

Application Number: 242334

Facility Name: Montefiore Medical Center - Henry & Lucy Moses Div

Project Description:

Executive Summary

Montefiore Medical Center is proposing to renovate space on the [REDACTED] at the Moses Division which currently is a portion of a medical/surgical unit and convert the space for an additional 4 beds for the adjacent Coronary Care Unit, expanding the Coronary Care Unit from 12 beds to 16 beds.

The expansion of Adult Coronary Care Unit services will meet the need for complex cardiac care. The number of heart transplants and LVAD procedures have been increasing. These patients require access to Coronary Care Unit beds. As Montefiore is the only Transplant Center in the Bronx, we need to expand capacity for these patients. In addition, critically ill cardiac patients often require assisted ventilation and/or temporary mechanical support while they recover or wait for permanent surgical procedures, and those services can only be provided in a dedicated cardiac intensive care environment. We increasingly use temporary mechanical circulatory support devices for patients, who require a CCU bed.

This expansion will help us reallocate our existing bed resources to better serve our community. Montefiore continues to be focused on investing in the Bronx and in our communities

Through this project, Montefiore Medical Center will renovate space on the [REDACTED] on the Moses campus to convert space currently housing medical/surgical beds into 4 additional coronary care beds, expanding the current 12 bed coronary care unit into a 16-bed coronary care unit. The project will expand capacity to serve the complicated clinical needs of the service area, including rising rates of heart-related conditions, such as heart attacks, heart disease, heart infection, and recovery from heart surgery. The expanded CCU will make this critical service more available for patients and their families while supporting the care team in delivering advanced life-saving care.

The space on [REDACTED] that is planned to be renovated for these additional CCU beds is directly adjacent to the current CCU. This space currently consists of 10 medical/surgical beds. We would renovate this space for 4 additional CCU beds. In order to accomplish this goal, the unit will need general construction, additional monitoring capabilities and additional staff to accommodate the new mix of patients.

Limited Review Application

State of New York Department of Health
Office of Primary Care and Health Systems Management

LRA Cover Sheet

Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite “Construction”. If so, and **total** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). **Please read the LRA Instructions to ensure submission of an appropriate and complete application:**

- Minor Construction** – Minor construction project with total project costs of up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities, if not relating to clinical space – check “Non-Clinical” box below).

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, and 6.

- Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities. (**NOT** necessary for “1-for-1” replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limited review and CON review for one for one equipment replacement)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, and 5.

- Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities; or convert beds within approved categories. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 6, 7, 8, 10, and 12. *If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms). If proposing to convert beds within approved categories, an LRA Schedule 6 and all supporting documentation are required to confirm appropriate space for the new use.

- Cardiac Services** – Project by an appropriately certified facility to add electrophysiology (EP) services; or add, upgrade or replace a cardiac catheterization laboratory or equipment. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 7, 8, 10, and 12.

- Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area which involve a total project cost up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, 6 and 7. Also include a Closure Plan for vacating extension clinic.

- Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for “part-time clinic”. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 8, 10, 11, and 12.

OPERATING CERTIFICATE NO. 700006H	CERTIFIED OPERATOR Montefiore Medical Center	TYPE OF FACILITY Hospital
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OPERATOR ADDRESS – STREET & NUMBER 111 E. 210 th Street		PFI 1169	NAME AND TITLE OF CONTACT PERSON Randi Kohn, AVP, Regulatory Planning		
CITY Bronx	COUNTY Bronx	ZIP 10467	STREET AND NUMBER 111 E. 210 th Street		
PROJECT SITE ADDRESS – STREET & NUMBER 111 E. 210 th Street		PFI 1169	CITY Bronx	STATE NY	ZIP 10467
CITY Bronx	COUNTY Bronx	ZIP 10467	TELEPHONE NUMBER 7189206080	FAX NUMBER	
TOTAL PROJECT COST: \$ 5,039,111			CONTACT E-MAIL: rkohn@montefiore.org		

(Rev 09/2019)

Project Narrative

Montefiore Medical Center is proposing to renovate space on the [REDACTED] at the Moses Division which currently is a portion of a medical/surgical unit and convert the space for an additional 4 beds for the adjacent Coronary Care Unit, expanding the Coronary Care Unit from 12 beds to 16 beds. The capital costs related to this project are estimated to be \$5,039,111.

Background

Montefiore Medical Center – Montefiore Hospital at the Moses Campus currently is licensed for 12 adult Coronary Care beds. The 12 bed Coronary Care Unit is on the sixth floor of the Foreman Pavilion.

There has been a need to increase this number of CCU beds, as the provision of tertiary and quaternary care has grown and the patients admitted to Montefiore present with increasing complexities. The Montefiore Moses campus currently consists of only 48 adult intensive care beds and 12 CCU beds, 7.35% of the total bed capacity. Note that the national ratio of critical care beds to total beds has been found to be 14%-16%. Over the last several years, our complexity and the acuity of patients have continued to grow. In addition, we have experienced increases in our surgical volume necessitating the expansion of our intensive care capacity.

We continue to grow our external transfers into our facility. Since 2019, our transfer center has had a 30% increase in transfers. Each day, we are challenged due to our limited bed capacity. We have seen growth in the Montefiore Health System, which requires our ability at the Moses hospital to be able to accept referrals from our member hospitals for quaternary care and intensive care.

The expansion of Adult Coronary Care Unit services will meet the need for complex cardiac care. The number of heart transplants and LVAD procedures have been increasing. These patients require access to Coronary Care Unit beds. As Montefiore is the only Transplant Center in the Bronx, we need to expand capacity for these patients.

In addition, critically ill cardiac patients often require assisted ventilation and/or temporary mechanical support while they recover or wait for permanent surgical procedures, and those services can only be provided in a dedicated cardiac intensive care environment. We increasingly use temporary mechanical circulatory support devices for patients, who require a CCU bed.

This expansion will help us reallocate our existing bed resources to better serve our community. Montefiore continues to be focused on investing in the Bronx and in our communities.

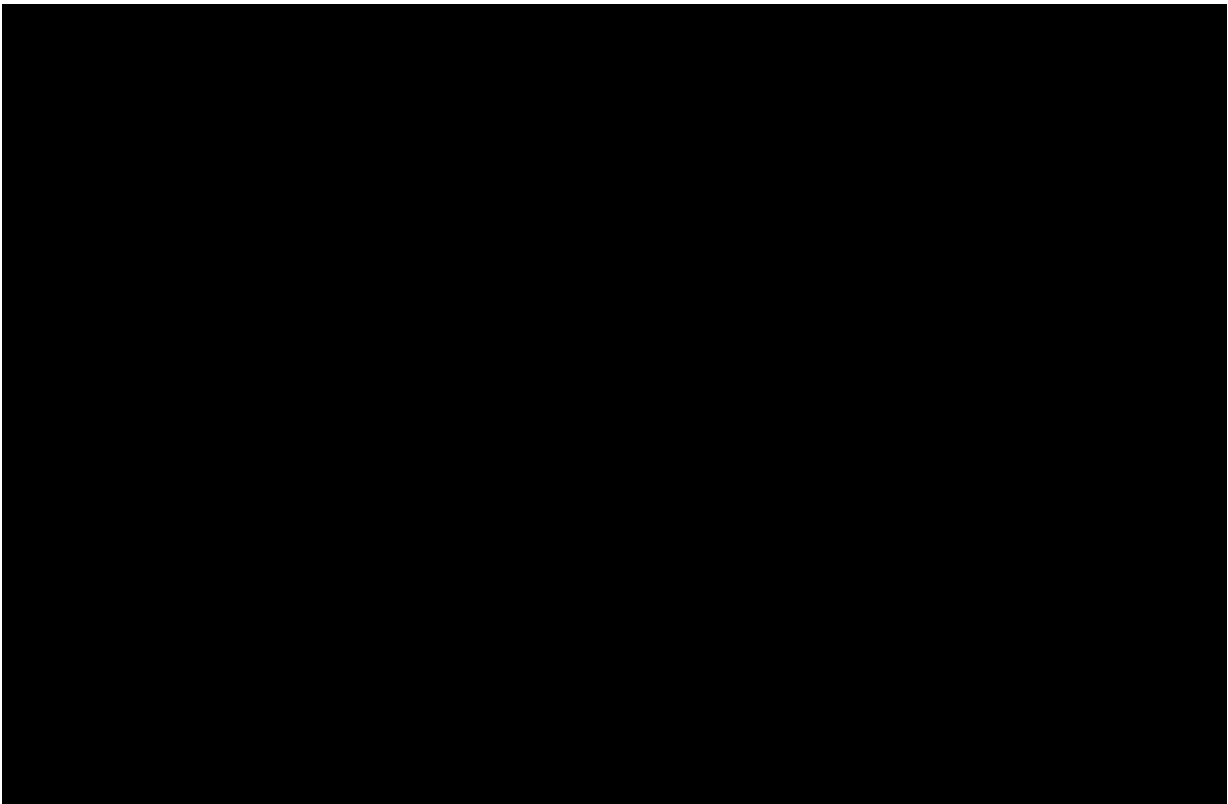
Project Description

Through this project, Montefiore Medical Center will renovate space on the [REDACTED] on the Moses campus to convert space currently housing medical/surgical beds into 4 additional coronary care beds, expanding the current 12 bed coronary care unit into a 16-bed coronary care unit. The project will expand capacity to serve the complicated clinical needs

of the service area, including rising rates of heart-related conditions, such as heart attacks, heart disease, heart infection, and recovery from heart surgery. The expanded CCU will make this critical service more available for patients and their families while supporting the care team in delivering advanced life-saving care.

The space on [REDACTED] that is planned to be renovated for these additional CCU beds is directly adjacent to the current CCU. This space currently consists of 10 medical/surgical beds. We would renovate this space for 4 additional CCU beds. In order to accomplish this goal, the unit will need general construction, additional monitoring capabilities and additional staff to accommodate the new mix of patients.

The additional CCU space will be constructed to include the following:



Impact on Operations and Staffing

This project involves renovating space that currently consists of 10 medical/surgical beds to result in 4 additional CCU beds. The impact on the operating certificate/licensure will be a decrease of 4 medical/surgical beds and an increase of 4 CCU beds. The other 6 medical/surgical beds will remain on the operating certificate, as they will be available as part of our other medical/surgical bed complement. This project will not impact the total overall bed count at the Moses Division.

The new coronary care beds will be staffed, as the current CCU, based on the patient acuity. We will provide for the appropriate nurse/patient staffing ratio.

The impact on overall Montefiore Medical Center operations - staff, revenue and expenses as a result of this project is as follows:

- Addition of 46 FTEs, including physicians, physician assistants, RNs, techs and other support staff

- [REDACTED]
- [REDACTED]

Impact of the Project

The impact of the project will increase the availability of intensive coronary care services closer to the Bronx communities, where most of our patients live and will increase our capacity to care for patients with complicated clinical needs and life-threatening health issues.

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 2

Total Project Cost

ITEM	ESTIMATED PROJECT COST
1.1 Land Acquisition <i>(attach documentation)</i>	\$
1.2 Building Acquisition	\$
	1.1-1.2 Subtotal: 0.00
2.1 New Construction	\$
2.2 Renovation and Demolition	\$ 3,187,463.35
2.3 Site Development	\$ 41,600.00
2.4 Temporary Power	\$
	2.1-2.4 Subtotal: 3,229,063.35
3.1 Design Contingency	\$ 315,590.43
3.2 Construction Contingency	\$ 315,590.43
	3.1-3.2 Subtotal: 631,180.86
4.1 Fixed Equipment (NIC)	\$ 41,600.00
4.2 Planning Consultant Fees	\$ 62,400.00
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	\$ 371,866.52
4.4 Construction Manager Fees	\$
4.5 Capitalized Licensing Fees	\$
4.6 Health Information Technology Costs	\$
4.6.1 Computer Installation, Design, etc.	\$
4.6.2 Consultant, Construction Manager Fees, etc.	\$
4.6.3 Software Licensing, Support Fees	\$
4.6.4 Computer Hardware/Software Fees	\$
4.7 Other Project Fees (Consultant, etc.)	\$
	4.1-4.7 Subtotal: 475,866.52
5.1 Movable Equipment	\$ 702,000.00
6.1 Total Basic Cost of Construction	\$ 5,038,110.73
7.1 Financing Cost (points, fees, etc.)	\$
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ @ % for months	
7.3 Application Fee	\$ 1,000
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	\$ 5,039,110.73

If this project involves construction enter the following anticipated construction dates on which your cost estimates are based.

