

Date: January 9, 2023
Time: 12:00 P.M.
Location: 50 Water Street, 17th Floor,
Boardroom – In Person

I. Call to Order

Freda Wang

Adoption of the December 5, 2022 Minutes

II. Action Item: Patient Transportation

Matthew Siegler

Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to contract with Ambulnz Holdings, LLC (the “**Contractor**”) for a single-vendor patient transportation system for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed \$94,762,581.

VENDEX PENDING:

Ambulnz Holdings, LLC

EEO PENDING:

Ambulnz Holdings, LLC

III. Financial Update

John Ulberg

IV. Old Business

Freda Wang

V. New Business

VI. Adjournment

Finance Committee MEETING - December 5, 2022

As Reported By: Freda Wang

Committee Members Present: Freda Wang, Machelles Allen, MD, representing Dr. Mitchell Katz in a voting capacity, Barbara Lowe, José Pagán, Feniosky Peña-Mora - left at 12:54

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 12:27 p.m.

Ms. Wang noted for the record that Dr. Machelles Allen is representing Dr. Mitchell Katz in a voting capacity.

Ms. Wang called for a motion to approve the October 17, 2022 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on October 17, 2022 were adopted.

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-23 Quarter 1 highlights. He conveyed that we closed September with \$550M (24 days cash-on-hand). The budget outperformed by 1% and closed Quarter 1 with a positive Net Budget Variance of \$46.5M.

Mr. Ulberg continued, stating that direct patient care receipts came in \$10.8M lower than the same period in FY-22 with largely attributable to billing holds at South Brooklyn post name change. There was also a \$28M MetroPlus UPL overpayment in Quarter 4 of FY-22. This is partially offset by \$21M in UPL conversion earned through the rates in FY-23 Quarter 1. Patient care volume is returning to pre-COVID levels in FY-23, and is 1% behind FY-20 in discharges and 3% ahead in OP visits.

Mr. Ulberg presented the cash projections for FY-23. The System is estimated to close November with approximately \$400 million (17 days cash-on-hand). In addition, we continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position in relation to any ongoing uncertainty around patient volume and COVID-19.

Mr. Ulberg continued presenting the external risks. Current wage pressures and related costs continue to present a challenge to recruitment and staffing. Health + Hospitals is diligently working to address this and as inflation starts to abate, we expect improvements. Temp Agency Nursing Costs continue to present a financial challenge due

to higher agency rates and the need to rely on agency temps as we recruit full time nurses. The NY State Mandated Staffing Committee work may present us with additional staffing needs with associated financial needs.

In addition, MetroPlus predicts a reduction in attribution as a result of the Medicaid Recertification. We continue to work with CMS and NYS to finalize 2020 and 2021 Inpatient and Outpatient fee-for-service UPL payments owed to H+H. Lastly, Health + Hospitals is working with the State on developing programs for targeted investments in behavioral health services and care management for special populations starting with homeless single adults.

Ms. Wang commented on stabilizing revenue. The purpose on why you would want to stabilize your revenue makes the cash and accrual even more magnifying than it usually is, telling us seemingly different stories at different times. It would help the finance committee to do a cross walk at some point. The plan is to have an information session on cash flow and we can add this cross walk on Cash and Accrual to the list next year.

Mr. Ulberg agreed and added we can have a discussion on cash flow, how our cash comes in and the volatility of that and then we can have a discussion on the crosswalk, and maybe facility DSH caps.

Ms. Lowe commented on additional opportunities in the nursing area. We should be expecting better productivity.

Mr. Ulberg added we are very proud of the fact that we embraced the nurse model early on, before many other systems. We have that built in operationally and also budgetarily. We want to make sure that our nurses have enough support, our patients have enough nurses and that there are enough resources at the bedside to provide the care for that day. The nurse ratio model allows us to do that and we continue to make improvements on that model throughout Health + Hospital.

Ms. Lowe added, certainly we have to put in an investment. We have such good models coming up with housing as well. We are hopeful to be able to generate and cover expenses for these.

Mr. Pagan inquired regarding Medicaid recertification. Is that a problem that every health plan is going through? The State will have a group of people who will not have care if they are not recertified, how does this work and are we different from other plans?

