

BOARD OF DIRECTORS MEETING
THURSDAY, NOVEMBER 21, 2024

A•G•E•N•D•A•

<p><u>CALL TO ORDER - 2:00 PM</u></p>	<p>Mr. Pagán</p>
<p>1. <u>Executive Session Facility Governing Body Report</u> ➤ NYC Health + Hospitals Harlem</p> <p>Semi-Annual Governing Body Report (Written Submission Only) ➤ NYC Health + Hospitals Jacobi / North Central Bronx</p>	<p>Mr. Pagán</p>
<p>2. <u>OPEN PUBLIC SESSION - 3:00 PM</u></p>	
<p>3. Adoption of the Board of Directors Meeting Minutes – October 31, 2024</p>	<p>Mr. Pagán</p>
<p>4. Chair’s Report</p>	
<p>5. President’s Report</p>	<p>Dr. Katz</p>
<p><u>ACTION ITEMS</u></p>	
<p>6. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a best interest renewal with Physician Affiliate Group of New York, P.C for physical and behavioral health services at correctional health facilities for a not to exceed amount of \$622,600,000 for a contract term of three years and three one-year renewal options exercisable at the discretion of the System. (Presented to the Medical and Professional Affairs / Information Technology Committee: 11/04/2024) Vendex: Approved / EEO: Pending</p>	<p>Dr. Calamia</p>
<p>7. Approving the application of New York City Health and Hospitals Corporation (the “System”) for verification by the American College of Surgeons (“ACS”) of NYC Health + Hospitals + Hospitals/Bellevue (“Bellevue”) as a Level I Trauma Center.</p> <p>Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and</p> <p>Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level I Trauma Center designation for Bellevue through the ACS, Committee on Trauma. (Presented to the Medical and Professional Affairs / Information Technology Committee: 11/04/2024) Vendex: NA / EEO: NA</p>	<p>Dr. Calamia</p>
<p>8. Approving the application of New York City Health and Hospitals Corporation (the “System”) for verification by the American College of Surgeons (“ACS”) of NYC Health + Hospitals/Elmhurst (“Elmhurst”) as a Level I Trauma Center.</p> <p>Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and</p> <p>Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Elmhurst through the ACS, Committee on Trauma (Presented to the Medical and Professional Affairs / Information Technology Committee: 11/04/2024) Vendex: NA / EEO: NA</p>	<p>Dr. Calamia</p>

9. Approving the application of New York City Health and Hospitals Corporation (the "System") **for verification by the American College of Surgeons ("ACS") of NYC Health + Hospitals/Jacobi ("Jacobi") as a Level I Trauma Center.**

Dr. Calamia

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

(Presented to the Medical and Professional Affairs / Information Technology Committee: 11/04/2024)

Vendex: NA / EEO: NA

10. Approving the application of New York City Health and Hospitals Corporation (the "System") **for verification by the American College of Surgeons ("ACS") of NYC Health + Hospitals/Kings County ("Kings County") as a Level I trauma center.**

Dr. Calamia

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Kings County through the ACS, Committee on Trauma.

(Presented to the Medical and Professional Affairs / Information Technology Committee: 11/04/2024)

Vendex: NA / EEO: NA

11. Approving the application of New York City Health and Hospitals Corporation (the "System") **for verification by the American College of Surgeons ("ACS") of NYC Health + Hospitals/Lincoln ("Lincoln") as a Level I Trauma Center.**

Dr. Calamia

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Lincoln through the ACS, Committee on Trauma

(Presented to the Medical and Professional Affairs / Information Technology Committee: 11/04/2024)

Vendex: NA / EEO: NA

12. Approving the application of New York City Health and Hospitals Corporation (the "System") **for verification by the American College of Surgeons ("ACS") of NYC Health + Hospitals/Harlem ("Harlem") as a Level II Trauma Center.**

Dr. Calamia

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level II Trauma Center designation for Harlem through the ACS, Committee on Trauma

(Presented to the Medical and Professional Affairs / Information Technology Committee: 11/04/2024)

Vendex: NA / EEO: NA

<p>13. Approving the application of New York City Health and Hospitals Corporation (the “System”) for verification by the American College of Surgeons (the “ACS”) of NYC Health + Hospitals/Bellevue (“Bellevue”) as a Level II Pediatric Trauma Center.</p> <p>Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and</p> <p>Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level II Pediatric Trauma Center designation for Bellevue through the ACS, Committee on Trauma. (Presented to the Medical and Professional Affairs / Information Technology Committee: 11/04/2024) Vendex: NA / EEO: NA</p>	<p>Dr. Calamia</p>
<p>14. Approving the application of New York City Health and Hospitals Corporation (the “System”) for verification by the American College of Surgeons (the “ACS”) of NYC Health + Hospitals/Jacobi (“Jacobi”) as a Level II Pediatric Trauma center.</p> <p>Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and</p> <p>Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level II Pediatric Trauma Center designation for Jacobi through the ACS, Committee on Trauma. (Presented to the Medical and Professional Affairs / Information Technology Committee: 11/04/2024) Vendex: NA / EEO: NA</p>	<p>Dr. Calamia</p>
<p>15. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a revocable license agreement with Bellevue Day Care Center, Inc. (“BDCC”) for approximately 3,661 square feet on the first floor at NYC Health + Hospitals/Bellevue (“Bellevue”) and the use of the outdoor playground within Bellevue’s First Avenue Garden in which to operate a licensed child care center for Bellevue staff and the community for a term of 5 years with the occupancy fee waived. (Presented to the Capital Committee: 11/04/2024) Vendex: NA / EEO: NA</p>	<p>Mr. Pagán</p>
<p>16. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a renewal lease with LSS Leasing Limited Liability Company (“Landlord”) for approximately 5,120 square feet on the ground floor at 59-17 Junction Boulevard, Corona, NY (the “Premises”) to house the Woman’s Medical Center (the “Center”) operated by NYC Health + Hospitals/ Gotham Health (“Gotham”) for an initial term of 15 years with the System holding two 5-year options to extend the lease at an initial rent of \$62.50/sf to increase annually at 3% for an initial annual rent of \$320,000 and a total rent over the potential term of 25 years of \$11,666,965. (Presented to the Capital Committee: 11/04/2024) Vendex: NA / EEO: NA</p>	<p>Mr. Pagán</p>
<p>17. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a renewal sublease with Pediatrics Specialties of Queens, P.C. (the “P.C.”) for approximately 2,457 square feet on the ground floor at 59-17 Junction Boulevard, Corona, NY (the “Premises”) in which the P.C. will continue to operate a pediatric medicine practice collocated with the Woman’s Medical Center (the “Center”) operated by NYC Health + Hospitals/ Gotham Health (“Gotham”) for an initial term of 7.5 years at an initial rent of \$64/sf to increase annually at 3% for an initial annual rent of \$157,248; provided the P.C. shall have an option to extend the term of the sublease by another 7.5 years; and provided further, the System shall hold an option to take back up to 25% of the area subleased to the P.C. on one year’s prior notice and with a corresponding reduction in the sublease rent payable by the P.C., with the total sublease rent over the maximum potential 15 year term of \$2,924,642. (Presented to the Capital Committee: 11/04/2024) Vendex: NA / EEO: NA</p>	<p>Mr. Pagán</p>

<p>18. Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a ten year lease with ACE 3003 Avenue L LLC (the “Landlord”) for approximately 1,200 square feet of ground floor space at 1902 Flatbush Avenue, Brooklyn, to operate a Supplemental Food Program for Women, Infants and Children (the “WIC Program”) managed by NYC Health + Hospitals/South Brooklyn Health (“South Brooklyn”) at a rent of \$54,000 per year, or \$45/sf to be escalated by 2.5% per year that is payable only after two months at no rent with an option to terminate after five years exercisable only by the System if WIC Program funding is discontinued provided the System makes a termination payment of three months’ rent on termination and with a further option held by the System to renew the lease for an additional five years for a total rent of \$968,324 due over the potential 15 year term. (Presented to the Capital Committee: 11/04/2024) Vendex: NA / EEO: NA</p>	<p>Mr. Pagán</p>
<p>19. Authorizing New York City Health and Hospitals Corporation (the “System”) to further increase the funding by \$8,000,000 for its previously executed agreement with Array Architects, Inc. (“Array”) for architectural/engineering services for the renovation of spaces at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) that began in June 2020 in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”), which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, \$1,960,238 in May 2023, \$3,477,599 in November 2023, such that the funding is increased from \$22,325,006 to a total not to exceed sum of \$30,325,006 and to extend the contract by 3 years to November 30, 2028, with anticipated construction completion of December 2027. (Presented to the Capital Committee: 11/04/2024) Vendex: Approved / EEO: Approved</p>	<p>Mr. Pagán</p>
<p>20. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Mico Cooling Corp. (the “Contractor”), to undertake essential preventative maintenance and repair services of refrigeration and related cooling equipment for a contract amount of \$6,668,810, with a 20% project contingency of \$1,333,762, and an emergency repairs allowance of \$666,881 to bring the total cost not to exceed \$8,669,454. (Presented to the Capital Committee: 11/04/2024) Vendex: Pending / EEO: Approved</p>	<p>Mr. Pagán</p>
<p>21. AMENDED TO REVISE TERMS TO COMMENCE APRIL 2025 TO MARCH 2028 INSTEAD OF FEBRUARY 2025 TO JANUARY 2028 - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with Carrier Corporation (the “Contractor”), to provide HVAC/Chiller preventative maintenance and repair services at several acute hospitals for three years with 2 one-year renewal options for a contract amount of \$1,869,290, with a 20% project contingency of \$373,858, to bring the total cost not to exceed \$2,243,147. (Presented to the Capital Committee: 11/04/2024) Vendex: Pending / EEO: Pending</p>	<p>Mr. Pagán</p>
<p>22. AMENDED TO REVISE TERMS TO COMMENCE APRIL 2025 TO MARCH 2028 INSTEAD OF FEBRUARY 2025 TO JANUARY 2028 - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with Johnson Controls, Inc. (the “Contractor”), to provide HVAC/Chiller preventative maintenance and repair services at several acute hospitals for three years with 2 one-year renewal options for a contract amount of \$4,626,212 with a 20% project contingency of \$925,242, to bring the total cost not to exceed \$5,551,454. (Presented to the Capital Committee: 11/04/2024) Vendex: Approved / EEO: Pending</p>	<p>Mr. Pagán</p>
<p>23. AMENDED TO REVISE TERMS TO COMMENCE APRIL 2025 TO MARCH 2028 INSTEAD OF FEBRUARY 2025 TO JANUARY 2028 - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with Trane U.S., Inc. (the “Contractor”), to provide HVAC/Chiller preventative maintenance and repair services at several acute hospitals for three years with 2 one-year renewal options for a contract amount of \$1,523,691 with a 20% project contingency of \$304,738 to bring the total cost not to exceed \$1,828,429. (Presented to the Capital Committee: 11/04/2024) Vendex: Pending / EEO: Pending</p>	<p>Mr. Pagán</p>

24. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to increase the funding by \$5,000,000 to its previously negotiated and executed requirements contracts with seven Architectural and Engineering (“AE”) consulting firms, namely, Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC, Hoffmann Architects and Engineers of NY, D.P.C., Lothrop Associates Architects D.P.C, Ronnette Riley Architect, Superstructures Engineering and Architecture, PLLC, Urbahn Architects, PLLC, to provide professional AE design services related to exterior envelope projects; on an as-needed basis at various facilities throughout the Corporation. The cumulative not to exceed value for services provided by all such consultants shall increase from \$10,000,000 to \$15,000,000.

Mr. Pagán

(Presented to the Capital Committee: 11/04/2024)

Vendex: Pending - Architectural Preservation Studio, DCP, Hoffmann Architects and Engineers of NY, DCP and Lothrop Associates Architects DPC – All others Approved

EEO: Pending – Lothrop Associated Architects DPC and Ronnette Riley Architect. – All others Approved

25. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute requirements contracts with eight Architectural and Engineering (“AE”) consulting firms, namely, Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC , Hoffmann Architects and Engineers of NY, D.P.C., LiRo Architects + Planners, P.C., Lothrop Associates Architects, D.P.C, Superstructures Engineering and Architecture, PLLC, Thornton Tomasetti, Inc., and Urbahn Architects, PLLC to provide professional AE design services related to exterior envelope projects; on an as-needed basis at various facilities throughout the System, to commence on January 1, 2026 for an initial term of three years with two one-year renewal options, the cumulative not to exceed value for services provided by all such consultants shall not exceed \$20,000,000.

Mr. Pagan

(Presented to the Capital Committee: 11/04/2024)

Vendex: Pending – Architectural Preservations Studio, DCP, Hoffmann Architects and Engineers of NY DCP and Lothrop Associates Architects DPC – All others Approved

EEO: Pending – Lothrop Associated Architects DPC and Thornton Tomasetti, Inc. – All others Approved

COMMITTEE AND SUBSIDIARY REPORTS

- Medical and Professional Affairs / Information Technology Committee
- Capital Committee
- Community Relations Committee

Mr. Pagán
Mr. Pagán
Ms. Rowe-Adams

>>Old Business<<

>>New Business<<

Mr. Pagán

>>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 in room 1701 at 50 Water Street, New York, New York 10004 on the **31st day of October, 2024** 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 in person:

Mr. José A. Pagán
Dr. Mitchell Katz - Joined at 2:06 p.m.
Ms. Anne Williams-Isom- Joined at 2:09 p.m. Left at 3:00 p.m.
Ms. Erin Kelly Joined at 3:00 p.m.
Dr. Vincent Calamia
Ms. Freda Wang
Ms. Molly Wasow Park - Joined at 2:05 p.m. Left at 3:00 p.m.
Ms. Karen St. Hilaire - Joined at 3:00 p.m.
Dr. H Jean Wright II
Ms. Anita Kawatra
Ms. Sally Hernandez-Piñero
Dr. Michelle Morse - Joined at 2:09 p.m. Left at 3:00 p.m.
Dr. Shadi Chamany - Joined at 3:12 p.m.

José Pagán, Chair of the Board, called the meeting to order at 2:10 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

EXECUTIVE SESSION

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 regarding patient medical information.

OPEN SESSION

The Board reconvened in public session at 3:08 p.m.

Mr. Pagán noted that Erin Kelly is representing Deputy Mayor Anne Williams-Isom, Dr. Shadi Chamany is representing Dr. Michelle Morse and Karen St. Hilaire is representing Molly Wasow Park - all in a voting capacity.

ACTION ITEM 3 - ADOPTION OF THE MINUTES

The minutes of the Board of Directors meeting held on September 26,

2024 were presented to the Board. Then, on motion duly made and seconded, the Board unanimously adopted the minutes.

RESOLVED, that the minutes of the **Board of Directors Meeting held on September 26, 2024**, copies of which have been presented to the Board be, and hereby are, adopted.

ITEM 4 - CHAIR'S REPORT

Mr. Pagán advised that during the Executive Session, the Board received and approved the governing body oral and written report from NYC Health + Hospitals| South Brooklyn Health

The Board received and approved the written submission of the NYC Health + Hospitals| Sydenham Diagnostic & Treatment Center - Gotham Center 2023 Performance Improvement Plan and Evaluation.

The Board also received and approved the written submission of the NYC Health + Hospitals| Kings County semi-annual governing body report.

VENDEX APPROVALS

Mr. Pagán noted there are twenty-four items on the agenda requiring Vendex approval, one has that approval. There are eight items from previous Board meetings pending Vendex approval.

The Board will be notified as outstanding Vendex approvals are received.

BOARD MEMBER RECUSAL

Ms. Wang recused from the presentation and discussion of action items 6 and 7.

ACTION ITEM 6:

Dr. Katz read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with **PFM Financial Advisors LLC for the provision of Independent Registered Municipal Advisor Services** on behalf of the System for an initial period of three-years and two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$1,125,000.

(Presented to the Finance Committee: 10/22/2024)

Linda DeHart, Vice President, Finance, provided an overview of the need for municipal advisor services. The goal is to contract a qualified vendor to assist with financial decision-making related to financing

strategies. Ms. DeHart also outlined the RFP criteria, procurement process and vendor performance. The procurement follows Operating Procedure 40-58, rather than the usual Operating Procedure 100-05, which exempts it from the vendor diversity policy. Although no subcontracting opportunities were identified, the vendor diversity team reached out to four MWBEs, but none responded.

In response to a question, Ms. Dehart explained the expected use of the advisor services over the next five years. The System engages them in various capacities, primarily related to the debt finance program. They keep the System informed about market conditions and options. When issuing bonds, they play a key role in helping manage the team that develops proposals and evaluates advice from our investment bankers. They assist with bond pricing and provide valuable data on recent sales and market trends, offering an important counterpoint to the investment bank's analysis. They also advise on alternative debt issuance strategies, investing proceeds, and other financial matters that may arise.

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

ACTION ITEM 7:

Dr. Katz read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") **to approve and appoint twenty-two firms to provide Bond Underwriting Services. Of the twenty-two firms, five will be approved to provide investment banking services and serve as senior managing underwriters and 17 firms will be approved to serve as co-managing underwriters as designated on Exhibit A.** Services will be provided on behalf of the System for a five-year period. An NTE was not established for this RFP.

(Presented to the Finance Committee: 10/22/2024)

Ms. Linda DeHart presented an overview of underwriting services, detailing the solicitation from Debt Finance to establish a pool of qualified firms as senior managing and co-managing underwriters for future debt issuance by the System. This current procurement does not specify a not-to-exceed amount as no contractual payments are guaranteed. The RFP aims to select firms to support the System's financing needs over the next five years. Appointment to the pools does not guarantee future participation in any future bond issuances. All future bond issuances are subject to approval of the Board of Directors.

Ms. DeHart also reviewed the RFP criteria and procurement process, noting satisfactory vendor performance evaluations. This procurement falls under Operating Procedure 40-58, exempting it from the vendor diversity policy Operating Procedure 100-10. However, the vendor diversity team found

no subcontracting opportunities. It should be noted; however, one senior managing firm is a certified Hispanic MBE, and seven co-managers are MWBEs.

The Board commended the staff for the inclusion of the seven MWBE co-managers and the MWBE senior manager firm.

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

ACTION ITEM 8:

Ms. Hernandez-Piñero read the resolution

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus"), **to access the remainder of the spending authority that was authorized in the 2014 resolution (approximately \$17,000,000), and to exercise a best interest extension for two years of the contract term through December 31, 2026 in two separate contracts with DST Health Solutions, LLC d/b/a SS&C Health ("SS&C"), for a total combined increased spending authority of \$35,100,000, including a 5% contingency, to increase the total spending authority from \$177,000,000 to \$212,100,000 to continue the provision of the core systems and services including claims adjudication, accounts payable, enrollment support and communication fulfillment, business processing outsourcing and reporting to support operations, business and regulatory requirements.**

(Presented to the MetroPlus Health Board: 09/19/2024)

Ganesh Ramratan, MetroPlus' Chief Information Officer provided an overview of the current vendor relationship for core systems and services and the scopes under the two separate contracts with SS&C for these services. Mr. Ramratan also provided a historical outline of the two contracts, noting that in 2014, MetroPlus awarded SS&C a Sole Source contract. That same year, both the MetroPlus Board and the NYC Health + Hospitals Board approved a ten-year contract authority for the ASP and BPO contracts, valid through December 31, 2024, with a cumulative amount not to exceed \$177 million.

MetroPlus now seeks to utilize the remaining spending authority from the 2014 resolution of approximately \$17m and exercise a two-year best interest extension through December 31, 2026 for an additional \$35.1M. This extension would allow the exercise of two one-year renewal options for each contract. The spending authority request was also explained.

In response to questions from the Board, Mr. Ramratan confirmed that two contracts will be replaced by HealthEdge after the two years as they transition into the new platform. Mr. Ramratan also clarified that the \$17M represents the remaining spending authority from the previously authorized contract in 2014 and it is not part of the \$35.1M requested under the

additional spending authority. The total spending over the two-year period will amount to \$52.1M.

REQUEST TO AMEND THE RESOLUTION

Ms. Wang requested that the 8th WHEREAS clause on the resolution page be amended to reflect the correct term and amount.

Ms. Cohen confirmed that the 8th WHEREAS clause will be amended. The language "two-year extension period" will be removed and updated to reflect the term and corresponding dollar amount. Ms. Cohen noted that there is no need for an additional vote to amend the resolution since no changes will be made to the resolution, only to the WHEREAS clause.

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

ITEM 5 - PRESIDENT REPORT - FULL WRITTEN SUBMISSION INCLUDED IN THE MATERIALS WITH FEW VERBAL HIGHLIGHTS:

NYC HEALTH + HOSPITALS RECOGNIZES BREAST CANCER AWARENESS MONTH

As part of national Breast Cancer Awareness Month, many NYC Health + Hospitals facilities participated in events that engaged staff and patients in learning more about the disease and schedule screenings.

Cristina Contreras, CEO of NYC Health + Hospitals/Lincoln, in an Instagram reel, spoke about why it is so important for women to get screened for breast cancer and documented her own mammogram screening.

LONG TERM CARE FACILITIES ENCOURAGE THEIR RESIDENTS TO VOTE

NYC Health + Hospitals' long-term care facilities actively engaged their residents in the voter education and registration process. Staff supported residents and families with the voter registration process and access to absentee ballots, which are collected and mailed by each facility.

NYC HEALTH + HOSPITALS/ELMHURST HOSTS FIRESIDE CHAT WITH WHITE HOUSE OFFICE OF PANDEMIC PREPAREDNESS AND RESPONSE

NYC Health + Hospitals hosted a fireside chat about pandemic preparedness and critical lessons learned from recent infectious disease outbreaks, including MPOX and COVID-19 at NYC Health + Hospitals/Elmhurst, the epicenter of the epicenter during the first wave of the pandemic. The discussion drew on the health System's experiences and insights documented in the book *The COVID-19 Response in New York City: Crisis Management in the Epicenter of the Epicenter*.

NYC HEALTH + HOSPITALS/BELLEVUE HOSTS 10 YEAR REUNION OF HEALTH CARE PROVIDERS WITH PATIENT WHO RECOVERED FROM EBOLA

NYC Health + Hospitals/Bellevue hosted an emotional reunion with Dr. Craig Spencer and the medical team who cared for him when he was hospitalized with Ebola 10 years ago this month, remembering the tense time during Spencer's 19-day hospitalization and discussing ongoing preparedness and response strategies as special pathogens continue to emerge around the world. Dr. Spencer was the only confirmed Ebola patient in NYC.

NYC HEALTH + HOSPITAL/ELMHURST IS THE FIRST HOSPITAL IN QUEENS TO OFFER HIGHLY SPECIALIZED TREATMENT FOR LIVER CANCER PATIENTS

Elmhurst Hospital now offers hepatic arterial infusion chemotherapy (HAI), an innovative technique to treat patients with cancers affecting the liver and gastrointestinal systems that have reached advanced stages. Elmhurst Hospital is the first public hospital on the East Coast and the first hospital in Queens to offer this groundbreaking therapy.

VENTILATOR WEANING PROGRAM AT NYC HEALTH + HOSPITALS/CARTER RECEIVES ENHANCED RESPIRATORY CARE ACCREDITATION

NYC Health + Hospitals/Carter received the enhanced respiratory care accreditation from the Physician-Patient Alliance for Health & Safety for its ventilator weaning program. Carter is the first nursing home in New York City and the first long-term acute-care hospital (LTACH) in the country to receive this recognition.

NEW STATE-OF-THE-ART COMPUTED TOMOGRAPHY SCANNER DEBUTS AT NYC HEALTH + HOSPITALS/HARLEM

NYC Health + Hospitals/Harlem announced the installation of a new computed tomography (CT) scanner to obtain quicker and more accurate diagnostic imaging and improve outcomes for patients.

NYC HEALTH + HOSPITALS/GOTHAM HEALTH RECEIVES \$150,000 FROM CITY COUNCIL MEMBER ALTHEA STEVENS

Council Member Althea Stevens secured \$150,000 in City funds to support necessary infrastructure improvements and enhance patient services at NYC Health + Hospitals/Gotham Health. This funding will allow the provision of medical technological updates and enhanced services at Gotham Health.

NYC HEALTH + HOSPITALS FINANCE COMMITTEE REPORTS STRONG FISCAL PERFORMANCE

The most recent Finance Committee meeting was held on Tuesday, October 22, where the System shared its FY'24 performance and highlights as well as a preview of its FY'25 budget strategies. The System closed Fiscal Year 2024 this past June with approximately \$582 million, or approximately 20 days, of

cash on-hand. Furthermore, the System finished a positive Net Budget Variance of \$178 million or one percent.

**ERIC WEI, MD, MBA, APPOINTED CEO OF NYC HEALTH + HOSPITALS/BELLEVUE;
AMIT UPPAL, MD, NAMED CHIEF MEDICAL OFFICER**

Earlier this month, NYC Health + Hospitals announced that William Hicks, MS, RT, DHL (Hon), will step down as Chief Executive Officer of NYC Health + Hospitals/Bellevue after 11 years leading the hospital and 30 years of service to the health System. Eric Wei, MD, MBA will succeed him as CEO, effective January 6, 2025.

Additionally, Amit Uppal, MD has been appointed as Chief Medical Officer (CMO) at the hospital, effective January 6, 2025. He will succeed Dr. Nate Link, who is stepping down as CMO after twelve years in the position but will continue to work with the System as a Hospitalist. Currently, Dr. Uppal serves as Bellevue's Chief Quality Officer. He continues to care for patients in the ICU and is a member of the Special Pathogens Team at Bellevue.

CRAIN'S NEW YORK RECOGNIZES NYC HEALTH + HOSPITALS' BLACK LEADERS

NYC Health + Hospitals/South Brooklyn Health's Director of Nursing for Behavioral Health Services Seun Ajibade, NYC Health + Hospitals/Harlem's Chief Executive Officer Georges Leconte, and NYC Health + Hospitals/South Brooklyn Health's Director of Urogynecology and Reconstructive Pelvic Surgery Cedric Olivera were recognized on the Crain's New York Business list of '2024 Notable Black Leaders.'

38 SYSTEM NURSE LEADERS RECOGNIZED FOR ACHIEVING DOCTORAL DISTINCTION

38 health care System nurse leaders who had attained doctoral-level education were recognized at the health System's third annual Doctoral Circle of Excellence event. Dr. Katz acknowledged Dr. Cineas for her leadership.

SCHNEPS MEDIA RECOGNIZES THREE NYC HEALTH + HOSPITALS LEADERS AS "POWER WOMEN OF BROOKLYN" FOR 2024

Schneps Media recognized three leaders from NYC Health + Hospitals for its "Power Women of Brooklyn" recognition list for 2024. The honorees include Angela Cooper, Assistant Director of Communications, Public Affairs & Volunteering Services at NYC Health + Hospitals/McKinney; Lisa Scott-McKenzie, DHA, CEM, FABC, FACHE, Chief Operating Officer at NYC Health + Hospitals/Woodhull; and Seanna-Kaye Denham Wilks, Ph.D., Chief Experience Officer at NYC Health + Hospitals/Kings County.

**JOSE A. PAGAN, NYC HEALTH + HOSPITALS' CHAIR OF THE BOARD OF DIRECTORS,
NAMED TO '2024 LATINO POWER PLAYERS' LIST**

NYC Health + Hospitals' Chair of the Board of Directors José A. Pagán, PhD, was recognized by PoliticsNY and amNY Metro's 2024 Latino Power Players list. Launched in honor of Hispanic Heritage Month, the inaugural list features elected officials, business executives, entrepreneurs, and community leaders from the Latino community making an impact in New York City.

VIRTUAL EXPRESS- CARE ONE YEAR ANNIVERSARY TELEHEALTH ABORTION CARE

NYC Health + Hospitals celebrated the one-year anniversary of its telehealth abortion care through its Virtual ExpressCare service. In its first year, the service has provided over 2,700 virtual visits, mailed over 800 medication abortion kits, and referred an additional 1,050 patients for in-person care. The average wait-time for a virtual visit is less than 7 minutes.

NYC HEALTH + HOSPITALS REMINDS NEW YORKERS TO GET THEIR FLU AND COVID SHOTS

NYC Health + Hospitals announced this year's updated flu and COVID-19 vaccines are available for established patients at its hospitals and Gotham Health sites. The System encouraged all New Yorkers 6 months of age and older to get vaccinated for the flu and COVID-19, which can be administered on the same day and are essential to keeping yourself and your family healthy and safe.

RESPONDING TO THE HUMANITARIAN CRISIS - SERVICES FOR ASYLUM SEEKERS

Now two years into the humanitarian response to the asylum seeker crisis, NYC Health + Hospitals continues to play a key role in the City's efforts to manage the influx of asylum seekers. We have closed one of the larger emergency sites and are continuing to working with our sister agency, the Department of Homeless Services, to provide appropriate services. There are 13 humanitarian centers currently providing housing for approximately 23,000 individuals across the City. The Arrival Center has provided a dignified welcome to approximately 170,000 new arrivals from over 160 countries since the facility was established in May 2023. At the facility, teams prioritize providing all new arrivals with immediate communicable disease screenings, urgent care, behavioral health screenings, and vaccinations.

COMMITTEE AND SUBSIDIARY REPORTS

Mr. Pagán noted that the Committee and Subsidiary reports were included in the e-materials for review and are being submitted into the record. Mr. Pagán welcomed questions or comments regarding the reports.

OLD BUSINESS/NEW BUSINESS/ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 3:41 P.M.



Colicia Hercules
Corporate Secretary



COMMITTEE REPORTS

AUDIT COMMITTEE MEETING TALKING POINTS - October 22, 2024

AS REPORTED BY: Sally Hernandez-Piñero

COMMITTEE MEMBERS PRESENT: Ms. Sally Hernandez-Piñero, Dr. Mitchell Katz, Ms. Freda Wang and Erin Kelly representing Ann Williams-Isom in a voting capacity for Jose Pagan.

The meeting was called to order by Ms. Sally Hernandez-Piñero, Committee Chair at 10:16am

Ms. Piñero noted for the record that according to the **By-Laws - Section 14, Committee Attendance**, if any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting:

José Pagán has authorized that Erin Kelly representing Anne Williams-Isom be counted for the purposes of quorum and voting on his behalf.

Ms. Piñero requested a motion to adopt the minutes of the Audit Committee meeting held on July 16, 2024. A motion was made and seconded with all in favor to adopt the minutes.

Ms. Piñero proposed a motion to convene an executive session to discuss confidential and privileged matters.

The Committee reconvened in Open Session:

Ms. Piñero noted the Committee is now in open session and next on the agenda will be a presentation by Ms. Maria Tiso of KPMG on the FY-2024 Financial Audit.

Ms. Tiso noted all the required communications and audit results of the corporation's financial audit as of June 30 2024.

Ms. Tiso introduced her colleagues at the meeting; Camille Fremont, Supporting Partner, Ryan Santonacia, Managing Director and Yimiao Chen, Senior Manager on the account.

KPMG Update

Ms. Tiso presented a slide which discuss how KPMG provides client experience. Our first priority is to make sure that we are providing a quality audit in accordance with the standards. Secondly, making sure that the engagement team members that are assigned to the audit have both the necessary Governmental Accounting Standards Board (GASB) and healthcare experience to work on the account and thirdly to make sure

that the audit is efficient, effective, and continue to use technology tools, continue to provide management and the committee with industry insights. We will bring Ash Shehata, our National Healthcare industry lead to some of the meetings to talk about what is going on in the industry.

