

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 | Sitrin Health Care Center Adult Day Healthcare Program Expansion |
| 2. Name of Applicant | Charles T. Sitrin Health Care Center |
| 3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA | <p>SmartRise Health</p> <ul style="list-style-type: none">• Lead contact:<ul style="list-style-type: none">○ Rutti Harmon, VP, Strategy & Operations, SmartRise Health rharmon@smartrisehealth.com (914) 708-6878• Individuals conducting the HEIA:<ul style="list-style-type: none">○ Karen Thomas, Senior Consultant, SmartRise Health kthomas@smartrisehealth.com (914) 374-5392 |
| 4. 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 SmartRise Health consultancy partners with payers, providers, manufacturers, and technology companies to address Health Equity goals, such as:</p> <ul style="list-style-type: none">• Readiness for NCQA Health Equity Accreditation requirements (Steward Health Care Network, Fallon Health Plan)• Learning Collaboratives and Fellowship Programs (Providence Health and Services)• Strategic Plan Design (Hospital for Special Surgery)• Value-Based Care Enablement (Crystal Run Healthcare)• Thought Leadership (Bill & Melinda Gates Foundation and the United Nations). <p>SmartRise has designed a Health Equity Impact Assessment approach that integrates community and patient engagement concepts to drive health equity and anti-racism and ensure equitable representation on capital projects.</p> <ul style="list-style-type: none">• Our anti-racism framework uses stakeholder engagement and training 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>In similar projects, SmartRise Health has leveraged this methodology using the Institute for Healthcare Improvement's (IHI) quality improvement model, across various stakeholders, including payers, policymakers (CMS, NCQA, ONC), provider networks, community-based organizations, pharmaceutical and technology organizations looking to promote equitable access to care.</p> |
| 5. Date the Health Equity Impact Assessment (HEIA) started | January 20, 2026 |
| 6. Date the HEIA concluded | March 31, 2026 |

7. Executive summary of project (250 words max)

The **Charles T. Sitrin Health Care Center (Sitrin)** proposes to expand its **Adult Day Health Care Program (ADHCP)** from **40 to 60 registrant slots** at its New Hartford, New York campus to address growing demand for medically supervised, community-based services in Oneida County. The program currently operates at full capacity and maintains a multi-month waitlist, driven by increased utilization following COVID-19 service disruptions and the closure of the Mohawk Valley Health System (MVHS) ADHC with 50 slots.

Sitrin’s ADHCP primarily serves **Medicaid beneficiaries and Veterans**, offering medical monitoring, therapeutic services, social engagement, and caregiver support that enable participants to remain safely in their homes and communities. Limited availability of adult day health care services in the service area has created access barriers for older adults and individuals with complex health needs. The proposed expansion will improve timely access to care, reduce caregiver burden, and support alternatives to institutional long-term care.

Overall, the proposed expansion aligns with Sitrin’s mission to provide person-centered, high-quality, and equitable care while strengthening community-based long-term care capacity and advancing health equity in Oneida County.

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

Stakeholder and community engagement findings, along with supporting applicant documents indicate **strong overall support** for the proposed expansion of the **Charles T. Sitrin Health Care Center Adult Day Health Care Program** from 40 to 60 participants, provided that resources scale appropriately to maintain quality of care. Participants underscored that expansion must be accompanied by **additional staffing**, to avoid overburdening existing staff and to preserve care quality.

Focus group: Participants, consisting of current adult day health registrants, consistently emphasized the program’s importance to their health, independence, and quality of life.

Letters of support: In Letters of Support, community leaders expressed that **expanded capacity would address unmet community need**, especially following the closure of another adult day health care program in the region.

Surveys and Interviews: Key takeaways from surveys and interviews highlighted that the program serves low income individuals, Medicaid beneficiaries, and others who depend on the ADHCP for daily meals, medical monitoring, and social support.

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.

Scoping Table Sheets 1 and 2 in the document “HEIA Data Tables” are complete and attached.

The service area exhibits significant economic bifurcation, with poverty rates in Utica (22.5%) more than eight times higher than in neighboring New Hartford (2.6%), highlighting the critical need for Medicaid-accessible programming.

