

<p><u>CALL TO ORDER - 3:00 PM</u></p> <p>1. Adoption of Minutes: April 18, 2019</p> <p><u>Chair's Report</u></p> <p><u>President's Report</u></p> <p><u>Legislative Update</u></p> <p>>> <u>Action Items</u><<</p> <p>2. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to submit to the New York State Department of Health ("DOH") appropriate application materials to allow for the merger of the operating certificate of NYC Health + Hospitals/North Central Bronx into the operating certificate of NYC Health + Hospital/Jacobi ("Jacobi") to make North Central Bronx a division of Jacobi and upon obtaining DOH authority to proceed, to operationally implement such a merger of operating certificates including adopting the name, "North Central Bronx Hospital, a Division of NYC Health + Hospitals/Jacobi." (EEO/Vendex: NA)</p> <p>3. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three year lease extension agreement with Chestnut Station Inc. (the "Landlord") for approximately 6,000 square feet of interior space and 2,560 square feet of exterior space at 230 Beach 102nd Street, Borough of Queens, to house an Adult Day Health Care Center (the "Center") managed by NYC Health + Hospitals/Dr. Susan Smith McKinney Nursing & Rehabilitation Center (the "Facility") at a base rent of \$34.50 per square foot for the interior space and \$15.00 per square foot for the exterior space for a total of \$245,400 per year to be escalated by 2.5% per year for a total base rent over the three year term of \$754,758 with the System having a right to terminate the lease on six months' notice. (Capital Committee – 05/16/2019) (EEO/Vendex: NA)</p> <p>4. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with Vanguard Construction ("Vanguard") for the renovation of shell space on the 5th floor of the Mural Pavilion of NYC Health + Hospitals/Harlem (the "Hospital") to house the Hospital's outpatient behavioral health clinics which are to be relocated from the Hospital's Women's Pavilion and to add outpatient primary care facilities at a cost not to exceed \$6,627,734, which includes a 9% construction contingency. (Capital Committee – 05/16/2019) (EEO: Approved / Vendex: Approved)</p> <p>5. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three month revocable license agreement with T-Mobile Northeast LLC (the "Licensee") to operate a mobile cellular communications system on an approximately 750 square foot parcel of land located on the campus of the former Neponsit Health Care Center (the "Facility"), located at 67 Rockaway Beach Boulevard, Queens, at an occupancy fee of \$50,000 or \$267 per square foot. (Capital Committee – 05/16/2019) (EEO: NA / Vendex: Approved)</p> <p>6. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Jemco Electrical Contractors (the "Contractor") in the amount of \$10,000,000 to provide general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a two-year term. (Capital Committee – 05/16/2019) (EEO: Approved / Vendex: Approved)</p>	<p>Mr. Pagán</p> <p>Mr. Pagán</p> <p>Dr. Katz Mr. Siegler</p> <p>Dr. Katz</p> <p>Mr. Peña-Mora</p> <p>Mr. Peña-Mora</p> <p>Mr. Peña-Mora</p> <p>Mr. Peña-Mora</p>
---	---

<p>7. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a requirements contract with Rashel Construction Corporation (the “Contractor”) in the amount of \$10,000,000 to provide general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a term of two years. (Capital Committee – 05/16/2019) (EEO: Approved / Vendex: Approved)</p>	<p>Mr. Peña-Mora</p>
<p>8. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a requirements contract with Carefree Improvements (the “Contractor”) in the amount of \$10,000,000 to provide construction services for general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a term of two years. (Capital Committee – 05/16/2019) (EEO: Approved / Vendex: Approved)</p>	<p>Mr. Peña-Mora</p>
<p>9. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to approve a Capital Project for an amount not to exceed \$17,605,000 for construction services necessary for the reconstruction of the exterior façade and the re-roofing of the “P” Building (the “Project”) at NYC Health + Hospitals / Kings County Hospital Center (the “Facility”). (Capital Committee – 05/16/2019) (EEO: Approved / Vendex: Approved)</p>	<p>Mr. Peña-Mora</p>
<p style="text-align: center;"><u>Committees and Subsidiary Report</u></p>	
<ul style="list-style-type: none"> ➤ Governance ➤ Community Relations ➤ Equity, Diversity and Inclusion ➤ Capital ➤ Strategic ➤ MetroPlus 	<p>Mr. Pagán Mr. Pagán Ms. Arteaga Mr. Peña-Mora Mr. Campbell Ms. Hernandez-Piñero</p>
<p><u>Executive Session Facility Governing Body Report</u></p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Jacobi ➤ NYC Health + Hospitals North Central Bronx 	<p>Mr. Pagán</p>
<p>Semi-Annual Governing Body Report (Written Submission Only)</p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Harlem 	
<p>2018 Performance Improvement Plan and Evaluation (Written Submission Only)</p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Gouverneur Diagnostic & Treatment Center- Gotham 	
<p>>>Old Business<<</p>	
<p>>>New Business<<</p>	<p>Mr. Pagán</p>
<p><u>Adjournment</u></p>	

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 18th day of April, 2019, at 3 P.M., pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

José Pagán, Chairman
Gordon Campbell
Dr. Mitchell Katz
Dr. Hillary Kunins
Barbara A. Lowe, MS, RN
Robert Nolan
Scott French representing Steve Banks
Deborah Brown representing Herminia Palacio, MD, MPH
Sally Hernandez-Piñero
Dr. Vincent Calamia
Freda Wang
Feniosky Peña-Mora
Anita Kawatra
Helen Arteaga Landaverde

Mr. Pagán noted for the record that the following individuals were present in a voting capacity: Deborah Brown representing Deputy Mayor Hermina Palacio and Scott French representing Steven Banks, Commissioner of Human Resources Administration.

Mr. José Pagán chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof. Mr. Pagán called the meeting to order at 3:05 p.m.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on March 28, 2019 were presented to the Board. Then, on motion made and duly seconded, the Board unanimously adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on March 28, 2019, copies of which have been presented to this meeting, be and hereby are adopted.

COMMITTEE APPOINTMENT

Mr. Pagán noted that according to Article 6, Section 1C of the By-Laws related to appointment, "the Chair of the Board shall annually appoint, with an approval of the majority of the Board, members of the Board to standing committees." He proposed to appoint Sally Hernandez-Piñero to the Quality Assurance Committee and to remove her as a member of the Community Relations Committee.

The appointment was moved for adoption. The motion was seconded and the Board unanimously approved the motion.

CHAIRPERSON'S REPORT

Mr. Pagán thanked Ms. Lowe for hosting the first annual public meeting at NYC Health + Hospitals/Gouverneur on Tuesday, April 2 and asked Ms. Lowe if she would like to provide feedback on that meeting.

Ms. Lowe reported that the Manhattan Annual Public meeting was held at NYC Health + Hospitals/Gouverneur and that there was a decent turnout of speakers.

Ms. Lowe noted that the meeting ran smoothly and that the meeting was more complimentary than issue-oriented. One presenter requested that NYC Health + Hospitals post Board responses from the Annual Public meetings publicly. Ms. Lowe informed the presenter that NYC Health + Hospitals does indeed post all Board responses on the internet.

Mr. Pagán thanked Ms. Lowe for her feedback.

Mr. Pagán also thanked all the Board members for attending the Manhattan Annual Public Meeting. Mr. Pagan stated that it was a great meeting.

Mr. Pagán also thanked Ms. Hernandez-Piñero for visiting NYC Health + Hospitals/Bellevue on April 11 and asked if she would she like to provide any feedback.

Ms. Hernandez-Piñero stated she met with CEO Bill Hicks and all the senior staff at NYC Health + Hospitals/Bellevue. She was shown a power point

presentation of NYC Health + Hospitals/Bellevue's history and all their services.

Ms. Hernandez-Piñero noted the highlights for her were that NYC Health + Hospitals/Bellevue has about 500,000 outpatient and 125,000 emergency room visits a year; has one of the largest behavioral health care units within our Health system; and has an operating budget of almost one billion dollars.

Ms. Hernandez-Piñero stated that she had the opportunity to see where the President of the United States goes if he gets hurt while in New York City.

Ms. Hernandez-Piñero stated that it was a wonderful and impressive visit

Mr. Pagán thanked Ms. Hernandez-Piñero.

Mr. Pagán noted the 2019 annual public meetings schedule is already posted and the remaining meetings will be held in the Bronx at NYC Health + Hospitals/Jacobi, Tuesday, April 30; Queens at NYC Health + Hospitals/Elmhurst, Tuesday, May 7; Staten Island at NYC Health + Hospitals/Sea View, Tuesday, June 11; Brooklyn at NYC Health + Hospitals/Woodhull, Tuesday, June 18. Mr. Pagán noted all meetings will start at 6:00 p.m.

Mr. Pagán noted that with respect to Vendex since we began the process of approving contracts prior to Vendex approvals, there were no new items on today's agenda requiring Vendex approvals. There are seven items from previous Board meetings pending Vendex approval, which are included in your Board materials. Since the last meeting, three vendors have received Vendex approvals; the Board will be notified as outstanding vendex approvals are received.

Mr. Pagán then turned the meeting over to Dr. Katz for the President's report.

PRESIDENT'S REPORT

While the full report is in the Board material, Dr. Katz highlighted a few items: Dr. Katz thanked Dr. Arnold Saperstein, CEO of MetroPlus and an Endocrinologist at NYC Health + Hospitals/Bellevue for his 24 years of dedicated service to building MetroPlus and to our patients during his time as a clinician. Dr. Saperstein will be finishing his term in May and Dr. Katz expressed appreciation to him

for all the fine work he has done and all his contributions as MetroPlus CEO.

Dr. Katz also thanked Dr. Machelles Allen, Senior Vice President and Corporate Chief Medical Officer, for testifying before the City Council on the impact of marijuana policies on child welfare. Dr. Allen clarify that Health + Hospital's goal is always to protect the mother and infant; to provide appropriate substance treatment; and that we do not use information to disrupt family life.

Dr. Katz noted that New York State is facing one of the most severe measles outbreaks in years. As of earlier this week, there were 329 cases in New York City, including 25 hospitalizations and 6 ICU admissions to date.

Dr. Katz also stated that New York City declared a public health emergency in select zip codes in Williamsburg and is requiring unvaccinated individuals living in those ZIP codes to receive the measles-mumps-rubella (MMR) vaccine in order to protect others in the community and help curtail the ongoing outbreak.

Dr. Katz also stated that while Health + Hospitals has not seen an increase in the volume of measles cases and noted that Health + Hospitals only had one confirmed case this year, we are taking every precaution to ensure our hospitals and community based clinics are on extra alert to quickly identify, isolate and treat anyone who needs our care.

Dr. Katz noted that we have an agreement with the FDNY and they will give us early notification if they are transporting anyone suspected of having the measles to any of our hospitals, so we can move them straight into isolation. We are preparing additional education materials to increase awareness among patients and staff.

Dr. Katz stated since our the last Board meeting, he was pleased to report that we have successfully reached beyond the half-way point in what is considered one of the largest electronic medical records (EMR) implementation projects in the country. This month, 19 NYC Health + Hospitals patient care locations successfully went live with the new EMR, which we named H2O (Health + Hospitals Online), bringing the total number of public hospitals and health centers using this advanced technology to 50 patient care locations with more

than 19,000 users system-wide. We went live at NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Bellevue and 17 Gotham Health ambulatory care sites.

Dr. Katz also stated H2O is the technology foundation that supports our key transformation initiatives to advance quality of care, provide a better patient experience, and achieve financial health for our essential system. By 2020, we will have more than 45,000 users unified under a single, shared platform to make it easier for our clinicians to deliver great care and support the city's commitment to guarantee health coverage to all New Yorkers. This is a significant milestone in this massive enterprise-wide project and a tremendous testament to the dedicated clinical teams and IT professionals who have worked together seamlessly to support their shared vision for excellent patient care for the more than one million New Yorkers who rely on our services every year.

Dr. Katz stated that he was wearing his Yo Habla Espanol button in recognition of New York City celebrating Immigrant Heritage Week. In an effort to build cross-cultural understanding and reaffirm our City's commitment to equity and social justice. At NYC Health + Hospitals, this week is an opportunity to highlight our diversity and remind New Yorkers of our commitment to serve all regardless of immigration status.

Dr. Katz stated that to mark this annual recognition, Health + Hospitals launched an awareness campaign to promote patient rights to language services and help eliminate barriers to care, improve patient safety and increase patient satisfaction. The "I Speak" campaign features educational materials in many languages to promote the services we have available in 200 languages, palm cards to help patients request an interpreter and communicate in their preferred language, a special video of our staff delivering a welcoming message in different languages, and buttons for staff to showcase our language diversity. Language access services help close racial disparities and communication barriers that can lead to fewer doctor visits, avoidance of preventive health services, misdiagnoses and poor patient satisfaction. NYC Health + Hospitals and the Mayor's Office of Immigrant Affairs are also reissuing our open letter to immigrant New Yorkers in 14 languages to reaffirm our commitment to be a safe space where anyone can receive exceptional care and no one inquires about immigration status. While we highlight these efforts this week, ours is a year-round commitment to offer a safe and welcoming environment so that everyone can seek care without fear and live their healthiest life.

Dr. Katz stated he hosted a group of doctors that represented the diversity of New York and Health + Hospitals who received, thanks to the help of OneCity Health, more than \$2 million in special loan forgiveness grants for physicians in exchange for their commitment to continue serving needy New Yorkers in the Health + Hospitals system. OneCity Health supported the application process as part of the goals of the State's Delivery System Reform Incentive Payment (DSRIP) Program to increase access to care. The 17 physicians - with specialties ranging from psychiatry, pediatrics and emergency medicine - currently practice in our hospitals and community based health centers. They will receive \$40,000 per year for up to three years to pay-down their medical school debt. The grants were provided by the State's Doctors Across New York Physician Loan Repayment program and will result in more than 50 years of combined service to our health system. With this added incentive and financial relief, they can continue giving back to communities that desperately need their expertise and dedication.

Dr. Katz admonished and encouraged Board Members and staff to become ambassadors for Health + Hospitals; an example is by becoming members of MetroPlus and receiving excellent care at Health + Hospitals facilities. He further stated that his family including his parents currently are receiving care at Health + Hospitals.

Mr. Pagán thanked Dr. Katz and requested a Legislative Update from Mr. Matt Siegler.

LEGISLATIVE REPORT

Mr. Siegler Senior Vice President for Managed Care and Patient Growth introduced Assistance Vice President of Inter-Governmental and Community Affairs, Michelle DiBacco, and stated that Ms. DiBacco did a tremendous job advocating for NYC Health + Hospitals on this year's State budget and thanked her for her hard work.

Mr. Siegler asked Ms. DiBacco to present some of the items in the budget.

Ms. DiBacco stated on April 1, the state legislature passed a \$175.5 billion budget plan for the state fiscal year, April 1, 2019 to March 31, of 2020. It kept the 2% cap in state operations growth however, there was also an additional growth in Medicaid overall of

3.6%. Altogether, a Medicaid total funding including state, local, and federal Medicaid funds of will be about \$74 billion dollars.

Ms. DiBacco stated that the Governor released his budget in January. However, in February, he released what is called 30 Day Amendments. This included a big re-estimate of how the budget would look based on tax collections. He proposed over a billion dollars in cuts to Medicaid. That is the state and federal share. These cuts would largely impact our system and we Ms. DiBacco and others in intergovernmental affairs worked with our CEOs, our community advocates, our labor advocates, and our state electeds to make sure our representatives were aware of these issues that are facing the system.

Ms. DiBacco highlighted some items that were in the enacted budget and stated that two of the large pieces of those 30 Day Amendments cuts were rejected, one was to eliminate the proposed increase Medicaid rates for hospitals by 2% and nursing homes by 1.5%. Therefore, that will go forward so we should see an increase in our Medicaid reimbursements. The other large cut that was proposed was an across the board reduction in all Medicaid services. The funding was restored; however, the Governor does maintain the authority to impose those cuts in the future.

Ms. DiBacco stated that we - NYC Health + Hospitals engaged in a lot of advocacy work on DSH and Indigent Care Proposal, as Dr. Katz was a member of the state work group last year. Unfortunately, there were no changes in the formulas for this year. We, Health + Hospitals, worked with our advocates in raising the awareness that safety net hospitals and the patients they serve should be receiving the DSH funds. Since, the federal DSH cuts are happening at the federal level, our number one priority is to have those delayed.

Ms. DiBacco noted of the proposals that were enacted, there was one that will impact our Post-Acute system. The Governor had proposed administratively to reduce the case mix adjustment for all nursing homes throughout the state. There is going to be a work group enacted to look at the methodology of how to implement those cuts but we could potentially see up to ten million dollars in cuts to the system.

Ms. DiBacco noted a couple other items that the Board had discussed over the last few years. There was an increase in safety net funding for the next two years. About an additional \$32 million on top of the

\$50 million that was there, so we hope to see that released soon. There was a reduction to the city overall for Article 6 Public Health Funding so it will impact the city by about \$60 million, Health + Hospitals will be cut about \$6 million of which the bulk of that \$5 million is correctional health services for FTD, HIV, tuberculosis detection.

Ms. DiBacco noted that Gotham Health representatives were in Albany for part of statewide association day and reported that funding has been maintained for FQHCs (federally-qualified health centers) and there was a restoration of about \$4 million for our school based health centers.

Mr. Nolan thanked Michelle for presenting today and for attending all the legislative conferences at Jacobi, North Central Bronx and Lincoln. Mr. Nolan noted that the Inter-Governmental team was fully represented.

Mr. Nolan asked if the lack of change to DSH formula was from the Governor's office or was it from the Senate or the Assembly.

Ms. DiBacco responded, that she did not think it was the Governor or Legislature. She stated that part of the issue was once the 30-Day Amendments came out and the bulk of those cuts from the 30-Day Amendments was about \$60 million to the system, the decision was that the first priority for our state electeds was to focus on the restoration of that funding rather than the change. We had to focus a lot on fighting the cuts rather than advancing new legislation.

Mr. Peña-Mora asked if the \$5 million were for the testing of STDs, AIDS for the criminal component of Correctional Health Services.

Ms. Dibacco stated yes.

Mr. Peña-Mora asked what was happening with those cuts because that seems to be significant amount and how are we looking at providing those services or doing the work that we need to do?

