Redacted

Limited Review Application

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

LRA Cover Sheet

Project to be Proposed/Applicant Information

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

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

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

☐ **Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities. (**NOT** necessary for "1-for-1" replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limited review and CON review for one for one equipment replacement)
Necessary LRA Schedules: Cover Sheet, 2, 3, 4, and 5.

☒ **Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities; or convert beds within approved categories. (*If construction associated, also check "Construction" above.*)
Necessary LRA Schedules: Cover Sheet, 2, 6, 7, 8, 10, and 12. **If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms). If proposing to convert beds within approved categories, an LRA Schedule 6 and all supporting documentation are required to confirm appropriate space for the new use.*

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

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

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

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

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

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

OPERATING CERTIFICATE NO.	CERTIFIED OPERATOR	TYPE OF FACILITY
3121001H	Mount St. Mary's Hospital and Health Center	Hospital

OPERATOR ADDRESS – STREET & NUMBER		PFI	NAME AND TITLE OF CONTACT PERSON		
5300 Military Rd.		583	Melissa Armstrong, Planning Analyst		
CITY	COUNTY	ZIP	STREET AND NUMBER		
Lewiston	Niagara	14092	144 Genesee St.		
PROJECT SITE ADDRESS – STREET & NUMBER		PFI	CITY	STATE	ZIP
5300 Military Rd		583	Buffalo	NY	14203
CITY	COUNTY	ZIP	TELEPHONE NUMBER	FAX NUMBER	
Lewiston	Niagara	14092	716-862-2445	716-862-2448	
TOTAL PROJECT COST: $ 500			CONTACT E-MAIL: marmstrong@chsbuffalo.org		

Limited Review Application

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

Schedule LRA 2

Total Project Cost

ITEM	ESTIMATED PROJECT COST
1.1 Land Acquisition (*attach documentation*)	$
1.2 Building Acquisition	$
	1.1-1.2 Subtotal: 0.00
2.1 New Construction	$
2.2 Renovation and Demolition	$
2.3 Site Development	$
2.4 Temporary Power	$
	2.1-2.4 Subtotal: 0.00
3.1 Design Contingency	$
3.2 Construction Contingency	$
	3.1-3.2 Subtotal: 0.00
4.1 Fixed Equipment (NIC)	$
4.2 Planning Consultant Fees	$
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	$
4.4 Construction Manager Fees	$
4.5 Capitalized Licensing Fees	$
4.6 Health Information Technology Costs	$
4.6.1 Computer Installation, Design, etc.	$
4.6.2 Consultant, Construction Manager Fees, etc.	$
4.6.3 Software Licensing, Support Fees	$
4.6.4 Computer Hardware/Software Fees	$
4.7 Other Project Fees (Consultant, etc.)	$
	4.1-4.7 Subtotal: 0.00
5.1 Movable Equipment	$
6.1 Total Basic Cost of Construction	**$ 0.00**
7.1 Financing Cost (points, fees, etc.)	$
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount $ @ % for months	
7.3 Application Fee	$ 500.
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	**$ 500.00**

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

Construction Start Date _____

Construction Completion Date _____

Limited Review Application

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

Schedule LRA 7

Proposed Operating Budget

Budget	Current Year 7/1/2022 -6/30/2023	First Year (Projected)	Third Year (Projected)
Revenues			
1Service Revenue	Redacted		
Grants Funds			
Foundation			
Other			
Fees			
Other Income			
(1) Total Revenues	Redacted	$0	$0
Expenses			
Salaries and Wage Expense	Redacted		
Employee Benefits	Redacted		
Professional Fees	0		
Medical & Surgical Supplies	Redacted		
Non-Medical Equipment	0		
Purchased Services	Redacted		
Other Direct Expense	0		
Utilities Expense	Redacted		
Interest Expense	Redacted		
Rent Expense	0		
Depreciation Expense	Redacted		
Other Expenses	Redacted		
(2) Total Expense	$Redacted	$	$
Net Total - (1-2) →	Redacted	$0	$0

(Rev. 7/2015)

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

Schedule LRA 7A

Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days ☐ Patient discharges ☒

Inpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Patient Days or dis-charges	Net Revenue*		Patient Days or dis-charges	Net Revenue*		Patient Days or dis-charges	Net Revenue*	
			%	Dollars ($)		% based on days or discharges	Dollars-$		% based on days or discharges	Dollars-$
Commercial	Fee for Service	Redacted		Redacted						
	Managed Care	Redacted		Redacted						
Medicare	Fee for Service	Redacted		Redacted						
	Managed Care	Redacted		Redacted						
Medicaid	Fee for Service	Redacted		Redacted						
	Managed Care	Redacted		Redacted						
Private Pay										
OASAS										
OMH										
Charity Care				Redacted						
Bad Debt										
All Other		Redacted		Redacted						
Total		Redacted	100%	Redacted	0	100%	0	0	100%	0

(Rev. 7/2015)

Outpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Visits	Net Revenue*		Visits	Net Revenue*		Visits	Net Revenue*	
			%	Dollars ($)		%	Dollars ($)		%	Dollars ($)
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total		0	100%	0		100%	0	00	100%	

Total of Inpatient and Outpatient Services				Redacted			0			0

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

*Net of Deductions from Revenue

Limited Review Application

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Schedule LRA 8

Staffing

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year of implementation	Third Year of implementation
Health Providers:**			
Support Staff*:**			
Registered Nurse	Redacted		
Total Number of Employees	Redacted	0	0

* Last complete year prior to submitting application

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

*** All other staff.

Describe how the number and mix of staff were determined:

Actual staffing for Hemodialysis for the period of 07/01/2022 thru 06/30/2023.

PLEASE COMPLETE THE FOLLOWING:

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

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

Schedule LRA 10

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

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

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

Category/Authorized Service	Code	Current	Add	Remove	Proposed
Dialysis		☒	☐	☒	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

Does the applicant have any previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

☒ No

☐ Yes (*Enter CON numbers to the right)* ☐ ☐ ☐

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Schedule LRA 12

Assurances

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.

b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).

c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.

d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.

e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to insure that the completed work conforms to the approved plans and specifications.

f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.

g) The facility will be operated and maintained in accordance with the standards prescribed by law.

h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.

i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

11/18/2024
Date

Signature

James M. Garvey
Name (Please Type)

EVP and Chief Operating Officer
Title (Please Type)

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

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

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

Table A.

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

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

Section B. All Article 28 Facilities

Table B.

Construction or equipment	Yes	No
Is the project minor construction or the purchase of equipment, subject to Limited Review, AND will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? *Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal $15,000,000 for general hospitals and*		X

less than or equal to $6,000,000 for all other facilities are eligible for a Limited Review.		
Establishment of an operator (new or change in ownership)	**Yes**	**No**
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, AND will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity	**Yes**	**No**
Is the project a transfer of ownership in the facility that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
Acquisitions	**Yes**	**No**
Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
All Other Changes to the Operating Certificate	**Yes**	**No**
Is the project a request to amend the operating certificate that will result in one or more of the following: a. Elimination of services or care; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or; d. Change in location of services or care?	X	

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

- ***If you checked "yes" for one or more questions in Table B***, the following HEIA documents are required to be completed and submitted along with the CON application:
    - HEIA Requirement Criteria with Section B completed
    - HEIA Conflict-of-Interest

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

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

New York State Department of Health

Health Equity Impact Assessment Conflict-of-Interest

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

Section 1 – Definitions

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

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

Section 2 – Independent Entity

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

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

Section 3 – General Information

A. About the Independent Entity

1. Name of Independent Entity: MP CareSolutions
2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)?
   ☒ If yes, indicate the name of the organization: Monroe Plan for Medical Care

3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)?
   Yes

4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity performed any work for the Applicant in the last 5 years?

   The Independent Entity previously performed a Health Equity Impact Assessment for the Applicant and has also performed an assessment for an associated hospital of the Applicant, Sisters of Charity Hospital.

