

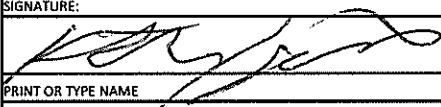
New York State Department of Health Certificate of Need Application

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: Maimonides Medical Center

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

SIGNATURE:	DATE
	10/21/05
PRINT OR TYPE NAME	TITLE
Kenneth D. Gibbs	President & CEO

General Information

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

Contacts

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

Primary Contact	NAME AND TITLE OF CONTACT PERSON		CONTACT PERSON'S COMPANY
	Frank 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
	Karen Kobus, Vice President, Professional Affairs		Maimonides Medical Center
	BUSINESS STREET ADDRESS		
	4802 Tenth Avenue		
	CITY	STATE	ZIP
	Brooklyn	New York	11219
	TELEPHONE	E-MAIL ADDRESS	
(718) 283-8958	kkobus@maimo.org		

New York State Department of Health Certificate of Need Application

Schedule 1

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

CHIEF EXECUTIVE	NAME AND TITLE		
	Kenneth D. Gibbs, President & CEO		
	BUSINESS STREET ADDRESS		
	4802 Tenth Avenue		
	CITY	STATE	ZIP
	Brooklyn	New York	11219
CHIEF EXECUTIVE	TELEPHONE		E-MAIL ADDRESS
	(718) 283-7013		kgibbs@maimo.org

The applicant's lead attorney should be identified:

ATTORNEY	NAME		FIRM	BUSINESS STREET ADDRESS
	Please contact the consultant			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

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

CONSULTANT	NAME		FIRM	BUSINESS STREET ADDRESS
	Frank 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 the consultant			
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS

Please list all Architects and Engineer contacts:

ARCHITECT and/or ENGINEER	NAME		FIRM	BUSINESS STREET ADDRESS
	Mohamed Razak, AIA, Leed AP BD+C		Razak Associates	37 West 20th Street, Suite 1208
	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
	New York, New York 10011		(585) 506-2126	mrazak@razak.net

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

New York State Department of Health Certificate of Need Application

Schedule 1

Other Facilities Owned or Controlled by the Applicant

Establishment (with or without Construction) Applications only

NOT APPLICABLE

NYS Affiliated Facilities/Agencies

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

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

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

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

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.

Maimonides Medical Center

Schedule 1 Attachment

1. Board Approval for Project
2. Article 28 Network Statement
3. Project Narrative

Certificate of Secretary
Maimonides Medical Center
April 8, 2025

I, Laurie E. Weinstein, hereby certify that I am the duly elected, qualified and acting Assistant Secretary of Maimonides Medical Center (the "Corporation"), and in my capacity as such officer,

I HEREBY CERTIFY AS FOLLOWS:

Attached hereto as Exhibit A is a true and complete copy of resolution(s) adopted by the Corporation's Board of Trustees at a meeting of the Corporation on April 7, 2025, at which a quorum was present, which authorized the Corporation to take such actions as may be necessary to establish an adolescent inpatient psychiatric unit at the Corporation, which will include the addition of 20 inpatient beds, and to submit a Full Review Certificate of Need Application to the New York State Department of Health and a Comprehensive Prior Approval Review Application to the New York State Office of Mental Health on behalf of Maimonides Medical Center for the purpose of establishing the 20-bed adolescent inpatient psychiatric unit. The Resolution(s) further authorized the officers of the Corporation to take all necessary and appropriate actions and execute all documents necessary to effectuate the submission of the aforementioned applications, and the establishment of the 20-bed adolescent inpatient psychiatric unit. The Resolution, as adopted, remains in full force and effect and has not been modified or rescinded.

IN WITNESS WHEREOF, I have executed my name as Assistant Secretary this 8th, day of April, 2025.



Laurie E. Weinstein, Assistant Secretary

Exhibit A

RESOLUTIONS dated April 7, 2025

MAIMONIDES MEDICAL CENTER
MEETING OF THE BOARD OF TRUSTEES
APRIL 7, 2025

RESOLUTIONS AUTHORIZING SUBMISSION OF APPLICATIONS
TO THE NEW YORK STATE DEPARTMENT OF HEALTH
AND
THE NEW YORK STATE OFFICE OF MENTAL HEALTH

WHEREAS, since 2020, the need for psychiatric inpatient care for adolescents has increased dramatically in Brooklyn, exceeding available resources in the borough; and

WHEREAS, in South Brooklyn, where Maimonides Medical Center (“Maimonides”) is located, there are currently no inpatient adolescent units; and

WHEREAS, Maimonides annually provides emergency psychiatric care for several hundred adolescent patients who need inpatient psychiatric hospitalization; and

WHEREAS, due to the volume of patients requiring care, there are lengthy wait times in the emergency department until an inpatient bed becomes available, and available beds are often in in another borough or even outside of New York City, which creates significant challenges for adolescent patients and their families; and

WHEREAS, the New York State Office of Mental Health (“OMH”) has recognized the need for additional inpatient psychiatric facilities for adolescents; and

WHEREAS, Maimonides has received a New York State Behavioral Health Center of Excellence award in the amount of [REDACTED] to be used for the development of an inpatient adolescent psychiatric unit; and

WHEREAS, Maimonides has received an award from OMH in the amount of [REDACTED] to be used for the development of an inpatient adolescent psychiatric unit; and

WHEREAS, Maimonides has developed a plan to establish a 20-bed inpatient adolescent psychiatric unit; and

WHEREAS, such inpatient adolescent psychiatric unit requires a Certificate of Need from the New York State Department of Health and a Prior Approval Review by the New York State Office of Mental Health (collectively, the “Applications”).

NOW, THEREFORE, IT IS HEREBY RESOLVED, that the Board of Trustees approves and authorizes the Officers of Maimonides, each of them singly, to take such actions as may be necessary and appropriate to establish an adolescent inpatient psychiatric unit at Maimonides, which will include the addition of 20 inpatient beds; and

IT IS FURTHER RESOLVED, that Maimonides' President and Chief Executive Officer, Kenneth D. Gibbs, is authorized to submit a Full Review Certificate of Need Application to the New York State Department of Health and a Comprehensive Prior Approval Review Application to the New York State Office of Mental Health on behalf of Maimonides Medical Center for the purpose of establishing the 20-bed adolescent inpatient psychiatric unit at Maimonides main campus; and

IT IS FURTHER RESOLVED THAT Mr. Gibbs is authorized to take any and all actions deemed necessary and appropriate, in his sole discretion, in order to (i) submit the Applications and (ii) support and complete the review process of the Applications through the New York State Department of Health and the New York State Office of Mental Health.

MAIMONIDES MEDICAL CENTER

ARTICLE 28 NETWORK DESCRIPTION

Maimonides Medical Center (Maimonides), a not-for-profit corporation, is the active parent and co-operator of Maimonides Medical Center and New York Community Hospital, Inc. d/b/a Maimonides Midwood Community Hospital.

Maimonides Medical Center is located at 4802 Tenth Avenue, Brooklyn (Kings County), New York 11219. Maimonides Midwood Community Hospital is located at 2525 Kings Highway, Brooklyn (Kings County), New York 11229.

The following table provides information on operating certificate numbers and PFI numbers for the above-referenced facilities:

Facility Name	Operating Certificate #	PFI #
Maimonides Medical Center	7001020H	1305
Maimonides Midwood Community Hospital	7001008H	1293

MAIMONIDES MEDICAL CENTER

PROJECT NARRATIVE

I. INTRODUCTION

Proposal

Maimonides Medical Center (“Maimonides” or the “Hospital”), an existing 711-bed hospital, is submitting this Administrative Review Certificate of Need (C.O.N.) Application, along with a concurrent Comprehensive PAR Application, that seeks approval to add 20 inpatient psychiatric beds to the Hospital’s Operating Certificate and to the Hospital’s current New York State OMH-licensed 70 inpatient psychiatric beds in order to open a 20-bed inpatient psychiatric unit to treat adolescents aged 13 to 17. This application will be primarily funded by a [REDACTED] grant from the Office of Mental Health (OMH), and a portion of a [REDACTED] Behavioral Health Centers of Excellence (COE) grant awarded by Fidelis, Healthfirst and MetroPlusHealth. The inpatient unit will be located on the fifth floor in a six-(6)-story building, located on the main hospital campus in Brooklyn (Kings County), New York 11219. In order to have the unit space comply with Article 28 standards/codes, Maimonides will undertake renovations to the space. The Total Project Cost (TPC) for this project is \$11,612,631, which will be funded by the above-mentioned grants and Hospital equity. The following sections demonstrate the case of need for this project and also provide an overview of the proposed program and how Maimonides will ensure that all patients receive the high-quality health care currently provided by Maimonides. The applicant currently provides adult inpatient psychiatric services on the fourth and sixth floors of the building. The building is located in Borough Park, part of Brooklyn Community District (CD) 12. CD 12 is located in South Brooklyn, which will be the primary service area (PSA) for the project. Maimonides also projects to serve patients from all of Kings County and New York City. A more detailed breakdown of the primary demographics to be served by the Hospital is provided below under the Public Need Analysis section.

The primary population to be served by the Hospital’s inpatient unit will be adolescent patients who have been diagnosed with mental health disorders, and in some cases, co-occurring substance use disorders and developmental disabilities. The Hospital is projecting to treat just under 400 individuals aged 13 to 17 in its first year of operation, with an average length of stay of 14 days with an 80% occupancy level throughout the first year of operation. Maimonides has provided psychiatric services in its Hospital in its general psychiatric unit for many years and, during its operation, has treated thousands of patients. After years of providing these services, the applicant has identified an undeniable need for psychiatric services for this younger, vulnerable population. Maimonides has witnessed firsthand the suffering that individuals afflicted with mental health disorders experience and hopes to expand its scope of service in order to provide a better treatment experience for adolescents suffering from a variety of psychiatric disorders. This need is substantiated in the form of the two (2) grants referenced above. The Medical Director for this service will be Jessica Poster, M.D., who specializes in psychiatry and has served as the director of Maimonides emergency psychiatric program since 2021. A copy of Dr. Poster’s CV is provided under Appendix I.

The primary services to be offered in the facility include individual therapy, psychopharmacology management, behavioral parent training, and mindfulness groups for adolescents with anxiety, depression, mood instability, ADHD, OCD, tic disorders and other mental health diagnoses and, in some cases, co-occurring substance use diagnoses and developmental disabilities.

General Project Information

Maimonides was founded in 1911. Since its inception, the Hospital has worked tirelessly to provide a wide range of medical treatments to the residents of New York and, specifically, the residents of Brooklyn. In the years since the Hospital opened, Maimonides has become dedicated to providing psychiatric treatments to individuals residing in its treatment areas. Maimonides currently provides Adolescent Behavioral Health Unit outpatient medication management, therapy and psychiatric testing services for children and adolescents through a Child and Adolescent Psychiatric Services Clinic (CAPS) program. The CAPS Clinic serves children between the ages of 4 and 18 residing throughout New York City. In 2021, the CAPS clinic served over 800 unique patients and provided 16,889 visits. Combined with the adult outpatient services, over 65,000 clinical visits were provided in 2023 in the psychiatric department. Of note, over 76% of patients seen in the Hospital's outpatient clinics are Medicaid or Medicare recipients.

In tandem with the Hospital's strong outpatient programs and CAPS Clinic, Maimonides also operates an inpatient psychiatric unit for adults on the fourth and sixth floors located in the same building as the proposed adolescent unit. The Hospital has provided high-quality inpatient services to adult Brooklyn residents for years and is looking to expand its services to provide the same high-quality care for younger residents mainly residing within the primary service area. In 2024 alone, Maimonides provided psychiatric treatment to just under 7,000 individuals across its inpatient and outpatient adult units. Maimonides' primary goal for the creation of this inpatient psychiatric unit is to provide the same high-quality care that it has provided to thousands of adult inpatients each year to adolescents living in South Brooklyn and Kings County as a whole. Maimonides expects to serve 32 patients per month with an average length of stay of 14 days. At that rate, Maimonides would provide psychiatric treatment to just under 400 adolescent patients during the first year of operation.

In recent years, most notably after the COVID-19 pandemic, Maimonides has identified a significant demand for psychiatric services, especially for the vulnerable population that the applicant is proposing to treat. As noted, the Hospital currently provides psychiatric treatment to New York patients in order to help them better manage their symptoms and increase their mental well-being. The prevalence of psychiatric disorders (discussed below) has significantly increased in recent years. Approval of this project will ensure that this underserved population will receive critical inpatient psychiatric intervention in a timely manner by a high-quality Article 28/Article 31-certified entity with a long history of providing psychiatric services to other populations. The implementation of this project will ensure the development of a cost-effective, non-duplicative, high-quality program of care that will be beneficial to the vulnerable patients and the healthcare system.

Primary Population to be Served

As discussed above, the primary population to be served by the Hospital consists of adolescent patients presenting with symptoms from a wide range of mental health disorders who mainly reside within or near the PSA. The diagnoses that are expected to be most present among the population being served include Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Conduct Disorder, Generalized Anxiety Disorder, Major Depressive Disorder, Obsessive Compulsive Disorder,

Oppositional Defiant Disorder, and related Substance Use Disorders. All of these conditions can be associated with the need for more intensive and consistent treatment that can only be obtained in an inpatient setting that is capable of providing high-quality care in a compassionate manner. The following is a description of symptoms and prevalence rates of these diagnoses.

- Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder and is one of the most common diagnoses among young children and adolescents. In many cases, this disorder can cause significant impairment in behavior and emotional regulation, as well as make it particularly difficult for the individual to focus in academic settings for prolonged periods of time. Children with ADHD are often unfocused, hyperactive, inattentive, and frequently in trouble for being more energetic, disruptive, and even more rebellious than their peers. This frequently results in problems both at school and at home and commonly results in the child being punished for their actions. According to the Centers for Disease Control (CDC), as of 2022, as high as 11.3% of children ages 5-17 were diagnosed with ADHD. The diagnosis is significantly more common among boys than girls and tends to be diagnosed more in children of lower socioeconomic status.
- Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that affects children from birth. According to the Centers for Disease Control (CDC), approximately 1 in every 36 children (roughly 2.7%) have received a diagnosis of ASD. For many of the children on the Autism spectrum, their difficulties socializing and communicating with others can often lead to them being socially excluded by peers and even cause them to isolate themselves from friends and family. Early care and social support can be essential for improving the emotional health of individuals with ASD and help enhance their quality of life.
- Conduct Disorder (CD) is a serious behavioral disorder that frequently results in antisocial and, in many cases, even violent behavior. Children and adolescents with a conduct disorder engage in overly aggressive, risky and dangerous actions. They tend not to respect authority or adhere to rules and may skip school, run away from home, and engage in aggressive behaviors such as fighting or assaulting others. They may also engage in property destruction, fire setting, theft, and very frequently lie to authority figures. According to the National Institutes of Health (NIH), the prevalence of CD among children and adolescents is 3.5%. CD tends to be more common among underserved or lower socioeconomic populations. Additionally, children with CD are considered to be at risk for developing more severe antisocial behavior and facing legal troubles. Early intervention is required to treat this condition and a failure to do so increases the risk of life-long antisocial behavior and attitudes.
- Depression, whether it be Major Depressive Disorder, or an isolated depressive episode, is a period of intense prolonged sadness and feelings of emptiness, often characterized by extreme sadness, lethargy and an inability to engage in common daily activities. Children with depression are often stuck in their depression and don't take adequate care of themselves, often sleeping or staying in bed most of the day, not showering or brushing their teeth, and failing to take their medication. Some even engage in dangerous behaviors such as taking drugs or alcohol or other maladaptive behaviors ranging from socially isolating to cutting, starving and even suicide. According to the National Institute for Mental Health (NIMH), an estimated 5 million U.S. adolescents ages 12-17 have experienced a major depressive episode (20.1% of adolescents ages 12-17). Depression is one of the most common diagnoses in America and

impacts millions of people of all ages. Depression often impairs the lives of those who suffer from it and makes it difficult to live their lives. Additionally, depression is more commonly diagnosed among children and adolescents of lower socioeconomic status.

- Anxiety disorders are common diagnoses where the affected individual is in a perpetual state of worry about future events. As opposed to a standard anxiety response, individuals with anxiety disorders often worry about future events to a degree that is disproportionate to how stressful the event really is. Children with anxiety disorders may engage in many detrimental behaviors related to physical and emotional health and self-care. Those with anxiety often will not care for their physical health such as not showering or brushing their teeth, and often miss meals resulting in malnutrition. They may socially isolate, failing to develop friendships or a support network, and often don't reach out for help when in crisis. These children often over-ruminate and get stuck in anxious cycles using maladaptive behaviors such as drugs or alcohol to self-medicate. According to the NIMH, 2.2% of adolescents have been diagnosed with GAD, with 0.9% (41% of the 2.2%) of children reporting significant impairment in their lives.
- Obsessive Compulsive Disorder (OCD) is a serious disorder that causes unreasonable thoughts and the compulsive need to manage these thoughts through ritualistic behaviors. Children with OCD suffer from obsessions and compulsions that are unhealthy and often damaging, such as avoidant, repetitive or rigid behaviors. This may include needing the same routine with failure resulting in extreme levels of distress. Alternatively, these patients may engage in damaging behaviors such as extreme hand washing and scrubbing until bleeding occurs, compulsive skin picking, hair pulling or self-cutting to alleviate anxiety. Those with OCD may also avoid triggers to the point of refusing to leave the house, interacting with others or even eating certain foods, leading to severe social isolation, malnutrition and health complications. OCD is the fourth most common psychiatric disorder and can affect people of any age; however, it is more likely to occur between the ages of 8 and 12, or in late adolescence and early adulthood. According to the NIMH, early-onset OCD is one of the more common mental illnesses of children and adolescents, with a prevalence of 1%-3%. OCD often leads to severe impairment to the affected individual, which can cause difficulties in their home life and their ability to engage in school.
- Oppositional Defiant Disorder (ODD) is a common mental health disorder where the child often acts out and is disobedient and defiant to authority figures. Children with ODD refuse to comply with authority and often are angry and frequently have temper tantrums where they may engage in aggressive behaviors such as hitting or hurting others. They often experience conflict with their families, peers and even teachers as they fail to adhere to rules even if the rules are for their safety. They may engage in high-risk behaviors such as drugs and alcohol. According to the NIH, approximately 2.8% of children and adolescents exhibit symptoms of ODD. Prompt intervention for these children can result in a significant increase in quality of life for both the impacted children and their loved ones.
- Substance Use Disorder (SUD) is a very common mental health disorder that inhibits an individual's self-control and often leads to self-destructive and harmful behaviors. The most common substances that are used by children and adolescents are alcohol, nicotine, and cannabis; however, other dangerous and illegal drugs are frequently abused by this vulnerable

age group. According to the NIH, young individuals of lower socioeconomic status tend to engage in heavy drinking, as well as engage in cannabis or nicotine use more often than children and adolescents that come from middle or high socioeconomic status. According to the National Institute on Drug Abuse (NIDA), rates of substance use have slightly decreased in the last few years since the COVID-19 pandemic. Despite this, the rates of substance use still remain high, with as many as 11% of eighth graders, 21.5% of 10th graders, and 32.6% of 12th graders reporting any illicit drug use in the past year (NIDA). SUDs are one of the most prevalent and harmful types of mental health disorders and it is imperative to begin treatment before the use of harmful substances worsens or leads to the abuse of more harmful substances.

Please refer to Appendices II and III of this narrative, for a more detailed breakdown of the prevalence of these disorders within the proposed service area and New York State as a whole.

II. PUBLIC NEED ANALYSIS

The implementation of this project will result in a new Hospital psychiatric inpatient unit that will provide psychiatric services, mainly to adolescent residents aged 13-17 presenting with one (1) or more psychiatric disorders living in Borough Park, located in Kings County, and it will ensure the provision of more accessible and efficient healthcare services for this vulnerable population.

The following factors were considered in the assessment of the need for the proposed inpatient psychiatric beds under the auspices of Maimonides:

- The geographic service area population demographics for the service.
- The mental health under-service that exists within the geographic region for adolescents.
- The need for improved accessibility to mental health care for underserved adolescent residents of the geographic region disproportionately impacted by mental health conditions.
- The importance of ensuring that adolescents who need inpatient mental health services receive them in a timely manner in a dually-certified Article 31 and Article 28 facility with strong surveillance and quality controls.
- The importance of providing comprehensive health care services at Maimonides.

The Hospital's mission is to provide comprehensive, seamless and innovative patient and family-centered health care to improve the health care status of the communities it serves. As noted in the Introduction, the main rationale for this application is to expand inpatient behavioral health services for adolescents and to address a need for an inpatient program specifically designed for this population with a variety of psychiatric disorders and, in some cases, co-occurring substance use disorders and developmental disabilities.

Primary Service Area

The PSA for this project is South Brooklyn. A large proportion of the patients who will be treated in the proposed inpatient unit reside in NYC-Brooklyn Community District 12-Borough Park & Kensington PUMA, NY. The Brooklyn ZIP Codes from which patients are most frequently admitted to the Hospital's psychiatric units and which constituted 75% of all discharges during 2024 included: 11220, 11219, 11218, 11214, 11204, 11226, 11230, 11209, 11223, 11232, 11228, 11229, 11234, 11210 and 11235. Each of these ZIP Codes is located in South Brooklyn and all are closely located to the

Hospital. It should be noted that families located outside of the Southern Brooklyn area, located within Kings County and New York State as a whole, are expected to seek out the specialized services proposed in this C.O.N. Application, as implementation of this project will result in one of the only inpatient units addressing the clinical needs of adolescents within Kings County.

Demographics of the Primary Service Area

Per the U.S. Census Bureau, as of this year (2025), the PSA contains 1,136,064 residents, which represents approximately 5.7% of the total New York State (NYS) population and 41.5% of the Kings County population. As addressed in previous sections, one of the core communities in South Brooklyn to be served by Maimonides is NYC-Brooklyn Community District 12. Currently, 20% of the population residing in NYC-Brooklyn Community District 12 are aged 0 to 9, and another 20% of the population are between the ages of 10 and 19. Both of these percentages equate to nearly double the respective Statewide rate, reflecting the very high birth rate exhibited by the population of this area. NYC-Brooklyn Community District 12 has seen significantly greater poverty rates than the State of New York (14.4%), with 26.6% of the population falling below the poverty line. Additionally, 33% of individuals aged younger than 18 residing in the community fall below the poverty line, which is roughly 50% higher than the Statewide average. As of this year, there are roughly 500,000 children and adolescents located within South Brooklyn. With roughly 40% of all individuals residing in the PSA being under the age of 18, the age proportion and poverty statistics mentioned above for this population strongly support the need for a dedicated adolescent inpatient unit. Please refer to Appendix II for a further breakdown of population demographics of NYC-Brooklyn Community District 12, Brooklyn, and the State.

The Need for Child and Adolescent Psychiatric Beds in the PSA

Per the 2023 Mayor's Office of Community Mental Health Annual Report, there has been significant decline in the availability of psychiatric beds for all ages. Between 2019 and 2023, there was a total reduction of roughly 415 (20% of New York City total) adult psychiatric beds and 24 (12.4% of New York City total) child and adolescent psychiatric beds in New York City.¹ Due to the reduction in availability of treatment, many children and adolescents residing in New York City have been forced to receive psychiatric treatment in other counties (e.g., Nassau, Westchester), and, in some cases, have been admitted to non-psychiatric beds, resulting in vulnerable patients receiving improper treatment and care². Per the Office of Mental Health's September 2024 Inpatient Psychiatric Unit Bed Utilization Breakdown, there are currently 54 child and adolescent psychiatric beds within Kings County. As discussed in this section, the PSA for this project has a significantly greater proportion of children and adolescents than the State as a whole. The Hospital has identified a need for these services within the PSA and, through this project, hopes to prevent young patients from having to be transported out of county or state to receive psychiatric treatment. The proposed project would result in an additional 20 adolescent psychiatric beds in Kings County and would allow adolescents residing in the PSA to

¹ The Mayor's Office of Community Mental Health Annual Report 2023, page 8, New York City Mayor's Office of Community Mental Health.

² The Mayor's Office of Community Mental Health Annual Report 2023, page 9, New York City Mayor's Office of Community Mental Health.

receive high-quality and appropriate care within their communities. Please see Appendix III for the most recent data and breakdown of bed availability within Kings County.

