### CALL TO ORDER - 2:00 PM

**Executive Session | Facility Governing Body Report**
- NYC Health + Hospitals | Jacobi
- NYC Health + Hospitals | NCB

**2019 Performance Improvement Plan and Evaluation (Written Submission Only)**
- NYC Health + Hospitals | Morrisania Diagnostic & Treatment Center- Gotham
- NYC Health + Hospitals | Gouverneur Diagnostic & Treatment Center- Gotham

**Semi-Annual Governing Body Report (Written Submission Only)**
- NYC Health + Hospitals | Bellevue
- NYC Health + Hospitals | Harlem

### OPEN PUBLIC SESSION - 3:00 PM

1. **Adoption of Minutes:** May 28, 2020

   **Chair’s Report**
   **President’s Report**

   »**Action Items<<**

2. **Authorizing New York City Health and Hospitals Corporation (the “System”) to execute extensions of the terms of its affiliation agreements (the “Affiliation Agreements”) with each of (i) NYU Grossman School of Medicine (“NYU”); (ii) Icahn School of Medicine at Mount Sinai (“Sinai”); and (iii) Physician Affiliate Group of New York, P.C. (“PAGNY”), each made for the provision of general care and behavioral health services for a period to end on December 31, 2020, with the System facilities served by each of such medical affiliates and with the cost of each such extension to be an amount not to exceed the amounts indicated below as follows:**

   **NYU –** Bellevue Hospital Center, Gouverneur Healthcare Services, Coler Rehabilitation and Nursing Care Center, Henry J. Carter Specialty Hospital and Nursing Facility, Woodhull Medical and Mental Health Center, Cumberland Diagnostic & Treatment Center - for an amount not to exceed $212,804,261

   **Sinai –** Elmhurst Hospital Center and Queens Hospital Center - for an amount not to exceed $151,651,039

   **PAGNY –** Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center - for an amount not to exceed $357,603,371

   With an overall total not to exceed $722,058,671 for the six-month period, which includes a 10% contingency per Affiliate.

   *(Presented Directly to the Board of Directors – 06/25/2020)*

3. **Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a three-year renewal agreement with Petrone Associates, LLC (the “Vendor”) for the provision of medical physics consulting and radiation safety services as requested by the System with two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed $8,800,000.**

   *(Medical and Professional Affairs Committee 06/11/2020) Vendex: Approved / EEO: Approved*

4. **Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a best interest three-year renewal (the “Agreement”) with Bioreference Laboratories, Inc. (the “Vendor”) to provide diagnostic laboratory services on behalf of the System with the System holding two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed $25,000,000.**

   *(Medical and Professional Affairs Committee 06/11/2020) Vendex: Approved / EEO: Approved*
5. Appointing Soraya Pares to replace Tamira Boynes as a member of the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus”), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

(Approved by the NYC Health and Hospital Corporation MetroPlus Subsidiary 06/2/2020)

6. Authorizing the President of the New York City Health and Hospitals Corporation (the “Corporation”) to approve and appoint Citigroup, JP Morgan and Morgan Stanley & Co. to provide investment banking services and serve as senior managing underwriters, and to approve and appoint BNY Mellon Capital Markets, Blaylock Beal Van LLC, Drexel Hamilton LLC, Fidelity Capital Markets, FTN Capital Markets, Hilltop Securities (formerly First Southwest), Janney Montgomery Scott, Jefferies LLC, Loop Capital Markets LLC, Mischler Financial Group, Ramirez & Company, RBC Capital Markets, Rockfleet Financial Services, Roosevelt & Cross Inc., Stern Brothers, TD Securities and Wells Fargo Securities to serve as co-managing underwriters for the Corporation’s debt issuances from August 2020 through July 2021 (a 12-month extension to the 2015 Resolution), to support its capital finance program. Such authorization in respect to the entities mentioned above shall extend to the successors of any such entities which assume the business of such entities through merger, reorganization, consolidation or acquisition.

Further authorizing the President to negotiate and execute a contract with one of the three senior underwriters in the event of a Board authorized issuance.

(Finance Committee 03/12/2020) Vendex: NA / EEO: NA

7. Authorizing that Matthew Siegler (as successor to Dave A. Chokshi) be elected to serve as a Director of the HHC ACO Inc. (“ACO”) Board of Directors in accordance with the laws of the State of New York, until his successor is duly elected and qualified, subject to his earlier death, resignation, removal, or termination of his employment with any entity that has executed an ACO Participation Agreement or ACO Agreement.

(Approved by the NYC Health and Hospital Corporation ACO Subsidiary 05/21/2020)

8. Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to negotiate and execute requirements contracts with ten architectural and engineering (“AE”) consulting firms namely Array Architects, P.C., E/F/H Architects, P.C., Francis Cauffman, Inc., Gensler Architecture, Design & Planning, P.C., Gertler & Wente Architects LLP, Lothrop Associates LLP Architects, MJCL Architect, Moody Nolan, Inc., NK Architects, and P.A., Perkins Eastman Architects, DPC, to provide professional AE design services; and with five mechanical, engineering, and plumbing (“MEP”) consulting firms, namely Greenman-Pedersen, Inc., Kallen & Lemelson, LLP, Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., and Loring Consulting Engineers, Inc., to provide professional MEP design services on an as-needed basis at various facilities throughout NYC Health + Hospitals. The contracts shall be for a term of three years with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed $30,000,000 for services provided by all such consultants.

(Capital Committee 06/11/2020) Vendex: All Vendors are Approved


9. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with AECOM USA, Inc. (“AECOM”) to provide program management services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”) over a five year term for an amount not to exceed $9,039,198 all in connection with Correctional Health Services’ (CHS) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”) in Bellevue and Woodhull.

((Capital Committee 06/11/2020) Vendex: Approved / EEO: Pending

10. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Array Architects, PC (“Array”) to provide architectural/engineering services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”) over a five year term for an amount not to exceed $8,663,000 all in connection with Correctional Health Services’ (CHS) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”) in Bellevue and Woodhull.

((Capital Committee 06/11/2020) Vendex: Approved / EEO: Approved
Committee and Subsidiary Reports

- Community Relations Committee
- Medical and Professionals Affairs
- Audit
- Finance
- Capital
- MetroPlus

>>Old Business<<

>>New Business<<

>>Adjournment<<
A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held via teleconference/videoconference on the 28th day of May, 2020, at 2 P.M., pursuant to a notice which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors were present via teleconference/videoconference:

Mr. José Pagán  
Dr. Mitchell Katz  
Dr. Vincent Calamia  
Dr. Perea Henze  
Dr. Oxiris Barbot  
Dr. Hillary Kunins  
Mr. Scott French  
Mr. Robert Nolan  
Ms. Sally Hernandez-Piñero  
Mr. Feniosky Peña-Mora  
Ms. Anita Kawatra  
Ms. Freda Wang  
Ms. Barbara Lowe

Mr. Pagán, Chair of the Board, called the meeting to order at 2:00 p.m. Mr. Pagán, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board and the Public that Scott French was in attendance representing Steven Banks in a voting capacity.

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information on personnel and collective bargaining matters.

Open Session: The Board reconvened in public session at 3:06. Mr. Pagán notified the Board and the public that Scott French and Julie Bero were in attendance representing Steven Banks and Deputy Mayor Perea Henze, respectively, in a voting capacity.

The following Directors were present via teleconference/videoconference:

Mr. José Pagán  
Dr. Mitchell Katz  
Dr. Vincent Calamia  
Dr. Hillary Kunins  
Ms. Julie Bero  
Mr. Scott French  
Mr. Robert Nolan
ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on April 30, 2020 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 April 30, 2020, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIR’S REMARKS

Mr. Pagán notified the public that during the Executive Session the Board considered the Governance Committee recommendations and voted unanimously to appoint the following Corporate Officers:

Dr. Eric Wei - Senior Vice President, Quality, Safety and Access
Dr. Theodore Long - Senior Vice President, Ambulatory Care
Nicola Davis - Vice President, Chief Population Officer
Alexander Izaguirre - Vice President, Chief Data Officer
Kenra Ford - Vice President, Clinical Laboratory Operations

Next Mr. Pagán requested a motion in accordance with Article VI Section c of the By-Laws - Appointment. “The Chair of the Board shall annually appoint, with the approval of a majority of the Board, members of the Board to the standing committees.” He proposed a motion to appoint Ms. Hernandez-Piñero to the Medical and Professional Affairs Committee.

Upon a motion made and duly seconded, the Board unanimously approved the motion.

VENDEX APPROVALS

Mr. Pagán noted that NYC Health + Hospitals approves contracts prior to vendex approvals, and today, there are seven new items on the agenda requiring Vendex approval, of which all have vendex approvals. There are two items from previous Board meetings pending Vendex approval. The Board will be notified as outstanding Vendex approvals are received.

PRESIDENT’S REPORT
Dr. Katz commenced his remarks with an update on COVID-19. He explained that we are now at the heart of the pandemic. In the first part of the outbreak, we created ICUs all over our facilities to address the needs of 95 percent of our patients were COVID positive.

Currently we have fewer new cases, our patients are getting better, and some are coming off ventilators. Essential surgical procedures has resumed, however we have not yet resumed elective surgeries.

In regards to our emergency rooms, we are working hard to make sure people feel comfortable and safe in our waiting rooms, with separate waiting areas for COVID and NON-COVID patients. We are also working with to provide more intensive care coverage in the ICUs. We are using the long-term care facilities to provide some relief for the ICUs, for instance 48 ICU patients was transferred to Carter, a leading expert on weening patients off ventilators.

Made possible by the efforts of Kenra Ford, New York City Health + Hospitals was able to increase our blood supply even with a citywide shortage. Helping Healers Heal continue to actively work to support our staff, many of who are quite traumatized by the number of deaths that occurred, especially during those awful weeks of March and April.

New York City Health + Hospitals have been involved in the Test and Trace Corps Initiative with Dr. Theodore Long serving as the Executive Director. This a citywide initiative with Health + Hospitals are working collaboratively with the New York City Department of Health and Mental Hygiene to take advantage of their amazing expertise, but with New York City Health + Hospitals hiring the staff.

With the efforts of Yvette Villanueva was have already hired 1,700 contact tracers that will begin working on June 1st in addition to call-center staff. The tracers will be responsible for tracing every positive test results in New York City, which was not previously possible due to the volume of positive cases. Now that the numbers are on the downward slope of the pandemic, we now have the ability to identify those people who are positive, isolate them for 14 days, and quarantine their close contacts, a strategy use to keep the number of infections low.

In response to a very negative news article by a visiting nurse regarding the Coler facility, the State surveyed the facility with very positive outcomes. There were no immediate corrective actions needed. At the time described in the article there were 200 staff out sick from Coler, it was a very challenging time for the facility. The preliminary information so far indicates that the conditions were not as portrayed in that article.
Dr. Katz then provided a financial update, with staff trying to figure out the various gains and losses in revenue due to the federal COVID relief bills. However, our cash position is steady and we are expected to close May with approximately $400 million of cash on hand, which covers 18 days.

We continue to work with FEMA to qualify for those expenses that we have made and to be reimbursed for them, for our disaster relief.

Ms. Wang requested clarification on how Health and Human Services will allocate the payment for uninsured patients and what would be allowable in the next stimulus package.

Mr. Ulberg responded that one of the federal bills allow for billing after meeting a set of criteria for every patient that was deemed to be uninsured, and we are allowed to bill at the Medicare rate. However, we are sensitive to the patient identifiers being included in these files and are working to understand how the information shared with the government could be used.

Ms. Wang also requested clarification on the financial impact of the Test and Trace initiative to Health + Hospitals.

Dr. Katz responded that since the City asked Health and Hospitals to take on this added responsibility that the City will cover the cost. FEMA and or the Stimulus bill may have some provisions for reimbursements for this initiative, which we will explore and the City will cover the balance. Dr. Katz further clarified that these reimbursement will be separate from all other funding receive by Health + Hospitals.

That concluded the President’s remarks.

**ACTION ITEM 2:**

Dr. Pagan read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute such contracts as are necessary to implement and oversee New York City’s COVID-19 Test and Trace Corps Program (the “Program”) provided that there is an agreement with the City of New York to fund or reimburse Program expenses, including personnel expenses, that are in excess of Program revenues. Provided further, that any such contracts shall be subject to Operating Procedure 100-5 and any emergency declarations that may be in effect.

He noted that this item is being presented directly to the Board.
Mr. Pagán explained the importance of this initiative to the future and economy of the City reopening process. He further explained that we have been asked by the Mayor to take the lead in organizing and implementing this program working closely with the New York City Department of Health and Mental Hygiene.

Dr. Calamia requested clarification on whether this testing and tracing program is independent from the State’s initiative with former Mayor Bloomberg. Dr. Katz responded that the State is conducting test in the areas outside of New York City, and we are doing the New York City area. However, the same techniques are being used and data is being shared between the two initiatives.

Ms. Hernandez requested clarification on the reimbursement for this initiative. Dr. Katz responded that we will work with all funding sources to make sure New York City Health + Hospitals will be 100% reimbursed. Dr. Katz and Ms. Wang further clarified that there are no concerns regarding cash flow.

Dr. Katz further explained that working closely with the New York City Department of Health and Mental Hygiene all positive test will be reported to the State and a tracing plan put in place for everyone that was in contact with that positive patient. We currently have 30 testing sites throughout the City, and in one day completed 20,000 tests.

Ms. Lowe asked how are New York City Health + Hospitals positive employees are handled? Dr. Katz responded that positive employees would isolated and not allowed to work for the appropriate number of days. The same test and trace protocol would be implemented for employees.

In response to Ms. Wang question on how would funding be handled if the FEMA reimbursement runs out and the test and trace initiative needs to continue and if the City will provide the funds to continue. Dr. Katz assured her at that point the City would have to make a decision.

Following discussion and upon a motion made and duly seconded, the Board unanimously approved the resolution.

**ACTION ITEM 3:**

Mr. Peña-Mora read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a three-year license agreement with Williamsburg Housing Preservation L.P. (the “Licensor”) for use and occupancy of approximately 1,742 rentable square feet of space located on the first floor at 333 Roebling Street, Brooklyn (the “Licensed Premises”), to
operate a pediatric clinic (the “Clinic”) managed by NYC Health + Hospitals/Gotham Health at an occupancy fee of $5,800.86 per year, or $3.33 per square foot plus $3,135.60 per year for electricity and $888.42 per year for water for a total annual occupancy cost of $9,824.88 to be escalated by 3% per year for a total occupancy cost of $30,367.73 over the three-year term with each party having the right to terminate on ninety days’ notice without cause.

This item was presented to the Capital Committee - 05/14/2020

Jeremy Berman, Deputy General Counsel presented the need and rationale for this license agreement.

Hearing no questions or concerns and upon motion made and duly seconded, the Board unanimously approved the resolution.

**ACTION ITEM 4**

Mr. Peña-Mora read the resolution:

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Barbaro Electrical Company (the “Contractor”) for an amount not to exceed $7,333,328 for construction services necessary for the relocation of the ACB switchgear at NYC Health + Hospitals /Bellevue Hospital (“Bellevue”) with a project contingency of $841,580 for unexpected changes in scope yielding a total authorized expenditure of $8,174,908.

This item was presented to the Capital Committee - 05/14/2020

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development presented the FEMA funding, scope of work, procurement process and MWBE plan to the Board.

Following discussion and upon a motion made and duly seconded, the Board unanimously approved the resolution.

**ACTION ITEM 5**

Mr. Peña-Mora read the resolution:

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Milcon Construction (the “Contractor”) for an amount not to exceed $13,265,967 for construction services necessary for the reconstruction of the exterior façade and roof of the “T Building” at NYC Health + Hospitals / Kings County Hospital Center (the “Facility”) with a project contingency of
$1,326,566 for unexpected changes in scope yielding a total authorized expenditure of $14,591,967.

This item was presented to the Capital Committee – 05/14/2020

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development presented the project background/need rationale, procurement process and MWBE plan to the Board.

Following discussion and upon a motion made and duly seconded, the Board unanimously approved the resolution.

**ACTION ITEMS 6 AND 7**

Mr. Peña-Mora read the resolutions:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a two-year contract with **Jemco Electrical Contractors** (the "Contractor") for not more than $6,000,000 to provide electrical work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a two-year contract with **Mac Fhionngnaile & Sons Electrical Contracting, Inc.** (the "Contractor") not to exceed $6,000,000 to provide electrical work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

Both items were presented to the Capital Committee – 05/14/2020

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development presented the project background/current state, procurement process and MWBE plan for Jemco and Mac Fhionngnaile electrical job order contracts.