Mr. Ulberg responded, we are not any different than any other plan as it is a process. The Federal government decided in the midst of COVID-19, it was not a good time to continue the recertification process. They want everyone to be insured, as they have done in past disasters. They couple that with an enhanced FMAP so the Federal government actually pays the State additional money during COVID-19 period and that helps them actually pay additional money as these folks would otherwise come

off the Medicaid rules. All health plans including Healthfirst and MetroPlus have financial models that is incorporated into our fiscals that makes estimates about how many people are no longer eligible for Medicaid because they now have a job; or may be eligible for the essential plan as their income level has gone up. These are some of the things that can affect this and can be disruptive. States are trying to figure out how make the process smoother and to work closely with them applicants eligible for recertification. We watch it as we are a sub-capitated oriented organization and when a person leaves that sub cap arrangements, we lose the entire revenue stream.

Mr. Pagan asked, is inflation the major impacting factor? Do the estimates consider the pressure increasing and the fact that some people have less money?

Mr. Ulberg responded, jobs are coming back. The job market would be a key indicator in terms of making some estimates about what the roles eventually will look like. Health plans have some concerns that the people that could leave the roles are ones that are low utilizers of service that can have a financial impact. We discuss how well we are doing in the risk pool, someone added the fact that we have individuals that are low utilizers, and we are benefiting as a result. There is a lot that will unfold here as they initiate the recert process. We are unsure when it will happen. We have heard February or March and there will be a lead time between the time they make the decision to start the recert.

Mr. Pena-Mora inquired in regards to the PEG and the number of days with cash-on-hand.

Mr. Ulberg responded, the plan has been adopted by OMB and we have a slide on it.

Ms. Tyler presented the financial performance highlights for FY-23 thru September Net Budget Variance. She noted that September ended with a net budget variance of \$46.6M (1%). Receipts exceeded budget by \$116M Primarily driven by Patient Care Risk Revenue. Risk is higher due to MetroPlus payment on behalf of prior year and improved PMPM. Disbursement exceeded budget by \$70M, which includes expenses associated with COVID, and Temp coverage costs.

Ms. Tyler continued providing FY-23 thru September performance drivers updates. Cash receipts are 6% ahead of budget. Majority of the overage can be attributed to Risk revenue exceeding target due to prior year earnings, and higher than anticipated PMPM. FY-23 thru September, cash disbursements are over budget by 3% primarily resulting from unbudgeted COVID and Temp spending and Agency costs exceeding target.

Ms. Lowe inquired in regards to risk pool and what comprises that risk pool.

Ms. Tyler responded, we have Healthfirst for all lines of business and MetroPlus for our Medicaid and commercial lines of business. This means that all of our members who are attributed to our providers as well as our community providers, we have a risk sharing agreement with MetroPlus and Healthfirst.

Ms. Lowe added, these individuals who come out of COVID-19.

Ms. Tyler responded, some of them likely were COVID patients and as we get further out from COVID, it is also a driver of the fact that our medical expenses are down in most reconciliations. In fact, yes, we can say some of the patients are COVID and some are not.

Ms. Tyler noted that for FY-23 thru September, cash disbursements are over budget by 3% primarily resulting from unbudgeted COVID and Temp spending and Agency costs exceeding target.

Ms. Farag noted other discretionary spend shows better than budget as of September. Health + Hospitals has a process in place to ensure bills are up to date as we work transitioning vendors to more electronic invoicing. Other discretionary spend is expected to increase as the fiscal year unfolds.

Ms. Lowe inquired in regards to long-COVID as an added expense.

Dr. Allen commented that many people do not know if they have COVID. Ms. Lowe added, but it is documented and tracked.

Mr. Ulberg commented it is a great point. The actuaries that set the Medicaid rates look for those sorts of trends, we attempt to quantify it and adjust the rates that eventually are passed to us. We are still learning more as we still have long-COVID. What are the long-term implications of providing care to long-COVID and how much does that cost, there are actuaries looking at that closely.

Ms. Lowe added, private insurances are raising their rates on certain prescriptions. As a large institution, being known for our performance, it is something we will see aside from Medicaid.