III. PROGRAM

Create a Continuum of Care

Currently, South Brooklyn is one of the only communities within Kings County that does not have an inpatient unit designated and dedicated to treat adolescent patients. Combined with the fact that the PSA has one the highest population percentages of children and adolescents in New York State, this area is in desperate need of a dedicated unit for this specific population. The applicant hopes to create a continuum of care for its proposed primary patient demographic by allowing them to receive treatment within their communities and providing post-release assistance with maintaining their newfound coping mechanisms.

New York State's 2025-2030 Prevention Agenda

Maimonides is committed to improving the health and well-being of the community. The Hospital will actively assess the community's health needs on an annual basis and recommend programs and/or services to meet those needs. The Applicant uses a strategic plan to propel the Hospital toward future success with actions aimed at fulfilling the mission of improving the mental health of the communities it serves; and fulfilling the vision of uniting in expertise, compassion and hope in the creation of a healthier world for all.

Several objectives from the New York State 2025-2030 Prevention Agenda that are reflective of what this proposal seeks to achieve include:

- *Increase Access* by being responsive to the needs of the community by matching resources with demand for services and enhancing opportunities for patients through the geographic service area to gain access to those services in a timely manner;
- *Improve Health Outcomes* through the provision of high-quality inpatient psychiatric care to treat the acute mental health needs of adolescents in episodic or chronic psychiatric crisis; and
- *Improve Health Equity* through increasing access and reducing barriers to receiving high-quality psychiatric care for adolescents.

Maimonides' strategic plan includes ongoing dialogue and collaboration with patients, staff (including physicians, nurses and other personnel), volunteers, board members, local organizations, area business leaders, elected officials, not-for-profits and the local county health departments. These efforts have brought together a variety of health care providers and stakeholders to collaborate on the priority Prevention Agenda focus areas, as well as developing a Community Health Assessment. The Community Health Assessment identified major shortages and capacity gaps in behavioral health care services, particularly for adolescents with severe mental illness, and recommended expanding behavioral health care capacity and access to mental health services across the service area and county

as a whole. This project seeks to increase access to mental health services and to facilitate achievement of initiatives toward meeting the following inter-related Prevention Agenda priority items:

1. Promote well-being and prevent mental and substance use disorders;
2. Support and enhance adolescents' social-emotional development and relationships;
3. Increase support for youth with special health needs; and
4. Promote Health Equity across the State.

These selected priorities are fully compatible with the Hospital's community health initiatives, and are and will continue to be supported by existing programs and staff, as well as the addition of new and modified programs, including Maimonides' proposal to create a 20-bed inpatient adolescent inpatient behavioral health unit, serving individuals aged 13 to 17, to meet the needs of patients with psychiatric disorders who exhibit self-destructive behavior.

Maimonides Medical Center

Schedule 1 Attachment – Appendix I

1. Medical Director CV

Curriculum Vitae

JESSICA B. POSTER

EDUCATION

Year	Degree	Field	Institution
1999-2003	Certificate		Wethersfield High School
2003-2007	Bachelors of Arts	Chemistry	New York University
2009-2013	Doctor of Medicine	Medicine	Albany Medical College

Residency

2013-2017	General Psychiatry, New York University School of Medicine
2017	Chief Resident, General Psychiatry, New York University School of Medicine

Fellowships

2017-2018	Fellow in Forensic Psychiatry, New York University School of Medicine
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Licensure and Certification

Year	Type of License or Certification
2015	New York State Medical License #279728
2015	Controlled Substance Registration Certificate
2017	American Board of Psychiatry and Neurology, Adult Psychiatry
2019	American Board of Psychiatry and Neurology, Forensic Psychiatry

Academic Appointments

2018-2021	Clinical Assistant Professor, New York University School of Medicine
2018-2021	Director of CPEP Residency Education, New York University School of Medicine
2021-present	Clinical Assistant Professor of Psychiatry, SUNY Downstate

Hospital Appointments

2018-2021	Attending Psychiatrist, Comprehensive Psychiatric Emergency Program, Bellevue Hospital Center, New York, NY
2020-2021	Associate Director, Comprehensive Psychiatric Emergency Program, Bellevue Hospital Center, New York, NY
2021-2022	Director, Psychiatric Emergency Services, Maimonides Medical Center, Brooklyn, NY
2022-present	Vice Chair, Acute Care Services, Maimonides Medical Center, Brooklyn, NY

Other Professional Positions

2018-	Private Practice in Adult and Forensic Psychiatry
2008-2009	Fund Analyst, Blue Alternative Asset Management, New York, NY

Memberships

- 2017- American Academy of Psychiatry and the Law
2018- American Psychiatric Association

Invited Seminars and Lectures

- 2010 **Poster J**, Improving Radiotherapy Treatment for Prostate, Anal and Cervical Cancer. Albany Medical College Research Day. Albany, NY. Nov 2010.
- 2015 **Woodman J**, Rajparia A, Kleinert K. Are we SAFER? 2 years of NYS Firearm Legislation (SAFE ACT) at Bellevue and Throughout NY State. Psychiatry Clinical Case Conference, Bellevue Hospital. New York, NY. March 20, 2015
- 2016 **Woodman J**, Maloy K, Bielksa W, Subedi B. Bellevue Hospital CPEP M&M Conference. Psychiatry Clinical Case Conference, Bellevue Hospital. New York, NY. November 4, 2016
- 2017 **Woodman J**, Oryema N. Corrections and Mental Health: A Systems Overview in NYC. Psychiatry Clinical Case Conference, Bellevue Hospital. New York, NY. December 15, 2017
- 2018 **Woodman J**, Goldsmith, E. Fitness For Duty Evaluations in College Students. Counseling and Wellness Development Day 2018, New York University. New York, NY. June 20, 2018
- Woodman J**, Fitness For Duty in Non-Union Workers. Kirby Forensic Psychiatric Center Grand Rounds, Kirby Forensic Psychiatric Center. New York, NY. June 21, 2018
- 2020 **Poster, J**, Goldsmith, E. Fitness for Duty Exams in the Professional Services: 40 Cases. MARCOEM, October 10, 2020
- 2023 **Poster, J**, Ailani, S., Patel J. Effectively Integrating Management of Acute Severe Agitation Into Resident Didactics and Staff Training. NUBE, Las Vegas, NV December 8, 2023
- 2024 **Poster, J**. Psychological Trauma: Treatment and Diagnosis. Faculty of Medicine, Uzhhorod Ukraine, May 29, 2024

Posters

- 2024 **Poster, J**, Patel, J., Maslaton L., Tiwari, S. The Implications of Impaired Capacity in Pregnant Women in New York State: A Case Discussion. Brooklyn Psychiatry Society, Brooklyn, NY May 2024
- 2024 **Poster, J**, Lee, W., Patel, J. Increasing Awareness and Referrals to Psychosocial Rehabilitation Services, with a Focus on Peer Support. Brooklyn Psychiatry Society, Brooklyn, NY May 2024

Boards and Community Organizations

- 2018- 2019 Young Professional Board Member, Chair of Development Committee, Exhale to Inhale, New York, NY

Reviews, Books and Book Chapters

- 2016 **Woodman J**, Dahan A. *Chapter 4: Evaluating Violence Risk in Psychotic Disorders*. In: A Case-Based Approach to Emergency Psychiatry. Maloy K. (ed). Oxford University Press, London, 2016.

Maimonides Medical Center

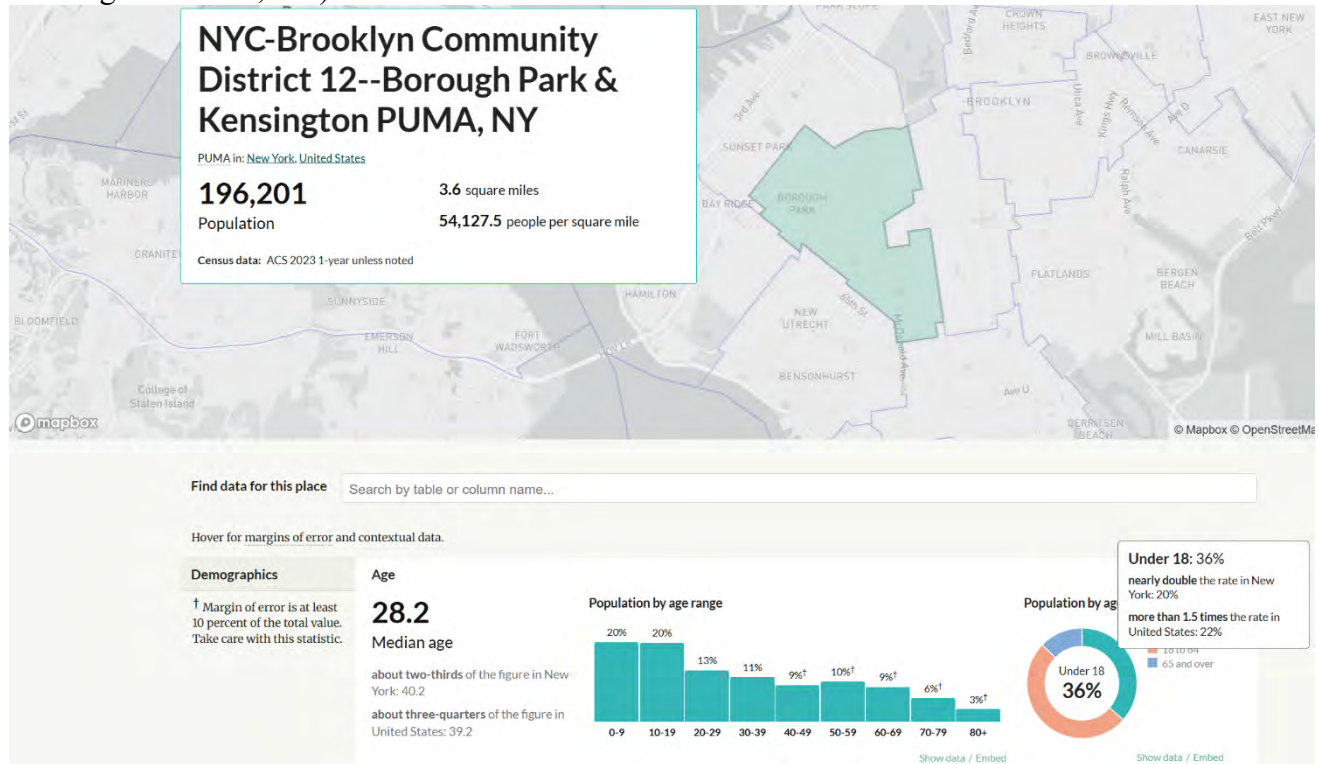
Schedule 1 Attachment – Appendix II

1. Demographics

APPENDIX II

The following tables represent the demographic data for the NYC-Brooklyn Community District 12, the community where Maimonides is located, as compared to New York State (NYS) overall:

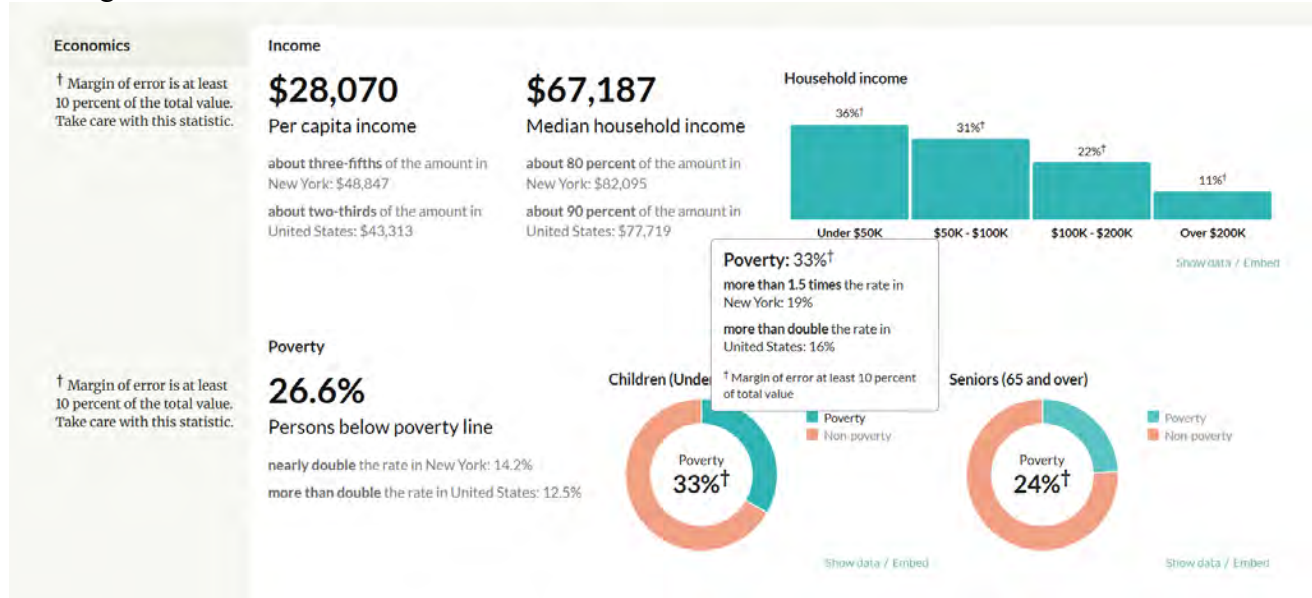
Table A. Population Demographics of the NYC-Brooklyn Community District 12--Borough Park & Kensington PUMA, NY)



Source: U.S. Census Bureau.

Per the data above, NYC-Brooklyn Community District 12, where the Hospital is located, has a significantly greater proportion of children and adolescents than the State as a whole (14.4%), with just over one third of all individuals residing in the PSA being under the age of 18. The applicant has identified a significant need for inpatient psychiatric patients for this vulnerable population.

Table B. Population Demographics of NYC-Brooklyn Community District 12--Borough Park & Kensington PUMA, NY



Source: U.S. Census Bureau.

Per the data above, this community contains a significantly higher percentage of individuals that fall below the poverty line (26.6%) compared to the State of New York as a whole (14.2%). Further, this holds true for the specific demographic that the proposed unit would solely treat, with one third of all children and adolescents residing in the PSA living below the poverty line. As discussed in the narrative at these vulnerable populations tend to be underserved and face greater barriers towards receiving proper psychiatric treatment, and often have to travel great lengths, requiring them to be treated outside of their communities.

Table C. Population Demographics of the NYC-Brooklyn Community District 12--Borough Park & Kensington PUMA, NY

Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates¹

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 10/01/24)			Metrics Post Discharge ⁴					
							Readmission ⁵			ER Utilization ⁶		
							For discharge cohort (Oct, 2023-Dec 2023), % Having Psychiatric Readmission within 30 days			For discharge cohort (Oct, 2023-Dec 2023), % Utilizing Psychiatric Emergency Room within 30 days		
				Total	Adults	Child	Total	Adult ⁸	Child	Total	Adult	Child
Long Island	Suffolk	Long Island Community Hospital	Article 28	20	20	0	13.6%	13.6%		4.5%	4.5%	
Long Island	Suffolk	Brunswick Hospital Center, Inc.	Article 31	146	131	15	15.9%	15.9%		25.9%	25.9%	
Long Island	Suffolk	Huntington Hospital	Article 28	21	21	0	14.3%	14.3%		28.6%	28.6%	
Long Island	Suffolk	John T. Mather Memorial Hospital	Article 28	37	27	10	12.8%	14.8%	5.9% *	16.7%	18.0%	11.8% *
Long Island	Suffolk	St. Catherine's of Siena Hospital	Article 28	42	42	0	13.8%	13.8%		21.3%	21.3%	
Long Island	Suffolk	State University of NY at Stony Brook	Article 28	63	63	0	14.0%	14.0%		18.7%	18.7%	
Long Island	Suffolk	The Long Island Home	Article 31	150	98	52	12.8%	17.0%	6.1%	15.1%	18.2%	10.1%
NYC	Bronx	Bronx-Lebanon Hospital Center	Article 28	104	79	25	19.1%	20.4%	8.3%	28.8%	29.6%	22.2%
NYC	Bronx	Montefiore Medical Center	Article 28	55	55	0	11.5%	11.5%		18.5%	18.5%	
NYC	Bronx	NYC-HHC Jacobi Medical Center	Article 28	107	107	0	14.9%	14.9%		21.1%	21.1%	
NYC	Bronx	NYC-HHC Lincoln Medical & Mental Health Ctr	Article 28	60	60	0	15.8%	15.8%		23.8%	23.8%	
NYC	Bronx	NYC-HHC North Central Bronx Hospital	Article 28	70	70	0	0.0%	0.0%		0.0%	0.0%	
NYC	Bronx	St. Barnabas Hospital	Article 28	49	49	0	21.2%	21.2%		26.3%	26.3%	
NYC	Kings	Brookdale Hospital Medical Center ⁶	Article 28	175	166	9	14.8%	14.6%	15.9%	23.0%	22.8%	23.8%
NYC	Kings	Maimonides Medical Center	Article 28	70	70	0	14.4%	14.4%		14.4%	14.4%	
NYC	Kings	NYC-HHC Coney Island Hospital	Article 28	64	64	0	15.4%	15.4%		17.1%	17.1%	
NYC	Kings	NYC-HHC Kings County Hospital Center	Article 28	190	145	45	13.2%	14.1%	7.5%	16.3%	16.9%	12.5%
NYC	Kings	NYC-HHC Woodhull Medical & Mental Health Ctr	Article 28	89	89	0	8.5%	8.5%		20.8%	20.8%	
NYC	Kings	New York Methodist Hospital	Article 28	49	49	0	10.3%	10.3%		16.0%	16.0%	
NYC	Kings	New York University Hospitals Center	Article 28	35	35	0	11.5%	11.5%		15.3%	15.3%	
NYC	New York	Beth Israel Medical Center	Article 28	64	64	0	20.0%	20.0%		14.7%	14.7%	
NYC	New York	Lenox Hill Hospital	Article 28	27	27	0	8.1%	8.1%		15.2%	15.2%	
NYC	New York	Mount Sinai Medical Center	Article 28	46	46	0	11.2%	11.2%		14.3%	14.3%	
NYC	New York	NYC-HHC Bellevue Hospital Center	Article 28	316	271	45	15.5%	15.8%	14.3%	17.2%	18.0%	12.9%
NYC	New York	NYC-HHC Harlem Hospital Center	Article 28	52	52	0	24.7%	24.7%		22.5%	22.5%	
NYC	New York	NYC-HHC Metropolitan Hospital Center	Article 28	122	104	18	11.7%	11.9%	0.0% *	24.8%	24.8%	25.0% *
NYC	New York	New York Gracie Square Hospital, Inc.	Article 31	140	140	0	19.1%	19.1%		27.2%	27.2%	
NYC	New York	New York Presbyterian Hospital	Article 28	91	91	0	10.3%	10.3%		16.0%	16.0%	
NYC	New York	New York University Hospitals Center	Article 28	22	22	0	11.5%	11.5%		15.3%	15.3%	
NYC	New York	St. Luke's-Roosevelt Hospital Center	Article 28	104	87	17	9.6%	10.4%	5.9%	18.4%	19.0%	15.7%
NYC	Queens	Episcopal Health Services Inc.	Article 28	43	43	0	17.9%	17.9%		21.7%	21.7%	
NYC	Queens	Jamaica Hospital Medical Center	Article 28	56	56	0	14.3%	14.3%		20.3%	20.3%	
NYC	Queens	Long Island Jewish Medical Center	Article 28	226	204	22	12.0%	14.2%	3.4%	14.0%	14.6%	11.9%
NYC	Queens	NYC-HHC Elmhurst Hospital Center	Article 28	176	150	26	14.0%	16.0%	8.8%	17.9%	20.0%	12.3%
NYC	Queens	NYC-HHC Queens Hospital Center	Article 28	53	53	0	17.6%	17.6%		20.4%	20.4%	
NYC	Queens	New York Flushing Hospital and Medical Center	Article 28	18	18	0	0.0% *	0.0% *		0.0% *	0.0% *	
NYC	Richmond	Richmond University Medical Center	Article 28	40	30	10	13.0%	12.8%	13.6%	16.7%	14.9%	20.5%
NYC	Richmond	Staten Island University Hospital	Article 28	35	35	0	23.9%	23.9%		20.7%	20.7%	
Western	Cattaraugus	Olean General Hospital	Article 28	14	14	0	20.0%	20.0%		7.7%	7.7%	
Western	Chautauqua	Woman's Christian Assoc. of Jamestown, NY	Article 28	40	30	10	12.5%	15.2%	0.0% *	12.5%	12.1%	14.3% *
Western	Chemung	St. Joseph's Hospital	Article 28	25	25	0	0.0% *	0.0% *		0.0% *	0.0% *	

Source: U.S. Census Bureau.

Per the data above, as of the Monthly Report conducted by the Office of Mental Health in September of 2024, there are only 54 available psychiatric beds in the entirety of Kings County for individuals under the age of 18. Further research conducted by the applicant as part of their Grant Application revealed that there are no adolescent psychiatric beds in the PSA. The applicant intends to open this unit in an effort to increase access to high-quality psychiatric care for this vulnerable population.

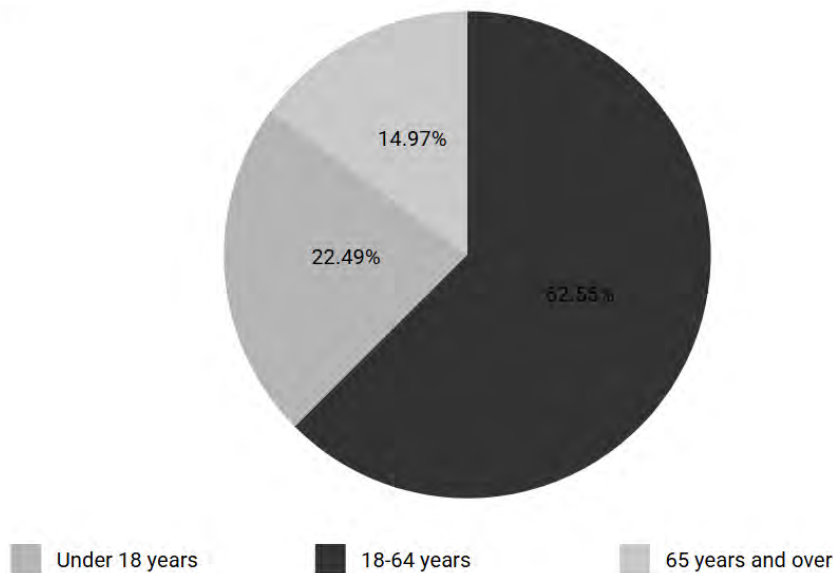
The following table represents the demographic data for the Kings County, New York (Brooklyn) as of 2023.

Table A. Population Demographics of the Brooklyn in 2023)

FIGURE 2

Brooklyn, New York population by age cohort

The largest age group was 18 to 64 years with a population of 1.66 million (62.55% of the total population).



Source: U.S. Census Bureau American Community Survey (ACS) 2019-2023 5-Year Estimates.

Source: U.S. Census Bureau.

Per the data above, 22.49% of all individuals living in living in Kings County (Brooklyn) are under the age of 18 years old. This is a slightly higher proportion than the State as a whole (20%), and significantly lower than the proportion of individuals living in NYC-Brooklyn Community District 12 and its related ZIP Codes (36%), where the majority of the Hospital's patients reside.

Maimonides Medical Center

Schedule 1 Attachment – Appendix III

1. Inpatient Psychiatric Bed Utilization

APPENDIX III

The following image showcases the most recent General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates, as well as the total number of Child and Adolescent psychiatric beds in Kings County.