Following discussion and upon a motion made and duly seconded, the Board unanimously approved Jemco Electrical Contractors and Mac Fhionnghale & Sons Electrical Contracting resolution.

**ACTION ITEMS 8 AND 9**

Mr. Peña-Mora read the resolutions:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a two-year contract with **Jemco Electrical Contractors** (the "Contractor") for not more than $6,000,000
to provide electrical work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a two-year requirements contract with Rashel Construction Corporation (the "Contractor") at a cost not to exceed $6,000,000 to provide heating, ventilation and air conditioning ("HVAC") services on an as-needed basis at various facilities throughout NYC Health + Hospitals.

This item was presented to the Capital Committee - 05/14/2020

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development presented the project background/current state, procurement process and MWBE plan for Vastech and Rashel heating, ventilation and air conditioning job order contracts.

Following discussion and upon a motion made and duly seconded, the Board unanimously approved Rashel Construction Corporation and Vastech Contracting Corporation resolution

ACTION ITEM 10

Ms. Wang read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an extension to its agreement effective July 1, 2011 (the "Agreement") with Sodexo, Inc. & Associates (the "Vendor") to provide laundry processing and linen distribution services the "Laundry Services") that will extend the term of the agreement for an additional two-years with an option exercisable solely by the System to extend for one additional year at a total additional cost not to exceed $50,438,922.

This item was presented to the Finance Committee - 05/14/2020

Paul Albertson, Vice President Supply Chain presented the background, contract overview, linen/laundry analysis, contracts highlights, key performance indicators and MWBE plan to the Board.

Following discussion and upon a motion made and duly seconded, the Board unanimously approved the resolution.

ACTION ITEM 11

8
Ms. Wang read the resolution:

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an extension to the agreement dated March 3, 2008 extended by renewal made August 1, 2017 by (the “Agreement”) with Cardinal Health, Inc. (the “Vendor”) to provide medical and surgical distribution services (the “Med Surg Distribution Services”) that will extend the term of the Agreement for an additional year at a total additional cost not to exceed $130,000,000.

This item was presented to the Finance Committee - 05/14/2020

Paul Albertson, Vice President Supply Chain and Joe Wilson, Senior Assistant Vice President Strategic Sourcing present the background, extension request justification and vendor diversity plan to the Board.

Following discussion and upon a motion made and duly seconded, the Board unanimously approved the resolution.

OLD BUSINESS/NEW BUSINESS

Ms. Wang requested a copy of the memorandum of agreement that was mentioned in Action Item 2 - COVID-19 Test and Trace Corps Program.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 4:33 P.M.

Colicia Hercules
Corporate Secretary
Mr. Peña-Mora called the meeting to order at 9:26 a.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on February 6, 2020 were approved.

Senior Vice President’s Report

Christine Flaherty, Senior Vice President, Office of Facilities Development presented her report.

Mrs. Flaherty thanked her staff for banding together, even while some were COVID-19 positive, to support the facility leadership team and transform H+H hospitals with needed surge spaces and continuing normal operations simultaneously. The Team worked closely with Legal, Supply Chain, the Facilities, mortuary and admitting departments ensuring the facilities operations were uninterrupted through the tragic pandemic.

Additionally, many major improvements occurred under this emergency to improve the environment of care and to adjust to serving COVID patients in tandem with all the other patients. The City truly came together as system received support from many other partners including the Economic Development Corporation (EDC), the Housing Recovery Office (HRO), Department of Citywide Administrative Services (DCAS) and the Office of Emergency Management (OEM). With these partnerships, we helped to stand-up new off-site spaces in additional substantial surge areas.

The agenda was then moved to the consideration of the action items.

Mrs. Flaherty read the resolution:

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Barbaro Electrical Company (the “Contractor”) for an amount not to exceed $7,333,328 for construction services necessary for the relocation of the ACB switchgear at NYC Health + Hospitals /Bellevue Hospital (“Bellevue”) with a project contingency of $841,580 for unexpected changes in scope yielding a total authorized expenditure of $8,174,908.

Mrs. Flaherty informed the Committee that this project included construction, construction management and project contingencies allocated to two projects. The first one being an air handling unit project with a budget of $10,530,464 and the second project, which was authorized by the Capital Committee and Board of Directors for the relocation of the switch gear project that has a budgeted of $9,015,462. This project does not include the preliminary design fees which has been
expense funded and reimbursed by FEMA. She further presented the scope of work, procurement process, and MWBE plan.

After discussion, and upon motion duly passed and seconded the resolution was approved for consideration by the Board of Directors.

Mrs. Flaherty read the resolution:

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Milcon Construction (the “Contractor”) for an amount not to exceed $13,265,967 for construction services necessary for the reconstruction of the exterior façade and roof of the “T Building” at NYC Health + Hospitals / Kings County Hospital Center (the “Facility”) with a project contingency of $1,326,566 for unexpected changes in scope yielding a total authorized expenditure of $14,591,967.

Mrs. Flaherty presented the project background and current deteriorating condition of the T-Building at Kings County. She further explained the procurement process and MWBE plan of utilization.

After discussion and upon motion duly passed and seconded the resolution was approved for consideration by the Board of Directors.

Mrs. Flaherty read the resolutions, and explained that the following two electrical services resolutions would be presented together and voted on separately.

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a two-year contract with Mac Fhionnghaile & Sons Electrical Contracting, Inc. (the “Contractor”) not to exceed $6,000,000 to provide electrical work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a two-year contract with Jemco Electrical Contractors (the “Contractor”) for not more than $6,000,000 to provide electrical work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

Mrs. Flaherty presented a background and current state for both vendors. She further presented the procurement process and MWBE implementation plan for Jemco and stated that Mac Fhionnghaile & Son is a certified MWBE and will self-perform 100% of the services and sub-contract for 30% of the supplies.

After discussion and upon motion duly passed and seconded the resolutions was approved for consideration by the Board of Directors.

Mrs. Flaherty read the resolutions, and explained that the following two heating, ventilation and air conditioning services resolutions will be presented together and voted on separately.
Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a two-year requirements contract with Rashel Construction Corporation (the "Contractor") at a cost not to exceed $6,000,000 to provide heating, ventilation and air conditioning ("HVAC") services on an as-needed basis at various facilities throughout NYC Health + Hospitals.

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to sign a two-year requirements contract with Vastech Contracting Corporation (the "Contractor") for not more than $6,000,000 to provide heating, ventilation and air conditioning ("HVAC") work on an as-needed basis throughout NYC Health + Hospitals.

Mrs. Flaherty presented the background and current states of the HVAC services, and the procurement process used to acquire both vendors. Ms. Flaherty notified the Committee that Rashel is a NYC certified MBE vendor and further presented Vastech MWBE 30% MWBE utilization plan.

After discussion and upon motion duly passed and seconded the resolutions was approved for consideration by the Board of Directors.

The resolution was read by Jeremy Berman:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three-year license agreement with Williamsburg Housing Preservation L.P. (the "Licensor") for use and occupancy of approximately 1,742 rentable square feet of space located on the first floor at 333 Roebling Street, Brooklyn (the "Licensed Premises"), to operate a pediatric clinic (the "Clinic") managed by NYC Health + Hospitals/Gotham Health at an occupancy fee of $5,800.86 per year, or $3.33 per square foot plus $3,135.60 per year for electricity and $888.42 per year for water for a total annual occupancy cost of $9,824.88 to be escalated by 3% per year for a total occupancy cost of $30,367.73 over the three-year term with each party having the right to terminate on ninety days’ notice without cause.

Mr. Berman provided a background and history of providing operating a Gotham clinic at New York City Housing Authority sites. There are currently six NYCHA Gotham Clinic site. This particular location is being managed by Williamsburg Housing Preservation L.P. as directed by NYCHA. While we have not historically have lease agreements with NYCHA since this site is privately managed, there is now a need for the Committee/Board of Directors to enter into a licenses agreement to operate a Gotham Clinic at this site.

After discussion and upon motion duly passed and seconded the resolution was approved for consideration by the Board of Directors.

There being no further business, the Committee Meeting as adjourned at 10:33 a.m.

Finance Committee Meeting – May 14, 2020
As Reported by Freda Wange
CALL TO ORDER  

Ms. Freda Wang called the meeting to of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 10:42 a.m.

Upon motion passed and duly seconded the minutes of Finance Committee meeting held on March 12, 2020 was adopted.

Ms. Wang then deferred to the Chief Financial Officer Mr. John Ulberg to provide a financial update discussing the impact of COVID-19 on finances of New York City Health + Hospitals.

SENIOR VICE PRESIDENT’S REPORT  

Mr. John Ulberg commenced his presentation by thanking the staff for their extraordinary work and commitment during the last two months.

The System took many steps throughout COVID-19 ramp up and during COVID to strengthen the revenue cycle system. We also fast-tracked MyChart and the use of technological connection to our patients to help clinically. Marji Karlin will provide further update on that process. James Cassidy and Linda DeHart will present an update on the FEMA and Federal Relief funding process.

Mr. Ulberg continued to explain the use of Capital Funds to implement and standup ICU beds, which required a tremendous amount of additions resources, which managing the cash-flow very closely.

We relied on our partners, the Federal and State government owes us a considerable amount of money. We continue to work with the Health Plans, Department of Financial Services to facilitate cash advances.

New York City Health + Hospitals activated the COVID-19 emergency command center on January 21, 2020 with the fist positive case in March. During the time-period between Mid-March to April 17 Health + Hospitals comprised almost 21 percent of the total New York City ICU COVID positive capacity, which required a tremendous ramp up of ICU capacity. We double and in some cases tripled at certain of our facilities the capacity, and we were 17 percent of the non-ICU COVID patients’ admissions. Meeting the CMS definition, we reported the total COVID patients at 8,000 throughout the System in April. A snapshot on April 27 indicated there was 153,000 individuals across the City, 18,000 positive tests were taken at Health + Hospitals and approximately 1,800 admissions, and 550 ICU beds, our normal operations is around 350 ICU beds.

During the period of March 15 – March 21 the pre-COVID prep period there was an in-patient admission of 3,400. We then saw a 12 percent reduction in admissions, with the Governor indicating the suspension of all elective surgeries. Outpatient visit had a reduction of 42 percent. Overall ED
volume dropped by 9 percent and there was an 18 percent decrease in treat and release.

During the COVID period of March 22 through April 11, inpatient admissions increased by 12 percent, with a surge of COVID patients. Patients discharged during this period have an average Case Mix Index (CMI) of 1.8 which is 45% higher than the baseline CMI of 1.2. COVID patients discharged to date have an average CMI of 2.01 (65% higher than average baseline). Medicare payer mix went up by 6 percent compared to the baseline, commercial insurance by 2 percent, and self-pay by 7 percent.

Mr. Ulberg further reported that in the lead up to COVID we lost almost 13 percent or $8.2 million. With the surge of in-patient COVID, patients the volume and case mix increase and reflects a $6.9 million increase, reflecting a substantial swing from pre-COVID to COVID period. Our volume was down 12 percent in the pre-COVID period, during the COVID period our revenue increase by 11 percent.

April 12 through April 25 the post-COVID period, reflect a lull. In-patient admissions are down 14 percent, outpatient visits sill down, ED visits down 69 percent and combined this means a $13.8 million weekly loss for Health + Hospitals.

Ms. Barbara Lowe asked if considerations are being given to the staff well-being and the need to have time-off now that we are in a lull? Mr. Ulberg, responded that the System is looking at this “lull” period as a period to heal, take perspective and what Health + Hospitals would look like in the post-COVID period. Dr. Katz is aware that front-line workers need to rest and we encourage them too. The Department of Defense Staff is still available to Health + Hospitals.

Telemedicine is an area, which on the lead up to COVID we were working aggressively to increase utilization, which is going to be a big part of our future.

Ms. Marji Karlin reported that during the pre-COVID period there was a lot of work to prepare the facilities and protect the revenue during the COVID period by monitoring regulatory changes to authorization, certification, and notifications requirements - many of which were relaxed. It was important that the facilities were aware of these changes in order to manage the workflow, using staff differently and helping EITS update the systematic changes in a timely manner. By the end of April there were close to 500 revenue cycle staff working remotely. With our registration staff affected with COVID, we trained supplemental staff in real time to fill the gap. Central Office Staff was also redeployed to the facilities to fill gaps in finance and registration.

Ms. Karlin reported that we are actively reaching out to self-pay patients who have MyChart accounts, and have sent about 6,000 messages requesting insurance information. We are also actively working on text messaging capability implementation to our self-pay patients offering help with insurance application and financial counselling.
The System prioritize charge capture and coding in EPIC on the new diagnosis and procedure codes associated with COVID. We have submitted approximately two thirds of our claims with another third holding for a second review for accuracy. We have been working with post-acute care to strengthen the movement of patients to the most appropriate level of care. Televisits, expanding and improving the telehealth operations and then a huge collaboration with ambulatory care, managed care and the Epic team to make sure telehealth visits are available for the providers to be able to document and capture the information appropriately, register the patients. We captured about 33,000 telehealth visits in March and 80,000 in April. We continue to work closely with managed care with the insurance carriers to facilitate the older account receivables to the cash flowing into the System.

Mr. James Cassidy reported that we have been working with FEMA, and have submitted an initial claim for $650 million on March 27, for staffing, special contracted staffing, nurses, infrastructure, equipment to build out the surge space in North Central Bronx and other facilities, ventilators, hotels, PPEs, masks, and gloves. Initial estimate of spent was $650 million; however, that revised estimate is now close to $1.1 billion, mainly due to staffing, infrastructure and equipment. FEMA has approved $532 million of the $650 million initial submission, and we have spent over $200 million through the end of April. The State has been actively working with the Federal government to make sure we are able to draw down 100 percent of these funds.

Ms. Linda DeHart reported that there are several bills passed at the Federal level to address relief needed related to the pandemic in terms of direct funding for providers. The CARES Act and the Stimulus 3.5 bills largely supplemented the funding mechanisms and created a $107 billion provider relief fund. To date HHS has allocated $72.4 billion and has indicated additional amounts will be set aside for payment of claims for treatment of uninsured COVID patients. Health + Hospitals have received allocation from the high impact provider relief fund of $699 million, in total we have received $524 million from the Federal funding. We are expecting future stimulus packages and have worked with the democratic house members to strongly state Health + Hospitals position with particular emphasize on providing fund to States with providers prioritizing high Medicaid providers.

Ms. DeHart further explained the State budget was adopted, the Governor was provided additional super powers within the State budget that would allow him to make adjustments based on the State’s financial condition over the course of the year. The State reported a deficit of $13.3 billion. If the deficit is spread across all program this would reflect a 20 percent reduction including Medicaid funding. This would mean a $100 million reduction to Health + Hospitals.

MRTII panel did accept Health + Hospitals proposal for to convert a supplemental payment on fee for service funds and a lump sum payment to a rate increase that would enable us to receive funds on a timely basis and to expand enhanced payment to managed care so that substantial upside we
are working with the State to implement. MRT also approved our coordinated care for special population proposal to provide specialized care to the vulnerable population to expand our coverage of care and coordinate with other City agencies to improve care and outcomes. In addition, the budget improved equity in terms of distribution of the instant care pool. Another positive budget adoption, was that several managed care plans administrative burdens including medical necessity denial, allowing some easing of credentialing processes and reducing down coding as well as other administrative simplifications. On the downside, there was an accumulate 1.5 percent across the board payment reduction, which began in January.

There were also reductions to some quality pools for managed care and hospitals as well as reductions for capital reimbursement to both hospitals and nursing homes. Notably again, the state eliminated funding for enhanced safety net providers which was a definition established in state law a few years ago to direct funds to those states who have providers most impacted by having high portions of uninsured and Medicaid patients.

Outstanding items in the budget includes a proposal related to long-term care containing costs and limit growth in the program including capping growth in managed long-terms care, restricting the use of personal care, personal assistance programs, and placing moratorium on expanding managed long-term care program. There also would be a working group looking at 340B pharmacy benefits carving out managed care which has implication for our contract pharmacy programs. Also of note, the failure to include a provision requiring timely payments.

Mr. Cassidy noted that we closed in April with about $400 million cash on hand, which is 18 days that did not take into account of the influx of the Federal funds from the CARES Act. We are also seeking $800 million additional UPL dollars from the State for payments that were owed for prior periods.

Mr. José Pagán asked how much outpatient care, primary care is going to change or increase over times and the impact to the revenue flow?

Mr. Ulberg responded that is something currently being evaluated by Dr. Ted Long, Dr. Andrew Wallach and Matt Siegler. Getting primary and ambulatory care back online is the focus, by reaching out to patients and evaluating the use of telemedicine. We are also focusing on T2 the testing and tracing initiative post-COVID.