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

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): Veterans

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?

Sources of information:

1. Demographic and socioeconomic analyses were conducted using the most recent U.S. Census Bureau American Community Survey (ACS) 5-Year Estimates*
2. Applicant internal census data report and trend analysis
3. Stakeholder interview

*Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates, 2019–2023

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

▪ **Low-income people / People eligible for or receiving public health benefits / Uninsured or underinsured individuals:**

Focus group participants emphasized that the ADHC program provides critical access to meals, medical monitoring, social services, and transportation. Some participants reported that the program provides their only daily meal. Expansion would reduce wait times and improve access for individuals with limited financial resources who rely on Medicaid or lack adequate third-party coverage

▪ **Older adults:**

Participants described the program as essential to maintaining independence, preventing isolation, and supporting physical and mental health through structured activities, medical oversight, and social engagement. Expansion would allow more older adults to age safely in the community rather than entering institutional care.

▪ **People with disabilities:**

The ADHC program supports individuals with physical, cognitive, and mobility impairments through personal care services, accessible transportation, and supervised activities. Expansion would extend these supports to additional individuals who currently face barriers due to limited program capacity.

▪ **Women:**

Women, who are disproportionately represented among older adults and caregivers, benefit from increased access to services that support daily living, social connection, and respite for family caregivers.

▪ **Veterans:**

Veterans currently enrolled rely on the program for medical monitoring, socialization, and access to essential services. Expansion would improve access for additional veterans in the service area.

▪ **Persons living in rural areas:**

Expansion would increase availability of transportation and organized outings for individuals supports with limited access to services due to geographic barriers.

▪ **LGBTQ+ individuals:**

The program's inclusive, community-based model promotes social connection and access to care for all participants, including LGBTQ+ individuals who may experience isolation or barriers in traditional care settings.

Overall, the expansion is expected to **advance health equity** by improving access to comprehensive adult day health services for underserved populations, contingent on staffing, space, and transportation resources scaling alongside increased enrollment.

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?

Currently, the **Sitrin Adult Day Health Care (ADHC) Program** is used extensively by **medically underserved populations**, including low-income individuals, older adults, people with disabilities, Medicaid beneficiaries, Veterans, and individuals who are uninsured or underinsured. The program operates at full capacity and maintains a waitlist, demonstrating demand among these groups for medical monitoring, meals, personal care, social engagement, transportation, and caregiver support. Individuals living in rural or semirural areas rely on ADHC transportation services to overcome geographic access barriers.

Following expansion from **40 to 60 registrant slots**, utilization by these medically underserved groups is expected to increase proportionally. The expansion addresses capacity constraints and is anticipated to reduce wait times, allowing additional low-income, publicly insured, uninsured or underinsured individuals, people with disabilities, older adults, and Veterans to access services. Overall, the project is expected to improve access to community-based care and support aging in place for underserved populations.

Below is a utilization grid presenting current and projected service use for medically underserved populations, based on the applicant’s available utilization data and existing stratification approach. The Applicant will work collaboratively to refine or further stratify the data if additional detail is requested.

| Utilization by Number of Visits by Payor | | | |
|---|-------------------------|----------------------------|----------------------------|
| | Before Expansion | Year 1 add'l visits | Year 2 add'l visits |
| Managed Medicaid | 1233 | 308 | 617 |
| Medicaid FFS | 8435 | 2109 | 4218 |
| Private Pay | 1 | 0 | 0 |
| Veterans | 836 | 209 | 418 |
| Total | 10505 | 2626 | 5252 |

| Utilization by Race of Registrants | | |
|---|-------------------------|------------------------|
| | Before Expansion | After Expansion |
| Asian | 2 | 3 |
| Black or African American | 3 | 5 |
| White | 45 | 67 |
| Total | 50 | 75 |

| Age and Gender Utilization | | | | | |
|-----------------------------------|-------------------------|------------------------|-------------------------|------------------------|-----------|
| | Male | | Female | | |
| | Before Expansion | After Expansion | Before Expansion | After Expansion | |
| 21-49 | 18 | 27 | 21-49 | 6 | 9 |
| 50-64 | 12 | 18 | 50-64 | 10 | 15 |
| 65-74 | 7 | 11 | 65-74 | 4 | 6 |
| 75-84 | 7 | 10 | 75-84 | 5 | 8 |
| 85+ | 0 | 0 | 85+ | 3 | 5 |
| Total | 44 | 66 | Total | 28 | 43 |

