125 Worth Street ▪ New York, NY ▪ 10013

BOARD OF DIRECTORS MEETING - VIRTUAL

THURSDAY, NOVEMBER 19, 2020

A•G•E•N•D•A•

CALL TO ORDER - 2:00 PM	Mr. Pagán
Executive Session | Facility Governing Body Report ➢ NYC Health + Hospitals | Harlem ➢ NYC Health + Hospitals | Henry J. Carter Nursing Facility ➢ NYC Health + Hospitals | Henry J. Carter Specialty Hospital	
Semi-Annual Governing Body Report (Written Submission Only) ➢ NYC Health + Hospitals | Metropolitan ➢ NYC Health + Hospitals | Woodhull	
OPEN PUBLIC SESSION - 3:00 PM	
1. Adoption of Minutes: October 29, 2020	Mr. Pagán
Chair's Report	
President's Report	Dr. Katz
>> **Action Items**<<	
2. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a ten-year agreement with **Omnicell, Inc** ("Omnicell") **to provide Omnicell® medication automated dispensing machines** ("ADMs"), for the System's acute care facilities and Carter LTAC, anesthesia work stations ("AWS") and associated inventory management equipment and software, diversion detection, predictive analytic software and sterile product preparation with total amount not to exceed of $75,651,031. (Medical and Professional Affairs and Finance Committee – 11/05/2020) **Vendex: Approved – EEO: Approved**	Dr. Calamia
3. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a three-year agreement with two one-renewals, solely at the System's discretion, with **Crothall Healthcare, Inc.** ("Crothall") **to provide environmental management services** for all of the System's facilities for an amount not to exceed $121,273,900. (Medical and Professional Affairs and Finance Committee – 11/05/2020) **Vendex: Approved – EEO: Approved**	Dr. Calamia/Ms. Wang
4. Amending the resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (the "System") at its October 2015 meeting authorizing the System to negotiate and enter into an agreement (the "Agreement") with the **Physician Affiliate Group of New York, P.C. ("PAGNY")** for the **furnishing of staff required to provide physical and behavioral health services to persons in the custody of the New York City Department of Correction** ("DOC"), a copy of which is attached hereto, to restate the not-to-exceed amount for the remaining two, two-year terms of the Agreement exercisable solely by the System, as $420,000,000. (Medical and Professional Affairs and Finance Committee – 11/05/2020) **Vendex: Pending – EEO: Approved**	Dr. Calamia

5. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year and three-month lease agreement with four two-year renewal options, solely at the System's discretion, with **QTS Investment Properties Piscataway, LLC** ("Owner") for the System's use and occupancy of space at 101 Possumtown Road, Piscataway, NJ, 08854 in Owner's data storage facility (the "PDC") which shall be sufficient for **100 data storage racks or cabinets** with the provision of 450 kW of power after ramp up with the right to expansion space and power, the right to reduce the System's use of space and power and service terms as detailed in the summary of Economic Terms attached hereto at a cost not to exceed $14,820,000. (Capital and Information Technology Committee – 11/05/2020) **Vendex: NA – EEO: NA**	Mr. Peña-Mora & Mr. Pagán
6. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year and three-month lease agreement with four two-year renewal options, solely at the System's discretion, with Cervalis LLC, a subsidiary of **CyrusOne** ("Owner") for the System's use and occupancy of space at 6 Norden Pl, Norwalk, CT 06855 in Owner's data storage facility (the "NDC") which shall be sufficient for **100 data storage racks or cabinets** with the provision of 450 kW of power after ramp up with the right to expansion space and power, the right to reduce the System's use of space and power and service terms as detailed in the summary of Economic Terms attached hereto at a cost not to exceed $17,160,000. (Capital and Information Technology Committee – 11/05/2020) **Vendex: NA – EEO: NA**	Mr. Peña-Mora & Mr. Pagán
7. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute five successive one year revocable license agreements with the **New York City Human Resources Administration ("HRA") for the use and occupancy of approximately 9,930 square feet space at 114-02 Guy Brewer Boulevard, Borough of Queens**, known as the South Jamaica Multi-Service Center to operate various ambulatory health care services managed by Gotham Health ("Gotham") and a Women, Infants, and Children program (the "**WIC Program**") managed by **NYC Health + Hospitals/Queens Hospital Center** (the "Facility") at an occupancy fee of $25 per square foot, a $2 per square foot utility surcharge, a $1 per square foot seasonal cooling charge for a total of $203,094.25 per year and a five year total of $1,015,471.25 for the Gotham space and $67,497.25 per year and a five year total of $337,486.25 for the WIC program space. (Capital and Information Technology Committee – 11/05/2020) **Vendex: NA – EEO: NA**	Mr. Peña-Mora
8. Authorizing New York City Health and Hospitals Corporation (the "System") to sign a one year lease extension with **Dr. Mikhail Kantius** (the "Landlord") for the use of approximately 4,000 square feet of space at **79-18 164th Street, Borough of Queens** to operate a Supplemental Food Program for Women, Infants and Children (the "**WIC Program**") managed by **NYC Health + Hospitals/Queens Hospital Center** (the "Facility") at a base rent of $137,360 per year, or $34.34 per square foot plus a Common Area Maintenance ("CAM") charge of $14,199.96 per year and real estate taxes of approximately $38,416.00 per year for a total annual occupancy cost of $189,975.96 or $47.49 per square foot; provided the system will hold an option to renew the lease for an additional four years. (Capital and Information Technology Committee – 11/05/2020) **Vendex: NA – EEO: NA**	Mr. Peña-Mora
9. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with the **New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA")** for an amount not-to-exceed $27,714,280, including a 10% contingency of $2,040,842, for the planning, design, procurement, construction, construction management and project management services necessary for Phase II - energy efficiency upgrades (the "Project") at **NYC Health + Hospitals/Lincoln** (the "Facility"). (Capital and Information Technology Committee – 11/05/2020) **Vendex: NA – EEO: NA**	Mr. Peña-Mora

10. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with the **New York Power Authority (**"NYPA") for an amount not-to-exceed $12,622,632, including a 10% contingency of $969,582, for the planning, design, procurement, construction, construction management and project management services necessary for the chiller plant upgrade (the "Project") **at NYC Health + Hospitals/Metropolitan** (the "Facility"). (Capital and Information Technology Committee – 11/05/2020) **Vendex: NA – EEO: NA**	Mr. Peña-Mora
11. Authorizing the Executive Director of **MetroPlus Health Plan, Inc. ("MetroPlus")** to negotiate and execute an extension to the existing contract with **Beacon Health Strategies, LLC** ("Beacon**"), to provide behavioral health management services through September 30, 2021**; and Authorizing additional funding of $30,960,000 to cover the existing contract period and the extension contract period; and $2,054,494 for additional program and run-out costs for one additional year for a total not to exceed addition to the contract of $33,014,494 (MetroPlus Board of Directors – October 20, 2020) **Vendex: Pending – EEO: Approved**	Ms. Hernandez-Piñero
12. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute requirements contracts with seven Construction Management ("CM") consulting firms **namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC.,** to provide professional **Construction Management 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 $10,000,000 for services provided by all such consultants. (Capital and Information Technology Committee – 11/05/2020) **Vendex Approved: Gilbane Building, Inc., Armand Corporation and The McCloud Group, LLC; TDX** **Vendex Pending: AECOM USA, Inc., JACOBS, McKissack & McKissack,** **EEO Approved: Armand Corporation, JACOBS, McKissask & McKissack, TDX, The McCloud Group** **EEO Pending: AECOM USA, Inc., Gilbane Building Inc.,**	Mr. Pagán
Committee and Subsidiary Reports	
➢ Capital and Information Technology	Mr. Peña-Mora & Pagán
➢ Strategic	Mr. Peña-Mora
➢ Medical and Professional Affairs and Finance	Dr. Calamia & Ms. Wang
➢ Community Relations Committee	Mr. Nolan
➢ Physician Purchasing Group/HHC Insurance Company	Dr. Allen
>>**Old Business**<<	
>>**New Business**<<	
>>**Adjournment**<<	

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held via teleconference/videoconference on the 29th day of October, 2020, at 2:00 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 participated via teleconference/videoconference:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Dr. Hillary Kunins Left at 4:00
Dr. Dr. Dave Chokshi Joined at 2:39; Left at 4:00
Mr. Scott French representing Steven Banks Left at 3:00
Ms. Helen Arteaga Landaverde
Ms. Barbara Lowe Joined at 3:00
Mr. Robert Nolan
Ms. Sally Hernandez-Piñero
Mr. Feniosky Peña-Mora Left at 4:09
Ms. Anita Kawatra
Ms. Freda Wang

Mr. Pagán, Chair of the Board, called the meeting to order at 2:07 p.m. Mr. Pagán chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board that Scott French would be representing Steven Banks in voting capacities.

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, patient medical information and collective bargaining matters.

The Board reconvened in public session at 3:10.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on September 24, 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 September 24, 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 received and approved governing body oral and written reports from NYC Health + Hospitals/Coney Island and NYC Health + Hospitals/Sea View Rehabilitation Center.

The Board received and approved the 2019 performance improvement and evaluation governing body written report from NYC Health + Hospitals/Renaissance Diagnostic & Treatment Gotham Center.

The Board received and approved semi-annual governing body written report from NYC Health + Hospitals/Coler Nursing Facility, NYC Health + Hospitals/Henry J. Carter, NYC Health + Hospitals/Henry J. Carter Skilled Nursing Facility.

FY 2020 ANNUAL PUBLIC MEETINGS

Mr. Pagán also noted that the Board convened the FY 2020 annual public meetings for the boroughs of The Bronx and Staten Island during the month of October. He further noted that this concludes the series of annual public meetings in all five boroughs and the responses to concerns raised by the public will be presented at a future Board meeting.

VENDEX APPROVALS

Mr. Pagán noted that NYC Health + Hospitals approves contracts prior to Vendex approvals. There were 2 new items on the agenda requiring Vendex approval, of which both have already received Vendex approval. There are three items from a previous Board meeting pending Vendex approval. Since the last Board meeting no vendex approval was received. The Board will be notified as outstanding Vendex approvals are received.

ACTION ITEMS 2 and 3:

Ms. Wang read resolutions 2 and 3:

Authorizing and approving the adoption of the resolution entitled "**New York City Health and Hospitals Corporation Health System Bonds, 2020 Series Resolution**" providing for the issuance of a series of Health System Bonds (the "2020 Series Bonds") in (i) a principal amount not exceeding $100 million for new money purposes to finance the costs of various capital projects and expenditures at the New York City Health and Hospitals Corporation (the "Corporation"), plus (ii) a principal amount not exceeding $340 million for the refunding of all or a portion of the 2008 Series Bonds and the 2010 Series Bonds

Authorizing and approving the adoption of the resolution entitled "**Amended and Restated General Resolution of the New York City Health and Hospitals Corporation**" providing for changes that modernize the General Resolution.
Both were presented at the Finance Committee meeting – 10/08/2020)

Linda DeHart, Senior Assistant Vice President – Reimbursement Consulting presented on the two resolutions. She discussed the purpose of the bond issuance, which would generate funds to refund existing debt, saving substantial interest costs, as well as generate new funding for various System capital and investment projects, and other aspects of the resolutions. Discussion followed, during which certain requests for additional information were made.

Follow Up Items:

1. The Board requested a list of approved projects by Borough
2. Provide a report in December 2020 or January 2021 when the transaction is completed

After further discussion, upon motion made and duly seconded, the Board unanimously approved the resolution.

ACTION ITEM 4:

Mr. Peña-Mora read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a 99 year sublease (including tenant renewal options) with **Comunilife, Inc**. or an affiliate formed for the transaction (the "Tenant"), of approximately 13,000 square feet within the parking lot of NYC Health + Hospitals/Woodhull Medical and Mental Health Center (the "Facility") to be used for the development of an eight story multifamily residential building with 93 apartments divided between studio and one-bedroom units for households earning less than 60% Area Median Income (AMI) including 56 supportive housing units for behavioral health patients who are housing insecure who are appropriate for independent living; 21 units for seniors; 15 units for low income individuals and one superintendent's unit at no charge other than an annual lease servicing fee of $12,000 per annum with potential for rent after the 15th year as described in the Executive Summary provided the Tenant shall give priority to referrals of NYC Health and Hospitals patients who meet all eligibility standards for designated supportive units. (Presented to the Capital Committee on 10/08/20)

Christine Flaherty, Senior Vice President – Office of Facilities Development and Gregory Calliste, Chief Executive Director – NYC Health + Hospital/Woodhull, presented on Health + Hospitals' commitment to housing in relation to promoting better health outcomes; a history of housing projects at Health + Hospitals; Comunilife as a Developer and services provider; integrated supportive housing at Woodhull Phase I; Woodhull II development timeline; a development plan and the affordability of units; design and sustainability standards; COVID-19 design modifications; MWBE requirements and local hiring; and financing and the ground lease for Woodhull Phase II.

After discussion, upon 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 designate the interactive donor wall at NYC Health + Hospitals/Queens Hospital Center (“Queens”) as the Claire Shulman Donor Wall in honor of Claire Shulman.**
(Being presented directly to the Board)

Mr. Cleon Edwards, Associate Executive Director – Public Affairs, NYC Health + Hospitals/Queens, provided an overview of Ms. Shulman and her longstanding commitment to Queens Hospital patients and the community.

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

BOARD MEMBER RECUSE DUE TO POSSIBLE CONFLICT

At this point in the meeting, Mr. Feniosky Peña-Mora recused himself from participating in consideration of the next items on the Board agenda, and he logged out of the meeting.

ACTION ITEM 6:

Mr. Pagán read the resolution:

Further amending the resolution adopted by the New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) Board of Directors in March 2016 that had authorized contracts with Arcadis U.S. Inc. (“**Arcadis**”) and with WSP, Inc. (“**WSP**”) originally in the amount of $16,000,000 for both contractors, which was increased by $450,000 pursuant to an amendment adopted in September 2019, to now be further amended to carry forward $6,110.60 that remains unspent from the previous authorizations and again increase the funding by an amount not to exceed $1,200,000 thereby giving NYC Health + Hospitals $1,206,110.60 for such contracts, a total of $17,650,000.
(Presented to the Capital Committee 10/08/2020)

Christine Flaherty, Senior Vice President – Office of Facilities Development, presented a background and current state of architectural and engineering services both vendors are providing for hurricane Sandy reconstruction and mitigation of FEMA projects, as well as an overview of completed projects, a list of current projects, and projects construction schedules. She explained the rationale for the request for additional funding and reviewed MWBE utilization to date on existing work, and MWBE utilization plans on future work.

After discussion and explanation of the 40 percent contingency sought, upon motion made and duly seconded, the Board unanimously approved the resolution.

PRESIDENT’S REPORT

Dr. Katz commenced his remarks by noting that his written report was included in the materials, however he highlighted a few important points:

- Efforts to prevent the second surge of COVID-19 are underway at NYC Health + Hospitals with over 500 people working through Test and Trace in the community, adopting best practices and lessons learned. These efforts appear to have had success as the recent spikes in rates of new cases in Brooklyn and Queens appear to be plateauing. The team remains vigilant and if there is a resurgence the System is prepared to handle and treat a surge of patients.
- Emergency Contracts declaration – Dr. Katz notified the Board that he signed an emergency contract declaration extension through the end of November which permits the health system to use a streamlined emergency procedures to contract with vendors if the emergency conditions require the use of those procedures. The extension of the declaration added new process requirements for emergency contracts designed to ensure that a robust due diligence is conducted with respect to pricing and the selection of vendors for emergency needs.
- Vaccine Distribution Plan - NYC Health + Hospitals is working closely with the City and State to ensure fair and equitable vaccine distribution. Early phases of vaccine distribution will focus on health care personnel, frontline workers, and other vulnerable groups.
- Post-acute skilled nursing facilities are now COVID-free. Testing of all staff and vendors on a weekly basis continues, along with cohorting and monitoring of newly admitted residents and continuous evaluating of processes to ensure high-quality care and service
- The Mayor has appointed a new Deputy Mayor for Health and Human Services, Melanie Hartzog.
- NYC Health + Hospitals closed FY20 with $688M cash-on-hand, which surpassed the revised target of $600M. We also achieved a positive net budget variance in FY20, exceeding the budget by 2%. The health system closed September 2020 with nearly $650M cash-on-hand, and estimates closing October 2020 with approximately $400M cash-on-hand. We are working with the State to advance certain supplemental Medicaid payments in order to maintain a stable cash balance in the event of a second COVID surge.

- NYC Health + Hospitals has a layered defense approach to prevent cybersecurity attacks such as ransomware. The NYC Health + Hospitals Information Security & Risk Management team continuously monitors for cybersecurity threats that can potentially affect the hospital network.

Dr. Katz ended his report by noting that NYC Health + Hospitals is collaborating with its community partners to make sure our city, our health system, and our communities get the government funding they deserve.

Mr. Pagán thanked Dr. Katz for the report and hearing no questions or concerns from fellow Board members moved to the next item on the agenda.

Committee and Subsidiary Reports

Mr. Pagán noted to the Members that the Committee and Subsidiary reports were e-mailed for review and were submitted into the record, and welcomed questions or comments regarding the reports.

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 4:27 P.M.

Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

VIRTUAL – AUDIT COMMITTEE MEETING – OCTOBER 8, 2020
As Reported by: Helen Arteaga Landaverde
Committee Members Present: Helen Arteaga-Landaverde, Mitchell Katz, José Pagán, Feniosky Peña-Mora, Sally Hernandez-Piñero

The meeting was called to order by Ms. Helen Arteaga-Landaverde, Board Chair at 9:17 A.M.

Ms. Arteaga-Landaverde asked for a motion to adopt the minutes of the Audit Committee meeting held on June 11, 2020. A motion was made and seconded with all in favor to adopt the minutes.

Ms. Arteaga-Landaverde introduced the information item regarding Corporate Compliance.

Ms. Catherine Patsos, Chief Corporate Compliance Officer provided an update on the monitoring of excluded providers, privacy incidents and related reports, the Office of Civil Rights reports regarding HIPAA incidents, compliance reports, status update on OneCity Health independent assessor audit and compliance attestation, HHC ACO shared saving funds, HIPAA risk analysis and security assessment and the Aetna audit.

Mr. Chris Telano, Chief Internal Auditor provided an Audit update and informed the Committee that:

1. An oversight audit by the NYC Comptroller's Office of NYC Health + Hospitals Auxiliaries is ongoing
2. An engagement letter from the NYC Comptroller's Office stating their intent to review NYC Health + Hospitals controls over nursing homes was received on August 13, 2020 - this audit is ongoing
3. Anonymous Letters – received from the President's Office
   a. Hospital Police at Harlem – regarding the personal usage of a system-owned vehicle by Hospital Police – upon completion of the investigation the allegations were un-substantiated. However, there was a recommendation the Transportation Department mileage log be utilized. The CEO accepted the recommendation and confirm its implementation.
   b. Claims Department of MetroPlus – there were 13 allegations in one letter. We concluded that ten (10) of the accusations could not be substantiated. The review of the other three (3) allegations revealed:
      - Timesheet vs. swipe report discrepancies in two instances, per the CEO of MetroPlus in the first instance was within reason and the second employee was a result of recording errors, hence no further action was needed

- Implied favoritism and bad optics in one case, the CEO of MetroPlus believed that no action was needed as both individuals were qualified for the promotions.

Ms. Arteaga Landaverde introduced the information item regarding the Fiscal Year 2020 Draft Financial Statements and Related Notes. Mr. James Linhart, Deputy Corporate Comptroller, reported on the results of the Financial Statements.

Grant Thornton LLC was represented by Tami Radinsky, Lead Engagement Partner; Sandy Pabla, IT Manager and Dana Wilson, Insurance Partner to present the Fiscal Year 2020 Audit results.

Ms. Radinsky began the presentation by providing an overview of the responsibilities of Grant Thornton and Health and Hospitals during the auditing process.

Ms. Radinsky presented the Audit Scope as follows: perform audits of financial statements as prepared by management, with your oversight, conducted under US Generally Accepted Auditing Standards (GAAS) and, where applicable, under Government Auditing Standards. Perform audits, as applicable, of cost reports for the year ended June 30, 2020 and issuance of certifications and attestation reports. She discussed the draft management letter describing significant deficiencies and material weaknesses identified during the audit.

COVID-19 Pandemic accounting considerations included the following: Asset Impairment, Insurance Recoveries, Contingent Losses, Going Concern Evaluations, Impact of Various Federal Relief Programs, Reserves for Uncollectible accounts and Disclosures of Risks and Uncertainties.

Ms. Pabla outlined the phases of the Technology Support as part of the audit process which included: Assess IT Risks, Identify IT controls that support audit objectives and Test technology-related controls.

Mr. Wilson outlined the areas of emphasis for MetroPlus. Claims Payables Reserve, and Premium Revenue Recognition.

Ms. Radinsky thanked Health and Hospitals audit team for their work and cooperation.

After discussion, and upon motion made and duly seconded the Committee voted unanimously to accept the Fiscal Year 2020 Financial Statement.

Ms. Arteaga-Landaverde thanked the audit team for their patience and work on the Auxiliaries.

Ms. Arteaga Landaverde requested a motion to convene an executive session to discuss confidential and privileged matters that may be related to anticipated or actual litigation, as well as certain personnel matters. A motion was made and seconded with all in favor.

There being no other business, the meeting was adjourned at 10:27 A.M.

Finance Committee Virtual Meeting – October 8, 2020

As Reported By: Freda Wang

Committee Members Present: Freda Wang, José Pagán, Mitchell Katz, Sally Hernandez-Piñero, Feniosky Peña-Mora

H+H Attendees: John Ulberg, Linda DeHart, Krista Olson, Michline Farag, Meg Thompson, Galit Fouks, James Cassidy, Jay Weinman, Matthew Siegler, Paulene Lok, Salema Tyler, Colicia Hercules

Other Attendees: Brian Carter, Barbara Scudder Pritchard, Joan Marron, Stephen Murphy, Will Brewster

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 10:34 a.m.

Upon motion passed and duly seconded the minutes of Finance Committee meeting held on June 11, 2020 was adopted.

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

SENIOR VICE PRESIDENT'S REPORT

Mr. John Ulberg commenced his presentation by providing an overview of the Fiscal Year (FY) 2021 budget.

