

# 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.

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### TABLE OF CONTENTS

<b>SECTION A. SUMMARY .....</b>	<b>2</b>
<b>SECTION B. ASSESSMENT .....</b>	<b>5</b>
<i>STEP 1 – SCOPING.....</i>	<i>5</i>
<i>STEP 2 – POTENTIAL IMPACTS.....</i>	<i>18</i>
<i>STEP 3 – MITIGATION.....</i>	<i>26</i>
<i>STEP 4 – MONITORING.....</i>	<i>32</i>
<i>STEP 5 – DISSEMINATION.....</i>	<i>34</i>
<b>SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN .....</b>	<b>34</b>
<i>Acknowledgement.....</i>	<i>35</i>
<i>Mitigation Plan.....</i>	<i>35</i>

## SECTION A. SUMMARY

I. Title of project	Closure of the Medical Off-Site Adult Day Health Care (ADHC) Facility, NYC Health + Hospitals/McKinney – Neponsit
II. Name of Applicant	<p>NYC Health + Hospitals Corporation Dr. Susan Smith McKinney Nursing and Rehabilitation Center</p> <p><b>Applicant Location:</b> 594 Albany Avenue Brooklyn, NY 11203</p> <p><b>Neponsit ADHC Site Location:</b> 230 Beach 102 Rockaway Park, NY 11694</p>
III. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>SmartRise Health</p> <p>447 Broadway 2<sup>nd</sup> Fl. Suite 303 New York, New York 10013</p> <p>Vanessa Guzman, CEO SmartRise Health,  <a href="mailto:vanessa@smartrisehealth.com">vanessa@smartrisehealth.com</a>, 646-680-9046</p> <p>Ruth Harmon, Vice President, Strategy &amp; Operations, SmartRise Health,  <a href="mailto:ruth.harmon@smartrisehealth.com">ruth.harmon@smartrisehealth.com</a>, 914-708-6878</p> <p>Joe Hinderstein, Principal Consultant, SmartRise Health, Project Leader,  <a href="mailto:jhinderstein@smartrisehealth.com">jhinderstein@smartrisehealth.com</a>, 914-815-0902</p>
IV. Description of the Independent Entity's qualifications	<p>SmartRise Health engages with health systems, Accountable Care Organizations (ACOs), payers, manufacturers, and technology companies on health equity, value-based care, population health, and quality improvement programs. The consultancy partners with payers, providers, manufacturers, and technology companies to address Health Equity goals, such as:</p> <ul style="list-style-type: none"> <li>• Readiness for NCQA Health Equity Accreditation requirements (Steward Health Care Network, Fallon Health Plan)</li> <li>• Learning Collaboratives and Fellowship Programs (Providence Health and Services)</li> <li>• Strategic Plan Design (Hospital for Special Surgery)</li> <li>• Value-Based Care Enablement (Crystal Run Healthcare)</li> <li>• Thought Leadership (Bill &amp; Melinda Gates Foundation and the United Nations).</li> </ul> <p>SmartRise has designed a Health Equity Impact Assessment approach that integrates community and patient engagement concepts to drive health equity and ensure equitable representation on capital projects.</p> <p>The framework uses stakeholder engagement as a fundamental component to understanding how capital projects impact marginalized populations, while developing equitable and achievable mitigation steps to ensure projects are approved.</p> <p>In similar projects, SmartRise Health has leveraged this methodology using the Institute for Healthcare Improvement's (IHI) quality improvement model, across</p>

	various stakeholders, including payers, policymakers (CMS, NCQA, ONC), provider networks, community-based organizations, pharmaceutical and technology organizations looking to promote equitable access to care.
V. Date the Health Equity Impact Assessment (HEIA) started	September 18, 2024
VI. Date the HEIA concluded	March 28, 2025

#### VII. Executive summary of project (250 words max)

The Dr. Susan Smith McKinney Nursing and Rehabilitation Center (“Applicant”) is a Residential Health Care Facility, located at 594 Albany Ave. Brooklyn, NY 11203 (operated by New York City Health + Hospitals Corporation (“H+H”), with an off-site Adult Day Health Care (“ADHC”) program at 230 Beach 102, Rockaway Park, NY 11694 (“Neponsit ADHC”).

Applicant plans to decertify and close the Neponsit ADHC. ADHC decertification and closure is financially imperative for Applicant. Applicant has taken care to develop its transition plan and mitigation activities in alignment with the State’s goal to promote home and community-based services (“HCBS”) as outlined in DOH’s Prevention Agenda 2025-2024, recent Medicaid Redesign Team documents, 1115 Waiver initiatives and the State’s “Health in All Policies” framework. The “Health in All Policies” framework emphasizes using HCBS to serve diverse, high-need populations.

As anticipated by State policy, applicant is unable to sustain the program. Despite outreach and enrollment efforts, attempts to expand Managed Long Term Care Plan (“MLTCP”) participation, optimize operating costs, and explore options for additional funding, the Neponsit ADHC is fiscally unsustainable, even at full capacity. The Neponsit ADHC decertification and closure plan ensures continuity of care, demonstrates responsiveness to stakeholder feedback and integrates with an extended community-centered delivery model. Applicant has developed a framework to address potential negative impacts, through collaboration with local organizations and post-decertification and closure monitoring.<sup>1</sup>

The ADHC currently serves a total of 35 registrants, and this analysis is specific to them.

#### VIII. Executive summary of HEIA findings (500 words max)

The Independent Entity conducted a thorough assessment to evaluate the health equity implications of the closure of the Neponsit ADHC. This assessment involved:

- **Data Collection:** Utilizing a combination of publicly available resources and proprietary data.

<sup>1</sup> See Ex. A

- **Collaboration with the Applicant:** Analyzing information provided by the Applicant to gain insights into the closure.
- **Community Engagement:** Incorporating feedback and information gathered from meaningful community interactions to understand local perspectives.

Through this comprehensive, evidence-based market and community assessment, the Independent Entity aims to provide a clear understanding of the potential health equity impacts stemming from the closure.

The data analysis performed by the Independent Entity confirmed that the service area of the Far Rockaway peninsula has a high proportion of medically underserved individuals. Similarly, all registrants of the Neponsit ADHC program represent one or more medically underserved groups.

The meaningful community and stakeholder engagement process revealed a range of perspectives regarding the project.

Supporters of the Neponsit closure acknowledged the decision's rationale, acknowledging the financial pressure from inadequate Medicaid payment rates<sup>2</sup> and other system gaps. Some stakeholders recognized that sustained outreach and enrollment efforts notwithstanding, the Neponsit ADHC remains fiscally unsustainable even at full capacity.<sup>3</sup> To reach full capacity, Applicant would have to enroll more than 100 additional registrants.

This group expressed their conditional support for the project, emphasizing the necessity of a comprehensive transition and closure plan, which the Applicant has submitted to the Independent Entity.

Conversely, those opposed to the project raised several concerns, including:

- **Increased Travel Distances:** Many expressed worries about the longer distances required to access alternative ADHC programs.
- **Limitations of Alternate Care Options:** Stakeholders highlighted that current alternative service options may not adequately meet the needs of affected individuals.
- **Care Coordination Issues:** There were concerns from stakeholders who could potentially elect to attend alternate care options and voiced concerns about potential care gaps resulting from a shift from a one-stop-shop model to a fragmented and uncoordinated approach.
- **Impact on Health Outcomes:** Opponents feared that the closure could negatively affect the health outcomes of the 35 individuals currently registered, potentially leading to increased emergency room visits, hospitalizations, challenges with medication adherence, and overall declines in well-being.

This feedback underscores the complexity of the situation and the need for careful consideration of the community's needs during the transition. Applicant is aware of these concerns due to active engagement with community members and is taking steps to address them.

The findings presented in this Health Equity Impact Assessment (HEIA), derived from market data and insights gathered through meaningful community engagement, highlight broader systemic challenges in delivering equitable and accessible care to vulnerable populations. This issue extends beyond the Neponsit ADHC

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<sup>2</sup> See Ex. B

<sup>3</sup> See Ex. B

program, reflecting wider concerns regarding how the state serves older New Yorkers and other underserved groups.

In response to the planned closure and community concerns, the Applicant is actively working to ensure a thoughtful transition for registrants. This includes identifying the appropriate level of care and monitoring outcomes to minimize disruptions in care. See Applicant Post-Transition Audit Tool.<sup>4</sup>

The Independent Entity acknowledges the rationale for the closure while recognizing its potential impact on the community, including the hardships raised by registrants, caregivers, and other stakeholders.

## 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.**

- The service area is the Rockaway Peninsula in Queens County which encapsulates the following zip codes: 11691, 11692, 11693, and 11694.
- The greater service area includes Queens and Brooklyn and represents the following zip codes: 11429, 11432, 11434, 11203, 11207, and 11208.

See Excel attachments for **Scoping Table 1 and 2** demographic data of the service area.

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

- ☐ Low-income people
- ☐ Racial and ethnic minorities
- ☐ Immigrants
- ☐ Women
- ☐ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- ☐ People with disabilities
- ☐ Older adults
- ☐ Persons living with a prevalent infectious disease or condition
- ☒ ~~Persons living in rural areas~~
- ☐ People who are eligible for or receive public health benefits

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<sup>4</sup> See Ex. A

- ☐ **People who do not have third-party health coverage or have inadequate third-party health coverage**
- ☒ ~~Other people who are unable to obtain health care~~
- ☐ ~~Not listed (specify):~~

**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?**

The Independent Entity used U.S. census data<sup>5</sup> to create an overview of socioeconomic and racial demographic indicators for each zip code comprising the service area Neponsit provided.

