead rental registry in twenty-five communities of concern across the state. Landlords can now register their multi-unit rental dwellings in the lead safe database. As of June 1st, more than 11,000 properties have been registered in this database inspections and lead safety certificates will be conducted and are due every three years. The first round will be no later than December 2028. We look forward to providing initial numbers of completed inspections later this year. From the Division of Public Health Infrastructure, our Office of Local Health Services was involved with the New York State Division of Homeland Security and Emergency Services to plan and assess preparedness resulting from numerous mass gatherings scheduled to take place across New York State in June and July. We know estimated tourism is expected to exceed two million during peak times as a result of events. Centered around FIFA World Cup and the 250th anniversary of independence, the U.S Open Golf Championship among others. There has been a lot of coordination and preparedness to ensure that our counties and state is aware of addressing and monitoring potential risks and key strategic focus areas. We continue to have meetings on this and have been presenting to agencies, including the New York State Association of County Health Officials, sharing communication on potential risks, including health risks, such as heat dehydration, communicable disease outbreaks, risk, et cetera, to have heightened awareness for this. As Dr. McDonald said, all of this was prepared for the World Cup, and probably the biggest gathering was after the Knicks won. Nothing bad came of that so far. We're happy about that. Community Engagement and Outreach Unit of the Division of Public Health Infrastructure has provided significant operational coordination support towards establishment of a New York State Rare Disease Advisory Steering Committee, which is helping lay the groundwork for the development of a permanent New York State Rare Disease Advisory Council. This is supporting cross agency collaboration to support the future council. Rare diseases again are diseases that affect less than two hundred thousand people nationally. They're often genetic. Other diseases and increasing awareness of them and having an idea of their prevalence in New York is important. In addition to this building on National Public Health Week, there have been numerous initiatives to increase the awareness of the work of public health through the Community Engagement and Outreach Unit, including involvement in social media and other strategies. These have helped. Among other things, increase awareness and enrollment in the New York State Community Public Health Leader Training Program, which is a program that we run with Cornell in the hopes of increasing awareness of public health for local leaders and others across the state. This program recorded twenty-one enrollments in April and May, and we continue to monitor that.

Dr. Whalen I believe I'm also going to be providing updates for the Office of Science and Technology. The Office Of Science has worked to update several major data dashboards in late Winter, early Spring. We can, the links to those are provided in your packet. Among these is the new 2025-2030 Prevention Agenda Dashboard application. This includes data

from the Pregnancy Risk Assessment Monitoring System, vital statistics, BRFSS, and Youth Tobacco Survey. The Prevention Agenda Dashboard is interactive visual presentation and kind of keeps us up to date on how we're doing with metrics, important health-related metrics across the state. It's updated at least twice a year, so it is fairly current data. We are always working to make it more current. New York State Community Health Indicator reports. It's over 150 metrics organized by fifteen health topics. There's also New York State Leading Causes of Death Data Application, which provides interactive visual presentation for up to seven leading causes of all deaths and premature deaths across the state. There are additional topic-specific dashboards, including the New York State Pregnancy Risk Assessment Monitoring System Dashboard. This presents data from a national surveillance system designed to support research and guide policy changes to reduce infant morbidity and mortality. The New York State Asthma Dashboard, the Opioid Data Dashboard, Maternal Child Health Dashboard, and the Office of Science continues also to update several COVID-19 related dashboards on a weekly basis. I encourage all of you to look there. We know that data is the foundation of so much of the public health work that we do. Maintaining these data dashboards is a significant amount of very important public health work.

Dr. Whalen From the Wadsworth Center, I will provide updates there as well. They have been educating undergraduate students for several decades through research experience for undergraduates' programs. They have now launched and expanded the Public Health Laboratory Academy. They have nineteen new students who are doing two-week lab 101 training boot camp and work in the divisions in Wadsworth. There is a tremendous amount of teaching, mentoring, and organization for this program and hopefully leading to more involvement in that workforce as well. I'm happy to report that the Wadsworth Center scientists that are advancing the development of a Lyme disease vaccine. Scientists at the Wadsworth Center have made several important discoveries towards development of a Lyme disease vaccines. Dr. Nicholas Mantis, who's the Chief of the Laboratory of Microbial Pathogenesis and Immunology, and his team elucidated the immunologic mechanisms by which antibodies elicited by vaccination may prevent *Borrelia burgdorferi* from surviving in skin tissues. This is in collaboration with Moderna, Cambridge, Massachusetts, and Tufts University. The vaccine is now in human clinical trials. Also, the Wadsworth Center has identified *Borrelia mayonii*, which is an illness similar to Lyme disease. It is pretty novel and was first recognized as a human pathogen in Minnesota in 2016. They have identified this in ticks, not humans so far. We will continue to monitor that. And of course, with all Lyme diseases, it's important to notice geographic variability, particularly as we have a northward migration of these ticks and more disease as time goes on. I also want to share Wadsworth Center scientists who share advances in molecular newborn screening at CDC training workshop, Dr. Carlos Saavedra-Matiz and Dr. Denise Kay of the Wadsworth Center's Newborn Screening Program participated in the 2026 Newborn Screening Molecular Training Workshop. Dr. Saavedra-Matiz presented three lectures covering the fundamentals of DNA sequencing, laboratory mathematics, and case studies in severe combined immunodeficiency screening. Dr. Kay delivered a lecture on national molecular analysis for cystic fibrosis screening. The leadership of center scientists in this nationally recognized training program reflects the center's ongoing commitment to advancing newborn screening science and improving the early detection of serious genetic disorders across the United States. Lots of work going on.

Mr. Kraut Thank you so much for that thorough report and congratulations to you and all the staff and the stuff that Dr. Matiz is developing the vaccine. That'll be a big, big issue once it comes out of clinical trials. I hope it succeeds.

Mr. Kraut Any questions for Dr. Whalen?

Mr. Robinson I think we just really want to underscore that that Lyme disease announcement is just significant and terrific, and the department and the Wadsworth folks are to be congratulated. I am very happy it was done in New York State.

Dr. Whalen Thanks so much. I'll make sure to share that with them.

Mr. Kraut Thank you.

Mr. Kraut I'm now going to move on, and I'm going to ask Dr. Boufford to give a report on the Public Health Committee's activities.

Dr. Boufford Thank you.

Dr. Boufford Hello, everybody. Good morning. It's my pleasure to report on the Public Health Committee, which met yesterday. We addressed three topics. One is the prevention agenda. Second is community benefit. The third was public health workforce. I'm going to touch on each of them for you. I also especially want to thank Dr. Whalen, who's also our liaison to the leadership of the department for the Prevention Agenda. Mark Waldenmaier, who's Director of the Office of Local Health Services, and Bella Elogoodin and Doug Fish, who have been really, really helpful from their office, which is very involved in the community benefit work, and the Public Health Workforce and Infrastructure Group. Let me touch on each of these. One, just for new members to remind everyone, the New York State Prevention Agenda, the PHHPC has statutory responsibility for working to not only help create the Prevention Agenda but also oversee its implementation. We are doing that on your behalf and really happy to have many of the council members who've been able to join the Public Health Committee, even though they have not been members. We were given updates. The cycle, these are requirements by the federal government to hospitals to provide community service plans every couple, three years, I think it is, and Jeff will correct me. Local health departments similarly provide their own community health plans to the state. Even though we're a little bit off sync because they had been aligned and we lost the alignment in the last year or so. Those processes have been proceeding. Hospital Community Health Service Plans were due the end of December of this past year. Those were received. The local health department reports. We had originally hoped many of them would be due the same time, and they would be jointly done. About 40 percent, I think of the local health departments were able to do that. Because of the sort of sinking delay in some of our processes, there was extra time given to local health department with a due date of July 1st. We're waiting for those to come in with the Community Health Plans. The department encouraged health departments that had not yet submitted their plans to coordinate with their local hospital and other stakeholders to try to get as much of an integrated set of reports as possible. We're looking forward to seeing that data. I think that fact is the next.... Probably between now and the end of the calendar year there are going to be a big analytic period for the committee.... For the staff of the department and also for the community to see what their reports are, how progress is going and what they are doing for the coming year. There's been some nice data put out. Nice fact sheet put out to be more publicly available to the public. Liza mentioned that the website, which is terrific and really offers a lot of information the public. A lot of effort to get the knowledge and understanding of the Prevention Agenda out more broadly around the state. I think that one of the highlights of that presentation was that we had a meeting of the Ad Hoc Committee to advise the Prevention Agenda on May 6th. There was a miraculous production of the minutes of that meeting for this meeting, which is twenty-six pages long

and provided to the committee. We very much appreciate it. Just to talk just briefly a summary. This Ad Hoc Committee is an instrument of the council that was created originally as a public advisory board for the department's voluntary accreditation process. It is a part of it the core of course are the members of the Public Health Committee of this council, but also it is an instrument of the council and involves state-level nonprofits, advocacy groups, professional associations. In this round because of the focus on social determinants of health, the set of state agencies that have been invited to participate actively in that group. As I said, the meeting was... It was a very interactive meeting. We had thirteen state agencies represented on May 6th. We had over thirty statewide organizations represented. We were meeting in this room. We had tables in the back. We had two rounds of cycles of people really providing input. Couple of real highlights. We had our really first engagement by the state education department. We had a senior person in the department sent over and a regent was there together. It was really terrific to hear about their plans for healthy schools and others and how they might integrate with the Prevention Agenda. Similarly, some of our long-time core partners, Mental Health, OASAS, Aging were present as well as Ag and Markets and a number of others. It was very exciting. I think they're very dynamic and the minutes are very long. We had good facilitation thanks to the Office of Local Public Health and staff within the department. We've been deciding that probably some young students or our colleagues that are more into AI or Claude or whatever could distill some of these twenty-six pages into some key themes. Some of the work was done. The cross-cutting themes were identified, but some of the other activity. The meeting for that group will be September 3rd. It will be here in Albany and in the meantime Dr. Whalen and others will be looking to reach out to individual agencies that were part of it specifically to really talk about how they can add value and working on the five critical domains that were key parts of the newer version of the Prevention Agenda which are addressing poverty, unemployment, well actually let's see, housing, economic development, education, food, and one of the others. I can't find it on the page. Social and community contact, which is really isolation, loneliness, social engagement. These are the first time that CDC has issued, has included social determinants in the Healthy People 2030 report because there is now a good evidence base of the importance of, shall we say, health supporting agencies like transportation, housing, and others in creating community conditions for health. Each of these other areas, obviously there are other agencies that have the kind of leverage the department has leverage on access to care, but not necessarily on the others. These inter-agency partnerships are going to be really important. We're looking forward to seeing those emerge. The second topic was community benefit reporting. This is something that the Public Health Committee had wanted to follow, mainly one particular category of community benefit reporting, which is the category of Community Health Improvement which is a very small area of the overall community benefit which does include, these are the items that each, every voluntary hospital has to submit to the Internal Revenue Service called Schedule H, which is the things that we were talking about earlier when we heard the presentation around unreimbursed care, GME research, a lot of other areas that are much bigger parts of community benefit, but we've been quite interested in this community building, community health improvement category really is an opportunity because the guidance from IRS for reporting in that category is very aligned with what we're trying to accomplish at community level in the Prevention Agenda. Since hospitals are key anchor partners along with local health departments for local work to implement the Prevention Agenda... The idea of having evidence-based interventions for prevention that would align in that area is part of our goal, and I want to thank Dr. Fish for his group's engagement and active with this. The status of this is that all private hospitals, I think it was a message from the Governor's Office to the Commissioner advising the Commissioner a year ago to really request that the community benefit reporting be looked at by the department more

carefully, potentially language added or changed in that reporting process. For this round the decision was that all of the private nonprofit hospitals that do report to the IRS will use a form that's been created by the department to report their Schedule H by the 1st of July. Public hospitals are not obligated to report to IRS clearly because they're public hospitals. The department has also carried out a survey of them to really find out in more granular detail what they are doing in some of these areas of community benefit, one of which we would be interested in is the community health improvement and community building area. They have also a deadline of July 1st. Again, analytic weeks are coming up. Our hope would be to really be able to take a more detailed look at the one category that we've been quite interested in. To see very specifically, we know hospitals are doing a lot in the community benefit area. We want to try to align it with more of an evidence-based intervention which have come up. One example would be screening programs with no follow-up. Screening programs, everybody used to... You know, it used to be a really good way of addressing community need and community assessment before we really found out that without follow-ups it doesn't make a lasting impression. That's just a simple example of an evidence-based intervention that we would hope could be modified in many cases. It's already being done. There are a number of those we want to check. We're also going to be looking at that over the next meetings of the Public Health Committee. I think in the next cycle perhaps, or maybe second cycle, we're waiting to see as we might be able to put more specific language into that community health improvement reporting request for the hospitals so that we can really begin to align that work with that of local health departments and other stakeholders, importantly at the local level. That's also another piece of work. Every year, the Public Health Committee on your behalf picks a topic area that we want to work on, and this passed. We picked the area of public health workforce. There's been a lot of development of staff, hiring, and activities in the department there. We've heard a good bit about that in previous reports. We're trying to home in now in those discussions on maybe two or three priority areas in which the Public Health Committee could work with Health Department staff to make some of the issues more visible to the public through our sort of bully pulpit, if you will, opportunities for convening and connecting across the department and also making some of these issues more part of the public conversation. We did hear from the department, from the Workforce and Infrastructure Group on what they have been doing going forward to really explore some of the areas that we had identified as potential areas of interest. We also heard a report from NYSACHO, local health department workforce enumeration study which was an update. It's an annual enumeration to really identify some of the quite significant shortages in public health workforce issues across the state. I think we all agree that one of the major problems is funding of public health workforce, which has not really been a priority area. It's our job to figure out how to get that higher profile need and understanding with the public and potentially with elected officials. That's one of areas we're going to look at. One of the other interesting, I'll just mention it because of the earlier presentation. One of the major areas of shortage is public health nursing. Dr. Lopez leaped up. We're going to put him on the spot dealing with helping to look at. He's talking about many of the deans of nursing. There's a deans of nursing group in the state to really try to bring the issue of public health nursing work to the fore with them and perhaps let us know about that next time. Similarly, I think one of the areas that we've been interested in and the department's interest in is strengthening the academic partnerships between the department, especially on the workforce issue, between the department and schools of public health. We've discussed as an example, potentially trying to promote a network of Deans of Schools of Public Health throughout the state that could really work in a more organized fashion with the state to look at pipeline issues, to learn what they're doing and look at how to take advantage of aligning those goals. We hope to have for the next meeting, which is going to

be on September 16th some candidates for the collaborative project that we'll go forward with in the coming year. I'll stop there. Thank you.

Mr. Kraut Thank you.

Mr. Kraut That's been a busy committee, both committees, and it's really encouraging to see the inter-agency cooperation and dialog. That's something, it's hard to do, and much credit to you and the department for getting that done.

Mr. Kraut Other questions for Dr. Boufford? Anything she spoke about?

Mr. Kraut Yes, Dr. Rugge.

Dr. Rugge I don't have a question, but I have some public health concerns that are not really inside the committee If that's okay. I've made some scribbles. I apologize if I can't read them right or they're mistaken. My idea is to suggest our making a resolution which is outside the usual scope and boundaries of this council. I have not had the opportunity given this busy morning to confer with our chair, Mr. Kraut, so let me give this a try and that is going back to this morning's discussion about social care networks and their importance. We appreciate the broad scope of the social care networks effectively providing and encouraging the use of healthcare services and so would suggest that we resolve at a time when in certain ways people are dealing with shortfalls in meeting financial and basic human needs. This council is giving its attention. I'm sorry. This council which is comprised of healthcare providers and leaders across the entire diversity of healthcare delivery is expressing by unanimous vote its appreciation of the dedicated support of social care networks and understands the importance and the need for continuation of those services. Ordinarily, we would not require any such a resolution, I think, but at a time when our fundamentals and our dedication to underserved people, underserved by virtue of their economy. I think adding our collective voice to that at least feels like a good thing for us to do and maybe, just maybe, could be helpful in demonstrating how broad the support of these needs are within the state of New York.

Mr. Kraut first of all, I think that that's wonderful. I think there is a time when we could come back and do that. If you looked at the timeline for the renewal of the grant, I think that it might be a good time when they're doing the public comments for us to maybe just clean up the resolution a little and in the Public Health Committee. Because that would be something that we would encourage the department and team that's resubmitting the grant to have a resolution for us. I'm sure he might find that useful, or it's not harmful.

Dr. Boufford Yeah, I appreciate John's statement. I just want to add to it. I didn't mention this, but I think one thing that's really, really important I think is for us and it's a constant dialog we have is to make the distinction between personal health and social services to individuals and changing conditions in communities that make them sick in the first place. I think the nutrition area is a really important one. There's a lot of work on medicine... You know, food as medicine and prescribing for individuals. Again, dealing with the availability of fresh fruits and vegetables at an affordable price in communities... That's kind of where we are living. As I was listening to what Amir is saying and John's point, I would love to maybe put our heads together and come up with, I'm thinking, we were talking yesterday about the issue, why couldn't community, everybody's very enthusiastic and rightfully so to promote an increase in community health workers. What are they being trained to do? Could they also be trained to do environmental assessments of homes? Could they be also trained to look at risk factors in housing or in communities in addition to navigating

responsibilities or assuring that people take their meds or make their appointments? A number of the areas he mentioned the public health nursing is another area. The workforce work is largely focused understandably on clinical, what I would call clinical, meaning individual health and social services, which we all know are in great shortage and underfunded, but I'd love to look at some creative ways of getting public health or population-focused content into the renewal. I think it would be advantageous for the renewal as well, as addressing our support for Dr. Rugge's suggestion, so maybe we could come back with some combined recommendations to them for the renewal.

Dr. Berliner I think another aspect that could be considered, be careful how to express it is mobilizing the social care networks to assist people in understanding what they need to do by way of re-enrolling under new terms with new expectations.

Mr. Kraut Well, okay, as long as we understand the state has to navigate through the federal policy structure that they have to operate under, I think those are great things to have that discussion.

Dr. Berliner Very careful not to be alienating the federal staff that is necessary to support all this.

Mr. Kraut We need that federal match.

Mr. Kraut We'll bring that back through the committee. I just have to, before I go to Mr. Holt, I made an error in asking for a motion. What you ended up adopting was the minutes of the Establishment and Project Review Committee.

Mr. Kraut I would like a motion to approve the May 7th, 2026, PHHPC meeting minutes.

Mr. Kraut I have a motion, Mr. Robinson.

Mr. Kraut I have second, Dr. Boufford.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries.

Mr. Kraut Those minutes are adopted.

Mr. Kraut I'll now turn to Mr. Holt, who will give us a report on Codes, Regulation and Legislation.

Mr. Holt Thank you, Mr. Kraut.

Mr. Holt Good afternoon. This morning, the Committee on Codes, Legislation, and Regulations heard four codes, two for adoption and two for information only. First one being certificates of qualification for clinical laboratory directors. Staff from the department presented the certificates of qualifications from clinical laboratory director's proposed

regulation to the committee on code for adoption. They were available to the council should there be any additional questions at this point. I am so moved.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second, Dr. Watkins.

Mr. Kraut All those favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Holt Thank you.

Mr. Holt Second was ionizing radiation. Staff from the department presented the ionizing radiation proposed regulations to the committee on codes for adoption. They're available for the council should there be any questions. I am so moved.

Mr. Kraut I have a motion.

Mr. Kraut I have second, Dr. Watkins.

Mr. Kraut Is there any questions from the council?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Holt Lastly, we had two items that were on for information only, those being communicable disease reporting, definitions and specimen collection. Lastly, the nurse aid training program. These will come back to the council at a future date. That concludes the meeting on Codes, Legislation and Regulations.

Mr. Kraut Thank you very much, Mr. Holt, members of the committee and the department who gave an excellent presentation this morning.

Mr. Kraut Mr. Robinson, I'm going to turn the meeting over to you to give the report on the activities Establishment and Project Review.

Mr. Robinson Thank you, Mr. Kraut.

Mr. Robinson Just an introductory comment. A few of the applications that we reviewed at committee meeting involved a request by the committee that the applicant provide

supplemental information to the department. That supplemental information was received, and I believe in the satisfaction of the department. In going through these applications in the minutes, certainly you can ask questions if you like, but I believe that most of you have seen those communications and can confirm for yourselves that that information was provided. As Mr. Kraut said, we will batch where we can, but a relatively short agenda at this time. First, an application with a recusal by Dr. Yang and an interest by Mr. Kraut. This is Application 252166C, Hillside Polymedic Diagnostic and Treatment Center, excuse me, in Queens County. It is to convert a multi-specialty ambulatory surgery center, certify CT scan MRI and medical services, including other medical specialties, and construct a six-story replacement building. Both the department and the committee recommend approval with conditions and contingencies, with an expiration of the operating certificate five years from the date of issuance. I am so moved by that application.

Mr. Kraut I have a motion.

Mr. Kraut Dr. Yang has left the room.

Mr. Kraut May I have second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Are there any questions on this application?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut The motion carries.

Mr. Robinson We are batching now, beginning with Application 261138E, Saratoga Schenectady Endoscopy Center, LLC in Saratoga County. This is to transfer 6.667 ownership interest from the fourteen current members to one new member. Department and committee recommend approval with a condition. Application 252183B, Saint Mary Center Inc in New York County. Establish and construct a new diagnostic and treatment center at 73 Lennox Avenue in New York. This is a statewide health care facility transformation program grant. The department and the committee recommend approval of conditions and contingencies. Application 252210E, Amsterdam SNF LLC doing business at Wilkinson Rehabilitation Nursing Center. This is in Montgomery County to establish Amsterdam SNF LLC as the new operator of Wilkinsons Residential and Nursing Center, which is a 160-bed residential healthcare facility. The department and the committee recommend approval of conditions and contingencies. I moved that batch.

Mr. Kraut I have a motion.

Mr. Kraut May I have second, Dr. Torres.

Mr. Kraut Anybody has a question about any application, I'll move it out of the batch. If there are one, let me know.

Mr. Kraut Hearing none, I'll move it.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstention?

Mr. Kraut The motion carries.

Mr. Robinson Now, batching the applications for licensed home care agencies. Application 222245E, Family Respite Home Care Agency, Inc., which is transferring 90.1 percent ownership interest from one withdrawing shareholder to the remaining shareholder. Department and committee recommend approval with a condition. Application 231025E, Family Home Care Agency, Inc to establish Family Homecare Agency, Inc as the new operator of a licensed home care services agency currently operated by One Stop Home Care Agency at 108-1072nd Avenue in Forest Hills, Queens. Department and committee recommend approval with a condition. Application 242060E, High Standard Home Care, Inc transferring 100% shareholder interest from two withdrawing shareholders to two new shareholders. Department and committee recommend approval with a condition. I moved that batch.

Mr. Kraut I have a motion.

Mr. Kraut May I have the second, Dr. Torres. Thank you.

Mr. Kraut Any questions on any one of these applications?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut Motion carries. Thank you.

Mr. Robinson I have a certificate next to Cayuga Ridge LLC. Cayuga ridge LLC is seeking PHHPC approval to file a certificate of assumed name to use the name Ithaca Nursing and Rehabilitation. The applicant indicated that he is seeking to use this name to reflect their services and location more directly. Department and committee recommend approval. I'm so moved.

Mr. Kraut I have a motion from Mr. Robinson.

Mr. Kraut May I have a second, Dr. Berliner.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut The motion carries

Mr. Robinson Next, an application for an ambulatory surgery center. 261080B, Hawkins ASCLLC doing business as Vanguard Specialty Surgery Center. This is located in Suffolk County, noting interest by Dr. Eisenstein, to establish and construct the multi-specialty ambulatory surgery center at 640 Hawkins Avenue in Ronkonkoma. That's how you pronounce it, by the way.

Mr. Kraut That's correct.

Mr. Robinson The department and the committee recommend approval with conditions and contingencies with an expiration of the operating certificate five years from the date of issuance. I am so moved by that application.

Mr. Kraut I have a motion for Mr. Robinson.

Mr. Kraut May I have a second, Dr. Berliner. Thank you.

Mr. Kraut Any questions on this application?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut Motion carries.

Mr. Robinson Finally, application 242277B, Hype Plus Care in New York County. Noting an interest by Dr. Kalkut, establish and construct a new diagnostic and treatment center to be constructed at 111 West 24th Street in New York. The department and the committee recommend approval with conditions and contingencies with an expiration of the operating certificate two years from the date of issuance. I will note here that we are asking that in that two-year period that that renewal come back to the committee and the full council for consideration. With that, I make that motion.

Mr. Kraut We have a motion, Mr. Robinson.

Mr. Kraut A second, Dr. Torres.

Mr. Kraut In this application, you may recall, well, for those of you who were present at the last meeting, there were questions that were raised of the applicant. They wrote us a forty-seven-page document that addressed, I think, many of the issues that were raised. As you heard, there's going to be a two-year contingency placed on this, and essentially the questions that came up dealt with how they were going to overview quality and utilization issues. Ms. Glock gave us a kind of memo of a summary of that where the department found those requirements acceptable. They were shared with the individuals. There were people who indicated that without that information they would be unable to vote. We had a number of abstentions at the last time. Hopefully, those documents and the department's review satisfy those people who ask for additional information.

Mr. Kraut With that, I'll open it up to questions. If there's any questions or concerns that have been raised.

Mr. Kraut Dr. Kalkut.

Dr. Kalkut Thank you.

Dr. Kalkut Gary Kalkut, member of the council. I'm an infectious disease physician and was concerned about the use of intravascular catheters for infusions. The original staff report says they're expecting the first year to have infusions of 4,985 or close to 5,000 infusions, so I thought the material that Ms. Glock and the applicant put together was quite good. I wanted to add some measures on intravascular catheters, which I have a lot of experience with, excuse me, and complications occur and thought that some of the measures should be met should include about catheter complications.

Mr. Kraut What would those be?

Dr. Kalkut I don't have them in front of me, Ms. Glock has them, but it would be about infection, occlusion, and malfunction in some way that can cause problems for a patient, including DVTs and pulmonary emboli.

Mr. Kraut Those would be measures of safety and harm.

Dr. Kalkut Right, and then there was a couple of questions that we posed about the infusions themselves, what they're treating and what therapeutic was in the infusion.

Mr. Kraut Ms. Glock, are those three or four criteria, how would we include that in the approval? Would it be just directing the department?

Ms. Glock Thank you.

Ms. Glock Shelly Glock from the department. We do have additional reporting requirements around the adverse events, including intravascular catheters. We also have information about the patients served annually and what services and the utilization of those patients. We will add an additional requirement asking the applicant to provide the total number of patients who receive infusion therapy by month, the number of infusion treatments that therapeutic agents infuse the duration of those treatments per patient and what disease or condition is being treated. I believe the rest of the additional we will add

explicit language. They will be incorporated into the report that was distributed to the members that the applicant will be required by the conditions placed on the application to report back to the department and PHHPC annually after both year one and year two. Of course, the limited life of two years is placed with the application having to come back to PHHPC with that information.

Mr. Kraut Hopefully, that will address the other individuals who had an issue.

Mr. Kraut Yes, Dr. Berliner.

Dr. Berliner So, most of the measures that were proposed seem reasonable. Certainly, I can't talk about clinical measures. I trust Dr. Kalkut at that. But things like, you, know, number of visits requiring EMTs or the emergency room, I don't know what we get from that number because we have nothing to compare it to. Is there a good number? Is six a bad number? I don't know.

Mr. Kraut I hate to say it. I'll use... I think it was Justice Douglas.

All (Laughing)

Mr. Kraut I'll use the pornography definition. You know it when you see it. Unfortunately, there's some numbers. You're right. There isn't a good baseline. You don't know if it's an aberration or it's a causation.

Dr. Berliner This leads to the larger issue, which is there are already around, certainly around New York City, I can't speak for the rest of the state but just walking around I've seen one on 6th Avenue in the West Village, I've seen one on 8th Avenue and Chelsea. I assume there are lots more. These are not set up as DNTCs. These are private practices, I believe. The real issue for me is not it's not worth getting into the validity of what they're doing, that's beyond our scope. But the real question is... What's the public value in providing both a professional fee and a facility fee when we have no idea, when it seems like all these other places are making it work without that? My fear is just that, at the end of two years... If that's what we said as a limit, we've now created the precedent.

Mr. Kraut I can't agree with you more, and it's exactly the issue Mr. Robinson and others have raised over the years where we've seen a doctor office converting to a diagnostic and treatment center that entitles them to get a larger fee than they would have from a commercial insurer that includes a facility and other costs, recognizing that some added expense of being DNTC, but questioning the value of doing that. I'll go back to my statement, where one third of New Yorkers are covered under the Medicaid program in one form or another. I think this is a major issue. Unfortunately, we've opened those floodgates for ambulatory surgery centers. We've opened them for diagnostic and treatment centers, conversion, and yet now we're presented with this. One of the other things, and this is separate from this application. This application came to us. We've developed a way. We've essentially created a de facto two-year demonstration program. Let's just call it what it is. I do not think if the department receives other applications for this, we are unlikely for the reasons, until we get some data on it, unlikely to consider it. The bigger issue, if we see a floodgate of these applications coming forward, I will bring this over to the Planning Committee and I would ask them to look at it in a more, I don't want it to do it as part of a vote, but in a measured way to see what the implications are of converting these type of facilities. This facility may be different than somebody who goes

on an alcoholic binge and gets an infusion in the morning. I see those in California when I travel.

All (Laughing)

Mr. Kraut I have not used one but came close.

All (Laughing)

Mr. Kraut I would say, Dr. Berliner, your concerns are well founded. I'm just making the statement to the public that we are not... This does not create a precedent. If we are looking at least for the next two years to get some data back and to see what the impact and the positive impact and hopefully there'll be maybe some published data that'll come out of this in peer review journals that would be helpful in informing this across the country, not only here. If we do see a floodgate of this, if we see a lot of these, they're going to go, I will ask the department not to move them to us without coming back and discussing it. I think the appropriate venue is the planning as we've done for other kinds of new approaches, if that's acceptable to anybody. Even if it's not acceptable, that's what I want to do.

All (Laughing)

Mr. Kraut Yes, Dr. Eisenstein.

Dr. Eisenstein Thank you, Jeff.

Dr. Eisenstein You addressed the oversight as part of this, but part of the discussion was the use of evidence-based medicine and a standard of care. My concern working in the field was more about that than oversight. We have a process. It is what you just described. The Planning Committee, when we endeavor new practices. This practice is open and operating now, so whatever the vote is doesn't stop them from functioning today, and everybody should understand that. The point is that there are literally thousands of practices like this in New York State, they all do slightly different things. As of now, none of them are diagnostic and treatment centers. We are the body that approves all the diagnostic and treatment centers. If I were any other one and saw this pass, I don't know how my first move is not to submit Article 28. My point is if we have a process, we have plans and council which includes, we did it last year with the PCI and ambulatory centers, we had expert testimony from all segments to guide us. I think that would be the prudent way to go.

Mr. Kraut I don't disagree, but here we are with the application, and I make the other point that most of these centers that are operating as a physician office may not make themselves accessible to Medicaid patients. There are elements of what they've proposed that I think has some basis for helping patients. I'm not going to say it's an experiment. It's a demonstration that provides... Let's see what happens with the access. I'm going to call a vote on the application then we could talk about the issues because I don't want to mingle, co-mingle the issues with the applicant, right? Because we're getting into a broader discussion beyond the scope, to be fair to the applicant to be on the scope of what the application's asking us to do.

Mr. Kraut Dr. Friedrich, if it's about the application, yes, go ahead.

Dr. Friedrich Thank you.

Dr. Friedrich I have a question for the applicants.

Mr. Kraut I'm trying to avoid that because of the precedent, but if it's critical to your understanding.

Dr. Friedrich Marcus Friedrich, member of the council and a practicing primary care physician in this community. When you think about complementary medicine, and this is what I feel this application is really about, and the scientific process, thinking about bringing the field and the field of this medicine forward and thinking about the scientific processes behind it. I'm seeing like a lack of really thinking about that because most major academic medical centers in the city are providing these services already. I feel that, again, going back to what was said and a hundred percent agree with that and also my colleague, Dr. Eisenstein, that this is really pushing the limit into an area where I'm, as a physician, not very comfortable right now at this point where we are in healthcare in this country because I feel and I fear also for the reimbursement and that part of this application is just the increase in reimbursement for this.

Mr. Kraut I'm going to call the question, but for all the concerns that have been expressed, that's why we made it a two-year limited life, where we will get information, hopefully answering the questions, and hopefully the applicant adequately answered the questions we posed last time, and then the inclusion of the new criteria that gives us additional measures about patient, of concerns to clinicians on the council. I hope that I can call the question now and then we can come back to this.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Anyone opposed?

Mr. Kraut How many opposed?

Mr. Kraut Four.

Mr. Kraut Any abstentions?

Mr. Kraut One abstention.

Mr. Kraut The motion passes. Thank you.

Mr. Kraut Going back to this...we'll hear back in two years. Two years after they get rolling. Well, we're going to hear back annually. Please let's make sure Colleen, Shelley, that we do get that information in the... I would call it our Summer meeting, or the Summer meeting of the council. We should get a report back, and hopefully the applicant who's present here hears that. Start writing in May, okay? Okay, fair enough.

Mr. Kraut Yes, go ahead.

Mr. Robinson We're now more on the general topic of this kind of Article 28 DNTC and not specific to this applicant. I do think that we as a council and the department, led by the

department frankly, really need to take a pause and look at what we are doing and what we intend to through the lens of both making sure that there is uniform access to very needed services, but at the same time balancing that against the risks of reestablishing essentially the Medicaid mills of the 70's and 80's, which is the counterpoint to what we're kind of dealing with here. I think we really need to pay attention to that. My recommendation to you, Jeff, and to the department is that we move now to Planning Committee and to a thorough look on this topic rather than waiting for the outcome because I do think there's enough data out there that we can be well informed and start to think in a comprehensive way about how we want to approach these applications.

Dr. Boufford Just to add, I think it was mentioned earlier, many of the mainstream academic health centers provide many of these services and have been for a while. Similarly, there is an NIH institute focused on complementary medicine. I think that there's work for the Planning Committee to get started on looking at what's going on in other venues where this has been happening and also some of the evidence bases around certain interventions or lack of evidence around others and then moving ahead. The other thing I'd say, you know, is for doing global health. There's a lot of data from other countries where we don't approve things. We want to take a look at some of the work in other countries where good data on quality improvement and quality assurances is available. There's lot of work to do to get started on Planning Committee right away.

Mr. Robinson Mr. Kraut, that concludes the report of the Establishment and Project Review.

Mr. Kraut Thank you.

Mr. Kraut Dr. Rugge, before we started the meeting, he said, you know, Jeff, my committee's bored.

All (Laughing)

Mr. Kraut Thank you.

Mr. Kraut Thank you, members of the committee, members of the council for coming. Welcome our new members. Our next regularly scheduled committee day is on August 27th. The Public Health Committee is going to be held on September 16th. The full council will convene on September 16th. Unfortunately, our space is not available yet. It will have to be held in Albany, I am told. That is the last time we're meeting in Albany for this year. We are going to then be in New York City afterwards, one way or the other. The Ad Hoc is on September 3rd. I just want to wish everyone in our country a happy 250th birthday. I'd like to also point out I don't know what's being planned. 2026 was the hundred and twenty fifth anniversary of the founding of the Department of Health. We started as the New York State Board of Health in 1880. Twenty-one years later in 1901, they established the Department of Health. Twelve years after that in 1913, they were the forerunner of this council, which is the Public Health Council in 1913. We're only a hundred and thirteen years old.

All (Laughing)

Mr. Kraut With that, may I have a motion to adjourn the Public Health and Health Planning Committee?

Mr. Kraut Dr. Yang.

Mr. Kraut Second, Dr. Torres.

Mr. Kraut We are adjourned. Thank you.

Mr. Kraut We thank members of the public

**NYS Department of Health
Public Health and Health Planning Council
Deputy Commissioner Executive Report
September 17, 2026**

OFFICE OF PUBLIC HEALTH

Center for Community Health

Federal Executive Order Related to Childhood Vaccine Schedule

On August 12, 2026, the New York State Department of Health issued a Health Advisory in response to the August 10 federal Executive Order related to the childhood vaccine schedule. The Advisory clarifies that there are no changes to New York State immunization recommendations or requirements as a result of the Executive Order.

The Department continues to:

- Endorse the 2026 childhood and adolescent immunization schedules issued by the American Academy of Pediatrics, which reflect current scientific evidence on vaccine safety and effectiveness.
- Recommend the combined measles, mumps, and rubella (MMR) vaccine on the routine schedule for all children. Separate, single-component measles, mumps, and rubella vaccines are not currently available or FDA-approved in the United States.
- Advise health care providers to continue evidence-based immunization practices and administer vaccines in accordance with current New York State guidance and applicable laws and regulations.
- Require schools and day care programs to continue following existing New York State immunization requirements and policies.
- Encourage parents and caregivers to keep children up to date with recommended immunizations and discuss questions or concerns with their child's health care provider.

The Department will continue to review federal actions and the scientific evidence regarding childhood immunizations and will issue additional guidance if changes affecting New Yorkers occur. Additional information: The full NYSDOH Health Advisory, *Federal Executive Order Related to Childhood Vaccine Schedule: No Change to New York State Recommendations or Requirements*, is available on the Department's [Childhood and Adolescent Immunizations webpage](#)

Division of Public Health Infrastructure

New York State Public Health Corps Unit

The New York State Public Health Corps Fellowship Program ended on July 31, 2026, with 14 staff and 54 Fellows remaining. The New York State Public Health Corps (NYSPHC) Fellowship Program launched in 2021 as a Governor's Initiative to support COVID-19 response efforts and strengthen the public health workforce in New York State. To date, the New York State Public Health Corps (NYSPHC) Fellowship Program has enhanced workforce capacity by

mobilizing 834 fellows to support core public health functions in local health departments, New York State Department of Health offices, and community-based organizations across the state. In the first iteration of the program (July 2021-July 2024), 635 Fellows were hired. Fifty-one local health departments, 12 New York State Department of Health programs, and 70 community-based organizations hosted Fellows. The second cohort of Fellows was launched in August 2024 with a smaller cohort size and a standardized two-year fellowship. In total, 199 hired Fellows were placed in 54 host organizations in 48 counties across the state. In addition to hands on experience in their placements, Fellows participated in professional development activities provided by the Fellowship Program including certificate trainings, educational series webinars, and consortia meetings. Upon leaving the New York State Public Health Corps Fellowship Program, 59% of Fellows accepted a permanent position in the public health or health care sectors, with 40% in governmental public health, 16% in non-governmental public health, and 3% in healthcare. The post-fellowship employment for 38% of fellows is unknown, as they either did not have employment plans or New York State Public Health Corps staff were unable to collect this data before the fellows left the program. The Department will follow-up with these alumni in the coming months to try and update their post-fellowship categorization.

Community Engagement & Outreach Unit / Office of Local Health Services

The *Community Engagement and Outreach Unit*, in collaboration with partners from the *Office of Local Health Services*, developed a “Social Determinants of Health Exploration Station” to strengthen public understanding of the factors that influence health and well-being. Following collaborative planning, partner input, and final approvals, the activity will be piloted at the New York State Fair, August 28 – September 7, 2026.

The Exploration Station is an interactive public health education activity that uses plain language and engaging examples to help individuals explore how everyday conditions, such as housing, transportation, food access, education, and community resources, can impact health. The activity will be featured as part of a comprehensive exhibit alongside Public Health Impact Cards, and New York State Prevention Agenda fact sheet. To improve public awareness of the Prevention Agenda plan and matching efforts being performed by local health departments, hospitals, and other partners in their own communities, the Prevention Agenda fact sheet provides key information about health improvement planning and how to find out more. To support allowing all communities to learn more, and consistent with the Governor’s Executive Order 26, the fact sheet is also available in 16 different languages, representing the top most commonly spoken non-English languages among New Yorkers.

Together, these resources will provide an approachable and engaging experience that educates fairgoers about public health, connects statewide priorities to everyday life, and highlights how New York State public health programs and partnerships support healthier communities.

Public Health Career Pathways

The Division of Public Health Infrastructure is working with the Public Health Foundation through a technical assistance request supported by the Centers for Disease Control's Public Health Infrastructure Grant to create an Academic Partnership Agreement Guide for state and local health departments. Navigating academic partnership agreements was identified as a challenge by local health departments in New York State, and this guide will support their needs as well as benefit other state and local health departments. The guide will include information about types of agreements, common elements, stakeholder coordination strategies, sustainability plans, and best practices. These efforts will contribute to expanding the size and capacity of the national public health workforce through enhanced partnerships with academic institutions.

WADSWORTH CENTER

Cross-Agency Response Supports Greene County Children's Camp Outbreak Investigation

Wadsworth Center and the New York State Department of Health's Office of Public Health collaborated with Greene County partners to investigate a gastrointestinal illness outbreak at a children's camp in Greene County affecting over 90 individuals. The Bureau of Community Environmental Health and Food Protection coordinated the collection and delivery of specimens to Wadsworth Center. Despite historic Hudson Valley flooding at the time, Greene County staff transported collection kits to and from the affected camp, while Bureau staff provided additional stool kits and ensured that completed specimens reached the laboratory. At Wadsworth Center, the Laboratories of Viral Diseases, Bacterial Diseases, and Parasitic Diseases conducted testing to identify possible causes of the outbreak. Preliminary results indicate that norovirus GII.9(P7), an uncommon norovirus genotype, and potentially Shiga toxin-producing *Escherichia coli* (STEC) may have contributed. The investigation remains ongoing to determine whether additional infectious agents were involved and the mode of transmission.

This coordinated response illustrates New York State's integrated "three-legged stool" approach to public health protection: epidemiology, laboratory science, and environmental health working together to protect New Yorkers. It also demonstrates the value of public health investments, including expanded whole-genome sequencing and environmental health response capacity.

New Wadsworth Center Reaches "Topping Out" Milestone

Construction of the new Wadsworth Center on the Harriman State Campus is expected to reach a major milestone in late September: placement of the building's final steel beam, known as a "topping out." Wadsworth Center plans to hold a celebration recognizing the collective work of the project team, including Wadsworth Center, the Department of Health, DASNY, construction partners, and other stakeholders. The new facility will unify Wadsworth Center under one roof for the first time in nearly 100 years. The project remains on track for completion in 2030 and is currently at or under budget.

Wadsworth Scientists Advance Development of a Lyme Disease Vaccine

Scientists in Wadsworth Center's Division of Infectious Diseases have made important discoveries that may advance development of a Lyme disease vaccine. Lyme disease, caused by the tick-borne bacterium *Borrelia burgdorferi*, affects thousands of New Yorkers each year. After a tick bite, the bacterium proliferates in the skin before spreading to other organs. Dr. Nicholas Mantis, Chief of the Laboratory of Microbial Pathogenesis and Immunology, and his team identified immune mechanisms through which vaccine-induced antibodies may prevent *B. burgdorferi* from surviving in skin tissue. The laboratory developed new tools to assess antibody-mediated killing of the bacterium and identified conserved bacterial surface targets that could support broadly effective vaccine design. In collaboration with Moderna and Tufts University, the Mantis laboratory also reported initial results from mRNA-based Lyme disease vaccine studies in mice. The vaccine candidate is now in human clinical trials. This work highlights Wadsworth Center's role in translating fundamental infectious-disease research toward new prevention strategies for a significant public-health threat in New York.

New York Identifies First U.S. Infant to Screen Positive for Metachromatic Leukodystrophy

The New York State Newborn Screening Program has identified the first infant in the United States to screen positive for metachromatic leukodystrophy (MLD). New York launched the nation's first statewide metachromatic leukodystrophy newborn-screening pilot on September 12, 2025, with funding from the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Approximately 160,000 newborns have been screened to date.

Following the positive screen, the infant was promptly referred for specialty evaluation. Genetic testing identified two pathogenic *ARSA* variants, making an metachromatic leukodystrophy diagnosis highly likely. Metachromatic leukodystrophy is a rare, serious disorder affecting the nervous system. Early detection is critical because Lenmeldy (atidarsagene autotemcel), an FDA-approved gene therapy, is only effective before significant symptoms develop.

Key issue: Federal funding for the metachromatic leukodystrophy screening pilot ends in September 2026. Sustained funding is needed to maintain screening and ensure New York newborns continue to have timely access to this potentially life-changing early detection.

OFFICE OF HEALTH CARE DELIVERY

Office of Aging and Long-Term Care

Centers for Medicare and Medicaid Services (CMS) Nursing Home Risk-Based Survey Process

The Centers for Medicare and Medicaid Services released [QSO-26-14-NH](#) that, effective 09/08/2026, allows for a streamlined review of required recertification review areas and can be completed in about half of the time and with fewer surveyor resources than standard recertification surveys. As part of this effort, the Centers for Medicare and Medicaid Services will identify eligible nursing homes on a quarterly basis and provide a list to the Department. Facilities are eligible for the Risk-Based Survey for six months after the State Agency receives the list of qualifying facilities from the Centers for Medicare and Medicaid

Services, unless a facility meets any of the disqualifying criteria after the list is sent. Prior to survey entry, the Department must evaluate the facility's eligibility for a streamlined survey using specific criteria including that the facility 1) has not received any citations at the actual harm, immediate jeopardy, abuse (at any level), or substandard quality of care; 2) has no pending complaint investigations triaged as Immediate Jeopardy; 3) has no more than 3 open complaints or facility-reported incidents triaged as non-IJ medium or higher; 4) has no Centers for Medicare or Medicaid Services-approved nursing waivers; and 5) Has not undergone any change in ownership since its last standard survey. Based on an initial assessment by the Centers for Medicare and Medicaid Services, 58 New York nursing homes meet qualifying criteria for these streamlined surveys. Training for surveyors on the performance of Risk-Based Surveys began on 08/18/2026.

Direct Caregiver Flexibility Training Begins

There are now 22 contractors throughout New York approved to offer free training and certification as a Personal Care Aide, Home Health Aide or Certified Nursing Aide. Trainees can receive a stipend for class time as well as travel. Over the first quarter in which these Training Centers were operational, 244 individuals have successfully completed the training: 136 Personal Care Aides; 76 Home Health Aides; and 21 Certified Nursing Aides.

Office of Primary Care and Health Systems Management

Rural Health Transformation Program

In June 2026 the department launched its first application guidance under the Rural Health Transformation Program for the Rural Community Health Initiative. Awards were announced on September 4, 2026. The investment is part of the more than \$212 million New York State received for the first year of the federal Rural Health Transformation Program and reflects Governor Hochul's commitment to ensuring that every New Yorker has access to affordable, high-quality healthcare, no matter where they live. The Department awarded 90 projects for planning and implementation, totaling \$76,190,022 of awards to 56 organizations. All 47 eligible counties were awarded Planning funds between \$250,000 - \$500,000. The \$76.2 million through the Rural Community Health Integration Initiative includes approximately \$22.7 million for planning awards and \$53.5 million for 54 implementation projects. The Department submitted its first annual report along with the non-competing continuation application to the Centers for Medicare and Medicaid Services on August 31. Centers for Medicare and Medicaid will be performing an in-person site visit in September.

OFFICE OF HEALTH EQUITY AND HUMAN RIGHTS

HIV Self-Test Giveaway

The HIV self-test giveaway is a public health outreach campaign that is part of the New York State Department of Health AIDS Institute's ongoing effort to expand access to HIV testing. This program reduces common barriers such as cost, privacy concerns and transportation, making it easier for more New Yorkers to know their status and access care or prevention services when needed. HIV self-testing allows individuals to test for HIV privately, using an at-home kit that provides results in as little as 20 minutes. To support this, the AIDS Institute's Division of HIV/Sexually Transmitted Disease/Hepatitis C Prevention periodically runs an HIV self-test kit giveaway, offering free, at home test kits to eligible New Yorkers who complete a short online survey.

On July 27, 2026, the AIDS Institute initiated another round of the HIV self-test giveaway. The giveaway will continue to run through September 20, 2026. Through this giveaway, individuals who live in New York State (outside the five boroughs of New York City) are able to [take the eligibility survey](#) to see if they meet the minimum requirements to receive a free HIV self-test kit that will be mailed directly to their home. New York City residents are able to request a free HIV self-test kit by contacting an agency participating in the [Community Home Test Giveaway program](#). Eligibility varies by individual circumstances and is determined through the online survey.

The HIV self-test giveaway is promoted in both English and Spanish across multiple social media platforms, including Instagram, Twitter, and Facebook. Campaign ads include a link to an online eligibility survey. Eligible participants receive an e-mail with both a discount code and instructions for redeeming a free HIV self-test kit through the OraSure Technologies, Inc. website. Participants who are ineligible are referred to the AIDS Institute website for information on HIV testing and additional resources.

Hepatitis C Webinar Series

Community health centers play a critical role in identifying and treating individuals with hepatitis C, particularly in rural and underserved areas where access to specialty care can be limited. The New York State Department of Health Office of Hepatitis Health Care and Epidemiology has organized a hepatitis C webinar series for community health centers, including rural and federally qualified community health centers. The webinar series will be held monthly from September through November 2026.

Each webinar will include a best practice presentation from a New York State community health center. Continuing education credits will be available. Additional information, including registration links, can be found on the New York State Department of Health's Hepatitis C web site at https://www.health.ny.gov/diseases/communicable/hepatitis/docs/webinar_series.pdf

Congenital syphilis and Syphilis During Pregnancy

Congenital syphilis remains a growing public health concern nationally, making prevention and early treatment during pregnancy a priority. New York State has taken a leading role in addressing this issue: on August 24th, 2026, through a [Governors Proclamation](#), New York State recognized the second annual Syphilis During Pregnancy Awareness Day. New York State remains the only state in the nation to formally observe this day, reflecting the state's commitment to educating health care providers, patients, and the public about the impact of congenital syphilis, as well as the vital steps needed for prevention and treatment.

Building on this effort, the AIDS Institute has released an updated version of the New York State Congenital Syphilis Elimination [Framework](#). While the recommendations remain unchanged, this edition includes enhanced content highlighting the role of the social determinants of health, reinforcing that congenital syphilis is a complex, multisystem issue requiring coordinated action across health care, public health, and community partners.

Access to New York State's Congenital Syphilis Elimination Framework can be found here: https://www.health.ny.gov/diseases/communicable/congenital_syphilis/providers/docs/congenital_syphilis_elimination_framework.pdf



PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

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Albany, New York 12237

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PHHPC@health.ny.gov

September 17, 2026

Dear Public Health and Health Planning Council Members:

Re: Ad Hoc Committee Final Report and Recommendations

During the April 10, 2025, meeting of the full Public Health and Health Planning Council ("Council"), the Council failed to approve the applications for three Certificate of Need projects for nursing homes, each involving a change in ownership from a not-for-profit to for-profit operator. Council members voiced concerns which were primarily related to the ability of the new operators to deliver quality care and maintain the financial viability of the facilities after the completion of the sales. These concerns were complementary to ongoing discussion regarding the relevant experience of proposed operators.

The Chair of the Council recommended establishing an Ad Hoc Committee and requested that we serve as chair. The Committee was charged with examining current policies and practices governing the review of nursing home Certificate of Need (CON) applications and developing recommendations for the Department of Health (DOH) that could be applied uniformly across all nursing home reviews and utilized in developing project recommendations.

The Nursing Home Ad Hoc Committee ("Committee") was comprised of a small group of individuals including members of the Council, the NYS Department of Health (DOH), and the State Long-Term Care Ombudsman. The Committee convened one in-person meeting and three virtual meetings, all which were available for public viewing, in accordance with Open Meetings Law requirements as defined in Article 7, section 103 of the New York State Public Officer's Law. Members of the public were encouraged to submit comments and/or recommendations after each meeting. The Committee first convened discussion on September 18, 2026, with subsequent virtual meetings occurring November 3, 2025, January 7, 2026, and June 8, 2026.

As the Chair of the Ad Hoc Committee, I hereby formally submit the Committee's recommendations to the members of the Public Health and Health Planning Council for consideration and approval. Recommendations are included within each of three focus areas ("Pillars") examined by the Committee. Those pillars include (1) qualifications and review of proposed operator(s) or operating entity; (2) determining the adequacy of finances to sustain quality operations; and (3) assessment of consulting services agreements and related party transactions. A fourth area of focus, conditional approvals, was tabled for discussion at a future date.

The Nursing Home Certificate of Need Ad Hoc Committee submits the following recommendations and supporting rationale to the NYS Public Health and Health Planning Council for consideration, approval and prospective implementation.

PILLAR 1: Operator Qualifications and Experience

The objective of the qualifications pillar was for the Ad Hoc Committee to determine the "adequate and relevant" experience necessary to successfully operate a nursing home. The Committee's recommendation is to adopt 5-year Minimum Leadership Experience Threshold with Limited Flexibility. For this recommendation, relevant experience is defined as having worked as a licensed nursing home administrator, Director of Nursing, owner/operator, or other leadership position at a health care facility for a minimum of five years.

Applicants who do not meet the threshold will be required to submit detailed narratives with the initial application to demonstrate equivalent qualifications for the Public Health and Health Planning Council (PHHPC) to consider each application on a case-by-case basis.

It should be noted that after thoughtful deliberation and consideration of public comments, the Committee believes that the five-year requirement is designed to ensure operators have substantial sustained exposure to the operational and high-level governance of a facility. The proposed threshold intentionally differentiates between subordinate staff, whose roles involve narrow responsibilities or supporting roles, rather than the core responsibilities of management as an "Administrator of Record," who bears broad accountability for daily operations. Based on public comments, the Ad Hoc Committee supports the need for flexibility under certain circumstances. In order to consider those without the specified experience, additional information will be needed from the applicant for the Department and the Council to make an informed decision as to whether the applicant possesses the requisite qualifications and experience to operate a New York State nursing home.

Lastly, the Committee recommends that the NYS Department of Health continue to leverage its existing statutory authority under Public Health Law § 2803-w and require an Independent Quality Monitor for purposes of monitoring the operator's compliance with a written and mandatory corrective plan(s) when the operator's or operating entity's performance is compromised. Importantly, the Committee acknowledges that although the statute does not give the Council the additional power to require an Independent Quality Monitor simply because an applicant does not meet the threshold requirements for approval, it does allow the Department to make such recommendation when adjudicating the application or when the Department determines that the quality of care under a recently approved operator has declined and compromises the care and services provided to nursing home residents.

PILLAR 2: Financial Sustainability and Resource Adequacy

The objective of this pillar was for the Ad Hoc Committee to ensure, through its recommendations, the adequacy of finances to support short-and long-term financial sustainability. As such, the Ad Hoc Committee makes the following recommendations for consideration by the full Public Health and Health Planning Council.

The Committee's first recommendation is for an independent certification by a third-party auditing firm of financial projections for all three-year models and budgets. This certification affirms the reasonableness of revenue and profitability assumptions.

Secondly, the Ad Hoc Committee recommends that applicants for establishment submit independent, professional appraisals to verify fair market rent and property values. The Committee believes this level of independence is needed to affirm a true valuation of information submitted on behalf of the applicant, independent of any local real estate agent(s) who may seek to benefit from an approved transaction.

The final recommendation provides for equity and debt guardrails, whereas the committee recommends limiting related-party rent to a maximum of 1.10 debt service coverage unless a bona fide lender requires otherwise and such requirement by the lender is provided by the applicant at the time of submission of the Certificate of Need application.

It should be noted that the Committee considered all public comments received regarding the 1.10 debt service ratio. To clarify, the 1.10 debt service cap requirement is limited to real estate transactions without a bona fide lender; conventional lenders can require higher debt service ratios. This limitation aligns with institutional best practices, mirroring standards set by HUD and other senior housing lenders that require defined minimum debt service coverage ratios. The 1.10 debt service cap requirement is designed to prevent the inappropriate removal of equity from nursing home operations, to preserve operator liquidity and safeguard the quality of resident care. Absent the 1.10 debt limit, rising property appraisals can be used to justify escalating rents which over time jeopardize the financial stability of nursing home operations. Lastly, it should be noted that the Department responded to public feedback, and in mid-June, released sub-regulatory guidance effectively reducing the equity requirement from 25% to 10% for capital projects, consistent with Article 28 hospitals.

PILLAR 3: Related Party and Administrative Oversight

The Ad Hoc Committee was directed to closely examine related-party transactions and agreements that affect the management, operations and finances of a nursing home acquisition. A great deal of time was spent discussing the current landscape, historical experiences, and the need to ensure that the operator remains responsible for and in control of the licensed operations.

Related party and administrative oversight requirements were designed to ensure transparency with respect to control over resident care and facility finances. The Committee asserts that the proposed recommendations will ensure individuals who are neither the operator nor administrator do not circumvent approval requirements and make day-to-day managerial or operational decisions as consultants while shielding themselves from scrutiny. The proposed recommendations are designed to ensure that individuals wielding operational influence over patient care and facility finances meet the same safety standards as licensed operators.

Members of the Ad Hoc Committee agreed that there is a compelling need to strengthen governance. Therefore, the Committee recommends that any entity or individual exercising management control or operational influence via a consulting agreement must undergo the same Character and Competence review as the operator applicant. Public Health Law § 2803-x was enacted to reinforce and enhance transparency, disclosure, and regulatory oversight. To ensure operational continuity, facility operators are encouraged to adopt strategic proactive management, and retain any necessary consultants within a timeframe that allows for notice periods to the department, in accordance with Public Health Law 2803-x. This requires auditing internal capacities and evaluating institutional needs to secure external resources well in advance of potential operational challenges. An operator unable to meet this requirement should be

evaluated for appointment of an Independent Quality Monitor or receiver to ensure that high quality of care is delivered to the residents. Operators should have an existing capacity to address significant operational deficiencies without an urgent need for advice from consultants. To suggest otherwise raises concerns about the competency of the operator.

A second recommendation supports our commitment to transparency and accountability as the Committee recommends that every natural person owner sign and notarize a certification, under penalty of perjury, affirming they will exercise independent judgment and maintain ultimate authority over all fiscal and operational decisions.

Lastly, there is a clear need for inter-agency consultation based on the findings of the Office of the Attorney General's Medicaid Fraud Control Unit which were shared during the Committee's November 2025 meeting. The Committee recommends that the NYS Department of Health consult with that office and unit on all pending applications in which applicant ownership groups have been the subject of prior allegations, enforcement actions, or settlements.

In conclusion, the Ad Hoc Committee extends its sincere appreciation to our external partners and stakeholders for the comments and recommendations received during the course of the Committee's review and deliberation. We look forward to the review and approval of the Committee's recommendations by the NYS Public Health and Health Planning Council and remind both the public and the Council that recommendations approved will be implemented on a prospective basis and will comply with the requirements set forth in the State Administrative Procedures Act.

Sincerely,



Scott LaRue, MBA, RD
Co-Chair, Nursing Home Certificate
of Need Ad Hoc Committee



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

Summary of Express Terms

The following are the substantive proposed amendments to Subpart 7-2 (Children's Camps) of the New York State Sanitary Code. In addition, existing gender specific pronouns in the regulation will be replaced with gender neutral pronouns.

New subdivision (d) is added to Section 7-2.1, to read as follows:

(d) The regulatory authority or designated representative is to be permitted access to the facility for inspection or investigation at all times when the children's camp is in operation. Refusal of admittance, after proper identification, is cause for immediate closure and permit suspension, or permit revocation as provided in section 7-2.4(g) of this Subpart.

New subdivisions (o), (p) and (q) are added to section 7-2.2, to read as follows:

(o) *Camp staff* or *staff* shall mean an employee or volunteer working at the camp, except as otherwise defined for purposes of Children's Camps for Children with Developmental Disabilities pursuant to section 7-2.25(b) of this Subpart.

(p) *Automated external defibrillator* (AED) shall mean a medical device that complies with section 3000-f of the Public Health Law.

(q) *Acceptable training in the use of an automated external defibrillator* (AED) shall mean successful completion of an AED training course by a nationally-recognized organization accepted by the State Department of Health for the purpose of training people in the use of an AED. AED certificates shall be valid as specified by the provider but shall not exceed 24 months from the date of course completion.

Section 7-2.3 is amended and renumbered, to read as follows:

7-2.3 Applicability and Exclusions.

(a) The requirements of this Subpart shall apply to all children's overnight camps, summer day camps, and traveling summer day camps as defined in section 7-2.2 of this Subpart, except that the following types of operations and programs are excluded:

(1) any camp occupied by or maintained for occupancy by fewer than 10 children;

* * *

(5) unscheduled or drop-in programs, such as in neighborhood-center settings, providing recreational activity without requiring program enrollment for participants, and where children are free to come and go at will;

(6) day programs providing single-purpose activity, such as training and competition in a single sport (e.g., little league baseball or Pop Warner football), or a single organized tournament competition which may include multiple individual events (e.g. Special Olympics);

(7) venues, including those with overnight lodging facilities subject to Subpart 7-1 of this Title, that provide for athletic tournament play, competition, or any associated training, and where children are registered as part of independently formed teams accompanied by coaches or other adults associated with the team who have responsibility for the well-being, safety, and behavior of the participating children;

* * *

Subdivision (g) of section 7-2.4 is amended to add denial of access to camp facilities to the permit-issuing official or their representative to the list of reasons that a permit may be denied, revoked, or suspended.

Subdivisions (h) and (i) of section 7-2.4 are renumbered to subdivisions (i) and (j), and a new subdivision (h) is added to section 7-2.4, to read as follows:

7-2.4 (h) The permit-issuing official may deny a permit for any operation where a prior operator/operation has outstanding enforcement actions or unpaid fines, or for which the permit was revoked, unless the applicant provides adequate documentation demonstrating that the

operation was acquired through an arm's length transaction. For purposes of this paragraph, "arm's length transaction" means a sale of real property, or lease of any part thereof, or a sale of a business, in good faith and for valuable consideration, that reflects the fair market value of such real property or lease or business on the open market, between two informed and willing parties, where neither is under any compulsion to participate in the transaction, unaffected by any unusual conditions indicating a reasonable possibility that the sale or lease was made for the purpose of allowing the prior operator to avoid the effect of enforcement actions, unpaid fines, or permit revocation.

The following sales or leases shall be presumed not to be arm's length transactions:

- (i) a sale or lease between relatives; or
- (ii) a sale or lease between related companies or partners in a business; or
- (iii) a sale or lease affected by other facts or circumstances that would indicate that the sale or lease is entered into for the primary purpose of allowing the original operator to avoid the effect of enforcement actions, unpaid fines, or permit revocation for the operation.

Subdivisions (g) and (l) of section 7-2.5 are amended to read as follows:

(g) Qualified lifeguard - Qualified lifeguards shall actively supervise participants in the camp's aquatic activities, as detailed in the camp's approved safety plan. While on duty at the waterfront, qualified lifeguards shall not be engaged in duties or activities which distract them from the direct supervision of the waterfront. A qualified lifeguard shall:

- (1) be at least 17 years of age, except:
 - (i) for a maximum of 50 percent of the required total number of lifeguards on duty at beaches requiring supervision level IIb, who may be at least 16 years of age; and
 - (ii) for a maximum of 50 percent of the required total number of lifeguards on duty at swimming pools requiring supervision level IIa, who may be at least 15 years of age, provided their duties

comply with Federal or State laws or regulations governing fair labor standards and employment of minors; and

* * *

(l) Records identifying staff qualifications shall be maintained in the camp for inspection by the permit-issuing official or their designated representative. The camp operator shall ascertain whether an employee or volunteer is listed on the New York State Division of Criminal Justice Services (DCJS) Sex Offender Registry and United States Department of Justice (USDOJ) National Sex Offender Public Website prior to the first day such employee or volunteer commences work at camp and annually thereafter prior to their arrival at camp. A written record of the employee and volunteer names that were submitted to the DCJS and USDOJ for checking against the State Sex Offender Registry and National Sex Offender Public Website. The search results from both the State registry and national public website shall be kept on file at the site and made available to the permit-issuing official upon request.

* * *

(n) Paragraph (4) of subdivision (n) of section 7-2.5 is amended to add location and use of AED(s) to the medical requirements component of the camp safety plan.

New subdivisions (e) and (f) are added to section 7-2.8 to read as follows:

(e) The camp owner/operator shall cooperate fully with the investigation of any injury or illness, or any incident which might evidence a lack of compliance with law or regulation by the permit-issuing official and their designated representatives, and shall provide all necessary information and access to conduct such investigation.

(f) Each camp shall provide at least one AED, as defined in section 7-2.2(p) of this Subpart, onsite or describe reasonable access to an AED acceptable to the permit issuing official.

(1) Each camp shall have one or more staff possessing an acceptable training in the use of an AED as defined in subdivision 7-2.2(q) of this Subpart. Records of the training shall be available for review during inspections.

(2) Each camp shall include an implementation plan in its approved safety plan which includes:

(i) a description of the location and/or availability of and access to the AED;

(ii) an equipment checklist which includes records of automated external defibrillator maintenance and testing specified by the manufacturer's standards; and

(iii) protocols for AED use during cardiac emergencies.

Section 7-2.20 is amended to read as follows:

7-2.20 Pesticides and hazardous materials.

(a) All pesticides must be applied by a New York State licensed commercial applicator in accordance with Public Health Law § 1396 and Title 6 NYCRR 325.

(b) The application of pesticides is prohibited on any playground, turf or athletic or playing field at any camp. This prohibition shall not apply to the application of exempt pesticides; an emergency application of a pesticide provided such application has been approved by the permit issuing official; or to camps located on publicly-owned or publicly-leased property in a city with a population of more than one million.

(1) for purposes of this subdivision, exempt pesticides shall mean:

(i) the application of anti-microbial pesticides as defined in 7 USC sections 136(mm) and 136q(h)(2);

(ii) the use of an aerosol product with a directed spray, in containers of 18 fluid ounces or less, when used to protect individuals from an imminent threat from stinging and biting insects, including venomous spiders, bees, wasps and hornets;

(iii) the use of non-volatile insect or rodent bait in a tamper resistant container;

- (iv) the application of a pesticide classified by the United States Environmental Protection Agency as an exempt material under 40 CFR section 152.25;
 - (v) the use of boric acid and disodium octaborate tetrahydrate; or
 - (vi) the use of horticultural soap and oils that do not contain synthetic pesticides or synergists.
- (c) In addition to the prohibitions specified Public Health Law section 1396 and subdivision (b) of this section, during the operation of a children's camp, the application of non-exempt pesticides to any playground, turf or athletic or playing field is prohibited at least 30 days prior to the operation of a children's camp on such property.
- (d) All pesticides and toxic chemicals shall be adequately stored in their original containers where they cannot cause air, surface water or groundwater contamination, in accordance with manufacturer's specifications, and not be potentially hazardous to the occupants of the camp.

Paragraph (3) of subdivision 7-2.25(b) is amended to read as follows:

(3) Medical Requirements. The camp health director shall be a physician, nurse practitioner, physician's assistant, registered nurse or licensed practical nurse and shall be on-site for the entire period the camp is in operation.

A new section 7-2.26 is added to read as follows:

7-2.26 – Incorporation by reference.

(a) The provisions of the Code of Federal Regulations which have been incorporated by reference in Subpart 7-2 have been filed with the Office of the Secretary of State of the State of New York, the publication so filed being the booklet entitled: Code of Federal Regulations, Title 40, Part 152, revised as of November 8, 2022, published by the Office of the Federal Register, National Archives and Records Administration. The regulations incorporated by reference may be examined at the Records Access Office, New York State Department of Health, ESP Corning

Tower, Albany, New York, 12237 or can be directly obtained from the Superintendent of Documents, US Government Printing Office, Washington, D.C. 20402.

(b) The provisions of the United State Code which have been incorporated by reference in Subpart 7-2 have been filed with the Office of the Secretary of State of the State of New York, the publication so filed being entitled: United States Code, Title 7, Section 136 as revised Aug. 3, 1996, and Section 136q as revised June 18, 2008, published by the Office of the Law Revision Counsel of the U.S. House of Representatives. The statutes incorporated by reference may be examined at the Records Access Office, New York State Department of Health, ESP Corning Tower, Albany, New York, 12237 or can be directly obtained from the Superintendent of Documents, US Government Printing Office, Washington, D.C. 20402.

Pursuant to the authority vested in the Public Health and Health Planning Council and the Commissioner of Health by Public Health Law sections 225 and 1394, Subpart 7-2 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is amended, to be effective upon publication of a Notice of Adoption in the New York State Register, as follows:

Section 7-2.1 is amended to read as follows:

(a) Enforcement. The enforcement procedures delineated in sections 12, 12-a, 16, 206, 225, 308, 309, 348, 373, 1308, 1393, and 1395 of the Public Health Law shall be followed where the permit-issuing official or [his]their representative determines that closing of a children's camp is necessary to protect the public health or safety of the occupants of the camp. Where a public health hazard is found on the property, the building or portion of the property constituting the hazard shall be placarded against occupancy until the hazard is corrected. The closure provisions of Part 14 of this Title shall be utilized for public health hazards occurring in food service facilities. When a placard is used to protect the occupants from a public health hazard, it shall be conspicuously posted at each entrance or walkway leading to the portion of the property that constitutes the hazard. The placard shall state the authority for its placement and indicate that concealment, mutilation, alteration or removal of it by any person without permission of the permit-issuing official shall constitute a violation of this Subpart and the Public Health Law. The permit-issuing official or [his]their representative shall inspect the premises within three working days of posting the placard to assure compliance with terms of the order, and shall inspect the premises within two working days of notification that the hazard has been eliminated to remove them after verifying the correction.

(b) Public health hazards.

* * *

(2) Any of the following violations are public health hazards which require the permit-issuing official or [his]their designated representative to order immediate correction or to immediately institute action as provided in the law and in this Subpart:

(i) supervision of children is not in accordance with the supervisory or personnel qualification standards prescribed in sections 7-2.5, 7-2.11 and 7-2.25 of this Subpart resulting in a child not being protected from any unreasonable risk to [his or her]their health or safety;

* * *

(xi) camp swimming pool or bathing beach not under the direct supervision of the camp aquatics director or [his]their assistant;

* * *

(xxvii) failure to implement the approved camp safety plan resulting in a child not being protected from any unreasonable risk to [his or her]their safety; or

* * *

(d) The regulatory authority or designated representative is to be permitted access to the facility for inspection or investigation at all times when the children's camp is in operation. Refusal of admittance, after proper identification, is cause for immediate closure and either permit suspension or permit revocation as provided in section 7-2.4(g) of this Subpart.

New subdivisions (o), (p) and (q) are added to Section 7-2.2 to read as follows:

(o) Camp staff or staff shall mean an employee or volunteer working at the camp, except as otherwise defined for purposes of Children's Camps for Children with Developmental Disabilities pursuant to section 7-2.25(b) of this Subpart.

(p) Automated external defibrillator (AED) shall mean a medical device that complies with section 3000-f of the Public Health Law.

(q) Acceptable training in the use of an automated external defibrillator (AED) shall mean successful completion of an AED training course by a nationally recognized organization accepted by the State Department of Health for the purpose of training people in the use of an AED. AED certificates shall be valid as specified by the provider but shall not exceed 24 months from the date of course completion.

Section 7-2.3 is amended to read as follows:

7-2.3 [Application]Applicability and Exclusions.

(a) The requirements of this Subpart shall apply to [a camp occupied or maintained for occupancy by 10 or more children except] all children's overnight camps, summer day camps, and traveling summer day camps as defined in section 7-2.2 of this Subpart, except that the following types of operations and programs are excluded:

(1) any camp occupied by or maintained for occupancy by fewer than 10 children;

[(1)](2) any place occupied by children under 18 years of age for overnight occupancy of 72 consecutive hours or less;

[(2)](3) day camps operating less than all or part of five days in any two-week period;

[(3)](4) child care facilities licensed or registered by the New York State [Department of Family Assistance,] Office of Children and Family Services;

[(4)](5) [activities at] unscheduled or drop-in programs, such as in neighborhood-center settings[; single-purpose activity such as athletic events, which are held for the sole purpose of tournament play or competition, and associated training practice, "Special Olympics," little league baseball, Pop Warner football; and recreational activity without a specified time period of attendance required], providing recreational activity without requiring program enrollment for participants, and where children are free to come and go at will;

(6) day programs providing single-purpose activity, such as training and competition in a single sport (e.g., little league baseball or Pop Warner football), or a single organized tournament competition which may include multiple individual events (e.g. Special Olympics);

(7) venues, including those with overnight lodging facilities subject to Subpart 7-1 of this Title, that provide for athletic tournament play, competition, or any associated training, and where children are registered as part of independently formed teams accompanied by coaches or other adults associated with the team who have responsibility for the well-being, safety, and behavior of the participating children;

[(5)](8) college level educational programs provided by schools that are accredited by the Regents of the University of the State of New York;

[(6)](9) school districts, Boards of Cooperative Educational Services (BOCES) or nonpublic schools providing instruction to satisfy, enrich, accelerate or improve skills in accordance with New York State education requirements;

[(7)](10) day programs conducted for the purpose of classroom educational instruction, including but not limited to traditional academic subjects, religious instruction, and computer training, that have one or more nonpassive recreational activities with significant risk of injury when such activities are conducted as part of a one hour or less recess period constituting no more than one fifth of the program's daily operation, and which occur on a playground, in a gymnasium, or similar setting; and

[(8)](11) any operation or use of a tract of land or property determined by the State Commissioner of Health as not being within the intent of or regulated by this Subpart.

Section 7-2.4 is amended to read as follows:

* * *

(b) The permit-issuing official is the State Health Commissioner or [his]their designee and those persons defined as officers in subdivision (4) of section 1392 of the Public Health Law.

* * *

(d) The permit-issuing official shall issue a permit if the children's camp conforms or will conform at the time of operation to the requirements of this [S]subpart and will not present a danger to the health and safety of the camp occupants. An applicant's past history of compliance or non-compliance will be a consideration in evaluating each of the previously mentioned criteria. The person to whom the permit is issued shall comply with this Subpart and with all conditions stated in the permit and shall allow the permit-issuing official or [his]their representative to enter the premises to ascertain compliance. The permit-issuing official may, at [his]their discretion, deem either of the following an inspection of the facility to ascertain that the camp conforms or will conform with the requirements of this Subpart at the time of operation:

(1) the permit-issuing official or [his]their representative has inspected the facility and determined that it conforms or will conform with the requirements of this Subpart; or

* * *

(g) A permit may be denied, revoked or suspended by the permit-issuing official or the State Commissioner of Health if the children's camp is maintained, operated or occupied in violation of the Public Health Law or this [Chapter]Title. Before denial, suspension or revocation of a permit, or after receipt of a notice of violation, the permittee shall have the right to appeal to the permit-issuing official, except that when the Commissioner of Health determines that a public health hazard exists or access is denied to the permit-issuing official or their representative, a permit may be temporarily suspended pending a hearing. A permit will also be revoked upon

request of the operator or upon abandonment of the camp. Following the revocation, an application shall be filed for a new permit before resumption of operation.