Ms. DiBacco stated that part of the issue with this was the Governor's proposal and the only locality that was impacted was the City of New York. Therefore, the reimbursement is being reduced from 36% to 20%. Again, this is an example of the state treating the city

differently because every other county health organization throughout the state still has access to the full amount of funding but we in the city would not.

Dr. Katz noted that this reduction does not affect the services. However, it means that the locality is getting less reimbursement with the state not sharing, as it should in the cost.

Mr. Peña-Mora stated that the locality is taking more of the cost.

Dr. Katz stated Right and noted that the locality has to pay. So it is a real hit however this does not impact the services we will continue to provide the service to our patients.

Mr. Peña-Mora thanked Dr. Katz and Ms. DiBacco for the clarification.

ACTION ITEM 2

Ms. Freda Wang read the resolution.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to furnish a guaranty of a required repayment mechanism to be issued by HHC ACO, Inc. ("HHC ACO") for the benefit of the United States Centers for Medicare and Medicaid Services ("CMS") in the form of a letter of credit, an escrow, a surety, or in any other form as shall be permitted under the MSSP regulations, in a maximum stated principal amount not to exceed \$7,000,000 in connection with the participation by HHC ACO in the CMS Medicare Shared Savings Program (the "MSSP") for such period as is required by CMS.

Authorizing the President or any Senior Vice President of the System to execute and deliver a guaranty agreement, a note, and any and all other agreements, documents or instruments necessary or desirable in connection with the issuance of the guaranty and the letter of credit or any other form of repayment mechanism that satisfies CMS requirements, including a funded escrow account or a surety. (EEO/Vendex: NA)

Ms. Wang stated that due to timing requirements of the Centers for Medicare and Medicaid Services approval process, this resolution was not brought before the Finance Committee but she had received a full briefing and is very comfortable recommending approval from the whole Board for the resolution.

Ms. Wang stated that she thought the success of the ACO is well-known amongst the Board members and this financing agreement will help the ACO move to another level and that this is a modest amount of risk for a good return.

Ms. Wang also stated that after in-depth analysis by the team the recommendation is for the ACO to pursue a Letter of Credit (LOC), and that she agrees with that recommendation.

Dr. David Chokshi, Senior Vice President of the Office of Population Health and Services and CEO of Accountable Care Organization (ACO) presented an overview of the ACO structure and performance history and pointed out that ACO has had success in the Medicare Shared Savings program over the last five years. Linda Dehart, Assistant Vice President in Finance presented on the financial overview and the reason the ACO would choose to use a LOC.

Dr. Chokshi noted that ACO saved CMS about \$36 million in earned shared savings since its inception.

Ms. Hernandez-Piñero noted the declining quality score and stated that while she understands that the score is not going to impact the line of credit, she would like to know what the decline was attributed to.

Dr. Chokshi stated that fluctuation is due to the fact that the program changes every year. There are measures that are added and removed yearly. Between performance year 2016 and 2017, part of that difference is attributable to very good performance on some of our preventative measures; an area for improvement would be to focus on care coordination.

Mr. Peña-Mora asked what is the downside risk related to this resolution.

Dr. Dave Chokshi noted that the ACO is projected not to lose money. Therefore, the ACO would not be on the downside risk end of this spectrum and based on those conservative simulations, we project to earn between \$6 million and \$31.5 million over the course of that five-year agreement. In addition, there would be an additional revenue implication related to that qualification as an advanced alternate payment model.

Dr. Calamia asked, was this only available through the enhanced and not the glide path? The additional revenue.

Dr. Dave Chokshi responded that it would eventually be available to us in the glide path but participation in the enhanced track gives it to us from the get-go.

José Pagán asked do you know how much that would be or not?

Dr. Chokshi and Ms. Dehart stated that ACO thinks that at least \$4 million which is revenue that is billed by the physician so under their current arrangements that will go through the faculty practice plans associated with the affiliates.

Mr. Peña-Mora asked for an elaboration on the glide path and to tell us if that quality score adjustment was taken into consideration in the simulation that you presented in the following graph?

Dr. Chokshi responded that with the glide path, whatever our quality score is, it does not affect the net calculation if we were to have shared losses. Whereas, in the enhanced track it would influence it. So if we get a better quality score that would reduce our shared losses. If we get a worse quality score, that would increase our shared losses.

Mr. Peña-Mora asked if that is to a maximum of \$7 million.

Dr. Chokshi stated yes and noted that this was taken into account in our modeling as well.

Mr. Peña-Mora thanked Dr. Chokshi

Ms. Lowe asked if we would see an exponential income as well if everything stays the same?

Dr. Chokshi agreed and noted that currently, Health + Hospitals has between 10,000 and 11,000 patients that are in our ACO. The aging population and Health and Hospitals deliver of services differently does represent a growth opportunity for us.

Ms. Dehart presented the requirements that CMS establishes for ACOs that are participating in downside risk to have a guaranteed repayment mechanism, this would ensure that CMS is able to recoup any losses that the ACO may be liable to repay.

Ms. Dehart noted there were three acceptable options that CMS identified. Those are a line of credit, an escrow, or assurity bond. The requirement is that this mechanism be put in place prior to entering the contract, which in this instance would be July 1, 2019. The mechanism will remain in place for 12 months following the end of the contract to account for residual losses that may be incurred. The value of this mechanism is determined by CMS based on the ACO participation. It is set either at the lesser of the Medicare expenditures relating to patients assigned to the ACO or to the total Medicare base of the ACO. The line of credit would be updating annually based on the actual make-up of the ACO.

Ms. Dehart also stated that based on the analysis, the same analysis that supported the performance projections that was just seen in the presentation, the expectation is that for the first two years, the requirement would be \$3.5 million and that by the end of the program it would be \$5 million. We will know the actual amount from CMS based on the application on May 3, 2019.

Ms. Dehart also stated that as a small entity, the ACO approached Health and Hospitals, because on its own, does not have the capacity to enter into any of these requirements and after reviewing with the Health + Hospitals Controller, a determination was made that the best option would be to pursue a letter of credit. It is less costly than an assurity bond and we prefer not to tie up our own money and setting up an escrow.

Ms. Dehart further stated that because of the short turn-around time in putting this in place and providing information to CMS, Health + Hospitals approached TD Bank to negotiate a letter of credit. TD provides letter of credit as part of our variable rate debt and we have a very good, long-standing relationship with them. Health + Hospitals negotiated that they would be willing to offer the letter of credit to the ACO with Health + Hospitals as the guarantor. It would be an unsecured, irrevocable stand-by letter of credit.

In the event of withdrawal, which we believe to be unlikely, the ACO or Health and Hospitals would be required to repay TD Bank on the same day. If it was not repaid on that day, we would incur interest expense related to the debt.

Ms. Dehart stated that Health + Hospitals does not anticipate that there would be a need to ever drawdown funds against this LOC. However, in the unlikely event of a drawdown, we would have 90 days to repay CMS before they would draw on the LOC to repay themselves.

Dr. Calamia asked, would this be a cumulative fund that would be set aside in escrow and how would this relate to the LOC.

Ms. Dehart responded- Yes.

Ms. Dehart answered that it would be unrelated to the letter of credit and CMS would still require the letter of credit to be in place so that it has something to trigger on its own.

Ms. Wang noted that this would help the ACO be the first to draw to pay the LOC as opposed to going to Health + Hospitals payment.

There being no further discussion, a motion for approval of the resolution was made and duly seconded, and the resolution was unanimously approved.

Committee and Subsidiaries Reports

Mr. Pagán noted the committees and subsidiaries reports are in Board folders and would be submitted into the meeting record, and he asked if there are any questions or comments about the reports.

Hearing none, Mr. Pagán then requested the Board's approval to convene an executive session to discuss confidential and privileged quality assurance information and matters that may related to anticipated or actual litigation, as well as certain personnel matters. A motion was made, seconded and approved to enter into the executive session.

Mr. Pagán asked that only those specifically invited remain in the Boardroom.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session.

OPEN SESSION

During the executive session, the Board received oral governing body submissions from NYC Health + Hospitals/Metropolitan.

The Board received and approved semi-annual governing body reports (written submissions) from NYC Health + Hospitals/Coney Island Hospital and Sea View Rehabilitation Center

The Board also received and approved the 2018 performance improvement plan and evaluation written submission from East New York Diagnostic & Treatment Center - Gotham Health.

During the Executive Session, the Board also considered and approved the Governance Committee recommendation to appoint Christine Flaherty, Senior Vice President, Capital Projects, Construction and Design.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 4:43 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORT

GOVERNANCE COMMITTEE - Thursday, March 28, 2019

As Reported by José Pagán

Committee Members - José Pagán; Gordon Campbell

The meeting was called to order at 2:03 pm by José Pagán.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on February 28, 2019. The motion was seconded and the minutes were unanimously approved.

Mr. Pagán then requested a motion to convene an executive session to discuss personnel matters. The motion was seconded and approved.

This meeting of the Governance Committee was convened in executive session to deliberate on the following personnel actions.

During the executive session, the Governance Committee discussed the President and CEO 2018 performance evaluation.

There being no further business, the meeting adjourned at 2:42 p.m.

Information Technology Committee - April 9, 2019 Meeting

As Reported by José Pagán

Committee Members Present: José Pagán (Chair), Scott French (representing Steven Banks in a voting capacity), Barbara Lowe, and Matt Siegler (representing Dr. Mitchell Katz in a voting capacity)

José Pagán called the meeting to order at 10:04 AM. The minutes of the November 8, 2018 meeting were adopted.

Kevin Lynch thanked the Committee and then spoke to his presentation, starting with Governance Update. He reported on the development of a Health Information Technology Prioritization Committee with members from across the enterprise, including facilities since they are "the voice of the customer."

Mr. Lynch reported that the Committee has set the following strategic directions: All Health Information Technology Projects will be Enterprise projects; all projects will be initiated and tracked in a

consistent standard process; and we will prioritize the need to get off QuadraMed and onto the Epic electronic health record (H₂O).

Mr. Lynch then address Inventory Resources: the number one resource is our people. He said the other resources were the landscape of all clinical and administrative locations; and our IT Systems including Clinical, Financial, HR, centralized, federated, interfaced and stand-alone. He added that our projects are resources. The goal is to ensure we capture all existing projects and develop a structured method to onboard and prioritize all future requests/projects.

Mr. Lynch highlighted that there used to be 11 different QuadraMed systems for 11 acute care facilities. That is now changing with Epic.

Mr. Lynch spoke to the slides called NYC H+H Acute Facilities + Post-Acute Care; NYC H+H Acute Facilities + Post-Acute Care + Correctional Health Services; NYC H+H Acute Facilities + Post-Acute Care + Correctional Health Services + Gotham Health Major Facilities; which lists everywhere we provide care, including all school-based clinics.

Mr. Lynch spoke to NYC H+H Current Electronic Medical Record Landscape. It showed which facilities have H₂O and which are still on QuadraMed. Some of the QuadraMed sites share systems while some are on their own.

On the slides labeled NYC H+H Current Electronic Medical Record + Revenue Cycle Landscape, Mr. Lynch highlighted which sites have H₂O and which are using Soarian and Unity. For NYC H+H EMR future state, all acute-care and 61 Gotham clinics would be under H₂O clinical and Revenue Cycle (financial).

Mr. Lynch spoke to Health Information Prioritization Committee top projects. He started with H₂O (Epic) + Cerner Lab enterprise implementation, with H₂O and Cerner being on the same timeline. He then listed other top projects, including Enterprise Resource Planning (Finance, Supply Chain, HR, Payroll, Time Collection, Nurse Scheduling), Enterprise Radiology PACS Imaging, 340B Pharmacy Split billing, Enterprise Provation GI, Enterprise Cardiac Monitoring, Population Health (CRFP - Capital Restructuring Finance Project), Correctional Health Services EMR project, and Post-Acute Care EMR project.

On the slide H₂O Sequencing - Mr. Lynch gave an H₂O deployment schedule for each facility, as an enterprise-wide process and leveraging clinical councils.

Mr. Lynch showed Enterprise Resource Planning (ERP) Project Timeline. He said this includes payroll, nurse scheduling (Clairvia), time & labor/absence management, and electronic time capture. He said we are going live with Payroll at the beginning of the fiscal year on July 5. Electric time capture will go from paper time-sheets to online in the beginning of 2020. In addition, our nurse scheduling went live at the end of March at Kings County, Seaview, East New York and Coney Island. This is a significant milestone for ERP.

Mr. Lynch showed the final slide entitled Enterprise Radiology Integration Initiative time-Line. It showed each facility and the system it uses. There used to be 11 different systems currently enterprise-wide, we will go to McKesson PACS.

There being no further business, the meeting was adjourned at 10:45 AM.

AUDIT COMMITTEE MEETING - April 9, 2019

As Reported by José Pagán

COMMITTEE MEMBERS PRESENT: José Pagán, PhD; Matthew Siegler representing Mitchell Katz in a voting capacity; Scott French voting for Helen Arteaga Landaverde

Mr. José Pagán, Board Chair called the meeting to order at 10:55 A.M.

Mr. Pagán stated that Mr. Matt Siegler, Senior Vice President is representing Dr. Mitchell Katz in a voting capacity. Per Section 14 of the By-Laws: Committee Attendance states, "if any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting." Helen Arteaga Landaverde designated, Mr. Scott French, who is representing Mr. Steven Banks in a voting capacity, as having her vote at this meeting.

Mr. Pagán asked for a motion to adopt the minutes of the Audit Committee meeting held on December 13, 2018 and February 14, 2019. A motion was made and seconded with all in favor to adopt the minutes.

Mr. Telano, Senior Vice President, Internal Audits presented his update. He stated that the NYC Health + Hospitals received a notification letter

on August 30th by The Internal Revenue Services for Compliance with Federal Tax Requirements. Mr. Telano stated after being on-hold during the government shutdown, this audit re-started on January 28, 2019. Mr. Telano stated the objective of the audit was to ensure Health + Hospitals is compliant with federal tax requirements as an exempt organization.

Mr. Telano stated during the entrance conference, the IRS requested our Financial Assistance Plan (FAP) for each hospital facility. Mr. Telano stated this document must apply to all emergency and other medically necessary care provided by the hospital facility and includes: eligibility criteria for financial assistance and whether such assistance includes free or discounted care; the basis for calculating amounts charged to patients; the method for applying financial assistance in the case of a hospital that does not have a separate billing and collection policy; the actions that may be taken in the event of nonpayment and the measures taken to widely publicize the FAP within the community served by the hospital.

Mr. Telano stated, the Financial Assistance Plan (FAP) for each hospital facility was provided to the IRS on November 1, 2018 by Revenue Management. Mr. Telano stated, based on the FAP that was provided, a second 'Information Documentation Request' was submitted to the Office of Internal Audits (OIA) on December 3, 2018. Responses to the second Information Documentation Request was submitted by Revenue Management to OIA on December 20, 2018 and then forwarded to the IRS.

Mr. Telano stated the IRS also requested the minutes from meetings describing the FAP during FY16, the billing and collection policy and actions taken in the event of nonpayment of fees. As well as the

Mr. Telano stated that the IRS was advised in a written document from Revenue Management that the minutes are available on the NYC Health + Hospitals website (<https://www.nychealthandhospitals.org/public-meetings-notices/>).

Mr. Telano stated, the IRS also requested Community Health Needs Assessment (CHNA) for FY16 - which is required to be conducted by each hospital facility once every three years in order to document the extent to which it understands the unique characteristics and needs of the local communities it serves, and responds to these means by delivering meaningful and effective benefits through clinical services.

Mr. Telano stated, the FY16 Community Health Needs Assessment (CHNA) reports were coordinated by the Office of Internal Audits and mailed to the IRS on December 3, 2018.

Mr. Telano also stated that a copy of the Bad Debt policy was provided to the IRS on November 1, 2018. However, Revenue Management did not have a written Billing and Collection Policy as of that date and the responses to the second Information Documentation Request was received from Revenue Management on December 20, 2018.

Mr. Telano stated that on February 7, 2019 the written Billing and Collection Policy, which was updated for the current EPIC environment, was submitted to OIA and forwarded to the IRS the next day.

Mr. Telano stated we are in continuous communication with the IRS and that on March 12, 2019 NYC Health + Hospitals was advised that the review of the documentation submitted was not done because of the back log from the government shutdown. The status did not change as of March 26, 2019. The Auditor is hoping to start the review sometime next week. Mr. Telano stated the status of this audit is on going

Mr. Telano stated NYC H+H received an audit notification letter on March 21, 2019 from the NYC Comptroller's Office for the Children of Bellevue Auxiliary

Mr. Telano stated, the preliminary entrance conference with the Comptroller's office was held on April 4, 2019 and the status is pending.

Mr. Telano stated that the Audit Engagement Letter stated that the audit was of Children of Bellevue's (CoB) financial and operating practices. Mr. Telano noted that the twenty-two Auxiliaries that exist within the various facilities of NYC Health + Hospitals are separate 501c3 not-for-profit corporations whose primary function is to enhance the quality of patient care. They do this by receiving and administering funds received from fund raising activities, gifts, and donations and distributing those funds for activities or projects that enhance the quality of patient care and for selected amenities not otherwise available to patients.

Mr. Telano stated the audit objectives are to determine whether CoB: have adequate controls over and accurately reports its revenues and expenses; is complying with applicable rules, regulations, policies and procedures; have computerized systems controls to ascertain the integrity, validity and reliability of its data.

Mr. Telano noted that the most recent audited financial statements of CoB, for Calendar Year 2017, shows Cash and Investments totaling over \$1.25 million.

Mr. Telano noted a report was received from the Office of Inspector General (IG) regarding their review of the Inventory Controls within the Facilities Management Department at NYC Health + Hospitals/ Queens.

Mr. Telano stated that the report noted, there were no policies or practices for maintaining inventory control; work orders were completed without the cost of materials indicated; annual inventory counts were not conducted; Valuable power tools were not tagged and their usage was not monitored and that the area in which the inventory was held lacked cameras, Hospital Police presence or other security measures.

Mr. Telano stated that discussions were held with the CEO from Queens, the Corporate Vice President of Facilities and other interested parties regarding the report and determined that the deficiencies found by the IG existed at the other facilities in the System. Hence, the responses to the findings would be at the System-wide level instead of from one facility.