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

There is limited availability of similar services, or care at other facilities in or near the Applicant's service area. See summary table below.

| Provider | Location | Focus |
|---------------------------------------|-----------------|--|
| Charles T. Sitrin Health Care Center | New Hartford | Provides medically supervised personal care, nutrition, and therapies and social engagement. |
| Oneida Center – Adult Day Health Care | Utica | Provides supervision, and companionship for seniors who need daytime support. |
| Lutheran Care Adult Day Health Care | Clinton | Serves elderly, chronically ill, frail and disabled persons in need of medical monitoring |

The proposed expansion of the Sitrin ADHCP would increase local capacity without duplicating services and would help address unmet community need for medically supervised, community-based adult day health care.

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

Quantitative assessment:

Quantitative market share (historical or projected) cannot be reliably calculated for Oneida Center ADHC or Lutheran Care ADHC because publicly available sources do not report licensed slot capacity, average daily census, or annual utilization for these programs. Without verified capacity or utilization data, calculating percentage shares of the Oneida County ADHC market would require assumptions that are not supported by DOH guidance.

Qualitative assessment:

- Oneida Center ADHC (Utica) historically represents a secondary provider of medical model ADHC services in Oneida County. There is no evidence of excess capacity or public reporting of scale relative to county need.
 - Lutheran Care ADHC (Clinton) historically serves a limited portion of the county ADHC market, operating within a broader long-term care campus. Sources confirm adult day health services but do not indicate capacity sufficient to meet countywide demand.
6. 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.

Public Health Law § 2807-k does not apply to the Charles T. Sitrin Health Care Center Adult Day Health Care Program, as the program operates under a Residential Health Care Facility / Adult Day Health Care license, not as a general hospital. Accordingly, Sitrin does not have direct obligations under the General Hospital Indigent Care Pool. This interpretation is consistent with DOH precedent for Adult Day Health Care programs operated by nursing facilities rather than hospitals.

7. 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.

Professional staffing considerations were identified through community engagement, particularly during the HEIA focus group and internal planning discussions. Current participants emphasized that the program's existing nursing and support staff are operating at full capacity and that any increase in registrant slots must be accompanied by proportional staffing increases to maintain quality of care. Specific concerns raised included the need for additional nursing coverage, nurse aides, recreational staff, and transportation personnel to support increased enrollment. These concerns were framed as planning considerations rather than current deficiencies.

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

The applicant reports no civil rights access complaints filed against the Charles T. Sitrin Health Care Center within the last ten years with the New York State Division of Human Rights, the U.S. Department of Health and Human Services Office for Civil Rights, or any other federal, state, or local agency. This includes complaints related to access by racial or ethnic minorities, people with disabilities, or other protected classes.

9. 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.

Charles T. Sitrin Health Care Center has not undertaken similar projects involving an expansion of Adult Day Health Care (ADHC) capacity within the past five years. The current proposal to expand the ADHC

program from 40 to 60 registrant slots represents a distinct and targeted response to current community need, rather than a continuation of a series of recent expansion projects.

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

Impacts of the Sitrin ADHC Expansion on Medically Underserved Groups:

| Medically Underserved Group | (a) Improve Access to Services and Health Care | (b) Improve Health Equity | (c) Reduce Health Disparities |
|--|---|--|---|
| Low-income People | Reduces wait times for Medicaid funded ADHC slots and expands access to medical monitoring, meals, transportation, and personal care. | Ensures low-income individuals can access medically supervised day services needed to remain in the community. | Addresses income related disparities in access to nutrition, preventive care, and supportive services. |
| Women | Expands availability of ADHC services for women, who are disproportionately represented among older adults and caregivers. | Supports women’s health and caregiving roles through structured care and caregiver respite. | Reduces disparities related to social isolation and caregiver burden among women. |
| Lesbian, Gay, Bisexual, Transgender, or Other Than Cisgender People | Provides access to inclusive, community-based ADHC services without discrimination. | Promotes equitable participation in supportive services for individuals who may experience barriers in other settings. | Reduces disparities related to social isolation and access to affirming care environments. |
| People with Disabilities | Increases access to medically supervised care, personal care services, and accessible transportation. | Supports equitable access to community-based services as an alternative to institutional care. | Addresses disparities in access to coordinated health and support services for individuals with physical or cognitive disabilities. |
| Older Adults | Expands capacity for older adults to enroll in ADHC services rather than remain on waitlists. | Supports aging in place through coordinated health, social, and supportive services. | Reduces age-related disparities in access to preventive and supportive care. |
| Persons Living in Rural Areas | Overall, improves access through expanded capacity and transportation services that address geographic barriers. Specifically, in rural ZCTAs like Sauquoit or Cold Brook, the lack of | Enhances service availability for individuals with limited local care options. | Reduces rural urban disparities in access to adult day health services. |

| | | | |
|--|--|--|---|
| | public transit makes Sitrin’s door-to-door transportation the only viable way for those with mobility impairments to receive medical monitoring. | | |
| People Eligible for or Receiving Public Health Benefits | Increases the availability of Medicaid-covered ADHC services. | Promotes equitable access for publicly insured populations. | Reduces disparities driven by payer status. |
| People Without or With Inadequate Third-Party Health Coverage | Strengthens access to safety-net services for uninsured or underinsured individuals. | Supports access to essential care regardless of insurance status. | Mitigates disparities associated with lack of adequate coverage. |
| Veterans | Expands access to ADHC services currently utilized by Veterans. | Supports equitable access to structured health and social supports for Veterans. | Reduces disparities in access to community-based care for Veterans. |

2. Unintended impacts. 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.

While the proposed expansion is expected to advance health equity overall, potential unintended impacts include increased caregiver benefits and reduced isolation, alongside manageable risks related to staffing and space that can be mitigated through thoughtful implementation and proportional resource allocation.

3. Indigent care. 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.

The Sitrin ADHC program is primarily funded through **Medicaid and other public benefit programs**, rather than through uncompensated or charity care mechanisms. Approximately **92% of current ADHC participants are Medicaid beneficiaries and 8% are Veterans**, reflecting Sitrin’s role as a safety net provider for publicly insured populations rather than a provider of uncompensated care.

Public Health Law § 2807-k (General Hospital Indigent Care Pool) does not apply to the Charles T. Sitrin Health Care Center Adult Day Health Care (ADHC) Program, as the program operates under a Residential Health Care Facility / Adult Day Health Care license and is not a general hospital. As such, Sitrin does not receive indigent care pool funding and does not have reporting obligations under § 2807-k.

4. Access by transportation. 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.

Sitrin provides transportation uses accessible vehicles designed to serve older adults and individuals with mobility or medical needs and is a core component of the ADHC program. While public transportation exists in the broader service area, it is not the primary mode of access for most participants due to

functional limitations and the need for reliable, scheduled transport aligned with program hours. Access to the Sitrin Adult Day Health Care (ADHC) Program is primarily supported through Sitrin-sponsored, door-to-door transportation, supplemented by private transportation from family members or caregivers. These services are expected to scale with the expansion to maintain access for additional participants, as evidenced by the Sitrin Department of Transportation grant application, FTA Section 5310, “Enhance Mobility of Seniors and Individuals with Disabilities Program” application for additional Sitrin-owned vehicle.

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

Reduction of Architectural Barriers for People with Mobility Impairments

Implementation of the Sitrin Adult Day Health Care (ADHC) expansion is expected to maintain and modestly improve accessibility for individuals with mobility impairments. The expansion will be accommodated within existing, accessible space and will not require new construction. Current program areas include handicap accessible bathrooms and rooms located along accessible corridors, and these spaces will continue to be used as capacity increases.

Minor facility modifications associated with the expansion include the **addition of handrails and hand sinks**, which will further support safe navigation and daily activities for participants with mobility limitations. These updates are designed to enhance usability without disrupting current accessibility features.