Mr. Ulberg reported a closing cash balance of $688M, which surpassed the revised COVID-19 target of $600M. Further, H+H achieved a positive net budget variance at the end of fiscal year, exceeding the budget by 2 percent. Patient care receipts came in $166M higher than planned, largely due to the higher acuity of COVID patients as well as other targeted revenue cycle improvement efforts. The numbers reported reflect receipts with and without Federal Relief. In regards to the transformation plan, H+H stayed on track, meeting or exceeding targets for revenue cycle, 340B pharmacy revenue, and enrolling the uninsured. Key investment areas since FY-19 continues in staffing, specifically in the areas of RNs, nursing support, and revenue cycle. Other key investment areas also continued in clinical growth initiatives and NYSNA/Doctors' Council contract agreements.

Ms. Salema Tyler presented on the COVID utilization and revenue impact. As referenced in the charts, Ambulatory Care volume is 26% below baseline and Emergency Department volume is 43% below baseline. 74% of lost volume comes from the sub-capitation lines of business, but there is potential to recoup the losses through our risk pool.

Mr. Ulberg continued the report on how managing the financial risks and opportunities. The State Budget poses a risk to System, with the State deficit at $14.5B and the State proposal for additional cuts to Medicaid. Other risks include potential COVID second surge and associated revenue loss and 340B policy changes. Opportunities include the DSH cut delay and the MetroPlus and Healthfirst risk pool payments.

Mr. James Cassidy reported on the FY21 cash projection. At September closing there was $650M cash-on-hand, which is about 30 days, and this was primarily due to a $225M receipt of DSH funds. October should close around 18 days cash-on-hand or $400M. The team is in conversation with the State to expedite remaining DSH payments and other funds. In addition, the team has expedited the FEMA package for temporary staffing to the Federal government.

Mr. Ulberg presented on the Medicaid and Essential Plan attribution growth during the 2020 calendar year, which has grown by nearly 10% due to suspending Medicaid disenrollments, increases in folks qualifying for Medicaid, and other policy changes due to COVID.

Ms. Michline Farag reported on the FY20 receipts vs. disbursements. The FY ended with a net budget variance of 2 percent, or $259M. On the disbursements side $788M was spent on COVID and it was offset by Federal relief dollars that came in on the revenue side. Patient care receipts came in $166M higher than projected, primarily due to inpatient revenue coming from higher acuity COVID cases, and this offset losses in the outpatient.

Ms. Farag continued by providing a report on staffing growth, and the shift from temp to full-time. Staffing grew by 598 in FY20, attributed primarily to hiring temps to full-time. This also includes overtime hours increasing for EVS, aides, and orderlies due to COVID surge work. There were also increases to affiliates due to clinical business plans and Kings County hospital staff shift. Ms. Farag also reported on other areas where staffing grew in FY20, particularly in nursing, nursing support, and revenue cycle.

Ms. Tyler reported on FY20 patient care revenue coming in $500M higher than FY19. This is attributed to the COVID patients' higher acuity, increases to Medicare rates, and implementation of revenue cycle initiatives. The Case-Mix-Index (CMI) increased by 15% in one year.

Mr. Ulberg reported on the FY21 strategic priorities that have $300M savings projected.

Mr. Cassidy provided an overview of the COVID-19 Federal Relief. H+H has expensed over $1.0B on COVID-19 through August 31 and current commitments are $1.6B. We received $199M in a FEMA advance and are working on the second drawdown package now. To date, H+H has received $1.2B from the CARES Act and anticipate more coming in the next few weeks.

Ms. Krista Olson reported on the Test and Trace finances. H+H has paid out approximately $75M of an anticipated $280M of committed expenses. The City has provided and will continue to provide H+H, with sufficient funding to cover these expenses. There are no additional funding sources identified besides the ELC grant and FEMA.

Ms. Freda Wang thanked the team for their efforts to keep the finances in a good position. She asked the team to elaborate on the cash projection for October.

Mr. Ulberg replied stating that a letter was sent to the State detailing the cash-on-hand prior to additional expenditures so they have transparency into the cash state.

Mr. Cassidy added that is the current 18 days cash-on-hand, in part is due to October being a three-payroll month.

Ms. Wang asked if historically October is a low cash month for H+H.

Mr. Cassidy relied confirming that October through December is the lowest period of the year, but usually receive a large infusion of DSH funds in January.

Ms. Wang asked for a total identified amount for resources for T2.

Ms. Olson replied saying the budget is approximately $1B.

Ms. Wang polled the other members for questions.

Ms. Sally Hernandez-Piñero asked if the cash-on-hand would fluctuate in November and December if things stayed about the same as they are right now.

Mr. Cassidy replied that it would stay at an average of 18 days, fluctuating as low as 14 or 15 days.

Ms. Freda Wang concluded the finance update and introduced the action items. Ms. Wang read aloud the two Action Items.

The 2020 Series Bonds Action Item:

Authorizing and approving the adoption of the resolution entitled "New York City Health and Hospitals Corporation Health System Bonds, 2020 Series

Resolution" providing for the issuance of a series of Health System Bonds (the "2020 Series Bonds") in (i) a principal amount not exceeding $100 million for new money purposes to finance the costs of various capital projects and expenditures at the New York City Health and Hospitals Corporation (the "Corporation"), plus (ii) a principal amount not exceeding $340 million for the refunding of all or a portion of the 2008 Series Bonds and the 2010 Series Bonds.

The Amendment and Restated General Resolution Action Item.

Authorizing and approving the adoption of the resolution entitled "Amended and Restated General Resolution of the New York City Health and Hospitals Corporation" providing for changes that modernize the General Resolution.

Ms. Wang proceeded to introduce the items, stating that H+H is preparing to enter into the bond market after being absent many years to take advantage of extremely low interest rates. Though H+H receives most of its capital dollars from the City, H+H also has a portfolio of bonds that are outstanding. $330M of these obligations are eligible for refinancing. Because market rates are so attractive, H+H will be able to realize significant savings. The transaction will also allow an opportunity for H+H to fund some of the capital projects backlog. The rate is 2.25 percent, which is historically low. Finally, the team is taking advantage of this opportunity to modernize and restate the resolution to give us more flexibility.

Ms. Linda DeHart began the presentation by introducing Morgan Stanley as the senior managing underwriter and PFM as the financial advisory firm. Ms. DeHart continued by reviewing the proposal of refunding approximately $330M of outstanding bonds for $55M in savings. H+H would issue up to $100M new bonds to finance immediate capital needs. H+H will also modernize the language of the General Resolution. The transaction is anticipated to occur in December.

Ms. DeHart detailed the historic low borrowing costs further, outlining that it will give H+H the opportunity to generate $55M in savings over the next four years, with a slight uptick in additional costs thereafter. The refunding focuses on the 2008 Series A bonds and 2010 Series A bonds. Doing this will allow H+H to fund significant capital needs that have not been fully addressed due to the unavailable funding from the City Capital Budget Program. Further, this allows for relief of roughly $19M from the Capital Reserve Fund.

Ms. DeHart detailed the MWBE goals of the transaction. The bonds are sold on a negotiated basis using the underwriting group that was appointed recently – the Board approved the list of underwriting firms and the associated policy that will ensure that a minimum of 30% of the underwriting compensation is collectively delegated to the MWBE firms in the approved group. Further, there is a maximum allocation of 10% to the top five firms to ensure there is adequate distribution throughout the firms.

Ms. DeHart continued to provide an overview of the indented uses of the new funding. The new funding will be used to supplement the City's capital funding to support immediate capital projects across the system. The immediate needs identified are supply chain and capital projects, most of which will be completed in a year’s time.

Ms. DeHart reviewed the second, but related, action item which proposed to modernize the general resolution for the bond program. Because a substantial portion of our outstanding portfolio is being refinanced, it provides an opportune window to update the general resolution. The updates will primarily include language, definitions, etc. with some additional language being added for administrative flexibility.

Ms. Wang polled the members of the committee for questions on the two action items.

Ms. Hernandez-Piñero asked if the balance of the $50M that is not going to the cost of the issuance could be used as flexible funds or if it must only be used for capital needs.

Ms. DeHart replied stating that the balance of the $50M is flexible funds to be used as needed.

Ms. Hernandez-Piñero asked if the $19M for the general reserve also gets freed up.

Ms. DeHart replied stating that H+H is structuring the transaction so that the $19M is used to reduce the amount that we have to borrow and repay.

Upon motion made and duly seconded, the Committee unanimously approved the 2020 Bond Series Resolution.

Upon motion made and duly seconded, the Committee unanimously approved the General Resolution Amendment resolution.

ADJOURNMENT

There being no further business the meeting was adjourn at 11:32 a.m.

Capital Committee – October 8, 2020
As reported by Feniosky Peña-Mora/José Pagán
Committee Members Present: José Pagán, Feniosky Peña-Mora, Freda Wang, Sally Piñero-Hernandez, Robert Nolan, and Mitchell Katz

Mr. Peña-Mora called the meeting to order at 11:40 a.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on September 10, 2020 were approved.

Senior Vice President’s Report

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

Mrs. Flaherty provided an overview of the meeting agenda and acknowledged that her team continues to support the system based upon lessons learned and emergency enhancements made. Substantially greater surge capacity is now available at the hospitals, compared to that available in early March. Work to further enhance the facilities would continue as resources allowed.

Mrs. Flaherty noted that at the Finance Committee meeting a refinancing plan that would allow for additional projects to be completed; a planned 40 projects throughout the system valued at over $70 million dollars was presented, which supported the various projects throughout the system.

She thanked leadership for their assistance in accelerating the Capital program, adding that the Center's of Excellence were nearing completion and the team was continuing to address enhancements to further prepare for a possible upcoming surge.

Mrs. Flaherty noted that the agenda would include two resolutions. The first focus on protecting the physical assets of the system, through resiliency at the facilities and the second for housing, that would be important for the community of Woodhull and the system in their work to expand access to housing for the most vulnerable homeless patients.

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

Mrs. Flaherty read the resolution:

> **Authorizing New York City Health and Hospitals Corporation (the "System") to execute a 99 year sublease (including tenant renewal options) with Comunilife, Inc. or an affiliate formed for the transaction (the "Tenant"), of approximately 13,000 square feet within the parking lot of NYC Health + Hospitals/Woodhull Medical and Mental Health Center (the "Facility") to be used for the development of an eight story multifamily residential building with 93 apartments divided between studio and one-bedroom units for households earning less than 60% Area Median Income (AMI) including 56 supportive housing units for behavioral health patients who are housing insecure who are appropriate for independent living; 21 units for seniors; 15 units for low income individuals and one superintendent's unit at no charge other than an annual lease servicing fee of $12,000 per annum with potential for rent after the 15th year as described in the Executive Summary provided the Tenant shall give priority to referrals of NYC Health and Hospitals patients who meet all eligibility standards for designated supportive units.**

Mrs. Flaherty, joined by Leora Jontef, Assistant Vice President, Office of Facilities Development, and Gregory Calliste, Executive Director, Woodhull Medical Center presented NYC Health + Hospital housing history, a background on Comunilife as the developer and service provider, a list of integrated supportive housing at Woodhull, a development timeline, plan and affordability of the units, design and sustainability standards, COVID 19 design modifications, MWBE requirements and local hiring plan by the developer, and an overview of the financing and ground lease. . Reference was made to the success of a previous development with Comunilife, on the same campus, known as Woodhull I, which was competed in 2019 and had been well received by the community and had already resulted in a reduction in behavioral health and medical admissions for 29 patients within the first year of occupancy.

Mrs. Flaherty thanked Gregory Calliste and the Woodhull Community Advisory Board for their support.

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

Feniosky Peña-Mora recuse himself for the balance of the meeting due to possible conflict and José Pagán Chair the balance of the meeting.

Mrs. Flaherty read the resolution:

> **Further amending the resolution adopted by the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") Board of Directors in March 2016 that had authorized contracts with Arcadis U.S. Inc. ("Arcadis") and with WSP, Inc. ("WSP") originally in the amount of $16,000,000 for both contractors, which was increased by $450,000 pursuant to an amendment adopted in September 2019, to now be further amended to carry forward $6,110.60 that remains unspent from the previous authorizations and again increase the funding by an amount not to exceed $1,200,000 thereby giving NYC Health + Hospitals $1,206,110.60 for such contracts, a total of $17,650,000.**

Mrs. Flaherty explained that the contracts being discussed were in place for work under the Federal Emergency Management Agency Hurricane Sandy portfolio. There were $1.72 billion dedicated to major facilities impacted by that storm, for repairs, reconstruction and mitigation efforts. In 2013 H+H procured architectural and engineering contracts that were approved by the Board of Directors and sourced via public bid. Arcadis U.S., Inc., and WSP, Inc. were selected and had been facilitating designs for that body of work. The total budget for the contracts was $16 million and in September 2019 the Board of Directors authorized an increase of $450,000 to the total authorization. There were seven (7) mitigation projects that were in various states of completion and would require additional design, and 12 mitigation projects that have been completed. She shared a breakdown of the additional funding, and the contingency, which would ensure that all projects were completed and all technical issues resolved. Mrs. Flaherty noted that the contingency, which was larger than normal at 40% was mostly attributed to the complexity of the flood wall project underway near the Bellevue campus, which involved collaboration with multiple parties, both public and private. Mrs. Flaherty outlined the Minority and Women Owned Business Enterprise (MWBE) commitments of the vendors, which although waived under the original contract, had since been gradually increasing as a result of conversations with Health + Hospitals with regards to the amended contract amounts. The contracts would be fully funded through the FEMA grant.

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 adjourned at 12:20 PM.

SUBSIDIARIES REPORT

HHC ACO INC. BOARD OF DIRECTORS (Virtual) - September 29, 2020

As Reported by Matthew Siegler

The Board of Directors of HHC ACO Inc. (the “Board”), NYC Health + Hospitals’ subsidiary not-for-profit Accountable Care Organization (the “ACO”), convened on September 29, 2020 to go over the results from Performance Year 2019 and to approve the Proposed 2019 Performance Payment Allocation.

The meeting of the Board was called to order by Matthew Siegler at 3:33 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the May 21, 2020 meeting without correction or modification.

Among other matters, the Board discussed the following:

- Introduction of Dr. David Stevens as the ACO’s new Chief Medical Officer;
- The ACO’s care model for High-Risk Patients; and
- The ACO Reinvestment Fund.

The unanimously Board approved the following resolutions:

- Authorizing the Chief Executive Officer of the ACO to negotiate and execute an amendment to the ACO Participation Agreements and Collaborator Agreements consistent with the distribution methodology set forth in the Proposed 2019 Performance Payment Allocation (Exhibit B), and distribute the 2019 Performance Payment in accordance with such Agreements as amended.

There being no further business, Matthew Siegler adjourned the meeting at approximately 4:15 PM.

HHC Capital Corporation – Semi-annual Public Meeting
Thursday, September 24, 2020
As Reported by: Freda Wang

Ms. Freda Wang chaired the meeting of the HHC Capital Corporation Board of Directors (the “Board”). Andrea Cohen, Secretary of the HHC Capital Corporation, kept the minutes thereof.

Call to Order:

The semi-annual HHC Capital Corporation meeting was officially called to order at 1:08 p.m. by Ms. Wang.

Minutes:

Ms. Wang asked for a motion to adopt the minutes of the previous meeting that was held on January 9, 2020. The Board unanimously adopted the minutes.

Presentation

Ms. Wang then introduced Ms. Linda DeHart to provide an update to the Board.

Ms. DeHart provided a brief explanation that the purpose of the HHC Capital Corporation is solely to receive and hold all health care revenues to pay HHC issued bonds' debt service as part of the security structure for the bonds. She then referred to the HHC Capital Corporation Semi-Annual Meeting presentation to update the Board.

HHC Outstanding Bond Portfolio (page 1):

Page 1 of the presentation provides a snapshot of NYC Health + Hospitals' (the "System's") current outstanding bonds portfolio, including the distribution between variable and fixed rate bonds, and the details of the letters of credit supporting the variable rate bonds. Ms. DeHart noted that since inception, these variable rate bonds have generated approximately $63.6 million of savings compared to what the cost would have been if these bonds had been issued as fixed rate. Ms. DeHart also noted that the variable interest rates were reset at 0.08% - 0.10% by Morgan Stanley and Citibank.

HHC Bonds - Issuance History (page 2):

Ms. DeHart noted that the table provided a history of bond issuances by the System. There are about $565 million of bonds outstanding. The last bond issuance was in 2013. Ms. DeHart indicated that a request for approval to refund some of these debts along with issuing new bonds will be presented to the October 2020 Finance Committee.

There was a brief discussion of the System's planning and decision-making processes related to capital finance needs.

Construction Fund Balance on the 2010 Bonds (page 3):

Ms. DeHart described page 3 which shows that the unspent balance for the HHC Series 2010 construction fund is approximately $0.76 million, which is interest earned on bond proceeds. Ms. DeHart further explained that most projects were completed, and the remaining balance will be spent down when OFD completes their reconciliation efforts with various vendors on the projects financed by 2010 Bonds.

Short Term Financing Program (pages 4-6):

Ms. DeHart explained that in addition to the bond program, H+H's Board has approved short-term financing that has a secondary lien against the bond lockbox that is secured through the HHC Capital Corporation.

Ms. DeHart pointed out that the short-term financing program was created to prevent having a large construction fund through bond issuance. The short-term financing is primarily used for equipment purchases, minor renovations, and other small projects. She presented an overview of the two agreements (with JPMorgan and Citibank) entered into under this program, including terms, amounts vouched, and outstanding balances.

There was a discussion of the System's use of "just-in-time" borrowing and a general inquiry about the broader picture of the System's outstanding debt.

Adjournment:

There being no further business before the Board, Ms. Wang adjourned the meeting at 1:24 p.m.

VIRTUAL - MetroPlus Health Plan, Inc.

Board of Directors Meeting – October 20, 2020

As reported by Ms. Sally Hernandez-Piñero

The minutes of the meeting of the Board of Directors held September 14, 2020 were presented to the Board. On a motion by Ms. Hernandez-Piñero and duly seconded, the Board adopted the minutes.

CHIEF EXECUTIVE OFFICER'S REPORT

Dr. Schwartz's remarks were in the Board of Directors packet and a copy is attached hereto and incorporated by reference.

Ms. Raven Solon, MetroPlus' Chief Legal and Compliance Officer, reported that as of last week the State of New York extended the disenrollment moratoriums through December 31, 2020. The New York State Department of Health (SDOH) also extended the ban on member cost sharing on COVID-19 testing and telehealth visits through November 9, 2020. The Federal government has extended the declaration of emergency to January 31, 2021. All COVID-19 related provisions from the Federal government, certain provisions included in the FFCRA and CARES Act, the enhanced federal Medicaid match rate, and other COVID-19 related emergency measures will continue to be in effect until then.

Ms. Solon advised the Board about a new program allowing the Plan's healthy Medicaid/HARP members aging into Medicare to be automatically enrolled in MetroPlus' Medicare Advantage DSNP. The Well-Dual default program excludes dual eligible members who need Long-Term Service & Supports (LTSS), those members will be defaulted into the MAP program. SDOH is requiring eligible Managed Care Organizations to participate in this program, there is no official start date, but first quarter is the target. It will require significant operational lift for the Plan and there will be challenges regarding coordination of benefits (COB) determinations.

Dr. Schwartz advised the Board on the Plan's membership. Dr. Schwartz stated that the dashboard shows largely positive trends and the numbers are as of the end of the second quarter 2020. Plan membership is in the upwards of 11 percent and MetroPlus is on target to get to 600,000 members by year end. The Plan pays close attention to the percent of medical dollars that goes to New York City Health + Hospitals. Due to COVID-19 there was a slight negative trend in the first quarter but is now corrected in the second quarter.

Ms. Lauren Leverich, MetroPlus' Chief Administrative Officer, provided the Board with a detailed overview of the Plan's current membership by line of business. Ms. Leverich stated that Plan membership has increased by 10.8 percent since January 2020. The growth is driven primarily by MetroPlus' Medicaid and Essential lines of business. Medicaid had a 48,119 member increase since January of this year and the Essential Plan (EP) has grown by 6,767 members.

Ms. Leverich stated that between January and August of 2020, New York City mainstream Medicaid has grown by over 250,000 lives. MetroPlus was able to capture 20 percent of those lives and as a result the Plan's market share has increased by 0.2 percent. Ms. Leverich stated that, as of this report that Plan has had 72,084 diagnostic testing and 61,468 antibody testing. There has been over 2,543 confirmed COVID-19 admissions in claims experience to-date, unfortunately 374 of hospitalized MetroPlus members expired. The peak of COVID-19 admissions were in April to May and have continually decreased since June, there has been over 215,000 telehealth related visits.

Mr. John Cuda, MetroPlus' Chief Financial Officer, reported on the Plan's financial performance through June 30, 2020. Administrative expenses of $127.5 million through June were $17.6 million, or 12.1 percent under budget. Personnel Service (PS) costs of $66.6 million were $8.1 million or 11 percent under budget due to 211 vacant positions. Other than Personnel Services (OTPS) expenses of $60.9 million were $9.5 million under budget due to reduced spending in clinical services, marketing events, fulfillment, postage, administrative fees, training costs and IT services. COVID-19 PS & OTPS expenses consisted of PS of $1,700,000, OTPS of $127,000, fixed assets of $525,000 which was a total cost of $2,352,000.

Mr. Cuda stated that the New York State budget shortfall grows to $14.5 billion dollars and that a bleak financial outlook causes greater uncertainty to Plan rates. In the Medicaid line of business, the expected upward Medical (2.7%) and Pharmacy (3.7%) trend is to be offset by other changes including updates to Efficiency Adjustment and Fair Drug Pricing, updated risk scores and encounter data withhold.

Mr. Cuda reported that New York State Department of Financial Services (DFS) finalized QHP and SHOP 2021 rates. MetroPlus filed for a 9.6 percent increase for QHP Individual for 2021 and DFS approved a final increase of 5 percent. MetroPlus filed for an 11.5 percent increase for Small Group for 2021and DFS approved a final rate increase of 8.5 percent. The MetroPlus Gold benefits and rates change are effective July 1st each year. The rate changes include basic medical rate of 3 percent and a pharmacy rider increase of 1 percent. The estimated impact is $1.9 million for rest of the year. New MetroPlus Gold benefits include $0 copay for generic medications and reimbursement for weight loss programs.

Mr. Roger Milliner, MetroPlus' Chief Growth Officer, reported that the Plan has many exciting new partnerships including ones with the Freelancer Union and Workers Benefit Fund. The Freelancer Union represents independent workers in the U.S. with nearly 200,000 members in New York. Collaboration is to include advertisement campaigns and event sponsorships to offer access to affordable health coverage. Workers Benefit Fund provides benefits for union members, workers, independent contractors and gig workers ("WBF Workers"). MetroPlus will be offering a seamless referral process to enroll WBF members in health insurance. Other new partnerships include American Transit and the New York Hotel Trades Council.

