

**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.**

<b>Diagnostic and Treatment Centers for HEIA Requirement</b>	<b>Yes</b>	<b>No</b>
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.**

<b>Construction or equipment</b>	<b>Yes</b>	<b>No</b>
Is the project <u>minor construction</u> or the purchase of equipment, subject to <u>Limited Review</u> , <u>AND</u> will result in one or more of the following: <ul style="list-style-type: none"> <li>a. Elimination of services or care, and/or;</li> <li><b>(b)</b> Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li> <li>c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours?</li> </ul> <p><i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and</i></p>	X	

<i>less than or equal to \$6,000,000 for all other facilities are eligible for a Limited Review.</i>		
<b>Establishment of an operator (new or change in ownership)</b>	<b>Yes</b>	<b>No</b>
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
<b>Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity</b>	<b>Yes</b>	<b>No</b>
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
<b>Acquisitions</b>	<b>Yes</b>	<b>No</b>
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
<b>All Other Changes to the Operating Certificate</b>	<b>Yes</b>	<b>No</b>
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: Research & Marketing Strategies, Inc. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)?N

If yes, indicate the name of the organization:

\_\_\_\_\_

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

Research & Marketing Strategies, Inc. (RMS) has not directly performed work in the last 5 years for the Applicant, Rome Health directly. However, RMS did conduct and prepare the Community Health Assessment and Community Service Plan for Oneida County, in which Rome Health was one of the partnering health systems in the overall project. In this situation, Oneida County Health Department served as the lead agency managing the project with contributions from local health systems including Rome Health and Mohawk Valley Health System (MVHS), as well as numerous community health services organizations.

**Section 4 – Attestation**

I, Mark Dengler (individual name), having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Research & Marketing Strategies, Inc. (INDEPENDENT ENTITY), do hereby attest that the Health Equity Impact Assessment for project *Replace Aging Intensive Care Unit* (PROJECT NAME) provided for Rome Health (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: Mark Dengler

Date: 9/14/2023



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# NYS Certificate of Need Health Equity Impact Assessment – New ICU

August 30, 2023

**Prepared for:**  
Cassie Evans Winter  
Vice President  
Communications/Marketing  
Rome Health  
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**Prepared by:**  
Mark Dengler  
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MarkD@RMSresults.com

**Snapshot**  
**Topic:** CON HEIA  
**Modality:** NYS CON Program Documents  
**Timeframe:** Sept '23

**Overview:** Rome Health would like contract with Research & Marketing Strategies, Inc. (RMS) to conduct a required Health Equity Impact Assessment (HEIA) related to Rome Health's filing of a Certificate of Need application to replace its aging ICU. RMS would act as an independent entity qualified to complete the HEIA work and provide the necessary program documentation to accompany the Certificate of Need (CON) application.

**Approach:** Effective June 22, 2023, an HEIA study must be filed with a New York State submitted CON application for construction or substantial reduction of a hospital or health related service. RMS will serve as the "Independent Entity" to conduct this HEIA work. In that capacity, the RMS team will prepare and complete all the required HEIA documents that must be submitted with the CON application in the NYS electronic certificate of need system. This includes: (a) HEIA requirement criteria; (b) the HEIA template incorporating the 28 question Form; (c) the HEIA data tables; (d) the completed HEIA Conflict of Interest Form; (e) the HEIA Contract between RMS and the Facility; and (f) ancillary supporting materials as required.

The HEIA project work will incorporate a five-step approach as identified below:

- **STEP 1: Full Scoping of the CON Project's Affected Population:** This activity includes defining the primary market area (PMA) for the facility and detailing by ZIP Code the geographic service area.
- **STEP 2: Identifying Potential Healthcare Delivery Impacts:** For this step the RMS Analytics team working with the client will identify both the positive and negative health impacts the proposed CON project could have on the targeted population, particularly the medically underserved population.
- **STEP 3: Highlight Facility's Mitigation Strategies:** Work will be done to highlight the activities the facility will implement to mitigate the negative impacts that the CON project could have.
- **STEP 4: Monitoring and Measuring the Effectiveness of the Mitigation Strategy(ies):** This work will involve documenting the facility's key mitigation strategies as well as detailing key performance indicators that can measure success of these strategies.
- **STEP 5: Summarize HEIA Results and Share Recommendations:** The RMS assessment work will include a summary report of the project's HEIA findings as well a list of recommendations from RMS that will help address equity issues.

The RMS staff will need to be briefed on the complete scope of the CON project. This involves reviewing planning documents, the draft CON application, existing supporting data (utilization, occupancy, etc.) that supports the project, as well as copies of activities and collateral that has been used to introduce the proposed project to the community and key stakeholders. RMS will also look to County specific Community Health Assessment / Community Service Plan reports and, if applicable, a not-for profit hospital's Community Health Needs Assessment report to further understand the impacted community, particularly the underserved populations and specific community needs.

Upon receipt of the signed Acceptance Page, RMS will set up a project kick-off meeting with Rome Health's designated CON project team. At this meeting RMS will share a detailed work plan that will highlight the key milestone activities that will be completed over the course of the project. Collectively Rome Health and RMS will agree on a project timeline as well as establish regular touch points for communications. This work will require regular interaction and timely submission of data to RMS for its review. A dedicated sFTP site will be created where Rome Health can electronically submit pertinent information to help in the HEIA work.



