**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 | **MVHS Adult Day Center Closure** |
| 2. Name of Applicant | Mohawk Valley Health System (MVHS) |
| 3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA | HMJ Consulting<br>Hilda M. Jordan<br>Dayna Campbell |
| 4. Description of the Independent Entity's qualifications | Our team of consultants with over 10+ years combined in organizational strategy, community engagement and anti-racism training. We engaged health equity experts from the Oneida County Health Department to support this report. |
| 5. Date the Health Equity Impact Assessment (HEIA) started | December 15, 2024 |
| 6. Date the HEIA concluded | March 31, 2025 |

| 7. Executive summary of project (250 words max) |
|---|
| The Mohawk Valley Health System (MVHS) Adult Health Day Center (ADHC) was one of six such centers in Oneida County, providing essential services including transportation, meals, medical care, medication management, assistance with activities of daily living, and social and educational programming. Client eligibility was determined by Medicare/Medicaid status and a demonstrated medical need for nursing support.<br><br>Following significant operational and funding shifts after the COVID-19 pandemic, the AHDC experienced a substantial decline in enrollment averaging a daily attendance of 2 clients. Prior to the 2022 COVID closure, the center operated near full capacity with a daily average census of ___20. In spite of continuous post-pandemic marketing and outreach efforts, the ADHC experienced an 80% decrease in daily participation and just 38% utilization of total capacity. |

In May 2024, MVHS made the decision to close the center due to the low census, staffing shortages, and funding requirement changes. This closure was approved by the New York State Department of Health (NYSDOH) on May 29, 2024, and formal notice was provided to clients on June 3, 2024, via written and verbal communication. The center officially closed on June 7, 2024. Many clients expressed disappointment about the closure, sharing a desire for more advance notice to better prepare for the transition and the social loss of the ADHC. MVHS staff worked to support continuity of care by sharing information about alternative providers with clients, families, and case managers and supporting client transitions for the following month.

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

Oneida County is home to a growing, diverse aging population with increasing medical and social support needs. Adult Day Health Centers (ADHCs) play a vital role in addressing these needs by offering accessible medical care, daily living support, education, and culturally responsive social programming that enhances health outcomes and quality of life.

Following the closure of the MVHS Adult Day Health Center, only five ADHCs remain in the county—just one of which is located in the City of Utica. The remaining centers are in predominantly white, suburban and rural areas, creating cultural and logistical access barriers for racially and ethnically underrepresented older adults who reside in Utica. This limits not only choice but also culturally affirming care options.

The closure of the MVHS ADHC was primarily due to low post-COVID enrollment and new regulatory changes in the 2023–2024 New York State budget. These changes required all managed long-term care plans to contract with Medicare Advantage Dual Eligible Special Needs Plans with at least a three-star federal quality rating. Despite the former ADHC director's outreach to providers and insurers, enrollment numbers did not recover following the pandemic. However, through this HEIA process, multiple community partners—particularly those serving Black, Latinx, Asian, immigrant, and refugee populations—shared they were unaware of the program's existence and would have actively referred community members had they been informed. Notably, these same participants expressed skepticism and a need for programming education for their membership to successfully participate in such a service.

This underscores a broader structural challenge: limited system-level coordination and outreach to culturally diverse communities across Oneida County. While not unique to MVHS, there was a missed opportunity to better leverage trusted community relationships to support enrollment and program sustainability. Strengthening these relationships early and consistently is essential to improving equitable access and long-term viability of services.

At the time of closure, MVHS ADHC served 19 clients, most of whom were white women over 65. Eight of ten interviewed clients identified as having a disability. While the logistical rationale for closure is understandable, the impact on clients was significant. Many experienced multi-month lapses in care due to long waitlists at other centers, and most reported that alternative programs offered fewer opportunities for social engagement. Clients expressed a desire for more robust transition support and clearer communication prior to the center's closure.

These findings suggest that future program design and closure planning must include earlier and more inclusive communication, expanded culturally competent outreach strategies, and stronger investment with organizations serving historically marginalized populations to reach the relatively disparate and diverse residents of Oneida County. Doing so can help ensure that all older adults in Oneida County have access to the care and connection they need to thrive.