Mr. Milliner stated that MetroPlus is working with 38 community based organizations (CBOs) who received funding to educate the public about COVID-19 and engage with the Test & Trace Corps. Outreach efforts have included text campaigns, virtual events, and on-site enrollment at CBOs and testing sites. The Plan also has a Take the Pressure Off Campaign which addresses health care disparities in the Staten Island male, African American community related to hypertension. Blood pressure screening and referral to care are offered in Staten Island barbershops.

Dr. Sanjiv Shah, MetroPlus' Chief Medical Officer, provided the Board with a clinical update.

MetroPlus' MyChart 2020 promotional campaign is the patient portal integrated with Epic and part of the "electronic front door" by which patients engage with NYC Health + Hospitals. MetroPlus has been promoting utilization through member newsletters, text/IVR message, Customer Service hold time message and marketing events. In addition, the Plan's member portal includes promotional information regarding MyChart.

Dr. Shah reported that the Plan's Housing Task Force has housed 34 members in 2020 so far, compared to 84 in 2019. Ogden Court (Hogar) has 18 units available for chronically homeless and mentally ill, the move in date is October 2020. 40 members were interviewed telephonically and 18 have accepted and 6 are wait-listed. Bedford Green (Project Renewal) has 15 units available for members with substance use, the move in date is December 2020. 12 members were interviewed via video calls and 11 accepted.

Dr. Shah advised the Board on achievements of the Special Investigations Unit (SIU). The SIU has implemented operational workflows to proactively engage Plan providers and resolve overpayments. The Plan has achieved substantial increase in settlements as a result. They have developed specialty specific spike reports to identify aberrant billing patterns and have investigated inappropriate laboratory and pathology billing practices which resulted in operational changes to prevent overpayment.

Dr. Shah stated that Plan has achieved 3.5 Stars for Star 2021, Measurement Year 2019, thus qualifying for rebates for supplemental benefit enhancement. The Plan improved dramatically in several measures including Health Risk Assessment, Medication Adherence and Medication Therapy Management.

Dr. Shah reported on the transition of behavioral health (BH) from an outside vendor to in-house. The goals of the BH program include supporting members through a continuum of behavioral health services to address behavioral health gamut of needs from prevention to crisis management and developing contractual and operational agreements with the provider community to align on effective rendering of standard of care treatments. The Plan is on track to be transitioned by October 2021. Dr. Shah stated that the Plan is presenting a resolution today to extend the current contract with Beacon Health Options to continue to provide service during the transition.

ACTION ITEM

The resolution was introduced by Dr. Shah.

> **Authorizing the submission of a resolution to the New York City Health + Hospitals to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute an extension to the existing contract with Beacon Health Strategies, LLC ("Beacon"), to provide behavioral health management services through September 30, 2021; and Authorizing additional funding of $30,960,000 to cover the existing contract period from July 1, 2020 to December 31, 2020, the proposed extension contract period, starting January 1, 2021 through September 30, 2021, and $2,054,494 for additional program and run-out costs for one additional year after September 30, 2021 for a total not to exceed addition to the contract of $33,014,494.**

Dr. Shah gave a detailed overview of the services Beacon will provide and the justification for the additional funds required.

The adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors.

Dr. Schwartz advised the Board on a few general updates. The Plan is moving its main office to 50 Water Street in early 2021, preparations are ongoing. MetroTech and 33 Maiden Lane locations will remain operational until the expiration of the current leases. The Plan will be terminating contracts in its back-up locations in Long Island City and the Bronx due to successful deloyment of remote work.

There being no further business Ms. Hernandez- Piñero adjourned the meeting at 4:00 P.M.

Mitchell H. Katz, MD - NYC HEALTH + HOSPITALS
PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
October 29, 2020

CORONAVIRUS UPDATE

Preparing for Possible Second Surge

The NYC Health + Hospitals COVID-19 intelligence team is closely monitoring data across the city and the system looking for signals of potential surges to ensure we can be prepared to respond. We are testing our COVID-19 response plans with citywide exercises, adopting all the best-practices and all the lessons learned, and are well prepared today to take up to 500 COVID-19 cases within our existing staffing, space, and resources. We have created surge plans for up to 2,800 COVID-19 cases within our system utilizing flex space, NYC Health + Hospitals/Roosevelt Island Medical Center, new ICU units at NYC Health + Hospitals/North Central Bronx, cross training of staff, and additional staffing. For reference, our peak number of COVID-19 patients back in March/April was 2,700. Other surge preparations include improved patient level-loading process, improved home monitoring with pulse oximeters, stockpiling PPE and critical equipment, and additional communication and training strategies.

Emergency Declaration

I have signed an emergency declaration extension effective through the end of November which permits the health system to use our emergency contractors and to use emergency authority for contracting if the emergency condition requires it. In this extension of the declaration, we added new process requirements for emergency contracts designed to ensure that even when full procurement procedures cannot be used that there is robust due diligence conducted with respect to pricing and the selection of vendors for emergency needs.

Vaccine Distribution Plans

Mayor de Blasio announced an initial COVID-19 vaccine distribution framework, to be coordinated with the State, to guarantee maximum distribution of a safe, effective, and free vaccine, with an emphasis on communities hardest hit by the pandemic. COVID-19 vaccines may be available in early 2021 through the CDC or the City Health Department. Phase one will focus on health care personnel, frontline workers, and other vulnerable groups. Phase two of the distribution, which could occur as early as 2021, will see more widespread availability for the general public. Our highest priority for initial internal distribution will be Health Care Workers who work in high risk areas or have personal elevated risk, such as age or medical co-morbidities. Both the health system and the facilities will sign the Federal Provider Agreements and will register in the NYC Citywide Immunization Registry (CIR). Our facility pharmacies will receive vaccines directly.

COVID-19 Free Post- Acute Care Facilities

I am very pleased to announce that our Post-Acute Skilled Nursing Facilities, caring for over 1,500 residents each day, are now COVID-free. These have been challenging times for our residents, families and staff, however our system infection control/prevention procedures and program enhancements have successfully limited exposure. All Post-Acute sites continue to test all residents, staff and vendors on a weekly basis, they have designated units to cohort and monitor newly admitted residents and are continuously evaluating their processes to ensure high-quality care and service. In addition, following the Governor's Executive Order, the 5 SNFs are now allowing in-person visitation and reuniting the residents with their families. Throughout the height of the pandemic, the Post-Acute Service line has remained devoted to the health and safety of our vulnerable, resident population and a few sites have been recently recognized by *Newsweek and the US News and World Report* as *"High-Performing" and "Best Nursing Homes"* including NYC Health + Hospitals/Gouverneur, Seaview, Coler and Carter

NYC TEST & TRACE UPDATE

The Test & Trace Corps team has recently opened 32 new testing sites in 3 NYC clusters, with 18 specifically in the red zones, and we've been able to do more than 25,000 tests in these clusters. They have also handed out millions of masks, thanks to the great support and coordination with community leaders and community-based organizations. Through all of this effort, we have been able to drive down the percent of people testing positive in the clusters, and last week the Governor announced that the red and orange zones in Queens had shown enough improvement to be updated to lower risk yellow zones.

As the City continues to fight back the COVID-19 clusters in Brooklyn and Queens, and despite having substantial new demands on the contact tracing system with the clusters, the NYC Test & Trace Corps is recording its strongest performance since the start of the program, and surpassing initial benchmark goals in two key critical areas: 91% of positive cases are now being reached citywide, with 78% of those cases completing full intake interviews, and 96% of cases are in quarantine compliance, meaning they are isolating at home or at a hotel with the City monitoring them. Nearly 10,000 confirmed symptomatic contacts have been reached through confirmed cases, which has prevented potentially 25,000 new cases.

CITY/STATE/FEDERAL UPDATE

City

I'm pleased to welcome Melanie Hartzog as the new Deputy Mayor of Health and Human Services. We have worked closely with DM Hartzog for years, when she was the OMB Director and in her ascending roles before that. Ms. Hartzog has a great understanding of our health system priorities and our financial position, and we are looking forward to working with her. As Deputy Mayor, Ms. Hartzog will be joining the NYC Health + Hospitals Board of Directors, so you'll get a chance to know her and her team.

State

NYC Health + Hospitals continues to anticipate and advocate against potential State budget cuts. Though these were preliminarily announced months ago, there has been no activity, presumably as we wait for Election Day. In the meantime, we have continued to enlist our partners in the legislature and community to push back against cuts. We also continue to work with the State for implementation of a number of strategies to strengthen our financial position. Leading up to Election Day, reminder that all 213 seats of the NYS Legislature are up for re-election. Based on primary results, there will be some new Assembly and Senate representation at some of our facilities, and we look forward to forging relationships with these new leaders.

Federal

The Federal Department of Health and Human Services has extended the public health emergency declaration through January 20, 2021. The long-delayed Medicaid DSH cuts are again extended through December 11, and we continue to advocate for a longer delay and ideally elimination of these cuts. We also are working with our legislative partners for additional Federal funding and flexibility in the funds we have been lucky to receive. We are grateful to the New York delegation, particularly our Senators and the House members representing our facilities for their tireless work on our behalf.

FINANCE UPDATE

NYC Health + Hospitals closed FY20 with $688M cash-on-hand, which surpassed our revised target of $600M. We also achieved a positive net budget variance in FY20, exceeding the budget by 2%. The health system closed September 2020 with nearly $650M cash-on-hand, and estimates closing October 2020 with approximately $400M cash-on-hand. We are working with the State to advance certain supplemental Medicaid payments in order to maintain a stable cash balance in the event of a second COVID surge.

The health system continues to see increased Medicaid Managed Care enrollment in MetroPlus and Healthfirst. This should yield a financial benefit to the system as these members will be enrolled in Value Based Payments arrangements. We are monitoring our finalized FY21 three-phased budget against our targets and continue to closely track our system wide initiatives and facility specific business plans.

Federal Relief

Related to the CARES Act, HHS announced an additional $20B General Distribution of the Provider Relief Fund. We are finalizing our submission to receive funds from this pool and hope our distribution will be received by the end of November. To-date, NYC Health + Hospitals has received nearly $1.2B related to the CARES Act. The system’s FEMA cost estimate remains at an estimated $1.6B based on the increased scope we undertook. We are continuing to expedite submissions to the State and Federal government to receive reimbursement against these costs. To date, we have received $199M in FEMA funds.

CYBER SECURITY AND RANSOMEWARE PREVENTION

NYC Health + Hospitals has a layered defense approach to prevent cybersecurity attacks such as ransomware. The NYC Health + Hospitals Information Security & Risk Management team continuously monitors for cybersecurity threats that can potentially affect the hospital network. Utilizing the layered defense approach and the NIST Cybersecurity Framework, we identify, protect, detect, respond to and recover from a cybersecurity incident. This is an ongoing cyclical process as part of our daily security strategy and foundation driving the processes and technology utilized in our health system.

Threat identification follows a parallel process. It includes an operational risk management plan that identifies risks in the environment with an adequate timeline to remediate those risks. Security awareness and training of our workforce members is also a part of our security identification workflow. Additionally, we conduct security reviews of new applications before they are adopted to identify and minimize the risks. We conduct frequent scans of our network for vulnerabilities and have several automated enterprise solutions in place which detect any anomalies in digital traffic, including firewalls and email filtering and intrusion prevention systems throughout the network to prevent malware from entering and spreading within our hospital network. We also have several endpoint security solutions to detect, respond to and recover from an event as quickly as possible. And finally, as part of the cyclical process, we look at the latest cybersecurity trends and technology to conduct internal reviews of current security measures and recommend enhancements where needed to maintain or improve our risk posture and update our risk management plan.

HEALTH SYSTEM NEWS

- Test & Trace Corps Partners With Wag! To Provide Pet Services For New Yorkers
- City Releases Initial Covid-19 Vaccine Framework, Ensuring Equity And Access For All Communities
- NYC Health + Hospitals Appoints Interim CEOs to Lead Two Public Hospitals In Queens
- Mental Health Services Expanded for Students in Areas Hardest Hit by COVID-19
- System Hosts Free Health Insurance Workshops for Upcoming Open-Enrollment Periods
- NYC Health + Hospitals/Elmhurst Staff Recognized in Glamour’s ‘Women of the Year’ Award

- NYC Health + Hospitals Reminds New Yorkers to Schedule Important Screening Mammograms
- Simulation Program Earns New Accreditation by Society for Simulation in Healthcare
- 4 Post-Acute Care Facilities Recognized by Newsweek as “Best Nursing Homes” in NY
- System’s ACO earns $4.62M in earned Medicare Shared Savings for 7th Consecutive Year
- Mayor de Blasio Announces New York City’s Recovery Agenda

RESOLUTION - 02

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a ten-year agreement with **Omnicell, Inc** ("Omnicell") to provide Omnicell® medication automated dispensing machines ("ADMs"), for the System's acute care facilities and Carter LTAC, anesthesia work stations ("AWS") and associated inventory management equipment and software, diversion detection, predictive analytic software and sterile product preparation with total amount not to exceed of $75,651,031.

WHEREAS, the System has used ADMs since 2002 with BD CareFusion being the exclusive provider at an annual cost of approximately $4.6 Million under a contract to expire June 1, 2021; and

WHEREAS, the standard business model for the procurement is to lease the ADMs, generally over a ten-year period with accompanying service support agreements; and

WHEREAS, the industry standard is for the ADMs and a facility's inventory management system to be linked so as to increase inventory control, standardize a single formulary across the System; reduce medication stock outs, allow for the automated ordering of drugs; reduce the incidence of expired medications, provide controlled substance reviews and address critical sterile compounding challenges with all-in-one IV workflow; and

WHEREAS, the current BD CareFusion system does not provide such benefits; and

WHEREAS, because Omnicell and BD CareFusion are the only companies that offer inventory management systems with the interoperability described, the System conducted a negotiated acquisition to choose a vendor and, with input and support from the CEO Council, CNO Council, EITS Leadership, Finance, the Directors of Pharmacy Council and the approval of the Contract Committee, selected Omnicell to be its inventory management system vendor; and

WHEREAS, the proposed contract will be supervised by Supply Chain Services/Business Operations.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized execute a ten-year agreement with Omnicell, Inc. to provide Omnicell® inventory management systems with medication automated dispensing machines, for the System's acute care facilities and Carter LTAC, anesthesia work stations and associated inventory management equipment and software, diversion detection, predictive analytic software and sterile product preparation with total amount not to exceed of $75,651,031.

EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH OMNICELL

BACKGROUND: The System has utilized BD CareFusion Automated Dispensing Machines ("ADMs") for medication storage, dispensing, and control of controlled of controlled substances since 2002. ADMs were further expanded and standardized in 2014. The System currently has approximately 1,900 devices in use. All devices are leased with service support agreement. The CareFusion agreement will expire on June 1, 2021. Whereas the current ADM inventory does not link to PeopleSoft, the System wishes through its new contract to achieve the industry standard of integrating its ADSs to its inventory management and Enterprise Resource Platform/Electronic Medical Record (ERP/EMR) systems.

PROCUREMENT: BD CareFusion and Omnicell are the only vendors that offer ADMs with the desired interface to inventory management and ERP/EMR. Accordingly, with the approval of the Contract Review Committee a negotiated acquisition with pricing due diligence was conducted. A rebate of $5,139,632 was negotiated to cover any losses due to contract price changes with the incumbent vendor due to conversion. It was determined that replacing the incumbent's equipment as it ages out would be inefficient as opposed to changing to a new System-wide solution. Supply Chain has presented these findings and award recommendation to the CEO Council, CNO Council, EITS Leadership, Finance and the Director of Pharmacy Council. All groups were in favor of awarding Omnicell. The proposed award to Omnicell will provide $4.5 Million in savings over incumbent vendor over the proposed term while also providing a superior product.

BUDGET:
PAYMENT: The cost of the proposed agreement will not exceed $75,651,031 over the ten year term. The projected total cost to the System has been budgeted and signed off by System Finance.

MWBE: Omnicell will finance 62% of the cost of the equipment being provided to the System through an MWBE financing company.

TERM: The term will be ten years.

NYC HEALTH + HOSPITALS

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
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Keith.Tallbe@nychhc.org
646-458-2034

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Tallbe, Keith Digitally signed by Tallbe, Keith Date: 2020.10.20 07:31:22 -04'00'

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

Vendor: Omnicell, Inc.

Date: October 20, 2020

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

Vendor Responsibility	EEO	MWBE
Approved	Approved	62% Utilization Plan
		Corporate Leasing Associates, Inc.
		NYS WBE

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.

Inpatient Pharmacy Inventory Management System

Application to Enter into Contract – Omnicell Inc.

The Board of Directors

November 19th, 2020

Joe Wilson, Sr. AVP, Strategic Sourcing

Background

- All NYC Health + Hospitals acute care facilities have utilized automated dispensing machines (ADM) “medication cabinets” for medication storage since 2002
- NYC Health + Hospitals currently has approximately 1,900 ADMs in use
- The ADMs are not currently interfaced to an inventory management software, or an ordering system, or a billing system
- All devices are leased with service support agreements
- BD CareFusion (Pyxis) has been the provider of this service since 2002
- The current 7 year agreement is for $38,418,817

Market State

- Industry standard is to integrate medication cabinets with inventory software to optimize safety, reduce risk, enhance quality, reduce costs, increase revenue

- There are only two vendors offering this integrated solution
  - Omnicell and BD CareFusion (Pyxis)
    - Both vendors only support inventory software solution with their cabinets
    - Both vendors offer the needed IV prep and anesthesia workstation hardware/software
    - Both vendors confirmed they can meet active directory compliance and enterprise IT security requirements

Future State

Implementing inventory management through advanced pharmacy technology within NYC Health + Hospitals will provide:

- Complete line of sight of drugs from distributor, to shelf, to compounding area or to cabinet (including refrigerated items), to patient
- Increase access and visibility to system-wide pharmacy inventory through real-time, actionable reports and dashboards with cost of goods on hand to drive financial management reviews
- Reduce medication stockouts through a seamless interface between medication dispensing cabinets and pharmacy wholesale distributor allowing for automated ordering of drugs
- Address critical sterile compounding challenges with all-in-one IV workflow
- Improve ability to standardize formulary across the health system
- Reduce IT costs by reducing multiple software interfaces and network servers
- Enhance controlled substance review to address and eliminate potential diversion
- Provide one-time cost reduction as the facilities institute par level inventory.
- Reduce expired medications with appropriately adjusted inventory par levels

Overview of Procurement

- Supply Chain conducted a negotiated acquisition with pricing due diligence because there are only two vendors who occupy this space
- Omnicell is less expensive over the proposed 10 year agreement by $4,500,000
- Nursing and Pharmacy Leadership across all facilities participated in the technology review from both vendors
- Omnicell is utilized by NYU Langone, NewYork-Presbyterian, Hackensack Meridian Health, Massachusetts General Hospital and Sentara Healthcare
  - NYU Langone and NewYork-Presbyterian provided positive references
- Supply Chain has presented these findings and award recommendation to the CEO Council, CNO Council, EITS Leadership, Finance, and the Directors of Pharmacy Council
- All groups were in favor of awarding Omnicell

MWBE Utilization

- Omnicell has provided a 62% MWBE subcontracting plan utilizing Corporate Leasing Associated Inc., a NYS certified WBE

Board Approval Request

Supply Chain Services is seeking approval to enter into contract with Omnicell for an Inpatient Pharmacy Inventory Management System including automated dispensing cabinets.

- 10 year agreement utilizing Fair Market Value leases
- Pilot go-live targeted for September 2021 with implementation of all hardware and software to complete by end of FY24, which permits sequential facility-specific transitions to the new system, in concert with local governance of nursing, pharmacy, EITS and operations
- Cost over lifetime of agreement = $75,651,031
- One time rebate of $5,139,632
- WBE Subcontracting plan of 62%

RESOLUTION - 03

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a three-year agreement with two one-renewals, solely at the System's discretion, with **Crothall Healthcare, Inc**. ("Crothall") to provide environmental management services for all of the System's facilities for an amount not to exceed $121,273,900.

WHEREAS, Crothall has been managing the System's environmental services since November 2011 following its selection in a request for proposal process and the System's Board's authorization; and

WHEREAS, the Crothall contract was for a nine-year term that expires on November 30, 2020; and

WHEREAS, under the Crothall contract, Crothall manages the System's workforce, provides all necessary supplies and operates under a fixed budget that provides the System with valuable cost certainty and management services; and

WHEREAS, the Crothall contract has been amended numerous times as the parties have worked well together to respond to the System's needs including an amendment by which parties adjusted Crothall's duties in response to the impact of Hurricane Sandy in October 2013 and by which Crothall supplied valuable and timely recovery services to the System; and

WHEREAS, the System initiated an RFP during June 2020 to determine which vendor would be best to perform the management services that have been performed by Crothall; and

WHEREAS, with the approval of the Contract Review Committee, an evaluation committee considered proposals from three firms and determined that Crothall was the best choice for the System to continue the environmental management services it has been providing with various value-add requests the evaluation committee had requested including enhancing its management team, investing $2.5M in new equipment and holding its current price going forward; and

WHEREAS, Supply Chain Services will be responsible for the administration of the proposed contract.

NOW, THEREFOR, it is resolved that New York City Health and Hospitals Corporation be and it hereby is authorized to execute a three-year agreement with two one-renewals, solely at the System's discretion, with Crothall Healthcare, Inc. to provide environmental management services for all of the New York City Health and Hospitals Corporation's facilities for an amount not to exceed $121,273,900.

EXECUTIVE SUMMARY

CROTHALL HEALTHCARE, INC.
ENVIROMENTAL MANAGEMENT SERVICES

OVERVIEW: In 2011, the System determined that contracting with an outside vendor to manage its environmental services would result in savings due to better control of labor costs including overtime and the costs of supplies and greater accountability. An RFP resulted in an award of a nine-year agreement that expires November 30, 2020. The System has had a good experience with Crothall, which has been good at responding to the System's needs. Crothall has managed all of the System's environmental staff across all of its facilities and has, on occasional circumstances provided its own cleaning staff. EVS is required to meet standards of all external regulatory agencies and accrediting bodies including The Joint Commission, the State and City Departments of Health, and NYC Health + Hospitals operating procedures. Crothall has been responsible for more than 16M square feet across the System.

PROCUREMENT: The System conducted an RFP with the Contract Committee's Approval and a properly constituted evaluation committee recommended the award of a new contract to Crothall after considering proposals from three qualified firms. This choice was made after consultation with CEO and COO's throughout the System.