Ms. Sally Piñero requested information on what is being done to reassure patients that it is safe to return to hospitals and whether the $100 million is a net number.

Mr. Ulberg responded that the $100 million is a negative budget action, which include across the board managed care cuts, hospital quality pool and safety net funding.

Ms. Piñero requested further clarification of the difference between the FEMA funding, and special Federal budgetary supplemental funding lines and whether there are any crossover.
Mr. Ulberg responded that for the time being they are separate. Ms. DeHart further clarify that FEMA is the payer of last resort. Expenses not eligible for FEMA funding is apply to other funding sources to help offset the revenue losses.

Ms. Piñero asked if MetroPlus has been working with you on getting the uninsured patients insured. Mr. Ulberg responded yes.

Mr. Feniosky Peña-Mora asked for clarification on the FEMA funding numbers. Mr. Ulberg responded that the Federal relief numbers is about $820 million from the CARES Act. He further clarified that this number is already allocated to Health + Hospitals.

Ms. Lowe asked about the implementation of the tracing and testing and the cultural sensitivity around the communities most affected by COVID. Mr. Ulberg responded that he believed Dr. Katz is presenting tomorrow and the details would be included in his presentation.

Mr. Peña-Mora had an additional question regarding the number of the outpatients, inpatients breakdown with respect to neighborhood clinics and the return to normal operations and the impact to the patients concerns regarding being infected at the hospitals vs the clinics. Mr. Ulberg responded that the data is not currently available, however we recognized that there needs to be efforts around assuring patients regarding the safety of our facilities.

Ms. Piñero asked what does the $400 million cash-on-hand mean in regards to the comfort level of our finances. Mr. Ulberg assured Ms. Piñero while it is not a large number, it is okay and we are constantly projecting forwarding the managing the budget very closely.

Ms. Wang asked about the 75 percent match and if there is an inability to get that match to be 100 percent, does that mean we are not eligible to get any money? Mr. Ulberg responded that there is a high expectation to receive the match and there may be a potential to use dollars from the CARES Act for the match.

Ms. Wang stated that with the Governor announcement of a budget deficit or potential hole of $13.3 billion would that be in addition to any of the provisions that are on the chart that you already presented; is that right? Mr. Ulberg responded that would be in addition.

**ACTION ITEM: SODEXO LAUNDRY AND LINEN**

Mr. Paul Albertson, Vice President – Supply Chain, presented a resolution:

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an extension to its agreement effective July 1, 2011 (the “Agreement”) with Sodexo, Inc. & Associates (the “Vendor”) to provide laundry processing and linen distribution services the “Laundry Services”) that will extend the term of the agreement for an additional two-years with an option exercisable solely by the System to extend for one additional year at a total additional cost not to exceed $52,687,808.
Mr. Albertson amended the not to exceed amount to reflect $50,438,922. He presented the background, contract overview, contract highlights, key performance indicators, and MWBE plan.

Following discussion and questions, the amended resolution reflecting the not to exceed amount of $50,438,922 was approved for consideration by the Board of Directors.

**ACTION ITEM:**

**CARDINAL HEALTH MEDICAL AND SURGICAL DISTRIBUTION SERVICES     PAUL ALBERTSON**

Mr. Paul Albertson, Vice President – Supply Chain, presented a resolution:

> Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an extension to the agreement dated March 3, 2008 extended by renewal made August 1, 2017 by (the “Agreement”) with Cardinal Health, Inc. (the “Vendor”) to provide medical and surgical distribution services (the “Med Surg Distribution Services”) that will extend the term of the Agreement for an additional year at a total additional cost not to exceed $130,000,000.

Mr. Albertson presented a background analysis and current state of the Cardinal Health providing services to Health + Hospitals, a justification for the extension request, and the vendor diversity program.

Following discussion and questions and a recommendation for a statement from the vendor committing to a partnership with MWBE subcontracting, the resolution was approved for consideration by the Board of Directors.

**ADJOURNMENT     FREDA WANG**

There being no further business the meeting was adjourned at 12:40 p.m.
consideration.

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<tr>
<td>Eric Wei</td>
<td>Senior Vice President, Quality, Safety, And Access</td>
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<td>Theodore Long</td>
<td>Senior Vice President, Ambulatory Care</td>
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<td>Nichola Davis</td>
<td>Vice President Chief Population Health Officer</td>
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<td>Alexander Izaguirre</td>
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<td>Kendra Ford</td>
<td>Vice President - Clinical Laboratory Operations</td>
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There being no further business, the meeting adjourned at 12:19 p.m.
Subsidiary Report

HHC ACO Inc. Board of Directors (Virtual)
May 21, 2020

The Board of Directors of HHC ACO Inc. (the “Board”), NYC Health + Hospitals’ subsidiary not-for-profit Accountable Care Organization (the “ACO”), convened on May 21, 2020 to accept the resignation from CEO, Dave Chokshi, MD and authorizing Matthew Siegler as the new CEO of the ACO. The meeting of the Board was called to order by Mitchell Katz, MD at 2:03 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the February 04, 2020 meeting without correction or modification.

Among other matters, the Board discussed the following:

- Dr. Katz and the rest of the Board thanked Dr. Chokshi for his leadership as both the CEO of the ACO and the NYC H+H Chief Population Health Officer.

- Management transition, including integration of Managed Care and Patient Growth, also under the leadership of Matthew Siegler, with the ACO goals and priorities.

The Board approved the following resolutions:

- Electing Matthew Siegler to serve as Chief Executive Officer of HHC ACO Inc. (the “ACO”), until his resignation or removal in accordance with the ACO’s By-Laws.

There being no further business, Mitchell Katz, MD adjourned the meeting at approximately 2:29 PM.
CORONAVIRUS UPDATE

Bringing Back Services

As the COVID-19 patient census continues to decline, NYC Health + Hospitals has entered the phase of recovery and resilience. We are prepared to open up our operating rooms in accordance with State guidance, bring patients back for necessary ambulatory care services, and care for patients who need chronic ventilator support.

Bringing back the ORs: The periop leads have been working diligently to bring back the procedural areas including the operating rooms, as these areas, which include the ASU and PACU’s, are no longer needed as flex ICU spaces as the COVID-19 census declines. A “roadmap” has been developed to facilitate the return of the OR’s. More than 9,000 surgical cases are waiting to be performed. The State has explicitly confirmed that hospitals can and should continue to provide emergency and essential procedures and surgeries, such as those for diagnosis of cancer, treatment of intractable pain, and other services for highly symptomatic patients. H+H is following this guidance. These cases have been prioritized based on disease classification and number of previous hospital admissions, sent to each surgery chief in our health system, who have subsequently re-scheduled these cases according to acuity. Each patient will be COVID-19 tested within 72 hours of the date of service. Ambulatory care COVID-19 capacity was established to provide same day access. Specific operation rooms have been designated for COVID-19 positive patients and COVID-19 negative patients. System wide PPE protocols have been developed for surgical cases and a system wide policy has been developed governing performance of scheduled procedures in the context of the Governor’s executive order.

Emergency Rooms: Re-envisioning the post-COVID, pre-vaccine NYC Health + Hospitals Emergency Departments are working in collaboration with Office of Facilities Development, EITS and Supply Chain to ensure clean ED’s that are safe for patients to seek medical care without fear of contracting COVID-19.

Tele-ICUs: As the number of patients requiring critical care exceeded the number of critical care beds and intensivists, tele ICU became a viable option - to provide critical care support for ICU patients in atypical locations and / or managed by non-intensivists. We initiated two pilots of tele-ICU: one at Bellevue and one at Jacobi. Communication was predominantly via telephone, though video conferencing was available via a laptop and webcam. The feedback was very positive. The conclusions drawn from these pilots was that tele-ICU can indeed provide viable critical care coverage. We are currently pursuing this to understand the scale of our need, financial and technological investments needed.

Long Term Acute Care Hospitals: Under the physician leadership of Drs. Margolis and Boudourakis, our LTAC facilities have begun accepting
appropriate transfers from our acute care ICU patients which allows our acute care ICU’s to return to their pre-COVID-19 census, and capacity. Between 5/11 and 5/21, 48 ICU transfers have been admitted to the LTACH. The goal is to transfer to the LTACH those ICU patients currently on med surg units in our acute care facilities who are appropriate for an LTACH level of care. For the most part these are patients who are chronic ventilator patients no longer requiring critical care.

Blood Supply: On May 15th, the New York Blood Center reported a shortage of blood products, driven by reduced donations during the COVID-19 shelter in place restrictions. We immediately began monitoring our blood supply system wide, including twice daily touch points with the system CMO, Trauma and Peri-op leads. We also worked with City Hall to publicize this concern and encourage blood donation. We were able to successfully import blood from a secondary blood supplier which enabled all H+H blood banks to return to target inventory levels by May 21. The system will continue to monitor as the NYBC returns to routine blood supply levels.

Helping Healers Heal (H3): Emotional and psychological support of our health care heroes continues through H3, Behavioral Health services, and a new collaboration with Department of Defense to combat stress management and resilience. Our heroes were there for New Yorkers during the COVID-19 surge, we need to be there for them now. Our philanthropy efforts have raised so far over $26 million, as we continue to provide comfort care to our frontline staff.

Test & Trace Corps
The COVID-19 Test & Trace Corps is charged with testing New Yorkers for COVID-19, tracing to identify contacts who may have been exposed to the virus, and then connecting them to either wrap around support services at home or a hotel if they cannot safely isolate at home. Under the leadership of the Corps, New York City will be completing more than 20,000 diagnostic tests each day the week of May 25, a metric the City reached a week early. And this week we announced that more than a dozen new testing sites will open next month. By early June, the Corps will have 2,500 tracers doing this important work for New Yorkers and has 1,700 new tracers ready to start on June 1st -- many of whom represent some of the hardest hit communities and speak nearly 40 languages.

We have launched a new public website www.nychealthandhospitals.org/testandtrace and a $10M multi-lingual advertising and outreach campaign. The Mayor also appointed the program's new Chief Equity Officer who will support the Test & Trace Corps effort to address racial disparities and engage communities that have been disproportionately affected by the virus.

NYC Health + Hospitals/Coler
The New York State Department of Health conducted a standard COVID-19 survey at NYC Health + Hospitals/Coler from May 18 - 19, 2020. The survey team consisted of 8 surveyors on-site and 1 off-site. This is a standard survey that NYS Department of Health is conducting at nursing facilities throughout the State to assess the level of compliance with all NYS DOH guidelines related to COVID-19. At the conclusion of the 2-day survey,
Coler was informed that the information provided to and gathered by the surveyors would be reviewed by the home office before any determinations or findings were made. No immediate corrective actions were required by the survey team while on-site during the survey.

The focus of this standard survey was on infection control practices, PPE supplies and usage, staff education, resident and family communication, and COVID-19 related deaths. The surveyors reviewed the facility practice of cohorting COVID-19 positive residents together in the same room. They also reviewed the practice of cohorting presumed positive residents together in the same room.

The NYS Attorney General's Office - Medicaid Fraud Unit is also in the process of conducting an off-site COVID-19 review of Coler. These reviews are being conducted by this agency of nursing homes throughout the state. The telephone interviews and informational request focused on infection control practices, PPE usage and supplies, resident and staff testing, staffing levels, and resident deaths related to COVID-19. Information related to the environmental services and pest control programs was also requested, which seems to be related to the New York Post article.

Coler leadership continues to work collaboratively with other community stakeholders, including its Community Advisory Board, local advocates, and elected officials.

**Pilot Visitation Program**

Limiting visitation to protect patients, visitors, and staff during the COVID-19 surge was one of the most heart wrenching consequences of the pandemic. We are excited to participate in the NYS hospital visitation pilot with NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/North Central Bronx and NYC Health + Hospital/Coney Island being our first three sites to allow family to visit patients in our hospitals while taking all precautions to keep everyone safe. The pilot will last for 2 weeks and started on May 26th. We hope this pilot will lead to expansion of visitation across our system to reconnect patients with loved ones.

**FINANCE UPDATE**

**COVID-19 Surge and Post-COVID-19 Revitalization**

As reported at the Finance Committee on May 14th, in preparation of the COVID surge, H+H took actions to prepare facilities for an increase in COVID-positive patients and took steps to reduce the need for non-COVID patients to be seen in-person, including with the cancellation of elective surgeries. The result was declines of 42% in outpatient visits and 12% in inpatient admissions compared to the pre-COVID baseline. This resulted in an initial revenue decline of 13%. However, with the onset of the COVID surge, the volume and complexity of cases increased. The result was a near breakeven in revenue between the pre-COVID and COVID surge period. Subsequently, as COVID admissions have declined, there has not yet been a return of non-COVID admissions, causing a net 14% decline in the post-COVID surge period. Despite this, the system’s cash position has remained steady and is expected to close May with approximately $400M cash on hand (18 days).
Additionally, to recapture the lost revenue and continue to stabilize the system in the post-COVID period, the system has begun a re-envisioning of the system with a sustained focus on ambulatory and perioperative care. These strategies will ensure that the system is prepared for dealing with the uncertain healthcare and fiscal landscape caused by COVID.

**Federal Relief – FEMA/HHS**

NYC Health + Hospitals has been proactively tracking the COVID-related expenditures and submitted an initial reimbursement claim to FEMA for $650M on March 27th. Due to the expedited submission, we quickly received approval from FEMA for $532M. The system is currently waiting to receive an advance of these funds of over $200M.

Subsequently, the system has also revised its initial COVID-related cost estimates upward to $1.1B to reflect the expanded scope that the system was asked to take on during the COVID surge. The major adjustments included an increase in infrastructure costs due to buildout of the surge capacity space at the Billie Jean King Tennis Center and Brooklyn Cruise Terminal. The system was also required to increase its contracted staffing commitments for nursing and respiratory therapists due to greater levels of staff absences and higher patient volume. Lastly, the system expects greater PPE-related expenditures related to the Governor’s directives regarding stockpiles and minimum standards for supplies.

In addition, the system has been advocating for and receiving federal relief from the multiple “stimulus” bills passed by Congress, most notably the CARES Act and Stimulus 3.5. These bills provided direct financial support to healthcare providers through the creation of the $175B Provider Relief Fund. To date, $72.4B has been allocated. An additional to-be-determined portion is set aside for treatment of the uninsured; the remainder is still to be allocated. NYC Health + Hospitals has received $832M in COVID-related funds to-date largely from the Provider Relief Fund general and high-impact (hot-zone) allocations. We continue to advocate that existing, unallocated funds and new funds prioritize high-Medicaid and safety-net hospitals.

**State Actions – MRT II Implementation and Timely Reimbursement**

During the COVID pandemic, the State enacted its SFY20-21 budget, which included recommendations from the MRT II workgroup. These recommendations included our health system’s proposals regarding the UPL Conversion and Coordinated Care for Special Populations. Throughout this period, we have been working with our partners at DOB and DOH to implement these major initiatives. Additionally, we have been having ongoing conversations with the State regarding the $800M in pending supplemental Medicaid payments that the system is owed as well as seeking a settlement related to outstanding claims and outlier payments. These revenues are necessary for our public safety net system to continue to maintain its stable cash position.

**HEALTH SYSTEM NEWS**
• 3 Public Hospitals Ease Restrictions on Visitation as Part of State Pilot Program

• Mayor’s Office of Media & Entertainment Launch “Music for the Soul”

• Test and Trace: City Expands Testing Criteria to Test More New Yorkers

• Test and Trace: Mayor de Blasio Builds Out Tracing And Isolation Operation

• Test and Trace: Mayor De Blasio Announces New York City Test and Trace Corps

• Mayor de Blasio Launches Citywide Antibody Survey By Appointment-Only

• NYC Health + Hospitals Celebrates Milestone of 20 Temporary ICU Beds Created to Triple Bed Capacity in the Bronx

• Mayor Announces Local Manufacturers Will Scale Up Production of Testing Supplies

• Statement from Dr. Katz on Health System’s 5,000 COVID-Positive Patient Discharges

• NYC Health + Hospitals Raises 20.9 Million in Donations for Staff on the Front Lines
RESOLUTION - 02

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute extensions of the terms of its affiliation agreements (the “Affiliation Agreements”) with each of (i) NYU Grossman School of Medicine (“NYU”); (ii) Icahn School of Medicine at Mount Sinai (“Sinai”); and (iii) Physician Affiliate Group of New York, P.C. (“PAGNY”), each made for the provision of general care and behavioral health services for a period to end on December 31, 2020, with the System facilities served by each of such medical affiliates and with the cost of each such extension to be an amount not to exceed the amounts indicated below as follows:

NYU – Bellevue Hospital Center, Gouverneur Healthcare Services, Coler Rehabilitation and Nursing Care Center, Henry J, Carter Specialty Hospital and Nursing Facility, Woodhull Medical and Mental Health Center, Cumberland Diagnostic & Treatment Center - for an amount not to exceed $212,804,261

Sinai – Elmhurst Hospital Center and Queens Hospital Center - for an amount not to exceed $151,651,039

PAGNY – Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center - for an amount not to exceed $357,603,371

With an overall total not to exceed $722,058,671 for the six-month period, which includes a 10% contingency per Affiliate.