An update on Revenue Performance for FY-23 thru September was presented by Ms. Tyler. FY-23 direct patient care revenue is \$10.8M lower than FY-22 actuals. Patient revenue decrease year-over-year can be attributed to South Brooklyn bill hold post name change, as well as recoupment of UPL overpayment.

Mr. Cassidy presented that the November 24 Financial Plan was released by OMB on Tuesday, November 15th. As part of the plan, Health + Hospitals along with all other City agencies, was given a City Tax Levy (CTL) budget savings target also known as a Program to Eliminate the Gap (PEG) of 3% in FY-23 growing to 4.75% in FY-24+. Health + Hospitals met its PEG target by finding a number of savings and efficiencies totaling \$14M in FY-23, \$19M in FY-24, and \$21M in the out-years. The implementation of the PEG will not have any adverse programmatic impact.

Ms. Karlin noted that the Revenue Cycle developed the Stars Report to provide facilities a snapshot of the revenue cycle performance. The Stars report displayed is done at the facility level, on a monthly basis. A target is set and performance is measured against these targets. As the performance improves, the bar is raised and the target is increased. Alternatively, revenue cycle continues to update targets and metrics as outcomes improves. A progression from FY-19 to FY-22 was presented. FY-19 starting under 1 Star improving to 4 Stars in FY-22. As noted, FY-23 continued focus on outpatient financial counseling, denials, and AR days.

Ms. Wang inquired on what is making the AR Aging target so hard to get down.

Ms. Karlin responded, there are a lot of factors involved. We have struggled with patient receivable with self-pay and other items. Some are vendor relationships and making sure we are handling that correctly. There are a couple of other AR Aging issues related to historically issues with Medicaid in particular, high cost outliers would be one that we have plenty of sitting in aging, along with fee for service Medicaid and managed care plans.

Ms. Wang asked if it is that the information not being provided correctly to the plans.

Ms. Karlin responded that it is a combination of all. It is possible that there are claims submitted that we could have been handled better, but we are not getting the information back in a timely manner. We have bi-weekly phone calls with the State and their vendor, working through to understand what is going on. We are unable to answer this question at this time.

Mr. Ulberg added we currently have communication with the State, which in the past we did not. Per the guidelines, we never even used to get paid for outliers, now we do get paid for them going back to 2019. When looking at the process we were not quite sure as we are new to the outlier's business. The State has this group called IPRO, who is like a vendor of theirs that is important in the process. We do not know is it stuck with them or is it stuck with the health department. We are glad we have everybody at the table looking at the same set of claims, trying to figure out where the problem is. However, it is a lot of money that is owed to us and we have committed to them that what they learn from us and what we learn from them is something that we will fix. At least we are at a point we can have a discussion and we need to figure out why is it stuck.

Ms. Lowe added, there are many corporations who are taking advantage of this time to take money away and not to pay and it hurts certain segments of the population and not others.

Mr. Ulberg added, I would be more concerned if they ignored us and they are not. We are trying to resolve this as it affects our finances.

Mr. Cassidy commenced a presentation providing the financial update on Test and Treat. T2 has committed approximately \$111.8M in expenses for Quarter 1 in FY-23. OMB has provided H+H with sufficient revenue through the T2 MOU to cover expenses to date.

Ms. Wang asked if Tracing is done as there are no dollars allocated here, and if vaccines are under this MOU.

Mr. Cassidy responded yes, we have now transitioned to Test and Treat. We have the units that will test and then provide calculated, eligible and clinically appropriate care. We are moving away from tracing here. Vaccines are still part of this MOU, and is covered but we are not anticipating costs because we are no longer running larger sites as part of the T2 operation. If that was needed, it would go under this MOU.

ADJOURNMENT

There being no further business before this committee, the meeting adjourned at 1:00 PM.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to contract with Ambulnz Holdings, LLC (the “**Contractor**”) for a single-vendor patient transportation system for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed \$94,762,581.