   The Monroe Plan for Medical Care and an associated company, Yourcare Healthplan has contracts with the Catholic Health System for physicians, consulting health professionals, and ancillary services.

Section 4 – Attestation

I, Howard R. Brill (individual name), having personal knowledge and the authority to execute this Conflict of Interest form on behalf of MP CareSolutions (INDEPENDENT ENTITY), do hereby attest that the Health Equity Impact Assessment for project Elimination of Inpatient Dialysis (PROJECT NAME) provided for CHS Mount Saint Mary's Hospital (APPLICANT) has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

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

Signature of Independent Entity: Howard R. Brill

Date: 10 / 01 / 2024

Identifier (i.e., Patient A, Employee B, Respondent 1) or Name (only if requested by stakeholder)	Organization (if applicable)	Date(s) of outreach	What required stakeholder group did they represent?	If other, please describe	Is this person/organization a resident of the project's service area?	Method of engagement (i.e., phone calls, community forums, focus groups, surveys, etc.)	Did this person/organization participate in the meaningful engagement?	Is this person/organization supportive of this project?	Did this person/organization provide a statement?	If permission is granted to share a statement or quote (250 word max), please include below:	If permission is not granted to share a verbatim statement, please include a summary of the statement(s) below:
Person A											
Person B											
Person C	Diabetes Awareness Group-Community Program										
Person E	(Peer Support Group)	7/30/2024	residents of the project's service area		yes	focus group	yes	no	no		
Person F											
Person G											
Person H	Niagara County DOH	8/8/2024	public health experts		yes	zoom	yes	no	no		
Patient A											
Patient B											
Employee A											
Employee B											
Employee C											
Employee D	Patient -Family Advisory Council	8/15/2024	residents of the project's service area		yes	focus group/zoom meeting	yes	yes	no		
Person I		9/23/2024	other	Community Physician (nephrologist)	yes	interview	yes	no	no		
Person J		9/23/2024	community leaders		yes	interview	yes	no	no		
Person L						interview					
Person M		9/24/2024	residents of the project's service area		yes		yes	no	no		

MP CareSolutions
A MONROE PLAN COMPANY

Invoice

PS-INV103166

October 8, 2024

Remit-to Address
MP CareSolutions
1120 Pittsford - Victor Road
Pittsford, NY 14534

Bill-to Address
Mount St. Mary's Hospital
Michael Osborne
5300 Military Road
Lewiston, New York 14092

Customer No.	Payment Terms
MOUNT ST. MARY'S	Redacted

No.	Description	Amount
	Health Equity Impact Assessment for Mount St. Mary's Hospital Inpatient Dialysis Closure	Redacted

Subtotal	Redacted
Total Tax	Redacted
Total Due	**Redacted**

MP CareSolutions
A MONROE PLAN COMPANY

August 31, 2023

Michael Osborne
Vice President of Business Development
Catholic Health System
144 Genesee Street
Buffalo, NY 14203

Re: Health Equity Impact Assessments Letter of Agreement

Dear Mr. Osborne,

This Letter of Agreement ("LOA") dated the 1st day of September 2023 between the Catholic Health System ("CHS"), located at 144 Genesee Street Buffalo, NY 14203 and MP CareSolutions, LLC ("MPCS") located at 1120 Pittsford-Victor Road, Pittsford, NY 14534, is intended to memorialize MPCS's intent to engage CHS and its affiliates to provide designated Health Equity Impact Assessment Services ("Services").

The following outlines the terms and conditions of this LOA:

1. Term, Payment, and Termination

This LOA shall be effective for an initial term beginning September 1, 2023 through August 31, 2024. This LOA shall be extended beyond the initial term based on written mutual agreement.

REDACTED

MPCS shall provide CHS with monthly invoices in an agreed upon format for Services performed and payment shall be made by CHS to MPCS within REDACTED

Termination without Cause: Either party may terminate this LOA at any time. The intent to terminate this LOA must be sent, in writing, to the other party, as outlined in the Notices section below.

2. Responsibilities of MPCS

To independently complete the HEIA assessment ("Project") in an acceptable manner to meet the requirements for inclusion in the Certification of Need ("CON") application in a format required by the New York State Department of Health ("NYSDOH").

Project documents to be completed shall include the following:

1. A quantitative analysis of the service area's demographics and the utilization of the project's services including utilizing multiple data sources, geographic information systems, and statistical analysis.

2. Extensive and meaningful engagements with the affected communities and other stakeholders, employing multiple techniques such as interviews, community forums, focus groups, and surveys. These will occur in the context of local community culture and the history of systemic barriers, building on relationships with active social organizations.

3. Development of proposed modifications and adaptations to the project that creatively address the communities' concerns, insights, and strengths, informed by a knowledge of local health system capabilities, opportunities, and funding sources, leveraging the knowledge and experience of the facility's staff.

MPCS shall also adhere to the standard format of the Health Equity Impact Assessment template issued by the NYSDOH reflecting the following recommended "stepwise" structure:

- Scoping
- Potential Impact
- Mitigation
- Monitoring
- Dissemination

3. Responsibilities of CHS

CHS shall be responsible for providing MPCS all documentation reasonably required by MPCS to complete the Project within the parameters of NYSDOH requirements. CHS and its affiliated staff shall also work cooperatively with MPCS to develop HEIA processes related to completion of the assessment tools.

4. Miscellaneous

A. In the performance of its obligations hereunder, MP CareSolutions, LLC shall be and shall act at all times as an independent contractor to CHS and its affiliates.

B. This is a non-exclusive agreement and neither party is restricted from entering into agreements comparable to this LOA with any other third parties.

C. Hold Harmless/Indemnification: Each party covenants to hold the other party harmless against; and to indemnify the other party for, all losses, damages, expenses, liabilities and any other costs, including attorney fees, arising out of or incurred in connection with such party's breach or default in performance of this LOA or arising out of the negligence or other unlawful malfeasance or non-feasance by such party or its servants, agents, employees or agencies in relation to this LOA. Each party further covenants to the other that, in the event any claim or demand is asserted against it which may result in indemnificationliability to the other, it will give prompt written notice thereof to the other party and will cooperate in the investigation of any such claim and/or the defense of any action arising there from.

D. Jurisdiction/Choice of Law: This LOA shall be governed by the laws of the State of New York and the venue for any action to interpret or enforce this LOA shall be Erie County. New York.

E. Confidentiality: Each party agrees that all information concerning the other which may be made available to respective personnel during the course of this LOA shall be deemed to be confidential, and such personnel shall not be permitted or required to disclose any such information to any third party without the express written consent of the other party.

F. Health Insurance Portability and Accountability Act ("HIPPA"): Both parties agree to be bound by all current terms and conditions of HIPPA.

G. This LOA constitutes the entire agreement of the parties hereto, and all previous communications between the parties, whether written or oral, with respect to the subject matter of this contract, are hereby superseded. No amendment, change or modification of this agreement shall be effective unless in writing and signed by the parties hereto.