Construction Start Date: on or before 2/1/2026

Construction Completion Date: on or before 8/30/2026

(Rev. 1/31/2013)

Limited Review Application

Schedule LRA 3

State of New York Department of Health/Office of Health Systems Management

Proposed Plan for Project Financing

A. LEASE

If any portion of the cost for land, building or Equipment is to be financed through a lease, rental agreement or lease/purchase agreement, complete the chart at the right.

A complete copy of each proposed lease must be submitted.

Attachment # _____

ITEM	COST AS IF PURCHASED
	\$
	\$
	\$
	\$
	\$

B. CASH

If cash is to be used, complete the chart at the right.

Attach a copy of the latest certified financial Statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # 1 and 2

Accumulated Funds	\$ 5,039,111.00
Sale of Existing Assets*	\$
Other – (i.e. gifts, grants, **etc.)	\$
TOTAL CASH	\$ 5,039,111.00

*Attach a full and complete description of the assets to be sold.

Attachment # _____

** If grants, attach a description of the source of financial support

Attachment # _____

C. DEBT FINANCING

If the project is to be financed by debt of any type, complete the chart at the right.

Attach a copy of the proposed letter of interest From the intended source of permanent financing.

This letter must include an estimate of the Principal, term, interest rate and pay-out period presently being considered.

Attachment # _____

Principal	\$
Interest Rate	%
Term	Yrs
Pay-out Period	Yrs
Type *	

* Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Agency Name:	NYC Department of Buildings		
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	Agency Name:			
	Contact Name:			

	Address:				
	State and Zip Code:				
	E-Mail Address:				
	Phone Number:				
	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
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	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
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
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).			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Moderate to Low Risk Area			Yes	No
	Zone	Description		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	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.			<input type="checkbox"/>

C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	<input type="checkbox"/>	
High Risk Areas		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	<input type="checkbox"/>	
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).	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	
Undetermined Risk Area		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	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?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	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?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, which floodplain?	100 Year	<input type="checkbox"/>	
		500 Year	<input type="checkbox"/>	

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

[FEMA Elevation_Certificate_and Instructions](#)

Schedule 6 Architectural/Engineering Submission

Contents:

- Schedule 6 – Architectural/Engineering Submission

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

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

Instructions

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

Architecture/Engineering Narrative

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

Project Description	
Schedule 6 submission date: 7/26/2024	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: Montefiore wishes to gut renovate less than twenty five percent of the existing [REDACTED] [REDACTED]. The [REDACTED] renovation will renovate eight existing single and double Telemetry beds to add four all single beds to the existing Coronary Care Unit. The support areas will also be renovated to include the care station, meds, nourishment, clean, soiled, and equipment supply rooms as well as staff support areas including staff lounge, office, multipurpose, and room.	

New York State Department of Health Certificate of Need Application

Schedule 6

<p>Site Location: Montefiore Medical Center Moses Campus is located at 111 E 210th street. Bronx, NY 10467. This project scope is located within the [REDACTED] n.</p>	
<p>Brief description of current facility, including facility type: Montefiore Medical Center Moses Campus is an Inpatient hospital located on E 210th street, between Dekalb Avenue and Banbridge Avenue.</p>	
<p>Brief description of proposed facility: This project scope is within the existing facility. A portion of the existing medical surgical telemetry unit will be renovated to add four beds, expanding the existing twelve bed Coronary Care Unit.</p>	
<p>Location of proposed project space(s) within the building. Note occupancy type for each occupied space. [REDACTED] Occupancy type I</p>	
<p>Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: N/A. No mixed occupancy.</p>	
<p>If this is an existing facility, is it currently a licensed Article 28 facility?</p>	<p>Yes</p>
<p>Is the project space being converted from a non-Article 28 space to an Article 28 space?</p>	<p>No</p>
<p>Relationship of spaces conforming with Article 28 space and non-Article 28 space: The entire floor is Article 28 space.</p>	
<p>List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. No Exceptions</p>	
<p>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. This project will include HVAC, plumbing, electrical, water supply, and fire protection systems that will be redistributed from existing building infrastructure to serve the new program.</p>	<p>Choose an item. Yes.</p>
<p>Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. [REDACTED]</p>	
<p>Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. [REDACTED]</p>	

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

Schedule 6

<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
<p>Describe existing and or new work for fire detection, alarm, and communication systems: The existing fire alarm and nurse call systems will be modified to accommodate the new floorplan and devices as required. .</p>	
<p>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. Click here to enter text.</p>	
<p>Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. Click here to enter text.</p>	
<p>Does the project comply with ADA? If no, list all areas of noncompliance. Yes Click here to enter text.</p>	
<p>Other pertinent information: Click here to enter text.</p>	
Project Work Area	Response
Type of Work	Renovation
Square footages of existing areas, existing floor and or existing building.	Existing floor – 35,880 BGSF
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	4,170 DGSF
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type I (443)
Building Height	127'-3" feet
Building Number of Stories	8 FLOORS
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?	Yes
If a high-rise, does the building have a generator?	Yes
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. Click here to enter text.	No
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 plans. Click here to enter text.	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. Click here to enter text.	Not Applicable

New York State Department of Health Certificate of Need Application

Schedule 6

Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	Not Applicable
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Changing 9 Med/Surg Beds to be 4 CCU beds	Yes
Changes in the number of occupants? If yes, what is the new number of occupants? The occupant load will decrease. Proposed Occupants = 25	Yes
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? YES	Yes
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? YES	Yes
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Yes
Does the project involve a pool?	No

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

Limited Review Application

Schedule LRA 7

State of New York Department of Health
Office of Primary Care and Health Systems Management

Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
Revenues			
Service Revenue			
Grants Funds			
Foundation			
Other			
Fees			
Other Income			
(1) Total Revenues			
Expenses			
Salaries and Wage Expense			
Employee Benefits			
Professional Fees			
Medical & Surgical Supplies			
Non-Medical Equipment			
Purchased Services			
Other Direct Expense			
Utilities Expense			
Interest Expense			
Rent Expense			
Depreciation Expense			
Other Expenses			
(2) Total Expense			
Net Total - (1-2) →			

Limited Review Application

Schedule LRA 7A

State of New York Department of Health
Office of Primary Care and Health Systems Management

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 Patient discharges

Inpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Patient Days or dis- charges	Net Revenue*		Patient Days or dis- charges	Net Revenue*		Patient Days or dis- charges	Net Revenue*	
			%	Dollars (\$)		% based on days or discharges	Dollars-\$		% based on days or discharges	Dollars-\$
Commercial	Fee for Service									
	Managed Care	██████████	██████████	██	██	██████████	██	██	██████████	
██████████	██████████	██████████	██████████	██	██	██████████	██	██	██████████	
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(Rev. 7/2015)

Outpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Visits	Net Revenue*		Visits	Net Revenue*		Visits	Net Revenue*	
			%	Dollars (\$)		%	Dollars (\$)		%	Dollars (\$)
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total			100%			100%			100%	

Total of Inpatient and Outpatient Services									
--	--	--	--	--	--	--	--	--	--

	Title of Attachment	Filename of attachment
1. In an attachment, provide the basis and supporting calculations for all revenues by payor.	Revenue support	Revenue support.pdf
2. In an attachment, provide the basis for charity care.	Revenue support	Revenue support.pdf

*Net of Deductions from Revenue

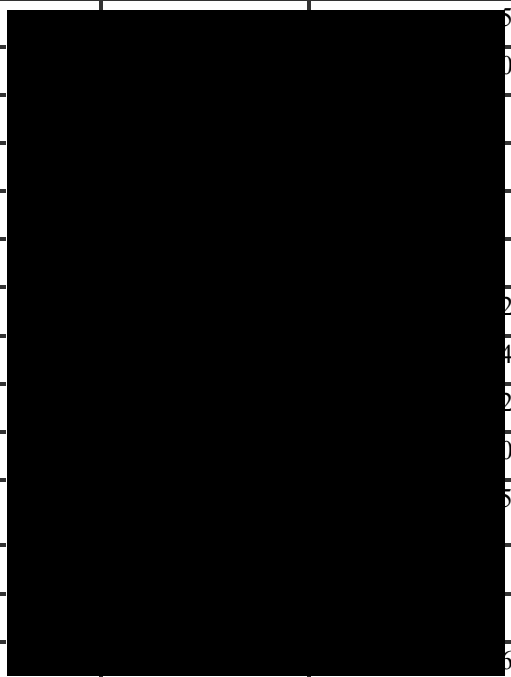
Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 8

Staffing

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year of implementation	Third Year of implementation
Health Providers**:			
Medical Staff/Physicians			5
Physician Assistants			0
Support Staff***:			
Management/Supervisory			
Registered Nurses NYSNA			2
1199 Un Serv, NA and Maintenance			4
1199 Union Clerical			2
1199 Union Technicians			0
Physical Therapists			5
All Other			
Total Number of Employees			5



* Last complete year prior to submitting application

** "Health Providers" includes all providers serving patients at the site. A Health Provider is any staff who can provide a billable service – physician, dentist, dental hygienist, podiatrist, physician assistant, physical therapist, etc.

*** All other staff.

Describe how the number and mix of staff were determined:

This is based on the current staffing for our existing coronary care units.

PLEASE COMPLETE THE FOLLOWING:

1. Are staff paid and on Payroll? Yes No
2. Provide copies of contracts for any independent contractor. N/A
3. Please attach the Medical Doctors C.V. N/A
4. Is this facility affiliated with any other facilities?
(If yes, please describe affiliation and/or agreement.) Yes No

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 10

The Sites Tab in NYSE-CON has replaced Schedule LRA 10. Schedule LRA 10 is only to be used when submitting a Modification, in hardcopy, after approval or contingent approval. However, due to programming issues, you may still be required to upload a blank Schedule LRA 10 to submit a Service Delivery LRA application.

Impact of Limited Review Application on Operating Certificate (services specific to the site)

Instructions:
“Current” Column: Mark "x" in the box only if the service *currently* appears on the operating certificate (OpCert), prior to any requested changes
“Add” Column: Mark "x" in the box if this CON application seeks to add.
“Remove” Column: Mark "x" in the box if this CON application seeks to decertify.
“Proposed” Column: Mark "x" in the boxes corresponding to all the services that will ultimately appear on the OpCert if this CON application is approved.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
Coronary Care		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Surgical		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 12

Assurances

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 (Title 10).
- 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 insure 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.

12/31/2024

Date



Signature

Randi Kohn

Name (Please Type)

Assistant Vice President, Regulatory Planning

Title (Please Type)

**New York State Department of Health
Health Equity Impact Assessment Requirement Criteria**

Effective June 22, 2023, a Health Equity Impact Assessment (HEIA) will be required as part of Certificate of Need (CON) applications submitted by facilities (Applicant), pursuant to Public Health Law (PHL) § 2802-b and corresponding regulations at Title 10 New York Codes, Rules and Regulations (NYCRR) § 400.26. This form must be used by the Applicant to determine if a HEIA is required as part of a CON application.

Section A. Diagnostic and Treatment Centers (D&TC) - This section should only be completed by D&TCs, all other Applicants continue to Section B.

Table A.

Diagnostic and Treatment Centers for HEIA Requirement	Yes	No
Is the Diagnostic and Treatment Center’s patient population less than 50% patients enrolled in Medicaid and/or uninsured (combined)?	N/A	
Does the Diagnostic and Treatment Center’s CON application include a change in controlling person, principal stockholder, or principal member of the facility?	N/A	

- ***If you checked “no” for both questions in Table A, you do not have to complete Section B – this CON application is considered exempt from the HEIA requirement. This form with the completed Section A is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section A, along with the CON application to acknowledge that a HEIA is not required.***
- ***If you checked “yes” for either question in Table A, proceed to Section B.***

Section B. All Article 28 Facilities

Table B.

