

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: St. John's Episcopal Hospital

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.

Donald T. Morrish, M.D., M.M.M. Chief Executive Officer,
Episcopal Health Services, Inc.

General Information

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 ☐	Title of Attachment: N/A – Administrative Review C.O.N. Application
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 ☒	N/A

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	
	Mr. Frank M. Cicero, Consultant	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	
	Ms. Karen Paige; EVP and COO	St. John's Episcopal Hospital	
	BUSINESS STREET ADDRESS		
	327 Beach 19 th Street		
	CITY	STATE	ZIP
	Far Rockaway	New York	11691
	TELEPHONE	E-MAIL ADDRESS	

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

CHIEF EXECUTIVE	NAME AND TITLE		
	Donald T. Morrish, M.D., M.M.M.; Chief Executive Officer		
	BUSINESS STREET ADDRESS		
	327 Beach 19 th Street		
	CITY	STATE	ZIP
	Far Rockaway	New York	11691
CHIEF EXECUTIVE	TELEPHONE		E-MAIL ADDRESS

The applicant's lead attorney should be identified:

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

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

CONSULTANT	NAME		FIRM	BUSINESS STREET ADDRESS
	Mr. 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
	Please contact consultant			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

Please list all Architects and Engineer contacts:

ARCHITECT and/or ENGINEER	NAME		FIRM	BUSINESS STREET ADDRESS
	Ciro Fraschilla, R.A.		Mascioni & Behrmann	29 West 38 th Street; 11 th Floor
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	New York, NY 10018		(212) 683-0561	cfraschilla@mb-arch.com

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

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

N/A

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

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.

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 the Monthly Cash Flow Analysis and to the **Schedule 9 Attachment** for the Financial Narrative, a recent 2026 Internal Financial Statement of the applicant and the 2025 Audited Financial Statement of the applicant.

2. Pro Forma Balance Sheet N/A

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	

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

SCHEDULE 5 ATTACHMENT

MONTHLY CASH FLOW STATEMENT

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

CRITICAL CARE EXPANSION PROJECT

MONTHLY CASH FLOW ANALYSIS - INCREMENTAL PROJECT ONLY - 12 MONTHS (2026 DOLLARS)

<u>Month</u>	1	2	3	4	5	6	7	8	9	10	11	12
<u>Starting Cash*</u>	\$19,822,000	\$19,724,314	\$19,945,008	\$20,165,701	\$20,386,395	\$20,607,089	\$20,827,783	\$21,048,476	\$21,269,170	\$21,489,864	\$21,710,558	\$21,931,251
<u>Monthly Revenue</u>	\$636,760	\$955,139	\$955,139	\$955,139	\$955,139	\$955,139	\$955,139	\$955,139	\$955,139	\$955,139	\$955,139	\$955,139
<u>Monthly Expenses</u>	\$734,446	\$734,446	\$734,446	\$734,446	\$734,446	\$734,446	\$734,446	\$734,446	\$734,446	\$734,446	\$734,446	\$734,446
<u>Remaining Cash</u>	\$19,724,314	\$19,945,008	\$20,165,701	\$20,386,395	\$20,607,089	\$20,827,783	\$21,048,476	\$21,269,170	\$21,489,864	\$21,710,558	\$21,931,251	\$22,151,945

* The starting cash in Year 1 represents the amount listed in Cash/Cash Equivalents in the recent Internal Financial Statement.

Schedule 6

Architectural/Engineering Submission

Contents:

- **Instructions**
- **Architectural/Engineering Narrative**
- **Required Attachment Table**

Architectural and Engineering Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, and proposals for new certified space with no proposed construction, for Articles 28 & 40 of the Public Health Law, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- The design professional shall complete the Architectural/Engineering Narrative using the format below. Large, complex projects may include a supplementary narrative when needed.
- Provide the Architect or Engineer Certification.
 - [Architect or Engineer Certification](#)
- Provide a FEMA BFE Certificate, for hospitals and nursing homes located in coastal or flood zones.
 - [FEMA Elevation Certificate and Instructions](#)
- Provide a Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for all patient and resident spaces.
- Provide a Physicist Certification for projects with imaging services, at the Schematic Design or Design Development submission phase.
 - [Physicist Certification](#)
- Provide Architectural/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawings must be full size (to scale). Drawings of the same trade may be combined into one file. Submission guidelines may be found within the following hyperlink.
 - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the "Required Attachment Table" at the end of this document for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
 - Name the attachments per the table when uploading documents in NYSE-CON.
 - Do not combine Schedule 6, Architect or Engineer Certification, and FEMA BFE Certificate into one document.

Architectural/Engineering Narrative

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: 5/4/2026	Revised Schedule 6 submission date (if applicable): N/A
Does this project amend or supersede a prior CON application? No	
If so, what is the original CON number? N/A	
Project Intent/Purpose: Partial renovation of the existing space on the 3rd floor of Tower Building for 9-bed Coronary Care Unit. Expansion of the existing Intensive Care Unit (ICU) on the 3rd floor through the construction of two new floors above the adjacent, single-story prior addition. The 2nd floor will house mechanical and infrastructure systems, and the 3rd floor will include additional ICU patient rooms and support spaces.	
Project Site Location: 327 Beach 19th Street, Far Rockaway, NY 11691 – 3rd Floor	
Brief description of current facility, including facility type: Existing critical care beds (comprised of ICU beds and CCU beds) on the 3rd floor of the existing Hospital facility	

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Brief description of proposed facility:

Expansion and modernization of the critical care beds at SJEH.

Location of proposed project space(s) within the building. Identify NFPA 101 occupancy type(s) for each space.

3rd floor of the existing Hospital Building – 'H2' institutional

Indicate if multiple occupancy types, (i.e., mixed occupancies or separated occupancies). Describe the required smoke and fire separations between occupancies:

The 3rd floor of the Tower Building is Hospital 'H2'. There is a connection to an adjacent Business occupancy. This connection is separated by a 2-hr fire separation and smoke barrier.

Is the project work in an existing licensed Article 28 space or an addition to an existing Article 28 building?

Yes

Is the project space being converted from non-Article 28 space to Article 28 licensed space?

No

Relationship of spaces conforming with Article 28 space and non-Article 28 space: All spaces are conforming with Article 28.

List exceptions to the NYSDOH referenced standards. If requesting any exceptions, note each on page 2 of the Architect or Engineer Certification.

Requesting review based on FGI 2018

Does the project involve operating rooms, procedure rooms, class 2 or 3 imaging rooms, emergency care, intensive care, cardiac care, airborne infection isolation rooms, protective environment rooms, laboratories, pharmacies, dialysis, inpatient rooms or other spaces used by residents of residential health care facilities where the provisions of ASHRAE 170, NFPA 99, or NFPA 70 apply?

Yes

Briefly describe the existing building systems within the proposed space, applicable to HVAC, electrical, plumbing, medical gas, fire protection, fire alarm and nurse call.

As this is a new addition there are no existing systems in the proposed space. All MEP within the proposed space shall be new.

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Briefly describe the work for building systems, upgrades, or replacements to HVAC, electrical, plumbing, medical gas, fire protection, fire alarm, and nurse call.

If a hospital or nursing home located in a coastal or 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.

[Not Applicable](#)

Does the project contain imaging equipment? [No](#). If yes, describe the equipment to be provided and/or replaced. Ensure the Physicist Certification is submitted.

[Not Applicable](#)

Does the project contain procedure rooms or Class 2 imaging rooms, as defined in Facility Guidelines Institute, Design and Construction Guidelines? [No](#). If so, what levels of sedation and types of anesthesia will be used for the procedures to be performed in these rooms?

[Not Applicable](#)

Does the project comply with 2010 ADA Standards for Accessible Design? If not, list all areas of noncompliance. New Article 28 space, regardless of proposed construction, shall provide ADA accessibility for patient spaces.

[Yes](#)

Other pertinent information:

[Not Applicable](#)

Project Work Area	Response
Type of Work	Addition & Renovation
Square footages of existing areas, existing floor and or existing building.	3rd flr Existing Renovation Area: 5,755 sf 3rd flr Existing Floor = 24,345 sf 3rd flr Addition Area = 8,765 sf 2nd flr Addition Area = 8,765 sf
Does the work area exceed more than 50% of a smoke compartment, for projects requiring smoke compartments?	More than 50%
Does the work area exceed more than 50% of the floor?	Less than 50% of the floor

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Does the work area exceed more than 50% of the building?	Less than 50% of the building
Sprinkler protection per NFPA 101 Life Safety Code	Will be sprinklered as part of the work
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type I (442)
Building Height	245'
Building Number of Stories	11
Is 2018 FGI or 2014 FGI being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	N/A
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	Yes
If a high-rise, does the building have a generator?	Yes
What is the Occupancy Classification per NFPA 101 Life Safety Code for the proposed work area? Ensure the drawings illustrate each area's occupancy classification.	Ch 18 New Health Care
Are there other NFPA 101 Occupancy Classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Business	Yes
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Phase I = Approximately 8-9 months, Phase II = Approximately 5 months	Yes
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. Enter text here.	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be located? Enter text here.	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Enter text here.	N/A
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Enter text here.	No
Will the project result in a change of the facility's bed capacity? If yes, enumerate the existing and proposed bed capacities. Existing Beds = (8) Coronary Care + (8) Intensive Care Proposed Beds = (9) Coronary Care + (12) Intensive Care	Yes
Does, or will, the facility have an Essential Electrical System (EES)? If yes, which EES Type?	Yes, Type 1 EES
If an existing Type 1 EES, does it meet NFPA 99 -2012 standards?	Yes
Does the existing EES system have capacity for the additional electrical loads? Enter text here.	Yes
Does the project involve Bulk Oxygen Systems (as defined by 2012 NFPA 99, 3.3.21.3)? If an existing system, does it have capacity for additional loads?	Existing, enough capacity
Does the project involve a therapy pool?	No

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REQUIRED ATTACHMENT TABLE

SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION	Title of Attachment	File Name.pdf
•		Schedule 6	Schedule 6.pdf
•		Functional Space Program	FSP.pdf
•		Architect or Engineer Certification	A/E Cert. pdf
•		FEMA BFE Certificate	FEMA Cert.pdf
•		Article 28/Non-Article 28 Space Plans	CON100.pdf
•		Site Plans where applicable to the scope of work	SP100.pdf
•		Schematic Drawings: - Architectural drawings including Life Safety Code Plans, NFPA 101-2012 Life Safety Code Analysis, and level of exit discharge floor plan - Architectural Floor Plans including FGI and ADA illustrated compliance - Reflected Ceiling Plans - Roof Plans, Exterior Elevations, Building Sections, and Vertical Circulation where applicable to the scope of work	Schematic Dwgs.pdf
	•	Design Development Drawings: - Architectural Drawings include wall sections, partition types, door schedules, enlarged plans and interior elevations. - Fire Protection - Fire Detection and Alarm - Mechanical Systems - Electrical Systems - Plumbing Systems	ArchDD.pdf FP.pdf FA.pdf Elec.pdf Plumb.pdf
(optional)	•	Physicist Certification	Physicist Cert.pdf

Notes:

- Design Development drawings may be submitted initially for approval instead of contingent approval, provided that the design and drawings reflect all necessary information to verify full compliance.
- If submitted documents require revisions, reflect this in the file by adding 'revised' (or similar) when uploading the revised documents to NYSE-CON.

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

SCHEDULE 6 ATTACHMENT

ARCHITECTURAL DOCUMENTATION

1. Architect/Applicant Letter of Certification
2. Functional Space Program
3. FEMA BFE Certificate
4. Schematic Drawings



Department of Health

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

Architect or Engineer Certification

Date: May 4, 2026

Facility ID: PFI #1635

Facility Name: St. John's Episcopal Hospital South Shore | 327 Beach 19th St. Far Rockaway NY 11691

Project

Name/Description: St. John's Episcopal Hospital CCU Expansion & Overbuild: Renovation of existing CCU and expansion of existing CCU to provide additional patient rooms with the construction of a new floor over an existing.

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.**

Requesting review based on FGI 2018

2.2-2.6.2.1 Space Requirements - (2) ...minimum head wall width of 13 feet per bed:

Response: Head wall at (Renovation of Existing CCU) Patient Rooms #1 through 6 vary from 11'-1" to 12'-8". The project is limited by the existing floor layout dictated by fixed building core elements.

2.2-2.6.2.1 Space Requirements - (3) Clearances. All adult and pediatric critical care patient rooms shall have the following minimum clearances.

- (a) 1 foot from the head of the bed
- (b) 5 feet from the foot of the bed
- (c) 5 feet on the transfer side
- (d) 4 feet on the non-transfer side -

Response: Not possible at (Renovation of Existing CCU) rooms 3 & 7 due to existing column obstruction. Additionally, clearance is reduced to ~3'-9" at Patient Rooms 4 through 6.

2.2-2.6.8.13 Equipment and Supply Storage... (2) (a) Equipment storage room(s) or alcove(s) shall be sized to provide a minimum of 20 square feet per patient care station:

Response: (Renovation of Existing CCU) with 9 Patient Rooms = 9x20sf= 180sf. Approximately 30sf of Equipment storage is provided within the unit. Additional 110sf of Equipment Storage is provided in area adjacent to the unit.

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.

Architect or Engineer Professional Stamp



Signature of Architect or Engineer

Ciro Frascilla, RA

Name of Architect or Engineer (print)

028481

Professional New York State License Number

29 West 38th St, 11th flr, New York, NY 10018

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 ensure compliance with the codes and regulations shall be the costs for reimbursement under 10 NYCRR Part 86.


Name (print) JOHNALD T. MORRIS M.D.
Title CEO, EHP INC.
Date 6/30/26

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?	☐	☐

St. John's Episcopal Hospital South Shore

327 Beach 19th Street, Far Rockaway NY 11691

CCU Expansion Overbuild & Renovation

Functional Space Program

Designation	No. of Spaces	Sq. Ft. / Space	Total Sq. Ft.	Dept Total Required
Proposed Expansion Phase I				NSF
Patient Room (with bathroom)	10	250	2500	
Patient Isolation Room (with bathroom)	2	285	570	
Nurse Station	4	70	280	
Nurse Office	1	95	95	
On-Call Room (with bathroom)	1	275	275	
Utility Room	1	94	94	
Multi-Purpose Room	1	125	125	
Documentation Area	1	85	85	
Medical Equipment Area	4	25	100	
Environmental Services (JC)	1	54	54	
Supply / Closet	1	20	20	
Medication Room	1	62	62	
Supervisor Office	1	85	85	
Soiled Utility	1	55	55	
Clean Utility	1	68	68	
Nourishment Room	1	34	34	
Subtotal			4,502	
Circulation 30%			1,441	
2nd Floor Interstitial MER	1	7,800	7,800	
Program Net SF:				13,743
Total Gross SF:				17,530
Proposed Existing Renovation Phase II				
Patient Room (with bathroom)	8	250	2000	
Patient Isolation Room (with bathroom)	1	285	285	
Nurse Station	2	120	240	
Staff Lounge (with bathroom)	1	235	235	
Family Lounge	1	155	155	
Visitor Bathroom	1	55	55	
On-Call Room (with bathroom) Existing	1	48	48	
Pantry Existing	1	39	39	
Blood Lab Existing	1	43	43	
Soiled Utility Existing	1	80	80	
Clean Utility Existing	2	75	150	
Environment Services (JC) Existing	1	41	41	
Bathrooms Existing	1	50	50	
Office Existing	1	93	93	
Medical Equipment	2	25	50	
Medication Room Existing	2	43	86	
Conference Room Existing	1	312	312	
Subtotal			3,962	
Circulation 30%			1,268	
Program Net SF:				5,230
Total Gross SF:				5,755

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name: _____		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 327 Beach 19th Street		Company NAIC Number: _____
City: Far Rockaway		State: NY
		ZIP Code: 11691
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: Queens Tax Block: 15636, Lot: 1, Survey Number 69597		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Non-Residential		
A5. Latitude/Longitude: Lat. 40.598671 Long. -73.753471 Horiz. Datum: ☐ NAD 1927 ☒ NAD 1983 ☐ WGS 84		
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: 2A		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): 59209.00 sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐ Yes ☒ No ☐ N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: 0 Engineered flood openings: 0		
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): N/A sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: N/A sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐ Yes ☐ No ☒ N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A Engineered flood openings: N/A		
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): N/A sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: New York City		B1.b. NFIP Community Identification Number: 360497
B2. County Name: Queens	B3. State: NY	B4. Map/Panel No.: 382
		B5. Suffix: F
B6. FIRM Index Date: 09-05-2007		B7. FIRM Panel Effective/Revised Date: 09-05-2007
B8. Flood Zone(s): X		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth):
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: ☐ FIS ☒ FIRM ☐ Community Determined ☐ Other: _____		
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date: _____ ☐ CBRS ☐ OPA		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐ Yes ☒ No		

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

327 Beach 19th Street

City: Far Rockaway

State: NY

ZIP Code: 11691

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: GPS NYSNET CORS

Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

☐ Yes ☐ No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):

19.2

☒ feet ☐ meters

b) Top of the next higher floor (see Instructions):

27.7

☒ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions):

N/A

☐ feet ☐ meters

d) Attached garage (top of slab):

N/A

☐ feet ☐ meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):

19.2

☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished

26.3

☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished

33.3

☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:

N/A

☐ feet ☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☐ Yes ☒ No

☐ Check here if attachments and describe in the Comments area.

Certifier's Name: David A. Shaw

License Number: 050252

Title: Owner

Company Name: Erlandsen-Crowell & Shaw

Address: 241 Jericho tpke

City: New Hyde Park

State: NY

ZIP Code: 11040

Telephone: (516) 926-4353

Ext.: _____

Email: Ecssurveys@aol.com

Signature: _____

Date: 06-16-2026



Place Seal Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of level in C2; type of equipment and location per C2.e; and description of any attachments):

Heating Systems on lowest level.

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 327 Beach 19th Street	FOR INSURANCE COMPANY USE Policy Number: _____ Company NAIC Number: _____
City: <u>Far Rockaway</u> State: <u>NY</u> ZIP Code: <u>11691</u>	

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

327 Beach 19th Street

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

City: Far Rockaway

State: NY

ZIP Code: 11691

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. ☐ A local official completed Section H for insurance purposes.
- G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ ☐ feet ☐ meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____
- G11. Variance issued? ☐ Yes ☐ No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 327 Beach 19th Street	FOR INSURANCE COMPANY USE Policy Number: _____ Company NAIC Number: _____
City: <u>Far Rockaway</u> State: <u>NY</u> ZIP Code: <u>11691</u>	

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5–8.** Top of bottom _____ ☐ feet ☐ meters ☐ above the LAG
floor (include above-grade floors only for buildings with
crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next _____ ☐ feet ☐ meters ☐ above the LAG
higher floor (i.e., the floor above basement, crawlspace, or
enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
327 Beach 19th Street

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

City: Far Rockaway State: NY ZIP Code: 11691

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

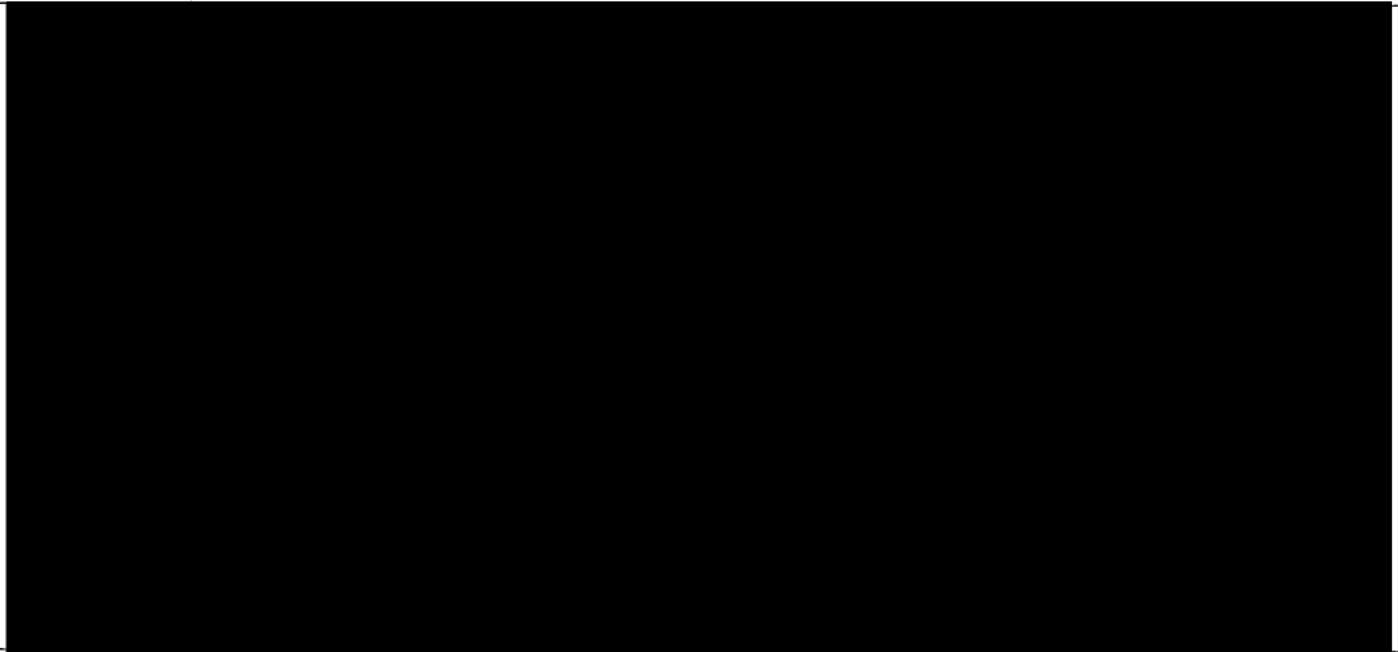


Photo One Caption: **Front Entrance**

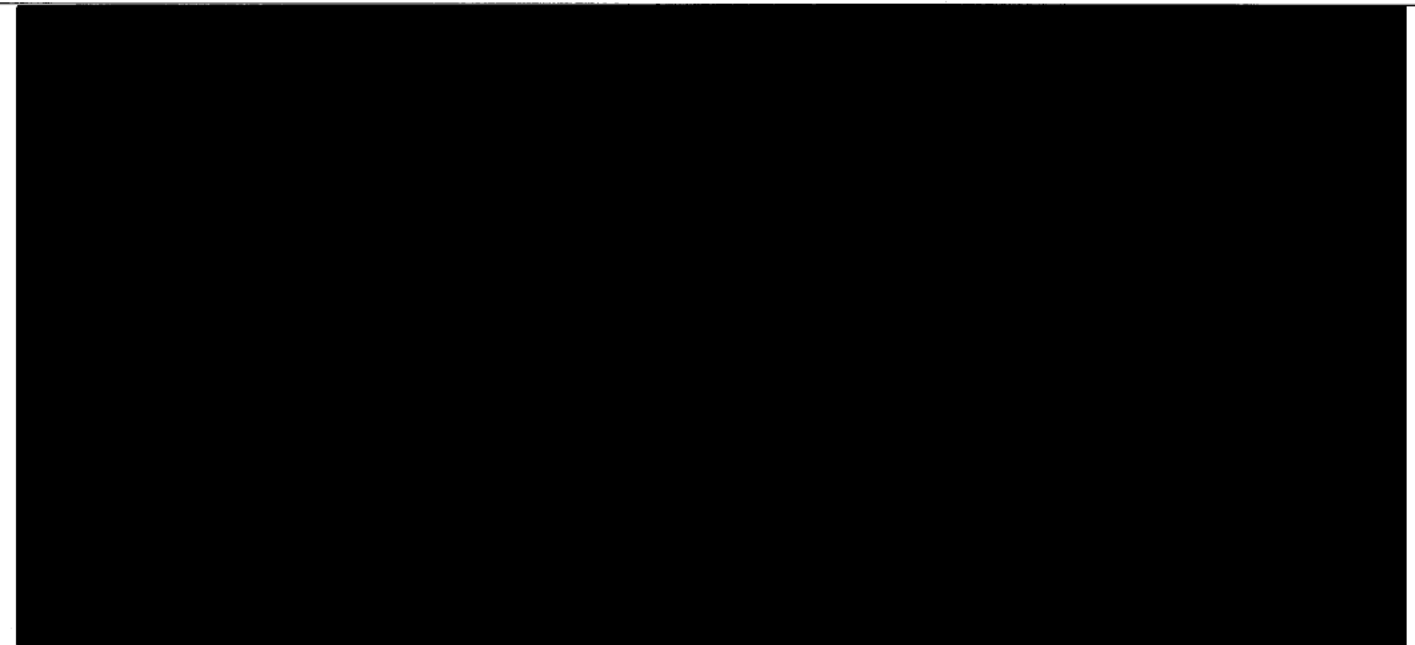


Photo Two Caption: **Service Entrance**

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
327 Beach 19th Street

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

City: Far Rockaway State: NY ZIP Code: 11691

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

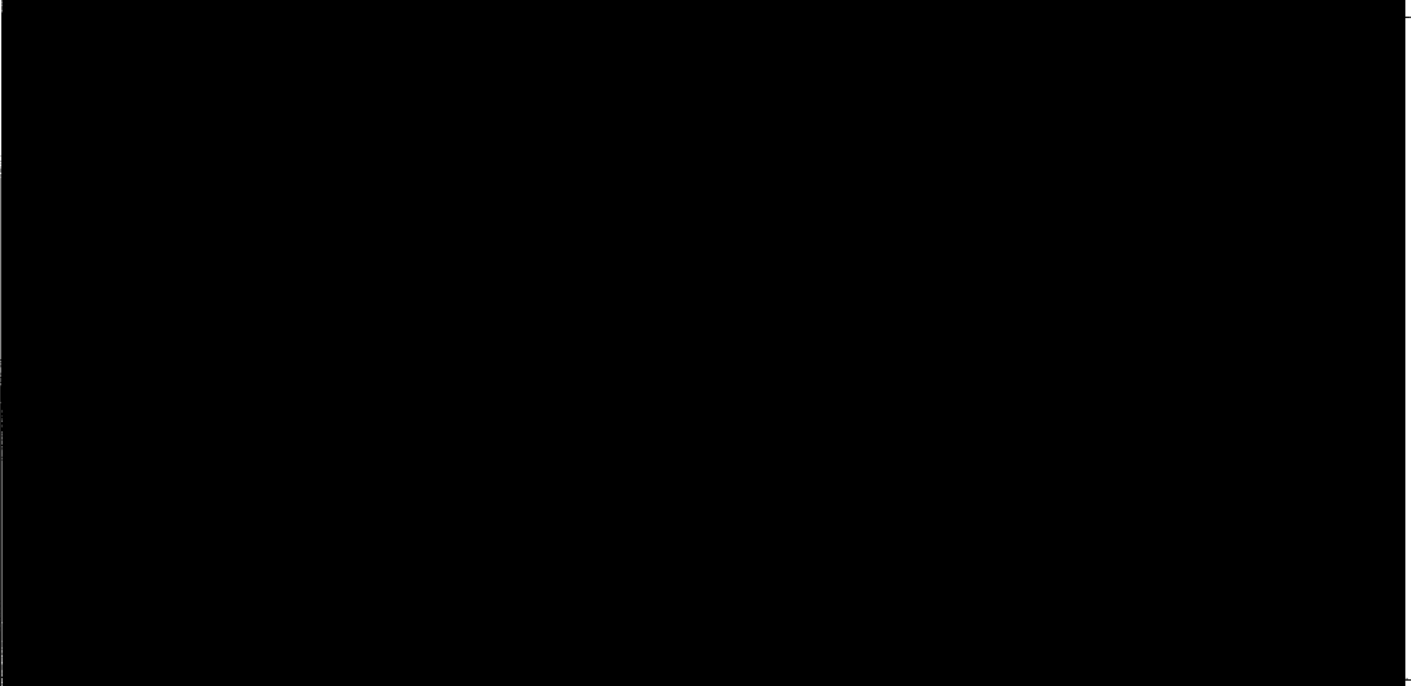


Photo Three Caption: **Side View**

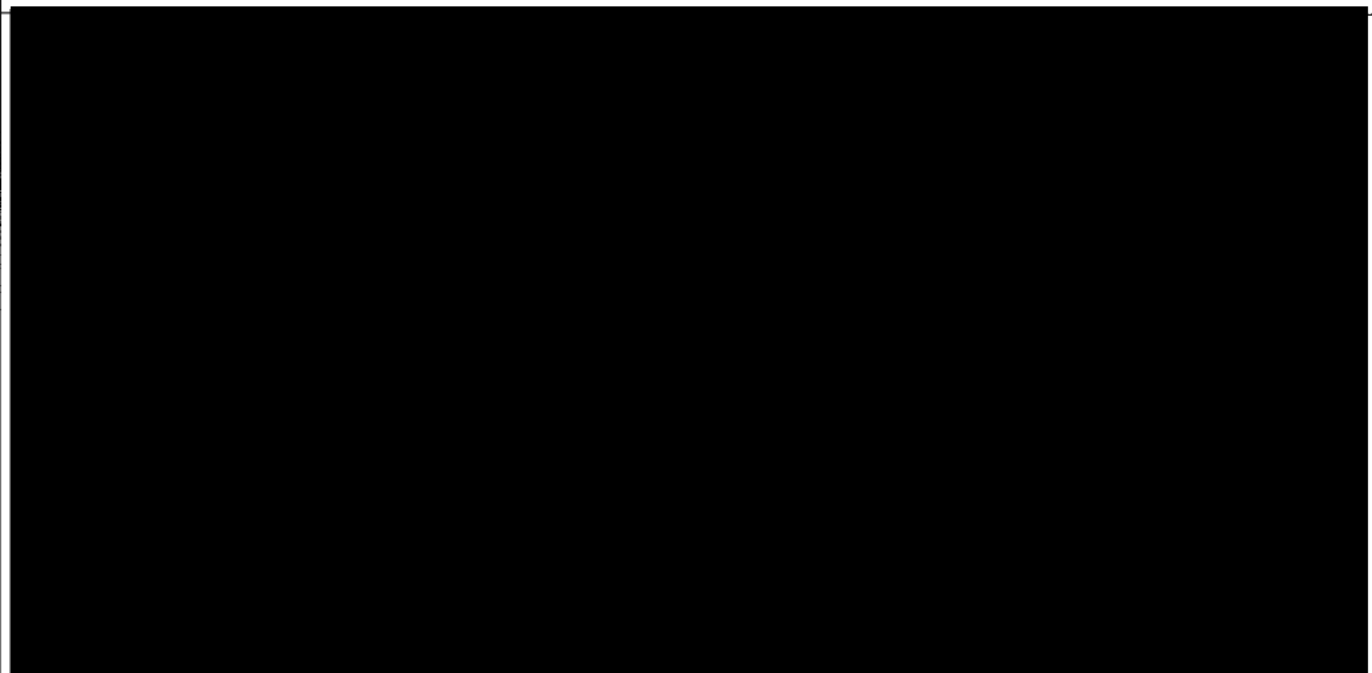


Photo Four Caption: **Side View**



Episcopal Health Services

ST. JOHN'S EPISCOPAL HOSPITAL
SOUTH SHORE

327 BEACH 19th ST, FAR ROCKAWAY, NY 11691

CCU EXPANSION & OVERBUILD

STRUCTURAL ENGINEERS:



GILSANZ MURRAY STEFICEK LLP
129 West 27th St. - 5th Floor
New York, NY 10001
gmsllp.com 212.254.0-0031

ENGINEERS:



Loring Consulting Engineers, Inc.
360 West 31st Street, 14th Floor
New York, NY 10001-2727
Phone 212.563.7400
www.loringengineers.com

ARCHITECT:



Mascioni & Behrmann Architecture, P.C.
29 West 38th St. - 11th Floor
New York, NY 10018
mb-arch.com 212.683.0561

ADJ	ACCESS DOOR
AF	ADJUSTABLE
AFF	ACCESS FLOOR
ALUM	ABOVE FINISH FLOOR
ACT	ALUMINUM
ARF	ACOUSTIC CEILING TILE
BD	ACCESS RAISED FLOOR
BLDG	BOARD
BLKG	BUILDING
CPT	BLOCKING
CJ	CARPET
CLG HT	CONTROL JOINT
CLOS	CENTERLINE
CMU	CEILING HEIGHT
COL	CLOSET
CONV	CONCRETE MASONRY UNIT
CT	COLUMN
DBL ACT	CONVECTOR
DEPT	CERAMIC TILE
DET	DOUBLE ACTING
DF	DEPARTMENT
DIA	DETAIL
DM	DRINKING FOUNTAIN
DN	DIAMETER
DR	DIMENSION
DWG	DOWN
EL	DOOR
ELAS	DRAWING
ELEC	ELEVATION
ELEV	ELASTOMERIC
EMR	ELECTRIC / ELECTRICAL
ENC	ELEVATOR
EQ	ELEVATOR MACHINE ROOM
EXP	ENCLOSURE
EXIST	EQUAL
EXT	EXPOSED
FBO	EXISTING
FD	EXTERIOR
FE	FURNISHED BY OTHERS
FEC	FLOOR DRAIN
FF	FIRE EXTINGUISHER
FHVC	FIRE EXTINGUISHER CABINET
FL	FINISH FLOOR
FLC	FIRE HOSE VALVE CABINET
FRF	FIRE HOSE CABINET
FPSC	FINISH FLOOR
FSP	FIREPROOF / FIREPROOFING
FT	FIREPROOF SELF CLOSING
FWS	FIRE STANDPIPE
GA	FOOT / FEET
GYP. BD	FIRE WARD STATION
GL	GAUGE
GND	GYPSUM BOARD
GR	GLASS
HC	GROUND
HDW	GRADE
HDWD	HOLLOW CORE
HM	HARDWARE
HNDRL	HARDWOOD
HOR	HOLLOW METAL
ID	HANDRAIL
IDF	HORIZONTAL
IN	INSIDE DIAMETER
INSUL	INTERMEDIATE
JC	DISTRIBUTION FRAME
JT	INCHES
LAV	INSULATION
LTG	JANITORS CLOSET
MAX	JOINT
MDF	LAVATORY
MEMB	LIGHTING
MER	MAXIMUM
MIN	MEDIUM DENSITY FIBREBOARD
MISC	MEMBRANE
MTD	MECHANICAL EQUIPMENT ROOM
MO	MINIMUM
NIC	MISCELLANEOUS
NO	MOUNTED
NOM	MASONRY OPENING
NTS	NOT IN CONTRACT
OC	NUMBER
OD	NOMINAL
OPG	NOT TO SCALE
P	ON CENTER
PERF	OUTSIDE DIAMETER
PLAS	OPENING
PL LAM	PANTRY
POL	PERFORATED
PREFAB	PLASTER
PTD	PLASTIC LAMINATE
PTN	POLISHED
PVC	PREFABRICATED
RE	PAINTED
REV	PARTITION
RFEC	POLYVINYL CHLORIDE
RM	REFERENCE
SCHED	REVISE / REVISED
SECT	RECESSED FIRE
SM	EXTINGUISHER CABINET
SQ FT	ROOM
SS	SCHEDULE
ST	SECTION
STC	SIMILAR
STD	SQUARE FOOT
STOR	STAINLESS STEEL
SUSP	STONE
TEL	SOUND TRANSMISSION CLASS
TEMP	STANDARD
TERR	STORAGE
TOIL	SUSPENDED
TOT	TELEPHONE
TOS	TEMPORARY
TYP	TERRAZZO
U.O.N.	TOILET
UTIL	TOP OF SLAB
VB	TYPICAL
VCT	UNLESS OTHERWISE NOTED
VERT	UTILITY
VEST	VINYL BASE
VT	VINYL COMPOSITION TILE
VWC	VERTICAL
W.C.	VESTRULE
WFFG	VINYL TILE
W	VINYL WALL COVERING
W/O	WATER CLOSET
	WATERPROOFING
	WITH
	WITHOUT