September 2024 Inpatient Psychiatric Unit Bed Utilization Breakdown

Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates¹

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 10/01/24)			Metrics Post Discharge ⁴					
							Readmission ⁵			ER Utilization ⁷		
							For discharge cohort (Oct. 2023-Dec 2023), % Having Psychiatric Readmission within 30 days			For discharge cohort (Oct. 2023-Dec 2023), % Utilizing Psychiatric Emergency Room within 30 days		
				Total	Adults	Child	Total	Adult ⁶	Child	Total	Adult	Child
Long Island	Suffolk	Long Island Community Hospital	Article 28	20	20	0	13.6%	13.6%	-	4.5%	4.5%	-
Long Island	Suffolk	Brunswick Hospital Center, Inc.	Article 31	146	131	15	15.9%	15.9%	-	25.9%	25.9%	-
Long Island	Suffolk	Huntington Hospital	Article 28	21	21	0	14.3%	14.3%	-	28.6%	28.6%	-
Long Island	Suffolk	John T. Mather Memorial Hospital	Article 28	37	27	10	12.8%	14.8%	5.9% *	16.7%	18.0%	11.8% *
Long Island	Suffolk	St. Catherine's of Siena Hospital	Article 28	42	42	0	13.8%	13.8%	-	21.3%	21.3%	-
Long Island	Suffolk	State University of NY at Stony Brook	Article 28	63	63	0	14.0%	14.0%	-	18.7%	18.7%	-
Long Island	Suffolk	The Long Island Home	Article 31	150	98	52	12.8%	17.0%	6.1%	15.1%	18.2%	10.1%
NYC	Bronx	Bronx-Lebanon Hospital Center	Article 28	104	79	25	19.1%	20.4%	8.3%	28.8%	29.6%	22.2%
NYC	Bronx	Montefiore Medical Center	Article 28	55	55	0	11.5%	11.5%	-	18.5%	18.5%	-
NYC	Bronx	NYC-HHC Jacobi Medical Center	Article 28	107	107	0	14.9%	14.9%	-	21.1%	21.1%	-
NYC	Bronx	NYC-HHC Lincoln Medical & Mental Health Ctr.	Article 28	60	60	0	15.8%	15.8%	-	23.8%	23.8%	-
NYC	Bronx	NYC-HHC North Central Bronx Hospital	Article 28	70	70	0	0.0%	0.0%	-	0.0%	0.0%	-
NYC	Bronx	St. Barnabas Hospital	Article 28	49	49	0	21.2%	21.2%	-	26.3%	26.3%	-
NYC	Kings	Brookdale Hospital Medical Center ⁸	Article 28	175	166	9	14.8%	14.6%	15.9%	23.0%	22.8%	23.8%
NYC	Kings	Maimonides Medical Center	Article 28	70	70	0	14.4%	14.4%	-	14.4%	14.4%	-
NYC	Kings	NYC-HHC Coney Island Hospital	Article 28	64	64	0	15.4%	15.4%	-	17.1%	17.1%	-
NYC	Kings	NYC-HHC Kings County Hospital Center	Article 28	190	145	45	13.2%	14.1%	7.5%	16.3%	16.9%	12.5%
NYC	Kings	NYC-HHC Woodhull Medical & Mental Health Ctr.	Article 28	89	89	0	8.5%	8.5%	-	20.8%	20.8%	-
NYC	Kings	New York Methodist Hospital	Article 28	49	49	0	10.3%	10.3%	-	16.0%	16.0%	-
NYC	Kings	New York University Hospitals Center	Article 28	35	35	0	11.5%	11.5%	-	15.3%	15.3%	-
NYC	New York	Beth Israel Medical Center	Article 28	64	64	0	20.0%	20.0%	-	14.7%	14.7%	-
NYC	New York	Lenox Hill Hospital	Article 28	27	27	0	8.1%	8.1%	-	15.2%	15.2%	-
NYC	New York	Mount Sinai Medical Center	Article 28	46	46	0	11.2%	11.2%	-	14.3%	14.3%	-
NYC	New York	NYC-HHC Bellevue Hospital Center	Article 28	316	271	45	15.5%	15.8%	14.3%	17.2%	18.0%	12.9%
NYC	New York	NYC-HHC Harlem Hospital Center	Article 28	52	52	0	24.7%	24.7%	-	22.5%	22.5%	-
NYC	New York	NYC-HHC Metropolitan Hospital Center	Article 28	122	104	18	11.7%	11.9%	0.0% *	24.8%	24.8%	25.0% *
NYC	New York	New York Gracie Square Hospital, Inc.	Article 31	140	140	0	19.1%	19.1%	-	27.2%	27.2%	-
NYC	New York	New York Presbyterian Hospital	Article 28	91	91	0	10.3%	10.3%	-	16.0%	16.0%	-
NYC	New York	New York University Hospitals Center	Article 28	22	22	0	11.5%	11.5%	-	15.3%	15.3%	-
NYC	New York	St. Luke's-Roosevelt Hospital Center	Article 28	104	87	17	9.6%	10.4%	5.9%	18.4%	19.0%	15.7%
NYC	Queens	Episcopal Health Services Inc.	Article 28	43	43	0	17.9%	17.9%	-	21.7%	21.7%	-
NYC	Queens	Jamaica Hospital Medical Center	Article 28	56	56	0	14.3%	14.3%	-	20.3%	20.3%	-
NYC	Queens	Long Island Jewish Medical Center	Article 28	226	204	22	12.0%	14.2%	3.4%	14.0%	14.6%	11.9%
NYC	Queens	NYC-HHC Elmhurst Hospital Center	Article 28	176	150	26	14.0%	16.0%	8.8%	17.9%	20.0%	12.3%
NYC	Queens	NYC-HHC Queens Hospital Center	Article 28	53	53	0	17.6%	17.6%	-	20.4%	20.4%	-
NYC	Queens	New York Flushing Hospital and Medical Center	Article 28	18	18	0	0.0% *	0.0% *	-	0.0% *	0.0% *	-
NYC	Richmond	Richmond University Medical Center	Article 28	40	30	10	13.0%	12.8%	13.6%	16.7%	14.9%	20.5%
NYC	Richmond	Staten Island University Hospital	Article 28	35	35	0	23.9%	23.9%	-	20.7%	20.7%	-
Western	Cattaraugus	Olean General Hospital	Article 28	14	14	0	20.0%	20.0%	-	7.7%	7.7%	-
Western	Chautauqua	Woman's Christian Assoc. of Jamestown, NY	Article 28	40	30	10	12.5%	15.2%	0.0% *	12.5%	12.1%	14.3% *
Western	Chemung	St. Joseph's Hospital	Article 28	25	25	0	0.0% *	0.0% *	-	0.0% *	0.0% *	-

Source: Office of Mental Health

Working Capital Financing Plan

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

This section should be completed in conjunction with Schedule 13. 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>
<u>Not Applicable</u>	

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

Working capital will be funded through the current operations of Maimonides Medical Center. Please refer to the **Schedule 5 Attachment** for a Monthly Cash Flow Analysis showing sufficient cash throughout the first year of operations. Please also refer to the **Schedule 9 Attachment** for the 2024 Certified Financial Statement and an Internal Financial Statement as of June 30, 2025 for Maimonides Medical Center.

2. Pro Forma Balance Sheet

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

Titles of Attachments Related to Pro Forma Balance Sheets	Filenames of Attachments
Example: <i>Attachment to operational balance sheet</i>	Example: <i>Operational_bal_sheet.pdf</i>
<u>Not Applicable</u>	

Maimonides Medical Center

Schedule 5 Attachment

1. Year 1 Monthly Cash Flow

Maimonides Medical Center

MONTHLY CASH FLOW ANALYSIS - YEAR 1

Month	1	2	3	4	5	6	7	8	9	10	11	12
Starting Cash*												
Monthly Revenue												
Monthly Expenses												
Remaining Cash												

*Starting Cash reflects Cash and Cash Equivalents on the balance sheet of Maimonides Medical Center as of June 30, 2025.

New York State Department of Health Certificate of Need Application

Schedule 6

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

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

Instructions

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

Architecture/Engineering Narrative

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

Project Description	
Schedule 6 submission date: 8/14/2025	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? Click here to enter text.	
Intent/Purpose: Renovation of the 5 th floor of an existing medical facility to convert from offices into a new 20 bed Adolescent Psychiatric Unit.	
Site Location: 	

New York State Department of Health Certificate of Need Application

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Brief description of current facility, including facility type:	
The CMHC original building was construction in 1966 and was 4 stories. Additional floors 5-6 were added in 1981. The structure classification is a Type 2B, non-combustible construction. The building is partially provided with automatic sprinkler system. The footprint of the 5th floor, the proposed project area, is 9,836 GSF.	
Brief description of proposed facility:	
Proposed facility is a planned renovation of the 5th floor to create a (20) bed Adolescent Psychiatric Inpatient Unit. (6) semi-private rooms and (8) private rooms will be provided, along with all the required support spaces. The unit will comply with the requirements of the FGI 2018 Psychiatric Care section. The unit will be fully ADA compliant creating an environment that reduces barriers, encouraging patient independence and recovery.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space.	
The planned renovation is to occur on the 5th floor of the 6-story CMHC building, classified as an I2-Institutional (Hospital) occupancy. There are also some Business Occupancies within the building that are comprised of office and support spaces.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies:	
There are some non-separated Business occupancies within the building that serve the primary I2-Institutional occupancy.	
If this is an existing facility, is it currently a licensed Article 28 facility?	Yes
Is the project space being converted from a non-Article 28 space to an Article 28 space?	No
Relationship of spaces conforming with Article 28 space and non-Article 28 space:	
Not applicable.	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3.	
EES (Essential Electrical Service) is to be provided under a separate project.	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below.	Yes
All the existing mechanical, electrical, plumbing and fire protection systems within the project area will be demolished and replaced with new systems.	

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Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc.

Currently the heating and cooling needs of the 5th floor are served with the combination of an air handling unit located on the roof and fan coil units located in the window walls of the perimeter patient rooms. The current electrical needs are being served by existing branch circuit normal and emergency panels located in two electrical closets. Lighting medium is fluorescent and lacks any automatic lighting control system. The existing unit is not fully-sprinklered.

Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc.

Project plans to demolish the existing air handler and fan coil unit system and replace with an air handler in each wing (2) sized to provide a total of 6 air changes per hour and a minimum of 2 outdoor air changes per hour. The air handlers will contain chilled and hot water coils and pre and post filtration in compliance with 2018 FGI guidelines. Hot water radiant heating panels will be placed in the perimeter ceiling to supplement the heating. All components of the system that will be accessible to the behavioral health patients will be of the anti-ligature type. The existing panelboards will be demolished and replaced with new adequately sized panelboards to serve the space. The project will establish proper Essential Electrical System (EES) separation to serve the space. Lighting will utilize LED technology and will incorporate energy efficient lighting controls in compliance with the NYCECC. All electrical devices/lighting accessible to patients will be tamper-resistant. The plumbing system will be demolished and replaced with all new plumbing to fit the plan and program requirements. Ligature-proof fixtures will be utilized in areas accessible to patients. Full sprinkler protection will be provided for the entire space utilizing tamper-resistant ligature-proof sprinkler heads in areas accessible to patients.

Describe existing and or new work for fire detection, alarm, and communication systems:

Currently the fire alarm system serving the 5th floor is part of the overall building system and consists of horns, strobes, and partial smoke detection coverage. Replacement of the entirety of fire detection, alarms, and communications within the 5th floor are included within the scope of planned work.

If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov, and describe the work to mitigate damage and maintain operations during a flood event.

Not Applicable.

Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted.

Not Applicable.

Does the project comply with ADA? If no, list all areas of noncompliance.

Project to comply with ADA, no areas of noncompliance within the scope of work.

Other pertinent information:

None

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Project Work Area	Response
Type of Work	Renovation
Square footages of existing areas, existing floor and or existing building.	9,836 sq ft (5 th Floor)
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	9,836 sq. ft
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Exceeds 50% of the floor
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 II (222)
Building Height	66'
Building Number of Stories	6
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Not Applicable
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 18 New Health Care Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans.	Yes Business Occupancy.
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plan	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number.	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	Yes
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Additional 20 bed psychiatric unit	Increase
Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.	No
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Click here to enter text.	No
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Not Applicable
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description.	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Not Applicable	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	No

**New York State Department of Health
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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 in PDF format
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form. PDF
•		FEMA BFE Certificate	FEMA BFE Cert.PDF
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF

Maimonides Medical Center

Schedule 6 Attachment

1. Architect's/Applicant's Certification
2. Functional Space Program
3. Schematic Drawings



KATHY HOCHUL
Governor

Department
of Health

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS ARCHITECTS & ENGINEERS

(For projects not meeting the prerequisites for Self-Certification submission.)

Date: **August 25, 2025**

CON Number:

Facility Name: **Maimonides Medical Center**

Facility ID Number: **1305**

Facility Address: **5th Floor CMHC Building, 920 48th Street, Brooklyn, NY 11219**

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure, and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the design and preparation of construction documents, including drawings and specifications for the aforementioned project. During the course of construction, periodic site observation visits will be performed, and the necessary standard of care, noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals associated with the aforementioned project.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. ☒ 712 (Standards of Construction for General Hospital Facilities)
 - b. ☐ 713 (Standards of Construction for Nursing Home Facilities)
 - c. ☐ 714 (Standards of Construction for Adult Day Health Care Program Facilities)
 - d. ☐ 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 - e. ☐ 716 (Standards of Construction for Rehabilitation Facilities)
 - f. ☐ 717 (Standards of Construction for New Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY.

Project Name: New 20-Bed Adolescent Psychiatric Unit
Location: 5th Floor CMHC Building, 920 48th Street, Brooklyn, NY 11219
Description: Gut renovate the entire 5th Floor to accommodate a 20-bed inpatient unit. Scope of work: asbestos abatement, interior build-out including architectural, electrical, mechanical, plumbing & fire protection work. All work to conform with anti-ligature requirements.



Signature of Architect or Engineer

Mohamed M. Razak AIA

Name of Architect or Engineer (Print)

022320

Professional New York State License Number

37 West 20th Street, Suite 1208, New York, NY 10011

Business Address

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

Authorized Signature for Applicant

October 21, 2025

Date

Kenneth D. Gibbs President & CEO

Name (Print)

Title

Notary signing required for the applicant

STATE OF NEW YORK

County of Kings

)
) SS:
)

On the 21 day of October 2025 before me personally appeared Kenneth D. Gibbs, to me known, who being by me duly sworn, did depose and say that he/she is the President & CEO of the Maimonides Health, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary)

Elaine Swiontak

Elaine Swiontak
Notary Public, State of New York
01SW6092080

Qualified in Kings County
Commission Expires: May 12, 2027

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

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Razak

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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	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 – Brooklyn Borough Office		
	Contact Name:	Reda Shehata, RA, Borough Commissioner		
	Address:	345 Adams Street, 3 rd Floor		
	State and Zip Code:	Brooklyn, New York 11201		
	E-Mail Address:			
	Phone Number:	(718) 802-3677		
	Agency Name:	New York State Office of Mental Health		
	Contact Name:	Gina Bae, Director, Bureau of Inspection and Certification		
	Address:	44 Holland Avenue		
	State and Zip Code:	Albany, New York 12229		
	E-Mail Address:	Gina.Bae@omh.ny.gov		
	Phone Number:	(518) 474-5570		
	Agency Name:			
Contact Name:				

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

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

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

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

[FEMA Elevation_Certificate_and Instructions](#)

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

This schedule is required for all Full or Administrative review applications except Establishment-Only applications.

1.) Project Cost Summary data:

	Total	Source
Project Description:		
Project Cost	\$11,575,903	Schedule 8b, column C, line 8
Total Basic Cost of Construction	\$11,575,903	Schedule 8B, column C, line 6
Total Cost of Moveable Equipment	\$389,120	Schedule 8B, column C, line 5.1
Cost/Per Square Foot for New Construction	N/A	Schedule 10
Cost/Per Square Foot for Renovation Construction	\$680.45	Schedule 10
Total Operating Cost		Schedule 13C, column B
Amount Financed (as \$)	\$0	Schedule 9
Percentage Financed as % of Total Cost	0.00%	Schedule 9
Depreciation Life (in years)	7	Equipment
	25	Building Improvement/Other

2) Construction Dates

Anticipated Start Date	1/13/26	Schedule 8B
Anticipated Completion Date	12/28/26	

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

This schedule is required for all Full or Administrative review applications except Establishment-Only applications.

Constants	Value	Comments
Design Contingency - New Construction	0.00%	Normally 10%
Construction Contingency - New Construction	0.00%	Normally 5%
Design Contingency - Renovation Work	10.00%	Normally 10%
Construction Contingency - Renovation Work	10.00%	Normally 10%
Anticipated Construction Start Date:	1/13/26	as mm/dd/yyyy
Anticipated Midpoint of Construction Date	7/5/26	as mm/dd/yyyy
Anticipated Completion of Construction Date	12/28/26	as mm/dd/yyyy
Year used to compute Current Dollars:	2025	

Subject of attachment	Attachment Number	Filename of attachment - PDF
For new construction and addition, at the schematic stage the design contingency will normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment.		
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.		

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	A	B	C
Item	Project Cost in Current Dollars	Escalation amount to Mid-point of Construction	Estimated Project Costs
Source:	Schedule 10 Col. H	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0		\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$0	\$0	\$0
2.2 Renovation & Demolition	\$6,692,916	\$267,717	\$6,960,633
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	\$669,292	\$26,772	\$696,064
3.2 Construction Contingency	\$669,292	\$26,772	\$696,064
4.1 Fixed Equipment (NIC)	\$0	\$0	\$0
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$865,000	\$34,600	\$899,600
4.4 Construction Manager Fees	\$1,577,539	\$63,102	\$1,640,641
4.5 Other Fees (Consultant, etc.)	\$85,781	\$0	\$85,781
Subtotal (Total 1.1 thru 4.5)	\$10,559,820	\$418,963	\$10,978,783
5.1 Movable Equipment (from Sched 11)	\$389,120	\$0	\$389,120
5.2 Telecommunications	\$200,000	\$8,000	\$208,000
6. Total Basic Cost of Construction (total 1.1 thru 5.2)	\$11,148,940	\$426,963	\$11,575,903
7.1 Financing Costs (Points etc)	\$0		\$0
7.2 Interim Interest Expense:: \$ At % for months	\$0		\$0
8. Total Project Cost: w/o CON fees - Total 6 thru 7.2	\$11,148,940	\$426,963	\$11,575,903
Application fees:			
9.1 Application Fee. Articles 28, 36 and 40. See Web Site.	\$2,000		\$2,000
9.2 Additional 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.)			
Enter Multiplier ie: .25% = .0025 -->	0.003	\$33,447	\$34,728
10. Total Project Cost with fees	\$11,184,387	\$428,244	\$11,612,631

**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	\$11,612,631
☐	C. Mortgage, Notes, or Bonds	
☐	D. Land	
☐	E. Other	
☒	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	\$11,612,631

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	
Other	
TOTAL CASH	\$11,612,631

	N/A	Title of Attachment
1. Provide a breakdown of the sources of cash. See sample table above.	☐	See table above
2. Attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date. If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented to improve operations. In establishment applications for Residential Health Care Facilities , attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date for the subject facility and all affiliated Residential Health Care Facilities . If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented (or to be implemented in the case of the subject facility) to improve operations.	☐	Schedule 9 Attachment
3. If amounts are listed in "Accumulated Funds" provide cross-reference to certified financial statement or Schedule 2b, if applicable.	☐	Cash and Cash Equivalents on the Balance Sheet
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).	☐	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.	☐	Equity Contribution 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 Not Applicable

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

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

New York State Department of Health Certificate of Need Application

Schedule 9

D. Land Not Applicable

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

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

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

E. Other Not Applicable

Provide listing and breakdown of other financing mechanisms.

	Total Project
Notes	
Stock	
Other	

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

F. Refinancing Not Applicable

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

Maimonides Medical Center

Schedule 9 Attachment

1. Financial Narrative
2. Internal Financial Statement as of June 30, 2025
3. 2024 Certified Financial Statement
4. Documentation of New York State Office of Mental Health Grant Award
5. Documentation of Behavioral Health Center of Excellence Grant Award

FINANCIAL NARRATIVE

Maimonides Medical Center (Maimonides) proposes to increase the number of its inpatient psychiatric beds from 70 to 90, an increase of 20 beds in order to open a 20-bed inpatient psychiatric unit to treat adolescents aged 13 to 17. As part of this proposal, Maimonides will gut and renovate the fifth floor of a building on the main hospital campus to create this new inpatient psychiatric unit. The Total Project Cost will primarily be funded by a grant from the New York State Office of Mental Health (OMH) and a Behavioral Health Centers of Excellence (COE) grant award from Fidelis, Healthfirst and MetroPlusHealth.

The Total Project Cost is estimated at \$11,612,631 and is broken down as follows:

\$ 11,575,903	Total Basic Cost of Construction
\$ 2,000	CON Application Fee
\$ 34,728	CON Additional Processing Fee
\$ 11,612,631	TOTAL PROJECT COST

Project costs will be funded as follows:

\$ [REDACTED]	Behavioral Health Centers of Excellence (COE) grant awarded by Fidelis, Healthfirst and MetroPlusHealth. Please refer to the Schedule 9 Attachment for documentation pertaining to the COE grant award. Please note that the grant award is for [REDACTED] of which [REDACTED] will be used for the construction cost associated with creating the 20-bed adolescent inpatient psychiatry unit.
\$ [REDACTED]	New York State Office of Mental Health grant award to expand the inpatient capacity for adolescents. Please refer to the Schedule 9 Attachment for documentation pertaining to the OMH grant award.
\$ [REDACTED]	Equity of Maimonides Medical Center. Please refer to the Schedule 9 Attachment for the 2024 Certified Financial Statement and an Internal Financial Statement as of June 30, 2025 for Maimonides. Please note the “Cash and Cash Equivalents” on the Balance Sheet for a specific cross-reference to the source of equity funds.
\$ 11,612,631	TOTAL

Basis for Utilization, Revenues and Expenses

The Current Year FTEs, expenses and revenues are based on actual 2024 FTEs, expenses, revenue and volume experienced by Maimonides in the operation of the inpatient psychiatric service. The projected utilization and staffing for this project are based upon the experience of Maimonides in providing inpatient psychiatric services at the Hospital. The incremental operating expenses and revenues for this project are based on the utilization projections for the inpatient psychiatric program that are part of this project, given the experience of the Hospital.



Maimonides
Health

**Maimonides
Medical Center**

**Maimonides Midwood
Community Hospital**

Combined Financial Statements
June 30, 2025

MAIMONIDES HEALTH
Combined Hospitals
Statement of Operations
Period Ended June 30, 2025
(In thousands)

Current Month					Year to Date				
Actual	Budget	Variance	2024 Actual		Actual	Budget	Variance	2024 Actual	2025 Actual vs. 2024 Actual Variance
Revenue									
				Net patient service revenue - IP	\$				
				Net patient service revenue - OP					
				DPT Revenue					
				NPSR					
				Other revenue					
				Total operating revenue					
Expenses									
				Salaries & Wages					
				Fringe benefits					
				Supplies and other					
				Interest expense					
				Depreciation expense					
				Total Expenses					
				Operating gain (loss)					
Nonoperating revenue and expenses:									
				Reserve on Due From					
				1115 WAIVER					
				VAPAP					
				FEMA					
				Change in Equity in Captive Insurance program					
				Unrealized Gain/(Loss) on Investments					
				Pension Costs					
				Total non-operating revenues and expenses					
				Excess of revenues over expenses					
				Grants for Capital Asset Acquisitions					
				Transfer to/from Affiliate					
				Defined Benefit Plan					
				Released from Restricted Capital					
\$				Net change in unrestricted net assets	\$				

**MAIMONIDES HEALTH
AND AFFILIATES**
June 30, 2025
Balance Sheet
(In thousands)

	Maimonides Medical Center Subsidiaries 6/30/2025	Maimonides Midwood Community Hospital 6/30/2025	Combined 6/30/2025	Maimonides Medical Center Subsidiaries 12/31/2024	Maimonides Midwood Community Hospital 12/31/2024	Combined 12/31/2024
Assets						
Current assets:						
Cash & Cash Equivalents	\$			\$		8
Short term Investments	-			-		
Patient AR (Incl. PIP)	4					
Supplies						
Assets Limited to Use -Current						
ALATU - Board designated		-			-	
ALATU - DSRIP		-			-	
ALATU - Restricted				3		
ALATU - Malpractice	-			-		
Due from Affiliates - Current						
Other Current Assets						
Estimated insurance claims receivable - current						
Total current assets						
Due from 3rd Party Payors-LT						
Assets Limited to Use -LT						
Sinking funds		-			-	
ALATU - Bond funds						
ALATU - Collateral	-			-		
Right of use assets - Operating leases						
PP&E						
Other Assets						
Equity in captive insurance program						
Estimated insurance claims receivable - LT						
Total assets	\$			\$		
LT Debt - current	\$					3
AP & Accrued Expenses						
Accrued salaries and related liabilities						
Operating lease liability - current						
Other Current Liabilities						
Estimated insurance claims liability - current						
Total current liabilities						
Accrued salaries, less current portion						
LT Debt						
Operating lease liability - LT						
Estimated insurance claims liability - less current portion						
Professional liability - Non-Current						
Other non current liabilities						
Accrued Pension Payable - LT						
Total liabilities						
Net assets (deficiency):						
Unrestricted Net Assets						
CY Net income						
Permanently/Temporarily Restricted Net assets						
Total net assets (deficiency)						
Total liabilities and net assets (deficiency)	\$			\$		

Maimonides Medical Center
Consolidated Financial Statements and
Consolidating Supplemental Schedules
December 31, 2024 and 2023

Maimonides Medical Center

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December 31, 2024 and 2023

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Report of Independent Auditors

To the Board of Trustees of Maimonides Medical Center

Opinion

We have audited the accompanying consolidated financial statements of Maimonides Medical Center and its subsidiaries (the "Company"), which comprise the consolidated balance sheets as of December 31, 2024 and 2023, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, including the related notes (collectively referred to as the "consolidated financial statements").