TERMS: Three-year agreement with two one-renewals, solely at the System's discretion. Current pricing is maintained without increase. Seven-year NTE is $121,273,900. Additionally, Crothall agreed to the following additional enhancements:

- add a Human Resources/Labor Relations leader to its team
- add a 3rd Regional Director to permit enhanced facility-based engagement
- standardize its monthly reports and service level agreements with H+H team
- upgrade hand sanitizer technology to 'touchless' at no cost to H+H
- invest $2.5M in new equipment/technology
- drill down on each facility's square footage by public and clinical space; key volume metrics, and new equipment capabilities for facility agreement on staffing
- write plan to manage escalating demands of "all hazards" from routine, urgent and emergent situations, to public health emergencies, pandemic situations, etc.
- write plan for managing public spaces and clinical spaces, to demonstrate how they intend to meet the cleaning guidelines to assure patients, staff and visitors a safe and welcoming environment

- hold its current pricing as its guaranteed contract price going forward, and provide a $4.5M credit to H+H

MWBE: 30% MWBE goal, utilizing the following certified vendors: Thompson Hospitality (pending), Eastern Bag and Paper (NYC WBE); and Gojo Industries (pending)

NYC HEALTH + HOSPITALS

Keith Tallbe
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New York, NY 10038
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646-458-2034

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Tallbe, Keith Digitally signed by Tallbe, Keith Date: 2020.10.29 17:14:37 -04'00'

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

Vendor: Crothall Healthcare, Inc.

Date: October 29, 2020

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

Vendor Responsibility	**EEO**	**MWBE**
Approved	Approved	30% Utilization Plan
		Eastern Bag and Paper (NYC WBE)
		Thompson Hospitality (NYC MBE)
		Gojo Industries (NYC WBE)

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.

Environmental Services Management

Application to Enter into Contract with Crothall Healthcare, Inc.

The Board of Directors

November 19th, 2020

Paul A. Albertson, VP of Supply Chain
Mercedes Redwood, AVP of Supply Chain

Background

- Crothall Services is the current vendor responsible for the provision of Environmental Services (EVS) Management, selected in 2011 following a competitive RFP process. As information, the System also has a contract with Crothall for BioMedical Services management and Central Sterile management.
- EVS is critical to maintaining the cleanliness of the hospital environment and in providing a welcoming and safe environment to patients, visitors and staff.
- EVS is required to meet standards of all external regulatory agencies or accrediting bodies including The Joint Commission, the State and City Departments of Health.
- There are currently ~16M square feet across all of the NYC Health + Hospitals facilities.
- NYC Health + Hospitals issued a new RFP for the provision of Environmental Services (EVS) Management in July 2020; the line staff are, and remain, System FTEs.
- Following review with the organizational stakeholders, the RFP included a number of additional deliverables including:
  - Surge staffing
  - Enhanced infection prevention/terminal cleaning standards
  - Key metrics/service level agreements
  - Monthly facility-based leadership meetings
  - Collaborative HR/Labor Relations management meetings
  - Quarterly business reviews

RFP Criteria

- Minimum Criteria:
  - MWBE:
    - Utilization Plan
    - Waiver
    - MWBE Certification
  - Full-time office within NYC
  - Five years' experience in EVS management within the healthcare industry
- Evaluation Criteria:
- Evaluation Committee:
  - Three Acute Care facility COOs
  - Gotham Ambulatory Care
  - Post Acute Care
  - Infection Prevention
  - Supply Chain Services
  - Human Resources
  - Office of Facilities Development
  - Office of Labor Relations

Category	Weight %
Quality and substance of proposal	30%
Appropriateness and quality of firm's experience	30%
Cost	30%
MWBE Utilization Plan or MWBE Status	10%

Overview of Procurement

- RFP was posted on the City Record July 2020
- Mandatory walkthroughs at the 21 facilities took place in August 2020
- Three vendors submitted proposals:
  - Sodexo
  - Aramark
  - Crothall
- Each vendor provided in-person, 90 minute presentations to the Evaluation Committee in September 2020.
- Crothall was the recommended vendor of choice by all members, evaluated more favorably in each of the 3 categories of substantiveness of proposal, quality and appropriateness of firm’s experience, and cost, than the other two vendors.
- The Evaluation Committee’s recommendation was reviewed with and endorsed by the facility CEOs and COOs.
- The Contract Review Committee reviewed and approved the request to enter into contract with Crothall in October 2020.

NYC HEALTH+ HOSPITALS

Crothall Performance

NYC H+H consistently outperformed other hospitals within the region.

Patient Experience – STAR Rating

Manhattan	July 2020	HCAHPS Cleanliness Star Rating	Hospital Star Rating
Metropolitan Hospital Center	76%	★★★	★★
Harlem Hospital Center	75%	★★★	★
NYU Hospitals Center*	70%	★★★	★★★★★
NY-Presbyterian Hospital*	69%	★★★	★★★
Mount Sinai Hospital	66%	★★	★★★★
Bellevue Hospital Center	63%	★★	★
Lenox Hill Hospital*	60%	★★	★★★

Brooklyn	July 2020	HCAHPS Cleanliness Star Rating	Hospital Star Rating
Woodhull Medical Center	76%	★★★	★★
Kings County Hospital	68%	★★	★
Methodist Hospital*	68%	★★	★★★
Coney Island Hospital	63%	★★	★
Maimonides Medical Center*	60%	★★	★
Brooklyn Hospital Center	57%	★	★

Queens	July 2020	HCAHPS Cleanliness Star Rating	Hospital Star Rating
Queens Hospital Center	72%	★★★	★
NY-Presbyterian / Queens*	71%	★★★	★★
Jamaica Hospital Medical Center*	68%	★★★	★
Flushing Hospital Medical Center*	66%	★★	★
Elmhurst Hospital Center	63%	★★	★

Bronx	July 2020	HCAHPS Cleanliness Star Rating	Hospital Star Rating
North Central Bronx Hospital	76%	★★★	★★
Lincoln Medical Center	69%	★★	★
St. Barnabas Hospital	64%	★	★
Jacobi Medical Center	63%	★	★
Montefiore Medical Center*	63%	★★	★

The CMS HCAHPS scores and star ratings reflect the perception of care for patients who were discharged between October 1, 2018 – September 30, 2019

NY STATE AVERAGE: 71%
NATIONAL AVERAGE: 76%

***Hospitals that Crothall does not serve.**

Overview of Proposed Agreement

To assure that quality of experience is consistent across the system, Crothall agreed to enhance their team and practices as follows:

- Onboard a Human Resources/Labor Relations leader to its team
- Onboard a third Regional Director to lead facility-based engagement
- Evaluate each facility to determine optimal staffing, which, when maintained, permits enhanced patient ratings on the HCAHPS cleanliness rating
- Develop contingency plan to manage escalating demands of “all hazards”
- Develop implementation plans for managing public and clinical spaces to meet cleaning guidelines
- Invest $2.5M in new equipment/technology
- Upgrade hand sanitizer technology to ‘touchless’ at no cost
- Standardize monthly reports and service level agreements with H+H team
- Maintain current pricing as guaranteed contract price going forward
- Provide a one-time $4.5M credit to NYC Health + Hospitals

MWBE Plan

Crothall has committed to achieving a 30% MWBE goal, utilizing the following certified vendors:

- Eastern Bag and Paper (NYC WBE) 19.95%
- Thompson Hospitality (NYC MBE) 3.00%
- Gojo Industries (NYC WBE) 7.05%

Board Approval Request

Supply Chain Services is seeking approval to enter into a three year contract with Crothall for Environmental Services Management with two one-year extensions solely exercisable by NYC Health + Hospitals.

- Cost over life of the agreement is $121,273,900
- Provide a one-time $4.5M credit to NYC Health + Hospitals
- 30% MWBE utilization plan

RESOLUTION – 04

Amending the resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (the “System”) at its October 2015 meeting authorizing the System to negotiate and enter into an agreement (the “Agreement”) with the **Physician Affiliate Group of New York, P.C. (“PAGNY”)** for the furnishing of staff required to provide **physical and behavioral health services to persons in the custody of the New York City Department of Correction (“DOC”),** a copy of which is attached hereto, to restate the not-to-exceed amount for the remaining two, two-year terms of the Agreement exercisable solely by the System, as $420,000,000.

WHEREAS, at its October 2015 meeting the System’s Board of Directors adopted a resolution authorizing the execution of the Agreement (the “Resolution”); and

WHEREAS, the Resolution and the Agreement permit the System to exercise three, two-year renewal options exclusive to the System; and

WHEREAS, the System exercised one of its two-year renewal options for the period beginning on January 1, 2019 and ending on December 31, 2020; and

WHEREAS, the System has the option of exercising two remaining two-year renewal periods, for the period beginning on January 1, 2021 and ending on December 31, 2022, and the period beginning on January 1, 2023 and ending on December 31, 2024; and

WHEREAS, the scope of the services provided by the System’s division of Correctional Health Services (“CHS”) has expanded and changed from the time the responsibility for such services was first transferred from the Department of Health and Mental Hygiene (“DOHMH”) to the System as part of the city’s criminal justice reforms; and

WHEREAS, the Resolution provided for a not-to-exceed amount of $192,843,453; and

WHEREAS, the System seeks to amend the Resolution to adjust and restate the not-to-exceed amount as $420,000,000 for the remaining two, two-year terms, exercisable solely at the discretion of the System, to reflect the current costs of the CHS program as it has grown and evolved in light of the major reforms of the correctional system.

NOW THEREFORE BE IT RESOLVED that the resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (the “System”) at its October 2015 meeting authorizing the System to negotiate and enter into an agreement (the “Agreement”) with the Physician Affiliate Group of New York, P.C. (“PAGNY”) for the furnishing of staff required to provide physical and behavioral health services to persons in the custody of the New York City Department of Correction (“DOC”), a copy of which is attached hereto, is amended to restate the not-to-exceed amount of $210,000,000 for the two-year term of the Agreement of January 1, 2021 and ending on December 31, 2022, with the right to exercise the renewal option for the period January 1, 2023 and ending December 31, 2024 with a not to exceed amount of $210,000,000, for a total of $420,000,000 for the potential four-year term.

EXECUTIVE SUMMARY
AMENDMENT OF PRIOR RESOLUTION AUTHORIZING THE SYSTEM TO CONTRACT WITH THE PHYSICIAN AFFILIATE GROUP OF NEW YORK TO PROVIDE SERVICES TO PERSONS IN THE CUSTODY OF THE NYC DEPARTMENT OF CORRECTION

OVERVIEW: Pursuant to a Memorandum of Understanding dated August 6, 2015 between the System, the City of New York, the NYC Department of Health and Mental Hygiene ("DOHMH"), and the NYC Department of Correction ("DOC"), the System assumed responsibility for providing health services for individuals in the custody of DOC (the "Inmates" or "CHS Patients"). At its October 2015 meeting, the Board of Directors adopted a resolution (the "Resolution") authorizing the System to negotiate and enter into an agreement (the "Agreement") with the Physician Affiliate Group of New York, P.C. ("PAGNY") for the furnishing of staff required to provide physical and behavioral health services to persons in DOC's custody. The Resolution provided for a not-to-exceed amount of $192,843,453. The System entered into the Agreement effective January 1, 2016, which permitted the exercise three, two-year renewal options exclusive to the System. The System exercised its first option to extend the Agreement for the period beginning on January 1, 2019 and ending on December 31, 2020. Since the initial Resolution, the scope of the services provided by the System's division of Correctional Health Services ("CHS") has grown and evolved in light of the major reforms of the correctional system. The System intends to exercise the first of its two remaining two-year options and may exercise its second option, and seeks to amend the Resolution to reflect the actual current costs of the CHS program across this potential four-year term.

AMENDMENT: Under the Agreement, the System is required to reimburse PAGNY for its costs to employ the physicians, other health professionals and service providers engaged to provide the required services. The System seeks to amend the Resolution to adjust and restate the not-to-exceed amount to $420,000,000 for the remaining two, two-year terms of the Agreement, exercisable solely by the System.

Approved: October 22, 2015

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an agreement with the Physician Affiliate Group of New York, P.C. ("PAGNY") for the furnishing of staff required to provide physical and behavioral health services to inmates ("Inmates") in the custody of the New York City Department of Correction ("DOC") and certain other individuals for two years, starting January 1, 2016 for an amount not to exceed $192,843,453 with three, two-year renewal options exclusive to the Corporation;

AND

Further authorizing the President to make adjustments to the contract amounts consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in payments to PAGNY in any fiscal year that exceed twenty-five percent of the not-to-exceed amount specified in this resolution.

WHEREAS, the Corporation is responsible for the provision of health services to inmates ("Inmates") in the custody of the New York City Department of Correction ("DOC") and certain other individuals including children under two years of age housed on Rikers Island whose mother is an Inmate and certain DOC employees ("CHS Patients"); and

WHEREAS, the Corporation desires to ensure the provision of high quality patient care services to CHS Patients; and

WHEREAS, the Corporation requires the services of an organization willing and able to furnish the staff necessary to provide for high quality healthcare professional services with respect to the delivery of health care to CHS Patients; and

WHEREAS, PAGNY is willing to, and capable of, furnishing such staff; and

WHEREAS, PAGNY is a professional service corporation organized under the laws of New York, all of whose physicians are duly licensed to practice medicine in New York State; and

WHEREAS, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, desires that PAGNY furnish the staff to provide healthcare services to CHS Patients and PAGNY is ready and willing to do so.

NOW, THEREFORE, BE IT

RESOLVED, that the President of the New York City Health and Hospitals Corporation ("the Corporation") is hereby authorized to negotiate and execute an agreement with the Physician Affiliate Group of New York, P.C. ("PAGNY") for the furnishing of staff required to provide physical and behavioral health services to inmates in the custody of the New York City Department of Correction and certain other individuals for a period of two years, commencing January 1, 2016 for an amount not to exceed $192,843,453 with three, two-year renewal options exclusive to the Corporation; and it is further

RESOLVED, that the President is hereby authorized to make adjustments to the contract amounts consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in payments to PAGNY in any fiscal year that exceed twenty-five percent of the not-to-exceed amount specified in this resolution.

APPROVED OCTOBER 22, 2015

EXECUTIVE SUMMARY

RESOLUTION AUTHORIZING A CONTRACT WITH THE PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C. TO PROVIDE CERTAIN MEDICAL SERVICES WITHIN INSTITUTIONS OPERATED BY THE NYC DEPARTMENT OF CORRECTIONS

NEED: With the Mayor's signature of Executive Order No. 11 of 2015 and the Corporation's execution of the Memorandum of Understanding as of August 6, 2015 with the City of New York, the NYC Department of Health and Mental Hygiene ("DOHMH") and the NYC Department of Corrections ("DOC"), the Corporation has assumed responsibility for providing health services for individuals in the custody of DOC ("Inmates") and certain other individuals including children under two years of age housed on Rikers Island whose mother is an Inmate and certain DOC employees ("CHS Patients"). Such services have been provided by Corizon Health, Inc. and its affiliates ("Corizon") and Damian Family Care Centers ("Damian") under contract to DOHMH. Pursuant to the authorization of the Corporation's Board of Directors adopted at its July 2015 meeting, the Corporation assumed the Corizon and Damian contracts and Corizon has been continuing to provide such services under the Corporation's supervision. The Corizon and Damain contracts expire December 31, 2015 and November 17, 2016, respectively, and the Corporation does not intend to renew them. Thus, it is imperative that the Corporation contract with another entity to provide such services.

CONTRACTOR: Physician Affiliate Group of New York, P.C. ("PAGNY") has provided physicians' services to the Corporation for its Lincoln Medical and Mental Health Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Metropolitan Hospital Center, Coney Island Hospital, Kings County Hospital Center and several Diagnostic and Treatment Centers for the last five years. At the Corporation's Board of Directors' September, 2015 meeting, authority was given to renew such agreement for another five years. Thus, PAGNY has a record of substantial collaboration with the Corporation in providing quality healthcare.

PROGRAM: Under the proposed contract, PAGNY will furnish the staff to provide physical and behavioral health services to CHS Patients. Any CHS Patient requiring acute care, will be transferred to either the Corporation's Elmhurst Hospital Center or to Bellevue Hospital Center where they will receive care by the staffs of those two hospitals. Thus, the physical and behavioral health care services provided to CHS Patients will be within the DOC facilities. PAGNY will be required to satisfy all legal requirements applicable to health care in correctional facilities including those imposed by the consent decrees entered into by the City of New York to settle litigations brought over the operation of the DOC facilities. The Corporation will actively supervise and manage the services that PAGNY will provide.

ECONOMIC TERMS: The Corporation will reimburse PAGNY for its costs to employ the physicians, other health professionals and service providers engaged to provide the required services and will pay PAGNY a 2.75% administrative fee.

NYC HEALTH+ HOSPITALS

To:	Colicia Hercules Chief of Staff, Office of the Chair
From:	Keith Tallbe Tallbe, Keith Digitally signed by Tallbe, Keith Date: 2020.10.29 11:05:33 -04'00' Senior Counsel Office of Legal Affairs
Re:	Vendor responsibility, EEO and MWBE status or Board review of contract
Vendor:	PAGNY
Date:	October 29, 2020

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

Vendor Responsibility	EEO	MWBE
Pending	Approved	Exempt

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.

Correctional Health Services
PAGNY Affiliation Agreement

November 19, 2020
Board of Directors Meeting

Patricia Yang, DrPH
Senior Vice President
Correctional Health Services

NYC HEALTH + HOSPITALS

Contract Overview

- Original agreement term: January 1, 2016 – December 31, 2018.
- Option to renew three times for successive two-year terms.
- First renewal period ends December 31, 2020.
- To avoid disruption in care for patients in the custody of the City, CHS needs to exercise its option to renew the Agreement for an additional two-year period.
- New renewal period will begin on January 1, 2021 and end on December 31, 2022.

Background

- As part of the City's criminal justice reforms, CHS transitioned from a contract service under NYC DOHMH to a direct provider service as part of NYC Health & Hospitals. The contract service expired December 31, 2015.

- In preparation for this transition, CHS negotiated an affiliation arrangement with PAGNY, effective January 1, 2016.

- Under this arrangement, frontline providers are hired by PAGNY. The staff are primarily medical/mental health professionals.

- CHS is committed to workforce diversity and the provision of culturally relevant and sensitive care, and works with PAGNY to achieve same.
  - Of PAGNY CHS staff, 88.1% identify as being non-white of whom 62.8% are Black.
  - CHS' 2019 patient population was 87.6% non-white of whom 63.3% were Black.
  - 59% of PAGNY CHS staff are female.

Background

- Due to the circumstances surrounding the decision to move from a contract service to a direct provider model, CHS' arrangement with PAGNY has certain elements.

- CHS' PAGNY contract:
  - Is funded as part of CHS' budget, which comes directly from the city.
  - Is on a calendar year basis.
  - Covers members of Doctors Council and 1199.
  - Covers only frontline health care professionals.
  - Covers no supervisory or management staff.
  - All clinical leadership and supervision comes from CHS.
  - Includes only payroll and no OTPS (including subcontracts) unless specifically preauthorized.
  - Imposes specific contractual accountability requirements to support CHS' monthly reconciliation of payments.

Financial Overview

FY16 - FY20 Budget vs Payments

Fiscal Year	Period	Initial Budget	Reduction	Total payment
FY16	1/1/16 - 6/30/16	$ 40,128,244	$ -	$ 40,128,244
FY17	7/1/16 - 6/30/17	$ 93,528,741	$ -	$ 93,528,741
FY18	7/1/17 - 6/30/18	$ 103,217,491	$ -	$ 103,217,491
FY19	7/1/18 - 6/30/19	$ 110,233,780	$4,000,000	$ 106,233,780
FY20	7/1/19 - 6/30/20	$ 104,764,838	$4,182,788	$ 100,582,050
FY16 - FY20 TOTAL		**$ 451,873,094**	**$ 8,182,788**	**$ 443,690,306**

Board of Directors Request

- We are seeking approval to:

  - Increase the not-to-exceed amount for each subsequent two-year extension, from $192,843,453 to $210,000,000, to account for cost of living increases and CHS initiatives to increase access and improve quality of care, resulting in a total of $420,000,000 for the remaining potential four years of the contract

RESOLUTION – 05

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year and three-month lease agreement with four two-year renewal options, solely at the System's discretion, with **QTS Investment Properties Piscataway, LLC** ("Owner") for the System's use and occupancy of space at 101 Possumtown Road, Piscataway, NJ, 08854 in Owner's data storage facility (the "PDC") which shall be sufficient for **100 data storage racks or cabinets** with the provision of 450 kW of power after ramp up with the right to expansion space and power, the right to reduce the System's use of space and power and service terms as detailed in the summary of Economic Terms attached hereto at a cost not to exceed $14,820,000.

WHEREAS, a complex operation that handles large amounts of sensitive data, as the System does, requires specialized data centers to store and back-up its data, to comply with regulatory requirements and to guard against the risk of data destruction in the event of a disaster; and

WHEREAS, an industry exists to provide space for equipment to store data combined with a secure power source and to offer such services as are often needed in the operation of such data centers; and

WHEREAS, the System currently uses the Sunguard Data Center ("SDC") and the Jacobi Data Center ("JDC") to store and back-up the System's data; and

WHEREAS, the JDC is in an aging facility that poses a risk of outages, the power supply is inadequate and insecure and the cost of addressing such deficiencies is prohibitive; and

WHEREAS, the SDC is expensive at approximately 3X the national average cost of comparable space and services, is located in a high-risk flood zone and is subject to an agreement due to expire in October 2022; and

WHEREAS, while it is considered good practice to have two separate data centers for risk diversification, JDC and SDC are only 15 miles from each other which is too close for optimum risk diversification; and

WHEREAS, the System engaged in a comprehensive area-wide search for alternative data centers using its real estate brokers, Newmark Knight Frank to conduct the search with the participation of Gartner, which advised on technical requirements and assisted in the evaluation of alternative sites; and

WHEREAS, the System, with its two consultants, selected the PDC and a second site in Norwalk Connecticut operated by CyrusOne (the "NDC") which is being treated in a separate resolution presented in conjunction with this one, to replace SDC and JDC; and

WHEREAS, to avoid cost prohibitive relocation of its equipment, the transition from JDC and SDC to PDC and NDC will occur over the balance of the term of the SDC agreement as equipment becomes obsolete and is replaced; and

WHEREAS, the Senior Vice President for EITS will be responsible for the administration of the proposed lease.

