

CAPITAL COMMITTEE

February 13, 2014

MEETING AGENDA

10:00 a.m.

125 Worth Street,  
Room 532  
5<sup>th</sup> Floor Board Room

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CALL TO ORDER

Emily A. Youssouf

- ADOPTION OF MINUTES January 9, 2014 Emily A. Youssouf
- SENIOR ASSISTANT VICE PRESIDENT'S REPORT Roslyn Weinstein

ACTION ITEMS

- **Resolution** **Dion Wilson**  
Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a five year revocable license agreement with the New York Legal Assistance Group (the "Licensee") for part-time, non-exclusive use and occupancy of space at Bellevue Hospital Center, Coler Nursing Facility, Coney Island Hospital, Elmhurst Hospital Center, Harlem Hospital Center, Henry J. Carter Specialty Hospital & Nursing Facility, Jacobi Medical Center, North Central Bronx, Kings County Hospital Center, Lincoln Medical & Mental Health Center, Metropolitan Hospital Center, Queens Hospital Center and Woodhull Medical & Mental Health Center (the "Facilities") to provide legal services to patients and training to Corporation staff at an annual fee of \$55,000 per clinic, per facility year one and two and \$60,000 per clinic per facility year, three, four and five payable by the Corporation to the Licensee and without any payment by the Licensee for the use of the space.

**VENDEX:** Pending. Documents being submitted to Legal Affairs.

- **Resolution** **Sal Guido/Peter Lynch**  
Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to initiate the planning for a construction program of improvements throughout the Corporation to support an information technology equipment modernization and replacement plan with upgrades to heating, ventilation and air conditioning ("HVAC") and electrical equipment at a total approximate cost of \$15 Million over the next two years subject to further authorization by the Capital Committee of the components of such construction program.

INFORMATION ITEMS

- **Southern Brooklyn/Staten Island Health Network**  
Coney Island – Boiler Plant Replacement (Delay)

OLD BUSINESS  
NEW BUSINESS  
ADJOURNMENT

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# **CAPITAL COMMITTEE MEETING MINUTES**

**JANUARY 9, 2014**

# MINUTES

## Capital Committee

Meeting Date: January 9, 2014

Time: 11:00 A.M.

Location: Board Room

### Board of Directors:

#### **Members of the Capital Committee**

Emily A. Youssouf, Chair  
Josephine Bolus, RN  
Alan D. Aviles, President  
Michael A. Stocker, MD, Chairman of the Board

### HHC Staff:

Paul Albertson – Senior Assistant Vice President, Materials Management  
Kein Anderson – Associate Executive Director, Woodhull Medical and Mental Health Center  
Jen Bender – Assistant Director, Communications and Marketing  
Jeremy Berman – Deputy General Counsel, Office of Legal Affairs  
LaRay Brown – Senior Vice President, Corporate Planning and Community Health  
Deborah Cates – Chief of Staff, Office of the Chairman  
Lynda Curtis – Senior Vice President, South Manhattan Health Network  
Daniel Gadioma – Associate Executive Director, Kings County Hospital Center  
Jonathan Goldstein – Senior Consultant, Corporate Planning  
Anthony Gounaris – Senior Project Manager, Office of Facilities Development  
Nelson Laverde – Assistant Director, Bellevue Hospital Center  
Liny Liu – Senior Associate Director, Lincoln Medical and Mental Health Center  
Patricia Lockhart – Secretary to the Corporation, Office of the Chairman  
Tamiru Mammo – Chief of Staff  
Antonio Martin – Executive Vice President  
Matthew McDevitt – Associate Executive Director, Gouverneur Healthcare Services  
Dean Mihaltses – Associate Executive Director, Elmhurst Hospital Center  
Dean Moskos – Director, Office of Facilities Development  
Dean Pearce – Senior Director, Office of Facilities Development  
Marsha Powell – Director, Office of Facilities Development  
Michael Rawlings – Associate Director, Bellevue Hospital Center  
Lisa Scott-McKenzie – Senior Associate Executive Director, Central/North Bronx Health Network  
Thomas Scully – Senior Associate Director, Elmhurst Hospital Center  
Martha Sullivan, DSW – Executive Director, Gouverneur Healthcare Services  
Roslyn Weinstein – Senior Assistant Vice President, President's Office  
Dion Wilson – Assistant Director, Office of Facilities Development  
Elizabeth Youngbar – Assistant Director, Office of Facilities Development

**Other Attendees:**

Mark Aronberg – Fire Department of the City of New York

Vincent Barrett – Fire Department of the City of New York

Steve Curro – Managing Director, Construction, Dormitory Authority of the State of New York

John Pasicznyk – Managing Director, Downstate Operations, Dormitory Authority of the State of New York

Kristyn Raffaele – Office of Management and Budget

Eileen Schnieder – New York State Nurses Association

## CALL TO ORDER

The meeting was called to order by Emily A. Youssouf, Chair of the Capital Committee, at 11:08 A.M.

On motion, the Committee voted to adopt the minutes of the December 10, 2013, Capital Committee meeting.

Ms. Youssouf advised that prior to addressing the action item, the Major Modernization Status Report would be provided.

## INFORMATION ITEM

- **Major Modernization Status Report – Gouverneur Healthcare Services**

Steve Curro, Managing Director, Construction, and John Pasicznyk, Managing Director, Downstate Operations, Dormitory Authority of the State of New York, provided the status report. They were joined by Martha Sullivan, DSW, Executive Director, and Matthew McDevitt, Associate Executive Director, Gouverneur Healthcare Services.

Mr. Curro advised that the project was 91% complete, as measured by construction in place as of 11/20/13. The new Ambulatory Care facility was occupied, and in the existing facility: floors 2, 3, 4, 5, 6, 7, 12 and 13 had been completed and were occupied. Floors 8 and 9 received New York City Department of Buildings Temporary Certificate of Occupancy (NYC DOB TCO) and Department of Health (DOH) inspection and were ready to be occupied. Floor 10 received a NYC DOB TCO on December 18, 2013, and floor 11 would have a NYC DOB TCO inspection on January 22, 2014. Floor 1 was expected to have a NYC DOB TCO inspection on February 26, 2014.

