

EXECUTIVE SUMMARY

Kings County Hospital Center (KCHC, the “Hospital”), a 624-bed acute care hospital located at 451 Clarkson Avenue, Brooklyn (Kings County), New York 11203, and a member of New York City Health + Hospitals, is submitting this Certificate of Need Application for Administrative Review seeking New York State Department of Health approval to construct an addition to the Hospital to accommodate four (4) net new maternity beds that will serve low-risk women and birthing people. The number of certified maternity beds will increase from 30 to 34. (Total beds at KCHC will increase from 624 to 628, an increase of less than 10%.) The addition will be a rooftop expansion at the fifth floor level of the Hospital’s S Building.

This project is part of a larger initiative from H+H to update outdated L&D and ambulatory women’s health services to provide more holistic, integrated and patient-centered services. H+H’s vision is to provide safe, respectful care to women and birthing people throughout the childbearing cycle, including state-of-the-art birthing suites; tailoring space to meet the needs of the pregnant person, their partner, families and newborns; creating a holistic atmosphere to promote healing and calm the senses; and providing the full spectrum of care to include patients who can experience natural birth, as well as more complex care with maternal-fetal medicine and newborn intensive care services.

While the pregnancy-associated mortality ratio (PAMR) in New York City has remained steady since 2001, avoidable inequities persist. From 2016-2020, Black non-Hispanic women and birthing people in NYC were four (4) times more likely to die of a pregnancy-associated cause compared with White non-Hispanic women and birthing people. Nearly a third (29.0%) of Brooklyn residents are Black/African-American, compared to 22.7% Citywide. Geographic disparities also exist with respect to maternal mortality, with Brooklyn Community Districts having four (4) of the (5) highest PAMRs in NYC. In addition, the NYC Maternal Mortality Review Committee determined that 62.7% of pregnancy-associated deaths were preventable.

This project will expand maternity capacity at KCHC to enable the Hospital to better meet the need for this service in Brooklyn and the new modernized unit will help to reduce health disparities. As a public hospital that is part of NYC H+H, KCHC plays an integral role in ensuring access to high-quality maternal health services for underserved populations in New York City and in Brooklyn in particular.

KINGS COUNTY HOSPITAL CENTER

SITE INFORMATION

Alternate contact: Anna Gorny

Email address: Anna.Gorny@nychhc.org

Type of Application: Establishment ☐ Construction ☐ Administrative ☒ Limited ☐

Total Project Cost:

\$36,451,545

Operator Information:

Operator: Kings County Hospital Center

Address: 451 Clarkson Avenue, Brooklyn (Kings County), New York 11203

PFI number: 1301

Project Site Information:

Project Site: Kings County Hospital Center

Impacted site: 451 Clarkson Avenue, Brooklyn (Kings County), New York 11203

PFI number of impacted site: PFI 1301

Site Proposal Summary (maximum of 1,000 characters):

Kings County Hospital Center, a 624-bed acute care hospital located at 451 Clarkson Avenue, Brooklyn (Kings County), New York 11203, and a member of New York City Health + Hospitals, is submitting this Certificate of Need Application for Administrative Review seeking New York State Department of Health approval to construct an addition to the hospital to accommodate four (4) net new maternity beds that will serve low-risk patients. The number of certified maternity beds will increase from 30 to 34.

Modify Name/Address: N/A – no change

Beds:

<u>Category</u>	<u>Current Capacity</u>	<u>Add</u>	<u>Remove</u>	<u>Proposed Capacity</u>
AIDS		☐	☐	
BONE MARROW TRANSPLANT		☐	☐	
BURNS CARE		☐	☐	
CHEMICAL DEPENDENCE-DETOX *	30	☐	☐	30
CHEMICAL DEPENDENCE-REHAB *		☐	☐	
COMA RECOVERY		☐	☐	
CORONARY CARE	8	☐	☐	8
INTENSIVE CARE	32	☐	☐	32
MATERNITY	30	☒ 4	☐	34
MEDICAL/SURGICAL	246	☐	☐	246
NEONATAL CONTINUING CARE	10	☐	☐	10
NEONATAL INTENSIVE CARE	10	☐	☐	10
NEONATAL INTERMEDIATE CARE	10	☐	☐	10
PEDIATRIC	28	☐	☐	28

PEDIATRIC ICU	7	☐	☐	7
PHYSICAL MEDICINE & REHABILITATION	23	☐	☐	23
PRISONER			☐	
PSYCHIATRIC**	190	☐	☐	190
RESPIRATORY			☐	
SPECIAL USE			☐	
SWING BED PROGRAM			☐	
TRANSITIONAL CARE		☐	☐	
TRAUMATIC BRAIN INJURY		☐	☐	
TOTAL	624	☒ 4	☐	628

Services: N/A – no change

Remove Site: N/A

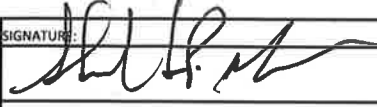
New York State Department of Health Certificate of Need Application

Schedule 1

Acknowledgement and Attestation

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant: Kings County Hospital Center

I further certify that the information contained in this application and its accompanying schedules and attachments are accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with the provisions of articles 28, 36 and 40 of the public health law and implementing regulations, as applicable.

SIGNATURE: 	DATE
	7/29/2020
PRINT OR TYPE NAME	TITLE
Sheldon McLeod	Chief Executive Officer

General Information

Title of Attachment:

Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.	YES ☒ NO ☐	N/A – Administrative Review
Is the applicant part of an "established PHL Article 28* network" as defined in section 401.1(j) of 10 NYCRR? If yes, attach a statement that identifies the network and describes the applicant's affiliation. Attach an organizational chart.	YES ☒ NO ☐	Schedule 1 Attachment

Contacts

The Primary and Alternate contacts are the only two contacts who will receive email notifications of correspondence in NYSE-CON. **At least one of these two contacts should be a member of the applicant.** The other may be the applicant's representative (e.g., consultant, attorney, etc.). What is entered here for the Primary and Alternate contacts should be the same as what is entered onto the General Tab in NYSE-CON.

Primary Contact	NAME AND TITLE OF CONTACT PERSON		CONTACT PERSON'S COMPANY	
	Frank M. Cicero, President		Cicero Consulting Associates	
	BUSINESS STREET ADDRESS			
	925 Westchester Avenue, Suite 201			
	CITY		STATE	ZIP
	White Plains		New York	10604
	TELEPHONE		E-MAIL ADDRESS	
(914) 682-8657		conadmin@ciceroassociates.com		

Alternate Contact	NAME AND TITLE OF CONTACT PERSON		CONTACT PERSON'S COMPANY	
	Anna Gorny		Kings County Hospital Center	
	BUSINESS STREET ADDRESS			
	451 Clarkson Avenue			
	CITY		STATE	ZIP
	Brooklyn		New York	11203
	TELEPHONE		E-MAIL ADDRESS	
(718) 245-3901		Anna.Gorny@nychhc.org		

New York State Department of Health Certificate of Need Application

Schedule 1

The applicant must identify the operator's chief executive officer, or equivalent official.

CHIEF EXECUTIVE	NAME AND TITLE		
	Sheldon McLeod, Chief Executive Officer		
	BUSINESS STREET ADDRESS		
	451 Clarkson Avenue		
	CITY	STATE	ZIP
	Brooklyn	New York	11203
	TELEPHONE		E-MAIL ADDRESS
	(718) 245-3901		Sheldon.McLeod@nychhc.org

The applicant's lead attorney should be identified:

ATTORNEY	NAME		FIRM	BUSINESS STREET ADDRESS
	N/A			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

If a consultant prepared the application, the consultant should be identified:

CONSULTANT	NAME		FIRM	BUSINESS STREET ADDRESS
	Frank M. Cicero		Cicero Consulting Associates	925 Westchester Avenue, Suite 201
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	White Plains, New York 10604		(914) 682-8657	conadmin@ciceroassociates.com

The applicant's lead accountant should be identified:

ACCOUNTANT	NAME		FIRM	BUSINESS STREET ADDRESS
	N/A			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

Please list all Architects and Engineer contacts:

ARCHITECT and/or ENGINEER	NAME		FIRM	BUSINESS STREET ADDRESS
	Rachel Birnboim		Perkins Eastman	115 Fifth Avenue
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	New York, New York 10003		(212) 353-7200	r.birnboim@perkinseastman.com

ARCHITECT and/or ENGINEER	NAME		FIRM	BUSINESS STREET ADDRESS
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

New York State Department of Health Certificate of Need Application

Schedule 1

Other Facilities Owned or Controlled by the Applicant Establishment (with or without Construction) Applications only

Not Applicable

NYS Affiliated Facilities/Agencies

Does the applicant legal entity or any related entity (parent, member or subsidiary corporation) operate or control any of the following in New York State?

FACILITY TYPE - NEW YORK STATE	FACILITY TYPE	
Hospital	HOSP	Yes ☐ No ☐
Nursing Home	NH	Yes ☐ No ☐
Diagnostic and Treatment Center	DTC	Yes ☐ No ☐
Midwifery Birth Center	MBC	Yes ☐ No ☐
Licensed Home Care Services Agency	LHCSA	Yes ☐ No ☐
Certified Home Health Agency	CHHA	Yes ☐ No ☐
Hospice	HSP	Yes ☐ No ☐
Adult Home	ADH	Yes ☐ No ☐
Assisted Living Program	ALP	Yes ☐ No ☐
Long Term Home Health Care Program	LTHHCP	Yes ☐ No ☐
Enriched Housing Program	EHP	Yes ☐ No ☐
Health Maintenance Organization	HMO	Yes ☐ No ☐
Other Health Care Entity	OTH	Yes ☐ No ☐

Upload as an attachment to Schedule 1, the list of facilities/agencies referenced above, in the format depicted below:

Facility Type	Facility Name	Operating Certificate or License Number	Facility ID (PFI)
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Out-of-State Affiliated Facilities/Agencies

Not Applicable

In addition to in-state facilities, please upload, as an attachment to Schedule 1, a list of all health care, adult care, behavioral, or mental health facilities, programs or agencies located outside New York State that are affiliated with the applicant legal entity, as well as with parent, member and subsidiary corporations, in the format depicted below.

Facility Type	Name	Address	State/Country	Services Provided
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In conjunction with this list, you will need to provide documentation from the regulatory agency in the state(s) where affiliations are noted, reflecting that the facilities/programs/agencies have operated in substantial compliance with applicable codes, rules and regulations for the past ten (10) years (or for the period of the affiliation, whichever is shorter). More information regarding this requirement can be found in Schedule 2D.

KINGS COUNTY HOSPITAL CENTER

SCHEDULE 1 ATTACHMENT

NETWORK STATEMENT

NEW YORK CITY HEALTH + HOSPITALS

New York City Health + Hospitals (H+H) is the largest public health care system in the nation. It is a network of 11 hospitals, trauma centers, neighborhood health centers, nursing homes, post-acute care centers, a home care agency and a health plan. Pertinent information regarding these hospitals is set forth below.

BRONX

1. New York City Health + Hospitals/Jacobi
1400 Pelham Parkway South, Bronx (Bronx County), New York 10461
(718) 918-5000
Operating Certificate No.: 7000002H
PFI No.: 1165
 - a. New York City Health + Hospitals/North Central Bronx
3424 Kossuth Avenue, Bronx (Bronx County), New York 10467
(718) 519-5000
Operating Certificate No.: 7000002H
PFI No.: 1186
N.B.: Pursuant to C.O.N. Project No. 191344, North Central Bronx Hospital was approved to become a division of Jacobi Medical Center (H+H/Jacobi).
2. New York City Health + Hospitals/Lincoln
234 East 149th Street, Bronx (Bronx County), New York 10451
(718) 579-5000
Operating Certificate No.: 7000008H
PFI No.: 1172

BROOKLYN

3. New York City Health + Hospitals/South Brooklyn Health
2601 Ocean Parkway, Brooklyn (Kings County), New York 11235
(718) 616-3000
Operating Certificate No.: 7001009H
PFI No.: 1294
4. New York City Health + Hospitals/Kings County
451 Clarkson Avenue, Brooklyn (Kings County), New York 11203
(718) 245-3131
Operating Certificate No.: 7001016H
PFI No.: 1301
5. New York City Health + Hospitals/Woodhull
760 Broadway, Brooklyn (Kings County), New York 11206
(718) 963-8000
Operating Certificate No.: 7001045H
PFI No.: 1692

MANHATTAN

6. New York City Health + Hospitals/Bellevue
462 First Avenue, New York (New York County), New York 10016
(212) 562-5555
Operating Certificate No.: 7002001H
PFI No.: 1438
7. New York City Health + Hospitals/Harlem
506 Lenox Avenue, New York (New York County), New York 10037
(212) 939-1000
Operating Certificate No.: 7002009H
PFI No.: 1445
8. New York City Health + Hospitals/Metropolitan
1901 First Avenue, New York (New York County), New York 10029
(212) 423-6262
Operating Certificate No.: 7002021H
PFI No.: 1454

QUEENS

9. New York City Health + Hospitals/Elmhurst
79-01 Broadway, Elmhurst (Queens County), New York 11373
(718) 334-2424
Operating Certificate No.: 7003000H
PFI No.: 1626
10. New York City Health + Hospitals/Queens
82-70 164th Street, Jamaica (Queens County), New York 11432
(718) 883-3000
Operating Certificate No.: 7003007H
PFI No.: 1633

Working Capital Financing Plan

1. Working Capital Financing Plan and Pro Forma Balance Sheet:

This section should be completed in conjunction with the monthly Cash Flow. The general guidelines for working capital requirements are two months of first year expenses for changes of ownership and two months' of third year expenses for new establishments, construction projects or when the first year budget indicates a net operating loss. Any deviation from these guidelines must be supported by the monthly cash flow analysis. If working capital is required for the project, all sources of working capital must be indicated clearly. Borrowed funds are limited to 50% of total working capital requirements and cannot be a line of credit. Terms of the borrowing cannot be longer than 5 years or less than 1 year. If borrowed funds are a source of working capital, please summarize the terms below, and attach a letter of interest from the intended source of funds, to include an estimate of the principal, term, interest rate and payout period being considered. Also, describe and document the source(s) of working capital equity.

Titles of Attachments Related to Borrowed Funds	Filenames of Attachments
Example: <i>First borrowed fund source</i>	Example: <i>first_bor_fund.pdf</i>
N/A	

In the section below, briefly describe and document the source(s) of working capital equity

Working capital needs for this project will be funded using existing cash equity from ongoing operations. Please refer to the Schedule 5 Attachment for a monthly cash flow analysis for the first year of operations after project completion. Please also refer to Schedule 9 Attachment for the June 30, 2025 Audited Financial Statement of New York City Health + Hospitals.

2. Pro Forma Balance Sheet

This section should be completed for all new establishment and change in ownership applications. On a separate attachment identified below, provide a pro forma (opening day) balance sheet. If the operation and real estate are to be owned by separate entities, provide a pro forma balance sheet for each entity. Fully identify all assumptions used in preparation of the pro forma balance sheet. If the pro forma balance sheet(s) is submitted in conjunction with a change in ownership application, on a line-by-line basis, provide a comparison between the submitted pro forma balance sheet(s), the most recently available facility certified financial statements and the transfer agreement. Fully explain and document all assumptions.

Titles of Attachments Related to Pro Forma Balance Sheets	Filenames of Attachments
Example: <i>Attachment to operational balance sheet</i>	Example: <i>Operational_bal_sheet.pdf</i>
N/A	

KINGS COUNTY HOSPITAL CENTER

SCHEDULE 5 ATTACHMENT

MONTHLY CASH FLOW ANALYSIS

KINGS COUNTY HOSPITAL CENTER

MONTHLY CASH FLOW ANALYSIS

Month	1	2	3	4	5	6	7	8	9	10	11	12
Starting Cash	\$1,105,150,000	\$1,104,174,769	\$1,103,199,539	\$1,102,224,308	\$1,101,249,077	\$1,100,273,847	\$1,099,298,616	\$1,098,323,385	\$1,097,348,154	\$1,096,372,924	\$1,095,397,693	\$1,094,422,462
Monthly Revenue	\$1,947,049	\$1,947,049	\$1,947,049	\$1,947,049	\$1,947,049	\$1,947,049	\$1,947,049	\$1,947,049	\$1,947,049	\$1,947,049	\$1,947,049	\$1,947,049
Monthly Expenses	\$2,922,280	\$2,922,280	\$2,922,280	\$2,922,280	\$2,922,280	\$2,922,280	\$2,922,280	\$2,922,280	\$2,922,280	\$2,922,280	\$2,922,280	\$2,922,280
Remaining Cash	\$1,104,174,769	\$1,103,199,539	\$1,102,224,308	\$1,101,249,077	\$1,100,273,847	\$1,099,298,616	\$1,098,323,385	\$1,097,348,154	\$1,096,372,924	\$1,095,397,693	\$1,094,422,462	\$1,093,447,232

Note: Starting cash is equal to the total cash and cash equivalents from NYC H+H's June 30, 2025 audited financial statement (included under Schedule 9 Attachment). Working capital is calculated as two (2) months of projected third-year operating expenses for the maternity unit only (\$25,908,265 / 6 = \$5,984,711). Revenue and expenses also reflect only the operations of the maternity unit. The projected operating losses will be funded from the ongoing overall operations of Kings County Hospital Center and NYC H+H. Please refer to the letter attesting to this under Schedule 9 Attachment.

Schedule 6

Architectural/Engineering Submission

Contents:

- **Schedule 6 – Architectural/Engineering Submission**

New York State Department of Health Certificate of Need Application

Schedule 6

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
 - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over \\$15 Million, or Projects Requiring a Waiver](#) (PDF)
 - [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY](#) (PDF) (Not to Be Submitted with Self-Certification Projects)
 - [Architect's Letter of Certification for Completed Projects](#) (PDF)
 - [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](#) (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
 - [FEMA Elevation Certificate and Instructions.pdf](#)
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
 - [Physicist's Letter of Certification](#) (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
 - [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](#)
 - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
 - Attachments must be labeled accordingly when uploading in NYSE-CON.
 - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
 - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

Architecture/Engineering Narrative

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. **Incomplete responses will not be accepted.**

Project Description	
Schedule 6 submission date: 7/7/2026	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? Click here to enter text.	
Intent/Purpose: The project is intended to expand the Labor & Delivery Department to increase patient care capacity, improve operational efficiency, and support the delivery of obstetrical services.	
Site Location: 451 Clarkson Avenue, Brooklyn, NY 11203	

New York State Department of Health Certificate of Need Application

Schedule 6

Brief description of current facility, including facility type: Existing Labor & Delivery Department located on the fifth floor of the S Building at Kings County Hospital.	
Brief description of proposed facility: Construction of a 7,825 SF rooftop expansion of the existing Labor & Delivery Department at the fifth-floor level of the S Building. The addition includes four (4) Labor & Delivery Rooms, two (2) Triage Rooms, associated clinical and staff support spaces, and an Article 28 shell for future fit-out.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. The addition is classified as Group I-2 (Healthcare) occupancy and includes an Article 28 shell intended for future fit-out.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: Proposed Expansion (I-2 – Healthcare) to be separated from existing I-2 occupancy with a smoke partition.	
If this is an existing facility, is it currently a licensed Article 28 facility?	Yes
Is the project space being converted from a non-Article 28 space to an Article 28 space?	No
Relationship of spaces conforming with Article 28 space and non-Article 28 space: N/A	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. N/A	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care, other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. <u>Mechanical</u> The mechanical scope of work will involve modifications to building S of Kings County Hospital. New labor and delivery rooms, triage rooms, and associated support spaces will be constructed in this area of work. Existing steam services will be utilized to support this space as required. Existing supply and return zones will be redistributed to provide ventilation air to an existing patient corridor. New AHU, exhaust fans, and chilled water system will be provided to support the new program. Ventilation rates will be provided in accordance with FGI 2018. <u>Plumbing</u> The plumbing scope of work will involve modifications to building S of Kings County Hospital. New labor and delivery rooms, triage rooms, and associated support spaces will be constructed in this area of work. Existing domestic water, sanitary, vent, storm, and medical gas infrastructure will be utilized to support this space as required. Two (2) ZVB and associated AAP will be provided to serve the suite. Oxygen, medical air, and medical vacuum will serve medical gas outlets within the treatment space in accordance with FGI 2018. <u>Sprinkler</u> The fire protection scope of work will involve modifications to building S of Kings County Hospital. The existing SPFCA in stair K will be utilized to serve the space. A new sprinkler main will be provided downstream of the sprinkler rig to protect the area of work. New sprinkler main will be routed around new MEP and structural elements. The fire protection scope will not alter or affect any other existing clinical or treatment spaces outside of these rooms.	Yes

New York State Department of Health Certificate of Need Application

Schedule 6

<p><u>Electrical</u> The electrical scope of work involves utilizing existing electrical infrastructure (with some new panels provided as described below) and providing new branch circuiting (e.g. equipment, receptacles, etc.) as required for the new program area.</p>	
<p>Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc.</p> <p><u>Mechanical</u> Existing air handling units AHU-12 and AHU-8 serve all existing program located on level 5. New program areas will be served by new equipment, including new AHU and exhaust fans. New AHU will be fed from the existing campus steam distribution for heating and humidification.</p> <p><u>Plumbing</u> New plumbing fixtures and equipment will be fed from existing domestic water, sanitary, vent and medical gas infrastructure. New roof drains supporting the roof expansion will connect to existing storm infrastructure within the building.</p> <p><u>Sprinkler</u> New sprinkler heads and associated piping will be fed from existing sprinkler/standpipe infrastructure.</p> <p><u>Electrical</u> The existing normal and emergency and essential panels located on the area of work will be utilized for the proposed new scope. The floor contains two (2) electrical closets, which then contain normal power panels, life safety emergency panels, critical emergency panels, and equipment emergency panels.</p>	
<p>Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc.</p> <p><u>Mechanical</u> Scope of work includes providing new AHU and exhaust fans to satisfy ventilation, temperature and humidity requirements in accordance with FGI 2018. New AHU includes variable air volume distribution with reheat capabilities for all zones, HEPA filtration and humidification serving all new program spaces. A dedicated chilled water system is provided to serve the new AHU loads. New exhaust fans and distribution serve spaces where required per ASHRAE 170-2017.</p> <p><u>Plumbing</u> Two (2) new ZVB served by the base building medical gas systems will be provided to serve the new program space. The pressure transducer downstream of each zone valve in each ZVB will be hard-wired to a dedicated AAP located at the nurse's station. All medical gas systems will be designed and installed in accordance with NFPA 99.</p> <p>New plumbing fixtures will be fed by the existing domestic, sanitary, and vent systems.</p> <p>New roof drains supporting the roof expansion will connect to existing storm infrastructure within the building.</p> <p><u>Fire Protection</u> A wet sprinkler system will be provided to serve the scope of work. All sprinkler systems will be built in accordance with NFPA 13 and NYC BC 2022.</p> <p><u>Electrical</u> Due to the new mechanical equipment provided, as part of this scope of work, a new equipment emergency branch ATS will be provided to feed a new equipment emergency panelboard on Level 5. This panel will be utilized to feed new mechanical equipment. Additionally, due to the quantity of circuits and additional load</p>	

New York State Department of Health Certificate of Need Application

Schedule 6

needed for the new program, one (1) new critical emergency panel and one (1) new normal power panel will be provided.	
Describe existing and or new work for fire detection, alarm, and communication systems: All fire alarm devices within the area of work will be tied into the existing building fire alarm system. The fire alarm system will consist of initiating and notification devices per local codes and NFPA 72-2010.	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov , and describe the work to mitigate damage and maintain operations during a flood event. Kings County Hospital is not located in a flood zone.	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. Click here to enter text.	
Does the project comply with ADA? If no, list all areas of noncompliance. All new construction included within the project scope will comply with the 2010 ADA Standards for Accessible Design and applicable accessibility requirements of the New York City Building Code.	
Other pertinent information:	
Project Work Area	Response
Type of Work	Addition
Square footages of existing areas, existing floor and or existing building.	5 th Fl, S Bldg: 23,000 SF
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	7,825 SF
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the building
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type I (443)
Building Height	Approx. 81' above grade
Building Number of Stories	6 Including Cellar
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Not Applicable
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 18 New Health Care Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. B – Ambulatory Care	Yes
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? No	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. Project includes an Article 28 shell space	Yes
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	Not Applicable
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	No

New York State Department of Health Certificate of Need Application

Schedule 6

Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Existing: 8, Proposed: 12	Increase
Changes in the number of occupants? If yes, what is the new number of occupants? 367	Yes
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Facility contains Life Safety, Critical, and Equipment emergency power branches	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Yes
Does the existing EES system have the capacity for the additional electrical loads? The existing EES system has sufficient capacity to accommodate the program's electrical loads.	Yes
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description.	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Oxygen (55 psi) is provided by the Kings County Hospital campus bulk oxygen system.	Yes
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Yes
Does the project involve a pool?	No

**New York State Department of Health
Certificate of Need Application**

Schedule 6

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION	Title of Attachment	File Name in PDF format
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form. PDF
•		FEMA BFE Certificate	FEMA BFE Cert.PDF
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF

KINGS COUNTY HOSPITAL CENTER

SCHEDULE 6 ATTACHMENT

ARCHITECTURAL INFORMATION



Department of Health

Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architecture and Engineering Review

Architect or Engineer Certification

Date: 07/13/2026 _____

Facility ID: PFI 1301

Facility Name: Kings County Hospital Center

Project

Name/Description: Construct an addition to add four (4) net new maternity beds for low-risk patients

Mark below whether the architectural/engineering submission is intended for review by New York State Department of Health (DOH), by Dormitory Authority of the State of New York (DASNY) on behalf of the department, or for self-certification in lieu of formal plan review. Please also acknowledge if the project is for Article 28 certification of an existing space with no proposed construction.

- Choose review option:
- ☒ Review provided by DOH Architects & Engineers
 - ☐ Review provided by DASNY Architects & Engineers
 - ☐ Self-Certification by Applicant's Architects & Engineers
Complete and include page 3, Eligibility Checklist.

- Mark if applicable:
- ☐ Existing building inspected with no construction
Drawings must illustrate existing conditions are compliant to current reference standards

The **architect or engineer** for the project to complete the following.

I hereby certify to the New York State Department of Health that:

I have been retained by the facility to provide professional architectural/engineering services and have concluded that the project is designed, or has been inspected, in accordance with project definitions, modifications and/or revisions approved or required by the New York State Department of Health.

I have concluded that the project is compliant with all applicable local, state, and federal codes and regulations. This includes the provisions of the State Hospital Code 10 NYCRR Part 711, applicable provisions of Parts 712-717, and the current Article 28 construction standards:

- 2012 NFPA 101 Life Safety Code
- 2012 NFPA 99 Health Care Facilities Code when required
- 2014 or 2018 Facility Guidelines Institute, Design and Construction Guidelines
- 2010 ADA Standards for Accessible Design

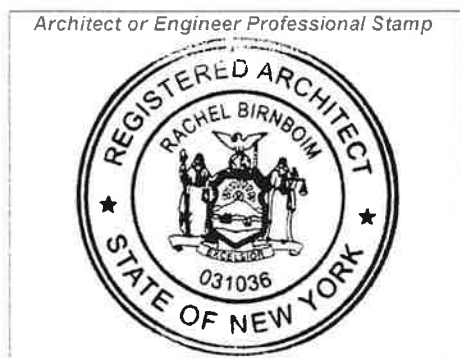
I understand that non-Article 28 areas, spaces, rooms and facilities being converted to Article 28 space, as well as renovations to existing Article 28 space shall be evaluated and brought into compliance with new construction standards as indicated within applicable requirements the State Hospital Code.

I understand that any component inconsistent with State Hospital Code must be brought to the attention of the Bureau of Architecture and Engineering Review for evaluation and compliance resolution.

Note proposed exceptions to the construction standards with the section number.
Does not apply to self-certifications.

I understand that upon completion of construction, or inspection of an existing building with no proposed construction, that the costs of any subsequent corrections necessary to achieve compliance with applicable requirements may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the Certificate of Need review for approval by the department. It is understood that an electronic copy of final Construction Documents, meeting the requirements of DSG-05, must be provided for all construction projects, including limited, administrative, full reviews, self-certified reviews, and reviews completed by DASNY.




Signature of Architect or Engineer

Rachel Birnboim
Name of Architect or Engineer (print)

031036
Professional New York State License Number

115 5th Avenue, Third Floor, New York, NY 10003
Business Address

The **applicant** for the project to complete the following.

The undersigned applicant understands and agrees that, despite this architect/engineer certification, the Department of Health retains the authority to (a) review the project documents and/or inspect the associated work, and (b) revoke its approval of the application for failure to comply with the State Hospital Code. The applicant is obligated to implement changes mandated by the Department to ensure compliance with the codes and regulations, regardless of whether physical plant construction or alterations have been completed and understands that the costs of any subsequent corrections necessary to achieve compliance may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.


Authorized Signature for Applicant

G. MONTROSE
Name (print)

A E I
Title

8/6/26
Date

N/A - the project architect is not self-certifying this project.

For projects intending to self-certify, please fill out the following checklist.
If the answer to any of the questions below is "Yes", the project is not eligible for self-certification.

Project Eligibility Checklist for Architectural/Engineering Self-Certification

#	Question	Yes	No
1	Is a waiver or an exception to the standards required?	☐	☐
2	Will the project costs exceed \$30,000,000?	☐	☐
3	Is Bulk Oxygen Medical Gas Storage associated with this project? Examples of Bulk Oxygen /Medical Gas Storage projects include but not limited to the following: a. Hyperbaric Chambers b. Bulk Systems include Nitrous Oxide System and Oxygen System defined below: Bulk Oxygen System: an assembly of equipment such as oxygen storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a storage capacity of more than 20,000 ft3 of oxygen including unconnected reserves on hand at the site. The bulk oxygen system terminates at the point where oxygen at service pressure first enters the supply line. Bulk Nitrous Oxide System: an assembly of equipment as described in the definition of bulk oxygen system that has a storage capacity of more than 3200 lb., approximately 28,000 ft3, of nitrous oxide.	☐	☐
4	Will this project have Locked or Secured Units? Examples of Locked or Secured Units include but not limited to the following: a. Observation Units for behavioral health in ED's. b. Behavioral health located within inpatient settings. c. Nursing Homes or other facilities with Dementia Units that are locked. d. Corrections and Detention Facilities located in Hospitals, Ambulatory Health Care Occupancies and Business Occupancies where healthcare is provided.	☐	☐
5	Will this project involve construction of new procedure rooms or operating rooms, or the renovation of existing procedure rooms or operating rooms, including modifications to associated support systems such as mechanical, electrical, plumbing, medical gas, fire detection or fire protection systems, within a hospital or ambulatory surgery center? (<i>Projects limited to cosmetic upgrades are eligible for self-certification.</i>) Examples, include but not limited to the following: a. Endoscopy Procedure Rooms b. Procedure Rooms c. Operating Rooms d. Interventional Imaging located in procedure rooms or operating rooms	☐	☐
6	Will this project involve construction that is required to comply with New Ambulatory Health Care Occupancy requirements as indicated in Chapter 20 of NFPA 101, 2012 edition? Examples, include but not limited to the following: a. Ambulatory Surgery Centers b. Endoscopy Centers and or other Procedure Rooms c. Free Standing Emergency Departments	☐	☐
7	Is this project intended to provide Ventilator Units for patients located in nursing homes?	☐	☐
8	Does this project involve Airborne Infection Isolation (Aii) Rooms or Protective Environment (PE) Rooms?	☐	☐

NYC Health + Hospitals: Kings County Hospital
Labor & Delivery Expansion

PERKINS ————— EASTMAN

FGI 2018 Hospital

7/14/2026

Functions - Detailed Space List	Space Program (New Program)			Remarks
	Quantity	NSF/ Room	Total NSF	FGI 2018

New Labor & Delivery and Support

A Public Entry

Family Lounge	1	955	955	
Pantry	1	0	0	Area in the Family Reception and Lounge
Public Toilet	1	56	56	
Sub-Total=			1,011	

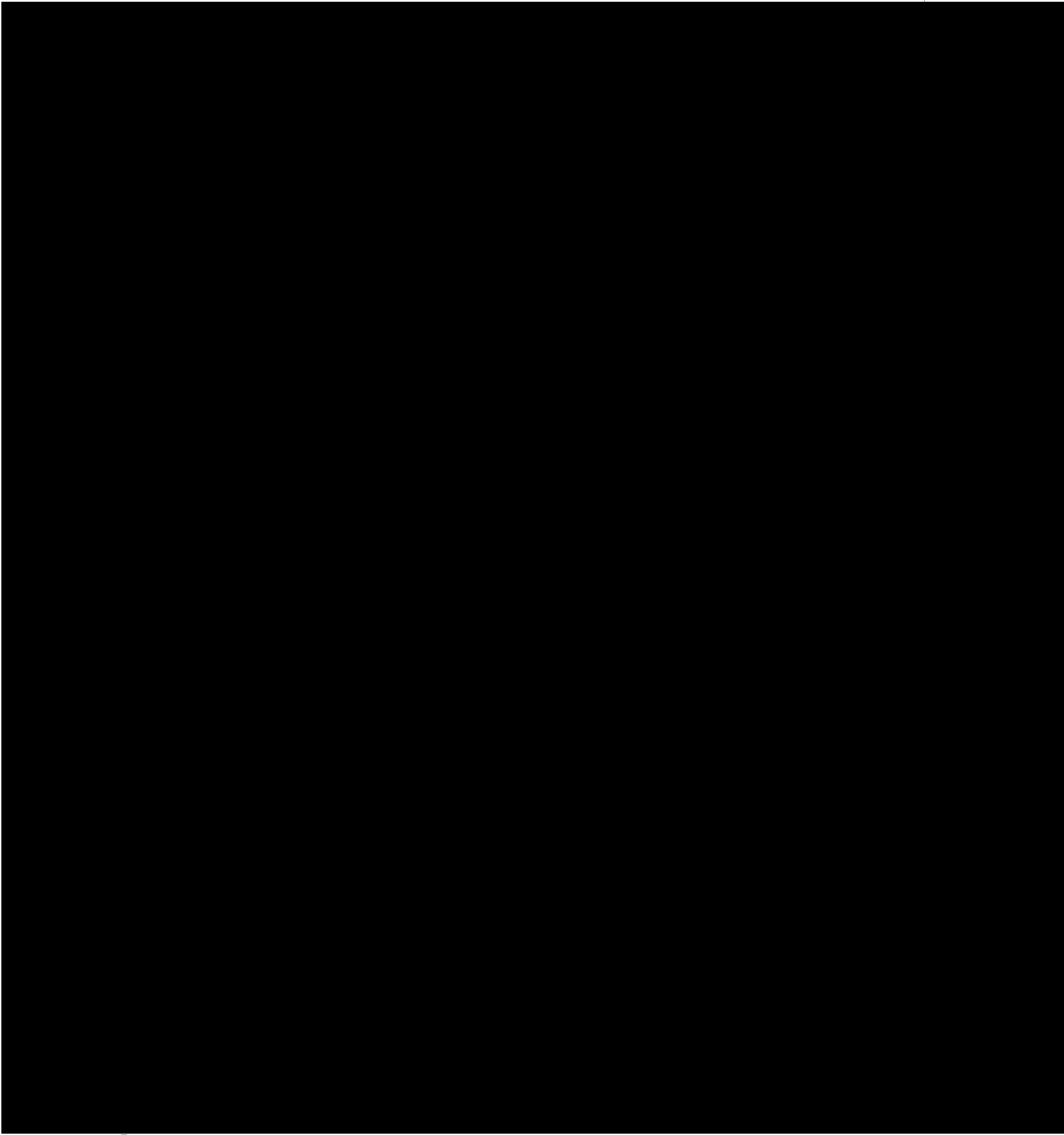
B New LDRP

Birthing Rooms (LDRP)	4	360	1,440	2.2-2.9.3.2 325 sf min. 40sf infant stabilization
Birthing Rooms (LDRP) Patient Toilet	4	60	240	Request for a Birthing Shower
Patient Pantry	4	43	172	Area in LDRP room
Triage	2	130	260	2.2-2.9.8.15 - This room shall have a minimum clear floor area of 120 square feet (11.15 square meters).
Triage Toilet	1	60	60	share for btwn 2 rooms for Triage
Shell Space	1	580	580	
Nurse Station	1	290	290	6 staff Stations
Medication Room	1	95	95	
Director of MidWifery Office	1	112	112	
Clean	1	108	108	Clean Linen Storage
Nourishment	1	110	110	Ice Machine; food cart parking
Soil	1	102	102	
Equipment	1	134	134	
EVS	1	59	59	
Staff Lounge	1	210	210	Shared with Cesarean Delivery and LDR
On-Call Room	2	75	150	
Staff Toilet	1	75	75	
IDF	1	77	77	
Patient Toilet	1	73	73	Access from existing LDRP corridor
Nurse Station	1	151	151	3 staff Stations; Access from existing LDRP corridor
Medication	1	80	80	Access from existing LDRP corridor
Sub-Total=			4,578	6,867

C Building Support Facilities

Trash Cute	-	56	-	Core No change
Linen Shute	-	58	-	Existing to remain adjacent to unit
Telephone Closet	-	164	-	Existing to remain adjacent to unit
Electrical Closet	-	184	-	Existing to remain adjacent to unit
Sub-Total=			-	
Total Net Area=			5,589	
Net to Gross Factor=			1.40	BENCHMARK 1.4
Total Department Gross Area DGSF =			7,825	

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No.	Description	Date
1	SCHEMATIC DESIGN	01/26/2024
2	BRIDGING PACKAGE	02/16/2024
3	60% CONSTRUCTION DOCUMENTS	01/09/2026
4	BID SET	06/26/2026

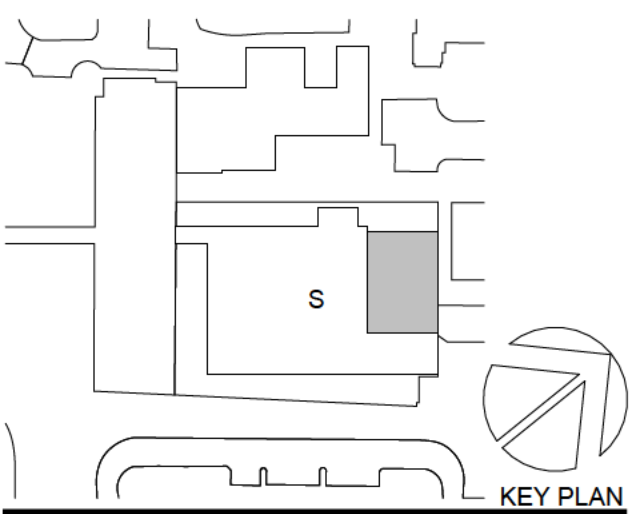
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WALL
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HASE

SEAL



KEY PLAN

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115 Fifth Avenue
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T +1 212 353 7200
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Owner:
NYC HEALTH + HOSPITALS
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489 Clarkson Ave, Brooklyn, NY 11203

Mechanical, Plumbing, Electrical & Fire Protection:
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55 Water Street, 38th Floor, New York, NY 10041

Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

FIFTH FLOOR
CONSTRUCTION
PLAN

SCALE: As indicated

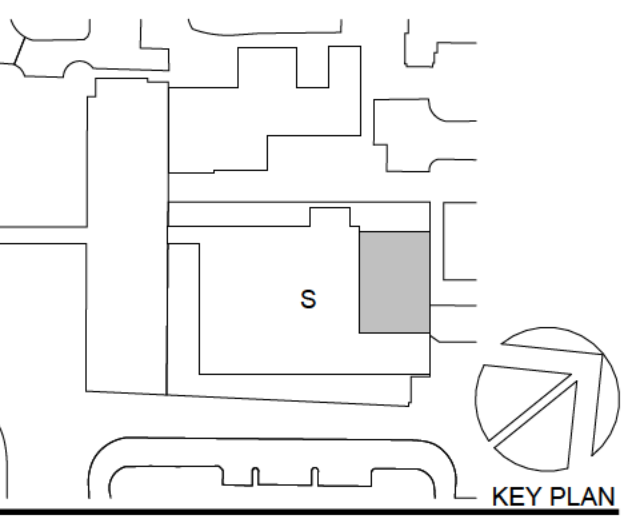
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BID SET

JUNE 26, 2026

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SEAL



**PERKINS —
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Medical Equipment of the Americas
BEST HEALTHCARE PLANNING
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Lighting Design:
LIGHTINGBOX STUDIOS
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Signage Design:
FRANK DESIGN
 115th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
NYSF
 100 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
 115 Madison Lane, Suite 603, New York, NY 10038

HOV Filing Consultant:
PERKINS CONSULTING ASSOCIATES
 125 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
CCCU-CO-CONSTRUCTION CONSULTANTS, INC.
 180 Avenue of the Americas, 8th Floor, New York, NY 10038

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE

ROOF PLAN CONSTRUCTION PLAN

SCALE: As indicated

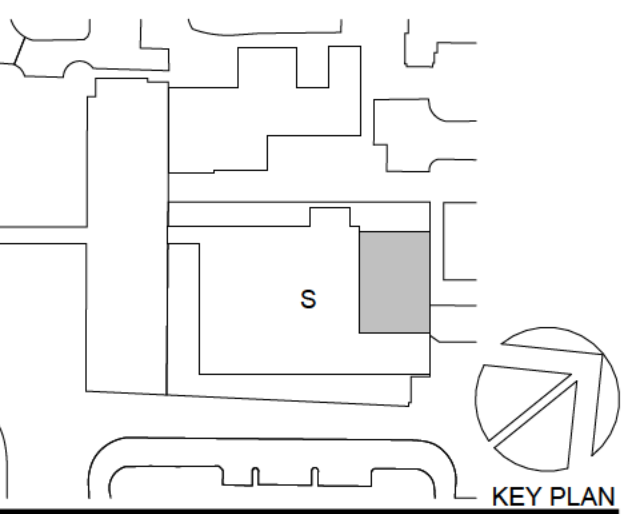
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JUNE 26, 2026

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Structural:
SEER CONSULTING STRUCTURAL ENGINEERS
 100 Wall St, New York, NY 10005

Acoustics & Information Technology
PERAM Associates
 1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTH PLANNING
 200 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
 156 Water Street, 38th Floor, New York, NY 10041

Signage Design:
STRAWK DESIGN
 115 5th Ave, 3rd Floor, New York, NY 10003

MSP
 300 Liberty Street, Suite 302, New York, NY 10281

Expedient Consultant:
MUNICIPAL EXPANDING INC.
 5 Maiden Lane, Suite 603, New York, 10038

Dish Filing Consultant:
DISCERO CONSULTING ASSOCIATES
 1225 Westchester Ave #2.01, White Plains, NY 10604

Cost-Estimating Consultant:
CONSTRUCTION CONSULTANTS, INC.
 1801 Avenue of the Americas, 8th Floor, New York, NY 10038

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE

FIFTH FLOOR POWER & DATA PLAN

SCALE: As indicated

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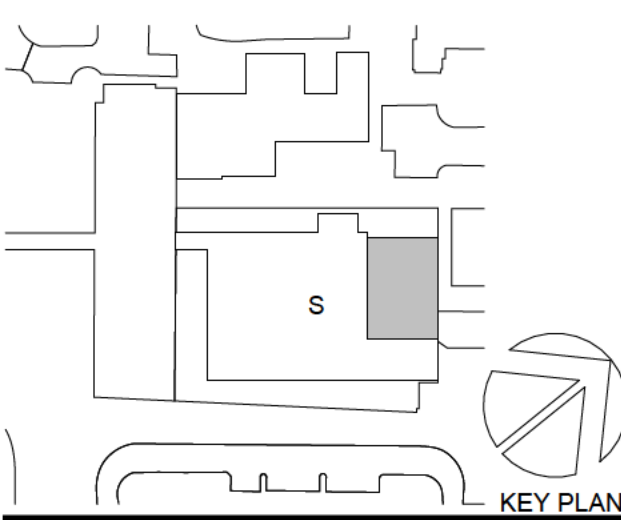
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JUNE 26, 2026

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No.	Description	Date
1	SCHEMATIC DESIGN	01/26/2024
2	BRIDGING PACKAGE	02/16/2024
3	60% CONSTRUCTION DOCUMENTS	01/09/2026
4	BID SET	06/26/2026

SEAL



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55 Water Street, 38th Floor, New York, NY 10041

Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

BUILDING
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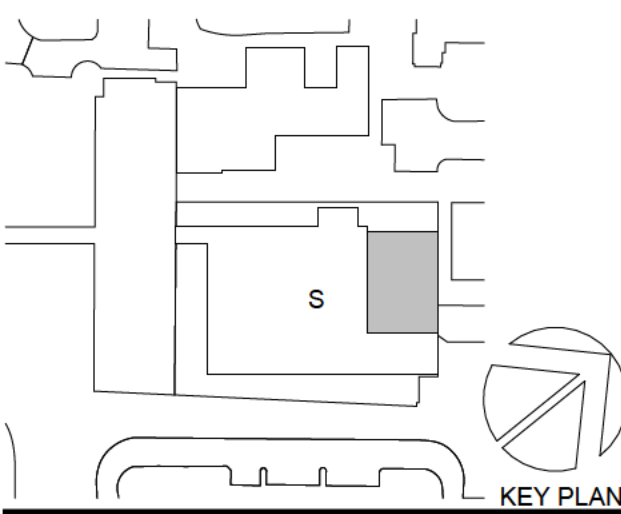
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BID SET

JUNE 26, 2026

No.	Description	Date
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3	60% CONSTRUCTION DOCUMENTS	01/09/2026
4	BID SET	06/26/2026

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55 Water Street, 38th Floor, New York, NY 10041

Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
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Acoustics & Information Technology
CERAMI ASSOCIATES
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Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
525 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**EXTERIOR
ELEVATIONS**

SCALE: 1/4" = 1'-0"

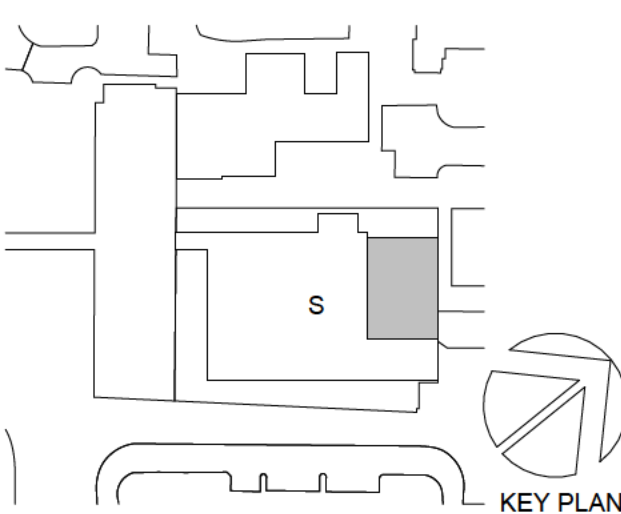
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JUNE 26, 2026