WHEREAS, the System has for some years entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided general care and behavioral health services at System facilities; and

WHEREAS, the current Affiliation Agreements with NYU, Sinai and PAGNY (together, the “Affiliates” and individually, each an “Affiliate”) were approved by the System’s Board of Directors at its meeting held on June 18, 2015 for terms to each expire on June 30, 2020; and

WHEREAS, the System was negotiating multi-year renewals of these Affiliation Agreements with each of its Affiliates with the goal of having such new agreements ready for presentation to the System’s Board of Directors and for authorization and execution prior to their expiration, but the COVID-19 epidemic has diverted the attention of the parties to urgently respond to the epidemic; and

WHEREAS, the proposed extensions will keep substantially the current terms of each Affiliation Agreement in place through the end of the calendar year to provide sufficient time to conclude negotiations of new agreements for authorization and execution prior to the expiration of the proposed extensions; and

WHEREAS, the Sr. Vice President and Chief Medical Officer shall have the responsibility for the administration of the Affiliation Agreements.
NOW, THEREFORE, BE IT

RESOLVED, that New York City Health and Hospitals Corporation (“the System”) be and hereby is authorized to execute extensions of the terms of its affiliation agreements (the “Affiliation Agreements”) with each of (i) NYU Grossman School of Medicine (“NYU”); (ii) Icahn School of Medicine at Mount Sinai (“Sinai”); and (iii) Physician Affiliate Group of New York, P.C. (“PAGNY”), each made for the provision of general care and behavioral health services for a period to end on December 31, 2020, with the System facilities served by each of such medical affiliates and with the cost of each such extension to be an amount not to exceed the amounts indicated below as follows:

NYU – Bellevue Hospital Center, Gouverneur Healthcare Services, Coler Rehabilitation and Nursing Care Center, Henry J, Carter Specialty Hospital and Nursing Facility, Woodhull Medical and Mental Health Center, Cumberland Diagnostic & Treatment Center - for an amount not to exceed $212,804,261.

Sinai – Elmhurst Hospital Center and Queens Hospital Center - for an amount not to exceed $151,651,039.

PAGNY – Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center - for an amount not to exceed $357,603,371

With an overall total not to exceed $722,058,671 for the six-month period, which includes 10% contingency per Affiliate.
EXECUTIVE SUMMARY
EXTENSION OF MEDICAL AFFILIATION AGREEMENTS
WITH NYU GROSSMAN SCHOOL OF MEDICINE
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI AND
PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C.

BACKGROUND: The System has long obtained medical services through medical affiliation agreements with certain medical schools, voluntary hospitals and professional corporations. The contracts for three of these Affiliates, NYU, Sinai and PAGNY, were approved by the System’s Board of Directors at its meeting held June 15, 2015, and each is due to expire June 30, 2020. The urgent need to respond to the COVID-19 epidemic has caused delays in the renegotiation of multi-year Affiliation Agreements. Accordingly, the System seeks authorization to extend the term of each of the Affiliation Agreements from July 1, 2020 through December 31, 2020 to allow time for the conclusion of such negotiations.

TERMS: The current terms of the Affiliation Agreements, with very minor modifications, shall remain in place during the extension. The System facilities serviced by each of the Affiliates is as follows:

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<th>Sinai</th>
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<td>Elmhurst Hospital Center</td>
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<td>Lincoln Medical &amp; Mental Health Center</td>
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<td>Queens Hospital Center</td>
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<td>Coler Rehabilitation and Nursing Care Center</td>
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<td>Cumberland D &amp; TC</td>
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<td>Kings County Hospital Center</td>
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FUNDING NOT-TO-EXCEED AMOUNTS: Money to pay the costs of the extension of the Affiliation Agreements come from the System’s general operating funds and the costs of each of the three renewals will not exceed the following amounts.

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<td>Total</td>
<td>$722,058,671</td>
</tr>
</tbody>
</table>
Extension of Affiliate Agreements: 
Sinai, NYU, PAGNY

NYC Health + Hospitals
Board of Directors Meeting
June 25, 2020

Andrea Cohen, Senior Vice President General Counsel
Dr. Machelle Allen, Senior Vice President Chief Medical Officer
John Ulberg, Senior Vice President Chief Financial Officer
Overview of Extension Request

• Our Affiliation relationships are critical to our mission to provide high quality healthcare services to all of our patients, regardless of their ability to pay
  • Affiliates employ the vast majority of our physician workforce, as well as other essential advanced practice providers and technicians
• Five-year Contracts with our 3 largest Affiliates- PAGNY, NYU and Mt. Sinai- expire at the end of the month
  • Since July 2019, we have been engaged in productive discussions on modernizing our Affiliate relationships for the next five-year period
  • COVID-19 interrupted these discussions, taking the full attention of leadership at H+H and at the Affiliates to manage the crisis
• Seeking a 6-month extension of existing contracts, rather than rushing a more ambitious redesign or agreeing to a status quo 5 year agreement, is the right thing to do at this time:
  • For the stability and support for our workforce
  • For advancement of H+H strategic goals
  • For time to assess the financial impact of the pandemic
• If the Extension is approved, we will go back to work negotiating the longer-term extension immediately
H+H Affiliate Arrangements: A $1.2B Annual Budget for 5,197 FTEs overall (2,816 physician FTEs)

- Covers professional services (physicians, advanced practice practitioners, and technical staff)
- Primarily cost-based arrangements include compensation and fringe, and overhead
- Some affiliates also manage faculty practice plans, and/or limited subcontracts
Contracts with affiliates are cost-based with over 97% of funds going to salary and fringe.

$1.2B Annual Compensation

- **Fringe**: ~20-25%
- **Salaries**: ~70-75%

Overhead: ~2-3%
Overview of Affiliate Contracting Journey

The COVID-19 crisis created a need to employ a short term contract extension prior to completing new longer term Affiliate agreements

Phase I:
Planning for New Five-Year Affiliate Agreements
July 2019 through February 2020

Phase II:
Managing COVID and Pivoting to Affiliate Extension
March 2020 through June 2020

Phase III:
Employ 6 Month Affiliate Extension Agreement
July 2020 through December 2020

Phase IV:
Anticipated New 4.5 Year Affiliate Agreement
January 2021 through June 2025
Established principles will serve as guide for successful agreement negotiations with the Affiliates

1. Develop overarching governance and management structure.
   - An overarching governance and management structure needs to be established to ensure decisions are made efficiently, consistent with the Shared Principles.

2. Align financial incentives with Affiliates and physicians.
   - Financial incentives and values between physicians and H+H need to be better aligned as insurers move to at-risk/value-based payment for quality outcomes (versus volume) and H+H requires improvements in H+H network utilization and member attrition, as foundation to financial alignment

3. Enhance patient care model.
   - Care needs to be better coordinated between facilities and specialty and primary care physicians to ensure patients receive the right care at the right time.

4. Establish attractive career opportunities for new and existing providers, especially for primary care and advanced practice practitioners.
   - Expanding physician supply, especially primary care, is critically important as care needs shift and the workforce ages. (Approximately 25% of H+H physicians are over the age of 60. This means approximately 750 physicians could retire within the next few years).
   - Each affiliate must develop a five year physician workforce and succession plan for H+H approval

5. Maintain sustainable compensation and benefit packages in consideration of H+H service expectations and resource constraints.
   - Physician compensation packages need to be fair and affordable considering both monetary and in-kind services, employment benefits, and malpractice insurance value.

6. Achieve financial and operational reporting transparency.
   - Greater reporting transparency is needed between Affiliates and H+H to ensure performance metrics and other shared objectives are achieved.

7. Develop clear and enforceable contract terms, flexible to innovation and changing care needs.
   - Contract terms need to be clear and enforceable to ensure accountability and fairness, yet flexible to allow for innovation and adaptation to changing care needs.

8. Develop contract provisions to allow for H+H and Affiliates to effectively engage in research and medical education.
   - Contract terms should include provisions allowing for H+H and Affiliates to participate and advance research and medical education programs with appropriate reimbursement received to cover in-facility program costs incurred by H+H.
Extension Implications for Physicians and Affiliates

Implications for Affiliates

- Status quo/stability maintained in short term
- Minor contract adjustments facilitate management process improvements that were already agreed during negotiation
- Can pursue joint agenda and continue negotiations for eventual 4.5 year contract renewal

Implications for Physicians

- Extension agreement provides stability, along with express commitment to longer-term arrangements
- New collective bargaining agreement between Affiliates and Doctors Council can be negotiated simultaneously during extension period
## Proposed Timeline for Extension Period

### Activities

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>H+H Board Votes on Affiliate Extension Approach</td>
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<td></td>
<td><strong>Today</strong></td>
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<tr>
<td>Implement 6-month Affiliate Extension Approach</td>
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<tr>
<td>Negotiate with Affiliates on 4.5 Year Affiliate Agreements and Implement Affiliate Extension Agenda</td>
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<tr>
<td>Employ New 4.5 Year Affiliate Agreement</td>
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<td></td>
<td></td>
<td><strong>Through June 2025</strong></td>
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</tr>
</tbody>
</table>
Board Authorization Request

- Approve proposed Affiliate contract extensions, which employ current Affiliate budget base and contract language during the six month extension period.
- If approved, begin negotiations on new 4.5-year Affiliate contract during the extension period with Affiliates, permitting underlying agreements with Doctor’s Council.
- During the extension period management will also pursue an operations improvement agenda with the Affiliates.

### Proposed Funding

<table>
<thead>
<tr>
<th></th>
<th>NYU</th>
<th>Mt. Sinai</th>
<th>PAGNY</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total “Not to Exceed” Amount</td>
<td>$212,804,261</td>
<td>$151,651,039</td>
<td>$357,603,371</td>
<td>$722,058,671 *</td>
</tr>
</tbody>
</table>

* NTE – amount includes 10% contingency per Affiliate.
RESOLUTION - 03

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a three-year renewal agreement with Petrone Associates, LLC (the “Vendor”) for the provision of medical physics consulting and radiation safety services as requested by the System with two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed $8,800,000.

WHEREAS, the Contract Review Committee approved the issuance of a request for proposals and then approved the award of the contract to the Vendor after considering competitive proposals; and

WHEREAS, the Vendor is the incumbent having worked for the System for over 5 years with its current contract due to expire on July 31, 2020; and

WHEREAS, under the proposed agreement, the Vendor will provide comprehensive radiation safety and medical physics consulting services that includes compliance testing of diagnostic imaging, nuclear medicine, and therapeutic modalities, radiation safety services, continuing education for technical staff on ongoing safety training and compliance, and consulting services for large projects such the new Coney Island Hospital build-out; and

WHEREAS, the proposed agreement for these services will be managed by the Radiology Council.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute five renewal agreement with Petrone Associates, LLC for the provision of medical physics consulting and radiation safety services as requested by the System and with the total cost over the combined five-year term not to exceed $8,800,000.
EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH PETRONE ASSOCIATES, LLC
FOR THE PROVISION OF MEDICAL PHYSICS CONSULTING AND RADIATION SAFETY SERVICES

BACKGROUND: The purpose of the proposed agreement is for the Vendor to provide medical physics consulting and radiation safety services on behalf of the System.

PROCUREMENT: The System issued a Request for Proposals on March 23, 2020. A mandatory pre-proposers conference was held on March 26, 2020, which two prospective vendors attended. One proposal was received. The Contract Review Committee approved the application to enter into contract on May 5, 2020.

BUDGET: The cost of the proposed agreements will not exceed $8,800,000 over the full five-year term.

TERM: The term of the proposed agreement is five years.

MWBE: The Vendor has submitted a waiver from MWBE subcontracting goals. After review by Office of Legal Affairs it was concluded that no MWBE opportunity exists in the medical physics field. Leading to this determination were searches of the NYS and NYC MWBE directories, advertisements taken in three separate publications, and inquiries make to a known WBE which has since discontinued business.
To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Petrone Associates, LLC

Date: May 28, 2020

The below chart indicates the vendor’s status as to vendor responsibility, EEO and MWBE:

<table>
<thead>
<tr>
<th>Vendor Responsibility</th>
<th>EEO</th>
<th>MWBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>Approved</td>
<td>Full Waiver</td>
</tr>
</tbody>
</table>

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
Petrone Associates, LLC
Medical Physics Consulting and Radiation Safety Services

Application to Enter into Contract

Board of Directors Meeting
June 25, 2020

Robert Berding – COO, Metropolitan Hospital
Michael Ambrosino, MD – Chief of Radiology, Bellevue Hospital
Joe Wilson - Sr. AVP, Strategic Sourcing
Petrone Associates, LLC has been providing Physics testing for NYC Health + Hospitals since 2010.

NYC Health + Hospitals requires a vendor to provide a comprehensive Radiation Safety and Medical Physics Consulting Services that includes:

- Compliance Testing of diagnostics imaging, nuclear medicine, and therapeutic modalities.
- Radiation safety services/Radiation Safety Officer to review and assist to create safety policies and protocols.
- Continuing education for technical staff on ongoing safety training and compliance, and documentation of education
- Consulting services for large projects such new Coney Island Hospital build-out.

All NYC Health + Hospitals facilities that operate imaging equipment currently retain Petrone Associates to perform radiation and physics performance testing as required by the regulatory agencies.

Currently providing consulting services for OFD for the new Coney Island Hospital build.
Desired Outcomes

➢ Goal of the RFP:

➢ Programmatic support for physics services resulting in regulatory compliance and continued staff and patient safety.

➢ Assistance in developing and standardizing operational process and protocols across the system.

➢ Provide consultation and assistance in maintaining compliance with all regulatory affairs, including but not limited to TJC, NYSDOH, NYCBRH, FDA, ACR, HCFA, HAS, and all pertinent licenses and/or permits.

➢ Keeping abreast of new regulatory requirements, including New York State Quality Assurance Program, and recommend actions to maintain compliance.

➢ Integrated role in the Radiology Council.
Minimum Criteria:

- MWBE Utilization Plan, Waiver, or MWBE Certification (see Section VIII.B.10)
- Services must be provided by American Board of Radiology (ABR) board certified Medical Physicist(s), Graduate-level Physicist(s), Quality Control Engineer(s), and Medical Health Physicist(s) specializing in Nuclear Medicine/Regulatory Compliance.
- The firm must have a minimum five (5) years prior experience in providing physicist consulting services and radiation safety officer services for a multi-hospital system.
- The firm must have annual gross revenues of $1,000,000.
- The firm must able to provide New York City based staff to support NYC Health + Hospitals locations.

Evaluation Criteria:

<table>
<thead>
<tr>
<th>Category</th>
<th>Weight %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Organizational Support</td>
<td>30%</td>
</tr>
<tr>
<td>Services</td>
<td>35%</td>
</tr>
<tr>
<td>Client Reference</td>
<td>5%</td>
</tr>
<tr>
<td>Cost</td>
<td>20%</td>
</tr>
<tr>
<td>MWBE Utilization Plan or MWBE Status</td>
<td>10%</td>
</tr>
</tbody>
</table>

Evaluation Committee:

- Chief Operating Officer - Metropolitan
- Chief of Radiology - Bellevue
- Chief of Radiology - Lincoln
- Chief of Radiology - Harlem
- Radiology Director - Metropolitan
- Radiology Director - Elmhurst
- Sr. Assistant VP - M&PA
- Director - EITS
Overview of Procurement

- 10/01/19: CRC approved an application to issue solicitation.
- 03/23/20: RFP sent directly to 2 vendors and posted to City Record. No MWBE firms were identified.
- 03/26/20: mandatory pre-proposal conference call, 2 vendors attended
- 04/08/20: proposal deadline, 1 proposal was received

**The vendor who did not submit a proposal was not able to meet one of the main RFP criteria of placing onsite physicists in NYC upon being awarded the contract.**

- Diagnostic physics and radiation safety services are delivered mainly through outsourcing in the US.
- Full time Diagnostic Physicists are either employed by private practice firms or in a university setting where they not only perform equipment evaluations, but also teach medical students, residents, write papers, engage in research, administer residency programs etc.
- Salary for these positions start in mid $200k range plus benefits. Most hospitals use these managed services as the most cost effective route to satisfy this important regulatory requirement.
Service cost will be based on number of imaging equipment, new technology (i.e., SPECT, Mammography 3D Tomo), testing frequency (annual, semi-annual), additional programs implemented or new compliance requirements to be met.