1. *Introduction*
 2. *Methodology*
 3. *Results*
 4. *Discussion*
 5. *Conclusion*
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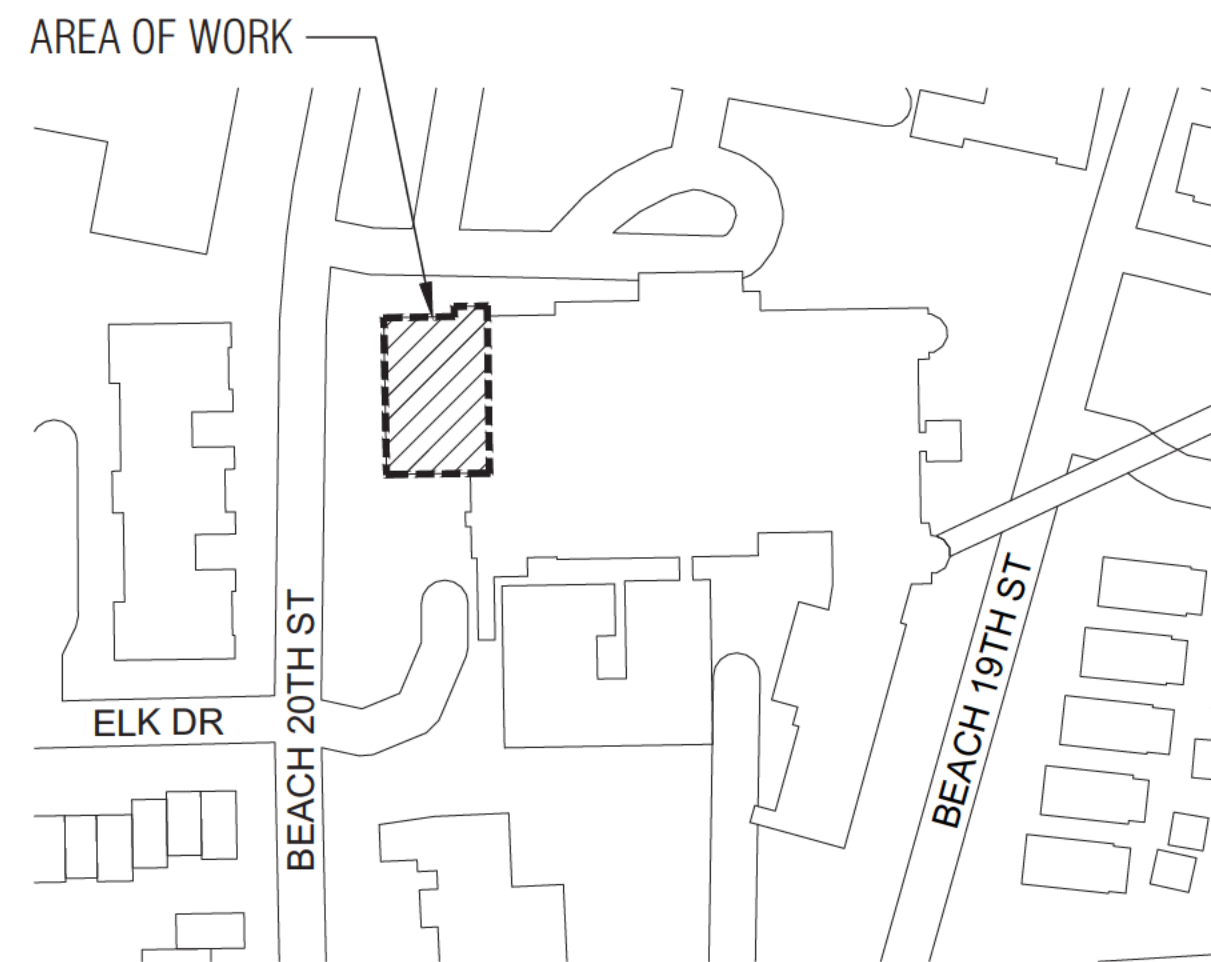
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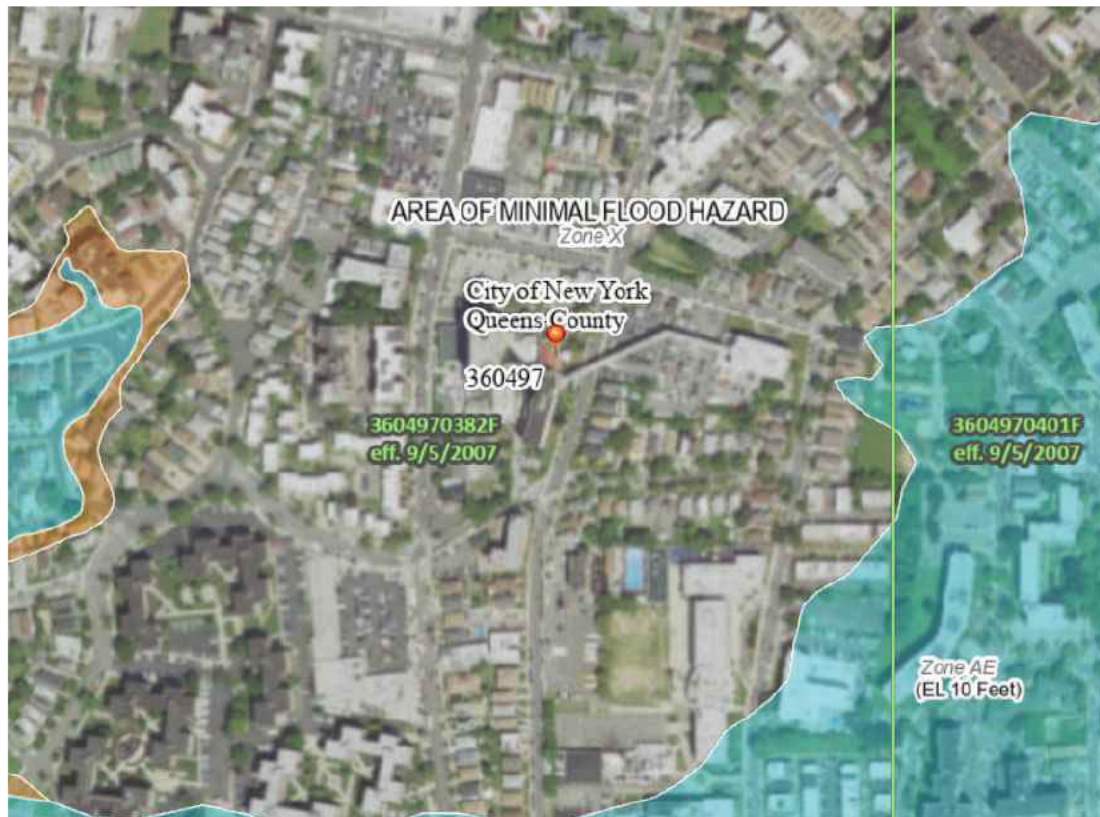
- A-110.00 - DRAWING LIST, KEY PLAN, & GENERAL NOTES
- A-120.00 - LIFE SAFETY PLAN & NOTES
- A-121.00 - LIFE SAFETY PLAN & NOTES CONT'D
- A-190.00 - ACCESSIBILITY REQUIREMENTS
- A-201.00 - PHASE 1- SECOND FLOOR ROOF DEMOLITION PLAN & NOTES
- A-202.00 - PHASE 2- THIRD FLOOR DEMOLITION PLAN & NOTES
- A-300.00 - PHASE 1- SECOND FLOOR CONSTRUCTION PLAN & NOTES
- A-301.00 - PHASE 1- THIRD FLOOR CONSTRUCTION PLAN & NOTES
- A-302.00 - PHASE 2- THIRD FLOOR CONSTRUCTION PLAN & NOTES
- A-303.00 - PHASE 1- THIRD FLOOR REFERENCE KEY PLAN & NOTES
- A-304.00 - PHASE 2- THIRD FLOOR REFERENCE KEY PLAN & NOTES
- A-401.00 - PHASE 1- REFLECTED CEILING PLAN & NOTES
- A-402.00 - PHASE 2- REFLECTED CEILING PLAN & NOTES
- A-501.00 - PHASE 1- POWER| VOICE| DATA PLAN & NOTES
- A-502.00 - PHASE 2- POWER| VOICE| DATA PLAN & NOTES
- A-700.00 - SCHEMATIC ZONING ANALYSIS
- A-701.00 - SCHEMATIC EXTERIOR ELEVATION - WEST
- A-702.00 - SCHEMATIC EXTERIOR ELEVATIONS - NORTH

BUILDING CODE	1968 NYC BUILDING CODE
MECHANICAL CODE	2022 NYC MECHANICAL CODE
PLUMBING CODE	2022 NYC PLUMBING CODE
FIRE PROTECTION	2022 NYC BUILDING CODE, CHAPTER 9
FIRE CODE	2022 NYC FIRE CODE
FUEL GAS CODE	2022 NYC FUEL GAS CODE
ELECTRICAL CODE	2022 NYC ELECTRICAL CODE
ENERGY CODE	2020 NYC ENERGY CONSERVATION CODE
ACCESSIBILITY	2020 NYC BUILDING CODE, CHAPTER 11
	ICC/ANSI A117.1-2009
FGI GUIDELINES	GUIDELINES FOR DESIGN AND OF HOSPITALS - 2018 EDITION
NFPA 101	2012 LIFE SAFETY CODE
NFPA 99	2012 HEALTH CARE FACILITIES
NFPA 72	2016, NATIONAL FIRE ALARM AND SIGNALING CODE
NYCRR TITLE 10	PART 711 & 712
ARTICLE 601	1968 NYC PLUMBING CODE

327 BEACH 19th STREET, FAR ROCKAWAY, NY 11699
BLOCK: 15636
LOT: 1
CB:
BIN: 4430537
ZONING MAP: R5
USE GROUP: 4
OCCUPANCY GROUP: 'H-2' INSTITUTIONAL
CONSTRUCTION CLASS: 1D
STORIES: 5



N.T.S.



THIS PROPERTY IS NOT LOCATED IN AN AREA THAT MAY BE AFFECTED BY TIDAL WETLANDS, FRESHWATER WETLANDS, COASTAL EROSION HAZARD AREA, OR SPECIAL FLOOD HAZARD AREA

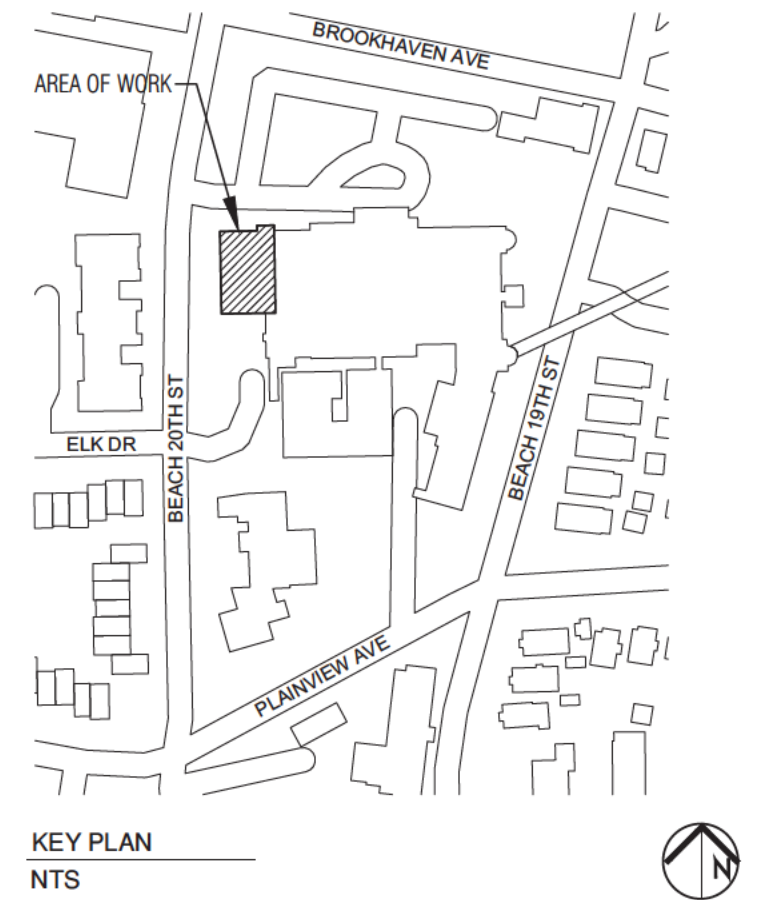
INFRASTRUCTURE AND RENOVATION WORK IN AN INPATIENT FACILITY. THIS APPLICATION PERTAINS TO WORK ON PART OF THE 3RD FLOOR.

THERE IS NO PROPOSED CHANGE TO USE, OR OCCUPANCY. ALL ELECTRICAL WORK TO BE FILED BY ELECTRICAL CONTRACTOR UNDER A SEPARATE APPLICATION WITH THE BUREAU OF ELECTRICAL CONTROL.

INTERIOR RENOVATION: NEW PARTITIONS, CEILINGS,
AND DOOR MODIFICATIONS AS INDICATED ON
PLANS HEREWITH.
AREA OF WORK: 3RD FLOOR = APPROX. 14,520 S.F.

[illegible]

No.	Date	Description
REVISIONS		



LORING

Loring Consulting Engineers, Inc.
360 West 31st Street, 14th Floor
New York, NY 10001-2727
Phone 212.563.7400
www.loringengineers.com

**MASCIONI
& BEHRMANN**

Mascioni & Behrmann Architecture, P.C.
29 West 38th St. - 11th Floor
New York, NY 10018
mb-arch.com 212.683.0561



Episcopal Health Services

ST. JOHN'S EPISCOPAL HOSPITAL

327 Beach 19th St, Far Rockaway, NY 11691

Drawing Title:

DOB NOW Job #:

SEAL & SIGNATURE

REGISTERED ARCHITECT
CHRISTOPHER FRANCHILLA
028481
UNIVERSITY OF THE STATE OF NEW YORK

DATE: 02.09.26
PROJECT No.: 240106
DRAWN BY: SK/TA
SCALE: AS NOTED
DWG. No.:

A-110.00

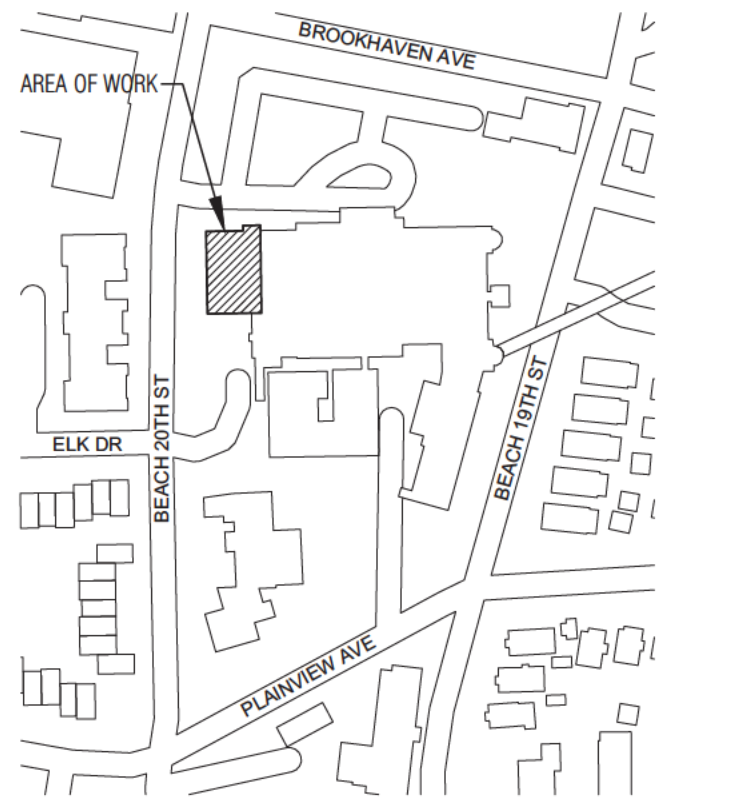
OF

PROPOSED CCU EXPANSION - PHASE 1

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

[illegible]

No.	Date	Description
REVISIONS		



KEY PLAN
NTS

ENGINEERS:

LORING

Loring Consulting Engineers, Inc
360 West 31st Street, 14th Floor
New York, NY 10001-2727
Phone 212.563.7400
www.loringengineers.com

ARCHITECT:

**MASCIONI
& BEHRMANN**

Mascioni & Behrmann Architecture, P.C.
29 West 38th St. - 11th Floor
New York, NY 10018
mb-arch.com 212.683.0561



ST. JOHN'S EPISCOPAL HOSPITAL

CCU EXPANSION
OVERBUILD

327 Beach 19th St, Far Rockaway, NY 11691

Drawing Title:

PHASE 1 - REFLECTED CEILING PLAN & NOTES

DOB NOW Job #:

SEAL & SIGNATURE:

DATE: 02.09.26

PROJECT No.: 240106

DRAWN BY: SK/TA

SCALE: AS NOTED

DWG. No.:

A 401.00

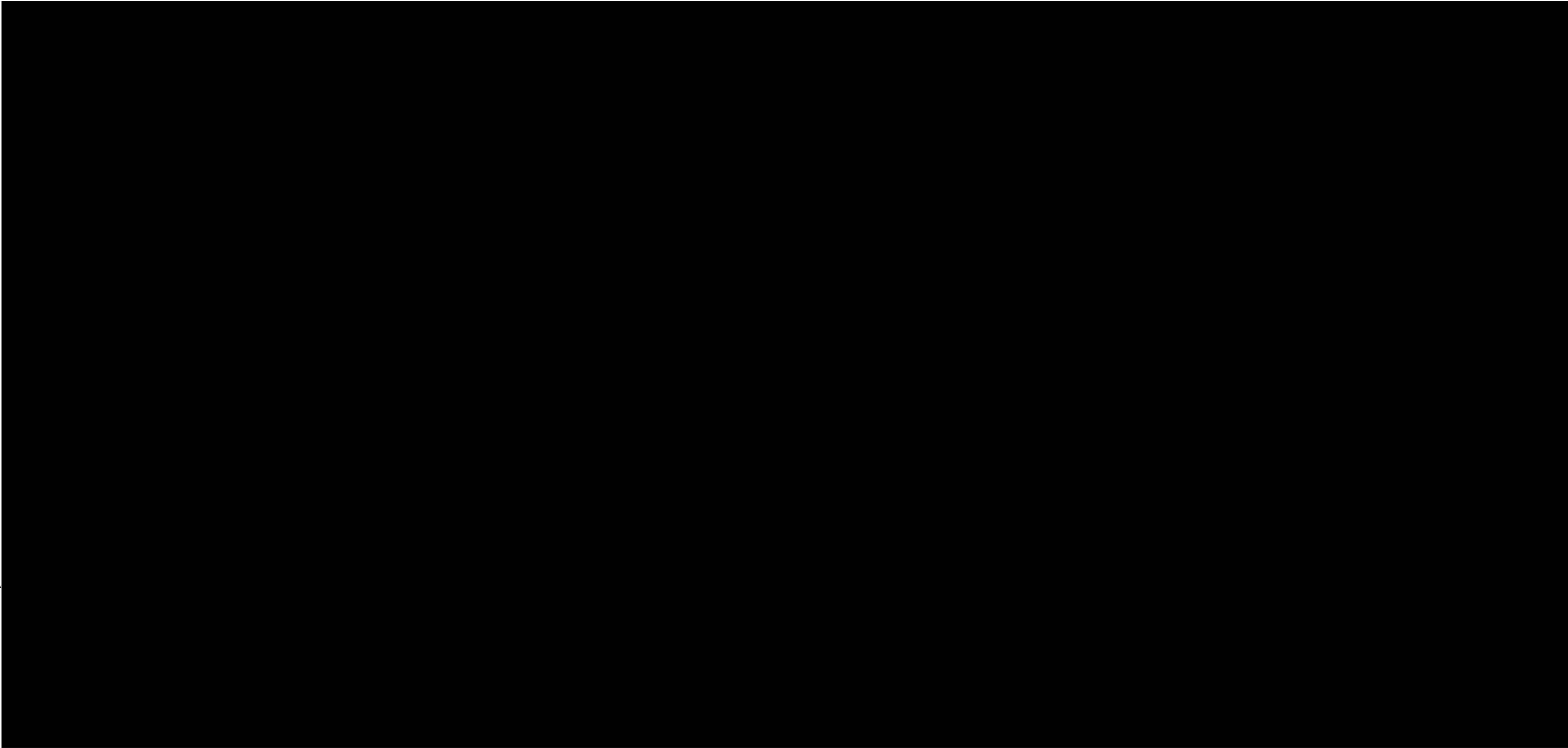
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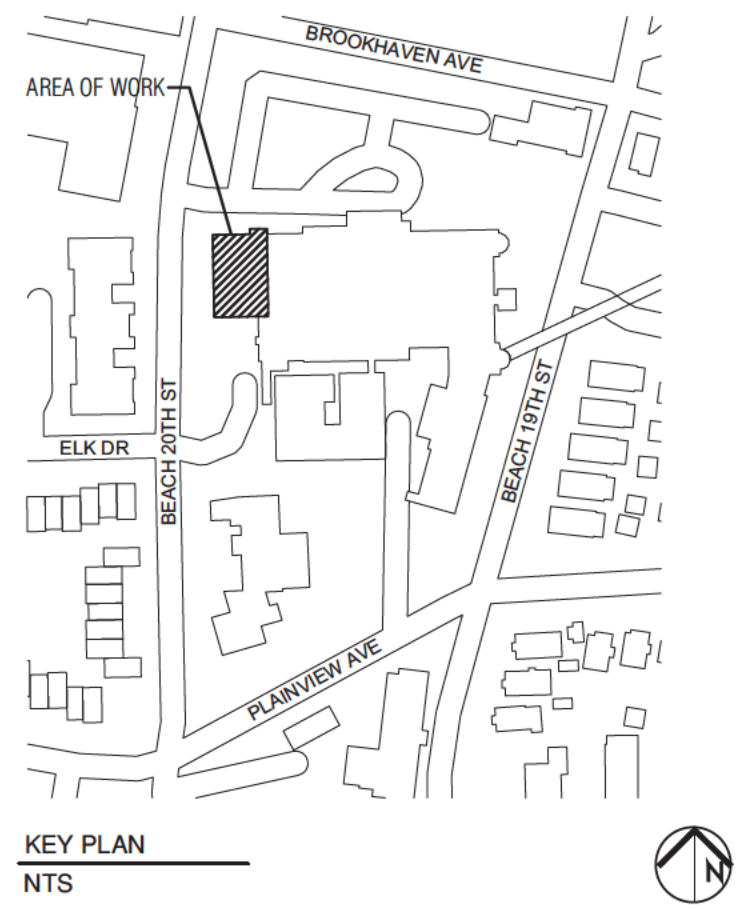
Copyright © 2026-MASCIANI & BEHRMANN



2 SCHEMATIC EXTERIOR ELEVATION - NORTH
1/8" = 1' 0"

ISSUED		
No.	Date	Description

No.	Date	Description
REVISIONS		



ENGINEERS:

LORING
Loring Consulting Engineers, Inc.
360 West 31st Street, 14th Floor
New York, NY 10001-2727
Phone 212.563.7400
www.loringengineers.com

ARCHITECT:

MASCIONI & BEHRMANN
Mascioni & Behrmann Architecture, P.C.
29 West 38th St. - 11th Floor
New York, NY 10018
mb-arch.com 212.683.0561

EHS
Episcopal Health Services
ST. JOHN'S EPISCOPAL HOSPITAL

CCU EXPANSION
OVERBUILD
327 Beach 19th St, Far Rockaway, NY 11691

Drawing Title:
SCHEMATIC EXTERIOR
ELEVATION - NORTH

DOB NOW Job #:

SEAL & SIGNATURE:	DATE: 02.09.26 PROJECT No.: 240106 DRAWN BY: SK/TA SCALE: AS NOTED DWG. No.: A-702.00 OF
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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? NOT APPLICABLE	☐	☐
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. NOT APPLICABLE	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	
	Contact Name:	Constandino Sirakis	
	Address:	280 Broadway, 3 rd Floor	
	State and Zip Code:	New York, NY 10007	
	E-Mail Address:	CSirakis@buildings.nyc.gov	
	Phone Number:	(212) 393-2614	
	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?	1		
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](#)

Please refer to the Schedule 6 Attachment for the BFE Certificate.

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 & Subject Cost Summary data:

	Total	Source
Project/Subproject Description:		
Project Cost	\$42,053,305	Schedule 8a or 8b, column C, line 8
Total Basic Cost of Construction	\$41,003,305	from Schedule 8a or 8b column C, line 6
Total Cost of Moveable Equipment	\$3,214,955	Schedule 8a or 8b, column C, line 5.1
Cost/Per Square Foot for New Construction (calculated on Table 10)	\$1,197.67	Schedule 10
Cost/Per Square Foot for Renovation Construction	\$850.00	Schedule 10
Total Incremental Operating Cost (From Schedule 13C, 17C, or 19D)	\$478,992,505	Schedule 13c, 17c or 19d
Amount Financed (as \$)	\$15,000,000	Schedule 9
Percentage Financed as % of Total Cost (From Schedule 9)	36%	from Schedule 9
Depreciation Life (in years)	7	for new moveable equipment
Depreciation Life (in years)	25	for leasehold improvements / other

2) Construction Dates

Anticipated Start Date	7/1/2027 (on or before)	from Schedule 8b
Anticipated Completion Date	9/1/2028 (on or before)	

New York State Department of Health**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:	07/01/27	as mm/dd/yyyy
Midpoint of Construction Date	02/01/28	as mm/dd/yyyy
Completion of Construction Date	09/01/28	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	N/A	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	N/A	N/A

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

	A	B	C
Item	Project Cost in Current Dollars	Escalation amount to Mid-point of Construction	Estimated Project Costs
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	\$20,995,100	\$1,653,364	\$22,648,464
2.2 Renovation & Demolition	\$4,891,750	\$385,225	\$5,276,975
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	\$2,588,685	\$203,859	\$2,792,544
3.2 Construction Contingency	\$1,538,930	\$121,191	\$1,660,121
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$2,588,685	\$203,859	\$2,792,544
4.4 Construction Manager Fees	\$776,606	\$61,158	\$837,764
4.5 Other Fees (Consultant, etc.)*	\$1,000,000	\$78,750	\$1,078,750
Subtotal (Total 1.1 thru 4.5)	\$34,379,756	\$2,707,406	\$37,087,162
5.1 Movable Equipment (Sched 11)	\$2,980,260	\$234,695	\$3,214,955
5.2 Telecommunications**	\$650,000	\$51,188	\$701,188
6. Total Basic Cost of Construction (total 1.1 thru 5)	\$38,010,016	\$2,993,289	\$41,003,305
7.1 Financing Costs (Points etc)	\$300,000		\$300,000
7.2 Interim Interest Expense:: \$15,000,000 At 7.50% for 16 months	\$750,000		\$750,000
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$39,060,016		\$2,993,289
Application fees:			
9.1 Application Fee. Article 28, 36 and 40. See Web Site.	\$2,000		\$2,000
9.2 Additional Processing Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See Web Site for applicable fees. (Line 8, multiplied by the appropriate percentage.)	\$126,160		\$126,160
Enter Multiplier ie: .25% = .0025	0.30%		
10 Total Project Cost with CON fees	\$39,188,176	\$2,993,289	\$42,181,465

*** Includes expediting fees for DOB, DOH and FDNY, controlled inspections, regulatory fees, liability insurance and PP bond.**

**** Includes IT Security and Hardware Cabling costs.**

**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	\$27,181,465
☒	C. Mortgage, Notes, or Bonds	\$15,000,000
☐	D. Land	
☐	E. Other	
☒	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	\$42,181,465

If refinancing is used, please complete area below.

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

II. Details

A. Leases

	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	
Sale of Existing Assets	
Gifts (fundraising program)	
Government Grants SHCFTP Phase IV Grant	\$27,181,465
Other	
TOTAL CASH	\$27,181,465

	N/A	Title of Attachment
1. Provide a breakdown of the sources of cash. See sample table above.	☐	Please 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.	☐	Please refer to the Schedule 9 Attachment
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	☒	
4. Attach a full and complete description of the assets to be sold, if applicable.	☒	
5. If amounts are listed in "Gifts (fundraising program)": • 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": - 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).	☐	Please refer to the Schedule 9 Attachment
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.	☐	10% Equity Met
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

		Units
Interest	8.00%	%
Term	10	Years
Payout Period	10	Years
Principal	\$15,000,000	\$

	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.	☐	Please refer to the Schedule 9 Attachment
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	N/A
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	N/A
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.	☒	

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

Schedule 9

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.	☒	
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ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

SCHEDULE 9 ATTACHMENT

FINANCIAL AND SPACE DOCUMENTS

1. Financial Narrative
2. 2026 Internal Financial Statement
3. 2025 Audited Financial Statement
4. Capital Financing Term Sheet
5. SHCFTP Phase IV Grant Award Letter

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

FINANCIAL NARRATIVE

St. John's Episcopal Hospital South Shore (SJEH) is submitting this Administrative Review Certificate of Need Application that seeks approval for the expansion and modernization of the Hospital's inpatient critical care services. SJEH currently operates eight (8) certified Intensive Care Unit (ICU) beds and eight (8) certified Coronary Care Unit (CCU) beds, among other certified bed categories, for a total of 252 certified beds. Upon the implementation of this project, SJEH will operate 12 ICU beds and nine (9) CCU beds, among other certified bed categories, for a total of 257 certified beds. In total, four (4) ICU beds and one (1) CCU bed will be added to the operating certificate of SJEH through this project, a majority of which will be funded through a Statewide Health Care Facility Transformation Program Phase IV grant from the New York State Department of Health. As per Section 710.1(c)(4)(i)(b) of 10 New York Codes, Rules and Regulations, because this project will substantially be funded through State grants, it is eligible to be submitted as an Administrative Review C.O.N. Application.

SJEH currently operates two (2) critical care units – one with eight (8) ICU beds and the other with eight (8) CCU beds – on the 3rd floor of the Tower Building at the Hospital. Through this project, SJEH will construct two (2) larger and modernized critical care units – one with 12 ICU beds and the other with nine (9) CCU beds (for a total of 21 critical care beds). This project will be phased as follows:

- Phase 1 – SJEH will construct a new, two-(2)-story building addition on top of the existing, one-(1)-floor Emergency Department that is located directly adjacent to the Tower Building. The 2nd floor of the addition will house mechanical and infrastructure systems, and the 3rd floor of the addition will house the replacement 12-bed ICU. The new 12-bed ICU (on the 3rd floor) will be located directly adjacent to the existing critical care beds, which will be renovated under Phase 2 (see below).

- Phase 2 – SJEH will renovate the existing 3rd floor of the Tower Building that currently houses eight (8) ICU beds and eight (8) CCU beds to create a new, nine-(9)-bed CCU.

A total of 5,755 square feet of space will be renovated and a total of 17,530 square feet of space will be newly constructed for this project.

Project Funding

The estimated Total Project Cost is \$42,181,465, which will be funded through the following:

\$15,000,000	SJEH will finance this amount (representing 35.6% of the Total Project Cost) through M&T Bank. Please refer to this Attachment for a Capital Financing Term Sheet from M&T Bank.
\$27,181,465	SJEH will fund this amount (representing 64.4% of the Total Project Cost) through its approved SHCFTP Phase IV grant. Please refer to this Attachment for the Hospital’s SHCFTP Phase IV Grant Award Letter.
\$42,181,465	TOTAL PROJECT COST

Working capital needs for this project will be funded using existing cash equity from ongoing operations. Please refer to the **Schedule 5 Attachment** for the Monthly Cash Flow Analysis and to **this Attachment** for a recent 2026 Internal Financial Statement of the applicant and the 2025 Audited Financial Statement of the applicant.

Basis for Utilization, Revenues and Expenses

The number and mix of staff are based on the projected volume for this project, as well as the experience of SJEH in providing inpatient critical care services. The incremental utilization, operating expenses

and operating revenues for this project are based on the historical experience of SJEH in providing inpatient critical care services. Please refer to the backup Operating Budget documents under the **Schedule 13 Attachment**.

Discussion of Financial Condition

In the first four (4) months of 2026, the Hospital experienced a net loss of about \$3.78 million. During that time, current assets exceeded current liabilities by \$95.4 million, although total assets exceeded total liabilities by \$94.3 million. The timing and amount of New York State VAPAP support in the first few months of state fiscal year 2027 have been insufficient to cover operating expenses, resulting in a negative bottom line for the period. This timing will even out throughout the state fiscal year so that total revenues will exceed total expenses by fiscal year end. The Hospital is working closely with the NYSDOH on the development of a five-(5)-year financial plan that will include various clinical and financial initiatives, as well as New York State grant support. The critical care expansion project that is part of this C.O.N. Application is an essential component of the five-(5)-year financial plan.

Episcopal Health Services Inc. and Subsidiaries
Consolidated Statements of Operations
For the Period Ended April 30, 2026 and April 30, 2025

(In Thousands)

Month			
		Favorable (Unfavorable)	
Actual	Budget	Variance	Prior Year

Year to Date			
		Favorable (Unfavorable)	
Actual	Budget	Variance	Prior Year

Operating Revenues:

- Patient service revenue, net
- Other operating revenue
- VAPAP / VAP / 1115 Revenue
- Net assets released

Total Revenue

Expenses:

Salaries and wages
Fringe Benefits
Supplies & other expenses
Professional fees
Insurance
Interest
Depreciation & amortization

Total expenses

Operating Income

Investment income (loss)
Capital Grants

Net Income

Episcopal Health Services Inc. and Subsidiaries
Consolidated Statements of Financial Position
For the Period Ended April 30, 2026 and December 31, 2025
(In Thousands)

	<u>Consolidated</u> <u>4/30/2026</u>	<u>Unaudited</u> <u>Consolidated</u> <u>12/31/2025</u>	<u>Net</u> <u>Change</u>
Assets:			
Cash & cash equivalents			
Accounts receivable, net of allowance for doubtful accounts			
Due from third parties			
Assets limited as to use, current			
Other receivables			
Prepaid expenses			
Inventories			
Investments in and held by captive insurance companies, current portion			
Total Current Assets			
Assets limited as to use, net of current portion			
Investments in and held by captive insurance companies, net of current portion			
Investments in limited liability company			
Insurance recoveries and receivable			
Other assets			
Loan receivable, New Market Tax Credit			
Right-of-use assets - leases, net			
Property, buildings and equipment, net			
Total Assets			

Episcopal Health Services Inc. and Subsidiaries
Consolidated Statements of Financial Position
For the Period Ended April 30, 2026 and December 31, 2025
(In Thousands)

	Consolidated 4/30/2026	Unaudited Consolidated 12/31/2025	Net Change
Liabilities and Net Assets:			
Accounts payable and accrued expenses			
Accrued salaries and related liabilities			
Current portion of long term debt			
Current portion of accrued workers' comp			
Current portion of third-party payor liabilities			
Current portion of professional liabilities			
Lease liabilities, current portion			
Other current liabilities			
Total Current Liabilities			
Long term debt, net of current portion			
LTD, loan for New Market Tax Credit			
Accrued workers' comp., net of current portion			
Professional liabilities, net of current portion			
Third-party payor liab., net of current portion			
Accrued pension liability			
Lease liabilities, net of current portion			
Other long-term liabilities			
Long-term debt, New Market Tax Credit notes			
Total Liabilities			
Net Assets			
Without donor restrictions			
With donor restrictions			
Total Net Assets			
Total Liabilities and Net Assets			

Episcopal Health Services Inc. and Subsidiaries

Consolidated Financial Statements

December 31, 2025 and 2024

Episcopal Health Services Inc. and Subsidiaries

Consolidated Financial Statements December 31, 2025 and 2024

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Independent Auditors' Report

**The Board of Trustees
Episcopal Health Services Inc. and Subsidiaries**

Opinion

We have audited the accompanying consolidated financial statements of Episcopal Health Services Inc. and Subsidiaries (the "Corporation"), which comprise the consolidated statements of financial position as of December 31, 2025 and 2024, and the related consolidated statements of activities, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Episcopal Health Services, Inc. and Subsidiaries at December 31, 2025 and 2024 and the consolidated results of their operations, changes in their net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated 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 opinion.

Substantial Doubt about the Corporation's Ability to Continue as a Going Concern

The accompanying consolidated financial statements have been prepared assuming that the Corporation will continue as a going concern. As discussed in Note 3 of the consolidated financial statements, the Corporation has a significant working capital deficiency at December 31, 2025. The Corporation relies on funding from the New York State Department of Health through various New York State Department of Health programs to continue its operations. The continuation and future funding provided to the Corporation by these programs cannot be assured at this time. These factors raise substantial doubt about the Corporation's ability to continue as a going concern. Management's evaluation of the events and conditions and management's plans in regard to these matters are also described in Note 3. The consolidated financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Consolidated Financial Statements

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

In preparing the consolidated 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 within one year after the date that the consolidated financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 opinion. 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 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 consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated 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 consolidated 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 consolidated 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.

Report on Consolidating Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information on pages 44-46 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

PKF O'Connor Davies, LLP

Cranford, New Jersey
May 27, 2026

Episcopal Health Services Inc. and Subsidiaries
Consolidated Statements of Financial Position
(In Thousands)

	December 31,	
	2025	2024
ASSETS		
Current Assets		
Cash and cash equivalents		
Accounts receivable		
Due from third-party payors		
Assets limited as to use, current portion		
Other receivables		
Prepaid expenses		
Inventories		
Investments in and held by captive insurance companies, current portion		
Total Current Assets		
Assets limited as to use, net of current portion		
Investments in and held by captive insurance companies, net of current portion		
Investment in limited liability company		
Insurance recoveries receivable		
Other assets		
Loan receivable, New Markets Tax Credit		
Right-of-use assets - finance leases, net		
Right-of-use assets - operating leases, net		
Property, buildings and equipment, net		

See notes to consolidated financial statements

Episcopal Health Services Inc. and Subsidiaries
Consolidated Statements of Financial Position *(continued)*
(In Thousands)

	December 31,	
	2025	2024
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable and accrued expenses		
Accrued salaries and related liabilities		
Current portion of long-term debt		
Current portion of long-term debt,		
New Markets Tax Credit		
Current portion of accrued workers' compensation		
Current portion of third-party payor liabilities		
Current portion of professional liabilities		
Deferred revenue		
Finance lease liabilities, current portion		
Operating lease liabilities, current portion		
Other current liabilities		
Total Current Liabilities		
Long-term debt, net of current portion		
Long-term debt, New Markets Tax		
Credit, net of current portion		
Accrued workers' compensation, net of current portion		
Professional liabilities, net of current portion		
Third-party payor liabilities, net of current portion		
Finance lease liabilities, net of current portion		
Operating lease liabilities, net of current portion		
Accrued pension liability		
Other long-term liabilities		
Long-term debt, New Markets Tax Credit notes		
Total Liabilities		
Net Assets		
Without donor restrictions		
With donor restrictions		
Total Net Assets		

See notes to consolidated financial statements

Episcopal Health Services Inc. and Subsidiaries

Consolidated Statements of Activities

(In Thousands)

	Year Ended December 31,	
	2025	2024
OPERATING REVENUE		
Patient revenue		
Supplemental New York State funding		
Other revenue		
Investment income		
Net assets released from restrictions used for operations		
Total Operating Revenue		
OPERATING EXPENSES		
Salaries and wages		
Employee benefits		
Supplies and other		
Depreciation and amortization		
Interest		
Total Operating Expenses		
Excess of Operating Revenue over Operating Expenses		
Pension liability adjustment		
Capital grants		
Change in Net Assets Without Donor Restrictions		

Episcopal Health Services Inc. and Subsidiaries
Consolidated Statements of Changes in Net Assets
Years Ended December 31, 2025 and 2024
(In Thousands)

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Net assets at January 1, 2024			
Excess of operating revenue over operating expenses			
Pension liability adjustment			
Capital grants			
Restricted contributions			
Net assets released from restrictions used for operations			
Change in Net Assets			
Net assets at December 31, 2024			
Excess of operating revenue over operating expenses			
Pension liability adjustment			
Capital grants			
Restricted contributions			
Net assets released from restrictions used for operations			
Change in Net Assets			
Net Assets at December 31, 2025			

See notes to consolidated financial statements

Episcopal Health Services Inc. and SubsidiariesConsolidated Statements of Cash Flows
(In Thousands)

	Year Ended December 31,	
	2025	2024
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets		
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation and amortization		
Gain on CCC investments		
Pension liability adjustment		
Equity income from limited liability company		
Change in net unrealized gain		
Amortization of lease right-of-use asset		
Changes in operating assets and liabilities:		
Accounts receivable		
Other receivables		
Prepaid expenses		
Inventories		
Insurance recoveries receivable		
Other assets		
Accounts payable and accrued expenses		
Accrued salaries and related liabilities		
Accrued pension liability		
Lease liabilities		
Accrued workers' compensation		
Professional liabilities		
Due to and from third-party payors		
Deferred revenue		
Other current liabilities		
Net Cash from Operating Activities		
CASH FLOWS FROM INVESTING ACTIVITIES		
Change in assets limited as to use		
Change in investments held by captive insurance companies		
Distributions from limited liability company		
Acquisitions of property, buildings and equipment		
Net Cash from Investing Activities		
CASH FLOWS FROM FINANCING ACTIVITIES		
Principal payments on long-term debt		
Net Change in Cash, Cash Equivalents and Restricted Cash		
CASH, CASH EQUIVALENTS AND RESTRICTED CASH		
Beginning of year		
End of year		
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid during the year for interest (including \$1,606 and \$1,676 of capitalized interest)		
Recognition of right-of-use assets and lease liabilities		
Building and equipment included in accounts payable		

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

1. Description of Organization

Episcopal Health Services Inc. ("EHS") and Subsidiaries (collectively the "Corporation") are New York not-for-profit corporations organized for the purpose of providing health care services primarily to residents of an area coterminous with its sponsor, the Episcopal Diocese of Long Island. St. John's Episcopal Hospital South Shore is the legal assumed name of EHS. The mission of the Corporation is to provide quality health care with an emphasis on patient safety through its hospital, ambulatory care facilities and continuing medical education, recognizing the emerging life-care needs of the communities served.