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 55 Water Street, 38th Floor, New York, NY 10041

Structural:
PERKINS+KILLERA CONSULTING/STRUCTURAL ENGINEERS
 440 Wall St, New York, NY 10005

Access & Information Technology
ACERATI ASSOCIATES
 1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
 229 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
 55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
 116 5th Ave, 3rd Floor, New York, NY 10003

WSP
 200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
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 440 Wall St, New York, NY 10005

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE

FIFTH FLOOR
REFLECTED CEILING
PLAN

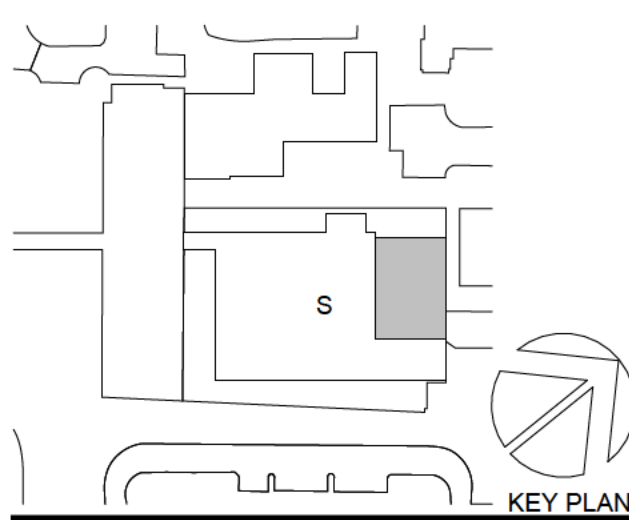
SCALE: As indicated

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BID SET

JUNE 26, 2026

KEYNOTE LEGEND PER SHEET	
Key Value	Keynote Text

[illegible]

**PERKINS —
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JAROS BAUM & BOLLES
55 Water Street, 35th Floor, New York, NY 10041

Structural:
ARCA CONSULTING STRUCTURAL ENGINEERS
40 Wall St., New York, NY 10005

Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl., New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA 19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 35th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave., 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, 5th Floor, New York, NY 10038

Draft Filing Consultant:
CICERO CONSULTING ASSOCIATES
325 West 42nd Ave. # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-CORE CONSTRUCTION CONSULTANTS, INC.
1190 Avenue of the Americas, 8th Floor, New York, NY 100

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

CEILING DETAILS

SCALE: 1 1/2" = 1'-0"

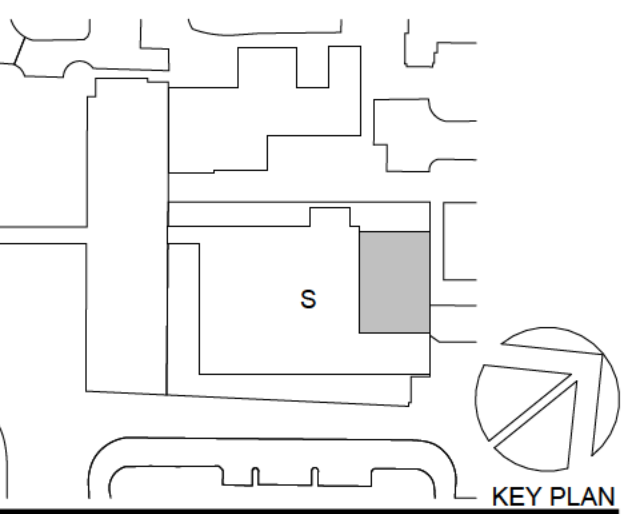
A-501

BID SET

JUNE 26, 2026

[illegible]

SEAL



**PERKINS —
EASTMAN**
115 Fifth Avenue
New York, NY 10003
T. +1 212 353 7200
F. +1 212 353 7676

Owner:
NYC HEALTH & HOSPITALS
KINGS COUNTY HOSPITAL
149 Clarkson Ave, Brooklyn, NY 11203

Architect: MCM
Mechanical, Plumbing, Electrical & Fire Protection:
HAROS BAUM & BOLLES
15 Water Street, 38th Floor, New York, NY 10041

Structural:
PERA CONSULTING STRUCTURAL ENGINEERS
10 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMIC ASSOCIATES
101 Avenue of the Americas, 4th Fl, New York, NY 10038

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
146 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Cost Consultant:
MSP
100 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
65 Maiden Lane, Suite 603, New York, 10038

HOI Filing Consultant:
CICERO CONSULTING ASSOCIATES
125 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
CICERO CONSULTING ASSOCIATES
1180 Avenue of the Americas, 8th Floor, New York 10038

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:
EXTERIOR SECTION
DETAILS - WINDOW
WALL

SCALE: 1 1/2" = 1'-0"

A-311

BID SET

JUNE 26, 2026

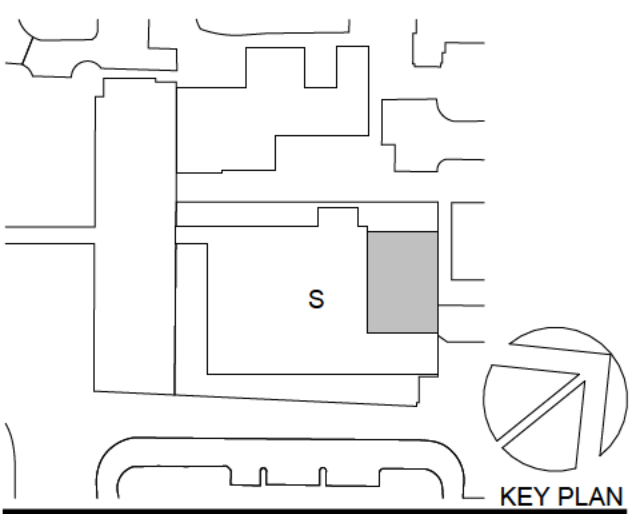
KEY PLAN

Cost-Estimating Consultant:
ACCUCOST CONSTRUCTION CONSULTANTS, INC.
 1180 Avenue of the Americas, 8th Floor, New York 100

C:\REVIT_LOC\A\95710_Kings County Hospital-5th Flr_ARCH\25_s_medina\0GB3.rvt
6/26/2026 2:59:48 PM

No.	Description	Date
2	BRIDGING PACKAGE	02/16/2024
3	60% CONSTRUCTION DOCUMENTS	01/09/2026
4	BID SET	06/26/2026

SEAL



PERKINS
EASTMAN
115 Fifth Avenue
New York, NY 10003
T: +1 212 353 7200
F: +1 212 353 7676

- Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
489 Clarkson Ave, Brooklyn, NY 11203
- Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041
- Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005
- Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018
- Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355
- Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041
- Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003
- Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281
- Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038
- DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
525 Westchester Ave # 201, White Plains, NY 10604
- Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

EXTERIOR PLAN
DETAILS

SCALE: 1 1/2" = 1'-0"

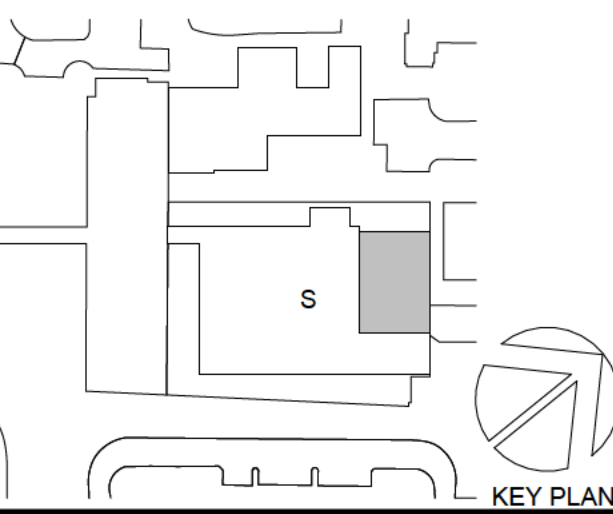
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BID SET

JUNE 26, 2026

[illegible]

SEAL



**PERKINS —
EASTMAN**
115 Fifth Avenue
New York, NY 10003
T. +1 212 353 7200
F. +1 212 353 7676

Owner:
NYC HEALTH + HOSPITALS
ROBERTA COHEN HOSPITAL CENTER
1498 Clarkson Ave, Brooklyn, NY 11203

Architect:
WATERS BAUM & BOLLES
305 Water Street, 38th Floor, New York, NY 10041

Structural:
ROBERT COHEN CONSULTING STRUCTURAL ENGINEERS
100 Wall St, New York, NY 10005

Acoustic & Information Technology
PERAMIT ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planning:
BEST HEALTHCARE PLANNING
205 Doe Lane, PALM 19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
NYSR
300 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
1225 Westchester Ave #201, White Plains, NY 10604

Cost-Estimating Consultant:
CONSTRUCTION CONSULTANTS, INC.
180 Avenue of the Americas, 28th Floor, New York, NY 10038

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE

EXTERIOR PLAN DETAILS

SCALE: 1 1/2" = 1'-0"

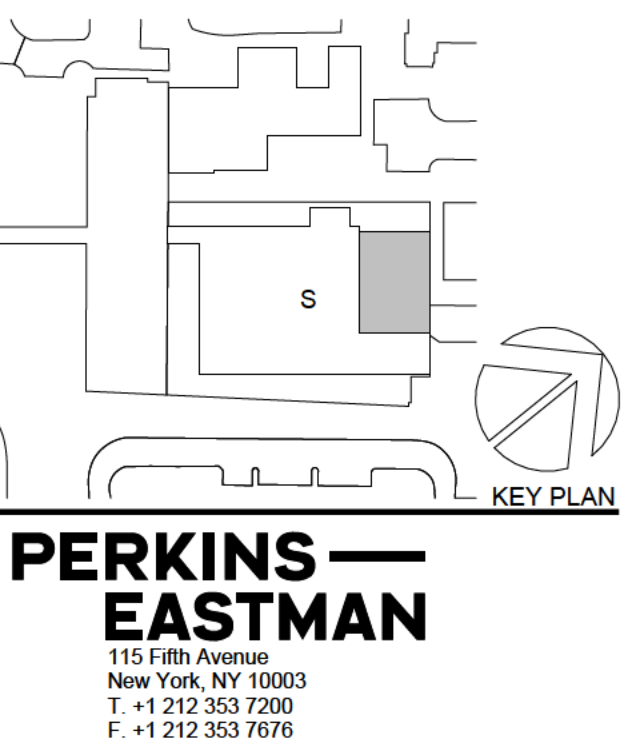
A-322

BID SET

JUNE 26, 2026

No.	Description	Date
1	SCHEMATIC DESIGN	01/26/2024
2	BRIDGING PACKAGE	02/16/2024
3	60% CONSTRUCTION DOCUMENTS	01/09/2026
4	BID SET	06/26/2026

SEAL



Owner:
NYC HEALTH & HOSPITALS
KINGS COUNTY HOSPITAL
149 Clarkson Ave, Brooklyn, NY 11203

Architect: MCM
Mechanical, Plumbing, Electrical & Fire Protection:
HAROS BAUM & BOLLES
15 Water Street, 38th Floor, New York, NY 10041

Structural:
PERA CONSULTING STRUCTURAL ENGINEERS
10 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMIC ASSOCIATES
101 Avenue of the Americas, 4th Fl, New York, NY 10038

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
156 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Cost Consultant:
MSP
100 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
65 Maiden Lane, Suite 603, New York, 10038

HOI Filing Consultant:
CICERO CONSULTING ASSOCIATES
125 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
CICERO CONSULTING ASSOCIATES
1180 Avenue of the Americas, 8th Floor, New York 10038

PROJECT TITLE:
NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

ENLARGED PLANS,
RCP & ELEV. -
FAMILY LOUNGE

SCALE: As indicated

A-613

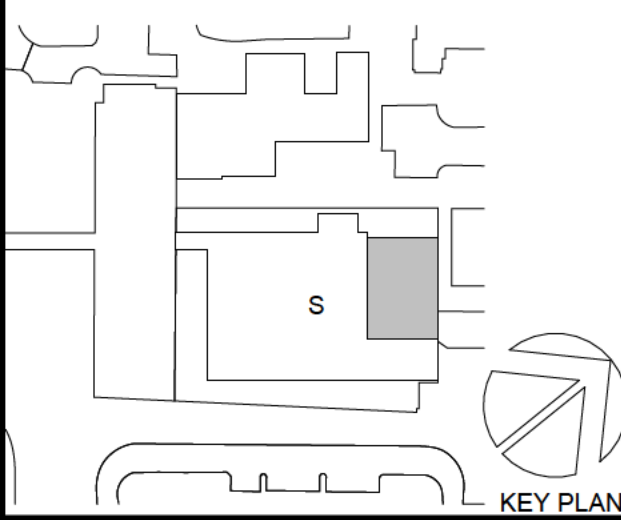
BID SET

JUNE 26, 2026

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No.	Description	Date
2	BRIDGING PACKAGE	02/16/2024
3	60% CONSTRUCTION DOCUMENTS	01/09/2026
4	BID SET	06/26/2026

SEAL



KEY PLAN

**PERKINS
EASTMAN**
115 Fifth Avenue
New York, NY 10003
T: +1 212 353 7000
F: +1 212 353 7676

Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
489 Clarkson Ave, Brooklyn, NY 11203
Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041
Structural:
ERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005
Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018
Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355
Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041
Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003
Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281
Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038
DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
525 Westchester Ave # 201, White Plains, NY 10604
Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

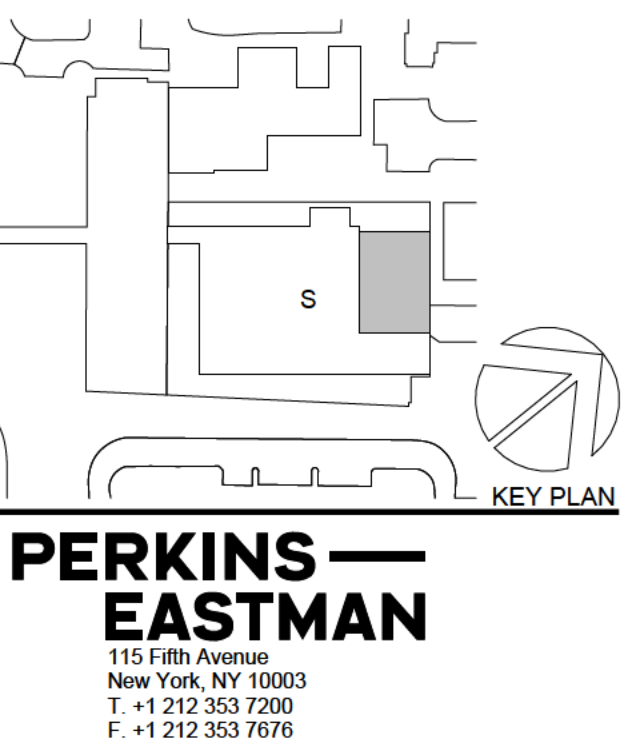
PROJECT TITLE:
NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION
489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710
DRAWING TITLE:
INTERIOR
ELEVATIONS -
CORRIDORS

SCALE: 3/8" = 1'-0"
A-619
BID SET
JUNE 26, 2026

[illegible]

SEAL



Owner:
NYC HEALTH + HOSPITALS
QUEEN CITY HOSPITAL CENTER
 149 Clarkson Ave, Brooklyn, NY 11203

Architect:
HAROS BAUM & BOLLES
 160 Water Street, 38th Floor, New York, NY 10041

Structural:
PERLER & ASSOCIATES CONSULTING STRUCTURAL ENGINEERS
 140 Wall St, New York, NY 10005

Acoustics & Information Technology
PERCASSI ASSOCIATES
 1001 Avenue of the Americas, 4th Fl, New York, NY 10001

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
 200 Doe Lane, Malvern, PA 19355

Lighting Design:
LIGHTBOX STUDIOS
 50 Water Street, 38th Floor, New York, NY 10041

Visioning Design:
FRANK DESIGN
 115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
NYSR
 100 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
 65 Maiden Lane, Suite 603, New York, NY 10038

OOH Filing Consultant:
PERCASSI ASSOCIATES
 125 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
PERCASSI ASSOCIATES CONSULTING COST ENGINEERS
 110 Avenue of the Americas, 8th Floor, New York, NY 10003

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

ENLARGED
BATHROOM PLANS
ELEV

SCALE: As indicated

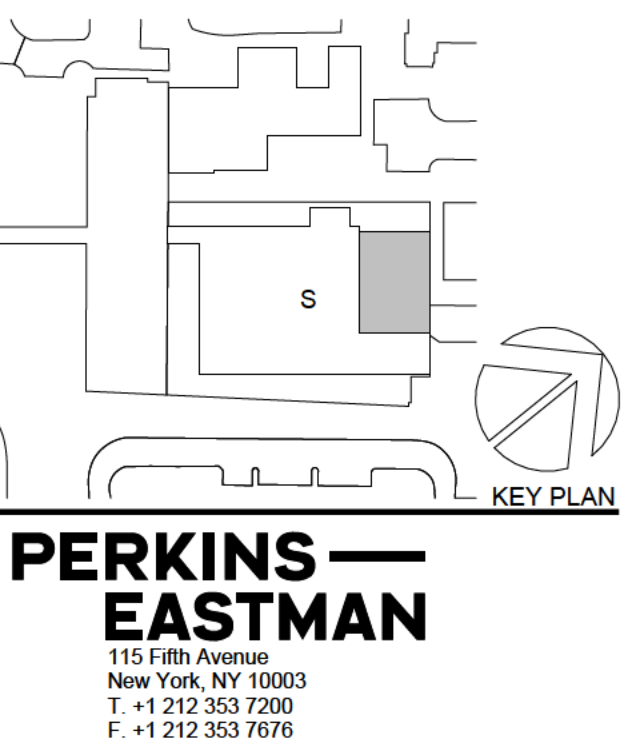
A-622

BID SET

JUNE 26, 2026

[illegible]

SEAL



Owner:
NYC HEALTH & HOSPITALS
KINGS COUNTY HOSPITAL
149 Clarkson Ave, Brooklyn, NY 11203

Architect: MCM
Mechanical, Plumbing, Electrical & Fire Protection:
HAROS BAUM & BOLLES
15 Water Street, 38th Floor, New York, NY 10041

Structural:
PERA CONSULTING STRUCTURAL ENGINEERS
10 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMIC ASSOCIATES
101 Avenue of the Americas, 4th Fl, New York, NY 10038

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
156 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Cost Consultant:
MSP
100 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
65 Maiden Lane, Suite 603, New York, 10038

HOV Lifting Consultant:
CICERO CONSULTING ASSOCIATES
125 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
CICERO CONSULTING ASSOCIATES
1180 Avenue of the Americas, 8th Floor, New York 10038

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**ENLARGED
BATHROOM PLANS
ELEV**

SCALE: As indicated

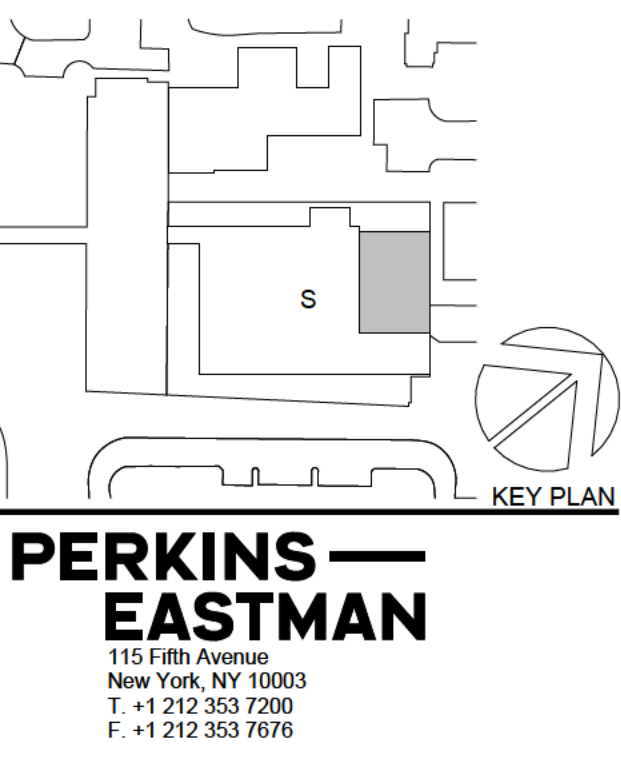
A-623

BID SET

JUNE 26, 2026

[illegible]

SEAL



Owner:
CHENKING COUNTY & HOSPITALS
189 Clarkson Ave., Brooklyn, NY 11203

Architect: Mechanical, Plumbing, Electrical & Fire Protection:
BARROS BAUM & BOLLES
140 Liberty Street, 38th Floor, New York, NY 10041

Structural:
WILLIAMS CONSULTING STRUCTURAL ENGINEERS
189 Wall St., New York, NY 10005

Acoustics & Information Technology:
PERCUM ASSOCIATES
1001 Avenue of the Americas, 4th Fl., New York, NY 10001

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
Dee Lane, Malvern, PA 19355

Lighting Design:
LIGHTBOX STUDIOS
145 Wall Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave., 3rd Floor, New York, NY 10003

Code Consultant:
NISP
100 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
815 Madison Lane, Suite 603, New York, 10038

OAH Filing Consultant:
RICERO CONSULTING ASSOCIATES
205 Westchester Ave. # 201, White Plains, NY 10604

Cost-Estimating Consultant:
CCCG-CO-CONSTRUCTION CONSULTANTS, INC.
180 Avenue of the Americas, 8th Floor, New York, NY 10003

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

DETAILS - TYPICAL FLOOR TRANSITION DETAILS

SCALE: As indicated

A-632

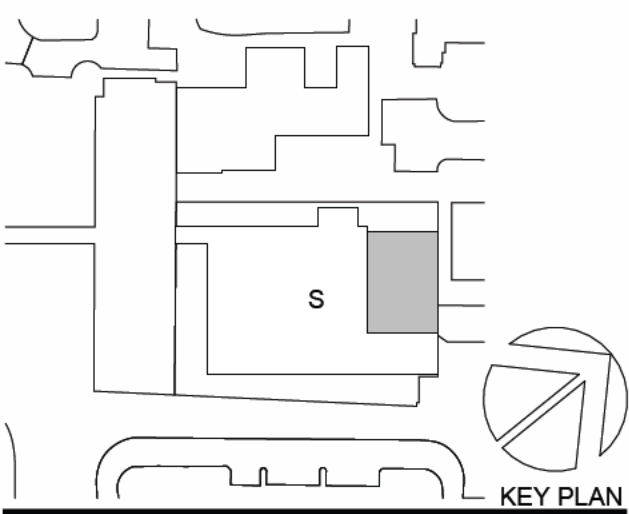
BID SET

JUNE 26, 2026

C:\REVIT LOCAL\95710_Kings County Hospital-5th Flr_ARCH\25_s.mediad\06B3.rvt

No.	Description	Date
3	60% CONSTRUCTION DOCUMENTS	01/09/2026
4	BID SET	06/26/2026

SEAL



KEY PLAN

**PERKINS
EASTMAN**
115 Fifth Avenue
New York, NY 10003
T: +1 212 353 7200
F: +1 212 353 7676

Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
489 Clarkson Ave, Brooklyn, NY 11203

Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041

Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

DETAILS -
ARCHITECTURAL
ELEMENTS

SCALE: As indicated

A-635

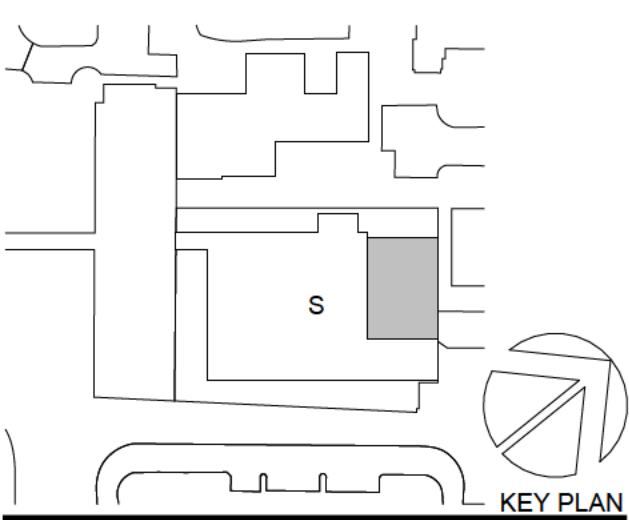
BID SET

JUNE 26, 2026

Autodesk Docs://26006E - KCH Labor and Delivery/26006E_JBB_E25_KCH Labor & Delivery.rvt
6

No.	Description	Date
	60% CD PROGRESS	12/19/2025
	60% CONSTRUCTION DOCUMENTS	01/09/2026
	BID SET	06/26/2026

SEAL



KEY PLAN

**PERKINS
EASTMAN**
115 Fifth Avenue
New York, NY 10003
T: +1 212 353 7200
F: +1 212 353 7676

Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
489 Clarkson Ave, Brooklyn

Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041

Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTRY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**ELECTRICAL COVER
SHEET & DRAWING
INDEX**

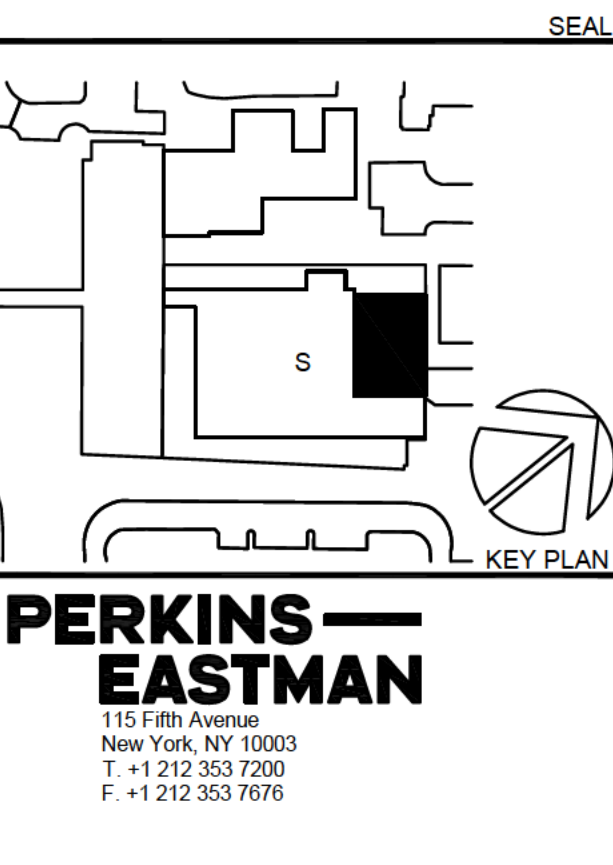
SCALE: 1/8" = 1'-0"

E-001

BID SET

JUNE 26, 2026

1. REFER TO E-001, E-002, AND E-003 SERIES FOR NOTES, SYMBOLS, ABBREVIATIONS AND LIGHTING FIXTURE SCHEDULES.
2. REFER TO E-700 SERIES FOR PANEL SCHEDULES.

[illegible]

Owner:
NYC HEALTH & HOSPITALS
NEW YORK COUNTY HOSPITAL CENTER
189 Clarkson Ave., Brooklyn
10041
Architect: Planning, Electrical & Fire Protection:
AROS BAUM & BOLLES
150 Water Street, 38th Floor, New York, NY 10041
Structural:
HERA CONSULTING STRUCTURAL ENGINEERS
1001 Avenue of the Americas, 4th Fl., New York, NY 10005
Acoustics & Information Technology:
ERAMI ASSOCIATES
101 Madison Avenue of the Americas, 4th Fl., New York, NY 10005
Medical Equipment Planner:
PENN HEALTHCARE PLANNING
300 E. Lake, Malvern, PA 19355
Lighting Design:
LIGHTBOX STUDIOS
50 Water Street, 38th Floor, New York, NY 10041
Vibration Design:
FRANK DESIGN
115 5th Ave., 3rd Floor, New York, NY 10003
General Consultant:
HSP
100 Liberty Street, Suite 302, New York, NY 10281
Expediting Consultant:
UNIPAC CONSULTING INC.
150 Maiden Lane, Suite 803, New York, 10038
MOH Filing Consultant:
MICRO CONSULTING ASSOCIATES
225 Westchester Ave # 201, White Plains, NY 10604
Cost-Estimating Consultant:
CCU-CO-CONSTRUCTION CONSULTANTS, INC.
180 Avenue of the Americas, 8th Floor, New York, NY 10005

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

189 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

ELECTRICAL POWER

PLAN - CELLAR

SCALE: 1/16" = 1'-0"

E-100

BID SET

JUNE 26, 2026

KEY PLAN

PROJECT TITLE:

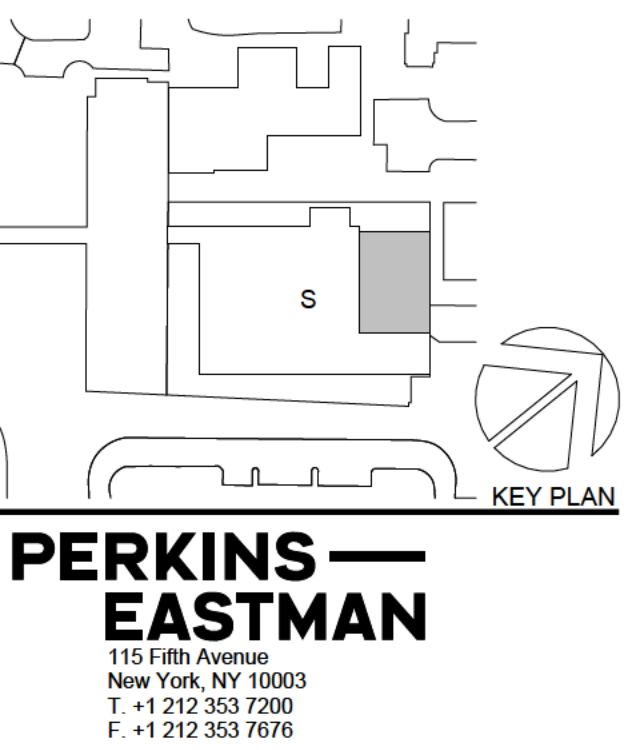
**NYC HEALTH +
HOSPITALS: KINGS
COUNTRY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

E-301

[illegible]

SEAL



Owner:
NYC HEALTH + HOSPITALS
 1489 Clarkson Ave, Brooklyn
 Architect:
HAROS BAUM & BOLLES
 50 Water Street, 38th Floor, New York, NY 10041
 Structural:
PERLER & GUNZ CONSULTING STRUCTURAL ENGINEERS
 10 Wall St, New York, NY 10005
 Acoustics & Information Technology
 1001 Avenue of the Americas, 4th Fl, New York, NY 10018
BEST HEALTHCARE PLANNING
 60 Doe Lane, Malvern, PA19355
 Lighting Design:
LIGHTBOX STUDIOS
 56 Water Street, 38th Floor, New York, NY 10041
 Vibration Design:
FRANK DESIGN
 115 Fifth Ave, 3rd Floor, New York, NY 10003
 Code Consultant:
NYSF
 100 Liberty Street, Suite 302, New York, NY 10281
 Expediting Consultant:
MUNICIPAL EXPEDITING INC.
 15 Madison Lane, Suite 603, New York, 10038
 HOV Filing Consultant:
PECIERO CONSULTING ASSOCIATES
 250 Westchester Ave # 225 White Plains, NY 10604
 Cost-Estimating Consultant:
CCG-COST CONSTRUCTION CONSULTANTS INC.
 1801 Avenue of the Americas, 8th Floor, New York, NY 10003

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTRY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**FIRE ALARM RISER
DIAGRAM**

SCALE:

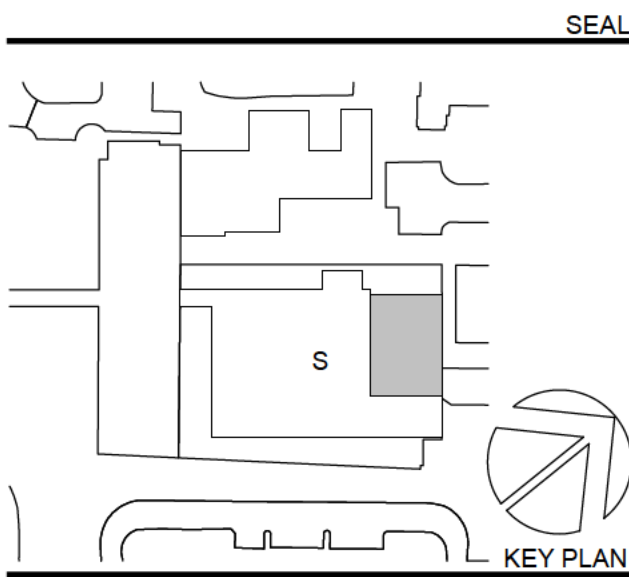
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BID SET

JUNE 26, 2026

Autodesk Docs://26608E - KCH Labor and Delivery/26608E_JBB_FP25_KCH Labor & Delivery.rvt
6/26/2026 9:00:49 AM

No.	Description	Date
1	60% CD (PROGRESS SET)	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026



PERKINS EASTMAN
115 Fifth Avenue
New York, NY 10003
T: +1 212 353 1200
F: +1 212 353 7676

Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
451 Clarkson Ave, Brooklyn

Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 36th Floor, New York, NY 10041

Structural:
LEBA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 36th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 L berty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
525 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York, New York 10038

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**SPRINKLER
COVERSHEET &
DRAWING INDEX**

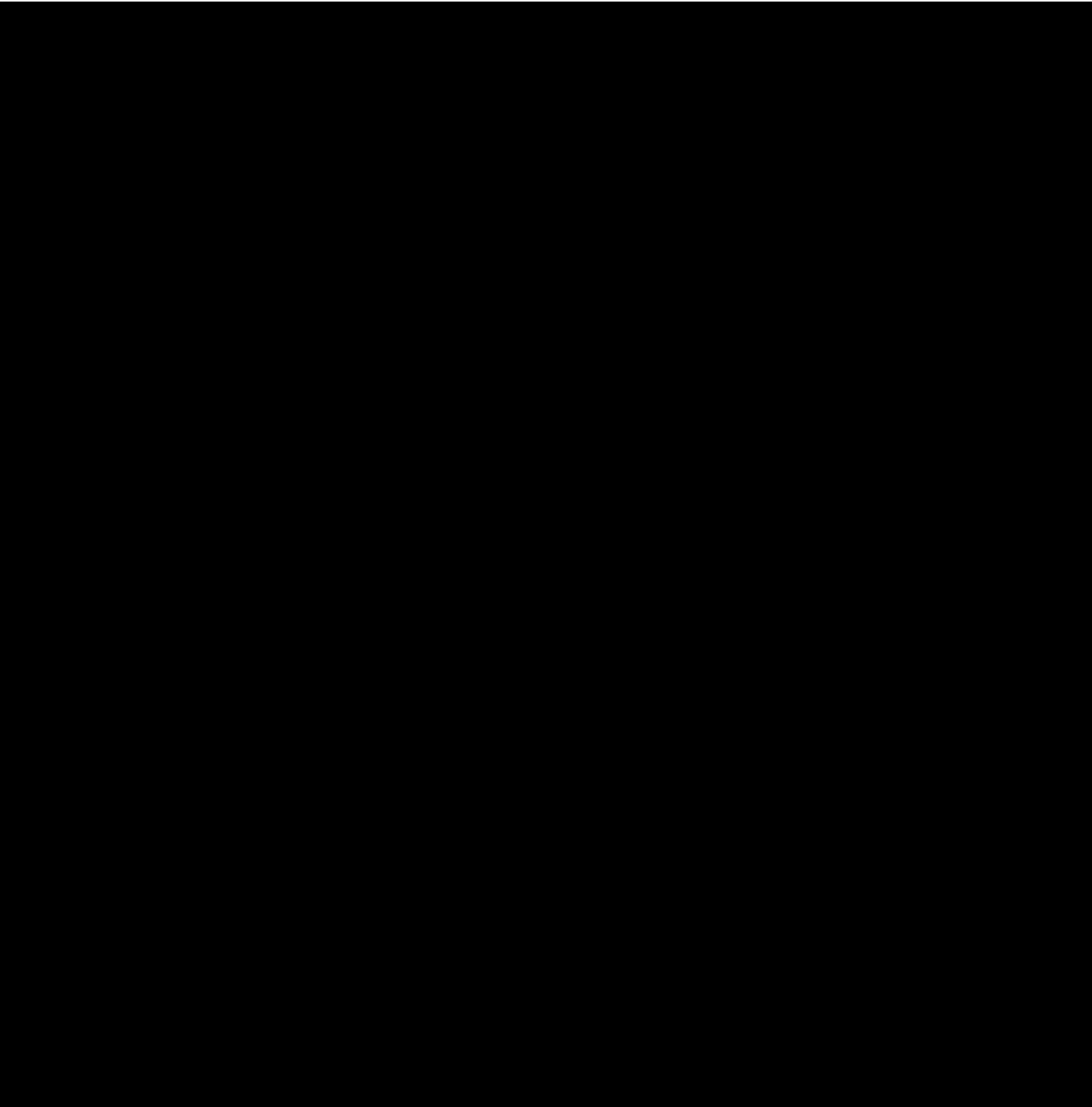
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SP-001.00

BID SET

JUNE 26, 2026

Autodesk Docs://26606E - KCH Labor and Delivery/26606E_JBB_FP25_KCH Labor & Delivery.rvt
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No.	Description	Date
1	60% CD (PROGRESS SET)	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026

SEAL

KEY PLAN

PERKINS
EASTMAN

115 Fifth Avenue
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40 Wall St, New York, NY 10005
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- Cost-Estimating Consultant:
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1180 Avenue of the Americas, 8th Floor, New York 10038

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

SPRINKLER LEVEL 5
PLAN

SCALE: 1/8" = 1'-0"

SP-105.00

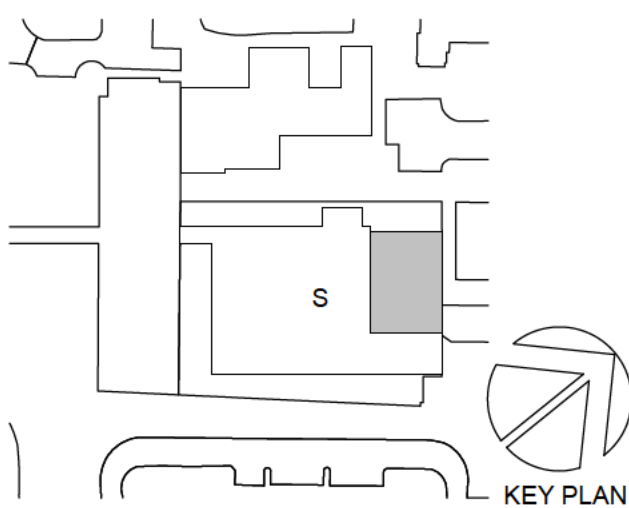
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JUNE 26, 2026

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SEAL



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PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**SPRINKLER ROOF
PLAN**

SCALE: 1/8" = 1'-0"

SP-106.00

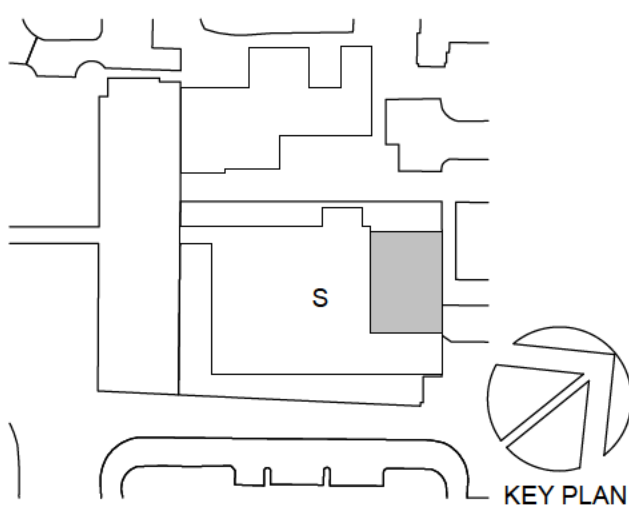
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1	60% CD (PROGRESS SET)	12/19/2025
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DOH Filing Consultant:
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525 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**SPRINKLER RISER
DIAGRAM**

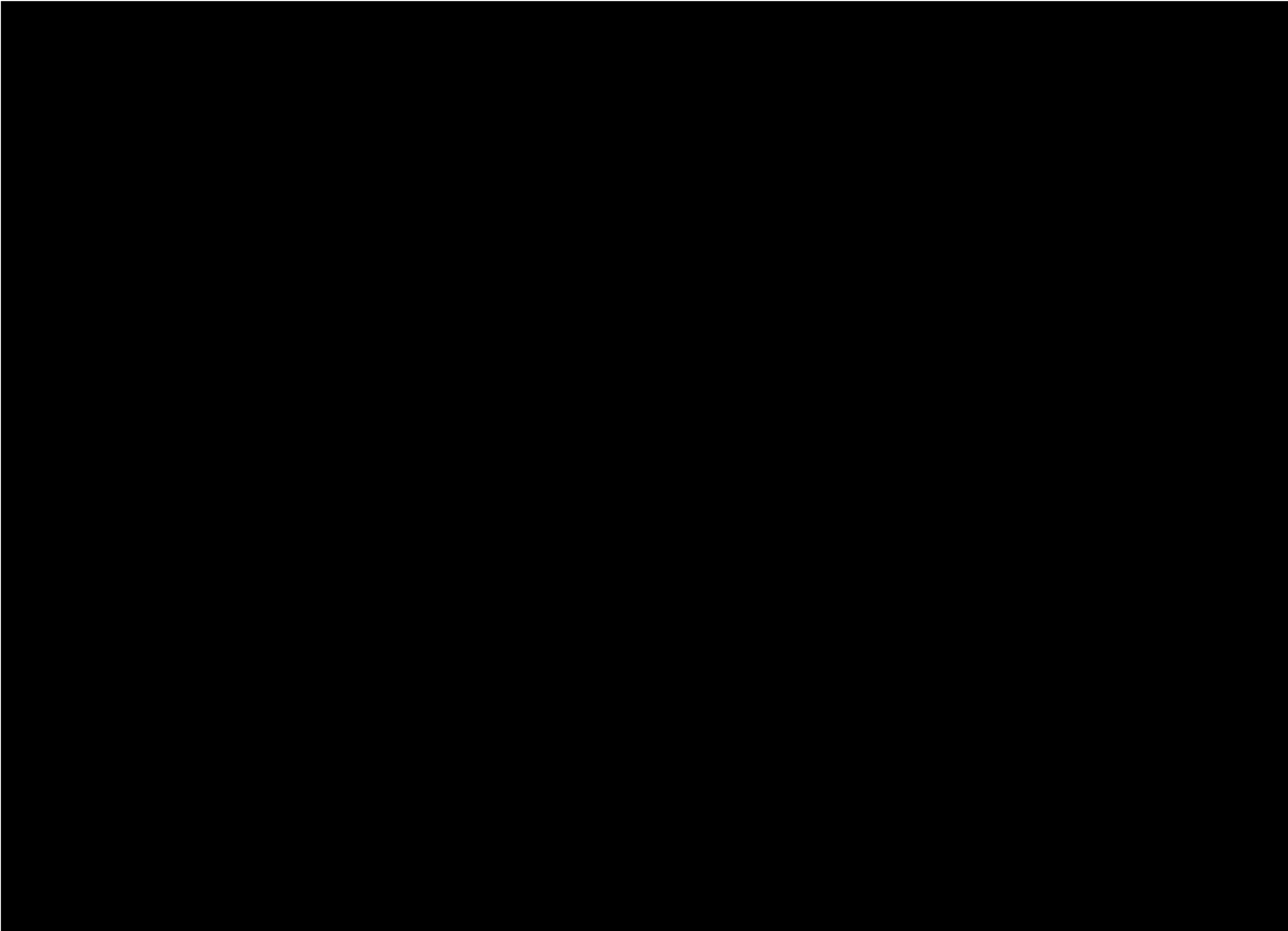
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SP-400.00

BID SET

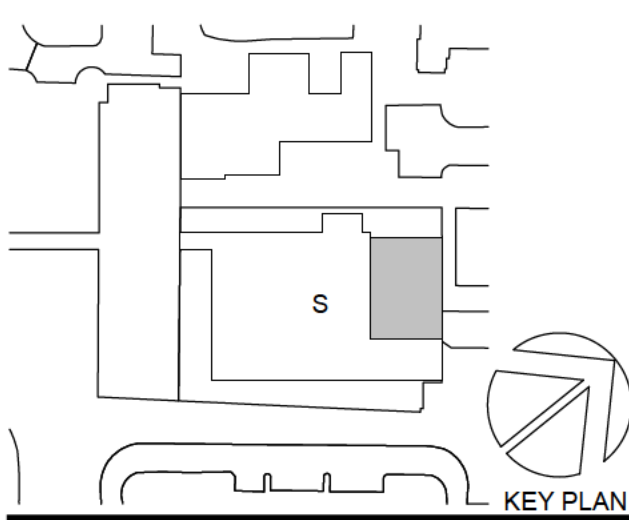
JUNE 26, 2026

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3	BID SET	06/26/2026

SEAL



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40 Wall St, New York, NY 10005

Acoustics & Information Technology
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Signage Design:
FRANK DESIGN
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Code Consultant:
WSP
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Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
525 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**SPRINKLER DETAILS
& SCHEDULE SHEET**

SCALE: NTS

SP-600.00

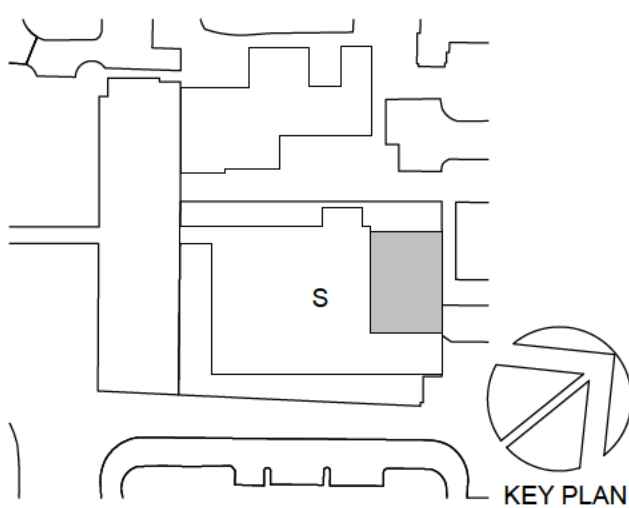
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JUNE 26, 2026

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No.	Description	Date
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2	BRIDGING PACKAGE	02/16/2024
3	60% CONSTRUCTION DOCUMENTS	01/09/2026
4	BID SET	06/26/2026

SEAL



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115 Fifth Avenue
New York, NY 10003
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NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
489 Clarkson Ave, Brooklyn, NY 11203
Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 36th Floor, New York, NY 10041
Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005
Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018
Medical Equipment Planner:
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29 Doe Lane, Malvern, PA19355
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Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003
Code Consultant:
WSP
200 L berty Street, Suite 302, New York, NY 10281
Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038
DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
525 Westchester Ave # 201, White Plains, NY 10604
Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:
CODE ANALYSIS

SCALE: As indicated

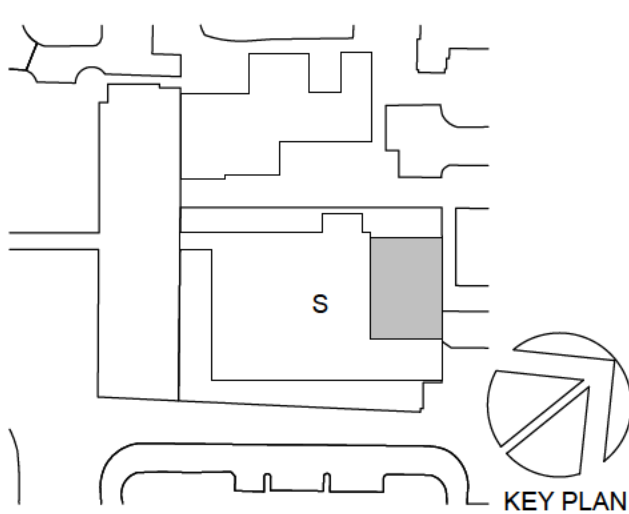
G-101

BID SET

JUNE 26, 2026

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SEAL



**PERKINS —
EASTMAN**
115 Fifth Avenue
New York, NY 10003
T. +1 212 353 7200
F. +1 212 353 7676

Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
489 Clarkson Ave, Brooklyn, NY 11203

Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041

Structural:
LER A CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
 1180 Avenue of the Americas, 8th Floor, New York 100:

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:
LIFE SAFETY

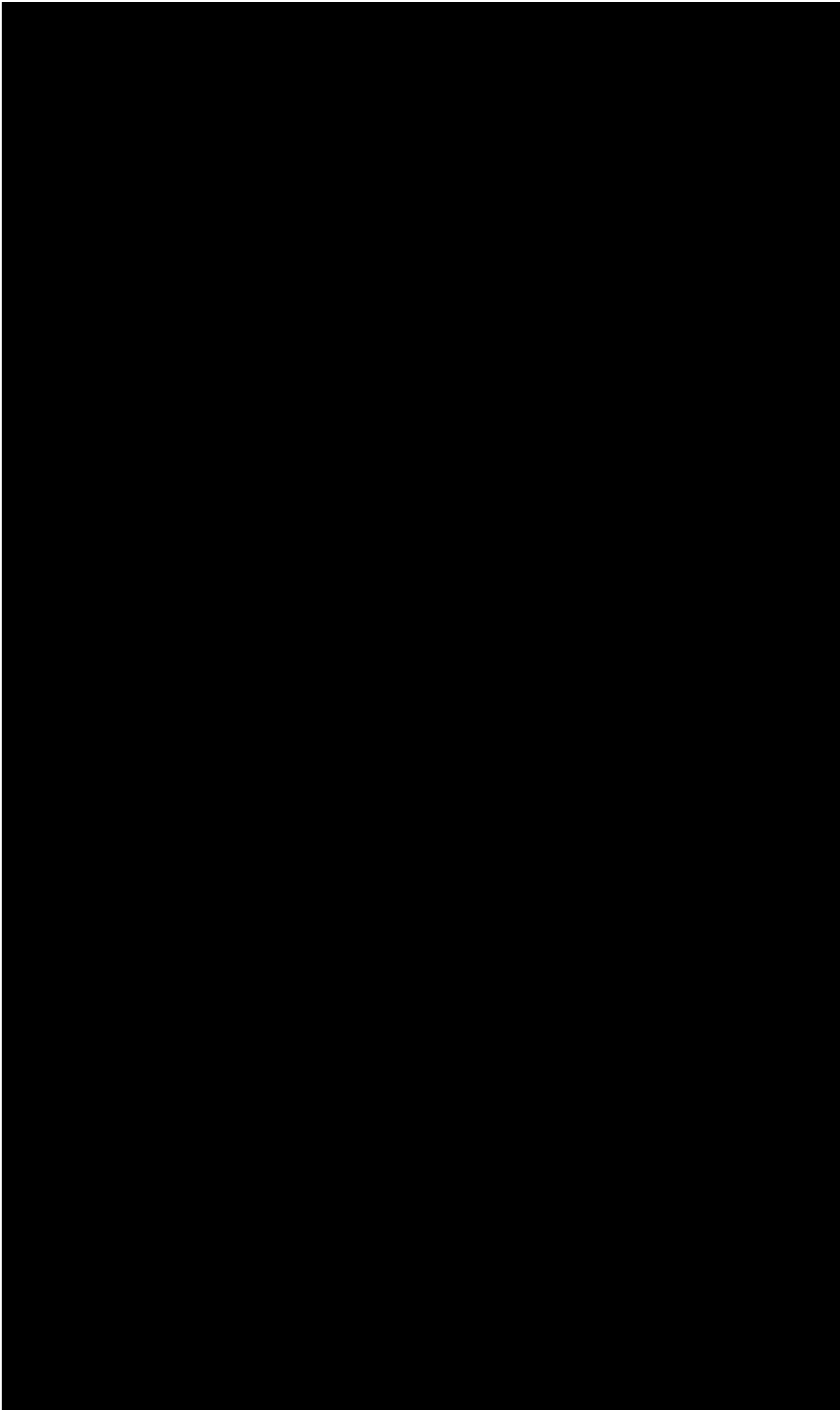
SCALE: As indicated

G-102

BID SET

JUNE 26, 2026

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BUILDING DEPARTMENT NOTES

THIS PLAN IS APPROVED FOR WORK INDICATED ON THE APPLICATION SPECIFICATION SHEET. ALL OTHER MATTERS SHOWN ARE NOT TO BE RELIED UPON, OR TO BE CONSIDERED AS EITHER BEING APPROVED OR IN ACCORDANCE WITH APPLICABLE CODES.