(h) The permit-issuing official may deny a permit for any operation where a prior operator/operation has open enforcement actions or unpaid fines, or for which the permit was revoked, unless the applicant provides adequate documentation demonstrating that the operation was acquired through an arm's length transaction. For purposes of this paragraph, "arm's length transaction" means a sale of real property, or lease of any part thereof, or a sale of a business, in good faith and for valuable consideration, that reflects the fair market value of such real property or lease, or business, in the open market, between two informed and willing parties, where neither is under any compulsion to participate in the transaction, unaffected by any unusual conditions indicating a reasonable possibility that the sale or lease was made for the purpose of allowing the prior operator to avoid the effect of enforcement actions, unpaid fines, or permit revocation.

The following sales or leases shall be presumed not to be arm's length transactions:

- (i) a sale or lease between relatives; or
- (ii) a sale or lease between entities having common ownership or partners of the business; or
- (iii) a sale or lease affected by other facts or circumstances that would indicate that the sale or lease is entered into for the primary purpose of allowing the original operator to avoid the effect of enforcement actions, unpaid fines, or permit revocation for the operation.

[(h)](i) A permit shall expire one year from the date of issuance, at the close of a camp's normal operating season, upon a change of the operator, a date stipulated by the permit-issuing official, or upon revocation. No permit shall expire during the camping period except by revocation.

[(i)](j) A separate permit shall not be required for a bathing beach, swimming pool or food service operated as part of a children's camp for which a permit is required under this Subpart.

Subdivisions (g), (l), (n) and (o) of section 7-2.5 are amended to read as follows:

(g) Qualified lifeguard - Qualified lifeguards shall actively supervise participants in the camp's aquatic activities, as detailed in the camp's approved safety plan. While on duty at the waterfront, qualified lifeguards shall not be engaged in duties or activities which distract them from the direct supervision of the waterfront. A qualified lifeguard shall:

(1) be at least 17 years of age, except:

(i) for a maximum of 50 percent of the required total number of lifeguards on duty at beaches requiring supervision level IIb, who may be at least 16 years of age; [and]

(ii) for a maximum of 50 percent of the required total number of lifeguards on duty at swimming pools requiring supervision level IIa, who may be at least 15 years of age, provided their duties comply with Federal or State laws or regulations governing fair labor standards and employment of minors; and

[(ii)](iii) lifeguards required for wilderness swimming who must be at least 18 years of age[; and].

(2) meet lifeguarding, first aid and CPR certification requirements as detailed in Part 6 of this Title:

Bathing Facility Type	Minimum Lifeguard Supervision Level
Ocean Surf	Supervision Level I
Pool Only	Supervision Level IIa
Pool and/or Beach	Supervision Level IIb

* * *

(l) Records identifying staff qualifications shall be maintained in the camp for inspection by the permit-issuing official or [his]their designated representative. The camp operator shall ascertain whether an employee or volunteer is listed on the New York State Division of Criminal Justice

Services (DCJS) Sex Offender Registry and United States Department of Justice (USDOJ)

National Sex Offender Public Website prior to the first day such employee or volunteer

commences work at camp and annually thereafter prior to their arrival at camp. A written record of the employee and volunteer names that were submitted to the DCJS and USDOJ for checking against the State Sex Offender Registry and [DCJS's] National Sex Offender Public Website.

The search results from both the State registry and national public website shall be kept on file at the site and made available to the permit-issuing official upon request.

* * *

(n) Camp safety plan. The camp operator must develop, review annually and update, as required, a camp safety plan, which shall be submitted for review and approval to the permit-issuing official as described in paragraph 7-2.4(c)(1) of this Subpart. A camp safety plan shall be considered satisfactory for approval when it is found to include all the information required in this section and accurately reflects the children's camp's compliance with this Subpart. The camp's approved safety plan shall be implemented by the camp operator and kept on file at the children's camp. The camp safety plan shall consist of, at a minimum, a table of contents and the following components:

* * *

(4) Medical requirements: review of camper confidential medical histories to address restrictions and special needs; initial health screening of campers; daily health surveillance of campers; procedures for providing basic first aid, handling medical emergencies, including outbreaks and procedures for response to allegations of child abuse; identification of and provisions for medical, nursing and emergency medical services; identity, qualifications and outline of duties of health director and health personnel certified in first aid and CPR; description of health center; storage and administration of medicines; location and use of first aid, AED(s), and CPR supplies;

maintenance of a medical log; description of universal precautions for bloodborne pathogens; reporting of illness and injuries, including camper abuse/ allegations to the permit-issuing official within 24 hours; and provisions to supervise sanitation at the children's camp;

* * *

(o) The camp operator shall provide adequate supervision. Adequate supervision shall mean:

(1) supervision such that a camper is protected from any unreasonable risk to [his or her]their health or safety, including physical or sexual abuse or any public health hazard; and

* * *

New subdivisions (e) and (f) are added to section 7-2.8 to read as follows:

(e) The camp operator shall cooperate fully with the investigation of any injury or illness, or any incident which might evidence a lack of compliance with law or regulation, by the permit-issuing official and their designated representatives, and shall provide all information and access needed to conduct such investigation.

(f) Each camp shall provide at least one AED, as defined in section 7-2.2(p) of this Subpart, onsite or describe reasonable access to an AED acceptable to the permit issuing official.

(1) Each camp shall have one or more staff possessing an acceptable training in the use of an AED as defined in subdivision 7-2.2(q) of this Subpart. Records of the training shall be available for review during inspections.

(2) Each camp shall include an implementation plan in its approved safety plan which includes:

(i) a description of the location and/or availability of and access to the AED;

(ii) an equipment checklist which includes records of automated external defibrillator maintenance and testing specified by the manufacturer's standards; and

(iii) protocols for AED use during cardiac emergencies.

Section 7-2.20 is amended to read as follows:

7-2.20 Pesticides and [H]azardous materials. [Agricultural, commercial or household pesticides and toxic chemicals shall be stored and/or used to cause no air, surface water or ground water pollution or be hazardous to the occupants of the camp. They shall be stored in their original containers in areas designated for such use.]

(a) All pesticides must be applied by a New York State licensed commercial applicator in accordance with Public Health Law § 1396 and Title 6 NYCRR Part 325.

(b) The application of pesticides is prohibited on any playground, turf or athletic or playing field at any camp. This prohibition shall not apply to the application of exempt pesticides; an emergency application of a pesticide provided such application has been approved by the permit issuing official; or to camps located on publicly-owned or publicly-leased property in a city with a population of more than one million.

(1) for purposes of this subdivision, exempt pesticides shall mean:

(i) the application of anti-microbial pesticides as defined in 7 USC sections 136(mm) and 136q(h)(2);

(ii) the use of an aerosol product with a directed spray, in containers of 18 fluid ounces or less, when used to protect individuals from an imminent threat from stinging and biting insects, including venomous spiders, bees, wasps and hornets;

(iii) the use of non-volatile insect or rodent bait in a tamper resistant container;

(iv) the application of a pesticide classified by the United States Environmental Protection Agency as an exempt material under 40 CFR sections 152.25;

(v) the use of boric acid and disodium octaborate tetrahydrate; or

(vi) the use of horticultural soap and oils that do not contain synthetic pesticides or synergists.

(c) In addition to the prohibitions specified in Public Health Law section 1396 and subdivision

(b) of this section, during the operation of a children's camp the application of non-exempt

pesticides to any playground, turf or athletic or playing field is prohibited at least 30-days prior to the operation of a children's camp.

(d) All pesticides and toxic chemicals shall be adequately stored in their original containers where they cannot cause air, surface water or groundwater contamination, used in accordance with manufacturer's specifications, and not be potentially hazardous to the occupants of the camp.

Subdivision (b) of section 7-2.25 is amended to read as follows:

(b) Children's Camps for Children with Developmental Disabilities. In addition to the requirements listed in subdivision (a), the following requirements shall apply to all Children's Camps for Children with Developmental Disabilities, as defined as defined in section 7-2.2 of this Subpart:

* * *

(3) Medical Requirements. The camp health director shall be a physician, nurse practitioner, physician's assistant, registered nurse or licensed practical nurse and shall be on-site for the entire period the camp is in operation.

* * *

(6) Camp Staff Screening, Training, and Code of Conduct.

* * *

(iii) The camp operator shall ensure that all camp staff are provided with a copy of the code of conduct established by the Justice Center pursuant to section 554 of Executive Law. Such code of conduct shall be provided at the time of initial employment, and at least annually thereafter during the term of employment. Receipt of the code of conduct shall be acknowledged and the recipient shall further acknowledge that [he or she has]they have read and understand[s] such code of conduct.

* * *

(8) Incident Management.

* * *

(ii) Unless delegated by the Justice Center to the Department, an allegation of abuse or neglect as defined in section 7-2.25(b)(1)(iv)(a) of this Subpart, shall be investigated by the Justice Center.

With regard to an alleged significant incident, as defined in section 7-2.25(b)(1)(iv)(b) of this Subpart, the permit-issuing official shall initiate a prompt investigation of the allegation, unless the Justice Center agrees that it will undertake such investigation. An investigation conducted by the permit-issuing official shall commence no later than five business days after notification of such an incident. Additional time for completion of the investigation may be allowed, subject to the approval of the department, upon a showing of good cause for such extension. At a minimum, the investigation of any reportable incident shall comply with the following:

(a) Investigations shall include a review of medical records and reports, witness interviews and statements, expert assessments, and the collection of physical evidence, observations and information from care providers and any other information that is relevant to the incident.

Interviews should be conducted by qualified, objective individuals in a private area which does not allow those not participating in the interview to overhear. Interviews must be conducted of each party or witness individually, not in the presence of other parties or witnesses or under circumstances in which other parties or witnesses may perceive any aspect of the interview. The person alleging the incident, or who is the subject of the incident, must be offered the opportunity to give [his/her]their version of the event. At least one of the persons conducting the interview must have an understanding of, and be able to accommodate, the unique needs or capabilities of the person being interviewed. The procedures required by this clause may be altered if, and only to the extent necessary to, comply with an applicable collective bargaining agreement.

A new section 7-2.26 is added to read as follows:

7-2.26 – Incorporation by reference.

(a) The provisions of the Code of Federal Regulations which have been incorporated by reference in Subpart 7-2 have been filed with the Office of the Secretary of State of the State of New York, the publication so filed being the booklet entitled: Code of Federal Regulations, Title 40, Part 152, revised as of November 8, 2022, published by the Office of the Federal Register, National Archives and Records Administration. The regulations incorporated by reference may be examined at the Records Access Office, New York State Department of Health, ESP Corning Tower, Albany, New York, 12237 or can be directly obtained from the Superintendent of Documents, US Government Printing Office, Washington, D.C. 20402.

(b) The provisions of the United State Codes which have been incorporated by reference in Subpart 7-2 have been filed with the Office of the Secretary of State of the State of New York, the publication so filed being entitled: United States Code, Title 7, Section 136 as revised Aug. 3, 1996, and Section 136q as revised June 18, 2008, published by the Office of the Law Revision Counsel of the U.S. House of Representatives. The statutes incorporated by reference may be examined at the Records Access Office, New York State Department of Health, ESP Corning Tower, Albany, New York, 12237 or can be directly obtained from the Superintendent of Documents, US Government Printing Office, Washington, D.C. 20402.

REGULATORY IMPACT STATEMENT

Statutory Authority:

The Public Health and Health Planning Council (PHHPC) is authorized by Section 225 of the Public Health Law (PHL) to establish, and from time to time amend, the State Sanitary Code with respect to any matters affecting the security of life or health or the preservation and improvement of public health in the State of New York, including designation and control of communicable diseases. PHL § 1394 authorizes the PHHPC to establish regulations for children's overnight, summer day and traveling summer day camps concerning such matters as may be appropriate for the protection and security of the life, health, and safety of the occupants of such camps.

Legislative Objectives:

The legislative objectives of PHL §§ 225 and 1394 are to protect the health and safety of children who attend children's overnight, summer day and traveling summer day camps.

Needs and Benefits:

The proposed amendments enhance the health and safety of children attending children's camps and are consistent with New York State's declared policy and recent legislation amending Public Health Law.

In accordance with amendments made to PHL § 225(5-d), amendments are being made to Subpart 7-2 of Title 10 to allow 15 year-old lifeguards at traditional camp swimming pools to be included in the 50 percent of the total number of required lifeguards who may be younger than 17 years old. This lowers the minimum age from at least 16 years old to 15 years old, provided the duties comply with the United States Department of Labor child labor regulations. Currently

the regulations contain restrictions on the use of 15-year-old lifeguards, mandating that 15-year-old lifeguards may not be employed as lifeguards at the top of elevated water slides and must be prohibited from entering or working in any chemical storage areas, including any areas where the filtration and chlorinating systems are housed. Although allowed by PHL § 225, an amendment to Subpart 7-2 is not being made to allow 15-year-old lifeguards at bathing beaches because federal fair labor regulations prohibit youth under 16 years old from being employed as lifeguards at “natural environment facilities” such as rivers, streams, lakes, ponds, quarries, reservoirs, wharfs, piers, or ocean-side beaches.

The amendments pertaining to pesticides are made in response to changes to PHL § 1396, which prohibits, with some exceptions, the application of pesticides to any playground, turf or athletic or playing field at children's camps other than those on publicly owned or publicly-leased property in a city of more than one million. The amendments identify pesticides that are exempt from the prohibition, and provide that an emergency application of a pesticide may be approved by the permit issuing official to, e.g., prevent the spread of a novel bacterium carried by ticks or mosquitos. In addition to the PHL § 1396 prohibition of specified pesticides during the camp's operation, the proposed amendments prohibit pesticide applications thirty days prior to a camp's operation to ensure children are protected from residual pesticide exposure upon arrival to camp. The regulation now specifies that pesticides must be applied by a New York State licensed commercial applicator and proper storage requirements.

In response to amendments to PHL §§ 1392 and 1394, a requirement is added to Subpart 7-2 for camp operators to ascertain whether an employee or volunteer is listed on the United States Department of Justice (USDOJ) National Sex Offender Public Website prior to the day such employee or volunteer commences work at camp and annually thereafter. Camp operators must maintain written records of the employee and volunteer names that were submitted to the

USDOJ National Sex Offender Public Website and the search results must be kept on file at the camp and made available to the permit-issuing official (PIO) upon request.

In response to the addition of PHL § 3000-F, a requirement is added to Subpart 7-2 for all regulated children's camps to provide an automated external defibrillator (AED) or describe a reasonable means of ready access to an AED, and have one or more staff possessing an acceptable training in the use of an AED. Additionally, camps must have an implementation plan which identifies the location and/or availability of the AED and includes an equipment checklist and protocols for the use of the AED during cardiac emergencies.

Further amendments add necessary administrative requirements for program oversight and implementation. These include adding the authority for PIOs to deny, suspend, or revoke a permit for non-compliance, outstanding enforcement actions or unpaid fines, or for interference with the PIO's performance of its duties, including refusal of admittance to campgrounds and buildings. The PIO will be empowered to deny a permit for any operation where a prior operator/operation has outstanding enforcement actions or unpaid fines, or for which the permit was revoked, unless the applicant provides adequate documentation demonstrating that the operation was acquired through an arm's length transaction. The amendments will require camp operators to cooperate fully with the PIO's investigation of any reportable injury or illness, or any incident that might reveal a lack of compliance with law or regulation, and to provide all necessary information and access to conduct the investigation. Existing code language with gender-specific pronouns is being replaced with gender neutral pronouns.

The applicability section is being amended to better clarify the applicability of the regulations and the types of operations which are and are not exempt from regulation. The proposed amendments separate out types of programs and operations that are currently grouped together, and provide relevant details describing these programs and operations.

Nurse practitioners are added to the list of medical personnel allowed to be the camp health director at a Children's Camp for Children with Developmental Disabilities. This addition corrects an unintended omission in the regulation.

Costs for the Implementation of and Continuing Compliance with these Regulations to the Regulated Entity:

There are no anticipated costs to incorporate these statutory requirements into the regulation. The only costs associated with the proposed regulation were imposed when relevant Public Health Law provisions were amended. The requirement for ascertaining whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website is a Public Health Law mandate. There will be minimal costs to the operators of children's camps to ascertain whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website. There is no cost to check the USDOJ National Sex Offender Public Website; however, there will likely be additional staff time associated with conducting checks. The exact cost for staffing is unknown but will likely be based on the number of staff and volunteers. There are no costs associated with the amendments pertaining to lifeguard age, or to pesticides as this is already required under public health law.

The requirement for providing an AED is a Public Health Law mandate. For camps that provide an AED because an AED isn't otherwise readily accessible, there will be a cost of between \$1200 to \$3000 to purchase one. There will be additional expenses related to maintenance and service of the AED including periodic replacement of the battery and defibrillation pads. The cost and time frame for maintenance and service will vary by unit. Some AEDs have the option of using rechargeable batteries. Alternatively, AEDs can be leased for approximately \$100 to \$350 per month. Although the law only requires one AED per facility, some camps may choose to provide more than one AED to facilitate a timely response.

Training and certification in the use of the AED are incorporated in most cardiopulmonary resuscitation (CPR) certification programs and are not expected to add any additional expenses to camps because all camps are already required to have CPR certified staff. Additionally, camps with swimming activities have lifeguards with CPR/AED training. Some camps may choose to provide additional training to staff to ensure someone is always available in an emergency. CPR/AED training courses range from \$70 to \$125.

In addition to the cost for purchasing an AED, camp operators that provide their own AED must develop an implementation plan, which includes protocols for the use of the AED during cardiac emergencies. Public Health Law §3000-F requires camps to have a NYS licensed physician or NYS based hospital knowledgeable and experienced in emergency cardiac care to serve as an Emergency Health Care Provider (EHCP) and establish the protocols for AED use during cardiac emergencies. Costs for an EHCP will vary and cannot be accurately estimated. Camps operated by municipalities that have physicians serving as health officers and camps with physicians serving as camp health directors may have no additional expenses associated with obtaining the service of an EHCP.

Cost to State and Local Government:

The only costs associated with the proposed regulation were imposed when the aforementioned Public Health Law provisions were amended. There are no anticipated costs to incorporate these statutory requirements into the regulation. The Department of Health (Department) will use existing resources to work with camp operators and local health departments to ensure that they are aware of the regulations and have the information needed to comply.

There will be a minimal cost increase for State and local health department staffing to review emergency pesticide applications, but this activity is already mandated in Public Health

Law and expected to be limited based on the number of emergency applications received for schools and day care programs which have similar requirements.

Local Government Mandates:

There are no new local mandates. Local health departments already regulate children's camps and will implement the changes through existing inspection programs.

Paperwork:

A camp operator must maintain written records of the employee and volunteer names that were submitted to the USDOJ National Sex Offender Public Website and the search results. Camps that obtain an AED to satisfy PHL § 3000-F requirements will have additional paperwork to establish an implementation plan including an equipment checklist and protocols for AED use during cardiac emergencies. Camps are already required to maintain CPR/AED training records.

Duplication:

This proposed regulation does not duplicate or conflict with any State or federal rules.

Alternative Approaches:

The amendments are largely mandated by Public Health Law. An alternative considered was to prohibit the application of non-exempt pesticides prior to camp operation based on the manufacturer's recommendations regarding re-entry/use of an area where the product is applied instead of prohibiting all pesticides for 30 days prior to a camp's operation. The Department decided to prohibit application of the specified pesticides for 30 days based on the best management plans developed by Cornell and other State cooperative extensions. These

management plans are more protective and would result in a significant reduction in pesticide residue and minimize potential exposures to children.

Federal Requirements:

There are no minimum standards established by the federal government for the same or similar subject areas.

Compliance Schedule:

This regulatory amendment will go into effect upon publication of a Notice of Adoption in the New York State Register.

Contact Person:

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REGULATORY FLEXIBILITY ANALYSIS FOR SMALL BUSINESS AND LOCAL GOVERNMENTS

Effect of Rule

There are approximately 2,000 children's day and 500 overnight camps operating in New York State. Most camps are small businesses or are operated by municipalities. All camps will be affected by the rule although most of the requirements being added to the regulation are based on recent amendments to the Public Health Law.

There are 37 local health departments that regulate camps in their jurisdiction. There are no new local mandates. Local health departments already regulate children's camps and will implement the changes through existing inspection programs.

Compliance Requirements:

Camp operators must ascertain whether an employee or volunteer is listed on the United States Department of Justice (USDOJ) National Sex Offender Public Website prior to the day they commence work at camp and annually thereafter prior to their arrival at camp. Camp operators must also maintain written records of the employee and volunteer names that were submitted to the USDOJ National Sex Offender Public Website and the search results must be kept on file at the camp and made available to the permit-issuing official (PIO) upon request.

All regulated children's camps must provide an automated external defibrillator (AED) or describe reasonable access to an AED and must have one or more staff possessing an acceptable training in the use of an AED. Additionally, camps must have an implementation plan, which identifies the location and/or availability of the AED and includes an equipment checklist and protocols for the use of the AED during cardiac emergencies.

Other than those on publicly-owned or publicly-leased property in a city of more than one million, camps will be prohibited from applying certain pesticides during operation and for thirty

days prior to operation. Local health departments are required to review emergency pesticide applications by camps and issue waivers when determined to be acceptable. Although always required by the Department of Environmental Conservation in Part 325 of 6 NYCRR, the regulation now specifies that pesticides must be applied by a New York State licensed commercial applicator and proper storage requirements.

Amendments are being made to Subpart 7-2 to add necessary administrative requirements for program oversight and implementation. These include adding the authority for PIOs to deny, suspend, or revoke a permit for non-compliance, outstanding enforcement actions or unpaid fines, or for interference with the PIO's performance of its duties, including refusal of admittance. The PIO will be empowered to deny a permit for any operation where a prior operator/operation has outstanding enforcement actions or unpaid fines, or for which the permit was revoked, unless the applicant provides adequate documentation demonstrating that the operation was acquired through an arm's length transaction.

Camp operators are now required by regulation to cooperate fully with the investigation of any reportable injury or illness, or any incident that might reveal a lack of compliance with law or regulation, and to provide all necessary information and access to conduct the investigation. Existing code language with gender specific pronouns is being replaced with gender neutral pronouns. Nurse practitioners are added to the list of medical personnel allowed to be the camp health director at a Children's Camp for Children with Developmental Disabilities.

Professional Services:

There are no additional professional services required as a result of this regulation. Nurse practitioners are added to the list of medical personnel allowed to be the camp health director at a

Children's Camp for Children with Developmental Disabilities but does not impose a new professional service requirement.

Compliance Costs:

There are no anticipated costs to incorporate these statutory requirements into the regulation. The only costs associated with the proposed regulation were imposed when relevant Public Health Law provisions were amended. The requirement for ascertaining whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website is a Public Health Law mandate. There will be minimal costs to the operators of children's camps to ascertain whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website. There is no cost to check the USDOJ National Sex Offender Public Website; however, there will likely be additional staff time associated with conducting checks. The exact cost for staffing is unknown but will likely be based on the number of staff and volunteers. There are no costs associated with the amendments pertaining to lifeguard age, or to pesticides as this is already required under public health law.

The requirement for providing an AED is a Public Health Law mandate. For camps that provide an AED because an AED isn't otherwise readily accessible, there will be a cost of between \$1200 to \$3000 to purchase one. There will be additional expenses related to maintenance and service of the AED including periodic replacement of the battery and defibrillation pads. The cost and time frame for maintenance and service will vary by unit. Some AEDs have the option of using rechargeable batteries. Alternatively, AEDs can be leased for approximately \$100 to \$350 per month. Although the law only requires one AED per facility, some camps may choose to provide more than one AED to facilitate a timely response.

Training and certification in the use of the AED are incorporated in most cardiopulmonary resuscitation (CPR) certification programs and are not expected to add any

additional expenses to camps because all camps are already required to have CPR certified staff. Additionally, camps with swimming activities have lifeguards with CPR/AED training. Some camps may choose to provide additional training to staff to ensure someone is always available in an emergency. CPR/AED training courses range from \$70 to \$125.

In addition to the cost for purchasing an AED, camp operators that provide their own AED must develop an implementation plan, which includes protocols for the use of the AED during cardiac emergencies. Public Health Law § 3000-f requires camps to have a NYS licensed physician or NYS based hospital knowledgeable and experienced in emergency cardiac care to serve as an Emergency Health Care Provider (EHCP) and establish the protocols for AED use during cardiac emergencies. Costs for an EHCP will vary and cannot be accurately estimated. Camps operated by municipalities that have physicians serving as health officers and camps with physicians serving as camp health directors may have no additional expenses associated with obtaining the service of an EHCP.

There will be a minimal cost increase for State and local health department staffing to review emergency pesticide applications, but this activity is already mandated in Public Health Law and expected to be limited based on the number of emergency applications received for schools and day care programs which have similar requirements.

Economic and Technological Feasibility:

This proposal is economically and technically feasible, as it does not require any special technology and does not impose an unreasonable financial burden on local health departments or children's camps.

Minimizing Adverse Impact:

The Department of Health will develop guidance for camp operators to ensure that they are aware of the requirements and have the information necessary to comply. Guidance has already been developed to assist with complying with the new pesticide law and for ascertaining if an employee or volunteer is listed on the USDOJ National Sex Offender Public Website.

Small Business and Local Government Participation:

On May 16, 2022 and May 17, 2022, the Department requested comments on draft amendments from local health departments and interested parties, respectively. Comments were also requested from local health departments and interested parties on February 5, 2024, after additions and amendments were made to the 2022 proposal. Amendments pertaining to Public Health Law have been discussed at the State Camp Safety Advisory Council meetings which are open to the public. Children’s camps, local health departments, and the public are also invited to comment during the Codes and Regulations Committee meeting of the Public Health and Health Planning Council and as part of the formal public comment process.

Cure Period:

Chapter 524 of the Laws of 2011 requires agencies to include a “cure period” or other opportunity for ameliorative action to prevent the imposition of penalties on a party subject to enforcement when developing a regulation or explain in the Regulatory Flexibility Analysis why one is not included. As this proposed regulation does not create a new penalty or sanction, no cure period is necessary.

RURAL AREA FLEXIBILITY ANALYSIS

Types and Estimated Numbers of Rural Areas:

This rule applies uniformly throughout the State, including rural areas. Rural areas are defined as counties with a population less than 200,000 and counties with a population of 200,000 or greater that have towns with population densities of 150 persons or fewer per square mile. The following 44 counties have a population of less than 200,000 based upon the United States Census estimated county populations for 2020 (<https://www.census.gov/quickfacts/>).

Allegany County	Greene County	Schoharie County
Broome County	Hamilton County	Schuyler County
Cattaraugus County	Herkimer County	Seneca County
Cayuga County	Jefferson County	St. Lawrence County
Chautauqua County	Lewis County	Steuben County
Chemung County	Livingston County	Sullivan County
Chenango County	Madison County	Tioga County
Clinton County	Montgomery County	Tompkins County
Columbia County	Ontario County	Ulster County
Cortland County	Orleans County	Warren County
Delaware County	Oswego County	Washington County
Essex County	Otsego County	Wayne County
Franklin County	Putnam County	Wyoming County
Fulton County	Rensselaer County	Yates County
Genesee County	Schenectady County	

The following counties have a population of 200,000 or greater and towns with population densities of 150 persons or fewer per square mile. Data is based upon the United States Census estimated county populations for 2020.

Albany County	Niagara County	Orange County
Dutchess County	Oneida County	Saratoga County
Erie County	Onondaga County	Suffolk County
Monroe County		

There are approximately 2,000 children's day and 500 overnight camps operating in New York State. There are an estimated 411 day camps and 360 overnight camps operating in the 44 counties that have population less than 200,000. There are an additional 475 day camps and 90

overnight camps in the nine counties identified to have townships with a population density of 150 persons or less per square mile.

Reporting, Recordkeeping and Other Compliance Requirements; and Professional Services

Compliance Requirements:

Camp operators must ascertain whether an employee or volunteer is listed on the United States Department of Justice (USDOJ) National Sex Offender Public Website prior to the day they commence work at camp and annually thereafter prior to their arrival at camp. Camp operators must also maintain written records of the employee and volunteer names that were submitted to the USDOJ National Sex Offender Public Website and the search results must be kept on file at the camp and made available to the permit-issuing official (PIO) upon request.

All regulated children's camps must provide an automated external defibrillator (AED) or describe reasonable access to an AED and must have one or more staff possessing an acceptable training in the use of an AED. Additionally, camps must have an implementation plan, which identifies the location and/or availability of the AED and includes an equipment checklist and protocols for the use of the AED during cardiac emergencies. Camps that obtain an AED to satisfy Public Health Law requirements will have additional paperwork to establish an implementation plan including an equipment checklist and protocols for AED use during cardiac emergencies. Camps are already required to maintain CPR/AED training records.

Other than those on publicly-owned or publicly-leased property in a city of more than one million, camps will be prohibited from applying certain pesticides during camp operation and for thirty days prior to operation. Although always required by the Department of Environmental Conservation in 6 NYCRR 325, the regulation now specifies that pesticides must be applied by a New York State licensed commercial applicator and proper storage requirements.

Amendments are being made to Subpart 7-2 to add necessary administrative requirements for program oversight and implementation. These include adding the authority for PIOs to deny, suspend, or revoke a permit for non-compliance, outstanding enforcement actions or unpaid fines, or for interference with the PIO's performance of its duties, including refusal of admittance. The PIO will be empowered to deny a permit for any operation where a prior operator/operation has outstanding enforcement actions or unpaid fines, or for which the permit was revoked, unless the applicant provides adequate documentation demonstrating that the operation was acquired through an arm's length transaction.

Camp operators are now required by regulation to cooperate fully with the investigation of any reportable injury or illness, or any incident that might reveal a lack of compliance with law or regulation, and to provide all necessary information and access to conduct the investigation. Existing code language with gender-specific pronouns is being replaced with gender neutral pronouns.

There are no additional professional services required as a result of this regulation. Nurse practitioners are added to the list of medical personnel allowed to be the camp health director at a Children's Camp for Children with Developmental Disabilities but does not impose a new professional service requirement.

Compliance Costs:

There are no anticipated costs to incorporate these statutory requirements into the regulation. The only costs associated with the proposed regulation were imposed when relevant Public Health Law provisions were amended. There will be minimal costs to the operators of children's camps to ascertain whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website. The requirement for ascertaining whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website is a Public Health Law

mandate. There is no cost to check the USDOJ National Sex Offender Public Website; however, there will likely be additional staff time associated with conducting checks. The exact cost for staffing is unknown but will likely be based on the number of staff and volunteers. There are no costs associated with the amendments pertaining to lifeguard age, or to pesticides as this is already required under public health law.

The requirement for providing an AED is a Public Health Law mandate. For camps that provide an AED because an AED isn't otherwise readily accessible, there will be a cost of between \$1200 to \$3000 to purchase one. There will be additional expenses related to maintenance and service of the AED including periodic replacement of the battery and defibrillation pads. The cost and time frame for maintenance and service will vary by unit. Some AEDs have the option of using rechargeable batteries. Alternatively, AEDs can be leased for approximately \$100 to \$350 per month. Although the law only requires one AED per facility, some camps may choose to provide more than one AED to facilitate a timely response.

Training and certification in the use of the AED are incorporated in most cardiopulmonary resuscitation (CPR) certification programs and are not expected to add any additional expenses to camps because all camps are already required to have CPR certified staff. Additionally, camps with swimming activities have lifeguards with CPR/AED training. Some camps may choose to provide additional training to staff to ensure someone is always available in an emergency. CPR/AED training courses range from \$70 to \$125.

In addition to the cost for purchasing an AED, camp operators that provide their own AED must develop an implementation plan, which includes protocols for the use of the AED during cardiac emergencies. Although not part of Subpart 7-2 SSC, PHL §3000-F requires camps to have a NYS licensed physician or NYS based hospital knowledgeable and experienced in emergency cardiac care to serve as an Emergency Health Care Provider (EHCP) and establish the protocols for AED use during cardiac emergencies. Costs for an EHCP will vary and cannot

be accurately estimated. Camps operated by municipalities that have physicians serving as health officers and camps with physicians serving as camp health directors may have no additional expenses associated with obtaining the service of an EHCP.

There will be a minimal cost increase for State and local health department staffing to review emergency pesticide applications, but this activity is already mandated in Public Health Law and expected to be limited based on the number of emergency applications received for schools and day care programs which have similar requirements.

Minimizing Adverse Impact:

The Department of Health (Department) will develop guidance for camp operators to ensure that they are aware of the requirements and have the information necessary to comply. Guidance has already been developed to assist with complying with the new pesticide law and for ascertaining if an employee or volunteer is listed on the USDOJ National Sex Offender Public Website.

Rural Area Participation:

On May 16, 2022 and May 17, 2022, the Department requested comments on draft amendments pertaining to the application of pesticides from local health departments and interested parties, respectively. Comments were also requested from local health departments and interested parties on February 5, 2024, after additions and amendments were made to the 2022 proposal. Amendments pertaining to changes in the Public Health Law have been discussed at the State Camp Safety Advisory Council meetings which are open to the public. Children's camps, local health departments and the public are also invited to comment during the Codes and Regulations Committee meeting of the Public Health and Health Planning Council and as part of the formal public comment process.

**STATEMENT IN LIEU OF
JOB IMPACT STATEMENT**

No Job Impact Statement is required pursuant to section 201-a(2)(a) of the State Administrative Procedure Act (SAPA). It is apparent, from the nature of the proposed amendment, that it will have no impact on the number of jobs and employment opportunities.

Pursuant to the authority vested in the Public Health and Health Planning Council and the Commissioner of Health by section 2803 of the Public Health Law, section 415.26 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is hereby amended, to be effective upon publication of a Notice of Adoption in the New York State Register, as follows:

The first sentence of subparagraph (i) of paragraph (3) of subdivision (d) of section 415.26 is amended to read as follows:

The nurse aide training program shall include classroom and clinical training which enhances both skills and knowledge and, when combined, shall be of at least [100] 75 hours' duration.

REGULATORY IMPACT STATEMENT

Statutory Authority:

Public Health Law (PHL) section 2803 authorizes the Public Health and Health Planning Council (PHHPC) to adopt and amend rules and regulations, subject to the approval of the Commissioner of Health, to implement the purposes and provisions of PHL Article 28, including the establishment of uniform standards governing the operation of health care facilities.

Legislative Objectives:

The legislative objectives of PHL Article 28 include protecting the health of the residents of the State by assuring the efficient provision of health services by nursing homes. The establishment of nurse aide certifications and training programs that promote the necessary skills and abilities to demonstrate competent provision of appropriate tasks for certified nurse aids (CNAs) working in nursing homes, meets these legislative objectives.

Needs and Benefits:

Since 2022, the Office of Healthcare Workforce Innovation in the New York State Department of Health (Department) has advanced various initiatives to meet the evolving demands of the healthcare workforce across the State. This regulation furthers the Department's effort to expand the healthcare workforce by easing the requirements for CNA candidates. This regulation will increase the pool of qualified CNAs to deliver needed services to nursing home residents.

These regulations will align the State's required hours of training for CNAs with the requirements of the Federal government in 42 CFR § 483.152(a)(1). Reducing the required hours

of training from 100 to 75 will help attract prospective candidates to become CNAs, while still ensuring an adequate level of training.

Costs for the Implementation of and Continuing Compliance with these Regulations to the Regulated Entity:

The Department anticipates no costs for nursing homes to comply with the amended regulation.

Cost to State and Local Government:

The Department does not anticipate costs to State or local governments to comply with the amended regulation.

Cost to the Department of Health:

There are no expected additional costs to the Department as any necessary programmatic updates will be completed using existing resources.

Local Government Mandates:

This amendment does not impose any new programs, services, duties, or responsibilities on local governments, including those that may operate a nursing home.

Paperwork:

The Department will be required to update forms, order new applications, and update its website. These changes will be completed using existing resources.

Duplication:

These amendments align with the coinciding Federal requirement and do not conflict with any State or Federal rules.

Alternatives:

An alternative would be to leave current standards in place. Leaving the current standards in place is not consistent with the Department's goal to implement creative solutions to expand the number of CNAs throughout the State. Therefore, the Department decided that revising the current regulation was the most appropriate approach.

Federal Requirements:

This regulation aligns with Federal regulations and does not overlap or conflict with any legal requirements.

Compliance Schedule:

This regulation will go into effect upon publication of a Notice of Adoption in the New York State Register.

Contact Person:

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**STATEMENT IN LIEU OF
REGULATORY FLEXIBILITY ANALYSIS**

No Regulatory Flexibility Analysis is required pursuant to section 202-b(3)(a) of the State Administrative Procedure Act. This regulation does not impose an adverse economic impact on small businesses or local governments, nor does it require any new reporting, record keeping, or other compliance requirements on small businesses or local governments.

**STATEMENT IN LIEU OF
RURAL AREA FLEXIBILITY ANALYSIS**

A Rural Area Flexibility Analysis for this amendment is not being submitted because the amendment will not impose any adverse impact or new, significant reporting, record keeping or other compliance requirements on public or private entities in rural areas. There are no professional services, capital, or other compliance costs imposed on public or private entities in rural areas as a result of this regulation.

JOB IMPACT STATEMENT

A Job Impact Statement for this amendment is not being submitted because it is apparent from the nature and purposes of the amendment that it will not have a substantial adverse impact on jobs and/or employment opportunities.



Project # 261252-C

21 Reade Place ASC LLC d/b/a Bridgeview Endoscopy

Program: Diagnostic and Treatment Center

County: Dutchess

Purpose: Construction

Acknowledged: June 4, 2026

Executive Summary

Description

21 Reade Place ASC, LLC d/b/a Bridgeview Endoscopy (Bridgeview), an Article 28 single specialty freestanding ambulatory surgery center (FASC), at 21 Reade Place, Poughkeepsie (Dutchess County), seeks approval to certify and construct a single-specialty (gastroenterology) extension clinic on Snook Road, Fishkill (Dutchess County).

The proposed extension clinic will have four (4) procedure rooms and related support spaces.

Sunil Khurana, M.D., a board-certified gastroenterologist, will continue to serve as Medical Director. The applicant has an existing Transfer & Affiliation Agreement for backup and emergency services with Vassar Brother Medical Center, 13 miles/23 minutes away.

OPCHSM Recommendation

Contingent approval with an expiration of the operating certificate five years from the date of its issuance.

Need Summary

The applicant projects 3,341 visits representing 3,675 procedures in Year One and 4,455 visits representing 4,900 procedures in Year Three, with Medicaid at 5.0% and Charity Care at 2.0%.

Program Summary

Based on the results of this review, a favorable recommendation can be made regarding the facility's current compliance pursuant to 2802-(3)(e) of the New York State Public Health Law.

Financial Summary

Total project costs of \$11,817,709 will be funded with landlord improvements of \$7,762,918, a \$1,960,631 capital equipment lease, and \$2,094,160 in equity from 21 Reade Place ASC, LLC.

<u>Budget</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$3,020,101	\$4,026,776
Expenses:	<u>3,003,460</u>	<u>3,622,835</u>
Net Income (Loss)	\$16,641	\$403,941

Health Equity Impact Assessment

The information and analysis presented in the Health Equity Impact Assessment and the applicant's mitigation plan demonstrate the proposed project will not result in any significant adverse health equity impacts.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

Approval with an expiration of the operating certificate five years from the date of its issuance, contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Architectural Design Development Drawings: submission of architectural and life safety drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]
3. Engineering Design Development Drawings: submission of mechanical, electrical, plumbing and fire protection drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]
4. Submission of an executed real property loan commitment acceptable to the Department of Health. [BFA]
5. Submission of an executed capital equipment lease commitment acceptable to the Department of Health. [BFA]
6. Submission by the governing body of the ambulatory surgery center of an Organizational Mission Statement which identifies, at a minimum, the populations and communities to be served by the center, including underserved populations (such as racial and ethnic minorities, women, and handicapped persons) and the centers commitment to meet the health care needs of the community, including the provision of services to those in need, regardless of ability to pay. The statement shall also include a commitment to the development of policies and procedures to assure that charity care is available to those who cannot afford to pay. [RNR]
7. Submission of a signed agreement with an outside, independent entity satisfactory to the Department to provide annual reports to DOH. Reports are due no later than April 1st for the prior year and are to be based upon the calendar year. Submission of annual reports will begin after the first full or, if greater or equal to six months after the date of certification, partial year of operation. Reports should include:
 - a. Data displaying actual utilization including procedures;
 - b. Data displaying the breakdown of visits by payor source;
 - c. Data displaying the number of patients who needed follow-up care in a hospital within seven days after ambulatory surgery;
 - d. Data displaying the number of emergency transfers to a hospital;
 - e. Data displaying the percentage of charity care provided;
 - f. The number of nosocomial infections recorded during the year reported;
 - g. A list of all efforts made to secure charity cases; and h. A description of the progress of contract negotiations with Medicaid managed care plans. [RNR]

Approval conditional upon:

1. This project must be completed by **October 1, 2028**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **April 1, 2027**, and construction must be completed by **July 1, 2028**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]
4. The submission of annual reports to the Department as prescribed by the related contingency, each year, for the duration of the limited life approval of the facility. [RNR]
5. The staff of the facility must be separate and distinct from the staff of other entities; the signage must clearly denote that the facility is separate and distinct from other entities; the clinical space must be used exclusively for the approved purpose; and the entrance must not disrupt any other entity's clinical program space. [HSP]
6. The applicant must ensure registration for and training of facility staff on the Department's Health Commerce System (HCS). The HCS is the secure web-based means by which facilities must communicate with the Department and receive vital information. Upon receipt of the Operating Certificate, the Administrator/director that has day-to-day oversight of the facility's operations shall submit the HCS Access Form at the following link to begin the process to enroll for HCS access for the first time or update enrollment information as necessary:
https://www.health.ny.gov/facilities/hospital/docs/hcs_access_form_new_clinics.pdf. Questions may be directed to the Division of Hospitals and Diagnostic & Treatment Centers at 518-402-1004 or email: hospinfo@health.ny.gov. [HSP]
7. Reimbursable TPC (representing the Fit-Out costs only) is limited to \$7,298,677.00. [CCC]

Council Action Date
September 17, 2026

Need Analysis

Project Description

21 Reade Place ASC, LLC d/b/a Bridgeview Endoscopy (Bridgeview) is seeking approval to certify and to construct a single-specialty freestanding ambulatory surgical center (FASC), specializing in Gastroenterology, at 21 Reade Place, Poughkeepsie, New York 12601 (Dutchess County). The proposed extension clinic will be fit-out in a to-be-constructed building on Snook Road, Fishkill (Dutchess County), New York 12524, approximately 13.5 miles and 27-minute travel time from Bridgeview's main site.

This project involves the conversion of an existing private office-based surgical practice consisting of two physicians, in New Windsor, New York in Orange County into this Article 28 ambulatory surgery center extension clinic. This will enable Bridgeview Endoscopy to relocate about 2,800 existing gastroenterology procedures from the main site. The main site has capacity constraints, scheduling issues and an overflow of patients. Upon approval of this project, the surgical component of only the private practice will close, but the physicians will continue to provide consultations, follow-up, and pre- and post-procedure appointments. The physicians will also continue to be on call with their respective hospitals and will continue to perform inpatient and ambulatory surgery procedures that are more appropriately done in a hospital. None of the projected procedures are being performed in hospitals.

Background & Analysis

The primary service area (PSA) for this project is Dutchess County. The applicant also expects to see patients from northeast Orange County and parts of northern Putnam County. The population of the PSA is estimated at 298,220 based on 2024 American Community Survey data and is projected to decrease to 290,034 by 2031, per projection data from the Cornell Program on Applied Demographics (PAD), a decline of 2.7%. Demographics for Dutchess County are noted below, including a comparison with New York State.

Demographics	Dutchess County	New York State
Total Population – 2024 Estimate	298,220	19,852,366
Hispanic or Latino (of any race)	15.4%	19.8%
White (non-Hispanic)	66.1%	52.8%
Black or African American (non-Hispanic)	9.2%	13.4%
Asian (non-Hispanic)	3.4%	9.0%
Other (non-Hispanic)	5.9%	5.0%

Source: 2024 American Community Survey (5-year Estimates Data Profiles)

The population cohort aged 45 to 75 years old was 39.3% of the total population in Dutchess County in 2024. By 2031, Cornell PAD estimates the 45 to 75 years and over cohort will be 37.3% of the total population, a decline of 2.0%. This cohort is important as the current colorectal screening guidelines from the Centers for Disease Control, and the American Cancer Society recommend that adults aged 45 to 75 years old be screened for colorectal cancer.

In 2024, 96.1% of the population of Dutchess County had health coverage as follows:

Employer Plans	54.9%
Medicaid	13.4%
Medicare	14.0%
Non-Group Plans	13.3%
Military or VA	0.55%

Source: Data USA

The table below shows the projected payor source utilization for Years One and Year Three.

Payor	Year One		Year Three	
	Volume	%	Volume	%
Commercial FFS	2,161	58.8%	2,880	58.8%
Medicare FFS	768	20.9%	1,024	20.9%
Medicare MC	489	13.3%	652	13.3%
Medicaid FFS	18	0.5%	25	0.5%
Medicaid MC	165	4.5%	221	4.5%
Charity Care	74	2.0%	98	2.0%

Source: Applicant

The applicant projects 3,341 visits representing 3,675 procedures in Year One and 4,455 visits representing 4,900 procedures in Year Three with Medicaid at approximately 5.0% and Charity Care at 2.0%.

The table below shows the number of patient procedures for relevant facilities providing ambulatory surgery services in Dutchess County for 2022 through 2025.

Ambulatory Surgery Services within 27-mile Radius of the Applicant					
Facility Name	Type	Patient Procedures			
		2022	2023	2024	2025
Hudson Valley Endoscopic Center	ASC	6,484	6,576	6,255	4,887
St Luke's Cornwall Hospital/Newburgh	Hospital	4,971	4,763	4,556	4,664
Vassar Brothers Medical Center	Hospital	8,346	8,857	8,473	9,472
Bridgeview Endoscopy	ASC	8,338	8,873	8,792	9,043
Mid-Hudson Valley Division of Westchester Medical Center	Hospital	4,336	4,426	4,551	5,021
Putnam Gastroenterology ¹	ASC	0	205	3,546	3,434
Putnam Hospital	Hospital	3,583	3,696	4,051	3,613
Garnet Health Medical Center	Hospital	12,190	13,487	14,911	15,075
Orange Regional Medical Pavilion ²	Hospital Ext. Clinic	0	0	0	0
Total Visits		48,248	50,883	55,135	55,209

Source: HFIS & SPARCS

¹No SPARCS data available for 2022

²No SPARCS data available

All the facilities listed above provide single-specialty gastroenterology services and/or multi-specialty services.

As an existing ASC, Bridgeview currently contracts with several Medicaid Managed Care plans, including Fidelis Care; Emblem Health; Anthem Blue Cross and Blue Shield and United Healthcare. Moreover, the Center will also reach out to local hospitals and other healthcare providers such as Federally Qualified Health Centers (FQHC) like Sun River Health and Cornerstone Family Healthcare, to bring in additional Charity Care and Medicaid patient referrals and provide services to the under-insured in their service area.

Conclusion

Approval of this project will provide expanded gastroenterology surgical services in an outpatient setting for the residents of Dutchess County.

Program Analysis

Project Proposal

Operator	21 Reade Place ASC, LLC
To Be Known As	Bridgeview Endoscopy - Fishkill
Site Address	#TBD Snook Road, Fishkill, NY 12524 (Dutchess County)
Specialties	Ambulatory Surgery - Single-Specialty (Gastroenterology)
Shift / Hours	Monday through Friday, 7:00 a.m. to 3:30 p.m.
Staffing (1st Year / 3rd Year)	10.2 FTEs / 12.6 FTEs
Medical Director	Sunil Khurana, M.D.
Transfer Agreement and Distance	Vassar Brothers Medical Center 13 miles away / 23 minutes away
Nearest Hospital	Montefiore SLC Hospital 70 Dubois Street, Newburgh, NY 12550 9 miles away / 13 minutes away

Sunil Khurana, M.D., who is currently a managing member of 21 Reade Place ASC, LLC and is a board-certified gastroenterologist, will continue to serve as the Medical Director and perform gastroenterology procedures at the new extension clinic.

Two (2) additional physicians have committed to perform procedures at the extension clinic. Arif Muslim, M.D. and Majed Zouhairi, M.D. have submitted commitment letters to perform GI procedures at Bridgeview Endoscopy-Fishkill. Both physicians are currently performing surgeries at their private practice at 955 Little Britain Rd, New Windsor, NY (Orange County). These physicians' patients who will be treated at this new clinic already reside in the surrounding area of the clinic and are existing patients of the participating physicians' private practice. Arif Muslim, M.D. and Majed Zouhairi will continue to perform inpatient and ambulatory procedures that are more appropriately performed in general hospital setting at the hospitals in which they are affiliated. Procedures to be performed at the extension clinic will originate from Dutchess County with no procedures coming from local hospitals.

Certain individuals who are currently employed at the main Bridgeview Endoscopy facility may transition to the new extension ASC to facilitate the ramp-up period, and a clear delineation of roles, responsibilities, and reporting structures will be maintained. Additional employees needed will be recruited from accredited schools, training programs and job fairs. As needed, outsourced staffing and recruiting firms will be engaged. The Center will be certified by CMS and will seek accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), as with its main D&TC site, within two (2) years of becoming operational.

The main facility only has two (2) procedure rooms which creates an imbalance resulting in long wait lists, limited availability for urgent cases, and puts operational strain on physicians splitting their time between surgical sessions and office follow-up care. Patients currently face late-day colonoscopy appointments that are undesirable for many and contribute to missed or delayed screenings.

The new extension ASC will be in a one (1) storied building to encompass approximately 11,602 square feet on the ground floor. The ASC will include four (4) procedure rooms and sixteen (16) pre- and post-patient stations with required support spaces also located on the ground floor. The scope of work will include installing all new HVAC, plumbing, electrical, fire alarm, nurse call systems and fire protection systems. Completion of construction is expected to take approximately nine (9) months to complete.

The Center will be open Monday through Friday from 7:00 am to 3:30 pm. It is expected that there will be expanded operating schedules will be maintained to accommodate the needs of both patients and physicians. Weekend and evening procedures will be made available, if needed, to accommodate patient scheduling issues.

Bridgeview Endoscopy has an existing Transfer and Affiliation Agreement with Vassar Brothers Medical Center located at 45 Reade Place, Poughkeepsie, NY 12601, which will be 13 miles / 23 minutes away.

The following tables show the projected FTEs in Year One and Year 3 following completion of the project:

Position	Year One	Year Three
Management and Supervision	1.0	1.0
Technician & Specialist	2.0	2.7
Registered Nurses	5.2	6.9
Infection Control, Environment and Food Service	1.0	1.0
Clerical and Other Administrative	1.0	1.0
Total	10.2	12.6

Arif Muslim, M.D. has committed to performing 850 procedures and Majed Zouhairi, M.D. committed to performing 1,250 procedures. The remaining 2,800 procedures will be relocated from the Poughkeepsie main site.

Integration with Community Resources:

The proposed extension clinic plans to work closely with its patients to educate them regarding availability of primary care services offered by local providers, including the broad array of outpatient primary care services offered by the community. Through this program, the extension clinic's patients will be better able to make informed choices regarding preventive medicine, to understand personal health care options going forward and to hopefully avoid unnecessary hospitalization and emergency room visits. Prior to leaving the extension clinic, each patient will be provided with information concerning local availability of primary care services.

Post-operative care protocols will include discharge planning that reinforces the patient's connection to their primary care provider, ensuring continuity of care following procedures performed at the Center.

Compliance with Applicable Codes, Rules, and Regulations

The medical staff will continue to ensure that the procedures performed at the facility conform to generally accepted standards of practice and that privileges granted are within the physician's scope of practice and expertise. The Facility's admissions policy includes anti-discrimination provisions regarding age, race, creed, color, national origin, marital status, sex, sexual orientation, religion, disability, or source of payment. All procedures are performed in accordance with all applicable federal and state codes, rules, and regulations.

This facility has no outstanding Article 28 surveillance or enforcement actions and based on the most recent surveillance information, is deemed to be currently operating in substantial compliance with all applicable State and Federal codes, rules, and regulations. This determination was made based on a review of the files of the Department of Health, including all pertinent records and reports regarding the facility's enforcement history and the results of routine Article 28 surveys as well as investigations of reported incidents and complaints.

Conclusion

Based on the results of this review, a favorable recommendation can be made regarding the facility's current compliance pursuant to 2802-(3)(e) of the New York State Public Health Law.

Financial Analysis

Total Project Cost and Financing

Total project costs for new construction, renovations and acquisition of movable equipment are estimated at \$11,817,709. broken down as follows:

<u>Description</u>	<u>Fit-Out</u>	<u>Core & Shell</u>	<u>Total</u>
Land Acquisition	\$0	\$650,000	\$650,000
New Construction	\$0	\$1,633,482	\$1,633,482
Renovation & Demolition	\$3,896,255	\$0	\$3,896,255
Site Development	\$0	\$1,328,000	\$1,328,000
Design Contingency	\$389,626	\$163,348	\$ 552,974
Construction Contingency	\$389,626	\$81,674	\$471,300
Architect/Engineering Fees	\$194,813	\$162,880	\$357,693
Construction Manager Fees	\$97,406	\$40,720	\$138,126
Other Fees	\$20,000	\$458,928	\$478,928
Movable Equipment	<u>\$2,244,320</u>	<u>\$0</u>	<u>\$2,244,320</u>
Total Basic Cost of Construction	\$7,232,046	\$4,519,032	\$11,751,078
CON Application Fee			\$2,000
CON Processing Fee			<u>\$64,631</u>
Total Project Cost			\$11,817,709

The applicant's financing plan appears as follows:

Applicant - members cash equity	\$2,094,160
Lease (Space \$7,762,918 & Equipment \$1,960,631)	<u>9,723,549</u>
Total	\$11,817,709

The reimbursable total project cost is limited to \$7,298,677 (representing fit-out costs and fees) as noted in Construction Cost Control's August 3, 2026, review.

The landlord will advance \$7,762,918 (or 65.7%) of the project costs, funded via \$612,918 in cash from KMP-Fishkill, LLC and \$7,150,000 construction loan from M&T Bank, terms one-month SOFR plus 250 basis points or 6.14% as of 7/27/26. Mini-permanent loan, interest one-month SOFR plus 200 points 30-year amortization. There will be a \$1,960,631 capital equipment lease, 4.5% interest rate for four years. Olympus Financial Services has provided a letter of interest at the stated terms. The \$2,094,160 balance is funded by the applicant, 21 Reade Place ASC, LLC. Both KMP-Fishkill, LLC and 21 Reade Place ASC, LLC has sufficient liquid assets to meet their entity requirements as shown on BFA Attachment A and B, respectively. The landlord's \$7,762,918 advance and the \$1,960,631 capital lease will be recovered from the applicant through rent payments.

Operating Budget

The applicant has submitted first, and third year projected operating budgets, in 2028 dollars, as summarized below:

	<u>Year One</u>		<u>Year Three</u>	
Revenues:	<u>Per Proc.</u>	<u>Total</u>	<u>Per Proc.</u>	<u>Total</u>
Medicaid - FFS	\$819.72	\$14,755	\$819.76	\$20,494
Medicaid - MC	\$551.79	\$91,045	\$551.79	\$121,946
Medicare - FFS	\$469.79	\$360,799	\$469.79	\$481,065
Medicare - MC	\$589.92	\$288,471	\$589.92	\$384,628
Commercial - FFS	\$1,048.14	<u>\$2,265,031</u>	\$1,048.14	<u>\$3,018,643</u>
Total Revenues:		\$3,020,101		\$4,026,776
Expenses:				
Operating	\$344.54	\$1,266,199	\$377.34	\$1,848,973
Capital	<u>\$472.72</u>	<u>\$1,737,261</u>	<u>\$362.01</u>	<u>\$1,773,862</u>
Total Expenses:	\$817.26	\$3,003,460	\$739.35	\$3,622,835.
Net Income (Loss)		<u>\$16,641</u>		<u>\$403,941</u>
Procedures		3,675		4,900

The following is noted with respect to the submitted budget:

- The number of procedures is based on the participating physicians' current caseload and their commitment to bring cases to the extension clinic along with Bridgeview's need to relocate cases from its main FASC site.
- The payer mix was determined based on the participating physicians' existing payer mix in their private practice and the existing payor mix at the FASC's main site.
- The number and mix of staff were determined based on the applicant's experience in providing ambulatory services along with the experiences from other similar New York State FASCs.
- Net revenue per procedure was based on the applicant's 2024 FASC cost report.
- Reimbursement rates reflect current and projected Federal and New York State government rates, with other payers based on experience in the region.
- Expenses were derived based on the experience of the applicant in providing similar services.
- Utilization assumptions are supported by letters from the two physicians to perform their office-based surgical practice at the extension clinic. Also, the extension clinic will serve to reduce the capacity issues at the FASC main site, where they perform more than 9,000 procedures annually in two procedure rooms, exceeding the Departments of 800-1,200 procedure per year per room.

Utilization by payor source for Year One and Year Three are summarized below

	<u>Year One</u>		<u>Year Three</u>	
Payor:	<u>Procedure</u>	<u>%</u>	<u>Procedure</u>	<u>%</u>
Medicaid - FFS	18	0.49%	25	0.51%
Medicaid - MC	165	4.49%	221	4.51%
Medicare - FFS	768	20.90%	1,024	20.90%
Medicare - MC	489	13.31%	652	13.31%
Commercial - FFS	2,161	58.80%	2,880	58.77%
Charity Care	<u>74</u>	<u>2.01%</u>	<u>98</u>	<u>2.00%</u>
Total	3,675	100%	4,900	100%

Lease Agreement

The applicant has submitted an executive lease rental agreement, which is summarized below:

Date:	May 1, 2026
Premises:	An extension clinic (11,602 sq. ft.) located on Snook Road, Fishkill (Dutchess County)
Landlord:	Fishkill Medical Park ASC, LLC
Tenant:	21 Reade Place ASC, LLC
Project:	The design and construction of the building, (excluding Tenant Improvements)
Tenant Improvements:	All fit-up work to be performed by Tenant in the Premises for the proper operation of Tenant's business, except that included in Landlord's development and construction of the Project pursuant to Section 1.1.
Term:	25 years and one (2) additional period of five (5) years
Rent Payment:	\$347,965 Core & Shell Base Rent (attributed to the use of the core and shell) \$384,054 ASC Base Rent (attributed to the fit-up of the ambulatory surgical center) \$732,019 Total Base Rent The base rent shall be fixed to enable Landlord to 7.70% on the project costs. The base rent shall be increased by 2.5% yearly.
Reimburse Capital Equipment. Lease	\$536,511 per year for four years (Olympus Financial Services -Quote Q-02087720)
Provisions:	Triple Net

The lease for this site is between Fishkill Medical Park ASC, LLC, as Lessor, and 21 Reade Place ASC, LLC, as Lessee, and is a non-arm's-length agreement. The building the extension clinic will occupy will be owned by Fishkill Medical Park ASC, LLC (Landlord). Fishkill Medical Park ASC, LLC is owned by Fishkill Medical Park ASC Holdings, LLC, an entity owned by two (2) other entities, SSNV Realty, LLC and KMP-Fishkill, LLC. SSNV Realty LLC is a realty entity owned by 11 of the 12 physician members of KVBDA, LLC, 21 Reade Place ASC, LLC's sole member. KMP-Fishkill LLC is a realty entity owned by members of Kirchhoff Builders LLC, the developer of this project.

The applicant has submitted an affidavit attesting to the relationship between 21 Reade Place ASC, LLC and Fishkill Medical Park ASC, LLC, which will be a non-arms-length lease arrangement in that the realty and operating entities have members in common. The applicant has submitted two letters from a New York Licensed Real Estate Broker attesting that the base rent costs at fair market value

Capability and Feasibility

Total project costs of \$11,817,709 include the construction of the buildings' core and shell and the fit-out of the extension clinic. The landlord will advance \$7,762,918 (or 65.7%) of the project costs, funded via \$612,918 in cash from KMP-Fishkill, LLC and a \$7,150,000 construction loan from M&T Bank, terms one-month SOFR plus 250 basis points or 6.14% as of 7/27/26. Mini-permanent loan, interest one-month SOFR plus 200 points 30-year amortization. There will be a \$1,960,631 capital equipment lease, 4.5% interest rate for four years. Olympus Financial Services has provided a letter of interest at the stated terms. The \$2,094,160 balance is funded by the applicant, 21 Reade Place ASC, LLC. The landlord's \$7,762,918 advance and the \$1,960,631 capital lease will be recovered from the applicant through rent payments

The working capital requirement is estimated at \$603,806 based on two months of third year expenses and will be funded from the ongoing operations of 21 Reade Place ASC, LLC. BFA Attachment E, 21 Reade Place ASC, LLC 2025 Internal Financial Statement, shows sufficient resources to fund the requirement.

The budget projects a net income of \$16,641 and \$403,941 in the first and third years of operations. The budget appears reasonable.

BFA Attachment D, 21 Reade Place ASC, LLC 2024 Certified Financial Statement and BFA Attachment E show positive working capital, net assets, and net income.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Health Equity

Health Equity Impact Assessment Summary

The Applicant seeks to establish a new ambulatory surgery center in Fishkill, NY, that will improve health equity and reduce health disparities for medically underserved groups. The center will provide endoscopic and gastrointestinal services for patients. Currently, the Applicant's primary site, located in Poughkeepsie, experiences long waitlists and has insufficient capacity for urgent and routine services. With the addition of four procedure rooms at the new facility, the project is expected to increase access to preventative screenings, advance the number of procedures and enhance quality of care for medically underserved groups in the service area.

As an unintended negative impact, the Independent Entity noted that a substantial increase in patient intake could potentially create challenges for timely follow-up care and may affect access to care and social services. However, the Independent Entity also identified an unintended positive impact of the project, advising that patients could gain access to a variety of social services and additional community resources. The service area currently experiences medium to high levels of stress and potentially preventable hospitalizations. The new clinic may help reduce hospitalizations by increasing access to specialty and preventative care.

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.

Attachments

BHFP Attachment	Map
BFA Attachment A	KMP-Fishkill, LLC, July 17, 2026, Balance Sheet
BFA Attachment B	21 Reade Place ASC, LLC, June 30, 2026, Financial Statement
BFA Attachment C	Fishkill Medical Park ASC, LLC 2025, Organizational Chart
BFA Attachment D	21 Reade Place ASC, LLC 2024 Certified Financial Statement
BFA Attachment E	21 Reade Place ASC, LLC 2025 Internal Financial Statement
OHEHR Attachment	Health Equity Impact Assessment



Project # 251186-E
Highland Operations, LLC d/b/a
Highland Park Rehabilitation & Nursing Center

Program: Residential Health Care Facility
Purpose: Establishment

County: Allegany
Acknowledged: May 6, 2025

Executive Summary

Description

Highland Operations, LLC d/b/a Highland Park Rehabilitation & Nursing Center, a limited liability company, requests approval to be established as the new operator of Highland Park Rehabilitation & Nursing Center, an existing 80-bed residential health care facility (RHCF), at 160 Seneca Street, Wellsville, New York (Allegany County). The facility includes an off-site Adult Day Health Care Program (ADHCP) at 100 Chamberlain Street, Wellsville (Allegany County).

On September 1, 2018, Highland Operations, LLC entered into an Asset Purchase Agreement (APA) with HRNC, LLC. On February 1, 2024, the members of Highland Operations, LLC agreed to purchase the facility from HRNC, LLC. The members then assigned their entire membership interest in Highland Operations, LLC to HPRC Opco, LLC. On June 1, 2024, HPRC Realty, LLC agreed to purchase the real estate associated with the facility from Highland ZBLO Realty, LLC. The real estate transaction closed on February 28, 2025.

HPRC Realty LLC will lease the property for the RHCF and ADHCP to Highland Operations, LLC.

The sole member of Highland Operations, LLC, is HPRC Opco, LLC.

Ownership of the operations before and after the requested change in ownership is:

Current Operator

HRNC, LLC d/b/a Highland Park Rehabilitation and Nursing Center

<u>Member</u>	<u>Ownership %</u>
Efraim Steif	39.9%
Uri Koenig	60.0%
<u>David Camerota</u>	<u>0.1%</u>
Total	100%

Proposed Operator

Highland Operations, LLC d/b/a Highland Park Rehabilitation & Nursing Center

<u>Member</u>	<u>Ownership %</u>
HPRC Opco, LLC	100%
<u>Members</u>	
Yaakov Geldzahler	24.50%
Chaim Ausch	24.50%
Chaim Rosenwasser	50.00%
<u>Efraim Siegfried</u>	<u>1.00%</u>
Total	100%

OALTC Recommendation
Contingent Approval

Need Summary

There will be no changes to beds or services as a result of this application. As of June 30, 2026, the facility reported 95.0% occupancy of its staffed bed compared to Allegany County's occupancy of staffed beds of 92.9%.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

<u>Budget</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$11,073,247	\$11,128,012
Expenses	<u>10,320,524</u>	<u>10,383,506</u>
Net Income	\$752,723	\$744,506

Financial Summary

The purchase price for the operations is \$400,000 and \$9,160,000 for the realty and will be funded with \$400,000 in equity from the proposed members, a \$100,000 escrow in deposit, and a bank loan of \$9,060,000, interest only at 9.52% for a two-year term and payout period. The landlord plans to refinance this loan through HUD financing prior to the expiration of the loan term. The proposed budget is as follows:

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Public Health Law §2802-B.

Recommendations

Long Term Care Ombudsman Program

The LTCOP recommends Approval. (See LTCOP Attachment A)

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval contingent upon:

1. Submission of an executed real estate loan that is acceptable to the Department of Health. [BFA]
2. Submission of a commitment signed by the applicant which indicates that, within two years from the date of the council approval, the percentage of all admissions who are Medicaid and Medicare/Medicaid eligible at the time of admission will be at least 75 percent of the planning area average of all Medicaid and Medicare/Medicaid admissions, subject to possible adjustment based on factors such as the number of Medicaid patient days, the facility's case mix, the length of time before private paying patients became Medicaid eligible, and the financial impact on the facility due to an increase in Medicaid admissions. [RNR]

Approval conditional upon:

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Efraim Seifried, or a suitably experienced owner approved by the Department, will remain as a member of the proposed operator LLC for 4 years to ensure adequate operator experience is maintained. [LTC]

Council Action Date

September 17, 2026

Need Analysis

Background and Analysis

The primary service area is Allegany County, which has a population projected to decrease by 5.8% to 44,442 by 2031 based on Cornell Program of Applied Demographic estimates. Demographics for the primary service area are noted below, including a comparison with New York State.

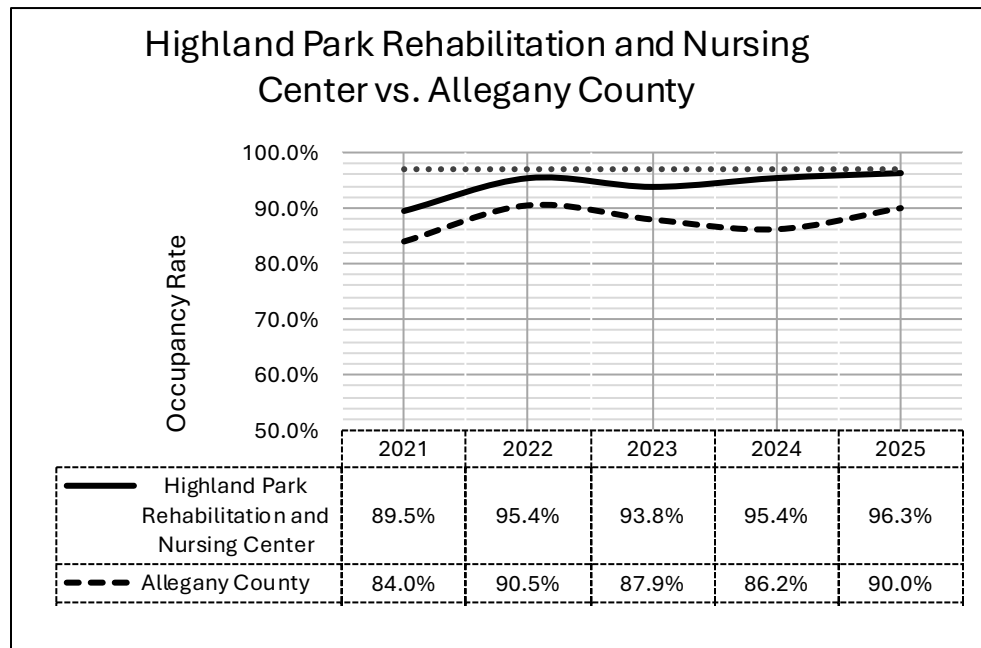
Demographics	Allegany County	New York State
Total Population (2024 Estimate)	47,159	19,852,366
Hispanic or Latino (of any race)	2.2%	19.8%
White (non-Hispanic)	92.7%	52.8%
Black or African American (non-Hispanic)	1.5%	13.4%
Asian(non-Hispanic)	1.4%	9.0%
Other (non-Hispanic)	2.2%	5.0%

Source: 2024 American Community Survey (5-year Estimates Data Profiles)

The table below provides population estimates of individuals 65 years old and above in Allegany County and New York State.

	Allegany County		New York State	
	Age 65-84	Age 85+	Age 65-84	Age 85+
Estimated 2024 Population	8,228	1,228	3,108,608	445,420
Population Projection by 2031	8,408	1,471	3,749,085	638,383
Percent Change	+2.2%	+19.8%	+20.6%	+43.3%

Source: 2024 American Community Survey (5-Year Estimates) and Cornell Program on Applied Demographics



Source: Occupancy through 2024 is from the RHCF cost reports, 2025 data is from non-certified Health Electronic Response Data System (HERDS)

The table below shows the CMS Rating and the utilization of the closest RHCf to Highland Park Rehabilitation and Nursing Center.

Facility Name	CMS Overall Rating	RHCf Beds	Distance from other RHCfs	Occupancy			
	As of 6/2026			2022	2023	2024	2025
Highland Park Rehabilitation and Nursing Center	5	80	0 miles/0 mins	95.4%	93.8%	95.4%	96.3%
Wellsville Manor Care Center	5	120	0.7 miles/3 mins	95.3%	92.2%	94.4%	94.5%
Cuba Memorial Hospital Inc SNF	3	61	25 miles/36 mins	75.3%	81.0%	72.4%	75.9%
Maple City Rehabilitation and Nursing Center	1	114	26 miles/37 mins	51.9%	88.1%	95.6%	96.7%
Houghton Rehabilitation & Nursing Center	2	100	27 miles/38 mins	90.0%	82.4%	77.3%	88.1%
Elderwood at Hornell	4	112	29 miles/40 mins	91.4%	88.9%	89.6%	92.9%

Source: CMS and RHCf Cost Reports. Occupancy through 2024 is from the RHCf cost reports, 2025 data is from non-certified Health Electronic Response Data System (HERDS)

Based on weekly census data, the facility reported 100% of their 80 licensed beds were staffed and 95.0% occupied on June 30, 2026, for a 95.0% occupancy of staffed beds. Allegany County had 97.5% of the county's 361 licensed beds staffed and 90.6% occupied, for a 92.9% occupancy of staffed beds.

The following table provides the Case Mix Index (CMI) for the facility and surrounding RHCfs, which reflects the relative resources predicted to provide care to a resident. The New York State average CMI was 1.3520 and 1.4132 for Allegany County. The higher the case mix weight, the greater the resource requirement for the residents.

Case Mix Index	2023	
	All Payor	Medicaid Only
Highland Park Rehabilitation and Nursing Center	1.4702	1.6180
Wellsville Manor Care Center	1.5117	1.5766
Cuba Memorial Hospital Inc SNF	1.1027	1.0156
Maple City Rehabilitation and Nursing Center	1.1042	0.9769
Houghton Rehabilitation & Nursing Center	1.4032	1.4210
Elderwood at Hornell	1.4084	1.2761

Medicaid Access

To ensure that the Residential Health Care Facility needs of the Medicaid population are met, 10 NYCRR §670.3 requires applicants to accept and admit a reasonable percentage of Medicaid residents in their service area. The benchmark is 75% of the annual percentage of residential health care facility admissions that are Medicaid-eligible individuals in their planning area. This benchmark may be increased or decreased based on the following factors:

- the number of individuals within the planning area currently awaiting placement to a residential health care facility, and the proportion of total individuals awaiting such placement that are Medicaid patients and/or alternate level of care patients in general hospitals;
- the proportion of the facility's total patient days that are Medicaid patient days and the length of time that the facility's patients who are admitted as private paying patients remain such before becoming Medicaid eligible;
- the proportion of the facility's admissions who are Medicare patients or patients whose services are paid for under provisions of the federal Veterans' Benefit Law;
- the facility's patient case-mix based on the intensity of care required by the facility's patients or the extent to which the facility provides services to patients with unique or specialized needs;
- the financial impact on the facility due to an increase in Medicaid patient admissions.

An applicant will be required to make appropriate adjustments in its admission policies and practices to meet the resultant percentage. Based on the applicant's data, the facility's Medicaid admissions rate was above the threshold of 75% of the Allegany County rate.

Medicaid Access	2022	2023	2024
Allegany County Total	41.6%	44.7%	32.9%
<i>Allegany threshold value</i>	31.2%	33.5%	24.7%
Highland Park Rehabilitation and Nursing Center	41.8%	41.7%	41.8%

Conclusion

There will be no changes to beds or services as a result of this application. As of June 30, 2026, the facility reported 95.0% occupancy of its staffed beds, while Allegany County had 92.9% of staffed beds.

Program Analysis

Program Description

	Existing	Proposed
Facility Name	Highland Park Rehabilitation and Nursing Center	Highland Park Rehabilitation & Nursing Center
Address	160 Seneca St Wellsville, NY 14895	Same
RHCF Capacity	80 beds	Same
ADHCP Capacity	21 participants offsite	Same
Type of Operator	Limited Liability Company	Limited Liability Company
Class of Operator	Proprietary	Proprietary
Operator	HRNC, LLC <u>Members:</u> Uri Koenig 60.0% Efraim Steif 39.9% David Camerota 0.1%	Highland Operations, LLC <u>Member:</u> HPRC Opco LLC 100% <u>Members</u> Yaakov Geldzahler* 24.5% Chaim Rosenwasser* 50.0% Chaim Ausch* 24.5% Efraim Siegfried* 1.0% <i>*Managing Members</i>

Highland Operations, LLC d/b/a Highland Park Rehabilitation & Nursing Center has indicated that there will not be a consulting and administrative services agreement in place upon approval of this Certificate of Need application.

Highland Operations, LLC will lease the property from HPRC Realty LLC. There will be common ownership, in that three members of HPRC Opco, LLC, Yaakov Geldzahler, Chaim Ausch, and Chaim Rosenwasser, are also members of HPRC Realty LLC.

