

Executive Summary

St. Camillus Residential Health Care Facility (St. Camillus or Facility) is an existing and operating 284-bed Residential Health Care Facility (RHCF), located at 813 Fay Road, Syracuse (Onondaga County), NY 13219. St. Camillus is submitting this Limited Review Application (LRA) to decertify its 48-slot Adult Day Health Care Program (ADHCP). On March 17, 2020, during the COVID-19 Public Health Emergency, St. Camillus implemented the New York State mandate to temporarily close its ADHCP. The Facility notified registrants/designees on April 20, 2022 that the ADHCP would remain closed at that time due to the continued challenges associated with the COVID-19 Public Health Emergency; however, at the time, St. Camillus was still undecided if this closure would be permanent. It has now decided to permanently close the ADHCP; hence the purpose of this LRA.

As background, in June 2022, the Facility decided to relocate its existing brain injury (BI) therapy gym from ground level space to space in the dormant ADHCP. The move was a direct result of the furlough of the ADHCP and the fact that the BI therapy gym could be relocated at the time without any construction. St. Camillus did not submit a LRA for the relocation of the BI therapy gym at the time of its relocation. In Project No. 241123-L, the Facility is seeking approval for the relocation of the BI therapy gym to correct that oversight. In Project No. 232077-L, the Facility submitted a SHCFTP II Grant-Funded LRA seeking approval to certify the service of “Nursing Home Hemodialysis” and complete renovations to construct a four-(4)-station dialysis den at the Facility in other space in the dormant ADHCP. Project No. 241123-L was submitted at the request of the Department to enable the Department to continue its review of Project No. 232077-L. Furthermore, as part of the review of Project No. 232077-L, the Department requested that St. Camillus submit a LRA, including a Health Equity Impact Assessment and associated closure plan, to permanently close the ADHCP and remove it from St. Camillus’ operating certificate; hence the purpose of this Application. St. Camillus has received approval of the ADHCP closure plan by its Regional Office. There are no other changes or impacts to St. Camillus as result of this Application.

ST. CAMILLUS RESIDENTIAL HEALTH CARE FACILITY

SITE INFORMATION – NURSING HOME

Alternate contact: Michael Schafer, President and CEO

Email address: michael.schafer@st-camillus.org

Type of Application: Establishment Construction Administrative Limited

Total Project Cost:

\$500

Project Site Information:

OPERATOR: St. Camillus Residential Health Care Facility
PROJECT SITE: St. Camillus Residential Health Care Facility
813 Fay Road, Syracuse (Onondaga County), NY 13219
PFI 0655

Site Proposal Summary (maximum of 1,000 characters):

St. Camillus Residential Health Care Facility is submitting this Limited Review Application to decertify its 48-slot Adult Day Health Care Program.

Modify Name/Address:

Current Name/Address: N/A

Proposed Name/Address: N/A

If not applicable, please put “N/A”.

Beds:

Please provide table of existing and proposed bed numbers (similar to Schedule 18).

If not applicable, please put “N/A”.

No Change

Services:

Category	Current	Add	Remove	Proposed
ADULT DAY HEALTH CARE	X	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
BASELINE SERVICES	X	<input type="checkbox"/>	<input type="checkbox"/>	X
RADIOLOGY - DIAGNOSTIC	X	<input type="checkbox"/>	<input type="checkbox"/>	X

If not applicable, please put “N/A”.

Remove Site:

Please provide information re: the site that will be removed. N/A

No Change

**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. NOT APPLICABLE

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)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Diagnostic and Treatment Center's CON application include a change in controlling person, principal stockholder, or principal member of the facility?	<input type="checkbox"/>	<input type="checkbox"/>

- ***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
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: 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? <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 less than or equal to \$6,000 for all other facilities are eligible for a Limited Review.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Establishment of an operator (new or change in ownership)	Yes	No
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, AND 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity	Yes	No
Is the project a transfer of ownership in the facility 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Acquisitions	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*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
 - 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.

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: Sachs Policy Group
2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/**N**)?
 If yes, indicate the name of the organization:

Section 4 – Attestation

I, David Gross, having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Sachs Policy Group, do hereby attest that the Health Equity Impact Assessment for project Closure of Adult Day Health Program provided for St. Camillus 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: David Gross

Date: 06/18/2024

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">• Jaclyn Pierce, MPH (lead contact)• Maxim Petrovsky• Ha Nguyen, MA, MPH• Ken Stevens
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 & 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.^{1,2} 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.³ 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 2021.⁴ ADHC programs provide families/caregivers with a

¹ 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>

² 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>

³ 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/>

⁴ 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%.² 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).² Approximately 28% of individuals in Onondaga County were enrolled in the New York State Medicaid program as of December 2023.⁵

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%).⁶ 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.⁷

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%

⁵ 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>

⁶ 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>.

⁷ 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.

Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent?
Mike Schafer, St. Camillus	5/23/2024	other
Mike Zingaro, St. Camillus	5/24/2024	other
Kathy Barber, St. Camillus	5/29/2024	other
Mary Jo Stevens, St. Camillus	5/31/2024	other
Angela Scheirer, St. Joseph's	6/3/2024	community leaders
Meg Everett, Adult Day Health Care Council	6/5/2024	community leaders
Maria Musumeci, ARISE, Inc.	6/6/2024	public health experts
Joanne Spoto Decker, Onondaga County Department of Adult & Long Term Care Services	6/6/2024	public health experts
Lisa Commene, Syracuse VA Medical Center	6/10/2024	community leaders
Dr. Renante Ignacio, St. Camillus	6/13/2024	other
Jennifer Granger, iCircle	6/13/2024	public health experts
Stephanie Button, PACE CNY	6/18/2024	public health experts

If other, please describe	Is this person/group a resident of the project's service area?	Method of engagement (I.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?
CEO	no	Zoom Call	yes
VP of Finance	yes	Zoom Call	yes
VP of Quality Management/COO	yes	Zoom Call	yes
Director of HR	yes	Zoom Call	yes
	yes	Zoom Call	neutral
	no	Phone Call	concerned about closures statewide
	yes	Phone Call	yes
	yes	Zoom Call	neutral
	yes	Zoom Call	yes
Medical Director and Geriatrician	yes	Zoom Call	yes
	no	Zoom Call	yes
	yes	Phone Call	yes (in terms of the dialysis additior

Did this group provide a statement?