No.	Description	Date
1	60% CD PROGRESS	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026

SEAL

KEY PLAN

PERKINS — EASTMAN
115 Fifth Avenue
New York, NY 10003
T +1 212 353 7200
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Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
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Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
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15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

NYC HEALTH + HOSPITALS: KINGS COUNTY HOSPITAL LABOR & DELIVERY EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No. 95710

DRAWING TITLE:

DAMPER WIRING, MECHANICAL, AND FIRE ALARM WIRING DIAGRAMS

SCALE: 1/8" = 1'-0"

M-003.00

BID SET

JUNE 26, 2026

SEAL



PROJECT TITLE:

489 Clarkson Ave, Brooklyn, NY 11203

DRAWING TITLE:

SCALE: 1/8" = 1'-0"

BID SET

JUNE 26, 2026



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No.	Description	Date
1	60% CD PROGRESS	12/19/2025
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3	BID SET	06/26/2026

SEAL

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PERKINS — EASTMAN
115 Fifth Avenue
New York, NY 10003
T +1 212 353 7000
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Owner:
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Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

NYC HEALTH + HOSPITALS: KINGS COUNTY HOSPITAL LABOR & DELIVERY EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No. 95710

DRAWING TITLE:

MECHANICAL LEVEL 5 DUCTWORK PLAN

SCALE: 1/8" = 1'-0"

M-105.00

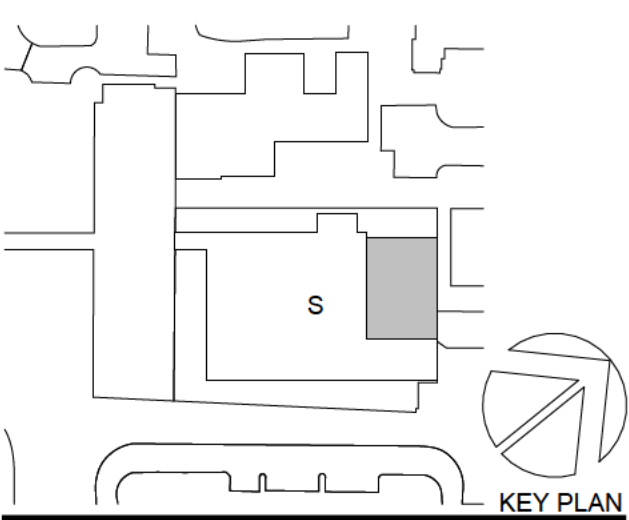
BID SET

JUNE 26, 2026

Autodesk
6/25/2

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PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No. 95710

DRAWING TITLE:

**MECHANICAL LEVEL
6 DUCTWORK PLAN**

SCALE: 1/8" = 1'-0"

M-106.00

BID SET

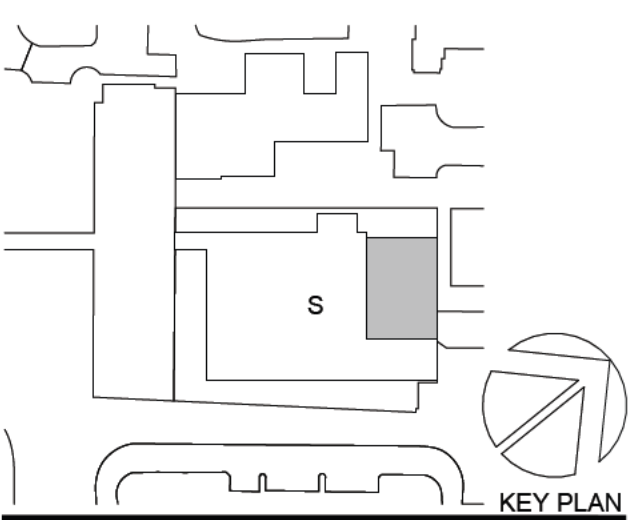
JUNE 26, 2026

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1 AHU PART PLAN
Not To Scale

No.	Description	Date
1	60% CD PROGRESS	12/19/2025
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PROJECT TITLE:

NYC HEALTH + HOSPITALS: KINGS COUNTY HOSPITAL LABOR & DELIVERY EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

MECHANICAL AHU PART PLAN

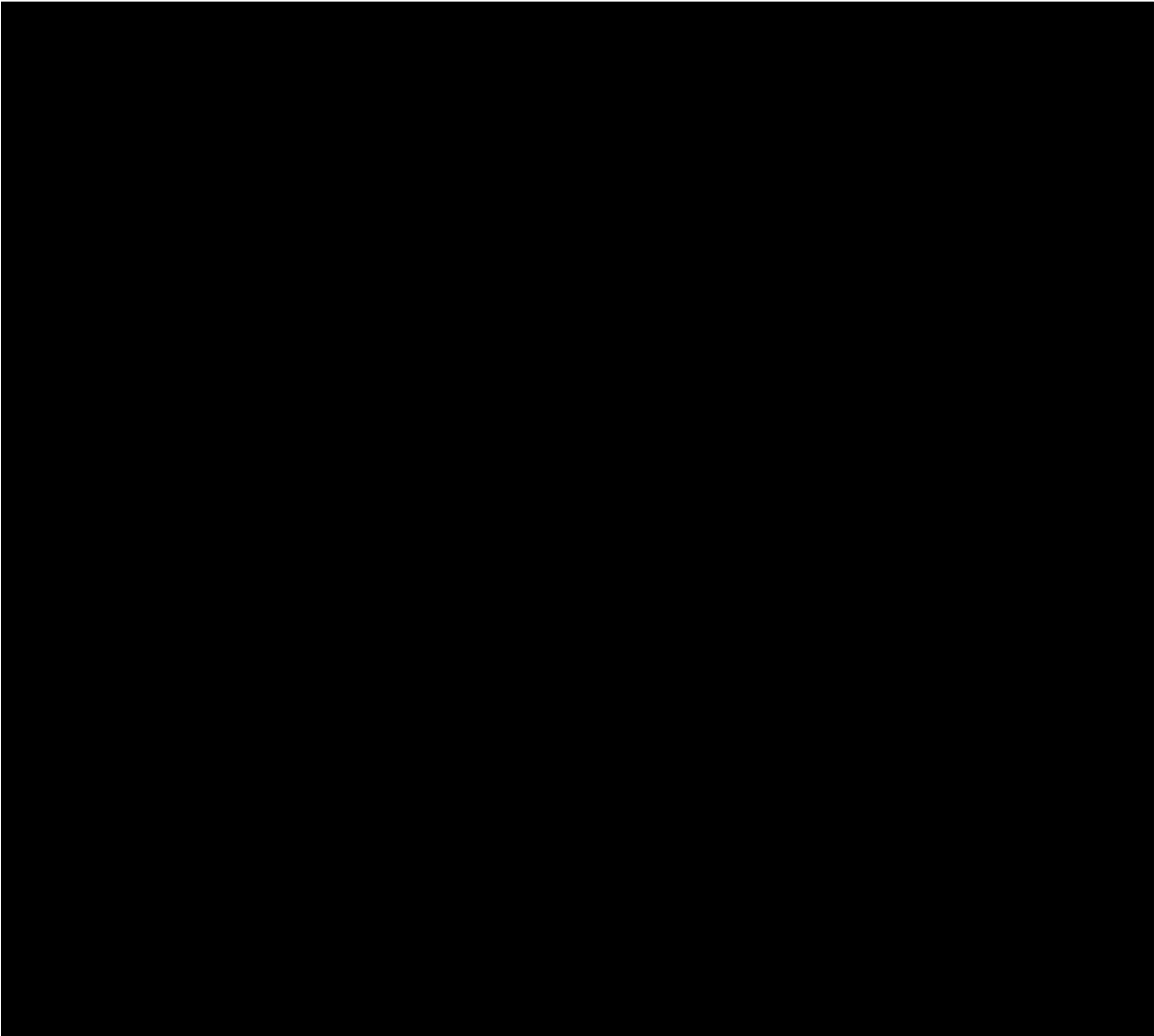
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M-352.00

BID SET

JUNE 26, 2026

Autodesk Docs://28608E - KCH Labor and Delivery/28608E_JBB_M25_KCH Labor & Delivery.rvt
6/25/2026 11:19:55 AM



No.	Description	Date
1	60% CD PROGRESS	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026

SEAL

KEY PLAN

PERKINS — EASTMAN
115 Fifth Avenue
New York, NY 10003
T +1 212 353 7000
F +1 212 353 7676

Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
451 Clarkson Ave, Brooklyn

Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041

Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

NYC HEALTH + HOSPITALS: KINGS COUNTY HOSPITAL LABOR & DELIVERY EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No. 95710

DRAWING TITLE:

MECHANICAL CORRIDOR SECTION VIEWS

SCALE: As indicated

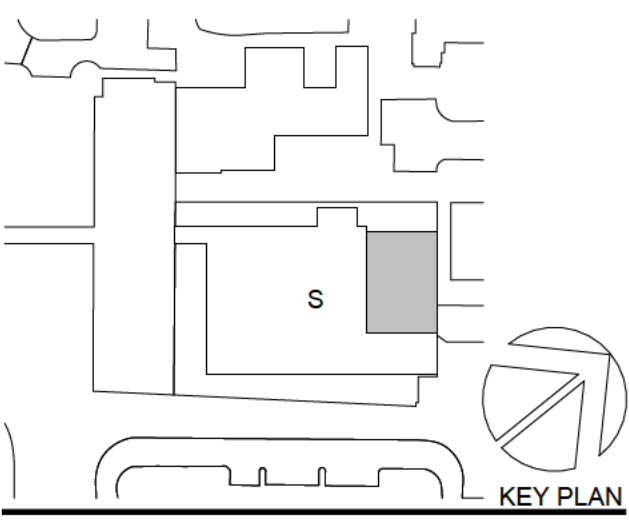
M-353.00

BID SET

JUNE 26, 2026

No.	Description	Date
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2	60% CONSTRUCTION DOCUMENTS	01/09/2026
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SEAL



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EASTMAN**
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40 Wall St, New York, NY 10005

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CERAMI ASSOCIATES
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WSP
200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**MECHANICAL
BUILDING S
WETSIDE RISER
DIAGRAM**

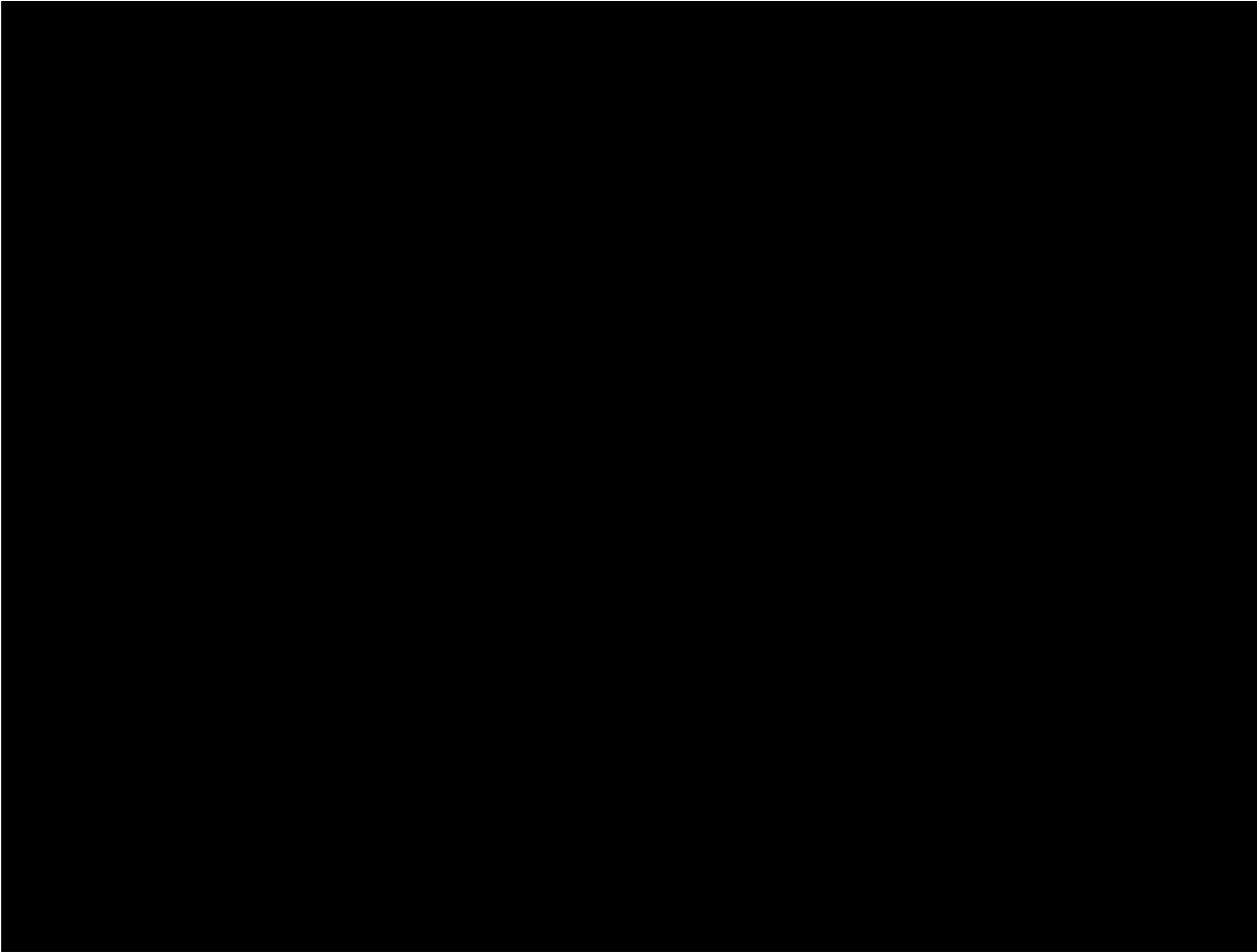
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M-451.00

BID SET

JUNE 26, 2026

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6/25/2026 11:19:59 AM



No.	Description	Date
1	60% CD PROGRESS	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026

SEAL

KEY PLAN

PERKINS
EASTMAN

115 Fifth Avenue
New York, NY 10003
T +1 212 353 7000
F +1 212 353 7676

- Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
451 Clarkson Ave, Brooklyn
- Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041
- Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005
- Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018
- Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355
- Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041
- Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003
- Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281
- Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038
- DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604
- Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No. 95710

DRAWING TITLE:

MECHANICAL DETAIL
SHEET No.2

SCALE: 1/8" = 1'-0"

M-602.00

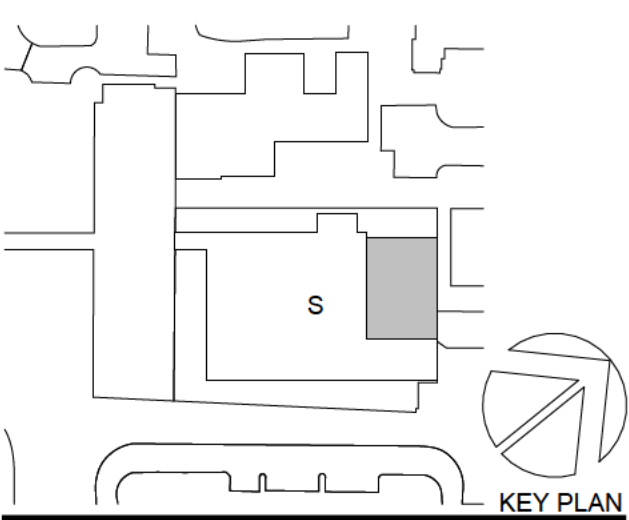
BID SET

JUNE 26, 2026

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No.	Description	Date
1	60% CD PROGRESS	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026

SEAL



KEY PLAN

**PERKINS
EASTMAN**

115 Fifth Avenue
New York, NY 10003
T +1 212 353 7000
F +1 212 353 7676

- Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
451 Clarkson Ave, Brooklyn
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JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041
- Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005
- Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018
- Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355
- Lighting Design:
LIGHTBOX STUDIOS
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- Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003
- Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281
- Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038
- DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604
- Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No. 95710

DRAWING TITLE:

**MECHANICAL DETAIL
SHEET No.3**

SCALE: 1/8" = 1'-0"

M-603.00

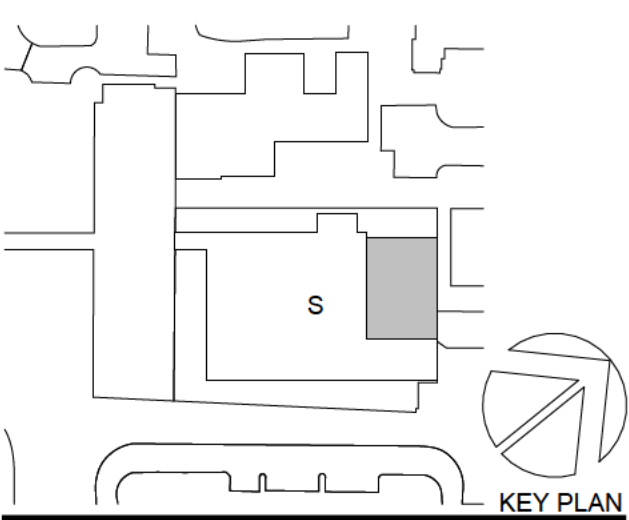
BID SET

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Autodesk Docs/28608E - KCH Labor and Delivery/28608E_JBB_M25_KCH Labor & Delivery.rvt
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No.	Description	Date
1	60% CD PROGRESS	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026

SEAL



KEY PLAN

**PERKINS
EASTMAN**
115 Fifth Avenue
New York, NY 10003
T +1 212 353 7000
F +1 212 353 7676

Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
451 Clarkson Ave, Brooklyn

Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041

Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No. 95710

DRAWING TITLE:

**MECHANICAL DETAIL
SHEET No.4**

SCALE: 1/8" = 1'-0"

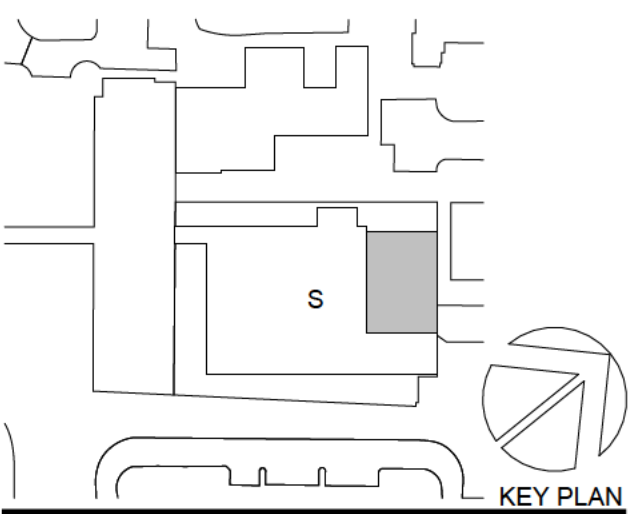
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BID SET

JUNE 26, 2026

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1	60% CD PROGRESS	12/19/2025
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3	BID SET	06/26/2026

SEAL



**PERKINS
EASTMAN**
115 Fifth Avenue
New York, NY 10003
T +1 212 353 7200
F +1 212 353 7676

Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
451 Clarkson Ave, Brooklyn

Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041

Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:
**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**
489 Clarkson Ave, Brooklyn, NY 11203

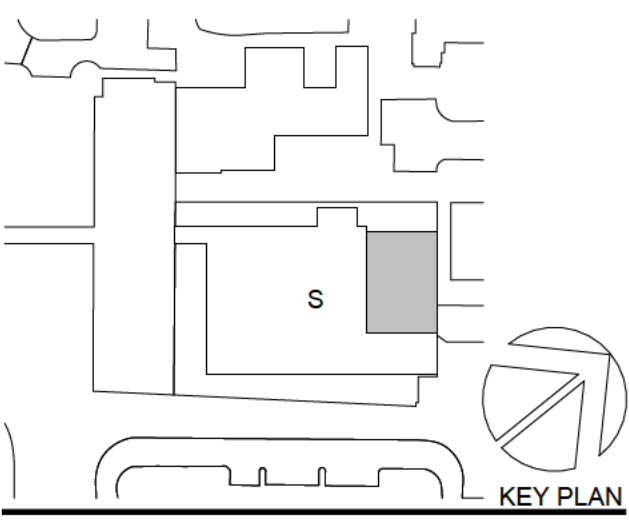
PROJECT No. 95710
DRAWING TITLE:
**MECHANICAL
SCHEDULES SHEET
No. 1**

SCALE:
M-701.00
BID SET
JUNE 26, 2026



No.	Description	Date
1	60% CD PROGRESS	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026

SEAL



PERKINS
EASTMAN

115 Fifth Avenue
New York, NY 10003
T +1 212 353 7200
F +1 212 353 7676

- Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
451 Clarkson Ave, Brooklyn
- Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041
- Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005
- Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018
- Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355
- Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041
- Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003
- Code Consultant:
WSP
200 Liberty Street, Suite 302, New York, NY 10281
- Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038
- DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604
- Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No. 95710

DRAWING TITLE:
MECHANICAL
SCHEDULE SHEET
No. 2

SCALE: 1/8" = 1'-0"

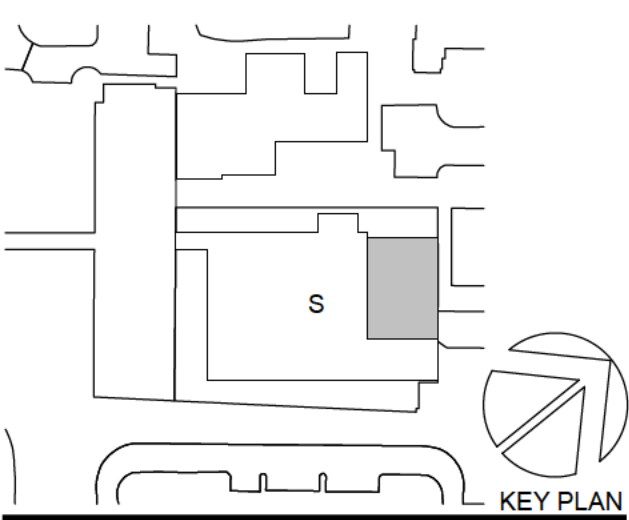
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BID SET

JUNE 26, 2026

No.	Description	Date
1	60% CD (PROGRESS SET)	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026

SEAL



**PERKINS
EASTMAN**
115 Fifth Avenue
New York, NY 10003
T: +1 212 353 7200
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- Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
451 Clarkson Ave, Brooklyn
- Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041
- Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005
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CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018
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MUNICIPAL EXPEDITING INC.
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- Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**PLUMBING
COVERSHEET &
DRAWING INDEX**

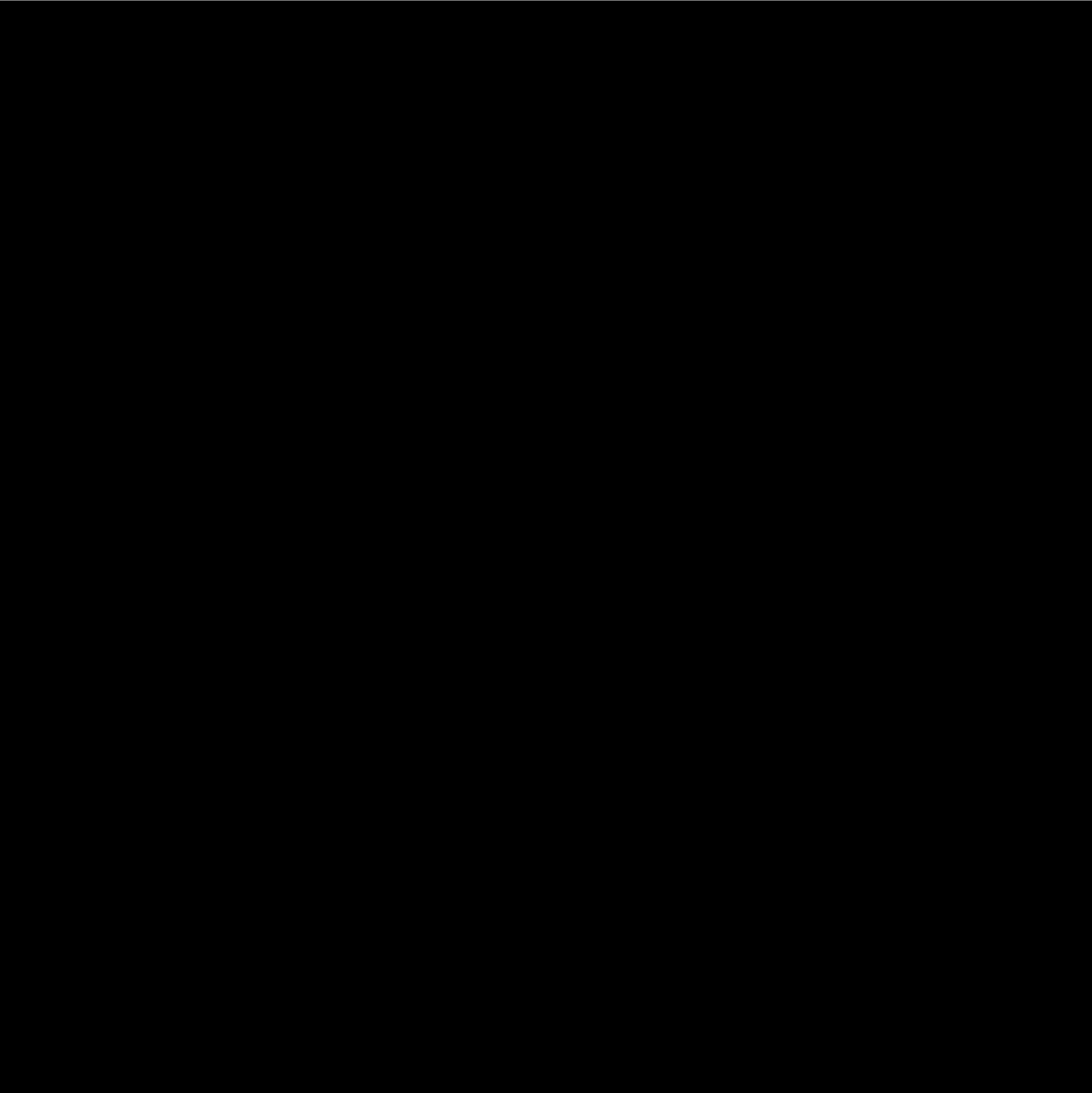
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BID SET

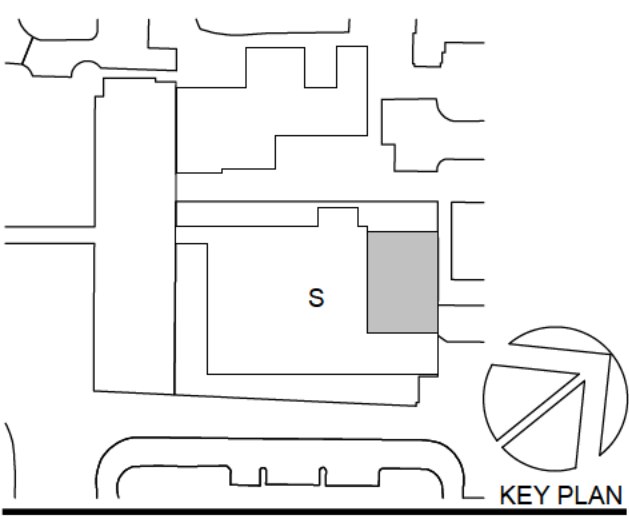
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6/25/2026 9:28:32 AM



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SEAL



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451 Clarkson Ave, Brooklyn
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55 Water Street, 38th Floor, New York, NY 10041
Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005
Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018
Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355
Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041
Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003
Code Consultant:
WSP
200 L berty Street, Suite 302, New York, NY 10281
Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038
DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604
Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

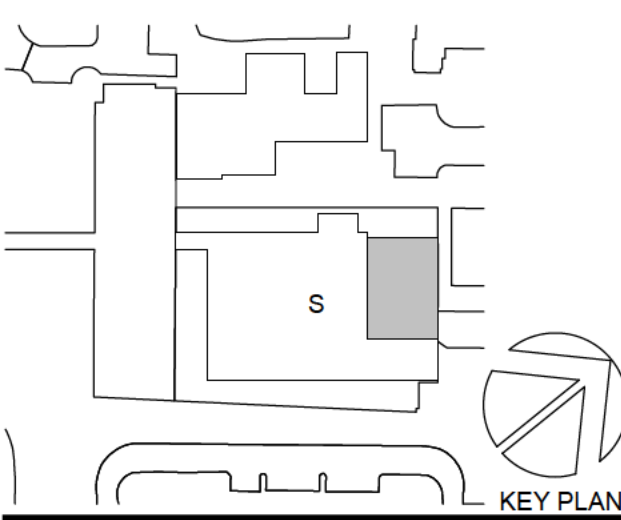
PROJECT TITLE:
**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**
489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710
DRAWING TITLE:
**PLUMBING ROOF
DEMOLITION PLAN**

SCALE: 1/8" = 1'-0"
P-016.00
BID SET
JUNE 26, 2026

No.	Description	Date
1	60% CD (PROGRESS SET)	12/19/2025
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SEAL



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Owner:
KINGS HEALTH + HOSPITALS
WINNIE COUNTY HOSPITAL CENTER
 451 Clarkson Ave, Brooklyn
 Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
 155 Water Street, 38th Floor, New York, NY 10041
 40 Wall St, New York, NY 10005
 Acoustics & Information Technology
CERAMI ASSOCIATES
 1001 Avenue of the Americas, 4th Fl, New York, NY 10018
 Medical Equipment Planner:
BEST HEALTHCARE PLANNING
 29 Dore Lane, Malvern, PA 19355
 Lighting Design:
LIGHTBOX STUDIOS
 155 Water Street, 38th Floor, New York, NY 10041
 Signage Design:
FRANK DESIGN
 1115 5th Ave, 3rd Floor, New York, NY 10003
 Cost Consultant:
WSP
 200 L Berty Street, Suite 302, New York, NY 10281
 Expediting Consultant:
MUNICIPAL EXPEDITING INC.
 15 Maden Lane, Suite 603, New York, 10038
 DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
 2635 Westchester Ave # 201, White Plains, NY 10604
 Cost-Estimating Consultant:
AMERICAN CONSTRUCTION CONSULTANTS, INC.
 1101 180 Avenue of the Americas, 8th Floor, New York, NY 10006

PROJECT TITLE:

NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:
PLUMBING LEVEL 4
FLOOR PLAN

SCALE: 1/8" = 1'-0"

P-104.00

BID SET

JUNE 26, 2026



No.	Description	Date
1	60% CD (PROGRESS SET)	12/19/2025
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SEAL

KEY PLAN

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F: +1 212 353 7676

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NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
451 Clarkson Ave, Brooklyn
- Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041
- Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005
- Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018
- Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355
- Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041
- Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003
- Code Consultant:
WSP
200 L berty Street, Suite 302, New York, NY 10281
- Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038
- DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604
- Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

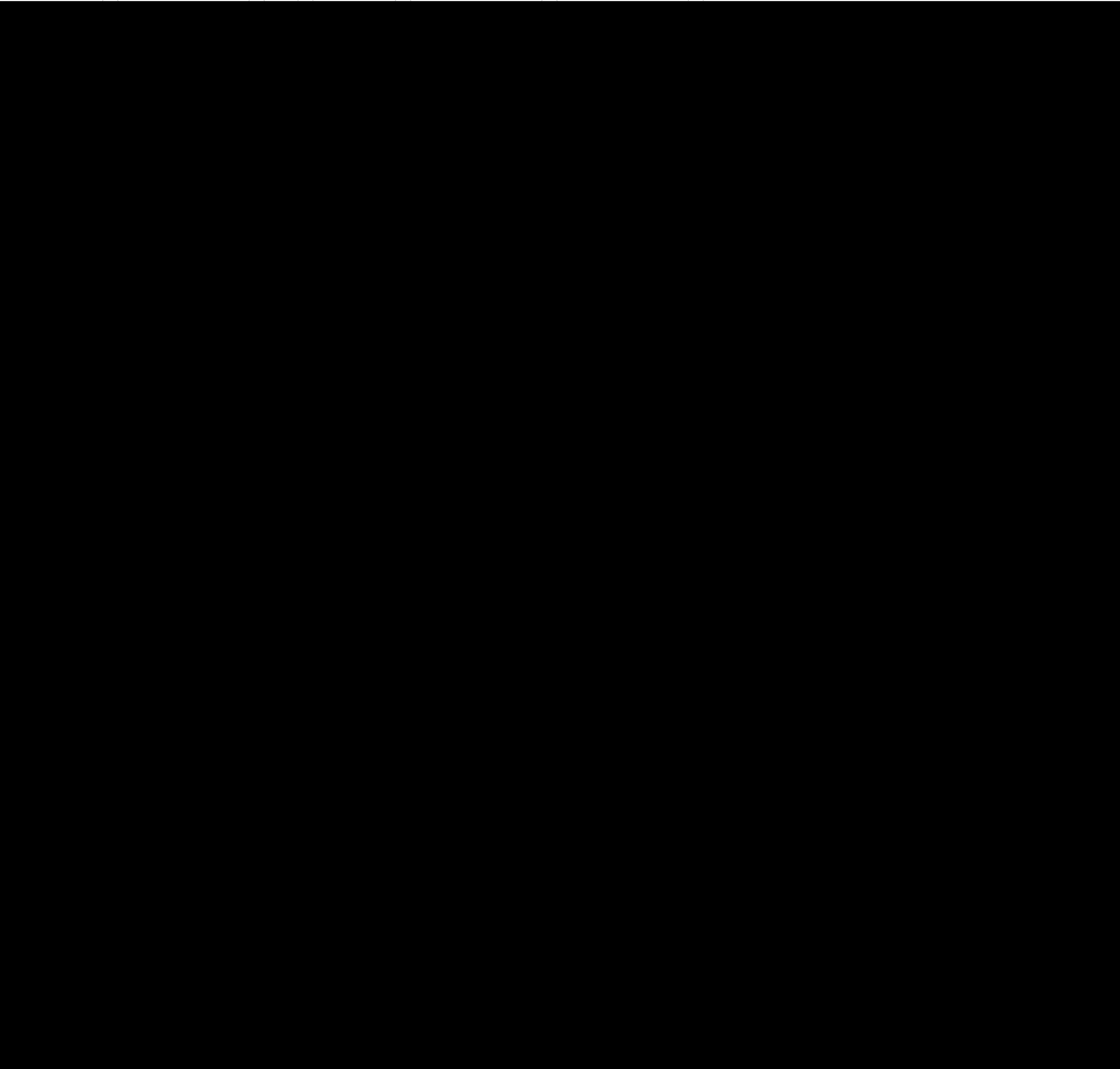
**PLUMBING LEVEL 5
FLOOR PLAN**

SCALE: 1/8" = 1'-0"

P-105.00

BID SET

JUNE 26, 2026



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3	BID SET	06/26/2026

SEAL

KEY PLAN

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F: +1 212 353 7676

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KINGS COUNTY HOSPITAL CENTER
451 Clarkson Ave, Brooklyn

Mechanical, Plumbing, Electrical & Fire Protection:
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55 Water Street, 38th Floor, New York, NY 10041

Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005

Acoustics & Information Technology
CERAMI ASSOCIATES
1001 Avenue of the Americas, 4th Fl, New York, NY 10018

Medical Equipment Planner:
BEST HEALTHCARE PLANNING
29 Doe Lane, Malvern, PA19355

Lighting Design:
LIGHTBOX STUDIOS
55 Water Street, 38th Floor, New York, NY 10041

Signage Design:
FRANK DESIGN
115 5th Ave, 3rd Floor, New York, NY 10003

Code Consultant:
WSP
200 L berty Street, Suite 302, New York, NY 10281

Expediting Consultant:
MUNICIPAL EXPEDITING INC.
15 Maiden Lane, Suite 603, New York, 10038

DOH Filing Consultant:
CICERO CONSULTING ASSOCIATES
925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**PLUMBING ROOF
PLAN**

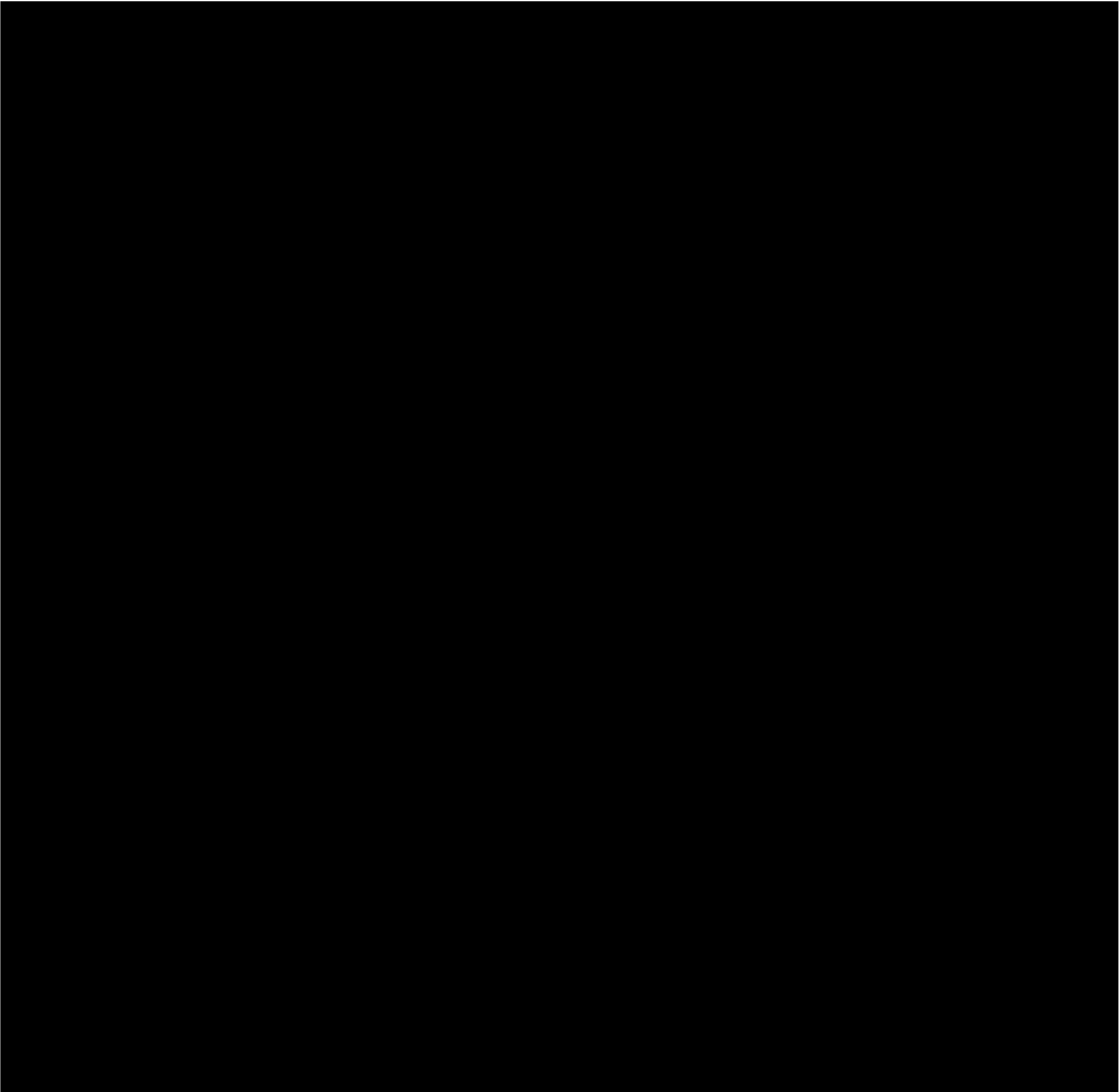
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P-106.00