WHEREAS, in April 2019 following an RFP and Board authorization, the System signed a three-year agreement with Hunter Ambulance for a single vendor patient transportation system that gave the System two 1-year options to renew; and

WHEREAS, having a single vendor coordinating all of the System’s patient transportation needs greatly improved the System’s provision of patient transportation services which enabled the System to handle the extensive need for in-System patient transfers during COVID and resulted in much greater utilization than had originally been budgeted resulting in an increase in the funding for the contract, which the Board approved in March 2022; and

WHEREAS, Hunter Ambulance was acquired by American Medical Response of New York LLC in mid-2021; and

WHEREAS, the System issued a new RFP for a single-vendor transportation system in August, 2022 for three distinct scopes of service which are: (i) dedicated resources for critical inter-facility transfers; (ii) all other ambulance and ambulette transportation including non-critical transfers and routine discharges; and (iii) the operation of a transfer center to coordinate all inter-facility transfer communication services; and

WHEREAS, eight vendors attended a pre-proposal conference, four vendors presented proposals after which the Evaluation Committee gave the Contractor the highest rating, an evaluation endorsed by the Contract Review Committee; and

WHEREAS, the Contractor is by now well known to the System through its good work in connection with the System’s SHOW program which has been repeatedly expanded to include additional scopes of work; and

WHEREAS, the Contractor has achieved 30% MWBE subcontracting under its SHOW contract, the work to be performed under the proposed contract allows for limited MWBE subcontracting due to both the nature of the work and the dearth of MWBE firms operating in the necessary fields resulting in an agreed MWBE subcontracting plan of 10%; and

WHEREAS, the System’s Office of Patient Growth will be responsible for the management of the proposed contract.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to contract with Ambulnz Holdings, LLC (the “**Contractor**”) for a single-vendor patient transportation system for a term of three-years with two 1-year options exercisable only by the System for an amount not to exceed \$94,762,581.

EXECUTIVE SUMMARY
AMBULNZ HOLDINGS, LLC
SINGLE-VENDOR PATIENT TRANSPORTATION SYSTEM

- OVERVIEW:** With the approval of the System’s Board of Directors, the System had contracted with Hunter Ambulance (later acquired by American Medical) in April 2019 for enterprise-wide transportation services. The contract addressed long-standing challenges obtaining third-party services to effectively perform all of the various types of patient transportation required at the Medicare rates. Having a single vendor coordinating all of the System’s patient transportation needs greatly improved the System’s provision of patient transportation services which enabled the System to handle the extensive need for in-System patient transfers during COVID and resulted in much greater utilization than had originally been budgeted resulting in an increase in the funding for the contract, which the Board approved in March 2022. Notwithstanding the significant improvements made under the Hunter/American Medical contract, the firm was unable to effectively manage the System’s volume, leading to delays for critical transfers and discharges, increasing the length of stay and risking patient safety/outcomes.
- PROCUREMENT:** The System issued a new RFP for a single-vendor transportation system in August, 2022 for three distinct scopes of service which are: (i) a dedicated resource for emergent inter-facility transfers; (ii) all other ambulance and ambulette transportation including non-critical transfers and routine discharges; and (iii) the operation of a transfer center to coordinate all transportation services. Eight vendors attended a pre-proposal conference, four vendors presented proposals after which the Evaluation Committee gave the Contractor the highest rating, an evaluation endorsed by the Contract Review Committee. The Contractor has already demonstrated its capacity, reliability and high quality of work from its good performance under a different board-approved contract for the SHOW program.
- COSTS; TERMS:** The total not-to-exceed cost for the proposed contract over its full potential five-year term will not exceed \$94,762,581.
- MWBE:** Two factors combine to limit the MWBE subcontracting opportunities. First, there are no registered MWBE ambulance companies. In NYC, there are only a small number of MWBE ambulette vendors with limited capacity. Thus, the pool of potential MWBE subcontractors is very limited. Second, Ambulette work represents <1% of the total contract value and the operation of the Transfer Center is so core to the function of the contract and is so integrated with the other services to be performed under the proposed contract that it cannot be subcontracted. Thus, the work under the proposed contract susceptible to subcontracting is also limited. These two factors combine to limit the MWBE subcontracting potential and lead the System to accept a 10% subcontracting plan under the proposed agreement.