Construction or equipment	Yes	No

<p>Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following:</p> <ul style="list-style-type: none"> a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? <p><i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and</i></p>	✓	
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June 2023

<p><i>less than or equal to \$6,000,000 for all other facilities are eligible for a Limited Review.</i></p>		
<p>Establishment of an operator (new or change in ownership)</p>	Yes	No
<p>Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, <u>AND</u> will result in one or more of the following:</p> <ul style="list-style-type: none"> a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care? 		✓
<p>Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity</p>	Yes	No
<p>Is the project a transfer of ownership in the facility that will result in one or more of the following:</p> <ul style="list-style-type: none"> a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care? 		✓
<p>Acquisitions</p>	Yes	No

Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		✓
All Other Changes to the Operating Certificate	Yes	No
Is the project a request to amend the operating certificate that will result in one or more of the following: a. Elimination of services or care; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or; d. Change in location of services or care?	✓	

*Calculate the percentage change from the number of certified/authorized beds and/or certified/authorized services (as indicated on the facility's operating certificate) specific to the category of service or care. For example, if a residential health care facility adds two ventilator-dependent beds and the facility had none previously, this would exceed the 10% threshold. If a hospital removes 5 out of 50 maternity certified/authorized beds, this would meet the 10% threshold.

• **If you checked "yes" for one or more questions in Table B**, the following HEIA documents are required to be completed and submitted along with the CON application:

- HEIA Requirement Criteria with Section B completed
- HEIA Conflict-of-Interest

June 2023

- HEIA Contract with Independent Entity
- HEIA Template
- HEIA Data Tables
- Full version of the CON Application with redactions, to be shared publicly

• **If you checked "no" for all questions in Table B**, this form with the completed Section B is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.

June 2023



New York State Department of Health – Health Equity Impact Assessment Template
 Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	Expanding from 12 to 16 CCU Beds at Montefiore Medical Center – Moses Campus
2. Name of Applicant	Montefiore Medical Center – Moses Campus 111 E 210th St, Bronx, NY 10467
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>SmartRise Health, 447 Broadway, 2nd Fl. Suite 303, New York, NY 10013 Vanessa Guzman, CEO, SmartRise Health, vanessa@smartrisehealth.com, (646) 680-9046 Ruth Harmon, Vice President, Strategy & Operations, SmartRise Health, ruth.harmon@smartrisehealth.com, (914) 708-6878 Joe Hinderstein, Principal Consultant, SmartRise Health, Project Leader, jhinderstein@smartrisehealth.com, (914) 815-0902</p>
4. Description of the Independent Entity’s qualifications	<p>SmartRise Health engages with health systems, Accountable Care Organizations (ACOs), payers, manufacturers, and technology companies on health equity, value-based care, population health, and quality improvement programs. The consultancy partners with payers, providers, manufacturers, and technology companies to address Health Equity goals, such as:</p> <ul style="list-style-type: none"> • Readiness for NCQA Health Equity Accreditation requirements (Steward Health Care Network, Fallon Health Plan) • Learning Collaboratives and Fellowship Programs (Providence Health and Services) • Strategic Plan Design (Hospital for Special Surgery) • Value-Based Care Enablement (Crystal Run Healthcare) • Thought Leadership (Bill & Melinda Gates Foundation and the United Nations). <p>SmartRise has designed a Health Equity Impact Assessment approach that integrates community and patient engagement concepts to drive health equity and ensure equitable representation on capital projects.</p> <ul style="list-style-type: none"> • The framework uses stakeholder engagement as a fundamental component to understanding how capital projects impact marginalized populations, while developing equitable and achievable mitigation steps to ensure projects are approved. <p>In similar projects, SmartRise Health has leveraged this methodology using the Institute for Healthcare Improvement’s (IHI) quality improvement model, across various stakeholders, including payers, policymakers (CMS, NCQA, ONC), provider networks, community-based organizations, pharmaceutical and technology organizations looking to promote equitable access to care.</p>



5. Date the Health Equity Impact Assessment (HEIA) started	June 24 th , 2024
6. Date the HEIA concluded	November 25 th , 2024

7. Executive summary of project (250 words max)
<p>Montefiore Medical Center – Moses Campus (the Applicant), an 816-bed acute care facility in the Bronx, is seeking to re-purpose existing Med/Surg space by adding four Coronary Care Unit (CCU) beds, bringing the Applicant’s total CCU beds from 12 beds to 16. The project will expand capacity to serve the complicated clinical needs of the service area, including rising rates of heart-related conditions, such as heart attacks, heart disease, heart infection, or recovery from heart surgery.</p>
8. Executive summary of HEIA findings (500 words max)
<p>Montefiore Medical Center contracted SmartRise Health (Independent Entity) for its Health Equity Impact Assessment (HEIA). The project will help increase access to care for coronary care for all populations. Because the Applicant has traditionally served a high percentage of medically underserved patients in coronary care, and the Applicant is the only Quaternary Care site in the Bronx, the project will have a positive improvement in reducing health inequities and disparities, while improving access.</p> <p>Community background: The Bronx Borough has a higher age-adjusted heart attack hospitalization rate per 10,000 population with 12.6 per 10,000 as compared with New York City overall, with 11.9 per 10,000 (2016-2018.) In 2015 across all of New York City, “heart disease and stroke together accounted for 24% of all premature deaths (death before age 65) among New York City adults.” An individual’s risk of chronic and acute heart conditions is attributed to the physical environment, economic, social conditions, individual behavior, and access to resources. Behaviors such as an unhealthy diet, high sodium consumption, physical inactivity, excessive alcohol consumption, smoking, and an unhealthy diet lead to conditions such as high blood pressure, high cholesterol, diabetes, and obesity. These conditions can lead to cardiac events (i.e. heart attacks). Across New York City from 2011-2015, disparities are prevalent. As an example, Black adults have over 3x the premature death rate due to stroke than Whites, and the rate of premature death due to stroke in very high poverty neighborhoods is over 3x that of low poverty neighborhoods.</p> <p>Benefits/Drawbacks: The project will enable the Applicant to meet the growing need of cardiac care cases and patients in the Bronx and Westchester. Potential, although unlikely, drawbacks: 1) re-purposing existing Med/Surg space in a manner that negatively impacts capacity; 2) the Applicant’s payer mix changes and these beds disproportionately come to serve commercially insured patients from outside the service area.</p> <p>Current state: Today, the Applicant’s Moses Campus has 12 CCU beds. A majority of the patients who receive critical care services at the Applicant’s Moses Campus represent multiple medically underserved populations, including Older Adults, Individuals with Public Insurance, Racial & Ethnic Minorities, People with Chronic Conditions, and other underserved populations. A lack of CCU beds negatively impacts patient care through prolonged waiting periods for beds, which occasionally leads to patients expiring.</p> <p>Summary of activities: SmartRise Health conducted community engagement activities with 52 individuals across various modalities, including statements of perspective, survey responses, and engaging the New York City Department of Health and Mental Hygiene. All parties were in favor of the project.</p>



Source: [Bronx Community Health Profile](#), [New York City Epidemiological Data Brief](#).

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

1. Demographics of service area: Complete the “Scoping Table Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.

SmartRise Health has submitted the data for the service area, the Bronx Borough of New York City, in the designated spreadsheet. The service area includes the following 25 zip codes: 10451, 10452, 10453, 10454, 10455, 10456, 10457, 10458, 10459, 10460, 10461, 10462, 10463, 10464, 10465, 10466, 10467, 10468, 10469, 14070, 14071, 14072, 14073, 14074.

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:

- Low-income people
- Racial and ethnic minorities
- Immigrants
- Women
 - Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- People with disabilities
- Older adults
 - Persons living with a prevalent infectious disease or condition
 - Persons living in rural areas
- People who are eligible for or receive public health benefits
 - People who do not have third-party health coverage or have inadequate third-party health coverage
 - Other people who are unable to obtain health care



3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

Low-Income People were determined through the US Census and Stakeholder Engagement.

Racial and Ethnic Minorities were determined through the [Bronx Community Health Profile, New York City Epidemiological Data Brief](#), and Stakeholder Engagement.

People who are eligible for or receive public health benefits determined through Information Provided by the Applicant.

People who do not have third-party health coverage determined through [Institute of Medicine \(US\) Committee on the Consequences of Uninsurance. Care Without Coverage: Too Little, Too Late](#) and [Insurance disparity in cardiovascular mortality among non-elderly cancer survivors](#).

Immigrant population determined through [Understanding Immigration as a Social Determinant of Health: Cardiovascular Disease in Hispanics/Latinos and South Asians in the United States](#), [Cardiovascular health and disease in migrant populations: a call to action](#), & [International Migration and Cardiovascular Health: Unraveling the Disease Burden Among Migrants to North America and Europe](#).

Lesbian, gay, bisexual, transgender, or other-than-cisgender people determined through [Heart Disease in the LGBTQIA+ Community, Overcoming LGBTQI+ Disparities in Cardio-Oncology: A Call to Action, Why L.G.B.T.Q. Adults Are More Vulnerable to Heart Disease](#).

Older adults determined through Information Provided by the Applicant and Stakeholder Engagement.

4. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

The additional Cardiac Care Unit capacity will enhance the experience and quality of care for all medically underserved populations.

- **Meet the need for complex cardiac care.** The Applicant has operated 12 CCU beds on the 2nd floor for multiple decades and relocated those 12 CCU beds to the [REDACTED] in 2014. In 2014, the Applicant performed 10-15 heart transplants per year. Currently performing close to 40 heart transplants per year, the Applicant's growing demand reflects greater need for additional capacity.
- **Expand capacity at the only Transplant Center in the Bronx.** While Manhattan has 4 transplant centers, the Bronx only has one, despite having similarly-sized populations (Bronx has a population of 1.443 million, as compared to 1.646 million in New York County – Manhattan).
- **Create additional space for a service line predominantly used by medically underserved patients.** Currently, over 80% of patients receiving care in the Applicant's 12 CCU beds today are over > 80% Black and/or Hispanic and close to 75% Medicare/Medicaid (which represents the Older Adults & People who are eligible for or receive public health benefits medically underserved groups).

SOURCE: US CENSUS, INFORMATION PROVIDED BY THE APPLICANT.

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?



Today, the CCU services are primarily used to treat medically underserved groups who will continue to access these services following proposed expansion. 89.7% of patients who received care in the CCU from January 1st 2023 – March 31st 2024 live in Bronx zip codes.

FIGURE 1: CCU BED USAGE BY ZIP CODE AT MONTEFIORE MEDICAL CENTER, MOSES & WEILER CAMPUSES

CCU Bed Usage by Zip Code at Montefiore Medical Center, Moses & Weiler Campuses 1/1/2023 – 3/31/2024					
City	Zip Code	Volume	City	Zip Code	Volume
Bronx	10467	120	Bronx	10463	43
Bronx	10461	85	Bronx	10457	28
Bronx	10473	80	Mount Vernon	10550	26
Bronx	10462	75	New Rochelle	10801	28
Bronx	10465	71	Bronx	10459	26
Bronx	10469	63	Bronx	10456	22
Bronx	10472	60	Yonkers	10705	16
Bronx	10466	61	Yonkers	10704	14
Bronx	10468	48	Bronx	10464	14
Bronx	10475	48	Bronx	10453	15
Yonkers	10701	47	Bronx	10452	14
Bronx	10458	45	New Rochelle	10805	14
Bronx	10460	43	Bronx	10451	12

FIGURE 2: CCU BED USAGE BY DEMOGRAPHICS, MOSES CAMPUS

CCU Beds at Montefiore Medical Center – Moses (1/1/2023 – 3/31/2024)								
Race	Volume	Percentage	Race	Volume	Percentage	Ethnicity	Volume	Percentage
Other	257	33%	Patient Declined	27	3.42%	Not Spanish/Hispanic Latino	454	57.54%
White	203	25.73%	Other Pacific Islander	5	0.63%	Spanish/Hispanic/Latino	245	31.05%
Black or African American	200	25.35%	American Indian or Alaska Native	1	0.13%	Patient Unavailable	46	5.83%
Unknown	37	4.69%	Patient Unavailable	34	4.31%	Patient Declined	27	3.42%
Asian	25	3.17%				Not available/Unknown	17	2.15%
By Insurance								
Insurance Category	Patient Volume	Percentage	Insurance Category	Patient Volume	Percentage	Insurance Category	Patient Volume	Percentage
Medicare HMO	198	25.10%	Medicaid HMO	40	5.97%	Healthfirst Medicaid OON	28	3.55%
Medicare FFS	168	21.29%	Healthfirst Medicare OON	39	4.94%	Fidelis Medicaid	27	3.42%
Healthfirst Medicare	62	7.86%	Blue Cross Commercial	38	4.82%			



Medicaid FFS	50	6.34%	Healthfirst Medicaid INN	30	3.80%			
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SOURCE: INFORMATION PROVIDED BY THE APPLICANT.