REST OF PAGE LEFT BLANK INTENTIOANLLY

If the foregoing is acceptable, please sign where indicated below and return the other to Monroe Plan at:

Monroe Plan for Medical Care
1120 Pittsford-Victor Road
Pittsford, New York 14534
Attn: Kim Hess, COO
E-Mail: khess@monroeplan.com

Sincerely yours,

Kim Hess — 9/1/2023

Kim Hess
MP CareSolutions, LLC

Date

Agreed to By:

Michael Osborne — 9/1/23

Michael Osborne
Catholic Health System

Date

New York State Department of Health

Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	Elimination of Inpatient Dialysis Service
2. Name of Applicant	Catholic Health System, Mount St. Mary's Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	MP Care Solutions **Kim Hess**, COO khess@monroeplan.com **Howard Brill**, SVP Population Health Management and Quality hbrill@monroeplan.com **Colleen Boyle**, Product Manager cboyle@monroeplan.com **Todd Glanton**, SVP Technology and Analytics, IT tglanton@monroeplan.com **Sylvia Yang**, Health Systems Analyst syang@monroeplan.com
4. Description of the Independent Entity's qualifications	The Monroe Plan was founded in 1970 to provide innovative means to providing healthcare for the underserved in Upstate New York. We have over fifty years of experience partnering with providers, managed care organizations and community-based organizations to reduce disparities, bringing a deep understanding of all facets of healthcare and its constituencies. We are a data-driven organization experience delivering actionable data and designing data-informed and financially-sustainable programs. We have long-term relationships with stakeholders and community organizations and a large team providing direct face-to-face care and outreach to vulnerable persons throughout the Upstate Region.
5. Date the Health Equity Impact Assessment (HEIA) started	6/27/2024
6. Date the HEIA concluded	9/24/2024

7. Executive summary of project (250 words max)

On July 2, 2023, Mount St. Mary's Hospital eliminated its inpatient dialysis service. The elimination of this service was due to a combination of low utilization and staff shortages. The closure of the inpatient dialysis service occurred concurrently with closures of maternity and surgical services. The closures of the latter had been submitted in a separate Certificate of Need.
For persons expected to require inpatient dialysis the procedure is scheduled at Kenmore-Mercy Hospital or another area hospital. In emergent situations the patient will need to be transferred to Kenmore-Mercy Hospital from Mount St. Mary's Hospital.

8. Executive summary of HEIA findings (500 words max)

As noted in the project executive summary, the inpatient dialysis service closed simultaneously with the maternity and surgical services. Due to the way the Certificate of Need documents were structured, a HEIA was prepared separately for the maternity and surgical services closures. In the previous Assessment, community stakeholders were more concerned with the maternity rather than the surgical closures. An important finding of the earlier Assessment was that transportation is a barrier to underserved groups.

Inpatient dialysis is a highly specialized service that is used when patients currently undergoing outpatient dialysis have a stay in the hospital that requires continuation of dialysis or when emergent conditions occur. The utilization of this service at Mount St. Mary's Hospital was low – 110 discharges during 2022 for 68 unique individuals.

The service area for this project is Niagara County. Mount St. Mary's Hospital is located on the county's western side, in Lewiston, north of the city of Niagara Falls. Niagara Falls is a diverse city of about 50,000 people; it and the surrounding area are federally designated medically underserved areas. The much larger city of Buffalo is to the south. The Niagara Falls-Buffalo urban area has historically been characterized by residential segregation, with the black population concentrated in distinct neighborhoods in Buffalo and Niagara Falls.

In broad terms, stakeholders were not supportive of the elimination of this service. Consumers had difficulty relating to the specific service and expressing an opinion about it. They were more concerned with the availability and quality of outpatient dialysis and chronic care, which are outside of the scope of this project. The exception was the Patient-Family Advisory Council, which understood the change as part of a reconfiguration of services by the hospital in the area. They supported that reconfiguration.

The County Department of Health identified transportation as the major burden of this project within the larger context of limited specialty service availability. A community leader representing the black community of Niagara Falls and a nephrologist providing services to this community were interviewed for this project. Both viewed the

closure as having a negative impact on those living in Niagara Falls-Lewiston. They see Niagara Falls-Lewiston as geographically isolated with limited healthcare options. The closure of the service consequently requires travel to Buffalo. (Inpatient dialysis is also available at the nearby Niagara Falls Memorial Hospital. However, stakeholders were concerned about the limited choices presented to residents of having only one local hospital with the service. In addition, they were concerned that it takes time for people to develop trust with a new hospital and that could lead to avoiding care.)

As an elimination of a service, the project does not address systemic barriers. The fundamental systemic barrier is the lack of availability of specialty services and chronic care in the service area. To receive that care requires travel to Buffalo, making transportation the barrier to access for persons without their own transportation. As noted in the scoping section, nearly 1/3 of the residents in some zip codes of Niagara Falls lack their own vehicles. Improving support for transportation needs is the most direct way to address the access barriers to specialty and chronic care services available in Buffalo.

Typically, the need for dialysis is at the end of a long disease process. There are significant racial disparities in chronic kidney disease and it is related to disparities in hypertension, diabetes, and other long-term stresses. Addressing longer-term sources of health inequity will require improved community integration with healthcare. More extensive care coordination, community outreach, and community education are ways to improve that relationship.

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 for this project is Niagara County. Mount St. Mary's Hospital is located on the county's western side, in Lewiston, north of the city of Niagara Falls. Niagara Falls is a diverse city; it and the surrounding area are federally designated medically underserved areas. To the east of Lewiston is the Tuscarora Indian Nation, also a medically underserved area. The south-central part of the county has the suburban town of Lockport. Mount St. Mary's has a medical campus in Lockport. The northeastern section of the county is rural. The hospital's utilization from that part of the county is low, but it appears prominently among Community Stakeholders.

The Niagara Falls-Buffalo urban area has historically been characterized by residential segregation, with the black population concentrated in distinct neighborhoods in Buffalo and Niagara Falls. Figure 1 illustrates the racial composition of the service area by zip code (ZCTA). The entire service area is 84.9% White, 6.6% Black, and 3.6% Latino. The Native American population is less than 1% of the total service area population, but the historical legacy of injustice is significant. Because of the levels of residential segregation, the racial and ethnic distribution sharply differs in Niagara Falls. For example, zip codes 14301, 14305, and 14303 in Niagara Falls are 24.0%, 25.7% and 17.1% Black, respectively. Poverty rates follow a similar pattern, with zip codes 14301, 14305, and 14303 having rates of 35.1%, 20.0%, and 25.2%, respectively. These zip codes also have 23.4% to 39.5% food assistance rates. The Niagara Falls zip codes also have a high proportion of households without vehicles; for the zip codes 14301,14303, and 14305, the rates are 32.8%, 30.5%, and 19.1%, respectively. Transportation concerns were frequently voiced in meetings with community stakeholders.

Community stakeholders frequently mention rural poverty and isolation. Barker township, a rural area with zip code 14012, has a poverty rate of 7.3% and food assistance rate of 15.4%. For this zip code, 3.4% of the households had no vehicle.

The disabled population was 15.3% of the total population for the service area. For the zip codes 14301 and 14303, the disabled population exceeded 20%. The rural zip code of 14012 had a disability rate of 16.2%. Overall, for the service area, 44.5% of the population was on public coverage. For the 14301, 14303, and 14305 zip codes, public coverage ranged from 50 to 69.7%.

Source:

ACS 2022 Five-Year Estimates.

Community Stakeholders.

NYS Office of State Comptroller 2023. New Yorkers in Need: A Look at Poverty Trends in New York State for the Last Decade | Office of the New York State Comptroller (ny.gov) Accessed 12/11/2023

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

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

Low-Income People, Racial and Ethnic Minorities

The historical literature, "gray literature," community stakeholders and demographic data all point to a pattern of residential segregation of the black community in the service area in specific neighborhoods of Niagara Falls. There is a long-term association between that pattern of segregation and poverty. Nationally, there is a high level of disparities with chronic kidney disease between Black and White Americans, a ratio of about 3 to 1 (Rodgers, 2020).

Low-Income People, Persons Living in Rural Areas

Community stakeholders identified rural poverty as a serious issue in Niagara County.

People on public health benefits

Overlapping with other groups is a high rate of public health insurance coverage.

Older Adults

Kidney disease is more prevalent among older persons than person under age 60 (National Kidney Foundation, 2014). For persons over the age of 75, the prevalence rate of kidney disease is over 50 percent.

People with disabilities: chronic kidney disease

The primary group likely to use an inpatient dialysis service are persons with chronic kidney disease.

Native American

Mount St. Mary's is the closest hospital to the Tuscarora Nation and the long-standing inequities they have experienced. (Niagara Falls Memorial Hospital operates a clinic on the Tuscarora Nation.)

Sources:

National Kidney Foundation. 2014. "Aging and Kidney Disease." National Kidney Foundation. Retrieved May 7, 2024 (https://www.kidney.org/news/monthly/wkd_aging).