The indicators were collected from the U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates files<sup>6</sup>. Background understanding was informed by the NYC Taskforce on Racial Inclusion & Equity (TRIE)<sup>7</sup>. No information was difficult to assess or compile.

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

The Neponsit ADHC program currently provides a variety of support services, including case management, community trips, dietary counseling, door-to-door transportation, medical oversight, nursing services, rehabilitation therapy, recreation therapy, spiritual services, and social services. These services are offered to a limited set of eligible individuals as defined by State requirements to help maintain their health status and enable them to remain living at home and in the community. Applicant also helps with activities of daily living, provide medical supplies, and medication management during their ADHC visits. As an MLTCP benefit, the Neponsit ADHC program serves as a deterrent or to delay institutional or nursing home level placement. For registrants for whom ADHC services are not covered or without insurance, Applicant also maintains a sliding fee schedule which is lower than market rates for comparable ADHCs in the area. Applicant also enters into single case agreements with payors to the extent feasible. Applicant has experienced steady decrease in enrollment and participation in the Neponsit ADHC since at least 2018 and has endeavored to drive enrollment since that time. Despite these measures and outreach and enrollment efforts, the Neponsit ADHC remains fiscally unsustainable even at full capacity.<sup>8</sup>

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<sup>5</sup> <https://data.census.gov/>

<sup>6</sup> <https://www.census.gov/data/developers/data-sets/acs-5year.html>

<sup>7</sup> <https://www.nyc.gov/site/trie/about/goal.page>

<sup>8</sup> See Ex. B

To evaluate the potential impact of this program transition, the Independent Entity reviewed the demographic and socio-economic indicators of the 35 registrants to identify the medically underserved groups who have the highest prevalence in the service area. This helped the Independent Entity to determine which groups were most likely to be affected by the closure. The Independent Entity determined low-income people, racial/ethnic minorities, older adults, women, people with disabilities, individuals with prevalent chronic conditions, individuals without third-party coverage, and individuals who are eligible for or receive public health benefits are most likely to be impacted.

Applicant is the only ADHC program in this immediate service area; there are five (5) ADHC programs in the greater service area (Brooklyn and Queens). Similar programs have previously closed around the City and State, likely due to the similar reimbursement and MLTCP network limitations, limited and declining patient volume, and access challenges that Applicant currently faces.<sup>9</sup> \*Additional detail is described below in Section B, Step 1, Question 6

The extent that medically underserved groups may be impacted by the closure depends on their proximity to alternative ADHC locations or services. Registrants considered medically underserved groups are predominately concentrated in zip codes 11691 (Far Rockaway) and 11694 (Rockaway Park) in Queens County. To access alternative ADHCs or services, some registrants may experience an increase in travel time, while others may experience a decrease in travel time. As transportation is a core services of ADHC program, when the alternative services are provided by a different ADHC, transportation is provided.

**Table 1** below shows the distance required to travel by car (minutes) to alternative ADHC programs by zip code among medically underserved groups in the service area and the greater service area.

The stakeholder engagement process indicates challenges to the unique health needs and quality of life of Neponsit ADHC registrants as a result of the closure.<sup>10</sup> These potential impacts on unique needs and quality of life include: concerns around the coordination of care, changes to the level of supervision and monitoring, added complication and burden for registrants and their caregivers to access services, and a potential shift from the one-stop-shop model to a combination of multiple programs/service providers to have needs met, which requires additional coordination, attention, and advocacy.

Some registrants will experience increased travel times, but Applicant confirmed that ADHCs (both medical and social models) are regulated by NYSDOH to provide services consistent with Neponsit ADHC's current program and meet registrants' individualized needs. Further, Applicant

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<sup>9</sup> As of July 2024, there were 6 ADHCs in the greater service area. As of April 2025, this number has decreased to 5 due to a pending merger between Four Seasons Sunrise and Four Seasons Lakeside. As a result, Four Seasons Lakeside is currently not accepting new registrants though Four Seasons Sunrise continues to accept new registrants.

<sup>10</sup> See Step 2, starting on page 18

has confirmed that other ADHCS in the area have sufficient capacity and that registrants will not experience care disruption.

Table 1: Travel Distance for Medically Underserved Groups by Zip Code.<sup>11</sup>

	Zip Code	Neighborhood / County	Number of Registrants in Zip Code	Distance to (in minutes)					
				Neponsit	Four Seasons Sunrise	Bainbridge Brooklyn	Franklin	Palm Gardens	Centers ADHC
<b>Service Area</b>	11691	Far Rockaway, Queens	15	18	37	37	55	36	40
	11692	Arverne, Queens	1	9	27	32	56	25	33
	11693	Far Rockaway, Queens	1	11	20	30	42	24	25
	11694	Rockaway Park, Queens	10	5	20	24	55	17	29
<b>Greater Service Area</b>	11429	Queens Village, Queens	1	29	33	35	23	34	25
	11432	Jamaica, Queens	1	40	35	43	17	41	17
	11434	Jamaica, South Jamaica, St. Albans, Queens	1	29	34	27	33	25	26
	11203	East Flatbush, Brooklyn	1	32	14	26	49	26	21
	11207	Bath Beach, Gravesend, Mapleton, Brooklyn	2	32	16	26	37	26	9
	11208	East New York, Brooklyn	2	24	17	23	36	21	14

In compliance with New York State (NYS) regulations, Applicant has provided DOH with the required 120-day prior notice of its intent to close the Neponsit ADHC program. In further adherence to DOH closure procedures, Applicant has developed (and is in the process of implementing) a safe discharge plan, which includes a referral process to other ADHCs or similar services and a 90-day post-discharge monitoring period. Applicant has begun to facilitate these connections by hosting open houses, and tours to connect registrants to neighboring alternative ADHCs and SADCs. Additionally, the Applicant continues to hold educational townhalls. The purpose of the educational townhalls is to discuss other viable ADHC programs, plans for safely discharging the registrants, and to answer any questions or concerns related to the closure. **Table 2** below provides an overview of the educational townhalls, open houses, and tours conducted to date.<sup>12</sup>

<sup>11</sup> Google Maps; data and information provided by the Applicant; review of alternative ADHCs websites

<sup>12</sup> See Section B, step 4, question 1, (p. 26) for more detail.



Table 2 –Registrant and Family Engagement

Type of Engagement	Dates of Engagement
<b>Educational Townhalls</b>	<ul style="list-style-type: none"> <li>• 11/11/2024 – (Neponsit ADHC Administration only)</li> <li>• 12/18/2024 – (CEO and NYSDOH)</li> <li>• 12/19/2024 – (CEO and NYSDOH)</li> <li>• 2/6/2025 – (CEO and NYSDOH)</li> <li>• 2/18/2025 – (CEO and NYSDOH)</li> <li>• 4/14/2025 – (CEO and NYSDOH)</li> <li>• 4/17/2025 – (CEO and NYSDOH)\</li> </ul>
<b>Open Houses</b>	<ul style="list-style-type: none"> <li>• Sunrise ADHC – 12/2/2024</li> <li>• Centers ADHC – 12/2/2024</li> <li>• Franklin ADHC – 12/11/2024</li> <li>• Sunrise ADHC – 12/12/2024</li> <li>• Centers ADHC – 12/12/2024</li> <li>• Franklin ADHC – 12/16/2024</li> <li>• Sunrise ADHC – 12/18/2024</li> <li>• Catholic Charities Older Adult Center – 12/17/2025</li> <li>• Bainbridge ADHC – 12/18/2024</li> <li>• Genesis SADC – 12/19/2024</li> <li>• Heritage SADC – 12/31/2024</li> <li>• Rockaway SADC – 1/21/2025</li> <li>• Carefirst CDPAP – 1/24/2025</li> <li>• Seagirt SADC – 2/10/2025</li> <li>• Carefirst CDPAP – 2/12/2025</li> <li>• TRI-MED SADC – 2/21/2025</li> </ul>
<b>Tours</b>	<ul style="list-style-type: none"> <li>• Franklin ADHC – 1/8/2025</li> <li>• Sunrise ADHC – 1/13/2025</li> <li>• Bainbridge ADHC – 1/30/2025</li> <li>• Bainbridge ADHC – 1/30/2025</li> <li>• Heritage SADC – 2/3/2025</li> <li>• JASA Older Adult Center – 2/4/2025</li> <li>• Rockaway SADC – 2/4/2025</li> <li>• Centers ADHC – 2/13/2025</li> <li>• Centers ADHC – 2/16/2025</li> <li>• Genesis SADC – 2/19/2025</li> <li>• Seagirt SADC – 2/20/2025</li> <li>• Sunrise ADHC – 2/25/2025</li> <li>• JASA Older Adult Center – 2/26/2025</li> <li>• Catholic Charities Older Adult Center – 2/26/2025</li> <li>• TRI-MED SADC – 2/27/2025</li> <li>• Seagirt SADC – 3/4/2025</li> <li>• Bainbridge ADHC – 4/3/2025</li> </ul>

**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?**

Neponsit ADHC registrants are older adults or people with disabilities. According to data provided by the Applicant, most of the 35 registrants are racial/ethnic minorities, low-income, and are insured through Medicaid (inclusive of MLTCP and Medicaid FFS).