6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

Montefiore Medical Center is the only Quaternary care facility in the Bronx, which is the highest level of medical care available to patients. The Applicant's Moses Campus is 3.3 miles from the next nearest facility (Bronx-Lebanon Hospital Center). NYC Health + Hospitals/Jacobi (3.7 miles away) and NYC Health + Hospitals/Lincoln (8.4 miles away) are the only other facilities outside the Montefiore network that have CCU beds in the Bronx. Though a predominant portion of current CCU patients are from the Bronx, the Applicant does serve patients from Yonkers, New Rochelle, and Mount Vernon (Westchester). These patients are likely transferred to the Moses Campus from other Montefiore facilities in New Rochelle and Mount Vernon.

FIGURE 3: TOTAL CCU BEDS BY COUNTY

Total CCU Beds Bronx, Manhattan, Westchester			
Bronx	CCU Beds	Westchester	CCU Beds
Bronx-Lebanon Hospital Center	11	Montefiore Mount Vernon	8
Montefiore Medical Center Moses	12	Montefiore New Rochelle	8
Montefiore Medical Center Wakefield	0	NYP Westchester	10
Montefiore Medical Center Weiler	10	NYP Hudson Valley	0
NYC- HHC Jacobi Medical Center	12	Northern Westchester	6
NYC-HHC Lincoln Medical & Mental Health Center	7	Phelps	5
NYC-HHC North Central Bronx Hospital	0	St. Johns (main)	8
St. Barnabas Hospital	0	St. Joseph	6
		Westchester Medical Center	8
		White Plains	8
Manhattan	CCU Beds	Manhattan	CCU Beds
NYC-HHC Bellevue Hospital Center	12	Mount Sinai West	0
NYC-HHC Harlem Hospital Center	6	New York Presbyterian Allen	6
NYC-HHC Metropolitan Hospital Center	6	New York Presbyterian Columbia	18
Mount Sinai Beth Israel	8	New York Presbyterian Cornell	20
Mount Sinai Medical Center	14	New York Presbyterian Lower Manhattan	8
Mount Sinai Morningside	28	New York University Langone	0

SOURCE: INFORMATION PROVIDED BY THE APPLICANT.



7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

As the only Quaternary care site in the Bronx, Montefiore Medical Center’s Moses Campus will remain the only facility in the Bronx that is able to perform transplants. Expanding that capacity will not have an impact on market share. The Applicant has performed roughly 200 heart transplants in the last 5 years. 57% of the transplanted patients were Black and/or Hispanic, as compared to 40% across the region. 40% of the transplant recipients were Female (as compared to 29% in the region). The utilization of the four new beds is expected to have a similar demographic breakdown, including by payer. The Applicant expects 28% of patients to have Commercial – Managed Care, 18% of patients to have Medicare – FFS, 19% Medicare Managed Care, 6% Medicaid FFS, and 29% Medicaid Managed Care.

The addition of four beds is not expected to have an impact on market share, as the extra capacity will help alleviate wait times, which is a component of improving access.

FIGURE 4: DECEASED DONOR TRANSPLANT RECIPIENT DEMOGRAPHIC CHARACTERISTICS AT MONTEFIORE MEDICAL CENTER - MOSES

01/01/2023 – 12/31/2023 Deceased Donor Transplant Recipient Demographic Characteristics			
Source: Scientific Registry of Transplant Recipients			
	Center (%)	Region (%)	US (%)
Ethnicity/Race			
White	40.7	54.0	56.6
African-American	40.7	24.4	24.9
Hispanic/Latino	15.5	15.5	12.5
Asian	0.0	5.5	4.1
Other	0.0	0.3	1.6
Unknown	0.0	0.3	0.3
Age %			
< 2 years	0.0	2.5	3.3
2-11	0.0	3.0	3.4
12-17	0.0	4.7	4.4
18-34	11.1	9.4	10.3
35-49	18.5	18.3	18.0
50-64	51.9	43.5	42.1
65-69	14.8	15.0	14.9
70+	3.7	3.6	3.7
Gender			
Male	59.3	70.1	70.6
Female	40.7	29.9	29.4

SOURCE: INFORMATION PROVIDED BY THE APPLICANT, SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS.

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial



assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

Implementation of the project will not affect the provision of uncompensated care, community services and/or access by minorities and people with disabilities to programs receiving federal assistance. The Applicant's Indigent Care Pool (ICP) in 2023 was \$48.7 million, which is close to 100% of the uninsured volume priced at the Medicaid rate and then reduced by any collections from uninsured patients. Montefiore Health System campuses provide a high amount of Indigent Care. This includes \$2,593,275 at Montefiore Mount Vernon Hospital, \$3,661,019 at Montefiore New Rochelle Hospital, \$5,262,860 at Montefiore Nyack Hospital, and \$5,758,121 at White Plains Hospital.

The Independent Entity reviewed the Applicant's Medicare cost report. The Applicant provided \$30,507,202 in Charity Care. The total cost of Non-Medicare Uncompensated Care in 2022 was \$35,521,483. This does not include the indigent & uncompensated care that other hospitals in Montefiore Health System provide.

SOURCE: INFORMATION PROVIDED BY THE APPLICANT, NYS MEDICAID ENROLLMENT DATABOOK BY MONTH

9. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.

The Independent Entity does not foresee any staffing issues related to the project. Like any other facility, the Applicant is vulnerable to industry-wide shortages of nursing and physician burnout, which are particularly manifested in a high-stress environment of a CCU. Members of the CCU care team include MD's, Residents, Nurses, and Physicians Assistants (PA's). Including PA's in the care model is not traditional for CCUs, but the addition helps to improve care by ensuring patients receive more individualized attention. The nursing ratio is one nurse to every two patients.

10. Are there any civil rights access complaints against the Applicant? If yes, please describe.

[REDACTED]



- [REDACTED]

SOURCE: INFORMATION PROVIDED BY THE APPLICANT.

11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

The Applicant submitted a CON for an ICU expansion earlier this year, which was approved by the Department of Health; the project has not yet commenced. The proposed CCU expansion impact patients with different diagnoses than the ICU expansion project.

STEP 2 – POTENTIAL IMPACTS

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:

- Improve access to services and health care
- Improve health equity
- Reduce health disparities

The Applicant's CCU expansion project will improve access to services and health care, improve health equity, and reduce health disparities for all mentioned underserved populations.

The project will expand access for all populations, including medically underserved groups, by creating additional bed capacity, enabling the Applicant to serve more Bronx residents and serve them more quickly. The Bronx is the poorest county in New York State, with 29.1% of residents living below the poverty line. Close to 75% of current CCU patients have some form of government-sponsored insurance, while many patients using existing beds represent racial and ethnic minorities. By adding additional bed capacity, the Applicant is enabling greater availability (and reducing wait times) to these beds for medically underserved groups.

The project will improve health equity at a structural level, as the Bronx has fewer CCU beds than more affluent boroughs, like Manhattan (the Bronx has 52 CCU beds, while Manhattan has 76). Transportation between boroughs for emergency cardiac care is often burdensome, contributing to poorer health outcomes for medically underserved groups.

SOURCE: INFORMATION PROVIDED BY THE APPLICANT.

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.



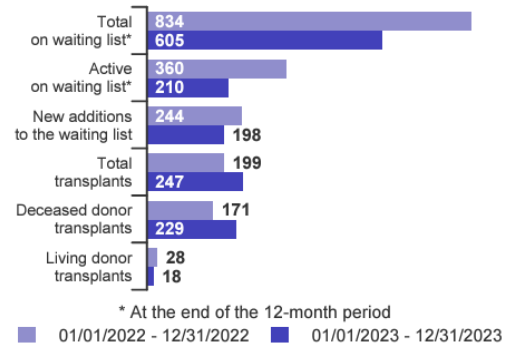
There will be positive impacts to health equity because of the project. Most patients in the Applicant’s currently allotted CCU beds represent medically underserved groups. The addition of four beds will expand capacity and thereby reduce wait times for CCU beds and heart transplants for medically underserved groups.

Though unlikely, given the demographics of patients who currently receive care in the CCU, it is possible that the additional four beds could be used by predominantly White, commercially insured patients from Manhattan and Westchester.

To create space for the 4 additional CCU beds, the Applicant will be converting existing Med/Surg beds. There is a small possibility that reducing Med/Surg capacity could negatively impact patients, in the form of longer wait times for admission to Med/Surg through reduced capacity. The total number of licensed beds will not be changing.

SOURCE: SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS ANNUAL REPORT.

Figure A1. Waiting list and transplant activity



3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

The Applicant has indicated they do not expect any change in the amount of community benefit or indigent care support. Figure 5 below shows the Applicant’s 2021 990 Form Filing, which details their indigent care distribution.

FIGURE 5: 2021 990 FORM FILING, DETAILING FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS PROVIDED BY APPLICANT.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			48,214,293.	19,718,403.	28,495,890.	0.61
b Medicaid (from Worksheet 3, column a)			1,594,759,612.	013,662,573.	581,097,039.	12.47
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			1,642,973,905.	033,380,976.	609,592,929.	13.08
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			82,139,603.	43,301,581.	38,838,022.	0.83
f Health professions education (from Worksheet 5)			371,085,620.	188,658,459.	182,427,161.	3.91
g Subsidized health services (from Worksheet 6)			105,974,398.	70,221,118.	35,753,280.	0.77
h Research (from Worksheet 7)			72,633,134.	42,962,119.	29,671,015.	0.64
i Cash and in-kind contributions for community benefit (from Worksheet 8)			109,659,481.	NONE	109,659,481.	2.35
j Total. Other Benefits			741,492,236.	345,143,277.	396,348,959.	8.50
k Total. Add lines 7d and 7j			2,384,466,141.	378,524,253.	1,005,941,888.	21.58

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2021

4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

The Montefiore Moses Campus is located at 111 East 210th Street, Bronx, NY 10467. The facility is accessible through public transit via the #4 Train and D Train, as well as the Bx1, Bx10, and Bx28 buses. The Applicant has



partnered with New York City's 511 Rideshare program, which offers free assistance for carpooling and public transportation. The Applicant has historically provided MetroCards to enable patients to navigate New York City transit at no or reduced costs.

However, care delivered in the CCU is emergent. Patients often arrive at the hospital via ambulance, private car, or are already at the hospital in a different unit.

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

The Applicant will be renovating space at their Moses Campus in compliance with the Americans with Disabilities Act (ADA).

6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

The Independent Entity does not expect any impact or interruption to the Applicant's delivery of maternal health care services and comprehensive reproductive health care services.

Meaningful Engagement

7. List the local health department(s) located within the service area that will be impacted by the project.

New York City Department of Health and Mental Hygiene's Bureau of Equitable Health Systems.

8. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

Yes, the local health department provided information for and partnered with the Independent Entity for the HEIA of this project. The Independent Entity received the following message from Rebecca Friedman, Policy Manager in the Bureau of Equitable Health Systems for the New York City Department of Health and Mental Hygiene.

"Given the rising need for cardiac care services, the inequities that exist in coronary care needs, and the fact that the Bronx has only one transplant center, we do not see concerns that outweigh the anticipated benefits of this project. The relatively low number of coronary care unit (CCU) beds in the Bronx is a serious health equity concern, and additional beds are urgently needed to better meet the needs of the applicant's underserved patient population, which is primarily composed of Black and/or Hispanic patients and patients covered by Medicare or Medicaid. The entity should monitor use of the beds to ensure the new CCU beds are not primarily occupied by commercially-insured patients and to assess the reduction in wait times and increased ability to meet patient needs resulting from this project. The applicant should also include in its mitigation and monitoring plans how it will ensure that the reduction in medical/surgical beds resulting from the conversion of these beds to CCU beds will not inequitably impact underserved populations in need of other services. The applicant should clarify in its assessment that 4 medical/surgical beds will be lost. The applicant should also elaborate in its plans on how it will effectively address potentially longer wait times for other services and how it will ensure wait times and health outcomes of low-income and Black and brown patients are not worsened by this project."



9. Meaningful engagement of stakeholders: Complete the “Meaningful Engagement” table in the document titled “HEIA Data Table”. Refer to the Instructions for more guidance.