Ms. Tiso stated that slide 2 talks about expanding the use of audit technology, audit uses technology so that we can make the audit more efficient and effective. We have four columns here, so I will just quickly go through them. Under the column for analytics, these tools help us go through large volumes of data to identify any patterns or trends that we need to focus on. In the past we used to do a sample selection of like 25, but now these tools help us look at a large data set which gives us more insight of what is really going on in the population. The next column is automation, you know these tools help us with some of the time-consuming audit tasks so we can focus on more of the significant areas and then collaboration and workflow, our audit documentation tool is called KPMG Clara, which helps us pinpoint the status of the audit at all times so we will work with management as it relates to the collaboration and then the workflow documentation throughout the year.

Ms. Tiso mentioned that the next slide was put in as of October 16. These were the open items at that point in time because I know this presentation had to be sent out earlier than this meeting. She noted that all these items had been received. The only thing that we need to do in order to issue the audit report today is the last one which is the management representation letter, which we plan to receive from management today so we can issue our report, but all these items have been completed and received and documented in our work papers.

Ms. Tiso noted that the next slide are audit deliverables. We have it broken out into two sections. The current deliverables that we will be issuing today, which is the Auditor's Report and the Corporation's Financial Statement's as of June 30, 2024. In that report, we have a report on Internal Controls over Financial reporting and on Compliance and other matters. That opinion will be issued today in that Financial Statement and lastly, we will be issuing a debt compliance letter, which indicates that the corporation has met its compliance requirements with their outstanding bonds. We will be coming back to the committee in December to present the management letter, the audit of the HHC ACO, which will be issued in December, and then next year in March of 2025, we will be issuing the Metro Plus Health Plan Audit, HHC Insurance Company audit, and then there are various regulatory cost reports that we will be working on with management.

The next slides outlined two corrected audit misstatements to the opening net position balance. As we were performing our opening balance test work which we are required to do because we are the new auditors, we noted that the OPEB and pension liability for deferred inflows were overstated by about \$324 million. This was a result of the cumulative results of changes from the actuarial evaluations in the prior years. Because those adjustments were above our materiality thresholds, the opening balance was restated and that is why we have a single year financial statement because we did not audit the prior year and so we had to go with the single audit presentation. As it relates to the Auditor's Report, we are planning on issuing an unqualified

opinion, which is the highest level of assurance that the financial statements are free of material misstatement.

In that opinion, there is another matters paragraph that talks to the fact that the opening balance was restated. As it relates to a material weakness on Internal Controls this goes back to the fact that adjustment was material and there was a restatement in accordance with the standards, we had to have a finding and it was denoted as a material weakness. We can go through that, but that finding has been remediated because the adjustment has been recorded. No significant difficulties were encountered during the audit, we received full cooperation from the management team and access to all documents and records.

Ms. Tiso next slide address one new GASB standard that was adopted in the current year. It is called GASB statement number 100. Accounting changes and error corrections, that is effective for periods ending after June 15 2023, so that was adopted in the current year. There were no significant changes to our initial 2024 Audit Plan, when we came to the committee on July 16, 2024.

As it relates to consultation, we did have various consultations with our national office. There was one legal matter that we discussed, which we needed to document in our work papers. We did have some extensive conversation with them as it relates to the restatement because we had to work through our national office as it relates to the presentation. Then we also consulted with them to confirm the discrete presentation of MetroPlus Health Plans.

There were no actual or suspected fraud involving management's, employee's, except for one matter that we discussed with management. We are not aware of any matters that need to be communicated to the Committee as it relates to noncompliance with laws and regulations. We are independent as it relates to New York City Health and Hospital Cooperation.

Ms. Tiso turned over the presentation to Ryan Santonacita who will discuss the two corrected audit misstatements and walk us through the material weakness finding as well.

Mr. Santonacita stated, as part of our opening balance sheet test work in our initial current assessment, we obtained prior year actual reports for the pension and OPEB liabilities and as part of that process we reconciled them to the prior year financial statements and we had identified certain variances. We did obtain an understanding in the background for each of the variances as well as the root cause. As Ms. Tiso noted, the aggregate adjustment was approximately \$324 million. The 1st adjustment which had related specifically to the deferred inflow of resources for pension was approximately \$212 million and the difference for the deferred inflow of resources related to OPEB was approximately \$111 million. Again, as noted, these differences were a result of errors or issues in the prior year, that were identified and treated in a particular way. Management has been proactive in working with the New York City's, Office of the Actuary To resolve and identify these matters and these two adjustments were corrected in the opening net positions.

Ms. Freda Wang asked to clarify, those adjustments resulted in a positive adjustment?

Ms. Tiso responded yes so it reduced the net position so it was a positive adjustment.

Ms. Wang asked if this was from the City's Actuary.

Ms. Tiso replied yes from the City's Actuary it was changes in actuarial calculations.

Mr. Santonacita stated again the material weakness noted that the controls over the pension and OPEB deferred flows were not properly designed to meet the intended level of precision. The prior slides showed it was a cumulative effect of approximately \$324 million and management corrected these by restating the net position as of June 30, 2024.

Ms. Tiso then turn it over to Ms. Camille Fremont to go through some of the accounting estimates, procedures that were performed and some of the conclusions reached.

Ms. Fremont stated that the first area we are going to talk about is the evaluation of patient accounts receivable, which is one of the largest estimates that are within the financial statements and an area that management spends time making sure is reasonable. Management considers the impacts of contractual agreements with third parties, their historical collection rates, and then the economic trends when coming up with an estimate for this balance. As a result of that we perform an independent look back analysis utilizing one of our data and analytics tools. We look at the prior year patient accounts receivable balance to see how well management was at estimating that amount. As we did that we determined management's ability to estimate that number was reasonable. Prior historical collection rates were going to be impacted by the slowdown and the ability to collect cash because of what was going on at Change Healthcare. What we did is we looked at the subsequent cash collections from July 1, 2024 through September 30, 2024 and then we also looked at those historical collection patterns that had happened on the June 30th 2023. We took all that information into account and developed our own waterfall analysis that we compared to what management was anticipating happening. As a reminder, Change Healthcare happened in February of 24, 2024 so as we are going through, management is working through the additional posting of cash and the processing of claims. Ultimately, we were able to come to a determination that management's estimate as of June 30, 2024 was reasonable in relation to the financial statements taken as a whole and management continues to apply the cash that they are receiving to the various patient accounts receiving.

Ms. Fremont next slide address the area within the financial statements that looks on the evaluation of the pension obligation as well as other post-employment obligations. The management at New York City Health and Hospitals maintains a census data of participants. This information is given to the New York City office of the Actuary. They get a valuation report of the net position on the liability and an OPEB or another postretirement benefit liability report from the City of New York's Actuary. We then take those reports and we share them with our own Actuary to go through and evaluate

the methods and assumptions that was used for reasonableness and consistency with the requirements of the various GASB pronouncements. We also do test work over the underlying census data. The basis for the calculation and we needed to make sure that the data is complete and accurate. As a result of all of our test work that we did, we determined that the valuation of GASB 68 and GASB 75 for both pension and OPEB and the related disclosures were reasonable and appropriate in relation to the financial statements taken as a whole.

Ms. Piñero asked a question on the OPEB and the pension liabilities. You said the amount kind of triggered a finding of materiality? We have no assurances that there might be, not be some other correction going forward. Is it helpful to get a sense of what triggers what kind of finding? If it is 200 million next year or 20 million? We have no way of knowing if there's going to be an issue. How do we deal with that going forward?

Ms. Fremont responded, the first step is management will continue to book to the actual report, which is their best information at the time. Then to your point, there are certain things that are considered change in estimates, so items that could not have been known as of your balance sheet date that will flow through the following year. Unfortunately, there could be issues that should have been known at the time of the balance sheet date that come to light subsequently. So, every year when we look at your financial statements, assessment of materiality, thinking through what users of the financial statements would find relevant to them, what the standard would say you should be within a certain range. The best process would be to look towards the Actuary reports.

Ms. Tiso responded that materiality is based on quantitative information, the qualitative that could change every year based on the results of the organization. So, one of the things that we did tell management is to make sure that they are looking into the Actuarial Valuation, but also make sure that they are having communications with The Office of The Actuary periodically also to make sure that there is nothing happening.

Ms. Piñero asked the question if there is a quantitative and qualitative?

Ms. Tiso responded, yes both quantitative and qualitative. It is not just like this is the one number and that is it, different factors go into it.

Ms. Fremont stated that the final estimate we want to talk about within the financial statements is the valuations of claims payable for incurred but not reported claims for MetroPlus or IBNR. Throughout the process management gets third party information to calculate the liability based on historical paid plans data and ultimately books that actuarial report and considers other liabilities the plan may have. We use a KPMG actuary to come up with an independent estimate using the same paid claims data, and then similar to patient accounts receivable perform a look back analysis on the historical IBNR reserves. We also perform test work over that paid claims data and membership data that is utilized in the actuary for which our actuary then takes into account when they are coming up with their independent estimate. We were able to determine that the valuation of claims payable for that incurred but not reported claims liability was reasonable in relation to the financial statements taken as a whole. At this point, I would just ask all the members of the committee to just take a moment and read the questions.

If there are any items, we can always discuss that at a different point in time.

Ms. Tiso stated, lastly, we have added some information in the appendix, just items to consider on the 2024 Board agenda. Positioning order committees for the future. These are some of the issues that we see nationally. Again, as you go through it, if you have any questions, you can directly reach out to me and then I can have a separate conversation with you on that at this point that concludes our presentation. If there are any further questions, we will take them now.

Ms. Piñero asked if there are any questions? Do we need a motion? If no then we will on to presentation of the Fiscal Year 2024 Draft Financial Statement by David Guzman and James Linhart.

David Guzman and James Linhart Update

Mr. Guzman, so today we will be presenting the 2024 Financial Statements for the Health and Hospitals Cooperation. Today we will focus on the statement of revenues, expenses and changes in that position, also known as the income statement, which encapsulates the System's overall financial performance for fiscal year 2024. In FY-2024 the income statement is showing total operating revenue of \$15.9 billion and a total operating expense of \$15.2 billion with an operating gain of \$623 million. There was an improvement in net position of \$1.1 billion on the bottom line. Some of the key trend's drivers for this performance is summarize as follows.

Revenues increased by \$1.9 billion net patient service revenue in particular increased by \$115.9 million overall, that was due to patient service revenue increases, particularly around inpatient, outpatient SNF collections MetroPlus risk pool, and Non-MetroPlus risk pool increases.

We also noted an increase in discharges of 3,467 and we also noted a significant increase in NPSR eliminations between MetroPlus and H+H which seems to be indicative of greater business between the two entities.

Appropriations from the City of New York increased by \$1.2 billion. That increase was driven by support for our HERRC program and some support for collectively bargained increases around 1180, OSA, DC37 and other various trade locals. Premium revenue increased by \$166.7 million driven by provider investment funding associated with the essentials plan. Favorable premium New York City H+H UPL, Safety net hospital directed payments, financially distressed hospital and higher supplemental maternity and newborn kick premiums. Grant revenue increased by \$414.7 million. This was driven by recognition of COVID FEMA revenue of about \$356 million. Behavioral Health Centers of Excellence Funding, \$41.3 million, HERRC grant funding \$201 million, Federal \$104.9. Other revenue decreased by \$37.3 million mainly due to reductions in 340B pharmacy program revenue and there were also various one-time payments that were received in 2023 that did not recur in FY2024.

Mr. Guzman turning to the expenses, there was an increase of \$1.3 billion. Personal Services expense which increased by \$401.6 million due to collective bargaining settlements and increases in FTE's, so we noted an increase of approximately 3,000.661 FTEs on the H+H payroll system. I think that highlights the great work around transitioning from temporary nurses to

H+H staff and we are very happy about that. OTPS increased by \$569 million due to increases in HERRC, fringe benefits increase by 55.9 million mainly due to increases in health benefit rates.

Pension and OPEB increased by \$510 million respectively due to changes in actuarial calculations as calculated by the New York City Office of The Actuary.

Affiliation expense increased by \$137 million due to contractual increases and estimated contract settlement.

Depreciation increased by \$34.8 million, mainly as a result of the opening of the South Brooklyn Health Facility and EITS capital transfers of \$14.5 million.

Other changes in that position decreased by a hundred and \$15.7 million. There is a Capital contribution funded by the City of New York decreased by \$120.5 million due to a decrease in construction in progress for capital at capital project at Bellevue and also some changes to CIP associated with network refresh and data center projects for EITS. There was also, in terms of capital contributions funded by grants and donors, that was actually relatively constant with a minor year over year increase of \$4.8 million.

There is an operating gain of \$623 million and an improvement of \$1.1 billion to the Corporation's net deficit position. So, we ended the year at a negative \$309 million in net deficit position, which is I think pretty good results.

Ms. Piñero, yes, we agree.

Mr. David Guzman any questions?

Ms. Piñero, thank Mr. Guzman and KPMG for the terrific collaborative work that they did. I know you came on new and there was ramp up time you clearly jumped in put this a wonderful product, so thank you.

Ms. Wang reiterated that clearly the results are going in the right direction.

Ms. Piñero, I would like to propose a motion to accept the Fiscal Year 2024 Financial Statements as presented. May I have a second on the vote, Dr. Katz voted, yes, Ms. Wang voted, yes, and Ms. Kelly voted, yes.

Ms. Piñero Okay, motion adopted.

Ms. Piñero Next, we'll have an Audit update from Mr. Devon Wilson.

Mr. Wilson, I am the Senior Director of Internal Audits, and I am filling in today for Mr. Joseph O'Keefe.

Internal Audits Update

Mr. Wilson, so we are going to start with the external audits. Currently, we are having three external audits going on. Two is from the New York City Controller's Office and one is from the State Controller's Office.

1. The first one is the Audit of Department of Correctional efforts to ensure access to mental health services for inmates. We are coordinating this with Patsy Yang from Correctional Health and the Mayor's Office of Community of Mental Health. This audit is ongoing and at this point we do not know exactly when this is going to be concluded.
2. The second one is audit of Language Access by the State Controller's Office. We are working closely with the Diversity and Inclusion team at Central Offices. We have gone to different facilities and they want to make sure that the language access signage is displayed throughout the facilities. This one again is ongoing and we are not sure exactly when this is going to be concluded.

Ms. Piñero to the extent that there have been visits as part of this audit, there has been no feedback to us on any issues being found.

Mr. Wilson responded, not at this point, we have shadow them when they are going to the facilities to make sure that they ask the right questions and they do not go out of scope. What we have seen Sally is that they are observing to make sure that we have signage for the different language at the facility. We have not gotten any feedback from them as of yet.

3. Mr. Wilson stated that the third audit is from the New York City Comptroller's Office, and this one is the audit of Behavioral Health Emergency Assistance Response Division and New York City Police Department. This one started back in August 2023 and we had a meeting with them and we provide them with the documentation that they requested and we have not gotten any feedback from them as yet. All three external auditors are in progress and ongoing.

Next, the number of audits for FY 2025, so far zero completed, we have two in progress and we have three that is not started.

Mr. Wilson the next slide we will talk about the Auxiliaries. We made a management decision that all the Auxiliaries are going to employ their own Independent CPA firm to do this work, so we are in the process of winding down with the Bonadio Group.

Ms. Piñero asked the question, did some of the Auxiliaries choose to dissolve themselves?

Mr. Wilson responded, yes, so that is with Deb Brown's group they are working to dissolve because from a cost benefit relationship it does not make a lot of sense. The revenue that they are bringing in is very small for example Seaview. So those are going to be dissolving and we spoke to Deb Brown's team and if they want to maintain the Bonadio group they can do that but we are not going to be involved.

Mr. Wilson stated that concludes my presentation. Any questions?

Ms. Piñero next we will have a Compliance update from Catherine Patsos, Compliance Officer.

Ms. Patsos stated, as we have done through last year we are working with Internal Audits to prepare a combined 2026 Risk Assessment. I have met with Joseph O'Keefe and Senior Leadership to discuss some of their goals and objectives and obstacles to achieving them and any risks that they foresee in their functional areas. We anticipate that these meetings will continue until early November. In addition, the Compliance and Privacy officers and one of the auditors of Internal Audits are sending the questions that we have been presenting to Senior leadership to their facilities, CEO's CFO's, and HIM Director's to get their input on the similar topics.

Coalfire are winding down their 2024 Risk and HIPAA Risk Analysis. They have completed all the interviews, data collection site visits for the year and the Risk and Compliance workbooks and reports for the GNTCS and neighborhood health sector. Facilities have also been completed and all that really is left is for the compliance and risk workbooks and reports for the enterprise and acute care facilities. All those should be completed by the end of this month.

As Coalfire contract is ending at the end of this year, we have issued an RFP for the service to continue. We received three proposals in response to the RFP. Two of them were asked to make presentations which occurred on September 13, 2024. The evaluation committee scored the two vendors very closely, however, one of them did score just slightly higher than the other. We did present this to the Contract Review Committee which approved the application to enter into a contract. We will then present it to this committee and to the Board of Director's in December for approval. The contract will be for three years with two one-year renewals at our option. Budget for the five years is \$7 million and \$4 million for three years.

Ms. Piñero asked the question, how long have we been working with Coalfire?

Ms. Patsos responded, six years.

Ms. Piñero, then this would be an additional three to five years.

Ms. Patsos, responded, correct.

Ms. Piñero, any questions?

Ms. Wang, for the 2026 risk assessment, is Coalfire working with you?

Ms. Patsos responded no, that is an enterprise kind of a Risk Assessment to evaluate the risks of Legal Compliance, Regulatory Reputational, and Operational Risks. To the enterprise set we work with Internal Audits on Coalfire is focused on the HIPPA Risk Analysis.

Ms. Freda Wang asked, so on the FY-2026 risks would that look on things like cyber?

Ms. Patsos responded, we do consider that into the extent that it is not included in the Coalfire Risk Assessment, because as there are going to be which we actually might include in the next iteration of the contract are the State Cybersecurity Regulations for Hospitals which might actually be part of the next contract for the HIPAA Risk now because it really is kind

of very closely aligned to that type of evaluations that the vendor will be doing.

Ms. Wang so, on the FY-2026 risk assessment, once you get through the steps that you described do you present that?

Ms. Patsos, we present that to the Enterprise Risk and Compliance Committee, and they discuss those risks to determine which ones are including them in the work plan, the Fiscal Year Work Plan, which is brought to this Committee for approval.

Ms. Piñero, I guess this is the 2nd year that Catherine and Joseph are collaborating, which I think is a terrific idea.

Ms. Wang, yes, I agree it occurred to me somewhere with given changes in healthcare and all the things that have been happening. Trying to see where it gets captured.

Ms. Patsos It would be in one or the other depending on where it hits the subject area that it falls under if it is closely in line to our electronic health information or is it broader to the to the extent that it might impact other areas.

Ms. Wang asked the question, is Kim from EITS team get involved?

Ms. Patsos responded yes.

Ms. Patsos next slide is on the policy and resource HUB, which we have been working on with the Data and Analytics team for quite some time now. It does house all of our operating procedures and it is designed to be the location for all type it resource documents example policies guides, tip sheets, it is now live on the intranet and so all the policies are searchable. And we will be able to use the tool to update procedures as well as any other resources that as they start on being uploaded to the tool. We will be meeting with the Operating procedure owners, co-owners, and collaborators. Collaborators are those other senior leadership individuals who would need to provide input to the operating procedures, and we are going to demonstrating the tool for them so that everyone knows how to use it and we can start actually putting it into play. The next phase after once that is done is to present it to other CEOs and System leadership. I am very excited about this.

Ms. Piñero This is very exciting. I have them all housed in one place.

Ms. Patsos we are coming up on, the Corporate Compliance and Ethics Week, which is the 1st week of November. The Compliance and Privacy Officers will have tables set up at their various facilities and that is done through office locations to promote Compliance and Ethical Behavior. They will have games and giveaways and prizes at the tables. They will also be two sets of webinars, one on Fraud Waste and Abuse and one on HIPAA Compliance. Workforce members are able to enter into a drawing for a grand prize. Quiz with a hundred percent or successfully resolve the puzzles and complete both of their compliance and their HIPAA Training for the year. We are also going to be promoting our Compliance Workforce Member Survey to increase the completion rate this year over the past year or so there will be a QR code

at the tables where the workforce members can scan in so hopefully that will increase the participation in Compliance Survey.

Ms. Patsos next is the KPMG coding compliance reviews. We are working on a prospective review of short state Inpatient Admissions and Behavioral Health Services. We will soon start on reviewing telehealth services, they are also going to assist in developing and formalizing a coding compliance program and will recommend areas and topics for training and education that will be based on their findings from the audits that they have completed already. They will also assist the office of Corporate Compliance in remediating some of the items on the fiscal 2025 Corporate Compliance Work Plan that were related to Billing and Coding and Medical Record Documentation Completeness. Any questions on that?

Ms. Patsos, the next item is our special needs, modeled care trainings, centers for Medicare and Medicaid services require that all of the special needs plan providers complete this modeled care training every year for each of the managed care plans in which they participate. We have to attest to each managed care plan that our providers are enrolled in their plans, providers who are enrolled in their plans have completed their trainings. So, in September we sent an email to the providers with a link to all each of these snip mock trainings which have to be completed by the end of the year.

Briefly on some new regulatory requirements out of health and human services one on regarding the 42 CFR part two, Substance use Disorder regulations, there's some revisions to that as well as the office for civil rights publishing a final rule making. On Reproductive health care privacy, we are working to develop a plan on how to comply with each of these rules, which will include changes to our notice of privacy practices, our treatment payment healthcare operations, as well as some of our HIPAA Compliance and Privacy Operating Procedures.

Ms. Catherine Patsos showed the slides on the Compliance Report metrics and Privacy Report metrics. The Compliance Report Metrics covered the comparative analysis of compliance cases for 2022, 2023 and 2024(Q1, Q2 and Q3) and the Privacy Report metrics cover the same period.

That concludes my reports, any questions?

Ms. Freda Wang you know obviously 2022 to 2023 was a great trend on the Compliance Report Metric before.

Ms. Catherine Patsos it is a good thing and a bad thing about the compliance reports. We want people to report, that is the good thing. We do not want a lot of noncompliance, but we do want people to report. Also, the Medicaid Inspector General Office requires us to publicize our hot Help-line to support Medicaid recipients. So, we do get some reports from individuals, mostly than patient care patient rights issues.

Ms. Piñeropolled any questions from the Committee.

There were none

No new or old business, Meeting adjourned at 11:23am

Finance Committee Meeting - October 22, 2024

As Reported By: Freda Wang

Committee Members Present: Mitchell Katz, MD, Freda Wang, Erin Kelly representing Ann Williams-Isom in a voting capacity, Sally Hernandez-Piñero

NYC Health + Hospitals Employees in Attendance:

Michline Farag, Tasha Philogene, Marji Karlin, John Ulberg, Linda DeHart, Mariel McLeod, Ted Long, MD, Paulene Lok, Thomas Tran, James Cassidy, Rafaelina Hernandez, Colicia Hercules

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 11:29 a.m.

Ms. Wang noted for the record that according to the **By-Laws - Section 14, Committee Attendance**, if any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting:

José Pagán has authorized that Erin Kelly representing Anne Williams-Isom be counted for the purposes of quorum and voting on his behalf.

Ms. Wang called for a motion to approve the July 1, 2024 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on July 1, 2024 were adopted.

RECUSAL

Freda Wang recused herself and left the room for the discussion of the two resolutions. Dr. Katz led the meeting for the discussions.

ACTION ITEM: Independent Registered Municipal Advisor Services

Ms. Linda DeHart - Vice President - Finance, read the resolution into the record and proceeded with the presented:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with PFM Financial Advisors LLC for the provision of Independent Registered Municipal Advisor Services on behalf of the system for an initial period of three-years and two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$1,125,000.

Ms. Linda DeHart began by providing the background and current state of Municipal Advisor Services. This solicitation from Debt Finance is for Independent Registered Municipal Advisor Services in order to contract with a qualified vendor to provide advice and assist the System in financial decision making related to current and future financing strategies and options. The associated NTE for these services is \$225,000 per annum which will be capped lower during years where financing does not take place. Formerly referred to as Financial Advisor Services, Municipal Advisor Services, were last solicited through public RFP in 2017. Current incumbent vendor PFM Financial Advisors LLC has been serving the System in this

municipal advisor role since 2002. The contract award in 2017 included a \$170,000 per annum NTE authorization, with \$124,245 spend to date.

An overview of the RFP Criteria and procurement process was presented by Ms. DeHart. The vendor performance evaluation for PFM Financial Advisors LLC was also presented.

The procurement for these services falls under OP 40-58 rather than OP-100-05, which is NYC Health + Hospitals' regular procurement OP. Thus, this procurement is not subject to the vendor diversity policy OP 100-10. Nonetheless, the vendor diversity team reviewed the scopes of work under this solicitation and found no subcontracting opportunities, as vendors self-perform this work. Accordingly, no goal was set. The vendor diversity team identified four MWBEs for direct invite, none of which responded to the solicitation.

Ms. Hernandez-Piñero inquired about the types services PFM Financial Advisors has provided to the System that we look forward to them providing in this contract.

Ms. Dehart responded that PFM due to their broad experience act as our eyes and ears in the marketplace. They are able to assess current market conditions and advise us on new financing strategies. They work hand in hand with us in any financing effort as an independent counterpoint to our bankers and the rest of the teams that we are working with and pricing when we do any financing. If we are doing something outside of the bond market, they survey the market and actual institutions for interest. In terms of what we are proposing, they help us in any discussion with rating agencies and informed us on what is going on. We find them to be quite valuable and believe they have improved our performance in all our financing activities.

Following the discussion and upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

ACTION ITEM: Bond Issuance Underwriters

Ms. Linda DeHart - Vice President - Finance, read the resolution into the record and proceeded with the presented:

Authorizing New York City Health and Hospitals Corporation (the "System") to approve and appoint twenty-two firms to provide Bond Underwriting Services. Of the twenty-two firms, five will be approved to provide investment banking services and serve as senior managing underwriters and 17 firms will be approved to serve as co-managing underwriters as designated on Exhibit A. Services will be provided on behalf of the System for a five-year period. An NTE was not established for this RFP.

Ms. Linda DeHart began by providing the background and current state of Underwriting Services. This solicitation for Debt Finance is for a pool of qualified firms to serve as senior managing or co-managing underwriters relating to any proposed future debt issuance or placement by the System. Underwriting Services were last solicited through public RFP in 2015. The 2015 RFP resulted in the selection of three vendors to serve as senior managers and seventeen vendors as co-managers underwriters. The procurement

does not include a not-to-exceed amount as no contractual payments being committed to any of the vendors.

The public RFP was issued in order to select a pool of senior managing underwriters and a pool of co-managing underwriters to support the System in meeting its financing needs during the upcoming five-year period. Senior managers will assist with development and structuring of specific financing plans, market strategies and approaches for debt issuances to ensure successful underwriting and marketing of the NYC Health + Hospitals' bonds at the lowest cost.

Co-managers will support marketing and distribution efforts related to debt issuances based on existing market conditions. Bond underwriters may also commit capital as required in underwriting NYC Health + Hospitals' bonds and provide support for the bonds in the secondary market. The selection of the two pools was based on each company's ability to provide NYC Health + Hospitals with the highest quality of financial market strategy and underwriting services. Selection to these pools does not guarantee participation in any future bond issuance. Any future bond issuances are subject to approval of the Board of Directors.

An overview of the RFP Criteria and procurement process was presented by Ms. DeHart. The vendor performance evaluation was also presented. Reference checks have been conducted for all vendors newly qualified. The vendor performance for all previously qualified vendors have been deemed satisfactory or better.

The procurement for these services falls under OP 40-58 rather than OP-100-05, which is the System's regular procurement OP. Thus, this procurement is not subject to the vendor diversity policy OP 100-10. Nonetheless, the vendor diversity team reviewed the scopes of work under this solicitation and found no subcontracting opportunities, as vendors self-perform this work. Accordingly, no goal was set. One of the senior managing firms, Samuel A. Ramirez & Company, Inc. is a NYC/NYS Certified Hispanic MBE. Seven of the co-managers are MWBEs.

Dr. Katz polled the committee for questions.

Ms. Hernandez-Piñero praised the team on having an MWBE as a senior manager and having seven MWBEs as co-managers. Ms. DeHart added that the team is pleased about this.

Following the discussion and upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

Freda Wang returned for the Finance presentation and resumed chairing the Committee meeting.

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-24 Year-End Highlights. He conveyed that June closed with \$581.8M (20 days cash-on-hand). The budget overperformed by 1% and closed June with a positive Net Budget Variance of \$177.9M.

Mr. Ulberg continued that direct patient care receipts came in \$321M higher than the same period in FY-23 due to continued increases in IP and OP services in FY-24 (OP visits up 4% and IP discharges up 2% from FY-23), UPL Conversion and Medicaid rate increases - despite delayed cash performance due to Change Health Care (CHC) billing issues.

IP Patient care volume in FY-24 has surpassed pre-COVID levels with IP discharges up by 1.2%, and OP visits up by 10.7%. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate over the base. Our strategic financial initiatives with annual target of \$1.08B, have a line of site of \$1.02B in FY-24 cash. Financial updates through this period are still in progress as some initiatives have been impacted by the interruption of Change Healthcare. Cash payments are expected to continue to flow into FY-25. Several areas of strong Q4 performance were noted.

Dr. Katz noted that prior to COVID the trend in our patient care volume was down, not only is it up, we have actually changed the direction, which is quite impressive. Mr. Ulberg agreed and added that it is very much a team effort.

Mr. Ulberg continued presenting the cash projections for FY-25. The System is estimated to close September with approximately \$615 million (21 days cash-on-hand) and expects to close October with approximately \$600 million (20 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.

Mr. Ulberg provided an overview of FY-24 Accomplishments. H+H recertified 77% of Medicaid eligible individuals into the program exceeding our 75% target by 2%. At the same time enrollment of at-risk members into MetroPlus (603,911 in FY-24) and Healthfirst (161,143 in FY-24) set a new all-time high.

Risk-Pool performance also reached a historic mark bringing in \$889.3M in receipts. H+H earned about \$75 PMPM in FY-24. Further, exceeded RN Glidepath through "All Hands-on Deck" approach hiring 1,660 RNs and shedding over 880 temp RNs, eliminating over \$100M in excessively expensive contract costs.

We have successfully, managed the Change Healthcare Cyber Attack while also shifting to a new clearinghouse Experian; all lost claims are expected to be recovered once Medicaid remittance are cleared. Continued H+H's success with NYC Care enrollment reaching over 125,000 members, up to 382% from the program's first year and surpassing the original enrollment goal of 100,000 members. Piloted One Stop Benefits, screening over 1,000 patients connecting to over 900 benefits. Lastly, H+H achieved \$81M in expense reduction/revenue generating efforts against \$90M gap closing target.

Dr. Katz commended Marji and her team for their continued production of revenue and the general "leave no claim behind"; the switch of enrolling people ahead of their visits and ensuring we capture accurate information. The revenue cycle team keeps the doctors, the nurses, and the social workers working because without revenue we cannot do it. It has been such an amazing year to year growth, and one of the things is recognizing that if people have insurance or is eligible for insurance, But, if they are eligible for

insurance, we want them to use it so that we have enough money for everybody who does not have insurance and revenue cycle has done a phenomenal job, and we continue to see both year to year improvements in the process of getting people through with their coverage ahead of time and noted in epic and in the general revenue dollars that keep growing. Again, these improvements are due to multiple things including the financial plans, growth in our services, but being able to bill insurance has been a huge part of the change and we thank the team so much for that.