If a statement was provided (250 word max), please include below:

no
no
no
no
no
no
no

no
no
no
no
no

	ZCTA # ,13082			
Label	Estimate	Margin of Error	Percent	Percent Margin of Error

SEX AND AGE (Census Table DP05)

Total population	3750	479	3750 (X)	
Male	1816	276	48.4	3.7
Female	1934	276	51.6	3.7
Sex ratio (males per 100 females)	93.9	13.8 (X)	(X)	
Under 5 years	203	92	5.4	2.3
5 to 9 years	170	90	4.5	2.2
10 to 14 years	179	83	4.8	2
15 to 19 years	190	75	5.1	1.8
20 to 24 years	191	106	5.1	2.7
25 to 34 years	388	149	10.3	3.6
35 to 44 years	446	159	11.9	3.6
45 to 54 years	615	175	16.4	4.2
55 to 59 years	256	84	6.8	2.2
60 to 64 years	313	92	8.3	2.5
65 to 74 years	496	105	13.2	2.9
75 to 84 years	239	99	6.4	2.6
85 years and over	64	36	1.7	0.9
Median age (years)	46.3	4.1 (X)	(X)	

RACE (Census Table DP05)

Total population	3750	479	3,750 (X)	
One race	3635	472	96.9	2.4
Two or more races	115	91	3.1	2.4
One race	3635	472	96.9	2.4
White	3601	472	96.0	2.6
Black or African American	21	18	0.6	0.5
American Indian and Alaska Native	0	13	-	1.1
Asian	8	16	0.2	0.4

Native Hawaiian and Other Pacific Islander	0	13	-	1.1
Some other race	5	8	0.1	0.2
Two or more races	115	91	3.1	2.4

HISPANIC OR LATINO AND RACE (Census Table DP05)

Total population	3750	479	3750 (X)	
Hispanic or Latino (of any race)	10	11	0.3	0.3
Not Hispanic or Latino	3740	477	99.7	0.3

HEALTH INSURANCE COVERAGE (Census Table DP03)

Civilian noninstitutionalized population	3750	479	3750 (X)	
With health insurance coverage	3694	481	98.5	1.1
With private health insurance	2732	445	72.9	6
With public coverage	1421	279	37.9	6.7
No health insurance coverage	56	39	1.5	1.1

DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION (Census Table DP02)

Total Civilian Noninstitutionalized Population	3750	479	3750 (X)	
With a disability	318	117	8.5	2.9

ZCTA # ,13104				ZCTA # ,13080				ZCTA # ,13090		
Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent
16753	715	16753 (X)		3519	453	3519 (X)		29344	1236	29344
8218	415	49.1	1.6	1600	242	45.5	3.1	14532	791	49.5
8535	484	50.9	1.6	1919	260	54.5	3.1	14812	876	50.5
96.3	6.3 (X)	(X)		83.4	10.4 (X)	(X)		98.1	7.6 (X)	
824	198	4.9	1.1	201	101	5.7	2.7	1568	281	5.3
1125	258	6.7	1.5	149	58	4.2	1.7	1844	454	6.3
961	177	5.7	1	151	59	4.3	1.6	1706	298	5.8
1181	215	7	1.3	160	74	4.5	2	1873	268	6.4
909	233	5.4	1.4	195	84	5.5	2.3	2273	371	7.7
1480	316	8.8	1.8	438	136	12.4	3.5	3980	574	13.6
1979	238	11.8	1.5	305	83	8.7	2.4	4292	373	14.6
2170	369	13	2.2	435	157	12.4	3.8	3750	353	12.8
1372	348	8.2	1.9	416	153	11.8	3.8	1804	288	6.1
1543	345	9.2	2	236	88	6.7	2.5	2011	282	6.9
1610	244	9.6	1.5	568	168	16.1	4.3	2592	316	8.8
1040	238	6.2	1.4	184	82	5.2	2.2	1235	314	4.2
559	143	3.3	0.9	81	52	2.3	1.4	416	134	1.4
44.5	2.8 (X)	(X)		50.3	6.2 (X)	(X)		37.9	1.3 (X)	
16753	715	16,753 (X)		3519	453	3,519 (X)		29344	1236	29,344
16256	757	97.0	1.4	3396	437	96.5	2.1	26642	1174	90.8
497	229	3.0	1.4	123	79	3.5	2.1	2702	794	9.2
16256	757	97.0	1.4	3396	437	96.5	2.1	26642	1174	90.8
14337	809	85.6	3.1	3318	430	94.3	2.5	23624	1144	80.5
315	161	1.9	1	0	13	-	1.1	1771	523	6.0
15	18	0.1	0.1	33	27	0.9	0.7	30	27	0.1
1465	436	8.7	2.5	6	9	0.2	0.2	838	334	2.9

0	21	-	0.2	0	13	-	1.1	0	25	-
124	100	0.7	0.6	39	50	1.1	1.4	379	202	1.3
497	229	3.0	1.4	123	79	3.5	2.1	2702	794	9.2
16753	715	16753 (X)		3519	453	3519 (X)		29344	1236	29344
312	182	1.9	1.1	53	53	1.5	1.5	2075	644	7.1
16441	790	98.1	1.1	3466	449	98.5	1.5	27269	1071	92.9
16711	717	16711 (X)		3519	453	3519 (X)		29241	1263	29241
16401	718	98.1	0.8	3458	447	98.3	1.1	28336	1225	96.9
13985	745	83.7	2.1	2425	354	68.9	6.2	22686	1163	77.6
4693	429	28.1	2.5	1724	315	49.0	5.5	9836	922	33.6
310	130	1.9	0.8	61	40	1.7	1.1	905	247	3.1
16711	717	16711 (X)		3519	453	3519 (X)		29241	1263	29241
1808	339	10.8	2	563	152	16	3.7	3676	613	12.6

