

## 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	Closure of Adult Day Health Program
2. Name of Applicant	St. Camillus
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Sachs Policy Group</p> <ul style="list-style-type: none"><li>• Jaclyn Pierce, MPH (lead contact)</li><li>• Maxim Petrovsky</li><li>• Ha Nguyen, MA, MPH</li><li>• Ken Stevens</li></ul>
4. Description of the Independent Entity's qualifications	<p>The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.</p> <p>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers,</p>

	<p>child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.</p> <p>The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	May 16, 2024
6. Date the HEIA concluded	June 18, 2024

7. Executive summary of project (250 words max)	
<p>St. Camillus is a skilled nursing facility located in Syracuse, NY that provides skilled nursing, brain injury and short-term rehabilitation, and medical transportation services to older adults. St. Camillus had a 45-slot Adult Day Health Care (ADHC) program, which the organization was required by the State Department of Health (DOH) to temporarily close on March 17, 2020 as a result of the Covid-19 pandemic. Organizations were permitted to begin the process of re-opening programs in April 2021. The organization decided not to re-open the program, and informed previous attendees of this decision on April 20, 2022. The decision to not re-open the program was multi-factorial, and included financial concerns, staffing barriers, and infection control considerations for residents since the ADHC was co-located with the St. Camillus nursing facility. St. Camillus is now seeking to formally close the ADHC, and intends to utilize a portion of the space previously allocated to the ADHC to open dialysis services for its nursing facility residents using funding from the Statewide Health Care Facility Transformation Program (SHCFTP).</p>	
8. Executive summary of HEIA findings (500 words max)	
<p>The data analysis and stakeholder engagement conducted as part of this assessment indicated that the following medically underserved populations have been/would be most impacted by the closure of the St. Camillus ADHC program, as a result of their unique health needs and their previous utilization of the service: older adults, low-income populations, and individuals eligible for or receiving public benefits. Former program participants were impacted by the closure and the organization’s decision not to re-open the program, and potential participants may be impacted because the closure will reduce options for ADHC services in the community.</p> <p>As part of our stakeholder engagement, we interviewed leadership and staff from St. Camillus, the Commissioner of the Onondaga County Department of Adult &amp; Long Term Care Services, the Executive Director of the statewide Adult Day Health Care Council, and local</p>	

providers and hospitals that serve older adults and other populations that utilized ADHC services in the community. Many stakeholders we interviewed felt that medical adult day programs are important services that support caregivers and allow participants to remain in their home settings, and felt that the closure was a loss for the community; however, many stakeholders understood the Applicant’s decision to close given the financial barriers to effectively implementing this program – which are impacting ADHCs statewide – and the infection control considerations for nursing home residents following the Covid-19 pandemic. Stakeholders were largely supportive of utilizing the previous ADHC space for dialysis services, as this is also an unmet service need for the older adult community and would improve quality of life for St. Camillus’s nursing home residents.

We encourage the Applicant to ensure that it provides information and referrals for individuals and families seeking ADHC or other similar services in the community, including other ADHC programs, social adult day services, in-home nursing and personal care services, and Programs of All-Inclusive Care for the Elderly (PACE). The organization should also leverage its current partnerships and develop new partnerships with local providers of these services to ensure seamless referral pathways for potential participants and their families/caregivers.

## **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.**

Please refer to attached Excel spreadsheet titled *St. Camillus\_heia\_data\_tables*

- 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:**
  - Older adults
  - Low-income people
  - People who are eligible for or receive public health benefits

**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?**

We analyzed utilization data from the Applicant, census data for the community/service area, information and data from the Onondaga County Community Health Assessment/Improvement Plan, academic literature, and information obtained from interviews with leadership, staff, and local leaders/stakeholders.

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

We expect the official closure of the ADHC program at St. Camillus to primarily impact older adults and low-income individuals/those eligible for or receiving public health benefits, due to their unique health needs and utilization of ADHC services outlined below.

**Older adults**

Approximately 26% of the population in Onondaga County is over the age of 60, and the proportion of older adults in the community is projected to increase over the next several years.<sup>1,2</sup> For older adults with chronic needs, ADHC programs provide valuable support through various services including nursing, rehabilitation, medication management, transportation, and recreation. The ADHC program plays an important role in addressing many of the needs of older adults, including social needs such as loneliness and community connections as well as clinical needs. Approximately one-quarter of community-dwelling Americans aged 65 and older are considered to be socially isolated.<sup>3</sup> ADHC programs play a role in enhancing the quality of life for older adults by offering social interaction and structured activities to help prevent loneliness and isolation.