**Process:** Based upon the CON project Scope, the RMS staff will create a customized workplan and timeline. This workplan will detail the key milestones associated with the assessment including identifying the service area's medically underserved groups, available current resources, identifying access barriers and/or gaps in services. RMS will complete the assessment utilizing the required HEIA template. Additionally, if needed, RMS will conduct primary market research with key stakeholder groups to obtain feedback regarding the proposed project. RMS will look to engage the community to obtain feedback from a variety of sources in the project's identified service area. Based upon completion and analysis of the HEIA Data Tables, the underserved populations most impacted will be identified. The methods of obtaining stakeholder input will be tailored to the underserved population(s) so that they are reasonable and culturally sensitive.

For the Rome Health CON health equity impact assessment, RMS intends to conduct 7 in-depth interviews (IDIs) with community leaders who can speak on behalf of the impacted community residents and the medically underserved regarding the project. The leadership to targeted to be interviewed include the Oneida County Health Department, the Rome Refugee Center, the NAACP branch in Rome NY, Copper City Community Connection, Mohawk Valley Latino Association, Central New York DDSO, and the Patient Family Advisory Council. This primary research activity will assist in the RMS evaluation and response to the "Meaningful Engagement" section questions of the HEIA application. Additionally, RMS will review and incorporate stakeholder feedback from the community health assessment/service plan work that was completed in 2022.

The findings from the assessment will be summarized and incorporated into the respective HEIA template. Further, RMS will highlight recommendations and suggestions that should be implemented by Rome Health to ensure that the project mitigates any negative impact from the CON project and positively impacts any inconsistent access to determinants of health.

**Timeline:** For the Rome Health HEIA work, RMS anticipates a 3-to-4-week timeframe to conduct its work. This timeframe begins upon receiving the signed Acceptance Page and assumes that there will be timely interactions and delivery from Rome Health of required documentation.

**Staff:** All members of the RMS project team will maintain strict adherence to confidentiality regarding the proposed initiative. RMS requires that a Confidentiality Agreement be signed between both parties. Further, RMS attests that all project materials will be stored securely on its HIPAA compliant server. The RMS IT infrastructure is regularly monitored and tested for adherence to security protocols by Security Metrics® at least every 3months.

**Fees:** The cost for this HEIA work is \$8,250 and includes all activities described herein. Any independent expenses will be pre-approved and be invoices as incurred. Examples of independent expenses include, mailing costs, paper copies, access charges to proprietary data sources, etc. RMS does not anticipate any independent expenses at this time for the project as proposed.

RMS Healthcare has a long history working with physicians, integrated healthcare delivery organizations, hospitals, health insurance carriers, dialysis facilities, and ancillary providers. Organizations in the healthcare industry represent almost eighty percent of RMS' client base. RMS offers extensive survey, in-depth interview, and focus group research services to obtain patient experience/satisfaction information for its healthcare clients. RMS is an approved Center for Medicare & Medicaid Services (CMS) CAHPS® survey vendor, providing patient surveying needs since 2006.



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## CONSULTATIVE SERVICES

- Strategic Planning
- CAHPS® Surveys
- Community Needs Assessments (CNA)
- Community Health Needs Assessments (CHNA)
- Community Health Assessments/Community Service Plans (CHA/CSP)
- Community Health Improvement Plans (CHIP)
- Data Mining
- Delivery System Reform Incentive Payment Initiative Consulting
- Employee Surveys
- Gap Analysis
- Image & Awareness
- Operational Enhancements
- Patient Surveys
- PCMH™ Recognition & Consulting
- Strategic Planning
- Surveys on Patient Safety Culture (SOPS™)
- Workflow Analysis

**CONTACT US**

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**315.635.9802 | 866.567.5422**

**info@RMSresults.com | RMSresults.com**



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I hereby acknowledge that I have read through and accept the terms of this proposal #3009, dated August 30, 2023, to have Rome Health partner with RMS, as an Independent Entity to conduct a Health Equity Impact Assessment (HEIA) regarding its CON Application to establish a new ICU at the Rome Hospital facility to the terms indicated in this proposal. The cost of this work is **\$8,250**. Please sign and return this Acceptance Page.

For Rome Health	
Signature:	<i>Annemarie Czyn</i>
Print name:	ANNEMARIE CZYN
Date:	9-1-23

The executed proposal should be submitted to:

Research & Marketing Strategies, Inc.  
 Phone: 1-866-567-5422  
 15 East Genesee Street, Suite 210  
 Baldwinsville, NY 13027  
 Fax: (315) 720-1159  
 Email: [MarkD@RMSresults.com](mailto:MarkD@RMSresults.com)

Rome Health will be invoiced 50% of the call project fees at the time of engagement. The remaining 50% will be invoiced at the conclusion of the fieldwork. Any independent expenses will be pre-approved and billed as incurred. No independent costs are anticipated. RMS expects payment at the time of invoicing. Payments not received within 30 days of the date of the invoice will incur a 2.5% late fee. Changes to the contract arrangement, including pricing and/or changes in survey question design, require a minimum 30-day advance written notice. If the Client defaults in any of the terms and conditions of this agreement, the Client shall be liable for any and all collection charges or costs incurred by RMS, including reasonable attorney's fees. In the event of such default by the Client, RMS shall have the right to discontinue service.

Please indicate below the accounts payable contact as well as where **RMS can send invoices to:**

For Rome Health	
AP Contact Name:	<i>Cassie Winter Approves invoice</i>   <i>AP Karen Cheney</i>
Address:	<i>1500 N. James St</i>
City, State, Zip Code:	<i>Rome, NY 13440</i>
Phone Number (with area code):	<i>315-338-7533</i>
Billing Email Address:	<i>cwinter@romehealth.org</i>   <i>kcheney@romehealth.org</i>

RMS is a corporation. EIN 04-3664724