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Keith Tallbe

Digitally signed by
Keith Tallbe
Date: 2022.12.20
13:44:39 -05'00'

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

Vendor: Ambulnz Holdings, LLC

Date: December 20, 2022

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

Vendor Responsibility

Pending

EEO

Pending

MWBE

10% 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.

Patient Transportation

Application to Award Contract Finance Committee

January 9th, 2023

**Matt Siegler, Senior Vice President
Office of Patient Growth
Katelyn Prieskorn, Senior Director**



- Authorizing the New York City Health and Hospitals Corporation (the “System”) to contract with Ambulnz Holdings, LLC (the “Contractor”) for a single-vendor patient transportation system for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed \$94,762,581.





Background / Current State

- NYC Health + Hospitals requires a reliable ambulance and ambulette transportation contract that builds on the single vendor contract from 2019 and expands the contract scope and incentives to align with system needs.
 - On March 2022, the Board of Directors approved a NTE increase from \$12,070,896 to \$21,837,906 for the 2019 contract giving additional expenditure from payor mix, scope expansion, and unanticipated expenditures and to cover spend during the planned RFP and transition period.
 - Current contract expires April 2024.
- The current on-demand transportation contract led to a series of improvements in consolidating transportation services through one vendor.
 - Volume of inter-facility transfers is up by 26% from 2019 to 2022, contributing to an estimated \$78M in new revenue.
 - Ability to leverage resources in surge situations, contributing to >2000+ level-loading transfers during multiple COVID waves.
- The new transportation RFP was released on August 3, 2022, for three scopes of work.
 - Dedicated Advanced Life Support (ALS) resources for emergent inter-facility transfers
 - Strategically placed throughout the NYC H+H geographic footprint ready to transport critically ill patients from one H+H facility to another. Designed to minimize leakage of inter-facility transfers.
 - All other ambulance + ambulette transportation including non-critical transfers and routine discharges.
 - Includes contractual requirements to meet performance standards with penalties for non-compliance.
 - Includes requirements for EMR transportation request integration to minimize duplicate documentation and maximize insurance capture.
 - Transfer Center services



RFP Criteria

- Minimum criteria:
 - 5 years in business providing ambulance and ambulance services to a New York City hospitals
 - Capacity to provide at least 50,000 patient transfers annually
 - \$10,000,000 in annual gross revenue
- Substantive Criteria
 - 30% Cost
 - 25% Network + Accountability Plan
 - 25% Data + Technology Infrastructure
 - 20% Experience
- Evaluation Committee:
 - Senior VP, Patient Growth
 - Stroke Director at Bellevue
 - Corporate Comptroller
 - ED Chair at Coney Island
 - AED, ED & Transportation at Jacobi
 - AED, ED at Queens
 - Director of Social Work at Kings
 - MD (M&PA)
 - Senior AVP (Quality and Safety)
 - Director of Social Work at Harlem
 - RN – Associate Executive Director at Bellevue
 - Epic System AED – Revenue Cycle and Patient Access

- 08/03/22: RFP published on City Record, sent directly to 10 vendors
- 08/23/22: Pre-proposal conference held, 8 vendors attended
- 10/05/22: Proposal deadline, 4 proposals received
- 10/24/22 – 10/28/22: Vendors presented proposal solution to Evaluation Committee via WebEx
- 11/28/22 – 12/02/22: Evaluation Committee conducted in-person interviews with vendors, followed up an internal debrief
- 12/07/22: Evaluation Committee submitted final scores for each scope of work. Ambulnz Holdings, LLC was the highest rated proposer for each scope of work



MWBE Goal Setting - Recap

Subcontracting Scope of Work	% of Contract Value	Vendors	Total %
Ambulance	97%	1 Vendor	0%
Ambulette	0.8%	2 Vendors	0%
No MWBE goal due to insufficient availability and capacity			

- The Vendor Diversity team analyzed the availability of MWBEs to perform the scopes of work identified for subcontracting and their capacity to perform at the scale of such scopes of work.
 - Ambulance services represent 97% of total contract value. The vendor diversity team identified only one MWBE ambulance vendor.
 - Ambulette work represents <1% of contract value. The vendor diversity team identified only two MWBE ambulette vendors.
 - Transfer Center Services were not expected to be subcontracted under this agreement.