Mr. Curro noted that there would be a number of “day two” projects that would be addressed after project completion, when funding was in place. Additional scope to be completed after the 1st floor TCO included; Exterior vertical granite and parking lot paving, projected for May, 2014; Courtyard work, projected for May, 2014; Henry Street sidewalk replacement, projected for May, 2014; Linde Gas, projected for May, 2014; Low Roof, projected for June, 2014; Henry Street mechanical screen, projected for June, 2014; Building wide code compliance, projected for August, 2014, pending available budget; Elevator upgrade, projected for October, 2015; and, the Re-construction of high-rise elevator lobbies on floors 2, 3, and 4 to original design, projected completion to be determined.

Mr. Curro explained that throughout the project they had been receiving TCOs on each floor as they moved along, but the desire was to have the overall facility receive a full Certificate of Occupancy at the end of the project.

Ms. Youssouf asked if the projects noted for completion after February, 2014, were the remaining 9% of the project. Mr. Curro said no. These were additional jobs that should fall under the \$247 million approval. Mr. Pasicznyk stated that the elevator projects were part of the 91% completed. The biggest item not included was the building wide code compliance.

Ms. Youssef asked if the elevator upgrade was expected for completion in 2015. Mr. Curro said yes, it had not started yet. They explained that only one car at a time could be worked on and that each car would take approximately three (3) to four (4) months to complete. Ms. Youssef asked if that was in the original contract. Roslyn Weinstein, Senior Assistant Vice President, said it was under a separate contract.

Ms. Youssef asked what the remaining work to be completed, but not included in the \$247 million would be. Mr. Pasicznyk said that only the building wide code compliance was not included. Ms. Weinstein stated that basement code compliance work was in fact within the scope of the \$247 million. Mr. Curro and Mr. Pasicznyk said that their original scope presented for \$247 million did not include that. He added that the budget may be able to handle it, depended on funding, but it was to be determined.

Ms. Youssef asked whether there had been any resolve to the discussions regarding fee reimbursement. Mr. Curro said those discussions were with Paul Williams, President/Chief Executive Officer, DASNY. Ms. Youssef said they had not received a response. Lynda Curtis, Senior Vice President agreed that earlier discussions had determined that the code work was included.

Mr. Pasicznyk said he knew it had been discussed. Ms. Youssef asked that they reach out to Mr. Williams because she did not believe that HHC had heard back. Mr. Curro and Mr. Pasicznyk said they were under the impression that Mr. Williams had reached out to Peter Lynch, Senior Director, Office of Facilities Development. Antonio Martin, Executive Vice President, said he would follow up.

Mr. Martin asked whether the elevators were included in the \$247 million. Mr. Curro said yes, five cars are included, the contracts have already been let and they are ready to go as soon as the time is right.

Ms. Youssef asked if the only thing, as far as DASNY was concerned, that was not included in the \$247 million, was the code compliance work. Mr. Pasicznyk said yes, and added that he did not believe that it wasn't possible under the \$247 million, but that funding needed to be in place.

Ms. Weinstein asked that DASNY define "building wide compliance" so that HHC and DASNY can reach a common understanding of "building wide code compliance" and the compliance work to be completed in the basement, and discussions could continue with everyone on the same page.

Josephine Bolus, RN, asked what the compliance work would cost. Mr. Curro said it was estimated at \$2.5 million.

Mr. Curro said completion was very close and from a contingency standpoint things were comfortable, so it was anticipated that the \$2.5 million could fall under the full \$247 million, as long as full funding was in place, and as long as all things held steady.

Ms. Youssef asked how the \$247 million differs from the Board approved budget. Mr. Curro said it is the same amount. He noted that as the project was closing down it appeared that there would be excess funds and it was anticipated that the compliance work would fall under that amount but the City had not fully funded the \$247 million.

Alan Aviles, President, asked if OMB was waiting for information from HHC/DASNY in order to approve the remaining amount. Mr. Pasicznyk said DASNY had been supplying them with documentation and any responses that they needed. He said DASNY and OMB have met twice regarding the project but

DASNY would be happy to meet again. He explained that in order to enter into contracts the funding needed to be in place, so there would always be a lag between spent and encumbered amounts, but the funding needed to be in place. The approval of the funding from the City needs to be in place to complete the work.

Dean Moskos, Director, Office of Facilities Development, advised that \$247 million is the budget approved by the Capital Committee, Board of Directors, and OMB, but OMB is still receiving justification for increases in the capital commitment plan. Ms. Youssouf asked if the team at OMB was the same, given the new Mayoral administration that is in place. Mr. Moskos said his direct contact had remained the same.

Mr. Martin asked when this could be resolved. Mr. Curro explained that \$12 million of funding had not been approved. Ms. Youssouf asked how much had been approved in total. Mr. Pasicznyk said that \$235 million has been approved to date. Mr. Curro said funding needed to be approved for the project to be completed, otherwise there was a risk that change-orders would not be completed without that funding.

Ms. Youssouf said OMB was well aware of the total amount of the project (\$247 million) but it seems they must not be satisfied with information being provided to them. Ms. Youssouf asked if DASNY believes they have given all information to OMB that they requested. Mr. Pasicznyk said yes. Mr. Moskos explained that \$5 million was not in the City's commitment plan but the remainder should be approved in the next few days. Ms. Youssouf asked where the remaining \$5 million was. LaRay Brown, Senior Vice President, Corporate Planning and Community Health explained that OMB requires incremental Certificates to Proceed (CPs) so each time money needs to be released they request certain documentation. So it seems that up to this point, they have received documentation to satisfy all but \$5 million. She recommended that OMB be contacted so that an expedited review process can be requested, with the explanation that if funding is not approved then completion of the project may be in jeopardy.