77.1% (N= 27) of registrants live in the Far Rockaway peninsula service area. 8.5% (N= 3) live in Jamaica/Queens Village, and 14.3% (N= 5) of registrants live in Brooklyn. Most registrants are concentrated in zip codes 11691 (42.9% or N= 15) and 11694 (27.7% or N= 10), respectively. When assessing racial/ ethnic minority demographics of these zip codes, more than half (86.7% or N=13) of the registrants in zip code 11691 and exactly half (50.0% or N= 5) of the registrants in zip code 11694 identify as Black/African American and/or Latino/Hispanic.<sup>13</sup> According to stakeholder interviews, many registrants face multiple social determinants of health, including housing, food insecurity, chronic medical conditions, transportation issues, nursing needs, and social isolation..<sup>14</sup>

Although the program has 50 available slots per day for registrants, Applicant currently has 35 total registrants actively participating in the program. Based on historical attendance patterns, Applicant would require about 150 registrants total to function at 50 per day. To reach full capacity, Applicant would have to enroll more than 100 additional registrants. Efforts to do so over years have failed.

Information provided by Applicant demonstrates that registrants typically attend the program less than five days a week. Applicant reported to the Independent Entity that on an individual day, the average daily census is approximately 15 registrants, with registrants attending on average less than 2 days per week; some registrants choose not to attend all days approved by their MLTCP. According to stakeholders, Neponsit ADHC is in-network with a subset of MLTCPs; potentially a contributing factor to low program enrollment. In addition, the Neponsit ADHC also accepts single payor agreements (and, when it does, Applicant and H+H attempt to pursue a participation agreement with the respective payor, but this has not resulted in additional participation agreements due payor refusal).

Applicant reported efforts to increase enrollment and its community footprint through targeted efforts like digital and print marketing materials and collaboration with community-based organizations. The Independent Entity recognizes the complexities and challenges involved in raising awareness about a program like an ADHC, which has specific eligibility criteria for admission typically set by MLTCPs.

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<sup>13</sup> Information provided by Applicant

<sup>14</sup> Stakeholder engagement interview

MLTCPs in the State are designed to help individuals with chronic illnesses or disabilities access long-term health and social services while remaining in their homes or communities. These services include ADHC programs, Consumer Directed Personal Assistance Programs (“CDPAP”), personal care services, nursing services at home, therapies at home, home health aide services, and private duty nursing.<sup>15</sup> To be eligible for ADHC programs, registrants must meet the following requirements:

1. Determined eligible for Medicaid by the Local Departments of Social Services or entity designated by the Department of Health (DOH)
2. Determined eligible for MLTC by the New York Independent Assessor Program using the Community Health Assessment (CHA) in the Uniform Assessment System (UAS-NY) eligibility tool
3. Have a chronic illness or disability that requires nursing home level care for more than 120 days
4. Capable at the time of enrollment, of returning to or remaining in their home and community without jeopardy to their health and safety
5. Received a physician order and approval from the managed long-term care plan for the adult day health care services

Applicant provided the 2024 attendance data, shown below in **Table 3**. In summary, average attendance per registrant is 1.9 days per week. For program registrants with MLTCP coverage, the average weekly attendance was 1.7 days per week, which is based on the approved days by MLTCPs or the registrant’s decision not to attend all such approved days. Medicaid FFS beneficiaries accessed the ADHC program 3.3 days per week, while uninsured registrants accessed services 1.4 days per week.

Table 3: 2024 Average Attendance at Neponsit ADHC.<sup>16</sup>

Month	Average Days Attended		Average Days Attended – By Payer	
	All Lines of Business	Managed Long-term Care	Medicaid FFS	Uninsured
January	2.1	2	3.3	1
February	2.3	2	3.7	1
March	1.9	2	3	1
April	1.9	1.6	3.3	1.2
May	1.8	1.5	3.1	1.8
June	1.7	1.3	3.3	3.3
July	1.9	1.4	3.2	1.2
August	1.9	1.5	3.4	1.2
September	2.1	1.7	3.2	1.3
October	2.2	1.9	4.5	1.7
November	2	1.7	3.2	1
December	2	1.9	3	1
<b>Average</b>	1.9 days	1.7	3.3	1.4

<sup>15</sup> New York State Department of Health. Managed Long Term Care (MLTC) overview. Available at: [https://www.health.ny.gov/health\\_care/managed\\_care/mltc/mltc\\_overview.htm](https://www.health.ny.gov/health_care/managed_care/mltc/mltc_overview.htm). Accessed 1/12/25.

<sup>16</sup> Information provided by the Applicant.

Applicant expects current registrants who choose other ADHC programs will continue to attend approximately 1 to 2 days per week, based on what their MLTCPs, or other health insurance provider may approve or what they can afford to pay out-of-pocket (uninsured only).

Applicant suggested that on the days that current registrants do not attend Neponsit ADHC, most receive care through alternative MLTCP service providers such as the CDPAP, Certified Home Health Agencies (“CHHAS”), private duty nursing, and Licensed Home Caring Services Agencies (“LCHSAs”). The Applicant reported to the Independent Entity that many registrants located in zip codes 11691 and 11694 receive additional services through CHHAS, LCHSAs, private duty nursing, and CDPAP.

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

According to the Adult Day Health Care Council, ADHC programs serve roughly 10,000 New York residents annually state-wide.<sup>17</sup> During the COVID-19 pandemic, NYS DOH required NYS ADHC programs suspend services.<sup>18</sup> Prior to the COVID-19 pandemic, there were 116 actively licensed ADHC programs in the state. Although ADHC programs were authorized to reopen in 2021, only 53 programs in NYS reopened as of 2023. As of 2025, there are 11 ADHC programs across New York City.<sup>19</sup>

Currently, Neponsit ADHC is the only available ADHC program in the service area; the Independent Entity identified five (5) ADHC programs available in the greater service area (Brooklyn and Queens). Applicant reported to the Independent Entity that five (5) of the ADHC programs as viable alternative options because they provide the same and/or enhanced services as Neponsit ADHC and are within reasonable travel distance for registrants. Some registrants will experience an increase in travel time, while others will experience a decrease. Programs identified in the greater service area are located 7 to 15 miles from the Neponsit ADHC. Applicant confirmed in October 2024 and again more recently in March 2025 that all ADHCs and SADCs within a 60-minute drive of any registrants’ zip code are open and have capacity for additional registrants.

**Table 4** below provides an overview of alternative ADHC programs in the greater service area, the distance from Neponsit (miles and minutes driving), and whether the program is currently accepting registrants.

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<sup>17</sup> Adult Day Health Care Council.” LeadingAge New York, [www.leadingageny.org/adhcc/](http://www.leadingageny.org/adhcc/). Accessed 12 Jan. 2025.

<sup>18</sup> COVID-19 Immediate Temporary Suspension of Statewide Adult Day Health Care Program Services. New York State Health Department. [https://coronavirus.health.ny.gov/system/files/documents/2020/03/adhc\\_temporary\\_suspension.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/03/adhc_temporary_suspension.pdf). Accessed 12 Jan. 2025.

<sup>19</sup> Adult Day Health Care Council.” LeadingAge New York, [www.leadingageny.org/adhcc/](http://www.leadingageny.org/adhcc/). Accessed 12 Jan. 2025.

Table 4: Alternative ADHC Programs in the Greater Service Area

Zip Code	ADHC Facility/Address	Distance to Neponsit	Accepting Registrants (Y/N)
11358	Franklin 45-15 162nd St Flushing, NY 11358	15 miles (56 minutes)	Y
11235	Bainbridge Adult Day Health Center 3090 Ocean Avenue Brooklyn, NY 11235	8.6 miles (21 minutes)	Y
11235	Palm Gardens 2900 Bragg St Brooklyn, NY 11235	7.7 miles (18 minutes)	Y
11236	Four Seasons - Sunrise 9517 Avenue J, Brooklyn, NY	10 miles (24 minutes)	Y
11207	Adult Day Care at Bushwick Center 50 Sheffield Ave Brooklyn, NY 11207	9.8 miles (35 minutes)	Y

In addition to identified ADHC programs above, registrants also can receive care through alternative services such as CDPAP, LHCSAs, CHHAs, private duty nursing, outpatient rehabilitation centers, older adult centers, and SADCs. CDPAP, LHCSAs, and CHHAs are services that are provided directly in the patient's home. **Table 5** below provides an overview of alternative service options in service area and greater service area the program type, driving distance to Neponsit ADHC (miles and minutes), and whether the program is accepting registrants. In fact, as of March 2025, 21 of the current 35 registrants are receiving some sort of home care services (CDPAP, home care, and private duty nursing).