Mr. Telano stated the responses first addressed an incorrect comment made within the report. The IG stated that there was approximately \$1.6 million in inventory purchased in fiscal years 2017 and 2018. However, their totals included various maintenance contracts (i.e. elevators) and service repair contracts. It was found that only \$287,000 was spent for inventory in FY18 and a comparable amount was spent for 2017.

Mr. Pagán asked if there was going to be a follow-up.

Mr. Telano answered that once they receive our response, there will most likely be a follow-up. Mr. Telano stated, other responses to the findings were that NYC Health + Hospitals will develop Procedures once inventory controls, such as a baseline and par levels, are established, that NYC Health + Hospitals will work toward achieving the recommendations to include the material cost option for all work orders and requiring supervisory approval before closing them. Resources need

to be identified to ensure adherence before this is implemented; that we are working towards a computerized inventory system that parallels the current system used for medical supplies. Annual inventories can then be performed in a digital fashion with increased accuracy. We will begin a review regarding a scanning program for expensive tools used by trades' personnel. A policy will be written requiring a reporting of missing tools and that Cameras and card swipes will be installed at NYC Health + Hospitals/Queens within the next six months in all areas that are designated for storage and/or equipment.

Mr. Telano stated that since the last Committee meeting, the Office of Internal Audits was forwarded two anonymous letters received by the President's Office. The first letter included complaints about the management within the Medical Records Department at NYC Health + Hospitals/Kings. Further inquiry revealed that this was not the first letter received regarding this matter. As a result, the IG had already begun an investigation; OIA would then defer to them to avoid duplication of efforts.

The second letter involved the purchasing habits of the Facilities Manager at NYC Health + Hospitals/Gouverneur. Discussions were held with Corporate Facilities Management to obtain some background information. An evaluation of the purchasing history within this department is currently underway. This investigation is on-going.

Ms. Catherine Patsos, Chief Corporate Compliance Officer provided an update - she stated that during the period of February 1, 2019 through March 31, 2019, there was one disciplined individual and one sanctioned vendor identified on the Exclusion and Sanction Screening Report.

Ms. Patsos stated that on February 28, 2019, the OCC was notified by its vendor that a registered nurse within NYC Health + Hospitals/At Home had a two-month actual suspension, twenty-two-month stayed suspension, and twenty-four-month probation on her license. Ms. Patsos stated the OCC is looking into whether there could be an overpayment related to her suspensions and probation. Ms. Patsos noted, on March 22, 2019, however, the employee was terminated due to inappropriate behavior and interactions with shelter administrators.

Ms. Patsos stated that on March 13, 2019, the OCC was informed that a vendor possessed a sanction through the Environmental Protection Agency

due to a violation of the Clear Water Act. The OCC is in the process of determining whether this sanction would cause an overpayment issue.

Ms. Patsos stated that no providers were identified on the Death Master File (DMF) or National Plan and Provider Enumeration System (NPPES) screening during the period February 1, 2019 through March 31, 2019.

I. Privacy Incidents and Related Reports

Ms. Patsos stated that during the period of February 1, 2019 through March 31, 2019, sixteen (16) incidents were entered in the RADAR Incident Tracking System and of the sixteen (16) incidents, nine (9) were found after investigation to be violations of NYC Health + Hospitals' HIPAA Privacy and Security Operating Procedures; six (6) were found not to be a violation of NYC Health + Hospitals' HIPAA Privacy and Security Operating Procedures; and one (1) is still under investigation. Ms. Patsos noted that of the nine (9) incidents confirmed as violations, none were determined to be a HIPAA breach.

Update on Incidents Previously Under Investigation:

Ms. Patsos stated two (2) previously discovered incidents that had been under investigation, were found to be breaches. One was with NYC Health + Hospitals/McKinney ("McKinney") in November 2018. Ms. Patsos stated that on November 30, 2018, the OCC was informed by the Deputy Inspector General of NYC Health + Hospitals Office of the Inspector General ("IG") that the PHI of 260 McKinney residents was mistakenly released by NYC Health + Hospitals to two potential vendors of NYC Health + Hospitals. Ms. Patsos stated the information was inadvertently released in September 2016 by Post-Acute Care leadership to Omni Care Inc. and Pharm Script, LLC to calculate potential savings that could result from outsourcing NYC Health + Hospitals' post-acute pharmacy services. Ms. Patsos noted the PHI that was released included patients' names, insurance, and medications.

Ms. Patsos stated although the information disclosed was limited in nature, the inability to mitigate the risk to the PHI and the length of time since the occurrence contributed to the determination that there existed a greater than low probability that the PHI may have been compromised. Therefore, the OCC sent breach notifications to the affected individuals.

Ms. Patsos stated the OCC reviewed this incident with the Post-Acute Care leadership, and reminded them of the need to safeguard PHI.

Ms. Patsos stated that the other incident was with NYC Health + Hospitals/Lincoln ("Lincoln") in November 2018. Ms. Patsos stated that this incident occurred on November 2, 2018, when a social worker at Lincoln mistakenly faxed referral documents containing PHI to the wrong home care agency. Ms. Patsos noted the PHI disclosed included the patient's name, date of birth, home address, medical history, complaints, diagnoses, treatment, and insurance information.

Ms. Patsos stated even though the entity that received the PHI is a home care agency, and is therefore required to protect the privacy of any PHI it receives, the agency would not give the OCC written assurance that the PHI had been properly disposed of and had not been used or further disclosed for any purpose. Ms. Patsos stated the OCC, therefore, determined that there was more than a low probability that the security of the information had been compromised, and sent a breach notification to the affected individual.

Ms. Patsos stated that in response to this incident, the social worker involved was counseled and reeducated on HIPAA privacy requirements, and a refresher training was provided to the entire Lincoln Social Work Department

Ms. Patsos stated there were no inquiries initiated by the office for Civil Rights (OCR) during the period February 1, 2019 through March 31, 2019 regarding privacy incidents.

Ms. Patsos did stated although there were no such inquiries, on February 22, 2019, the OCR met with OCC and Enterprise Information Technology Services ("EITS") leadership, along with in house and outside counsel, to discuss NYC Health + Hospitals' compliance with HIPAA, including the System's safeguards of its ePHI. During this meeting, the OCC and EITS explained to the OCR that the System has many controls in place to safeguard its ePHI, in compliance with HIPAA requirements. The OCR requested that the System document such current controls, as well as additional planned controls, in a letter to the OCR. Ms. Patsos stated the OCC submitted such letter to the OCR on March 4, 2019, with follow-up documentation on March 18, 2019. Ms. Patsos noted that the OCC will

continue providing the OCR with additional documentation of its compliance with HIPAA as outlined in the letter.

Ms. Patsos stated for the period February 1, 2019 through March 31, 2019, there were sixty-one (61) compliance reports, none of which were classified as Priority "A," twenty (20) (33%) were classified as Priority "B," and forty-one (41) (67%) were classified as Priority "C" reports. For purposes here, the term "reports" means compliance-based inquiries and compliance-based complaints.

Ms. Patsos stated on March 18, 2019, the Director of Human Resources at NYC Health + Hospitals/Coney ("Coney") forwarded an email to the OCC which contained a statement from a physician assistant in Occupational Health Service ("OHS") that a laboratory employee from Coney was seen in OHS for her annual health assessment in November 2018. During that assessment, the employee asked the physician assistant to order additional blood work pertaining to iron deficiency; however, the physician assistant advised the employee that this was not permissible. Ms. Patsos stated that according to the physician assistant, on February 13, 2019, she received laboratory work results for six tests that the employee had previously requested. The physician assistant reported that the employee had admitted that she ordered the tests on herself and that "everybody does that."

Ms. Patsos noted that an investigation of this matter is underway, and NYC Health + Hospitals laboratory leadership is aware of and will assist with the investigation. In the meantime, the Medical Director of the laboratory has begun retraining staff on who is permitted to order tests.

Ms. Patsos stated The New York State Department of Health ("DOH") Security and Privacy Bureau ("Bureau") conducted a review of NYC Health + Hospitals/OneCity Health's ("OneCity Health") Performing Provider System ("PPS'") System Security Plan Controls Attestation Form for OneCity Health's internally hosted environment, and, on March 6, 2019, determined that it met the Bureau's criteria.

Ms. Patsos stated as a result, OneCity will be able to derive and share insight from sensitive DOH data with its Partners to support better outcomes for NYC Health + Hospitals and other OneCity Health Partners'

patients. This includes individual patient lists prioritizing care gaps to close, and summary analyses highlighting programmatic opportunities.

Ms. Patsos stated OneCity Health, as a PPS Lead in the DSRIP Program, it is responsible for taking "reasonable steps to ensure that Medicaid funds distributed as part of the DSRIP program are not connected with fraud, waste, and abuse. It is reasonable for a PPS Lead to consider its network performing providers' program integrity systems when dedicating resources and developing the PPS Lead's systems. To satisfy its compliance obligations, and to fulfill the requirements of the OMIG DSRIP compliance guidance, OneCity Health developed a compliance Attestation form, which is designed to assess its Partners' compliance with the program requirements.

OneCity Health Partners must certify annually to OneCity Health that they have met their DSRIP compliance training obligations and certain other compliance-related obligations.

Ms. Patsos stated, accordingly, last week, OneCity Health distributed a Memorandum from the OCC to OneCity Health Partners with a link to a *Compliance Attestation of OneCity Health Partners* ("Attestation"). The Attestation, which provides OneCity Health and the OCC with a critical snapshot of the compliance foundation of its DSRIP Partners, must be completed by all OneCity Health Partners and returned to the OCC by close of business April 30, 2019.

Ms. Patsos stated HHC ACO, Inc. ("HHC ACO") is in the process of submitting its application to renew its contract with CMS for the 2019-2024 agreement period. HHC ACO is applying to participate in the Enhanced track of the Medicare Shared Savings Program ("MSSP"), beginning July 1, 2019. The Enhanced track is a two-sided track, which will involve shared savings as well as potential shared losses. The shared savings could be as much as 75% of the savings to the Medicare program, adjusted by HHC ACO's quality score, and capped at 20% of total benchmark expenditure. Although the Enhanced track provides for the most allowed shared savings, it also carries the most risk - amounting to 40% to 75% of the losses to the Medicare program. The losses, however, are also adjusted by HHC ACO's quality scores, and capped at 15% of the total benchmark expenditure imposed by CMS.

Ms. Patsos noted the final submission date for the round of requested documentation to CMS for this agreement is May 2, 2019.

Ms. Patsos stated to ensure the System's compliance with the requirements of HIPAA and HIPAA regulations, the System had previously engaged a third party vendor to conduct HIPAA Risk Analyses and Security Assessments. The previous vendor's contract ended in August 2018, after which the OCC and the Information Security Risk Management ("ISRM") team of EITS issued a Request for Proposals ("RFP") to solicit proposals from vendors for the next round of HIPAA Risk Analyses and Security Assessments.

Ms. Patsos noted the Evaluation Committee for the RFP, which was comprised of individuals from the OCC and ISRM, received proposals from ten vendors, and selected four of them to provide presentations on their proposals. Of those four vendors, Coalfire Systems, Inc. ("Coalfire") received the highest score from the Evaluation Committee by a large margin, and its proposal was the one most closely aligned with the objectives of the RFP.

Ms. Patsos noted that Coalfire's initial cost proposal for a three-year contract was more than \$7 million above the RFP budgeted expense; however, they were able to provide the OCC and ISRM leadership with five proposed options at significantly reduced expense. Ms. Patsos stated that of the five options, the one that most closely aligns with the objectives of the RFP, and produces the minimal amount of risk of non-compliance with HIPAA requirements, is approximately \$900,000 more than the budgeted expense for the three-year contract.

Ms. Patsos stated that the OCC outlined the budget difference to the System's Chief Information Officer ("CIO") and the rationale for choosing Coalfire over the next highest scoring vendor, and requested additional funding from EITS to cover the difference. Such funding was granted. The Evaluation Committee chose Coalfire to conduct the System's HIPAA Risk Analyses and Security Assessments for the next three calendar years. A two-day kick-off meeting with members of the OCC and ISRM in March, and work is underway for the 2019 Risk Analysis and Security Assessment.

Ms. Patsos stated as previously reported, on January 31, 2018, the OCC received notification from Aetna of a Notice of Compliance Program Audit

(the "Notice"), requesting information from NYC Health + Hospitals relating to its compliance with Medicare Parts C and D compliance program elements as required by CMS. Ms. Patsos stated the Notice stated that the review would include functions performed by the System (particularly the OCC) which are related to Aetna's Medicare Advantage, Prescription Drug Plans and/or Medicare - Medicaid Plan product lines. Aetna performs such reviews to ensure that the entities it contracts with, such as the System, meet their compliance program obligations. These reviews are conducted under the auspices of their "Delegated Vendor Oversight" responsibilities, as required by CMS.

Ms. Patsos noted on April 30, 2018, the OCC received Aetna's Compliance Program Elements Audit Report (the "Audit Report"), which included Aetna's conclusions regarding NYC Health + Hospitals' compliance with its audit. According to the Audit Report, NYC Health + Hospitals satisfied eight of the compliance requirements, but failed to satisfy four compliance requirements. The Audit Report also required NYC Health + Hospitals to submit corrective action plans to Aetna for the failed compliance requirements, which the OCC did on May 25, 2018.

Ms. Patsos noted on August 27, 2018, the OCC submitted NYC Health + Hospitals' report on the implementation of its corrective actions plans, most of which involved changes to Operating Procedures. On September 18, 2018, the OCC received an email from Aetna requesting additional information in response to one of the System's corrective action plans, which the OCC provided on September 20, 2018.

Ms. Patsos noted on November 15, 2018, the OCC received an email from Aetna regarding its further review of the System's corrective action plans, stating that the System needs to revise its policies to meet a record retention requirement that the OCC believes does not apply to the System. The OCC conferred with the Office of Legal Affairs regarding the System's obligation to comply with this requirement, and responded that it continued to maintain its position that such requirement does not apply to NYC Health + Hospitals.

Ms. Patsos also noted on January 31, 2019, the OCC received another email from Aetna requesting that the OCC provide documentation to demonstrate the System's adherence to the CMS requirement related to retaining existing employee training records for a 10-year period. In addition, Aetna provided a random selection of five System employees

with hire dates of 2009 and prior, which were identified from the System's original employee universe. Aetna requested that the OCC provide evidence demonstrating completion of these employees' Code of Conduct and Compliance training within the past ten years, by February 15, 2019. The OCC provided information to Aetna on February 15, 2019, and is waiting for their response.

Mr. Pagán proposed a motion to convene an executive session because the matters to be discussed involve confidential and privileged information and some information may relate to proposed or actual litigation. Mr. Pagán asked May I have a motion? Second? All in favor.

The motion to convene in executive session was unanimously approved by all. The Committee then convened in Executive Session

Open Session There being no other business the meeting was adjourned at 11:46 A.M.

SUBSIDIARY REPORT

HHC ACO INC. BOARD OF DIRECTORS MEETING - April 15, 2019 As Reported by Dr. Mitchell Katz
--

The Board of Directors of HHC ACO Inc., NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization ("ACO"), convened on April 15, 2019, to discuss the Medicare Shared Savings Program ("MSSP") contract renewal process and to propose a new shared savings distribution process.

The meeting of the Board of Directors of HHC ACO Inc. (the "Board") was called to order by Dr. Mitchell Katz, Chair of the Board at 3:01 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the February 11, 2019 meeting without correction or modification.

Among other matters, the Board discussed the following:

- ACO Chief Medical Officer, Lana Vardanian, MD, presented details on the required Repayment Mechanism and the benefits of qualifying as an Advanced Alternative Payment Model ("APM") for the ACO participating in the MSSP Enhanced Track.
- ACO Chief Executive Officer, Dave Chokshi, MD, proposed to the Board a new shared savings distribution process to start in the 2019 Performance Year. The proposal recommended to withhold 20% of the earned shared savings as a reserve fund to uphold the Repayment Mechanism according to the obligations of the ACO to CMS, after operational expenses were deducted, and to distribute the rest to the providers and care teams.

The Board approved the following resolutions:

- Electing Gary Kalkut, M.D. to serve as Vice President of HHC ACO Inc. (the "ACO"), until his resignation or removal in accordance with the ACO's By-Laws.
- Authorizing HHC ACO Inc. ("HHC ACO") to participate in the Enhanced Track of the Centers for Medicare and Medicaid Services' ("CMS'") Medicare Shared Savings Program ("MSSP") and to furnish any required repayment mechanism in the form of a letter of credit, a funded escrow account, a surety bond, or in any other form permitted under the MSSP regulations, in a maximum stated principal amount not to exceed \$7,000,000 and approving the incurrence of indebtedness by HHC ACO with respect to the Letter of Credit to be issued on behalf of HHC ACO in a maximum principal amount of up to \$7,000,000 to secure the obligations of HHC ACO to CMS with respect to shared losses under the MSSP for such period as CMS requires. And authorizing the CEO of HHC ACO to execute and deliver a reimbursement agreement, a note, and any and all other agreements, documents or instruments necessary or desirable in connection with the issuance of the letter of credit or any other form of required repayment mechanism that satisfies CMS requirements, including a funded escrow account or a surety bond.

There being no further business, Dr. Katz adjourned the meeting at approximately 3:45 PM.

Mitchell H. Katz, MD

NYC Health + Hospitals - President and Chief Executive Officer

Report to the Board of Directors

Thursday, April 18, 2019

CITY REPORT

City - On April 10, Dr. Machelles Allen, Senior Vice President and Chief Medical Officer joined David Hansell, Commissioner of the New York City Administration for Children's Services at a City Council hearing on the impact of marijuana policies on child welfare. Dr. Allen shared with the Council that Health + Hospitals' goal is to always protect the mother and infant, and provide appropriate substance abuse treatment and support.