## 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.**

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):

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?**

To assess the impact of the ADHC closure on medically underserved groups, we primarily relied on 2023 U.S. Census data and qualitative insights from focus groups and community partner interviews. Eligibility for the ADHC required that participants be older adults residing in Oneida County who financially qualified for Medicaid and/or Medicare—and had assisted daily living or nursing care needs. Based on these criteria and direct conversations with ADHC staff, we identified older adults with low incomes and disabilities as particularly affected by the closure.

Women were also considered impacted due to their slightly higher representation in both the City of Utica and Oneida County populations. We additionally identified racially and ethnically minoritized groups and immigrant communities as likely impacted, drawing from Census racial demographics and acknowledging the intersection of race, income, and age-related health disparities.

One significant challenge was the lack of accessible market share data. Specifically, it was difficult to determine how many eligible individuals were already served by home healthcare, lived in residential care facilities, or would have opted to attend an adult day center if aware of the program. This gap made it harder to quantify unmet demand.

For direct impact analysis, we focused on the 19 clients enrolled at the time of closure, conducting outreach to understand their experiences. We also engaged leaders from organizations serving diverse older adult populations to capture broader community insight. However, due to the limited participant pool, we were unable to fully disaggregate the impact by specific ethnic groups.

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

- **Older Adults:**
  The ADHC provided older adults with a consistent source of social engagement, cognitive stimulation, and access to health services—often described by clients as "life-giving,", and even as the "reason to wake up in the morning" for one participant. Many of the 19 clients interviewed shared that the center gave them structure, purpose, and a reason to stay active. The daily programming, including games, educational workshops, and peer interaction, played a key role in maintaining mental health, social health and preventing isolation. Since the closure, half of the contacted clients reported staying home most days, and one client even relocated out of the county to find a comparable program—illustrating both the program's value and the limited availability of alternatives.
- **Low-Income Individuals:**
  For low-income clients, the ADHC was a vital resource. It provided transportation, meals, and centralized medical support—all of which helped reduce financial strain and logistical burdens. By offering multiple services under one roof, the program

allowed clients to maintain health and independence without the high costs or complications of navigating fragmented systems. The closure has meant residents within the City of Utica have to travel further to receive access to similar services.

- **People Receiving Public Health Benefits (Medicaid/Medicare):**
  Clients benefiting from public health insurance received significant value from the ADHC's coordinated care model. The program hosted monthly health education sessions, connected clients to local partners, and streamlined services like medication management and nursing oversight. After the closure, several clients experienced care gaps lasting multiple months while transitioning to new providers or awaiting home-based services. The center's role in simplifying access to care was especially meaningful to those with limited health literacy or mobility.
- **People with Disabilities:**
  The ADHC played a unique role in providing accessible, in-person services—including physical therapy, rehabilitation, and daily living support—in a familiar and supportive environment. Several clients with disabilities shared that the ADHC staff were particularly attentive to their physical and emotional needs and that the center helped them maintain independence. Following the closure, some clients struggled to find equivalent services. A few noted that their new day centers lacked comparable physical or social support, and others noted waiting weeks or months to resume care.
- **Women:**
  The majority of the ADHC's clients were older women, many of whom benefited from health education focused on issues that disproportionately affect them, including diabetes, arthritis, menopause, and stroke prevention. With the closure, accessing similar education now requires coordination and travel to external sites, creating new barriers—especially for those with caregiving responsibilities or mobility limitations.
- **Racial and Ethnic Minorities:**
  Finding a sense of community and belonging can be challenging for racial and ethnic minorities. Clients spoke positively about the welcoming environment, staff support, and inclusive programming at ADHC. However, interviews with older Black residents of Utica indicated that many were unaware of the program's existence before the closure, and some expressed hesitation due to a perceived lack of cultural representation. This points to both the program's positive impact on those it reached—and the need for broader outreach for better engagement of racially and ethnically diverse communities.
- **Immigrants:**
  Many of Oneida County's immigrant population that would have been eligible for the ADHC are non-English speakers. ADHC primarily served English-speaking non-immigrant clients, and thus the closure did not directly impact this population. Although the immigrant population was not directly impacted by the closure, several leaders emphasized that more inclusive programming could have extended the

ADHC's benefits to this underserved group, especially those managing chronic conditions who are unfamiliar with the healthcare system.