Mr. Curro explained that an estimate of the remaining work had been completed and if everything continued to go smoothly, and was completed as expected then the project would close at \$243.7 million, with a contingency of \$3.7 million, and that would cover the compliance work. Ms. Youssouf asked if the \$243 million included anticipated change-orders. Mr. Curro said yes, it includes everything except the code work.

That completed the status report.

#### **SENIOR ASSISTANT VICE PRESIDENT'S REPORT**

Roslyn Weinstein, Senior Assistant Vice President, Office of the President, provided an overview of the meeting agenda. She advised that there would be one action item, for the procurement of ambulances on behalf of the Fire Department of the City of New York; and, a few brief status reports would be presented by Lisa Scott-McKenzie and Kein Anderson for North Brooklyn projects, Daniel Gadioma for Central Brooklyn projects, Liny Liu for Generations+ project updates, and Thomas Scully and Dean Mihalstes for a project at Elmhurst.

That concluded her report.

#### **ACTION ITEM**

- **Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to procure and outfit seventy (70) ambulances in Fiscal Year 2014 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed \$20.5 million.**

Dean Moskos, Director, Office of Facilities Development, read the resolution into the record. Mr. Moskos was joined by Vincent Barrett, and Mark Aronberg, Fire Department of the City of New York (FDNY).

Ms. Youssouf said she remembered approving this type of agreement in the past and recalled that it was a pass-through agreement based on a Memorandum of Understanding between HHC and the FDNY, for which she was pleased to approve.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

### **INFORMATION ITEMS**

- **Project Status Reports**

#### **Central/North Brooklyn Health Network**

Daniel Gadioma, Associate Executive Director, Kings County Hospital, provided delay reports on two projects at the facility.

- Upgrade ten (10) Elevators "ABC" Buildings – Mr. Gadioma explained that there were three phases of the project; Phase I, for three freight elevators had been completed, the second phase, for three passenger elevators and one hydraulic elevator, with DOB scheduled to inspect on January 13<sup>th</sup> and 14<sup>th</sup> for the passenger elevators and January 27<sup>th</sup> for the hydraulic elevator. Phase III of the project would commence as soon as DOB approval was received and completion was expected around May, 2014.

Ms. Youssouf asked why there were delays. Mr. Gadioma explained that fire department regulations held back the start of the project. Ms. Weinstein added that there were requirements regarding fire alarm systems within the elevators.

- Upgrade Four (4) Elevators "T" Building – Mr. Gadioma said four (4) elevators were to be modernized. The first two (2), North elevators, had been inspected and approved and are in operation. One of the South elevators had been inspected and approved a week ago, and the final would be inspected on January 24, 2014.

Ms. Youssouf asked if it was the same cause of delay. Mr. Gadioma said yes. Ms. Weinstein added that it was difficult to get FDNY to come out to the facility and that added to the delay time.

Mrs. Bolus asked if all elevators had been done. Mr. Martin said buildings A, B, C, and T, were addressed.



Kein Anderson, Associate Executive Director, Woodhull Medical and Mental Health Center, provided a delay report on the Obstetric Unit Expansion at the facility. Mr. Anderson was joined by Lisa Scott-McKenzie, Senior Associate Executive Director, North Brooklyn Health Network.

- Obstetric Unit Replacement – Mr. Anderson explained that the project expanded the post-partum unit from 15 to 20 beds by constructing a new well-baby unit. He said the project was 8 months in delay due to the need to identify and access swing space. He said relocation was now underway and construction should begin by the end of January, with completion expected in September.

Ms. Youssouf asked why it had been problem to identify and utilize swing space in the facility. Mrs. Scott McKenzie explained that after Hurricane Sandy the facility became a receiving station for other facilities and therefore originally identified swing space had become unavailable.

### **Generations+ Health Network**

Liny Liu, Senior Associate Director, Lincoln Medical Center, provide a status report on the recently completed Emergency Room renovation at the facility.

- Emergency Room Renovation – Ms. Liu explained that the project had received successful DOH inspection with no re-inspections needed. In accordance with the revised timeline and budget, presented in late 2012, the project had since been completed on schedule and with budget parameters.

Michael Stocker, MD, Chairman of the Board, asked how long the project had taken. Mrs. Liu said it had started ten years ago. She explained that the phased transition to the new space should be completed by April 15, 2014. Ms. Youssouf asked that the Committee be kept abreast if that changes.

### **Queens Health Network**

Thomas Scully, Senior Associate Director, Elmhurst Hospital Center, provide a delay report on the Women's Health Center project. Mr. Scully was joined by Dean Mihaltses, Associate Executive Director, Elmhurst Hospital.

- Women's Health Center – Mr. Scully advised that the project was nearing completion after delays caused by financial instability with the General Contractor (GC). There were delays in receiving the metal panels for the building exterior. Mr. Scully explained that in an effort to keep the project moving, he had continued to construct as much as possible from the inside out. Project completion was anticipated for mid to late March, 2014. Mr. Mihaltses noted that the project was now on track for the adjusted completion date, all liens had been cleared, and there were no new delays to report.

Ms. Youssouf asked how much was completed. Mr. Scully said approximately 85%.

Ms. Youssouf asked that the Project Status Reports included in the package accurately reflect information being reported.

That concluded the status reports.

There being no further business, the meeting was adjourned at 11:48 A.M.