	ZCTA # ,13219				ZCTA # ,13209				ZCTA #	
Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error
(X)	15557	868	15557 (X)		13171	665	13171 (X)		7331	638
1.9	7363	470	47.3	2.2	6165	435	46.8	2.5	3975	411
1.9	8194	632	52.7	2.2	7006	499	53.2	2.5	3356	391
(X)	89.9	8 (X)	(X)		88	8.8 (X)	(X)		118.4	15.7
0.9	924	233	5.9	1.5	917	204	7	1.5	574	226
1.4	699	200	4.5	1.2	596	198	4.5	1.5	416	132
1	1047	243	6.7	1.4	618	158	4.7	1.2	399	174
0.9	725	207	4.7	1.3	457	127	3.5	1	460	158
1.2	867	259	5.6	1.6	640	246	4.9	1.7	674	174
1.7	1925	300	12.4	1.8	1781	278	13.5	2.1	1797	331
1.4	1810	272	11.6	1.6	1640	285	12.5	2	1045	205
1.2	2095	352	13.5	2.1	1474	215	11.2	1.7	708	208
1	920	215	5.9	1.4	1010	247	7.7	1.8	460	127
1	1402	302	9	1.9	1165	283	8.8	2.1	384	154
1.1	1498	189	9.6	1.2	1704	258	12.9	1.9	316	91
1	949	206	6.1	1.4	733	179	5.6	1.4	52	41
0.5	696	181	4.5	1.1	436	168	3.3	1.3	46	53
(X)	43.4	2.8 (X)	(X)		44.5	2.5 (X)	(X)		30.5	2.4
(X)	15557	868	15,557 (X)		13171	665	13,171 (X)		7331	638
2.6	14850	904	95.5	1.4	12422	672	94.3	1.7	6691	579
2.6	707	214	4.5	1.4	749	223	5.7	1.7	640	238
2.6	14850	904	95.5	1.4	12422	672	94.3	1.7	6691	579
3.1	14042	932	90.3	2.6	11624	744	88.3	2.9	2626	361
1.7	490	246	3.1	1.6	603	353	4.6	2.7	3302	474
0.1	39	34	0.3	0.2	35	31	0.3	0.2	74	55
1.1	170	134	1.1	0.9	127	125	1.0	1	383	169

0.1	0	21	-	0.3	0	21	-	0.3	0	19
0.7	109	87	0.7	0.6	33	38	0.3	0.3	306	244
2.6	707	214	4.5	1.4	749	223	5.7	1.7	640	238

(X)	15557	868	15557 (X)		13171	665	13171 (X)		7331	638
2.1	699	218	4.5	1.4	511	191	3.9	1.5	1235	373
2.1	14858	858	95.5	1.4	12660	699	96.1	1.5	6096	491

(X)	15330	868	15330 (X)		13161	664	13161 (X)		6863	631
0.8	14902	874	97.2	1.3	12594	677	95.7	1.5	6595	625
2.5	12591	870	82.1	2.9	9108	682	69.2	4.2	3376	451
2.8	4640	445	30.3	2.9	6185	650	47.0	4.4	3856	424
0.8	428	192	2.8	1.3	567	202	4.3	1.5	268	111

(X)	15330	868	15330 (X)		13161	664	13161 (X)		6863	631
2	1978	263	12.9	1.6	2266	356	17.2	2.6	1164	242

#,13202		ZCTA # ,13212				ZCTA # ,13205			
Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error

	7331 (X)		20638	1025	20638 (X)		18069	1198	18069 (X)	
	54.2	3.3	9916	640	48	1.8	8276	650	45.8	2.2
	45.8	3.3	10722	626	52	1.8	9793	788	54.2	2.2
(X)	(X)		92.5	6.7 (X)	(X)		84.5	7.4 (X)	(X)	
	7.8	2.7	791	222	3.8	1.1	1276	325	7.1	1.7
	5.7	1.7	908	227	4.4	1	1215	314	6.7	1.6
	5.4	2.2	1184	268	5.7	1.2	1138	286	6.3	1.4
	6.3	2.1	1055	252	5.1	1.2	1348	325	7.5	1.7
	9.2	2.5	1139	266	5.5	1.3	1342	306	7.4	1.5
	24.5	4.3	2891	368	14	1.8	2264	493	12.5	2.6
	14.3	2.6	2324	332	11.3	1.5	1755	324	9.7	1.7
	9.7	2.7	2433	389	11.8	1.7	1751	314	9.7	1.6
	6.3	1.7	1362	271	6.6	1.3	1132	208	6.3	1.2
	5.2	2	1785	289	8.6	1.3	1040	211	5.8	1.2
	4.3	1.3	2576	320	12.5	1.5	2041	292	11.3	1.8
	0.7	0.6	1408	247	6.8	1.2	982	191	5.4	1
	0.6	0.7	782	170	3.8	0.8	785	177	4.3	1
(X)	(X)		45.1	2.1 (X)	(X)		37.7	4 (X)	(X)	

	7,331 (X)		20638	1025	20,638 (X)		18069	1198	18,069 (X)	
	91.3	3	19830	1039	96.1	1.5	16532	1103	91.5	2.6
	8.7	3	808	321	3.9	1.5	1537	499	8.5	2.6
	91.3	3	19830	1039	96.1	1.5	16532	1103	91.5	2.6
	35.8	5.2	19156	1062	92.8	1.9	6617	545	36.6	3.5
	45.0	4.6	348	221	1.7	1.1	8284	1008	45.8	4.1
	1.0	0.7	7	10	-	0.1	198	116	1.1	0.6
	5.2	2.2	199	142	1.0	0.7	699	329	3.9	1.8

-	0.5	17	14	0.1	0.1	0	21	-	0.2
4.2	3.2	103	71	0.5	0.3	734	404	4.1	2.2
8.7	3	808	321	3.9	1.5	1537	499	8.5	2.6

7331 (X)		20638	1025	20638 (X)		18069	1198	18069 (X)	
16.8	4.3	469	307	2.3	1.5	1212	325	6.7	1.7
83.2	4.3	20169	1037	97.7	1.5	16857	1165	93.3	1.7

6863 (X)		20607	1020	20607 (X)		17249	1200	17249 (X)	
96.1	1.6	20123	992	97.7	0.8	16642	1177	96.5	0.9
49.2	5.4	14854	941	72.1	2.9	9121	1082	52.9	4.5
56.2	4.3	8589	669	41.7	2.6	10705	1068	62.1	4.4
3.9	1.6	484	160	2.3	0.8	607	157	3.5	0.9