Ms. Hernandez-Piñero noted that the 1,660 RNs not only generate an impressive hundred million dollars in savings, but they are also our nurses, allowing us to train them according to our standards and instill our vision. Beyond the financial benefits, this creates a whole new dynamic within the organization.

Dr. Katz added that he has asked Dr. Cineas to track the nurses as a cohort. Instead of waiting for their third year, as is usually done to assess retention, she will be giving awards at the one-year mark. The goal is to monitor these new nurses and determine how to keep them. While retaining 100% may not be feasible, it is important to understand why some might leave. We want to ensure that staff feel appreciated and that departures are due to better opportunities, rather than feeling unvalued or unable to practice nursing as they wish. Dr. Cineas will follow them as a cohort during this unique period, as we have onboarded a significant number of nurses in a relatively short time, all receiving competitive salaries. Our aim is to maintain a high percentage of these nurses after five years, and we are committed to putting substantial efforts into their retention.

Ms. Wang added that this is a great idea and thanked the team for including this slide in the presentation.

Mr. Ulberg continued presenting the external risks. Several areas of focus include the affiliate/H+H Locum reduction Glidepath which continue to present a financial challenge. Similar to nursing effort last year ("All-Hands on-Deck"), HR and CMOs office will partner together with the respective affiliate to develop a plan to right size locums' usage over the next 18 months. It is the collective goal to reduce the system's dependency on locums through hiring permanent positions committed to the H+H mission.

City and State budgets currently presents a low risk to the System. The City is planning for the release of its November Plan. The State will be releasing its Mid-Year budget update in October; first quarter of SFY24-25 was \$2B better than projected. We are beginning to plan for the upcoming budget cycle. Congress passed a Continuing Resolution that will keep government running thru December 20, 2024. DSH Cuts are still slated to begin January 1, 2025 and continued delay will require action by Congress/federal Administration.

Lastly, the Change Healthcare (CHC) Cyberattack presents a very low financial challenge to H+H as we continue to make progress. The incident had national impacts, primarily on health care provider ORGS, retail pharmacies, and payors, which use CHC technologies/services. NYC Health + Hospitals reconnected with CHC for pharmacy and has expedited a planned connection to Experian for all clearinghouse functions. Cash receipts recovered and we continue to work with Medicaid and the Health Plans to reconcile remittance

files and resolve any outstanding A/R issues. To date, H+H has recovered greater than 95% total dollars impacted by the outage leaving 3-5% which is still under review. NYS DOH has extended the timely filing deadline thru the end of October which will be the final extension.

Ms. Philogene presented the financial performance highlights for FY-24 thru June Net Budget Variance. She noted that June ended with a net budget variance of \$177.9M (1%). Receipts exceeded budget by \$573M primarily driven by Risk Revenue. Risk is higher due to improved PMPM and other PY reconciliations. Disbursement exceeded budget by \$395M, which includes expenses associated with Medical/surgical supplies, Pharmaceuticals, Temp coverage, Personnel Services including Overtime costs, and affiliation costs.

Ms. Philogene provided the FY-24 thru June performance drivers updates. Cash receipts are 6% ahead of budget. Much of the overage can be attributed to Risk revenue exceeding target due to higher than anticipated PMPM and PY reconciliations. FY-24 thru June, cash disbursements are over budget by 4% primarily resulting from Temp spending and Agency costs exceeding target and other increased patient care costs. The System has redirected its attention to full-time recruitment and retention of H+H and Affiliate patient care staff in alignment with established staffing models to support our clinical services and overall volume increases.

The revenue performance for FY-24 thru June was presented by Ms. Philogene. FY-24 direct patient care revenue (IP and OP) is \$321.0M higher than FY-23 actuals. Year-over-year variances are partially understated due to Change Healthcare Billing issues. Patient revenue increases year-over-year can be attributed to approved State Medicaid increases, and Federal approved Billing UPL.

Dr. Katz noted that there is no increase in New York City population which could be another reason why visits are up, but that is not the case. It is clearly that people are choosing us at a higher rate than they once did.

Ms. Farag continued by presenting an overview of the FY-25 Keys to success strategies for managing volume and raising revenue targets. FY-25 will require a new level of revenue generation through efficient and strategic service provision to meet the commitments H+H's made to investing in our staff, our facilities, and our communities. Several areas of focus include raising the bar in managed care and revenue cycle targets. While at the same time targeting our patient access. Expanding our cross-facility partnerships and using those relationships to maximize the services. The Physician workforce planning and recruitment investments. Managing increasing demand by length of stay reduction investments, and infrastructure investments. Continued effort of stabilizing our workforce across the system to provide quality care to our patients by meeting our staffing models through hiring full time staff, managing overtime and reducing reliance on temp agency and building new staffing models in areas where they do not yet exist, including non-clinical areas.

Dr. Katz discussed the challenges of establishing cross-facility partnerships within NYC Health + Hospitals, which has historically been a federation of hospitals with unique individual needs. He highlighted a successful consolidation in radiology that now allows readings to occur during evenings and weekends, reducing overtime costs. This model, while

easier for radiology, is more complex for other services. Efforts are underway to establish system-wide coverage for specialties like neurology, which has historically been unavailable on weekends in places like Queens. The goal is to improve access to care and streamline coverage across hospitals, particularly for specialized services like maternal-fetal medicine. Dr. Katz emphasized that addressing both financial and the System's psychological barriers is crucial for success; convincing staff of the benefits of collaboration is essential for achieving cost savings and improved patient care.

Ms. Hernandez-Piñero praised the work at the call center, noting that this plays a crucial role in retaining existing patients and attracting new ones. She described the work as a heroic effort, emphasizing its importance in ensuring patients can easily get through and secure appointments.

Dr. Katz added that we have asked to redirect calls to the call center to ensure the calls are being answered instead of coming into a number that does not have coverage or no one answers. He noted the need to eliminate other numbers that often go unanswered, as patients might be dialing sub-specialty clinic numbers instead of the call center. He emphasized that the call center represents a well-organized strategy and that they maintain a log of every incoming call.

Ms. McLeod provided an overview of the HERRC program and a financial update. NYC Health + Hospitals currently oversees 13 NYC Health + Hospitals HERRC sites serving approximately 24,000 daily guests, a reduction of one HERRC site since Q3 close. At the 24/7 Arrival Center, over 162,000 asylum seekers have been served. The System committed \$1.5B of HERRC expenses on behalf of the City in FY-24. In the City's Executive plan, NYC Health + Hospitals budget for the HERRC program is \$1.55B in FY-24 and \$1.72B in FY-25. The NYC Health + Hospitals FY-25 asylum seeker budget is currently higher than the FY-24 budget due to OMB FY-25 shelter census forecasts and cost trends. Currently, the asylum seeker census is trending below OMB's FY-25 forecasts. The FY-25 budget will be updated in future financial plans to reflect OMB forecasts at the time of each plan. OMB has provided the System with revenues to cover committed expenses to date through the HERRC MOU with the Mayor's Office.

Ms. Wang polled the Committee for questions. There being no further questions, Ms. Wang thanked and commended the team for the great work and the financial results.

ADJOURNMENT

There being no further business to bring before this committee, the meeting adjourned at 12:11 P.M.



Mitchell H. Katz, MD

NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER

REPORT TO THE BOARD OF DIRECTORS

October 31, 2024

UPDATES FROM NYC HEALTH + HOSPITALS' FACILITIES

NYC HEALTH + HOSPITALS RECOGNIZES BREAST CANCER AWARENESS MONTH

As a part of national Breast Cancer Awareness Month, many NYC Health + Hospitals facilities participated in events that engaged staff and patients to learn more about the disease and schedule screenings.

Cristina Contreras, CEO of NYC Health + Hospitals/Lincoln implored patients and New Yorkers to schedule their annual mammogram. In an Instagram reel, she spoke about why it is so important for women to get screened for breast cancer. To further emphasize the ease of screening, Contreras then documented her own mammogram screening. She ended the short reel speaking to the camera about the experience and urging others to speak to their providers about getting screened.

Many of our sites also participated in the American Cancer Society's annual Making Strides walk in Central Park, Flushing Meadows, Staten Island, and Coney Island. NYC Health + Hospitals/Sea View staff raised over \$10,000 for the Staten Island event.

LONG TERM CARE FACILITIES ENCOURAGE THEIR RESIDENTS TO VOTE

NYC Health + Hospitals' long-term care facilities actively engaged their residents in the voter education and registration process. Staff supported residents and families with the voter registration process and access to absentee ballots, which are collected and mailed by each facility.

NYC Health + Hospitals/Sea View hosted a voter awareness day and registered 50 residents to vote and completed 10 absentee ballots. NYC Health + Hospitals/Gouverneur hosted a voter education and civic participation day for its residents. By the end of the week, the facility had completed 25 absentee ballots, conducted voter education tabling during their Resident Council meeting, and daily engagement on the various floors.

NYC HEALTH + HOSPITALS/ELMHURST HOSTS FIRESIDE CHAT WITH WHITE HOUSE OFFICE OF PANDEMIC PREPAREDNESS AND RESPONSE

NYC Health + Hospitals hosted a fireside chat about pandemic preparedness and critical lessons learned from recent infectious disease outbreaks, including MPOX and COVID-19 at NYC Health + Hospitals/Elmhurst, the

epicenter of the epicenter during the first wave of the pandemic. The discussion drew on the health System's experiences and insights documented in the book *The COVID-19 Response in New York City: Crisis Management in the Epicenter of the Epicenter*. The event featured Dr. Nikki Romanik, Deputy Director and Chief of Staff of the White House Office of Pandemic Preparedness and Response within the Executive Office of the President, alongside the health System's own Chief Biopreparedness Officer Syra Madad and Elmhurst Hospital Chief Medical Officer Dr. Laura Iavicoli, who were both leaders during the System's COVID-19 response as well as editors of the COVID-19 textbook.

NYC Health + Hospitals has been on the frontlines of numerous outbreaks, including its critical involvement in the MPOX response. The fireside chat provided a forum to share best practices on outbreak preparedness and explore strategies to strengthen future response efforts. During the event, Dr. Romanik provided insights into how the Federal Office drives interagency coordination and supports Federal capabilities to respond to domestic and global health threats. The discussion also drew from the health System's comprehensive approach outlined in the recently published book, offering insights on managing high-impact outbreaks and reinforcing preparedness plans for future public health emergencies.

NYC HEALTH + HOSPITALS/BELLEVUE HOSTS 10 YEAR REUNION OF HEALTH CARE PROVIDERS WITH PATIENT WHO RECOVERED FROM EBOLA

NYC Health + Hospitals/Bellevue hosted an emotional reunion with Dr. Craig Spencer and the medical team who cared for him when he was hospitalized with Ebola 10 years ago this month, remembering the tense time during Spencer's 19-day hospitalization and discussing ongoing preparedness and response strategies as special pathogens continue to emerge around the world. Dr. Spencer was the only confirmed Ebola patient in NYC. He had returned from treating Ebola patients in Guinea on a tour with Médecins Sans Frontières (Doctors Without Borders) when he fell ill. He was admitted to Bellevue Hospital on October 23, 2014 and was treated by a specially-trained team of experts and intensive care nurses. He left 19 days later, on November 11, 2014, when doctors declared that he was healthy and able to be discharged from the hospital. None of the staff treating him became infected, a meaningful accomplishment as healthcare workers in other parts of the country and in West Africa had become ill.

NYC HEALTH + HOSPITAL/ELMHURST IS THE FIRST HOSPITAL IN QUEENS TO OFFER HIGHLY SPECIALIZED TREATMENT FOR LIVER CANCER PATIENTS

Elmhurst Hospital now offers hepatic arterial infusion chemotherapy (HAI), an innovative technique to treat patients with cancers affecting the liver and gastrointestinal systems that have reached advanced stages. Elmhurst Hospital is the first public hospital on the East Coast and the first hospital in Queens to offer this groundbreaking therapy, which involves surgically placing a pump directly into a branch of the hepatic artery. High doses of chemotherapy are then delivered directly to the liver in a course of treatment that typically lasts six months, including follow-up visits every two weeks.

HAI chemotherapy has a number of positive benefits for patients. Research has shown that in some cases HAI chemotherapy may help people with cancers

in advanced stages live longer. HAI also shrinks tumors with fewer side effects than traditional chemotherapy, delivering treatment directly to cancer cells and limiting how much of the drug reaches healthy parts of the body.

VENTILATOR WEANING PROGRAM AT NYC HEALTH + HOSPITALS/CARTER RECEIVES ENHANCED RESPIRATORY CARE ACCREDITATION

NYC Health + Hospitals/Carter received the enhanced respiratory care accreditation from the Physician-Patient Alliance for Health & Safety for its ventilator weaning program. Carter is the first nursing home in New York City and the first long-term acute care hospital (LTACH) in the country to receive this recognition. Carter's specialty hospital has a 72% success rate in weaning patients from a ventilator, surpassing the industry standard of 50%. Since April 2023, Carter's 14-bed ventilator weaning program identified 194 patients who qualified for ventilator weaning and 140 of them were successfully weaned.

Until recently, there was no unified standard for service quality in Mechanical Ventilation (MV) facilities. This lack of standardization sometimes resulted in a lower quality of life for patients and their families, with problems including lung injuries, hypotension, and dependency on MV. Consequently, the facilities experienced inefficient resource use and increased liability insurance rates.

Enhanced Respiratory Care, endorsed by the American Association for Respiratory Care (AARC), is the first and only standard in the field. This evidence-based approach includes advancements in weaning, patient care, and ventilator unit technology. It benefits everyone involved: patients and their families.

NEW STATE-OF-THE-ART COMPUTED TOMOGRAPHY SCANNER DEBUTS AT NYC HEALTH + HOSPITALS/HARLEM

NYC Health + Hospitals/Harlem announced the installation of a new computed tomography (CT) scanner to obtain quicker and more accurate diagnostic imaging and improve outcomes for patients. CT scans are used to diagnose an array of injuries and diseases, including heart disease, stroke, cancer, bone fractures, and blood clots. The newly installed scanner is one the fastest and most powerful units in the industry. The new scanner is capable of very detailed brain imaging, allowing physicians to rule out acute stroke in less than five minutes. In addition, its fast and high-resolution scanner means pediatric patients, who may have trouble laying still, are less likely to need repeat scans or sedation and have a lower dose of radiation. The \$3 million, 3-month renovation also upgraded the patient table to accommodate bariatric patients of up to 675 pounds.

ASSOCIATION OF PERIOPERATIVE REGISTERED NURSES RECOGNIZES NYC HEALTH + HOSPITALS/QUEENS WITH DUAL AWARDS

NYC Health + Hospitals/Queens was recognized by the Association of Perioperative Registered Nurses (AORN) with two prestigious awards: the 'Go Clear' Award, designating the facility as a Center of Excellence in Surgical Safety: Smoke Evacuation, and the Center of Excellence in Surgical Safety: Prevention of Retained Surgical Items (RSI). Surgical smoke is a hazardous

byproduct of any surgery involving a laser or an electro-surgical unit, and the Go Clear Award signifies that Queens Hospital's surgical teams have successfully completed the comprehensive, evidence-based program and adopted technologies to ensure a surgical smoke-free environment for its patients and staff. Unintentionally retained surgical items, or RSIs, refer to any surgical sponge, instrument, tool, or device that is unintentionally left in the patient at the completion of a surgery or other procedure, and the Prevention of RSI award signifies the hospital has successfully completed the months-long comprehensive, evidence-based program.

This dual recognition underscores the hospital's commitment to providing high-quality and safe patient care. AORN's Guidelines for Perioperative Practice serve as the gold standard for evidence-based recommendations, ensuring safe and effective perioperative patient care while safeguarding workplace safety.

NYC HEALTH + HOSPITALS/GOTHAM HEALTH RECEIVES \$150,000 FROM CITY COUNCIL MEMBER ALTHEA STEVENS

Council Member Althea Stevens secured \$150,000 in City funds to support necessary infrastructure improvements and enhance patient services at NYC Health + Hospitals/Gotham Health. This funding will provide medical technological updates for 50 exam rooms at Gotham Health, Morrisania, including vital sign machines that are space-saving, wall-mounted integrated units that include a blood pressure machine, otoscope, ophthalmoscope, pulse rate, pulse oximeter, and thermometer, all integrated into the Electronic Medical Record system. This will not only speed up appointments, but also make them more convenient, providing patients with a smoother and more personalized experience.

BOARD OF DIRECTORS COMMITTEE REPORT

NYC HEALTH + HOSPITALS FINANCE COMMITTEE REPORTS STRONG FISCAL PERFORMANCE

The most recent Finance Committee meeting was held on Tuesday, October 22, where the System shared its FY'24 performance and highlights as well as a preview of its FY'25 budget strategies.

The System closed Fiscal Year 2024 this past June with approximately \$582 million, or approximately 20 days, of cash on-hand. Furthermore, the System finished a positive Net Budget Variance of \$178 million or one percent. Direct Patient Care Receipts for both inpatient and outpatient were \$321 million higher in FY-24 versus the same period last year. Patient care volume in FY-24 exceeded pre-COVID levels, including 1% up on discharges and nearly 11% up on visits. The health care System's revenue base remains strong and resilient, primarily driven by returning patient volume.

As the health care System looks ahead, it is focused on continuing its efforts to earn additional revenue and expand patient access. It also plans to push for continued efficiencies by expanding cross-facility partnerships, investing in staff recruitment and infrastructure, and managing our increased demand through the further implementation of staffing models.

NYC HEALTH + HOSPITALS EMPLOYEE APPOINTMENTS AND AWARDS/RECOGNITIONS

**ERIC WEI, MD, MBA, APPOINTED CEO OF NYC HEALTH + HOSPITALS/BELLEVUE;
AMIT UPPAL, MD, NAMED CHIEF MEDICAL OFFICER**

Earlier this month NYC Health + Hospitals announced that William Hicks, MS, RT, DHL (Hon), will step down as Chief Executive Officer of NYC Health + Hospitals/Bellevue after 11 years leading the hospital and 30 years of service to the health System. Eric Wei, MD, MBA will succeed him as CEO, effective January 6, 2025.

Hicks has worked 46 years in healthcare, and 30 of those years have been spent at NYC Health + Hospitals. He was a Radiographer at NYC Health + Hospitals/Kings County from 1978 to 1980 and Radiology Administrator at NYC Health + Hospitals/Queens from 1996 to 2000. Mr. Hicks served from 2000 to 2010 at Woodhull Hospital in Brooklyn in various positions culminating in Deputy Executive Director/Chief Innovation Officer. From 2010 to 2013 he served as Deputy Executive Director/Chief Operating Officer at Lincoln Hospital in the South Bronx. He worked for 16 years in the private health care sector.

Dr. Wei currently serves as Senior Vice President and Chief Quality Officer for NYC Health + Hospitals. He is also a practicing Emergency Medicine physician who rotates through all 11 Emergency Departments in the System. Since joining NYC Health + Hospitals in 2018, he has overseen the creation of Helping Healers Heal (H3), the health System's peer support program to address healthcare provider trauma, burnout, and compassion fatigue. H3 was expanded during the Covid-19 pandemic and has served thousands of employees. Dr. Wei served as Interim CEO of NYC Health + Hospitals/Lincoln earlier this year, NYC Health + Hospitals/Harlem in 2021, and NYC Health + Hospitals/Elmhurst in 2020.

Additionally, Amit Uppal, MD has been appointed as Chief Medical Officer (CMO) at the hospital, effective January 6, 2025. He will succeed Dr. Nate Link, who is stepping down as CMO after twelve years in the position. Currently, Dr. Uppal serves as Bellevue's Chief Quality Officer. He has been at the hospital since he arrived as a trainee in 2008. He continues to care for patients in the ICU and is a member of the Special Pathogens Team at Bellevue. Dr. Uppal is also an Associate Professor at the NYU Grossman School of Medicine and a member of the Division of Pulmonary, Critical Care, & Sleep Medicine.

CRAIN'S NEW YORK RECOGNIZES NYC HEALTH + HOSPITALS' BLACK LEADERS

NYC Health + Hospitals/South Brooklyn Health's Director of Nursing for Behavioral Health Services Seun Ajibade, NYC Health + Hospitals/Harlem's Chief Executive Officer Georges Leconte, and NYC Health + Hospitals/South Brooklyn Health's Director of Urogynecology and Reconstructive Pelvic Surgery Cedric Olivera were recognized on the Crain's New York Business list of '2024 Notable Black Leaders.' The list celebrates Black New Yorkers' success and advancement across various industries including health care, law, and finance. The nominees were put forward for consideration by their peers, companies and acquaintances, and then selected by Crain's New York Business editors based on their demonstrated accomplishments, professional success and meaningful contributions to their respective industries. Crain's New York Business connects businesses across the five boroughs by providing

analysis and opinion on how to navigate New York's complex business and political landscape.

38 SYSTEM NURSE LEADERS RECOGNIZED FOR ACHIEVING DOCTORAL DISTINCTION

On Thursday, October 17, 38 health care System nurse leaders who had attained doctoral-level education were recognized at the health System's third annual Doctoral Circle of Excellence event. The Circle includes nurses who have earned a Doctor of Nursing Practice (DNP), Doctor of Health Administration (DHA), Doctor of Philosophy (PhD), Doctor of Public Health (DrPH), or Doctor of Education (EdD) in nursing. The program supports and promotes mentoring and networking among nurses across the health system. It also connects nurse researchers with aligned interests so that they can work together across facilities to generate new knowledge and integrate nursing research and evidence-based practices into clinical and operational processes. These 38 nurses join 107 other nurses in the health System who have achieved this level of distinction. In 2022, 17.4% of the nation's registered nurses held a master's degree and 2.7% held a doctoral degree. The current demand for nurses with a master's- or doctor's degree who are prepared for advanced practice, clinical specialties, teaching, and research roles far outstrips the supply.

SCHNEPS MEDIA RECOGNIZES THREE NYC HEALTH + HOSPITALS LEADERS AS "POWER WOMEN OF BROOKLYN" FOR 2024

Schneps Media recognized three leaders from NYC Health + Hospitals for its "Power Women of Brooklyn" recognition list for 2024. The honorees include Angela Cooper, Assistant Director of Communications, Public Affairs & Volunteering Services at NYC Health + Hospitals/McKinney; Lisa Scott-McKenzie, DHA, CEM, FABC, FACHE, Chief Operating Officer at NYC Health + Hospitals/Woodhull; and Seanna-Kaye Denham Wilks, Ph.D., Chief Experience Officer at NYC Health + Hospitals/Kings County. The recognition honors trailblazing female leaders making an impact in Brooklyn and improving the lives of New Yorkers throughout the City. Schneps Media is a local media company that reaches over 2 million readers per week across two daily newspapers and a large group of community newspapers, magazines, and websites.

NURSING PROFESSIONALS HONORED FOR THEIR DAISY AWARD AND BEE AWARDS

As part of its 3rd Annual Post-Acute Care Nursing Awards, NYC Health + Hospitals honored 10 nursing professionals from across its five long-term care facilities, including five registered nurses nominated for the DAISY Award and five certified nursing assistants nominated for the in-house Being Exceptional Everyday (BEE) Award.

The DAISY Award, sponsored by the DAISY Foundation, is the international leader in nurse recognition. This award recognizes nurses or nurse-led teams who are experts in person-centered care, demonstrate integrity and compassion, and work collaboratively with their peers to achieve the best health outcomes for patients and residents.

The BEE award was established to recognize exceptional caregivers in supportive nursing roles including Certified Nursing Assistants, Patient

Care Technicians, Patient Care Associates, and Medical Surgical Technicians. These individuals play an integral role on resident care teams, providing care that includes feeding, bathing, grooming, and taking vital signs such as blood pressure and temperature checks. Becoming a Certified Nursing Assistant is a starting point for anyone interested in becoming a nurse.

JOSE A. PAGAN, NYC HEALTH + HOSPITALS' CHAIR OF THE BOARD OF DIRECTORS, NAMED TO '2024 LATINO POWER PLAYERS' LIST

NYC Health + Hospitals' Chair of the Board of Directors José A. Pagán, PhD, was recognized by PoliticsNY and amNY Metro's 2024 Latino Power Players list. Launched in honor of Hispanic Heritage Month, the inaugural list features elected officials, business executives, entrepreneurs, and community leaders from the Latino community making an impact in New York City. The recognition list is part of a monthly series by PoliticsNY and amNY Metro on New York's 'Power Players,' including business executives, educators, government affairs experts, and nonprofit directors.

HEALTH CARE SYSTEM RECOGNITION

AMERICAN MEDICAL ASSOCIATION HONORS NYC HEALTH + HOSPITALS FOR PROMOTING WELL-BEING AND REDUCING PHYSICIAN BURNOUT

NYC Health + Hospitals earned the bronze-level Joy in Medicine recognition from the American Medical Association (AMA) for enhancing physician well-being and reducing burnout. After peaking during the COVID-19 pandemic, the national physician burnout rate has dipped under 50 percent for the first time in four years. This is a milestone in preventing and reducing physician burnout, but continued efforts are essential to ensure doctors receive the support they need to thrive and achieve national health goals. Today's announcement builds on the health System's commitment to the mental health and wellness of its frontline staff.

In July, NYC Health + Hospitals was recognized as a 2024 WellBeing First Champion for its efforts to remove invasive mental health questions on physician credentialing applications. In March, the health System announced a partnership with the American Foundation for Suicide Prevention to implement the Interactive Screening Program, an online self-screening tool for staff to connect to peer and clinical support before a potential crisis emerges. In addition, NYC Health + Hospitals' Helping Healers Heal program offers emotional first aid to health care providers who are suffering from workplace stress or anxiety and may be at high risk of feeling depressed caused by the demanding circumstances of the job and unexpected patient outcomes.

EMERGENCY PREPAREDNESS

NYC HEALTH + HOSPITALS LEADS MULTI-AGENCY TRAINING EXERCISE FOR H5N1

Last week the health care System led a training exercise testing its ability to screen and isolate a patient with simulated symptoms and relevant exposure history of H5N1, also known as bird flu, and safely transport them from NYC Health + Hospitals/Kings County to NYC Health + Hospitals/Bellevue. The drill involved a simulated patient who was pre-screened through a

collaborative protocol between NYC Health + Hospitals' Virtual ExpressCare and the NYC Department of Health and Mental Hygiene. The patient, exhibiting mild respiratory symptoms following close contact with an H5N1-infected bird, was evaluated by a provider through Virtual ExpressCare and sent to NYC Health + Hospitals/Kings County for influenza testing. Simulated samples were then sent to the NYC Health Department's Public Health Laboratory for confirmatory testing.

In 2024, 27 human cases have been reported in the U.S., primarily among dairy and poultry workers, though no fatalities have been reported. The risk of H5N1 coming to New York City is low. Health care workers seeing the simulated patient were informed that this was an exercise to test the health System's various protocols for bird flu. The exercise was a coordinated effort between the health system and the NYC Health Department.

VIRTUAL EXPRESS CARE

ONE YEAR ANNIVERSARY TELEHEALTH ABORTION CARE

This month NYC Health + Hospitals celebrated the one-year anniversary of its telehealth abortion care through its Virtual ExpressCare service. In its first year, the service has provided over 2,700 virtual visits, mailed over 800 medication abortion kits, and referred an additional 1,050 patients for in-person care. The average wait-time for a virtual visit is less than 7 minutes. Over 75% of the patients identify as people of color. The service has a 90% patient satisfaction rate and a Net Promoter Score of 74. The service allows patients in NYC seeking abortion care to speak to a New York State-licensed health care professional on demand by video or phone for an assessment, counseling and access to medication if eligible. The telehealth service is available 7 days a week, 9am - 9pm, and will provide patients with access to safe and legal abortion care.

NYC CARE

NEW GIG WORKER'S RESOURCES TOOLKIT

NYC Health + Hospitals' NYC Care program released a Worker's Resources Toolkit to connect more New Yorkers from across the City to the health care access program. The toolkit features messaging geared toward workers across several industries, with a particular focus on gig workers who may be less likely to receive information about the program from their employer. The toolkit includes posters, flyers, and social media content in Arabic, Bangla, Simplified and Traditional Chinese, French, Haitian Creole, Korean, Polish, Russian, Spanish, and Urdu. NYC Care will partner with its 22 community-based organization partners, city agencies, and advocates on digital and in-person outreach initiatives to ensure this information is shared with NYC Care-eligible New Yorkers.

COMMUNICATIONS AND MARKETING

NYC HEALTH + HOSPITALS REMINDS NEW YORKERS TO GET THEIR FLU AND COVID SHOTS

NYC Health + Hospitals announced this year's updated flu and COVID-19 vaccines are available for established patients at its hospitals and Gotham

Health sites. The health care System encouraged all New Yorkers 6 months of age and older to get vaccinated for the flu and COVID-19, which can be administered on the same day and are essential to keeping yourself and your family healthy and safe. Vaccines for flu and COVID-19 are safe, quick, and available at no out-of-pocket cost to patients who are vaccinated at NYC Health + Hospitals facilities and Gotham Health sites. The flu, or influenza, is a serious, highly contagious, and sometimes deadly disease, and the severity of each flu season is unpredictable, making annual vaccination the best defense against illness. COVID-19 is a highly contagious respiratory infection that may cause severe and even fatal illness, and staying up to date with your vaccinations remains the best defense. The Centers for Disease Control and Prevention (CDC) recommends everyone over the age of six months get vaccinated against influenza and COVID-19, especially people at higher risk for severe disease.

Studies show the flu vaccine reduces the risk of illness by between 40 and 60 percent among the overall population. Many people at higher risk from flu are also at higher risk for severe disease from COVID-19. The 2024-2025 updated COVID-19 vaccines offers enhanced protection over the prior vaccine against the current and emerging variants circulating in our communities. In addition, the Respiratory Syncytial Virus (RSV) vaccine remains available for people between age 60 and 74 years with additional risk factors, all people age 75 years and older and pregnant women between weeks 32 and 36 gestation who are at higher risk of severe disease.

HEALTH CARE SYSTEM LAUNCHES TWO MARKETING RECRUITMENT CAMPAIGNS AND REACHES MILESTONE OF 50,000 FOLLOWERS ON ITS INSTAGRAM ACCOUNT

This month, the NYC Health + Hospitals Communications and Marketing team launched two multi-platform recruitment marketing campaigns to help address critical vacancies for the health care System. In mid-October it launched a provider recruitment campaign, which includes digital advertising on physician-related sites and outdoor placements in subways and bus shelters. This campaign is expected to drive provider awareness of employment opportunities in the health care System.

Last week, through a joint effort between the Communications and Marketing and Office of Behavioral Health, the health care System launched a Psychiatry Recruitment campaign with digital ads, video ads and placements on Link NYC displays throughout the city.

Additionally, the health care System's Instagram account reached a new milestone of 50,000 followers. Instagram, a photo and video sharing social network, allows the system to share events, health tips, and the occasional shout out to New York City goings on.