Table 5: Alternative Service Options in the Service Area and Greater Service Area

Service Area or Greater Service Area	Zip Code	Alternative Facility/Address	Service Type	Distance to Neponsit	Accepting Registrants (Y/N)
Service Area	11691	Rockaway 18-58 Cornaga Ave Far Rockaway, NY 11691	Social Adult Day Service	4.3 miles (19 minutes)	Y
	11691	Trimed 16-12 Central Avenue Far Rockaway, NY 11691	Social Adult Day Service	4.5 miles (21 minutes)	Y
	11693	Heritage 86-01 Rockaway Beach Blvd Rockaway, NY 11693	Social Adult Day Service	0.8 miles (5 minutes)	Y
	11691	JASA Brookdale Village 131 Beach 19 Street Far Rockaway, NY 11691	Older Adult Center	4.1 miles (20 minutes)	Y
	11691	JASA Roy Reuther 711 Seagirt Avenue Far Rockaway, NY 11691	Older Adult Center	4.9 miles (22 minutes)	Y
	11691	Young Israel Wavecrest & Bayswater Senior League 2716 Healy Avenue Far Rockaway, NY 11691	Older Adult Center	4.2 miles (18 minutes)	Y
	11691	Jewish Community Council of the Rockaway Peninsula 1525 Central Ave #1, Far Rockaway, NY 11691	Older Adult Center	4.5 miles (22 minutes)	Y

	11691	Wavecrest Rehabilitation 265 Beach 20th St, Far Rockaway, NY 11691	Outpatient Rehabilitation Center	4.2 miles (19 minutes)	Y
	11691	Road to Recovery: PT & OT 1731 Seagirt Blvd, Far Rockaway, 11691	Outpatient Rehabilitation Center	4.7 miles (21 minutes)	Y
	11693	CCNS Seaside OAC 320 Beach 94th Street Far Rockaway, NY 11693	Older Adult Center	0.8 miles (5 minutes)	Y
	11693	Ocean Bay CDC Older Adult Center 57-17 Shore Front Parkway Far Rockaway, NY 11693	Older Adult Center	2.2 miles (11 minutes)	Y
	11693	Rockaway Adult Care 86-01 Rockaway Beach Blvd, Rockaway Beach, 11693	Social Adult Day Service	0.8 miles (5 minutes)	Y
	11694	JASA Rockaway Park 106-20 Shore Front Parkway Rockaway, Park 11694	Older Adult Center	0.4 miles (2 minutes)	Y
	11694	Rehabilitation Associates of Far Rockaway 103-22 Rockaway Beach Blvd, Rockaway Park, 11694	Outpatient Rehabilitation Center	0.3 miles (2 minutes)	Y
	11694	Promenade Rehabilitation Center 1-40 Beach 114th St, Far Rockaway, 11694	Outpatient Rehabilitation Center	0.9 miles (5 minutes)	Y
	11694	Genesis Adult Day Care 114-30 Rockaway Beach Blvd, Rockaway Park, 11694	Social Adult Day Service	0.8 miles (4 minutes)	Y
<b>Greater Service Area</b>	11432	Jamaica 185-08 Hillside Ave, Jamaica, NY 11432	Social Adult Day Service	14 miles (47 minutes)	Y
	11432	Allen International Towers Affiliate 90-20 180 <sup>th</sup> St Jamaica, NY 11432	Older Adult Center	13 miles (46 minutes)	Y
	11432	Allen Shelton Affiliate 89-09 162 <sup>nd</sup> St Jamaica, NY 11432	Older Adult Center	13 miles (53 minutes)	Y
	11432	CCNS Hillcrest OAC 91-34 182 <sup>nd</sup> Pl Jamaica, NY 11432	Older Adult Center	13 miles (46 minutes)	Y
	11432	India Home Desi Senior Center 85-37 168 Street Jamaica, NY 11432	Older Adult Center	13 miles (50 minutes)	Y
	11432	Jamaica Older Adult Center 89-60 164 <sup>th</sup> Street Jamaica, NY 11432	Older Adult Center	12 miles (44 minutes)	Y
	11434	Allen AME Community Senior Citizens Centers – Linden Blvd 166-01 Linden Blvd Jamaica, NY 11434	Older Adult Center	11 miles (35 minutes)	Y
	11434	Robert Couche Older Adult Center 137-57 Farmers Boulevard Jamaica, NY 11434	Older Adult Center	11 miles (31 minutes)	Y

	11434	Rochdale Village NORC 169-65 137 <sup>th</sup> Avenue Jamaica, NY 11434	Older Adult Center	10 miles (30 minutes)	Y
	11434	Rochdale Village SC 169-65 137 <sup>th</sup> Avenue Jamaica, NY 11434	Older Adult Center	10 miles (30 minutes)	Y
	11203	Christopher Blenman OAC 720 East New York Avenue Brooklyn, NY 11203	Older Adult Center	11 miles (42 minutes)	Y
	11203	Crown Heights Preservation Committee Corp 483 Albany Avenue Brooklyn, NY 11203	Older Adult Center	11 miles (42 minutes)	Y
	11203	Remsen Sarita Jean OAC 3304 Clarendon Road Brooklyn, NY 11203	Older Adult Center	10 miles (32 minutes)	Y
	11207	Bergen Basin Penn Wortman Older Adult Center 530 Stanley Avenue Brooklyn, NY 11207	Older Adult Center	11 miles (26 minutes)	Y
	11208	Cypress Hills Adult Social Club 475 Fountain Avenue Brooklyn, NY 11208	Older Adult Center	8.0 miles (27 minutes)	Y
	11208	Cypress Hills Fulton Street Senior Citizens Center 3208 Fulton St. Brooklyn, NY 11208	Older Adult Center	8.5 miles (28 minutes)	Y
	11208	Teresa Moore OAC 2702 Linden Blvd Brooklyn, NY 11208	Older Adult Center	7.5 miles (23 minutes)	Y
	11225	Heart to Heart 209 Empire Blvd Brooklyn, NY 11225	Social Adult Day Service	12 miles (45 minutes)	Y

The State and H+H – the largest public health system in the country – recognize that health and well-being starts in the home. According, H+H as a whole has aligned its broader vision and efforts with the State’s goals of promoting HCBS. This has included its development and enhancement of its health home (which provides in part extensive care management), medical respite services, and the announced expansion of a Federally Qualified Health Center in the area of the Neponsit ADHC. Future supportive housing is also being contemplated. Thus, alternative service options currently available to registrants are already being actively utilized and will be enhanced as part of the transition and H+H’s future plans.

It was noted by Applicant that all SADCs, older adult centers, and outpatient rehabilitation centers on the peninsula accept MLTCP and uninsured only, and most of these services exist within the Far Rockaway neighborhoods, where 28 of the 35 registrants reside.

Additionally, **Table 6** below provides an overview of services registrants can receive at home and a description of the program. For more information about these programs, click on the hyperlinks below.

Table 6: Alternative Service Options Available at Home

Services provided at home	Alternative Program	Alternative Program Description
	<a href="#"><u>Certified Home Health Agency (CHHA)</u></a>	Certified home health agencies provide skilled professional nursing, physical and occupational therapy, social work, home health aide services and telehealth visits. Delivered in the home, home health care is partially or completely covered by Medicare, other insurers, and clients must have a physician's order to receive these services. This service does not cover personal or non-medical services, which could lead to additional out-of-pocket expenses.
	<a href="#"><u>Consumer Directed Personal Assistance Program (CDPAP)</u></a>	Consumer directed personal assistance programs allow Medicaid recipients in need of personal care, home health and nursing services to recruit, hire, train, supervise or terminate their own personal assistants. With the ability to hire friends or loved ones to provide care, CDPAP eliminates potential stress from strangers in the home, cultural barriers, which is important for the population served (people with long-standing illnesses or disabilities).
	<a href="#"><u>Licensed Home Care Service Agency (LHCSA)</u></a>	Licensed home care service agencies provide non-medical companionship and assistance with daily activities from non-licensed caregivers. These services do not require a physician's order, and home care services are predominantly self-pay (with managed long-term care and Medicaid plan exceptions).
	<a href="#"><u>Private Duty Nursing (PDN)</u></a>	Private duty nursing services are designed for Medicaid members who require more individual and continuous nursing care than is available from a certified home health agency (CHHA). PDN services are designed to support, not replace skilled care.

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

Applicant is the only ADHC program in the service area of Far Rockaway. There are multiple available similar services in the Applicant's greater service area. See **Tables 3, 4, and 5** above.



- 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.**

The Neponsit ADHC program is licensed under the Dr. Susan Smith McKinney Nursing and Rehabilitation Center and therefore is not considered a hospital. Public Health Law § 2807-k is not applicable. However, the Applicant remains committed to advancing the principles underlying both state and federal requirements related to uncompensated care, community benefit, and equitable access. As a safety-net provider, the Applicant serves a high proportion of Medicaid and uninsured patients and operates with a mission centered on delivering inclusive, community-based care. The Applicant maintains operational practices that support access, including on-site interpreter services, disability accommodations, and culturally competent care designed to meet the needs of a racially and linguistically diverse population.

- 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.**

There are currently 12 professional staff who are employed at Neponsit ADHC; there are no employed physicians. Applicant reported to the Independent Entity that there are no anticipated staff layoffs. Applicant notified all affected staff that they will be offered reassignment opportunities within H+H as result of this proposed transition. H+H Human Resources is coordinating transitions with staff and union representatives as appropriate, to ensure workforce stabilization as a result of this program transition.

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

There are no civil rights access complaints against the Applicant.

- 10. 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.**

In 2020, Applicant submitted a request to NYSDOH to close two other ADHC programs – one located onsite at 594 Albany Avenue, Brooklyn, NY 11203 and the Neponsit ADHC. Although the NYSDOH granted approval for both closures, Applicant ultimately proceeded with closing only the onsite program, while rescinding its decision to close the Neponsit ADHC.

## 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

The Neponsit ADHC decertification and closing will not enhance access to healthcare, improve health equity, or reduce health disparities for medically underserved groups in the service area. The Neponsit ADHC decertification and closing is part of a broader effort to promote the State's and H+H's strategy to align the provision of services with fiscally prudent use of resources in the community and Queens County.

### **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.**

Stakeholder engagement responses indicate concerns about potential unintended negative impact of the closure on health equity, particularly as related to hospitalizations, medication adherence, preventive care, behavioral health, social isolation, and overall wellbeing for medically underserved groups.

Key themes emerged around unintended negative impacts to health equity that might occur because of the project, specifically with care coordination, transportation and limitations of some alternative sources of care. Applicant reports that they are taking steps to mitigate these concerns, discussed below (See Applicant's Mitigation Plan starting on page 34).