EHS consists of the following entities:

Hospital

St. John's Episcopal Hospital South Shore ("St. John's"), a 252-bed acute care facility in Far Rockaway, New York.

Professional Corporation

St. John's Medical Services, P.C. ("SJMS") is a not-for-profit corporation that was established to provide professional services in outpatient locations.

Other Entities

St. John's Episcopal Holdings Corp. ("SJ Holdings") is a not-for-profit corporation that was formed in 2021 as part of the New Markets Tax Credit financing. The sole member of SJ Holdings is EHS.

St. John's ICare Foundation, LLC (the "Foundation") is a New York single member limited liability company that was formed in 2021. The Foundation had minimal activity in 2025 and 2024.

Innovative Health Partners IPA, LLC (the "IPA") is a New York limited liability company formed in 2020 that operates as an independent practice association. The IPA is a network of independent physicians in Far Rockaway, New York and surrounding communities that collaborate with EHS and its affiliates to support value-based care initiatives and clinical integration. The IPA had minimal activity since inception.

Tax Exempt Status

EHS, SJMS and SJ Holdings each qualify as a Section 501(c)(3) tax-exempt, not-for-profit organization under Section 501(a) of the Internal Revenue Code. The IPA and the Foundation are both New York single member limited liability companies and are disregarded as an entity for income tax purposes. As such, the activities of the IPA and the Foundation are reported in the tax returns of their single member, EHS.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

1. Description of Organization (*continued*)

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of EHS/St. John's, SJMS, SJ Holdings, IPA and the Foundation. All intercompany transactions have been eliminated in consolidation.

2. Summary of Significant Accounting Policies

Net Assets

Net Assets Without Donor Restrictions

Net assets without donor restrictions are available for use at the discretion of the Board of Trustees (the "Board") and management for general operating purposes. From time to time, the Board may designate a portion of these net assets for specific purposes, which makes them unavailable for use at management's discretion. At December 31, 2025 and 2024, the Corporation had \$1.5 million in Board designated net assets.

Net Assets With Donor Restrictions

Net assets with donor restrictions consist of assets whose use is limited by donor-imposed, time and/or purpose restrictions. The Corporation reports gifts of cash and other assets as revenue with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, the net assets with donor restriction are reclassified to net assets without donor restriction and reported in the consolidated statements of activities and changes in net assets as net assets released from restrictions. Earnings related to restricted net assets will be included in net assets without donor restrictions unless otherwise required to be included in donor restricted net assets by the donor or by applicable state law.

From time to time, the Corporation may receive gifts of net assets with donor restrictions that contain a stipulation that assets provided be maintained permanently (perpetual in nature) while permitting the Corporation to expend the income generated by the assets in accordance with the provisions of additional donor imposed stipulations or a Board approved spending policy. At December 31, 2025 and 2024, the Corporation had net assets with donor restrictions that are maintained permanently with an original corpus of approximately \$1.0 million.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

2. Summary of Significant Accounting Policies (*continued*)

Basis of Presentation and Use of Estimates

The consolidated financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") which require management to make estimates and assumptions that affect the reported amounts of assets and liabilities, including accounts receivable for services to patients, receivables from and payables to third-party payors, sick and pension benefits, professional liabilities and workers' compensation liabilities, and the disclosure of contingent assets and liabilities at the date of the consolidated financial statements and reported amounts of revenue and expenses reported during the period. Actual results could differ materially from those estimates.

For the years ended December 31, 2025 and 2024, changes in estimates were predominately for amounts due to and from third-party payors, changes in implicit price concessions and changes in the ultimate liability for professional insurance, which resulted in a combined increase in net assets of approximately \$3.8 million and \$7.6 million, respectively.

Contributions

All contributions are considered available for use without donor restrictions unless specifically restricted by the donor or subject to time or other legal restrictions. The Corporation's policy is to report as support without donor restrictions contributions with donor or time imposed restrictions when these restrictions are met in the same year the contributions are received.

Fair Value Measurements

The Corporation follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable inputs and are used to the extent that observable inputs do not exist.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

2. Summary of Significant Accounting Policies (*continued*)

Cash, Cash Equivalents and Restricted Cash

Cash and cash equivalents include certain investments in highly liquid debt instruments with a maturity date of three months or less at the time of purchase. Amounts within restricted cash include cash and cash equivalents held within assets limited as to use.

The following is a reconciliation of cash, cash equivalents and restricted cash reported on the consolidated statements of financial position to the consolidated statements of cash flows at December 31 (in thousands):

	2025	2024
Cash and cash equivalents		
Restricted cash included in assets limited as to use (Note 5)		

Investment Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Realized and unrealized gains and losses are included in the determination of the change in net assets.

Assets Limited as to Use

Assets limited as to use consist of cash and cash equivalents, equity funds, fixed income investments, funds held by insurers and a pooled portfolio investment. These assets are comprised of Board designated funds, externally restricted funds and funds maintained to comply with the requirements of a financing agreement, workers' compensation collateral, and construction funding. Amounts required and available to meet current liabilities are reported as current assets.

Inventories

Inventories are stated at the lower of average cost (determined on a first-in, first-out method) or net realizable value.

Net Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing patient care (see Note 4).

Supplemental New York State funding

The Corporation participates in various New York State Medicaid supplemental payment and value-based care programs, including Vital Access Program, Vital Access Provider Assurance Program, and Medicaid Section 1115 Waiver – Medicaid Global Budget program. Revenue associated with these arrangements represents variable consideration and is recognized as qualifying services are provided and related programmatic performance obligations are substantially satisfied.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

2. Summary of Significant Accounting Policies (continued)

Supplemental New York State funding (continued)

Revenue estimates are based on historical settlement experience, quality performance metrics, attribution data, state payment methodologies, and other relevant information. The Corporation constrains variable consideration to amounts for which it is probable that a significant reversal will not occur upon final settlement. Amounts received in advance of satisfying performance obligations are recorded as deferred revenue. At year ended December 31, 2025, \$28.2 million of supplemental funding was deferred.

Property, Buildings and Equipment

Items capitalized as part of property, buildings and equipment are stated at cost or fair value if contributed. Routine maintenance and repairs are expensed while those that extend the life of existing properties are capitalized. Depreciation is provided over the estimated useful lives of each class of depreciable asset and is computed utilizing the straight-line method.

The estimated useful lives by asset class are as follows:

Land improvements	3-25 years
Buildings and fixtures and leasehold improvements	5-40 years
Equipment and furniture	3-20 years

Amortization of assets leased under a finance lease is recorded on straight-line basis over the shorter period of the estimated useful life of the assets or the term of the lease inclusive of expected renewals.

Building and equipment under finance lease obligations and leasehold improvements are amortized using the straight-line method over the lesser of the estimated useful life of the asset or the lease term. Such amortization is included in depreciation and amortization in the accompanying consolidated financial statements.

Impairment of Long-Lived Assets

Long-lived assets, such as property and equipment, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. The Corporation records impairment losses on long-lived assets used in operations when the undiscounted cash flows estimated to be generated by those assets are less than the carrying amounts of those assets. No impairment charge was recorded by the Corporation for the years ended December 31, 2025 and 2024.

Asset Retirement Obligations

The Corporation accounts for Asset Retirement Obligations ("ARO") in accordance with U.S. GAAP, which defines a conditional asset retirement obligation as a legal obligation to perform an asset retirement activity in which the timing and/or method of settlement are conditional on a future event that may or may not be within the control of the entity. Uncertainty with respect to the timing and/or method of settlement of the asset retirement obligation does not defer recognition of a liability. The fair value of the ARO is recorded on a discounted basis and accreted over time for the change in fair value. At December 31, 2025 and 2024, the Corporation's conditional ARO was approximately \$525,000 and is included within other long-term liabilities in the consolidated statements of financial position.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

2. Summary of Significant Accounting Policies *(continued)*

Investments in and Held by Captive Insurance Companies

The Corporation's investments in and held by captive insurance companies mainly consist of assets which are pooled with other assets maintained by the companies that are recorded by the captive insurance companies at fair value based on quoted market prices or other means and capital contributions for certain captive insurance entities carried at cost. The Corporation reports an allocation of the pooled investments in its consolidated statements of financial position. Captive investments that are anticipated to be used in the next year are classified as current in the consolidated statements of financial position.

Professional and Similar Liabilities

Workers' Compensation Costs

The Corporation is insured for workers' compensation liabilities through high deductible commercial insurance policies. The Corporation has recorded a provision for estimated workers' compensation claims of approximately \$5.8 million and \$6.7 million, which is included in accrued workers' compensation in the accompanying consolidated statements of financial position at December 31, 2025 and 2024, respectively.

Professional Liabilities

For the period from July 1993 to June 2004, the Corporation was insured for professional liabilities. Beginning in July 2004, the Corporation became self-insured, except for a limited first layer commercial insurance policy for certain years, through a segregated captive cell structure. At December 31, 2025 and 2024, the Corporation has recorded a provision for claims incurred but not paid of approximately \$34.9 million and \$33.2 million, respectively, for professional liabilities, which is included in professional liabilities in the accompanying consolidated statements of financial position.

Recording of Insured Claims

The Corporation presents insurance claim liabilities and related recoveries on a gross basis. Any estimated insurance recovery is reflected as a receivable on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts. Receivables for insured workers' compensation costs of approximately \$2.0 million at December 31, 2025 and 2024, and insured professional liabilities of approximately \$0.4 million and \$0.5 million at December 31, 2025 and 2024, respectively, totaling approximately \$2.4 million and \$2.5 million, respectively, are recorded in insurance recoveries receivable in the accompanying consolidated statements of financial position.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

2. Summary of Significant Accounting Policies *(continued)*

Investment in Limited Liability Company

The Corporation accounts for its investment in HF Management Services LLC, a limited liability company (the "LLC"), using the equity method of accounting. At December 31, 2025 and 2024, the Corporation's investment in the LLC was approximately \$24.5 million and \$20.8 million, respectively, which is included in investment in limited liability company in the accompanying consolidated statements of financial position. For the years ended December 31, 2025 and 2024, the Corporation recorded its equity income from the LLC of approximately \$7.8 million and \$5.1 million, respectively, and received distributions from the LLC of approximately \$4 million and \$2.6 million for the years ended 2025 and 2024, respectively. Effective January 1, 2015, the limited liability company distributed its ownership interest in a controlled entity to the limited liability company's owners, who then exchanged their interests with another related entity in exchange for a subvention certificate. As a result of this transaction, the Corporation received a subvention certificate in the amount of \$3.3 million, which is included in investment in limited liability company in the accompanying consolidated statements of financial position.

Performance Indicator

The accompanying consolidated statements of activities include excess of operating revenue over operating expenses as the performance indicator. Changes in net assets which are excluded from the performance indicator, consistent with industry practice, include changes in the pension liability that will be recognized in future years, capital grants and restricted contributions.

Accounting for Uncertainty in Income Taxes

The Corporation recognizes the effect of income tax positions only when the tax positions are more likely than not to be sustained. Management has determined that the Corporation had no uncertain tax positions that would require financial statement recognition or disclosure. The Corporation is no longer subject to examinations by the applicable taxing jurisdictions for periods prior to 2022.

Functional Allocations of Expenses

The costs of providing the Corporation's programs and other activities have been summarized on a functional basis as well as by natural class. Accordingly, certain costs such as salaries and wages, employee benefits, supplies and other, among others have been allocated among the programs and supported service benefits based on square footage and time spent (See Note 21).

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

2. Summary of Significant Accounting Policies *(continued)*

Leases

The Corporation determines if an arrangement is a lease at inception. Right-of-use assets ("ROU") represents the right to use an underlying asset for the lease term and lease liability represents the obligation to make lease payments arising from the lease. The Corporation's policy for finance and operating leases is to record a ROU asset and lease obligation based on the present value of the lease payments calculated based on a stated discount rate per lease agreement or in the absence of stated discount rate, the Corporation's incremental borrowing rate over the lease term, when the initial term of the lease exceeds 12 months. Lease payments related to periods subject to renewal options are excluded for purposes of calculating the operating ROU asset and operating lease obligation unless the Corporation is reasonably certain to exercise the option to extend the lease. Lease expense for operating leases is recognized on a straight-line basis over the term of the lease.

Reclassification

Certain reclassifications have been made to the 2024 balances in order to conform to the 2025 presentation.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or possible recognition in the consolidated financial statements through May 27, 2026, which is the date that the consolidated financial statements were available to be issued.

3. Going Concern

In evaluating the Corporation's ability to continue as a going concern, management considered the conditions and events that could raise substantial doubt about the Corporation's ability to continue as a going concern for one year following the date the consolidated financial statements are available to be issued. Management considered the recent results of operations as well as the Corporation's current financial condition and liquidity sources, including current funds available, forecasted future cash flows, and the Corporation's conditional and unconditional obligations due on or before the date the consolidated financial statements are available to be issued.

The Corporation's liquidity position is highly dependent on funding support from various New York State Department of Health ("NYSDOH") and federal programs, including but not limited to the section 1115 demonstration grant funding and the Vital Access Provider Assurance Program. In addition, the Corporation's operational profitability is also closely tied to NYSDOH funding, as it serves a high percentage of government insured patients.

At December 31, 2025, the Corporation had a significant working capital deficiency. To improve operations, the Corporation is expanding clinical programs and enhancing revenue, while also increasing the cost efficiency in providing healthcare services.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

3. Going Concern (*continued*)

The Corporation is a New York State designated Safety Net Hospital with a disproportionately high percentage of its patient activity insured by Medicaid. As such, the Corporation also qualifies for enhanced payment rates for Medicaid managed care eligible claims under the Directed Payment Template program, which began in December 2021. On January 9, 2024, New York State received approval from the Centers for Medicare and Medicaid Services (“CMS”) to implement a section 1115 demonstration that bundles a series of actions to advance health equity and strengthen access to primary and behavioral health care across the state. Starting in state fiscal year 2024, EHS was awarded approximately \$254.8 million for a four-year contract. The funds will be invested in the capabilities and infrastructure required to succeed in Medicaid Global Budgeting. EHS’ patient population will also have access to supplemental funding to address health related social needs, such as housing and food insecurity. While the Corporation expects that the various forms of supplemental support funding will continue in the future, the level of financial commitment from the Federal government and the NYSDOH is determined on a year-to-year basis and is not guaranteed beyond the current year.

The above matters raise substantial doubt about the ability of the Corporation to continue as a going concern. The accompanying consolidated financial statements do not include any adjustments that might result from the outcome of this uncertainty.

4. Accounts Receivable for Services to Patients and Net Patient Service Revenue

Net patient service revenue and physician practice revenue (collectively, “patient revenue”) are reported at the amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including health insurers and government programs) and include various elements of variable consideration in determining a transaction price.

The Corporation uses a portfolio approach to account for categories of patient contracts as a collective group, rather than recognizing revenue on an individual contract basis. The portfolios consist of major payer classes for patient revenue. Based on historical collection trends and other analyses, the Corporation believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

4. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

The Corporation's initial estimate of the transaction price for services provided to patients subject to revenue recognition is determined by reducing the total standard charges related to the patient services provided by various elements of variable consideration, including contractual adjustments, discounts, implicit price concessions and other reductions to the Corporation's standard charges. The Corporation determines the transaction price associated with services provided to patients who have third-party payer coverage on the basis of contractual rates, governmental rates or established charges for the services rendered. The estimates for contractual allowances and discounts are based on contractual agreements, the Corporation's discount policies and historical experience. For uninsured patients who are ineligible for any government assistance program, the Corporation provides services without charge or at amounts less than its established rates for patients who meet the criteria of its charity care policy. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, such services are not reported as patient revenue. For uninsured and under-insured patients who do not qualify for charity care, the Corporation determines the transaction price associated with services on the basis of charges reduced by implicit price concessions. Implicit price concessions included in the estimate of the transaction price are based on the Corporation's historical collection experience for applicable patient portfolios.

Generally, the Corporation bills patients and third-party payers several days after the services are performed and/or the patient is discharged. Patient revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Corporation. Patient revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total charges. The Corporation believes that this method provides a reasonable depiction of the transfer of services over the term of the performance obligation based on the services needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services or patients receiving services in the Corporation's outpatient and ambulatory care centers. The Corporation measures the performance obligation from admission into the hospital or the commencement of an outpatient or physician service to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or the completion of the outpatient or physician visit.

Substantially all of the Corporation's performance obligations relate to contracts with a duration of less than one year; the unsatisfied or partially unsatisfied performance obligations referred to below are primarily related to inpatient acute care services at the end of the reporting period for patients who remain admitted at that time (in-house patients). As such, accounts receivable related to in-house patients are considered contract assets as the performance obligation is not completed until the patients are discharged, which for the majority of the in-house patients occurs within days or weeks after the end of the reporting period and at which point the Corporation has the right to bill.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements December 31, 2025 and 2024

4. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

At December 31, 2025 and 2024, accounts receivable for services to patients, are comprised of the following components (in thousands):

	2025	2024
Receivables for services to patients		
Contract assets (for in-house patients)		

At January 1, 2024, contract assets were approximately \$6.6 million and accounts receivable for services to patients were approximately \$7.5 million for a total of \$14.1 million.

Subsequent changes to the estimate of the transaction price (determined on a portfolio basis when applicable) are generally recorded as adjustments to patient revenue in the period of the change. For the years ended December 31, 2025 and 2024, changes in the Corporation's estimates of implicit price concessions, discounts, contractual adjustments or other reductions to expected payments for performance obligations satisfied in prior years increased revenue by approximately \$2.1 million and \$6.5 million, respectively. Portfolio collection estimates are updated periodically based on collection trends. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay (determined on a portfolio basis when applicable) are recorded as bad debt expense in supplies and other in the accompanying consolidated statements of activities. Bad debt expense and the related allowance for uncollectible accounts as of and for the years ended December 31, 2025 and 2024 were not significant.

The Corporation has determined that the nature, amount, timing and uncertainty of revenue and cash flows are primarily affected by its mix of payers and services. Patient revenue for the years ended December 31, 2025 and 2024, by payer, is approximately as follows (in thousands):

	2025	2024
Medicare and Medicare managed care		
Medicaid and Medicaid managed care		
Managed care and commercial		
Self pay		

Deductibles, copayments and coinsurance under third-party payment programs which are the patient's responsibility are included within the appropriate payer category above.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

4. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

Patient revenue for the years ended December 31, 2025 and 2024, disaggregated by lines of service, is as follows (in thousands):

	2025	2024
Inpatient services		
Outpatient services, including emergency department		
Physician services		
Other		

Third-Party Payment Programs

The Corporation has agreements with third-party payers that provide for payment for services rendered at amounts different from its established charges. A summary of the payment arrangements with major third-party payers follows:

Non-Medicare

In New York State, hospitals and all non-Medicare payers (including Medicare and Medicaid managed care plans), except Medicaid, workers' compensation and no-fault insurance programs, negotiate payment rates. If negotiated rates are not established, payers are billed at the hospitals' established charges. Medicaid, workers' compensation and no-fault payers pay hospital rates promulgated by the NYSDOH. Payments to hospitals for Medicaid, workers' compensation and no-fault inpatient services are based on a statewide prospective payment system, with retroactive and/or prospective adjustments for certain rate components paid concurrently with the settlement of the final rate. Outpatient services are also paid based on a statewide prospective system. Medicaid rate methodologies are subject to approval at the Federal level by the CMS, which may routinely request information about such methodologies prior to approval. Revenue related to specific rate components that have not been approved by CMS is not recognized until the Corporation is reasonably assured that such amounts are realizable. Adjustments to the current and prior years' payment rates for those payers will continue to be made in future years.

Medicare

Hospitals are paid for most Medicare inpatient and outpatient services under national prospective payment systems and other methodologies of the Medicare program for certain other services. Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and Corporation-specific data.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

4. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

Third-Party Payment Programs (continued)

The Corporation has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payers for adjustments to current and prior years' payment rates, based on industry-wide and Corporation-specific data. The current Medicaid, Medicare and other third-party payer programs are based upon extremely complex laws and regulations that are subject to interpretation. Noncompliance with such laws and regulations could result in fines, penalties and exclusion from such programs. The Corporation is not aware of any allegations of noncompliance that could have a material adverse effect on the accompanying consolidated financial statements and believes that it is in compliance with all applicable laws and regulations. The Medicare cost report, which is the basis for final settlement with the Medicare program, has been audited by the Medicare fiscal intermediary and settled through 2019. Other years remain open for audit and settlement, as do certain issues related to the New York State Medicaid program for prior years. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount when open years are settled and additional information is obtained.

Settlements with third-party payers for cost report filings and retroactive adjustments due to ongoing and future audits, reviews or investigations are considered variable consideration and are included in the determination of patient revenue. These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer and the Corporation's historical settlement activity (for example, cost report final settlements or repayments related to recovery audits), including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Such estimates are determined through either a probability-weighted estimate or an estimate of the most likely amount, depending on the circumstances related to a given estimated settlement item. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews and investigations.

There are various proposals at the Federal and State levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of revisions to health care regulations that may be enacted by the Federal and State governments, cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Corporation. Additionally, certain payers' payment rates for various years have been appealed by certain members of the Corporation. If the appeals are successful, additional income applicable to those years could be realized.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

4. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

Third-Party Payment Programs (continued)

The Corporation grants credit without collateral to its patients, most of whom are insured under various third-party agreements. The significant concentrations of accounts receivable for services to patients at December 31, 2025 and 2024 were as follows:

	2025	2024
Medicare		
Medicaid		
Other third-party payors		
Self-pay		

Charity Care

The estimated cost of charity care provided was approximately \$3.8 million and \$2.5 million for the years ended December 31, 2025 and 2024, respectively. The estimated cost of uncompensated care and charity care is based on the ratio of cost to charges, as determined using Corporation-specific data.

The NYSDOH Hospital Indigent Care Pool (the "Pool") was established to provide funds to hospitals for the provision of uncompensated care and is funded, in part, by a 1% assessment on hospital net inpatient service revenue. For the years ended December 31, 2025 and 2024, the Corporation received pooled distributions of \$3.8 million and \$4.4 million, respectively. The Corporation made payments into the Pool of \$2.4 million and \$2.6 million for years ended December 31, 2025 and 2024, respectively for the 1% assessment.

Directed Payment Template

The Corporation is a participant in the NYSDOH's enhanced payment program Directed Payment Template ("DPT") for Safety Net Hospitals. These enhanced payments are for Medicaid managed care enrollees and are constructed to allow qualifying hospitals to receive an entity specific rate add-on reimbursement to provide financial assistance in serving Medicaid and low-income patient populations. The services eligible for these enhanced payments include acute inpatient discharges, inpatient psychiatric days, outpatient clinic visits, outpatient emergency visits, and outpatient ambulatory surgery visits.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

4. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

Directed Payment Template (continued)

For the years ended December 31, 2025 and 2024, the Corporation recorded DPT revenue of approximately \$50.1 million and \$45.3 million, respectively, which is included within patient service revenue, net of contractual allowances. In addition, at December 31, 2025 and 2024, the Corporation recorded a liability for DPT payments advanced from NYSDOH that have not been earned of approximately \$46.3 million and \$50.5 million, respectively, which is included in the third-party payors liabilities in the accompanying consolidated statements of financial position.

In 2025, NYSDOH instructed managed care organizations to advance the facility estimated DPT payments for State fiscal year 2025/26, which included the first three months of year ending December 31, 2026. As such, the Corporation has deferred revenue of \$13.8 million at December 31, 2025, which is included in due to third-party payors in the accompanying consolidated statements of financial position. At December 31, 2024, the Corporation recorded deferred DPT revenue of \$13.9 million related to the first three months of the year ended December 31, 2025, which is included in due to third-party payors in the accompanying consolidated statements of financial position.

5. Assets Limited as to Use

Assets limited as to use at December 31, by type of use, consist of the following (in thousands):

	2025	2024
By type of use and classification (current or long-term):		
Current:		
Workers' compensation funding prior to May 2014 (a)		
Workers' compensation funding for		
May 2014 - May 2016 (b)		
M&T Loan Proceeds - Energy Conservation Project (c)		
New Markets Tax Credit (d)		
Long-Term:		
Workers' compensation collateral prior to May 2014 (a)		
ICARE Foundation funds (e)		
Board Designated fund (f)		
Reserve fund (g)		
Endowment funds (h)		

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements December 31, 2025 and 2024

5. Assets Limited as to Use *(continued)*

- (a) As part of the Corporation's workers' compensation commercial insurance plan in effect from May 2004 to May 2014, the commercial insurer required the Corporation to maintain funds with the insurer as collateral. At December 31, 2025 and 2024, the Corporation maintained approximately \$535,000 and \$1 million, respectively, with the insurance carrier. Management has classified this balance as long-term. An additional escrow fund of \$225,000 at both December 31, 2025 and 2024 is also being held by the insurance carrier to pay current claims incurred. This escrow is classified as current since it is anticipated that these funds will be used to pay claims in the following year.
- (b) As part of the Corporation's workers' compensation commercial insurance plan in effect from May 2014 to May 2016, the commercial insurer required estimated funding of payments for self-insured retention in advance of anticipated payments as well as funds that the insurer holds as collateral.
- (c) The balance consists of the remaining proceeds received from the \$26.25 million term loan with M&T Bank that the Corporation obtained in May 2023 to finance the Energy conservation measures project.
- (d) The balance is to be used for the construction of an Ambulatory Pavilion. The funding was received as a result of the New Markets Tax Credit (Note 10). In addition, at December 31, 2025 and 2024, approximately \$408,000 and \$559,000, respectively, of these funds are included in reserve accounts for the purpose of paying fees related to the New Markets Tax Credit financing.
- (e) The balance consists of funds that are donated to the Foundation. The Foundation's purpose is to secure, manage and distribute gifts in support of the mission and vision of the Corporation.
- (f) The Board designated fund is comprised of assets that have been segregated by the Board for future use.
- (g) The reserve fund consists of funds that are donated to EHS for specific purposes and other internally restricted funds.
- (h) The Corporation maintains endowment funds that were donated to the Corporation in prior years. The corpus of the endowment fund is approximately \$996,000. The remaining funds consist of unspent endowment which is available to be used for operating activities.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

5. Assets Limited as to Use *(continued)*

The following are major categories of assets limited as to use grouped by the fair value hierarchy for those investments measured at fair value at December 31 (in thousands):

	2025	2024
Cash and cash equivalents		
Level 1 (Quoted Prices in Active Markets)		
Equity funds		
Fixed income		
Level 2 (Other than Quoted Prices in Active Markets)		
Funds held by insurers		
Level 3 (Unobservable inputs)		
Pooled investment portfolio		

Investment income includes the following for the years ended December 31 (in thousands):

Interest income	
Return on investments held by CCC	
Insurance Company	
Change in net unrealized gain	

6. Other Receivables

Other receivables at December 31, consist of the following (in thousands):

	2025	2024
Healthfirst Pool revenue receivable		
Federal Emergency Management		
Agency ("FEMA") grant receivable		
Other grant receivables		
Various other receivables		

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

7. Property, Buildings, and Equipment

The components of property, buildings, and equipment, including assets capitalized under lease obligations, and accumulated depreciation and amortization at December 31, are as follows (in thousands):

	2025	2024
Land		
Land improvements		
Building and fixtures		
Leasehold improvements		
Equipment and furniture		
Less accumulated depreciation and amortization		
Construction in progress		

Construction in progress

At December 31, 2025, construction in progress is comprised of various projects, including the construction or renovation of the Intensive Care Unit, Edgemere Common Project, energy upgrades and other capital projects. The projected additional costs to complete these projects are approximately \$73 million. The expected completion dates for the capital related projects are between 2026 and 2029.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

8. Long-Term Debt

A summary of long-term debt at December 31, is as follows (in thousands):

	2025	2024
M&T - Clinical Learning Center (a)		
Dormitory Authority of the State of New York (b)		
M&T - Energy Conservation Project (c)		
Obligations (various)		
Less current portion		

- (a) In September 2022, the Corporation entered into a \$13.5 million term loan with M&T Bank to finance the remaining construction of the Clinical Learning Center. The loan carries a variable interest rate of approximately 6.60% and 7.31% at December 31, 2025 and 2024, respectively, and matures in January 2030. In connection with this loan, the Corporation entered into an interest rate swap agreement effective January 3, 2023 to synthetically fix the variable interest payments by making interest payments at a fixed rate of 3.28% per annum through 2030 based on notional amounts and receiving interest payment at the variable rate. The fair value of the swap agreement is not deemed material by management and is not recorded in the accompanying consolidated financial statements at December 31, 2025 or 2024.
- (b) In October 2017, the Corporation was awarded a grant from the New York State's Capital Restructuring Financing Program for \$10.1 million for capital improvements to the Corporation's Emergency Department ("Capital Grant"). To allow the Corporation to begin the improvements to the Emergency Department prior to receiving the Capital Grant, the Corporation received secured loans in 2018 and 2017 of approximately \$16.65 million and \$2 million, respectively, from the Dormitory Authority of the State of New York ("DASNY") to initially fund the Emergency Department construction until reimbursement from the Capital Grant is received by the Corporation. The loans bear interest at the rate of 1% per annum. Effective January 2020, the Corporation began making monthly payments of \$20,000. A lump sum payment of \$18.3 million was originally due in December 2021.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

8. Long-Term Debt (*continued*)

Subsequently, based on negotiations with DASNY the loan terms were amended in 2022 and again in 2023, whereby:

- (1) \$5.35 million of the original debt accruing interest at 1% per annum requires a monthly payment of \$40,000 with a maturity date of February 2033. At December 31, 2025, \$3.2 million of this loan is outstanding.
- (2) \$6.8 million of the outstanding debt will start accruing interest at 1% per annum and will require a monthly payment of \$40,000 effective February 2033 with a final balloon payment in April 2038 of \$4.6 million.
- (3) The remaining \$6.5 million of the outstanding debt will also be due in full in April 2038.

The loans are secured by certain real property of the Corporation and a security interest in the gross receipts and grants of the Corporation.

- (c) In May 2023, the Corporation entered into a \$26.25 million term loan with M&T Bank to finance the energy conservation measures project. The loan bears tax exempt interest at the rate of 5.7% per annum. Effective May 2023, the Corporation began making monthly principal and interest payments of \$218,015, with a final maturity date of March 2038. The loan is structured with M&T Bank as the lessor, DASNY as the lessee and EHS as the sub-lessee. The loan is secured by the revenues of the Corporation.

At December 31, 2025, aggregate annual maturities of long-term debt are payable as follows (in thousands):

2026
2027
2028
2029
2030
Thereafter



Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements December 31, 2025 and 2024

9. Leases

The following schedule summarizes information related to the lease assets and liabilities as of December 31 (in thousands):

	2025		2024	
	Operating	Finance	Operating	Finance
Lease cost for the years ended December 31:				
Operating Lease cost				
Finance lease cost:				
Amortization of right-of-use assets				
Interest on lease liabilities				
Other information:				
Cash paid for amounts included in the measurement of lease liabilities:				
Operating cash flows from operating lease				
Operating cash flows from finance lease				
Financing cash flows from finance lease				
Right-of-use assets obtained in exchange for new lease liabilities:				
Weighted-average remaining lease term				
Weighted-average discount rate				

The following table presents the lease-related assets and liabilities at December 31:

Consolidated Statements of Financial Position Classification	2025		
	Operating	Finance	Total
Assets:			
Property and equipment, at cost			
Accumulated depreciation			
Right-of-use assets, leases			
Liabilities:			
Lease liability, current portion			
Lease liability, net of current portion			
Total lease liabilities			

Consolidated Statements of Financial Position Classification	2024		
	Operating	Finance	Total
Assets:			
Property and equipment, at cost			
Accumulated depreciation			
Right-of-use assets, leases			
Liabilities:			
Lease liability, current portion			
Lease liability, net of current portion			
Total lease liabilities			

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements December 31, 2025 and 2024

9. Leases (continued)

The following table reconciles the undiscounted lease payments to the lease liabilities recorded on the accompanying consolidated statement of financial position at December 31, 2025 (in thousands):

	Operating Leases	Finance Leases
2026		
2027		
2028		
2029		
2030		
Thereafter		
Total lease payments		
Less imputed interest		
Total lease obligation		
Less current portion		
Long-term portion		

10. New Markets Tax Credit

In January 2021, EHS and SJ Holdings entered into various debt agreements facilitated by the New Markets Tax Credit to fund the construction of an Ambulatory Pavilion. A summary of the transactions is as follows:

EHS Debt Agreements

The following loans totaling \$10,000,000 were obtained by EHS to provide funding to Chase NMTC SJEH Investment Fund, LLC (an unrelated entity). These and other funds were subsequently transferred by Chase NMTC SJEH Investment Fund, LLC to the Sub Community Development Entities (see below), less certain fees.

- a) EHS entered into a loan agreement with Capital Impact Partners for \$5 million. Interest only payments on the loan began in February 2021 and continued through August 2022 at an interest rate of 5.84% per annum. Beginning in September 2022, EHS is required to pay monthly installments of interest and principal with interest accruing at 5.84% per annum. At December 31, 2025 and 2024, the loan balance outstanding was approximately \$4.68 million and \$4.78 million, respectively. Interest expense for the loan for the years ended December 31, 2025 and 2024 was \$280,000 and \$287,000, respectively. The loan principal balance and all accrued and unpaid interest is due on January 15, 2028. The loan is secured by a first lien position on certain property owned by EHS. In connection with the above loan agreement, EHS is required to meet certain debt covenants.

Episcopal Health Services Inc. and Subsidiaries

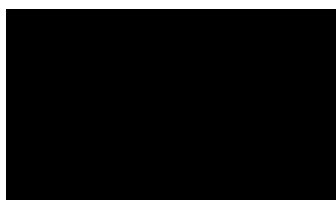
Notes to Consolidated Financial Statements December 31, 2025 and 2024

10. New Markets Tax Credit *(continued)*

- b) EHS entered into a loan agreement with Nonprofit Finance Fund for \$5 million. Interest only payments on the loan began in February 2021 and continued through August 2022 at an interest rate of 5.75% per annum. Beginning in September 2022, EHS is required to pay monthly installments of interest and principal with interest accruing at 5.75% per annum. At December 31, 2025 and 2024, the loan balance outstanding was approximately \$4.63 million and \$4.75 million, respectively. Interest expense for the loan for the years ended December 31, 2025 and 2024 was \$274,000 and \$281,000, respectively. The loan principal balance and all accrued and unpaid interest is due on January 15, 2028. The loan is secured by a first lien on certain property and capital improvements owned by EHS. In connection with the above loan agreement, EHS is required to meet certain debt covenants.

At December 31, 2025, aggregate annual maturities on these debt agreements are payable as follows (in thousands):

2026
2027
2028
Total

A large black rectangular box redacting the numerical data for the maturity schedule.

Notes Payable between SJ Holdings and the Sub Community Development Entities

The following long-term notes payable totaling \$23,090,000 were obtained by SJ Holdings as the qualified low-income community business borrower from the Sub Community Development Entities listed below to purchase and build the Ambulatory Pavilion:

- a) SJ Holdings entered into two note agreements in January 2021 for \$2,122,500 and \$877,500, with Chase New Markets Corporation SUB-CDE 180, LLC. Payments on the note are interest only at an interest rate of 1.10% per annum. Payments of principal and interest begin on September 1, 2028 and continue until the notes mature on March 31, 2051. The notes are secured as described in the Building and Loan Agreement in accordance with the assignment of construction documents, account pledge and control agreements as well as various other agreements.
- b) SJ Holdings entered into two note agreements in January 2021 for \$3,273,750 and \$1,136,250, with CCG SUB-CDE 45, LLC. Payments on the notes are interest only at an interest rate of 1.10% per annum. Payments of principal and interest begin on September 1, 2028 and continue until the notes mature on March 31, 2051. The notes are secured as described in the Building and Loan Agreement in accordance with the assignment of construction documents, account pledge and control agreements as well as various other agreements.

Episcopal Health Services Inc. and Subsidiaries

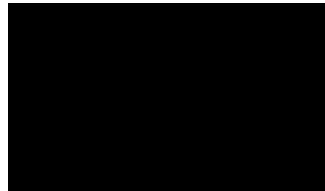
Notes to Consolidated Financial Statements December 31, 2025 and 2024

10. New Markets Tax Credit *(continued)*

- c) SJ Holdings entered into two note agreements in January 2021 for \$11,720,000 and \$3,960,000, with NYCR SUB-CDE 8, LLC. Payments on the notes are interest only at an interest rate of 1.10% per annum. Payments of principal and interest begin on September 1, 2028 and continue until the notes mature on March 31, 2051. The notes are secured as described in the Building and Loan Agreement in accordance with the assignment of construction documents, account pledge and control agreements as well as various other agreements.

At December 31, 2025, aggregate annual maturities of these notes payable are as follows (in thousands):

2028	
2029	
2030	
Thereafter	
Total	



In connection with the above note agreements, SJ Holdings is required to meet certain debt covenants.

EHS Loan and Interest Receivable

In connection with the New Markets Tax Credit transaction, in January 2021, EHS provided an unsecured loan to Chase NMTC SJEH Investment Fund, LLC \$17,116,250. The loan is secured by a first lien on the membership interest of SUB-CDE 180, LLC, CCG SUB-CDE 45, LLC and NYCR SUB-CDE 8, LLC (collectively the "Sub Community Development Entities"). The loan is comprised of three promissory notes; two notes for \$5 million each and one note for \$7,116,250. Note payments are interest only until maturity at an interest rate of 1% per annum. The notes mature in March 2051 and are classified as long-term assets in the accompanying consolidated statements of financial position.

11. Retirement and Similar Benefits

Defined Contribution Plan

The Corporation offers a defined contribution plan to all non-union and certain union employees under the provisions of Internal Revenue Code Section 403(b). Contributions to this plan are based on specific percentages of each participating individual's eligible compensation. Pension expense related to the defined contribution plan was approximately \$2,913,000 and \$2,954,000 for the years ended December 31, 2025 and 2024.