HUMANITARIAN RESPONSE/HERRCS

RESPONDING TO THE HUMANITARIAN CRISIS – SERVICES FOR ASYLUM SEEKERS

Now two years into our humanitarian response to the asylum seeker crisis, NYC Health + Hospitals continues to play a key role in the City's efforts to manage the influx of asylum seekers. Our 13 humanitarian centers currently provide housing for approximately 23,000 individuals across the City and we continue to oversee the City's Arrival Center, the front door for all newly arriving asylum seekers. The Arrival Center has provided a dignified welcome

to approximately 170,000 new arrivals from over 160 countries since the facility was established in May 2023. At the facility our teams prioritize providing all new arrivals immediate communicable disease screenings, urgent care, behavioral health screenings, and vaccinations. Our teams have now administered nearly 150,000 vaccinations to asylum seekers at the City's Arrival Center, humanitarian centers, and our hospital facilities.

At our humanitarian centers our staff maintain a commitment to ensuring that all of our guests, the majority of whom are families with children, receive compassionate, dignified care. Our humanitarian centers offer comprehensive services to support asylum seekers journey toward a better life. Over the last year, our case management teams have accelerated efforts to help our guests' complete applications for work authorization, asylum, and temporary protected status, as well as connections to job trainings and job placement.

Earlier this month, the Mayor's Office announced that the Randall's Island humanitarian center, which currently houses approximately 2,200 single adults, will close in February 2025. We will continue to provide dedicated operations at the facility till then.

EXTERNAL AFFAIRS UPDATE

City

On October 29th, The New York City Council held a hearing regarding "Examining the Effects of Hospital Closures on Community Needs", during which the health system's Chief Medical Officer at Elmhurst Hospital participated in Q&A. On November 1st, The New York City Council will hold a hearing regarding "Ambulance Response Times", in which the health System's Office of Quality and Safety will participate in for Q&A.

State

In October, NYC Health + Hospitals/Lincoln was thrilled to welcome Speaker of the Assembly Carl Heastie, Assembly Member Amanda Septimo, and Borough President Vanessa Gibson for their generous \$6 million funding for the Lincoln Recovery Center and Bridge Clinic announcement. The funding will enable Lincoln Hospital to provide comprehensive treatment and harm reduction services to those in need. We are grateful to the Speaker, Assembly Member, and the Borough President for their generous support!

On the legislative front, of the 805 bills that passed both houses of the NYS Legislature, 444 bills have been acted upon by the Governor. The Governor has until the end of the calendar year to consider the remaining 360 bills. Most of the health care bills we are tracking have not been delivered to Governor. On the election front, early voting has begun and we are tracking the NYS races that will impact our facility representation for 2025.

Federal

Congress voted to pass a continuing resolution funding the government through Dec. 20, avoiding a government shutdown. 12 full-year appropriations bills are yet to be enacted to fund the government for FY 2025. Included in these conversations are Congressionally-Directed Spending ("earmark requests"), for which NYC Health + Hospitals has applied. Prior to the end of 2024, Congress also has to address a few expiring provisions, including

those that allow expanded use of telehealth and continuing the delay of the Medicaid DSH cuts.

NEWS FROM AROUND THE SYSTEM

- Primary Care for All Americans: [How NYC Health + Hospitals makes primary care available to all New Yorkers.](#)
- El Diario: [NYC Care opened its doors for me](#)
- Becker's Hospital Review: [NYC Health + Hospitals taps new hospital CEO](#)
- Univision Nueva York: [Dr. Jonathan Jiménez on Staying Safe During Flu Season](#)
- Queens Latino: [Latino pride at NYC Health + Hospitals/Elmhurst](#)
- ESSENCE: [Why Black Women Are At Greater Risk Of Dying From Breast Cancer, Even When It's Treatable](#)
- Bronx Times: [\\$6 Million allocated for new facility to combat opioid crisis in the Bronx, tripling treatment capacity](#)
- ABC 7: [2 artists share their stories as their work gets featured in Brooklyn's Hall Street migrant shelter](#)
- Harlem World: [NYC Expands Telehealth Abortion Care, Offering Medication By Mail To Residents](#)
- Caribbean Life: [NYC Health + Hospitals recognizes nursing professionals for DAISY, BEE Awards](#)

RESOLUTION - 06

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute **a best interest renewal with Physician Affiliate Group of New York, P.C for physical and behavioral health services at correctional health facilities** for a not to exceed amount of \$622,600,000 for a contract term of three years and three one-year renewal options exercisable at the discretion of the System.

WHEREAS, Correctional Health Services (CHS) is one of the nation’s leading correctional health care services in quality of and innovations to care and access from pre-arraignment through compassionate release; and

WHEREAS, CHS is a pivotal partner in New York City’s criminal justice reform efforts, ranging from alternatives to incarceration to support of successful reentry into the community; and

WHEREAS, as part of New York City’s criminal justice reform, CHS transitioned from an outsourced service to a direct provider service under its management and supervision; and

WHEREAS, CHS entered into an affiliation agreement with the Physician Affiliate Group of New York (PAGNY) for an original three-year term effective from January 1, 2016 through December 31, 2018, with an option to renew three times for successive two-year terms; and

WHEREAS, since this transition, CHS has also leveraged the resources of the System and changed the culture of service to individuals in the custody of the New York City; and

WHEREAS, the agreement with PAGNY expires on December 31, 2024, with no additional renewal options; and

WHEREAS, it was determined that it is in the System’s best interest to renew the agreement with PAGNY; and

WHEREAS, the Senior Vice President for CHS will be responsible for the management of the proposed contract.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a best interest renewal with Physician Affiliate Group of New York, P.C for physical and behavioral health services at correctional health facilities for a not to exceed amount of \$622,600,000 for a contract term of three years and three one-year renewal options exercisable at the discretion of the System.

**EXECUTIVE SUMMARY
CORRECTIONAL HEALTH SERVICES
AGREEMENT WITH
PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C**

- OVERVIEW:** The purpose of this agreement is to provide physical and behavioral health services to correctional health facilities.
- PROCUREMENT:** Under OP 100-05, the system can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the System's best interest to do so. The System determined that it is in the System's best interest to renew the agreement with PAGNY. The renewal will ensure a continuation of services for CHS patients provided by PAGNY staff, which currently comprise approximately 1/3 of the CHS workforce. The contract with PAGNY is limited in scope and ensures a high level of transparency and accountability. The administrative costs have been capped at a rate of 2.75% since the inception of the PAGNY contract.
- COSTS:** The total not-to-exceed cost for the proposed contract over its full, potential six-year term is not to exceed \$622,600,000.
- MWBE:** PAGNY is a not-for-profit organization and is, therefore, exempt from the MWBE requirement.



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

From: Georgia Tsismenakis
Associate Counsel
Office of Legal Affairs

Tsismenakis, Georgia
Digitally signed by
Tsismenakis, Georgia
Date: 2024.10.23
12:58:20 -04'00'

Re: Vendor Responsibility, EEO and MWBE status for Board review of a contract for physical and behavioral health services at Correctional Health facilities.

Date: October 23, 2024

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

<u>Vendor Legal Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Physician Affiliate Group of New York, P.C.	Approved	Pending	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.

Best Interest Renewal Application to Enter into Contract with Physician Affiliate Group of New York (PAGNY)

Board of Directors Meeting

November 21th, 2024

Patricia Yang, DrPH, Senior Vice President, CHS

Tim O'Leary, Chief Financial Officer, CHS

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to **execute a best interest renewal with Physician Affiliate Group of New York, P.C for physical and behavioral health services at correctional health facilities** for a not to exceed amount of \$622,600,000 for a contract term of three years and three one-year renewal options exercisable at the discretion of the System.

Background & Current State

- Correctional Health Services (CHS) was established as a division within NYC Health + Hospitals in August 2015. A primary impetus was to improve quality of care by directly providing services rather than through a contractor.
 - To support this goal, all management and supervisory staff, as well as many frontline staff, are direct NYC Health + Hospitals employees.
- However, some of the frontline staff whom CHS selected to retain were employed by the contractor. To avoid disruptions in patient care, it was important to preserve the benefits of these employees.
- CHS therefore selected Physician Affiliate Group of New York (PAGNY) to employ these individuals. CHS staff employed by PAGNY are strictly frontline patient care personnel in medicine, mental health, and social work, and are members of 1199 and Doctors Council. PAGNY staff currently comprise approximately 1/3 of the CHS workforce.

Background & Current State

- Correctional Health Services' (CHS) contract with PAGNY is limited in scope and ensures a high level transparency and accountability.
 - The PAGNY contract for CHS is limited to personnel and payroll services.
 - The staffing plan is established, reviewed, and finalized by CHS, for PAGNY's implementation.
 - CHS maintains a close relationship with PAGNY over all human resources and labor relations actions, policies, and procedures involving CHS staff.
 - CHS establishes an annual budget for PAGNY consisting of payroll expenses as well as allowable overhead and administrative costs which have been capped at a rate of 2.75% since inception.
 - CHS receives and reviews PAGNY's bi-weekly payrolls and financial expenditure reports, along with all its CHS-related books and ledgers.
- The contract expires on 12/31/24 and there are no more renewal options.

Background & Current State

- NYC Health + Hospitals and PAGNY entered into an agreement for an original three-year term of 1/1/16 to 12/31/18, with option to renew three times for successive two-year terms.
 - On 11/28/18, contract was renewed for the term 1/1/19 – 12/31/20
 - On 11/25/20, contract was renewed for the term 1/1/21 – 12/31/22
 - On 12/14/22, contract was renewed for the term 1/1/23 – 12/31/24

- NYC Health + Hospitals reimburses PAGNY for their financial outlay for authorized expenses. PAGNY expenses are below.

2020	2021	2022	2023	2024
\$97.4m	\$90.9m	\$85.1m	\$87.8m	\$92.7m

- CHS regularly audits and reconciles payments to PAGNY as part of ongoing financial review of its expenses.
- CHS' operating costs are fully reimbursed by the City.

Best Interest Renewal

- Under OP 100-05, the system can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the System's best interest to do so.
- It is in the best interest of CHS to continue its current arrangement with PAGNY
 - The renewal will ensure a continuation of services for CHS patients provided by PAGNY staff, which currently comprise approximately 1/3rd of the CHS workforce.
 - CHS' contract with PAGNY is limited in scope and ensures a high level of transparency and accountability.
 - The administrative costs have been capped at a rate of 2.75% since the inception of the PAGNY contract.

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Physician Affiliate Group of New York (PAGNY)

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

Vendor Diversity

- As an affiliate, PAGNY is employing staff to provide physical and behavioral health services at correctional health facilities.
- Pursuant to the Vendor Diversity Policy, clinical services such as these are exempt from the vendor diversity program.
- PAGNY is also a non-profit organization, which is similarly exempt from diversity requirements and are themselves ineligible for MWBE certification.

For Board of Directors Approval

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to **execute a best interest renewal with Physician Affiliate Group of New York, P.C for physical and behavioral health services at correctional health facilities** for a not to exceed amount of \$622,600,000 for a contract term of three years and three one-year renewal options exercisable at the discretion of the System.

RESOLUTION - 07

Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals + Hospitals/Bellevue (“**Bellevue**”) as a Level I Trauma Center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level I Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2024 the ACS is the verifying authority for trauma centers; and

WHEREAS, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level I Trauma Center services at Bellevue; and

NOW THEREFOR, be it

RESOLVED, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Bellevue (“**Bellevue**”) as a Level I Trauma Center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Bellevue, as a Level I Trauma Center, by the ACS.

EXECUTIVE SUMMARY
**Designation of NYC Health + Hospitals/Bellevue
as a Level 1 Trauma Center**

Background: The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

Program: Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Bellevue is to be a Level 1 Trauma Center.

RESOLUTION - 08

Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of Surgeons (“ACS”) of NYC Health + Hospitals/Elmhurst (“Elmhurst”) as a Level I Trauma Center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Elmhurst through the ACS, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2024 the ACS is the verifying authority for trauma centers; and

WHEREAS, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level I Trauma Center services at Elmhurst; and

NOW THEREFOR, be it

RESOLVED, 8. Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of Surgeons (“ACS”) of NYC Health + Hospitals/Elmhurst (“Elmhurst”) as a Level I Trauma Center; and**

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Elmhurst, as a Level I Trauma Center, by the ACS.

EXECUTIVE SUMMARY
Designation of NYC Health + Hospitals/Elmhurst
as a Level 1 Trauma Center

Background: The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

Program: Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Elmhurst is to be a Level 1 Trauma Center.

RESOLUTION - 09

Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of Surgeons (“ACS”) of NYC Health + Hospitals/Jacobi (“Jacobi”) as a Level I Trauma Center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2024 the ACS is the verifying authority for trauma centers; and

WHEREAS, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level I Trauma Center services at Jacobi; and

NOW THEREFOR, be it

RESOLVED, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Jacobi (“**Jacobi**”) as a Level I Trauma Center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Jacobi, as a Level I Trauma Center, by the ACS.

EXECUTIVE SUMMARY
Designation of NYC Health + Hospitals/Jacobi
as a Level 1 Trauma Center

Background: The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

Program: Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Jacobi is to be a Level 1 Trauma Center.

RESOLUTION - 10

Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of Surgeons (“ACS”) of NYC Health + Hospitals/Kings County (“Kings County”) as a Level I trauma center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Kings County through the ACS, Committee on Trauma

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2024 the ACS is the verifying authority for trauma centers; and

WHEREAS, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level 1 Trauma Center services at Kings County; and

NOW THEREFOR, be it

RESOLVED, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Kings County (“**Kings County**”) as a Level 1 Trauma Center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Kings County, as a Level I Trauma Center, by the ACS.

EXECUTIVE SUMMARY
Designation of NYC Health + Hospitals/Kings County
as a Level 1 Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Kings County is to be a Level 1 Trauma Center.

RESOLUTION - 11

Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of Surgeons (“ACS”) of NYC Health + Hospitals/Lincoln (“Lincoln”) as a Level I Trauma Center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Lincoln through the ACS, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2024 the ACS is the verifying authority for trauma centers; and

WHEREAS, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level I Trauma Center services at Lincoln; and

NOW THEREFOR, be it

RESOLVED, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Lincoln (“**Lincoln**”) as a Level I Trauma Center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Lincoln, as a Level I Trauma Center, by the ACS.

EXECUTIVE SUMMARY
Designation of NYC Health + Hospitals/Lincoln
as a Level 1 Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Lincoln is to be a Level 1 Trauma Center.

RESOLUTION - 12

Approving the application of New York City Health and Hospitals Corporation (the “System”) for **verification by the American College of Surgeons (“ACS”) of NYC Health + Hospitals/Harlem (“Harlem”) as a Level II Trauma Center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level II Trauma Center designation for Harlem through the ACS, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2024 the ACS is the verifying authority for trauma centers; and

WHEREAS, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level II Trauma Center services at Harlem; and

NOW THEREFOR, be it

RESOLVED, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Harlem (“**Harlem**”) as a Level II Trauma Center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Harlem, as a Level II Trauma Center, by the ACS.

EXECUTIVE SUMMARY
Designation of NYC Health + Hospitals/Harlem
as a Level 2 Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Harlem is to be a Level II Trauma Center.

RESOLUTION - 13

Approving the application of New York City Health and Hospitals Corporation (the “System”) for verification by the American College of Surgeons (the “ACS”) of NYC Health + Hospitals/Bellevue (“Bellevue”) as a Level II Pediatric Trauma Center.

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level II Pediatric Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

WHEREAS, in 2024 the ACS is the verifying authority for trauma centers; and

WHEREAS, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level II Pediatric Trauma Center services at Bellevue; and

NOW THEREFOR, be it

RESOLVED, New York City Health and Hospitals Corporation (the “**System**”) hereby approves of its application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Bellevue (“**Bellevue**”) as a Level II Pediatric Trauma Center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Bellevue, as a Level II Pediatric Trauma Center, by the ACS.

EXECUTIVE SUMMARY
Designation of NYC Health + Hospitals/Bellevue
as a Level 2 Pediatric Trauma Center

Background: The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

Program: Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. Pediatric Trauma Centers focus only on pediatric patients. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Bellevue is to be a Level II Pediatric Trauma Center.

RESOLUTION - 14

Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of Surgeons (the “ACS”) of NYC Health + Hospitals/Jacobi (“Jacobi”) as a Level II Pediatric Trauma center.**

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level II Pediatric Trauma Center designation for Jacobi through the ACS, Committee on Trauma

WHEREAS, the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

WHEREAS, in 2024 the ACS is the verifying authority for trauma centers; and

WHEREAS, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level II Pediatric Trauma Center services at Jacobi; and

NOW THEREFOR, be it

RESOLVED, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Bellevue (“**Jacobi**”) as a Level II Pediatric Trauma Center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify Jacobi as a Level II Pediatric Trauma Center, by the ACS.

EXECUTIVE SUMMARY
Designation of NYC Health + Hospitals/Jacobi
as a Level II Pediatric Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verified) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within large medical centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. Pediatric Trauma Centers focus only on pediatric patients. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Jacobi will be certified as a Level II Pediatric Trauma Center.

American College of Surgeons Committee on Trauma Verification Process for Trauma Centers

Board of Directors Meeting November 21, 2024

Machelle Allen, MD
Senior Vice President
System Chief Medical Officer

Sheldon Teperman, MD, FACS
NYC H+H System Chief of Trauma Services

For Board of Directors Consideration

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Bellevue (“**Bellevue**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

For Board of Directors Consideration

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Elmhurst (“**Elmhurst**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Elmhurst through the ACS, Committee on Trauma.

For Board of Directors Consideration

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Jacobi (“**Jacobi**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

For Board of Directors Consideration

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Kings County (“**Kings County**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Kings County through the ACS, Committee on Trauma.

For Board of Directors Consideration

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Lincoln (“**Lincoln**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Lincoln through the ACS, Committee on Trauma.

For Board of Directors Consideration

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Harlem (“**Harlem**”) as a Level 2 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Trauma Center designation for Harlem through the ACS, Committee on Trauma.

For Board of Directors Consideration

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Bellevue (“**Bellevue**”) as a Level 2 Pediatric Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Pediatric Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

For Board of Directors Consideration

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Jacobi (“**Jacobi**”) as a Level 2 Pediatric Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Pediatric Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

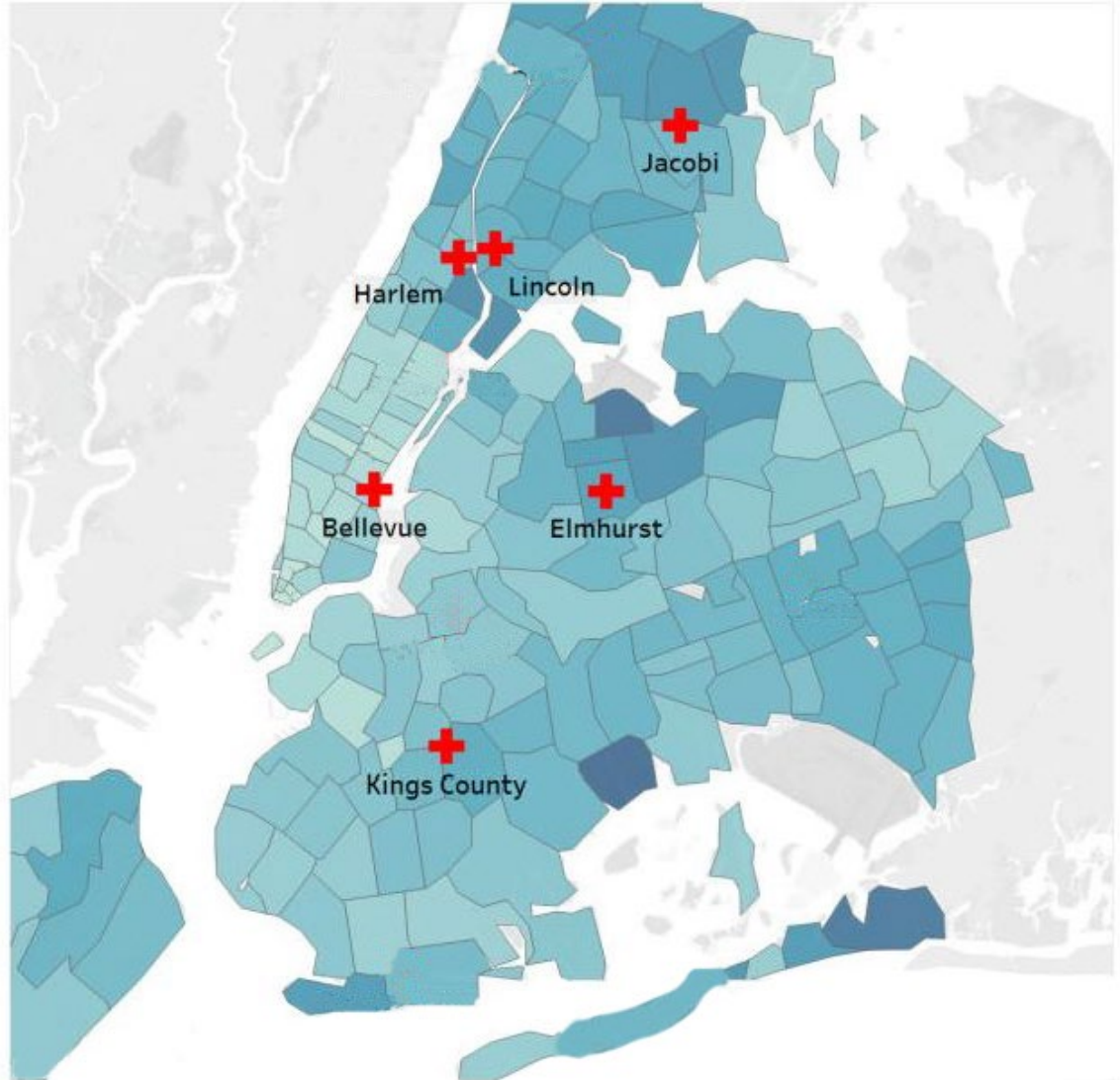
Current ACS Verified NYC Health + Hospitals Trauma Centers

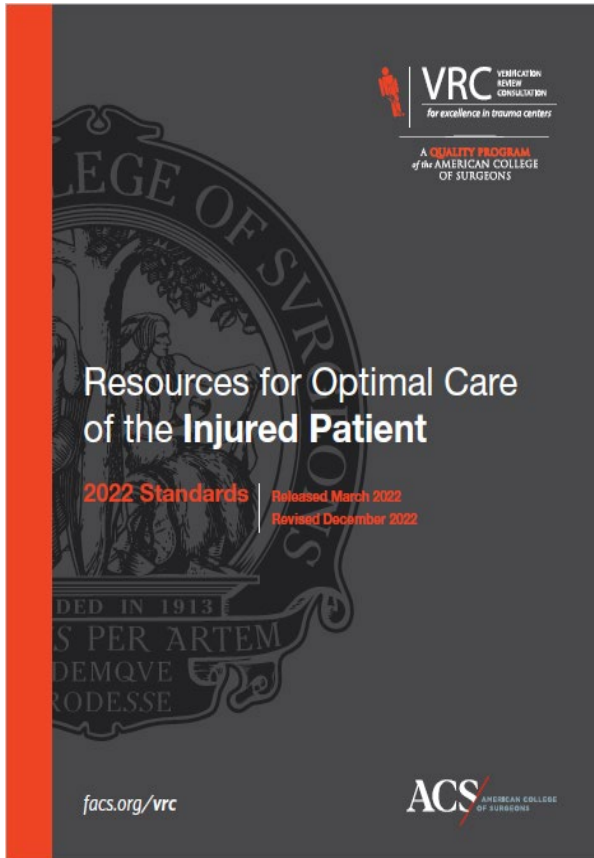
Adult

- **Level 1**
 - Bellevue
 - Elmhurst
 - Jacobi
 - Kings County
 - Lincoln
- **Level 2**
 - Harlem

Pediatrics

- **Level 1**
 - None
- **Level 2**
 - Bellevue
 - Jacobi





- The 2022 Resources for Optimal Care of the Injured Patient is being used for trauma center verification as of Fall 2023
- The trauma center survey and verification process remains “remote.” Verification is required every three years
- This is a rigorous process both in pre-visit preparation and during the two day review period
- Our trauma centers were last reverified in 2021, and Lincoln went through the process last fall. This reverification will put all of our trauma centers on the same three year cycle

- The NYS DOH accepts the American College of Surgeons verification process for a hospital to become a designated trauma center
- This “Optimal Resources” document is codified “by reference” in the NYS 408 health code regulations; the ACS-COT standards updated in 2022 are now being adopted by the State

**New York State Hospitals are not recognized as Trauma Centers
unless Verified by the
American College of Surgeons Committee on Trauma
Verification Review Committee (ACS-COT VRC)**

1.1 Administrative Commitment

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

Additional Information

Human resources include physicians, registered nurses, advanced practice providers (APPs), physician assistants, coordinators, and so forth.

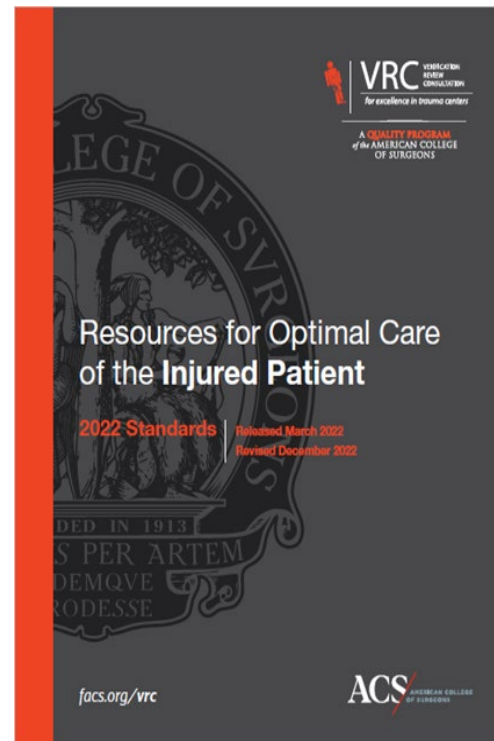
This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

Measures of Compliance

Documentation that demonstrates compliance, including:

- Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification
- Commitment to adherence to the standards required for the level of verification
- Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

Subtle rule change requiring the *Exact level of Verification to be specified in Governing Board Resolution*



American College of Surgeons Key Components of Trauma Designation

Key Component	Description	Trauma Level
Research & Scholarly Activities	<ul style="list-style-type: none"> Obligation to innovate and advance trauma care through research and other activities Create Opportunities for the development of future trauma leaders 	Level 1
Education: Professional & Community Outreach	<ul style="list-style-type: none"> Participate in public & professional trauma/injury education – “Stop the Bleed” 	All levels
	<ul style="list-style-type: none"> Train the next generation of trauma physicians—EM, Surgery, subspecialties and others 	Level 1 (Adult & Pediatric)
Performance Improvement & Patient Safety	<ul style="list-style-type: none"> Trauma PIPS program must be independent but report to hospital PI program 	All levels
Facilities & Equipment Resources	<ul style="list-style-type: none"> Operating Room <ul style="list-style-type: none"> OR available within 15 minutes and ability to open second room if needed Orthopedic Trauma or Fracture Room Blood Bank – all products immediately available Radiology – MRI within 2 hours <ul style="list-style-type: none"> Interventional Radiology within 1 hour Special Clinical Equipment/Programs <ul style="list-style-type: none"> Trauma Registry and Program Office 	All levels

Board of Directors Approval Request

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Bellevue (“**Bellevue**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

Board of Directors Approval Request

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Elmhurst (“**Elmhurst**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Elmhurst through the ACS, Committee on Trauma.

Board of Directors Approval Request

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Jacobi (“**Jacobi**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

Board of Directors Approval Request

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Kings County (“**Kings County**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Kings County through the ACS, Committee on Trauma.

Board of Directors Approval Request

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Lincoln (“**Lincoln**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Lincoln through the ACS, Committee on Trauma.

Board of Directors Approval Request

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Harlem (“**Harlem**”) as a Level 2 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Trauma Center designation for Harlem through the ACS, Committee on Trauma.

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Bellevue (“**Bellevue**”) as a Level 2 Pediatric Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Pediatric Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

Board of Directors Approval Request

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Jacobi (“**Jacobi**”) as a Level 2 Pediatric Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Pediatric Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

Thank – You

Questions

RESOLUTION - 15

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to **execute a revocable license agreement with Bellevue Day Care Center, Inc. (“BDCC”) for approximately 3,661 square feet on the first floor at NYC Health + Hospitals/Bellevue (“Bellevue”) and the use of the outdoor playground within Bellevue’s First Avenue Garden in which to operate a licensed child care center** for Bellevue staff and the community for a term of 5 years with the occupancy fee waived.

WHEREAS, BDCC is a non-profit corporation founded in 1971 by members of the Auxiliaries of Bellevue Hospital Center with the mission of providing early education and child care services to Bellevue employees and the surrounding community; and

WHEREAS, since 2006, BDCC has occupied 3,031 square feet in the C+D Building and has had the use of the outdoor playground within Bellevue’s First Avenue Garden where it has offered licensed early education and child care services for children 6 months to 4 years old; and

WHEREAS, over the years, BDCC has become a highly valued and integral part of the larger Bellevue community; and

WHEREAS, BDCC wishes to expand into 630 square feet on the First Floor of the Administration Building to add a multipurpose space and another classroom adjacent to the existing location using funds provided by the New York City Council; and

WHEREAS, BDCC’s tuition, at \$2,250/month for infants 6-12 months and \$2,200/month for toddlers 1-3 years, is approximately 25% below the market rate for such services; and

WHEREAS, additionally Bellevue staff receives a tuition discount of 13% for infants (\$1,950/month) and 12.5% for toddlers (\$1,925/month); and

WHEREAS, furthermore, BDCC assists Bellevue families apply for vouchers through their union and/or program through NYC Administration of Children’s Services, assists Bellevue families in enrolling at BDCC with additional assistance from the NYS Facilitated Enrollment subsidy and offers free referral services for families with children who have special needs; and

WHEREAS, responsibility for administering the proposed license will be with Bellevue’s Chief Executive Officer.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to execute a revocable license agreement with **Bellevue Day Care Center, Inc. (“BDCC”) for approximately 3,661 square feet on the first floor at NYC Health + Hospitals/Bellevue (“Bellevue”) and the use of the outdoor playground within Bellevue’s First Avenue Garden in which to operate a licensed child care center** for Bellevue staff and the community for a term of 5 years with the occupancy fee waived.

EXECUTIVE SUMMARY
REVOCABLE LICENSE AGREEMENT
BELLEVUE DAY CARE CENTER, INC.
NYC HEALTH + HOSPITALS/BELLEVUE

OVERVIEW: The President seeks authorization from the System’s Board of Directors to execute a 5-year revocable license agreement with Bellevue Day Care Center, Inc. (“**BDCC**”) for 3,661 square feet on the first floor at NYC Health + Hospitals/Bellevue (“**Bellevue**”) and the use of the outdoor playground within Bellevue’s First Avenue Garden in which to operate a licensed child care center for Bellevue staff and the community.

BDCC is a non-profit corporation founded in 1971 by members of the Auxiliaries of Bellevue Hospital Center with the mission of providing early education and child care services to Bellevue employees and the surrounding community. Since 2006, BDCC has occupied 3,031 square feet in the C+D Building and has had the use of the outdoor playground within Bellevue’s First Avenue Garden where it has offered licensed early education and child care services for children 6 months to 4 years old.