#### **Care coordination.**

Input from stakeholder engagement highlighted that the high level of care coordination in the ADHC model is critical for the following groups: people with chronic or prevalent health conditions, caregivers, individuals who are eligible for or receive public benefits, people who do not have third-party health coverage or have inadequate third-party health coverage, older adults, women, and low-income individuals.

Stakeholders mentioned how ADHCs are a multidisciplinary model, encompassing evaluations and monitoring of various aspects of registrant's health such as blood pressure, blood sugar, dietary, exercise, cognitive, nutrition, physical, and tactile skills, with staff addressing the holistic needs of the individual.

Additionally, stakeholders emphasized that frequent touchpoints with Neponsit ADHC staff ensure that registrants receive the necessary support to re-apply for benefits that require annual renewal. Furthermore, stakeholders expressed concern that individuals with limited mobility or physical disabilities may not receive the support of social work services to renew these benefits. Support for

social needs is an important consideration particularly for the following groups: low-income individuals, older adults, individuals with disabilities, and individuals with public insurance.

Applicant noted that registrants with Medicaid FFS and MLTCP will continue to have care coordination as a part of their covered benefit package.

#### **Transportation.**

Input from stakeholders indicate various concerns around transportation. The stakeholders expressed concerns regarding the transfer of registrants to other ADHC programs in Queens and Brooklyn, noting long travel distances, and the difficulties of transporting individuals, particularly those who are incontinent. These increase in travel time could particularly pose challenges for the following groups: older adults, individuals with disabilities, and those living with prevalent infectious diseases or conditions. Applicant developed personalized route maps to assist registrants in making informed decisions as to whether they'd like to explore other ADHCs, and if so, Applicant has facilities one-on-one site visits and tours.

#### **Limits from some alternatives.**

The results of stakeholder engagement suggested that some registrants will elect to attend other ADHC programs, while other registrants may shift to a combination of alternative ADHC programs or SADCs. Various stakeholders asserted that Neponsit registrants that opt for a combination of alternate programs may lack ongoing management supervision and lack coordinated care to meet their physical, mental, and social health needs. They expressed concern that the social service coordination support that MLTCPs offer through community-based organizations, may result in an insufficient level of support. Applicant reported to the Independent Entity that older adult centers may not be appropriate for registrants, but the other alternative services provide management supervision and care coordination.

#### **Feedback.**

Several stakeholders expressed concerns about whether transferring Neponsit registrants to alternate ADHCs and other programs would offer the same level of comprehensive care and support for registrants. Other stakeholders worried that as a result of the closure some medically underserved groups such as, older adults, individuals with disabilities, and individuals with a prevalent infectious disease or condition may need to access higher levels of care, including Assisted Living Programs (ALPs) or nursing homes. However, the Applicant noted that when registrants require such an intense level of care, they would no longer qualify for the Neponsit ADHC program..<sup>20</sup>

### **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.**

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<sup>20</sup> New York State Department of Health *Overview of Managed Long Term Care (MLTC)*. (June 2023). [https://www.health.ny.gov/health\\_care/managed\\_care/mltc/mltc\\_overview.htm](https://www.health.ny.gov/health_care/managed_care/mltc/mltc_overview.htm)

The indigent care pool applies to hospitals and not nursing homes. Therefore, the Dr. Susan Smith McKinney Nursing and Rehabilitation Center – Neponsit ADHC is exempt from indigent care requirements.

**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.**

Neponsit ADHC registrants typically use the door-to-door transportation service provided by Neponsit or are dropped off by a family member or caregiver. Given that transportation is a core offering of all ADHC programs, registrants would continue to have access to door-to-door transportation services by alternative ADHCs. However, the distance traveled using these door-to-door transportation services may be longer for some registrants. Transportation feasibility has been a primary consideration in the transition planning process. Since notifying NYSDOH of the planned transition in October 2024, Applicant has created personalized route maps to demonstrate the travel time from each registrant's home to one of 5 ADHC programs. Such map is posted at the Applicant's site. Approximately 77% will have drive-times greater than they currently have and 23% will have shorter travel times. While some registrants will experience increased travel times, Applicant has confirmed that all alternative ADHC and SADC programs will provide door-to-door transportation (as they are required to do so), ensuring continuity of access. Additionally, Applicant has confirmed transportation will be covered through the Medicaid FFS Program and applicable MLTCPs. Thus, all current Medicaid registrants will receive individualized transport assistance as needed. However, uninsured registrants may have to pay a rate that is based on what they can afford out-of-pocket and/or additional costs associated with transportation.

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

This project is proposing to close an ADHC facility. Therefore, this question does not apply.

**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?**

This project is proposing to close an ADHC facility and does not offer maternal health care services and comprehensive reproductive health care. Therefore, this question is not applicable to Applicant.

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

New York City Department of Health and Mental Hygiene (DOHMH).

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

The Independent Entity and McKinney engaged with NYC's DOHMH who provided input for this HEIA. The Independent Entity, along with representatives from McKinney, met with the below listed individuals from DOHMH on April 25<sup>th</sup>, 2025:

- Ese Oghenejobo, Executive Director, Office of Healthcare Systems Strategy and Accountability
- Becca Friedman, Policy Manager
- Deirdre Flynn, Senior Healthcare Payment and Finance Advisor
- Dr. Bindu Babu, Senior Clinical Advisory
- Rachel Schwartz, Policy Manager

The DOHMH statement indicates alignment with McKinney's approach to individualized support and monitoring of registrants during ADHC closure and transition. The statement included thoughtful recommendations to enhance McKinney's post-transition audit tool which McKinney integrated into the post-transition monitoring audit tool. Please see their statement below. In addition, a longer statement from the DOHMH team is also provided in a separate attachment.

**Statement from DOHMH:**

Especially because Neponsit is the immediate service area's only ADHC, it's essential registrants—most of whom have a chronic condition—can access all current services until their transition or Neponsit's closure. DOHMH supports H+H's individualized assessments to prioritize care continuity. Consistent communication with registrants and caregivers, and amending plans in response, is critical.

Transportation is rightfully a central focus. DOHMH supports H+H's attention to individualized needs (e.g., incontinence, increasing travel times) and efforts to seek financial support for uninsured registrants. If affordable transportation isn't secured by the HEIA's approval, these efforts should continue after closure.

If H+H's weekly or quarterly reports identify problems (e.g., travel complications, service dissatisfaction), we hope H+H will help former registrants seek solutions, utilizing individualized evaluations.

DOHMH recommends several additions to the Audit Tool:

- Ask *all* registrants why they would or wouldn't recommend their new program. Positive *and* negative feedback should inform future programming.
- Assess language supports and cultural competence at new program.
- Solicit feedback from caregivers.

- Monitor disparate outcomes based on demographics, diagnoses, service needs.

H+H confirmed 21 registrants selected the same new program, and this facility has capacity for all Neponsit registrants, provides language supports, and will provide transportation to covered registrants. While this will foster a familiar community, the receiving program would have to serve many new individuals simultaneously. H+H should maintain close contact with the program to provide insight on individualized needs.

DOHMH supports H+H's commitment to job security, demonstrated through their guarantee that all Neponsit FTEs will have jobs with H+H.

## 9. Meaningful engagement of stakeholders:

Please reference the *Data Tables* spreadsheet which include summary and detail of the meaningful engagement conducted by the Independent Entity.<sup>21</sup>

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

The Independent Entity determined that of the 35 registrants, low-income people, racial/ethnic minorities, older adults, women, people with disabilities, individuals with prevalent chronic conditions, individuals without third-party coverage, and individuals who are eligible for or receive public health benefits are most likely to be impacted by the closure.

During community engagement, the Independent Entity solicited written testimony, conducted a survey (made available through electronic, telephonic, and paper formats), and held teleconference interviews with stakeholders. The Independent Entity reached out to a total of 65 total individuals. 46 agreed to participate and 19 declined to participate. 73% of participants indicated their opposition to the planned closure. Participants consist of representatives from each required stakeholder group.

Stakeholders who agreed to participate included Neponsit registrants, staff members, caregivers, community-members, community board members, healthcare providers and administrators from the community, managed care employees and leaders, elected officials, and healthcare policy experts. This included representatives of all medically underserved groups.

### **Supporting closure.**

Overall, there was general agreement from stakeholders supporting the closure, that it was critical for the Applicant to create and implement a comprehensive communication and transition plan,

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<sup>21</sup> Data table, see tab #1 "Engagement Summary," and tab #2, "Engagement Detail"

establishing a clear process for referring participants to other ADHC programs or alternative care options.

Other stakeholders framed their support for the closure within the context of the difficult financial environment faced by ADHC programs.

Suggestions from stakeholders supporting the closure include requests for NYSDOH to recognize that insufficient Medicaid rates for nursing homes and ADHC programs are a primary cause of these closures, leading to financial instability and reduced access to quality care. These rates, set by the State, contribute to health inequities and result in program closures and staffing challenges.

Stakeholders suggested that NYSDOH should consider rebasing and increasing nursing home and ADHC rates to enable nursing homes to rebuild their ADHC programs.

In summary, supporters noted that ongoing Medicaid rate challenges have contributed to financial pressures for hospitals, health systems, and residential care facilities across New York. They shared that these pressures have highlighted the need for continued attention to Medicaid system sustainability.

#### **Opposing closure.**

Community engagement findings from stakeholders opposing the closure revealed confusion in several areas, including a waiting list, marketing and outreach, and attendance. The Applicant is identifying ways to address the confusion in the mitigation plan, and implementation was underway at the time of this assessment.