BID SET

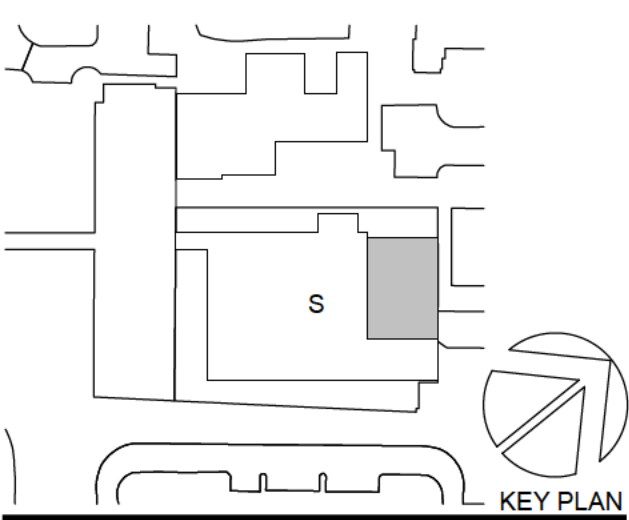
JUNE 26, 2026

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6/25/2026 9:31:04 AM



No.	Description	Date
1	60% CD (PROGRESS SET)	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026

SEAL



**PERKINS
EASTMAN**
115 Fifth Avenue
New York, NY 10003
T: +1 212 353 7000
F: +1 212 353 7676

Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
451 Clarkson Ave, Brooklyn

Mechanical, Plumbing, Electrical & Fire Protection:
JAROS BAUM & BOLLES
55 Water Street, 38th Floor, New York, NY 10041

Structural:
LERA CONSULTING STRUCTURAL ENGINEERS
40 Wall St, New York, NY 10005

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1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**PLUMBING LEVEL 5
MEDICAL GAS
FLOOR PLAN**

SCALE: 1/8" = 1'-0"

P-205.00

BID SET

JUNE 26, 2026

**PERKINS —
EASTMAN**

115 Fifth Avenue
New York, NY 10003
T. +1 212 353 7200
F. +1 212 353 7676

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

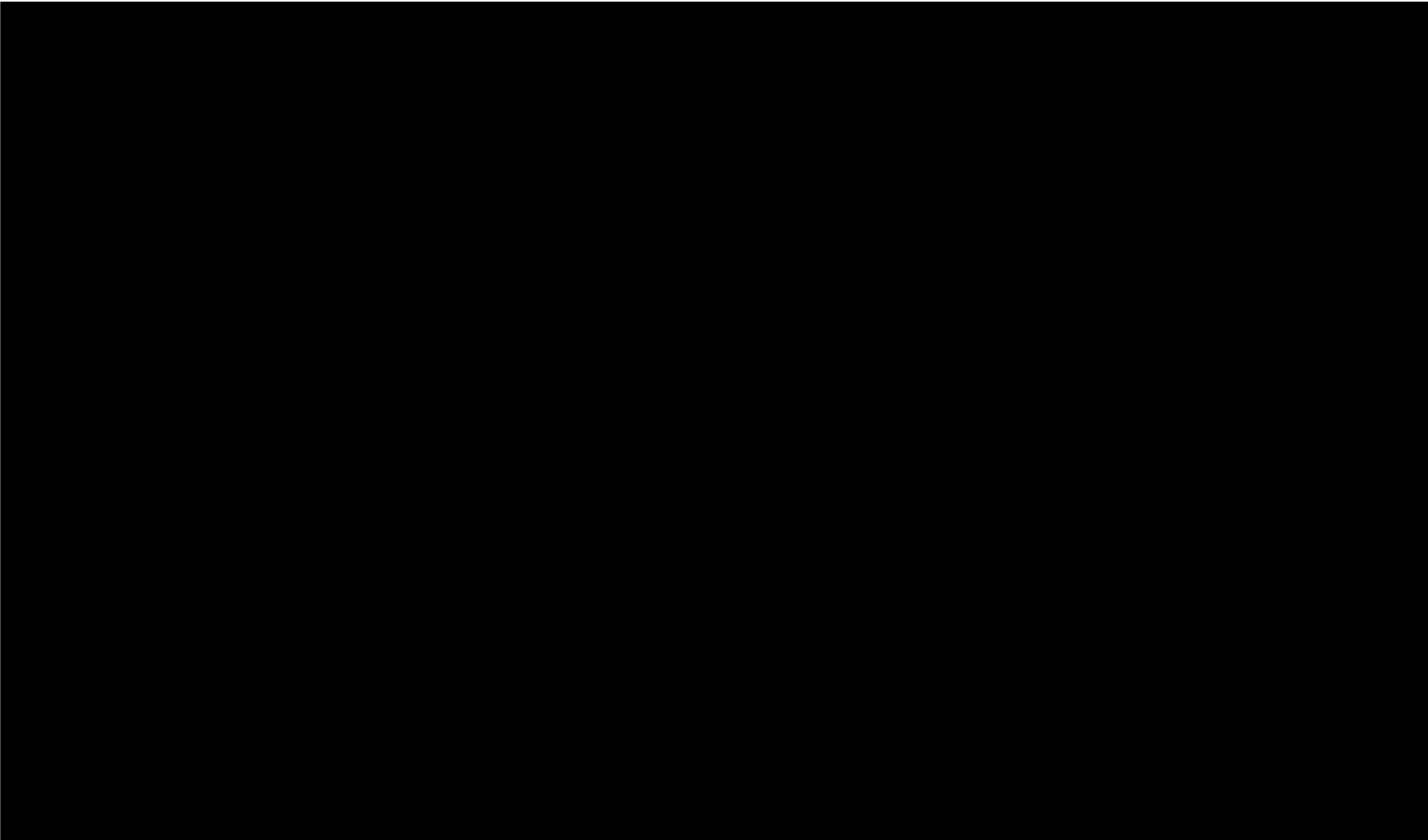
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BID SET

JUNE 26, 2026

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No.	Description	Date
1	60% CD (PROGRESS SET)	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026

SEAL

KEY PLAN

**PERKINS
EASTMAN**
115 Fifth Avenue
New York, NY 10003
T +1 212 353 7000
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Owner:
NYC HEALTH + HOSPITALS
KINGS COUNTY HOSPITAL CENTER
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925 Westchester Ave # 201, White Plains, NY 10604

Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**PLUMBING DETAILS
SHEET NO.2**

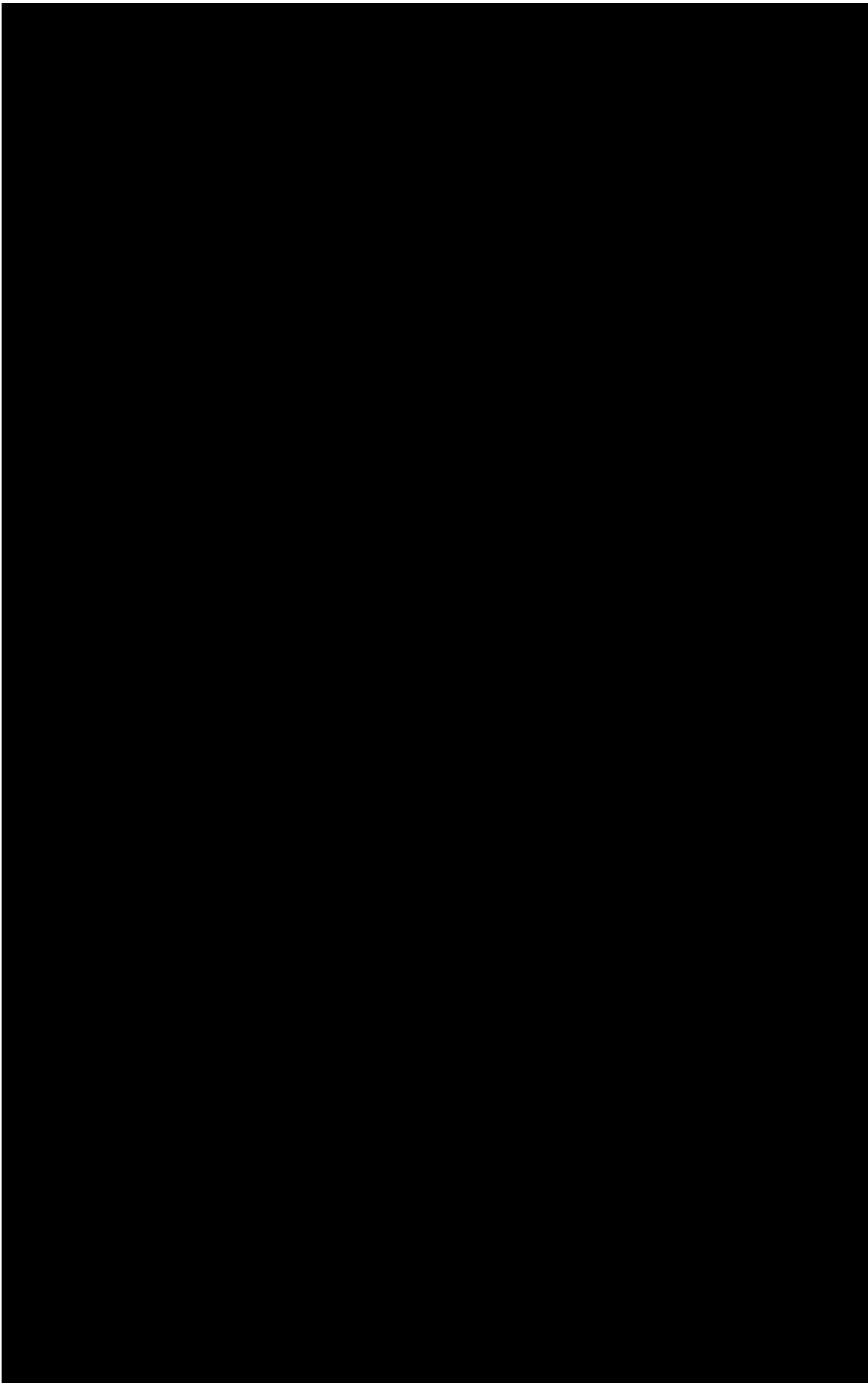
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P-601.00

BID SET

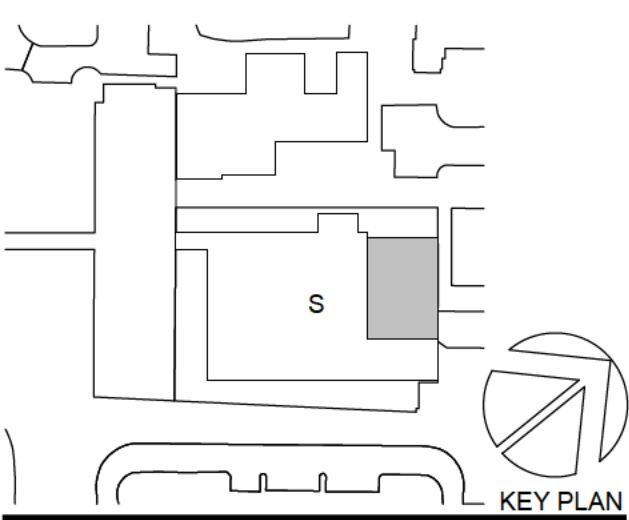
JUNE 26, 2026

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No.	Description	Date
1	60% CD (PROGRESS SET)	12/19/2025
2	60% CONSTRUCTION DOCUMENTS	01/09/2026
3	BID SET	06/26/2026

SEAL



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925 Westchester Ave # 201, White Plains, NY 10604
- Cost-Estimating Consultant:
ACCU-COST CONSTRUCTION CONSULTANTS, INC.
1180 Avenue of the Americas, 8th Floor, New York 10036

PROJECT TITLE:

**NYC HEALTH +
HOSPITALS: KINGS
COUNTY HOSPITAL
LABOR & DELIVERY
EXPANSION**

489 Clarkson Ave, Brooklyn, NY 11203

PROJECT No: 95710

DRAWING TITLE:

**PLUMBING
SCHEDULE SHEET**

SCALE: NTS

P-700.00

BID SET

JUNE 26, 2026

Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues

Contents:

Schedule LRA 4/Schedule 7 - Environmental Assessment

Environmental Assessment

Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	Yes	No
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?	☐	☒
1.2	Does this plan involve construction and change land use or density?	☐	☒
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	☐	☒
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	☐	☒
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	Yes	No
2.1	Does the project involve physical alteration of ten acres or more?	☐	☒
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	☐	☒
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	☐	☒
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	☐	☒
2.5	Will the project involve parking for 1,000 vehicles or more?	☐	☒
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	☐	☒
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	☐	☒
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	☐	☒
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	☐	☒
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	☐	☒
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	☐	☒
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	☐	☒
2.13	Will the project significantly affect drainage flow on adjacent sites?	☐	☒

2.14	Will the project affect any threatened or endangered plants or animal species?	☐	☒
2.15	Will the project result in a major adverse effect on air quality?	☐	☒
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	☐	☒
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	☐	☒
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	☐	☒
2.19	Will the project have any adverse impact on health or safety?	☐	☒
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	☐	☒
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	☐	☒
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	☐	☒
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	☐	☒
Part III.		Yes	No
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.		☒
	Agency Name:	New York City Department of Buildings (DOB)	
	Contact Name:		
	Address:	280 Broadway	
	State and Zip Code:	New York, NY 10007	
	E-Mail Address:		
	Phone Number:	212.566.5000	
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		

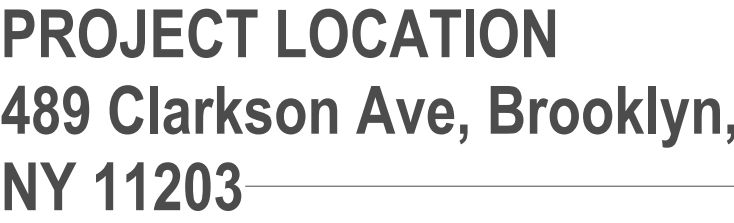
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.		Yes ☐	No ☒
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.		Yes ☐	No ☒
Part IV.	Storm and Flood Mitigation			
	Definitions of FEMA Flood Zone Designations			
	Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.			
	Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.		Yes	No
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).		☐	☒
	Moderate to Low Risk Area		Yes	No
	Zone	Description	☒	☐
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:			
	B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.	☐	

C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	☒	
High Risk Areas		Yes	No
Zone	Description	☐	☒
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	☐	
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	☐	
A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	☐	
AH	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	☐	
AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	☐	
AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	☐	
A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	☐	
High Risk Coastal Area		Yes	No
Zone	Description		
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
Zone V	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	☐	☒
VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	☐	
Undetermined Risk Area		Yes	No
Zone	Description	☐	☒

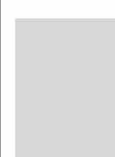
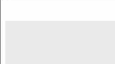
	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		☐	☒
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		☒	☐
	If Yes, which floodplain?	100 Year	☒	
		500 Year	☐	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

[FEMA Elevation Certificate and Instructions](#)



SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) <i>Zone A, V, AE9</i>
		With BFE or Depth <i>Zone AE, AO, AH, VE, AR</i>
		Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile <i>Zone X</i>
		Future Conditions 1% Annual Chance Flood Hazard <i>Zone X</i>
		Area with Reduced Flood Risk due to Levee. See Notes, <i>Zone X</i>
		Area with Flood Risk due to Levee <i>Zone D</i>
OTHER AREAS		NO SCREEN
		Area of Minimal Flood Hazard <i>Zone X</i> Effective LOMRs
		Area of Undetermined Flood Hazard <i>Zone D</i>
GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 17.8
		Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped
 <p>The pin displayed on the map is an approximate location.</p>		

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 6/24/2026 at 5:36 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

New York State Department of Health
Certificate of Need Application
Schedule 8A Summarized Project Cost and Construction Dates

This schedule is required for all Establishment Applications and Full or Administrative Review Construction Applications.

1.) Project Cost Summary data:

	Total		Source
Project Description:			
Project Cost	Reimbursable Cost	\$34,143,464	Schedule 8a or 8b, column C, line 8
	Shell Space Cost	\$2,203,651	
Total Basic Cost of Construction	Reimbursable Cost	\$34,143,464	from Schedule 8a or 8b column C, line 6
	Shell Space Cost	\$2,203,651	
Total Cost of Moveable Equipment	Reimbursable Cost	\$458,295	Schedule 8a or 8b, column C, line 5.1
	Shell Space Cost	\$0	
Cost/Per Square Foot for New Construction (calculated on Table 10)	Reimbursable Cost	\$3,321	Schedule 10
	Shell Space Cost	\$776	
Cost/Per Square Foot for Renovation Construction	N/A		Schedule 10
Total Incremental Operating Cost (From Schedule 13C, 17C, or 19D)	\$2,695,183		Schedule 13c, 17c or 19d
Amount Financed (as \$)	\$0		Schedule 9
Percentage Financed as % of Total Cost (From Schedule 9)	0.0%		from Schedule 9
Depreciation Life (in years)	Schedule 13 Attachment		

2) Construction Dates

Anticipated Start Date	9/1/2027	from Schedule 8b,
Anticipated Completion Date	9/30/2029	

New York State Department of Health**Certificate of Need Application****TOTAL COST TO
CONSTRUCT ADDITION****Schedule 8B - Total Project Cost - For Projects without Subprojects.**

For Article 28, 36, and 40 Establishment & Construction Requiring Full, Administrative or Limited Review

For Limited Review, escalation amounts may be entered as "0".

Constants:	Value	Comments:
Design Contingency - New Construction	10.00%	Normally 10%
Construction Contingency - New Construction	5.00%	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Construction Start Date:	9/1/2027	as mm/dd/yyyy
Midpoint of Construction Date	9/15/2028	as mm/dd/yyyy
Completion of Construction Date	9/30/2029	as mm/dd/yyyy
Year used to compute Current Dollars:	2026	

Subject of attachment:	Attachment Number	Filename of attachment - PDF
For new construction and addition, at the schematic stage the design contingency will be normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment	Calculated as 6.5% of the construction cost	N/A
For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment	Calculated as 10% of the architect/engineering fees	N/A

New York State Department of Health

Certificate of Need Application

Schedule 8B - Total Project Cost - For Projects without Subprojects.

**TOTAL COST TO
CONSTRUCT ADDITION**

	A	B	C
Item	Project Cost in	Escalation amount to	Estimated Project
Source:	Schedule 10 Col .7	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$19,373,977	\$1,549,918	\$20,923,895
2.2 Renovation & Demolition	\$0	\$0	\$0
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$0	\$0	\$0
3.1 Design Contingency	\$350,067	\$28,006	\$378,073
3.2 Construction Contingency	\$1,257,670	\$100,614	\$1,358,284
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$3,500,668	\$280,054	\$3,780,722
4.4 Construction Manager Fees	\$1,137,225	\$90,978	\$1,228,203
4.5 Other Fees (Consultant, etc.)	\$7,610,780	\$608,863	\$8,219,643
Subtotal (Total 1.1 thru 4.5)	\$33,230,387	\$2,658,433	\$35,888,820
5.1 Movable Equipment (from Sched 11)	\$424,347	\$33,948	\$458,295
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5)	\$33,654,734	\$2,692,381	\$36,347,115
7.1 Financing Costs (Points etc)	\$0		\$0
7.2 Interim Interest Expense:: \$ <input type="text"/> At <input type="text"/> for <input type="text"/> months	\$0		\$0
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$33,654,734		\$2,692,381
Application fees:			
9.1 Application Fee \$2,000. Only applies to Article 28.	\$2,000		\$2,000
9.2 Additional Processing Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See website for applicable fees. (Line 8, multiplied by the appropriate percentage.). Enter Multiplier, i.e., .25%=0.0025 <input type="text"/> 0.003	\$102,430		\$102,430
10 Total Project Cost with CON fees	\$33,759,164	\$2,692,381	\$36,451,545

Note: The additional processing fee is calculated using only the reimbursable cost (excluding costs for shell space) for the project (\$34,143,464 (Total Project Cost w/o CON fees - Line 8) x 0.003 = \$102,430).
Please refer to the Schedule 8B for reimbursable costs only following this page.

Certificate of Need Application**Schedule 8B - Total Project Cost - For Projects without Subprojects.**

For Article 28, 36, and 40 Establishment & Construction Requiring Full, Administrative or Limited Review

For Limited Review, escalation amounts may be entered as "0".

Constants:	Value	Comments:
Design Contingency - New Construction	10.00%	Normally 10%
Construction Contingency - New Construction	5.00%	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Construction Start Date:	9/1/2027	as mm/dd/yyyy
Midpoint of Construction Date	9/15/2028	as mm/dd/yyyy
Completion of Construction Date	9/30/2029	as mm/dd/yyyy
Year used to compute Current Dollars:	2026	

Subject of attachment:	Attachment Number	Filename of attachment - PDF
For new construction and addition, at the schematic stage the design contingency will be normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment	Calculated as 6.3% of the construction cost	N/A
For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment	Calculated as 10% of the architect/engineering fees	N/A

Certificate of Need Application

Schedule 8B - Total Project Cost - For Projects without Subprojects.

	A	B	C
Item	Project Cost in	Escalation amount to	Estimated Project
Source:	Schedule 10 Col .7	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$18,360,617	\$1,468,849	\$19,829,466
2.2 Renovation & Demolition	\$0	\$0	\$0
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$0	\$0	\$0
3.1 Design Contingency	\$324,119	\$25,930	\$350,049
3.2 Construction Contingency	\$1,164,450	\$93,156	\$1,257,606
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$3,241,194	\$259,296	\$3,500,490
4.4 Construction Manager Fees	\$1,052,932	\$84,235	\$1,137,167
4.5 Other Fees (Consultant, etc.)	\$7,046,658	\$563,733	\$7,610,391
Subtotal (Total 1.1 thru 4.5)	\$31,189,970	\$2,495,199	\$33,685,169
5.1 Movable Equipment (from Sched 11)	\$424,347	\$33,948	\$458,295
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5)	\$31,614,317	\$2,529,147	\$34,143,464
7.1 Financing Costs (Points etc)	\$0		\$0
7.2 Interim Interest Expense:: \$ <input type="text"/> At <input type="text"/> for <input type="text"/> months	\$0		\$0
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$31,614,317	\$2,529,147	\$34,143,464
Application fees:			
9.1 Application Fee \$2,000. Only applies to Article 28.	\$2,000		\$2,000
9.2 Additional Processing Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See website for applicable fees. (Line 8, multiplied by the appropriate percentage.). Enter Multiplier, i.e., .25%=0.0025 <input type="text"/> 0.003	\$102,430		\$102,430
10 Total Project Cost with CON fees	\$31,718,747	\$2,529,147	\$34,247,894

Certificate of Need Application**Schedule 8B - Total Project Cost - For Projects without Subprojects.**

For Article 28, 36, and 40 Establishment & Construction Requiring Full, Administrative or Limited Review

For Limited Review, escalation amounts may be entered as "0".

Constants:	Value	Comments:
Design Contingency - New Construction	10.00%	Normally 10%
Construction Contingency - New Construction	5.00%	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Construction Start Date:	9/1/2027	as mm/dd/yyyy
Midpoint of Construction Date	9/15/2028	as mm/dd/yyyy
Completion of Construction Date	9/30/2029	as mm/dd/yyyy
Year used to compute Current Dollars:	2026	

Subject of attachment:	Attachment Number	Filename of attachment - PDF
For new construction and addition, at the schematic stage the design contingency will be normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment	Calculated as 6.3% of the construction cost	N/A
For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment	Calculated as 10% of the architect/engineering fees	N/A

Certificate of Need Application

Schedule 8B - Total Project Cost - For Projects without Subprojects.

	A	B	C
Item	Project Cost in	Escalation amount to	Estimated Project
Source:	Schedule 10 Col .7	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$1,013,360	\$81,069	\$1,094,429
2.2 Renovation & Demolition	\$0	\$0	\$0
2.3 Site Development	\$0	\$0	\$0
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$0	\$0	\$0
3.1 Design Contingency	\$25,948	\$2,076	\$28,024
3.2 Construction Contingency	\$93,220	\$7,458	\$100,678
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$259,474	\$20,758	\$280,232
4.4 Construction Manager Fees	\$84,293	\$6,743	\$91,036
4.5 Other Fees (Consultant, etc.)	\$564,122	\$45,130	\$609,252
Subtotal (Total 1.1 thru 4.5)	\$2,040,417	\$163,234	\$2,203,651
5.1 Movable Equipment (from Sched 11)	\$0	\$0	\$0
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5)	\$2,040,417	\$163,234	\$2,203,651
7.1 Financing Costs (Points etc)	\$0		\$0
7.2 Interim Interest Expense:: \$ <input type="text"/> At <input type="text"/> for <input type="text"/> months	\$0		\$0
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$2,040,417	\$163,234	\$2,203,651
Application fees:			
9.1 Application Fee \$2,000. Only applies to Article 28.	\$0		\$0
9.2 Additional Processing Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See website for applicable fees. (Line 8, multiplied by the appropriate percentage.). Enter Multiplier, i.e., .25%=0.0025	0.003	\$0	\$0
10 Total Project Cost with CON fees	\$2,040,417	\$163,234	\$2,203,651

**New York State Department of Health
Certificate of Need Application**

Schedule 9

Schedule 9 Proposed Plan for Project Financing:

I. Summary of Proposed Financial plan

Check all that apply and fill in corresponding amounts.

	Type	Amount
☐	A. Lease	
☒	B. Cash	\$36,451,545
☐	C. Mortgage, Notes, or Bonds	
☐	D. Land	
☐	E. Other	
☒	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	\$36,451,545

If refinancing is used, please complete area below.

☐	Refinancing	\$
☐	Total Mortgage/Notes/Bonds (Sum E + Refinancing)	\$

II. Details

A. Leases

Not Applicable

	N/A	Title of Attachment
1. List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable.	☒	
2. Attach a copy of the proposed lease(s).	☒	
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	☒	
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment.	☒	
5. If applicable, identify separately the total square footage to be occupied by the Article 28 facility and the total square footage of the building.	☒	
6. Attach two letters from independent realtors verifying square footage rate.	☒	
7. For all capital leases as defined by FASB Statement No. 13, "Accounting for Leases", provide the net present value of the monthly, quarterly or annual lease payments.	☒	

**New York State Department of Health
Certificate of Need Application**

Schedule 9

B. Cash

Type	Amount
Accumulated Funds	\$36,451,545
Sale of Existing Assets	
Gifts (fundraising program)	
Government Grants	
Other	
TOTAL CASH	\$36,451,545

	N/A	Title of Attachment
1. Provide a breakdown of the sources of cash. See sample table above.	☐	See table above
2. Attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date. If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented to improve operations. In establishment applications for Residential Health Care Facilities , attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date for the subject facility and all affiliated Residential Health Care Facilities . If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented (or to be implemented in the case of the subject facility) to improve operations.	☐	Schedule 9 Attachment
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	☐	Schedule 9 Attachment
4. Attach a full and complete description of the assets to be sold, if applicable.	☒	
5. If amounts are listed in "Gifts (fundraising program)": <ul style="list-style-type: none"> • Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges. • If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan. • Provide a history of recent fund drives, including amount pledged and amount collected 	☒	

**New York State Department of Health
Certificate of Need Application**

Schedule 9

	N/A	Title of Attachment
6. If amounts are listed in "Government Grants": <ul style="list-style-type: none"> List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted. Provide documentation of eligibility for the funds. Attach the name and telephone number of the contact person at the awarding Agency(ies). 	☒	
7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability.	☒	
8. Current Department policy expects a minimum equity contribution of 10% of total project cost (Schedule 8b line 10)) for all Article 28 facilities with the exception of Residential Health Care Facilities that require 25% of total project cost (Schedule 8b, line 10). Public facilities require 0% equity.	☐	100% Equity
9. Provide an equity analysis for member equity to be provided. Indicate if a member is providing a disproportionate share of equity. If disproportioned equity shares are provided by any member, check this box ☐	☒	

C. Mortgage, Notes, or Bonds

Not Applicable

	Total Project	Units
Interest		%
Term		Years
Payout Period		Years
Principal		\$

	N/A	Title of Attachment
1. Attach a copy of a letter of interest from the intended source of permanent financing that indicates principal, interest, term, and payout period.	☒	
2. If New York State Dormitory Authority (DASNY) financing, then attach a copy of a letter from a mortgage banker.	☒	
3. Provide details of any DASNY bridge financing to HUD loan.	☒	
4. If the financing of this project becomes part of a larger overall financing, then a new business plan inclusive of a feasibility package for the overall financing will be required for DOH review prior to proceeding with the combined financing.	☒	

New York State Department of Health Certificate of Need Application

Schedule 9

D. Land

Not Applicable

Provide details for the land including but not limited to; appraised value, historical cost, and purchase price. See sample table below.

	Total Project
Appraised Value	\$
Historical Cost	\$
Purchase Price	\$
Other	

	N/A	Title of Attachment
1. If amounts are listed in "Other", attach documentation and a description as applicable.	☒	
2. Attach a copy of the Appraisal. Supply the appraised date and the name of the appraiser.	☒	
3. Submit a copy of the proposed purchase/option agreement.	☒	
4. Provide an affidavit indicating any and all relationships between seller and the proposed operator/owner.	☒	

E. Other

Not Applicable

Provide listing and breakdown of other financing mechanisms.

	Total Project
Notes	
Stock	
Other	

	N/A	Title of Attachment
Attach documentation and a description of the method of financing	☒	

F. Refinancing

Not Applicable

	N/A	Title of Attachment
1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining.	☒	
2. Attach a description of the mortgage to be refinanced. Provide full details of the existing debt and refinancing plan inclusive of original and current amount, term, assumption date, and refinancing fees. The term of the debt to be refunded may not exceed the remaining average useful life of originally financed assets. If existing mortgage debt will not be refinanced, provide documentation of consent from existing lien holders of the proposed financing plan.	☒	

KINGS COUNTY HOSPITAL CENTER

SCHEDULE 9 ATTACHMENT

FINANCIAL NARRATIVE

DEFICIT FUNDING LETTER

FINANCIAL STATEMENTS

KINGS COUNTY HOSPITAL CENTER

FINANCIAL NARRATIVE

Kings County Hospital Center (KCHC, the “Hospital”), a 624-bed acute care hospital located at 451 Clarkson Avenue, Brooklyn (Kings County), New York 11203, and a member of New York City Health + Hospitals (NYC H+H), is submitting this Certificate of Need Application for Administrative Review seeking New York State Department of Health approval to construct an addition to the Hospital to accommodate four (4) net new maternity beds that will serve low-risk mothers. The number of certified maternity beds will increase from 30 to 34. The total certified bed capacity of the Hospital will increase from 624 to 628.

The Total Project Cost (TPC) is estimated at \$36,451,545, including the cost of equipment. Please note that the applicant is providing three (3) separate Schedule 8Bs that show the reimbursable costs, costs for non-reimbursable shell space and total costs for the project. The TPC, inclusive of the reimbursable and non-reimbursable shell will be as follows:

\$ 36,347,115	Total Basic Cost of Construction (including equipment)
\$ 2,000	CON Application Fee
\$ 102,430	CON Additional Processing Fee (calculated on Article 28 costs)
<u>\$ 36,451,545</u>	<u>TOTAL PROJECT COST</u>

TPC for the reimbursable component of the Project is estimated at \$34,247,894, or 94.0% of the entire cost of the Project. The non-reimbursable shell costs are estimated at \$2,203,651, or 6.0% of the total cost of the Project. NYC H+H will fund the entirety of this project with existing equity. Please refer to the 2025 audited financial statement of NYC H+H, also included under this Attachment.

Working Capital

Working capital will be funded from the ongoing operations of the Hospital and NYC H+H. Please note that the operating budget projections on Schedule 13 reflect only the operations of the maternity unit at KCHC. The projected operating losses will be funded from the ongoing overall operations of the Hospital and NYC H+H. Please refer to the enclosed letter attesting to this following this Financial Narrative. A monthly cash flow statement for the first year of operations after project

completion is included under Schedule 5 Attachment. Also included under this Attachment is the June 30, 2025 audited financial statement of NYC H+H.

Sheldon P. McLeod
Chief Executive Officer
Tel: (718) 245-3900
Email: Sheldon.McLeod@nychhc.org

August 11th, 2026.

Ms. Susan Edwards, Director
Bureau of Project Management
NEW YORK STATE DEPARTMENT OF HEALTH
Corning Tower Building, Room 1842
Empire State Plaza
Albany, New York 12237

RE: **KINGS COUNTY HOSPITAL CENTER**

(Kings County)

Construct an addition to the Hospital to accommodate four (4) net new maternity beds

Dear Ms. Edwards:

Please be advised that anticipated losses for the project referenced above will be funded from the ongoing overall operations of Kings County Hospital Center and New York City Health+Hospitals (NYC H+H). Please refer to NYC H+H's financial statements included with the application for evidence of the ability to fund those losses.

Sincerely,

Sheldon McLeod



Chief Executive Officer

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of the City of New York)

Basic Financial Statements and Supplemental Schedules

June 30, 2025 and 2024

(With Independent Auditors' Report in Accordance with *Government Auditing Standards* Thereon)

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of the City of New York)

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KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Board of Directors
New York City Health and Hospitals Corporation

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the business-type activities and the discretely presented component unit of the New York City Health and Hospital's Corporation (the Corporation), a discretely presented component unit of the City of New York, as of and for the years ended June 30, 2025 and 2024, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements for the years then ended as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the discretely presented component unit of the Corporation, as of June 30, 2025 and 2024, and the respective changes in financial position and, where applicable, cash flows thereof for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions. The financial statements of MetroPlus Health, Plan, Inc, a discretely presented component unit, and HHC Insurance Company, Inc., a blended component unit, were not audited in accordance with *Government Auditing Standards*.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not



a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Required Supplementary Information

U.S. generally accepted accounting principles require that the management discussion and analysis, schedule of NYC Health + Hospitals' contributions NYCERS Pension Plan, schedule of NYC Health + Hospitals' proportionate share of the net pension liability NYCERS Pension Plan, and schedule of NYC Health + Hospitals' changes in total OPEB liability and related ratios be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 17, 2025 on our consideration of the Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control over financial reporting or on compliance. That report is an integral part of an



audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control over financial reporting and compliance.

KPMG LLP

New York, New York
October 17, 2025

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

(A Component Unit of The City of New York)

Management's Discussion and Analysis (Unaudited)

Summary of Statements of Net Position

Years ended June 30, 2025, 2024 and 2023

(In thousands)

	2025	2024	2023
	Business-type	Business-type	Business-type
	activities – HHC	activities – HHC	activities – HHC
			(as restated)
Assets:			
Current assets	\$ 4,731,950	4,851,597	3,934,509
Capital assets, net	4,622,347	4,636,516	4,587,983
Lease and SBITAs, net	373,160	371,907	399,656
Other assets	238,793	316,433	342,235
Total assets	9,966,250	10,176,453	9,264,383
Deferred outflows:			
Deferred outflows from pension	296,822	321,563	433,456
Deferred outflows from postemployment benefits, other than pension	48,171	116,480	288,810
Asset retirement obligation	5,000	5,000	5,000
Liabilities:			
Current liabilities	3,457,167	3,505,041	3,233,469
Long-term debt, net of current installments	398,947	489,341	581,354
Noncurrent lease and SBITAs liabilities, net	393,281	384,342	409,826
Other noncurrent liabilities	604,418	559,008	522,526
Pension, net of current portion	1,192,426	1,659,002	1,837,343
Postemployment benefits, other than pension, net of current portion	4,176,026	4,328,536	4,142,503
Total liabilities	10,222,265	10,925,270	10,727,021
Deferred inflows:			
Deferred inflows from pension	175,814	36,096	45,494
Deferred inflows from postemployment benefits, other than pension	857,346	897,026	1,335,669
Deferred inflows from lease contracts	100,560	105,525	110,490
Unamortized refunding cost	548	719	925
Net position:			
Net investment in capital assets	4,487,817	4,311,161	4,203,506
Restricted	116,673	119,017	104,622
Unrestricted	(5,644,780)	(5,775,318)	(6,536,078)
Total net deficit position	\$ (1,040,290)	(1,345,140)	(2,227,950)

See accompanying notes to management's discussion and analysis.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

(A Component Unit of The City of New York)

Management's Discussion and Analysis (Unaudited)

Summary of Statements of Revenue, Expenses, and Changes in Net Position

Years ended June 30, 2025, 2024 and 2023

(In thousands)

	2025	2024	2023
	Business-type	Business-type	Business-type
	activities – HHC	activities – HHC	activities – HHC
	(as restated)		
Operating revenue:			
Net patient service revenue	\$ 8,366,408	8,631,192	8,211,795
Appropriations from City of New York, net	2,875,201	2,844,439	1,603,838
Grants revenue	426,875	944,734	501,840
Other revenue	162,700	175,819	214,256
UPL conversion prior period revenue	585,200	—	—
Total operating revenue	<u>12,416,384</u>	<u>12,596,184</u>	<u>10,531,729</u>
Operating expenses:			
Personal services, fringes benefits, and employer payroll taxes	5,737,035	5,020,498	4,452,428
Other than personal services	3,721,151	4,265,635	3,478,775
Pension	289,816	427,281	378,308
Postemployment benefits, other than pension	71,598	112,922	47,085
Affiliation contracted services	1,954,424	1,716,983	1,579,870
Depreciation	595,990	595,175	564,746
Total operating expenses	<u>12,370,014</u>	<u>12,138,494</u>	<u>10,501,212</u>
Operating income	46,370	457,690	30,517
Nonoperating expenses, net	<u>(101,216)</u>	<u>(87,158)</u>	<u>(123,229)</u>
(Loss) income before other changes in net deficit	(54,846)	370,532	(92,712)
Other changes in net deficit position:			
Capital contributions	359,696	512,278	627,458
Decrease in net deficit position	304,850	882,810	534,746
Net deficit position at beginning of year	<u>(1,345,140)</u>	<u>(2,227,950)</u>	<u>(2,762,696)</u>
Net deficit position at end of year	\$ <u>(1,040,290)</u>	<u>(1,345,140)</u>	<u>(2,227,950)</u>

See accompanying notes to management's discussion and analysis.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

(A Component Unit of the City of New York)

Management's Discussion and Analysis (Unaudited)

June 30, 2025 and 2024

This section of the New York City Health and Hospitals Corporation's ("NYC Health + Hospitals") annual financial report presents Management's Discussion and Analysis ("MD&A") of the financial performance during the years ended June 30, 2025, 2024, and 2023. The purpose is to provide an objective analysis of the financial activities of NYC Health + Hospitals based on currently known facts, decisions, and conditions. Please read it in conjunction with the financial statements, which follow this section.

The financial statements of MetroPlusHealth Plan, Inc. ("MetroPlusHealth"), a component unit of NYC Health + Hospitals, are presented discretely from NYC Health + Hospitals. MetroPlusHealth issues its own financial statements within which a reader can obtain additional information not provided by the discrete presentation within this document. Consequently, the MD&A that follows focuses primarily on NYC Health + Hospitals.

Overview of the Financial Statements

This annual report consists of two parts – the MD&A and the basic financial statements.

The basic financial statements include the *Statements of Net Position*, *Statements of Revenue, Expenses, and Changes in Net Position*, *Statements of Cash Flows*, and the Notes to the financial statements. These statements present, on a comparative basis, the financial position of NYC Health + Hospitals at June 30, 2025 and 2024, and the changes in net position and its financial activities for the year then ended. The *Statements of Net Position* include all of NYC Health + Hospitals' assets, liabilities, and deferred inflows and outflows of resources in accordance with U.S. generally accepted accounting principles. The *Statements of Revenue, Expenses, and Changes in Net Position* present each year's activities on the accrual basis of accounting, that is, when services are provided or obligations are incurred, not when cash is received or bills are paid. The financial statements also report the net position of NYC Health + Hospitals and how it has changed. Net position, or the difference between assets and liabilities and deferred inflows and deferred outflows of resources, is a way to measure the financial health of NYC Health + Hospitals. The *Statements of Cash Flows* provide relevant information about each year's cash receipts and cash payments and classifies them as operating, non-capital financing, capital and related financing, and investing activities. The Notes to the financial statements explain information in the financial statements and provide more detailed data.

Overall Financial Position and Operations

NYC Health + Hospitals' total net deficit position improved by \$304.9 million from June 30, 2024 to June 30, 2025, and improved by \$882.8 million from June 30, 2023, as restated, to June 30, 2024. See Note 1(r) for details about the restatement. The net investment in capital assets increased by \$176.7 million and \$107.7 million during fiscal years 2025 and 2024, respectively, due to increases in comprehensive energy projects, purchases of ambulances for the City's Emergency Medical Services-Fire Department of the City of New York ambulances, and the Out-posted Therapeutic Housing Units ("OTxHU") project. NYC Health + Hospitals' unrestricted net deficit position decreased by \$130.5 million between June 30, 2025 and June 30, 2024 due primarily to an increase in Disproportionate Share Hospital ("DSH") receivables. Fiscal year 2025 ended with an operating income of \$46.4 million compared with an operating income of \$457.7 million for the year ended June 30, 2024. The net deficit position benefited from \$345.2 million in capital contributions from the City of New York (the "City") and \$14.5 million in capital contributions from grantors and donors made in fiscal year 2025.

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Significant financial ratios are as follows:

	<u>2025</u>	<u>2024</u>	<u>2023</u>
Current ratio	1.37	1.38	1.20
Quick ratio	0.51	0.45	0.53
Days of cash on hand	13.78	17.04	29.33
Net number of days of revenue in patient receivables	52.25	52.21	60.18

The current ratio, quick ratio, and days of cash on hand are common liquidity indicators. The net days of revenue in patient receivables is an indicator of how quickly NYC Health + Hospitals collects its patient receivables.

Variances in Financial Statements

In this section, NYC Health + Hospitals explains the reasons for certain financial statement items with variances relating to fiscal year 2025 amounts when compared to fiscal year 2024 and, where appropriate, fiscal year 2024 amounts when compared to fiscal year 2023 amounts.

Statements of Net Position

Cash and cash equivalents – Decreased by \$94.4 million from June 30, 2024 to 2025 as short-term U.S. government securities increased \$154.4 million. Decreased by \$268.4 million from June 30, 2023 to 2024 due to the timing of patient cash receipts impacted by the Change Healthcare breach.

Patient accounts receivable, net – Increased by \$124.3 million from June 30, 2024 to June 30, 2025 due to the timing of UPL Conversion cash receipts. Remained consistent from fiscal year 2023 to 2024.

Estimated third-party payor settlements, receivable – Increased \$12.6 million and \$460.7 million in fiscal years 2025 and 2024, respectively, due to the change in UPL receivables when compared to the same period during the prior fiscal year.

Estimated pools receivable – Increased \$551.8 million from June 30, 2024 to 2025 due to an increase in DSH receivables. There were none in fiscal year 2024.

Grants receivable – Decreased \$565.2 million from June 30, 2024 to 2025 mainly due to receipt of funds from Federal Emergency Management Agency ("FEMA") related to COVID-19 and federal and State funding for the Humanitarian Emergency Response and Relief Centers ("HERRC") program. Increased \$500.4 million from June 30, 2023 to 2024 mainly due to funding from the FEMA related to COVID-19 and federal and State funding for HERRC program (Notes 17 and 18).

Assets restricted as to use (current and long term) – Decreased by \$47.6 million from June 30, 2024 to 2025 primarily due to a decrease in restricted fund investments and increased by \$16.6 million from June 30, 2023 to 2024 primarily due to additional restricted fund investments.

Other current assets and Other assets – Decreased by \$71.6 million during fiscal 2025 when compared to fiscal 2024 mainly due to decreases in inventory and prepaid expenses. Remained consistent from fiscal 2024 when compared to fiscal 2023.

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Capital assets, net – Remained consistent from June 30, 2024 to 2025. Increased by \$48.6 million from June 30, 2023 to 2024 mainly due to increases in comprehensive energy projects and Out-posted Therapeutic Housing Units (“OTxHU”) netted against the placement in service of components of the FEMA project, thereby decreasing Construction in Progress (“CIP”).

Lease and Subscription-Based Information Technology Arrangements (“SBITAs”), net – Remained consistent from June 30, 2024 to 2025. Decreased \$27.7 million from June 30, 2023 to 2024 due to timely payments (Note 19).

Current and Non-current lease receivable, net – Remained consistent from June 30, 2024 to June 30, 2025 and from June 30, 2023 to 2024 (Note 19).

Deferred outflows of resources – Decreased \$93.0 million in fiscal year 2025 and \$284.2 million in fiscal year 2024 primarily due to the changes in pension and other postemployment benefits (“OPEB”) liabilities as determined by the New York City Office of the Actuary.

Deferred inflows of resources – Increased \$94.9 million from June 30, 2024 to 2025 mainly due to an increase of deferred inflows from pensions. Decreased \$453.2 million from June 30, 2023 to 2024 mainly due to a decrease of deferred inflows from pensions and a decrease of deferred inflows from postemployment benefits, other than pension. Deferred inflows of resources are determined by the New York City Office of the Actuary.

Accrued salaries, fringe benefits, payroll taxes, and accrued compensated absences (current and long-term) – Increased by \$16.6 million from June 30, 2024 to 2025 due to an increase in accrued compensated absences. Increased by \$66.5 million from June 30, 2023 to 2024 due to collective bargaining agreements.

Accounts payable and accrued expenses – Decreased \$167.5 million in fiscal year 2025 due to more timely payments to various vendors. Increased by \$231.7 million in fiscal year 2024 due to an increase in various accrued expenses as a result of cash flow management.

Estimated third-party payor settlements, net payable – Decreased by \$22.0 million from June 30, 2024 to 2025 due to an increase in Medicaid rates and increased by \$103.9 million from June 30, 2023 to 2024 due to a decrease in Medicaid and Medicare rates.

Estimated pools payable – Decreased \$11.1 million and \$412.9 million from June 30, 2024 to 2025 and from June 30, 2023 to 2024, respectively, due to a decrease in DSH payables.

Due to/Due from the City of New York, net – Increased \$366.5 million from June 30, 2024 to 2025 primarily due to more timely receipt of tax levy funds from the City of New York. Decreased \$138.7 million from June 30, 2023 to 2024 primarily due to NYC Health + Hospitals accruing for both fiscal years' 2023 and 2024 EMS payments to the City of New York.

Long-term debt (includes current installments) – Decreased \$89.9 million and \$69.8 million during fiscal years 2025 and 2024, respectively, due to scheduled principal payments and extinguishment of a direct borrowing.