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2024 and 2023, and the results of its operations, changes in its net assets and its 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 audit in accordance with auditing standards generally accepted in the United States of America (US 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 Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 Company's Ability to Continue as a Going Concern

The accompanying consolidated financial statements have been prepared assuming that Maimonides Medical Center and its subsidiaries will continue as a going concern.

[REDACTED]



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 control 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 Company's ability to continue as a going concern for one year after the date the consolidated financial statements are 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 US 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 US 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 Company'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 Company'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.

Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The accompanying consolidating balance sheet as of December 31, 2024 and consolidating statement of operations and changes in net assets for the year ended December 31, 2024 (the "consolidating 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 taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations, changes in net assets and cash flows of the individual companies.

Preinstewham Cooper LLP

New York, NY
April 28, 2025

Maimonides Medical Center

Consolidated Statements of Operations and Changes in Net Assets

Years Ended December 31, 2024 and 2023

(in thousands)

	2024	2023
Operating revenue, gains and other support		
Net patient service revenue	\$ 1,000,000	\$ 950,000
Other revenue and gains	100,000	100,000
CARES Act FEMA funds	50,000	50,000
Net assets released from restrictions	100,000	100,000
Total operating revenue, gains and other support	1,250,000	1,200,000
Operating expenses		
Salaries and wages	500,000	480,000
Employee benefits	100,000	90,000
Supplies and other expenses	150,000	140,000
Depreciation and amortization	100,000	100,000
Interest and amortization of deferred financing costs	50,000	50,000
Total operating expenses	900,000	860,000
Operating loss	350,000	340,000
Change in equity in captive insurance program	100,000	100,000
Other (losses), net	50,000	50,000
Net change in unrealized gains on investments	100,000	100,000
Deficiency of revenue over expenses	150,000	150,000
Pension and postretirement related adjustments	50,000	50,000
Contributions for capital asset acquisitions	100,000	100,000
Decrease in net assets without donor restrictions	150,000	150,000
Net assets with donor restrictions		
Restricted contributions, grants and other receipts	100,000	-
Net assets released from restrictions for		
Operating expenses	100,000	100,000
Capital asset acquisitions	-	-
Increase (decrease) in net assets with donor restrictions	100,000	100,000
Decrease in net assets	250,000	240,000
Net assets at		
Beginning of year	1,000,000	1,000,000
End of year	\$ 750,000	\$ 760,000

The accompanying notes are an integral part of these consolidated financial statements.

Maimonides Medical Center

Consolidated Statements of Cash Flows

Years Ended December 31, 2024 and 2023

(in thousands)

	2024	2023
Operating activities		
Decrease in net assets	\$ [REDACTED]	\$ [REDACTED]
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Change in accrued pension and postretirement benefits liabilities	[REDACTED]	[REDACTED]
Depreciation and amortization	[REDACTED]	[REDACTED]
Amortization of right of use assets	[REDACTED]	[REDACTED]
Amortization of deferred financing costs	[REDACTED]	[REDACTED]
Net change in unrealized losses on investments and change in fair value of interest rate swap agreements	[REDACTED]	[REDACTED]
Restricted contributions, grants and other receipts	[REDACTED]	[REDACTED]
Cash distributions from equity method investments	[REDACTED]	[REDACTED]
Amortization of bond premium / accrued interest	[REDACTED]	[REDACTED]
Changes in operating assets and liabilities excluding acquired assets and liabilities		
Receivables for patient care	[REDACTED]	[REDACTED]
Due from affiliates	[REDACTED]	[REDACTED]
Lease liabilities and assets	[REDACTED]	[REDACTED]
Other assets	[REDACTED]	[REDACTED]
Accounts payable and accrued expenses and accrued salaries and related liabilities	[REDACTED]	[REDACTED]
Other liabilities	[REDACTED]	[REDACTED]
Net cash used in operating activities	[REDACTED]	[REDACTED]
Investing activities		
Acquisitions of property, plant and equipment	[REDACTED]	[REDACTED]
Purchases of investments	[REDACTED]	[REDACTED]
Proceeds from sales of investments	[REDACTED]	[REDACTED]
Net cash used in investing activities	[REDACTED]	[REDACTED]
Financing activities		
Repayments of long-term debt and finance lease obligations	[REDACTED]	[REDACTED]
NYS DPT Program receipts	[REDACTED]	[REDACTED]
NYS DPT Program repayments	[REDACTED]	[REDACTED]
Restricted contributions, grants and other receipts	[REDACTED]	[REDACTED]
Net cash provided by financing activities	[REDACTED]	[REDACTED]
Net increase (decrease) in cash, cash equivalents and restricted cash	[REDACTED]	[REDACTED]
Cash, cash equivalents, restricted cash and restricted cash equivalents at beginning of year	[REDACTED]	[REDACTED]
Cash, cash equivalents, restricted cash and restricted cash equivalents at end of year	\$ [REDACTED]	\$ [REDACTED]
Supplemental disclosures of cash flow information		
Cash paid for interest	\$ [REDACTED]	\$ [REDACTED]
Equipment acquired through finance leases	[REDACTED]	[REDACTED]
Right-of-use assets obtained in exchange for operating lease obligations	-	[REDACTED]
Increase in construction payables noncash activity	[REDACTED]	[REDACTED]

The accompanying notes are an integral part of these consolidated financial statements.

Maimonides Medical Center

Notes to Consolidated Financial Statements

December 31, 2024 and 2023

1. Organization and Summary of Significant Accounting Policies

Organization

Maimonides Medical Center (the “Medical Center”) is a not-for-profit membership corporation, organized under the New York State not-for-profit corporation law, whose sole member is Maimonides Health Resources, Inc. (MHRI). Located in Brooklyn, New York, the Medical Center provides health care and related services to residents of the metropolitan New York area. The Medical Center is the sole member or controls the following entities: Brooklyn Communities Collaborations, Inc.; Community Care of Brooklyn IPA, Inc. and MMC Community Horizons, Inc. Also, the Medical Center owns or controls other entities that were inactive for the years ended December 31, 2024 and 2023. Additionally, in August 2013, M2 Medical Community Practice, P.C. (the “PC”) was formed pursuant to an agreement between the Medical Center and the PC. The agreement established a professional corporation to facilitate an alignment between the Medical Center and certain physicians. The sole shareholders of the PC are two Medical Center employed physicians.

In June 2021, the Medical Center acquired New York Community Hospital of Brooklyn, Inc. (NYCH), incorporated under New York State not-for-profit corporation law, in order to develop an integrated healthcare delivery system to further the Medical Center’s and NYCH’s mission of advancing the quality of care of healthcare within the Medical Center’s and NYCH’s communities and to further the charitable activities of the Medical Center and NYCH in a manner consistent with their charitable missions and purposes. The Medical Center is the sole corporate member of NYCH and is included within the consolidated financial statements.

On June 16, 2022, NYCH filed with the Department of State to do business as Maimonides Midwood Community Hospital (MMCH).



Summary of Significant Accounting Policies

The following is a summary of the Medical Center’s significant accounting policies:

Principles of Consolidation

The consolidated financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“GAAP”). The consolidated financial statements include the accounts of the Medical Center and its subsidiaries and the PC, which are collectively referred to herein as the Medical Center. Intercompany balances and transactions are eliminated in consolidation.

The consolidated financial statements do not include the accounts of MHRI, the Maimonides Research and Development Foundation, a not-for-profit corporation which solicits funds and awards grants primarily to the Medical Center for research purposes, or MMC Holding of Brooklyn, Inc., a for-profit company, whose sole member is MHRI, which provides certain support services to the Medical Center and the surrounding community (Note 9).

Maimonides Medical Center
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. The most significant estimates relate to contractual discounts and collections on accounts receivable for services to patients, estimated settlements with third-party payors, estimated insurance claims liabilities and receivables, and accrued retirement liabilities. Actual results could differ from those estimates.

Cash, Cash Equivalents and Restricted Cash

The Medical Center considers all highly liquid investments with a maturity of three months or less at the date of purchase to be cash equivalents. Assets limited as to use includes restricted cash and cash equivalents and represent funds set aside based on board designation or contractual arrangements.

The following is a reconciliation of cash, cash equivalents and restricted cash reported within the consolidated balance sheets and the amounts shown in the consolidated statements of cash flows at December 31:

(in thousands)	2024	2023
Cash and cash equivalents	\$ 7	\$ 7
Cash and cash equivalents within short term investments		
Restricted cash and cash equivalents within assets limited as to use		
Total cash, cash equivalents and restricted cash	\$ 7	\$ 7

Investments and Assets limited as to Use

Investments and Assets limited as to use consist primarily of cash equivalents, U.S. government obligations and corporate bonds. Investments are recorded at fair value based on quoted market prices and observable inputs, as described in Note 15, Fair Value Measurements.

Assets limited as to use include assets designated by the Board of Trustees, over which the Board retains control and which the Board, at its discretion, may designate for use for other purposes; assets held by trustees under bond indenture agreements; assets restricted by donors for specific purposes or endowment; and Delivery System Reform Incentive Payment Program (DSRIP) funds (Note 11). Amounts which are available to be used to fund current liabilities are reported as current assets in the consolidated balance sheets.

Investment income or loss, including realized gains and losses on investments, interest and dividends, is included in other revenue and gains and the net change in unrealized gains (losses) on investments is included as a nonoperating gain (loss).

Net Patient Service Revenue and Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Medical Center expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs) and others, and includes variable consideration for retroactive revenue adjustments due to settlement of ongoing and future audits, reviews and investigations.

Maimonides Medical Center

Notes to Consolidated Financial Statements

December 31, 2024 and 2023

The Medical Center 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 primarily consist of major payor classes for both inpatient and outpatient revenue. Based on historical collection trends and other analyses, the Medical Center believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

The Medical Center'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 Medical Center's standard charges. The Medical Center determines the transaction price associated with services provided to patients who have third-party payor coverage on the basis of contractual or formula-driven rates for the services rendered. The estimates for contractual allowances and discounts are based on contractual agreements, the Medical Center's discount policies and historical experience. For uninsured and under-insured patients who do not qualify for charity care, the Medical Center 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 Medical Center's historical collection experience for applicable patient portfolios. For uninsured patients who are ineligible for any government assistance program, the Medical Center provides services without charge or at amounts less than its established rates to patients who meet the criteria of its charity care policy. Patients who meet the Medical Center's criteria for free care are provided care without charge; such amounts are not reported as revenue. Generally, the Medical Center bills patients and third-party payors several days after the services are performed and/or the patient is discharged. Net patient service revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Medical Center. Net patient service revenue for performance obligations satisfied over time is recognized based on estimated expected payment at that point in time. The Medical Center 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 Medical Center's outpatient and ambulatory care centers. The Medical Center measures the performance obligation from admission into the Medical Center or the commencement of an outpatient 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 visit.

The Medical Center became a participant in New York State's Directed Payment Template ("DPT") for voluntary safety net hospitals program that began in State Fiscal Year 2022 (SFY22). The Centers for Medicare & Medicaid Services (CMS) approved the SFY22 preprint for the four-month period December 2021 to March 2022 in March 2022, approved the SFY23 in February 2023, approved SFY24 in April 2023 and approved SFY25 in September 2024. The approved preprint permits the State to direct Medicaid Managed Care plans to pay "rate add-ons" to each paid claim for the applicable service lines to eligible hospitals. Applicable service lines include Acute DRG discharges, Inpatient Psych days, and outpatient clinic, emergency department, and ambulatory surgery visits. The Medical Center recorded [REDACTED] within net patient service revenue during the years ended December 31, 2024 and 2023, respectively. The Medical Center has [REDACTED] within receivables for patient care, net and [REDACTED] within other current liabilities for advances received from New York State and other payors on the consolidated balance sheet at December 31, 2024 and 2023, respectively.

Maimonides Medical Center

Notes to Consolidated Financial Statements

December 31, 2024 and 2023

CMS was required to implement a remedy in response to the 2022 Supreme Court decision that found CMS was unauthorized to reduce payments to the Medical Center for 340B acquired drugs between calendar year 2018 and September 27, 2022. The lump sum payments will equal the difference between what the Medical Center was paid for 340B acquired drugs during the period the cuts were in effect (the average sales price [ASP] less 22.5%) and what they would have been paid if the policy had never existed (ASP +6%). The Medical Center recorded a receivable within Other current assets of [REDACTED] at December 31, 2023 consolidated balance sheet. In January 2024 the Medical Center received a lump-sum payment of [REDACTED] as part of CMS's 340B remedy final rule.

Net patient service revenue for the years ended December 31 by payor is as follows:

(in thousands)

	2024	2023
Medicare and Medicare HMO	\$ [REDACTED]	\$ [REDACTED]
Medicaid and Medicaid HMO	[REDACTED]	[REDACTED]
Commercial carriers and health maintenance organizations	[REDACTED]	[REDACTED]
Self-pay	[REDACTED]	[REDACTED] 9
DPT	[REDACTED]	[REDACTED] 8
	\$ [REDACTED]	\$ [REDACTED]

The components of net patient service revenue for the years ended December 31, 2024 and 2023 are as follows:

(in thousands)

	2024	2023
Gross charges	\$ [REDACTED]	\$ [REDACTED]
Contractual discounts and implicit price concessions	[REDACTED]	[REDACTED]
DPT	[REDACTED]	[REDACTED]
Charity care subsidy	[REDACTED]	[REDACTED]
	\$ [REDACTED]	\$ [REDACTED]

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

As substantially all of its performance obligations relate to contracts with a duration of less than one year, the Medical Center is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above 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). The performance obligations for in-house patients are generally completed when the patients are discharged, which for the majority of the Medical Center's in-house patients occurs within days or weeks after the end of the reporting period.

Subsequent changes to the estimate of the transaction price (determined on a portfolio basis when applicable) are generally recorded as adjustments to patient service revenue in the period of the change. For the years ended December 31, 2024 and 2023, changes in the Medical Center's estimates of expected payments for performance obligations satisfied in prior periods were not

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significant. Portfolio collection estimates are updated 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 implicit price concessions. For the years ended December 31, 2024 and 2023, the Medical Center recorded [REDACTED] and [REDACTED], respectively, of implicit price concessions as a direct reduction of net patient service revenue.

The Medical Center does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Medical Center's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Medical Center does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Receivables for patient care, net is comprised of the following components:

<i>(in thousands)</i>	2024	2023
Patient receivables	\$ [REDACTED]	\$ [REDACTED]
Contract assets	[REDACTED]	[REDACTED]
	<u>\$ [REDACTED]</u>	<u>\$ [REDACTED]</u>

Contract assets are related to in-house patients who were provided services during the reporting period but were not discharged as of the reporting date and for which the Medical Center may not have the right to bill until the patient is discharged.

Settlements with third-party payors 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 the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Medical Center'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.

Charity and Uncompensated Care

The Medical Center provides care to patients who meet certain criteria defined by the New York State Department of Health without charge or at amounts less than its established rates. The Medical Center maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished.

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The Medical Center's estimated costs for charity care were [REDACTED] for 2024 and [REDACTED] for 2023. This does not include the loss of treating the Medicaid population. The cost of charity care includes the direct and indirect cost of providing charity care services. The cost is estimated by utilizing a ratio of cost to gross charges applied to the gross uncompensated charges associated with providing charity care. Net of pool contributions, funds received from the New York State Indigent Care Pool to offset bad debts and charity care provided totaled [REDACTED] (including [REDACTED] related to 2022) for the years ended December 31, 2024 and 2023, respectively. The charity care component of the indigent care pool payments is estimated utilizing a ratio of charity care charges to total charity care and bad debt charges applied to the indigent care pool reimbursement and excludes amounts designated for teaching programs.

Faculty Practice Revenue

Employed physicians may participate in the Medical Center's faculty practice plan. Plan participants are authorized to conduct faculty practices and engage in professional consultation in accordance with established institutional guidelines. Professional service fee receipts are recorded and deposited in faculty practice funds established by the Medical Center for each individual participant or group practice when received by the Medical Center. These receipts are used to reimburse the Medical Center for costs incurred in supporting plan activities. The remaining amounts, after direct plan expenses, provide participant salary supplements and support departmental activities. Faculty practice revenue activities are included in net patient service revenue in the consolidated statements of operations and changes in net assets. Physicians comprising the faculty practices participate in the Medical Center's professional and general liability insurance programs.

Property, Plant and Equipment

Property, plant and equipment are stated at cost less accumulated depreciation. Depreciation is provided on a straight-line basis over the estimated useful lives of the assets ranging from 3-40 years. The carrying amounts of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of, and any resulting gain or loss is included in operations.

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.

Gifts of long-lived assets such as property, plant and equipment are recorded at the fair value at the date of the gift and reported as an increase to net assets without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as contributions with donor restrictions in the consolidated statements of operations and changes in net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Assets acquired through finance lease obligations are recorded at the present value of the future minimum lease payments.

Equipment acquired under finance lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization expense in the consolidated statements of operations and changes in net assets. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

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Other Assets

Included in other assets are pledges receivable and noncurrent investments. Pledges receivable [REDACTED] at December 31, 2024 and 2023, respectively. Pledges receivable are unconditional promises to give cash, which are reported at the present value of their estimated cash flows at the date the promise is received.

Equity Investments

Included in other assets is an amount related to the Medical Center's investment in HealthFirst Management Services, LLC ("HFMS"), in accordance with the operating agreement between the Medical Center and HFMS. HFMS is a limited liability company that provides administrative and management services to managed care organizations. The Medical Center accounts for this investment using the equity method of accounting since HFMS maintains specific ownership accounts for its members in a manner similar to a partnership capital structure for tax purposes. The Medical Center reviews these investments annually for potential impairment based on the current financial position and operating results of HFMS. The Medical Center's investment was [REDACTED] at December 31, 2024 and 2023, respectively. The Medical Center has maintained a 3.86% membership interest. During 2024 and 2023, the Medical Center recognized equity in earnings of investee income of [REDACTED], respectively, and received distributions of [REDACTED], respectively. Equity in earnings of investee income is included in other revenue and gains (investment income) in the consolidated statements of operations and changes in net assets. Additionally, the Medical Center's equity investment in two captive insurance companies is described in Note 8.

Net Assets Without Donor Restrictions

Net assets without donor restrictions are those that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Medical Center. These net assets may be used at the discretion of the Medical Center's management and Board of Trustees.

Net Assets With Donor Restrictions

The Medical Center separately accounts for and reports upon net assets with donor restrictions and net assets without donor restrictions. Net assets with donor restrictions are those whose use by the Medical Center has been limited by donors to a specific time frame or purpose. When donor restrictions expire, that is, when a time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported as net assets released from restrictions. Certain net assets with donor restrictions have been restricted by donors to be maintained in perpetuity and the income from those funds is expendable to support various healthcare services. Net assets released from restrictions for capital acquisitions are excluded from excess of revenues over expenses within the consolidated statements of operations and changes in net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as net assets without donor restrictions.

Performance Indicator

The consolidated statements of operations and changes in net assets include the excess of revenue over expenses as the performance indicator. The Medical Center differentiates its operating activities through the use of income from operations as an intermediate measure of operations. For the purposes of display, Change in equity in captive insurance program, Other losses, net, and Net change in unrealized gains on investments are excluded from the income from operations and reported as nonoperating gains (losses).

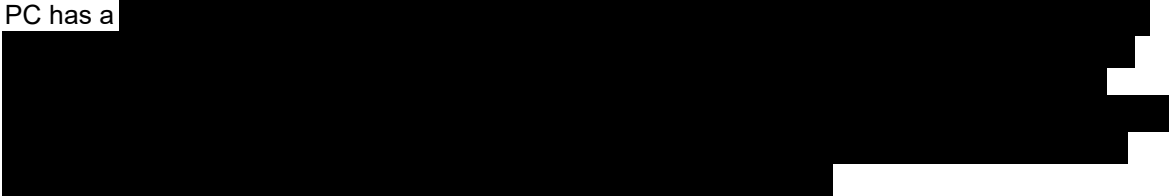
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Tax Status

The Medical Center (including all the not-for-profit entities included in the consolidated financial statements) are Section 501(c)(3) organizations exempt from Federal income taxes under Section 501(a) of the Internal Revenue Code. It also is exempt from New York State and City income taxes. The PC operates as a taxable entity. The provision for income taxes of the PC results in a deferred tax asset due to a net operating loss carryforward. At December 31, 2024 and 2023, the PC has a



The Tax Cuts and Jobs Act (TCJA) was enacted on December 22, 2017. For tax-exempt entities, TCJA requires organizations to pay an excise tax on compensation above certain thresholds, and record income or losses for tax determination purposes from unrelated business activities on an activity-by-activity basis, among other provisions. As of and for the year ended December 31, 2024, the Medical Center has made reasonable estimates of the provision for income taxes, the compensation excise tax, and the effects, if any, on existing deferred tax balances based on accounting guidance included in Accounting Standards Codification (ASC) 740, *Income Taxes*. The Medical Center will continue to refine its calculations in future periods as additional regulations and guidance are issued by the IRS.

Reclassifications

Certain reclassifications have been made to the 2023 consolidated financial statements to conform to the presentation in the 2024 consolidated financial statements.

2. Going Concern

The accompanying financial statements have been prepared on the basis that the Medical Center will continue as a going concern, which contemplates the realization of assets and the satisfaction of liabilities in the normal course of business. The Medical Center's results of operations have been negatively impacted by the persistent pressure of healthcare payment reforms enacted in recent years as well as changing patterns of healthcare utilization and the COVID-19 pandemic. This challenging operating environment has had a detrimental effect on both the inpatient and outpatient segments and its providers, resulting in losses from operations and required cash outflows from operations in excess of cash inflows.



3. Third-Party Payors

The Medical Center has agreements with third-party payors that provide for payments for services rendered at amounts different from its established charges. A summary of the payment arrangements with major third-party payors is as follows:

Medicare Reimbursement

Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system 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 hospital-specific data.

Managed Care, Commercial, and Other Reimbursement

The Medical Center has entered into payment agreements with certain commercial insurance carriers and health management organizations. In New York State, hospitals and all non Medicare payors, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospitals' payment rates. If negotiated rates are not established, payors are billed at hospitals' established charges.

Medicaid, Workers' Compensation and No-Fault Reimbursement

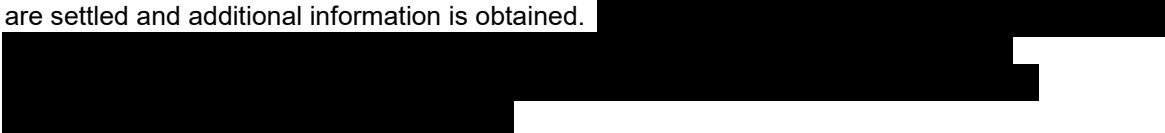
Medicaid, workers' compensation and no-fault payors pay hospital rates promulgated by the New York State Department of Health. Payments to hospitals for Medicaid, workers' compensation and no-fault inpatient services are based on a statewide prospective payment system, with retroactive adjustments. Outpatient services also are paid based on a statewide prospective system, APGs (Ambulatory Payment Group). Medicaid rate methodologies are subject to approval at the Federal level by the Centers for Medicare and Medicaid Services (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 Medical Center is reasonably assured that such amounts are realizable. Adjustments to the current and prior years' payment rates for those payors will continue to be made in future years.