NOW THEREFORE, **BE IT RESOLVED** that New York City Health and Hospitals Corporation be and the same is hereby authorized to execute a five-year and three-month lease agreement with four two-year renewal options, solely at the System's discretion, with QTS Investment Properties Piscataway, LLC ("Owner") for the System's use and occupancy of space at 101 Possumtown Road, Piscataway, NJ, 08854 in Owner's data storage facility which shall be sufficient for 100 data storage racks or cabinets with the provision of 450 kW of power after ramp up with the right to expansion space and power, the right to reduce the System's use of space and power and service terms as detailed in the summary of Economic Terms attached hereto at a cost not to exceed $14,820,000.

EXECUTIVE SUMMARY
LEASE AGREEMENT WITH
QTS INVESTMENT PROPERTIES PISCATAWAY, LLC

DATA CENTER WITH ASSOCIATED SERVICES

OVERVIEW: Complex operations that handle large amounts of sensitive data, as the System does, require specialized data centers to store and back-up its data, to comply with regulatory requirements and to guard against the risk of data destruction in the event of a disaster. An industry exists to provide space for equipment to store data combined with a secure power source and to offer such services as are often needed in the operation of such data centers. The System currently uses the Sunguard Data Center ("SDC") and the Jacobi Data Center ("JDC") to store and back-up the System's data. Since the Sunguard agreement was first made in 2009, the market for data centers has changed dramatically resulting in substantially lower costs. Because of this, the System was able to negotiate a 50% reduction of costs when it negotiated a renewal of the Sunguard agreement that was approved by the Board in September, 2019. However, the Sunguard arrangement is still undesirable because it is still too costly, the facility is in a flood zone, the agreement lacks the considerable flexibility of the proposed replacement arrangements that allow for increasing and decreasing the amount of space and power we use. Gartner performed a detailed analysis of the System's current operations at JDC and SDC and recommended relocating from the two current sites to two new ones spaced far from each other.

SEARCH: The system mounted a thorough search of the metropolitan area for appropriate alternative sites. Gartner specified the desired characteristics of the new facilities and provided a draft model agreement to propose to data center owners which model was revise and refined both by Newmark and by System staff. Newmark prepared a list of potential sites in the area. System staff made several site visits. Proposals were solicited from 15 data centers that appeared to meet the Gartner qualifications. Fifteen proposals were considered. PDC and NDC were selected based on price, flexibility, location, reliability of power supply and other factors.

FUNDING: Funding shall be provided from the Systems OTPS budget.

COMPARE TO CURRENT STATE: Costs of the proposed future state will roughly equal the costs to operate in current state. Thus, the System will improve its position by having two state of the art data storage facilities for the cost of the just the one commercial facility now used, under agreements with much more flexibility than currently, in two facilities with more secure structures and power.

MWBE: Exempt. Real estate rentals are not subject to MWBE requirements. There are virtually no subcontracting opportunities because there are only minor services involved and these primarily pertain to the maintenance of the power facilities which are integral to the operation of the data center.

SUMMARY OF ECONOMIC TERMS
LEASE AGREEMENT WITH
QTS INVESTMENT PROPERTIES PISCATAWAY, LLC

DATA CENTER WITH ASSOCIATED SERVICES

PREMISES:	101 Possumtown Road, Piscataway, NJ, 08854. in space required to hold 100 data storage racks or cabinets and use 450kW.
TERM:	63 months. Commencement on January 1, 2021
RENT & FEES:	In lieu of rent, the System will be charged monthly at $105 kW. Additionally, the System will be charged for its electrical usage as metered. The System's metered electrical use shall be increased by 30% to account for its share of power used by Owner to operate the PDC
FREE RENT:	First three months are free.
RENEWAL OPTIONS:	The System will have four renewal terms. Each one will be for two years. The rent (expressed as a charge per kW) and fees due during the renewal terms will be the lesser of the following: H+H's then current, escalated monthly recurring costs per kW or 100% of fair market value for similar size deployments in the geographic region, all factors considered, as reasonably determined by Newmark Knight Frank and QTS.
POWER COMMITMENT:	The System commits to use power at not less than the following ramp up schedule: Months 1- 6: 150 kW Months 7-12: 250 kW Months 13-18: 350 kW Months 19 and after: 450 kW
EXPANSION OPTION:	Expansion Space of 40 racks and 250 Kw; 12-month reserve on expansion space of 640 sq ft and 250KW of redundant UPS power to support up to 40 racks/cabinets at $8.00/sq ft beginning at Commencement cancellable with 30 days' notice. If reserved space taken, charges will be consistent with original space.
REDUCTION OPTION:	The System will have the right to reduce its occupancy and associated space and power by up to 15% after month 24 and a 15% after month 48, with at least 90 days' prior written notice
WORK ALLOWANCE:	$137,052
ESTIMATED CONSTRUCTION:	$430,033

RESOLUTION – 06

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year and three-month lease agreement with four two-year renewal options, solely at the System's discretion, with Cervalis LLC, a subsidiary of **CyrusOne** ("Owner") for the System's use and occupancy of space at 6 Norden Pl, Norwalk, CT 06855 in Owner's data storage facility (the "NDC") which shall be sufficient for **100 data storage racks or cabinets** with the provision of 450 kW of power after ramp up with the right to expansion space and power, the right to reduce the System's use of space and power and service terms as detailed in the summary of Economic Terms attached hereto at a cost not to exceed $17,160,000.

WHEREAS, a complex operation that handles large amounts of sensitive data, as the System does, requires specialized data centers to store and back-up its data, to comply with regulatory requirements and to guard against the risk of data destruction in the event of a disaster; and

WHEREAS, an industry exists to provide space for equipment to store data combined with a secure power source and to offer such services as are often needed in the operation of such data centers; and

WHEREAS, the System currently uses the Sunguard Data Center ("SDC") and the Jacobi Data Center ("JDC") to store and back-up the System's data; and

WHEREAS, the JDC is in an aging facility that poses a risk of outages, the power supply is inadequate and insecure and the cost of addressing such deficiencies is prohibitive; and

WHEREAS, the SDC is expensive at approximately 3X the national average cost of comparable space and services, is located in a high-risk flood zone and is subject to an agreement due to expire in October 2022; and

WHEREAS, while it is considered good practice to have two separate data centers for risk diversification, JDC and SDC are only 15 miles from each other which is too close for optimum risk diversification; and

WHEREAS, the System engaged in a comprehensive area-wide search for alternative data centers using its real estate brokers, Newmark Knight Frank to conduct the search with the participation of Gartner, which advised on technical requirements and assisted in the evaluation of alternative sites; and

WHEREAS, the System, with its two consultants, selected the NDC and a second site in Piscataway, New Jersey operated by QTS (the "PDC") which is being treated in a separate resolution presented in conjunction with this one, to replace SDC and JDC; and

WHEREAS, to avoid cost prohibitive relocation of its equipment, the transition from JDC and SDC to PDC and NDC will occur over the balance of the term of the SDC agreement as equipment becomes obsolete and is replaced; and

WHEREAS, the Senior Vice President for EITS will be responsible for the administration of the proposed lease.

NOW THEREFORE, **BE IT RESOLVED** that New York City Health and Hospitals Corporation be and the same is hereby authorized to execute a five-year and three-month lease agreement with four two-year renewal options, solely at the System's discretion, with Cervalis LLC, a subsidiary of CyrusOne ("Owner") for the System's use and occupancy of space at 6 Norden Pl, Norwalk, CT 06855 in Owner's data storage facility (the "NDC") which shall be sufficient for 100 data storage racks or cabinets with the provision of 450 kW of power after ramp up with the right to expansion space and power, the right to reduce the System's use of space and power and service terms as detailed in the summary of Economic Terms attached hereto at a cost not to exceed $17,160,000.

EXECUTIVE SUMMARY
LEASE AGREEMENT WITH
CERVALIS, LLC

DATA CENTER WITH ASSOCIATED SERVICES

OVERVIEW: Complex operations that handle large amounts of sensitive data, as the System does, require specialized data centers to store and back-up its data, to comply with regulatory requirements and to guard against the risk of data destruction in the event of a disaster. An industry exists to provide space for equipment to store data combined with a secure power source and to offer such services as are often needed in the operation of such data centers. The System currently uses the Sunguard Data Center ("SDC") and the Jacobi Data Center ("JDC") to store and back-up the System's data. Since the Sunguard agreement was first made in 2009, the market for data centers has changed dramatically resulting in substantially lower costs. Because of this, the System was able to negotiate a 50% reduction of costs when it negotiated a renewal of the Sunguard agreement that was approved by the Board in September, 2019. However, the Sunguard arrangement is still undesirable because it is still too costly, the facility is in a flood zone, the agreement lacks the considerable flexibility of the proposed replacement arrangements that allow for increasing and decreasing the amount of space and power we use. Gartner performed a detailed analysis of the System's current operations at JDC and SDC and recommended relocating from the two current sites to two new ones spaced far from each other.

SEARCH: The system mounted a thorough search of the metropolitan area for appropriate alternative sites. Gartner specified the desired characteristics of the new facilities and provided a draft model agreement to propose to data center owners which model was revise and refined both by Newmark and by System staff. Newmark prepared a list of potential sites in the area. System staff made several site visits. Proposals were solicited from 15 data centers that appeared to meet the Gartner qualifications. Fifteen proposals were considered. PDC and NDC were selected based on price, flexibility, location, reliability of power supply and other factors.

FUNDING: Funding shall be provided from the Systems OTPS budget.

COMPARE TO CURRENT STATE: Costs of the proposed future state will roughly equal the costs to operate in current state. Thus, the System will improve its position by having two state of the art data storage facilities for the cost of the just the one commercial facility now used, under agreements with much more flexibility than currently, in two facilities with more secure structures and power.

MWBE: Exempt. Real estate rentals are not subject to MWBE requirements. There are virtually no subcontracting opportunities because there are only minor services involved and these primarily pertain to the maintenance of the power facilities which are integral to the operation of the data center.

SUMMARY OF ECONOMIC TERMS
LEASE AGREEMENT WITH
CERVALIS, LLC

DATA CENTER WITH ASSOCIATED SERVICES

PREMISES:	6 Norden Pl, Norwalk, CT 06855 in space adequate to hold 100 storage racks or cabinets and use 450kW.
TERM:	63 months. Commencement on January 1, 2021
RENT & FEES:	In lieu of rent, the System will be charged monthly at $109 kW. Additionally, the System will be charged for its electrical usage as metered. The System's metered electrical use shall be increased by 30% to account for its share of power used by Owner to operate the NDC
FREE RENT:	First three months are free.
RENEWAL OPTIONS:	The System will have four renewal terms. Each one will be for two years. The rent (expressed as a charge per kW) and fees due during the renewal terms will be the lesser of the following: H+H's then current, escalated monthly recurring costs per kW or 95% of fair market value for similar size deployments in the geographic region, all factors considered, as reasonably determined by Newmark Knight Frank and Owner.
POWER COMMITMENT:	The System commits to use power at not less than the following ramp up schedule: Months 1- 6: 150 kW Months 7-12: 250 kW Months 13-18: 350 kW Months 19 and after: 450 kW
EXPANSION OPTION:	Expansion Space of 40 racks and 250 Kw; in contiguous space to be held for H+H for three years. H+H may exercise such rights in increments of 50 kW / 8 racks, up to the total capacity of 250.
REDUCTION OPTION:	The System will have the right to reduce its occupancy and associated space and power by up to 15% after month 24 and a 20% after month 48, with at least 90 days' prior written notice
WORK ALLOWANCE:	$125,000
ESTIMATED CONSTRUCTION:	$430,033

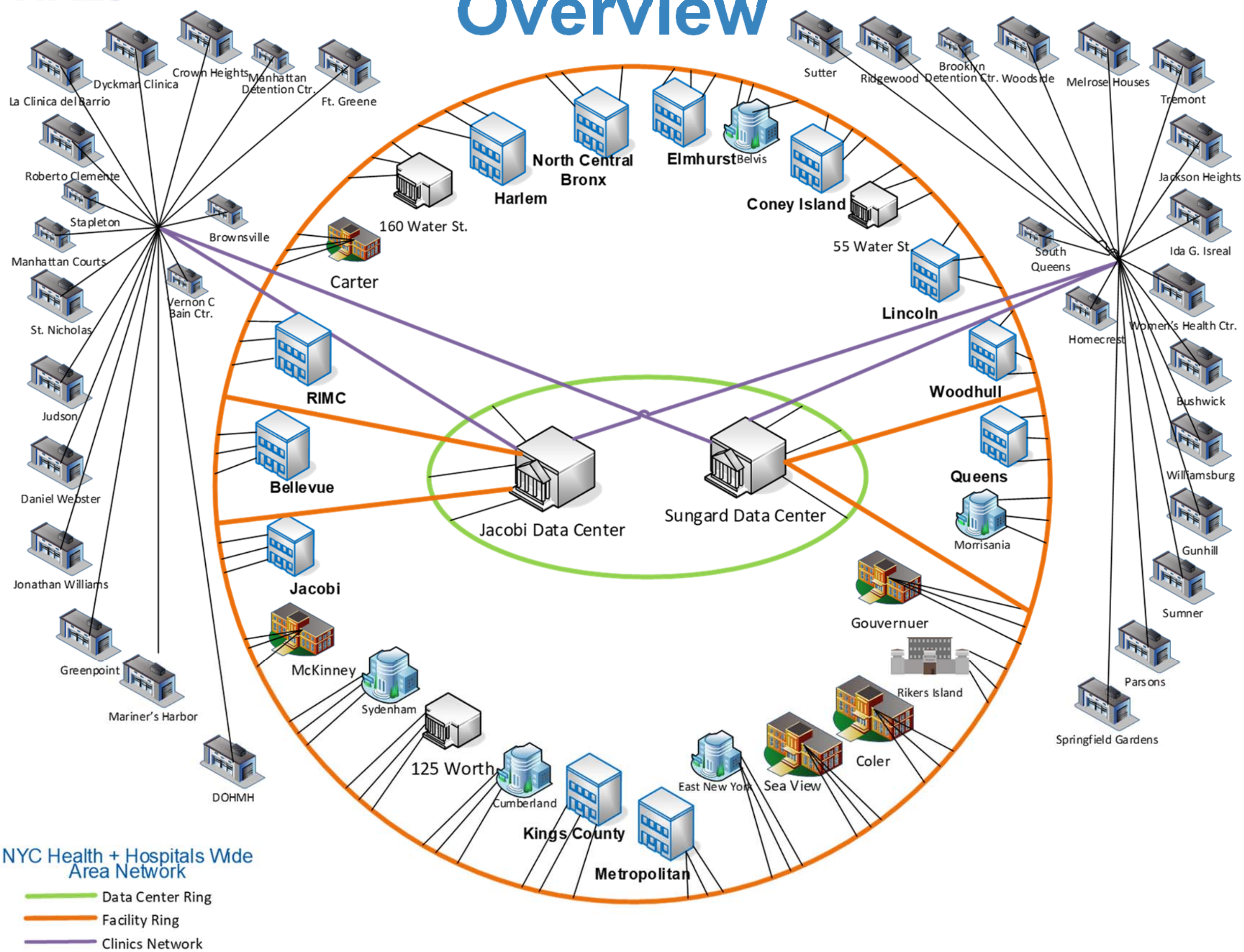
Application to Enter into Lease Agreement for Data Center Hosting with QTS Investment Properties Piscataway, LLC and CyrusOne

Board of Directors Meeting
November 19th 2020

Jeffrey Lutz
Senior AVP / Chief Technology Officer
Enterprise IT Services

NYC HEALTH+ HOSPITALS

Data Center & Connectivity Overview



Updated 10/29/2020

Background and Summary

Data Center Strategy Evolution

- **Q3-Q4 2019** - worked with Gartner to perform a study on evaluating our current data centers and possible options
  - Reviewed many options including keeping existing, selecting one new one, and two commercial colocation sites
  - Best Option – move to two new commercial colocation data centers, replacing our existing data center and leverage cloud where appropriate.
- **Q1-Q3 2020** - Worked with Newmark Knight Frank and Gartner on a solicitation two colocation data centers meeting the following qualifications.
  - Close proximity to New York City to allow for best wide area network performance
  - Need to be approximately 50 miles apart to address localized risks
  - Data centers must be purpose built Tier **III** (highly resilient)
  - Cloud connectivity and partnerships with major cloud vendors (Microsoft, Amazon, Google)
  - Mature customer portal
- Solicitation sent to all providers that met above qualifications
  - 15 responses received, no MWBE respondents and no qualified MWBE providers in those that did not respond
    - Providers are all generally publicly traded or owned by private equity
    - Currently in discussions around opportunities for MWBE
  - Selected **QTS** and **CyrusOne** after evaluation of 15 potential data center sites
- **Q1-Q3 2020** – Worked with Gartner on a formal RFP for selection of the most qualified systems integrator to assist in data center migration planning. **Presidio** was elected to assist with new data center design, application mapping, migration and cloud planning
- **Q4 2020** – Finalizing contracts with Systems Integrator (**Presidio**) and colocation providers (**QTS and CyrusOne**).
- Begin Migration Planning
- Continuing evolution of IT Systems for cloud migration and how can we ensure we have the best solutions to support this transformation

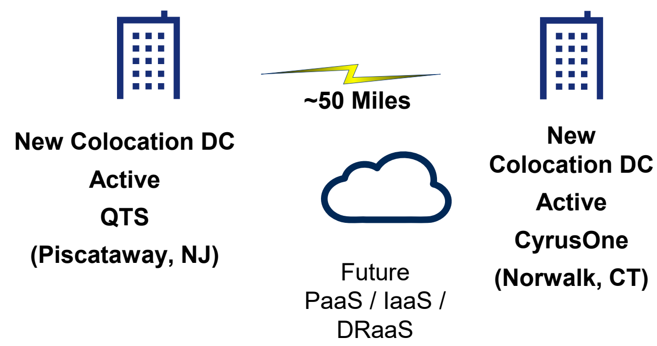
NYC HEALTH+ HOSPITALS

Recommended Strategy: Replace Jacobi and Sungard data centers with two new colocation facilities (~50 miles apart)

H+H's Role:
- H+H will manage all IT infrastructure at both data centers

Outsourced:
- Facilities Operations at new colocation sites
- Migration planning and transition from to new colocation sites

Assumptions:
- Two new colocation data center ~ 50 miles of each other
- Funding required for modernization will be available
- Transition will be incremental over 2-3 years
- H+H will manage at least 3 data centers during transition



Alternative's Impact on Current State			
Transition	**Investment**	**DC Facilities**	**Management**
Time: 2-3 years to migrate JDC and SDC to a new colocation data centers	• Licensing costs for two new colocation data centers. • Migration and transition costs	Two New Sites – Colocation DC	• H+H to continue to manage all IT infrastructure • Colocation providers will manage respective sites • SI will help plan and migrate JDC and SDC to new site

Key Advantages

- Operating cost **savings** from replacing JDC and SDC
- **Flood risk** at Sungard is **addressed**
- Sungard vendor risk (Chapter 11) will be eliminated
- All **technical debt will be eliminated** at data centers
- Leverage commercial **Tier III data centers (highly resilient**) with proven operational capabilities
- Greater flexibility in right sizing the data center capacity over time
- Multi-use facility which expose the data center to significant fire, water, and security exposures.
- Better **direct cloud connectivity**

Gartner Study Findings Summary

Existing Data Centers

Jacobi Data Center (JDC)	Sungard Data Center (SDC)
• Lack of concurrent maintainability – maintenance of electrical and mechanical infrastructure will require an outage to IT systems	• Located in a FEMA Zone AE (High Flood Risk)

• Aging mechanical, electrical, and plumbing infrastructure that poses a risk of outages. **Mitigating these risks for longer term will require costly upgrades.**
• **Without additional investments and upgrades in Jacobi, its life expectancy as a corporate data center would be 2 to 3 years. With smaller investment could serve as MDF for Jacobi Hospital Campus and a smaller footprint could allow for services or infrastructure to be returned to the facility for other uses.**
	• High cost of operations (approximately 3X of national average of colocation service charges)
	  • $274,523 monthly payment ($3,198,276 annually)
	  • **Estimated Monthly**: $279/KW; 1.5 Power Usage Effectiveness; $250/cross connect

• Single feeder bus for incoming power	• Lack of geographic diversity (only 15 miles from Jacobi Data Center)
• Power distribution and generators located in the basement	• Data Center contract is set to expire in October, 2022
• Power distribution has multiple single points of failure	• Financial state of Sungard (Chapter 11) – Emerged as planned in May 2019
• Multi-use facility which expose the data center to significant fire, water, and security exposures. **Any future upgrade of the data center will not mitigate these risk.**	

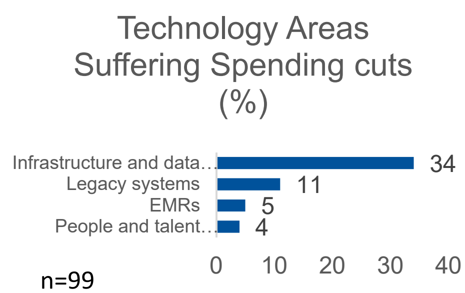
Gartner Study Findings Summary

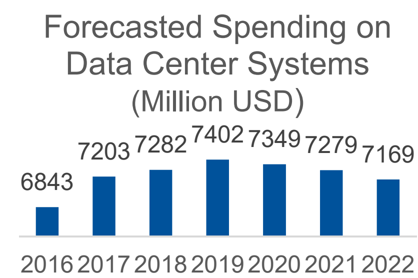
Healthcare Industry Trends – Cloud Considerations

Healthcare providers confidence in cloud and hyperconvergred technologies are increasing as a long term strategy. However, transition to cloud requires careful analysis and will require time.