6863 (X)		20607	1020	20607 (X)		17249	1200	17249 (X)	
17	3.2	3227	506	15.7	2.2	3416	462	19.8	2.8

ZCTA # ,13210				ZCTA # ,13206				ZCTA # ,13203		
Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent
19144	1260	19144 (X)		16713	1004	16713 (X)		16884	932	16884
9233	664	48.2	2.6	8525	539	51	2	8400	580	49.8
9911	921	51.8	2.6	8188	660	49	2	8484	611	50.2
93.2	9.6 (X)	(X)		104.1	8.5 (X)	(X)		99	8.7 (X)	
926	229	4.8	1.1	1056	201	6.3	1.2	745	178	4.4
497	150	2.6	0.8	1039	220	6.2	1.3	607	182	3.6
489	160	2.6	0.8	889	274	5.3	1.6	1301	283	7.7
2455	417	12.8	2	390	159	2.3	1	1202	317	7.1
4585	656	24	2.7	1064	369	6.4	2.1	1181	248	7
4136	608	21.6	2.8	3243	532	19.4	2.9	2386	460	14.1
1584	284	8.3	1.4	1912	292	11.4	1.7	2348	388	13.9
1301	234	6.8	1.1	2101	342	12.6	2	1988	413	11.8
576	159	3	0.8	823	221	4.9	1.3	1111	232	6.6
1060	202	5.5	1.1	1602	366	9.6	2.1	1051	310	6.2
908	161	4.7	0.8	1680	280	10.1	1.6	1703	247	10.1
447	110	2.3	0.6	658	184	3.9	1.1	665	171	3.9
180	81	0.9	0.4	256	102	1.5	0.6	596	146	3.5
26	1.1 (X)	(X)		38.7	1.6 (X)	(X)		38.8	1.6 (X)	
19144	1260	19,144 (X)		16713	1004	16,713 (X)		16884	932	16,884
17872	1172	93.4	1.7	15319	1012	91.7	2.6	15365	1005	91.0
1272	352	6.6	1.7	1394	433	8.3	2.6	1519	432	9.0
17872	1172	93.4	1.7	15319	1012	91.7	2.6	15365	1005	91.0
11497	1012	60.1	3.7	11866	804	71.0	3	9518	888	56.4
3975	697	20.8	3.2	2626	614	15.7	3.4	4042	716	23.9
82	70	0.4	0.4	187	140	1.1	0.8	221	104	1.3
1819	327	9.5	1.7	499	286	3.0	1.7	1298	347	7.7

25	37	0.1	0.2	0	21	-	0.2	8	10	-
474	211	2.5	1.1	141	141	0.8	0.8	278	148	1.6
1272	352	6.6	1.7	1394	433	8.3	2.6	1519	432	9.0

19144	1260	19144 (X)		16713	1004	16713 (X)		16884	932	16884
1569	358	8.2	1.8	1003	440	6	2.6	1635	472	9.7
17575	1247	91.8	1.8	15710	1038	94	2.6	15249	886	90.3

19078	1260	19078 (X)		16677	996	16677 (X)		16198	930	16198
18317	1199	96.0	1.3	15999	983	95.9	1.5	15469	946	95.5
13253	974	69.5	3.3	10396	1045	62.3	4.9	8091	946	50.0
6619	713	34.7	3	8105	867	48.6	4.5	9194	827	56.8
761	264	4.0	1.3	678	261	4.1	1.5	729	233	4.5

19078	1260	19078 (X)		16677	996	16677 (X)		16198	930	16198
2438	292	12.8	1.6	2782	439	16.7	2.4	3363	486	20.8

	ZCTA # ,13208				ZCTA # ,13110				ZCTA #		
Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	
(X)	23094	1704	23094 (X)		2389	345	2389 (X)		11902	733	
	2.2	11375	970	49.3	1.9	1171	191	49	3.4	6059	464
	2.2	11719	946	50.7	1.9	1218	190	51	3.4	5843	500
(X)	97.1	7.4 (X)	(X)		96.1	13.1 (X)	(X)		103.7	11	
	1	1821	463	7.9	1.8	115	59	4.8	2.4	517	130
	1	2046	431	8.9	1.7	102	49	4.3	1.9	891	225
	1.5	1790	364	7.8	1.4	98	48	4.1	1.8	946	276
	1.7	1278	288	5.5	1.2	135	77	5.7	2.9	600	169
	1.4	1186	343	5.1	1.4	100	65	4.2	2.5	318	151
	2.6	3489	422	15.1	1.7	304	97	12.7	3.9	1419	340
	2.1	2657	474	11.5	1.8	249	80	10.4	3.1	2088	251
	2.4	3084	542	13.4	2.1	237	77	9.9	2.8	1677	366
	1.4	1475	281	6.4	1.1	198	66	8.3	2.4	908	218
	1.9	1464	327	6.3	1.3	178	75	7.5	3	649	144
	1.6	1847	266	8	1.2	385	119	16.1	4.8	1201	254
	1	726	220	3.1	1	193	109	8.1	4.4	590	139
	0.9	231	89	1	0.4	95	85	4	3.5	98	68
(X)	34.9	1.7 (X)	(X)		50.2	7.5 (X)	(X)		40.2	1.2	
(X)	23094	1704	23,094 (X)		2389	345	2,389 (X)		11902	733	
	2.6	21310	1752	92.3	2.3	2215	337	92.7	4.9	10978	831
	2.6	1784	520	7.7	2.3	174	119	7.3	4.9	924	398
	2.6	21310	1752	92.3	2.3	2215	337	92.7	4.9	10978	831
	4.2	11511	1129	49.8	3.7	2143	315	89.7	5.6	10282	895
	4.1	6264	1244	27.1	4.4	0	13	-	1.7	382	165
	0.6	11	17	-	0.1	0	13	-	1.7	4	7
	1.9	3111	594	13.5	2.7	0	13	-	1.7	310	210

0.1	0	25	-	0.2	0	13	-	1.7	0	21
0.9	413	288	1.8	1.2	72	87	3.0	3.5	0	21
2.6	1784	520	7.7	2.3	174	119	7.3	4.9	924	398

(X)	23094	1704	23094 (X)		2389	345	2389 (X)		11902	733
2.7	1122	376	4.9	1.6	59	76	2.5	3.2	342	179
2.7	21972	1670	95.1	1.6	2330	330	97.5	3.2	11560	747

(X)	23062	1702	23062 (X)		2389	345	2389 (X)		11888	736
1.5	21582	1692	93.6	2.2	2313	332	96.8	1.5	11613	699
4.6	9555	1057	41.4	3.6	1864	283	78.0	5.8	9761	705
4.7	14429	1292	62.6	3.3	1048	221	43.9	7.1	3164	461
1.5	1480	504	6.4	2.2	76	40	3.2	1.5	275	195

(X)	23062	1702	23062 (X)		2389	345	2389 (X)		11888	736
2.9	3612	518	15.7	2.1	266	91	11.1	3.5	1580	523

#,13041		ZCTA # ,13207				ZCTA # ,13204			
Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error