Pension (current and long-term) – Decreased \$396.3 million and \$136.7 million from June 30, 2024 to 2025 and from June 30, 2023 to 2024, respectively, primarily due to changes in actual earnings on pension plan investments.

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Postemployment benefits, other than pension (current and long-term) – Decreased \$155.8 million in fiscal year 2025 mainly due to changes in actuarial assumptions. Increased \$188.9 million in fiscal year 2024 mainly due to a change in the discount rate used for the calculation (Note 11).

Changes in Components of Net Position

Net investment in capital assets – Increased by \$176.7 million and by \$107.7 million in fiscal years 2025 and 2024, respectively, mainly due to increases in comprehensive energy projects and the OTxHU project.

Restricted – In fiscal year 2025, restricted net position remained consistent with the prior fiscal year and increased \$14.4 million in fiscal year 2024 due to debt service restrictions and higher debt payments coming due.

Unrestricted – Net position activities, other than those mentioned above, resulted in a deficit decrease of \$130.5 million and a deficit decrease of \$1.1 billion when comparing fiscal years 2025 and 2024 balances, respectively.

Capital Assets, Net

NYC Health + Hospitals had capital assets, net of accumulated depreciation of \$4.6 billion in each of the fiscal years ending June 30, 2025, 2024, and 2023, as shown in the table below (in thousands):

	<u>2025</u>	<u>2024</u>	<u>2023</u>
Land and land improvements	\$ 135,354	40,535	20,108
Buildings and leasehold improvements	2,246,563	2,317,189	2,324,293
Equipment	1,601,165	1,557,144	1,547,636
Construction in progress	<u>639,265</u>	<u>721,648</u>	<u>695,946</u>
Total capital assets, net of accumulated depreciation	<u>\$ 4,622,347</u>	<u>4,636,516</u>	<u>4,587,983</u>

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Major changes to CIP during fiscal year 2023 through 2025 included the following:

- NYC Health + Hospitals continued to build projects for three locations: Bellevue Hospital Center ("Bellevue"), Woodhull Medical and Mental Health Center ("Woodhull"), and North Central Bronx Hospital ("North Central Bronx"). The Outposted Therapeutic Housing Unit ("OTxHU") initiative looks to bridge the gap between the care provided in the jails and inpatient hospitalization. These secure, clinical units will house patients who have serious health conditions and would benefit from close, regular access to the specialty and subspecialty care available in three NYC Health + Hospitals community facilities – Bellevue, Woodhull, and North Central Bronx.

	2025	2024	2023
CIP balance as of June 30 (<i>in millions</i>)	\$ 262.9	190.4	142.5

- During Hurricane Sandy in October 2012, FEMA funds were secured to advance New York's comprehensive, five borough resiliency plan to repair and protect public hospitals that were damaged. The funds support improvements at four NYC Health + Hospitals facilities: Bellevue and Metropolitan Hospital Center in Manhattan, Coler Rehabilitation and Nursing Care Facility on Roosevelt Island, and South Brooklyn Health in Brooklyn. In order to complete this work, the projects were split into two major categories: immediate priority mitigation projects and long-term major resiliency projects. All immediate priority mitigation projects are substantially complete while multiple long-term major resiliency projects are in the design or construction phase. A majority of the projects were managed by New York City agencies, NYC Economic Development Corporation and NYC Department of Design and Construction, while several others were managed directly by NYC Health + Hospitals.

	2025	2024	2023
CIP balance as of June 30 (<i>in millions</i>)	\$ 27.4	94.8	113.9

- Comprehensive energy upgrade projects have been undertaken and they seek to reduce NYC Health + Hospitals' energy consumption and, in turn, greenhouse gas emissions. These comprehensive energy projects focus on upgrades to lighting, air handling units, chillers, cooling towers, and other HVAC equipment. NYC Health + Hospitals also has specialty projects, namely the roof top solar installation at Woodhull, comprehensive HVAC upgrades at North Central Bronx and extensive LED lighting upgrades and new controls at Queens and Coler Hospitals to comply with Local Law 88.

	2025	2024	2023
CIP balance as of June 30 (<i>in millions</i>)	\$ 60.0	36.5	88.6

- NYC Health + Hospitals continued work on its electronic medical records system ("EMR") known as H2O Epic (which contains work for both the Clinical and Revenue departments). H2O Epic has been implemented at all acute care hospitals, Gotham Health clinics, outpatient facilities, Henry J. Carter Long Term Acute Care facility, and Roosevelt Island Medical Center, which is onsite at Coler Hospital. NYC Health + Hospitals continues to enhance and develop additional modules for the H2O Epic EMR system.

	2025	2024	2023
CIP balance as of June 30 (<i>in millions</i>)	\$ 4.0	4.7	5.1

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Capital project costs during fiscal year 2025 are expected to be financed by New York City General Obligation Bonds, Transitional Finance Authority ("TFA") bonds, a New York State Grant called the Capital Restructuring Financing Program, FEMA grants, and will be supplemented by a portion of the proceeds of bonds issued by NYC Health + Hospitals.

Current and Long-Term Debt

At June 30, 2025, NYC Health + Hospitals had approximately \$480.2 million in current and long-term debt financing related to its capital assets, as shown with comparative amounts at June 30 (in thousands):

	2025	2024	2023
Bonds payable	\$ 390,376	448,233	478,808
Equipment and renovation financing (Sodexo)	—	444	1,463
JP Morgan equipment financing	33,006	35,313	37,563
Revolving loan (Citibank)	—	—	7,000
CISCO maintenance financing	56,828	86,126	115,082
Total	\$ 480,210	570,116	639,916

At June 30, 2025, NYC Health + Hospitals' outstanding bonds at par were approximately \$359.3 million, with 71.2% uninsured fixed rate and 28.8% variable rate secured by letters of credit. NYC Health + Hospitals is rated Aa3, A+, and AA- by Moody's, S&P, and Fitch, respectively. The variable rate bonds are secured by TD Bank and JPMorgan Chase Bank's letters of credit. As of August 18, 2025, the Moody's, S&P, and Fitch long-term/short-term ratings for TD Bank and JPMorgan Chase Bank are A2/P-1, A+/A-1, and AA-/F1+ and Aa2/P-1, AA-/A-1+, and AA/F1+, respectively. There are no statutory debt limitations that may affect NYC Health + Hospitals' financing of planned facilities or services.

More detailed information about NYC Health + Hospitals long-term debt is presented in Note 8 to the financial statements.

Leases and Subscription-Based Information Technology Arrangements

At June 30, 2025, NYC Health + Hospitals had approximately \$373.1 million in lease assets, as shown with comparative amounts at June 30, 2024 and 2023 (in thousands):

	2025	2024	2023
Lease assets	\$ 341,926	347,672	370,957
Subscription IT assets	31,235	24,235	28,699
Total	\$ 373,161	371,907	399,656

More detailed information about NYC Health + Hospital's leased assets is presented in Note 19 to the financial statements.

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Statements of Revenue, Expenses, and Changes in Net Position

Net patient service revenue – Decreased by \$264.8 million during fiscal year 2025 due to a decrease in risk pool and DSH revenue. Increased by \$419.4 million during fiscal year 2024 due to an increase in risk pool revenue.

Appropriations from the City of New York, net – Increased \$30.8 million from June 30, 2024 to 2025 due to an increase in funds appropriated by the City for collective bargaining. Increased \$1.2 billion from June 30, 2023 to 2024 due to an increase in funds appropriated by the City for collective bargaining and HERRC.

Grants revenue – Decreased by \$517.9 million from June 30, 2024 to 2025 and increased by \$442.9 million from June 30, 2023 to 2024 mainly due to FEMA COVID-19 program and HERRC federal and State grant revenue.

Other revenue – Decreased by \$13.1 million during fiscal year 2025 due to decrease in various one-time payments received during fiscal year 2024 that did not repeat in fiscal year 2025. Decreased by \$38.8 million during fiscal year 2024 due to a \$56.0 million decrease in 340B pharmacy program revenue and a decrease in various one-time payments received during fiscal year 2023 that did not repeat in fiscal year 2024.

UPL conversion prior period revenue – Outpatient UPL Conversion revenue of \$585.2 million is included in total operating revenue for fiscal year 2025. There was no outpatient UPL Conversion reported in fiscal year 2024.

Personal services – Increased by \$605.6 million in fiscal year 2025 due to collective bargaining settlements and headcount. Increased by \$373.7 million in fiscal year 2024 due to collective bargaining settlements and headcount.

Other-than-personal services ("OTPS") – Decrease by \$544.5 million during fiscal year 2025 primarily due to a large decrease in HERRC OTPS. Increased by \$786.9 million during fiscal year 2024 primarily due to a \$250.6 million decrease in COVID-19 and Test and Treat OTPS that was offset by an increase in HERRC OTPS of \$945.6 million.

Fringe benefits and employer payroll taxes – Increased \$110.9 million and \$82.7 million during fiscal years 2025 and 2024, respectively, due to an increase in health benefit rates and an increase in headcount.

Pension – Decreased by \$137.5 million during fiscal year 2025 resulting from the difference between projects and actual earnings on Plan investments. Increased by \$49.0 million during fiscal year 2024 resulting from differences in expected and actual experience, which represent the difference between what was predicted based on the actuarial assumptions and methods used in the prior valuation and what actually occurred during the year. Pension plan expense is determined by the New York City Office of the Actuary (Note 10).

Postemployment benefits, other than pension – Decreased by \$41.3 million and increased by \$65.8 million from fiscal year 2025 versus 2024, respectively, due to a change in the discount rate as well as to changes in expected and actual experience and assumptions made in the actuarial calculation such as retirement age, mortality, disability, withdrawal, and salary scale. Reported amounts for OPEB are determined by the New York City Office of the Actuary (Note 11).

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Affiliation contracted services – Increased by \$237.4 million and increased by \$137.1 million during fiscal years 2025 and 2024, respectively, due to contractual increases and estimated contract settlements.

Capital contributions funded by the City of New York, net – Remained consistent during fiscal year 2025 when compared to fiscal year 2024. Decreased \$120.0 million during fiscal year 2024 primarily due to a decrease in CIP for the OTHxU project at Bellevue from the prior year as well as to net changes in CIP associated with the Network Refresh and data center projects.

Capital contributions funded by grantors and donors – Decreased by \$184.4 million during fiscal year 2025 due to the winding down of various projects funded by the Delivery System Reform Incentive Payment-Capital Restructuring Financing Program and FEMA grants and remained consistent during fiscal year 2024 when compared to the prior year.

Corporation Issues and Challenges

NYC Health + Hospitals, with the City's assistance, continues to address and adapt to the increasing fiscal challenges placed on healthcare institutions in the New York City area. Specifically, these include:

- Insufficient Medicaid and Medicare reimbursement rates to meet the costs of caring for low-income New Yorkers;
- Potential risks in Medicaid supplemental funding; and
- Replacing and updating infrastructure to meet the healthcare needs of the public we serve.

NYC Health + Hospitals continues to respond to these challenges by implementing strategic financial initiatives to strengthen revenue cycle operations. Through clear strategy and proper investments, our goal is to build competitive healthcare offerings available to all New Yorkers and to ensure Health + Hospitals maintains robust and sustainable operations.

Federally Qualified Health Center

NYC Health + Hospitals has a co-applicant agreement with Gotham Health FQHC, Inc. ("Gotham") for the purposes of operating certain community health centers ("Health Centers") together as a public entity model in order to obtain designations as a Federally Qualified Health Center(s) ("FQHC"). This type of federal designation provides for enhanced reimbursement rates for the care of patients. Gotham is a New York not-for-profit corporation participating with NYC Health + Hospitals in the governance of these Health Centers, which were previously operated solely by NYC Health + Hospitals. The purpose of the co-applicant process is to permit these Health Centers to operate under FQHC status. Gotham is not considered a related organization to NYC Health + Hospitals, nor is there any overlap in any members of their respective boards.

Contacting NYC Health + Hospitals Financial Management

This financial report provides the citizens of the City, NYC Health + Hospitals' patients, bondholders, and creditors with a general overview of NYC Health + Hospitals' finances and operations. If you have questions about this report or need additional financial information, please contact Mr. John Ulberg, Senior Vice President/Chief Financial Officer, NYC Health + Hospitals, 50 Water Street, 3rd Floor, New York, New York 10004.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
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Statements of Net Position
June 30, 2025 and 2024

(In thousands)

	June 30, 2025				June 30, 2024			
	Business-type activities – HHC	Discretely presented component unit-MetroPlus	Eliminations	Total	Business-type activities – HHC	Discretely presented component unit-MetroPlus	Eliminations	Total
Assets								
Current assets:								
Cash and cash equivalents	\$ 444,426	660,724	—	1,105,150	538,870	535,025	—	1,073,895
U.S. government securities	251,809	659,637	—	911,446	97,437	886,378	—	983,815
Patient accounts receivable, net	1,065,770	—	(413,021)	652,749	941,497	—	(486,185)	455,312
Premiums receivable	—	383,971	(14,290)	369,681	—	697,691	(9,477)	688,214
Estimated third-party payor settlements	1,269,400	—	(7,300)	1,262,100	1,256,800	—	(254,151)	1,002,649
Estimated pool receivable	551,800	—	—	551,800	—	—	—	—
Grants receivable	493,088	171	(2,370)	490,889	1,058,261	324	(1,413)	1,057,172
Assets restricted as to use and required for current liabilities	26,381	—	—	26,381	26,408	—	—	26,408
Due from City of New York	298,345	—	—	298,345	559,096	—	—	559,096
Current lease receivable, net	6,359	—	—	6,359	4,480	—	—	4,480
Other current assets	324,572	96,625	—	421,197	368,748	108,399	—	477,147
Total current assets	4,731,950	1,801,128	(436,981)	6,096,097	4,851,597	2,227,817	(751,226)	6,328,188
Assets restricted as to use, net of current portion	106,492	229,435	—	335,927	154,037	193,487	—	347,524
U.S. government securities	—	688,235	—	688,235	—	397,877	—	397,877
Other receivable	—	—	—	—	—	—	—	—
Capital assets, net	4,622,347	60,579	—	4,682,926	4,636,516	27,514	—	4,664,030
Lease and SBITAs, net	373,160	148,740	—	521,900	371,907	154,756	—	526,663
Noncurrent lease receivable, net	107,012	—	—	107,012	109,695	—	—	109,695
Other assets	25,289	472	—	25,761	52,701	—	—	52,701
Total assets	9,966,250	2,928,589	(436,981)	12,457,858	10,176,453	3,001,451	(751,226)	12,426,678
Deferred Outflows of Resources								
Deferred outflows from pension	296,822	28,307	—	325,129	321,563	29,093	—	350,656
Deferred outflows from postemployment benefits, other than pension	48,171	1,292	—	49,463	116,480	3,499	—	119,979
Asset retirement obligation	5,000	—	—	5,000	5,000	—	—	5,000
	\$ 10,316,243	2,958,188	(436,981)	12,837,450	10,619,496	3,034,043	(751,226)	12,902,313
Liabilities								
Current liabilities:								
Current installments of long-term debt	\$ 81,263	—	—	81,263	80,775	—	—	80,775
Current portion of lease and SBITAs liabilities, net	45,781	6,958	—	52,739	37,336	4,597	—	41,933
Accrued salaries, fringe benefits, and payroll taxes	452,500	19,841	(14,290)	458,051	481,319	22,198	(9,477)	494,040
Accounts payable and accrued expenses	1,241,797	1,538,224	(422,691)	2,357,330	1,409,282	1,696,124	(741,749)	2,363,657
Estimated third-party payor settlements	134,292	—	—	134,292	156,327	—	—	156,327
Estimated pools payable	—	—	—	—	11,100	—	—	11,100
Current portion of due to City of New York, net	703,432	—	—	703,432	597,744	—	—	597,744
Current portion of pension	584,947	18,900	—	603,847	514,701	16,411	—	531,112
Current portion of postemployment benefits obligation, other than pension	213,155	6,887	—	220,042	216,457	6,902	—	223,359
Total current liabilities	3,457,167	1,590,810	(436,981)	4,610,996	3,505,041	1,746,232	(751,226)	4,500,047
Long-term debt, net of current installments	398,947	—	—	398,947	489,341	—	—	489,341
Noncurrent lease and SBITAs liabilities, net	393,281	152,876	—	546,157	384,342	155,053	—	539,395
Accrued compensated absences, net of current portion	604,418	13,653	—	618,071	559,008	11,667	—	570,675
Long-term pension, net of current portion	1,192,426	18,476	—	1,210,902	1,659,002	36,740	—	1,695,742
Postemployment benefits obligation, other than pension, net of current portion	4,176,026	17,126	—	4,193,152	4,328,536	22,288	—	4,350,824
Total liabilities	10,222,265	1,792,941	(436,981)	11,578,225	10,925,270	1,971,980	(751,226)	12,146,024
Deferred Inflows of Resources								
Deferred inflows from pension	175,814	6,512	—	182,326	36,096	1,939	—	38,035
Deferred inflows from postemployment benefits, other than pension	857,346	22,765	—	880,111	897,026	24,048	—	921,074
Deferred inflows from lease activity	100,560	—	—	100,560	105,525	—	—	105,525
Unamortized refunding cost	548	—	—	548	719	—	—	719
	11,356,533	1,822,218	(436,981)	12,741,770	11,964,636	1,997,967	(751,226)	13,211,377
Net Position								
Net investment in capital assets	4,487,817	170,631	—	4,658,448	4,311,161	142,494	—	4,453,655
Restricted:								
For debt service	106,839	—	—	106,839	109,183	—	—	109,183
Expendable for specific operating activities	8,906	—	—	8,906	8,906	—	—	8,906
Nonexpendable permanent endowments	928	—	—	928	928	—	—	928
Contingent surplus reserve	—	598,457	—	598,457	—	647,643	—	647,643
Unrestricted	(5,644,780)	366,882	—	(5,277,898)	(5,775,318)	245,939	—	(5,529,379)
Total net (deficit) position	(1,040,290)	1,135,970	—	95,680	(1,345,140)	1,036,076	—	(309,064)
	\$ 10,316,243	2,958,188	(436,981)	12,837,450	10,619,496	3,034,043	(751,226)	12,902,313

See accompanying notes to basic financial statements.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)

Statements of Revenue, Expenses, and Changes in Net Position

Years ended June 30, 2025 and 2024

(In thousands)

	June 30, 2025				June 30, 2024			
	Business-type activities – HHC	Discretely presented component unit – MetroPlus	Eliminations	Total	Business-type activities – HHC	Discretely presented component unit – MetroPlus	Eliminations	Total
Operating revenue:								
Net patient service revenue	\$ 8,366,408	—	(1,323,749)	7,042,659	8,631,192	—	(1,537,694)	7,093,498
Appropriations from City of New York, net	2,875,201	—	—	2,875,201	2,844,439	—	—	2,844,439
Premium revenue	—	5,190,730	(163,662)	5,027,068	—	4,936,775	(109,277)	4,827,498
Grants revenue	426,875	531	(20,900)	406,506	944,734	563	(28,267)	917,030
Other revenue	162,700	1,115	—	163,815	175,819	1,587	—	177,406
UPL conversion prior period revenue	585,200	—	(345,600)	239,600	—	—	—	—
Total operating revenue	12,416,384	5,192,376	(1,853,911)	15,754,849	12,596,184	4,938,925	(1,675,238)	15,859,871
Operating expenses:								
Personal services	4,376,664	157,634	—	4,534,298	3,771,067	152,389	—	3,923,456
Other than personal services	3,721,151	4,941,332	(1,690,249)	6,972,234	4,265,635	4,545,920	(1,565,961)	7,245,594
Fringe benefits and employer payroll taxes	1,360,371	48,502	(163,662)	1,245,211	1,249,431	47,954	(109,277)	1,188,108
Pension	289,816	9,796	—	299,612	427,281	14,020	—	441,301
Postemployment benefits, other than pension	71,598	2,313	—	73,911	112,922	3,601	—	116,523
Affiliation contracted services	1,954,424	—	—	1,954,424	1,716,983	—	—	1,716,983
Depreciation	595,990	15,362	—	611,352	595,175	10,017	—	605,192
Total operating expenses	12,370,014	5,174,939	(1,853,911)	15,691,042	12,138,494	4,773,901	(1,675,238)	15,237,157
Operating income	46,370	17,437	—	63,807	457,690	165,024	—	622,714
Nonoperating revenue (expenses):								
Investment income	24,789	91,626	—	116,415	42,467	79,425	—	121,892
Interest expense	(145,828)	(9,169)	—	(154,997)	(144,772)	(4,877)	—	(149,649)
Contributions restricted for specific operating activities	19,823	—	—	19,823	15,147	—	—	15,147
Total nonoperating (expenses) revenue, net	(101,216)	82,457	—	(18,759)	(87,158)	74,548	—	(12,610)
(Loss) income before other changes in net position	(54,846)	99,894	—	45,048	370,532	239,572	—	610,104
Other changes in net position:								
Capital contributions funded by City of New York, net	345,233	—	—	345,233	313,401	—	—	313,401
Capital contributions funded by grantors and donors	14,463	—	—	14,463	198,877	—	—	198,877
Total other changes in net position	359,696	—	—	359,696	512,278	—	—	512,278
Increase in net position	304,850	99,894	—	404,744	882,810	239,572	—	1,122,382
Net (deficit) position at beginning of period	(1,345,140)	1,036,076	—	(309,064)	(2,227,950)	796,504	—	(1,431,446)
Net (deficit) position at end of period	\$ (1,040,290)	1,135,970	—	95,680	(1,345,140)	1,036,076	—	(309,064)

See accompanying notes to basic financial statements.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of The City of New York)

Statements of Cash Flows

Periods ended June 30, 2025 and 2024

(In thousands)

	2025 Business-type activities – HHC	2024 Business-type activities – HHC
Cash flows from operating activities:		
Cash received from patients and third-party payors	\$ 8,239,726	7,888,190
Cash appropriations received from City of New York	3,189,443	2,568,913
Cash appropriations remitted to City of New York	(52,973)	(62,892)
Receipts from grants	992,048	444,292
Other receipts	151,297	164,302
Cash paid for personal services, fringe benefits, employer payroll taxes, and postemployment benefits obligation, other than pension	(5,893,791)	(5,139,572)
Cash paid for pension	(540,074)	(468,672)
Cash paid for other than personal services	(3,899,126)	(3,739,610)
Cash paid for affiliation contracted services	(1,912,765)	(1,681,732)
Net cash provided by (used in) operating activities	<u>273,785</u>	<u>(26,781)</u>
Cash flows from noncapital financing activity:		
Proceeds from contributions restricted for specific operating activities	<u>19,823</u>	<u>15,147</u>
Net cash provided by noncapital financing activity	<u>19,823</u>	<u>15,147</u>
Cash flows from capital and related financing activities:		
Purchase of capital assets	(500,499)	(503,857)
Capital contributions by grantors and donors	28,135	99,768
Capital contributions by City of New York	337,455	336,378
Cash paid for capital retainage	(2,827)	(984)
Payments of long-term debt	(80,774)	(55,732)
Cash paid for leases and IT subscriptions	(58,033)	(12,317)
Interest paid including capitalized interest	(17,310)	(14,710)
Net cash used in capital and related financing activities	<u>(293,853)</u>	<u>(151,454)</u>
Cash flows from investing activities:		
Purchases of assets restricted as to use	(199,452)	(128,629)
Proceeds from sales of assets restricted as to use	247,051	112,077
Cash invested in U.S. Government securities	(896,178)	(300,951)
Cash received from sales and maturities of U.S. Government securities	747,271	203,514
Interest received	7,109	8,651
Net cash used in investing activities	<u>(94,199)</u>	<u>(105,338)</u>
Net decrease in cash and cash equivalents	(94,444)	(268,426)
Cash and cash equivalents at beginning of year	<u>538,870</u>	<u>807,296</u>
Cash and cash equivalents at end of year	<u>\$ 444,426</u>	<u>538,870</u>
Supplemental disclosure:		
Change in fair value of assets restricted as to use	\$ (3,235)	2,077
Capital assets included within accounts payable and accrued expenses	78,745	78,164

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

(A Component Unit of The City of New York)

Statements of Cash Flows

Periods ended June 30, 2025 and 2024

(In thousands)

	2025	2024
	<u>Business-type</u>	<u>Business-type</u>
	<u>activities – HHC</u>	<u>activities – HHC</u>
Reconciliation of operating income to net cash used in operating activities:		
Operating income	\$ 46,370	457,690
Adjustments to reconcile operating income to net cash provided by (used in) operating activities:		
Depreciation	595,990	595,175
Provision for bad debts	268,176	544,617
Changes in assets and liabilities:		
Patient accounts receivable, net	(392,449)	(529,537)
Premiums receivable	—	—
Estimated third-party payor settlements, net	(34,635)	(356,828)
Estimated pools, net	(562,900)	(412,900)
Grants receivable	565,173	(500,442)
Lease receivable	804	658
Other current assets	44,176	(29,856)
Accrued salaries, fringe benefits, payroll taxes, and compensated absences	16,591	66,504
Pension	(231,871)	(34,173)
Accounts payable and accrued expenses	(170,782)	220,333
Due to City of New York, net	256,325	29,378
Postemployment benefits obligation, other than pension	<u>(127,183)</u>	<u>(77,400)</u>
Net cash provided by (used in) operating activities	\$ <u>273,785</u>	<u>(26,781)</u>

See accompanying notes to basic financial statements.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of the City of New York)

Notes to Financial Statements

June 30, 2025 and 2024

(1) Summary of Significant Accounting Policies

(a) Organization

The State of New York (the "State"), in Chapter 1016 of the Laws of 1969, adopted the HHC Act (the "Enabling Act") and created the New York City Health and Hospitals Corporation ("NYC Health + Hospitals"), a New York public benefit corporation for the purpose of operating the municipal hospital system of the City of New York (the "City"). Pursuant to the Enabling Act, the City and NYC Health + Hospitals entered into an agreement dated June 16, 1970 by which the City transferred to NYC Health + Hospitals operational control of the City hospital system, the assets and personnel used and committed certain ongoing financial support (the "Agreement"). Over its fifty plus years of operation, NYC Health + Hospitals, has stabilized, modernized and improved the City's hospital system. Currently such system consists of eleven acute care hospitals, five long-term care facilities, ten diagnostic and treatment centers, many hospital-based and neighborhood clinics and a certified home health agency. Through a related entity, MetroPlus Health Plan, Inc. ("MetroPlusHealth"), NYC Health + Hospitals operates a health insurer.

NYC Health + Hospitals is a discretely presented component unit of the City, and accordingly, its financial statements are included in the City's Annual Comprehensive Financial Report.

NYC Health + Hospitals has a number of public benefit and not-for-profit subsidiaries that are reported as blended component units, which means that they are reported as if they are part of NYC Health + Hospitals. These entities meet the requirements for blending when they provide services exclusively to NYC Health + Hospitals and/or NYC Health + Hospitals is the sole corporate member and appoints a voting majority of the governing board of each of the blended component units. The accompanying financial statements include the operations of the following component units, which are blended with the accounts of Business-type Activities – H+H in the preceding Statements of Net Position and Statements of Revenues, Expenses, and Changes in Net Position:

- HHC Capital Corporation ("HHC Capital") was created in 1993 to secure NYC Health + Hospitals' 1993 Series A bonds. The sole purpose of HHC Capital is to accept Medicaid revenue assigned to it by NYC Health + Hospitals and to remit monthly from such assigned payments, amounts required for debt service on the 2008 and 2020 Bond issues to the bond trustee, with the balance of such revenue being transferred to NYC Health + Hospitals.
- HHC Insurance Company, Inc. ("HHC Insurance") was created in 2003. It is a not-for-profit captive insurance company licensed by the New York State Insurance Department. HHC Insurance underwrites medical malpractice insurance for NYC Health + Hospitals' attending physicians who specialize in neurosurgery, obstetrics, and gynecology. All insured practitioners can apply for the excess insurance coverage available to them in the New York State Excess Liability Pool (the "State Pool"), issued by the Medical Malpractice Insurance Pool ("MMIP" or "Pool").

HHC Insurance issues primary professional liability policies to its insureds on a claims-made basis for the first \$1.3 million per incident and \$3.9 million in the aggregate for each claim. Once the insured practitioner has this primary insurance coverage, the insured is able to apply for excess coverage, in the amount of \$1.0 million per incident and \$3.0 million in the aggregate, provided by the State Pool. NYC Health + Hospitals provides the insured with indemnification for each claim greater than certain amounts. The MMIP is considered the insurer of last resort for primary medical

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of the City of New York)

Notes to Financial Statements

June 30, 2025 and 2024

malpractice coverage in the State. On the excess level, it operates as a medical malpractice insurance pool created by all the authorized (licensed) insurers writing medical malpractice insurance in New York as an alternative to receiving direct assignments of eligible healthcare providers. In the Pool, each participating insurer is liable for each risk in an amount equal to the premiums it writes in the medical malpractice insurance market. The members of the MMIP are all the licensed medical malpractice carriers in New York State.

- The HHC Physicians Purchasing Group, Inc. (“HHC Purchasing”) was formed in 2003 to act as a purchasing group within the State. The business of HHC Purchasing is to obtain, on behalf of its members who are employees of NYC Health + Hospitals or NYC Health + Hospitals’ affiliates, primary professional liability insurance from HHC Insurance. HHC Purchasing was registered and approved for operations by the New York State Department of Insurance on August 31, 2005. NYC Health + Hospitals is the sole voting member of HHC Purchasing.
- HHC ACO Inc. (“HHC ACO”) was formed in June 2012 as an Accountable Care Organization for purposes of applying to the federal Centers for Medicare and Medicaid Services (“CMS”) to participate in the Medicare Shared Savings Program (“MSSP”). HHC ACO was approved to participate in the MSSP as of January 1, 2013 and began operations in fiscal year 2014. CMS subsequently approved HHC ACO for renewal terms through December 31, 2029.
- New York Community IPA, Inc. (“NYC IPA”) was formed in April 2022 for the purposes of engaging in the business of an independent practice association (“IPA”) to enter into population-based total cost of care Value-Based Program (“VBP”) contracts with managed care organizations in the region for the needs of “Special Populations” patients (i.e., those experiencing homelessness or were formerly incarcerated). This innovative model will be one of the first of its kind in that it is based on a patient’s social status in addition to their financial status, and would provide a network with demonstrated experience with delivering care to these special populations. NYC Health + Hospitals continues to explore opportunities to launch this innovative model. Final CMS review and approval has not occurred.
- HHC Assistance Corporation (“HHCAC”), was formed in October 2012. All members of HHCAC’s board of directors are officers of NYC Health + Hospitals. The HHCAC’s purpose is to perform activities that are helpful to NYC Health + Hospitals in the fulfillment of its statutory purposes. In 2015, HHCAC took on the function of the “Central Service Organization” in the NYC Health + Hospitals-led Participating Provider System under the New York State Department of Health’s Delivery System Reform Incentive Payment (“DSRIP”) program. In that capacity, HHCAC operated under the d/b/a “OneCity Health” (“OneCity Health”). The DSRIP program ended March 31, 2020 and as a result, HHCAC is currently a dormant entity with no immediate plans for future use.

The financial statements also include MetroPlusHealth, which is a discretely presented component unit and is a public benefit corporation created by NYC Health + Hospitals. As the sole member, NYC Health + Hospitals appoints a voting majority of the governing board of MetroPlusHealth. MetroPlusHealth contracts with NYC Health + Hospitals’ facilities and other providers to provide managed healthcare services on a prepaid basis and operates as a health maintenance organization.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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June 30, 2025 and 2024

MetroPlusHealth's major lines of business include Medicaid, Essential Plan, HIV Special Needs Plan ("HIV-SNP"), Child Health Plus ("CHP"), Medicare Advantage, partially capitated Managed Long-Term Care ("MLTC"), Health and Recovery Plan ("HARP"), MetroPlusHealth Gold, and the Individual Qualified Health Plan ("QHP").

MetroPlusHealth has contractual agreements with the New York State Department of Health ("NYSDOH") to provide comprehensive medical service to members of the Medicaid, Essential Plan, MLTC, HARP, CHP, MetroPlusHealth UltraCare ("MAP") lines of business. MetroPlusHealth also has contracts with CMS and NYSDOH, to offer Medicare coverage for individuals, including those dually eligible for benefits under Medicare and Medicaid. Beneficiaries have the option of selecting MetroPlusHealth or the State of New York as their Medicaid coverage provider. MetroPlusHealth has an agreement with the New York State Department of Financial Services ("NYDFS") to offer the QHP Program through the New York State of Health Plan Marketplace or directly with MetroPlusHealth.

NYC Health + Hospitals employees and all City employees can elect MetroPlusHealth Gold as part of their employee benefits. MetroPlusHealth also offers GoldCare, a low-cost, high-quality plan, to all eligible day care workers of New York City agencies.

Capitation payments are made to physicians affiliated with NYC Health + Hospitals, other non-NYC Health + Hospitals physicians, and provider groups for primary care services. Capitation refers to payments made at fixed per member, per month values based on the provider's assigned members.

Supplementary disclosures for MetroPlusHealth are presented in Note 15 of these financial statements.

MetroPlusHealth and HHC Insurance issue separate statutory annual financial statements as of December 31 which are available through the Office of the Corporate Comptroller, 50 Water Street, 3rd Floor, New York, New York 10004. Additionally, while not a statutory requirement, HHC ACO issues financial statements as of June 30th which are also available through the Office of the Corporate Comptroller.

The NYC Health + Hospitals' significant accounting policies are as follows:

(b) Basis of Presentation

The accompanying basic financial statements of NYC Health + Hospitals are presented in conformity with generally accepted accounting principles ("U.S. GAAP") for state and local governments in the United States of America as prescribed by the Governmental Accounting Standards Board ("GASB"). The financial statements of NYC Health + Hospitals have been prepared on the accrual basis of accounting, using the economic resources measurement focus.

All significant intercompany balances and transactions between NYC Health + Hospitals and the blended component units have been eliminated within the Business-type Activities column. All significant intercompany balances and transactions between NYC Health + Hospitals and MetroPlusHealth have been eliminated in the Eliminations column.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

(A Component Unit of the City of New York)

Notes to Financial Statements

June 30, 2025 and 2024

(c) *Assets Restricted as to Use and Contributions*

Assets restricted as to use primarily include assets held by a trustee under bond resolutions and statutory reserve investments. Amounts required to meet current liabilities of NYC Health + Hospitals have been classified as current assets in the Statements of Net Position at June 30, 2025 and 2024. Assets restricted as to use are stated at fair value, with unrealized and realized gains and losses included in investment income.

Donor-restricted net positions are used to differentiate resources, the use of which is restricted by donors, from resources of unrestricted assets on which donors place no restrictions or that arise as a result of the operations of NYC Health + Hospitals for its stated purposes. Donor-restricted net positions represent contributions to provide healthcare services, of which \$0.9 million are held in perpetuity, as non-expendable permanent endowments, at June 30, 2025 and 2024. Resources restricted by donors for plant replacement and expansion are recognized as capital contributions and are added to the net investment in capital assets, net position balance. Resources restricted by donors for specific operating activities are reported as non-operating revenue. NYC Health + Hospitals utilizes available donor-restricted assets for permissible uses before utilizing unrestricted resources for expenses incurred.

(d) *Charity Care*

NYC Health + Hospitals provides care to patients who meet certain criteria under its charity care policy at amounts less than its charges or established rates. NYC Health + Hospitals does not pursue collection of amounts determined to qualify as charity care and they are not reported as revenue (Note 3).

(e) *Use of Estimates*

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results may differ from those estimates.

Change in prior year estimates related to third-party reimbursement and grants revenue resulted in an overall net decrease of \$639.1 million in total operating revenue for the year ended June 30, 2025 and an overall net increase of \$96.7 million in total operating revenue for the year ended June 30, 2024.

(f) *Statements of Revenue, Expenses, and Changes in Net Position*

All transactions deemed by management to be ongoing, major, or central to the provision of healthcare services or for the purpose of providing managed healthcare services are considered to be operating activities and are reported as operating revenue and operating expenses. Investment income, interest expense, and peripheral or incidental transactions are reported as non-operating revenue and expenses. Other changes in net position, which are excluded from income or loss before other changes in net position, consist of contributions of capital assets funded by the City, grantors, and donors.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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Notes to Financial Statements

June 30, 2025 and 2024

(g) Patient Accounts Receivable, Net and Net Patient Service Revenue

NYC Health + Hospitals has agreements with certain third-party payors that provide for payments at amounts different from its charges or established rates. Payment arrangements include prospectively determined rates, discounted charges, per diem payments, and value-based payment arrangements; a payment relationship in which there is a shift from a pure volume-based payment (i.e., fee for service) to an outcome-based payment where health providers are paid based on improvement of health of the patient rather than volume of services provided to the patient. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated third-party payor settlements resulting from audits, reviews, and investigations. These estimated third-party payor settlements are accrued in the period the related services are rendered and adjusted in future periods as revised information becomes known or as years are no longer subject to such audits, reviews, and investigations. Net patient service revenue was reported net of the provision for bad debts of \$268.2 million in fiscal year 2025 and \$544.6 million in fiscal year 2024.

The allowance for doubtful accounts is NYC Health + Hospitals' estimate of the amount of probable credit losses in its patient accounts receivable. NYC Health + Hospitals determines the allowance based on collection studies and historical write-off experience. Past-due balances are reviewed individually for collectability. Account balances are charged off against the allowance after all means of collection have been exhausted and the potential for recovery is considered remote. The allowance for doubtful accounts at June 30, 2025 and 2024, was approximately \$440.1 million and \$528.9 million, respectively.

(h) Appropriations from the City of New York, Net

NYC Health + Hospitals considers appropriations from the City to be ongoing and central to the provision of healthcare services and, accordingly, classifies them as operating revenue. Funds appropriated from the City are direct or indirect payments made by the City on behalf of NYC Health + Hospitals for the following:

- Settlements of claims for medical malpractice, negligence, other torts, and alleged breach of contracts (Note 12).
- Patient care rendered to prisoners (Note 14), uniformed City employees, and various discretely funded facility-specific programs.
- Interest on City General Obligation debt that funded NYC Health + Hospitals' capital acquisitions and interest on Dormitory Authority of the State of New York ("DASNY") debt and Transitional Finance Authority ("TFA") debt on assets acquired through lease purchase agreements.
- Funding for collective bargaining agreements.
- Reimbursement for programs operated on behalf of the City.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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Notes to Financial Statements

June 30, 2025 and 2024

Reimbursement by NYC Health + Hospitals is negotiated annually with the City. NYC Health + Hospitals has agreed to reimburse the City for the following as remittances to the City:

- Medical malpractice settlements, negligence, and other torts up to an agreed-upon amount are negotiated annually and paid by the City on behalf of NYC Health + Hospitals. In fiscal years 2025 and 2024, the medical malpractice and general liability settlements paid by the City were \$47.1 million and \$53.0 million, respectively. As the City obligates NYC Health + Hospitals to pay back amounts paid on its behalf, NYC Health + Hospitals records the amount obligated as a liability, or increase, in Due to the City of New York, net. Such medical malpractice, negligence, and other tort reimbursements by NYC Health + Hospitals do not alter the indemnification by the City of NYC Health + Hospitals' malpractice settlements under the Agreement (Note 12).
- Interest and principal on debt service, which funds NYC Health + Hospitals capital acquisitions, is negotiated annually with and is paid by the City on behalf of NYC Health + Hospitals. The City's assumption of payments of debt service in fiscal years 2025 and 2024 alleviated \$263.4 million and \$344.8 million owed to the City by NYC Health + Hospitals, respectively. As the City obligates NYC Health + Hospitals to pay back amounts paid on its behalf, NYC Health + Hospitals records the amount obligated as a liability, or increase, in Due to the City of New York, net. The debt service reimbursements made as a result of the obligation to the City are recorded by NYC Health + Hospitals as a reduction of Due to the City, net.

Refer to Note 9 of the financial statements for balances owed to the City including malpractice and debt service. For the years ended June 30, 2025 and 2024, there was no debt service obligation due to the City.

(i) Capital Assets and Depreciation

The City holds legal title to most of the real estate on which NYC Health + Hospitals' facilities are located. Those are leased from the City for \$1 per year. Several properties are on land owned by NYC Health + Hospitals itself. Some smaller facilities are located on properties owned by third parties and rented to NYC Health + Hospitals under conventional commercial leases. Structures on City-owned land constructed after June 16, 1970 are owned by NYC Health + Hospitals and they, together with furniture, fixtures, and equipment used throughout NYC Health + Hospitals are all owned by NYC Health + Hospitals. Only NYC Health + Hospitals is the beneficiary of such assets and only NYC Health + Hospitals is responsible for their control and maintenance. Accordingly, all such assets are subject to depreciation by NYC Health + Hospitals. Since April 1, 1993, NYC Health + Hospitals has funded a significant portion of its capital assets through the issuance of its own debt. However, the City financed major modernizations of several facilities as well as capital infrastructure, enterprise technology systems, and medical equipment capital acquisitions and continues to include funding for NYC Health + Hospitals in the City's Capital Plan.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

(A Component Unit of the City of New York)

Notes to Financial Statements

June 30, 2025 and 2024

Capital assets have been capitalized in the accompanying Statement of Net Position for NYC Health + Hospitals as follows:

- (i) Assets placed in service through June 30, 1972 were recorded at an estimated cost as determined by an independent appraisal company's physical inventory and valuation of such assets as of June 30, 1972;
- (ii) Assets acquired subsequent to June 30, 1972 are recorded at cost; and
- (iii) Donated assets are recorded at acquisition value.

Construction in progress ("CIP") is recorded on all projects under construction. Such CIP costs are transferred to depreciable assets and depreciated when the related assets are placed in service. Beginning in fiscal year 2021, in accordance with GASB reporting requirements, interest on borrowed funds related to construction is no longer capitalized.

Depreciation is computed on a straight-line basis with half year convention using estimated useful lives in accordance with American Hospital Association guidelines (the ranges listed below cover the potential useful life of many different types of assets within each category):

Land improvements	2 to 45 years
Buildings and leasehold improvements	5 to 70 years
Equipment	2 to 30 years

Capital assets under capital lease obligations are depreciated over either the lease term or the estimated useful life of the asset, whichever is shorter.

NYC Health + Hospitals evaluates long-lived assets for impairment when circumstances suggest that the service utility or the usable capacity originally expected may have significantly or unexpectedly declined. If circumstances suggest that assets may be impaired, an impairment charge is recorded on those assets based upon a method that most appropriately reflects the decline in service utility of the capital asset. No material changes to capital assets were recorded for the fiscal years ended June 30, 2025 and 2024.

Capital retainage is held for some capital projects. A portion of a project's costs are not paid until the project is completed.

Capital assets exclude the intangible right-to-use lease and subscription assets as promulgated by GASB 87, *Leases*, and GASB 96, *Subscription-Based Information Technology Arrangements*, and implemented by NYC Health + Hospitals (Note 19).

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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Notes to Financial Statements

June 30, 2025 and 2024

(j) Custodial Funds

NYC Health + Hospitals holds funds for safekeeping, primarily cash held for the benefit of its long-term care patients, amounting to approximately \$2.0 million and \$2.1 million in the fiscal years ended June 30, 2025 and 2024. These amounts are included in other current assets and accounts payable and accrued expenses in the accompanying Statements of Net Position.

(k) Affiliation Contracted Services

NYC Health + Hospitals contracts with affiliated medical schools/professional corporations and voluntary hospitals ("Affiliates") to provide patient care services at its facilities and reimburses the Affiliates for expenses incurred in providing such services. Under the terms of those contracts, each of the Affiliates is required to furnish NYC Health + Hospitals with an independent audit report of receipts, expenditures, and commitments chargeable to the contract, as well as refunds or amounts due to the Affiliate. In addition, the Affiliates submit an annual recalculation document which reconciles allowable contract costs to the expenses incurred by the Affiliates. The net effect of these recalculations creates either a payable or receivable by comparing the total advance payments made during the fiscal year to the total contract amount.

The amounts due to/from the Affiliates are based upon estimates of expenses, which include adjustments for patient care service modifications, and are included in accounts payable and accrued expenses (Note 13) and other current assets in the accompanying Statement of Net Position. These estimates may differ from the final determination of amounts due to/from the affiliate upon completion of the annual recalculation schedule.

(l) Supplies

Supplies are stated at the lower of cost (first-in, first-out method) or market (net realizable value) and are included within other current assets.

(m) Income Taxes

NYC Health + Hospitals and its component units qualify as governmental entities (or affiliates of a governmental entity) not subject to federal income tax by reason of the organizations being a state or political subdivision thereof, or an integral part of a state or political subdivision thereof, or an entity all of whose income is excluded from gross income for federal income tax purposes under Section 115 of the Internal Revenue Code ("IRC") of 1986. NYC Health + Hospitals is a New York State public benefit corporation created by Chapter 1016 of the Laws of 1969 and, as such, is exempt from New York State income tax. MetroPlusHealth is also exempt from federal and New York State income tax under Section 501(a) of the IRC, as an organization described in Section 501(c)(3). Accordingly, no provision for income taxes has been made in the accompanying financial statements.

(n) Grants Receivable

Grants receivable relate to various healthcare provision programs under contract with the State and other grantors, including amounts related to the Value-Based Payment Quality Improvement Program ("VBP QIP") and the Federal Emergency Management Agency ("FEMA") (Notes 12 and 17). Grants receivable also include grants from the City, which are reimbursements to NYC Health + Hospitals for providing such services as mental health, child health, and HIV-AIDS services.

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(o) Net Position

Net position of NYC Health + Hospitals is classified in various components. Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by outstanding borrowings used to finance the purchase or construction of those assets. Restricted for debt service consists of assets restricted, by each revenue bond's official statement, for expenditures of principal and interest. Restricted expendable for specific operating activities reflects non-capital net position that must be used for a particular purpose, as specified by creditors, grantors or donors external to NYC Health + Hospitals, including amounts deposited with trustees as required by revenue bond indentures, discussed in Note 8.

Restricted non-expendable permanent endowments consist of the principal portion of permanent endowments. Restricted for contingent surplus reserve represents MetroPlusHealth's contingent surplus reserve as required by the NYSDOH Rules and Regulations. Unrestricted net position is the remaining net position that does not meet the definition of "Net investment in capital assets" or "Restricted".