ADHC programs also serve a vital need for those wishing to age in the home and community setting. Older adults are often cared for by family members or non-professional caregivers who may require respite from caregiving responsibilities in order to reduce stress and burnout. An AARP report found that an estimated 38 million family caregivers in the United States provided 36 billion hours of unpaid care to adults with limitations in daily activities in 2021.<sup>4</sup> ADHC programs provide families/caregivers with a

---

<sup>1</sup> U.S. Census Bureau. (2022). *Age and sex: Onondaga County, New York (ACSST1Y2022.S0101)*. Retrieved from <https://data.census.gov/table/ACSST1Y2022.S0101?q=onondaga%20county%20age>

<sup>2</sup> Onondaga County Health Department. (n.d.). *Community Health Assessment and Community Health Improvement Plan (CHA-CHIP)*. Retrieved from <http://www.ongov.net/health/documents/OnondagaCountyCHA-CHIP.pdf>

<sup>3</sup> National Academies of Sciences, Engineering, and Medicine. (2020). *Social isolation and loneliness in older adults: Opportunities for the health care system*. Washington, DC: National Academies Press. Available from <https://www.ncbi.nlm.nih.gov/books/NBK557972/>

<sup>4</sup> AARP Public Policy Institute. (2023). *Valuing the invaluable 2023 update: The economic value of family caregiving*. AARP. <https://doi.org/10.26419/ppi.00082.006>

safe, supportive, and stimulating environment for their loved one, allowing them to attend to their own personal needs and receive a break from caregiving. Because ADHC programs also provide clinical services and medical supervision, unlike social adult day care, they are a valuable alternative to traditional long-term care placement for individuals who would prefer to remain in their home and community.

### **Low-income people and people who are eligible for or receive public health benefits**

While the poverty rate in Onondaga County is similar to that of New York State (~13%), the poverty rate in the city of Syracuse where St. Camillus is located is over 30%.<sup>2</sup> Approximately 27% of households in Onondaga County earn just above the federal poverty line but still less than what it costs for basic necessities to live, otherwise known as Asset Limited, Income Constrained, Employed (ALICE).<sup>2</sup> Approximately 28% of individuals in Onondaga County were enrolled in the New York State Medicaid program as of December 2023.<sup>5</sup>

For certain low-income individuals and those eligible for or receiving public health benefits, ADHC programs provide clinical and social services that are reimbursable by NYS Medicaid. Nationwide, most users of adult day services are Medicaid beneficiaries (72%).<sup>6</sup> Alternative services to address the needs of individuals attending ADHC programs, such as increased in-home supports, may be more difficult for low-income populations to access if they are not covered by Medicaid. In addition, caregivers are more likely to be lower income and may require additional respite due to inability to take time off from work or afford in-home support services.<sup>7</sup>

### **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?**

Program participants have not accessed services at St. Camillus's ADHC program since its state-mandated closure on March 17, 2020. At the time of the closure, over 72% of program participants were over the age of 60. The payor mix for program participants was primarily public insurance, as follows:

- Medicaid: 48%
- Medicare: 19%
- Dual Eligible (Medicaid & Medicare): 11%

---

<sup>5</sup> United Hospital Fund. (n.d.). *Medicaid enrollment by county*. Retrieved June 14, 2024, from <https://uhfnyc.org/our-work/initiatives/medicaid-institute/dashboards/mi-current-enrollment/#Medicaid%20Enrollment%20by%20County>

<sup>6</sup> Lendon JP, Singh P. Adult day services center participant characteristics: United States, 2018. NCHS Data Brief, no 411. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:106697>.

<sup>7</sup> Musich, S., Wang, S. S., Kraemer, S., Hawkins, K., & Wicker, E. (2017). Caregivers for older adults: Prevalence, characteristics, and health care utilization and expenditures. *Geriatric Nursing*, 38(1), 9-16. <https://doi.org/10.1016/j.gerinurse.2016.06.017>

- Commercial: 18%
- Private Pay: 3%

Older adults and low-income populations, including former participants and potential new program participants, will continue to be unable to access ADHC program services at St. Camillus following the official closure of the program. These populations were required to find alternative options during the statewide ADHC program closure from 2020-2021. When St. Camillus did not re-open in 2021, these populations either found services at another re-opened ADHC program or found alternative options to meet their needs, such as social day programs or in-home services and supports.