Contingency spend is factored in for future projects such as Gotham center of Excellence, and in anticipation of new regulatory requirements.

<table>
<thead>
<tr>
<th>Term</th>
<th>Annual Spend</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>$1,304,728.00</td>
<td>70 new equipment installed under the Imaging Capital Plan, Coney Island Project, CRFP Project</td>
</tr>
<tr>
<td>Year 2</td>
<td>$1,618,300.00</td>
<td></td>
</tr>
<tr>
<td>Year 3</td>
<td>$1,651,390.00</td>
<td></td>
</tr>
<tr>
<td>Year 4</td>
<td>$1,708,750.00</td>
<td></td>
</tr>
<tr>
<td>Year 5</td>
<td>$1,738,750.00</td>
<td></td>
</tr>
<tr>
<td>Contingency (10%)</td>
<td>$800,000.00</td>
<td>future projects such as Gotham center of Excellence, and in anticipation of new regulatory requirements</td>
</tr>
<tr>
<td>Grand Total</td>
<td>$8,821,918.00</td>
<td></td>
</tr>
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</table>

Petrone Associates, in practice for 35 years, has been delivering comprehensive consulting services to several mid to large healthcare systems throughout the NYC metropolitan area. Petrone clients include: Northwell Health, Atlantic Health Systems, VA medical centers, Brooklyn Hospital, NY Methodist Hospital, Richmond University Medical Center, NYC Health + Hospitals (some facilities for decades).
Petrone has submitted a 30% waiver request. This contract is for professional services and is entirely self-performed.

Due diligence efforts were undertaken to ensure MWBE efforts were fully exhausted, including:

- Discussions with Petrone
- Researched the NYC/NYS directories
  - Reached out to MWBEs in directory performing in this space. These entities, however, are no longer in business.
- Released ad for subcontracted work geared towards MWBE in:
  - DBEgoodfaith.com
  - NY Times
  - DotMed
# Vendor Performance Evaluation

**Petrone Associates**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extend applicable?</td>
<td>n/a</td>
</tr>
<tr>
<td>Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?</td>
<td>n/a</td>
</tr>
<tr>
<td>Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?</td>
<td>n/a</td>
</tr>
<tr>
<td>Did the vendor pay its suppliers and subcontractors, if any, promptly?</td>
<td>n/a</td>
</tr>
<tr>
<td>Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the vendor adequately staff the contract?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Performance and Overall Quality Rating: Satisfactory
We are seeking approval to enter into contract with Petrone Associates, LLC for Medical Physics Consulting and Radiation Safety Services:

- 5 years
- July 1, 2020
- Total contract with a not-to-exceed value of $8.8M.
- 30% MWBE waiver has been requested
RESOLUTION - 04

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a best interest three-year renewal (the “Agreement”) with Bioreference Laboratories, Inc. (the “Vendor”) to provide diagnostic laboratory services on behalf of the System with the System holding two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed $25,000,000.

WHEREAS, the Vendor has been a reference lab provider for the System since 2013; and.

WHEREAS, the Vendor provides diagnostic laboratory services for routine and specialized testing to physicians, hospitals, government units, and correctional institutions; and

WHEREAS, the Vendor performs all laboratory services needed for the System’s provision of medical services to NYC Department of Corrections’ detainees through its Correctional Health Services unit (“CHS”); and

WHEREAS, the Agreement will not obligate the System to send any work to the Vendor however the Vendor is required to perform test on all specimens sent to the Vendor; and

WHEREAS, the Sr. Assistant Vice President of Laboratory Services will be responsible for the administration of the Agreement.

NOW THEREFORE, BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a best interest three-year renewal with Bioreference Laboratories, Inc. to provide diagnostic laboratory services on behalf of New York City Health and Hospitals Corporation with New York City Health and Hospitals Corporation holding two one-year options to renew solely exercisable by New York City Health and Hospitals Corporation and with the total cost over the combined five-year term not to exceed $25,000,000.
EXECUTIVE SUMMARY
BEST INTEREST RENEWAL WITH BIOREFERENCE LABORATORIES, INC.
DIAGNOSTIC LABORATORY SERVICES

BACKGROUND: The Vendor has been a reference lab provider for NYC Health + Hospitals since 2013. The Vendor provides laboratory services for routine and specialized testing to physicians, hospitals, government units, and correctional institutions. The Vendor is the sole provider of laboratory services for CHS in its healthcare programs at Rikers Island and other DOC facilities. The System’s current agreement with the Vendor expires July 31, 2020.

PROCUREMENT: The System seeks to enter into a best interest renewal under Operating Procedure 100-05.

BUDGET/FUNDING: The cost of the proposed agreement will not exceed $25,000,000.00 over the full five-year term. Funding for COVID-related testing will come from the Federal grant made to the System for COVID testing.

TERMS: The terms of the existing agreement will remain in effect during the proposed extension term. The proposed agreement is non-exclusive and does not obligate the System to use the Vendor. The term of the proposed agreement is three years with two one-year options to renew solely exercisable by the System. The proposed Agreement allows for termination by the System for convenience.

MWBE: The Vendor has submitted a 30% waiver request. This contract is for laboratory services and is currently 100% self-performed. The Vendor is in the early stages of building out a Diversity and Inclusion program. The Vendor has committed to instituting internal employee programs and inclusion of MWBE vendors. It will assess the possibility of increasing it diversity through third-party vendors, vendor relations and procurement practices. The System will work with the Vendor to create a MWBE spend program for the proposed contract. Supply Chain and the Vendor’s leadership will meet quarterly for updates and will document the same.
To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: BioReference. Laboratories, Inc.

Date: June 1, 2020

The below chart indicates the vendor’s status as to vendor responsibility, EEO and MWBE:

<table>
<thead>
<tr>
<th>Vendor Responsibility</th>
<th>EEO</th>
<th>MWBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>Approved</td>
<td>30% Waiver</td>
</tr>
</tbody>
</table>

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
Bioreference Laboratories, Inc.

Application to Enter into Contract

Board of Directors Meeting
June 25, 2020

Kenra Ford
Chief of Staff to System Chief Medical Officer
Vice President, Laboratory Services

Ross Macdonald, MD – Chief Medical Officer, Correctional Health Services
Bio-Reference Lab has been a lab provider for NYC Health + Hospitals since 2013.

Bio-Reference provides laboratory services for routine and specialized testing to physicians, hospitals, government units, and correctional institutions.


Total Spend: $4.6M in FY19. (NYCHH $1.6M, Correctional Health $3M)

Tests that are sent to Bio-Reference:
- NYC Health + Hospitals are sending primarily specialized tests such as Immunohistochemistry (IHC) Tests.
- Correctional Health uses Bio-Reference for all clinical tests.
NYC Health + Hospitals seeks to extend the agreement for three (3) years with two one year option under best interest renewal.

The extension agreement will include new tests such as COVID-19 PCR and Antibody tests for the term of the contract.

NYC Health + Hospitals reviewed redirecting tests through the Northwell Joint Venture. Northwell will require several years to build its testing capacity and investment in IT infrastructure to interface with Correctional Health LIS System.

NYC Health + Hospitals is afforded the DOH pricing as part of the overall agreement. Bio-Reference fees are competitive based on upon pricing due diligence versus Quest and Northwell.
Bio-Reference has submitted a 30% waiver request. This contract is for laboratory services and is currently self-performed.

- In conversations with Bio-reference they are in the early stages of building out a Diversity and Inclusion program. Bio-Reference had shared that in the next several months they will institute internal employee programs and inclusion of MWBE vendors.

- Bio-Reference will assess diversity through third-party vendors, vendor relations and procurement practices.

- Bio-Reference will work to create a MWBE spend program for the NYC Health + Hospitals contract. Supply Chain and Bio-Reference leadership will meet quarterly for updates.
**Vendor Performance Evaluation**

**Bioreference Labs**

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<td>Yes</td>
</tr>
</tbody>
</table>

Performance and Overall Quality Rating: Satisfactory  

Yes
The System is seeking approval to extend the agreement with Bioreference Laboratories, Inc.:

- Agreement to extend for additional three (3) years with two (2) one year renewals.
- Effective date of the agreement is July 1, 2020 through June 30, 2025.
- Agreement allows for termination for convenience.
- No increase in cost to NYCHH pricing.
- Total agreement value of not to exceed $25M. Contingency spend of $2M to account for organic patient growth.
RESOLUTION - 05

Appointing Soraya Pares to replace Tamira Boynes as a member of the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus”), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

WHEREAS, a resolution approved by the Board of Directors of the NYC Health + Hospitals on October 29, 1998, authorized the conversion of MetroPlus from an operating division to a wholly owned subsidiary of the NYC Health + Hospitals; and

WHEREAS, the Certificate of Incorporation designates the NYC Health + Hospitals as the sole member of MetroPlus; and

WHEREAS, the Bylaws of MetroPlus authorize the President of MetroPlus to select a Director who is a member of the MetroPlus Health Plan, subject to approval by the Board of Directors of NYC Health + Hospitals; and

WHEREAS, the Bylaws of MetroPlus authorize the removal of any director, subject to the approval of the Board of Directors of NYC Health + Hospitals; and

WHEREAS, Ms. Boynes has asked to be released of her duties as a member of the Board of Directors of MetroPlus; and

WHEREAS, the President of MetroPlus has selected Ms. Pares to serve as a member of the Board of Directors; and

WHEREAS, on June 2, 2020 the Board of Directors of MetroPlus approved said nomination.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health + Hospitals Board of Directors appoint Ms. Soraya Pares to replace Ms. Tamira Boynes as a member of the MetroPlus Board of Directors to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.
EXECUTIVE SUMMARY

Pursuant to the Certificate of Incorporation of MetroPlus, NYC Health + Hospitals has the sole power with respect to electing members of the Board of Directors of MetroPlus. The Bylaws of MetroPlus authorize its Executive Director to select a Director who is a member of the MetroPlus Health Plan, subject to approval by the Board of Directors of NYC Health + Hospitals.

The Bylaws of MetroPlus authorize the removal of any director, subject to the approval of the Board of Directors of NYC Health + Hospitals. Ms. Tamira Boynes has asked to be released of her duties as a member of the Board of Directors of MetroPlus. The President of MetroPlus has nominated Ms. Soraya Pares to replace Ms. Boynes to serve as a member of the MetroPlus Board.

Ms. Pares has been a MetroPlus member since 2003. She also participates in multiple committees at MetroPlus and at NYC Health + Hospitals.

MetroPlus is very pleased that she has agreed to serve on the Board, and is particularly interested in the perspective that she, as a member, will bring to the Board.
Soraya Pares
683 East 236th Street • Bronx, New York 10466
Phone: (917) 554-1662 • E-Mail: spares@chnnyc.org

Experienced HIV/AIDS Program Manager, committed to producing quality deliverables that are within the scope of services, funding requirements and project implementation.

Experience

Community Healthcare Network          July 2004–present
Program Manager – Access to Healthcare Program
New York State Certified Assistor

- Managed a Part B AIDS Institute HIV Uninsured Care Program
- Supervise two full time staff members (peer educator, community counselor)
- Develop departmental guidelines and procedural manuals
- Monitor and manage all staff documentation, workshop curriculum, outreach plans
- Collect patient data and track progress in order to attain comprehensive health insurance coverage
- Provide direct patient care via intake and follow up visits
- Created linkages with other community service providers
- Collaborate care and services with internal providers
- Establish policy and manage compliance with program guidelines

Salvation Army-COBRA Case Management/Community Follow-Up Worker 2000–2003

- Provided direct services to HIV+ patients as per service plans and goals
- Devised outreach plans based on the target population and program services
- Provided advocacy, counseling and education during direct patient encounters
- Developed and participated in consumer activities

Education

New York State Board of Education – GED 1994

SKILLS

Bilingual/Bicultural, participated in New York State Consumer Committees, Jacobi Hospital Consumer
RESOLUTION - 06

Authorizing the President of the New York City Health and Hospitals Corporation (the “Corporation”) to approve and appoint Citigroup, JP Morgan and Morgan Stanley & Co. to provide investment banking services and serve as senior managing underwriters, and to approve and appoint BNY Mellon Capital Markets, Blaylock Beal Van LLC, Drexel Hamilton LLC, Fidelity Capital Markets, FTN Capital Markets, Hilltop Securities (formerly First Southwest), Janney Montgomery Scott, Jefferies LLC, Loop Capital Markets LLC, Mischler Financial Group, Ramirez & Company, RBC Capital Markets, Rockfleet Financial Services, Roosevelt & Cross Inc., Stern Brothers, TD Securities and Wells Fargo Securities to serve as co-managing underwriters for the Corporation’s debt issuances from August 2020 through July 2021 (a 12-month extension to the 2015 Resolution), to support its capital finance program. Such authorization in respect to the entities mentioned above shall extend to the successors of any such entities which assume the business of such entities through merger, reorganization, consolidation or acquisition.

Further authorizing the President to negotiate and execute a contract with one of the three senior underwriters in the event of a Board authorized issuance.

WHEREAS, the Corporation currently finances major capital projects, ongoing capital improvements and major movable equipment through funds received from the proceeds of tax-exempt bonds and leases issued by the Corporation or by other issuers on behalf of the Corporation; and

WHEREAS, the 2015 Underwriters Selection Committee, consisting of representatives from the Corporation, the New York City Office of Management and Budget, and the New York City Office of the Comptroller, has reviewed and determined from proposals submitted in response to a Request for Proposals (“RFP”) that the 20 responding firms are qualified to provide the investment banking services that are required for the restructuring, marketing, and underwriting of the Corporation’s debt issuances; and

WHEREAS, the 2015 Underwriters Resolution (see attached) authorizing a pool of selected underwriters to serve as senior managing underwriters and as co-managing underwriters will expires in July 2020, and due to a potential bond issuance within a twelve months period, a 12-month extension is needed; and

WHEREAS, the 2015 list of selected underwriters was reviewed and verified by PFM (see attached PFM Verification Letter), H+H’s Financial Advisor, that all the firms are still in good standing; and

WHEREAS, the overall management of this contract will be under the direction of the Senior Vice President of Finance/Chief Financial Officer, and the Assistant Vice President of the Debt Finance/Corporate Reimbursement Services division.

NOW THEREFORE, be it

RESOLVED: that the President of the New York City Health and Hospitals Corporation be and hereby is authorized to approve and appoint Citigroup, JP Morgan and Morgan Stanley & Co. to provide investment banking services and serve as senior managing underwriters, and to approve and appoint BNY Mellon Capital Markets, Blaylock Beal Van LLC, Drexel Hamilton LLC, Fidelity Capital Markets, FTN Capital Markets, Hilltop Securities (formerly First Southwest), Janney Montgomery Scott, Jefferies LLC, Loop Capital Markets LLC, Mischler Financial Group, Ramirez & Company, RBC Capital Markets, Rockfleet Financial Services, Roosevelt & Cross Inc., Stern Brothers, TD Securities and Wells Fargo Securities to serve as co-managing underwriters for the Corporation’s debt issuances from August 2020 through July 2021 (a 12-month extension to the 2015 Resolution) to support its capital finance program. Such authorization in respect to the entities mentioned above shall extend to the successors of any such entities which assume the business of such entities through merger, reorganization, consolidation or acquisition. Further authorizing the President to negotiate and execute a contract with one of the three senior underwriters in the event of a Board authorized issuance.
EXECUTIVE SUMMARY

12-Month Extension - Underwriting Services

The Corporation funds the majority of its major capital expenditures with the proceeds of bonds, notes, leases, or other publicly traded securities issued either by the Corporation, the City of New York, or by a third-party (such as Dormitory Authority of the State of New York) on the Corporation’s behalf. This activity has become increasingly diverse, encompassing HHC revenue fixed and variable rate bonds, New York City General Obligation Bonds and NYC Transitional Finance Authority Bonds issued on behalf of the Corporation, equipment leases, and lease-leaseback financings. The knowledge, expertise and capital base necessary to structure, price, market, distribute, and underwrite debt can only be provided by investment banking firms whose services the Corporation has procured since 1992.