Multiemployer Pension Plan

The Corporation contributes to the 1199 SEIU Healthcare Employees Pension Fund ("1199 SEIU"), a multiemployer defined benefit pension plan, under the terms of a collective-bargaining agreement that covers substantially all union-represented employees. Contributions are made in accordance with contractual agreements under which contributions are based on a percentage of salaries or a negotiated amount.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

11. Retirement and Similar Benefits *(continued)*

Multiemployer Pension Plan (continued)

The risks of participating in a multiemployer plan are different from single-employer plans in the following respects:

- a. Assets contributed to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- c. If an employer chooses to stop participating in some of its multiemployer plans, the employer may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Corporation's participation in this type of plan for the years ended December 31, 2025 and 2024 is outlined in the table below. The "EIN Number" column provides the Employer Identification Number ("EIN"). The most recent Pension Protection Act ("PPA") zone status available in 2025 and 2024 is for the plan's year-end at December 31, 2024 and 2023. The zone status is based on information that the Corporation received from the plan and is certified by the actuaries of the plan. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is pending or has been implemented. The last column lists the expiration dates of the collective bargaining agreement to which the plan is subject. Plan contributions in the accompanying table are in thousands.

Pension Fund	EIN Number	Plan Number	Pension Protection Act Zone Status	
			2025	2024
1199 SEIU Health Care Employees Pension Fund	13-3604862	001	Green as of 1/1/25	Green as of 1/1/24
FIP/RP Status Pending/ Implemented	Contributions by the Corporation		Surcharge Imposed	Expiration Date of Collective- Bargaining Agreement
	2025	2024		
No	\$ 13,946	\$ 12,212	No	9/30/2026

Form 5500 is not yet available for the plan year ended in 2025. Contributions to 1199 SEIU Plan did not represent more than 5% of total contributions to the plan.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

11. Retirement and Similar Benefits *(continued)*

Defined Benefit Pension Plan

The Corporation provides a noncontributory defined benefit pension plan (the "Plan") to certain eligible employees. The Plan covers certain employees who are not members of unions or are members of unions that do not provide pension benefits. Benefits are based upon years of service and salaries earned during those years of service. The Corporation's funding policy is to contribute an amount at least equal to the minimum required contribution under the Employee Retirement Income Security Act of 1974, as amended. As of April 30, 2000, the Plan was amended to freeze benefits and provides no future benefit accruals.

The Corporation recognizes an asset or liability for the overfunded or underfunded status of its pension plan in the consolidated financial statements. When recognizing a pension plan's funded status, certain gains, losses and transition amounts will be recognized with the offset to a separate line item outside (below) the performance indicator. These amounts will subsequently be reclassified into the performance indicator through net periodic benefit expense based on the amortization and recognition requirements.

Included in net assets without donor restrictions at December 31, 2025 and 2024 is a net actuarial loss of approximately \$6.3 million and \$6.9 million which has not yet been recognized in net periodic pension cost.

The following table provides the components of the net periodic pension cost for the Plan for the years ended December 31, (in thousands):

	2025	2024
Interest cost		
Expected return on plan assets		
Amortization of actuarial loss		
Net periodic pension cost		

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

11. Retirement and Similar Benefits *(continued)*

Defined Benefit Pension Plan *(continued)*

The following tables provide a reconciliation of the changes in the Plan's benefit obligation and fair value of Plan assets for the years ended December 31, 2025 and 2024 and statements of the funded status of the Plan as of December 31 (in thousands):

	2025	2024
Change in benefit obligation		
Benefit obligation at January 1		
Interest cost		
Actuarial (credit) loss		
Benefit payments		
Benefit obligation at December 31		
Change in fair value of plan assets		
Fair value of plan assets at January 1		
Employer contributions		
Actual return on plan assets		
Benefit payments		
Fair value of plan assets at December 31		
Funded status		
Accrued pension liability		
Accumulated benefit obligation		

The weighted-average assumptions used in determining the benefit obligation for the years ended December 31, are as follows:

	2025	2024
Discount rate		

Weighted-average assumptions used in determining the net periodic pension cost for the years ended December 31, are as follows:

	2025	2024
Discount rate		
Expected long-term rate of return on plan assets		

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

11. Retirement and Similar Benefits *(continued)*

Defined Benefit Pension Plan (continued)

The Plan's measurement date is December 31.

The overall expected long-term rate of return on plan assets is based on the historical returns of each asset class weighted by target asset allocation. The target asset allocation has been selected consistent with the Corporation's desired risk and return characteristics. The expected long-term rate is periodically reviewed to update for changes in the investment marketplace.

Plan assets are carried at fair value and consist of a pool of investments held in equity securities and debt securities.

Financial assets carried at fair value as of December 31, are classified in the tables below in one of the three categories described in Note 2 (in thousands):

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Equity securities (a)				
Debt securities (b)				
	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Equity securities (a)				
Debt securities (b)				

(a) Held in a pooled separate account and includes small and large cap common stock of corporations primarily domiciled internationally and in the United States.

(b) Includes investments in corporate bonds and U.S. fixed income funds.

The Plan's weighted-average asset allocations, by asset category, at December 31, are as follows:

	2025	2024
Equity securities		
Debt securities		

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

11. Retirement and Similar Benefits *(continued)*

Description of Investment Policies and Strategies

Fund asset diversification is designed to minimize the impact of large losses in individual investments. Multiple investment managers may be retained to further that end. The overall investment objective of the pension trust fund is to outperform a composite benchmark (an asset-weighted series of market indices used to measure the performance of each asset class) over a market cycle, while maintaining similar risk to the benchmark.

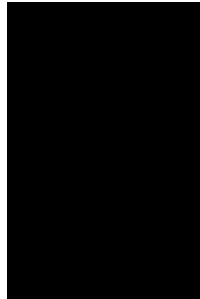
Until the Plan reaches full funded status, the Corporation's asset mix target investment allocations are 50% equities and 50% fixed income. As the asset values continue to approach full funding levels, the asset mix will become a progressively higher proportion of fixed income. At December 31, 2025, the Plan substantially reached funded status, therefore the investment allocation was 100% fixed income.

The objectives of the target allocations are designed to be consistent with the actuarial assumptions around returns and the ages of the beneficiaries.

The Corporation does not expect to contribute any amount to the Plan in 2026.

At December 31, 2025, benefit payments are expected to be paid as follows (in thousands):

2026
2027
2028
2029
2030
2031 to 2035



12. Professional Liabilities

Effective July 1, 1993 through June 30, 2004, the Corporation obtained primary and excess professional liability insurance coverage from CCC Insurance Company ("CCCI"), which also provided coverage to unrelated hospitals. The CCCI insurance program provided insurance under a common occurrence basis structure, which included insurance through two offshore captive insurance companies as well as the purchase of commercial insurance. CCCI has reinsurance coverage for amounts above certain per claim limits.

Effective July 1, 2004, CCCI formed CCC Insurance Company SCC and implemented a "cell captive" structure which replaced the previous coverage structure. Under the cell captive program, limited primary coverage for individual claims for each participating hospital is provided through a commercial insurance carrier on an occurrence basis. The first layer of excess coverage under the program utilizes individual cells for each participating hospital, under which invested assets and insurance related liabilities are segregated for each participant and there is no shared risk among the entities.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

12. Professional Liabilities *(continued)*

The estimated undiscounted professional liabilities for asserted claims of the cell captive insurance program (the Corporation's cell) and for incidents that have been incurred but not yet paid as of December 31, 2025 and 2024 aggregated approximately \$34.9 million and \$33.2 million, respectively, and are reported within the caption professional liabilities in the accompanying consolidated statements of financial position. In addition, the Corporation has recorded an asset in insurance recoveries receivable for the limited primary insurance coverage of approximately \$0.5 million at December 31, 2025 and 2024 in the accompanying consolidated statements of financial position. The estimates for professional liabilities under the captive insurance program are based upon extremely complex actuarial calculations which utilize factors such as historical claim experience for the Corporation and related industry factors, trending models, estimates for the payment patterns of future claims, and present value discounting factors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated.

Professional liability claims in excess of insurance coverage and reserves have been asserted against the Corporation by various claimants. The claims are in various stages of processing and some may ultimately be brought to trial. The Corporation's management and counsel are unable to conclude about the ultimate outcome of these actions. There are known incidents occurring through December 31, 2025 that may result in the assertion of additional claims and other claims may be asserted arising from services provided to patients in the past. It is the opinion of the Corporation's management, based on prior experience, that adequate provision has been made to cover all estimable professional liability losses.

Voluntary Attending Physician Cell Captives

In addition to coverage for the Corporation's professional liabilities, the program also includes two captive cells for coverage of physicians' professional liabilities. Premiums for these captive cells are to be paid by the participating physicians; however, the participating hospitals are responsible for funding a portion of the cells' initial capital and surplus requirements. The Corporation could be subject to additional capital contributions in the future if the equity in these cells falls below certain funding levels. Coverage within the physician cells is pooled; however, there is no shared risk with the hospital-liability cell captives.

Based on management's review of the physicians' captive cell's actual and estimated professional liabilities, no additional funding will be required. Accordingly, no additional liability has been recorded in the Corporation's consolidated financial statements for the physician cells. Based on the trending and settlement of claims, the Corporation may be required to provide additional funding in future years.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

12. Professional Liabilities (continued)

Investments In and Held by Captive Insurance Companies

At December 31, investments in and held by captive insurance companies are as follows (in thousands):

	2025	2024
Level 1		
Cash fund		
Equity fund		
Level 2		
Fixed income fund		
Cash and cash equivalents, at cost		
Investments in CCC recorded under the cost method:		
Voluntary Attending Physician Cell 9		
Voluntary Attending Physician Cell 10		
CCC Insurance SCC		
Reserve on investments		

For the years ended December 31, 2025 and 2024, investment income from investments in and held by captive insurance companies was approximately \$2.8 million and \$2.0 million.

13. Accrued Workers' Compensation

At December 31, 2025 and 2024, workers' compensation liabilities totaled approximately \$5.8 million and \$6.7 million, respectively, which includes an estimate of the incurred but not reported workers' compensation accrual of approximately \$1.8 million and \$2.4 million, respectively. Receivables for insurance recoveries, recorded in insurance recoveries receivable in the accompanying consolidated statements of financial position are approximately \$2.0 million at December 31, 2025 and 2024.

The Corporation's estimates of workers' compensation liabilities are based upon historical claims experience for the Corporation and estimates for the payment patterns of future claims. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated. For the years ended December 31, 2025 and 2024, changes in estimate for workers' compensation reduced expenses by approximately \$1.2 million and Nil, respectively.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements December 31, 2025 and 2024

14. Net Assets with Donor Restrictions

During years ending December 31, 2025 and 2024, \$848 and \$678 of net assets were released by satisfying the purpose restrictions.

Net assets with donor restrictions are available for the following purposes at December 31, (in thousands):

	2025	2024
Funding designated for departmental items		

Net assets with perpetual donor restrictions are available for the following purposes at December 31, (in thousands):

	2025	2024
Required to be held in perpetuity, investment income is unrestricted as to use		
Total net assets with donor restrictions		

The Corporation follows the requirements of the New York Prudent Management of Institutional Funds Act enacted in 2010 as they relate to its perpetually restricted contributions. Net assets with perpetual donor restrictions have been restricted by donors to be maintained in perpetuity except for certain amounts that have been released by the Corporation based on the Corporation's legal counsel review and the Attorney General of the State of New York.

15. Other Assets

Other assets at December 31, are as follows (in thousands):

	2025	2024
(a) Investment in Healthfirst PHSP, Inc. (cost)		
(a) Investment in Managed Health, Inc. (cost)		
(a) Reserve for Healthfirst PHSP, Inc. and Managed Health Inc.		
Workers' compensation funding		
Deposits and other		

(a) Healthfirst PHSP, Inc. ("PHSP") and Managed Health, Inc. ("MHI") are not-for-profit managed care entities. The Corporation records the portion of the payments retained by PHSP and MHI for the Corporation's patients enrolled in PHSP and MHI as their investment in these entities. The Corporation has recorded a reserve equal to the payments retained for those entities since the ultimate repayment of their investments in PHSP and MHI is uncertain.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements December 31, 2025 and 2024

16. Supplemental New York State Funding

For the years ended December 31, 2025 and 2024, the Corporation received the following supplemental funding from NYSDOH (in thousands):

	2025	2024
Vital Access Provider Program		
Vital Access Provider Assurance Program		
1115 Waiver - Medicaid Global Budget		

17. Other Revenue

Other revenue for the years ended December 31, is as follows (in thousands):

	2025	2024
Income from LLC		
Grants and contracts		
Physician and intern training		
Managed care capitation revenue		
Cafeteria and coffee shop		
Pharmacy		
Healthcare workers bonus		
IPA Professional Fees		
Insurance proceeds		
Other		

In 2024, the Corporation received final insurance proceeds of \$18.5 million related to property damaged in a 2021 fire.

At December 31, 2025 and 2024, the Corporation was awarded various Federal and Non-Federal grants totaling approximately \$44 million and \$26.6 million, respectively, which has not been spent, thus not recognized in the consolidated financial statements. The purpose of these grants is to fund renovations of the Labor and Delivery Department, the Inpatient Behavioral Health Unit, Medical Oncology Center, Radiation Oncology and the Endoscopy Unit, as well as other capital projects and programs.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

18. Concentration of Credit Risk

Financial instruments that potentially subject the Corporation to concentrations of credit risk consist principally of cash, investments and accounts receivable (Note 4).

The Corporation places its cash with various financial institutions and limits the amount of credit exposure by any one financial institution. At times, the cash balance may be in excess of the Federal Deposit Insurance Corporation's ("FDIC") insurance limit. At December 31, 2025, the Corporation's cash balance above the FDIC's insurance limit is approximately \$51.4 million. Management believes that the credit risk related to these deposits is minimal.

The Corporation's investment portfolio is diversified by type of investments and industry concentrations so that no individual investment represents a significant concentration of credit risk. The funds on deposit in brokerage accounts are insured by the Securities Investor Protection Corporation up to \$.5 million.

19. Commitments

Legal

The Corporation is involved in litigation arising in the normal course of business. Management estimates that such matters will be resolved without material adverse effect on the Corporation's future financial position, liquidity and results of operations.

Healthcare Regulatory Environment

The healthcare industry is subject to extensive governmental regulation through numerous and complex laws, some of which are ambiguous and subject to varying interpretation. The federal government and many states, including the State of New York, have aggressively increased enforcement under a number of such laws that are often referred to as Medicare and Medicaid "antifraud and abuse" legislation. The Corporation has maintained a corporate compliance program to monitor the organization's compliance with applicable laws, including the so-called "antifraud and abuse" rules. Noncompliance with such rules could result in repayments of amounts improperly reimbursed, substantial monetary fines, civil and criminal penalties, and exclusion from the Medicare and Medicaid programs.

Coronavirus Aid, Relief, and Economic Security Act

In response to the Coronavirus Disease 2019 pandemic, the Corporation received Provider Relief Funds ("PRF") of \$71.7 million through the Coronavirus Aid, Relief, and Economic Security Act in prior years. The Corporation's PRF funds received are subject to audit in the current and future years. As a result, there is at least a reasonable possibility that the PRF funds received, or a portion thereof, may need to be repaid in the future.

Collective Bargaining Agreement

During 2025 and 2024, approximately 71% and 74% of the Corporation's employees are covered by a collective bargaining agreement with 1199 SEIU through the League of Voluntary Hospitals. The agreement covers LPN's, nurses' aides, therapy aides, housekeeping, laundry, dietary and environmental services employees. The agreement expires in September 2026.

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

20. Liquidity and Availability of Resources

The Corporation's financial assets available within one year of the consolidated statements of financial position date for general expenditures are as follows at December 31 (in thousands):

	2025	2024
Cash and cash equivalents		
Accounts receivable		
Due from third-party payors		
Other receivables		
Total financial assets available to management for general expenditure within one year		

Liquidity Management

The Corporation maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities and other obligations come due. Any excess cash available above weekly requirements will be invested in short-term investments. See Note 3 for the Corporation's future plans to increase liquidity and discussion of the Corporation's ability to continue as a going concern.

21. Functional Expenses

The Corporation provides general health care services to residents within its geographic area. The following represents the expenses relating to providing these services for the years ended December 31 (in thousands):

	2025		
	Healthcare Services Expenses	Administrative and General Expenses	Total Operating Expenses
Salaries and wages			
Employee benefits			
Supplies and other			
Depreciation and amortization			
Interest			

Episcopal Health Services Inc. and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

21. Functional Expenses (*continued*)

	2024		
	Healthcare Services Expenses	Administrative and General Expenses	Total Operating Expenses
Salaries and wages			
Employee benefits			
Supplies and other			
Depreciation and amortization			
Interest			

* * * *

Episcopal Health Services Inc. and Subsidiaries

Supplementary Information
December 31, 2025

Episcopal Health Services Inc. and Subsidiaries

Consolidating Statement of Financial Position

(In Thousands)

December 31, 2025

	<u>EHS*</u>	<u>SJMS</u>	<u>SJ Holding</u>	<u>Total</u>
ASSETS				
Current Assets				
Cash and cash equivalents				
Accounts receivable				
Due from third-party payors				
Assets limited as to use, current portion				
Other receivables				
Prepaid expenses				
Inventories				
Investments in and held by captive insurance companies, current portion				
Total Current Assets				
Assets limited as to use, net of current portion				
Investments in and held by captive insurance companies, net of current portion				
Investment in limited liability company				
Insurance recoveries receivable				
Other assets				
Loan receivable, New Markets Tax Credit				
Right-of-use assets - finance leases, net				
Right-of-use assets - operating leases, net				
Property, buildings and equipment, net				

Episcopal Health Services Inc. and Subsidiaries
Consolidating Statement of Financial Position *(Continued)*
(In Thousands)
December 31, 2025

	EHS*	SJMS	SJ Holding	Total
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts payable and accrued expenses				
Accrued salaries and related liabilities				
Current portion of long-term debt				
New Markets Tax Credit				
Current portion of accrued workers' compensation				
Current portion of third-party payor liabilities				
Current portion of professional liabilities				
Deferred revenue				
Finance lease liabilities, current portion				
Operating lease liabilities, current portion				
Total Current Liabilities				
Long-term debt, net of current portion				
Long-term debt, New Markets Tax				
Credit, net of current portion				
Accrued workers' compensation, net of current portion				
Professional liabilities, net of current portion				
Third-party payor liabilities, net of current portion				
Finance lease liabilities, net of current portion				
Operating lease liabilities, net of current portion				
Accrued pension liability				
Other long-term liabilities				
Long-term debt, New Markets Tax Credit notes				
Intercompany				
Total Liabilities				
Net Assets				
Without donor restrictions				
With donor restrictions				
Total Net Assets				

*EHS includes the accounts of IPA and the Foundation, entities for which EHS is the sole member.

Episcopal Health Services Inc. and Subsidiaries

Consolidating Statement of Activities

(In Thousands)

Year Ended December 31, 2025

	<u>EHS*</u>	<u>SJMS</u>	<u>SJ Holding</u>	<u>Total</u>
OPERATING REVENUE				
Patient revenue				
Supplemental New York State funding				
Other revenue				
Investment income				
Intercompany				
Net assets released from restrictions used for operations				
Total Operating Revenue				
OPERATING EXPENSES				
Salaries and wages				
Employee benefits				
Supplies and other				
Depreciation and amortization				
Interest				
Total Operating Expenses				
Excess of Operating Revenue over Operating Expenses				
Pension liability adjustment				
Capital grants				
Change in Net Assets Without Donor Restrictions				

*EHS includes the accounts of IPA and the Foundation, entities for which EHS is the sole member.



April 6, 2026

Mr. Donald T. Morrish
Chief Executive Officer
Episcopal Health Services Inc.
d/b/a/ St. John's Episcopal Hospital, South Shore Division
327 Beach 19th Street
Far Rockaway, NY 11691

Dear Dr. Morrish:

We are pleased to advise you of Manufacturers and Traders Trust Company's (the "Bank") interest in providing the following facility substantially according to the terms and conditions outlined herein (the "Term Sheet"). This Term Sheet is for discussion purposes only and merely serves as a description of the terms and conditions for the proposed facility. This Term Sheet is not intended to be, nor should it be, construed as a commitment of the Bank to lend. The proposed facility is subject to Bank Credit Approval as well as documentation satisfactory to the Bank and its counsel.

Borrower: Episcopal Health Services Inc. d/b/a St. John's Episcopal Hospital, South Shore Division (the "Borrower").

Borrower Subsidiaries: All current and future subsidiaries of the Borrower, including, but not limited to: (a.) St. John's Emergency Medical Services, P.C.; (b.) St. John's Medical Service, P.C.; (c.) Bishop Henry B. Hucles Nursing Home, Inc.; and (d.) Bishop Waldo MacLean Nursing Home (collectively, the "Subsidiaries").

Bank: Manufacturers and Traders Trust Company (the "Bank").

Existing Lenders: Nonprofit Finance Fund ("NFF"); Capital Impact Partners ("CIP"); and Dormitory Authority of the State of New York ("DASNY") (each, an "Existing Lender" and, collectively the "Existing Lenders").

In addition to the foregoing, the Bank extends:

- a. Term Loan, in the amount of \$13,500,000.00, financing the costs associated with the Hospital's clinical learning center, maturing January 2030 (the "Clinical Learning Center Loan").
- b. Tax-Exempt Lease, issued through DASNY, in the amount of \$26,250,000.00, financing energy conservation measures at the Mortgage Property, more fully described below, maturing March 2038 (the "DASNY TELP").

Facility: Construction Line of Credit converting to a Term Loan (the "Facility").

Purpose: Proceeds support project costs associated with an expansion and renovation of the Borrower's critical care unit providing for a 22-bed unit upon completion (the "Project") to be undertaken at the Borrower's hospital campus located on 327 Beach 19th Street, Far Rockaway, NY 11691 (the "Mortgaged Property"):

('000)				
Sources	\$	%	Uses	\$
Grant (*)	\$ 27,181	64%	Project Costs	\$ 42,181
Permanent Bank Financing	\$ 15,000	36%		
Total Sources:	\$ 42,181	100%	Total Uses:	\$ 42,181

(*) New York State Department of Health grant dated August 8, 2025.

Facility Amount: Not to exceed \$ 20,000,000.00 (the "Facility Amount"), which shall consist of two (2) notes:

- Note A: \$5,000,000.00 revolving credit note to bridge receipt of Grant proceeds ("Note A"). Amounts repaid under Note A may be re-borrowed.
- Note B: \$15,000,000.00 construction-to-permanent loan note to provide financing to pay Project costs not reimbursed by the Grant which, after the Borrower meets the Construction Draw Period Conversion Requirement, more fully outlined below, shall represent permanent financing for the Project.

Facility Maturity: Note A: Earlier of: (a.) twenty-four (24) months from the Closing Date or (b.) date by which moneys due from the Grant have been fully received ("Note A Facility Maturity") and injected into the Project.

Note B: March 31, 2038 (the "Note B Facility Maturity").

Construction Controls:

Construction Draw Period – Conversion Requirement

The Borrower shall be required, on, or before, two (2) years from the Closing Date, to complete all work associated with the Project and to obtain any governmental approvals as may be required (the "Construction Draw Period").

Draw Provisions

- Draws shall be disbursed, not more frequently than monthly.
- Bank shall engage an outside consulting engineer (the "Construction Consultant") to, among other things, approve all disbursements. The cost of monitoring the construction process will be the responsibility of the Borrower.
- Bank shall receive the following documentation for review prior to approval of each requisition:
 - a. AIA Form G-702
 - b. List of Invoices
 - c. Budget Reconciliation
 - d. Construction Consultant recommendation
 - e. Draw Certificate
- Borrower shall be required to fund from Borrower cash equity any costs not covered by the contingency or should the Project become out of balance.
- Lien waivers and title bring downs.

Amortization:	Note A: Interest shall be paid monthly from the Closing Date through Note A Facility Maturity based on outstanding principal on a 360-day calendar year. Principal to be repaid from moneys received under the Grant on the date received. Amount repaid under Note A may be re-borrowed. Note B: Interest only payments paid monthly, commencing on the first day of the first month after the Note A Facility Maturity through the Construction Draw Period, based on outstanding principal during the period. Interest shall be based on a 360-day calendar year. Commencing on the first day of the first month after the end of the Construction Draw Period (the "Amortization Commencement Date"), and continuing monthly thereafter, through Note B Facility Maturity, equal payments of principal to fully amortize Note B plus interest. Interest shall be based on a 360-day calendar year.
Restricted Account:	The Borrower shall be required to deposit, or cause to be deposited, in an account maintained with the Bank (the "Restricted Account"), all moneys received from Healthfirst PHSP, Inc. ("PHSP") and Managed Health, Inc. ("MHI") and to enter into documentation, satisfactory to Bank and Bank Counsel, directing PHSP and MHI to make all payments due under the respective PHSP and MHI contracts into the Restricted Account. The payment of interest due under Note A and the payment of principal and interest due under Note B will be automatically debited from the Restricted Account when due. Following the payment of all principal and interest then due any moneys remaining in the Restricted Account shall be transferred to the Borrower's main operating account held with the Bank for its unrestricted use.
Grant Provisions:	The Borrower shall be required to deposit, or cause to be deposited, in an account maintained with the Bank (the "Grant Account"), all moneys received from the Grant and to enter into documentation, satisfactory to Bank and Bank Counsel, directing the New York State Department of Health to make all payments due under the Grant into the Grant Account. The payment of principal due under Note A will be automatically debited from the Grant Account when received.
Interest Rate:	<u>Construction Draw Period:</u> Daily Simple SOFR + 3.50%. In the event the SOFR index falls below 0%, the SOFR index shall always be 0%. <u>Term-Out Period:</u> Fixed rate, which shall be the quotient by adding (a.) Bank cost of funds set three (3) days prior to the Borrower to the Amortization Commencement Date plus (b.) 3.50%. <u>Prepayment Premium:</u> If the interest rate in effect at the time of any prepayment is a fixed percentage rate (whether in effect since the date of issuance of the Facility or any subsequent date in connection with an interest rate adjustment), as consideration of the privilege of making such prepayment, Borrower shall pay to the Bank a premium equal to the present value of the difference between (i) the amount of interest that would have accrued on the prepaid principal from the date of prepayment through the earlier of the Facility Maturity or the date of the next scheduled interest rate adjustment, if any (the "Measurement Period") at the fixed interest rate in effect on the date of prepayment and (ii) the amount of interest that would have accrued on the prepaid principal during the Measurement Period at the Current Market

Rate. "Current Market Rate" shall mean the most recent yield on United States Treasury Obligations adjusted to a constant maturity having a term most nearly corresponding to the Measurement Period, in effect two (2) business days prior to the date of prepayment, as published by the Board of Governors of the Federal Reserve System in the Federal Reserve Statistical Release H.15 (519), or by such other quoting service, index or commonly available source utilized by the Bank for such purposes plus the Applicable Spread. The present value calculation used herein shall use the Current Market Rate as the discount rate and shall be calculated as if each installment of principal had been made as scheduled pursuant to the terms of the Bonds. For purposes of this calculation, "Applicable Spread" means three hundred fifty basis points (3.50%).

Commitment Fee: 0.50% of the Facility Amount, paid on the Closing Date.

Collateral: Security shall include:

1. First lien on all revenues, limited to the payment of principal and interest when due.
2. First mortgage lien on the Mortgaged Property, which shall be held on parity with DASNY.
3. Assignment of Borrower's right to receive Grant proceeds.
4. First lien on the Restricted Account.
5. First lien on the Grant Account.

Borrower shall be required to enter into documentation, including, but not limited to a filed UCC-1, satisfactory to Bank and Bank Counsel, evidencing the Bank's priority interest.

DASNY shall enter into an intercreditor agreement or other documentation, satisfactory to Bank and Bank's Counsel, to reflect the Bank's interest in the Collateral.

General Terms and Conditions:

Closing Date: On or before October 31, 2026.

Default Rate: Prime Rate + 5.00%.

Increased Costs: The financing documents will include provisions to the effect that the Bank shall have the right to increase pricing commensurate with changes in the Bank's capital requirements as a result of any future change in law or regulation.

Financial Covenants:

1. All obligations of the Borrower shall be cross-defaulted.
2. Failure by the Borrower to maintain its status under article 28 of the New York State Public Health Law as a licensed acute care hospital shall constitute an Event of Default.
3. An Event of Default shall exist if any of the following events occurs: a.) Healthfirst reimbursement is insufficient to meet debt service due under DASNY TELP, Note A, and Note B on a 1x basis, (b.) EHS is no longer a Member Hospital in Healthfirst or (c.) Healthfirst ceases operations. Notwithstanding the foregoing, a 150-day period shall be allowed to cure the Event of Default provided EHS provides replacement collateral and cash flow, satisfactory to the Bank and Bank Counsel.

Provisions of the DASNY Loan:

1. The maturity of the DASNY Loan must extend to a date no earlier than Note B Facility Maturity.

2. The payment of the DASNY Loan in full prior to Note B Facility Maturity shall constitute an Event of Default.
3. The DASNY Loan shall be subordinated to the Facility.
4. Approval by DASNY and the New York State Department of Health accepting the terms and conditions outlined in this Term Sheet.

Reporting Covenants:

1. Annual audited financial statements of the Borrower and Subsidiaries, prepared on a consolidated and consolidating basis by a CPA firm acceptable to the Bank, as soon as available, and in no case later than 150 days following year-end.
2. Quarterly internally prepared consolidated financial statements of the Borrower and Subsidiaries, as soon as available, and in no case later than 45 days following period end. Such financial statements shall include a balance sheet, income statement, and statement of cash flows.
3. Covenant Compliance Certificate for each applicable reporting period.
4. Annual capital and operating budgets within 30 days of the beginning of each fiscal year.

Other Conditions:

Borrower and Borrower Subsidiaries shall maintain with the Bank: (i) primary operating and deposit accounts, and (ii) primary treasury management relationship, including, without limitation, any commercial card, purchasing card and merchant payment services.

Documentation:

All financing documents to be in form and substance satisfactory to the Bank and Bank counsel. Financing documents will include representations and warranties, affirmative and negative covenants and events of default customary for financings of this type and other terms deemed appropriate by the Bank in its discretion.

Conditions Precedent to Closing:

1. Receipt of evidence that the Mortgaged Property is not located in an area identified by the Secretary of Housing and Urban Development as an area having special flood hazards or, if located in such area, evidence that appropriate flood insurance has been obtained.
2. Architectural and engineering design and specifications of the project to be reviewed by an acceptable architectural/engineering firm, hired by the Bank and to be reviewed, in association with the final sources and uses of funds and the construction budget, by the Construction Consultant.
3. The Project Costs shall include a minimum 10% contingency for hard cost improvements and a minimum 5% contingency for soft costs to be advanced from time to time during the course of construction at the reasonable discretion of the Bank, consistent with controls for change orders.
4. Receipt of all necessary permits, licenses and approvals including proper zoning of the site, and such other approvals as may be required for construction and, to the extent then obtainable, operation of the Project.
5. Title insurance from a title insurance company acceptable to the Bank insuring good and clear title to the land and improvements.
6. Satisfactory review, in the Bank's sole discretion, of all insurance policies maintained by the Borrower.
7. Borrower to pay all costs associated with the transaction which shall include fees associated with the closing of the Facility.
8. Copies of all corporate organizational documents of Borrower, in a form satisfactory to the Bank and Bank Counsel, not less than 20 days prior to the Closing Date.

BSA/AML: Sufficiently in advance of Closing, Borrower shall have delivered to the Bank all documentation and other information required by the Bank in accordance with all applicable banking laws and regulations in effect from time to time, including, without limitation, the USA Patriot Act. Any failure by Borrower or any necessary third party to deliver to the Bank, in a timely manner, any material information requested, or any misrepresentation or inaccuracy with respect to such information, or if the Bank's due diligence reveals that opening accounts contemplated herein would potentially violate the Bank's regulatory compliance policies or applicable law, shall permit the Bank, in its sole discretion, to withdraw and/or cancel this financing proposal/commitment without liability, and retain all fees.

Brokers: It is understood and agreed that Bank shall be under no obligation for payment of any brokerage commission or fee of any kind with respect to this Term Sheet and that by Borrower's acceptance of this Term Sheet, Borrower agrees to pay the fee and commission of any broker and to indemnify, save harmless and defend Bank from and against any and all claims for brokers' or finders' fees and commissions in connection with the negotiation, execution and consummation of the Facility, such indemnity to include Bank's reasonable counsel fees.

Governing Law: State of New York.

Indemnity: The financing documents will provide that the Borrower will indemnify, pay and hold harmless the Bank against any loss, liability, cost or expense incurred in connection therewith or the use or the proposed use of proceeds thereof (other than any thereof resulting from the gross negligence or willful misconduct of the party to be indemnified).

New York State Disclosure:

Notice pursuant to N.Y. Banking Law Section 129-a requires that, in the event the Bank permits the Borrower to establish an alternative payment schedule due to financial hardship or other circumstances during the life of Facility, accepting such alternative payment schedule may have a negative impact on Borrower's credit score or rating.

Bank Counsel: Barclay Damon LLP
80 State Street
Albany, NY 12207
Kevin Bezio, Esq.

If the foregoing terms and conditions are acceptable, please execute this Term Sheet and forward a PDF copy via e-mail to my attention with the original copy to be sent to my attention in the overnight package provided herein. This Term Sheet expires on the close of business on Monday, May 4, 2026, unless extended by the Bank in writing.

Very truly yours,
Manufacturers and Traders Trust Company

By: David Clarke
David Clarke

Agreed and Accepted

Episcopal Health Services, Inc. d/b/a St. John's Episcopal
Hospital, South Shore Division


By: _____
Title: Steven G. Guido
Date: Chief Financial officer
05/01/2026



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

August 8, 2025

Donald T. Morrish, MD, MMM
327 Beach 19th Street
Far Rockaway, NY 11691

Re: RFA# 20244, Statewide Health Care Facility Transformation Program IV (SHCFTP IV)

Dear Donald T. Morrish, MD, MMM:

We are pleased to inform you that, based on application number DOH01-SHCFT4-2023-00500 submitted under the above referenced RFA that was released in January 2024, you have been awarded a grant in an amount up to \$27,181,465.00.

Please note that this letter is not a final commitment to provide funds, but rather is evidence of the intention on the part of the Department of Health (DOH) to enter into a State of New York Contract for Grants (formally known as a Master Grant Contract (MGC)) with Episcopal Health Services Inc. subject to compliance with the conditions set forth in the RFA. The final amount to be awarded is subject to compliance with these conditions and may be less than the grant amount set forth above. State of New York Contract for Grants are also contingent upon approval of the Attorney General and the Office of the State Comptroller.

The five-year contract period for the award is 4/1/2025 through 3/31/2030. Contract extensions are at the discretion of DOH and will be based on the awardee's need to finish the capital project and/or the awardee's performance during the contract period.

Conditions to this award listed in the RFA and attached Addendum must be completed prior to the execution of your State of New York Contract for Grants with DOH and distribution of grant proceeds.

No transfer of any asset(s) related to this project shall be permitted without the prior written authorization of the DOH. If an asset has been transferred without prior written authorization, the DOH, in their sole discretion, may rescind the previously awarded grant.

Should you have any questions concerning SHCFTP IV RFA# 20244 or this Award Letter, please address your inquiry to Statewide4transformation@health.ny.gov. To properly address your questions, please also include a contact person, contact e-mail, and contact phone number in the body of your e-mail.

Sincerely,

A handwritten signature in blue ink that reads "Jim McDonald" with a stylized flourish at the end.

James V. McDonald, M.D., M.P.H.
Commissioner
New York State Department of Health

Addendum

The following conditions must be satisfied with respect to each capital project to be funded with grant funds before the New York Contract for Grants can be finalized and executed:

- Confirmation by DASNY Bond Counsel that the capital project is eligible to be funded through the State supported bond program. A DASNY representative will contact you if additional information regarding the capital project expenditures is required.
- Evidence of the completion of a review pursuant to the State Environmental Quality Review Act ("SEQRA"). A DASNY representative will contact you in order to determine the appropriate level of review to be conducted.
- Verification that all services provided in connection with the project are open to all regardless of religious affiliation and have no religious components. If this is required, DASNY will provide the form to the applicant.
- Completion of the Workplan and Capital Budget providing an outline/summary of the work associated with the Project(s), identifying the project(s) objectives, metrics and milestones, and identification of project expenditures.
- Verification the awardee has secured site control of the properties to be used for this project(s).
- Provided a copy of the applicant's Operating Certificate to DOH.
- Provided current Workers' Compensation and Disability certificates of insurance to DOH.
- Confirmation of awardees current Charities Registration status to DOH.
- Vendor Responsibility/Grant Diligence Requirements:
As a further condition to entering into a New York Contract for Grants with the DOH:
 - Awardees must have completed a Vendor Responsibility Questionnaire (VRQ), either electronically or via paper form, within six months of the contract being finalized and executed.
 - Any requested Vendor Responsibility/Grant Diligence information must be provided to the satisfaction of DOH.
 - Identify any subcontractors that will receive over \$100K in award funds and ensure they have obtained an OSC vendor ID and completed a Vendor Responsibility Questionnaire (VRQ).
 - DOH shall have determined that the awardee, and any contractor(s) and/or other vendor(s) providing any goods or services with respect to the Project, are (and will continue to be) responsible and able to meet the obligations under the New York Contract for Grants.
 - DOH, in consultation with DASNY or other parties as DOH shall determine to be necessary, shall, in its sole discretion, determine the truth and accuracy of all statements made in the Vendor Responsibility/Grant Diligence information and/or other documentation or information submitted in connection with any Project funded by the Grant.
 - DOH and/or DASNY, in their sole discretion, may request additional information or documentation, including in-person interviews of relevant individuals regarding any aspect of the Project to be funded in whole or in part with Grant proceeds, and may audit any records of the Grantee related to the projects funded with the Grant.

- Verification that the awardee has initiated the request process for any necessary regulatory approvals and/or waivers such as DOH Certificate of Need (CON) approval, if required. In order to expedite the New York Contract for Grants execution process, CON and other DOH regulatory requirements should be considered as soon as possible.

If the above conditions are not satisfied within 60 days of the date of this notification, this award letter may expire. Upon written request from the applicant with an explanation acceptable to the Department of Health (DOH) as to why the required information was not provided to DOH and DASNY within the requisite timeframe, DOH may, in its sole discretion, grant an extension to allow more time to provide the information necessary to make a final determination of the grant award.