(p) Compensated Absences

NYC Health + Hospitals' employees earn vacation and holiday time at varying rates depending on years of service and title. Generally, vacation and holiday time may accumulate up to specified maximums, depending on title. Excess vacation and holiday time are converted to sick leave. Upon resignation or retirement, employees are paid for unused vacation and holiday time, most at the rates in effect during the past three years. Most employees earn sick leave at a fixed rate; however, the rate can vary depending on years of service and the contractual terms for their title. There is no accumulation limit on sick leave.

Depending on length of service and contractual terms for their title, employees separating from service are paid for sick leave at varying rates and up to certain limits. NYC Health + Hospitals accrues for the employees' earned and accumulated vacation and sick leave, which may be used in subsequent years, and earned vacation and sick leave to be paid upon termination or retirement from future resources. These costs are included as a liability within "Accrued compensated absences, net of current portion" and "Accrued salaries, fringe benefits, and payroll taxes". For certain collectively bargained units, accrued time is paid out at the current rate.

(q) Fair Value

Management determines fair value of financial instruments as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management utilizes valuation techniques that maximize the use of observable inputs (Levels 1 and 2) and minimize the use of unobservable inputs (Level 3) within the fair value hierarchy established by GASB. Financial assets and liabilities carried at fair value are classified and disclosed in one of the following categories:

Level 1 – Fair value measurements using unadjusted quoted market prices in active markets for identical, unrestricted assets or liabilities.

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Level 2 – Fair value measurements using observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 assets and liabilities include debt securities with quoted market prices that traded less frequently than exchange-traded instruments.

Level 3 – Fair value measurements using significant inputs that are not readily observable in the market and are based on internally developed models or methodologies utilizing significant inputs that are generally less readily observable.

(r) Correction of an Error in Previously Issued Financial Statements

During fiscal year 2024, management determined that the deferred inflows of resources from pensions and deferred inflows of resources from postemployment benefits, other than pensions were overstated by \$212.2 million and \$111.6 million, respectively, as of June 30, 2023. The overstatements were the cumulative result of the improper deferral for the impact of changes in pension and OPEB liabilities in prior years. As a result, NYC Health + Hospital has restated its net position (deficit) for the year ended June 30, 2023 by increasing its net position (decreasing its net deficit) by \$324.2 million from \$(2.5 billion) to \$(2.2 billion).

(s) Leases and Subscription-Based Information Technology Arrangements

NYC Health + Hospitals is both a lessee and lessor for various non-cancellable leases of buildings, equipment, and vehicles. NYC Health + Hospitals also has non-cancellable subscription based information technology arrangements ("SBITA") (similar to a lease) for the right-to-use information technology hardware and software (Note 19).

Short-term Leases and SBITAs

For leases and SBITA with a maximum possible term of 12 months or less at commencement, NYC Health + Hospitals recognizes expense based on the provisions of the lease contract or SBITA.

Leases and SBITAs Other than Short-term

For all other leases and SBITAs that are not classified as short-term, NYC Health + Hospitals recognizes a lease or subscription IT liability, respectively, and an intangible right-to-use lease asset or subscription IT asset, respectively.

Measurement of Lease Amounts

At lease commencement, NYC Health + Hospitals initially measures the lease liability at the present value of payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made. The lease asset is initially measured as the initial amount of the lease liability, less lease payments made at or before the lease commencement date, plus any initial direct costs ancillary to placing the underlying asset into service, less any lease incentives received at or before the lease commencement date. Subsequently, the lease asset is amortized into depreciation and amortization expense on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. If NYC Health + Hospitals is reasonably certain of

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exercising a purchase option contained in a lease, the lease asset will be amortized over the useful life of the underlying asset.

Measurement of SBITA Amounts

At subscription commencement, NYC Health + Hospitals initially measures the SBITA liability at the present value of payments expected to be made during the subscription term. Subsequently, the SBITA liability is reduced by the principal portion of subscription payments made. The SBITA asset is initially measured as the initial amount of the SBITA liability, less subscription payments made at or before the subscription commencement date, less any vendor incentives received at or before the subscription commencement date, plus the capitalizable implementation costs.

Subsequently, the SBITA asset is amortized into depreciation and amortization expense on a straight-line basis over the shorter of the subscription term or the useful life of the underlying hardware or software.

Key Estimates and Judgments

Key estimates and judgments include how NYC Health + Hospitals determines (1) the discount rate it uses to calculate the present value of the expected lease and subscription payments, (2) lease and subscription term, and (3) lease and subscription payments.

- NYC Health + Hospitals generally uses the 30-year average mortgage rate as published by Freddie Mac as of June 30th of the preceding fiscal year as the discount rate for leases and SBITA unless the rate that the lessor/vendor charges is known.
- The lease or subscription term includes the non-cancellable period of the lease or SBITA, plus any additional periods covered by either NYC Health + Hospitals' or the lessor's/lessee's unilateral option to (1) extend for which it is reasonably certain to be exercised or (2) terminate for which it is reasonably certain not to be exercised. Periods in which both NYC Health + Hospitals and the lessor/lessee have an option to terminate (or if both parties have to agree to extend) are excluded from the lease or subscription term.

Payments are evaluated by NYC Health + Hospitals to determine if they should be included in the measurement of the lease and SBITA liabilities, including those payments that require a determination of whether they are reasonably certain of being made, such as residual value guarantees, purchase options, payments for termination penalties, and other payments and SBITAs such as payments for termination penalties and other payments, when applicable.

Remeasurement of Lease and Subscription Amounts

NYC Health + Hospitals monitors changes in circumstances that may require remeasurement of a lease or SBITA. When certain changes occur that are expected to significantly affect the amount of the lease or SBITA liability, the liability is remeasured and a corresponding adjustment is made to the lease or SBITA asset.

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(t) New Accounting Standards Adopted

In fiscal year 2025, NYC Health + Hospitals adopted two new GASB standards and neither had a significant impact on the financial statements. They are:

GASB Statement No. 101, Compensated Absences

This Statement enhances accounting and financial reporting requirements for compensated absences by updating the recognition and measurement guidance for these obligations. See Note 1(p) for detailed information on the treatment of compensated absences.

GASB Statement No. 102, Certain Risk Disclosures

This Statement enhances accounting and financial reporting requirements for certain risk disclosures to provide more reliable information in connection with enhanced risk assessments due to concentrations or constraints associated with certain obligations as they come due.

(u) Subsequent Events

NYC Health + Hospitals has evaluated subsequent events through October 17, 2025, which is the date the financial statements were issued. Except as disclosed in Note 8, NYC Health + Hospitals is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

(2) Cash and Cash Equivalents

Cash and cash equivalents include cash, certificates of deposit ("CDs"), and all highly liquid debt instruments with original maturities of three months or less when purchased. The carrying amount of cash and cash equivalents approximates fair value due to the short-term maturity of the investments. Custodial credit risk is the risk that, in the event of a bank failure, NYC Health + Hospitals' deposits may not be returned. NYC Health + Hospitals' policy to mitigate custodial credit risk is to collateralize all balances when permitted (i.e., collected balances). Deposits in the process of collection within the banking system are not collateralized. At June 30, 2025 and 2024, 100% of NYC Health + Hospitals cash and cash equivalents bank balances were insured or collateralized.

(3) Charity Care

NYC Health + Hospitals maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services furnished under its charity care policy and the estimated cost of those services calculated using the prior year's cost reports. The following information measures the level of charity care provided during the year ended June 30 (in thousands):

	<u>2025</u>	<u>2024</u>
Charges foregone, based on established rates	\$ 1,453,057	1,295,868
Estimated expenses incurred to provide charity care	774,495	714,038

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(4) Patient Accounts Receivable, Net and Net Patient Service Revenue

Most of NYC Health + Hospitals' net patient service revenue is from funds received on behalf of patients under governmental health insurance plans. Revenue from these governmental plans is based upon relevant reimbursement principles and is subject to audit by the applicable payors. Certain payors have performed audits and have proposed various disallowances, which other payors may similarly assert.

Disproportionate Share Hospital ("DSH") and Upper Payment Limit ("UPL") are supplemental payments to hospitals for their care to the indigent and are included in net patient service revenue. Hospital participants of DSH serve a significantly disproportionate number of low-income patients and receive payments from CMS to cover the costs of providing care to uninsured patients. The UPL is a federal limit placed on a fee-for-service reimbursement of Medicaid providers. The UPL is the maximum a given state's Medicaid program may pay a type of provider in the aggregate, statewide, in Medicaid fee-for-service. State Medicaid programs cannot claim federal matching dollars for provider payments in excess of the applicable UPL; however, UPL federal regulations allow states to pay Medicaid providers up to Medicare levels or the costs of care.

Net patient service revenue by primary payor for the years ended June 30 was as follows (in thousands):

	2025		2024	
Medicaid	\$ 1,755,534	21.0 %	2,164,390	25.1 %
Medicare	896,108	10.7	707,037	8.2
Bad debt/charity care pools	207,575	2.5	332,336	3.9
Disproportionate share supplemental pool	520,709	6.2	839,000	9.7
Other third-party payors that include Medicaid and Medicare managed care	3,279,395	39.1	3,024,885	35.0
MetroPlus	1,669,349	20.0	1,537,694	17.8
Self-pay	37,738	0.5	25,850	0.3
	<u>\$ 8,366,408</u>	<u>100.0 %</u>	<u>8,631,192</u>	<u>100.0 %</u>

UPL prior period conversion revenue is from Medicaid managed care.

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NYC Health + Hospitals provides services to its patients, most of whom are insured under third-party payor agreements. Patient accounts receivable, net was as follows as of June 30 (in thousands):

	2025		2024		
Medicaid	\$	173,547	16.3 %	174,819	18.6 %
Medicare		105,454	9.9	85,127	9.0
Other third-party payors, that include Medicaid and Medicare managed care		371,913	34.9	193,370	20.5
MetroPlus		413,021	38.7	486,185	51.7
Self-pay		1,835	0.2	1,996	0.2
	\$	1,065,770	100.0 %	941,497	100.0 %

(5) Capital Assets

Capital assets consist of the following as of June 30 (in thousands):

	2025	2024
Land and land improvements	\$ 184,122	83,146
Buildings and leasehold improvements	5,694,642	5,604,089
Equipment	<u>6,202,092</u>	<u>5,865,455</u>
	12,080,856	11,552,690
Less accumulated depreciation	<u>8,097,774</u>	<u>7,637,822</u>
	3,983,082	3,914,868
Construction in progress	<u>639,265</u>	<u>721,648</u>
Capital assets, net of accumulated depreciation	<u>\$ 4,622,347</u>	<u>4,636,516</u>

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Capital assets activity for the year ended June 30 was as follows (in thousands):

		Land and land improvements	Buildings and leasehold improvements	Equipment	Construction in progress	Total
June 30, 2023 balance	\$	60,177	5,446,861	5,519,195	695,946	11,722,179
Acquisitions, net of transfers		22,990	156,271	409,169	25,702	614,132
Sales, retirements, and adjustments		<u>(21)</u>	<u>957</u>	<u>(62,909)</u>	<u>—</u>	<u>(61,973)</u>
June 30, 2024 balance		83,146	5,604,089	5,865,455	721,648	12,274,338
Acquisitions, net of transfers		100,978	103,365	412,542	(82,383)	534,502
Sales, retirements, and adjustments		<u>(2)</u>	<u>(12,812)</u>	<u>(75,905)</u>	<u>—</u>	<u>(88,719)</u>
June 30, 2025 balance	\$	<u>184,122</u>	<u>5,694,642</u>	<u>6,202,092</u>	<u>639,265</u>	<u>12,720,121</u>

Related information on accumulated depreciation for the year ended June 30 was as follows (in thousands), excluding lease-related depreciation:

		Land and land improvements	Buildings and leasehold improvements	Equipment	Total
June 30, 2023 balance	\$	40,069	3,122,568	3,971,559	7,134,196
Depreciation expense		2,566	163,834	393,405	559,805
Sales, retirements, and adjustments		<u>(24)</u>	<u>498</u>	<u>(56,653)</u>	<u>(56,179)</u>
June 30, 2024 balance		42,611	3,286,900	4,308,311	7,637,822
Depreciation expense		6,175	164,110	388,158	558,443
Sales, retirements, and adjustments		<u>(18)</u>	<u>(2,930)</u>	<u>(95,543)</u>	<u>(98,491)</u>
June 30, 2025 balance	\$	<u>48,768</u>	<u>3,448,080</u>	<u>4,600,926</u>	<u>8,097,774</u>

The 2025 capital budget is expected to be financed by New York City General Obligation Bonds, TFA bonds, a New York State Grant called the Capital Restructuring Financing Program, FEMA grants, and will be supplemented by a portion of the proceeds of bonds issued by the Corporation.

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(6) Assets Restricted as to Use

Assets restricted as to use consist of the following as of June 30 (in thousands):

	<u>2025</u>	<u>2024</u>
Under bond resolutions ^a		
Construction funds	\$ 12,980	19,601
Capital reserve funds	69,129	68,384
Revenue funds	<u>37,710</u>	<u>40,799</u>
	119,819	128,784
Restricted donations and FEMA	11,208	46,896
Permanent endowments	928	928
Equipment financing ^b	<u>918</u>	<u>3,837</u>
Total assets restricted as to use	132,873	180,445
Less current portion of assets restricted as to use	<u>26,381</u>	<u>26,408</u>
Assets restricted as to use, net of current portion	<u>\$ 106,492</u>	<u>154,037</u>

- a. Assets restricted as to use under the terms of the bond resolutions are to provide for debt service requirements and the acquisition of capital assets. Terms of the bond resolutions provide that assets be maintained in separate funds held by the trustee. Security maturity date decisions are based on the final maturity of the specific bond series, potential need for liquidity due to refunding, and/or an assessment of the current market interest rate conditions. The majority of the revenue funds are invested in U.S. Treasury bills for the time period between one month and a maximum of twelve months. Investments are timed so that funds are available for required semi-annual debt service payments. Possible exposure to fair value losses arising from interest rate volatility is limited by investments in securities having maturities of less than one year and, at most, ten years, and by intending to hold the security to maturity.
- b. The equipment financing escrow funds are mostly invested in U.S. Treasury securities maturing in 397 days or less, plus repurchase agreements that are fully collateralized by U.S. Treasury securities (Note 7).

The current portion is related to the 2020 Series A bonds and the 2008 Series B, C, D, and E bonds debt service payable in fiscal year 2025.

NYC Health + Hospitals categorizes its fair value measurements within the hierarchy established by generally accepted accounting principles. Level 1 inputs are quoted prices in an active market for identical assets. Level 2 inputs are significant other observable inputs. Level 3 inputs are significant unobservable inputs. NYC Health + Hospitals does not have any assets or liabilities based upon Level 3 inputs. The

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following presents NYC Health + Hospitals fair value measurements for assets restricted as to use measured at fair value on a recurring basis as of June 30 (in thousands):

		2025		
		Fair value	Level 1	Level 2
Cash and U.S. Treasury bills	\$	132,873	35,772	97,101

		2024		
		Fair value	Level 1	Level 2
Cash and U.S. Treasury bills	\$	180,445	29,866	150,579

(7) U.S. Government Securities

U.S. government securities consist of U.S. Treasury bills and U.S. Bonds. Such securities are stated at fair value based upon Level 2 inputs, with unrealized and realized gains and losses included in investment income. Securities maturing within a year are presented as current assets. Securities presented as non-current assets mature after a year.

Possible exposure to fair value losses arising from interest rate volatility is limited by investing in securities with maturities of less than one year and, at most, three years, and by intending to hold the security to maturity.

As of June 30, NYC Health + Hospitals had the following U.S. government securities (in thousands):

Year	Investment type	Fair value	Investment maturing in Less than 1 year
2025	U.S. Treasury bills and U.S. Bonds	\$ 251,809	251,809
2024	U.S. Treasury bills	97,437	97,437

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(8) Long-term Debt

	<u>2025</u>	<u>2024</u>
Bonds payable:		
2020 Series A Fixed Rate Health System Bonds – weighted average interest of 4.69%, payable in installments to 2048:		
Uninsured Bonds (a)	\$ 286,721	335,578
2008 Series B, C, D, and E Variable Rate Health System Bonds – subject to short-term liquidity arrangements, weighted average of 3.60% in 2024 payable in installments to 2031:		
Uninsured Bonds (b)	103,655	112,655
Total bonds payable	<u>390,376</u>	<u>448,233</u>
Direct borrowings:		
2022 JP Morgan Equipment Financing (c)	33,006	35,313
Total direct borrowings	<u>33,006</u>	<u>35,313</u>
Other debt agreements:		
Equipment and renovation financing (Sodexo) (d)	—	444
CISCO Maintenance Financing (e)	56,828	86,126
Total other debt agreements	<u>56,828</u>	<u>86,570</u>
Total long-term debt	480,210	570,116
Less current installments	81,263	80,775
Total long-term debt, net of current installments	<u>\$ 398,947</u>	<u>489,341</u>

Bonds

On November 19, 1992, the Board of Directors for NYC Health + Hospitals adopted the General Resolution, which was amended and restated effective January 5, 2021 (“Amended and Restated General Resolution”), requiring NYC Health + Hospitals to pledge substantially all reimbursement revenue, investment income, capital project, and bond proceed accounts to HHC Capital. All of NYC Health + Hospital’s Health System Bonds (“Health System Bonds”) are secured by the pledge. The Amended and Restated General Resolution imposes certain restrictive covenants on the issuance of additional bonds and working capital borrowing, and requires that NYC Health + Hospitals satisfies certain measures of financial performance, such as maintaining certain levels of net cash available for debt service, as defined, and certain levels of healthcare reimbursement revenue, as defined. For all bonds and direct financings, unless otherwise noted, default provisions exist for failure to make timely payments in full which, when triggered, ultimately require outstanding amounts payable on demand or repossession of items financed by lessor, if

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applicable. For all other debt agreements, no default terms are specified. NYC Health + Hospitals has not defaulted on any of its debt.

(a) 2020 Series A Bonds

On January 5, 2021, NYC Health + Hospitals issued \$310.2 million of tax-exempt fixed rate Health System Bonds, 2020 Series A bonds (the "2020 Bonds"). This issuance generated a premium of \$74.8 million with an effective interest rate of 0.99%. This bond issue included \$273.7 million of 3.0% to 5.0% uninsured serial bonds, due through February 15, 2040; \$5.0 million of 3.0% and \$16.5 million of 4.0% uninsured term bonds due February 15, 2045; and \$15.0 million of 4.0% uninsured term bonds due February 15, 2048, with interest payable on February 15th and August 15th of each year.

Proceeds of the 2020 Bonds, \$20.5 million released from the Capital Reserve Fund and \$26.5 million in residual funds were used: (i) to refund and redeem all of NYC Health + Hospitals' 2008 Series A bonds totaling \$66.2 million; (ii) to refund and redeem all of NYC Health + Hospitals' 2010 Series A bonds totaling \$255.7 million; and (iii) to pay the cost of issuance of \$2.4 million. Proceeds used to refund and redeem the 2008 Series A bonds, and 2010 Series A bonds were deposited with the bond trustee in an amount sufficient to pay the interest and principal of both the refunded 2008 Series A and the 2010 Series A bonds to and including their final redemption date of February 8, 2021.

NYC Health + Hospitals completed the current refunding of the 2008 Series A bonds and the 2010 Series A bonds to reduce its total debt service payments over the next 10 years by \$83.1 million and to obtain an economic gain (difference between the present values of the old and new debt service payments) of \$60.5 million, which is being amortized over the life of the 2020 Bonds.

The following table summarizes debt service requirements for the 2020 Series A bonds as of June 30, 2025 (in thousands). The interest payments are based on the interest rate in effect at June 30, 2025:

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
Years:			
2026	\$ 30,330	11,525	41,855
2027	36,775	10,000	46,775
2028	38,525	8,228	46,753
2029	40,325	6,331	46,656
2030	42,340	4,277	46,617
2031–2035	13,550	13,224	26,774
2036–2040	17,295	9,410	26,705
2041–2045	21,535	5,189	26,724
2046–2048	14,995	990	15,985
Total	255,670	69,174	324,844
Premium on 2020 bonds	31,051	—	31,051
	<u>\$ 286,721</u>	<u>69,174</u>	<u>355,895</u>

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(b) 2008 Series B, C, D, and E Bonds

On September 4, 2008, NYC Health + Hospitals issued \$189.0 million of tax-exempt variable rate Health System Bonds, 2008 Series B, C, D, and E bonds (the “2008 Variable Rate Bonds”). This issuance included four subseries, consisting of \$50.5 million of 2008 Series B bonds; \$50.5 million of 2008 Series C bonds; \$44.0 million of 2008 Series D bonds; and \$44.0 million of 2008 Series E bonds. The 2008 Series B and C bonds are due February 15, 2025 through February 15, 2031 and the 2008 Series D and E bonds are due through February 15, 2026. The 2008 Variable Rate Bonds are supported by irrevocable direct-pay letters of credit issued from two banks. The 2008 Series B and C letters of credit were issued by TD Bank N.A. with an expiration date of September 3, 2027 and the D and E letters of credit were issued by JPMorgan Chase Bank N.A. with an expiration date of February 15, 2026.

NYC Health + Hospitals maintains letters of credit to ensure the availability of funds to purchase any bonds tendered by bondholders that the remarketing agents are unable to remarket to new bondholders. Draws related to such tenders under the letters of credit will become Bank Bonds. As Bank Bonds, they can still be remarketed by the remarketing agents. If not remarketed successfully as Bank Bonds, NYC Health + Hospitals will have the opportunity to refinance them during a period of up to 365 days from initial draw date. If the Bank Bonds are not refunded and remain outstanding exceeding 365 days from initial draw date, NYC Health + Hospitals will be required to make quarterly payments over four years commencing one year after the initial draw date. There were no draws under the letters of credit as of June 30, 2025.

The initial interest rates for the 2008 Variable Rate Bonds were set at 1.45%–1.50%, bearing interest at a weekly interest rate mode. However, the 2008 Variable Rate Bonds of any series may be converted by NYC Health + Hospitals to bear interest at either a daily interest rate, a bond interest term rate, an NRS (“Nonputable Remarketed Securities”) rate, an auction rate, an index rate or a fixed rate. The overall weighted average interest rate was 3.6% for 2025 and 4.14% for 2024.

Proceeds of the 2008 Variable Rate Bonds and \$3.9 million in residual funds from the 2002 Series D, E, F, and G bonds were used: (i) to refund and defease all of NYC Health + Hospitals’ 2002 Series D, E, F, and G auction rate bonds totaling \$189.3 million; (ii) to finance \$3.1 million in interest during the escrow period; and (iii) to pay cost of issuance of \$626,158. Proceeds used to refund and defease 2002 Series D, E, F, and G bonds were deposited with the bond trustee that were sufficient to pay the interest and principal of the refunded 2002 Series D, E, F, and G bonds through their final redemption date of October 10, 2008.

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The following table summarizes debt service requirements for all of the 2008 Series Bonds as of June 30, 2025 (in thousands). The interest payments are based on the interest rate in effect at June 30, 2025:

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
Years:			
2026	\$ 20,475	1,896	22,371
2027	15,895	1,525	17,420
2028	16,250	1,208	17,458
2029	16,635	885	17,520
2030	17,010	553	17,563
2031	17,390	215	17,605
Total	\$ <u>103,655</u>	<u>6,282</u>	<u>109,937</u>

Direct Borrowings

(c) 2022 JPMorgan Equipment Financing Agreement

On June 15, 2022, NYC Health + Hospitals entered into a \$39.8 million Equipment Financing Agreement ("2022 JPMorgan Equipment Financing") with JPMorgan Chase Bank for the purpose of refinancing approximately \$40.2 million of New York Power Authority loans that initially provided financing for two energy efficiency upgrade projects at both Metropolitan and Elmhurst hospitals.

The loans were borrowed at a fixed interest rate of 2.64% with final maturity of June 15, 2037.

The following table summarizes debt service requirements for the equipment financing agreement as of June 30, 2025 (in thousands):

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
Years:			
2026	\$ 2,370	849	3,219
2027	2,433	786	3,219
2028	2,498	721	3,219
2029	2,565	654	3,219
2030	2,633	586	3,219
2031–2035	14,257	1,836	16,093
2036–2037	6,250	187	6,437
Total	\$ <u>33,006</u>	<u>5,619</u>	<u>38,625</u>

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Other Debt Agreements

(d) *Equipment and Renovation (Sodexo)*

In 2005, NYC Health and Hospitals executed a contract with Sodexo Dietary Division, US Foods, and GNYHA Ventures (the "Consortium") related to the food services provided at NYC Health + Hospitals' facilities. As part of that agreement, the Consortium and NYC Health + Hospitals agreed to a financing arrangement whereby renovations were made to NYC Health + Hospitals food processing equipment and monthly payments were made over periods not to exceed 10 years. In January 2015, the Consortium committed an additional \$8.0 million to modernize and improve dietary operations at various facilities.

The Consortium was responsible for \$1.5 million and NYC Health + Hospitals was responsible for the remaining \$6.5 million. The \$6.5 million was amortized over the remaining contract term and payment is made monthly as part of the contract. All assets acquired under this addendum to the master agreement have been capitalized and the related obligation was reflected in the accompanying financial statements.

There was no stated interest associated with this agreement. Monthly payments were payable in the amount of a daily specified rate of \$2,580 multiplied by the number of days in that month. The last payment was made in December 2024.

(e) *CISCO Maintenance Financing*

On May 24, 2022, NYC Health + Hospitals entered into a \$101.0 million taxable lease purchase agreement with Key Government Finance, Inc. This agreement extends the previous Cisco SmartNet contract from September 2019, ensuring continued support for the organization's Cisco networking equipment, including Voice over Internet Protocol ("VoIP") phones, wireless communication systems, and other related devices. The debt associated with this agreement is secured by the equipment financed and the maturity date is June 30, 2027.

Also on May 24, 2022, NYC Health + Hospitals entered into two zero percent loans with Key Government Finance, Inc. in the amount of \$30.5 million and \$35.2 million. The loan proceeds were used to purchase a licensing and/or software subscription from Cisco. The loans will mature on June 30, 2027.

The lease purchase agreement complies with the lease reporting requirements outlined in GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*. The liabilities are amortized and are part of the lease amounts reported on the financial statements. See Note 19 for additional information.

While the amount presented in this Note pertains to maintenance costs associated with the leases, it is important to note that these maintenance costs do not meet lease reporting requirements and are, therefore, reported separately within this section.

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The following table summarizes debt service requirements as of June 30, 2025 (in thousands):

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
Years:			
2026	\$ 28,088	1,013	29,101
2027	28,740	361	29,101
Total	<u>\$ 56,828</u>	<u>1,374</u>	<u>58,202</u>

Letter of Credit 55 Water

On September 17, 2013, NYC Health + Hospitals established a letter of credit eventually totaling \$7.5 million to secure its performance under a lease entered into with New Water Street Corp. for space located at 55 Water Street, New York, New York. The letter of credit has an automatic annual extension with a final expiration date of September 12, 2033. No amount has been drawn against this letter of credit.

Letter of Credit Captive

On May 30, 2019, NYC Health + Hospitals issued a Guaranty on behalf of the HHC ACO to TD Bank in connection with TD Bank's issuance of an unsecured Irrevocable Standby Letter of Credit in the amount of \$1,250,000 for the benefit of CMS on behalf of the HHC ACO, as a blended component unit of the NYC Health + Hospitals. The Guaranty is a continuing guaranty of payment and performance of the HHC ACO. The expiration of the letter of credit after automatic renewal is December 31, 2026, with an annual automatic renewal and a final expiration date not exceeding December 31, 2030. On February 28, 2022, the letter of credit amount was amended to reduce the amount to \$525,000. No amount has been drawn against this letter of credit.

Upon the occurrence and during the continuance of any Events of Default, such as failure to pay any required payment when due, amounts unpaid when due will bear interest at the Default Rate of 3% plus the Prime Rate or the highest rate permitted by law from the due date until the date paid.

Letter of Credit HHC Insurance Company

NYC Health + Hospitals established a letter of credit on behalf of the HHC Insurance Company to fulfill a requirement by the New York State Insurance Department for captive insurance companies to hold certain monies in reserve. The letter of credit was issued in the amount of \$250,000 for the benefit of NYSDFS. It is automatically renewable annually. No amount has been drawn against this letter of credit.

Subsequent Event – Debt Issuance

2025 Series A Bonds

On August 27, 2025, NYC Health + Hospitals issued \$242.9 million of tax-exempt fixed rate Health System Bonds, 2025 Series A bonds (the "2025 Bonds"). This bond issuance included 5% coupon uninsured serial bonds due annually from February 15, 2032 through February 15, 2042 with interest payable on February 15th and August 15th of each year. This issuance generated a premium of

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\$17.8 million. The bond proceeds provided \$250 million of capital funds to finance the NYC Health + Hospitals' capital projects, with the remainder to finance the capital reserve and the costs of issuance.

(9) Due To/(From) the City of New York, Net

Amounts due to/(from) the City consist of the following at June 30 (in thousands):

	<u>2025</u>	<u>2024</u>
FDNY EMS operations ^a	\$ 506,822	452,145
Medical malpractice payable ^b	47,148	52,973
Other accrued expenses ^c	46,355	42,542
Capital contributions from the City of New York	(39,846)	(39,612)
Appropriations from the City of New York	(258,499)	(362,688)
HERRC ^d	6,154	(156,796)
T2 Advance ^e	96,953	50,084
	<u>\$ 405,087</u>	<u>38,648</u>

^a The liability for Emergency Medical Services ("EMS") operations represents the balance of third-party payor reimbursement received by NYC Health + Hospitals and due to the City for EMS services provided by the City of New York's Fire Department ("FDNY") on behalf of NYC Health + Hospitals.

^b Payable represents final malpractice balances due to the City (notes 1h and 12e).

^c Payable mainly represents final and reconciled fringe benefit costs.

^d Humanitarian Emergency Response and Relief Center program (note 18)

^e Test and Treat Program

(10) Pension Plan

NYC Health + Hospitals participates in the New York City Employees Retirement System ("NYCERS") Qualified Pension Plan ("QPP"), which is a cost-sharing, multiple-employer public employees' retirement system. NYCERS provides defined-pension benefits to 184,126 active municipal employees, 173,106 pensioners, 30,162 deferred vested members, and 39,846 members who are no longer on payroll through \$105.8 billion in assets. Employees who receive permanent appointment to a competitive position and have completed six months of service are required to participate in NYCERS, and all other employees are eligible to participate in NYCERS. NYCERS provides pay-related retirement benefits, as well as death and disability benefits. Total amounts of NYC Health + Hospitals' covered payroll for the year ended June 30, 2025 was \$3.3 billion. NYCERS issues a financial report that includes financial statements and required supplementary information, which may be obtained by writing to NYCERS, 335 Adams Street, Suite 2300, Brooklyn, New York 11201 or from the following website:

<https://www.nycers.org/annual-comprehensive-financial-report>.

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of

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NYCERS and additions to/deductions from NYCERS' fiduciary net position have been determined on the same basis as they are reported by NYCERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

NYCERS QPP provides three main types of retirement benefits: service retirements, ordinary disability retirements (non-job-related disabilities), and accident disability retirements (job-related disabilities) to members who are in different "Tiers." The members' Tiers are determined by the date of membership in the QPP. Subject to certain conditions, members generally become fully vested for benefits upon the completion of 5 years of service. Employees may be required to contribute a percentage of their salary to the pension plan based on their Tier, determined by their date of membership in the plan. Annual pension benefits can be calculated as a percentage of final average salary multiplied by the number of years of service and changes with the number of years of membership within the plan.

Contribution requirements of the active employees and the participating New York City agencies are established and may be amended by the NYCERS Board. Employees' contributions are determined by their Tier and number of years of service. Statutorily required contributions ("Statutory Contributions") to NYCERS, determined by the New York City Office of the Actuary in accordance with State statutes and City laws, are funded by the Employer within the appropriate fiscal year.

NYC Health + Hospitals' net pension liability, deferred inflows of resources, deferred outflows of resources and pension expense are calculated by the City of New York's Office of the Actuary (the "Actuary") and include the information for MetroPlusHealth. At June 30, 2025 and 2024, NYC Health + Hospitals reported a liability of \$1.8 billion and \$2.2 billion for its proportionate share of the NYCERS net pension liability, respectively. The total pension liability used to calculate the net pension liability was determined by actuarial valuations as of June 30, 2024 and 2023 and were rolled forward to each respective fiscal year. NYC Health + Hospitals' proportion of the net pension liability for each fiscal year was based on NYC Health + Hospitals' actual contributions to NYCERS relative to the total contributions of all participating employers for 2025 and 2024, respectively, which was 13.7% and 13.5%. NYC Health + Hospitals made contributions of \$540.1 million and \$483.6 million for 2025 and 2024, respectively.

(a) Actuarial Assumptions

For the June 30, 2024 and 2023 actuarial valuations, the pension results were determined using the following actuarial assumptions:

Projected salary increases ¹	In general, merit and promotion increases plus assumed general wage increase of 3.0% per annum
Cost of living adjustment ¹	1.5% per annum with an escalation of 2.5% per year
Investment rate of return	7%

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¹ Developed assuming a long-term Consumer Price Inflation assumption of 2.5% per annum.

Mortality tables for service, disability pensioners, and beneficiaries were developed from experience studies of the Plan. Pursuant to Section 96 of the New York City Charter, studies of the actuarial assumptions used to value liabilities of the five actuarially-funded New York City Retirement Systems ("NYCRS") are conducted every two years. The most recent of these studies was performed by Milliman and included experience through June 30, 2019. For more details, see the Office of the Comptroller of the City of New York's website:

<https://comptroller.nyc.gov/reports/new-york-city-retirement-systems-independent-actuary-statement-for-office-of-the-comptroller/>

(b) Expected Rate of Return on Investments

The long-term expected rate of return on QPP investments was determined using a building-block method in which best-estimate ranges of expected real rates of return (i.e. expected returns, net of QPP investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected real rates of return by the target asset allocation percentage and by adding expected inflation. The target asset allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following tables:

<u>2024 valuation</u>	Target target asset allocation	Long-term expected real rate of return
Asset class		
Public markets:		
U.S. Public market equities	23.5 %	6.7 %
Developed public market equities	11.6	7.1
Emerging public market equities	4.9	8.3
Fixed income	31.0	3.0
Private markets (alternative investments):		
Private equity	10.0	11.2
Private real estate	8.0	7.0
Infrastructure	4.5	6.3
Opportunistic fixed income	6.5	8.3
	<u>100.0 %</u>	

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<u>2023 valuation</u>		Target target asset allocation	Long-term expected real rate of return
	Asset class		
Public markets:			
	U.S. Public market equities	23.5 %	6.8 %
	Developed public market equities	11.6	7.2
	Emerging public market equities	4.9	8.6
	Fixed income	31.0	3.3
Private markets (alternative investments):			
	Private equity	10.0	11.6
	Private real estate	8.0	7.0
	Infrastructure	4.5	6.3
	Opportunistic fixed income	6.5	8.5
		<u>100.0 %</u>	

(c) Discount Rate

The discount rate used to measure the total pension liability as of June 30, 2025 and 2024 was 7.0%. The projection of cash flows used to determine the discount rate assumed that each participating employer would contribute the actuarially determined contribution each year. Based on those assumptions, the NYCERS' plan fiduciary net position is projected to be sufficient to pay all benefits when due.

The following presents NYC Health + Hospitals' proportionate share of the net pension liability calculated using the discount rate of 7.00% for both years, as well as what NYC Health + Hospitals' proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower or 1-percentage-point higher than the current rate (in billions):

<u>2025</u>	1% Decrease (6.00%)	Discount rate (7.00%)	1% Increase (8.00%)
NYC Health + Hospitals' proportionate share of the net pension liability	\$ 3.437	1.815	0.447
<u>2024</u>	1% Decrease (6.00%)	Discount rate (7.00%)	1% Increase (8.00%)
NYC Health + Hospitals' proportionate share of the net pension liability	\$ 3.781	2.227	0.914

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(d) Deferred Outflows and Inflows of Resources

The following are components of deferred outflows and inflows at June 30, 2025 and 2024 (in thousands):

	2025		2024	
	Deferred outflows	Deferred inflows	Deferred outflows	Deferred inflows
Differences between expected and actual experience	\$ 282,980	3,578	\$ 313,898	6,955
Changes in assumptions	—	9,121	—	19,794
Changes in proportion	42,149	12,527	7,717	11,286
Net difference between projected and actual investment earnings on pension plan investments	—	157,100	29,041	—
Net	<u>\$ 325,129</u>	<u>182,326</u>	<u>\$ 350,656</u>	<u>38,035</u>

The deferred inflows and outflows of resources at June 30, 2025 will be recognized in expense as follows (in thousands):

	Amount
Year ended June 30:	
2026	\$ 278,312
2027	(59,575)
2028	(53,529)
2029	(32,555)
2030	10,150
	<u>\$ 142,803</u>

(e) Annual Pension Expense

NYC Health + Hospitals' annual pension expense for fiscal years ended 2025 and 2024, which includes contributions toward the NYCERS' actuarially determined accrued liability and the liability for the NYS Voluntary Defined Contribution plan, which is not actuarially determined, including the information for MetroPlusHealth, was approximately \$297.8 million and \$440.1 million, respectively.

(11) Postemployment Benefits, Other than Pension

The OPEB provided to NYC Health + Hospitals is managed by The New York City Other Postemployment Benefits Plan, a fiduciary component unit of the City, and is classified as a single employer plan under GASB 75, as amended by GASB 85.

In accordance with collective bargaining agreements, NYC Health + Hospitals provides OPEB that includes basic healthcare benefits to eligible retirees and dependents at no cost to many of the participants. Basic healthcare premium costs that are partially paid by NYC Health + Hospitals for the remaining participants

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vary according to the terms of their elected plans. To qualify, retirees must: (i) have at least 10 years of credited service (five years of credited service if employed on or before December 27, 2001) as a member of a pension system approved by the City (requirement does not apply if retirement is as a result of accidental disability); (ii) have been employed by NYC Health + Hospitals prior to retirement; (iii) have worked regularly for at least 20 hours a week at termination of active service; and (iv) be receiving a pension check from a retirement system maintained by the City or another system approved by the City.

At June 30, 2024, the following employees were covered by the benefit terms:

Employees covered by benefit terms:		
Active	\$	33,594
Deferred		3,657
Retirees		<u>25,400</u>
Total	\$	<u><u>62,651</u></u>

NYC Health + Hospitals' total OPEB liability, deferred inflows of resources, and OPEB expense is calculated by the Actuary, and includes the information for MetroPlusHealth.

Contributions: NYC Health + Hospitals funds the postretirement benefits program on a pay-as-you go basis. In 2025 and 2024, NYC Health + Hospitals' contributions were \$205.3 million and \$200.2 million, respectively, which includes amounts for the implicit rate subsidy. The implicit rate subsidy is the incremental increase in the premium cost of coverage for retirees who are not yet eligible for Medicare. This cost is accounted for when calculating the actuarial liability for an OPEB plan. For the years ended June 30, 2025 and 2024, the NYC Health + Hospitals' average contribution rate was 6.6% and 7.4%, respectively, of covered-employee payroll.

Total OPEB Liability: NYC Health + Hospitals total OPEB liability measured at June 30, 2025 and 2024 of \$4.4 billion and \$4.6 billion, respectively, was determined by the actuarial valuation as of June 30, 2024 and 2023, respectively.

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(a) Actuarial Assumptions

The total OPEB liability in the June 30, 2024 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.5%
Salary increases	3.0% per annum, which includes an inflation rate of 2.5% and a general wage increase rate of 0.50%
Healthcare cost trend rates	
Pre-Medicare Plans	8.5% for 2025, and decreasing 0.25% per year until FY 2029 then decreasing by 0.50% until an ultimate rate of 4.5% is reached in FY 2035
Medicare Plans	8.0% for FY 2025, decreasing by 0.25% annually until FY 2033, then decreasing by 0.50% annually until an ultimate rate of 4.50% is reached in FY 2036
Welfare Fund Contributions	3.5% for 2025 and thereafter

The total OPEB liability in the June 30, 2023 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.5%
Salary increases	3.0% per annum, which includes an inflation rate of 2.5% and a general wage increase rate of 0.50%
Healthcare cost trend rates	
Pre-Medicare Plans	7.00% for 2024, and decreasing 0.25% per year thereafter to an ultimate rate of 4.5% for 2035 and later years
Medicare Plans	5.0% for 2024, decreasing by 0.10% every two year period thereafter to an ultimate rate of 4.5% for 2035 and later years
Welfare Fund Contributions	3.5% for 2024 and thereafter

For the June 30, 2024 and 2023 actuarial valuations, mortality rates and methods, as well as retirement, disability, withdrawal, and salary scale, used in determination of the total OPEB liability were proposed by the Actuary and adopted by each of the five NYCRS' Boards of Trustees during fiscal year 2019 and further updated in fiscal year 2021. These tables were based primarily on the experience of each system and the application of the Mortality Improvement Scale, MP-2020. Pursuant to Section 96 of the New York City Charter, studies of the actuarial assumptions used to value liabilities of the five actuarially funded NYCRS are conducted every two years. For more details, see the NYCERS 2019 Assumptions and Methods (A&M) and 2021 Assumptions and Methods (A&M) reports available on the Office of the Actuary's website: <https://www1.nyc.gov/site/actuary/reports/reports.page>.

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(b) Changes in the Total OPEB Liability (in thousands)

	2025 Activity total OPEB liability	2024 Activity total OPEB liability
Balances at end of prior fiscal year	\$ 4,574,184	4,379,469
Changes for the year:		
Service cost	234,983	215,102
Interest	198,188	185,664
Difference between expected and actual experience	(43,944)	(2,596)
Change in assumptions	(344,870)	(3,284)
Actual benefit payments	(205,347)	(200,172)
Net changes	(160,990)	194,714
Balances at June 30, 2025 and 2024	\$ 4,413,194	4,574,183

(c) Discount Rate

The discount rate used to measure the total OPEB liability as of June 30, 2025 was 5.20% based on the Bond Buyer's 20 Bond GO Index and as of June 30, 2024 was 4.21% based on the S&P Municipal Bond 20-year high grade rate index.

Sensitivity of the Total OPEB Liability to Changes in the Discount Rate

The following presents NYC Health + Hospitals' total OPEB liability calculated using the respective discount rates mentioned above, as well as what NYC Health + Hospitals' total OPEB liability would be if it were calculated using a discount rate that is 1 percentage point lower or 1 percentage point higher than the current rate (in millions):

<u>2025</u>	<u>1% Decrease (4.20%)</u>	<u>Discount rate (5.20%)</u>	<u>1% Increase (6.20%)</u>
NYC Health + Hospitals' total OPEB liability	\$ 4,905	4,413	3,996
 <u>2024</u>	 <u>1% Decrease (3.21%)</u>	 <u>Discount rate (4.21%)</u>	 <u>1% Increase (5.21%)</u>
NYC Health + Hospitals' total OPEB liability	\$ 5,125	4,574	4,112

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Sensitivity of the Total OPEB Liability to Changes in the Healthcare Cost Trend Rates

The following presents NYC Health + Hospitals' total OPEB liability calculated using healthcare cost trend rates that are 1 percentage point lower or 1 percentage point higher than the current healthcare cost trend rates (in millions):

2025

		1% Decrease (7.50% decreasing to 3.5%)	Healthcare cost trend rates (8.50% decreasing to 4.5%)	1% Increase (9.50% decreasing to 5.5%)
NYC Health + Hospitals' total OPEB liability	\$	3,865	4,413	5,087

2024

		1% Decrease (6.00% decreasing to 3.5%)	Healthcare cost trend rates (7.00% decreasing to 4.5%)	1% Increase (8.00% decreasing to 5.5%)
NYC Health + Hospitals' total OPEB liability	\$	3,972	4,574	5,323

(d) Deferred Outflows and Inflows of Resources

The following are components of deferred outflows and inflows at June 30 (in thousands):

	2025		2024	
	Deferred outflows	Deferred inflows	Deferred outflows	Deferred inflows
Differences between expected and actual experience	\$ —	169,383	\$ 40,896	269,028
Changes in assumptions	49,463	710,728	79,083	652,046
Net	\$ 49,463	880,111	\$ 119,979	921,074

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The net deferred outflows and (inflows) of resources at June 30, 2025 will be recognized as follows (in thousands):

Year ending June 30:	
2026	\$ (315,137)
2027	(260,123)
2028	(98,973)
2029	(53,522)
2030	(57,656)
Thereafter	<u>(45,237)</u>
	<u>\$ (830,648)</u>

(e) Annual OPEB Expense

NYC Health + Hospitals' annual OPEB expenses for fiscal year ended 2025 and 2024, including the information for MetroPlusHealth, were \$73.9 million and \$116.5 million, respectively. Implicit rate subsidy (expense) credits of \$32.0 million and \$33.0 million contributed to a reduction of OPEB expenses for 2025 and 2024, respectively.

(12) Commitments and Contingencies

(a) Reimbursement

NYC Health + Hospitals derives significant third-party revenue from the Medicare and Medicaid programs. Medicare reimburses most inpatient acute services on a prospectively determined rate per discharge, based on diagnosis-related groups ("DRGs") of illnesses, i.e., the Prospective Payment System ("PPS"). Long-term acute care is also reimbursed under a PPS. For outpatient services, Medicare payments are based on service groups called ambulatory payment classifications.

Medicare provides PPS reimbursement for psychiatric units on a per diem basis, recognizing the intensity of care provided to the patients. NYC Health + Hospitals also receives Medicare payments for rehabilitation services using a PPS methodology, which requires facilities to complete patient health assessments. Using these assessments, Medicare defines a case-based payment, accounting for acuity, and comorbidities.

Medicare adjusts the reimbursement rates for capital, medical education, and the costs related to treating a disproportionate share of indigent patients. Additionally, some physician services are reimbursed on a cost basis. Due to these adjustments and other factors, final determination of the reimbursement settlement for a given year is not known until Medicare performs its annual audit. With one exception, Medicare cost report audits and final settlements have been completed for most NYC Health + Hospitals' acute facilities through fiscal year 2021. As of June 30, 2025, there is one Provider with an open settlement for fiscal year 2021 and National Government Services ("NGS") expects to start its audit sometime in fiscal year 2026. For cost reports with fiscal year end June 30, 2022, one Acute Provider has been finalized; eight Acute cost reports are on audit and one Provider is awaiting its audit start. For cost reports with fiscal year end June 30, 2023, two Acute Providers are on audit review

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by NGS. For cost reports with fiscal year end June 30, 2024, NGS has not yet started their audit on the Acute Providers. As for the Long-Term Acute Care Hospital, NGS has settled cost reports through fiscal year 2023 and is auditing the fiscal year end June 30, 2024 cost report. The Skilled Nursing Facilities ("SNFs" and Federally Qualified Health Centers ("FQHCs") have final settlements through fiscal year 2024.