Character and Competence

Yaakov Geldzahler is currently employed as the Co-Owner of Eminent Care Group, a healthcare consulting company, in Brooklyn, NY. Yaakov is also a licensed operator of skilled nursing facilities in Ohio and Pennsylvania and the Chief Executive Officer of both the Pearl Nursing Center of Rochester and Highland Park Rehabilitation & Nursing Center. In addition, Yaakov is also a Partner in property development projects in Brooklyn, NY. Yaakov was previously Co-Founder, Owner, and Operator of Triple-C Interiors, a business specializing in healthcare construction in Brooklyn, NY. Yaakov holds a high school diploma from Yeshivas Eitz Chaim Wilrijk and discloses the following healthcare facility interests:

New York Nursing Homes

The Pearl Nursing Center of Rochester

Pending

Out of State Nursing Homes

Atrium Nursing & Rehabilitation Center (OH) (50%)
Aristos Nursing & Rehabilitation Center (OH) (50%)
Alpine Nursing & Rehabilitation Center (OH) (50%)
Champion City Nursing & Rehabilitation Center (PA) (50%)
Forbes Road Nursing and Rehabilitation Center (PA)
Platinum Ridge Center for Rehabilitation and Healing (PA)

01/2025 to Present
01/2025 to Present
01/2025 to Present
02/2026 to Present
Pending
Pending

Chaim Rosenwasser is currently self-employed as an owner and manager of real estate properties with a real estate portfolio that includes ownership in over 35 properties, including over 700 residential apartments in New York, New Jersey, and Pennsylvania. Chaim holds a degree in Hebrew Letters from Israel Torah Research Institute and discloses no healthcare facility ownership interests.

Chaim Ausch is currently employed as the Co-Owner/Operator of the Eminent Care Group, a healthcare consulting company, in Brooklyn, NY. Chaim is also a licensed operator of skilled nursing facilities in Ohio and Pennsylvania. In addition, Chaim is also a Partner in property development projects in Brooklyn, NY. Chaim was previously Co-Founder, Owner, and Operator of Triple-C Interiors, a business specializing in healthcare construction in Brooklyn, NY. Chaim holds a high school diploma from United Talmudical Academy of Brooklyn, and discloses the following healthcare facility interests:

New York Nursing Homes

The Pearl Nursing Center of Rochester	Pending
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Out of State Nursing Homes

Atrium Nursing & Rehabilitation Center (OH) (50%)	01/2025 to Present
Aristos Nursing & Rehabilitation Center (OH) (50%)	01/2025 to Present
Alpine Nursing & Rehabilitation Center (OH) (50%)	01/2025 to Present
Champion City Nursing and Rehabilitation Center (PA) (50%)	02/2026 to Present
Forbes Road Nursing and Rehabilitation Center (PA)	Pending
Platinum Ridge Center for Rehabilitation and Healing (PA)	Pending

Efraim Siegfried is currently employed as the Founder and Principal Consultant of Satin Healthcare, a healthcare consulting company, located in Toms River, NJ. Efraim is also a Partner and Administrator of Complete Care at Green Acres, a skilled nursing facility located in Toms River, NJ. Efraim was previously the Senior Vice President and Partner of Complete Care SJ, also a healthcare consulting services company, in Toms River, NJ. Efraim holds a Nursing Home Administrator license in the state of New Jersey. Efraim holds a bachelor's degree in Talmudic Law from Yeshivas Lev Aryeh Institute, and discloses the following healthcare facility interests:

New York Nursing Homes

The Pearl Nursing Center of Rochester	Pending
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Out of State Nursing Homes

Complete Care at Green Acres (NJ) (10%)	10/2017 to Present
Platinum Ridge Center for Rehabilitation & Healing (PA)	Pending

Quality Review

The proposed owners have been evaluated, in part, on the distribution of CMS Star ratings for their portfolio. For the proposed owners, the distribution of CMS star ratings for their facilities meets the standard described in state regulations.

CMS Star Rating Criteria					
		Duration of Ownership*			
		< 48 Months		48 months or more	
		Number of Nursing Homes	Percent of Nursing Homes with a Below Average Rating	Number of Nursing Homes	Percent of Nursing Homes with a Below Average Rating
Owner	Total Nursing Homes				
Yaakov Geldzahler	4	4	50%	0	N/A
Chaim Rosenwasser	0	0	N/A	0	N/A
Chaim Ausch	4	4	50%	0	N/A
Efraim Siegfried	1	0	N/A	1	0%

*Duration of Ownership as of 09/17/2026

Data date: 06/2026

Ohio

The proposed owner's portfolio includes ownership in three Ohio facilities. Two of the facilities in the ownership portfolio, Aristos Nursing & Rehabilitation Center and Alpine Nursing & Rehabilitation Center, have a CMS overall quality rating of average or higher. The remaining facility, Atrium Nursing & Rehabilitation Center, has a CMS overall quality rating of below average. When asked to explain what measures were being put into place to improve the overall CMS rating at Atrium Nursing & Rehabilitation Center, the applicant indicated the following:

Atrium Nursing & Rehabilitation Center

Atrium Nursing and Rehabilitation Center was removed from the Special Focus Facility Program on January 22, 2026. As a result, the facility currently shows two (2) CMS stars in the Overall rating. It is important to note that the removal of the facility from the Special Focus Facility Program is a direct result of the positive operational improvements that have been made by Mr. Geldzahler and Mr. Ausch, despite owning this facility for only 16 months. These efforts and quality improvements are testament to Mr. Geldzahler's and Mr. Ausch's ability to provide high-quality care at their affiliated facilities.

In order to enhance the facility's Overall rating, Mr. Geldzahler and Mr. Ausch plan to improve the quality of care provided at this facility. Specifically, Mr. Geldzahler and Mr. Ausch visit this facility on at least a bi-weekly basis, and they also utilize a Regional Administrator who lives in the vicinity of the facility. The Regional Administrator serves as a liaison between this facility and Mr. Geldzahler and Mr. Ausch when they are not able to be physically present at the facility. It is important to note that the facility shows four (4) stars in the Staffing rating and five (5) stars in the Quality Measures rating. Although the facility has not had a health inspection since December 11, 2025, it is expected that the next health inspection will be positive as a result of the operational improvements made at the facility by Mr. Geldzahler and Mr. Ausch, which should then lead to the facility's Overall star rating increasing to three (3) stars within the near term, due to the expected increase in the Health Inspection rating from one (1) star (the facility's current Health Inspection rating to two (2) or three (3) stars.

Pennsylvania

The proposed owner's portfolio includes ownership in one Pennsylvania facility. Champion City Nursing & Rehabilitation Center has a CMS overall quality rating of much below average. When asked to explain what measures were being put into place to improve the overall CMS rating at Champion City Nursing & Rehabilitation Center, the applicant indicated the following:

Champion City Nursing and Rehabilitation Center

Please note that Chaim Ausch and Yaakov Geldzahler became members of this facility only four (4) months ago. The facility currently shows one (1) star in the Overall category. However, Mr. Ausch and Mr. Geldzahler are already working to improve the facility's Overall star rating. To that end, the facility has implemented a comprehensive quality improvement strategy focused on enhancing resident outcomes, staff retention, regulatory compliance and overall resident satisfaction, which should improve the facility's current Overall rating from one (1) star to two (2) or three (3) stars within the near-term.

A key component of this effort has involved the recruitment and retention of high-quality, motivated staff in order to improve the facility's current Staffing rating of one (1) star. To accomplish this, the facility has strengthened its compensation and benefits package by offering competitive wages, medical, dental and vision insurance and a variety of other valuable employee benefits. These initiatives have helped to improve staffing stability, employee satisfaction and continuity of resident care. In addition, the facility has implemented several employee engagement and recognition programs designed to improve workplace culture, increase retention and promote accountability. The facility regularly recognizes employee achievements, encourages staff involvement in operational improvements and focuses on creating a positive and supportive work environment.

The facility has also invested significantly in capital improvements and renovations. Resident rooms, common areas and the main lobby have been upgraded to create a more comfortable, modern and welcoming environment for residents, families and staff. These enhancements contribute to improved resident satisfaction and quality of life.

Operationally, the facility has strengthened its focus on quality measures, clinical outcomes, infection control, survey preparedness and interdisciplinary care coordination. Leadership teams conduct ongoing monitoring of quality metrics and implement targeted action plans to address opportunities for improvement. The facility plans to continue to invest in its people, physical environment and clinical programs, with the goal of achieving sustained improvements in resident care, employee satisfaction and overall CMS Star Ratings.

New Jersey

The proposed owner's portfolio includes ownership in one New Jersey facility. Complete Care at Green Acres has a CMS overall quality rating of much above average.

Facility	Ownership Since	Overall	Health Inspection	Quality Measure	Staffing
New York					
Highland Park Rehabilitation and Nursing Center	Subject Facility	*****	*****	****	**
Ohio					
Atrium Nursing and Rehabilitation Center †	Current	**	*	*****	****
	01/2025	18*	18*	18*	18*
Aristos Nursing and Rehabilitation Center	Current	***	***	*****	*
	01/2025	**	***	*	****
Alpine Nursing and Rehabilitation Center	Current	***	**	*****	**
	01/2025	*	*	***	*
Pennsylvania					
Champion City Nursing and Rehabilitation Center ††	Current	*	*	*	*
	02/2026	*	*	*	***
New Jersey					
Complete Care at Green Acres	Current	*****	*****	*****	**
	10/2017	****	***	*****	****

Data date: 06/2026

10 NYCRR §600.2(b)(5)(i)(g) requires PHHPC consideration for any instance of a nursing home being designated a Special Focus Facility or Special Focus Facility Candidate.

18* Indicates that this facility was not rated due to a history of serious quality issues and is included in the Special Focus Facility Program.

† Special Focus Facility (Atrium Nursing & Rehabilitation Center was on the list for 21 months and graduated from the program on 01/22/2026)

†† Special Focus Facility Candidate (Champion City Nursing & Rehabilitation Center was on the list for 2 months and removed from the candidate list on 04/29/2026)

Enforcement History

Ohio

A review of the operations of Atrium Nursing and Rehabilitation Center under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of the operations of Aristos Nursing and Rehabilitation Center under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of the operations of Alpine Nursing and Rehabilitation Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a federal CMP of \$27,706.25 for the survey dated April 8, 2025. The facility was cited for the following harm level federal tags: F684 at a G level for failure to provide appropriate treatment and care according to orders, resident's preferences and goals. F690 at a G level for failure to provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.

Pennsylvania

A review of the operations of Champion City Nursing and Rehabilitation Center under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

New Jersey

A review of the operations of Complete Care at Green Acres under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

- The facility was assessed a federal CMP of \$650.00 on 01/10/2022 for failure to report National Health Safety Network data.
- The facility was assessed a New Jersey state fine of \$96,000.00 for surveys dated November 10, 2021, and February 8, 2024. The facility was cited for staffing deficiencies under N.J.S.A. 30:13-18 on ninety-six different days. The applicant states the enforcement action is currently pending litigation on behalf of the facility as part of a class action lawsuit in New Jersey state court.
- Medicaid Fraud Settlement: In 2023, the facility's operator, Green Acres Rehab and Nursing LLC, reached a settlement agreement with the State of New Jersey, Office of the State Comptroller, Medicaid Fraud Division (MFD). The settlement resolved claims that the facility improperly received Medicaid managed care and Medicaid Fee for Service (FFS) overpayments totaling \$183,028.33 between February 2018 and July 2021. As terms of the settlement, nothing in the agreement shall constitute an admission, concession, waiver or finding of wrongdoing or liability by any party.

Conclusion

The individual background review indicates the applicants have met the standards set forth in Public Health Law §2801-a(3).

Financial Analysis

Operating Budget

The applicant has submitted an operating budget, in 2026 dollars, for the first and third years, summarized below:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Per Patient</u>	<u>Total</u>	<u>Per Patient</u>	<u>Total</u>	<u>Per Patient</u>	<u>Total</u>
	<u>Day</u>		<u>Day</u>		<u>Day</u>	
<u>Revenues</u>						
Medicare FFS	\$644.02	\$3,162,767	\$644.03	\$3,194,395	\$644.01	\$3,210,367
Medicare MC	\$644.02	\$370,310	\$643.74	\$374,013	\$643.64	\$375,883
Medicaid FFS	\$268.75	\$4,482,133	\$287.17	\$4,837,327	\$287.17	\$4,861,514
Medicaid MC	\$268.75	\$210,427	\$255.25	\$201,905	\$255.24	\$202,915
Private Pay	\$472.76	\$2,322,204	\$472.77	\$2,345,426	\$472.75	\$2,357,153
Other		<u>\$120,181</u>		<u>\$120,181</u>		<u>\$120,181</u>
Total Revenues		\$10,668,022		\$11,073,247		\$11,128,012
<u>Expenses</u>						
Operating	\$307.47	\$8,565,796	\$309.68	\$8,713,804	\$301.38	\$8,776,786
Capital	<u>\$53.31</u>	<u>\$1,485,046</u>	<u>\$57.10</u>	<u>\$1,606,720</u>	<u>\$56.82</u>	<u>\$1,606,720</u>
Total Expenses	\$360.78	\$10,050,842	\$366.78	\$10,320,524	\$358.20	\$10,383,506
Net Income		\$617,180		\$752,723		\$744,506
<u>Utilization</u> (Days)		27,859		28,138		28,278
Occupancy		95.41%		96.36%		96.84%
Breakeven Occ		91.56%		93.51%		93.89%

The following is noted with respect to the submitted operating budget:

- Revenues are based on 2024 historical experience.
- The projected percentage of direct care staffing costs to projected facility revenues is 51.51% in Year One and 54.29% in Year Three, exceeding the 40% requirement in Public Health Law §2828.
- The percentage of direct resident care costs to projected staffing revenues is 71.98% in Year One and 72.15% in Year Three, exceeding the 70% requirement in Public Health Law §2828.
- The facility's projected profit percentage is forecasted to be 4.31% in Year One and 4.32% in Year Three, less than the 5% maximum outlined in Public Health Law §2828.
- Staffing ratio is 4.0 hours, meeting the required hours of care per resident per day under 10 NYCRR §415.13.

Utilization by payor source for the Current Year, Year One and Year Three is as follows:

<u>Payor</u>	<u>Current Year</u>	<u>Year One</u>	<u>Year Three</u>
Medicare FFS	17.63%	17.63%	17.63%
Medicare MC	2.06%	2.56%	2.07%
Medicaid FFS	59.87%	59.87%	59.87%
Medicaid MC	2.81%	2.81%	2.81%
Private Pay	<u>17.63%</u>	<u>17.63%</u>	<u>17.63%</u>
Total	100.00%	100.00%	100.00%

Asset Purchase Agreement

The applicant has submitted an executed asset purchase agreement for the operations, summarized below:

Date	December 28, 2021
Purpose	The purchase of the 80-bed residential health care center known as Highland Park Rehabilitation and Nursing Center and the associated adult medical day care facility known as Highland Day Services located at 160 Seneca Street, Wellsville, NY and 100 Chamberlain Street, Wellsville, NY.
Seller	HRNC, LLC
Purchaser	Highland Operations, LLC
Assets Acquired	Operations Seller's rights, title, and interest in and to the licenses, the Facility's business and operations, the intellectual property rights associated with the Facility and/or with the operation thereof, the rights to use "Highland Park Rehabilitation and Nursing Center", all inventory, supplies and other expendable items, the Facility's Medicare and Medicaid provider agreements and Medicaid and Medicare provider numbers, books and records related to ownership and operation of the Facility, resident files and any other related medical records, all telephone numbers, facsimile numbers used by the Facility, and any goodwill associated with the Facility.
Excluded Assets	Any of Seller's cash, cash equivalents, investments, Seller's actual and/or potential accounts receivable, funds from all rate adjustments, Seller's original financial books, records and ledgers, all of Seller's insurance policies and any permits that are not assignable or transferable to the Buyer.
Assumed Liabilities	The only liabilities that Buyer is assuming in connection with acquiring the Transferred Assets are any and all liabilities arising on or after the Closing Date.
Purchase Price	\$400,000
Payment of Purchase Price	Cash at Closing

The applicant has submitted an original affidavit, which is acceptable to the Department, in which the applicant agrees, notwithstanding any agreement, arrangement or understanding between the applicant and the transferor to the contrary, to be liable and responsible for any Medicaid overpayments made to the facility and/or surcharges, assessments or fees due from the transferor pursuant to Article 28 of the Public Health Law with respect to the period of time prior to the applicant acquiring its interest, without releasing the transferor of its liability and responsibility. As of January, 27 2026, the facility had no outstanding liabilities.

Real Estate Agreement

The applicant has submitted an executed real estate agreement for the purchase of the real estate, which is summarized below:

Date	June 1, 2024
Seller	Highland ZBLO Realty, LLC, Highland ZBLO Realty, LLC, and Highland ZBLO, Realty III, LLC
Purchaser	HPRC Realty, LLC
Purchase Price	\$9,160,000
Payment of Purchase Price	\$100,000 Deposit and the balance due at Closing.

The real estate will be financed as follows: \$100,000 escrow in deposit and a bank loan of \$9,060,000 at interest only at 9.52% for a two-year term and payout period. The landlord plans to refinance this loan with HUD financing prior to the expiration of the loan term. The real estate transaction closed on February 28, 2025.

Lease Rental Agreements

The applicant has submitted executed lease rental agreements for the nursing home site and the ADHCP, summarized as follows:

Nursing Home

Date	February 3, 2025
Lessor	HPRC Realty, LLC
Lessee	Highland Operations, LLC
Term	10 years
Rental	Year One \$1,500,000 with a 8% annual increase thereafter.
Provisions	The lessee shall be responsible for real estate taxes, maintenance and utilities.

The applicant has provided two real estate letters attesting to the reasonableness of the per square foot rental. The applicant has indicated that the lease agreement will be a non-arm's length lease arrangement.

ADHCP

Premises	January 2, 2025
Lessor	HPRC, LLC
Lessee	Highland Operations, LLC
Term	5 years with a 5-year renewal period
Rental	\$24,000 annually
Provisions	The lessee shall be responsible for real estate taxes, maintenance and utilities.

The applicant has indicated that the lease agreement will be a non-arm's length lease arrangement.

Capability and Feasibility

The purchase price is \$9,160,000 for real estate, and \$400,000 for operations. The total project cost will be funded with equity of \$400,000 for the operations from the proposed members' personal resources. The real estate will be financed with \$100,000 escrow in deposit and a bank loan of \$9,060,000 at interest only at 9.52% for a two-year term and payout period. The landlord plans to refinance this loan with HUD financing prior to the expiration of the loan term.

Working capital requirements are estimated at \$1,720,087, which is equivalent to two months of first year expenses. The applicant will meet the working capital requirement by way of equity from the personal resources of the proposed members of Highland Operations, LLC. BFA Attachment A, Personal Net Worth Statements - Proposed Members, indicates the availability of sufficient funds for the operations purchase and the working capital requirement. BFA Attachment D, Pro Forma Balance Sheet of Highland Operations, LLC as of the first day of operation, indicates a positive net asset position of \$1,760,087.

The submitted budget indicates a net income of \$752,723 and \$744,506 during the first and third years, respectively. Revenues are based on current reimbursement methodologies. The submitted budget appears reasonable.

BFA Attachment B, 2023 Certified Financial Statements of Highland Park Rehabilitation and Nursing Center, shows the entity had a negative working capital position, positive net asset position, and a net loss of (\$141,360). The applicant has indicated the reason for the negative working capital position was the accounting treatment related to the facility's lease and higher-than-expected level of accounts payable. A high accounts payable balance will not be an issue going forward, as the applicant is not assuming any liabilities as part of this transaction. The losses can be attributed to lower-than-expected occupancy levels and higher-than-expected levels of purchased services/administrative expenses. Occupancy has since increased, and expenses have leveled out.

BFA Attachment C, 2024 Certified Financial Statements of Highland Park Rehabilitation and Nursing Center, shows the entity had a negative working capital position, positive net asset position, and a net income of \$617,180. High accounts payable balances were still driving the negative working capital.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

LTCOP Attachment	Long-Term Care Ombudsman Program Recommendation
BHFP Attachment	Map
BFA Attachment A	Personal Net Worth Statement - Proposed Members
BFA Attachment B	Financial Summary - 2023 Certified Financial Statements of Highland Park Rehabilitation and Nursing Center
BFA Attachment C	Financial Summary - 2024 Certified Financial Statements of Highland Park Rehabilitation and Nursing Center
BFA Attachment D	Pro Forma Balance Sheet

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 17th day of September 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to establish Highland Operations, LLC as the new operator of an 80-bed Residential Health Care Facility currently operated by HRNC, LLC at 160 Seneca Street, Wellsville, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

251186 E

FACILITY/APPLICANT:

Highland Operations, LLC d/b/a Highland Park
Rehabilitation & Nursing Center

APPROVAL CONTINGENT UPON:

1. Submission of an executed real estate loan that is acceptable to the Department of Health. [BFA]
2. Submission of a commitment signed by the applicant which indicates that, within two years from the date of the council approval, the percentage of all admissions who are Medicaid and Medicare/Medicaid eligible at the time of admission will be at least 75 percent of the planning area average of all Medicaid and Medicare/Medicaid admissions, subject to possible adjustment based on factors such as the number of Medicaid patient days, the facility's case mix, the length of time before private paying patients became Medicaid eligible, and the financial impact on the facility due to an increase in Medicaid admissions. [RNR]

APPROVAL CONDITIONAL UPON:

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Efraim Seifried, or a suitably experienced owner approved by the Department, will remain as a member of the proposed operator LLC for 4 years to ensure adequate operator experience is maintained. [LTC]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



Project # 252238-E

TPRC OPCO LLC d/b/a Astoria at Rochester Nursing and
Rehabilitation Center

Program: Residential Health Care Facility
Purpose: Establishment

County: Monroe
Acknowledged: January 7, 2026

Executive Summary

Description

TPRC OPCO LLC d/b/a Astoria at Rochester Nursing and Rehabilitation Center, an existing limited liability company, requests approval to be established as the operator of The Pearl Nursing Center of Rochester, an existing 120-bed residential health care facility (RHCF) at 1335 Portland Avenue, Rochester (Monroe County), New York. Upon approval, the facility will be renamed Astoria at Rochester Nursing and Rehabilitation Center.

Pursuant to the Operating Transfer Agreement dated August 7, 2025, TPRC OPCO, LLC agreed to purchase the facility from The Pearl Nursing Center of Rochester, LLC. Additionally, on August 7, 2025, TPRC PROPCO, LLC agreed to purchase the real estate from New Roc Realty, LLC. Upon approval of this application, TPRC PROPCO, LLC will lease the space to TPRC OPCO, LLC.

Ownership of the operations before and after the requested change in ownership is:

Current Ownership

The Pearl Nursing Center of
Rochester, LLC

<u>Members:</u>	<u>Ownership %</u>
Sima Shapiro	21.25%
Yaakov Abramczyk	21.25%
Nattali Abramcyk	21.25%
<u>Scott Wheeler</u>	<u>36.25%</u>
Total	100%

Proposed Ownership

TPRC OPCO LLC

<u>Members:</u>	<u>Ownership %</u>
Efraim Siegfried	1.00%
Yaakov Geldzahler	49.50%
<u>Chaim Ausch</u>	<u>49.50%</u>
Total	100%

OALTC Recommendation
Contingent Approval

Need Summary

There will be no changes to beds or services as a result of this application. As of June 30, 2026, the facility reported 100% occupancy of its staffed beds, while Monroe County had 93.1% occupancy of staffed beds.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

The purchase price for the operation is \$100,000 and will be met with equity from the proposed members. The purchase price for the real estate is \$9,400,000 and will be met as follows: a \$250,000 initial deposit, the assumption of the HUD loan of \$8,137,025, and \$1,012,975 in equity from the proposed members' personal resources.

The proposed budget is as follows:

<u>Budget</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$12,859,186	\$12,923,481
Expenses	<u>12,592,950</u>	<u>12,613,689</u>
Net Income	\$266,236	\$309,792

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Public Health Law §2802-B.

Recommendations

Long Term Care Ombudsman Program

The LTCOP recommends Approval. (See LTCOP Attachment A)

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval contingent upon:

1. Submission of a commitment signed by the applicant which indicates that, within two years from the date of the council approval, the percentage of all admissions who are Medicaid and Medicare/Medicaid eligible at the time of admission will be at least 75 percent of the planning area average of all Medicaid and Medicare/Medicaid admissions, subject to possible adjustment based on factors such as the number of Medicaid patient days, the facility's case mix, the length of time before private paying patients became Medicaid eligible, and the financial impact on the facility due to an increase in Medicaid admissions. [RNR]

Approval conditional upon:

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Efraim Seifried, or a suitably experienced owner approved by the Department, will remain as a member of the proposed operator LLC for 4 years to ensure adequate operator experience is maintained. [LTC]

Council Action Date

September 17, 2026

Need Analysis

Background and Analysis

The primary service area is Monroe County, which has a population projected to increase by 0.6% to 758,231 by 2031 based on Cornell Program of Applied Demographic estimates. Demographics for the primary service area are noted below, including a comparison with New York State.

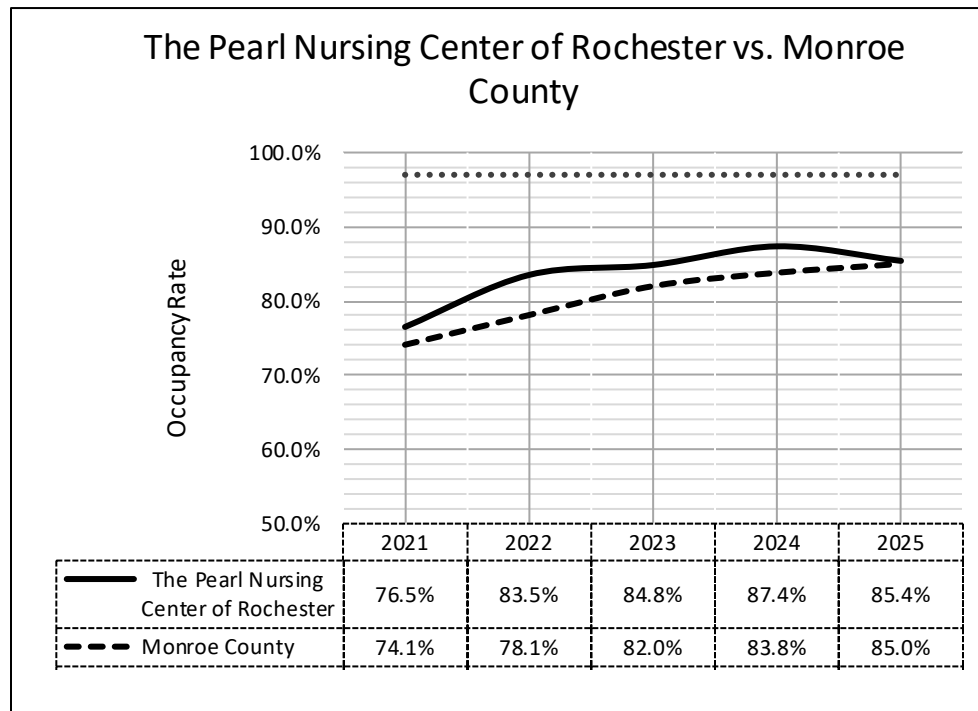
Demographics	Monroe County	New York State
Total Population (2024 Estimate)	753,753	19,852,366
Hispanic or Latino (of any race)	9.9%	19.8%
White (non-Hispanic)	67.7%	52.8%
Black or African American (non-Hispanic)	13.5%	13.4%
Asian (non-Hispanic)	3.8%	9.0%
Other (non-Hispanic)	5.1%	5.0%

Source: 2024 American Community Survey (5-year Estimates Data Profiles)

The table below provides population estimates of individuals 65 years old and above in Monroe County and New York State.

	Monroe County		New York State	
	Age 65-84	Age 85+	Age 65-84	Age 85+
Estimated 2024 Population	123,274	18,230	3,108,608	445,420
Population Projection by 2031	147,312	26,116	3,749,085	638,383
Percent Change	+19.5%	+43.3%	+20.6%	+43.3%

Source: 2024 American Community Survey (5-Year Estimates) and Cornell Program on Applied Demographics



Source: Occupancy through 2024 is from the RHCF cost reports, 2025 data is from non-certified Health Electronic Response Data System (HERDS)

The applicant reports they plan to improve the facility's star ratings and optimize occupancy by making enhancements in the following areas:

- Staffing – including offering retention bonuses to help retain staff.
- Administration and Compliance – members with extensive experience in nursing home administration and compliance will help to provide a high level of resident care.
- Quality of Life – facility will seek to improve the facility's infrastructure and add features to improve resident quality of life.
- Marketing – investments in resources including communication and relationship building with area doctors, hospitals, and resident family members.
- Concierge Program – to personalize services to residents.
- Recreation – addition of new entertainment and activity programs for residents.
- Infrastructure – assess if improvements are needed to the physical plant.

The table below shows the CMS Rating and the utilization of the closest RHCF to The Pearl Nursing Center of Rochester.

Facility Name	CMS Overall Rating	Beds	Distance from other RHCFs	Occupancy			
	As of 6/2026			2022	2023	2024	2025
			Miles/Time				
The Pearl Nursing Center of Rochester	1	120	0 miles/0 mins	83.5%	84.8%	87.4%	85.4%
St. Ann's Community	4	376	0.4 miles/2 mins	67.6%	97.1%	96.9%	97.7%
The Brook at High Falls Nursing Home and Rehabilitation Center	2	28	2.5 miles/8 mins	90.1%	88.2%	85.6%	91.9%
Lilac Manor Rehabilitation and Nursing Center	1	200	3.4 miles/10 mins	59.6%	58.8%	59.0%	61.5%
Kirkhaven	1	147	3.6 miles/11 mins	72.7%	83.0%	90.6%	90.6%

Source: CMS and RHCF Cost Reports. Occupancy through 2024 is from the RHCF cost reports, 2025 data is from non-certified Health Electronic Response Data System (HERDS)

Based on weekly census data, the facility reported 92.5% of their 120 licensed beds were staffed and 92.5% occupied on June 30, 2026, for a 100% occupancy of staffed beds. Monroe County had 91.1% of the county's 4,741 licensed beds staffed and 84.8% occupied for a 93.1% occupancy of staffed beds.

The following table provides the Case Mix Index (CMI) for the facility and surrounding RHCFs, which reflects the relative resources predicted to provide care to a resident. The New York State average CMI was 1.3520 and 1.1709 for Monroe County. The higher the case mix weight, the greater the resource requirement for the residents.

Case Mix Index	2023	
	All Payor	Medicaid Only
The Pearl Nursing Center of Rochester	1.1927	1.1693
St. Ann's Community	1.1509	1.0446
The Brook at High Falls Nursing Home and Rehabilitation Center	1.4222	1.3198
Lilac Manor Rehabilitation and Nursing Center	1.1893	1.1542
Kirkhaven	1.1323	1.0902

Medicaid Access

To ensure that the Residential Health Care Facility needs of the Medicaid population are met, 10 NYCRR §670.3 requires applicants to accept and admit a reasonable percentage of Medicaid residents in their service area. The benchmark is 75% of the annual percentage of residential health care facility admissions that are Medicaid-eligible individuals in their planning area. This benchmark may be increased or decreased based on the following factors:

- the number of individuals within the planning area currently awaiting placement to a residential health care facility, and the proportion of total individuals awaiting such placement that are Medicaid patients and/or alternate level of care patients in general hospitals.
- the proportion of the facility's total patient days which are Medicaid patient days and the length of time that the facility's patients who are admitted as private paying patients remain such before becoming Medicaid eligible;
- the proportion of the facility's admissions who are Medicare patients or patients whose services are paid for under provisions of the federal Veterans' Benefit Law;
- the facility's patient case-mix based on the intensity of care required by the facility's patients or the extent to which the facility provides services to patients with unique or specialized needs;
- the financial impact on the facility due to an increase in Medicaid patient admissions.

An applicant will be required to make appropriate adjustments in its admission policies and practices to meet the resultant percentage. Based on the applicant's data, the facility's Medicaid admissions rate has been above the threshold of 75% of the Monroe County rate.

Medicaid Access	2022	2023	2024
Monroe County Total	20.0%	17.1%	15.2%
<i>Monroe threshold value</i>	<i>15.0%</i>	<i>12.8%</i>	<i>11.4%</i>
The Pearl Nursing Center of Rochester	100.0%	19.4%	50.0%

Conclusion

There will be no changes in beds or services as a result of this application. As of June 30, 2026, the facility reported 100% occupancy of its staffed beds, while Monroe County had 93.1% occupancy of its staffed beds.

Program Analysis

Program Description

	Existing	Proposed
Facility Name	The Pearl Nursing Center of Rochester	Astoria at Rochester Nursing and Rehabilitation Center
Address	1335 Portland Avenue Rochester, NY 14621	Same
RHCF Capacity	120 beds	Same
ADHCP Capacity	N/A	Same
Type of Operator	Limited Liability Company	Limited Liability Company
Class of Operator	Proprietary	Proprietary
Operator	The Pearl Nursing Center of Rochester, LLC <u>Members:</u> Sima Shapiro21.25% Yaakov Abramczyk21.25% Naftali Abramczyk21.25% Scott Wheeler36.25%	TPRC OPCO LLC <u>Members:</u> Yaakov Geldzahler*49.5% Chaim Ausch49.5% Efraim Siegfried1.0% <i>*Managing Member</i>

TPRC OPCO LLC d/b/a Astoria at Rochester Nursing and Rehabilitation Center has indicated that there will not be a consulting and administrative services agreement in place upon approval of this Certificate of Need application.

TPRC OPCO LLC will lease the property from TPRC PROPCO LLC. There will be common ownership, in that all three members of TPRC OPCO LLC (Yaakov Geldzahler, Chaim Ausch, and Efraim Siegfried) are indirect members of TPRC PROPCO LLC.

Character and Competence

Yaakov Geldzahler is currently employed as the Co-Owner of Eminent Care Group, a healthcare consulting company, in Brooklyn, NY. Yaakov is also a licensed operator of skilled nursing facilities in Ohio and Pennsylvania and the Chief Executive Officer of both the Pearl Nursing Center of Rochester and Highland Park Rehabilitation & Nursing Center. In addition, Yaakov is also a Partner in property development projects in Brooklyn, NY. Yaakov was previously Co-Founder, Owner, and Operator of Triple-C Interiors, a business specializing in healthcare construction in Brooklyn, NY. Yaakov holds a high school diploma from Yeshivas Eitz Chaim Wilrijk and discloses the following healthcare facility interests:

New York Nursing Homes

Highland Park Rehabilitation and Nursing Center

Pending

Out of State Nursing Homes

Atrium Nursing & Rehabilitation Center (OH) (50%)
Aristos Nursing & Rehabilitation Center (OH) (50%)
Alpine Nursing & Rehabilitation Center (OH) (50%)
Champion City Nursing & Rehabilitation Center (PA) (50%)
Forbes Road Nursing and Rehabilitation Center (PA)
Platinum Ridge Center for Rehabilitation and Healing (PA)

01/2025 to Present
01/2025 to Present
01/2025 to Present
02/2026 to Present
Pending
Pending

Chaim Ausch is currently employed as the Co-Owner/Operator of the Eminent Care Group, a healthcare consulting company, in Brooklyn, NY. Chaim is also a licensed operator of skilled nursing facilities in Ohio and Pennsylvania. In addition, Chaim is also a Partner in property development projects in Brooklyn, NY. Chaim was previously Co-Founder, Owner, and Operator of Triple-C Interiors, a business specializing in healthcare construction in Brooklyn, NY. Chaim holds a high school diploma from United Talmudical Academy of Brooklyn, and discloses the following healthcare facility interests:

New York Nursing Homes

Highland Park Rehabilitation and Nursing Center Pending

Out of State Nursing Homes

Atrium Nursing & Rehabilitation Center (OH) (50%)	01/2025 to Present
Aristos Nursing & Rehabilitation Center (OH) (50%)	01/2025 to Present
Alpine Nursing and Rehabilitation Center (OH) (50%)	01/2025 to Present
Champion City Nursing and Rehabilitation Center (PA) (50%)	02/2026 to Present
Forbes Road Nursing and Rehabilitation Center (PA)	Pending
Platinum Ridge Center for Rehabilitation and Healing (PA)	Pending

Efraim Siegfried is currently employed as the Founder and Principal Consultant of Satin Healthcare, a healthcare consulting company, located in Toms River, NJ. Efraim is also a Partner and Administrator of Complete Care at Green Acres, a skilled nursing facility located in Toms River, NJ. Efraim was previously the Senior Vice President and Partner of Complete Care SJ, also a healthcare consulting services company, in Toms River, NJ. Efraim holds a Nursing Home Administrator license in the state of New Jersey. Efraim holds a bachelor's degree in Talmudic Law from Yeshivas Lev Aryeh Institute, and discloses the following healthcare facility interests:

New York Nursing Homes

Highland Park Rehabilitation and Nursing Center Pending

Out of State Nursing Homes

Complete Care at Green Acres (NJ) (10%)	10/2017 to Present
Platinum Ridge Center for Rehabilitation & Healing (PA)	Pending

Quality Review

The proposed owners have been evaluated, in part, on the distribution of CMS Star ratings for their portfolio. For the proposed owner, the distribution of CMS star ratings for their facilities meets the standard described in state regulations.

CMS Star Rating Criteria					
Owner	Total Nursing Homes	Duration of Ownership*			
		< 48 Months		48 months or more	
		Number of Nursing Homes	Percent of Nursing Homes With a Below Average Rating	Number of Nursing Homes	Percent of Nursing Homes With a Below Average Rating
Yaakov Geldzahler	4	4	50%	0	N/A
Chaim Ausch	4	4	50%	0	N/A
Efraim Siegfried	1	0	N/A	1	0%

*Duration of Ownership as of 09/17/2026

Data date: 06/2026

Ohio

The proposed owner's portfolio includes ownership in three Ohio facilities. Two of the facilities in the ownership portfolio, Aristos Nursing & Rehabilitation Center and Alpine Nursing & Rehabilitation Center, have a CMS overall quality rating of average or higher. The remaining facility, Atrium Nursing & Rehabilitation Center has a CMS overall quality rating of below average. When asked to explain what measures were being put into place to improve the overall CMS rating at Atrium Nursing & Rehabilitation Center, the applicant indicated the following:

Atrium Nursing and Rehabilitation Center

Atrium Nursing and Rehabilitation Center was removed from the Special Focus Facility Program on January 22, 2026. As a result, the facility currently shows two (2) CMS stars in the Overall rating. It is important to note that the removal of the facility from the Special Focus Facility Program is a direct result of the positive operational improvements that have been made by Mr. Geldzahler and Mr. Ausch, despite owning this facility for only 16 months. These efforts and quality improvements are testament to Mr. Geldzahler's and Mr. Ausch's ability to provide high-quality care at their affiliated facilities.

In order to further enhance the facility's Overall rating, Mr. Geldzahler and Mr. Ausch continue to improve the quality of care provided at this facility. Specifically, Mr. Geldzahler and Mr. Ausch visit this facility on at least a bi-weekly basis, and they also utilize a Regional Administrator who lives in the vicinity of the facility. The Regional Administrator serves as a liaison between this facility and Mr. Geldzahler and Mr. Ausch when they are not able to be physically present at the facility. It is important to note that the facility shows four (4) stars in the Staffing rating and five (5) stars in the Quality Measures rating. Although the facility has not had a health inspection since December 11, 2025, it is expected that the next health inspection will be positive as a result of the operational improvements made at the facility by Mr. Geldzahler and Mr. Ausch, which should then lead to the facility's Overall star rating increasing to three (3) stars within the near term, due to the expected increase in the Health Inspection rating from one (1) star (the facility's current Health Inspection rating to two (2) or three (3) stars.

Pennsylvania

The proposed owner's portfolio includes ownership in one Pennsylvania facility. Champion City Nursing & Rehabilitation Center has a CMS overall quality rating of much below average. When asked to explain what measures were being put into place to improve the overall CMS rating at Champion City Nursing & Rehabilitation Center, the applicant indicated the following:

Champion City Nursing and Rehabilitation Center

Please note that Chaim Ausch and Yaakov Geldzahler became members of this facility only four (4) months ago. The facility currently shows one (1) star in the Overall category. However, Mr. Ausch and Mr. Geldzahler are already working to improve the facility's Overall star rating. To that end, the facility has implemented a comprehensive quality improvement strategy focused on enhancing resident outcomes, staff retention, regulatory compliance and overall resident satisfaction, which should improve the facility's current Overall rating from one (1) star to two (2) or three (3) stars within the near-term.

A key component of this effort has involved the recruitment and retention of high-quality, motivated staff in order to improve the facility's current Staffing rating of one (1) star. To accomplish this, the facility has strengthened its compensation and benefits package by offering competitive wages, medical, dental and vision insurance and a variety of other valuable employee benefits. These initiatives have helped to improve staffing stability, employee satisfaction and continuity of resident care. In addition, the facility has implemented several employee engagement and recognition programs designed to improve workplace culture, increase retention and promote accountability. The facility regularly recognizes employee achievements, encourages staff involvement in operational improvements and focuses on creating a positive and supportive work environment.

The facility has also invested significantly in capital improvements and renovations. Resident rooms, common areas and the main lobby have been upgraded to create a more comfortable, modern and welcoming environment for residents, families and staff. These enhancements contribute to improved resident satisfaction and quality of life.

Operationally, the facility has strengthened its focus on quality measures, clinical outcomes, infection control, survey preparedness and interdisciplinary care coordination. Leadership teams conduct ongoing monitoring of quality metrics and implement targeted action plans to address opportunities for improvement. The facility plans to continue to invest in its people, physical environment and clinical programs, with the goal of achieving sustained improvements in resident care, employee satisfaction and overall CMS Star Ratings.

New Jersey

The proposed owner's portfolio includes ownership in one New Jersey facility. Complete Care at Green Acres has a CMS overall quality rating of much above average.

Facility	Ownership Since	Overall	Health Inspection	Quality Measure	Staffing
New York					
The Pearl Nursing Center of Rochester	Subject Facility	*	*	****	*
Ohio					
Atrium Nursing and Rehabilitation Center †	Current	**	*	*****	****
	01/2025	18*	18*	18*	18*
Aristos Nursing and Rehabilitation Center	Current	***	***	*****	*
	01/2025	**	***	*	****
Alpine Nursing and Rehabilitation Center	Current	***	**	*****	**
	01/2025	*	*	***	*
Pennsylvania					
Champion City Nursing and Rehabilitation Center ††	Current	*	*	*	*
	02/2026	*	*	*	***
New Jersey					
Complete Care at Green Acres	Current	*****	*****	*****	**
	10/2017	****	***	*****	****

Data date:06/2026

10 NYCRR §600.2(b)(5)(i)(g) requires PHHPC consideration for any instance of a nursing home being designated a Special Focus Facility or Special Focus Facility Candidate.

18* Indicates that this facility was not rated due to a history of serious quality issues and is included in the special focus facility program.

† Special Focus Facility (Atrium Nursing & Rehabilitation Center was on the list for 21 months and graduated from the program on 01/22/2026)

†† Special Focus Facility Candidate (Champion City Nursing & Rehabilitation Center was on the list for 2 months and removed from the candidate list on 04/29/2026)

Enforcement History

Ohio

A review of the operations of Atrium Nursing and Rehabilitation Center under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of the operations of Aristos Nursing and Rehabilitation Center under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of the operations of Alpine Nursing and Rehabilitation Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a federal CMP of \$27,706.25 for the survey dated April 8, 2025. The facility was cited for the following harm level federal tags: F684 at a G level for failure to provide appropriate treatment and care according to orders, resident's preferences and goals. F690 at a G level for failure to provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.

Pennsylvania

A review of the operations of Champion City Nursing and Rehabilitation Center under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

New Jersey

A review of the operations of Complete Care at Green Acres under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a federal CMP of \$650.00 on 01/10/2022 for failure to report National Health Safety Network data.
- The facility was assessed a New Jersey state fine of \$96,000.00 for surveys dated November 10, 2021, and February 8, 2024. The facility was cited for staffing deficiencies under N.J.S.A. 30:13-18 on ninety-six different days. The applicant states the enforcement action is currently pending litigation on behalf of the facility as part of a class action lawsuit in New Jersey state court.
- Medicaid Fraud Settlement: In 2023, the facility's operator, Green Acres Rehab and Nursing LLC, reached a settlement agreement with the State of New Jersey, Office of the State Comptroller, Medicaid Fraud Division (MFD). The settlement resolved claims that the facility improperly received Medicaid managed care and Medicaid Fee For Service (FFS) overpayments totaling \$183,028.33 between February 2018 and July 2021. As terms of the settlement, nothing in the agreement shall constitute an admission, concession, waiver or finding of wrongdoing or liability by any party.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Operating Budget

The applicant has submitted an operating budget, in 2026 dollars, for the Current Year (2024), Year One and Year Three after the change in operator, summarized below:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Per Patient</u>		<u>Per Patient</u>		<u>Per Patient</u>	
	<u>Day</u>	<u>Total</u>	<u>Day</u>	<u>Total</u>	<u>Day</u>	<u>Total</u>
<u>Revenues</u>						
Medicare FFS	\$628.40	\$1,381,845	\$645.56	\$4,893,350	\$645.55	\$4,917,817
Medicare MC	\$628.41	\$1,552,789	\$645.39	\$863,532	\$645.72	\$867,850
Medicaid FFS	\$217.44	\$5,517,643	\$231.54	\$5,175,132	\$231.55	\$5,201,007
Medicaid MC	\$217.44	\$1,287,052	\$217.46	\$857,645	\$217.44	\$861,933
Private Pay	\$241.50	\$555,444	\$241.48	\$1,069,527	\$241.49	\$1,074,874
Grants		<u>\$225,065</u>		<u>\$0</u>		<u>\$0</u>
Total Revenues		\$10,519,838		\$12,859,186		\$12,923,481
<u>Expenses</u>						
Operating	\$288.07	\$11,022,560	\$279.14	\$11,065,194	\$278.27	\$11,085,933
Capital	<u>\$27.11</u>	<u>\$1,037,217</u>	<u>\$38.54</u>	<u>\$1,527,756</u>	<u>\$38.35</u>	<u>\$1,527,756</u>
Total Expenses	\$315.18	\$12,059,777	\$317.68	\$12,592,950	\$316.62	\$12,613,689
Net Income/(Loss)		(\$1,539,939)		\$266,236		\$309,792
<u>Patient Days</u>		38,264		39,641		39,839
Occupancy		87.36%		90.50%		90.95%
Breakeven				88.63%		88.77%

The following is noted with respect to the submitted operating budget:

- Historically, the facility has been forced to turn away many clinically complicated residents due to a lack of suitable staff. The facility now has the appropriate staff and is ready to accept these high-acuity residents. As such, the forecasted increase in Medicare utilization in Years One and Three is based on the applicant's plan to reverse its network of referral services to effectively market the facility to residents in need of rehabilitative services.
- Revenues are based on 2024 historical experience.
- The projected percentage of direct care staffing costs to projected facility revenues is 62.19% in Year One and 62.10% in Year Three, exceeding the 40% requirement in Public Health Law §2828.
- The percentage of direct resident care costs to projected staffing revenues is 77.79% in Year One and 77.54% in Year Three, exceeding the 70% requirement in Public Health Law §2828.
- The facility's projected profit percentage is forecasted to be 2.07% in Year One and 2.40% in Year Three, less than the 5% maximum outlined in Public Health Law §2828.
- Staffing ratios is 3.82 hours, meeting the required hours of care per resident per day under 10 NYCRR §415.3.

Utilization broken down by payor source during the current year, first year and the third year are summarized below.

<u>Payor</u>	<u>Current Year</u>	<u>Year One</u>	<u>Year Three</u>
Medicare FFS	5.75%	19.12%	19.12%
Medicare MC	6.46%	3.38%	3.37%
Medicaid FFS	66.32%	56.38%	56.38%
Medicaid MC	15.47%	9.95%	9.95%
Private Pay	<u>6.00%</u>	<u>11.17%</u>	<u>11.18%</u>
Total	100.00%	100.00%	100.00%

Lease Rental Agreement

The applicant has submitted an executed lease rental agreement for the site that they will occupy, which is summarized below:

Premises	November 6, 2025
Lessor	TPRC PROPCO, LLC
Lessee	TPRC OPCO, LLC
Term	10 years
Rental	\$120,000 per month and 1.05% of the monthly debt service payments due under the current mortgage. The Base Rent increased by 5% each year.
Provisions	The lessee shall be responsible for maintenance, utilities and real estate taxes.

The applicant has indicated that the lease arrangement is a non-arm's length lease arrangement. The applicant has submitted two real estate letters attesting to the reasonableness of the per square foot rental.

Operations Transfer Agreement

The applicant has submitted an executed operations transfer agreement, summarized below:

Date	August 7, 2025
Seller	The Pearl Nursing Center of Rochester, LLC
Purchaser	TPRC Opco, LLC
Assets Acquired	Patient trust funds, all resident contracts or other agreements with residents of the Facility, all licenses, permits, accreditations, and other applicable regulatory approvals issued by any federal, state, or local governmental authority and copies of all the regulatory approvals and the provider agreements and any documents required by HUD in connection with the Transfer Approval, supplies, furniture and equipment.
Purchase Price	\$100,000

The applicant has submitted an original affidavit, which is acceptable to the Department, in which the applicant agrees, notwithstanding any agreement, arrangement or understanding between the applicant and the transferor to the contrary, to be liable and responsible for any Medicaid overpayments made to the facility and/or surcharges, assessments or fees due from the transferor pursuant to Article 28 of the Public Health Law with respect to the period of time prior to the applicant acquiring its interest, without releasing the transferor of its liability and responsibility. As of August 3, 2026, the facility had outstanding liabilities of \$0.

Asset Purchase Agreement

The applicant has submitted an executed asset purchase agreement, which is summarized below:

Date	August 7, 2025
Seller	New Roc Realty, LLC
Purchaser	TPRC Propco, LLC
Assets Acquired	The real properties of the land, all buildings and all other structures, the Warranties, those certain rights (if any) vested in Seller, to the extent legally assignable, to allow an operator or operators licensed by the DOH to operate 120 licensed beds and the Property, name of the facility and those rights related to deposits and prepaid expenses and claims for refunds.
Excluded Assets	All cash, cash equivalents, accounts receivable, noted receivable prior to the Applicable Date, all rights to refunds relating to the period prior to the Applicable Date, corporate organizational documents, minute books, tax records and third-party settlements and other proceeds relating to the pre-closing periods.
Assumed Liabilities	None
Purchase Price	\$9,400,000
Payment of Purchase Price	\$250,000 Initial Deposit. The proposed members will assume the HUD Loan of \$8,137,025. The remaining \$1,012,975 will be met via equity from the proposed members of TPRC Propco, LLC.

Capability and Feasibility

The purchase price for the operation is \$100,000, which will be met with equity. The purchase price for the real estate is \$9,400,000 and will be met as follows: \$250,000 initial deposit, the assumption of the HUD Loan of \$8,137,025 and the remainder of \$1,012,975 in equity via the proposed members personal resources.

Working capital requirements are estimated at \$2,098,825, which is equivalent to two months of first year expenses. The applicant will provide equity from the proposed members personal resources. BFA Attachment A, Net Worth Statement of the Proposed Members, indicates the availability of sufficient funds to meet both the purchase price and the working capital requirements. The applicant provided an affidavit that Yaakov Geldzahler will provide equity that is disproportionate to his ownership interests.

BFA Attachment D, Pro Forma Balance Sheet shows the applicant will begin with \$2,198,825 in members' equity as of the first day of operations.

The submitted budget indicates a net income of \$266,236 and \$309,792 during Years One and Three, respectively. Revenues are based on current reimbursement methodologies. The submitted budget appears reasonable.

BFA Attachment B, 2023-2024 Certified Financial Statements of The Pearl Nursing Center of Rochester, show the entity had an average negative working capital position, a negative average net asset position, and incurred average losses of (\$1,861,458) for the period. The reason for the negative working capital position was primarily due to the accounting treatment related to the facility's lease and a higher-than-expected level of accounts payable. The accounts payable balance will not be applicable going forward, as the applicant is not assuming any current liabilities as part of this transaction. The negative equity situation was due to historical operating losses at the facility.

BFA Attachment C, 2025 Internal Financial Statements of The Pearl Center of Rochester, show the entity had a negative working capital position, negative net asset position, and a net income of \$314,282. As previously noted, the negative working capital is due to accounting and high accounts payable, while the negative equity is due to historical losses.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

LTCOP Attachment A	Long-Term Care Ombudsman Program Recommendation
BHFP Attachment	Map
BFA Attachment A	Net Worth Statement of Proposed Members
BFA Attachment B	Financial Summary - 2023 and 2024 Certified Financial Statements of The Pearl Center of Rochester
BFA Attachment C	Financial Summary - 2025 Internal Financial Statements of The Pearl Center of Rochester
BFA Attachment D	Pro Forma Balance Sheet

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 17th day of September 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to establish TPRC OPCO LLC as the new operator of The Pearl Nursing Center of Rochester, a 120 Bed Residential Health Care Facility, and rename the facility to Astoria at Rochester Nursing and Rehabilitation Center, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

252238 E

FACILITY/APPLICANT:

TPRC OPCO LLC d/b/a Astoria at Rochester
Nursing and Rehabilitation Center

APPROVAL CONTINGENT UPON:

1. Submission of a commitment signed by the applicant which indicates that, within two years from the date of the council approval, the percentage of all admissions who are Medicaid and Medicare/Medicaid eligible at the time of admission will be at least 75 percent of the planning area average of all Medicaid and Medicare/Medicaid admissions, subject to possible adjustment based on factors such as the number of Medicaid patient days, the facility's case mix, the length of time before private paying patients became Medicaid eligible, and the financial impact on the facility due to an increase in Medicaid admissions. [RNR]

APPROVAL CONDITIONAL UPON:

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Efraim Seifried, or a suitably experienced owner approved by the Department, will remain as a member of the proposed operator LLC for 4 years to ensure adequate operator experience is maintained. [LTC]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



Department of Health Public Health and Health Planning Council

Project # 241233-E

Peak Outcomes, LLC d/b/a Duet Care at Home

Program: LHCSA
Purpose: Establishment

County: New York
Acknowledged: June 7, 2024

Executive Summary

Description

Establish Peak Outcomes, LLC d/b/a Duet Care at Home as the new operator of a Licensed Home Care Services Agency (LHCSA) currently operated by Besure Home Health Services Agency, Inc. at 115 West 30th Street, New York (New York County).

There are no proposed changes to the counties served or services provided.

OALTC Recommendation Approval

Need Summary

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

Financial Summary

The total purchase price for the acquisition of the LHCSA is \$450,000. In addition, to the purchase price, the Purchaser shall pay the Seller \$3,000 every three months until closing starting August 23, 2026.

The applicant intends to fund the projected operating costs during the first two months after being licensed by utilizing existing financial resources from ongoing operations and current assets held by Peak Outcomes, LLC.

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the agency's financial feasibility.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval conditional upon:

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Effective July 27, 2026, there is a six-month moratorium on all Licensed Home Care Services Agency (LHCSA) applications for Medicaid Provider Enrollment, including changes of ownership applications. Peak Outcomes, LLC d/b/a Duet Care at Home must comply with all Medicaid enrollment and revalidation requirements before serving Medicaid members, including enrolling as a Medicaid Enrolled Provider via New York's Provider Services Portal following the moratorium period. [CHA]

Council Action Date

September 17, 2026

Program Analysis

Background

Peak Outcomes, LLC d/b/a Duet Care at Home requests approval to become the new operator of the LHCSA.

There are no proposed changes to the counties served or to the services provided.

In July 2023, the Department approved a Management Agreement between Peak Outcomes, LLC and Besure Home Health Services Agency, Inc. The Management Agreement will terminate upon the closing of this transaction.

The current membership of Besure Home Health Services, Inc. is as follows:

- Valrie Henry (100%)

The proposed membership of Peak Outcomes, LLC d/b/a Duet Care at Home will be as follows:

- Kyle Budinscak (70.4%)
- Larisa Polonsky (29.6%)

The applicant will continue to serve the residents of the following counties:

- Bronx
- Kings
- New York
- Queens
- Richmond
- Westchester

The applicant will continue to provide the following healthcare services:

- Home Health Aide
- Homemaker
- Housekeeper
- Nursing
- Personal Care

Character and Competence Review

Peak Outcomes, LLC d/b/a Duet Care at Home will be comprised of the following individuals:

Kyle J. Budinscak (70.4%), Managing Member

Employment

- Managing Director/Managing Member of the LLC, Peak Outcomes, LLC d/b/a Duet Care at Home (May 2015 – Present)

Affiliations

- Peak Outcomes, LLC d/b/a Duet Care at Home (Companion Care), (May 2015 – Present)
- Besure Home Health Services, Inc. d/b/a Harmony Home Care (Management Agreement) (July 2023 – Present)

Larisa Polonsky (29.6%), Member

Employment

- Member/Director, Peak Outcomes, LLC d/b/a Duet Care at Home (September 2015 – Present)

Affiliations

- Peak Outcomes, LLC d/b/a Duet Care at Home (Companion Care), (May 2015 – Present)
- Besure Home Health Services, Inc. d/b/a Harmony Home Care (Management Agreement) (July 2023 – Present)

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Agency Compliance/Enforcement

The information provided by the Center for Home and Community Based Services has indicated that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and to prevent recurrent code violations.

Need Review

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

The total purchase price for the acquisition of the LHCSA is \$450,000. In addition, to the purchase price, the Purchaser shall pay the Seller \$3,000 every three months until closing starting August 23, 2026.

The applicant intends to fund the projected operating costs during the first two months after being licensed by utilizing existing financial resources from ongoing operations and current assets held by Peak Outcomes, LLC.

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the agency's financial feasibility.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency's Workforce Summary.

Conclusion

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

Attachments

OALTC Attachment A Workforce Summary
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RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the Public Health Law, on this 17th day of September, 2026 having considered any advice offered by the staff of the New York State Department of Health and the Establishment and Project Review Committee of the Council, and after due deliberation, hereby approves the following application for licensure, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

FACILITY:

241233 E

Peak Outcomes, LLC d/b/a Duet Care at Home

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Effective July 27, 2026, there is a six-month moratorium on all Licensed Home Care Services Agency (LHCSA) applications for Medicaid Provider Enrollment, including changes of ownership applications. Peak Outcomes, LLC d/b/a Duet Care at Home must comply with all Medicaid enrollment and revalidation requirements before serving Medicaid members, including enrolling as a Medicaid Enrolled Provider via New York's Provider Services Portal following the moratorium period. [CHA]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



Department of Health Public Health and Health Planning Council

Project # 241270-E
Ez Living Home Care of NY, Inc.

Program: LHCSA
Purpose: Establishment

County: Kings
Acknowledged: July 1, 2024

Executive Summary

Description

Ez Living Home Care of NY, Inc, an existing Licensed Home Care Services Agency (LHCSA), requests approval to transfer 91% ownership interest from three withdrawing shareholders to one existing shareholder and one new shareholder.

There are no proposed changes to the counties served or to the services provided.

OALTC Recommendation Approval

Need Summary

In accordance with 10 NYCRR §765- 1.16(c)2, this application is exempt from public need review as the agency is actively serving 25 patients, as attested to by the current operator.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

Financial Summary

The total purchase price for the acquisition of the LHCSA is \$3,000,000. The applicant reports they intend to fund the projected operating costs during the first two months after being licensed by utilizing existing financial resources from ongoing operations and current assets held by Ez Living Home Care of NY, Inc.

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval conditional upon

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Effective July 27, 2026, there is a six-month moratorium on all Licensed Home Care Services Agency (LHCSA) applications for Medicaid Provider Enrollment, including changes of ownership applications. Ez Living Home Care of NY, Inc. must comply with all Medicaid enrollment and revalidation requirements before serving Medicaid members, including enrolling as a Medicaid Enrolled Provider via New York's Provider Services Portal following the moratorium period. [CHA]

Council Action Date

September 17, 2026

Program Analysis

Background

Ez Living Home Care of NY, Inc requests approval to transfer 91% ownership interest from three withdrawing shareholders to one existing shareholder and one new shareholder.

There are no proposed changes to the counties served or to the services provided.

The current membership of Ez Living Home Care of NY, Inc. is as follows:

- Felix Slepitsky (30.5%)
- Mikhail Litvin (30.5%)
- Victor Izhak (30.0%)
- Aron Goldberger (9.0%)

The proposed membership of Ez Living Home Care of NY, Inc. will be as follows:

- Aron Goldberger (50.0%)
- Shimon Lieber (50.0%)

The applicant will continue to serve the residents of the following counties:

- Bronx
- Kings
- Nassau
- New York
- Queens
- Richmond

The applicant will continue to provide the following healthcare services:

- Audiology
- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Nursing
- Nutritional
- Personal Care
- Therapy - Occupational
- Therapy - Physical
- Therapy - Respiratory
- Therapy - Speech-Language Pathology

Character and Competence Review

Ez Living Home Care Of NY, Inc. will be comprised of the following individuals:

Aron Goldberger, (50%) (President)

Employment

- Director of Operations, Excellent Home Care Services, (2009 – Present)

Affiliations

- Advent Health Care Services LLC (CHHA) (July 2024 – Present)

Shimon Lieber, (50%) (Vice President)

Employment

- Chief Executive Officer, Silveredge Management, (December 2022 – Present)

Affiliations

No offices held or ownership interests in other health facilities.

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Agency Compliance/Enforcement

The information provided by the Center for Home and Community-Based Services has indicated that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and to prevent recurrent code violations.

CHHA Quality of Patient Care Star Ratings*	
CHHA Name	Quality of Care Rating
Advent Health Care Services LLC	2.5 out of 5 stars

** CMS data as of July 15, 2026. The National average is 3.5 out of 5 stars.*

Need Review

In accordance with 10 NYCRR §765- 1.16(c)2, this application is exempt from public need review as the agency is actively serving 25 patients, as attested to by the current operator.

Financial Review

The total purchase price for acquisition of the LHCSA is \$3,000,000. The applicant reports they intend to fund the projected operating costs during the first two months after being licensed by utilizing existing financial resources from ongoing operations and current assets held by Ez Living Home Care of NY, Inc.

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the Workforce Summary.

Conclusion

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

Attachments

OALTC Attachment A	Workforce Summary
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RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the Public Health Law, on this 17th day of September, 2026 having considered any advice offered by the staff of the New York State Department of Health and the Establishment and Project Review Committee of the Council, and after due deliberation, hereby approves the following application for licensure, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

FACILITY:

241270 E

Ez Living Home Care of NY, Inc.

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Effective July 27, 2026, there is a six-month moratorium on all Licensed Home Care Services Agency (LHCSA) applications for Medicaid Provider Enrollment, including changes of ownership applications. Ez Living Home Care of NY, Inc. must comply with all Medicaid enrollment and revalidation requirements before serving Medicaid members, including enrolling as a Medicaid Enrolled Provider via New York's Provider Services Portal following the moratorium period. [CHA]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



Project # 241273-E

Simpson Solutions, LLC d/b/a

All Care Living Assistance Services

Program: LHCSA
Purpose: Establishment

County: Bronx
Acknowledged: July 1, 2024

Executive Summary

Description

Simpson Solutions, LLC d/b/a All Care Living Assistance Services, is an existing Licensed Home Care Services Agency (LHCSA) seeking approval for a 90.1% transfer of membership interest from one withdrawing shareholder to the remaining shareholder.

There are no proposed changes to the counties served or services provided.

OALTC Recommendation Approval

Need Summary

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

Financial Summary

The total purchase price for the acquisition of the LHCSA is \$50,000. The applicant reports they intend to fund the projected operating costs during the first two months after being licensed by utilizing existing financial resources and current assets held by Dada Home Care, LLC.

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the agency's financial feasibility.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval conditional upon:

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date.
[PMU]
2. Effective July 27, 2026, there is a six-month moratorium on all Licensed Home Care Services Agency (LHCSA) applications for Medicaid Provider Enrollment, including changes of ownership applications. Simpson Solutions, LLC d/b/a All Care Living Assistance Services must comply with all Medicaid enrollment and revalidation requirements before serving Medicaid members, including enrolling as a Medicaid Enrolled Provider via New York's Provider Services Portal following the moratorium period.
[CHA]

Council Action Date

September 17, 2026

Program Analysis

Background

Simpson Solutions, LLC d/b/a All Care Living Assistance Services seeks approval for a 90.1% transfer of membership interest from one withdrawing shareholder to the remaining shareholder, Dada Home Care, LLC.

There are no proposed changes to the counties served or services provided.

Since September 2023, there has been a Management Agreement between Simpson Solutions, LLC d/b/a All Care Living Assistance Services and Dada Home Care, LLC. Upon approval of this application, the Management Agreement will be terminated.

The current membership of Simpson Solutions, LLC d/b/a All Care Living Assistance Services is as follows:

- Shannon Simpson (90.1%)
- Dada Home Care, LLC (9.9%)

The proposed membership of Simpson Solutions, LLC d/b/a All Care Living Assistance Services will be as follows:

- Dada Home Care, LLC (100%)

The sole member of Dada Home Care, LLC is Syed Hayat.

The applicant will continue to serve the residents of the following counties:

- Bronx
- Kings
- New York
- Queens
- Richmond
- Westchester

The applicant will continue to provide the following home care services:

- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Nursing
- Nutritional
- Personal Care
- Therapy- Occupational
- Therapy- Physical
- Therapy- Respiratory
- Therapy- Speech Language Pathology

Character and Competence Review

The sole shareholder of Simpson Solutions, LLC d/b/a All Care Living Assistance Services, Dada Home Care, LLC, will be comprised of the following individual:

Syed K Hayat (100%)

Employment

- Chief Executive Officer, Family Wellness Program, LLC, (July 2016– Present)
- Simpson Solutions, LLC d/b/a All Care Assistance Services, (January 2017-Present)

Affiliations

- Family Wellness Program, LLC, (CDPAP), (July 2016 – Present)
- Simpson Solutions, LLC d/b/a All Care Assistance Services, (LHCSA), (January 2017 - Present)

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Agency Compliance/Enforcement

The information provided by the Center for Home and Community-Based Services indicated that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and prevent recurrent code violations.

Need Review

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

The total purchase price for the acquisition of the LHCSA is \$50,000. The applicant reports they intend to fund the projected operating costs during the first two months after being licensed by utilizing existing financial resources and current assets held by Dada Home Care, LLC.

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the agency's financial feasibility.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed. Please refer to Attachment A for the agency's Workforce Summary.

Conclusion

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

Attachments

OALTC Attachment A	Workforce Summary
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RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the Public Health Law, on this 17th day of September, 2026 having considered any advice offered by the staff of the New York State Department of Health and the Establishment and Project Review Committee of the Council, and after due deliberation, hereby approves the following application for licensure, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

241273 E

FACILITY:

Simpson Solutions, LLC d/b/a
All Care Living Assistance Services

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Effective July 27, 2026, there is a six-month moratorium on all Licensed Home Care Services Agency (LHCSA) applications for Medicaid Provider Enrollment, including changes of ownership applications. Simpson Solutions, LLC d/b/a All Care Living Assistance Services must comply with all Medicaid enrollment and revalidation requirements before serving Medicaid members, including enrolling as a Medicaid Enrolled Provider via New York's Provider Services Portal following the moratorium period. [CHA]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



Project # 251085-E
Bridges LHCSA, LLC d/b/a
Bridges Cornell Heights Home Health

Program: LHCSA
Purpose: Establishment

County: Tompkins
Acknowledged: February 20, 2025

Executive Summary

Description

Establish Bridges LHCSA, LLC d/b/a Bridges Cornell Heights Home Health as the new operator of a Licensed Home Care Services Agency (LHCSA), currently operated by Bridges Senior Concepts, Inc., at 403 Wyckoff Avenue, Ithaca (Tompkins County).

There are no proposed changes to the county served or services provided.

OALTC Recommendation
Approval

Need Summary

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

Financial Summary

The transfer of ownership of Bridges LHCSA, LLC is a component of a larger transaction for independent senior living residences in Ithaca. The total transaction amount is \$28 million, which includes \$27.95 million for the purchase of real estate (8 separate buildings) and associated assets (furniture, equipment and goodwill). The amount allocated to the purchase price for the acquisition of the LHCSA is \$50,000. The applicant intends to fund the projected operating costs during the first two months after being licensed by utilizing existing financial resources from ongoing operations and current assets held by Bridges Cornell Heights Operator LLC.

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the agency's financial feasibility.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

Approval conditional upon:

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date.
[PMU]
2. Effective July 27, 2026, there is a six-month moratorium on all Licensed Home Care Services Agency (LHCSA) applications for Medicaid Provider Enrollment, including changes of ownership applications. Bridges LHCSA, LLC d/b/a Bridges Cornell Heights Home Health must comply with all Medicaid enrollment and revalidation requirements before serving Medicaid members, including enrolling as a Medicaid Enrolled Provider via New York's Provider Services Portal following the moratorium period.
[CHA]

Council Action Date

September 17, 2026

Program Analysis

Program Description

Bridges LHCSA, LLC d/b/a Bridges Cornell Heights Home Health requests approval to become the new operator of the LHCSA.

The current membership of Bridges Senior Concepts, Inc. is as follows:

- Elizabeth Classen Ambrose (100%)

The proposed membership of Bridges LHCSA, LLC d/b/a Bridges Cornell Heights Home Health will be as follows:

- Elizabeth B. Demisse (33.34%)
- Theodors Z. Lakew (33.33%)
- Dawit M. Solomon (33.33%)

The applicant will continue to serve the residents of the following county:

- Tompkins

The applicant will continue to provide the following healthcare services:

- Nursing
- Home Health Aide
- Personal Care

Character and Competence Review

Bridges LHCSA, LLC d/b/a Bridges Cornell Heights Home Health will be comprised of the following individuals:

Elizabeth B. Demisse (33.34%), Managing Member

Employment:

- Executive Vice President & Director, Elizabeth Ambrose – Bridges Cornell Heights, (March 2006 - Present)

Affiliations:

No offices held or ownership interests in other health facilities.

Dawit M. Solomon (33.33%)

Employment:

- Regional Program Leader, Consultative Group on International Agricultural Research (CGIAR), (May 2017 – Present)

Affiliations:

No offices held or ownership interests in other health facilities.

Theodors Z. Lakew (33.33%)

Employment:

- Co-Founder and Previous CEO, Great Abyssinia PLC, (October 2023 – Present)
- Co-Owner, General Industrial & Commercial PLC, (December 2015 – Present)
- Co-Founder and Owner, Noah Real Estate PLC, (October 2006 – Present)
- Co-Founder and Part-Owner, Royal Concept, LLC, (February 2016 – Present)

Affiliations:

No offices held or ownership interests in other health facilities.

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Agency Compliance/Enforcement

Not applicable, as there are no affiliated licensed healthcare agencies.

Need Review

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

The transfer of ownership of Bridges LHCSA, LLC is a component of a larger transaction for independent senior living residences in Ithaca. The total transaction amount is \$28 million, which includes \$27.95 million for the purchase of real estate (8 separate buildings) and associated assets (furniture, equipment and goodwill). The amount allocated to the purchase price for the acquisition of the LHCSA is \$50,000. The applicant intends to fund the projected operating costs during the first two months after being licensed by utilizing existing financial resources from ongoing operations and current assets held by Bridges Cornell Heights Operator LLC.

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the agency's financial feasibility.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency's Workforce Summary.

Conclusion

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

Attachments

OALTC Attachment A	Workforce Summary
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RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the Public Health Law, on this 17th day of September, 2026 having considered any advice offered by the staff of the New York State Department of Health and the Establishment and Project Review Committee of the Council, and after due deliberation, hereby approves the following application for licensure, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

251085 E

FACILITY:

Bridges LHCSA, LLC d/b/a
Bridges Cornell Heights Home Health

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Effective July 27, 2026, there is a six-month moratorium on all Licensed Home Care Services Agency (LHCSA) applications for Medicaid Provider Enrollment, including changes of ownership applications. Bridges LHCSA, LLC d/b/a Bridges Cornell Heights Home Health must comply with all Medicaid enrollment and revalidation requirements before serving Medicaid members, including enrolling as a Medicaid Enrolled Provider via New York's Provider Services Portal following the moratorium period. [CHA]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



Department of Health

Public Health and Health Planning Council

Project # 251159-E

Wehrle Drive ASC, LLC d/b/a Atlas Surgery Center

Program: Diagnostic and Treatment Center

County: Erie

Purpose: Establishment

Acknowledged: April 11, 2025

Executive Summary

Description

Wehrle Drive ASC, LLC d/b/a Atlas Surgery Center (The Center), an existing Article 28 multi-specialty freestanding ambulatory surgical center (FASC) at 50 George Karl Boulevard, Amherst, NY (Erie County), requests approval to transfer 60% ownership from one (1) withdrawing member and six (6) remaining members to one (1) new member LLC., Ambulatory Partner Holdings, LLC.

Below is the current and proposed membership in the Center:

Member	Current	Proposed
Douglas Moreland, M.D.	20.00%	5.00%
Michael Stoffman, M.D.	15.00%	5.00%
John Fahrbach, M.D.	15.00%	5.00%
Elad Levy, M.D.	10.00%	5.00%
John Pollina, M.D.	10.00%	5.00%
Jafar Siddiqui, M.D.	10.00%	5.00%
Michael Courmyea, CPA, M.D.	10.00%	0.00%
Jeffrey Mullins, M.D.	5.00%	5.00%
Joshua Meyers, M.D.	5.00%	5.00%
Ambulatory Partners Holding LLC (APH)	0.00%	60.00%
Total	100.00%	100.00%

The Center is currently owned by nine (9) individuals. Seven (7) of the Center's nine existing members, who collectively own 90% of the Center, entered into a Membership Interest Purchase Agreement to sell 60% of their 90% interest to Ambulatory Partner Holdings, LLC

(APH). APH is comprised of the following three individual members: Rafael Axen, MD. (33.33%), Matthew Jenkins (33.33%) and Ann Sariego (33.33%).

OPCHSM Recommendation

Contingent approval with an expiration of the operating certificate three years from the date of its issuance.

Need Summary

There will be no need review per Public Health Law §2801-a (4).

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

The total purchase price for the membership interests will be \$54,000,000 and will be paid with equity from the operations of Ambulatory Partner Holdings, LLC.

Budget:	<u>Year One</u>	<u>Year Three</u>
Revenues	\$26,621,434	\$28,024,691
Expenses	<u>\$21,980,051</u>	<u>22,445,729</u>
Net Income	\$4,641,383	\$5,578,962

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

Recommendations

Health Systems Agency

There will be no Health Systems Agency recommendation for this project.