PROGRAM: BDCC’s tuition, at \$2,250/month for infants 6-12 months and \$2,200/month for toddlers 1-3 years, is approximately 25% below the market rate for such services. Additionally, Bellevue staff receives a tuition discount of 13% for infants (\$1,950/month) and 12.5% for toddlers (\$1,925/month). Furthermore, BDCC assists Bellevue families apply for vouchers through their union and/or program through NYC Administration of Children’s Services, assists Bellevue families in enrolling at BDCC with additional assistance from the NYS Facilitated Enrollment subsidy and offers free referral services for families with children who have special needs.

TERMS: BDCC wishes to expand into 630 square feet on the First Floor of the Administration Building to add a multipurpose space and another classroom adjacent to the existing location using funds provided by the New York City Council. No System funds will be expended in the preparation of space for BDCC’s occupancy or in the operation of its program.

BDCC will be responsible for interior non-structural repairs and maintenance.

HELMSLEYSPEAR

April 30, 2024

Deborah Morris
Senior Director
Land Use Planning and Real Estate
NYC Health + Hospitals
50 Water Street
New York, NY 10004

Re: Appraisal of Bellevue Daycare Center

Located within the Bellevue Hospital Center, 462 First Avenue, New York, NY 10016

Dear Deborah,

Pursuant to your request, you have asked us to evaluate and assess the fair market value (FMV) rent of the existing daycare facility, based on the information that you provided to me, knowledge of area rental values and the condition of the premises. The evaluation is subject to the following assumptions:

- The hospital sublets/licenses space to an outside vendor providing child daycare services.
- The square footage of the unit is approximately 3,300 square feet (SF).
- The space is located within the medical facility on the ground floor, Chapel Hall, Suite D-100.
- This evaluation is for the purpose of establishing the FMV to license the referenced property and considers numerous factors including but not limited to location, market conditions, market area comparables, lease term and locations, as well as tenant improvements.

The Bellevue Daycare Center is located on the Bellevue Medical Center grounds, specifically located at 462 First Avenue, Chapel Hall, Suite D-100 (1st floor). It is readily accessible by the 4 and 6 subway lines and by numerous bus routes running along First Avenue. Building parking within the hospital campus is limited but there is surface street parking available and multiple parking garages available within the area.

The daycare center itself consists of a vestibule and reception, an infant room, a toddler room, a preschool, crib area, warming pantry, a bathroom for the children and a bathroom for the staff. There are also several storage and closet areas. This space was built with a proper design for a children's daycare program and is appropriately sized for the program's use and efficiency.

The method of measurement used to calculate available square footage gives us an accurate reading, leading to a truer measure of the useable square footage than is found in a traditional office or retail space. Traditional office spaces generally suffer a loss factor of 30% or greater, meaning that a 3,300 RSF requirement necessitates approximately 4,290 RSF to achieve the same net square footage result. Retail would have a truer usable vs. rentable square foot measurement but would result in greater rentable square foot cost.

Regardless of use, space in community facilities, medical offices or hospitals found in this area typically compete with retail/commercial space. Rents range from approximately \$60 - \$100 per RSF for retail. The low-end spectrum of the market should typically be in the older, un-renovated or minimally renovated offices or residential buildings. They would typically have been converted to small spaces found on the ground floor of residential buildings and would not provide full building services. Such offices would generally be found on side street locations. However, the size of the unit being evaluated for this report is typically not found in these buildings due to use limitations and security concerns. Childcare is a specific use not always welcomed or complementary to a building but is necessary and important for the local community being served. Tenants may also pay a premium in rent to Landlords for the use and location on either the ground, 2nd floor or lower level. The high-end spectrum of the market would be in the larger and recently renovated buildings providing more services. Those spaces and buildings are more limited in this location.

More commonly, the use for children's daycare would be found in retail spaces leased to either retail users or non-retail users taking advantage of street presence and increased visibility. Children's daycare programs in these buildings would strictly adhere to code (both Buildings Dept. and Health Dept.), be in excellent condition with enhanced plumbing, electric and HVAC systems, and in many instances would also have substantial fixture improvements within the space (millwork, plumbing fixtures and cabinetry) to meet the needs of this type of program. These building spaces, while used for children's daycare, would also be quite suitable for medical or general offices and specifically retail.

Retail space in a hospital zone typically rents at a premium based on its proximity to a hospital. The added population and street traffic is a financial benefit most tenants of the space are willing to pay for. This children's daycare center was designed to be beneficial to hospital staff and personnel who could bring their children to the program and have them receive daycare services nearby in a healthy environment while the parents work in the adjoining hospital buildings. Accordingly, we value the space at approximately \$64 per RSF, net of any services and any additional physical space add, to account for common areas within the premises or common areas needed for access to the premises.

In addition to the base rent of \$64 per RSF, which we previously described as net, you would add in, if appropriate and not rent inclusive, approximately \$3.50 per RSF for utility services, as much as \$5 per RSF for IT and telephone services, and \$2.25 per RSF for cleaning if provided to tenant. These charges are the tenant's responsibility to contract for and maintain. In addition to these services, the tenants occupying the spaces may be required to maintain service contracts or maintenance of AC, communications or office equipment, etc.

It would be appropriate for the tenant to negotiate an escalation provision to the base rent/fee of 2.5% commencing in the second year of the agreement. This would be a commercially fair and reasonable term based on the data information assessed in this report.


It must be noted that the purpose of this FMV is to establish a base rental rate for a lease renewal and to establish a proper billing methodology to encourage employees to take advantage of this

on-site but privately run daycare program. The infrastructure and equipment must be evaluated when determining this build out and FF&E component to establish an ultimate rental value.

It is important to note, however, that while this is a well-functioning daycare center, it is also an older installation with furnishings and equipment of the same age. As such, the useful life of the installation has been significantly amortized and the equipment may be in need of upgrades, repair or replacement. Accounting for this, therefore, it would be proper to recognize that the value of this unit might be reduced by as much as \$10 per RSF for any potential tenant or licensee using the space for the same purpose which tenant would be charged with the obligation to upgrade, repair, replace and modernize both the space, equipment and infrastructure to meet current code requirements for the use.

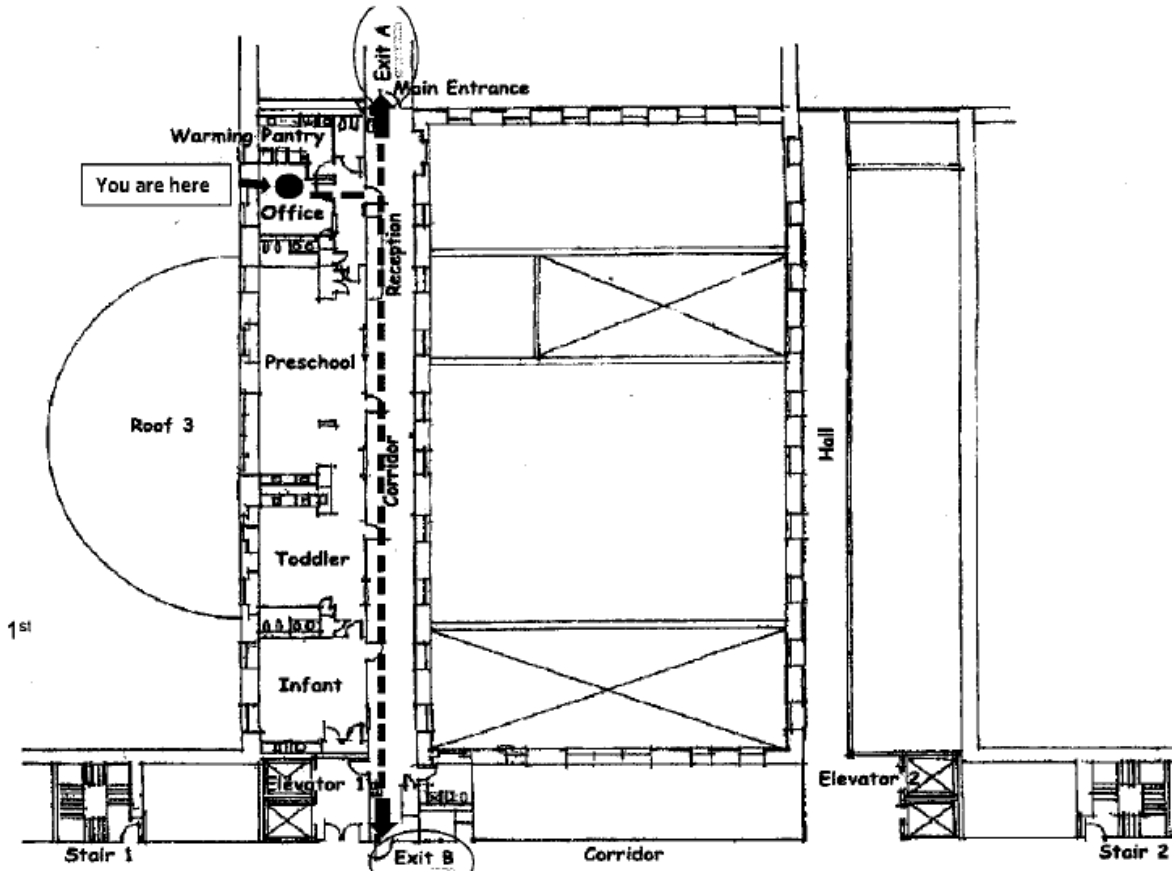
In the event I can be of any further assistance to you, please do not hesitate to call me.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael Dubin". The signature is fluid and cursive, with a prominent loop at the end.

Michael Dubin
Executive Managing Director
Helmsley Spear

ADDENDUM: FLOOR PLAN



**Request to Authorize
License Agreement with
Bellevue Day Care Center, Inc. at
NYC Health + Hospitals/ Bellevue**

**Board of Directors Meeting
November 21, 2024**

**Marcia Peters, COO, NYC Health + Hospitals/Bellevue
Leora Jontef, AVP, Real Estate & Housing
Deborah Morris, AICP, Senior Director, Real Estate & Housing
Jeremy Berman, Deputy General Counsel**

- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to execute a revocable license agreement with Bellevue Day Care Center, Inc. (“**BDCC**”) for approximately 3,661 square feet on the first floor at NYC Health + Hospitals/Bellevue (“**Bellevue**”) and the use of the outdoor playground within Bellevue’s First Avenue Garden in which to operate a licensed child care center for Bellevue staff and the community for a term of 5 years with the occupancy fee waived.

- Affordable childcare is a national challenge
 - Nearly 60 percent of U.S. children under six spend time in non parental child care
 - Over 75% of U.S. families that search for care had difficulty finding affordable options
 - Nearly three quarters of child care centers in the US had excess demand for slots

- Finding affordable child care is harder for working families with lower and middle incomes
 - Lower income households that pay for care spend an average of over 30% of their income on child care
 - Households earning less than \$100k a year spend more than 10% of their income on child care

- Hospitals and health care providers have increasingly recognized child care benefits as a valuable tool to recruit and retain staff

Sources: Improving Access, Affordability, and Quality in the Early Care and Education Market, White House Council of Economic Advisors, July 18, 2003. <https://www.whitehouse.gov/cea/written-materials/2023/07/18/improving-access-affordability-and-quality-in-the-early-care-and-education-ece-market/>

To Retain Nurses and Other Staffers, Hospitals are Opening Child Care Centers; Kaiser Health News; August 1, 2002. <https://kffhealthnews.org/news/article/to-retain-nurses-and-other-staffers-hospitals-are-opening-child-care-centers/>

Bellevue Day Care Center

- Child care is important to the Bellevue workforce and the Kips Bay Community
 - Working families in a high cost area can uniquely benefit from affordable, convenient child care options

- The Bellevue Day Care Center is well established and highly valued by the staff and the community
 - On-site location is very convenient for Bellevue staff
 - Discounted rates for Bellevue staff and community members in Kips Bay neighborhood

- The Bellevue Day Care Center (the “BDCC”) is a not-for-profit organization established in 1971
 - The original location was within the Bellevue School of Nursing Building

- The BDCC has operated at its current location within Bellevue’s C&D Building since 2006
 - The most recent agreement expired in 2020 during the height of the COVID pandemic when renewal did not occur
 - The BDCC has continued operating without an agreement

Current Enrollment

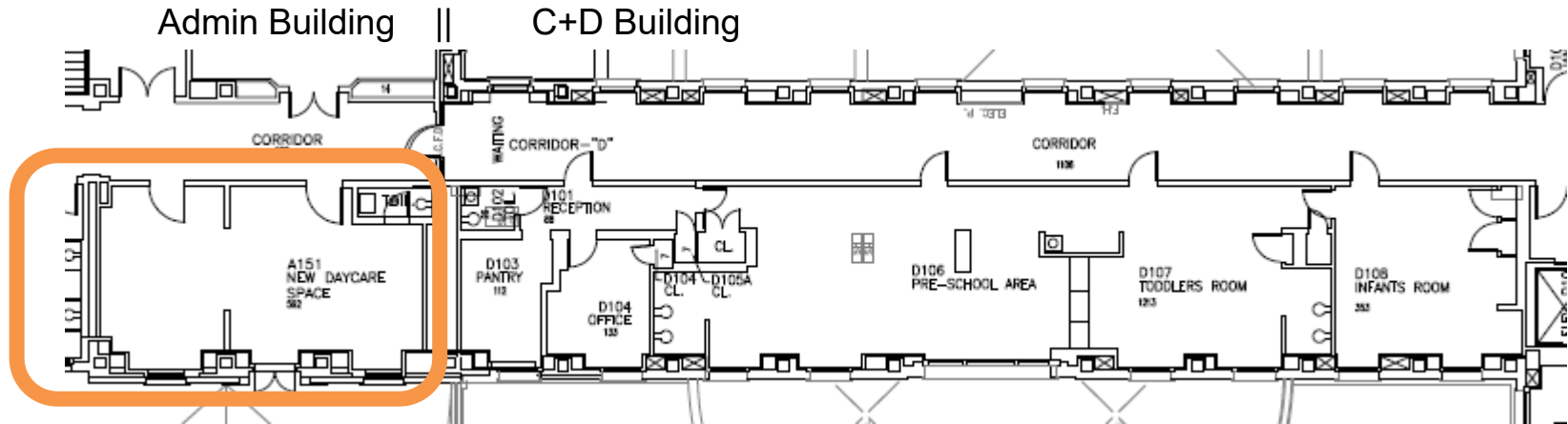
- The BDCC currently offers 33 childcare spots
- The BDCC prioritizes Bellevue staff to target at least 51% enrollment for the Infant & Toddler programs

	Enrollment	Bellevue Staff
Infants and Toddlers (6 months – 3 years)	16 of 18 spots	8 of 16 enrolled (50%)
Pre-School (3 – 4 years)	15 of 15 spots	2 of 15 enrolled* * managed by NYC DOE

- Program is regulated by multiple agencies:
 - NYC DOH permittee
 - NYC DOE licensee
 - NYC DOE manages pre-school enrollment

- The BDCC's seeks to maintain affordable tuition while providing the highest quality of care to the local community
 - BDCC offers below market rates to Bellevue staff and the Kips Bay community
 - Bellevue Staff Rate
 - \$1,950/month for infants
 - \$1,925/month for toddlers
 - Community Rate (non-staff)
 - \$2,250/month for infants
 - \$2,200/month for toddlers
 - Market rates in Kips Bay range from \$2,600 to \$3,000/month
- The BDCC provides support Bellevue staff to obtain additional financial assistance and resources
 - NYC Administration of Children's Services (ACS) vouchers
 - NYS Facilitated Enrollment Subsidy
 - Employee union incentives
 - Free referral services for children who have special needs

Existing Space + Expansion



- The BDCC currently occupies 3,031 square feet in the C+D Building.
- Expansion of 630 square feet on the First Floor of the Administration Building, next to the Bellevue Chapels to add a multipurpose space and another classroom adjacent to the existing location
- Existing space and expansion space are not readily convertible into patient care space
- The cost of construction is funded by a grant from the New York City Council to the BDCC
- The BDCC will have four classrooms with sufficient space to operate four programs:
 - Infants; Toddlers; 3K; PreK
 - Enrollment slots are expected to grow from 33 to 42
- The BDCC has exclusive access to an outdoor playground within Bellevue's First Avenue Garden

License Terms

- Term: Five years, terminable by either party upon thirty days notice without cause
- Location: 3,661 square feet on the first floor in the Administration/C+D Building at NYC Health + Hospitals/Bellevue (“**Bellevue**”) and the use of the outdoor playground within Bellevue’s First Avenue Garden
- Hours of Operation: 8:00 AM to 5:45 PM
- Occupancy Fee: Waived for the benefit conferred by staff having access to affordable, convenient and discounted childcare with prioritization of Bellevue staff to fill at least 51% of Infant and Toddler program slots

- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to execute a revocable license agreement with Bellevue Day Care Center, Inc. (“**BDCC**”) for approximately 3,661 square feet on the first floor at NYC Health + Hospitals/Bellevue (“**Bellevue**”) and the use of the outdoor playground within Bellevue’s First Avenue Garden in which to operate a licensed child care center for Bellevue staff and the community for a term of 5 years with the occupancy fee waived.

RESOLUTION - 16

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a renewal lease with **LSS Leasing Limited Liability Company (“Landlord”)** for approximately 5,120 square feet on the ground floor at 59-17 Junction Boulevard, Corona, NY (the “Premises”) to house the **Woman’s Medical Center (the “Center”)** operated by NYC Health + Hospitals/ **Gotham Health (“Gotham”)** for an initial term of 15 years with the System holding two 5-year options to extend the lease at an initial rent of \$62.50/sf to increase annually at 3% for an initial annual rent of \$320,000 and a total rent over the potential term of 25 years of \$11,666,965.

WHEREAS, the Center is a community-based health care center that has been providing primary care, including prenatal care and gynecological services, to the residents of the Corona section of Queens since 2000; and

WHEREAS, in November 2019, the System’s Board of Directors authorized a 5-year renewal of the lease for the Premises; and

WHEREAS, approximately half of the Premises has been, and will continue to, be occupied by a subtenant, Pediatrics Specialties of Queens, P.C., which will continue its arrangement of paying approximately 48% of the occupancy costs associated with the Center; and

WHEREAS, the proposed sublease with Pediatrics Specialties of Queens, P.C. will be the subject of a separate resolution presented to the System’s Capital Committee and Board for authorization; and

WHEREAS, there remains a need for primary care services in this section of Queens and extending the existing lease for the Premises will allow the Center to continue to serve the community and;

WHEREAS, responsibility for administering the proposed lease will be with the System’s Sr. Vice President for Ambulatory Care.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute a renewal lease with **LSS Leasing Limited Liability Company (“Landlord”)** for approximately 5,120 square feet on the ground floor at 59-17 Junction Boulevard, Corona, NY (the “Premises”) to house the **Woman’s Medical Center (the “Center”)** operated by NYC Health + Hospitals/ **Gotham Health (“Gotham”)** for an initial term of 15 years with the System holding two 5-year options to extend the lease at an initial rent of \$62.50/sf to increase annually at 3% for an initial annual rent of \$320,000 and a total rent over the potential term of 25 years of \$11,666,965.

**EXECUTIVE SUMMARY
RENEWAL LEASE
WITH LSS LEASING LIMITED LIABILITY COMPANY
FOR
5,120 SF AT 59-17 JUNCTION BOULEVARD, CORONA, QUEENS**

- OVERVIEW:** The President seeks authorization from the System’s Board of Directors to execute a 15-year lease extension agreement WHICH GIVES THE System two 5-year options to renew with LSS Leasing Limited Liability Company (the “**Landlord**”) for space at 59-17 Junction Boulevard, Borough of Queens to house the Women’s Medical Center (the “**Center**”) operated by NYC Health + Hospitals/Gotham Health (“**Gotham Health**”).
- PROGRAM:** The Center is a community-based health care center that has been providing primary care services to residents of the Corona section of Queens since 2000. The Center offers a full range of primary care services for women and children including prenatal care and gynecological services. There remains a need for primary care services in this section of Queens and extending the lease for this site will allow the Center to continue to serve the community. Under a sublease agreement, Pediatric Specialties of Queens occupies approximately half the entire area leased and is responsible under the agreement for payment of half of the occupancy costs. The Center is open Monday through Friday 8:00 a.m. to 4:30 p.m.
- PRIOR TERMS:** The Center has occupied the subject location under a lease dated April 6, 1999 and that commenced on January 17, 2000. From its inception, the System subleased about 48% of the space to Pediatrics Specialties of Queens, P.C. for 48% of the occupancy costs. The original lease was for ten years and the Corporation held a five-year option to renew the lease. In November 2019, the System’s Board authorized a 5-year renewal of the lease. The prior lease required the System to pay base rent that escalated at 3% annually and to pay its proportionate share of increases in real estate taxes on the property over a 2020/2021 base year. Currently, the monthly base rent is \$25,451.51 and there are no real estate tax escalations.
- TERMS:** The System will continue to occupy approximately 5,120 square feet of ground floor space with half the space sublet to Pediatrics Specialties of Queens, P.C. The 15-year lease extension will include two 5-year option terms. The base rent will start at \$320,000 per year or \$62.50/sf. The base rent will be escalated by 3% per year. The lease will use an updated 2024-2025 base tax year and thus, in the first year of the new lease, there will be no tax charges. The Landlord will make improvements to the Premises at its expense including, replacement of the condenser units and balance systems; replace cabinet systems in noted 6 offices; repair flooring, in areas noted on attached plan; replace proximity door system with physical switch system; install “air curtain” at main entry door.
- The rent for this lease extension has been determined to be a fair market value rate. The rent will total \$11,666,965 over the potential 25-year term. The rent represents a continuation of the previous rent at the prior rate of annual increase despite the substantial costs Landlord will incur to make the agreed improvements to the premises.
- The Landlord will be responsible for structural repairs and maintenance and the repair and maintenance of all common areas including sidewalks, curbs and parking lots. The Tenant will be responsible for interior non-structural repairs and maintenance. The Tenant will be responsible for payment of separately metered utilities.

HELMSLEY SPEAR

Established 1866

October 21, 2024

Mr. Dion Wilson
Director of Real Estate
NYC Health + Hospitals
50 Water Street, 17th Floor
New York, NY 10004

Re: Fair Market Value Report
Primary Care/Pediatric Specialties
59-17 Junction Blvd, Queens NY 11368

Dear Dion:

You have requested that I comment on the value of the referenced property for a potential lease extension.

This letter further confirms that I've reviewed the economic terms of the existing Lease between LSS Leasing Limited Liability Corporation as Landlord and NYC Health + Hospitals which are as follows:

- The unit is currently occupied and zoned for use as a medical office.
- The lease is due to expire January 31, 2025.
- The unit is approximately 5,120 RSF.
- Utilities are paid separately.
- The unit is referenced as Block 1918 and Lot 12.
- The proportionate share of real estate taxes are paid over a base year.
- The premises are operated by Gotham Health on behalf of NYC H+H.
- This evaluation is for the purpose of valuing the space for potential lease renewal/extension.

Based on my review of the existing lease, there is a current base rent of \$59.65 per rsf. We have been advised that the space is 5,120 rsf. There is also an additional outdoor (play area) that, while having value for a tenant, is not necessarily of value for the purposes of establishing a proper rent.

For a proposed lease extension or renewal, Landlord might reasonably claim a rent higher than the current \$59.65 base rent. However, the renewing Tenant will provide Landlord with a continued rent stream uninterrupted by vacancy, and will not involve a brokerage commission or any free rent. Pushing in the other direction, the factors supporting a higher rate are the relatively strong retail rental market in Queens as contrasted with Manhattan and the substantial tenant improvements the Landlord will make which, I am told, will include, replacing the condenser units and balance the system; replacing the cabinet systems in 6 offices, repair flooring in designated areas, replace proximity door system with physical switch system and install an "air curtain" at main entry door.

Given the existing rent, we value the rent no higher than \$60 - \$65/ft. One would expect the rent to be at least \$61.50/ft -- the prior rent increased at 3% per year in line with the pattern of this

HELMSLEY SPEAR

Established 1866

Lease since its inception. An additional rent increase is to be expected to account for the planned tenant improvements.

I am a licensed real estate broker in New York and am familiar with current market rates for professional and commercial spaces near these properties. If you have any further questions, please let me know.

Very truly yours,

Michael Dubin

A handwritten signature in black ink, appearing to read "Michael Dubin". The signature is fluid and cursive, with a prominent initial "M".

Executive Managing Director
Helmsley Spear

HELMSLEY SPEAR

Established 1866

Schedule A – Comparables

Address	Cross Streets	Total SF	Price/SF	Sign Date
6135 Junction Blvd	Junction Blvd & Horace Harding Expy	1,200	\$125	4/2024
94-29 59 th St	Junction Blvd & 59 th Ave	990	\$48 + util	10/2023
9131-91-33 Queens Blvd	Queens Blvd & 92 nd St	2,560	\$88	10/2023
95-25 Queens Blvd	Queens Blvd & Junction Blvd	14,000	\$42	11/2021
9438 60 th Ave	Junction Blvd & 60 th Ave	1,100	\$40	8/2020
6135 Junction Blvd	Junction Blvd & Horace Harding Expy	129,228	\$38	3/2020

RESOLUTION - 17

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to execute a renewal sublease with **Pediatrics Specialties of Queens, P.C. (the “P.C.”)** for approximately **2,457 square feet on the ground floor at 59-17 Junction Boulevard, Corona, NY (the “Premises”)** in which the P.C. will continue to operate a pediatric medicine practice collocated with the **Woman’s Medical Center (the “Center”)** operated by NYC Health + Hospitals/ Gotham Health (“**Gotham**”) for an initial term of 7.5 years at an initial rent of \$64/sf to increase annually at 3% for an initial annual rent of \$157,248; provided the P.C. shall have an option to extend the term of the sublease by another 7.5 years; and provided further, the System shall hold an option to take back up to 25% of the area subleased to the P.C. on one year’s prior notice and with a corresponding reduction in the sublease rent payable by the P.C., with the total sublease rent over the maximum potential 15 year term of \$2,924,642.

WHEREAS, the Center is a community-based health care center that has been providing primary care, including prenatal care and gynecological services, to the Corona section of Queens since 2000; and

WHEREAS, throughout the time that the Center has operated at this address, the P.C. has subleased from the System half the leased space and has paid the System half the rent and other occupancy costs; and

WHEREAS, the P.C. has four pediatricians in its practice all of whom are fluent in English and Spanish and which, over the years, has complimented the functions of the Center; and

WHEREAS, there is a shortage of pediatricians in the Corona area of Queens and especially physicians who are fluent Spanish speakers and thus, the P.C. responds to a critical need; and

WHEREAS, the P.C. accepts Medicaid in payment for its services; and

WHEREAS, approval for the System’s lease from the property owner, LSS Leasing Limited Liability Company, is the subject of a separate resolution presented to the Board of Directors with this one; and

WHEREAS, in November 2019, the System’s Board of Directors authorized a 5-year renewal of the System’s lease for the Premises and, at the same time, authorized a corresponding renewal of the proposed sublease with the P.C.; and

WHEREAS, responsibility for administering the proposed lease will be with the System’s Sr. Vice President for Ambulatory Care.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to execute a renewal sublease with **Pediatrics Specialties of Queens, P.C. (the “P.C.”)** for approximately 2,457 square feet on the ground floor at 59-17 Junction Boulevard, Corona, NY (the “**Premises**”) in which the P.C. will continue to operate a pediatric medicine practice collocated with the **Woman’s Medical Center (the “Center”)** operated by NYC Health + Hospitals/ Gotham Health (“**Gotham**”) for an initial term of 7.5 years at an initial rent of \$64/sf to increase annually at 3% for an initial annual rent of \$157,248; provided the P.C. shall have an option to extend the term of the sublease by another 7.5 years; and provided further, the System shall hold an option to take back up to 25% of the area subleased to the P.C. on one year’s prior notice and with a corresponding reduction in the sublease rent payable by the P.C., with and a total rent over the 15 year term of \$2,924,642.

**EXECUTIVE SUMMARY
RENEWAL SUB-LEASE WITH
PEDIATRICS SPECIALTIES OF QUEENS, P.C. FOR
2,560 SF AT 59-17 JUNCTION BOULEVARD, CORONA, QUEENS**

- OVERVIEW:** The President seeks authorization from the System’s Board of Directors to execute a 7.5-year lease sublease extension agreement with Pediatrics Specialties of Queens, P.C. (the “**P.C.**”) for space at 59-17 Junction Boulevard, Borough of Queens where it will co-locate with the Women’s Medical Center (the “**Center**”) operated by NYC Health + Hospitals/Gotham Health (“**Gotham Health**”). This co-location continues an arrangement initiated in 2000 at this location.
- PROGRAM:** The Center is a community-based health care center that has been providing primary care services to residents of the Corona section of Queens since 2000. The P.C. has four pediatricians in its practice all of whom are fluent in English and Spanish and which, over the years, has complimented the functions of the Center. There is a shortage of pediatricians in the Corona area of Queens and especially physicians who are fluent Spanish speakers and who accept Medicaid and thus, the P.C. responds to a critical need.
- PRIOR TERMS:** The Center has occupied the subject location under a lease dated April 6, 1999 and that commenced on January 17, 2000. From its inception, the System subleased about half the space to the P. C. for half the occupancy costs.
- TERMS:** The System will continue to occupy approximately 5,120 square feet of ground floor space with 48% of the space or approximately 2,457 sublet to the P.C. The P.C.’s sublease will have a 7.5-year term. The base rent will start at \$157,248 per year or \$64/sf. The base rent will be escalated by 3% per year. About 48% of any non-rent occupancy expenses, will be passed through to the P.C. The P.C will have the option to continue the lease for an additional 7.5 years. The System will have the right, which it may exercise at any time, to take up to 25% of the space subleased to the P.C. provided that the System gives the P.C. at least one year’s prior notice and that the sublease rent payable by the P.C. is appropriately reduced to reflect the reduced size of the subleased space.
- The rent for this sub-lease extension is at fair market value rate. The rent will total \$2,924,642 over the 15-year term assuming the P.C.s option to extend exercised and that the System does not exercise its recapture option.
- The P.C. will be responsible for interior non-structural repairs and maintenance within its subleased space and will also pay its proportionate share of separately metered utilities provided to the entire premises.

HELMSLEY SPEAR

Established 1866

October 22, 2024

Ms. Deborah H. Morris
Senior Director, Land Use Planning and Real Estate
NYC Health + Hospitals
50 Water Street, 17th Floor
New York, NY 10004

Re: Fair Market Value Report
Women's Health Service Center (WIC)
1902 Flatbush Avenue, Brooklyn, NY 11210

Dear Deborah:

You have requested that I comment on the value of the referenced property for the appropriate rent for a new lease at the referenced property.

This letter further confirms that I've reviewed the proposal of economic terms of the Lease proposal between ACE 3003 Avenue L LLC as Landlord and NYC Health + Hospitals which are as follows:

- The unit will be occupied and zoned for use as a medical office.
- The lease will run for 10 years from lease commencement with a 5-year renewal option.
- The Landlord, in accordance with the terms of the lease proposal has offered a 10-year term with 2.00% escalations per annum.
- The unit is approximately 1,200 RSF.
- This evaluation is for the purpose of a new lease proposal.

Based on my review of the proposed term (10 years), the starting base rent and escalations, \$45 per square foot with 2.00% annual increases plus other Landlord cost pass-throughs (taxes, electric, water) as outlined in the lease proposal have been considered.