The following conditions must be satisfied with respect to each capital project prior to the reimbursement with grant funds under the terms of the New York Contract for Grants:

- Submission of detailed project budgets for Bondability Review and Approval by Bond Counsel evidencing that bond proceeds will only be used for eligible costs.
- The primary source of funds for the SHCFTP IV capital grant program will be bond proceeds, which by law may only be used for capital costs for federal income tax purposes and that comprise capital works or purposes under the State Finance Law. Therefore, Tax and bond counsel to the Dormitory Authority of the State of New York (DASNY) must confirm that the applicable grant expenditures identified in your application are costs that are eligible to be funded from proceeds of State-supported bonds as described in the Request for Applications Section III, B.
- The following costs are NOT capital costs and may not be funded with grant funds:
 - Internal labor costs (salaries, benefits, or other costs of an applicant's employees working on a project);
 - Costs of hand-held electronic devices or other equipment with a useful life of less than three years;
 - Ongoing maintenance fees; and
 - Other costs determined by DOH, DASNY and/or its bond counsel to be non-capital in nature.
- The budgets must separately identify all project costs, including those that are funded by independent sources and not grant funds. Professional estimates, quotes, bids, or other indicia from a design professional or equipment vendor setting forth the total Project cost must be provided.
- The budgets must identify all other funding sources and demonstrate to the satisfaction of DASNY and its bond and tax counsel that other available funds are both eligible and sufficient to pay such costs.
- If the Project includes IT or other technology equipment, the budget must clearly distinguish among the hardware, software development, software licenses, training, implementation, intellectual property costs and the amount and source of grant funds or other available funds to be spent on each component. Any project costs comprising ongoing maintenance fees also must be separately stated and funded with amounts other than bond proceeds. All components should be clearly identified and described. In addition, the amount of grant funds, if any, to be spent on each component must be stated, and the amounts of other available funds to be spent on such respective components must be clearly stated.
- If the Project includes the purchase of real property and if grant funds are to be used to acquire such real property, an appraisal meeting the Uniform Standards of Professional Appraisal Practice ("USPAP") standards

for the real property to be acquired with grant funds must be provided, along with a completed Real Property and Fixed Asset Certification executed by the applicant. This form will be provided by DASNY to the applicable grantees.

- If the Project involves the renovation or improvement of a facility previously financed or refinanced with the proceeds of tax-exempt bonds, the applicant will have to complete and execute a Prior Bond Certification form. This form will be provided by DASNY to the applicable applicants.
- Public Authorities Control Board approval of the Project, as required and initiated by DOH and DASNY, is obtained.
- Confirmation of regulatory approvals and/or waivers such as DOH Certificate of Need (CON) required under the project(s) have been obtained.
- Confirmation that an MWBE Utilization Plan has been submitted and approved. Pursuant to the Request for Applications Section IV. I., the New York State Department of Health established a Minority and Women Owned Business participation goal of **30%** on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation. All grantees must submit an acceptable MWBE Utilization plan reflective of this goal. In addition, successful awardees are required to certify they have an acceptable Equal Employment Opportunity policy statement.
- Submission of required quarterly reports on the status of the Statewide Health Care Facility Transformation Program IV project. Such reports shall be submitted no later than 30 days after the close of the quarter and shall be consistent with the provisions of the terms of the State of New York Master Contract for Grants.

The reports shall include:

- Progress made toward Statewide Health Care Facility Transformation Program IV objectives;
- A status update on Project process and performance metrics and milestones;
- Information on Project spending and budget; and
- A summary of public engagement and public comments received.
- Confirmation that Financial Commitments in an amount sufficient to finance the full project cost less SHCFTP IV grant proceeds are in place. Examples of acceptable commitments include:
 - Bank account and investment account statements;
 - Contractual agreements for the provision of such funds;
 - Board Resolution authorizing institutional funds to be utilized for purposes of the project;
 - Signed, notarized letter from a Senior Authorized Officer of the organization authorizing institutional funds to be utilized for purposes of the project;
 - Donor agreements and receipts;
 - Grant award letters with no outstanding contingencies, agreements and contracts;
 - Updated Letter of Interest including terms and conditions from a recognized lending institution, consistent with what was provided in your RFA submission;
 - Bond documents; or
 - Other documentation demonstrating, to the satisfaction of DOH and/or DASNY that sufficient funds for project completion have been secured, and that the applicant is a going concern.

If the above conditions are not satisfied after the execution of the New York Contract for Grants, delays in the commencement of your Project and receipt of state funds will occur.

Additional New York Contract for Grants Requirements of the Awardee:

- **New York Contract for Grants are also contingent upon approval of the Attorney General and the Office of the State Comptroller.**
- There are no advances allowed under this reimbursement grant award.
- State funding will only be provided to the awardee following the execution of the New York Contract for Grants and submission of a reimbursement request acceptable to the DOH.
- If the Project is comprised of multiple and/or phased components, DOH may, after consultation with DASNY, enter into a New York Contract for Grants for those components of a Project that are Type II and may be properly segmented, including but not limited to planning, design or engineering costs, or for which a SEQRA review has been completed, so long as all other conditions of the Award Letter have been satisfied.
- DOH, DASNY, and other government agencies that may be involved in the grant process, and their bond counsel, are relying on the Grant Diligence information in order to determine whether or not to enter into a New York Contract for Grants, including all required documentation provided in the course of reviews.
- DOH and /or DASNY, in their sole discretion, may request additional information or documentation, including in-person interviews of relevant individuals regarding any aspect of the Project to be funded in whole or in part with Grant proceeds, and may audit the records of the Grantee related to the projects funded with the Grant.
- The completed Grant Diligence information must be signed by one or more Authorized Officer(s) who possesses the requisite level of knowledge regarding the information provided and returned to the DOH.
- The Grantee acknowledges that there is a duty to notify DOH and DASNY of any changes to the statements made in the Grant Diligence information, as submitted to DOH and/or subsequently supplemented. The Grantee is hereby further advised that the submission of false information to the DOH could be a violation of Federal and State Penal Laws.
- Any request for modification or change to the awarded Project prior to finalization and execution of the New York Contract for Grants must be identified in writing by the awardee to DOH within in 60 days of the receipt of this award letter.

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	C	D	E	F	G	H	I
Location					Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construc- tion cost per SF	Total construction cost	Alterat- ions, Scope of work
Sub project	Building	Floor	section	Functional Code					
---	Tower Building	3	---	---	Intensive Care / Coronary Care	5,755	\$850.00	\$4,891,750	B
Totals for Whole Project:						5,755	\$850.00	\$4,891,750	B

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 added to this spreadsheet

**New York State Department of Health
Certificate of Need Application
Schedule 10 - Space & Construction Cost Distribution**

1. If New Construction is Involved, is it "freestanding?"		YES ☐	NO ☐	N/A
2. Check the box that best describes the location of the facilities affected by this project:	Dense Urban ☒	Other metropolitan or suburban ☐	Rural ☐	

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator engineer.

[Redacted Signature]		DATE 6/30/28	
PRINT NAME		TITLE	
Donald T. Morrish, MD, MMM		Chief Executive Officer	
NAME OF FIRM			
Episcopal Health Services, Inc.			
STREET & NUMBER			
327 Beach 19th Street			
CITY	STATE	ZIP	PHONE NUMBER
Far Rockaway	NY	11691	[Redacted Phone Number]

I

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	C	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 SF	Total construction cost	Alterations, Scope of work
Sub project	Building	Floor	section	Functional Code				
---	New Bldg Addition	2	---	---	Mechanical / Infrastructure	8,765	---	---
---	New Bldg Addition	3	---	---	Intensive Care / Coronary Care	8,765	---	---
					TOTAL	17,530	\$1,197.67	\$20,995,100
Totals for Whole Project:					17,530	\$1,197.67	\$20,995,100	---

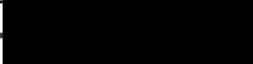
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**New York State Department of Health
Certificate of Need Application
Schedule 10 - Space & Construction Cost Distribution**

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,

		DATE
		6/30/26
PRINT NAME	TITLE	
Donald T. Morrish, MD, MMM	Chief Executive Officer	
NAME OF FIRM		
Episcopal Health Services, Inc.		
STREET & NUMBER		
327 Beach 19th Street		
CITY	STATE	ZIP
Far Rockaway	NY	11691
PHONE NUMBER		
		

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, including model, manufacturer, year of manufacture where applicable.	Number of units	Lease or purchase?	Date of the end of the lease period	Lease Amount or Purchase Price
		Please refer to Schedule 11 for a New Moveable Equipment List.				\$ 2,980,260
Total lease and purchase costs: Subproject 1						
Total lease and purchase costs: Subproject 2						
Total lease and purchase costs: Subproject 3						
Total lease and purchase costs: Subproject 4						
Total lease and purchase costs: Subproject 5						
Total lease and purchase costs: Subproject 6						
Total lease and purchase costs: Subproject 7						
Total lease and purchase costs: Subproject 8						
Total lease and purchase costs: Whole Project:						\$2,980,260

**New York State Department of Health
Certificate of Need Application
Schedule 11 - Moveable Equipment**

Table 2 - Equipment being replaced: N/A

Sub project Number	Functional Code	Description, including model, manufacturer 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:					\$0

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

SCHEDULE 11 ATTACHMENT

NEW MOVEABLE EQUIPMENT LIST

EHS CCU Expansion Overbuild FFE

PHASE 1	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 1	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
	Patient Room 2	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450

EHS CCU Expansion Overbuild FFE

PHASE 1	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 3	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
	Patient Room 4	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450

EHS CCU Expansion Overbuild FFE

PHASE 1	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 5	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
	Patient Room 6	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Clinical - Sharps	service contract		
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450

EHS CCU Expansion Overbuild FFE

PHASE 1	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 7	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
	Patient Room 8	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450

EHS CCU Expansion Overbuild FFE

PHASE 1	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 9	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
	Patient Room 10	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450

EHS CCU Expansion Overbuild FFE

PHASE 1	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 11	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
	Patient Room 12	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
		Ante Room- storage accommodations for gowns, masks, gloves	Misc. Storage Units	Allowance	\$3,500

EHS CCU Expansion Overbuild FFE

PHASE 1	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Nurse's Office	Desk	1	\$1,000	\$1,000
		Desk Chair	1	\$450	\$450
		Guest Chair	1	\$400	\$400
		File Cabinet	1	\$750	\$750
		Computer	1	\$1,250	\$1,250
		Phone	1	\$450	\$450
		White board	1	\$750	\$750
	Multi-purpose	Metro wire shelving (casters)		Allowance	\$2,000
	Utility Space	Metro Wire Shelving		Allowance	\$2,000
	On Call Room	Bed + Mattress	2	\$1,200	\$2,400
		Desk	1	\$1,000	\$1,000
		Task Chair	1	\$450	\$450
		Locker	---	\$750	\$750
		Computer	1	\$1,250	\$1,250
		Phone	1	\$450	\$450
	Nurse Station 1	Task Chair	2	\$450	\$900
		Computer	2	\$1,250	\$2,500
		Phone	1	\$450	\$450
		Ped File	2	\$450	\$900
		Nurse DMS Board	1	\$2,000	\$2,000
		Digital Clock	1	\$600	\$600
		Chart Racks	---	Allowance	\$1,500
		Central Red Phone	1	\$450	\$450
		Code Cart/Defib	1	Allowance	\$8,000
		Arm Band Printer	1	\$500	\$500
		Label Printer/Lab	1	\$600	\$600
		Label Printer / Patient	1	\$500	\$500

EHS CCU Expansion Overbuild FFE

PHASE 1	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Nurse Station 2	Task Chair	2	\$450	\$900
		Computer	2	\$1,250	\$2,500
		Phone	2	\$900	\$900
		Ped File	2	\$450	\$900
		Nurse DMS board	1	\$2,000	\$2,000
		Digital Clock		\$600	\$600
		Chart Racks		Allowance	\$1,500
		Central Red Phone	1	\$450	\$450
		Code Cart/Defib	1	Allowance	\$8,000
		Arm Band Printer	1	\$500	\$500
		Label printer/lab	1	\$600	\$600
		Label printer / patient	1	\$500	\$500
	Nurse Station 3	Task Chair	2	\$450	\$900
		Computer	2	\$1,250	\$2,500
		Phone	2	\$900	\$900
		Ped File	2	\$450	\$900
		Nurse DMS board	1	\$2,000	\$2,000
		Digital Clock	1	\$600	\$600
		Chart Racks		Allowance	\$1,500
		Central Red Phone	1	\$450	\$450
		Arm Band Printer	1	\$500	\$500
		Label printer/lab	1	\$600	\$600
		Label printer / patient	1	\$500	\$500
	Nurse Station 4	Task Chair	2	\$450	\$900
		Computer	2	\$1,250	\$2,500
		Phone	1	\$450	\$450
		Ped File	2	\$450	\$900
		Nurse DMS board	1		\$2,000
		Digital Clock	1	\$600	
		Chart Racks		Allowance	\$1,500
		Central Red Phone	1	\$450	\$450
		Arm Band Printer	1	\$500	\$500
		Label printer/lab	1	\$600	\$600
		Label printer / patient	1	\$500	\$500

EHS CCU Expansion Overbuild FFE

PHASE 1	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Supervisor Office	Desk	1	\$1,000	\$1,000
		Desk Chair	1	\$450	\$450
		Guest Chair	2	\$400	\$800
		File Cabinet	1	\$750	\$750
		Computer	1	\$1,250	\$1,250
		Phone	1	\$450	\$450
		White Board	1	\$750	\$750
	Miscellaneous	Digital Clock Transmitter	1	\$3,000	\$3,000
		Clock Potential Accessories	1	\$3,000	\$3,000
PHASE 2	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 1	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450

EHS CCU Expansion Overbuild FFE

PHASE 2	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 2	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
PHASE 2	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 3	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450

EHS CCU Expansion Overbuild FFE

PHASE 2	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 4	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
	Patient Room 5	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
		Ante Room- storage accommodations for gowns, masks, gloves	Misc. Storage Units	Allowance	\$3,500

EHS CCU Expansion Overbuild FFE

PHASE 2	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 6	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
PHASE 2	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 7	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450

EHS CCU Expansion Overbuild FFE

PHASE 2	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Patient Room 8	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450
	Patient Room 9	Bed- Critical Care Bed	1	see below	
		Visitor Chairs	2	\$400	\$800
		Monitoring Equipment		see below	
		Clinical- Digital Clock	1	\$600	\$600
		Clinical - Wall Safe	1	CF/CI	
		Clinical- Medication Receptacle	1	CF/CI	
		Clinical-Headwall configuration	1	CF/CI	
		Clinical- Patient Information Board	1	\$500	\$500
		Clinical-Cardiac Monitor (wall mtd)	1	see below	
		Clinical - Dialysis portable		see below	
		Clinical - Receptacles: reg, red bag , yellow		Allowance	\$750
		Overbed table		see below	
		Bedside Table		see below	
		Patient Seat- Recliner preferred		see below	
		Phone	1	\$450	\$450

EHS CCU Expansion Overbuild FFE

PHASE 2	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Nurse Station 1	Task Chair	3	\$450	\$900
		Nurse DMS board	1	Allowance	\$2,000
		Digital Clock	1	\$600	
		Chart Racks		Allowance	\$1,500
		Printer/Copier/Fax	1	Lease	
		Central Red Phone	1	\$450	\$450
		Code Cart/Defib	1	Allowance	\$8,000
		Arm Band Printer	1	\$500	\$500
		Label printer/lab	1	\$600	\$600
		Label printer / patient	1	\$500	\$500
		Computer	3	\$1,250	\$3,750
		Phone	3	\$450	\$1,350
		Ped file	3	\$450	\$1,350
PHASE 2	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Nurse Station 2	Task Chair	2	\$450	\$900
		Nurse DMS board	1	Allowance	\$2,000
		Digital Clock	1	\$600	\$600
		Chart Racks		Allowance	\$1,500
		Central Red Phone	1	\$450	\$450
		Arm Band Printer	1	\$500	\$500
		Label printer/lab	1	\$600	\$600
		Label printer / patient	1	\$500	\$500
		Computer	3	\$1,250	\$3,750
		Phone	3	\$450	\$1,350
		Ped file	3	\$450	\$1,350
	Office	Desk	1	\$1,000	\$1,000
		Desk Chair	1	\$450	\$450
		Guest Chair	1	\$400	\$400
		File Cabinet	1	\$750	\$750
		Computer	1	\$1,250	\$1,250
		Phone	1	\$450	\$450

EHS CCU Expansion Overbuild FFE

PHASE 2	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	Blood Lab	Blood Lab Equipment		Allowance	\$10,000
	Family Lounge	To be developed		Allowance	\$8,500
	Staff Lounge	Lockers		Allowance (15)	\$7,800
		Table(s)		Allowance	\$1,500
		Chairs		Allowance	\$2,400
		Computer and bracket	1	\$2,000	\$2,000
		Phone	1	\$450	\$450
		Refrigerator	1	CF/CI	
		Microwave	1	CF/CI	
		Display Case	1	\$600	\$600
		Mail folders (wall-mtd)		Allowance	\$600
		Addtl coat hooks		Allowance	\$250
		TV	1	\$1,000	\$1,000
PHASE 2	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	T327 On Call	Bed + Mattress	2	\$1,200	\$2,400
		Desk	1	\$1,000	\$1,000
		Task Chair	1	\$450	\$450
		Locker	2	\$520	\$1,040
		Computer	1	\$1,500	\$1,500
		Phone	1	\$450	\$450

EHS CCU Expansion Overbuild FFE

Miscellaneous	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
		Signage	ALLOWANCE		\$19,500
		Artwork	ALLOWANCE		\$8,000
		White Board- Assignment	ALLOWANCE		\$2,000
		PPE holders	ALLOWANCE		\$6,500
		Shower chairs	ALLOWANCE	\$350	\$2,800
		Cubicle Curtains and Tracks		CF/CI	
		Window Treatments		CF/CI	
		Eyewash Stations		CF/CI	
		Bair Hugger	1	\$1,500	\$1,500

EHS CCU Expansion Overbuild FFE

General Note	ROOM #	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
ICU/CCU Patient Rooms	1-12; 1-9	Stryker Beds with all accessories as provided by Nursing and Stryker	21	\$29,892	\$627,732
	1-12; 1-9	Over Bed table & Side tables	21	\$1,064	\$22,353
	1-12; 1-9	Trurize patient seating (lift assist)	1	\$10,050	\$10,050
		Trurize if required for all rooms +20	20	\$10,050	\$200,992
	1-12; 1-9; nurse stations	GE Carescape Monitoring System	---	---	\$1,143,240
	1-12; 1-9	Vantive Portable Dialysis machines. Total of four (4) units to be purchased to support CCU & ICU, Components listed below:	4	\$46,175	\$184,700
		Thermax US	4	\$1,375	\$5,500
		Prisma V3 Control Unit-US	4	\$96,250	\$385,000
		Prisma Warmer Arm Kit new	4	\$144	\$575
		Truevue Digital Health	4	\$400	\$1,600
	Floor Use	GlideScope Core	1	\$9,030	\$9,030
	Floor Use	Respiratory Vests- cost based on average	10	\$8,900	\$89,000
	Floor Use	Rapid Infuser	1	\$8,720	\$8,720
	Floor Use	AccuVein		\$12,028	\$12,028
TOTAL					\$2,980,260

CF/CI = Contractor Furnished / Contractor Installed

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

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

6/30/26

Signature:

Donald T. Morrish, M.D., M.M.M.

Name (Please Type)

Chief Executive Officer

Episcopal Health Services

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 involves 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 Implementation	Third Year Implementation
1.	Management & Supervision	237.50	237.50	237.50
2.	Technician & Specialist	384.72	384.72	384.72
3.	Registered Nurses	462.69	476.28	478.39
4.	Licensed Practical Nurses	4.66	4.66	4.66
5.	Aides, Orderlies & Attendants	22.67	27.87	27.87
6.	Physicians	37.46	37.46	37.46
7.	PGY Physicians	170.13	170.13	170.13
8.	Physicians' Assistants			
9.	Nurse Practitioners	8.46	8.46	8.46
10.	Nurse Midwife	0.00	0.00	0.00
11.	Social Workers and Psychologist**	54.15	54.15	54.15
12.	Physical Therapists and PT Assistants	7.84	7.84	7.84
13.	Occupational Therapists and OT Assistants	0.65	0.65	0.65
14.	Speech Therapists and Speech Assistants	0.00	0.00	0.00
15.	Other Therapists and Assistants	35.13	35.13	35.13
16.	Infection Control, Environment and Food Service	130.52	134.72	134.72
17.	Clerical & Other Administrative	356.71	357.71	357.71
18.	Other Pharmacy & Pharmacy Tech	21.26	21.26	21.26
19.	Other Maintenance Workers & Others	79.35	79.35	79.35
20.	Other (specify)			
23.	Total Number of Employees	2,013.90	2,037.89	2,040.00

* 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:

The number and mix of staff were based upon the experience of SJEH in providing ICU and CCU services. The Year 1 and Year 3 operating budget reflects the staffing needed to accommodate the change in utilization associated with this project.

Please refer to the Operating Budget items under the Schedule 13 Attachment for additional information.

**New York State Department of Health
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Schedule 13B

Schedule 13 B-2. Medical/Center Director and Transfer Agreements

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.

Not Applicable

.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	
Distance in miles from the proposed facility to the Hospital affiliate.	
Distance in minutes of travel time from the proposed facility to the Hospital affiliate.	
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	
Distance in miles from the proposed facility to the nearest hospital.	
Distance in minutes of travel time from the proposed facility to the nearest hospital.	

**New York State Department of Health
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Schedule 13B

Schedule 13 B-3. AMBULATORY SURGERY CENTERS ONLY - Physician Commitments

Upload a spreadsheet or chart as an attachment 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.

Not Applicable

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
---------------------	----------------	---------------	------------------------------	-------------------------------	--	-----------------------------------

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.	Please refer to the Schedule 13 Attachment	N/A
2. In a separate attachment, provide the basis for interest cost. Separately identify, with supporting calculations, interest attributed to mortgages and working capital	Please refer to the Schedule 13 Attachment	N/A

☒ Total Project or ☐ Subproject Number

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)	1/1/2025	12/01/28	12/01/30
1.	Salaries and Wages	\$223,857,799	\$228,089,722	\$228,612,554
	1a. FTEs	2,013.90	2,037.89	2,040.00
2.	Employee Benefits	\$76,909,000	\$78,238,558	\$78,421,549
3.	Professional Fees	\$24,204,487	\$24,204,487	\$24,204,487
4.	Medical & Surgical Supplies	\$18,305,976	\$18,357,679	\$18,357,679
5.	Non-med., non-surg. Supplies	\$40,468,397	\$40,955,272	\$40,955,272
6.	Utilities	\$3,223,093	\$3,751,093	\$3,751,093
7.	Purchased Services	\$23,690,493	\$23,690,493	\$23,690,493
8.	Other Direct Expenses	\$34,153,665	\$34,153,665	\$34,153,665
9.	Subtotal (total 1-8)	\$444,812,910	\$451,440,969	\$452,146,792
10.	Interest (details required below)	\$1,703,650	\$2,828,650	\$2,663,643
11.	Depreciation (details required below)	\$13,117,000	\$15,207,062	\$15,207,062
12.	Rent/Lease (details required below)	\$9,515,824	\$9,515,824	\$9,515,824
13.	Total Operating Costs	\$469,149,384	\$478,992,505	\$479,533,321

Please refer to the Operating Budget items under the Schedule 13 Attachment for additional information.

New York State Department of Health
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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)	1/1/2025	12/1/2028	12/1/2030
1. Salaries and Wages	\$138,669,077	\$142,901,000	\$143,423,832
1a. FTEs	1,247.51	1,271.51	1,273.61
2. Employee Benefits	\$47,641,405	\$48,970,963	\$49,153,954
3. Professional Fees	\$14,993,509	\$14,993,509	\$14,993,509
4. Medical & Surgical Supplies	\$11,339,666	\$11,391,369	\$11,391,369
5. Non-med., non-surg. Supplies	\$25,068,214	\$25,555,089	\$25,555,089
6. Utilities	\$1,996,550	\$2,524,550	\$2,524,550
7. Purchased Services	\$14,675,114	\$14,675,114	\$14,675,114
8. Other Direct Expenses	\$21,156,543	\$21,156,543	\$21,156,543
9. Subtotal (total 1-8)	\$275,540,078	\$282,168,137	\$282,873,960
10. Interest (details required below)	\$1,055,329	\$2,180,329	\$2,015,322
11. Depreciation and Rent (details required below)	\$8,125,347	\$10,215,409	\$10,215,409
12. Rent / Lease (details required below)	\$5,894,593	\$5,894,593	\$5,894,593
13. Total Incremental Inpatient Operating Costs	\$290,615,347	\$300,458,468	\$300,999,284

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)	1/1/2025	12/1/2028	12/1/2030
1. Salaries and Wages	\$85,188,722	\$85,188,722	\$85,188,722
1a. FTEs	766.39	766.38	766.39
2. Employee Benefits	\$29,267,595	\$29,267,595	\$29,267,595
3. Professional Fees	\$9,210,978	\$9,210,978	\$9,210,978
4. Medical & Surgical Supplies	\$6,966,310	\$6,966,310	\$6,966,310
5. Non-med., non-surg. Supplies	\$15,400,183	\$15,400,183	\$15,400,183
6. Utilities	\$1,226,543	\$1,226,543	\$1,226,543
7. Purchased Services	\$9,015,379	\$9,015,379	\$9,015,379
8. Other Direct Expenses	\$12,997,122	\$12,997,122	\$12,997,122
9. Subtotal (total 1-8)	\$169,272,832	\$169,272,832	\$169,272,832
10. Interest (details required below)	\$648,321	\$648,321	\$648,321
11. Depreciation and Rent (details required below)	\$4,991,653	\$4,991,653	\$4,991,653
12. Rent / Lease (details required below)	\$3,621,231	\$3,621,231	\$3,621,231
13. Total Incremental Inpatient Operating Costs	\$178,534,037	\$178,534,037	\$178,534,037

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.

Please refer to the Operating Budget items under the Schedule 13 Attachment for additional information.

New York State Department of Health Certificate of Need Application

Schedule 13 D: 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: **N/A**) 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.	☐	Please refer to the Schedule 5 Attachment	N/A
2. Provide the basis and supporting calculations for all utilization and revenues by payor.	☐	Projected utilization is based upon the experience of the Hospital in providing inpatient critical care services. Revenues by payer are also based upon the experience of the Hospital.	N/A
3. Provide the basis for charity care revenue assumptions used in Year 1 and 3 Budgets ((Table 13D-2B). <i>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.</i>	☐	Charity care revenue assumptions are based upon the experience of the Hospital.	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)	1/1/2025	12/1/2028	12/1/2030
1. Inpatient Services	\$585,069,416	\$596,531,089	\$597,481,033
2. Outpatient Services	\$357,661,727	\$357,661,727	\$357,661,727
3. Ancillary Services			
4. Total Gross Patient Care Services Rendered	\$942,731,143	\$954,192,816	\$955,142,760
5. Deductions from Revenue	(\$677,751,262)	(\$677,751,262)	(\$677,751,262)
6. Net Patient Care Services Revenue	\$264,979,881	\$276,441,554	\$277,391,498
7. Other Operating Revenue (Identify sources)			
Investment Income	\$5,495,305	\$5,495,305	\$5,495,305
Released from Restriction	\$847,596	\$847,596	\$847,596
Supplemental NYS Funding	\$187,225,348	\$187,225,348	\$187,225,348
Income from LLC, PHSP, MHI	\$7,826,000	\$7,826,000	\$7,826,000
Physician and Intern Training	\$2,782,000	\$2,782,000	\$2,782,000
Managed Care Capitation Revenue	\$1,513,000	\$1,513,000	\$1,513,000
Grants and Contracts	\$2,044,000	\$2,044,000	\$2,044,000
Cafeteria and Coffee Shop	\$1,156,000	\$1,156,000	\$1,156,000
Pharmacy	\$791,000	\$791,000	\$791,000
IPA Professional Fees	\$199,000	\$199,000	\$199,000
Other	\$4,850,870	\$4,850,870	\$4,850,870
8. Total Operating Revenue (Total 1-7)	\$479,710,000	\$491,171,673	\$492,121,617
9. Non-Operating Revenue			
10. Total Project Revenue	\$479,710,000	\$491,171,673	\$492,121,617

Please refer to the Operating Budget items under the Schedule 13 Attachment for additional information.

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		(A) Patient Days or dis- charges	Total Current Year		(C) Patient Days or dis- charges	First Year Total Budget		(E) Patient Days or dis- charges	Third Year Total Budget	
			Net Revenue			Net Revenue			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)
	Fee for Service									
Commercial	Managed Care	576	\$5,863,067	\$10,179	601	\$6,617,206	\$11,010	605	\$6,661,247	\$11,010
	Fee for Service	2,171	\$45,506,887	\$20,961	2,339	\$49,732,889	\$21,262	2,363	\$50,243,188	\$21,262
Medicare	Managed Care	2,333	\$31,291,367	\$13,413	2,411	\$33,079,902	\$13,720	2,423	\$33,244,547	\$13,720
	Fee for Service	1,209	\$18,175,424	\$15,033	1,249	\$19,310,342	\$15,461	1,254	\$19,387,645	\$15,461
Medicaid	Managed Care	2,876	\$29,241,249	\$10,167	2,975	\$32,651,944	\$10,975	2,989	\$32,805,600	\$10,975
Private Pay		53	\$6,357	\$120	53	\$6,357	\$120	53	\$6,357	\$120
OASAS										
OMH										
Charity Care		45	\$0		45	\$0		45	\$0	
Bad Debt			\$1,369,055			\$1,369,055			\$1,369,055	
All Other		18	\$226,962	\$0	19	\$374,346	\$19,702	19	\$374,346	\$19,702
Total		9,281	\$131,680,368	\$14,188	9,692	\$143,142,041	\$14,769	9,751	\$144,091,985	\$14,777

Please refer to the Operating Budget items under the Schedule 13 Attachment for additional information.

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) ☐

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	16,234	\$7,361,021	\$453.43	16,234	\$7,361,021	\$453.43	16,234	\$7,361,021	\$453.43
Medicare	Fee for Service	10,493	\$5,138,644	\$489.72	10,493	\$5,138,644	\$489.72	10,493	\$5,138,644	\$489.72
	Managed Care	23,993	\$7,453,221	\$310.64	23,993	\$7,453,221	\$310.64	23,993	\$7,453,221	\$310.64
Medicaid	Fee for Service	9,503	\$2,892,592	\$304.39	9,503	\$2,892,592	\$304.39	9,503	\$2,892,592	\$304.39
	Managed Care	70,405	\$20,467,612	\$290.71	70,405	\$20,467,612	\$290.71	70,405	\$20,467,612	\$290.71
Private Pay		3,768	\$111,961	\$29.71	3,768	\$111,961	\$29.71	3,768	\$111,961	\$29.71
OASAS										
OMH										
Charity Care										
Bad Debt			\$841,053			\$841,053			\$841,053	
All Other		2,634	\$349,045	\$132.52	2,634	\$349,045	\$132.52	2,634	\$349,045	\$132.52
TOTAL		137,030	\$44,615,149	\$325.59	137,030	\$44,615,149	\$325.59	137,030	\$44,615,149	\$325.59
Total of Inpatient and Outpatient Services			\$176,295,517			\$187,757,190			\$188,707,134	

Please refer to the Operating Budget items under the Schedule 13 Attachment for additional information.

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

SCHEDULE 13 ATTACHMENT

FINANCIAL DOCUMENTATION

1. Calculation of Depreciation
2. Calculation of Interest

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

CRITICAL CARE EXPANSION PROJECT

CALCULATION OF DEPRECIATION

Calculation of Depreciation

	<u>Amount</u>	<u>Depreciation Life (in Years)</u>	<u>Depreciation Amount</u>
Depreciation - New Moveable Equipment and New Telecommunications Equipment	\$3,916,143	7	\$559,449
Depreciation - Building/Other	\$38,265,322	25	\$1,530,613
TOTAL	\$42,181,465		\$2,090,062

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

CRITICAL CARE EXPANSION PROJECT

CALCULATION OF INTEREST

Calculation of Interest - Capital Financing

Int. Rate:	7.50%	<u>Amount Financed</u>
Term:	10 years	\$15,000,000

<u>Year</u>	<u>Interest</u>	<u>Amortization</u>
1	\$1,125,000	\$1,060,289
2	\$1,045,478	\$1,139,811
3	\$959,993	\$1,225,296
4	\$868,095	\$1,317,194
5	\$769,306	\$1,415,983
6	\$663,107	\$1,522,182
7	\$548,943	\$1,636,345
8	\$426,218	\$1,759,071
9	\$294,287	\$1,891,002
10	\$152,462	\$2,032,828
Total:	\$6,852,889	\$15,000,001

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.

All administrative aspects of the expanded and modernized intensive care unit (ICU) beds and coronary care unit (CCU) beds that are part of this project will be directed by an individual who is qualified for such duties by education and experience. The Quality Assurance (QA) Program for the inpatient ICU and CCU beds will be administered by the Chief Medical Officer of St. John's Episcopal Hospital South Shore (SJEH), Jameela Jahaan Yusuff, MD, MPH, MSHCDL, FACP, and it will be consistent with, and an integral part of, the existing QA Program of the Hospital.

To ensure that care and services are appropriate to an individual's needs, SJEH will use a comprehensive utilization review and monitoring program for the proposed ICU/CCU services. The appropriate utilization of services will be monitored through the QA Program, under the supervision of the Chief Medical Officer, Dr. Yusuff. Please refer to Appendix I (found under the Schedule 16 Attachment) for the curriculum vitae of Dr. Yusuff.

SJEH will utilize the same credentialing process for the expanded and modernized ICU/CCU services that is currently in place at the Hospital. Only those physicians who are qualified by virtue of their training and experience will be considered for staff privileges, and only those who demonstrate a high level of competence will be appointed to the staff of the expanded ICU/CCU. A similar process will be followed for nursing, technical and support staff members who seek employment at the expanded ICU/CCU.

In accordance with current policy at SJEH, the ability to pay will not be a factor in the process of accepting patients. Every effort will be made to ensure that appropriate payment is made, but in no circumstance will a patient be refused treatment based on ability to pay. SJEH currently has a sliding fee scale for its patients. All services will continue to be offered to those in need of care who satisfy admission requirements, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic.

New York State Department of Health Certificate of Need Application

Schedule 16A

For Hospital-Based -Ambulatory Surgery Projects: **N/A**
Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category

For Hospital-Based -Ambulatory Surgery Projects: **N/A**
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.

Introduction

St. John’s Episcopal Hospital South Shore (SJEH) is submitting this Administrative Review Certificate of Need Application that seeks approval for the expansion and modernization of the Hospital’s inpatient critical care services. SJEH currently operates eight (8) certified Intensive Care Unit (ICU) beds and eight (8) certified Coronary Care Unit (CCU) beds, among other certified bed categories, for a total of 252 certified beds. Upon the implementation of this project, SJEH will operate 12 ICU beds and nine (9) CCU beds, among other certified bed categories, for a total of 257 certified beds. In total, four (4) ICU beds and one (1) CCU bed will be added to the operating certificate of SJEH through this project, a majority of which will be funded through a Statewide Health Care Facility Transformation Program Phase IV grant from the New York State Department of Health. As per Section 710.1(c)(4)(i)(b) of 10 New York Codes, Rules and Regulations, because this project will substantially be funded through State grants, it is eligible to be submitted as an Administrative Review C.O.N. Application.

SJEH currently operates two (2) critical care units – one with eight (8) ICU beds and the other with eight (8) CCU beds – on the 3rd floor of the Tower Building at the Hospital. Please refer to the image (on the next page) of the existing ICU and CCU beds at the Hospital. Through this project, SJEH will construct two (2) larger and modernized critical care units – one with 12 ICU beds and the other with nine (9) CCU beds (for a total of 21 critical care beds). This project will be phased as follows:

- Phase 1 – SJEH will construct a new, two-(2)-story building addition on top of the existing, one-(1)-floor Emergency Department that is located directly adjacent to the Tower Building. The 2nd floor of the addition will house mechanical and infrastructure systems, and the 3rd floor of the addition will house the replacement 12-bed ICU. The new 12-bed ICU (on the 3rd floor) will be located directly adjacent to the existing critical care beds, which will be renovated under Phase 2 (see below).
- Phase 2 – SJEH will renovate the existing 3rd floor of the Tower Building that currently houses eight (8) ICU beds and eight (8) CCU beds to create a new, nine-(9)-bed CCU.

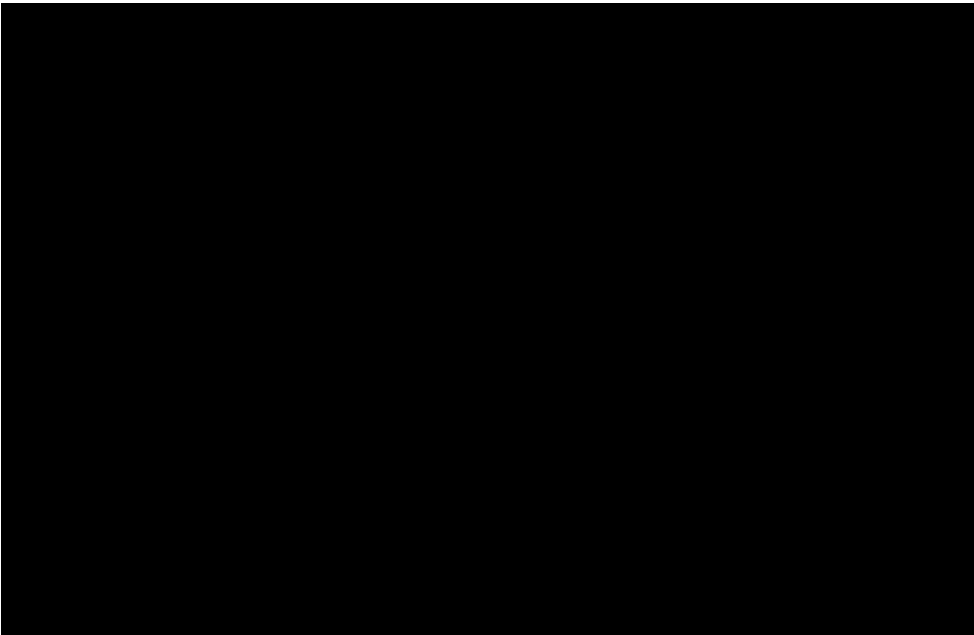
A total of 5,755 square feet of space will be renovated and a total of 17,530 square feet of space will be newly constructed for this project. Please refer to the image of the proposed ICU and CCU beds at the Hospital on the next page of this document.