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

Adult day health services are available at the Rothschild ADHC program at Menorah Park, which is 11.6 miles (20-minute drive) away from St. Camillus.

Social adult day programs, which similarly provide a structured and protective setting for participants but do not provide clinical services, are available at:

- Keepsake Village at Greenpoint (15-minute drive from St. Camillus)
- Salvation Army Social Day Program (14-minute drive from St. Camillus)
- Self-Direct Social Adult Day (23-minute drive from St. Camillus)
- Silver Fox Adult Day Centers (21-minute and 28-minute drive from St. Camillus)

The Loretto Program of All Inclusive Care for the Elderly (PACE) has the following two locations:

- Sally Coyne Center (23-minute drive from St. Camillus)
- McAuliffe Health Center (22-minute drive from St. Camillus)

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

The Rothschild Adult Day Health Services at Menorah Park maintains a 132-bed skilled nursing facility, retirement community, assisted living, and medical adult day care. The ADHC program, which is the only remaining program in community, has a total capacity of 25 individuals with a flex capacity of 10% (up to 28 individuals). Services include medical management, education, nutrition, therapy, recreation, and social work. The organization reported that they may be able to accommodate referred individuals on a given day depending on the individual's needs and the facility's current capacity and staffing. They maintain an ongoing referral list of individuals to contact when spots open up that they are able to fill.

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.

N/A – the Applicant is not subject to these regulations.

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.

No – the program is not currently staffed.

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

No

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.

No

## **STEP 2 – POTENTIAL IMPACTS**

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:
  - a. Improve access to services and health care
  - b. Improve health equity
  - c. Reduce health disparities

ADHC programs provide nursing, transportation, rehabilitation, therapy, and recreational activities for individuals, primarily older adults, who require such services in order to remain in their home and community. ADHC services are also included as part of the New York State Medicaid benefit. As such, the program closure will primarily impact these populations, as over 85% of former participants at the St. Camillus ADHC program were over age 55 and almost 60% were Medicaid or dual-eligible beneficiaries.

At the time of closure in 2020 during the pandemic and following the announcement of the permanent closure in 2022, these individuals and their families/caregivers were required to find alternative options for care. In addition to former participants, any older adults or Medicaid beneficiaries that are currently seeking ADHC services will have fewer options in the community as a result of this closure. However, other options for services that could support allowing individuals to remain in their home and community and avoid long-term care placement include:

- In-home care services, such as those provided by Certified Home Health Agencies (CHHAs) or Licensed Home Care Service Agencies (LHCSAs). CHHAs are available for eligible older adults and Medicaid beneficiaries, and services include therapy, medical supplies/equipment, social work, and nutrition services. LHCSAs are also available for eligible older adults and Medicaid beneficiaries, and include nursing and personal care services. St. Camillus owns a LHCSA program, called Integrity Home Care Services.
- Social adult day care (SADC) programs provide day services for individuals with functional impairments and are available for both older adults and Medicaid beneficiaries. However, unlike ADHC programs, clinical services and medical supervision are not available at SADCs.
- PACE programs are available to older adults over the age of 55 and Medicaid beneficiaries. Similar to ADHC programs, PACE provide an alternative to nursing home placement. Services include case management, health care, medical specialties, and transportation. Older adults in need of long-term care who prefer to remain in their home and community can receive medical, social, rehabilitative, and supportive services by the multidisciplinary PACE care team. However, participants will need to be eligible for PACE and complete the enrollment process.

The Onondaga County Department of Aging & Long Term Care indicated that, post-pandemic, it has been more difficult to access services at ADHCs and SADCs in the county due to closures. However, they were not aware of any waitlists for these services. We were able to confirm that the Rothschild ADHC program occasionally has a waitlist but can also sometimes accommodate participants on the same day, while the PACE program SADCs in the area that we were able to get in touch with did not have waitlists.