ORGANIZATIONAL NEWS

Measles Outbreak Creates Public Health Emergency

New York State is facing one of the most severe measles outbreaks in years. And as of earlier this week, there were 329 cases in New York City, including 25 hospitalizations and 6 ICU admissions to date. The City declared a public health emergency in select zip codes in Williamsburg, and is requiring unvaccinated individuals living in those ZIP codes who may have been exposed to measles to receive the measles-mumps-rubella (MMR) vaccine in order to protect others in the community and help curtail the ongoing outbreak. While Health + Hospitals has not seen increases in volume of cases - in fact, we've only had one confirmed case this year -- we are taking every precaution to ensure our hospitals and community based clinics are on extra alert to quickly identify, isolate and treat anyone who needs our care. We have an agreement with the FDNY and they will give us early notification if they are transporting anyone suspected of having the measles to any of our hospitals, so we can move them straight to isolation. And we are preparing additional education materials to increase awareness among patients and staff.

Drug-Resistant Infection on the Rise

Another serious public health risk is challenging healthcare professionals across the country. A fungal and often drug-resistant infection, *Candida Auris* - which affects individuals with weakened immune systems and frail elderly in nursing homes and hospital settings - is also on the rise. We've

been aware, alert and monitoring this particular infection since the CDC issued a notification back in 2016. Since then, we've shared guidance to our clinicians and conducted staff training to ensure our readiness to respond, identify and treat patients quickly and effectively, and to prevent the spread with proper hygiene and cleaning. We follow state protocols for reporting. And most importantly, we have adopted a number of system wide policies and best practices to address overuse of antibiotics - one of the main reasons for the growing number of germs that have evolved defenses against common medicines. Our expert Infection Control teams, Clinical Service lines leaders and Office of Quality and Risk have collaborated to implement antibiotic stewardship strategies and the "Choosing Wisely" quality improvement process to insure appropriate medication utilization. The good news is that the risk of C. auris is very low for healthy people going about their lives. Nevertheless, we will remain vigilant.

[New Electronic Health Record System Now Live at 50 NYC Health + Hospitals Patient Care Locations](#)

I'm pleased to report that we have successfully reached beyond the half-way point in what's considered one of the largest electronic medical records (EMR) implementation projects in the country. This month, 19 NYC Health + Hospitals patient care locations successfully went live with the new EMR, which we named H2O (Health + Hospitals Online), bringing the total number of public hospitals and health centers using this advanced technology to 50 patient care locations with more than 19,000 users system-wide. We went live at NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Bellevue and 17 Gotham Health ambulatory care sites.

H2O is the technology foundation that supports our key transformation initiatives to advance quality of care, provide a better patient experience, and achieve financial health for our essential system. By 2020, we will have more than 45,000 users unified under a single, shared platform to make it easier for our clinicians to deliver great care and support the city's commitment to guarantee health coverage to all New Yorkers. This is a significant milestone in this massive enterprise-wide project and a tremendous testament to the dedicated clinical teams and IT professionals who have worked together seamlessly to support their shared vision for excellent patient care for the more than one million New Yorkers who rely on our services every year.

[NYC Health + Hospitals Promotes Patients' Rights to Language Services, Reaffirms Commitment to](#)

Immigrant New Yorkers

This week, New York City celebrates Immigrant Heritage Week to build cross-cultural understanding and reaffirm our City's commitment to equity and social justice. At NYC Health + Hospitals, this week is an opportunity to showcase our diversity and remind New Yorkers of our commitment to serve all regardless of immigration status. To mark this annual recognition, we launched an awareness campaign to promote patient rights to language services and help eliminate barriers to care, improve patient safety and increase patient satisfaction. The "I Speak" campaign features education materials in many languages to promote the services we have available in 200 languages, palm cards to help patients request an interpreter and communicate in their preferred language, a special video of our staff delivering a welcoming message in different languages, and buttons for staff to showcase our language diversity. You have sample materials in your package.

Language access services help close racial disparities and communication barriers that can lead to fewer doctor visits, avoidance of preventive health services, misdiagnoses and poor patient satisfaction. As a primary care doctor, I know well how important it is to understand and be understood by my patients. I speak Spanish and use it all the time with my patients at Gouverneur. It makes a huge difference. And I am grateful to have access to the amazing interpretation services we have available to help the many other limited English speakers I care for.

And in what has become tradition to recognize Immigrant Heritage Week, NYC Health + Hospitals and the Mayor's Office of Immigrant Affairs are also re-issuing our [open letter](#) to immigrant New Yorkers in 14 languages to reaffirm our commitment to be a safe space where anyone can receive exceptional care and no one inquires about immigration status. While we highlight these efforts this week, ours is a year-round commitment to offer a safe and welcoming environment so that everyone can seek care without fear and live their healthiest life.

MetroPlus Partners with City Agencies to Enroll New Yorkers in Health Care

MetroPlus Health announced partnerships with the NYC Department of Probation and the NYC Department of Small Business Services (SBS) to provide New Yorkers who interact with the two agencies information about its affordable health insurance plan and encourage them to enroll.

MetroPlus will conduct on-site outreach, education and enrollment at six Probation offices and 18 new SBS Workforce 1 and Business Solution Career Centers. These government agency offices serve nearly 55,000 New Yorkers every year. This new collaboration supports the Executive Order signed by Mayor Bill de Blasio in January requiring city agencies to enroll people in insurance anywhere New Yorkers are directly served. The new strategic partnerships with city agencies is one more way in which MetroPlus is redeploying resources to support New York City's commitment to guarantee health care to all New Yorkers.

NYC Health + Hospitals/Woodhull, MetroPlus and Comunilife Partner to Open New Supportive and Affordable Housing in Brooklyn

I was pleased to join our staff from NYC Health + Hospitals/Woodhull and MetroPlus, and our partners from Comunilife to mark the opening of a wonderful new 89-unit supportive and affordable housing residence for New Yorkers with special needs - many of them our patients and members of our health plan. The new studio apartments have been built in what used to be the hospital's parking lot and will be home to formerly homeless adults living with special needs and low-income community residents. This is a very special collaboration in our efforts to do more to address social determinants of health. And we are committed to doing more. As I've said at various forums: we have a cure for homelessness, it's called a home. It's 100 percent effective and has no side effects.

NYC Health + Hospitals Doctors Receive \$2 Million in Grants to Pay Medical School Debt in Return for Service to Public Health System

I'm very pleased to report that thanks to the help of OneCity Health, our health system was able to secure more than \$2 million in special loan forgiveness grants for physicians in exchange for their commitment to continue serving needy New Yorkers in the Health + Hospitals system. OneCity Health supported the application process as part of the goals of the State's Delivery System Reform Incentive Payment (DSRIP) Program to increase access to care. The 17 physicians - with specialties ranging from psychiatry, pediatrics and emergency medicine - currently practice in our hospitals and community based health centers. They will receive \$40,000 per year for up to three years to pay down their medical school debt. The grants were provided by the State's Doctors Across New York Physician Loan Repayment program and will result in more than 50 years of combined service to our health system. I had the opportunity to meet with many of the grant winners earlier this month. They are an impressive and diverse group of

doctors. With this added incentive and financial relief, they can continue giving back to communities that desperately need their expertise and dedication.

NYC Health + Hospitals/Elmhurst Earns Prestigious "Baby Friendly" Hospital Status

NYC Health + Hospitals/Elmhurst earned the prestigious "Baby-Friendly" designation for promoting the highest level of care for infants through breast-feeding and promoting bonding between mother and baby. The recognition is awarded to hospitals all over the world by Baby-Friendly USA, an initiative of the World Health Organization and the United Nations Children's Fund (UNICEF). NYC Health + Hospitals/Elmhurst joins nine hospitals in the public health system that have achieved Baby-Friendly designation. Improving maternal health has been a central focus of the de Blasio administration, and this effort builds on the efforts undertaken by NYC Health + Hospitals to ensure safe maternity care at all our hospitals.

NYC Health + Hospitals/Gotham Health, East New York Expands HIV Prevention Services for Young People

In recognition of National Youth HIV/AIDS Awareness Day, NYC Health + Hospitals/Gotham Health center in East New York received a grant from the New York City Department of Health and Mental Hygiene to provide young people ages 13 to 24 years HIV prevention services, including [pre-exposure prophylaxis \(PrEP\)](#). To more effectively serve this population, the clinic offers co-located services, flexible appointment scheduling and extended walk-in capacity, and personalized communication, including by text message. We are pleased to be able to empower young people of East New York, particularly adolescents who identify as LGBTQ, thanks to the new grant that will help us expand access to HIV screening, treatment, prevention, and care coordination through the support of a dedicated social worker and other expert staff who understand the special needs of adolescents. The grant is part of Mayor Bill de Blasio's [Ending the Epidemic](#) plan, which aims to end the HIV epidemic in New York City by 2020, and First Lady Chirlane McCray's [NYC Unity Project](#), the first-ever citywide commitment to supporting and empowering LGBTQ young people.

OneCity Health Helps Long-Term Care Patients and Secures \$72 M for NYC Health + Hospitals

In collaboration with NYC Health + Hospitals, OneCity Health helped the system secure \$72M in funding as part of the New York State Care Restructuring Enhancement Pilot. The pilot aims to train our workforce to

better serve the needs of our populations with managed long-term care or significant behavioral health needs in home-and community-based settings. To date, 275 staff in post-acute care facilities have been trained on a curriculum that aims to improve the ability of the workforce to meet the needs of the managed long-term care population both inside and outside of the hospital setting, as well as during the transition from the hospital to either the home, community or other care settings. These efforts have been accomplished in collaboration with CUNY and the Montefiore Care Management Organization.

#

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to submit to the New York State Department of Health (“DOH”) appropriate application materials to allow for the merger of the operating certificate of NYC Health + Hospitals/North Central Bronx into the operating certificate of NYC Health + Hospital/Jacobi (“Jacobi”) to make North Central Bronx a division of Jacobi and upon obtaining DOH authority to proceed, to operationally implement such a merger of operating certificates including adopting the name, “North Central Bronx Hospital, a Division of NYC Health + Hospitals/Jacobi.”

WHEREAS, currently, North Central Bronx and Jacobi each have licenses to operate as hospitals under the New York State Public Health Law and such licenses are reflected in stand-alone DOH-issued Operating Certificates; and

WHEREAS, Jacobi is licensed to operate 457 beds and North Central Bronx is licensed to operate 213 beds;

WHEREAS, the two facilities are approximately 4 miles apart and PAGNY is the medical affiliate of both facilities; and

WHEREAS, the two facilities already have a close relationship with some shared staff and services that are designed to be complementary; and

WHEREAS, there are substantial operational efficiencies that would be achieved with a merger of the operating certificates of North Central Bronx and Jacobi including, making it easier to transfer patients between the two facilities, consolidating credentialing of staff to save duplicative work, consolidating reporting and governance, creating opportunities for the strategic allocation of resources, creating a shared leadership structure and facilitating standardization of equipment, procedures and practices; and

WHEREAS, the proposed regulatory merger is consistent with NYC Health + Hospitals’ strategic goal of reducing regulatory, cultural and structural barriers that impede the integration of its facilities into a more unified, coherent healthcare system.

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation be and hereby is authorized to submit to the New York State Department of Health appropriate application materials to allow for the merger of the operating certificate of NYC Health + Hospitals/North Central Bronx into the operating certificate of NYC Health + Hospital/Jacobi to make North Central Bronx a division of Jacobi and upon obtaining New York State Department of Health authority to proceed, to operationally implement such a merger of operating certificates including adopting the name, “North Central Bronx Hospital, a Division of NYC Health + Hospitals/Jacobi.”

EXECUTIVE SUMMARY
MERGER OF OPERATING CERTIFICATES OF
NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX HOSPITAL
INTO NYC HEALTH + HOSPITALS/JACOBI

- OVERVIEW:** New York State through its Department of Health (“DOH”) issues Operating Certificates for healthcare facilities, other than those operated by individual physicians or groups of physicians, under Article 28 of the Public Health Law. To obtain an Operating Certificate or to change the services provided, equipment used or to substantially modify the physical structure, a Certificate of Need (a “CON”) must be submitted. Currently NYC Health + Hospitals/North Central Bronx and NYC Health + Hospital/Jacobi (“Jacobi”) each have separate and independent Operating Certificates. The proposal is to file an appropriate CON to merge the two Operating Certificates.
- NEED:** NYC Health + Hospitals has as a strategic goal the greater integration of its system into a more coherent, unified system to leverage its size to obtain better commercial terms in purchasing supplies, equipment and services, to achieve higher standards of healthcare delivery more consistently applied and to achieve efficiencies through the adoption of standardized best practices. Currently, NYC Health + Hospitals is striving to knit its component parts more closely together. The operations of North Central Bronx and Jacobi present a clear opportunity to advance these goals. Although the two institutions operate fairly close to each other and share a common medical affiliate, PAGNY, the two operate independently. This means that patients going from one facility to the other must be formally discharged from the first facility before being formally admitted to the second. It also means that a medical provider credentialed at one facility has no standing in the other facility unless and until he/she initiates the process to be fully credentialed at the second facility. Similarly, medical records for one facility are maintained separately from those at the second facility with the attendant complications and inefficiencies. Entirely separate books and records are maintained for the two facilities. Operating as entirely separate facilities, chances for sharing staff is inhibited by the requirement that a provider be credentialed separately at each institution.
- PROPOSAL:** It is proposed that NYC Health + Hospitals file an appropriate CON application to obtain permission to merge the operating certificates of North Central Bronx into that of Jacobi. No current staff will lose their jobs. The benefits will be to facilitate patient transfers, healthcare providers’ credentialing and to achieve efficiencies in reporting, record keeping, governance and staffing.

Proposed Resolution Approving the Merger of the Operating Certificates of NYC H+H Jacobi and NYC H+H North Central Bronx Hospitals

Christopher J. Mastromano, Chief Executive Officer, Jacobi
Cristina Contreras, Executive Director, North Central Bronx (NCB)

Board of Directors Meeting
May 30, 2019



Background and Progress to Date

- September 2018:
 - Plan to merge licenses announced
 - Chris Mastromano named CEO of Jacobi and NCB;
 - Cristina Contreras named Executive Director NCB;
 - Town hall meeting with Dr. Katz, NCB staff at NCB
 - Outreach to elected officials, community advisory boards, community boards, labor partners
- Late 2018/early 2019:
 - Joint purchasing and contracting begins
 - New investments in services at NCB
 - Enhanced clinical partnership between NCB and Jacobi
- May 2019: Resolution and CON application prepared to formalize merger with State Department of Health



Reasons for Combining Licenses

- Seamless transfer of patients from one campus to another
 - Currently requires discharge and readmission- after merger, just an internal transfer to the other campus
 - Supports new and expanded services at NCB
 - Boost ambulatory surgery and NCB while focusing on trauma and more complex procedures at Jacobi
 - (eg: 110 new ophthalmology surgical cases)
- Ability to streamline operations and share resources
 - Shared leadership structure
 - Consolidated reporting and governance
 - Increased strategic allocation of resources
 - Eg: \$1.7m in operating room equipment secured for NCB
 - Eliminate costly duplication of operating practices and procedures via standardization
 - Eg: substantial savings in joint contract for endoscopy supplies
 - Keeps percentage of behavioral health beds on single license well below 50% threshold
- Medical staff credentialing goes to a single process avoiding double work for providers and facilitating the sharing of specialty providers and other staff in hard to recruit positions.
- No bed count, staff, or service reductions at NCB



Explanation of CON process

- NY's Certificate of Need (CON) process governs, among other things, establishment, construction, renovation of health care facilities such as hospitals.
- Objectives of the process are to ensure that services are aligned with community need. Is designed to give the Department of Health a chance to prevent duplicate beds, services and medical equipment to limit costs.



Community Outreach

- The Members of the NYC Council, Bronx Borough President, NYS Senators and Legislators from the area have been briefed and support the merger of the two operating certificates.
- The Community Advisory Boards for both hospitals have been consulted and understand the importance of a closer relationship of the two hospitals.
- Staff engagement and cross campus partnership has been strong



Appendix



Facility Overview: Jacobi & NCB



Jacobi Total Licensed Beds	457
Chemical Dependency – IP Detox	16
Burn Unit	8
Coronary Care Unit (CCU)	12
Intensive Care Unit (ICU)	24
Pediatric Intensive Care (PICU)	8
Maternity	26
Medical / Surgical Inpatient	174
Neonatal Intensive Care (NICU)	25
Pediatric	33
All Psychiatric – Inpatient	107
Rehab – Inpatient	24

North Central Bronx Total Licensed Beds	213
Intensive Care Unit (ICU)	20
Maternity	26
Medical / Surgical Inpatient	85
Neonatal Intensive Care (NICU)	12
All Psychiatric – Inpatient	70