Effective January 1, 1997, the State enacted the Healthcare Reform Act ("HCRA") which covers Medicaid, Workers' Compensation, and No-Fault. In January 2000, the State passed HCRA 2000 extending the HCRA methodology until June 30, 2003, which has subsequently been extended several times, and is now scheduled to expire March 31, 2026.

HCRA continues funding sources for public goods pools to finance healthcare for the uninsured and fund initiatives in primary care. Under HCRA, the State continues to pay outpatient reimbursements under Ambulatory Patient Groups for ambulatory surgery services, emergency room services, diagnostic and treatment center medical services, and most chemical dependency and mental health clinic services, and provides for service intensity adjusted prospective payments based on patient diagnoses and procedures groupings. Outpatient services for all non-governmental payors are based on charges or negotiated rates.

Medicaid pays for inpatient acute care services on a prospective basis using a combination of statewide and hospital-specific costs per discharge adjusted to meet State budget targets and for severity of illness based on DRGs. Certain hospital-specific non-comparable costs are paid as flat-rate-per-discharge add-ons to the DRG rate. Certain psychiatric, rehabilitation, long-term acute care, and other services are excluded from this methodology and are reimbursed on the basis of per diem rates. Per diem reimbursement for inpatient psychiatric services is determined by a PPS methodology that considers comorbidities and length of stay.

Commercial insurers, including Health Maintenance Organizations ("HMOs"), pay negotiated reimbursement rates or usual and customary charges, with the exception of inpatient Medicaid HMO cases that may be paid at the State-determined Payment Rate, which is related to the Medicaid rate. In addition, the State pays hospitals directly for graduate medical education costs associated with Medicaid HMO patients. NYC Health + Hospitals' current negotiated rates include per case, per diem, per service, per visit, partial capitation, and value-based payment arrangements.

NYC Health + Hospitals is in varying stages of appeals relating to third-party payors' reimbursement rates. Management routinely provides for the effects of all determinable prior year appeals, settlements, and audit adjustments and records estimates based upon existing regulations, past experience, and discussions with third-party payors. However, since the ultimate outcomes for various appeals are not presently determinable, no provision has been made in the accompanying financial statements for such issues.

Certain provisions of PPS and HCRA require retroactive rate adjustments for years covered by the methodologies. Those that can be reasonably estimated have been provided for in the accompanying financial statements. However, those that are either (a) without current specific regulations to implement them or (b) are dependent upon certain future events that cannot be assumed have not been recorded in the accompanying financial statements.

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There are various proposals at the federal and State levels that could, among other things, increase or decrease reimbursement rates, modify reimbursement methods, or increase managed care penetration, including Medicare and Medicaid. The ultimate outcome of these proposals and other market changes cannot presently be determined.

Laws and regulations governing Medicaid and Medicare are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. NYC Health + Hospitals believes that it has complied with all applicable regulations and that any pending or possible investigations involving allegations of potential wrongdoing will not materially impact the accompanying financial statements. While certain regulatory inquiries have been made, compliance with the regulations can be subject to future government review and interpretation as well as significant regulatory action, e.g., fines, penalties, and possible exclusion from Medicaid and Medicare, in the event of noncompliance. NYC Health + Hospitals has a Corporate Compliance Committee and a Corporate Compliance Officer to monitor adherence to laws and regulations.

(b) Supplemental Medicaid Reimbursement

As the country's largest municipal provider of safety net care to low income and uninsured patients, NYC Health + Hospitals relies heavily on a variety of supplemental safety net funding programs, to augment below cost reimbursements received from government and subsidized insurances, and to support care for the uninsured and underinsured. Chief among these is the Medicaid DSH program, from which NYC Health + Hospitals' facilities recognized nearly \$800 million in fiscal years 2025 and 2024. These programs are subject to many laws and regulations at both the State and federal level, changes to which may result in significant implications for NYC Health + Hospitals.

(i) Federal Medicaid DSH

The Affordable Care Act ("ACA") included reductions in Medicaid DSH funds that were originally scheduled to begin in federal fiscal year 2014, and totaled \$18.0 billion through federal fiscal year 2020. The ACA DSH cuts were premised on the expectation that growth in insurance coverage through Medicaid expansion and the new ACA offerings would reduce hospital need for DSH funds. However, since passage of the ACA, lawmakers have recognized hospitals' ongoing need for Medicaid DSH funding, by delaying or eliminating the cuts six times. The most recent DSH cut delay came via the Full-Year Continuing Appropriations and Extensions Act of 2025, which delayed DSH cuts until October 1, 2025.

NYC Health + Hospitals, along with the entire hospital industry and a broad coalition of stakeholders in the provision of care to low income patients, has advocated for further delay and ultimate repeal of the federal Medicaid DSH cuts.

(ii) "Upper Payment Limit ("UPL") Conversion" Directed Payment Revenue

Beginning in state fiscal year 2020–2021, the State has authorized enhanced Medicaid Managed Care rates for NYC Health + Hospitals inpatient hospital services. These rate enhancements are intended to extend to Medicaid Managed Care a payment rate roughly equivalent to the effective rates received by NYC Health + Hospitals for inpatient Fee-for-Service Medicaid via Upper

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Payment Level supplemental payments. Receipt of these payments will help insulate the system from the impact of Medicaid DSH cuts should they actually be implemented.

During State Fiscal Years ("SFYs") 2022–2023 and 2023–2024, the UPL Conversion rate enhancements are being implemented through the State Directed Payment mechanism. Depending on timing, methodology, and current guidance for Directed Payment implementation, a portion of the revenue may be received as a lump sum and a portion may be embedded in regular claims payments. During fiscal year 2025, the system received a total of \$980 million, including recoupments. The majority of UPL Conversion revenue during fiscal year 2025 was received via lump sum payments, totaling \$522 million, with \$458 million received via claims.

(iii) Average Commercial Rate ("ACR") Directed Payment Revenue

For SFYs 2024–2025 ("Year 1") and 2025–2026 ("Year 2"), the State is planning to authorize rate enhancements under the State Directed Payment mechanism for inpatient and outpatient hospital services at the ACR. CMS approved the Year 1 submission in September 2025, with payments covering the period from July 1, 2024 through March 31, 2025. The revenue amount for Year 1 is not yet determinable for NYC Health + Hospitals, but is expected to be significant based on historical experience with similar programs. These payments are subject to annual settlement based on actual Medicaid utilization and other factors. NYC Health + Hospitals is awaiting further implementation guidance from the State and CMS's review of Year 2. For the year ended June 30, 2025, no revenue has been recognized under this program. Revenue will be recognized in future periods as eligibility criteria are met and amounts become measurable.

(c) Audits

Federal and State governmental entities have a variety of audit programs to review and recover potential improper payments to providers from the Medicare and Medicaid programs. Stated below are various recovery audits of which NYC Health + Hospitals continues to be subject to:

(i) Disproportionate Share Hospital Payment Audits

Pursuant to federal regulations, all New York State hospital recipients of DSH participate in Medicaid DSH Audits to determine the final calculation of limits on hospital-specific DSH payments. Since 2014, these audits have been conducted for each Medicaid State Plan Rate Year ("SPRY") on an approximate three-year lag. DSH Audits have been completed through SPRY 2021; the SPRY 2022 audit is currently in progress.

(d) Behavioral Health Centers of Excellence ("BH COE")

BH COE is a New York State Medicaid Managed Care initiative that pairs hospital providers and managed care plans to work together to develop behavioral health system capacity and address critical gaps in inpatient, outpatient, and care management services.

NYC Health + Hospitals recognized \$41.3 million for the first year of the program, which started as of the State fiscal year April 1, 2023 to March 31, 2024 ("Year 1"). For SFY 2024 to 2025 ("Year 2"), NYC Health + Hospitals recognized \$33.7 million. For each year, there is a requirement for the plans and providers to complete quality improvement activities and meet quality measures. NYC Health +

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Hospitals worked with Fidelis, HealthFirst, and MetroPlusHealth (“MCOs”) for Year 1 met the quality measure and receive the full amount of this program allocation; NYC Health + Hospitals and the MCOs anticipate meeting the quality measures for Year 2 and continuing to receive the full amount of this program allocation.

(e) Legal Matters

There are a significant number of outstanding legal claims against NYC Health + Hospitals for alleged negligence, medical malpractice, and other torts, and for alleged breach of contract, which are provided for in the financial statements as amounts are determined to be probable and estimable. Pursuant to the Agreement, NYC Health + Hospitals is indemnified by the City for such costs. In fiscal years 2025 and 2024, NYC Health + Hospitals agreed to reimburse the City \$47.1 million and \$53.0 million, respectively. NYC Health + Hospitals records these costs when settled by the City as appropriations from the City and as other than personal services expenses in the accompanying financial statements (Note 9). Accordingly, no provision has been made in the accompanying financial statements for unsettled claims, whether asserted or unasserted.

(13) Accounts Payable and Accrued Expenses

“Accounts payable and accrued expenses” consists of the following as of June 30 (in thousands):

	<u>2025</u>	<u>2024</u>
Vendors payable	\$ 1,025,565	1,171,009
Accrued interest	17,865	16,298
Affiliations payable	144,948	110,200
Affiliations vacation accrual	42,874	38,254
Pollution remediation liability	10,545	12,784
Other	—	60,737
	<u>\$ 1,241,797</u>	<u>1,409,282</u>

GASB Statement No. 83, *Certain Asset Retirement Obligations* (“GASB 83”) establishes criteria for determining the timing and pattern of recognition of a liability and a corresponding deferred outflow of resources for asset retirement obligations (“AROs”). An ARO is a legally enforceable liability associated with the retirement of a tangible capital asset. In accordance with GASB 83, the Corporation completed an analysis of assets meeting the criteria of an ARO for specific types of medical equipment such as medical imaging equipment (e.g., MRIs, CT scanners, and PET scanners), X-Rays, and ultrasounds as well as computers containing information protected by HIPPA laws, and certain types of laboratory equipment. NYC Health + Hospitals determined, based on industry standards for disposition of similar equipment and other known costs, that the future cost for disposition of these assets, in the aggregate, totals approximately \$5.0 million.

(14) Correctional Health Services

On August 9, 2015, NYC Health + Hospitals, via a Memo of Understanding with the City, assumed from the New York City Department of Health and Mental Hygiene (“NYCDOHMH”) its contracts for the provision of

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medical, mental health, and dental services for the inmates of correctional health facilities maintained and owned by the City of New York's Correctional Health Services, from other providers of care for the duration of their terms. Included is the understanding that NYC Health + Hospitals assumed the transfer of staff from NYCDOHMH otherwise engaged in the performance of correctional health functions, together with the transfer of all real and personal property, as used by NYCDOHMH, in its provision of correctional health services. Total expenses funded through appropriations by the City during fiscal years 2025 and 2024 were \$271.1 million and \$255.2 million, respectively, and an additional \$57.1 million and \$59.0 million was funded through grants and intra-city agreements for a total funding for the years ended June 30, 2025 and 2024 of \$328.2 million and \$314.2 million, respectively.

(15) MetroPlusHealth

Cash and Cash Equivalents

Cash and cash equivalents consist principally of money market funds. MetroPlusHealth considers all highly liquid investments with original maturities of three months or less to be cash equivalents.

U.S. Government Securities

U.S. government securities consist of U.S. Treasury bills, U.S. Treasury notes, and U.S. Treasury zero-coupon strips. These securities are stated at fair value based on Level 2 inputs, with unrealized and realized gains and losses included in investment income. Securities maturing within a year are presented as current assets in the Statements of Net Position. Securities presented as noncurrent assets mature after a year.

Possible exposure to fair value losses arising from interest rate volatility is limited by investing in securities with maturities of less than one year and, at most, five years, and by intending to hold the security to maturity.

As of June 30, MetroPlusHealth had the following U.S. government securities (in thousands):

Year	Investment type	Fair value	(in years) Investment maturities	
			Less than 1	1 to 5
2025	U.S. Treasury bills, notes, and strips	\$ 1,347,872	659,637	688,235
2024	U.S. Treasury bills, notes, and strips	1,284,255	886,378	397,877

Premiums Receivable and Premium Revenue

Premiums earned are recorded in the month in which members are entitled to service for primarily medical, pharmacy, and dental benefits. Medicaid and HIV-SNP premiums are based upon several factors, including age, aid category, and health status of the enrollee; and plan premium rates are risk-adjusted to reflect historical medical cost experience. In addition, Medicaid makes one-time maternity and newborn supplemental payments for the delivery of each child born to a member of the MetroPlusHealth Plan. Medicaid, CHP, HARP, MLTC, and HIV-SNP premium revenue received from the NYSDOH represents a

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substantial portion of MetroPlusHealth's premium revenue and is subject to audit and adjustment by the NYSDOH. Medicare and MAP premiums are based on rates approved by CMS.

QHP premiums are based on the plan type (Bronze, Silver, Gold or Platinum) and coverage level (standard or nonstandard) selected by the enrollee. In addition to premiums from enrolled QHP members, MetroPlusHealth receives subsidies from CMS under the Advanced Premium Tax Credit program provided under ACA, which were included in premium revenue.

The Essential Plan covers major health benefits, including inpatient and outpatient care, physician services, diagnostic services, and prescription drugs, among others, with no annual deductible and low out-of-pocket costs. Preventive care, such as routine office visits and recommended screenings, are free of charge.

Premium revenue, by percentage, from members and third-party payors for the years ended June 30 was as follows:

	<u>2025</u>	<u>2024</u>
Medicaid	48 %	48 %
Essential Plan	24	26
HARP	7	8
HIV-SNP	3	3
Medicare	4	4
MLTC	2	2
MetroPlusHealth Gold	6	4
Others*	6	5
	<u>100 %</u>	<u>100 %</u>

* Included in "Others" are CHP, QHP, GoldCare, MAP, and Small Business Health Options Programs ("SHOP")

Assets Restricted as to Use

Assets restricted as to use consist of the following as of June 30 (in thousands):

	<u>2025</u>	<u>2024</u>
MetroPlus Statutory reserve investments	\$ 229,435	193,487

NYSDOH Rules and Regulations Section 98-1.11(f) requires that a plan operating under the authority of Article 44 of the public health law, establish a statutory escrow reserve account for the protection of its enrollees, and that this balance be maintained at 5% of the healthcare expenditures, as defined, and projected for the following calendar year. The statutory escrow reserve is computed in accordance with the regulations.

The statutory escrow reserve account of \$229.4 million and \$193.5 million as of June 30, 2025 and 2024, respectively, is invested in U.S. government securities with original maturity dates of six months or more and are measured at fair value based on Level 2 inputs. The account is in the form of an escrow deposit, maintained in a trust account under a custodian arrangement with Citibank approved by the NYSDFS.

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In accordance with NYSDOH Rules and Regulations, MetroPlusHealth is also required to maintain a contingent surplus reserve equal to 12.5% of net premiums earned for the prior year. The contingent surplus reserve as of June 30, 2025 and 2024 was \$598.5 million and \$647.6 million, respectively.

Change in Claims Payable

Activity in the liability for claims payable, which primarily includes medical claims, the risk sharing agreement with NYC Health + Hospitals, and claim adjustment expenses is summarized as follows (in thousands):

	<u>2025</u>	<u>2024</u>
Balance, July 1	\$ 1,335,931	814,506
Less: Drug rebates receivable	(53,775)	(23,287)
Net balance	<u>1,282,156</u>	<u>791,219</u>
Incurred related to:		
Current year	4,275,722	4,149,054
Prior years	334,328	269,474
Total incurred	<u>4,610,050</u>	<u>4,418,528</u>
Paid related to:		
Current year	3,464,235	3,126,125
Prior years	1,427,793	801,466
Total paid	<u>4,892,028</u>	<u>3,927,591</u>
Net balance at June 30	1,000,178	1,282,156
Plus drug rebates receivable	<u>37,244</u>	<u>53,775</u>
Balance, June 30	<u>\$ 1,037,422</u>	<u>1,335,931</u>

MetroPlusHealth claims payable were \$1.0 billion and \$1.3 billion as of June 30, 2025 and 2024, respectively, and were reported in the "Accounts payable and accrued expenses" line in the MetroPlusHealth column of the Statements of Net Position. Net reserves for unpaid claims and claim adjustment expenses attributable to incurred claims of prior years' increased by \$334.3 million and \$269.5 million in fiscal years 2025 and 2024, respectively. These changes are generally the result of ongoing analysis of recent loss development trends, stop-loss reinsurance recoveries, claims reprocessing for various State programs, and adjustments to prior year premiums covered by the risk sharing agreement, due to retroactive changes in premium rates and member enrollments.

During fiscal year 2025, CMS approved the UPL Conversion Outpatient program for SFY 2024 (April 1, 2023 through March 31, 2024) on August 20, 2024. Due to the timing of the completion of actual utilization data and the finalization of add-on rates incorporating the UPL margin, which were not available or communicated to the Plan until May 23, 2025, MetroPlusHealth did not record an accrual for this program as of June 30, 2024. On June 5, 2025, MetroPlusHealth received \$381.0 million in UPL Conversion Outpatient funding for SFY 2024 and subsequently remitted a lump sum payment of \$345.6 million to NYC

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Health + Hospitals in June 2025. MetroPlusHealth accrued \$24.3 million in HCRA taxes related to this transaction, which is reported in the "Accounts payable and accrued expenses" line as of June 30, 2025, which was paid in July 2025. Additionally, MetroPlusHealth earned \$11.1 million in Plan administrative fees, which is reported in premium revenue as of June 2025.

Risk Sharing Agreement with NYC Health + Hospitals

MetroPlusHealth entered into a risk sharing agreement with NYC Health + Hospitals in July 2000. The agreement is open to annual negotiation. The agreement shifts all medical risk from MetroPlusHealth to NYC Health + Hospitals for the Medicaid, CHP, HIV-SNP, HARP, Essential Plan, MetroPlusHealth Gold, and GoldCare Plan lines of business.

<u>Line of business</u>	<u>Target percentages of premium</u>
MetroPlus Gold	92.0 %
Essential Plan	91.0
HARP	91.0
CHP	88.0
HIV-SNP	88.0
Medicaid	87.8
GoldCare Plan	86.0

In addition, the risk sharing agreement shifts the prescription drug risk cost component for Medicaid members from MetroPlusHealth to NYC Health + Hospitals, including HIV-SNP for 96.5% and HARP for 97.5% of the premiums associated with pharmacy costs.

NYC Health + Hospitals is also entitled to one-time maternity and newborn supplemental payments for those members. After the end of the calendar year risk period, MetroPlusHealth and NYC Health + Hospitals settle the net amount remaining after paying for all medical expenses, both capitated and fee-for-service regardless of whether the provider was part of NYC Health + Hospitals network or not.

MetroPlusHealth assumes full risk of operations, including paying medical claims and providing administrative services to its members and providers, and other services required by contract with NYC Health + Hospitals, the State of New York, and CMS for its business lines.

The risk sharing agreement provides for a quarterly settlement or as needed and mutually agreed upon. Risk sharing payables were \$239.1 million and \$279.2 million at June 30, 2025 and 2024, respectively, representing net amounts payable to NYC Health + Hospitals pursuant to the agreement. NYC Health + Hospitals has reported a corresponding receivable at June 30, 2025 and 2024. Amounts are included in eliminations in the Statements of Net Position. Net payments pursuant to the agreement were \$471.8 million and \$668.2 million in 2025 and 2024, respectively.

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Stop Loss and Reinsurance

MetroPlusHealth uses stop loss insurance to minimize medical expense losses as a result of a Medicaid member incurring excessive expenses in any one calendar year. Such insurance is provided by the State of New York for Medicaid enrollees with coverage as follows:

- Medical inpatient is reimbursed at 80% of the lower of contractual or Medicaid calculated rate for expense between \$200,000 and \$350,000. For any expenses over \$350,000, the coverage is increased to 100% of the excess amount. Effective January 2025, Medical inpatient is reimbursed at 80% of the lower of contractual or Medicaid calculated rate for expense between \$400,000 and \$700,000. For any expenses over \$700,000, the coverage is increased to 100% of the excess amount.
- Residential Healthcare Facility inpatient stays are not covered for members.
- Stop loss insurance is also provided by the State of New York for HIV-SNP members, with coverage for hospital inpatient at 85% of the lower of contractual or Medicaid calculated rate for expenses between \$200,000 and \$400,000 in any one calendar year. For any expenses over \$400,000, the coverage is increased to 100% of the excess amount. Effective January 2025, HIV-SNP members are provided with coverage for hospital inpatient stays at 85% of the lower of contractual or Medicaid calculated rate for expenses between \$400,000 and \$800,000 in any one calendar year. For any expenses over \$800,000, the coverage is increased to 100% of the excess amount.
- Stop loss insurance is also provided by the State of New York for certain mental health costs of its Medicaid members. For episodes of inpatient psychiatric care, the State reimburses for 100% of payments made in the episode of care beyond the 100th day.

In addition, MetroPlusHealth contracted with Zurich American Insurance Company ("Zurich") for stop-loss coverage for its Medicare Advantage, Medicare Platinum, and MAP lines of business for periods between April 1, 2024 through March 31, 2025 and April 1, 2025 through March 31, 2026. The coverage has a per member threshold of the first \$600,000 of loss incurred during the agreement period and covers 80% of eligible medical services though there are daily limits for certain types of services and 85% of prescription drugs as administered related to a fully implemented recommendation by Summit Reinsurance Services, Inc.

Stop loss recoveries net of reinsurance cost are reported within other than personal services expenses. MetroPlusHealth has two years from the close of the benefit year to file a claim for all stop-loss coverages. Reinsurance recoverable, mainly from the State of New York, was \$30.7 million and \$34.4 million at fiscal years ended June 30, 2025 and 2024, respectively.

UPL Supplemental Program

NYC Health + Hospitals provided healthcare services to individuals enrolled in MetroPlusHealth's Medicaid and HARP benefit programs for which the State of New York and CMS approved UPL funding as directed payments, inclusive of HCRA taxes and plan administrative fees of 3%, through MetroPlusHealth. MetroPlusHealth recorded the add-on UPL amount, HCRA taxes, and a plan administrative fee received or receivable from the State of New York as premium revenue. Corresponding add-on UPL amount and HCRA taxes were recorded as other than personal services. The UPL program ended after SFY 2024.

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For the year ended June 30, 2025, MetroPlusHealth received \$606.3 million in UPL funding from the State of New York and released \$518.4 million in payments to NYC Health + Hospitals. MetroPlusHealth paid \$15.9 million in HCRA taxes and earned \$9.2 million in plan administrative fees. As of June 30, 2025, MetroPlusHealth accrued \$1.0 million due to NYC Health + Hospitals, \$24.3 million in HCRA taxes payable, and \$33.6 million in excess UPL funding for SFY 2024 due to NYSDOH in accounts payable and accrued expenses. Additionally, MetroPlusHealth accrued \$6.6 million due to NYC Health + Hospitals, \$0.5 million in HCRA taxes payable, and \$7.2 million premium receivable for UPL funding for SFY 2023 (April 1, 2022 through March 31, 2023) as a result of NYSDOH's final reconciliation based on validation of actual encounter data.

For the year ended June 30, 2024, MetroPlusHealth did not receive any UPL funding from the State of New York or release payments to NYC Health + Hospitals. MetroPlusHealth paid \$17.8 million in HCRA payments and earned \$7.4 million in plan administrative fees. As of June 30, 2024, MetroPlusHealth accrued \$238.5 million due to NYC Health + Hospitals, \$20.5 million in HCRA taxes payables, and \$101.0 million in UPL program overfunding, all recorded in accounts payable and accrued expenses. Additionally, \$364.0 million was recorded in premium receivable from NYSDOH, representing UPL funding for SFY 2024 and first quarter of SFY 2025 (April 1, 2024 through June 30, 2024). Subsequent to fiscal year end 2024, MetroPlusHealth received \$225.3 million from the State in July 2024.

Essential Plan ("EP") Provider Investment Fund Program

The NYSDOH enacted budget and issued guidance to create reimbursement parity across all EP premium groups for hospital inpatient, hospital outpatient, and physician services. Payments to impacted providers are made through reprocessing claims or lump sum payments. The goal of this rate enhancement is to expand access to services and promote health equity for all EP enrollees. Plans are expected to use the funding to increase provider medical reimbursement rates and improve quality, accessibility, utilization, and efficiency.

In April 2024, NYSDOH issued EP Guidance 3.1 under the provisions of the State of New York's SFY 2024 enacted budget. This program raises provider reimbursement rates for EP3, EP4, and EP5, which include auto transition from QHP to EP 200-250 FPL premium groups to the level of EP1 and EP2 premium groups for hospital inpatient, hospital outpatient, and physician services.

MetroPlusHealth reimburses providers at enhanced rates through claims reprocessing and issued \$6.9 million in lump sum payments during fiscal year 2024. No lump sum settlements occurred during fiscal year 2025. As of June 30, 2025 and 2024, unpaid claim liabilities of \$17.6 million and \$162.3 million, respectively, were reported in accounts payable and accrued expenses.

Safety Net Hospital Directed Payments

Safety Net Hospital Directed Payments fundings are provided to MetroPlusHealth to reimburse claims for services rendered by financially distressed hospitals during designated service periods. These payments only apply to Article 28 general clinic, ambulatory surgery, and emergency department services. MetroPlusHealth is required to reprocess the underlying claims for the covered periods and remit funding to the impacted hospitals. Safety Net funding, inclusive of HCRA and 3% plan administrative fees, is recorded as premium revenue. Corresponding provider payments and HCRA taxes are recorded as other than personal services expenses.

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For the year ended June 30, 2025, MetroPlusHealth reported Safety Net funding of \$227.3 million, paid \$155.7 million to distressed hospitals, \$11 million in HCRA taxes, and earned \$6.1 million in plan administrative fees. As of June 30, 2025, \$45.0 million payable to the providers, \$3.2 million in HCRA taxes payable were recorded within accounts payable and accrued expenses, and \$15.7 million as net premium receivables from NYSDOH for this program. Additionally, SFY 2026 (April 1, 2025 through March 31, 2026) funding of \$56.1 million for the period covering July 2025 to March 2026 was reported as premiums received in advance with corresponding unpaid claims liabilities of \$50.9 million and \$3.6 million of HCRA taxes, all within accounts payable and accrued expenses.

For the year ended June 30, 2024, MetroPlusHealth reported Safety Net funding of \$201.9 million of which the remaining \$9.7 million was subsequently received in July 2024 and paid \$166.3 million to distressed hospitals and \$13.4 million for HCRA taxes and earned \$5.7 million of plan administrative fees. As of June 30, 2024, MetroPlusHealth reported \$10.7 million payable to the providers, \$0.7 million of HCRA taxes payable, and a corresponding net payable of \$37.8 million due to NYSDOH, all within accounts payable and accrued expenses.

Due to State of New York

The State of New York has informed MetroPlusHealth of instances requiring the return of premium payments due to audits and adjustments of payments previously made to MetroPlusHealth. Management estimates of such amounts of \$161.3 million and \$264.0 million which is reported within "Accounts payable and accrued expenses" as of June 30, 2025 and 2024, respectively, for payments that are not net settled with premiums earned. Premiums returned to the State are netted against premiums earned.

Included in \$161.3 million as of June 30, 2025 are estimated audit liabilities from the Office of the Medicaid Inspector General ("OMIG") of \$124.3 million and excess funding for H+H Inpatient UPL SFY 2024 of \$33.6 million. Included in \$264.0 million as of June 30, 2024 are estimated OMIG audit liabilities of \$121.5 million, excess funding for H+H UPL SFY 2023 of \$101.0 million, and Safety Net Hospital Directed Payment of \$37.8 million.

Medical Loss Ratio

The ACA Medical Loss Ratio ("MLR") standards require that MetroPlusHealth's commercial lines of business individuals (QHP) and large groups (MetroPlusHealth Gold and GoldCare) meet specified minimums of 82% for QHP and 85% for large groups. In addition, MetroPlusHealth is also required to meet the MLR minimum of 85% for Medicare and CHP, 86% for Essential Plan, MAP, and HIV-SNP, and 89% for Medicaid, HARP and MLTC. MetroPlusHealth continues to monitor the MLR to remain in compliance with the minimum requirements.

The MLR represents the percentage of premium dollars spent on healthcare claims and quality improvement activities. As of June 30, 2025, the Plan's results show ratios well in excess of the NYSDOH minimums. As of June 30, 2024, the Plan estimated \$8.7 million of MLR rebates for MLTC, which were included as part of claims payable SFY 2022–2023, SFY 2023–2024, and SFY 2024–2025. However, as of June 30, 2025, the Plan is no longer in a rebate position for these State fiscal years.

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Managed Care Organization Taxes

Effective January 1, 2025, NYSDOH imposed Managed Care Organization (“MCO”) taxes. These taxes apply to Medicaid, HARP, HIV-SNP, EP, MLTC, MAP, Medicaid Dual, HARP Dual, and CHP lines of business and are funded by NYSDOH. The MCO tax rates are not directly correlated to Medicaid payments but are included in the premium rates and paid to the MetroPlusHealth on a Per Member Per Month basis (“PMPM”). These taxes are subsequently remitted to NYSDOH through the pool administrator. The MCO taxes are additionally imposed on non-Medicaid lines of business: QHP, MetroPlus Gold, and GoldCare.

As of June 30, 2025, MetroPlusHealth estimated \$125.9 million in premiums earned from MCO taxes, of which \$47.7 million has been funded by the State. MetroPlusHealth reported MCO taxes incurred of \$126.3 million for the six months as of June 30, 2025 and subsequently paid \$41.9 million for April to June of 2025 MCO taxes in July 2025. The due date for the January to March 2025 MCO Tax payment is still pending from the State.

New York Health Equity 1115 Medicaid Waiver

Effective January 1, 2025, MetroPlusHealth began receiving funding under the New York Health Equity Reform (“NYHER”) Program, a Medicaid Section 1115 Waiver initiative approved by the CMS. The program provides a PMPM payment for each Medicaid Managed Care member to support health-related social needs services, including screening, navigation, and enhanced care coordination. The NYHER waiver includes a statewide investment of approximately \$7 billion through March 2027, aimed at improving health outcomes, strengthening primary care, and supporting long-term workforce development across New York State.

MetroPlusHealth entered into contractual arrangements with Social Care Network (“SCN”) Lead Entities operating within its covered regions to deliver these services. Monthly PMPM payments are made to SCNs for eligible members based on lines of business and SCN region. These payments are subject to retrospective assessment adjustments, with a lookback period of up to 12 months to account for member eligibility and service reconciliation.

As of June 30, 2025, MetroPlusHealth recorded premium earned of \$47.9 million of which \$47.2 million was received, earned 3% Plan administrative fees of \$1.4 million, and paid \$37.8 million and reported \$8.7 million payable to SCN, of which \$7.5 million was paid to SCN in July 2025.

Leases

GASB issued Statement No. 87, *Leases* (“GASB 87”) which established a right-to-use (“RTU”) model that requires a lessee to recognize an RTU asset and lease liability on the Statement of Net Position for all leases with a term longer than 12 months. Leases are classified as finance or operating, with classification affecting the pattern and classification of expense recognition in the Statement of Revenues, Expenses, and Changes in Net Position. See note 1(s) for more detailed explanation on this accounting treatment.

MetroPlusHealth leases facilities under non-cancellable lease agreements with terms through 2044. These leases are recognized under GASB 87, with RTU assets and corresponding lease liabilities recorded in the financial statements.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

(A Component Unit of the City of New York)

Notes to Financial Statements

June 30, 2025 and 2024

A summary of changes in the related leased assets during the year ended June 30, 2025 and 2024 are as follows (in thousands):

		<u>Balance beginning of year</u>	<u>Additions</u>	<u>Remeasurements</u>	<u>Deductions</u>	<u>Balance end of year</u>	<u>Accumulated depreciation</u>
2025							
Building and building improvements	\$	154,756	2,974	—	(8,989)	148,741	17,106
2024							
Building and building improvements		161,263	—	—	(6,507)	154,756	8,117

Future annual lease payments are as follows (in thousands):

		<u>Principal</u>	<u>Interest</u>	<u>Total</u>
Years:				
2026	\$	4,990	9,074	14,064
2027		5,721	8,751	14,472
2028		6,085	8,401	14,486
2029		6,016	8,037	14,053
2030		5,030	7,717	12,747
2031-2035		33,227	33,279	66,506
2036-2040		49,151	21,501	70,652
2041-2044		47,646	5,161	52,807
Total	\$	<u>157,866</u>	<u>101,921</u>	<u>259,787</u>

(16) Other Long-Term Liabilities

Other long-term liabilities for the years ended June 30, 2025 and 2024 were as follows (in thousands):

		<u>June 30, 2023 Balance</u>	<u>Additions (net)</u>	<u>June 30, 2024 Balance</u>	<u>Additions (net)</u>	<u>June 30, 2025 Balance</u>
Accrued compensated absences	\$	522,526	36,482	559,008	45,410	604,418

(17) COVID-19

In March 2020, the World Health Organization declared COVID-19, the disease caused by the novel coronavirus, a pandemic, which continues to spread throughout the United States. NYC Health + Hospitals' primary source of funds to support outstanding COVID-19-related costs during fiscal year 2024 was FEMA. The FEMA Emergency period ended on May 11, 2023. In fiscal year 2024, NYC Health + Hospitals recognized \$341.9 million in FEMA revenue. In fiscal year 2025, NYC Health + Hospitals had its last COVID Project Worksheet obligated by FEMA and submitted the corresponding grant closeout totaling \$28.1 million, which has been recognized as FEMA COVID revenue for fiscal year 2025.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of the City of New York)

Notes to Financial Statements

June 30, 2025 and 2024

(18) Humanitarian Emergency Relief and Response Centers (“HERRC”) Program

The Mayor of the City of New York declared a State of Emergency (Emergency Executive Order 224) on October 7, 2022 and assigned NYC Health + Hospitals the coordinating and managing lead for the HERRC program on behalf of the City. NYC Health + Hospitals works in partnership with other City Agencies in operation of this program.

NYC Health + Hospitals operated multiple HERRC sites on behalf of the City. These HERRC sites provided the following services:

- Basic human necessities such as food, clothing, and shelter;
- Connection with and transport to friends or family in and beyond New York City; and
- Medical and social services.

NYC Health + Hospitals also operated a 24/7 Arrival Center on behalf of the City for all newly arriving asylum seekers to NYC.

NYC Health + Hospitals incurred \$845.6 million and \$1.52 billion in expenses in fiscal years 2025 and 2024, respectively, to provide these services on behalf of the City. NYC Health + Hospitals worked closely with New York City Mayor’s Office of Management and Budget to ensure sufficient funding for all incurred expenses. NYC Health + Hospitals earned \$702.4 million and \$1.3 billion in appropriations from the City for the HERRC program for the years ended June 30, 2025 and 2024, respectively. In addition to appropriation revenue, NYC Health + Hospitals recognized FEMA grant revenue of \$26.7 million and \$96.3 million for the years ended June 30, 2025 and 2024, respectively, and New York State grant revenue of \$116.5 million and \$104.8 million for the years ended June 30, 2025 and 2024, respectively. The HERRC grant revenue is based on grant applications that will be, or have been submitted, by the City to the grantors on behalf of NYC Health + Hospitals.

(19) Leases and Subscription Information Technology Arrangements

NYC Health + Hospitals leases equipment and facilities under non-cancellable lease agreements, with terms extending through 2051. RTU assets and corresponding lease liabilities are recognized on the Statement of Net Position in accordance with GASB 87. As of June 30, 2025, these lease assets included both equipment and facilities. See note 1(s) for more detailed explanation on this accounting treatment.

In addition to these equipment and facility leases, NYC Health + Hospitals has non-cancellable SBITAs which are similar to leases and are recognized with corresponding liabilities and RTU assets. The existing SBITAs have terms extending through 2030.

NYC Health + Hospitals also leases real estate facilities to independent third parties under non-cancellable lease agreements. These agreements have terms extending through 2116, providing the System with long-term lease income.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

(A Component Unit of the City of New York)

Notes to Financial Statements

June 30, 2025 and 2024

A summary of changes in the related leased assets during the years ended June 30, 2025 and 2024 are as follows (in thousands):

	<u>Balance beginning of year</u>	<u>Additions</u>	<u>Remeasurements</u>	<u>Deductions</u>	<u>Balance end of year</u>	<u>Accumulated depreciation</u>
Building and building improvements	\$ 347,268	1,404	18,427	(25,902)	341,197	71,209
Equipment	404	617	—	(292)	729	664
Total as of June 30, 2025	<u>\$ 347,672</u>	<u>2,021</u>	<u>18,427</u>	<u>(26,194)</u>	<u>341,926</u>	<u>71,873</u>
Building and building improvements	\$ 370,831	—	(910)	(22,653)	347,268	45,351
Equipment	126	467	—	(189)	404	372
Total as of June 30, 2024	<u>\$ 370,957</u>	<u>467</u>	<u>(910)</u>	<u>(22,842)</u>	<u>347,672</u>	<u>45,723</u>

Future annual lease payments are as follows:

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
Years:			
2026	\$ 13,819	21,769	35,588
2027	15,466	20,898	36,364
2028	16,190	19,976	36,166
2029	17,641	19,002	36,643
2030	19,340	17,926	37,266
2031-2035	99,752	71,344	171,096
2036-2040	87,799	45,796	133,595
2041-2045	90,243	16,287	106,530
2046 and years thereafter	21,137	3,841	24,978
Total	<u>\$ 381,387</u>	<u>236,839</u>	<u>618,226</u>

As of June 30, 2025 and 2024, NYC Health + Hospitals recognized RTU assets and corresponding operating liabilities of \$31.2 million and \$24.2 million, respectively, based on the present value of the remaining minimum payments for existing SBITAs as of that date.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of the City of New York)

Notes to Financial Statements

June 30, 2025 and 2024

A summary of changes in the related SBITA during the years ended June 30, 2025 and 2024 were as follows (in thousands):

	<u>Balance beginning of year</u>	<u>Additions</u>	<u>Remeasurements</u>	<u>Deductions</u>	<u>Balance end of year</u>	<u>Accumulated depreciation</u>
Data storage and management	\$ 2,334	—	—	(562)	1,772	983
Software	21,610	4,257	—	(8,969)	16,898	32,380
Software as a service	291	14,097	—	(1,823)	12,565	1,850
Total as of June 30, 2025	<u>\$ 24,235</u>	<u>18,354</u>	<u>—</u>	<u>(11,354)</u>	<u>31,235</u>	<u>35,213</u>
Data storage and management	\$ —	2,755	—	(421)	2,334	421
Software	28,699	5,034	—	(12,123)	21,610	23,411
Software as a service	—	318	—	(27)	291	27
Total as of June 30, 2024	<u>\$ 28,699</u>	<u>8,107</u>	<u>—</u>	<u>(12,571)</u>	<u>24,235</u>	<u>23,859</u>

Future annual subscription IT payments are as follows (in thousands):

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
Year:			
2026	\$ 11,794	1,574	13,368
2027	11,705	876	12,581
2028	4,535	376	4,911
2029	3,194	102	3,296
2030	6	—	6
Total	<u>\$ 31,234</u>	<u>2,928</u>	<u>34,162</u>

Lease Receivables

NYC Health + Hospitals leases real estate to independent third parties. The rental income under these lease agreements was approximately \$5 million in each of fiscal years ending 2025 and 2024. NYC Health + Hospitals had lease receivables of approximately \$2.1 million and \$1.8 million as of June 30, 2025 and 2024, respectively, which are included as a component of other assets. NYC Health + Hospitals had deferred inflows of resources of approximately \$100.6 million and \$105.5 million associated with these leases as of June 30, 2025 and 2024, respectively.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of the City of New York)

Notes to Financial Statements

June 30, 2025 and 2024

Future annual lease receivables are as follows (in thousands):

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
Year(s):			
2026	\$ 2,683	6,300	8,983
2027	2,727	6,140	8,867
2028	2,816	5,981	8,797
2029	2,984	5,813	8,797
2030	3,149	5,634	8,783
2031–2035	10,434	26,138	36,572
2036–2040	10,387	23,322	33,709
2041–2045	17,009	19,403	36,412
2046 and years thereafter	<u>57,504</u>	<u>20,333</u>	<u>77,837</u>
Total	\$ <u>109,693</u>	<u>119,064</u>	<u>228,757</u>

Variable Lease and Subscription Payments

Variable lease and subscription payments, other than those payments that depend on an index or rate or are fixed in substance, are excluded from the measurement of the lease and subscription IT liability. Such amounts are recognized as lease expense or subscription expense, respectively, in the period in which the obligation for those payments is incurred. These types of variable payments are applicable to SBITAs and usually appear in terms of variable employee users of subscription software or are related to variable storage usage.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of the City of New York)

Schedule of NYC Health + Hospitals' Contributions
NYCERS Pension Plan

(Unaudited)

Years ended June 30, 2025 through 2016

(Dollar amounts in thousands)

	<u>2025</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>
Contractually required contribution	\$ 540,074	483,616	459,065	498,657	503,758	505,624	515,454	507,335	492,161	497,715
Contributions in relation to the contractually required contribution	<u>540,074</u>	<u>483,616</u>	<u>459,065</u>	<u>472,457</u>	<u>529,957</u>	<u>505,624</u>	<u>515,454</u>	<u>507,335</u>	<u>492,161</u>	<u>497,715</u>
Contribution deficiency (excess)	\$ <u>—</u>	<u>—</u>	<u>—</u>	<u>26,200</u>	<u>(26,199)</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
HHC covered payroll	\$ 3,345,843	2,981,281	2,520,406	2,429,120	2,444,860	2,367,816	2,207,943	2,122,448	2,177,897	2,232,187
Contributions as a percentage of covered payroll	16.14%	16.22%	18.21%	19.45%	21.68%	21.35%	23.35%	23.90%	22.60%	22.30%

See accompanying independent auditors' report.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of the City of New York)
Schedule of NYC Health + Hospitals' Proportionate Share of the Net Pension Liability
NYCERS Pension Plan
(Unaudited)
Years ended June 30, 2025 through 2016
(Dollar amounts in thousands)

	<u>2025</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>
HHC proportion of the net pension liability	13.661%	13.539 %	13.280%	13.015 %	13.387 %	13.564 %	13.959 %	15.023 %	14.788 %	14.789 %
HHC proportionate share of the net pension liability	\$ 1,814,749	2,226,855	2,369,448	2,356,314	858,625	2,859,284	2,585,414	2,649,718	3,070,928	3,593,257
HHC covered payroll	3,345,843	2,981,281	2,520,406	2,429,120	2,444,860	2,367,816	2,207,943	2,122,448	2,177,897	2,232,187
HHC proportionate share of the net pension liability as a percentage of its covered payroll	54.24%	74.69%	94.01%	97.00%	35.12%	120.76%	117.10%	124.84%	160.97 %	130.73 %
Plan fiduciary net position as a percentage of the total pension liability	87.66%	84.25%	82.22%	81.28%	93.14%	76.93%	78.84%	78.83%	74.80%	69.57%

See accompanying independent auditors' report.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
(A Component Unit of the City of New York)
Schedule of NYC Health + Hospitals' Changes in Total OPEB Liability and Related Ratios
(Unaudited)
Years ended June 30, 2025 through 2018
(Dollar amounts in thousands)

	2025	2024	2023	2022	2021	2020	2019	2018
Total OPEB Liability:								
Service cost	\$ 234,983	215,102	202,771	303,477	279,635	264,512	307,105	279,874
Interest	198,188	185,664	175,010	119,206	148,458	159,281	161,840	158,154
Differences between expected and actual experience	(43,943)	(2,596)	(19,048)	(191,019)	(189,272)	(450,871)	858,811	104,933
Changes of assumptions	(344,870)	(3,284)	87,180	(1,045,957)	(183,865)	99,391	(806,009)	110,707
Benefit payments	(205,347)	(200,172)	(282,443)	(267,370)	(116,817)	(230,815)	(171,559)	(235,395)
Other changes	—	—	—	—	—	(41,078)	—	—
Net change in total OPEB liability	(160,989)	194,714	163,470	(1,081,663)	(61,861)	(199,580)	350,188	418,273
Total OPEB liability – beginning	4,574,185	4,379,471	4,216,001	5,297,664	5,359,525	5,559,105	5,208,917	4,790,644
Total OPEB liability – ending	<u>\$ 4,413,196</u>	<u>4,574,185</u>	<u>4,379,471</u>	<u>4,216,001</u>	<u>5,297,664</u>	<u>5,359,525</u>	<u>5,559,105</u>	<u>5,208,917</u>
Covered employee payroll	\$ 3,110,524	2,690,409	2,601,774	2,548,754	2,444,860	2,320,005	2,222,409	2,211,014
Total OPEB liability as a percentage of covered employee payroll	141.9 %	170.0 %	168.3 %	165.4 %	216.7 %	231.0 %	250.1 %	235.6 %
<i>Changes of assumptions</i> . Changes of assumptions reflect the effects of changes in the discount rate. The following are the discount rates used in each period:	5.20 %	4.21 %	4.13 %	4.09 %	2.18 %	2.66 %	2.79 %	2.98 %

See accompanying independent auditors' report



KPMG LLP
345 Park Avenue
New York, NY 10154-0102

**Independent Auditors' Report on Internal Control Over Financial Reporting and on
Compliance and Other Matters Based on an Audit of Financial Statements
Performed in Accordance With *Government Auditing Standards***

The Board of Directors
New York City Health and Hospitals Corporation:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of New York City Health and Hospital's Corporation (the Corporation), a discretely presented component unit of the City of New York, as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements, and have issued our report thereon dated October 17, 2025.