**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.**

An unintended positive impact of the closure of the ADHC program for older adults and low-income Medicaid beneficiaries is that the organization has re-purposed part of the



space for a traumatic brain injury unit for its nursing home residents. The organization intends to use the remaining ADHC program space to open an on-site dialysis unit, which will allow residents to receive hemodialysis services at their residence and reduce the need to transfer residents to off-site outpatient dialysis centers. This may reduce the risk of injury/falls associated with traveling and improve quality of life for older adult residents, including low-income Medicaid beneficiaries and those dually eligible for Medicaid/Medicare.

- 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.**

N/A

- 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 Onondaga County public transportation network, Centro, serves St. Camillus via the Route 64 and Route 38 bus lines. These routes facilitate convenient travel for residents, staff, and visitors, connecting the facility to the rest of the Syracuse metro area. The Route 64 bus line provides a link to Liverpool, while the Route 38 line offers direct access to James Street and the surrounding neighborhoods. The Centro "Call-A-Bus" is a door-to-door advanced reservation service for individuals with disabilities who cannot use regular fixed-route bus services. There is also an Amtrak Train Station in Syracuse. Taxis and ridesharing services are available in the area.

The Applicant also operates a transportation program that consists of four dedicated team members that operate facility vans. Services are available Monday-Friday from 7am-5pm and transport residents to and from the hospital and medical/other appointments.

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

N/A – there is no construction involved in the closure of this program.

- 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?**

N/A – the Applicant does not provide reproductive or maternal health services.

### Meaningful Engagement

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

Onondaga County Health Department

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

Yes, we interviewed the Onondaga County Department of Adult & Long Term Care Services as part of this assessment.

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

Please refer to attached Excel spreadsheet titled *St. Camillus\_heia\_data\_tables*

- 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?**

Stakeholders that have been most affected by the closure of the St. Camillus ADHC Program are older adults, including low-income adults, who are seeking ADHC services in the community as they will have more limited options for providers. Many stakeholders we interviewed felt that medical adult day programs are important services for older adults and felt that the closure was a loss for the community; however, most stakeholders understood the decision to close given the financial barriers to effectively implementing this program – which is impacting ADHCs statewide

– and the infection control considerations for the Applicant’s nursing home residents following the Covid-19 pandemic. Stakeholders were largely supportive of utilizing the previous ADHC space for dialysis services, as this is also an unmet service need for the older adult community and would improve quality of life for St. Camillus’s nursing home residents.

**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?**

As part of our stakeholder engagement, we interviewed leadership and staff from St. Camillus, the Commissioner of the Onondaga County Department of Adult & Long Term Care Services, the Executive Director of the statewide Adult Day Health Care Council, and local providers and hospitals that serve older adults in the community. These individuals were all familiar with ADHC programs and the individuals that typically utilize these services, either through direct care provision or referrals. Interviewees provided candid feedback on the closure of the St. Camillus ADHC program, including how participants were re-directed to alternative services following the closure in March 2020 and how current individuals seeking adult day programs are able to access services in the community.

**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.**

SPG worked closely with St. Camillus to develop a comprehensive list of stakeholders and community-based providers from which we sought feedback for this assessment. We conducted 12 interviews as part of this assessment. While we considered interviewing former participants of the St. Camillus ADHC program to better understand how they were re-directed to services following the closure, we ultimately chose not to do so given the potential for confusion and the fact that the closure took place over four years ago during the unique circumstances of the Covid-19 pandemic, during which many individuals did not have alternative options for outpatient, non-emergent medical services.

**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?**

St. Camillus notified ADHC program participants and their family members in March 2020 that the program was mandatorily closing as a result of the Covid-19 pandemic. Former participants were again notified via formal letters in April 2022 of the organization's decision to permanently close the program. St. Camillus did not report any negative feedback on the closure from former participants/family members at the time of either correspondence.

St. Camillus also worked with ARISE Independent Living Center to transition traumatic brain injury (TBI) waiver participants (approximately 7-10 participants) to alternative structured day programs or other care. A representative from ARISE reported that the transition with St. Camillus coordinators was smooth, and that all participants either found another day program, decided they no longer wanted or needed the service, or were able to increase their in-home supports.

St. Camillus also reported that they have not received any inquiries regarding ADHC program services since the closure in 2020. However, in order to foster effective communication to the community regarding the permanent closure of the ADHC program, we recommend that St. Camillus include a notification on their website that their ADHC program is no longer in operation (note that the Applicant had a notification on their website previously regarding the closure). The notification should also include contact information for the Onondaga County Department of Adult & Long Term Care Services, who agreed to serve as a resource and referral source for individuals seeking day services.