- Major responsibilities for the senior managers include, but are not limited to:
  - Identifying financing vehicles that are the most effective and receive the greatest market acceptability;
  - Determining financing alternatives that would not restrict the Corporation’s ability to implement other programs;
  - Reviewing outstanding debt to identify and recommend refunding opportunities for debt service savings;
  - Assisting with credit rating agency presentations;
  - Initiating discussions with credit enhancement organizations;
  - Making available all resources to accommodate the Corporation’s inquiries and needs
  - Structuring financing plans for the Corporation’s capital and cash flow funding requirements; and
  - Determining the optimum marketing strategy for debt issuances that have been mutually agreed upon.

The firms listed below were qualified through a 2015 Request for Proposal process and the review of proposals by a Selection Committee comprised of representatives from the New York City Office of Management and Budget, the New York City Office of the Comptroller, Bellevue Hospital and the Corporation’s Offices of Facilities Development and Finance.

The firms listed below were further reviewed and verified by PFM (H+H’s Financial Advisor) that they are still qualified and in good standing (see attached PFM Verification Letter).

**Senior Manager**
1. Citigroup
2. J.P. Morgan
3. Morgan Stanley

**Co-Manager**
4. BNY Capital Markets
5. Blaylock Beal Van LLC
6. Drexel Hamilton LLC
7. Fidelity Capital Markets
8. FTN Capital Markets
9. Hilltop Securities (formerly First Southwest)
10. Janney Montgomery Scott
11. Jefferies LLC
12. Loop Capital Markets LLC
13. Mischler Financial Group
15. RBC Capital Markets
16. Rockfleet Financial Services
17. Roosevelt & Cross
18. Stern Brothers
19. TD Securities
20. Wells Fargo Securities

Qualification criteria included: overall quality of written proposals and oral presentations; financing and marketing strategies and recommendations, capital strength and breadth of technical, marketing and distribution capabilities.

The Corporation has not yet entered into a contract with the underwriting team. The Bond Purchase Agreement and other bond related documents will be presented to the Board before a bond issuance date - after general terms, bond size and structure have been negotiated and mutually agreed upon.
Dear Ms. DeHart:

In February 2020 New York City Health and Hospitals ("NYCHHC" or "Hospital") asked PFM to review the pool of underwriters that served on previous transactions as members of its syndicate. We understand that NYCHHC is considering the approval of an extension of this pool of underwriters for a 12-month period. As part of our review, we have examined each firm’s market participation as measured by senior managed transactions during calendar years 2018 and 2019. A summary table for each member of the syndicate is provided below.

We note that the first three columns indicate the total par amount and the second three columns represent the total number of transactions for which each organization served as senior manager (2018, 2019 and total, respectively).

In addition to our primary market participation observations, we also confirmed that each firm remains a going concern in the municipal underwriting business. We note some additional observations below.

Three firms that were syndicate members on the last transaction did not have senior managed business during those calendar years. Lebenthal & Co., LLC and M.R. Beal are no longer in the business. Rice Financial Products Company has not served as a senior manager, but they have participated in transactions in a co-manager role. We also note that Siebert Brandford Shank & Co., LLC has gone through several corporate changes and is known as Siebert Williams Shank & Co., LLC.
Based upon our review and our knowledge of each firm, we believe that renewing the underwriting syndicate is generally prudent for NYCHHC with the exclusion of the aforementioned firms that are no longer in the business. The selected group offers a broad array of distribution channels for the Hospital which should result in bond transactions that are priced on-market.

We are happy to provide additional feedback or answer questions, as needed.

Sincerely,

PFM FINANCIAL ADVISORS LLC

Brian M. Carter    Christine Doyle
Director     Managing Director
RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the “Corporation”) to approve and appoint Citigroup, JP Morgan and Morgan Stanley & Co. to provide investment banking services and serve as senior managing underwriters, and to approve and appoint BNY Mellon Capital Markets, Blaylock Beal Van LLC, Drexel Hamilton LLC, Fidelity Capital Markets, FTN Capital Markets, First Southwest, Janney Montgomery Scott, Jefferies LLC, Loop Capital Markets LLC, Mischler Financial Group, Ramirez & Company, RBC Capital Markets, Rockfleet Financial Services, Roosevelt & Cross Inc., Stern Brothers, TD Securities and Wells Fargo Securities to serve as co-managing underwriters for the Corporation’s debt issuances from August 2015 through July 2020 to support its capital finance program. Such authorization in respect to the entities mentioned above shall extend to the successors of any such entities which assume the business of such entities through merger, reorganization, consolidation or acquisition.

Further authorizing the President to negotiate and execute a contract with one of the three senior underwriters in the event of a Board authorized issuance.

WHEREAS, the Corporation currently finances major capital projects, ongoing capital improvements and major movable equipment through funds received from the proceeds of tax-exempt bonds and leases issued by the Corporation or by other issuers on behalf of the Corporation; and

WHEREAS, the Selection Committee, consisting of representatives from the Corporation, the New York City Office of Management and Budget, and the New York City Office of the Comptroller, has reviewed and determined from proposals submitted in response to a Request for Proposals (“RFP”) that the 20 responding firms are qualified to provide the investment banking services that are required for the restructuring, marketing, and underwriting of the Corporation’s debt issuances, etc.

WHEREAS, the Corporation wishes to maintain a team of three firms to act as senior managing underwriter for maximum flexibility, in the event that one or more of the three senior managing firms indicated above is no longer a separate entity or no longer provides municipal underwriting services, the Corporation reserves the right to appoint one or more of the selected co-managing underwriter firms to act as senior manager based on the Selection Committee rankings, and

WHEREAS, the overall management of this contract will be under the direction of the Senior Vice President of Finance/Chief Financial Officer, and the Assistant Vice President of the Debt Finance/Corporate Reimbursement Services Division.

NOW THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and hereby is authorized to approve and appoint Citigroup, JP Morgan and Morgan Stanley & Co. to provide investment banking services and serve as senior managing underwriters, and to approve and appoint BNY Mellon Capital Markets, Blaylock Beal Van LLC, Drexel Hamilton LLC, Fidelity Capital Markets, FTN Capital Markets, First Southwest, Janney Montgomery Scott, Jefferies LLC, Loop Capital Markets LLC, Mischler Financial Group, Ramirez & Company, RBC Capital Markets, Rockfleet Financial Services, Roosevelt & Cross Inc., Stern Brothers, TD Securities and Wells Fargo Securities to serve as co-managing underwriters for the Corporation’s debt issuances from August 2015 through July 2020 to support its capital finance program. Such authorization in respect to the entities mentioned above shall extend to the successors of any such entities which assume the business of such entities through merger, reorganization, consolidation or acquisition. Further authorizing the President to negotiate and execute a contract with one of the three senior underwriters in the event of a Board authorized issuance.
EXECUTIVE SUMMARY

Underwriting Services

The Corporation funds the majority of its major capital expenditures with the proceeds of bonds, notes, leases, or other publicly traded securities issued either by the Corporation, the City of New York, or by a third-party (such as Dormitory Authority of the State of New York) on the Corporation's behalf. This activity has become increasingly diverse, encompassing HHC revenue fixed and variable rate bonds, New York City General Obligation Bonds and NYC Transitional Finance Authority Bonds issued on behalf of the Corporation, equipment leases, and lease-leaseback financings. The knowledge, expertise and capital base necessary to structure, price, market, distribute, and underwrite debt can only be provided by investment banking firms whose services the Corporation has procured since 1992.

Major responsibilities for the senior managers include, but are not limited to:

- Identifying financing vehicles that are the most effective and receive the greatest market acceptability;
- Determining financing alternatives that would not restrict the Corporation's ability to implement other programs;
- Reviewing outstanding debt to identify and recommend refunding opportunities for debt service savings;
- Assisting with credit rating agency presentations;
- Initiating discussions with credit enhancement organizations;
- Making available all resources to accommodate the Corporation's inquiries and needs;
- Structuring financing plans for the Corporation's capital and cash flow funding requirements; and
- Determining the optimum marketing strategy for debt issuances that have been mutually agreed upon.

The firms listed below were qualified through a Request for Proposal process and the review of proposals by a Selection Committee comprised of representatives from the New York City Office of Management and Budget, the New York City Office of the Comptroller, Bellevue Hospital and the Corporation's Offices of Facilities Development and Finance.

Senior Manager
1. Citigroup
2. J.P. Morgan
3. Morgan Stanley
4. BNY Capital Markets
5. Blaylock Deban LLC
6. Drexel Hamilton LLC
7. Fidelity Capital Markets
8. FTN Capital Markets
9. First Southwest
10. Janney Montgomery Scott
11. Jefferies LLC
12. Loop Capital Markets LLC
13. Mischler Financial Group
15. RBC Capital Markets
16. Rockfleet Financial Services
17. Roosevelt & Cross
18. Stern Brothers
19. TD Securities
20. Wells Fargo Securities

Qualification criteria included: overall quality of written proposals and oral presentations; financing and marketing strategies and recommendations, capital strength and breadth of technical, marketing and distribution capabilities.

The Corporation has not yet entered into a contract with the underwriting team. The Bond Purchase Agreement and other bond related documents will be presented to the Board before a bond issuance date - after general terms, bond size and structure have been negotiated and mutually agreed upon.
CONTRACT FACT SHEET
New York City Health and Hospitals Corporation

Contract Title: Underwriting Services
Project Title & Number: not applicable
Project Location: not applicable

Successful Respondents: 20 firms (see Attachment A)
Contract Amount: To be determined (based on size and structure of bonds)
Contract Term: Five (5) years, commencing August 2015

Requesting Dept.: Debt Finance/Corporate Reimbursement Services
Number of Respondents: 20 firms
(If sole source, explain in background section)
Range of Proposals: not applicable

Minority Business Enterprise Invited: ☒ Yes
If no, please explain: __________________________

Funding Source:  ☐ General Care  ☐ Capital
☐ Grant: explain __________________________
☒ Other: explain Bond proceeds

Method of Payment: ☐ Lump Sum  ☐ Per Diem  ☐ Time and Rate
☒ Other: explain Cost of issuance to be paid by bond proceeds

EEO Analysis: Waived (see attached memo dated 2/25/2015)

In accordance with Article 15A of New York State Law, contractors engaged in corporate finance are exempt from compliance with the EEO requirements.

Compliance with HHC’s McBride Principles?  ☒ Yes  ☐ No

Vendor Clearance  ☐ Yes  ☐ No  ☒ N/A
In accordance with New York City’s policy whereby underwriters are not required to complete Vendex, HHC has waived this practice.

(required for contracts in the amount of $50,000 or more awarded pursuant to an RFP or as a sole source, or $100,000 or more if awarded pursuant to an RFB.)

HHC 590B (R Mar 95) page 1
CONTRACT FACT SHEET (continued)

Background (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

The Corporation funds its capital projects through the issuance of HHC tax-exempt revenue bonds, notes, and/or leases. In addition, based on discussions with the City of New York, certain major reconstruction projects are funded by tax-exempt bonds issued by the Dormitory Authority of the State of New York ("DASNY") and/or are financed by bonds issued by the City of New York (General Obligation bonds as well as Transitional Finance Authority bonds).

Major responsibilities for the firms chosen as senior managers will be to:

- Identify financing vehicles that are the most cost effective and receive the greatest market acceptability;
- Assist in preparing credit rating agency presentations;
- Initiate discussions with credit enhancement organizations;
- Review outstanding debt to identify and recommend refunding opportunities for debt service savings;
- Make available all resources to accommodate the Corporation's inquiries and needs;
- Structure a plan of finance for the Corporation's capital needs and cash flow funding requirements;
- Determine the optimum marketing strategy for debt issuances that have been agreed upon; and
- Assist in the preparation of the offering statement and all other bond documents as necessary.

The investment banking firms selected as senior managers will work closely with HHC's financial advisor, Public Financial Management Inc., in assessing the Corporation's overall capital finance programs and appropriate funding mechanisms.

The major responsibility of the co-managers will be to provide distribution networks for the Corporation's debt issuances and primary and secondary market support of the Corporation's bonds.
CONTRACT FACT SHEET (continued)

Contract Review Committee
Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

No. HHC's Operating procedure 40-58 indicates that bond underwriting services contracts are exempt from the CRC process.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRCs:

Not applicable

Selection Process (attach list of selection committee members, list of firms responding to RFP, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

The Request for Proposal for Underwriting Services (the "RFP") was released to the public on March 16, 2015 to firms interested in serving as senior and/or co-managing underwriters. The RFP was emailed to all the major underwriting firms with offices in New York City and advertised in the City Record (3/16/15 - 4/12/15).

Proposals were due on April 13, 2015. A total of 24 firms responded: 9 firms applied for the senior manager role and 11 firms applied for the co-manager role.

The Selection Committee consisted of representatives from the Corporation, the New York City Office of Management and Budget, and the New York City Office of the Comptroller. Based on the quality of the written proposals, the Selection Committee discussed and agreed to interview the strongest investment bank candidates seeking to serve as senior manager to HHC.

The top six candidates made oral presentations to the Selection Committee on June 4, 2015. Each firm was given a total of 30 minutes to explain their financing recommendations based on current market conditions, and their interest/willingness to lend to HHC under the new subordinate security structure. An additional 15 minutes was allotted for the Selection Committee members questions and concerns.

The Selection Committee members numerically ranked all the proposals based on the following criteria:

1. Proposed approach and methodology
2. Appropriateness and quality of the firm's experience
3. Qualifications of proposed staff/team assigned to HHC
4. Quantitative Capabilities (applies to only to senior manager candidates)
5. Oral Presentation and Interviews (applies to only to senior manager candidates)
Selection Process (continue)

Based on the above described evaluation criteria, the Selection Committee chose Citigroup, JP Morgan and Morgan Stanley as the senior managing underwriters.

The firms chosen as co-managing underwriters to assist in the marketing and distribution of the Corporation's debt are as follows:

1. BNY Capital Markets
2. Blaylock Beal Van LLC
3. Drexel Hamilton LLC
4. Fidelity Capital Markets
5. FTN Capital Markets
6. First Southwest
7. Janney Montgomery Scott
8. Jefferies LLC
9. Loop Capital Markets LLC
10. Mischler Financial Group
11. Ramirez & Co.
12. RBC Capital Markets
13. Rockfleet Financial Services
14. Roosevelt & Cross
15. Stern Brothers
16. TD Securities
17. Wells Fargo Securities

Scope of work and timetable:

Upon approval and appointment of the investment banking underwriting team, the Corporation, the financial advisor and the senior managers will structure and implement the capital finance programs. These financings will include long-term debt issuances for major capital construction projects, ongoing capital renovations, and equipment and information system needs.

Upon the identification of the timing of the plan of finance and the structure of the specific debt issuance, the senior managers will:

- Participate in the development of necessary documentation and provide all financial analysis;
- Prepare the Corporation for presentations to the rating agencies, as necessary;
- Educate prospective investors through information meetings and pre-marketing materials regarding the Corporation's capital finance programs;
- Keep the Corporation abreast of current market conditions, and provide preliminary and final pricing of the Corporation's debt issuance; and
- Provide the Corporation with ongoing information regarding secondary market sales and trading of outstanding Corporation bonds.

Timetable:

- Finance Committee Meeting/Approval July 14, 2015
- Board of Directors Meeting/Approval July 30, 2015
**Costs/Benefits:**

The costs incurred for the structuring and underwriting of the Corporation's financings will be negotiated with the senior managing firm during the pricing of each financing. The transaction costs of each financing, including fees and expenses of the underwriters are funded from bond proceeds.

**Why can't the work be performed by Corporation staff?**

The required knowledge, expertise and capital base necessary to structure, market, distribute and underwrite debt can only be provided by professionals in investment banking firms that provide such financial services.

**Will the contract produce artistic/creative/intellectual property? Who will own it? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?**

Not applicable.