Office of Primary Care and Health Systems Management

Approval with an expiration of the operating certificate three years from the date of its issuance, contingent upon:

1. Submission of a signed agreement with an outside, independent entity satisfactory to the Department to provide annual reports to DOH. Reports are due no later than April 1st for the prior year and are to be based upon the calendar year. Reports should include:
 - a. Data displaying actual utilization including procedures;
 - b. Data displaying the breakdown of visits by payor source;
 - c. Data displaying the number of patients who needed follow-up care in a hospital within seven days after ambulatory surgery;
 - d. Data displaying the number of emergency transfers to a hospital;
 - e. Data displaying the percentage of charity care provided;
 - f. The number of nosocomial infections recorded during the year reported;
 - g. A list of all efforts made to secure charity cases; and
 - h. A description of the progress of contract negotiations with Medicaid managed care plans. [RNR]

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. The submission of annual reports to the Department as prescribed by the related contingency, each year, for the duration of the limited life approval of the facility. [RNR]
3. The staff of the facility must be separate and distinct from the staff of other entities; the signage must clearly denote that the facility is separate and distinct from other entities; the clinical space must be used exclusively for the approved purpose; and the entrance must not disrupt any other entity's clinical program space. [HSP]
4. The applicant must ensure registration for and training of facility staff on the Department's Health Commerce System (HCS). The HCS is the secure web-based means by which facilities must communicate with the Department and receive vital information. Upon receipt of the Operating Certificate, the Administrator/director that has day-to-day oversight of the facility's operations shall submit the HCS Access Form at the following link to begin the process to enroll for HCS access for the first time or update enrollment information as necessary:
https://www.health.ny.gov/facilities/hospital/docs/hcs_access_form_new_clinics.pdf. Questions may be directed to the Division of Hospitals and Diagnostic & Treatment Centers at 518-402-1004 or email: hospinfo@health.ny.gov [HSP]

Council Action Date

September 17 2026

Program Analysis

Project Proposal

Proposed Operator	Wehrle Drive ASC, LLC d/b/a Atlas Surgery Center
To Be Known As	Atlas Surgery Center
Site Address	50 George Karl Boulevard Amherst, New York 14221 (Erie County)
Specialties	Ambulatory Surgery- Multispecialty
Hours of Operation	Monday through Friday, 8:00 a.m. to 6:00 p.m.
Staffing (1st Year / 3rd Year)	30.81 FTEs / 30.81 FTEs
Medical Director	Douglas Moreland, M.D.
Emergency, In-Patient and Backup Support Services Agreement and Distance	Kaleida health-Millard Fillmore Suburban Hospital

Wehrle Drive ASC opened in January 2023 and is the only FASC of its kind in New York State offering same day, awake Endovascular Neurosurgery procedures. It is at the forefront of innovation, delivering non-invasive treatments that address complex conditions like brain tumors, vascular disorders and cerebrovascular disease. There will be no changes to services or hours of operation.

The Center has an existing transfer agreement with Kaleida Health - Millard Fillmore Suburban Hospital to provide backup and emergency services four (4) miles/12 minutes' travel time away.

There will be no change in staffing as a result of this application

Position	Year One	Year Three
Management and Supervision	1.00	1.00
Technician and Specialist	2.48	2.48
Registered Nurses	17.13	17.13
Aides, Orderlies & Attendants	7.74	7.74
Clerical and Other Administrative	2.46	2.46
Totals	30.81	30.81

Seven (7) of the Center's nine (9) existing members, who collectively own 90% of Center, entered into Membership Interest Purchase Agreement (MIPA) to sell 60% of their 90% interest to Ambulatory Partner Holdings, LLC (APH) which is a former subsidiary of UnitedHealth Group Incorporated.

Ambulatory Partner Holdings, LLC, has ownership interest in four (4) other Article 28 Freestanding Ambulatory Surgery Centers (FASCs) in New York State. APH is comprised of (3) individual members:

Rafael Axen, M.D. (33.33%); Matt Jenkins (33.33%); and Ann Sariago (33.33%). Surgical Care Affiliates (SCA Health), a primary ambulatory care subsidiary of UnitedHealth Group, will provide administrative services to the facility.

The existing member, Michael Cournyea, will withdraw as a member of the Center; and the other six (6) selling members will each retain 5% membership interest in the Center, or 30% membership interest in the aggregate.

The two (2) non-selling existing members, Jeffrey Mullin, M.D. and Joshua Meyers, M.D., will each retain existing 5% membership interest in the Center.

Wehrle Drive ASC, LLC is currently owned by nine (9) individuals:

MEMBERS	CURRENT MEMBERSHIP INTEREST (Percentage)
Douglas Moreland, M.D.	20.00%
Michael Stoffman, M.D.	15.00%
John Fahrbach, M.D.	15.00%
Elad Levy, M.D.	10.00%
John Pollina, M.D.	10.00%
Jafar Siddiqui, M.D.	10.00%
Michael Courmyea, CPA, MBA	10.00%
Jeffrey Mullin, M.D.	05.00%
Joshua Meyers, M.D.	05.00%
Totals	100.00%

Wehrle Drive ASC, LLC proposed membership:

MEMBERS	CURRENT MEMBERSHIP INTEREST (Percentage)
Douglas Moreland, M.D.	05.00%
Michael Stoffman, M.D.	05.00%
John Fahrbach, M.D.	05.00%
Elad Levy, M.D.	05.00%
John Pollina, M.D.	05.00%
Jafar Siddiqui, M.D.	05.00%
Jeffrey Mullin, M.D.	05.00%
Joshua Meyers, M.D.	05.00%
Ambulatory Partner Holdings, LLC (APH)	60.00%
Totals	100.00%

Proposed Ambulatory Partner Holdings LLC 's members' direct and indirect ownerships interests:

MEMBER	DIRECT MEMBERSHIP INTEREST IN APH	INDIRECT MEMBERSHIP INTEREST IN WEHRLE
Rafael Axen, M.D.	33.30%	20.00%
Matt Jenkins	33.30%	20.00%
Ann Sariego	33.30%	20.00%
TOTAL	100%	100%

. The Board of Managers will include the following individuals:

- Class A Managers - Michael Stoffman, M.D. and Douglas B. Moreland, M.D.; and
- Class B Managers - Ann Sariego and Matt Jenkins

Douglas Moreland, M.D. will continue to serve as the Medical Director, and the current Administrator will stay on. Dr. Moreland will continue to run the day-to-day operations.

Character and Competence

Ann Sariego (aka Ann Hoff), RN, BS, CASC

Ann Sariego is a Registered Nurse who has indirect ownership in multiple other Article 28 facilities throughout New York State.

Ann is the current Market President for Physician Endoscopy/PEGI Solutions since 2019; was the Senior Vice President of Operations with PEGI Solutions in NY and in NJ from 2017 to 2019; and the Vice President in NY and in NJ from 2011 to 2017. Ann graduated with an Associate's in Applied Science (AAS) degree in Nursing from Pace University which is in New York City in 1979; and with a Bachelor of Science degree in Health Administration from Warren University located in Cheyenne, WY in 2005.

Rafael Z. Axen, M.D.

Dr. Axen is a senior medical director for Optum Medical Group, provides anesthesia care in ASC and OBS settings and has ownership in multiple Article 28 facilities throughout New York.

Since 2023, Dr. Axen has been the Director of Perioperative Care with Optum Tristate in NY and in NJ; was the Senior Medical Director for Surgical Specialties as well as Anesthesiology, Cardiology, Gastroenterology, Neurology, Pain Management, Physiatry from 2020 to 2024). Since 2020, Dr. Axen has been the Senior Medical Director for CareMount Medical, PC; previously worked as the Medical Director from 2019-2020 and as an Associate Medical Director from 2017- 2019, and as the Chair of the Department of Anesthesiology and Perioperative Medicine from 2017-2020; and is a Clinical Assistant Professor, Department of Anesthesiology at the Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY since 2020. Dr. Axen also worked as the Chief of Anesthesiology at Bedford Anesthesia, PLLC from 2016-2017 and as the Assistant Chief of Anesthesiology from 2012-2016; is the Chief Strategy Officer with the Ambulatory Surgery Center of Westchester since 2022 and was the Medical Director and President of Medical Staff of the Ambulatory Surgery Center of Westchester from 2016-2017.

Dr. Axen graduated from the University of Rochester with a bachelor's degree in 1997 and from Rutgers New Jersey Medical School with a Doctor of Medicine degree in 2001. Dr. Axen completed an internship at Atlantic Health Systems in 2002 and a residency in Anesthesiology at New York Presbyterian Hospital-Weill Cornell Medical Center in 2005. Dr. Axen is board certified in Anesthesiology.

Dr. Axen received his Medical Degree from Rutgers New Jersey Medical School located in Newark, New Jersey in 2001 and completed his Bachelor of Arts degree at the University of Rochester located in Rochester, New York in 1997.

Matthew A. Jenkins

Matthew A. Jenkins has ownership in multiple Article 28 facilities throughout New York State. Mr. Jenkins was previously the Group Vice President of Development of SCA Health from 2021-2026. Before that he was the acting Vice President of Development from 2019-2021 and Senior Director of Development from 2015-2019.

Matt Jenkins graduated with a Bachelor of Finance degree from Auburn University located in Auburn, AL in 2008 and from Northwestern University with a Master of Business Administration degree from Northwestern University located in Evanston, IL in 2019.

Axen, Jenkins, and Sariego disclosed ownership in sixteen (16) New York facilities under PE Healthcare Associates, LLC:

Advanced Endoscopy Center
Long Island Digestive Endoscopy Center d/b/a Ambulatory Surgery Center of Long Island
Carnegie Hill Endoscopy Center, LLC
Endoscopy Center of Niagara, LCC
Endoscopy Center of Western New York, LLC
Eastside Endoscopy Center of New York, LLC
Great South Bay Endoscopy Center, LLC
Island Digestive Health Center, LLC
Liberty Endoscopy Center, LLC
Long Island Center for Digestive Health, LLC

Mid-Bronx Endoscopy Center, LLC
Manhattan Endoscopy Center, LLC
Putnam GI, LLC
Queens Endoscopy Center, LLC
Digestive Diseases Diagnostic & Treatment Center, LLC d/b/a South Brooklyn Endoscopy Center
Yorkville Endoscopy, LLC d/b/a The Endoscopy Center of New York

In addition, **Axen, Jenkins, and Sariego** disclosed ownership in the following facilities under Ambulatory Partners Holding, LLC:

Crystal Run ASC
Crystal Run Ambulatory Surgery Center of Middletown, LLC (Orange County)
Day-Op Center of Long Island, LLC
Northern Westchester Facility Project, LLC d/b/a Yorktown Center for Specialty Surgery
Prohealth Ambulatory Surgery Center, Inc

The following undisclosed lawsuits were found:

Facility	Legal Cases Found
Endoscopy Center of Western New York LLC	Crimens, Donna M et al vs. North American Partners in Anesthesia, LLP et al/Erie Supreme Court/806310/2023/Tort-Medical, Dental, or Podiatric Malpractice
Great South Bay Endoscopy Center LLC	SANCHEZ, JAN M., JR. vs. BROOKHAVEN MEMORIAL HOSPITAL/Suffolk Supreme Court/ 620597/2016/Tort-Medical, Dental, or Podiatric Malpractice
	Sachse, Carol et al vs. Singh M.D., Ravi et al/Suffolk Supreme Court/617958/2024/Tort-Medical, Dental, or Podiatric Malpractice
Manhattan Endoscopy Center, LLC	Evans, Kurt vs. Robbins M.D., David et al/New York Supreme Court/805165/2024/Tort-Medical, Dental, or Podiatric Malpractice
Putnam GI, LLC	Tierney, Elizabeth vs. Brenner MD, Jack L et al/Westchester Supreme Court/63606/2022/Tort-Medical, Dental, or Podiatric Malpractice
Queens Endoscopy ASC, LLC	PEREZ, RAFAEL vs. QUEENS MEDICAL OFFICE, P.C. et al/Queens Supreme Court/704758/2024/Tort-Medical, Dental, or Podiatric Malpractice
South Brooklyn Endoscopy Center	Cook, Lateef vs. Digestive Diseases Diagnostic & Treatment CTR LLC/Kings Supreme Court/530643/2021/Tort-Other Negligence
Crystal Run Ambulatory Surgery Center	BONA, ANDREW vs. PATEL M.D., ARCHIT et al/Orange Supreme Court/EF007618-2021/ Tort-Medical, Dental, or Podiatric Malpractice
	Krok, Brian et al vs. Crystal Run Healthcare Ambulatory Surgery Center/ Rockland Supreme Court/035356/2024/Tort-Medical, Dental, or Podiatric Malpractice
Prohealth Ambulatory Surgery Center Inc.	Kalmar, Amy et al vs. Cirlincione D.P.M., Adam et al/Queens Supreme Court/725554/2022/Tort-Medical, Dental, or Podiatric Malpractice

Per the applicant, Wehrle Drive ASC LLC deny all claims and are defending these matters which are still pending in their respective courts.

Affiliations

UnitedHealth Group (UHG)

Optum Health

Surgical Care Affiliates, LLC d/b/a SCA Health (SCA) - Administrative Services Contractor

Ambulatory Partner Holdings, LLC (APH)

Enforcement

The Department issued a Stipulation and Order (S&O) dated 09/10/2015, and fined Yorkville Endoscopy LLC \$16,000 based on deficiencies found during a survey completed on 09/05/2014. Deficient practices were found in Governing Body and Management, Surgical Services, Medical Staff, and Patient Rights.

Integration with Community Resources

The Wehrle Drive ASC, LLC's leadership team oversees the charity care program meets regularly to focus on increasing and developing different avenues for reaching Medicaid and charity care patients by developing more relationships with local Federally Qualified Health Centers (FQHCs) in the surrounding area. The Center is currently in discussions with Jericho Road Ministries (a FQHC) in Buffalo, and will continue to explore additional FQHC partnerships, to include the Neighborhood Health Care of Western New York and with the Community Health Center of Buffalo. The Center, with the assistance of Ambulatory Partner Holdings, LLC, will increase the Center's outreach, focus on community-based needs and the necessity for pre-emptive health screening.

Wehrle Drive ASC, LLC will maintain medical records in accordance with applicable requirements. This includes the assurance of confidentiality of patient's records, as well as prompt and efficient transfer of medical records to other practitioners and/or facilities upon patient request. In addition, the Center will adhere to the data requirements provided in Section 755.10 of 10 NYCRR.

Compliance with Applicable Codes, Rules and Regulations

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Additionally, the staff from the Division of Certification & Surveillance reviewed the ten-year surveillance history of all associated facilities. Sources of information included the files, records, and reports found in the Department of Health. Included in the review were the results of any incident and/or complaint investigations, independent professional reviews, and/or comprehensive/focused inspections. The review found that any citations were properly corrected with appropriate remedial action.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Operating Budget

The applicant has submitted an operating budget, in 2026 dollars, for the first and third years of operation, which is summarized below as follows:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Per PD</u>	<u>Total</u>	<u>Per PD</u>	<u>Total</u>	<u>Per PD</u>	<u>Total</u>
Revenues:						
Commercial FFS	\$10,175	\$17,388,896	\$10,175	\$17,388,896	\$10,177	\$18,258,341
Medicare FFS	\$2,391	\$1,006,702	\$2,391	\$1,006,702	\$2,391	\$1,057,037
Medicare MC	\$5,695	\$3,787,120	\$5,695	\$3,787,120	\$5,697	\$3,976,476
Medicaid FFS	\$2,955	\$5,909	\$14,705	\$29,410	\$2,941	\$44,115
Medicaid MC	\$3,744	\$1,078,171	\$3,744	\$1,441,305	\$3,744	\$1,591,051
Private Pay	\$26,320	\$579,030	\$26,320	\$579,030	\$26,434	\$607,982
Other	\$1,495	\$2,014,373	\$1,495	\$2,014,373	\$1,496	\$2,115,092
Non Op Rev		<u>\$374,597</u>		<u>\$374,598</u>		<u>\$374,598</u>
Total Revenues		\$26,234,798		\$26,621,434		\$28,024,692
Expenses:						
Operating	\$4,848	\$17,524,523	\$4,047	\$18,836,049	\$3,930	\$19,301,727
Capital	<u>\$870</u>	<u>\$3,144,002</u>	<u>\$676</u>	<u>\$3,144,002</u>	<u>\$640</u>	<u>\$3,144,002</u>
Total Expenses	\$5,717	\$20,668,525	\$4,723	\$21,980,051	\$4,571	\$22,445,729
Net Income		\$5,566,273		\$4,641,383		\$5,578,963
Utilization: (Proc)		- 4,484		- 4,654		4,911

The following is noted with respect to the submitted operating budget:

- Utilization assumptions are based on a 5% increase in volume in Year One and Year Three of this project, as compared to the Current Year, to account for the growth of the Center's participating physicians' private practices.
- Expense assumptions are based on the historical experience of the facility.
- Reimbursement rates are based on 2023 historical experience of the facility.
- Other payor sources include workers compensation, no fault and government.

- Utilization broken down by payor source, for the current year (2025), year one and year three are as follows:

	<u>Current Year (2025)</u>	<u>Year One</u>	<u>Year Three</u>
Commercial FFS	38.37%	36.72%	36.53%
Medicare FFS	9.45%	9.05%	9.00%
Medicare MC	14.93%	14.29%	14.21%
Medicaid FFS	0.04%	0.21%	0.31%
Medicaid MC	6.47%	8.27%	8.65%
Private Pay	0.49%	0.47%	0.47%
Charity Care	0.00%	2.04%	2.04%
Other	<u>30.25%</u>	<u>28.94%</u>	<u>28.79%</u>
Total	100.00%	100.00%	100.00%

Purchase and Sale of Membership Interest

The applicant has submitted an executed membership interest purchase agreement, which is summarized as follows:

Date	February 20, 2026
Direct Seller	50 GKB, LLC
Indirect Seller	Douglas Moreland, MD., Michael Stoffman, MD., John Fahrback, MD., Elad Levy, MD., John Polina, MD., Jafar Siddiqui, MD. and Michael Courneyea.
Company	Wehrle Drive ASC, LLC
Purpose	The sale of 60% of the issue and outstanding membership interests of the Company.
Purchase Price	\$54,000,000
Payment of Purchase Price	Cash at Closing

Administrative Services Agreement

The applicant has submitted an executed administrative services agreement, which is summarized below:

Date	March 14, 2025
Contractor	Surgical Care Affiliates, LLC d/b/a SCA Health
Company	Wehrle Drive ASC, LLC
Services Provided	The Contractor will provide the following services: accounting services, human resources/staffing services, supply chain services, IT services, clinical support services, treasury/cash management services, tax services/risk management and insurance services, compliance services and physician recruitment/business development services.
Term	7 years with an additional 5-year term.
Compensation	Year One: \$350,000 annually with annual increase based on the increase in the Consumer Price Index.

Consulting Services Agreement

The applicant has submitted an executed consulting services agreement, which is summarized below:

Date	March 14, 2025
Consultant	Michael Courneyea
Owner	Wehrle Drive ASC, LLC
Purpose	To assist in the orderly transition in the operation of the Center in connection with the transaction of the change in membership interests, Owner, desires to obtain from consultant, and Consultant is willing to provide to Owner, certain consulting services, on a temporary basis.
Term	1 year
Compensation	\$250 per hour with a maximum of 15 hours per week.

Capability and Feasibility

The total purchase price for the 60% membership interest is \$54,000,000 and will be met with equity from the operations of Ambulatory Partner Holdings, LLC. The working capital requirements are estimated at \$2,932,887, which is equivalent to two months of first year expenses. The working capital requirement will be met with equity from the operations of Ambulatory Partner Holdings, LLC and Wehrle Drive ASC, LLC. Presented as BFA Attachments B and C are the financial summaries of Wehrle Drive ASC, LLC and Ambulatory Partners Holdings, LLC, respectively, and indicate the availability of sufficient funds for equity contributions.

The submitted budget indicates a net income of \$2,643,022 and \$3,303,096 during the first and third years, respectively. Revenues are based on current reimbursement methodologies. The submitted budget appears reasonable.

As shown on BFA Attachment B, the entity had a negative working capital position and a positive net asset position in 2025. Furthermore, the entity achieved a net income of \$6,003,078 in 2025. The applicant indicated that the reason for the negative working capital position was the timing of payables and how accounts receivable was recorded. Since accounts receivable was not included on the Internals Financial Statements, current assets appear lower on the balance sheet. Once completed, the 2025 Certified Financial Statements will include accounts receivable, and positive working capital is expected.

As shown on BFA Attachment C, Ambulatory Partner Holdings, LLC had a positive working capital position and a positive net asset position in 2025.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

BFA Attachment A	Current and Proposed Ownership of Wehrle Drive ASC, LLC
BFA Attachment B	Financial Summary- Wehrle Drive ASC, LLC
BFA Attachment C	Financial Summary- Ambulatory Partner Holdings, LLC

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 17th day of September 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to transfer 60 % ownership interest from one withdrawing member and six remaining members to one new member LLC, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

251159 E

FACILITY/APPLICANT:

Wehrle Drive ASC, LLC d/b/a Atlas Surgery
Center

APPROVAL CONTINGENT UPON:

Approval with an expiration of the operating certificate three years from the date of its issuance, contingent upon:

1. Submission of a signed agreement with an outside, independent entity satisfactory to the Department to provide annual reports to DOH. Reports are due no later than April 1st for the prior year and are to be based upon the calendar year. Reports should include:
 - a. Data displaying actual utilization including procedures;
 - b. Data displaying the breakdown of visits by payor source;
 - c. Data displaying the number of patients who needed follow-up care in a hospital within seven days after ambulatory surgery;
 - d. Data displaying the number of emergency transfers to a hospital;
 - e. Data displaying the percentage of charity care provided;
 - f. The number of nosocomial infections recorded during the year reported;
 - g. A list of all efforts made to secure charity cases; and
 - h. A description of the progress of contract negotiations with Medicaid managed care plans.[RNR]

APPROVAL CONDITIONAL UPON:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. The submission of annual reports to the Department as prescribed by the related contingency, each year, for the duration of the limited life approval of the facility. [RNR]
3. The staff of the facility must be separate and distinct from the staff of other entities; the signage must clearly denote that the facility is separate and distinct from other entities; the clinical space must be used exclusively for the approved purpose; and the entrance must not disrupt any other entity's clinical program space. [HSP]
4. The applicant must ensure registration for and training of facility staff on the Department's Health Commerce System (HCS). The HCS is the secure web-based means by which facilities must communicate with the Department and receive vital information. Upon receipt of the Operating Certificate, the Administrator/director that has day-to-day oversight of the facility's operations shall submit the HCS Access Form at the following link to begin the process to enroll for HCS access for the first time or update enrollment information as necessary:
https://www.health.ny.gov/facilities/hospital/docs/hcs_access_form_new_clinics.pdf.
Questions may be directed to the Division of Hospitals and Diagnostic & Treatment Centers at 518-402-1004 or email: hospinfo@health.ny.gov [HSP]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



Project # 261203-E
Binghamton ASC LLC d/b/a Greater Binghamton Eye
Surgery Center

Program: Diagnostic and Treatment Center
Purpose: Establishment

County: Broome
Acknowledged: May 6, 2026

Executive Summary

Description

Binghamton ASC LLC d/b/a Greater Binghamton Eye Surgery Center (the Center), an existing Article 28 Single-Specialty Ambulatory Surgery Center specializing in ophthalmology at 530 Columbia Drive, Johnston City, NY (Broome County), requests approval to transfer 90.10% ownership interest from (1) one withdrawing member to an existing member.

Greater Binghamton Eye Surgery Center is currently owned by Sight Medical Doctors PLLC (9.90%) and Daniel Sambursky, MD (90.10%). Sight Medical Doctors PLLC will become the sole member of Binghamton ASC LLC. The sole member of Sight Medical Doctors, PLLC, is Jeffrey L. Martin, MD.

The Center has an existing transfer and affiliation agreement with UHS Wilson Medical Center for backup and emergency services 1.9 miles/7 minutes away.

OPCHSM Recommendation

Conditional approval with an expiration of the operating certificate three years from the date of its issuance.

Need Summary

There will be no need review per Public Health Law §2801-a (4).

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

The total purchase price for the equity interests will be \$211,735 and will be paid with equity from Sight Medical Doctors PLLC the current member.

<u>Budget:</u>	<u>Year One</u>	<u>Year Three</u>
Revenues:	\$4,125,314	\$4,686,839
Expenses:	<u>4,025,034</u>	<u>4,278,015</u>
Gain/(Loss):	\$100,280	\$408,824

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

Approval with an expiration of the operating certificate three years from the date of its issuance, conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Council Action Date

September 17, 2026

Program Analysis

Project Proposal

Binghamton ASC, LLC owns and operates Greater Binghamton Eye Surgery Center, an existing Article 28 Single-Specialty Ambulatory Surgery Center specializing in ophthalmology at 530 Columbia Drive, Johnson City, NY (Broome County). Binghamton ASC LLC is seeking approval for a change in membership interest. Sight Medical Doctors PLLC, an existing member, received their initial membership interest pursuant to a transfer notice and this application is seeking to establish Sight Medical Doctors PLLC as sole member. There will be no changes to services as a result of this application.

Pursuant to Equity Interest Assignment Agreement, Daniel Sambursky, MD, an existing member with an interest of 90.10% will assign his interest to Sight Medical Doctors PLLC, an existing member currently retaining an interest of 9.90%. Upon completion of this transaction, Sight Medical Doctors PLLC will be the sole member of Binghamton ASC LLC. The sole member and manager of Sight Medical Doctors, PLLC will be Jeffrey L. Martin, MD.

The Center is in Health Professional Shortage Area (HPSA) for dental, mental health and for primary care services with the primary service area in Broome County. There will be no changes to the Center's services or to the operating certificate upon project approval.

The Center is currently accredited by an independent third-party accreditation agency, which is set to expire on or about Jan 19, 2027.

There will be no change in FTEs as a result of this project.

Position	Year One	Year Three
Management and Supervision	1.0	1.0
Medical Assistants	3.72	3.72
Registered Nurses	4.74	4.74
Clerical and Other Administrative	1.03	1.03
Total	10.49	10.49

The applicant projects 3,606 visits in Year One and 3,938 visits in Year Three.

The Center has a transfer and affiliation agreement with UHS Wilson Medical Center, 1.9 miles/7 minutes away.

Daniel Sambursky, MD is the current Medical Director for Greater Binghamton Eye Surgery Center.

Character and Competence:

Jeffrey L. Martin, MD is certified by the American Board of Ophthalmology. Dr. Martin received a Bachelor of Science degree from Muhlenberg College in Allentown, Pennsylvania in 1990 and completed his Medical Degree at SUNY School of Medicine in Stony Brook, New York in 1994. Dr. Martin completed a residency, with a focus on Ophthalmology, at Nassau University Medical Center in East Meadow, New York from 1995 to 1998 and completed an internship in internal medicine at Lenox Hill Hospital in 1994.

Dr. Martin has been the Co-Founder and President of SightMD in Smithtown, New York since 2019 and was previously approved as a member of Long Island Ambulatory Surgery Center, LLC by the Public Health and Health Planning Council, pursuant to CON 191060 on June 6, 2019.

Disclosures

The applicant disclosed the following lawsuits:

- .
- To the best of our knowledge, at no time was Jeffrey Martin named as a defendant in these actions and all of the actions were handled by the defendant's insurance carrier.

The applicant disclosed the following lawsuits:

Practice/Facility	File Date	File #	Court	Plaintiff	Synopsis/Status
Laser and Vision Surgery Center, LLC	11/16/2012	3:12-cv-01635-JBA	US District Court – District of Connecticut	Anthony Buccini	Plaintiff alleged unpaid overtime wages in violation of the Fair Labor Standards Act and Connecticut wage laws. Case settled and voluntarily dismissed on 3/10/2014.
Sight Medical Doctors PLLC; Suffolk Surgery Center LLC	4/2/2018	606181/2018	Suffolk County Supreme Court	Tatiana Rozentale	Plaintiff alleged medical malpractice and lack of informed consent arising from an operating room fire during eye surgery, including failure to adhere to surgical fire safety protocols and improper oxygen management. Case dismissed with prejudice on 11/14/2022.
Sight Medical Doctors, PLLC	1/17/2019	601233/2019	Suffolk County Supreme Court	John Arnone	Plaintiff alleged medical malpractice and lack of informed consent arising from a YAG laser capsulotomy performed on his right eye, resulting in retinal detachment, posterior vitreous detachment, and other severe injuries. Summary judgment granted in favor of defendants; complaint dismissed with prejudice on 3/14/2022; judgment entered 6/29/2022.

Sight Medical Doctors PLLC; Long Island Ambulatory Surgery Center	3/3/2021	603610/2021	Suffolk County Supreme Court	Diane Kurinsky	Plaintiff alleged medical malpractice and lack of informed consent arising from negligently performed eyelid surgery (ptosis repair and blepharoplasty), resulting in worsened eyesight and other vision complications. Order for summary judgment granted and case has been dismissed as to all defendants on 3/19/2026.
Sight Medical Doctors, PLLC; Suffolk Surgery Center, LLC	3/26/2021	605363/2021	Suffolk County Supreme Court	Peter Santacroce	Plaintiff alleged medical malpractice and lack of informed consent arising from ophthalmological treatment received from September 2018 through July 2019, resulting in severe and permanent injuries. Case settled on 1/23/2026.
Sight Medical Doctors PLLC	8/11/2021	615425/2021	Suffolk County Supreme Court	Susanne E. Zimmerman	Summons with Notice filed; no complaint or further proceedings appear on the docket. Case status appears inactive/dormant.
Sight Medical Doctors PLLC	6/29/2022	612295/2022	Suffolk County Supreme Court	Tanya Winkler	Plaintiff alleges medical malpractice and lack of informed consent arising from negligently performed bilateral eyelid blepharoplasty and browplasty procedures, resulting in severe and permanent injuries. Case is pending.

Sight Medical Doctors, PLLC	1/24/2023	602264/2023	Suffolk County Supreme Court	Oskar Serafin & Beata Serafin	Plaintiffs allege medical malpractice, lack of informed consent, vicarious liability, and loss of consortium arising from the failure to diagnose and remove an intra-orbital foreign body (metal fragment), following a nail gun injury to plaintiff's left eye. Allegations include failure to order imaging studies, misdiagnosis, and delayed treatment by multiple providers, resulting in siderosis, permanent vision loss, and multiple surgeries. Case is pending; note of issue filed 4/16/2026, certifying readiness for trial.
Sight Medical Doctors PLLC; Long Island Ambulatory Surgery Center	6/9/2023	614553/2023	Suffolk County Supreme Court	Alice M. Buksa	Plaintiff alleges medical malpractice, negligence, and lack of informed consent arising from multiple right-eye surgeries (cataract surgery, membrane peel, retinal surgeries) that resulted in permanent vision loss. Case is pending.
Sight Medical Doctors PLLC	7/27/2023	618572/2023	Suffolk County Supreme Court	Jean M. Valenzisi	Plaintiff alleges medical malpractice and lack of informed consent arising from a negligently performed left cataractectomy, which led to a post-operative eye infection, total temporary vision loss, elevated intra-ocular pressure, and the need for additional surgery. Case is pending.

Sight Medical Doctors PLLC	12/19/2023	631336/2023	Suffolk County Supreme Court	Ana E. Machado De Campos (as Administrator for deceased)	Plaintiff alleges medical malpractice, lack of informed consent, wrongful death, and loss of consortium arising from the failure to timely diagnose and treat the decedent's eye cancer, resulting in the decedent's death. Case is pending.
Sight Medical Doctors PLLC	7/25/2024	618260/2024	Suffolk County Supreme Court	Maria Cruz Vanegas	Plaintiff alleges negligence (premises liability) arising from a fall at 601 Suffolk Avenue, Brentwood, New York. Plaintiff claims she was directed by an employee to sit in a chair that was not locked in place, causing the chair to spin and plaintiff to fall, resulting in severe and permanent personal injuries. Case is pending.
Sight Medical Doctors PLLC	7/26/2024	618427/2024	Suffolk County Supreme Court	Naomi Edwards	Plaintiff alleges medical malpractice and lack of informed consent arising from a negligently performed left cataractectomy, which led to a post-operative eye infection, total temporary vision loss, elevated intra-ocular pressure, and the need for additional surgery. Case is pending.
Sight Medical Doctors PLLC	10/1/2024	#2:24-cv-06913-SJB-ST	US District Court – Eastern District of New York	Robin Atterole	Plaintiff alleged medical malpractice and lack of informed consent arising from a negligently performed cataract surgery, resulting in IOL dislocation, retinal detachment, vision loss, and forced early retirement. Case was settled at mediation and voluntarily dismissed with prejudice on 4/17/2026.

Sight Medical Doctors PLLC	10/2/2025	626399/2025	Suffolk County Supreme Court	Marina Contreras	Plaintiff alleges medical malpractice and lack of informed consent arising from a negligently performed pterygium excision with graft, resulting in severe injuries including corneal scar/fold and permanent vision complications. Case is pending.
Sight Medical Doctors PLLC	10/3/2025	626490/2025	Suffolk County Supreme Court	Maureen Cronin	Plaintiff alleges medical malpractice and lack of informed consent arising from the failure to timely diagnose and treat acanthamoeba keratitis, resulting in severe and permanent injuries. Case is pending.
Sight Medical Doctors PLLC	1/16/2026	601588/2026	Suffolk County Supreme Court	Kelly A. Triola	Plaintiff alleges medical malpractice, lack of informed consent, failure to communicate significant medical findings, and negligent hiring and supervision arising from the failure to timely diagnose and treat acute central retinal artery occlusion (eye stroke) resulting in monocular blindness and permanent vision loss. Case is pending.

Compliance with Applicable Codes, Rules and Regulations

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Operating Budget

The applicant has provided the 2024 Current Year budget, Year One and Year Three budgets presented in 2026 dollars. The budget is summarized below:

	<u>Current Year (2024)</u>		<u>Year One (2027)</u>		<u>Year Three (2029)</u>	
<u>Outpatient Revenue</u>	<u>Per Visit</u>	<u>Total</u>	<u>Per Visit</u>	<u>Total</u>	<u>Per Visit</u>	<u>Total</u>
Commercial FFS	\$1,188	\$710,446	\$1,211	\$797,041	\$1,261	\$905,532
Medicare FFS & MC	\$1,165	\$2,945,737	\$3,038	\$3,305,270	\$1,236	\$3,755,173
Medicaid FFS & MC	\$1,115	\$97,000	\$1,132	\$108,674	\$1,187	\$123,466
Private Pay	\$390	\$16,784	\$400	\$18,807	\$411	\$21,367
Workers Comp.	\$1,142	\$20,562	\$1,155	\$23,109	\$1,193	\$26,255
Bad Debt Exp.	-	\$0	-	-\$127,587	-	-\$144,954
Total Rev.		\$3,790,529		\$4,125,314		\$4,686,839
Expenses:		-		-		
Operating	\$940.60	\$3,080,474	\$893.45	\$3,221,770	\$877.73	\$3,456,488
Capital	\$242.56	794,400	\$222.76	803,264	\$208.62	821,527
Total Exp.	\$1,183.17	\$3,874,874	\$1,116.20	\$4,025,034	\$1,086.34	\$4,278,015
Operating Inc./(Loss)		(\$84,345)		\$100,280		\$408,824

The following is noted with respect to the submitted budget:

- The provider outsources the accounting, which combines Medicaid MC & FFS and does the same for Medicare MC & FFS.
- Revenues and expenses are based on current experience of the applicant in providing the services outlined in this application.
- Utilization in Years One and Year Three is based on the Current Year experience and projected increase in related to the experience of the current operator.
- FTEs are projected to remain constant at 10.49.
- Cases are projected to increase in Year One and Year Three as credentialed ophthalmologists continue to bring cases to the Center. Physicians include Daniel Sambursky, M.D., Geremie Palombaro, M.D., Jack Klenda, M.D., Lawrence Pecora, M.D. and Michael Herceg, M.D.

Utilization by payor source for the Current Year, Year One, and Year Three is broken down as follows:

Outpatient:	<u>Visits</u>	<u>%</u>	<u>Visits</u>	<u>%</u>	<u>Visits</u>	<u>%</u>
Commercial FFS/MC	598	18.24%	658	18.25%	718	18.23%
Medicare FFS/MC	2,529	77.15%	2,781	77.12%	3,038	77.15%
Medicaid FFS/MC	87	2.65%	96	2.66%	104	2.64%
Private Pay	43	1.31%	47	1.30%	52	1.32%
Charity Care	3	0.09%	4	0.11%	4	0.10%
Workers Comp.	<u>18</u>	<u>0.55%</u>	<u>20</u>	<u>0.55%</u>	<u>22</u>	<u>0.56%</u>
Total	3,278	100.00%	3,606	100.00%	3,938	100.00%

Equity Interest Assignment Agreement

The applicant has submitted an executed equity assignment agreement for membership interest transfer, which is summarized as follows:

Date	January 16, 2026
Assignor:	Daniel Sambursky, M.D.
Assignee:	Sight Medical Doctors, PLLC
Company	Binghamton ASC, LLC
Purpose	Purchase 90.10% of all interests in the Center.
Purchase Price	\$211,735
Payment of Purchase Price	Cash within ten (10) days of the closing date.

Administrative Services Agreement

The applicant has submitted an executed Administrative Services Agreement (ASA) to be effective upon PHHPC approval of the change in ownership. The terms of the agreement are summarized below.

Date:	December 19, 2024
Consultant:	New York Vision Management LLC
Licensed Operator:	Binghamton ASC LLC
Services Provided:	Administration Services; Developing Annual Budget; Provide Financial Services; Financial Systems and Procedures; Purchasing and Inventory; Accounts Payable; Cash Management; Managed Care Services; Assist with Operations; Operational Reviews; Charge Control; Physical Plant; Statistical Data; Housekeeping and Maintenance; Committees; Insurance; Supplies; Utilities; Licenses and Permits; Personnel Services; Equipment; and other as needed by the facility.
*Term:	10-year term, unless terminated earlier, with automatic (5) year renewal terms.
Fee:	\$1,162,000 in the first year, with a 4% increase each year after.
Authority:	Binghamton ASC LLC will ultimately exercise the decisions and authority.

*Term may be discontinued for cause or any material terms that violate the contract.

Lease Agreement

The applicant provided an executed existing Lease and sublease agreement for the existing site, the terms of which are summarized below:

Date:	December 19, 2024
Premises:	530 Columbia Drive, Johnston City
Landlord:	530 Columbia Drive LLC
Lessee:	New York Vision Management LLC - NYVM
Term:	15 -Year Term and 45 days. With two (5-year) renewal options.
Rent:	\$62,130 Base Rent escalated by 2% each subsequent year.
Provisions:	Triple net Lease, as the property taxes, insurance, and maintenance are shifted to the lessee.

Sublease Agreement

Premises:	530 Columbia Drive, Johnston City
Sub-Landlord:	New York Vision Management LLC - NYVM
Sub-Tenant:	Binghamton ASC, LLC
Term:	15 -Year Term (Based on original commencement 12/19/24 and 45 days. Renewal option, subject to the original Lease, may be exercised.
Rent:	\$28,222.33 per month base rent increased by 2% per year. The sublease has (2) 5-year extensions if exercised, built into the sublease.
Provisions:	The Lease will comply with the executed prime Lease.

The agreement between New York Vision Management, as Tenant, and Binghamton ASC LLC is non-arm's-length due to indirect common ownership. The master Lease between 530 Columbia Drive LLC and New York Vision Management LLC is an arm's-length agreement. Jeffrey Martin, M.D., did attest to indirect common ownership.

Capability and Feasibility

The purchase price for the 90.10% membership interest is \$211,735 and will be funded with equity from Sight Vision Partners LLC. BFA Attachment D, 2025 Sight Management Vision Partners, LLC Internal Financial Statements, show sufficient funds to cover this purchase price. The working capital requirements of \$670,839, based on two months of first-year operating expenses, will be funded from operations of Sight Vision Partners LLC. BFA Attachment A, Net Worth Statement of Jeffrey Martin, M.D., shows resources are available should extra funding needed to purchase membership or additional working capital.

The submitted budget indicates a net income of \$100,280 and \$408,824 during the first and third years, respectively. Revenues are based on current reimbursement methodologies. The submitted budget appears reasonable.

BFA Attachment C, 2023–2024 Certified Financial Statements of Sight Vision Partners, LLC, show an average negative working capital, average negative net asset position, and an operating loss of (\$37,518,486) and (\$50,881,380) in 2023 and in 2024, respectively. The losses are due to debt and interest obligations, staffing and supply costs and operational inefficiencies. They are implementing efficiencies for operational improvements and completed a reduction in force in 2025 with a budgeted savings of approximately \$15 million dollars annually.

BFA Attachment D, 2025 Sight Management Vision Partners, LLC Internal Financial Statements, show a positive working capital position, negative net asset position, and an operating loss of (\$46,285,151). \$28,325,773 of the loss is attributable to depreciation and amortization expenses which are not actual cash outflows.

BFA Attachment E, 2024 Certified Financial Statements Binghamton ASC, LLC, show a positive average working capital position, positive average net asset position and an operating loss of (\$84,345) for the period shown. Note that depreciation was \$304,344, offsetting the loss and leading to a positive gain of \$219,999.

BFA Attachment F, 2025 Binghamton ASC, LLC Internal Financial Statements, show a negative working capital position, positive net asset position, and a net loss for the period shown of (\$672,996).

The applicant has demonstrated the capability to proceed in a financially feasible manner, and approval is recommended.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

BFA Attachment A	Net Worth Statement of Jeffrey Martin, M.D.
BFA Attachment B	Current Pre-and-Post Organizational Chart
BFA Attachment C	2023–2024 Certified Financial Statements of Sight Vision Partners, LLC
BFA Attachment D	2025 Sight Management Vision Partners, LLC Internal Financial Statements
BFA Attachment E	2024 Certified Financial Statements Binghamton ASC, LLC
BFA Attachment F	2025 Binghamton ASC, LLC Internal Financial Statements

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 17th day of September 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to transfer 90.1% ownership interest from one withdrawing member LLC to the sole remaining member LLC, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

261203 E

FACILITY/APPLICANT:

Binghamton ASC LLC d/b/a Greater
Binghamton Eye Surgery Center

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

Approval with an expiration of the operating certificate three years from the date of its issuance, conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



Project # 242223-E

Kahr Health, LLC d/b/a Park Avenue Health Center

Program: Diagnostic and Treatment Center

County: Rockland

Purpose: Establishment

Acknowledged: January 15, 2025

Executive Summary

Description

Kahr Health, LLC d/b/a Park Avenue Health Center (PAHC), an existing Article 28 Diagnostic Treatment Center (D&TC), at 421 Route 59, Monsey, NY 10952 (Rockland County) is seeking approval for a transfer of membership interest pursuant to a Membership Interest Purchase Agreement.

Pursuant to the Membership Interest Purchase Agreement (MIPA) dated August 31, 2021, Bikur Cholim, Inc. will acquire 100% of Kahr Health, LLC and then assign, through an Assignment and Assumption Agreement, 80% of that membership interest to Aron Reiner and Chaim Leser who will be managing members.

The current and proposed membership interest of Kahr Health, LLC is as follows:

Current Membership	
KAHR Health LLC	
Meir Adler	10.00%
Seth Kurtz	57.00%
Efraim Steif	16.50%
Uri Koenig	16.50%
Total	100.00%

Proposed Membership	
KAHR Health LLC	
Aron Reiner	40.00%
Bikur Cholim, Inc.	20.00%
Chaim Leser	40.00%
Total	100.00%

The board members of Bikur Cholim, Inc, a not-for-profit organization are Alex Licht, Aryeh Braun, Yossi Botnick, Nesanel Kerpel and Yakov Rosenberg. Currently, Bikur Cholim is led by Rabbi Simon Lauber.

OPCHSM Recommendation Contingent Approval

Need Summary

There will be no need review per Public Health Law §2801-a (4).

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

There is no project cost associated with this application. Bikur Cholim Inc. will acquire 100% membership interest for \$603,014. Aron Reiner and Chaim Leser will then pay \$10 each for the right to purchase 40% membership interest each from Bikur Cholim, Inc.. The purchase price for the 40% membership interest is \$241,206 and will be funded with members' equity

<u>Budget:</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$4,475,349	\$5,169,028
Expenses	<u>\$4,137,054</u>	<u>\$4,261,167</u>
Gain/(Loss)	\$338,295	\$907,861

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

Recommendations

Health Systems Agency

There will be no Health Systems Agency recommendation for this project.

Office of Primary Care and Health Systems Management

Approval contingent upon:

1. Submission of an executed transfer and affiliation agreement, to be signed by the new member, acceptable to the Department, with a local acute care hospital. [HSP]

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Council Action Date

September 17, 2026

Program Analysis

Project Proposal

Kahr Health, LLC D/B/A Park Avenue Health Center (PAHC), an existing Article 28 Diagnostic Treatment Center (D&TC), at 421 Route 59, Monsey, NY 10952 (Rockland County), submitted a Certificate of Need (CON) application for a transfer of membership interest pursuant to a Membership Interest Purchase Agreement.

The current membership interest of Kahr Health LLC is Efraim Steif - 16.50% Uri Koenig - 16.50% Meir Adler - 10.00% Seth Kurtz - 57.00%

Upon completion of this transaction, the members will be Bikur Cholim, Inc. - 20.00%, Aaron Reiner - 40.00%, and Chaim Leser - 40.00%

Pursuant to a Membership Interest Purchase Agreement, Bikur Cholim, Inc. will acquire 100% of the membership interest of Kahr Health LLC and subsequently assign 40% interest each to Aron Reiner and Chaim Leser who will then be managing members

KAHR Health LLC's operators will continue to seek to reduce chronic diseases through preventive health education, screening and early detection. This will allow for continued and refreshed relationships with community leaders and members, local organizations, churches, synagogues, mosques, and other religious leaders to remove the stigma of illness and to raise awareness of conditions that lead to chronic illness.

Character and Competence

James B. Isreal - Dr. Isreal has over 20 years' experience as a gastroenterologist and as an Internist. In 1995, Dr. Isreal received board certification in Gastroenterology and became board certified in Internal Medicine in 1975; completed a fellowship in Gastroenterology at Albert Einstein College of Medicine located in New York City (NYC) in 1975; completed a residency in Medicine in NYC in 1973; Residency 1st year in NYC 1971; completed a medical degree at SUNY Downstate Medical Center 1970 and received a Bachelor's in Science degree at City College NY in 1966.

Since 2022, Dr. Isreal is a medical doctor in Internal Medicine & Gastroenterology at Park Ave Health Center, NY; Medical Doctor Internal Medicine & Gastroenterology at Monsey Health Center, NY from 1994 to present; Medical Doctor private practice in Internal Medicine & Gastroenterology at James. B. Isreal, NY from 1977 to 2022; and Attending Physician in Medicine at Montefiore Hospital & Medical Center, NY from 1975 to 1976.

Aron A. Reiner - Aron Reiner completed a Bachelor of Arts degree in Talmudic Studies at the Bobover Yeshiva Beni Zion located in Brooklyn, NY in 1999; and has a certification from the New York State (NYS) Office of Mental Health (OMH) Bureau of Quality Improvement Certification as Special Investigator.

Since 2010, Mr. Reiner has been the executive director of Bikur Cholim Inc. in Monsey, NY; and has been involved with the Bikur Cholim organization since 2001 in positions as Director of Medical Referrals from 2011 - 2007 and as the Chief Operating Officer (COO) from 2007 - 2010.

Currently, Aron Reiner is the Executive Director of Bikur Cholim Inc d/b/a Achieve Behavioral Health. In 2004, Aron Reiner was approved to become a member of Bikur Cholim Inc's Licensed Home Care Service Agency (LHCSA) which is also in Monsey, NY.

Chaim S. Leser - Chaim Leser (also known as Josh Leser) attended Mesivta Eitz Chaim of Bobov located in Brooklyn, NY from 2005 - 2007. Since 2017, Chaim Leser has been the owner and investor of a real estate company known as Millennium Management in New York City; and is a partner with Lesko, Inc in New York since 2002 which engages in food service sales; and was also in sales from 2010 - 2022 with Lesko, Inc. Chaim Leser is also the CEO of a furniture company Sapphire Bath Inc in Paterson, New Jersey since 2020.

Bikur Cholim Inc. - 2nd level managers / board members - Bikur Cholim Inc is a 41-year-old nonprofit organization, located in New York which focuses as a community support organization. Rabbi Simon Lauber leads Bikur Cholim, which consists of five (5) board members.

Bikur Cholim, Inc. is licensed as a Home Care Service Agency (LHCSA) located in Monsey, New York which provides extensive services in eight (8) counties.

Alex Light -

Alex Licht (aka Shaya) received a bachelor's degree from Touro College in Brooklyn, NY in 2004 and attended Cope College located in Brooklyn, NY from 1999 - 2000. Other educational courses included taking Paramedic classes at the LaGuardia Community College in Long Island City, NY from 2009 - 2010, taking a Phlebotomy course at The Manhattan Institute in New York, NY in 2006 and an EMT course at Brooklyn College in Brooklyn, NY in 2001.

Currently, Alex Licht is the CEO and owner of Vital Exams Inc located in Spring Valley, NY since 2015 and is a Volunteer EMS Paramedic with the Hatzolah Organization in the Catskill, Passaic and in other Rockland County regions since 2002.

Aryah Braun - Aryeh Braun completed a Master of Science in Accounting degree at Fairleigh Dickinson University located in New Jersey in 2017. Aryeh Braun has been a staff accountant since 2019 with Aaron Sendrovits, CPA in Spring Valley, NY; and was a bookkeeper with Trasco LLC in Northvale, NJ from 2016 - 2018.

Yossi Botnick - Yossi Botnick completed schooling at the Yeshiva & Mesivta Torah Vodaath located in Brooklyn New York in 1993; received an EMT certification from New York State in 2026 and received a Real Estate license from New York State in 2021.

Yossi Botnick states he has over 30 years of EMT experience with Hatzohla EMS; organizes various community health initiatives; has securities background, and real estate experience. Since 2024, Yossi Botnick has been the Director of Operations with The Rent Tracker located in New City, New York; was an Assistant Manager for Mehadrin Dairy Corporation located in Elizabeth, New Jersey from 2018 to 2023; and was a Manger / Account Representative with Reliable Brokerage located in Airmont, New York from 2008 to 2017.

Nesanel Kerpel - Nesanel Kerpel completed a Bachelor's degree at Bnei Tzion Bobov located in Brooklyn, NY in 2009; and has been the operations manager at Hello Lighting LLC in Monsey, NY since 2017. Before 2017, Nesanel Kerpel was studying Jewish Law.

Yakov Rosenberg - Yakov Rosenberg completed high school at Yeshiva Viznitz located in Monsey, NY in 2006; is the owner of Certified Backflow, a plumbing company in Monsey, NY since 2014.

Affiliations

Bikur Cholim, Inc. also has a Licensed Homecare Service Agency (LHCSA #2533L001) located in Monsey, NY (Hudson Valley Region). There have been no enforcement actions against the Operator of this facility during this reporting period.

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Operating Budget

The applicant submitted the Current Year 2024 results and the Year One and Year Three operating budget after the change in ownership, in 2026 dollars, summarized as:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
<u>Outpatient Revenue:</u>	<u>Per Visit</u>	<u>Revenue</u>	<u>Per Visit</u>	<u>Revenue</u>	<u>Per Visit</u>	<u>Revenue</u>
Commercial FFS	\$67.29	\$369,766	\$70.65	\$485,318	\$74.19	\$560,542
Medicare FFS	\$103.83	\$312,854	\$109.02	\$427,046	\$114.47	\$493,238
Medicaid MC	\$135.02	<u>\$2,513,570</u>	\$141.77	<u>\$3,562,985</u>	\$148.86	<u>\$4,115,248</u>
Total Rev.		\$3,196,190		\$4,475,349		\$5,169,028
Expenses:		-		-		-
Operating	\$132.31	\$3,615,071	\$102.34	\$3,723,523	\$95.82	\$3,835,229
Capital	<u>\$14.69</u>	<u>\$401,487</u>	<u>\$11.37</u>	<u>\$413,531</u>	<u>\$10.64</u>	<u>\$425,938</u>
Total Operating Exp.	\$147.00	\$4,016,558	\$113.70	\$4,137,054	\$106.47	\$4,261,167
Gain/(Loss)		(\$820,368)		\$338,295		\$907,861

Utilization for the payor, for the Current Year and Year One and Year Three, after the change in shareholder ownership, is summarized below:

<u>Visits:</u>	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
Commercial FFS	5,495	20.11%	6,869	18.88%	7,556	18.88%
Medicare FFS	3,013	11.03%	3,917	10.77%	4,309	10.77%
Medicaid MC	18,616	68.13%	25,132	69.07%	27,645	69.07%
Charity Care	<u>199</u>	<u>0.73%</u>	<u>467</u>	<u>1.28%</u>	<u>514</u>	<u>1.28%</u>
Total	27,323	100.00%	36,385	100.00%	40,024	100.00%

The following is noted with respect to the submitted operating budget:

- Revenue, expenses, and utilization assumptions are based on current reimbursement rates and the current experience of the D&TC.
- Revenues for 2024 were lower than expected due to lower-than-expected telehealth and office visits.
- The applicant states that operations are trending upward due to the current operator working with the proposed new operator in outreach programs, increasing utilization, and physician recruitment.
- Park Avenue Center has been negotiating with various Medicaid Managed Care Programs and has experienced success in reimbursement to offset actual costs, which was not happening in 2023.

Membership Interest Purchase Agreement (MIPA)

The applicant has submitted an executed membership interest purchase agreement (MIPA) for the purchase of 100% of the membership, summarized below.

Date:	August 31, 2021
Sellers:	Meir Adler 10%), Seth Kurtz (57%), Efraim Steif (16.50%), and Uri Koenig. (16.50%)
Buyers:	Kahr Health LLC (<i>Name</i>), Bikur Cholim, Inc. 100%, then assigns the following: Aron Reiner 40%, Chaim Leser 40%, and Bikur Cholim, Inc. 20%
Purchase:	100% Membership Transfer
Purchase Price:	\$603,014
Payment of Purchase Price:	Cash equity will be paid at closing, in proportion to membership interests, whereby Bikur Cholim will hold 20%, Aron Reiner and Chiam Leser will hold 40% each, and they will pay in proportion to their membership interests.

Assignment and Assumption Agreement

The applicant has submitted an executed assignment and assumption agreement between Bikur Cholim, Inc., Assignor, and Bikur Cholim, Inc., Aron Reiner, and Chiam Lesser, collectively known as assignees.

Date:	3/1/2025
Assignor:	Bikur Cholim, Inc. (Assignor 100%) Kahr Health LLC
Assignee:	Aron Reiner 40% Membership, Chaim Leser 40% Membership
Considerations:	\$10 each for Aron Reiner and Chiam Leser
Conveys:	Rights, Title, Interest, and indemnify and hold harmless false claims, judgments, settlements, damages, and legal fees resulting from any way under the agreement.
Payment \$10.00 (each)	Jointly and responsibly under the MIPA.
Membership:	Bikur Cholim, Inc. (20%) – Aron Reiner and Chiam Leser each have (40%).

Lease Rental Agreement

The original lease was executed and submitted for site control as summarized below:

Date:	January 1, 2018
Premises:	419 Route 59, Monsey, NY 10952.
Lessor:	Wald Realty Co. #5 (three -five-year extensions).
Lessee:	KAHR Management, LLC
Term:	5 years with three 5-year renewal periods
Rental:	\$172,800 annually (\$40 per sq. ft)
Provisions:	The lessee shall be responsible for insurance, taxes, and utilities.

The Landlord has submitted, from Wald Realty Co #5 LLC, dated August 12, 2019, a document stating that Kahr Management LLC may sublease all property to Kahr Health LLC.

Sublease Agreement

The applicant has submitted an executed sublease agreement for the site that they will occupy, summarized below.

Date:	December 31, 2018
Premises:	419 Route 59, Monsey, NY 10952.
Landlord:	KAHR Management, LLC
Tenant:	KAHR Health, LLC
Term:	4 years (Commencing July 1, 2022, and expiring June 30, 2027). The Lease
Rental:	Annual Rent is \$232,800, payable in equal monthly installments, with a 3% annual increase.
Provisions:	The Lease will be subject to the (3) consecutive terms and conditions outlined in the original Lease.

Wald Realty Con #5 LLC, the owner of the building, submitted a letter to the tenant, Kahr Management LLC, stating that it will sublet the leases executed by the landlord to Kahr Health LLC.

Capability and Feasibility

There is no project cost associated with this application. Bikur Cholim Inc. will acquire 100% membership interest for \$603,014. BFA Attachment C shows sufficient resources for this purchase. Aron Reiner and Chaim Leser will then pay \$10 each for the right to purchase 40% membership interest each from Bikur Cholim, Inc.. The purchase price for the 40% membership interest is \$241,206 and will be funded with members' equity. A review of BFA Attachment A indicates that Aron Reiner and Chaim Leser have sufficient funds to cover the cost of their membership interests.

The working capital requirement is \$689,289, based on two months of first-year expenses and Bikur Cholim, Inc. will fund with equity. BFA Attachment C shows sufficient resources for the working capital requirement.

The budget shows an operating gain of \$338,295 in Year One and \$907,861 in Year Three. BFA Attachment F, Pro Forma Balance Sheet, shows \$689,289 in members' equity as of the first day of operations.

BFA Attachment B, 2023-2024 Certified Financial Statements of Bikur Cholim, Inc., shows a positive average working capital position, positive net asset position, and an operating gain of \$1,876,848 and \$38,523, in 2023 and 2024, respectively.

BFA Attachment C, Internal Financial Statements of Bikur Cholim, Inc. for the Period January 1, 2025, through December 31, 2025, and partial year, January 1, 2026, through March 31, 2026,, shows positive working capital, a positive net asset position and a gain of 9,607,432 in 2025 and \$4,273,173 for partial year 2026.

BFA Attachment D, 2023-2024 Certified Financial Statement for Kahr Health LLC. shows negative working capital, a negative net asset position loss of (\$1,234,292) and (\$820,368), in 2023 and 2024, respectively. Losses were attributed to the ongoing negative impacts of the post-COVID-19 pandemic, including lost visits that never returned. Telehealth did not supplement revenues to the degree expected.

BFA Attachment E, Internal Financial Statement for Kahr Health, LLC, for the Period January 1, 2025, through December 31, 2025, shows a positive working capital position, a negative net asset position, and an operating loss of (\$499,574). The applicant indicates they are already working with the proposed members to offset future losses, including reviewing reimbursement methodologies and implementing outreach programs to increase utilization.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

BFA Attachment A	Members' net worth statements
BFA Attachment B	Bikur Cholim, Inc. 2023- 2024 Certified Financial Statements
BFA Attachment C	Bikur Cholim, Inc. Internal Financial Statements for the Period 1/1/25-12/31/25
BFA Attachment D	Kahr Health, LLC 2023-2024 Certified Financial Statements
BFA Attachment E	Kahr Health, LLC Internal 1/1/2025 through 12/31/2025
BFA Attachment F	Pro Forma Balance Sheet
BFA Attachment G	Pre- Post Organizational Chart

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 17th day of September 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to transfer 100% ownership interest to two new members and a members LLC, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

242223 E

FACILITY/APPLICANT:

Kahr Health, LLC d/b/a Park Avenue
Health Center

APPROVAL CONTINGENT UPON:

1. Submission of an executed transfer and affiliation agreement, to be signed by the new member, acceptable to the Department, with a local acute care hospital. [HSP]

APPROVAL CONDITIONAL UPON:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



Project # 261177-B

Richmond Comprehensive Health LLC d/b/a Richmond
Comprehensive Health

Program: Diagnostic and Treatment Center **County:** Richmond
Purpose: Establishment and Construction **Acknowledged:** April 29, 2026

Executive Summary

Description

Richmond Comprehensive Health LLC d/b/a Richmond Comprehensive Health (the Center), an existing New York limited liability company, requests approval to establish and construct an Article 28 diagnostic and treatment center (D&TC) in a leased space at 4885 Arthur Kill Road, Staten Island (Richmond County).

Richmond Comprehensive Health will be housed in an existing building on the first (1) floor and will be comprised of five (5) primary medical care exam rooms, one (1) behavioral health treatment room, doctor's consultation room, triage room, nursing station, clinical service areas, staff lounge, reception area and waiting room, and administrative and support spaces.

The Center will be certified for Primary Care and Other Medical Specialties including Cardiology, Neurology, Pain Management and Behavioral Health.

The proposed members of the Center are Jennifer Palmieri (50%) and John Galarza (50%). Jennifer Palmieri currently has an ownership interest in The Richmond Center for Recovery and Wellness, an inpatient OASAS facility in New York State. The same proposed members are seeking OASAS approval to establish a new inpatient OASAS site to be known as Nova Treatment Center.

Abdul-Samad Mirza, D.O. is board-certified in osteopathic neuromusculoskeletal medicine and will serve as the Medical Director.

The applicant has negotiated a transfer agreement for backup and emergency services with Staten Island University Hospital/Northwell Health Hospital 2 miles/10 minutes away.

OPCHSM Recommendation
Contingent Approval

Need Summary

The applicant projects 10,234 visits in Year One and 12,792 visits in Year Three, with 67% Medicaid and 5% Charity Care in Year One and Year Three of operations.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

The total project cost of \$253,214 will be met through members' equity.

<u>Budget:</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$1,552,909	\$1,941,147
Expenses	<u>\$1,346,969</u>	<u>\$1,796,759</u>
Net Income	\$205,940	\$144,388

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

Recommendations

Health Systems Agency

There will be no Health Systems Agency recommendation for this project.

Office of Primary Care and Health Systems Management

Approval contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Outstanding Architectural Review Comments: Submission of a schematic design and responses, acceptable to the Department, for all outstanding requests for additional information (RFI) issued by the Bureau of Architecture and Engineering Review. [AER]
3. Architectural Design Development Drawings: submission of architectural and life safety drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]
4. Engineering Design Development Drawings: submission of mechanical, electrical, plumbing and fire protection drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]

Approval conditional upon:

1. This project must be completed by **July 1, 2027**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **February 1, 2027**, and construction must be completed by **April 1, 2027**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]
4. The staff of the facility must be separate and distinct from the staff of other entities; the signage must clearly denote that the facility is separate and distinct from other entities; the clinical space must be used exclusively for the approved purpose; and the entrance must not disrupt any other entity's clinical program space. [HSP]

Council Action Date

September 17, 2026

Need Analysis

Project Description

Richmond Comprehensive Health, LLC, is seeking approval to establish and construct Article 28 diagnostic and treatment center (DT&C) at 4885 Arthur Kill Road, Staten Island, (Richmond County), NY, 10309. The Center will be certified for Medical Services – Primary Care, and Medical Services – Other Medical Specialties (Cardiology, Neurology, Pain Management, Psychological O/P (below 30% threshold)).

Background and Analysis

The Primary Service Area (PSA) for the center will be within Richmond Community District 3 within the following zip codes within Richmond County: 10307, 10309 (site zip code), 10312, 10308, and 10306. The secondary service area will be the Central and Northern sections of Richmond County. The population of Richmond County is projected to decrease to 488,218 by 2031, based on the Cornell Program of Applied Demographics, which estimates a decrease of 1.4%. Demographics for the primary service area are noted below, including a comparison with New York State.

Demographics	Zip Code-10307	Zip Code-10309	Zip Code-10312	Zip Code-10308	Zip Code-10306	Richmond County	New York State
Total Population-2024 Estimate	15,512	34,885	63,469	30,568	57,428	494,956	19,852,366
Hispanic or Latino (of any race)	12.3%	7.8%	13.2%	14.6%	15.4%	19.6%	19.8%
White (non-Hispanic)	83.2%	84.0%	72.4%	74.7%	62.6%	55.5%	52.8%
Black or African American (non-Hispanic)	0.0%	0.8%	0.8%	0.6%	2.6%	8.8%	13.4%
Asian(non-Hispanic)	2.6%	4.4%	11.4%	7.9%	15.9%	12.7%	9.0%
Other (non-Hispanic)	1.9%	3.0%	2.2%	2.2%	3.5%	3.4%	5.0%

Source: American Community Survey (2024 5-year Estimates Data Profiles)

The applicant notes approximately 28% of households in the PSA with a language other than English as their primary language. Most common language include Russian, Chinese, and Spanish. The center will provide materials in Spanish and other languages as needed.

In 2024, 95.9% of the population of Richmond County had health coverage as follows:

Employer plans	52.2%
Medicaid	20.6%
Medicare	12.7%
Non-group plans	10.7%
Military or VA plans	0.30%

Source: Data USA

The projected payor mix includes:

Applicant Projected Payor Mix		
Payor	Year One	Year Three
Commercial	6.00%	6.00%
Medicare	19.0%	19.0%
Medicaid	67.0%	67.0%
Private Pay	1.00%	1.00%
All Other	2.00%	2.00%
Charity Care	5.00%	5.00%

Source: Applicant

The applicant projects 10,234 visits in Year One and 12,792 visits in Year Three, with approximately 25% visits for behavioral health.

The applicant projects a 67% Medicaid payor mix based on the specific, complex sub-populations they plan to treat. The center's location is near a proposed 160-bed Arthur Kill Road Adult Men's Homeless Shelter which is expected to be operational by mid-2027 which would have a high Medicaid population. The applicant expects their relationships with regional healthcare providers, support services organizations as well as NYC municipal and political agencies along with their healthcare management experience to bridge the care gap for vulnerable residents on Staten Island. According to the applicant the center plans to reach and provide access for distressed populations beyond the area of Richmond Community Board 3, such as residents within such as St. George, Stapleton, Port Richmond, Mariners Harbor, Clifton, Rosebank as well as South Beach, Willowbrook, New Springville, Todt Hill, with a high prevalence of asthma, diabetes, and mental health issues and elevated rates of preventable hospitalizations.

This project aims to reduce patient wait times for services and reduce out-migration of services. The applicant notes that currently Medicaid patients in the area visit hospital emergency departments for basic primary care and/or travel to central or northern sections of Staten Island for services due to easier transportation.

Prevention Quality Indicators (PQIs) are rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. The table below provides information on PQI rates for 2024 related to this application, indicating the zip codes for facility service area, as well as PQI rates for Richmond County and New York State.

PQI Name	Zip Code 10307*	Zip Code 10309	Zip Code 10312	Zip Code 10308*	Zip Code 10306	Richmond County	New York State
Diabetes Short-Term Complications	N/A	3	5	N/A	8	7	7
Diabetes Long-Term Complications	16	9	9	21	18	17	13
Chronic Obstructive Pulmonary Disease or Asthma	12	17	21	22	32	29	25
Hypertension	N/A	8	6	3	10	9	7
Heart Failure	28	38	39	41	44	39	38
Community-Acquired Pneumonia	10	11	10	8	7	11	12
Uncontrolled Diabetes	N/A	5	4	4	5	5	5
Urinary Tract Infection	13	11	14	14	19	15	13
Prevention Quality Overall Composite	89	96	101	107	134	123	113

Source: NYSDOH, Data Hub

Rates are per 10,000 and are rounded crude rates

**Some PQIs are unavailable for zip codes 10307 and 10308*

Conclusion

Approval of this project will allow the center to provide health services to people in need in Richmond County.

Program Analysis

Project Proposal

Proposed Operator	Richmond Comprehensive Health, LLC
To Be Known As	Richmond Comprehensive Health
Site Address	4885 Arthur Kill Road Staten Island, NY 10309 (Richmond County)
Specialties	Medical Services-Primary Care Medical Services-Other Medical Specialties: • Cardiology • Neurology • Pain Management
Hours of Operation	8:00 AM to 4:00 PM, Monday through Friday, and 8:00 AM to 12:00 PM on Saturdays. Hours of operation will be extended based on demand, and it is projected that by the commencement of the third year of operations, the clinic will be operating 66 hours per week by extending weekday hours to 8:00 PM.
Staffing (1st Year / 3rd Year)	12.6 FTEs / 15.6 FTEs
Medical Director(s)	Dr. Abdul-Samad Mirza
Emergency, In-Patient and Backup Support Services Agreement and Distance	Staten Island University Hospital – South Campus 3.3 miles / 10 minutes' drive time away

The Applicant proposes to renovate and establish a new Diagnostic and Treatment Center facility which will consist of approximately 2,225 square feet of programmatic space. The Center will occupy one main (1) floor at street level, and it will house five (5) primary medical care exam rooms, one (1) behavioral health treatment room with consultation rooms and designated support areas. In addition, the site will have available parking on site.

The following tables shows the projected FTEs in Year One and Year Three following completion of this project:

Position	Year One	Year Three
Management and Supervision	1.0	1.0
Registered Nurses	1.0	1.0
Licensed Practical Nurses	1.0	2.0
Aides, Orderlies, and Attendants	2.0	3.0
Physicians	0.6	1.6
Physicians' Assistants	1.0	1.0
Nurse Practitioners	1.0	2.0
Social Workers and Psychologist	1.5	1.5
Infection Control, Environment and Food Service	0.5	0.5
Clerical and Other Administrative	3.0	4.0
Totals	12.6	17.6

Character and Competence

The members of Richmond Comprehensive Health LLC are Jennifer Palmieri, RN and John Galarza.

Jennifer Palmieri, RN has been an Outpatient Infusion Nurse at Hackensack Meridian Health- Jersey Shore Medical Center since 2019 and a Registered Nurse Oncology Navigator at Riverview Medical Center since 2018. Prior to this, Jennifer worked as a Registered Nurse in the Oncology and Bone Marrow Transplant Unit at Robert Wood Johnson University Hospital from 2005 to 2018. Jennifer is also the CEO of Vesta RN Reporting Services Inc. and Aurora RN Comprehensive Services PLLC, and has pending ownership in two OASAS facilities, The Richmond Center for Recovery and Wellness, LLC, and Nova Treatment Center, LLC. Jennifer graduated from St. Vincent's School of Nursing in 2005 with an associate's degree and from Chamberlain College of Nursing in 2018 with a Bachelor of Nursing.

The following legal case, names Aurora RN Comprehensive Services:

AMERICAN STATES INSURANCE COMPANY et al vs. RAMOS CERNA, ALEXIS et al (Aurora RN Comprehensive Services)/ Nassau Supreme Court/602998/2024/OM-Other

Per the applicant, these DJ actions are extremely common in New York No-Fault litigation suits, and are not malpractice suits, disciplinary proceedings, or any form of personal liability.

John Galarza is a visionary real estate developer, entrepreneur, and community advocate with 30 years of experience in property development, construction, investment, and healthcare-related community programs. Mr. Galarza founded Richmond County Construction & Redevelopment in 1993, Inner City Redevelopment in 2008, and is the founder and principal of New York City Investment Group, LLC since 2015. Mr. Galarza was also the founder of Tri-State Construction from 2012-2015. John Galarza has pending ownership in an OASAS facility, Nova Treatment Center.

Dr. Abdul-Samad Mirza will be the medical director. Dr. Mirza currently works in Interventional Pain Management at Pain Management NYC since 2025. Prior to this, Dr. Mirza held the following roles: Interventional Pain Management provider at Phoenix Medical Services PC from 2023-2025, provided telemedicine services in Addiction Medicine at Monument from 02/2023 – 11/2023, and worked in the urgent care at Concentra from 2021 to 2023. Dr. Mirza graduated from the New York Institute of Technology with a Bachelor of Science in 2013 and from New York Institute of Technology College of Osteopathic Medicine with a Doctor of Osteopathic Medicine in 2019. Dr. Mirza completed a Preliminary General Surgery Residency at Nassau University Medical Center in 2020 and an Osteopathic Neuromusculoskeletal Medicine Residency at Larkin Community Hospital in 2022 in addition to an Addiction Medicine Fellowship at Larkin Community Hospital in 2023. Dr. Mirza is Board Certified in Osteopathic Neuromusculoskeletal Medicine.

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Total Project Cost and Financing

The total project cost is estimated at \$253,214, broken down as follows:

Renovation & Demolition	\$86,700
Design Contingency	8,670
Construction Contingency	8,670
Planning Consultant Fees	75,000
Architect/Engineering Fees	30,000
Movable Equipment	25,500
Telecommunications	15,300
Application Fee	2,000
Additional Processing Fee	<u>1,374</u>
Total Project Cost	\$253,214

This project will be funded with \$253,214 in Members' Equity' Equity

BFA Attachments A is the net worth summary for Richmond Comprehensive Health LLC members, which shows sufficient resources to meet the equity requirements.

Operating Budget

The applicant has submitted an operating budget, in 2026 dollars, for Year One and Year Three, summarized below:

	<u>Year One</u>		<u>Year Three</u>	
Revenues:	<u>Per Visit</u>	<u>Total</u>	<u>Per Visit</u>	<u>Total</u>
Commercial FFS	\$79.96	\$24,449	\$79.96	\$30,582
Commercial MC	\$66.58	20,440	\$66.58	25,567
Medicare FFS	\$136.97	56,021	\$136.97	70,129
Medicare MC	\$114.39	175,589	\$114.39	219,514
Medicaid FFS	\$223.13	45,742	\$223.13	57,121
Medicaid MC	\$181.77	1,209,134	\$181.77	1,511,418
Private Pay	\$83.45	8,512	\$83.45	10,682
All Other	\$63.52	<u>13,022</u>	\$63.52	<u>16,134</u>
Total Revenue		\$1,552,909		\$1,941,147
Expenses:				
Operating	\$122.35	\$1,252,118	\$132.61	\$1,696,353
Capital	<u>9.27</u>	<u>94,851</u>	<u>7.85</u>	<u>100,406</u>
Total	\$131.62	\$1,346,969	\$140.46	\$1,796,759
Net Income		<u>\$205,940</u>		<u>\$144,388</u>
Total Visits		10,234		12,792
Cost per Visits		\$131.62		\$140.46

Utilization by payor source for Year One and Year Three is as follows:

<u>Payor:</u>	<u>Year One</u>		<u>Year Three</u>	
	Visits	%	Visits	%
Commercial FFS	307	3.00%	384	3.00%
Commercial MC	307	3.00%	384	3.00%
Medicare FFS	409	4.00%	512	4.00%
Medicare MC	1,535	15.00%	1,919	15.00%
Medicaid FFS	205	2.00%	256	2.00%
Medicaid MC	6,652	65.00%	8,315	65.00%
Private Pay	102	1.00%	128	1.00%
Charity Care	521	5.00%	640	5.00%
All Other	<u>205</u>	<u>2.00%</u>	<u>254</u>	<u>2.00%</u>
Total	10,234	100.00%	12,792	100.00%

The following is noted with respect to the submitted budget:

- Revenues and expenses are based on existing and currently operating Article 28 Diagnostic and Treatment centers in the same geographical location with similar square footage, specialties and anticipated patient flow. Customary and usual rates were used in the analysis and review of the AHCF-1 cost report.
- The net income decreases in Year Three due to an increase in expenses. Salaries and benefits are expected to rise as FTEs rise to handle the increased visits. This will impact mostly physicians or billable providers, whose salaries tend to be high. In addition, there are minor changes in operating expenses due to an increased volume of visits such as billing expenses, rent increases and medical supplies.
- The Medicaid Managed Care rate is based on the Medicaid Fee-For-Service rate.
- The Medicaid rate is based on Freestanding APG Base Rates, average visit service intensity weight and regional capital add-on for downstate facilities.
- The estimated reimbursement rates were based on New York State's Ambulatory Patient Group (APG) system alongside established regional commercial and federal healthcare standards. The applicant adjusted rates lower or used an adjusted percentage to conservatively estimate and reflect expected or actual payments.
- All Other revenue includes Workers Compensation.
- The applicant indicated they are committed to serving underinsured populations and all persons in need without regard to the patient's ability to pay or the source of payment. The Center developed a financial assistance policy and is anticipating providing 5% charity care.