Completed.

10. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?

The Independent Entity worked with The Applicant on a previous HEIA for the expansion of ICU beds at Moses Hospital. Given the similarities in nature of ICU and CCU beds, the Independent Entity previously gathered community engagement project about the impact of ICU beds that should be considered relevant and valid for this project. From that project, the most affected by this project would be older adults, people with chronic conditions, racial and ethnic minorities, and other Bronx residents who are socially vulnerable or marginalized. Other themes included:

- Respondents were appreciative of being included in the planning process and recommended that the Applicant continue to involve them additional planning and improvement efforts. Specifically, community groups recommended that the Applicant share updates in different literacy levels (with an emphasis on photos) to ensure comprehension about upcoming projects.
- All respondents were aware of health inequities in the community and viewed any increase in available services as a positive development. Respondents welcomed the facility modernization and were encouraged by how the project would allow the Applicant to deliver services in a more integrated way (i.e. ‘more services under one roof.’ Respondents also cited the project as a benefit to healthcare workers.
- Respondents emphasized the importance of thoughtful communication with family members, citing the stress of having a loved one who is receiving intensive care.
- Many respondents cited the lack of preparedness for the COVID-19 Pandemic and viewed the project as an opportunity to improve that.
- Multiple respondents voiced concerns around traffic congestion and air pollution during construction, questions about how long the project will take and how patients will be impacted while the unit is under construction (where they will go to receive those services and what will happen because of it).
- While all respondents were enthusiastic about increasing the availability of intensive care unit services, many shared concerns about other healthcare access issues, including high out-of-pocket costs.

11. How has the Independent Entity’s engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

The Independent Entity engaged Public Health Leaders and Patients to understand who will benefit from and who will be burdened by the project. Community Members were provided with verbal explanations of the project after their regularly-scheduled appointments. 100% of community members who were surveyed supported the project. Below are a series of quotes that reflect the overall community sentiment about the role of the project.

- “It is essential that additional beds are added to the cardiac care unit. Every one deserves efficient, thorough, basic standard care. With adding more beds, the residents of this community will be able to receive this level of care.”
- “I feel it is vital to have more beds for patients in need of such care, seeing as Montefiore saved my life, it would be a great disadvantage for someone if there was not a bed for them in a need of help.”



- “As an LVAD to Transplant success, I'd urge the addition of 4 Cardiac Care Unit beds at Montefiore Medical Center - Moses Campus... Quickly. The lives that will be saved will be your Co-worker, family member, friend, or loved one. The continued success must be expanded as soon as possible to serve the endless need of Cardiac Emergencies.”
- “By just adding the 4 new beds will increase the facility capacity of care for patients with serious cardiac conditions. As a person who was previously in need of such facilities. This would be an unbelievable investment for the community.”
- “When I was in the unit. the staff was amazing, they were attentive, knowledgeable and caring. They made me feel like I was the only one on the floor. With the these 4 new beds, the potential for increase patient care with better outcomes is immense. Increasing the number of beds even more increase individuals to receive the quality attention and treatment they deserve during vulnerable times.”

12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

The Independent Entity believes that no medically underserved stakeholders have been excluded from the meaningful engagement activities. All key stakeholders provided support of the project.

STEP 3 – MITIGATION

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
 - a. People of limited English-speaking ability
 - b. People with speech, hearing or visual impairments
 - c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

The Applicant plans to provide in-person interpreters for patients with limited English-speaking abilities, and already offers in-person interpreter services. The Applicant does not have a specific plan for communicating with community-based organizations who represent patients with limited English-speaking ability and people with speech, hearing, or visual impairments at this time. The Application indicated that these details will be solidified at a later date.

Across all service lines and departments, the Applicant’s Customer Service Department helps with those non-English speakers and those who are hearing impaired. The Applicant provides other complimentary resources, such as foreign-language interpreters, sign-language interpreters, American Sign Language interpreters, TTYs (text messaging for the hearing impaired), amplified phones, closed captioning for television, and other assistive and auxiliary devices as required.

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

The Independent Entity views the expansion of Coronary Care Unit services as an important step to providing care for medically underserved populations. However, it’s important that the Applicant continue to invest in upstream interventions related to heart healthy lifestyles and health promotion to ultimately reduce the amount of patients that require these services in the first place.



3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

Through the community engagement process, community voices were supportive of the project and offered their time and perspectives to play a continued role in the development of the project, as well as other services and programming oriented towards cardiac care and heart health.

The Applicant should use existing forums and communication channels to inform community stakeholders, that represent medically underserved groups, about project updates.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

The project invests in important infrastructure that will support additional patients with complex cardiac complications, such as myocardial infarctions (heart attacks), congestive heart failure, congenital heart defects, cardiomyopathies, dysrhythmias, patients waiting for heart transplants, and post-heart transplant patients.

While additional acute care capacity for cardiac care is a step in the right direction for the Bronx, the Independent Entity recognizes that increased need for these services can be attributed to the Social Determinants of Health that impact many Bronx residents. These include environmental adversities, such as pollution, high traffic and few parks, economic stability, educational access, and systemic racism. Originally proposed by public health researcher Dr. Arline Geronimus, weathering is the process by which marginalized people suffer constant stress from living with poverty and discrimination, which contributes to damage at the cellular level and leads to health problems over time. As an example, a CDC study examining racial and ethnic subgroup disparities in Hypertension (in New York City) found that 43.5% of Black individuals, 38.0% of Asian individuals, and 33.0% of Hispanic adults were hypertensive, in comparison to 27.5% for White individuals.

The Applicant can enhance the project to address systemic barriers to equitable access to services by providing additional staff training and education on diversity and culturally competent care, creating opportunities and programming for caregiver and family engagement, and establishing mechanisms for referrals to community-based organizations.

SOURCE: [How Poverty and Racism ‘Weather’ the Body, Accelerating Aging And Disease \(NPR\)](#), [RACIAL AND ETHNIC SUBGROUP DISPARITIES IN HYPERTENSION PREVALENCE, NEW YORK CITY HEALTH AND NUTRITION EXAMINATION SURVEY, 2013–2014](#).

STEP 4 – MONITORING

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

The Applicant currently monitors the following metrics:

- Demographic information, including Zip Code, Race/Ethnicity, and Language for CCU patients

2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?

The Applicant should monitor use of the new CCU beds across insurance, income-levels, zip code, race/ethnicity, and language, with the goal of ensuring that the new CCU beds are not primarily occupied by commercially-insured patients. Additionally, the Applicant should measure Med/Surg wait times to ensure that the re-allocation of bed space has not created a bottleneck elsewhere in the facility.



STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)



----- SECTION BELOW TO BE COMPLETED BY THE APPLICANT -----

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN


Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

I, Randi Kohn, attest that I have reviewed the Health Equity Impact Assessment for the Expanding from 12 to 16 CCU Beds at Montefiore Medical Center – Moses Campus that has been prepared by the Independent Entity, SmartRise Health.

Randi Kohn
Name

Assistant Vice President, Regulatory Planning
Title



Signature

12/30/2024
Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant’s website until a decision on the application has been made.

Montefiore will mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment as follows:

- Montefiore will monitor the use of the new CCU beds across insurance, income-levels, zip code, race/ethnicity, and language.



- Montefiore Einstein is a health system, where capacity is available across system hospitals. We have established a Command Center whose sole responsibility is to manage bed occupancy across our entire health system to ensure patient safety and minimize admission delays.
- Montefiore prides itself on offering care to all patients. We will continually monitor the availability of medical/surgical beds across our system to minimize long wait times for all patients including low-income and Black and brown patients.
- Montefiore will assess the reduction in wait times for CCU beds and increased ability to meet patient needs resulting from this project.
- Montefiore will continue to engage with its community and patients in upstream interventions related to heart healthy lifestyles and health promotion to ultimately reduce the amount of patients that require these services in the first place.
- Montefiore will continue to address systemic barriers to equitable access to services by providing additional staff training and education on diversity and culturally competent care, creating opportunities and programming for caregiver and family engagement, and establishing mechanisms for referrals to community-based organizations.

GEO_ID	NAME	DP03_0119PE	DP03_0119PM	DP03_0062E	DP03_0062M	DP03_0074PE	DP03_0074PM	DP03_0005PE	DP03_0005PM	DP02_0067PE	DP02_0067PM	DP04_0058PE	DP04_0058PM
Geography	ZCTA Name	Percent of Families and People Whose Income in the Past 12 Months is Below the Poverty Level	Percent Margin of Error	Estimate of Inflation-Adjusted Total Household Income (dollars)	Margin of Error	Percent of Total Households with Food Stamp/SNAP benefits in the past 12 months	Percent Margin of Error	Percent of Population 16 years and over in labor force	Percent Margin of Error	Percent of Population 16 years and over with high school graduate or higher	Percent Margin of Error	Percent of Occupied Housing Units with No Vehicles Available	Percent Margin of Error
Concourse/Melrose	ZCTA 10451	34.20%	±5.3	34,316	±5,828	0.416	±3.7	5.2%	±1.2	72.30%	±3.2	75.3%	±2.8
Concourse/Highbridge	ZCTA 10452	31.40%	±3.9	36,536	±3,180	0.473	±3.3	7.1%	±1.3	69.50%	±2.2	80.2%	±2.5
Morris Heights/Mount Hope/University Heights	ZCTA 10453	29.80%	±3.2	34,800	±4,035	0.487	±2.8	8.1%	±1.0	67.60%	±2.3	74.9%	±2.7
Mott Haven/Port Morris	ZCTA 10454	36.70%	±5.0	26,400	±4,309	0.52	±3.6	7.1%	±1.5	60.70%	±3.0	73.4%	±3.4
Mott Haven	ZCTA 10455	25.20%	±4.9	35,813	±3,294	0.48	±3.8	7.0%	±1.6	67.90%	±2.9	75.1%	±3.7
Claremont/Morrisania	ZCTA 10456	31.30%	±4.1	33,317	±2,916	0.498	±3.6	8.0%	±1.2	66.6%	±2.1	76.4%	±2.4
Belmont/Claremont/Mount Hope/Tremont	ZCTA 10457	29.60%	±3.3	41,145	±5,310	0.489	±3.1	7.8%	±1.4	69.5%	±1.9	72.1%	±2.5
Belmont/Fordham University/Kingsbridge	ZCTA 10458	24.40%	±3.1	41,550	±2,405	0.457	±3.0	8.9%	±1.2	68.1%	±2.5	71.6%	±2.6
Charlotte Gardens/Hunts Point	ZCTA 10459	24.70%	±3.4	41,270	±3,387	0.395	±3.7	8.4%	±1.5	68.3%	±2.9	65.7%	±3.0
Charlotte Gardens/Tremont/Van Nest/Westchester	ZCTA 10460	31.50%	±3.6	33,080	±3,535	0.505	±3.5	8.5%	±1.2	70.4%	±2.3	69.6%	±2.6
Morris Park/Pelham Bay/Westchester Square	ZCTA 10461	14.10%	±3.2	64,444	±5,712	0.213	±2.5	5.1%	±1.0	81.0%	±2.4	38.5%	±2.7
Parkchester/Pelham Parkway/Van Nest/Westchester	ZCTA 10462	15.60%	±2.5	63,431	±2,878	0.236	±2.1	6.0%	±0.9	83.3%	±1.5	55.0%	±2.7
Kingsbridge/Marble Hill/Riverdale/Spuyten Duyck	ZCTA 10463	14.50%	±3.1	66,780	±5,146	0.216	±2.6	5.0%	±1.0	83.2%	±1.8	49.4%	±2.5
City Island	ZCTA 10464	0.00%	±3.2	129,109	±27,791	0.079	±6.3	4.7%	±4.9	95.3%	±3.3	12.7%	±8.5
Country Club/Throgs Neck	ZCTA 10465	9.00%	±2.0	85,946	±6,630	0.17	±2.9	4.2%	±0.9	85.8%	±1.7	24.2%	±2.8
Edenwald/Wakefield	ZCTA 10466	16.80%	±2.9	60,892	±6,496	0.275	±2.4	6.1%	±1.3	80.5%	±2.3	42.6%	±3.2
Allerton/Norwood/Pelham Parkway/William	ZCTA 10467	20.40%	±2.8	46,228	±2,151	0.342	±2.2	6.7%	±0.9	74.6%	±2.0	61.6%	±2.0
Fordham/Kingsbridge/University Heights	ZCTA 10468	24.00%	±3.3	43,985	±3,495	0.418	±3.6	7.2%	±1.0	71.7%	±2.0	71.8%	±2.9
Allerton/Baychester/Pelham Gardens/Willaville	ZCTA 10469	13.00%	±2.6	76,731	±6,438	0.235	±2.6	5.0%	±0.9	82.5%	±1.6	34.7%	±2.9
Wakefield/Woodlawn	ZCTA 10470	7.30%	±3.7	75,750	±8,351	0.13	±3.0	3.2%	±1.1	85.9%	±2.8	39.2%	±5.2
Fieldston/North Riverdale/Riverdale	ZCTA 10471	3.70%	±1.5	111,418	±8,884	0.06	±1.8	3.6%	±0.8	91.5%	±1.5	30.3%	±4.6
Soundview	ZCTA 10472	28.80%	±2.8	40,025	±3,730	0.377	±2.7	5.1%	±0.8	68.1%	±2.5	61.6%	±2.7
Castle Hill/Clason Point/Soundview	ZCTA 10473	17.20%	±3.4	51,379	±3,396	0.323	±3.0	5.8%	±1.2	75.4%	±2.3	44.3%	±3.2
Hunts Point	ZCTA 10474	29.00%	±8.2	40,795	±7,131	0.394	±6.4	7.6%	±2.6	75.4%	±5.1	70.4%	±6.2
Co-op City/Edenwald	ZCTA 10475	9.70%	±4.5	57,003	±7,118	0.193	±3.6	4.9%	±1.7	85.2%	±2.8	44.5%	±4.5