#### **Confusion around a waiting list.**

Staff, caregivers, and community members involved in stakeholder engagement expressed their concerns regarding the misperception of a Neponsit waiting list, causing confusion in the community.

Applicant has since clarified that there was an “inquiry/referral log” for individuals who expressed interest in the program, but there is not a waiting list for those wishing to join the program. Most of these inquiries do not result in a new enrollment for a variety of reasons including but not limited to: 1) does not meet the medical or financial requirements for the program, 2) non-participating health insurance, 3) lack of interest, and/or 4) or failure to submit required documentation. Applicant has established single-payor agreements when possible.

#### **Confusion around marketing.**

Caregivers, community members, and other stakeholders expressed frustration at the apparent lack of marketing efforts and steps taken to increase referrals to the program and remain in operation. Stakeholders also acknowledged the challenge of developing effective marketing materials that reach the right audience in a meaningful manner. The Independent Entity recognizes the complexities and challenges involved in raising awareness about a program like an ADHC facility, which has specific eligibility criteria for admission.

Applicant noted that the Neponsit ADHC opened 37 years ago, in 1988, and is well-established in the Rockaway peninsula. Applicant informed the Independent Entity that there was active marketing and community outreach conducted by Neponsit staff via phone, email, and on-the-ground flyer canvassing which targeted key referral sources like nursing homes, rehabilitation centers, pharmacies, and medical offices.

Additional outreach efforts included local small businesses; non-profits; urgent care centers; Queens Public Library; local shelters. Flyers were circulated in senior housing organizations as well. Between January 2023 through August 2024, Dr. Susan Smith McKinney Nursing and Rehabilitation Center – Neponsit ADHC also conducted paid advertisement campaigns in three local newspapers – *The Wave*, *Rockaway Point News*, and *The Rockaway Times*.

#### **Confusion around attendance.**

The stakeholder engagement process provided information that differed from the information shared by the Applicant, specifically around program demand and capacity. A staff member who has worked at Neponsit for multiple years stated that most registrants attend the program 3 to 5 days per week. However, the Applicant confirmed that program attendance is based on registrants' choice and that MLTCPs approve more days than a registrant may elect to attend (per internal attendance data in **Table 3**).

#### **Key themes.**

Key themes emerging from the Independent Entity's meaningful engagement activities highlight perceptions and concerns from the community about the need for comprehensive coordinated care and access.

#### **Alternative Services May be Less Comprehensive:**

- There is a need for tailored services that cater to the specific health complexities of individuals in care; some of the alternative services suggested may not be suitable for registrant's individualized care needs if the registrant does not move to another ADHC. As of March 2025, applicant conducted a straw poll where registrants were asked to select their top discharge preference based previous tours. The poll revealed 21 of 35 registrants have expressed desire to transfer to other HCBS service, which includes comparable ADHCs, SADCs, and potential older adult centers.
- There could be a concern that SADCs may potentially be inappropriate for some registrants, but may be appropriate for others given that these programs provide door to door transportation, a variety of services, and accepts MLTCP clients.
- There could be a concern that older adult centers are likely inappropriate for Neponsit ADHC registrants. These models focus on recreational, engagement activities, and provide lunch for seniors but may not address the frequent and specialized care needs of registrants.
- Individuals on Medicaid FFS lack access to home care services unless enrolled in a MLTCP.
- Home aide services may lack the comprehensive coordinated care offerings of the ADHC; MLTC members will continue have a measure of care coordination through their assigned MLTC case manager.



**Access and Transportation:**

- Registrants may be reluctant to travel further to alternate programs in Brooklyn or Queens that are further away; commutes would exceed 30 minutes for some registrants and pose challenges for incontinent patients. That said, as of March 2025, 21 of the 35 active registrants expressed desire to transfer to other HCBS, including comparable ADHCs, SADCs, and potential older adult centers. Applicant developed personalized route maps to assist registrants in making informed decisions as to whether they'd like to explore other ADHCs, and if so, Applicant has facilities one-on-one site visits and tours.

**Other suggestions.**

- **MLTC network:** Neponsit ADHC staff members and other stakeholders suggested the number of MLCTPs that Neponsit has in-network was a potential contributing factor to low program enrollment.
- **Partner with NYS:** Multiple stakeholders mentioned how this closure, along with the more than 65 ADHC program closures across the state since COVID-19, had a significant negative impact on health equity for New Yorkers. Some individuals suggested that Applicant work with the State to find alternative opportunities to keep the Neponsit ADHC program open.

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

The Independent Entity regards input from community engagement as a crucial component of the Health Equity Impact Assessment. This engagement provides valuable insights that inform the assessment process and help ensure that the needs and perspectives of the community are adequately considered.

The stakeholder engagement process offered community members the opportunity to voice their concerns. Applicant took the resulting input as an opportunity to better align and integrate community perspectives into the mitigation plan and ongoing educational efforts. Individuals will experience their effects differently based on factors such as access to transportation and care coordination needs. The potential impacts on health equity resulting from the project are discussed in detail in Section B, Step 2, question 6 above.

As discussed in question 6, stakeholders opposing closure highlighted numerous concerns about the closure's impact on registrants and their caregivers. Applicant engaged alternative service and care providers and referring facilities to ensure appropriate transition of care and care coordination. See mitigation plan for more detail.

Below is a summary of how all medically underserved groups may potentially be impacted by the closure.

- Registrants that do not transfer to another ADHC program and instead elect to receive care through a combination of other services (such as SADC, CDPAP, LHCSAs, and/or private duty nursing), may have unmet physical, mental, and social care needs due to issues around care coordination.
- Alternative programs such as Home Care, Private Duty Nursing, and Certified Home Health Agencies may leave gaps in registrants' care journeys. Stakeholders cited the lack of continuous monitoring and supervision, eligibility concerns, and cost concerns as potential barriers for these programs.
- Potential for increased burden on registrants and caregivers in navigating options, including availability, eligibility, and coordination between providers.
- For some registrants, transferring to ADHC programs further away from their homes may be challenging, particularly if they are incontinent.
- If registrants opt out of alternative services, the closure may impact health outcomes, including increase in hospitalizations or institutionalization, and a decrease in medication adherence, preventive care, behavioral health, overall well-being.

**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.**

As part of the meaningful engagement of stakeholders, the Independent Entity reached out to a total of 65 total individuals. 46 agreed to participate and 19 declined to participate.

Engagement came through letters, surveys, and individual interviews. The Independent Entity prioritized people familiar with ADHC services in general and specific knowledge of Neponsit ADHC. Racial and ethnic minority group were heavily represented during engagement, as were healthcare practitioners, patients, and their caregivers.

The Independent Entity does not believe any medically underserved populations were under-represented.

### 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?

Although the Neponsit ADHC is being decertified and is closing, the Applicant's broader transition and mitigation plan are closely aligned with the State's and H+H's intent to promote ongoing access to home and community-based services. Applicant presented a detailed plan to foster effective communication with registrants and their families with limited English

proficiency, speech, hearing, and visual impairments. The plan includes distributing Neponsit ADHC closure materials in Spanish (the primary non-English language used) and making interpreters available through technology to explain the rationale for closure and discharge planning.

Applicant has developed and begun implementation of a plan to notify local community representatives and elected officials. Applicant sent letters to program registrants, significant others/next of kin, the Ombudsman's office, sponsors/contractors, staff and community physicians, referral agencies, and managed long-term care programs. The Applicant has also met with local elected officials, and has hosted open houses, town halls, tours and face-to-face meetings with the respective Community Board 14 subcommittee.

During the events, Applicant answered questions, addressed concerns, and gained valuable insight, modifying its communications based on stakeholder input. Key adjustments included clarification around financial consideration, MLTCP contracting, transportation and travel times, and the availability of similar services. These clarifications were communicated via presentations to City Council members and Community Board 14 subcommittee. Additionally, Applicant developed a FAQ in response to Community Board 14 subcommittee's questions.

The Independent Entity suggests that special attention be given to the four (4) private-pay registrants who will be pressed to find equivalent care at a similar rate. Various options are being explored by the Applicant, including a potential interim subsidy to cover the difference in cost between Neponsit ADHC and the alternative care, reassessing Medicaid eligibility, and/or exploring other support programs.

From the Independent Entity's perspective, Applicant has adhered to the NYSDOH closure and service discontinuance guidelines and protocols. These steps include, but are not limited to:

- Providing evidence of verbal and written notification to NYSDOH related to the required 120-day prior notice of Applicant's intent to close the Neponsit ADHC program;
- Assigning closure and transition duties to specific employees, as applicable;
- Developing a communication strategy to inform and notify registrants/significant others/sponsors/staff and physicians about the closure, ensuring transparency and support throughout the process;
- Assessment of each registrant for medical and social needs and referrals to other ADHC centers and other care programs, including updating registrant plans of care to maintain continuity of care, personalized travel route maps and estimates;
- Arranging for and facilitating one-on-one open houses, tours and/or field trips of alternative ADHCS and SADCs;
- Preparing patient records to be shared with receiving programs, as elected by registrants;
- Arranging for Security/Transfer of registrant belongings to them or their caregiver, as applicable;

- Discontinuing the holds on any registrant funds;
- Disposing of drugs, biological, chemical or radioactive materials;
- Implementing procedures for the secure maintenance, storage and accessibility of registrant medical records post-decertification and closing;
- Ensuring adequate staffing during the decertification and closing process;
- Providing weekly updates/rosters to NYSDOH about the status of registrant's transfer (including, among other things, registrant location; date of birth; financial status; diagnoses; available services; type of program or service each registrant elects to pursue; new travel time (if applicable))
- Communicating with NYSDOH when last registrant is discharged and subsequently surrendering the Operating Certificate;
- Developing an audit tool to monitor registrants' election of alternative service provider(s) and providing 30-day, 60-day and 90-day follow-up on all 35 current registrants to ensure that services are being rendered, and registrants' needs are being met;<sup>22</sup> and
- Sharing quarterly outcome summaries with DOH for one-year post-transition, including metrics on registrant satisfaction, service uptake, and transportation reliability.