	11902 (X)		12784	899	12784 (X)		19550	1200	19550 (X)	
	50.9	2.6	6031	550	47.2	2.5	9173	718	46.9	2
	49.1	2.6	6753	555	52.8	2.5	10377	719	53.1	2
(X)	(X)		89.3	9 (X)	(X)		88.4	7.3 (X)	(X)	
	4.3	1.1	1127	285	8.8	2	1278	343	6.5	1.6
	7.5	1.8	619	153	4.8	1.1	1739	313	8.9	1.4
	7.9	2.2	789	174	6.2	1.2	1596	337	8.2	1.5
	5	1.4	914	277	7.1	2	894	217	4.6	1
	2.7	1.3	628	213	4.9	1.6	1516	359	7.8	1.8
	11.9	2.6	2043	374	16	2.6	3747	459	19.2	2.2
	17.5	1.9	1778	270	13.9	2	2415	407	12.4	1.8
	14.1	2.9	1240	268	9.7	2	2225	240	11.4	1.3
	7.6	1.7	846	178	6.6	1.5	957	185	4.9	1
	5.5	1.3	768	167	6	1.3	1166	291	6	1.5
	10.1	2.1	1437	269	11.2	2.1	1195	223	6.1	1.2
	5	1.2	454	147	3.6	1.2	605	134	3.1	0.7
	0.8	0.6	141	66	1.1	0.5	217	81	1.1	0.4
(X)	(X)		36.1	2.5 (X)	(X)		32.1	1.7 (X)	(X)	

	11,902 (X)		12784	899	12,784 (X)		19550	1200	19,550 (X)	
	92.2	3.4	11532	896	90.2	2.8	17382	1102	88.9	2.6
	7.8	3.4	1252	371	9.8	2.8	2168	544	11.1	2.6
	92.2	3.4	11532	896	90.2	2.8	17382	1102	88.9	2.6
	86.4	4.5	6139	481	48.0	3.7	9945	823	50.9	3.7
	3.2	1.4	4871	780	38.1	4.7	5811	876	29.7	3.7
	-	0.1	109	111	0.9	0.9	234	113	1.2	0.6
	2.6	1.8	177	112	1.4	0.9	183	126	0.9	0.6

-	0.3	0	21	-	0.3	0	21	-	0.2
-	0.3	236	109	1.8	0.8	1209	435	6.2	2.3
7.8	3.4	1252	371	9.8	2.8	2168	544	11.1	2.6

11902 (X)		12784	899	12784 (X)		19550	1200	19550 (X)	
2.9	1.5	1860	481	14.5	3.5	3369	536	17.2	2.7
97.1	1.5	10924	827	85.5	3.5	16181	1176	82.8	2.7

11888 (X)		12760	893	12760 (X)		19529	1201	19529 (X)	
97.7	1.6	12261	849	96.1	1.2	18396	1142	94.2	1.4
82.1	4.1	8305	649	65.1	4.6	9448	800	48.4	3.5
26.6	3.6	6305	841	49.4	4.8	11720	984	60.0	3.6
2.3	1.6	499	162	3.9	1.2	1133	297	5.8	1.4

11888 (X)		12760	893	12760 (X)		19529	1201	19529 (X)	
13.3	4.3	1629	290	12.8	2.2	4317	464	22.1	2.5

ZCTA # ,13215				ZCTA # ,13020				ZCTA # ,13037		
Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent	Percent Margin of Error	Estimate	Margin of Error	Percent
14317	655	14317 (X)		107	36	107 (X)		9669	728	9669
7114	427	49.7	2.1	50	19	46.7	7.6	5069	458	52.4
7203	453	50.3	2.1	57	20	53.3	7.6	4600	497	47.6
98.8	8.2 (X)	(X)		87.7	28.6 (X)	(X)		110.2	14.1 (X)	
762	161	5.3	1.2	9	11	8.4	10	494	147	5.1
828	291	5.8	2	0	13	0	30.2	472	120	4.9
710	163	5	1.1	15	14	14	11.8	844	240	8.7
941	151	6.6	1.1	4	5	3.7	5.4	595	133	6.2
815	242	5.7	1.6	0	13	0	30.2	549	243	5.7
1554	356	10.9	2.5	9	12	8.4	10.6	1168	230	12.1
1416	245	9.9	1.7	5	6	4.7	5.2	1241	239	12.8
1844	364	12.9	2.4	29	18	27.1	17.1	1136	269	11.7
1042	222	7.3	1.5	0	13	0	30.2	644	148	6.7
1112	251	7.8	1.7	8	7	7.5	7.4	859	192	8.9
1885	300	13.2	2.1	24	19	22.4	16	1088	183	11.3
788	206	5.5	1.5	0	13	0	30.2	411	97	4.3
620	281	4.3	1.9	4	5	3.7	4.7	168	77	1.7
45.9	2.9 (X)	(X)		48.7	17.6 (X)	(X)		40.8	3.4 (X)	
14317	655	14,317 (X)		107	36	107 (X)		9669	728	9,669
13609	591	95.1	1.7	103	37	96.3	5.4	9116	738	94.3
708	261	4.9	1.7	4	5	3.7	5.4	553	255	5.7
13609	591	95.1	1.7	103	37	96.3	5.4	9116	738	94.3
12423	694	86.8	3.8	103	37	96.3	5.4	8990	754	93.0
869	463	6.1	3.2	0	13	-	30.2	23	27	0.2
15	18	0.1	0.1	0	13	-	30.2	33	34	0.3
166	81	1.2	0.6	0	13	-	30.2	24	30	0.2

0	21	-	0.3	0	13	-	30.2	0	19	-
136	88	0.9	0.6	0	13	-	30.2	46	51	0.5
708	261	4.9	1.7	4	5	3.7	5.4	553	255	5.7
14317	655	14317 (X)		107	36	107 (X)		9669	728	9669
476	156	3.3	1.1	4	5	3.7	5.4	415	215	4.3
13841	669	96.7	1.1	103	37	96.3	5.4	9254	755	95.7
13884	656	13884 (X)		107	36	107 (X)		9559	719	9559
13699	641	98.7	0.6	107	36	100.0	30.2	9356	710	97.9
11715	709	84.4	3.3	60	31	56.1	25.4	6974	747	73.0
4174	510	30.1	3.6	62	37	57.9	25.6	3834	533	40.1
185	86	1.3	0.6	0	13	-	30.2	203	114	2.1
13884	656	13884 (X)		107	36	107 (X)		9559	719	9559
1754	418	12.6	2.9	13	12	12.1	10.2	900	220	9.4

Percent Margin of Error

(X)	3.2
	3.2
(X)	1.4
	1.2
	2.3
	1.3
	2.5
	2.3
	1.9
	2.4
	1.5
	1.8
	2
	1
	0.8
(X)	
(X)	
	2.6
	2.6
	2.6
	2.7
	0.3
	0.4
	0.3

0.4
0.5
2.6

(X)

2.2
2.2

(X)

1.2
5
5.4
1.2

(X)