**LICENSE AGREEMENT**

**NEW YORK LEGAL ASSISTANCE GROUP  
(NYLAG)**

**MULTIPLE FACILITIES**

## RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a five year revocable license agreement with the New York Legal Assistance Group (the "Licensee") for part-time, non-exclusive use and occupancy of space at Bellevue Hospital Center, Coler Nursing Facility, Coney Island Hospital, Elmhurst Hospital Center, Harlem Hospital Center, Henry J. Carter Specialty Hospital & Nursing Facility, Jacobi Medical Center, North Central Bronx, Kings County Hospital Center, Lincoln Medical & Mental Health Center, Metropolitan Hospital Center, Queens Hospital Center and Woodhull Medical & Mental Health Center (the "Facilities") to provide legal services to patients and training to Corporation staff at an annual fee of \$55,000 per clinic, per facility year one and two and \$60,000 per clinic per facility year, three, four and five payable by the Corporation to the Licensee and without any payment by the Licensee for the use of the space.

**WHEREAS**, the Licensee is a not-for-profit provider of legal services to, among others, hospital patients in need of counseling in various areas of the law, including, but not limited to, immigration, domestic relations, child support and custody, and benefit entitlements; and

**WHEREAS**, the Licensee's program also consists of training the Corporation's staff to assist the Licensee in recognizing patients in need of legal services; and

**WHEREAS**, the Board of Directors of the Corporation has previously authorized the President to enter into license agreements with the Licensee to provide such training and legal services at Bellevue Hospital Center, Coler-Goldwater Specialty Hospital and Nursing Facility, Elmhurst Hospital Center, Harlem Hospital Center, Jacobi Medical Center, Kings County Hospital Center, Lincoln Medical & Mental Health Center, and Woodhull Medical & Mental Health Center; and

**WHEREAS**, the Licensee's services will continue to be provided at the facilities previously authorized by the Board and services will also be provided at Coney Island Hospital Center, Metropolitan Hospital Center, Henry J. Carter Specialty Hospital and Nursing Facility Queens Hospital Center and North Central Bronx

**NOW, THEREFORE, be it**

**RESOLVED**, that the President of the New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year revocable a license agreement with the New York Legal Assistance Group (the "Licensee" ) for its part-time, non-exclusive use and occupancy of space at Bellevue Hospital Center, Coler Nursing Facility, Coney Island Hospital, Elmhurst Hospital Center, Harlem Hospital Center, Henry J. Carter Specialty Hospital & Nursing Facility, Jacobi Medical Center, Kings County Hospital Center, Lincoln Medical & Mental Health Center, Metropolitan Hospital Center, Queens Hospital Center and Woodhull Medical & Mental Health Center (the "Facilities") to provide legal services to patients and training to Corporation staff at an annual fee of \$55,000 per clinic per Facility payable by the Corporation to the Licensee for the first two years of the license term and \$60,000 per clinic per Facility per year thereafter and without any payment by the Licensee for the use of the space.

## EXECUTIVE SUMMARY

### LICENSE AGREEMENT

#### NEW YORK LEGAL ASSISTANCE GROUP

The President seeks authorization of the Board of Directors of the Corporation to execute a revocable license agreement with the New York Legal Assistance Group ("NYLAG") for its use and occupancy of space at Bellevue Hospital Center, Coler Nursing Facility, Coney Island Hospital, Elmhurst Hospital Center, Harlem Hospital Center, Henry J. Carter Specialty Hospital & Nursing Facility, Jacobi Medical Center, Kings County Hospital Center, Metropolitan Hospital Center, Lincoln Medical & Mental Health Center, North Central Bronx, Queens Hospital Center and Woodhull Medical & Mental Health Center (the "Facilities") to provide legal services to patients and training to Corporation staff.

NYLAG is a not-for-profit organization that provides legal services to patients unable to afford private counsel. In June 2002, the Board of Directors authorized the President to enter into a revocable license agreement with NYLAG to provide training and legal services at Elmhurst Hospital Center. The success of this program demonstrated the need to expand the legal services program to other hospitals. During the intervening years, the NYLAG program has expanded to all of the Corporation's acute care Facilities except for Coney Island Hospital, Metropolitan Hospital Center, and Queens Hospital Center. The proposal is to now to renew and extend the Corporation's relationship with NYLAG at all of its previous locations and to include Coney Island Hospital, Metropolitan Hospital Center and Queens Hospital Center. The Corporation shall pay NYLAG the annual sum of \$55,000 per clinic per Facility for legal services provided at each Facility which fee shall increase to \$60,000 per clinic per Facility per year after the first two years. NYLAG will have the part-time, non-exclusive use of approximately 150 to 200 square feet of office space at each of the Facilities (the "Licensed Spaces").

NYLAG will assign an attorney to conduct periodic training sessions to teach Corporation staff to recognize and identify patients requiring legal services. In addition, a NYLAG attorney will be on-site one day per week at each Facility to counsel patients needing legal advice and representation in such areas of law as immigration, domestic relations, child support and custody, and benefit entitlements. This model of patient-focused legal services has been used successfully at safety-net hospitals elsewhere in the country to address legal problems common to low-income patient populations.

The licensed space, utilities, housekeeping, maintenance, and reasonable security will be provided by the Facilities at no charge to NYLAG. NYLAG will indemnify and hold harmless the Corporation and the City of New York from any claims arising by virtue of its use of the Licensed Spaces and its provision of services. NYLAG will also provide appropriate insurance, naming both parties to the license agreement and the City of New York as insureds.

The term of the license agreement shall not exceed five years without further authorization of the Board of Directors of the Corporation. The license agreement shall be revocable by either party on ninety days' notice.



A Division of the New York Legal Assistance Group

**LegalHealth**  
Professional Partnership to Promote Well Being<sup>®</sup>

**Legal Health**  
at  
**The Health and Hospitals**  
**Corporation**

February 13, 2014

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**NYLAG**  
NEW YORK LEGAL ASSISTANCE GROUP



## Value Added Proposition

- LegalHealth has become an integral member of HHC's healthcare team providing patients with free legal services that assist with safe discharge, access to treatment and improved quality of life.
- Over the past three years, LegalHealth has handled 7,064 legal matters for 4,781 patients of 8 HHC hospitals.
- Expansion to three additional HHC facilities and increase in legal clinics at existing facilities will allow LegalHealth in partnership with HHC to continue to combat the social determinants of health furthering HHC's commitment to the health and well-being of all New Yorkers.