Overall, while the project does not represent a major structural renovation, it will **reduce functional barriers** by optimizing existing accessible space and incorporating targeted improvements, thereby supporting continued equitable access for people with mobility impairments.

6. Reproductive health services and maternal health care. 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?

Impact on Maternal and Reproductive Health Care Services

Implementation of the Sitrin Adult Day Health Care (ADHC) expansion will not impact the delivery or availability of maternal health care services or comprehensive reproductive health care services, as defined under Public Health Law § 2599-aa, including contraception, sterility procedures, or abortion.

Sitrin’s ADHC program serves older adults and individuals with disabilities and does not provide maternal health care or reproductive health services. Sitrin does not operate obstetric, gynecologic, or reproductive health programs as part of the ADHC service model.

Meaningful Engagement

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

Oneida County Health Department located at 185 Genesee Street, Utica, NY 13501 serves all municipalities within Oneida County, including New Hartford and surrounding communities where Sitrin draws its Adult Day Health Care participants

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

No. The Oneida County Health Department was contacted for engagement as part of the HEIA process. Mike Roman, Deputy Commissioner of the Oneida County Department of Family and Community Services, was invited to participate but did not respond to the outreach.

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

The “Meaningful Engagement” table in the document titled “HEIA Data Table” is completed and attached.

10. Most affected community members. 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?

Findings and Expertise

Based on the Independent Entity’s findings and expertise, the stakeholders most directly affected by the proposed Sitrin Adult Day Health Care (ADHC) expansion are:

- Current and prospective ADHC participants, particularly older adults, people with disabilities, low-income individuals, Medicaid beneficiaries, and Veterans, who rely on the program for medical monitoring, meals, social engagement, and transportation.
- Family members and caregivers, who depend on the ADHC program for caregiver respite, continuity of care, and support that enables participants to remain in the community.
- Program staff, whose workloads and ability to maintain care quality are affected by changes in program capacity.

Stakeholder Input and Concerns

Overall, engagement findings reflect that the stakeholders most affected by the project support the expansion, provided that growth is managed in a way that maintains service quality and participant experience.

Stakeholder engagement activities—including a focus group with current ADHC participants, surveys and interviews, and letters of support from community leaders—indicate strong overall support for the proposed expansion. Participants consistently emphasized the program’s importance to their health, independence, and quality of life, and expressed that expanded capacity would help address unmet community need following the closure of another adult day health care program in the region.

While no stakeholder groups expressed opposition to the project, focus group participants raised considerations regarding staffing and space, noting that **expansion should be accompanied by adequate increases in staffing and resources to avoid overburdening staff and to preserve the quality of care.** These comments were framed as conditions for successful implementation, rather than objections to the expansion itself.

11. Results of engaging community members. 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?

How Community Engagement Informed the Assessment of Benefits and Burdens

Engagement of community members was a central component of the Health Equity Impact Assessment and directly informed the Independent Entity’s understanding of who will benefit from and who may experience burdens as a result of the proposed Sitrin Adult Day Health Care (ADHC) expansion.

Through a focus group with current ADHC participants, along with surveys, interviews, and written statements of support, participants consistently identified current and prospective registrants—particularly older adults, people with disabilities, low-income individuals, and Medicaid beneficiaries—as the primary beneficiaries of the expansion. Participants emphasized that increased capacity would reduce wait times, improve access to medically supervised care, and support continued independence and quality of life, especially following the closure of another adult day health care program in the region.

Community engagement also highlighted potential burdens that could arise if the expansion is not implemented with adequate planning. Focus group participants noted that increased enrollment could place strain on staffing, space, and daily routines, potentially affecting individualized attention for participants with complex medical or mobility needs. These insights informed the HEIA’s emphasis on thoughtful enrollment, **additional staffing to avoid overburdening existing staff** and to preserve care quality, and targeted facility adjustments to mitigate unintended negative impacts.

Importantly, engagement findings indicated broad support for the project and did not identify stakeholder groups that would be adversely impacted by the expansion if appropriate mitigation strategies are implemented. Community input reinforced that the benefits of increased access outweigh potential burdens, **provided that staffing, space, and transportation resources scale alongside program growth**.