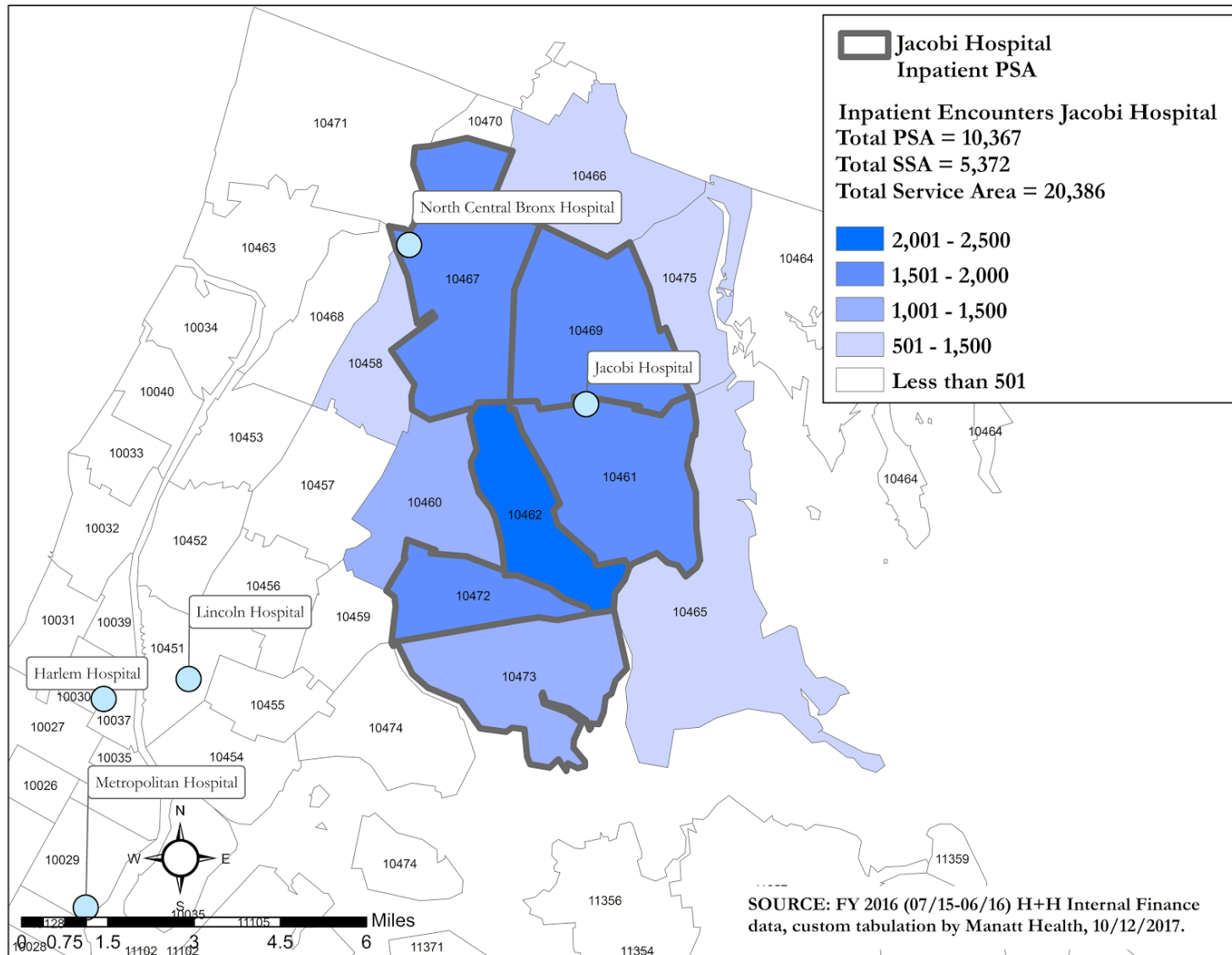
Future State Total Beds	670
Chemical Dependency – IP Detox	16
Burn Unit	8
Coronary Care Unit (CCU)	12
Intensive Care Unit (ICU)	44
Pediatric Intensive Care (PICU)	8
Maternity	52
Medical / Surgical Inpatient	259
Neonatal Intensive Care (NICU)	37
Pediatric	33
All Psychiatric – Inpatient	177
Rehab – Inpatient	24

Average Age of Plant: 14 years
Affiliate Partnership: PAGNY
Number of Residents: 350

Average Age of Plant: 29 years
Affiliate Partnership: PAGNY
Number of Residents: 82



IP Primary and Secondary Service Areas



North Central Bronx Hospital Inpatient PSA

Inpatient Encounters NCB Hospital
 Total PSA = 4,080
 Total SSA = 1,763
 Total Service Area = 7,725

Legend:

- 1,001 - 2,000
- 751 - 1,000
- 251 - 750
- 101 - 250
- Less than 101

Map Labels:

- North Central Bronx Hospital
- Jacobi Hospital
- Lincoln Hospital
- Harlem Hospital

Map Details:

- Map shows service areas (SSAs) and census tracts (CTs) in the North Central Bronx.
- SSAs are shaded in blue, with darker shades representing higher inpatient encounter counts.
- CTs are labeled with their respective numbers (e.g., 10471, 10470, 10466, 10463, 10468, 10458, 10467, 10475, 10464, 10469, 10461, 10462, 10465, 10472, 10473, 10474, 10459, 10457, 10456, 10455, 10454, 10453, 10452, 10460, 10034, 10040, 10033, 10032, 10031, 10039, 10030, 10037, 10027, 10026, 10035).
- Hospitals are marked with blue dots and labeled: North Central Bronx Hospital, Jacobi Hospital, Lincoln Hospital, and Harlem Hospital.
- A scale bar indicates distances in miles (0 to 6).
- A compass rose shows North (N), South (S), East (E), and West (W).

SOURCE: FY 2016 (07/15-06/16) H+H Internal Finance data, custom tabulation by Manatt Health, 10/12/2017.



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three year lease extension agreement with Chestnut Station Inc. (the "Landlord") for approximately 6,000 square feet of interior space and 2,560 square feet of exterior space at 230 Beach 102nd Street, Borough of Queens, to house an Adult Day Health Care Center (the "Center") managed by NYC Health + Hospitals/Dr. Susan Smith McKinney Nursing & Rehabilitation Center (the "Facility") at a base rent of \$34.50 per square foot for the interior space and \$15.00 per square foot for the exterior space for a total of \$245,400 per year to be escalated by 2.5% per year for a total base rent over the three year term of \$754,758 with the System having a right to terminate the lease on six months' notice.

WHEREAS, the Facility has operated the Adult Day Health Care Center in the Rockaway community since 1988 and has been providing services at this site since 2003; and

WHEREAS, the Center's program provides nursing services, physical therapy, social services, therapeutic recreation, dementia programs, nutritional meals and counseling for the frail elderly, physically disabled, and cognitively impaired adults; and

WHEREAS, the services provided by the Center allow registrants to remain in their homes, thereby avoiding or delaying the need for permanent nursing home placement.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (be and is hereby authorized to execute a three year lease extension agreement with Chestnut Station Inc. for approximately 6,000 square feet of interior space and 2,560 square feet of exterior space at 230 Beach 102nd Street, Borough of Queens, to house an Adult Day Health Care Center managed by NYC Health + Hospitals/Dr. Susan Smith McKinney Nursing & Rehabilitation Center at a base rent of \$34.50 per square foot for the interior space and \$15.00 per square foot for the exterior space for a total of \$245,400 per year to be escalated by 2.5% per year for a total base rent over the three year term of \$754,758 with the New York City Health and Hospitals Corporation having a right to terminate the lease on six months' notice.

EXECUTIVE SUMMARY

**NYC HEALTH + HOSPITALS/ DR. SUSAN SMITH MCKINNEY NURSING &
REHABILITATION CENTER
ADULT DAY HEALTH CARE CENTER
230 BEACH 102ND STREET**

OVERVIEW: The New York City Health and Hospitals Corporation (the "System") seeks authorization from its Board of Directors to sign a three year lease with Chestnut Station Inc. (the "Landlord") for 6,000 sf of interior space and 2,560 sf of exterior space at 230 Beach 102nd Street to house an Adult Day Health Care Center (the "Center") managed by NYC Health + Hospitals/Dr. Susan Smith McKinney Nursing & Rehabilitation Center ("DSSM")

**NEED/
PROGRAM:** The Center has been serving the Rockaway community since 1988 and has been providing services at this site since 2003. The program provides nursing services, physical therapy, social services, therapeutic recreation, dementia programs, nutritional meals and counseling for the frail elderly, physically disabled, and cognitively impaired adults. The services provided by the allow registrants to remain in their homes, thereby avoiding or delaying the need for permanent nursing home placement. The Center operates Monday through Friday with registrants attending a five hour session from 8:30 a.m. to 1:30 p.m. or from 9:30 a.m. to 2:30 p.m. The Center's staff includes a full time program director, registered nurse, caseworker, activity therapist, three patient care technicians, one environmental aide and one dietary aide. The part-time staff includes a licensed clinical social worker, a physical therapist, and a dietician.

UTILIZATION: There are currently seventy-five registrants enrolled in the program. On average, 35 residents attend each day. The daily capacity of the program is 50.

TERMS: The System will have the continued use and occupancy of a total of approximately 8,560 square feet of space which includes 6,000 square feet of interior space and 2,560 square feet of exterior space. The base rent will be \$34.50 per square foot for the interior space and \$15.00 per square foot for the exterior space for a total of \$245,400 per year. The rent for the new term is \$12,000 or 5.14% higher than the current rent. The rent for the new term is within the fair market value for the space. The rent will be escalated by 2.5% per year. The total base rent over the three year term will be \$754,758. The System will be responsible for payment for its electric and gas usage and water/sewer rents.

Current Annual Rent	Lease Extension Annual Rent	Increase	Increase %
\$233,400.00	\$245,400.00	\$12,000.00	5.14%

The Landlord will be responsible for interior and exterior structural maintenance and repairs to the premises, including repair or replacement the roof, infrastructure, plumbing, electrical, heating and air conditioning systems, common areas, main feeder and waste and utility lines. The System will be responsible for routine interior cleaning and repairs to interior plumbing and electrical systems.

The term of the proposed lease will be three years however the System shall have the right to terminate the lease on six months' prior notice.

SUMMARY OF ECONOMIC TERMS

SITE:	230 Beach 102 nd Street Far Rockaway, N.Y. Borough of Queens Block 16157, Lot 10
LANDLORD:	Chestnut Station. Inc. 179 Beach 138 th Street Belle Harbor, N.Y. 11694
FLOOR AREA:	8,560 square feet
INITIAL TERM:	Three years
TERMINATION:	Lease may be cancelled by the tenant upon six months written notice
OPTION TERM:	Three years at 95% of FMV
RENT:	The base rent for the interior space will be \$34.50 per square foot and \$15.00 per square foot for the exterior space for a total of \$245,400 per year.
ESCALATION:	The base rent will be escalated by 2.5% per year.
UTILITIES:	The System will be responsible for payment of electricity, gas, and water.
REAL ESTATE TAXES:	The Landlord will be responsible for payment real estate taxes
MAINTENANCE/ REPAIRS:	The Landlord will be responsible for interior and exterior structural maintenance and repairs to the premises, including repair or replacement the roof, infrastructure, plumbing, electrical, heating and air conditioning systems, common areas, main feeder and waste and utility lines. The System will be responsible for routine interior cleaning and repairs to interior plumbing and electrical systems.

CHESTNUT STATION INC.
Adult Day Care Center
Lease Renewal Resolution
NEPOSNIT - 230 Beach 102nd St., Far
Rockaway, NY

Board of Directors Meeting
May 30, 2019

Maureen McClusky, Senior Vice President for Post-Acute and Long-Term Care
David Weinstein, Director - McKinney



PROGRAM

- Managed by NYC Health + Hospitals/Dr. Susan Smith McKinney Nursing & Rehabilitation Center
- In operation in the area since 1998 and at this site since 2003.
- Provides nursing, physical therapy, social services, therapeutic recreation, dementia programs, nutritional meals and counseling. Services allow participants to remain in their homes, thereby deferring the need for permanent nursing home placement.
- Staff includes a Director, RN, caseworker, activity therapist, three patient care technicians, environmental aide and one dietary aide.
- 75 current registrants. Daily utilization is 35. Daily capacity is 50.



PREMISES/TERMS

- Located on the ground floor of a two-story structure with other healthcare providers in the building.
- 6,000 sq. ft. of interior space and 2,560 sq. ft. of outdoor space.
- Three year lease. Rent starts at \$245,000/year and increases annually by 2.5%.
- NYC H+H may terminate at any time on 6 months notice.
- The indoor rent is within the fair market value range of \$32 - \$36 per square foot and the outdoor rent is within the \$15 - \$16 per square foot fair market value range.

Current Annual Rent	Lease Extension Annual Rent	Increase	Increase %
\$233,400.00	\$245,400.00	\$12,000.00	5.14%



Rent Schedule

<u>230 Beach 102nd Initial Term Rent</u>				
	<u>yr 1</u>	<u>yr 2</u>	<u>yr 3</u>	<u>Total</u>
Indoor space @ \$34.50 psf, 6,000sf	\$207,000.00	\$212,175.00	\$217,479.38	\$636,654.38
Outdoor space @ \$15.00 psf, 2,560sf	<u>\$38,400.00</u>	<u>\$39,360.00</u>	<u>\$40,344.00</u>	<u>\$118,104.00</u>
	\$245,400.00	\$251,535.00	\$257,823.38	\$754,758.38
Note: escalation 2.5% per year				
<u>Indoor/Outdoor Rent PSF</u>				
	<u>Current Rent</u>	<u>New Term Rent</u>	<u>Change</u>	<u>Change %</u>
Indoor Space	\$32.50	\$34.50	\$2.00	6.15%
Outdoor Space	<u>\$15.00</u>	<u>\$15.00</u>	\$0.00	0.00%
	\$47.50	\$49.50		



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with Vanguard Construction ("Vanguard") for the renovation of shell space on the 5th floor of the Mural Pavilion of NYC Health + Hospitals/Harlem (the "Hospital") to house the Hospital's outpatient behavioral health clinics which are to be relocated from the Hospital's Women's Pavilion and to add outpatient primary care facilities at a cost not to exceed \$6,627,734, which includes a 9% construction contingency.

WHEREAS, NYC Health + Hospitals was awarded a capital grant by the New York State Department of Health ("DOH") in the amount of \$9,191,599 in support of the DSRIP program and specifically to promote the integration of outpatient behavioral health services with outpatient primary care services; and

WHEREAS, NYC Health + Hospitals is required to empty the Women's Pavilion at the Hospital so that it can be demolished to clear the site for the City Department of Health and Mental Hygiene planned construction of the Public Health Laboratory; and

WHEREAS, most of the Hospital's Outpatient Behavioral Health clinics are currently located in the Women's Pavilion and must be relocated to prepare for the demolition; and

WHEREAS, while satisfying the need to empty the Woman's Pavilion, NYC Health + Hospitals will be able to advance to DSRIP goal of promoting the integration of outpatient behavioral health clinics with outpatient primary care clinics; and

WHEREAS, the Hospital has submitted to DOH an application for a Certificate of Need (a "CON") for the proposed work and has been approved for a conditional CON for the proposed work; and

WHEREAS, NYC Health + Hospitals has solicited bids for the needed construction work in accordance with New York State bidding requirements and Vanguard was the lowest responsible and responsive bidder; and

WHEREAS, the Vice President for the Office of Facilities Development will have responsibility for the administration of the proposed contract.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation is hereby authorized to execute an agreement with Vanguard Construction ("Vanguard") for the renovation of shell space on the 5th floor of the Mural Pavilion of NYC Health + Hospitals/Harlem (the "Hospital") to house the Hospital's outpatient behavioral health clinics which are to be relocated from the Hospital's Women's Pavilion and to add outpatient primary care facilities at a cost not to exceed \$6,627,734, which includes a 9% construction contingency.

EXECUTIVE SUMMARY

RENOVATION FOR OUTPATIENT BEHAVIORAL HEALTH CLINICS RELOCATED FROM WOMEN'S PAVILION WITH INTEGRATED OUTPATIENT PRIMARY CARE CLINICS 5th FLOOR OF MURAL PAVILLION NYC HEALTH + HOSPITALS/HARLEM HOSPITAL

OVERVIEW: NYC Health + Hospitals Harlem seeks to renovate 21,000 sq. ft. of shell-space on the 5th floor of its Mural Pavilion to expand Primary Care capacity, co-locate Behavioral Health and Primary Care, and also expand the capacity for sub-specialty services. The space will accommodate increased volume of DSRIP patients and create a patient-centered model to provide outpatient behavioral health and outpatient primary care services in one location. Structural efficiencies will increase capacity, reduce cycle time, and increase patient, partner, and staff satisfaction. The proposed work will both accomplish the relocation of functions from the Women's Pavilion, is slated for demolish to clear the site for the planned Public Health Laboratory construction, and, also achieve the DSRIP goal of integrating outpatient behavioral health services with outpatient primary care services.

NEED: The Department of Psychiatry at NYC Health + Hospitals/Harlem, which has served the community since 1962, is committed to innovation to deliver the best possible care to its patients using evidence-based best practices. A significant challenge in the management of chronic psychiatric disorders is the high rate of co-occurrence of chronic medical conditions. Conversely, studies have found a high rate of unrecognized and untreated depression and substance use disorders in primary care settings. Data from the OneCity Health DSRIP Community Needs Assessment confirmed "a correlation between behavioral health conditions and chronic physical illness with each condition typically treated in a silo with little service integration or communication between providers. Data indicate that of health homes eligible individuals aged 1 and older with a severe mental illness there is a high prevalence of chronic health conditions hypertension 39.1%, high cholesterol 41%, diabetes 35.3% asthma 52.4% CHF 22.1% and cardiovascular disease 33.2%." East Harlem residents experience more barriers to health care access than those in the City generally, with 3 in 10 without a regular doctor and more than 20% of residents visiting the emergency department for routine health care. Depression is a common and serious health problem that often goes undiagnosed but is treatable. Other treatable mental health problems, such as anxiety, affect many New Yorkers. The high number of hospitalizations for mental illness among East Harlem residents is one indication of the burden of mental illness there. In addition, in a recent telephone survey, 9% of adults in East Harlem - corresponding to about 7,000 people - reported experiencing serious emotional distress compared to 6% citywide. In addition, heavy drinking is responsible for many preventable illnesses, injuries, and deaths, including those caused by motor-vehicle crashes and other accidents, liver disease and cancer. These variables indicate the importance of co-locating mental health and primary care services at NYC Health + Hospitals/Harlem. Behavioral Health Services/Psychiatry at the Hospital proposes to address the following as part of this project:

- Inadequate infrastructure and capacity for the integration of primary care and mental health care

Page Two – Executive Summary
Harlem Behavioral Health

- Fragmented, non-coordinated care within the parts of the delivery system
- Significant reliance on episodic, physician encounters through emergency care for managing chronic diseases
- Lack of a continuum of care between mental health and primary care service delivery systems
- Inefficient internal processes and workflows
- The need for an effective mechanism to monitor, track and trend inpatient discharges and assess the 30 day re-hospitalization rate
- Insufficient attention to the patient's voice and experience

The reconfiguration of fifth floor of the Mural Pavilion will create a space for "one stop shopping," designed to promote the integration of behavioral health, substance abuse and primary care services collaborative care between primary care and behavioral health providers. Improved care coordination and care management will ensure that patients follow-up on linkages made during behavioral health and primary care visits. This co-location of behavioral health and primary care will also enhance providers' ability to improve:

- Screening and identification
- Management
- Engagement of patients

**VANGUARD
SCOPE:**

The project will involve construction of new offices or cubicles for the clinicians and support staff, a central registration area, interview rooms, space for intake evaluation, two waiting areas, seven new group rooms, a conference room, staff lounge with lockers, detox area with room for up to 6 stretchers with space for NP station, PYXSIS, new restrooms, a multipurpose/lunch room for CSS patients, and a one sided mirror interview room for student teaching with adjoining observation room.

COSTS:

The Vanguard contract will cost \$6,627,734 including a 9% construction contingency.