## LegalHealth Model

- LegalHealth holds weekly half day free legal clinics onsite at 8 partnering HHC Hospitals
- Average of 6 patients per clinic with 1.5 legal matters
- Each legal clinic has 50% of an attorney's time dedicated to the clinic and to the legal work arising from these referrals, including court appearances, legal research, legal drafting, preparation of immigration filings



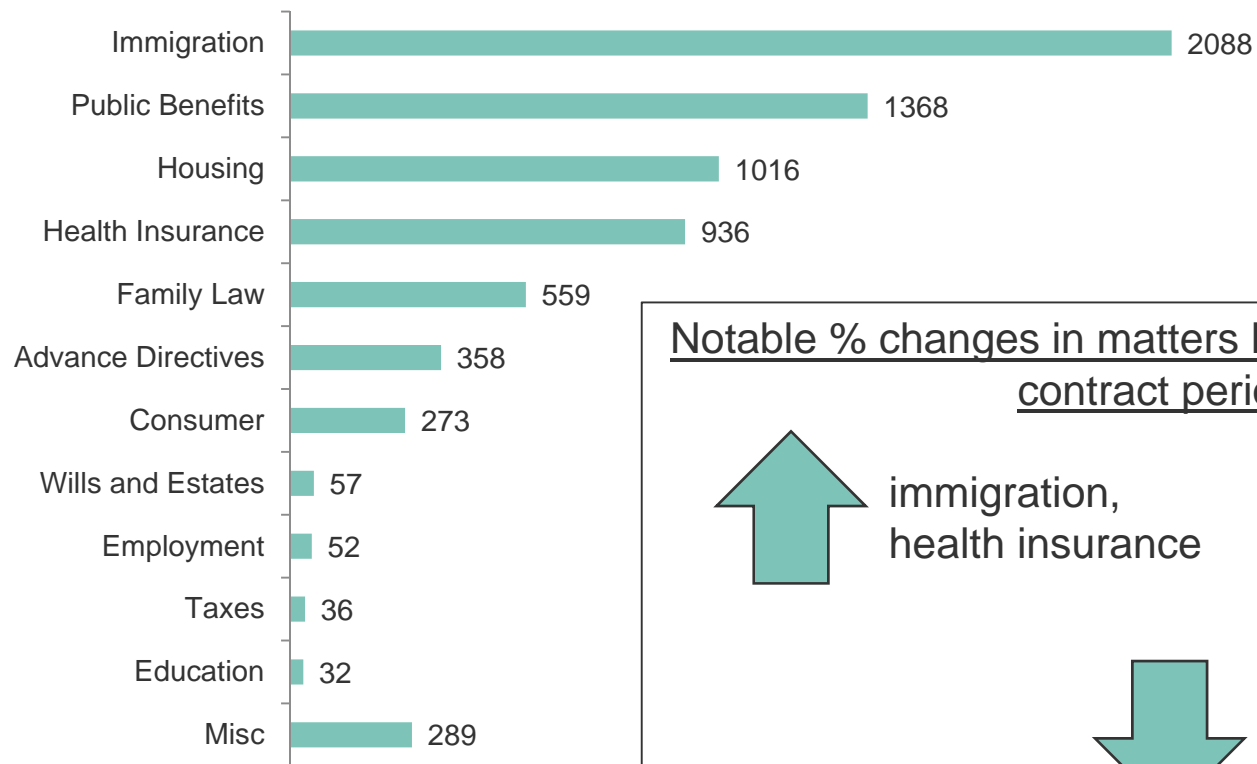


## Current Partner HHC Sites

- Bellevue Hospital Center\*
- Coler-Goldwater Specialty Hospital and Nursing Facility (new clinic as of July 2012)
- Elmhurst Hospital\*
- Harlem Hospital Center
- Jacobi Medical Center & North Central Bronx Hospital
- Kings County Hospital Center
- Lincoln Medical Center
- Woodhull Medical Center\*



## HHC Referrals by Problem Type During Current Contract Period



### Notable % changes in matters handled over past two contract periods



immigration,  
health insurance



advance directives,  
employment,  
education



## LegalHealth's Immigration Work

- 520 matters intaked and screened for eligibility for immigration relief that could lead to Medicaid
- 89 matters intaked and screened for USCIS Freedom of Information Act requests to determine if patient has an immigration history that may make them Medicaid eligible, or that would rule out filing any further immigration applications
- 24 matters intaked and screened for visa extensions to allow for continuation of vital medical care, or for a family member to extend their stay in the U.S. to care for a seriously ill patient



## LegalHealth's Immigration Work

- Immigration cases are complex, involve layers of analysis, due diligence and review.
- The matters are ongoing, requiring hours of work, even after the individual has the necessary documentation to become Medicaid eligible.
- LegalHealth does follow up work and renewal of deferred action as required, and Medicaid appeals where Medicaid is denied.



## LegalHealth Moves Uncompensated Care to Compensated Care

- Worked to increase or maintain health insurance for 773 HHC patients
- Prior data exchanges completed in 2011 show the direct financial impact of LegalHealth's work, such as when a client becomes eligible for or maintains Medicaid.
  - \$409,133 in insurance reimbursements to Bellevue over three years
  - \$263,368 in reimbursements to Jacobi over three years
  - \$217,131 in reimbursements to Elmhurst over three years



## **LegalHealth Moves Uncompensated Care to Compensated Care: Case Example**

Ms. B, a 61 year-old patient who was at Coler-Goldwater, is from Haiti and is a permanent resident at Coler-Goldwater. With the help of a LegalHealth attorney, Ms. B was granted temporary protective status after the Haitian earthquake in 2010 which enabled her to get on Medicaid. She began receiving Medicaid on May 10, 2010, for which the facility has received to date \$339,150 in reimbursement.