5. **To what extent do the medically underserved groups (identified above) <u>currently use</u> the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) <u>expected</u> to use the service(s) or care impacted by or as a result of the project?**

   The primary users of the ADHC prior to its closure were older adult women who were low-income, eligible for public health benefits (e.g., Medicaid/Medicare), and living with a disability. These individuals made up the core demographic served by the program.

   Before its initial COVID-19 closure, the ADHC had a peak enrollment of 45 clients and an average daily attendance of 20. The vast majority of these enrollees met multiple criteria for medical and social vulnerability. However, this represented only a small fraction of the total eligible population across Utica and Oneida County, indicating historically low utilization overall. By the time of closure in 2024, average daily attendance had dropped to just 2–3 clients—a roughly 80% decrease in usage and nearly 60% decline in enrollment.

   Healthcare providers and community stakeholders pointed to a shift in care preferences and funding patterns after the pandemic, with increased reliance on home health aides and family-based caregiving models. In particular, the rise in home health aide training programs—some of which allow relatives to receive compensation for caregiving—has provided families with more flexible and culturally aligned alternatives to center-based care.

   Usage among immigrant and racially and ethnically diverse older adults was limited throughout the program's existence. Community interviews indicated that many families in these groups prefer intergenerational caregiving within the home. ADHC-style services are often unfamiliar or culturally incongruent, and language barriers or lack of outreach further limited awareness and adoption.

   According to census data, 28% of Utica households include an adult over the age of 65, and over half of these older adults live with relatives or others—reinforcing the community trend toward in-home, family-supported care.

   Looking ahead, expectations for widespread usage of adult day centers by these medically underserved groups remain low unless services are adapted to better meet cultural expectations, household structures, and linguistic needs. This suggests that future models of care may need to blend center-based services with in-home supports and targeted outreach to achieve broader equity and utilization.

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

There are four other adult day health centers located within approximately 15 miles of the former MVHS ADHC, offering comparable services.

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

   Neither our team nor the applicant's team were able to identify this information.

8. **Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.**

   N/A.

9. **Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of the project? If yes, please describe.**

   The closure was successfully completed in 2024. In the last year, three of the four staff members were successfully relocated within the Mohawk Valley Health System. The fourth staff member chose to move on.

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

    No, the applicant has not disclosed any complaints.

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 has not closed any other Adult Day Health Center within the last 5 years.

**STEP 2 – POTENTIAL IMPACTS**

1. **For each medically underserved group identified in Step 1 Question 2, describe how the project will:**
   - **Improve access to services and health care**
   - **Improve health equity**
   - **Reduce health disparities**

- **Older Adults:**
  While several clients were transferred to other centers, increased distance and a loss of familiar, trusted space created barriers for the enrollment of other clients. The closure may improve continuity of access to services for older adults as a whole, as the remaining adult day facilities meet state and federal funding requirements and have larger census indicating a likelihood to remain open. Overall, the closure did not improve health equity or reduce disparities for older adults.
- **Low-Income Individuals:**
  This closure transferred clients to other adult day center facilities that will be able to provide continuous care under New York State's new regulatory requirements, which will improve the reliability and consistency of adult day center's medical and food services. However, this closure does not indicate any improvement to health equity or a reduction to health, as financial and logistical barriers to care remain largely unaddressed and access to services for low-income clients has not improved.
- **People Receiving Public Health Benefits:**
  The transfer to other Oneida County facilities may improve consistency in care, but it did not expand or ease access. The project does not improve health equity or reduce disparities for this group, as the underlying challenges of navigating and sustaining care through public benefits remain unchanged.
- **People with Disabilities:**
  For people with disabilities, the closure of the ADHC did not improve access to services and health care. While some services continued, others—like on-site physical therapy—were not available at new centers. The closure did not enhance health equity or reduce disparities, as tailored, disability-specific supports were not expanded.
- **Women:**
  Access to gender-responsive health education and social connection has not improved for women following the closure. While care continues elsewhere, the program's role as a hub for connection and learning was not replaced. As such, this project does not improve health equity or reduce disparities for older women.
- **Racial and Ethnic Minorities:**
  The ADHC was relatively un-utilized by racial and ethnic minorities. Therefore, the impact of health equity and disparities remain unchanged for this population. The closure removed a potential point of engagement, which does not improve the access to services and health care.
- **Immigrants:**
  For immigrant communities, there was no meaningful change in access. The ADHC primarily served English-speaking clients, and language or culturally tailored services were not added during or after the transition. As a result, the closure did not improve health equity or reduce disparities for immigrant older adults.