Ricardo, Ana C., Michael F. Flessner, John H. Eckfeldt, Paul W. Eggers, Nora Franceschini, Alan S. Go, Nathan M. Gotman, Holly J. Kramer, John W.

Kusek, Laura R. Loehr, Michal L. Melamed, Carmen A. Peralta, Leopoldo Raij, Sylvia E. Rosas, Gregory A. Talavera, and James P. Lash. 2015. "Prevalence and Correlates of CKD in Hispanics/Latinos in the United States." Clinical Journal of the American Society of Nephrology: CJASN 10(10):1757–66. doi: 10.2215/CJN.02020215.

Rodgers, Lindsay S. 2020. "The Racial Inequities of Kidney Disease | Johns Hopkins | Bloomberg School of Public Health." Retrieved March 28, 2024 (https://publichealth.jhu.edu/2020/the-racial-inequities-of-kidney-disease).

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

   Inpatient dialysis is a highly specialized, non-routine service involving patients with kidney disease who are in the hospital for various procedures and need to maintain dialysis or other patients with emergent situations requiring dialysis. The primary pool of patients will be those with kidney disease, but the causes of inpatient dialysis will involve many other kinds of conditions and situations.

   The primary impact across all groups will be the need for transport to Kenmore-Mercy Hospital. For planned procedures, this means scheduling the procedure at Kenmore-Mercy Hospital or another area hospital and arranging transportation to that hospital. In emergent situations the patient will need to be transferred to Kenmore-Mercy Hospital from Mount St. Mary's Hospital.

   Items 5 and 7 provides a more detailed description of the utilization in the service area across all the hospitals.

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?

   For the service area, in 2022, there were 510 inpatient discharges for kidney dialysis for 351 unique individuals. For these individuals, the average age was 63.2 years, and 55.9% were 65 or over.

   Whites were 67.8% of the patients, compared to 22.2% Blacks. Native Americans were less than three percent of the patients. Blacks represent a much higher proportion of the service area inpatient dialysis patient population than the general service area population, which was 6.6%. Latinos comprised less than three percent of the patient population, which is lower than the service area population.

   Medicare or Medicaid was the primary payer for 86.1% of the discharges.

   At Mount St. Mary's Hospital in 2022 there were 114 discharges of 68 unique individuals. Eighteen or 26.5% of those persons were Black and 42 or 61.8%

were White. Much less than ten patients were Latino or Native American. Thirty-eight were 65 years or older, with an average age of 65.8 years.

58.8% of the patients receiving the service lived in the City of Niagara Falls or Lewiston. Less than ten were in the vicinity of Lockport. A very small number (much less than 10) lived in the rural parts of the service area.

Source: SPARCS 2022.

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

Table 1 shows the alternative locations for the service area and their distance to the project site; this information is also displayed on a map in Figure 2. (Roswell Park provided inpatient dialysis for less than ten patients.) Niagara Falls Memorial Hospital is slightly over four miles from Mount St. Mary's Hospital. The planned process for transferring patients requiring inpatient dialysis is to Kenmore-Mercy Hospital, fourteen miles from Mount St. Mary's Hospital.

Table 1 Distance of Alternative Inpatient Dialysis Locations from the Project Site

Facility Name	Distance (Miles)
Niagara Falls Memorial Hospital	4.2
Kenmore-Mercy Hospital	14.3
Sisters of Charity Hospital	18.1
Erie County Medical Center	18.7
Millard Fillmore Suburban Hospital	18.8
Buffalo General Medical Center	19.4
Mercy Hospital of Buffalo	23.9

Source: SPARCS, 2022

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

   The shares of discharges for inpatient dialysis for service area patients are shown in Table 2. Mount St. Mary's Hospital had the largest share, with 22.5% of the discharges.

   Table 2 Market Share for Inpatient Dialysis, 2022

Facility Name	Discharges	Percent	Cumulative Percent
Mount St. Mary's Hospital	110	22.5%	22.5%
Buffalo General Medical Center	92	18.8%	41.2%
Niagara Falls Memorial Medical Center	91	18.6%	59.8%
Millard Fillmore Suburban Hospital	79	16.2%	75.9%
Erie County Medical Center	35	7.1%	83.1%
Kenmore Mercy Hospital	33	6.7%	89.8%
Sisters of Charity Hospital	19	3.9%	93.7%
Mercy Hospital of Buffalo	14	2.9%	96.5%
All others	17	3.5%	100.0%
Total	490	100.0%	

   Source: SPARCS 2022

   The Applicant reported that this utilization represented 1.3 treatments per day during 2022. Applicant and other stakeholders mentioned that utilization had further declined during 2023.

   Sources:

   Applicant.

   SPARCS, 2022

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 Applicant provided the ICR Exhibit 50 for 2023. The Hospital met its obligations, receiving $766,561 in reimbursement from the Indigent Care Pool

(Exhibit 50, Line 051). The elimination of the inpatient dialysis service is not expected to affect the indigent care pool obligations.

Source:

ICR Mount St. Mary's Hospital 2023. "Exhibit 50".

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.

   Staff affected by the elimination of the service were offered other positions in Mount St. Mary's Hospital or other locations in the Catholic Health System. There were two individuals effected by this change, and they accepted other positions in Mount St. Mary's Hospital.

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

    During the past ten years, one complaint was filed with NYS DHR for the Applicant involving breast-feeding accommodations. The case was closed with a finding of no evidence of discrimination or civil rights violations. There was agreement to improve the posting and communication of breastfeeding accommodations.

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

    The Applicant had closed maternity and surgical services on 6/26/2023, concurrently with this project.

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 project involved eliminating a service. As an elimination, it was not expected to improve access or health equity or reduce disparities. Its purpose was to respond to the impact of low utilization and staff shortages. Low utilization of dialysis services is associated with lower quality.

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.

   Reduced local availability of the service are common to all of the identified groups. Niagara Memorial Hospital is a nearby alternative for patients.

   Surgical services were the main feeder for inpatient dialysis at Mount Saint Mary's Hospital. With the elimination of surgical services, this source of demand is no longer present at Mount Saint Mary's Hospital. In the unusual situation of patients admitted for non-surgical procedures and also needing inpatient dialysis, the hospital will transport them. The Applicant states that there have been no instances of that situation since the elimination of inpatient dialysis.

   Emergent situations may also result in the need for inpatient dialysis and could affect all of the identified underserved groups. In this case, Catholic Health services transport would be used, or if it was unavailable, then EMS services will be needed for patients for transfer to Kenmore-Mercy Hospital. The Niagara County Health Department noted that EMS services are stressed in the county, and their use for transfers is a potential unintended negative impact. (There have not been any emergency transfers since the closing of the inpatient dialysis unit.)

   However, low utilization and staffing shortages may also affect quality. Dialysis and inpatient dialysis, in particular, is a complex service requiring highly trained staff (Kalantar-Zadeh et al. 2021; Wolfe 2011). Persons needing inpatient dialysis may also need other advanced and intensive services. Availability and access may need to be balanced with quality in the context of low utilization, with transportation support mitigating the negative impact.

   Sources:

   Applicant

   Community Stakeholders

   Kalantar-Zadeh, Kamyar, David Henner, Ralph Atkinson, Donald Molony, Anil Agarwal, Laura I. Rankin, Harmeet Singh, Robert J. Kenney, Louis H. Diamond, Keith C. Norris, Daniel L. Landry, George Coritsidis, Paul Palevsky, Stephen Seliger, John J. Doran, Mandeep Grewal, Anne Huml, Andres Serrano, Louis Raymond, Preethi Yerram, John Stivelman, Christine Logar, Ramin Sam, Stephen Pastan, Victoria Cash, Barbara Dommert-Breckler, and Derek Forfang. 2021. "Inpatient Dialysis Services: Nephrologist Leadership and Improving Quality and Safety." *American Journal of Kidney Diseases* 78(2):268–71. doi: 10.1053/j.ajkd.2021.03.011.