Community Survey for Additional Coronary Care Unit Process | Montefiore Medical Center - Moses

Survey about the impacts of a new project at the Montefiore Health System - Moses Campus.

* Indicates required question

INTRODUCTION

Thank you for participating in this survey. Your feedback is essential in helping us understand the community's viewpoint on the proposed changes at Montefiore Health System - Moses Campus.

HEALTH EQUITY IMPACT ASSESSMENT (HEIA)

What is an HEIA?

The survey is part of "HEIA" or Health Equity Impact Assessment, a New York State requirement. The intent of the HEIA is to provide the Department of Health (DOH) with an objective, independent assessment of how the potential project impacts access to health care, health disparities, and health equity, particularly for medically underserved groups. Other HEIA tools include interviews, focus groups, letters of perspective and census data.

What is SmartRise Health?

Each Health Equity Impact Assessment must be conducted by an Independent Entity. SmartRise Health is an Independent Entity and Consultancy that works with hospitals, health insurers, government agencies, and drug manufacturers to improve health equity.

SmartRise Health has designed a Health Equity Impact Assessment approach that integrates community and patient engagement concepts to drive health equity and ensure equitable representation on capital projects. The framework uses stakeholder engagement as a fundamental component to understanding how capital projects impact marginalized populations, while developing equitable and achievable mitigation steps to ensure projects are approved. Learn more at <https://www.smartrisehealth.com/>.

Your response to the survey will be listed on a public form that is shared with the New York State Department of Health, and temporarily hosted on Montefiore Health System's website.

BACKGROUND

Montefiore Medical Center has applied to New York State for a certification to convert existing space into 4 new Coronary Care Unit rooms, equipped with new equipment and staffing to care for patients with cardiac conditions. Patients who receive care in this unit will include patients who have suffered a heart attack, heart infection, are recovering from a transplant, or another acute cardiac condition. Montefiore Medical Center - Moses currently has 12 Coronary Care Unit beds, but is seeking to build 4 more.

The benefits of the project include

- Ensuring patients receive cardiac care more quickly
- Meeting the need for complex, cardiac care which has been rising
- Creating additional capacity for Montefiore to provide heart transplants (Montefiore is the only transplant site in the Bronx)

Expanding Cardiac Care Unit Beds at Montefiore Medical Center - Moses

1. First Name *

2. Last Name *

3.

*

Given that it is New York State (NYS) Department of Health (DOH) requirement to post your responses on the Montefiore Medical Center website, would you like your name to remain confidential?

Mark only one oval.

Yes

No

4. *
Please check which stakeholder you identify as

Check all that apply.

- Patient
- Community-based organization representative
- Resident of the Bronx
- Elected official
- Public Health Expert

5. Organization

6. Age

7. Gender

Mark only one oval.

- Male
- Female
- Non-binary
- Prefer not to say
- Other: _____

8. Zip code *

9. It is important that Bronx residents have access to care for cardiac (heart) conditions. *

Mark only one oval.

- Yes
- Maybe
- No
- Unsure

10. More coronary care beds (that offers care for patients with heart attacks, acute coronary syndrome, recovering from a coronary bypass surgery, and other heart conditions) is good for the health of our community. *

Mark only one oval.

- Yes
- Maybe
- No
- Unsure

11. Do you support adding 4 Cardiac Care Unit beds at Montefiore Medical Center - Moses Campus? *

Mark only one oval.

- Yes
- No
- Other: _____

12. Would you like to leave a statement of support or concern for the project to add 4 Cardiac Care Unit beds at Montefiore Medical Center - Moses Campus?

This content is neither created nor endorsed by Google.

Google Forms

New York State Department of Health
Corning Tower
Empire State Plaza,
Albany, NY 12237

Dear NYS Department of Health,

My name is [REDACTED] and I am a heart transplant patient at Montefiore Medical Center. I would like to offer my support for the proposed expansion of Coronary Care Unit (CCU) beds at Montefiore Medical Center's Moses campus.

We are aware of the need to increase capacity for coronary care at Montefiore and in the Bronx. We support how Montefiore is seeking to address the issue by expanding CCU beds from 12 to 16 at its Moses campus.

We believe that the expansion of the CCU will improve equity and access to quality healthcare for all patients in the Bronx community.

Sincerely,

[REDACTED]

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Sincerely,

[REDACTED]