Lease Agreement

The applicant has submitted an executed lease rental agreement for the site to be occupied, summarized below:

Date	March 1, 2026
Premises:	4885 Arthur Kill Road, Staten Island, 10309
Landlord:	Bridgeview Plaza, LLC
Tenant:	Richmond Comprehensive Health LLC
Term:	10 years with two (2) 5-year renewal options
Rental:	Base rent for the total leased space is \$91,224.96 per year (\$7,602.08 per month) for the 1st year. Rent will increase by 3% of the base rent annually for years 2 - 10.
Provisions:	Tenant is responsible for real estate taxes, insurance, utilities, and maintenance.

The applicant has submitted an affidavit attesting that the lease is an arms-length agreement between Bridgeview Plaza, LLC and Richmond Comprehensive Health LLC. The applicant has also submitted letters from two New York State real estate brokers attesting that the rental rate is fair market value.

Capability and Feasibility

The total project cost for this application is \$253,214, which will be met through members' equity. Working capital requirements are estimated at \$299,460 based on two months of third-year expenses and will be funded with proposed members' equity. BFA Attachment A presents the members' personal net worth statements, which indicate sufficient resources overall to fund the equity requirements.

The submitted budget projects a net income of \$205,940 and \$144,388 during years one and three of operations, respectively. The budget appears reasonable.

BFA Attachment B is the Pro-Forma balance sheet for Richmond Comprehensive Health LLC, which shows the operation will start with \$324,960 in members' equity.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

BHFP Attachment	Map
BFA Attachment A	Members Net Worth Statements
BFA Attachment B	Pro-Forma Balance Sheet
BFA Attachment C	Organizational Chart - Richmond Comprehensive Health LLC

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 17th day of September 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to establish and construct a new Diagnostic and Treatment Center at 4885 Arthur Kill Road, Staten Island, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

261177 B

FACILITY/APPLICANT:

Richmond Comprehensive Health LLC d/b/a
Richmond Comprehensive Health

APPROVAL CONTINGENT UPON:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Outstanding Architectural Review Comments: Submission of a schematic design and responses, acceptable to the Department, for all outstanding requests for additional information (RFAI) issued by the Bureau of Architecture and Engineering Review. [AER]
3. Architectural Design Development Drawings: submission of architectural and life safety drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]
4. Engineering Design Development Drawings: submission of mechanical, electrical, plumbing and fire protection drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]

APPROVAL CONDITIONAL UPON:

1. This project must be completed by **July 1, 2027**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **February 1, 2027**, and construction must be completed by **April 1, 2027**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]
4. The staff of the facility must be separate and distinct from the staff of other entities; the signage must clearly denote that the facility is separate and distinct from other entities; the clinical space must be used exclusively for the approved purpose; and the entrance must not disrupt any other entity's clinical program space. [HSP]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



Project # 261152-E

St. John's Riverside Hospital - St Johns Division

Program: Hospital
Purpose: Establishment

County: Westchester
Acknowledged: April 23, 2026

Executive Summary

Description

Montefiore Health System, Inc. (MHS), a New York not-for-profit corporation, seeks approval to be established as the sole member, active parent and co-operator of St. John's Riverside Hospital (SJRH), a New York voluntary not-for-profit corporation, Article 28 hospital. Currently, Riverside Health Care Services (RHCS), a New York not-for-profit corporation is the sole member, active parent and co-operator of St. John's Riverside Hospital. Montefiore Health System's sole member and passive parent is Montefiore Einstein, Inc.

St. John's Riverside Hospital operates three (3) campuses totaling 378 beds in Westchester County.

- St. John's Riverside Hospital – St Johns Division – a 225-bed general acute care hospital with full range of inpatient and outpatient services at 967 North Broadway, Yonkers.
- St. John's Riverside Hospital – Park Care Pavillion – a 141-bed hospital providing rehabilitation and substance abuse, HIV/AIDS services at Two Park Avenue, Yonkers.
- St. John's Riverside Hospital – Dobbs Ferry Pavillion – a 12-bed hospital providing primary medical care, ambulatory surgery and emergency services. Serves as the hub for Centers of Excellence in Orthopedics at 128 Ashford Avenue, Dobbs Ferry.

St. John's Riverside Hospital also operates seven (7) extension clinics.

St. John's Riverside Hospital will be disestablished from Riverside Health Care Services (RHCS) in conjunction with this Application. Riverside Health Care Services (RHCS) will continue to exist, with Montefiore Health System as its sole member, but will not possess the power to operate a hospital.

As active parent and co-operator of St. John's Riverside Hospital, Montefiore Health System will have the power and authority to make decisions for its affiliates as stated in its Affiliation Agreement, its certificate of incorporation, bylaws.

St. John's Riverside Hospital, which will remain a separate not-for-profit corporation licensed under Article 28 of the Public Health Law and Article 32 of the Mental Hygiene Law, will maintain separate operating certificates following completion of the project.

On May 11, 2026, Montefiore Health System and St. John's Riverside Hospital entered into a Membership Substitution Agreement to develop a strategic plan to address short-term and long-term priorities and objectives of St. John's Riverside Hospital and its patient community. Approval of this application, along with a \$987,142,713 Safety Net Transformation Program (SNTF) grant awarded by the New York State Department of Health comprised of both operating and capital funds will enable Montefiore Health System and St. John's Riverside Hospital to work on identifying immediate revenue and efficiency-related initiatives with a focus on bringing St. John's Riverside Hospital to financial stability and long-

term viability, while expanding access to high-quality services to the communities served.

OPCHSM Recommendation Approval

Need Summary

There will be no change in the projected beds or services as a direct result of this application.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

There are no project costs associated with this application. The following represents the consolidated budgets for Montefiore Health System and St. John's Regional Hospital post affiliation:

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the Public Health Law.

Recommendations

Health Systems Agency

There will be no Health Systems Agency recommendation for this project.

Office of Primary Care and Health Systems Management

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [Project Management Unit]
2. Submission of documentation confirming final approval of the Safety Net Transformation Program executed grant contract, acceptable to Department of Health. [Bureau of Financial Analysis]

Council Action Date

September 17, 2026

Need Analysis

Project Description

Montefiore Health System, Inc. is seeking approval to become the established sole member and common active parent, and co-operator of St. John's Riverside Hospital and its three campuses.

St. John's Riverside Hospital operates three (3) campuses, totaling 378 beds:

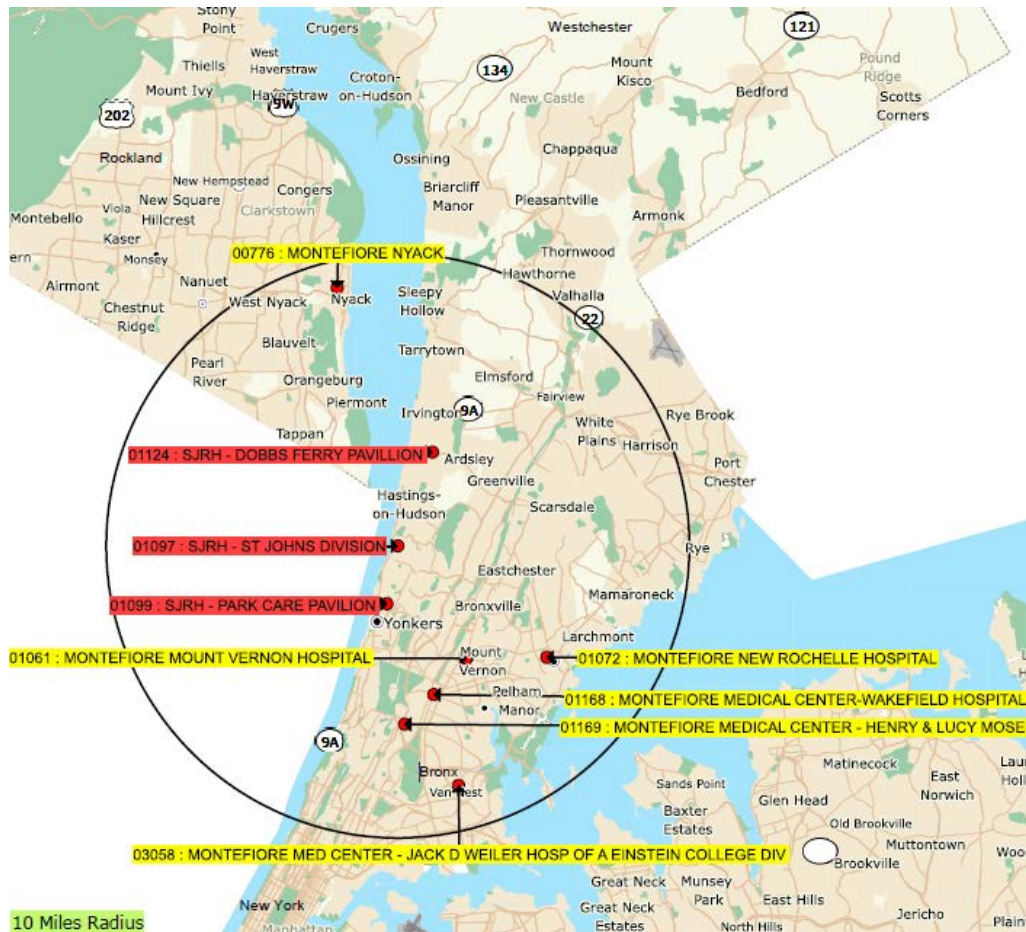
- St. John's Riverside Hospital – St. John's Division a/k/a Andrus Pavilion is located at 967 North Broadway, Yonkers (Westchester County), New York 10701.
- Park Care Pavilion is located at Two Park Avenue, Yonkers (Westchester County), New York 10703; and
- Dobbs Ferry Pavilion is located at 128 Ashford Avenue, Dobbs Ferry (Westchester County), New York 10522.

The table below provides information on the three St. John's Riverside Hospital campuses, including but not limited to services they offer.

Hospital	Beds	Services
St. John's Riverside Hospital St. John's Division a/k/a Andrus Pavilion	Total Beds: 225 • Coronary Care: 8 beds • Intensive Care: 10 beds • Maternity: 25 beds • Med/Surg: 174 beds • Neonatal Continuing Care: 3 • Neonatal Intermediate Care: 5	Ambulatory Surgery, Coronary Care, Audiology O/P, Dental O/P, Emergency Department, Intensive Care, Level II Perinatal Care, Lithotripsy, Maternity, Neonatal Continuing Care, Neonatal Intermediate Care, Nuclear Medicine (Diagnostic and Therapeutic), Primary Stroke Center, Renal Dialysis-Acute, Therapy-Occupational O/P
Park Care Pavilion	Total Beds: 141 • Chemical Dependence Rehab: 69 beds • Chemical Dependence Detoxification: 72 beds	AIDS Center, Chemical Dependence (Detoxification, Rehabilitation, Rehabilitation O/P, Methadone Maintenance O/P, Withdrawal O/P, Dental O/P
Dobbs Ferry Pavilion	Total Beds: 12 • Med/Surg: 12 beds	Ambulatory Surgery, Emergency Department

Source: HFIS

The map below shows the three St. John's Riverside Hospital campuses and six Montefiore hospitals within a 10-mile radius.



Background & Analysis

St. John's Riverside Hospital is within Westchester County. The primary service area for St. John's Riverside Hospital is Yonkers, Hastings-on-Hudson, Irvington, Tuckahoe, Dobbs Ferry, Ardsley, Hartsdale, and Tarrytown comprising 12 zip codes. 10701, 10703, 10704, 10705, 10706, 10708, 10710, 10502, 10522, 10530, 10533 and 10591. Demographics for the zip codes of the three current St. John's Riverside Hospital campuses, the PSA, Westchester County, and New York State are noted below.

Demographics	Zip Code 10701	Zip Code 10703	Zip Code 10522	PSA Total (12 Zip codes)	Westchester County	New York State
Total Population-2024 Estimate	70,676	22,586	11,502	284,469	999,677	19,852,366
Hispanic or Latino (of any race)	52.6%	43.6%	12.5%	27.52%	27.4%	19.8%
White (non-Hispanic)	20.4%	27.7%	67.1%	51.25%	49.2%	52.8%
Black or African American (non-Hispanic)	20.6%	20.5%	2.5%	8.11%	12.7%	13.4%
Asian(non-Hispanic)	2.8%	4.3%	12.3%	7.89%	6.2%	9.0%
Other (non-Hispanic)	3.6%	3.9%	5.6%	5.23%	4.6%	5.0%

Source: 2024 American Community Survey (5-year Estimates Data Profiles)

In 2024, 94.9% of the population of Westchester County had health coverage as follows:

Health Plan	Westchester County
Employer plans	55.1%
Medicaid	15.1%
Medicare	13.0%
Non-group plans	11.5%
Military or VA plans	0.282%

Source: Data USA

In 2024, the population within the service area in zip codes where St. John's Riverside Hospital hospitals had the highest market share percentage had public health coverage as noted below:

Zip Code	Medicare Coverage Alone	Medicaid/Means-Tested Coverage Alone
10701	4.0%	29.3%
10703	4.6%	24.4%
10705	5.8%	28.0%
10706	4.9%	3.1%
10522	4.8%	9.1%

Source: American Community Survey (5-Year Estimates); Table S2704

St. John's Riverside Hospital provides several medical, surgical, behavioral health and specialty care programs including providing the largest comprehensive substance abuse services program in Westchester County. St. John's Riverside Hospital -Andrus Pavilion is the only provider of maternity services in the city of Yonkers and is also a designated Level 2 Perinatal Center and Primary Stroke Center. The Park Care Pavilion is a designated AIDS Center.

The table below provides occupancy data by service for 2023-2025 for each St. John's Riverside Hospital hospitals:

St. John's Riverside Hospital St. John's Division a/k/a Andrus Pavilion				
Service	Beds	2023 Total Occupancy	2024 Total Occupancy	2025 Total Occupancy
Medical/Surgical	192	46.2%	43.9%	40.0%
Obstetric	25	33.8%	32.1%	28.4%
High Risk Neonates	8	15.8%	5.7%	6.4%
Total	225	43.8%	41.2%	37.5%
St. John's Riverside Hospital Park Care Pavilion				
Service	Beds	2023 Total Occupancy	2024 Total Occupancy	2025 Total Occupancy
Chemical Dependency	141	77.5%	80.3%	78.6%
Total	141	77.5%	80.3%	78.6%
St. John's Riverside Hospital Dobbs Ferry Pavilion				
Service	Beds	2023 Total Occupancy	2024 Total Occupancy	2025 Total Occupancy
Medical/Surgical	12	23.6%	18.4%	21.1%
Total	12	23.6%	18.4%	21.1%

Source: SPARCS

Other hospitals within Westchester and Bronx Counties with Chemical Dependence related beds are noted below including driving distance from St. John's Riverside Hospital Park Care Pavilion.

Hospital	County	Chemical Dependence – Rehabilitation Beds	Chemical Dependence – Detoxification Beds	Driving Distance from Park Care Pavilion
St Joseph's MC-St. Vincent's Westchester Division	Westchester	30	N/A	1.0 mile/7 min
BronxCare Hospital Center	Bronx	30	36	9.4 miles/37 min
SBH Health System	Bronx	N/A	24	10.1 miles/29 min
Jacobi Medical Center	Bronx	N/A	16	10.2 miles/28 min
Phelps Hospital	Westchester	22	N/A	16.1 miles/31 min
New York-Presbyterian Westchester Behavioral Health Center	Westchester	14	N/A	16.5 miles/31 min

Source: HFIS, Google Maps

The table below provides occupancy for the above Chemical Dependence and Chemical Detoxification hospital beds. St. John's Riverside Hospital has higher occupancy than the nearby hospitals.

Hospital	2023	2024	2025
St. John's Riverside Hospital – Park Care Pavilion	77.5%	80.3%	78.6%
St Joseph's MC-St. Vincent's Westchester Division	58.8%	60.7%	62.5%
BronxCare Hospital Center	45.6%	40.4%	31.9%
SBH Health System	70.2%	60.3%	61.4%
Jacobi Medical Center	35.2%	29.8%	34.7%
Phelps Hospital	79.9%	72.8%	69.2%

Source: SPARCS

According to the applicant, St. John's Riverside Hospital has long served as a safety net provider to the urban, ethnically diverse and economically disadvantaged resident population in the region. St. John's Riverside Hospital is one of the largest Medicaid providers in Westchester County with over 83% of its patient volume being drawn from Medicaid and Medicare patients. They also report that over 50% of visits seen in their Emergency Department (ED) being Medicaid or uninsured patients. Of these patients, many are unemployed, undocumented immigrants, and/or have limited financial resources.

The applicant projects 15,696 inpatient discharges and 243,910 outpatient visits in Year 1, and 17,404 inpatient discharges and 269,671 outpatient visits by Year 3 of operations.

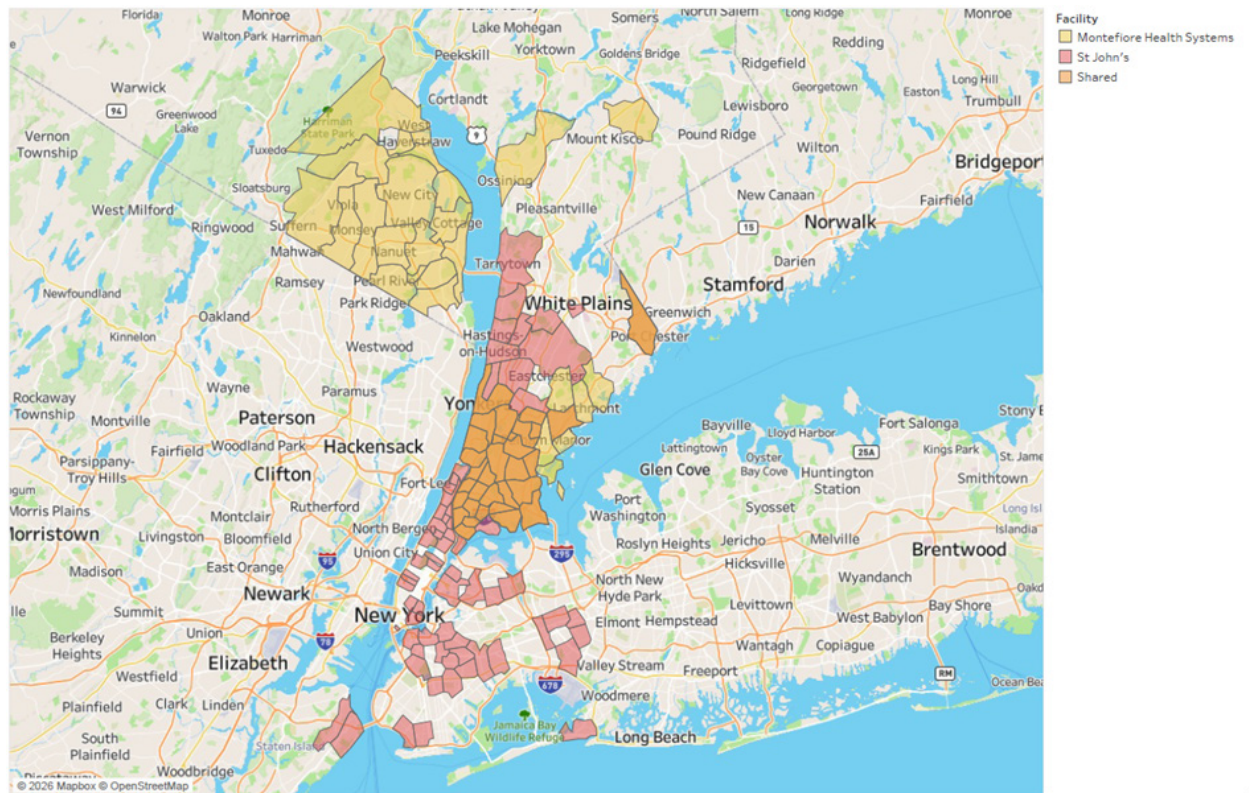
The payor mix for 2025 and projections for Year 1 and 3 are shown below.

St. John's Riverside Hospital Inpatient Discharges			
Payor	2025	Year 1	Year 3
Medicare	35.3%	32.3%	31.8%
Medicaid	54.5%	55.5%	53.9%
Commercial	9.23%	11.0%	13.3%
Private Pay	0.66%	0.00%	0.00%
Charity Care	0.13%	0.12%	0.11%
Other	0.16%	0.90%	0.81%
Total	14,741	15,696	17,404
St. John's Riverside Hospital Outpatient Visits			
Payor	2025	Year 1	Year 3
Medicare	26.0%	25.1%	26.0%
Medicaid	49.7%	48.8%	49.7%
Commercial	17.1%	19.1%	17.1%
Private Pay	3.63%	0.00%	0.00%
Charity Care	1.65%	1.57%	1.42%
Other	1.71%	5.43%	5.58%
Total	231,578	243,910	269,671

Source: Applicant

*Per applicant, Private Pay and Charity Care are included in Other for Year 1 and 3

The map below shows data of Inpatient Market Share Analysis by patient zip codes, and which (Montefiore Health System and/or St. John's Riverside Hospital) hospital patients visited. Areas shaded in red represent Market Share of zip codes that visited St. John's Riverside Hospital campuses and areas in yellow represent Market Share of zip codes visited Montefiore hospitals. The orange shaded areas show shared Market Share of zip codes where they overlapped coverage. The zip codes with the highest market share percentage of St. John's Riverside Hospital total discharges include 10701, 10705, 10703, 10522, and 10706.



Source: SPARCS

According to the applicant, Montefiore Health System will support St. John's Riverside Hospital to achieve clinical, operational, strategic, and administrative alignment to best serve the needs of the communities. They will support the delivery of services and provide a broader spectrum of services within the communities it serves. Some objectives will focus on a cardiac catheterization lab, cancer center, outpatient imaging center, and expansion of St. John's Riverside Hospital's ambulatory care platform.

Prevention Quality Indicators (PQIs) are rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. The table below provides information on PQI rates for 2024 related to this application, including the zip codes for the three St. John's Riverside Hospital campus locations, Westchester County, and New York State.

PQI Name	Zip code 10701	Zip code 10703	Zip Code 10522	Westchester County	New York State
Diabetes Short-Term Complications	11	7	N/A	5	7
Diabetes Long-Term Complications	27	17	12	13	13
Chronic Obstructive Pulmonary Disease or Asthma	44	40	21	16	25
Hypertension	11	6	N/A	6	7
Heart Failure	49	42	18	31	38
Community-Acquired Pneumonia	18	15	12	10	12
Uncontrolled Diabetes	9	N/A	N/A	4	5
Urinary Tract Infection	18	22	19	13	13
Prevention Quality Overall Composite	174	142	80	92	113

Source: NYSDOH, Data Hub

Rates are per 10,000 and are rounded crude rates

Conclusion

There will be no impact on the availability of beds or services as a direct result of this project.

Program Analysis

Project Proposal

Montefiore Health System, Inc. submitted an Establishment Certificate of Need (CON) application seeking approval, through a Membership Substitution Transaction, to establish Montefiore Health System as sole member, active parent and as co-operator, of St. John's Riverside Hospital.

Montefiore Health System is the proposed sole member, active parent, and co-operator of St. John's Riverside Hospital. Montefiore Health System's passive parent is Montefiore Einstein, Inc.; and Riverside Health Care System, Inc. (RHCS) is currently the sole member, active parent and co-operator of SJRH St. John's Riverside Hospital. Upon completion of the transaction, Montefiore Health System and St. John's Riverside Hospital will have mirror boards and have no change to the operating certificates other than having Montefiore Health System replace RHCS as co-operator.

Montefiore Health System is an integrated care delivery network with ten (10) hospitals, a residential health care facility, a multi-county ambulatory network providing primary and speciality care at 150 locations, a home health agency, an off campus emergency department, and a school of nursing. Montefiore Health System is the parent organization of Montefiore Medical Center (MMC), Montefiore New Rochelle Hospital, Montefiore Mount Vernon Hospital, Schaffer Extended Care Center, Montefiore Nyack Hospital, St. Luke's Cornwall Hospital, The Winfred Masterson Burke Rehabilitation Hospital and White Plains Hospital Center. Montefiore Health System is also the sole member and passive member of Montefiore Einstein Advanced Care, an Article 28 Diagnostic and Treatment Center.

St. John's Riverside Hospital operates three (3) campuses with a total of 378 beds: St. John's Division a/k/a Andrus Pavilion, Park Care Pavilion and Dobbs Ferry Pavilion. St. John's Riverside Hospital also has seven (7) hospital extension clinics.

The intent of this transaction is to achieve clinical and financial success for St. John's Riverside Hospital through a long-term affiliation. St. John's Riverside Hospital will be *disestablished* from RHCS in conjunction with this CON application. RHCS will continue to exist, with Montefiore Health System as its sole member, but will not possess the power to operate a hospital. Approval of this application will give Montefiore Health System the ability to exercise Article 28 *active powers* over St. John's Riverside Hospital, which will remain a separate not-for-profit corporation licensed under Article 28 of Public Health Law and Article 32 of the Mental Hygiene Law, maintaining separate operating certificates.

There will be no change in authorized services, number or type of beds, at St. John's Riverside Hospital as a direct result of proposed changes in the governance structure.

The Board of Trustees ("Board") of Montefiore Health System, Inc is as follows:

Matthew H. Nord is a Partner and Co-Head of Equity with Apollo Global Management and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

William S. Null is an Attorney at Cuddy & Feder LLP and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2020.

Ronald L. Moelis was an Attorney and has since retired from L&M Development Partners and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2017.

Tanya D. Holcomb (non-Trustee Officer) is a Senior Vice-President/Chief Legal Officer for Montefiore Einstein and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2025.

Jonathan A. Lipton is a CEO and Co-Founder of Clade & Co., Inc and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Gayle F. Robinson was the Chief Operating Officer for Marble Collegiate Church and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Helen A. (Grishman) Johnson is an Attorney, is retired, and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

John Heffer has retired and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Lewis Henkind is an Attorney, is the President of Lewis Henkind company and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Daniel R. Tishman is employed with Tishman Realty and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2018.

Thomas L. Harrison was the Chairman of Emeritus, has retired, and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Nathan Gantcher was the Founder of EXOP Capital LLC, retired, and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

James M. Butler is a Regional CEO with US Insurance Services, LLC and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2019.

Joel I. Braun was the Executive Vice President and Chief Investment Officer for Acadia Realty Trust, is retired, and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2016.

Patricia (Patty Hope & Patricia Freiberg) Green has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Edwin H. Stern III is the Executive Vice-President with Seiden Kreiger Associates, Inc and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Catherine M. Klema is the President of Nettleton Advisors LLC and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2012.

Emanuel Chirico was the Chief Executive Officer of PVH Corp, retired, and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2016.

Jay B. Abramson is a Senior Partner with Halle Capital Management LLC and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Peter M. Lehrer is the Chief Executive Officer and President of PML LLC and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2022.

David B. Keidan is retired and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Jennie Emil is retired and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Ruth L. Gottesman is retired and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

John P. Gutfreund is a Managing Partner with Halle Capital Management LP and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2017.

Alan N. Suna is the Chairman of Silvercup Studios and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2018.

Allen M. Spiegel is a Physician/Scientist and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2022.

Ellen Breslow Newhouse is retired and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2021.

Jon W. Rotenstreich is a Managing Director with Rotenstreich Family Partners LLC and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Philip O. Ozuah is the Chief Executive Officer with Montefiore Einstein, Inc., President and Chief Executive Officer with Montefiore Health System, Inc and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2019.

Barry S. Blattman is a Senior Managing Partner with Brookfield asset Management, Inc. and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Laurence R. Smith is a Founding Partner and Chief Investment Officer with Third Wave Global Investors LLC and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2015.

Bruce Doniger is the President and Chief Executive Director of JE and ZB Butler Foundation and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Stacey R. (Melinda Rosner) Lane is an Attorney and has been on the Montefiore Health System, Inc.'s Board of Trustees since 2014.

Disclosures

Montefiore Health System disclosed the following actions pertaining to Montefiore Health System, its subsidiaries and affiliates:

White Plains Hospital (WPH)

On April 15, 2015, White Plains Hospital refunded \$2,165.82 to the National Government Services for overpayment to the Centers for Medicare & Medicaid Services (CMS) relating to incorrect coding.

On January 22, 2016, White Plains Hospital refunded \$5,344.92 to the National Government Services for overpayments to the Centers for Medicare & Medicaid Services (CMS) relating to documentation errors.

Montefiore St. Luke's Cornwall Hospital (SLCH)

In July 2024, St. Luke's Cornwall Hospital resolved an issue with the Office of the Medicaid Inspector General (OMIG) with a self-disclosed overpayment of \$67,819.0 due to a Healthcare Worker Bonus overpayment.

Montefiore New Rochelle Hospital

On April 29, 2022, a Stipulation & Order Agreement was settled with the Occupational and Safety Health Administration (OSHA) and was fined \$9,000 pertaining to its respiratory protection program.

Schaffer Extended Care Center (SECC)

In October 2025 Schaffer Extended Care Center entered into a Stipulation and Order agreement and was fined \$10,000 due to a violation of patient rights.

Montefiore Medical Center (MMC)

On November 17, 2023, Montefiore Medical Center entered into a 2-year Corrective Action Plan (CAP) agreement with DHHS Office of Civil Rights related to a HIPPA breach. This Corrective Action Plan was completed on November 17, 2025, with the final close out letter received on March 11, 2026.

Enforcements

- The Department issued a Stipulation and Order (S&O) dated 08/17/2017, and fined Montefiore Medical Center \$2000 based on deficiencies found during a survey completed on 4/11/17. Deficient practices were found in Patient Rights.
- The Department issued a Stipulation and Order (S&O) dated 10/02/2017, and fined Montefiore Mount Vernon \$2000 based on deficiencies found during an allegation survey completed on 10/07/2016. Deficient practices were found in Patient Rights and Restraints.
- The Department issued a Stipulation and Order (S&O) dated 11/14/2017, and fined Montefiore Medical Center, Henry and Lucy \$2000 based on deficiencies found during a survey completed on 05/19/2017. Deficient practices were found in Patient Rights, Infection Control.
- The Department issued a Stipulation and Order (S&O) dated 12/13/19, and fined White Plains Hospital Center \$10000 based on deficiencies found during an allegation survey completed on 08/19/2019. Deficient practices were found in failure to conduct ongoing evaluation of patients.
- The Department issued a Stipulation and Order (S&O) dated 11/25/2024, and fined Nyack Hospital \$14000 based on deficiencies found during a complaint survey completed on 02/09/2024. Deficient practices were found in Patient Rights and Nursing Services.
- The Department issued a Stipulation and Order (S&O) dated 9/12/2025, and fined Montefiore Medical Center - Moses Division \$12000 based on deficiencies found during a survey completed on 03/21/2025. Deficient practices were found in Quality Assurance Performance Improvement, Nursing Services, Emergency Services.
- The Department issued a Stipulation and Order (S&O); with a survey exit date 05/06/2025, and fined Schaffer Extended Care Center \$10,000. Deficient practices were found in Quality of Care.

Compliance with Applicable Codes, Rules and Regulations

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the U.S. Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Prevention Agenda

St. John's Riverside Hospital – St. John's Division, located in Westchester County, requests approval to establish Montefiore Health System Inc. as the hospital's new sole member, active parent, and co-operator.

St. John's Riverside Hospital – St. John's Division is implementing multiple interventions to support the priorities of the 2025-2030 New York State Prevention Agenda, including:

- Primary Prevention, Substance Misuse, and Overdose Prevention
- Prevention of Infant and Maternal Mortality
- Preventive Services for Chronic Disease Prevention and Control

Although two of the priorities selected by Montefiore Health System Inc., including Poverty and Anxiety and Stress, are not mentioned in St. John's Riverside Hospital – St. John's Division's Community Service Plan, the proposed project will advance the Prevention Agenda priority of the Prevention of Infant and Maternal Mortality by allowing St. John's Riverside Hospital – St. John's Division to increase immunization rates of RSV vaccines to pregnant patients through enhancing health literacy education training efforts for hospital staff administering vaccines.

As per the latest available report, St. John's Riverside Hospital – St. John's Division spent \$1,386,103 on community health improvement services in 2022, representing 0.42% of total operating expenses.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Consolidated Projections

The following represents the consolidated budgets and assumptions detail for Montefiore Health System and St. John's Riverside Hospital post affiliation:

(in 000's)	<u>Current Year</u> <u>(2025)</u>	<u>Year One</u> <u>(2027)</u>	<u>Year Three</u> <u>(2029)</u>
Total Revenues	\$8,765,016	\$9,210,403	\$9,228,397
Total Expenses	<u>8,886,009</u>	<u>9,331,397</u>	<u>9,349,391</u>
(Deficiency) Revenues/ Expenses	(\$120,993)	(\$120,994)	(\$120,994)
 Total Discharges	 14,620	 15,696	 17,404
Total Visits	231,578	243,910	269,669

The following is noted with respect to the submitted budget:

- Current Year revenues and expenses represent the entire Montefiore Health System enterprise and are based on Montefiore Health System's 2025 Certified Financial Statements.
- Years One and Year Three projections represent combined Montefiore Health System and St. John's Riverside Hospital revenues and expenses. Utilization is for St. John's Riverside Hospital only and includes the implementation of certain strategic initiatives intended to increase inpatient and outpatient surgical volume, expand outpatient services and the achievement of cost savings measures.
- Projections include \$14.1M and \$66.4M in combined cost savings and revenue initiatives during Year One and Year Three, respectively, as a result of the affiliation, and contribute to a projected break-even outcome for St. John's Riverside Hospital.

The following represents the operating budget for St. John's Riverside Hospital:

	<u>Current Year (2025)</u>		<u>Year One (2027)</u>		<u>Year Three (2029)</u>	
	<u>Per</u> <u>Discharge</u>	<u>Total</u>	<u>Per</u> <u>Discharge</u>	<u>Total</u>	<u>Per</u> <u>Discharge</u>	<u>Total</u>
<u>Inpatient Revenue</u>						
Commercial FFS	\$14,865.19	\$9,335,338	\$16,182.76	\$12,930,028	\$10,713.20	\$11,441,702
Commercial MC	\$13,325.88	9,767,867	\$14,516.21	13,529,108	\$9,608.21	11,971,824
Medicare FFS	\$16,951.68	46,125,522	\$16,949.26	45,000,293	\$16,950.50	49,173,386
Medicare MC	\$10,517.92	26,137,025	\$10,519.56	25,499,414	\$10,518.72	27,864,097
Medicaid FFS	\$13,965.12	15,948,169	\$13,967.49	17,319,692	\$13,966.82	18,617,775
Medicaid MC	\$6,299.65	43,423,504	\$6,299.48	47,157,871	\$6,299.53	50,692,280
Private Pay	\$4,373.35	424,215	\$0.00	0.00	\$0.00	0.00
All Other ¹	\$21,847.00	<u>502,481</u>	\$4,349.11	<u>695,968</u>	\$3,849.11	<u>615,858</u>
Total I/P Revenue		\$151,664,121		\$162,132,374		\$170,376,922
 <u>Outpatient Revenue</u>	 <u>Per Visit</u>	 <u>Total</u>	 <u>Per Visit</u>	 <u>Total</u>	 <u>Per Visit</u>	 <u>Total</u>
Commercial FFS	\$955.79	\$18,441,913	\$1,017.64	\$23,061,850	\$958.84	\$21,554,284
Commercial MC	\$839.66	17,104,633	\$894.03	21,389,565	\$842.34	19,982,042
Medicare FFS	\$533.14	11,857,021	\$533.13	12,018,389	\$533.14	13,807,369
Medicare MC	\$467.10	17,824,240	\$467.11	18,066,819	\$467.10	20,756,129
Medicaid FFS	\$415.95	3,068,034	\$415.97	3,167,178	\$415.96	3,572,691
Medicaid MC	\$253.64	27,373,842	\$253.63	28,258,431	\$253.63	31,876,534
Private Pay	\$436.28	3,670,428	\$0.00	0.00	\$0.00	0.00
All Other	\$325.67	<u>1,292,585</u>	\$94.67	<u>1,616,394</u>	\$79.99	<u>1,510,029</u>
Total O/P Revenue		\$100,632,696		\$107,578,626		\$113,049,078

	<u>Current Year (2025)</u>		<u>Year One (2027)</u>		<u>Year Three (2029)</u>	
	<u>Per</u>		<u>Per</u>		<u>Per</u>	
	<u>Discharge</u>	<u>Total</u>	<u>Discharge</u>	<u>Total</u>	<u>Discharge</u>	<u>Total</u>
Net Patient Service Revenue		\$252,296,817		\$269,711,000		\$283,426,000
Other Operating Revenue ¹		<u>\$137,323,000</u>		<u>\$161,489,000</u>		<u>\$113,489,000</u>
Total Operating Revenue		\$389,619,817		\$431,200,000		\$396,915,000
<u>Inpatient Expense</u>						
Operating	\$17,546.80	\$258,657,360	\$17,491.17	\$274,541,399	\$16,411.93	\$285,633,179
Capital	<u>\$349.79</u>	<u>5,156,267</u>	<u>\$385.64</u>	<u>6,053,040</u>	<u>\$361.84</u>	<u>6,297,480</u>
Total I/P Expenses	\$17,896.59	\$263,813,627	\$17,876.81	\$280,594,439	\$16,773.77	\$291,930,659
<u>Outpatient Expense</u>						
Operating	\$655.98	\$151,909,875	\$661.06	\$161,238,599	\$622.06	\$167,752,820
Capital	<u>\$13.08</u>	<u>3,028,283</u>	<u>\$14.57</u>	<u>3,554,960</u>	<u>\$13.72</u>	<u>3,698,520</u>
Total O/P Expense	\$669.06	\$154,938,158	\$675.63	\$164,793,559	\$635.78	\$171,451,340
Deficiency of Revenue over Expenses:		(\$29,131,968)		(\$14,187,998)		(\$66,466,999)
Projected Initiatives/Cost Savings		\$0		\$14,187,998		\$66,466,999

Utilization:

Discharges	14,741	15,696	17,404
Visits	231,578	243,910	269,671

¹ Other Operating Revenue is comprised of grants and other revenue (including VAPAP), physician billing revenue, net investment income, and net assets released from restrictions for operations.

² Variance between the Current Year values and those presented on the 2025 Certified Financial Statements is attributable to rounding.

The following is noted with respect to the submitted budget:

- Current Year revenues, expenses, utilization and staffing levels are based on the St. John's Riverside Hospital 2025 Certified Financial Statements.
- St. John's Riverside Hospital's Current Year Net Patient Service Revenue (NPSR) includes \$27,792,000 in Direct Payment Template program (DPT) support which was included in the Net Patient Service Revenue reported on St. John's Riverside Hospital's 2025 Certified Financial Statements.
- All Other in Years One and Year Three includes Private Pay revenue and utilization.
- St. John's Riverside Hospital's baseline statistics in the Current Year are based on internal St. John's Riverside Hospital encounter dates from the facilities' Electronic Medical Record system.
- The applicant anticipates \$4.3M and \$13.1M in Year One and Year Three, respectively in savings stemming from expense-based initiatives including contractual savings, supply chain, pharmacy, and workforce synergies.
- Furthermore, the applicant anticipates generating an additional \$9.8M and \$53.3M, respectively, from growth/revenue initiatives which include a reduction in outmigration, improvements in utilization, specifically increases in inpatient discharges across the three campuses, increase in ambulatory surgery visits, outpatient endoscopy visits, oncology, and ED volume. The combined cost savings and revenue initiatives of \$14.1M and \$66.4M in Years One and Year Three, respectively, result in a projected break-even outcome for SJRH.

Utilization by payor for St. John's Riverside Hospital is as follows:

	<u>Current Year</u> <u>2025</u>		<u>Year One</u> <u>2027</u>		<u>Year Three</u> <u>2029</u>	
<u>Inpatient</u>	<u>Discharges</u>	<u>%</u>	<u>Discharges</u>	<u>%</u>	<u>Discharges</u>	<u>%</u>
Commercial FFS	628	4.26%	799	5.09%	1,068	6.14%
Commercial MC	733	4.97%	932	5.94%	1,246	7.16%
Medicare FFS	2,721	18.46%	2,655	16.92%	2,901	16.67%
Medicare MC	2,485	16.86%	2,424	15.44%	2,649	15.22%
Medicaid FFS	1,142	7.75%	1,240	7.90%	1,333	7.66%
Medicaid MC	6,893	46.76%	7,486	47.69%	8,047	46.23%
Private Pay	97	0.66%	0	0.00%	0	0.00%
Charity Care	19	0.13%	19	0.12%	19	0.11%
All Other	<u>23</u>	<u>0.16%</u>	<u>141</u>	<u>0.90%</u>	<u>141</u>	<u>0.81%</u>
Total	14,741	100.00%	15,696	100.00%	17,404	100.00%

	<u>Current Year</u> <u>2025</u>		<u>Year One</u> <u>2027</u>		<u>Year Three</u> <u>2029</u>	
<u>Outpatient</u>	<u>Visits</u>	<u>%</u>	<u>Visits</u>	<u>%</u>	<u>Visits</u>	<u>%</u>
Commercial FFS	19,295	8.33%	22,662	9.29%	22,469	8.33%
Commercial MC	20,371	8.80%	23,925	9.81%	23,722	8.80%
Medicare FFS	22,240	9.60%	22,543	9.24%	25,898	9.60%
Medicare MC	38,159	16.48%	38,678	15.86%	44,436	16.48%
Medicaid FFS	7,376	3.19%	7,614	3.12%	8,589	3.18%
Medicaid MC	107,926	46.61%	111,414	45.68%	125,679	46.61%
Private Pay	8,413	3.63%	0	0.00%	0	0.00%
Charity Care	3,829	1.65%	3,829	1.57%	3,829	1.42%
All Other	<u>3,969</u>	<u>1.71%</u>	<u>13,245</u>	<u>5.43%</u>	<u>15,049</u>	<u>5.58%</u>
Total	231,578	100.00%	243,910	100.00%	269,671	100.00%

The following represents the budget for Montefiore Health System:

	<u>Current Year 2025</u>	<u>Year One 2027</u>	<u>Year Three 2029</u>
<u>MHS Budget:</u>	<u>(in '000)</u>	<u>(in '000)</u>	<u>(in '000)</u>
Total Revenues	\$8,765,016	\$8,765,016	\$8,765,016
Total Expenses	<u>\$8,886,009</u>	<u>\$8,886,009</u>	<u>\$8,886,009</u>
Deficiency of Revenues over Expenses	(\$120,993)	(\$120,993)	(\$120,993)

Member Substitution Agreement

Montefiore Health System entered into a Member Substitution Agreement with St. John's Riverside Hospital and Riverside Health Care System, Inc. The applicant has submitted an executed agreement, which is summarized below:

Date:	May 11, 2026
St. John's Riverside Hospital Parties:	Riverside Health Care System, Inc. (RHCS) and St. John's Riverside Hospital
Montefiore Health System:	Montefiore Health System, Inc.
Recitals:	Riverside Health Care System, Inc is the sole member and licensed as the co-operator and "active parent" under Article 28 of the New York State Public Health Law of St. John's Riverside Hospital; Montefiore Health System is the parent entity of an integrated healthcare delivery network and is licensed under Article 28 of the New York State Public Health Law as the co-operator and active parent of the acute care hospitals in such integrated healthcare delivery network.
Strategic Plan:	The Parties shall, prior to the Closing, engage in good faith commercially reasonable best efforts to collaboratively develop a strategic plan to be effective on the Closing and thereafter implemented to address both short-term and long-term priorities and objectives for the St. John's Riverside Hospital Parties, their facilities, and the St. John's Riverside Hospital Parties' patient communities.
Montefiore Health System's Lien on St. John's Riverside Hospital Accounts Receivable:	In order to secure the St. John's Riverside Hospital Parties' obligations to Montefiore Health System under any post-Closing service agreements between Montefiore Health System and any St. John's Riverside Hospital Party, effective immediately upon the closing, each of the St. John's Riverside Hospital Parties shall grant to Montefiore Health System a lien on and security interest in its accounts receivable.
Structure and Governance:	(i) Filing of Active Parent CON - Montefiore Health System and the St. John's Riverside Hospital Parties have heretofore filed a CON Application with the NYDOH seeking approval to establish Montefiore Health System as the licensed co-operator and "active parent" ("Active Parent") of St. John's Riverside Hospital pursuant to 10 NYCRR 405.1(c), and de-establish RHCS as the Active Parent of St. John's Riverside Hospital (the "CON Application"). (ii) Passive Parent Closing; Montefiore Health System as Sole Member of RHCS; Subsequent Transition of Montefiore Health System to Active Parent Status of St. John's Riverside Hospital Upon CON Approval (iii) Active Parent Closing; Montefiore Health System as Active Parent of St. John's Riverside Hospital as of Closing Date

Capability and Feasibility

There are no project costs associated with this application.

Bureau of Financial Analysis (BFA) Attachment C, Montefiore Health System, Inc. – 2024 Certified Financial Statements, shows the organization maintained positive working capital, a positive net asset position, and an excess of operating revenues over operating expenses before other items of \$93,902,000 in 2023 and \$164,701,000 in 2024.

Bureau of Financial Analysis (BFA) Attachment D, Montefiore Health System, Inc. - December 31, 2025, Internal Financial Statements, show the organization maintained a positive working capital and positive net asset position. The \$120,993,000 deficiency of operating revenue over operating expenses is attributable to a \$246,591,000 reduction in grant and contracts between 2024 and 2025, and an overall increase in operating expenses compared to revenues.

Bureau of Financial Analysis (BFA) Attachment E, St. Johns Riverside Hospital 2024 Certified Financial Statements, shows the facility maintained negative working capital and a negative net asset position. The hospital experienced a net operating loss of \$44,350,000 during this time period. The loss was offset by net periodic pension costs of \$2,117,000, pension and postretirement related changes of \$10,251,000, and grant funded contributions of \$658,000, resulting in an adjusted operating loss of \$35,558,000 through December 31, 2024.

Bureau of Financial Analysis (BFA) Attachment F, St. Johns Riverside Hospital December 31, 2025, Internal Financial Statements, indicates the facility maintained negative working capital and a negative net asset position. During the reporting period, St. John's Riverside Hospital experienced a net operating loss of \$29,132,000, which was increased by \$2,102,000 in non-operating expenses, and reduced \$8,342,000 in pension and post-retirement-related changes, \$3,062,000 in grant funded capital contributions, as well as a \$600,000 transfer to affiliates.

St John's Riverside's poor financial position is attributable to the high-need population/high governmental payor mix, patient outmigration, and outpacing of expenses compared to revenues. Since 2019, outmigration of patients from the City of Yonkers has increased by approximately 10%. Between 2019 and 2021, outmigration from Yonkers increased from 19% to 28%, and the outmigration of high acuity patients has grown to 43%. Factors that contribute to outmigration include limitations on critical local community services, the lack of an integrated and coordinated multi-specialty medical group to support hospital services, outdated facilities infrastructure, and low-quality scores at St. John's Riverside Hospital. Between 2023 through 2025, net patient service revenue (NPSR) decreased by 5.9%, while expenses increased by 15.4%. Salaries and wages increased by 20.5% and employee benefits increased by 31.3%.

The affiliation with Montefiore Health System is essential to stabilizing St. John's Riverside Hospital's finances and operations. St. John's Riverside Hospital is expected to reduce operating losses over the next five years. Montefiore Health System will provide St. John's Riverside Hospital with access to corporate and shared services, and resources, allowing St. John's Riverside Hospital to continue to provide essential clinical services in the communities it serves. The affiliation will also allow Montefiore Health System to strengthen St. John's Riverside Hospital's service offerings.

St. John's Riverside Hospital continues to take steps to address their operational and financial deficiencies, including implementing strategic initiatives to increase inpatient and outpatient surgical volume, expanding outpatient services and other cost savings measures. St. John's Riverside Hospital is reviewing other possible funding arrangements with the New York Department of Health. These include Direct Payment Template Program (DPT) for High Medicaid Voluntary Hospitals. The enhanced rate payments cover Medicaid Managed Care enrollees and are structured to allow qualifying hospitals to receive a hospital specific rate add-on based on the delivery and utilization of services provided to Medicaid beneficiaries. The services eligible for these enhanced rate payments include acute inpatient discharges, outpatient clinic visits, outpatient emergency visits, and outpatient ambulatory surgery visits. These qualified claims began being processed by contracted Medicaid managed care organizations in 2022. For the year ended December 31, 2025, and 2024, St. John's Riverside Hospital had \$1,909,000 recouped and received \$16,825,000 net.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

Bureau of Financial Analysis Attachment A	Riverside Health Care System, Inc. – Current Organizational Chart
Bureau of Financial Analysis Attachment B	Montefiore Health System, Inc. – Current and Proposed Organizational Chart
Bureau of Financial Analysis Attachment C	Montefiore Health System, Inc. – 2024 Certified Financial Statements
Bureau of Financial Analysis Attachment D	Montefiore Health System, Inc. – December 31, 2025, Internal Financial Statements
Bureau of Financial Analysis Attachment E	St. Johns Riverside Hospital – 2024 Certified Financial Statements
Bureau of Financial Analysis Attachment F	St. Johns Riverside Hospital – December 31, 2025, Internal Financial Statements

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 17th day of September 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to establish Montefiore Health System, Inc as active parent and co-operator of St. John's Riverside Hospital and its three campuses: St Johns Division, Park Care Pavilion, and Dobbs Ferry Pavillion with no changes to services – SNTP, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

261152 E

FACILITY/APPLICANT:

St. John Riverside Hospital – St. Johns Division

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [Project Management Unit]
2. Submission of documentation confirming final approval of the Safety Net Transformation Program executed grant contract, acceptable to Department of Health. [Bureau of Financial Analysis]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



MEMORANDUM

TO: Michael Stelluti
Division of Health Facility Planning and Development

Colleen Leonard, Executive Secretary
Public Health and Health Planning Council

FROM: Kayleigh Gekakis
Associate Attorney, Bureau of Program Counsel
Division of Legal Affairs

SUBJECT: Certificate of Amendment of Certificate of Incorporation of Long Island Select Healthcare, Inc.

DATE: August 20, 2026

Please include the above matter on the agendas for the next Establishment and Project Review Committee and Public Health and Health Planning Council meetings.

The attachments relating to this matter include the following:

1. Memorandum to the Public Health and Health Planning Council from Darren Cohen, Deputy Commissioner & General Counsel;
2. Photocopy of proposed Certificate of Amendment of Certificate of Incorporation of Long Island Select Healthcare, Inc. executed by John Lessard, and officer of the applicant;
3. Request letter from Harold N. Iselin, counsel to the applicant, dated June 29, 2026;
4. Photocopy of Certificate of Incorporation of LISH, Inc., filed May 12, 2014;
5. Photocopy of Certificate of Amendment of the Certificate of Incorporation of LISH, Inc., dated February 25, 2014;
6. Photocopy of Certificate of Restated of Certificate of Incorporation of LISH, Inc. dated December 11, 2015, with PHHPC approval dated August 15, 2016;
7. Resolution Board of Directors of Long Island Select Healthcare, Inc. dated August 12, 2026

Attachments

cc: Jason Corvino



MEMORANDUM

To: Public Health and Health Planning Council

From: Darren Cohen *DC*
Deputy Commissioner & General Counsel
Division of Legal Affairs

Date: August 20, 2026

Subject: Certificate of Amendment of Certificate of Incorporation of Long Island Select Healthcare, Inc.

Long Island Select Healthcare, Inc. requests Public Health and Health Planning Council ("PHHPC") approval of its Certificate of Amendment of Certificate of Incorporation which changes its name from "Long Island Select Healthcare, Inc." to "Motto Health, Inc.."

Long Island Select Healthcare, Inc., is a not-for-profit corporation formed in 2014 under the name LISH, Inc which operates a diagnostic and treatment center in Central Islip and five extension clinics throughout Long Island. In 2015, PHHPC approved the name change from LISH, Inc. to Long Island Select Healthcare, Inc. The applicant now seeks to change its name to Motto Health Inc. as part of a re-branding. The new name is shorter, is not geographically limiting, and reflects the guiding principles that shape the organization's work every day.

The proposed Certificate of Amendment of Certificate of Incorporation of Long Island Select Healthcare, Inc. was authorized by the Board of Directors by resolution dated August 12, 2026.

Pursuant to Not-for-Profit Corporation Law § 804, 10 NYCRR 600.11 and 10 NYCRR 610.1, PHHPC must consent to the requested name change prior to the filing of the Certificate of Amendment of Certificate of Incorporation of Long Island Select Healthcare, Inc. with the Secretary of State.

There is no legal objection to the proposed Certificate of Amendment of Certificate of Incorporation of Long Island Select Healthcare, Inc. and it is in legally acceptable form.

Attachments.



**Division of Corporations,
State Records and
Uniform Commercial Code**

New York State
Department of State
**DIVISION OF CORPORATIONS,
STATE RECORDS AND UNIFORM
COMMERCIAL CODE**
One Commerce Plaza
99 Washington Ave.
Albany, NY 12231-0001
<https://dos.ny.gov>

**CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
LONG ISLAND SELECT HEALTHCARE, INC.**

(Name change only)

Under Section 803 of the Not-for-Profit Corporation Law

FIRST: The name of the corporation is: Long Island Select Healthcare, Inc. (the “corporation”).

SECOND: The name under which the corporation was formed is: LISH, INC.

THIRD: The certificate of incorporation was filed by the Department of State on May 12, 2014.

FOURTH: The corporation was formed under the following law: Not-for-Profit Corporation Law.

FIFTH: The corporation is a corporation as defined in subparagraph (5) of paragraph (a) of Section 102 of the Not-for-Profit Corporation Law.

SIXTH: The certificate of incorporation is amended as follows:

Paragraph FIRST of the Certificate of Incorporation relating to the name of the corporation is hereby amended to read in its entirety as follows:

FIRST: The name of the corporation is: Motto Health, Inc.

SEVENTH: The Secretary of State is designated as agent of the corporation upon whom process against the corporation may be served.

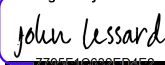
The post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon the Secretary of State by personal delivery is:

159 Carleton Avenue
Central Islip, New York 11722

The email address to which the Secretary of State shall email a notice of the fact that process against the corporation has been served electronically upon the Secretary of State is:

Aaron.clark@lishcare.org

EIGHTH: The certificate of amendment was authorized by a [unanimous] vote [of a majority] of the entire board of directors. The corporation has no members.

Signed by:

X 
(Signature)

John Lessard

(Print or Type Signer's Name)

Capacity of Signer (Check appropriate box):



Officer



Director



Authorized Person

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
LONG ISLAND SELECT HEALTHCARE, INC.

Under Section 803 of the Not-for-Profit Corporation Law

Filed By:
Greenberg Traurig, LLP
54 State Street, 6th Floor
Albany, New York 12207

Harold N. Iselin
518-689-1400
iselinh@gtlaw.com

June 29, 2026

VIA EMAIL & OVERNIGHT MAIL

Colleen Leonard
Executive Secretary
New York State Public Health and Health Planning Council
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

Re: Request for PHHPC Approval of Name Change for Long Island Select Healthcare, Inc. (Back of the Book Request)

Dear Ms. Leonard:

We represent Long Island Select Healthcare, Inc. ("LISH") in connection with its request for Public Health and Health Planning Council ("PHHPC") approval to change the corporate name of its Article 28 health care facility to "Motto Health, Inc." pursuant to 10 NYCRR Sections 401.3 and 600.11. We respectfully ask that the PHHPC consider this request at its next scheduled meeting.

Reason for the Name Change

Following a comprehensive strategic planning process, LISH determined that its existing name, Long Island Select Healthcare, no longer fully reflects the scope, mission, and future direction of the organization. To ensure that this decision was informed and data-driven, LISH engaged a professional branding firm and conducted extensive research, gathering feedback from employees, patients, community partners, and other stakeholders.

That process reinforced the view that the current name is overly long, geographically limiting, and fails to clearly communicate the organization's identity and the value it provides to the communities it serves. Through this work, LISH determined that it should adopt a more distinctive and meaningful brand that better represents its role in community-based healthcare.

LISH selected the name Motto Health, Inc. because it reflects the guiding principles that shape the organization's work every day, as well as its commitment to serving as a trusted guide for patients, providers, and communities.

Colleen Leonard
June 29, 2026
Page 2

Attachments

In support of this request, we have enclosed the following documents:

- A photocopy of the proposed Certificate of Amendment of the Certificate of Incorporation of LISH, Inc. to change the name to Motto Health, Inc.
- A photocopy of the executed Restated Certificate of Amendment of the Certificate of Incorporation of LISH, Inc.
- A photocopy of the Certificate of Amendment of the Certificate of Incorporation of LISH, Inc.
- A photocopy of the Revised and Restated Bylaws of LISH, Inc.
- A June 16, 2026 Board of Trustee meeting minutes of LISH Inc. approving the name change. (See, page 4)

We thank the PHHPC for its consideration of this request. Please do not hesitate to contact us should you require any additional information, and we will respond promptly.

Very truly yours,

GREENBERG TRAURIG, LLP



Harold N. Iselin

HNI/jns
Attachments

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CERTIFICATE OF INCORPORATION
OF
LISH, INC.

Under Section 402
of the
New York Not-For-Profit Corporation Law

The undersigned, a natural person at least 18 years of age, desiring to form a corporation under and by virtue of the provisions of the Not-For-Profit Corporation Law of the State of New York does hereby make, subscribe and acknowledge this certificate as follows:

1. The name of the corporation is LISH, Inc. (the "Corporation").
2. The Corporation is a corporation as defined in subparagraph (a)(5) of Section 102 of the New York Not-for-Profit Corporation Law in that it is not formed for pecuniary profit or financial gain, and no part of the assets, income or profit of the Corporation is distributable to or inures to the benefit of its directors or officers or any private person.
3. The purposes for which the Corporation is formed shall be charitable within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") (or any corresponding provision of any future United States internal revenue law), without regard to race, color or creed as follows:
 - a. To render voluntary support and assistance by means of contributions and grants to tax exempt organizations established to benefit the aged, sick, infirm, indigent, and destitute; to render support by means of contributions and grants to established charitable endeavors; and generally to support activities of a charitable nature;
 - b. To solicit and receive money and property for the foregoing purposes and to receive and accept for charitable purposes gifts, donations, bequests and devises of money and property;
 - c. The Corporation shall have all of the powers enumerated in Section 202 of the Not-for-Profit Corporation Law, subject to any limitations provided in the Not-for-Profit Corporation Law or any other statute of the State of New York or Section 501(c)(3) of the Code;
 - d. Nothing herein shall authorize the Corporation, directly or indirectly, to engage in or include among its purposes any of the activities mentioned in the New York Not-for-Profit Corporation Law, Section 404(a) - (w);
 - e. Nothing herein shall authorize the Corporation to carry on any activities not permitted to be carried on by a corporation exempt from federal

income tax under Section 501(c) (3) of the Code or by a corporation contributions to which are deductible under Section 170(c)(2) of the Code;

- f. Nothing herein shall authorize the Corporation to operate or maintain a college or university or to grant degrees or credit leading to a degree;
- g. Nothing herein shall authorize the corporation to engage in the practice of the profession of medicine or any other profession required to be licensed by Title VIII of the Education Law; and
- h. Nothing herein shall authorize the corporation to provide professional training in the profession of medicine or any other profession required to be licensed by Title VIII of the Education Law.

4. No part of the net earnings of this Corporation shall inure to the benefit of any member, director, officer or employee of the Corporation or any private individual. No director, officer or employee of the Corporation or any private individual shall receive or be lawfully entitled to receive any pecuniary benefit of any kind, except reasonable compensation for service in effecting one or more purposes of the Corporation. No director, officer or employee of the Corporation or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the Corporation. No substantial part of the activities of this Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation. This Corporation shall not participate or intervene (including the publication or distribution of statements) in any political campaign on behalf of any candidate for public office.

5. Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code (or corresponding section of any future Federal tax code), or shall be distributed to the Federal government, or a state or local government for a public purpose, subject to an order of a Justice of the Supreme Court of the State of New York. Any such assets not so disposed of shall be disposed of by a Justice of the Supreme Court of the State of New York in the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.

6. The Corporation is a Type B corporation under Section 201 of the New York Not-for-Profit Corporation Law.

7. The office of the Corporation is to be located in the County of Nassau, State of New York.

8. The Corporation shall be operated by a board of directors, the number of which is to be no less than three (3).

9. The names and addresses of the initial directors of the Corporation, each of whom is at least eighteen (18) years of age, who will serve until the Bylaws are adopted and their successors are appointed are:

<u>NAME</u>	<u>ADDRESS</u>
1. John Lessard	c/o LISH, Inc. 111 Great Neck Road, Suite 600 Great Neck, New York 11021
2. Robert Budd	c/o LISH, Inc. 111 Great Neck Road, Suite 600 Great Neck, New York 11021
3. Robert McGuire	c/o LISH, Inc. 111 Great Neck Road, Suite 600 Great Neck, New York 11021
4. Stephen Friedman	c/o LISH, Inc. 111 Great Neck Road, Suite 600 Great Neck, New York 11021
5. Aaron Liebowitz	c/o LISH, Inc. 111 Great Neck Road, Suite 600 Great Neck, New York 11021

10. The Secretary of State is hereby designated as agent of the Corporation upon whom process against it may be served. The address to which the Secretary of State shall mail a copy of a process against the Corporation served upon him is:

LISH, Inc.
c/o Garfunkel Wild, P.C.
111 Great Neck Road, Suite 600
Great Neck, New York 11021
Attn: Andrew E. Blustein, Esq.

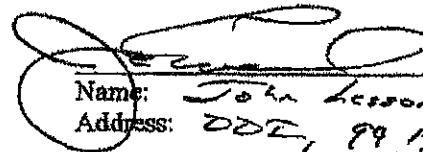
11. During any year in which the Corporation shall be a "private foundation" as that term is defined in Section 509(a) of the Internal Revenue Code of 1986, as amended (or corresponding provision of any future United States Internal Revenue law),

- a. The Corporation shall distribute its income for each taxable year at such time and in such manner as not to subject it to tax under Section 4942 of said Code, and
- b. The Corporation shall not:
 - (i) engage in any act of self-dealing as defined in Section 4941(d) of said Code;
 - (ii) retain any excess business holdings as defined in Section 4943(c) of said Code;

- (iii) make any investments in such manner as to subject the Corporation to tax under Section 4944 of said Code; or
- (iv) make any taxable expenditures as defined in Section 4945(d) of said Code.

12. Prior to delivery of this Certificate to the Secretary of State for filing, all approvals or consents to the filing of this Certificate that are required by the Not-For-Profit Corporation Law or any other statute of the State of New York will be endorsed hereon or annexed hereto.

IN WITNESS WHEREOF, I have made, signed, and subscribed this Certificate of Incorporation this 9th day of MAY, 2014, and affirm that the statements contained herein are true under penalties of perjury.


Name: John Leonard
Address: 222, 89 Hollywood Drive
Smithtown NY 11787

228

CERTIFICATE OF INCORPORATION
OF
LISH, INC.

Under Section 402
of the
New York Not-For-Profit Corporation Law

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STATE OF NEW YORK
DEPARTMENT OF STATE
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MAY 12 2014

TAX \$

BY:

FILED BY:

GARFUNKEL WILD, P.C.
ATTORNEYS AT LAW
111 GREAT NECK ROAD
GREAT NECK, NY 11021

MISS
Type B

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DRAWDOWN

2014 MAY 12 PM 3:00

FILED

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CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
LISH, INC.

Under Section 803 of the
Not-for-Profit Corporation Law

The undersigned, a natural person at least 18 years of age, by virtue of the provisions of the Not-For-Profit Corporation Law of the State of New York does hereby makes, subscribes and acknowledges this certificate as follows:

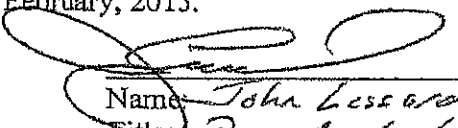
1. The name of the corporation is LISH, Inc. (the "Corporation").
2. The date of filing of the Corporation's Certificate of Incorporation is May 12, 2014. The Corporation was formed under the Not-For-Profit Corporation Law of the State of New York.
3. The Corporation's Certificate of Incorporation shall be amended to effect changes authorized by the Not-For-Profit Corporation Law of the State of New York as follows:

Article "9", which states the names and addresses of the initial directors of the Corporation is hereby amended such that Aaron Liebowitz and Robert McGuire are no longer directors of the Corporation and that the address of all of the directors shall be changed to c/o LISH, Inc., 159 Carleton Avenue, Central Islip, New York 11722, such that Article 9 shall read as follows:

"9. The names and addresses of the initial directors of the Corporation, each of whom is at least eighteen (18) years of age, who will serve until the Bylaws are adopted and their successors are appointed are:

<u>NAME</u>	<u>ADDRESS</u>
1. John Lessard	c/o LISH, Inc. 159 Carleton Avenue Central Islip, New York 11722
2. Robert Budd	c/o LISH, Inc. 159 Carleton Avenue Central Islip, New York 11722
3. Stephen Friedman	c/o LISH, Inc. 159 Carleton Avenue Central Islip, New York 11722"

IN WITNESS WHEREOF, the undersigned has subscribed and affirmed this Certificate as true under the penalties of perjury this 25th day of February, 2015.



Name: John Lescard
Title: President, LISA, Inc

RESTATED
CERTIFICATE OF INCORPORATION
OF
LISH, INC.

Under Section 402
of the
New York Not-For-Profit Corporation Law

The undersigned, a natural person at least 18 years of age, desiring to form a corporation under and by virtue of the provisions of the Not-For-Profit Corporation Law of the State of New York does hereby make, subscribe and acknowledge this certificate as follows:

FIRST: The name of the corporation is Long Island Select Healthcare, Inc. (the "Corporation").

SECOND: The date of filing of the Corporation's Certificate of Incorporation is May 12, 2014.

THIRD: The Corporation's Certificate of Incorporation shall be amended to effect changes authorized by the Not-For-Profit Corporation Law of the State of New York, as follows:

Article "1", which states the name of the Corporation, is hereby amended and restated to read in full as follows:

"1. The name of the corporation is Long Island Select Healthcare, Inc. (the "Corporation")."

Article "3", which states the purposes for which the Corporation is formed, is hereby amended and restated to read in full as follows:

"3. The purposes for which the Corporation is formed shall be charitable within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") (or any corresponding provision of any future United States internal revenue law), without regard to race, color or creed as follows:

a. To render voluntary support and assistance by means of contributions and grants to tax exempt organizations established to benefit the aged, sick, infirm, indigent, and destitute; to render support by means of contributions and grants to established charitable endeavors; and generally to support activities of a charitable nature;

- b. To solicit and receive money and property for the foregoing purposes and to receive and accept for charitable purposes gifts, donations, bequests and devises of money and property;
- c. The Corporation shall have all of the powers enumerated in Section 202 of the Not-for-Profit Corporation Law, subject to any limitations provided in the Not-for-Profit Corporation Law or any other statute of the State of New York or Section 501(c)(3) of the Code;
- d. Nothing herein shall authorize the Corporation, directly or indirectly, to engage in or include among its purposes any of the activities mentioned in the New York Not-for-Profit Corporation Law, Section 404 (a)-(n), (p)-(s) and (u)-(w);
- e. Nothing herein shall authorize the Corporation to carry on any activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c) (3) of the Code or by a corporation contributions to which are deductible under Section 170(c)(2) of the Code;
- f. Nothing herein shall authorize the Corporation to operate or maintain a college or university or to grant degrees or credit leading to a degree;
- g. To operate a diagnostic and treatment center, a hospital as defined pursuant to the Public Health Law of the State of New York, Section 2801-a, known as Long Island Select Healthcare, Inc. and located at 159 Carleton Avenue, Central Islip, New York 11722, County of Suffolk.
- h. To operate a distinct part of Long Island Select Healthcare, Inc. for the primary purpose of providing non-residential services for persons with developmental disabilities pursuant to Article 16 of the Mental Hygiene Law of the State of New York."

Article "9", which states the names and addresses of the initial directors of the Corporation is hereby amended such that the address of all of the directors reads as follows:

"c/o Long Island Select Healthcare, Inc.
159 Carleton Avenue
Central Islip, New York 11722"

Article "10", which states the address to which the Secretary of State shall mail a copy of a process against the Corporation is hereby amended and restated to read in full as follows:

"Long Island Select Healthcare, Inc.
159 Carleton Avenue
Central Islip, New York 11722"

FOURTH: The following articles, relating to the requirements of the Article 28 and the purposes and management of the Corporation, are hereby added to the Corporation's Certificate of Incorporation, to read in full as follows:

"8. Management of the Corporation is to be vested in the Board of Directors of the Corporation, and neither the management structure nor the provisions in these Certificate of Incorporation or the Corporation's Bylaws setting forth such structure may be deleted, modified, or amended without the prior approval of the New York State Department of Health.

9. Notwithstanding anything in these Certificate of Incorporation or the Corporation's Bylaws to the contrary, transfers, assignments, or other dispositions of ownership interests or voting rights must be effectuated in accordance with Section 2801-a(4)(b) of the New York Public Health Law."

FIFTH: The text of the Certificate of Incorporation of the Corporation as heretofore amended and as hereby amended, is restated to read in its entirety as follows:

CERTIFICATE OF INCORPORATION

OF

LONG ISLAND SELECT HEALTHCARE, INC.

Under Section 402

of the

New York Not-For-Profit Corporation Law

1. The name of the corporation is Long Island Select Healthcare, Inc. (the "Corporation").

2. The Corporation is a corporation as defined in subparagraph (a)(5) of Section 102 of the New York Not-for-Profit Corporation Law in that it is not formed for pecuniary profit or financial gain, and no part of the assets, income or profit of the Corporation is distributable to or inures to the benefit of its directors or officers or any private person.

3. The purposes for which the Corporation is formed shall be charitable within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") (or any corresponding provision of any future United States internal revenue law), without regard to race, color or creed as follows:

- a. To render voluntary support and assistance by means of contributions and grants to tax exempt organizations established to benefit the aged, sick, infirm, indigent, and destitute; to render support by means of contributions and grants to established charitable endeavors; and generally to support activities of a charitable nature;

- b. To solicit and receive money and property for the foregoing purposes and to receive and accept for charitable purposes gifts, donations, bequests and devises of money and property;
- c. The Corporation shall have all of the powers enumerated in Section 202 of the Not-for-Profit Corporation Law, subject to any limitations provided in the Not-for-Profit Corporation Law or any other statute of the State of New York or Section 501(c)(3) of the Code;
- d. Nothing herein shall authorize the Corporation, directly or indirectly, to engage in or include among its purposes any of the activities mentioned in the New York Not-for-Profit Corporation Law, Section 404 (a)-(n), (p)-(s) and (u)-(w);
- e. Nothing herein shall authorize the Corporation to carry on any activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c) (3) of the Code or by a corporation contributions to which are deductible under Section 170(c)(2) of the Code;
- f. Nothing herein shall authorize the Corporation to operate or maintain a college or university or to grant degrees or credit leading to a degree.
- g. To operate a diagnostic and treatment center, a hospital as defined pursuant to the Public Health Law of the State of New York, Section 2801-a, known as Long Island Select Healthcare, Inc. and located at 159 Carleton Avenue, Central Islip, New York 11722, County of Suffolk.
- h. To operate a distinct part of Long Island Select Healthcare, Inc. for the primary purpose of providing non-residential services for persons with developmental disabilities pursuant to Article 16 of the Mental Hygiene Law of the State of New York.

4. No part of the net earnings of this Corporation shall inure to the benefit of any member, director, officer or employee of the Corporation or any private individual. No director, officer or employee of the Corporation or any private individual shall receive or be lawfully entitled to receive any pecuniary benefit of any kind, except reasonable compensation for service in effecting one or more purposes of the Corporation. No director, officer or employee of the Corporation or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the Corporation. No substantial part of the activities of this Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation. This Corporation shall not participate or intervene (including the publication or distribution of statements) in any political campaign on behalf of any candidate for public office.

5. Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code (or corresponding section of any future Federal tax code), or shall be distributed to the Federal government, or a state or local government for a public purpose, subject to an order of a Justice of the Supreme Court of the State of New York. Any such assets not so disposed of shall be

disposed of by a Justice of the Supreme Court of the State of New York in the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.

6. The Corporation is a Type B corporation under Section 201 of the New York Not-for-Profit Corporation Law.

7. The office of the Corporation is to be located in the County of Suffolk, State of New York.

8. Management of the Corporation is to be vested in the Board of Directors of the Corporation, and neither the management structure nor the provisions in these Certificate of Incorporation or the Corporation's Bylaws setting forth such structure may be deleted, modified, or amended without the prior approval of the New York State Department of Health.

9. Notwithstanding anything in these Certificate of Incorporation or the Corporation's Bylaws to the contrary, transfers, assignments, or other dispositions of ownership interests or voting rights must be effectuated in accordance with Section 2801-a(4)(b) of the New York Public Health Law.