FINANCING:

State DSRIP capital will finance the Vanguard contract.

SCHEDULE:

The project is scheduled for completion in November 2019.

**LARGER
PROJECT:**

The Vanguard contract work is only a part of the larger construction project being undertaken to relocate the behavioral health clinic and integrate it with the primary care clinics and to empty the Women's Pavilion ahead of its demotion. Attached is a summary of the costs involved in the Behavioral Health clinic relocation and reconfiguration. As shown, the total cost of the Behavioral Health project is \$8,771,231 including the Vanguard contract.

General Construction				Capital	Pre Award	\$ 6,075,890	Vanguard	
Vanguard Construction						\$ 551,844.53	9%	
Construction Contingency						Total \$ 6,627,735	\$ 301.26	76%
Design / Engineering								
MJCL Architects				Capital	1726000-21	\$ 365,950		
						Total \$ 365,950	\$ 16.63	4%
Furniture								
WBwood				Capital	Proposal	\$ 375,943		
						Total \$ 375,943	\$ 17.09	4%
Special Inspections								
GPI				Capital	WO - 1715000-26	\$ 23,144		
						Total \$ 23,144	\$ 1.05	0%
Asbestos								
LIRO Testing				Capital	PO - HAR0013030 WO - 1911999-03	\$ 2,787		
						Total \$ 2,787	0.13	0%
Construction Manager								
TDX Construction Corp				Capital	PO - HAR0013906 WO - 1709000-07	\$ 620,433		
						Total \$ 620,433	\$ 28.20	7%
Movers								
Company XYZ				Non Capital	Scope Pending	\$ 50,000		
						Total \$ 50,000	\$ 2.27	1%
IT Vendors								
G systems				Capital	Proposal	\$ 368,825		
NEC				Capital	Proposal	\$ 6,708		
Cisco				Capital	Proposal	\$ 199,706		
Desktop Peripheral Devices				Capital	Proposal	\$ 130,000		
						Total \$ 705,239	\$ 32.06	8%
Current Total						\$ 8,771,231	\$ 398.69	100%

32160

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Clifton Mc Laughlin
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: July 19, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Vanguard Construction and Development Co., Inc., has submitted to the Supply Chain Services Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

☐ Minority Business Enterprise ☐ Woman Business Enterprise ☒ Non-M/WBE

Project Location(s): Bellevue Hospital Center

Contract Number: _____

Project: Upgrade of Operating Room "A"

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

1. ☒ Approved
2. ☐ Approved with follow-up review and monitoring
3. ☐ Not approved
4. ☐ Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

MWBE UTILIZATION PLAN

Contract No.: _____


INSTRUCTIONS: This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required in the IFB, RFP or RFQ. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward M/WBE utilization.

Contractor's Name, Address and Telephone No. Vanguard Construction and Development Co., Inc. 350 Fifth Ave. Ste. 5500 New York, NY 10118	Tax Identification No. 13-3316374	Contract Description Location Interior Construction at 506 Lenox Ave. New York, NY	MWBE Goals In Contract MBE 20 % WBE 10 %
--	--	--	--

NYS Certified M/WBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Tax ID. No.	NYS CERTIFIED		Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract
		MBE	WBE		
Unique Duct Work	26-1810018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HVAC Work	\$1,234,000.00
Silver Slate	45-1583835	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Millwork and Ceramic Tile Work	\$660,500.00
		<input type="checkbox"/>	<input type="checkbox"/>		

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature) 	Email Address mst@vanguardcon.com
Name and Title of Preparer (Print or Type) Michael J. Strauss	Telephone No. 212-594-7477 Date 04/26/19

FOR MWBE USE ONLY

Utilization Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No				Date
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Comments:		
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			

Vanguard Contract with Harlem Hospital

Public Health Lab (PHL) & Decanting of Women's
Pavilion (WP) - Vanguard

Board of Directors Meeting

May 30, 2019

Ebone Carrington, CEO Harlem

Mahendranath Indar, Senior Director Facility
Administration



Public Health Lab (PHL) Relocation

- Mayoral Initiative
 - EDC is lead Agency responsible for WP Demolition, PHL Construction
 - Bid documents being created currently
- To be located on campus of Harlem Hospital
- 230,000 sq. ft. multi story building
- Need to decant WP building is critical path project for H+H



Decanting WP - Funding

- NYC Capital - \$28,184,000
- NYSDOH Capital Restructuring Finance Program (CRFP) - \$9,191,500



Decanting WP - Projects

CRFP Funding

Behavioral Health Relocation

- Design - \$391,882.00
- CM – \$620,433.00
- **Construction – \$6,627,734.00***
- IT Equipment - \$705,239
- FFE – \$379,942.71
- Moving Costs - \$50,000.00
- **TOTAL - \$8,775,231.00**

*includes construction contingency

NYC Capital Funding

IT Data Center Relocation

- Design - \$276,959.00
- CM – \$426,912.00
- Construction – \$4,591,583.00*
- IT Equipment – \$4,538,037.00
- FFE - \$8,542.00
- Moving Costs - \$20,000.00
- **TOTAL - \$9,862,033.00**

*includes construction contingency

NYC Capital Funding

Support Services Relocation

- Design – in progress
- CM - TBD
- Construction - TBD
- FFE - TBD



Behavioral Health Relocation – Construction Contract

- Sourced via public bid
- Vanguard Construction Inc. was the lowest responsible bidder
- MWBE 30% goal achieved with sub-contractors
- Contract amount is \$6,075,890
- Contract Contingency is \$551,844
- Requesting Board Approval to enter into contract with Vanguard Construction Inc.



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three month revocable license agreement with T-Mobile Northeast LLC (the "Licensee") to operate a mobile cellular communications system on an approximately 750 square foot parcel of land located on the campus of the former Neponsit Health Care Center (the "Facility"), located at 67 Rockaway Beach Boulevard, Queens, at an occupancy fee of \$50,000 or \$267 per square foot.

WHEREAS, the Licensee will operate a cellular communications system mounted on a wheeled platform designed to provide enhanced cellular communications; and

WHEREAS, the Licensee will operate the system for an approximately three month period from Memorial Day through Labor Day of 2019 and will remove the equipment shortly after Labor Day; and

WHEREAS, the Licensee's cellular communications system complies with applicable federal statutes governing the emission of radio frequency signals, and therefore poses no health risk.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a three month revocable license agreement with T-Mobile Northeast LLC (the "Licensee") to operate a mobile cellular communications system on an approximately 750 square foot parcel of land located on the campus of the former Neponsit Health Care Center (the "Facility") located at 67 Rockaway Beach Boulevard, Queens, at an occupancy fee of \$50,000 or \$267 per square foot.

EXECUTIVE SUMMARY

LICENSE AGREEMENT T-MOBILE NORTHEAST LLC

THE FORMER NEPONSIT HEALTH CARE CENTER

The NYC Health and Hospitals Corporation (the "System") seeks Board of Director's authorization to execute a three month revocable license agreement with T-Mobile Northeast LLC ("T-Mobile") to operate a mobile cellular communications system on the campus of the former Neponsit Health Care Center ("Neponsit").

T-Mobile will operate a cellular communications system mounted on a wheeled platform designed to provide enhanced cellular communications. The system will be in operation for an approximately three month period from Memorial Day through Labor Day of 2019 and will be removed shortly after Labor Day. T-Mobile's equipment will be located on an approximately 750 square foot parcel of land located on the former Neponsit campus, located at 67 Rockaway Beach Boulevard, Queens. T-Mobile will pay an occupancy fee of \$50,000 or \$267 per square foot. T-Mobile's cellular communications system complies with applicable federal statutes governing the emission of radio frequency signals, and therefore poses no health risk.

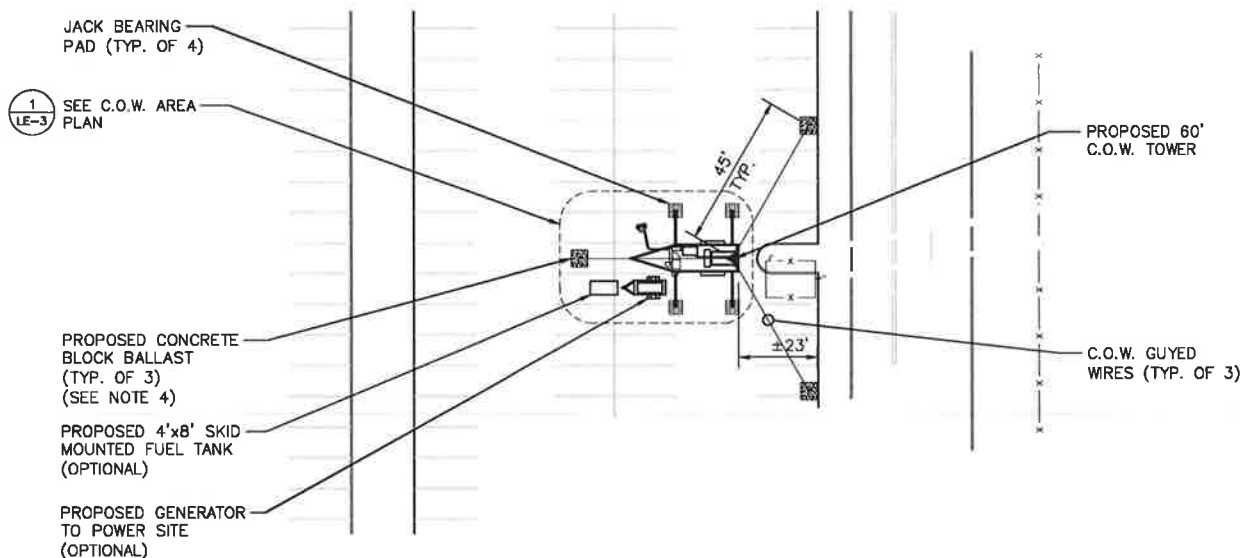
There are four commercial cellular systems with rooftop antennas operating at System facilities. The average monthly occupancy fee paid by these vendors is approximately \$5,360. The monthly occupancy fee of approximately \$16,670 to be paid by T-Mobile compares favorably to the fee received under existing agreements.

T-Mobile will indemnify and hold harmless the NYC Health and Hospitals Corporation and the City of New York from any and all claims arising out of its use of the licensed space, and shall provide appropriate insurance naming the NYC Health and Hospitals Corporation and the City of New York as additional insureds.

The term of this agreement shall not exceed approximately three months without further authorization by the Board of Directors and shall be revocable by either party upon fifteen days written notice.

Existing Commercial Antenna Sites

Site	Licensee	Monthly Occupancy Fee
Coler	T-Mobile	\$5,624
Lincoln	Sprint	\$8,041
Harlem	Con Edison	\$2,767



1
LE-2A ENLARGED AREA PLAN - OPTION 1
SCALE: N.T.S.

NOTES:

1. THIS DRAWING IS BASED ON DISCUSSIONS WHICH TOOK PLACE IN THE FIELD AND ON LIMITED FIELD MEASUREMENTS. THIS PLAN DOES NOT REPRESENT AN ACTUAL FIELD SURVEY.
2. THIS DRAWING IS CONCEPTUAL AND HAS BEEN PREPARED ONLY TO PROMOTE DISCUSSIONS BETWEEN THE LESSOR AND THE LESSEE.
3. DO NOT SCALE THIS DRAWING.
4. CONCRETE BALLAST TO BE INSTALLED AS PER MANUFACTURER'S SPECIFICATIONS AND SHALL BE DESIGNED FOR A MAXIMUM WIND SPEED OF 75 MPH IN ACCORDANCE WITH IBC 2015 (NJ EDITION) SECTION 3103 (TEMPORARY STRUCTURES).

NOTE:
THIS DRAWING HAS BEEN REDUCED TO FIT ON AN
8 1/2"x11" SHEET OF PAPER. DO NOT SCALE.

FPA
FRENCH & PARRELLO
—ASSOCIATES—
1800 Route 34, Suite 101 • Wall, New Jersey 07719
or 732.312.9800 f: 732.312.9801

PROJECTION:
9251.006
DRAWN BY
R.P.J.
APPROVED/CHECKED BY
P.J.T.

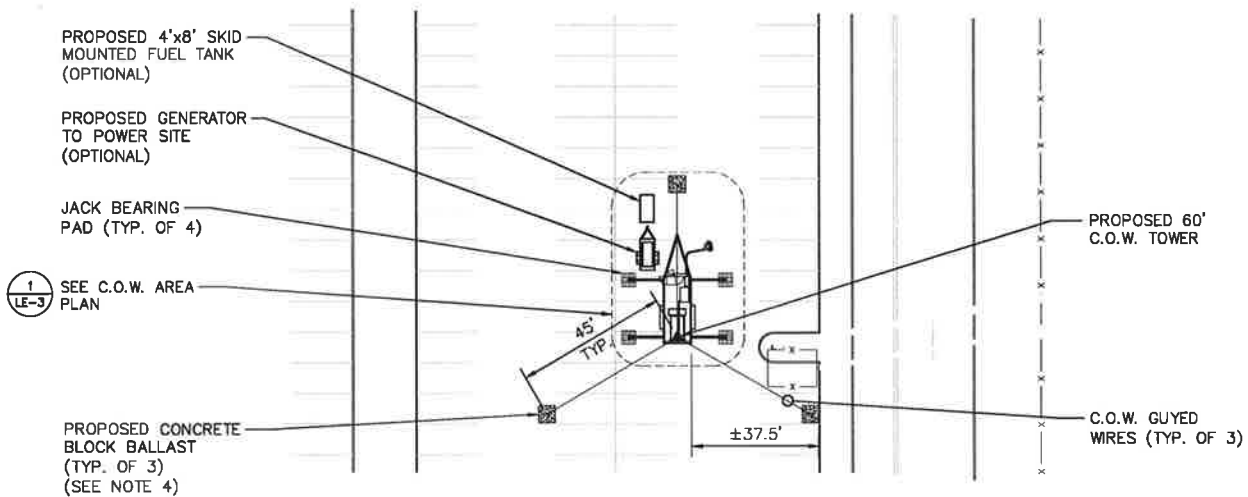
...T...MOBILE
NORTHEAST LLC
a Delaware Limited Liability Company

4 SYLVAN WAY, PARSIPPANY, NJ 07054

THIS DOCUMENT IS THE PROPERTY AND COPYRIGHTED WORK OF
T-MOBILE NORTHEAST, LLC. ANY DUPLICATION OR USE WITHOUT
A WRITTEN PERMISSION IS STRICTLY PROHIBITED.

DRAWING TITLE:
LEASE EXHIBIT

1	11/03/16
0	10/31/16
REVISION#	DATE#
SITE #: NJCLT15	
DRAWING NO.:	REV#:
LE-2A	1



1
LE-2B ENLARGED AREA PLAN - OPTION 2
SCALE: N.T.S.

NOTES:

1. THIS DRAWING IS BASED ON DISCUSSIONS WHICH TOOK PLACE IN THE FIELD AND ON LIMITED FIELD MEASUREMENTS. THIS PLAN DOES NOT REPRESENT AN ACTUAL FIELD SURVEY.
2. THIS DRAWING IS CONCEPTUAL AND HAS BEEN PREPARED ONLY TO PROMOTE DISCUSSIONS BETWEEN THE LESSOR AND THE LESSEE.
3. DO NOT SCALE THIS DRAWING.
4. CONCRETE BALLAST TO BE INSTALLED AS PER MANUFACTURER'S SPECIFICATIONS AND SHALL BE DESIGNED FOR A MAXIMUM WIND SPEED OF 75 MPH IN ACCORDANCE WITH IBC 2015 (NJ EDITION) SECTION 3103 (TEMPORARY STRUCTURES).

NOTE:
THIS DRAWING HAS BEEN REDUCED TO FIT ON AN 8 1/2"x11" SHEET OF PAPER. DO NOT SCALE.

FPA
FRENCH & PARRELLO
ASSOCIATES
1800 Route 34, Suite 101 • Wall, New Jersey 07719
o: 732.312.9800 f: 732.312.9801

PROJECT#
9251.006
DRAWN BY
R.P.J.
APPROVED/CHECKED BY
P.J.T.

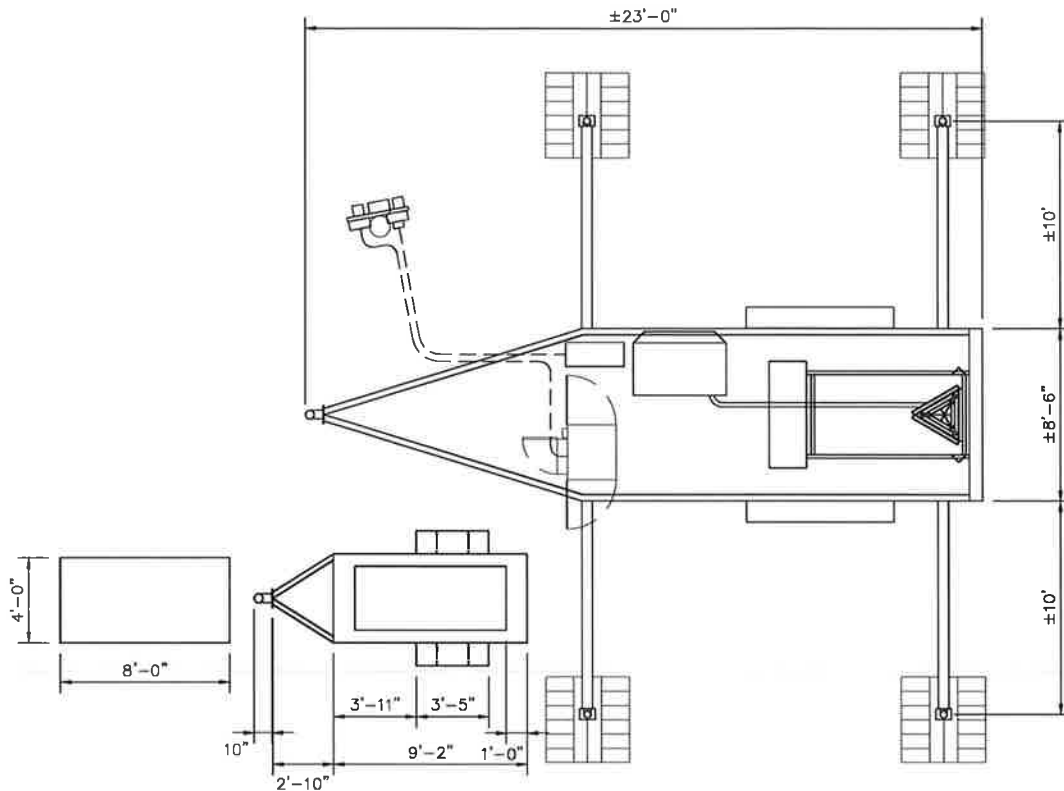
...T...MOBILE...
NORTHEAST LLC
a Delaware Limited Liability Company

4 SYLVAN WAY, PARSIPPANY, NJ 07054

THIS DOCUMENT IS THE PROPERTY AND COPYRIGHTED WORK OF TARIFF & NORTHEAST, LLC. ANY REPLICATION OR USE WITHOUT EXPRESS WRITTEN CONSENT IS STRICTLY PROHIBITED.