2.2

GEO_ID	NAME	DP03_0119PE	DP03_0119PM
Geography	ZCTA Name	Percent!!PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL!!All families	Percent Margin of Error!!PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL!!All families
860Z200US13082	ZCTA5 13082		2.2
860Z200US13104	ZCTA5 13104		2
860Z200US13080	ZCTA5 13080		6.6
860Z200US13090	ZCTA5 13090		7.4
860Z200US13219	ZCTA5 13219		4.6
860Z200US13209	ZCTA5 13209		5.8
860Z200US13202	ZCTA5 13202		61.1
860Z200US13212	ZCTA5 13212		8.4
860Z200US13205	ZCTA5 13205		25.7
860Z200US13210	ZCTA5 13210		12.3

860Z200US13206	ZCTA5 13206	13.7	5.1
860Z200US13203	ZCTA5 13203	19.5	4.5
860Z200US13208	ZCTA5 13208	22.5	4
860Z200US13110	ZCTA5 13110	2	2.5
860Z200US13041	ZCTA5 13041	0.2	0.2
860Z200US13207	ZCTA5 13207	22.6	5.7
860Z200US13204	ZCTA5 13204	39.5	5.8
860Z200US13215	ZCTA5 13215	0.7	0.6
860Z200US13020	ZCTA5 13020	0	54.1
860Z200US13037	ZCTA5 13037	9.5	5

DP03_0062E

DP03_0062M

DP03_0074PE

DP03_0074PM

Estimate!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!Median household income (dollars)	Margin of Error!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!Median household income (dollars)	Percent!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!With Food Stamp/SNAP benefits in the past 12 months	Percent Margin of Error!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!With Food Stamp/SNAP benefits in the past 12 months
76754	9624	9.4	3.5
118295	10655	6.7	3.2
74479	9565	7.6	3.8
85313	7718	7.5	2.1
82083	3308	8	1.9
62134	6598	14.7	3.4
26271	7015	39.7	5.3
70748	6413	9.4	1.8
37510	5339	27.6	4.1
38472	3421	24.5	3.4

55806	3688	21.8	4.2
42451	5458	29.2	3.9
41751	3686	33.5	4.2
92188	29489	1.1	1.3
109119	10982	7.7	3.1
56730	5198	22.9	4.8
40330	4101	36.6	3.2
101754	11998	4.4	2
65938	22168	0	54.1
75777	12146	8	3.5

DP03_0005PE

DP03_0005PM

DP02_0067PE

DP02_0067PM

Percent!!EMPLOYMENT
STATUS!!Population 16 years
and over!!In labor
force!!Civilian labor
force!!Unemployed

Percent Margin of
Error!!EMPLOYMENT
STATUS!!Population 16 years
and over!!In labor
force!!Civilian labor
force!!Unemployed

Percent!!EDUCATIONAL
ATTAINMENT!!Population 25
years and over!!High school
graduate or higher

Percent Margin of
Error!!EDUCATIONAL
ATTAINMENT!!Population 25
years and over!!High school
graduate or higher

4.1

2.3

96.3

1.7

2.5

1

95.9

1.7

1.5

1

92.4

3.1

3.1

0.9

93.6

1.5

1.7

0.9

93.9

1.7

3.2

1.6

90.7

2.5

5.6

2.6

78.9

3.7

3

0.8

93.8

1.3

5.3

1.5

82.7

3.1

4.1

0.9

89.8

2.1

3.7	1.5	89.4	2.4
5.7	1.8	83.6	2.8
6.6	2.1	74.9	3.1
2.2	1.5	94.6	2.6
4.1	3.6	92.9	3.3
4	1.8	90.6	2.3
5.7	1.5	84.9	2.3
1.8	0.7	95.6	1.2
0	36.9	88.6	13.9
2.7	1.1	96.2	1.2

DP04_0058PE

DP04_0058PM

Percent!!VEHICLES AVAILABLE!!Occupied housing units!!No vehicles available	Percent Margin of Error!!VEHICLES AVAILABLE!!Occupied housing units!!No vehicles available
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3.5	2.3
4.2	1.7
3	2
5.6	1.7
7.4	2
10.3	2.8
45.8	6.2
8.3	1.6
30.3	3.8
27.6	3.5

15.2	3.2
33.2	4.5
25.1	3.1
1.5	1.9
5.9	4.1
13.9	4.1
27.6	3.5
6.1	2.2
0	54.1
3.9	1.9

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. 3301321N		CERTIFIED OPERATOR St. Camillus Residential Health Care Facility			TYPE OF FACILITY RHCF-SNF	
OPERATOR ADDRESS – STREET & NUMBER 813 Fay Road		PFI 0655	NAME AND TITLE OF CONTACT PERSON Frank M. Cicero, Cicero Consulting Associates			
CITY Syracuse	COUNTY Onondaga	ZIP 13219	STREET AND NUMBER 925 Westchester Avenue, Suite 201			
PROJECT SITE ADDRESS – STREET & NUMBER 813 Fay Road		PFI 0655	CITY White Plains	STATE NY	ZIP 10604	
CITY Syracuse	COUNTY Onondaga	ZIP 13219	TELEPHONE NUMBER (914) 682-8657	FAX NUMBER (914) 682-8895		
TOTAL PROJECT COST: \$500			CONTACT E-MAIL: conadmin@ciceroassociates.com			

SCHEDULE LRA CS ATTACHMENT

- 1) Closure Plan
- 2) Health Equity Impact
Assessment



Department of Health

KATHY HOCHUL
Governor

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

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

May22, 2024

Sent Via Email

Michael Schafer, CEO
St. Camillus Residential Health Care Facility
Adult Day Health Care Program
813 Fay Road
Syracuse, New York 13219
Michael.schafer@st-camillus.org

Re: Adult Day Health Care Program
Closure Plan Approval

Dear Michael Schafer:

The New York State Department of Health ("Department") has reviewed the closure plan for St. Camillus Residential Health Care Facility Adult Day Health Care program located at 813 Fay Road, Syracuse, New York 13219. The plan meets the criteria set forth by the Department to ensure that appropriate care will be provided to registrants throughout the closure process and the registrants transfer to appropriate locations.

The Department approves of the implementation of the closure plan. When no registrants remain in the program and all elements of the closure plan have been met, you must inform the Regional Office of the cessation of services.

Staff from the Central New York Regional Office will work with you to monitor activities as the closure plan progresses. Please contact Andrew Lachut, Area Office Director, at (315) 477-8458 if you have any questions or require assistance during this time.

Thank you for your cooperation in ensuring the health and safety of your Adult Day Health Care Program registrants throughout the transition period.