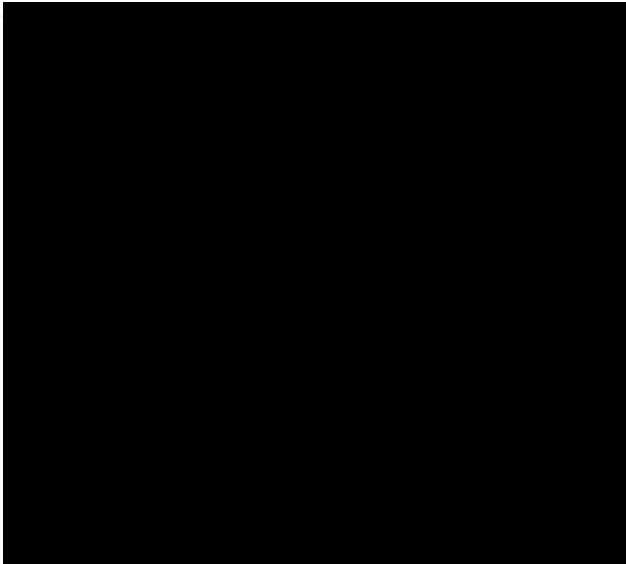
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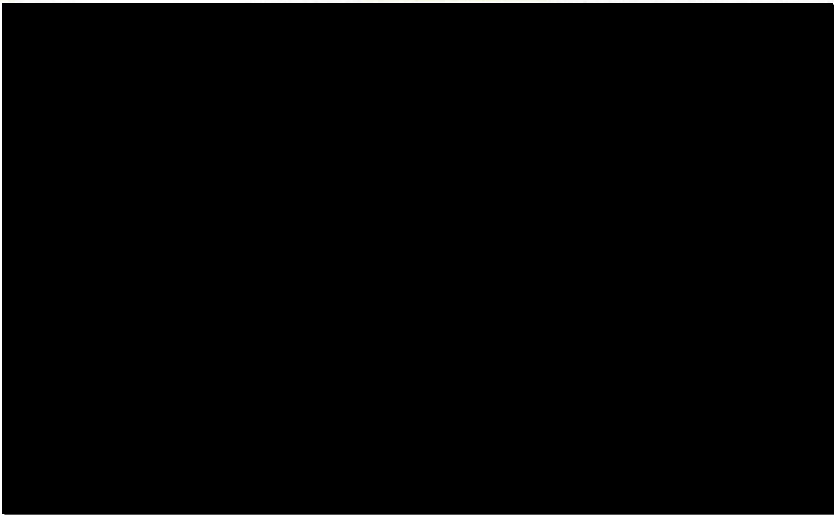
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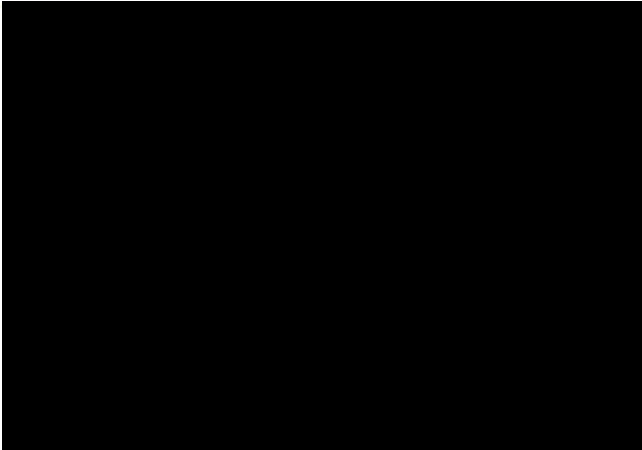
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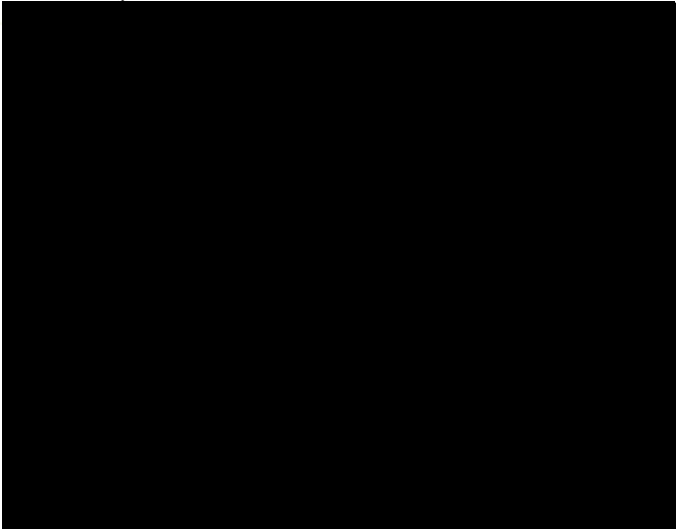
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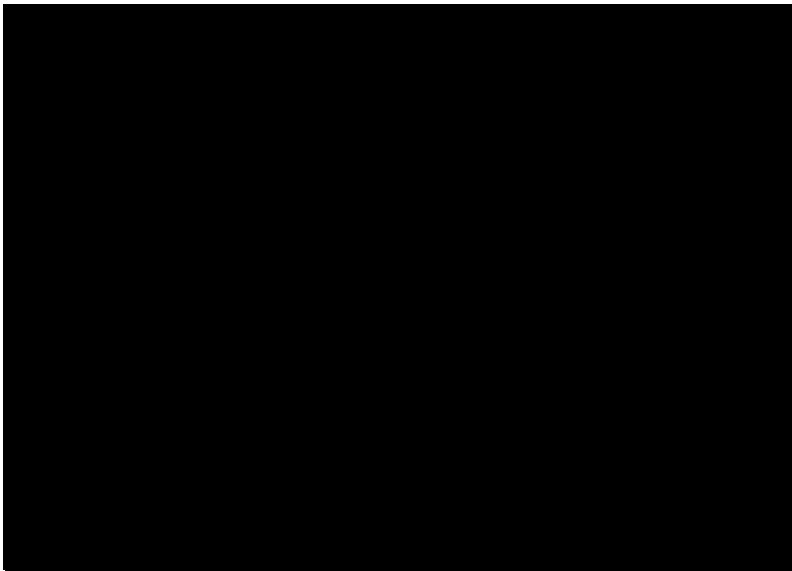
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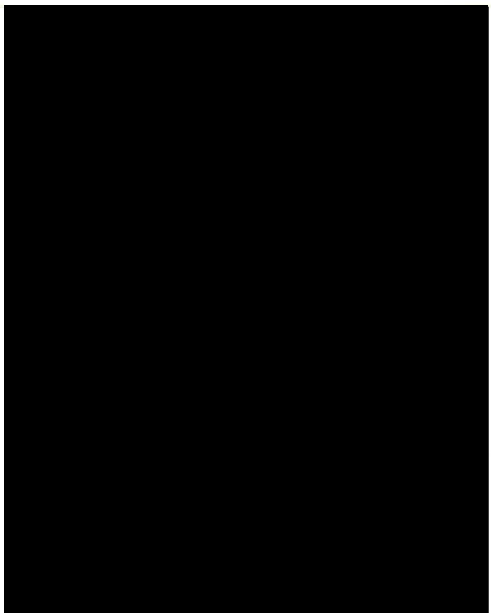
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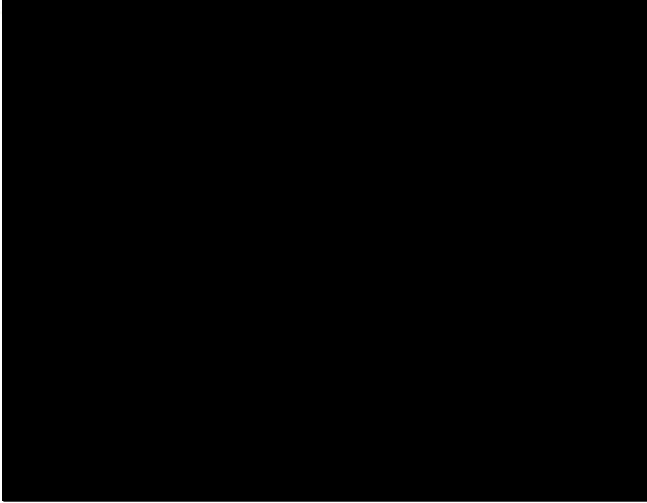
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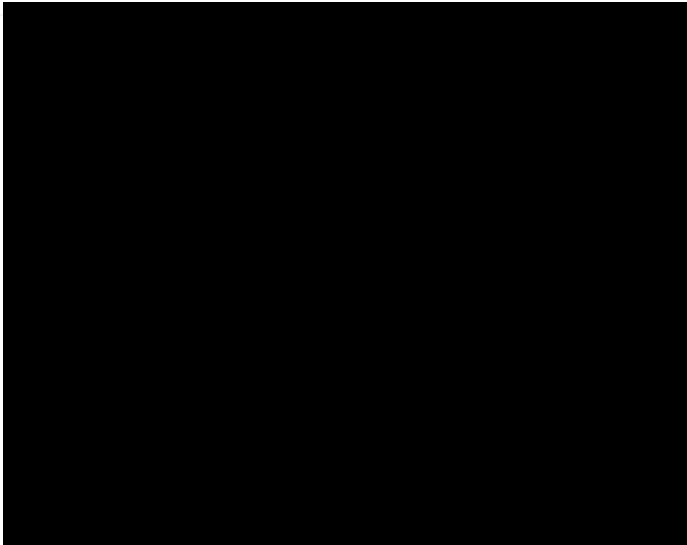
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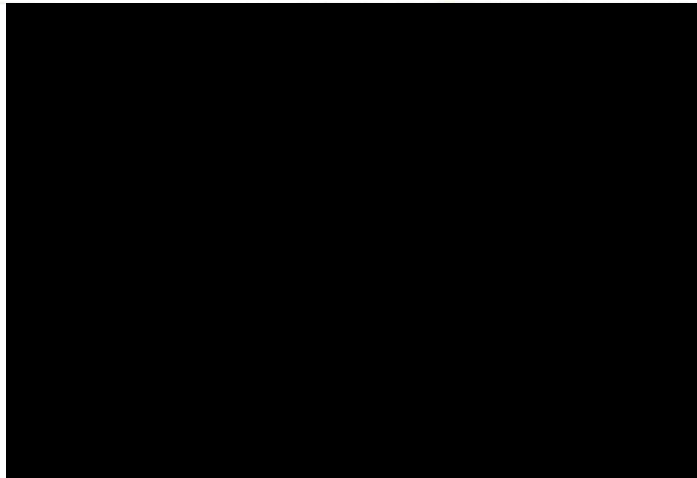
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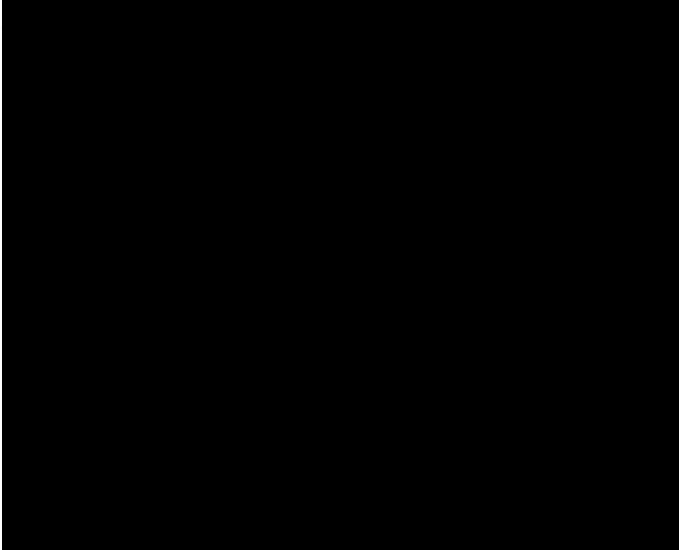
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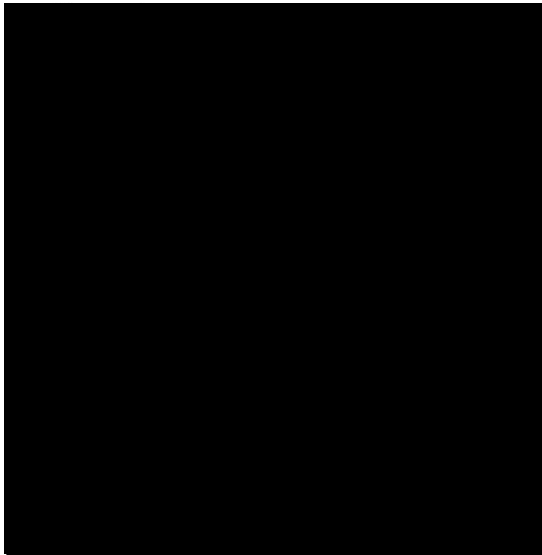
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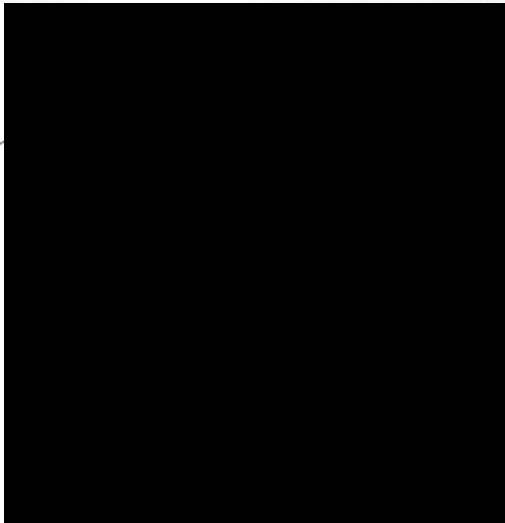
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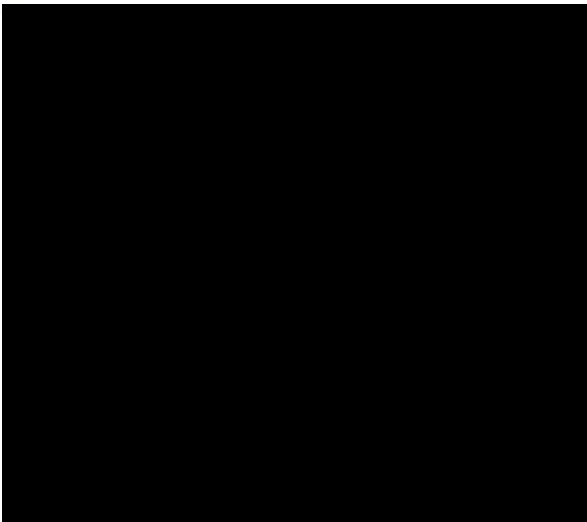
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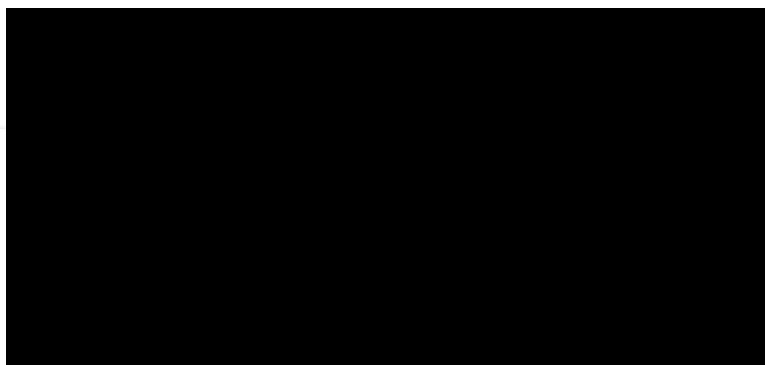
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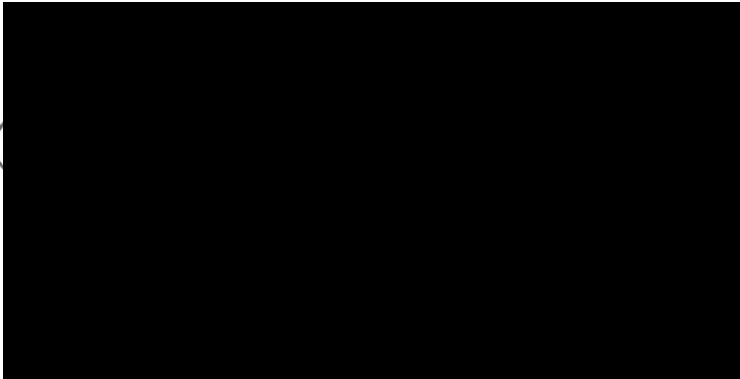
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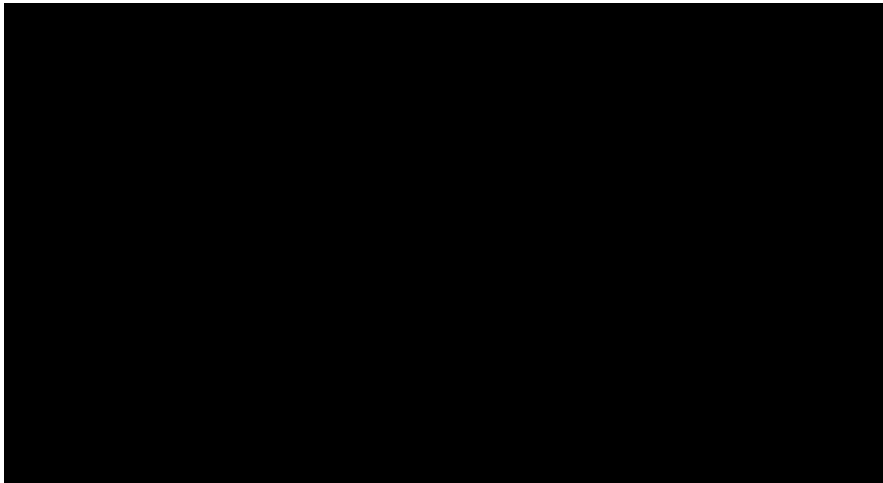
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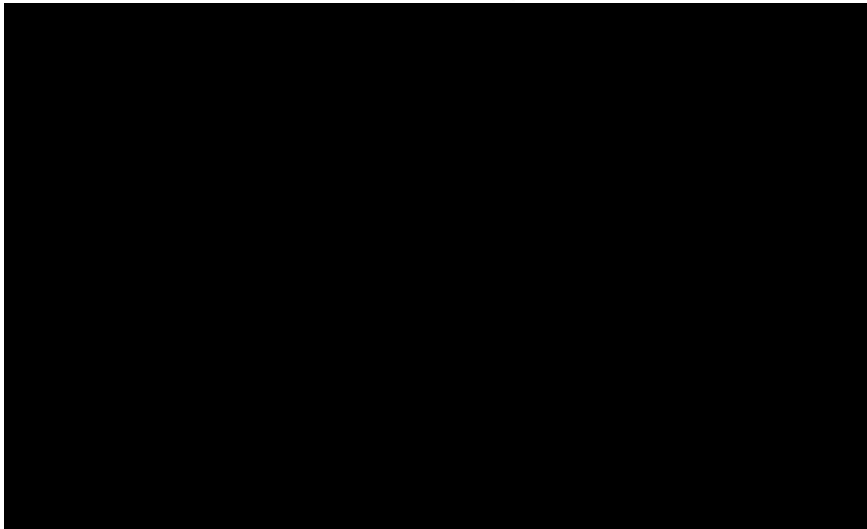
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New York State Department of Health

Health Equity Impact Assessment Conflict-of-Interest

This Conflict-of-Interest form must be completed in full, signed by the Independent Entity, and submitted with the Health Equity Impact Assessment.