**Contract monitoring (include which Vice President is responsible):**

Marlene Zurack, Senior Vice President and CFO, Finance and Managed Care  
Linda DeHart, Assistant Vice President, Debt Finance Corporate Reimbursement Services

**Equal Employment Opportunity Analysis (include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):**

Received By E.E.O. ____________________________________________

Analysis Completed By E.E.O. _____________________________ Date ____________________________ Name ____________________________
Attachment A
(List of Successful Respondents)

Senior Managers
1. Citigroup
2. J.P. Morgan
3. Morgan Stanley

Co-Managers
4. BNY Capital Markets
5. Blaylock Beal Van LLC
6. Drexel Hamilton LLC
7. Fidelity Capital Markets
8. FTN Capital Markets
9. First Southwest
10. Janney Montgomery Scott
11. Jefferies LLC
12. Loop Capital Markets LLC
13. Mischler Financial Group
15. RBC Capital Markets
16. Rockfleet Financial Services
17. Roosevelt & Cross
18. Stern Brothers
19. TD Securities
20. Wells Fargo Securities
RESOLUTION - 07

Authorizing that Matthew Siegler (as successor to Dave A. Chokshi) be elected to serve as a Director of the HHC ACO Inc. (“ACO”) Board of Directors in accordance with the laws of the State of New York, until his successor is duly elected and qualified, subject to his earlier death, resignation, removal, or termination of his employment with any entity that has executed an ACO Participation Agreement or ACO Agreement:

WHEREAS, in a June 12, 2012 Resolution of Executive Committee of the Board of the New York City Health and Hospitals Corporation (the “Corporation”), the Corporation authorized its president to create the ACO, a wholly-owned subsidiary public benefit corporation; and

WHEREAS, the ACO’s by-laws designate the Corporation as the sole member of the ACO; and

WHEREAS, the ACO’s by-laws further state that the directors of the ACO shall be elected by the Member; and

WHEREAS, Dave Chokshi, who served as the ACO’s Chief Executive Officer and served on the ACO Board of Directors resigned his position on May 22, 2020; and

WHEREAS, at its May 21, 2020 meeting, the ACO Board of Directors voted to appoint Matthew Siegler to replace Dave Chokshi as the ACO’s Chief Executive Officer; and

WHEREAS, Section 4.13 of the ACO By-Laws provides that any vacancy occurring on the Board arising at any time and from any cause may be filled by the Member;

WHEREAS, the Corporation wishes to elect Matthew Siegler, to serve as a director for the ACO as a replacement for Dave A. Chokshi.

NOW THEREFORE, BE IT:

RESOLVED, that the Corporation hereby elects Matthew Siegler (as successor to Dave A. Chokshi) to serve as a Director of the ACO Board of Directors in accordance with the laws of the State of New York until his successor is duly elected and qualified, until his earlier death, resignation or removal, or termination of his employment with any entity that has executed an ACO Participation Agreement or ACO Agreement.
RESOLUTION - 08

Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute requirements contracts with ten architectural and engineering ("AE") consulting firms namely Array Architects, P.C., E/F/H Architects, P.C., Francis Cauffman, Inc., Gensler Architecture, Design & Planning, P.C., Gertler & Wente Architects LLP, Lothrop Associates LLP Architects, MJCL Architect, Moody Nolan, Inc., NK Architects, and P.A., Perkins Eastman Architects, DPC, to provide professional AE design services; and with five mechanical, engineering, and plumbing ("MEP") consulting firms, namely Greenman-Pedersen, Inc., Kallen & Lemelson, LLP, Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., and Loring Consulting Engineers, Inc., to provide professional MEP design services on an as-needed basis at various facilities throughout NYC Health + Hospitals. The contracts shall be for a term of three years with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed $30,000,000 for services provided by all such consultants.

WHEREAS, NYC Health + Hospitals facilities require, from time to time, professional AE/MEP design services; and

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

WHEREAS, NYC Health + Hospitals conducted a selection process for such professional services through Request for Proposals processes, and determined that these consultants’ proposals best met its needs; and

WHEREAS, the monitoring of these contracts shall be under the direction of the Senior Vice President of Capital Construction & Design.

NOW, THEREFORE, be it

RESOLVED, New York City Health and Hospitals Corporation be and hereby is authorized to negotiate and execute requirements contracts with ten architectural and engineering consulting firms, namely Array Architects, P.C., E/F/H Architects, P.C., Francis Cauffman, Inc., Gensler Architecture, Design & Planning, P.C., Gertler & Wente Architects LLP, Lothrop Associates LLP Architects, MJCL Architect, Moody Nolan, Inc., NK Architects, and P.A., Perkins Eastman Architects, DPC, to provide professional AE design services; and with five mechanical, Engineering, and Plumbing consulting firms, namely Greenman-Pedersen, Inc., Kallen & Lemelson, LLP, Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., Loring Consulting Engineers, Inc., to provide professional MEP design services on an as-needed basis at various facilities operated by NYC Health + Hospitals. The contracts shall be for a term of three years with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed $30,000,000 for services provided by such consultants.
EXECUTIVE SUMMARY
REQUIREMENTS CONTRACTS
AE CONSULTING SERVICES

MEP CONSULTING SERVICES

OVERVIEW: NYC Health + Hospitals seeks to execute fifteen requirements contracts for three years, with separate options to renew each for two additional one-year periods, for a total cost over five years, not-to-exceed $30,000,000 to provide AE/MEP Professional Services on an as-needed basis at any facility of NYC Health + Hospitals.

NEED: The various facilities of NYC Health + Hospitals from time to time require AE/MEP and LL11 Inspection & AE/MEP Professional Services. Due to fluctuating demands and the licensing requirements for such services, NYC Health + Hospitals has determined that these needs can best be met by utilizing outside firms on an as-needed basis through requirements contracts.

TERMS: Each contract will provide that NYC Health + Hospitals will be under no obligation to use any particular firm. Projects will be given to a particular firm following mini-procurements among the contractors in each class. Then the project will be reflected in work orders each of which will specify total pricing, work schedules and any other relevant terms. The contractors’ rates will be as set forth in their master agreements which will be made pursuant to this resolution

COSTS: Not-to-exceed $30,000,000 over five years, for the fifteen firms.

FINANCING: Capital, pending development of specific projects to be funded by bond proceeds, expense or other funds.

TERM: Upon contract execution, a base period of three years, with an option to renew for two additional contract periods of one year each, solely at the discretion of NYC Health + Hospitals.

MWBE: 30% utilization plans presented by each vendor. Moody Nolan and Lakhani & Jordan are certified MBE vendors.
To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Array Architects

Date: June 5, 2020

The below chart indicates the vendor’s status as to vendor responsibility, EEO and MWBE:

<table>
<thead>
<tr>
<th>Vendor Responsibility</th>
<th>EEO</th>
<th>MWBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>Approved</td>
<td>30% Utilization Plan</td>
</tr>
</tbody>
</table>

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Environments for Health

Date: June 17, 2020

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

<table>
<thead>
<tr>
<th>Vendor Responsibility</th>
<th>EEO</th>
<th>MWBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>Approved</td>
<td>30% MWBE Utilization Plan</td>
</tr>
</tbody>
</table>

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Talibe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Francis Cauffman Architects

Date: June 5, 2020

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

<table>
<thead>
<tr>
<th>Vendor Responsibility</th>
<th>EEO</th>
<th>MWBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>Approved</td>
<td>30% Utilization Plan</td>
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</tbody>
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The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Talbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Gensler

Date: June 5, 2020

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

<table>
<thead>
<tr>
<th>Vendor Responsibility</th>
<th>EEO</th>
<th>MWBE</th>
</tr>
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<tbody>
<tr>
<td>Approved</td>
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<td>30% Utilization Plan</td>
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The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Gertler & Wente Architects

Date: June 5, 2020

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

<table>
<thead>
<tr>
<th>Vendor Responsibility</th>
<th>EEO</th>
<th>MWBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>Pending</td>
<td>30% Utilization Plan</td>
</tr>
</tbody>
</table>

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To: Colicia Hercules  
   Chief of Staff, Office of the Chair

From: Keith Tallbe  
   Senior Counsel  
   Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Lothrop

Date: June 5, 2020

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

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<th>Vendor Responsibility</th>
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</thead>
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To: Colicia Hercules  
   Chief of Staff, Office of the Chair

From: Keith Tallbe  
   Senior Counsel  
   Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: MJCL Architects

Date: June 5, 2020

The below chart indicates the vendor’s status as to vendor responsibility, EEO and MWBE:

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<tr>
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To: Colicia Hercules  
    Chief of Staff, Office of the Chair

From: Keith Tallbe  
    Senior Counsel  
    Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Moody Nolan

Date: June 5, 2020

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To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: NK Architects

Date: June 5, 2020

The below chart indicates the vendor’s status as to vendor responsibility, EEO and MWBE:

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</thead>
<tbody>
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The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Perkins Eastman

Date: June 5, 2020

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

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To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Greenman-Pedersen

Date: June 5, 2020

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

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To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Kallen & Lemelson

Date: June 5, 2020

The below chart indicates the vendor’s status as to vendor responsibility, EEO and MWBE:

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</thead>
<tbody>
<tr>
<td>Approved</td>
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<td>60% Utilization Plan</td>
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</tbody>
</table>

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Lakhani & Jordan

Date: June 5, 2020

The below chart indicates the vendor’s status as to vendor responsibility, EEO and MWBE:

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</thead>
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</tbody>
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The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
To:        Colicia Hercules  
Chief of Staff, Office of the Chair

From:      Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re:        Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor:    Lizardos

Date:      June 5, 2020

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

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<thead>
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To: Colicia Hercules  
Chief of Staff, Office of the Chair  

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs  

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract  
Vendor: Loring Consulting Engineers  
Date: June 5, 2020  

The below chart indicates the vendor’s status as to vendor responsibility, EEO and MWBE:

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<tr>
<th>Vendor Responsibility</th>
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The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
Contract for Professional Design Services


Board of Directors Meeting
June 25, 2020

Christine Flaherty, Senior Vice President, Office of Facilities Development
Oscar Gonzalez, Assistant Vice President, Office of Facilities Development
Overview

- H+H requires professional architectural, engineering, design, and construction phased professional services on an as needed basis, for projects throughout the system. Services include, but not limited to:
  - Design and Planning services
  - Feasibility studies
  - Facility master plans
  - Preparation of construction documents
  - Construction administration services
  - Independent Cost Estimating

- There are currently 5 AE and 5 MEP firms providing consulting services (3 year term)

- The current spend for the pool of contracts is $6.7M / year or $20.1M / contract term

- The current contracts in place for A/E and MEP services expire June 2020 / contracts were extended through December 31, 2020 as an emergency due to COVID 19.

- The CRC approved an application to issue an RFP in September 2019
RFP Criteria

Minimum criteria:
- MWBE Utilization Plan, Waiver, or MWBE Certification
- Minimum of five (5) years of A/E, MEP services in healthcare facilities
- Licensed professionals must hold New York State licenses in their discipline

Substantive Criteria
- Proposed Approach & Methodology 25%
- Appropriateness & Quality of Experience 25%
- Qualifications of Consultant & Staffing 25%
- MWBE Status or MWBE Utilization Plan 15%
- Cost 10%

Evaluation Committee:
- 2 representatives from Central Office – Office of Facilities Development
- Metropolitan representative
- Skilled Nursing Facility representative
- Kings County representative
- Coney Island representative
- Queens representative
- Enterprise Information Technology Services representative
Overview of Procurement

- **09/09/19:** CRC approved an application to issue solicitation.

- **12/09/19:** RFP sent directly to 154 vendors and posted to City Record.
  - 132 MWBE design and specialty subconsultants
  - 22 nationally ranked healthcare design firms

- **12/16/19:** mandatory pre-proposal conference call, 62 vendors attended

- **01/07/20:** proposal deadline, 42 proposals received (24 AE / 18 MEP)
  - 9 MWBE proposals were submitted
  - All proposals had robust MWBE utilization plans with MWBE subconsultants

- **02/05/20:** evaluation committee reviewed proposals and conducted proposal-only scoring. Based on the natural break of the scoring, 12 AE and 9 MEP vendors were invited in to present to the evaluation committee
  - 4 MWBE shortlisted firms

- **02/13/20:** Vendor presentations and evaluation committee scoring occurred
### Highlights of Firms Selected

- Three year with two 1-year options to renew
- Effective no later than Dec 2020
- Total pooled contract value of $18,000,000
- 30% MWBE utilization plan has been submitted by all vendors (representing 47 MWBE specialty subconsultants)
- * Denotes MBE certified vendor

#### Architectural / Engineering  |  Positive Evaluations with H+H
--- | ---
Array Architects | Yes
Environments for Health Architecture (E4H) | N/A
Francis Cauffman Architects (FCA) | Yes
Gensler | Yes
Gertler & Wente Architects | Yes
Lothrop | Yes
MJCL Architects | Yes
Moody Nolan * | N/A
NK Architects | N/A
Perkins Eastman | Yes

We are seeking approval to enter into contract for Architectural/Engineering;
<table>
<thead>
<tr>
<th>Vendor</th>
<th>Subcontractors</th>
<th>Certification</th>
<th>Service Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environments for Health (E4H)</td>
<td>Elizabeth Kennedy Landscape Architect The Lighting Practice Cerami &amp; Associates</td>
<td>MWBE WBE WBE</td>
<td>Landscape Architecture Lighting Acoustics/Vibrations</td>
<td>30%</td>
</tr>
</tbody>
</table>
## Architectural/Engineering MWBE Plans

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Subcontractors</th>
<th>Certification</th>
<th>Service Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor</td>
<td>Subcontractors</td>
<td>Certification</td>
<td>Service Type</td>
<td>Percentage</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| NK Architects             | CBA Elevator Consultant  
Elizabeth Kennedy Landscape Architect  
Ellana Inc.  
Watts Architecture & Engineering  
Yu & Associates  
Lakhani & Jordan Engineers, pc  
Lera Consulting  
Shen Milsom & Wilke  
Horton Lees Brogden Lighting Design, Inc | MBE  
MWBE  
WBE  
MBE  
MBE  
MBE  
WBE  
MBE  
WBE  
WBE | Vertical Transportation  
Landscape Architecture  
Cost Consultant  
Environmental Engineering  
Geotechnical Engineering & Surveying  
MEP & Fire Protection Engineering  
Structural Engineering  
Acoustic/AV/IT  
Architectural Lighting Design | 30%         |
| Perkins Eastman           | Lakhani & Jordan Engineers, pc  
JFK&M Consulting Group  
Setty & Associates, LTD PC  
Lera Consulting  
Ysrael A. Setnuk PC  
Stratford Engineering  
Accu-Cost Construction Consultants  
Ellana Inc.  
Shen Milsom & Wilke  
Caso & Associates IN.c  
Yu & Associates  
Environmental Planning & Management  
HLB Lighting  
ML Studios, Inc. | MBE  
WBE  
MBE  
MBE  
MWBE  
MBE  
MBE  
WBE  
WBE  
WBE  
MBE | MEP & Fire Protection Engineering  
MEP & Fire Protection Engineering  
MEP & Fire Protection Engineering  
Structural Engineering  
Structural Engineering  
Structural Engineering  
Cost Estimating Services  
Cost Estimating Services  
Acoustic/AV/IT  
Expediter/Code Consultant  
Geotechnical Engineering & Surveying  
Environmental Remediation  
Lighting Specialist  
Lighting Specialist | 30%         |
MEP Consultants

We are seeking approval to enter into contract Mechanical, Electrical, Plumbing services with:

- 3 years with two 1-year options to renew
- Effective no later than December 2020
- Total pooled contract value of $12,000,000
- 30% MWBE utilization plan has been submitted (representing 38 MWBE specialty subconsultants)
- * denotes MBE certified vendor

<table>
<thead>
<tr>
<th>Mechanical, Electrical, Plumbing</th>
<th>Positive Evaluations with H+H</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenman Pedersen (GPI)</td>
<td>Yes</td>
</tr>
<tr>
<td>Kallen &amp; Lemelson (K&amp;L)</td>
<td>Yes</td>
</tr>
<tr>
<td>Lakhani &amp; Jordan *</td>
<td>Yes (most recently as sub)</td>
</tr>
<tr>
<td>Lizardos</td>
<td>Yes</td>
</tr>
<tr>
<td>Loring Consulting Engineers</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- 3 years with two 1-year options to renew
- Effective no later than December 2020
- Total pooled contract value of $12,000,000
- 30% MWBE utilization plan has been submitted (representing 38 MWBE specialty subconsultants)
- * denotes MBE certified vendor
## MEP MWBE Plans

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Subcontractors</th>
<th>Certification</th>
<th>Service Type</th>
<th>Percentage</th>
</tr>
</thead>
</table>
## MEP MWBE Plan