The Independent Entity recommends that information, updates, and all strategies for community impact mitigation and resolution be communicated clearly and transparently through multiple channels and on several occasions. This approach will ensure that the community remains informed and engaged throughout the process.

The Independent Entity recommends continuing to modify their existing communication plan to effectively address and clarify any new misconceptions, misinformation, or concerns expressed by the community.

Stakeholder engagement conversations reflected potential misalignment regarding the eligibility criteria, requirements, benefits, and shortcomings of some of the alternate services, such as CDPAP, LHCSAs, CHHAs, private duty nursing, outpatient rehabilitation centers, older adult centers, and SADCs. The Independent Entity recommends that the Applicant continue to take steps to help community members, caregivers, and patients understand the pros, cons, attributes, and considerations regarding these programs. Of survey recipients, 39.1% were not aware and 8.7% were unsure that similar services and programs (to the Neponsit ADHC) are available for the same population within the same or greater service area, reflecting an opportunity to continue increasing awareness.

In meetings with elected officials, Applicant explained that the closure of the Neponsit ADHC is part of a broader transition to align services with the State's Medicaid Redesign Team's recommendations to providers, to expand home and community-based services. Applicant conveyed the financial situation of the Neponsit ADHC, due to various factors (e.g., decreased enrollment and related reimbursement, limited MLTCP network participation and overall

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<sup>22</sup> See Ex. B

systemic effects of the COVID-19 pandemic). Applicant verified and shared that ADHCs and SADCs are present on the Rockaway Peninsula and in the greater service area, and that transportation is provided for both. Moreover, Applicant conveyed to concerned elected officials that closure of the Neponsit ADHC promotes the State's policy to provide care and services in the least restrictive environment, reduce costs, and adhere to patient/consumer choice.

Accordingly, Applicant has and is hosting open houses, tours, and orientations to familiarize registrants with other ADHC programs and alternate programs to ensure a safe discharge and transfer process (See Table 2). Based on tours of other ADHC programs, 21 registrants have expressed desire to transfer to other ADHCs via a straw poll as of March 2025. The program's social worker has begun scheduling meetings with registrants and their families to discuss next steps. Applicant has confirmed that the other ADHC programs are comparable – in fact, some may be considered enhanced, as the buildings are larger and facilitate a greater number of services and/or activities than Neponsit ADHC. Applicant has also confirmed with the applicable ADHCs and/or MLTCPs that alternative ADHCs participate in the respective MLTCP networks.

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

The Independent Entity suggests the following specific changes to better meet the needs of each medically underserved group. By implementing these strategies, the mitigation plan can better serve the community's needs, fostering understanding and trust. The Independent Entity recommends marketing and communications plan continue to be updated to clarify and address any misconceptions or misinformation and concerns expressed by the community. Applicant understands and will continue to make these enhancements.

### Collaboration for Safe Discharge.

- Applicant's social workers, program administrator, and staff should work closely with MLTCPs and other referral agencies to support the safe discharge of registrants to other ADHC programs or similar services.
- Provide ongoing communication throughout the discharge process will help mitigate disruptions in care and services.

### Measure Satisfaction.

- The Independent Entity recommends that Applicant and referral receiving entities use both qualitative and quantitative methods to assess registrant and family member satisfaction at their new care site.
- Surveys, interviews, and feedback forms can be effective tools for gathering insights into the experiences of registrants and their families.

### Plan Communications.

- Develop clear, concise messaging that directly addresses identified misconceptions.
- Use straightforward language to ensure understanding among diverse community members.

- Provide digital or written introductions to enhance familiarity and ease the transition.
- Create and maintain a FAQ for stakeholders addressing common concerns.
- Revise and update the communication plan as needed to effectively address and clarify any misconceptions, misinformation, or concerns expressed by the community.

#### Employ Effective Communication Channels.

- Ensure the use of multiple communication channels to provide registrants with a comprehensive understanding of their discharge and transfer plan options.
- Clearly outline the benefits and drawbacks of each service option to facilitate informed decision-making.

#### Seek In-Person Knowledge Transfer Opportunities.

- If feasible, arrange for registrants to have an in-person introduction to a designated point of contact at the receiving organization.
- The Independent Entity suggests organizing meetings between the Applicant and receiving facilities to discuss the discharge and transfer plan for each registrant to ensure that all parties are aligned on the care plan and can address any specific needs or concerns of the registrants during the transition.

#### Engage the Community.

- Compile a list of common misconceptions and concerns regarding services.
- Host additional informational sessions where community members can ask questions and express concerns.
- Encourage feedback through surveys or suggestion boxes to foster ongoing dialogue.

#### Regular Updates.

- Provide regular updates on changes to services or policies to keep the community informed, while NYSDOH reviews the HEIA.

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

While Applicant cannot make direct changes to the project to guarantee benefits for stakeholders, they can take important steps to ensure stakeholders are aware of the closure process and receive appropriate referrals to suitable programs. This includes collaborating with individuals and groups in the community to clearly communicate information about the closure process and the alternative services available to current registrants and their families. Applicant developed and is executing a comprehensive communication plan, including open houses and town halls, and electronic communication. For more detail, see “recommendations” in Step 3, question 2.

Additionally, the Applicant should engage with the registrants’ MLTCPs and other local organizations and referral agencies to ensure seamless coordination in identifying alternative

ADHCs programs or similar services. It is essential that MLTCPs pay special attention to registrants that belong to a MLTCP who will be discharged. This proactive approach to communication and engagement with the MLTCPs and referral agencies will help ensure continuity of care for current registrants and their families. Applicant has already verified that alternative ADHCs are in the respective MLTCPs of which its registrants are members. Applicant will monitor to address any potential change in a MLTCPs network that may impact registrants who have elected to attend an alternative ADHC.

**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?**

As part of the larger H+H strategy, and in addition to the Neponsit ADHC decertification and closing, Applicant has acted to promote access to home and community-based services in other ways. For example, prior to the COVID-19 pandemic, between 2017 and 2019, Applicant explored working with other provider agencies as a potential public-private partnership (specifically, Applicant discussed a contemplated Program of All-Inclusive Care for the Elderly (“PACE”) with a large Catholic health system in New York City). In early 2024, Applicant applied for and was awarded a grant from DOH as part of the American Rescue Plan Act of 2021 specifically for the expansion of HCBS.

The Applicant has taken steps to ensure registrants are safely discharged to alternative ADHC programs or similar services in the service area or greater service area. The alternative ADHC programs offer door-to-door transportation as a core service, which helps support continued access to services. Applicant has also confirmed that applicable MLTCPs will provide or reimburse transportation costs.

To ensure that placement at these programs is successful and long-lasting, Applicant should ensure that the discharge and transfer process prioritize registrant comfort and incorporation of factors to address systemic barriers, such as race/ethnicity, disability status, language, and social determinants of health. Potential solutions to operationalize successful placement include integrating assessments to understand each registrant’s unique background, preferences, and barriers. Applicant has begun facilitating one-on-one site visits and tours for registrants to ensure registrant choice. Applicant also will conduct post-transition monitoring to ensure registrant needs are being met. See Post-Transition Audit Tool.<sup>23</sup>

Though potentially out-of-scope for Applicant, receiving facilities should sponsor training and cultural competency and improving language access. Applicant will make itself available to assist as appropriate.

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<sup>23</sup> See Ex. A

## 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?

As documented in Applicant's NYSDOH approved closure plan, Applicant has mechanisms and measures in place to safely discharge current registrants to other ADHC programs or similar services and to monitor them for 90-days post-discharge.<sup>24</sup> Additionally, Applicant has outlined activities that pertain to each stage of the closure project plan. Activities include:

- Formal written notification regarding the closure was sent via certified mail to the following:
  - Registrants and their family members (38).<sup>25</sup>
  - Neponsit employees (12)
  - City, state, and federal elected officials (6)
  - Queens Community Board (CB) 14 representatives (2)
  - NYPD Community Affairs staff (1)
  - Managed Long-Term Care (MLTC) plans (6)
  - the local NYS Ombudsman office (2)
  - community physicians who are responsible for registrant's care (28)
  - referral agencies (6)
- Meetings with elected officials and Queens Community Board (CB) 14:
  - The Applicant held virtual and in-person meetings with five (5) city and state elected officials to brief them on the closure. Additionally, the Applicant provided constituent talking points, an Excel file with alternative care options, and the distance (in minutes) to the other ADHC programs.
  - The Applicant presented at the Queens CB 14 Health and Social Services subcommittee on December 18, 2024 to provide a rationale for closure, a summary of the closure plan process, and to answer questions and concerns related to continuity of care services. Additionally, the Applicant prepared and responded to a list of questions prepared by the CB 14 Health and Social Services subcommittee.
  - The CEO of NYC Health + Hospitals provided information about the Neponsit closure in response to questions from elected officials at the H+H system public budget hearing on March 6, 2025 and a Mayoral Town Hall in the Far Rockaway community on March 19, 2025.
- Regular Updates to NYSDOH:
  - The Applicant provides weekly updates to the NYSDOH on its progress toward closing the ADHC. Updates consist of informing the NYSDOH of educational townhalls, open houses, field trips. Additionally, the Applicant provides a list of the

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<sup>24</sup> See Ex. A

<sup>25</sup> At the time this HEIA was conducted, the Applicant reported having 38 active registrants. As of January 2025, the number of active registrants is now 35, with one individual deciding to be safely discharged to Four Seasons Sunrise and two individuals discharged for not attending the ADHC for 90 days, in accordance with program policy.



current census the status of registrant's discharge planning, including alternative services selected, and information about transportation for the registrant to the same, if applicable.