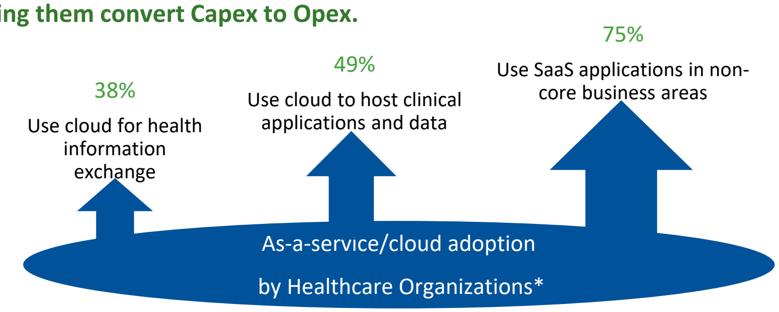
- **Transition** of H+H legacy applications **to cloud will be complex** and will require careful analysis of costs, functionality, and alternatives.
- **Business Associate Agreements (BAA)** will need to be negotiated with multiple providers.
- A **hybrid environment** with the right **mix of cloud and data center hosting** solutions **will be** the most **likely scenario** for the next 5 to 7 years.
- Gartner recommends that H+H consider deployment of **Cloud Service Brokering** (CSB) function to enable Infrastructure-as-a-Service capabilities for data storage, test and development, and easy to migrate applications.
- **Software-as-a Service (SaaS)** cloud options should be evaluated **when considering application modernization.**

34% of CIOs would reduce spending on Infrastructure and data center technology areas. Data systems spending sees decelerating growth from 5.87% in 2017 to 4.48% in 2018, eventually attaining negative growth in 2020





Increasing confidence of healthcare providers on as-a-service/cloud services is helping them convert Capex to Opex.



*HIMSS Analytics survey 2017

NYC HEALTH+ HOSPITALS

Proposed Destinations

Piscataway Township, NJ

Norwalk, CT

79 miles

QTS

- Public Company with strong financial
- Flexible, customer and detail focused company
- Focused on sustainability
- QTS owned 360,000 sq. ft. facility
- Offers up to 26MW of power
- Tier III certified
- Healthcare Customer: NYU
- **Improvement Allowance:** $137,052
- **Cost (monthly rates):**
  - Base rate: $105/kW
  - 1.3 Power Usage Effectiveness (PUE)
  - $.090/KWh

CyrusOne

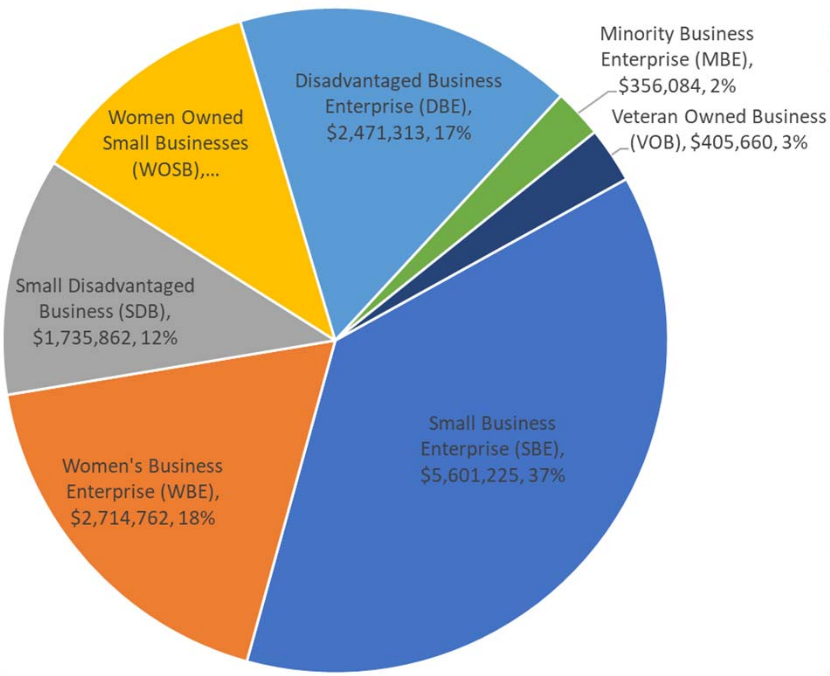
- Public Company with strong financials
- Fastest growing data center provider
- All 10 of the largest cloud providers leverage CyrusOne
- CyrusOne owned 168,000 sq. ft. facility
- Offers up to 16 MW of power
- Tier III+ topology with N+2 redundancy
- Healthcare Customer: Yale New Haven
- **Improvement Allowance:** $125,000
- **Cost (monthly rate):**
  - Base rate:$109/kW
  - 1.38 Power Usage Effectiveness (PUE)
  - $.115/KWh

NYC HEALTH+ HOSPITALS

Supplier Diversity / Small Business – Tier 1

October 1st 2019 – September 30th 2020

	# Vendors	Small Business Enterprise (SBE)	Women's Business Enterprise (WBE)	Small Disadvantaged Business (SDB)	Women Owned Small Business (WOSB)	Disadvantaged Business Enterprise (DBE)	Minority Business Enterprise (MBE)	Veteran Owned Business (VOB)	Totals	% of Total Spend
Q4 2019	59	$5,601,225	$2,714,762	$1,735,862	$1,715,819	$2,471,313	$356,084	$405,660	**$15,000,725**	**6%**
Q1 2020	48	$8,556,100	$2,955,971	$61,494	$858,114	$1,759,862	$299,665	$618,408	**$15,109,614**	**4%**
Q2 2020	58	$11,227,107	$1,074,277	$95,492	$16,834	$480,595	$389,998	$1,377,630	**$14,661,932**	**4%**
Q3 2020	46	$7,025,080	$1,235,395	$128,236	$142,302	$1,583,131	$309,163	$844,149	**$11,267,456**	**3%**
		$25,384,432	**$6,745,010**	**$1,892,848**	**$2,590,767**	**$4,711,770**	**$1,045,747**	**$2,401,697**	**$44,772,271**	



Comments

- CyrusOne launched program in 2018
- Reporting available to customers on a quarterly basis
- Large amount of CyrusOne operations spend through our outsourced facilities management provider. Including this and tier 2 spending would put the total small and diverse spending at around 10%
- Formal tier 2 program launching Q1 2021

Agreement Details

- Five Year and Three Month Agreement with four, two year renewals including:
  - Three (3) months early access rent free
  - Eighteen (18) month sliding scale to build environment for full utilization
- Two options to reduce commitment on power and space
  - 15% reduction after month 24
  - 15% reduction after month 48
- Right to reduce capacity at each future renewal
- Renewal rate lower of current rate or 100% fair market value (determined by Newmark and vendor)
- Month to Month option at 125% of the last month rental for twelve months with notice not to renew
- Thirty (30) day right of refusal prior to other clients occupying adjacent space
- Provide tenant improvement allowance
- 2.5% Annual Increase on base rental rates locked
- Metered Usage (pay for what utility we use)

Cost Analysis

New Data Centers Cost

(using existing data center environment – 750kW)

Provider	Monthly Cost	Annual Cost
QTS	$115,000	$1,384,000
CyrusOne	$133,000	$1,597,000
Total	**$248,000**	**$2,981,000**

Existing Data Centers Cost – 750kW

Data Center	Monthly Cost	Annual Cost
Sungard	$274,523	$3,198,276
Total	**$274,523**	**$3,198,276**

Two new sites for less than the cost of Sungard!

Projected Cost (estimated future environment 650kW):

Provider	Monthly Cost	Annual Cost	5 Year Value	13 Year Value
QTS	$95,000	$1,140,000	$5,700,000	$14,820,000
CyrusOne	$110,000	$1,320,000	$6,600,000	$17,160,000
Total	$205,000	$2,460,000	$12,300,000	$31,980,000

Proposed Three Year Plan

NYC H+H EITS and Gartner has developed a 3-year roadmap outlining the various tasks and timelines to implement the data center strategy

	2019		2020				2021				2022				2023			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Preparatory Activities: Approvals, budget appropriations, and H+H staffing plan		Preparatory Activities																
Foundational Activities: Select SI, Migration planning, selection of Colo Provider and facilities buildout				Foundational Activities														
Migration Activities I: Sungard to QTS									Sungard Migration Planning, Execution and Decommissioning									
Migration Activities II: Jacobi to CyrusOne										Jacobi Migration Planning, Execution and Decommissioning								

Data Center Migration

- Goal to make migration seamless for end users and cost effective for the organization
  - Leverage currently planned and funded hardware upgrades (example: Network Refresh and Epic) to minimize costs for relocating services to the new data centers
    - Majority of our environment is virtualized allowing the application to be migrated rather than moved
    - As strategically planned, all new refresh hardware would be placed into the new data center and the older existing hardware would be decommissioned
    - All upgrades and new hardware implementations would be aligned to the implementation of the new data center
  - Further consolidation of existing systems and migrate eligible systems to the cloud to gain additional efficiencies
  - Future state of two data centers and integrated cloud environment provides increase resiliency and enhanced disaster recovery services.

- Security:
  - New data centers will be added to the H+H internal network, so all data will be monitored leveraging existing H+H security systems, monitoring and encryption
  - Both data centers maintain SOC 1, SOC 2, PCI, ISO 27001 and HITRUST/HITECH (HIPAA related) certifications
  - Dedicated and physically separated space, for H+H equipment that is monitored and has separate security controls, no other customers have access or shared hardware or connectivity.
    - Cyber security related incidents by other tenants would not impact H+H
  - Dedicated and secure connections to the existing cloud vendors
  - Physical security on site 24x7, H+H maintains list of authorized visitors and all access is logged to the facility

- Jacobi Data Center Repurposing
  - Jacobi Data Center to become a main distribution frame (MDF), which provides connectivity for Jacobi end users to systems hosted in the Jacobi data center.
  - Each facility has two today to provide redundancy
  - Requires different infrastructure and leverages more of the existing hospital resources for redundancy (example: generators)
  - Part of the design deliverables as part of the Presidio Systems Integrator engagement

Board of Directors Approval Request

- NYC H+H EITS is seeking approval to enter into contract with 2 vendors for Data Center Hosting:

- QTS:
  - Five Year Contract (expires: April, 2026)
    - Four, Two Year renewal options
  - Total contract value: $ 14,820,000 million (Thirteen Years)
    - Estimated $95,000 monthly payment ($1,140,000 annually)

- CyrusOne:
  - Five Year Contract (expires: August, 2026)
    - Four, Two Year renewal options
  - Total contract value: $ 17,160,000 million (Thirteen Years)
    - Estimated $110,000 monthly payment ($1,320,000 annually)

RESOLUTION - 07

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute five successive one year revocable license agreements with the **New York City Human Resources Administration ("HRA") for the use and occupancy of approximately 9,930 square feet space at 114-02 Guy Brewer Boulevard, Borough of Queens,** known as the South Jamaica Multi-Service Center to operate various ambulatory health care services managed by Gotham Health ("Gotham") and a Women, Infants, and Children program (the "**WIC Program**") managed by **NYC Health + Hospitals/Queens Hospital Center** (the "Facility") at an occupancy fee of $25 per square foot, a $2 per square foot utility surcharge, a $1 per square foot seasonal cooling charge for a total of $203,094.25 per year and a five year total of $1,015,471.25 for the Gotham space and $67,497.25 per year and a five year total of $337,486.25 for the WIC program space.

WHEREAS, in September 2015, the Board of Directors of the Corporation authorized the President to execute five successive one year license agreements with the New York City Human Resources Administration ("HRA") for use of space at the South Jamaica Multi-Service Center at 114-02 Guy Brewer Boulevard, Queens, N.Y.; and

WHEREAS, there is an ongoing need for the use and occupancy of the space for the Gotham ambulatory health care and Facility WIC program services presently being provided at the South Jamaica site; and

WHEREAS, HRA manages Multi-Service Centers ("MSCs) throughout the City and makes them available to other City agencies and not-for-profit organizations to use for the provision of community-oriented services; and

WHEREAS, HRA charges users of its MSCs an occupancy fee plus the cost of utilities; and

WHEREAS, because of the Coronavirus pandemic, the building was closed for several months in the Spring of this year, but has since re-opened.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute five successive one year revocable license agreements with the New York City Human Resources Administration ("HRA") for the use and occupancy of approximately 9,930 square feet of space at 114-02 Guy Brewer Boulevard, Borough of Queens, known as the South Jamaica Multi-Service Center to operate various ambulatory health care services managed by Gotham Health ("Gotham") and a Women, Infants, and Children program (the "WIC Program") managed by NYC Health + Hospitals/Queens Hospital Center (the "Facility") at an occupancy fee of $25 per square foot, a $2 per square foot utility surcharge, a $1 per square foot seasonal cooling charge for a total of $203,094.25 per year or $27.25 per square foot and a five year total of $1,015,471.25 for the Gotham space and $67,497.25 per year or $27.25 per square foot and a five year total of $337,486.25 for the WIC program space.

EXECUTIVE SUMMARY

GOTHAM HEALTH AND NYC HEALTH + HOSPITALS/QUEENS HOSPITAL CENTER SOUTH JAMAICA MULTI-SERVICE CENTER

OVERVIEW: The New York City Health and Hospitals Corporation (the "System") seeks authorization to execute five successive one year revocable license agreements with the New York City Human Resources Administration ("HRA") for the continued use and occupancy of space at 114-02 Guy Brewer Boulevard in Jamaica, Queens, to operate a variety of ambulatory health care services located in the South Jamaica Multi-Service Center, managed by Gotham Health ("Gotham") and a Women, Infants, and Children program (the "WIC Program") managed by NYC Health + Hospitals/Queens Hospital Center ("Queens").

NEED/ PROGRAM Ambulatory health care services have been provided at this site since 1985. The Gotham programs include pediatric primary care, and obstetrics/gynecology services. The WIC program provides nutrition services to pregnant, breastfeeding and postpartum women, infants and children less than five years of age who are determined to be at nutritional risk and are of low income. The WIC program is funded via a New York State Department of Health grant.

HRA manages Multi-Service Centers ("MSCs) throughout the City and makes them available to other City agencies and not-for-profit organizations to use for the provision of community-oriented services. HRA charges users of its MSCs an occupancy fee plus the cost of utilities;

TERMS: The System will have the continued use and occupancy of approximately 9,930 square feet of space located on the first and second floors of the building. The System will pay an occupancy fee of $25 per square foot, a $2 per square foot utility surcharge, a $1 per square foot seasonal cooling charge for a total of $203,094.25 per year and a five-year total of $1,015,471.25 for the Gotham space and $67,497.25 per year and a five-year total of $337,486.25 for the WIC program space.

HRA will provide all water, utilities, housekeeping and security for the premises, the costs of which are included in the occupancy fee. HRA shall also be responsible for maintenance and repairs to the building, both structural and non-structural, unless same are needed due to the negligence of the Licensee, its employees or invitees.

FINANCING: Revenues derived from third-party payers and grant funding.

NYC Health + Hospitals/Gotham
South Queens Clinic
and
NYC Health + Hospitals/Queens Hospital Center
Women Infants and Children (WIC)

114-02 Guy Brewer Blvd.
Queens, NY

Board of Directors Meeting
November 19, 2020

Dean Mihlatses, Interim Chief Executive Officer, NYC Health + Hospitals/Queens

Theodore Long MD, Sr. Vice President, Ambulatory Care

Christine Flaherty, Sr. Vice President, Office of Facilities Development

Background

- New York City Human Resources Administration ("NYC HRA") oversees a program that allows other City agencies and not-for-profit organizations to use space in Multi-Service Centers located in City-owned buildings for the provision of community-oriented services.

- The fees charged to occupants of the MSCs are designed to cover the costs of operating the building.

- NYC H+H signs one year occupancy agreements with the non-profit, Neighborhood Housing Services of Jamaica, and NYC HRA for this site.

- In 2015, NYC H+H's Board of Directors authorized the execution of five one year agreements over a five year period for this site.

NYC H+H Background

NYC H+H occupies a total of 9,930 square feet of space at the Guy Brewer Multi Service Center.

- Gotham Health operates primary health care programs in 7,453 square feet of space on the first and second floors.
  - Clinic programs include pediatrics and obstetrics/gynecology.
  - There are 2,603 annual visits at the site.

- The QHC WIC program provides nutrition programs for women and children located on the second floor and occupies 2,477 square feet.
  - The program serves 2,700 participants.
  - QHC operates two WIC sites.

Occupancy Fee

This resolution requests another five year authorization period with the following terms:

- $25 per square foot, a $2 per square foot utility surcharge and a $1 per square foot seasonal cooling charge
- Fee includes water, utilities, housekeeping and security and building repairs.
- A New York State Department of Health ("NYSDOH") grant provides funding for all WIC program operations including personnel and real estate.

Program	Floor Area(SF)	Annual Occupancy Fee	Utilities	Annual Total	Five Year
Gotham /Rm 101, 102, 217	7,453	$186,325	$16,769.25	$203,094	$1,015,471
Queens WIC/Rm 213	2,477	$61,924	$5,573.25	$67,497	$337,486
				$270,592	$1,352,958
			5 year total	$1,352,957.50	

Map


79-18 164th Street
Queens WIC
0.3 miles
Queens
Hospital
Center
2.3 miles
114-02 Guy Brewer Blvd.
Gotham WIC

Board of Directors Request

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute five successive one year revocable license agreements with the New York City Human Resources Administration ("HRA") for the use and occupancy of approximately 9,930 square feet of space at 114-02 Guy Brewer Boulevard, Borough of Queens, known as the South Jamaica Multi-Service Center to operate various ambulatory health care services managed by Gotham Health ("Gotham") and a Women, Infants, and Children program (the "WIC Program") managed by NYC Health + Hospitals/Queens Hospital Center (the "Facility") at an occupancy fee of $25 per square foot, a $2 per square foot utility surcharge, a $1 per square foot seasonal cooling charge for a total of $203,094.25 per year or $27.25 per square foot and a five year total of $1,015,471.25 for the Gotham space and $67,497.25 per year or $27.25 per square foot and a five year total of $337,486.25 for the WIC program space.

RESOLUTION - 08

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a one year lease extension with **Dr. Mikhail Kantius** (the "Landlord") for the use of approximately 4,000 square feet of space at **79-18 164th Street, Borough of Queens** to operate a Supplemental Food Program for Women, Infants and Children (the "**WIC Program**") managed by **NYC Health + Hospitals/Queens Hospital Center** (the "Facility") at a base rent of $137,360 per year, or $34.34 per square foot plus a Common Area Maintenance ("CAM") charge of $14,199.96 per year and real estate taxes of approximately $38,416.00 per year for a total annual occupancy cost of $189,975.96 or $47.49 per square foot; provided the system will hold an option to renew the lease for an additional four years.

WHEREAS, the Facility has operated a WIC Program at this location since 2012; and

WHEREAS, the System operates 17 WIC sites throughout the City located in a combination of rented properties and System controlled space; and

WHEREAS, like other WIC programs, the Facility's WIC Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income; and

WHEREAS, WIC Programs are funded by New York State Department of Health ("NYSDOH") grants and this program will continue to be operated and managed by the Facility.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to sign a one year lease extension with Dr. Mikhail Kantius at a base rent of $137,360 per year, or $34.34 per square foot plus a Common Area Maintenance ("CAM") charge of $14,199.96 per year and real estate taxes of approximately $38,416.00 per year for a total occupancy cost of $189,975.96 or $47.49 per square foot; provided the System will hold an option to renew the lease for an additional four years.

EXECUTIVE SUMMARY

NYC HEALTH + HOSPITALS/QUEENS HOSPITAL CENTER
SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN
79-18 164TH STREET, BOROUGH OF QUEENS

OVERVIEW: New York City Health and Hospitals Corporation (the "System") seeks authorization from its Board of Directors to sign a one year lease extension with Dr. Mikhail Kantius (the "Landlord") for the use of space at 79-18 164th Street, Borough of Queens, to operate a Women, Infants and Children Program (the "WIC Program"), managed by NYC Health + Hospitals/Elmhurst Hospital Center ("Queens").

NEED/PROGRAM: Queens has operated a WIC Program at this location since 2012. The System operates WIC sites throughout the City located in a combination of rented properties and System controlled space. Like other WIC programs, the Queens WIC Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income. WIC Programs are funded by New York State Department of Health ("NYSDOH") grants.

UTILIZATION: The WIC Program's caseload is approximately 3,600 clients annually.

TERMS: The System will occupy approximately 4,000 square feet of space, and will pay a base rent of $137,360 per year, or $34.34 per square. The base rent represents a 2.5 % increase over the rent payable during the last year of the prior term. In addition to the base rent, the System will pay a Common Area Maintenance ("CAM") charge of $14,199.96 per year and real estate taxes of approximately $38,416.00 per year. The total annual occupancy costs are $189,975.96 or $47.49 per square foot. The System will be responsible for payment of gas, electricity and water. The System will hold an option to renew the lease for an additional four years.

The landlord will be responsible for all interior and exterior maintenance and structural repairs on the premises. The System will be responsible for non-structural maintenance and repairs.

FINANCING: NYSDOH funds both rent and operating expenses at WIC sites.

SUMMARY OF ECONOMIC TERMS

SITE:	79-18 164th Street Borough of Queens Block 6857, Lot 0062
LANDLORD:	Dr. Mikhail Kantius
FLOOR AREA:	Approximately 4,000 square feet
TERM:	One year
RENT:	Base rent of $137,360 per year, or $34.34 per square foot
CAM:	$14,199.96 per year
REAL ESTATE TAXES:	Approximately $38,416.00 per year
RENEWAL OPTION:	One four year option
UTILITIES:	The System will be responsible for the payment of electricity, gas, and water.
MAINTENANCE/ REPAIRS:	The Landlord will be responsible for all interior and exterior maintenance and structural repairs. The System will be responsible for non-structural maintenance and repairs.
FINANCING:	WIC programs are fully funded by DOH grants which cover rent, personnel and other operating costs. There are generally no costs to the System for the operation of a WIC Program.

NYC Health + Hospitals/Queens Hospital Center with Dr. Mikhail Kantius for a Women Infants and Children (WIC) 79-18 164th Street Queens, New York

Board of Directors Meeting
November 19, 2020

Dean Mihlatses, Interim Chief Executive Officer, NYC Health + Hospitals/Queens
Christine Flaherty, Senior Vice President, Office of Facilities Development

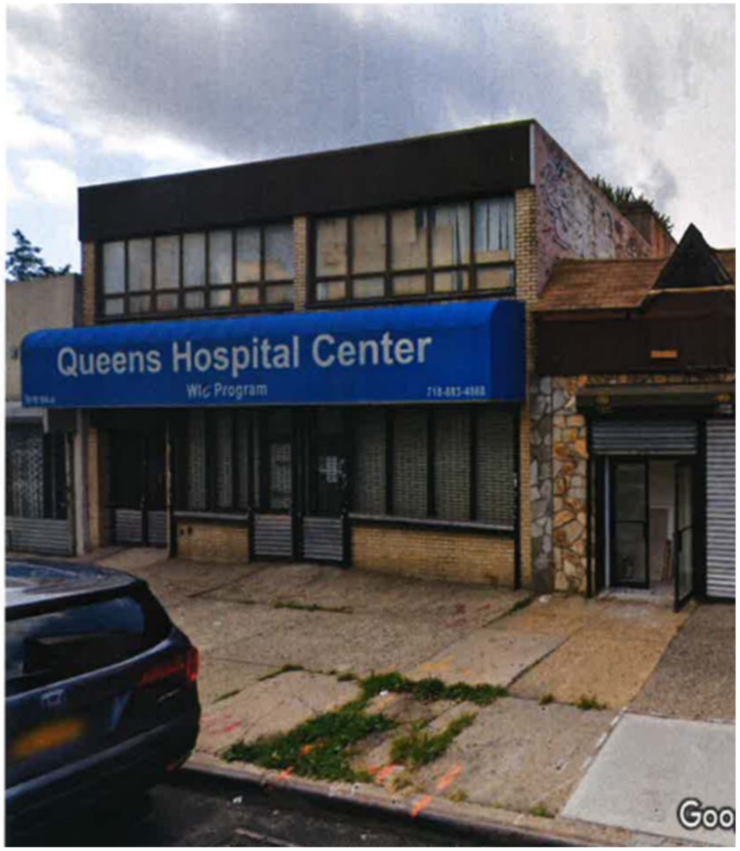
Background

▪NYC H+H/Queens has operated a WIC program at this location since 2012. The program occupies 4,000 square foot on two floors.