## LegalHealth Intervention Gives Patients Equal Access to Healthcare

- With aggressive legal advocacy LegalHealth attorneys explore all legal remedies for patients so as to make patients eligible to receive life saving transplants by becoming eligible for NYS Medicaid.
- LegalHealth has facilitated patients in receiving access to transplants for:
  - Heart
  - Liver
  - Bowel
  - Lung
  - Bone Marrow
  - Kidney
  - Stem Cell



## **LegalHealth Intervention Gives Patients Equal Access to Healthcare: Case Example**

Mr. P was 37 years old and in need of a heart transplant when he was referred to the LegalHealth attorney at Bellevue Hospital Center. He was undocumented and uninsured. Mr. P's brother is a US citizen, so the attorney discussed the possibility of filing a family relative petition and the risks associated with it. With Mr. P's consent, the attorney prepared and filed the application. Within a couple of months, Mr. P received notice of his filing the application from the United States Citizenship and Immigration Services (USCIS). The LegalHealth attorney then wrote an advocacy letter outlining his eligibility for Medicaid. With Medicaid coverage Mr. P was eligible to be on the heart transplant list.





## **LegalHealth Intervention Enables Safe Discharge of Patients to More Appropriate Setting**

- As a result of legal intervention, Alternative Level of Care patients moved to nursing homes, assisted living, or in the community with home care.
- In the past year, LegalHealth has been working closely with Bellevue, Kings, Jacobi and most recently Elmhurst to evaluate patients, including ALOC patients, for capacity to pursue legal remedies where appropriate.
- Patients without capacity are flagged for possible Art. 81 Guardianship.



## **LegalHealth Intervention Enables Safe Discharge of Patients to More Appropriate Setting**

Jenny, a 16 year old undocumented immigrant who was being hospitalized following a cerebral hemorrhage, was referred to LegalHealth by her in-patient social worker. She was completely incapacitated and in need of a long-term nursing facility, as Elmhurst Hospital did not have the capacity to care for her in her current condition. After an extensive intake with Jenny's parents the attorney determined that an application for deferred action with the United States Citizen and Immigration Services (USCIS) was Jenny's only immigration option. LegalHealth filed the application, and as soon as USCIS sent receipt of notice for the request, the attorney prepared an advocacy letter to Elmhurst Hospital's Medicaid office notifying them that Jenny was be eligible for Medicaid as she was permanently residing under color of law in New York (PRUCOL). She was approved for long-term benefits and was transferred to a long-term nursing facility for appropriate care.



## LegalHealth Intervention Results in Home Repairs and Healthier Environments Reducing Frequent Readmissions & ER visits

- LegalHealth with another partner hospital studied the impact of legal intervention for serious adult asthmatics with a history of frequent hospitalizations and ER visits and who were on maximum dosages of cortico-steroids. The retrospective study showed decrease in hospitalizations, ER visits and medicine dosages.
  - “Environmental Improvements Brought by the Legal Interventions in the Homes of Poorly Controlled Inner-city Adult Asthmatic Patients: A Proof of Concept Study,” *Journal of Asthma*. (2012) O'Sullivan Mary M., M.D., Brandfield, Julie, J.D., Hoskote Sumedh S., M.D., Segal Shiri N., M.D., Chug L, M.D., Modrykamien Ariel, M.D., Eden Edward, M.D.
- St. Luke's Hospital and LegalHealth currently have an application pending with NIH to conduct an expanded, controlled study.



## **LegalHealth Intervention Results in Home Repairs and Healthier Environments Reducing Frequent Readmissions & ER visits**

Ms. S is a 34 year old woman who lives in a shelter with her three young children. When LegalHealth met the family, each of her children had breathing problems; the youngest, an infant, had had frequent ER visits and had been on an off a nebulizer for several months. The shelter they were living in was overrun with vermin: mice, rats, and roaches, some crawling inside the crib, on their beds, and on the stroller. The management never did more than put steel wool into the holes of the walls, which did not resolve the problem. The attorney wrote a demand letter putting the shelter on notice of conditions and threatened court proceedings. As a result, the shelter immediately took action to repair the holes, thoroughly clean vents and other areas, and exterminate. Ms. S reported a decline in asthma attacks and ER visits for her baby.



## **LegalHealth Intervention Increases Stability of Patients and Improves Quality of Life**

- Prevents eviction
- Maximizes income
- Secures home care
- Obtains orders of protection to safeguard victims of abuse
- Empowers patients at end of life