Landlord could reasonably claim rents to be a bit higher as the rental market for commercial space has improved and this space is located on the ground floor and can be leased as retail. That said, there must be consideration given to a tenant such as NYC H+H with its financial stability. The Tenant will provide Landlord with a continued rent stream uninterrupted by vacancy. The Landlord will provide work consisting of paint, ceramic flooring throughout, one ADA restroom, installation of a pantry with appliances, guarantee that the two split AC units are working and construct an interior room. NYC H+H will be responsible for any additional construction, plus installation of any FF&E. Landlord will also provide Tenant, after its delivery of the space, two months' rent concession valued at \$9,000. Tenant will not be providing a security deposit and will have a right of cancellation after 60 months of full rent payment.

Quantifying these items probably gives Landlord a net effect of rent similar to that which NYC Health + Hospitals is proposing and has agreed to: \$45 per square foot with 2.00% annual increases.

HELMSLEY SPEAR

Established 1866

Given the proposed Landlord rent and NYC Health + Hospitals response, we value the rent at a range of \$45-47/RSF. Further, a 2.00% annual escalating rent increase percentage nevertheless remains consistent with current market conditions.

If you have any further questions, please let me know.

Very truly yours,

Michael Dubin

A handwritten signature in black ink, appearing to read "Michael Dubin", written in a cursive style.

Executive Managing Director
Helmsley Spear

HELMSLEY SPEAR

Established 1866

Schedule A – Comparables

Address	Cross Streets	Total SF	Price/SF	Sign Date
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3915 Flatlands Ave	Flatlands Ave & East 40 th St	617	\$33.06	1/2024
3915 Flatlands Ave	Flatlands Ave & East 40 th St	1,890	\$31.11	10/2023
3720 Kings Highway	Kings Hwy & East 38 th St	1,200	\$20	2/2023
3830 Flatlands Ave	Flatlands Ave & Ryder St	700	\$63.33	10/2022
1912 Flatbush Ave	Flatbush Ave & Avenue L	1,970	\$89	9/2021

**Lease with LSS Leasing LLC
New York City Health + Hospitals
Gotham Health/ Lefrak Clinic
59-17 Junction Boulevard NY, 11374
and Sublease of a Portion of the Space to
Pediatric Specialties of Queens**

**Board of Directors Meeting
November 21, 2024**

**Ted Long, MD, MHS, SVP, Ambulatory Care and Population Health
Leora Jontef, AVP, Real Estate & Housing
Deborah Morris, AICP, Senior Director, Real Estate & Housing
Jeremy Berman, Deputy General Counsel**

For Board of Directors Consideration (Prime Lease)

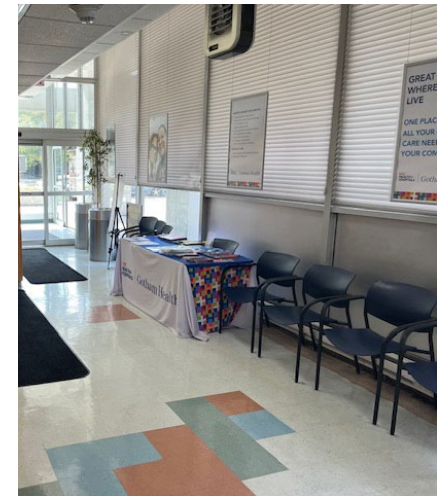
- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a renewal lease with **LSS Leasing Limited Liability Company (“Landlord”)** for approximately 5,120 square feet on the ground floor at **59-17 Junction Boulevard, Corona, NY (the “Premises”)** to house the **Woman’s Medical Center (the “Center”)** operated by **NYC Health + Hospitals/ Gotham Health (“Gotham”)** for an initial term of 15 years with the System holding two 5-year options to extend the lease at an initial rent of \$62.50/sf to increase annually at 3% for an initial annual rent of \$320,000 and a total rent over the potential term of 25 years of \$11,666,965.

For Board of Directors Consideration (Sublease)

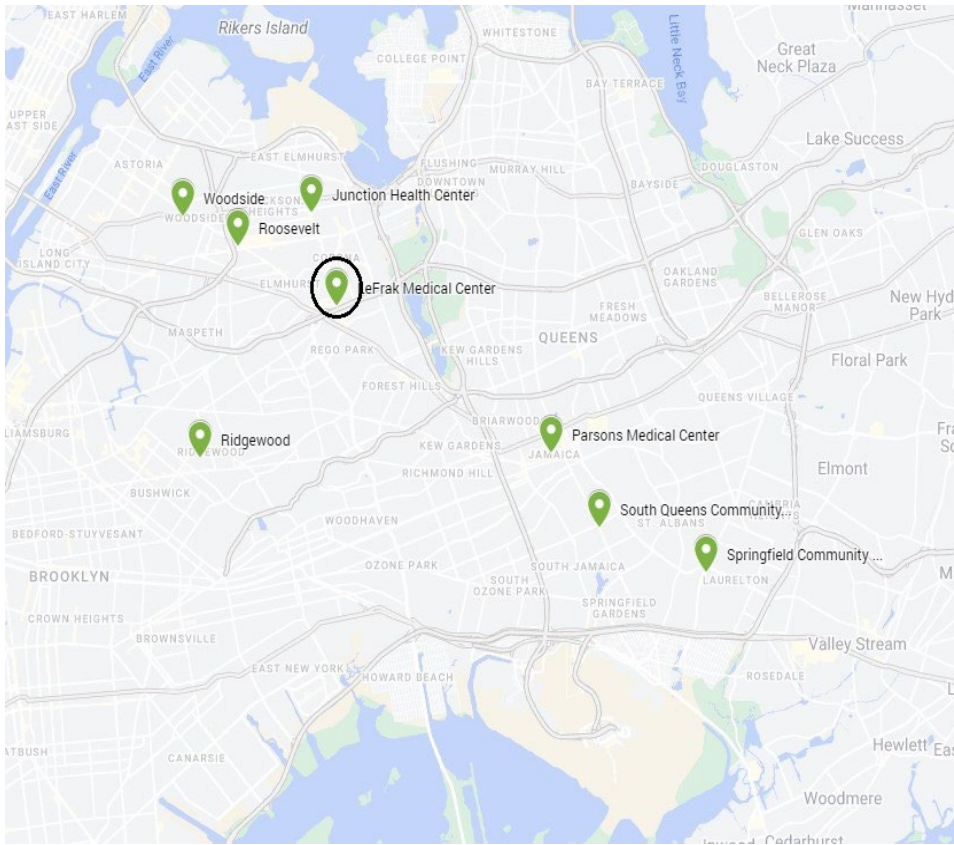
- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to execute a renewal sublease with **Pediatrics Specialties of Queens, P.C. (the “P.C.”)** for approximately 2,457 square feet on the ground floor at 59-17 Junction Boulevard, Corona, NY (the “**Premises**”) in which the P.C. will continue to operate a pediatric medicine practice collocated with the **Woman’s Medical Center (the “Center”)** operated by NYC Health + Hospitals/ **Gotham Health (“Gotham”)** for an initial term of 7.5 years at an initial rent of \$64/sf to increase annually at 3% for an initial annual rent of \$157,248; provided the P.C. shall have an option to extend the term of the sublease by another 7.5 years; and provided further, the System shall hold an option to take back up to 25% of the area subleased to the P.C. on one year’s prior notice and with a corresponding reduction in the sublease rent payable by the P.C., with the total sublease rent over the maximum potential 15 year term of \$2,924,642.

Gotham Health/LeFrak

- Building Location
 - Occupies 5,120 SF within a larger commercial building
 - Proximate to the R and M subway lines
- History
 - LeFrak Clinic has been offering primary care services since 2000, initially operating under Elmhurst Hospital.
 - The clinic joined Gotham Health in October 2018.
 - At this location, Gotham Health offers women's primary care services, providing tailored support for women's health needs.
 - Since opening, approximately half of the leased space has been occupied by a subtenant, Pediatric Specialties of Queens, who provides pediatric care and works closely to coordinate care for patients referred by Gotham.
- Clinical Services
- Women's Primary Care Services
 - Comprehensive Annual Exam
 - Breast and Cervical Cancer
 - Peri-menopausal and postmenopausal care
 - Care of Sexually Transmitted Infections
 - HIV Counseling and Testing
 - Family Planning Services
 - Emergency Contraception
 - Health and Nutrition Counseling
 - Prenatal Care



➤ Gotham Health operates 30 locations Citywide and 8 in Queens



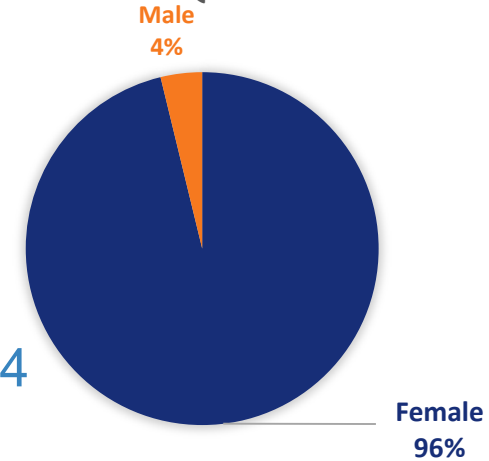
- CORONA DISTRICT HEALTH CENTER AKA JUNCTION
 - 34-33 Junction Blvd
- PARSONS MEDICAL CENTER
 - 90-37 Parsons Blvd
- SOUTH QUEENS COMMUNITY CENTER
 - 114-02 Guy Brewer Blvd
- RIDGEWOOD MEDICAL CENTER
 - 769 Onderdonk Avenue
- ROOSEVELT COMMUNITY HEALTH
 - 37-50 72nd Street
- SPRINGFIELD COMMUNITY HEALTH CENTER
 - 134-64 Springfield Blvd
- WOMEN'S MEDICAL CENTER AT CORONA (LEFRAK)
 - 59-17 Junction Blvd
- WOODSIDE MEDICAL CENTER
 - 50-53 Newtown Rd

Community Health Needs Assessment

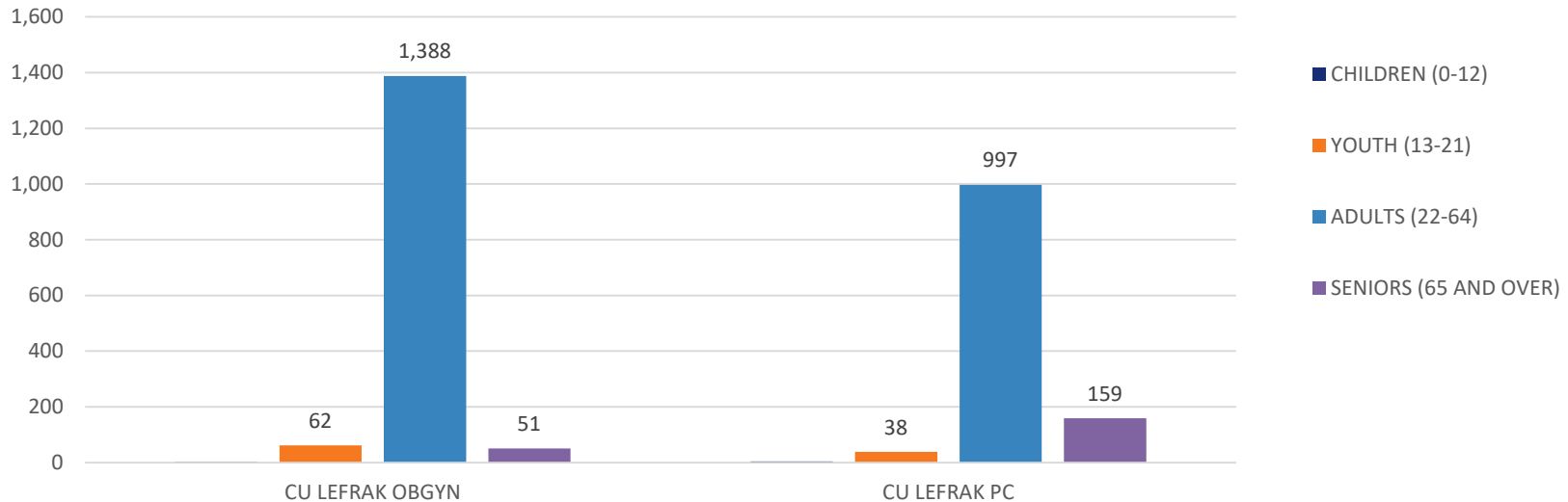
- In Elmhurst and Corona, the rate of expectant mothers receiving late or no prenatal care is higher than the city wide rate (7.9% compared to 6.8%)
- 1 in 4 (24%) children in grades K-8 has obesity, which is higher than the citywide average of 1 in 5 (21%)
- Elmhurst and Corona's teen birth rate is 25.8 per 1,000 teen girls which is higher than the city wide rate of 19.3 per 1000 teen girls.
- In Elmhurst and Corona, 33% of adults are uninsured, higher than the rest of NYC
- 68% of Elmhurst and Corona residents rank their health as "excellent," "very good" or "good," lower than the rest of NYC. The TCNY 2020 goal for the city is at least 82%.



SEX OF UNIQUE PATIENTS



LEFRAK UNIQUE PATIENTS AGE GROUP 2024



Lease Term (Prime Lease)

- Gotham/LeFrak will continue to occupy approximately 52% of a 5,120 SF space located within a mixed used building located at 59-17 Junction Blvd, Brooklyn, and the other portion will continued to be occupied by a subtenant, Pediatric Specialties of Queens.
- **Term:** 15-year lease with two 5-year options for renewal will commence upon execution.
- **Base Rent:** Fair Market Value: \$62.50/square foot to escalate 3% each year for 15 years. First year's rent will be \$320,000 (\$26,666.7/month)
- Gotham is responsible for operating expenses, including water, electricity, and maintenance.
- As part of renewal, Landlord will replace HVAC system, and make improvements to building entry system, at their cost.
- Any increases in property taxes are billed as additional rent – last two years increase was zero.
- The total annual occupancy fee for base rent over the potential 25-years will be approximately \$11,666,965

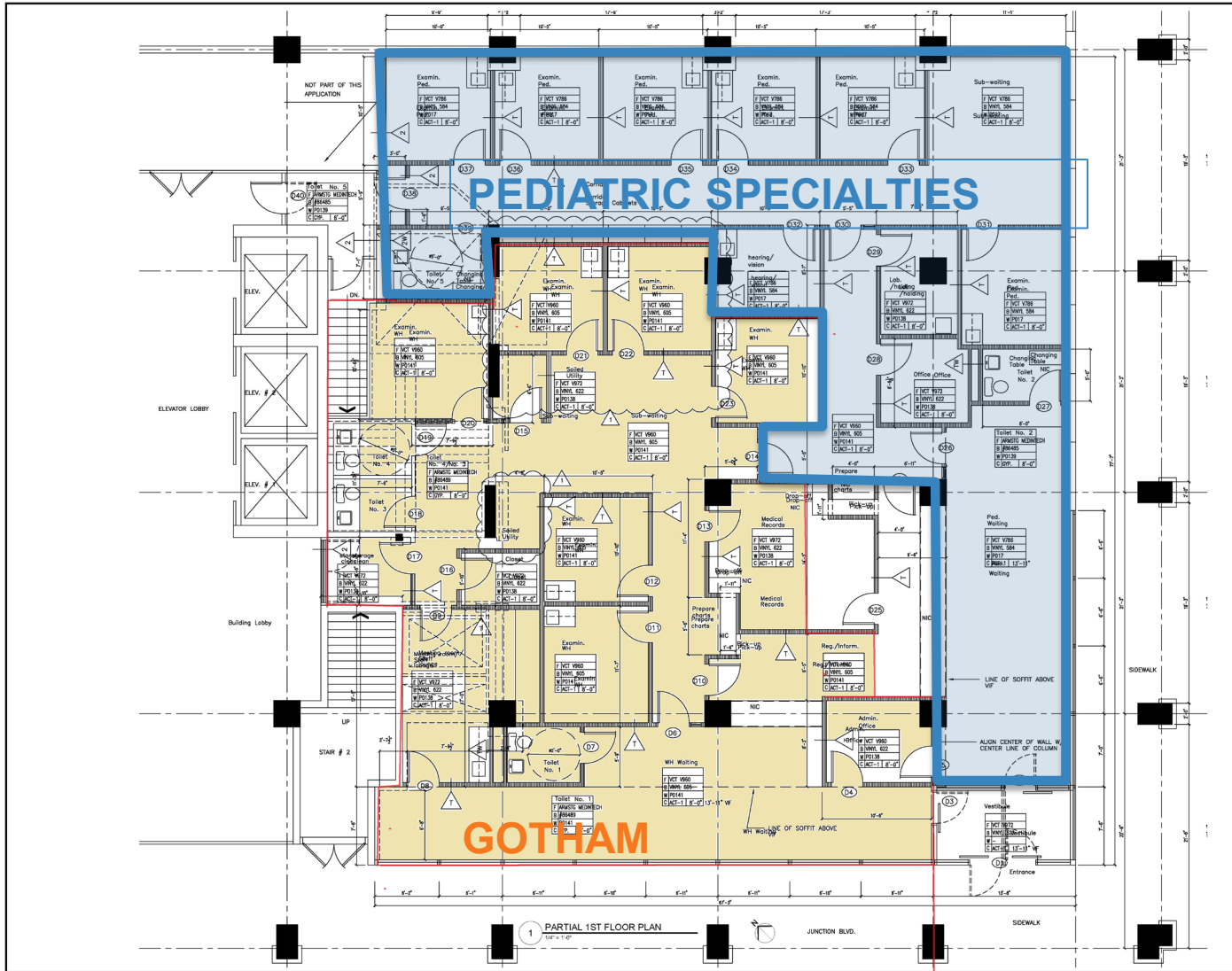
Years	Total
1-15	\$5,951,652
16-20	\$2,646,867
20-25	\$3,068,445
TOTAL	\$11,666,965

Pediatric Specialties of Queens Subtenant

Pediatric Specialties of Queens

- Provides pediatric care – has been a subtenant since Elmhurst hospital opened the Women’s Health clinic in 1999.
- Principal is Dr. Villegas who was trained at Elmhurst Hospital
- Refers patients needing acute or specialty care to Elmhurst Hospital
- Is in the MetroPlus network of providers
- Medicaid is accepted and a substantial number of the patients are enrolled in Medicaid
- A substantial percentage of the patients are children of mothers receiving obstetric and women’s services at Gotham Women’s Health Center
- Works collaboratively with Gotham Women’s Health Center to provide a continuum of care
- Has been a good subtenant that timely pays rent and contributes to operation of office

Pediatric Specialties of Queens



Sublease Terms

- Pediatric Specialty of Queens will continue to occupy about 48% of the total 5,120 sf total leased space or about 2,457 sf.
- **Term:** A 7.5 year sublease, with one option for 7.5 year renewal.
- **Base Rent:** Fair Market Value: \$64/square foot to escalate 3% each year for 7.5 years. First year's rent will be \$157,248 (\$13,104/month)
- Gotham will have the option, with 12 months notice, to recapture up to 25% of the subleased space.
- Responsible for 48% of other occupancy costs such as electrical usage and maintenance.
- 48% of increases in property taxes will be billed as additional rent.

Years	Total
1-7.5	\$1,301,604
7.5-15	\$1,623,038
TOTAL	\$2,924,642

Board of Directors Approval Request (Prime Lease)

- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a renewal lease with **LSS Leasing Limited Liability Company (“Landlord”)** for approximately 5,120 square feet on the ground floor at **59-17 Junction Boulevard, Corona, NY (the “Premises”)** to house the **Woman’s Medical Center (the “Center”)** operated by **NYC Health + Hospitals/ Gotham Health (“Gotham”)** for an initial term of 15 years with the System holding two 5-year options to extend the lease at an initial rent of \$62.50/sf to increase annually at 3% for an initial annual rent of \$320,000 and a total rent over the potential term of 25 years of \$11,666,965.

Board of Directors Approval Request (Sublease)

- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to execute a renewal sublease with **Pediatrics Specialties of Queens, P.C. (the “P.C.”)** for approximately **2,457 square feet** on the ground floor at **59-17 Junction Boulevard, Corona, NY (the “Premises”)** in which the P.C. will continue to operate a pediatric medicine practice collocated with the **Woman’s Medical Center (the “Center”)** operated by **NYC Health + Hospitals/ Gotham Health (“Gotham”)** for an initial term of 7.5 years at an initial rent of \$64/sf to increase annually at 3% for an initial annual rent of \$157,248; provided the P.C. shall have an option to extend the term of the sublease by another 7.5 years; and provided further, the System shall hold an option to take back up to 25% of the area subleased to the P.C. on one year’s prior notice and with a corresponding reduction in the sublease rent payable by the P.C., with the total sublease rent over the maximum potential 15 year term of \$2,924,642.

RESOLUTION - 18

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a ten year lease with **ACE 3003 Avenue L LLC (the “Landlord”)** for approximately **1,200 square feet of ground floor space at 1902 Flatbush Avenue, Brooklyn, to operate a Supplemental Food Program for Women, Infants and Children (the “WIC Program”)** managed by **NYC Health + Hospitals/South Brooklyn Health (“South Brooklyn”)** at a rent of \$54,000 per year, or \$45/sf to be escalated by 2.5% per year that is payable only after two months at no rent with an option to terminate after five years exercisable only by the System if WIC Program funding is discontinued provided the System makes a termination payment of three months’ rent on termination and with a further option held by the System to renew the lease for an additional five years for a total rent of \$968,324 due over the potential 15 year term.

WHEREAS, the Facility’s WIC Program will provide 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, the New York State Department of Health awarded a WIC Program grant to South Brooklyn for the WIC Program within this Zip Code and has approved of this site; and

WHEREAS, the Landlord will build out the space WIC Program according to the specifications of South Brooklyn; and

WHEREAS, the Chief Executive Officer of South Brooklyn will be responsible for the administration of the proposed lease.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to sign a ten year lease with **ACE 3003 Avenue L LLC (the “Landlord”)** for approximately 1,200 square feet of ground floor space at 1902 Flatbush Avenue, Brooklyn, to operate a Supplemental Food Program for Women, Infants and Children (the “**WIC Program**”) managed by **NYC Health + Hospitals/South Brooklyn Health (“South Brooklyn”)** at a rent of \$54,000 per year, or \$45/sf to be escalated by 2.5% per year that is payable only after two months at no rent with an option to terminate after five years exercisable only by the System if WIC Program funding is discontinued provided the System makes a termination payment of three months’ rent on termination and with a further option held by the System to renew the lease for an additional five years for a total rent of \$968,324 due over the potential 15 year term.

EXECUTIVE SUMMARY
NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH
LEASE WITH ACE 3003 AVENUE L LLC
SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN
1902 FLATBUSH AVENUE BROOKLYN
BOROUGH OF BROOKLYN

OVERVIEW: New York City Health and Hospitals Corporation (the “**System**”) seeks authorization from its Board of Directors to execute a ten-year lease with ACE 3003 Avenue L LLC (the “**Landlord**”) for 1,200 sf on the ground floor of 1902 Flatbush Avenue, Brooklyn for the operation of a Women, Infants and Children Program (the “**WIC Program**”), managed by NYC Health + Hospitals/South Brooklyn (“**South Brooklyn**”).

PROGRAM: The WIC Program will provide 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.

FINANCING: Rent and operating expenses are covered by a New York State Department of Health grant that has a five-year term. There is no cost incurred by the System for the operation of the WIC Program.

TERMS: The System will occupy approximately 1,200 square feet of ground floor space, and will pay base rent of \$54,000 per year, or \$45 per square foot to be escalated by 2.5% per year. The System will get the first two months of the lease term rent free. The System will hold an option to terminate the lease at the end of the 5th year if the DOH WIC Program grant is not continued. To exercise such termination option, the System shall pay a termination fee equal to three month’s rent. The System shall also hold an option to continue the lease for an additional five years. The total rent payable over the potential 15-year term is \$968,324.

The landlord will buildout the space at no additional cost to the System.

The System will be responsible for payment of separately metered gas, electricity and water. The landlord will be responsible for all exterior maintenance and structural repairs on the premises. The System will be responsible for non-structural maintenance and repairs required within the leased space.

Year	Rent (per SF)	Monthly	Annual Cost
1	\$45.00	\$4,500	\$54,000
2	\$46.13	\$4,613	\$55,350
3	\$47.28	\$4,728	\$56,734
4	\$48.46	\$4,846	\$58,152
5	\$49.67	\$4,967	\$59,606
6	\$50.91	\$5,091	\$61,096
7	\$52.19	\$5,219	\$62,623
8	\$53.49	\$5,349	\$64,189
9	\$54.83	\$5,483	\$65,794
10	\$56.20	\$5,620	\$67,439
11	\$57.60	\$5,760	\$69,125
12	\$59.04	\$5,904	\$70,853
13	\$60.52	\$6,052	\$72,624
14	\$62.03	\$6,203	\$74,440
15	\$63.58	\$6,358	\$76,301
Total			\$968,324

HELMSLEY SPEAR

Established 1866

October 22, 2024

Ms. Deborah H. Morris
Senior Director, Land Use Planning and Real Estate
NYC Health + Hospitals
50 Water Street, 17th Floor
New York, NY 10004

Re: Fair Market Value Report
Women's Health Service Center (WIC)
1902 Flatbush Avenue, Brooklyn, NY 11210

Dear Deborah:

You have requested that I comment on the value of the referenced property for the appropriate rent for a new lease at the referenced property.

This letter further confirms that I've reviewed the proposal of economic terms of the Lease proposal between ACE 3003 Avenue L LLC as Landlord and NYC Health + Hospitals which are as follows:

- The unit will be occupied and zoned for use as a medical office.
- The lease will run for 10 years from lease commencement with a 5-year renewal option.
- The Landlord, in accordance with the terms of the lease proposal has offered a 10-year term with 2.00% escalations per annum.
- The unit is approximately 1,200 RSF.
- This evaluation is for the purpose of a new lease proposal.

Based on my review of the proposed term (10 years), the starting base rent and escalations, \$45 per square foot with 2.00% annual increases plus other Landlord cost pass-throughs (taxes, electric, water) as outlined in the lease proposal have been considered.

Landlord could reasonably claim rents to be a bit higher as the rental market for commercial space has improved and this space is located on the ground floor and can be leased as retail. That said, there must be consideration given to a tenant such as NYC H+H with its financial stability. The Tenant will provide Landlord with a continued rent stream uninterrupted by vacancy. The Landlord will provide work consisting of paint, ceramic flooring throughout, one ADA restroom, installation of a pantry with appliances, guarantee that the two split AC units are working and construct an interior room. NYC H+H will be responsible for any additional construction, plus installation of any FF&E. Landlord will also provide Tenant, after its delivery of the space, two months' rent concession valued at \$9,000. Tenant will not be providing a security deposit and will have a right of cancellation after 60 months of full rent payment.

Quantifying these items probably gives Landlord a net effect of rent similar to that which NYC Health + Hospitals is proposing and has agreed to: \$45 per square foot with 2.00% annual increases.

HELMSLEY SPEAR

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Given the proposed Landlord rent and NYC Health + Hospitals response, we value the rent at a range of \$45-47/RSF. Further, a 2.00% annual escalating rent increase percentage nevertheless remains consistent with current market conditions.

If you have any further questions, please let me know.

Very truly yours,

Michael Dubin

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Executive Managing Director
Helmsley Spear

HELMSLEY SPEAR

Established 1866

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**Request to Lease with
ACE 3003 Avenue L LLC
for New York City Health + Hospitals / South
Brooklyn Health
1902 Flatbush Avenue, Brooklyn NY 11210**

**Board of Director Meeting
November 21, 2024**

**Svetlana Lipyanskaya, MPA, CEO, NYC H+H/South Brooklyn Health
Leora Jontef, AVP, Real Estate & Housing
Deborah Morris, AICP, Senior Director Real Estate & Housing**

For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a ten year lease with **ACE 3003 Avenue L LLC (the “Landlord”)** for approximately **1,200 square feet of ground floor space at 1902 Flatbush Avenue, Brooklyn, to operate a Supplemental Food Program for Women, Infants and Children (the “WIC Program”)** managed by **NYC Health + Hospitals/South Brooklyn Health (“South Brooklyn”)** at a rent of \$54,000 per year, or \$45/sf to be escalated by 2.5% per year that is payable only after two months at no rent with an option to terminate after five years exercisable only by the System if WIC Program funding is discontinued provided the System makes a termination payment of three months’ rent on termination and with a further option held by the System to renew the lease for an additional five years for a total rent of \$968,324 due over the potential 15 year term.

South Brooklyn WIC

- The Women Infant Children 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 New York State Department of Health awarded a WIC Program grant to South Brooklyn for service within the zip code 11210 in 2023.
- South Brooklyn is assigned to serve a population of 2210 people through this grant.
- South Brooklyn currently operates this WIC program at another site nearby and is proposing to move the program to this new space
- South Brooklyn identified the proposed space to meet the program's needs.
- The New York State Department of Health approved use of this site for the WIC program.



Lease Terms

- NYC Health and Hospitals/South Brooklyn Health will occupy 1,200 SF at 1902 Flatbush Avenue, Brooklyn, NY.
- A 10 year lease term will commence upon execution of the lease with one 5-year option.
- Base Rent: \$45/square foot to escalate 2.5% each year.
 - The System will get the first two months of the lease term rent free.
 - The System will hold an option to terminate the lease at the end of the 5th year if the DOH WIC Program grant is not continued. To exercise such termination option, the System shall pay a termination fee equal to three months rent.
- As a condition of occupancy, landlord will provide an ADA accessible restroom and other minor improvements required.
- The total annual occupancy fee for base rent over the potential 15-year term will be approximately \$959,324.

Years	Total
1-10	\$604,983
11-15	\$363,341
Total	\$968,324

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a ten year lease with **ACE 3003 Avenue L LLC (the “Landlord”)** for approximately **1,200 square feet of ground floor space at 1902 Flatbush Avenue, Brooklyn, to operate a Supplemental Food Program for Women, Infants and Children (the “WIC Program”)** managed by **NYC Health + Hospitals/South Brooklyn Health (“South Brooklyn”)** at a rent of \$54,000 per year, or \$45/sf to be escalated by 2.5% per year that is payable only after two months at no rent with an option to terminate after five years exercisable only by the System if WIC Program funding is discontinued provided the System makes a termination payment of three months’ rent on termination and with a further option held by the System to renew the lease for an additional five years for a total rent of \$968,324 due over the potential 15 year term.

RESOLUTION - 19

Authorizing New York City Health and Hospitals Corporation (the “System”) to **further increase the funding by \$8,000,000 for its previously executed agreement with Array Architects, Inc. (“Array”) for architectural/engineering services for the renovation of spaces at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) that began in June 2020 in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”), which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, \$1,960,238 in May 2023, \$3,477,599 in November 2023, such that the funding is increased from \$22,325,006 to a total not to exceed sum of \$30,325,006 and to extend the contract by 3 years to November 30, 2028, with anticipated construction completion of December 2027.**

WHEREAS, in June 2020 the System’s Board of Directors authorized a five-year agreement with Array to provide architectural/engineering services for the renovation of space at Bellevue and Woodhull to serve as sites for the OTxHU initiative; and

WHEREAS, since the approval of the subject agreement, the scope and cost of the OTxHU initiative has increased to meet security operations, programmatic, and regulatory requirements, the requirement that the progress of the program be substantially accelerated, and inclusion of contingencies, at Bellevue and Woodhull; and

WHEREAS, since the budget was increased in November 2023, additional design revisions at Woodhull have been identified related to enhanced security requirements, two new dedicated elevators and shaft, complete redesign of the sallyport and intake, change to security grade mechanical, electrical and plumbing fixtures, incorporation of 100% emergency back-up power and new administrative space requirements which require an increased level of effort on the part of Array; and

WHEREAS, the increased level of effort requires an increase in Array’s budget for the project by \$8,000,000.