10. The Corporation shall be operated by a board of directors, the number of which is to be no less than three (3).

11. The names and addresses of the initial directors of the Corporation, each of whom is at least eighteen (18) years of age, who will serve until the Bylaws are adopted and their successors are appointed are:

<u>NAME</u>	<u>ADDRESS</u>
1. John Lessard	c/o Long Island Select Healthcare, Inc. 159 Carleton Avenue Central Islip, New York 11722
2. Robert Budd	c/o Long Island Select Healthcare, Inc. 159 Carleton Avenue Central Islip, New York 11722
3. Stephen Friedman	c/o Long Island Select Healthcare, Inc. 159 Carleton Avenue Central Islip, New York 11722

12. The Secretary of State is hereby designated as agent of the Corporation upon whom process against it may be served. The address to which the Secretary of State shall mail a copy of a process against the Corporation served upon him is:

Long Island Select Healthcare, Inc.
159 Carleton Avenue
Central Islip, New York 11722

13. During any year in which the Corporation shall be a "private foundation" as that term is defined in Section 509(a) of the Internal Revenue Code of 1986, as amended (or corresponding provision of any future United States Internal Revenue law),

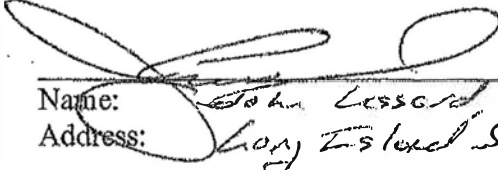
- a. The Corporation shall distribute its income for each taxable year at such time and in such manner as not to subject it to tax under Section 4942 of said Code, and
- b. The Corporation shall not:
 - (i) engage in any act of self-dealing as defined in Section 4941(d) of said Code;
 - (ii) retain any excess business holdings as defined in Section 4943(c) of said Code;
 - (iii) make any investments in such manner as to subject the Corporation to tax under Section 4944 of said Code; or
 - (iv) make any taxable expenditures as defined in Section 4945(d) of said Code.

14. Prior to delivery of this Certificate to the Secretary of State for filing, all approvals or consents to the filing of this Certificate that are required by the Not-For-Profit Corporation Law or any other statute of the State of New York will be endorsed hereon or annexed hereto.

IN WITNESS WHEREOF, I have made, signed, and subscribed this Certificate of Incorporation this 11th day of December, 2015, and affirm that the statements contained herein are true under penalties of perjury.

Name:

Address:


John Lessard President
Long Island Select Healthcare
159 Carleton Avenue
Central Islip, NY 11722

PHHPC

PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

Empire State Plaza, Corning Tower, Room 1805
Albany, New York 12237

(518) 402-0964
PHHPC@health.ny.gov

August 15, 2016

Patricia Smyth
Cicero Consulting Associates VCC, Inc.
701 Westchester Avenue
White Plains, New York 10604

Re: Restated Certificate of Incorporation of LISH, Inc.

Dear Ms. Smyth:

AFTER INQUIRY and INVESTIGATION and in accordance with action taken at a meeting of the Public Health Council and Health Planning Council held on the 8th day of October, 2015, I hereby certify that the Public Health and Health Planning Council consents to the filing of the Restated Certificate of Incorporation of LISH, Inc., dated December 11, 2015.

Sincerely,

Colleen M. Leonard
Colleen M. Leonard
Executive Secretary

/cl



LONG ISLAND SELECT HEALTHCARE, INC.

CERTIFIED COPY OF RESOLUTIONS OF THE BOARD OF DIRECTORS

Authorizing Amendment of the Certificate of Incorporation to Change the Corporate Name

The undersigned, being the duly elected and acting Secretary of **Long Island Select Healthcare, Inc.**, a not-for-profit corporation organized and existing under the New York Not-for-Profit Corporation Law (the "Corporation"), hereby certifies that the following is a true, correct, and complete copy of resolutions duly adopted by the Board of Directors of the Corporation at a meeting duly called and held on **June 16, 2026**, at which a quorum was present and acting throughout, and that such resolutions have not been amended, modified, or rescinded and remain in full force and effect as of the date hereof:

WHEREAS, the Corporation is a not-for-profit corporation formed under the New York Not-for-Profit Corporation Law, having filed its Certificate of Incorporation with the New York Department of State on May 12, 2014, and presently operating under the name "Long Island Select Healthcare, Inc.";

WHEREAS, the Corporation is the operator of a facility established and licensed under Article 28 of the New York Public Health Law and is subject to the jurisdiction of the New York State Public Health and Health Planning Council and the New York State Department of Health;

WHEREAS, following a strategic planning and branding review, the Board of Directors has determined that it is in the best interests of the Corporation to change its corporate name from "Long Island Select Healthcare, Inc." to "Motto Health, Inc." (the "Name Change");

WHEREAS, the Name Change requires (i) the adoption and filing of a Certificate of Amendment of the Certificate of Incorporation with the New York Department of State pursuant to Section 803 of the Not-for-Profit Corporation Law, and (ii) the approval of the applicable regulatory authorities, including such approval or consent as may be required from the New York State Public Health and Health Planning Council and the New York State Department of Health; and

WHEREAS, in connection with obtaining such regulatory approval, the Corporation is required under 10 NYCRR § 610.1(d) to file a certified copy of the resolution of the Board of Directors authorizing the undertaking that is the subject of the application and the subscribing and submission thereof by an appropriate designated individual;

NOW, THEREFORE, BE IT:

RESOLVED, that the change of the name of the Corporation from "Long Island Select Healthcare, Inc." to "Motto Health, Inc." be, and it hereby is, authorized and approved in all respects; and be it further

RESOLVED, that the amendment of Paragraph FIRST of the Corporation's Certificate of Incorporation to reflect the new corporate name "Motto Health, Inc." be, and it hereby



is, authorized and approved, and that the officers of the Corporation be, and each of them hereby is, authorized and directed to prepare, execute, and file a Certificate of Amendment of the Certificate of Incorporation with the New York Department of State pursuant to Section 803 of the Not-for-Profit Corporation Law; and be it further

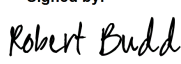
RESOLVED, that, in satisfaction of 10 NYCRR § 610.1(d), **Robert Budd, Secretary of the Corporation**, be, and hereby is, designated and authorized as the appropriate individual to subscribe, submit, and prosecute the application for approval of the Name Change on behalf of the Corporation, and to appear before and respond to inquiries from the New York State Public Health and Health Planning Council and the New York State Department of Health in connection therewith; and be it further

RESOLVED, that the officers of the Corporation be, and each of them hereby is, authorized and directed, in the name and on behalf of the Corporation, to take all such further actions, to execute and deliver all such further instruments and documents, and to pay all such fees and expenses as any such officer may deem necessary or advisable to carry out the intent and purposes of the foregoing resolutions, and that all actions previously taken by any officer of the Corporation in furtherance of the Name Change be, and hereby are, ratified, confirmed, and approved in all respects.

CERTIFICATION

I, the undersigned, hereby certify that I am the duly elected, qualified, and acting Secretary of Long Island Select Healthcare, Inc.; that the foregoing resolutions were duly adopted by the Board of Directors of the Corporation in the manner and on the date stated above; that the Corporation has no members and that no shareholder or member approval is required; and that said resolutions have not been amended, modified, or rescinded and remain in full force and effect.

IN WITNESS WHEREOF, I have executed this Certificate and, where applicable, affixed the seal of the Corporation this **12th** day of **August**, 2026.

Signed by:

 94FD9218E8244DA...

Robert Budd, Secretary Long Island Select Healthcare, Inc.

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, on this 17th day of September 2026, approves the filing of the Certificate of Amendment of the Certificate of Incorporation of Long Island Select Healthcare, Inc., as attached.

MEMORANDUM

TO: Michael Stelluti
Division of Health Facility Planning and Development

Colleen Leonard, Executive Secretary
Public Health and Health Planning Council

FROM: Kayleigh Gekakis
Associate Attorney, Bureau of Program Counsel
Division of Legal Affairs

SUBJECT: Certificate of Amendment of Certificate of Incorporation of RiverSpring DTC Corp.

DATE: August 20, 2026

Please include the above matter on the agendas for the next Establishment and Project Review Committee and Public Health and Health Planning Council meetings.

The attachments relating to this matter include the following:

1. Memorandum to the Public Health and Health Planning Council from Darren Cohen, Deputy Commissioner & General Counsel;
2. Photocopy of proposed Certificate of Amendment of Certificate of Incorporation of RiverSpring DTC Corp. executed by Susan Aldrich, Trustee, dated November 13, 2025;
3. Request letter from Frank M. Cicero dated December 18, 2025;
4. Certified copy of Certificate of Incorporation of Riverspring Project Corp. filed June 23, 2021, with approvals;
5. Certified copy of Certificate of Amendment of Certificate of Incorporation of Riverspring Project Corp. filed May 3, 2023, with approvals;
6. Resolution of Riverspring DTC Corp. executed by Erhardt H. Preitauer, Chair, dated November 13, 2025;
7. Consent of parent ElderServe Health, Inc. as described in meeting minutes dated November 13, 2025 (marked confidential; available for inspection upon request);
8. Attorney General Approval for Transfer of Assets of ElderServe Health, Inc. to CareSource dated August 28, 2025;
9. Letter from the Office of Health Insurance Programs approving the Member Substitution Agreement between ElderServe Health, Inc., and CareSource.

Attachments

cc: Jason Corvino

MEMORANDUM

TO: Public Health and Health Planning Council

FROM: Darren Cohen *DC*
Deputy Commissioner & General Counsel
Division of Legal Affairs

SUBJECT: Certificate of Amendment of Certificate of Incorporation of RiverSpring DTC Corp.

DATE: August 20, 2026

RiverSpring DTC Corp. requests Public Health and Health Planning Council (“PHHPC”) approval of its Certificate of Amendment of Certificate of Incorporation which changes its name from “RiverSpring DTC Corp.” to “ElderServe DTC Corp.”

RiverSpring DTC Corp. is a not-for-profit corporation formed in 2021 under the name RiverSpring Project Corp. In 2023, it received PHHPC approval to operate a diagnostic and treatment center in connection with a proposed Program of All-Inclusive Care for the Elderly (“PACE”) and for use of its current name. The Public Health Law Article 44 (managed care organization) application component for the PACE remains under review by the Department’s Office of Health Insurance Programs and the diagnostic and treatment center has yet to become operational. The applicant now seeks to change its name to ElderServe DTC Corp. following its separation from RiverSpring Health Holding Corp. and the acquisition of its parent company, ElderServe Health, Inc., by CareSource, an Ohio corporation. The Department’s Office of Health Insurance Programs and the Attorney General of the State of New York have approved the acquisition of ElderServe Health, Inc. by CareSource.

The proposed Certificate of Amendment of Certificate of Incorporation of RiverSpring DTC Corp. was authorized by the RiverSpring DTC Corp. Board of Directors by resolution dated November 13, 2025 and by parent ElderServe Health, Inc., at a meeting on November 13, 2025.

Pursuant to Not-for-Profit Corporation Law § 804, 10 NYCRR 600.11 and 10 NYCRR 610.1, PHHPC must consent to the requested name change prior to the filing of the Certificate of Amendment of Certificate of Incorporation of RiverSpring DTC Corp with the Secretary of State.

There is no legal objection to the proposed Certificate of Amendment of Certificate of Incorporation of RiverSpring DTC Corp. and it is in legally acceptable form.

Attachments.

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
RIVERSPRING DTC CORP.

Under Section 803 of the Not-for-Profit Corporation Law

The undersigned, being an authorized person of RiverSpring DTC Corp. (hereinafter referred to as the “Corporation”) does hereby certify:

FIRST: The name of the Corporation is “RiverSpring DTC Corp.”

SECOND: The original certificate of incorporation of the Corporation (“Certificate of Incorporation”) was filed by the Department of State of the State of New York on June 23, 2021.

THIRD: The corporation was formed under Section 402 of the Not-for-Profit Corporation Law of the State of New York (the “NPCL”).

FOURTH: The Corporation is a corporation as defined in subparagraph (5) of paragraph (a) of Section 102 of the NPCL and is and shall continue to be a charitable corporation under Section 201 of the NPCL.

FIFTH: To change the name of the Corporation pursuant to Section 801(b) of the NPCL, Section 1 of the Certificate of Incorporation of the Corporation is hereby amended to delete Section 1 in its entirety and replace it with the following:

1. The name of the corporation is ElderServe DTC Corp. (hereinafter referred to as the “Corporation”).

SIXTH: The Secretary of State is designated as the agent of the Corporation upon whom process against the Corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the Corporation is: ElderServe DTC Corp., 80 West 225th Street Bronx, NY 10463.

SEVENTH: The foregoing amendment was authorized by the written consent of the Member of the Corporation in accordance with paragraph (a) of Section 802 of the NPCL.

[Remainder of page intentionally left blank]

IN WITNESS THEREOF, the undersigned has executed and signed this Certificate of Amendment on the date indicated below, and does hereby affirm, under the penalties of perjury, that the statements contained herein have been examined by the undersigned and are true and correct.



Name: Susan Aldrich

Title: Trustee

Date: November 13, 2025

White Plains Unit
Frank M. Cicero
Charles F. Murphy, Jr.
James Psarianos
Michael D. Ungerer
Noelia Chung
Brian Baldwin
Michael F. Cicero
Karen Dietz
Evelyn Branford
Michael C. Maiale
Patrick Clemente
Reed Cicero
Jacob Ramsey
Danielle Madera

Cicero Consulting Associates **VCC, Inc.**

925 Westchester Ave. • Suite 201 • White Plains, NY 10604
Tel: (914) 682-8657 • Fax: (914) 682-8895
cicero@ciceroassociates.com

Albany Unit
William B. Carmello
Joseph F. Pofit
Rosemarie Porco
Daniel Rinaldi, Jr.
Mary Ann Anglin
Mark Van Guysling

Emeritus Consultants
Martha H. Pofit
Frank T. Cicero, M.D.
Rose Murphy
Albert L. D'Amato

December 18, 2025

Michael P. Parker, Sr.
(1941-2011)
Anthony J. Maddaloni
(1952-2014)
Joan Greenberg
(1934-2022)
Nicholas J. Mongiardo
(1940-2024)

Ms. Colleen Leonard, Executive Secretary
Public Health and Health Planning Council
NEW YORK STATE DEPARTMENT OF HEALTH
Corning Tower, Room 1805, Empire State Plaza
Albany, New York 12237

RE: RiverSpring DTC Corp. (Operating Certificate #7001004R)

Dear Ms. Leonard:

On behalf of our client, RiverSpring DTC Corp., an existing, Article 28 diagnostic and treatment center that has been approved to serve the Programs of All-Inclusive Care for the Elderly (PACE) Program of ElderServe Health, Inc., and in compliance with Section 600.11 of 10 New York Codes, Rules and Regulations, we are writing to seek approval from the Public Health and Health Planning Council for an Amendment to the Certificate of Incorporation of RiverSpring DTC Corp. Through the proposed Amendment, RiverSpring DTC Corp. will change its legal name to ElderServe DTC Corp.

As brief background, ElderServe Health, Inc. was recently acquired by CareSource, a nationally recognized, not-for-profit, managed care organization. As a result of that transaction, RiverSpring DTC Corp. has been informed that it can no longer use the "RiverSpring" name, so it is changing its legal name to ElderServe DTC Corp. In furtherance of this request, please find attached the following:

- Attachment No. 1 – Pre-Transaction and Post-Transaction Analysis of Legal Structure;
- Attachment No. 2 – Certificate of Incorporation (with Filing Receipt) – RiverSpring Project Corp.;
- Attachment No. 3 – Certificate of Amendment of the Certificate of Incorporation (with Filing Receipt) – RiverSpring Project Corp.;
- Attachment No. 4 – Proposed, Executed Certificate of Amendment of the Certificate of Incorporation – RiverSpring DTC Corp.;
- Attachment No. 5 – Amended and Restated Bylaws of ElderServe DTC Corp. f/k/a RiverSpring DTC Corp.; and
- Attachment No. 6 – Board Resolution authorizing the name change.

Please feel free to call me if you require other information. Thank you for your consideration.

Sincerely,
Frank M. Cicero
Frank M. Cicero

cc: Ms. Susan Aldrich, Administrator, RiverSpring DTC Corp.

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy for RIVERSPRING PROJECT CORP., File Number 210623001312 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on June 23, 2021.

A handwritten signature in black ink that reads 'Brendan C. Hughes'.

Brendan C. Hughes
Executive Deputy Secretary of State

CERTIFICATE OF INCORPORATION

OF

RIVERSPRING PROJECT CORP.

(Under Section 402 of the Not-for-Profit Corporation Law)

The undersigned, being a natural person over the age of 18 years, desiring to form a corporation pursuant to the provisions of the Not-for-Profit Corporation Law of the State of New York ("NPCL"), does hereby certify:

1. The name of the corporation is RiverSpring Project Corp. (hereinafter referred to as the "Corporation").
2. The Corporation is a corporation as defined in subparagraph (5) of paragraph (a) of Section 102 of the NPCL.
3. The purpose for which the Corporation is formed is any purpose for which corporations may be organized under the NPCL as a charitable corporation.
4. The Corporation is a charitable corporation under Section 201 of the NPCL.
5. The office of the Corporation is to be located in the County of Bronx, State of New York.
6. The names and addresses of the initial trustees of the Corporation, each of whom is at least 18 years of age and will serve until their successors are appointed, are as follows:

<u>Name</u>	<u>Address</u>
Michael Greenberg	c/o 5901 Palisade Ave, Riverdale, NY 10457
David Sable	c/o 5901 Palisade Ave, Riverdale, NY 10457
James A. Shifren	c/o 5901 Palisade Ave, Riverdale, NY 10457

7. The Secretary of State is designated as the agent of the Corporation upon whom process against the Corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the Corporation: RiverSpring Project Corp., c/o 5901 Palisade Ave, Riverdale, NY 10457, Attn: President & CEO.
8. The following language relates to the Corporation's tax-exempt status and is not a statement of purposes and powers. Consequently, this language does not expand or alter the Corporation's purposes or powers set forth in paragraph 3 above.
 - (a) Notwithstanding any other provision of this Certificate of Incorporation, the Corporation is organized exclusively for one or more of the purposes specified in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or

corresponding provisions of any subsequent federal tax laws (the "Code") and shall not carry on any activities not permitted to be carried on by (a) a corporation exempt from Federal income taxation under Section 501(c)(3) of the Code, or (b) a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

- (b) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, any member, trustee, director or officer of the Corporation or any other private person or entity, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered to or for the Corporation and to make payments and distributions in furtherance of one or more of its purposes set forth in Section 3 hereof.
 - (c) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation (except as otherwise provided by Code Section 501(h)), and the Corporation shall not participate or intervene in (including the publication or distributions of statements) any political campaign on behalf of or in opposition to any candidate for public office.
 - (d) In the event of dissolution, the assets and property of the Corporation remaining after payment of expenses and the satisfaction of all liabilities shall be distributed to ElderServe Health, Inc. ("ESH"), provided that no such distribution shall be made to ESH unless ESH shall at that time qualify as an organization described in Section 501(c)(3) of the Code, in which case any of such assets not so distributed shall be distributed to such other charitable and educational organizations as shall qualify under Section 501(c)(3) of the Code and are selected in the discretion of the Board of Trustees of the Corporation, subject to the approval of the Attorney General of the State of New York and/or a Justice of the Supreme Court of the State of New York (or such other court having jurisdiction over the Corporation), as required by law.
9. In furtherance of the Corporation's purposes described in paragraph 3 above, the Corporation shall have all of the general powers enumerated in Section 202 of the NPCL together with the power to maintain a fund or funds of real or personal property for any corporate purposes. The powers of the Corporation shall include, without limitation:
- a. the power to borrow money, contract, debts, issue notes and secure payment of the performances of its obligations and to do all other acts necessary or expedient for the administration of the affairs and attainment of the purposes of the Corporation;
 - b. the power to make and accept subventions and issue certificates therefore in accordance with Section 504 and 505 of the NPCL;
 - c. the power to solicit, accept, receive and acquire by way of gift, devise, bequest, lease, purchase or otherwise, and to hold, invest and reinvest all property, including money, shares of stock, bonds and securities of other corporations and to dispose

of such property by gift, lease, sale or otherwise, all as may be necessary or desirable for the attainment of the purposes of the Corporation;

- d. the power to conduct such activities as shall be necessary or convenient to effect, or which are conducive to the attainment of, any or all of the purposes set forth in Section 3 above and are lawful for a not-for-profit corporation under the NPCL;
 - e. the power to exercise such other powers as now are, or hereafter may be, conferred by law upon a corporation organized for the purposes herein above set forth or necessary or incidental to the powers so conferred, or conducive to the furtherance thereof.
10. The Corporation may provide indemnification and advancement of expenses to any trustee, officer or employee made a party or threatened to be made a party to any threatened, pending or completed action, suit or proceeding subject to the limitations set forth in the NPCL. Such indemnification and advancement of expenses may be set forth in the bylaws, a resolution of the Board of Trustees or an agreement providing for such indemnification and advancement of expenses.

IN WITNESS WHEREOF, this Certificate has been signed and the statements made herein are affirmed as true under the penalties of perjury as of the 22nd day of June, 2021.



Richard A. Dennett, Incorporator
8 Bond Street, Suite 300
Great Neck, New York 11021

CERTIFICATE OF INCORPORATION

OF

RIVERSPRING PROJECT CORP.

(Under Section 402 of the Not-for-Profit Corporation Law of the State of New York)

UNI-37

DRAWDOWN

DENNETT LAW OFFICES, P.C.
8 Bond Street, Suite 300
Great Neck, New York 11021
(516) 504-1400

STATE OF NEW YORK
DEPARTMENT OF STATE

ONE COMMERCE PLAZA
99 WASHINGTON AVENUE
ALBANY, NY 12231-0001
WWW.DOS.NY.GOV

ANDREW M. CUOMO
GOVERNOR

ROSSANA ROSADO
SECRETARY OF STATE

Filer: DENNETT LAW OFFICES, P.C.
8 BOND STREET, SUITE 300,
GREAT NECK, NY, 11021, USA

Your document has been filed by the Department of State.

We have attached the official filing receipt and related document(s) for the following entity:

DOS ID: 6205143
Entity Name: RIVERSPRING PROJECT CORP.

- | Retain this letter and attachment(s) for your records. The Department of State does not mail additional copies of the filing receipt or related attachment(s).
- | You may obtain a Federal Employer Identification Number(EIN) from the Internal Revenue Service(IRS).You must obtain an EIN to identify your business to the IRS and the New York State Department of Taxation and Finance. Visit <https://www.irs.gov>, for more information.
- | Report your EIN by phone to the Department of Taxation and Finance at 518-485-6027, Monday through Friday between 8:30 a.m. and 4:30 p.m.

Contact Information

- | Department of State: Email the Division of Corporations at corporations@dos.ny.gov.
- | Department of Taxation and Finance: Visit <https://www.tax.ny.gov/help/contact> for self-help options and telephone numbers.



**Department
of State**

NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE
FILING RECEIPT

ENTITY NAME : RIVERSPRING PROJECT CORP.
DOCUMENT TYPE : CERTIFICATE OF INCORPORATION
ENTITY TYPE : DOMESTIC NOT-FOR-PROFIT CORPORATION

DOS ID : 6205143
FILE DATE : 06/23/2021
FILE NUMBER : 210623001312
TRANSACTION NUMBER : 202106230001641-5113
EXISTENCE DATE : 06/23/2021
DURATION/DISSOLUTION : PERPETUAL
COUNTY : BRONX



SERVICE OF PROCESS ADDRESS : THE CORPORATION
ATTN: PRESIDENT & CEO, C/O PALISADE AVE
BRONX, NY, 10457, USA
FILER : DENNETT LAW OFFICES, P.C.
8 BOND STREET, SUITE 300,
GREAT NECK, NY, 11021, USA
SERVICE COMPANY : UNITED CORPORATE SERVICES, INC.
SERVICE COMPANY ACCOUNT : 37

You may verify this document online at : <http://ecorp.dos.ny.gov>
AUTHENTICATION NUMBER : 100000021407

TOTAL FEES:	\$85.00	TOTAL PAYMENTS RECEIVED:	\$85.00
FILING FEE:	\$75.00	CASH:	\$0.00
CERTIFICATE OF STATUS:	\$0.00	CHECK/MONEY ORDER:	\$0.00
CERTIFIED COPY:	\$10.00	CREDIT CARD:	\$0.00
COPY REQUEST:	\$0.00	DRAWDOWN ACCOUNT:	\$85.00
EXPEDITED HANDLING:	\$0.00	REFUND DUE:	\$0.00

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy for RIVERSPRING DTC CORP., File Number 230504000767 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on May 04, 2023.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

CERTIFICATE OF AMENDMENT
OF
THE CERTIFICATE OF INCORPORATION
OF
RIVERSPRING PROJECT CORP.

Under Section 803 of the Not-for-Profit Corporation Law

The undersigned, being a trustee of RiverSpring Project Corp. (hereinafter referred to as the "Corporation") does hereby certify:

1. The name of the Corporation is "RiverSpring Project Corp."
2. The original certificate of incorporation of the Corporation ("Certificate of Incorporation") was filed by the Department of State of the State of New York on June 23, 2021.
3. The Corporation was formed under Section 402 of the Not-for-Profit Corporation Law of the State of New York (the "NPCL").
4. The Corporation is a corporation as defined in subparagraph (5) of paragraph (a) of Section 102 of the NPCL and is and shall continue to be a charitable corporation under Section 201 of the NPCL.
5. To change the name of the Corporation pursuant to Section 801(b) of the NPCL, Section 1 of the Certificate of Incorporation of the Corporation is hereby amended to delete Section 1 in its entirety and replace it with the following:
 1. The name of the corporation is RiverSpring DTC Corp. (hereinafter referred to as the "Corporation").
6. To change the corporate purposes of the Corporation pursuant to Section 801(b) of the NPCL, Section 3 of the Certificate of Incorporation of the Corporation is hereby amended to delete Section 3 in its entirety and replace it with the following:
 3. The nature of the business and the purposes to be conducted and promoted by the Corporation is: (i) to establish, operate and maintain one or more diagnostic and treatment centers at locations approved by the New York State Department of Health ("DOH") pursuant to Article 28 of the Public Health Law of the State of New York ("PHL") to provide health care services to the community; and (ii) to engage in (A) any other lawful thing

incidental to, connected with or useful, suitable or proper for the furtherance of accomplishment of the foregoing purpose, and (B) any purpose for which any corporation may be organized under the NPCL as a charitable corporation that is not inconsistent with applicable provisions of the PHL.

The objects and purposes provided for herein shall be subject to the approvals or consents of such regulatory authority as may be required by law. The Corporation is not being formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

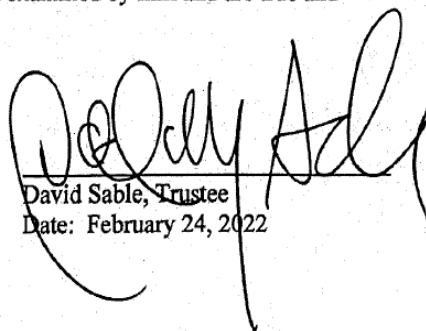
The powers and purposes of the Corporation are specifically limited to the ownership and operation of one or more diagnostic and treatment centers at locations approved by DOH and nothing contained herein shall authorize the Corporation to own or operate any other hospital facility, hospital service, a drug maintenance program, a certified home health agency, a hospice, a health maintenance organization or a comprehensive health services plan, as provided by Articles 28, 33, 36, 40, and 44, respectively, of the Public Health Law or to solicit, collect or otherwise raise or obtain any funds, contributions or grants from any source for the establishment or operation of any hospital, except to the extent the Corporation has already received requisite approval to do the same.

7. To change the address to which the Secretary of State shall mail a copy of any process accepted on behalf of the Corporation pursuant to Section 801(b) of the NPCL, Section 7 of the Certificate of Incorporation of the Corporation is hereby amended to delete Section 7 in its entirety and replace it with the following:
 7. The Secretary of State is designated as the agent of the Corporation upon whom process against the Corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the Corporation is: RiverSpring DTC Corp., 80 West 225th Street Bronx, NY 10463, Attn: President & CEO.
8. To change the corporate powers of the Corporation pursuant to Section 801(b) of the NPCL, Section 9 of the Certificate of Incorporation of the Corporation is hereby amended to delete Section 9 in its entirety and replace it with the following:
 9. In furtherance of the Corporation's purposes described in Section 3 above, the Corporation shall have all of the general powers enumerated in Section 202 of the NPCL together with the power to maintain a fund or funds of real or personal property for any corporate purposes. The powers of the Corporation shall include, without limitation:

- a. the power to borrow money, contract, incur debts, issue notes, and secure payment for the performance of its obligations, and to do all other acts necessary or expedient for the administration of the affairs and attainment of the purposes of the Corporation;
 - b. the power to make and accept subventions and issue certificates therefore in accordance with Section 504 and Section 505 of the NPCL;
 - c. the power to solicit, accept, receive, and acquire by way of gift, devise, bequest, lease, purchase, or otherwise, and to hold, invest, and reinvest all property, including money, shares of stock, bonds, and securities of other corporations, and to dispose of such property by gift, lease, sale, or otherwise, all as may be necessary or desirable for the attainment of the purposes of the Corporation;
 - d. the power to exercise all of the powers necessary or convenient to carry out, or which are conducive to the attainment of, any or all of the purposes set forth in Section 3 above and which are lawful for a not-for-profit corporation under the NPCL, including, but not limited to, entering into contracts in furtherance of such purposes, and all powers granted under the PHL, and to do every other act or thing not inconsistent with applicable law that may be appropriate to promote and attain the purposes set forth in Section 3 above; and
 - e. the power to exercise such other powers as now are, or hereafter may be, conferred by law upon a corporation organized for the purposes herein above set forth or necessary or incidental to the powers so conferred, or conducive to the furtherance thereof.
9. The Secretary of State is designated as the agent of the Corporation upon whom process against the Corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the Corporation: RiverSpring DTC Corp., 80 West 225th Street Bronx, NY 10463, Attn: President & CEO.
10. The foregoing amendment was authorized by the written consent of the Member of the Corporation in accordance with paragraph (a) of Section 802 of the NPCL.

[Remainder of page intentionally left blank.]

IN WITNESS WHEREOF, the undersigned has executed and signed this Certificate of Amendment on the date indicated next to his name, and does hereby affirm, under the penalties of perjury, that the statements contained herein have been examined by him and are true and correct.



David Sable, Trustee
Date: February 24, 2022



PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

Empire State Plaza, Corning Tower, Room 1805
Albany, New York 12237

(518) 402-0964
PHHPC@health.ny.gov

REVISED*

January 31, 2023

Patricia Smyth
Cicero Consulting Associates
925 Westchester Avenue, Suite 201
White Plains, New York 10523

Re: Certificate of Amendment of the Certificate of Incorporation of *Riverspring Project Corp.

Dear Ms. Smyth:

AFTER INQUIRY and INVESTIGATION and in accordance with action taken at a meeting of the Public Health and Health Planning Council held on the 9th day of December 2021, I hereby certify that the Public Health and Health Planning Council consents to the filing of the Certificate of Amendment of the Certificate of Incorporation of *Riverspring Project Corp., dated February 24, 2022.

Please email a copy of the Notice of Filing to the Operating Certificate Unit, at HFISmb@health.ny.gov

Sincerely,

A handwritten signature in cursive script that reads "Colleen M. Leonard".

Colleen M. Leonard
Executive Secretary

/ms



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

LETITIA JAMES
ATTORNEY GENERAL

DIVISION OF SOCIAL JUSTICE
CHARITIES BUREAU

TO: Richard A. Dennett, Esq.
8 Bond Street, Suite 300
Great Neck, NY 11021

RE: Riverspring Project Corp.

The Attorney General hereby approves pursuant to N-PCL § 804(a)(ii)(A) the proposed Certificate of Amendment of Riverspring Project Corp. Said approval is conditioned on submission to the Department of State for filing within 60 days hereafter. A copy of the filed certificate shall be provided to the Attorney General.

April 27, 2023


Donna Cole Paul
Assistant Attorney General

CERTIFICATE OF AMENDMENT
OF
THE CERTIFICATE OF INCORPORATION
OF
RIVERSPRING PROJECT CORP.
Under Section 803 of the Not-for-Profit Corporation Law

FILED BY
DENNETT LAW OFFICES, P.C.
8 BOND STREET, SUITE 300
GREAT NECK, NEW YORK 11021
(516) 504-1400

UNI-37
DRAWDOWN

NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE
FILING RECEIPT

ENTITY NAME : RIVERSPRING DTC CORP.
DOCUMENT TYPE : CERTIFICATE OF AMENDMENT
ENTITY TYPE : DOMESTIC NOT-FOR-PROFIT CORPORATION

DOS ID : 6205143
FILE DATE : 05/03/2023
FILE NUMBER : 230504000767
TRANSACTION NUMBER : 202305030002019-1947672
EXISTENCE DATE :
DURATION/DISSOLUTION : PERPETUAL
COUNTY : BRONX



SERVICE OF PROCESS ADDRESS : THE CORPORATION
ATTN: PRESIDENT & CEO, 80 WEST 225TH STREET
BRONX, NY, 10463, USA

ELECTRONIC SERVICE OF PROCESS
EMAIL ADDRESS :

N/A

FILER : DENNETT LAW OFFICES, P.C.
8 BOND STREET, SUITE 300,
GREAT NECK, NY, 11021, USA
SERVICE COMPANY : UNITED CORPORATE SERVICES, INC.
SERVICE COMPANY ACCOUNT : 37

You may verify this document online at : <http://ecorp.dos.ny.gov>
AUTHENTICATION NUMBER : 100003433460

TOTAL FEES:	\$65.00	TOTAL PAYMENTS RECEIVED:	\$65.00
FILING FEE:	\$30.00	CASH:	\$0.00
CERTIFICATE OF STATUS:	\$0.00	CHECK/MONEY ORDER:	\$0.00
CERTIFIED COPY:	\$10.00	CREDIT CARD:	\$0.00
COPY REQUEST:	\$0.00	DRAWDOWN ACCOUNT:	\$65.00
EXPEDITED HANDLING:	\$25.00	REFUND DUE:	\$0.00

RIVERSPRING DTC CORP.

ACTION WITHOUT A MEETING

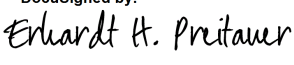
Pursuant to Article III, Section 3 of the Amended and Restated Bylaws of RiverSpring DTC Corp., the Board of Directors (the “Board”) hereby approves the following Resolution:

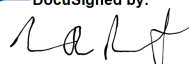
WHEREAS, on November 13, 2025, the Board authorized management to amend the Articles of Incorporation to change the name of the entity from RiverSpring DTC Corp. to ElderServe DTC Corp. and to take any action needed to accomplish the change in the name;

RESOLVED, that Susan Aldrich, President of RiverSpring DTC Corp., an existing Article 28 diagnostic and treatment center, is authorized to submit requisite documentation to the New York State Department of Health (“NYSDOH”) and the Public Health and Health Planning Council (“PHHPC”), for the purpose of changing its name to ElderServe DTC Corp., under Article 28 of the New York Public Health Law. Susan Aldrich, or her designees, is authorized to take any and all actions deemed appropriate in order to submit the documentation to the NYSDOH and PHHPC.

IN WITNESS HEREOF, the effective date of this Resolution is November 13, 2025.

RIVERSPRING DTC CORP.

DocuSigned by:

60647EB3E265422...
Erhardt H. Preitauer, Chair

DocuSigned by:

EB02CE57C22B43B...

Lawrence R. Smart

DocuSigned by:
Susan Aldrich
159ABFB947A54C4...

Susan Aldrich

ATTORNEY GENERAL OF THE STATE OF NEW YORK

COUNTY OF BRONX

----- X
In the Matter of the Application of :
: RIVERSPRING LIVING HOLDING CORP. :
: ATTORNEY GENERAL APPROVAL
For Approval of a Transfer of Assets of :
ElderServe Health, Inc. : OAG No.: *OAG - NYC - 2025 - 109*
Pursuant to Sections 510 and 511-a of the Not- :
for-Profit Corporation Law of the State of New :
York :
----- X

1. By its Petition verified on August 27, 2025, RIVERSPRING LIVING HOLDING CORP. (“Petitioner”) applied to the Attorney General pursuant to Sections 510 and 511-a of the Not-for-Profit Corporation Law (“NPCL”) for approval of an application to transfer all of the assets of ElderServe Health, Inc. (“ElderServe”) (the “Petition”).
2. Specifically, the Petition seeks Attorney General approval for (i) a transfer of the assets of ElderServe, to be achieved by substitution of Petitioner with CARESOURCE, an Ohio nonprofit corporation (“CareSource”), as the sole corporate member of ElderServe; and (ii) payment by CareSource of \$250 million in cash, subject to standard closing adjustments for working capital and indebtedness, to designees of Petitioner described herein (collectively, the “Transaction”).
3. As set forth in the Petition and the Member Substitution Agreement between Petitioner and CareSource, dated February 11, 2025 and as amended on August 7, 2025 (the “Member Substitution Agreement”), upon closing of the Transaction, CareSource will become the sole corporate member of ElderServe, assuming the right to appoint the Board of Trustees of ElderServe (the “ElderServe Board”) and exercise member powers under the NPCL. In

accordance with 10 N.Y.C.R.R. § 98-1.11, at least one-third of the ElderServe Board will include residents of New York State, and the ElderServe Board will continue to have adequate enrollee representation—either through enrollee representatives or an enrollee advisory council. Upon closing of the Transaction, ElderServe will continue operating in accordance with its charitable purposes as a managed care organization certified under Article 44 of the New York Public Health Law.

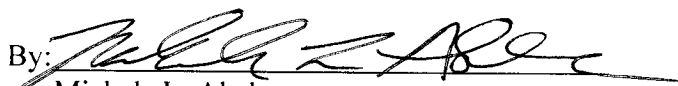
4. As set forth in the Petition, the Member Substitution Agreement provides that, subject to regulatory approvals, CareSource will pay \$250 million upon closing, subject to standard adjustments upon closing for working capital and indebtedness (the “Purchase Price Proceeds”). Of the Purchase Price Proceeds: (i) \$32.5 million will be held in an escrow account managed by Citibank, N.A. until May 15, 2027 to cover any potential indemnity claims, to be released thereafter to the Hebrew Home Foundation (the “Escrowed Funds”)¹; and (ii) \$10.25 million will be utilized to pay anticipated transaction expenses as of closing, including investment banker fees (approximately \$2.6 million), staff retention and change-of-control payments (approximately \$7.4 million), and any outstanding attorneys’ fees (not anticipated to exceed \$250,000) (the “Transaction Costs”). The Purchase Price Proceeds, including the Escrowed Funds, net of Transaction Costs (collectively, “Net Proceeds”), totaling approximately \$239.75 million, will be distributed in accordance with paragraphs 5 through 7, *infra*.

¹ As amended on August 7, 2025, the Member Substitution Agreement provides that, after May 15, 2027, the amount of Escrowed Funds released to Petitioner designees shall be ElderServe’s EBITDA in calendar year 2026, subject to adjustment for any indemnity claims.

5. Transfer to the Hebrew Home to Fund its Sustainability Plan (\$127 million). Approximately \$127 million of the Net Proceeds will be transferred to the Hebrew Home to promote its long-term sustainability and fulfillment of its charitable purposes.
6. Transfer to the Hebrew Home Foundation to Support the Housing Organizations and to Provide Ongoing Support for the Hebrew Home (\$100.75 million). Approximately \$100.75 million of the Net Proceeds (which sum includes the Escrowed Funds released after May 15, 2027) will be transferred to the Hebrew Home Foundation, to be deployed consistent with the Hebrew Home Foundation's charitable purposes in support of the Hebrew Home and certain of the Hebrew Home's affiliates, including Hebrew Home Housing Development Fund Company, Inc. ("Hebrew Home HDFC") (137-unit independent living facility for seniors); Hudson House Housing Development Fund Company, Inc. ("Hudson HDFC") (59-unit housing for low-income seniors); 1880 Boston Road Housing Development Fund Corporation ("BR HDFC") (subsidized housing, including housing for recently homeless elderly individuals); and Arthur Avenue Housing Development Fund Corporation ("AA HDFC") subsidized housing, including housing for recently homeless elderly individuals) (collectively, the "Housing Organizations").
7. Repayment of NYPHSI Subvention (\$12 million). On May 12, 2010, the Hebrew Home Foundation loaned \$6.1 million to ElderServe as startup capital for its MLTCP, in the form of a subvention, accruing simple interest at 6% annually (the "Subvention"). On June 21, 2024, the Hebrew Home Foundation assigned the right to repayment under the Subvention to NYPHSI. As described in Section 2.3(a)(ii) of the Member Substitution Agreement, the principal and accrued interest, totaling approximately \$12 million, will be transferred directly to NYPHSI in full satisfaction of the repayment obligation under the terms of the Subvention.

8. Based on a review of the Petition and the exhibits thereto (and the additional documents and information requested by the Attorney General), the approval of the Transaction by the New York State Department of Health, and the verification of David Pomeranz that Petitioner has complied with the provisions of the NPCL applicable to the sale of all or substantially all of the assets of ElderServe; and it appearing to the satisfaction of the Attorney General that the consideration and terms of the Transaction are fair and reasonable to Petitioner and that the purposes of Petitioner and the interests of the class of charitable beneficiaries will be promoted by the Transaction, and neither Petitioner nor any third party having raised with the Attorney General any objections to the proposed Transaction, the Transaction and distribution of Net Proceeds are hereby approved.
9. Petitioner shall provide written notice to the Attorney General that (i) the Transaction and distribution of the Net Proceeds, excluding all Escrowed Funds, has been completed and, after May 15, 2027, that the Escrowed Funds have been distributed; (ii) the Transaction has been abandoned; or (iii) the Transaction and distribution of Net Proceeds is pending 90 days after approval.
10. Petitioner shall provide the Attorney General with a copy of the final closing statement for the Transaction within 30 days after closing.
11. None of the terms or parties referenced in this Attorney General Approval may be changed without further approval of the Attorney General.

Letitia James
Attorney General of the State of New York

By: 
Michele L. Abeles
Assistant Attorney General

Date: August 28, 2025



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

August 26, 2025

Erhardt Preitauer
Chief Executive Officer
CareSource
230 North Main Street
Dayton, Ohio 45402

RE: Membership Substitution Agreement between ElderServe Health, Inc. (ElderServe) and CareSource

Dear Erhardt Preitauer,

The Department of Health (Department) has completed its review of the Membership Substitution Agreement between ElderServe and CareSource for approval pursuant to 10 NYCRR § 98 submitted to the Department on March 28, 2025. ElderServe is a Managed Care Organization (MCO), which operates a long term care services plan certified under Article 4403-f of the Public Health Law (PHL), which entered into a Membership Substitution Agreement with CareSource, a nonprofit Corporation, whereby CareSource will become the new parent entity of ElderServe Health, Inc. that currently operates MLTCP, MAP and Medicare Advantage lines of business.

We are pleased to inform you that the Department has conditionally approved the Membership Substitution Agreement, based on the Statement of Agreement (SOA) executed on August 19, 2025, which contains a list of conditions.

If you have any questions, please contact the Department plan manager Janice Juliano by e-mail at Janice.Juliano@health.ny.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "h 22" followed by a large, stylized flourish.

Susan U. Montgomery
Director

Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs

Cc: Janice Juliano
Heather Grimmer
Anesa Brkanovic
Whitney Reed
Eric Linendoll
Dajana Trapanese

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, on this 17th day of September 2026, approves the filing of the Certificate of Amendment of the Certificate of Incorporation of RiverSping DTC Corp., dated November 13, 2025.



Project # 261237-E

Maimonides Medical Center

Program: Hospital
Purpose: Establishment

County: Kings
Acknowledged: May 22, 2026

Executive Summary

Description

New York City Health and Hospitals Corporation (H+H), a New York public benefit corporation, seeks approval to operate Maimonides Medical Center (MMC) and Maimonides Midwood Community Hospital (MMCH) through two new, wholly controlled public benefit corporation subsidiaries: H+H Maimonides Corporation (H+H Maimonides) and H+H Maimonides Midwood Corporation (H+H Midwood).

Maimonides Medical Center is a 711-bed acute care hospital whose sole member and passive parent is Maimonides Health Resources, Inc. (MHRI). The New York Community Hospital of Brooklyn, Inc. d/b/a Maimonides Midwood Community Hospital, is a 134-bed acute care hospital, whose sole corporate member is Maimonides Medical Center. For the purposes of this transaction, Maimonides Health Resources Inc, together with its subsidiaries and affiliates, are referred to, collectively, as Maimonides.

New York City Health and Hospitals Corporation (H&H) operates 11 acute care hospital sites across New York City and provides comprehensive medical and behavioral health services regardless of a patients' ability to pay. H&H will continue to operate its 11 acute care hospitals under the H+H public benefit corporation, will become the sole member and active parent of the H+H Maimonides and H&H Maimonides Midwood subsidiary companies and will become the co-operator of the hospitals operated by such subsidiaries: Maimonides Medical Center and Maimonides Midwood Community Hospital respectively.

On December 18, 2025, H+H and Maimonides Health Research Inc, together with its subsidiaries and affiliates, including Maimonides Medical Center and Maimonides Midwood Community Hospital, entered into an Affiliation and Asset Purchase Agreement (APA). The assets and liabilities of Maimonides Medical Center and Maimonides Midwood Community Hospital will be transferred to H+H and H+H will operate the hospitals (Maimonides Hospitals) under the following structure:

- H+H Maimonides will operate Maimonides Medical Center.
- H+H Maimonides Midwood will operate Maimonides Midwood Community Hospital.
- H+H will be the sole member and active parent of H+H Maimonides and H+H Maimonides Midwood and the co-operator of Maimonides Medical Center and Maimonides Midwood Community Hospital.

Consistent with Section 7384(3) of the New York City Health and Hospitals Corporation Act, N.Y. Unconsolidated Law §§ 7381-7406 the individuals who serve as the Board of Directors of H+H will serve in the same capacity as the governing board and established operator of each of the Maimonides Hospitals, functioning similarly to H+H's other Article 28 licensed hospitals, which are organized as unincorporated divisions of H+H.

Maimonides is facing significant financial and operational challenges due to substantial financial losses over multiple years, impacting their ability to maintain necessary services for the community. Approval of this application, along with a \$2.245B Safety Net Transformation

Program (SNTP) grant awarded by the New York State Department of Health (DOH) comprised of both operating and capital funds will enable strategic capital investments including a state-of-the-art electronic health record system and updated infrastructure. Together with enhanced Medicaid rates available as part of H+H, this investment will lead to revenue growth and cost reductions, eventually improving financial performance at Maimonides while enhancing clinical quality and patient safety.

OPCHSM Recommendation Contingent Approval

Need Summary

There will be no change in the number of beds or services as direct result of this application

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a (3).

Financial Summary

There are no project costs associated with this application. The following represents the consolidated budget for H+H and H+H Maimonides Hospitals post affiliation:

<u>Budget:</u>	Current Year (in 000s)	Year One (in 000s)	Year Three (in 000s)
Total Revenues	\$18,162,696	\$17,740,189	\$18,219,562
Total Expenses	<u>\$18,085,824</u>	<u>\$17,645,481</u>	<u>\$18,413,239</u>
(Loss) Income Before Other			
Change in Net Position	\$76,872	\$94,708	(\$193,678)
Interest, Depreciation, and Amortization	<u>\$838,977</u>	<u>\$832,453</u>	<u>\$902,864</u>
EBIDA*	\$915,849	\$927,161	\$858,670

* EBIDA represents earnings before interest expense, depreciation, and amortization, and is calculated by adding back interest, depreciation, and amortization to net income.

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

Recommendations

Health Systems Agency

There will be no Health Systems Agency recommendation for this project.

Office of Primary Care and Health Systems Management

Approval contingent upon:

1. Submission of an executed Administrative Services Agreement acceptable to the Department of Health. [Bureau of Financial Analysis]
2. Submission of an original affidavit from the applicant, acceptable to the Department, in which the applicant agrees, notwithstanding any agreement, arrangement or understanding between the applicant and the transferor to the contrary, to be liable and responsible for any Medicaid overpayments made to the facility and/or surcharges, assessments or fees due from the transferor pursuant to Article 28 of the Public Health Law with respect to the period of time prior to the applicant acquiring its interest, without releasing the transferor of its liability and responsibility. [Bureau of Financial Analysis]

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [Project Management Unit]
2. Submission of documentation confirming final approval of the Safety Net Transformation program executed grant contract, acceptable to Department of Health. [Bureau of Financial Analysis]

Council Action Date

September 17, 2026

Need Analysis

Project Description

NYC Health + Hospitals (H+H) is submitting this application seeking approval to operate:

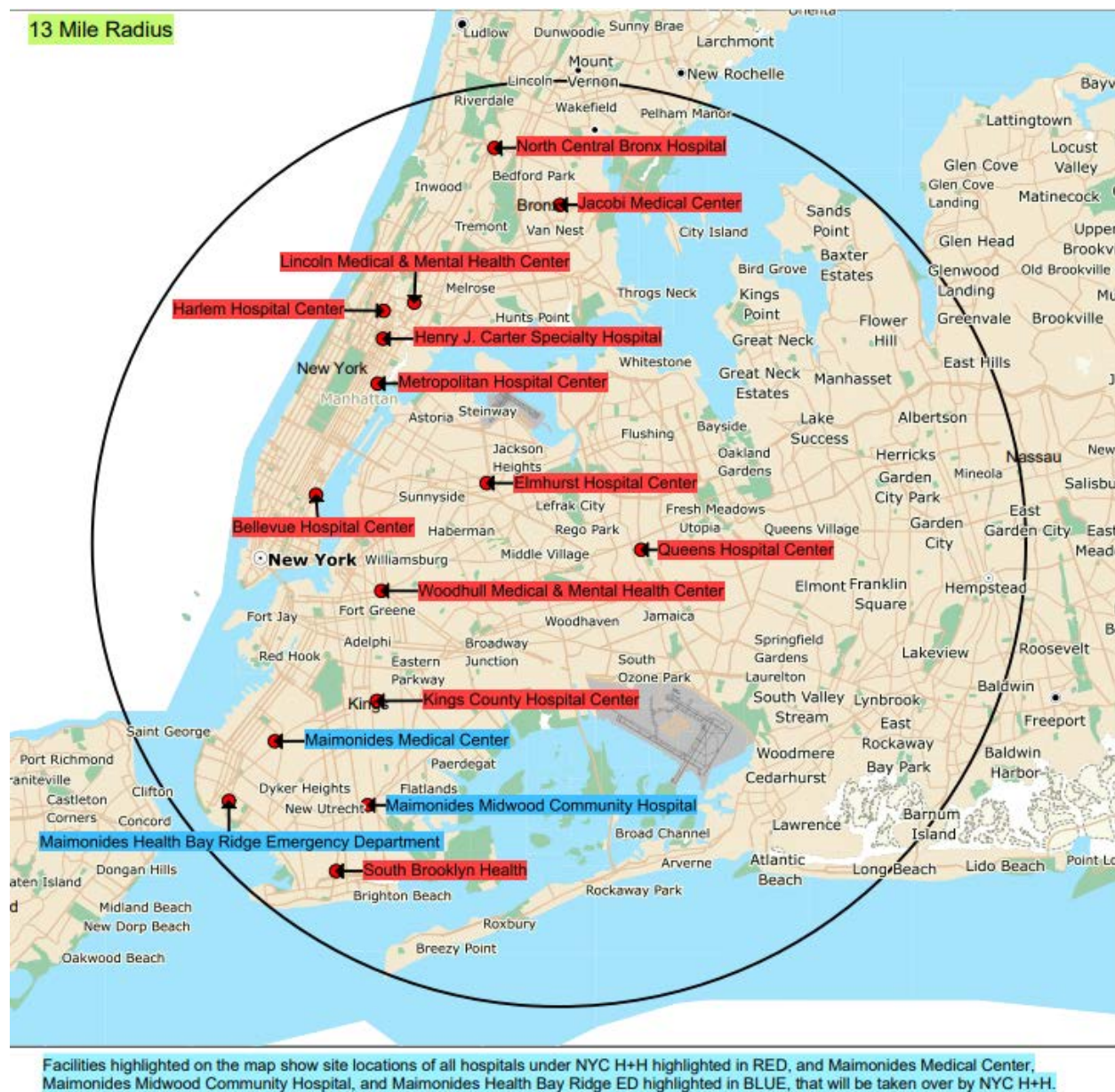
- Maimonides Medical Center (MMC), located at 4802 Tenth Avenue, Brooklyn, New York 11219,
- Maimonides Midwood Community Hospital (MMCH), located at 2525 Kings Highway, Brooklyn, New York, 11229,
- Maimonides Health Bay Ridge Emergency Department, an Off Campus Emergency Department, at 9036 7th Avenue, Brooklyn, New York 11228,
- and 15 extension clinics in Brooklyn.

The table below provides information on the main Maimonides campuses, including but not limited to services they offer.

Hospital	Beds	Services
Maimonides Medical Center	Total Beds: 711 • Coronary Care: 10 beds • Intensive Care: 40 beds • Maternity: 69 beds • Med/Surg: 448 beds • Neonatal Continuing Care: 9 beds • Neonatal Intermediate Care: 10 beds • Neonatal Intermediate Care: 12 beds • Pediatric: 32 beds • Pediatric ICU: 11 beds • Psychiatric: 70 beds	Ambulatory Surgery, Cardiac Catheterization (Adult Diagnostic, Electrophysiology (EP), Percutaneous Coronary Intervention (PCI), Cardiac Surgery-Adult, Comprehensive Stroke Center, Coronary Care, Audiology Outpatient, Dental Outpatient, Emergency Department, Intensive Care, Lithotripsy, Maternity, Neonatal (Continuing Care, Intensive Care, Intermediate Care), Nuclear Medicine (Diagnostic and Therapeutic), Pediatric, Pediatric Intensive Care, Psychiatric, Regional Perinatal Center, Renal Dialysis-Acute, Therapy-Occupational, Physical, and Speech Language Pathology
Maimonides Midwood Community Hospital	Total Beds: 134 • Intensive Care: 7 beds • Med/Surg: 127 beds	Ambulatory Surgery, Cardiac Catheterization (Electrophysiology (EP), Percutaneous Coronary Intervention (PCI), Coronary Care, Emergency Department,

Source: HFIS

The map below shows the Maimonides hospitals and eleven NYC Health & Hospitals within a 13-mile radius.



Background & Analysis

Maimonides Health is within Kings County. The primary service area for Maimonides Health is neighborhoods: Sunset Park, Windsor Terrace, Bay Ridge, Dyker Heights, Fort Hamilton, Bensonhurst, Bath Beach, Gravesend, Borough Park, Kensington, Ocean Parkway, Coney Island South, Brighton Beach, Homecrest, Sea Gate, Flatbush, Midwood, Ditmas Park, Ocean Parkway, Manhattan Terrace, Prospect Park South, Sheepshead Bay, Gerritsen Beach, Plum Beach, Kings Highway, Manhattan Beach, East Flatbush, Rugby, Remsen Village, Flatlands, Canarsie, Bergen Beach, Georgetown, Marine Park, and Mill Basin. These areas comprise the following zip codes: 11220, 11232, 11209, 11228, 11214, 11219, 11204, 11218, 11223, 11224, 11226, 11230, 11210, 11229, 11234, 11235. Demographics for the zip codes of the two Maimonides hospitals, the Primary Service Area, Kings County, and New York State are noted below.

Demographics	Zip Code 11219	Zip Code 11229	PSA Total (16 Zip codes)	Kings County	New York State
Total Population-2024 Estimate	94,196	78,377	1,176,222	2,631,580	19,852,366
Hispanic or Latino (of any race)	13.2%	9.0%	18.08%	19.0%	19.8%
White (non-Hispanic)	60.5%	57.1%	43.59%	36.1%	52.8%
Black or African American (non-Hispanic)	1.3%	6.7%	13.63%	26.6%	13.4%
Asian(non-Hispanic)	20.7%	22.3%	19.65%	12.1%	9.0%
Other (non-Hispanic)	3.6%	3.9%	5.06%	6.2%	5.0%

Source: 2024 American Community Survey (5-year Estimates Data Profiles)

Maimonides describes their patient population as including large Orthodox Jewish, Chinese, Latino, Russian, Caribbean, and South Asian and Southeast Asian (including Pakistani, Bangladeshi, Indian, Laotian, Filipino, and Indonesian) communities. Based on information provided by the applicant, NYC H&H is experienced and skilled in serving similarly diverse communities.

In 2024, 94.2% of the population of Kings County had health coverage as follows

Health Plan	Kings County
Employer plans	40.3%
Medicaid	34.3%
Medicare	8.42%
Non-group plans	10.8%
Military or VA plans	0.297%

Source: Data USA

In 2024, the population within the service area in zip codes where Maimonides hospitals had the highest market share percentage had public health coverage as noted below:

Zip Code	Medicare Coverage Alone	Medicaid/Means-Tested Coverage Alone
11204	5.2%	44.6%
11218	3.9%	31.6%
11219	3.6%	59.6%
11230	5.1%	32.8%

Source: American Community Survey (5-Year Estimates); Table S2704

Maimonides Medical Center is recognized as having the following designations: Comprehensive Stroke Center, Regional Perinatal Center, and Level I Adult and Pediatric Trauma Center. Maimonides Midwood Community Hospital is a designated Primary Stroke Center.

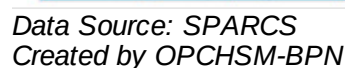
The table below provides hospital occupancy data by service for 2023-2025:

Maimonides Medical Center				
Service	Beds	2023 Total Occupancy	2024 Total Occupancy	2025 Total Occupancy
Medical/Surgical	498	62.6%	75.7%	75.6%
Pediatric	43	38.2%	39.3%	35.0%
Obstetric	69	60.5%	62.3%	58.5%
Psychiatric	70	81.9%	85.2%	78.9%
High Risk Neonates	31	56.3%	72.6%	63.0%
Total	711	62.5%	73.0%	71.2%
Maimonides Midwood Community Hospital				
Service	Beds	2023 Total Occupancy	2024 Total Occupancy	2025 Total Occupancy
Medical/Surgical	134	62.6%	70.4%	73.4%
Total	134	62.6%	70.4%	73.4%

Source: SPARCS

Applicant Payor Mix						
Payor	Current	Year One	Year Three	Current	Year One	Year Three
	Inpatient			Outpatient		
Medicare	40.97%	40.99%	41.45%	40.97%	41.06%	41.21%
Medicaid	42.49%	41.90%	40.41%	42.49%	41.98%	40.52%
Commercial	14.40%	14.46%	14.51%	14.40%	14.42%	14.50%
Private Pay	2.14%	2.65%	4.03%	2.14%	2.54%	3.77%

The map below shows data of Inpatient Market Share Analysis by patient zip codes, and which (NYC H&H and/or Maimonides) hospital patients visited. Areas shaded in red represent Market Share of zip codes from which people visited NYC H&H campuses and areas in blue represent Market Share of zip codes of people who visited Maimonides hospitals. The purple shaded areas show shared Market Share of zip codes where they overlapped coverage. The zip codes with the highest market share percentage of Maimonides total discharges include 11219, 11204, 11218, and 11230.



According to the applicant, NYC Health & Hospitals will allow Maimonides to implement Epic, as on their own they are unable to access electronic medical records using Epic without significant costs and delays. NYC H&H will also help renovate Maimonides labor and delivery suites, double the size of the main Emergency Department (ED), and support other innovations. Health & Hospital's will support other ongoing services, including Brooklyn's only standalone pediatric ED and expand psychiatric services.

Conclusion

There will be no impact on the availability of beds or services as a direct result of this project.

Program Analysis

Project Proposal

Project Number	261237	
Facility Name	Maimonides Medical Center	
Description	NYC Health + Hospitals to become operator of Maimonides Medical Center and Maimonides Midwood Community Hospital through two new subsidiaries – SNTP	
Site	PFI	
Maimonides Midwood Community Hospital (MMCH) 2525 Kings Highway Brooklyn, NY 11229 (Kings County).	1305	CHOW ENTITY: H+H Maimonides Midwood Corporation MMCH - No change to operating certificate other than to have H+H Maimonides Midwood Corporation replacing MMCH as operator and H+H as co-operator.
Maimonides Medical Center (MMC) 4802 Tenth Avenue Brooklyn, NY 11219 (Kings County)	1298	ENTITY: H+H MAIMONIDES CORPORATION MMC - No change to operating certificate other than to have H+H Maimonides Corporation replacing MMC as operator and H+H as co-operator.
Maimonides Health Bay Ridge Emergency Department 9036 7th Avenue Brooklyn, New York 11228 (Kings County)	15518	ENTITY: H+H MAIMONIDES CORPORATION MMC - No change to operating certificate other than to have H+H Maimonides Corporation replacing MMC as operator and H+H as co-operator.

NYC Health + Hospitals (H+H) submitted a Full Review Certificate of Need (CON) application seeking approval to operate Maimonides Medical Center (**MMC**) and Maimonides Midwood Community Hospital (**MMCH**) through two (2) new, wholly controlled public benefit corporation subsidiaries:

H+H Maimonides Corporation (H+H Maimonides) and
H+H Maimonides Midwood Corporation (H+H Maimonides Midwood).

Pursuant to the terms of an Affiliation and Asset Transfer Agreement, the assets and liabilities of MMC and MMCH will be transferred to H+H and H+H will operate these hospitals (the “Maimonides Hospitals”) under the following structure:

- H+H Maimonides will operate Maimonides Medical Center; and
- H+H Maimonides Midwood will operate Maimonides Midwood Community Hospital.
- H+H will be the sole member and active parent of H+H Maimonides and H+H Maimonides Midwood and the co-operator of Maimonides Medical Center and Maimonides Midwood Community Hospital.

The individuals who serve as the Board of Directors of H+H will serve in the same capacity as the governing board and established operator of each of the Maimonides Hospitals, functioning similarly to H+H's other Article 28 licensed hospitals, which are organized as unincorporated divisions of H+H.

NYC Health + Hospitals (H+H) operates the municipal hospital system of the City of New York by providing comprehensive medical and behavioral health services within New York City (NYC). H+H operates eleven (11) acute care hospital sites across New York City: Bellevue, Elmhurst, Harlem, Jacobi, Kings County, Lincoln, Metropolitan, North Central Bronx (a division of Jacobi), Queens, South Brooklyn Health and Woodhull. H+H will continue to operate these acute care hospital divisions across NYC.

There will be no change in either authorized services or the number or type of beds at any of the H+H hospitals or clinics as a direct result of approval of this project.

Maimonides Medical Center (MMC) is a 711-bed specialty care teaching hospital located at 4802 Tenth Avenue in Brooklyn, New York (Kings County) and operates fifteen (15) extension clinics in Brooklyn; plus an off-campus Emergency Department (Maimonides Health Bay Ridge Emergency Department). Maimonides Medical Center service designations are noted as a Comprehensive Stroke Center; Level 1 Adult and Pediatric Trauma Center; and as a Regional Perinatal Center.

Maimonides Health System	
Facility	Facility Type
Maimonides Medical Center	Hospital
Maimonides Rehabilitation Center	Extension Clinic
Maimonides Pediatric Care 57th Street,	Extension Clinic
Maimonides Sleep Disorder Clinic	Extension Clinic
Fort Hamilton Clinic Treatment Center	Extension Clinic
Mapleton Clinic Treatment Center	Extension Clinic
Maimonides Adult and Pediatric Care Newark Avenue	Extension Clinic
Maimonides Adult/Peds Dental Center	Extension Clinic
Maimonides Adult and Pediatric Care 7th Avenue	Extension Clinic
Maimonides Adult Primary Care 57th Street	Extension Clinic
Bensonhurst Clinic Treatment Center	Extension Clinic
Maimonides Women's Services 9th Avenue	Extension Clinic
Maimonides Cancer Center	Extension Clinic
Maimonides Breast Center	Extension Clinic
2 - Maimonides Cardiology Outpatient Center	Extension Clinic
Maimonides Midwood Community Hospital	Hospital
Maimonides Midwood Community Infusion Therapy Center	Extension Clinic
Maimonides Health Bay Ridge Emergency Department	Off-Campus ED

There will be no change to the operating certificate other than having H+H Maimonides Corporation replace Maimonides Medical Center as operator and H+H as co-operator.

There will be no change in either authorized services or the number or type of beds at the hospitals or clinics as a direct result of approval of this project.

The New York Community Hospital of Brooklyn, Inc. d/b/a Maimonides Midwood Community Hospital (MMCH) is a 134-bed acute care hospital located at 2525 Kings Highway in Brooklyn, New York (Kings County)

Maimonides Midwood Community Hospital facility:
Maimonides Midwood Community Hospital Infusion Therapy Center.

There will be no change in either authorized services or the number or type of beds at the Center as a direct result of approval of this project.

The Change of Operator approval letter was received on March 9, 2026.

H+H will enter into an administrative services agreement to engage the services of non-physician employees and secure the services of the physicians employed by the Maimonides Entities through an affiliation agreement with a to be formed professional corporation.

BOARD OF DIRECTORS:

As members of the Board, each member stated the following –I am a Board Member of NYC Health + Hospitals (“NYC H+H”). As the nation's largest municipal health system, NYC H+H is regularly named in civil and administrative actions in various forums in the normal course of business, e.g. employment and tort matters. To the best of my knowledge, none of these matters has related to my personal conduct. In addition, I am aware that during my tenure on the Board NYC H+H settled the following two cases that were brought under the federal False Claims Act: In June 2020, NYC H+H settled a matter involving Medicaid and Medicare billing for podiatry services provided at Coney Island Hospital (now called South Brooklyn Health) during the period 2010 through 2014. The government declined to intervene in this qui tam action and NYC H+H and its co-defendant settled with a private plaintiff. In January 2025, NYC H+H resolved a case involving Medicaid billing during the period 2006 through 2009 at Coler-Goldwater specialty Hospital and Nursing Facility (where NYC H+H's long-term acute care hospital was previously licensed).

Character and Competence

MICHAEL M. ESPIRITU, MD - Director on the Board of Directors of New York City Health and Hospitals Corporation from 02/20/25.

Dr. Espiritu received a Medical Degree (MD) from the Weill Medical College of Cornell University, located in New York in 2005; and received a Bachelor of Arts (BA) degree from Harvard University, in Massachusetts in 2001.

Since 2018, Dr. Espiritu has been an Assistant Professor of Clinical Pediatrics and Attending Neonatologist at Weill Cornell Medicine; an Assistant Professor of Pediatrics and Attending Neonatologist at the NYU School of Medicine; and a Neonatologist at NYU Langone Medical Center and Bellevue Hospital Center from 2011 to 2018.

Dr. Espiritu has been an officer for 134 health-related facilities and has disclosed the following legal cases:

- *A malpractice case was filed in 2019 regarding a newborn with neonatal hypoglycemia shortly after birth in which the case remains pending.*
- *A malpractice case was filed in 2024 regarding a newborn who had an extensive hospital stay across three New York-Presbyterian campuses in which the case remains pending.*

ANITA P. KAWATRA - Director on the Board of Directors of New York City Health and Hospitals Corporation from 01/01/19.

Anita Kawatra received a Master's in Administration (MA) degree from Columbia University in New York in 1998 and a Bachelor of Arts degree from Yale University in Connecticut in 1988.

Anita Kawatra has been an Executive Advisor with Kallyope in New York since 2025 and was the Executive Vice-President/Corporate Affairs with Kallyope from 2012 to 2025; was Chief Corporate Affairs Officer/Life Sciences with Inference in Massachusetts from 2020 to 2021; was Senior Vice-President/Corporate Affairs with Inheris Biopharma from 2019 to 2020; was a Global Head/Communications with International Aids Vaccine Initiative in New York from 2018 to 2019; and was an Executive Vice-President/Health with Edelman in New York from 2015 to 2017.

The following court information was provided:

- *Anita Kawatra is a Board Member of Sanctuary for Families and GrowNYC. These entities have been involved in litigation and/or administrative proceedings in the normal course of business, however, to the best of Anita Kawatra knowledge, no proceedings have related to personal conduct.*

VINCENT J. CALAMIA, MD - Director on the Board of Directors of New York City Health and Hospitals Corporation from 01/13/12.

Dr. Calamia received a Master of Science (MS) in Healthcare Management from Harvard School of Public Health in Massachusetts in 2001, completed a Medical Degree (MD) at the University of Miami School of Medicine in Florida in 1978; and received a Bachelor of Science (BS) degree in Biology from SUNY-Stony Brook in New York in 1978.

Since 2018, Dr. Calamia has been the ICM Regional Medical Director Southeast USA with United Healthcare; was a Chief Medical Officer with United HealthCare NJ C&S (Edison, New Jersey) from 2016 to 2018; is an Attending Physician, Endocrinology with Staten Island University Hospital from 2016 to present; was the President & Chief Executive Officer of University Physicians Group from 1989 to 2016; was the Medical Director for Eger Rehab and Care Center from 2012 to 2016; and was the Medical Director for Compassionate Care Hospice from 2011 to 2016.

The following court information was provided: Dr. Calamia was named as a defendant in two medical malpractice actions:

- *In 1992, named in an action alleging delayed diagnosis of Cushing's Disease. I had seen the patient twice for an unrelated condition. The case was settled in 2000.*
- *In 2000, co-named in an action alleging a delay in diagnosis of autoimmune liver disease. The case settled in 2019.*

Dr. Calamia was the CEO of Victory Memorial Hospital in 2010 when it declared bankruptcy as the result of a greater restructuring of hospitals in Brooklyn.

VANESSA RODRIGUEZ - Director on the Board of Directors of New York City Health and Hospitals Corporation from 02/20/25.

Vanessa Rodriguez received a Bachelor's degree in Social Work (BSW) from the College of New Rochelle in New York in 2003.

Vanessa Rodriguez is the Director of Performance Improvement, HIV & PrEP Services with Urban Health plan Inc. in New York from 2021 to present; was the Director of Practice and Performance Improvement Coaching at Urban Health plan Inc. from 2017 to 2021; was a Senior Practice Coach at Urban Health plan Inc. from 2015 to 2017; and was an HIV Program Coordinator at Urban Health plan Inc. from 2011 to 2017.

FREDA J. WANG - Director on the Board of Directors of New York City Health and Hospitals Corporation from 01/01/19.

Freda Wang completed a bachelor's degree at Columbia University in New York in 1992.

Fred Wang has several roles with Goldman Sachs & Co: as a Managing Director from 2011 to present; as Co-COO of Public Sector & Infrastructure Group from 2026 to present; as Co-Head of National Infrastructure from 2023; and as PSI Operating Committee Member from 2023.

Blood Cancer United has been involved in arbitration or other alternative dispute resolution proceedings in the ordinary course of its operations, including contractual disputes involving amounts owed to Blood Cancer United under agreements containing dispute resolution provisions. These matters relate to Blood Cancer United as an affiliated organization and are not related to my personal conduct.

TRICIA TAITT - Director on the Board of Directors of New York City Health and Hospitals Corporation from 02/20/25.

Tricia Taitt received a Master in Business Administration (MBA) degree from Fuqua School of Business, Duke University in North Carolina in 2006; and a bachelor's degree from The Wharton School/University of Pennsylvania in 2022.

Trica Taitt is the Founder and Chief Executive Officer of Art & Money Matters LLC “dba” FinCore since 2010.

JACKIE ROWE-ADAMS - Director on Board of Directors of New York City Health and Hospitals Corporation from 02/15/23

Jackie Rowe-Adams completed a Certificate of Arts degree from the All-City School of Music in New York in 1968.

Jackie Rowe-Adams is the President and Co-Founder of HARLEM MOTHERS STOP ANOTHER VIOLENT END (S.A.V.E.) since 2006; was a Recreational Manager with the NYC Department of Parks & Recreation from 1987 to 2022; and was President of AFSCME DC37-Local 299 from 2005 to 2022.

As one of New York City’s largest unions, DC 37 is regularly named in civil and administrative actions in various forums in the normal course of business. To the best of Jackie Rowe-Adams knowledge, none of these matters have related to personal conduct.

GRACE C. BONILLA - Director, newly appointed in 2026, on the Board of Directors of New York City Health and Hospitals Corporation.

Grace Bonilla received a Juris Doctor (JD) degree from Brooklyn Law School located in New York City in 2004.

Currently, Grace Bonilla is the President and Chief Executive Officer of United Way of New York City since 2022; was the Senior Vice President for Latin America with Covenant House International located in New York City from 2020 to 2022; was an administrator with the NYC Human Resources Administration located in New York City from 2017 to 2020; was the Executive Director of the COVID-response NYC Racial Inclusion and Equity Task Force for NYC City Hall in 2020; and was the President and Chief Executive Officer for The Committee for Hispanic Children and Families from 2015 to 2017.

ALISTER MARTIN, MD - Director, Commissioner, Department of Health and Mental Hygiene, as ex-officio, from 02/23/26.

Doctor Martin graduated from Harvard Medical School with a Doctor of Medicine and a Master of Public Policy in 2015.

Dr. Martin has been an Assistant Professor of Emergency Medicine at Harvard Medical School and an Attending Physician for the Department of Emergency Medicine at Massachusetts General Hospital since 2019 and is also a Senior Fellow at Northeastern University since 2024. Prior to this, Dr. Martin was the Chief Executive Officer of a Healthier Democracy, Inc. from 2022 to February of 2026; was a White House Fellow and Senior Advisor to Vice President Kamala Harris and Senior Advisor of the West Wing Office of Public Engagement from 2021-2022; and was a Member of the CMS Advisory Panel on Outreach and Education for the United States Department of Health and Human Services from 2023 to 2025.

In 2019, Dr. Martin was named in a medical malpractice action involving a patient who received obstetrics care at Brigham and Women's Hospital during an internship year in 2015. However, the plaintiff later agreed to voluntarily dismiss Dr. Martin from the lawsuit due to his lack of involvement in the care as Commissioner of the New York City Department of Health and Mental Hygiene.

Dr. Martin is an ex-officio Board Member of the NYC Fund for Public Health, Public Health Solutions, and the Greater New York Hospital Association. In addition, he was previously a Board Member and CEO of A Healthier Democracy and a Board Member of Tenacity and Empath. It is his understanding that some of these entities have been involved in litigation and/or administrative proceedings in the normal course of business, however, to the best of Dr. Martin's knowledge no such proceedings have been related to personal conduct.

ERIN DALTON - Director, Commissioner/Administrator, Human Resources Administration, as ex-officio, since 03/02/26.

Erin Dalton graduated from Carnegie Mellon University with a Master's degree in 2003. Erin Dalton has been the Commissioner for the New York City Department of Social Services since March of 2026. Prior to this, Erin Dalton was the Deputy Director, Office of Analysis, Technology and Planning of the Allegheny County Department of Human Services from 2007 to 2021 and the Director of the Allegheny County Department of Human Services from 2021 to March of 2026.

The following active court cases involve Erin Dalton:

- *V.O.I.C.E. et al vs. The City of New York et al (Erin Dalton)/ New York Supreme Court/ 154997/2026/ SP-CPLR Article 78 (Body or Officer)*
- *KING, JR., WALTER vs. NYC DSS COMSR, Erin Dalton/ Kings Supreme Court/ 176/2026/ OM-Other*
- *KHAN, RAJA A. vs. THE CITY OF NEW YORK et al (Erin Dalton)/ New York Supreme Court/ 451289/2026/ SP-CPLR Article 78 (Body or Officer)*
- *Saffore, Eula vs. Dalton, Erin et al/ New York Supreme Court/ 451403/2026/ SP-CPLR Article 78 (Body or Officer)*
- *Vega, Dudamel vs. New York State Department of Motor Vehicles et al (Erin Dalton)/ Westchester Supreme Court/ 50365/2026/ SP-CPLR Article 78 (Body or Officer)*
- *Stephen, Daryl vs. NYC HRA (Erin Dalton)/ Kings Supreme Court/ 508868/2026/SP-CPLR Article 78 (Body or Officer)*
- *Van Stuyvesant, Curtis vs. Hochul, Kathleen et al (Erin Dalton)/ Queens Supreme Court/ 710104/2026/ SP-CPLR Article 78 (Body or Officer)*

JORGE PETIT, MD - Director, , Community Mental Health Services, Executive Deputy Commissioner, Division of Mental Hygiene - NYC Department of Health and Mental Hygiene, as an ex-officio, since 04/13/26.