Wolfe, William A. 2011. "Adequacy of Dialysis Clinic Staffing and Quality of Care: A Review of Evidence and Areas of Needed Research." *American Journal of Kidney Diseases* 58(2):166–76. doi: 10.1053/j.ajkd.2011.03.027.

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.

   Total hospital costs incurred in rendering services to uninsured patients: $1,152,272 (ICR 2023, Exhibit 50, ICR Line Code 001)

   The elimination is not expected to have a material effect on the amount of indigent care.

   Mount St. Mary's Hospital has a charitable mission and covers the cost of care provided to people in need; subsidizes care and services to low-income, elderly and underserved communities; and continuously invests in many community health initiatives. This mission remains unchanged and investments will continue.

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.

   As noted above, the major driver for inpatient dialysis was surgical services, which are no longer performed at Mount Saint Mary's Hospital.

   In unusual or emergent situations, Catholic Health transport or EMS services will transport a patient from Mount Saint Mary's Hospital to Kenmore-Mercy Hospital.

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

   Not applicable to this project.

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

The elimination of inpatient dialysis services does not directly impact reproductive and maternal health care services.

Meaningful Engagement

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

   Niagara County Department of Health.

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

   Yes.

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

   See the Meaningful Engagement workbook.

   The meaningful engagement for the project included the County Health Department, members of the hospital's patient-family advisory committee, a focus group of a diabetes peer support group, a dialysis patient, a caregiver of a dialysis patient, a community leader, and a nephrologist serving the community's residents.

   Two factors made meaningful engagement challenging: First, the assessment is retrospective, with the change having occurred a year before the assessment project. Second, inpatient dialysis is a highly specialized service typically secondary to other procedures like surgery, which require a patient to stay multiple days in the hospital or due to emergencies. The number of patients who had received inpatient dialysis annually at the hospital in recent years was small, less than 100.

   In broad terms, stakeholders were not supportive of the elimination of this service. Consumers had difficulty relating to the specific service and expressing an opinion about it. They were more concerned with the availability and quality of outpatient dialysis and chronic care. (The project concerns inpatient dialysis not outpatient dialysis.) The exception was the Patient-Family Advisory Council, which understood the change as part of a reconfiguration of services by the hospital in the area. They supported that reconfiguration.

   The individuals in the Patient-Family Advisory Committee did not have direct experience with inpatient dialysis. Their comments were framed much more broadly about other changes that had occurred with Mount Saint Mary's Hospital

and the Lockport campus. They mentioned issues with communication during the changes in hospital services (other services, not inpatient dialysis) but that these had been resolved. They mentioned very general concerns with transportation and orientation to hospital surroundings but expressed satisfaction with the hospital and integration with other hospitals in the Catholic Health System.

There were two engagements with direct consumers. One was a focus group with a support group of persons with diabetes. This group was selected because persons with diabetes are at risk for chronic kidney disease. (We could not find a similar support group of persons with chronic kidney disease.) The second was a current outpatient dialysis patient and his caregiver.

In both meetings, the discussions quickly turned to outpatient rather than inpatient dialysis. (Outpatient dialysis is outside of the scope of this project.) The diabetes support group members shared several anecdotes about family and friends who were on outpatient dialysis and were concerned about the availability of those services in the area, as well as other specialty and chronic disease care. Transportation and distance to health care providers were concerning to them. They also noted that health education was difficult to obtain and found peer support extremely helpful.

The consumer receiving outpatient dialysis was mainly concerned with the quality of care at his outpatient dialysis center and limited choices in the area. (The outpatient dialysis centers in the Niagara Falls-Lewiston area are not connected with the Catholic Health System.) He had not needed inpatient dialysis, or at least did not recall receiving it, although he had received other services at Mount Saint Mary's Hospital. His major concerns were nutritional support, communication with doctors, and linkages with transplant services. He said that on-demand door-to-door public transportation was working for him to get to the dialysis center, and he was satisfied with it. He had no strong opinions about Mount Saint Mary's no longer providing inpatient dialysis. He emphasized that the biggest problem for him was that dialysis reduced quality of life because of its time demands. His caregiver concurred with this and similarly saw transplantation as what he really needed.

The interviews with the nephrologist and community leader are described in Item 10 below.

The Health Department's main concerns with the change involved transportation burdens on patients and county EMS services. Because emergencies will require the use of the county EMS service to transfer patients to Kenmore-Mercy Hospital, they were concerned about the effect on EMS. They also discussed the overall problem with specialty service availability in Niagara County.

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?

    Of the underserved groups identified in Step 1, Item 2, those most affected are older persons with chronic kidney disease living in or near the city of Niagara Falls, who are disproportionately Black, compared to the rest of the service area. This conclusion is based on the previous users of the inpatient dialysis service (see Step 1, Item 5).

    A community leader representing this group and a nephrologist providing services to this community were interviewed separately for this project. Both viewed the closure as having a negative impact on those living in Niagara Falls-Lewiston. They see Niagara Falls-Lewiston as geographically isolated with limited healthcare options. The closure of the service consequently requires travel to Buffalo.

    They were asked about using Niagara Falls Memorial Hospital as an alternative. They responded differently to this question. The nephrologist stated that Niagara Falls Memorial Hospital is overburdened. The community leader spoke more broadly about trust and that establishing trust in an institution takes time. With services closed at Mount Saint Mary's Hospital, people need to develop a connection with a new hospital.

    Both were concerned with the difficulties with transportation. People may avoid elective surgeries rather than try to figure out how to arrange transportation.

    The nephrologist recommended that the impact be mitigated by having the internal dialysis service available for a limited number of hours.

    (Since the closure of the internal dialysis service was concurrent with the elimination of surgical services, demand is likely to be even lower than it was in 2022. An Applicant stakeholder noted that part of the concern is the availability of other advanced and intensive care services these patients may need, which can be better met at Kenmore-Mercy Hospital.)

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 County Department of Health and potential direct consumers pointed broadly to the limited availability of specialty and chronic disease services in the area. Since travel to Buffalo is necessary to access those services, transportation is the main access barrier. The specific elimination of the internal dialysis service should be understood in that context.

The community leader interviewed for the project further framed the problem in terms of relationship and ongoing care with an institution. While a consumer might not be aware of the presence or absence of the inpatient dialysis service, additional complexity in arranging for a procedure at another institution may lead a consumer to avoid care. The nephrologist noted that transfers to other facilities may make local follow-up more difficult.

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

    The Assessor attempted to contact representatives of the Kidney Foundation but was unsuccessful in arranging interviews.

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?

    Public notification occurred through media communication in English. Because inpatient dialysis is not a routine service, individual patients were not notified. Patients are notified at the time of admission when inpatient dialysis is anticipated.

    Since inpatient dialysis is a highly specialized service that occurs under special conditions, general public notification is not likely to be effective. Providers were notified. We recommend that notification also be provided to local outpatient dialysis centers.

    In general, for future projects, it is recommended that public communications utilize the following guidelines to improve communication with persons of limited English-speaking ability.

    - Use the U.S. Census Bureau American Community Survey to assess the most commonly spoken non-English language in the service area, and/or, Track encounters in the EPIC EMR with persons with limited English-speaking ability and provide reporting on those encounters.
    - Provide written communications for 80% of the persons with limited English-speaking ability based on language use assessment.

- In written communications, include contact information for bilingual staff or contracted language lines.
- Include translated material in the public website and social media.
- Plan outreach events at locations for persons with limited English-speaking abilities.
- In the facility, provide posters or other visual aids that provide information about interpreting services in multiple languages.
- Staff training on language access resources.

The Hospital did provide radio announcements for the other concurrent changes in hospital services; however, we also recommend that the following approaches be followed for future projects for persons with speech, hearing, or visual impairments, when appropriate.