This project was informed by a March 2024 study by a national consulting firm, ECG Management Consultants, to assess SJEH’s critical care capacity needs and evaluate how critical care demand in the Rockaways – long recognized as one of the most medically isolated and underserved areas of New York State – is expected to change in the future. The study demonstrated an insufficient critical care bed capacity, highlighted by the negative impact of existing infrastructure and space limitations at SJEH (the only hospital located on the Rockaways peninsula), highlighted by the

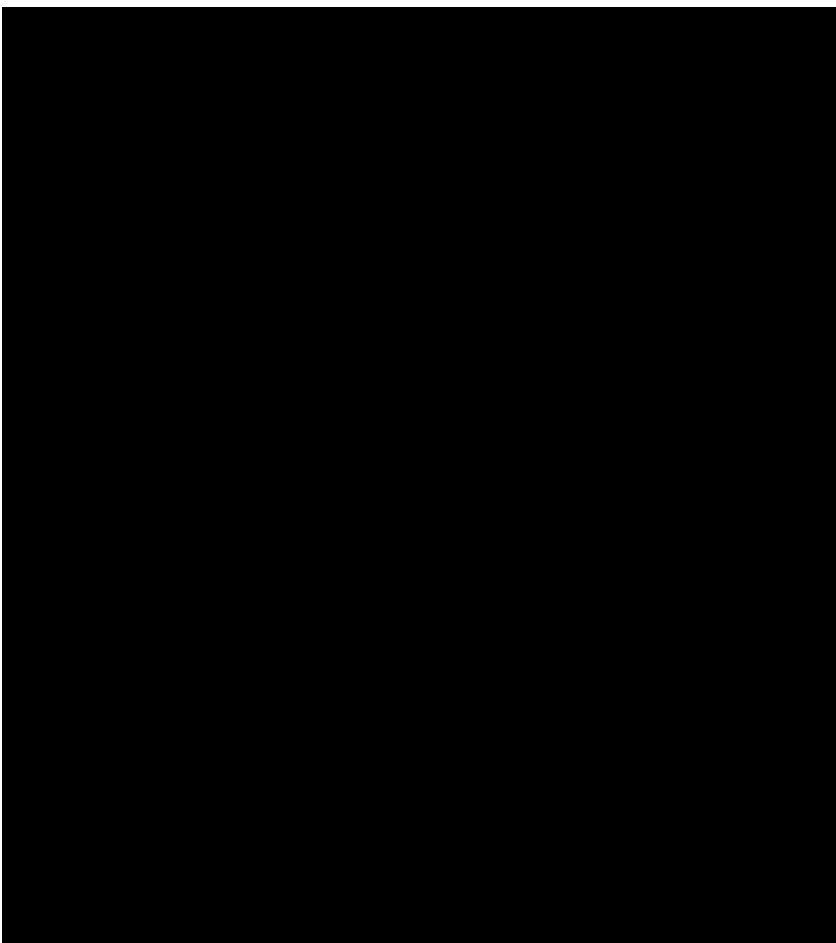
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negative impact of existing infrastructure and space limitations at the Hospital, and it projected future demand for critical care beds, as described further below in this document.

Existing 8 ICU Beds and 8 CCU Beds



Proposed 12 ICU Beds and 9 CCU Beds



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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 includes ZIP Codes 11691, 11692, 11693, 11694 and 11697. The PSA represents all of the ZIP Codes on the Rockaways peninsula, the main geographic region that SJEH serves and the area on which this project is expected to have the greatest impact. The general service area is Queens County.

2. Provide a quantitative and qualitative description of the population to be served. Data may include median income, ethnicity, payor mix, etc.

Per data from the U.S. Census Bureau, the PSA showed the following population characteristics, as compared to Queens County and New York State (NYS) overall:

Table A. Population Demographics of the PSA, Queens County and New York State Overall, 2024

	PSA	Queens County	New York State
Total Population, Estimate	131,255	2,323,052	19,852,366
% Individuals Under Age 18	26.3%	19.5%	20.5%
% Individuals Aged 18-44	30.2%	36.0%	36.0%
% Individuals Aged 45 and Over	43.4%	44.4%	43.5%
% Individuals Aged 65 and Over	18.1%	17.8%	17.9%
Percent White, Non-Hispanic	34.6%	23.2%	52.8%
Percent Black, Non-Hispanic	33.3%	16.3%	13.4%
Percent Asian, Non-Hispanic	3.8%	25.9%	9.0%
Percent Other Racial Minority Group Members, Non-Hispanic	5.3%	6.5%	5.0%
Percent Hispanic/Latino	23.0%	28.1%	19.8%
Percent Racial/Ethnic Minority Group Members	65.4%	76.8%	47.2%

Source: U.S. Census Bureau.

As demonstrated in the table above, the population of the PSA was 131,255 in 2024. In 2024, the PSA had a larger under-18 population (26.3%) than Queens County overall (19.5%) and NYS overall (20.5%). In addition, the 18-44 age group comprised 30.2% of the PSA population, as compared to 36.0% of the overall Queens County population and 36.0% of the overall NYS population. In addition, in 2024, 65.4% of the PSA population was of a racial/ethnic minority group, as compared to 76.8% of Queens County overall and 47.2% of NYS overall. This is important because minority group members are traditionally medically underserved.

The following table documents the socio-economic characteristics of the PSA, as compared to New York County and NYS overall:

Table B. Socio-Economic Characteristics of PSA, Queens County and New York State, 2024

	PSA	Queens County	New York State
Percent Aged 16+, In Civilian Labor Force and Unemployed	9.5%	7.2%	6.4%
Insurance Coverage – Civilian, Non-Institutionalized Population			
Percent Public Health Insurance Coverage	51.1%	45.3%	42.4%
Percent No Health Insurance Coverage	6.1%	8.2%	5.1%
Percent Public or No Health Insurance Coverage	57.2%	53.5%	47.4%
Percent Living At or Below Federal Poverty Level	20.3%	12.9%	14.0%
Percent of Individuals with a Bachelor's Degree or Higher (Age 25+)	31.2%	36.1%	40.2%

Source: U.S. Census Bureau.

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Per the table above, 9.5% of the PSA residents aged 16+ and in the civilian labor force were unemployed in 2024, as compared to 7.2% for peers in Queens County overall and 6.4% for peers in NYS overall. In addition, 57.2% of the total civilian, non-institutionalized population of the PSA had either public health insurance coverage or had no health insurance, which was higher than peer residents of Queens County (53.5%) and NYS overall (47.4%). In addition, 20.3% of PSA residents were living at or below the Federal Poverty Level in 2024, as compared to 12.9% of all Queens County residents and 14.0% of all NYS residents. Furthermore, 31.2% of PSA residents aged 25+ had a Bachelor's degree or higher in 2024, as compared to 36.1% of peer Queens County residents and 40.2% of peer NYS residents.

In short, the PSA population demonstrates characteristics (such as being unemployed, covered by public health insurance or having no health insurance, being poor and having a lower educational level) that are found in traditionally medically underserved populations that often demonstrate disproportionately adverse health outcomes, which is the case in the proposed PSA. Given these statistics, the proposed ICU/CCU expansion project is expected to have a substantial impact on the uninsured and under-insured populations in the PSA, including those residents covered by Medicaid.

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.

There is no DOH need methodology for the inpatient ICU or CCU services that will be impacted through this project. Nevertheless, the following information documents need for additional ICU/CCU beds through this project:

- This project was approved to be funded mostly through a NYSDOH Statewide Health Care Facility Transformation Program (SHCFPT) Phase IV grant, documenting the need for this project and the Department's funding approval for it.
- A study entitled "Critical Care Demand and Capacity Study" prepared for SJEH by ECG Management Consultants, a national healthcare consulting firm, identified a need for between 25 and 29 critical care beds at SJEH by 2028 and 28 to 34 critical care beds at SJEH by 2033. Given financial, space and other operational constraints at SJEH, the Hospital is able to bring its critical care bed capacity (comprised of certified ICU and CCU beds) up to 21 through this project. Please refer to Appendix II (found under the Schedule 16 Attachment) for the study from ECG Management Consultants.
- The Hospital currently operates two (2) small critical care units (one existing eight-(8)-bed ICU and another existing eight-(8)-bed CCU) on the 3rd floor of the Hospital's main Tower Building. Built over 40 years ago, the units have never been renovated, and the rooms are exceedingly small and cramped, often without room for even one (1) chair. Only three (3) of the rooms have doors (curtains are used rather than doors), and there are no sinks in the rooms. There are no isolation rooms, which are essential to preventing the spread of infectious diseases and providing specialized care for patients with contagious illnesses. Furthermore, there is no room for visitors/families to support the emotional needs of patients and whose presence can help improve patient health outcomes.
- The constrained space of the existing critical care rooms of SJEH also impedes the early mobility of critical care patients, which is particularly important for helping to wean patients off of ventilators. Furthermore, there is insufficient room for necessary equipment and

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materials to be kept close to the patient. Lastly, the small size of these rooms is not conducive to the use of tele-ICU services.

- SJEH experienced a significant growth in inpatient critical care days over the past several years. In 2021, the Hospital experienced 2,936 inpatient days for its 16 critical care beds (comprised of eight (8) ICU beds and eight (8) CCU beds). By 2025, the Hospital experienced 4,594 inpatient days, reflecting a growth of 56.5% over this four-(4)-year period. The 4,594 critical care patient days in 2025 represented an occupancy rate of 78.7% (based upon 16 critical care beds), which is higher than the generally accepted optimum planning standard of 60-70% occupancy level for determining the need for additional critical care beds.
- Based upon data from the first six (6) months of 2026, SJEH experienced 2,494 patient days, representing an occupancy rate of 86.6% (based upon 16 critical care beds). Assuming no growth in the 2,494 patient days that SJEH experienced in the first half of 2026, the Hospital would need to have between 20 and 23 critical care beds in order to maintain an occupancy rate of 60-70%. Through this project, SJEH would operate 21 critical care beds, representing an occupancy rate of 66.0%, based upon the critical care patient days experienced in the first half of 2026.

4. (a) Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

As stated above, this project was approved to be funded mostly through a SHCFTP Phase IV grant from the NYSDOH, documenting the need for this project and the Department's general approval of funding for it. The proposed expansion of critical care beds at SJEH will help to improve access to high-quality, life-saving medical care. The two (2) critical care units that will be constructed through this project (one unit with 12 ICU beds and another unit with nine (9) CCU beds) will provide residents of the Rockaways with:

- Increased access to critical care services, ensuring the residents have timely access to life-saving interventions and specialized medical care in emergency situations, reducing the need for transportation to distant facilities.
- Improved health outcomes for a population at a higher risk for premature death caused by heart disease, leading to better outcomes, reduced mortality rates and shorter hospital stays.
- Support for chronic disease management for patients who require intensive monitoring and management, helping to prevent disease exacerbations and improve long-term health outcomes.
- Improved quality of care, patient safety and patient experience.
- Reduced healthcare costs by providing timely interventions and the prevention of complications that will help to reduce prolonged hospital stays, unnecessary transfers and preventable adverse outcomes.

Each patient room that will be constructed through this project will be designed to accommodate various levels of critical care, with adaptable features such as: (1) adjustable beds; (2) integrated monitoring systems and an appropriate amount of space for medical procedures; (3) dedicated isolation rooms equipped with negative pressure systems available to manage patients with contagious diseases, ensuring infection control and protecting other patients and staff; (4) and a centralized nursing station strategically located within the unit to enable healthcare professionals

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to closely monitor patients and respond promptly to emergencies. The unit will include tele-ICU coverage to provide 24/7 access to specialists who can remotely monitor patients and enhance the quality of care, particularly in the off-hours. With more critical care beds, more space and easier access to other critical care services, this new space will enable the Hospital to continue serving the most vulnerable residents of the Rockaways for the foreseeable future.

(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.

The applicant commits that all patients will be treated on the basis of need, without discrimination due to any personal characteristics, the ability to pay or the source of payment.

5. Describe where and how the population to be served currently receives the proposed services.

The population to be served by this project is already receiving services at SJEH. As stated above, SJEH experienced a significant growth in inpatient critical care days over the past several years. In 2021, the Hospital experienced 2,936 inpatient days for its 16 critical care beds (comprised of eight (8) ICU beds and eight (8) CCU beds). By 2025, the Hospital experienced 4,594 inpatient days, reflecting a growth of 56.5% over this four-(4)-year period. The 4,594 critical care patient days in 2025 represented an occupancy rate of 78.7% (based upon 16 critical care beds), which is higher than the generally accepted optimum planning standard of 60-70% occupancy level for determining the need for additional critical care beds.

Based upon data from the first six (6) months of 2026, SJEH experienced 2,494 patient days, representing an occupancy rate of 86.6% (based upon 16 critical care beds). Assuming no growth in the 2,494 patient days that SJEH experienced in the first half of 2026, the Hospital would need to have between 20 and 23 critical care beds in order to maintain an occupancy rate of 60-70%. Through this project, SJEH would operate 21 critical care beds, representing an occupancy rate of 66.0%, based upon the critical care patient days experienced in the first half of 2026.

6. Describe how the proposed services will be addressing specific health problems prevalent in the service area, including any special experience, programs or methods that will be implemented to address these health issues.

The proposed, expansion of critical care capacity at SJEH will provide medical care for Far Rockaway residents who have life-threatening injuries and illnesses. It will significantly improve the quality of care, patient outcomes, and the overall patient experience. In particular, the new and expanded units will:

1. Provide life-saving interventions: Patients facing life-threatening conditions or severe injuries will receive immediate and specialized medical treatment. This specialized care can literally mean the difference between life and death for many patients.
2. Assist patients with complex medical needs: Patients in critical condition often have complex medical needs that require close monitoring and intensive interventions. Critical care units have the most advanced medical technology and experienced healthcare professionals who can provide 24/7 care.

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3. Multidisciplinary Approach: The critical care units will involve a multidisciplinary team of healthcare professionals, including physicians, nurses, pharmacists, respiratory therapists and other specialists. This collaborative approach ensures that patients receive comprehensive and coordinated care that is customized to their needs.
4. Stabilization and Support: Critical care units are equipped to stabilize patients who are in unstable conditions, including acute medical emergencies. The units will provide advanced monitoring, life support systems and interventions to support vital functions until patients can recover or be transferred to a lower level of care.
5. Preventing Complications: Intensive monitoring and proactive interventions in critical care units can help prevent complications and secondary injuries associated with severe illness or trauma. Early detection and prompt treatment of complications can improve patient outcomes and reduce the risk of long-term disabilities.
6. Postoperative Care: Patients who undergo complex surgeries or procedures often require intensive monitoring and support in the immediate postoperative period. The units will provide specialized postoperative care to ensure patients recover safely and smoothly from their procedures.
7. Managing Acute Illnesses: Critical care units are equipped to manage a wide range of acute medical conditions, including respiratory failure, sepsis, heart failure, stroke and severe infections. Timely and appropriate interventions in critical care can improve patient survival and reduce the risk of long-term disability.
8. Support for Families: Critical care teams support patients and also provide support and guidance to their families during times of crisis. They help families understand the patient's condition, treatment options, and prognosis, and provide emotional support throughout the critical care journey.

NOT APPLICABLE – ADMINISTRATIVE REVIEW C.O.N. APPLICATION

Non-Public Hospitals

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.

N/A

- (b) If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.

N/A

8. Briefly describe what interventions you are implementing to support local Prevention Agenda goals.

N/A

9. Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?

N/A

10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?

N/A

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)

N/A

ONLY for Hospital Applicants submitting Full Review CONs

NOT APPLICABLE – ADMINISTRATIVE REVIEW C.O.N. APPLICATION

Public Hospitals

12. Briefly summarize how you are advancing local public health priorities identified by your local health department and other community partners.

N/A

13. Briefly describe what interventions you are implementing to support local public health priorities.

N/A

14. Have you engaged local community partners, including the local health department, in your efforts to address local public health priorities?

N/A

15. What data are you using to track progress in addressing local public health priorities?

N/A

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Schedule 16C

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed 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

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

NOT APPLICABLE

LOCATION:
<i>(Enter street address of facility)</i>

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
number(s) to the right)

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Schedule 16C

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed 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 FOR HOSPITAL CAMPUSES

LOCATION:				
<i>(Enter street address of facility)</i>				
	<u>Current</u>	<u>Add</u>	<u>Remove</u>	<u>Proposed</u>
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	☐	☐	☐	☐
NURSING HOME HEMODIALYSIS ⁷	☐	☐	☐	☐

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

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed 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>	<u>Current</u>	<u>Add</u>	<u>Remove</u>	<u>Proposed</u>
RADIOLOGY-THERAPEUTIC ⁵	☐	☐	☐	☐
RENAL DIALYSIS, ACUTE	☐	☐	☐	☐
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b)]	☐	☐	☐	☐
TRANSPLANT	☐	☐	☐	☐
HEART - ADULT	☐	☐	☐	☐
HEART - PEDIATRIC	☐	☐	☐	☐
KIDNEY	☐	☐	☐	☐
LIVER	☐	☐	☐	☐
TRAUMATIC BRAIN INJURY	☐	☐	☐	☐

⁵RADIOLOGY – THERAPEUTIC includes Linear Accelerators

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The Sites Tab in NYSE-CON has replaced the beds and services Tables of Schedule 16C. The 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)	Check if this is a mobile van/clinic ☐			
	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	☐	☐	☐	☐
NURSING HOME HEMODIALYSIS ⁷	☐	☐	☐	☐
RADIOLOGY-THERAPEUTIC ⁵	☐	☐	☐	☐
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] ⁴	☐	☐	☐	☐
TRAUMATIC BRAIN INJURY	☐	☐	☐	☐
FOR OFF-CAMPUS EMERGENCY DEPARTMENTS ONLY⁸				
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 Must be certified for Home Hemodialysis Training & Support

⁸ OFF-CAMPUS EMERGENCY DEPARTMENTS must meet all relevant Federal Conditions of Participation for a hospital per CMS S&C-08-08

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Schedule 16C

END STAGE RENAL DISEASE (ESRD)

N/A

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.

N/A

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.

N/A

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.

N/A

4. Provide evidence that the facility is willing to and capable of safely serving patients.

N/A

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.

N/A

New York State Department of Health
Schedule 16D
Certificate of Need Application

Schedule 16 D. Hospital Outpatient Department - Utilization projections

a		d	f
	Current Year Visits	First Year Visits	Third Year Visits
CERTIFIABLE SERVICES			
MEDICAL SERVICES – PRIMARY CARE	16,084	16,084	16,084
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	28,672	28,672	28,672
AMBULATORY SURGERY			
SINGLE SPECIALTY -- GASTROENTEROLOGY			
SINGLE SPECIALTY – OPHTHALMOLOGY			
SINGLE SPECIALTY – ORTHOPEDICS			
SINGLE SPECIALTY – PAIN MANAGEMENT			
SINGLE SPECIALTY -- OTHER			
MULTI-SPECIALTY	1,679	1,679	1,679
CARDIAC CATHETERIZATION			
ADULT DIAGNOSTIC			
ELECTROPHYSIOLOGY			
PEDIATRIC DIAGNOSTIC			
PEDIATRIC INTERVENTION ELECTIVE			
PERCUTANEOUS CORONARY INTERVENTION (PCI)			
CERTIFIED MENTAL HEALTH O/P	29,866	29,866	29,866
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	41,117	41,117	41,117
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT			
HOME HEMODIALYSIS TRAINING & SUPPORT			
INTEGRATED SERVICES – MENTAL HEALTH			
INTEGRATED SERVICES – SUBSTANCE USE DISORDER			
LITHOTRIPSY			
METHADONE MAINTENANCE O/P			
NURSING HOME HEMODIALYSIS			
RADIOLOGY-THERAPEUTIC			
RENAL DIALYSIS, CHRONIC	13,938	13,938	13,938
OTHER SERVICES			
Wound Care	4,694	4,694	4,694
Oncology (Infusion)	980	980	980
Total	137,030	137,030	137,030

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 16 E. Utilization/Discharge and Patient Days

Service (Beds) Classification	Current Year Start date:	1/1/2025	1st Year Start date:	12/1/2028	3rd Year Start date:	12/1/2030
	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	Included in Intensive Care		Included in Intensive Care		Included in Intensive Care	
INTENSIVE CARE	507	4,594	918	7,224	977	7,408
MATERNITY	532	1,298	532	1,298	532	1,298
MED/SURG	7,192	42,615	7,192	42,615	7,192	42,615
NEONATAL CONTINUING CARE						
NEONATAL INTENSIVE CARE	63	401	63	401	63	401
NEONATAL INTERMEDIATE CARE						
PEDIATRIC						
PEDIATRIC ICU						
PHYSICAL MEDICINE & REHABILITATION						
PRISONER						
PSYCHIATRIC	604	6,340	604	6,340	604	6,340
RESPIRATORY						
SPECIAL USE						
SWING BED PROGRAM						
TRANSITIONAL CARE						
TRAUMATIC BRAIN-INJURY						
OTHER (Nursery)	383	875	383	875	383	875
TOTAL	9,281	56,123	9,692	58,753	9,751	58,937

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.

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

SCHEDULE 16 ATTACHMENT

SCHEDULES 16 APPENDICES

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

APPENDIX I

CURRICULUM VITAE – MEDICAL DIRECTOR

CURRICULUM VITAE

Demographics

Name Jameela Jahaan Yusuff, MD, MPH, MSHCDL, FACP

Mailing Address [REDACTED]

Email [REDACTED]

Telephone [REDACTED]

Place of birth Washington, D.C.

Citizenship United States Citizen

Statement: Dr. Jameela J. Yusuff possesses an established track record of creating and implementing programs, and consistently achieves excellence in developing, delivering and managing expectations through process improvement planning, program management, and cultivation of strong relationships. While I am not hospital-employed At UH, I remain committed to the College of Medicine, have continued to provide didactics to the Department of Infectious Diseases.

Professional Employment:

June 2024-Present: Senior Vice President and Chief Medical Officer of Episcopal Health Services

SVP/CMO responsibilities include: Oversight of the Medical Care within Episcopal Health Services. Oversight of the Medical Staff, Credentialing and Privileging Department including Regulatory Preparedness, Quality related programs such as Leapfrog and CMS Star Ratings, Value based care initiatives and Growth and Expansion of clinical programs. Other Departments under my purview include: Oversight of the Designated Institutional Official and associated residency programs and medical students, including ACGME requirements; Oversight of Care management and Social Work departments; Oversight of the Simulation laboratory, Physical Therapy and Occupational Therapy Programs, Medical Library, and population health. Accomplishments: One-Year hospital wide no CLABSI and CAUTI; Reduced Boarding time by 9 hours and Decreased Length of Stay by 1.4 days.

Academic Appointment:

2016 – present - State University of New York (SUNY) Downstate Medical Center
Clinical Associate Professor of Medicine, Department of Medicine

Administrative Appointment

April 2021 to : Chief Medical Officer- University Hospital of Brooklyn, at SUNY Downstate Health May
May 2024 Sciences University, Brooklyn NY

Chief Medical Officer Responsibilities include: Oversight of Medical Care within University Hospital at Downstate; Oversight of the Medical Staff (800 providers) Oversight of the Credentialing and Privileging Department including but not limited to Medical staff bylaws, OPPE (Ongoing Provider Performance Evaluation) and FPPE (Focus Provider Performance Evaluation), Delineation of Privileges, Regulatory Compliance such as Joint Commission preparation and readiness for inpatient and outpatient services; Regulatory preparedness for audits by CMS Condition of Participation, IPRO, NYSDOH, Value based care in coordination with managed care and ambulatory care, oversight of HEDIS metrics for ambulatory

care, population health, PCMH applications, Collaborate on oversight of Leapfrog and CMS star rating working group; oversight of coding and documentation among attendings, housestaff and collaboration with medical school; Implementation of Social Determinants of Health workflow, screening and follow up; Led DOH initiative for CERCA (Coalition to end racism in clinical algorithms-involving removing eGFR from creatinine clearance calculations); GNYHA Burnout Collaborative (Collaborative involving senior leadership of safety net hospitals implementation of CEO Council and Exec. Leader shadowing); and IHI Age Friendly Process Cohort 1st and 2nd cohort (collaborative of implementing 4Ms within Ambulatory care);Implementation of sexual orientation and gender identity.

Clinical Appointments

May 2024 to Present: Voluntary Physician, Member of the Division of Infectious Diseases Department;

As a member of the Infectious Diseases Department, I am available to participate in the Infectious Diseases rotation for ID consults. Since my departure, I have continued to provide didactics for the ID Department and coordinate the scheduling of my consultation time with Dr. Augenbraun.

April 2021 to May 2024: Ambulatory Care Clinician

ID /HIV1 HIV Clinic Session per week, panel size of 250 pts, ranging from HIV treatment, HIV prevention, STI treatment and Opioid use disorder; Each week 5-7patients are scheduled and seen; Interviews for I.D Fellowship program as needed 2-4hours per month 2012 to present.

April 2021 to Present: Infectious Diseases Consultation Attending

8 weeks I.D Consults per year including nights/weekend coverage; consults range from COVID, Influenza, RSV, Hospital acquired infections, Pneumonia, UTI, TB, Mpox, Sepsis, HIV, and transplant related infections

August 2012 - : Medical Director, STAR Program - SUNY Downstate Medical Center, Brooklyn
March 2021 NY

Medical Director responsibilities include: Oversight of 1300 patients with HIV, HCV, opioid use disorder, LGTBQ care, including high resolution anoscopy, transgender hormone therapy and HIV preventative services. Oversight of multiple federal, state and city grants totaling over 5million dollars, including HRSA funding, NYS DOH AIDS Institute funding, and NYC DOH funded grants. Clinical Site Director for the AIDS Education and Treatment Center which included providing education, teaching and technical support to providers in Brooklyn and Staten Island related to HIV care and Prevention; Oversight of mini-residency programs for HIV care and prevention; Oversight, implementation and course director for HIV internal medicine track (track/pathway within IM residency) and Physician Assistant HIV track. Direct supervise of 9 residents and 12 PA students and 6 midwifery students as they rotated through; Direct supervision of 2 medical students rotating averaging 2 per week, and supervision of psychiatry student rotating through each clinic session. Direct supervision of over 21 staff members including housestaff. Development, implementation and analysis of HIV Care Cascade for University Hospital at Downstate conducted annually since 2015. Implemented UHD's first clinic with NCQA's Patient Center Medical Home and maintained responsibility over compliance and annual submission. Interviews for UHB Clinical pharmacy program hours a month from 2012 to 2021;

August 2006- : Clinician at STAR Program—SUNY Downstate Medical Center, Brooklyn, NY
July 2012;

Clinician Responsibilities included supervision of residents (3 residents for 4 sessions per week), 2 students 1 session per week, PA students 1 PA student each session per week, and 1 midwifery student for 5 sessions over a 6 week period; Oversight of Selected grants including HRSA SPNS study on HCV treatment, clinical trial funded by pharmaceuticals and NYSDOH AIDS Institute funded grant. Oversight of Quality Improvement Program. Management of clinical panel of 400 patients. Participated in both HIV/ID Seminar Series and Journal Club: 1 hour/yr as needed 2006-present; Consulting Attending for ID

services at SUNY: 1-2 months/year (2007-present); Volume includes ID service of 15-20 consultations census and average of 3-7 consults per day; includes weekend and overnight coverage; Service attending for Internal medicine at KCH: 1 month/year (2007-2014); Volume included 15-20 patients per team; included weekend and overnight coverage

Education

Degrees

2018-2020	MS	Masters in Healthcare Delivery Leadership, Mt. Sinai School of Medicine
2009- 2012	MPH	Masters in Public Health, School of Public Health, SUNY DHSU
1999-2001	MD	Mt. Sinai School of Medicine, NY, NY
1994-1999	BS	Sophie Davis School of Biomedical Education, City College of NY, CUNY

Training

July 2023-Apr 2024	Executive Leadership in Healthcare ELH (Subdivision of Executive Leadership in Academic Medicine ELAM); ELAM is a selected program for Mid Career Physician Female Leaders; Participants of ELAM/ELH are nominated by their Dean or CEO and there can only be 1 nominee per institution. It is highly selective. Many nominees are nominated multiple times prior to acceptance; Dr. Yusuff was accepted to the program under her first nomination. There are 49 members of ELH and applications are taken across the US. The program offers didactics on Healthcare related topics such as strategy, finance, operations and quality. There are multiple projects to be completed including group projects related to finance, projects related to work life balance, negotiation projects, 360 leadership development plan project, structural racism challenge and institutional action plan
Jan 2022-June 2023	AAMC CMO Leadership Development; The AAMC CMO Leadership Development program requires an application process and is highly selective; Leadership development involved a project of special significance to UHD and also series of didactics ranging from regulatory preparedness to funds flow and finance; Attendees of this program range from AMCs across the US and include < 20 CMOs from the U.S.
October 2017:	Patient Centered Medical Home Certified Content Expert (Dr. Yusuff had to pass an exam detailing specifics of NCQA's PCMH details and requirements)
July 2017:	UCLA/Johnson and Johnson Health Care Executive Program; This program was offered to C-suite executives across the U. S and a tight screening process Was in place. This program included didactics to C-Suite executives on physician leadership, strategy, operations, finance and quality among other topics. Dr. Yusuff also had to complete a project of special importance for the organization.
June 2009:	MAT for Opioid Use Disorder 8 hour Waiver Training
Jul 2004 – Jun 2006:	Fellow, Infectious Diseases, Mount Sinai (Beth Israel Medical Center), NY, NY
Jul 2001 – Jul 2004:	Resident, Medicine, Mount Sinai (Beth Israel Medical Center), NY, NY

Licensures

2002 New York Medical License # 231242, Expires 5/31/2025
2004 Drug Enforcement Application Number (Number Redacted)
2009 Drug Enforcement Application Number (Number RedactedX) (Buprenorphine prescribing), Expires 5/31/2027

Certifications

American Board of Internal Medicine –2004, maintenance of certification-2014 [#225725]
American Board of Internal Medicine, Subspecialty Infectious Disease – 2006, maintenance of certification -2015 (#225725)
American Board of Preventive Medicine—Addiction Medicine 2020 (ID: 51-22716) certified: 1/1/2021, expires 12/31/2030)
CPPS certified by Institute for Healthcare Improvement January 2021
CPHQ certified by National Association for Healthcare Quality January 2021
Basic Life Support, Expires 1/3/2025

Awards and Honors

May 2026	United Hospital Fund Tribute to Excellence in Quality and Equity
March 2026	Deputy Grand Marshall Queens St. Patrick Parade
January 2026	City and State Magazine New York Healthcare Trailblazers
November 2025	amNY and Politics NY 2025 Power Player in Healthcare
October 2025	Schneps Media Queens Power List 2025
February 2024	Castle Connolly Exceptional Women in Medicine (to be publicly announced 3/2024)
October 2023	Castle Connolly Exceptional Women in Medicine
October 2022	Castle Connolly Exceptional Women in Medicine
January 2021	Bridges to Excellence Medical Home Program (Recertified by Annual Reporting January 2021 to December 2021)
August 2020	SUNY Downstate Health Sciences University Award of Excellence (nominated by patient for excellence and professionalism)
June 2020	JetBlue Healthcare Heroes (nominated by staff member for recognizing the support shown and given to the clinic staff during COVID)
June 2020	Achievement Award: Best Capstone for Masters in Healthcare Delivery Leadership on Design and Implementation of Team Based Care to Achieve the Quadruple Aim (nominated by faculty of Mount Sinai based Capstone Project)
January 2020	Bridges to Excellence Medical Home Program (Recertified by Annual Reporting January 2020 to December 2020)
January 2019	Bridges to Excellence Medical Home Program (Recertified by Annual Reporting by NCQA Level III, January 2019-December 2019)
March 2016:	Bridges to Excellence Medical Home Program (Awarded NCQA's Level III Patient Centered Medical Home Recognition, March 2016-March 2019)
December 2014:	Listed on Million Dollar Wall as faculty who has obtained \$1 million in grant funding
April 2013:	Awarded Fellow of American College of Physicians (FACP)
March 2013:	Bridges to Excellence Medical Home Program (Awarded NCQA's Level III Patient Centered Medical Home Recognition, from March 2013-2016)

Society membership

American Association for Physician Leadership since 2021
Infectious Diseases Society of New York since 2005
Infectious Diseases Society of America since 2005
Islamic Medical Association of North America since 2005
American College of Physicians since 2001
American Medical Association since 1995
Amnesty International since 1994

Past & Present Research/Program activities

Current Grant Support

Principal Investigator: **Jameela Yusuff**

Funder: NYC DOH

Total Support: \$45,000/year

9/1/2023-6/30/2024

Title: Evaluation of Impact of Removing race from eGFR (Coalition of Ending Race in Clinical Algorithms) Initiative

Description: Evaluation of removing race from eGFR (measuring outcomes, provider and patient knowledge)

Co-Principal Investigators: Felix Rozenberg, Elizabeth Helzner, **Jameela Yusuff**

Funder: Association of Free Clinics

Total Support: \$20,000/year

9/1/2023-6/30/2024

Title: Efficacy of a 24-Week Lifestyle Medicine HealthiWeathi™ Coaching Intervention in an Underserved Urban Population with Chronic Disease: A Funding Proposal

Description: Lifestyle coaching for 50 patients with Diabetes and Hypertension

Past Grant Support

Principal Investigator: **Jameela Yusuff**

Funder GNYHA

Total Support: \$10,000/year

05/01/2022-2/28/2023

Title: Reducing Burnout in Safety Net Hospitals

Description Collaboration amongst NYC Safety Hospitals to reduce Burnout via implementation of Leadership trainings and CEO Council

Principal Investigator: **Jameela Yusuff**

Funder: NYC DOH

Total Support: \$25,000/year

9/1/2022-6/30/2023

Title: Implementation of Removing eGFR Phase II (Coalition of Ending Race in Clinical Algorithms)

Description: Implementation of removing race from eGFR and the steps needed to remove race from eGFR equation

Principal Investigator: **Jameela Yusuff**

Funder NYC DOH

Total Support: \$10,000/year

9/1/2021-6/30/2022

Title: Development of Coalition of Ending Race in Clinical Algorithms

Description: Identifying an algorithm with race efficient and develop a plan to remove it (selecting between VBAC calculator, race in PFT formulas and race in eGFR equation)

Principal Investigator: **Jameela Yusuff**

Funder IHI / John Hartford Foundation
Total Support: \$10,000
09/01/2021-06/30/2022
Title: Implementing Age Friendly Initiative of the 4Ms
Description: Participating in Age Friendly Learning Community

Principal Investigator: **Jameela Yusuff**
Funder HRSA Capacity Grant
Total Support: \$150,000/year
8/1/2021-9/30/2022
Title: Implementing Telehealth Services:
Description Grant developed to look at how to optimize telehealth services in the outpatient facility

Principal Investigator: **Jameela Yusuff**
Funder NYSDOH AIDS Institute
Total Support: \$133,000/year
8/1/2016 to 6/30/2021
Title: End the Epidemic: Status Neutral
Description Grant to support care management services in recruiting patients for pre-exposure prophylaxis

Principal Investigator **Jameela Yusuff**
Funder NYSDOHMH
Total Support: \$96,000/year
11/1/2013 to 5/30/2015
Title: Prevention with Positives (PWP)
Description Grant to support interventions to prevent HIV Transmission

Principal Investigator: **Jameela Yusuff**
Funder Public Health Solutions/Ryan White Part A
Total Support:: \$116,110/year
10/1/2011-2/28/2015
Title: HIV Testing: Priority Populations in Non-Clinical Settings Description
Grant funding to establish targeted HIV testing

Principal Investigator: **Jameela Yusuff**
Funder NYSDOH AIDS Institute
Total Support: \$276,360/year
07/01/2006-06/30/2014
Title: The Clinical Education Initiative (CEI) Center for Excellence in Substance Use and Prevention
Description: Education and technical assistance offered for substance use and prevention

Principal Investigator: **Jameela Yusuff**
Funder Public Health Solutions/ Ryan White Part A
Total Support: \$1.3Million/year
08/01/2010-2/28/2021
Title: Care Coordination
Description Grant provided funding for 8 patient navigators for the HIV clinic

Principal Investigator: **Jameela Yusuff**
Funder HRSA
Total Support: \$100,000/year
07/01/2010-6/30/2015
Title: AIDS Education Training Center (AETC)
Description: Grant provided funding HIV education for the providers in Brooklyn and Staten Island and also education and mini-preceptorship for international clinicians on HIV

Principal Investigator: **Jameela Yusuff**
Funder HRSA SPNS
Total Support: \$80,000/year
9/1/2009-8/31/2011
Title: HCV: Treatment Expansion Initiative
Description Grant provided funding for HCV treatment and study to review barriers to treatment.