DRAWING TITLE:
LEASE EXHIBIT

1	11/03/16
0	10/31/16
REVISION#	DATE#
SITE ID: NJCLT15	
DRAWING NO.	REV. #
LE-2B	1



1 C.O.W. AREA PLAN
LE-3 SCALE: N.T.S.

NOTES:

1. THIS DRAWING IS BASED ON DISCUSSIONS WHICH TOOK PLACE IN THE FIELD AND ON LIMITED FIELD MEASUREMENTS. THIS PLAN DOES NOT REPRESENT AN ACTUAL FIELD SURVEY.
2. THIS DRAWING IS CONCEPTUAL AND HAS BEEN PREPARED ONLY TO PROMOTE DISCUSSIONS BETWEEN THE LESSOR AND THE LESSEE.
3. DO NOT SCALE THIS DRAWING.

C.O.W. TOWER DETAILS:

MANUFACTURER: US TOWER CORPORATION
PRODUCT: GUYED MOBILE TOWER UNIT
PRODUCT ID: MTU3107MDPL (LOW PROFILE)

NOTE:
THIS DRAWING HAS BEEN REDUCED TO FIT ON AN 8 1/2"x11" SHEET OF PAPER. DO NOT SCALE.

FPA
FRENCH & PARRELLO
ASSOCIATES
1800 Route 34, Suite 101 • Wall, New Jersey 07718
o: 732.312.9800 f: 732.312.9801

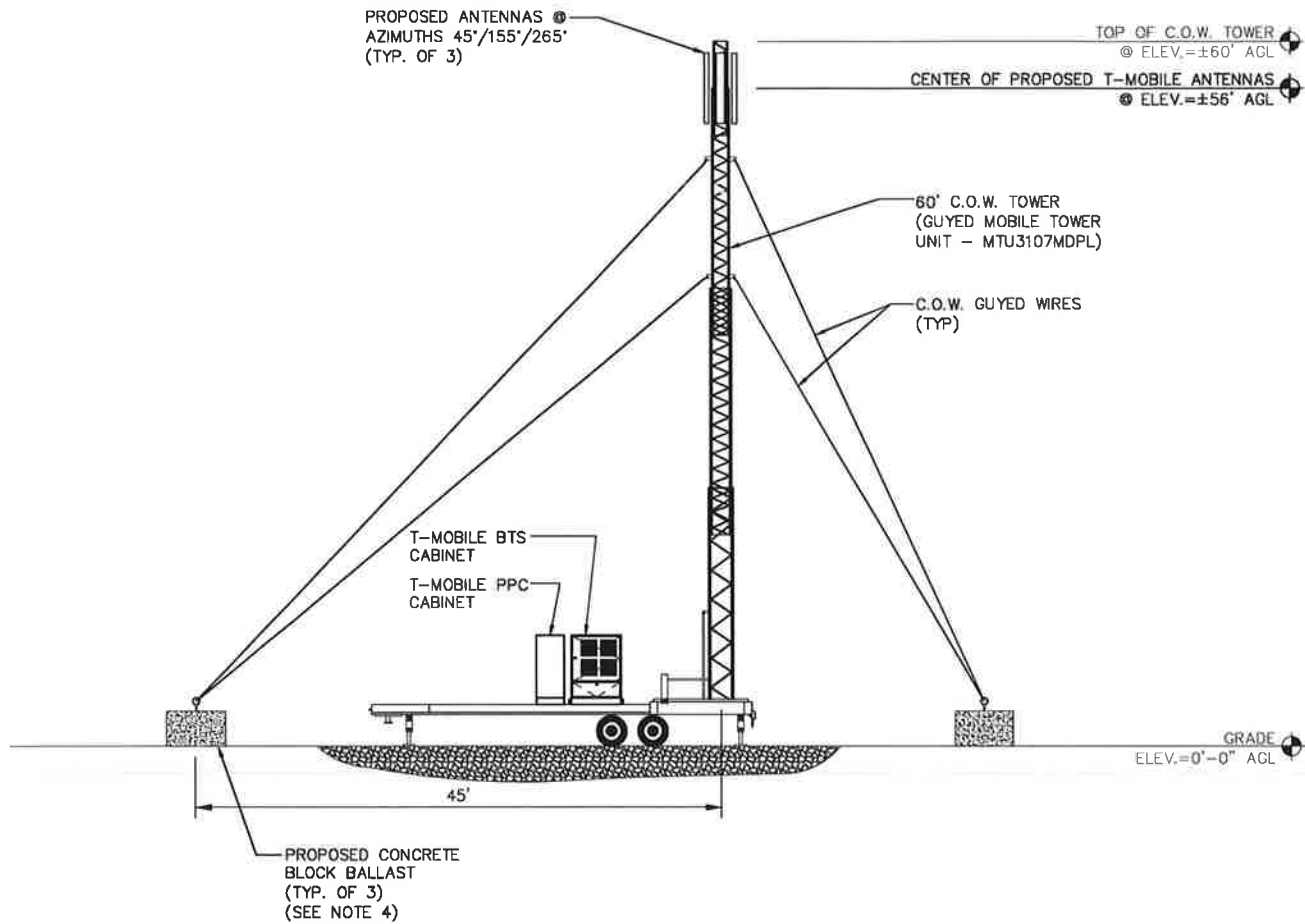
PROJECT#
9251.006
DRAWN BY
R.P.J.
APPROVED/CHECKED BY
P.J.T.

MOBILE
NORTHEAST LLC
a Delaware Limited Liability Company
4 SYLVAN WAY, PARSIPPANY, NJ 07054

THIS DOCUMENT IS THE PROPERTY AND COPYRIGHTED WORK OF T-MOBILE NORTHEAST, LLC. ANY DUPLICATION OR USE WITHOUT EXPRESS WRITTEN CONSENT IS STRICTLY PROHIBITED.

DRAWING TITLE:
LEASE EXHIBIT

1	11/03/16
0	10/31/16
REVISION#	DATE#
SHEET# NJCLT15	
DRAWING NO.	REV.
LE-3	1



1 ELEVATION
LE-4 SCALE: N.T.S.

NOTES:

1. THIS DRAWING IS BASED ON DISCUSSIONS WHICH TOOK PLACE IN THE FIELD AND ON LIMITED FIELD MEASUREMENTS. THIS PLAN DOES NOT REPRESENT AN ACTUAL FIELD SURVEY.
2. THIS DRAWING IS CONCEPTUAL AND HAS BEEN PREPARED ONLY TO PROMOTE DISCUSSIONS BETWEEN THE LESSOR AND THE LESSEE.
3. DO NOT SCALE THIS DRAWING.
4. CONCRETE BALLAST TO BE INSTALLED AS PER MANUFACTURER'S SPECIFICATIONS AND SHALL BE DESIGNED FOR A MAXIMUM WIND SPEED OF 75 MPH IN ACCORDANCE WITH IBC 2015 (NJ EDITION) SECTION 3103 (TEMPORARY STRUCTURES).

NOTE:
THIS DRAWING HAS BEEN REDUCED TO FIT ON AN
8 1/2"x11" SHEET OF PAPER. DO NOT SCALE.

FPA
FRENCH & PARRELLO
ASSOCIATES
1800 Route 34, Suite 101 • Wall, New Jersey 07718
o: 732.312.9800 f: 732.312.9801

PROJECT#
9251.006
DRAWN BY
R.P.J.
APPROVED/CHECKED BY
P.J.T.

T-MOBILE
NORTHEAST LLC
a Delaware Limited Liability Company

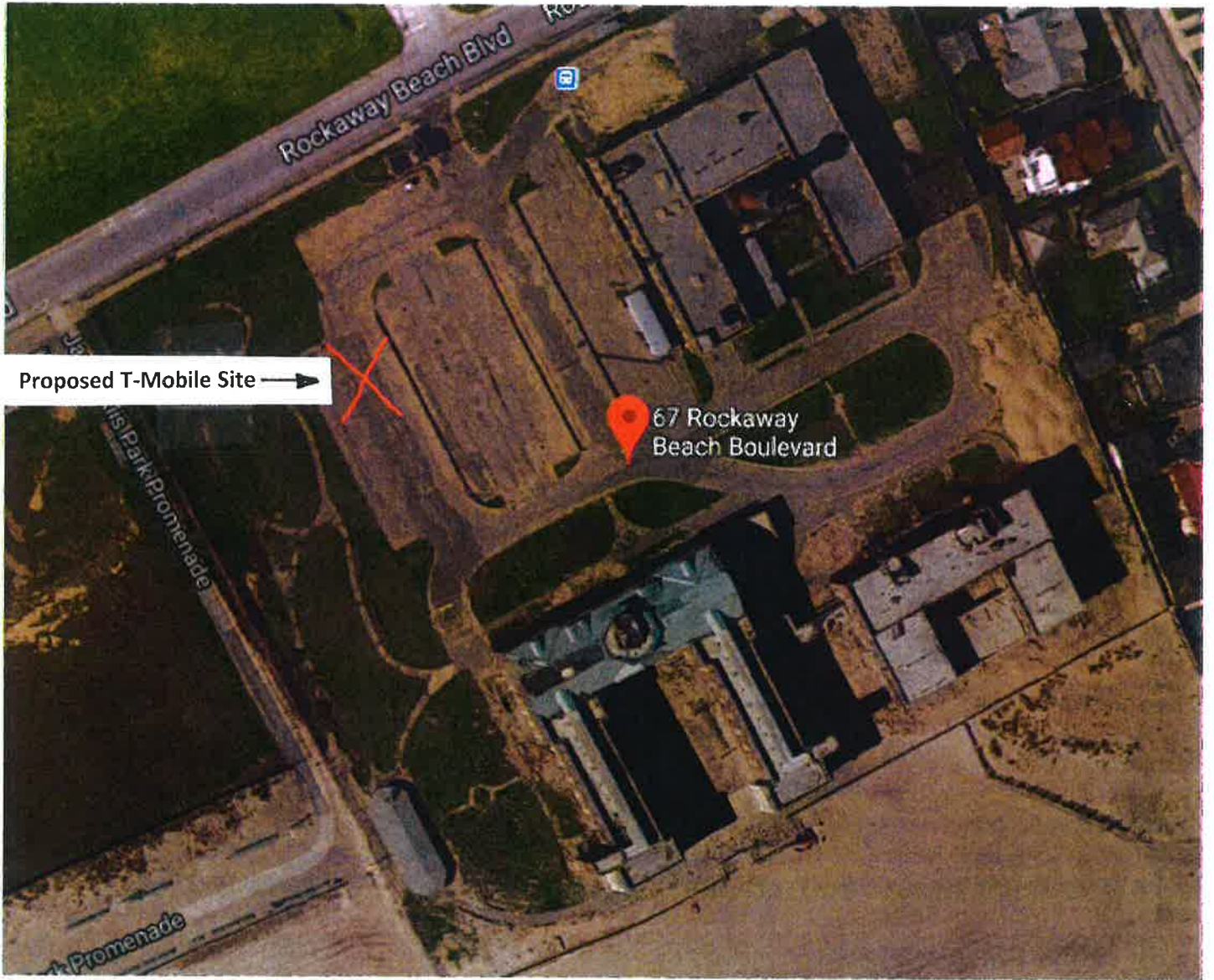
4 SYLVAN WAY, PARSIPPANY, NJ 07054

THIS DOCUMENT IS THE PROPERTY AND COPYRIGHTED WORK OF
T-MOBILE NORTHEAST, LLC. ANY REPLICATION OR USE WITHOUT
EXPRESS WRITTEN PERMISSION IS STRICTLY PROHIBITED.

DRAWING TITLE:

LEASE EXHIBIT

1	11/03/16
0	10/31/16
REVISION#	DATE#
SITE ID#	NJCLT15
DRAWING NO.	REV#
LE-4	1



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Jemco Electrical Contractors (the "Contractor") in the amount of \$10,000,000 to provide general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a two year term.

WHEREAS, NYC Health + Hospitals requires general construction services throughout NYC Health + Hospitals; and

WHEREAS, NYC Health + Hospitals has determined that the need for such services can be best met by utilizing outside firms, on an as-needed basis through a requirements contract; and

WHEREAS, in accordance with Operating Procedure No. 100-5 requests for competitive bids were solicited, bids were received, bids were publicly opened on February 21, 2019 and the NYC Health+ Hospitals determined that the Contractor was among the lowest responsible, responsive bidders; and

WHEREAS, the proposed contract is one of three that NYC Health + Hospitals proposes to execute pursuant to this solicitation; and

WHEREAS, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services; and

WHEREAS, the overall responsibility for the administration of the proposed contract shall be with the Vice President, Facilities Development.

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Jemco Electrical Contractors in the amount of \$10,000,000 to provide general construction services for on an as-needed basis at various facilities throughout NYC Health + Hospitals over a term of two years.

**EXECUTIVE SUMMARY
JOB ORDER CONTRACT
JEMCO ELECTRICAL CONTRACTOR (GENERAL CONSTRUCTION)**

CONTRACT SCOPE: General construction services

NEED: NYC Health + Hospitals facilities need general construction services. Due to fluctuating demands, smaller projects can best be handled by outside firms on an as-needed basis through requirements contracts.

TERMS: The Contractor will perform pursuant to base rates established in its bid. Additionally, job order proposal for individual projects will be informally submitted and compared to competing proposals from other requirements contractors before individual project work is awarded.

FINANCING: Financing will be established on a project by project basis.

CONTRACT DURATION: Two Years

BIDS RECEIVED:

Contractor	Award Criteria
Jemco Electrical Contractors	0.9382
DRL Services LLC	1.0100
Volmar Construction	1.0210
D&S Restoration	1.1400
Gridspan Corp.	1.2594

**SIMILAR
EXPERIENCE:**

OM Properties	Momut Group
Building Upgrade	General Construction
Completed Amount: \$2.3M	Completed Amount: \$3M

H+H EXPERIENCE: NYC Health & Hospitals – Gouverneur
General Construction Work
Completed:
Amount: \$1,200,000

CONTRACT AMOUNT: \$10,000,000

VENDEX APPROVAL: Approved

EEO APPROVAL: Approved

MWBE STATUS: Not MWBE certified; subcontractor list to comply with 30% MWBE requirement.

31312G

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Clifton Mc Laughlin
Office of Facilities Development
Contract Services

FROM: Keith Tallbe KT

DATE: June 19, 2018

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **JEMCO Electrical Contractors, Inc.**, has submitted to the Supply Chain Services Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

☐ Minority Business Enterprise ☐ Woman Business Enterprise ☒ Non-M/WBE

Project Location(s): Various Locations

Contract Number: _____

Project: Electrical Service at Various NYC
Health + Hospitals Facilities City-wide

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

1. ☒ Approved
2. ☐ Approved with follow-up review and monitoring
3. ☐ Not approved
4. ☐ Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srp

Exhibit "B" – Bidders M/WBE UTILIZATION PLAN

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Bidders' Name:	JEMCO Electrical Contractors, Inc.	Location:	Harlem Hospital
Address:	271 42nd Street- Brooklyn, NY 11232	Project:	MDF and Data Closets Upgrade Phase I
		Bid Dollar Value:	\$3,992,680.45
Telephone No:	718-658-9500	Solicitation No:	

Instructions: The apparent low bidder shall submit required M/WBE utilization forms to the Contract Manager, 55 Water Street, 25th Floor, New York, NY 10041 by close of business on the due date. Any changes to this Utilization Plan will require a new submission of this form.

NAME, ADDRESS, TELE. NO OF M/WBE (INCLUDING NAME OF CONTACT PERSON) FEDERAL ID NO. OR SOCIAL SECURITY NO	INDICATE WHETHER *M/WBE AND BY STATE CERTIFICATION	DESCRIPTION OF WORKS PRODUCTS AND/OR SVCE. TO BE PROVIDED	DESCRIPTION OF WORKS PRODUCTS AND/OR SVCE. TO BE PROVIDED	PROPOSED AMOUNT OF MBE OR WBE SUBCONTRACTED	MWBE – OF TOAL CONTRACT PRICE
Cardoza Plumbing	MBE	Plumbing		\$24,195.00	0.606%
Tedco Group Inc	MBE	HVAC		\$948,148.00	23.747%
Turtle and Hughes	WBE	Electrical material		\$155,105.00	3.885%
Grant Supplies	WBE	Electrical material		\$50,000.00	1.252%
Park Avenue Building Materials	MBE	Electrical Material		\$90,000	2.254%
Deutscher & Daughter	WBE	Door Fabrication/install		\$10,000	0.250%

MWBE UTILIZATION PLAN

Contract No.: _____


INSTRUCTIONS: This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required in the IFB, RFP or RFQ. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward M/WBE utilization.

Contractor's Name, Address and Telephone No. JEMCO Electrical Contractors, Inc. 271 42 nd Street- Brooklyn, NY 11232 718-658-9500		Tax Identification No. 11-3016075	Contract Description Location Harlem Hospital MDF and Data Closets Upgrade Phase 1	M/WBE Goals In Contract MBE % WBE %
--	--	--	--	---

NYS Certified M/WBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Tax ID. No.	NYS CERTIFIED		Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract
		MBE	WBE		
Cardoza Plumbing 514 Grand Blvd- Westbury, NY 11590 516-876-6900 marie@cardozaplumbing.com	113510499	X		Plumbing	\$24,195.00
Tedco Group Inc 110 Stonehurst Lane- Dix Hills, NY 11746 631-291-2102 frank@tedcomechanical.com	273075249	X		HVAC	\$948,148.00
Turtle and Hughes 110 W 30 th Street Unit 2A New York, NY 10001 908-756-9110 costa@turtle.com	135444820		X	Electrical material	\$155,105.00

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the M/WBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract. .