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.

Participation Gaps in Meaningful Engagement

While meaningful engagement was conducted through a focus group with current ADHC participants, surveys, interviews, and outreach to community leaders, some relevant stakeholders did not directly participate. These include:

- A local health department representative, who was contacted but did not respond.
- Some of the individuals on the program waitlist.
- Some residents of the more rural parts of the service area.

The perspectives of these groups were considered indirectly through service utilization data, demographic analysis, surveys, and broader community input, and informed the assessment of potential impacts and mitigation strategies.

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?

Plan to Foster Effective Communications.

The Independent Entity recommends the following guidance to foster effective communication to people of limited English-speaking ability and people with speech, hearing or visual impairments.

- **People with limited English-speaking ability:** Provide clear, plain language communications about the ADHC expansion in languages commonly spoken in the service area. Interpretation services, including in-person or telephonic interpretation, will be available during enrollment, care planning, and orientation to support understanding and informed decision-making. Trusted community-based organizations and referral partners will be engaged to help disseminate information in culturally and linguistically appropriate ways.
- **People with speech, hearing, or visual impairments:** Use multiple accessible communication methods, including large print materials, written and verbal explanations, and assistive communication strategies as needed. Staff will tailor communication to individual needs, including verbal review of written materials and assistance navigating program information, to ensure understanding of service availability, enrollment processes, and changes related to the expansion.
- **Sustainment Strategy:** SmartRise Health recommends a sustain and scale approach to optimize positive impacts by continuing to offer structured social programming, therapeutic activities, and caregiver supports as enrollment increases. Phased enrollment will allow staff to maintain individualized engagement and preserve the social and emotional benefits identified through community engagement.

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

Suggested Changes to Better Meet the Needs of Medically Underserved Groups

Based on community engagement findings and Independent Entity expertise, the following specific changes are suggested to ensure the Sitrin ADHC expansion best meets the needs of medically underserved groups:

- **Phase enrollment and scale staffing proportionally** to prevent strain on nursing, support, and transportation staff and to preserve quality of care for older adults, people with disabilities, and low-income participants. Sitrin commits to maintaining a minimum staff to registrant ratio of approximately 1 certified nurses aide to every 7 to 8 registrants. With the addition of 20 slots, 4 additional FTEs are planned, 1 LPN who will assist the current RN with medication administration and 3 CNAs. These FTEs will be hired incrementally as the additional slots are filled.

- **Enhance communication strategies**, including plain language materials, multilingual outreach, and accessible formats, to better reach individuals with limited English proficiency, disabilities, or low health literacy.
- **Optimize use of existing accessible space** by distributing activities across multiple rooms and ensuring adequate restroom access to support participants with mobility impairments.
- **Maintain and scale Sitrin-sponsored transportation services** to ensure continued access for participants with mobility, geographic, or caregiving barriers.
- **Implement ongoing feedback mechanisms**, such as participant and caregiver surveys, to monitor satisfaction and identify emerging needs as capacity increases.

These targeted adjustments are intended to strengthen equitable access, minimize unintended burdens, and ensure the expansion delivers its intended benefits across all medically underserved populations.

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

Engaging and Consulting Impacted Stakeholders on Forthcoming Changes

Sitrin can engage and consult impacted stakeholders by implementing a structured, ongoing communication and engagement approach as the ADHC expansion is implemented. This includes providing **advance notice** of project updates through written communications, electronic outreach, and in-person discussions with current participants, caregivers, and staff.

Sitrin should continue to convene forums such as focus groups, informational meetings, or town halls to share updates, answer questions, and solicit feedback, particularly from current and prospective ADHC participants and their caregivers. Engagement with Managed Long Term Care Plans (MLTCPs), referral partners, and community-based organizations will help ensure consistent messaging and coordination of care as capacity increases.

Additionally, Sitrin can use participant and caregiver surveys to gather ongoing feedback and identify emerging concerns, allowing the program to adjust implementation strategies as needed. These engagement mechanisms will support transparency, promote trust, and help ensure that changes associated with the expansion are responsive to the needs of medically underserved populations.