- Outreach events with sign-language interpreters and written materials for persons with hearing impairments, and readers or large print materials for persons with visual impairments. In general, the availability of pencil and paper can assist persons with speech disabilities.
- The following specialized services may be appropriate for the hospital or scheduled video or web conferences:
  - TRS (711) service which includes TTY and other support for relaying communication between people who have hearing or speech disabilities and use assistive technology with persons using standard telephones.
  - VRS, video relay service, which provides relaying between people who use sign language and person using standard video communication (smartphone) or phone communication.
  - VRI, video remote interpreting for video conferencing meetings.
- Accessible Web Sites
- General considerations
  - Visual impairment: Provide qualified readers at the hospital, information in large print, Braille, computer-screen reading kiosks, or audio recordings.
  - Hearing impairment: Provide qualified sign-language interpreters at outreach events, captioning of video presentations, or written materials.
  - Speech disabilities: For general situations have pencil and paper available, and in some circumstances a qualified speech-to-speech transliterator.
- Staff training on available resources.

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

   Because of the specialized nature of inpatient dialysis, the low utilization, and the time since its elimination, most mitigation and adaptation recommendations here are aimed at chronic kidney disease rather than the inpatient dialysis service. Since the County Health Department was concerned about the impact on EMS services, one direct mitigation is to *consult and coordinate with county EMS services to reduce negative impacts on the EMS service*.

   While the consumer stakeholders had difficulty relating to and expressing an opinion about inpatient dialysis, they expressed strong views on outpatient dialysis, chronic care, and specialty availability and quality. They also spoke about the transportation challenges in the area since many services required travel to Buffalo.

   Applicable to community residents (all underserved groups living in the community):

   Consider supporting transportation alternatives

   Almost every stakeholder engaged in this project mentioned transportation as a burden and barrier. Finding transportation was often described as a burden because of travel requirements for specialty care. The Applicant does provide transportation navigation support. In addition to navigation support, transportation alternatives developed by the Applicant may help reduce the burden.

   Sources:

   American Hospital Association. 2017. "Transportation and the Role of Hospitals" Retrieved December 26, 2023. (https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/sdoh-transportation-role-of-hospitals.pdf).

Expanded Care Coordination, Community Health Workers as Navigators, Alternative Navigators, Community Education

A theme in the discussions with residents was difficulty getting appropriate assistance for chronic care and problems in communicating with healthcare professionals, particularly their physicians.

The community leader interviewed for the project also pointed to the need to develop trust and a relationship with an institution.

A strategy for addressing these problems is to provide more extensive care coordination and outreach and to embed that outreach in the community. In addition, these resources can support community education for kidney disease prevention and, more generally, to improve the integration of healthcare services in the life of the community.

Sources:

Applicant

ESRD NCC Structural Competency Training Retrieved April 4, 2024 (https://esrdncc.org/en/professionals/healthequity/healthequity.html).

National Academies of Sciences, Engineering, and Medicine. 2016. Systems Practices for the Care of Socially At-Risk Populations. Washington, DC: National Academies Press.

Nutritional Support and Support Materials

Another problem raised in the discussions with community residents concerned nutritional information. The ESRD NCC health equity webpage recommends having partnerships with food pantries.

Sources:

ESRD NCC Structural Competency Training Retrieved April 4, 2024 (https://esrdncc.org/en/professionals/healthequity/healthequity.html).

Applicable to Black, older residents of Niagara Falls - Lewiston:

Culturally Sensitive and Responsive Communication and Educational Materials

Supporting the above recommendations for community education is to ensure that communication and educational materials are culturally sensitive and responsive to the needs of the underserved communities.

Diverse and Culturally Responsive Workforce

The workforce is a critical element in developing trust. In other projects involving kidney disease the Assessor heard repeatedly that a diverse workforce with a welcoming and supportive attitude was essential in building a relationship with residents.

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

   The Catholic Health System participates in the Niagara Health Equity Task Force, and several stakeholders commented on their active participation in health equity and public health coalitions.

   In addition, we recommend forming a consumer-based Health Equity Council drawn from the underserved communities of Niagara Falls and Lewiston.

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 an elimination of a service due to low utilization, the project was not intended to address systemic barriers. The fundamental systemic barrier in the area is the lack of availability of specialty services and chronic care. To receive that care requires travel to Buffalo, making transportation the major barrier to access for persons without their own transportation. As noted in the scoping section, nearly 1/3 of the residents in some zip codes of Niagara Falls lack their own vehicles. Improving support for transportation needs is the most direct way to address that need.

   Typically, the need for dialysis is at the end of a long disease process. There are significant racial disparities in chronic kidney disease which, in turn, are related to disparities in hypertension, diabetes, and other long-term stresses. Addressing longer-term sources of health inequity will require improved community integration with healthcare. More extensive care coordination, community outreach, and community education are ways to improve that relationship.

STEP 4 – MONITORING

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

   The Hospital currently utilizes its EPIC EMR system for collecting quality and social determinant of health (SDOH) metrics. In its current state, the individual provider is responsible for collecting the SDOH metrics and following up on any issues identified. The roadmap for these metrics includes plans to evaluate how many patients the SDOH metrics are collected.

   The Hospital's EPIC system integrates with the UniteUs community-based organization network. Hospital staff are able to refer patients to CBOs for additional support. The UniteUs system provides the capability (if programmed) to also return the outcomes of referrals.

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?

   Transportation is the key access barrier identified in the HEIA. Prioritizing monitoring transportation-related SDOH metrics, follow-up, and successful response is recommended. In addition, population-level reporting on the transportation burden (the frequency of appointments missed due to transportation, for example) may help support funding transportation alternatives.

STEP 5 – DISSEMINATION

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

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

Disclaimer:

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December 2023

Appendix 1: Figures

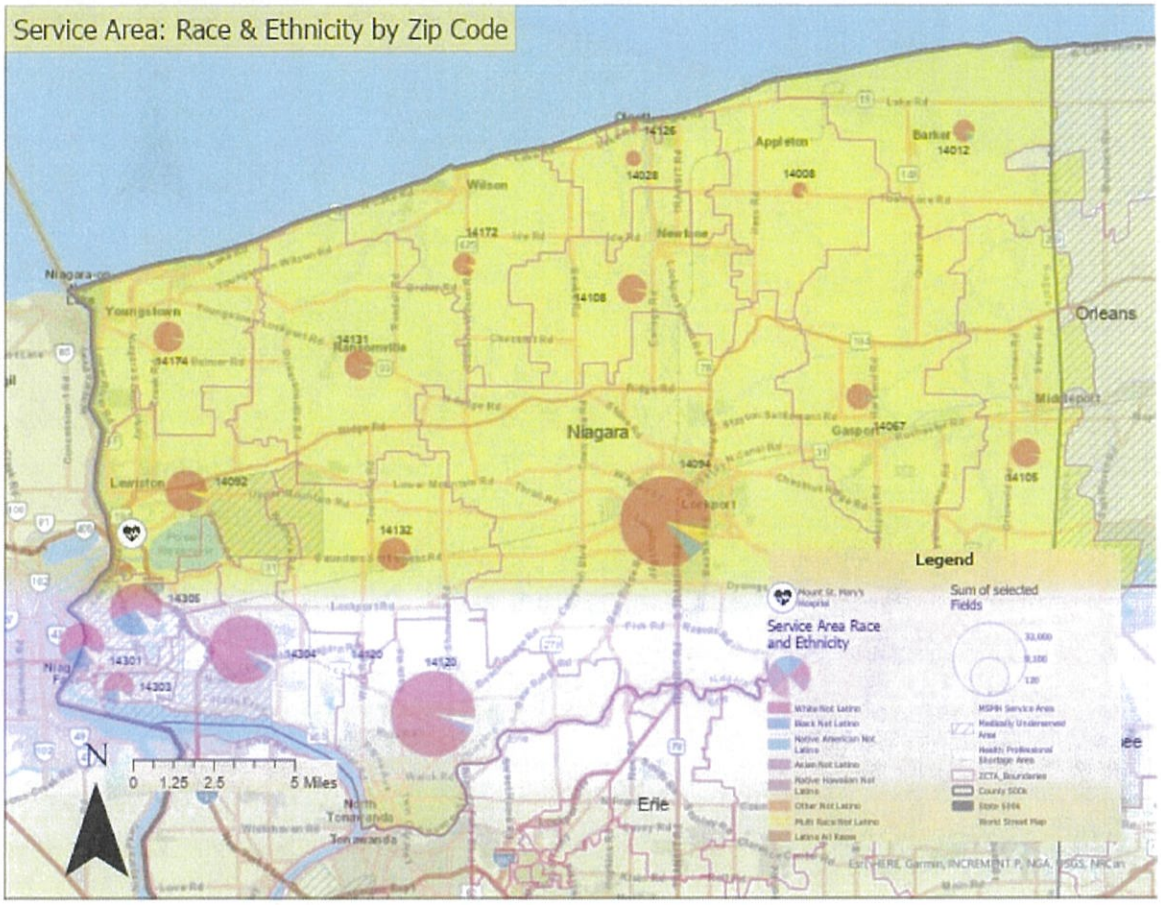

Figure 1 Service Area: Race & Ethnicity by Zip Code

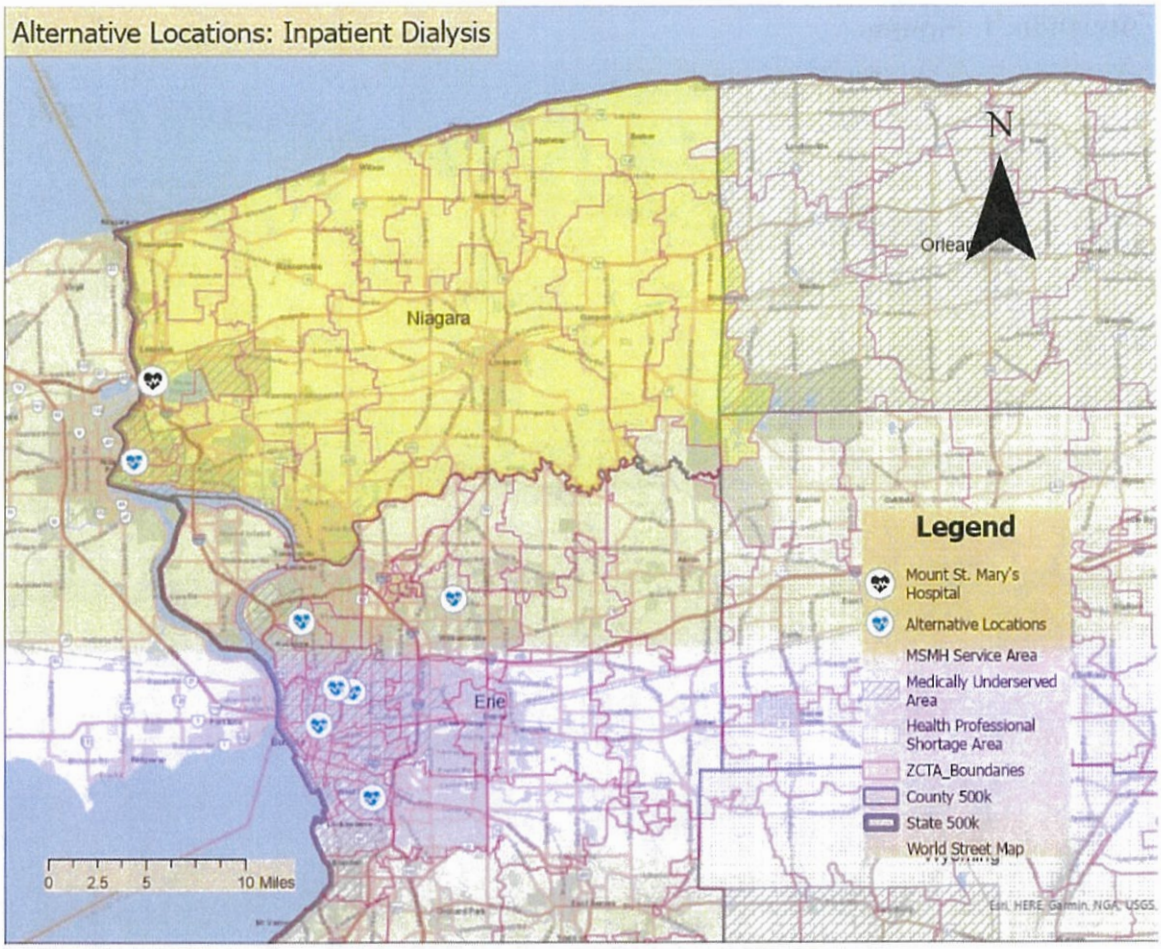

Figure 2 Alternative Locations: Inpatient Dialysis

Appendix 2: Discussion Guide

Discussion Guide for Community Meaningful Impact for HEIA
Mount St Mary's Hospital – Inpatient Dialysis

Introduction:

- Welcome & Introductions
- Purpose of the Discussion: To gather Community insights on healthcare needs and the impact of planned changes.
- State wants to engage the communities in Health Equity and involve them around planning processes with Hospital changes.

Background:

- Brief Overview of the planned changes:
  - Focus area is the elimination of the Inpatient Dialysis service at Mount St. Mary's
  - Emphasize this change involves inpatient dialysis, which is a specialized service for persons currently receiving dialysis and requiring a hospital stay for another procedure or as a result of an emergent situation. Persons in these situations will need to be transferred to a different hospital (Kenmore-Mercy)
  - Stress the importance of community input in shaping healthcare services and how other hospitals, providers or community-based organizations providing those services can improve them within the community and other ways.

Understanding Healthcare Needs:

Question 1: To set the context of the planned change, we want to hear your perspective on what are the greatest healthcare needs in this community for underserved communities?

- Encourage participants to share personal experiences and observations.
- Discuss common healthcare challenges in the community.

Impact Assessment

Question 2: What do you think are the impacts of removing the inpatient dialysis center in MSMH?

- Explore direct and indirect consequences on individuals within the community.
- Discuss impacts on access, quality, and affordability of healthcare services.

Question 3: Do you see any negative impacts to the community with these changes?

- Solicit ideas for mitigating negative effects.
- Discussion of potential strategies for improving the situation.

Improving Services:

Question 3: How might dialysis services be enhanced to benefit underserved communities or vulnerable persons?

- To identify programs, interventions, or other services that may enhance the services – in particular, thinking about communities with significant disparities in chronic kidney disease – the Black and Latino communities.
- The dialysis center at MSM has been closed since 2023 with only about 1 person per day using the service within 2022-2023. What might be considered when thinking about these patients?

Wrap-Up

- Summarize key insights and recommendations from the discussion.
- Thank participants.
- Explain next steps with the HEIA process including submission of a written statement.

Closing Remarks

- Provide contact information for follow-up questions and/or additional input.
- Note that they can submit a statement for inclusion in the Assessment.

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

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

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

I. Acknowledgement

I, C. J. URLAUB, attest that I have reviewed the Health Equity Impact Assessment for the "Elimination of the Inpatient Dialysis Service" that has been prepared by the Independent Entity, MP CARESOLUTIONS.

Charles J. Urlaub

Name

SVP, Strategic Growth and New Partnerships

Title

Signature

11/12/2024

Date

II. Mitigation Plan

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

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

The project transfers inpatient dialysis services to an adjacent hospital with little to no impact. The inpatient dialysis patients previously seen at Mt. St. Mary's were all previously admitted for their corresponding surgical needs. With the removal of surgical services there is no longer a need for inpatient dialysis at the hospital. If the need were to arrive the services would happen at a hospital with higher inpatient dialysis volume and better equipped to provide the needed services. There is a direct correlation

between increased volume and higher quality patient outcomes. That said, Catholic Health is working to improve health equity in the community with initiatives in community outreach, workforce development, and social needs screening and referrals to community-based organizations. Catholic Health is developing additional internal transportation resources to help mitigate current stresses on the EMS system. Catholic Health has primary care and OB/GYN practices embedded in underserved Buffalo and Niagara Falls neighborhoods, serving high-need populations with 60% Medicaid enrollment.