▪Pregnant, breastfeeding and postpartum women, infants and children less than five years of age who are determined to be a nutritional risk are eligible for WIC program services which include monitoring children's growth rates, nutrition education, breastfeeding support and high risk counseling.

▪QHC has two WIC sites servicing the Jamaica/Northeastern Queens. There is a strong relationship with departments at QHC.

▪This site serves 3,600 participants living in northeastern Queens.



▪Queen hospital has visited the site and is making physical improvements to make the site more welcome for patients.

NYC HEALTH+ HOSPITALS

Occupancy Fee

This resolution requests a one year extension:

- Base Rent at $34.34 per square feet, a 2.5% increase above the current rent of $33.51.
- Common Area Maintenance ("CAM") charge of $14,199.96 per year.
- Real estate taxes of $38,416.00 per year.
- Total per square foot occupancy cost is within the fair market value range of $45.50 - $50.00 PSF.
- The new term will commence January 1, 2021.
- The lease will contain one option to renew for an additional four years.
- A New York State Department of Health ("NYSDOH") grant provides funding all WIC program operations including personnel and real estate. Current funding expires September 2021 with future funding anticipated.

	Square Foot	BASE PSF	Annual Base	Annual CAM	Annual Tax	Annual Total	ALL IN PSF
1	4,000	$ 34.34	$ 137,360	14,199.96	$ 38,416.00	$ 189,975.96	$ 47.49
2	4,000	$ 35.20	$ 140,794	14,554.96	$ 39,376.40	$ 194,725.36	$ 48.68
3	4,000	$ 36.08	$ 144,314	14,918.83	$ 40,360.81	$ 199,593.49	$ 49.90
4	4,000	$ 36.98	$ 147,922	15,291.80	$ 41,369.83	$ 204,583.33	$ 51.15
5	4,000	$ 37.90	$ 151,620	15,674.10	$ 42,404.08	$ 209,697.91	$ 52.42
						$ 998,576.06	

NYC HEALTH+ HOSPITALS

Map

Board of Directors Request

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to sign a one year lease extension with Dr. Mikhail Kantius at a base rent of $137,360 per year, or $34.34 per square foot plus a Common Area Maintenance (“CAM”) charge of $14,199.96 per year and real estate taxes of approximately $38,416 per year for a total occupancy cost of $189,975.96 or $47.49 per square foot; provided the System will hold an option to renew the lease for an additional four years.

RESOLUTION – 09

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with the **New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA")** for an amount not-to-exceed $27,714,280, including a 10% contingency of $2,040,842, for the planning, design, procurement, construction, construction management and project management services necessary for Phase II - energy efficiency upgrades (the "Project") at **NYC Health + Hospitals/Lincoln** (the "Facility")

WHEREAS, in March 2005, NYC Health + Hospitals and the City of New York (the "City"), through the City Department of Citywide Administrative Services ("DCAS") entered into an Energy Efficiency-Clean Energy Technology Program Agreement ("ENCORE Agreement") with NYPA that establishes the framework for NYPA to manage energy related-projects for City agencies and affiliated entities; and

WHEREAS, in October 2017, the ENCORE Agreement was extended for a period of one year, from January 1, 2018 through December 31, 2018. This contract extension was registered with NYC Comptroller's Office on November 15, 2017; and

WHEREAS, in September 2014, the City mandated an 80% reduction in greenhouse gas emissions in City-owned properties by 2050, managed by Division of Energy Management within Department of Citywide Administrative Services ("DCAS"); and

WHEREAS, the City, through DCAS, has allocated funding under the Accelerated Conservation and Efficiency ("ACE") program, for improvements and upgrades to increase energy efficiency and energy cost savings at City-owned facilities in line with the PlaNYC initiative to reduce energy and greenhouse gas emissions of municipal operations 80% by 2050; and

WHEREAS, NYC Health + Hospitals has determined that it is necessary to address the proposed second phase of energy conservation measures at the Facility by undertaking the project at a not-to-exceed cost of $27,741,280 (see Exhibit A – Executive Project Summary), to improve the reliability of its systems, as well as enhance the comfort and safety of the building's occupants; and

WHEREAS, NYPA has bid the Project under design-build contract as per "New York City Public Works Investment Act" and has determined that it will cost $27,714,280; and

WHEREAS, the Project cost in the amount of $27,714,280 will be funded under PlaNYC initiative ($27,000,000) and City's General Obligations Bonds ($714,280); and

WHEREAS, the Project will produce a total annual energy savings to the Facility of 5,008,077 kilowatts hours, and 52,261 therms of natural gas; and

WHEREAS, the overall management of the construction contract will be under the direction of the Sr. Vice President – Facility Administration.

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation to execute a Customer Installation

Commitment with the New York City Department of Citywide Administrative Services and the New York Power Authority for an amount not-to-exceed $27,714,280, including a 10% contingency of $2,040,842, for the planning, design, procurement, construction, construction management and project management services necessary for Phase II - energy efficiency upgrades at NYC Health + Hospitals/ Lincoln.

EXECUTIVE SUMMARY
NYC HEALTH + HOSPITALS/LINCOLN
PHASE II ENERGY EFFICIENCY UPGRADES

OVERVIEW: NYC Health + Hospitals seeks for phase II energy efficiency upgrades at NYC Health + Hospitals/Lincoln. NYPA has fully bid out the Project under the Design-Build contract as per "New York City Public Works Investment Act" (effective on December 31, 2019).

NEED: During the Comprehensive Energy Efficiency Audit of the Facility as mandated by Local Law 87, it was determined that several energy conservation measures (ECMs) highlighted in the audit report be addressed. The report identified several ECMs including controls upgrades of the existing air handling units and light emitting diode (LED) lighting upgrades in the Facility main building be implemented to enhance the reliability of the facility systems, as well as increase the comfort and safety of buildings occupants.

The Facility's main building has thirty-nine (39) air handling units (AHUs) that were installed in 1972. These AHUs are beyond their useful lives. Phase I of the Facility's energy efficiency measures included upgrading twenty (21) AHUs, replacing one hundred (100)+ induction units in patient rooms and retrofitting five thousand (5,000) fluorescent fixtures containing T-8 lamps with energy efficient LED on the 1st, 2nd and 3rd floors. Additional lighting upgrade is needed on the other floors including inpatient areas through the building. The Facility in 2006 was the recipient of a comprehensive lighting upgrade under the NYPA energy services program. During this upgrade, the vast majority of lights within the main building were upgraded to T-8 fixtures with electronic ballasts. These existing lighting fixtures and technologies are now inefficient and outdated.

SCOPE: The scope of work for this project includes but is not limited to the following:

- Retrofit the existing nine thousand (9,000)+ fluorescent fixtures containing T8 lamps with energy efficient LED tubes on floors 4 to 12 plus exterior and parking garage lighting upgrade. Automatic lighting controls will be provided where required by code;

- Air handling units not included under phase I will be upgraded in this phase. The AHUs upgrade will include replacing existing obsolete motors with National Electrical Manufactures Association (NEMA) premium efficiency motors; installing motorized dampers; replacing pneumatic steam and chilled water control valves; applying epoxy coating to the unit casings; replacing induction units downstream of AC-8; and replacing steam and cooling coils;

- Wireless thermostats will be provided for terminal units that currently only have local pneumatic controls; these thermostats will allow monitoring and scheduled setbacks of space temperatures.

- A new Building Management system (BMS) will be installed to allow improvements to the AHUs, chillers and cooling tower controls.

- Replace thirty-two (32) sets of chilled/hot water piping risers serving the induction units.

- Modernization to six (6) passenger elevators.

TERMS: NYPA has competitively bid the project (27 bids were received) and has submitted a final total project cost to NYC Health + Hospitals of $27,714,280, including $2,040,842 in contingency. NYPA will be fully responsible for the project.

SAVINGS: **<u>Electrical:</u>**

Energy Consumption Savings (quantity):	5,008,077 kilowatts-hours (KWh)
Annual Electric Energy Savings (dollars):	$651,050

<u>Fuel:</u>

Gas Use Reduction Savings (quantity):	52,261 therms
Gas Savings (dollars):	$41,809
Total Annual Estimated Savings:	$692,859

FINANCING: PlaNYC Capital - $27,000,000 (no cost); and NYC General Obligations Bonds - $714,280.

SCHEDULE: Completion by December 2022.

NYC Health + Hospitals - Lincoln/New York Power Authority

Phase II Energy Efficiency Upgrades

Board of Directors Meeting

November 19, 2020

Christine Flaherty, Senior Vice President, Office of Facilities Development

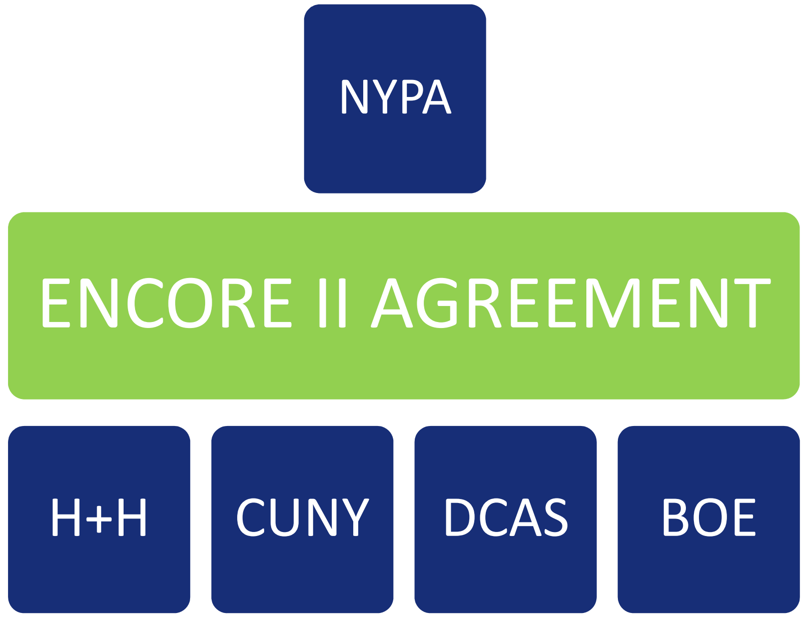
Project Background

- NYC Health + Hospitals/Lincoln is pursuing the second phase of the ongoing energy efficiency project that aims to reduce energy consumption and decrease green house gas emissions.
  - Upgrading MEP Systems – which have exceeded useful life

- PHASE 1
  - Upgrade 21 of the facility's 39 Air Handling Units (AHUs)
  - Replacing 100+ induction units
  - Upgrading 200+ wireless thermostats
  - Replace 5000 fluorescent lights to light emitting diodes (LEDs) on floors 1 to 3.

- PHASE 2
  - Upgrade remaining AHUs
  - Replace 200 additional induction units
  - Upgrade lighting on floors 4 to12.
  - Elevator modernization
  - Chiller and riser upgrades.
  - Replace lights and fixtures to LEDs lighting in the building's parking garage and exterior.
  - Upgrade BMS

Our Relationship with NYPA



- Encore II expired on December 31, 2018
- Two bridge agreements have been executed between the same parties since Encore II expiration to ensure continuity of services
- Encore III agreement is still being finalized

NYPA Procurement Path

- NYPA has fully bid out the Project under the Design-Build contract as per New York City Public Works Investment Act (effective on December 31, 2019).
- NYPA selected Guth DeConzo Construction Management Inc (Guth), as construction manager for this project; whose service was acquired through competitive bidding.
- NYPA has an active supplier diversity program, and has set forth a 30% MWBE goal to satisfy NYC MWBE guidelines.
- This project has all satisfied the 30% MWBE goal.

MWBE Summary

- Guth DeConzo procured all subcontractors through competitive bidding – 27 bids received overall.
- MWBE 33.27% subcontractor utilization plan presented

Subcontractor	Certification	Supplies Service	Utilization Plan
Ohms Electric	WBE	Services	6.66%
ThreeTech Electric	MBE	Services	1.44%
Infinity Contracting Services	MBE	Services	2.97%
RNW Electric Corp.	MBE	Services	2.98%
Major Systems Mechanical Corp.	WBE	Services	1.73%
D & L Installations	WBE	Services	0.43%
Turtle & Hughes	WBE	Supplies	3.73%
Hailey Insulation Corp.	WBE	Services	1.70%
Sabir, Richardson & Weisberg	WBE	Services	0.28%
First Choice Mechanical	MBE	Services	2.06%
Lerco Electric	MBE	Services	1.27%
Power Connect Electric	WBE	Services	1.61%
KISS Construction	WBE	Services	6.42%

- Contract amount is $20,081,884
- MWBE amount is $6,740,662
- Projected completion is December 2022

Project Budget

Lincoln – Phase II Energy Efficiency Upgrades	
(1) Design, Testing, Filing	$ 1,261,622
(2) Construction	$ 20,081,884
(3) Special Inspections	$ 75,000
(4) Payment, Performance, and Bid Bonds	$ 179,534
(5) Contingency	$ 2,040,842 (10% of 2,3 & 4)
(6) Construction Management	$ 1,010,217
(7) NYPA – Project Management	$ 2,224,926
(8) Interest During Construction	$ 820,255
TOTAL	**$ 27,714,280**

Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with the New York Power Authority ("NYPA") for an amount not-to-exceed $27,714,280, including a 10% contingency of $2,040,842, for the planning, design, procurement, construction, construction management and project management services necessary to perform Phase II Energy Efficiency Upgrades at NYC Health + Hospitals/Lincoln.

RESOLUTION - 10

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with the **New York Power Authority ("NYPA")** for an amount not-to-exceed $12,622,632, including a 10% contingency of $969,582, for the planning, design, procurement, construction, construction management and project management services necessary for the chiller plant upgrade (the "Project") **at NYC Health + Hospitals/Metropolitan (**the "Facility")

WHEREAS, in March 2005, the City of New York (the "City"), through the City Department of Citywide Administrative Services ("DCAS"), NYC Health + Hospitals, the City University of New York ("CUNY"), and the Board of Education of the City School District of the City of New York ("BOE, the City, CUNY and Health +Hospitals, the Parties") entered into the Energy Efficiency-Clean Energy Technology Program ("ENCORE II") Agreement with NYPA that establishes the framework for NYPA to manage energy related-projects for City agencies and affiliated entities; and

WHEREAS, the ENCORE II Agreement expired on December 31st, 2018; and

WHEREAS, the Parties entered into an Energy Efficiency-Clean Energy Technology Program Bridge Agreement ("First Bridge Agreement") in January 2019, in order to bridge any lapse in service provided by NYPA until a new Master Cost Recovery Agreement ("ENCORE III") could be finalized and effective between NYPA and the Parties; and

WHEREAS, due to the status of the ENCORE III Agreement, the Parties have entered into the Energy Efficiency-Clean Technology Program Second Bridge Agreement ("Second Bridge Agreement") in January 2020, in order to bridge any lapse in service provided by NYPA pursuant to the ENCORE II Agreement until the ENCORE III is finalized and effective between the Parties. This contract extension was registered with NYC Comptroller's Office in December 2019; and

WHEREAS, the existing chillers at the Facility have exceeded the end of their useful lives and are undersized for the undersized for the areas which they serve. These chillers are operated manually, resulting in inefficient energy usage primarily during periods of lower cooling load demands; and

WHEREAS, the Information Technology (IT) server closets located throughout the Facility's main building do not have adequate cooling in place; and

WHEREAS, the Project falls within the ENCORE II Agreement scope and so NYPA can manage it; and

WHEREAS, NYPA has bid the Project under design-build contract as per "New York City Public Works Investment Act" and has determined that it will cost $12,622,632; and

WHEREAS, the Project cost in the amount of $12,622,632 will be funded through City's General Obligations Bonds; and

WHEREAS, the Project will produce a total annual energy savings to the Facility of 2,026,000 kilowatts hours; and

WHEREAS, the overall management of the construction contract will be under the direction of the Sr. Vice President - Facility Administration.

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation to execute a Customer Installation Commitment with the New York Power Authority for an amount not-to-exceed $12,622,632, including a 10% contingency of $969,582, for the planning, design, procurement, construction, construction management and project management services necessary for the chiller plant upgrade at NYC Health + Hospitals/Metropolitan.

EXECUTIVE SUMMARY
NYC HEALTH + HOSPITALS/METROPOLITAN
CHILLER PLANT UPGRADE

OVERVIEW: NYC Health + Hospitals seeks to upgrade the chiller plant at NYC Health + Hospitals/Metropolitan. NYPA has fully bid out the Project under the Design-Build contract as per "New York City Public Works Investment Act" (effective on December 31, 2019).

NEED: The Facility has two (2) 1,150-ton chillers which have all far exceeded their useful lives and are undersized for the spaces the currently serve. In addition, one of three existing Marley cooling towers is inoperable and should be replaced.

SCOPE: The scope of work for this project includes but is not limited to the following:

- ❖ Demolish and remove two (2) 1,150-ton chillers plus mechanical starters and install two (2) new high efficiency 1,725-ton chillers with free-standing variable frequency drives (VFDs). The new chillers with VFDs will allow the Facility to ramp down the chillers as cooling loads decrease during the cooler ambient temperatures. Additional condensing water pump and chilled water pump will be added to the existing infrastructure;

- ❖ Demolish and remove one (1) obsolete Marley cooling tower currently serving the central chilled water plant and install a new cooling tower to serve the plant;

- ❖ Install thirty (30) fan coil cooling systems for Information Technology (IT) server closets located throughout the Facility's main building. All insulation specialties including pipe fitting, thermal insulation, electric power and control wiring, duct modification, condensate drainage, and general contracting will be addressed under this phase of the project.

TERMS: NYPA has competitively bid the project (3 bids were received) and has submitted a final total project cost to NYC Health + Hospitals of $12,622,632, including $969,582 in contingency. NYPA will be fully responsible for the project.

SAVINGS: <u>**Electrical:**</u>

Energy Consumption Savings (quantity):	2,026,000 kilowatts-hours (kWh)
Electric Savings (dollars):	$263,380

FINANCING: NYC General Obligations Bonds - $12,622,632.

SCHEDULE: Completion by March 2022.

NYC Health + Hospitals/Metropolitan
New York Power Authority
Chiller Plant Upgrade

Board of Directors Meeting

November 19, 2020

Christine Flaherty, Senior Vice President, Office of Facilities Development

Project Background

- NYC Health + Hospitals / Metropolitan (the Facility) currently has two (2) 1,150-ton chillers and three (3) Marley cooling towers. The Facility's existing total cooling capacity is 2,300 tons which is below the cooling needs for the spaces currently served.

- The Facility's chillers are at their useful life of 20 years.
  - Two of three Marley cooling towers were upgraded in 2007
  - 3rd cooling tower installed in 1998 is not in service due to several extensive upgrades needed.

- The Information Technology (IT) server closets installed throughout the Facility's main building over the past year do not have adequate cooling in place.

- This project which will demolish and remove the existing two (2) 1,150 chillers and install two (2) new 1,725-ton chillers with free-standing variable frequency drives, increasing the Facility's total cooling capacity by 50% from 2,300 tons to 3,450 tons.

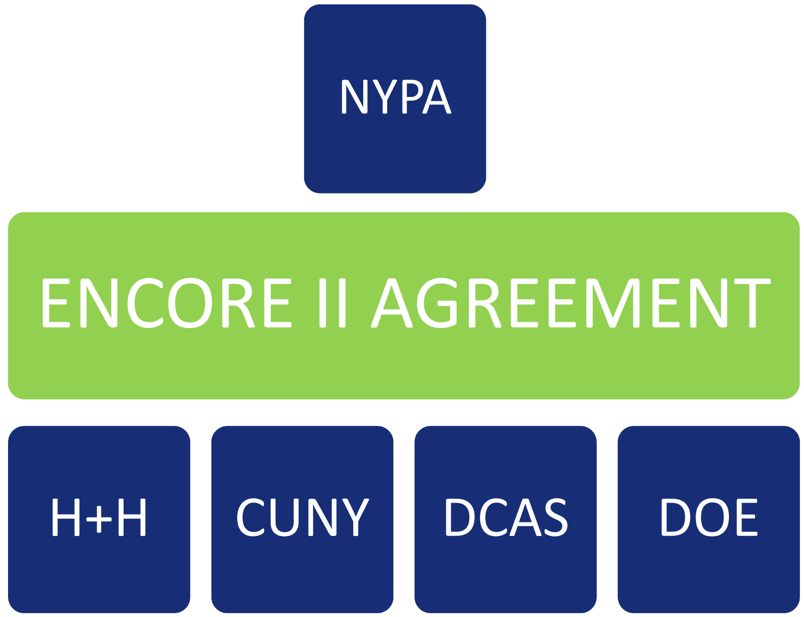
- The project will also replace one (1) existing Marley cooling tower with a new cooling tower and install new fan coil systems for IT server closets in the Facility's main building.

Prototypes of New Chiller & Cooling Tower

CHILLER

COOLING TOWER

Our Relationship with NYPA



- Encore II expired on December 31, 2018.
- Two bridge agreements have been executed between the same parties since Encore II expiration to ensure continuity of services.
- Encore III agreement is still being finalized.

NYPA Procurement Path

- NYPA has fully bid out the Project under the Design-Build contract as per New York City Public Works Investment Act (effective on December 31, 2019).

- NYPA selected Guth DeConzo Construction Management Inc (Guth DeConzo), as construction manager for this project; whose service was acquired through competitive bidding.