Sincerely,

Valerie A. Deetz, Deputy Director
Office of Aging and Long-Term Care

cc: H. Hayes
S. Paton
A. Cokgoren
A. Lachut

M. Copperwheat
M. Furnish
L. Baniak
K. Meier

Date: 4/5/24

St. Camillus RHCF, 813 Fay Rd, Syracuse, NY 13219

315-703-0662 President/ CEO Michael Schafer

Adult Day Program Closure Plan

1. Refer to Attachment #1 which reflects the verbal requirement.
2. NA
3. The ADH program was furloughed on March 17, 2020 as a result of the direction of NYSDOH. Attached is a copy of the letter (Attachment #2) to the clients reflecting the temporary closure of the Program. Attachment #3 reflects a follow up letter to the clients on the status of the ongoing closure of the ADH Program dated April 20, 2022 and stated due to the uncertainty of the future the any remaining active registrants were formally discharged. The official Closure date is 12/29/2023. The facility capacity for ADH slots is 42. The current census as of 12/29/2023 is zero. The reason for the formal ADHP closure is due to staffing and financial challenges. Various elected officials were notified 4-5-24 of the formal program closure (see attached Letter from Michael Schafer, President/CEO to elected officials and PDF of email distribution).
4. Mike Schafer, President / CEO

315-703-0662

Michael.schafer@st-camillus.org
5. Refer to #4
6. The notification was previously provided to all the active registrants on April 20, 2022 as exhibited in Attachment #3. The ADH staff, effective 3/17/2020 were absorbed into the SNF operations, as applicable. The MLTCs and referring physicians were aware of our temporary closure in 2020 and no new notification is required.
7. The ADH Program is the focus of the closure plan.
8. N/A at this point in time. The website and marketing material were previously revised.
9. The facility notified the Ombudsman on 1/3/2024 of the ADH formal closure.
10. The facility's referring institutions are already aware of the program closure.
11. N/A
12. Any requested information was previously provided. Should any new information requests be received, St. Camillus can process the information request (see #19)
13. N/A
14. No resident funds on hand for former ADH registrants
15. N/A
16. N/A
17. The space has transitioned to support the SNF operations.
18. N/A
19. All records are stored in the facility's designated Medical Record Department and off site at an approved medical record storage facility.
 - a. All electronic medical and financial records reside within the PointClickCare EMR Software system which will be maintained for access. PointClickCare will maintain the Data in accordance with generally accepted security standards applicable to protected health information and as required by law.
 - b. All medical and financial paper records will be stored and made available to access at the following locations:

Date: 4/5/24

St. Camillus RHCF, 813 Fay Rd, Syracuse, NY 13219

315-703-0662 President/ CEO Michael Schafer

- i. St Camillus Residential Health Care Facility, 813 Fay Rd, Syracuse, NY 13219
 - ii. Iron Mountain, 220 Wavel Street, Syracuse, NY 13206
 - c. Any medical records requests from former residents, designated representatives or other appropriate parties may request copies of records via the St Camillus Residential Health Care Facility Medical Records Department located at 813 Fay Rd, Syracuse NY 13219
-
- 20. All the related payroll, health information, recertification information, etc. is stored within the applicable areas of the SNF.
 - 21. The facility is receptive to any call and/or meeting to expedite and/or finalize the closure of the ADH Program
 - 22. N/A
 - 23. The facility is available for the meeting as the closure plan is completed



April 20, 2022

Re: Adult Day Health Program

Dear Registrant:

I am contacting you to share the current status of our Adult Day Health Program. As you are aware, all Adult Day Health Programs in New York State received notice from the New York State Department of Health on March 17, 2020 to immediately suspend operations temporarily due to the COVID-19 Pandemic. Our Program was closed by the end of the day on March 17, 2020 in compliance with this mandate.

We have not re-opened our Adult Day Health Program to date and do not foresee that it will be opened in the near future. Given the length of time our Program has been closed, we feel it is appropriate at this point to discharge any people, such as yourself, who have remained as an active registrant.

When a decision is made regarding re-opening the Program, we will contact you to see if you have an interest in returning. We want to thank you for participating in our Program, it has been a pleasure serving you. Our best wishes for your good health and safety in the future.

Sincerely,

Aileen Balitz
President

813 Fay Road Syracuse, New York 13219-3098

Phone: (315) 488-2951 Fax: (315) 488-0640

www.st-camillus.org



March 17, 2020

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

Re: Adult Day Health Program
License #: AD8150A
Sponsoring Facility: St. Camillus Residential Health Care Facility

To Whom It May Concern:

We received notice from the NYSDOH on March 17, 2020 that Adult Day Health Program Services must immediately suspend operations temporarily. Please let this serve as our formal notice that we implemented this mandate by the end of the day, March 17, 2020.

The Director of our Day Health Program is Sara Spinner and I am President of St. Camillus. We both can be reached at (315) 488-2951 or by e-mail: Sara.Spinner@st-camillus.org or Aileen.Balitz@st-camillus.org. Please contact either of us with any further guidance related to our Adult Day Health Program or with any questions.

Sincerely,

Aileen Balitz
President

813 Fay Road Syracuse, New York 13219-3098

Phone: (315) 488-2951 Fax: (315) 488-0640
www.st-camillus.org

ADHCP Closure

Lachut, Andrew J (HEALTH) <andrew.lachut@health.ny.gov>

Mon 10/16/2023 10:40 AM

To: Michael Schafer <michael.schafer@st-camillus.org>

Cc: Kane, Kelly c (HEALTH) <Kelly.Kane@health.ny.gov>

Hello Michael,

Thank you for your verbal notification of your intent to close the ADHCP at St. Camillus. It is my understanding the ADHCP closed during the pandemic and has not reopened. Please review the link below regarding closure. As discussed, some of the items may not be relative to the closure of the ADHCP.

Here is a link for the closure plan information:

[dal_nh_17-06_revised_nh_closure_guidelines_att.pdf.ny.gov](#)

Once completed, please send the closure plan to Kelly Kane and myself via SFT (located on the Health Commerce System).

Thank you,

Andrew J. Lachut, MS

Program Director

New York State Department of Health

Division of Nursing Homes and ICF/IID Surveillance

Office of Aging and Long Term Care

217 S. Salina Street

Syracuse, NY 13202

[Mobile \(315\) 916-3574](#) | [Desk \(315\) 477-8458](#) | [Fax \(315\) 477-8583](#)


andrew.lachut@health.ny.gov | www.health.ny.gov

St Camillus update

Michael Schafer <michael.schafer@st-camillus.org>

Fri 4/5/2024 4:34 PM

To:may@nysenate.gov <may@nysenate.gov>;mayor@syr.gov.net <mayor@syr.gov.net>;MagnarW@nyassembly.gov <MagnarW@nyassembly.gov>;Albert Stirpe <StirpeA@nyassembly.gov>;John W Mannion <mannion@nysenate.gov>;contactex@ongov.net <contactex@ongov.net>;HunterP@nyassembly.gov <HunterP@nyassembly.gov>
Cc:Kathy Barber <kathy.barber@st-camillus.org>

 1 attachments (470 KB)


ADH letter.pdf;

Hello! Please see the attached update on the facility's Adult Day Health Program Closure Plan.