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The Medical Center has established estimates, based on information presently available, of amounts due to or from Medicare and non Medicare payors for adjustments to current and prior years' payment rates, based on industry-wide and Medical Center-specific data. At December 31, 2024, Medicare cost reports, which serve as the basis for final settlement with the Medicare program, have been audited by the Medicare fiscal intermediary and settled through 2009, and from 2014 through 2019. Other years remain open for audit and settlement as are numerous 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.



There are various proposals at the Federal and State levels that could, among other things, significantly change payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Medical Center. Additionally, certain payors' payment rates for various years have been appealed by the Medical Center. If the appeals are successful, additional income applicable to those years might be realized.

The current Medicaid, Medicare and other third-party payor programs are based upon extremely complex laws and regulations that are subject to interpretation. The Medical Center is not aware of any allegations of noncompliance that could have a material adverse effect on the consolidated financial statements and believes that it is in compliance, in all material respects, with all applicable laws and regulations. Action for noncompliance could result in repayment of amounts improperly reimbursed, fines, penalties and exclusion from such programs.

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4. Short-term Investments and Assets Limited as to Use

A summary of short-term investments and assets limited as to use is as follows:

(in thousands)

	2024	2023
Short-term investments		
Cash and cash equivalents	\$ 1,000	1,000
U.S. government obligations	1,000	1,000
Mutual funds	1,000	1,000
Exchange traded funds	1,000	1,000
Total short-term investments	\$ 4,000	4,000
Assets limited as to use – current portion		
Board designated		
Cash and cash equivalents	\$ 1,000	1,000
U.S. government obligations	1,000	1,000
Corporate bonds	1,000	1,000
Accrued interest	1,000	1,000
Total board designated	4,000	4,000
Restricted funds		
Cash and cash equivalents	1,000	1,000
DSRIP funds		
Cash and cash equivalents	1,000	1,000
Self insurance funds		
Cash and cash equivalents	1,000	1,000
Corporate bonds	1,000	1,000
Annuities	1,000	1,000
Total assets limited as to use – current portion	\$ 10,000	10,000
Assets limited as to use – noncurrent portion		
Sinking funds		
Cash and cash equivalents	\$ 1,000	1,000
U.S. government obligations	1,000	1,000
Accrued interest	1,000	1,000
Bond funds		
Cash and cash equivalents	1,000	1,000
U.S. government obligations	1,000	1,000
Self insurance funds		
Cash and cash equivalents	1,000	1,000
Corporate bonds	1,000	1,000
Annuities	1,000	1,000
Total assets limited as to use – noncurrent portion	\$ 6,000	6,000

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Investment income, included in other revenue and gains in the consolidated statements of operations and changes in net assets, comprises the following:

(in thousands)

	2024	2023
Interest income	\$ [REDACTED]	\$ [REDACTED]
Net realized gains (losses), included in other revenue and gains	[REDACTED]	[REDACTED]
Equity in earnings of investee	[REDACTED]	[REDACTED]
	<u>\$ [REDACTED]</u>	<u>\$ [REDACTED]</u>

5. Property, Plant and Equipment

A summary of property, plant and equipment, including assets under finance lease obligations, is as follows:

(in thousands)

	2024	2023
Land	\$ [REDACTED]	\$ [REDACTED]
Buildings and building improvements	[REDACTED]	[REDACTED]
Equipment	[REDACTED]	[REDACTED]
	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Less: Accumulated depreciation and amortization	[REDACTED]	[REDACTED]
	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Capital projects in progress	[REDACTED]	[REDACTED]
	<u>\$ [REDACTED]</u>	<u>\$ [REDACTED]</u>

Substantially all property, plant and equipment are pledged as collateral under various loan agreements (Note 6).

Depreciation and amortization expense for the years ended December 31, 2024 and 2023 was [REDACTED] and \$ [REDACTED], respectively.

Finance leases, included in property, plant and equipment, are as follows:

(in thousands)

	2024	2023
Assets recorded under finance leases	\$ [REDACTED]	\$ [REDACTED]
Less: Accumulated amortization	[REDACTED]	[REDACTED]
	<u>\$ [REDACTED]</u>	<u>\$ [REDACTED]</u>

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6. Long-Term Debt, Finance Lease Obligations, Other Borrowings and Related Matters

A summary of long-term debt is as follows:

(in thousands)

	2024	2023
FHA Section 241 insured mortgage loans (a)	\$ [REDACTED]	\$ [REDACTED]
FHA Section 241 insured mortgage loans Series 2020 (b)	[REDACTED]	[REDACTED]
Finance lease obligations (c)	[REDACTED]	[REDACTED]
Unsecured loan (d)	[REDACTED]	[REDACTED]
Other	[REDACTED]	[REDACTED]
Unamortized premium	[REDACTED]	[REDACTED]
Unamortized deferred financing costs	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
Less: Current portion	[REDACTED]	[REDACTED]
	\$ [REDACTED]	\$ [REDACTED]

- (a) In March 2013, the Medical Center refinanced its 2004 FHA loan in the amount of [REDACTED]. Proceeds were raised by the Medical Center through the issuance of GNMA Taxable Bonds. The proceeds of the 2004 FHA loan were used to finance the Medical Center's major modernization project. This loan remains insured by FHA. The loan bears interest of 3.595%, with monthly payments through March 1, 2032.

As a condition of this borrowing, the Medical Center is required to maintain a sinking fund. Amounts deposited into the sinking fund, together with investment earnings thereon, are available for principal payments. Assets on deposit in the sinking fund at December 31, 2024 and 2023 are in compliance with the required amounts.

- (b) In August 2020, the Dormitory Authority of the State of New York ("DASNY") issued Maimonides Medical Center FHA issued Mortgage Hospital Revenue Bonds, Series 2020, ("Series 2020 Bonds") at a principal amount of [REDACTED]. The Series 2020 Bonds are secured by a mortgage to DASNY, which is insured by the U.S. Department of Housing and Urban Development ("HUD") under the National Housing Act. The proceeds of the Series 2020 Bonds were loaned by DASNY to the Medical Center under a loan agreement between DASNY and the Medical Center to finance hospital modernization project costs, pay the cost of issuance, and to fund a Debt Service Reserve Fund. [REDACTED] which bears interest of 3.05%, with payments through August 1, 2048. The Debt Service Reserve Fund, pledged by DASNY to the Trustee for the benefit of the Series 2020 bondholders, in the amount of [REDACTED] at December 31, 2024 and December 31, 2023, respectively, is included in Assets limited as to use in the consolidated balance sheets.

As a condition of this borrowing, the Medical Center is required to maintain a mortgage reserve fund (sinking fund) starting in 2024. Amounts deposited into the mortgage reserve fund (sinking fund), together with investment earnings thereon, are available for principal payments. Assets on deposit in the mortgage reserve fund (sinking fund) of [REDACTED] at December 31, 2024 are in compliance with the required amounts.

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- (c) The Medical Center has various finance lease obligations, with interest rates ranging from 2.51% to 12.47%.

(d)

in.

The fair value of debt approximates its carrying value.

Scheduled principal payments on long-term debt and finance lease obligations (excluding unsecured loan) are as follows:

(in thousands)	Long-Term Debt	Finance Leases	Total
2025	\$ 1,000	\$ 1,000	\$ 2,000
2026	1,000	1,000	2,000
2027	1,000	1,000	2,000
2028	1,000	1,000	2,000
2029	1,000	1,000	2,000
Thereafter	1,000	1,000	2,000
Total minimum payments	5,000	5,000	10,000
Less: Amounts representing interest on finance lease obligations	-	500	500
Total long-term debt and finance lease obligations	5,000	4,500	9,500
Less: Current portion	1,000	1,000	2,000
Long-term debt and finance lease obligations, net of current portion	\$ 4,000	\$ 3,500	\$ 7,500

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Required mortgage reserve fund (sinking fund) balances for loan agreements for the next five years are as follows:

(in thousands)

2025	\$	
2026		
2027		
2028		
2029		

In connection with various debt agreements, the Medical Center is required to maintain certain financial covenants if there is a distribution of assets and other reporting requirements.

HUD

The Medical Center is required to submit monthly internal financial statements 40 days after month end. The Medical Center was not timely in submitting the December 2023 and January 2024 monthly financial reports to the U.S. Department of Housing and Urban Development (HUD), which were subsequently submitted and cured within the 30-day cure period. This covenant violation was not deemed to be a demand payment of the debt, additionally HUD did not provide notice of such default at the time.

7. Pension Plans and Postretirement Health Care Benefits

Maimonides Medical Center (the "Medical Center") and Maimonides Midwood Community Hospital ("MMCH") provide retirement and similar benefits to their respective employees. The benefits are presented separately below.

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Maimonides Medical Center provides retirement and similar benefits to its union employees through several defined benefit multiemployer pension plans and to its non-union employees through a noncontributory defined benefit pension plan, tax deferred annuity plans, and a nonqualified defined contribution plan covering certain employees.

The Medical Center's noncontributory pension plan was frozen as to new participants and benefit accruals effective December 31, 2020 (the freeze date). As a result of the freeze, the existing Medical Center Tax Deferred Retirement Plan (the Savings Plan) was redesigned as of January 1, 2021 to allow Short Service Employees and frozen participants under the frozen plan to become eligible and fully vested for employer contributions, upon meeting additional eligibility criteria under the Savings Plan.

Payments to the defined benefit multiemployer union plans are made in accordance with contractual arrangements under which contributions are generally based on gross salaries and are funded on a current basis. The Medical Center contributes amounts to the non-union plan sufficient to meet the minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974.

The Medical Center's pension expense under all existing plans [REDACTED] and [REDACTED] for the years ended December 31, 2024 and 2023, respectively.

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In addition to the plans described above, the Medical Center sponsors a defined benefit health care plan that provides postretirement medical, dental and life insurance benefits to certain full-time employees hired prior to July 1, 1984 and who have worked ten years and attained age 65 while in service with the Medical Center. The plan contains cost-sharing features such as deductibles and coinsurance.

The Medical Center recognizes the funded status (i.e., the difference between the fair value of plan assets and the projected benefit obligations) of the defined benefit plans in its consolidated balance sheets. Net unrecognized actuarial gains and losses and the net unrecognized prior service costs at the reporting date will be subsequently recognized in the future as net periodic benefit cost pursuant to the Medical Center's accounting policy for amortizing such amounts. Further, actuarial gains and losses that arise in subsequent periods and are not recognized as net periodic benefit cost in the same periods will be recognized as a component of net assets without donor restrictions.

The following table sets forth the change in benefit obligations, change in plan assets and the funded status of the plans as of December 31, 2024 and 2023:

	Pension Benefits		Postretirement Health Care Benefits	
	2024	2023	2024	2023
<i>(in thousands)</i>				
Change in benefit obligation				
Benefit obligation, beginning of year	\$			
Service cost				
Interest cost				
Actuarial losses (gains)				
Net benefits paid and expected expenses				
Plan amendments		-	-	
Benefit obligation, end of year				
Change in plan assets				
Fair value of plan assets, beginning of year				
Actual (loss) gain return on plan assets				
Contributions				
Benefits paid and actual expenses				
Fair value of plan assets, end of year				
Unfunded status	\$			

The actuarial loss in 2024 and 2023 primarily relate to changes in assumptions including the discount rate, mortality table and mortality projection scale, experience study and demographic losses used to measure the benefit obligation at December 31, 2024 and 2023.

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The following table provides the amounts recognized in the consolidated balance sheets at December 31, 2024 and 2023:

(in thousands)	Pension Benefits		Postretirement Health Care Benefits	
	2024	2023	2024	2023
Accrued benefit liability – noncurrent	\$ 1,000	1,000	1,000	1,000
Accrued benefit liability – current	1,000	1,000	1,000	1,000
	<u>2,000</u>	<u>2,000</u>	<u>2,000</u>	<u>2,000</u>

The projected benefit obligation, accumulated benefit obligation and fair value of pension plan assets are as follows:

(in thousands)	2024	2023
Projected benefit obligation	\$ 1,000	1,000
Accumulated benefit obligation	1,000	1,000
Fair value of plan assets	1,000	1,000

Net periodic benefit cost, consists of the following components:

(in thousands)	Pension Benefits		Postretirement Health Care Benefits	
	2024	2023	2024	2023
Service cost	\$ 1,000	1,000	1,000	1,000
Interest cost on projected benefit obligation	1,000	1,000	1,000	1,000
Expected return on plan assets	(1,000)	(1,000)	(1,000)	(1,000)
Net amortization	1,000	1,000	1,000	1,000
Net periodic benefit cost	<u>\$ 2,000</u>	<u>2,000</u>	<u>2,000</u>	<u>2,000</u>

Included in pension and postretirement related adjustments in net assets without donor restrictions at December 31, 2024 and 2023 are the following amounts that have not yet been recognized in net periodic pension and postretirement benefit cost:

(in thousands)	Pension Benefits		Postretirement Health Care Benefits	
	2024	2023	2024	2023
Unrecognized prior service credit	1,000	1,000	1,000	1,000
Unrecognized actuarial (loss) gains	(1,000)	(1,000)	(1,000)	(1,000)
	<u>1,000</u>	<u>1,000</u>	<u>1,000</u>	<u>1,000</u>

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The following are assumptions used in the measurement of the Medical Center's benefit obligations and net periodic benefit cost:

	Pension Benefits		Postretirement Health Care Benefits	
	2024	2023	2024	2023
Weighted-average assumptions used to determine benefit obligations as of December 31,				
Discount rate				
Rate of compensation increase	N/A	N/A		
Weighted-average assumptions used to determine net periodic benefit cost for years ended December 31,				
Discount rate				
Expected return on plan assets			N/A	N/A
Rate of compensation increase	N/A	N/A		

The overall long-term rate of return was developed by estimating the expected long-term real return for each asset class within the portfolio, computing an average weighted real rate of return for the portfolio as a whole, reflecting both the plan's expected asset class allocation and the correlations between the various asset classes and adding that expected real rate of return to the expected long-term rate of inflation component per year.

Assumed health care cost trend rates at December 31,	2024	2023
Pre-65 Medical		
Initial rate for health care costs		
Ultimate rate for health care costs		
Ultimate year of health care increase	2074	2074
Post-65 Medical		
Initial rate for health care costs		
Ultimate rate for health care costs		
Ultimate year of health care increase	2074	2074

Plan Assets

The Medical Center's pension plan weighted-average asset allocation at December 31, 2024 and 2023, by asset category, is as follows:

	2024	2023
Asset category		
Equities		
Fixed income		
Cash and cash equivalents		

Maimonides Medical Center

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The investments of the Medical Center's defined benefit pension plan are invested in collective funds, [REDACTED] and December 31, 2024 and 2023, respectively), which are measured at net asset value and are not required to be disclosed in the fair value leveling hierarchy. Net asset value is based on the value of the underlying assets owned by the fund, less its liabilities. The collective funds pursue multiple strategies to diversify risk and reduce volatility. The holdings of the collective funds include domestic and international equity securities and fixed income securities. None of the collective funds have liquidity restrictions or unfunded commitments.

Investment Strategy

The overall investment philosophy of the Medical Center is to maximize return while minimizing risk in a diversified portfolio. The rate of return of the total fund is compared to the return of a policy portfolio consisting of [REDACTED]. The target asset allocation permissible ranges, by asset category, are as follows:

Asset Category	Permissible Range
Equities–Domestic	28%–38%
Equities–Non-U.S.	13%–20%
Fixed income	45%–55%

Cash Flows

Contributions: The Medical Center expects to [REDACTED] to its defined benefit pension plan in 2025.

Expected Future Benefit Payments: The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

(in thousands)	Pension Benefits	Postretirement Health Care Benefits
2025	\$ [REDACTED]	\$ [REDACTED]
2026	[REDACTED]	[REDACTED]
2027	[REDACTED]	[REDACTED]
2028	[REDACTED]	[REDACTED]
2029	[REDACTED]	[REDACTED]
2030 to 2034	[REDACTED]	[REDACTED]

Other Benefits

The Medical Center accounts for other employee benefits, such as vacation and sick pay, on an accrual basis based on its benefits policies for different categories of employees (e.g., union, non-union, etc.). Liabilities for sick pay benefits that are not expected to be paid within one year are reflected as other noncurrent liabilities [REDACTED] for 2024 and 2023, respectively).

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Maimonides Midwood Community Hospital

MMCH provides pension and similar benefits to its employees through several pension plans, including multiemployer plans for union employees and a defined benefit plan primarily for eligible non-union employees. MMCH funds the noncontributory defined benefit plan in accordance with the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA), plus additional amounts that MMCH may determine to contribute.

Amounts contributed to the defined benefit plan are based on actuarial valuations. The mortality table used by the actuary has been updated as of December 31, 2022. Contributions to union plans are based on union employee gross salary levels and rates required under union contractual arrangements.

MMCH expects to make contributions of [REDACTED] to its defined benefit pension plan in 2025.

The following table sets forth the plan's funded status and amounts recognized in the consolidated balance sheets at December 31, 2024 and 2023:

(in thousands)

	2024	2023
Benefit obligation	\$ [REDACTED]	\$ [REDACTED]
Plan assets at fair value	[REDACTED]	[REDACTED]
Funded status, recognized as a noncurrent liability in the consolidated balance sheets	\$ [REDACTED]	\$ [REDACTED]

Cumulative amounts recognized in change in net assets not yet recognized as components of net periodic benefit cost consist of net gains (losses) of [REDACTED] for the year ended December 31, 2024 and net gains (losses) of [REDACTED] for the year ended December 31, 2023.

Information for pension plans with an accumulated benefit obligation in excess of plan assets:

(in thousands)

	2024	2023
Benefit obligation	\$ [REDACTED]	\$ [REDACTED]
Accumulated benefit obligation	[REDACTED]	[REDACTED]
Fair value of plan assets	[REDACTED]	[REDACTED]

Other changes in plan assets and benefit obligations recognized in change in net assets:

(in thousands)

	2024	2023
Amounts arising during the period		
Service cost	\$ [REDACTED]	\$ [REDACTED]
Interest cost	[REDACTED]	[REDACTED]
Expected return on plan assets	[REDACTED]	[REDACTED]
Settlement (gain)/loss	-	[REDACTED]

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Weighted-average assumptions used in determining the pension benefit obligations were as follows:

	2024	2023
Weighted-average assumptions used to determine benefit obligations as of December 31,		
Discount rate		
Expected return on plan assets		
Rate of compensation increase		
(in thousands)	2024	2023
Other significant balances and costs are		
Net periodic benefit costs	\$	\$
Employer contributions		
Benefits paid		
Settlement gain/(loss)	-	
Weighted average assumption used for net pension costs		
Discount rate		
Rate of compensation		

The components of net periodic benefit cost other than the service cost component were for the year ended December 31, 2024 and for the year ended December 31, 2023, and were recognized in net periodic pension benefit costs in the consolidated statements of operations and changes in net assets.

The estimated net loss that will be amortized into net periodic benefit cost during 2024 is .

MMCH has estimated the long-term rate of return on plan assets based primarily on historical returns on plan assets, adjusted for changes in target portfolio allocations and recent changes in long-term interest rates based on publicly available information.

Cash Flows

The following benefit payments, which reflect expected future service, are expected to be paid as follows:

(in thousands)	
2025	\$
2026	
2027	
2028	
2029	
2030 to 2034	

Maimonides Medical Center

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Plan Assets

Funds are invested with a long-term (five years or greater) return objective. MMCH's weighted-average asset allocation by asset category, are as follows:

	2024	2023
Asset category		
Equities	55%	55%
Fixed income	35%	35%
Real estate	5%	5%
Cash and cash equivalents	5%	5%

The following is a description of the valuation methodologies used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets as well as the general classification of pension plan assets pursuant to the valuation hierarchy.

Where quoted market prices are available in an active market, plan assets are classified within Level 1 of the valuation hierarchy. Level 1 plan assets include mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of plan assets with similar characteristics or discounted cash flows. In certain cases where Level 1 or Level 2 inputs are not available, plan assets are classified within Level 3 of the hierarchy. There were no Level 2 or Level 3 plan assets as of December 31, 2024.

Plan assets are invested in institutional funds, which are classified in Level 1 of the valuation hierarchy, and the target and policy ranges are reevaluated quarterly. Investment performance is reviewed quarterly with performance results and benchmarks compiled independently by the plan's trustee and the plan's investment consultant.

Maimonides Medical Center and Maimonides Midwood Community Hospital

Amounts recognized in the consolidated statements of operations and changes in net assets include:

	Pension Benefits		Postretirement Health Care Benefits	
(in thousands)	2024	2023	2024	2023
Net periodic benefit cost-service cost				
Salaries and wages	\$ -	\$ -	\$ -	\$ -
Employee benefits	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200
Total recognized in operating expenses	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200
Net periodic benefit cost other than service cost				
recognized in other losses, net	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200

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Multiemployer Pension Plans

The Medical Center contributes to two multiemployer defined benefit pension plans, New York State Nurses Association and 1199 SEIU Healthcare Employees Pension Fund (1199 SEIU), and MMCH contributes to 1199 SEIU. These plans cover the union-represented employees. The risks of participating in these multiemployer plans are different from single-employer plans in the following respects:

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

The Medical Center's participation in these plans for the years ended December 31, 2024 and 2023 and MMCH's participation for the year ended December 31, 2024 and 2023 is outlined in the table below. The "EIN Number" column provides the Employer Identification Number (EIN). Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for a plan's year-end at December 31, 2024 and 2023, respectively. The zone status is based on information that the Medical Center received from the plans and is certified by the plans' actuaries. 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 agreements to which the plans are subject.

The number of employees covered by the Medical Center and MMCH multiemployer plans did not change significantly from 2023 to 2024. Total contributions required to be paid to the plans are included in the table below:

Pension Fund	EIN Number	Plan Number	Pension Protection Act Zone Status		FIP/RP Pending/Implemented	Contributions by MMC and MMCH		Surcharge Imposed	Expiration Date of Collective Bargaining Agreement
			2024	2023		2024	2023		
The New York State Nurses Association									
Pension Plan 1199 SEIU Health Care Employees Pension Fund									

The Medical Center was listed in The New York State Nurses Association Pension Plan Form 5500 as providing more than 5% of the total contributions of the plan for the plan years ended December 31, 2024 and 2023, respectively.

Maimonides Medical Center

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8. Professional Liabilities

The Medical Center and MMCH participate in separate professional liability programs as discussed below.

At December 31, 2024 and 2023, the Medical Center retained ownership in two captive insurance companies affiliated with Healthcare Risk Advisors ("HRA"). The captive insurance companies are primarily accounted for using the equity method with 25% ownership in the captive insurance companies. The aggregate net carrying value of the Medical Center's interests in the insurance companies was \$ [REDACTED] at December 31, 2024 and 2023, respectively, and is included in equity in captive insurance companies in the consolidated balance sheets.

Effective January 1, 1999, the Medical Center's malpractice insurance program is a guaranteed cost, occurrence-based policy. This program currently provides for a deferral of premium payments through 2027 for program years commencing in 2019. At December 31, 2024 and 2023, [REDACTED], respectively, represent the estimated present value of future payments. Amounts due as of December 31, 2024 and 2023 are included in other current liabilities and the remaining total is included in professional liabilities in the consolidated balance sheets.

The Medical Center, as part owner of its malpractice captive, guarantees a certain level of investment return of the captive insurance companies and may be required to fund shortfalls resulting from differences between guaranteed and actual investment returns. The Medical Center was not required to fund any differences in 2024 and 2023.