Dr. Petit graduated from Faculty of Medicine, University of Buenos Aires with a Doctor of Medicine in 1991, completing a Psychiatry Internship and Residency at the Department of Psychiatry at Mount Sinai Hospital, Mount Sinai School of Medicine in 1995 and a Public Psychiatry Fellowship at Columbia Presbyterian/NYS Psychiatric Institute in 1996.

Dr. Petit has been the Executive Deputy Commissioner of the Division of Mental Hygiene for the NYC Department of Health and Mental Hygiene since April 2026 and is also an Adjunct Lecturer for the Department of MSW at Silver School of Social Work at New York University since January of 2026. Previously Dr. Petit was the Founder/Chief Executive Officer of Quality Healthcare Solutions, LLC from 2023 to 2026; the Chief Executive Officer & President of Services for the Underserved from 2022 to 2023; the Chief Executive Officer & President of Coordinated Behavioral Care from 2017 to 2022; and the New York State Regional Senior Vice President of Beacon Health Options from 2015 to 2017.

Dr. Petit was named as a defendant in an employment discrimination lawsuit along with NYC Health + Hospitals and its president. At the time, Dr. Petit was serving as a consultant for NYC H+H. Certain claims in the case were dismissed, and others were settled in 2023.

When Dr. Petit served as the CEO and President of Services for the Underserved and Coordinated Behavioral Care, these entities were also the subject of civil litigation (including employment actions and disability discrimination actions) and administrative proceedings, including matters before the EEOC and state equivalent agencies. Dr. Petit may have been named as a defendant in the capacity as CEO for Services for the Underserved, but no cases involved personal conduct.

In addition, Dr. Petit served on the board of the Primary Care Development Corps., Mental Health News Education, and the Empire State Pride Agenda; and currently serves on the board of Cantata Health Solutions and MMM Holdings, LLC. These entities may also have been the subject of civil litigation and administrative proceedings during Dr. Petit's time as a board member; however, none was related to personal conduct.

HELEN ARTEAGA LANDAVERDE – Deputy Mayor for Health and Human Services, as an ex-officio, since 01/09/26.

Helen Arteaga Landaverde graduated from Columbia University with a Master of Public Health in 2001 and from the City University of New York with a PhD in 2024.

Helen Arteaga Landaverde has been the Deputy Mayor of Health and Human Services for the Office of The Mayor since January 2026. Prior to this, Helen was the Chief Executive Officer of New York City Health + Hospitals, Elmhurst, from 2021 to 2025, and the Assistant Vice President of the Queens Network at Urban Health Plan from 2006 to 2021.

Helen Arteaga Landaverde has been named in two employment civil lawsuits in an individual capacity relating to previous employment as CEO of Elmhurst. She has also been individually named in two pending administrative complaints, one to the NYC Commission on Human Rights, which was brought by an Elmhurst physician, and another to the NYS Division of Human Rights, which was brought by a former Elmhurst employee.

As a Board Member of Primary Care Development Corporation, Helen Landaverde is aware that this entity has been involved in litigation and/or administrative proceedings in the normal course of business, however, to the best of her knowledge no such proceedings are related to personal conduct.

MITCHELL KATZ, MD - President of the Board since 01/05/18.

Dr. Katz graduated from Harvard Medical School with a Doctor of Medicine in 1986 and completed a Residency in Primary Care Internal Medicine at the University of California in 1989.

Mitchell Katz, MD has been the President and Chief Executive Officer of New York City Health and Hospitals Corporation since 2018 and has also served as Regent on the advisory body to the Secretary of the Department of Health and Human Services since 2022. Dr. Katz has also been the Deputy Editor of JAMA Internal Medicine since 2009. Prior to this, Dr. Katz was the Director of the Los Angeles County Health Agency from 2015 to 2018 and the Director of the Department of Health Services, Los Angeles County from 2011 to 2018.

The following active court cases were disclosed:

- *Sandra Garcia, Individually and as Proposed Estate Administrator for Decedent, Erick Tavira vs. The City of New York et al (Mitchell Katz)/ Bronx Supreme Court/ 801261/2024E/ Tort-Other Negligence*
- *MENDEZ, VENUS INDIVIDUALLY AND AS ESTATE ADMINISTRATOR FOR GILBERTO GARCIA, DECEDENT et al vs. THE CITY OF NEW YORK et al (Mitchell Katz)/ Bronx Supreme Court/ 801678/2024E/ Tort-Other Negligence*

Recently, Dr. Katz was named in a case brought by a former H+H executive. Nothing has yet been filed in that case other than the complaint.

Dr. Katz was the Director of both the Los Angeles County Health Agency and the Department of Health Services, and prior to that, was the Health Officer of the Department of Public Health for the City and County of San Francisco. In those roles, Dr. Katz was often named in civil and administrative actions in the normal course of business. To the best of Dr. Katz's knowledge, none of the actions filed against those entities related to personal conduct.

Dr. Katz serves on several Boards, including the New York City Board of Health; the Greater New York Hospital Association, and Public Health Solutions. Dr. Katz understands that from time to time, these entities have been involved in litigation and/or administrative proceedings in the normal course of business; however, to the best of his knowledge no such proceedings have related to personal conduct.

JOSE PAGAN, PhD - Chair of the Board of NYC Health + Hospitals ("NYC H+H") and has been since 2019.

Jose Pagan graduated from Ohio State University with a Master's degree in 1992 and from the University of New Mexico with a PhD in 1995.

Jose A. Pagan, PhD is the current Professor and Chair of the Department of Public Health Policy and Management, School of Global Public Health, New York University since 2017; and currently serves as a Hagler Fellow at the Hagler Institute for Advanced Study, Texas A&M University since 2025. Prior to this, Jose worked as a Consultant for Ibility LLC from 2022 to 2023, and was the Director, Center for Health Innovation for the New York Academy of Medicine from 2013 to 2017.

The following active court case names Jose Pagan:

- *Fuentes, Jose vs. The City of New York, Pagan, Jose/ Kings Supreme Court/528237/2024/ Tort-Other Negligence*
- *Dr. Pagan also previously served on the Board of the Museum of the City of New York. It is his understanding that, from time to time, that entity may have been involved in litigation and/or administrative proceedings in the normal course of business; however, to the best of Dr. Pagan's knowledge no such proceedings are related to personal conduct.*

JOEL EISDORFER – Member of the Board of Directors of New York City Health and Hospitals Corporation from 12/31/25.

Joel Eisdorfer is the Founder/Principal of Handshake LLC, a government relations strategist and consultant helping private companies navigate city and state government through tailored research, policy tracking, and advocacy since 2024. Prior to this, Joel worked as a Senior Advisor for the Office of the Mayor of New York City from 2022-2024; was a Principal Strategist & Consultant for New York Capital Group; and worked as a Special Assistant to the Office of Brooklyn Borough President from 2014 to 2016.

The following active court case names Joel Eisdorfer and is explained below in the applicant's disclosure:

- *ODATO, DANNY et al vs. EISDORFER, JOEL/ Kings Supreme Court/ 514630/2023/Comm-Contract*

Joel Eisdorfer currently serves on the board of American Friends of Unit 669 and previously served on the boards of Borough Park Jewish Community Council and the Museum of Jewish Heritage. It is possible that these entities have been named in civil and administrative actions in various forums in the normal course of business, e.g. employment and tort matters, however, to the best of Joel's knowledge, none of these matters has related to personal conduct.

PATRICIA MARTHONE - Member of the Board of Directors of New York City Health and Hospitals Corporation from 04/05/25.

Patricia graduated with a Doctor of Medicine from Charles University in Prague in 2006.

Patricia Marthone currently works as an Outreach & Program Specialist at 1199SEIU National Benefit Fund since 2025, previously working at 1199SEIU UHWE as the Executive Vice President and Divisional Director of Community Based Organizations and Pharmacies, Vice President Area Director Registered Nurse Division, Registered Nurse Project Coordinator and a Registered Nurse Administrative Organizer since 2012.

The Board NYC H+H settled the following two cases that were brought under the false claims act:

- *In June 2020, NYC H+H settled a matter involving Medicaid and Medicare billing for podiatry services provided at Coney Island Hospital (now called South Brooklyn Health) during the period 2010 through 2014. The government declined to intervene in this qui tam action and NYC H+H and its co-defendant settled with a private plaintiff.*
- *In January 2025, NYC H+H resolved a case involving Medicaid billing during the period 2006 through 2009 at Coler-Goldwater Specialty Hospital and Nursing Facility (where NYC H+H's long-term acute care hospital was previously licensed).*

Enforcements

Maimonides Medical Center

- *The Department issued a Stipulation and Order (S&O) on 2/5/26 and fined the facility \$14000 based on deficiencies found during a complaint survey completed on 12/11/24. Deficient practices were found for Governing Body, Surgical Services, Discharge Planning, Nursing Services and Quality Assurance and Performance Improvement (QAPI).*

Elmhurst Hospital

- *The Department issued a Stipulation and Order (S&O) on 7/26/18 and fined the facility \$2000 based on failure to monitor patients who had altered mental status with known elopement risk and self-injurious behavior.*
- *The Department issued a Stipulation and Order (S&O) on 1/22/21 and fined \$10,000 based on patient rights allegation that facility failed to protect patients from potential abuse and neglect and effectively implement the "Patient Abuse, Mistreatment Neglect" Policy by investigating allegations of abuse and neglect.*
- *The Department issued a Stipulation and Order (S&O) on 3/5/25 and fined \$14,000 based on complaint of QAPI, Infection Control, Surgical Services that facility failed to ensure policies and procedures related to surgical site markings and time-outs were performed on the correct site, failed to maintain and implement an effective QAPI program, failed to comply with acceptable standards of infection control.*

Jacobi Medical Center

- *The Department issued a Stipulation and Order (S&O) on 8/7/17 and fined the facility \$2,000 based on Patient Rights and Restraints allegations. Allegations founded on 9/10/2016 for use of restraint of a patient being transported from the Comprehensive Psychiatric Emergency Program unit to the Medical Emergency Department.*
- *The Department issued a Stipulation and Order (S&O) on 7/15/24 and fined the facility \$2,000 based on Patient Rights allegation the facility failed to protect patients at risk of elopement. Specifically, the facility failed to identify patients with cognitive and/or mental health impairment and implement measures to prevent their elopement. These failures may result in serious adverse outcomes for patients.*

Kings County Hospital

- *The Department issued a Stipulation and Order (S&O) on 4/17/17 and fined the facility \$2000 based on Patient's Rights - Sexual Assault/Abuse allegations. Survey staff identified an Immediate Jeopardy at Kings County Hospital on 8/26/2016 for the facility's failure to develop and implement an adequate plan that would protect patients from sexual abuse.*
- *The Department issued a Stipulation and Order (S&O) on 8/7/17 and fined the facility \$2000 based on Patient's Rights and Restraints allegation hospital security guards used metal handcuffs to restrain a patient who had eloped to a wheelchair.*
- *The Department issued a Stipulation and Order (S&O) on 12/10/20 and fined the facility \$4,000 based on Patients' Rights and QA allegation facility failed to utilize its Quality Assurance and Performance Improvement (QAPI) program to analyze data collected on patient elopements in the facility and develop and implement action plan to ensure patients' safety.*
- *The Department issued a Stipulation and Order (S&O) on 7/11/23 and fined the facility \$10,000 based on Medication Reconciliation; Patient History and Physical; COP: Medical Staff allegation facility failed to conduct verification of the patient's home medications, including an anti-seizure drug (Keppra).*
- *The Department issued a Stipulation and Order (S&O) on 2/13/25 and fined the facility \$2,000 based on patient rights complaint Facility failed to assess, identify and implement protective measures for patients at risk for elopement.*

Lincoln Medical and Mental Health Center

- *The Department issued a Stipulation and Order (S&O) on 1/28/2020 and fined the facility \$10,000 based on Patient Rights allegations. The facility's nursing staff failed to ensure that patients identified as a high risk for elopement, were adequately monitored.*
- *The Department issued a Stipulation and Order (S&O) and fined the facility \$10,000 based on Patient Rights complaints. The facility failed to screen, identify and provide appropriate monitoring of a patient with a known history of physical abuse and assault to ensure the safety of patient and others.*

Bellevue Hospital Center

- *The Department issued a Stipulation and Order (S&O) on 4/6/2021 and fined the facility \$10,000 based on a Patient Death allegation; for noncompliance with Patient Rights and Hospital Responsibilities which resulted in a patient death.*
- *The Department issued a Stipulation and Order (S&O) on 7/11/23 and fined the facility \$12,000 based on allegation facility failed to 1. Provide timely assessment to a patient in the Labor and Delivery Unit and 2. Quantify and analyze serious patient incidents/occurrences such as falls with injuries, elopements, and airway management (self-extubations) and implement corrective actions.*
- *The Department issued a Stipulation and Order (S&O) on 12/16/24 and fined \$10,000 based on patient rights complaint Facility failed to protect and promote the rights of all patients related to failure to maintain one-to-one constant observation for patients with physician's orders for safety and timely initiation of monitoring for a patient with altered status.*
- *The Department issued a Stipulation and Order (S&O) on 12/23/25 and fined \$2,000 based on patient rights complaints facility failed to timely investigate an incident of patient abuse and protect the patient and others from harm during the investigation.*
- *The Department issued a Stipulation and Order (S&O) on 8/19/26 and fined \$2,000 based on EMTALA complaint facility failed to ensure a psychiatric patient with complex needs received an appropriate medical screening examination.*

Woodhull Medical and Mental Health Center

- *The Department issued a Stipulation and Order (S&O) on 6/17/21 and fined the facility \$20,000 based on a Patient Death allegation. The facility failed to ensure that adverse events regarding anesthesia administration to OB/GYN (Obstetrics and Gynecology) patients were reported, investigated and analyzed and that corrective actions implemented by the facility's QAPI (Quality Assessment Performance Improvement) program, which resulted in patient harm and death.*
- *The Department issued a Stipulation and Order (S&O) on 6/17/21 and fined the facility \$2,000 for a Patient Elopement allegation. The facility was found to be in noncompliance with Patient Rights and Hospital Responsibilities which resulted in three patient elopements.*
- *The Department issued a Stipulation and Order (S&O) on 1/10/2025 and the facility was fined \$10,000 based on a Surgical Services complaint. The facility failed to recognize a patient with maternal and fetal distress and did not implement timely actions to manage post-operative complications.*
- *The Department issued a Stipulation and Order (S&O) on 10/23/2025 and the facility was fined \$14,000 based on Surgical Services, Nursing Services, QAPI and Medical Staff complaints. The facility failed to a) develop and implement policies to ensure appropriate treatment of high-risk maternal patients, b) respond timely to a patient's emergent obstetric condition, and c) ensure all nurses providing obstetrical (OB) care were trained to activate an "OB STAT" emergency alert.*

Henry J. Carter Skilled Nursing Facility

- *The Department issued a Stipulation and Order (S&O) on 2/5/2026 and the facility was fined \$10,000 based on Quality Care.*
- *The Department issued a Stipulation and Order (S&O) on 09/21/2021 and the facility was fined \$2,000 based on Other Services.*

Dr. Susan Smith McKinney Nursing and Rehabilitation Center

- *The Department issued a Stipulation and Order (S&O) on 04/01/2021 and the facility was fined \$2,000 based on Quality of Care*
- *The Department issued a Stipulation and Order (S&O) on 07/31/2019 and the facility was fined \$4,000 based on Multiple Deficiencies.*
- *The Department issued a Stipulation and Order (S&O) on 02/11/2019 and the facility was fined \$52,390.00 based on Patient Rights.*

New Gouverneur Hospital SNF

- *The Department issued a Stipulation and Order (S&O), exit date 11/29/2021 and was fined \$650.00 for Infection Control.*
- *The Department issued a Stipulation and Order (S&O), exit date 05/23/2020 and was fined \$28,000.00 for Infection Control.*

Coler Rehabilitation and Nursing Care Center

- *The Department issued a Stipulation and Order (S&O) 07/21/2020 and was fined \$30,000 for Multiple Deficiencies.*
- *The Department issued a Stipulation and Order (S&O) 02/18/2021 and was fined \$6,000 for deficits in Quality of Care.*

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases, as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Prevention Agenda

New York City Health + Hospitals (H+H) is seeking approval to become the active parent and co-operator of Maimonides Health (MH), including Maimonides Medical Center and Maimonides Midwood Hospital.

H+H and Maimonides Health have determined that undertaking an affiliation will serve the purpose of developing an integrated healthcare delivery system to further the parties' mission of advancing the quality of care and provision of culturally appropriate services within their communities. This partnership will further enhance and support the charitable missions and commitments to serving all patients shared by H+H and Maimonides Health.

H+H is committed to advancing the local public health priorities identified by their local health department and other community partners. H+H's Community Health Needs Assessment for 2025 identified two major categories of identified needs:

- Advancing inclusive care, with a focus on hypertension and diabetes; maternal health care; respiratory care; mental health and substance use care; and cancer prevention
- Bridging care gaps, including access to nutritious food and violence prevention, among others.

To address these needs, H+H has implemented a range of interventions including promotion of plant-based diets and nutritional resources, innovations in their comprehensive behavioral health care services (which make up 60% of the behavioral health care provided in NYC), increased cancer screenings at facilities around the system, and community-based violence interruption programs, among others. In May 2026 alone, H+H has announced successful interventions including a community partnership on food for nursing home residents that focuses on their culture and dignity; the dedication of the system's infectious disease center; a \$2M program to strengthen behavioral health workforce; a record boost in a facility's child immunization rates; and a Mothers' Day mammography event to promote these essential screenings.

Conclusion

Based on the information reviewed, staff found nothing that would reflect adversely upon the applicants' character and competence or standing in the community.

Financial Analysis

Operating Budget

The following represents the consolidated budget for H+H (including MetroPlusHealth, a health maintenance organization subsidiary) and H+H Maimonides Hospitals post affiliation:

	<u>Current Year</u> <u>(in 000's)</u>	<u>Year One</u> <u>(in 000's)</u>	<u>Year Three</u> <u>(in 000's)</u>
Total Revenues	\$18,162,696	\$17,740,189	\$18,219,562
Total Expenses	<u>\$18,085,824</u>	<u>\$17,645,481</u>	<u>\$18,413,239</u>
(Loss) Income Before Other Changes in Net Position	\$76,872	\$94,708	(\$193,678)
Interest Expense, Depreciation and Amortization	<u>\$838,977</u>	<u>\$832,453</u>	<u>\$902,864</u>
EBIDA ¹	\$915,849	\$927,161	\$858,670

¹EBIDA represents earnings before interest expense, depreciation, and amortization, and is calculated by adding back interest, depreciation, and amortization to net income.

The following is noted with respect to the submitted budget:

- Current Year revenues and expenses are based on H+H's 2025 experience, MetroPlusHealth's Certified Financial Statements, and Maimonides Medical Center 2025 Certified Financial Statements.
- Current Year EBIDA is comprised of the following for NYC H+H: (Loss) income before other changes in net position \$45,048, depreciation \$611,352 and interest expense \$154,997.
- Year One represents only 9 months of Maimonides expenditures in order to align with H+H's fiscal year (7/1-6/30). Following completion of this project, Maimonides will report on the same period. Year Three projects a full year of revenues, expenses, and utilization.
- Projected EBIDA for Year One and Three is driven by the Safety Net Transformation Program initiatives and synergies related to Maimonides joining the H+H network. Operating synergies include:
 - o Improved revenue through increased collections.
 - o Charge capture associated with the Epic implementation and increased specialty referral volume.

The following represents the budget for Maimonides:

<u>Inpatient Revenues (in 000s):</u>	<u>Current Year</u>	<u>Year One</u>	<u>Year Three</u>
Commercial	\$296,350	\$199,918	\$269,703
Medicare	418,978	282,643	381,305
Medicaid	296,350	199,918	269,703
Private Pay	<u>10,219</u>	<u>6,894</u>	<u>9,300</u>
Total Inpatient Revenue	\$1,021,897	\$689,373	\$930,011

<u>Outpatient Revenues (in 000s):</u>			
Commercial	\$218,321	\$147,279	\$211,247
Medicare	308,660	208,223	298,659
Medicaid	218,321	147,279	211,247
Private Pay	<u>7,528</u>	<u>5,079</u>	<u>7,284</u>
Total Outpatient Revenue	\$752,830	\$507,860	\$728,437

Net Patient Service Revenue	\$1,774,727	\$1,197,233	\$1,658,448
Other Operating Revenue	<u>496,882</u>	<u>651,869</u>	<u>670,027</u>
Total Operating Revenue	\$2,271,609	\$1,849,102	\$2,328,475

<u>Inpatient Expenses:</u>			
Operating	\$1,247,861	\$998,066	\$1,363,061
Capital	<u>41,819</u>	<u>38,063</u>	<u>76,554</u>
Total Inpatient Expenses	\$1,289,680	\$1,036,129	\$1,439,615

<u>Outpatient Expenses:</u>			
Operating	\$919,296	\$735,273	\$1,067,625
Capital	<u>30,809</u>	<u>28,041</u>	<u>59,961</u>
Total Outpatient Expenses	\$950,105	\$763,314	\$1,127,586

Income/(Loss) Before Other Changes in Net Position	31,824	49,659	(238,726)
Interest Expense,			
Depreciation. and Amortization	<u>72,628</u>	<u>66,104</u>	<u>136,515</u>
EBIDA ¹	<u>\$104,452</u>	<u>\$115,763</u>	<u>(\$102,211)</u>

<u>Utilization:</u>			
Inpatient Discharges	39,714	30,026	40,500
Outpatient Visits	1,197,070	949,158	1,336,684

¹ EBIDA represents earnings before interest expense, depreciation, and amortization, and is calculated by adding back interest, depreciation, and amortization to net income.

The following is noted with respect to the budget:

- Current Year revenues and expenses are based on Maimonides' 2025 Certified Financial Statements and include Direct Payment Template (DPT) revenue and M2PC (M2 Medical Community Practice, P.C.).
- The Current Year does not include Maimonides Medical Center Pharmacy, but it is expected to be added to H+H Maimonides and is included in Year One and Year Three projections.
- Year One represents only 9 months of Maimonides expenditures in order to align with H+H's fiscal year (7/1-6/30). Following completion of this project, Maimonides will report on the same period. Year Three projects a full year of revenues, expenses, and utilization.
- Year One and Year Three projections were developed utilizing Maimonides Medical Center's internal 2026 budget. The budget includes the costs of NYC Physician PC and Maimonides Medical Center Affiliates Services (MMCAS), and excludes revenues, expenses, and utilization attributable to M2 Medical Community Practice P.C..

- Year One and Year Three revenues represent Net Patient Service Revenue (NPSR) only. Supplemental funding is not included.
- Inpatient (IP) and Outpatient (OP) expense details were calculated by multiplying total expenses/category by the ratio of Inpatient and Outpatient Net Patient Service Revenue, which is approximately 58% Inpatient and 42% Outpatient.
- Other Operating Revenue for Year One and Year Three includes funds associated with the operating support provided through the Safety Net Transformation Program Grant, contracted 340B revenue, and supplemental revenue from Average Commercial Rate (ACR) and Upper Payment Limit (UPL), which Maimonides will be eligible for under NYC H+H.
- Year Three revenue includes \$89,531,000 in cumulative carry fundings and \$59,953,000 in projected revenue synergy opportunities, resulting in a positive Year Three EBIDA of \$47,273,000. Cumulative carry assumes that NYC H+H is able to apply unused supplemental funding to future year deficits.
- EBIDA for Year Three includes revenues synergy opportunity, which assumes 5% growth in volume from increased referrals from NYC H+H, and a 9% increase in average daily revenue from Epic implementation.
- The financial projections were developed using an aggregate financial modeling approach based on historical financial performance and projected operating results under NYC H+H, rather than a bottom-up model by payor type.
- Maimonides serves predominantly Medicaid and Medicare populations, reflecting a patient payor mix similar to NYC H+H. Payor mix is assumed to remain consistent post-close.

Utilization, by payor source for Maimonides, is as follows:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
<u>Inpatient</u>	<u>Discharges</u>	<u>%</u>	<u>Discharges</u>	<u>%</u>	<u>Discharges</u>	<u>%</u>
Commercial	5,719	14.40%	4,343	14.46%	5,878	14.51%
Medicare	16,273	40.97%	12,306	40.99%	16,787	41.45%
Medicaid	16,873	42.49%	12,581	41.90%	16,205	40.01%
Private Pay	<u>849</u>	<u>2.14%</u>	<u>796</u>	<u>2.65%</u>	<u>1,630</u>	<u>4.03%</u>
Total	39,714	100.00%	30,026	100.00%	40,500	100.00%

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
<u>Outpatient</u>	<u>Visits</u>	<u>%</u>	<u>Visits</u>	<u>%</u>	<u>Visits</u>	<u>%</u>
Commercial	172,384	14.40%	136,886	14.42%	193,762	14.50%
Medicare	490,505	40.97%	389,746	41.06%	550,828	41.21%
Medicaid	508,590	42.49%	398,400	41.98%	541,672	40.52%
Private Pay	<u>25,591</u>	<u>2.14%</u>	<u>24,126</u>	<u>2.54%</u>	<u>50,422</u>	<u>3.77%</u>
Total	1,197,070	100.00%	949,158	100.00%	1,336,684	100.00%

The following represents the budget for NY Health + Hospitals:

	<u>Current Year</u>	<u>Year One</u>	<u>Year Three</u>
	<u>(\$ in 000's)</u>	<u>(\$ in 000's)</u>	<u>(\$ in 000's)</u>
Total Revenues	\$15,891,087	\$15,891,087	\$15,891,087
Total Expenses	<u>15,846,039</u>	<u>15,846,039</u>	<u>15,846,039</u>
(Loss) Income Before Other Changes in Net Position	\$45,048	\$45,048	\$45,048
Interest Expense, Depreciation and Amortization	<u>766,349</u>	<u>766,349</u>	<u>766,349</u>
EBIDA ¹	<u>\$811,397</u>	<u>\$811,397</u>	<u>\$811,397</u>

¹ EBIDA represents earnings before interest expense, depreciation, and amortization, and is calculated by adding back interest, depreciation, and amortization to net income

Affiliation and Asset Transfer Agreement

The applicant has submitted an executed Affiliation and Asset Transfer Agreement, the terms of which are summarized below:

Execution Date:	December 18, 2025
H+H Party:	New York City Health and Hospitals Corporation
Maimonides Health Party:	Maimonides Health Resources, Inc. together with its Subsidiaries and Affiliates including: Maimonides Medical Center and The New York Community Hospital of Brooklyn, Inc. d/b/a Maimonides Midwood Community Hospital, Community Care of Brooklyn, IPA, Inc., Maimonides Medical Center Community Horizons, Inc., Brooklyn Communities Collaborative, Inc., Care of Brooklyn, LLC, Maimonides Medical Center Holding of Brooklyn, Inc., and Maimonides Medical Center Pharmacy, Inc.
Transaction:	Transfer of the assets and liabilities of Maimonides Medical Center and Maimonides Midwood Community Hospital (inclusive of all licensed locations, the "Facilities," the physician offices of Maimonides Health Physicians (the "FPP Locations"), and all other locations at which health care and non-health care related services are delivered by Maimonides Health Physicians, Advanced Practice Providers, administrative personnel, or other employees of Maimonides Medical Center, Maimonides Midwood Community Hospital, or any other Maimonides Health Entity, as applicable, (the "Non-Licensed Locations," together, the Facilities, FPP Locations, the Non-Licensed Locations, Maimonides Medical Center and Maimonides Midwood Community Hospital, the "Hospitals") and, including the assets and liabilities of other Maimonides Health Entities, which support and enhance the services delivered by the Hospitals, in each case pursuant to the terms set forth herein, to (a) H+H, directly, or to an H+H Entity, as determined by H+H, for the operation of the Hospitals (collectively, "H+H Maimonides"), including the operation of the Facilities as hospitals licensed under Article 28 of the New York Public Health Law ("PHL") or (b) H+H Maimonides P.C. for the operation of a physician practice enterprise to continue to provide physician services to H+H
Transfer of Assets:	Effective as of the Closing, Maimonides Health is hereby transferring, conveying, and assigning to H+H through the H+H Entities or to H+H Maimonides P.C., as applicable, and H+H through the H+H Entities, or H+H Maimonides P.C., as applicable, are hereby accepting from Maimonides Health, subject to and upon the terms and conditions contained herein, all of the assets of Maimonides Health as expressly set forth below (collectively, the "Acquired Assets")

Administrative Services Agreement

H+H entered into an Administrative Services Agreement with Maimonides Medical Center. The applicant has submitted a draft administrative services agreement, which is summarized below:

Date:	TBD
MMC Party:	Maimonides Medical Center (MMC)
Established Operator Party:	New York City Health and Hospitals Corporation (H+H)
Term:	10 years following the Closing Date, H+H shall have the unilateral right to extend the initial term for a six-month period, if parties continue to operate under the terms of this Agreement, it will continue by its terms on a month-to-month basis.
Obligations of Maimonides Medical Center:	Maimonides Medical Center shall be the sole employer for the Covered Employees and shall provide the following services with respect to the Covered Employees in compliance with all applicable Laws: Compensation & Benefits, Business-Related Expense Reimbursement, Withholding; Deductions, Workplace Safety, Workers' Compensation, Unemployment Insurance, Other Insurance, Payroll Administration, Hiring of Covered Employees, Removals of Covered Employees from Service, Termination of Covered Employees' Employment, Collective Bargaining Negotiations, Union-Related Grievances, Arbitrations and Litigations, Human Resources Administrative Services, Background Checks, Reasonable Accommodation, Equal Employment Opportunity Investigations, Office Space, Supplies, etc.
Other Maimonides Medical Center Responsibilities:	Maimonides Medical Center shall require that Covered Employees comply with H+H's conflict of interest policies, code of ethics and Principles Of Professional Conduct (POPC) as in effect from time to time and shall oversee such compliance. For Covered Employees covered by a Collective Bargaining Agreement, Maimonides Medical Center shall take all steps necessary to require compliance with such policies. Maimonides Medical Center shall be responsible for maintaining accurate and complete records of the working hours of Covered Employees classified as non-exempt from the requirements of applicable state and federal wage and hour Laws, and Maimonides Medical Center's compliance with the foregoing shall be subject to the terms of this Agreement
Billing and Collection:	All Professional Services rendered by the Covered Professional Employees will be billed through the Covered Facilities and neither Maimonides Medical Center nor any Covered Professional Employee shall render any bill whatsoever for such Professional Services except to the extent expressly agreed by H+H. Maimonides Medical Center and H+H agree that all collections shall be the property of H+H.
Cost of Services:	Prior to the Closing Date, the Parties shall work together in good faith to develop the initial budget for Maimonides Medical Centers's provision of the Services for the first two hundred fifty days.
Rights and Obligations of H+H	H+H shall have the following rights and responsibilities with regard to Covered Employees: Business Operations, Staffing Changes, Work Site Safety and Access and Use.

The applicant has submitted an executed attestation stating that the applicant understands and acknowledges that there are powers that must not be delegated, the applicant will not willfully engage in any illegal delegation and understands that the Department will hold the applicant accountable.

Capability and Feasibility

There are no project costs associated with this application. The working capital requirement will be funded from the ongoing operations of H+H. Key drivers of the financial projections include an increase in State support through the Safety Net Transformation Program, access to supplemental funding (Average Commercial Rate), and operating synergies expected to be realized within the first three years post-closure of the transaction. Synergies include improved revenue through increased collections, charge capture associated with the Epic implementation, and increased specialty referral volume.

New York City H+H is a public benefit corporation, whose funding is included in the New York City annual budget. As such, it receives substantial operating assistance from New York City, New York State and the Federal Government. This support helps offset systemic annual operational losses.

Bureau of Financial Analysis Attachment C, 2024-2025 New York City Health and Hospitals Corporation Certified Financial Statements, shows the entity maintained a positive working capital position, a positive net asset position, and a Total (Loss) Income Before Other Changes in Net Position of \$610,104,000 and \$45,048,000 in 2024 and 2025, respectively.

Bureau of Financial Analysis Attachment D, New York City Health Hospitals Corporation March 31, 2026, Internal Financial Statements, shows the facility maintained a positive working capital position, a positive net asset position, and a Total (Loss) Income Before Other Changes in Net Position of \$104,312,000.

Bureau of Financial Analysis Attachment E, 2024-2025 Maimonides Medical Center Certified Financial Statements, shows an average negative working capital position, an average positive net asset position, and an Excess (deficiency) of Revenue Over Expenses of (\$93,433,000) and \$35,750,000 in 2024 and 2025, respectively.

Bureau of Financial Analysis Attachment F, Maimonides Health and Affiliates March 31, 2026, Internal Financial Statements, shows the facility had a negative working capital position, positive net asset position and had an Excess (deficiency) of Revenue Over Expenses of (\$64,926,000).

Maimonides Medical Center, as a financially distressed hospital, is dependent on supplemental financial assistance for sustainability. Despite showing an increase in net assets in 2025, continued negative trends over the past few years have contributed to Maimonides' decreased financial viability. Expenses continue to grow due to inflation, the loss of Federal COVID funding, and a high public payor patient mix. Recent results from operations, financial conditions and Maimonides Medical Center's conditional and unconditional obligations due on or before May 1, 2027, raise substantial doubt as to Maimonides Medical Center's ability to continue as a going concern within one year after the date the consolidated financial statements were issued.

Maimonides' affiliation strategy with H+H is expected to reduce operating losses at Maimonides. H+H will provide Maimonides with access to corporate shared services and resources, allowing Maimonides to continue to provide essential clinical services in the communities it serves.

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Health Equity Impact Assessment

The Applicant, NYC Health + Hospitals, seeks to become the operator of Maimonides Health, a Brooklyn-based health system that includes Maimonides Medical Center, Maimonides Midwood Community Hospital, and their ambulatory clinics and offices. The project is expected to sustain current services, preserve commitment to community cultural needs, and enhance care for the medically underserved groups identified in the project's service area. The Applicant recently received a grant through the New York State Department of Health's Safety Net Transformation Program to support efforts to strengthen and maintain Maimonides Health's services in Brooklyn. Without this grant and change in operator, Maimonides Health would have experienced issues related to future sustainability and service delivery.

The Applicant is expected to enhance access to care by expanding financial assistance programs, improving primary and specialty care delivery, and implementing the Epic electronic health record system to coordinate patient care.

The Independent Entity did not identify any unintended positive or negative impacts with the project. However, they noted that members of the Jewish community may experience challenges identified through the meaningful engagement process. The service area currently experiences very high levels of stress and there are medium to high rates of potentially preventable hospitalizations in Kings County. By coming under operation of the Applicant, Maimonides Health would transition to the Applicant's model of care which provides a wide range of strategies that are designed to reduce health disparities and promote better health outcomes.

Attachments

Bureau of Financial Analysis Attachment A	New York City Health and Hospitals Corporation – Current Organizational Chart
Bureau of Financial Analysis Attachment B	New York City Health and Hospitals Corporation – Post Closing Organizational Chart
Bureau of Financial Analysis Attachment C	2024-2025 New York City Health and Hospitals Corporation Certified Financial Statements
Bureau of Financial Analysis Attachment D	New York City Health and Hospitals Corporation – March 31, 2026, Internal Financial Statements
Bureau of Financial Analysis Attachment E	2024 -2025 Maimonides Medical Center Certified Financial Statements
Bureau of Financial Analysis Attachment F	Maimonides Health and Affiliates – March 31, 2026, Internal Financial Statements
Office of Health Equity and Human Rights Attachment	Health Equity Impact Assessment

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 17th day of September 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to NYC Health + Hospitals to become operator of Maimonides Medical Center and Maimonides Midwood Community Hospital through two new subsidiaries – SNTP, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

261237 E

FACILITY/APPLICANT:

Maimonides Medical Center

APPROVAL CONTINGENT UPON:

1. Submission of an executed Administrative Services Agreement acceptable to the Department of Health. [Bureau of Financial Analysis]
2. Submission of an original affidavit from the applicant, acceptable to the Department, in which the applicant agrees, notwithstanding any agreement, arrangement or understanding between the applicant and the transferor to the contrary, to be liable and responsible for any Medicaid overpayments made to the facility and/or surcharges, assessments or fees due from the transferor pursuant to Article 28 of the Public Health Law with respect to the period of time prior to the applicant acquiring its interest, without releasing the transferor of its liability and responsibility. [Bureau of Financial Analysis]

APPROVAL CONDITIONAL UPON:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [Project Management Unit]
2. Submission of documentation confirming final approval of the Safety Net Transformation program executed grant contract, acceptable to Department of Health. [Bureau of Financial Analysis]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



Project # 252013-E

The Endoscopy Center of Queens, Inc. d/b/a The Endoscopy
Center of Queens

Program: Diagnostic and Treatment Center

County: Queens

Purpose: Establishment

Acknowledged: July 14, 2025

Executive Summary

Description

The Endoscopy Center of Queens, Inc. d/b/a The Endoscopy Center of Queens (TECQ Inc.), an existing New York proprietary business corporation, Article 28 single-specialty freestanding ambulatory surgical center (FASC) at 23-25 31st Street, 2nd floor, Astoria (Queens County) requests approval to convert TECQ, Inc. from a business corporation to a limited liability company named The Endoscopy Center of Queens LLC (TECQ, LLC).

100% of the TECQ LLCs ownership will be transferred to two new member entities, ECQ Holdco, LLC (ECQH), a Delaware limited liability company, comprised of the eight (8) existing physician owners of TECQ, Inc. and PE Healthcare Associates, LLC (PEHA). Two (2) existing non-physician owners of TECQ, Inc. will withdraw their membership.

The current and proposed membership of The Endoscopy Center of Queens is as follows:

Member	Current	Proposed
Steven Ackerman	7.92%	0.00%
Sabino Augello, M.D.	3.96%	0.00%
Dan Cimponeriu, M.D.	4.96%	0.00%
Jeffrey Klingenstein, M.D.	3.96%	0.00%
Emanuel Kouroupos, M.D.	5.94%	0.00%
Brian Marmor	7.92%	0.00%
Barry Obadiah, M.D.	30.69%	0.00%
Nicholas Roditis, M.D.	30.69%	0.00%
George Surla, M.D.	2.98%	0.00%
Aaron Walfish, M.D.	1.00%	0.00%
PE Healthcare Associates LLC	0.00%	58.75%
ECQ Holdco LLC	0.00%	41.25%
Total	100.00%	100.00%

PE Healthcare Associates LLC is comprised of Rafael Axen, M.D. (33.33%); Matthew Jenkins (33.33%); and Ann Sariego (33.33%).

Nicholas Roditis, M.D., current member and board certified in gastroenterology, will continue to serve as Medical Director.

The Endoscopy Center of Queens has an existing transfer and affiliation agreement with Mount Sinai Queens 0.8 miles/7 minutes' travel time away.

OPCHSM Recommendation

Contingent approval with an expiration of the operating certificate three years from the date of its issuance.

Need Summary

There will be no need review per Public Health Law §2801-a (4).

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

The purchase price for the sale and acquisition of 58.75% operating interest in The Endoscopy of Queens is \$17,100,000 and will be financed with equity from the existing operations of PEHA. The cost to redeem the membership interest of Steven Ackerman and Brian Marmor is \$4,609,666 and will be financed with equity from the remaining ECQH LLC members.

Budget:	<u>Current Year</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$8,642,253	\$8,957,695	\$9,404,179
Expenses	<u>\$5,194,141</u>	<u>\$5,449,787</u>	<u>\$5,711,276</u>
Net			
Income	\$3,448,112	\$3,507,908	\$3,692,903

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

Recommendations

Health Systems Agency

There will be no Health Systems Agency recommendation for this project.

Office of Primary Care and Health Systems Management

Approval with an expiration of the operating certificate three years from the date of its issuance, contingent upon:

1. Submission of a signed agreement with an outside, independent entity satisfactory to the Department to provide annual reports to DOH. Reports are due no later than April 1st for the prior year and are to be based upon the calendar year. Reports should include:
 - a. Data displaying actual utilization including procedures;
 - b. Data displaying the breakdown of visits by payor source;
 - c. Data displaying the number of patients who needed follow-up care in a hospital within seven days after ambulatory surgery;
 - d. Data displaying the number of emergency transfers to a hospital;
 - e. Data displaying the percentage of charity care provided;
 - f. The number of nosocomial infections recorded during the year reported;
 - g. A list of all efforts made to secure charity cases; and
 - h. A description of the progress of contract negotiations with Medicaid managed care plans. [RNR]
2. Submission of an executed Buyout and Termination of Management Agreement acceptable to the Department of Health. [BFA]
3. Submission of an executed Escrow Agreement acceptable to the Department of Health. [BFA]
4. Submission of an executed Transition Services Agreement acceptable to the Department of Health. [BFA]

Approval conditional upon:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. The submission of annual reports to the Department as prescribed by the related contingency, each year, for the duration of the limited life approval of the facility. [RNR]

Council Action Date

September 17, 2026

Program Analysis

Project Proposal

The Endoscopy Center of Queens, Inc. is an Article 28 single-specialty (gastroenterology) freestanding ambulatory surgical center (FASC) at 23-25 31st Street, Astoria (Queens County), New York 11105. The Endoscopy Center of Queens, Inc. is currently owned by 10 individual shareholders, consisting of eight (8) physicians and two (2) non-physicians. The Endoscopy of Queens proposes to:

1. Convert The Endoscopy Center of Queens, Inc. from a business corporation to a limited liability company named The Endoscopy Center of Queens, LLC;
2. Transfer 100% of the Center's ownership to two (2) new member entities, ECQ Holdco, LLC and PE Healthcare Associates, LLC (PEHA). Upon approval of this application, the Center will be operated by The Endoscopy Center of Queens, LLC, which will have two (2) entity members, ECQ Holdco, LLC (41.25%) and PEHA (58.75%). The eight (8) existing physician owners of The Endoscopy Center of Queens, Inc. are the members ECQ Holdco, LLC. PEHA, which has ownership in other Article 28 FASCs in New York State, is comprised of the following three (3) individual members: Rafael Axen, M.D. (33.33%); Matthew Jenkins (33.33%); and Ann Sariego (33.33%); and
3. Redeem the two (2) existing non-physician owners of The Endoscopy Center of Queens, Inc., who will withdraw from the ownership of the Center (Steven Ackerman and Brian Marmor).

This transaction is the result of the Center's desire to bring in PEHA, a results-driven and successful operator of other New York State FASCs, to continue growing and operating the Center and to help alleviate day-to-day business and operational challenges so the physician owners can focus more on patient care and clinical excellence. In addition to PEHA's ability to improve operations and efficiency, as part of this project, the Center will enter into an Administrative Services Agreement with Surgical Care Affiliates, LLC d/b/a SCA Health for administrative services necessary to support the day-to-day operations of the Center.

There is no construction or other capital cost associated with this project, and the Center is not proposing any change to the surgical services it provides.

The Center will continue to be open Monday through Friday from 8:00 a.m. to 4:00 p.m.

The Center has an existing has an existing transfer and affiliation agreement with Mount Sinai Queens, 0.8 miles/seven (7) minutes away.

The Endoscopy Center of Queens, Inc. (current ownership chart)

Members	%
Steven Ackerman	7.92%
Sabino Augello, M.D.	3.96%
Dan Cimponeriu, M.D.	4.96%
Jeffrey Klingenstein, M.D.	3.96%
Emanuel Kouroupos, M.D.	5.94%
Brian Marmor	7.92%
Barry Obadiah, M.D.	30.69%
Nicholas Roditis, M.D.	30.69%
George Surla, M.D.	2.98%
Aaron Walfish, M.D.	1.0%
Total	100%

Proposed Ownership of The Endoscopy Center of Queens, LLC

Members	%
PE Healthcare Associates, LLC	58.75%
Rafael Axen, M.D.	(19.58%)
Matt Jenkins	(19.58%)
Ann Sariago	(19.58%)
ECQ Holdco, LLC	41.25%
Sabino Augello, M.D.	(1.94%)
Dan Cimponeriu, M.D.	(2.43%)
Jeffrey Klingenstein, M.D.	(1.93%)
Emanuel Kouroupos, M.D.	(2.91%)
Barry Obadiah, M.D.	(15.04%)
Nicholas Roditis, M.D.	(15.04%)
George Surla, M.D.	(1.46%)
Aaron Walfish, M.D.	(0.49%)
Total	100%

The following table shows the projected FTEs in Year One and Year Three after completion of this project:

Position	Year One	Year Three
Management and Supervision	0.5	0.5
Technician and Specialist	5.78	6.07
Registered Nurses	6.9	7.25
Aides, Orderlies & Attendants	2.86	3.0
Physicians	1.0	1.0
Clerical and Other Administrative	3.92	3.92
Totals	20.96	21.74

Character and Competence

Nicholas Roditis, M.D., will continue to be the Medical Director of the facility. Dr. Roditis has been the President of Metropolitan Gastroenterology, P.C. since October 2002. Dr. Roditis graduated from Queens College with a bachelor's degree in 1982 and from Autonomous U of Guadalajara with a Doctor of Medicine in 1987. Dr. Roditis received a Fifth Pathway, Doctor of Medicine from Mount Sinai School of Medicine in 1989 and completed an Internal Medicine Residency at Beth Israel Medical Center in 1992 followed by a Gastroenterology Fellowship in 1995. Dr. Roditis is board certified in Internal Medicine with a sub-certification in Gastroenterology.

Rafael Axen, M.D. has ownership in multiple other Article 28 facilities throughout New York and has been the Director of Perioperative Care at Optum Tristate since 2023. Dr. Axen has also been the Senior Medical Director for CareMount Medical, PC since 2020, previously working as the Medical Director from 2019-2020 and the Associate Medical Director from 2017- 2019, and the Chair of the Department of Anesthesiology and Perioperative Medicine from 2017-2020. Dr. Axen also worked as the Chief of Anesthesiology at Bedford Anesthesia, PLLC from 2016-2017 and the Assistant Chief of Anesthesiology from 2012-2016. Dr. Axen also worked as the Medical Director and President of Medical Staff of the Ambulatory Surgery Center of Westchester from 2016-2017. Dr Axen graduated from the University of Rochester with a Bachelor's degree in 1997 and from Rutgers New Jersey Medical School with a Doctor of Medicine in 2001. Dr. Axen completed an internship at Atlantic Health Systems in 2002 and a residency in Anesthesiology at New York Presbyterian Hospital- Weill Cornell Medical Center in 2005. Dr. Axen is board certified in Anesthesiology.

Matt Jenkins has ownership in multiple other Article 28 facilities throughout New York. Jenkins has been the Group Vice President of Development of SCA Health since 2021, previously acting as the Vice President of Development from 2019-2021, the Senior Director of Development from 2015-2019, and the Director of Development from 2011-2015. Matt Jenkins graduated from Auburn University with a Bachelor of Finance degree in 2008 and from Northwestern University with a Master of Business Administration in 2019.

Ann Sariego is a Registered Nurse who has indirect ownership in multiple other Article 28 facilities throughout New York State. Ann is the current Market President for Physician Endoscopy/PEGI Solutions since August 2019. Prior to this, Ann was the Senior Vice President of Operations from December 2017 to August 2019 and the Vice President from November 2011 to August 2017. Ann was also the Vice President of Facility Development and Management (FDM) from September 2008 to November 2011 and prior to this was the Director of Nursing at Somerset Ambulatory Surgery Center in New Jersey from August 2006 to September 2008. Ann graduated from Pace University with an Associate of Applied Science in Nursing in 1979 and from Warren University with a Bachelor of Science in Health Administration in 2005.

Axen, Jenkins, and Sariego disclosed ownership in 16 other New York facilities under PE Healthcare Associates, LLC:

The following undisclosed lawsuits were found:

Facility	Legal Cases Found
Endoscopy Center of Western New York LLC	Crimens, Donna M et al vs. North American Partners in Anesthesia, LLP et al/Erie Supreme Court/806310/2023/Tort-Medical, Dental, or Podiatric Malpractice
Great South Bay Endoscopy Center LLC	Sanchez, Jan M., Jr. vs. Brookhaven Memorial Hospital/Suffolk Supreme Court/ 620597/2016/Tort-Medical, Dental, or Podiatric Malpractice
	Sachse, Carol et al vs. Singh M.D., Ravi et al/Suffolk Supreme Court/617958/2024/Tort-Medical, Dental, or Podiatric Malpractice
Manhattan Endoscopy Center, LLC	Evans, Kurt vs. Robbins M.D., David et al/New York Supreme Court/805165/2024/Tort-Medical, Dental, or Podiatric Malpractice
Putnam GI, LLC	Tierney, Elizabeth vs. Brenner MD, Jack L et al/Westchester Supreme Court/63606/2022/Tort-Medical, Dental, or Podiatric Malpractice
Queens Endoscopy ASC LLC	Perez, Rafael vs. Queens Medical Office, P.C. et al/Queens Supreme Court/704758/2024/Tort-Medical, Dental, or Podiatric Malpractice
South Brooklyn Endoscopy Center	Cook, Lateef vs. Digestive Diseases Diagnostic & Treatment CTR LLC/Kings Supreme Court/530643/2021/Tort-Other Negligence
Crystal Run Ambulatory Surgery Center	Bona, Andrew vs. Patel M.D., Archit et al/Orange Supreme Court/EF007618-2021/ Tort-Medical, Dental, or Podiatric Malpractice
	Krok, Brian et al vs. Crystal Run Healthcare Ambulatory Surgery Center/ Rockland Supreme Court/035356/2024/Tort-Medical, Dental, or Podiatric Malpractice
Prohealth Ambulatory Surgery Center Inc.	Kalmar, Amy et al vs. Cirilincione D.P.M., Adam et al/Queens Supreme Court/725554/2022/Tort-Medical, Dental, or Podiatric Malpractice

Per the applicant, The Endoscopy Center of Queens is denying all claims and is defending these matters which are still pending in their respective courts.

Compliance with Applicable Codes, Rules and Regulations

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Additionally, the staff from the Division of Certification & Surveillance reviewed the ten-year surveillance history of all associated facilities. Sources of information included the files, records, and reports found in the Department of Health. Included in the review were the results of any incident and/or complaint investigations, independent professional reviews, and/or comprehensive/focused inspections. The review found that any citations were properly corrected with appropriate remedial action.

Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Analysis

Operating Budget

The applicant has provided the current year (2024) results and the first-and third-year operating budget, in 2026 dollars, subsequent to the change in ownership. The budget is summarized below:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Per</u>		<u>Per</u>		<u>Per</u>	
	<u>Procedure</u>	<u>Total</u>	<u>Procedure</u>	<u>Total</u>	<u>Procedure</u>	<u>Total</u>
Revenue:						
Commercial FFS	\$1,078.33	\$4,032,947	\$1,078.25	\$4,162,039	\$1,078.25	\$4,369,064
Medicare FFS	\$730.99	533,626	\$730.82	560,540	\$730.82	588,311
Medicare MC	\$667.33	1,408,729	\$667.31	1,434,724	\$667.31	1,506,794
Medicaid FFS	\$690.50	4,143	\$695.00	4,170	\$695.00	4,170
Medicaid MC	\$643.35	<u>2,662,808</u>	\$643.40	<u>2,796,222</u>	\$643.40	<u>2,935,840</u>
Total Revenue		\$8,642,253		\$8,957,695		\$9,404,179
Expenses:						
Operating	\$414.17	\$4,448,555	\$414.13	\$4,670,984	\$414.16	\$4,904,534
Capital	<u>69.41</u>	<u>745,586</u>	<u>69.05</u>	<u>778,803</u>	<u>68.13</u>	<u>806,742</u>
Total	\$483.58	\$5,194,141	\$483.18	\$5,449,787	\$482.29	\$5,711,276
Net Income		<u>\$3,448,112</u>		<u>\$3,507,908</u>		<u>\$3,692,903</u>
Total Procedures		10,741		11,279		11,842
Cost per Procedure		\$480.58		\$483.18		\$482.29

Utilization by payor source for Year One and Year Three is as follows:

<u>Payor:</u>	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
Commercial FFS	3,740	34.82%	3,860	34.22%	4,052	34.22%
Medicare FFS	730	6.80%	767	6.80%	805	6.80%
Medicare MC	2,111	19.65%	2,150	19.07%	2,258	19.07%
Medicaid FFS	6	0.06%	6	0.05%	6	0.05%
Medicaid MC	4,139	38.53%	4,346	38.53%	4,563	38.53%
Charity Care	<u>15</u>	<u>0.14%</u>	<u>150</u>	<u>1.33%</u>	<u>158</u>	<u>1.33%</u>
Total	10,741	100.00%	11,279	100.00%	11,842	100.00%

The following is noted with respect to the submitted budget:

- The number and mix of staff were determined by the historical experience of TECQ in providing gastroenterology services. Year One and Year Three staffing levels are based upon anticipated demand need.
- Revenue and expenses in the Current Year are based on TECQ's 2024 Certified Financial Statements.
- Revenue and expenses in Years One and Year Three are projected based on the experience of the applicant in providing gastroenterology services.
- Increases in procedures in Years One and Year Three is attributable to the TECQ's participating physicians' private practices and the impact PEHA will have on the ability to increase service to underserved communities.
- The applicant indicated they are committed to serving populations and all people in need without regard to the patient's ability to pay or the source of payment. TECQ developed an action plan to expand Medicaid and Charity Care utilization through referrals from insurers, hospitals, FQHCs, and other healthcare providers.

Lease Agreement

The applicant has submitted an executed lease rental agreement for the site to be occupied, summarized below:

Date:	December 3, 2025
Premises:	8,822.40 sq. ft. on the 2 nd floor of a building located at 23-25 31 st Street, Astoria, NY 11105
Landlord:	Emporios, LLC
Tenant:	The Endoscopy Center of Queens, Inc.
Term:	10 Years with an option to renew for two (5) five-year terms
Base Rent:	Minimum base rent for leased space is \$458,764.80 per year (\$38,230.40) for the 1st year. Rent will increase at 3% of the base year rent for years 2 - 10.
Security Deposit:	\$76,460.80, two months' base rent.
Provisions:	Tenant is responsible for real estate taxes, insurance, utilities and maintenance.

The applicant has submitted an affidavit stating the lease between the property owner and the lessee is a non-arm's length arrangement due to common but not identical ownership. The applicant has submitted letters from two NYS licensed realtors attesting to the reasonableness of the per square footage rental.

Executed Administrative Services Agreement

The applicant has submitted an executed Administrative Services Agreement (ASA), as follows:

Date:	April 15, 2025
Company:	The Endoscopy Center of Queens, LLC
Service Provider/SCA Health:	Surgical Care Affiliates, LLC d/b/a SCA Health
Term:	7 years, the term shall automatically renew for additional one (1)-year terms.
Administrative Duties and Responsibilities:	Accounting services include preparation of financial statements, accrual accounting for revenue, expenses, and balance sheet, supporting service lines including cash, asset management, accounts payable including 1099 reporting, new vendor setup, invoice reconciliation, lease management. Accrual accounting services for revenue, balance sheet, payroll. Supply chain services, including vendor set up, pre-loaded catalogue of supplies, electronic ordering/invoicing, automated accruals. IT services, IT consultation, disaster recovery/business continuity planning assistance, dashboard analysis. Clinical support services including clinical dashboards with benchmarking quality data, policy and procedure resources, OR efficiency performance, patient satisfaction survey and analysis. Treasury/cash management services include cash visibility tools, daily banking transactions, bank account management, treasury assistance, remote deposit support, cash deposit service, daily banking transaction access. Tax services including payee correspondence, taxability determinations, return filing and liability payments, audits, tax accrual and balance sheet reconciliation, federal, state, and local tax return filing and payment. Compliances services including corporate compliance training, compliance policies and procedures, HIPPA compliance. Payer engagement services, physician recruitment/business development services, credentialing services, financial operations services, coding services.
Administrative Fee:	\$350,000 (\$29,166.67/month) with an annual increase of 2% in subsequent years.
Out-of-Pocket Expenses:	Company shall reimburse SCA Health for SCA Health's out-of-pocket expenses incurred by SCA Health in the performance of the Administrative Services. SCA Health shall present receipts to Company for all out-of-pocket expenses other than mileage; provided that aggregate annual expenses in excess of twenty-five thousand (\$25,000) dollars.

TECQ LLC retains ultimate control in all final decisions associated with the services. The applicant has submitted an executed attestation stating that the applicant understands and acknowledges that there are powers that must not be delegated, the applicant will not willfully engage in any illegal delegation and understands that the Department will hold the applicant accountable.

Billing and Collections Agreement

The applicant has submitted an executed billing and collections agreement, summarized below:

Date:	April 15, 2025
Service Provider	Vandalay Management Services, Inc.
Client:	The Endoscopy Center of Queens, LLC operating a surgery center at 23-25 31 st Street, Suite 200, Astoria, NY
Contractor:	Nocholas Roditis, M.D.
Services to be Provided:	Billing services including: charge entry, claim generation, payer mapping, ECS enrollments, pending list, codes on claims, denial review, invoice exceptions, Medicare C-codes on claims, CDM updates, mapping payers to contract in PAS; collections services including: accounts receivable collections including: third party payer follow up, payer contracting issues, self-pay follow up, reviewing clinical appeals, review over payment inquiries, collection account placement, working down AR; analytics reporting services: monthly AR review, monthly compliance reports, special reviews or audits requested by client; accounting services: NORI, fin pack, PWC audits; other services: teammate training, yearly CDM validation; payment posting/cash application services: posting payments, identifying over/under payments, refunds process, completing 2 way match, posting adjustment/write offs, ERA/EFT enrollments; and insurance verification services including: out of network/financial orientation, payer website maintenance, authorizations, document benefits, adding payers.
Fee:	\$40 per claim

Brian Barmon is an existing shareholder and the chief operating officer of TECQ, Inc. and is an owner of Vandalay Management Services, Inc., upon approval of this application, Mr. Marmor will withdraw as an owner of TECQ, Inc. and will serve as a consultant to TECQ, LLC.

Membership Interest Purchase Agreement

The applicant has submitted an executed membership interest purchase agreement (MIPA) for the sale of aggregate 58.75% membership interest in TECQ summarized below:

Date:	April 15, 2025
Buyer:	PE Healthcare Associates, LLC
Company:	The Endoscopy Center of Queens, Inc.
Sellers:	Barry Obadiah, M.D., Nicholas Roditis, M.D., Brian Marmor, Steven Ackerman, Emanuel Kouroupou, M.D., Jeffrey Klingenstein, M.D., Dan Cimponeriu, M.D., Sabino Augello, M.D., George Surla, M.D., Aaron Walfish, M.D.
Interests:	58.75% of issued and outstanding membership interest in TECQ, LLC
Purchase Price:	\$17,100,000 paid on the closing date.

Draft Escrow Agreement

The applicant has submitted a draft escrow agreement the terms of which are summarized below:

Buyer	PE Healthcare Associates, LLC
Seller's Representative:	Brian Marmor
Direct Seller	ECQ Holdco, LLC
Escrow Agent:	Synovus Bank
Escrow Funds:	Buyer is depositing with escrow agent \$2,000,000 (Indemnity Escrow Fund) and \$350,000 (Adjustment Escrow Fund) in immediately available funds as increased by any earnings thereon and as reduced by any disbursements, amounts withdrawn (escrow agent compensation) or losses on investments.
Escrow Agent Compensation:	\$1,500 and all reasonable expenses, compensated 50% by the buyer and 50% by the direct seller.

Draft Buyout and Termination of Management Agreement

The applicant has submitted a draft buyout and termination of management agreement, the terms of which are summarized below:

Current Management Provider (Vandalay):	Vandalay Management Services, Inc.
Company:	The Endoscopy Center of Queens, LLC
Replacement Management Provider (SCA):	Surgical Care Affiliates, LLC
Recitals:	Vandalay and the Company are parties to a Management Services Agreement dated January 1, 2018, (Management Agreement) pursuant to which Vandalay provides certain administrative and business support services to the Company in connection with its operation of an ambulatory surgery center (the Center) in exchange for fees payable by the Company to Vandalay, and Vandalay, the Company, ECQ Holdco, LLC, a Delaware limited liability company (Direct Seller), and PE Healthcare Associates LLC, a New York limited liability company (Buyer), have entered into a Membership Interest Purchase Agreement pursuant to which The Endoscopy Center of Queens, Inc., a New York corporation merged with and into the Company, and pursuant to which Direct Seller will sell to Buyer an aggregate 58.75% membership interest in the Company (the Transaction). In connection with the Transaction, the Company will enter into an agreement with SCA, pursuant to which SCA will provide certain administrative and business support services in connection with the day-to-day operations of the Center. As a condition precedent to the closing of the Transaction, the Company, the members of Direct Seller and Buyer have agreed to for parties to enter into this Agreement. Vandalay and the Company hereby acknowledge and agree that the Management Agreement shall terminate effective as of Closing. Vandalay further acknowledges that all fees which are, or with the passage of time would become due under the Management Agreement have been paid in full.
Consideration:	As consideration for Vandalay's release of its rights under the Management Agreement, SCA shall pay Vandalay an amount equal to nine hundred thousand (\$900,000) on the closing date.

Draft Transition Services Agreement

Current Service Provider (Vandalay):	Vandalay Management Services, Inc.
Company:	The Endoscopy Center of Queens, LLC
Replacement Provider (SCA):	Surgical Care Affiliates, LLC
Term:	One (1) year
Recitals/Agreement:	Vandalay provides certain information technology services and other administrative services to the Company. To assist in the orderly transition of the information technology and administrative services from Vandalay to SCA, SCA and the Company wish to obtain from Vandalay and Vandalay is willing to provide or arrange for the provision of the Transition Services, on a temporary basis, in accordance with the terms of this agreement.
IT Transition Services:	Vandalay shall provide to the Company and SCA services necessary to the orderly transfer of all information technology being performed by Vandalay to SCA including: Vandalay to continue to provide or arrange for IT infrastructure services and manage IT infrastructure functions in support of SCA and the Company, support hardware devices and troubleshoot issues, support and troubleshoot connectivity between sites regarding carrier, hardware, or configuration to allow for max uptime, manage passwords resets, group creation/management, account revocation, network access, VPN configuration and troubleshoot, IT Helpdesk, email, server monitoring. Coordinate with SCA for advised network activities and application updates, continue to provide Company staff access to technology applications, including but not limited to Advantx, until HST go-live.
Administrative Transition Services:	Existing contracted services set forth below shall remain available to Company until Company or SCA arranges alternatives or new agreements are executed. Contracted services: Vandalay shall continue the provision of existing quality improvement contracted services, existing life safety contracted services, existing pharmacy, infection control contracted services, medical records oversight and consulting services, biomed contracted services, existing facilities contracted services, existing hazard waste contracted services, existing janitorial services. Clinical: Vandalay to continue to provide the use of Vandalay Press Ganey patient surveying. No interruptions with access to Press Ganey survey process and results/reporting. The Company shall transfer to SCA's Health's survey process, no interruptions with access to past patient satisfaction results for standard accreditation requirements and benchmarking. Human resources services: no interruption in provision of medical, dental, STD, LTD, life insurance, AD&D, workers compensation coverage, and EAP benefits until all employees transition to SCA Health benefits, payroll processing, until all teammates transition to SCA's payroll, coordinate pay and benefit deductions for last Company paycheck and first SCA Health paycheck, SCA Health will assume accrued PTO from Vandalay. Supply chain services: Vandalay shall continue to provide to the Company all of the supply chain operations services that it provided prior to the effective date.
Service Fee:	\$198,000 distributed as follows: Month 1: \$30,000; Month 2: \$24,000; Month 3: \$21,000; Month 4: \$18,000; Month 5: \$15,000; Month 6-12: \$15,000.

Capability and Feasibility

There are no project costs for this application. The total purchase price for the sale and acquisition of 58.75% operating interest is \$17,100,000, which will be financed with equity from existing operations of PEHA. The total cost to redeem ownership interest of Steven Ackerman and Brian Marmor is \$4,609,666, which will be financed with equity from the remaining TECQ, LLC members. BFA Attachment A, Net Worth Summary of the remaining members of ECQH, shows sufficient resources to meet the equity requirements.

Working capital requirement is estimated at \$902,762 based on two months of first-year expenses and will be funded using equity from operations. BFA Attachments E and F show sufficient resources to meet the equity requirements.

The submitted budget projects net income of \$3,507,908 and \$3,692,903 during years one and three of operations, respectively. The budget appears reasonable.

BFA Attachment B presents TECQ 2024 Certified Financial Statements, which show the entity maintained positive working capital, a positive net equity position, and income before other expenses and provision of income taxes of \$4,236,076 for the period. Other expenses and taxes reduced revenues by \$787,964, resulting in net income of \$3,448,112. BFA Attachment C, TECQ's Internal Financial Statements for period ending December 31, 2025, shows the entity reported negative working capital position, a positive net equity position, and reported net ordinary income of \$2,539,785. The negative working capital position is attributable to a line of credit which the applicant intends to pay off either at or before the closing of this transaction.

BFA Attachment D, PEHA's 2024 Year-End Internal Financial Statements, show the entity maintained positive working capital, a positive net equity position and a net income of \$77,605,313. BFA Attachment E, PEHA's 2025 Year-End Internal Financial Statements, show the entity has maintained positive working capital, a positive net equity position and a net income of \$68,133,703.

BFA Attachment F, Pro-Forma balance sheet for TECQ, shows the operation will have \$1,668,805 in members' equity as of the first day of operations.

The applicant has demonstrated the capability to proceed in a financially feasible manner

Conclusion

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Attachments

BFA Attachment A	Net Worth Statement of Proposed Members of ECQ Holdco, LLC
BFA Attachment B	The Endoscopy Center of Queens, Inc. – December 31, 2024, Certified Financial Statements
BFA Attachment C	The Endoscopy Center of Queens, Inc. – June 30, 2024, Internal Financial Statements
BFA Attachment D	PE Healthcare Associates – December 31, 2024, Internal Financial Statements
BFA Attachment E	PE Healthcare Associates – December 31, 2025, Internal Financial Statements
BFA Attachment F	Pro-Forma Balance Sheet
BFA Attachment G	The Endoscopy Center of Queens, LLC Organizational Chart and list of Members

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 17th day of September 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to establish The Endoscopy Center of Queens, LLC as the new operator of The Endoscopy Center of Queens, a single-specialty freestanding ambulatory surgery center, currently operated by The Endoscopy Center of Queens, Inc at 23-25 31st Street, Astoria, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

252013 E

FACILITY/APPLICANT:

The Endoscopy Center of Queens, Inc. d/b/a
The Endoscopy Center of Queens

APPROVAL CONTINGENT UPON:

Approval with an expiration of the operating certificate three years from the date of its issuance, contingent upon:

1. Submission of a signed agreement with an outside, independent entity satisfactory to the Department to provide annual reports to DOH. Reports are due no later than April 1st for the prior year and are to be based upon the calendar year. Reports should include:
 - a. Data displaying actual utilization including procedures;
 - b. Data displaying the breakdown of visits by payor source;
 - c. Data displaying the number of patients who needed follow-up care in a hospital within seven days after ambulatory surgery;
 - d. Data displaying the number of emergency transfers to a hospital;
 - e. Data displaying the percentage of charity care provided;
 - f. The number of nosocomial infections recorded during the year reported;
 - g. A list of all efforts made to secure charity cases; and
 - h. A description of the progress of contract negotiations with Medicaid managed care plans. [RNR]
2. Submission of an executed Buyout and Termination of Management Agreement acceptable to the Department of Health. [BFA]
3. Submission of an executed Escrow Agreement acceptable to the Department of Health. [BFA]
4. Submission of an executed Transition Services Agreement acceptable to the Department of Health. [BFA]

APPROVAL CONDITIONAL UPON:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. The submission of annual reports to the Department as prescribed by the related contingency, each year, for the duration of the limited life approval of the facility. [RNR]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.

**Public Health and Health Planning Council
2025 Annual Report**

I. General Council Activities in 2025

The Public Health and Health Planning Council (PHHPC) held a total of 21 meetings.

<u>Meeting Dates</u>	<u>Meeting</u>	<u>PHHPC Meeting Location</u>
1/23/2025	Committee Day: Establishment and Project Review Committee	NYC
2/6/2025	Committee on Codes, Regulations and Legislation Annual Full Council	NYC
2/18/2025	Public Health Committee	Albany
2/24/2025	Ad Hoc to Lead the State Health Improvement Plant	Albany Zoom
3/27/2025	Committee Day: Establishment and Project Review Committee	Albany
4/9/2025	Health Planning Committee	Albany
4/10/2025	Committee on Codes, Regulations and Legislation Full Council	Albany
6/4/2025	Committee Day: Establishment and Project Review Committee	NYC
6/17/2025	Public Health Committee	NYC
6/18/2025	Committee on Codes, Regulations and Legislation Special Establishment and Project Review Committee Full Council	NYC

7/1/2025	Health Planning Committee	Albany
8/21/2025	Committee Day: Establishment and Project Review Committee	Albany
9/17/2025	Ad Hoc to Lead the State Health Improvement Plan	NYC Zoom
9/18/2025	Committee on Codes, Regulations and Legislation Full Council Nursing Home Certificate of Need Ad Hoc Committee	NYC NYC NYC/Zoom
9/19/2025	Health Planning Committee	NYC
10/22/2025	Health Planning Committee Educational Workgroup	Zoom
11/3/2025	Nursing Home Certificate of Need Ad Hoc Committee	Zoom
11/12/2025	Health Planning Committee	NYC
11/13/2024	Committee Day: Establishment and Project Review Committee	NYC
12/3/2025	Health Planning Committee	NYC
12/4/2025	Committee on Codes, Regulations and Legislation Full Council	NYC

Membership

Jeffrey Kraut, Chair
Jo Ivey Boufford, M.D., Vice Chair
Howard Berliner, SC.D.
Larry Eisenstein, M.D., M.P.H., F.A.C.P.
Lindsay C. Farrell, M.B.A., F.A.C.M.P.E.
Marcus Friedrich, M.D., M.H.C.M., M.B.A., F.A.C.P.
Thomas Holt
Gary Kalkut, M.D.
Scott La Rue
Harvey Lawrence
Sabina Lim, M.D.
Michelle T. Mazzacco (served until November 2025)
Ann Monroe

Mario Ortiz, R.N., Ph.D., F.A.A.N.
Stanford Perry
Peter Robinson, M. P.H.
John Rugge, M.D., M.P.P.
Denise Soffel, Ph.D.
Nilda Soto, M.S., Ed
Hugh Thomas, Esq.
Anderson Torres, Ph.D., LCSW-R
Kevin Watkins, M.D., M.P.H.
Wendy Wilcox, M.D., M.P.H., M.B.A., F.A.C.O.G.
Patsy Yang, Dr.P.H.
Dr. James McDonald, Commissioner of Health, Ex-Officio

The PHHPC consists of the following Standing Committees and Ad Hoc Committee

- Committee on Codes, Regulations and Legislation
- Committee on Establishment and Project Review
- Committee on Health Planning
- Committee on Public Health
- Committee on Health Personnel and Interprofessional Relations
- Ad Hoc Committee to Lead the State Health Improvement Plan

II. Major Accomplishments of Committees in 2025

A. Committee on Codes, Regulations and Legislation

Members

Thomas Holt, Chair	
Patsy Yang, Dr.P.H., Vice Chair	John Rugge, M.D., M.P.P.
Marcus Friedrich, M.D., M.H.C.M., M.B.A., F.A.C.P.	Denise Soffel, Ph.D.
Jeffrey Kraut	Kevin Watkins, M.D., M.P.H.