- We expected that staffing services would be self-performed in line with our historical experiences.



MWBE Plan

- Ambulnz Holdings, LLC has proposed a different business model than we anticipated and the model does not involve any subcontracting to ambulance or ambulette vendors, however, it does use contracted staffing services.
- Further, Ambulnz Holdings, LLC has done extensive and successful work under the T2 program where it met a 30% MWBE goal and as result has incorporated MWBE participation into its business practices.
- Although no goal was set in the RFP for MWBE subcontracting, because of Ambulnz Holdings, LLC’s different business model, it was able to commit to a minimum of 10% MWBE utilization and has promised to work to increase that amount during the contract term.
- Ambulnz Holdings, LLC has identified the following vendors and scopes of work

Subcontracting Scope of Work	% of Contract Value	Vendor	Certification
Staffing	5%	CFF Consulting, LLC	NYC Hispanic MBE
PPE and Supplies	5%	Nifty Concept, Inc.	NYC

Implementation Plan

- To be finalized with Ambulnz Holdings, LLC and current vendor and contingent on successful implementation and documented performance from Ambulnz Holdings, LLC.
- Ambulnz Holdings, LLC proposal includes co-branded ambulances and leased hour ALS and Basic Life Support (BLS) ambulances, designed to guarantee availability for critical inter-facility transfers and timely discharges.
- Target timeframe:
 - February 2023: Contract signing, finish implementation at Elmhurst finalize Epic integration
 - March: Expand to Brooklyn acute care facilities, meet with clinical leads on protocols for critical transfers
 - April-May: Continue implementation in Manhattan acute care facilities; station dedicated ALS resources for critical transfers.
 - June-July: Finish acute care facility implementation
 - July-August: Expand to PAC facilities + Neponset ADHC



- Authorizing the New York City Health and Hospitals Corporation (the “System”) to contract with Ambulnz Holdings, LLC (the “Contractor”) for a single-vendor patient transportation system for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed \$94,762,581.
- Anticipated Contract start: February 1, 2023
- Terms: Three years with two one-year renewal options at the discretion of NYC Health + Hospitals



NYC Health + Hospitals
Finance Committee Meeting
January 9, 2023



- The system expects to close December with approximately **\$450 Million (20 days cash-on-hand)**.
- The system also expects to close January with approximately \$600 million (26 days cash-on-hand).
- We continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position in relation to any ongoing uncertainty around patient volume and COVID-19.

- Work towards the successful implementation of UPL Conversion, Special Populations, and Behavioral Health Centers of Excellence. Receive all retro, lump-sum fee-for-service UPL payments.
- Advocate, alongside other safety-net coalitions, to avoid any cuts to Medicaid rates or the 340B pharmacy benefit.
- Push for new opportunities to increase reimbursement for safety-net systems, including eliminating DSH cuts and changing the federal DSH cap statutes to enable safety-net systems to earn a margin.
- Request the continuation of workforce flexibility and telehealth parity to help H+H continue to rebound from COVID and enable us to continue to best care for our patients.

City Initiatives:

Humanitarian Emergency Relief and Recovery Centers (HERRC)

- ❑ October 7, 2022 Mayor Eric Adams announced a State of Emergency based on the arrival of thousands of individuals and families seeking asylum in NYC
- ❑ Mayor Adams issued an Emergency Executive Order 224 which ordered the opening of HERRC and tasked Health + Hospitals with oversight of HERRC
- ❑ HERRC sites provide the following services:
 - ❑ Basic human necessities such as food, clothing and shelter
 - ❑ Resettle with and transport to friends or family in and beyond New York City
 - ❑ Medical and social services
- ❑ Trends in arrivals of asylum seekers to NYC remain unpredictable - as such the length of the program and quantity of HERRC sites remains unknown

HERRC Financial Update

- Approximately \$92.4 million has been committed for HERRC through December.
- OMB has agreed to provide H+H with sufficient revenue through the HERRC MOU with the Mayor's Office to cover HERRC expenses.
- There are currently 4 sites open.