The Medical Center presents in its consolidated balance sheets its gross professional liabilities and insurance recoveries receivable. The estimate of professional liabilities and the estimate for incidents that have been incurred but not reported is included in estimated insurance claims liabilities in the consolidated balance sheets at the actuarially determined present value of [REDACTED] based on a discount rate of 2.75% at December 31, 2024 and 2023, respectively. The Medical Center has recorded related estimated insurance claims receivable of [REDACTED] at December 31, 2024 and 2023, respectively, in consideration of the expected insurance recoveries. The current portion of estimated insurance claims liabilities and the related estimated insurance claims receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

Effective April 1, 1996, MMCH began purchasing primary and excess professional liability insurance and general liability insurance, on an occurrence basis, from Network Insurance Company Ltd. (NICL), a related entity that is an offshore captive insurance company. NICL has capped NYCH's insurance coverage for the period from September 17, 2002 through September 16, 2004 at approximately [REDACTED] (aggregate of open case reserves and committed settlements); MMCH is self-insured for liabilities above the capped limit. At December 31, 2024, MMCH recorded an estimated insurance recovery receivable and insurance claim liability in relation to the claims insured by NICL of [REDACTED]

Effective February 25, 2005, MMCH discontinued its primary and excess arrangements with NICL and became self-insured for the primary layer; MMCH purchases excess liability insurance for claims above \$3.0 million. In connection with the current and prior self-insurance program (see above), MMCH established an irrevocable trust for the purpose of setting aside assets based on actuarial funding recommendations. Under the trust agreement, the trust assets can only be used for payment of professional and general liability losses and related expenses. The actuarially determined undiscounted liabilities, including estimated liabilities for claims that have been incurred

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but not reported, aggregated [REDACTED] at December 31, 2024 and 2023, respectively, and the amount included in the accompanying consolidated financial statements is [REDACTED] as of December 31, 2024 and 2023, respectively, based on a discount factor of 3.00 percent. The amount funded in the self-insurance trust is approximately [REDACTED] as of December 31, 2024 and 2023, respectively.

The reserve for unpaid losses and loss expenses are estimated using individual case-basis valuations and actuarial analyses. Those estimates are subject to the effects of trends in loss severity and frequency. The estimates are continually reviewed, and adjustments are recorded as experience develops or new information becomes known. The time period required to resolve these claims can vary depending upon whether the claim is settled or litigated. The estimation of the timing of payments beyond a year can vary significantly. Although considerable variability is inherent in professional liability reserve estimates, management believes the reserves for losses and loss expenses are adequate based on information currently known. It is reasonably possible that this estimate could change materially in the near term.

Professional liability and other claims have been asserted against the Medical Center and MMCH by various claimants. The claims are in various stages of processing and some have been or may ultimately be brought to trial. There are also known incidents that have occurred 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 management, based on prior experience and the advice of risk management, actuarial and legal counsel, that the ultimate resolution of professional liabilities and other claims will not significantly affect the accompanying consolidated financial statements.

9. Transactions With Affiliates

The Medical Center participates in the Health Resources and Services Administration's 340B Drug Pricing Program ("340B Program") that enables the Medical Center to purchase drugs at significantly reduced prices and provide the drugs to hospital patients. The Medical Center contracts with pharmacies, including a pharmacy with an affiliated sister entity, MMC Holding of Brooklyn, Inc. ("MMC Holding"), to act as its agent in dispensing the drugs to patients and to also to bill third party payors for reimbursement. The Medical Center records revenue at the amount that reflects the consideration to which the Medical Center expects to be entitled in exchange for the dispensing of drugs to patients and as performance obligations are satisfied. MMC Holding and other pharmacies receive payment from third party payors and remit payments received to the Medical Center. MMC Holding and other pharmacies charge a commission for dispensing the drugs on behalf of the Medical Center.

Services provided by MMC Holding through its various subsidiaries to the Medical Center include the 340B Program, billing services, contracted services, technical support services, and management services for various Medical Center properties. Expenses incurred by the Medical Center for such services [REDACTED] during 2024 and 2023, respectively. Additionally, MMC Holding purchases various goods and services from the Medical Center. Revenue generated from such activity was [REDACTED] during 2024 and 2023, respectively.

Due from Affiliates, net in the consolidated balance sheets includes amounts due from MMC Holding and its subsidiaries for services provided by and to the Medical Center of [REDACTED] and [REDACTED] at December 31, 2024 and 2023, respectively.

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10. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at December 31:

(in thousands)

	2024	2023
Research and education	\$ [REDACTED]	[REDACTED]
Plant replacement and expansion	[REDACTED]	[REDACTED]
Investments to be held in perpetuity	[REDACTED]	[REDACTED]
	\$ [REDACTED]	[REDACTED]

The income from investments to be held in perpetuity is to be used for health care related services.

11. Other Revenue

Other revenue consisted of the following for the years ended December 31:

(in thousands)

	2024	2023
Government grant income (a)	\$ [REDACTED]	[REDACTED]
Real estate rentals	[REDACTED]	[REDACTED]
Investment income (see Notes 1 and 3)	[REDACTED]	[REDACTED]
Special funds income	[REDACTED]	[REDACTED]
Dining and parking lot income	[REDACTED]	[REDACTED]
Grants and contributions (b)	[REDACTED]	[REDACTED]
HealthFirst pool distributions (c)	[REDACTED]	[REDACTED]
M2 Medical Community Practices, P.C. (d)	[REDACTED]	[REDACTED]
340B Program	[REDACTED]	[REDACTED]
Other	[REDACTED]	[REDACTED]

- (a) Funding is made available under the New York State Hospital Vital Access Provide Assurance Program ("VAPAP") to hospitals and health systems with serious financial instability and requiring extraordinary financial assistance to enable these facilities to maintain operations and provision of vital services while they implement longer-term solutions to achieve sustainable health care service delivery. The Department of Health determines need for VAPAP funds based on provider submission of financial documentation, plans for improving financial sustainability, and the Department's assessment of the risk of loss of vital services in the absence of this assistance. The Medical Center qualifies for the VAPAP program and received [REDACTED] of VAPAP funding in 2024 and 2023 respectively, which is included in government grant income in other revenue in the consolidated statement of operations and changes in net assets. The Medical Center subsequently has received [REDACTED] of VAPAP funding in the first quarter of 2025.

On January 9, 2024, the Centers for Medicare and Medicaid Services (CMS) approved New York State's extension of its Medicaid Section 1115 Demonstration Waiver. This waiver supports the state's efforts to advance Medicaid reform and achieve better health outcomes, equity, and sustainability in the healthcare system. As part of this initiative, participating providers are eligible for funding to support transitions toward value-based care models, including the development of a global budget structure. Funding is distributed over multiple

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program years and is contingent upon meeting specific programmatic deliverables. Key deliverables include submission of a provider-specific Transformation Plan, roadmap, and associated budget, execution of a Global Budget Participation Agreement with the New York State Department of Health, and development and implementation of targeted health equity interventions aimed at reducing disparities in underserved populations.

In accordance with U.S. GAAP applicable to not-for-profit entities, grant revenue is recognized when qualifying conditions or deliverables are substantially met, and the funding is deemed unconditional. For Year 1 of the program, covering the periods ending March 31, 2024 (FY 2024) and December 31, 2024 (CY 2024), the Medical Center recognized \$100.0 million in grant revenue, as the sole deliverable—submission of a nonbinding Letter of Intent to participate in the State's global budget initiative—was satisfied. For Year 2 (FY 2025), the Medical Center has received an advance of [REDACTED] received in 2024 and 2025, respectively), in multiple tranches, of the [REDACTED] total award. As of the date of these financial statements, revenue recognition for Year 2 has not occurred, as the applicable program deliverables have not yet been met.

- (b) New York State participated in a Medicaid 1115 Waiver referred to as the DSRIP program. The DSRIP program was a five-year program intended to promote community-level collaborations to focus on health system reform and enhance the value provided by the health care system. DSRIP funding was available to certain hospitals and providers participating in networks (referred to as Performing Provider Systems (PPS)) that established performance improvement activities in certain predefined clinical improvement areas.

The Medical Center was the fiduciary of the PPS which developed and administered clinical projects for which it received payments under the DSRIP program. The Medical Center received no new funding during 2024 and 2023, and recognized [REDACTED] during 2024 and 2023, respectively, in other revenue within grants and contributions primarily for expenses incurred by the Medical Center as well as revenue loss funding resulting from the achievement of DSRIP goals. During 2024 and 2023, [REDACTED], respectively, was distributed to other participating providers. The balance of [REDACTED] and [REDACTED] recorded at December 31, 2024 and 2023, respectively, as DSRIP funds in the assets limited as to use, as well as a liability in the other current liabilities in the consolidated balance sheets is for future spending by the Medical Center and distributions to PPS participants. Certain payments under the DSRIP program are subject to meeting specified performance criteria and other requirements which may be evaluated in future periods.

- (c) Healthfirst PHSP, Inc. ("PHSP") is a not-for profit corporation. PHSP is a licensed, prepaid health services plan that provides comprehensive prepaid health care coverage to beneficiaries of government health care coverage programs. PHSP received a certificate of authority from the NYS Department of Health. PHSP contracts with various health care providers that consist of not-for-profit hospital organizations that are Members of Healthfirst ("Members") or their affiliates together with physicians who are associated with Members. PHSP also contracts with a significant number of unaffiliated hospitals and other providers.

The Medical Center is a participating provider in Healthfirst's provider network. Healthfirst is a licensed prepaid health services plan that provides comprehensive healthcare coverage to beneficiaries of governmental healthcare coverage programs. The Medical Center is one of many hospital sponsors. For enrollees who select or are assigned a primary care physician affiliated with Maimonides, Healthfirst establishes medical cost and quality targets. For certain products (Medicaid), Maimonides is funded via capitated amounts/inpatient advance. Additionally, Healthfirst distributes revenues over the prepaid (capitated) amounts through quarterly pool distributions. The Medical Center received [REDACTED] during 2024 and 2023, respectively, from these pool distributions.

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(d) In August 2013, M2 Medical Community Practice, P.C. (“M2PC”) was formed pursuant to an agreement between the Medical Center and M2PC. This agreement established M2PC to facilitate alignment between the Medical Center and certain ambulatory physicians not heretofore connected to the Medical Center. PC providers are employed directly by M2PC. The PC’s Taxpayer’s Identification Number (“TIN”) is the billing TIN. Professional service fee receipts are recorded and deposited into M2PC individual practice funds established and controlled by the Medical Center. These receipts are used to fund the PC’s direct costs incurred in supporting its operations. The remaining amounts provide physician salary, supplements, and support any additional expenses incurred by M2PC itself on behalf of the PC. Physicians are authorized to engage in professional consultation in accordance with established institutional guidelines. Physicians comprising the M2PC practices participate in the Medical Center’s professional and general liability insurance programs. M2PC revenue activities are included in other revenue and gains in the consolidated statements of operations and changes in net assets and related expenses are included in operating expenses in the consolidated statements of operations and changes in net assets.

Federal Emergency Management Agency (“FEMA”)
During 2023 and 2024, due to the related operating and capital expense incurred by the Medical Center in response to COVID-19, the Medical Center submitted claims to FEMA. The Medical Center recorded ██████████ in obligated FEMA funds in CARES Act FEMA Funds within the consolidated statements of operations and changes in net assets for the years ended December 31, 2024 and December 31, 2023, respectively. The Medical Center has additional claims outstanding and under review with FEMA as of December 31, 2024 related to 2024 operating and capital expenses incurred related to COVID-19. In accordance with generally accepted accounting principles, the Medical Center will recognize those claims in the year the related funds are obligated by FEMA.

Specific to FEMA funds received, the Medical Center believes the amount of revenue recognized in the consolidated statements of operations and changes in net assets is appropriate based on information contained in laws and regulations, as well as interpretations issued by the U.S. Department of Health and Human Services (“HHS”) and FEMA policies governing the funding, which was publicly available at December 31, 2024. The potential financial impacts of future changes in guidance may impact the Medical Center’s ability to retain some or all of the distributions received.

12.
Functional Expenses

Functional expenses for the year ended December 31, 2024 are as follows:

	Health Care and Related Services			Program Management and General			Total Expenses
	MMC	MMCH	Total	MMC	MMCH	Total	
(in thousands)							
Salaries and wages	\$ ██████████	\$ ██████████	██████████	\$ ██████████	\$ ██████████	\$ ██████████	\$ ██████████
Employee benefits	██████████	██████████	██████████	██████████	██████████	██████████	██████████
Supplies and other expenses	██████████	██████████	██████████	██████████	██████████	██████████	██████████
Interest and amortization of deferred financing fees	██████████	██████████	██████████	██████████	██████████	██████████	██████████
Total operating expenses	██████████	██████████	██████████	██████████	██████████	██████████	██████████
Net periodic benefit cost other than service cost	██████████	██████████	██████████	██████████	██████████	██████████	██████████

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Functional expenses for the year ended December 31, 2023 are as follows:

(in thousands)	Health Care and Related Services			Program Management and General			Total Expenses
	MMC	MMCH	Total	MMC	MMCH	Total	
Salaries and wages	\$ 4	\$		\$	\$		\$ 8
Employee benefits							
Supplies and other expenses							
Interest and amortization of deferred financing fees							
Total operating expenses							
Net periodic benefit cost other than service cost							

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function are allocated to a function based on units of service basis or are otherwise allocated based on revenue.

13. Liquidity of Financial Assets

The table below represents financial assets available for general expenditures within one year at December 31:

(in thousands)	2024	2023
Financial assets available		
Cash and cash equivalents	\$	\$
Short-term investments		
Assets limited as to use		
Board designated		
Receivables for patient care		
Other current assets		
Total financial assets	\$	\$

Included in Receivables for patient care at December 31, 2024 and 2023, respectively is approximately \$ and \$ related to the DPT program where the timing of collection could be greater than 1 year.

As part of the liquidity management strategy, the Medical Center structures its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Medical Center has certain board designated assets limited to use which have been designated and are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the information above for financial assets to meet general expenditures within one year. The Medical Center has other assets limited to use for sinking funds and for payments related to DSRIP. These assets are not available for general expenditure within the next year and are excluded from the above table. See Note 2 for further discussion of the Medical Center's liquidity.

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14.
Concentration of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. Net accounts receivable by payor were as follows:

	2024	2023
Medicare and Medicaid including Medicare and Medicaid HMO's		
Commercial and managed care		
DPT		
Self pay		

At December 31, 2024 and 2023, substantially all of the Medical Center's cash and cash equivalents were held in custodial accounts at four financial institutions. The balances in these accounts, individually or in the aggregate, may exceed the amount insured by the Federal Deposit Insurance Corporation. Management believes that credit risk related to these deposits is minimal.

The Medical Center routinely invests its operating cash in money market funds. These funds generally invest in highly liquid U.S. government and agency obligations. Investments in money market funds are not insured or guaranteed by the U.S. government.

15.
Fair Value Measurements

For assets and liabilities required to be measured at fair value, the Medical Center measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on the unit of account from the Medical Center's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements.

The Medical Center follows a valuation hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below:

Level 1	Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.
Level 2	Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.
Level 3	Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

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A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Medical Center utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible as well as considers counterparty credit risk in its assessment of fair value. Financial assets and liabilities carried at fair value as of December 31, 2024 are classified in the table below in one of the three categories described above:

<i>(in thousands)</i>	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ [REDACTED]	\$ -	\$ -	\$ [REDACTED]
U.S. government notes and bonds	[REDACTED]	-	-	[REDACTED]
Equities	[REDACTED]	-	-	[REDACTED]
Fixed income	[REDACTED]	-	-	[REDACTED]
Exchange Traded Funds	[REDACTED]	-	-	[REDACTED]
Corporate bonds	[REDACTED]	-	-	[REDACTED]
Total assets at fair value	\$ [REDACTED]	\$ -	\$ -	\$ [REDACTED]

Financial assets and liabilities carried at fair value as of December 31, 2023 are classified in the table below in one of the three categories described above:

<i>(in thousands)</i>	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ [REDACTED]	\$ -	\$ -	\$ [REDACTED]
U.S. government notes and bonds	[REDACTED]	-	-	[REDACTED]
Equities	[REDACTED]	-	-	[REDACTED]
Fixed income	[REDACTED]	-	-	[REDACTED]
Exchange Traded Funds	[REDACTED]	-	-	[REDACTED]
Corporate bonds	[REDACTED]	-	-	[REDACTED]
Total assets at fair value	\$ [REDACTED]	\$ -	\$ -	\$ [REDACTED]

Financial assets in each of the tables above [REDACTED] in accrued interest as of December 31, 2024 and 2023, respectively, which is included within short-term investments and assets limited as to use in the consolidated balance sheets.

The following is a description of the Medical Center's valuation methodologies for assets measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers and brokers. The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Medical Center believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

Maimonides Medical Center
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

16. Leases

The Medical Center adopted ASU 2016-02 effective January 1, 2019. The Medical Center leases certain property and equipment under finance and operating leases. Leases are classified as either finance or operating leases based on the underlying terms of the agreement and certain criteria, such as the term of the lease relative to the useful life of the asset and the total lease payments to be made as compared to the fair value of the asset, amongst other criteria. Finance leases result in an accounting treatment similar to an acquisition of the asset. For leases with initial terms greater than a year (or initially, greater than one year remaining under the lease at the date of adoption of ASU 2016-02), the Medical Center records the related right-of-use assets and liabilities at the present value of the lease payments to be paid over the life of the related lease. The Medical Center's leases may include variable lease payments and renewal options. Variable lease payments are excluded from the amounts used to determine the right-of-use assets and liabilities unless the variable lease payments depend on an index or rate or are in substance fixed payments. Lease payments related to periods subject to renewal options are also excluded from the amounts used to determine the right-of-use assets and liabilities unless the Medical Center is reasonably certain to exercise the option to extend the lease. The present value of lease payments is calculated by utilizing the discount rate stated in the lease, when readily determinable. For leases for which this rate is not readily available, the Medical Center has elected to use a risk-free discount rate determined using a period comparable with that of the lease term. The Medical Center has made an accounting policy election not to separate lease components from nonlease components in contracts when determining its lease payments for all of its asset classes, as permitted by ASU 2016-02. As such, the Medical Center accounts for the applicable nonlease components together with the related lease components when determining the right-of-use assets and liabilities.

The Medical Center has made an accounting policy election not to record leases with an initial term of less than a year as right-of-use assets and liabilities. The following schedule summarizes information related to the lease assets and liabilities as of and for the year ended December 31, 2024 and 2023:

<i>(in thousands)</i>	2024	2023
Lease cost for the year ended December 31,		
Finance lease cost		
Amortization of right-of-use asset	\$ 1,111	\$ 1,111
Interest on lease liabilities	111	111
Operating lease cost	111	111
Short-term lease cost		
Total lease cost	\$ 1,333	\$ 1,333

Maimonides Medical Center
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

(in thousands)

2024

2023

Right-of-use assets and liabilities as of December 31,

Right-of-use assets – finance leases

\$ [REDACTED]

Lease liability – finance leases

Right-of-use assets – operating leases

Lease liability – operating leases

Other information

Cash paid for amounts included in the measurement of lease liabilities

Operating cash flows from finance leases

\$ [REDACTED]

Operating cash flows from operating leases

Right-of-use assets obtained in exchange for new finance lease liabilities

Right-of-use assets obtained in exchange for new operating lease liabilities

Weighted-average remaining lease term – finance leases

Weighted-average remaining lease term – operating leases

Weighted-average discount rate – finance leases

Weighted-average discount rate – operating leases

For finance leases, right-of-use assets are recorded in property, plant and equipment, net and lease liabilities are recorded in long-term debt and finance lease obligations in the consolidated balance sheets. For operating leases, right-of-use assets are recorded in right-of-use assets-operating leases and lease liabilities are recorded in operating lease liabilities (current and noncurrent) in the consolidated balance sheets. The following table reconciles the undiscounted cash flows expected to be paid in each of the next five years and thereafter to the operating lease liabilities recorded on the consolidated balance sheet at December 31, 2024 (see Note 5 for finance lease payments):

(in thousands)

**Operating
Leases**

2025

\$ [REDACTED]

2026

2027

2028

2029

Thereafter

Total minimum lease payments

Less: Imputed interest

Total lease liabilities

\$ [REDACTED]

In May 2024, the Medical Center entered into a new lease for a building to consolidate administrative services. The commencement date of the lease was January 2025 when the space became available to the Medical Center.

Maimonides Medical Center
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

17. Commitments and Contingencies

Various investigations, lawsuits, class actions and claims arising out of the normal course of operations are pending or on appeal against the Medical Center. While the ultimate effect of such actions cannot be determined at this time, it is the opinion of management that the liabilities which may arise from such actions would not materially affect the Medical Center's consolidated financial position or results of operations.

Approximately 76% of the Medical Center's and 74% of MMCH's employees are members of various unions. The Committee on Interns and Residents contract expires on October 31, 2025. The New York State Nurses Association contract expires on December 31, 2025. The Local 1199 union contract expires on September 30, 2026.

18. Subsequent Events

Subsequent events have been evaluated through April 28, 2025, which is the date the consolidated financial statements were issued.

Consolidating Supplemental Schedules

Maimonides Medical Center

Consolidating Balance Sheet

December 31, 2024

<i>(in thousands)</i>	Maimonides Medical Center	Midwood Community Hospital	Eliminations	Consolidated
Assets				
Current assets				
Cash and cash equivalents	\$ 1,000	100	100	1,200
Short-term investments	2,000	1,000	1,000	4,000
Assets limited as to use	1,000	1,000	1,000	3,000
Receivables for patient care, net	1,000	1,000	1,000	3,000
Due from affiliates, net	1,000	1,000	1,000	3,000
Inventory	1,000	1,000	1,000	3,000
Insurance claims receivable	1,000	1,000	1,000	3,000
Other current assets	1,000	1,000	1,000	3,000
Total current assets	10,000	10,000	10,000	30,000
Assets limited as to use, less current portion	1,000	1,000	1,000	3,000
Right-of-use assets – operating leases	1,000	1,000	1,000	3,000
Property, plant and equipment, net	1,000	1,000	1,000	3,000
Equity in captive insurance program	1,000	1,000	1,000	3,000
Insurance claims receivable, less current portion	1,000	1,000	1,000	3,000
Other assets	1,000	1,000	1,000	3,000
Total assets	\$ 15,000	\$ 15,000	\$ 15,000	\$ 45,000
Liabilities and Net Assets				
Current liabilities				
Accounts payable and accrued expenses	\$ 1,000	100	100	1,200
Accrued salaries and related liabilities	1,000	1,000	1,000	3,000
Current portion of long-term debt and finance lease obligations	1,000	1,000	1,000	3,000
Insurance claims liabilities	1,000	1,000	1,000	3,000
Operating lease liabilities	1,000	1,000	1,000	3,000
Other current liabilities	1,000	1,000	1,000	3,000
Total current liabilities	10,000	10,000	10,000	30,000
Long-term debt and finance lease obligations, less current portion	1,000	1,000	1,000	3,000
Accrued pension and postretirement benefits	1,000	1,000	1,000	3,000
Other noncurrent liabilities	1,000	1,000	1,000	3,000
Professional liabilities	1,000	1,000	1,000	3,000
Operating lease liabilities, less current portion	1,000	1,000	1,000	3,000
Insurance claims liabilities, less current portion	1,000	1,000	1,000	3,000
Total liabilities	15,000	15,000	15,000	45,000
Net assets				
Net assets without donor restrictions	1,000	1,000	1,000	3,000
Net assets with donor restrictions	1,000	1,000	1,000	3,000
Total net assets	2,000	2,000	2,000	6,000
Total liabilities and net assets	\$ 17,000	\$ 17,000	\$ 17,000	\$ 51,000

The accompanying notes is an integral part of these consolidating financial statements.

Maimonides Medical Center
Consolidating Statement of Operations and Changes in Net Assets
December 31, 2024

<i>(in thousands)</i>	Maimonides Medical Center	Midwood Community Hospital	Eliminations	Consolidated
Operating revenue, gains and other support				
Net patient service revenue	\$ 1,000	1	1	1,002
Other revenue and gains	100	100		200
CARES Act FEMA Funds	100			100
Net assets released from restrictions	100	100		200
Total operating revenue, gains and other support	1,300	201	1	1,502
Operating expenses				
Salaries and wages	1,000	1,000	1	2,001
Employee benefits	100	100	100	300
Supplies and other expenses	100	100		200
Depreciation and amortization	100	100		200
Interest and amortization of deferred financing costs	100	100		200
Total operating expenses	1,400	1,400	100	2,900
Operating loss	100	1,200	100	1,400
Change in equity in captive insurance program	100			100
Other (losses) income, net	100	100		200
Net change in unrealized losses on investments	100	100		200
Deficiency of revenues over expenses	100	1,200		1,300
Pension and postretirement related adjustments	100	100		200
Net transfers to affiliate	100	100		200
Contributions for capital asset acquisitions	100	100		200
Decrease (increase) in net assets without donor res	100	1,200		1,300
Net assets with donor restrictions				
Restricted contributions, grants and other receipts	100	100	1	201
Net assets released from restrictions for				
Operating expenses	100	100	100	300
Capital asset acquisitions	100	100		200
Increase in net assets with donor restrictions	100	100	100	300
(Decrease) increase in net assets	100	100		200
Net assets at				
Beginning of year	1,000	1,000	1	2,001
End of year	\$ 1,100	\$ 1,100	\$ 1	\$ 2,201

The accompanying notes is an integral part of these consolidating financial statements.