Section 1 – Definitions

Independent Entity means individual or organization with demonstrated expertise and experience in the study of health equity, anti-racism, and community and stakeholder engagement, and with preferred expertise and experience in the study of health care access or delivery of health care services, able to produce an objective written assessment using a standard format of whether, and if so how, the facility’s proposed project will impact access to and delivery of health care services, particularly for members of medically underserved groups.

Conflict of Interest shall mean having a financial interest in the approval of an application or assisting in drafting any part of the application on behalf of the facility, other than the health equity assessment.

Section 2 – Independent Entity

What does it mean for the Independent Entity to have a conflict of interest? For the purpose of the Health Equity Impact Assessment, if one or a combination of the following apply to the Independent Entity, the Independent Entity **HAS** a conflict of interest and must **NOT** perform the Health Equity Impact Assessment:

- The Independent Entity helped compile or write any part of the Certificate of Need (CON) application being submitted for this specific project, other than the Health Equity Impact Assessment (for example, individual(s) hired to compile the Certificate of Need application for the facility’s project cannot be the same individual(s) conducting the Health Equity Impact Assessment);
- The Independent Entity has a financial interest in the outcome of this specific project’s Certificate of Need application (i.e. individual is a member of the facility’s Board of Directors or advisory board); or
- The Independent Entity has accepted or will accept a financial gift or incentive from the Applicant above fair market value for the cost of performing the Health Equity Impact Assessment.

Section 3 – General Information

A. About the Independent Entity


1. Name of Independent Entity: SmartRise Health
2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)? No
 If yes, indicate the name of the organization:

3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)? Yes
4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity performed any work for the Applicant in the last 5 years? SmartRise Health has performed two prior Health Equity Impact Assessments for the Applicant.

Section 4 – Attestation

I, Vanessa Guzman (individual name), having personal knowledge and the authority to execute this Conflict of Interest form on behalf of SmartRise Health (INDEPENDENT ENTITY), do hereby attest that the Health Equity Impact Assessment for project Expanding from 12 to 16 CCU Beds at Montefiore Medical Center - Moses Campus (PROJECT NAME) provided for Montefiore Medical Center (APPLICANT) has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

I further attest that the information provided by the INDEPENDENT ENTITY in the Health Equity Impact Assessment is true and accurate to the best of my knowledge, and fulfills the intent of the Health Equity Impact Assessment requirement.

Signature of Independent Entity: 

Date: 11/25/2024



STATEMENT OF WORK 3

This Statement of Work (Statement of Work 3) is governed by the terms and conditions of the Master Consultant Services Agreement signed on the 25th day of September 2023, by and between Montefiore Medical Center ("MMC"), a New York not-for-profit corporation located at 111 East 210th Street, Bronx, NY, 10467 and SmartRise Health ("Consultant") located at 447 Broadway 2nd fl., Suite 303, New York, NY, 10013.

I. A complete and accurate description of the services to be performed:

MONTEFIORE MEDICAL CENTER (MMC).

MMC seeks three Certificate of Need Applications (CON), all of which require a Health Equity Impact Assessment completed by a qualified independent entity. [REDACTED]

[REDACTED] The second CON is for converting existing space to expand the existing Coronary Care Unit (CCU) from twelve beds to sixteen beds at Montefiore Moses Hospital. The [REDACTED]

[REDACTED] To that end, Montefiore has engaged SmartRise Health, an accomplished and reputable consulting firm in the areas of health equity, anti-racism, stakeholder and community engagement, and health care access and delivery of to conduct the assessment. SmartRise Health will assess the demographics of the service area, availability of similar services, current access barriers for underserved populations, staffing impacts, and other relevant considerations as part of the HEIA using qualitative and quantitative data.

MMC is part of the Montefiore Health System, one of New York's premier academic health systems and a recognized leader in providing exceptional quality and personalized, accountable care to approximately three million people in communities across the Bronx, Westchester and the Hudson Valley. It is comprised of 10 hospitals, including the Children's Hospital at Montefiore, Burke Rehabilitation Hospital and more than 200 outpatient ambulatory care sites. The advanced clinical and translational research at its medical school, Albert Einstein College of Medicine, directly informs patient care and improves outcomes. From the Montefiore-Einstein Centers of Excellence in cancer, cardiology and vascular care, pediatrics, and transplantation, to its preeminent school-based health program, Montefiore is a fully integrated healthcare delivery system providing coordinated, comprehensive care to patients and their families.

SMARTRISE HEALTH

SmartRise Health has designed a **Health Equity Impact Assessment** approach that integrates community and patient engagement concepts to drive health equity and ensure equitable representation on capital projects. The framework uses stakeholder engagement as a fundamental component to understanding how capital projects impact marginalized populations, while developing equitable and achievable mitigation steps to ensure projects are approved. In similar projects, SmartRise Health has leveraged this



methodology using the Institute for Healthcare Improvement's (IHI) quality improvement model, across various stakeholders, including payers, policymakers (CMS, NCQA, ONC), provider networks, community-based organizations, pharmaceutical and technology organizations looking to promote equitable access to care.

This scope is focused on Montefiore Health system's Montefiore Medical Center Moses Campus. Options to contract to perform HEIA's for other hospital CONs within the system will be discussed on an as needed basis following evaluation of existing scope performance.

As part of the scope of work, SmartRise Health will provide industry advisory and consulting services for the management, coordination, and finalization of Montefiore Medical Center's Health Equity Impact Assessment. SmartRise Health will "meet you where you are at," optimizing the outcomes of HEIA, supporting support data collection and meaningful engagement of community stakeholders.

SmartRise Health will recommend solutions for tracking and monitoring results to ensure that the MMC promotes a sustainable, equitable environment for healthcare delivery. Goals include improving quality, lowering costs, improving outcomes, and enhancing the experience of patients, while ensuring that all patients have equitable access and outcomes regardless of income, race, gender, disability status, age, insurance coverage, and zip code.

SmartRise Health will provide industry advisory and consulting services for the management, coordination, and finalizing of Montefiore Medical Center's Health Equity Impact Assessment. SmartRise Health will "meet you where you are at," optimizing the outcomes of HEIA. SmartRise will support data collection efforts, while also supporting a meaningful engagement of community stakeholders.

SUMMARY OF DELIVERABLES AND RESULTS

Expected deliverables include:

- Three completed HEIA Template
- Three completed Data Tables
- Three completed Conflict of interest forms

Expected result:

- Approval for three Health Equity Impact Assessments to support their associated Certification of Need applications.



BREAKDOWN OF ACTIVITIES AND DELIVERABLES

SmartRise Health will collaborate with the Program Sponsor and planning team in the identification of programs, people and processes associated with the Health Equity Impact Assessment – including alignment of project goals, stakeholders, and data collection.

Key SmartRise Health Activities:

1. Project Kick-off and Discovery
 - a. Gather details regarding the project for each of the Threehree CONs.
 - b. Provide critical SmartRise Health insights, structure, and framework.
2. Data Collection and Montefiore Stakeholder Engagement
 - a. Review and synthesize data shared by MMC around service area, market share, competitors, business and staffing plan, and any additional supporting documents.
 - b. Leverage data sources (such as census data, hospital discharge data, HRSA shortage designation, stakeholder interviews, secondary sources, medical literature, or grey literature, etc.) to understand impact to medically underserved populations.
 - c. Meet with Montefiore departmental owners as directed and assigned by project sponsor.
 - d. Capture potential impacts and prepare mitigation strategies as needed.
3. Community Engagement
 - a. Identify and meet with contacts for community stakeholder groups including city and borough health department leaders and community representatives from under-represented groups.
4. Synthesis and Submission

SmartRise Health Deliverables:

- Program management framework
 - Project plan with milestones
 - Project dashboard and status reporting
- Three completed HEIA Templates
- Three completed Data Tables
- Three completed conflict of interest forms

Key Montefiore Medical Center Requirements

1. Access to project plan, deliverables and intended use.
2. Access to demographics data within service area
3. Provide data sources (such as census data, claims, hospital discharge data, HRSA shortage designation, stakeholder interviews, secondary sources, medical literature, or grey literature, etc.)
4. Provide business plan documentation regarding existing service landscape, staffing plan, similar projects in the last 5 years, and existing efforts to address health inequities.
5. Contact information and pre-engagement or communication with project stakeholders.

II. Project implementation plan, including a timetable:

PROJECT PLAN

The snapshot below shows a visualization of the Montefiore Health Impact Assessment timeline, with high-level milestones.

Detail will be added to the timeline during as Montefiore shares information during discovery. An updated timeline, with Montefiore work activities and deadlines is a SmartRise deliverable.

The timeline shows four periods which may be modified during discovery:

1. Project Kick-Off and Discovery
2. Stakeholder Data Collection and Montefiore Stakeholder Engagement
3. Community Engagement
4. Synthesis and Submission

Phase	Weeks (targeting 8 weeks, updates will be made to timeline as needed based on discovery)							
	1	2	3	4	5	6	7	8
1. Project Kick-Off and Discovery								
2. Data Collection and Montefiore Stakeholder Engagement								
3. Community Engagement								
4. Synthesis and Submission								



III. The terms of the SOW and the schedule for performance of the services:

FEES AND PAYMENT TERMS

DURATION AND COST MODEL	
Duration	<ul style="list-style-type: none"> • Scope Estimated duration: 5-6 months. • Target duration for each Health Equity Impact Assessment: 8-12 weeks • Schedule/Timeframe for Services Completion (Contract Term) • Term: Effective Date: June 1, Expiration Date: December 1, 2024
Cost Model	<ul style="list-style-type: none"> • Fixed Cost

COST BREAKDOWN		
Key Milestone / Deliverable	Invoice Period	Expenditure by Month
Program Setup/At Signing	Project start	
Project Kick-off and Discovery	Invoiced monthly after project start	
Data Collection		
Stakeholder and Community Engagement		
	Total	



IV. Procedures for testing and acceptance of the services and deliverables:

QUALITY AND ACCEPTANCE CRITERIA

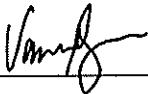
Indicator/Metric	Measurement Criteria	Frequency
Approach Delivery	Proposed approach and project reviewed and agreed upon	Monthly
Timeliness	Content turnaround times, including curriculum, project charter and content delivered within agreed upon timeframes	Monthly
Content alignment	Content displays alignment as agreed upon programs and models, as agreed upon	Monthly
Contractor performance and reporting	100% on time deliverables Creation of technical and operational structure to support accreditation	Reporting out monthly against status of key workstreams

V. Names and contact information of the consultant's main point of contact and any key personnel:


SMARTRISE HEALTH CONTACT INFORMATION

- Joe Hinderstein, Consultant, SmartRise Health, Project Leader, jhinderstein@smartrisehealth.com, (914) 815-0902
- Ruth Harmon, Vice President, Strategy and Operations, SmartRise Health, ruth.harmon@smartrisehealth.com, (914) 708-6878
- Vanessa Guzman, CEO, SmartRise Health, vanessa@smartrisehealth.com, (646) 680-9046

SMARTRISE HEALTH

Signature 
 Name Vanessa Guzman
 Title CEO and President

MONTEFIORE MEDICAL CENTER

Signature 
 Name Philip B. Ozvah, MD
 Title President + CEO