Work Conducted in 2025

The Committee on Codes, Regulations and Legislation (Codes Committee) held five meetings in 2025:

- February 6, 2025
- April 10, 2025
- June 18, 2025
- September 18, 2025
- December 4, 2025

ADOPTION

In 2025, the Codes Committee recommended, and the Council subsequently approved, the following regulatory proposals. These regulatory changes were designed to promote health and safety, expand access to services, and align state policies with transformative changes in health care. The following provisions of Title 10 of the New York Codes Rules and Regulations (NYCRR) were amended:

23-22 Amendment of Section 405.45 of Title 10 NYCRR (Trauma Centers – Nurse Reviewer) The State Trauma Advisory Committee and the Division of State Emergency Medical Services agree that facilities seeking new designation as a trauma center must have a nurse reviewer at the initial verification visit by the American College of Surgeons Committee on Trauma or other entity determined by the Department, but need not have a nurse reviewer at reverification visits. This updated regulation will keep the process of trauma center verification safe and efficient, decreasing the burden on future trauma center site visits. **This regulation was on the Codes agenda for information on February 6, 2025, and for adoption on April 10, 2025.**

24-21 Amendment of Section 405.6 of Title 10 NYCRR (General Hospital Medical Staff Recertification) On May 1, 2024, the physician credentialing review requirements in section 405.4(b)(4) and section 405.6(b)(7)(i) were changed from biennial to triennial. The amendments to section 405.4(b)(4) and section 405.6(b)(7)(i) lengthened the requirement for general hospitals to review the credentials of medical staff from every two years to every three years in order to reduce administrative burdens and provide consistency with revisions by The Joint Commission to its credentialing and privileging standards applied to its Advanced Diagnostic Imaging, Ambulatory Surgical Center, Critical Access Hospital, and Hospital accreditation programs. This regulation makes a conforming amendment to section 405.6(b)(7)(vi), again changing a biennial credentialing review requirement to triennial. Under section 405.6(b)(7)(vi), as amended, general hospital quality assurance committees must oversee and coordinate a triennial review, not a biennial review. This consensus regulation corrects a drafting error in the regulation that was published and effective on May 1, 2024, to ensure the requirements are consistent throughout the regulation. **This regulation was on the Codes agenda for adoption on June 18, 2025.**

24-12 Repeal and Replace of 710.1 of Title 10 NYCRR (Approval of Medical Facility Construction) This proposal raises monetary thresholds determining the level of review for clinical projects as well as the threshold for when certain projects require written notice. The proposal also focuses on specific services and projects and the level of review required by current regulations, with the goal of avoiding, among things, subjecting certain services and projects to unnecessary levels of review. Project costs thresholds for certificate of need applications will shift from over \$15 million for a general hospital and \$6 million for all other facilities to over \$30 million for a general hospital and \$8 million for all other facilities. Project cost thresholds were last raised in 2017; construction costs have more recently increased substantially. The amounts included in the proposal reflect an appropriate balance between the increased construction costs for large-scale projects and the desire to maintain sufficient oversight while reducing administrative barriers. Certain review levels for some previously

identified types of services and projects have been eliminated as they no longer require special consideration due to medical advancements. These projects will now be reviewed according to dollar cost thresholds and general provisions regarding impact on a facility's operating certificate. The measures included in this streamlining initiative will continue to reflect the overall objective of the statutory and regulatory framework, as set forth in 10 NYCRR section 710.1(a), to help ensure that medical facilities are planned to achieve efficiency and economy of operation and care of high quality. **This regulation was on the Codes agenda for discussion on February 6, 2025, and for adoption on June 18, 2025.**

24-22 Amendment of Section 405.4 of Title 10 NYCRR (12-Week Rule for Foreign Medical School Graduates and Limited Permit Allowances) The proposed amendment to section 405.4(f)(1)(ii)(b) would allow individuals who subsequently completed a post-graduate training program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and who is eligible to complete additional training in a postgraduate fellowship program, to meet the "12-week" exception to graduate medical education that occurs outside of the US. Considering severe physician staffing shortages throughout the State, this proposed revision is necessary to expand the number of sufficiently educated and trained physicians who can practice in post-graduate training programs in New York State hospitals. The proposed addition to 405.4(g)(2), creating new subparagraph (ii) to, would eliminate the additional years of post-graduate training required for limited permittees if the limited permit holder would be directly employed by a public hospital; defined in the regulation as a general hospital operated by a county, municipality, or public benefit corporation—and provided that the limited permit holder would be subject to the same supervision required of a medical resident. Given the shortage of licensed physicians to cover vital hospital services, this proposed amendment will eliminate a barrier to limited permit holders practicing in public hospitals, which serve a critical portion of New York's patient population. New York State Education Department has reviewed and approved the proposed amendment, and they have support from key industry stakeholders. **This regulation was on the Codes agenda for information on April 10, 2025, and for adoption on September 18, 2025.**

22-06 Amendment of Section 23.5 of Title 10 NYCRR (Expedited Partner Therapy for Sexually Transmitted Infections) Current New York Codes, Rules, and Regulations (NYCRR) section 23.5, of Title 10 provides definitions, and eligibility specific to Expedited Partner Therapy for chlamydia only. Given the expansion of Public Health Law section 2312 to include additional Sexually Transmitted Infections beyond chlamydia alone, the regulation needs to be modified as follows: 1) rather than defining Expedited Partner Therapy as a strategy for treating chlamydia, Expedited Partner Therapy needs to be defined as a strategy more generically for Sexually Transmitted Infections and be integrated with other sexual health services, 2) rather than stating eligibility is limited to persons diagnosed with chlamydia who are not co-infected with gonorrhea or Human Immunodeficiency Virus, the regulation should state persons eligible for Expedited Partner Therapy are those diagnosed with an Sexually Transmitted Infection for which the Centers for Disease Control and Prevention recommends the use of Expedited Partner Therapy for partner management, and 3) an addendum to the eligibility section should include language permitting the Commissioner of Health to designate which Sexually Transmitted Infections are eligible in the department's website. **This regulation was on the Codes agenda for information on June 18, 2025, and for adoption on September 18, 2025.**

REGULATORY PROPOSALS FOR INFORMATION

In 2025, the following proposals to amend provisions of Title 10 NYCRR were presented to the Codes Committee and the Council for information after they were filed in the State Register for a Notice of Proposed Rulemaking.

25-09 Addition of Appendix 5-E to Subpart 5-1 of Title 10 NYCRR (Cybersecurity Requirements for Public Water Systems) The United States water sector is critical infrastructure which is an attractive target for cybersecurity incidents and attacks. The water sector is vital to national security, economic security, public safety, and health. According to the United States Environmental Protection Agency, the overall cybersecurity maturity of the sector is low. Publicly reported cybersecurity incidents in the water sector as well as the United States intelligence community illustrate that adversaries are well-resourced to carry out disruptive cybersecurity attacks against the water and wastewater systems across the United States. This proposed regulation addresses sector-specific cybersecurity concerns by establishing risk-based baseline cybersecurity requirements. Specifically, community water systems that serve more than 3,300 people will be required to: conduct a cybersecurity vulnerability analysis at least annually, and within 30 days of major infrastructure changes; establish compliance of a cybersecurity program informed by the cybersecurity vulnerability analysis; create a cybersecurity incident response plan; report cybersecurity incidents to the Department of Health within 24 hours; train certified water operations staff on cybersecurity hygiene; and report vulnerabilities that may impact or limit a covered water system's ability to comply with the requirements of 10 NYCRR Part 5 Subpart 5-1 to the Department within 48 hours of identification. Additionally, certified operators will be required to complete cybersecurity training approved by the Department for new certifications and renewal certifications. Water systems serving a combined wholesale and retail population of greater than 50,000 will be subject to the same requirements, with additional requirements to designate a qualified executive to implement a cybersecurity program and monitor and log network activities to detect cybersecurity incidents. The program leverages the existing cyber security vulnerability assessment program authorized under Public Health Law § 1125. **This regulation was on the Codes agenda on September 18, 2025.**

24-05 Amendment of Subpart 7-2 of Title 10 NYCRR (Children's Camps) The proposed amendments enhance the health and safety of children attending children's camps and are consistent with New York State's declared policy and recent legislation amending Public Health Law. In accordance with amendments made to Public Health Law § 225(5-d), amendments are being made to Subpart 7-2 of Title 10 to allow 15-year-old lifeguards at traditional camp swimming pools to be included in the 50 percent of the total number of required lifeguards who may be younger than 17 years old. This lowers the minimum age from at least 16 years old to 15 years old, provided the duties comply with the United States Department of Labor child labor regulations. The amendments pertaining to pesticides are made in response to changes to Public Health Law § 1396, which prohibits, with some exceptions, the application of pesticides to any playground, turf or athletic or playing field at children's camps other than those on publicly owned or publicly leased property in a city of more than one million. The regulation now specifies that pesticides must be applied by a New York State licensed commercial applicator

and proper storage requirements. In response to amendments to Public Health Law §§ 1392 and 1394, a requirement is added to Subpart 7-2 for camp operators to ascertain whether an employee or volunteer is listed on the United States Department of Justice National Sex Offender Public Website prior to the day such employee or volunteer commences work at camp and annually thereafter. Camp operators must maintain written records of the employee and volunteer names that were submitted to the United States Department of Justice National Sex Offender Public Website, and the search results must be kept on file at the camp and made available to the permit-issuing official upon request. In response to the addition of Public Health Law § 3000-F, a requirement is added to Subpart 7-2 for all regulated children's camps to provide an automated external defibrillator or describe a reasonable means of ready access to an automated external defibrillator and have one or more staff possessing acceptable training in the use of an automated external defibrillator. Further amendments add necessary administrative requirements for program oversight and implementation. These include adding the authority for permit-issuing officials to deny, suspend, or revoke a permit for non-compliance, outstanding enforcement actions or unpaid fines, or for interference with the permit-issuing officials performance of its duties, including refusal of admittance to campgrounds and buildings. The amendments will require camp operators to cooperate fully with the permit-issuing official's investigation of any reportable injury or illness, or any incident that might reveal a lack of compliance with law or regulation, and to provide all necessary information and access to conduct the investigation. Nurse practitioners are added to the list of medical personnel allowed to be the camp health director at a Children's Camp for Children with Developmental Disabilities. This addition corrects an unintended omission in the regulation. **This regulation was on the Codes agenda on December 4, 2025.**

B. Committee on Establishment and Project Review

Members

Peter Robinson, M.P.H., Chair
Gary Kalkut, M.D., Vice Chair
Howard Berliner
Marcus Friedrich, M.D., M.H.C.M., M.B.A., F.A.C.P.
Thomas Holt
Jeffrey Kraut
Scott LaRue
Harvey Lawrence

Sabina Lim, M.D.
Michelle Mazzacco (served until November 2025)
Ann Monroe
Hugh Thomas, Esq.
Anderson Torres, Ph.D.
Wendy Wilcox, M.D., M.P.H, M.B.A., F.A.C.O.G.
Patsy Yang, Dr.P.H.

Work Conducted in 2025

The Council on June 18, 2025 made a final determination and disapproved CON 202086 B Coit House, LLC to establish and construct a midwifery birth center to be located at 414 Virginia Street, Buffalo.

Project Review 2025

The following projects were reviewed by the Establishment and Project Review Committee and forwarded to the Public Health and Health Planning Council in 2025.

HOSPITALS

Hospital Establishments

241015 E Centralus Health, Inc.
Establish Centralus Health, Inc. as the parent of Cayuga Health System, Inc. and Arnot Health, Inc., and the active parent/co-operator of 4 hospitals and a residential health care facility

Hospital Modernizations or Expansions

251146	C	Clifton Springs Hospital and Clinic Certify a new extension clinic to be constructed at 833 Canandaigua Road, Geneva	\$	15,226,596
251044	C	Delaware Valley Hospital Inc Construct a new building connected to the main hospital building to create a Medical Neighborhood model of care	\$	85,127,723
252033	C	Guthrie Cortland Medical Center Certify a new hospital extension clinic for single-speciality ambulatory surgery specializing in gastroenterology at 720 Willow Avenue, 3rd Floor, Ithaca	\$	539,345
242268	C	Hospital for Special Surgery Construct Article 28 space in a new 12-story building on the main campus to include imaging services and inpatient beds, with no change to total certified beds (Amends and Supersedes CON 191311)	\$	292,715,000
251013	C	Montefiore Mount Vernon Hospital Perform renovations to upgrade and expand the emergency department, surgical department, and outpatient wellness center - SW1	\$	45,708,832
242222	C	Montefiore Nyack Certify Therapeutic Radiology to operate two linear accelerators and perform renovations in a Medical Office Building on the Hospital campus	\$	4,374,996
251096	C	New York-Presbyterian Hospital - Columbia Presbyterian Center Construct a new building to consolidate oncology and multispecialty services on the hospital campus	\$	1,247,529,143
251211	C	North Central Bronx Hospital Renovate and expand the Emergency Department, and relocate the Comprehensive Psychiatric Emergency Program	\$	46,991,484
251235	C	NYU Langone Hospital - Suffolk Construct a 5-story building on the hospital campus to house 144 Medical/Surgical and ICU beds, with no change to the number of certified beds	\$	646,031,245
251126	C	NYU Langone Hospitals Certify a new Perlmutter Cancer Center hospital extension clinic in an existing space at 2801 Richmond Avenue, Staten Island	\$	0
251133	C	Peconic Bay Medical Center	\$	31,054,814

Project Review 2025

Perform renovations to relocate the Maternity Unit to an expanded first floor suit

Cardiac Surgery

251001	C	Mount Sinai South Nassau Certify Cardiac Surgery - Adult and convert 2 existing Operating Rooms into Cardiac-Thoracic operating rooms with no construction	\$	1,281,354
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Certification of Cardiac Catheterization Laboratories

242313	C	Samaritan Medical Center Certify Cardiac Catheterization - Percutaneous Coronary Intervention (PCI) services and perform requisite renovations	\$	11,171,256
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Hospital Ambulatory Surgery Centers

242176	C	NYU Langone Hospitals Certify a new multi-specialty ambulatory surgery center extension clinic at 4 Westchester Park Drive, West Harrison	\$	35,290,444
251025	C	Stony Brook University Hospital Certify a new multi-specialty ambulatory surgery center extension clinic at 500 Commack Road, Commack	\$	19,405,375

Hospital Beds and Services

242324	C	Long Island Jewish Medical Center Certify 11 Bone Marrow Transplant beds and perform renovations to create a new Bone Marrow Transplant Unit	\$	18,950,111
251219	C	Memorial Hospital for Cancer and Allied Diseases Construct a new 27 floor building and certify 156 net new medical/surgical beds, 40 intensive care beds, 12 ORs, 54 PACU rooms, a radiology suite, and an interventional radiology suite	\$	2,298,809,528
231342	C	Mount Sinai Hospital Convert 48 Physical Medicine and Rehabilitation beds to 18 Intensive Care and 30 Medical/Surgical beds, decertify 40 Physical Medicine and Rehabilitation beds, and perform renovations to create a cancer hospital on the Mount Sinai Hospital campus	\$	205,184,566
241258	C	NYU Langone Hospital-Brooklyn Certify Transplant - Kidney	\$	0
251281	C	SBH Health System Certify 23 Psychiatric Beds, Decertify 12 Chemical Dependence - Detoxification Beds, and perform renovations to update 2 existing 24-bed psychiatric units and create a new 24-bed psychiatric unit - SW3 (Companion CON to LRA 251280)	\$	27,145,141
242247	C	South Shore University Hospital Construct a new 6-story inpatient building and certify 60 net new medical/surgical beds and 30 ICU beds. The building will house 60 med/surgical rooms, 30 ICU beds, 6 ORs, 2 endoscopy rooms, and 41 PACU bays (amends and supersedes CON 201151)	\$	529,822,263

Project Review 2025

RESIDENTIAL HEALTH CARE FACILITIES

RHCF Establishments

- | | | |
|--------|---|--|
| 232078 | E | Brooklyn-Queens Nursing Home
Transfer 50% ownership interest from one existing shareholder to one new shareholder |
| 231220 | E | CLRNC Operating LLC d/b/a Clinton County Nursing Home
Establish CLRNC Operating LLC as the new operator of Clinton County Nursing Home, an 80-bed Residential Health Care Facility currently operated by Clinton County at 16 Flynn Avenue, Plattsburgh |
| 242133 | E | Delmar Center for Rehabilitation and Nursing
Establish Delmar SNF Operations Associates, LLC as the new operator of Bethlehem Commons Care Center, a 120-bed Residential Health Care Facility currently operated by Good Samaritan Lutheran Health Care Center, Inc. at 125 Rockefeller Road, Delmar |
| 251167 | E | Eger Health Care and Rehabilitation Center
Establish Catholic Health Care Systems as the sole member and active parent of Eger Health Care & Rehab Center, a 378 bed Residential Health Care Facility at 120 Meisner Ave, Staten Island and rename it ArchCare at Eger Healthcare & Rehab Center |
| 202251 | E | Hoosick Falls Center LLC d/b/a Hoosick Falls Rehabilitation and Nursing Center
Establish Hoosick Falls Center LLC as the new operator of The Center for Nursing and Rehabilitation at Hoosick Falls, an existing 82-bed residential health care facility located at 21 Danforth Street, Hoosick Falls |
| 231002 | E | JCH Operations, LLC d/b/a Sands Point Center for Rehab & Nursing
Establish JCH Operations, LLC as the new operator of Sands Point Center for Rehab & Nursing, a 180-bed Residential Health Care Facility currently operated by AGMA, Inc. at 1440 Port Washington Boulevard, Port Washington |
| 241018 | E | Kirkhaven SNF OPCO LLC d/b/a Kirkhaven Nursing & Rehab
Establish Kirkhaven SNF OPCO LLC as the new operator of Kirkhaven, a 147-bed Residential Health Care Facility currently operated by Genesee Valley Presbyterian Nursing Center at 254 Alexander Street, Rochester |
| 252050 | E | Maplewood Nursing Home Inc
Establish Maplewood Senior Care, Inc. as the operator of Maplewood Nursing Home Inc, a 72-bed Residential Health Care Facility, currently operated by Maplewood Nursing Home Inc, and change the name of the facility to The Maplewood Nursing Home |
| 231043 | E | Meadowbrook Operating LLC d/b/a Meadowbrook Healthcare
Establish Meadowbrook Operating LLC as the new operator of Meadowbrook Healthcare, a 287-bed Residential Health Care Facility currently operated by CGSR, Inc at 54 Prospect Avenue, Plattsburgh |
| 241267 | E | Morningstar Residential Care Center |

Project Review 2025

Transfer 10% ownership interest from one existing shareholder to one new shareholder

231213	E	Silvercrest Acquisition I, LLC d/b/a Silvercrest Establish Silvercrest Acquisition I, LLC as the new operator of Silvercrest, a 320-bed Residential Health Care Facility currently operated by Silvercrest at 144-45 87th Avenue, Jamaica
222053	E	VS Servicer at Beacon LLC d/b/a Taconic Rehabilitation and Nursing at Beacon Established VS Servicer at Beacon LLC as the new operator of Taconic Rehabilitation and Nursing at Beacon (formerly known as Wingate at Beacon), a 160-bed residential health care facility at 10 Hastings Drive, Beacon
222054	E	VS Servicer at Fishkill LLC d/b/a Taconic Rehabilitation and Nursing at Hopewell Establish VS Servicer at Fishkill LLC as the new operator of Taconic Rehabilitation and Nursing at Hopewell (formerly known as Wingate of Dutchess), a 160-bed residential health care facility at 3 Summit Court, Fishkill
222055	E	VS Servicer at Ulster LLC d/b/a Taconic Rehabilitation and Nursing at Ulster Establish VS Servicer at Ulster LLC as the new operator of Taconic Rehabilitation and Nursing at Ulster (formerly known as Wingate of Ulster), at One Wingate Way, Highland
232241	E	WRNC Operating LLC d/b/a Wells Rehabilitation and Nursing Center Establish WRNC Operating LLC as the new operator of Wells Rehabilitation and Nursing Center, a 100-bed Residential Health Care Facility currently operated by Wells Nursing Home, Inc. at 201 West Madison Avenue, Johnstown

RHCF Modernizations or Expansions

242314	C	Van Rensselaer Manor Perform renovations to modernize the facility, including energy/infrastructure improvements	\$	121,255,888
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DIAGNOSTIC AND TREATMENT CENTERS

Diagnostic and Treatment Center Establishments

242037	B	ABC Little Clinic 115 Establish and construct a new Diagnostic and Treatment Center at 158 East 115th Street, New York	\$	456,942
251106	B	Accelerated Care Inc. Establish and construct a new Diagnostic and Treatment Center at 1 Wadsworth Terrace, New York	\$	4,674,388
241290	E	Elmira Community Health	\$	0

Project Review 2025

242263	B	Establish Cayuga Community Services, Inc, as the new operator of a hospital extension clinic currently owned by Arnot Ogden Medical Center at 200 Madison Avenue, Elmira Medical Center of Williamsburg	\$	979,770
252038	B	Establish and construct a Diagnostic and Treatment Center to be located at 1 Maspeth Avenue, Brooklyn Springbrook Wellness Clinic	\$	1,629,603
251068	B	Establish and construct a new Diagnostic and Treatment Center at 5588 State Highway 7, Oneonta Tri-Med Health Pavilion	\$	4,741,252
		Establish and construct a diagnostic and treatment center at 14-25 Central Avenue, Far Rockaway		

Freestanding Ambulatory Surgery Centers

251223	E	Advanced Surgery Center, LLC d/b/a EMU Health - Rockland County Transfer 100% membership interest from the sole withdrawing member to a new member LLC	\$	0
242221	B	Ambulatory Surgery Center of Williamsburg Establish and construct a multi-specialty ambulatory surgery center to be constructed at 1 Maspeth Avenue, Brooklyn	\$	1,406,865
251014	B	Atrium Endoscopy Establish and construct a single-specialty ambulatory surgery center for gastroenterology at 775 Park Avenue, Huntington Station	\$	1,971,794
251101	B	Bronx Endovascular Center LLC Establish and construct a Single-Specialty Ambulatory Surgery Center (ASC) for vascular surgery at 1733 Eastchester Road, Bronx	\$	3,384,408
242159	E	Capital Region Ambulatory Surgery Center Transfer 89.48% from 8 withdrawing members and two existing members to 17 new members	\$	0
242152	E	Central New York Eye Center Transfer 100% ownership interest of Central New York Eye Center at 22 Green Street, Poughkeepsie	\$	0
242292	E	Crystal Run Ambulatory Surgery Center of Middletown Transfer a 40.10% membership interest in the Center to 18 individual physician members	\$	0
242161	B	East End Surgery Center, LLC Establish and construct a single-specialty ambulatory surgery center for gastroenterology by converting an existing private practice at 287 Wading River Road, 2A, Manorville	\$	506,167
242333	C	Endoscopy Center of Western New York, LLC Certify a single-specialty extension clinic for gastroenterology to be constructed at 250 Windward Rd, Orchard Park and transfer 11.035% membership interest from a current member LLC to another current member LLC and add 3 members to that member LLC	\$	5,960,171
251147	E	Everett Road Surgery Center Transfer 66% of ownership interest from one withdrawing member to two new corporate members with no change of operator	\$	0

Project Review 2025

242233	B	Flatlands Access Center LLC Establish and construct a single-specialty ambulatory surgery center for vascular access surgical procedures at 3839 Flatlands Ave, Brooklyn	\$	2,119,754
252019	B	Hamptons Endoscopy Establish and construct a Single-Specialty Ambulatory Surgery Center for Gastroenterology, at 68-100 Old Riverhead Road, West Hampton	\$	3,310,887
251185	B	Hempstead Multispecialty ASC, LLC Establish and construct a multi-specialty ambulatory surgery center at 274-278 Fulton Avenue, Hempstead	\$	4,094,603
252076	C	Liberty Endoscopy Center Certify a second specialty, Vascular Surgery, to become a dual single-specialty freestanding ambulatory surgery center, with no construction	\$	37,193
252056	E	New York Surgery Center Queens, LLC Transfer 52.5665% ownership interest from four (4) withdrawing members and one (1) withdrawing member LLC, and 32.44% interest from two (2) remaining members to the three (3) new members and one (1) new member LLC	\$	0
251118	E	OrthoNY Ambulatory Surgery Center - Albany Transfer 100% of ownership interest from 19 individual physician members to two new corporate members with no change of operator	\$	0
242332	C	OrthoNY Surgical Suites Certify a new multi-specialty ambulatory surgery center extension clinic to be constructed at 612 Maple Avenue, Saratoga Springs	\$	8,455,478
251131	E	OrthoNY Surgical Suites Transfer 100% of ownership interest from 15 individual physician members to two new corporate members with no change of operator	\$	0
252042	C	Queens Surgical Center Certify a new multi-specialty ambulatory surgery center extension clinic at 1807 66th Street, Brooklyn and perform renovations	\$	4,527,389
251234	B	Smithtown ASC Establish and construct a Multi-Specialty Ambulatory Surgery Center at 61 Southern Boulevard, Nesconset	\$	3,668,221
242189	B	Southern Tier Surgery Center, LLC Establish and construct a dual single-specialty ambulatory surgery diagnostic and treatment center for Orthopedics and Pain Management at 601 Harry L Drive, Johnson City - amends and supersedes Project No. 222227-B	\$	14,935,486
251136	C	Specialists' One-Day Surgery Center, LLC Convert an existing single-specialty ambulatory surgery center into a multi-specialty ambulatory surgery center at the 6711 Towpath Road extension clinic	\$	0
251137	B	Wellness Way ASC, LLC Establish and construct a Multi-Specialty Ambulatory Surgery Center at 4 Wellness Way, Suite 100, Latham	\$	17,179,546

Project Review 2025

Establishment of New Dialysis Providers (Change of Ownership)

- | | | |
|--------|---|--|
| 251114 | E | Bronx Renal Services LLC
Establish Bronx Renal Services LLC as the owner and operator of a 40-station chronic renal dialysis diagnostic & treatment center currently owned by St. Barnabas Hospital at 4451 Third Avenue, Bronx, NY |
| 242213 | E | Ulster Dialysis, LLC
Transfer 75.5% from one withdrawing member and two remaining members to one new member LLC |

Diagnostic and Treatment Center Modernizations and Expansions

- | | | | | |
|--------|---|---|----|------------|
| 251287 | C | Cumberland Diagnostic & Treatment Center
Certify a new extension clinic at 1720 Village Lane, Far Rockaway and perform requisite renovations - FQHC - Safety Net | \$ | 31,586,651 |
|--------|---|---|----|------------|

CERTIFIED HOME HEALTH AGENCIES

Licensed Home Care Services Agencies

- | | | |
|--------|---|--|
| 242238 | E | Accent Health Care Services, Inc.
Transfer 100% shareholder interest from one withdrawing shareholder to new a shareholder corporation. |
| 232150 | E | Adept Health Care Service Inc.
Transfer 100% ownership interest from a deceased shareholder to a new shareholder |
| 232067 | E | Affirmed Home Care
Establish Affirmed Home Care, Inc. as the new operator of a Licensed Home Care Services Agency currently operated by DMV Home Care, Inc. at 70 West 36th Street, 6th Floor, New York |
| 232107 | E | Agincare Homecare Services, Inc. d/b/a CNT Home Care
Transfer 90.1 % ownership interest from a withdrawing shareholder to the remaining shareholder. |
| 242154 | E | Bayshore Home Healthcare, Inc.
Transfer 100% Shareholder interest to a new shareholder LLC |
| 232210 | E | B-Well Home Care Agency, Inc
Transfer 90.1% ownership interest from one withdrawing shareholder to the remaining shareholder |
| 232161 | E | Constant Care 247, LLC
Establish Constant Care 247, LLC as the new operator of a licensed home care services agency currently operated by Integrity Home Care Services, Inc. at 813 Fay Road, Syracuse |
| 232007 | E | Crocus Home Care LLC
Transfer 46.86% ownership interest equally from one existing member to two existing members |

Project Review 2025

- 241001 E Efficient Health Careers Inc. dba Unicare Home Care
Transfer 100% of stock from one withdrawing shareholder to two new shareholders.
- 232147 E Elite HHC, LLC
Transfer 100% membership interest to a new member LLC
- 231279 E Exclusive Home Care Services, Inc.
Transfer 90.1 % ownership interest from one withdrawing shareholder to one existing share holder
- 232114 E Expert Home Care, Inc.
Transfer 100% ownership interest from two withdrawing shareholders to two new shareholders
- 241073 E First Class Care LLC
Establish First Class Care LLC as a new Licensed Home Care Systems Agency at 82-45 Grenfell Street, Kew Gardens
- 232199 E Kingsway Home Care Services, Inc.
Transfer 100% ownership interest from one deceased shareholder to one new shareholder
- 251172 E Meadow Hills Assisted Living, LLC
Establish Meadow Hills Assisted Living, LLC as the new operator of the existing Licensed Home Care Services Agency operated by Midway AL, LLC DBA Castle Senior Living at Forest Hills, which serves the residents of the assisted living program - ALP
- 232065 E Mountainview Management LLC d/b/a Mountainview Home Care Agency
Establish Mountainview Management LLC as the new operator of a licensed home care services agency currently operated by Mountain Home Care Agency at 355 Fishkill Avenue, Beacon
- 231227 E Nolimits NYC, Corp
Transfer 100% ownership interest to a new shareholder
- 232100 E Oyster Bay Manor Home Care
Transfer 25% ownership interest from one deceased shareholder to the remaining shareholder
- 241300 E Parkview Home Care
Establish Parkview Mansion LLC, as the new operator of a licensed home care services agency currently operated by Parkview HFA, Inc., located at 3200 Bronx Boulevard, Bronx
- 231129 E Serenity Health & Wellness, LLC
Transfer 100% membership interest from one withdrawing member to one new member corporation
- 232174 E Silver Lining Homecare Agency, Inc.
Transfer 50% ownership interest to a new shareholder
- 231189 E St. Michael's Home, Inc. d/b/a St. Michael's Home Care

Project Review 2025

Establish a new Licensed Home Care Services Agency at 1220 Front Street, Uniondale

- 241136 E Vista on 5th
Transfer 100% ownership interest to a new member corporation
- 241149 E Westchester PACE Program LLC
Establish a new licensed home care services agency at 1 Wartburg Place, Mt. Vernon

Certified Home Health Agencies

- 251016 C Marquis Certified Home Care, LLC
Acquire the Certified Home Health Care (CHHA) operated by Community Health Center of St. Mary's Healthcare and Nathan Littauer Hospital, and add additional counties and services - Amends and Supersedes 241119

Hospices

- 251157 C Hospice Buffalo Inc \$ 3,638,572
Renovation of existing vacant space into offices, conference rooms and educational space while simultaneously decertifying the 10 beds in that area. Patient care areas will not be impacted.



Department of Health

Public Health and Health Planning Council

Certificate of Need Annual Report

2025

TABLE I

Median Processing Times

(Acknowledgement to Director Action in Days)

	Admin	Full	LHCSA	Ltd
2021	98	152	0	62
2022	83	193	0	63
2023	94	157	208	59
2024	101	168	498	57
2025	89	137	661	72

TABLE I (A)

Historical Project Volume and Values

	Number of Actions						Value of Actions (in thousands)					Average Value (in thousands)			
Year	Admin	Full	LHCSA	Ltd	Notice	Total	Admin	Full	Ltd	Notice	Total	Admin	Full	Ltd	Notice
2021	101	42	0	217	359	719	433,342	562,628	404,613	414,448	1,815,031	4,291	13,396	1,865	1,154
2022	108	82	0	165	329	684	607,503	1,888,166	411,429	872,998	3,780,095	5,625	23,026	2,494	2,653
2023	100	66	17	236	318	737	531,155	571,151	509,198	662,134	2,273,638	5,312	8,654	2,158	2,082
2024	109	65	29	205	402	810	703,649	1,821,792	481,142	809,267	3,815,850	6,455	28,028	2,347	2,013
2025	107	70	24	198	403	802	779,183	5,705,407	608,947	2,687,810	9,781,347	7,282	81,506	3,075	6,670

TABLE I (B)
Projects Reviewed and Related Capital Expenditures by Region
Last Two Calendar Years

2025								
Region	Number of Projects				Value of Projects <i>(in thousands)</i>			
	Admin	Full	Ltd	Total	Admin	Full	Ltd	Total
Western	6	2	27	35	228,800	9,586	40,858	279,244
Finger Lakes	7	4	21	32	8,547	15,189	65,613	89,349
Central	7	4	17	28	19,633	11,711	36,234	67,578
NY Penn	2	1	6	9	30,455	14,935	6,644	52,035
Northeast	5	15	15	35	34,850	212,632	50,739	298,221
Hudson Valley	12	10	13	35	33,348	88,732	25,821	147,900
New York City	52	23	65	140	294,332	4,110,332	273,901	4,678,566
Long Island	16	11	34	61	129,217	1,242,289	109,138	1,480,644
Total	107	70	198	375	\$779,183	\$5,705,407	\$608,947	\$7,093,537

2024								
Region	Number of Projects				Value of Projects <i>(in thousands)</i>			
	Admin	Full	Ltd	Total	Admin	Full	Ltd	Total
Western	7	0	14	21	9,498	0	30,850	40,348
Finger Lakes	6	1	20	27	2,908	40	45,813	48,761
Central	10	5	18	33	49,250	7,307	27,587	84,144
NY Penn	2	0	2	4	1,101	0	11,114	12,215
Northeast	12	4	23	39	39,996	14,085	34,044	88,125
Hudson Valley	23	10	27	60	202,016	1,015,133	24,784	1,241,933
New York City	40	36	75	151	342,925	578,355	255,498	1,176,778
Long Island	9	9	26	44	55,956	206,872	51,452	314,280
Total	109	65	205	379	\$703,649	\$1,821,792	\$481,142	\$3,006,583

TABLE II (A)
Disapprovals
2025

202086	Coit House, LLC Establish and construct a Midwifery Birth Center to be located at 414 Virginia Street, Buffalo	\$0
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TABLE II (B)
Withdrawals
2025

Withdrawals by Applicant	67
Withdrawals by Department	<u>42</u>
Total	109

TABLE III
Bed Changes by Facility Type by Region
2025

HOSPITALS	Western	Finger Lakes	Central	NY-Penn	North East	Hudson Valley	NYC	Long Island	TOTAL
Bed Category									
Bone Marrow Transplant	0	0	0	0	0	0	11	0	11
Chemical Dependency, Detox	0	0	0	0	0	0	-12	0	-12
Chemical Dependency, Rehab	0	0	0	0	0	0	4	0	4
Coma Recovery	0	0	0	0	0	0	0	0	0
Coronary Care	0	0	0	0	0	0	0	0	0
Intensive Care	0	0	0	0	0	0	58	30	88
Maternity Beds	0	0	0	0	0	0	3	0	3
Medical/Surgical	15	0	-5	0	0	0	184	60	254
Neonatal Intensive Care	0	0	0	0	0	0	0	0	0
Neonatal Continuing Care	0	0	0	0	0	0	0	0	0
Neonatal Intermediate Care	0	0	0	0	0	0	0	0	0
Pediatric	0	0	0	0	0	0	0	0	0
Pediatric ICU	0	0	0	0	0	0	12	0	12
Physical Medicine & Rehabilitation	0	0	0	0	0	0	-111	0	-111
Psychiatric	0	0	0	0	0	0	35	-18	17
Transitional Care	0	0	0	0	0	0	0	0	0
Traumatic Brain Injury	0	0	0	0	0	0	0	0	0
New York State Total	15	0	-5	0	0	0	184	72	266

RESIDENTIAL HEALTH CARE FACILITIES	Western	Finger Lakes	Central	NY-Penn	North East	Hudson Valley	NYC	Long Island	TOTAL
Bed Category									
AIDS	0	0	0	0	0	0	0	0	0
RHCF Beds	0	0	-4	0	0	0	-3	0	-7
Behavioral Intervention	0	0	0	0	0	0	0	0	0
Pediatric	0	0	0	0	0	0	0	0	0
Traumatic Brain Injury	0	0	0	0	0	0	-80	0	-80
Ventilator, Adult	0	0	0	0	0	0	0	0	0
Ventilator, Pediatric	0	0	0	0	0	0	0	0	0
New York State Total	0	0	-4	0	0	0	-83	0	-87

TABLE IV
Projects Receiving Commissioner Action by Facility Type
2025

TABLE IV (A)

Administrative Review Projects

Region	CHHA	DTC	MBC	HOSPICE	HOSPITAL	RHCF	TOTAL
Western	0	4	0	0	2	0	6
Finger Lakes	0	4	0	0	3	0	7
Central	0	0	0	0	6	1	7
NY-Penn	0	1	0	0	1	0	2
Northeastern	0	4	0	0	1	0	5
Hudson Valley	0	6	0	0	5	1	12
New York City	0	32	0	0	17	3	52
Long Island	0	5	0	0	10	1	16
New York State Total	0	56	0	0	45	6	107

TABLE IV (B)

Full Review Projects

Region	CHHA	DTC	MBC	HOSPICE	HOSPITAL	LHCSA	RHCF	TOTAL
Western	0	1	0	1	0	0	0	2
Finger Lakes	0	1	0	0	1	0	2	4
Central	0	1	0	0	2	1	1	5
NY-Penn	0	1	0	0	0	0	0	1
Northeastern	1	7	0	0	1	3	6	18
Hudson Valley	0	4	0	0	3	2	3	12
New York City	0	12	0	0	9	16	2	39
Long Island	0	5	0	0	5	2	1	13
New York State Total	1	32	0	1	21	24	15	94

TABLE IV (C)

Limited Review Projects

Region	DTC	MBC	HOSPITAL	RHCF	TOTAL
Western	4	0	18	5	27
Finger Lakes	3	0	16	2	21
Central	4	0	9	4	17
NY-Penn	0	0	6	0	6
Northeastern	0	0	14	1	15
Hudson Valley	4	0	7	2	13
New York City	10	0	45	10	65
Nassau-Suffolk	5	0	28	1	34
New York State Total	30	0	143	25	198

TABLE V
Public Health and Health Planning Council
Establishment Projects Reviewed by Facility Type
2025

Facility Type	Current Year				2024	2023	2022
	Approval	Disapproval	Deferral	Total	Total	Total	Total
Hospitals	1	0	0	1	3	1	0
Residential Health Care Facilities	16	0	0	16	4	8	22
Diagnostic and Treatment Centers	26	0	0	26	33	38	43
Midwifery Birth Centers	0	1	0	1	1	1	0
Certified Home Health Agencies	0	0	0	0	1	2	2
Hospices	0	0	0	0	0	0	0
Licensed Home Care Services Agency	24	0	0	24	29	17	0
New York State Total	67	1	0	68	71	67	67

Ambulatory Surgery Centers - Established ASCs with Limited Life Report
Established ASCs with Limited Life Projects

ASCs with a limited life extension OR a change in owner interest which resulted in limited life

							Approved Target			Year 2			Year 3		
CON #	Fac ID	Facility Name	Reason For Limited Life	County	O/C Effective Date	O/C Expiration Date	Specialty Type	Charity Care	Medicaid	Actual Visits	Actual Charity Care	Actual Medicaid	Actual Visits	Actual Charity Care	Actual Medicaid
212079	7832	Ambulatory Surgery Center of Western New York LLC	Change of owner interest	Erie	5/27/2022	5/26/2025	Multi	6.2%	5.2%	12,366	0.0%	6.8%	12,612	0.0%	5.9%
221200	6184	Suffolk Surgery Center, LLC	Change of owner interest	Suffolk	3/10/2023	3/9/2026	Multi	2.1%	5.4%	4,230	N/A	12.2%	Not due yet	Not Due Yet	Not Due Yet
221213	9229	Performance Surgical Center	Change of owner interest	Kings	6/15/2023	6/14/2028	Multi	10.0%	25.3%	Not submitted	Not submitted	Not submitted	Not due yet	Not Due Yet	Not Due Yet
211143	9996	Downtown Bronx ASC	Change of owner interest	Bronx	12/29/2023	12/28/2026	Multi	2.0%	45.3%	697	N/A	28.3%	Not due yet	Not Due Yet	Not Due Yet
251209	4067	Central New York Eye Center	Change of owner interest	Dutchess	3/21/2025	3/20/2028	Ophthalmology	1.0%	2.9%	Not Due Yet	Not Due Yet	Not Due Yet	Not due yet	Not Due Yet	Not Due Yet
251131	10250	OrthoNY Surgical Suites	Change of owner interest	Saratoga	7/10/2025	7/9/2028	Multi	2.0%	14.4%	Not Due Yet	Not Due Yet	Not Due Yet	Not due yet	Not Due Yet	Not Due Yet
231315	10266	Manhattan Reproductive Surgery Center	Limited life extension	New York	9/25/2023	9/24/2026	Gynecology	2.0%	0.4%	3,477	N/A	1.6%	Not due yet	Not Due Yet	Not Due Yet
161234	10423	Hudson Specialty Surgery Center	Limited life extension	New York	9/5/2024	9/4/2028	Ophthalmology	2.0%	6.0%	Not Due Yet	Not Due Yet	Not Due Yet	Not due yet	Not Due Yet	Not Due Yet
241232	10301	Rockaways ASC Development LLC	Limited life extension	Queens	9/10/2024	9/9/2027	Multi	3.4%	14.6%	Not Due Yet	Not Due Yet	Not Due Yet	Not due yet	Not Due Yet	Not Due Yet

Data Sources: ACHF Cost Report, Annual Reports, or SPARCS.
- Data listed represents the most audited numbers when available.
- Submitted AHCF cost reports may inconsistently display Medicaid Managed Care
- When SPARCS data is used, facilities are unable to accurately reflect Charity Care and is noted by N/A.
- Data is based on OpCert Start Year as noted in table below.

Op Cert Start Year	Year 2	Year 3
2019	2020	2021
2020	2021	2022
2021	2022	2023
2022	2023	2024
2023	2024	2025
2024	2025	2026
2025	2026	2027

Establishment of center is not covered by limited life process since a hospital is a member of the ownership structure

Limited Life Projects

Op Cert Start Year	Year 2	Year 3	Year 4
2019	2020	2021	2022
2020	2021	2022	2023
2021	2022	2023	2024
2022	2023	2024	2025
2023	2024	2025	2026
2024	2025	2026	2027
2025	2026	2027	2028

Ambulatory Surgery Centers - Permanent Life Report
Permanent Life Projects

Annual Reports no longer required after approval (non-hospital interest)

						Approved Target %		2023			2024		
CON #	Fac ID	Facility Name	County	Date Permanent Life Granted	Specialty Type	Charity Care	Medicaid	Actual visits	Charity Care	Medicaid	Actual Visits	Charity Care	Medicaid
N/A	6758	Syracuse Endoscopy Associates, LLC	Onondaga	Pre-Limited Life	Gastroenterology	N/A	N/A	8,318	0.0%	8.7%	10,969	0.0%	5.0%
N/A	7647	Pro Health Ambulatory Surgery Center, LLC	Nassau	Pre-Limited Life	Multi	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	4140	ProHEALTH Day Op Ambulatory Surgery Center	Nassau	Pre-Limited Life	Multi	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	7660	Dutchess Ambulatory Surgical Center	Dutchess	Pre-Limited Life	Multi	N/A	N/A	4,536	N/A	0.0%	5,365	N/A	0.0%
N/A	4563	EMU Health	Queens	Pre-Limited Life	Multi	N/A	N/A	4,089	0.0%	73.0%	4,401	0.2%	91.2%
N/A	6178	Medex Diagnostic and Treatment Center	Queens	Pre-Limited Life	Multi	N/A	N/A	3,318	N/A	3.0%	7,136	N/A	0.4%
N/A	9139	Midtown Surgery Center	New York	Pre-Limited Life	Multi	N/A	N/A	2,099	1.6%	1.6%	2,138	N/A	3.3%
N/A	4295	Fifth Avenue Surgery Center	New York	Pre-Limited Life	Multi	N/A	N/A	10,112	0.0%	0.0%	10,783	0.0%	0.0%
N/A	8577	Gramercy Park Digestive Disease Center*	New York	Pre-Limited Life	Gastroenterology	N/A	N/A	15,366	0.0%	7.3%	14,532	0.0%	13.5%
N/A	4754	SurgiCare of Brooklyn	Kings	Pre-Limited Life	Multi	N/A	N/A	5,692	N/A	0.0%	7,626	N/A	0.0%
N/A	6557	Progressive Surgery Center, LLC	Suffolk	Pre-Limited Life	Multi	N/A	N/A	1,141	N/A	0.4%	2,598	N/A	0.0%
N/A	6185	OrthoNY Ambulatory Surgery Center - Albany	Albany	Pre-Limited Life	Orthopedics	N/A	N/A	3,982	N/A	15.9%	4,487	N/A	14.4%
N/A	6664	Saratoga-Schenectady Endoscopy Center, LLC	Saratoga	Pre-Limited Life	Gastroenterology	N/A	N/A	19,765	0.0%	7.7%	22,009	0.0%	8.9%
N/A	7855	Island Eye Surgicenter LLC	Nassau	Pre-Limited Life	Ophthalmology	N/A	N/A	20,865	0.0%	5.8%	25,038	0.0%	6.9%
N/A	6789	Endoscopic Procedure Center	Onondaga	Pre-Limited Life	Gastroenterology	N/A	N/A	7,979	0.0%	3.2%	10,780	0.0%	5.2%
N/A	4214	Buffalo Ambulatory Surgery Center	Erie	Pre-Limited Life	Multi	N/A	N/A	8,276	0.0%	9.0%	6,610	0.0%	13.3%
N/A	6253	Center for Ambulatory Surgery LLC	Erie	Pre-Limited Life	Multi	N/A	N/A	11,522	N/A	4.2%	8,870	N/A	5.7%
N/A	7654	Choices Women's Medical Center Inc	Queens	Pre-Limited Life	Multi	N/A	N/A	61,797	0.0%	82.4%	63,990	0.0%	78.4%
N/A	7675	East Tremont Medical Center	Bronx	Pre-Limited Life	Multi	N/A	N/A	N/A	N/A	N/A	2,449	N/A	0.0%
N/A	9037	Long Island Hand and Orthopedic Surgery Center, LLC	Suffolk	Pre-Limited Life	Orthopedics	N/A	N/A	1,591	0.0%	1.4%	1,382	0.0%	0.7%
N/A	4146	New York Surgery Center Queens, LLC	Queens	Pre-Limited Life	Multi	N/A	N/A	1,861	0.0%	3.4%	1,775	N/A	0.1%
N/A	4155	The Mackool Eye Institute LLC	Queens	Pre-Limited Life	Ophthalmology	N/A	N/A	8,104	0.0%	10.9%	9,968	0.0%	9.1%
N/A	6908	Gramercy Surgery Center, Inc*	New York	Pre-Limited Life	Multi	N/A	N/A	9,635	0.1%	8.3%	10,034	0.1%	10.2%
N/A	9795	Gramercy Surgery Center, Inc. - Queens* (see data for PFI 6908)	Queens	Pre-Limited Life	Multi	N/A	N/A						
N/A	6214	Capital Region Ambulatory Surgery Center	Albany	Pre-Limited Life	Orthopedics/Pain Management	N/A	N/A	9,665	0.0%	9.8%	10,005	0.0%	9.5%
N/A	6151	Eye Surgery Center of Westchester	Westchester	Pre-Limited Life	Ophthalmology	N/A	N/A	5,586	0.0%	10.6%	5,803	0.0%	10.9%
N/A	4159	Long Island Ambulatory Surgery Center	Suffolk	Pre-Limited Life	Multi	N/A	N/A	10,087	0.1%	4.3%	16,917	N/A	16.6%
062285	6637	All City Family Healthcare Center, Inc.	Kings	Pre-Limited Life	Multi	N/A	N/A	12,271	N/A	0.0%	10,618	N/A	0.0%
N/A	9076	Island Endoscopy Center, LLC	Suffolk	Pre-Limited Life	Gastroenterology	N/A	N/A	593	N/A	0.0%	N/A	N/A	N/A
N/A	3898	Ambulatory Surgery Center of Greater New York	Bronx	Pre-Limited Life	Multi	N/A	N/A	8,102	0.0%	24.7%	10,782	0.1%	21.7%
N/A	6304	Albany Regional Eye Surgery Center	Albany	Pre-Limited Life	Ophthalmology	N/A	N/A	13,482	0.0%	6.8%	13,239	0.0%	6.7%
N/A	6536	Brighton Surgery Center,LLC	Monroe	Pre-Limited Life	Multi	N/A	N/A	6,984	N/A	11.9%	8,029	0.0%	4.7%
N/A	4136	Brook Plaza Ambulatory Surgical Center Inc	Kings	Pre-Limited Life	Multi	N/A	N/A	11,875	0.0%	11.4%	12,319	0.1%	13.8%
N/A	3882	Brooklyn Eye Surgery Center	Kings	Pre-Limited Life	Ophthalmology	N/A	N/A	7,152	N/A	27.0%	7,176	N/A	29.7%
N/A	7851	Cataract Center for the Adirondacks	Clinton	Pre-Limited Life	Ophthalmology	N/A	N/A	1,728	0.1%	0.2%	306	1.3%	1.6%
N/A	8571	Digestive Disease Center of Central New York, LLC	Onondaga	Pre-Limited Life	Gastroenterology	N/A	N/A	15,951	0.0%	8.5%	15,916	0.0%	7.2%
N/A	6490	Endoscopic Ambulatory Specialty Center of Bay Ridge, Inc.	Kings	Pre-Limited Life	Gastroenterology	N/A	N/A	N/A	N/A	N/A	801	N/A	0.0%
N/A	6826	Endoscopic Diagnostic and Treatment Center, LLC	Kings	Pre-Limited Life	Gastroenterology	N/A	N/A	1,661	0.0%	13.7%	1,453	0.0%	15.6%
N/A	6629	Endoscopy Center of Western New York, LLC	Erie	Pre-Limited Life	Gastroenterology	N/A	N/A	16,989	0.0%	8.7%	17,015	0.0%	4.4%
N/A	6109	Eye Health Associates Inc	Erie	Pre-Limited Life	Ophthalmology	N/A	N/A	3,699	0.0%	17.5%	1,470	0.0%	29.0%
N/A	6593	Grand Street Gastroenterology, Inc.	Ulster	Pre-Limited Life	Multi	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	6624	Kips Bay Endoscopy Center, LLC	New York	Pre-Limited Life	Gastroenterology	N/A	N/A	9,419	0.0%	0.0%	8,120	N/A	7.1%
N/A	7721	Lindsay House Surgery Center, LLC	Monroe	Pre-Limited Life	Multi	N/A	N/A	987	0.0%	0.0%	2,702	0.0%	0.0%
N/A	7770	New England Laser & Cosmetic Surgery Center	Albany	Pre-Limited Life	Multi	N/A	N/A	551	N/A	8.9%	712	N/A	5.6%
N/A	6500	North Country Orthopaedic Ambulatory Surgery Center, LLC	Jefferson	Pre-Limited Life	Orthopedics	N/A	N/A	571	0.4%	9.6%	909	0.0%	5.5%
N/A	4110	North Shore Surgi-Center	Suffolk	Pre-Limited Life	Multi	N/A	N/A	5,521	N/A	0.1%	5,080	N/A	0.0%
N/A	7889	Physicians Choice Surgicenter	Queens	Pre-Limited Life	Multi	N/A	N/A	93	N/A	0.0%	N/A	N/A	N/A
N/A	8503	Retinal Ambulatory Surgery Center of New York Inc	New York	Pre-Limited Life	Ophthalmology	N/A	N/A	4,952	N/A	43.6%	5,043	N/A	41.2%
N/A	7769	Sheepshead Bay Surgery Center	Kings	Pre-Limited Life	Ophthalmology	N/A	N/A	5,742	0.0%	32.7%	4,718	N/A	5.5%
N/A	7854	Specialty Surgery Center of Central New York	Onondaga	Pre-Limited Life	Multi	N/A	N/A	9,652	0.0%	0.2%	9,184	0.2%	0.1%
N/A	6329	The Ambulatory Surgery Center of Westchester	Westchester	Pre-Limited Life	Multi	N/A	N/A	3,833	N/A	11.1%	3,905	N/A	9.8%
241060	6266	Camillus Surgery Center	Onondaga	9/19/2011	Multi	0.0%	9.4%	1,089	0.0%	1.3%	3,085	0.1%	0.3%

122223	7768	Hudson Valley Endoscopy Center	Dutchess	12/20/2013	Gastroenterology	0.0%	8.1%	6,185	0.0%	19.1%	6,089	0.0%	18.2%
141069	9034	Greater NY Endoscopy Surgical Center	Kings	9/5/2014	Gastroenterology	8.5%	25.7%	5,793	1.8%	2.6%	N/A	N/A	N/A
252056	4146	New York Surgery Center Queens	Queens	6/1/2015	Multi	0.0%	3.4%	1,861	0.0%	3.4%	1,775	N/A	0.1%
152002	9089	Upstate Orthopedics ASC	Onondaga	9/28/2015	Multi	2.0%	13.0%	6,273	0.1%	16.6%	5,665	0.1%	15.5%
151201	9119	Crystal Run ASC of Middletown	Orange	12/4/2015	Multi	2.0%	15.4%	8,703	0.0%	10.9%	8,263	N/A	9.2%
152036	9181	Endoscopy Center of Central NY	Onondaga	12/4/2015	Gastroenterology	0.9%	4.5%	4,879	0.0%	5.4%	4,940	0.0%	5.0%
152327	9115	East Side Endoscopy	New York	1/7/2016	Gastroenterology / Pain Management	2.8%	10.7%	11,826	0.0%	8.4%	13,967	0.0%	9.1%
161116	9120	New York Endoscopy Center	Westchester	3/30/2016	Gastroenterology	5.4%	12.2%	N/A	N/A	N/A	N/A	N/A	N/A
231137	9223	Gastroenterology Care, Inc.	Kings	6/14/2016	Gastroenterology	1.0%	40.8%	3,319	N/A	65.1%	5,070	N/A	62.4%
161307	8614	Meadowbrook Endoscopy	Nassau	6/27/2016	Gastroenterology	2.0%	20.0%	8,520	0.0%	14.3%	8,370	0.0%	13.9%
161220	9231	Surgical Specialty Care of Westchester	Westchester	8/5/2016	Multi	4.1%	7.4%	3,450	N/A	14.4%	4,432	N/A	11.6%
161175	9244	Mohawk Valley Endoscopy Center (closed 10/2023)	Oneida	8/24/2016	Gastroenterology	1.2%	9.5%	4,140	N/A	4.7%	Closed	Closed	Closed
161415	9313	Carnegie Hill Endo, LLC	New York	10/14/2016	Gastroenterology	2.3%	3.1%	17,164	0.1%	2.5%	16,345	0.0%	3.9%
161456	9274	Manhattan Endo, LLC	New York	12/13/2016	Gastroenterology	1.9%	3.5%	10,908	N/A	5.0%	13,612	0.4%	2.9%
162428	9290	Heritage One Day Surgery, LLC	Onondaga	4/7/2017	Pain Management	0.4%	14.7%	16,608	0.0%	8.8%	16,393	0.0%	9.0%
162445	9322	Putnam Endoscopy ASC, LLC	Putnam	4/7/2017	Gastroenterology	3.6%	4.8%	3,326	0.0%	6.3%	4,478	0.1%	6.7%
171020	9379	West Side GI, LLC	New York	5/10/2017	Gastroenterology	1.3%	20.7%	10,101	N/A	33.0%	14,191	N/A	33.5%
171110	9358	Upstate Gastroenterology, LLC	Onondaga	6/16/2017	Gastroenterology	0.0%	23.0%	936	N/A	23.9%	369	N/A	23.9%
171407	9118	South Brooklyn Endoscopy	Kings	7/11/2017	Gastroenterology	1.3%	35.1%	11,754	0.3%	27.9%	18,220	0.0%	1.7%
172082	9185	South Shore Surgery Center	Suffolk	9/11/2017	Multi	1.8%	13.4%	3,706	0.3%	15.9%	3,485	0.5%	13.2%
172169	9150	The Rye ASC, LLC	Westchester	12/4/2017	Multi	1.3%	3.8%	4,702	0.0%	2.4%	4,541	0.0%	2.3%
171297	9340	Syracuse Surgery Center	Onondaga	2/2/2018	Ophthalmology	0.0%	1.6%	7,114	0.0%	0.1%	7,695	0.0%	0.0%
172304	9463	Queens Boulevard GI, LLC	Queens	2/12/2018	Gastroenterology	0.5%	46.5%	12,060	1.8%	39.9%	11,137	1.9%	35.2%
172363	9493	Flushing Endoscopy Center, LLC*	Queens	4/13/2018	Gastroenterology	1.6%	46.0%	11,699	0.0%	37.6%	13,046	0.0%	29.4%
181131	9149	Advanced Surgery Center	Rockland	6/28/2018	Plastics / Ophthalmology	7.0%	4.7%	644	5.9%	0.5%	470	N/A	0.2%
181152	9490	Manhattan Surgery Center	New York	8/3/2018	Multi	0.2%	5.8%	5,497	0.0%	6.3%	5,274	0.0%	0.0%
181448	9589	Brooklyn SC, LLC	Kings	10/15/2018	Multi	2.0%	19.4%	9,210	0.0%	11.2%	11,188	0.0%	26.9%
181438	9518	New York Eye Surgical	Saratoga	10/15/2018	Ophthalmology	0.1%	4.0%	4,783	0.0%	4.1%	4,800	N/A	9.2%
181248	9148	SurgiCare of Manhattan, LLC	New York	10/16/2018	Multi	0.7%	2.9%	3,493	N/A	1.4%	3,831	N/A	1.1%
172395	9473	Queens Endoscopy ASC, LLC	Queens	11/30/2018	Gastroenterology	2.8%	23.8%	15,402	0.2%	27.2%	14,288	0.2%	22.9%
181277	9526	The Surgery Ctr at Orthopedic Associates	Dutchess	12/18/2018	Multi	0.1%	12.2%	4,983	0.0%	11.6%	5,471	0.0%	9.5%
182183	9635	Endoscopy Center of Niagara	Niagara	2/20/2019	Gastroenterology	0.5%	7.8%	5,921	0.0%	9.1%	4,871	N/A	17.0%
182240	9263	Griffiss Eye Center, LLC	Oneida	2/21/2019	Multi	0.9%	6.7%	6,049	0.0%	11.5%	4,600	0.0%	4.5%
182298	9680	Island Digestive Health Center	Suffolk	2/22/2019	Gastroenterology	0.8%	18.4%	9,630	1.6%	24.2%	9,377	1.7%	15.9%
191032	9693	Advanced Surgery Center of LI	Suffolk	4/23/2019	Gastro/Pain Mgmt	2.0%	6.5%	10,383	N/A	10.3%	10,692	N/A	9.8%
191096	9710	Great South Bay Endoscopy	Suffolk	4/23/2019	Gastroenterology	0.3%	15.7%	13,020	N/A	23.5%	12,485	0.0%	17.2%
181259	9498	Mohawk Valley Eye Surgery	Montgomery	6/10/2019	Ophthalmology	0.0%	16.1%	570	N/A	25.6%	417	N/A	32.9%
191172	9733	Cortland Surgical Center	Cortland	7/3/2019	Otolaryngology(ENT)	2.1%	36.8%	757	N/A	5.0%	881	N/A	6.2%
191237	9744	PBGS, LLC	Kings	9/11/2019	Gynecology	0.8%	57.8%	6,240	N/A	58.6%	5,200	N/A	50.8%
192303	9804	Empire State Ambulatory	Bronx	2/18/2020	Multi	2.1%	18.3%	8,178	N/A	0.0%	10,688	N/A	0.0%
192212	9792	Apex Eye Surgery Center	Queens	2/18/2020	Ophthalmology	2.3%	62.2%	2,570	N/A	55.1%	2,875	N/A	56.3%
N/A	10413	Gramercy Park DDC - Bennett Avenue (see data for PFI 8577)	New York	4/8/2020	Gastroenterology	N/A	N/A						
201125	9816	Apex Surgical Center	Oneida	6/10/2020	Multi	1.0%	12.3%	5,199	0.0%	10.3%	4,971	0.0%	6.5%
201135	9448	The Endoscopy Center of New York	New York	6/16/2020	Gastroenterology	2.8%	4.8%	13,821	N/A	5.0%	14,063	N/A	5.7%
201177	9820	GoldStep Ambulatory Surgery	Kings	7/20/2020	Multi	2.1%	56.9%	1,729	0.0%	53.4%	2,333	N/A	70.8%
192220	9800	Island Ambulatory Surgery	Kings	7/20/2020	Multi	2.0%	19.0%	10,015	1.3%	1.3%	13,090	0.0%	8.5%
202007	9849	The Northway Surgery & Pain Center	Saratoga	9/14/2020	Pain Management	0.0%	8.4%	8,800	0.0%	6.5%	9,347	0.0%	11.1%
201261	9848	Northern GI Endoscopy	Warren	10/23/2020	Gastroenterology	0.0%	10.8%	8,242	0.0%	10.2%	6,284	0.1%	0.2%
201115	9784	North Queens Surgical Center	Queens	11/16/2020	Multi	0.3%	16.8%	9,653	N/A	0.0%	10,224	N/A	0.0%
202103	9863	OMNI Surgery Center	Oneida	2/18/2021	Multi	0.0%	12.4%	N/A	N/A	N/A	2,665	N/A	9.9%
211011	9892	Ambulatory Surgery Center of Niagara	Niagara	4/2/2021	Ophthalmology	0.3%	3.5%	4,419	0.3%	1.0%	4,251	0.1%	1.0%
202015	9793	Eye Center of New York	Bronx	5/4/2021	Ophthalmology	1.5%	32.3%	3,443	N/A	29.8%	3,537	N/A	30.8%
211071	9783	Avicenna ASC, Inc.	Bronx	5/19/2021	Multi	3.5%	56.4%	3,749	0.0%	75.3%	3,608	0.0%	75.3%
211147	9897	The Endoscopy Center of Queens	Queens	7/16/2021	Gastroenterology	1.3%	20.9%	9,550	0.0%	18.3%	10,720	0.0%	17.8%
212062	10009	Liberty Endoscopy Center	New York	10/1/2021	Gastroenterology	2.0%	3.8%	12,439	0.4%	7.4%	12,761	0.2%	3.7%
212075	9947	Southtowns Surgery Center	Erie	11/24/2021	Multi	2.4%	1.8%	3,094	0.0%	5.1%	3,389	0.0%	4.0%
221076	10075	Mid-Bronx Endoscopy Center	Bronx	4/4/2022	Gastroenterology	0.1%	57.5%	8,293	0.0%	60.6%	8,575	0.0%	59.1%
221122	10078	HSS ASC of Manhattan	New York	6/10/2022	Orthopedics	0.2%	1.6%	3,770	0.3%	0.6%	4,054	0.1%	0.6%

221198	10050	Gastroenterology of Westchester	Westchester	8/16/2022	Gastroenterology	4.1%	31.0%	2,958	N/A	34.5%	709	N/A	17.5%
221253	10110	New Hyde Park Endoscopy	Nassau	9/29/2022	Gastroenterology	1.4%	9.9%	12,644	0.0%	15.4%	12,876	0.0%	22.2%
231113	10344	WNY Medical Management - Sheridan Drive	Erie	10/13/2022	Multi	3.6%	4.8%	3,574	0.0%	5.6%	4,040	0.4%	1.0%
222158	10117	Specialty Eye Surgery & Laser Center of the Capital District	Albany	1/23/2023	Ophthalmology	0.8%	4.6%	3,307	0.1%	4.4%	3,365	0.0%	3.4%
N/A	15607	Buffalo Surgery Center, LLC* (see data for PFI 6158)	Erie	3/7/2023	Multi	N/A	N/A						
231225	10175	Premier Ambulatory Surgery Center	Erie	9/28/2023	Gastroenterology/ Ophthalmology	0.0%	11.8%	3,203	N/A	16.1%	3,673	N/A	7.3%
231370	10225	Bay Ridge Surgi-Center	Kings	10/17/2023	Multi	0.0%	12.4%	2,753	0.0%	0.8%	8,838	0.0%	1.0%
231290	10241	Yorktown Center for Specialty Surgery	Westchester	1/5/2024	Multi	2.8%	7.8%	3,039	1.5%	7.6%	2,753	N/A	2.9%
211200	9909	Surgery of Tomorrow	Kings	1/16/2024	Gynecology	2.5%	36.3%	760	N/A	0.1%	825	N/A	1.6%
232149	10239	Surgical Pain Center of the Adirondacks	Clinton	1/22/2024	Pain Management	2.5%	12.6%	3,365	0.0%	9.4%	4,458	0.1%	11.1%
231233	6158	Buffalo Surgery Center*	Erie	1/26/2024	Multi	2.1%	10.8%	20,527	0.0%	8.0%	23,396	0.0%	9.3%
231381	9958	Richmond Pain Management ASC	Richmond	4/9/2024	Pain Management	0.8%	5.1%	3,686	0.8%	5.1%	4,024	N/A	0.5%
241239	6869	Long Island Center for Digestive Health, LLC	Nassau	8/19/2024	Gastroenterology	2.0%	2.3%	5,904	0.1%	2.8%	8,283	0.7%	3.4%
222011	15741	Soho Ambulatory Surgery Center* (see data for PFI 9493)	New York	2/6/2025	Tri-Single Spec	2.0%	36.6%						
131050	10373	New York Center for Ambulatory Surgery	New York	6/10/2025	Multi	3.3%	13.5%	767	N/A	8.5%	679	N/A	9.1%
251178	13957	Queens Surgical Center	Queens	6/17/2025	Multi	2.0%	39.0%	2,572	0.0%	26.5%	4,219	0.0%	19.8%
251121	10432	Cornerstone Surgery Center	Monroe	7/15/2025	Ophthalmology	0.7%	3.7%	5,380	0.1%	3.6%	6,062	0.0%	3.6%
171198	13961	Star Surgical Suites	Nassau	8/26/2025	Gastroenterology	8.1%	3.0%	4,439	8.1%	3.0%	4,011	N/A	10.7%

Data Sources: ACHF Cost Report or SPARCS.

- Data listed represents the most audited numbers when available.
- Submitted AHCF cost reports may inconsistently display Medicaid Managed Care
- When SPARCS data is used, facilities are unable to accurately reflect Charity Care and is noted by N/A.
- * Reflects data reported under same **Operator / OC#** showing combined data

C. Health Planning Committee

Members

John Rugge, M.D. MPP - Chair
Ann Monroe, Vice Chair
Howard Berliner
Jo Ivey Boufford, M.D.
Larry Eisenstein, M.D., M.P.H., F.A.C.P.
Lindsay C. Farrell, M.B.A., F.A.C.M.P.E.
Jeffrey Kraut

Scott LaRue
Harvey Lawrence
Mario Ortiz, R.N., Ph.D., F.A.A.N.
Stanfort Perry
Peter Robinson, M.P.H.
Denise Soffel, Ph.D.
Patsy Yang, Dr.P.H.

Work Conducted in 2025

The Public Health and Health Planning Council's Health Planning Committee (Committee), in consultation with the Commissioner of Health, monitors and makes specific recommendations to the Council regarding emerging health and health care issues and initiatives. Additionally, the Committee provides support to the Council in a periodic review of regulations and Council procedures. The Committee may fulfill its responsibilities through membership expertise, data and research, stakeholder engagement, and consultation with other relevant State agencies, advisory committees, and regulatory bodies.

In 2025, the Committee was charged with developing recommendations on cardiac procedures and ambulatory surgery centers. These recommendations needed to be delivered to the Public Health and Health Planning Council's Full Council and The Department by December 2025. The Committee successfully completed the following tasks:

- Conducted educational sessions on percutaneous cardiac intervention in collaboration with the New York State Cardiac Advisory Committee, in order to understand differences in terminology, current regulations, reporting systems and data collection
- Gathered input from key stakeholders including hospital systems, surgery centers, clinical staff, advocates and related associations/organizations
- Considered other state and national experiences and data around this topic including the Society for Cardiovascular Angiography & Interventions guidance and recommendations
- Discussed and reviewed all data, information and feedback received to develop recommendations and submit them to the Public Health and Health Planning Council's Full Council for approval.

The Committee obtained approval for the final recommendations at the February 19, 2026, Public Health and Health Planning Council's Full Council Meeting. Moving forward, the Committee may have a role in reviewing project applications that come through the Council.

D. Public Health Committee

Members

Jo Ivey Boufford, M.D., Chair
Anderson Torres, Ph.D., Vice Chair
Larry Eisenstein, M.D., M.P.H., F.A.C.P.
Lindsay C. Farrell, M.B.A., F.A.C.M.P.E.
Sabina Lim, M.D.
Ann Monroe
Mario Ortiz, R.N., Ph.D., F.A.A.N.

Stanford Perry
Denise Soffel, Ph.D.
Nilda Soto
Kevin Watkins, M.D., M.P.H.
Wendy Wilcox, M.D., M.P.H., M.B.A., F.A.C.O.G.
Patsy Yang, Dr.P.H.

Work Conducted in 2025

The New York State Public Health and Health Planning Council held two Public Health Committee meetings in 2025, to discuss the finalization of the implementation plan for the state's Public Health Prevention Agenda for 2025 to 2030 and progress in putting it in place with Local Health Department and Hospital partners. As part of its role in oversight of the Prevention Agenda process, the Public Health Committee asked to include progress on the Interagency Task Force that will be needed to leverage activities in the five Social Determinants of Health Domains now included as part of the Prevention Agenda.

The Public Health Committee also discussed the Department of Health's plans for addressing challenges in the Public Health Workforce identified as its specific priority area of concern in addition to the Prevention Agenda. In its June meeting, the committee received a progress report from the Department on Maternal Mortality, one of its previous priorities where progress has been made but still needs attention.

The Ad Hoc Committee for the Prevention Agenda met twice to review the State Health Assessment and the State Health Improvement Plan and provide input on the draft Prevention Agenda plan. The September meeting focused on briefing of the final version of the Prevention Agenda that was released by the Governor's Office in July and discuss the role of organizational members of the Ad Hoc Committee as partners in implementation and plans for including them in the process to begin in 2026

2025-2030 New York State Prevention Agenda

The committee, led by Dr. Jo Boufford, was provided an overview of final approvals of the State Health Assessment and State Health Improvement Plan of the 2025-2030 Prevention Agenda cycle and the next steps to provide information to Local Health Departments and Hospitals to support and provide resources in the development of local Community Health Assessments and Community Health Improvement Plans.

The Prevention Agenda for 2025-2030 is structured on Healthy People's 2030's social determinants of health domains:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

This framework acknowledges that health outcomes are deeply shaped by where people live, work, and play. The agenda outlines 24 key priorities to address health conditions, behaviors, and systemic issues such as poverty, education, housing, and access to quality healthcare, which are crucial for reducing health disparities. These domains and priorities were reviewed by workgroups of over 250 subject matter experts and members from diverse backgrounds. The workgroups developed detailed action plans for each priority area, including overarching goals, Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable objectives, tracking indicators, and evidence-based, best, and promising practices to maximize impact. The work and action plans are all contained in the State Health Improvement Plan and can be used as models to help inform the community-level planning of the local partners.

The committee further discussed the need to engage other agencies needed to fully advance goals in the five domains. The Department of Health will begin this process with its current interagency group convened on health equity and see if this mechanism will be effective for the Prevention Agenda process. They also discussed engaging additional organizations to refresh the members of the Ad Hoc Committee to Lead the Prevention Agenda to support the implementation of the Prevention Agenda cycle moving into 2026. This included committee discussions on possible new membership as well as a survey in February of 2025 requesting input from current committee members. Once new members are identified, invitations will be provided in 2026 and include background and connection to existing resources of the Prevention Agenda.

Public Health Workforce

Each year, the Public Health Committee identifies a priority Public Health issue for its focus in addition to its role to oversee the Prevention Agenda. The Committee received reports on the Department's progress on this issue at both of its meetings. The following provides an overview of the topics provided in the briefing as well as additional details to further inform topics discussed at the briefings.

The focus of the Division of Public Health Infrastructure to help build and support the public health workforce in 2025 centered on Local Health Department and Regional Office partnership and engagement, public health continuing education, recruitment and retention, and employee wellness. Key initiatives included Public Health Live! with the State University of New York Research Foundation. An example educational opportunity was the "Bridging the Gap: Generational Differences in the Public Health Workforce" event, reaching 802 public health professionals statewide.

Overall data driven public health continuing education unit opportunities have been attended or remotely accessed by at least 64,000 learners across the state. Academic engagements increased in 2025, bringing job opportunities to students across the country interested in working in New York's governmental Public Health. The Division's academic liaison provided 16 presentations and coordinated attendance at 29 career fairs to engage students in public health careers and internships and raised awareness of employment opportunities in Local Health Departments and Health Research Inc. The Pathways to Public Health Program, in its second year, accepted 43 students, from sixteen different schools, into 40 host sites here at the Department of Health, providing a unique opportunity of hands-on, paid public health experiences as well as supporting emerging leaders from across the Department with hands-on leadership and supervisory training.

The Strengthening Public Health Infrastructure Grant has hired over 100 public health professionals who have been placed in the Local Health Departments, the Department of Health's Regional Offices, Office of Public Health, Public Affairs Group, Office of Science, Wadsworth Center, and the Office of Health Equity and Human Rights. Sustainability planning is currently underway to review the mission essential investments that have been made through the grant. At this time, there are no new Federal grants available to sustain the work currently funded by the Public Health Infrastructure Grant, and the grant will end on 11/30/27. Over the course of 2026, it will be imperative that the Department's Office of Public Health Leadership and the Office of the Commissioner be kept apprised of Federal engagement, sustainability planning, and expenditures of the grant.

In 2025, Local Health Departments and Regional Offices continued to leverage Public Health Infrastructure Grant funding to support recruitment, hiring, retention, professional development, and data modernization, among other infrastructure-related expenditures. To continue strengthening Local Health Department and Regional Office partnership and engagement, collaboration opportunities, including quarterly Local Health Department and Regional Office Public Health Infrastructure Grant meetings, monthly Division of Public Health Infrastructure "Core Team" meetings, and technical assistance meetings with Local Health Departments, Regional Offices, and Department of Health Centers/Divisions, were emphasized in 2025. Additional technical assistance provided to Local Health Departments in 2025 included quarterly Public Health Infrastructure Grant bulletins, monthly, virtual office hours, and an updated grant expenditure resource guide to support appropriate and timely use of Public Health Infrastructure grant funding.

Additionally, in collaboration with SmartSheet work management platform, customized Public Health Infrastructure Grant dashboards were created for each Local Health Department engaged in the grant. To enhance communication and transparency, the dashboards display real-time fiscal information, including each department's total award amount, amount spent to date, remaining balance, and the status of in-progress fiscal items; the dashboards also alert Local Health Departments to overdue fiscal items, including budget modifications and vouchers. Additionally, SmartSheet solutions were developed to streamline internal fiscal review processes with the anticipated outcome of expediting the review of Local Health Department budget modifications and vouchers.

As these issues are very much top of mind for staff leading the public health workforce activities, the Public Health Committee continues discussions on improving public health services and the overall collaboration between the State Health Department, Local Health Departments, and community organizations to reduce duplicative services and enhance public health delivery systems in response to community needs in the face of current or possible future workforce limitations or impacts. Plans for 2026 include identification by staff of a focus area in which the Committee can become actively engaged.

Public Health Committee Plans for 2026

2026 Prevention Agenda Implementation

As analysis of Community Health Assessments and Community Health Improvement Plans submitted by the Local Health Departments and Hospitals will be conducted in 2026. The analysis will emphasize identifying aligned priorities, and further encouraging collaboration between hospitals, local health departments, and other stakeholders at both the community and state levels. These local collaborative efforts are crucial for achieving the Prevention Agenda's vision: ensuring that every New Yorker has the opportunity, regardless of background or circumstances, to attain their highest level of health across the lifespan.

The Division of Public Health Infrastructure will also be supporting a number of grants for Community Based Organizations and other organizations to support or enhance activities that will augment the domains and priorities of the Prevention Agenda and to collaborate with Local Health Departments and other community partners.

The Committee also stressed the importance of engaging other agencies in the plans for the Prevention Agenda and to further explore the potential of Community Benefit funding of elements of the Prevention agenda.

The Social Determinants of Health Interagency Workgroup

During the February and November meetings of the Health Equity Interagency Council led by the Office of Health Equity and Human Rights in 2025, the multi-agency, state-level group was provided awareness and updates of the Prevention Agenda and allowed input into planning for implementation of the agenda. The members of the council have now transitioned to the Workforce Diversity and Inclusion Advisory Council for further focus on health equity specific activities. For the 2025-2030 Prevention Agenda, an Social Determinants of Health Interagency Workgroup will be established in 2026. This workgroup will provide a platform for agencies to align goals, resources, and opportunities to address Prevention Agenda priorities.

Hospital Community Benefit Spending

The Committee agenda will also include Department progress on new reporting requirements for hospitals on their Community Benefit spending with special attention to the Financial Assistance, Community Building, and other Community Benefit categories of the Internal Revenue Services Schedule H Form 990 reports. This data is intended to better understand where resources are being prioritized across hospitals in New York State and how these resources may be able to better support the Prevention Agenda implementation in their communities.

E. Committee on Health Personnel and Interprofessional Relations

Members

Hugh Thomas, Esq., Chair
Thomas Holt

Mario Ortiz, R.N., Ph.D., F.A.A.N.

The Committee reviewed and provided a recommendation to the Full Council on one health personnel case in Executive Session.