- Educational Townhalls:
  - As of March 5<sup>th</sup>, five (5) educational townhall meetings were held with the CEO, Deputy Executive Director, and a representative from the NYSDOH. The purpose of the educational townhalls is to discuss other viable ADHC programs, plans for safely discharging the registrants, and to answer any questions or concerns related to the closure. The Applicant will continue to host educational townhalls until the program is officially closed.
  - The Applicant has retained an attendance sheet for each townhall held and has kept a record of the meeting minutes.
- Open Houses and Tours:
  - The Applicant has contacted the other ADHCs and SADCs, older adult centers, and CDPAP via telephone and email to schedule open houses and field trips (See Table 2).
  - As of March 5<sup>th</sup>, the Applicant has held sixteen (16) open houses. Open houses are where the Applicant invites other programs including, ADHC, SADCs, older adult centers, and CDPAP to present their services to the registrants and their families.
  - As of March 5<sup>th</sup>, the Applicant has conducted 17 tours. The tours provide an opportunity for registrants and their families to visit and tour the other medical and social model programs within the service area and greater service area.
  - As of March 5<sup>th</sup>, the CEO and the Program Director have toured 9 SADCs and older adult centers to determine if their services will match the needs of the registrants.
  - The Applicant asked the following questions to all programs:
    - Whether the programs are accepting new referrals
    - What the admission criteria is for each program
    - What transportation is available for each program
    - What medical services are available
    - The ratio of staff to registrants
    - The payment structure of the program
    - What translation services are provided

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

The Applicant, in collaboration with MLTCP and facilities receiving referrals, should work together to develop a strategy for capturing prospective longitudinal data on key registrant quality metrics for registrants that consent to providing this information. These metrics could

include quality of life, health status, and registrant experience, which would provide a comprehensive understanding of the registrants' experiences in future care settings.

To facilitate effective data collection and measurement, the Independent Entity recommends establishing regularly scheduled meetings among the Applicant, receiving programs, and MLTCP. These meetings would help ensure successful placements and support continuous improvement in care delivery.

## STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA narrative on its website within one week of acknowledgement by the NYSDOH. The NYSDOH 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)**

The Neponsit ADHC has steadily experienced decreased enrollment since the COVID-19 pandemic. Thus, this analysis relates to a total of 35 individuals. Despite sustained outreach and enrollment efforts, the program remains fiscally unsustainable even at full capacity. Concurrently, H+H has expanded the scope of home and community-based services which allow individuals to exercise patient choice, remain in their home settings and avoid institutionalization. This proposed transition will contribute to State and Medicaid Redesign Team goals, promote system efficiencies and reduce costs in service provision. The transition plan aligns with the State's strategic objectives, ensures continuity of care, has been responsive to stakeholder feedback, and continues the tradition of a community-centered delivery model.

Details of the Applicant's transition plan demonstrate intent to have structures in place to support a smooth transition to alternative services or providers and includes regular post-transition monitoring for registrants and caregivers. Applicant is committed to providing as much information as possible to registrants, the community and relevant stakeholders, and is diligently reviewing and modifying its communication plan to address concerns and questions as they come up. Applicant has provided and has committed to continue to provide tailored solutions and options to registrants during the transition.

**----- 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.*

## 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).

Daveth Forbes-Thomas

Name

CEO

Title

DFR

Signature

5/6/2025

Date

## 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)

### 1. Communication and Transparency:

- Upon NYSDOH's approval of the closure plan, Neponsit ADHC conducted the following communication and outreach activities via certified mail regarding the closure and plans for safe discharge planning to the following stakeholders:
  - Registrants, families, and/or next-of-kin.
  - State, city, and federal elected officials where registrants live. Applicant met with city and state elected officials to discuss closure and provide each official with constituent talking points along with a list of alternative services that can meet registrant's needs.
  - MLTCPs, registrant's physicians, referral agencies, and the NYS Ombudsman.
  - Queens Community Board (CB) 14 Health and Social Services subcommittee representatives. To demonstrate transparency and responsiveness, and address community concerns, Applicant presented to the Health and Social Services subcommittee on December 18, 2024 to discuss plans and gather community

feedback. Feedback from this session influenced enhancements to the registrant transition plan, ensuring responsiveness to their needs. The Applicant formally responded to questions prepared by the subcommittee.

- Staff informed there are available jobs at either the Dr. Susan Smith McKinney Nursing and Rehabilitation Center or another H+H facility. Retraining will be made available. Human Resources begun to process paperwork for staff employment choices.
- Applicant conducted onsite educational townhalls with registrants and their families to provide accurate information on transition in services, timeline, and available options. A NYSDOH representative attends virtually. Applicant will host these townhalls until the closure is complete.
- Applicant has made collateral materials available from tours and visits from other programs, including an area map displaying travel routes to new ADHC and SADCs.
- Applicant addressed stakeholder's perception that the closing of the ADHC program will lead to premature nursing home placement. Applicant explained that registrants attend on average less than two days per week. Applicant believes that registrants can continue to access similar or alternate care to remain safely in the community, since majority of the week is spent outside of the Neponsit ADHC.
- Regarding the waiting list, Applicant explained that despite receiving over 100 inquires between 2023-2024, 26 inquiries were eligible. Those not did not qualify medically or financially.

## **2. Continuity of Care and Safe Discharge Planning:**

- Applicant has taken the following steps to ensure continuity of care:
  - Established relationships and referral plans with other ADHCs and confirmed that providers are accepting new clients.
  - Conducted tours of ADHCs (See table 2). Tours will continue until all registrant's tour available programs.
  - Program Director and CEO visited medical, SADCs and older adult centers to understand services offered, transportation arrangements, and reimbursement. Site visits with registrants will be determined based on their individual needs.
  - As tours and visits conclude, individual meetings with registrants and their families will commence to develop care plans and discuss which programs best fit their needs. Applicant will ensure that registrants are connected to their care managers to coordinate their care.
  - Regarding transportation and incontinence concerns. Travel to all ADHCs in the greater service area is under 1 hour. Registrants who reside off the peninsula will have shorter travel. Incontinence is managed based on registrant's diagnosis. ADHCs have care plan procedures in place to address registrants with incontinence.
  - It was explained to the Independent Entity that five of the 11 remaining ADHC programs in NYC are within 1 hour from Neponsit ADHC (see Table 1).
  - Once referrals are made and authorizations for safe discharge are obtained, Applicant will make registrants medical record available.

### **3. Emotional Support Services:**

- Applicant recognizes this transition is an emotional time for impacted stakeholders. Applicant will continue to meet with registrants/families, to offer emotional support.
- Some stakeholders expressed concerns that registrants may feel overwhelmed at other ADHCs. Applicant informed registrants and staff that all ADHC programs are NYSDOH regulated to ensure proper services are available. Some registrants have determined what ADHC they would like to attend and have requested that they pair up with someone they know from the Neponsit program. Applicant has encouraged such partnering.
- Applicant's transition plan includes site visits to other ADHCs, warm handoffs, and follow-up tracking to monitor successful placements. This may include providing support to registrants through group and individualized meetings as they begin to elect where they wish to be transferred to.

### **4. Monitoring and Feedback:**

- Applicant will continue to hold townhalls to answer questions and concerns from impacted registrants and their families.
- One-on-one meetings are being scheduled with registrants and their families. Applicant's Social Worker will follow-up with registrants post-discharge at 30-day, 60-day and 90-day intervals to ensure registrants are transitioning well and monitor registrant health outcomes, satisfaction and care continuity<sup>26</sup>. The Applicant intends to use aggregated post-transition data to inform future program design and to identify gaps in care following major service transitions.
- Reports on registrant placements and service utilization will be shared with NYSDOH quarterly for 90 days post-closure to ensure transparency and accountability.

### **5. Financial Considerations:**

- The Applicant recognizes that four uninsured registrants may face financial barriers since they pay significantly less out-of-pocket at Neponsit as compared to other ADHCs due to Applicant's fee scaling arrangements. To address this, Applicant developed a plan of action:
  - Explore if a sliding scale is available at other ADHCs.
  - Re-assess Medicaid eligibility and extend assistance to eligible registrants to apply for Medicaid.
  - Explore a possible temporary subsidy to cover the difference in the registrants' out-of-pocket costs for the services for a reasonable transition period.

### **6. Regulatory Compliance:**

- Applicant's CON application addresses all regulatory requirements, including the necessity of the closure, its impact on community health services, and alignment with state health planning objectives. Applicant provided all necessary supporting documents, financial statements, community impact assessments, and letters of support from stakeholders, to strengthen the application.
- Applicant keeps NYSDOH informed of progress on a weekly basis. NYSDOH representative virtually attends the educational townhalls.

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<sup>26</sup> See Ex. A

- Applicant will continue to review the requirements and regulations of safe discharge planning to ensure compliance.