St. Camillus subscribes to a translation/interpretation service to assist with language translation for individuals in need. The speech pathology staff is also a resource for the team for individuals with speech, language, or communication challenges, and the occupational therapy staff are available to support individuals with visual impairments. These resources can be leveraged for any inquiries from individuals with limited English proficiency or speech, hearing, or visual impairments.

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

In addition to posting a notification on the St. Camillus website regarding the closure of the ADHC program referenced above, we encourage the Applicant to proactively reach out to the Rothschild ADHC program at Menorah Park to ensure they have the appropriate contact information for providing referrals, in the event that an individual or family reaches out seeking ADHC services. St. Camillus can also utilize the Onondaga

County Department of Adult & Long Term Care Services as a referral partner – the organizations have previously partnered together on various projects, including implementation of Covid-19 vaccinations for residents and a grant-funded falls prevention program.

St. Camillus can also leverage its relationships with local CHHAs, LHCSAs, and the Loretto PACE CNY program to facilitate referrals for individuals/families seeking home and community-based care. The organization indicated that it already partners with the PACE CNY program to care for their patients in the skilled nursing facility, and routinely discharges patients to home with home care services through its LHCSA or local CHHAs. The representative from PACE CNY that we spoke with also indicated that they were willing and able to serve as a referral source and partner with St. Camillus to support anyone who needs services. We encourage the Applicant to utilize these relationships to ensure simplified referral pathways with designated points of contact within each agency to enhance coordination of referrals and services, particularly when ADHC services or alternatives are requested.

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

N/A – given that the ADHC was closed four years ago, we do not believe that any additional stakeholder/community engagement is necessary for the project.

**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 will not impact existing barriers to ADHC services for medically underserved populations in the community as the Applicant does not currently operate its ADHC program and has not done so in four years. However, as noted above, we believe St. Camillus can help mitigate their decision to permanently close the ADHC program by ensuring that individuals and families seeking ADHC services are provided with an array of alternative options in the community that meet their clinical, social, and financial needs and abilities.

**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 indicated that it did not receive any negative feedback from former participants or their families, and that it has not received any inquiries for ADHC services

since the program closed in 2020. However, we encourage the Applicant to leverage current relationships and maintain open communication with the Onondaga County Department of Adult & Long Term Care Services and alternative service providers. This will help ensure that St. Camillus can be helpful and supportive in routing individuals who seek ADHC and similar services to the appropriate care in the community.

**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?**

We recommend that the Applicant:

1. Familiarize administrative and clinical staff with ADHC services, and provide training on how individuals reaching out to St. Camillus seeking those services can be redirected – such as a connection to the Onondaga County Department of Adult & Long Term Care or a referral to the other ADHC, SADC, or PACE program in the community. This training should also include details on eligibility and enrollment procedures for these services.
2. Maintain a log of any inquiries it receives from local providers and community members regarding ADHC services, how those individuals were re-directed, and if they were ultimately able to access the care they needed.

**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, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, (NAME OF INDEPENDENT ENTITY).

Mike Schafer

---

Name

President / CEO

---

Title

Mike Schafer

---

Signature

6/19/2024

---

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.*

The organization will continue to manage the following action items to support the mitigation of any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment:

- St. Camillus will leverage its relationships with local CHHAs, LHCSAs, and the Loretto PACE CNY program to facilitate referrals for individuals/families seeking home and community-based care.
- Continue to ensure administrative and clinical staff, associated with the discharge planning process, are familiar with ADHC services— such as a connection to the Onondaga County Department of Adult & Long-Term Care or a referral to the other ADHC, SADC, or PACE program in the community to support an effective discharge plan. Provide ongoing training to include details on eligibility and enrollment procedures for these services. Discharge planning will also include ensuring that individuals and families seeking ADHC services are provided with an array of alternative options in the community that meet their clinical, social, and financial needs and abilities.
- Continue to ensure the Admission Team and Operators, are familiar with ADHC services, and provide ongoing training on how individuals reaching out to St. Camillus seeking those services can be redirected – such as a connection to the Onondaga County Department of Adult & Long-Term Care or a referral to the other ADHC, SADC, or PACE program in the community.
- The facility will continue to leverage relationships and maintain open communication with the Onondaga County Department of Adult & Long Term Care Services and alternative service providers for additional support and guidance.