Maimonides Medical Center

Note to Consolidating Supplemental Schedules

December 31, 2024

1. Basis of Presentation

The consolidating supplemental schedules (the “consolidating schedules”) presented above were derived from and relate directly to the underlying accounting and other records used to prepare the consolidating financial statements. The consolidating schedules are presented for purposes of additional analysis of the consolidating financial statements rather than to present the financial position, results of operations, changes in net assets and cash flows of the individual companies within the Medical Center and are not a required part of the consolidated financial statements. The individual companies within the Medical Center as presented within the consolidating schedules are disclosed within Note 1 to the consolidated financial statements.

2. Intercompany Activity

The Medical Center and MMCH provide employees between organizations and bill for their services. The intercompany transactions amounted to [REDACTED] for the year ended December 31, 2024. These transactions were eliminated in the consolidating balance sheet and consolidating statement of operations and changes in net assets.

[REDACTED]

KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MOIRA TASHJIAN, MPA
Executive Deputy Commissioner

April 25, 2024

Kenneth Gibbs, President & CEO
Maimonides Medical Center
4802 10th Avenue
Brooklyn, NY 11219
kgibbs@maimonidesmed.org

Re: Application # OMH01-CAPINP-2023-00016

Dear Kenneth Gibbs:

In response to the proposal that your agency submitted under the RFP entitled “**Capital for Expanding Inpatient Psychiatric Capacity for Adults, Children and Adolescents in Article 28s and Not for Profit Article 31s**” issued by the NYS Office of Mental Health on November 30, 2023, OMH is pleased to inform you that your agency has received an award. This award is conditional, pending approval of an operating contract by the NYS Attorney General (AG’s) and the Office of the State Comptroller.

Please confirm in writing to Carol.Swiderski@omh.ny.gov, your agency’s acceptance of this award.

The contract package/instruction letter will be distributed in the next several weeks. Should you have any questions, please contact me at either 518-473-1985 or via email at Carol.Swiderski@omh.ny.gov.

OMH appreciates the time and effort you and your staff spent in submitting a proposal and we look forward to working with you on this critical program for New York State.
Please distribute this notification as necessary through your agency.

Sincerely,
Carol Swiderski
Issuing Officer

Cc: Kyle Bartlett
Russell Miness- RMiness@maimonidesmed.org
DFS NYC Deepa Avula- davula@health.nyc.gov



SENT VIA EMAIL

September 29, 2023

Bernadette Kelleher
SVP, Payer Relations & Value Based Strategy
Maimonides Medical Center
4802 10th Avenue
Brooklyn, NY 11219

Dear Ms. Kelleher:

This letter is to serve as notification that your hospital has been selected to participate in the Behavioral Health Centers of Excellence Program (COE) by Fidelis Care, Healthfirst, and MetroPlusHealth. Each Managed Care Organization (MCO) reviewed the Quality Improvement and Investment Plans (QIIP) submitted by all applicants. Evaluation was completed based on the following:

- Goals of the Center of Excellence Program
 - Increase inpatient mental health (MH) bed capacity to pre-covid levels.
 - Increase intensive care management for high-risk individuals (i.e., HH-Plus eligible) being discharged from MH/SUD Inpatient or ED/CPEP.
 - Increase timely access to outpatient behavioral health services for adults and children.
- Proposed timelines for project implementation and feasibility to meet project completion milestones within program timeline.
- Clinical considerations-based ability to impact critical gaps in the New York City behavioral health system.
- Geographic penetration of the high-risk membership and proposed locations of program development and/or expansion.

We are pleased to inform you that the following investments will be conditionally funded for the associated milestone outlined in your QIIP. Funding allocations are subject to NYS Department of Health and Office of Mental Health approval and distribution of funds.

Fidelis Care			
Investment Category	Funding Details	Service Description	Corresponding Line Item from Investment Plan
Inpatient Mental Health Capacity		Inpatient Bed expansion.	12
Intensive Case Management	\$0.00	N/A	N/A
Timely Access to Outpatient	\$0.00	N/A	N/A
Total Funded		N/A	N/A

Healthfirst			
Investment Category	Funding Details	Service Description	Corresponding Line Item from Investment Plan
Inpatient Mental Health Capacity		Integrated pediatric clinic staff (SUD medical director, SWs, CASACs, RN Equipment) and Capital (total request less \$6,495.99)	17-24
Intensive Case Management	0.00	N/A	N/A
Timely Access to Outpatient	0.00	N/A	N/A
Total Funded		N/A	N/A

MetroPlusHealth			
Investment Category	Funding Details	Service Description	Corresponding Line Item from Investment Plan
Inpatient Mental Health Capacity	\$0.00	N/A	N/A
Intensive Case Management	\$0.00	N/A	N/A
Timely Access to Outpatient	\$0.00	N/A	N/A
Total Funded	\$0.00		

Please note that MCOs may require clarification and more detail on projects and costs related to milestones.

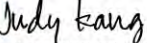
For projects that did not receive full funding, a revised QIIP, aligned with the allocated funding, must be submitted that outlines any planned changes to the scope of the project and/or staffing model. Revised QIIPs must be submitted by Friday, October 6, 2023. If any additional detail or clarification is needed on your QIIP, you will receive a separate message outlining the required items. MCOs will be available to support and assist you with these revisions.

Fidelis Care, Healthfirst, and MetroPlusHealth will be issuing contracts for the Behavioral Health Centers of Excellence that include project reporting requirements and service level agreements based on the hospitals proposed milestones for each project. We will be reaching out to your team to schedule meetings for contract execution. We look forward to working with you on this important initiative.

Sincerely,



Alicia Delmont
Senior Vice President, Operations
Fidelis Care

DocuSigned by:

4AAA80BC28B04CE...

Judy Kang
Senior Vice President, Delivery System Engagement
Healthfirst



Karen Lenard
Vice President of Behavioral Health
MetroPlusHealth

Cc:

Lauren E. Alexander, Fidelis Care, Director of Value Based Payment Initiatives
Patrice Reives-Bright, M.D., Fidelis Care, Senior Medical Director, Behavioral Health
Donna Taylor, R.N., M.S.N., Healthfirst, Clinical Director, Behavioral Health
Jin Hee Yoon-Hudman, M.D., Healthfirst, Medical Director, Behavioral Health
Rosemary Salopek, MetroPlusHealth, Senior Director of Children Special Services
Peter Russo, MetroPlusHealth, Senior Director of Behavioral Health Operations
Abraham Taub, Maimonides Medical Center, Chair, Psychiatry

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

For all Full or Administrative review applications, except Establishment-Only applications. New Construction and Renovation must be entered on separate sheets (see instructions in line 43).

Indicate if this project is:				New Construction	OR	Renovation:		
A	B	D	E	F	G	H	I	
Location				Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. Current (un-escalated)	(F x G) Construction Cost TOTAL Current sch.88 colA (un-escalated)	Alterations, Scope of work
Sub project	Building	Floor	Functional Code					
—	CMC	5	—	Inpatient Psychiatry Unit	9,836	\$680.45	\$6,692,916	B
Totals for Whole Project:					9,836	\$680.45	\$6,692,916	B

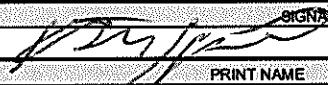
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If additional sheets are necessary, go to the toolbar, select "Edit", select "Move or copy sheet", make sure the "create a copy" box is checked, and select this document as the destination for the copy then select "OK". An additional worksheet will be added to this spreadsheet

1. If New Construction is Involved, is it "freestanding?"	YES ☐	NO ☐	N/A
---	------------------------------	-----------------------------	-----

	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.

SIGNATURE			DATE
			10/21/25
PRINT NAME		TITLE	
Kenneth D. Gibbs		President and CEO	
NAME OF FIRM			
Maimonides Medical Center			
STREET & NUMBER			
4802 10th Avenue			
CITY	STATE	ZIP	PHONE NUMBER
Brooklyn	New York	11219	(718) 283-7013

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

For Article 28, 36, and 40 Construction Projects Requiring Full or Administrative Review *

Table I: New Equipment Description

Sub project Number	Functional Code	Description of equipment, including model, manufacturer, and year of manufactor where applicable.	Number of units	Lease (L) or Purchase (P)	Date of the end of the lease period	Lease Amount or Purchase Price
---	---	Equipment and Furnishings for an Adolescent Inpatient Pyschiatry Unit	---	P	---	\$ 389,120
		<u>Please refer to the equipment list under the Schedule 11 Attachment</u>				
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:						\$ 389,120

Table 2 - Equipment being replaced:

List only equipment that is being replaced on a one for one basis. On the first line list the new equipment. On the second line list the equipment that is being replaced.

Sub project Number	Functional Code	Description of equipment, including model, manufacturer, and year of manufactor where applicable.	Number of units	Disposition	Estimated Current Value
		<u>Not Applicable</u>			
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:					

Maimonides Medical Center

Schedule 11 Attachment

1. Moveable Equipment List

Maimonides Medical Center
PDC
Project: CMHC 5 - Adolescent Inpatient Unit
Preliminary Budget for CON Application

MEDICAL EQUIPMENT LIST					
Room/Area	Item Description	Qty	Estimated Cost per Unit	Total Cost	Notes
Nurse Station	Computer workstation w/ monitor	2	\$ 2,500.00	\$ 5,000.00	Includes charting software
Nurse Station	Anti-ligature chair	4	\$ 350.00	\$ 1,400.00	For short-term staff seating
Medication Room	OmniceII medication dispensing system	1	\$ 45,000.00	\$ 45,000.00	Includes software + install
Medication Room	Refrigerator w/ lock	1	\$ 1,200.00	\$ 1,200.00	For meds requiring refrigeration
Treatment Room	Exam table	1	\$ 2,000.00	\$ 2,000.00	Wipeable, restraint-compatible
Treatment Room	Wall-mounted diagnostic set	1	\$ 900.00	\$ 900.00	Otoscope, BP cuff, etc.
Nourishment Room	Ice machine	1	\$ 5,000.00	\$ 5,000.00	Hospital-grade
Nourishment Room	Large, unit-sized refrigerator	1	\$ 2,000.00	\$ 2,000.00	For snacks, formula
Comfort Rooms	Sensory tools & calming furniture	2	\$ 3,000.00	\$ 6,000.00	Bean bags, fidget kits, etc.
Showers/Bathrooms	Bariatric shower bench	1	\$ 1,500.00	\$ 1,500.00	Durable, non-slip
Showers/Bathrooms	Anti-ligature shower fixtures	3	\$ 2,000.00	\$ 6,000.00	Required for psych safety
Shared Office	Desk & chair set	2	\$ 1,000.00	\$ 2,000.00	Staff workspace
Staff Lounge	Microwave, fridge, chairs	1	\$ 3,000.00	\$ 3,000.00	Staff convenience
EVS Room	Janitorial cart & supply racks	1	\$ 2,000.00	\$ 2,000.00	Hospital grade
Day Rooms	project screen, projector, computers, computer desks stations, whiteboard/markers, storage cabinet	2	\$ 5,550.00	\$ 11,100.00	
Treatment Room	whiteboard/marker, Desktop computer, small projector, therapy tools	1	\$ 2,850.00	\$ 2,850.00	

IT EQUIPMENT LIST					
Room/Area	Item Description	Qty	Estimated Cost per Unit	Total Cost	Notes
Patient Rooms	Centralized phone	14	\$ 300.00	\$ 4,200.00	
Nurse Station	OptiPlex 3000 TC CTO Computer	6	\$ 465.00	\$ 2,790.00	
Nurse Station	Dell Pro 27 Plus Monitor - P2725H	12	\$ 192.00	\$ 2,304.00	
Nurse Station	Lexmark MS822de	3	\$ 1,249.00	\$ 3,747.00	
Nurse Station	Avaya phone	6	\$ 180.00	\$ 1,080.00	
Nurse Station	Centralized phone software	1	\$ 4,000.00	\$ 4,000.00	
Shared Office	OptiPlex 3000 TC CTO Computer	5	\$ 465.00	\$ 2,325.00	
Shared Office	Dell Pro 27 Plus Monitor - P2725H	10	\$ 192.00	\$ 1,920.00	
Shared Office	Lexmark MS822de	1	\$ 1,249.00	\$ 1,249.00	
Shared Office	Avaya phone	5	\$ 180.00	\$ 900.00	
	Cameras/Surveillance System		\$ 30,000.00	\$ 30,000.00	
	Streaming Capability		\$ 15,000.00	\$ 15,000.00	
	Intercom System	1	\$ 15,000.00	\$ 15,000.00	

Furniture					
Patient Rooms	RYNO Twin Bed 3' with storage	22	\$ 2,634.72	\$ 57,963.84	Anti-ligature, institutional grade
Patient Rooms	RYNO Open Modular Storage	20	\$ 3,115.86	\$ 62,317.20	Tamper-proof, fixed to wall
Patient Rooms	Behavioral health mattress	22	\$ 819.06	\$ 18,019.32	Durable, fluid-resistant
Day Rooms/Group Therapy Rooms	RYNO Combo Table	6	\$ 2,606.10	\$ 15,636.60	
Day Rooms/Group Therapy Rooms	RYNO Dining Chair	24	\$ 776.82	\$ 18,643.68	
Dining Room	RYNO Combo Table	3	\$ 2,606.10	\$ 7,818.30	
Dining Room	RYNO Dining Chair	12	\$ 776.82	\$ 9,321.84	
Dining Room	RYNO Combo Table (Two Pieces)	2	\$ 4,306.38	\$ 8,612.76	
Dining Room	RYNO Dining Chair	12	\$ 776.82	\$ 9,321.84	
Furniture Total				\$ 207,655.38	

Total \$ **389,120.00**

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

Schedule 13A

Schedule 13 A. Assurances from Article 28 Applicants

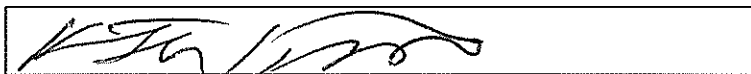
Article 28 applicants seeking combined establishment and construction or construction-only approval must complete this schedule.

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

10/24/05



Signature:

Kenneth D. Gibbs

Name (Please Type)

President and CEO

Title (Please type)

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Schedule 13 B-1. Staffing

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 Total Budget	Third Year Total Budget
1. Management & Supervision		14.43	15.43	15.43
2. Technician & Specialist				
3. Registered Nurses		30.42	38.42	41.42
4. Licensed Practical Nurses				
5. Aides, Orderlies & Attendants				
6. Physicians		7.00	8.00	9.00
7. PGY Physicians				
8. Physicians' Assistants				
9. Nurse Practitioners		1.00	1.00	1.00
10. Nurse Midwife				
11. Social Workers and Psychologist**		8.00	11.00	12.00
12. Physical Therapists and PT Assistants				
13. Occupational Therapists and OT Assistants				
14. Speech Therapists and Speech Assistants				
15. Other Therapists and Assistants		1.00	2.00	3.00
16. Infection Control, Environment and Food Service				
17. Clerical & Other Administrative		3.48	5.48	6.48
18. Other	Inpatient Insurance Coordinator	4.00	4.00	4.00
19. Other	Mental Health Workers	40.64	56.64	63.64
20. Other	Peer Specialist	0.00	1.00	2.00
21. Total Number of Employees		109.97	142.97	157.97

*Last complete year prior to submitting application

**Only for RHCF and D&TC proposals

Describe how the number and mix of staff were determined:

Current Year staffing is based on the actual staffing of the inpatient psychiatric service at Maimonides Medical Center in 2024. Staffing in Year 1 and Year 3 reflects the incremental staffing for the 20-bed adolescent inpatient psychiatric unit and is based on the experience of the Hospital in providing inpatient psychiatric services.

New York State Department of Health

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Schedule 13 B-2. Medical/Center Director and Transfer Agreements Not Applicable

All diagnostic and treatment centers and midwifery birth centers should complete this section when requesting a new location. DTCs are required to have a Medical Director who is a physician. MBCs may have a Center Director who is a physician or a licensed midwife.

Medical/Center Director	
Name of Medical/Center Director:	
License number of the Medical/Center Director	

	Not Applicable	Title of Attachment	Filename of attachment
Attach a copy of the Medical/Center Director's curriculum vitae	☐		

Transfer & Affiliation Agreement	
Hospital(s) with which an affiliation agreement is being negotiated	
o Distance in miles from the proposed facility to the Hospital affiliate.	
o Distance in minutes of travel time from the proposed facility to the Hospital affiliate.	
o 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	
o Distance in miles from the proposed facility to the nearest hospital.	
o Distance in minutes of travel time from the proposed facility to the nearest hospital.	

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Schedule 13B

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

Upload a spreadsheet or chart as an attachment to this Schedule of all practitioners, including surgeons, dentists, and podiatrists who have expressed 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.

Not Applicable

[illegible]

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.	Schedule 13 Attachment	
2. In a sperate attachment, provide the basis for interest cost. Separately identify, with supporting calculations, interest attributed to mortgages and working capital	Schedule 13 Attachment	

☒ 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)	1/1/24	1/1/27	1/1/29
1. Salaries and Wages	\$	\$	\$
1a. FTEs			
2. Employee Benefits	\$	\$	\$
3. Professional Fees	\$	\$	\$
4. Medical & Surgical Supplies	\$	\$	\$
5. Non-med., non-surg. Supplies	\$	\$	\$
6. Utilities			
7. Purchased Services	\$	\$	\$
8. Other Direct Expenses	\$	\$	\$
9. Subtotal (total 1-8)	\$	\$	\$
10. Interest (details required below)			
11. Depreciation (details required below)	\$	\$	\$
12. Rent / Lease (details required below)			
13. Total Operating Costs	\$	\$	\$

Note: The above reflects the operating costs of the inpatient psychiatric beds at Maimonides Medical Center.

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)	1/1/24	1/1/27	1/1/29
1. Salaries and Wages	\$ [REDACTED]	[REDACTED]	[REDACTED]
1a. FTEs	[REDACTED]	[REDACTED]	[REDACTED]
2. Employee Benefits	\$ [REDACTED]	[REDACTED]	[REDACTED]
3. Professional Fees	\$ [REDACTED]	[REDACTED]	[REDACTED]
4. Medical & Surgical Supplies	\$ [REDACTED]	[REDACTED]	[REDACTED]
5. Non-med., non-surg. Supplies	\$ [REDACTED]	[REDACTED]	[REDACTED]
6. Utilities	[REDACTED]	[REDACTED]	[REDACTED]
7. Purchased Services	\$ [REDACTED]	[REDACTED]	[REDACTED]
8. Other Direct Expenses	\$ [REDACTED]	[REDACTED]	[REDACTED] 6
9. Subtotal (total 1-8)	\$ [REDACTED]	[REDACTED]	[REDACTED]
10. Interest (details required below)	[REDACTED]	[REDACTED]	[REDACTED]
11. Depreciation (details required below)	\$ [REDACTED]	[REDACTED]	[REDACTED]
12. Rent / Lease (details required below)	[REDACTED]	[REDACTED]	[REDACTED]
13. Total Operating Costs	\$ [REDACTED]	[REDACTED]	[REDACTED]

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)	<u>Not Applicable</u>		
1. Salaries and Wages			
1a. FTEs			
2. Employee Benefits			
3. Professional Fees			
4. Medical & Surgical Supplies			
5. Non-med., non-surg. Supplies			
6. Utilities			
7. Purchased Services			
8. Other Direct Expenses			
9. Subtotal (total 1-8)			
10. Interest (details required below)			
11. Depreciation (details required below)			
12. Rent / Lease (details required below)			
13. Total Outpatient Operating Costs			

Any approval of this application is not to be construed as an approval of any of the above indicated current or projected operating costs. Reimbursement of any such costs shall be in accordance with and subject to the provisions of Part 86 of 10 NYCRR. Approval of this application does not assure reimbursement of any of the costs indicated therein by payers under Title XIX of the Federal Social Security Act (Medicaid) or Article 43 of The State Insurance Law or by any other payers.

New York State Department of Health Certificate of Need Application

Schedule 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:) to summarize the current year's operating revenue, and the first and third year's budgeted operating revenue (after project completion) for the categories that are affected by this project.

Table 1. Enter the current year data in column 1. This should represent the total revenue for the last complete year before submitting the application, using audited data. Project the first and third year's total budgeted revenue in current year dollars

Tables 2a and 2b. Enter current year data in the appropriate block. This should represent revenue by payer for the last complete year before submitting the application, using audited data.

Indicate in the appropriate blocks total budgeted revenues (i.e., operating revenues by payer to be received during the first and third years of operation after project completion). As an attachment, provide documentation for the rates assumed for each payer. Where the project will result in a rate change, provide supporting calculations. For managed care, include rates and information from which the rates are derived, including payer, enrollees, and utilization assumptions.

The Total of Inpatient and Outpatient Services at the bottom of Tables 13D-2A and 13D-2B should equal the totals given on line 10 of Table 13D-1.

Required Attachments

	N/A	Title of Attachment	Filename of Attachment
1. Provide a cash flow analysis for the first year of operations after the changes proposed by the application, which identifies the amount of working capital, if any, needed to implement the project.	☐	Schedule 5 Attachment	
2. Provide the basis and supporting calculations for all utilization and revenues by payor.	☐	Utilization and revenues by payor are based on the experience of Maimonides Medical Center	
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 is based on the experience of Maimonides Medical Center	

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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)	1/1/24	1/1/27	1/1/29
1. Inpatient Services	\$ [REDACTED]	[REDACTED]	[REDACTED]
2. Outpatient Services			
3. Ancillary Services			
4. Total Gross Patient Care Services Rendered	\$ [REDACTED]	[REDACTED]	[REDACTED]
5. Deductions from Revenue			
6. Net Patient Care Services Revenue	\$ [REDACTED]	[REDACTED]	[REDACTED]
7. Other Operating Revenue (Identify sources)			
8. Total Operating Revenue (Total 1-7)	\$ [REDACTED]	[REDACTED]	[REDACTED]
9. Non-Operating Revenue			
10. Total Project Revenue	\$ [REDACTED]	[REDACTED]	[REDACTED]

Note: The above reflects the revenue of the inpatient psychiatric service at Maimonides Medical Center.

Table 13D – 2A

Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days ☒ or Patient Discharges ☐

Inpatient Services Source of Revenue		Total Current Year			First Year Total Budget			Third Year Total Budget		
		(A) Patient Days or discharges	Net Revenue		(C) Patient Days or discharges	Net Revenue		(E) Patient Days or discharges	Net Revenue	
			(B) Dollars (\$)	\$ per Patient Day or discharge (B)/(A)		(D) Dollars (\$)	\$ per Patient Day or discharge (D)/(C)		(F) Dollars (\$)	\$ per Patient Days or discharges (F)/(E)
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay	Fee for Service									
	Managed Care									
Charity Care										
Bad Debt										
All Other										
Total										

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	<u>Not Applicable</u>								
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total										
Total of Inpatient and Outpatient Services			\$			\$			\$	

Maimonides Medical Center

Schedule 13 Attachment

1. Calculation of Depreciation

Maimonides Medical Center
Calculation of Depreciation

Description	Amount	Depreciation Life	Depreciation Amount
Equipment/Telecommunications	\$ [REDACTED]	7	\$ [REDACTED]
Building Improvement/Other	\$ [REDACTED]	25	\$ [REDACTED]
Total	\$ [REDACTED]		\$ [REDACTED]

Schedule 16 A. Hospital Program Information

All administrative aspects of the inpatient psychiatric services at Maimonides Medical Center (Maimonides) will be directed by an individual who is qualified for such duties by education and experience. The Quality Assurance (QA) Program for these services will be administered by the Medical Director, and will be consistent with, and an integral part of, Maimonides's existing QA Program. To ensure that care and services are appropriate to an individual's needs, Maimonides will continue to use a comprehensive utilization review and monitoring program for these services. The appropriate utilization of services will continue to be monitored through the QA Program, under the supervision of the Medical Director.

The inpatient psychiatric services at Maimonides will continue to utilize the same credentialing process for these services that is currently in place at Maimonides. 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 Maimonides. A similar process will be followed for nursing, technical and support staff members who seek employment.

In accordance with current policy at Maimonides, 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. Maimonides 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.

Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

For Hospital-Based -Ambulatory Surgery Projects: **Not Applicable**
Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category

For Hospital-Based -Ambulatory Surgery Projects:
Please provide the following information:

Number and Type of Operating Rooms:

- Current:
- To be added:
- Total ORs upon Completion of the Project:

Number and Type of Procedure Rooms:

- Current:
- To be added:
- Total Procedure Rooms upon Completion of the Project:

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Schedule 16B

Schedule 16 B. Community Need

See “Schedules Required for Each Type of CON” to determine when this form is required.

Public Need Summary:

Briefly summarize on this schedule why the project is needed. Use additional paper, as necessary. If the following items have been addressed in the project narrative, please cite the relevant section and pages.

1. Identify the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.)

The primary service area for this project is South Brooklyn. A large proportion of the patients who will be treated in the proposed inpatient unit reside in NYC-Brooklyn Community District 12- Borough Park & Kensington PUMA, NY. The Brooklyn ZIP Codes from which patients are most frequently admitted to the Hospital’s psychiatric units and which constituted 75% of all discharges during 2024 included: 11220, 11219, 11218, 11214, 11204, 11226, 11230, 11209, 11223, 11232, 11228, 11229, 11234, 11210 and 11235.

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

Per the U.S. Census Bureau, as of this year (2025), the PSA contains 1,136,064 residents, which represents approximately 5.7% of the total New York State (NYS) population and 41.5% of the Kings County population. As addressed in previous sections, one of the core communities in South Brooklyn to be served by Maimonides is NYC-Brooklyn Community District 12. Currently, 20% of the population residing in NYC-Brooklyn Community District 12 are aged 0 to 9, and another 20% of the population are between the ages of 10 and 19. Both of these percentages equate to nearly double the respective Statewide rate, reflecting the very high birth rate exhibited by the population of this area. NYC-Brooklyn Community District 12 has seen significantly greater poverty rates than the State of New York (14.4%), with 26.6% of the population falling below the poverty line. Additionally, 33% of individuals aged younger than 18 residing in the community fall below the poverty line, which is roughly 50% higher than the Statewide average. As of this year, there are roughly 500,000 children and adolescents located within South Brooklyn. With roughly 40% of all individuals residing in the PSA being under the age of 18, the age proportion and poverty statistics mentioned above for this population strongly support the need for a dedicated adolescent inpatient unit.

Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

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.

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Schedule 16B

Per the 2023 Mayor's Office of Community Mental Health Annual Report, there has been significant decline in the availability of psychiatric beds for all ages. Between 2019 and 2023, there was a total reduction of roughly 415 (20% of New York City total) adult psychiatric beds and 24 (12.4% of New York City total) child and adolescent psychiatric beds in New York City.¹ Due to the reduction in availability of treatment, many children and adolescents residing in New York City have been forced to receive psychiatric treatment in other counties (e.g., Nassau, Westchester), and, in some cases, have been admitted to non-psychiatric beds, resulting in vulnerable patients receiving improper treatment and care². Per the Office of Mental Health's September 2024 Inpatient Psychiatric Unit Bed Utilization Breakdown, there are currently 54 child and adolescent psychiatric beds within Kings County. As discussed in this section, the PSA for this project has a significantly greater proportion of children and adolescents than the State as a whole. The Hospital has identified a need for these services within the PSA and, through this project, hopes to prevent young patients from having to be transported out of county or state to receive psychiatric treatment. The proposed project would result in an additional 20 adolescent psychiatric beds in Kings County and would allow adolescents residing in the PSA to receive high-quality and appropriate care within their communities.

Please refer to the Project Narrative provided under the Schedule 1 Attachment for additional information.

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

Maimonides currently provides Adolescent Behavioral Health Unit outpatient medication management, therapy and psychiatric testing services for children and adolescents through a Child and Adolescent Psychiatric Services (CAPS) Clinic program. The CAPS Clinic serves children between the ages of 4 and 18 residing throughout New York City. In 2021, the CAPS clinic served over 800 unique patients and provided 16,889 visits. Combined with the adult outpatient services, over 65,000 clinical visits were provided in 2023 in the psychiatric department. Of note, over 76% of patients seen in the Hospital's outpatient clinics are Medicaid or Medicare recipients.

Maimonides has identified a need for inpatient psychiatric services for adolescents in Brooklyn. Implementation of this project will result in one of the only inpatient units addressing the clinical needs of adolescents within Kings County.

Please refer to the Project Narrative provided under the Schedule 1 Attachment for additional information.

- (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.

In accordance with current Hospital policy, Maimonides provides care to patients regardless of ability to pay. Financial Assistance is available to all qualified persons regardless of race, color, creed, sexual orientation, ethnic origin or other qualification. The Hospital's Financial Assistance

¹ The Mayor's Office of Community Mental Health Annual Report 2023, page 8, New York City Mayor's Office of Community Mental Health.

² The Mayor's Office of Community Mental Health Annual Report 2023, page 9, New York City Mayor's Office of Community Mental Health.

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Schedule 16B

policy and procedures are maintained and operated in compliance with the applicable State of New York Hospital Financial Assistance laws.

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

This proposal seeks to increase the number of inpatient psychiatric beds at Maimonides from 70 to 90, an increase of 20 beds. As detailed above, the project will result in 20 additional adolescent psychiatric beds in Kings.

Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

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

As outlined above, there is a need to increase the inpatient psychiatric bed capacity for adolescents in Brooklyn. This proposal seeks to add 20 inpatient beds to Maimonides's inpatient psychiatric bed complement to create a dedicated adolescent inpatient psychiatric unit.

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Schedule 16B

ONLY for Hospital Applicants submitting Full Review CONs Not Applicable

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.

(b) If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.
8. Briefly describe what interventions you are implementing to support local Prevention Agenda goals.
9. Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?
10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?
11. In your most recent Schedule H form submitted to the IRS, did you report any Community Benefit spending in the Community Health Improvement Services category that supports local Prevention Agenda goals? (Y/N question)

ONLY for Hospital Applicants submitting Full Review CONs Not Applicable

Public Hospitals

12. Briefly summarize how you are advancing local public health priorities identified by your local health department and other community partners.
13. Briefly describe what interventions you are implementing to support local public health priorities.
14. Have you engaged local community partners, including the local health department, in your efforts to address local public health priorities?
15. What data are you using to track progress in addressing local public health priorities?

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 – Please refer to the Sites Tab in NYSE-CON

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
Not Applicable – Please refer to the Sites Tab in NYSE-CON

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>	Current	Add	Remove	Proposed
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	☐	☐	☐	☐

⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators

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Schedule 16C

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
Not Applicable**

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

END STAGE RENAL DISEASE (ESRD) Not Applicable

TABLE 16C-3(a) CAPACITY	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

If application involves dialysis service with existing capacity, complete the following table:

TABLE 16C-3(b) TREATMENTS	Last 12 mos	2 years prior	3 years prior
CHRONIC DIALYSIS			

All Chronic Dialysis applicants must provide the following information in compliance with 10 NYCRR 670.6.

1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.
2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons, and residents of remote rural areas.
3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.
4. Provide evidence that the facility is willing to and capable of safely serving patients.
5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

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Schedule 16D

Schedule 16 D. Hospital Outpatient Department - Utilization projections

a	b	d	f
	Current Year Visits*	First Year Visits*	Third Year Visits*
CERTIFIABLE SERVICES	<u>Not Applicable</u>		
MEDICAL SERVICES – PRIMARY CARE			
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES			
AMBULATORY SURGERY			
SINGLE SPECIALTY – GASTROENTEROLOGY			
SINGLE SPECIALTY – OPHTHALMOLOGY			
SINGLE SPECIALTY – ORTHOPEDICS			
SINGLE SPECIALTY – PAIN MANAGEMENT			
SINGLE SPECIALTY – OTHER			
MULTI-SPECIALTY			
CARDIAC CATHETERIZATION			
ADULT DIAGNOSTIC			
ELECTROPHYSIOLOGY			
PEDIATRIC DIAGNOSTIC			
PEDIATRIC INTERVENTION ELECTIVE			
PERCUTANEOUS CORONARY INTERVENTION (PCI)			
CERTIFIED MENTAL HEALTH O/P			
CHEMICAL DEPENDENCE - REHAB			
CHEMICAL DEPENDENCE - WITHDRAWAL O/P			
CLINIC PART-TIME SERVICES			
CLINIC SCHOOL-BASED SERVICES			
CLINIC SCHOOL-BASED DENTAL PROGRAM			
COMPREHENSIVE EPILEPSY CENTER			
COMPREHENSIVE PSYCH EMERGENCY PROGRAM			
DENTAL			
EMERGENCY DEPARTMENT			
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT			
HOME HEMODIALYSIS TRAINING & SUPPORT			
INTEGRATED SERVICES – MENTAL HEALTH			
INTEGRATED SERVICES – SUBSTANCE USE DISORDER			
LITHOTRIPSY			
METHADONE MAINTENANCE O/P			
NURSING HOME HEMODIALYSIS			
RADIOLOGY-THERAPEUTIC			
RENAL DIALYSIS, CHRONIC			
OTHER SERVICES			
Total			

Note: In the case of an extension clinic, the service estimates in this table should apply to the site in question, not to the hospital or network as a whole.

*The 'Total' reported MUST be the SAME as those on Table 13D-4.

Schedule 16 E. Utilization/Discharge and Patient Days

Service (Beds) Classification	Current Year Start date: 1/01/2024		1st Year Start date: 1/01/2027		3rd Year Start date: 1/01/2029	
	Discharges	Patient Days	Discharges	Patient Days	Discharges	Patient Days
AIDS						
BONE MARROW TRANSPLANT						
BURNS CARE						
CHEMICAL DEPENDENCE - DETOX						
CHEMICAL DEPENDENCE - REHAB						
COMA RECOVERY						
CORONARY CARE						
INTENSIVE CARE						
MATERNITY						
MED/SURG						
NEONATAL CONTINUING CARE						
NEONATAL INTENSIVE CARE						
NEONATAL INTERMEDIATE CARE						
PEDIATRIC						
PEDIATRIC ICU						
PHYSICAL MEDICINE & REHABILITATION						
PRISONER						
PSYCHIATRIC						
RESPIRATORY						
SPECIAL USE						
SWING BED PROGRAM						
TRANSITIONAL CARE						
TRAUMATIC BRAIN-INJURY						
OTHER (describe)						
TOTAL						

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.

Office of Mental Health Program

This information is **required of Article 28 hospitals and diagnostic and treatment centers for projects that include mental health programs** subject to an operating certificate or prior approval by the Office of Mental Health under Article 31 of the Mental Hygiene Law (MHL). These projects include a new mental health program, or a new site, or modification to an existing program. Per MHL Article 31, prior consultation with the Local Government Unit and local Office of Mental Health Field Office is required before submission of the Article 28 application.

Section A - Attachments for New Program or New Satellite Location – Not Applicable

1. **Program and Service Area**
 - a. Identify the type of mental health program to be provided.
 - b. Define the geographic or political boundaries of the area to be served by the proposed program.
 - c. Describe how the proposed program will function within the mental health system in the area to be served.
2. **Problems and Needs**
 - a. Describe the target population for the program qualitatively and quantitatively. Describe problems of the target population and their families, and describe how the proposed program will address these problems.
 - b. Describe how your organization currently serves the target population (if applicable).
 - c. Provide any other information supporting need for the proposed program.
3. **Access**
 - a. Describe how the program will serve the poor and the medically indigent.
 - b. Describe the mechanisms by which the program will address the cultural and ethnic backgrounds in the treatment of the population in the service area.
 - c. Describe the mechanisms for participation of consumer representation within the governing body (if applicable).
 - d. Describe plans to enable persons with physical disabilities to access services, consistent with the characteristics of the population to be served.
 - e. Indicate the transportation arrangements through which individuals will access the program.
4. **Continuity of Care**
 - a. Describe a plan to ensure continuity of care within the mental health system and with other service systems. Identify specific providers to ensure linkages among programs.
 - b. For outpatient programs, describe a plan by which patients in the program will be assisted during hours when the program is not in operation.
5. **Implementation**

Describe start-up or phase-in activities necessary to implement the program. Include timeframes in your description.
6. **Functional Program**
 - a. Mission - Provide an overview of the proposed program and describe the treatment philosophy.
 - b. Organization - Describe the lines of authority from the governing body to the proposed program. Indicate the relationship of the program to other programs operated by your agency.
 - c. Goals and Objectives - Describe the goals, objectives, and expected outcomes of the program. Indicate average length of stay.
 - d. Admission - Describe admission criteria, policies, and procedures. Include inclusionary and exclusionary criteria, process, timeframes, record keeping, and procedures for notifying families and programs in which recipients are currently admitted.
 - e. Discharge - Describe discharge criteria, policies, and procedures. Include process, timeframes, record keeping, and procedures for notifying families and programs to which recipients will be

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Schedule 20A

referred for further services.

- f. Services - Provide a detailed description of all services available to recipients admitted to the program. Specify how these services will be provided and the staff position responsible for providing the service. Identify the provider of any services to be delivered by other than the proposed program. For programs serving children, describe plans to coordinate with the family and the school.
 - g. Staffing - Provide a staffing plan for the program. Include descriptions of the qualifications and duties for each staff position.
 - h. Quality Assurance/Improvement - Describe your plans for utilization review, incident management, and internal monitoring.
 - i. Premises - Provide a description of the premises to be used by the program. Include appropriately labeled sketch drawings showing use and dimensions of rooms.
 - j. Waivers - Identify any waiver requests and provide justification for the request. Indicate the effect on your proposed program if the request is denied.
7. **Fiscal**
- a. Unless provided elsewhere in this application, submit a proposed budget for the first and second year of full operation of the mental health program.
 - b. If Medicaid revenue is included, indicate the source and availability of the state share of Medicaid for projects other than Article 31 Clinics.

Section B - Attachments for Program Expansion at Existing Program or Site

1. Identify the program.

Maimonides Medical Center's inpatient psychiatry program.

2. Provide justification and data supporting the need for the expansion.

Maimonides Medical Center seeks approval to increase the number of its inpatient psychiatric beds from 70 to 90, an increase of 20 beds. The major driver for this request is to create a 20-bed inpatient adolescent unit for adolescents aged 13 to 17, thereby expanding access to mental health care and ensuring appropriate levels of care in the mental health system in keeping with Governor Kathy Hochul's transformation plan for mental health services in New York State. Maimonides Medical Center has been awarded [REDACTED] grant through the Capital for Expanding Inpatient Psychiatric Capacity for Adults, Children and Adolescents in Article 28s and Not for Profit Article 31s grant opportunity from the New York State Office of Mental Health and a [REDACTED] grant through Behavioral Health Centers of Excellence (COE) grant from Fidelis, Healthfirst and MetroPlusHealth to assist with 87% of the cost of this project. Concurrent with this C.O.N. Application, Maimonides Medical Center is submitting a Comprehensive PAR Application to increase the number of inpatient psychiatric beds with the New York State Office of Mental Health. Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

3. Describe the impact of the expansion on services, staffing, caseload and space.

The newly created inpatient adolescent psychiatric unit will be the only unit of its kind in South Brooklyn, addressing a critical need for adolescent inpatient capacity to meet the psychiatric needs of adolescents in Brooklyn. Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

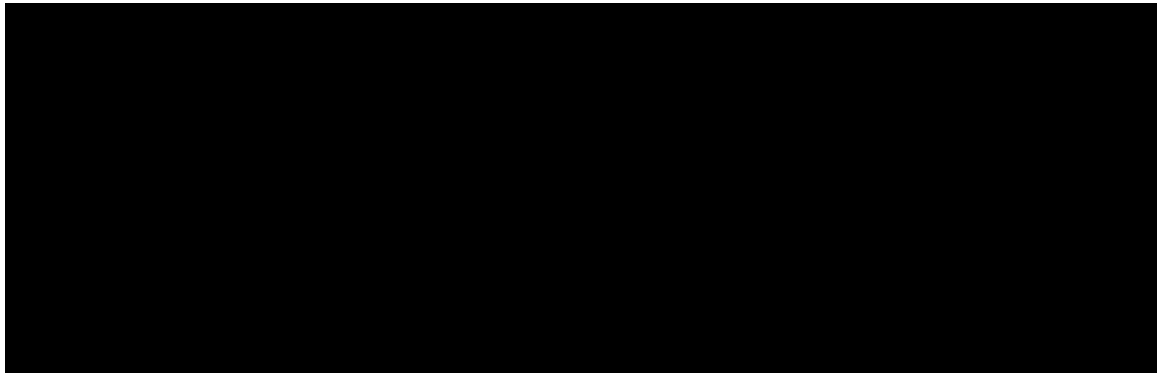
4. Provide a detailed description of services available to recipients as a result of the proposed expansion. Specify how these services will be provided and the staff positions responsible for providing the service. Identify the provider of any services to be delivered by other than the provider of the licensed program. For programs expanding to serve children, describe plans to coordinate with the family and the school.

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Schedule 20A

The proposed expansion will enhance access to inpatient mental health care for adolescents in Brooklyn. The expanded services, including the added staff positions and the services provided, will be modeled after the existing inpatient psychiatry program. The expanded program will follow existing policies, procedures and quality standards. Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

5. Indicate the fiscal impact of the expansion. Provide the incremental increases to expenses and revenues. If additional Medicaid is proposed to support the expansion, for projects other than Article 31 clinics, indicate the source and availability of the state share of Medicaid.


. Please refer to the budgetary schedules provided in CON Schedule 13 for additional information.

Section C - Attachments for Other Projects Requiring Prior Approval of OMH

In all projects, identify the program affected.

1. **Reduce Existing Program Not Applicable**
 - a. Indicate proposed effective date for reduction.
 - b. Describe the reasons for the reduction and the impact (if any) on individuals currently receiving services.
2. **Closure of Program or Site Not Applicable**
 - a. Indicate proposed effective date of closure.
 - b. Describe the reasons for closing the program or site.
 - c. Submit a transition plan showing that recipients will be linked to appropriate alternative programs, the alternative programs have agreed to accept the referrals, recipient transportation needs will be addressed, and follow-up will occur to confirm recipient linkage to programs.
 - d. If the rationale for closure includes fiscal considerations, provide documentation to substantiate the lack of fiscal viability in the long-term.
 - e. Submit a plan for safeguarding recipient records and financial accounts.
 - f. Describe the process and timeframe for evaluation and placement of recipients and completion of other activities to conclude the affairs of the program.
3. **Change in Location Not Applicable**
 - a. Indicate proposed effective date of relocation.
 - b. Identify the new location.
 - c. Describe the reasons for the relocation.
 - d. Describe how access and transportation needs will be addressed.
 - e. Provide a description of the premises to be used. Include appropriately labeled sketch drawings showing use and dimensions of rooms.

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Schedule 20A

- f. Provide a Certificate of Occupancy or equivalent from the local buildings jurisdiction prior to occupancy.
 - g. If program relocates to new county or borough, complete Section A (1-7).
4. **Change of Sponsor Not Applicable**
 - a. Identify new sponsor and current sponsor.
 - b. Describe the reasons for changing sponsorship of the program(s).
 - c. Include written concurrence from the current sponsor for transfer of the program(s). If current sponsor is a corporation include resolution from the Board of Directors.
 - d. Describe any changes to be made in operation of the program(s).
 - e. Describe the qualifications of the new sponsor for the operation of mental health programs.
 - f. Indicate any financial considerations involved in the change of sponsor.
 - g. Submit a transition plan, including timeframes, for the change of sponsor.
5. **Capital Project**
 - a. Describe the reasons for the project.

Maimonides Medical Center is seeking approval to increase the number of its inpatient psychiatric beds from 70 to 90, an increase of 20 beds for the purpose of creating a 20-bed inpatient adolescent unit. The proposed adolescent unit will be located on the fifth floor of the [REDACTED] building located at [REDACTED] Brooklyn (Kings County), New York 11219, which will be gutted and renovated. Renovations will be done to ensure compliance with the Patient Safety Standards, Materials and Systems Guidelines recommended by the New York State Office of Mental Health.
6. **Change in Population Served Not Applicable**
 - b. Describe the population currently served in the program. Include quantitative and qualitative data.
 - c. Describe the population being added to or deleted from the program. Include quantitative and qualitative data.
 - d. Explain the reasons for the change in population.
 - e. If adding population, provide justification and data to support the need to serve this population.
 - f. Describe the impact of the addition or deletion on the existing program in terms of services, staffing, staff expertise, linkages, space, capacity or caseload, and fiscal (including the impact on the state share of Medicaid, for projects other than Article 31 Clinics).
7. **Other Projects Not Applicable**
 - a. Describe the project and the reasons for requesting approval. If an emergency situation, fully describe the nature of the emergency and the necessity for approval.
 - b. If a management contract or clinical services contract, provide:
 - I. Reasons for entering into the proposed contract
 - II. Copy of the proposed contract.
 - III. Background on the principals, officers, and directors of the organization.
 - IV. Information in sufficient detail to enable review of the project pursuant to Part 551.7(a)(15) of Title 14 NYCRR.

Office of Alcoholism and Substance Abuse Services Program

Not Applicable

This information is required of Article 28 hospitals and diagnostic and treatment centers for projects that include Chemical Dependency (CD) programs subject to an operating certificate or prior approval by the Office of Alcoholism and Substance Abuse Services (OASAS) under Article 32 of the Mental Hygiene Law (MHL). These projects include a new Chemical Dependency (CD) program, or a new site, or a modification to an existing program. Per MHL Article 32, prior consultation with the Local Governmental Unit (LGU) and local OASAS Field Office is required before submission of the Article 28 application.

Section A – Attachments for New Service, New Additional Location or Capacity Increase of beds

1 Program and Service Area

- a) Identify the type CD treatment service to be provided.
- b) Provide a description of the area where the applicant plans to provide CD services.
- c) Describe how the proposed program will function within the network of CD provider in this area.

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2 Need

- a) Provide an assessment of the need for the services requested.
- b) Describe how your organization currently serves the target population (if applicable).
- c) Provide any other information supporting need for the proposed program.

--

3 Functional Program

- a) Mission - Describe the applicant's approach/philosophy regarding the treatment of chemical dependence; include use of self-help services, medication, individual/group counseling and other treatment techniques.
- b) Organization – Describe the lines of authority from the governing body to the proposed program. Indicate the relationship of the program to other programs operated by your agency.
- c) Goals and Objectives - Provide a detailed list including, but not limited to: expected outcomes for patients, planned numbers and frequency of service delivery, planned length of stay and other proposed measures of success.
- d) Policies and Procedures – Submit detailed CD operational policies and procedures in accord with the proposed services to be provided. (not required when adding an additional location or a capacity increase of beds)
- e) Additional Locations – Indicate current annual number units of services at main location and projected annual number units of services at the additional location.
- f) Services – Describe the proposed operating schedule including days and hours.
- g) Staffing – Provide a staffing plan for the program. Include descriptions of qualifications and duties for each staff person.
- h) Premises – Provide a description of the premises to be used by the program. Include floor plan sketches drawn to scale.
- i) Provide a Certificate of Occupancy or equivalent from the local buildings jurisdiction.

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4 Fiscal

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Schedule 20B

- a) Submit a proposed budget for pre-operational expenses and first year of full operation.

5

Describe start-up or phase-in activities necessary to implement the program. Include timeframes in your description.

Section B – Relocation an existing service.

- 1 Change in Location
- a) Indicate the proposed effective date of relocation.
 - b) Identify the new location.
 - c) Describe the reasons for the relocation.
 - d) Describe how access and transportation needs will be addressed.
 - e) Provide a description of the premises to be used by the program. Include floor plan sketches drawn to scale.
 - f) Provide a Certificate of Occupancy or equivalent from the local buildings jurisdiction.
 - g) If the program relocates to a new county or borough, Complete Section A (1).

Section C – Change of Sponsor

- 1 Change in Sponsor
- a) Identify the new sponsor and the current sponsor.
 - b) Describe the reasons for changing sponsorship of the program(s).
 - c) Include written concurrence from the current sponsor for transfer of the program(s). If current sponsor is a corporation, include a resolution from the Board of Directors.
 - d) Describe any changes to be made in the operation of the program(s).
 - e) Describe the qualifications of the new sponsor for the operation of CD programs.
 - f) Indicate any financial considerations involved in the change of sponsor.
 - g) Submit a transition plan, including timeframes, for the change of sponsor.