2. **For each medically underserved group identified in Step 1 Question 2, describe any unintended <u>positive and/or negative</u> impacts to health equity that might occur as a result of the project**.

- **Older Adults:**
  Positively, some older adults may gain access to larger adult day centers, which can provide a more comprehensive care model and expand opportunities for social engagement. Negatively, the closure of the ADHC reduces available local care options, especially within Utica. This means that many older adults, particularly those with limited transportation options, may experience increased travel time, potentially decreasing their engagement with critical health services and contributing to further isolation.

- **Low-Income Individuals:**
  Positively, the closure may encourage some low-income individuals to seek out larger, more well-resourced adult day centers with a broader range of services. However, the closure also reduces the number of local options within Utica, forcing individuals to travel further or find alternatives with fewer resources. This can disproportionately affect low-income individuals who are more likely to face transportation challenges or experience financial hardship when accessing distant services.

- P**eople Receiving Public Health Benefits:**
  Positively, some individuals may benefit from continuity of care at other adult day centers that comply with New York State's updated regulations. These centers may provide a more standardized approach to health services. On the negative side, the closure of a local ADHC reduces the overall access to centralized services, particularly for people with public health benefits who may struggle with fragmented care or navigating different providers to meet all of their needs.

- **People with Disabilities:**
  Positively, some individuals with disabilities may find improved access to socialization in larger populated adult day centers. Negatively, for others, the closure removes a familiar and centralized care location that provided a range of disability-specific services. Without these services nearby, people with disabilities may face increased barriers to accessing care, particularly if their new facility offers fewer accommodations or support for their needs they may experience fragmented care or longer periods without needed services.

- **Women:**
  Positively, women, particularly older women, may benefit from larger, well-resourced adult day centers that provide a wider array of health services and social programming. However, the closure removes a community-centered space where older women were accustomed to accessing found community, routine, and condition-specific resources. Without comparable programming in place, this may

contribute to increased isolation, reduced health engagement, and the loss of tailored education that addresses women's unique health needs.

- **Racial and Ethnic Minorities:**
  Because usage of the ADHC by racially and ethnically diverse populations was historically low, the direct impact of the closure on these groups is likely minimal. However, positively, the remaining larger adult day centers may offer more diversity in staff and clients, potentially creating opportunities for more racially and ethnically diverse individuals to engage in structured care and socialization. Negatively, the loss of a potential access point in a diverse, urban area may represent a missed opportunity to build trust and expand culturally responsive services and contribute to disparities in service utilization.

- **Immigrants:**
  Immigrant older adults could benefit from larger adult day centers if those centers offer language support and culturally appropriate care. However, the closure of the ADHC reduced local options and did not address existing barriers, like language and unfamiliarity with formal care. Many immigrant families rely on care within the home, and without targeted outreach, the project did not create new ways for them to access services. As a result, it continues a pattern of low engagement rather than improving it.

3. **How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.**

   N/A

4. **Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.**

   The ADHC offered transportation service for all clients to mitigate the travel barrier.

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

   This closure does not reduce architectural barriers.

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

N/A

**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

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

   Yes, the Oneida County Health Department participated in our focus group conversation and completed an interview. We reached out to the director of Office of the Aging, but were unsuccessful in our communication.

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

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

    The stakeholders most affected by this project are former ADHC clients and older adults with disabilities who rely on public health benefits and do not live with—or near—family members or strong social support networks. These individuals are most vulnerable to service disruption, isolation, and loss of daily structure. Past clients themselves expressed disappointment and concern, particularly regarding the impact on their routine care and social connection.

    While no specific organization formally raised concerns about the closure, several community groups acknowledged the ADHC's closure as a meaningful loss for the Utica community. Most community partners recognized the operational challenges behind the closure but emphasized the community need to expand services for older adults going forward.

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?**

    Interviews with former ADHC clients highlighted the closure's impact on older adults—particularly its disruption to their daily routines, care access, and overall quality of life. Conversations with community leaders added important context by revealing broader structural gaps in awareness and accessibility of existing adult day services, non-specific to MVHS. This input helped clarify that, while the closure deeply affected a small group of individuals, its direct impact on immigrant and racially or ethnically minority communities was more limited due to historically low program engagement. However, the community

member engagement also illuminated the need for culturally responsive adult day centers to better serve these populations.