Principal Investigator: **Jameela Yusuff**
Funder: Quintiles, Incorporated
Total Support: \$30,541/yr
08/01/12-9/30/2014
Title Pharmaceutical sponsored trial
Description: A Multicenter, Randomized Double-Blinded, Comparative Trial (Protocol A400-1026).
(Elvitegravir vs. Placebo)

Principal Investigator: **Jameela Yusuff**
Funder Quintiles, Incorporated
Total Support: \$12,556/yr
08/01/12-9/30/2014
Title: Pharmaceutical sponsored trial
Description A Multicenter, Randomized Double-Blinded, Placebo-Controlled Trial (Protocol A400-1027).
(Tenofovir/Emtricitabine/Efavirenz vs. Tenofovir/Emtricitabine/Elvitegravir/Cobicistat)

Principal Investigator: **Jameela Yusuff**
Funder Quintiles, Incorporated
Total Support: \$15,349/yr
08/01/12-9/30/2014
Title: Pharmaceutical sponsored trial
Description: A Multicenter, Randomized Double-Blinded, Placebo-Controlled Trial (Protocol A400-1029).
(Tenofovir/Emtricitabine +Atazanavir/Ritonavir vs. Tenofovir/Emtricitabine/Elvitegravir/Cobicistat)

Peer Reviewed Publications

1. Boutin-Foster C, Clare C, **Yusuff J**, and Salifu M. Health Equity 2023, 7.1. Promoting Anti-Racism in Clinical Practice: Lessons Learned in the Process of Removing the Race Coefficient from the Estimated Glomerular Filtration Rate Algorithm; DOI: [10.1089/heq.2023.0095](https://doi.org/10.1089/heq.2023.0095) PMID: 38076217 PMCID: [PMC10698764](https://pubmed.ncbi.nlm.nih.gov/PMC10698764/)
2. Wilson, T. E., Massiah, C., Radigan, R., DeHovitz, J., Govindarajulu, U. S., Holman, S., Melendez, M., **Yusuff, J.**, & Taylor, T. (2020). The positive Affect, Promoting Positive Engagement, and Adherence for Life (APPEAL) feasibility trial: Design and rationale. *Health Psychology*, 39(9), 767–775. <https://doi.org/10.1037/hea0000880>; PMID: 32833478; PMCID: [PMC7476401](https://pubmed.ncbi.nlm.nih.gov/PMC7476401/).
3. Mensah N, Martin J, Ramachandran S, Baney M, **Yusuff J**, Rubin D, Daskalakis D, Sepkowitz K, Myers, J; Sexual Risk Behavior and Viral Suppression Among Human Immunodeficiency Virus (HIV)-Infected Adults Receiving Medical Care in the New York City (NYC), 2013–2015 *Open Forum Infectious Diseases*, Volume 3, Issue suppl_1, December 2016, 476, <https://doi.org/10.1093/ofid/ofw172.339>
4. Ocheretyaner, E Park, T, **Yusuff J**. Immunologic and Virologic Responses to Antiretroviral Therapy in Treatment-Naïve, HIV-Infected Elderly Patients (AVT-19-OA-4496) PMID: 31726933; DOI: [10.1177/0956462419872857](https://doi.org/10.1177/0956462419872857)

5.Arafath S, Campbell T, **Yusuff J**, Sharma R. Prevalence of and Risk Factors for Prediabetes in Patients Infected with HIV. *Diabetes Spectr* 2018 May; 31(2):139-143. PMID: 29773933; PMCID: [PMC5951229](#) DOI: [10.2337/ds17-0009](#)

6. **Yusuff, J** and Kuntz, K. Treatment Initiation of First line Antiretrovirals in HIV-infected Individuals. IAS-USA, Cases on the Web, Accepted: July 22, 2016. https://www.iasusa.org/wp-content/uploads/2017/04/apr_2017.pdf

7.Park, TE, **Yusuff, J**, Sharma, R. Use of aspirin and statins for the primary prevention of myocardial infarction and stroke in patients with HIV infection." *International Journal of STD & AIDS*; PMID: 25957325 DOI: [10.1177/0956462415585448](#)

8.Sarkar S, D'Amico R, **Yusuff J**, Azar E, and Perlman PML with Isolated Cerebellar Involvement in HIV Patients, D. *Scandanavian Journal of Infectious Diseases* January 2007 39:4, 34-350. doi: 10.1080/00365540600951341.PMID: 17454900

ABSTRACTS:

1. Manis S, Richman J, Ingrid Gandra, Soltsov M, Rozenberg F, **Yusuff, J**. Barriers to Cervical Cancer Screening in a Healthfirst Insurance Patient Sample at University Hospital of Brooklyn; University Hospital at Downstate 3rd Annual Patient Safety and Quality Fair March 2024
2. Zhu M, Lin T, Singavarapu J, Medvedovsky S, Ahmed S, Boutros M, Rozenberg F, **Yusuff J**.
3. Medical student telephone outreach initiative for patients with hypertension in Suite R; University Hospital at Downstate 3rd Annual Patient Safety and Quality Fair March 2024
4. Iorio, J, Robinson, M and **Yusuff, J**, Yager Jessica, Griffith, Tracey. Using Social Media to Engage in HIV and PrEP 2.0; Ryan White National Conference August 2022
5. Iorio, J, Robinson, M and **Yusuff, J**, Yager J, Griffith, T. Using Social Media to Engage in HIV and PrEP. ETE Conference November 2021
6. **Yusuff, J**, Melendez, M and Jimenez, C. Lean Methodology to reduce cycle time of initial visits. SUNY Downstate Patient Safety and Quality Week 2021
7. **Yusuff, J**, Melendez, M and Gousse, Y. Patient satisfaction visit mapping emoji survey. SUNY Downstate Patient Safety and Quality Week 2021
8. Iorio, J, Robinson, M and **Yusuff, J**. Power of Content Across Various Platforms. SUNY Downstate Patient Safety and Quality Week 2021
9. Iorio, J, Robinson, M and **Yusuff, J**. Promoting Patient Safety through Social Media During COVID-19. SUNY Downstate Patient Safety and Quality Week 2021
10. **Yusuff, J**. Increasing Viral Load Suppression Among Newly Diagnosed Patients Utilizing Lean Methodology. NYSDOH End the Epidemic World AIDS Day Conference December 2020
11. Iorio, Jose, Robinson, Magna, **Yusuff, J** Creating a PrEP Call to Action Using Social Media Outreach. NYSDOH End the Epidemic World AIDS Day Conference December 2020
12. **Yusuff, J**; Jimenez, Christopher and Yager, Jessica. Staff and Patient Perceptions to Long term Injectable ART, SYNC Conference September 2020.
13. **Yusuff, J** and Ojeda-Martinez, Hector. Utilizing Digital Reminders to Optimize Linkage to Care, SYNC Conference, September 2020

14. **Yusuff, J** and Brockman, Jacqueline. Increasing Nutrition Referrals through Inter-professional Collaborative Practice and Culturally Sensitive Initiatives; Abstract 16015; Ryan White All Grantee Meeting August 2020
15. **Yusuff, J** and Nedd, J; Increasing Pneumococcal Vaccination Rates by EMR Flagging; Abstract 16055 Ryan White All Grantee Meeting August 2020
16. Matthews, Al, Robinson, M and **Yusuff, J**. Increasing Viral Load Suppression Through Patient Engagement and Viral Load Monitoring; Abstract 16024 Ryan White All Grantee Meeting August 2020
17. Gousse, Y, **Yusuff, J** and Melendez, M. The Impact of an Emoji's Patient Satisfaction Survey as a System Thinking Quality Improvement Tool. *Public Health Improvement Training (PHIT)* June 12-13, 2019 in New Orleans, Louisiana.
18. **Yusuff, J** Improving Cervical Cancer Screening Rates by the 3 C's: Capacity, Compensation and (Trauma Informed) Care; Poster ID: 12284; Ryan White All Grantee Meeting December 2018
19. Martinson T, Gebhardt M, Noel P, DeHaan E, and **Yusuff J**. Use of Motivational Interviewing and Electronic Reminders to Improve Viral Load Suppression at Safety Net HIV Clinic; Poster ID: 12297; Ryan White All Grantee Meeting December 2018.
20. Morris A, Sanassi L, Robinson M, Yager J, **Yusuff J**. Integrating Health Literacy Assessment into HIV Urban Clinic; Poster ID:12290; Ryan White All Grantee Meeting December 2018
21. Mensah, N MPH; Martin, J MPH; Ramachandran, S; Baney, M; **Yusuff, J MD, MPH, FACP**; Rubin, D; Daskalakis, D; Edelstein, Z; Sepkowitz, K, Myers, J. Sexual Risk Behavior and Viral Suppression among HIV-infected Adults Receiving Medical Care in the New York City (NYC), 2013-2015, Accepted at IDSA October 2016
22. Jaime Martin, Shruti Ramachandran, Nana Mensah, Jonny Andia, Tracey Griffith, Michelle Melendez, **Jameela Yusuff**, Julie Myers Clinical Adaptation of Community PROMISE: The New York City Experience; CDC National HIV Prevention Conference, Atlanta GA, December 2015
23. Swamy, Siddarth, Cha, Agnes, **Yusuff, Jameela** and Sharma, Roopali. Virologic Outcomes with Elvitegravir and Raltegravir in an Urban Cohort, ACCP Meeting, Abstract number: 434. October 2014
24. Park, Tae, **Yusuff J**, and Sharma R. "Use of Aspirin and Statins for the Primary Prevention of Myocardial Infarction and Stroke in Patients with Human Immunodeficiency Virus". ICAAC, Abstract number 1706. September 2013
25. **Yusuff J**, Perlman D, Carey J, Friedmann P, and Salomon N. Poster Presentation, Predictors of STDs in HIV Urban Clinic, IDSA, Toronto Canada. October 2006
26. Sarkar S, Azar E, **Yusuff J**, Perlman D and D'Amico R. Abstract Poster Presentation of "PML with Isolated Cerebellar Involvement in HIV Patients", for ACP Downstate, Local Chapter, New York, NY March 2006
27. Collins J, **Yusuff, J**, Hurwitz S and Koll B Abstract poster presentation of "An Unusual Case of Cavernous Sinus Thrombosis" accepted By American College of Allergy, Asthma and Immunology Convention at Anaheim, CA, USA. November 2005
28. Osawa R, Cassau N, Koll B, Carey J, **Yusuff J**, and Perlman D. Abstract poster presentation of "Knowledges, Attitudes and Practices Regarding Linezolid.". Society for Healthcare. Epidemiology of America, San Diego, CA, USA. April 2005

29. **Yusuff J** and Wong M. Abstract poster presentation of “Cross-Sectional Study of Prevalence of Radiocontrast Allergy Among HIV + Patients”. World Allergy Organization Convention in Vancouver, Canada. September 2003

TEACHING:

SUNY Downstate College of Medicine

Leadership

- March-April 2024 Implemented Medical Student Value Based Care Elective with school credit and curriculum development and lectures taught. Students: Recruitment in progress, goal: 35 students
- June – August 2023 Implemented Medical Student Value Based Care Pilot Elective; Curriculum development and lectures taught and experiential component developed June 2023; Offered Annually; 40 Students Participated
- April – August 2022 Medical Student Value Based Care Summer Pilot Collaboration April to August 2022; 20 Students Participated
- 2017-2021 College of Medicine Admissions Committee 4 hours a week
- 2019 to 2020 LCME Self Study: Institutional Settings Committee,

Courses

- June-August 2023 Implemented Medical Student Value Based Care Elective with school credit and curriculum development and lectures taught.; Offered Annually
- April to August 2022; Medical Student Value Based Care Summer Pilot Collaboration; Didactics taught
- 4/27/2021 Opioid Dependency Virtual Visit IPE, Recorded for College of Medicine
- 2011 Development of HIV case review for 1st year Medical Students

Lectures

- 2012 to Present HIV Overview 1st year Medical Students (200 students) (annual lecture)
- November 2021 Career Advancement, Panel Discussion for PRIDE Club
- April 2021 Interdisciplinary Panel for Medical Students
- June 2020 Interdisciplinary Panel for HIV Primary Care
- April 2018 IPE (Interprofessional Education) Introduction to the 3rd Year Medical Students,
- November 2014 Lecture on HIV as a Chronic Disease for Family Practice Interest Group,
- Immunity, Inflammation, and Infection course for 2nd year:-Lecture on AIDS Pathogenesis: 1 hour/yr since 2012
- April 2019 IPE (Interprofessional Education) Introduction to the 3rd Year Medical Students,
- December 2018 HIV Decriminalization Panel Discussant, Mixed Audience at SUNY Downstate Medical Center sponsored by Pride Club
- 4/2023 to Present Professionalism Panel for Transition Year 2nd year to 3rd Year clerkships
- Small Group Clinical Skills Facilitator for 1st and 2nd year students, 2013 to Present, 42hrs/year
- COVID Simulation 2nd year students interactive
- 2006 to Present: Bedside preceptorship for 2nd year: 16 hours /yr
- 2006 to Present: ECM II - Physical Diagnosis Practicum Exam: as needed for 2 hours
- 2006 to Present: Preceptor for MS3 bedside examination: 3-4hrs/year
- 2006 to Present Clinical Preceptor for MS3 rotation for 2-3 students meeting 1 hour per week
- 2006 to 2021: M4154 AIDS/STDs Clinical Elective for 3rd and 4th: ambulatory experience 10-12 students/year
- 2007-2013 Remediation course for 4th year Sub Intern: 1 month clinical supervision/yr –

- 2007-2013 and 2018 to 2021 College of Medicine interviews: 4 hours/month

Infectious Diseases Fellowship

Leadership Role

- 2014-2019 ID Fellowship Annual Program Director Evaluation Committee; Reviewed ID fellowship requirements and department's adherence to requirements; Committee met monthly and included 2 attendings and ID fellow participation

Courses

- 2006 to 2021: Clinical preceptorship for Infectious Diseases Fellow
- 8/2023 ARV Overview for Infectious Diseases Fellows (8 fellows)

Lectures

- 2006 to Present Lecture on HIV initial visit, Initiative ARV and HIV pathogenesis for ID fellows: 1 hour lecture
- 2018 to Present Lecture on Outbreaks as part of Board review session for ID Fellows 1 hour lecture

Internal Medicine Residency

Leadership Role

- 2022-Present Internal Medicine Residency documentation in-service planning and curriculum development in conjunction with Chief residents, Program Directors and in 2024 Optum to develop a sustainable recorded presentation
- 2012-2021 HIV Residency Track Curriculum (Developed 3 year Curriculum and Evaluation along with Education Director, David Odegaard and personally gives 3 lectures on ARV Cases, HIV Pathogenesis and Smoking Cessation per year, and arranged presentations by other faculty)

Courses

- 2024 Recorded Internal Medicine documentation inservice for housestaff to be offered prior to all internal medicine rotations including critical care rotations to optimize documentation
- HIV Residency Track Curriculum 2012 to 2021 (coordinated and arranged didactic presentations and orientation for HIV residency track at UHD)

Lectures

- 2007-Present Lecture on HIV Overview and HIV Opportunistic Infections: 1-2 hours annually for Internal Medicine Residents
- 8/26/2022 Hepatitis C Diagnosis and Management review for Housestaff
- 8/5/2022 Monkeypox Diagnosis and Treatment Overview for Housestaff
- Spring 2022 to Present, offered monthly: Documentation Inservice for Internal Medicine Housestaff
- November 2022 to Present Outpatient HIV Management. Internal Medicine Resident Talk

Psychiatry Residency

Leadership Role

- 2015-2021 developed monthly rotation of psychiatry residents shadowing Psychiatric NP in of Psychiatry housestaff through SHC with Dr. Ellen Berkowitz including curriculum development and scholarly presentation during rotation (Approximately 1 psych resident per month)

Courses

- 2015-2021 Oversaw monthly rotation of psychiatry residents shadowing Psychiatric NP in of Psychiatry housestaff through SHC including responsibility for didactic material and precepting during monthly rotation (1 psych resident per month)
- November 2020: Interprofessional Education Psychiatry residency
- December 2020: Interprofessional Education Psychiatry residency

Family Medicine Residency

Leadership Role

- 2018 to 2021 STAR Family Practice resident elective rotation, developed bimonthly rotation of family practice residents shadowing Psychiatric NP in STAR

Courses

- 2018 to 2021 STAR Family Practice resident elective rotation residents shadowing Psychiatric NP in STAR, oversight included coordination of elective, precepting and organizing of didactic presentations

Physician Assistant School at Downstate

Leadership Role

- 2012- 2019 PA HIV Track Curriculum (Developed 1 year Curriculum and Evaluation along with Education Director, David Odegaard and personally gives lectures 4 lectures, ARV Part 1, 2 and 3 and Smoking Cessation per year)

Courses

- 2007 to present: Lecture on HIV related Opportunistic Infections, HIV and Endocrinology, HIV and Hematologic and Oncologic Manifestations, and Gastrointestinal Infections for PA program: 3.5 hour/yr of 35 students
- March 2020 Interprofessional education for PA students
- 2012-2019 Specific PA HIV Track coordination of rotation, didactics and preceptorship within clinic (approximately 12 week rotations during the year for 12 students)

Lectures

- HIV Overview 2/2024 PA Students (35 students)
- Infectious Diarrhea Overview 2/2024 PA Students (35 students)

Midwifery School:

Leadership:

- 2016 Co-Designed Summer Rotation with MaryAnn Lafflin on Midwifery students rotating through STAR Health Center for clinical experience and HIV didactics.

Course:

- 2017 to 2021t: Annual Summer Rotation for Midwifery Students to rotate through STAR Health Center; Served as Preceptor for Midwifery students and coordinated didactics during rotation

Lectures:

- September 7, 2018 HIV and Women: from Preconception to Reducing Maternal to Child Transmission.. Presentation to Midwifery students
- May 2019. HIV and Women: from Preconception to Reducing Maternal to Child Transmission Presentation to Midwifery students

Pharmacy School (Touro)

Course and Lecture

- June 2021 Interprofessional Preceptorship for Pharmacy Students (5)
- December 2019 Interprofessional Education: Clinical Practice Pharmacy Students

UHB and Local Course Development:

Leadership

- 2024 Universal Skills Reliability in Service for Medical Staff Organized training with Medical Staff leadership and Press Ganey
- July 2021 Self Care/Burnout Series (Coordinated speakers for Faculty Development) Attendees included approximately 35-40 Faculty members
- March to April 2021 LGBTQ Lecture Series (as part of Faculty Development Series) Attendees included 35-40 Faculty Members
- January 2021 to February 2021 Quality Improvement Lectures Series (Coordinated speakers on Quality Improvement for 7 sessions) as part of Faculty Development Series
- 2017-2020 Provisions of HIV Care Course developed and planned from 2017 to 2020; Topics: HIV Screening and Diagnosis, HIV Primary Care, ARV, ARV Resistance, HCV, PrEP/PEP and Case Discussions. (Organized and promoted course, and delivered presentations)—offered to UHB and New York based Providers (In person day seminar) approximately 40 attendees per year

Courses

- 2024 Medical Staff URRS training recorded and to be disseminated in 2024 to all Medical Staff Members (Approx. 800 annually)
- 2017-2020 Provisions of HIV Care Course developed and planned from 2017 to 2020; Topics: HIV Screening and Diagnosis, HIV Primary Care, ARV, ARV Resistance, HCV, PrEP/PEP and Case Discussions. (Organized and promoted course, and delivered presentations)—offered to UHB and New York based Providers (In person day seminar) approximately 40 attendees per year (Day long presentation onsite in UHD)

Grand Rounds

- May 2024 Grand Rounds for ENT and Anesthesiology. UHB. Implementing a Culture of Safety at UHB. September 2021
- January 2020 Grand Rounds for Family Medicine, UHB: HIV Basics 2020
- November 2019 Grand Rounds for Renal Department, UHB: HIV Overview,
- September 2019 Grand Rounds for Internal Medicine, UHB: HIV Update 2019,
- June 2014 Grand Rounds for Internal Medicine at Richmond University Medical Center on HIV Basics for the Internist,
- June 2014 Grand Rounds for OB/GYN at St.John's Episcopal Hospital on Preventing Maternal Fetal Transmission of HIV,
- 2/3/2014 Grand rounds for Internal Medicine, UHB: 1 hour/yr as needed, most recent: HIV Basics for Internist

Invited Presentations

Local

- July 2023 Americans with Disability Act in a Healthcare Context; Downstate Panelist
- December 2022 World AIDS Day Presentation: HIV Stigma and Disparities; AETC HIV providers and ID/HIV Division of UHD.
- August 2022 Addressing Physician Burnout 2022, UHD Residency Program Director Retreat; Presented for all residency program directors and support staff (>50 individuals)

- March 2022 Addressing Burnout in 2022, 2nd Annual Patient and Safety Fair University Hospital at Downstate.
- November 2021 Innovative Multimedia Approaches to HIV Prevention & Treatment, End the Epidemic NYSDOH
- February 2021 ICC Basic HIV Management in Primary Care, Community Health Center
- February 2021 PrEP Implementation Kings County Hospital; presented to multidisciplinary team
- November 2020 Telehealth Evaluative Framework Webinar NYSDOH AIDS Institute, Panelist
- November 2020 Implementing MAT for Opioid Use Disorder at HIV and Primary care Clinics—Housing Works Program (Multidisciplinary Audience)
- September 2020 Home Visits and Community Based Services During COVID19-Wyckoff Heights
- September 2020 ICC HIV and COVID 19, Schachne and Schullman Rehab Center
- August 2020 HIV and COVID Updates—NY Knows (Multidisciplinary Audience)
- August 2020 HIV and COVID Coinfection—Housing Works(Multidisciplinary Audience)
- July 2020 NYSDOH NY Links: Redesign of clinic flow: Implementing Team Based Care (Multidisciplinary Audience)
- July 2020 HIV and COVID Overview —Housing Works (Multidisciplinary Audience)
- June 2020 NYSDOH NY Links 12 Novel Approaches during Novel Times (Done 2x)
- May 2020 PCDC sponsored HIV and COVID panel discussion,
- April 2020 AETC sponsored HIV and COVID DHHS Guidelines
- April 2020 AETC sponsored HIV and COVID 9 Practical Considerations for Outpatient Clinics
- November 2019 NYSDOH Food Insecurity and Viral Load Suppression, (Medical Directors HIV in NYC)
- November 2019 HIV Screening and Diagnosis, SUNY Downstate Medical Center (Providers)
- November 2019 HIV Rapid Start Panel Discussion for Ryan White Part B Programs, NYSDOH AIDS Institute
- NYSDOH AIDS Institute, Quality of Care 2017 HIV Care Cascade presentation, May 8, 2018
- August 2018 Dermatological Manifestations in HIV; Wyckoff Hospital
- July 17, 2018 NYSDOH: NY Links-ETE Meeting, Presentation of SUNY Downstate Medical Center, Care Cascade,
- April 10, 2018 Interprofessional Education Panel Discussion for Nurse Practitioner Students, Panelist
- April 3, 2018 Interprofessional Education Panel Discussion for 2nd Year SUNY Downstate Medical Student Class (200 students), Panelist
- STAR Health Center HCV Cure Date Event, Speaker
- March 30, 2018 Implementation of PrEP: Beacon Community Center, 11/7/2017 (Multidisciplinary Audience)
- November 17, 2016 HIV Challenging Cases. START Treatment and Recovery, (Multidisciplinary Audience)
- November 4, 2016 Pre-Exposure Prophylaxis. BMS (Clinician Audience)
- June 18, 2015 HCV Implementation and Treatment Update. START Treatment and Recovery, (Multidisciplinary Audience)
- June 18, 2015 HCV Implementation and Treatment Update. Interfaith Primary Care, (Multidisciplinary Audience)
- March 2014 Webinar: Implementation of HCV Clinic within an HIV Clinic, AIDS Education Training Center. (Multidisciplinary Audience)
- March 21, 2013 Implementing Hepatitis C Treatment into HIV Clinic, ARTC (Multidisciplinary Audience)
- March 21, 2013 Implementing Hepatitis C Treatment into HIV Clinic, Interfaith Hospital (Multidisciplinary Audience),
- March 22, 2012 HIV Challenging Cases, ARTC, (Multidisciplinary Audience),
- May 17, 2012 HIV 101/HIV Management Cases, Lutheran Sunset Terrace (Multidisciplinary Audience),
- April 18, 2012 HIV Management Cases, Wyckoff Hospital, (Multidisciplinary Audience),
- October 27, 2011 ARV Update in HIV Medicine, Interfaith Hospital (Multidisciplinary Audience),

- August 18, 2011 HIV/HCV Case Presentations on New HCV Treatments, Interfaith Hospital, (Multidisciplinary Audience),
- March 3, 2011 Smoking Cessation and HIV, Lutheran Sunset Terrace Clinic, (Multidisciplinary Audience)
- February 17, 2011 Smoking Cessation and HIV, Interfaith Hospital (Multidisciplinary Audience),
- January 13, 2011 Smoking Cessation and HIV, SUNY Downstate Medical Center (STAR Clinic – Multidisciplinary Audience),
- November 15, 2010 Invited Lecture on Hepatitis C Treatment to Retreat in Newburgh, NY for Hudson River Health Care Clinic, (Multidisciplinary Audience)
- April 2010 Invited Lecture Center of Excellence Institute at Cicatelli Institute, Training of the Trainers on Audience Response System with Smoking Cessation for HIV Patient, New York, NY
- April 2010 Invited Lecture Center for Excellence Institute's Annual Faculty Development: Training of the Trainers on Audience Response System with Smoking Cessation for HIV Patient, in Rochester, New York
- October 4, 2010 Smoking Cessation in HIV, HELP PSI, (Multidisciplinary Audience)
- September 17, 2009 Smoking Cessation in HIV, ARTC (Multidisciplinary Audience)
- January 29, 2009 New ARV in HIV. Interfaith Hospital (Multidisciplinary Audience)
- August 9, 2007 Hepatitis C Treatment and Management Wyckoff Clinic (Multidisciplinary Audience)
- July 18, 2007 Hepatitis C Treatment and Management Interfaith Hospital (Multidisciplinary Audience)

Regional

- July 2023 Lessons Learned as Chief Medical Officer Anne Arundel Health System (Luminis Health); Presented to 50 physician leaders from Luminis health system;
- July 2021 Implementation of Teambased Care for Physician Executive Leadership at Anne Arundel Health System (Luminis Health); Presented to 50 physician leaders from Luminis Health System
- January to April 2021 (Monthly) NYAM Lecture of Teambased Care Series
- January 2021 New York/New Jersey and Caribbean AIDS Education Training Center: Implementing Teambased Care to New Jersey Department of Corrections,
- June 2020 AETC sponsored COVID and Provider Grief
- June 26, 2019 New York/New Jersey and Caribbean AIDS Education Training Center, Panel Discussion, and Individual: Long Acting ART in Hard to Reach Populations, Faculty Development.
- May 30, 2019 New York/New Jersey and Caribbean AIDS Education Training Center, Interprofessional Education Presentation., Jersey City.
- May 8, 2019 New York/New Jersey and Caribbean AIDS Education Training Center, Breakout Session on Implementation of MAT Program.
- June 26, 2018 New York/New Jersey and Caribbean AIDS Education Training Center, Panelist for HIV Medical Education at Faculty Development.
- March 15, 2018 NYDOH AIDS Institute HIV Quality of Care Advisory Committee: Working Outside HIV Programs to Identify Open Patients and Track VLS; Presenter
- January 24, 2018 NYDOH Project Succeed Day Conference: HCV Epidemiology and Risk Reduction; Presenter
- December 2, 2016 HIV Case Discussion (Panelist) at Cornell's 17th Annual HIV Symposium
- May 2013 Regional Invited Lecture for New York/New Jersey and New England AIDS Education Training Center in Boston, on Smoking Cessation Interventions,
- April 2012 Webinar: Smoking Cessation in HIV Patient New York State Clinical Education Initiative <http://www.ceitraining.org/>

National

- November 2024 **Yusuff J.** et al. Beckers CFO and CEO Conference (Social Determinants of Health Best practices)—Invited to Participate in Panel Discussion Health Equity 2.0 November 13, 2024
- July 2024 **Yusuff J.** Premier Inc, CMO Leadership Committee : Lessons learned from COVID
- March 2021 **Yusuff, J.** et al. Management of Post-Acute Covid Syndrome. National AETC Presentation
- September 2020 **Yusuff, J.**; Jimenez, Christopher and Yager, Jessica. Staff and Patient Perceptions to Long term Injectable ART, SYNC Conference.
- September 2020 **Yusuff, J.** and Ojeda-Martinez, Hector. Utilizing Digital Reminders to Optimize Linkage to Care, SYNC Conference,
- August 2020 Ryan White Grantee Meeting Oral Presentation: The Power of HIV Treatment and Prevention Content Across Multiple Platforms; Abstract #16069; Iorio, Jose, Robinson, Magna; Ojeda-Martinez, Hector and **Yusuff, J.**
- August 2020 Ryan White Grantee Meeting Oral Presentation: Reducing Cycle Time of Initial HIV visits Using Lean Methodology; Abstract 16047; **Yusuff, J**
- January 9, 2019 PCDC sponsored National webinar: Implementation of PrEP
- December 2018 Ryan White Grantee Meeting Oral presentation: Session 11051: Identifying Linkage to Care Strategies from Organizational Care Cascade Data at SUNY Downstate Medical Center ; Presenter; **Yusuff, J**
- December 2018 Ryan White Grantee Meeting Oral presentation: Session 12507: Utilizing Capacity Grant to Minimize Gaps in HIV Care Continuum; Presenter; **Yusuff, J** and Calangi, Ron
- December 2018 Ryan White Grantee Meeting Oral Presentation: Session 11401 Customize an AETC-developed Opioid Management Toolkit to Your Care Setting Session; Presenter
- October 2018 PCDC sponsored National webinar: HIV Testing as Prevention, Panelist
- March 8, 2018 PCDC sponsored National webinar: HIV Testing as Prevention, Panelist
- September 2015 Tackling multiple comorbidities: Improving retention with innovative strategies and models of care, Boccher-Lattimore, Daria; Cournos, Francine; Faragon, John; McKinnon, Karen; Vitale, Paul; **Yusuff, Jameela**; Zeller, Barbara: United States Conference AIDS, (oral presentation)
- November 2012 Ryan White Grantee Meeting Oral Presentation on Expanding HIV Training into Graduate Medical Education,
- November 2012 Ryan White Grantee Meeting Oral Presentation on HCV Treatment Expansion Initiative,; Presenter
- November 2003 **Yusuff J.**, Kim B and Wong M. Oral presentation of “Increased Antibiotic Allergies Among HIV Positive Patients”. American College of Allergy, Asthma and Immunology Convention in New Orleans, LA.

International

- June 2013 International Invited Lecture for NYS-ITRP Reunion on Hepatitis –HIV Coinfection in Kiev, Ukraine; Presented to >100 physicians who graduated from the Fogarty HIV program
- June 2013 International Invited Lecture for NYS-ITRP Workshop on Smoking Cessation Among HIV population in Kiev, Ukraine; Presented to >100 physicians who graduated from the Fogarty HIV program.
- July 2006 International Invited Lecture for IMANA (Islamic Medical Association of North America) Conference on Travel Related Infections Presenting as a Fever of Unknown Origin, Beijing, China; Presented to 200 physicians;
- July 2006 IMANA (Islamic Medical Association of North America) Moderated Panel Discussion on Review of Cholesterol Guidelines, Beijing, China; Presented to 200 physicians

Service

Committee memberships

Local:

- 3/2024 to Present Chairperson Population Health Committee; Multidisciplinary meeting to review updates on population health issues including PCMH and HEDIS metrics
- 2021 to Present Dean's Advisory Committee, Member; Chaired by Dean with 5 other invitees including DIO and selected program directors to discuss special ACGME issues/concerns
- 4/2021 to Present Chairperson Ambulatory Care Medical Director Meeting; Meets bimonthly with ambulatory medical directors focused on clinical issues relating to outpatient medicine (approximately 10-15 attendees); meets monthly
- 4/2022 to Present Co-Chairperson Health Equality Index application; Multidisciplinary meeting to meet and apply for Health Equality index recognition relating to providing culturally competent LGBTQ care for patients and sensitivity to staff members; meets monthly
- 2023 to Present SOGI Implementation team (Co-Chair); Multidisciplinary meeting to implement sexual orientation and gender identity into the clinics and inpatient records; 10 invitees, monthly meeting
- 4/2021-Present Chairperson Regulatory Preparedness; Multidisciplinary meeting over 100 attendees to review TJC readiness; meets monthly
- 4/2022- Present Chairperson Utilization Review Committee; approximately 20 multidisciplinary attendees to review Utilization related issues; meets monthly
- 4/2021 to Present Chairperson HIM Committee, approximately 20 multidisciplinary attendees to review issues related to HIM; Meets quarterly
- 4/2021 to Present Chairperson of Service Chief Meeting, meets with all service chiefs for UHD monthly to discuss hospital related issues.
- 4/2021 to present OR Committee Member; Multidisciplinary meeting with all surgical specialties and anesthesia department; attendees >50 members
- 4/2021 to present Medical Executive Meeting MEC (non-voting Member; Committee of the clinical leadership, MEC officers and at-large members)
- 4/2021 to present Chief Resident-CMO Meeting; all residents invited and approximately 10 show up monthly
- 4/2021-present Housestaff Quality Council Facilitator; 12 residents attend from various programs and develop quality improvement projects; meets monthly
- 4/2021 to present GME Committee member; all residency program directors and program directors; meets monthly members, approximately 100
- Mortality Meeting Co-Chair 4/2021 to present; attendees include service chiefs and quality staff attendees 15-20, meets monthly
- 4/2021 to present Epic (alternate Chair), hospital quality report-out meeting, attendees approximately 75; meets monthly
- 12/2020 to 4/2021 Physician Lead for Healthfirst Value based Plan
- 9/2020 to 9/2022 Leadership Committee member of Faculty Development
- 12/2020 to present Steering Committee member of the Quality and Patient Safety Committee
- September 2020 to Present Chairperson of the Faculty Committee on Personnel, Policy, Promotion and Appointment committee
- 2015 to Present, Hospital Operational Meeting, UHB, member
- 2013 to Present STAR Health Center-SUNY Downstate Physician Assistant HIV Residency Track Planning Committee (includes curriculum and evaluation development), Co-Lead with David Odegard
- 2012-2021 STAR Health Center Curriculum and Evaluation Development for HIV Internal Medicine Residency Track, Co-Lead with David Odegard,
- 2012 to Present SUNY Downstate Medical Center Ambulatory Care Committee, Member
- 2006-2021 and Chair/lead since 2012 STAR Health Center Quality Improvement Committee,

Regional:

- 2021 to Present CERCA (Coalition to End Race in Clinical Algorithms) Initiative with NYCDOH; Member
- 2020 to Present; NYSDOH AIDS Institute Quality Advisory SubCommittee Chair for Telehealth Evaluation Committee
- 2012 to Present Designated AIDS Center Committee Member
- 2006- 2021 NYLinks Member; Statewide coalition of providers treating and preventing HIV, sharing best practices and staying informed of HIV updates.
- 2006-2021 NYKnows Member; Citywide coalition of providers treating and preventing HIV, sharing best practices and staying current in HIV
- 2012 to 2021 Clinical Site Director for AETC (AIDS Education and Training Center)
- 2014 to 2019 Member NYSDOH AIDS Institute Tobacco Cessation Task Force
- 2012 to Present; Member of NYSDOH AIDS Institute Quality Advisory Committee
- 2010 to 2011; Member of Data Safety and Monitoring Board for Multidisciplinary Program Approach to Hepatitis C Infection Among IDU
- 2004-Present: Physician Research Network (PRN) 2004 to present; ID/HIV coalition of providers in tri-state area meeting monthly to stay abreast of HIV/ID updates

National:

- February 2024 to Present; Member of Wayne State Emerging Infectious Diseases Advisory Committee,
- 2021 to Present; Member of Premier CMO Advisory Committee; Meets with national committee.
- 2021 to Present; Member of Essential Hospitals Structural Racism Committee
- 2022 to 2023: Member of AAMC Multidisciplinary Advisory Committee (Pediatric COVID Vaccination Subcommittee); Included in Committee of 30 national experts on COVID vaccination, meets bimonthly to review strategies to improve COVID vaccine uptake
- 2020 to 2023: National Quality Forum, Committee of Opioid and Behavioral Health; Included in Committee consisting of 50 members nationally recognized as experts in opioid and behavioral health conditions. Met Quarterly for 2 years to review metrics related Opioid use and behavioral health to make recommendations to CMS on future quality indicators.
- 2017-2019: PCDC Advisory Committee Member: National committee advising on PCDC programs; Meets Quarterly with 12 members.

Community Service:

- 2021 to present on Board of the Directors for CUNY Medical School (formerly Sophie Davis School of Biomedical Education –Alma Mater),
- 2021 to present quarterly meetings on the Board of the Directors for Comunilife, (Nonprofit Organization for Housing for Vulnerable populations)
 - Member of Subcommittee of Comunilife Quality Committee meeting bimonthly
- 4/2021 Faith-Based Community talk on Myths on COVID Vaccinations, Panel Discussion; Audience: Brooklyn Community Members
- 2018-2021: STAR for Brooklyn! Social Media Programming & TV Show, producer and contributor, the TV show was broadcasted on a cable tv channel in Manhattan and Brooklyn and also posted on social media (facebook, Instagram and linkedin)
- 2016-2019: Brooklyn Pride Parade, Tabling and reached >100 attendees and the Parade hosted >5,000 attendees. Role: Provided education on HIV, and distributed materials
- 2007-2011: UHB Health fair on HIV Counseling and Testing (role: tabling at health fair with population of >1,000 attendees and approximately 100 visitors to our station)
- 12/2007: Participated at Brooklyn Tabernacle for HIV Counseling and Testing; Audience: Community (Role: escorting/testing of 30 patients)

- 1/21/2007: Participated at Charles Dorsey P.S 67, Spoke on Questions and Answers on HIV; Audience: class of 30 parents and students
- 12/1/2006: Participated Brooklyn College Event for World AIDS Day, Gave Lecture on HIV in Brooklyn; Audience: class of 60 students
- 1995-2001: Youth Coordinator at Liberty Center for Immigrants: Participated in monthly citizenship drives and assisted in completing over 300 N-400 applications to adjust from permanent residency status to citizenship; Completed the form, fingerprinted the applicants (prior to electronic fingerprint technology) and took immigration style photos.

Mentor/Mini residency-Preceptorships

- 2021 Mentor for College of Medicine 4 students/ year
- 2006 to Present: +ID Fellowship.1-2/year—
- 2021-2022 Mentor for SAIL Leadership Academy
- 2006-2021 HIV Clinical Preceptorship for clinicians in the community (MD, NP and PA) through the AETC federal grant. (AIDS Education and Training Center): 32 hours/year
- March 2020: ACCESS Trainee ABR
- August 2019: Clinical Training Trauma Informed Care USVI Trainee
- May 2006- June 2010 Clinical preceptorship and mentorship for HIV Scholars through the Nicholas Rango Scholars program of AIDS Institute NY: (Approximately 2 scholars per year)

Other Achievements

Languages: Conversational Spanish

Life Skills: Basic Life Support, Expires 2/2025

Medical Journalism:



Video Link of Patient Education Reel (click on QR Code to view reel)

<https://www.dropbox.com/s/r34sj307p86mc6g/JAMEELA%20YUSUFF%20-%20REEL%202022.mp4?dl=0>

HuffPost: Removing bacteria from clothing 8/26/22

Channel 12 TV interview: West Nile 8/17/22

Channel 12 TV interview: Monkeypox 8/9/22

Healthline Interview: Monkeypox 8/10/22

Channel 12 TV interview: Monkeypox and Neurofibromatosis 8/11/22

August 2020 to Present : STAR for Brooklyn! Flash updates Weekly for Social Media sites on COVID and health topics (Facebook, Instagram, LinkedIn)

May 2020: STAR for Brooklyn! Sex in the City Episode—Sex in the time of COVID 19, Panelist

March 2019-Present: STAR for Brooklyn!, Downstate Health Center TV, broadcasted on Cable TV, You-Tube, STAR Program social media; **Yusuff** serves as one of three Producers of content and booking guests and also a guest speaker on PrEP and PEP.

December 2018: PCDC Interview on SUNY Downstate Medical Center's role in Preventing and Managing HIV infection, along the HIV Care Continuum.