Thanks,
Mike

Michael Schafer - MBA LNHA, President/CEO

813 Fay Road, Syracuse, NY 13219

 315-703-0662

 michael.schafer@st-camillus.org

 www.st-camillus.org



Limited Review Application

Schedule LRA 2

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

Total Project Cost

ITEM	ESTIMATED PROJECT COST
1.1 Land Acquisition <i>(attach documentation)</i>	-
1.2 Building Acquisition	-
1.1-1.2 Subtotal: \$	-
2.1 New Construction	-
2.2 Renovation and Demolition	-
2.3 Site Development	-
2.4 Temporary Power	-
2.1-2.4 Subtotal: \$	-
3.1 Design Contingency *	-
3.2 Construction Contingency	-
3.1-3.2 Subtotal: \$	-
4.1 Fixed Equipment (NIC)	-
4.2 Planning Consultant Fees	-
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	-
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: \$	-
5.1 Movable Equipment **	-
6.1 Total Basic Cost of Construction	\$ -
7.1 Financing Cost (points, fees, etc.)	-
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ 0 @ 0 % for 0 months	-
7.3 Application Fee	500
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	\$ 500

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

Construction Start Date _____ N/A

Construction Completion Date _____ N/A

Schedule 6 Architectural/Engineering Submission

Contents:

- Schedule 6 – Architectural/Engineering Submission

NOT APPLICABLE

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.

NOT APPLICABLE

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: Click to enter a date.	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? Choose an item. If so, what is the original CON number? Click here to enter text.	
Intent/Purpose: Click here to enter text.	
Site Location: Click here to enter text.	

New York State Department of Health Certificate of Need Application

Schedule 6

Brief description of current facility, including facility type: Click here to enter text.	
Brief description of proposed facility: Click here to enter text.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. Click here to enter text.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: Click here to enter text.	
If this is an existing facility, is it currently a licensed Article 28 facility?	Choose an item.
Is the project space being converted from a non-Article 28 space to an Article 28 space?	Choose an item.
Relationship of spaces conforming with Article 28 space and non-Article 28 space: Click here to enter text.	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. Click here to enter text.	
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. Click here to enter text.	Choose an item.
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. Click here to enter text.	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. Click here to enter text.	
Describe existing and or new work for fire detection, alarm, and communication systems: Click here to enter text.	
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.	
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.	
Does the project comply with ADA? If no, list all areas of noncompliance. Click here to enter text.	
Other pertinent information: Click here to enter text.	
Project Work Area	Response
Type of Work	Choose an item.
Square footages of existing areas, existing floor and or existing building.	Click here to enter text.
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	Click here to enter text.
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Choose an item.
Sprinkler protection per NFPA 101 Life Safety Code	Choose an item.
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Choose an item.
Building Height	Click here to enter text.

New York State Department of Health Certificate of Need Application

Schedule 6

Building Number of Stories	Click here to enter text.
Which edition of FGI is being used for this project?	Choose an item.
Is the proposed work area located in a basement or underground building?	Choose an item.
Is the proposed work area within a windowless space or building?	Choose an item.
Is the building a high-rise?	Choose an item.
If a high-rise, does the building have a generator?	Choose an item.
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Choose an item.
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.	Choose an item.
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	Choose an item.
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.	Choose an item.
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	Choose an item.
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.	Choose an item.
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	Choose an item.
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	Choose an item.
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text.	Choose an item.
Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.	Choose an item.
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Click here to enter text.	Choose an item.
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Choose an item.
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Choose an item.
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	Choose an item.
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.	Choose an item.
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Choose an item.
Does the project involve a pool?	Choose an item.

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	
•	•	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	
	•	Vertical Circulation	
•	•	Reflected Ceiling Plans	
optional	•	Wall Sections and Partition Types	
optional	•	Interior Elevations, Enlarged Plans and Details	
	•	Fire Protection	
	•	Mechanical Systems	
	•	Electrical Systems	
	•	Plumbing Systems	
	•	Physicist's Letter of Certification and Report	

Limited Review Application

Schedule LRA 7

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

Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
Revenues			
Service Revenue	NOT APPLICABLE - ADHCP HAS BEEN CLOSED SINCE 2020		
Grants Funds			
Foundation			
Other			
Fees			
Other Income			
(1) Total Revenues			
Expenses			
Salaries and Wage Expense	NOT APPLICABLE - ADHCP HAS BEEN CLOSED SINCE 2020		
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 7

State of New York Department of Health/Office of 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	Net Revenue*		Patient Days or	Net Revenue*		Patient Days or	Net Revenue*	
			%	Dollars (\$)		%	Dollars-(\$)		%	Dollars-(\$)
Commercial	Fee for Service	<u>NOT APPLICABLE - ADHCP HAS BEEN CLOSED SINCE 2020</u>								
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total										

Limited Review Application

Schedule LRA 7

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

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	NOT APPLICABLE - ADHCP HAS BEEN CLOSED SINCE 2020								
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total										

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

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

* Net Deductions from Revenue

Limited Review Application

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

Schedule LRA 8

Staffing

NOT APPLICABLE - ADHCP HAS BEEN CLOSED SINCE 2020

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year of implementation	Third Year of implementation
Health Providers**:			
Support Staff***:			
Total Number of Employees			

* 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:

PLEASE COMPLETE THE FOLLOWING:

1. Are staff paid and on payroll? Yes No
2. Provide copies of contracts for any independent contractor.
3. Please attach the Medical Doctors C.V.
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)
NOT APPLICABLE**

Instructions:
“Current” Column: Mark "x" in the box only if the service currently appears on the operating certificate (OpCert) not including requested changes
“Add” Column: Mark "x" in the box this CON application seeks to add.
“Remove” Column: Mark "x" in the box this CON application seeks to decertify.
“Proposed” Column: Mark "x" in the box corresponding to all the services that will ultimately appear on the OpCert.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input 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.

Date

Signature

Michael Schafer – MBA, LNHA

Name (Please Type)

President/CEO

Title (Please Type)