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.

    We did not directly survey or engage a group of immigrant older adults.

## 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?**

    **Communication About Impacts on Service or Care Availability**

    The MVHS ADHC staff provided written notice of the closure to all affected clients by mail and followed up with individual outreach meetings. These meetings included each registrant and any support person they wished to involve, to review available community resources and alternative medical adult day programs. At the time, all enrolled clients spoke English.

    In addition, MVHS staff notified relevant health benefit providers and issued a press release shared through local print and digital newspapers, as well as business newsletters. These communication methods include community partners that provide services to people of limited English-speaking ability and those who have speech, hearing, and visual impairments. However, the written notice was not translated, and no specific accommodations were made for individuals with limited English proficiency or with speech, hearing, or visual impairments.

    **Independent Entity Recommendation:**
    In future transitions or closures, we recommend that all communication materials be directly shared with the Center and CABVI to ensure translation notices are available into the most common local languages and made available in alternative formats (e.g., large print, braille, and audio versions).

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

    The project is completed.

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

The project is completed.

4. **How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?**

   The project was primarily driven by MVHS' operational and financial strain challenges, to provide continuous care for the ADHC clients under new funding regulations. As such, it does not directly address systemic barriers to equitable access to service, but reflects the broader structural issues that limit consistent care availability for vulnerable populations.

   While the closure was approved by the New York State Department of Health (NYSDOH), efforts were made to support clients during the transition. ADHC staff conducted outreach to share information on alternative services and provided support to registered clients. Additionally, leadership worked to retain and reassign ADHC staff within MVHS facilities to support workforce continuity.

   In spite of MVHS' communication efforts, several clients reported gaps in the transfer process, including difficulty enrolling in new programs and feeling unsupported during the transition on account of the short notice. To better address systemic barriers in future projects, we recommend that transition planning include early and personalized navigation support, clearer communication protocols, and post-transfer follow-up to ensure successful connection to new services—particularly for clients with limited support networks.

**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?**

   MVHS currently convenes a monthly group of community partners to assess and discuss health needs across Oneida County. This existing mechanism offers a strong foundation for collaboration, coordination, and continuous feedback. It can be more effectively leveraged by engaging these partners not only as stakeholders but also as trusted messengers—amplifying communication efforts, increasing community awareness about service changes, and ensuring that updates reach underserved populations in culturally relevant ways. Additionally, this group can help MVHS better monitor and respond to community needs by incorporating demographic-specific updates.

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?**

   A key finding of the HEIA was the need for stronger communication and greater awareness of available services, particularly among underrepresented and underserved populations. MVHS can address this by launching a community survey to better understand public awareness, accessibility barriers, and service gaps. Insights from this survey can inform more targeted outreach and programming.

Additionally, MVHS can consider organizing a community tour series across its facilities, allowing residents, caregivers, and community leaders to directly engage with services, ask questions, and build familiarity with available resources. These efforts should be supported by translated materials, culturally responsive messaging, and intentional outreach to groups historically excluded from care systems. MVHS may also consider creating a recurring community feedback loop in partnership with the tours —such as quarterly forums or small-group listening sessions—to ensure ongoing dialogue and responsiveness to emerging needs. Together, these mechanisms would help strengthen trust, transparency, and alignment with health equity goals.

**STEP 5 – DISSEMINATION**

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

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

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

## SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

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

### I. Acknowledgement

I, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, (NAME OF INDEPENDENT ENTITY).

Applicant: Mohawk Valley Health System (MVHS)

Amy Bowerman, RN BSN
Name

Project Title: MVHS Adult Day Health Care Closure

Independent Entity: HMJ Consulting

VP Post-Acute/Rehabilitation Services
Title

Amy Bowerman
Signature

7/8/25
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.*

When MVHS made the difficult decision to close the program, we committed to helping our clients identify and transfer to other programs in the area. Many of these clients transferred successfully to new program. While we were all disappointed – both MVHS and our clients – about the closure of the program, it was no longer sustainable under new state regulatory requirements and financial and workforce challenges.