NOW THEREFORE BE IT:

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to increase the funding by \$8,000,000 for its previously executed agreement with Array Architects, Inc. (“Array”) for architectural/engineering services for the renovation of spaces at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) that began in June 2020 in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”), which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, \$1,960,238 in May 2023, \$3,477,599 in November 2023, such that the funding is increased from \$22,325,006 to a total not to exceed sum of \$30,325,006 and to extend the contract by 3 years to November 30, 2028, with anticipated construction completion of December 2027.

**EXECUTIVE SUMMARY
ARCHITECTURAL AND ENGINEERING SERVICES
FOR THE OTxHU PROGRAM
ARRAY ARCHITECTS, INC.**

- OVERVIEW:** The System's CHS OTxHU initiative is to treat more clinically complex patients within secured units located at Bellevue and Woodhull hospitals. Considerable work has been, and will have to be done to complete these spaces. The System executed a contract with Array to design the OTxHU spaces and assist with the procurement of construction contractors and with construction administration. The contract with Array was approved by the Board of Directors in June 2020 with an NTE of \$8,663,000. In November 2021 the System returned to the Board of Directors to request \$1,814,880 in increased funding bringing the contract NTE to \$10,477,880. This request was triggered by the need to accelerate the project and to respond to requested design changes at Bellevue. In November 2022, the System returned to the Board of Directors to request \$6,409,289 in increased funding bringing the contract NTE to \$16,887,169. This request was triggered by required design changes at Bellevue. In May 2023, the System returned to the Board of Directors to request \$1,960,238 in increased funding bringing the contract NTE to \$18,847,407. This request was triggered by conceptual design revisions. In November 2023, the System returned to the Board of Directors to request \$3,477,599 in increased funding bringing the contract NTE to \$22,325,006. This request was triggered by additional security design revisions required at Bellevue.
- NEED:** Modifications to the OTxHU initiative have been identified at Woodhull in relation to enhanced security requirements, two new dedicated elevators and shaft, complete redesign of the sallyport and intake, change to security grade mechanical, electrical and plumbing fixtures, incorporation of 100% emergency back-up power and new administrative space requirements.
- PROPOSAL:** The design changes at Woodhull will cost an additional \$8,000,000. When that amount is added to the prior NTE of \$22,325,006, the new requested NTE becomes \$30,325,006.
- FUNDING:** The increase will be financed with City Capital Funds.
- TERM:** Additional 3 years to end November 30, 2028
- MWBE:** Array's effective MWBE % with new contract value is 36.71%. Array has achieved a 37.37% MWBE to date.
- PASSPORT APPROVAL:** Approved
- EEO APPROVAL:** Approved



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

From: Franco Esposito *Franco Esposito*
Senior Counsel
Office of Legal Affairs

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

Vendor: Array Architects PC

Date: October 18, 2024

The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

Vendor Responsibility

Approved

EEO

Approved

MWBE

30%

**Request for Contract Amendment to
Array Architects, Inc. for Design Services
for NYC Health + Hospitals/
Woodhull Outposted Therapeutic
Housing Units**

**Board of Directors Meeting
November 21, 2024**

**Manuel Saez, PhD Vice President, OFD
Oscar Gonzalez, Senior Assistant Vice President, OFD
Tim O’Leary, Chief Financial Officer, CHS
Luis Mendes, Senior Director, OFD**

- Authorizing New York City Health and Hospitals Corporation (the “System”) to further **increase the funding by \$8,000,000 for its previously executed agreement with Array Architects, Inc. (“Array”) for architectural/engineering services for the renovation of spaces at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) that began in June 2020 in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”), which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, \$1,960,238 in May 2023, \$3,477,599 in November 2023, such that the funding is increased from \$22,325,006 to a total not to exceed sum of \$30,325,006 and to extend the contract by 3 years to November 30, 2028, with anticipated construction completion of December 2027.**

Contract History

- NYC Health+Hospitals executed an agreement with Array Architects, Inc. for architectural and engineering services for the NYC Health+Hospitals/ Correctional Health Services' Outposted Therapeutic Housing Units (OTxHU) at Bellevue Hospital and Woodhull Hospital.
- Contract term is for 5 years starting on December 1, 2020 and ending on November 30, 2025.
- The Board previously approved contract amendments, all within the allocated Capital budget for the project:

Board Date	Description	Increase to NTE	NTE	Time Increase
June 2020	Design at Bellevue and Woodhull.		\$8,663,000	5 years
November 2021	Increased funding for schedule acceleration.	\$1,814,880	\$10,477,880	
December 2022	SCOC approval of design changes required design adaption at Bellevue and Woodhull.	\$6,409,289	\$16,887,169	
May 2023	Increase funding for additional security revisions at Bellevue.	\$1,960,238	\$18,847,407	
November 2023	Increase funding for additional security revisions at Bellevue.	\$3,477,599	\$22,325,006	

Background and Justification

- On March 4, 2024, the Mayor directed NYC Health + Hospitals to move forward with the construction of the Outposted Therapeutic Housing Units (OTxHU) at Woodhull.
- Restacking of current hospital operations to clear the 9th and 10th floors for the Woodhull OTxHU has been completed.
- The second phase of Woodhull OTxHU is the roof replacement and construction will be completed by March 2025. This is necessary to support the OTxHU required recreation deck.

- Justification
 - New requirements for security operations necessitated a 90% redesign of the Woodhull 9th and 10th floor interior layouts. Design changes incorporated from Bellevue require further architectural and engineering assessment when applied to Woodhull in order to reflect the building's different blueprint and infrastructure layout. Additional security changes include:
 - Enhanced security requirements (addition of window bars on exterior windows, and installation of metal mesh enclosure and anti-climb fencing at roof level recreation area).
 - Two new dedicated elevators and elevator shaft for intake at ground level with stops at 9th and 10th floors and the roof.
 - Complete redesign of vehicular sallyport and intake.
 - Change to security grade mechanical, electrical and plumbing fixtures.
 - New design to incorporate infrastructure for 100% emergency back-up power.
 - New administrative space requirements.

- Funding for these new requirements have been provided by OMB in the September Capital Plan.

- Construction of the Woodhull OTxHU is anticipated to begin in Fall 2025 and completed December 2027.

Contract Amendment

- Request for authorization to increase the contract amount for Array Architects, Inc. by \$8,000,000 to a total NTE of \$30,325,006 and extend the contract by 3 years to November 30, 2028.
- Vendor performance is good to date.
- Funding have been provided by OMB in the September Capital Plan.
- Certificate to Proceed (CP) being prepared to be submitted to OMB

MWBE Utilization Plan

Array's Utilization Plan Subcontracted Scopes of Work	Utilization Plan %
MEP, Structural, Hazmat, Equipment, LEED, Landscape Architecture, Haz Mat, Cost estimating	36.71%

- Array has achieved 37.37% to date
- Vendor performance is good to date

- Authorizing New York City Health and Hospitals Corporation (the “System”) to further **increase the funding by \$8,000,000 for its previously executed agreement with Array Architects, Inc. (“Array”) for architectural/engineering services for the renovation of spaces at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) that began in June 2020 in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”), which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, \$1,960,238 in May 2023, \$3,477,599 in November 2023, such that the funding is increased from \$22,325,006 to a total not to exceed sum of \$30,325,006 and to extend the contract by 3 years to November 30, 2028, with anticipated construction completion of December 2027.**

RESOLUTION - 20

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a **contract with Mico Cooling Corp. (the “Contractor”)**, to **undertake essential preventative maintenance and repair services of refrigeration and related cooling equipment**, for three years, with two one-year renewal options, for a contract amount of \$6,668,810, with a 20% project contingency of \$1,333,762, and an emergency repairs allowance of \$666,881 to bring the total cost not to exceed \$8,669,454.

WHEREAS, NYC Health + Hospitals’ current contract for preventative maintenance and emergency repair of refrigeration equipment at Bellevue, Queens, Lincoln and Harlem Hospitals is slated to expire December 31, 2024; and

WHEREAS, such services remain vital for the operation of NYC Health + Hospitals’ clinical environment and must continue to ensure adherence to all HVAC hospital regulations set forth by the CDC and the American Society of Heating and Air-Conditioning Engineers (ASHRAE); and

WHEREAS, the services to be provided by the Contractor include full time preventative maintenance of refrigerators, freezers, air conditioners, and ice machines at Bellevue, Harlem, Queens and Lincoln Hospitals, in addition to repair of such equipment on an as needed basis throughout NYC Health + Hospitals’ facilities; and

WHEREAS, in accordance with Operating Procedure 100-5, a Request for Proposals solicitation was issued directly to four vendors and posted to City Record on June 20, 2024, with six vendors attending a pre-proposal conference on June 25, 2024, and two proposals received by the due date of July 29, 2024. The evaluation committee ranked the Contractor the higher rating and the Contract Review Committee endorsed the recommendation to award the contract to the Contractor; and

WHEREAS, the Contractor received an evaluation of “Excellent” for its current contract performance of refrigeration equipment maintenance and repair services; and

WHEREAS, the Contractor is a New York City certified WBE firm; and

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

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with **Mico Cooling Corp. (the “Contractor”)**, to **undertake essential preventative maintenance and repair services of refrigeration and related cooling equipment**, for three years, with two one-year renewal options, for a contract amount of \$6,668,810, with a 20% project contingency of \$1,333,762, and an emergency repairs allowance of \$666,881 to bring the total cost not to exceed \$8,669,454.

**EXECUTIVE SUMMARY
PREVENTATIVE MAINTENANCE &
REPAIR REFRIGERATION CONTRACT
MICO COOLING CORP.**

CONTRACT SCOPE: Full time preventative maintenance of refrigeration equipment at Bellevue, Harlem, Queens and Lincoln Hospitals, in addition to repair of such equipment on an as needed basis throughout NYC Health + Hospitals' facilities.

NEED: NYC Health + Hospitals NCB needs to maintain and repair refrigeration equipment to comply with regulatory and operational needs.

CONTRACT DURATION: Three years, with two (2) one (1) year renewal options, slated to commence January 2025.

PROCUREMENT: A Request for Proposals was issued directly to four vendors and posted to City Record on June 20, 2024, with six vendors attending a pre-proposal conference on June 25, 2024, and two proposals received by the due date of July 29, 2024. The evaluation committee awarded the highest score to Mico Cooling Corp. and the Contract Review Committee endorsed the recommendation to award the contract to Mico Cooling Corp. for a contract of \$6,668,810

PRIOR EXPERIENCE: Mico Cooling Corp. is the current refrigeration preventative maintenance and repair service provider for NYC Health + Hospitals and received a rating of "excellent".

NOT TO EXCEED COST: \$8,669,454

PASSPORT APPROVAL: Pending

EEO APPROVAL: Approved

MWBE STATUS: Mico Cooling Corp. is a WBE



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

From: Franco Esposito *Franco Esposito*
Senior Counsel
Office of Legal Affairs

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

Vendor: MICO Cooling Corp

Date: October 18, 2024

The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

Vendor Responsibility

Pending

EEO

Approved

MWBE

100%

Request for Contract with MICO Cooling Corp for Refrigeration Maintenance & Repair Services

**Board of Directors Meeting
November 21, 2024**

**Manuel Saez, PhD Vice President, OFD
Mahendranath Indar, Assistant Vice President, OFD**

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Mico Cooling Corp. (the “Contractor”)**, to **undertake essential preventative maintenance and repair services of refrigeration and related cooling equipment** for three years with two one-year renewal options, for a contract amount of \$6,668,810, with a 20% project contingency of \$1,333,762, and an emergency repairs allowance of \$666,881 to bring the total cost not to exceed \$8,669,454.

- Refrigerators, Freezers, A/Cs, and Ice Machines are critical for the clinical environment, and adhere to all refrigeration and HVAC Hospital regulations set forth by the CDC and American Society of Heating and Air-Conditioning Engineers (ASHRAE)
- We have a current refrigeration maintenance contract with Mico Cooling Corp. that has a five year term - it began in January of 2020 and expires in January of 2025
 - The contract includes PM, Labor, and Emergency Repair with an annual spend of \$1.2M
 - Full time PM & Repair at Bellevue (2), Queens (1), Lincoln (1), Harlem (1) - \$948,000M
 - Emergency Repairs system wide - \$262,015 annual average over term of current contract
- Vendor will provide service full time technicians at the following H+H locations:
 - H+H Bellevue
 - H+H Harlem
 - H+H Queens
 - H+H Lincoln
- Vendor will assume Preventative Maintenance (PM) responsibility for all equipment at these four sites, including inspections and testing.
- Vendor will also provide refrigeration repair as needed at other H+H locations

➤ Minimum criteria

- A minimum of 5 years performing Refrigeration Maintenance, Repair and Inspection Services in a hospital environment.
- Appropriately licensed and certified in the state/city of New York to perform this service.
- \$5 million in annual gross sales. The System reserves the right to modify this criterion for MWBE vendors.

➤ Substantive Criteria

- 30% Cost
- 30% Approach and Methodology
- 30% Firm's Experience
- 10% MWBE

➤ Evaluation Committee

- Director, Corporate Support Services
- DOE / Support Services, Central Office
- DOE, Queens
- DOE, Harlem Hospital
- Sr. Stationary Engineer, Lincoln Hospital
- DOE, Lincoln Hospital
- Sr. Stationary Engineer, Queens Hospital
- Sr. Stationary Engineer, Harlem Hospital
- Sr. Stationary Engineer, Bellevue

Overview of Procurement

- 8/23/2023: Application to issue request for proposals approved by CRC
- 6/20/2024: RFP Posted on City Record, sent directly to 4 vendors
- 6/25/2024: Pre-proposal conference held, 6 vendors attended
- July 2024: Vendor walkthroughs conducted at various sites
- 7/29/2024: Proposals due, 2 proposals received
- 8/20/2024: Evaluation committee submitted their Round scores
- 8/20/2024: Evaluation committee submitted final scores. Below is the top scoring proposer:
 - Mico Cooling Corp.

Vendor Performance

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

Contract Budget

MICO Cooling Corp	
Labor	\$6,668,810
Contingency (20%)	\$1,333,762
Emergency Repairs	\$666,881
Total	\$8,669,454

Contract Terms

- Mico Cooling Corp. is a New York City certified WBE.
- The Contract amount is \$6,668,810
- The contract duration will begin January 2025 for a initial term of 3 years with 2 one year renewal options with NYC Health + Hospitals.

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Mico Cooling Corp. (the “Contractor”)**, to **undertake essential preventative maintenance and repair services of refrigeration and related cooling equipment** for three years with two one-year renewal options, for a contract amount of \$6,668,810, with a 20% project contingency of \$1,333,762, and an emergency repairs allowance of \$666,881 to bring the total cost not to exceed \$8,669,454.

**AMENDED TO REVISE TERMS TO COMMENCE
APRIL 2025 TO MARCH 2028 INSTEAD OF FEBRUARY
2025 TO JANUARY 2028**

RESOLUTION - 21

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with **Carrier Corporation (the “Contractor”), to provide HVAC/Chiller preventative maintenance and repair services at several acute hospitals** for three years with 2 one-year renewal options for a contract amount of \$1,869,290, with a 20% project contingency of \$373,858, to bring the total cost not to exceed \$2,243,147.

WHEREAS, the System’s acute hospitals have a total of 110 chillers and various associated HVAC equipment that require certain regularly scheduled preventative maintenance services along with unscheduled repair services from time to time; and

WHEREAS, NYC Health + Hospitals currently has a contract with Carrier Corporation to perform such services which expired in October 2024; and

WHEREAS, due to the System’s need to continue to provide these services, it was determined that a procurement be undertaken to select new vendors to perform such services once the current contract expires; and

WHEREAS, the procurement for such replacement services will not be completed until five months after expiration of the current contract necessitating a best interest extension with Carrier Corporation for five months with an anticipated spend of \$739,000; and

WHEREAS, an application to issue a request for proposals to solicit replacement contractors was approved by the CRC on July 11, 2023; and

WHEREAS, in accordance with Operating Procedure 100-5 a solicitation was issued on July 9, 2024; a pre-proposal conference was held on July 16, 2024, attended by 9 vendors; proposals were submitted by 5 vendors and publicly opened on August 12, 2024; on September 25, 2024, the evaluation committee completed its scoring and Contractor received the highest overall score for one of the equipment groups; and

WHEREAS, the Contractor has requested a waiver of the MWBE requirement due to lack of subcontracting opportunity on the project; and

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

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

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Carrier Corporation for three years with 2 one-year renewal options for a contract amount of \$1,869,290, with a 20% project contingency of \$373,858, to bring the total cost not to exceed \$2,243,147.

EXECUTIVE SUMMARY
HVAC/CHILLER PREVENTATIVE MAINTENANCE AND REPAIR SERVICES
CARRIER CORPORATION

- CONTRACT SCOPE:** Chiller and HVAC preventative maintenance and repair services
- NEED:** NYC Health + Hospitals facilities needs chiller and HVAC preventative maintenance and repair services to be performed at each of its acute hospitals.
- CONTRACT DURATION:** 3 years with 2 one-year renewal options, slated to commence, April 2025 with anticipated completion of the initial term in March, 2028.
- PROCUREMENT:** A solicitation was issued on July 9, 2024; a pre-proposal conference was held on July 16, 2024, attended by 9 vendors; proposals were submitted by 5 vendors and publicly opened on August 12, 2024; on September 25, 2024, the evaluation committee completed its scoring and Contractor received the highest overall score.
- PRIOR EXPERIENCE:** Carrier Corporation is the current contractor providing HVAC/Chiller preventative maintenance and repair services and has a rating of good.
- CONTRACT AMOUNTS:** Not to exceed contract value of \$2,243,147.
- PASSPORT APPROVAL:** Pending
- EEO APPROVAL:** Pending
- MWBE STATUS:** Contractors has requested a waiver of the MWBE requirement.



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

From: Franco Esposito *Franco Esposito*
Senior Counsel
Office of Legal Affairs

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

Contracts: Preventive Maintenance and Repair HVAC Services

Date: October 22, 2024

The below information indicates the vendors status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Carrier Corporation	Pending	Pending	Pending
Johnson Controls, Inc.	Approved	Pending	Pending
Trane U.S. Inc.	Pending	Pending	Pending

**AMENDED TO REVISE TERMS TO COMMENCE APRIL 2025
TO MARCH 2028 INSTEAD OF FEBRUARY 2025 TO
JANUARY 2028**

RESOLUTION - 22

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with **Johnson Controls, Inc. (the “Contractor”)**, to provide **HVAC/Chiller preventative maintenance and repair services at several acute hospitals** for three years with 2 one-year renewal options for a contract amount of \$4,626,212 with a 20% project contingency of \$925,242, to bring the total cost not to exceed \$5,551,454.

WHEREAS, the System’s acute hospitals have a total of 110 chillers and various associated HVAC equipment that require certain regularly scheduled preventative maintenance services along with unscheduled repair services from time to time; and

WHEREAS, NYC Health + Hospitals currently has a contract with Carrier Corporation to perform such services which expired in October 2024; and

WHEREAS, due to the System’s need to continue to provide these services, it was determined that a procurement be undertaken to select new vendors to perform such services once the current contract expires; and

WHEREAS, the procurement for such replacement services will not be completed until five months after expiration of the current contract necessitating a best interest extension with Carrier Corporation for five months with an anticipated spend of \$739,000; and

WHEREAS, an application to issue a request for proposals to solicit replacement contractors was approved by the CRC on July 11, 2023; and

WHEREAS, in accordance with Operating Procedure 100-5 a solicitation was issued on July 9, 2024; a pre-proposal conference was held on July 16, 2024, attended by 9 vendors; proposals were submitted by 5 vendors and publicly opened on August 12, 2024; on September 25, 2024, the evaluation committee completed its scoring and Contractor received the highest overall score; and

WHEREAS, the Contractor has requested a partial waiver of the MWBE requirement due to lack of subcontracting opportunity on the project but has committed to an overall goal of 10%; and

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

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

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Johnson Controls, Inc. for three years with 2 one-year renewal options for a contract amount of \$4,626,212 with a 20% project contingency of \$925,242, to bring the total cost not to exceed \$5,551,454.

**HVAC/CHILLER PREVENTATIVE MAINTENANCE AND REPAIR SERVICES
JOHNSON CONTROLS, INC.**

CONTRACT SCOPE: Chiller and HVAC preventative maintenance and repair services

NEED: NYC Health + Hospitals facilities needs chiller and HVAC preventative maintenance and repair services to be performed at each of its acute hospitals.

CONTRACT DURATION: 3 years with 2 one-year renewal options, slated to commence, April 2025 with anticipated completion of the initial term in March, 2028.

PROCUREMENT: A solicitation was issued on July 9, 2024; a pre-proposal conference was held on July 16, 2024, attended by 9 vendors; proposals were submitted by 5 vendors and publicly opened on August 12, 2024; on September 25, 2024, the evaluation committee completed its scoring and Contractor received the highest overall score.

PRIOR EXPERIENCE: Johnson Controls, Inc. is the current incumbent for Building Management Services Contract and has a rating of good.

CONTRACT AMOUNTS: Not to exceed contract values of \$5,551,454.

PASSPORT APPROVAL: Pending

EEO APPROVAL: Pending

MWBE STATUS: Contractors has requested a partial waiver of the MWBE requirement but has committed to a 10% goal.



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

From: Franco Esposito *Franco Esposito*
Senior Counsel
Office of Legal Affairs

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

Contracts: Preventive Maintenance and Repair HVAC Services

Date: October 22, 2024

The below information indicates the vendors status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Carrier Corporation	Pending	Pending	Pending
Johnson Controls, Inc.	Approved	Pending	Pending
Trane U.S. Inc.	Pending	Pending	Pending

**AMENDED TO REVISE TERMS TO COMMENCE APRIL 2025
TO MARCH 2028 INSTEAD OF FEBRUARY 2025 TO JANUARY
2028**

RESOLUTION - 23

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with **Trane U.S., Inc. (the “Contractor”)**, to provide **HVAC/Chiller preventative maintenance and repair services at several acute hospitals** for three years with 2 one-year renewal options for a contract amount of \$1,523,691 with a 20% project contingency of \$304,738 to bring the total cost not to exceed \$1,828,429.

WHEREAS, the System’s acute hospitals have a total of 110 chillers and various associated HVAC equipment that require certain regularly scheduled preventative maintenance services along with unscheduled repair services from time to time; and

WHEREAS, NYC Health + Hospitals currently has a contract with Carrier Corporation to perform such services which expired in October 2024; and

WHEREAS, due to the System’s need to continue to provide these services, it was determined that a procurement be undertaken to select new vendors to perform such services once the current contract expires; and

WHEREAS, the procurement for such replacement services will not be completed until five months after expiration of the current contract necessitating a best interest extension with Carrier Corporation for five months with an anticipated spend of \$739,000; and

WHEREAS, an application to issue a request for proposals to solicit replacement contractors was approved by the CRC on July 11, 2023; and

WHEREAS, in accordance with Operating Procedure 100-5 a solicitation was issued on July 9, 2024; a pre-proposal conference was held on July 16, 2024, attended by 9 vendors; proposals were submitted by 5 vendors and publicly opened on August 12, 2024; on September 25, 2024, the evaluation committee completed its scoring and Contractor received the highest overall score; and

WHEREAS, the Contractor has requested a waiver of the MWBE requirement due to lack of subcontracting opportunity; and

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

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

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Trane U.S., Inc. for a contract amount of \$1,523,691 with a 20% project contingency of \$304,738 to bring the total cost not to exceed \$1,828,429.

EXECUTIVE SUMMARY
HVAC/CHILLER PREVENTATIVE MAINTENANCE AND REPAIR SERVICES
TRANE U.S., INC.

CONTRACT SCOPE: Chiller and HVAC preventative maintenance and repair services

NEED: NYC Health + Hospitals facilities needs chiller and HVAC preventative maintenance and repair services to be performed at each of its acute hospitals.

CONTRACT DURATION: 3 years with 2 one-year renewal options, slated to commence, April 2025 with anticipated completion of the initial term in March, 2028.

PROCUREMENT: A solicitation was issued on July 9, 2024; a pre-proposal conference was held on July 16, 2024, attended by 9 vendors; proposals were submitted by 5 vendors and publicly opened on August 12, 2024; on September 25, 2024, the evaluation committee completed its scoring and Contractor received the highest overall score.

PRIOR EXPERIENCE: Trane U.S. Inc has had similar work with Healthcare systems of similar size – Montefiore, Mt. Sinai, and Northwell Health. Trane has done work in the system and has an overall rating of excellent.

CONTRACT AMOUNTS: Not to exceed contract values of \$1,828,429.

PASSPORT APPROVAL: Pending

EEO APPROVAL: Pending

MWBE STATUS: Contractors has requested a waiver of the MWBE requirement.



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

From: Franco Esposito *Franco Esposito*
Senior Counsel
Office of Legal Affairs

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

Contracts: Preventive Maintenance and Repair HVAC Services

Date: October 22, 2024

The below information indicates the vendors status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Carrier Corporation	Pending	Pending	Pending
Johnson Controls, Inc.	Approved	Pending	Pending
Trane U.S. Inc.	Pending	Pending	Pending

**Request for Contracts for Preventative
Maintenance & Repair
Services in Relation to HVAC/Chillers, with
Carrier Corp, Johnson Controls, Inc, and Trane
U.S. Inc.**

**Board of Directors Meeting
November 21, 2024**

**Manuel Saez, PhD Vice President, OFD
Mahendranath Indar, Assistant Vice President, OFD**

For Board of Directors Consideration

- **AMENDED TO REVISE TERMS TO COMMENCE APRIL 2025 TO MARCH 2028 INSTEAD OF FEBRUARY 2025 TO JANUARY 2028** - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with Carrier Corporation (the “Contractor”), to provide HVAC/Chiller preventative maintenance and repair services at several acute hospitals for three years with 2 one-year renewal options for a contract amount of \$1,869,290, with a 20% project contingency of \$373,858, to bring the total cost not to exceed \$2,243,147.
- **AMENDED TO REVISE TERMS TO COMMENCE APRIL 2025 TO MARCH 2028 INSTEAD OF FEBRUARY 2025 TO JANUARY 2028** - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with Johnson Controls, Inc. (the “Contractor”), to provide HVAC/Chiller preventative maintenance and repair services at several acute hospitals for three years with 2 one-year renewal options for a contract amount of \$4,626,212 with a 20% project contingency of \$925,242, to bring the total cost not to exceed \$5,551,454.
- **AMENDED TO REVISE TERMS TO COMMENCE APRIL 2025 TO MARCH 2028 INSTEAD OF FEBRUARY 2025 TO JANUARY 2028** - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with Trane U.S., Inc. (the “Contractor”), to provide HVAC/Chiller preventative maintenance and repair services at several acute hospitals for three years with 2 one-year renewal options for a contract amount of \$1,523,691 with a 20% project contingency of \$304,738 to bring the total cost not to exceed \$1,828,429.