- Three bidders (Carrier Corporation, Dynamic Mechanical, and Interstate Mechanical), submitted bids for the project. The lowest qualified bidder was Carrier Corporation.

- NYPA has an active supplier diversity program, and has set forth a 30% MWBE goal to satisfy NYC MWBE guidelines.

- Carrier Corporation has satisfied the 30% MWBE goal.

MWBE Summary

- Carrier Corporation is the lowest responsible bidder. 3 bids were received.
- MWBE 36% subcontractor utilization plan presented.

Subcontractor	Certification	Supplies/Services	Utilization Plan %
INFINITY CONTRACTING SERVICES CORP.	MBE	SERVICES	14.2%
RNW ELECTRIC CORP.	MBE	SERVICES	3.7%
G.M. INSULATION CORP	M/WBE	SERVICES	3.0%
SHADOW TRANSPORT INC.	WBE	SERVICES	4.3%
MAJOR SYSTEMS MECHANICAL CORP.	WBE	SERVICES	10.8%

- Contract amount is $8,831,000
- MWBE amount is $3,186,633
- Projected completion March 2022
- Evaluation: Excellent (based on three evaluations, with ratings of good, excellent and excellent).

NYC HEALTH+ HOSPITALS

Project Budget

Metropolitan – Chiller Plant Upgrade	
(1) Design, Testing, Filing	$ 355,000
(2) Construction	$ 8,831,000
(3) Alternates	$ 465,000
(4) Payment, Performance, and Bid Bonds	$ 44,826
(5) Contingency	$ 969,582(10% of lines 1,2,3&4)
(6) Construction Management	$ 749,029
(7) NYPA – Project Management	$ 1,173,195
(8) Interest During Construction	$ 35,000
TOTAL	**$ 12,622,632**

NYC HEALTH + HOSPITALS

Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with the New York Power Authority ("NYPA") for an amount not-to-exceed $12,622,632, including a 10% contingency of $969,582, for the planning, design, procurement, construction, construction management and project management services necessary for the chiller plant upgrade at Health + Hospitals/Metropolitan.

RESOLUTION - 11

Authorizing the Executive Director of **MetroPlus Health Plan, Inc. ("MetroPlus")** to negotiate and execute an extension to the existing contract with **Beacon Health Strategies, LLC** ("Beacon"), to provide behavioral health management services through September 30, 2021; and Authorizing additional funding of $30,960,000 to cover the existing contract period and the extension contract period; and $2,054,494 for additional program and run-out costs for one additional year for a total not to exceed addition to the contract of $33,014,494.

WHEREAS, MetroPlus, a subsidiary corporation of New York City Health and Hospitals Corporation ("NYC Health + Hospitals"), is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York seeks to extend an existing contract for Behavioral Health Management services; and

WHEREAS, the Certificate of Incorporation of MetroPlus reserves to NYC Health + Hospitals the sole power with respect to MetroPlus entering into contracts, other than with NYC Health + Hospitals or a health care service provider, with an annual value in excess of $3,000,000; and

WHEREAS, Beacon is the current contractor performing behavioral health services under a contract which is to expire December 31, 2020; and

WHEREAS, the Parties wish to extend the agreement for an additional term of nine (9) months effective January 1, 2021 through September 30, 2021 and amend certain terms of the Agreement after which time MetroPlus will perform its own behavioral health services; and

WHEREAS, on October 29, 2019 the Board of Directors of MetroPlus approved a resolution for the proposed extension of the agreement with Beacon for a cost not to exceed $10.25 million (covering the period January 31, 2020 to June 30, 2020); and

WHEREAS, on December 3, 2019 the Board of Directors of MetroPlus approved an additional $1.68 million to cover run-out costs for one year after June 30, 2020 but these costs were not incurred since the run-out period will not begin until September 30, 2021; and

WHEREAS, on December 19, 2019 the Board of Directors of NYC Health + Hospitals approved a resolution for the proposed extension of the agreement with Beacon; and

WHEREAS, under the MetroPlus Certificate of Incorporation, NYC Health + Hospitals has the authority to approve the execution of the proposed contract extension due to its size; and

WHEREAS, an extension of the existing agreement is being requested in compliance with the MetroPlus' contracting policies and procedures; and

WHEREAS, on October 20, 2020 the Board of Directors of MetroPlus has duly considered and approved the proposed extension and additional funding to the contract between MetroPlus and Beacon Health Options.

NOW THEREFORE, be it

RESOLVED, that the Executive Director of MetroPlus Health Plan, Inc. is hereby authorized to negotiate and execute an extension to the existing contract with Beacon Health Strategies, LLC, to provide behavioral health management services through September 30, 2021; and it is further

RESOLVED, that MetroPlus Health Plan, Inc. may add additional funding to the contract of $30,960,000 to cover the existing contract period and the extension contract period; and $2,054,494 for additional program and run-out costs for one additional year for a total not to exceed addition to the contract of $ 33,014,494.

EXECUTIVE SUMMARY

<u>Authorization to Allocate Additional Funds to the Contract with Beacon Health Options</u>

The Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") seeks to extend the term and increase the spending limit on the current contract with Beacon Health Options ("Beacon"), to provide Behavioral Health Management services, through September 30, 2021 for an amount not to exceed $33,014,494.

MetroPlus is in the process of bringing behavioral health services in-house to assure better integration of medical and behavioral care to benefit patients with behavioral health needs. The Plan has begun transitioning some services and is working towards achieving full operational readiness to assume all operations as of October 1st, 2021.

In 2014, the MetroPlus and New York City Health + Hospitals ("NYC Health + Hospitals") Boards approved a resolution for a contract with Beacon for an amount not to exceed $76 million for the total 5 year term.

In December 2019, the MetroPlus and NYC Health + Hospitals Boards approved an extension to cover the period from February 1, 2020 until June 30, 2020 plus a one-year run out period after this date. The approved amount for the time period was $11,930,000 ($10.25 million IPA/MSA costs through June 30, 2020 plus $1.68 million in run-out costs).

MetroPlus is requesting an additional funding of $30,960,000 to cover the existing contract period and the extension contract period; and $2,054,494 for additional program and run-out costs for one additional year for a total not to exceed addition to the contract of $33,014,494.

MetroPlusHealth

Raven Ryan Solon, Esq.
Chief Legal & Compliance Officer
160 Water St., 4th Floor
New York, NY 10038
solonr@metroplus.org
212-908-5205

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

From: Raven Ryan Solon, Esq.
Chief Legal & Compliance Officer
Office of Legal Affairs

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

Vendor: Beacon Health Options, LLC

Date: November 16, 2020

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

Vendor Responsibility	EEO	MWBE
Pending	Approved	Waived

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.

Raven Ryan Solon

Digitally signed by Raven Ryan Solon
Date: 2020.11.16 16:52:18 -05'00'

Beacon Contract Extension

MetroPlusHealth

New York City Health + Hospitals Board Of Directors Meeting

November 19, 2020

Dr. Talya Schwartz – Chief Executive Officer - MetroPlusHealth

MetroPlusHealth

Delegated BH Services

- Mental Health and Substance Use Disorder Services have been delegated to Beacon Health Options since February 2015
- In 2014, the MetroPlusHealth and H+H Boards approved a resolution for a contract with Beacon not to exceed (NTE) $76 million for life of the agreement (5 years)
- Delegation initiated in 2015 to meet all of the New York State Behavioral Health and HARP requirements.
- In December 2019, MetroPlusHealth and H+H Boards approved an extension to cover the period from February 1, 2020 until June 30, 2020 plus a one-year run out.
  - The approved amount for the time period was $11,930,000 ($10.25 million IPA/MSA costs through June 30, 2020 plus $1.68 million in run-out costs)
- It was known at the time of the extension that once the transition plan is ironed out one last extension will be needed.

Delegated BH Services

- Behavioral health services delegated to Beacon include:

Utilization Management	Case Management
Clinical Programs	Customer service
Claims processing and payment	Reporting
Behavioral Health Network	Credentialing
Quality Management	Back Office Operations

Behavioral Health Vendor Extension

- Beacon's current contract term expires December 31st, 2020
- A contract extension to cover the period 1/1/21 to 9/30/21 has been submitted to NYS for review
- MetroPlusHealth is bringing BH services in-house to assure better integration of medical and behavioral care to benefit patients with behavioral health needs
- The Plan has begun transitioning some services and is working towards achieving full operational readiness to assume all operations as of October 1st, 2021
- The Plan is seeking to extend the Beacon agreement term with current in-scope services through September 30th, 2021
- Starting October 1st, 2021, limited run-out services will be administered by Beacon for up to 12 months

Services Oversight During Transition

- Due to Plan’s audit, number of members utilizing outpatient services increased 10% compared to last year
- Plan has instituted oversight of Beacon’s claims processing and claim denials. We underwent a targeted survey in August 2020 as a follow up to Beacon’s claims issues. Although the final report is pending, NYS OMH acknowledged MetroPlus vigorous oversight of Beacon claims processing
  - Denial rates went down from 13% to 7% this year
- The Plan also provides feedback on the care plans of HARP members to ensure that Beacon staff is actively and appropriately engaged with HARP members
- Plan oversees Beacon staffing on a weekly basis to ensure maintenance of staffing levels

Behavioral Health Implementation: Staying on track

- Network development: We doubled staffing resources to stay on track with a network build to be submitted to DOH by April 2021
- Program Design: Plan’s software systems enhancement scheduled to start Q1 2021, requirements currently collected
- Claims Processing: Claim’s system undergoing needed upgrades with planned readiness on 5/1
- Onboarding key staff in progress
- Plan’s internal readiness is set presently to 4 months before go live to account for any unplanned delays

Extension Pricing

Proposed Beacon Extension and Run Out Cost Projection

Total IPA and MSA Cost thru 9/21	$	30,960,000
Total PMPM Run Out Cost thru 9/22	$	1,850,000
Additional Programing Ad Hoc Run Out Cost	$	204,494
TOTAL EXTENSION AND RUNOUT COST:	$	33,014,494

Pricing Factors

- The total IPA and MSA costs are based on a per member per month pricing
- Due to a variety of factors, the Plan has experienced significant growth in the Medicaid line of business during 2020 that could conceivably continue in 2021
- The largest component of the membership, and hence the cost, is the Plan's Medicaid line of business
- Run-out services are a regulatory requirement to minimize member/provider disruption and ongoing reporting of plan operations required by NYS and CMS

NYC H+H Board of Directors Approval Request

Authorizing the Executive Director of **MetroPlus Health Plan, Inc. ("MetroPlus")** to negotiate and execute an extension to the existing contract with **Beacon Health Strategies, LLC** ("Beacon"), to provide behavioral health management services through September 30, 2021; and Authorizing additional funding of $30,960,000 to cover the existing contract period and the extension contract period; and $2,054,494 for additional program and run-out costs for one additional year for a total not to exceed addition to the contract of $33,014,494.

RESOLUTION - 12

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute requirements contracts with seven Construction Management ("CM") consulting firms namely **AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC**., to provide **professional Construction Management 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 $10,000,000 for services provided by all such consultants.

WHEREAS, NYC Health + Hospitals facilities require, from time to time, professional Construction Management 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 ("NYC Health + Hospitals") to negotiate and execute requirements contracts with seven Construction Management ("CM") consulting firms namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC., to provide professional CM 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 $10,000,000 for services provided by all such consultants.

EXECUTIVE SUMMARY

REQUIREMENTS CONTRACTS

AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC.,

OVERVIEW: NYC Health + Hospitals seeks to execute seven 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 $10,000,000 to provide Construction Management 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 Construction Management 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 $10,000,000 over five years, for the seven 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. Armand Corporation, McKissack & McKissack, The McCloud Group are certified MWBE vendors.

NYC HEALTH + HOSPITALS

To:	Colicia Hercules Chief of Staff, Office of the Chair
From:	Keith Tallbe Tallbe, Keith Digitally signed by Tallbe, Keith Date: 2020.10.30 11:09:52 -04'00' Senior Counsel Office of Legal Affairs
Re:	Vendor responsibility, EEO and MWBE status or Board review of contract
Vendor:	AECOM USA, Inc.
Date:	October 30, 2020

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

Vendor Responsibility	EEO	MWBE
Pending	Pending	30% Utilization Plan

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.

NYC HEALTH + HOSPITALS

To:	Colicia Hercules Chief of Staff, Office of the Chair
From:	Keith Tallbe Tallbe, Keith Digitally signed by Tallbe, Keith Date: 2020.11.09 12:18:31 -05'00' Senior Counsel Office of Legal Affairs
Re:	Vendor responsibility, EEO and MWBE status or Board review of contract
Vendor:	Armand Corporation
Date:	October 30, 2020

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

Vendor Responsibility	EEO	MWBE
Approved	Approved	NYC MBE

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.

NYC HEALTH+ HOSPITALS

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Tallbe, Keith

Digitally signed by Tallbe, Keith
Date: 2020.11.16 14:23:03 -05'00'

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: Gilbane Building Company

Date: November 16, 2020

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

Vendor Responsibility	EEO	MWBE
Approved	Pending	30% Utilization Plan

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.

NYC HEALTH + HOSPITALS

To:	Colicia Hercules Chief of Staff, Office of the Chair
From:	Keith Tallbe Tallbe, Keith Digitally signed by Tallbe, Keith Date: 2020.10.30 11:11:26 -04'00' Senior Counsel Office of Legal Affairs
Re:	Vendor responsibility, EEO and MWBE status or Board review of contract
Vendor:	Jacobs Project Management
Date:	October 30, 2020

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

Vendor Responsibility	EEO	MWBE
Pending	Approved	30% Utilization Plan

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.

NYC HEALTH + HOSPITALS

To:	Colicia Hercules Chief of Staff, Office of the Chair
From:	Keith Tallbe Tallbe, Keith Digitally signed by Tallbe, Keith Date: 2020.10.30 11:11:50 -04'00' Senior Counsel Office of Legal Affairs
Re:	Vendor responsibility, EEO and MWBE status or Board review of contract
Vendor:	McKissack & McKissack
Date:	October 30, 2020

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

Vendor Responsibility	EEO	MWBE
Pending	Approved	NYC MBE

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.

NYC HEALTH + HOSPITALS

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Tallbe, Keith Digitally signed by Tallbe, Keith
Date: 2020.11.16 14:24:53 -05'00'

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: TDX Construction Corporation

Date: November 16, 2020

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

Vendor Responsibility	EEO	MWBE
Approved	Approved	30% Utilization Plan

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.

NYC HEALTH+ HOSPITALS

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 or Board review of contract
Vendor:	The McCloud Group, LLC
Date:	October 30, 2020

Tallbe, Keith Digitally signed by Tallbe, Keith Date: 2020.11.09 12:20:06 -05'00'

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

Vendor Responsibility	EEO	MWBE
Approved	Approved	NYC MBE

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.

Construction Management Contracts AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC

Board of Directors Meeting
November 19, 2020

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development

Overview

- H+H requires professional construction management services on an as needed basis, for projects throughout the system. Services include:
  - Perform construction administration functions, i.e., report writing, scheduling, reviewing material, inspecting work, making timely recommendations, performing progress analysis, record keeping, investigating and preparing contractor evaluations in keeping with the Corporation's policies and procedures.
  - Provide and monitor various types of testing, including laboratory analysis and reports.
  - Provide CM Services during the construction period by qualified inspectors.

- The current contracts in place for CM services expire December 31st, 2020.

- Pool value is $15,000,000

- Current spend for CM services: $7,644,405.23

- Term of contracts: Three years (one base year, two one-year options to renew)

RFP Criteria

- Minimum criteria:
  - MWBE Utilization Plan, Waiver, or MWBE Certification
  - Minimum of five (5) years of satisfactory comparable services in healthcare facilities
  - Licensed professionals must hold New York State licenses in their discipline
- Substantive Criteria
  - 25% - Proposed Approach & Methodology
  - 25% - Appropriateness & Quality of Firm's experience
  - 25% - Qualifications of proposers consultants and staffing
  - 15% - Status as MWBE or MWBE Utilization Plan Percentage and Quality
  - 10% - Cost
- Evaluation Committee:
  - 2 representatives from Central Office OFD
  - Metropolitan representative
  - Kings County representative
  - Queens representative
  - Enterprise Information Technology Services representative

NYC HEALTH+ HOSPITALS

Overview of Procurement

- 10/29/2019: CRC approved an application to issue solicitation.
- 02/06/2020: RFP sent directly to vendors and posted to City Record.
- 02/14/2020: mandatory pre-proposal conference call, 40 vendors attended
- 02/28/2020: proposal deadline, 19 proposals received
  - All proposals had robust MWBE utilization plans with MWBE subconsultants
- 09/18/20: evaluation committee reviewed proposals and conducted proposal-only scoring. Based on the natural break of the scoring, 12 CM vendors were invited in to present to the evaluation committee
  - 3 MWBE shortlisted firms
- 10/15/20: Vendor presentations and evaluation committee scoring concluded
  - 3 MWBE firms selected

Highlights of Firms Selected

- We are seeking approval to enter into contract for Construction Management services

VENDOR	RATING	DATE OF WORK	DESCRIPTION OF WORK	AGENCY
AECOM USA Inc.	GOOD	8/9/17-8/818	Campaign - FENDERING SYSTEMS STATEN ISLAND FERRY	DEPT OF TRANSPORTATION
	GOOD	11/1/17-10/31/18	AECOM 20080002387	DDC
	GOOD	6/28/19-627/20	EHSM-03 (BEDC)	DEPT OF ENVIRON PROTECTION
Armand Corporation (MWBE)*	EXCELLENT	04/01/20-Current	CM services to design and Construct T2 sites	DDC
Gilbane Building Company	EXCELLENT	11/20/12-3/31/13	PE-826-062713010454-1	DEPT OF ENVIRON PROTECTION
Jacobs Project Management Company	GOOD	5/1/19-4/30/20	Campaign - TO#014A-S136-383N	DDC
	GOOD	8/22/19-8/21/20	Campaign - TO#045A-LQD122-WN	DDC
	GOOD	4/23/19-4/22/20	CO293SP- Commissioning Svcs Bronx Supreme Court Fire Alarm	DDC
McKissack & McKissack (MBE)*	EXCELLENT	3/5/19 -3/4/20	NC-61A- Construction Management Services for Newtown Creek N	DDC
	EXCELLENT	3/26/19-3/25/20	NC-61 - CM SERVICES FOR NEWTOWN CREEK NATURE WALK PH2	DDC
TDX Construction Company	EXCELLENT	7/12/19-7/11/20	Campaign - PW348-84 partial #1	DDC
	GOOD	7/1/12-11/5/12	PE-850-012913005466-1	DDC
The McCloud Group LLC (MBE)*	GOOD	4/27/19-4/26/20	HWXF2000B- Construction Management svcs for DOT office Bldg	DDC
	GOOD	4/27/18-4/26/19	Campaign - Construction Management services for DOT office Bldg	DDC

- Three year with two 1-year options to renew
- Effective no later than January 1, 2020
- Total pooled contract value of $10,000,000
- 30% MWBE utilization plan has been submitted by all vendors (representing 39 MWBE specialty subconsultants)
- * Denotes MWBE certified vendor
- All evaluations from submitting agencies were favorable (ratings of good or excellent) and those that have past experience with H+H have met or exceeded expected performance.

Architectural/Engineering MWBE Plans

Vendor	Subcontractors	Certification	Service Type	%
AECOM USA Inc.	A.G. Consulting Engineering, PC. DACK Consulting Solutions, Inc. Environmental Code Consultants, Inc. Ichor Strategies Infinite Consulting Corp. Malick & Scherer PC M-To-Pros Development, Inc. Work in Progress	MBE MWBE MBE MWBE MBE MBE MWBE WBE	Inspection, Project Engineering, MEP, BIM, MEP, Document Control Inspections, Superintendent, MEP Superintendent, MEP estimating, Cost Estimating, scheduling, and Document Control Expediting and Permitting Document Control and Community Relations MEP Estimating and Safety Inspection, MEP Superintended, Estimating, Project Engineering Inspection, Project Engineering, Document Control Inspection	30%
Armand Corporation	A.G. Consulting Engineering, PC. Ellana Inc. Promatech Inc.	MBE WBE WBE	MEP and Constructability Review Services Scheduling and Estimating Services Estimating Services	30%
Gilbane Building Company	A.G. Consulting Engineering, PC. CAFCO Group, LLC The Heinrich Group, LLC Laland Baptiste, LLC M-To-Pros Development, Inc. Work in Progress Deborah Bradley Construction and MMGT DACK Consulting Solutions, Inc. MCCGUSA LTD Entech Engineering, PC.	MBE MWBE MBE MWBE MWBE WBE WBE MWBE MBE WBE	Construction Management Services Construction Management Services Construction Management Services Construction Management Services Construction Management Services Construction Management Services Construction Management Services Construction Management Services Construction Management Services Construction Management Services	30%
Jacobs Project Management	A.G. Consulting Engineering, PC. Work in Progress CAFCO Group, LLC	MBE WBE MWBE	Inspection and MEP Inspection Project and Construction Support Project Engineering and Construction Support	30%

NYC HEALTH+ HOSPITALS

Architectural/Engineering MWBE Plans

Vendor	Subcontractors	Certification	Service Type	Percentage
McKissack & McKissack	A.G. Consulting Engineering, PC. Work in Progress Associates JCMS Inc. CAFCO Group, LLC Infinite Consulting Corp. BuiStudios LLC	MBE WBE MBE MWBE MBE WBE	Superintendents, Assistant PM, Project Engineers, Inspectors, MEP PM, BIM Support, Constructability Review Superintendents, Assistant PM, Project Engineers, Inspectors, MEP PM, Constructability Review Superintendents, Inspectors, Document Control, Estimating, Scheduling, MEP PM Superintendents, Assistant PM, Project Engineers, Document Control Superintendents, Inspectors, Estimating, Scheduling, Construction Managers Assistant PM, Project Engineers, Inspectors	30%
TDX Construction Corporation	Group PMX CAFCO Group, LLC MDS Construction Mgmt. GP Shah Associates HFEChavez Caso & Associates	MBE MWBE MBE WBE MBE WBE	Providing Field Staff Providing Field Staff Providing Field Staff Cost Estimating Cost Estimating Expediting Services	30%
The McCloud Group LLC	DACK Consulting Solutions, Inc. Work in Progress Associates Ellana Inc.	MWBE WBE WBE	Construction Management Services Construction Management Services Estimating Services	30%

Board of Directors Approval Request

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute requirements contracts with seven Construction Management ("CM") consulting firms namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC., to provide professional CM 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 $10,000,000 for services provided by all such consultants.