Community outreach activities focused on communities of color in 2024 included events with the NAACP, Urban League, Buffalo Black Nurses, Juneteenth, Puerto Rican & Hispanic Heritage Parade and events at Martin Luther King Park and Johnnie B. Wiley Stadium.

Other outreach programming includes the use of Community Health Workers, Doulas, and Peer Advocates from communities of color and the Faith Community Nursing Program. Catholic Health trains churches to develop their health ministries and to bring health screenings and presentations to congregations and the surrounding area. The program assesses a congregation's health needs and develops a tailored education program.
Catholic Health has a cross-functional Health Equity Workgroup that reports to the system's Chief Nursing Officer and is led by the Vice President Government Relations & Health Equity Initiatives.

Label	Estimate	Percent
Total Population	211864	100.0%
Male	104138	49.2%
Female	107726	50.8%
Sex ratio (males per 100 females)	97	
Under 5 years	10807	5.1%
5 to 9 years	11808	5.6%
10 to 14 years	11844	5.6%
15 to 19 years	12548	5.9%
20 to 24 years	12434	5.9%
25 to 34 years	26211	12.4%
35 to 44 years	24697	11.7%
45 to 54 years	26305	12.4%
55 to 59 years	16719	7.9%
60 to 64 years	16594	7.8%
65 to 74 years	24876	11.7%
75 to 84 years	11411	5.4%
85 years and over	5610	2.6%
Median age (years)		
Race Total population	211864	100.0%
One race	199973	94.4%
Two or more races	11891	5.6%
One race (2)	199973	94.4%
White	179838	84.9%
Black or African American	14059	6.6%
American Indian and Alaska Native	1275	0.6%
Asian	2495	1.2%
Native Hawaiian and Other Pacific Islander	45	0.0%
Some other race	2261	1.1%
Two or more races (2)	11891	5.6%
Total population (3)	211864	100.0%
Hispanic of Latino (of any race)	7542	3.6%
Not Hispanic or Latino	204322	96.4%
Civilian noninstitutionalized population	210054	100.0%
With health insurance coverage	205157	97.7%
With private health insurance	148361	70.6%
With public coverage	93411	44.5%
No health insurance coverage	4897	2.3%
Total Civilian Noninstitutionalized Population	210054	100.0%
With a disability	32129	15.3%

GEO_ID	ZCTA5CE20	Population	dp03_0119pe	dp03_0119pm	dp03_0062e	dp03_0062m	dp03_0074pe	dp03_0074pm	dp03_0005pe	dp03_0005pm	dp02_0067pe	dp02_0067pm	dp04_0058pe	dp04_0058pm
860Z200US			Below Poverty Level		Median Household Income		Food Stamp/SNAP Benefits		Unemployment		High School Education		No Vehicles Available	
860Z200US14008	14008	1594	3.9	4.5	65368	19443	7.6	5.9	0.5	0.7	86	9.4	2.7	3
860Z200US14012	14012	3020	7.3	4.5	75870	10193	15.4	5.3	1.8	1.2	90.6	3.7	3.4	2.1
860Z200US14028	14028	1556	2.2	3.3	68725	26354	3.7	3.3	1.2	1.3	94.6	2.9	1.2	2
860Z200US14067	14067	4028	5.8	5.7	88500	21735	5.3	3.6	2.5	2	92.9	4.6	0	2.3
860Z200US14092	14092	10522	7	4.7	67250	7122	10.8	5.3	2.6	1.3	95.2	1.5	7.1	4.8
860Z200US14094	14094	50302	7.3	1.6	69489	3080	13.0	1.7	3.5	0.9	91.9	1.5	8.6	1.7
860Z200US14105	14105	5128	5.9	2.8	82622	16215	10.1	3.0	3.3	1.5	91.5	3	2.5	1.2
860Z200US14108	14108	5263	4	4.3	66477	6865	7.9	4.4	2.2	1.8	92.2	3.4	4.3	3.2
860Z200US14109	14109	1218							0.7	1.4				
860Z200US14120	14120	44414	6.3	1.8	77888	4483	9.8	1.5	3.2	0.8	93.6	1.1	9.6	1.8
860Z200US14126	14126	456	0	30.2			0.0	21.9	12.6	16.2	100	11.6	0	21.9
860Z200US14131	14131	5182	4.6	2.8	82348	22134	5.4	2.8	2.2	1.7	92.7	3.5	4.4	3.2
860Z200US14132	14132	6689	6.9	5.7	88444	12290	10.1	10.8	3.8	2.5	87.1	4.9	4.8	5.2
860Z200US14172	14172	3091	9.1	9.5	75288	12398	5.5	2.4	3.1	1.9	95.8	2.2	3.1	1.8
860Z200US14174	14174	5698	3	1.7	79844	9251	6.7	2.6	1.8	1	98.3	1	1.3	1.2
860Z200US14301	14301	12151	35.1	8.8	32111	6930	39.5	5.0	5.7	2.3	83	3.2	32.8	4.5
860Z200US14302	14302	206					14.4	30.7	0	17.6	79.1	15.4	100	29.4
860Z200US14303	14303	6159	25.2	8.8	39256	9179	23.4	6.9	6.5	2.9	78.7	5.7	30.5	7.2
860Z200US14304	14304	28582	8.4	2.2	64161	3541	9.8	2.1	3.2	0.7	92.7	1.7	7	1.6
860Z200US14305	14305	16605	20	4.4	45412	4171	25.9	3.6	5.2	1.4	90	1.6	19.1	3.6
Summary		211864	9.9				13.5		3.5		91		10.3	

MT. SAINT MARY'S HOSPITAL
MSM DIALYSIS CLOSURE

Stat Category (EPIC)	DRG Case Type (EPIC)	Cath EP Activity (EPIC)	07/01/2022 - 6/30/2023 Volume	Revenue	Avg Rate Per Unit	% of Total
VOLUME:						
	Discharges		Redacted			
IP-MedSurg	Patient Days		Redacted			
	ADC		Redacted			
	Avg. LOS		Redacted			
REVENUE:						
INPATIENT:						
MC			Redacted	Redacted	--	Redacted
MC HMO			Redacted	Redacted	--	Redacted
MD			Redacted	Redacted	--	Redacted
MD HMO			Redacted	Redacted	--	Redacted
BC			Redacted	Redacted	--	Redacted
CB			Redacted	Redacted	--	Redacted
IH			Redacted	Redacted	--	Redacted
UN			Redacted	Redacted	--	Redacted
COMM			Redacted	Redacted	--	Redacted
WCNF			Redacted	Redacted	--	Redacted
SelfPay			Redacted	Redacted	--	Redacted
Other			Redacted	Redacted	--	Redacted
TOTAL REVENUE:			Redacted	Redacted	**#VALUE!**	
Charity Care				#VALUE!	Redacted	
Other Adj'd (for Charity Care)			Redacted	#VALUE!		

EXPENSES:	FTE's	Expense	WHPU
5007663 - Hemodialysis - Inactive			
FTE's:			

Registered Nurse	Redacted	Redacted
Nursing Assistant	Redacted	Redacted
Manager	Redacted	Redacted
Agency	Redacted	Redacted
FTE's:	Redacted	Redacted

Salaries:		Redacted	
Professional Fees:		Redacted	
Purchased Services:		Redacted	
Supplies:		Redacted	
Other Direct Expense:			$0
Total Direct Expense		Redacted	
Benefits:	Redacted	Redacted	
Billing:	Redacted	Redacted	
Utilities:	Redacted	Redacted	
Depreciation:		Redacted	
Interest:		Redacted	
Total Expense excl OH Alloc		Redacted	
Overhead Allocation	Redacted	#VALUE!	
Total Expense		**#VALUE!**	
Margin		#VALUE!	
Margin %		#VALUE!	