- The system currently has 110 chillers and HVAC equipment under service/maintenance contract with Carrier
- Chillers serve as the cooling source for most of the facilities at NYC Health + Hospitals
- We have a current HVAC/Chiller maintenance contract with Carrier that has a five year term. The contract began in November of 2019 and expired in October of 2024.
 - The contract spend for maintenance services over the five year term is ~\$5M
 - Repair spend: \$92,500 annual average over term of current contract
- A 5 month Best Interest Extension, with an expected spend of \$739,000, has been executed in order for the RFP process, internal approvals, and the contracting process to be complete
 - The extension term is November 1, 2024 – March 31, 2025

- The system had a single vendor for this work for many years
- Due to the nature of the equipment, one vendor is unable to provide timely and cost effective services for the equipment for which they were not the OEM manufacturer.
- Having the OEM manufacturer manage the preventative maintenance program and repairs for their respective equipment would be best for the system. Our equipment was broken up into five equipment groups by manufacturer types.
 - Equipment Group #1 – Carrier Corp (26)
 - Equipment Group #2 – McQuay (10)
 - Equipment Group #3 - Trane U.S. Inc. (30)
 - Equipment Group #4 – York/Johnson Controls (41)
 - Equipment Group #5 – Miscellaneous manufactures (13)

Overview of Procurement

- 7/11/2023: Application to issue request for proposals approved by CRC
- 2/2/2024: RFP Posted on City Record
 - After reviewing the submitted vendor proposals the decision was to revise the scope of work and re-issue the RFP due to the need to have multiple vendors
- 7/9/2024: Revised RFP Posted on City Record, sent directly to 12 vendors
- 7/16/2024: Pre-proposal conference held, 9 vendors attended
- 8/12/2024: Proposals due, 5 proposals received
- 9/25/2024: Evaluation committee submitted final scores. Below is the top scoring proposers:
 - Equipment Group #1 – Carrier Corp
 - Equipment Group #2 - Johnson Controls
 - Equipment Group #3 - Trane U.S. Inc.
 - Equipment Group #4 - Johnson Controls
 - Equipment Group #5 - Johnson Controls

➤ **Minimum criteria:**

- 5 years in business
- 5 years experience performing similar HVAC/Chiller maintenance services for a hospital system
- Average annual revenue of \$5M for the last five years
- MWBE Utilization Plan, Waiver, or MWBE Certification

➤ **Substantive Criteria**

- 30% Approach and Methodology
- 30% Firm's Experience
- 30% Cost
- 20% MWBE

➤ **Evaluation Committee**

- Senior Director of Operations
- DOE Central Office
- DOE Elmhurst
- DOE Harlem
- DOE Jacobi
- Chief Engineer Jacobi
- Chief Engineer Lincoln
- Chief Engineer Elmhurst
- Chief Engineer SBH
- Chief Engineer Queens
- Finance

➤ Carrier was chosen as the vendor for Group 1

Carrier Corp	
Preventative Maintenance	\$1,869,290
Contingency (20%)	\$373,858
Total	\$2,243,147

Group #1 – 26 pieces of equipment

Facility	Equipment Type	Manufacturer
Belvis	Absorption Chiller	Carrier
Cumberland	Centrifugal Chiller	Carrier
Harlem (RHB)	Rotary Screw Chiller	Carrier
Harlem (RHB)	Rotary Screw Chiller	Carrier
Jacobi	Centrifugal	Carrier
Jacobi	Centrifugal	Carrier
Jacobi	Centrifugal	Carrier
Kings County	Centrifugal	Carrier
Kings County (S Bldg)	Centrifugal Chiller	Carrier
Kings County (D Bldg)	Centrifugal Chiller	Carrier
Kings County (D Bldg)	Centrifugal Chiller	Carrier
Kings County (S Bldg)	Centrifugal Chiller	Carrier
Kings County (S Bldg)	Centrifugal Chiller	Carrier
Lincoln	Centrifugal Chiller	Carrier
Lincoln	Centrifugal Chiller	Carrier
Lincoln	Centrifugal Chiller	Carrier
Lincoln	Centrifugal Chiller	Carrier
McKinney	Centrifugal Chiller	Carrier
McKinney	Centrifugal Chiller	Carrier
Metropolitan	AHU	Carrier
Metropolitan	AHU	Carrier
Metropolitan	Centrifugal Chiller	Carrier
Metropolitan	Centrifugal Chiller	Carrier
Sydenham	RTU 1	Carrier
Sydenham	RTU 2	Carrier
Sydenham	RTU 3	Carrier

- Johnson Controls was chosen as the vendor for Groups 2, 4, and 5
- Total of 62 pieces of equipment

Johnson Controls, Inc	
Preventative Maintenance	\$4,626,212
Contingency (20%)	\$925,242
Total	\$5,551,454

Group #2 – 10 pieces of equipment

Facility	Equipment Type	Manufacturer
Bellevue	Scroll Chiller	McQuay
Bellevue	Scroll Chiller	McQuay
Coler	Hermetic	McQuay
Coler	Hermetic	McQuay
Coler	Hermetic	McQuay
Jacobi	Centrifugal	McQuay
Jacobi	Centrifugal	McQuay
Kings County (R Bldg)	Centrifugal Chiller	McQuay
Kings County (R Bldg)	Centrifugal Chiller	McQuay
Kings County (R Bldg)	Centrifugal Chiller	McQuay

Group #5 – 11 pieces of equipment

Facility	Equipment Type	Manufacturer
Lincoln	Heat Pump	Daikin
Lincoln	Water-Cooled Scroll Chiller	Daikin
Metropolitan	CRAC / Dry Cooler	Data Aire
Metropolitan	CRAC / Dry Cooler	Data Aire
Kings County (S Bldg)	Glycol Chiller	KKT
Metropolitan	CRAC / Dry Coolers	Liebert
Coney Island	Reciprocating Chiller	Mammoth
Henry J Carter	Modular Scroll Chiller	Multistack
Henry J Carter	Modular Scroll Chiller	Multistack
Henry J Carter	Modular Scroll Chiller	Multistack
Henry J Carter	Modular Scroll Chiller	Multistack

Group #4 – 41 pieces of equipment

Facility	Equipment Type	Manufacturer
Bellevue	Centrifugal Chiller	York
Bellevue	Centrifugal Chiller	York
Bellevue	Centrifugal Chiller	York
Bellevue	Centrifugal Chiller	York
Coney Island	Screw Chiller	York
Coney Island	Screw Chiller	York
East NY	Absorption Chiller	York
Elmhurst	Centrifugal Chiller	York
Elmhurst	Centrifugal Chiller	York
Elmhurst	Centrifugal Chiller	York
Elmhurst	Centrifugal Chiller	York
Gouverneur	Absorption	York
Gouverneur	Absorption	York
Gouverneur	Absorption	York
Harlem (K)	Absorption Chiller	York
Harlem (K)	Absorption Chiller	York
Harlem (MLK)	Centrifugal Chiller	York
Harlem (MLK)	Centrifugal Chiller	York
Harlem (MLK)	Centrifugal Chiller	York
North Central Bronx	Centrifugal Chiller	York
North Central Bronx	Centrifugal Chiller	York
North Central Bronx	Centrifugal Chiller	York
North Central Bronx	Centrifugal Chiller	York
Queens	Centrifugal Chiller	York
Queens	Centrifugal Chiller	York
Queens	Centrifugal Chiller	York
Queens	Centrifugal Chiller	York
Queens	Condenser	York
Queens	Condenser	York
Queens	Reciprocating Chiller	York
Queens	Reciprocating Chiller	York
SeaView	Absorption Chiller	York
SeaView	Absorption Chiller	York
Woodhull	Absorption Chiller	York
Woodhull	Centrifugal Chiller	York
Woodhull	Centrifugal Chiller	York
Woodhull	Centrifugal Chiller	York
Woodhull	Centrifugal Chiller	York
Tremont COE	RTU 1	York
Tremont COE	RTU 2	York
Tremont COE	RTU 3	York

Trane U.S. Inc

➤ Trane U.S. Inc was chosen as the vendor for Group 3

Trane U.S. Inc	
Preventative Maintenance	\$1,523,691
Contingency (20%)	\$304,738
Total	\$1,828,429

Group #3 – 30 pieces of equipment

Facility	Equipment Type	Manufacturer
Bellevue	Helical Rotary Chiller	Trane
Coler	Hermetic	Trane
Coler	Hermetic	Trane
Coler	Hermetic	Trane
Coler	HV	Trane
Coler	Screw Chiller	Trane
Coler	Scroll Chiller	Trane
Coler	Scroll Chiller	Trane
Coney Island	Absorption Chiller	Trane
Coney Island	Absorption Chiller	Trane
Coney Island	Screw Chiller	Trane
Coney Island	Screw Chiller	Trane
Coney Island	Screw Chiller	Trane
Coney Island	Screw Chiller	Trane
Elmhurst	Air Cooled (Main ER Unit)	Trane
Henry J Carter	Absorption	Trane
Henry J Carter	Absorption	Trane
Jacobi	Centrifugal	Trane
Jacobi	Centrifugal	Trane
Kings - C Bldg. (Short Stay)	Centrifugal Chiller	Trane
Kings - E Bldg.	Centrifugal Chiller	Trane
Kings County (C Bldg)	Centrifugal Chiller	Trane
Kings County (C Bldg)	Centrifugal Chiller	Trane
Kings County (C Bldg)	Centrifugal Chiller	Trane
Kings County (D Bldg)	Centrifugal Chiller	Trane
Morrisania	CentraVac	Trane
Morrisania	CentraVac	Trane
North Central Bronx	Centrifugal Chiller	Trane
Kings - B Bldg.	Centrifugal Chiller	Trane
Gouverneur	TBD	ArctiChill

Contract

- The Contract duration will begin April 1, 2025 and last three years with two one year extensions
- Carrier is the current incumbent with a Good rating from the system. JCI is our current BMS vendor with a good rating. Trane is known to the system through work orders and has an excellent rating
- All 3 awarded vendors requested a MWBE waiver with the following rationale:
 - Trane requested a 30% waiver. They are the OEM for Trane and self-perform all scopes including manufacturing parts.
 - Carrier requested a 30% waiver. They self-perform all scopes except parts but were unable to find an M/WBE who supplies the necessary parts.
 - JCI requested a 20% waiver. They self-perform 90% of the scope of this contract, the remaining 10% of the scope will be subcontracted with a NYC/NYS certified M/WBE.

Vendor Performance

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

Vendor Performance

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

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Trane

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

Contract Budgets

Carrier Corp	
Preventative Maintenance	\$1,869,290
Contingency (20%)	\$373,858
Total	\$2,243,147

Johnson Controls, Inc	
Preventative Maintenance	\$4,626,212
Contingency (20%)	\$925,242
Total	\$5,551,454

Trane U.S. Inc	
Preventative Maintenance	\$1,523,691
Contingency (20%)	\$304,738
Total	\$1,828,429

Board of Directors Approval Request

- **AMENDED TO REVISE TERMS TO COMMENCE APRIL 2025 TO MARCH 2028 INSTEAD OF FEBRUARY 2025 TO JANUARY 2028** - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with Carrier Corporation (the “Contractor”), to provide HVAC/Chiller preventative maintenance and repair services at several acute hospitals for three years with 2 one-year renewal options for a contract amount of \$1,869,290, with a 20% project contingency of \$373,858, to bring the total cost not to exceed \$2,243,147.
- **AMENDED TO REVISE TERMS TO COMMENCE APRIL 2025 TO MARCH 2028 INSTEAD OF FEBRUARY 2025 TO JANUARY 2028** - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with Johnson Controls, Inc. (the “Contractor”), to provide HVAC/Chiller preventative maintenance and repair services at several acute hospitals for three years with 2 one-year renewal options for a contract amount of \$4,626,212 with a 20% project contingency of \$925,242, to bring the total cost not to exceed \$5,551,454.
- **AMENDED TO REVISE TERMS TO COMMENCE APRIL 2025 TO MARCH 2028 INSTEAD OF FEBRUARY 2025 TO JANUARY 2028** - Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or “the System”) to execute a contract with Trane U.S., Inc. (the “Contractor”), to provide HVAC/Chiller preventative maintenance and repair services at several acute hospitals for three years with 2 one-year renewal options for a contract amount of \$1,523,691 with a 20% project contingency of \$304,738 to bring the total cost not to exceed \$1,828,429.

RESOLUTION - 24

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to increase the funding by \$5,000,000 to its previously negotiated and executed requirements contracts with seven Architectural and Engineering (“AE”) consulting firms, namely, Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC, Hoffmann Architects and Engineers of NY, D.P.C., Lothrop Associates Architects DPC, Ronnette Riley Architect, Superstructures Engineering and Architecture, PLLC, Urbahn Architects, PLLC, to provide professional AE design services related to exterior envelope projects; on an as-needed basis at various facilities throughout the Corporation. The cumulative not to exceed value for services provided by all such consultants shall increase from \$10,000,000 to \$15,000,000.

WHEREAS, NYC Health + Hospitals facilities require, from time to time, professional AE/MEP design services for exterior envelope and Local Law 11 inspection and filing services and AE design services in connection with Local Law 11 compliance; and

WHEREAS, in 2020, NYC Health + Hospitals awarded requirements contracts to the above-referenced seven vendors to provide such needed services; and

WHEREAS, NYC Health + Hospitals will be receiving significant bond funds in the coming year for numerous construction projects throughout the system which necessitates an increase in funding for the consultants’ contracts; and

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

NOW, THEREFORE, be it

RESOLVED, New York City Health and Hospitals Corporation be and hereby is authorized to increase the funding by \$5,000,000 for its previously executed agreements with seven Architectural and Engineering (“AE”) consulting firms namely Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC, Hoffmann Architects and Engineers of NY, D.P.C., Lothrop Associates Architects DPC, Ronnette Riley Architect, Superstructures Engineering and Architecture, PLLC, Urbahn Architects, PLLC, to provide professional AE design services related to exterior envelope projects; on an as-needed basis at various facilities throughout the Corporation. The cumulative amount not to exceed \$10,000,000 shall be increased to \$15,000,000 for services provided by all such consultants.

**EXECUTIVE SUMMARY
REQUIREMENTS CONTRACTS**

Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC, Hoffmann Architects and Engineers of NY, D.P.C., Lothrop Associates Architects DPC, Ronnette Riley Architect, Superstructures Engineering and Architecture, PLLC, Urbahn Architects, PLLC

OVERVIEW: NYC Health + Hospitals seeks to increase the not to exceed value of the previously procured seven requirements contracts by a total, not-to-exceed \$10,000,000, to provide additional AE Professional Services related to exterior envelope and Local Law 11 compliance on an as-needed basis at any facility of NYC Health + Hospitals.

NEED: NYC Health + Hospitals will be receiving significant bond funds in the coming year for numerous construction projects throughout the system which necessitates an increase in funding for the consultants' contracts.

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

COSTS: Total, with the current increase of not-to-exceed \$15,000,000 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: The contracts are for three years, with an option to renew for two additional contract periods of one year each, solely at the discretion of NYC Health + Hospitals.

PASSPORT APPROVAL:	Architectural Preservation Studio, DCP -	Pending
	H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC -	Approved
	Hoffmann Architects and Engineers of NY, D.P.C. -	Pending
	Lothrop Associates Architects DPC-	Pending
	Ronnette Riley Architect -	Approved
	Superstructures Engineering and Architecture -	Approved
	Urbahn Architects, PLLC -	Approved

EEO APPROVAL:	Architectural Preservation Studio, DCP -	Approved
	H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC -	Approved
	Hoffmann Architects and Engineers of NY, D.P.C. -	Approved
	Lothrop Associates Architects DPC-	Pending
	Ronnette Riley Architect -	Pending
	Superstructures Engineering and Architecture, PLLC -	Approved
	Urbahn Architects, PLLC -	Approved

MWBE: 30% utilization plans presented by each vendor. Architectural Preservation Studio, DCP and Ronnette Riley Architect are certified MWBE vendors.

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

From: Franco Esposito *Franco Esposito*
Senior Counsel
Office of Legal Affairs

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

Contracts: Exterior Envelope - Architecture and Engineering Consulting Services

Date: October 22, 2024

The below information indicates the vendors status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Architectural Preservation Studio, DPC	Pending	Approved	100%
H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC	Approved	Approved	35%
Hoffmann Architects and Engineers of NY D.P.C.	Pending	Approved	30%
LiRo Architects + Planners, P.C.	Approved	Pending	32%
Lothrop Associate Architects D.P.C.	Approved	Pending	30%
Ronnette Riley Architect	Approved	Pending	100%
SUPERSTRUCTURES Engineering + Architecture, PLLC	Approved	Approved	30%
Thornton Tomasetti, Inc.	Approved	Pending	30%
Urbahn Architects PLLC.	Approved	Approved	30%

RESOLUTION - 25

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute requirements contracts with **eight Architectural and Engineering (“AE”) consulting firms, namely, Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC, Hoffmann Architects and Engineers of NY, D.P.C., LiRo Architects + Planners, P.C., Lothrop Associates Architects, D.P.C, Superstructures Engineering and Architecture, PLLC, Thornton Tomasetti, Inc., and Urbahn Architects, PLLC to provide professional AE design services related to exterior envelope projects; on an as-needed basis at various facilities throughout the System, to commence on January 1, 2026 for an initial term of three years with two one-year renewal options, the cumulative not to exceed value for services provided by all such consultants shall not exceed \$20,000,000.**

WHEREAS, NYC Health + Hospitals facilities require, from time to time, professional AE/MEP design services for exterior envelope and Local Law 11 inspection and filing services and AE design services in connection with Local Law 11 compliance, and the needs of its facilities for such services can best be met by utilizing outside firms, on an as-needed basis; and

WHEREAS, the availability of such requirements contractors has proven to be very useful and valuable to NYC Health + Hospitals and has greatly contributed to its ability to respond promptly to construction, planning and maintenance needs; and

WHEREAS, the current contracts with AE firms are set to expire on December 31, 2025; and

WHEREAS, the Contract Review Committee authorized the System to issue a Request for Proposals (“RFP”) to procure such professional services on December 12, 2023, and an RFP was issued on March 28, 2024, pre-proposal conferences were conducted on April 4, 2024 with 47 vendors participating, 27 firms submitted proposals, the evaluation committees gave eight firms the highest rating to provide AE services; and

WHEREAS, all selected firms have all committed to MWBE subcontracting plans of 30% or more; and

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

NOW, THEREFORE, be it

RESOLVED, New York City Health and Hospitals Corporation be and hereby is authorized to execute requirements contracts with ten architectural and engineering (“AE”) consulting firms, namely, Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC, Hoffmann Architects and Engineers of NY, D.P.C., LiRo Architects + Planners, P.C., Lothrop Associates Architects, D.P.C, Superstructures Engineering and Architecture, PLLC, Thornton Tomasetti, Inc., and Urbahn Architects, PLLC., to provide professional AE design services related to exterior envelope projects; on an as-needed basis at various facilities throughout the System, the cumulative not to exceed value for services provided by all such consultants shall not exceed \$20,000,000..

**EXECUTIVE SUMMARY
REQUIREMENTS CONTRACTS**

Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC, Hoffmann Architects and Engineers of NY, D.P.C., LiRo Architects + Planners, P.C., Lothrop Associates Architects, D.P.C, Superstructures Engineering and Architecture, PLLC, Thornton Tomasetti, Inc., and Urbahn Architects, PLLC

OVERVIEW: NYC Health + Hospitals seeks to execute eight 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 \$20,000,000 to provide AE Professional Services related to exterior envelope and Local Law 11 compliance 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 for exterior envelope and Local Law 11 inspection and filing services and AE design services in connection with Local Law 11 compliance for projects throughout the System. 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: The contracts provide that NYC Health + Hospitals will be under no obligation to use any particular firm. Projects are given to a particular firm following mini-procurements among the consultants. Then the project will be reflected in work orders each of which will specify total pricing, work schedules and any other relevant terms. The consultants' rates are as set forth in their master agreements

COSTS: Not to exceed \$20,000,000 over five years, for the eight firms.

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

TERM: The contracts are for three years, with an option to renew for two additional contract periods of one year each, solely at the discretion of NYC Health + Hospitals.

PASSPORT APPROVAL:	Architectural Preservation Studio, DCP -	Pending
	H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC -	Approved
	Hoffmann Architects and Engineers of NY, DCP -	Pending
	LiRo Architects + Planners, P.C.	Approved
	Lothrop Associates Architects DPC.-	Pending
	Superstructures Engineering and Architecture, PLLC -	Approved
	Thornton Tomasetti, Inc. -	Approved
	Urbahn Architects, PLLC-	Approved

EEO APPROVAL:	Architectural Preservation Studio, DCP -	Approved
	H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC -	Approved
	Hoffmann Architects and Engineers of NY, DCP-	Approved

November 2024

LiRo Architects + Planners, P.C.	Approved
Lothrop Associates Architects DPC-	Pending
Superstructures Engineering and Architecture, PLLC-	Approved
Thornton Tomasetti, Inc.	Pending
Urbahn Architects, PLLC-	Approved

MWBE:	H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC	35%
	Thornton Tomasetti, Inc.	30%
	Architectural Preservation Studio, DCP	100%
	LiRo Architects + Planners, P.C.	32%
	Hoffmann Architects and Engineers of NY, DCP	30%
	Urbahn Architects, PLLC	30%
	Superstructures Engineering + Architecture, PLLC	30%
	Lothrop Associates Architects, D.P.C.	30%

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

From: Franco Esposito *Franco Esposito*
Senior Counsel
Office of Legal Affairs

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

Contracts: Exterior Envelope - Architecture and Engineering Consulting Services

Date: October 22, 2024

The below information indicates the vendors status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Architectural Preservation Studio, DPC	Pending	Approved	100%
H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC	Approved	Approved	35%
Hoffmann Architects and Engineers of NY D.P.C.	Pending	Approved	30%
LiRo Architects + Planners, P.C.	Approved	Pending	32%
Lothrop Associate Architects D.P.C.	Approved	Pending	30%
Ronnette Riley Architect	Approved	Pending	100%
SUPERSTRUCTURES Engineering + Architecture, PLLC	Approved	Approved	30%
Thornton Tomasetti, Inc.	Approved	Pending	30%
Urbahn Architects PLLC.	Approved	Approved	30%

Exterior Envelope Services - Request for NTE Increase on Current Contract for Architectural and Engineering (“AE”) consulting firms - Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC, Hoffmann Architects and Engineers of NY, D.P.C., Lothrop Associates Architects DPC, Ronnette Riley Architect, Superstructures Engineering and Architecture, PLLC, Urbahn Architects, PLLC,.

& Approval for New Contracts for Architectural and Engineering (“AE”) consulting firms -

Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC, Hoffmann Architects and Engineers of NY, D.P.C., LiRo Architects + Planners, P.C., Lothrop Associates Architects, D.P.C, Superstructures Engineering and Architecture, PLLC, Thornton Tomasetti, Inc., and Urbahn Architects, PLLC

Board of Directors Meeting
November 21, 2024

Manuel Saez, PhD Vice President, OFD
Oscar Gonzalez, Senior Assistant Vice President, OFD
Mahendranath Indar, Assistant Vice President, OFD
Erin Egan, Senior Regional Director, OFD

For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) **to increase the funding by \$5,000,000 to its previously negotiated and executed requirements contracts with seven Architectural and Engineering (“AE”) consulting firms, namely, Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC, Hoffmann Architects and Engineers of NY, D.P.C., Lothrop Associates Architects D.P.C, Ronnette Riley Architect, Superstructures Engineering and Architecture, PLLC, Urbahn Architects, PLLC, to provide professional AE design services related to exterior envelope projects; on an as-needed basis at various facilities throughout the Corporation.** The cumulative not to exceed value for services provided by all such consultants shall increase from \$10,000,000 to \$15,000,000.
- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute requirements contracts with **eight Architectural and Engineering (“AE”) consulting firms, namely, Architectural Preservation Studio, DCP., H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC, Hoffmann Architects and Engineers of NY, D.P.C., LiRo Architects + Planners, P.C., Lothrop Associates Architects, D.P.C, Superstructures Engineering and Architecture, PLLC, Thornton Tomasetti, Inc., and Urbahn Architects, PLLC to provide professional AE design services related to exterior envelope projects; on an as-needed basis at various facilities throughout the System, to commence on January 1, 2026 for an initial term of three years with two one-year renewal options, the cumulative not to exceed value for services provided by all such consultants shall not exceed \$20,000,000.**

NTE Increase for Current Contract

Background / Current State

- NYC Health + Hospitals' Office of Facilities Development (OFD) we seek to increase funding for the current contracts of professional architectural and engineering services for exterior envelope projects throughout the system. Projects will be located throughout all five boroughs. This work will include projects involving major or minor rehabilitation and replacement of the following:
 - Façade projects
 - Roofing and roofing-related work
 - Window assembly
 - Interior spaces that require work on damage related to facades, roofs and/or roof related assembles and/or window assembly.
 - Local Law (LL)11 compliance

- The current pool is made up of 7 Architectural and Engineering (“AE”) firms and is set to expire December 2025.
 - Architectural Preservation Studio, DPC
 - H2M Architects, Engineers, Land Surveying & Landscape Architecture, DPC / DBA
 - Hoffmann Architects and Engineers of NY, D.P.C.
 - Lothrop Associates Architects, D.P.C
 - Ronnette Riley Architect
 - Superstructures Engineering + Architecture, PLLC
 - Urbahn Architects, PLLC

- Current pool NTE is \$10,000,000
 - \$8,783,264 committed to date
 - 88% of commitments are funded with city capital and 12% expense funded

- OFD seeks to extend the existing contracts for a year pursuant to the contract and increase the NTE by \$5,000,000. OFD also seeks to procure the services of replacement consultants whose contracts will go into effect once the current pool of consultants' contracts, with extension, expire.

Contracts Current State

Contractor	Original Contract Award	Work Issued to Date	Remaining
Architectural Preservation Studio	\$ 1,900,000.00	\$ 1,553,264.00	\$ 346,736.00
Hoffmann Architects and Engineers of NY, D.P.C	\$ 200,000.00	\$ 24,800.00	\$ 175,200.00
Lothrop Associate Architects DPC	\$ 400,000.00	\$ 258,330.00	\$ 141,670.00
Ronnette Riley Architect	\$ 600,000.00	\$ 496,783.00	\$ 103,217.00
Superstructures Engineering + Architecture, PLLC	\$ 4,000,000.00	\$ 3,954,584.10	\$ 45,415.00
Urbahn Architects	\$ 2,400,000.00	\$ 2,201,161.00	\$ 198,839.00
H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC	\$ 500,000.00	\$ 388,392.50	\$ 111,607.50
Total	\$ 10,000,000.00	\$ 8,877,314.60	\$ 1,122,685.40

- For a one year extension, the pool needs an additional \$5M to cover new H+H Financing + Bond projects for the next calendar year
 - H+H Financing + Bond: \$3.53M
 - City Capital: \$1.4M

New Contract Award for Exterior Envelope

Overview of Procurement

- December 2023: Application to issue request for proposals approved by CRC
- March 2024: RFP Posted on City Record, sent directly to 7 vendors
- April 2024: Pre-proposal conference held, 47 vendors attended
- June 2024: Proposals due, 27 proposals received
- August 2024: Evaluation committee submitted their Round 1 scores
- September 2024: Vendor Presentations held, 4 vendors were invited to participate
- September 2024: Evaluation committee submitted final scores. Below is the top scoring proposer(s):
 - H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC
 - Thornton Tomasetti, Inc.
 - Architectural Preservation Studio, DPC
 - LiRo Architects + Planners, P.C.
 - Hoffmann Architects and Engineers of NY D.P.C.
 - Urbahn Architects PLLC
 - Lothrop Associates Architects D.P.C.
 - SUPERSTRUCTURES Engineering + Architecture, PLLC

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**

➤ Proposed Approach & Methodology	25%
➤ Appropriateness & Quality of Firms experience	25%
➤ Qualifications of proposers consultants and staffing	25%
➤ Cost	15%
➤ MWBE	10%

- **Evaluation Committee**
 - SAVP, OFD
 - OFD
 - OFD
 - Director of Capital Projects
 - Director of Capital Projects
 - AED Queens
 - AED Lincoln
 - Finance
 - EITS

Contract

- We are seeking approval to enter into contract Exterior Envelope services with (*incumbent)
 - H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC*
 - Thornton Tomasetti, Inc.
 - Architectural Preservation Studio, DPC*
 - LiRo Architects + Planners, P.C.
 - Hoffmann Architects and Engineers of NY D.P.C.*
 - Urbahn Architects PLLC*
 - Lothrop Associates Architects D.P.C.*
 - SUPERSTRUCTURES Engineering + Architecture, PLLC*

- Vendor Performance for incumbents on following slide and in appendix
 - Of the new contract, only LiRo and Thornton Tomasetti are not incumbents. Thornton Tomasetti was a previous Exterior Envelope pool member with an excellent rating, and LiRo is a current member of the Haz-Mat pool with an excellent rating.

- MWBE Information on following slides – all non-MWBE vendors committed to a 30%+ goal

- Anticipated start date of January 1st, 2026 for a initial term of three years with two one-year optional renewals at the discretion of NYC Health + Hospitals.

- Not to exceed amount of \$20,000,000

Performance Evaluations

Vendor Name	Incumbent being awarded a new contract in new pool	Evaluation	Previous	New
Architectural Preservation Studio, DPC	Yes	Excellent	MWBE	MWBE
H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC	Yes	Good	30%	35%
Hoffmann Architects and Engineers of NY D.P.C. *	Yes	Fair	30%	30%
LiRo Architects + Planners, P.C.	No	Excellent	n/a	32%
Lothrop Associates Architects D.P.C.	Yes	Good	30%	30%
Ronnette Riley Architect	No	Fair	MWBE	n/a
SUPERSTRUCTURES Engineering + Architecture, PLLC	Yes	Good	30%	30%
Thornton Tomasetti, Inc.	No	Excellent	n/a	30%
Urbahn Architects PLLC	Yes	Excellent	30%	30%

* The System is providing technical assistance to the vendor with the expectation of improved performance

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Architectural Preservation Studio

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

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation H2M Architects	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Hoffman Architects

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

* The System is providing technical assistance to the vendor with the expectation of improved performance

Vendor Performance

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

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
LiRO

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

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Super Structures

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

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation Ronnette Riley*	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	N/A
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
	Yes
Performance and Overall Quality Rating	Fair
*Only for extension, not in new contract	

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Thornton Tomasetti, Inc.

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

Vendor Performance

Department of Supply Chain	
Vendor Performance Evaluation	
Urbahn Architects	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
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Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
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Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Excellent

Vendor Diversity

Prime Vendor Name	Subcontractor	M/WBE Certification	UP Goal %
H2M Architects, Engineers, Land Surveying and Landscape Architecture, DPC	Cerami & Associates Inc	NYS/NYC/Non-Minority/Female	35%
	Domingo Gonzalez Associates	NYS/NYC/Hispanic/Male	
	Jablonski Building Conservation, Inc	NYS/NYC/Non-Minority/Female	
	JMV Associates LLC	NYS/NYC/Hispanic/Female	
	Lera Consulting Structural Engineers, RLLP	NYS/NYC/Hispanic/Male	
	Mechanical Testing Inc.	NYS/NYC/Non-Minority/Female	
	Ronnette Riley Architect	NYS/NYC/Non-Minority/Female	
	Via Collective Inc.	NYS/NYC/Non-Minority/Female	
	Toscano Clements, Taylor LLC	NYS/NYC/Non-Minority/Female	
	Infinite Consulting Corp	NYS/NYC/Asian/Male	
Thornton Tomasetti, Inc.	Green Light Expediting	NYC/Hispanic/Male	30%
	JPCL Engineering	NYS/NYC/Asian/Female	
	Moody Nolan	NYS/NYC/Black/Male	
	Nasco Construction Services	NYS/NYC/Non-Minority/Female	
	Superstars Contracting Inc.	NYS/NYC/Asian/Male	
Architectural Preservation Studio, DPC	Architectural Preservation Studio, DPC	NYS/NYC/Non-Minority/Female	100%

Vendor Diversity

Prime Vendor Name	Subcontractor	M/WBE Certification	UP Goal %
Liro Architects + Planners, P.C.	Lera Consulting Structural Engineers, RLLP	NYS/NYC/Hispanic/Male	32%
	JMV Associates LLC	NYS/NYC/Hispanic/Female	
	Setty & Associates, Ltd. PC	NYS/NYC/Asian/Male	
	Environmental Planning & Management, Inc.	NYS/NYC/Non-Minority/Female	
Hoffman Architects and Engineers of NY D.P.C	W. Allen Engineering, PLLC	NYS/NYC/Black/Male	30%
	Lakhani & Jordan Engineers, PC	NYS/NYC/Asian/Male	
	Nasco Construction Services, Inc..	NYS/NYC/Non-Minority/Male	
	ML Studio, Inc.	NYS/NYC/Hispanic/Male	
	New York Environmental and Analytical Lab	NYS/NYC/Asian/Male	
	JMV Associates LLC	NYS/NYC/Hispanic/Female	
Urbahn Architects PLLC	Lera Consulting Structural Engineers, RLLP	NYS/NYC/Hispanic/Male	30%
	Lakhani & Jordan Engineers, PC	NYS/NYC/Asian/Male	
	Jablonski Building Conservation, Inc	NYS/NYC/Non-Minority/Female	
	Environmental Planning & Management, Inc.	NYS/NYC/Non-Minority/Female	
	Ellana Inc.	NYS/NYC/Non-Minority/Female	

Vendor Diversity

Prime Vendor Name	Subcontractor	M/WBE Certification	UP Goal %
Superstructures Engineering + Architecture, PLLC	Ysrael A. Seinuk, P.C.	NYS/NYC/Asian/Male	30%
	Lera Consulting Structural Engineers, RLLP	NYS/NYC/Hispanic/Male	
	Lakhani & Jordan Engineers, PC	NYS/NYC/Asian/Male	
	Setty & Associates, Ltd. PC	NYS/NYC/Asian/Male	
	GC Eng & Associates, PC	NYS/NYC/Asian/Male	
	Jacob, Feinberg, Katz & Michaeli Consulting	NYS/NYC/Non-Minority/Female	
	Jablonski Building Conservation, Inc.	NYS/NYC/Non-Minority/Female	
	Ellana, Inc	NYS/NYC/Non-Minority/Female	
	Nasco Construction Services, Inc.	NYS/NYC/Non-Minority/Female	
	New York Environmental and Analytical Lab	NYS/NYC/Asian/Male	
	City Wide Expediting Inc.	NYS/NYC/Non-Minority/Female	

Vendor Diversity

Prime Vendor Name	Subcontractor	M/WBE Certification	UP Goal %
Lothrop Associates Architects, D.P.C	Keri Engineering PC	NYS/NYC/Asian/Male	30%
	EnTech Engineering PC	NYS/NYC/Non-Minority/Female	
	Goldstick Lighting Design, LTD	NYS/NYC/Non-Minority/Female	
	JM&A Construction Corp.	NYS/NYC/Asian/Male	
	KS Engineers P.C.	NYS/NYC/Asian/Male	
	Watts Architecture & Engineering, D.P.C	NYS/NYC/Black/Male	
	Zaman Construction Corp	NYS/NYC/Asian/Male	

Board of Directors Approval Request

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