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?

Addressing Systemic Barriers

The Sitrin Adult Day Health Care (ADHC) expansion addresses systemic barriers to equitable access by increasing capacity within a Medicaid-funded, community-based service model that primarily serves low-income individuals, older adults, and people with disabilities.

By reducing waitlists and expanding access to medically supervised day services, the project directly mitigates barriers related to limited-service availability, financial constraints, transportation access, and

the risk of unnecessary institutionalization. Continued use of accessible space and Sitrin-sponsored transportation further supports equitable access for participants with mobility and geographic barriers.

To strengthen its impact, the project can be further enhanced by scaling staffing proportionally with enrollment, expanding language and disability accessible communications, and maintaining ongoing participant and caregiver feedback mechanisms. These modifications will ensure that service quality is preserved as capacity grows, and that emerging access barriers are identified and addressed in real time, reinforcing the project's overall health equity goals.

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 Sitrin Adult Day Care Program currently maintains ongoing, structured mechanisms to solicit and incorporate registrant input. Registrant Council meetings are held monthly, during which participants provide feedback on program operations, services, and activities. Formal minutes are recorded at each meeting, and feedback is reviewed and voted on by the group. Previously raised issues are revisited at subsequent meetings as “old business,” ensuring continuity, transparency, and accountability in the decision-making process.

In addition, individualized care plan meetings are conducted on a biannual basis with each registrant and their designated representative or support person of their choosing. These meetings provide registrants with direct access to interdisciplinary program staff, including the Program Director, Recreation Coordinator, Nurse, and Dietitian. Family members or representatives may participate either in person or remotely via telephone or videoconference to reduce participation barriers. During these meetings, each registrant's care plan is reviewed in detail, and feedback is incorporated as appropriate. Following the meeting, each discipline completes a formal assessment informed by the discussion and the review period, and goals and objectives are collaboratively established to guide care and services until the next review cycle.

13. 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?

New Mechanisms to Ensure HEIA Findings Are Addressed

To ensure that HEIA findings are addressed, Sitrin should implement a Health Equity Dashboard as a key mechanism of the ADHC expansion. The dashboard should be used to track referral sources and zip code data of new enrollees quarterly, to address any emerging equity concerns as capacity increases and to confirm that slots are going to the medically underserved groups identified (Medicaid/Disabled/Veterans/Rural). It is recommended that dashboard also be used to summarize updates from routine participant and caregiver feedback tools, such as brief surveys or check-ins to monitor satisfaction.

Sitrin can also assign clear internal responsibility for monitoring HEIA-related commitments—such as staffing levels, transportation access, and communication accessibility—and review them regularly as part of existing quality improvement efforts.

In addition, Sitrin should maintain ongoing communication with participants, caregivers, and referral partners, sharing updates and documenting how feedback is used to adjust program operations. Together, these steps will help ensure HEIA findings result in meaningful and sustained improvements in equitable access to care.

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)

Optional Additional Health Equity Considerations

The Sitrin Adult Day Health Care (ADHC) expansion represents an opportunity to strengthen community-based long-term care capacity in a service area with limited adult day health care options and documented unmet demand. Beyond increasing registrant slots, the project reinforces a care model that supports aging in place, reduces reliance on institutional care, and promotes stability for individuals with complex medical and social needs.

Community engagement underscored that the ADHC program functions not only as a health service, but also as a critical social support for participants and caregivers, helping to reduce isolation, caregiver stress, and avoidable health deterioration. By maintaining a strong focus on Medicaid served populations and accessible transportation, the expansion advances health equity by ensuring that publicly insured and low-income individuals can continue to access medically supervised day services.

Importantly, the HEIA process has informed a deliberate, phased implementation approach, emphasizing staffing adequacy, accessible communication, and continuous feedback. These elements position Sitrin to proactively identify and address equity concerns as the program grows. Taken together, the expansion is expected to yield equity benefits by improving access to essential services while preserving quality, dignity, and community connection for medically underserved populations.

----- **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, Christa Serafin attest that I have reviewed the Health Equity Impact Assessment for the Sitrin Adult Day Health Care Expansion Project that has been prepared by the Independent Entity, SmartRise Health.