May 2018: Downstate TV, interview with Sara Harvey on Introducing STAR Health Center

December 2016: Downstate TV, interview with Monica Sweeney on HIV for World AIDS Day

September 2014: Radio interview on Power 105.1 on SHC services and HIV pre-exposure Prophylaxis

2002-2007: Regular Contributor to Guyana Monitor (ethnic local newspaper) on general medical topics

ST. JOHN'S EPISCOPAL HOSPITAL SOUTH SHORE

APPENDIX II

STUDY – ECG MANAGEMENT CONSULTANTS

CONFIDENTIAL



ST. JOHN'S
EPISCOPAL HOSPITAL

Critical Care Demand and Capacity Study

Final Deliverable

St. John's Episcopal Hospital

March 15, 2024

ECG MANAGEMENT
CONSULTANTS
A Siemens Healthineers Company

Agenda

1. Approach and Methodology
2. Current-State Assessment
3. ED and Procedural Trends
4. Future-State Demand

Approach and Methodology

Engagement Scope

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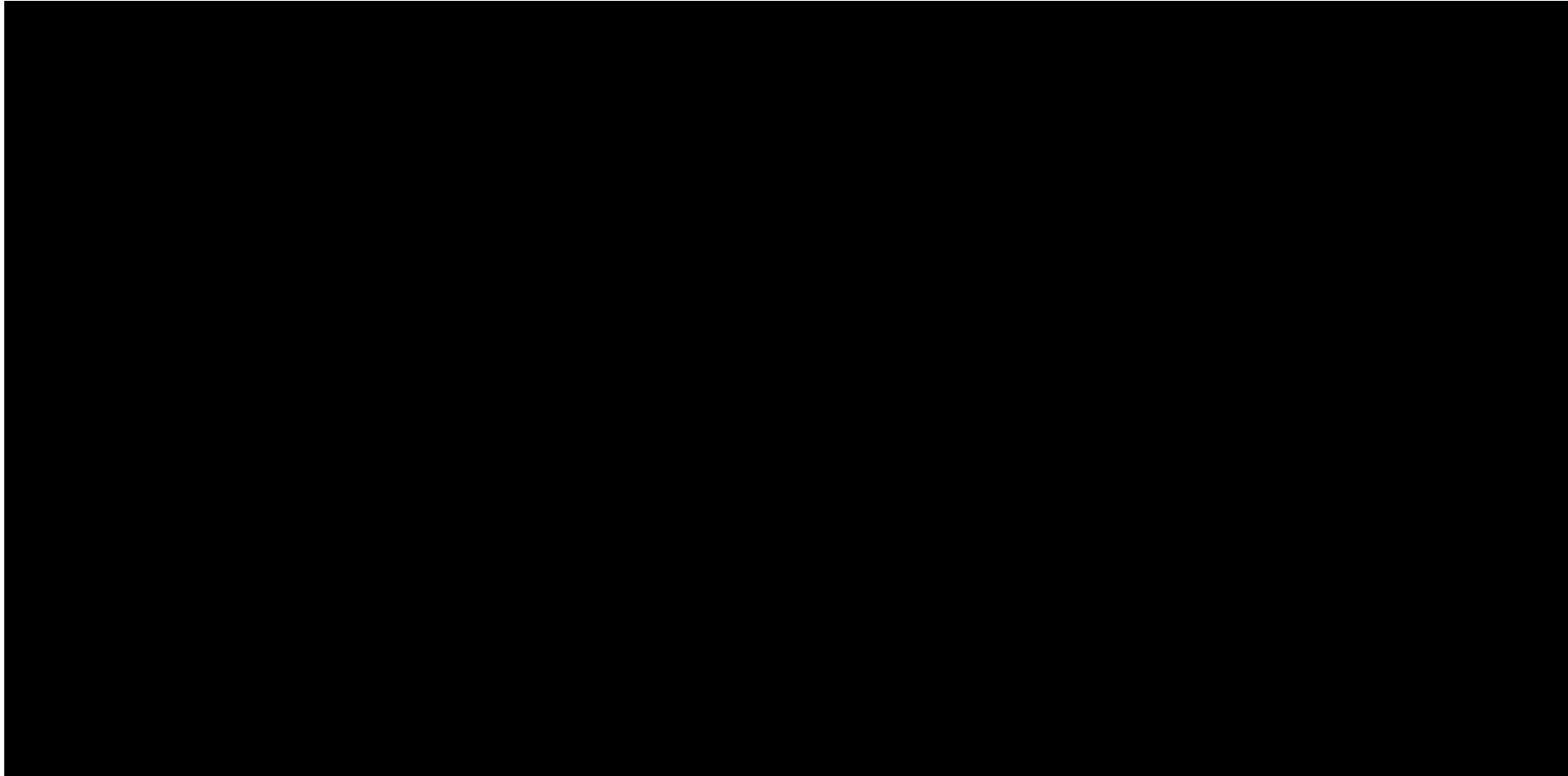
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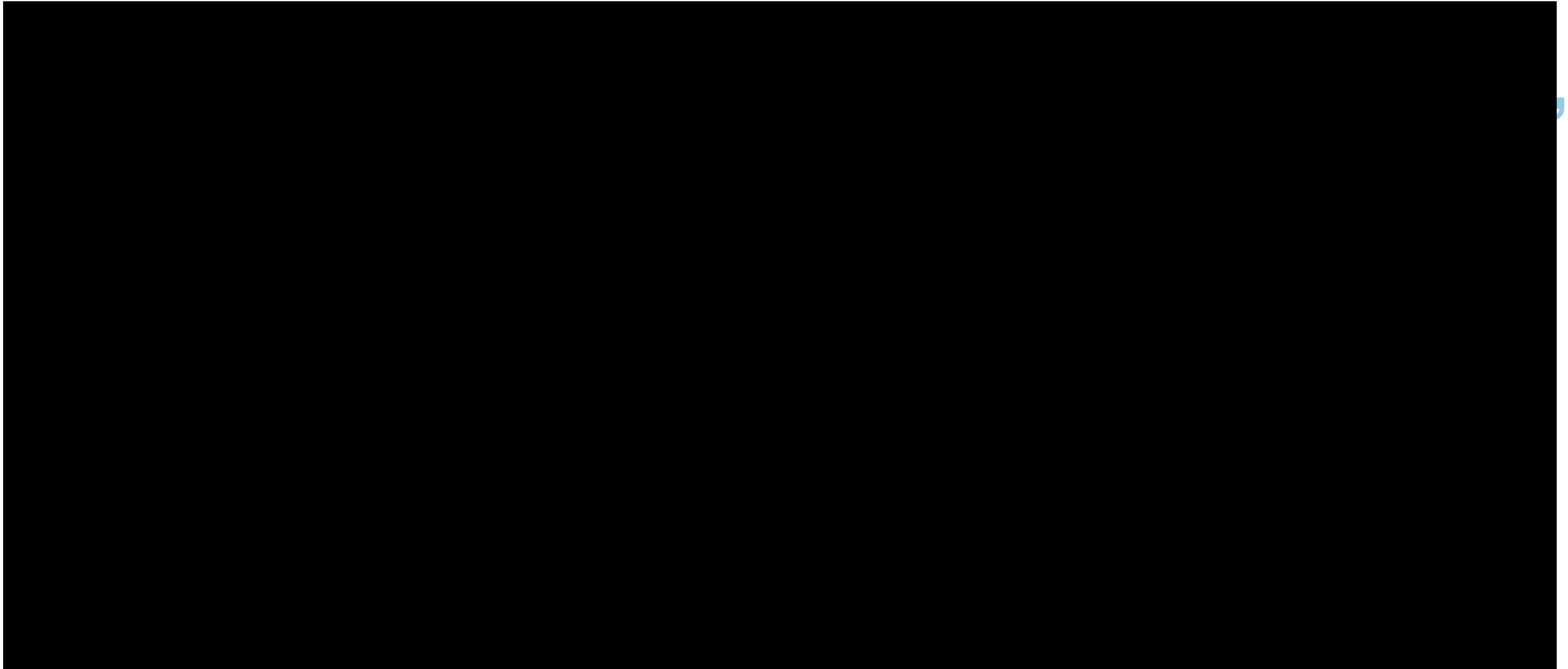


Key External Data Sources



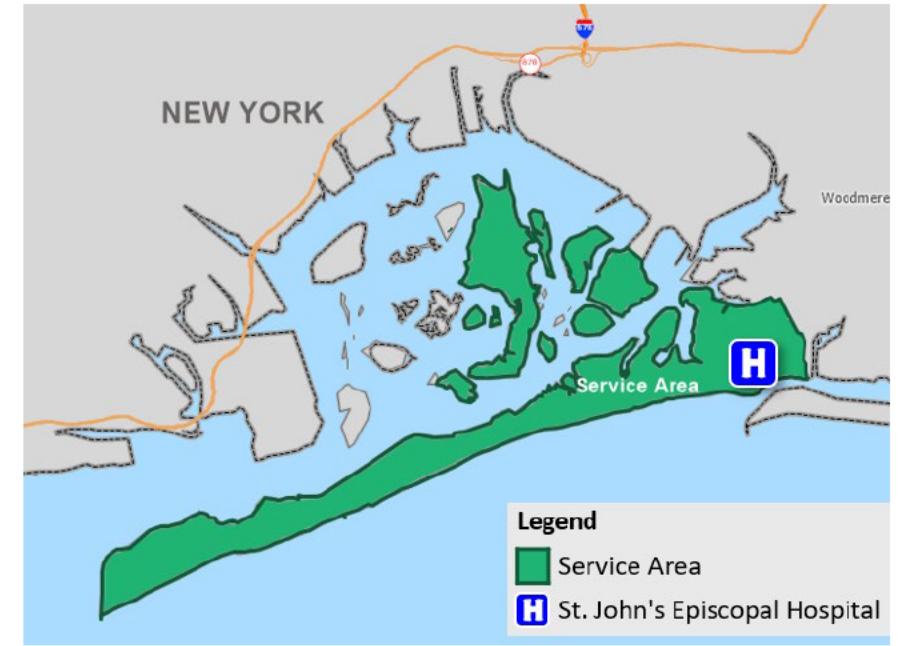
Current-State Assessment

Interview Themes: Emergency Department (ED)

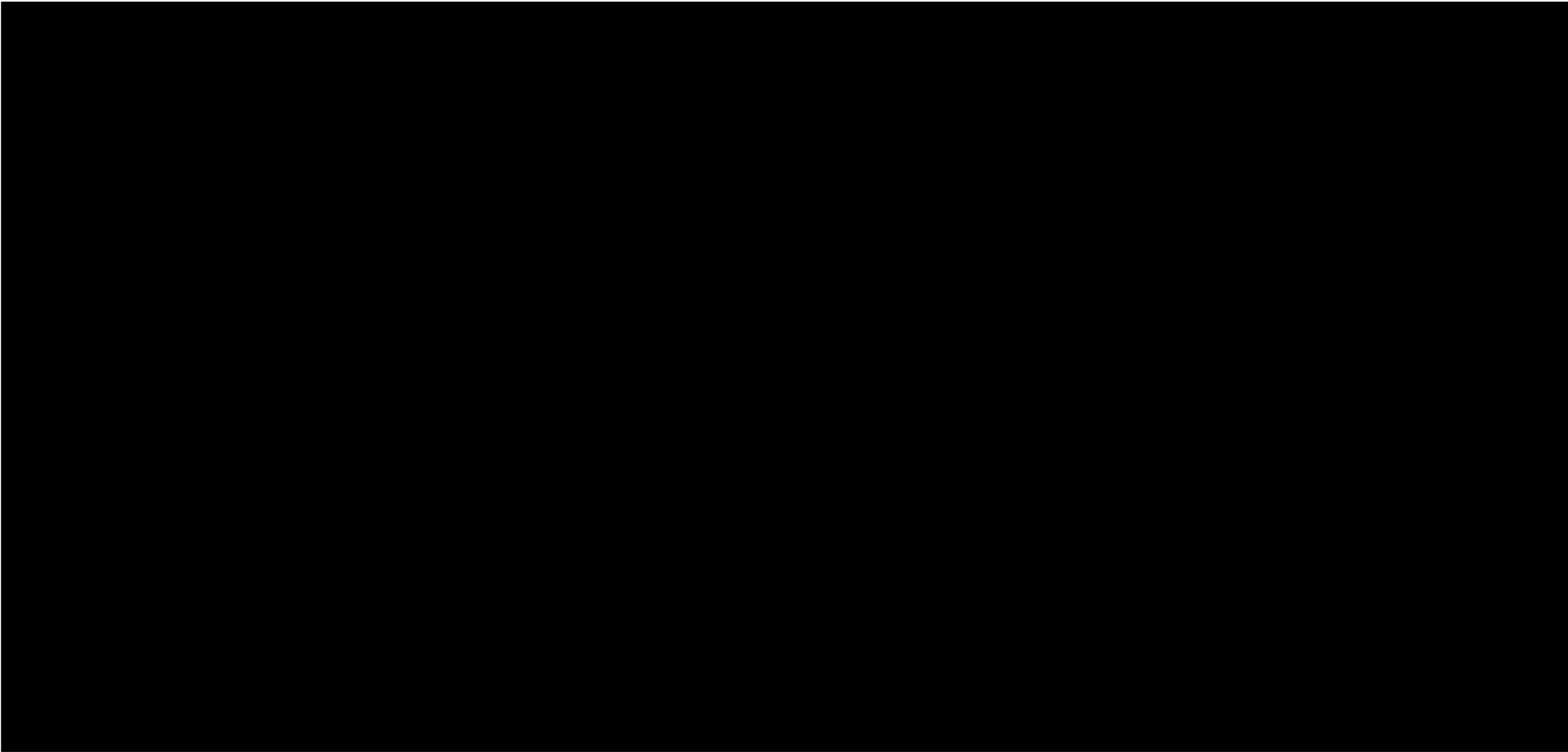


Interview Themes: Critical Care

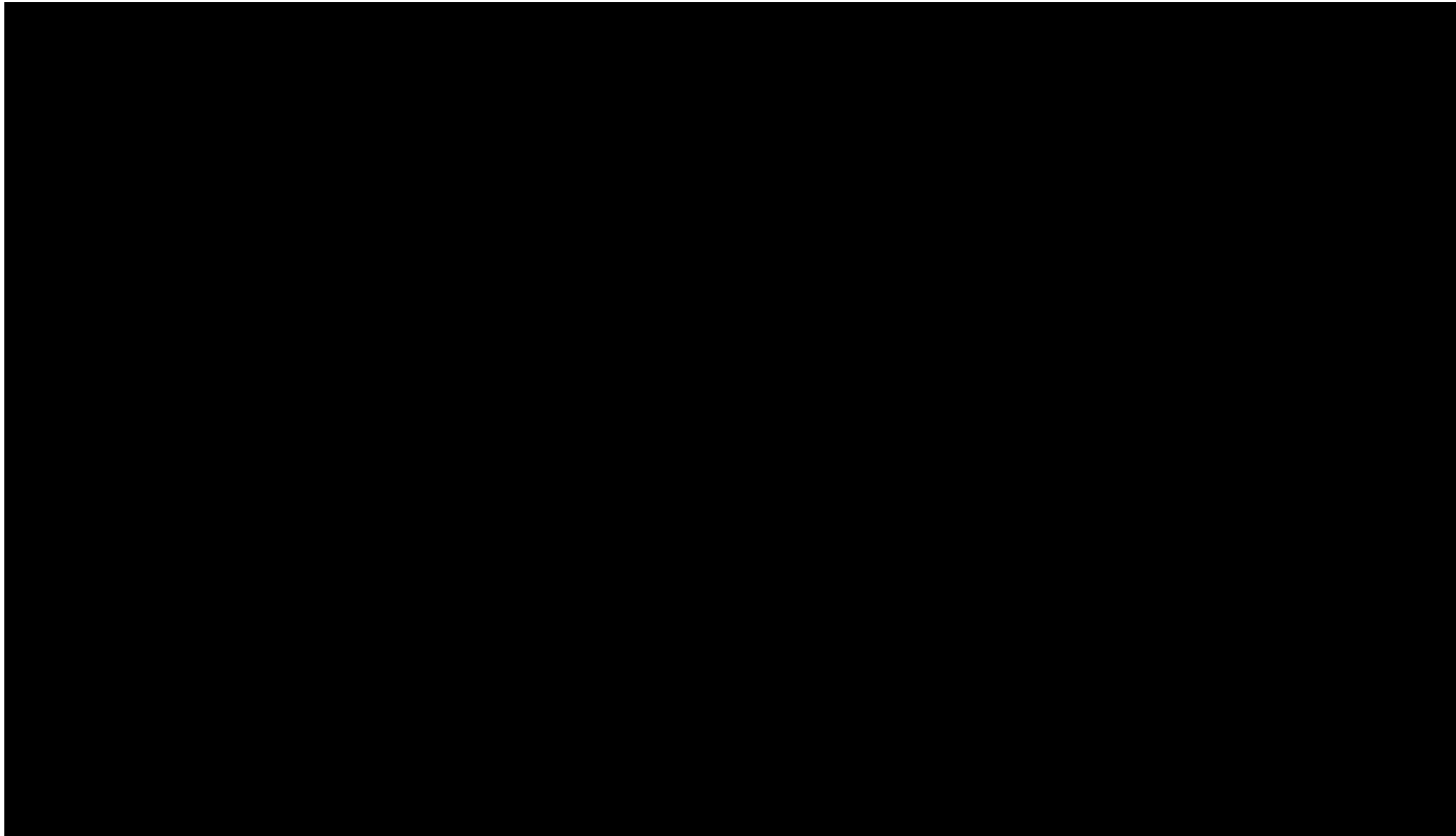
Demographics



Internal Trends by Service Line

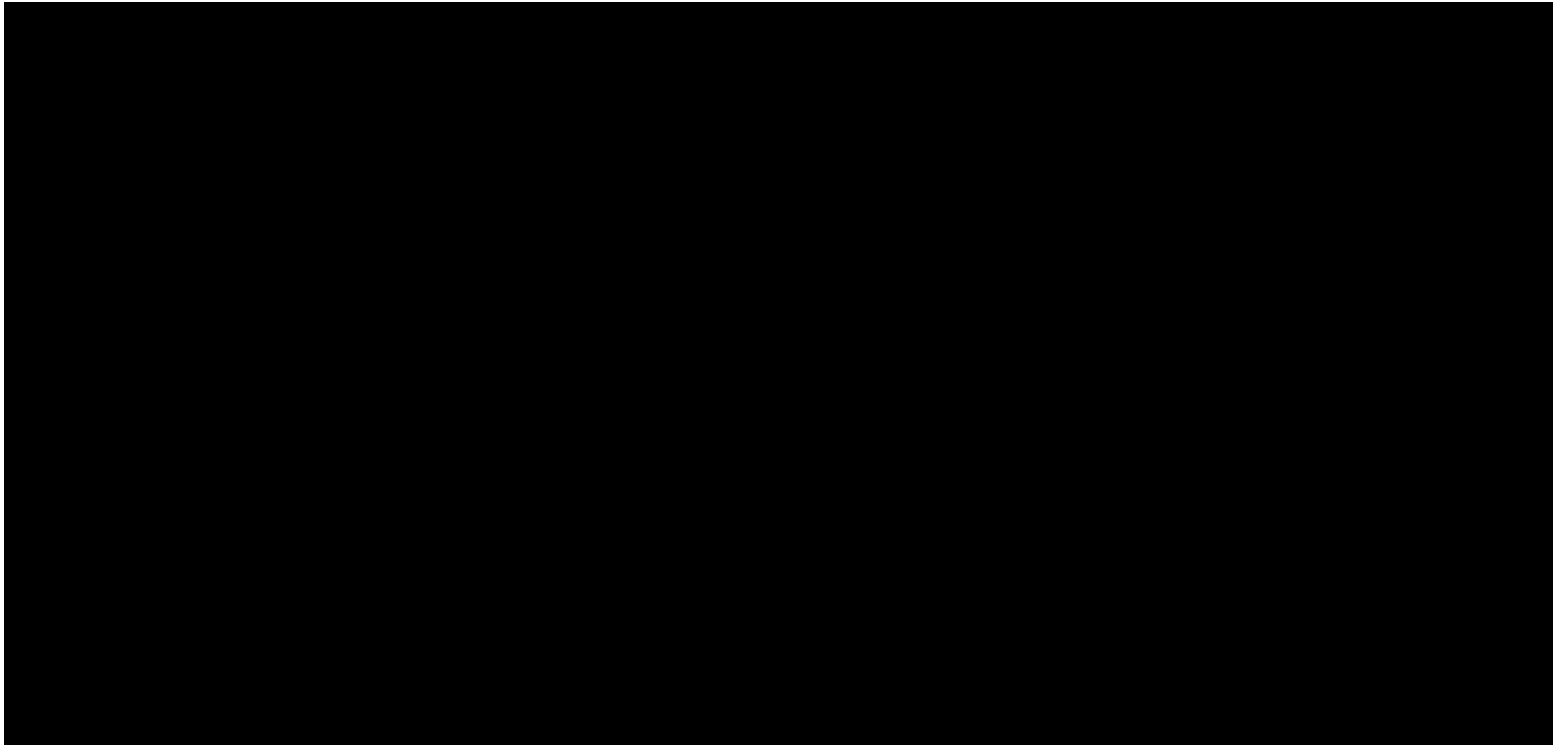


Market Share Trends



Internal ICU Trends

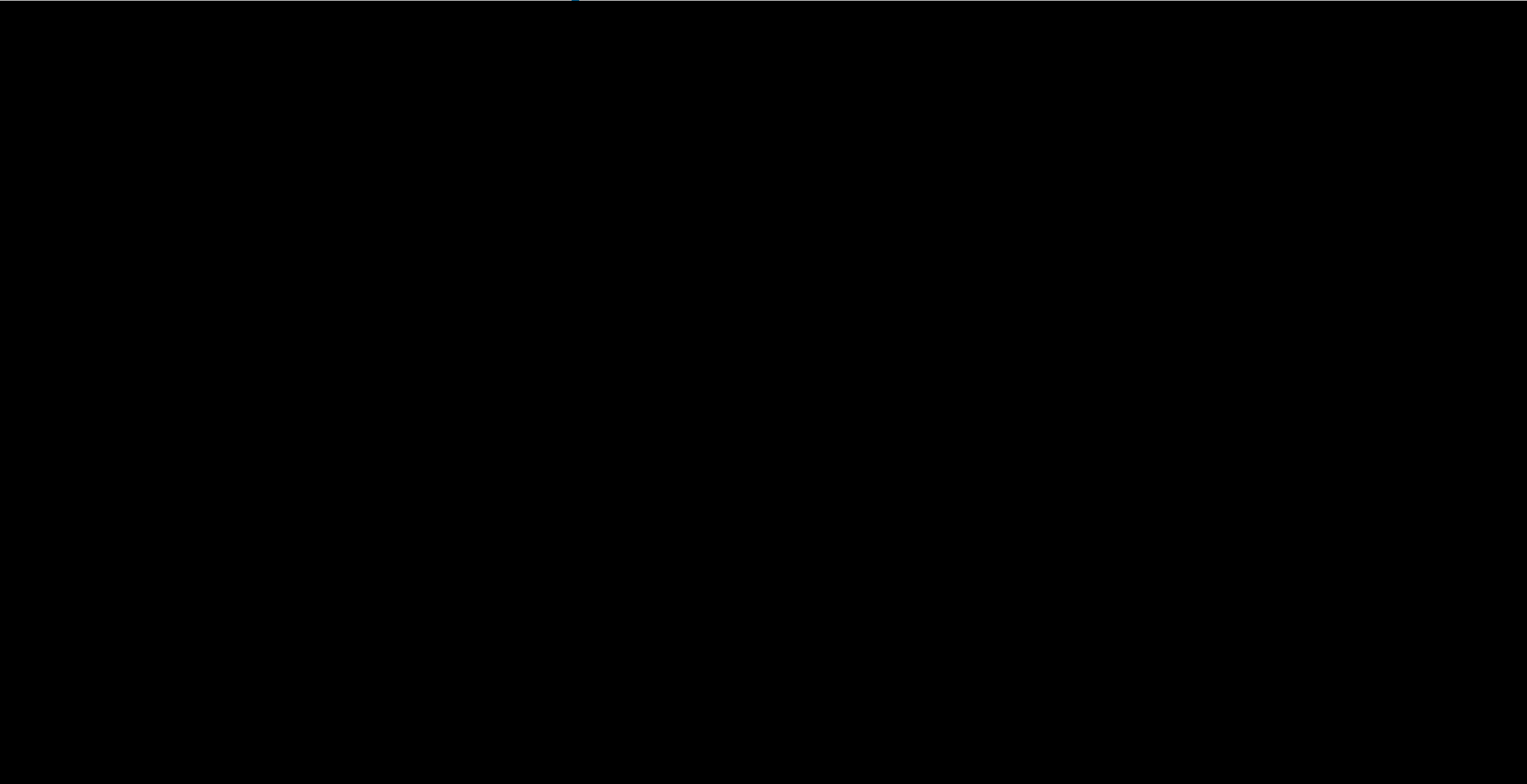
ICU patient count and acuity have increased over the past three years while the average patient age declined in 2023.



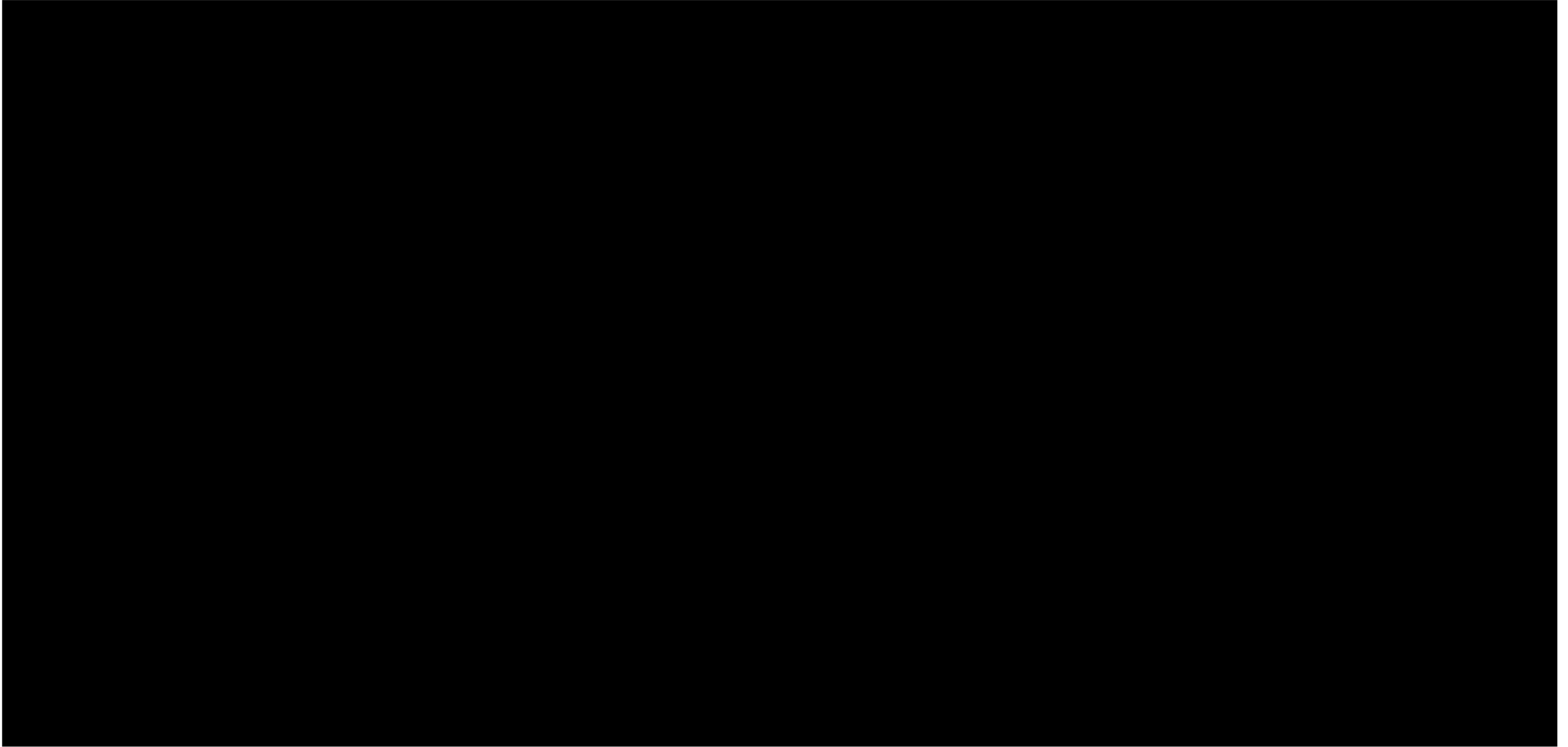
ICU Trends *(continued)*

Med-Surg Census Analysis

Critical Care Census Analysis

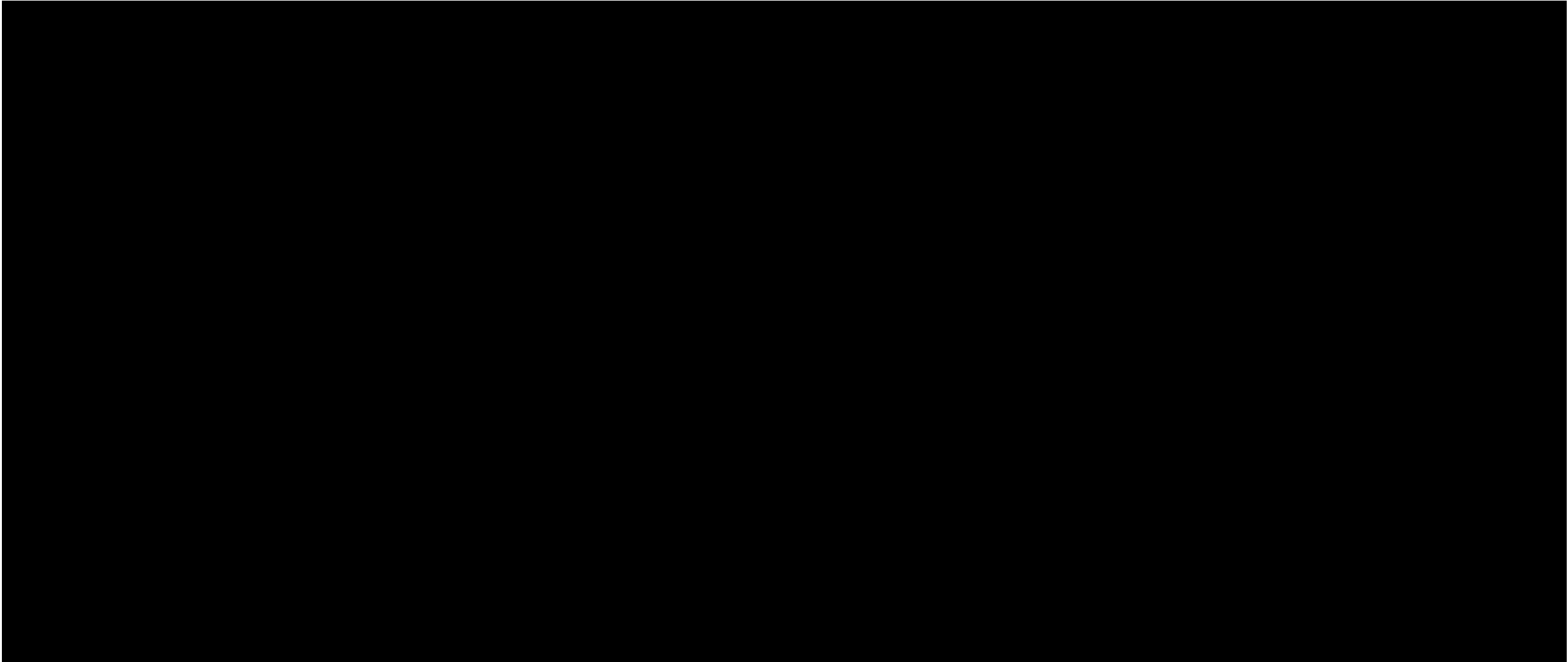


Current-State Bed Need Based on Census



ED and Procedural Trends

ED Trends

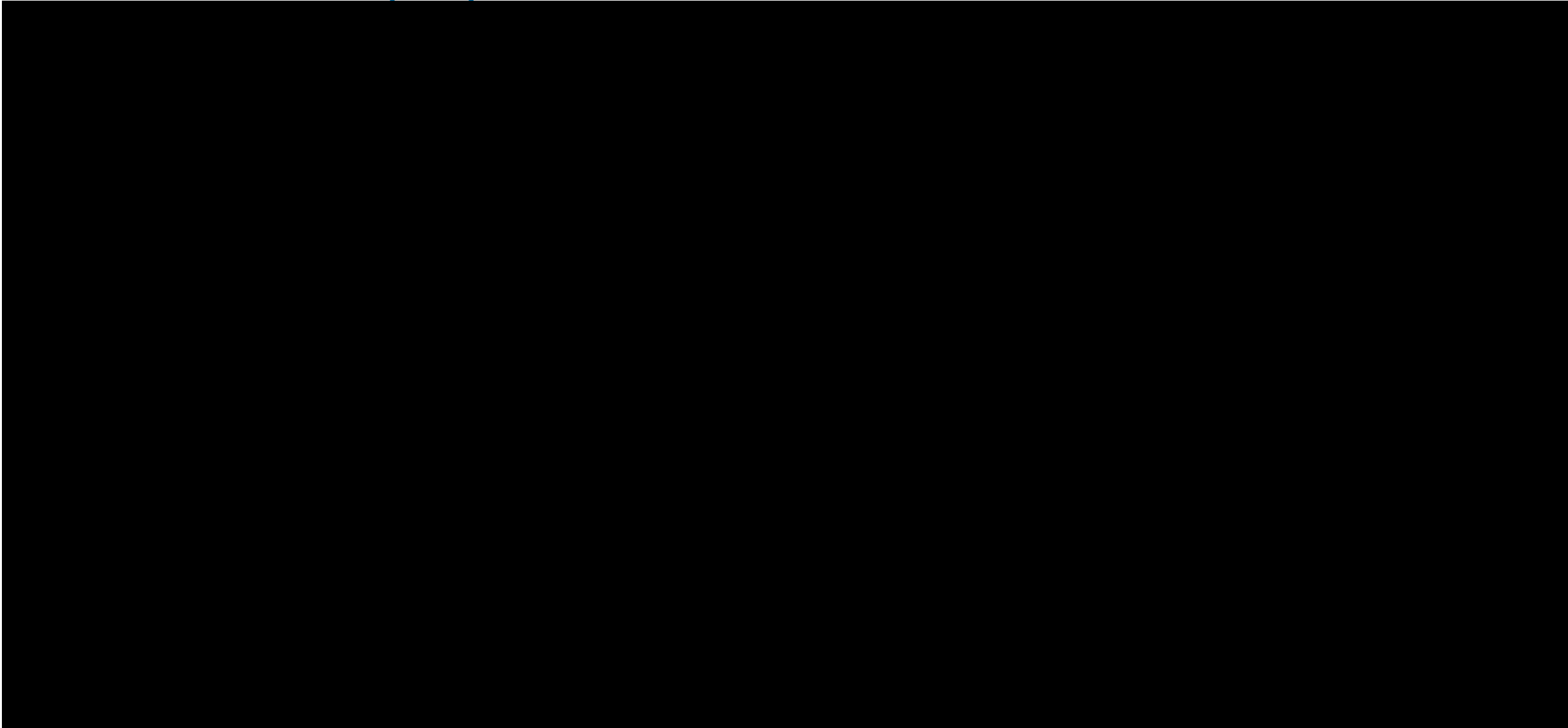


Source: ED Log and internal financials

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ED Transfer Analysis, 2023

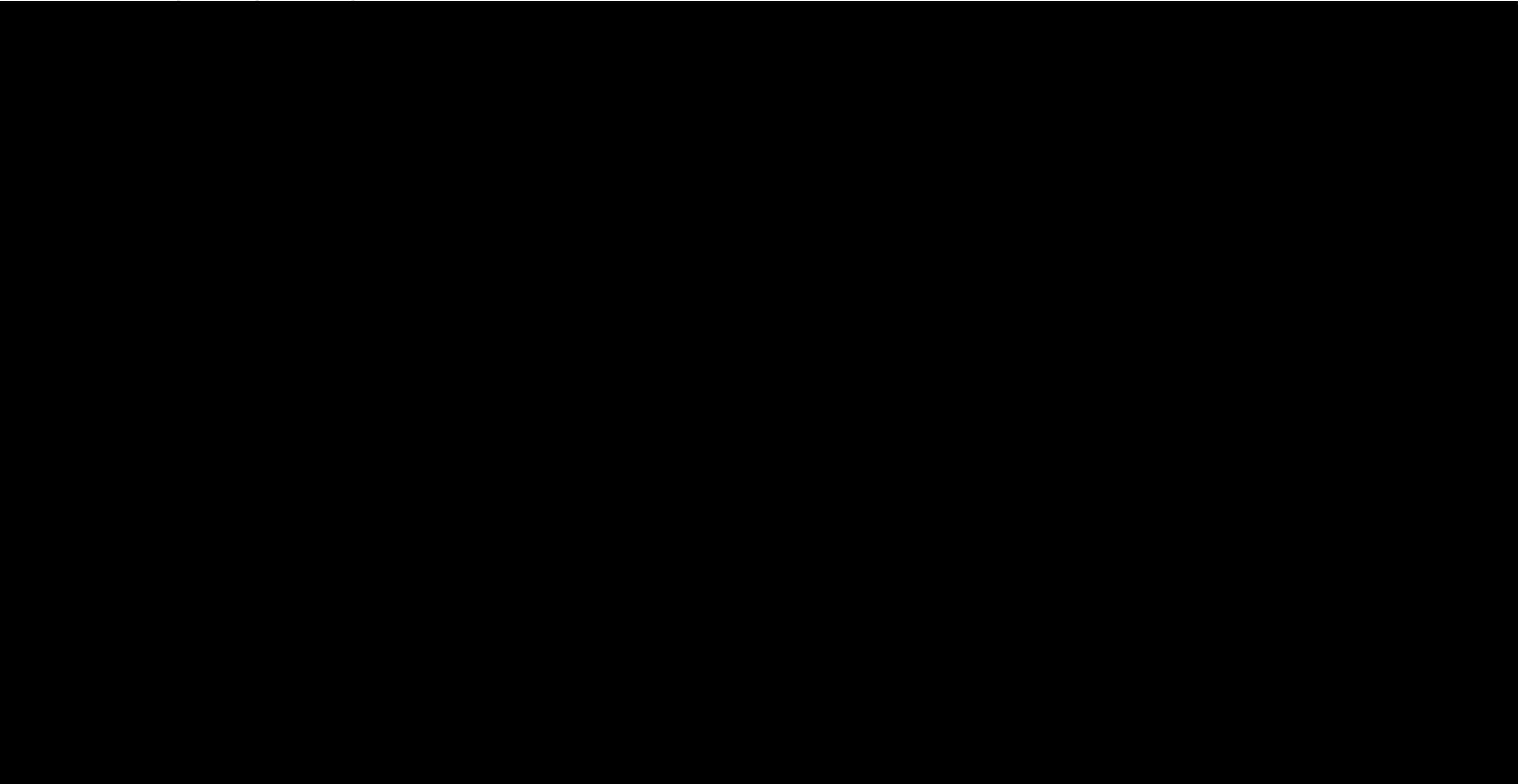


Source: ED Log

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ED Diversion Hours



Procedural Volumes

Future-State Demand

Proposed Critical Care Projection Methodology

ED Projections Scenarios