Prepared By (Signature) 	Email Address thomas@jemcoelectrical.com
Name and Title of Preparer (Print or Type) Thomas Rallis	Telephone No. 718-658-9500 Date 4-25-19

FOR MWBE USE ONLY				
Utilization Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No				Date
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Comments:	
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No		Date		

MWBE UTILIZATION PLAN

Contract No.: _____

INSTRUCTIONS: This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required in the IFB, RFP or RFQ. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward M/WBE utilization.

Contractor's Name, Address and Telephone No. JEMCO Electrical Contractors, Inc. 271 42 nd Street- Brooklyn, NY 11232 718-658-9500		Tax Identification No. 11-3016075	Contract Description Location Harlem Hospital MDF and Data Closets Upgrade Phase 1	M/WBE Goals In Contract MBE % WBE %
--	--	--	--	---

NYS Certified M/WBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Tax ID. No.	NYS CERTIFIED		Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract
		MBE	WBE		
Grant Electrical Supplies 39-15 21 st Street- Long Island City, NY 11101 718-729-2373 tiffany@grantep.com	112816565		X	Electrical material	\$50,000.00
Park Avenue Building Materials 2120 Atlantic Ave- Brooklyn, NY 11233 718-403-0100 npearson@parkavebuilding.com	113469852	X		Electrical material	\$90,000.00
Deutscher and Daughter 105-07 150 th Street- Jamaica, NY 11435 718-291-5600 Josh.deutscher@dddoors.com	113012628		X	Door fabrication/install	\$10,000.00

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the M/WBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature) 	Email Address thomas@jemcoelectrical.com
Name and Title of Preparer (Print or Type) Thomas Rallis	Telephone No. 718-658-9500 Date 4-25-19

FOR M/WBE USE ONLY				
Utilization Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No				Date
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments:		
Date				
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No		Date		

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Rashel Construction Corporation (the "Contractor") in the amount of \$10,000,000 to provide general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a term of two years.

WHEREAS, NYC Health + Hospitals requires general construction services from time to time for small projects throughout NYC Health + Hospitals; and

WHEREAS, NYC Health + Hospitals has determined that the need for such services can be best met by utilizing outside firms, on an as-needed basis on smaller jobs through a requirements contract; and

WHEREAS, in accordance with Operating Procedure 100-5 requests for competitive bids were solicited, bids were received, bids were publicly opened on February 19, 2019 and NYC Health + Hospitals determined that the Contractor submitted one of the lowest responsive bids from a responsible bidder; and

WHEREAS, the proposed contract is one of three that NYC Health + Hospitals proposes to execute pursuant to this solicitation; and

WHEREAS, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services; and

WHEREAS, the overall responsibility for the administration of the proposed contract shall be with the Vice President, Facilities Development.

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Rashel Construction Corporation in the amount of \$10,000,000 to provide general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a term of two years.

**EXECUTIVE SUMMARY
JOB ORDER CONTRACT
RASHEL CONSTRUCTION CORPORATION (GENERAL CONSTRUCTION)**

CONTRACT SCOPE: General Construction Services

NEED: NYC Health + Hospitals facilities need general construction services. Due to fluctuating demands, smaller projects can best be handled by outside firms on an as-needed basis through requirements contracts.

CONTRACT DURATION: Two Years

TERMS: The Contractor will perform pursuant to base rates established in its bid. Additionally, job order proposal for individual projects will be informally submitted and compared to competing proposals from other requirements contractors before individual project work is awarded.

BIDS RECEIVED:	Contractor	Award Criteria
	Rashel Construction Corporation	0.8342
	Carefree Improvements	1.0135
	DRL Services LLC JV Nadiad	1.0980
	Volmar Construction	1.1050
	Jemco Electrical Contractors	1.1475
	Gridspan Corp.	1.3971

SIMILAR EXPERIENCE:		
	DASNY, Lehman Bookstore Reno.	NYCDAO-District Attorney Office
	General Construction	General Construction
	Completed: 2018	Completed: 2011
	Amount: \$ 3,461,168	Amount: \$1,787,741

H+H EXPERIENCE: General Construction Requirements Contract for GC
Work at Various Locations
Completed: 2018
Amount: \$10,000,000

CONTRACT AMOUNT: \$10,000,000

FINANCING: Financing will be established on a project by project basis.

VENDEX APPROVAL: Approved

EEO APPROVAL: Approved

MWBE STATUS: Certified MWBE vendor

31124G

Keith Tallbe
Senior Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Clifton Mc Laughlin
Office of Facilities Development
Contract Services

FROM: Keith Tallbe KT

DATE: March 29, 2019

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Rashel Construction Corp., has submitted to the Supply Chain Services Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

☒ Minority Business Enterprise [] Woman Business Enterprise [] Non-M/WBE

Project Location(s): Various Locations

Contract Number: _____

Project: Job Order Contract – GC1 - Work

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

1. ☒ Approved
2. ☐ Approved with follow-up review and monitoring
3. ☐ Not approved
4. ☐ Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srp



Division of Economic and Financial Opportunity

MBE Certificate

Rashel Construction Corporation

This certificate acknowledges that this company has met the criteria as established by the MBE Program at the New York City Department of Small Business Services and is therefore certified as a Minority-owned Business Enterprise (MBE).

Certificate Number: MWCERT-2709

Expires on:

12/30/2021

Bill de Blasio, Mayor

Gregg Bishop, Commissioner

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Carefree Improvements (the "Contractor") in the amount of \$10,000,000 to provide construction services for general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a term of two years.

WHEREAS, NYC Health + Hospitals requires general construction services from time to time for small projects throughout NYC Health + Hospitals; and

WHEREAS, NYC Health + Hospitals has determined that the needs for such services can be best met by utilizing outside firms, on an as-needed basis on smaller jobs through a requirements contract; and

WHEREAS, in accordance with Operating Procedure 100-5 requests for competitive bids were solicited, bids were received, bids were publicly opened on February 20, 2019 and NYC Health + Hospitals determined that the Contractor submitted one of the lowest responsible bidder for this contract; and

WHEREAS, the proposed contract is one of three that NYC Health + Hospitals proposes to execute pursuant to this solicitation; and

WHEREAS, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

WHEREAS, the overall responsibility for the administration of the proposed contract shall be with the Vice President, Facilities Development.

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Carefree Improvements in the amount of \$10,000,000 to provide general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a two year period.

**EXECUTIVE SUMMARY
JOB ORDER CONTRACT
CAREFREE IMPROVEMENTS (GENERAL CONSTRUCTION)**

CONTRACT SCOPE: Construction Services for General Construction Work

NEED: NYC Health + Hospitals facilities need general construction services. Due to fluctuating demands, smaller projects can best be handled by outside firms on an as-needed basis through requirements contracts.

CONTRACT DURATION: 2 Years

BIDS RECEIVED:

Contractor	Award Criteria
Carefree Improvements	0.9000
Volmar Construction	1.0200
DRL Services LLC	1.0940
Gridspan Corporation	1.2594

SIMILAR EXPERIENCE:

OM Properties	Momut Group
Building Upgrade – Bronx/Bklyn	General Construction
Completed:	Completed:
Amount: \$2,300,000	Amount: \$3,000,000

H+H EXPERIENCE:

NYC Health & Hospitals – Gouverneur
General Construction Work
Completed:
Amount: \$1,200,000

CONTRACT AMOUNT: \$10,000,000

VENDEX APPROVAL: Approved

EEO APPROVAL: Approved

MWBE STATUS: Certified MWBE Vendor

31308G

Keith Tallbe
Senior Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Clifton Mc Laughlin
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: March 29, 2019

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Care Free Alarms, Inc., has submitted to the Supply Chain Services Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

☒ Minority Business Enterprise [] Woman Business Enterprise [] Non-M/WBE

Project Location(s): Various Locations

Contract Number: _____

Project: Job Order Contract – GC Work

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

1. ☒ Approved
2. ☐ Approved with follow-up review and monitoring
3. ☐ Not approved
4. ☐ Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srp

CLOSE WINDOW

[Print](#)

Business & Contact Information

BUSINESS NAME

Care Free Alarms, Inc., DBA Care Free Improvements

OWNER

Mr. Jorge Ramirez

ADDRESS

**100 Sagamore Drive
Syosset, NY 11791**[Map This Address](#)

PHONE

516-445-2765

FAX

516-558-7127

EMAIL

kare69free@yahoo.com

Certification Information

CERTIFYING AGENCY

New York State

CERTIFICATION TYPE

MBE - Minority Business Enterprise

CERTIFICATION DATE

3/31/2015CERTIFIED BUSINESS
DESCRIPTION**Care Free Alarms, Inc. provides all services in the area of Commercial and Institutional Building Construction; Bricklaying; Carpentry and Floor Work; Ceiling Contractors; Concrete Work; Curb Construction; Grading; Masonry; Roofing; Sheet Rock Work; Sidewalk Construction; Siding - Aluminum or Vinyl; Thermal Protection and installation; Window Installation; Wood Framing and Woodworking - Installation.**

Commodity Codes

Code

Description

CSI 031100

Concrete Forming

CSI 040

Masonry Maintenance, Treatment, Schedules & Commissioning

CSI 042113

Brick Masonry

CSI 061053

Miscellaneous Rough Carpentry

CSI 061100

Wood Framing

CSI 062023

Interior Finish Carpentry

CSI 074

Roofing and Siding Panels

CSI 080150	Operation and Maintenance of Windows
CSI 090150	Maintenance of Ceilings
CSI 092100	Plaster and Gypsum Board Assemblies
CSI 321623	Sidewalks
ESD C-0075	BRICKLAYING
ESD C-0102	CARPENTRY AND FLOOR WORK
ESD C-0155	CONCRETE WORK
ESD C-0419	MASONRY
ESD C-0540	WOODWORKING - INSTALLATION
ESD C-0567	ROOFING
ESD C-0590	SHEET ROCK WORK
ESD C-0598	SIDEWALK CONSTRUCTION
ESD C-0736	WINDOW INSTALLATION
ESD C-0768	CEILING CONTRACTORS
ESD C-0971	SIDING - ALUMINUM OR VINYL
ESD C-2139	WOOD FRAMING
ESD F-0660	THERMAL PROTECTION AND INSTALLATION
NAICS 236220	Commercial and Institutional Building Construction
NAICS 2381	Foundation, Structure, and Building Exterior Contractors
NAICS 238130	Framing contractors
NAICS 238140	Masonry Contractors
NAICS 238160	Roofing contractors
NIGP 90984	Thermal and Moisture Protection Services
NIGP 91001	Acoustical Ceilings and Walls: Cleaning, Installation, Restoration, Maintenance and Repair Services, Including Panel Wall Systems
NIGP 91075	Wall and Ceiling Maintenance, Repair and Replacement Services, Including Drywalling
NIGP 91079	Windows, Metal, Installation, Maintenance and Repair Services
NIGP 91347	Construction, Sidewalk and Driveway, Including Pedestrian and Handicap Ramps
NIGP 91427	Carpentry
NIGP 91430	Concrete
NIGP 91455	Masonry
NIGP 91473	Roofing and Siding
NIGP 91488	Wood, Includes Architectural Woodwork

Additional Information

WORK DISTRICTS/REGIONS	Long Island NYC Mid-Hudson
INDUSTRY	Construction
BUSINESS SIZE	\$1,000,000 - \$4,999,999
GENERAL LOCATION	Downstate New York
LOCATION	Long Island

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$17,605,000 for construction services necessary for the reconstruction of the exterior façade and the re-roofing of the "P" Building (the "Project") at NYC Health + Hospitals / Kings County Hospital Center (the "Facility").

WHEREAS, the "P" Building was constructed in 1955. Currently, this building is listed as unsafe and an extensive side walk shed has been installed until the rehabilitation work is completed; and

WHEREAS, the limestone panels have exhibited warping, shifting, cracking and spalling creating unsafe conditions; and

WHEREAS, there is bulging and cracking of face brick of the East Elevations due to missing wall tiles at spandrels and roof parapets; and

WHEREAS, there is ageing and falling of all sealants around stone cladding and windows leading to water infiltrations; and

WHEREAS, in order to comply with the requirements of Local Law 11, and to maintain a safe environment for staff, patients and the surrounding community, the above referenced reconstruction must be completed as soon as possible; and

WHEREAS, completion of the exterior façade reconstruction will remove the listed unsafe condition; and

WHEREAS, in conjunction with the code correction project, the facility's 15,000 sq. ft. roof has not been replaced since the building was built over 64 years, and has been deteriorated to a state that must be replaced; and

WHEREAS, the revision of Operating Procedure 100-5 requires that construction projects with budgets of \$5 million or more shall receive approval of the Board of Directors through Capital Committee; and

WHEREAS, the proposed total project budget, inclusive of all contingencies, is estimated to be \$17,605,000 million; and

WHEREAS, the overall management of the construction contract will be under the direction of the Vice President - Facilities Development.

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$17,605,000 for construction services necessary for the reconstruction of the exterior façade and the re-roofing of the "P" Building (the "Project") at NYC Health + Hospitals / Kings County Hospital Center (the "Facility")

EXECUTIVE SUMMARY

BUILDING "P" FAÇADE REMEDIATION, LOCAL LAW 11 AT NYC HEALTH + HOSPITALS / KINGS COUNTY HOSPITAL

OVERVIEW: NYC Health + Hospitals is seeking to reconstruct the exterior façade of the "P" Building NYC Health + Hospitals / Kings County. The exterior façade rehabilitation and roof replacement project was designed, estimated, and bid, in accordance with the NYC Health + Hospitals Operating Procedure 100-5. The project construction cost is not-to-exceed \$17,605,000.

NEED: The "P" Building was constructed in 1955. Currently, this building is listed as unsafe and an extensive sidewalk shed had been installed and maintained until the rehabilitation work can be completed. The "P" Building is a steel framed building with concrete floors. The east and west facades are clad with brick and limestone and the north and south facades are clad with limestone on the columns and spandrels with windows and curtain walls. The east façade is devoid of windows and is just face brick. The subject building has a history of various repair campaigns related to problems with brickwork on the east wall and limestone cladding at the column lines and facades around the rest of the building. Completion of the exterior façade reconstruction will remove the listed unsafe conditions and will meet the requirements of Local Law 11.

In addition, the present roofs of the P Building are the original roofs from 1955 when the building was constructed and have never been replaced. The 15,000 square feet of roofs have deteriorated to a state where they must be replaced. As the building is to start the reconstruction of the exterior façade, this is an opportune time to also replace the roofs.

SCOPE: The scope of work for the combined project includes the following:

P Building summary of building envelope waterproofing and restoration work

- Façade panel cladding and stone and brick replacement
 - Window and curtain wall replacement
 - Parapet reconstruction and spandrel beam restoration
 - Stone column cladding restoration
 - Replacement of main roofs, and bulkhead and setback roofs.
 - Replacement of all roof equipment and perimeter flashings
 - Fume Hood Exhaust Duct Extensions and new curbs for roof flashing
 - Steel lintel restoration and/or replacement
 - Concrete beam and column repairs
 - Concrete Deck Repair
 - Railings and Guardrail Replacement
 - Garden Wall Reconstruction and Restoration
 - ACM abatement and air-monitoring
 - Steel Fences and Gates
 - Steel Coating
 - Masonry pointing
-
- ❖ Bid construction work as required by NYC Health + Hospitals Operating Procedure 100-5.
 - ❖ Review all bids for completion, award and start construction.
 - ❖ The selected vendor Neelam is a certified MWBE vendor.

Page Two – Executive Summary
Project Approval – Kings County Hospital Center – “P” Building

COSTS: \$17,605,000

FINANCING: General Obligation Bonds

SCHEDULE: The combined project is scheduled for completion in 2021.

32223

Keith Tallbe
Senior Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Jannet Olivera, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 5, 2018

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Neelam Construction Corp.**, has submitted to the Supply Chain Services Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

☒ Minority Business Enterprise [] Woman Business Enterprise [] Non-M/WBE

Project Location(s): Kings County Hospital

Contract Number: _____

Project: Building P Façade Remediation Local
Law 11 - Compliance

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

1. ☒ Approved
2. ☐ Approved with follow-up review and monitoring
3. ☐ Not approved
4. ☐ Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srp

CLOSE WINDOW

[Print](#)

Business & Contact Information

BUSINESS NAME	Neelam Construction Corp.	
OWNER	Mr. Kanti Bhanderi	
ADDRESS	163 A. Paris Avenue Northvale, NJ 07647	Map This Address
PHONE	201-768-2213	
FAX	201-768-2548	
EMAIL	neelam1238@aol.com	
WEBSITE	www.neelamconstruction.com	

Certification Information

CERTIFYING AGENCY	New York State
CERTIFICATION TYPE	MBE - Minority Business Enterprise
CERTIFICATION DATE	11/30/2016
CERTIFIED BUSINESS DESCRIPTION	General Contractors - Masonry, Carpentry, Painting, Plastering, Concrete, Brickwork, Doors, Hardware, Roofs, Windows and Flooring

Commodity Codes

Code	Description
NAICS 236118	Remodeling and renovating general contractors, residential
NAICS 236220	Addition, alteration and renovation general contractors, commercial and institutional building
NAICS 238990	All Other Specialty Trade Contractors
NIGP 90937	Doors and Windows
NIGP 91006	Carpentry Maintenance and Repair Services
NIGP 91054	Painting, Maintenance and Repair Services, Including Caulking
NIGP 91066	Roofing, Gutters, and Downspouts Maintenance and Repair Services
NIGP 91427	Carpentry

NIGP 91430	Concrete
NIGP 91444	Flooring
NIGP 91455	Masonry
NIGP 91464	Plastering
NIGP 91473	Roofing and Siding

Additional Information

WORK DISTRICTS/REGIONS	Long Island NYC Southern Tier Mid-Hudson
INDUSTRY	Construction
BUSINESS SIZE	Over \$5 million
GENERAL LOCATION	Downstate New York
LOCATION	Out of State