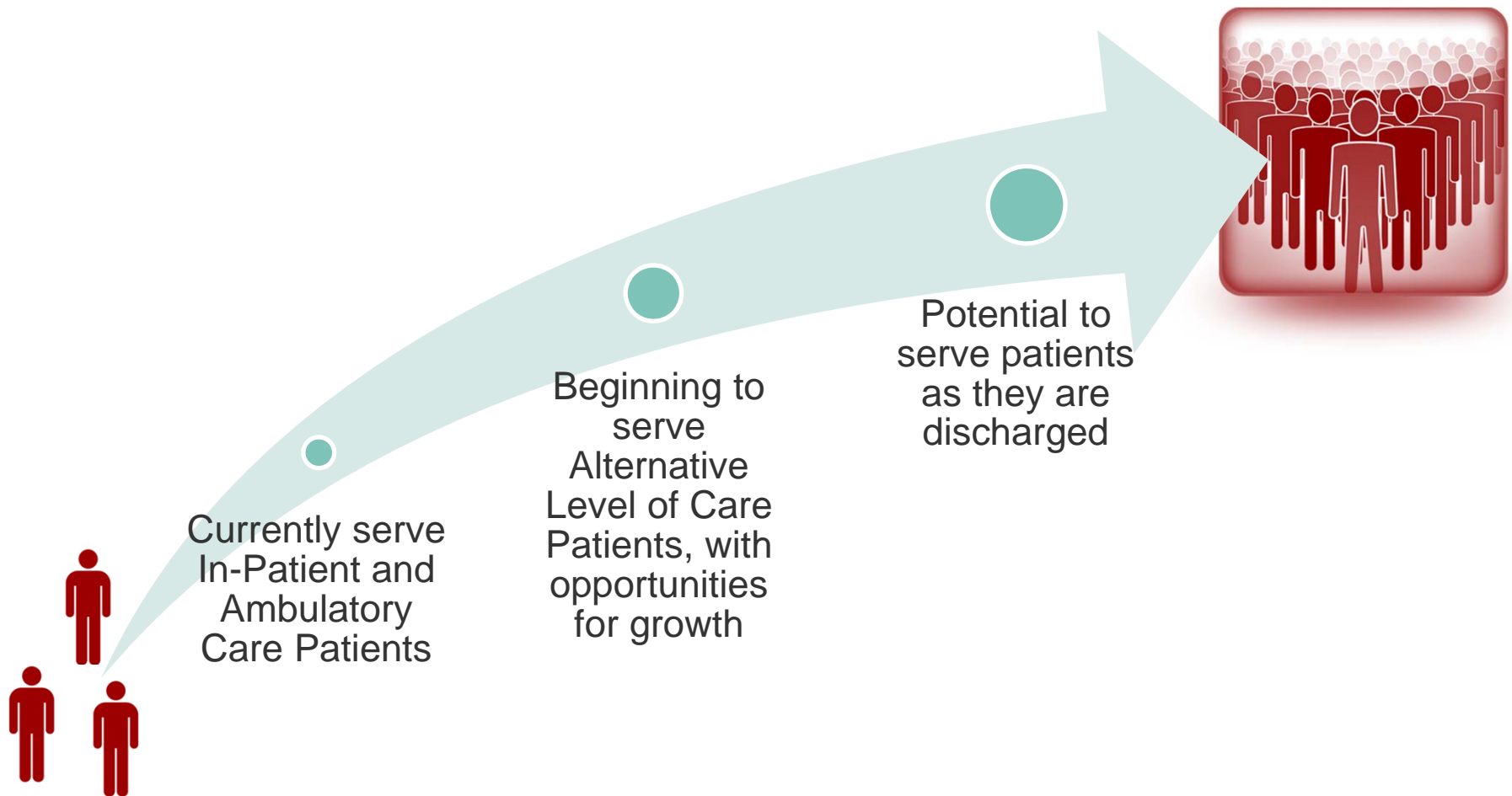


## Cross Collaboration Between HHC and LegalHealth

- Study with Paul Testa, MD, MPH on “Unmet Legal Needs of Emergency Department Patients: A Novel Opportunity for Medical Legal Partnerships” (*Annals of Emergency Medicine*, Vol 62. No. 4S: October 2013, p. S24)
- LegalHealth is partnering with researchers at Lincoln Medical Center to conduct a retrospective study analyzing the impact of LegalHealth’s services on the hospital and any potential correlations between the medical conditions of patients and their legal issues. The study was recently approved by Lincoln’s IRB and is now being reviewed by the IRB at HHC.
- Melba Sullivan, PhD from Bellevue’s Survivor’s of Torture Program trained members of the legal profession in compassion fatigue and vicarious trauma at NYLAG offices and at New York State Legal Services Conference in Albany



# Population Expansion Opportunities: Room for GROWTH





## Expansion Proposal

- Over the past 2 years LegalHealth has been approached by HHC hospital staff to increase services

### New sites with weekly clinics

Coney Island

Metropolitan

Queens

### Expansion to second clinics

Jacobi

Kings

Woodhull\*

\*Foundation funding to start geriatric clinic ended





## Analysis of Costs

- Proposed Expansion would take LegalHealth's presence from 8 hospitals with 11 clinics to 11 hospitals with 16 clinics, representing a 45% increase in services offered.
- Hospitals have expressed a willingness to spread NYLAG fundraising dollars and increase costs to hospitals to allow expansion.
- As a result of spreading foundation dollars among a larger number of legal clinics, hospital contribution is increasing to \$55,000 per clinic for years 1 and 2 and \$60,000 per clinic for years 3-5.

**CAPITAL FUNDING**

**NETWORKING INFRASTRUCTURE  
REFRESH PROGRAM**

**ENTERPRISE IT SERVICES**

**CORPORATE WIDE**

## RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to initiate the planning for a construction program of improvements throughout the Corporation to support an information technology equipment modernization and replacement plan with upgrades to heating, ventilation and air conditioning ("HVAC") and electrical equipment at a total approximate cost of \$15 Million over the next two years subject to further authorization by the Capital Committee of the components of such construction program.

**WHEREAS**, the Corporation has an inventory of approximately 200 routers, 1,500 switches and over 3,000 wireless access points that are used to link to various computers and data systems throughout the Corporation; and

**WHEREAS**, such equipment requires upgrade and/or replacement on schedules of 3 – 5 years depending on equipment type; and

**WHEREAS**, to complete the equipment upgrade and/or replacement it is necessary to retrofit the closets holding intermediate distribution and main distribution frames with electrical and HVAC upgrades to ensure uninterruptible or back-up power sources and HVAC must be provided or upgraded; and

**WHEREAS**, the necessary construction work has been preliminarily estimated at \$15 Million with the costs at various of the Corporation's facilities ranging from close to \$7 Million to only \$100,000; and

**WHEREAS**, the procurement method appropriate for the contemplated work will vary across the Corporation depending on the amount of work required at each facility and the nature of the work; and

**WHEREAS**, to properly refine the budget for the work and determine the best procurement methods to be used for the various components of the construction program, the Corporation must engage architects or engineers to develop plans for such work; and

**WHEREAS**, the Corporation shall use the services of architects or engineers already under requirements contracts with the Corporation to prepare the necessary plans.