<table>
<thead>
<tr>
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<th>Service Type</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Lizardos</td>
<td>Lynn Fritzen Architect&lt;br&gt;Richard Gonzalez Architect&lt;br&gt;Ysrael A. Setnuk PC&lt;br&gt;Ellana, Inc.&lt;br&gt;Domingo Gonzalez Associates Inc&lt;br&gt;Quality Environmental Solutions &amp; Technologies&lt;br&gt;Shen Milsom &amp; Wilke&lt;br&gt;DM Engineers PLLC&lt;br&gt;Architectural and Engineering Group PC&lt;br&gt;Construction Permit Services</td>
<td>WBE&lt;br&gt;MBE&lt;br&gt;MBE&lt;br&gt;WBE&lt;br&gt;MBE&lt;br&gt;MBE&lt;br&gt;MBE&lt;br&gt;MBE&lt;br&gt;WBE</td>
<td>Architecture Services&lt;br&gt;Architecture Services&lt;br&gt;Structural Engineering&lt;br&gt;Cost Consultant&lt;br&gt;Lighting Design&lt;br&gt;Cost Consultant&lt;br&gt;Acoustical Specialist&lt;br&gt;Special Inspections&lt;br&gt;Civil Engineer&lt;br&gt;Expediter</td>
<td>30%</td>
</tr>
<tr>
<td>Loring Consulting Engineers</td>
<td>LERA Consulting Structural Engineers RLLP&lt;br&gt;Goldstick Lighting Design&lt;br&gt;Twine Architectural Studio PC&lt;br&gt;JLC Environmental Consultant&lt;br&gt;Razak Associates&lt;br&gt;Accu-Cost Construction Consultants&lt;br&gt;Nancy Ownes Studio LLC</td>
<td>MWBE&lt;br&gt;WBE&lt;br&gt;WBE&lt;br&gt;WBE&lt;br&gt;WBE&lt;br&gt;WBE&lt;br&gt;WBE</td>
<td>Structural Engineer&lt;br&gt;Lighting Specialist&lt;br&gt;Architecture Services&lt;br&gt;Environmental Engineering&lt;br&gt;Architecture Services&lt;br&gt;Cost Estimating Services&lt;br&gt;Landscape Architect</td>
<td>30%</td>
</tr>
</tbody>
</table>
Board of Directors Approval Request

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute requirements contracts with ten Architectural and Engineering ("AE") consulting firms namely Array Architects, P.C., E/F/H Architects, P.C., Francis Cauffman, Inc., Gensler Architecture, Design & Planning, P.C., Gertler & Wente Architects LLP, Lothrop Associates LLP Architects, MJCL Architect, Moody Nolan, Inc., NK Architects, P.A., Perkins Eastman Architects, DPC, to provide professional AE design services; and with five Mechanical, Engineering, and Plumbing ("MEP") consulting firms, namely Greenman-Pedersen, Inc., Kallen & Lemelson, LLP, Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., Loring Consulting Engineers, Inc., to provide professional MEP design services on an as-needed basis at various facilities throughout the Corporation. The contracts shall be for a term of three years with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed $30,000,000 for services provided by all such consultants.
RESOLUTION - 09

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with AECOM USA, Inc. (“AECOM”) to provide program management services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”) over a five year term for an amount not to exceed $9,039,198 all in connection with Correctional Health Services’ (CHS) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”) in Bellevue and Woodhull.

WHEREAS, there are CHS patients who need access to specialty and subspecialty care only available in hospitals, but whose clinical conditions are not so acute as to warrant inpatient hospitalization; and

WHEREAS, such persons have historically been transported out of the jails and brought to Bellevue and Elmhurst for specialty and subspecialty care; and

WHEREAS, OTxHU is a pioneering approach that will help meet the health care needs of persons in custody in a safer, more humane way; and

WHEREAS, OTxHU beds will be within secured, clinical units, operated by the System’s Correctional Health Services division (“CHS”) with NYC Department of Corrections providing custody management; and

WHEREAS, the selection of AECOM resulted from a competitive request for proposals process that the Contract Review Committee approved after which the Contract Review Committee approved the selection of AECOM USA, Inc. from among five firms that submitted proposals; and

WHEREAS, the proposed agreement will be managed by the Office of Facilities Development.

NOW THEREFORE BE IT:

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with AECOM USA, Inc. to provide project management services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) over a five year term for an amount not to exceed $9,039,198 all in connection with Correctional Health Services’ (CHS) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”) in Bellevue and Woodhull.
OVERVIEW: The System plans to launch CHS’ OTxHU program to treat more clinically complex patients within secured units located at Bellevue and Woodhull hospitals. Considerable work will have to be done at Bellevue and Woodhull to prepare the space. The System seeks to execute a contract with AECOM which will provide project management for the construction of the OTxHU space.

NEED: Building on prior efforts to improve care provided to persons in the City’s custody, NYC Health + Hospitals/Correctional Health Services announced plans to open therapeutic housing units to improve access to care for patients whose conditions require access to specialty and subspecialty care. AECOM’s project management services are required to manage the construction of the therapeutic housing units at Bellevue and Woodhull.

BUDGET: The cost of the proposed agreements will not exceed $9,039,198 over the five-year term.

FUNDING: The proposed contract expenses will be paid with City Capital Funds.

PROCUREMENT: The System issued an RFP to procure a project management firm for the project. Five firms responded and AECOM was selected from among the five. The Contract Review Committee approved both of the issuance of the RFP and the selection of AECOM.

TERM: The term of the proposed agreement shall be five years.

MWBE: AECOM has submitted a plan for not less than 30% MWBE utilization.
To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Aecom

Date: June 5, 2020

The below chart indicates the vendor’s status as to vendor responsibility, EEO and MWBE:

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The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
AECOM USA, Inc.

Outposted Therapeutic Housing Units (OTxHU) Program Management

Board of Directors Meeting
June 25, 2020

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development
Patsy Yang, Senior Vice President, Correctional Health Services
Overview

- Currently, there are patients in custody who need higher levels of care than can be provided in the jails, but whose clinical conditions are not so acute as to warrant inpatient hospitalization.

- These patients have to be transported out of jails and brought to specialty and subspecialty care in NYC Health + Hospitals community-based, acute care facilities.

- Outposted Therapeutic Housing Units (OTxHU) is a pioneering approach that will help meet the health care needs of patients in custody in a safer, more humane way.

- OTxHU are beds within the acute care facilities of NYC Health + Hospitals that will be secured, clinical units, operated by CHS with DOC providing custody management.

- OTxHU will bridge the gap between care provided in jail and acute hospitalization.

- Decisions regarding admission to and discharge from the OTxHUs will be made by CHS according to a patient’s clinical needs.
Benefits of OTxHU

- Offers a therapeutic and more normalized environment for those patients with more complex clinical needs.

- Increases safer access to specialty and subspecialty services for patients who need them on a regular basis.

- Improves continuity of care between CHS and NYC Health + Hospitals, and providers in inpatient, outpatient, and OTxHU services.

- Repurposes underutilized hospital space for patient care, at no additional cost to NYC Health + Hospitals.

- Capital infusion for prerequisite infrastructure improvements in the hospitals, with City dollars.
In April of 2019 CHS contracted with Lothrop Associates, LLP for the development of a feasibility study regarding OTxHU.

In December 2019, CHS briefed the H+H Board of Directors and the Bellevue and Woodhull Community Advisory Boards.

The OTxHU project was publicly announced by the Mayor in a press release on November 26, 2019, marking official approval that the project could move forward.

All work for design and construction is funded by OMB as City Capital.

There are 3 concurrent procurements
- This AE/MEP Design Consulting Services for both Bellevue and Woodhull for OTxHU program
- AE/MEP Design Consulting Services for Woodhull Enabling for Woodhull decanting/relocation of existing space
- Program Management (PM) Consulting Services to oversee all aspects of the program delivery including designs and construction.

The CRC approved an application to issue an RFP on 12/20/19
Scope of Services & Schedule

- **Program Management (PM) Consulting Services** to oversee all aspects of the program delivery including designs and construction.
  - Full service Program Management services to include but not limited to:
    - Planning, coordination, constructability reviews, schedule management, budget management, cost management, contract management, etc.
    - Oversee all operations of both designs and construction of all locations as extension of H+H.

- Design activities for six to eighteen months with construction targeted to complete 2024 at both Bellevue and Woodhull.
Overview of Procurement

- 12/20/19: CRC approved an application to issue solicitation.
- 02/03/20: RFP sent directly to 13 vendors and posted to City Record.
- 02/14/20: mandatory pre-proposal conference call, 27 vendors attended
- 03/02/20: proposal deadline, 5 proposals received
- 03/11/20: evaluation committee reviewed proposals and conducted proposal-only scoring. Based on the natural break of the scoring, 2 vendors were invited in to present to the evaluation committee.
- 03/24/20: Vendor presentations and evaluation committee scoring occurred
Minimum criteria:

- MWBE Utilization Plan, Waiver, or MWBE Certification
- Minimum of three (3) years of PM/CM services in healthcare facilities and/or Correctional Facilities.
- Licensed professionals must hold New York State licenses in their discipline

Substantive Criteria

- Proposed Approach & Methodology 25%
- Appropriateness & Quality of Experience 25%
- Qualifications of Consultant & Staffing 25%
- MWBE Status or MWBE Utilization Plan 15%
- Cost 10%

Evaluation Committee:

- 3 representatives from Central Office – Office of Facilities Development
- Bellevue representative
- 2 representatives from Woodhull representative
- Enterprise Information Technology Services representative
- 2 representatives from Correctional Health Services
We are seeking approval to enter into contract with Aecom:
- Anticipated 5 year assignment
- Effective upon contract registration
- Total contract value of $9,039,198
- Fee proposal was within estimated project budget
- Aecom has positive evaluations on work at H+H

AECOM has provided a 30% utilization plan

<table>
<thead>
<tr>
<th>Subcontractor</th>
<th>Certification</th>
<th>Supplies/Services</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group PMX, LLC</td>
<td>MBE</td>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>Infinite Consulting Corp.</td>
<td>MBE</td>
<td>Services</td>
<td></td>
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<tr>
<td>Construction management services</td>
<td>MBE</td>
<td>Services</td>
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<tr>
<td>Stellar Services, Inc.</td>
<td>MBE</td>
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Board of Directors Request

- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with AECOM USA, Inc. (“AECOM”) to provide program management services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) over a five year period with an amount not to exceed $9,039,198 all in connection with Correctional Health Services’ (CHS) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”) in Bellevue and Woodhull.
RESOLUTION - 10

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Array Architects, PC (“Array”) to provide architectural/engineering services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”) over a five year term for an amount not to exceed $8,663,000 all in connection with Correctional Health Services’ (CHS) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”) in Bellevue and Woodhull.

WHEREAS, there are CHS patients who need access to specialty and subspecialty care only available in hospitals but whose clinical conditions are not so acute as to warrant inpatient hospitalization; and

WHEREAS, such persons have historically been transported out of the jails and brought to Bellevue and Elmhurst for specialty and subspecialty care; and

WHEREAS, OTxHU is a pioneering approach that will help meet the health care needs of persons in custody in a safer, more humane way; and

WHEREAS, OTxHU beds will be within secured, clinical units, operated by the System’s Correctional Health Services division (“CHS”) with NYC Department of Correction providing custody management; and

WHEREAS, the selection of Array resulted from a competitive request for proposals process that the Contract Review Committee approved after which the Contract Review Committee approved the selection of Array from among six firms that submitted proposals; and

WHEREAS, the proposed agreement will be managed by the of Office of Facilities Development.

NOW THEREFORE BE IT:

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Array Architects, PC to provide architectural/engineering services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) over a five year term for an amount not to exceed $8,663,000 all in connection with Correctional Health Services’ (CHS) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”) in Bellevue and Woodhull.
OVERVIEW: The System plans to launch CHS’ OTxHU program to treat more clinically complex patients within secured units located at Bellevue and Woodhull hospitals. Considerable work will have to be done at Bellevue and Woodhull to prepare the space. The System seeks to execute a contract with Array which will design the OTxHU space and assist with the procurement of construction contractors and with and construction administration.

NEED: Building on prior efforts to improve care provided to persons in the City’s custody, NYC Health + Hospitals/Correctional Health Services announced plans to open therapeutic housing units to improve access to care for patients whose conditions require access to specialty and subspecialty care. These architectural and engineering services are required to design the therapeutic housing units at Bellevue and Woodhull.

BUDGET: The cost of the proposed agreements will not exceed $8,663,000 over the five-year term.

FUNDING: The proposed contract expenses will be paid with City Capital Funds.

PROCUREMENT: The System issued an RFP to procure an architectural firm for the project. Six firms responded and Array was selected from among the six. The Contract Review Committee approved both of the issuance of the RFP and the selection of Array.

TERM: The term of the proposed agreement is five years.

MWBE: Array has submitted a plan for not less than 30% MWBE utilization.
To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Array Architects - call

Date: June 5, 2020

The below chart indicates the vendor’s status as to vendor responsibility, EEO and MWBE:

<table>
<thead>
<tr>
<th>Vendor Responsibility</th>
<th>EEO</th>
<th>MWBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>Approved</td>
<td>36.47% Utilization Plan</td>
</tr>
</tbody>
</table>

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.
Array Architects, PC

Outposted Therapeutic Housing Units
Architectural / Engineering Design Services
for Bellevue & Woodhull

Board of Directors Meeting
June 25, 2020

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development
Patsy Yang, Senior Vice President, Correctional Health Services
Overview

- There are persons in custody who need higher levels of care than can be provided in jail, but whose conditions are not so acute as to warrant inpatient hospitalization.

- These persons are currently transported from jails to specialty and subspecialty care in Bellevue and Woodhull.

- Outposted Therapeutic Housing Units (OTxHU) is a pioneering approach that will help meet the health care needs of persons in custody in a safer, more humane way.

- OTxHU are beds within Bellevue and Woodhull that will be in secured, clinical units, operated by Correctional Heath Services (CHS) with the Department of Correction (DOC) providing custody management.

- OTxHU will bridge the gap between care provided in jail and acute hospitalization.

- Decisions regarding admission to and discharge from the OTxHUs will be made by CHS according to a patient’s clinical needs.
Benefits of OTxHU

- Offers a therapeutic and more normalized environment for those patients with more complex clinical needs.

- Increases safer access to specialty and subspecialty services for patients who need them on a regular basis.

- Improves continuity of care between CHS and NYC Health + Hospitals, and providers in inpatient, outpatient, and OTxHU services.

- Repurposes underutilized hospital space for patient care, at no additional cost to NYC Health + Hospitals.

- Capital infusion for prerequisite infrastructure improvements in the hospitals, with City dollars.
In April of 2019 CHS contracted with Lothrop Associates, LLP for the development of a feasibility study regarding OTxHU.

In December 2019, CHS briefed the H+H Board of Directors and the Bellevue and Woodhull Community Advisory Boards.

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- AE/MEP Design Consulting Services for Woodhull Enabling for Woodhull decanting/relocation of existing space
- Program Management (PM) Consulting Services to oversee all aspects of the program delivery including designs and construction.

The CRC approved this procurement, an application to issue an RFP on 12/20/19 that has lead to the resolution presented today.
AE/MEP Design Consulting Services for both Bellevue and Woodhull for OTxHU program

- Full service design services to include but not limited to:
  - Schematic design, Design development, Contract documents, Procurement, and construction administration.
  - To design towards full build out of Bellevue 2nd Floor, Woodhull 9th & 10th Floor (75% of space)
  - The design is to adhere to SCOC regulations with secure access areas and outdoor space.
  - The goal is to provide HealthCare to those incarcerated within our facilities in a secure environment.

The duration of design services, excluding procurement and construction administration, and including NYC H+H and program management (PM) reviews of design milestones cannot exceed the following duration:

- Bellevue: 12 months (to be started upon contract award)
- Woodhull: 12 months (to be started 6 months after contract award)
Overview of Procurement

- 12/20/19: CRC approved an application to issue solicitation.

- 02/05/20: RFP sent directly to 154 vendors (including 132 MWBEs) and posted to City Record.

- 02/10/20: mandatory pre-proposal conference call, 42 vendors attended

- 02/21/20: proposal deadline, 6 proposals received

- 02/28/20: evaluation committee reviewed proposals and conducted proposal-only scoring. Based on the natural break of the scoring, 3 vendors were invited in to present to the evaluation committee.

- 03/04/20: Vendor presentations and evaluation committee scoring occurred
Minimum criteria:
- MWBE Utilization Plan, Waiver, or MWBE Certification
- Minimum of Three (3) years of A/E services in healthcare facilities and/or Correctional Facilities.
- Licensed professionals must hold New York State licenses in their discipline

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- 3 representatives from Central Office – Office of Facilities Development
- Bellevue representative
- 2 representatives from Woodhull representative
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- 2 representatives from Correctional Health Services
Fee Proposal & MWBE Utilization Plan

- We are seeking approval to enter into contract with Array:
  - Anticipated 5 year assignment
  - Effective upon contract registration
  - Total contract value of $8,663,000
  - Fee proposal was within estimated project budget
  - Array has positive past performance designing Henry J Carter LTACH

- Array Architects presented a 36.47% subcontractor utilization plan

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<td>WBE</td>
<td>Services</td>
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<tr>
<td>AccuCost</td>
<td>WBE</td>
<td>Services</td>
<td>.66%</td>
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