The financial statements of MetroPlus Health, Plan, Inc, a discretely presented component unit, and HHC Insurance Company Inc., a blended component unit, were not audited in accordance with *Government Auditing Standards*, and accordingly, this report does not include reporting on internal control over financial reporting or instances of reportable noncompliance associated with MetroPlus Health Plan, Inc. and HHC Insurance Company, Inc.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Corporation's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Corporation's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Corporation's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective



of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KPMG LLP

New York, New York
October 17, 2025

New York State Department of Health
Certificate of Need Application
Schedule 10 - Space & Construction Cost Distribution

For Article 28, 36, and 40 Construction Projects Requiring Full, Administrative or Limited Review

*Codes for completing this table are found in Schedule 10 lookups sheet.(see tab below)

Indicate if this project is: New Construction: ☒ Renovation: ☐

A		B	D	E	F	G	H	I
Location				Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. Current (un-escalated)	(F x G) Construction Cost TOTAL Current sch.8B col.A (un-escalated)	Alterations, Scope of work
Sub project	Building	Floor	Functional Code					
N/A	S	5	214	Maternity	7,245	\$2,736.99	\$19,829,466	New
N/A	S	5	N/A	Shell Space	580	\$1,886.95	\$1,094,429	New
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
				#N/A				
Totals for Whole Project:					7,825	\$2,673.98	\$20,923,895	B

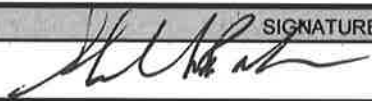
**New York State Department of Health
Certificate of Need Application
Schedule 10 - Space & Construction Cost Distribution**

If additional sheets are necessary, go to the toolbar, select "Edit", select "Move or copy sheet", make sure the "create a copy" box is checked, and select this document as the destination for the copy then select "OK". An additional worksheet will be .

1. If New Construction is Involved, is it "freestanding?"	YES ☐	NO ☒
---	---------------------------------	---

	Dense Urban	Other metropolitan or suburban	Rural
2. Check the box that best describes the location of the facilities affected by this project:	☒	☐	☐

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator engineer,

SIGNATURE 			DATE 7/29/2020	
PRINT NAME Sheldon McLeod			TITLE Chief Executive Officer	
NAME OF FIRM Kings County Hospital Center				
STREET & NUMBER 451 Clarkson Avenue				
CITY Brooklyn	STATE NY	ZIP 11203	PHONE NUMBER (718) 245-3901	

New York State Department of Health
Certificate of Need Application
Schedule 11 - Moveable Equipment

For Article 28, 36, and 40 Construction Projects Requiring Full or Administrative Review *

Table I: New Equipment Description

Sub project Number	Functional Code	Description of equipment, including model, manufacturer, and year of manufacture where applicable.	Number of units	Lease (L) or Purchase (P)	Date of the end of the lease period	Lease Amount or Purchase Price
N/A	214	Bassinet, Marco Laminate (1 dwr/1 cabinet), Amico Corporation	4	P	N/A	\$ 12,000.00
N/A	214	Cart, Cylinder: D&E, Multi, 6061 (6 cap.), Anthony Welded Products, Inc.	1	P	N/A	\$ 150.00
N/A	214	Cabinet, Warming: Dual, Mobile, EC1540 Blanket Warmer, Enthermics by Pedigo	1	P	N/A	\$ 8,645.00
N/A	214	Cart, Equipment: Fetal Monitor, MC Series Fetal Mon. Cart Core Kit w/ VHM & Lights, GCX Corporation	6	P	N/A	\$ 40,800.00
N/A	214	Doppler: Fetal Heart, Battery Operated, LifeDop L150, Cooper Surgical, Inc.	2	P	N/A	\$ 1,400.00
N/A	214	Flowmeter: Air, FM-15UA-CHPT-S, Ohio Medical	4	P	N/A	\$ 180.00
N/A	214	Flowmeter: Oxygen, FM-15UO-CHPT-S, Ohio Medical	6	P	N/A	\$ 270.00
N/A	214	Mirror: Birthing, Mobile, NBS-M1000N, Novum Medical Products, Inc.	2	P	N/A	\$ 1,900.00
N/A	214	Monitor, O.B.: Intrapartum, Maternal/Fetal, Avalon FM50, Philips Healthcare - Monitoring Systems	6	P	N/A	\$ 150,000.00
N/A	214	Monitor, Physiologic: Vital Signs, w/Stand, SureSigns VS4 (NBP, SpO2, Temp, Recorder/Stand), Philips Healthcare - Monitoring Systems	3	P	N/A	\$ 13,500.00
N/A	214	Refrigerator: Commercial, Undercounter, FF7WBI (5.5 cu.ft.), Summit Appliance	6	P	N/A	\$ 5,400.00
N/A	214	Refrigerator: Medical Grade, Undercounter, REF4P, Follett LLC	1	P	N/A	\$ 3,500.00
N/A	214	Regulator: Suction, Intermittent/Continuous, 8707-1251-904, Ohio Medical Corp	6	P	N/A	\$ 1,300.00
N/A	214	Scale, Clinical: Adult, Digital, Floor, seca 787, Seca Corporation	2	P	N/A	\$ 1,098.00
N/A	214	Scale, Clinical: Infant, Mobile, Smart Scale Rapid-Weigh Model 65, Natus	2	P	N/A	\$ 10,000.00
N/A	214	Stool: Birthing, Birthsparks CUB Comfortable Upright Birth, Waterbirth Solutions, Inc.	4	P	N/A	\$ 512.00
N/A	214	Stool: Exam, w/Backrest, 6740 Ultra Comfort w/Foot Ring, UMF Medical	2	P	N/A	\$ 700.00
N/A	214	Stretcher: Procedure, OB/GYN, Gynnie, Stryker Medical	3	P	N/A	\$ 27,000.00

**New York State Department of Health
Certificate of Need Application
Schedule 11 - Moveable Equipment**

For Article 28, 36, and 40 Construction Projects Requiring Full or Administrative Review *

[illegible]

New York State Department of Health
Certificate of Need Application
Schedule 11 - Moveable Equipment

For Article 28, 36, and 40 Construction Projects Requiring Full or Administrative Review *

Table 2 - Equipment being replaced:

List only equipment that is being replaced on a one for one basis. On the first line list the new equipment. On the second line list the equipment

Sub project Number	Functional Code	Description of equipment, including model, manufacturer, and year of manufacture where applicable.	Number of units	Disposition	Estimated Current Value
Total estimated value of equipment being replaced: Subproject 1					
Total estimated value of equipment being replaced: Subproject 2					
Total estimated value of equipment being replaced: Subproject 3					
Total estimated value of equipment being replaced: Subproject 4					
Total estimated value of equipment being replaced: Subproject 5					
Total estimated value of equipment being replaced: Subproject 6					
Total estimated value of equipment being replaced: Subproject 7					
Total estimated value of equipment being replaced: Subproject 8					
Total estimated value of equipment being replaced: Whole Project:					\$ -

**New York State Department of Health
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Schedule 13A

Schedule 13 A. Assurances from Article 28 Applicants

Article 28 applicants seeking combined establishment and construction or construction-only approval must complete this schedule.

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to ensure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

Date

7/29/2021



Signature:

Sheldon McLeod

Name (Please Type)

Chief Executive Officer

Title (Please type)

New York State Department of Health Certificate of Need Application

Schedule 13B

Schedule 13 B. Staffing

Table 13B - 1: See "Schedules Required for Each Type of CON" to determine when this form is required. Use the "Other" categories for providers, such as dentists, that are not mentioned in the staff categories. If a project involved multiple sites, please create a staffing table for each site

☒ Total Project ☐ Subproject number

A	B	C	D
	Number of FTEs to the Nearest Tenth		
Staffing Categories	Current Year*	First Year of Implementation	Third Year of Implementation
1. Management & Supervision			
2. Technician & Specialist	7.00	7.00	7.00
3. Registered Nurse	78.00	86.00	86.00
4. Licensed Practical Nurses			
5. Aides, Orderlies & Attendants	16.00	24.40	24.40
6. Physicians	15.00	15.00	15.00
7. PGY Physicians	24.00	24.00	24.00
8. Physician's Assistants	5.00	5.00	5.00
9. Nurse Practitioners	7.00	7.00	7.00
10. Nurse Midwife	5.00	8.00	12.00
11. Social Workers and Psychologist**			
12. Physical Therapists and PT Assistants			
13. Occupational Therapists and OT Assistants			
14. Speech Therapists and Speech Assistants			
15. Other Therapists and Assistants			
16. Infection Control, Environment and Food Service			
17. Clerical & Other Administrative	12.00	16.20	16.20
18. Other -			
19. Other -			
20. Other -			
21. Total Number of Employees	169.00	192.60	196.60

*Last complete year prior to submitting application

**Use only for RHCF and D and T Center proposals

Describe how the number and mix of staff were determined:

Based on the actual current staffing of the maternity unit at the Hospital and increased based on the projected increase in utilization.

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Schedule 13 B-2. Medical/Center Director and Transfer Agreements

N/A

All diagnostic and treatment centers and midwifery birth centers should complete this section when requesting a new location. DTCs are required to have a Medical Director who is a physician. MBCs may have a Center Director who is a physician or a licensed midwife.

Medical/Center Director	
Name of Medical/Center Director:	
License number of the Medical/Center Director	

	Not Applicable	Title of Attachment	Filename of attachment
Attach a copy of the Medical/Center Director's curriculum vitae	☐		

Transfer & Affiliation Agreement	
Hospital(s) with which an affiliation agreement is being negotiated	
<ul style="list-style-type: none"> Distance in miles from the proposed facility to the Hospital affiliate. 	
<ul style="list-style-type: none"> Distance in minutes of travel time from the proposed facility to the Hospital affiliate. 	
<ul style="list-style-type: none"> Attach a copy of the letter(s) of intent or the affiliation agreement(s), if appropriate. 	N/A ☐ Attachment Name:
Name of the nearest Hospital to the proposed facility	
<ul style="list-style-type: none"> Distance in miles from the proposed facility to the nearest hospital. 	
<ul style="list-style-type: none"> Distance in minutes of travel time from the proposed facility to the nearest hospital. 	

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Schedule 13B

Schedule 13 B-3. AMBULATORY SURGERY CENTERS ONLY – Physician Commitment

Not Applicable

Upload a spreadsheet or chart as an attaching to this Schedule of all practitioners, including surgeons, dentists, and podiatrists who have expressed an interest in practicing at the Center. The chart must include the information shown in the template below.

Additionally, upload copies of letters from each practitioner showing the number and types of procedures he/she expects to perform at the Center per year.

Practitioner's Name	License Number	Specialty (s)	Board Certified or Eligible	Expected Number of Procedures	Hospitals where Physician has Admitting Privileges:	Title and File Name of attachment
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Schedule 13 C. Annual Operating Costs

See "Schedules Required for Each Type of CON" to determine when this form is required. One schedule must be completed for the total project and one for each of the subprojects. Indicate which one is being reported by checking the appropriate box at the top of the schedule.

Use the below tables or upload a spreadsheet as an attachment to this Schedule that matches the structure of the tables (Attachment Title:) to summarize the first and third full year's total cost for the categories, which are affected by this project. The first full year is defined as the first 12 months of full operation after project completion. Year 1 and 3 should represent projected total budgeted costs expressed in current year dollars. Additionally, you must upload the required attachments indicated below.

Required Attachments

	Title of Attachment	Filename of Attachment
1. In an attachment, provide the basis for determining budgeted expenses, including details for how depreciation and rent / lease expenses were calculated.	Depreciation - Schedule 13 Attachment; Rent - N/A	N/A
2. In a sperate attachment, provide the basis for interest cost. Separately identify, with supporting calculations, interest attributed to mortgages and working capital	N/A	N/A

☒ Total Project or ☐ Subproject No.

Table 13C - 1

	a	b	c
Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)	1/1/2026	10/1/2029	10/1/2031
1. Salaries and Wages	\$21,246,517	\$22,234,882	\$22,758,558
1a. FTEs	169.00	192.60	196.60
2. Employee Benefits	\$10,075,214	\$10,588,966	\$10,861,173
3. Professional Fees			
4. Medical & Surgical Supplies	\$1,004,938	\$1,025,855	\$1,070,878
5. Non-med., non-surg. Supplies	\$45,507	\$45,507	\$45,507
6. Utilities			
7. Purchased Services			
8. Other Direct Expenses			
9. Subtotal (total 1-8)	\$32,372,176	\$33,895,210	\$34,736,116
10. Interest (details required below)			
11. Depreciation (details required below)	\$0	\$1,172,149	\$1,172,149
12. Rent / Lease (details required below)			
13. Total Operating Costs	\$32,372,176	\$35,067,359	\$35,908,265

Note: the table above reflects operating expenses for the Maternity Unit only.

Table 13C - 2

	a	b	c
INPATIENT Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)	1/1/2026	10/1/2029	10/1/2031
1. Salaries and Wages	\$21,246,517	\$22,234,882	\$22,758,558
1a. FTEs	169.00	192.60	196.60
2. Employee Benefits	\$10,075,214	\$10,588,966	\$10,861,173
3. Professional Fees			
4. Medical & Surgical Supplies	\$1,004,938	\$1,025,855	\$1,070,878
5. Non-med., non-surg. Supplies			
6. Utilities	\$45,507	\$45,507	\$45,507
7. Purchased Services			
8. Other Direct Expenses	\$11,125,659	\$11,660,328	\$11,977,558
9. Subtotal (total 1-8)	\$32,372,176	\$33,895,210	\$34,736,116
10. Interest (details required below)			
11. Depreciation (details required below)	\$0	\$1,172,149	\$46,759,181
12. Rent / Lease (details required below)			
13. Total Operating Costs	\$32,372,176	\$35,067,359	\$81,495,297

Table 13C - 3

	a	b	c
OUTPATIENT Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)	1/1/2026	10/1/2029	10/1/2031
1. Salaries and Wages			
1a. FTEs			
2. Employee Benefits			
3. Professional Fees			
4. Medical & Surgical Supplies			
5. Non-med., non-surg. Supplies			
6. Utilities			
7. Purchased Services			
8. Other Direct Expenses			
9. Subtotal (total 1-8)	\$0	\$0	\$0
10. Interest (details required below)			
11. Depreciation (details required below)			
12. Rent / Lease (details required below)			
13. Total Outpatient Operating Costs	\$0	\$0	\$0

Any approval of this application is not to be construed as an approval of any of the above indicated current or projected operating costs. Reimbursement of any such costs shall be in accordance with and subject to the provisions of Part 86 of 10 NYCRR. Approval of this application does not assure reimbursement of any of the costs indicated therein by payers under Title XIX of the Federal Social Security Act (Medicaid) or Article 43 of The State Insurance Law or by any other payers.

New York State Department of Health Certificate of Need Application

Schedule 13D

Schedule 13D: Annual Operating Revenues

See "Schedules Required for Each Type of CON" to determine when this form is required. If required, one schedule must be completed for the total project and one for each of the subprojects. Indicate which one is being reported by checking the appropriate box at the top of the schedule.

Use the below tables or upload a spreadsheet as an attachment to this Schedule (Attachment Title:) to summarize the current year's operating revenue, and the first and third year's budgeted operating revenue (after project completion) for the categories that are affected by this project.

Table 1. Enter the current year data in column 1. This should represent the total revenue for the last complete year before submitting the application, using audited data. Project the first and third year's total budgeted revenue in current year dollars.

Tables 2a and 2b. Enter current year data in the appropriate block. This should represent revenue by payer for the last complete year before submitting the application, using audited data.

Indicate in the appropriate blocks total budgeted revenues (i.e., operating revenues by payer to be received during the first and third years of operation after project completion). As an attachment, provide documentation for the rates assumed for each payer. Where the project will result in a rate change, provide supporting calculations. For managed care, include rates and information from which the rates are derived, including payer, enrollees, and utilization assumptions.

The Total of Inpatient and Outpatient Services at the bottom of Tables 13D-2A and 13D-2B should equal the totals given on line 10 of Table 13D-1.

Required Attachments

	N/A	Title of Attachment	Filename of Attachment
1. Provide a cash flow analysis for the first year of operations after the changes proposed by the application, which identifies the amount of working capital, if any, needed to implement the project.	☐	Schedule 5 Attachment	N/A
2. Provide the basis and supporting calculations for all utilization and revenues by payor.	☐	Based on the actual operations of the applicant's maternity unit.	N/A
3. Provide the basis for charity care revenue assumptions used in Year 1 and 3 Budgets (Table 13D-2B). If less than 2%, provide a reason why a higher level of charity care cannot be achieved and remedies that will be implemented to increase charity care.	☐		N/A

**New York State Department of Health
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Schedule 13D

Table 13D - 1

	a	b	c
Categories	Current Year	Year 1 Total Revenue Budget	Year 3 Total Revenue Budget
Start date of year in question:(m/d/yyyy)	1/1/2026	10/1/2029	10/1/2031
1. Inpatient Services	\$22,251,806	\$23,364,591	\$25,584,699
2. Outpatient Services			
3. Ancillary Services			
4. Total Gross Patient Care Services Rendered	\$22,251,806	\$23,364,591	\$25,584,699
5. Deductions from Revenue			
6. Net Patient Care Services Revenue	\$22,251,806	\$23,364,591	\$25,584,699
7. Other Operating Revenue (Identify sources)			
8. Total Operating Revenue (Total 1-7)	\$22,251,806	\$23,364,591	\$25,584,699
9. Non-Operating Revenue			
10. Total Project Revenue	\$22,251,806	\$23,364,591	\$25,584,699

Note: the table above reflects revenue for the Maternity Unit only.

**New York State Department of Health
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Schedule 13D

Table 13D – 2A

Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days ☐ or Patient Discharges ☒

Inpatient Services Source of Revenue		Total Current Year			First Year Total Budget			Third Year Total Budget		
		(A) Patient Days or dis- charges	Net Revenue		(C) Patient Days or dis- charges	Net Revenue		(E) Patient Days or dis- charges	Net Revenue	
			(B) Dollars (\$)	\$ per Patient Day or dis- charge (B)/(A)		(D) Dollars (\$)	\$ per Patient Day or dis- charge (D)/(C)		(F) Dollars (\$)	\$ per Patient Days or dis- charges (F)/(E)
Commercial	Fee for Service									
	Managed Care	261	\$6,177,187	\$23,667	262	\$6,205,423	\$23,685	295	\$6,979,490	\$23,659
Medicare	Fee for Service	5	\$135,263	\$27,053	10	\$261,547	\$26,155	11	\$294,173	\$26,743
	Managed Care	5	\$114,515	\$22,903	2	\$56,183	\$28,092	3	\$63,192	\$21,064
Medicaid	Fee for Service	157	\$2,377,704	\$15,145	168	\$2,550,324	\$15,181	189	\$2,868,452	\$15,177
	Managed Care	893	\$13,426,654	\$15,035	998	\$15,007,227	\$15,037	1,123	\$16,879,230	\$15,030
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other		2	\$20,483	\$10,242	2	\$25,123	\$12,562	3	\$28,257	\$9,419
Total		1,323	\$22,251,806	\$16,819	1,442	\$24,105,827	\$16,717	1,624	\$27,112,794	\$16,695

Note: the table above reflects volume and revenue for the Maternity Unit only.

**New York State Department of Health
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Schedule 13D

Table 13D – 2B

Various outpatient services may be reimbursed as visits or procedures. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Visits (V) ☐ or Procedures (P) ☐

Not Applicable: Inpatient Services Only

Outpatient Services Source of Revenue		Total Current Year			First Year Total Budget			Third Year Total Budget		
		(A) V/P	Net Revenue		(C) V/P	Net Revenue		(E) V/P	Net Revenue	
			(B) Dollars (\$)	\$ per V/P (B)/(A)		(D) Dollars (\$)	\$ per V/P (D)/(C)		(F) Dollars (\$)	\$ per V/P (F)/(E)
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total		0	\$0	#DIV/0!	0	\$0	#DIV/0!	0	\$0	#DIV/0!
Total of Inpatient and Outpatient Services			\$22,251,806			\$23,364,591			\$25,584,699	

KINGS COUNTY HOSPITAL CENTER

SCHEDULE 13 ATTACHMENT

DEPRECIATION CALCULATION

KINGS COUNTY HOSPITAL CENTER

DEPRECIATION OF CAPITAL COSTS

Line	Asset	Cost	Useful Life (in Years)	Annual Depreciation
1.1	Land Acquisition	\$0	30	\$0
1.2	Building Acquisition	\$0	30	\$0
2.1	New Construction	\$19,829,466	30	\$660,982
2.2	Renovation & Demolition	\$0	30	\$0
2.3	Site Development	\$0	30	\$0
2.4	Temporary Utilities	\$0	30	\$0
2.5	Asbestos Abatement or Removal	\$0	30	\$0
3.1	Design Contingency	\$350,049	30	\$11,668
3.2	Construction Contingency	\$1,257,606	30	\$41,920
4.1	Fixed Equipment	\$0	30	\$0
4.2	Planning Consulting Fees	\$0	30	\$0
4.3	Architect/Engineering Fees	\$3,500,490	30	\$116,683
4.4	Construction Manager Fees	\$1,137,167	30	\$37,906
4.5	Other Fees	\$7,610,391	30	\$253,680
5.1	Moveable Equipment	\$458,295	10	\$45,830
5.2	Telecommunications	\$0	10	\$0
7.1	Financing Costs	\$0	30	\$0
7.2	Interim Interest Expense	\$0	30	\$0
9.1	Application Fee	\$2,000	30	\$67
9.2	Additional Processing Fee	\$102,430	30	\$3,414
TOTAL		\$34,247,894		\$1,172,149

Note that depreciation is calculated using only the reimburseable portion of the Total Project Cost totaling \$34,247,894. The costs for construction of shell space are not included.

**New York State Department of Health
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Schedule 16A

Schedule 16 A. Hospital Program Information

See "Schedules Required for Each Type of CON" to determine when this form is required.

Instructions: Briefly indicate how the facility intends to comply with state and federal regulations specific to the services requested, such as cardiac surgery, bone marrow transplants. For clinic services, please include the hours of service for each day of operation, name of the hospital providing back-up services (indicating the travel time and distance from the clinic) and how the facility intends to provide quality oversight including credentialing, utilization and quality assurance monitoring.

Kings County Hospital Center (KCHC, the "Hospital"), a 624-bed acute care hospital located at 451 Clarkson Avenue, Brooklyn (Kings County), New York 11203, and a member of New York City Health + Hospitals, is submitting this Certificate of Need Application for Administrative Review seeking New York State Department of Health approval to construct an addition to the Hospital to accommodate four (4) net new maternity beds that will serve low-risk women and birthing people. The number of certified maternity beds will increase from 30 to 34.

The existing policies and procedures of the Hospital will continue to be consistent with the medical needs of the Hospital's patients. The Hospital will continue to ensure that services adhere to the highest standards of operation in its relationship with patients, other Article 28 facilities, provider organizations and the general community. The Hospital will continue to satisfy applicable Federal and State regulations and requirements pertaining to the patient care environment, including applicable sections of 10 NYCRR.

Staffing for this project has been developed in accordance with the experience of the Hospital. Under no circumstance during actual operations will staffing levels fall below the level required to meet current standards of practice, pursuant to interpretation by the Hospital's Chief Medical Officer.

The Hospital's Quality Assurance Program (QAP) is administered by the Chief Medical Officer. The QAP defines the objectives, organization, responsibilities, scope and procedures for overseeing the effectiveness of identifying and solving quality-related problems. Professional standards development and an in-service education program are also part of the QAP. The QAP is comprehensive in nature and involves all levels of staff and all disciplines providing care at the Hospital and its extension clinics. QAP findings and corrective actions are reported to the Board of Directors of NYC H+H.

The Hospital will continue to maintain medical records in accordance with applicable requirements, including Section 405.10 of 10 NYCRR. This includes the assurance of confidentiality of patients' records, as well as prompt and efficient transfer of medical records to other practitioners and/or facilities upon patient request. All staff members receive training regarding the confidentiality of patient medical records.

New York State Department of Health Certificate of Need Application

Schedule 16A

For Hospital-Based – Ambulatory Surgery Projects:
Please provide a list of ambulatory surgery categories you intend to provide.

Not Applicable

List of Proposed Ambulatory Surgery Category

For Hospital-Based – Ambulatory Surgery Projects:
Please provide the following information:

Number and Type of Operating Rooms:

- Current:
- To be added:
- Total ORs upon Completion of the Project:

Number and Type of Procedure Rooms:

- Current:
- To be added:
- Total Procedure Rooms upon Completion of the Project:

New York State Department of Health Certificate of Need Application

Schedule 16B

Schedule 16 B. Community Need

See “Schedules Required for Each Type of CON” to determine when this form is required.

Public Need Summary:

Briefly summarize on this schedule why the project is needed. Use additional paper, as necessary. If the following items have been addressed in the project narrative, please cite the relevant section and pages.

1. Identify the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.)

The primary service area (PSA) for this project is Kings County (Brooklyn).

2. Provide a quantitative and qualitative description of the population to be served. Data may include median income, ethnicity, payor mix, etc.

With a total population of 2,646,306, Brooklyn is the most populous of New York City’s five (5) boroughs, comprising 31.1% of the City population. More than half (52.4%) of Brooklyn residents are female. In addition, Brooklyn has a high percentage of populations that are traditionally underserved for health care services, including the poor and minorities. In Brooklyn, 39.3% of residents are White, 29.0% are Black/African-American, 12.0% are Asian, 10.9% are some other single race, and 8.8% are two (2) or more races. In addition, 18.9% of Brooklyn residents are Hispanic or Latino (of any race). Nearly a fifth (19.0%) of Brooklyn residents are living below the Federal Poverty Level (FPL), higher than New York City overall at 18.2%. The median household income in Brooklyn is \$76,912, similar to New York City overall.

	Kings County	New York City
2023 Population	2,646,306	8,516,202
% Female	52.4%	52.0%
% under 18	22.5%	20.4%
% over 65	15.0%	16.0%
% White	39.3%	35.9%
% Black/African-American	29.0%	22.7%
% Asian	12.0%	14.6%
% Other single race	10.9%	16.3%
% Two (2) or more races	8.8%	10.5%
% Hispanic/Latino (of any race)	18.9%	28.4%
% Median Household Income	\$76,912	\$76,577
% Living Below Federal Poverty Level	19.0%	18.2%

Source: U.S. Census Bureau American Community Survey 2023 five-(5)-year estimates

3. Document the current and projected demand for the proposed service in the population you plan to serve. If the proposed service is covered by a DOH need methodology, demonstrate how the proposed service is consistent with it.

According to the New York City Department of Health and Mental Hygiene's (DOHMH) *Pregnancy Associated Mortality in New York City, 2016-2020* annual report, during the five-(5)-year period from 2016 to 2020, there were 457,185 total live births in New York City, as shown in the table below. Brooklyn accounted for the largest share of births among the City's five (5) boroughs at 34.0%, a percentage that is higher than its percentage of the total population of New York City.

Borough	# of live births (2016-2020)	% of total
Brooklyn	155,376	34.0%
Queens	120,612	26.4%
Bronx	91,349	20.0%
Manhattan	64,126	14.0%
Staten Island	25,722	5.6%
Grand Total	457,185	100.0%

In 2016-2020, the pregnancy-associated mortality ratio (PAMR) in NYC was 42.9 deaths per 100,000 live births, and the pregnancy-related mortality ratio (PRMR) was 20.3 deaths per 100,000 live births.¹

- While the PAMR in NYC has remained steady since 2001, unfair, unjust and avoidable inequities persist. In 2016-2020, there were 241 pregnancy-associated deaths in NYC. Of these, 105 (43.6%) were among Black non-Hispanic women and birthing people, who were four (4) times more likely to die of a pregnancy-associated cause compared with White non-Hispanic women and birthing people. Of the subset of 114 pregnancy-related deaths from the same period, 54 (47.4%) were to Black non-Hispanic women and birthing people. Compared with their White counterparts, Black non-Hispanic women and birthing people were six (6) times more likely to die a pregnancy-related death in 2016-2020, and eight (8) times more likely to die a pregnancy-related death on average over the past 20 years. Nearly a third (29.0%) of Brooklyn residents are Black/African-American, compared to 22.7% Citywide.
- The NYC Maternal Mortality Review Committee (MMRC), which was convened by DOHMH in 2018, determined that 62.7% of pregnancy-associated deaths and 74.6% of pregnancy-related deaths were preventable. The top contributing factors across the six (6) leading causes of preventable death were: 1) mental health conditions (lack of continuity of care/care coordination); 2) cardiovascular conditions (lack of continuity of care/care coordination); 3) hemorrhage (clinical skill/quality of care); 4) embolism (clinical skill/quality of care); 5) pulmonary conditions (clinical skill/quality of care); and infection (clinical skill/quality of care and continuity of care/care coordination).

¹ Pregnancy-associated deaths are those from any cause during pregnancy or within one year from the end of pregnancy, regardless of the outcome of the pregnancy. Pregnancy-related deaths, a subset of pregnancy-associated deaths, are deaths that occur during pregnancy or within one year from the end of pregnancy that are caused by a pregnancy complication, a chain of events initiated by pregnancy or the aggravation of an unrelated condition by the pregnancy.

- **Mental health conditions, represented mainly by overdoses, emerged as the leading cause of pregnancy-associated deaths in 2016-2020, while hemorrhage was the leading cause of pregnancy-related deaths. Over 90% of pregnancy-associated deaths due to mental health conditions and hemorrhage were considered preventable by the MMRC.**

Geographic disparities also exist with respect to maternal mortality, as shown in the table below. While Staten Island and the Bronx had higher PAMRs overall compared to the other New York City boroughs, within specific community districts, four (4) of the five (5) highest PAMRs, and five (5) of the top 10, were in Brooklyn neighborhoods, including East Flatbush where KCHC is located (#9 in the table).

Pregnancy-Associated Mortality Ratio by Community District, NYC, 2016-2020					
	Community district	Borough	PAMR*	Pregnancy-associated deaths	Live births
1	Brownsville (316)	Brooklyn	146.9	9	6,128
2	Crown Heights (308)	Brooklyn	114.5	7	6,115
3	Rockaway/Broad Channel (414)	Queens	113.6	7	6,163
4	Red Hook/Gowanus (306)	Brooklyn	113.2	9	7,950
5	East New York/Starrett City (305)	Brooklyn	95.4	12	12,584
6	Mott Haven/Melrose (201)	Bronx	82.9	6	7,238
7	Belmont/East Tremont (206)	Bronx	82.7	5	6,046
8	Howland Hook/Rosebank (501)	Staten Island	81.4	9	11,063
9	East Flatbush (317)	Brooklyn	80.0	7	8,751
10	Tottenville/Oakwood Beach (503)	Staten Island	78.4	6	7,656

4. (a) Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

This project is part of a larger initiative from H+H to update outdated labor and delivery and ambulatory women's health services to provide more holistic, integrated and patient-centered services. H+H's vision is to provide safe, respectful care to women throughout the childbearing cycle, including state-of-the-art birthing suites; tailoring space to meet the needs of the pregnant person, their partner, families and newborns; creating a holistic atmosphere to promote healing and calm the senses; and providing the full spectrum of care to include patients who can experience natural birth, as well as more complex care with maternal-fetal medicine and newborn intensive care services.

Specifically at KCHC, this project entails constructing an addition to the Hospital to accommodate four (4) net new maternity beds that will serve low-risk mothers. The number of certified maternity beds will increase from 30 to 34. The total certified bed capacity of the Hospital will increase from 624 to 628. This project will expand maternity capacity at KCHC to enable the Hospital to better meet the need for this service in Brooklyn and the new modernized unit will help to reduce health disparities. As a public hospital that is part of NYC H+H, KCHC plays an integral role in ensuring access to high-quality

maternal health services for underserved populations in New York City and in Brooklyn in particular.

(b) Will the proposed project serve all patients needing care regardless of their ability to pay or the source of payment? If so, please provide such a statement.

Patients in need of the Hospital's services will continue to be accepted without regard to age, sex, sexual orientation, race, creed, religion, disability, ability to pay, source of payment or other personal characteristics.

5. Describe where and how the population to be served currently receives the proposed services.

Three (3) of 11 H+H facilities with maternity beds are located in Brooklyn. These facilities are South Brooklyn Health, Kings County Hospital Center and Woodhull Medical and Mental Health Center. In FY 2021, these hospitals had 1,255, 1,231 and 1,069 births, respectively. As a public hospital that is part of H+H, KCHC plays an integral role in ensuring access to high-quality maternal health services for underserved populations in New York City and in Brooklyn in particular. Of note, the Medicaid-eligible population in the neighborhood of East Flatbush, where the Hospital is located, has received designation from the Federal Health Resources and Services Administration as a population group that is a Health Professional Shortage Areas (HPSA).

6. Describe how the proposed services will be address specific health problems prevalent in the service area, including any special experience, programs or methods that will be implemented to address these health issues.

This project will improve access to high-quality maternal health services for Brooklyn residents. As noted above, Brooklyn neighborhoods are disproportionately represented among areas with the highest pregnancy-associated mortality ratio in New York City, accounting for four (4) of the five (5) Community Districts (and five (5) of the top 10) with the highest PAMR in the City, including East Flatbush where KCHC is located (ranked #9). In addition to geographic disparities in maternal health, there are persistent racial and ethnic disparities, including Black non-Hispanic women and birthing people being four (4) times more likely to die of a pregnancy-associated cause compared with White non-Hispanic women and birthing people. This project will expand maternity capacity at KCHC to better meet the need for this service in Brooklyn and to reduce health disparities.

ONLY for Hospital Applicants submitting Full Review CONs

Not Applicable – Administrative Review C.O.N.

7. (a) Explain how the proposed project advances local Prevention Agenda priorities identified by the community in the most recently completed Community Health Improvement Plan (CHIP)/Community Service Plan (CSP). *Do not submit the CSP.* Please be specific in which priority(ies) is/are being addressed.

- (b) If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.

8. Briefly describe what interventions you are implementing to support local Prevention Agenda goals.

9. Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?

10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?

11. In your most recent Schedule H form submitted to the IRS, did you report any Community Benefit spending in the Community Health Improvement Services category that supports local Prevention Agenda goals? (Y/N question)

ONLY for Hospital Applicants submitting Full Review CONs

Not Applicable – Administrative Review C.O.N.

Public Hospitals

12. Briefly summarize how you are advancing local public health priorities identified by your local health department and other community partners.

13. Briefly describe what interventions you are implementing to support local public health priorities.

14. Have you engaged local community partners, including the local health department, in your efforts to address local public health priorities?

15. What data are you using to track progress in addressing local public health priorities?

New York State Department of Health Certificate of Need Application

Schedule 16C

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Services Tables of Schedule 16C. The Authorized Beds and Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

C. Impact of CON Application on Hospital Operating Certificate

N/A

Note: If the application involves an extension clinic, indicate which services should be added or removed from the certificate of the extension clinic alone, rather than for the hospital system as a whole. If multiple sites are involved, complete a separate 16C for each site.

TABLE 16C-1 AUTHORIZED BEDS

LOCATION:	
<small>(Enter street address of facility)</small>	

Category	Code	Current Capacity	Add	Remove	Proposed Capacity
AIDS	30		☐	☐	
BONE MARROW TRANSPLANT	21		☐	☐	
BURNS CARE	09		☐	☐	
CHEMICAL DEPENDENCE-DETOX *	12		☐	☐	
CHEMICAL DEPENDENCE-REHAB *	13		☐	☐	
COMA RECOVERY	26		☐	☐	
CORONARY CARE	03		☐	☐	
INTENSIVE CARE	02		☐	☐	
MATERNITY	05		☐	☐	
MEDICAL/SURGICAL	01		☐	☐	
NEONATAL CONTINUING CARE	27		☐	☐	
NEONATAL INTENSIVE CARE	28		☐	☐	
NEONATAL INTERMEDIATE CARE	29		☐	☐	
PEDIATRIC	04		☐	☐	
PEDIATRIC ICU	10		☐	☐	
PHYSICAL MEDICINE & REHABILITATION	07		☐	☐	
PRISONER				☐	
PSYCHIATRIC**	08		☐	☐	
RESPIRATORY				☐	
SPECIAL USE				☐	
SWING BED PROGRAM				☐	
TRANSITIONAL CARE	33		☐	☐	
TRAUMATIC BRAIN INJURY	11		☐	☐	
TOTAL			☐	☐	

*CHEMICAL DEPENDENCE: Requires additional approval by the Office of Alcohol and Substance Abuse Services (OASAS)

**PSYCHIATRIC: Requires additional approval by the Office of Mental Health (OMH)

Does the applicant have previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

☐ No

☐ Yes (Enter CON numbers to the right)

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Schedule 16C

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TABLE 16C-2 LICENSED SERVICES FOR HOSPITAL CAMPUSES

LOCATION:	
<i>(Enter street address of facility)</i>	

	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE ⁶	☐	☐	☐	☐
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	☐	☐	☐	☐
AMBULATORY SURGERY				
MULTI-SPECIALTY	☐	☐	☐	☐
SINGLE SPECIALTY – GASTROENTEROLOGY	☐	☐	☐	☐
SINGLE SPECIALTY – OPHTHALMOLOGY	☐	☐	☐	☐
SINGLE SPECIALTY – ORTHOPEDICS	☐	☐	☐	☐
SINGLE SPECIALTY – PAIN MANAGEMENT	☐	☐	☐	☐
SINGLE SPECIALTY – OTHER (SPECIFY)	☐	☐	☐	☐
CARDIAC CATHETERIZATION				
ADULT DIAGNOSTIC	☐	☐	☐	☐
ELECTROPHYSIOLOGY (EP)	☐	☐	☐	☐
PEDIATRIC DIAGNOSTIC	☐	☐	☐	☐
PEDIATRIC INTERVENTION ELECTIVE	☐	☐	☐	☐
PERCUTANEOUS CORONARY INTERVENTION (PCI)	☐	☐	☐	☐
CARDIAC SURGERY ADULT	☐	☐	☐	☐
CARDIAC SURGERY PEDIATRIC	☐	☐	☐	☐
CERTIFIED MENTAL HEALTH O/P ¹	☐	☐	☐	☐
CHEMICAL DEPENDENCE - REHAB ²	☐	☐	☐	☐
CHEMICAL DEPENDENCE - WITHDRAWAL O/P ²	☐	☐	☐	☐
CLINIC PART-TIME SERVICES	☐	☐	☐	☐
COMPREHENSIVE PSYCH EMERGENCY PROGRAM	☐	☐	☐	☐
DENTAL	☐	☐	☐	☐
EMERGENCY DEPARTMENT	☐	☐	☐	☐
EPILEPSY COMPREHENSIVE SERVICES	☐	☐	☐	☐
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT ⁴	☐	☐	☐	☐
HOME HEMODIALYSIS TRAINING & SUPPORT ⁴	☐	☐	☐	☐
INTEGRATED SERVICES – MENTAL HEALTH	☐	☐	☐	☐
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	☐	☐	☐	☐
LITHOTRIPSY	☐	☐	☐	☐
METHADONE MAINTENANCE O/P ²	☐	☐	☐	☐
RADIOLOGY-THERAPEUTIC ⁵	☐	☐	☐	☐
RENAL DIALYSIS, ACUTE	☐	☐	☐	☐
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] ⁴				

¹ A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

² A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

⁴ DIALYSIS SERVICES require additional approval by Medicare

⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators

⁶ PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

⁷ Must be certified for Home Hemodialysis Training & Support

**New York State Department of Health
Certificate of Need Application**

Schedule 16C

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Services Tables of Schedule 16C. The Authorized Beds and Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

TABLE 16C-2 LICENSED SERVICES <i>(cont.)</i>	Current	Add	Remove	Proposed
TRANSPLANT				
HEART - ADULT	☐	☐	☐	☐
HEART - PEDIATRIC	☐	☐	☐	☐
KIDNEY	☐	☐	☐	☐
LIVER	☐	☐	☐	☐
TRAUMATIC BRAIN INJURY	☐	☐	☐	☐

New York State Department of Health Certificate of Need Application

Schedule 16C

Not Applicable

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Services Tables of Schedule 16C. The Authorized Beds and Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

**TABLE 16C-3 LICENSED SERVICES FOR
HOSPITAL EXTENSION CLINICS and OFF-CAMPUS EMERGENCY DEPARTMENTS**

LOCATION: (Enter street address of facility)	MOBILE CLINIC DESIGNATION ☐			
	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE ⁶	☐	☐	☐	☐
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	☐	☐	☐	☐
AMBULATORY SURGERY				
SINGLE SPECIALTY -- GASTROENTEROLOGY	☐	☐	☐	☐
SINGLE SPECIALTY – OPHTHALMOLOGY	☐	☐	☐	☐
SINGLE SPECIALTY – ORTHOPEDICS	☐	☐	☐	☐
SINGLE SPECIALTY – PAIN MANAGEMENT	☐	☐	☐	☐
SINGLE SPECIALTY – OTHER (SPECIFY)	☐	☐	☐	☐
MULTI-SPECIALTY	☐	☐	☐	☐
CERTIFIED MENTAL HEALTH O/P ¹	☐	☐	☐	☐
CHEMICAL DEPENDENCE – REHAB ²	☐	☐	☐	☐
CHEMICAL DEPENDENCE – WITHDRAWAL O/P ²	☐	☐	☐	☐
DENTAL	☐	☐	☐	☐
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT ⁴	☐	☐	☐	☐
HOME HEMODIALYSIS TRAINING & SUPPORT ⁴	☐	☐	☐	☐
INTEGRATED SERVICES – MENTAL HEALTH	☐	☐	☐	☐
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	☐	☐	☐	☐
LITHOTRIPSY	☐	☐	☐	☐
METHADONE MAINTENANCE O/P ²	☐	☐	☐	☐
RADIOLOGY-THERAPEUTIC ⁵	☐	☐	☐	☐
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] ⁴	_____	_____	_____	_____
TRAUMATIC BRAIN INJURY	☐	☐	☐	☐
FOR OFF-CAMPUS EMERGENCY DEPARTMENTS ONLY⁷				
EMERGENCY DEPARTMENT	☐	☐	☐	☐

¹ A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

² A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

⁴ DIALYSIS SERVICES require additional approval by Medicare

⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators

⁶ PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

⁷ OFF-CAMPUS EMERGENCY DEPARTMENTS must meet all relevant Federal Conditions of Participation for a hospital per CMS S&C-08-08

New York State Department of Health Certificate of Need Application

Schedule 16C

END STAGE RENAL DISEASE (ESRD)

Not Applicable

TABLE 16C-3(a) CAPACITY	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

If application involves dialysis service with existing capacity, complete the following table:

TABLE 16C-3(b) TREATMENTS	Last 12 mos	2 years prior	3 years prior
CHRONIC DIALYSIS			

All Chronic Dialysis applicants must provide the following information in compliance with 10 NYCRR 670.6.

1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.

2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons, and residents of remote rural areas.

3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.

4. Provide evidence that the facility is willing to and capable of safely serving patients.

5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

**New York State Department of Health
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Schedule 16C

Mobile Clinic Site Approval Request: **Not Applicable**

One form must be submitted for each proposed mobile clinic site. Please feel free to photocopy this form as necessary. You may use attach additional sheets as necessary

Facility Name		
Proposed Site Address		
CITY	COUNTY	ZIP
Type of Facility at Site		
Name and Title of Representative at site:		
Type of Service		

Is mobile clinic in a self-contained vehicle or is equipment moved into the temporary site?

--

Schedule of operation

--

Justification for service at this site

--

List of current sites where these services will no longer be offered

--

Schedule 16 D. Hospital Outpatient Department - Utilization projections

a	b	d	f
	Current Year Visits*	First Year visits*	Third Year visits*
CERTIFIABLE SERVICES			
MEDICAL SERVICES - PRIMARY CARE	<u>N/A - inpatient services only</u>		
MEDICAL SERVICES - OTHER MEDICAL SPECIALTIES			
AMBULATORY SURGERY			
SINGLE SPECIALTY - GASTROENTEROLOGY			
SINGLE SPECIALTY - OPHTHALMOLOGY			
SINGLE SPECIALTY - ORTHOPEDICS			
SINGLE SPECIALTY - PAIN MANAGEMENT			
SINGLE SPECIALTY - OTHER			
MULTI-SPECIALTY			
CARDIAC CATHETERIZATION			
ADULT DIAGNOSTIC			
ELECTROPHYSIOLOGY			
PEDIATRIC DIAGNOSTIC			
PEDIATRIC INTERVENTIONAL ELECTIVE			
PERCUTANEOUS CORONARY INTERVENTION (PCI)			
CERTIFIED MENTAL HEALTH O/P			
CHEMICAL DEPENDENCE - REHAB			
CHEMICAL DEPENDENCE - WITHDRAWAL O/P			
CLINIC PART-TIME SERVICES			
CLINIC SCHOOL-BASED SERVICES			
CLINIC SCHOOL-BASED DENTAL PROGRAM			
COMPREHENSIVE EPILEPSY CENTER			
COMPREHENSIVE PSYCH EMERGENCY PROGRAM			
DENTAL			
EMERGENCY DEPARTMENT			
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT			
HOME HEMODIALYSIS TRAINING & SUPPORT			
INTEGRATED SERVICES - MENTAL HEALTH			
INTEGRATED SERVICES - SUBSTANCE USE DISORDER			
LITHOTRIPSY			
METHADONE MAINTENANCE - O/P			
RADIOLOGY-THERAPEUTIC			
RENAL DIALYSIS, CHRONIC			
OTHER SERVICES			
Total			

Note: In the case of an extension clinic, the service estimates in this table should apply to the site in question, not to the hospital or network as a whole.

* The 'Total' reported MUST be the SAME as those on Table 13D-4.

Schedule 16E. Utilization/Discharge and Patient Days

Service (Beds) Classification	Current Year		1st Year		3rd Year	
	Start date: 1/1/2026		Start date: 10/1/2029		Start date: 10/1/2031	
	Discharges	Patient Days	Discharges	Patient Days	Discharges	Patient Days
AIDS						
BONE MARROW TRANSPLANT						
BURNS CARE						
CHEMICAL DEPENDENCE - DETOX						
CHEMICAL DEPENDENCE - REHAB						
COMA RECOVERY						
CORONARY CARE						
INTENSIVE CARE						
MATERNITY	1,323	5,633	1,442	6,144	1,624	6,912
MED/SURG						
NEONATAL CONTINUING CARE						
NEONATAL INTENSIVE CARE						
NEONATAL INTERMEDIATE CARE						
PEDIATRIC						
PEDIATRIC ICU						
PHYSICAL MEDICINE & REHABILITATION						
PRISONER						
PSYCHIATRIC						
RESPIRATORY						
SPECIAL USE						
SWING BED PROGRAM						
TRANSITIONAL CARE						
TRAUMATIC BRAIN-INJURY						
OTHER (describe)						
TOTAL	1,323	5,633	1,442	6,144	1,624	6,912

NOTE: Prior versions of this table referred to "incremental" changes in discharges and days. The table now requires the full count of discharges and days.

Note: the table above reflects volume for the Maternity Unit only.