**NOW THEREFORE**, the President of the New York City Health and Hospitals Corporation be and he hereby is authorized to initiate the planning for a construction program of improvements throughout the Corporation to support an information technology equipment modernization and replacement plan with upgrades to heating, ventilation and air conditioning and electrical equipment at a total approximate cost of \$15 Million over the next two years subject to further authorization by the Capital Committee of the components of such construction program.

## EXECUTIVE SUMMARY

The Corporation has an inventory of approximately 200 routers, 1,500 switches and over 3,000 wireless access points that are used to link to various computers and data systems throughout the Corporation. Such equipment requires upgrade and/or replacement on schedules of 3 – 5 years depending on equipment type. By separate resolution the Corporation's Board of Directors is authorizing the expenditure of not more than \$28.3 Million to upgrade and/or replace such equipment over a two-year period. In order to affect such upgrades and/or replacement various construction work must be completed to ensure that the cabinets that house the equipment are appropriately ventilated and cooled and that there is adequate and un-interruptible power supplied. The distribution of the work associated with this project is set forth in the attached spread sheet.

<b>Network Infrastructure Environmentals Capital Costs</b>	<b>Total Year 1</b>	<b>Total Year 2</b>	<b>Two Year Total</b>
<b>UPS - IDF and MDF Closets</b>	\$ 2,500,000	\$400,000	\$ 2,900,000
<b>Environmentals - IDF and MDF Closets</b>	\$ 11,400,000	\$700,000	\$ 12,100,000
<b>Total</b>	\$ 13,900,000	\$ 1,100,000	\$ 15,000,000

<b>UPS:</b>	<b>Uninterruptible Power Supply</b>
<b>IDF:</b>	<b>Intermediate Distribution Frame</b>
<b>MDF:</b>	<b>Main Distribution Frame</b>
<b>Environmentals:</b>	<b>Air Conditioning, additional power and secondary power source</b>

Date: 2/12/14



## NETWORKING INFRASTRUCTURE REFRESH PROGRAM

Capital Committee Meeting

February 13, 2014

# Background



- **In order to support new technologies, initiatives and increasing network infrastructure the Enterprise Information Technology Services (EITS) Group developed a Network Refresh Program In February 2011, the Board of Directors approved a capital spend of \$25.3 million for the 1<sup>st</sup> Wave of the ON-GOING Network Infrastructure Refresh Program.**
- **Aligning with industry standards to refresh network infrastructure equipment between 3 to 5 years**
- **This program is needed in order to support new initiatives and technologies such as:**
  - A new clinical EMR/Meaningful Use
  - Financial Enterprise Resource Planning (ERP) System Replacement/ Upgrade
  - Sorian (Siemens Registration System)
  - Business Intelligence
  - IP Telephony
  - Picture Archiving and Communication System (PACS)
- **These systems and several others require a robust data communication system in order to operate efficiently**
- **EITS Completed Wave 1 in the 4th Quarter of 2013.**

## **Sites completed:**

**LAN** - Queens, Elmhurst, Lincoln, Harlem, Woodhull, Cumberland and Belvis

**Wireless** – Queens, Elmhurst, Lincoln, Woodhull and Cumberland



## Wave 2

- **One gating factor to the progress of this project has been the readiness of the environmental requirements at the facilities (power and cooling). As a result, we are now taking a joint approach with the Office of Facilities Development (OFD) to engage architectural/engineering resources to address this in a more comprehensive, corporation-wide manner, rather than the site-by-site approach which was not proving to be efficient or effective.**

- **Wave 2**

**LAN** – Jacobi Medical and North Central Bronx

**Environmentals** – Queens, Elmhurst, Jacobi Medical and North Central Bronx (reconditioning of the intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets) managed by OFD)

**Wireless** - Jacobi Medical and North Central Bronx

**VOIP** – Coney Island, Queens, Elmhurst, Jacobi Medical and North Central Bronx

Capability to purchase routing, switching, Unified Communications (VOIP), Wireless Infrastructure hardware, environmental equipment and Professional Services off the NY State OGS or GSA contracts not to exceed \$28,300,000 in capital funds for a networking infrastructure refresh program.

An additional \$15,000,000 for the reconditioning of the intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets) will be managed by OFD. Total cost for the combined projects will be \$43,300,000 over 24 months.



## Procurement Approach for Networking Equipment



- Multiple solicitations will be conducted via NYS OGS and GSA contracts to procure networking equipment and professional services.
- A minimum of three resellers will be solicited for each purchase
- A purchase order will be issued to the lowest responsive and responsible bidder for each purchase

# **PROJECT STATUS REPORTS**

Southern Brooklyn/Staten Island Health Network

**Network: SOUTHERN BROOKLYN / STATEN ISLAND HEALTH NETWORK**

**Facility: CONEY ISALND HOSPITAL**

Project Number	PROJECT TITLE	Project Budget (\$000s)	Paid to Date (\$ 000s)	% Paid to Date	Construction Start	Projected Completion	Forecast/ Actual Completion	Delay (if any)	Comments
26201102	Boiler Plant Replacement	10,223	2,256	32.00%	Jun-12	Feb-13	May-14	(15)	Asbestos abatement of boiler house, demolition of boilers and cleaning of three #6 tanks are completed. Work on reinforcing floor for raising new boilers in progress. Project is approximately 30% complete.

**Facility: SEA VIEW HOSPITAL REHABILITATION CENTER & HOME**

Project Number	PROJECT TITLE	Project Budget (\$000s)	Paid to Date (\$ 000s)	% Paid to Date	Construction Start	Projected Completion	Forecast/ Actual Completion	Delay (if any)	Comments
75200902	Renovate Isolation Building	3,750	215	6.00%	Apr-13	Feb-14	Feb-14		Construction including installation of windows in progress.