Christa Serafin

Name

CEO

Title



Christa Serafin (Mar 30, 2026 14:50:43 EDT)

Signature

03/30/2026

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)

Mitigation of Potential Negative Impacts to Medically Underserved Groups

If the Sitrin Adult Day Health Care (ADHC) expansion is approved, Sitrin will implement specific strategies to ensure that medically underserved groups benefit from the project and are not burdened as capacity increases. These strategies are informed directly by the HEIA findings and community engagement activities.

Phased Enrollment and Staffing Alignment

To mitigate risks related to crowding, reduced individualized attention, or staff strain, Sitrin will implement the expansion through phased enrollment of the additional registrant slots. Staffing levels currently within the program are generally 8 registrants to every 1 Certified Nursing Assistant (CNA). Sitrin commits to adding two CNAs during the 1st year of the expansion as well as 1 LPN to assist the current RN in the program. The LPN will assist with medication administration and treatments. Sitrin then commits to adding 1 additional CNA as the 20 slots near capacity. This will ensure that the registrant to staff ratio remains within current limits and does not place stress on the existing staff or the current program registrants.

This approach will help maintain care quality for older adults, people with disabilities, and individuals with complex medical needs.

Accessible Transportation and Physical Environment

Sitrin will continue to provide accessible door-to-door transportation, a critical access support for low-income participants, individuals with disabilities, and those living in rural areas. Sitrin will increase its vehicle fleet size as well as adjust transportation services, as needed, to accommodate additional participants.

Within the facility, Sitrin will mitigate physical access concerns by optimizing use of existing accessible space,

distributing activities across multiple rooms, and maintaining safe navigation for participants with mobility impairments. Minor facility enhancements (e.g., handrails, hand sinks) will further support accessibility.

Inclusive and Accessible Communication

To mitigate communication barriers, Sitrin will provide plain language, culturally and linguistically appropriate communications regarding program changes, enrollment, and scheduling. Services and accessible formats will be available as needed to support individuals with limited language proficiency, sensory impairments, or low health literacy. This will ensure participants and caregivers can make informed decisions and remain engaged as the program expands.

Language Access Plan

At the time of admission to the adult day health care program, Sitrin will determine the ability of all admissions to speak and/or understand the English language. For those registrants who do not have English as their primary language, there are several alternatives that would be available to ensure there is adequate, effective communication between the registrant and staff. A communication board would be available to the registrant allowing for easy, basic communication through the use of pictures to convey their needs to the staff. Additionally, the facility employs several bi-lingual employees who would be available to interpret and explain services as needed. The area also has an active local Refugee Center which is a viable resource to assist in translation services, as well as several established translation businesses in the surrounding vicinity. Lastly, based on advanced technology, there are many “apps” that can be downloaded on either a cellphone or computer which can be utilized to assist as well as the use of telephonic interpretation services such as LanguageLine.

Ongoing Stakeholder Engagement and Feedback

Sitrin will continue to engage registrants, caregivers, staff, and referral partners through regular check-ins, surveys, monthly Registrant Council meetings, and additional informational meetings. These feedback mechanisms will allow Sitrin to identify emerging concerns and make timely adjustments.

Internal Accountability and Monitoring

To ensure HEIA findings remain actionable, Sitrin has designated the following internal leadership to be responsible for monitoring equity related commitments: Christa Serafin, Brenda Cobane, and Greg Jones. Their oversight includes staffing adequacy, transportation access, and communication accessibility. These elements will be reviewed as part of existing quality improvement and performance monitoring processes. Findings and corrective actions will be documented to support transparency and accountability.

Conclusion

Together, these mitigation strategies ensure that the Sitrin ADHC expansion is implemented in a way that preserves care quality, minimizes unintended burdens, and strengthens equitable access for medically underserved groups. The HEIA findings will continue to inform operational decisions throughout implementation, helping Sitrin translate the expansion into sustained, meaningful health equity gains for the community.

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.





HEIA Narrative - Sitrin Final

Final Audit Report

2026-03-30

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|-----------------|--|
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